

Chapter 2

THE DIMENSION OF THE DISTRICT'S SUBSTANCE ABUSE PROBLEM

FACING THE CHALLENGE

No single statistic captures the entire scale and scope of substance abuse in the District of Columbia. However, by piecing together a variety of substance abuse data “indicators,” it is possible to gain a sense of the magnitude of the problem. In short, these figures portray a city in which the rates of alcohol and drug abuse are high, and in some cases, exceed the national average. Perhaps most troubling, these elevated rates of addiction are compounded by a serious shortage of treatment capacity.

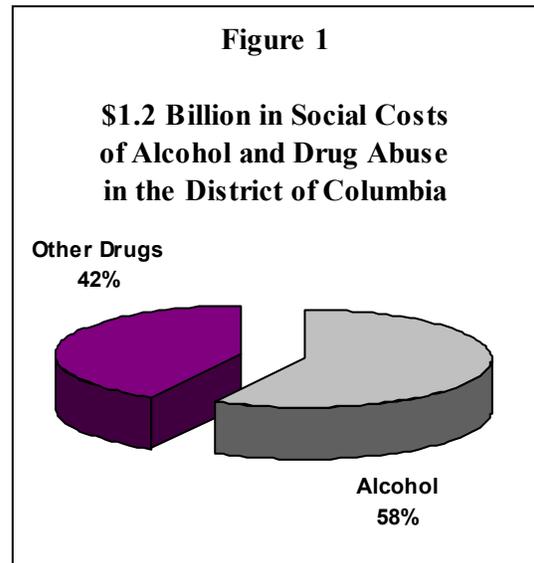
The District's levels of substance abuse result in significant negative consequences, particularly with regard to the health and safety of the city's citizens. Substance abuse imposes considerable economic and social costs, including increased burdens on hospital, school, and child welfare systems. The cumulative effect of these consequences exacts a toll on all District residents and devastates certain segments of the population where rates of addiction and drug-related violence are highest.

\$1.2 BILLION IN SOCIAL COSTS

The social and economic costs of alcohol and drug abuse in the District of Columbia are staggering—possibly exceeding more than \$1.2 billion per year or \$2,100 per resident. These costs consist primarily of the value of lost productivity from substance abuse from such causes as premature deaths, criminal careers, substance abuse-related illnesses, and incarceration. They also reflect the health and crime consequences from substance abuse, both in the direct effects on the drug user and the community at large. Such costs include medical consequences of substance abuse from diseases such as tuberculosis,

HIV/AIDS, hepatitis B and C, as well as the health costs of victims of drug-related crime. Figure 1 illustrates that approximately \$700 million of the total \$1.2 billion in social costs is attributable to alcohol use and approximately \$500 million to other drugs.

Reducing the social costs of substance abuse requires a specific strategic plan, including targeted efforts to lower both



current rates of addiction and what may be characterized as “initiation” or “recruitment” into addiction. This latter category of use involves the prevention of first-time use as well as reductions in so-called “casual drug use” before it progresses into more serious problems.

Drug addiction and alcoholism contribute disproportionately to social costs. Research indicates that although the addict population represents only about 20 percent of the overall user population nationwide, addicts account for more than two-thirds of the consumption of illicit drugs. Similarly, those addicted to alcohol account for the bulk of

alcohol consumption. As top consumers of alcohol and other drugs, addicts and alcoholics commit the majority of crime, suffer the majority of health-related problems, and have the lowest productivity.

Addiction, however, does not fuel the entire substance abuse problem or its associated costs. Recreational drug and alcohol use, sometimes referred to as “casual” or “current drug use,” entices new users to start using drugs and alcohol. This “casual user” is usually connected to a family, attends school or is employed, and projects a positive lifestyle. In epidemiological terms the “casual drug user” is a “carrier” of the disease of addiction who influences his or her peers to make unhealthy lifestyle choices. Casual drug use and its role in spreading addiction must be thoroughly examined and understood as a major contributing force to any given community’s substance abuse problem.

SCALE OF OVERALL DRUG USE

A useful starting point in assessing the extent of the substance abuse problem in the District is to determine the magnitude of the substance-abusing population. For the purposes of making policy, it is helpful to consider the scale of the substance abuse problem in the context of general overall use rates (prevalence) and the number of “initiates” (individuals who are beginning to experiment with alcohol, cigarettes, and/or illicit drugs).

