

**DISTRICT OF COLUMBIA
EPIDEMIOLOGICAL PROFILE:
CONSEQUENCES OF ALCOHOL, TOBACCO, AND
OTHER DRUG USE**

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PREPARED BY

**THE ADDICTION, PREVENTION AND RECOVERY ADMINISTRATION,
DC DEPARTMENT OF HEALTH**

AND

**THE CENTER FOR SUBSTANCE ABUSE RESEARCH,
UNIVERSITY OF MARYLAND, COLLEGE PARK**



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EXECUTIVE SUMMARY

This report is the second annual prevention-focused epidemiological profile for the District of Columbia. The formation of the original report provided the first opportunity for substance abuse professionals and policymakers to develop a method for identifying and prioritizing consequences of illicit drug, alcohol, and tobacco use in the District. The original report and subsequent reports were prepared by staff at the Addiction Prevention and Recovery Administration (APRA) and the Center for Substance Abuse Research at the University of Maryland (CESAR), College Park. Funding was provided by the Center for Substance Abuse Prevention (CSAP) at the Substance Abuse and Mental Health Services Administration (SAMHSA).

The reports were designed using the first two steps of the CSAP logic model, which included identifying substance use consequences and consumption patterns. Policy recommendations were based on information provided in the original report. Recommendations were submitted to the Mayor's Interagency Task Force on Substance Abuse Prevention, Treatment and Control to be considered for inclusion in the Citywide Comprehensive Substance Abuse Strategy for the District of Columbia. The original report and this follow-up will also be used to guide future funding decisions for grant awards by APRA.

Both reports were prepared with assistance and data provided by members of the DC Epidemiology Outcomes Workgroup (DCEOW). This updated version includes consequences of alcohol, tobacco, and illicit drug use, as well as consumption patterns for various populations and substances.

Consequences of Substance Abuse in the District

Crime

An estimated 1,194 alcohol-related violent crimes were committed in the District in 2006, approximately the same number as in 2005. The majority of these crimes were assaults with a deadly weapon. In comparison, more than 6,000 drug-related property crimes were committed, a slight increase from 2005. Thefts and theft from autos accounted for more than two-thirds of property crimes. One in 10 homicides in 2006 was drug-related. More alcohol-related sex abuse and assaults with a deadly weapon occurred in Ward 8 than any other ward in 2006. In contrast, more drug-related property crimes occurred in Ward 2 than any other ward.

Arrests

The total number of substance-related driving and alcohol-related arrests increased continuously between 2002 and 2005, although the increase in 2006 was slight (to 3,593). Nearly all arrests involved adults. Nearly one in five arrests were drug-related (possession, distribution, other). More than three-quarters of drug-related arrests involved possession. About one-third of drug-related arrests involved marijuana, and more than 40% involved cocaine. The majority of arrests continued to involve males, but the number of females arrested has increased steadily since 2002.



HIV/AIDS

Between 2001 and 2006, 3,269 new cases of HIV were reported, but the annual number has decreased steadily since 2002. Intravenous drug use (IDU) accounted for approximately one in ten newly reported HIV cases in 2006; however, the number of cases attributed to IDU decreased 61%, from 108 in 2002 to 42 in 2006. One in five of the newly reported AIDS cases in 2006 were IDU-related, a decrease from nearly one in three in 2005. The largest proportion (33%) of deaths was among those with an IDU-related mode of transmission.

Past Year Abuse/Dependence

An estimated 46,000 residents aged 12 or older reported past year alcohol abuse or dependence, according to the 2004-05 National Surveys on Drug Use and Health (NSDUH). Approximately 13,000 of these residents were aged 25 or younger. An estimated 17,000 residents reported past year illicit drug abuse or dependence, including approximately 7,000 residents aged 25 or younger.

Mortality

In 2005, 93 chronic liver disease deaths were reported; approximately 40% were estimated to be alcohol-related. District residents dying from chronic liver disease were most likely to be male, Black, single, and aged 45-54. In 2005, 294 lung cancer deaths were reported, and approximately 80%-90% were estimated to be tobacco-related. District residents dying from chronic liver disease were most likely to be male, Black, married, and aged 65-84. There were 128 COPD and emphysema deaths in 2005 and approximately 80% were estimated to be tobacco-related. District residents dying from chronic liver disease were most likely to be Black, widowed, and aged 75-84.

Half of the decedents analyzed by the DC medical examiner's office in 2006 tested positive for drugs. Nearly half of the drug positive deaths were accidental overdoses or homicides. Ethanol, cocaine, and morphine were the most frequently identified drugs (72%) detected in decedents; all other drugs were found in fewer than 4% of decedents. These decedents were most likely to be Black and aged 41 to 60.

Motor Vehicle Crashes

Nearly half of the fatal crashes in the District in 2006 were alcohol-related, and nearly half of the fatalities from these crashes were pedestrians. The number of alcohol-related crashes decreased slightly, from 24 in 2005 to 15 in 2006.



Consumption

Nearly 60% of DC residents aged 12 or older reported past month alcohol use, and one in four reported past month binge alcohol use. A quarter of the residents who reported binge alcohol use were 25 or younger. An estimated 34,000 reported past month marijuana use, and 41% of these users were 25 or younger. An estimated 17,000 residents reported past month use of illicit drugs other than marijuana, while an estimated 132,000 residents reported past month tobacco use. The estimated numbers reporting past month use of marijuana and tobacco decreased from 2002-03 to 2004-05. The estimated number reporting past month alcohol and tobacco use stayed about the same.

The 2007 Youth Risk Behavior Survey (YRBS) reported that two-thirds of public high school respondents reported lifetime drinking, and nearly one in three reported past month drinking. Nearly 60% of these students were female. Equal percentages of males and females reported past month binge alcohol use, but males were more likely to report driving under the influence, while females were more likely to report being passengers. Nearly one in ten high school respondents reported using tobacco in the past month. More than half of students who reported smoking cigarettes or marijuana in their lifetime were female. Males were more likely to report the use of cocaine, heroin, methamphetamine, and ecstasy, but slightly more females than males reported lifetime inhalant use.

Urinalyses conducted by the Pretrial Services Agency revealed that adult arrestees were more likely to test positive for cocaine than any other drug. More than one in three tested positive for cocaine in FY2007, and one in ten tested positive for opiates and PCP. These percentages have remained about the same for the past 5 years.

We recently received a wealth of information from the National Capitol Poison Center and are in the process of analyzing it. The data we received included calls from the District of Columbia and counties in Virginia and Maryland. Initial analyses of this data focused on calls regarding amphetamines and other stimulants suspected to be emerging drugs of abuse not yet captured in other data sources. In 2007, 160 calls regarding amphetamines were received in the Metro region, an increase of 21% from 2004. Calls regarding hallucinogenic amphetamines increased 35% during this time. More than one in three calls regarding exposure to amphetamines (38%) involved youth aged 6 to 19; exposures were equally likely to be unintentional and intentional, and tended to result in no or minor effects. Calls to the poison control center regarding exposure to methylphenidate were more likely to involve youth aged 6 to 19 (57%) than any other age range; exposures were far more likely to be unintentional than intentional, and tended to result in no or minor effects. Exposures involving cocaine, by contrast, were most likely to involve adults, be intentional, and result in a moderate effect. At this time we do not have the ability to determine which calls were specific to the District. In the future, we hope to collect DC-specific information. Preliminary analyses on stimulants and other street drugs have not been included in this report as a consequence. Instead you can find the preliminary analyses of the data for the DC metropolitan area in Appendix 1.



INTRODUCTION

With funding from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP), the District of Columbia (DC, District) has embarked on a multi-year project to develop a state-of-the-art empirically based system for setting priorities for the District's substance abuse prevention strategy. The project is coordinated by staff at the DC Department of Health Addiction Prevention and Recovery Administration (APRA) and the University of Maryland's Center for Substance Abuse Research (CESAR). A District epidemiological outcomes workgroup (DCEOW) and a core advisory group of key staff from relevant city agencies have been formed to guide the project's work. This report summarizes accomplishments and findings during the second year of the project.

CSAP has provided each state and the District of Columbia with a logic model to guide planning activities. The logic model begins by delineating measurable consequences of substance abuse in the District, and then ranks consequences to be targeted by prevention programs. This epidemiological profile has been produced to facilitate the ranking of consequences. The profile provides extensive statistical data about the scope and severity of each consequence, and forms the basis for assessment of the importance of each consequence for prevention programming in the District. After development of a list of consequences, we moved on to determine consumption behaviors empirically linked to each consequence. The remaining steps of the logic model include identifying risk and protective factors for intervention, and determining evidenced-based prevention programs that the District can use to reduce adverse consequences of substance abuse.

During the project's second year, the District produced a ward epidemiological profile, updated the District profile, and developed several other special reports. This report, the District profile, describes each of the consequences and accompanying consumption indicators.

District of Columbia Epidemiology Outcomes Workgroup (DCEOW)

The DCEOW was formed in March 2006 with CSAP funding, under the APRA oversight. APRA is the single state authority responsible for planning, development, and funding of services to prevent harmful involvement with alcohol and other drugs, and treatment of those in need of addiction services. CESAR provides assistance in coordinating the DCEOW and data analysis, management, and dissemination. Members represent criminal and juvenile justice, public health, prevention, and research. In the project's second year, the mission of the DCEOW was expanded to include the needs not only of the District, but its wards as well:

The DCEOW will monitor the use of alcohol, tobacco, and other drugs and the consequences of their use in DC and its 8 wards to identify and prioritize the District's prevention needs. To achieve this end, the DCEOW will oversee collection, interpretation, and dissemination of citywide and ward data that quantifies substance use and its consequences.



The DCEOW provides city officials charged with directing prevention planning with information needed to develop data-driven prevention strategies. In addition, the DCEOW provides the District with data needed to establish baseline outcome objectives for change (and to monitor change) in those outcomes. APRA also uses data provided by the DCEOW to establish prevention block grant funding priorities and to monitor and evaluate outcomes of funded prevention programs/initiatives.

DCEOW Goals

1. Determine and monitor the scope of substance abuse and substance abuse-related problems and mental illness in DC and its eight Wards.
2. Identify newly emerging drugs of abuse and related problems.
3. Facilitate data driven decision-making throughout DC to assure the effective and efficient use of resources.
4. Support ongoing development of data-driven prevention priorities by providing local epidemiological data and guidance in the use of these data.
5. Provide a means of disseminating and sharing accurate and timely assessments of local alcohol and drug use trends and related problems.
6. Support the ongoing development of a state prevention plan as a part of the drug strategy of the Mayor's Task Force.

Updating the District Epidemiology Profile

This report provides an update to the original profile released in March 2007, utilizing the same organization and structure. Each of the alcohol, tobacco, and drug consequences has been updated and expanded. Consumption indicators have also been updated and expanded. Additional data included in this report covers drug-related deaths and poison center calls. We recently received a wealth of information from the National Capitol Poison Center. The poison center data we received included calls from the District of Columbia and counties in Virginia and Maryland. At this time we do not have the ability to determine which poison center calls were specific to the District. Preliminary analyses on stimulants and other street drugs have not been included in this report as a consequence. Instead you can find the preliminary analyses of the poison center data for the DC metropolitan area in Appendix 1.



The report has been reorganized to focus on consequences rather than type of drug. Consequence and consumption indicators included in this report are as follows:

Crime	<ol style="list-style-type: none">1. Property Crimes2. Violent Crimes3. Drug-Related Arrests
Public Health	<ol style="list-style-type: none">1. HIV/AIDS2. Past Year Abuse/Dependence3. Alcohol, Drug, and Tobacco-Related Deaths4. Alcohol-Related Motor Vehicle Crashes
Consumption	<ol style="list-style-type: none">1. Residents 12 and Older2. Public School Students3. Arrestee Population4. Poison Center Calls (see Appendix 1)



THE DISTRICT AT A GLANCE

AREA DESCRIPTION:

OVERVIEW OF DC POPULATION CHARACTERISTICS

The nation's capital is home to approximately 581,530 people residing in eight wards, 20.2% of whom live below the poverty line and 63.6% of whom are in the labor force (U.S. Bureau of the Census, 2006 estimate). The eight wards remain largely distinguishable by race and economic status. The northwest sector of the city, which includes all of wards 1 and 3 and the majority of ward 4, is home to residents who are likely to be wealthy and White. The northeast and southeast sectors, which include most of wards 5, 6, 8, and all of ward 7, are home to residents who are likely to be poor and Black.

The population of the District is comparable to overall national population characteristics. One in five District residents is less than 18 years of age. Slightly more than 12% of District residents are age 65 or older. The District of Columbia has slightly more females (52.6%) than males (47.4%), also consistent with national percentages. The majority of the District's population is Black (57%). Nearly one-third of the population is White (31.1%), and the remainder (11.9%) is primarily Hispanic or Asian (U.S. Bureau of the Census, 2000 Census). More than one-third (39.1%) of District adults age 25 or older have at least a bachelor's degree, compared to approximately one-quarter (24.4%) of adults of the same age nationwide.

Data from the 2000 census revealed several population changes in the District of Columbia since 1990. The total population of the District decreased 5.7% during the 1990s, from 606,900 in 1990 to 572,059 in 2000. The number of Blacks residing in the District decreased 14.1%. However, increases were reported in the number of Asians (including Pacific Islanders), and Hispanics living in the District (38.6% and 37.4% increases, respectively) between 1990 and 2000. The White population increased by only 2% during this same time period.

The District of Columbia, a 68-square mile area, shares boundaries with the states of Maryland and Virginia. The Addiction Prevention and Recovery Administration (APRA) is the Single State Agency for substance abuse services in the District of Columbia. APRA provides oversight, ensures access, sets standards, and monitors the quality of services delivered in the District. Approximately 49 treatment programs, 11 recovery clubs, and 727 weekly recovery meetings are based in the District. In contrast, more than 1,400 alcohol retailers providing tobacco and alcohol substances are located in the District, and more than 1,100 issued tobacco licenses are recorded.



SECTION 1

CONSEQUENCE: CRIME

For the consequence category, we have included eight indicators that are part of the crime and criminal justice Center for Substance Abuse Prevention National Outcome Measures (CSAP NOMs) domain. The data presented within each of the eight indicators listed below facilitated assessment of the prevalence of both drug- and alcohol-related violent and property crime in the District of Columbia.

- Violent Crime
 - Robberies
 - Sex Abuse
 - Assault with a Deadly Weapon
 - Homicide
- Property Crime
 - Burglary
 - Theft
 - Theft from Auto
 - Stolen Autos

These eight indicators were selected in accordance with CSAP requirements. The purpose of the selected indicators was to describe major city-wide consequences of alcohol and drug use. The diagrams and tables which follow provided an in-depth view of alcohol-related violent crime, drug-related property crime, and drug-related homicides in the District.

The DC Metropolitan Police Department (MPD) records homicides in a database separate from all other violent crime. Because of this, it was possible to include detailed information about homicides in the District.

All statistics presented here were based on preliminary DC index crime data. The data do not represent official statistics submitted to the Federal Bureau of Investigation (FBI) under the Uniform Crime Reporting program (UCR). All preliminary offenses were coded according to the DC criminal code, and not the FBI offense classifications. All statistics may be subject to change due to a variety of reasons, such as change in classification, the determination that certain offense reports were unfounded, or late reporting. Please understand that any comparisons between MPD preliminary data published here and official crime statistics published by the FBI under the UCR Program are inaccurate and misleading. Crimes for which no address could be identified were excluded (between 1% and 3% of all crimes). All homicide data were verified through the Violent Crimes Branch (VCB).

Source: Geocoded Analytical Services Application (ASAP) data as of May 7, 2007.



Table 1: Estimated Number of Alcohol-Related Violent Crimes and Drug-Related Property Crimes in the District of Columbia: 2002–2006

	Attributable Fraction*	2002		2003		2004		2005		2006	
	US Estimate	Total No.	Estimated No. Alcohol/Drug Related	Total No.	Estimated No. Alcohol/Drug Related	Total No.	Estimated No. Alcohol/Drug Related	Total No.	Estimated No. Alcohol/Drug Related	Total No.	Estimated No. Alcohol/Drug Related
Violent Crime Offenses: Alcohol-Related											
Robbery	3%	4,188	126	4,418	133	3,816	114	4,063	122	3,885	117
Sex Abuse	23%	362	83	440	101	306	70	288	66	317	73
Assault with a Deadly Weapon (ADW)	30%	3,916	1,175	3,947	1,184	3,431	1,029	3,335	1,001	3,348	1,004
Total	---	8,466	1,384	8,805	1,418	7,553	1,213	7,686	1,189	7,550	1,194
Property Crime Offenses: Drug-Related											
Burglary	30%	5,237	1,571	5,011	1,503	4,447	1,334	3,857	1,157	3,882	1,165
Theft	30%	7,025	2,108	8,053	2,416	7,781	2,334	7,500	2,250	7,425	2,228
Theft from Auto	30%	10,970	3,291	9,008	2,702	7,225	2,168	7,068	2,120	7,294	2,188
Stolen Auto	7%	8,203	574	8,955	627	7,897	553	6,655	466	6,145	430
Total	---	31,435	7,544	31,027	7,248	27,350	6,389	25,080	5,993	24,746	6,011

Notes: All statistics presented here are based on preliminary DC index crime data.

*Attributable fraction percent estimates for alcohol-related violent crimes and drug-related property crimes 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 percentage of crimes attributable to illicit drugs were derived primarily from self-reports of incarcerated offenders. Actual percentages attributable to alcohol or drugs may vary across geographic units or subpopulations.

Source: Geocoded Analytical Services Application (ASAP) Preliminary Crime Data provided by Research and Analysis Division, Office of Professional Development, Professional Development Bureau.

- Among violent crimes in the United States, approximately three percent of robberies, 23% of sexual assaults, and 30% of assaults with a deadly weapon (ADW) are estimated to be alcohol-related by using attributable fractions (to explain incidents or cases related to alcohol use).
- Among property crimes in the United States, approximately 30% of burglaries, theft offenses, and thefts from auto, and seven percent of stolen autos are estimated to be drug related.
- When the attributable fractions were applied to District crime, theft and theft from auto offenses were the most frequent drug-related offenses in 2005 and 2006.
- Assault with a deadly weapon was the most frequently reported alcohol-related violent crime in the District each year from 2002 through 2006, although the estimated number has declined slightly since 2003.



Table 2: Number and Rate* (per 10,000 residents) for Alcohol-Related Violent Crimes and Drug-Related Property Crimes in the District of Columbia: 2002–2006

	2002		2003		2004		2005		2006	
	Estimated No. Alcohol/Drug-Related	Rate (per 10,000)	Estimated No. Alcohol/Drug-Related	Rate (per 10,000)	Estimated No. Alcohol/Drug-Related	Rate (per 10,000)	Estimated No. Alcohol/Drug-Related	Rate (per 10,000)	Estimated No. Alcohol/Drug-Related	Rate (per 10,000)
Violent Crime Offenses: Alcohol-Related										
Robbery	126	2.18	133	2.30	114	1.97	122	2.10	117	2.00
Sex Abuse	83	1.43	101	1.75	70	1.21	66	1.13	73	1.25
Assault with a Deadly	1,175	20.29	1,184	20.50	1,029	17.75	1,001	17.20	1,004	17.15
Total	1,384	23.90	1,418	24.56	1,213	20.93	1,189	20.43	1,194	20.39
Property Crime Offenses: Drug-Related										
Burglary	1,571	27.12	1,503	26.03	1,334	23.02	1,157	19.88	1,165	19.90
Theft	2,108	36.40	2,416	41.84	2,334	40.27	2,250	38.66	2,228	38.06
Theft from Auto	3,291	56.82	2,702	46.79	2,168	37.40	2,120	36.42	2,188	37.37
Stolen Auto	574	9.91	627	10.86	553	9.54	466	8.01	430	7.34
Total	7,544	130.25	7,248	125.51	6,389	110.23	5,993	102.96	6,011	102.67

Notes: *Rates are based on estimated population in DC for each year. DC estimated population follows: As of July 1, 2002 – 579,190; as of July 1, 2003 – 579,621; as of July 1, 2004 – 579,621; as of July 1, 2005 – 582,049; as of July 1, 2006 – 585,459.

Source: Geocoded Analytical Services Application (ASAP) Preliminary Crime Data provided by Research and Analysis Division, Office of Professional Development, Professional Development Bureau.

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 derived primarily from self-reports of incarcerated offenders. Actual percentages attributable to alcohol or drugs may vary across geographic units or subpopulations.

Population estimates taken from Table 1: Annual estimates of the population for United States, Regions, and States and for Puerto Rico: April 1, 2000 to July 1, 2007 (NST-EST2007-01), Population Division, U.S. Census Bureau. Release Date: December 27, 2007.

- Based on 2006 data from the District of Columbia Metropolitan Police Department, the rate of violent crime offenses has decreased from 23.89 to 20.39 per 10,000 residents since 2002 while property crime rates decreased from 130.25 to 102.67 per 10,000 residents during the same time period.
- Between 2002 and 2006, the total number of theft offenses decreased almost 6%; however, the rate of thefts increased during this time, from 36.4 to 38.06 per 10,000 residents.



