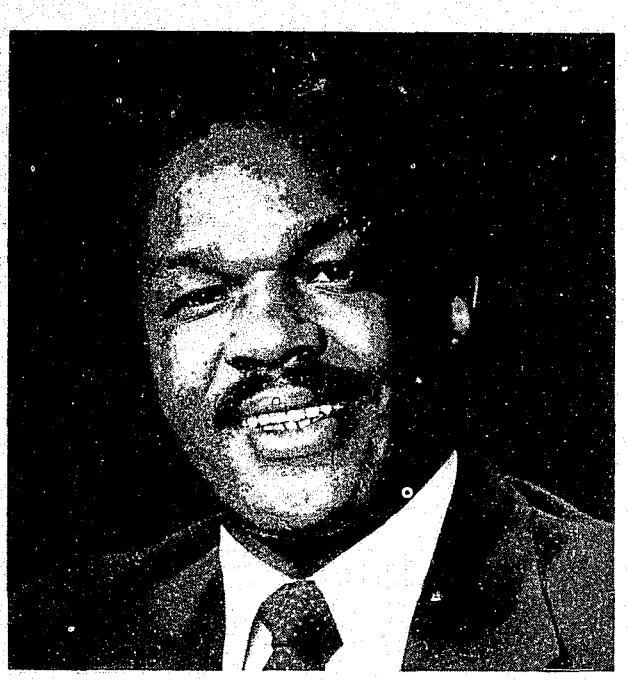
DRUG ABUSE & CRIME in the District of Columbia: A FOLLOW-UP REPORT

OFFICE OF CRIMINAL JUSTICE PLANS AND ANALYSIS • GOVERNMENT OF THE DISTRICT OF COLUMBIA
MARION BARRY, JR., MAYOR • DECEMBER 1989

LETTER FROM THE MAYOR



Combatting the drug problem has moved very quickly in recent years to rank as a first priority in almost every area of government. Where law enforcement was primarily considered as the drug problem solver, it has become clear to government administrators and policy makers that many areas of concern with which agencies work play a role in both the cause and effect of the drug problem. Equally important, however, is the greater acceptance by the public at large that all components in society must share responsibility in solving the drug problem.

Government is challenged with developing strategies for more effective drug prevention, treatment and law enforcement as well as providing services that help to address the peripheral problems that often lead to involvement with drugs.

The business community is accepting greater responsibility in addressing the drug problem as it is confronted with the increasing presence of drugs in the workplace, the negative effects this has on productivity and the detrimental situations to which it often contributes.

Individuals are faced with the impact of drugs in various daily settings: their homes, their neighborhoods, and their jobs; and must find ways to cope with and resolve these problems in order to live healthier, safer and more productive lives.

The answer for solving the drug problem is not an isolated one. It is a cooperative one that involves every faction of society and every individual. As I and the city government continue demonstrating our commitment to fighting drugs, I implore you to accept a share of the responsibility in the joint and mass effort that is critical in winning the war against drugs.

Marion Barry, Jr.
Mayor

LETTER FROM THE DIRECTOR

When the Office of Criminal Justice Plans and Analysis prepared its first report entitled **Drug Abuse and Crime in the District of Columbia** two years ago, our primary goal was to provide a resource for complete information about the extent of the drug problem and its impact on the criminal justice system. That publication was, until then, the most comprehensive set of information compiled within the last decade for the District of Columbia and served as a useful source for understanding the problems of drug abuse in this city.

In the two years that followed the publication of the initial report, the problem of drugs and associated crime has worsened to a state of crisis. While law enforcement first felt the impact of the drug problem, the problem very quickly escalated and spread to where it now has a firm foothold in all areas of government.

While we have always served as a clearinghouse for criminal justice data, we now are compelled to broaden our scope. Drug abuse and the causal factors associated with this serious problem are varied and interdependent. A criminal justice perspective alone is inadequate for understanding the dynamics of dealing with the problem and solving it. Therefore, we must search for and provide data and information that transcends all areas of the problem, not just criminal justice concerns.

