

MARYLAND EPIDEMIOLOGICAL PROFILE: CONSEQUENCES OF ILLICIT DRUG USE, ALCOHOL ABUSE, AND SMOKING

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The Alcohol and Drug Abuse Administration

By

The Center for Substance Abuse Research (CESAR)

University of Maryland, College Park

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I. EXECUTIVE SUMMARY:

MARYLAND EPIDEMIOLOGICAL PROFILE

With funding from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP), the state of Maryland has embarked on a multi-year project to develop a state-of-the-art, empirically based system for setting priorities and monitoring the success of the state's substance abuse prevention strategy. The project is coordinated by staff at the Maryland Alcohol and Drug Abuse Administration (ADAA) and the University of Maryland's Center for Substance Abuse Research (CESAR). A statewide epidemiological outcomes workgroup (SEOW) and a core advisory group of key staff from relevant state and local agencies have been formed to guide the project's work.

CSAP has provided each state with a four step logic model, the strategic prevention framework, to guide prevention planning activities. The first two steps in the framework involve identifying and assessing measurable consequences of substance abuse and related consumption patterns in order to assist the state in prioritizing consequences to be targeted for change through prevention programs. This epidemiological profile, an update of the original profile released in March 2007, is designed to help the state continue to assess the first two steps in the CSAP Strategic Prevention Framework and begin to identify needs and gaps in services currently provided. The profile provides extensive statistical data about the scope and severity of each consequence, and consumption behaviors that are empirically linked to each consequence. The remaining steps of the strategic framework include identifying risk and protective factors associated with prioritized consequence and consumption patterns, and determining evidenced-based prevention programs that the state of Maryland can use to reduce adverse consequences of substance abuse.

This report updates consequences data and accompanying consumption indicators included in the first profile.

Maryland SEOW

The Maryland SEOW was formed in March 2006 with CSAP funding, under ADAA oversight. ADAA 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 MD SEOW and data analysis, management, and dissemination. Core members represent criminal and juvenile justice, public health, prevention, and research. In the project's second year, the mission of the MD SEOW was expanded to include the needs of not only the state of Maryland, but its local jurisdictions as well:

The MD SEOW will monitor the use of alcohol, tobacco, and other drugs and the consequences of their use in Maryland and its localities in order to identify and prioritize the prevention needs of the state and its local jurisdictions. To achieve this end the MD SEOW will oversee the collection, interpretation, and dissemination of statewide and local data that quantify substance use and its consequences for the state.

The MD SEOW provides State and Local Drug and Alcohol Abuse Councils (DAACs) charged with directing prevention strategies for individual jurisdictions with information necessary to develop data-driven prevention strategies. In addition, the MD SEOW provides the Councils with data needed to

establish baseline outcome objectives for change, and a means of monitoring change. The ADAA also uses the data provided by the MD SEOW to establish prevention block grant funding priorities, and to monitor and evaluate outcomes of funded prevention programs/initiatives.

Maryland SEOW Goals

1. Determine and monitor the scope of substance abuse and substance abuse-related problems in Maryland by utilizing SAMHSA’s National Outcome Measures (NOMs) and additional jurisdictional data.
2. Facilitate data-driven decision-making across the state to assure the effective and efficient use of resources by providing useful information to inform prevention planning and guide prevention funding priorities.
3. Support ongoing development of a state prevention plan as part of the State Drug and Alcohol Abuse Council drug strategy by producing an annual state epidemiological profile.
4. Support ongoing development of data-driven prevention priorities by Local Drug and Alcohol Abuse Councils by providing local epidemiological data and guidance in the use of data.
5. Provide a means for disseminating and sharing data and information collected.

Updating the State Epidemiology Profile

This report provides an update to the original profile released in March 2007, following the same organization and structure. Each of the illicit drug, alcohol, and tobacco consequences has been updated. Consumption indicators have been expanded to include alcohol and tobacco sales and county level data. The Maryland Adolescent Survey (MAS) has not been updated since the last report was released, but MAS indicators will be added as soon as data become available. (Consumption data by demographics and drug type and county/regional data from the National Survey on Drug Use and Health were not available for this report.) Consequence and consumption indicators included in this report are:

	Consequences	Consumption
Illicit Drugs	<ol style="list-style-type: none"> 1. Property Crimes/Drug Arrests 2. HIV/AIDS 3. Past Year Abuse/Dependence 4. Drug-Induced Deaths 5. Suspensions/Expulsions 	<ol style="list-style-type: none"> 1. Treatment Admissions 2. Prevalence of Treatment Admissions 3. Illicit Drug Use
Alcohol	<ol style="list-style-type: none"> 1. Violent Crimes 2. Alcohol-Related Crashes 3. Past Year Abuse/Dependence 4. Alcohol-Induced Deaths 5. Suspensions/Expulsions 	<ol style="list-style-type: none"> 1. Prevalence of Treatment Admissions 2. Alcohol Use, Heavy Drinking, Binge Drinking 3. Sales per Capita
Tobacco	<ol style="list-style-type: none"> 1. Tobacco-Related Deaths 	<ol style="list-style-type: none"> 1. Tobacco and Cigarette Use 2. Sales per Capita

Consequences of Substance Abuse in Maryland

Crime & Arrests

- In 2006, close to 200,000 property crimes were reported in Maryland, of which an estimated 51,624 were drug-related. The total number of property crimes has decreased steadily since 2002. Larceny-thefts accounted for approximately 65% of Maryland property crimes, while burglary and motor vehicle thefts accounted for approximately 19% and 16%, respectively, of such crimes.
- More than 38,000 violent crimes were reported in 2006 a decrease of 3% from 2005. An estimated 7,470 of these crimes were alcohol-related. Aggravated assaults accounted for more than half of these crimes and robberies accounted for nearly 38%.
- Nearly one-quarter of the property crimes reported in 2006 occurred in Prince George's County.
- Wicomico County and Baltimore City continued to report the highest rates of burglaries. Worcester, Wicomico, and Prince George's Counties reported the highest rates of larcenies. Prince George's County reported by far the highest number of drug-related motor vehicle thefts, accounting for 42% of all motor vehicle thefts in the state in 2006.
- Nearly two-thirds (62%) of the estimated alcohol-related violent crimes reported in 2006 occurred in Baltimore City, Baltimore County, and Prince George's County.
- In 2006, Baltimore City and Prince George's County reported the highest rates of violent crimes (1,721.8 and 1,008.1 per 100,000 population, respectively). Wicomico County also reported more than 1,000 violent crimes per 100,000 population (1,012.1).
- The percentage of total arrests that were drug-related appeared to increase slightly but progressively between 2004 and 2006.
- Drug-related arrest rates for juveniles decreased from 2002 to 2006. Juveniles were most likely to be arrested for possession of marijuana or the sale of opium/cocaine. Juveniles were consistently more likely than adults to be arrested for drug sales.
- Adults were most likely to be arrested for possession of opium/cocaine or marijuana; adult arrest rates fluctuated from 2002 to 2006, ranging from a low of 1049.6 in 2004 to a high in 2006 of 1156.6.
- Overall, the percentage of drug arrests involving opium/cocaine and marijuana fluctuated slightly between 2002 and 2006. Between 2005 and 2006, the percentage of opium/cocaine-related arrests increased from 55.2% to 55.7%; the percentage of marijuana-related arrests decreased slightly, from 41.7% to 40.5%.

HIV/AIDS

- In 2005, nearly 40% of HIV prevalent cases and more than 40% of AIDS prevalent cases with a reported mode of exposure were IDU related.

- In 2005, HIV and AIDS cases were most likely to be African American, male, and aged 40–59. Nearly two-thirds of the HIV incident and HIV/AIDS prevalent cases were male and more than three-quarters were African American.
- Baltimore City reported a significantly higher rate of HIV incidence than any other jurisdiction in 2005. The Baltimore City rate (164 per 100,000 population) was nearly four times higher than Prince George’s County (47.4) and more than four times higher than Wicomico County (30.7), the jurisdictions with the second and third highest rates.

Motor Vehicle Crashes

- In Maryland, in 2006, nearly one in ten crashes and one in three fatal crashes were alcohol related.
- The number of fatal alcohol- or drug-related (AOD-related) crashes involving an impaired driver increased 53% from 2003 to 2006.
- The percentage of AOD-related injury crashes and AOD-related property damage only crashes involving an impaired driver remained about the same from 2001 to 2006.
- Of the 210 fatalities that occurred in 2006 from AOD-related motor vehicle crashes, 154 were drivers, 51 were passengers, and 5 were pedestrians.
- In 2006, drivers and pedestrians injured or killed in crashes involving an alcohol- or drug-impaired driver were most likely to be male and 30 years old or older. Passengers injured or killed in crashes involving an alcohol- or drug-impaired driver were most likely to be male and aged 20 to 29.
- Juveniles and females were more likely to be injured or killed as passengers than as drivers or pedestrians in 2006; young adults were more likely to be killed as drivers.
- In 2006, Caroline County had the highest percentage of alcohol-related crashes (17%), followed by Worcester, Kent, Queen Anne’s, and Calvert counties.
- In 5 jurisdictions, in 2006, 50% or more of fatal crashes were alcohol related (Kent, Queen Anne’s, Charles, Dorchester, and Somerset counties).

Mortality

- The number of drug-induced deaths in Maryland increased more than 8% from 756 in 2002 to 819 in 2003, then decreased nearly 4% to 788 in 2006.
- In 2006, 788 (1.8%) of all deaths in Maryland were drug-induced.
- Drug-induced deaths in 2006 in Maryland were most likely to occur among White males aged 25–64.
- Baltimore City and Baltimore County accounted for half of the drug induced deaths in Maryland in 2006.
- In 2006, less than 1% (280) of all deaths in Maryland were alcohol-induced, and the number has remained relatively stable since 2002.

- Alcohol-induced deaths were most likely to occur among Marylanders who were male, White and 45 to 64 years of age in 2006.
- Alcohol-induced deaths were more than twice as likely to be male as female in 2006.
- The majority of alcohol-induced deaths in 2006 occurred in the most populous jurisdictions, including Baltimore City and Baltimore County, as well as Prince George's, Anne Arundel, and Montgomery Counties.
- There were 2,845 lung cancer deaths and a combined total of 1,818 chronic obstructive pulmonary disease (COPD) and emphysema deaths in Maryland in 2004, a slight decrease from 2003; altogether these deaths accounted for 11% of deaths in Maryland that year. It is estimated that 90% of female deaths and 80% of male deaths from lung cancer, and 80% of chronic obstructive pulmonary disease (COPD) and emphysema deaths are attributable to tobacco.
- Lung cancer deaths in Maryland were slightly more likely to occur among males while COPD and emphysema deaths were slightly more likely to occur among females in 2004.
- The number of tobacco-related lung cancer deaths increased each year from 2000 to 2003. During that time the numbers increased by 148 people (from 2,471 to 2,547), although the rates of lung cancer deaths remained relatively stable (from 55.2 in 2000 to 54.7 in 2003). The number of deaths decreased 5.6% in 2004, and the rate decreased to 51.2.
- The number of tobacco-related COPD and emphysema deaths also increased each year from 2000 to 2003. From 2000 to 2003 the numbers increased by 45 people (from 1,474 to 1,519), although the rate of COPD and emphysema deaths was relatively stable, from 34.8 in 2000 to 34.5 in 2003. In 2004, the number decreased 4.3%.

Past Year Abuse/Dependence

- The percentage of Maryland residents reporting past year dependence or abuse of an illicit drug remained stable, between 2.72% and 2.88% between the two year time periods 2003/04 and 2004/05, according to the National Survey on Drug Use and Health. (The difference between the estimates was not statistically significant.)
- An estimated 125,000 Marylanders reported past year abuse or dependence in 2004/05, according to the National Survey on Drug Use and Health.
- In 2004/05, 12 to 17 and 18- to 25-year-old Marylanders were more likely than those 26 years or older to report past year drug dependence or abuse.
- In 2002/03 and 2003/04, however, 18- to 25-year-old Marylanders were more likely than any other age group to report past year drug dependence or abuse.
- Percentages of Marylanders aged 12 and older reporting past year alcohol dependence or abuse ranged from 6.84% to 7.55% during the years 2002/03 through 2004/05.

- An estimated 313,000 Marylanders reported past year dependence or abuse in 2004/05, according to the National Survey on Drug Use and Health.
- Within each recent two-year time period (2002/03, 2003/04, 2004/05), 18 to 25 year olds were significantly more likely than 12 to 17 year olds and 26 and older to report past year alcohol dependence or abuse.
- 15% of 18 to 25 year olds in Maryland reported dependence or abuse of alcohol in 2004/05.

Suspensions/Expulsions

- More than one in ten expulsions during the 2006–07 school year was drug-related (260 total expulsions). Drug-related expulsions decreased steadily from the high in 2003-2004 to 2006-2007 (27.6%).
- There were 2,020 drug-related suspensions during school year 2006-07, a decrease of 12% from school year 2003-04.
- Since school year 2002–03, drug-related suspensions have consistently accounted for 1.5 to 1.7% of all suspensions.
- Nearly half (45.6%) of the drug-related suspensions in 2004–05 occurred in Baltimore, Montgomery, and Prince George’s county schools; all other counties accounted for fewer than 8%.
- Five jurisdictions reported more than 100 drug-related suspensions during school year 2006–07.
- There were 753 alcohol-related suspensions during school year 2006-07. This number as well as the rate has fluctuated in recent years. The rate of alcohol related suspensions (per 100,000 students) over the six school years since 2000–01 show no clear trends. During that time the lowest rate of alcohol related suspensions of 76.9 per 100,000 students occurred in 2003–04. This was followed in 2004–05 by the highest rate of 91.4 per 100,000 students. Since then, the rate decreased in 2005-06 to 86.7 and remained about the same in 2006-07.
- Nearly a quarter of the alcohol-related suspensions in 2006–07 occurred in Montgomery county schools; more than one in ten occurred in Anne Arundel schools.
- There were 27 alcohol-related expulsions in school year 2006–07, reflecting a steady decrease from 2002-03 to 2005-06. The number then increased slightly in 2006-07.

Consumption of Illicit Drugs

- As in prior two year time periods, in 2004/05, approximately 7% of the Maryland population aged 12 years and older had used an illicit drug in the past month and 3% had used an illicit drug other than marijuana in the past month, according to the National Survey on Drug Use and Health.
- Trends in illicit drug use in recent years (2002/03, 2003/04, and 2004/05) have remained relatively stable according to the National Survey on Drug Use and Health, but there was a statistically significant decrease from 2003/04 to 2004/05 in past month illicit drug use and past month marijuana use among 18- to 25-year olds.
- Heroin, marijuana, and crack cocaine were the most frequently mentioned drugs at treatment admission in 2006.
- One in four treatment admissions in 2006 mentioned heroin; more than one third of these were 36- to 45-years old, and more than half were male and Black.
- Similarly, one in four crack treatment admissions were 36- to 45- years old, and more than half were male and Black in 2006.
- In 2006, more than half of marijuana treatment admissions, by contrast, were age 20 or younger and approximately equal percentages were Black and White.
- In 2006, other opiates were mentioned by 5.5% of treatment admissions and other cocaine by 3.2%; all other drugs were mentioned by less than 1% of admissions; more than half of those mentioning those drugs were White and approximately one in four were age 25 or younger.

Consumption of Alcohol

- Nearly half of Marylanders aged 18 to 34 were binge drinkers, and more than one in ten were heavy drinkers, based on the 2006 Behavioral and Risk Factor Surveillance Survey (BRFSS).
- Twice as many males as females reported binge drinking according to the 2006 BRFSS.
- According to the National Survey on Drug Use and Health (NSDUH) for 2004/05, 15.7% of 12- to 17-year-old Marylanders reported past month alcohol use, and approximately one in ten reported past month binge drinking; nearly two-thirds of 18- to 25-year-olds reported past month drinking, and more than a third reported past month binge drinking.
- Approximately one in five Maryland treatment admissions mentioned alcohol only each year from 2002 through 2006, and 15 to 17% mentioned alcohol as the primary reason for admission along with another drug problem considered to be secondary to alcohol.
- Three-quarters of treatment admissions in Maryland with alcohol as the primary substance of abuse from 2002 through 2006 were male, more than 61% were White, and more than half were aged 21 to 50.

- Based on the content of alcoholic beverages sold, approximately two gallons of ethanol were sold per capita each year in Maryland from 2001 to 2005.

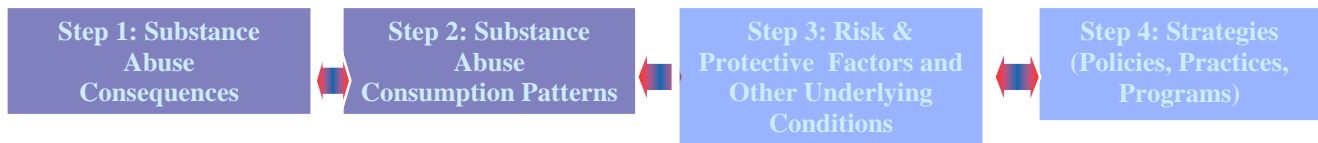
Consumption of Tobacco

- In recent years (2002/03, 2003/04, and 2004/05), among Maryland residents aged 12 and older, nearly one in four used a tobacco product in the past month according to NSDUH data.
- Among Maryland adults, nearly one in five used cigarettes in the past month in 2006 according to BRFSS data.
- The percentage of age 12 or older current smokers and users of any tobacco product in Maryland remained stable in recent years according to NSDUH data.
- The number of adult current smokers, however, decreased slightly from 21.9% in 2002 to 17.7%, according to the 2006 BRFSS.
- BRFSS estimates indicated that more than one in five adults in 12 counties was a current smoker in 2006. Counties with the highest estimates were Allegany (27.3%), Baltimore City (27%), and Somerset (26.9%).
- The number of cigarette packs sold per capita decreased steadily from 133.14 in 1990 to 68.1 in 2002 (the most recent year for which data were available).

II. INTRODUCTION

This report presents the second annual prevention-focused epidemiological profile for the state of Maryland. It was prepared by staff at Maryland's Alcohol and Drug Abuse Administration (ADAA) and the Center for Substance Abuse Research (CESAR) at the University of Maryland College Park with funding from the Center for Substance Abuse Prevention (CSAP) at the Substance Abuse and Mental Health Services Administration (SAMHSA). It was designed to help the state continue to assess the first two steps in the CSAP Strategic Prevention Framework (Figure 1), identify measurable consequences of substance use and related consumption patterns, and begin to identify needs and gaps in services currently provided.

Figure 1. The Center for Substance Abuse and Prevention Strategic Prevention Framework



The report was prepared with data provided by the State Epidemiology Outcomes Workgroup (SEOW) core members. It is an update of the original report released in March 2007. Each of the illicit drug, alcohol, and tobacco consequences has been updated. Consumption indicators have been expanded to include alcohol and tobacco sales and county level data. The Maryland Adolescent Survey (MAS) and select data from the National Survey on Drug Use and Health (NSDUH) have not been updated since the last report was released, but MAS and select NSDUH indicators will be added as soon as the data are available. Table I1.1 provides a comparison of the types of data included in the 2007 and 2008 profiles.

This report includes three key sections:

- Consequences of Illicit Drug Use in Maryland,
- Consequences of Alcohol Use in Maryland, and
- Consequences of Tobacco Use in Maryland.

The consequence sections include two parts: consequences and consumption indicators for monitoring progress in addressing these consequences. Consequences and indicators included for illicit drugs, alcohol, and tobacco were selected following discussions with SEOW members and an internal (CESAR and ADAA) assessment of more than 150 indicators.