Table 3: Estimated Number of District of Columbia Alcohol-Related Violent Crimes and Drug-Related Property Crimes by Ward in 2006

	Attributable Fraction*	DC	WARD								
	US Estimate		1	2	3	4	5	6	7	8	Unknown
Violent Crime Offenses: Estimated Number Related to Alcohol Use											
Robbery	3%	117	23	15	3	12	18	16	14	16	0
Sex Abuse	23%	73	10	5	2	8	12	7	11	18	0
Assault with a Deadly Weapon (ADW)	30%	1,004	136	101	10	86	163	138	161	208	2
Total Alcohol Related	---	1,194	169	121	15	106	193	161	186	242	2
Property Crime Offenses: Estimated Number Related to Drug Use											
Burglary	30%	1,165	182	204	70	93	169	153	135	157	2
Theft	30%	2,228	270	712	224	178	234	325	122	161	3
Theft from Auto	30%	2,188	436	493	115	138	270	405	205	119	8
Stolen Auto	7%	430	64	33	6	47	72	65	73	69	1
Total Drug Related	---	6,011	952	1,442	415	456	745	948	535	506	14

Notes: Estimated numbers are rounded to the nearest whole number.

*Attributable fraction percent estimates for alcohol-related violent crimes and drug-related property crimes provided by the State Epidemiological System (SEDS) from *The Economic Costs of Alcohol and Drug Abuse in The United States – 1992*

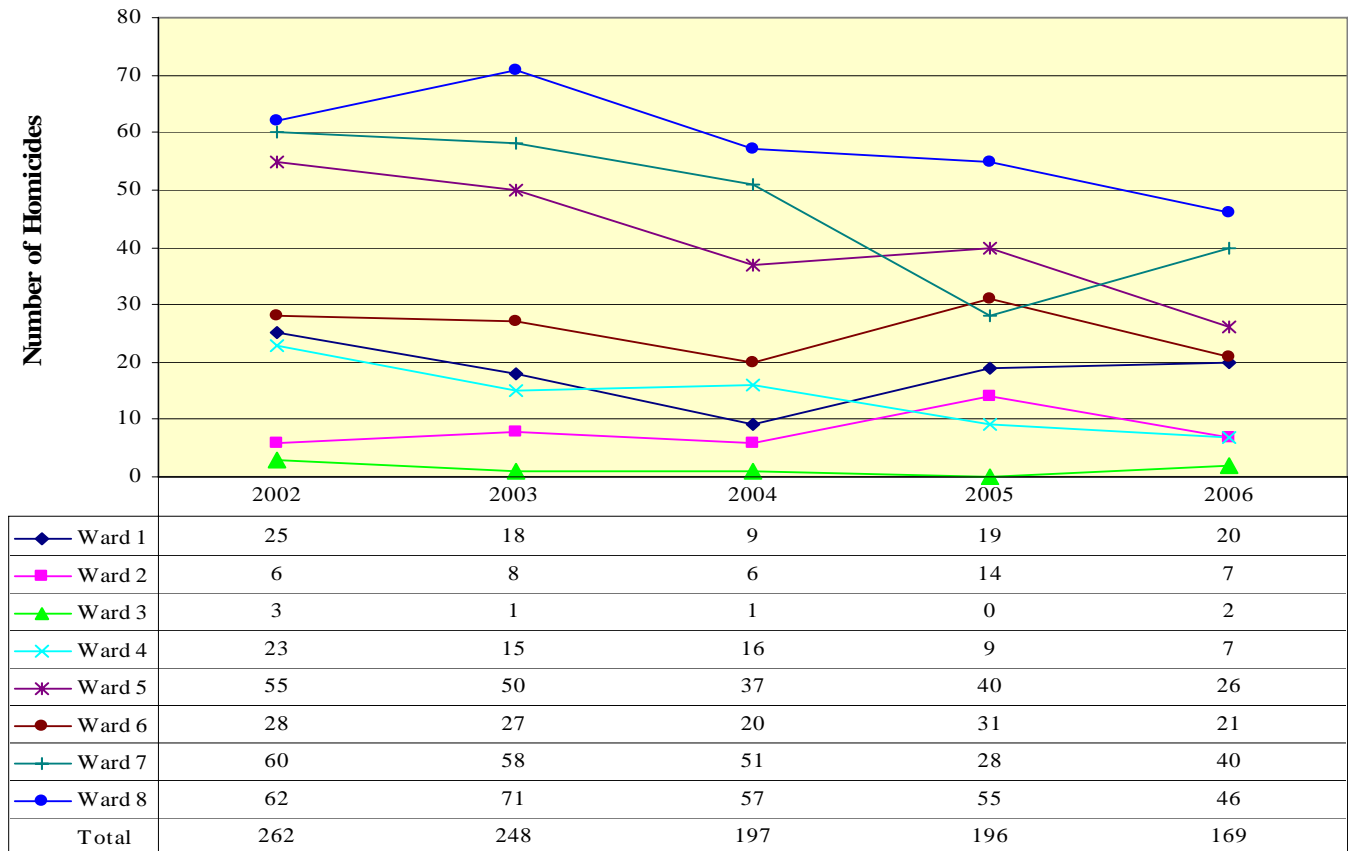
(<http://www.nida.nih.gov/economiccosts/index.html>). Estimates of percentage of crimes attributable to illicit drugs derived primarily from self reports of incarcerated offenders. Actual percentages attributable to alcohol or drugs may vary across geographic units or subpopulations. All statistics presented here were based on preliminary DC index crime data.

Source: Geocoded Analytical Services Application (ASAP) Preliminary Crime Data provided by Research and Analysis Division, Office of Professional Development, Professional Development Bureau.

- Based on attributable fractions data, more alcohol-related violent crimes occurred in Ward 8 (20.3%) than all other wards in 2006.
- More alcohol-related sex abuse and ADW offenses occurred in Ward 8 during 2006, while more robbery offenses occurred in Ward 1.
- Based on attributable fractions data, more drug-related crimes occurred in Ward 2 (24.0%) than all other wards in 2006.
- More drug-related burglary, theft, and theft from auto offenses occurred in Ward 2 during 2006, while more drug-related stolen auto offenses occurred in Ward 7 (n=73) and Ward 5 (n=72).
- In 2006, Ward 3 had an estimated total of 15 alcohol-related violent crimes, the lowest of all eight wards; Ward 3 also had the lowest number of all estimated drug-related property crimes, except theft (which was lowest in Ward 7).



Figure 1: Number of Homicides in the District of Columbia by Ward: 2002–2006



Source: Violent Crimes Branch (VCB) Homicide Data provided by the VCB through the Research and Analysis Division, Office of Professional Development, Professional Development Bureau.

- Overall, the number of homicides in the District decreased 36%, from 262 in 2002, to 169 in 2006.
- Compared to 2002, the number of reported homicides in 2006 decreased for all wards except Ward 2, which stayed about the same.
- In each year since 2002, Ward 8 consistently had more homicides than all other wards, while Ward 3 consistently had fewer homicides than all other wards.
- Wards 4, 5, 6, and 8 reported fewer homicides in 2006 than in any of the prior four years.



Table 4: Ward-Level Drug-Related* Homicides in the District of Columbia: 2002–2006

	2002		2003		2004		2005		2006	
	Drug-Related (#)	% of Ward Total	Drug-Related (#)	% of Ward Total	Drug-Related (#)	% of Ward Total	Drug-Related (#)	% of Ward Total	Drug-Related (#)	% of Ward Total
Total	89	34.0	63	25.8	33	16.8	19	9.7	19	11.2
Ward 1	6	24.0	5	27.8	2	22.2	0	0.0	0	0.0
Ward 2	0	0.0	0	0.0	0	0.0	0	0.0	1	14.3
Ward 3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Ward 4	5	21.7	4	26.7	2	12.5	3	33.3	3	42.9
Ward 5	27	49.1	10	20.0	7	18.9	5	12.5	6	23.1
Ward 6	6	21.4	7	25.9	6	30.0	4	12.9	3	14.3
Ward 7	26	43.3	18	31.0	11	21.6	1	3.6	2	5.0
Ward 8	19	30.6	19	26.8	5	8.8	6	10.9	4	8.7

Note: *Drug-related homicide means that primary motive for homicide was recorded as “drugs” by DC Metropolitan Police Department.

Source: Violent Crimes Branch (VCB) Homicide Data provided by the VCB through Research and Analysis Division, Office of Professional Development, Professional Development Bureau.

- Approximately one in ten homicides committed in the District in 2006 was drug related.
- Consistent with the five-year trend in total District homicides which decreased, drug-related homicides also decreased, from 89 in 2002, to 19 in both 2005 and 2006.
- Except for 2003, more drug-related homicides occurred in Ward 5 than in any other ward in the years between 2002 and 2006.
- Wards 5 and 7 experienced the greatest decreases (78% and 92.3%, respectively) in drug-related homicides between 2002 and 2006.
- Ward 3 reported no drug-related homicides between 2002 and 2006; Ward 2 reported one drug-related homicide in 2006, and zero between all years 2002 through 2005.
- Wards 1, 4, and 6 reported fewer than 10 drug-related homicides each year between 2002 and 2006.



Table 5: Description of Homicide Decedents and Motives in the District of Columbia: 2002–2006

	2002	2003	2004	2005	2006
Total Number of Homicides	262	248	198	196	169
Decedent's Gender					
Male	229	228	174	175	156
Female	33	20	24	21	13
Decedent's Race					
Black	242	230	191	182	159
White	9	6	5	6	4
Hispanic	9	10	2	5	5
Other	2	2	0	3	1
Decedent's Age					
Adult (Aged 18 or Older)	245	235	174	180*	153*
Juvenile (Aged 17 or Younger)	17	13	24	16*	16*
Motive**					
Altercation	---	---	---	1	4
Argument	58	65	50	56	29
Child Abuse	4	1	4	3	3
Domestic	17	10	9	14	3
Drug	89	63	33	19	19
Gang Related	8	3	1	3	---
Mistaken Identity	---	---	---	---	2
Negligence	---	---	---	2	---
Retaliation	26	29	38	35	24
Robbery	22	30	18	17	15
Other	14	6	7	16	3
Unknown	24	41	38	30	67

Notes: Motive defined primary motive for homicide as recorded by DC Metropolitan Police Department.
 *Data based on preliminary information for cases that need further investigation regarding age of decedent.
 **Cells in which data are missing should be interpreted as motives that were unknown in these years.
 Motives may have been included in “other” during these years; however, it was not possible to determine motives for items listed in data set as “other”.
Source: Violent Crimes Branch (VCB) Homicide Data provided by VCB through Research and Analysis Division, Office of Professional Development, Professional Development Bureau.

- Homicide victims were more likely to be male than female; even though male decedents decreased by nearly one-third, and the number of female decedents decreased by nearly two-thirds from 2002 to 2006.
- More than 90% of decedents each year were Black.
- Nearly all decedents were adults in each year from 2002 to 2006.
- The most frequently known motives each year were arguments, drugs, retaliation, and robbery. The number of homicides with a drug motive decreased steadily from 89 in 2002, to 19 in 2005 and 2006.



Table 6: Description of Drug-Related Homicides in the District of Columbia: 2002–2006

	2002	2003	2004	2005	2006
Total Number of Drug-Related Homicides	89	63	33	19	19
Decedent's Gender					
Male	81	55	31	19	19
Female	8	8	2	0	0
Decedent's Race					
Black	87	57	31	18	18
White	1	3	1	0	1
Hispanic	1	3	1	1	0
Decedent's Age					
Adult (Aged 18 or Older)	86	58	30	19*	17*
Juvenile (Aged 17 or Younger)	3	5	3	0*	2*

Notes: Drug-related homicide means that primary motive for homicide was recorded as “drugs” by DC Metropolitan Police Department.

*Data based on preliminary information for cases that need further investigation regarding age of decedent.

Source: Violent Crimes Branch (VCB) Homicide Data provided by VCB through Research and Analysis Division, Office of Professional Development, Professional Development Bureau.

- The total number of drug-related homicides has decreased nearly 80% since 2002.
- Nearly all drug-related homicides in the District from 2002 to 2006 involved Black male decedents.
- Nearly all drug-related homicides in the District from 2002 to 2006 involved adults.



SECTION 2

CONSEQUENCE: ARRESTS

For this consequence category, we include eleven indicators that are part of the crime and criminal justice Center for Substance Abuse Prevention National Outcome Measures (CSAP NOMs) domain. The data presented within each of the eleven indicators (listed below) allow us to assess the prevalence of both alcohol- and drug-related arrests in the District of Columbia.

- Alcohol-Related Arrests
 - Drinking in Public
 - Possession of Open Alcohol
- Alcohol- and/or Drug-Related Arrests
 - Driving Under the Influence
 - Driving Under the Influence and Refusing a Test
 - Driving While Intoxicated
- Drug-Related Arrests
 - Conspiracy to Distribute
 - Distribution
 - Possession
 - Possession with Intent to Distribute
 - Possession of Drug Paraphernalia
 - Any Other Narcotic Violation

These eleven indicators were selected in accordance with CSAP requirements. The purpose of these selected indicators is to describe a major community-wide consequence of alcohol and illicit drug use. The following tables provide an in-depth look at alcohol- and/or drug-related arrests for DC.

Alcohol- and drug-related arrest data were provided by the Metropolitan Police Department (MPD). Totals are based solely on the most serious arrest charge (one person may be booked on more than one arrest charge). Arrests are excluded when no address could be reported (between 1% and 3% of all arrests).

Source: Geocoded Criminal Justice Information System (CJIS) data as of May 7, 2007.



Table 7: Number of Total Substance-Related Driving and Alcohol-Related Arrests in the District of Columbia: 2002–2006

	Number of Arrests				
	2002	2003	2004	2005	2006
Total Substance-Related Driving and Alcohol-Related Arrests	3,633	3,996	5,376	5,839	5,724
Type of Violation					
Driving Under the Influence - Alcohol/Drugs	322	359	285	315	701
Driving Under the Influence - Refusing Test	193	189	207	227	258
Driving While Intoxicated - Alcohol/Drugs	953	1,020	1,141	1,059	899
Drinking in Public	300	230	320	282	273
Possession of Open Alcohol	1,865	2,198	3,423	3,956	3,593

Notes: Totals based solely on most serious arrest charge, since one individual may be booked on more than one charge. Above data reflect arrests made by all agencies in District of Columbia.

Source: Geocoded Criminal Justice Information System (CJIS) Arrest Data provided by Research and Analysis Division, Office of Professional Development, Professional Development Bureau.

- The total number of substance-related driving and alcohol-related arrests increased continuously between 2002 and 2005, and then decreased slightly in 2006.
- In each year, the greatest number of substance-related driving and alcohol-related arrests involved possession of open alcohol.
- In each year, the fewest number of substance-related driving and alcohol-related arrests involved refusing to be tested for allegedly driving under the influence.
- In 2006, the number of arrests for driving under the influence of alcohol/drugs increased more than 120% from 2005, while the number of arrests for driving while intoxicated decreased 15% during the same period of time.



Table 8: Number of Adult and Juvenile Substance-Related Driving and Alcohol-Related Arrests in the District of Columbia: 2002–2006

District of Columbia	Number of Juvenile and Adult Arrests									
	Adults (18+)					Juveniles (Under 18)				
	2002	2003	2004	2005	2006	2002	2003	2004	2005	2006
Total Substance-Related Driving and Alcohol-Related Arrests	3,631	3,993	5,376	5,839	5,721	2	3	0	0	3
Type of Violation										
Driving Under the Influence - Alcohol/Drugs	322	358	285	315	701	0	1	0	0	0
Driving Under the Influence - Refusing Test	193	189	207	227	258	0	0	0	0	0
Driving While Intoxicated - Alcohol/Drugs	953	1,020	1,141	1,059	899	0	0	0	0	0
Drinking in Public	300	230	320	282	272	0	0	0	0	1
Possession of Open Alcohol	1,863	2,196	3,423	3,956	3,591	2	2	0	0	2

Notes: Totals based solely on most serious arrest charge, since one individual may be booked on more than one charge. Above data reflect arrests made by all agencies in District of Columbia.

Source: Geocoded Criminal Justice Information System (CJIS) Arrest Data provided by Research and Analysis Division, Office of Professional Development, Professional Development Bureau.

- Between 2002 and 2006, almost all (99-100%) substance-related driving and alcohol-related arrestees were adults.
- While the number of adult arrests for possession of open alcohol decreased 9.2% and the number of arrests for driving while intoxicated decreased 15.1% between 2005 and 2006, the number of adult arrests for driving under the influence increased more than 120%.
- Between 2002 and 2006, six of the eight juvenile substance-related driving and alcohol-related arrests involved possession of open alcohol.



Table 9: Number of Total Substance-Related Driving and Alcohol-Related Arrests in the District of Columbia: 2002–2006

	Number of Arrests				
	2002	2003	2004	2005	2006
Type of Arrest					
Total Arrests (All Causes)	45,635	45,365	51,059	51,591	52,547
Drug-Related Arrests	6,706	7,259	8,712	8,760	9,308
Type of Violation					
Conspiracy to distribute	18	34	40	31	5
Distribution	1,587	1,373	1,739	1,809	1,573
Possession	2,617	3,126	3,930	4,059	4,669
Possession with Intent to Distribute	2,203	2,174	2,358	2,127	2,172
Possession of Drug Paraphernalia	217	314	448	619	771
Any Other Narcotic Violation*	64	238	197	115	118
Drug Type of Arrest**					
Amphetamines	7	5	10	17	27
Cocaine	1,599	1,427	1,761	1,890	1,897
Cocaine (Crack)	895	1,017	1,442	1,536	2,075
Marijuana	2,626	2,855	3,391	3,248	3,049
Heroin	1,016	1,047	1,178	1,042	853
PCP	159	270	161	175	347
Other***	184	319	319	232	288

Notes: Totals based solely on most serious arrest charge, since one individual may be booked on more than one charge. Above data reflect arrests made by all agencies in District of Columbia. There were no manufacturing arrests between 2002 and 2006. Columns may not sum to total drug-related arrests because arrests for possession of drug paraphernalia, forged narcotic prescription, and violation of pharmacy laws were not accounted for among drug type of arrest.

* Includes following offenses: "forged narcotic prescription," "violation of pharmacy laws," and "any other narcotic violation." Some possession arrests share an offense code (1826) with "any other narcotic violation" including LSD possession, felony and misdemeanor Preludin possession, and misdemeanor heroin possession.

** Columns may not sum to total drug-related arrests because arrests for possession of drug paraphernalia, forged narcotic prescription, and violation of pharmacy laws were not accounted for among drug type of arrest.

*** Includes arrests for barbituates, Dilaudid, and "any other narcotic violation." Some drugs share an offense code (1826) with "any other narcotic violation" including LSD possession, felony and misdemeanor Preludin possession, and misdemeanor heroin possession.

Source: Geocoded Criminal Justice Information System (CJIS) Arrest Data provided by Research and Analysis Division, Office of Professional Development, Professional Development Bureau.

- Between 2002 and 2006, drug-related arrests increased nearly 40%, and ranged from nearly 14% to nearly 18% of all arrests in the District during those years.
- In each year between 2002 and 2006, possession and possession with intent to distribute accounted for the majority of all drug-related arrests in the District.
- In 2006, simple possession accounted for 50% of all drug-related arrests in the District.
- Between 2002 and 2006, marijuana-related arrests represented the majority of all District arrests.



Table 10: Number of Adult and Juvenile Drug-Related Arrests in the District of Columbia: 2002–2006

	Number of Juvenile and Adult Arrests									
	Adults (18+)					Juveniles (Under 18)				
	2002	2003	2004	2005	2006	2002	2003	2004	2005	2006
Type of Arrest										
Total Arrests (All Causes)	43,213	42,808	48,109	48,658	49,353	2,422	2,557	2,950	2,933	3,194
Drug-Related Arrests	6,344	6,929	8,345	8,440	8,972	362	330	367	320	336
Type of Violation										
Conspiracy to Distribute	18	34	40	31	5	0	0	0	0	0
Distribution	1,481	1,288	1,634	1,720	1,500	106	85	105	89	73
Possession	2,530	3,050	3,844	3,971	4,559	87	76	86	88	110
Possession with Intent to Distribute	2,036	2,010	2,189	1,996	2,025	167	164	169	131	147
Possession of Drug Paraphernalia	217	310	446	614	767	0	4	2	5	4
Any Other Narcotic Violation*	62	237	192	108	116	2	1	5	7	2
Drug Type of Arrest**										
Amphetamines	7	5	10	15	26	0	0	0	2	1
Cocaine	1,540	1,375	1,700	1,830	1,845	59	52	61	60	52
Cocaine (Crack)	801	949	1,368	1,472	1,985	94	68	74	64	90
Marijuana	2,446	2,681	3,180	3,078	2,877	180	174	211	170	172
Heroin	1,002	1,032	1,171	1,033	847	14	15	7	9	6
PCP	149	257	155	172	343	10	13	6	3	4
Other***	179	315	313	225	281	5	4	6	7	7

Notes: Totals based solely on most serious arrest charge, since one individual may be booked on more than one charge. Above data reflect arrests made by all agencies in District of Columbia. There were no manufacturing arrests between 2002 and 2006. Columns may not sum to total drug-related arrests because arrests for possession of drug paraphernalia, forged narcotic prescription, and violation of pharmacy laws are not accounted for among drug type of arrest.

* Includes the following offenses: "forged narcotic prescription," "violation of pharmacy laws," and "any other narcotic violation." Some possession arrests share an offense code (1826) with "any other narcotic violation" including LSD possession, felony and misdemeanor Preludin possession, and misdemeanor heroin possession.

** Columns may not sum to total drug-related arrests because arrests for possession of drug paraphernalia, forged narcotic prescription, and violation of pharmacy laws were not accounted for among drug type of arrest.