This follow-up report updates the information provided in the first study, and provides a host of additional data and information that collectively presents a fairly accurate picture of drug abuse and crime in the District. We hope that this report will help government officials as well as private organizations, groups and citizens to not only understand the problem, but also develop strategies and programs to solve it and prevent it in the future.

Shirley A. Wilson
Executive Director

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INTRODUCTION

The District's illicit drug problem began to worsen several years ago wtih a surge in PCP use, especially among young adults and juveniles. In 1986, crack/cocaine entered the District's drug market and very quickly became the drug of choice for the city's criminal justice population. In an effort to compile data and information that would present a fairly accurate picture of the problem, the Office of Criminal Justice Plans and Analysis (OCJPA) prepared **Drug Abuse and Crime in the District of Columbia** in 1987. This report helped to determine the extent of the drug abuse problem and its relationship to crime in the city.

In the past two years, the problem of drugs and associated crime has worsened and reached a state of crisis, as evidenced by the escalation of drug activity and the proliferation of drug-related violence. While the problem of drug abuse and crime has remained the focus of the criminal justice system over the past few years, characteristics of the problem have changed in this time. In an attempt to address the current drug problem and find solutions, OCJPA undertook the task of conducting a follow-up study that provides the most current and accurate information on how the problem of drug abuse and crime has changed in recent years and what it looks like today.

Drug Abuse and Crime in the District of Columbia: A Follow-Up Report is a comprehensive review of various indicators of drug abuse and drug-related crime in the District. This report presents and discusses a host of data and information about trends in overdose deaths and emergency room drug mentions, drug urinalysis test results and criminal justice activity and also offers profiles of adult and juvenile arrestees and treatment clients. Also discussed here are drug- and crime-related issues including AIDS in the criminal justice community, undercover police work, and factors characterizing the lives of drug addicts.

The purpose of this follow-up report is to provide current and accurate information that can serve as a foundation for informed decision-making at all levels, from the citizenry to government administrators.

SCOPE OF THE PROBLEM

Indicators of the Drug Problem

This report presents and discusses various indicators of drug abuse in the District of Columbia including drug overdose deaths and emergency room drug mentions, arrestee urinalysis test results, arrests, prosecutions and convictions for drug offenses, and drug treatment admissions. It is important to note that, while some of these indicators are useful in providing statistical information about certain consequences of drug use, they are not direct measures of the prevalence of drug use. For instance, data on drug overdose deaths indicate the number of individuals who die from lethal doses of drugs, but do not measure the occurrence or extent of other health-related conditions, like cocaine-induced heart attacks, that can result from drug use.

Other indicators, such as drug arrests and urinalysis test findings of adults and juveniles, provide important information on both police activity and the population that consumes criminal justice resources in the District. However, while these indicators are useful in describing drug use patterns in the criminal justice population, they cannot be used to describe drug use in the general population.

Survey data gathered from District households provide an estimate of knowledge of drug use among specific segments of our population. Because this information is self-reported, however, there may be some measurement error affecting the results.

While each of the often-used indicators of drug use may be flawed, taken together, they can form a fairly accurate picture of drug abuse patterns. Certainly, the use of these measures over time provides important trend data that help to identify changing patterns in drug use and the impact of drug reduction efforts.

Survey of Drug Use and Sales

In a recent telephone survey of a representative sample of District residents, a series of questions were asked about knowledge of drug use. Respondents were asked if they personally know someone who regularly uses illegal drugs. People were not asked about their own drug use because it was anticipated that a high number of people would be unwilling to admit to illegal drug use in a telephone interview.

Findings indicate that black and white, and lower and higher income residents differ very little in the percentage of these groups that know people who use illegal drugs on a regular basis (Table 1). These findings are further evidence of the pervasiveness of the drug problem because they show that, regardless of race or income, people are similar in their acquaintance with persons who regularly use illegal drugs.

TABLE 1
Knowledge of Others Who Regularly Use Drugs

Group	Yes	No
	Percent	Percent
Total	35	65
Blacks	37	63
Whites	33	67
Male	43	57
Female	29	71
High Income	33	67
Low Income	36	64
Older (40+)	27	73
Younger (18-39)	42	58

Source: District of Columbia Public Opinion Survey of Drug Abuse and Crime, 1988.
Prepared by: Office of Criminal Justice Plans and Analysis.