Table II.1: 2007 and 2008 Maryland Epidemiological Profiles Data by Type, Substance, and Years

	Year(s) of Data Included					
	Drug		Alcohol		Tobacco	
	2007 Profile	2008 Update	2007 Profile	2008 Update	2007 Profile	2008 Update
Consequences						
Crime (Property for Drugs, Violent for Alcohol)						
Maryland vs. National Comparisons	2001-05	--	2001-05	--	--	--
Prevalence	2005	--	2005	--	--	--
Time Trends	2001-05	2002-06	2001-05	2002-06	--	--
County Data	2005	2006	2005	2006	--	--
Arrests						
Prevalence	2001-05	2002-06	--	--	--	--
HIV/AIDS						
Maryland vs. National Comparisons	2000-04	--	--	--	--	--
Prevalence/Incidence by Demographics	2004	2005	--	--	--	--
Time Trends	2000-04	2001-05	--	--	--	--
County Data	2004	2005	--	--	--	--
Crashes						
Maryland vs. National Comparisons	--	--	2001-05	--	--	--
Prevalence	--	--	2005	2006	--	--
Time Trends	--	--	2001-05	2002-06	--	--
County Data	--	--	2005	2006	--	--
Dependence/Abuse						
Maryland vs. National Comparisons	2002-04	--	2002-04	--	--	--
Prevalence by Age	2003-04	2004-05	2003-04	2004-05	--	--
Time Trends	2002-04	2002-05	2002-04	2002-05	--	--
County Data	2002-04	--	2002-04	--	--	--
Deaths						
Maryland vs. National Comparisons	1999-2003	--	1999-2003	--	1999-2003	--
Prevalence by Demographics	2005	2006	2005	2006	2005	2006
Time Trends	2000-05	2002-06	2000-05	2002-06	2000-05	2002-06
County Data	2005	2006	2005	2006	2005	2006
Suspensions/Expulsions						
Time Trends	2000-04	2002-06	2000-05	2002-06	--	--
County Data	2004-05	2006-07	2004-05	2006-07	--	--
Consumption						
Maryland vs. National Comparisons						
Residents 12 or Older	2002-04	--	2002-04	--	2002-04	--
Residents 18 or Older	--	--	2001-05	--	2001-05	--
Students in 12th Grade	1998-05	--	1998-05	--	1998-05	--
Treatment Admissions	2001-05	--	2001-05	--	--	--
Prevalence by Drug Type						
Residents 12 or Older	2002-04	--	--	--	--	--
Students in 6th, 8th, 10th, 12th Grades	2004-05	--	--	--	--	--
Treatment Admissions	2001-05	2002-06	--	--	--	--
Prevalence by Demographics						
Residents 12 or Older	2002-05	--	2002-05	--	2002-05	--
Students in 6th, 8th, 10th, 12th Grades	2004-05	--	2004-05	--	2004-05	--
Residents 18 or Older	--	--	--	2006	2005	2006
Treatment Admissions	2005	2006	2005	2002-06	--	--
Time Trends						
Residents 12 or Older	2002-04	2002-05	2002-04	2002-05	2002-04	2002-05
Students in 6th, 8th, 10th, 12th Grades	2001-05	--	2001-05	--	2001-05	--
Residents 18 or Older	--	--	2001-05	2002-06	2001-05	2002-06
Sales						
Time Trends	--	--	--	2001-05	--	1990-2002
County Data						
Residents 18 or Older	--	--	--	2006	--	2006

NOTES:

Time trend table data for prior years may differ slightly in 2008 report (from 2007 report) as a result of data updates.

III. AREA DESCRIPTION:

OVERVIEW OF MARYLAND POPULATION CHARACTERISTICS

The state of Maryland is home to approximately 5,296,486 people residing in 24 jurisdictions. The state has slightly more females than males, and the majority of the state's population is White (64.0%). Approximately 27.9% of Maryland's population is African American, 4.3% is Hispanic or Latino, and 4.0% is Asian. Approximately three-quarters (74.4%) of the state's population is 18 years and older, comparable to the national average of 74.3%. Approximately 11.3% of Maryland's population is 65 years and older, slightly lower than the national average. More than three-quarters (83.8%) of the state's residents are high school graduates or higher, and nearly one in three (31.4%) have a bachelor's degree or higher—an education level higher than that of the nation's general population.

Data from the 2000 census reveal several key demographic changes since 1990. Maryland's total population increased from 4,781,468 in 1990 to 5,296,486 in 2000. Minority populations in the state increased sharply during this time, while the White population remained about the same. Approximately 3.4 million Whites reside in Maryland. The number of African Americans increased from 1,189,899 in 1990 to 1,477,411 in 2000. The Asian and Hispanic populations also increased (from 139,719 to 210,929 and 125,102 to 227,916 respectively).

Source: 1990 and 2000 Census Bureau Maryland Fact Sheets

IV. CONSEQUENCES OF ILLICIT DRUG USE IN MARYLAND

This section highlights five consequences of illicit drug use: property crimes and drug-related arrests, HIV/AIDS, past year illicit drug dependence or abuse, drug-induced deaths, and drug-related suspensions and expulsions. It was assembled to assist with the development of data-driven prevention planning. Consumption indicators intended to facilitate progress assessment in addressing these consequences are also provided.

Consequences were selected following discussions with the State Epidemiological Outcome Workgroup (SEOW) and an assessment of inclusion criteria. Each consequence was included in a CSAP domain. The data used to assess these consequences were selected in accordance with CSAP requirements. Wherever possible, data with comparable national measures were selected for inclusion in the CSAP National Outcome Measures and cross-site evaluation. The data also provided Maryland administrators and citizens with an in-depth view of the impact of consequences on state and local jurisdictions as well as various demographic profiles, and facilitated data-driven program and policy decisions.

Key findings were summarized for each consequence table and the consumption section as a whole.

A. Consequence 1: Property Crimes and Drug-Related Arrests

Prevalence/Time Trends 2002–2006

D1.1: Number, Rate,* and Estimated Number of Drug-Related Property Crimes in Maryland
By Type of Property Crime and Year: 2002–2006**

Year	Total Property Crimes			Burglary			Larceny-Theft			Motor Vehicle Thefts		
	No. of Reported Crimes	Rate Per 100,000 Pop.	Estimated Number Drug-Related Crimes	No. of Reported Crimes	Rate per 100,000 Pop.	Estimated Number Drug-Related Crimes	No. of Reported Crimes	Rate per 100,000 Pop.	Estimated Number Drug-Related Crimes	No. of Reported Crimes	Rate per 100,000 Pop.	Estimated Number Drug-Related Crimes
2002	219,677	4,037.2	57,650	39,721	730.0	11,916	144,074	2,647.8	43,222	35,882	659.4	2,512
2003	209,416	3,802.9	54,451	38,641	701.7	11,592	134,369	2,440.1	40,311	36,406	661.1	2,548
2004	202,326	3,643.4	52,450	36,682	660.6	11,005	129,786	2,337.1	38,936	35,858	645.7	2,510
2005	198,474	3,550.8	51,706	35,921	642.6	10,776	128,483	2,298.6	38,545	34,070	609.5	2,385
2006	195,479	3,480.9	51,624	37,457	667.0	11,237	127,500	2,270.4	38,250	30,522	543.5	2,137

NOTES:

* Property Crime Rate refers to number of reported offenses per 100,000 population. Rates calculated using population estimates from U.S. Census Bureau for each year.

**Estimated Number of Drug-Related Crimes based on nationwide estimates from The Economic Costs of Alcohol and Drug Abuse in the United States – 1992 (<http://www.nida.nih.gov/economiccosts/index.html>) which indicate that approximately 30% of burglaries, 30% of larceny-thefts, and 7% of motor vehicle thefts are attributable to drugs. Estimates of percentage of crimes attributable to drugs derived primarily from self-reports of incarcerated perpetrators of the crimes. Percentage actually attributable to drug use may vary across geographic units or subpopulations.

SOURCE: Crime in Maryland, 2006 Uniform Crime Report. Uniform Crime Reporting Program, Central Records Division, Maryland State Police and the U.S. Census Bureau (www.census.gov/popest/counties/files/CO-EST2006-ALLDATA.csv).

HIGHLIGHTS

- In 2006, close to 200,000 property crimes were reported in Maryland; larceny-thefts accounted for approximately 65% of Maryland property crimes, while burglary and motor vehicle thefts accounted for approximately 19% and 16% of such crimes.
- Drug attribution rates for property crime ranged from 30% for burglaries and larceny-thefts to 7% for motor vehicle thefts; this translated into approximately 52,000 drug-related property crimes in Maryland in 2005.
- During the period 2002–2006, the total number of property crimes decreased steadily (by 11%), from 219,677 property crimes in 2002 to 195,479 in 2006.
- Larceny-thefts have decreased steadily since 2002. Burglaries, however, increased slightly between 2005 and 2006. Thirty percent of larceny-thefts and burglaries each year are estimated to be drug-related.
- The number of motor vehicle thefts increased in 2003, but has been steadily declining since that time. Drug-related motor vehicle thefts have mirrored this trend, with approximately 7% of motor vehicle thefts each year estimated to be drug-related.

County Data 2006

D1.2: Property Crime Numbers, Percentages*, Rates** and Estimated Number of Drug-Related Crimes*** By Type of Crime and County, Maryland: 2006

	Total Property Crimes				Burglary				Larceny-Theft				Motor Vehicle Thefts			
	No. of Reported Crimes	Percentage Occurring in County	Rate Per 100,000 Pop.	Estimated Number Drug-Related Crimes	No. of Reported Crimes	Percentage Occurring in County	Rate Per 100,000 Pop.	Estimated Number Drug-Related Crimes	No. of Reported Crimes	Percentage Occurring in County	Rate Per 100,000 Pop.	Estimated Number Drug-Related Crimes	No. of Reported Crimes	Percentage Occurring in County	Rate Per 100,000 Pop.	Estimated Number Drug-Related Crimes
Allegany	2,211	1.1%	3,035.8	644	542	1.4%	744.2	163	1,586	1.2%	2,177.6	476	83	0.3%	114.0	6
Anne Arundel	17,291	8.8%	3,395.1	4,807	3,420	9.1%	671.5	1,026	12,217	9.6%	2,398.8	3,665	1,654	5.4%	324.8	116
Baltimore City	32,786	16.8%	5,192.9	8,392	7,664	20.5%	1,213.9	2,299	18,846	14.8%	2,985.0	5,654	6,276	20.6%	994.0	439
Baltimore County	26,632	13.6%	3,382.3	7,193	4,812	12.8%	611.1	1,444	18,357	14.4%	2,331.4	5,507	3,463	11.3%	439.8	242
Calvert	1,578	0.8%	1,776.9	450	295	0.8%	332.2	89	1,181	0.9%	1,329.9	354	102	0.3%	114.9	7
Caroline	945	0.5%	2,897.3	273	291	0.8%	892.2	87	610	0.5%	1,870.2	183	44	0.1%	134.9	3
Carroll	2,705	1.4%	1,588.7	782	562	1.5%	330.1	169	2,016	1.6%	1,184.1	605	127	0.4%	74.6	9
Cecil	3,042	1.6%	3,057.1	841	884	2.4%	888.4	265	1,848	1.4%	1,857.2	554	310	1.0%	311.5	22
Charles	4,266	2.2%	3,038.1	1,180	714	1.9%	508.5	214	3,117	2.4%	2,219.8	935	435	1.4%	309.8	30
Dorchester	1,328	0.7%	4,198.4	378	338	0.9%	1,068.6	101	901	0.7%	2,848.5	270	89	0.3%	281.4	6
Frederick	3,978	2.0%	1,784.4	1,142	872	2.3%	391.1	262	2,882	2.3%	1,292.7	865	224	0.7%	100.5	16
Garrett	524	0.3%	1,754.9	152	156	0.4%	522.5	47	346	0.3%	1,158.8	104	22	0.1%	73.7	2
Harford	4,759	2.4%	1,971.4	1,327	990	2.6%	410.1	297	3,332	2.6%	1,380.3	1,000	437	1.4%	181.0	31
Howard	7,160	3.7%	2,628.0	1,997	1,324	3.5%	486.0	397	5,180	4.1%	1,901.3	1,554	656	2.1%	240.8	46
Kent	391	0.2%	1,956.7	113	125	0.3%	625.5	38	249	0.2%	1,246.1	75	17	0.1%	85.1	1
Montgomery	24,038	12.3%	2,578.8	6,604	3,932	10.5%	421.8	1,180	17,466	13.7%	1,873.8	5,240	2,640	8.6%	283.2	185
Prince George's	46,018	23.5%	5,469.8	10,828	6,903	18.4%	820.5	2,071	26,171	20.5%	3,110.7	7,851	12,944	42.4%	1,538.5	906
Queen Anne's	988	0.5%	2,136.6	286	268	0.7%	579.6	80	674	0.5%	1,457.6	202	46	0.2%	99.5	3
Saint Mary's	2,396	1.2%	2,423.8	678	557	1.5%	563.5	167	1,662	1.3%	1,681.3	499	177	0.6%	179.1	12
Somerset	884	0.5%	3,429.8	257	270	0.7%	1,047.6	81	577	0.5%	2,238.7	173	37	0.1%	143.6	3
Talbot	938	0.5%	2,601.1	273	186	0.5%	515.8	56	717	0.6%	1,988.2	215	35	0.1%	97.1	2
Washington	3,453	1.8%	2,402.1	967	786	2.1%	546.8	236	2,367	1.9%	1,646.6	710	300	1.0%	208.7	21
Wicomico	4,414	2.3%	4,798.5	1,265	1,130	3.0%	1,228.4	339	3,026	2.4%	3,289.6	908	258	0.8%	280.5	18
Worcester	2,324	1.2%	4,755.9	673	424	1.1%	867.7	127	1,794	1.4%	3,671.3	538	106	0.3%	216.9	7
Statewide Agencies	430	0.2%	--	120	12	0.0%	--	4	378	0.3%	--	113	40	0.1%	--	3
State Total	195,479	100.0%	3,480.9	51,624	37,457	100.0%	667.0	11,237	127,500	100.0%	2,270.4	38,250	30,522	100.0%	543.5	2,137

NOTES:

* Percentage refers to percentage of total state crimes reported in each jurisdiction.

**Crime Rate refers to number of reported offenses per 100,000 population. Rates based on population estimates from U.S. Census Bureau for 2006.

***Estimated Number of Drug-Related Crimes based on nationwide estimates from The Economic Costs of Alcohol and Drug Abuse in the United States – 1992 (<http://www.nida.nih.gov/economiccosts/index.html>) which indicate that approximately 30% of burglaries, 30% of larceny-thefts, and 7% of motor vehicle thefts are attributable to drugs. Estimates of percentage of crimes attributable to drugs derived primarily from self-reports of incarcerated perpetrators of the crimes. Percentage actually attributable to drug use may vary across geographic units or subpopulations.

SOURCE: Crime in Maryland, 2006 Uniform Crime Report. Uniform Crime Reporting Program, Central Records Division, Maryland State Police and the U.S. Census Bureau (www.census.gov/popest/counties/files/CO-EST2006-ALLDATA.csv).

HIGHLIGHTS

- Nearly one-quarter (23.5%) of property crimes reported in 2006 occurred in Prince George's County.
- In ten jurisdictions, there were more than 1,000 estimated drug-related property crimes in 2006; in five jurisdictions, more than 4,000 drug-related crimes were estimated to have occurred.
- In 2006, Baltimore City and the counties of Prince George's, Wicomico, Worcester, and Dorchester had the highest property crime rates per 100,000 population in Maryland. Rates ranged from 5,469.8 (Prince George's) to 4,198.4 (Dorchester).
- Prince George's County, Baltimore City, Baltimore County, and Montgomery County, which together accounted for approximately two-thirds of 2006 property crimes in Maryland, also reported the highest numbers of drug-related property crimes.
- Prince George's County, Baltimore City, Wicomico County, Worcester County, and Dorchester County had the highest property crime rates per 100,000 population (ranging from 5,469.8 to 4,198.4) in the state

in 2006, with rates that ranged from nearly one quarter to nearly three times the rates of other counties in the state.

- In 2006, Wicomico County and Baltimore City reported the highest rates of burglaries, at 1,228.4 and 1,213.9 per 100,000 population, respectively. Baltimore City reported the greatest number of crimes (7,664), followed closely by Prince George's County (6,903).
- Worcester, Wicomico, and Prince George's Counties reported the highest rates of larceny-thefts (3,671.3, 3,289.6 and 3,110.7) per 100,000 population in 2006. The jurisdictions reporting the greatest number of larceny-thefts were Prince George's, Baltimore City, and Baltimore County (in that order). Together they accounted for more than 19,000 drug-related larceny-thefts.
- Prince George's County reported by far the highest number of drug-related motor vehicle thefts in the state. The county reported 12,944 motor vehicle thefts in 2006, accounting for 42% of statewide motor vehicle thefts.

Drug-Related Arrests 2002-2006 and Other Relevant Data

D1.3: Drug-Related Arrest Rates and Percentages by Type of Drug, Violation, and Population Group in Maryland: 2002—2006

	Juviles (17 and Under)					Adults (18 +)					Total Population of Arrestees				
	2002	2003	2004	2005	2006	2002	2003	2004	2005	2006	2002	2003	2004	2005	2006
Drug-Related Arrest Rates															
Census Population Estimate	1,370,412	1,375,688	1,374,600	1,369,633	1,360,531	4,070,922	4,130,979	4,178,633	4,219,950	4,255,179	5,441,334	5,506,667	5,553,233	5,589,583	5,165,710
Rate per 100,000 Population	540.8	580.1	590.2	564.7	552.2	1086.0	1127.6	1049.6	1073.8	1156.6	948.7	990.8	935.9	949.0	1,098.2
Percentage of Drug-Related Arrests															
Drug-Related Arrests (%)	15.7%	15.5%	15.5%	15.4%	14.9%	16.7%	17.1%	17.0%	17.6%	19.3%	16.6%	16.8%	16.8%	17.2%	18.6%
Percentage of Drug-Related Arrests by Type of Violation															
Possession-Related Arrests (%)	63.8%	63.1%	62.7%	64.8%	65.4%	74.6%	71.2%	72.9%	76.9%	77.1%	73.0%	70.0%	71.3%	75.1%	75.5%
Sales*-Related Arrests (%)	36.2%	36.9%	37.3%	35.2%	34.6%	25.4%	28.8%	27.1%	23.1%	22.9%	27.0%	30.0%	28.7%	24.9%	24.5%
Percentage of Drug-Related Arrests by Drug Type															
Opium/Cocaine***-Related Arrests (%)	37.7%	35.6%	37.6%	35.7%	34.3%	65.6%	64.6%	62.1%	58.5%	59.0%	61.6%	60.4%	58.3%	55.2%	55.7%
Marijuana-Related Arrests (%)	59.8%	61.3%	59.5%	61.7%	62.3%	31.8%	32.4%	35.1%	38.3%	37.2%	35.8%	36.6%	38.9%	41.7%	40.5%
Synthetic Narcotics-Related Arrests (%)	0.9%	1.5%	1.3%	1.5%	1.6%	1.6%	2.0%	1.9%	2.1%	2.2%	1.5%	1.9%	1.8%	2.0%	2.1%
Other Non-Narcotics-Related Arrests (%)	1.6%	1.6%	1.6%	1.2%	1.9%	1.0%	1.0%	0.9%	1.1%	1.4%	1.1%	1.1%	1.0%	1.1%	1.5%

NOTES:

Arrests provide a measure of enforcement and may not reflect true magnitude of underlying problem. UCR does not collect information on heroin and cocaine separately.