*** Includes arrests for barbituates, Dilaudid, and "any other narcotic violation." Some drugs share an offense code (1826) with "any other narcotic violation" including LSD possession, felony and misdemeanor Preludin possession, and misdemeanor heroin possession.

Source: Geocoded Criminal Justice Information System (CJIS) Arrest Data provided by the Research and Analysis Division, Office of Professional Development, Professional Development Bureau.

- Adults (18+) represented the majority of drug-related arrests in the District for all years between 2002 and 2006 (approximately 94% to 96.5% each year)
- Over one-half of adult drug-related arrests and nearly one-third of juvenile drug-related arrests were for simple possession.
- While most adult drug-related arrests increased between 2005 and 2006, arrests for conspiracy to distribute and distribution decreased.
- Nearly one-third of adult drug-related arrests and more than one-half of juvenile drug-related arrests were for marijuana charges.
- Possession with intent to distribute and distribution represented a larger percentage of juvenile drug-related arrests than any other type of drug-related arrest in the District.



Table 11: Number of Drug-Related Arrests by Gender in the District of Columbia: 2002–2006

	Male					Female				
	2002	2003	2004	2005	2006	2002	2003	2004	2005	2006
Type of Arrest										
Total Arrests (All Causes)	36,997	36,456	40,844	41,039	42,054	8,636	8,909	10,215	10,550	10,490
Drug-Related Arrests	5,821	6,274	7,493	7,529	7,827	885	985	1,219	1,231	1,481
Type of Violation										
Conspiracy to Distribute	16	33	36	29	4	2	1	4	2	1
Distribution	1,408	1,213	1,520	1,574	1,319	179	160	219	235	254
Possession	2,233	2,649	3,330	3,461	3,921	384	477	600	598	748
Possession with Intent to Distribute	1,961	1,964	2,122	1,924	1,937	242	210	236	203	235
Possession of Drug Paraphernalia	151	216	324	447	551	66	98	124	172	220
Any Other Narcotic Violation*	52	199	161	94	95	12	39	36	21	23
Drug Type of Arrest**										
Amphetamines	7	5	10	12	26	0	0	0	5	1
Cocaine	1,352	1,232	1,469	1,624	1,595	247	195	292	266	302
Cocaine (Crack)	764	851	1,250	1,309	1,735	131	166	192	227	340
Marijuana	2,406	2,559	3,067	2,917	2,676	220	296	324	331	373
Heroin	845	910	979	875	724	171	137	199	167	129
PCP	144	235	137	152	285	15	35	24	23	62
Other***	150	263	255	193	234	34	56	64	39	54

Notes: Totals based solely on most serious arrest charge, since one individual may be booked on more than one charge.

Above data reflect arrests made by all agencies in the District of Columbia. There were no manufacturing arrests from 2002–2006.

Individual cells may not sum to total arrests (all causes) because of "unknown" gender in MPD data.

* Includes following offenses: "forged narcotic prescription," "violation of pharmacy laws," and "any other narcotic violation." Some possession arrests share an offense code (1826) with "any other narcotic violation" including LSD possession, felony and misdemeanor Preludin possession, and misdemeanor heroin possession.

** Columns may not sum to total drug-related arrests because arrests for possession of drug paraphernalia, forged narcotic prescription, and violation of pharmacy laws were not accounted for among drug type of arrest.

*** Includes arrests for barbituates, Dilaudid, and "any other narcotic violation." Some drugs share an offense code (1826) with "any other narcotic violation" including LSD possession, felony and misdemeanor Preludin possession, and misdemeanor heroin possession.

Source: Geocoded Criminal Justice Information System (CJIS) Arrest Data provided by Research and Analysis Division, Office of Professional Development, Professional Development Bureau.

- Males were more likely than females to be arrested on drug charges; however, the number of both males and females arrested for drug-related offenses increased considerably (34.5% and 67.4%, respectively) between 2002 and 2006.
- Between 2005 and 2006, arrests for distribution by males decreased 16%, while distribution arrests of females increased 8%.
- Arrests of females for possession nearly doubled from 2002 to 2006.



Table 12: Number of Drug-Related Arrests by Race in the District of Columbia: 2002–2006

	Black					White					Other				
	2002	2003	2004	2005	2006	2002	2003	2004	2005	2006	2002	2003	2004	2005	2006
Type of Arrest															
Total Arrests (All Causes)	38,181	37,867	42,117	42,290	43,383	7,162	7,258	8,054	8,526	8,292	292	240	888	775	872
Drug-Related Arrests	6,037	6,585	7,932	8,048	8,575	651	655	768	695	705	18	19	12	17	28
Type of Violation															
Conspiracy to Distribute	15	33	40	21	4	3	1	0	10	1	0	0	0	0	0
Distribution	1,510	1,333	1,703	1,777	1,557	75	37	35	28	12	2	3	1	4	4
Possession	2,210	2,651	3,369	3,561	4,170	402	467	554	491	488	5	8	7	7	11
Possession with Intent to Distribute	2,067	2,078	2,245	2,031	2,032	125	88	109	90	128	11	8	4	6	12
Possession of Drug Paraphernalia	183	284	397	565	707	34	30	51	54	63	0	0	0	0	1
Any Other Narcotic Violation*	52	206	178	93	105	12	32	19	22	13	0	0	0	0	0
Drug Type of Arrest**															
Amphetamines	5	2	2	10	21	2	3	8	7	5	0	0	0	0	1
Cocaine	1,462	1,338	1,635	1,758	1,751	132	83	125	127	143	5	6	1	5	3
Cocaine (Crack)	845	950	1,332	1,444	1,930	46	66	108	91	139	4	1	2	1	6
Marijuana	2,354	2,568	3,077	2,987	2,801	269	276	306	251	233	3	11	8	10	15
Heroin	915	917	1,056	928	779	96	129	121	113	74	5	1	1	1	0
PCP	156	258	157	172	337	2	12	4	3	9	1	0	0	0	1
Other***	115	267	274	183	248	69	52	45	49	39	0	0	0	0	1

Notes: Totals based solely on most serious arrest charge, since one individual may be booked on more than one charge. Above data reflect arrests made by all agencies in District of Columbia. There were no manufacturing arrests from 2002–2006.
 * Includes following offenses: "forged narcotic prescription," "violation of pharmacy laws," and "any other narcotic violation." Some possession arrests share an offense code (1826) with "any other narcotic violation" including LSD possession, felony and misdemeanor Preludin possession, and misdemeanor heroin possession.
 ** Columns may not sum to total drug-related arrests because arrests for possession of drug paraphernalia, forged narcotic prescription, and violation of pharmacy laws were not accounted for among drug type of arrest.
 *** Includes arrests for barbituates, Dilaudid, and "any other narcotic violation." Some drugs share an offense code (1826) with "any other narcotic violation" including LSD possession, felony and misdemeanor Preludin possession, and misdemeanor heroin possession.
Source: Geocoded Criminal Justice Information System (CJIS) Arrest Data provided by Research and Analysis Division, Office of Professional Development, Professional Development Bureau.

- In 2006, nearly 70% of Whites were arrested for simple possession, compared to 48.6% of Blacks and 39% of Others, while 18.2% of Blacks were arrested for distribution, compared to 1.7% of Whites and 14% of Others.
- Between 2002 and 2006, the number of Blacks arrested for possession of drug paraphernalia increased 286.3% (85.3% for Whites). Arrests for any other narcotic violation increased 101.9% for Blacks and 8.3% for Whites; arrests for possession increased 88.7% for Blacks and 21.4% for Whites; and distribution charges increased 3.1% for Blacks and 84.0% for Whites.
- The number of Blacks arrested for drug-related offenses increased 6.5%; however, the number arrested for crack increased 33.7%, arrests for possession increased 17%, and the number of PCP arrests of Blacks nearly doubled during the same period of time.
- The number of Whites arrested for drug-related offenses increased 1.4%, while the number of Whites arrested for possession with intent to distribute increased 42%, arrests for cocaine increased 12.6%, and the number arrested for crack increased over 50% during this time.



SECTION 3

CONSEQUENCE: HIV/AIDS

For this consequence category, we assessed eight indicators in the reduced morbidity CSAP NOMs domain. The data presented within each of the eight indicators allows us to assess new incidents and the prevalence of HIV and AIDS in the District of Columbia.

- HIV(not AIDS)
 - Rate of Newly Reported
 - Number of Newly Reported
 - Mode of Transmission
- AIDS
 - Rate of Newly Reported
 - Number of Newly Reported
 - Living Cases
 - Mortality
 - Mode of Transmission

These eight indicators were selected in accordance with CSAP requirements. The purpose of these selected indicators was to describe a major health consequence of illicit drug use at the ward level for the District of Columbia. The maps and tables provided in this report take a closer look at ward-level HIV and AIDS cases for combined years between 2001 and 2006. More detailed HIV/AIDS information at the District level can be found at <http://doh.dc.gov/doh/cwp/view,A,1371,Q,603431.asp>.



Table 13: Number and Percentage of Newly Reported HIV (not AIDS) Cases by Sex, Race/Ethnicity, and Age at Diagnosis, District of Columbia: Cumulative for Years 2001–2006

	2001		2002		2003		2004		2005		2006	
	N	%	N	%	N	%	N	%	N	%	N	%
Total	540	100.0	687	100.0	615	100.0	541	100.0	483	100.0	403	100.0
Sex												
Male	344	63.7	439	63.9	414	67.3	332	61.4	307	63.6	278	69.0
Female	196	36.3	248	36.1	201	32.7	209	38.6	176	36.4	125	31.0
Race/Ethnicity												
White	57	10.6	61	8.9	82	13.3	47	8.7	62	12.8	50	12.4
Black	441	81.7	561	81.7	497	80.8	434	80.2	398	82.4	318	78.9
Hispanic	23	4.3	21	3.1	26	4.2	33	6.1	11	2.3	18	4.5
Asian	< 3	--	< 3	--	< 3	--	< 3	--	4	0.8	< 3	--
Other*	18	3.3	43	6.3	9	1.5	27	5.0	8	1.7	15	3.7
Age at Diagnosis												
13 to 19	11	2.0	13	1.9	21	3.4	23	4.3	9	1.9	7	1.7
20 to 29	100	18.5	116	16.9	109	17.7	102	18.9	80	16.6	81	20.1
30 to 39	195	36.1	238	34.6	207	33.7	136	25.1	146	30.2	115	28.5
40 to 49	161	29.8	223	32.5	193	31.4	172	31.8	155	32.1	129	32.0
50 to 59	59	10.9	84	12.2	64	10.4	88	16.3	71	14.7	56	13.9
60+	14	2.6	13	1.9	21	3.4	20	3.7	22	4.6	15	3.7

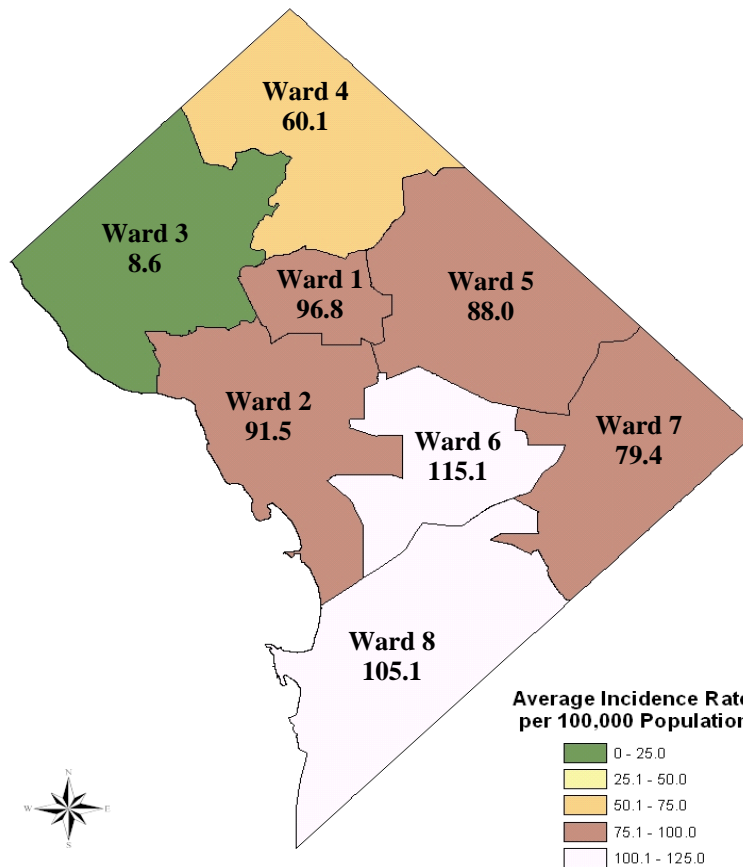
Note: *Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

Source: District of Columbia, Department of Health HIV/AIDS Administration Bureau of Surveillance and Epidemiology 2007 Report entitled "District of Columbia HIV/AIDS Epidemiology Annual Report 2007," pages 32-33.

- Between 2001 and 2006, there were 3,269 newly reported cases of HIV (not AIDS). Among these newly reported cases, males comprised a larger proportion of cases than females.
- There was a decline in the number of HIV (not AIDS) cases reported between 2002 and 2006; however, this decline may have been due to reporting delays or underreporting in recent years under the code-based reporting system.
- Blacks consistently represented a higher proportion of newly reported HIV (not AIDS) cases than any other racial/ethnic group. Blacks comprised as many as 82.4% of new cases in 2005.



**Map 1: Average Rate of Newly Reported HIV (not AIDS) Cases by Ward
District of Columbia: 2001–2006 (N=3,052)**



* Numbers found below each ward refer to the rate of newly reported HIV cases per 100,000 population. Rates were calculated using 2000 Census data. For 16% of cases, ward information was not available and therefore not displayed on this map.

Source: District of Columbia, Department of Health HIV/AIDS Administration Bureau of Surveillance and Epidemiology 2007 Report entitled “District of Columbia HIV/AIDS Epidemiology Annual Report 2007,” page 85.

- The average rate of newly diagnosed HIV (not AIDS) cases by ward ranged between 8.6 and 115.1 cases per 100,000 population.
- Highest rates were found in Wards 6 and 8, where the rates were 115.1 and 105.1 cases per 100,000, respectively. The next highest rate was in Ward 1: 96.8 cases per 100,000.
- Lowest rates were found in Ward 3: 8.6 cases per 100,000.



**Table 14: Number and Percentage of Newly Reported HIV (not AIDS) Cases by Mode of Transmission
District of Columbia: Cumulative for Years 2001–2006**

	2001		2002		2003		2004		2005		2006		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
MSM	146	27.0	189	27.5	172	28.0	116	21.4	106	21.9	113	28.0	842	25.8
IDU	70	13.0	96	14.0	84	13.7	84	15.5	62	12.8	36	8.9	432	13.2
MSM/IDU	10	1.9	12	1.7	15	2.4	9	1.7	9	1.9	6	1.5	61	1.9
Heterosexual	208	38.5	263	38.3	209	34.0	189	34.9	178	36.9	175	43.4	1,222	37.4
RNI/Unknown	106	19.6	127	18.5	135	22.0	143	26.4	128	26.5	73	18.1	712	21.8
Total	540	100.0	687	100.0	615	100.0	541	100.0	483	100.0	403	100.0	3,269	100.0

Notes: Mode of transmission refers to how HIV was transmitted from one individual to another.

MSM means men who had sex with other men.

IDU means intravenous drug use.

MSM/IDU defined as men who have sex with other men and are intravenous drug users.

Heterosexual means heterosexual contact.

RNI means risk not identified.

Other includes hemophilia, blood transfusions, and occupational exposure (healthcare workers).

Source: District of Columbia, Department of Health HIV/AIDS Administration Bureau of Surveillance and Epidemiology 2007 Report entitled “District of Columbia HIV/AIDS Epidemiology Annual Report 2007,” pages 32-33.

- Between 2001 and 2006, there were 3,269 newly reported cases of HIV (not AIDS).
- The most frequently-reported mode of transmission among new HIV (not AIDS) cases was heterosexual contact (37.4% between 2001 and 2006).
- The largest decrease in cases by mode of transmission was among HIV (not AIDS) cases attributed to IDU; decreases ranged from 108 cases in 2002, to 42 cases in 2006, a 61% reduction.



**Table 15: Number and Percentage of Newly Reported AIDS Cases by Sex, Race/Ethnicity, and Age at Diagnosis
District of Columbia: Cumulative for Years 2001–2006**

	2001		2002		2003		2004		2005		2006	
	N	%	N	%	N	%	N	%	N	%	N	%
Total	673	100.0	975	100.0	841	100.0	810	100.0	679	100.0	700	100.0
Sex												
Male	457	67.9	680	69.7	589	70.0	567	70.0	443	65.2	476	68.0
Female	216	32.1	295	30.3	252	30.0	243	30.0	236	34.8	224	32.0
Race/Ethnicity												
White	60	8.9	78	8.0	72	8.6	54	6.7	42	6.2	55	7.9
Black	580	86.2	857	87.9	719	85.6	694	85.7	589	86.7	611	87.4
Hispanic	30	4.5	33	3.4	40	4.8	49	6.0	41	6.0	31	4.4
Asian	0	0.0	< 3	--	3	0.4	< 3	--	< 3	0.3	0	0.0
Other*	3	0.4	6	0.6	6	0.7	12	1.5	5	0.7	< 3	--
Age at Diagnosis												
13 to 19	< 3	--	11	1.1	9	1.1	13	1.6	9	1.3	4	0.6
20 to 29	77	11.4	95	9.7	102	12.1	107	13.2	92	13.5	91	13.0
30 to 39	228	33.9	322	33.0	298	35.4	235	29.0	194	28.6	175	25.0
40 to 49	250	37.1	366	37.5	277	32.9	282	34.8	252	37.1	259	37.0
50 to 59	89	13.2	150	15.4	120	14.3	129	15.9	90	13.3	140	20.0
60+	27	4.0	31	3.2	35	4.2	44	5.4	42	6.2	31	4.4

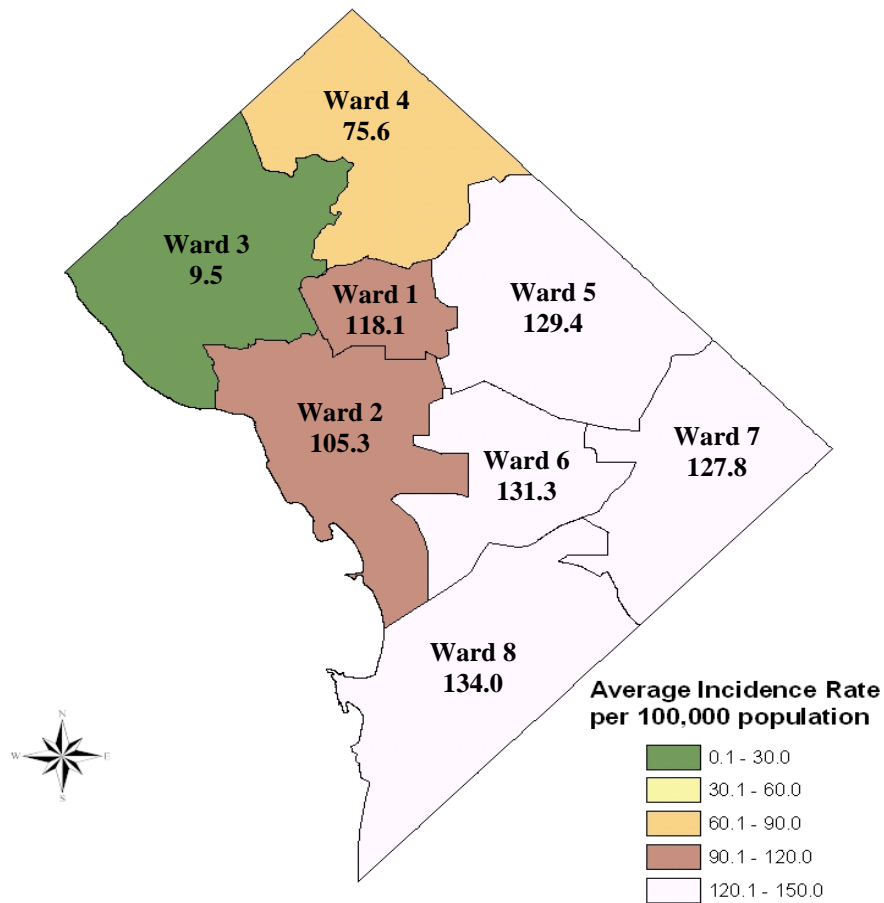
Note: *Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

Source: District of Columbia, Department of Health HIV/AIDS Administration Bureau of Surveillance and Epidemiology 2007 Report entitled "District of Columbia HIV/AIDS Epidemiology Annual Report 2007," pages 45-46.

- Between 2001 and 2006, there were 4,678 new reports of AIDS cases; males comprised a larger proportion of cases than females.
- Blacks consistently represented a higher proportion of newly reported AIDS cases than any other racial/ethnic group.
- The greatest proportion of AIDS cases were diagnosed in the 40 to 49 year-old age group for all years except 2003 which was highest among individuals age 30 to 39 years. However, note that the number of AIDS cases diagnosed in the 50 to 59 year-old age group increased by nearly 60% between 2001 and 2006.



**Map 2: Average Rate of Newly Reported AIDS Cases by Ward
District of Columbia: 2001–2006 (N=4,062)**



* Numbers found below each ward refer to the rate of newly reported AIDS cases per 100,000 population. Rates were calculated using 2000 census data. For 25% of cases, ward information was not available and therefore not displayed on this map.