The 2000 District of Columbia Household Survey (Household Survey) developed estimates of overall prevalence by asking respondents about their drug-using activity in the 30 days before the survey, during the past year, and during their lifetimes. Such an approach captures all forms of drug-using behavior, from one-time use (sometimes referred to as experimentation), recreational use (non-dependence), to dependence. The survey questions only members of households about

their use, which means that it tends to undercount rates of addiction because drug addicts and alcoholics often lead transitory lifestyles outside of stable household units. (As discussed later in this document, the Mayor’s Interagency Task Force on Substance Abuse Prevention, Treatment and Control (Task Force) plans to obtain population-based estimates of the addict population in DC).

The Household Survey found that 41,000 or nearly 10 percent of District residents reported using an illicit drug in the 30 days before being interviewed (past-month basis).

Table 1

Percentage Reporting Substance Use on a Past-Month Basis

Age Group	Illicit Drugs	Alcohol	Cigarettes
12-17	7.4%	17.2%	12.1%
18-24	20.5%	64.8%	31.8%
25-34	14.0%	59.5%	25.6%
35+	6.4%	47.5%	25.9%
Total, All Age Groups	9.6%	50.1%	25.7%

Source: 2000 District of Columbia Household Survey on Substance Abuse.

It also revealed that an estimated 109,000 residents had used cigarettes and 73,000 individuals had engaged in binge drinking in the previous month. Table 1 presents data on the percentage of the population reporting illicit drug, alcohol, and tobacco use on a past-month basis (current or regular users). It shows that the highest rate of illicit drug use in the District occurs between the ages of 18 and 34. Among those between the ages of 18 and 24, specifically, the overall rate of drug

use is nearly 21 percent—meaning that one in five used illicit drugs on a past-month basis.

The number-one illicit “drug of choice” in the District is clearly marijuana. A significant number of residents, however, use cocaine. Other drugs, though less prevalent across all user groups, appear to be popular among certain segments of the population. For example, although many younger drug users did not report using either heroin or inhalants, both of these substances were being used by about 10 percent of drug users over the age of 35.

A resurgence of PCP (phencyclidine hydrochloride) use began in 2001 and continues today in the Northeast and Southeast sectors of the District as well as in nearby Prince George’s County. Although PCP still lags behind marijuana and cocaine, a range of statistics marks its troubling increase. Detoxification patients in the District now test positive for PCP six times more often than in 1999. The Prince George’s County police laboratory, which tests all drugs seized in the county, received more than 115 PCP samples in 2002—up from eight in 2000.

The Household Survey reveals dramatic differences in illicit drug use on the basis of gender, employment, and education. District males use illicit drugs at almost two and a half times the rate of females (14.0 percent for males compared with 5.8 percent for females). Rates of drug use were highest among those with a high school education or less (11.4 percent) compared with those with more education (8.6 percent for those with one to four years of college and 6.4 percent for those with graduate degrees). Rates of drug use also vary according to employment status. Nearly one of every four (24 percent) unemployed residents used an illicit substance on a past-month basis compared to 8.1 percent for those employed full time.

**DISTRICT RATES OF ILLICIT
DRUG USE 52 PERCENT HIGHER
THAN THOSE OF THE NATION**

The District’s overall rates of substance abuse are higher than those of the nation as a whole. The overall illicit drug use rate of 9.6 percent in the District is a striking 52 percent higher than the nationwide rate of 6.3 percent for the same year. District youth, however, ages 12 to 17, report a *lower* rate of *illicit* drug use relative to young people throughout the United States.

**DRAMATIC RATES OF ALCOHOL
AND TOBACCO USE AMONG
DISTRICT YOUTH**

Unlike the comparatively low rates of illicit drug use for District youth, the Household Survey reveals dramatic rates of alcohol and tobacco use among this group. Although access to tobacco and alcohol is prohibited for individuals under the ages of 18 and 21, respectively, one in every three District adolescents between 12 and 17 years of age (34 percent) reported that they had used alcohol during their lifetime. Seventeen percent reported that they used alcohol on a past-month basis. Rates of past-month alcohol use were highest for young adults between 18 and 24 years old, with 77 percent reporting past-month use. With regard to tobacco, about one in 10 adolescents between the ages of 12 and 17 (12.1 percent) reported smoking cigarettes on a past-month basis; the rate jumps to almost 32 percent for those between the ages of 18 and 24.