TABLE 2
Drug Overdose Deaths
Calendar Years 1985 - 1988

Drug	1985		1986		1987		1988	
	#	%	#	%	#	%	#	%
Heroin	144	93	136	94	171	78	117	61
Cocaine	7	5	6	4	23	11	24	13
Heroin & Cocaine	4	3	2	1	25	11	50	26
Total	**155**		**144**		**219**		**191**	

Percents may not equal 100 due to rounding.

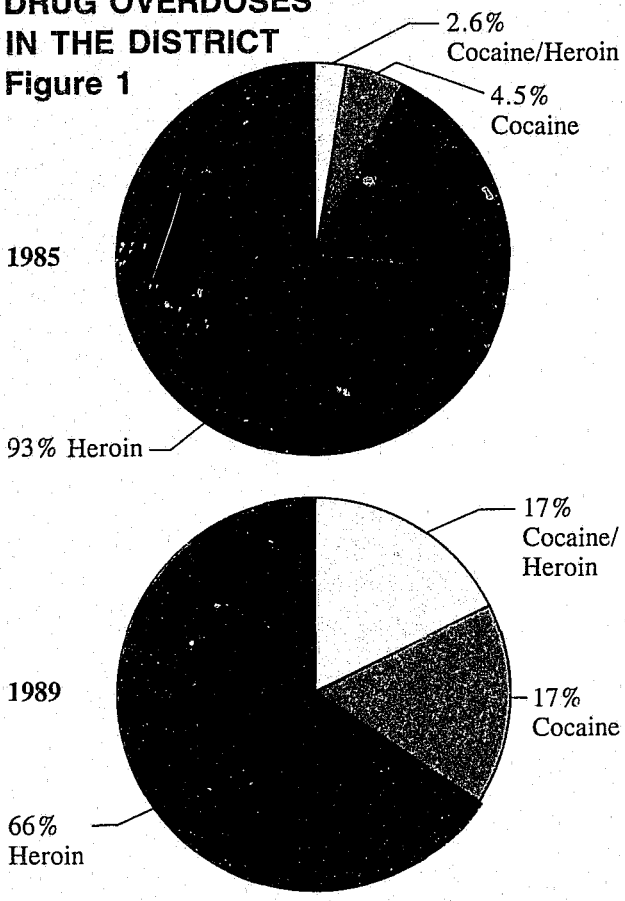
Source: Commission of Public Health.
Prepared by: Office of Criminal Justice Plans and Analysis.

Other data, however, do indicate a strong relationship between age and sex and knowledge of people who use or sell illegal drugs. Findings show that younger people are more likely than older (over age 40) people to know others who both sell and use illicit drugs, and that males are more likely than females to know regular drug users (Table 1).

Trends in Overdose Deaths and Emergency Room Drug Mentions

The number of drug overdose deaths in the District increased 23 percent from 155 in 1985 to 191 in 1988. The escalation of overdose deaths is due to increased use of cocaine. Cocaine accounted for 5 percent (7) of all overdose deaths in 1985 and the use of a cocaine/heroin mixture accounted for 3 percent (4) of the deaths that same year. In 1988, cocaine accounted for 13 percent (24) and the cocaine/heroin mixture accounted for 26 percent (50) of these deaths. Cocaine was involved in 7 percent (11) of all overdose deaths in 1985 and increased to 39 percent (74) of all overdose deaths in 1988, representing a 573 percent increase in cocaine-involved overdose deaths (Table 2, Figure 1).

DRUG OVERDOSES IN THE DISTRICT
Figure 1



The increasing popularity of cocaine and the cocaine/heroin mixture is further supported by the data for heroin overdose deaths. Heroin overdoses account for the largest percentage of deaths for all years in the study, but that percentage has been declining over the years. In 1985, heroin accounted for 93 percent (144) of all overdose deaths while accounting for 61 percent (117) in 1988 (Table 2).