Source: District of Columbia, Department of Health HIV/AIDS Administration Bureau of Surveillance and Epidemiology 2007 Report entitled “District of Columbia HIV/AIDS Epidemiology Annual Report 2007,” page 86.

- The average rate of newly diagnosed AIDS cases by ward ranged between 9.5 and 134.0 cases per 100,000 population.
- Highest rates were found in Wards 5, 6, 7, and 8, where the rates were 129.4, 131.3, 127.8, and 134.0 cases per 100,000, respectively.
- Lowest rates were found in Ward 3, with 9.5 cases per 100,000 population.



**Table 16: Number and Percentage of Newly Reported AIDS Cases by Mode of Transmission
District of Columbia: Cumulative for Years 2001–2006**

	2001		2002		2003		2004		2005		2006		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
MSM	197	29.3	309	31.7	250	29.7	206	25.4	142	20.9	190	27.1	1,294	27.7
IDU	137	20.4	191	19.6	167	19.9	188	23.2	206	30.3	134	19.1	1,023	21.9
MSM/IDU	28	4.2	33	3.4	24	2.9	27	3.3	22	3.2	24	3.4	158	3.4
Heterosexual	148	22.0	244	25.0	209	24.9	206	25.4	188	27.7	246	35.1	1,241	26.5
RNI	161	23.9	192	19.7	185	22.0	181	22.3	119	17.5	102	14.6	940	20.1
Other	< 3	--	6	0.6	6	0.7	< 3	--	< 3	--	4	0.6	22	0.5
Total	673	100.0	975	100.0	841	100.0	810	100.0	679	100.0	700	100.0	4,678	100.0

Notes: Mode of transmission refers to how HIV was transmitted from one individual to another.

MSM means men who had sex with other men.

IDU means intravenous drug use.

MSM/IDU defined as men who have sex with other men and are intravenous drug users.

Heterosexual means heterosexual contact.

RNI means risk not identified.

Other includes hemophilia, blood transfusions, and occupational exposure (healthcare workers).

Source: District of Columbia, Department of Health HIV/AIDS Administration Bureau of Surveillance and Epidemiology 2007 Report entitled "District of Columbia HIV/AIDS Epidemiology Annual Report 2007," pages 45-46.

- Between 2001 and 2006, 4,678 AIDS cases were newly recorded.
- Overall, the most frequently reported mode of transmission among AIDS cases was MSM; however, in 2005, the highest proportion of AIDS cases was attributed to IDU while in 2006, the highest proportion of AIDS cases was attributed to heterosexual contact.



**Table 17: Number and Percentage of Living AIDS Cases by Sex, Race/Ethnicity, and Age at Diagnosis
District of Columbia: Cumulative for Years 2001–2006**

	2001		2002		2003		2004		2005		2006	
	N	%	N	%	N	%	N	%	N	%	N	%
Total	5,855	100.0	6,534	100.0	7,080	100.0	7,591	100.0	7,972	100.0	8,368	100.0
Sex												
Male	4,562	77.9	4,995	76.4	5,345	75.5	5,666	74.6	5,866	73.6	6,087	72.7
Female	1,293	22.1	1,539	23.6	1,735	24.5	1,925	25.4	2,106	26.4	2,281	27.3
Race/Ethnicity												
White	1,101	18.8	1,113	17.0	1,120	15.8	1,112	14.6	1,092	13.7	1,070	12.8
Black	4,447	76.0	5,084	77.8	5,585	78.9	6,049	79.7	6,408	80.4	6,793	81.2
Hispanic	274	4.7	298	4.6	326	4.6	368	4.8	403	5.1	433	5.2
Asian	< 3	--	3	0.0	6	0.1	7	0.1	9	0.1	9	0.1
Other*	30	0.5	35	0.5	41	0.6	53	0.7	58	0.7	60	0.7
Age at Diagnosis												
13 to 19	50	0.9	61	0.9	70	1.0	83	1.1	90	1.1	92	1.1
20 to 29	972	16.6	1,022	15.6	1,090	15.4	1,149	15.1	1,196	15.0	1,246	14.9
30 to 39	2,521	43.1	2,719	41.6	2,887	40.8	3,008	39.6	3,067	38.5	3,103	37.1
40 to 49	1,820	31.1	2,104	32.2	2,284	32.3	2,475	32.6	2,644	33.2	2,820	33.7
50 to 59	413	7.1	529	8.1	625	8.8	717	9.4	784	9.8	897	10.7
60+	79	1.3	99	1.5	124	1.8	159	2.1	191	2.4	210	2.5

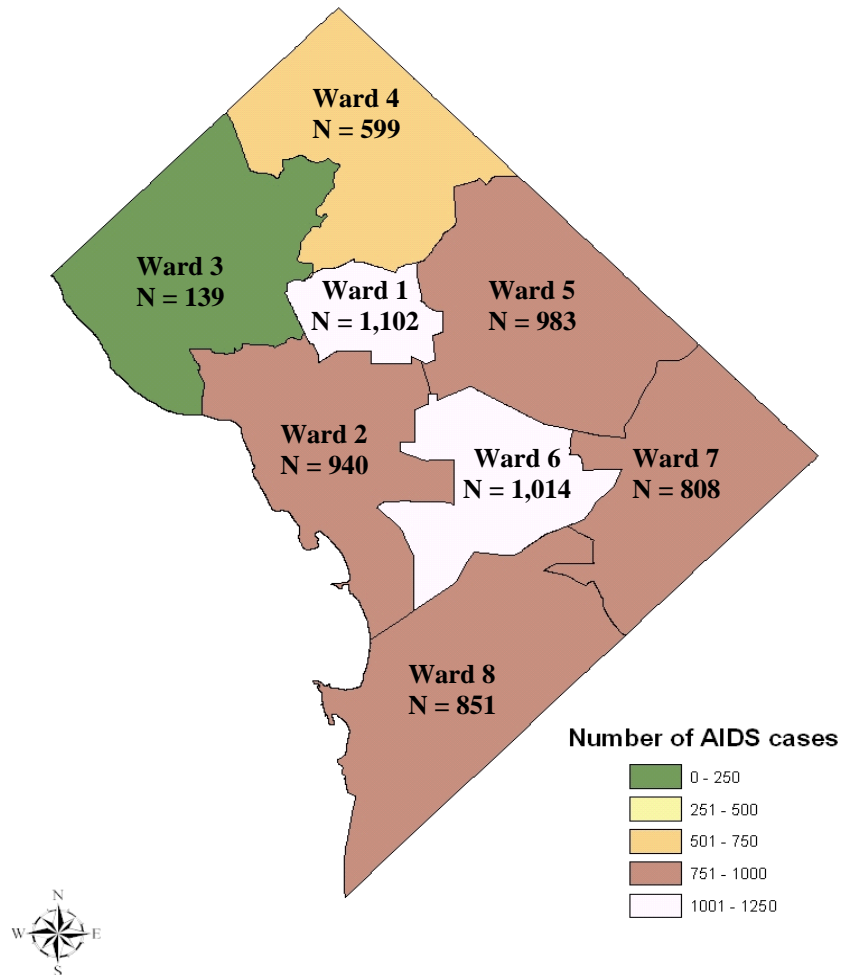
Note: *Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

Source: District of Columbia, Department of Health HIV/AIDS Administration Bureau of Surveillance and Epidemiology 2007 Report entitled "District of Columbia HIV/AIDS Epidemiology Annual Report 2007," pages 58-59.

- Between 2001 and 2006, the number of those living with AIDS increased by 42.9%, probably due to increased use of highly active antiretroviral therapy (HAART) and prophylactic therapies leading to delayed progression from AIDS to death.
- Among those living with AIDS, males made up a larger proportion of cases than females, a ratio of 2.7 male cases to each female case. However, the proportion of women living with AIDS has increased by 76.4% over the past six years.
- Increases in the number of persons living with AIDS occurred in all racial/ethnic groups with the exception of Whites, among whom the number of cases decreased by 31 cases from 2001 to 2006.
- Blacks consistently represented a higher proportion of persons living with AIDS than any other racial/ethnic group. Although Blacks accounted for just over half of all District residents, the proportion of people living with AIDS who were Black increased from 76% in 2001 to 81.2% in 2006.
- More than 70% of those living with AIDS in 2006 were between the ages of 30 to 49.



**Map 3: Number of Living AIDS Cases by Ward
District of Columbia: 2001–2006 (N=7,414)**



* For 12% of cases, ward information was not available and therefore not displayed on this map.

Notes: Map does not include 636 persons living with AIDS in jail population as well as 342 persons living with AIDS in homeless population. Jail and homeless populations are included in total number of persons living with AIDS – 7,414.

Source: District of Columbia, Department of Health HIV/AIDS Administration Bureau of Surveillance and Epidemiology 2007 Report entitled “District of Columbia HIV/AIDS Epidemiology Annual Report 2007,” page 84.

- The number of persons living with AIDS during the years 2001- 2006 ranged from 139 persons in Ward 3 to 1,102 persons in Ward 1.
- The greatest numbers of people living with AIDS in the District were living in Wards 1 (n=1,102) and 6 (n=1,014).
- Nearly 1,000 persons living with AIDS in the District were either homeless or in the DC jail.



**Table 18: Number and Percentage of Living AIDS Cases by Mode of Transmission
District of Columbia: 2001–2006**

	2001		2002		2003		2004		2005		2006	
	N	%	N	%	N	%	N	%	N	%	N	%
MSM	2,736	46.7	2,893	44.3	2,988	42.2	3,050	40.2	3,041	38.1	3,068	36.7
IDU	1,530	26.1	1,648	25.2	1,739	24.6	1,845	24.3	1,980	24.8	2,039	24.4
MSM/IDU	295	5.0	308	4.7	309	4.4	316	4.2	322	4.0	327	3.9
Heterosexual	1,044	17.8	1,328	20.3	1,587	22.4	1,798	23.7	1,962	24.6	2,195	26.2
RNI	202	3.5	304	4.7	400	5.6	525	6.9	612	7.7	684	8.2
Other	48	0.8	53	0.8	57	0.8	57	0.8	55	0.7	55	0.7
Total	5,855	100.0	6,534	100.0	7,080	100.0	7,591	100.0	7,972	100.0	8,368	100.0

Notes: Mode of transmission refers to how HIV was transmitted from one individual to another.

MSM means men who had sex with other men.

IDU means intravenous drug use.

MSM/IDU defined as men who have sex with other men and are intravenous drug users.

Heterosexual means heterosexual contact.

RNI means risk not identified.

Other includes hemophilia, blood transfusions, and occupational exposure (healthcare workers).

Source: District of Columbia, Department of Health HIV/AIDS Administration Bureau of Surveillance and Epidemiology 2007 Report entitled “District of Columbia HIV/AIDS Epidemiology Annual Report 2007,” pages 58-59.

- Between 2001 and 2006, the number of those living with AIDS increased by 42.9%; this was most likely due to increased use of Highly Active Antiretroviral Therapy (HAART) and prophylactic therapies resulting in delayed progression from AIDS to death.
- The most frequently reported mode of AIDS transmission was attributed to MSM contact. In 2006, MSM accounted for 36.7% of all living AIDS cases, a reduction from 46.7% in 2001.
- IDU and MSM/IDU accounted for 28.3% of all living AIDS cases in 2006.



**Table 19: Number and Percentage of AIDS Mortality Cases by Decedent' Sex, Race/Ethnicity, and Age at Diagnosis
District of Columbia: Cumulative for Years 2001–2006**

	2001		2002		2003		2004		2005		2006	
	N	%	N	%	N	%	N	%	N	%	N	%
Total	336	100.0	328	100.0	351	100.0	341	100.0	283	100.0	224	100.0
Sex												
Male	237	70.5	235	71.6	241	68.7	226	66.3	189	66.8	143	63.8
Female	99	29.5	93	28.4	110	31.3	115	33.7	94	33.2	81	36.2
Race/Ethnicity												
White	20	5.9	24	7.3	28	8.0	35	10.3	25	8.8	14	6.3
Black	309	92.0	300	91.5	312	88.9	299	87.7	252	89.0	205	91.5
Hispanic	7	2.1	3	0.9	8	2.3	3	0.9	3	1.1	4	1.8
Asian	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other*	0	0.0	< 3	--	3	0.9	4	1.2	3	1.1	< 3	--
Age at Diagnosis												
13 to 19	< 3	--	< 3	--	0	0.0	< 3	--	0	0.0	0	0.0
20 to 29	19	5.7	11	3.4	17	4.8	13	3.8	7	2.5	12	5.4
30 to 39	92	27.4	74	22.6	77	21.9	68	19.9	57	20.1	49	21.9
40 to 49	135	40.2	148	45.1	141	40.2	137	40.2	110	38.9	81	36.6
50 to 59	76	22.6	77	23.5	90	25.6	85	24.9	72	25.4	52	23.2
60+	13	3.9	17	5.2	26	7.4	37	10.9	37	13.1	30	13.4

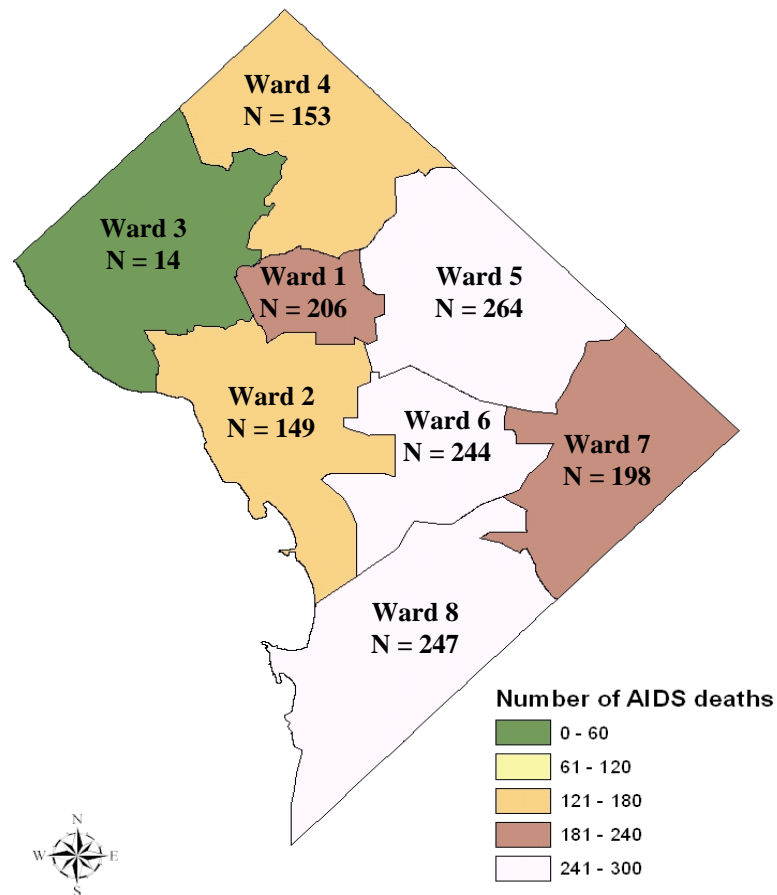
Note: *Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

Source: District of Columbia, Department of Health HIV/AIDS Administration Bureau of Surveillance and Epidemiology 2007 Report entitled "District of Columbia HIV/AIDS Epidemiology Annual Report 2007," page 72.

- Between 2001 and 2006, there were 1,863 deaths among persons diagnosed with AIDS; of those, the majority of deaths (68.2%) were among males. Approximately twice the number of males compared to females died during this time.
- Ninety percent of all deaths among persons with AIDS were among Blacks. There were no deaths among Asians during this time period.
- Most deaths occurred among 40 to 49 year olds (40.4%).



**Map 4: Number of AIDS Mortality Cases by Ward
District of Columbia: 2001–2006 (N=1,525)**



* For 21% of cases, ward information was not available and therefore not displayed on this map.

Notes: Map does not include 22 AIDS deaths in jail population as well as 28 AIDS deaths in homeless population. Decedents in jail and homeless populations are included in total number of AIDS deaths – 1,525.

Source: District of Columbia, Department of Health HIV/AIDS Administration Bureau of Surveillance and Epidemiology 2007 Report entitled “District of Columbia HIV/AIDS Epidemiology Annual Report 2007,” pages 87.

- The number of people who died with an AIDS diagnosis between 2001 and 2006 ranged from 14 in Ward 3 to 264 in Ward 5.
- Wards 5 (n=264), 8 (n=247), and 6 (n=244) recorded the highest AIDS mortality levels during the years 2001-2006.
- Of the 1,525 AIDS deaths between 2001 and 2006, 50 deaths occurred among the jail and homeless populations.



**Table 20: Number and Percentage of AIDS Mortality Cases by Mode of Transmission
District of Columbia: 2001–2006**

	2001		2002		2003		2004		2005		2006		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
MSM	85	25.3	85	25.9	84	23.9	86	25.2	70	24.7	45	20.1	455	24.4
IDU	117	34.8	111	33.8	125	35.6	102	29.9	90	31.8	67	29.9	612	32.9
MSM/IDU	14	4.2	19	5.8	17	4.8	15	4.4	12	4.2	8	3.6	85	4.6
Heterosexual	71	21.1	76	23.2	88	25.1	90	26.4	73	25.8	73	32.6	471	25.3
RNI	47	14.0	37	11.3	37	10.5	47	13.8	37	13.1	31	13.8	236	12.7
Other	< 3	--	0	0.0	0	0.0	< 3	--	< 3	--	0	0.0	4	0.2
Total	336	100.0	328	100.0	351	100.0	341	100.0	283	100.0	224	100.0	1,863	100.0

Notes: Mode of transmission refers to how HIV is transmitted from one individual to another.

MSM means men who had sex with other men.

IDU means intravenous drug use.

MSM/IDU defined as men who have sex with other men and are intravenous drug users.

Heterosexual means heterosexual contact.

RNI means risk not identified.

Other includes hemophilia, blood transfusions, and occupational exposure (healthcare workers).

Source: District of Columbia, Department of Health HIV/AIDS Administration Bureau of Surveillance and Epidemiology 2007 Report entitled “District of Columbia HIV/AIDS Epidemiology Annual Report 2007,” pages 72.

- The largest proportions of deaths were among those with mode of transmission attributed to IDU (32.9%), heterosexual contact (25.3%), and MSM (24.4%).



SECTION 4

CONSEQUENCE: ABUSE/DEPENDENCE

For this consequence category, we included the two indicators listed below that were a part of the reduced morbidity NOMs domain. The data presented for this indicator allowed us to assess the estimated number of persons in the District of Columbia who met the criteria for alcohol or illicit drug dependence or abuse, based on the definition found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

- Alcohol-Related
 - Persons aged 12 or older meeting DSM-IV criteria for dependence or abuse
- Illicit Drug-Related
 - Persons aged 12 or older meeting DSM-IV criteria for dependence or abuse

These indicators were selected in accordance with CSAP requirements. The purpose of these indicators was to facilitate description of major public health consequences of continued alcohol and illicit drug use. The figures and tables provided in this section provided estimates based on averages for data collected between 2002 and 2005. These estimates facilitated examination of alcohol and illicit drug-related dependence and abuse for individuals aged 12 or older in the District of Columbia.



Table 21: Estimated Number and Percentage of DC Residents Age 12 or Older Reporting Past Year Alcohol Abuse or Dependence by Age Group: Based on Survey Years 2002–2005

	2002-03		2003-04		2004-05	
	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older
District of Columbia	9.20	44,000	9.62	45,000	9.83	46,000
Age						
12 to 17	3.00	1,000	3.47	1,000	3.95	1,000
18 to 25	16.26	12,000	16.19	11,000	18.69	12,000
26 or Older	8.37	31,000	8.92	33,000	8.80	32,000

Notes: Text based on unreported 95% confidence intervals of reported estimates.

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

DC estimates based on survey-weighted hierarchical Bayes estimation approach.

Source: Substance Abuse and Mental Health Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2002–2005.

- The percentages of residents age 12 or older reporting past year alcohol dependence or abuse were similar to their respective estimates across all three averaged survey years.
- Based on annual averages for 2002-03, 2003-04, and 2004-05, residents age 18 to 25 were more likely to report past year alcohol dependence or abuse than residents age 12 to 17 and 26 or older.
- Based on annual averages for 2002-03, 2003-04, and 2004-05, residents age 12 to 17 were the least likely age group to report past year alcohol dependence or abuse.
- Nearly three-quarters of all residents who reported past year alcohol dependence or abuse were residents age 26 or older.



Table 22: Estimated Percentage of DC Residents Aged 12 or Older Reporting Past Year Alcohol Abuse or Dependence: Based on 2002, 2003, and 2004 Annual Averages

	Estimated Percentage of Residents Age 12 or Older	Estimated 95% Prediction Interval
District of Columbia	9.39	(8.03-10.95)
Ward		
1	11.47	(8.95-14.59)
2	11.92	(9.52-14.83)
3	10.73	(8.57-13.36)
4	7.58	(5.73-9.97)
5	8.11	(6.17-10.59)
6	9.45	(7.21-12.28)
7	7.36	(5.57-9.67)
8	7.58	(5.76-9.93)

Notes: Abuse or dependence based on definitions found in 4th edition of Diagnostic Statistical Manual of Mental Disorders (DSM-IV).

Estimates based on survey-weighted hierarchical Bayes estimation approach.

Source: Substance Abuse and Mental Health Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, and 2004.

- Based on 2002–2004 annual averages, the percentage of residents age 12 or older reporting past year alcohol dependence or abuse was similar across all eight wards.