*Sales = Sales and/or Manufacturing;

**Opium/Cocaine = Opium or Cocaine and Derivatives.

SOURCE: Adapted by CESAR from data from Uniform Crime Reporting (UCR) Program, Central Records Division, Maryland State Police (MSP), 1999-2006 and U.S. Census Bureau (http://www.mdp.state.md.us/msdc/pop_estimate/estimate_00to06/by_Age_Race_Sex/MdState/md_ASR_CensPopEst00_06.htm).

HIGHLIGHTS

- The percentage of total arrests that were drug-related appeared to increase slightly but progressively between 2004 and 2006.
- Drug-related arrest rates for juveniles decreased from 2002 to 2006. Juveniles were most likely to be arrested for possession of marijuana or the sale of opium/cocaine.
- Adults were most likely to be arrested for possession of opium/cocaine or marijuana; adult arrest rates fluctuated from 2002 to 2006, ranging from a low of 1,049.6 in 2004 to a high in 2006 of 1,156.6.
- Juveniles were consistently more likely than adults to be arrested for drug sales.
- Overall, the percentage of drug arrests involving opium/cocaine and marijuana fluctuated slightly between 2002 and 2006. Between 2005 and 2006, the percentage of opium/cocaine-related arrests increased from 55.2% to 55.7%; the percentage of marijuana-related arrests decreased slightly, from 41.7% to 40.5%.

B. Consequence 2: HIV/AIDS

Prevalence/Severity in 2005

**D2.1: Number, Percentage, and Rate of Incident HIV Cases and Prevalent HIV and AIDS Cases in Maryland
By Demographics and Mode of Exposure: 2005**

Maryland	2,128	100.0%	40.2	30,795	100.0%		17,364	100.0%		13,431	100.0%	253.58322
Gender												
Male	1,346	63.4%	52.6	19,804	64.4%	774.26095	10,790	62.3%	421.8	9,014	67.1%	352.4
Female	778	36.6%	28.4	10,935	35.6%	399.2782	6,518	37.7%	238.0	4,417	32.9%	161.3
Missing**	4	-	-	56	-	-	56	-	-	0	-	-
Race/Ethnicity												
White	215	13.6%	6.5	4,090	14.8%	124.44672	1,929	13.5%		2,161	16.1%	65.8
African-American	1,250	79.1%	85.3	22,564	81.5%	1540.4834	11,728	82.4%		10,836	80.7%	739.8
Hispanic	34	2.2%	14.9	606	2.2%	265.88743	236	1.7%		370	2.8%	162.3
Other	82	5.2%	25.8	409	-	-	345	2.4%		64	0.5%	20.2
Missing**	547	-	-	3,126	11.3%	-	3,126	-	-	0	-	-
Age***												
<5	10	0.5%	2.8	42	0.1%	11.884785	37	0.2%	10.5	5	0.0%	1.4
5-19	69	3.2%	6.1	476	1.5%	41.770068	293	1.7%	25.7	183	1.4%	16.1
20-39	999	46.9%	65.4	9,785	31.8%	640.6152	6,183	35.6%	404.8	3,602	26.8%	235.8
40-59	987	46.4%	66.9	18,932	61.5%	1283.4845	10,043	57.8%	680.9	8,889	66.2%	602.6
60+	63	3.0%	7.9	1,560	5.1%	194.7478	808	4.7%	100.9	752	5.6%	93.9
Exposure****												
MSM	172	22.5%	-	3,586	20.2%	-	659	12.1%	-	2,927	21.8%	-
IDU	193	25.2%	-	7,250	40.9%	-	1,989	36.6%	-	5,261	39.2%	-
MSM/IDU	13	1.7%	-	527	3.0%	-	106	2.0%	-	421	3.1%	-
Hemophiliac/Transfusion	1	0.1%	-	86	0.5%	-	11	0.2%	-	75	0.6%	-
Heterosexual PR	172	22.5%	-	4,815	27.2%	-	1,408	25.9%	-	3,407	25.4%	-
Heterosexual PI	195	25.5%	-	1,017	5.7%	-	1,017	18.7%	-	0	0.0%	-
Pediatric	10	1.3%	-	401	2.3%	-	213	3.9%	-	188	1.4%	-
Other	9	1.2%	-	32	0.2%	-	32	0.6%	-	0	0.0%	-
Risk Not Specified	128	-	-	1,660	-	-	508	-	-	1,152	-	-
Missing	1,235	-	-	11,421	-	-	11,421	-	-	0	-	-
Specified Exposure Total	765	100.0%		17,714	100.0%		5,435	100.0%		13,431	100.0%	

NOTES:

Incident HIV Cases = number of newly diagnosed cases during 1/1/05-12/31/05.

NOTES:

Incident HIV Cases = number of newly diagnosed cases in 2005.

Prevalent HIV and/or AIDS Cases = number of people living with HIV and/or AIDS on December 31, 2005.

* Rate per 100,000 population based on Maryland 2000 Census population.

** Missing data not included in distribution percentages.

*** Age at diagnosis for HIV incident cases and age as of December 31, 2004, for HIV and AIDS prevalent cases.

**** Risk not specified and missing data not included in distribution percentages.

MSM = Men who have sex with men.

IDU = Injection drug users.

MSM/IDU = men who have sex with men and are injection drug users.


Heterosexual PR = Heterosexual contact with partner who has or is at risk for HIV.

Heterosexual PI = Heterosexual contact with partner of indeterminate risk for HIV.

SOURCE: Draft Maryland 2006 HIV/AIDS Annual Report, AIDS Administration, MD Department of Health and Mental Hygiene.

HIGHLIGHTS

- In 2005, nearly 40% (n = 2,095) of HIV prevalent cases with a reported mode of exposure were injection drug use-related, about the same percentage as 2004. (Injection drug users included men who had sex with men and were injection drug users)
- More than 40% (5,682) of AIDS prevalent cases with a reported mode of exposure were injection drug use-related, slightly fewer than in 2004. (Injection drug users included men who had sex with men and were injection drug users.)
- HIV and AIDS cases were most likely to be African-American males aged 40–59.

- Nearly two-thirds of the HIV incident and HIV/AIDS prevalent cases were male and more than three-quarters were African-American.
 - HIV incident cases were nearly evenly divided between 20-39 year olds (46.9%) and 40–59 year olds (46.4%), but the majority of HIV prevalent cases (57.8%) were 40–59.
 - Two-thirds of the AIDS prevalent cases were ages 40–59.
- 

Time Trends 2001-2005

D2.2: HIV and AIDS Incident Cases and Proportion of Cases with IDU-Related Exposure Categories* By Year of Diagnosis: 2001–2005

Year	HIV Incident Cases (#)	IDU-Related Exposure Categories (%)	AIDS Incident Cases (#)	IDU-Related Exposure Categories (%)
2001	2,355	23.2%	1,512	49.3%
2002	2,192	18.2%	1,470	45.0%
2003	1,941	16.1%	1,524	41.6%
2004	2,143	9.6%	1,293	36.0%
2005	2,128	26.9%	1,286	39.4%

NOTES:

*IDU-related exposure categories include injection drug users and men who have sex with men and are injection drug users. Percentages based on cases with reported mode of exposure. Mode of exposure not available for a sizable number.

SOURCE: Maryland 2005 HIV/AIDS Annual Report and Draft Maryland 2006 HIV/AIDS Annual Report, AIDS Administration, MD Department of Health and Mental Hygiene.

HIGHLIGHTS

- In 2005, approximately one in four HIV incident cases and more than one in three AIDS incident cases were IDU-related.
- Although the percentage of IDU-related cases decreased steadily from 2001 to 2004, they increased sharply in 2005.
- The actual number of HIV and AIDS incident cases, however, decreased slightly in 2005; the actual number of AIDS incident cases decreased 15.6% between 2003 and 2005.

County Data 2005

D2.3: Prevalent HIV/AIDS Cases and Prevalence and HIV Incidence Rate by County in Maryland: 2005

County	Prevalent HIV/AIDS Cases		HIV/AIDS Prevalence Rate*	HIV Incidence Rate
	(#)	(%)	Per 100,000 Pop.	Per 100,000 Pop.
Allegany	54	0.2%	72.1	2.7
Anne Arundel	906	2.9%	185.0	14.3
Baltimore City	15,119	49.1%	2,321.9	164.0
Baltimore County	2,192	7.1%	290.6	21.9
Calvert	80	0.3%	107.3	5.4
Caroline	51	0.2%	171.3	13.4
Carroll	138	0.4%	91.5	5.3
Cecil	94	0.3%	109.4	3.5
Charles	211	0.7%	175.0	10.8
Dorchester	113	0.4%	368.4	26.1
Frederick	238	0.8%	121.9	10.8
Garrett	8	0.0%	26.8	0.0
Harford	339	1.1%	155.1	11.9
Howard	307	1.0%	123.9	6.9
Kent	36	0.1%	187.5	15.6
Montgomery	2,501	8.1%	286.4	22.3
Prince George's	4,864	15.8%	606.9	47.3
Queen Anne's	36	0.1%	88.8	4.9
Saint Mary's	77	0.3%	89.3	7.0
Somerset	68	0.2%	274.8	16.2
Talbot	53	0.2%	156.7	8.9
Washington	280	0.9%	212.2	25.0
Wicomico	266	0.9%	314.3	30.7
Worcester	83	0.3%	178.3	12.9
Corrections	2,680	8.7%	-	-
State Total	30,794	100.0%	581.4	40.2

SOURCE: Maryland 2005 HIV/AIDS Annual Report, AIDS Administration, MD Department of Health and Mental Hygiene.

HIGHLIGHTS

- In 2005, half of all reported HIV/AIDS prevalent cases in Maryland resided in Baltimore City, followed by Prince George's (15.8%), Montgomery (8.1%), and Baltimore (7.1%) Counties; these percentages were about the same as 2004.
- Baltimore City also reported a significantly higher HIV incidence rate and HIV/AIDS prevalence rate than any other jurisdiction. The Baltimore City HIV incidence rate (164.0 per 100,000 population), for example, was nearly four times higher than Prince George's County (47.3), and more than four times higher than Wicomico County (30.7), the jurisdictions with the second and third highest rates.
- The corrections population accounted for nearly one in ten of HIV/AIDS prevalent cases in 2005.

C. Consequence 3: Past Year Drug Abuse or Dependence

Time Trends 2002-2005

**D3.1: Percentage and Estimated Number of Maryland Residents Aged 12 or Older Reporting Past Year Drug Dependence or Abuse:
Annual Averages Based on 2002/03, 2003/04, and 2004/05 Surveys**

Year	2002/03		2003/04		2004/05	
	(%)	Estimated Number*	(%)	Estimated Number*	(%)	Estimated Number*
Maryland	3.02%	135,000	2.88%	130,000	2.72%	125,000
Age						
12-17	5.22%	25,000	4.62%	22,000	4.66%	23,000
18-25	9.15%	49,000	8.72%	48,000	7.69%	44,000
26 or Older	1.75%	61,000	1.68%	59,000	1.64%	58,000

NOTES:

Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or non-medical use of prescription-type psychotherapeutics.

State estimates based on survey-weighted hierarchical Bayes estimation approach. Statewide estimates produced prior to 2002 not comparable to subsequent data due to change in survey methods.

Differences between 2002/03 and 2003/04 estimates and between 2003/04 and 2004/05 estimates were not statistically significant at $p < .05$.

* Estimated number rounded to the nearest thousand.

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

SOURCE: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, National Survey on Drug Use and Health, 2002-2005.

HIGHLIGHTS

- The percentage of Maryland residents reporting abuse or dependence of an illicit drug in the past year has remained stable, between 2.72% and 2.88% during the two-year periods of 2003/04 and 2004/05. (The difference between the estimates was not statistically significant.)
- An estimated 125,000 Marylanders reported past year abuse or dependence in 2004-05.
- In 2004/05, 18- to 25-year-old Marylanders were more likely than those 26 years or older to report past year drug dependence or abuse.
- In 2002/03 and 2003/04, however, 18- to 25-year-old Marylanders were more likely than any other age group to report past year drug dependence or abuse.
- Within each set of years 12- to 17-year old Marylanders were more likely than those 26 years old or older to report past year drug dependence or abuse.

D. Consequence 4: Drug-Induced Deaths

Prevalence/Severity 2006

**D4.1: Number, Percentage, and Rate of All-Cause and Drug-Induced Deaths in Maryland
By Demographics: 2006**

	Estimated Population July 1, 2006*	All Causes of Deaths			Drug-Induced Deaths**		
		No.	%	Rate Per 100,000 Pop.	No.	%	Rate Per 100,000 Pop.
Maryland Total	5,615,727	43,491	100.0%	774.5	788	100.0%	14.0
Gender							
Male	2,716,854	21,207	48.8%	780.6	540	68.5%	19.9
Female	2,898,873	22,284	51.2%	768.7	248	31.5%	8.6
Race/Ethnicity							
Black	1,688,378	11,812	27.2%	699.6	256	32.5%	15.2
White	3,610,808	30,851	70.9%	854.4	524	66.5%	14.5
Other	316,541	828	1.9%	261.6	8	1.0%	2.5
Age***							
<5	368,199	695	1.6%	188.8	2	0.3%	0.5
5-14	744,746	106	0.2%	14.2	3	0.4%	0.4
15-24	780,609	702	1.6%	89.9	85	10.8%	10.9
25-44	1,603,325	2,656	6.1%	165.7	365	46.3%	22.8
45-64	1,468,280	8,989	20.7%	612.2	314	39.8%	21.4
65+	650,568	30,342	69.8%	4,663.9	19	2.4%	2.9

NOTES:

*Rates are based on July 1, 2006 population estimates prepared by National Center for Health Statistics (NCHS) in collaboration with U.S. Census Bureau.

**Drug-Induced Deaths include International Classification of Disease, Tenth Revision (ICD-10) Category Codes: F11.0-F11.5, F11.7-F11.9, F12.0-F12.5, F12.7-F12.9, F13.0-F13.5, F13.7-F13.9, F14.0-F14.5, F14.7-F14.9, F15.0-F15.5, F15.7-F15.9, F16.0-F16.5, F16.7-F16.9, F17.0, F17.3-F17.5, F17.7-F17.9, F18.0-F18.5, F18.7-F18.9, F19.0-F19.5, F19.7-F19.9, X40-X44, X60-X64, X85, Y10-Y14. See Appendix for code descriptions.

***Age not reported for one all-cause death; therefore sum of age categories not equal to total of all-cause deaths.

SOURCE: Maryland Vital Statistics Annual Report 2006, Vital Statistics Administration, Department of Health and Mental Hygiene (DHMH).

HIGHLIGHTS

- In 2006, 788 (1.8%) of all deaths in Maryland were drug-induced.
- Drug-induced deaths in Maryland were most likely to occur among White males aged 25–64.
- Although a demographic breakdown of all deaths indicated a fairly equal distribution between males and females, drug-induced deaths were twice as likely to be male as female.
- Close to half (46.3%) of all drug-induced deaths in Maryland were among adults aged 25 to 44; nearly nine out of ten (86.1%) were among adults aged 25–64. In contrast, nearly seven out of ten (70%) of deaths from all causes were 65 or older.

Time Trends 2002–2006

D4.2: Number and Rate of Maryland All-Cause and Drug-Induced Deaths By Year: 2002–2006

Year	Estimated Population July 1*	All Causes of Deaths		Drug-Induced Deaths**		
		Number	Rate per 100,000 Pop.	Number	Percentage of All Deaths	Rate per 100,000 Pop.
2002	5,458,137	43,917	804.6	756	1.7%	13.9
2003	5,508,909	44,364	805.3	819	1.8%	14.9
2004	5,558,058	43,157	776.5	708	1.6%	12.7
2005	5,600,388	43,778	781.7	694	1.6%	12.4
2006	5,615,727	43,491	774.5	788	1.8%	14.0

NOTES:

* Rates based on July 1st population estimates for each year; population estimates prepared by National Center for Health Statistics (NCHS) in collaboration with U.S. Census Bureau.

**Drug-Induced Deaths include International Classification of Disease, Tenth Revision (ICD-10) Category Codes: F11.0-F11.5, F11.7-F11.9, F12.0-F12.5, F12.7-F12.9, F13.0-F13.5, F13.7-F13.9, F14.0-F14.5, F14.7-F14.9, F15.0-F15.5, F15.7-F15.9, F16.0-F16.5, F16.7-F16.9, F17.0, F17.3-F17.5, F17.7-F17.9, F18.0-F18.5, F18.7-F18.9, F19.0-F19.5, F19.7-F19.9, X40-X44, X60-X64, X85, Y10-Y14. See Appendix for code descriptions.

SOURCE: Maryland Vital Statistics Annual Reports 2002–2006, Vital Statistics Administration, Department of Health and Mental Hygiene (DHMH).

HIGHLIGHTS

- The number of drug-induced deaths in Maryland increased more than 8% from 756 in 2002 to 819 in 2003, then decreased nearly 4% to 788 in 2006.
- Although the number of drug-induced deaths fluctuated, the percentage of all deaths that were drug-induced remained about the same from 2002 through 2006.
- The rate of drug-induced deaths per 100,000 people remained about the same during this time, ranging from 12.4 to 14.9.

County Data 2006

D4.3: Number, Percentage, and Rate of All Cause- and Drug-Induced Deaths in Maryland by County: 2006

County	Estimated Population: July 1, 2006*	Number of Deaths due to All Causes	Number of Drug-Induced Deaths	Percentage of State Drug-Induced Deaths by County	Percentage of All-Cause County Deaths due to Drugs	Rate per 100,000 Population of Drug-Induced Deaths
Allegany	72,831	889	13	1.7%	1.5%	17.8
Anne Arundel	509,300	3,763	75	9.6%	2.0%	14.7
Baltimore City	631,366	7,017	247	31.6%	3.5%	39.1
Baltimore County	787,384	7,710	142	18.2%	1.8%	18.0
Calvert	88,804	615	10	1.3%	1.6%	11.3
Caroline	32,617	320	5	0.6%	1.6%	15.3
Carroll	170,260	1,285	20	2.6%	1.6%	11.7
Cecil	99,506	763	23	2.9%	3.0%	23.1
Charles	140,416	841	5	0.6%	0.6%	3.6
Dorchester	31,631	372	7	0.9%	1.9%	22.1
Frederick	222,938	1,392	20	2.6%	1.4%	9.0
Garrett	29,859	271	4	0.5%	1.5%	13.4
Harford	241,402	1,721	41	5.2%	2.4%	17.0
Howard	272,452	1,314	17	2.2%	1.3%	6.2
Kent	19,983	257	2	0.3%	0.8%	10.0
Montgomery	932,131	5,400	53	6.8%	1.0%	5.7
Prince George's	841,315	5,190	33	4.2%	0.6%	3.9
Queen Anne's	46,241	354	1	0.1%	0.3%	2.2
Saint Mary's	98,854	653	7	0.9%	1.1%	7.1
Somerset	25,774	254	5	0.6%	2.0%	19.4
Talbot	36,062	443	4	0.5%	0.9%	11.1
Washington	143,748	1,231	21	2.7%	1.7%	14.6
Wicomico	91,987	872	16	2.0%	1.8%	17.4
Worcester	48,866	564	11	1.4%	2.0%	22.5
State Total	5,615,727	43,491	782	100.0%	1.8%	13.9

NOTES:

*2006 Population county estimates prepared by National Center for Health Statistics (NCHS) in collaboration with U.S. Census Bureau.