Heroin more often results in overdose deaths primarily because of the method by which it is administered. Heroin is usually injected into the veins while cocaine is usually inhaled and crack is smoked. Intravenous administration sends drugs directly into the blood stream and is, therefore, the most lethal method of administration.

Emergency Room (ER) drug mentions further provide support that the popularity of cocaine use is increasing. Data collected from the Drug Abuse Warning Network (DAWN) for the Washington metropolitan area reveal a 109 percent increase in ER drug mentions from 7,654 in 1985 to 15,999 in 1987. During 1985, 19 percent (1,469) of all ER drug mentions were for heroin while 12 percent (908) were for cocaine. During 1987, 10 percent (1,648) of ER drug mentions were for heroin while 21 percent (3,379) were for cocaine. (Data for 1988 were not available for the publication of this report.) (Table A-1, Figure 2).

DAWN data also indicate an increasing use of PCP from 1981 to 1987. For these years, DAWN reports that

PUBLIC OPINION ABOUT DRUGS AND CRIME

A recent telephone survey of a representative sample of District residents revealed that various segments of the city's adult population tend to agree in most of their perceptions of the District's drug problem. However, the factors of race, family income and age in some instances produce some differences in response tendencies.

Respondents generally indicated a preference for prevention and drug interdiction efforts rather than arrest, detention or treatment as approaches to solving the drug problem. This preference may suggest a growing frustration with the lack of results in spite of enhanced drug law enforcement efforts over the past several years.

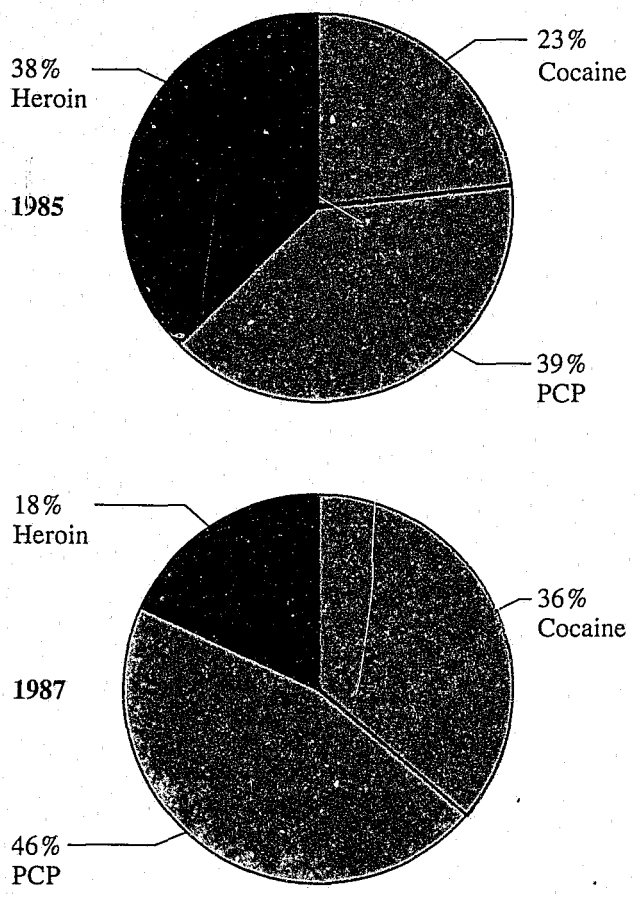
A surprising finding is the overwhelming support of at least a minimal tax increase to raise funds specifically to address the drug problem. Frequently, in surveys of this nature, respondents will indicate a concern about a problem and at the same time indicate an unwillingness to raise their taxes to address that problem.

The drug problem ranks second as the citizen concern among District residents, with burglaries and break-ins ranking first. However, among black respondents, drugs by far are perceived to be the most serious concern. Lower income and younger people perceived drugs as a more serious problem than higher income and older residents. Open-air drug markets as well as drug-related violence occur more often in black and lower income neighborhoods which apparently explains why the concern for drugs is greatest among this segment of the population.