Table 23: Estimated Number and Percentage of DC Residents Age 12 or Older Reporting Past Year Illicit Drug Abuse or Dependence by Age Group: Based on Survey Years 2002–2005

	2002-03		2003-04		2004-05	
	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older
District of Columbia	3.96	19,000	3.46	16,000	3.77	17,000
Age						
12 to 17	4.30	1,000	3.95	1,000	4.02	1,000
18 to 25	8.72	6,000	8.30	6,000	8.68	6,000
26 or Older	2.99	11,000	2.49	9,000	2.86	10,000

Notes: Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutic medications used non-medically.

Text based on unreported 95% confidence intervals of reported estimates.

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

DC estimates based on survey-weighted hierarchical Bayes estimation approach.

Source: Substance Abuse and Mental Health Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2002–2005.

- The percentages of residents age 12 or older reporting past year illicit drug dependence or abuse were similar to their respective estimates across all three averaged survey years.
- Based on annual averages for 2002-03, 2003-04, and 2004-05, residents age 18 to 25 were more likely to report past year illicit drug dependence or abuse than residents age 12 to 17 and 26 or older.
- The estimated number of DC residents reporting past year illicit drug abuse or dependence decreased, then increased slightly between 2002-03 and 2004-05. This trend followed the pattern of those residents age 26 or older.



Table 24: Estimated Percentage of DC Residents Age 12 or Older Reporting Past Year Illicit Drug Abuse or Dependence: Based on 2002, 2003, and 2004 Annual Averages

	Estimated Percentage of Residents Age 12 or Older	Estimated 95% Prediction Interval
District of Columbia	4.00	(3.21-4.96)
Ward		
1	4.24	(3.03-5.91)
2	4.29	(3.18-5.77)
3	3.08	(2.23-4.25)
4	3.60	(2.48-5.20)
5	4.34	(3.06-6.12)
6	3.95	(2.78-5.56)
7	4.32	(2.98-6.22)
8	4.42	(3.20-6.07)

Notes: Any illicit drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic drug used nonmedically. Estimates based on survey-weighted hierarchical Bayes estimation approach. Abuse or dependence is based on definitions found in the 4th edition of the Diagnostic Statistical Manual of Mental Disorders (DSM-IV).

Source: Substance Abuse and Mental Health Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, and 2004.

- Based on 2002–2004 annual averages, the percentage of residents aged 12 or older reporting past year alcohol dependence was similar across all eight wards.



SECTION 5

CONSEQUENCE: MORTALITY

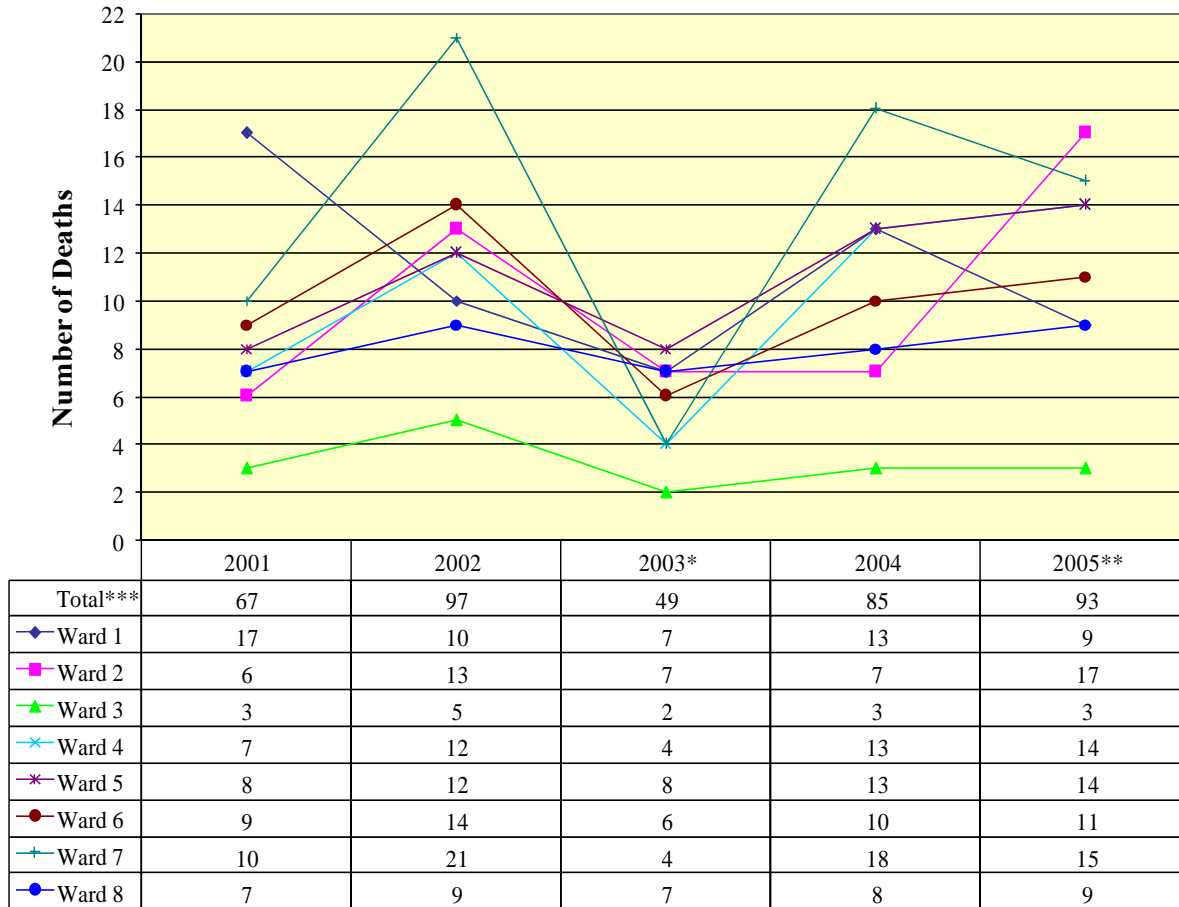
For this consequence, we included five indicators that were part of the reduced mortality CSAP NOMs domain. The data presented allowed assessment of the prevalence of chronic liver disease as a consequence of alcohol use and both lung cancer, and chronic obstructive pulmonary disease (COPD) and emphysema as consequences of tobacco use in the District. New to this report are indicators related to drug-positive and overdose deaths. Both indicators add to our knowledgebase of the relationship between the use of drug substances and mortality.

- Alcohol-Related
 - Chronic Liver Disease
- Tobacco/Smoking-Related
 - Lung Cancer
 - COPD and Emphysema
- Drug-Related
 - Drug-Positive Deaths
 - Overdose Deaths

All indicators were selected in accordance with CSAP recommendations. The purpose of these selected indicators was to describe major public health consequences of alcohol, tobacco and drug use. The charts and tables provided in this section provide an in-depth look at DC deaths related to the use of these substances by examining gender, race, and age.



Figure 2: Number of Chronic Liver Disease Deaths in the District of Columbia By Ward: 2001–2005



Notes: Long term, heavy alcohol consumption is the leading cause of chronic liver disease, in particular cirrhosis. Data provided in table based on recorded deaths; cases of cirrhosis morbidity not reflected in data.

*2003 numbers may be underreported due to a 53 death discrepancy between total number of resident deaths included in data set used for analysis, and 5,478 total resident deaths reported by DC Department of Health, State Center for Health Statistics Administration.

**Total number of deaths for 2005 not confirmed with DC Department of Health, State Center for Health Statistics Administration.

***Totals for all wards in each year may not add to total number of chronic liver disease deaths because death variable unavailable for some wards.

Sources: Statistics prepared by CESAR with data provided by DC Department of Health, Vital Records Division.

Attributable fraction percent estimate for alcohol-related chronic liver disease deaths provided by Alcohol-Related Disease Impact (ARDI).

- The number of deaths due to chronic liver disease fluctuated from 2001 to 2005, peaking in 2002 and 2005 with 97 deaths.
- Ward 2 experienced an increase in chronic liver disease deaths between 2004 and 2005, while all other wards experienced a decrease or remained about the same.
- Among chronic liver disease deaths in the United States, approximately 40% were estimated to be alcohol-related.
- Ward 1 experienced a decrease in reported deaths due to chronic liver disease between 2001 and 2005, while Ward 3 reported between two and five deaths throughout this time; all other wards reported an increase in chronic liver disease deaths over the past five years.



Table 25: Number of Chronic Liver Disease Deaths by Demographics in the District of Columbia: 2001–2005

	2001	2002	2003*	2004	2005**
Total	67	97	49	85	93
Sex					
Male	47	61	37	57	68
Female	20	36	12	28	25
Race					
Black	53	84	44	65	74
White	12	13	4	18	16
Other	2	0	1	2	2
Unknown	0	0	0	0	1
Age					
34 or Younger	1	0	1	1	3
35 to 44	13	13	5	9	7
45 to 54	23	42	19	30	31
55 to 64	16	26	11	23	25
65 to 74	8	13	9	15	10
75 to 84	6	1	4	3	10
85 or Older	0	2	0	4	7
Marital Status					
Single	23	42	13	32	33
Married	17	29	11	21	16
Widowed	5	5	10	10	18
Divorced	17	21	14	18	19
Unknown	5	0	1	4	7

Notes: Long term, heavy alcohol consumption is the leading cause of chronic liver disease, in particular cirrhosis. Data provided in table based on recorded deaths; cases of cirrhosis morbidity not reflected in data.

*2003 numbers may be underreported due to a 53 death discrepancy between the total number of resident deaths included in data set used for analysis, and 5,478 total resident deaths reported by DC Department of Health, State Center for Health Statistics Administration.

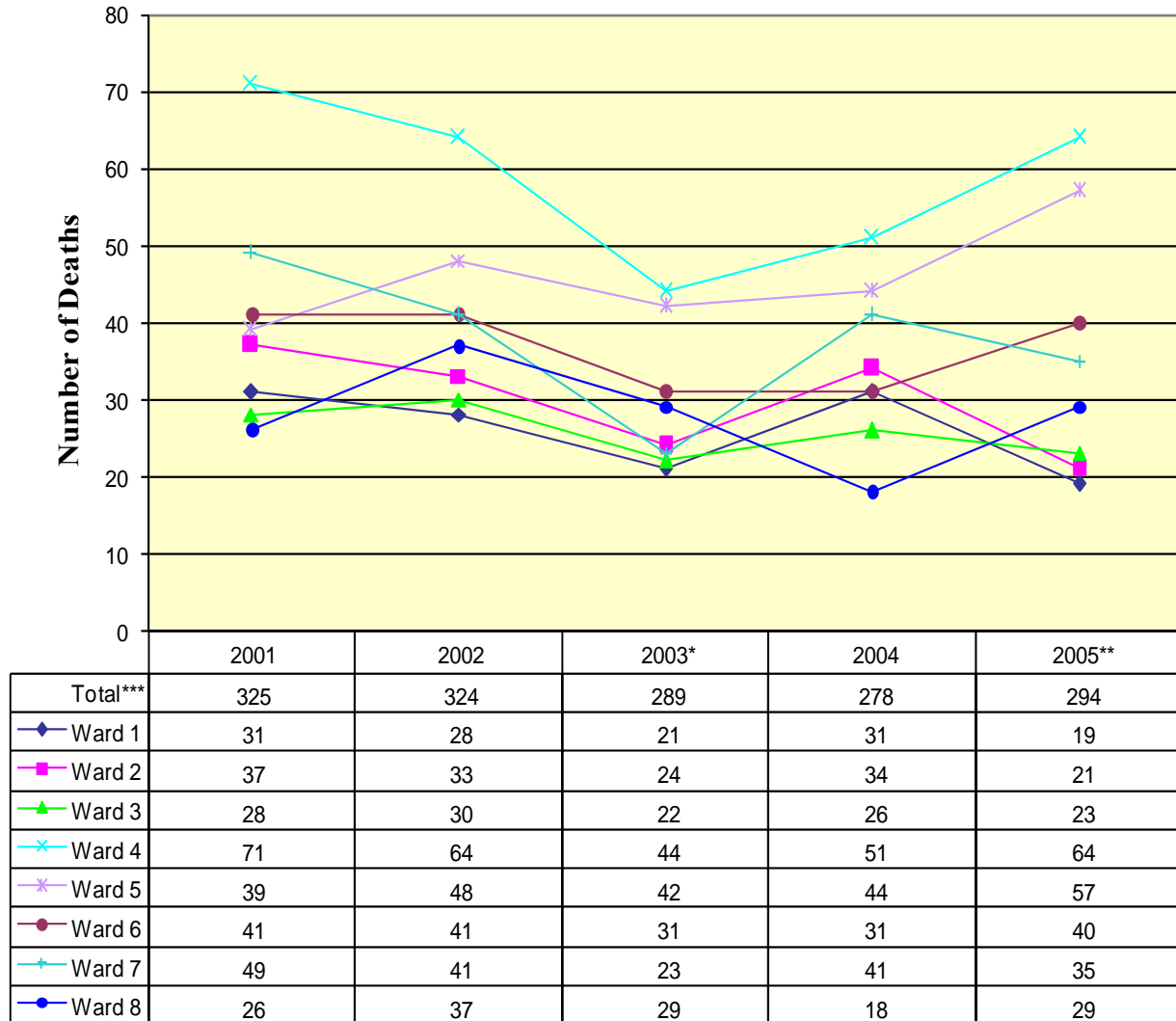
**Total number of deaths for 2005 not confirmed with DC Department of Health, State Center for Health Statistics Administration.

Source: Statistics prepared by CESAR with data provided by DC Department of Health, Vital Records Division.

- District residents dying from chronic liver disease were most likely to be male, Black, single, and aged 45-54.
- One-third or more of all decedents each year were aged 45-54.



Figure 3: Number of Lung Cancer Deaths in the District of Columbia by Ward: 2001–2005



Notes: Lung cancer results from long-term tobacco use, and is the most common form of cancer mortality in the U.S. Lung cancer has a long latency period; therefore, it may take years before smoking changes affect population mortality.

*2003 numbers may be underreported due to 53-death discrepancy between total number of resident deaths included in data set used in analysis, and 5,478 total resident deaths reported by DC Department of Health, State Center for Health Statistics Administration.

**Total number of deaths in 2005 not confirmed with DC Department of Health, State Center for Health Statistics Administration.

***Totals for all wards in each year may not add to total number of lung cancer deaths because death variable unavailable for some wards.

Sources: Statistics prepared by CESAR with data provided by DC Department of Health, Vital Records Division.

Attributable fraction percent estimate for tobacco-related lung cancer provided by State Epidemiological System (SEDS). Actual percentage attributable to tobacco may vary across geographic units or subpopulations.

- From 2001 to 2005, the total number of lung cancer deaths in the District ranged from a high of 325 in 2001 to a low of 278 in 2004.
- Approximately 80-90% of lung cancer deaths in the U.S. are attributable to cigarette smoking, which indicates that between 235 and 264 District deaths could be attributed to cigarette smoking in 2005 (a rate of 32-36 deaths per 10,000 residents).
- More residents in Ward 4 died from lung cancer each year than in all other wards.



Table 26: Number of Lung Cancer Deaths by Demographics in the District of Columbia: 2001–2005

	2001	2002	2003*	2004	2005**
Total	325	324	289	278	302
Sex					
Male	192	196	163	162	174
Female	133	128	126	116	127
Unknown	0	0	0	0	1
Race					
Black	250	255	226	213	238
White	72	66	62	62	60
Other	2	3	1	3	4
Unknown	1	0	0	0	0
Age					
25 to 34	1	1	0	0	1
35 to 44	13	6	5	8	10
45 to 54	33	38	38	27	28
55 to 64	58	69	59	65	64
65 to 74	92	90	75	69	91
75 to 84	84	98	82	75	76
85 or Older	44	21	29	33	32
Unknown***	0	1	1	1	0
Marital Status					
Single	53	70	67	60	60
Married	116	113	85	103	95
Widowed	93	88	71	70	72
Divorced	59	48	65	41	60
Unknown	4	5	1	4	15

Notes: Lung cancer results from long-term tobacco use, and is the most common form of cancer mortality in the U.S. Lung cancer has a long latency period; therefore, it may take years before changes in smoking affect population mortality.

*2003 numbers may be underreported due to a 53-death discrepancy between total number of resident deaths included in data set used for analysis, and 5,478 total resident deaths reported by DC Department of Health, State Center for Health Statistics Administration.

**Total number of deaths for 2005 not confirmed with DC Department of Health, State Center for Health Statistics Administration.

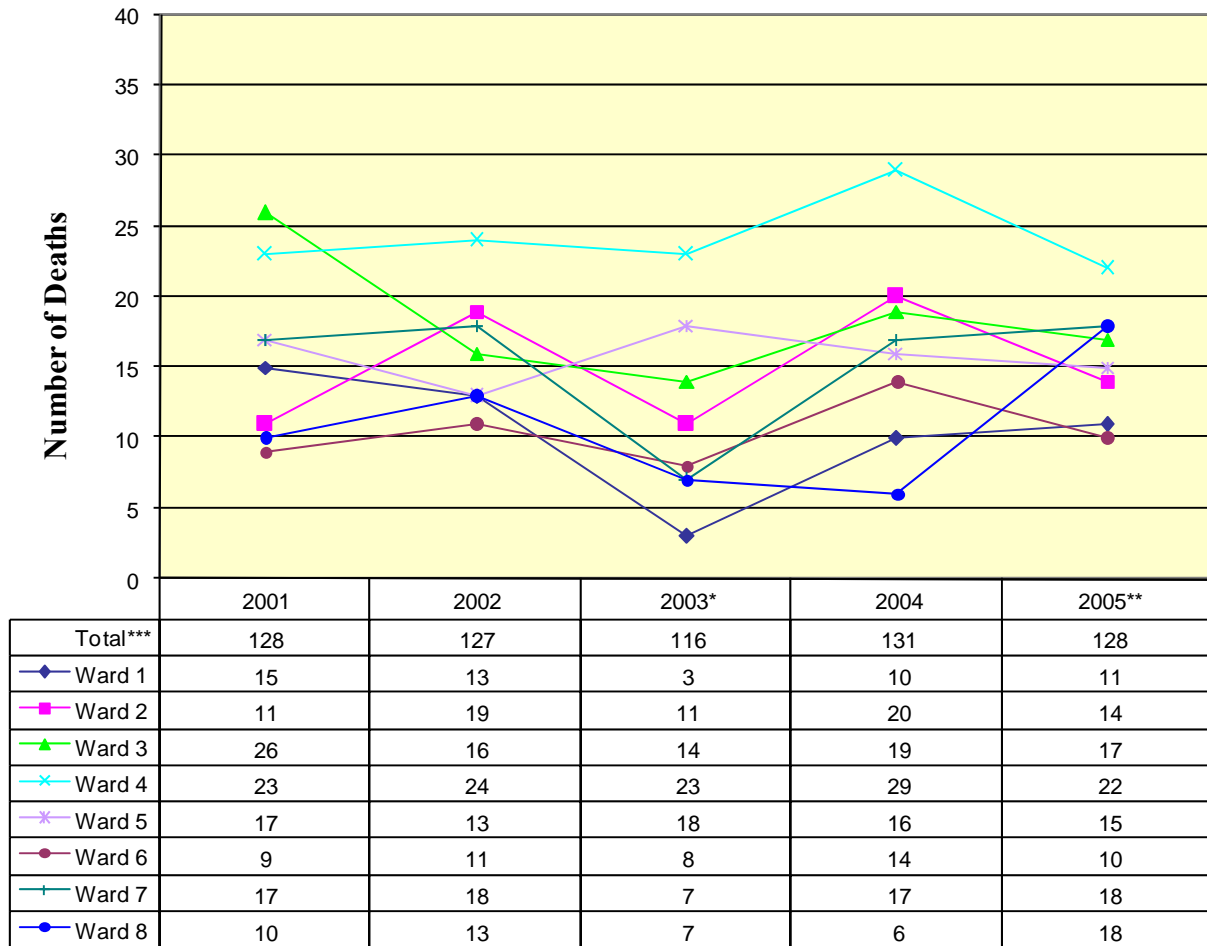
***Unknown age values coded as 0 or 1. Data verification unavailable within time constraints.

Source: Statistics prepared by CESAR with data provided by DC Department of Health, Vital Records Division.

- District residents dying from lung cancer were most likely to be male, Black, married, and aged 65-84.



Figure 4: Number of COPD and Emphysema Deaths in the District of Columbia by Ward: 2001–2005



Notes: Data provided in chart based on recorded deaths; cases of morbidity from respiratory disease not reflected in this indicator. Death from respiratory disease reflects long-term, chronic cigarette smoking; it may be many years before changes in smoking affect population mortality.

*2003 numbers may be underreported due to a discrepancy of 53 deaths between the total number of resident deaths included in data set used for analysis reported and 5,478 total resident deaths reported by DC Department of Health, State Center for Health Statistics Administration.

**Total number of deaths for 2005 not confirmed with DC Department of Health, State Center for Health Statistics Administration.

***Totals for all wards in each year may not add to total number of COPD and emphysema death variable unavailable for some wards.

Sources: Statistics prepared by CESAR with data provided by DC Department of Health, Vital Records Division.

Attributable fraction percent estimates for tobacco-related COPD and emphysema deaths provided by State Epidemiological System (SEDS).

Actual percentage attributable to tobacco may vary across geographic units or subpopulations.