**Drug-Induced Deaths include International Classification of Disease, Tenth Revision (ICD-10) Category Codes: F11.0-F11.5, F11.7-F11.9, F12.0-F12.5, F12.7-F12.9, F13.0-F13.5, F13.7-F13.9, F14.0-F14.5, F14.7-F14.9, F15.0-F15.5, F15.7-F15.9, F16.0-F16.5, F16.7-F16.9, F17.0, F17.3-F17.5, F17.7-F17.9, F18.0-F18.5, F18.7-F18.9, F19.0-F19.5, F19.7-F19.9, X40-X44, X60-X64, X85, Y10-Y14. See Appendix for code descriptions.

SOURCE: Maryland Vital Statistics Annual Report 2006, Vital Statistics Administration, Department of Health and Mental Hygiene (DHMH).

HIGHLIGHTS

- Nearly six out of ten of all state drug-induced deaths in 2006 occurred in Baltimore City (31.6%), Baltimore County (18.2%), and Anne Arundel County (9.6%) combined.
- In contrast, the three counties with the highest percentages of all-cause deaths that were due to drugs were Baltimore City (3.5%), Cecil (3.0%), and Harford (2.4%) Counties.
- Seventeen of Maryland's 24 jurisdictions had a rate of 10 or more drug-induced deaths per 100,000 people.
- Baltimore City had the highest rate of drug-induced deaths at 39.1 per 100,000 people. The next highest rate was found in Cecil County (23.1), followed by Worcester (22.5) and Dorchester (22.1) Counties.

E. Consequence 5: Drug-Related Suspensions/Expulsions from Public Schools

Time Trends 2002-03 to 2006-07

D5.1: Number, Percentage, and Rate of Drug-Related Public School Suspensions and Expulsions in Maryland: School Years 2002/03 to 2006/07

Year	Public School Enrollment (#)	Suspensions				Expulsions			
		Total Suspensions (All Causes) (#)	Drug-Related Suspensions (#)	Percentage Drug-Related Suspensions (%)	Drug-Related Suspension Rate (per 100,000 Students)	Total Expulsions (All Causes) (#)	Drug-Related Expulsions (#)	Percentage Drug-Related Expulsions (%)	Drug-Related Expulsion Rate (per 100,000 Students)
		2002-03	866,743	135,492	2,168	1.6%	250.1	2,400	317
2003-04	869,113	141,555	2,302	1.6%	264.9	2,704	359	13.3%	41.3
2004-05	865,561	124,610	2,125	1.7%	245.5	2,458	314	12.8%	36.3
2005-06	860,021	127,097	2,065	1.6%	240.1	1,950	276	14.2%	32.1
2006-07	851,640	131,721	2,020	1.5%	237.2	1,902	260	13.7%	30.5

NOTES:

Drug- Related Suspensions include suspensions due to following offenses: inhalants, drugs, sell or solicits sale of controlled substance and possesses or uses illegal drugs.

Suspensions refer to out-of-school suspensions only.

Rates based on Maryland State Department of Education (MSDE) public school enrollment figures as of September 30th of each school year.

SOURCE: *Suspensions, Expulsions, and Health-Related Exclusions Maryland Public Schools, 2002-03, 2003-04, 2004-05, 2005-06, 2006-07.* Division of Accountability and Assessment, Maryland State Department of Education (MSDE).

HIGHLIGHTS

- There were more than 2,000 drug-related suspensions from Maryland public schools during school year 2006-07. This was a decrease of 12.3% from the five-year high in 2003-04.
- The rate of drug-related suspensions peaked in 2003-04 at 264.9 per 100,000 students, but decreased in 2006-07 to 237.2.
- Since school year 2002-03, drug-related suspensions have consistently accounted for 1.5% to 1.7% of all suspensions.
- Drug-related expulsions decreased steadily (27.6%) between school years 2003-04 and 2006-07, from a high in 2003-04 of 359, to a low in 2006-07 of 260.
- More than one in ten of 260 expulsions during school year 2006-07 were drug-related.
- The rate of drug-related expulsions fell from 36.6 expulsions per 100,000 students in 2002-03 to 30.5 in 2006-07.

County Data 2006–2007

D5.2: Number, Percentage, and Rate of Drug-Related Suspensions in Maryland Public Schools by County: School Year 2006/07

County	2006–2007 Public School Enrollment	All Suspensions	Drug- Related Suspensions	Percentage Drug- Related	Percentage of Drug- Related Suspensions in County	Drug-Related Suspension Rate (per 100,000 students)
	(#)	(#)	(#)	(%)	(%)	
Allegany	9,526	757	53	7.0%	2.6%	556.4
Anne Arundel	73,066	7,014	143	2.0%	7.1%	195.7
Baltimore City	82,381	9,854	150	1.5%	7.4%	182.1
Baltimore County	105,839	12,700	382	3.0%	18.9%	360.9
Calvert	17,474	1,561	47	3.0%	2.3%	269.0
Caroline	5,611	558	22	3.9%	1.1%	392.1
Carroll	28,616	1,383	64	4.6%	3.2%	223.7
Cecil	16,421	2,076	59	2.8%	2.9%	359.3
Charles	26,623	3,228	72	2.2%	3.6%	270.4
Dorchester	4,667	714	6	0.8%	0.3%	128.6
Frederick	40,224	2,735	82	3.0%	4.1%	203.9
Garrett	4,617	205	32	15.6%	1.6%	693.1
Harford	39,568	3,027	97	3.2%	4.8%	245.1
Howard	49,048	1,939	59	3.0%	2.9%	120.3
Kent	2,356	300	24	8.0%	1.2%	1,018.7
Montgomery	137,814	6,149	291	4.7%	14.4%	211.2
Prince George's	131,014	14,104	248	1.8%	12.3%	189.3
Queen Anne's	7,786	506	14	2.8%	0.7%	179.8
Saint Mary's	16,665	1,200	23	1.9%	1.1%	138.0
Somerset	2,941	478	8	1.7%	0.4%	272.0
Talbot	4,398	309	6	1.9%	0.3%	136.4
Washington	21,594	895	60	6.7%	3.0%	277.9
Wicomico	14,427	2,049	52	2.5%	2.6%	360.4
Worcester	6,830	422	26	6.2%	1.3%	380.7
State Total*	851,640	75,594	2,020	2.7%	100.0%	237.2

NOTES:

Drug- Related Suspensions include suspensions due to the following offenses: inhalants, drugs, sell or solicits sale of controlled substance and possesses or uses illegal drugs.

Rates based on Maryland State Department of Education (MSDE) public school enrollment figures as of September 30th of each school year.

Suspensions refer to out-of-school suspensions only.

*State Total includes data from the Edison Schools; therefore, county totals will not sum to State total.

SOURCE: Suspensions, Expulsions, and Health-Related Exclusions Maryland Public Schools, 2006-07. Division of Accountability and Assessment, Maryland State Department of Education (MSDE).

HIGHLIGHTS

- Nearly half (45.6%) of drug-related suspensions in 2004-05 were in Baltimore, Montgomery, and Prince George's county schools; all other counties accounted for fewer than 8%.
- Five jurisdictions reported more than 100 drug-related suspensions during school year 2006-07.
- Counties with the highest rates of drug-related suspensions were Kent, Garrett, and Allegany counties; all reported more than 500 suspensions per 100,000 students; five counties reported between 350 and 381 suspensions per 100,000 students.

F. Illicit Drugs Consumption

Overview

Tables which follow were created using the most recent data available (including data from 2002 to 2006), and focus primarily on specific or overall drug use. Data are presented in the following subsections:

- Treatment Admission Trends by Year and Substance
- Treatment Admissions by Demographics
- Time Trends for Illicit Drug Use

HIGHLIGHTS

- As in prior years, in the two-year period of 2004/05, approximately 7% of the Maryland age 12 and older population used an illicit drug in the past month, and 3% used an illicit drug other than marijuana in the past month according to the National Survey on Drug Use and Health (NSDUH).
- Trends in illicit drug use in recent years (2002/03, 2003/04, and 2004/05) remained relatively stable according to the NSDUH, but there was a statistically significant decrease from 2003/04 to 2004/05 in past month illicit drug use and past month marijuana use among 18- to 25-year olds.
- In 2006, heroin, marijuana, and crack cocaine were the most frequently mentioned drugs on admission to treatment.
- One in four treatment admissions in 2006 mentioned heroin; more than one-third of these were 36 to 45 years of age, and more than half were male and Black.
- Similarly, in 2006 one in four crack treatment admissions were 36 to 45, and more than half were male and Black.
- More than half of marijuana treatment admissions in 2006, by contrast, were age 20 or younger and approximately equal percentages were Black and White.
- Other opiates were mentioned by 5.5% of treatment admissions in 2006, and other cocaine by 3.2%; all other drugs were mentioned by less than 1% of admissions; more than half of those who mentioned these drugs were White, and approximately one in four were age 25 or younger.

Treatment Admission Trends by Year and Substance 2002-2006

D6.1: Maryland Admissions to Substance Abuse Treatment Programs by Primary Substance of Abuse: 2002–2006

Primary Substance of Abuse	Year				
	2002 (n=68,857)	2003 (n=71,283)	2004 (n=72,768)	2005 (n=71,196)	2006 (n=65,861)
	%	%	%	%	%
Heroin	31.1%	31.7%	30.8%	30.0%	25.8%
Other Opiates ¹	2.6%	3.0%	3.7%	4.5%	5.5%
Marijuana	14.3%	14.5%	14.4%	14.2%	15.1%
Cocaine (Smoked)	9.9%	9.3%	10.8%	11.1%	11.6%
Cocaine (Not Smoked)	3.1%	3.8%	2.8%	3.2%	3.2%
PCP	0.5%	0.5%	0.4%	0.4%	0.5%
Hallucinogens ²	0.1%	0.2%	0.2%	0.1%	0.1%
Amphetamines ³	0.2%	0.2%	0.2%	0.3%	0.3%
Other Stimulants ⁴	0.0%	0.0%	0.0%	0.0%	0.0%
Tranquilizers ⁵	0.2%	0.2%	0.3%	0.4%	0.6%
Sedatives/Hypnotics ⁶	0.2%	0.2%	0.2%	0.2%	0.1%
Inhalants	0.0%	0.0%	0.0%	0.0%	0.0%
Other/Unknown	1.0%	1.1%	0.9%	0.6%	0.2%

NOTES:

¹Other Opiates included admissions for non-prescription use of methadone, codeine, morphine, oxycodone, hydromorphone, meperidine, opium, and other drugs with morphine-like effects.

²Hallucinogens included admissions for LSD, DMT, STP, mescaline, psilocybin, peyote, etc.

³Amphetamines included admissions for methamphetamine and other amphetamines to include amphetamines, Benzedrine, Dexedrine, preludin, Ritalin, and any other amines and related drugs.

⁴Other Stimulants included admissions for all other stimulants.

⁵Tranquilizers included admissions for benzodiazepines, including diazepam, flurazepam, chlordiazepoxide, clorazepate, lorazepam, alprazolam, oxazepam, temazepam, prazepam, triazolam, clonazepam, halazepam and other tranquilizers.

⁶Sedatives included admissions for barbiturates including Phenobarbital, Seconal, Nembutal, and other sedative/hypnotics such as chloral hydrate, Placidyl, Doriden, etc.

SOURCE: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Based on administrative data reported by States to TEDS through January 11, 2008.

Treatment Admissions by Demographics 2006

D6.2: Maryland Substance Abuse Treatment Admissions with Selected Drugs as Primary Substance of Abuse by Age Group, Sex, Race, and Ethnicity: 2006

	Total Admissions	Primary Substance												
		Marijuana	Cocaine (Smoked)	Cocaine (Other Route)	Heroin	Other Opiates ¹	PCP	Hallucinogens ²	Amphetamines ³	Other Stimulants ⁴	Tranquilizers ⁵	Sedatives ⁶	Inhalants	Other/Unknown
No. of Admissions with Specified Drug as Primary Substance (#)	65,861	9,950	7,665	2,125	16,984	3,639	340	53	216	13	403	53	16	118
% of Statewide Admissions	100.0%	15.1%	11.6%	3.2%	25.8%	5.5%	0.5%	0.1%	0.3%	0.0%	0.6%	0.1%	0.0%	0.2%
Age	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
0-11	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
12-17	7.8%	38.9%	0.9%	4.8%	0.4%	1.8%	3.5%	7.5%	12.5%	30.8%	3.2%	5.7%	37.5%	33.1%
18-20	7.1%	18.9%	2.3%	5.9%	4.0%	6.7%	6.8%	9.4%	13.0%	0.0%	5.5%	1.9%	25.0%	11.0%
21-25	14.1%	18.4%	6.6%	13.7%	12.6%	20.5%	27.4%	30.2%	20.8%	0.0%	11.2%	5.7%	0.0%	16.9%
26-30	11.7%	10.3%	9.5%	15.4%	11.1%	16.4%	21.8%	18.9%	18.1%	15.4%	15.6%	13.2%	6.3%	7.6%
31-35	10.8%	5.2%	13.0%	12.7%	13.1%	14.0%	16.5%	18.9%	11.1%	30.8%	13.2%	11.3%	0.0%	5.1%
36-40	13.8%	3.2%	21.6%	14.8%	18.5%	11.8%	11.5%	9.4%	8.8%	7.7%	12.9%	15.1%	12.5%	7.6%
41-45	15.3%	2.5%	23.2%	15.7%	18.8%	12.3%	7.4%	1.9%	6.9%	0.0%	16.1%	11.3%	6.3%	12.7%
46-50	10.5%	1.4%	14.4%	10.2%	12.4%	8.7%	3.5%	1.9%	5.1%	15.4%	10.9%	17.0%	6.3%	1.7%
51-55	5.4%	0.7%	5.8%	4.0%	6.3%	4.6%	1.5%	1.9%	1.9%	0.0%	6.7%	7.5%	0.0%	1.7%
56-60	2.2%	0.3%	1.9%	1.9%	2.1%	2.2%	0.3%	0.0%	1.4%	0.0%	3.5%	7.5%	0.0%	1.7%
61-65	0.8%	0.1%	0.4%	0.5%	0.5%	0.7%	0.0%	0.0%	0.0%	0.0%	0.7%	0.0%	6.3%	0.8%
66+	0.4%	0.0%	0.2%	0.1%	0.1%	0.2%	0.0%	0.0%	0.5%	0.0%	0.5%	1.9%	0.0%	0.0%
Unknown Age	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	1.9%	0.0%	0.0%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sex	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Male	67.6%	80.8%	55.8%	65.8%	58.4%	52.3%	85.0%	73.6%	69.0%	69.2%	49.1%	39.6%	75.0%	66.9%
Females	32.4%	19.2%	44.2%	34.2%	41.6%	47.7%	15.0%	26.4%	31.0%	30.8%	50.9%	60.4%	25.0%	33.1%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Race	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
White	55.1%	45.7%	41.2%	58.1%	43.1%	87.1%	20.0%	47.2%	73.1%	76.9%	88.3%	84.9%	62.5%	68.6%
Black or African-American	40.6%	50.4%	56.6%	38.6%	55.1%	10.8%	77.4%	50.9%	22.2%	15.4%	9.7%	15.1%	37.5%	27.1%
American Indian or Alaska Native	0.3%	0.3%	0.3%	0.2%	0.3%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Asian or Native Hawaiian or Other Pacific Islander	0.6%	0.5%	0.2%	0.7%	0.3%	0.4%	0.0%	0.0%	0.5%	7.7%	0.2%	0.0%	0.0%	0.8%
Other	3.3%	2.9%	1.2%	2.2%	1.0%	1.3%	0.9%	1.9%	3.2%	0.0%	1.7%	0.0%	0.0%	3.4%
Unknown	0.2%	0.3%	0.4%	0.2%	0.1%	0.1%	1.8%	0.0%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Ethnicity														
Hispanic or Latino	4.0%	3.6%	1.8%	2.9%	1.9%	2.1%	0.9%	1.9%	5.1%	7.7%	2.7%	0.0%	0.0%	2.5%
Not Hispanic or Latino	96.0%	96.3%	98.1%	97.1%	98.1%	97.9%	98.8%	98.1%	94.9%	92.3%	97.3%	100.0%	100.0%	97.5%
Unknown	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

NOTES:

¹Other Opiates included admissions for non-prescription use of methadone, codeine, morphine, oxycodone, hydromorphone, meperidine, opium, and other drugs with morphine-like effects.

²Hallucinogens included admissions for LSD, DMT, STP, mescaline, psilocybin, peyote, etc.

³Amphetamines included admissions for methamphetamine and other amphetamines (including amphetamines, Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs).

⁴Other Stimulants included admissions for all other stimulants.

⁵Tranquilizers included admissions for benzodiazepines, including diazepam, flurazepam, chlordiazepoxide, clorazepate, lorazepam, alprazolam, oxazepam, temazepam, prazepam, triazolam, clonazepam, halazepam and other tranquilizers.

⁶Sedatives included admissions for barbiturates including Phenobarbital, Seconal, Nembutal, and other sedative/hypnotics such as chloral hydrate, Placidyl, Doriden, etc.

SOURCE: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Based on administrative data reported by States to TEDS through January 11, 2008.

Time Trends 2002-2005

D6.3: Percentage of Maryland Residents Reporting Past Month Use of Illicit Drugs, Illicit Drugs Other Than Marijuana**, and Marijuana by Year and Age Group: Average Annual Estimates Based on 2002/03, 2003/04, and 2004/05 Surveys

Year	Past Month Use of:								
	Illicit Drug Use*			Illicit Drugs Other Than Marijuana**			Marijuana		
	2002-03	2003-04	2004-05	2002-03	2003-04	2004-05	2002-03	2003-04	2004-05
Maryland	7.57%	7.03%	6.57%	3.44%	3.14%	3.03%	5.73%	5.54%	5.10%
Age									
12-17	10.76%	9.61%	9.14%	4.87%	4.36%	4.39%	7.87%	7.42%	6.88%
18-25	22.02%	20.62% ^a	16.24% ^a	7.66%	8.25%	6.67%	19.43%	18.05% ^b	13.86% ^b
26 or Older	4.85%	4.46%	4.64%	2.58%	2.15%	2.25%	3.27%	3.24%	3.42%

NOTES:

*Illicit Drugs included marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.

**Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.

^{a, b} Difference between estimates sharing a superscript letter statistically significant at $p < .05$.

A review of the 95% confidence intervals associated with estimates reported above indicated that within each time period those aged 18-25 years were more likely to have used illicit drugs and marijuana in the past month than those aged 12-17 years or 26 and older. In addition, those aged 12-17 year old were more likely to have used illicit drugs and marijuana in the past month than those aged 26 and older within each time period. Those aged 26 and older were less likely to have used illicit drugs other than marijuana than those aged 12-17 years or 18-25 years within each time period.

SOURCE: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, National Survey on Drug Use and Health, 2002-2005.

V. CONSEQUENCES OF UNDERAGE DRINKING AND ALCOHOL ABUSE IN MARYLAND

This section highlights five consequences of underage drinking and alcohol abuse in Maryland: violent crimes, alcohol-related crashes, past year alcohol abuse or dependence, alcohol-induced deaths, and alcohol-related suspensions and expulsions. It was assembled to aid in development of data-driven prevention planning. Consumption indicators to be used for progress assessment are also provided.

These consequences were selected following discussions with the SEOW, and assessment and identification of inclusion criteria. Each consequence included was in a CSAP domain. Data used to assess consequences were selected consistent with CSAP requirements. Wherever possible, data with comparable national measures were selected for inclusion in the CSAP National Outcome Measures and cross-site evaluation. The data also provided Maryland administrators and citizens with an in-depth view of the impact of consequences on state and local jurisdictions, as well as various demographic profiles to facilitate data-driven program and policy decisions.

Key findings were summarized for each consequence table and the consumption section as a whole.