For first-time drug use—“substance abuse initiation”—the Household Survey reveals that the onset of substance abuse is a more serious problem for the District than for the nation. Simply put: District residents report drug use initiation at an earlier age compared to those in the nation. This onset tends to occur early in the teen years. What is

most interesting, however, is that despite this earlier initiation, *prevalence* rates for the District among those ages 12 to 17 are lower than the rates for the nation. This suggests that the length of time of “conversion” from initiation to *prevalence* among those ages 12 to 17 in the District is longer than for the nation. Within the District, the average age of initiation for alcohol is 13.3 years compared to the national average of 16.3 years. That is, youth in the District initiate alcohol use a full three years earlier than youth across the nation. The finding for other substances is similar to that of alcohol. The average age of initiation for cigarettes is 13.7 years in the District compared with 15.4 for the nation. And the average age of initial marijuana use is 14.5 years, compared to 17.0 years for the nation.

Similar to the National Household Survey on Drug Abuse (recently re-named National Household Survey on Drug Use and Health), the District’s Household Survey does not include individuals living on college campuses, an estimated 70,000 within the city. According to Metropolitan Police Chief Charles Ramsey, not only do drug and alcohol abuse on college campuses claim the lives of students every year, they also place an enormous demand on the city’s enforcement resources. Clearly, effective strategic planning must target the substantial problem of drug and alcohol abuse on District college and university campuses.

60,000 ADDICTS IN THE DISTRICT

The Task Force estimates that approximately 60,000 District residents are addicted to alcohol and other drugs. This finding is supported by the Household Survey which revealed that rates of addiction in the District were nearly double the U.S. rate. As shown in Table 2, the survey of household residents reported an addiction rate of 8.9 percent—nearly one in ten District residents—compared to a nationwide rate of 4.7 percent. The primary drug of dependence

in the District is alcohol. Illicit drug dependence tends to involve mostly cocaine—crack cocaine—but heroin and marijuana use are becoming increasing problems for the District.

A notable aspect of the District’s substance abuse profile is the low rate of dependence among youth ages 12 to 17 as

Table 2
Percentage Reporting Past-Year Dependence in the District Compared With the United States

	District of Columbia	United States
Illicit Drug/Alcohol	8.9%	4.7%
Alcohol	6.9%	3.7%
Cocaine	1.8%	0.3%
Heroin	0.6%	0.1%
Marijuana	2.4%	1.0%

Source: District of Columbia 2000 Household Survey on Substance Abuse; 2000 National Household Survey of Drug Abuse.

compared to young adults ages 18 to 24. Compared to the national average, rates of dependence among District youth are below the national average. Alcohol dependence is reported in the Household Survey to be 2.0 percent, compared to 3.6 percent nationwide; illicit drug dependence is 3.2 percent, compared to 5.7 percent nationwide. These results suggest that the current generation of youth in the District may understand the risks and dangers posed by drug and alcohol use. For young adults, aged 18 to 24, however, the findings are discouraging. Rates of dependence for alcohol were found to be 14 percent compared to 9.2 percent nationwide; illicit drug dependence was a startling 18.9

percent compared to 11.9 percent nationwide. Young adults dependent on drugs and alcohol likely initiated drug use in the early 1990s when initiation nationwide exploded. Although the causes of the dramatic differences in dependence are not known, District youths and young adults represent both hope and concern for the future. Our challenge is to continue to educate all of the District's youth regarding the pitfalls of alcohol, tobacco, and drug use so that they make wiser and more informed choices. At the same time, we must encourage those whose choices have led them to addiction to seek and receive help.

**CO-OCCURRING DISORDERS
COMMONPLACE**

Many individuals with substance abuse disorders have a co-occurring mental illness. According to federal estimates, 7 million to 10 million individuals in the nation have at least one mental disorder as well as an alcohol or other drug use disorder. According to the District's Department of Mental Health, there are 26,000 to 42,000 individuals with a co-occurring disorder in the District. The Department further estimates that at least 40 percent of the street-bound homeless population in the District has a co-occurring disorder.

Compared to individuals with either a serious mental disorder or a substance abuse problem, individuals with co-occurring disorders tend to have multiple health and social problems and require more costly care. Many are at increased risk of incarceration and homelessness. Co-occurring disorders are also a serious problem for children and youth. Researchers have found that a mental disorder often acts as a "gateway" to substance abuse.