- Approximately 80% of COPD and emphysema deaths in the United States are attributable to smoking, which indicated that an estimated 102 deaths in the District could be attributed to smoking in 2005, a rate of nearly 14 deaths per 10,000 residents.
- Ward 8 experienced an increase in COPD and emphysema deaths in 2005, while all other wards experienced a decrease or remained about the same.
- In 2001, Ward 3 reported more COPD and emphysema deaths than all other wards; however, since 2002, Ward 4 has reported more COPD and emphysema deaths than all other wards.



Table 27: Number of COPD and Emphysema Deaths by Demographics in the District of Columbia: 2001–2005

	2001	2002	2003*	2004	2005**
Total	128	127	116	131	129
Sex					
Male	57	73	56	63	67
Female	71	54	60	68	62
Race					
Black	79	89	74	87	89
White	48	36	40	43	38
Other	1	2	2	1	0
Unknown	0	0	0	0	2
Age					
25 to 34	0	0	2	0	1
35 to 44	0	1	0	0	1
45 to 54	4	5	3	5	5
55 to 64	17	20	9	12	7
65 to 74	29	25	22	30	28
75 to 84	44	48	42	42	53
85 or Older	32	28	38	39	33
Unknown***	2	0	0	3	1
Marital Status					
Single	35	19	23	19	26
Married	27	33	36	33	23
Widowed	46	51	43	59	60
Divorced	19	23	13	19	17
Unknown	1	1	1	1	3

Notes: Data provided in table based on recorded deaths; cases of morbidity from respiratory disease not reflected in this indicator. Death from respiratory disease reflects long-term, chronic cigarette smoking; it may be many years before changes in smoking affect population mortality.

*2003 numbers may be underreported due to a discrepancy of 53 deaths between the total number of resident deaths included in data set used for analysis and 5,478 total resident deaths reported by DC Department of Health, State Center for Health Statistics Administration.

**Total number of deaths for 2005 not confirmed with DC Department of Health, State Center for Health Statistics Administration. Marital Status data unavailable in 2005.

***Unknown values were coded as 0 or 1. Data verification unavailable within time constraints.

Source: Statistics prepared by CESAR with data provided by DC Department of Health, Vital Records Division.

- District residents dying from COPD/emphysema were most likely to be Black, widowed, and aged 75-84.
- The numbers of males and females dying from COPD/emphysema were about the same in 2004 and 2005, with females accounting for slightly more than half of those dying in 2004, and males for slightly more than half in 2005.



Table 28: Total Number of Deaths and Drug Positive Deaths by Manner of Death in the District of Columbia: 2006

Manner of Death	Total No. of All Deaths	Total No. of Analyzed Deaths	No. of Drug Positive Deaths	% of All Drug Positive Deaths*
Homicide	177	177	107	21.3
Suicide	35	35	18	3.6
Accidental – Traffic Death	73	66	24	4.8
Accidental – Overdose	114	111	110	21.9
Accidental - Other	173	65	28	5.6
Natural	879	483	201	40.0
Undetermined	47	41	15	3.0
Total Analyzed	1498	978	503	100.0

Note: *Column total may not add to exactly 100% due to rounding.

Source: Government of District of Columbia Office of Chief Medical Examiner Annual Report 2006. November 2007.

- Half of decedents analyzed by the DC medical examiner’s office in 2006 tested positive for drugs.
- Forty percent of decedents testing positive for drugs were determined to have died of natural causes.
- Nearly half of drug positive deaths were accidental overdoses (22%) or homicides (21%).



Table 29: Number of Drug Positive and Overdose Deaths by Drug in the District of Columbia: 2006

Drug	Total No. of Drug-Detected Deaths	% of All Analyzed Deaths (n=978)*	No. of Drug Overdose Deaths	% of All Overdose Deaths (n=114)*
Ethanol	205	21.0	30	26.3
Cocaine	177	18.1	75	65.8
Morphine	98	10.0	50	43.9
Methadone	34	3.5	14	12.3
PCP	33	3.4	0	0
Oxycodone	23	2.4	5	4.4
Codeine	18	1.8	3	2.6
Carbon Monoxide	12	1.2	0	0
MDMA or MDA	11	1.1	0	0
Sertraline	11	1.1	3	2.6
Methamphetamine	10	1.0	0	0
Trazodone	9	.9	3	2.6
Hydrocodone	8	.8	0	0
Amitriptyline	7	.7	0	0
Doxepin	Unknown	--	4	3.5
Zolpidem	Unknown	--	3	2.6
Total	**	100.0	110	100.0

Notes: Morphine includes both morphine only and heroin/morphine combined.

MDMA/MDA refers to ecstasy related drugs.

*Column totals may not add to exactly 100% due to rounding.

**Total number of deaths not equal to total number of all analyzed deaths (n = 978) due to detection of more than one drug or no drugs at all in decedent.

Source: Government of District of Columbia Office of Chief Medical Examiner Annual Report 2006. November 2007.

- Ethanol, cocaine, and morphine were the most frequently identified drugs in all drug positive deaths; all other drugs were found in fewer than 4% of deaths.
- Ten different drugs were identified among overdose deaths in 2006.
- The most frequently found drug in overdose deaths was cocaine (in nearly half), followed by morphine (44%), ethanol (26%), and methadone (2%); all other drugs were found in five or fewer deaths.



Table 30: Number of Overdose Deaths by Age and Race in the District of Columbia: 2006

	Number of Overdose Deaths	Percentage of Total Overdose Deaths
Total	114	--
Age		
20 or Younger	0	0.0
21 to 30	5	4.4
31 to 40	13	11.4
41 to 50	51	44.7
51 to 60	37	32.5
61 or Older	8	7.0
Race		
Black	97	85.1
White	11	9.6
Hispanic	5	4.4
Other	1	0.9

Source: Government of the District of Columbia Office of Chief Medical Examiner Annual Report 2006.

- Two-thirds of overdose deaths in 2006 were decedents aged 41 to 60.
- More than three-quarters (85%) of overdose deaths in 2006 were Black.



SECTION 6

CONSEQUENCE: MOTOR VEHICLE CRASHES

For this consequence, we assessed four indicators in the crime and criminal justice CSAP NOM domain. The data presented within each of the indicators allowed us to assess the prevalence of motor vehicle accidents as a consequence of alcohol use in the District of Columbia.

- Fatal Motor Vehicle Crashes
- Fatalities Resulting from Motor Vehicle Crashes
- Drinking Drivers Involved in Fatal Crashes
- Drinking Drivers Killed in Fatal Crashes

These indicators were selected in accordance with CSAP recommendations. The purpose of these selected indicators was to facilitate description of a major health consequence of alcohol use. The following tables provide an in-depth look at District motor vehicle crashes related to alcohol use by examining fatalities, drinking drivers, and characteristics of fatal crashes.



Table 31: Fatal Crashes, Fatalities from Crashes, and Fatal Crash Characteristics for the District of Columbia: 2006

	Incidents	
	No.	Percent
Fatal Crashes		
All Fatal Crashes	33	100.0
All Alcohol-Related Fatal Crashes	15	45.5
Fatalities from Crashes		
All Fatalities from Crashes	37	100.0
All Alcohol-Related Fatalities from Crashes	18	48.6
Fatal Crash Characteristics		
Fatalities where Highest BAC in Crash was .08+	16	43.2
Driver Fatalities	12	32.4
Pedestrian Fatalities	17	46.0
Passenger Car Crash Fatalities	8	21.6
Pedalcyclist	0	0.0
Child Fatality (Aged 15 or Younger)	6	16.2
Young Adult Fatality (Aged 16 to 24)	7	18.9
Adult Fatality (Aged 25 or Older)	24	64.9
Single Vehicle Crash Fatalities	22	59.5
Speed Limit 30 mph or Less Crash Fatalities	35	94.6

Notes: The National Traffic Safety Administration (NHTSA) defines crash as an event that produces injury and/or property damage, involves a motor vehicle in transport, and occurs on a traffic way or while the vehicle is still in motion after running off the traffic way.

Fatal crash is defined as police-reported crash involving a motor vehicle in transport on a traffic way in which at least one person dies within 30 days of the crash.

Alcohol-related fatal crash is a crash where either driver or non-motorist (usually pedestrian) had measurable or estimated blood alcohol concentration (BAC) of 0.01 grams per deciliter (g/dl) or above. This does not necessarily mean that driver or non-occupant were tested for alcohol. NHTSA estimated driver blood alcohol concentration levels when alcohol test results were unknown.

Source: Fatality Analysis Reporting System (FARS), NHTSA, U.S. Department of Transportation.

- In 2006, adults age 25 or older were more likely to be victims in fatal car crashes than young adults age 16 to 24 and children age 15 or younger.
- Nearly half (n = 17) of all fatalities from crashes were pedestrian victims.
- Almost all (n = 35) of the 37 fatalities from car crashes involved automobiles traveling in areas where the speed limit was 30 miles per hour or less.



Table 32: All Fatal and All Alcohol-Related Fatal Crashes in the District of Columbia: 2001–2006

Year	Fatal Crashes in the District of Columbia		
	Total No. Fatal Crashes	Total No. Alcohol-Related	Percent Alcohol-Related
2001	58	29	50.0
2002	43	22	51.2
2003	63	32	50.8
2004	41	19	46.3
2005	44	24	54.5
2006	33	15	45.5

Notes: The National Traffic Safety Administration (NHTSA) defines crash as an event that produces injury and/or property damage, involves a motor vehicle in transport, and occurs on a traffic way or while the vehicle is still in motion after running off the traffic way.

A fatal crash is defined as a police-reported crash involving a motor vehicle in transport on a traffic way in which at least one person dies within 30 days of the crash.

Alcohol-related fatal crash is crash where either driver or a non-motorist (usually pedestrian) had measurable or estimated blood alcohol concentration (BAC) of 0.01 grams per deciliter (g/dl) or above. This does not necessarily mean that driver or non-occupant were tested for alcohol. NHTSA estimated driver blood alcohol concentration levels when alcohol test results were unknown.

Source: Fatality Analysis Reporting System (FARS), NHTSA, U.S. Department of Transportation.

- The percent of alcohol-related fatal crashes in the District of Columbia remained at or near 50% between 2001 and 2006.
- The overall trend of alcohol-related fatal crashes remained at or near 50% of all fatal crashes across all five years.
- Alcohol-related fatal crashes decreased by 53%, from the high point (n = 32) in 2003 to the low point (n = 15) in 2006.



Table 33: All Fatalities and All Alcohol-Related Fatalities from Motor Vehicle Crashes in the District of Columbia: 2001–2006

Year	Motor Vehicle Fatalities in the District of Columbia			
	All Fatalities	Alcohol-Related Fatalities		
	No.	No.	Percent	Rate (per 100,000)
2001	68	34	50.0	5.9
2002	47	24	51.1	4.1
2003	67	35	52.2	6.1
2004	43	19	44.2	3.3
2005	48	28	58.3	4.8
2006	37	18	48.6	3.1

Notes: The National Traffic Safety Administration (NHTSA) defines an alcohol-related fatal crash is a crash where either a driver or a non-motorist (usually a pedestrian) had measurable or estimated blood alcohol concentration (BAC) of 0.01 grams per deciliter (g/dl) or above and died within 30 days of the crash.

Rate based on estimated population in DC for each year. DC estimated population as of July 1, 2001 – 577,648; as of July 1, 2002 – 579,190; as of July 1, 2003 – 577,467; as of July 1, 2004 – 579,621; as of July 1, 2005 – 582,049; as of July 1, 2006 – 585,459.

Source: Fatality Analysis Reporting System (FARS), NHTSA, U.S. Department of Transportation.

Population estimates from Table 1: Annual estimates of the population for the United States, Regions, and States and for Puerto Rico: April 1, 2000 to July 1, 2007 (NST-EST2007-01), Population Division, U.S. Census Bureau. Release Date: December 27, 2007.

- The percent of alcohol-related fatalities in the District of Columbia remained at or near 50% between 2001 and 2006.
- The overall trend of alcohol-related fatalities remained at or near half of all fatalities from fatal crashes across all five years.
- Alcohol-related fatalities decreased by 49%, from a high point (n = 35) in 2003 to a low point (n = 18) in 2006.



Table 34: All Drivers and Drinking Drivers Killed in Fatal Crashes in the District of Columbia: 2001–2006

Year	Drivers Killed in Fatal Crashes in the District of Columbia		
	Total Drivers Killed in Fatal Crashes	Total Drinking Drivers* Killed in Fatal Crashes	
	No.	No.	Percent
2001	34	16	47.1
2002	28	12	42.9
2003	35	17	48.6
2004	25	9	36.0
2005	19	12	63.2
2006	12	5	41.7

Notes: * Drinking drivers killed in fatal crashes were those drivers with measurable or estimated blood alcohol concentration (BAC) of 0.01 grams per deciliter (g/dl) or above and who died within 30 days of crash.

The National Traffic Safety Administration (NHTSA) has estimated driver blood alcohol concentration levels when alcohol test results were unknown.

Source: Fatality Analysis Reporting System (FARS), National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation.

- Nearly half (47.1%) of all drivers killed in fatal crashes in 2001 had blood alcohol concentrations (BAC) of .01 or greater.
- In 2005, 12 of 19 drivers killed in a fatal crash had blood alcohol concentrations of .01 or greater.

Table 35: All Drivers Involved in Fatal Crashes in the District of Columbia: 2001–2006

	Total Drivers Involved in Fatal Crashes											
	2001		2002		2003		2004		2005		2006	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Gender												
Male	67	78.8	57	81.4	75	80.6	57	82.6	41	74.5	36	87.8
Female	18	21.2	13	18.6	18	19.4	12	17.4	14	25.5	5	12.2
Total	85	100.0	70	100.0	93	100.0	69	100.0	55	100.0	41	100.0

Notes: * Drinking drivers were those found with measurable or estimated blood alcohol concentration (BAC) of 0.01 grams per deciliter (g/dl) or above. The National Traffic Safety Administration (NHTSA) estimated driver blood alcohol concentration levels when alcohol test results were unknown.

Fatal crash is defined as a police-reported crash involving a motor vehicle in transport on a traffic way in which at least one person dies within 30 days of the crash.

Source: Fatality Analysis Reporting System (FARS), National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation.

- Between 2001 and 2006, males consistently represented a larger proportion of drivers involved in fatal crashes than females.



SECTION 7

CONSUMPTION

For this section, we included the following nine indicators to monitor the consequences of illicit drug use. The data presented for these nine indicators allowed assessment of the estimated number of persons in the District of Columbia who reported alcohol, drug, and/or tobacco use in the past 30 days, past year, and lifetime.

- National Survey on Drug Use and Health: DC Residents Aged 12 or Older
 - Past month alcohol use
 - Past month drug use
 - Past year drug use
 - Past month tobacco use
- Youth Risk Behavior Survey System: DC Public High School Students
 - Lifetime and past 30 day alcohol consumption
 - Lifetime and past 30 day drug consumption
 - Lifetime and past 30 day tobacco consumption
- DC Pretrial Services: Arrestee Population
 - Adult positive drug test results
 - Juvenile positive drug test results

These indicators were selected in accordance with CSAP requirements. Aside from the Arrestee Urinalysis test data, the consumption tables included in this section do not provide a complete understanding of the alcohol, illicit drug, and tobacco use patterns in the District of Columbia; however, they do estimate the use of alcohol, drugs, and tobacco based on survey data collected from different demographic populations in the District.



**NATIONAL SURVEY ON DRUG USE
AND HEALTH:
DC RESIDENTS AGED 12 OR OLDER**



Table 36: Estimated Number and Percentage of DC Residents Age 12 or Older Reporting Past Month Alcohol Use by Age Group: Based on Survey Years 2002–2005

	2002-03		2003-04		2004-05	
	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older
District of Columbia	56.69	272,000	56.13	265,000	58.44	271,000
Age						
12 to 17	13.02	4,000	12.25	4,000	12.70	4,000
18 to 25	67.17	49,000	64.98 ^a	46,000	68.93 ^a	45,000
26 or Older	58.52	218,000	58.43	215,000	60.90	222,000
Underage Drinking						
12 to 20	--	--	30.18	17,000	30.57	17,000

Notes: ^a Estimates statistically significant at .05 level.

Estimates not reported in survey year 2002-03.

Text based on unreported 95% confidence intervals of reported estimates.

DC estimates based on survey-weighted hierarchical Bayes estimation approach.

Source: Substance Abuse and Mental Health Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2002–2005.

- The percentage of residents aged 12 to 17 and those aged 26 or older reporting past month alcohol use were similar, respectively, across all three averaged survey years.
- Annual averages for survey year 2004-05 revealed that the percentage of residents aged 18 to 25 reporting past month alcohol use was statistically different from their respective estimates in 2003-04.
- Based on annual averages for 2002-03 and 2004-05, residents aged 18 to 25 were more likely to report past month alcohol use than residents aged 12 to 17 and 26 or older.
- Annual averages for 2002-03, 2003-04, and 2004-05 revealed that residents aged 12 to 17 were the least likely age group to report past month alcohol use.
- In addition, annual averages for 2003-04 and 2004-05 revealed that 27-34% of residents aged 12 to 20 reported past month alcohol use—roughly 17,000 teenagers.
- Across all survey years, one in two DC residents aged 12 or older reported past month alcohol use—roughly 270,000 residents.



Table 37: Estimated Number and Percentage of DC Residents Age 12 or Older Reporting Past Month Binge Alcohol Use* by Age Group: Based on Survey Years 2002–2005

	2002-03		2003-04		2004-05	
	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older
District of Columbia	25.34	122,000	24.93 ^a	118,000	27.46 ^a	127,000
Age						
12 to 17	5.62	2,000	5.55	2,000	6.79	2,000
18 to 25	39.25	29,000	37.20 ^b	26,000	46.30 ^b	30,000
26 or Older	24.35	91,000	24.34	90,000	26.03	95,000
Underage Drinking						
12 to 20	--	--	16.51	9,000	18.57	10,000

Notes: *Binge alcohol use defined as drinking five or more drinks on same occasion (i.e., at same time or within a couple of hours of each other) on at least one day in the past 30 days.

^{a/b} Estimates that share superscript letters statistically significant at .05 level.

Estimates not reported in survey year 2002-03.

Text based on unreported 95% confidence intervals of reported estimates.

DC estimates based on survey-weighted hierarchical Bayes estimation approach.

Source: Substance Abuse and Mental Health Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2002–2005.

- The percentage of residents aged 12 to 17 and those aged 26 or older reporting past month binge alcohol use were similar, respectively, across all three averaged survey years.
- Annual averages for survey year 2004-05 revealed that the percentages of all DC residents aged 12 or older and those aged 18 to 25 reporting past month binge alcohol use were statistically different from their respective estimates from 20004.
- Annual averages for 2002-03, 2003-04, and 2004-05 also revealed that residents aged 18 to 25 were more likely to report past month binge alcohol use than residents aged 12 to 17 and 26 or older.
- Additionally, annual averages for 2002-03, 2003-04, and 2004-05 revealed that residents aged 12 to 17 were the least likely age group to report past month binge alcohol use.
- Annual averages for 2003-04 and 2004-05 revealed that 13–22% of residents aged 12 to 20 reported past month binge alcohol use—approximately 9,000-10,000 teenagers.
- The estimated number of DC residents reporting past month binge alcohol use decreased and then increased between 2002-03 and 2004-05. This trend followed the pattern of those residents aged 18 to 25 and 26 or older.



Table 38: Estimated Number and Percentage of DC Residents Age 12 or Older Reporting Past Month Marijuana Use by Age Group: Based on Survey Years 2002–2005

	2002-03		2003-04		2004-05	
	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older
District of Columbia	9.60 ^a	46,000	7.41 ^a	35,000	7.27	34,000
Age						
12 to 17	7.43	2,000	5.88	2,000	6.87	2,000
18 to 25	24.14 ^b	18,000	19.93 ^b	14,000	18.75	12,000
26 or Older	6.93 ^c	26,000	5.15 ^c	19,000	5.25	19,000

Notes: ^{a/b/c} Estimates that share superscript letters statistically significant at .05 level.

Text based on unreported 95% confidence intervals of reported estimates.

DC estimates based on survey-weighted hierarchical Bayes estimation approach.

Source: Substance Abuse and Mental Health Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2002–2005.

- The percentages of residents aged 12 to 17 reporting past month marijuana use were similar across all three averaged survey years.
- Based on annual averages for survey year 2003-04 the percentages of all DC residents aged 12 or older, those aged 18 to 25, and those aged 26 or older reporting past month marijuana use were statistically different from their respective estimates in 2002-03.
- Annual averages for 2002-03, 2003-04, and 2004-05 revealed that residents aged 18 to 25 were more likely to report past month marijuana use than residents aged 12 to 17 and 26 or older.
- Annual averages for 2002-03, 2003-04, and 2004-05, also revealed that residents aged 12 to 17 and 26 or older reported similar patterns of past month marijuana use.
- The estimated number of DC residents reporting past month marijuana use steadily decreased between 2002-03 and 2004-05, from a high of 46,000 to a low of 34,000 residents.



Table 39: Estimated Number and Percentage of DC Residents Aged 12 or Older Reporting Past Year Marijuana Use by Age Group: Based on Survey Years 2002–2005

	2002-03		2003-04		2004-05	
	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older
District of Columbia	15.09	72,000	13.81	65,000	14.77	68,000
Age						
12 to 17	14.83	5,000	13.28	4,000	14.37	5,000
18 to 25	37.61 ^a	28,000	30.87 ^a	22,000	33.85	22,000
26 or Older	10.68	40,000	10.59	39,000	11.39	41,000

Notes: ^a Estimates statistically significant at .05 level.

Text based on unreported 95% confidence intervals of reported estimates.