A. Consequence 1: Violent Crimes

Time Trends 2002–2006

A1.1: Number, Rate,* and Estimated Number of Alcohol-Related* Violent Crimes in Maryland
By Type of Violent Crime and Year: 2002–2006**

Year	Total Violent Crimes			Murder and Nonnegligent Manslaughter			Forcible Rape			Robbery			Aggravated Assault		
	No. of Reported Crimes	Rate Per 100,000 Pop.	Estimated No. Alcohol-Related	No. of Reported Crimes	Rate per 100,000 Pop.	Estimated No. Alcohol-Related	No. of Reported Crimes	Rate per 100,000 Pop.	Estimated No. Alcohol-Related	No. of Reported Crimes	Rate per 100,000 Pop.	Estimated No. Alcohol-Related	No. of Reported Crimes	Rate per 100,000 Pop.	Estimated No. Alcohol-Related
2002	42,288	777.2	8,895	528	9.7	158	1,364	25.1	314	13,687	251.5	411	26,709	490.9	8,013
2003	38,778	704.2	7,947	525	9.5	158	1,358	24.7	312	13,302	241.6	399	23,593	428.4	7,078
2004	38,937	701.2	8,144	521	9.4	156	1,316	23.7	303	12,761	229.8	383	24,339	438.3	7,302
2005	39,369	704.3	7,840	552	9.9	166	1,266	22.6	291	14,378	257.2	431	23,173	414.6	6,952
2006	38,111	678.6	7,470	547	9.7	164	1,178	21.0	271	14,375	256.0	431	22,011	392.0	6,603

NOTES:

* Violent Crime Rate refers to number of reported offenses per 100,000 population. Rates based on population estimates from U.S. Census Bureau for each year.

**Estimated Number of Alcohol-Related Crimes based on nationwide estimates from The Economic Costs of Alcohol and Drug Abuse in the United States – 1992 (<http://www.nida.nih.gov/economiccosts/index.html>) which indicate that approximately 30% of murders, 23% of rapes, 3% of robberies, and 30% of aggravated assaults are attributable to alcohol. Estimates of crime percentages attributable to alcohol derived primarily from incarcerated perpetrators' self-reports of crimes. The percentage actually attributable to alcohol use may vary across geographic units or subpopulations.

SOURCE: Crime in Maryland, 2006 Uniform Crime Report. Uniform Crime Reporting Program, Central Records Division, Maryland State Police and the U.S. Census Bureau (www.census.gov/popest/counties/files/CO-EST2006-ALLDATA.csv).

HIGHLIGHTS

- In 2006, more than 38,000 violent crimes were reported in Maryland; aggravated assaults accounted for approximately 58% of Maryland violent crimes, and robberies accounted for nearly 38% of violent crimes.
- Alcohol attribution rates for violent crime ranged from 30% for murder or aggravated assault to 23% for forcible rape and 3% for robberies. This translated into an estimated 7,470 alcohol-related violent crimes in Maryland in 2006.
- Overall, the total estimated number of violent crimes decreased nearly 10% from 42,288 in 2002 to 38,111 in 2006 (although there were slight increases between 2003 and 2005).
- The number of murders and robberies fluctuated between 2002 and 2006, as did the estimated number of alcohol-related murders and robberies. Murders increased nearly 4% and robberies increased approximately 5% during those years.
- The number of rapes and aggravated assaults decreased from 2002 to 2006 and, similarly, the estimated number of alcohol-related rapes and aggravated assaults also decreased.

Consequence: Violent Crimes

County Data 2006

A1.2: Numbers, Percentages*, Rates of Violent Crimes and Estimated Number of Drug-Related Crimes***
By Type of Violent Crime and County: Maryland - 2006**

	Total Violent Crimes				Murder and Nonnegligent Manslaughter				Forcible Rape				Robbery				Aggravated Assault			
	No. of Reported Crimes	Percentage Occurring in County	Rate Per 100,000 Pop.	Estimated No. Alcohol-Related	No. of Reported Crimes	Percentage Occurring in County	Rate Per 100,000 Pop.	Estimated No. Alcohol-Related	No. of Reported Crimes	Percentage Occurring in County	Rate Per 100,000 Pop.	Estimated No. Alcohol-Related	No. of Reported Crimes	Percentage Occurring in County	Rate Per 100,000 Pop.	Estimated No. Alcohol-Related	No. of Reported Crimes	Percentage Occurring in County	Rate Per 100,000 Pop.	Estimated No. Alcohol-Related
Allegany	282	0.7%	387.2	73	1	0.2%	1.4	0	29	2.5%	39.8	7	37	0.3%	50.8	1	215	1.0%	295.2	65
Anne Arundel	3,167	8.3%	621.8	688	23	4.2%	4.5	7	110	9.3%	21.6	25	943	6.6%	185.2	28	2,091	9.5%	410.6	627
Baltimore City	10,871	28.5%	1,721.8	2,101	276	50.5%	43.7	83	139	11.8%	22.0	32	4,260	29.6%	674.7	128	6,196	28.1%	981.4	1,859
Baltimore County	5,713	15.0%	725.6	1,140	35	6.4%	4.4	11	143	12.1%	18.2	33	2,090	14.5%	265.4	63	3,445	15.7%	437.5	1,034
Calvert	257	0.7%	289.4	73	1	0.2%	1.1	0	6	0.5%	6.8	1	12	0.1%	13.5	0	238	1.1%	268.0	71
Caroline	149	0.4%	456.8	39	0	0.0%	0.0	0	7	0.6%	21.5	2	18	0.1%	55.2	1	124	0.6%	380.2	37
Carroll	374	1.0%	219.7	95	1	0.2%	0.6	0	24	2.0%	14.1	6	56	0.4%	32.9	2	293	1.3%	172.1	88
Cecil	490	1.3%	492.4	119	4	0.7%	4.0	1	7	0.6%	7.0	2	102	0.7%	102.5	3	377	1.7%	378.9	113
Charles	729	1.9%	519.2	162	4	0.7%	2.8	1	24	2.0%	17.1	6	202	1.4%	143.9	6	499	2.3%	355.4	150
Dorchester	181	0.5%	572.2	45	1	0.2%	3.2	0	7	0.6%	22.1	2	32	0.2%	101.2	1	141	0.6%	445.8	42
Frederick	752	2.0%	337.3	174	9	1.6%	4.0	3	35	3.0%	15.7	8	181	1.3%	81.2	5	527	2.4%	236.4	158
Garrett	63	0.2%	211.0	18	2	0.4%	6.7	1	7	0.6%	23.4	2	3	0.0%	10.0	0	51	0.2%	170.8	15
Harford	826	2.2%	342.2	191	9	1.6%	3.7	3	36	3.1%	14.9	8	202	1.4%	83.7	6	579	2.6%	239.8	174
Howard	624	1.6%	229.0	109	5	0.9%	1.8	2	42	3.6%	15.4	10	279	1.9%	102.4	8	298	1.4%	109.4	89
Kent	76	0.2%	380.3	19	0	0.0%	0.0	0	2	0.2%	10.0	0	15	0.1%	75.1	0	59	0.3%	295.3	18
Montgomery	2,304	6.0%	247.2	341	19	3.5%	2.0	6	145	12.3%	15.6	33	1,261	8.8%	135.3	38	879	4.0%	94.3	264
Prince George's	8,481	22.3%	1,008.1	1,419	130	23.8%	15.5	39	287	24.4%	34.1	66	4,094	28.5%	486.6	123	3,970	18.0%	471.9	1,191
Queen Anne's	128	0.3%	276.8	35	0	0.0%	0.0	0	4	0.3%	8.7	1	11	0.1%	23.8	0	113	0.5%	244.4	34
Saint Mary's	320	0.8%	323.7	78	5	0.9%	5.1	2	15	1.3%	15.2	3	61	0.4%	61.7	2	239	1.1%	241.8	72
Somerset	127	0.3%	492.7	33	2	0.4%	7.8	1	4	0.3%	15.5	1	18	0.1%	69.8	1	103	0.5%	399.6	31
Talbot	116	0.3%	321.7	26	0	0.0%	0.0	0	9	0.8%	25.0	2	31	0.2%	86.0	1	76	0.3%	210.7	23
Washington	568	1.5%	395.1	126	4	0.7%	2.8	1	28	2.4%	19.5	6	158	1.1%	109.9	5	378	1.7%	263.0	113
Wicomico	931	2.4%	1,012.1	204	8	1.5%	8.7	2	45	3.8%	48.9	10	266	1.9%	289.2	8	612	2.8%	665.3	184
Worcester	348	0.9%	712.2	92	2	0.4%	4.1	1	20	1.7%	40.9	5	42	0.3%	85.9	1	284	1.3%	581.2	85
Statewide Agencies**	234	0.6%	--	70	6	1.1%	--	2	3	0.3%	--	1	1	0.0%	--	0	224	1.0%	--	67
State Total	38,111	100.0%	678.6	7,470	547	100.0%	9.7	164	1,178	100.0%	21.0	271	14,375	100.0%	256.0	431	22,011	100.0%	392.0	6,603

NOTES:

* Percentage refers to percentage of total state crimes reported in the jurisdiction.

** Crime Rate refers to number of reported offenses per 100,000 population. Rates based on population estimates from U.S. Census Bureau for 2006.

*** Estimated Number of Alcohol-Related Crimes based on nationwide estimates from The Economic Costs of Alcohol and Drug Abuse in the United States – 1992 (<http://www.nida.nih.gov/economiccosts/index.html>) which indicate that approximately 30% of murders, 23% of rapes, 3% of robberies, and 30% of aggravated assaults are attributable to alcohol. Estimates of crime percentages attributable to alcohol derived primarily from incarcerated perpetrators' self-reports of crimes. Percentage actually attributable to alcohol use may vary across geographic units or subpopulations.

SOURCE: Crime in Maryland, 2006 Uniform Crime Report. Uniform Crime Reporting Program, Central Records Division, Maryland State Police and the U.S. Census Bureau (www.census.gov/popest/counties/files/CO-EST2006-ALLDATA.csv).

HIGHLIGHTS

- Baltimore City and Wicomico, Prince George's, Baltimore, and Worcester Counties reported the highest rates of violent crimes in the state.
- Nearly two-thirds (65.8%) of the estimated alcohol-related violent crimes reported in 2006 occurred in Baltimore City, Baltimore County, and Prince George's County.
- In 2006, Baltimore City and Prince George's County had the highest estimated numbers of alcohol-related murders in the state (83 and 39, respectively) and accounted for nearly three-quarters of alcohol-related murders in the state.

- More than two-thirds (70%) of all alcohol-related rapes in the state occurred in Prince George's County (66), Baltimore County (33), Montgomery County (33), Baltimore City (32) and Anne Arundel County (25).
- Baltimore City (128 robberies), Prince George's County (123) and Baltimore County (63) also accounted for nearly three-quarters (73%) of alcohol-related robberies in 2006. Seventeen jurisdictions reported six or fewer alcohol-related robberies.
- In 2006, 62% of all alcohol-related assaults in the state occurred in Baltimore City (1,859), Prince George's County (1,191), and Baltimore County (1,034).

B. Consequence 2: Alcohol-Related Crashes

Prevalence/Severity in 2006

A2.1: Age and Sex Characteristics of Drivers, Passengers, and Pedestrians in Alcohol and/or Drug Impaired Driver Crashes: Maryland - 2006

Persons in Crashes with Alcohol or Drug Impaired Driver	Age					Sex		
	15 and Under	16-19	20-29	30+	Unknown	Male	Female	Unknown
Drivers								
Total (n=8,959)	0.1%	7.9%	35.5%	51.6%	4.9%	74.2%	21.8%	4.0%
Injured (n=2,327)	0.3%	10.0%	39.1%	50.3%	0.3%	76.2%	23.6%	0.2%
Fatalities (n=154)	0.0%	7.1%	34.4%	58.4%	0.0%	85.1%	14.9%	0.0%
Passengers								
Total (n=4,365)	21.6%	13.7%	28.5%	29.3%	6.8%	53.2%	45.8%	1.1%
Injured (n=1,435)	17.1%	15.9%	30.9%	31.2%	4.8%	49.9%	49.8%	0.3%
Fatalities (n=51)	3.9%	17.6%	41.2%	33.3%	3.9%	54.9%	43.1%	2.0%
Pedestrians								
Total (n=122)	15.6%	8.2%	26.2%	45.9%	4.1%	72.1%	27.9%	0.0%
Injuries (n=99)	15.2%	8.1%	27.3%	46.5%	3.0%	69.7%	30.3%	0.0%
Fatalities (n=5)	0.0%	20.0%	0.0%	80.0%	0.0%	100.0%	0.0%	0.0%

SOURCE: Maryland Automated Accident Reporting System (MAARS), Traffic Safety Analysis Division, Office of Traffic and Safety, Maryland State Highway Administration (SHA), 2007.

HIGHLIGHTS

- As in 2005, drivers and pedestrians injured or killed in crashes involving an alcohol or drug impaired driver were most likely to be male and aged 30 or older.
- Passengers killed in crashes involving an alcohol or drug impaired driver were most likely to be male and aged 20 to 29.
- Passengers injured in crashes involving an alcohol or drug impaired driver were equally likely to be male or female, 31 percent were 20 to 29 years old, and 31 percent were 30 years old or older.
- As in 2005, juveniles and females were more likely to be injured or killed as passengers than as drivers or pedestrians; young adults, however, are now more likely to be injured as drivers than as passengers.

Time Trends 2002–2006

A2.2: Number and Percentage of Alcohol- and/or Drug-Related (AOD) Crashes,¹ Fatalities, and Injuries in Maryland by Year: 2002–2006

	2002	2003	2004	2005	2006
All Crashes³					
AOD-Related Crashes	8,774	8,719	8,556	8,475	8,712
Total Crashes	104,843	109,130	104,103	102,608	101,888
Percent AOD-Related	8.4%	8.0%	8.2%	8.3%	8.6%
Fatal Crashes⁴					
AOD-Related Fatal Crashes	154	140	183	184	214
Total Fatal Crashes	606	596	576	577	593
Percent AOD-Related	25.4%	23.5%	31.8%	31.9%	36.1%
Injury Crashes⁵					
AOD-Related Injury Crashes	3,535	3,198	3,142	3,124	3,236
Total Injury Crashes	38,875	38,710	37,422	36,543	35,864
Percent AOD-Related	9.1%	8.3%	8.4%	8.5%	9.0%
Property Damage Only⁶					
AOD-Related Property Damage Only Crashes	5,085	5,381	5,231	5,167	5,263
Total Property Damage Only Crashes	65,362	69,824	66,105	65,488	65,431
Percent AOD-Related	7.8%	7.7%	7.9%	7.9%	8.0%
Total All Fatalities					
AOD-Related Fatalities	167	156	215	201	241
Total Fatalities	661	651	643	614	651
Percent AOD-Related	25.3%	24.0%	33.4%	32.7%	37.0%
Total Number Injured					
AOD-Related Injuries	5,570	4,869	4,886	4,851	5,068
Total Number Injured	59,517	58,118	57,409	55,287	53,615
Percent AOD-Related	9.4%	8.4%	8.5%	8.8%	9.5%

NOTES:

¹Crash: An event that produces injury and/or property damage, involves a motor vehicle in transport, and occurs on traffic way or while vehicle is still in motion after running off traffic way.

²AOD-Related Crash: A crash that involves alcohol- and/or drug-impaired driver.

³All Crashes: This category includes fatal crashes, injury crashes, and property damage only crashes.

⁴Fatal Crash: Police-reported crash involving motor vehicle in transport on traffic way in which at least one person dies within 30 days of crash.


⁵Injury Crash: Police-reported crash that involves motor vehicle in transport on traffic way in which no one died but at least one person reported to have: (1) incapacitating injury; (2) visible but not incapacitating injury; (3) possible, not visible injury; or (4) injury of unknown severity.

⁶Property Damage Only Crash: Police-reported crash involving motor vehicle in transport on traffic way in which no one involved in crash suffered injuries.

SOURCE: Maryland Automated Accident Reporting System (MAARS), Traffic Safety Analysis Division, Office of Traffic and Safety, Maryland State Highway Administration (SHA) 2002–2007.

HIGHLIGHTS

- Although the number of alcohol-and/or drug-related crashes involving an impaired driver decreased 3% from 2002 to 2005 and increased 3% in 2006, the percentage of crashes that were AOD-related remained about the same.
- The number of fatal AOD-related crashes involving an impaired driver increased 53% from 2003 to 2006.
- The total number of fatalities in AOD-related crashes increased sharply in 2004 (38%) from 2003, and 2006 (20%) from 2005.
- The percentage of AOD-related injury crashes involving an impaired driver decreased steadily from 2002 to 2005 and increased 3.6% in 2006.

- The total number of AOD-related injuries decreased from 2002 to 2005 (13%) and increased slightly in 2006 (4.5%).
- 

County Data 2006

A2.3: Total Alcohol-Related Crashes¹ and Fatal Crashes²; Percentage of County Crashes/Fatal Alcohol Crashes, Percentage of Crashes/Fatal Alcohol Crashes, and Rate of Alcohol-Related Crashes/Fatal Crashes in Maryland by County: 2006

County	Total Number of Crashes	Number of Alcohol-Related Crashes	Percentage of All Alcohol-Related Crashes	Percentage of All Alcohol-Related County Crashes	Total Number of Fatal Crashes	Number of Alcohol-Related Fatal Crashes	Percentage of All County Alcohol-Related Fatal Crashes	Percentage of All County Alcohol-Related Fatal Crashes
Allegany	715	90	1.0%	12.6%	7	0	0.0%	0.0%
Anne Arundel	8,977	872	10.0%	9.7%	58	24	11.2%	41.4%
Baltimore City	19,168	859	9.9%	4.5%	41	12	5.6%	29.3%
Baltimore County	15,260	1,258	14.4%	8.2%	65	20	9.3%	30.8%
Calvert	1,078	148	1.7%	13.7%	16	6	2.8%	37.5%
Caroline	456	80	0.9%	17.5%	13	5	2.3%	38.5%
Carroll	2,214	266	3.1%	12.0%	23	4	1.9%	17.4%
Cecil	1,650	211	2.4%	12.8%	21	7	3.3%	33.3%
Charles	2,686	259	3.0%	9.6%	27	16	7.5%	59.3%
Dorchester	497	51	0.6%	10.3%	4	2	0.9%	50.0%
Frederick	3,026	354	4.1%	11.7%	30	14	6.5%	46.7%
Garrett	502	54	0.6%	10.8%	4	0	0.0%	0.0%
Harford	3,426	390	4.5%	11.4%	20	8	3.7%	40.0%
Howard	3,191	314	3.6%	9.8%	20	8	3.7%	40.0%
Kent	227	33	0.4%	14.5%	5	4	1.9%	80.0%
Montgomery	13,220	1,002	11.5%	7.6%	54	23	10.7%	42.6%
Prince George's	15,884	1,338	15.4%	8.4%	102	30	14.0%	29.4%
Queen Anne's	758	110	1.3%	14.5%	8	6	2.8%	75.0%
Saint Mary's	1,360	149	1.7%	11.0%	17	7	3.3%	41.2%
Somerset	346	43	0.5%	12.4%	4	2	0.9%	50.0%
Talbot	914	95	1.1%	10.4%	6	2	0.9%	33.3%
Washington	2,807	301	3.5%	10.7%	25	5	2.3%	20.0%
Wicomico	2,220	230	2.6%	10.4%	15	6	2.8%	40.0%
Worcester	1,306	205	2.4%	15.7%	8	3	1.4%	37.5%
State Total	101,888	8,712	100.0%	8.6%	593	214	100.0%	36.1%

NOTES:¹Crash: An event that produces injury and/or property damage, involves motor vehicle in transport, and occurs on traffic way or while vehicle in motion after running off traffic way.