While the majority of residents felt that legalization of drugs would reduce drug-related crime, most were opposed to even cosideration of legalization of either marijuana or cocaine. However, two out of five respondents under age 40 were in favor of consideration of marijuana legalization. This may portend growing support for this position in future years. For cocaine, there appears to be no support for even discussions of legalization among any population group.

A copy of the complete report of survey findings is available from OCJPA.

EMERGENCY ROOM DRUG MENTIONS-WASHINGTON METROPOLITAN AREA
Figure 2



most ER drug mentions in the Washington metropolitan area were for PCP. The data show that PCP mentions have increased 184 percent from 1,495 in 1985 to 4,241 in 1987 (Table A-1). It should be noted that other indicators of drug use show a decline in the use of PCP in the District for 1988 (Tables 3, 4, 5, 6).

Drug Test Trends

Data from the District's Pretrial Services Agency (PSA) indicate that adult arrestees are increasingly testing positive for drugs. During 1984, 55 percent of all adults tested were positive for at least one drug as compared to 72 percent in 1988, an increase of 31 percent. The majority of these positive tests were for cocaine. The data show that cocaine use among arrestees has escalated dramatically in recent years. For instance, 19 percent of all adults tested were positive for cocaine in 1984 while 64 percent were positive for the same drug in 1988. However, data show that PCP and heroin use have declined over the years. Positive PCP tests peaked in 1987 at 43 percent, but dropped during 1988 to 33 percent. Positive tests for heroin have decreased over the years from 20 percent in 1984 to 17 percent in 1988 (Table 3, Figure 3).

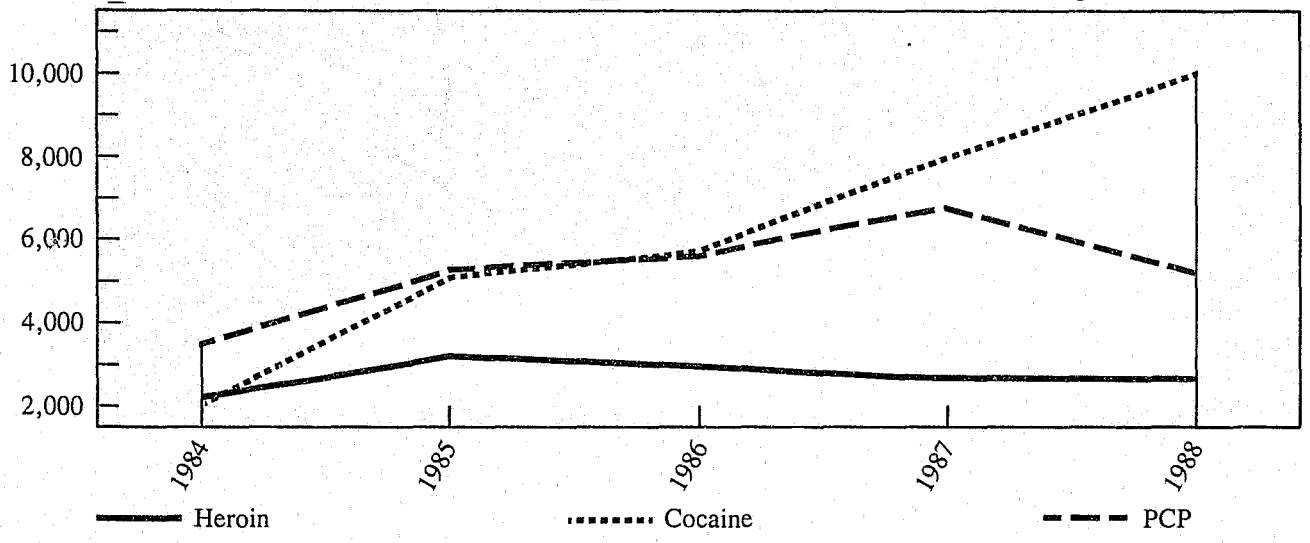
TABLE 3
Adult Arrestee Drug Test Results
March 1984 - December 1988

Year	Heroin	%*	Cocaine	%	PCP	%	Total Positive Tests**	%	Total TEsts
1984***	2,174	20	2,082	19	3,485	32	6,025	55	11,037
1985	3,227	20	5,146	32	5,238	33	9,599	60	15,877
1986	2,918	20	5,741	40	5,577	39	9,657	68	14,249
1987	2,662	17	7,947	50	6,725	43	11,289	72	15,767
1988	2,618	17	10,078	64	5,224	33	11,351	72	15,734

**Percents based on total number of tests.*
***Totals include positive tests for amphetamines and methadone.*
Categories not mutually exclusive.
Source: Pretrial Services Agency.
Prepared by: Office of Criminal Justice Plans and Analysis.