DC estimates based on survey-weighted hierarchical Bayes estimation approach

Source: Substance Abuse and Mental Health Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2002–2005.

- The percentage of residents aged 12 to 17 and those aged 26 or older reporting past year marijuana use were similar, respectively, across all three averaged survey years.
- Annual averages for survey year 2003-04 revealed that the percentages of residents aged 18 to 25 reporting past year marijuana use were statistically different from their respective estimates from 2002-03.
- Annual averages for 2002-03, 2003-04, and 2004-05 revealed that residents aged 18 to 25 were more likely to report past year marijuana use than residents aged 12 to 17 and 26 or older.
- In addition, annual averages for 2002-03, 2003-04, and 2004-05 showed that residents aged 12 to 17 and 26 or older reported similar patterns of past year marijuana use.
- The estimated number of DC residents reporting past year marijuana use decreased and then increased between 2002-03 and 2004-05. This trend followed the pattern of residents aged 12 to 17 and 26 or older.



Table 40: Estimated Number and Percentage of DC Residents Aged 12 or Older Reporting Past Month Illicit Drug Use Other Than Marijuana* by Age Group: Based on Survey Years 2002–2005

	2002-03		2003-04		2004-05	
	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older
District of Columbia	4.06	20,000	3.35	16,000	3.67	17,000
Age						
12 to 17	4.22	1,000	3.84	1,000	4.15	1,000
18 to 25	6.65	5,000	5.54	4,000	7.19	5,000
26 or Older	3.54	13,000	2.88	11,000	2.99	11,000

Notes: *Illicit drugs other than marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.

Text based on unreported 95% confidence intervals of reported estimates.

DC estimates based on survey-weighted hierarchical Bayes estimation approach.

Source: Substance Abuse and Mental Health Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2002–2005.

- The percentages of residents aged 12 or older reporting past month use of any illicit drug other than marijuana were similar across all three averaged survey years.
- Annual averages for 2002-03, 2003-04, and 2004-05 revealed that residents aged 18 to 25 were more likely to report past month use of any illicit drug other than marijuana, compared to residents aged 12 to 17 and 26 or older.
- In addition, annual averages for 2002-03, 2003-04, and 2004-05 revealed that residents aged 12 to 17 and 26 or older reported similar patterns of past month use of any illicit drug other than marijuana.
- Between 2003-04 and 2004-05, the largest increase (though not statistically significant) in the number of residents reporting past month use of any illicit drug other than marijuana, was among DC residents aged 18 to 25.



Table 41: Estimated Number and Percentage of DC Residents Aged 12 or Older Reporting Past Year Cocaine Use by Age Group: Based on Survey Years 2002–2005

	2002-03		2003-04		2004-05	
	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older
District of Columbia	3.58	17,000	2.91	14,000	3.39	16,000
Age						
12 to 17	0.65	<1,000	0.57	<1,000	0.52	<1,000
18 to 25	4.55	3,000	4.09 ^a	3,000	5.78 ^a	4,000
26 or Older	3.65	14,000	2.90	11,000	3.23	12,000

Notes: ^a Estimates statistically significant at .05 level.

Text based on unreported 95% confidence intervals of reported estimates.

DC estimates based on survey-weighted hierarchical Bayes estimation approach.

Source: Substance Abuse and Mental Health Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2002–2005.

- Percentage of residents aged 12 to 17 and those aged 26 or older reporting past year cocaine use were similar (respectively) across all three averaged survey years.
- Annual averages for survey year 2004-05 revealed that the percentages of residents aged 18 to 25 reporting past year cocaine use were statistically different from 2003-04 estimates.
- Annual averages for 2002-03, 2003-04, and 2004-05 revealed that residents aged 12 to 17 were less likely to report past year cocaine use than residents aged 18 to 25 and 26 or older.
- Annual averages for 2002-2003, 2003-2004, and 2004-2005 also revealed that residents aged 18 to 25 and 26 or older reported similar patterns of past year cocaine use.
- More than three-quarters of all DC residents aged 12 or older reporting past year cocaine use were residents aged 26 or older.



Table 42: Estimated Number and Percentage of DC Residents Aged 12 or Older Reporting Past Year Non-medical Pain Reliever Use by Age Group: Based on Survey Years 2002–2005

	2002-03		2003-04		2004-05	
	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older
District of Columbia	--	--	3.07	14,000	3.72	17,000
Age						
12 to 17	--	--	4.35	<1,000	4.37	2,000
18 to 25	--	--	6.33	3,000	8.02	5,000
26 or Older	--	--	2.33	11,000	2.88	10,000

Notes: Estimates not reported in survey year 2002-03.

Text based on unreported 95% confidence intervals of reported estimates.

DC estimates based on survey-weighted hierarchical Bayes estimation approach.

Source: Substance Abuse and Mental Health Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2002–2005.

- Percentages of residents aged 12 or older reporting past year non-medical use of pain relievers were similar across both averaged survey years.
- Annual averages for 2003-04 and 2004-05 revealed that residents aged 18 to 25 were more likely to report past year non-medical use of pain relievers than residents aged 26 or older.
- The percentage of DC residents reporting past year non-medical use of pain relievers increased for residents aged 18 to 25 as well as those 26 and older. While the estimated number of residents aged 18 to 25 increased substantially between 2003-04 and 2004-05, the estimated number of residents aged 26 or older decreased during the same time.



Table 43: Estimated Number and Percentage of DC Residents Aged 12 or Older Reporting Past Month Tobacco Use* by Age Group: Based on Survey Years 2002–2005

	2002-03		2003-04		2004-05	
	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older
District of Columbia	29.21	140,000	28.49	134,000	28.38	132,000
Age						
12 to 17	9.53	3,000	8.97	3,000	9.33	3,000
18 to 25	37.39	28,000	35.71	25,000	39.26	26,000
26 or Older	29.34	109,000	28.88	106,000	28.23	103,000

Notes: *Tobacco includes cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco. Text based on unreported 95% confidence intervals of reported estimates.

DC estimates based on survey-weighted hierarchical Bayes estimation approach.

Source: Substance Abuse and Mental Health Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2002–2005.

- Percentages of residents aged 12 or older reporting past month tobacco use were similar across all three averaged survey years.
- Annual averages for 2002-03 and 2004-05 revealed that residents aged 18 to 25 were more likely to report past month tobacco use than residents aged 26 or older. Annual averages for 2003-04 showed that residents aged 18 to 25 and those aged 26 or older reported similar patterns of past month tobacco use.
- Annual averages for 2002-03, 2003-04, and 2004-05 revealed that residents aged 12 to 17 were less likely to report past month tobacco use than residents aged 18 to 25 and 26 or older.
- The estimated number of DC residents aged 12 or older reporting past month tobacco use decreased steadily between 2002-03 and 2004-05, from a high of 140,000 to a low of 132,000 residents. This trend followed the pattern of residents aged 26 or older.



Table 44: Estimated Number and Percentage of DC Residents Aged 12 or Older Reporting Past Month Cigarette Use by Age Group: Based on Survey Years 2002–2005

	2002-03		2003-04		2004-05	
	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older	Estimated Percentage of Residents Age 12 or Older	Estimated No. of Residents Age 12 or Older
District of Columbia	26.12	125,000	25.91	122,000	25.44	118,000
Age						
12 to 17	7.10	2,000	6.71	2,000	7.14	2,000
18 to 25	33.26	24,000	31.41	22,000	34.76	23,000
26 or Older	26.40	98,000	26.59	98,000	25.49	93,000

Notes: Text based on unreported 95% confidence intervals of reported estimates.
DC estimates based on survey-weighted hierarchical Bayes estimation approach.

Source: Substance Abuse and Mental Health Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2002–2005.

- Percentages of residents aged 12 or older reporting past month cigarette use were similar to across all three averaged survey years.
- Annual averages for 2004-05 revealed that residents aged 18 to 25 were more likely to report past month cigarette use than residents aged 26 or older. Annual averages for 2002-03 and 2003-04 revealed that residents aged 18 to 25 and those aged 26 or older reported similar patterns of past month cigarette use.
- Annual averages for 2002-03, 2003-04, and 2004-05 showed that residents aged 12 to 17 were less likely to report past month cigarette use than residents aged 18 to 25 and 26 or older.
- The estimated number of DC residents aged 12 or older reporting past month cigarette use decreased steadily between 2002-03 and 2004-05, from a high of 125,000 to a low of 118,000 residents. This trend followed the pattern of residents aged 26 or older.



YOUTH RISK BEHAVIOR SURVEY SYSTEM: DC PUBLIC SCHOOL STUDENTS



Table 45: Alcohol Consumption Among Public High School Students by Grade in the District of Columbia: 2007

	Lifetime	Past 30 Days			
	Ever Had Drink of Alcohol ^a	Had at Least 1 Drink on 1 or More Days ^b	Binge* Alcohol Use ^c	Passenger in Car With Someone Who Had Been Drinking ^d	Drove Car After Drinking ^e
Total	66.4	32.3	11.8	28.3	5.5
Grade					
9 th	62.9	27.8	10.1	28.7	4.4
10 th	65.4	31.0	10.8	29.9	5.5
11 th	68.5	37.1	14.2	25.5	4.3
12 th	79.4	43.5	15.0	28.2	11.0

Notes: *Binge alcohol use defined as having 5 or more drinks in a row or within a couple of hours.

^a n = 1,555, missing n = 177; ^b n = 1,405, missing N = 327; ^c n = 1,623, missing n = 109; ^d n = 1,704, missing n = 28; ^e n = 1,648, missing n = 84.

Source: Analyzed by CESAR from Youth Risk Behavior Survey System (YRBSS) data provided by DC Public Schools in collaboration with National Center for Chronic Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

- In 2007, more than 65% of high school respondents stated they had at least one drink of alcohol at some time during their life, compared to 33.6% who had never had a drink of alcohol.
- While nearly 80% of seniors reported having at least one drink in their lifetime, 43.5% reported having at least one drink in the past 30 days.
- More seniors reported binge alcohol use (15.0%) than all other grade levels. The number of 11th and 12th graders reporting binge alcohol use in 2007 was higher than the average for all high school students during that time.
- In 2007, fewer 11th graders reported riding in a car with someone who had been drinking than to all other grade levels; however, more 12th graders (11%) reported driving after drinking alcohol in the past 30 days.



Table 46: Alcohol Consumption Among Public High School Students by Gender and Race/Ethnicity in the District of Columbia: 2007

	Lifetime	Past 30 Days			
	Ever Had A Drink of Alcohol ^a	Had at Least 1 Drink on 1 or More Days ^b	Binge* Alcohol Use ^c	Passenger in Car With Someone Who Had Been Drinking ^d	Drove Car After Drinking ^e
Total	66.4	32.3	11.8	28.3	5.5
Gender					
Female	58.4	59.3	46.6	53.8	36.3
Male	34.6	34.4	47.1	35.2	57.1
Unknown	7.1	6.4	6.3	11.0	6.6
Race/Ethnicity**					
Black or African American	66.9	64.8	55.0	63.8	53.8
White	5.1	7.3	9.4	4.1	4.4
Hispanic/Latino	6.1	5.1	7.3	6.6	6.6
Multiple	9.4	10.8	14.7	8.1	14.3
Other	2.7	2.2	3.1	3.5	5.5
Unknown	9.8	9.9	10.5	13.9	15.4

Notes: *Binge alcohol use is defined as having 5 or more drinks in a row or within a couple of hours.

**Multiple includes Hispanic and non-Hispanic individuals who also identify as another race. Other includes American Indian/Alaska Native, Asian, and Native Hawaiian/other Pacific Islander categories.

^a n = 1,555, missing n = 177; ^b n = 1,405, missing n = 327; ^c n = 1,623, missing n = 109; ^d n = 1,704, missing n = 28; ^e n = 1,648, missing n = 84.

Source: Analyzed by CESAR from Youth Risk Behavior Survey System (YRBSS) data provided by DC Public Schools in collaboration with National Center for Chronic Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

- In 2007, more high school females (58.4%) than males (34.6%) reported having at least one drink of alcohol in their lifetime.
- More high school females (53.8%) than males (11.0%) reported riding in a car in the past 30 days with someone who had been drinking; however more males (57.1%) than females (36.3%) reported driving a car after drinking in 2007.
- The percentage of Black high school students who reported lifetime and past 30 day alcohol use (66.9% and 64.8% respectively) was fairly consistent with the 67.4% of all respondents who identified as Black on the survey.
- In 2007, Hispanic/Latino students were slightly more likely than Whites to report riding in a car with someone who had been drinking or driving a car after having at least one drink. Blacks, however, were much more likely to report both.



Table 47: Marijuana Consumption Among Public High School Students by Grade in the District of Columbia: 2007

	Ever Tried Marijuana(%) ^a	Smoked Marijuana at Least Once in Past 30 Days (%) ^b
Total	38.4	19.1
Grade		
9 th	34.0	17.0
10 th	35.8	16.8
11 th	45.5	22.9
12 th	48.5	25.5

Notes: ^a n = 1,547, missing n = 185, ^b n = 1,566, missing n = 166.

Source: Analyzed by CESAR from Youth Risk Behavior Survey System (YRBSS) data provided by DC Public Schools in collaboration with National Center for Chronic Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

- Among high school respondents in 2007, nearly two-thirds reported never having tried marijuana.
- In 2007, nearly 40% of high school respondents reported trying marijuana at least once in their lifetime, while nearly 20% reported smoking marijuana at least once in the past 30 days.
- For all grades, the percent of students smoking marijuana at least once in the past 30 days was half the percent of students in each grade who reported ever trying marijuana.



Table 48: Marijuana Consumption Among Public High School Students by Gender and Race/Ethnicity in the District of Columbia: 2007

	Ever Tried Marijuana(%) ^a	Smoked Marijuana at Least Once in Past 30 Days (%) ^b
Total	38.4	19.1
Gender		
Female	54.0	50.8
Male	38.6	41.8
Unknown	7.4	7.4
Race/Ethnicity*		
Black or African American	69.2	70.9
White	5.1	5.0
Hispanic/Latino	5.7	5.0
Multiple	7.9	7.4
Other	1.5	1.7
Unknown	10.6	10.0

Notes: *Multiple includes Hispanic and non-Hispanic individuals who also identify as another race. Other includes American Indian/Alaska Native, Asian, and Native Hawaiian/other Pacific Islander categories.

^a n = 1,547, missing n = 185; ^b n = 1,566, missing n = 166.

Source: Analyzed by CESAR from Youth Risk Behavior Survey System (YRBSS) data provided by DC Public Schools in collaboration with National Center for Chronic Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

- More than 50% of high school respondents were female who reported trying marijuana at least once in their lifetime or smoking marijuana in the past 30 days.
- A total of 3.8% of the high school sample were White high school students; however, 5.7% of Whites reported trying marijuana at least once in their lifetime, and 5.0% reported using marijuana in the past 30 days.



Table 49: Illicit Drug Consumption Among Public High School Students by Grade in the District of Columbia: 2007

	Ever Tried Cocaine*(%) ^a	Ever Tried Heroin (%) ^b	Ever Tried Methamphetamines (%) ^c	Ever Tried Ecstasy (%) ^d	Ever Sniffed Glue or Inhaled Paint/Sprays to Get High (%) ^e
Total	5.3	4.6	5.2	6.4	10.3
Grade					
9 th	3.8	3.8	3.6	4.2	10.0
10 th	6.4	5.3	6.8	7.9	12.5
11 th	7.4	5.4	6.3	7.7	8.6
12 th	5.3	4.1	5.3	8.1	8.1

Notes: *Includes powder, crack, or freebase.

^a n = 1,615, missing n = 117; ^b n = 1,652, missing n = 80; ^c n = 1,640, missing n = 92; ^d n = 1,658, missing n = 74; ^e n = 1,658, missing n = 74.

Source: Analyzed by CESAR from Youth Risk Behavior Survey System (YRBSS) data provided by DC Public Schools in collaboration with National Center for Chronic Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

- In 2007, nearly twice the percentage of high school students in the sample reported sniffing glue or inhaling paints/sprays to get high (10.3%) than the 4.6% who reported trying heroin, 5.2% who reported trying methamphetamines, and 5.3% who reported trying cocaine.
- In 2007, a larger percentage of 11th graders reported trying cocaine (7.4%) and heroin (5.4%) at least once in their lifetime; similarly 5.3% of 10th graders also reported trying heroin at least once.
- Greater percentages of methamphetamine use were reported among 10th graders (6.8%) than all other grade levels in 2007.
- In 2007, 8.1% of 12th graders in the sample reported trying ecstasy at least once in their lifetime, followed by 7.9% of 10th graders, 7.7% of 11th graders, and 4.2% of 9th graders.
- More tenth graders (12.5%) reported use of glue or inhalants to get high than all other grade levels in 2007.



Table 50: Illicit Drug Consumption Among Public High School Students by Gender and Race/Ethnicity in the District of Columbia: 2007

	Lifetime				
	Ever Tried Cocaine*(%) ^a	Ever Tried Heroin (%) ^b	Ever Tried Methamphetamines (%) ^c	Ever Tried Ecstasy (%) ^d	Ever Sniffed Glue or Inhaled Paint/Sprays to Get High (%) ^e
Total	5.3	4.6	5.2	6.4	10.3
Gender					
Female	31.4	25.0	30.2	34.9	48.2
Male	61.6	61.8	60.5	51.9	41.2
Unknown	7.0	13.2	9.3	13.2	10.6
Race/Ethnicity**					
Black or African American	46.5	48.7	46.5	57.5	55.3
White	5.8	5.3	5.8	4.7	2.9
Hispanic/Latino	12.8	7.9	5.8	4.7	5.9
Multiple	12.8	15.8	16.3	12.3	15.9
Other	4.7	5.3	5.8	3.8	5.9
Unknown	17.4	17.1	19.8	17.0	14.1

Notes: *Includes powder, crack, or freebase.

**Multiple includes Hispanic and non-Hispanic individuals who also identify as another race. Other includes American Indian/Alaska Native, Asian, and Native Hawaiian/other Pacific Islander categories.

^a n = 1,615, missing n = 117; ^b n = 1,652, missing n = 80; ^c n = 1,640, missing n = 92; ^d n = 1,658, missing n = 74; ^e n = 1,658, missing n = 74.

Source: Analyzed by CESAR from Youth Risk Behavior Survey System (YRBSS) data provided by DC Public Schools in collaboration with National Center for Chronic Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

- In 2007, more high school male respondents (than females) reported trying cocaine, heroin, methamphetamines, and ecstasy at least once; however, more female students reported the use of glue or inhalants to get high.
- Less than 50% of students who reported the use of cocaine, heroin, and methamphetamines were Black, even though Black students comprised nearly 70% of all respondents.
- Nearly 13% of students who tried cocaine were Hispanic; the second largest group after Blacks (36.5%)



Table 51: Tobacco Consumption Among Public High School Students by Grade in the District of Columbia: 2007

	Lifetime	Past 30 Days		
	Ever Tried Cigarette Smoking (Even 1 or 2 Puffs) ^a	Smoked Cigarette on Least 1 Day ^b	Used Chewing Tobacco, Snuff, or Dip on at Least 1 Day ^c	Smoked Cigar, Cigarillo, or Little Cigar on at Least 1 Day ^d
Total	49.2	9.7	4.4	9.4
Grade				
9 th	49.7	8.7	4.1	8.7
10 th	48.2	10.4	4.1	10.3
11 th	49.0	9.4	4.2	9.7
12 th	49.4	11.3	5.2	8.6

Notes: ^a n = 1,548, missing n = 184; ^b n = 1,523, missing n = 209; ^c n = 1,643, missing n = 89; ^d n = 1,672, missing n = 60.

Source: Analyzed by CESAR from Youth Risk Behavior Survey System (YRBSS) data provided by DC Public Schools in collaboration with National Center for Chronic Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

- In 2007, nearly half of all high school respondents in the District reported trying a cigarette at least once in their lifetime.
- Almost one in ten high school respondents reported smoking a cigarette at least once in the past 30 days.
- In 2007, about 95% of students reported they had not used chewing tobacco, snuff, or dip in the past 30 days while almost 90% had not smoked a cigar, cigarillo, or little cigar.
- Nearly half of all respondents in each grade reported trying cigarettes at least once in their lifetime.
- In 2007, more students in 12th grade reported smoking cigarettes and using chewing tobacco, snuff or dip at least once in the past 30 days than all other grade levels.
- Also in 2007, more 11th graders reported smoking cigars, cigarillos, or little cigars than all other grade levels.



Table 52: Tobacco Consumption Among Public High School Students by Gender and Race/Ethnicity in the District of Columbia: 2007

	Lifetime	Past 30 Days		
	Ever Tried Cigarette Smoking (even 1 or 2 Puffs) ^a	Smoked Cigarette on at Least 1 Day ^b	Used Chewing Tobacco, Snuff, or Dip on at Least 1 Day ^c	Smoked Cigar, Cigarillo, or Little Cigar on at Least 1 Day ^d
Total	49.2	9.7	4.4	9.4
Gender				
Female	55.9	44.2	30.6	36.9
Male	37.7	48.3	61.1	51.0
Unknown	6.4	7.5	8.3	12.1
Race/Ethnicity*				
Black or African American	68.0	57.1	51.4	52.2
White	3.3	6.1	2.8	5.7
Hispanic/Latino	6.4	8.2	4.2	7.0
Multiple	9.1	12.9	15.3	12.1
Other	3.9	4.1	8.3	5.1
Unknown	9.3	11.6	18.1	17.8

Notes: *Multiple includes Hispanic and non-Hispanic individuals who also identify as another race. Other includes American Indian/Alaska Native, Asian, and Native Hawaiian/other Pacific Islander categories.