²Fatal Crash: Police-reported crash involving motor vehicle in transport on traffic way in which at least one person dies within 30 days of crash.

SOURCE: Maryland Automated Accident Reporting System (MAARS), Traffic Safety Analysis Division, Office of Traffic and Safety, Maryland State Highway Administration (SHA), 2007.

HIGHLIGHTS

- As in 2005, nearly one in ten crashes was alcohol-related in 2006, and nearly one in three fatal crashes were alcohol-related.
- In 17 jurisdictions, 10% or more of crashes were alcohol-related, slightly more than in 2005.
- Caroline County had the highest percentage (17.5%) of alcohol-related crashes, followed by Worcester, Kent, Queen Anne's, and Calvert.
- In five counties (Kent, Queen Anne's, Charles, Dorchester, and Somerset), half or more of all fatal crashes in 2006 were alcohol-related.
- In two counties, Garrett and Allegany, no fatal crashes were alcohol-related.

C. Consequence 3: Past Year Alcohol Abuse or Dependence

Time Trends 2002–2005

A3.1: Percentage and Estimated Number of Maryland Residents Aged 12 or Older Reporting Past Year Alcohol Dependence or Abuse, Overall and by Age: Annual Averages Based on 2002/03, 2003/04, and 2004/05 Surveys

Year	2002-03		2003-04		2004-05	
	(%)	Estimated Number*	(%)	Estimated Number*	(%)	Estimated Number*
Maryland	7.55%	337,000	7.40%	334,000	6.84%	313,000
Age						
12-17	5.37%	26,000	5.10%	25,000	5.05%	25,000
18-25	15.98%	86,000	16.82%	94,000	15.13%	87,000
26 or Older	6.52%	226,000	6.19%	216,000	5.74%	202,000

NOTES:

State estimates based on survey-weighted hierarchical Bayes estimation approach. Statewide estimates produced prior to 2002 not comparable to subsequent data due to change in survey methods. Differences between 2002-03 and 2003-04 estimates and between 2003-04 and 2004-05 estimates were not statistically significant at $p < .05$.

* Estimated number rounded to nearest thousand.

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

SOURCE: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, National Survey on Drug Use and Health, 2002-2005.

HIGHLIGHTS

- Percentages of Marylanders aged 12 and older reporting past year alcohol dependence or abuse ranged from 6.84% to 7.55% during the years 2002-03 through 2004-05.
- An estimated 313,000 Marylanders reported past year dependence or abuse in 2004-05.
- Within each time period, 18 to 25 year olds were significantly more likely than 12 to 17 year olds and 26 and older residents to report past year alcohol dependence or abuse.
- Fifteen percent of 18 to 25 year olds in Maryland reported dependence or abuse of alcohol in 2004-05.

D. Consequence 4: Alcohol-Induced Deaths

Prevalence 2006

**A4.1: Number, Percentage, and Rate of All Cause- and Alcohol-Induced Deaths in Maryland
By Demographic Characteristics: 2006**

	Estimated Population July 1, 2006*	All Causes of Deaths			Alcohol-Induced Deaths**		
		No.	%	Rate Per 100,000 Pop.	No.	%	Rate Per 100,000 Pop.
Maryland Total	5,615,727	43,491	100.0%	774.5	280	100.0%	5.0
Gender							
Male	2,716,854	21,207	48.8%	780.6	195	69.6%	7.2
Female	2,898,873	22,284	51.2%	768.7	85	30.4%	2.9
Race/Ethnicity							
Black	1,688,378	11,812	27.2%	699.6	68	24.3%	4.0
White	3,610,808	30,851	70.9%	854.4	208	74.3%	5.8
Other	316,541	828	1.9%	261.6	4	1.4%	1.3
Age							
<5	368,199	695	1.6%	188.8	0	0.0%	0.0
5-14	744,746	106	0.2%	14.2	0	0.0%	0.0
15-24	780,609	702	1.6%	89.9	4	1.4%	0.5
25-44	1,603,325	2,656	6.1%	165.7	64	22.9%	4.0
45-64	1,468,280	8,989	20.7%	612.2	167	59.6%	11.4
65+	650,568	30,342	69.8%	4,663.9	45	16.1%	6.9

NOTES:

*Rates based on July 1, 2006 population estimates prepared by National Center for Health Statistics (NCHS) in collaboration with U.S. Census Bureau.

**Alcohol-Induced Deaths include International Classification of Disease, Tenth Revision (ICD-10) Category Codes: F10, G31.2, G62.1, I42.6, K29.2, K70, R78.0, X45, X65, Y15. See Appendix for code descriptions.

SOURCE: Maryland Vital Statistics Annual Report 2006, Vital Statistics Administration, Department of Health and Mental Hygiene (DHMH).

HIGHLIGHTS:

- In 2006, less than 1% (280) of all deaths in Maryland were alcohol-induced.
- Alcohol-induced deaths were most likely to occur among Marylanders that were male, White and 45 to 64 years of age.
- Alcohol-induced deaths were more than twice as likely to be male as female, while all deaths were equally distributed between the sexes.
- Distribution of deaths among the races was similar for alcohol-induced and all-cause deaths.
- A disproportionate majority of all-cause deaths were among those 65 years or older, while alcohol-induced deaths were more likely to occur among 45- to 64-year olds.

Time Trends 2002–2006

A4.2: Number and Rate per 100,000 Population of All Cause- and Alcohol-Induced Deaths in Maryland By Year: 2002–2006

Year	Estimated Population July 1*	All Causes of Deaths		Alcohol-Induced Deaths**		
		Number	Rate per 100,000 Pop	Number	Percentage of All Deaths	Rate per 100,000 Pop
2002	5,458,137	43,917	804.6	284	0.6%	5.2
2003	5,508,909	44,364	805.3	274	0.6%	5.0
2004	5,558,058	43,157	776.5	273	0.6%	4.9
2005	5,600,388	43,778	781.7	270	0.6%	4.8
2006	5,615,727	43,491	774.5	280	0.6%	5.0

NOTES:

**Rates for all years based on populations estimated as of July 1st. Population estimates prepared by National Center for Health Statistics (NCHS) in collaboration with U.S. Census Bureau.

**Alcohol-Induced Deaths include International Classification of Disease, Tenth Revision (ICD-10) Category Codes: F10, G31.2, G62.1, I42.6, K29.2, K70, R78.0, X45, X65, Y15. See Appendix for code descriptions.

SOURCE: Maryland Vital Statistics Annual Reports 2002–2006, Vital Statistics Administration, Department of Health and Mental Hygiene (DHMH).

HIGHLIGHTS:

- The number of alcohol-induced deaths in Maryland accounted for less than 1% of all deaths each year from 2002 to 2006.
- The number of alcohol-induced deaths remained relatively stable between 2002 and 2006, ranging from a high of 284 in 2002, to a low of 280 in 2006.

County Data 2006

A4.3: Numbers of All Cause- and Alcohol-Induced Deaths, Percentages of State Alcohol-Induced Deaths by County and All-Cause County Alcohol-Related Deaths, and Alcohol-Induced Death Rates in Maryland by County: 2006

County	Estimated Population: July 1, 2006*	Number of All Cause Deaths	Number of Alcohol-Induced Deaths	Percentage of State Alcohol-Induced Deaths by County	Percentage of All-Cause Alcohol-Related County Deaths	Rate of Alcohol-Induced Deaths per 100,000 Population
Allegany	72,831	889	9	3.2%	1.0%	12.4
Anne Arundel	509,300	3,763	26	9.3%	0.7%	5.1
Baltimore City	631,366	7,017	60	21.4%	0.9%	9.5
Baltimore County	787,384	7,710	38	13.6%	0.5%	4.8
Calvert	88,804	615	5	1.8%	0.8%	5.6
Caroline	32,617	320	1	0.4%	0.3%	3.1
Carroll	170,260	1,285	13	4.6%	1.0%	7.6
Cecil	99,506	763	5	1.8%	0.7%	5.0
Charles	140,416	841	6	2.1%	0.7%	4.3
Dorchester	31,631	372	4	1.4%	1.1%	12.6
Frederick	222,938	1,392	6	2.1%	0.4%	2.7
Garrett	29,859	271	3	1.1%	1.1%	10.0
Harford	241,402	1,721	10	3.6%	0.6%	4.1
Howard	272,452	1,314	5	1.8%	0.4%	1.8
Kent	19,983	257	2	0.7%	0.8%	10.0
Montgomery	932,131	5,400	24	8.6%	0.4%	2.6
Prince George's	841,315	5,190	37	13.2%	0.7%	4.4
Queen Anne's	46,241	354	4	1.4%	1.1%	8.7
Saint Mary's	98,854	653	3	1.1%	0.5%	3.0
Somerset	25,774	254	2	0.7%	0.8%	7.8
Talbot	36,062	443	5	1.8%	1.1%	13.9
Washington	143,748	1,231	5	1.8%	0.4%	3.5
Wicomico	91,987	872	4	1.4%	0.5%	4.3
Worcester	48,866	564	3	1.1%	0.5%	6.1
State Total	5,615,727	43,491	280	100.0%	0.6%	5.0

NOTES:

*2006 Population county estimates prepared by National Center for Health Statistics (NCHS) in collaboration with U.S. Census Bureau.

**Alcohol-Induced Deaths include International Classification of Disease, Tenth Revision (ICD-10) Category Codes: F10, G31.2, G62.1, I42.6, K29.2, K70, R78.0, X45, X65, Y15. See Appendix for code descriptions.

SOURCE: Maryland Vital Statistics Annual Report 2006, Vital Statistics Administration, Department of Health and Mental Hygiene (DHMH).

HIGHLIGHTS:

- The highest rates of alcohol-induced deaths per 100,000 people in 2006 were in: Talbot County (13.9), Dorchester County (12.6), Allegany County (12.4), Garrett County (10.0), and Kent County (also 10.0).
- The majority of alcohol-induced deaths in 2006 occurred in the most populous jurisdictions, including Baltimore City and Baltimore County, as well as Prince George's, Anne Arundel, and Montgomery Counties.
- The percentage of all-cause county deaths due to alcohol were 1.1% or lower for all jurisdictions.
- Fourteen jurisdictions had percentages of all deaths that were alcohol-induced which exceeded the state total of 0.6 percent: Allegany, Anne Arundel, Baltimore City, Calvert, Carroll, Cecil, Charles, Dorchester, Garrett, Kent, Prince George's, Queen Anne's, Somerset, and Talbot.

E. Consequence 5: Alcohol-Related Suspensions/Expulsions from Public Schools

Time Trends 2002-03 to 2006-07

A5.1: Number, Percentage, and Rate Alcohol-Related in Maryland by School Year: 2002/03 to 2006/07

Year	Public School Enrollment (#)	Suspensions				Expulsions			
		Total Suspensions (All Causes) (#)	Alcohol-Related Suspensions (#)	Percentage Alcohol-Related Suspensions (%)	Alcohol-Related Suspension Rate (per 100,000 Students)	Total Expulsions (All Causes) (#)	Alcohol-Related Expulsions (#)	Percentage Alcohol-Related Expulsions (%)	Alcohol-Related Expulsion Rate (per 100,000 Students)
		2002-03	866,743	135,492	750	0.6%	86.5	2,400	70
2003-04	869,113	141,555	668	0.5%	76.9	2,704	44	1.6%	5.1
2004-05	865,561	124,610	791	0.6%	91.4	2,458	41	1.7%	4.7
2005-06	860,021	127,097	746	0.6%	86.7	1,950	24	1.2%	2.8
2006-07	851,640	131,721	753	0.6%	88.4	1,902	27	1.4%	3.2

NOTES:

Suspensions refer to out-of-school suspensions only.

Rates are based on Maryland State Department of Education (MSDE) public school enrollment figures as of September 30th of each school year.

SOURCE: *Suspensions, Expulsions, and Health-Related Exclusions Maryland Public Schools, 2002-03, 2003-04, 2004-05, 2005-06, 2006-07.* Division of Accountability and Assessment, Maryland State Department of Education (MSDE).

HIGHLIGHTS:

- There were 753 alcohol-related suspensions from Maryland public schools during school year 2006-07.
- The proportion of suspensions that were alcohol related remained stable at approximately 0.6% from the 2002-03 school year to the 2006-07 school year.
- The rate of alcohol related suspensions (per 100,000 students) over the six school years since 2000-01 revealed no clear trends. During that time the lowest rate of alcohol related suspensions of 76.9 per 100,000 students occurred in 2003-04, followed in 2004-05 by the highest rate of 91.4 per 100,000 students. The rate decreased in 2005-06 to 86.7 and remained about the same in 2006-07.
- There were 27 alcohol-related expulsions in school year 2006-07, reflecting a steady decrease from 2002-03 to 2005-06; the number then increased slightly in 2006-07.
- The percentage of alcohol-related expulsions remained between 1% and 2% for the past four school years. The rate decreased steadily from 2002-03 to 2005-06, then increased slightly in 2006-07.

County Data 2004-05

A5.2: Number, Percentage and Rate of Alcohol-Related Suspensions by County: School Year 2006/07

County	2006–2007 Public School Enrollment	All Suspensions	Alcohol- Related Suspensions	Percentage Alcohol- Related	Percentage of Alcohol- Related County Suspensions	Alcohol-Related Suspension Rate (per 100,000 Students)
	(#)	(#)	(#)	(%)	(%)	
Allegany	9,526	757	12	1.6%	1.6%	126.0
Anne Arundel	73,066	7,014	104	1.5%	13.7%	142.3
Baltimore City	82,381	9,854	12	0.1%	1.6%	14.6
Baltimore County	105,839	12,700	69	0.5%	9.1%	65.2
Calvert	17,474	1,561	17	1.1%	2.2%	97.3
Caroline	5,611	558	17	3.0%	2.2%	303.0
Carroll	28,616	1,383	38	2.7%	5.0%	132.8
Cecil	16,421	2,076	7	0.3%	0.9%	42.6
Charles	26,623	3,228	27	0.8%	3.6%	101.4
Dorchester	4,667	714	5	0.7%	0.7%	107.1
Frederick	40,224	2,735	66	2.4%	8.7%	164.1
Garrett	4,617	205	4	2.0%	0.5%	86.6
Harford	39,568	3,027	34	1.1%	4.5%	85.9
Howard	49,048	1,939	47	2.4%	6.2%	95.8
Kent	2,356	300	2	0.7%	0.3%	84.9
Montgomery	137,814	6,149	167	2.7%	22.0%	121.2
Prince George's	131,014	14,104	66	0.5%	8.7%	50.4
Queen Anne's	7,786	506	8	1.6%	1.1%	102.7
Saint Mary's	16,665	1,200	12	1.0%	1.6%	72.0
Somerset	2,941	478	2	0.4%	0.3%	68.0
Talbot	4,398	309	6	1.9%	0.8%	136.4
Washington	21,594	895	17	1.9%	2.2%	78.7
Wicomico	14,427	2,049	9	0.4%	1.2%	62.4
Worcester	6,830	422	5	1.2%	0.7%	73.2
State Total*	851,640	75,594	760	1.0%	100.0%	89.2

NOTES:

Rates based on Maryland State Department of Education (MSDE) public school enrollment figures as of September 30th of each school year.

Suspensions refer to out-of-school suspensions only.

*State Total includes data from Edison Schools; therefore, county totals will not sum to state total.

SOURCE: Suspensions, Expulsions, and Health-Related Exclusions Maryland Public Schools, 2006-07. Division of Accountability and Assessment, Maryland State Department of Education (MSDE).

HIGHLIGHTS:

- Nearly a quarter of the alcohol-related suspensions in 2006-07 occurred in Montgomery county schools; more than one in ten occurred in Anne Arundel schools.
- The percentage of suspensions that were alcohol related were higher than the state total of 1% in 14 jurisdictions: Allegany, Anne Arundel, Calvert, Caroline, Carroll, Frederick, Garrett, Harford, Howard, Montgomery, Queen Anne's Talbot, Washington, and Worcester; St. Mary's county was equal to the state percentage.
- The counties with the highest rates of alcohol-related suspensions per 100,000 students were Caroline, Frederick, Anne Arundel, Talbot, Carroll, Allegany, Montgomery, Dorchester, Queen Anne's, and Charles; all had more than 100 drug-related suspensions per 100,000 students.

F. Alcohol Consumption

Overview

The following tables were created using the most recent data available (ranging from 2001 to 2006). The focus was primarily on past month alcohol use, binge drinking (five or more drinks on one occasion), heavy drinking (men drinking more than two drinks per day or women drinking more than one drink per day), treatment admissions and sales. Data presented in the following subsections:

- Prevalence by Demographic Characteristics
- Time Trends
- Sales per Capita
- County Data

Highlights

- According to NSDUH data for recent years (2002-05), approximately half of Maryland residents aged 12 and older used alcohol in the past month, and approximately one-fifth engaged in binge drinking.
- According to BRFSS data, 4-5% of Marylanders aged 18 and older reported heavy drinking in 200.
- The BRFSS reported that approximately one-quarter of Marylanders aged 18- to 24- and 25- to 34-years-old were binge drinkers in 2006.
- Approximately twice as many males as females in Maryland reported binge drinking in 2006, according to the BRFSS.
- NSDUH data for 2004-051 revealed that 5.7% of 12- to 17-year-old Marylanders reported past month alcohol use, and approximately one in ten reported past month binge drinking; nearly two-thirds of 18- to 25-year-olds reported past month drinking, and more than a third reported past month binge drinking.
- In each recent two year survey period (2002-03, 2003-04, 2004-05), NSDUH reported that 18- to 25-year-olds in Maryland were significantly more likely to report past month binge drinking than those aged 12 to 17 years, or those 26 and older.
- Approximately one in five Maryland treatment admissions mentioned alcohol only each year from 2002 through 2006, and 15% - 17% mentioned alcohol as the primary reason for admission along with another drug problem considered to be secondary to alcohol.
- Three-quarters of treatment admissions in Maryland with alcohol as the primary substance of abuse from 2002 through 2006 were male, more than 61% were White, and more than half were aged 21 to 50.
- Based on the content of alcoholic beverages sold, approximately 2 gallons of ethanol were sold per capita each year in Maryland from 2001 to 2005.