Figure 3
ADULT DRUG TEST RESULTS CALENDAR YEARS 1984*-1988

***Data for March through December, 1984**



Juvenile urinalysis test data from PSA reveal an overall decrease in the percentage of juvenile arrestees testing positive for drugs from 35 percent in 1987 to 31 percent in 1988. The data show that heroin use by juveniles has not changed, but dramatic shifts in both PCP and cocaine use have occurred. In 1987, 14 percent of juvenile arrestees tested positive for cocaine while 22 percent did so in 1988. This accounts for a 57 percent increase in cocaine use among juvenile arrestees. On the other hand, PCP use declined during the past two years from 27 percent testing positive in 1987 to 14 percent testing positive in 1988. These data suggest that cocaine is replacing PCP as the drug of choice for juveniles (Table 4, Figure 4).

Criminal Justice Trends in the District

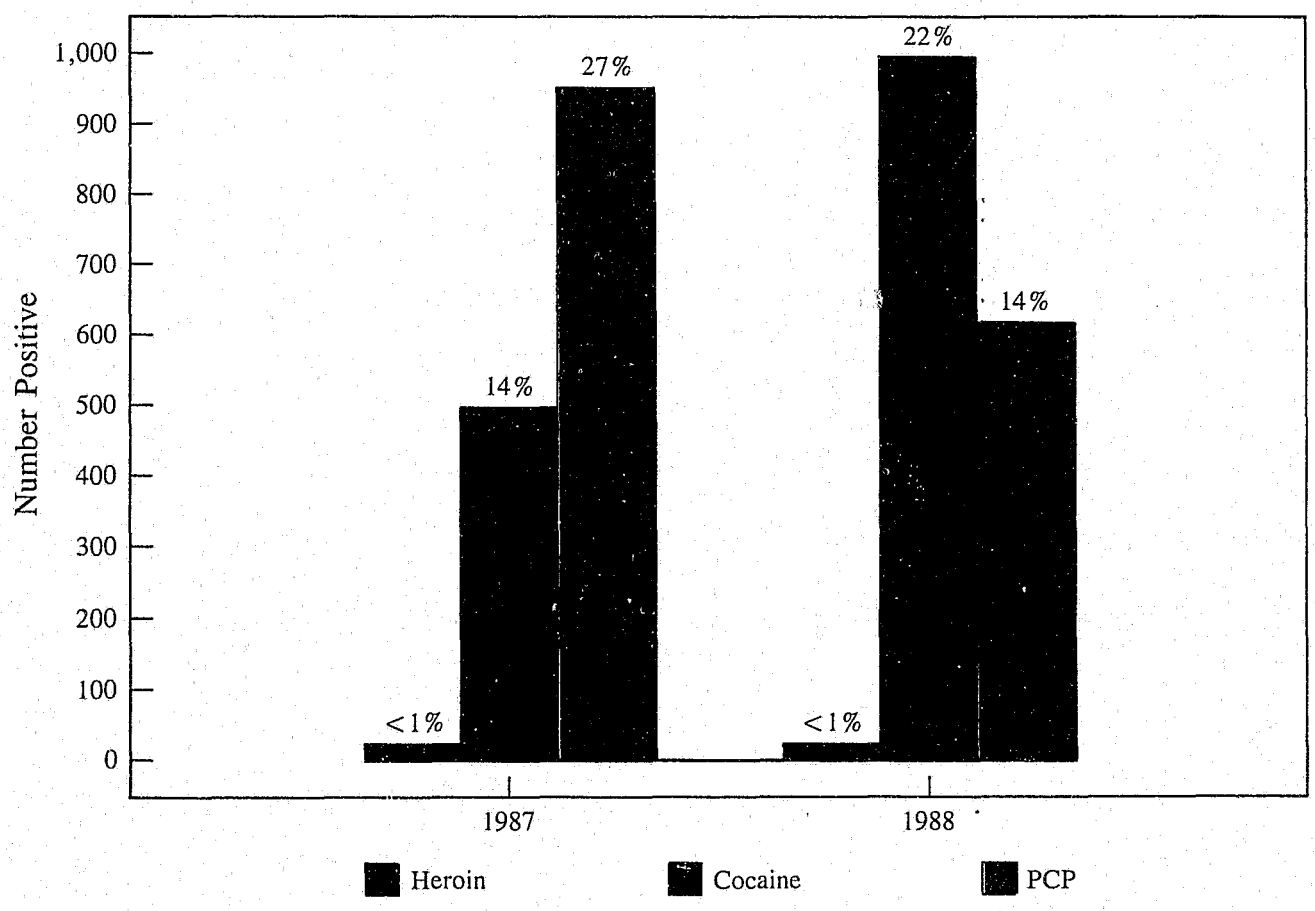
The number of drug arrests of both adults and juveniles has fluctuated markedly during the past five years. Adult drug arrests peaked in 1986 at 12,058, an increase of 54 percent since 1984, but decreased 29 percent since 1986 to 8,511 by the end of 1988. The data show that the majority, about 60 percent, of adult drug arrests are for possession rather than sales. This pattern is consistent across the years in the study except for 1987 when the gap between possession and sales narrowed to