^a n = 1,548, missing n = 184; ^b n = 1,523, missing n = 209; ^c n = 1,643, missing n = 89; ^d n = 1,672, missing n = 60.

Source: Analyzed by CESAR from Youth Risk Behavior Survey System (YRBSS) data provided by DC Public Schools in collaboration with National Center for Chronic Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

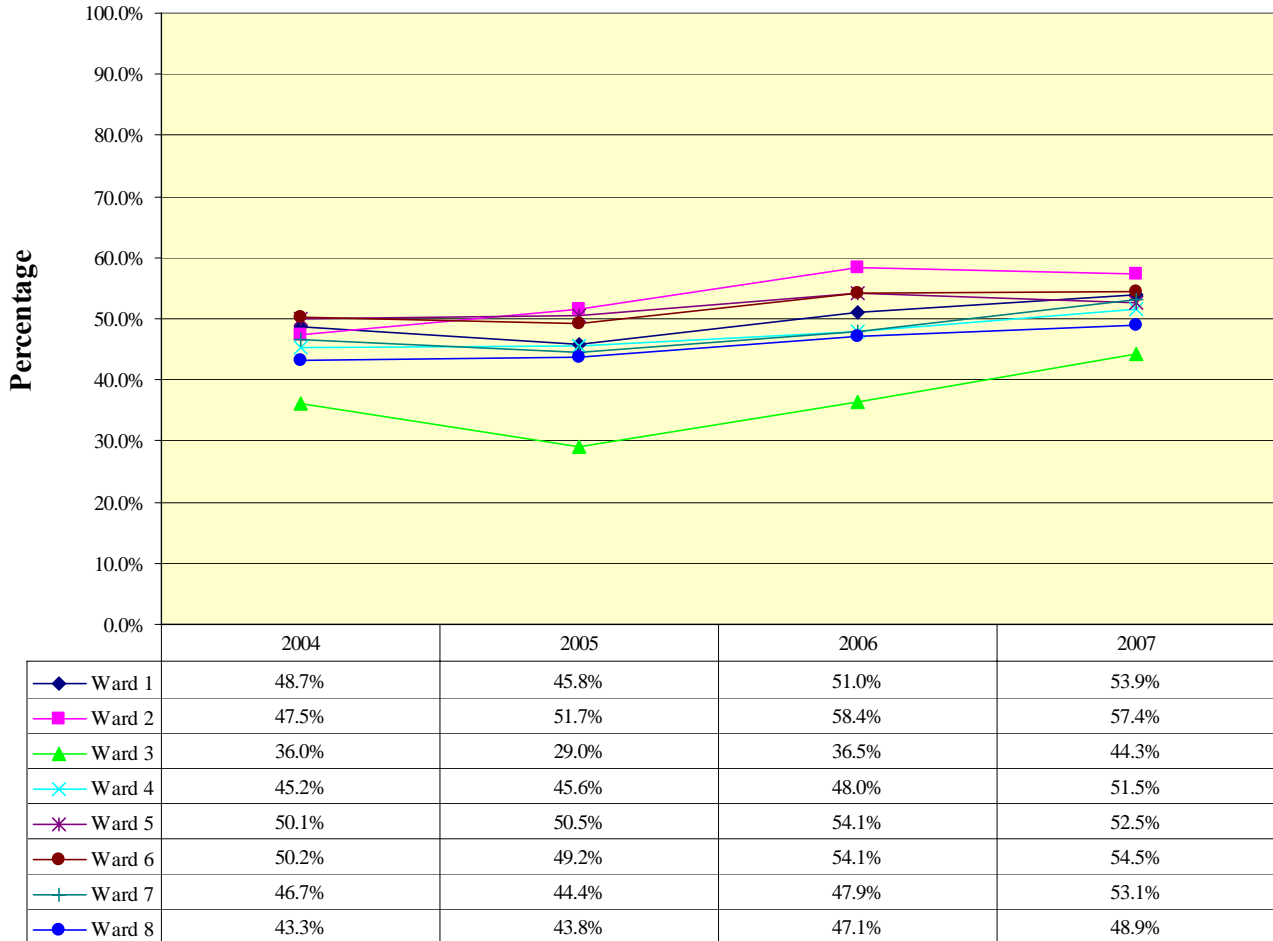
- In 2007, more high school female (than male) respondents reported smoking cigarettes at least once in their lifetime; however, more students who reported past 30 day use of tobacco in any form were male.
- In 2007, the second largest percentage of students who reported the use of chewing tobacco in the past 30 days were of mixed race (15.3%), followed by American Indian/Alaska Native, Asian, and Native Hawaiian/other Pacific Islander students (8.3%).
- More Hispanic/Latino (than White) respondents reported cigarette smoking at least once in their lifetime, and use of chewing tobacco in the past 30 days.



DC PRETRIAL SERVICES: ARRESTEE POPULATION



Figure 5: Percentage of Positive Drug Tests for Adult Arrestees in the District of Columbia: FY2004–2007



Notes: The District of Columbia Pretrial Services Agency does not test all arrestees for drug substances. Percentages shown for adult arrestees actually tested for drug substances. Each year represents fiscal year beginning October 1 and ending September 30th.
Source: DC Office of Forensics, Pretrial Services Agency, December 2007.

- The DC Pretrial Services Agency conducts urinalyses on adult arrestees (age 18 and older) for amphetamines, cocaine, opiates, and phencyclidine (PCP).
- In fiscal year (FY) 2007, the percentage of adult arrestees testing positive ranged from 44.3% to 57.4% across all wards; the highest percentage was in Ward 2 and the lowest in Ward 3.
- The percentage of adult arrestees testing positive for any drug increased in FY2006 for all wards, and continued to increase in FY2007 for Wards 1, 3, 4, 6, 7, and 8.
- The percentage of positive drug tests decreased in only two of the eight wards: Ward 2 (1.0%) and Ward 5 (1.6%).



Table 53: Percentage of Positive Drug Test Results for Adult Arrestees in the District of Columbia by Drug and Ward: Fiscal Year 2007

Drug	WARD							
	Ward 1 (n=983)	Ward 2 (n=907)	Ward 3 (n=61)	Ward 4 (n=1,109)	Ward 5 (n=1,699)	Ward 6 (n=1,443)	Ward 7 (n=1,861)	Ward 8 (n=1,763)
Amphetamines	2.1	4.8	3.3	2.0	3.5	4.2	6.4	6.7
Cocaine	44.6	46.1	37.7	44.7	40.6	42.9	38.7	33.0
Opiates	9.7	11.7	9.8	10.9	11.4	12.3	11.0	8.6
Phencyclidine	9.4	9.2	3.3	7.8	11.0	11.5	12.8	14.3

Notes: The District of Columbia Pretrial Services Agency does not test all arrestees for drug substances.

Percentages shown for adult arrestees actually tested for drug substances.

Each year represents fiscal year beginning October 1 and ending September 30th.

Source: DC Office of Forensics, Pretrial Services Agency, December 2007.

- In FY2007, a greater percentage of adult arrestees (aged 18 and older) tested positive for cocaine than for any other drug in all eight wards.
- The highest percentages of adult arrestees testing positive for cocaine were in Wards 1, 2, and 4, with nearly half of arrestees testing positive.
- One in ten adult arrestees in all eight wards tested positive for opiates.
- Fewer than 7% of adult arrestees in any ward tested positive for amphetamines.
- Ward 8 had the lowest percentage of adult arrestees testing positive for cocaine and opiates, but the highest percentage testing positive for PCP and amphetamines.



Table 54: Drug Test Results for Adult Arrestees in the District of Columbia: 2003–2007

	Year				
	2003	2004	2005	2006	2007
Total Tested (#)	17,616	19,531	19,867	23,271	22,800
Total Positive (%)	47.2	43.5	44.7	48.9	48.2

Notes: The District of Columbia Pretrial Services Agency does not test all arrestees for drug substances. Percentages shown for adult arrestees actually tested for drug substances. Each year represents fiscal year beginning October 1 and ending September 30th.
Source: DC Office of Forensics, Pretrial Services Agency, March 2008.

Table 55: Percentage of Adult Arrestees (Aged 18 or Older) Testing Positive for Amphetamines, Cocaine, Opiates, and PCP in the District of Columbia: 2003–2007

Substance	Percent of Adult Arrestees Testing Positive				
	2003	2004	2005	2006	2007
Amphetamines	--	--	--	1.2	3.6
Cocaine	34.8	36.6	37.3	40.1	37.2
Opiates	9.9	9.8	9.3	8.9	9.1
PCP	13.3	6.2	7.5	9.2	9.4

Notes: The District of Columbia Pretrial Services Agency does not test all arrestees for drug substances. Percentages shown for adult arrestees actually tested for drug substances. Each year represents fiscal year beginning October 1 and ending September 30th.
Source: DC Office of Forensics, Pretrial Services Agency, March 2008.

- Nearly half of adult arrestees tested were drug positive in 2007.
- Adult arrestees were more likely to test positive for cocaine than for any other drug; the percentage increased slightly from 2003 to 2006.
- More than one in three adult arrestees tested positive for cocaine, and one in ten tested positive for opiates or PCP.
- The percentage of adult arrestees testing positive for PCP increased slightly from 2004 to 2007, but the percentage testing positive for cocaine and opiates stayed about the same.



Table 56: Drug Test Results for Juvenile Arrestees in the District of Columbia: 2003–2007

	Year				
	2003	2004	2005	2006	2007
Total Tested (#)	1,899	2,001	2,319	2,379	2,248
Total Positive (%)	53.1	49.6	51.0	52.3	55.6

Notes: The District of Columbia Pretrial Services Agency does not test all arrestees for drug substances. Percentages shown for juvenile arrestees actually tested for drug substances. Each year represents fiscal year beginning October 1 and ending September 30th.
Source: DC Office of Forensic, Pretrial Services Agency, March 2008.

Table 57: Percentage of Juvenile Arrestees (Under 18) Testing Positive for Amphetamines, Cocaine, Marijuana, and PCP in the District of Columbia: 2003–2007

Substance	Percent of Adult Arrestees Testing Positive				
	2003	2004	2005	2006	2007
Amphetamines	--	--	--	0.6	2.7
Cocaine	3.7	3.3	3.5	3.4	2.8
Marijuana	50.8	49.0	49.8	51.2	54.4
PCP	11.1	1.8	3.4	2.0	2.6

Notes: The District of Columbia Pretrial Services Agency does not test all arrestees for drug substances. Percentages shown for juvenile arrestees actually tested for drug substances. Each year represents fiscal year beginning October 1 and ending September 30th.
Source: DC Office of Forensics, Pretrial Services Agency, March 2008.

- More than half of juvenile arrestees tested in 2007 were drug positive.
- Juvenile arrestees were far more likely to test positive for marijuana than for any other drug.
- Trends in juvenile arrestee urinalyses remained fairly stable from 2005 to 2007.



SECTION 8

CONCLUSION

The five consequences highlighted in this report (violent crime, property crime, and arrest, HIV/AIDS, dependence and abuse, mortality, and motor vehicle crashes) offer a more in-depth analysis of data initially presented in the *District of Columbia Epidemiological Profile* released in March 2007. This new report includes data that were prepared during the initial phase of a ward-level data analysis plan initiated by the DCEOW. It is the latest in a series of reports designed to assess the consequences and consumption of alcohol, tobacco, and other drugs in the District. The purpose of this report is to analyze existing data regarding the use of alcohol, tobacco, and other drugs at the citywide level, and to fill data gaps identified in the first citywide report completed last year.

In order to assess District needs, data were requested and obtained by the DCEOW from various District agencies. Analyses of these data allowed the DCEOW to assess the consequences and consumption patterns related to alcohol, tobacco, and other drugs at the citywide level. Analyses included in this report will be used by city and local coalitions to conduct needs assessments, and to identify District funding priorities associated with the consequences and consumption of alcohol, tobacco, and other drug substances.

Future reports of the DCEOW will expand on information provided in this report and the earlier citywide report. In particular, we hope to include in our future report a citywide analysis of hepatitis information as well as a District-specific analysis of poison control center data. As additional citywide data become available, they will be added to future DCEOW reports.



APPENDIX 1



NATIONAL CAPITAL POISON CENTER: POISON CENTER CALLS

We included calls made to the poison control center to monitor the consequences of stimulant and street drug use. The data presented in this section were obtained from the National Capital Poison Center, American Association of Poison Control Centers (AAPCC), Toxic Exposure Surveillance System (TESS). Calls made to the poison control center regarding exposures to stimulants and street drugs were obtained from the District of Columbia Metropolitan Area, which includes the District of Columbia, and counties in Maryland and Northern Virginia. The following definitions are provided to aid in understanding poison control center data.

- Drug description (source: <http://www.webmd.com/drugs/mono-94-METHYLPHENIDATE++ORAL.aspx?drugid=12114&drugname=Methylphenidate+Oral#uses>):
 - Methylphenidate (oral) is used to treat attention disorders (attention deficit hyperactivity disorder, or ADHD) and patients with narcolepsy (a disorder of sleep regulation). When this medication is used to treat ADHD, patients may find they have increased attention, decreased impulsiveness, and decreased hyperactivity. This medication is a mild stimulant that works by affecting levels of chemicals (neurotransmitters) in the nervous system.
- Reasons for exposures (source: 2006 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS)):
 - The terms “intentional” and “unintentional” used in this context are determined by the poison center specialist. Virtually none of the cases are subject to a psychological review, therefore the use of these terms should be considered relative; further weight should not be attributed to the terms.
- Medical outcome definitions (source: 2006 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS)):
 - No effect: Patient did not develop any signs or symptoms as a result of exposure.
 - Minor effect: Patient developed some signs or symptoms as a result of the exposure, but they were minimally bothersome and generally resolved rapidly with no residual disability or disfigurement. A minor effect is often limited to the skin or mucus membranes (e.g., self-limited gastrointestinal symptoms, drowsiness, skin irritation, first-degree dermal burn, sinus tachycardia without hypotension, and transient cough).
 - Moderate effect: Patient exhibited signs or symptoms as a result of exposure that were more pronounced, more prolonged, or more systemic in nature than minor symptoms. Usually, some form of treatment is indicated. Symptoms were not life-threatening, and patient had no residual disability or disfigurement (e.g., corneal abrasion, acid-base disturbance, high fever, disorientation, hypotension



that was rapidly responsive to treatment, or isolated brief seizures that responded rapidly to treatment).

- Major effect: Patient exhibited signs or symptoms as a result of exposure that were life-threatening or resulted in significant residual disability or disfigurement (e.g., repeated seizures or status epilepticus, respiratory compromise requiring intubation, ventricular tachycardia with hypotension, cardiac or respiratory arrest, esophageal stricture, or disseminated intravascular coagulation).
- Death: Patient died as a result of exposure or as a direct complication of exposure.

Poison control center data from the DC Metropolitan Area are included in this report because they offer additional insight into consumption patterns in the metropolitan area. In the future, we hope to move towards identifying calls made to the poison control center that are specific to the District. The tables provided in this report consist of data collected between 2003 and 2007.



**Table 58: Stimulant and Street Drug-Related Calls to the DC Metropolitan Area*
Poison Control Center: 2003–2007**

Drug	2003	2004	2005	2006	2007
Amphetamine	156	132	132	154	160
Caffeine	64	75	55	64	63
Cocaine	113	99	75	124	104
Diet Aids	6	5	6	6	9
Ephedrine	11	6	4	5	7
GHB & Analog/Precursor	9	9	16	9	7
Hallucinogenic Amphetamine	23	34	37	31	46
Heroin	26	16	24	18	21
Marijuana	66	42	49	46	46
Methamphetamine	24	8	17	14	9
Methylphenidate	101	133	148	139	158
Other Stimulants and/or Street Drugs	18	16	11	7	22
PCP	55	16	24	29	25

Note: * DC Metropolitan Area includes District of Columbia, and counties in Maryland and Northern Virginia.

Source: National Capital Poison Center, American Association of Poison Control Centers (AAPCC), Toxic Exposure Surveillance System (TESS).

- The number of poison control center calls related to exposure to amphetamines increased 21%, from 132 in 2004 to 160 in 2007; calls related hallucinogenic amphetamines increased 35% during the same period.
- The number of poison control center calls related to exposure to methylphenidate increased 36%, from 101 in 2003 to 158 in 2007.
- The number of poison control center calls related to exposure to all other stimulants and street drugs fluctuated between 2003 and 2007



**Table 59: Stimulant and Street Drug-Related Calls to the DC Metropolitan Area*
Poison Control Center by Number, Intention, Reaction, Facility and Effect: 2007**

Drug	No. of Exposures	≤5 yrs	6-19 yrs	≥20 yrs	Unintentional	Intentional	Other	Adverse Reaction	Managed in Healthcare Facility	No Effect	Minor Effect	Moderate Effect	Major Effect	Death
Amphetamine	160	21	60	79	68	69	3	12	93	34	36	37	8	0
Caffeine	63	11	16	36	19	32	0	12	27	8	18	9	0	0
Cocaine	104	4	10	88	2	95	2	0	97	7	21	32	16	2
Diet Aids	9	0	1	8	0	6	0	3	8	0	4	2	0	0
Ephedrine	7	4	1	2	4	2	0	1	2	3	0	1	0	0
GHB & Analog/Precursor	7	0	1	6	0	5	0	1	7	0	1	4	0	0
Hallucinogenic Amphetamine	46	0	18	28	0	44	1	1	37	3	11	18	1	0
Heroin	21	0	6	15	0	18	2	0	14	0	4	5	3	1
Marijuana	46	1	19	26	0	39	1	3	39	6	13	12	4	0
Methamphetamine	9	0	0	9	0	9	0	0	6	1	2	2	0	0
Methylphenidate	158	26	90	39	110	39	0	9	67	51	39	21	3	0
Other Stimulants and/or Street Drugs	22	0	7	13	1	17	0	4	16	0	6	7	2	0
PCP	25	0	6	18	1	23	0	1	23	1	3	11	3	0

Note: * DC Metropolitan Area includes District of Columbia, and counties in Maryland and Northern Virginia.

Source: National Capital Poison Center, American Association of Poison Control Centers (AAPCC), Toxic Exposure Surveillance System (TESS).

- More than one in three (38%) of calls related to exposure to amphetamines in 2007 involved youth aged 6 to 19; exposures were equally likely to be unintentional and intentional and tended to result in no or minor effect.
- Calls to the poison control center related to exposure to methylphenidate were more likely to involve youth aged 6 to 19 (57%) than any other age range; exposures were far more likely to be unintentional than intentional and tended to result in no or minor effect.
- Exposures involving cocaine, by contrast were most likely to involve adults, be intentional, and result in a moderate effect.



Table 60: Methylphenidate-Related Calls to the DC Metropolitan Area* Poison Control Center by Number, Age, Intention, Reaction, Facility, and Effect: 2003–2007

Year	No. of Exposures	≤5 yrs	6-19 yrs	≥20 yrs	Unintentional	Intentional	Other	Adverse Reaction	Managed in Healthcare Facility	No Effect	Minor Effect	Moderate Effect	Major Effect	Death
2003	101	14	56	31	53	41	0	5	48	31	24	24	1	0
2004	133	12	75	45	85	43	0	2	56	42	36	19	2	0
2005	148	20	93	35	93	47	0	8	62	43	41	19	5	0
2006	139	13	95	30	89	39	0	9	57	59	31	17	1	0
2007	158	26	90	39	110	39	0	9	67	51	39	21	3	0

Notes: Cases coded confirmed non-exposures not included in this report. Printed: 1/12/2008 6:09:35 PM.

* DC Metropolitan Area includes District of Columbia, and counties in Maryland and Northern Virginia.

Source: National Capital Poison Center, American Association of Poison Control Centers (AAPCC), Toxic Exposure Surveillance System (TESS).

- From 2003 through 2007, calls to the poison control center regarding exposure to methylphenidate were more likely to involve youth aged 6 to 19 than any other age range.
- The number of unintentional exposures to methylphenidate more than doubled during this time, while the number of intentional exposures remained about the same.

Table 61: Amphetamine-Related Calls to the DC Metropolitan Area* Poison Control Center by Number, Age, Intention, Reaction, Facility, and Effect: 2003–2007

Year	No. of Exposures	≤5 yrs	6-19 yrs	≥20 yrs	Unintentional	Intentional	Other	Adverse Reaction	Managed in Healthcare Facility	No Effect	Minor Effect	Moderate Effect	Major Effect	Death
2003	156	36	67	52	83	49	1	13	91	36	44	33	7	1
2004	132	29	59	43	75	46	1	5	80	32	42	30	4	1
2005	132	17	65	50	50	66	1	8	77	30	19	35	6	0
2006	154	28	56	69	77	67	2	5	80	50	26	42	1	0
2007	160	21	60	79	68	69	3	12	93	34	36	37	8	0

Notes: Cases coded confirmed non-exposures not included in this report. Printed: 1/12/2008 6:09:35 PM.

* DC Metropolitan Area includes District of Columbia, and counties in Maryland and Northern Virginia.

Source: National Capital Poison Center, American Association of Poison Control Centers (AAPCC), Toxic Exposure Surveillance System (TESS).

- Calls to the poison control center regarding exposure to amphetamines were more likely to involve youth aged 6 to 19 than any other age range each year from 2004 through 2006. In 2007, such calls were most likely to involve adults.
- The number of intentional exposures increased steadily from 2003 through 2007; the number of unintentional exposures fluctuated during this time.
- The number of adult exposures peaked in 2007.