Prevalence by Demographic Characteristics 2002-2006

A6.1: Substance Abuse Treatment Admissions with Alcohol* as Primary Substance of Abuse By Age Group, Sex, Race, and Ethnicity: Maryland 2002-2006

	Alcohol Only					Alcohol with Secondary Drug				
	2002	2003	2004	2005	2006	2002	2003	2004	2005	2006
No. of Admissions with Alcohol as Primary Substance	14,153	14,191	14,521	13,714	13,231	11,040	10,910	11,053	11,239	11,055
% of Statewide Admissions	20.6%	19.9%	20.0%	19.3%	20.1%	16.0%	15.3%	15.2%	15.8%	16.8%
Age	%	%	%	%	%	%	%	%	%	%
0-11	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.0%	0.0%	0.0%	0.0%
12-17	2.6%	2.3%	2.1%	2.5%	2.1%	8.90%	7.8%	7.5%	5.9%	4.9%
18-20	4.5%	4.3%	4.0%	3.9%	4.2%	9.10%	8.3%	7.6%	7.9%	8.4%
21-25	11.1%	12.7%	12.7%	13.2%	12.9%	14.30%	15.1%	16.2%	16.1%	16.6%
26-30	9.5%	10.4%	10.6%	11.3%	11.9%	9.60%	10.4%	10.5%	11.9%	12.4%
31-35	11.6%	11.8%	11.2%	11.1%	9.9%	13.40%	12.7%	11.9%	11.1%	10.4%
36-40	16.5%	14.3%	14.3%	12.5%	12.3%	18.20%	16.5%	15.1%	14.0%	13.2%
41-45	16.2%	16.3%	15.8%	16.2%	16.2%	15.10%	14.9%	15.6%	16.4%	16.2%
46-50	12.5%	12.5%	12.6%	12.3%	13.2%	7.10%	8.8%	9.3%	10.2%	10.7%
51-55	7.7%	7.5%	8.0%	8.1%	8.8%	2.90%	3.7%	4.0%	4.3%	4.8%
56-60	3.9%	3.9%	4.9%	4.8%	4.7%	0.70%	1.0%	1.6%	1.4%	1.6%
61-65	2.1%	2.1%	2.4%	2.6%	2.3%	0.30%	0.3%	0.4%	0.5%	0.7%
66+	1.5%	1.7%	1.4%	1.6%	1.5%	0.20%	0.1%	0.2%	0.2%	0.2%
Unknown Age	0.1%	0.1%	0.0%	0.0%	0.0%	0.20%	0.2%	0.0%	0.0%	0.1%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sex	%	%	%	%	%	%	%	%	%	%
Male	75.0%	76.6%	76.2%	75.7%	75.3%	74.0%	73.6%	74.6%	75.0%	74.7%
Females	25.0%	23.4%	23.8%	24.3%	24.7%	26.0%	26.4%	25.4%	25.0%	25.3%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Race	%	%	%	%	%	%	%	%	%	%
White	72.1%	71.6%	71.2%	70.4%	69.8%	62.8%	61.7%	61.8%	61.5%	62.3%
Black or African-American	20.6%	19.7%	19.4%	20.1%	19.8%	34.6%	35.7%	35.0%	35.5%	34.0%
American Indian or Alaska Native	0.4%	0.4%	0.4%	0.4%	0.3%	0.4%	0.4%	0.5%	0.4%	0.3%
Asian or Native Hawaiian or Other Pacific Islander	0.9%	1.0%	1.2%	1.2%	1.1%	0.3%	0.3%	0.5%	0.5%	0.6%
Other	5.9%	7.4%	7.8%	7.9%	8.9%	1.9%	1.9%	2.2%	2.1%	2.6%
Unknown	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Ethnicity	%	%	%	%	%	%	%	%	%	%
Hispanic or Latino	6.6%	7.9%	8.5%	9.5%	9.7%	2.5%	2.5%	2.5%	2.7%	3.1%
Not Hispanic or Latino	93.4%	92.1%	91.5%	90.5%	90.3%	97.5%	97.5%	97.5%	97.3%	96.9%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

NOTES:

*Alcohol (alone or with secondary drug) includes admissions for abuse of alcohol alone and admissions for primary abuse of alcohol with secondary abuse of drugs.

SOURCE: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Based on administrative data reported by States to TEDS through January 11, 2008.

Prevalence by Demographic Characteristics 2006

A6.2: Percentage of Heavy Drinkers* and Binge Drinkers by Age Group in Maryland: 2006**

	Heavy Drinkers*		Binge Drinkers**	
	%	Confidence Interval	%	Confidence Interval
Maryland	4.7%	4.2-5.3	13.8%	12.9-14.7
Age				
18-24	7.1%	3.8-10.4	21.2%	15.9-26.5
25-34	6.4%	4.5-8.3	23.6%	20.4-26.8
35-44	4.4%	3.1-5.7	15.8%	13.6-18.0
45-54	3.9%	2.8-5.0	11.7%	9.9-13.5
55-64	4.3%	3.1-5.5	8.5%	6.9-10.2
65-74	3.0%	1.8-4.2	3.8%	2.4-5.2
75+	2.6%	1.4-3.8	1.9%	0.9-2.9
Sex				
Male	4.9%	4.0-5.8	18.8%	17.1-20.5
Females	4.5%	3.8-5.2	9.3%	8.4-10.3
Race/Ethnicity				
White	6.0%	5.3-6.7	15.6%	14.5-16.7
Black	2.3%	1.3-3.3	10.0%	8.0-12.1
Hispanic	6.6%	2.3-11.0	19.2%	12.3-26.1
Other	1.9%	0.0-3.8	9.5%	5.5-13.5
Multiracial	1.3%	0.0-4.5	20.0%	8.8-31.2

NOTES:

*Heavy drinkers defined as adult men who drink more than two drinks per day or adult women who drink more than one drink per day.

**Binge Drinkers defined as those who drink five or more drinks on same occasion.

Percentages weighted to population characteristics.

Confidence interval range at 95% probability level.

SOURCE: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001-2006.

Time Trends 2002-2005

A6.3: Percentage of Maryland Residents Reporting Past Month Alcohol and Binge Alcohol Use* by Year and Age Group: Annual Averages Based on 2002/03, 2003/04, and 2004/05 Surveys

Year	Past Month					
	Alcohol Use			Binge Alcohol Use*		
	2002-03	2003-04	2004-05	2002-03	2003-04	2004-05
Maryland	54.67%	51.72%	53.05%	21.65%	19.68%	19.96%
Age						
12-17	17.14%	16.19%	15.71%	9.43%	9.26%	9.13%
18-25	64.21%	64.06%	62.88%	39.77%	37.64%	37.26%
26 or Older	58.34%	54.68%	56.69%	20.48%	18.22%	18.65%

NOTES: There were no statistically significant differences ($p < .05$) from one year to next (between 2002-03 and 2003-04 estimates or 2003-04 and 2004-05 estimates) for alcohol use or binge alcohol use in estimates for state or within age groups.

*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 occasion in past 30 days.

Review of 95% confidence intervals associated with estimates indicates that within each time period those aged 18-25 years and 26 years and older were more likely to engage in past month alcohol use than those aged 12-17 years. In addition, those aged 18-25 years were more likely to engage in past month binge alcohol use than those aged 12-17 years or 26 and older. Those aged 26 and older were more likely to engage in binge alcohol use in past month than those aged 12-17 years within each time period.

SOURCE: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, National Survey on Drug Use and Health, 2002-2005.

A6.4: Percentage of Heavy Drinkers*and Binge Drinkers in Maryland
By Year: 2002-2006**

	Heavy Drinkers*		Binge Drinkers**	
	%	Confidence Interval	%	Confidence Interval
2002	4.9%	4.0-5.8	14.4%	12.9-15.9
2003	5.3%	4.5-6.1	15.0%	13.5-16.5
2004	4.3%	3.6-5.0	12.9%	11.5-14.3
2005	4.2%	3.6-4.8	11.9%	10.9-12.9
2006	4.7%	4.2-5.3	13.8%	12.9-14.7

NOTES:

*Heavy drinkers are adult men who drink more than two drinks per day or adult women who drink more than one drink per day.

**Binge Drinkers are those who drink five or more drinks on same occasion.

Percentages weighted to population characteristics.

Confidence interval range at 95% probability level.

SOURCE: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001–2006.

Sales per Capita 2001-2005

A6.5: Sales of Ethanol (in Gallons) per Capita for Maryland Population Aged 14 and Older by Type of Beverage: 2001–2005

	Ethanol Sales (in Gallons) per Capita*				
	2001	2002	2003	2004	2005
Total	2.11	2.11	2.11	2.15	2.11
Beverage Type					
Spirits	0.75	0.75	0.77	0.79	0.85
Wine	0.30	0.31	0.32	0.33	0.32
Beer	1.06	1.05	1.02	1.03	0.93

NOTES:

* Per Capita: Maryland population aged 14 and older.

Ethanol sales based on ethanol content of alcoholic beverages sold.

SOURCE: Lakins, N.E., LaVallee, R.A., Williams, G.D., and Yi, H., 2007. Surveillance Report #82: Apparent Per Capita Alcohol Consumption: National, State, and Regional Trends, 1977-2005. Bethesda, MD: NIAAA, Alcohol Epidemiologic Data System.

**A6.6: Estimated Prevalence of Adults Reporting
Binge Drinking* and Heavy Drinking** by County: 2006**

	Binge Drinkers*		Heavy Drinkers**	
	%	Confidence Interval	%	Confidence Interval
Allegany	16.7%	10.9-22.5	2.9%	0.3-5.5
Anne Arundel	16.5%	12.8-20.2	6.9%	4.4-9.4
Baltimore City	17.6%	13.6-21.7	5.6%	3.1-8.1
Baltimore County	14.7%	11.9-17.5	6.1%	4.2-8.0
Calvert	15.2%	9.0-21.4	7.6%	3.0-12.2
Caroline	13.9%	7.8-20.0	3.0%	0.0-6.0
Carroll	12.5%	7.4-17.6	1.9%	0.0-4.0
Cecil	17.9%	12.7-23.1	7.5%	3.9-11.1
Charles	13.7%	8.9-18.5	4.7%	1.8-7.6
Dorchester	20.5%	13.5-27.5	5.0%	1.3-8.7
Frederick	17.5%	13.7-21.3	5.0%	2.8-7.2
Garrett	8.3%	3.9-12.7	3.3%	0.4-6.2
Harford	12.6%	7.9-17.3	3.9%	1.2-6.6
Howard	13.9%	9.2-18.6	2.6%	0.4-4.8
Kent	14.1%	7.1-21.1	5.7%	1.1-10.4
Montgomery	12.5%	10.1-14.9	5.3%	3.7-6.9
Prince George's	7.8%	5.3-10.4	1.7%	0.5-2.9
Queen Anne's	20.5%	14.5-26.5	3.7%	0.9-6.5
Saint Mary's	15.0%	9.3-20.7	3.9%	0.8-7.0
Somerset	10.9%	3.6-18.2	7.0%	1.0-13.0
Talbot	18.0%	12.3-23.7	6.4%	2.8-10.1
Washington	15.3%	11.0-19.6	4.1%	1.7-6.5
Wicomico	8.7%	4.4-13.0	3.2%	0.5-5.9
Worcester	16.7%	9.7-23.7	8.0%	2.9-13.1
State Total	13.8%	12.9-14.7	4.7%	4.2-5.3

NOTES:

% = Percent weighted to Maryland population.

Confidence interval range: 95% probability level.

*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 past 30 days.

**Heavy Drinkers defined as men who drink more than two drinks per day or women who drink more than one drink per day.

SOURCE: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005.

VI. CONSEQUENCES OF TOBACCO USE IN MARYLAND

This section highlights cigarette smoking-related deaths including lung cancer, emphysema, and chronic obstructive pulmonary disease (COPD). As with previous sections on the consequences of illicit drug and alcohol abuse, this section was assembled to assist with development of data-driven prevention planning. Consumption indicators affiliated with this consequence are also provided.

This consequence was selected following discussions with the SEOW and assessment of inclusion criteria, and is part of CSAP's reduced mortality domain. The data used for consequence assessment were selected in accordance with CSAP requirements. Whenever possible, data with comparable national measures were selected for inclusion in the CSAP National Outcome Measures and cross-site evaluation. The data provided Maryland administrators and citizens with an in-depth view of the impact of consequences on state and local jurisdictions as well as various demographic profiles, and facilitated data-driven program and policy decisions.

Key findings were summarized for each consequence table and the consumption section as a whole.

A. Consequence 1: Cigarette Smoking-Related Deaths

Prevalence/Severity in 2004

T1.1: Number, Percentage, and Rate* of All-Cause and Lung Cancer, Chronic Obstructive Pulmonary Disease and Emphysema Deaths in Maryland by Demographics: 2004

	Estimated Population July 1, 2004*	Total: All Cause Deaths			Lung Cancer Deaths			COPD** and Emphysema Deaths		
		No.	%	Rate per 100,000 Pop.*	No.	%	Rate per 100,000 Pop.*	No.	%	Rate per 100,000 Pop.*
Maryland Total	5,558,058	43,157	100.0%	776.5	2,845	100.0%	51.2	1,818	100.0%	32.7
Gender										
Male	2,690,901	21,218	49.2%	788.5	1,547	54.4%	57.5	779	42.8%	28.9
Female	2,867,157	21,939	50.8%	765.2	1,298	45.6%	45.3	1,039	57.2%	36.2
Race/Ethnicity***										
Black	1,645,781	11,726	n/a	n/a	675	23.7%	41.0	221	12.2%	13.4
White	3,617,094	30,717	n/a	n/a	2,123	74.6%	58.7	1,584	87.1%	43.8
American Indian	20,885	73	n/a	n/a	2	0.1%	9.6	0	0.0%	0.0
Asain/Pacific Islander	274,298	621	n/a	n/a	32	1.1%	11.7	9	0.5%	3.3
Hispanic	297,717	n/a	n/a	n/a	13	0.5%	4.4	4	0.2%	1.3
Age ****										
0-29	2,248,760	2,363	5.5%	90.0	1	0.0%	0.0	0	0.0%	0.0
30-34	378,096				2	0.1%	0.5	0	0.0%	0.0
35-54	1,723,117	5,638	13.1%	327.2	303	10.7%	17.6	40	2.2%	2.3
55-64	573,342	4,970	11.5%	866.8	578	20.3%	100.8	155	8.5%	27.0
65+	634,743	30,181	69.9%	4754.8	1,961	68.9%	308.9	1,623	89.3%	255.7

NOTES:

*Rates based on July 1st population estimates prepared by National Center for Health Statistics (NCHS) in collaboration with U.S. Census Bureau.

**COPD = Chronic Obstructive Pulmonary Disease

***Race/ethnicity categories from Maryland Vital Statistics Agency did not match those collected from NCHS.

****All cause deaths for age did not sum to total because there were five deaths for which age was unknown.

Lung Cancer/COPD/Emphysema Disease Deaths include International Classification of Disease, Tenth Revision (ICD-10) Category Codes: C34, J40-J42, J43, J44, and J47 as the underlying cause of death. See Appendix for code descriptions.

SOURCE:

U.S. Department of Health and Human Services, National Center for Health Statistics. Multiple Cause of Death, 1999-2001[CD-ROM]. Hyattsville, MD, Author, (Special data file), 2004 and Maryland Vital Statistics Annual Report 2004, Vital Statistics Administration, Maryland Department of Health and Mental Hygiene.

HIGHLIGHTS:

- There were 2,845 lung cancer deaths and a combined total of 1,818 chronic obstructive pulmonary disease (COPD) and emphysema deaths in Maryland in 2004, a slight decrease from 2003; altogether these deaths accounted for 11% of deaths in Maryland that year.
- Lung cancer deaths in Maryland were slightly more likely to be male, while COPD and emphysema deaths were slightly more likely to be female.
- Lung cancer, COPD and emphysema deaths were much more likely to be White and adults 65 or older. Nearly a quarter of lung cancer deaths were Black, but only 12% of COPD and emphysema deaths were Black.
- 31% of lung cancer deaths were among 35 to 64 year olds, compared to 11% of COPD and emphysema deaths.

Time Trends 2000-2004

T1.2: Number, Rate per 100,000 Population, and Estimated Tobacco-Related Lung Cancer and Chronic Obstructive Pulmonary Disease and Emphysema Deaths by Year: 2000–2004

Year	Estimated Population*	Estimated Number: Smoking-Related Deaths from Lung Cancer and COPD and Emphysema Diseases	Lung Cancer Deaths				COPD*** and Emphysema Deaths			
			Number of Deaths	Rate per 100,000 Pop.	Estimated Percentage Smoking-Related (%)**	Estimated Number Smoking-Related Deaths	Number of Deaths	Rate per 100,000 Pop.	Estimated Percentage Smoking-Related (%)	Estimated Number Smoking-Related Deaths
2000	5,296,486	3,945	2,926	55.2	90% Females; 80% Males	2,471	1,843	34.8	80.0%	1,474
2001	5,386,079	3,904	2,889	53.6	90% Females; 80% Males	2,438	1,832	34.0	80.0%	1,466
2002	5,458,137	3,984	2,967	54.4	90% Females; 80% Males	2,507	1,846	33.8	80.0%	1,477
2003	5,508,909	4,067	3,015	54.7	90% Females; 80% Males	2,547	1,899	34.5	80.0%	1,519
2004	5,558,058	3,860	2,845	51.2	90% Females; 80% Males	2,406	1,818	32.7	80.0%	1,454

NOTES:

* Rates based on July 1st population estimates for each year; population estimates prepared by National Center for Health Statistics (NCHS) in collaboration with U.S. Census Bureau.

**Estimated percentage of lung cancer deaths due to smoking taken from CDC's December 2006 "Health Effects of Cigarette Smoking Fact Sheet".

***COPD = Chronic Obstructive Pulmonary Disease

Lung Cancer/COPD/Emphysema Disease Deaths include International Classification of Disease, Tenth Revision (ICD-10) Category Codes: C34, J40-J42, J43, J44, and J47 as underlying cause of death.

SOURCE: U.S. Department of Health and Human Services, National Center for Health Statistics. Multiple Cause of Death, 2000-2004[CD-ROM]. Hyattsville, MD, Author, (Special data file).

HIGHLIGHTS:

- Estimates were that 90% of female and 80% of male lung cancer deaths were attributable to tobacco. Estimates were that 80% of chronic obstructive pulmonary disease (COPD) and emphysema deaths were also attributable to tobacco.
- The number of tobacco-related lung cancer deaths fluctuated over the years 2000 to 2004. However, by 2004, the number of deaths had declined slightly, to 2,406 in 2006 from 2,471 in 2000. The rates of lung cancer deaths declined slightly from 55.2 in 2000 to 51.2 in 2004. The number of deaths decreased 5.6% in 2004.
- The number of tobacco-related COPD and emphysema deaths also fluctuated each year from 2000 to 2003. From 2000 to 2003 the numbers increased by 45 people (from 1,474 to 1,519), although the rate of COPD and emphysema deaths was relatively stable from 34.8 in 2000, to 34.5 in 2003. In 2004, the number decreased 4.3%.

B. Tobacco Consumption

Overview

Tables that follow were created using the most recent data available (including data from 1990 to 2006), and focus primarily on past month cigarette and any tobacco use, numbers of current smokers, and per capita sales. Data are presented in the following subsections:

- Prevalence by Demographic Characteristics
- Time Trends
- Sales per Capita
- County Data

Highlights

- According to the NSDUH, in recent years (2002-05), one in four Maryland residents aged 12 and older used a tobacco product in the past month.
- According to BRFSS data, in 2006 nearly one in five Maryland adults used cigarettes in the past month.
- The percentage of age 12 or older current smokers and users of any tobacco product in Maryland remained stable in recent years, according to NSDUH data.
- The number of adults who were current smokers, however, decreased slightly from 21.9% in 2002 to 17.7% in 2006, according to BRFSS data.
- BRFSS estimates indicated that more than one in five adults in 12 counties was a current smoker in 2006. Counties with the highest estimates were Allegany (27.3%), Baltimore City (27%), and Somerset (26.9%).
- The number of cigarette packs sold per capita also decreased steadily from 133.14 in 1990 to 68.1 in 2002 (the most recent year for which data were available).

Prevalence by Demographics: 2006

T2.1: Age, Sex, and Race/Ethnicity of Current Adult Smokers in Maryland: 2006

	Current Smoker	
	Percent	Confidence Interval
Maryland	17.7%	16.7-18.7
Age		
18-24	18.7%	13.7-23.7
25-34	24.5%	21.3-27.7
35-44	16.5%	14.3-18.8
45-54	21.1%	18.8-23.4
55-64	16.1%	14.0-18.3
65-74	11.2%	9.0-13.4
75+	6.2%	4.4-8.0
Sex		
Male	19.0%	17.4-20.6
Females	16.5%	15.3-17.7
Race/Ethnicity		
White	17.9%	16.8-19.0
Black	19.8%	17.1-22.5
Hispanic	11.1%	5.6-16.6
Other	14.4%	9.6-19.2
Multiracial	21.8%	10.4-33.2

NOTES:

CI = Confidence Interval

Percentages weighted to population characteristics.