**MANY HOMELESS INDIVIDUALS
STRUGGLING WITH ADDICTION**

Substance abuse is also a major contributor to homelessness in the District. The lack of a stable and safe living environment means that the drug-dependent homeless individual is much more likely to relapse and remain addicted even after receiving treatment. Recent estimates suggest that on any given day there are approximately 7,225 individuals in emergency shelters, transitional housing on the streets, or awaiting shelter while staying in precarious housing. The Community Partnership for the Prevention of Homelessness estimates that on any given day, as many as 8,400 of 85,800 poor people in the District, or about one in 10, rely on the homeless continuum of care for shelter, housing, and services. They further estimate from a 2002 survey that there are approximately 2,600 chronic substance abusers in DC that are homeless. This figure represents 35 percent of the homeless population surveyed on that particular day.

Homeless individuals present a complex set of problems to service providers. Their needs include basic services from shelter, food, and clothing to supportive services, such as substance abuse and mental health treatment, health care, employment training, and other specialty needs. Although precise estimates of the number of homeless individuals struggling with addiction are not known, it is clear that the current homeless continuum of care does not meet the treatment service demand of this special population.

**DISTRICT TREATMENT
CAPACITY NOT EQUAL
TO THE DEMAND:
THE "TREATMENT GAP"**

Drug treatment in the District is offered by public and private providers, including the

District government (public treatment), the federal government (for District residents in pretrial or on probation or parole), and private care available to those who have insurance and/or private means.

Recent treatment admission data indicate that the District’s publicly funded treatment capacity is not adequate to meet the demand for services. It is estimated that about 8,500 individuals were admitted to substance abuse treatment in 2002. *This suggests that of the total 60,000 individuals needing treatment for a substance abuse problem, only about 14 percent of them received it. This “treatment gap” denies almost nine out of 10 individuals needing treatment.*

Admissions to publicly funded treatment in the District increased dramatically over the last decade. Table 3 shows total admissions increased by a factor of four between 1994 and 2002, from 1,360 annual admissions to 5,534 admissions. [Note: The discrepancy between the 5,534 figure in Table 3 and the 8,500 figure in the preceding paragraph is because APRA tabulates the total number of treatment *admissions* including repeat admissions of the same individual, whereas the U.S. Department of Health and Human Services tabulates only the total number of *individuals* served per year.] In 2002, the most recent year for which data are available, heroin was the primary substance of abuse at admission. This was followed closely by cocaine and alcohol.

Clearly, those who seek treatment should not be denied it because of a lack of capacity, especially in the case of adolescents who might benefit most from effective treatment programming. APRA is currently increasing treatment capacity to this severely underserved population.

Research has shown that addiction is a chronic disease that can be treated successfully with outcomes comparable to those of other chronic diseases. Although the District’s new treatment voucher system adds a new core of treatment providers, there are nevertheless tremendous fiscal and managerial hurdles that must be overcome for “true

Table 3

Treatment Admissions in the District

Year	Total Admissions
1994	1,360
1995	1,471
1996	979
1997	2,885
1998	3,618
1999	6,056
2000	6,025
2001	5,755
2002	5,534

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set, 1994-2002

choice” to occur; especially for the large number of individuals requiring costly long-term residential treatment. The challenge for the District is to expand the capacity of the treatment system to treat more addicts and to improve the effectiveness of existing services.

**DRUG-RELATED VIOLENT
CRIME DECLINED OVER PAST
DECADE**

Drug use and criminal activities occur in an insidious cycle. First, simple possession of certain substances is a crime. Second, addiction to illicit drugs almost always leads to

Table 4
Reported Crimes in the District, 1993-2002

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Homicide	454	399	360	397	301	260	241	242	233	262
Sexual Assault	324	249	292	260	218	190	248	251	181	262
Robbery	7,107	6,311	6,864	6,444	4,499	3,606	3,344	3,553	3,777	3,731
Aggravated Assault	9,003	8,218	7,225	6,310	5,688	4,932	4,616	4,582	5,003	4,854
Burglary	11,532	10,037	10,192	9,828	6,963	6,361	5,067	4,745	4,947	5,167
Theft	31,466	29,673	32,281	31,343	26,748	24,321	21,673	21,637	22,274	20,903
Stolen Auto	8,060	8,257	10,192	9,975	7,569	6,501	6,652	6,600	7,970	9,168
Arson	200	206	209	162	150	119	105	108	104	109
Total	68,146	63,350	67,615	64,719	52,136	46,290	41,946	41,718	44,489	44,456