SOURCE: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001–2006.

Time Trends 2002-2005

T2.2: Percentage of Maryland Residents Reporting Past Month Use of Cigarettes and Any Tobacco Product* by Year and Age Group: Annual Averages Based on 2002/03, 2003/04, and 2004/05 Surveys

Year	Past Month					
	Cigarette Use			Use of Any Tobacco Product*		
	2002-03	2003-04	2004-05	2002-03	2003-04	2004-05
Maryland	23.22%	23.05%	22.56%	27.13%	26.79%	26.27%
Age						
12-17	11.08%	10.54%	10.55%	12.70%	12.17%	12.06%
18-25	35.91%	35.50%	36.30%	42.05%	41.87%	40.03%
26 or Older	22.88%	22.78%	22.00%	26.76%	26.28%	26.03%

NOTES:

*Tobacco Products include cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco. No statistically significant differences ($p < .05$) from one year to next (between 2002-03 and 2003-04 estimates or 2003-04 and 2004-05 estimates) for cigarette use or use of any tobacco product for state or within age categories. Review of 95% confidence intervals associated with estimates reported above indicated that within each time period those aged 18-25 were more likely to engage in past month cigarette use and use of any tobacco product than those aged 12-17 or 26 and older. In addition, those aged 26 and older were more likely than those aged 12-17 to engage in past month cigarette use and use of any tobacco product within each time period.

SOURCE: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, National Survey on Drug Use and Health, 2002–2005.

T2.3: Percentage of Maryland Adult Current Smokers by Year: 2002–2006

Current Smokers		
Year	%	Confidence Interval
2002	21.90%	20.2-23.6
2003	20.10%	18.6-21.6
2004	19.50%	17.8-21.2
2005	18.90%	17.8-20.0
2006	17.70%	16.7-18.7

NOTES: Percentages weighted to population characteristics. Confidence Interval range at 95% probability level.

SOURCE: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2002–2006.

T2.4: Sales of Cigarette Packs per Capita for Maryland Population Aged 18 and Older: 1990-2002

Year	Number of Cigarette Packs Sold per Capita*
1990	133.14
1991	126.20
1992	114.86
1993	105.99
1994	104.99
1995	102.41
1996	99.61
1997	98.33
1998	94.18
1999	86.17
2000	78.27
2001	75.30
2002	68.10

NOTES:

*Per Capita for Maryland 18 or older population.
Sales data may not reflect actual cigarette consumption in state. Some cigarette purchases may have been out of state and not captured in above sales data.
Most recent data available from 2002.

SOURCE: 1990-2002 data provided by State Epidemiologic Data System (SEDS) from Social Sciences Data Collection, University of California San Diego (<http://ssdc.ucsd.edu/tobacco/sales/>).

**T2.5: Estimated Prevalence of Maryland Adult Current Smokers*
By County: 2006**

County	Current Smoker*	
	%	Confidence Interval
Allegany	27.3%	20.4-34.2
Anne Arundel	17.0%	13.3-20.7
Baltimore City	27.0%	22.4-31.7
Baltimore County	20.1%	17.0-23.2
Calvert	18.9%	12.3-25.6
Caroline	25.5%	17.9-33.1
Carroll	12.8%	7.8-17.8
Cecil	24.6%	18.8-30.4
Charles	18.3%	13.0-23.6
Dorchester	20.7%	13.8-27.6
Frederick	18.7%	14.8-22.6
Garrett	16.8%	10.9-22.7
Harford	18.1%	12.7-23.5
Howard	12.6%	8.2-17.1
Kent	19.1%	11.4-26.8
Montgomery	9.2%	7.2-11.3
Prince George's	17.2%	13.7-20.7
Queen Anne's	21.6%	15.6-27.6
Saint Mary's	23.4%	16.8-30.0
Somerset	26.9%	16.6-37.2
Talbot	16.2%	10.8-21.6
Washington	23.3%	18.3-28.3
Wicomico	22.2%	16.0-28.4
Worcester	21.6%	14.0-29.2
State Total	17.7%	16.7-18.6

NOTES:

% = Percent weighted to Maryland population.
Confidence Intervals range at 95% probability level.

*Current Smoker = smoked at least 100 cigarettes in lifetime and currently smoking.

SOURCE: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2006.

VII. APPENDIX

MD VSA Data: ICD-10 Codes for Alcohol-Induced Deaths

F10 Mental and behavioural disorders due to use of alcohol

G31.2 Degeneration of nervous system due to alcohol

G62.1 Alcoholic polyneuropathy

I42.6 Alcoholic cardiomyopathy

K29.2 Alcoholic gastritis

K70 Alcoholic liver disease

R78.0 Finding of alcohol in blood

X45 Accidental poisoning by and exposure to alcohol *Includes:* alcohol:

- NOS
- butyl [1-butanol]
- ethyl [ethanol]
- isopropyl [2-propanol]
- methyl [methanol]
- propyl [1-propanol]
- fusel oil

X65 Intentional self-poisoning by and exposure to alcohol *Includes:* alcohol:

- NOS
- butyl [1-butanol]
- ethyl [ethanol]
- isopropyl [2-propanol]
- methyl [methanol]
- propyl [1-propanol]
- fusel oil

Y15 Poisoning by and exposure to alcohol, undetermined intent *Includes:* alcohol:

- NOS
- butyl [1-butanol]
- ethyl [ethanol]
- isopropyl [2-propanol]
- methyl [methanol]
- propyl [1-propanol]
- fusel oil

MD VSA Data: ICD-10 Codes for Drug-Induced Deaths

- F11.0-F11.5; F11.7-F11.9 Mental and behavioural disorders due to use of opioids
- F12.0-F12.5; F12.7-F12.9 Mental and behavioural disorders due to use of cannabinoids
- F13.0-F13.5; F13.7-F13.9 Mental and behavioural disorders due to use of sedatives or hypnotics
- F14.0-F14.5; F14.7-F14.9 Mental and behavioural disorders due to use of cocaine
- F15.0-F15.5; F15.7-F15.9 Mental and behavioural disorders due to use of other stimulants, including caffeine
- F16.0-F16.5; F16.7-F16.9 Mental and behavioural disorders due to use of hallucinogens
- F17.0; F17.3-F17.5; F17.7-F17.9 Mental and behavioural disorders due to use of tobacco
- F18.0-F18.5; F18.7-F18.9 Mental and behavioural disorders due to use of volatile solvents
- F19.0-F19.5; F19.7-F19.9 Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances
- X40 Accidental poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics
- X41 Accidental poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified *Includes:* antidepressants
barbiturates
hydantoin derivatives
imino-stilbenes
methaqualone compounds
neuroleptics
psychostimulants
succinimides and oxazolidinediones
tranquillizers
- X42 Accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified *Includes:* cannabis (derivatives)
cocaine
codeine
heroin
lysergide [LSD]
mescaline
methadone
morphine
opium (alkaloids)
- X43 Accidental poisoning by and exposure to other drugs acting on the autonomic nervous system
Includes: parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics
parasympathomimetics [cholinergics]
sympatholytics [antiadrenergics]
sympathomimetics [adrenergics]
- X44 Accidental poisoning by and exposure to other and unspecified drugs, medicaments and biological substances *Includes:* agents primarily acting on smooth and skeletal muscles and the respiratory system
anaesthetics (general)(local)
drugs affecting the:
· cardiovascular system
· gastrointestinal system
hormones and synthetic substitutes
systemic and haematological agents

- systemic antibiotics and other anti-infectives
 - therapeutic gases
 - topical preparations
 - vaccines
 - water-balance agents and drugs affecting mineral and uric acid metabolism
- X60 Intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics
Includes: 4-aminophenol derivatives
 nonsteroidal anti-inflammatory drugs [NSAID]
 pyrazolone derivatives
 salicylates
- X61 Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified *Includes:* antidepressants
 barbiturates
 hydantoin derivatives
 iminostilbenes
 methaqualone compounds
 neuroleptics
 psychostimulants
 succinimides and oxazolidinediones
 tranquillizers
- X62 Intentional self-poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified *Includes:* cannabis (derivatives)
 cocaine
 codeine
 heroin
 lysergide [LSD]
 mescaline
 methadone
 morphine
 opium (alkaloids)
- X63 Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system
Includes: parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics
 parasympathomimetics [cholinergics]
 sympatholytics [antiadrenergics]
 sympathomimetics [adrenergics]
- X64 Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances *Includes:* agents primarily acting on smooth and skeletal muscles and the respiratory system
 anaesthetics (general)(local)
 drugs affecting the:
 - cardiovascular system
 - gastrointestinal system
 hormones and synthetic substitutes
 systemic and haematological agents
 systemic antibiotics and other anti-infectives
 therapeutic gases
 topical preparations
 vaccines
 water-balance agents and drugs affecting mineral and uric acid metabolism
- X85 Assault by drugs, medicaments and biological substances *Includes:* homicidal poisoning by (any):
 - biological substance

- drug
- medicament

Y10 Poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics, undetermined intent *Includes:* 4-aminophenol derivatives
nonsteroidal anti-inflammatory drugs [NSAID]
pyrazolone derivatives
salicylates

Y11 Poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified, undetermined intent *Includes:* antidepressants
barbiturates
hydantoin derivatives
iminostilbenes
methaqualone compounds
neuroleptics
psychostimulants
succinimides and oxazolidinediones
tranquillizers

Y12 Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified, undetermined intent *Includes:* cannabis (derivatives)
cocaine
codeine
heroin
lysergide [LSD]
mescaline
methadone
morphine
opium (alkaloids)

Y13 Poisoning by and exposure to other drugs acting on the autonomic nervous system, undetermined intent *Includes:* parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics
parasympathomimetics [cholinergics]
sympatholytics [antiadrenergics]
sympathomimetics [adrenergics]

Y14 Poisoning by and exposure to other and unspecified drugs, medicaments and biological substances, undetermined intent *Includes:* agents primarily acting on smooth and skeletal muscles and the respiratory system
anaesthetics (general)(local)
drugs affecting the:
· cardiovascular system
· gastrointestinal system
hormones and synthetic substitutes
systemic and haematological agents
systemic antibiotics and other anti-infectives
therapeutic gases
topical preparations
vaccines
water-balance agents and drugs affecting mineral and uric acid metabolism

Mental and behavioral disorders due to psychoactive substance use (F10-F19)

This block contains a wide variety of disorders that differ in severity and clinical form but that are all attributable to the use of one or more psychoactive substances, which may or may not have been medically prescribed. The third character of the code identifies the substance involved, and the fourth character specifies the clinical state. The codes should be used, as required, for each substance specified, but it should be noted that not all fourth-character codes are applicable to all substances.

Identification of the psychoactive substance should be based on as many sources of information as possible. These include self-report data, analysis of blood and other body fluids, characteristic physical and psychological symptoms, clinical signs and behaviour, and other evidence such as a drug being in the patient's possession or reports from informed third parties. Many drug users take more than one type of psychoactive substance. The main diagnosis should be classified, whenever possible, according to the substance or class of substances that has caused or contributed most to the presenting clinical syndrome. Other diagnoses should be coded when other psychoactive substances have been taken in intoxicating amounts (common fourth character .0) or to the extent of causing harm (common fourth character .1), dependence (common fourth character .2) or other disorders (common fourth character .3-.9).

Only in cases in which patterns of psychoactive substance-taking are chaotic and indiscriminate, or in which the contributions of different psychoactive substances are inextricably mixed, should the diagnosis of disorders resulting from multiple drug use (F19.-) be used.

Excludes: abuse of non-dependence-producing substances ([F55](#))

The following fourth-character subdivisions are for use with categories F10-F19:

.0 Acute intoxication

A condition that follows the administration of a psychoactive substance resulting in disturbances in level of consciousness, cognition, perception, affect or behaviour, or other psycho-physiological functions and responses. The disturbances are directly related to the acute pharmacological effects of the substance and resolve with time, with complete recovery, except where tissue damage or other complications have arisen. Complications may include trauma, inhalation of vomitus, delirium, coma, convulsions, and other medical complications. The nature of these complications depends on the pharmacological class of substance and mode of administration.

Acute drunkenness in alcoholism

"Bad trips" (drugs)

Drunkenness NOS

Pathological intoxication

Trance and possession disorders in psychoactive substance intoxication

Excludes: intoxication meaning poisoning ([T36-T50](#))

.1 Harmful use

A pattern of psychoactive substance use that is causing damage to health. The damage may be physical (as in cases of hepatitis from the self-administration of injected psychoactive substances) or mental (e.g. episodes of depressive disorder secondary to heavy consumption of alcohol).

Psychoactive substance abuse

.2 Dependence syndrome

A cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

The dependence syndrome may be present for a specific psychoactive substance (e.g. tobacco, alcohol, or diazepam), for a class of substances (e.g. opioid drugs), or for a wider range of pharmacologically different psychoactive substances.

- Chronic alcoholism
 - Dipsomania
 - Drug addiction
- .3 Withdrawal state

A group of symptoms of variable clustering and severity occurring on absolute or relative withdrawal of a psychoactive substance after persistent use of that substance. The onset and course of the withdrawal state are time-limited and are related to the type of psychoactive substance and dose being used immediately before cessation or reduction of use. The withdrawal state may be complicated by convulsions.
- .4 Withdrawal state with delirium

A condition where the withdrawal state as defined in the common fourth character .3 is complicated by delirium as defined in F05.-. Convulsions may also occur. When organic factors are also considered to play a role in the etiology, the condition should be classified to F05.8.
- .5 Delirium tremens (alcohol-induced)

Psychotic disorder

A cluster of psychotic phenomena that occur during or following psychoactive substance use but that are not explained on the basis of acute intoxication alone and do not form part of a withdrawal state. The disorder is characterized by hallucinations (typically auditory, but often in more than one sensory modality), perceptual distortions, delusions (often of a paranoid or persecutory nature), psychomotor disturbances (excitement or stupor), and an abnormal affect, which may range from intense fear to ecstasy. The sensorium is usually clear but some degree of clouding of consciousness, though not severe confusion, may be present.

Alcoholic:

 - hallucinosis
 - jealousy
 - paranoia
 - psychosis NOS

Excludes: alcohol- or other psychoactive substance-induced residual and late-onset psychotic disorder ([F10-F19](#) with common fourth character .7)
- .7 Residual and late-onset psychotic disorder

A disorder in which alcohol- or psychoactive substance-induced changes of cognition, affect, personality, or behaviour persist beyond the period during which a direct psychoactive substance-related effect might reasonably be assumed to be operating. Onset of the disorder should be directly related to the use of the psychoactive substance. Cases in which initial onset of the state occurs later than episode(s) of such substance use should be coded here only where clear and strong evidence is available to attribute the state to the residual effect of the psychoactive substance. Flashbacks may be distinguished from psychotic state partly by their episodic nature, frequently of very short duration, and by their duplication of previous alcohol- or other psychoactive substance-related experiences.
- Alcoholic dementia NOS
 - Chronic alcoholic brain syndrome
 - Dementia and other milder forms of persisting impairment of cognitive functions
 - Flashbacks
 - Late-onset psychoactive substance-induced psychotic disorder
 - Posthallucinogen perception disorder
 - Residual:
 - affective disorder
 - disorder of personality and behaviour

Excludes: alcohol- or psychoactive substance-induced:
· Korsakov's syndrome ([F10-F19](#) with common fourth character .6)
· psychotic state ([F10-F19](#) with common fourth character .5)

- .8 Other mental and behavioural disorders
- .9 Unspecified mental and behavioural disorder

SEDS National Data: ICD-10 Codes for Lung Cancer

- C34 Malignant neoplasm of bronchus and lung
 - C34.0 Main bronchus
 - Carina
 - Hilus (of lung)
 - C34.1 Upper lobe, bronchus or lung
 - C34.2 Middle lobe, bronchus or lung
 - C34.3 Lower lobe, bronchus or lung
 - C34.8 Overlapping lesion of bronchus and lung
[See note 5 at the beginning of this chapter]
 - C34.9 Bronchus or lung, unspecified

SEDS National Data: ICD-10 Codes for Chronic Obstructive Pulmonary Disease (COPD) and Emphysema

J40 Bronchitis, not specified as acute or chronic

Note: Bronchitis not specified as acute or chronic in those under 15 years of age can be assumed to be of acute nature and should be classified to J20.-.

Bronchitis:

- NOS
- catarrhal
- with tracheitis NOS
- Tracheobronchitis NOS

Excludes: bronchitis:

- allergic NOS (J45.0)
- asthmatic NOS (J45.9)
- chemical (acute) (J68.0)

J41 Simple and mucopurulent chronic bronchitis

Excludes: chronic bronchitis:

- NOS (J42)
- obstructive (J44.-)

J41.0 Simple chronic bronchitis

J41.1 Mucopurulent chronic bronchitis

J41.8 Mixed simple and mucopurulent chronic bronchitis

J42 Unspecified chronic bronchitis

Chronic:

- bronchitis NOS
- tracheitis
- tracheobronchitis

Excludes: chronic:

- asthmatic bronchitis (J44.-)
- bronchitis:
 - simple and mucopurulent (J41.-)
 - with airways obstruction (J44.-)
- emphysematous bronchitis (J44.-)
- obstructive pulmonary disease NOS (J44.9)

J43 Emphysema

Excludes: emphysema:

- compensatory (J98.3)
- due to inhalation of chemicals, gases, fumes or vapours (J68.4)
- interstitial (J98.2)
 - neonatal (P25.0)
- mediastinal (J98.2)
- surgical (subcutaneous) (T81.8)
- traumatic subcutaneous (T79.7)
- with chronic (obstructive) bronchitis (J44.-)
- emphysematous (obstructive) bronchitis (J44.-)

J43.0 MacLeod's syndrome

Unilateral:

- emphysema
- transparency of lung

J43.1 Panlobular emphysema

Panacinar emphysema

J43.2 Centrilobular emphysema

J43.8 Other emphysema

J43.9 Emphysema, unspecified

Emphysema (lung)(pulmonary):

- NOS
- bullous
- vesicular

Emphysematous bleb

J44 Other chronic obstructive pulmonary disease

Includes: chronic:

- bronchitis:
 - asthmatic (obstructive)
 - emphysematous
- with:
 - airways obstruction
 - emphysema
- obstructive:
 - asthma
 - bronchitis
 - tracheobronchitis

Excludes: asthma (J45.-)

asthmatic bronchitis NOS (J45.9)

bronchiectasis (J47)

chronic:

- bronchitis:
 - NOS (J42)
 - simple and mucopurulent (J41.-)
- tracheitis (J42)
- tracheobronchitis (J42)

emphysema (J43.-)

lung diseases due to external agents (J60-J70)

J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection

Excludes: with influenza (J98-J11)

J44.1 Chronic obstructive pulmonary disease with acute exacerbation, unspecified

J44.8 Other specified chronic obstructive pulmonary disease

Chronic bronchitis:

- asthmatic (obstructive) NOS
- emphysematous NOS
- obstructive NOS

Excludes: with acute exacerbation (J44.1)

with acute lower respiratory infection (J44.0)

J44.9 Chronic obstructive pulmonary disease, unspecified

Chronic obstructive:

- airway disease NOS
- lung disease NOS

J47 Bronchiectasis

Bronchiolectasis

Excludes: congenital bronchiectasis (Q33.4)

tuberculous bronchiectasis (current disease) (A15-A16)