Source: Metropolitan Police Department, (2003)

other crimes, including robbery and assault, as addicts steal to finance their habits. Third, the psychoactive effect of drugs often triggers violence and fuels child abuse and neglect. Finally, a considerable amount of violence commonly accompanies the distribution of illegal drugs as dealers battle for market share.

Nowhere is the connection between criminal activity and substance abuse more apparent than in the rates of illicit drug use among the District's arrestees. Over half of adult males arrested in the District tested positive for illicit substances. For both adults and juveniles, about one-half of those arrested for a violent offense tested positive. Fully three-quarters of adult males charged with committing a property crime tested positive for an illegal drug; 45 percent tested positive for cocaine. Clearly, the District's future success in reducing crime and violence is closely linked to its success at reducing the drug problem.

No one can deny the substantial progress made by the District in reducing drug-related crime and violence in the last decade. Once labeled the murder capital of the nation, the number of homicides declined from 454 a decade ago to 262 in 2002. Washington and New York were among the few large cities where homicides actually declined between 2000 and 2001. However, a troubling 12

percent increase in homicides in the District from 2001 to 2002 must be noted. Homicides in several other major cities also climbed during this same time period. Although criminologists agree that these increases are still too recent to label as either trend or temporary, the Metropolitan Police Department is marshaling additional manpower to address the problem.

The reported number of crimes (Table 4) and the number of arrests (Table 5) fell by

Table 5
Arrests for Index Crimes in the District, 1996-2000

	1996	1997	1998	1999	2000
Homicide	216	187	181	124	128
Sexual Assault	136	205	199	151	181
Robbery	1,187	986	778	643	593
Aggravated Assault	2,923	3,232	2,799	2,222	2,187
Burglary	934	862	683	561	509
Theft	2,448	2,398	1,959	1,455	1,303
Stolen Auto	2,485	1,988	1,602	1,438	1,401
Arson	13	31	27	14	17
Total	10,342	9,889	8,228	6,608	6,319

Source: Metropolitan Police Department Research Unit

about 40 percent between 1996 and 2000, mirroring the trend in homicides. The number of arrests for substance abuse violations declined by about 17 percent (Table 6) during the period.

Table 6
Substance Abuse Arrests, 1996-2000

	1996	1997	1998	1999	2000
Sub. Abuse Arrests	10,117	9,823	9,006	8,899	8,422
All Arrests	58,872	71,487	63,026	59,009	57,151
% Share	17.2%	13.7%	14.3%	15.1%	14.7%

Source: MPD's Criminal Justice Information System (CJIS) data.

The District faces an enormous challenge to reduce drug distribution networks. The District's location on the I-95 corridor makes it vulnerable to a wide array of drug distribution schemes. An extensive highway system, plus three major airports and a major seaport are tempting opportunities for traffickers to move their products. Within the District, approximately 60 open-air drug markets have been identified that are controlled by drug "crews." The National Drug Intelligence Center's National Gang Survey 2000 identified 42 crews that distribute cocaine, with most of them also distributing heroin and marijuana. Located in low-income areas as well as along main corridors into and out of the District, these distribution markets know no bounds. Ongoing success in reducing drug-related crime requires that the District continue to target these groups through law enforcement and community outreach efforts.

HEALTH CONSEQUENCES

Substance abuse poses a substantial threat to the health of District residents with abuse one of the principal determinants of emergency room visits. A Drug Strategies report estimates that nearly 40 percent of all emergency room visits involve patients under the influence of drugs or alcohol. According to national research, more than two-thirds of those who are addicted will seek primary- or urgent-care every six months. Clearly, substance abuse contributes greatly to the District's health care costs.

Despite the 40 percent figure, the District has made progress in reducing the number of hospital emergency room episodes (person visits) and drug mentions (drugs in a person's system mentioned during the visit) as described in Table 7. Problems with cocaine have declined compared to a decade ago when the District was in the ravages of a crack epidemic, but it remains the most significant drug mentioned during an emergency room visit when illicit drugs are involved. Heroin, however, is re-emerging as a growing problem for hospital emergency rooms.

Substance abuse also plays a significant role in the spread of HIV/AIDS, hepatitis, and other diseases. Intravenous drug users are known to exhibit behaviors, including needle sharing, which place them at greater risk for disease. The Centers for Disease Control estimates that about one-third of all new HIV/AIDS infections are due to intravenous (IV) drug use. Targeting this population for treatment must be a priority if the District is to reduce the societal costs associated with their drug use.

The District is making progress in reducing substance abuse-related mortality. According to the District's Center for Health Statistics, substance abuse-related deaths are down by at least a third compared to almost a decade ago. This includes decreases in HIV/AIDS deaths as well as fewer alcohol-related liver disease deaths. Clearly, progress is

Table 7

Hospital Emergency Room Episodes and Drug Mentions for Illicit Drug Use

Year	Episodes	Mentions	Cocaine Mentions	Heroin Mentions
1993	12,339	21,692	4,275	1,414
1994	14,152	25,222	4,849	1,261
1995	11,830	19,896	3,542	1,307
1996	11,720	19,815	3,881	1,535
1997	11,194	18,975	3,223	1,691
1998	11,596	19,068	3,718	2,112
1999	10,282	16,947	3,150	1,794
2000	10,303	16,237	2,830	1,967

Source: Year-End 2000 Emergency Department Data from the Drug Abuse Warning Network

occurring in reducing health consequences of substance abuse, but much more work remains.

DAMAGING EFFECTS TO WOMEN, CHILDREN, AND FAMILIES

Substance abuse poses multiple risks for pregnant women, mothers, and their children. The use of alcohol, tobacco, and other drugs during pregnancy is a leading preventable cause of mental, physical and psychological impairments in infants and children. Children

raised by substance abusers are more likely to experience neglect and abuse, poor school performance, depression, and delinquency, and comprise a large proportion of foster care placements.

SUBSTANCE ABUSE: A DISTRICT-WIDE PROBLEM

The Household Survey shows that the problems of substance abuse affect every neighborhood in the District, but not equally. Table 8 shows alcohol, tobacco, and illicit drug use by ward. With regard to illicit drug use, Wards 1, 2, 5, 7, and 8 reported rates of past-month use in excess of 10 percent with Ward 2 (14.1 percent) being the highest. According to the Household Survey, illicit drug use among adolescents and young adults (12 to 24 years of age) was higher in Ward 5 than in any other.

With regard to alcohol and tobacco use, geographic differences are stark. Ward 3 had the highest rate of residents age 12 and older reporting regular alcohol use. Alcohol use was relatively low in Ward 4. Adolescent and young adult alcohol use was found to be the lowest in Wards 6 and 7. Tobacco use was lowest in Ward 4 and highest in Ward 8.

CONCLUSION

The problem of substance abuse threatens the District's economic and social well-being. Nearly one in 10 District residents reports using an illicit substance on a past-month basis. One in five young adults between the ages of 18 and 24 use illicit drugs. Half of the District's population consumes alcohol and a quarter smoke cigarettes regularly.

Table 8

**Past-Month Use of Alcohol, Tobacco, and Illicit
Drugs, By Ward**

Ward	Alcohol	Cigarettes	Illicit Drugs	Cocaine	Marijuana
1	51.7%	28.0%	12.6%	1.9%	10.1%
2	73.8%	25.8%	14.1%	1.9%	10.5%
3	76.8%	11.7%	2.7%	NA	0.3%
4	20.5%	7.8%	3.0%	0.6%	2.4%
5	42.8%	30.5%	14.0%	4.9%	12.5%
6	46.4%	30.1%	5.3%	2.7%	4.6%
7	38.8%	35.5%	12.3%	3.0%	6.3%
8	41.3%	41.8%	11.3%	3.3%	8.9%

Source: District of Columbia 2000 Household Survey on Substance Abuse.

These high rates of current drug use will, in time, swell the ranks of the District's addicted population that is currently estimated at 60,000. The rate of addiction in the District is nearly double the overall U.S. rate. The social and economic consequences associated with addiction cost the District approximately \$1.2 billion annually. Although some long-term success in reducing the health and crime consequences of addiction has been achieved, the District's future depends on making additional progress and making it soon.