TABLE 4
Juvenile Arrestee Drug Test Results
Calendar Years 1987-1988

Year	Heroin	%*	Cocaine	%	PCP	%	Total Positive Tests**	%	Total Total Tests
1987	21	<1	497	14	956	27	1,239	35	3,542
1988	25	<1	994	22	621	14	1,368	31	4,449

**Percents based on total number of tests.*
***Totals include positive tests for amphetamines and methadone.*
Categories not mutually exclusive.
Source: Pretrial Services Agency.
Prepared by: Office of Criminal Justice Plans and Analysis.

Figure 4
JUVENILE DRUG TEST RESULTS
CALENDAR YEARS 1987-1988



52 percent for possession and 48 percent for sales (Table 5, Figure 5).

In 1984, 40 percent (3,142) of all adult drug arrests were for heroin and cocaine, while 30 percent (2,349) were for marijuana and 30 percent (2,330) for synthetics and other substances such as PCP, Demerol and methadone. By the end of 1988, as much as 70 percent (5,941) of all adult drug arrests were for heroin and cocaine, while 14 percent (1,169) were for marijuana and 16 percent (1,401) were for synthetics and other substances. These data point to the increasing popularity of using cocaine and the cocaine/heroin mixture in the District (Table 5).

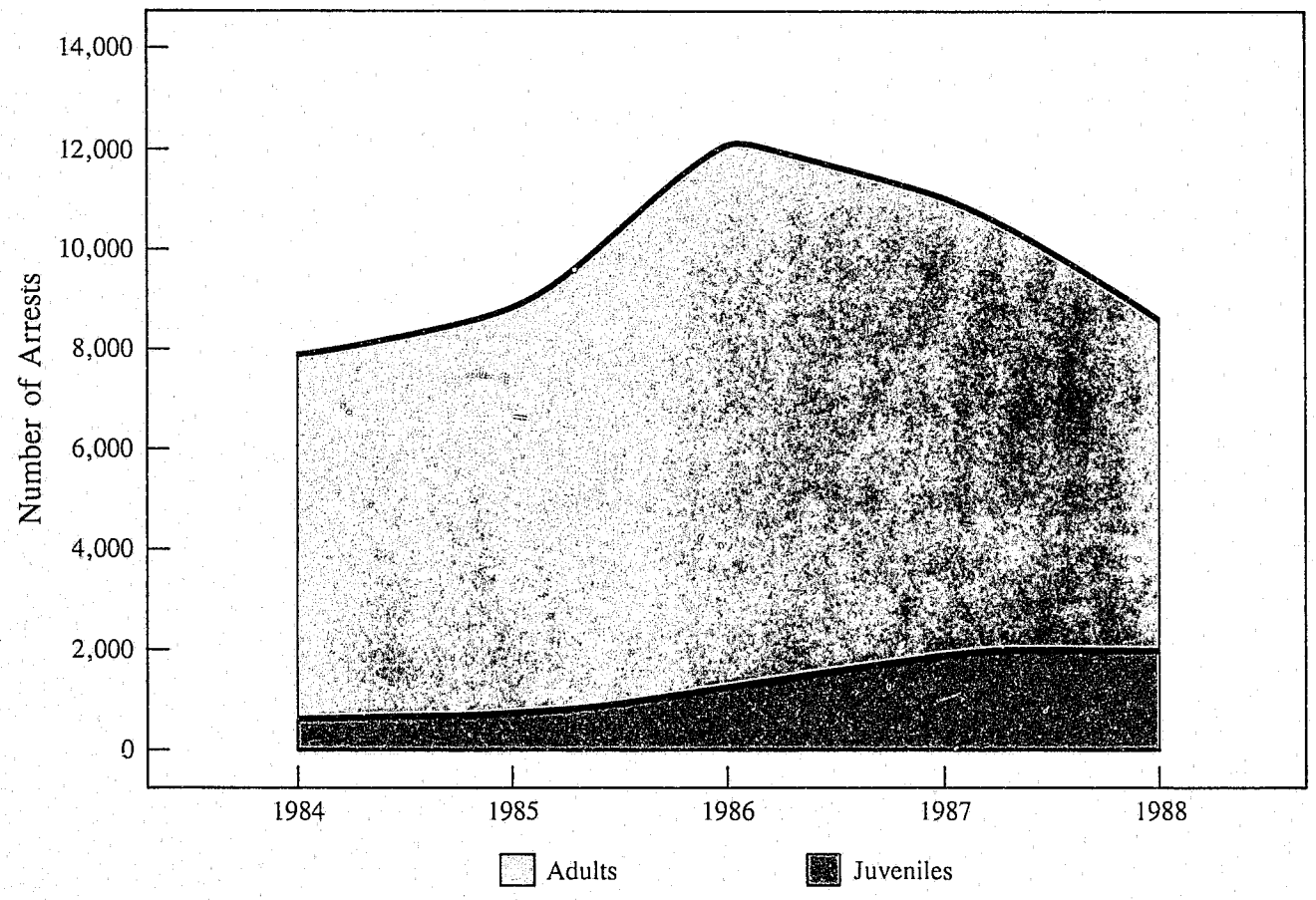
The drug arrest data for juveniles reveal slightly different patterns than the data for adults. Juvenile drug arrests have increased dramatically since 1984. However, part of this increase is due to a 1986 change in reporting techniques used by the D.C. Superior Court. The data

TABLE 5
Adult Arrests for Sales and Possession by Type of Drug
Calendar Years 1984-1988

Arrest & Drug Type	1984	1985	1986	1987	1988
Sales					
Heroin/Cocaine	1,607	1,587	1,919	2,087	2,049
Marijuana	851	527	613	572	441
Other	1,084	1,101	2,526	2,638	876
Total	**3,542**	**3,215**	**5,058**	**5,297**	**3,366**
Possession					
Heroin/Cocaine	1,535	2,389	3,409	3,328	3,892
Marijuana	1,498	1,521	1,653	1,176	728
Synthetic	55	0	0	0	2
Other	1,191	1,524	1,938	1,265	523
Total	**4,279**	**5,434**	**7,000**	**5,769**	**5,145**

Source: Metropolitan Police Department.
Prepared by: Office of Criminal Justice Plans and Analysis.

Figure 5
ADULT AND JUVENILE DRUG ARRESTS CALENDAR YEARS 1984-1988



DRUG ARRESTS IN OTHER CITIES

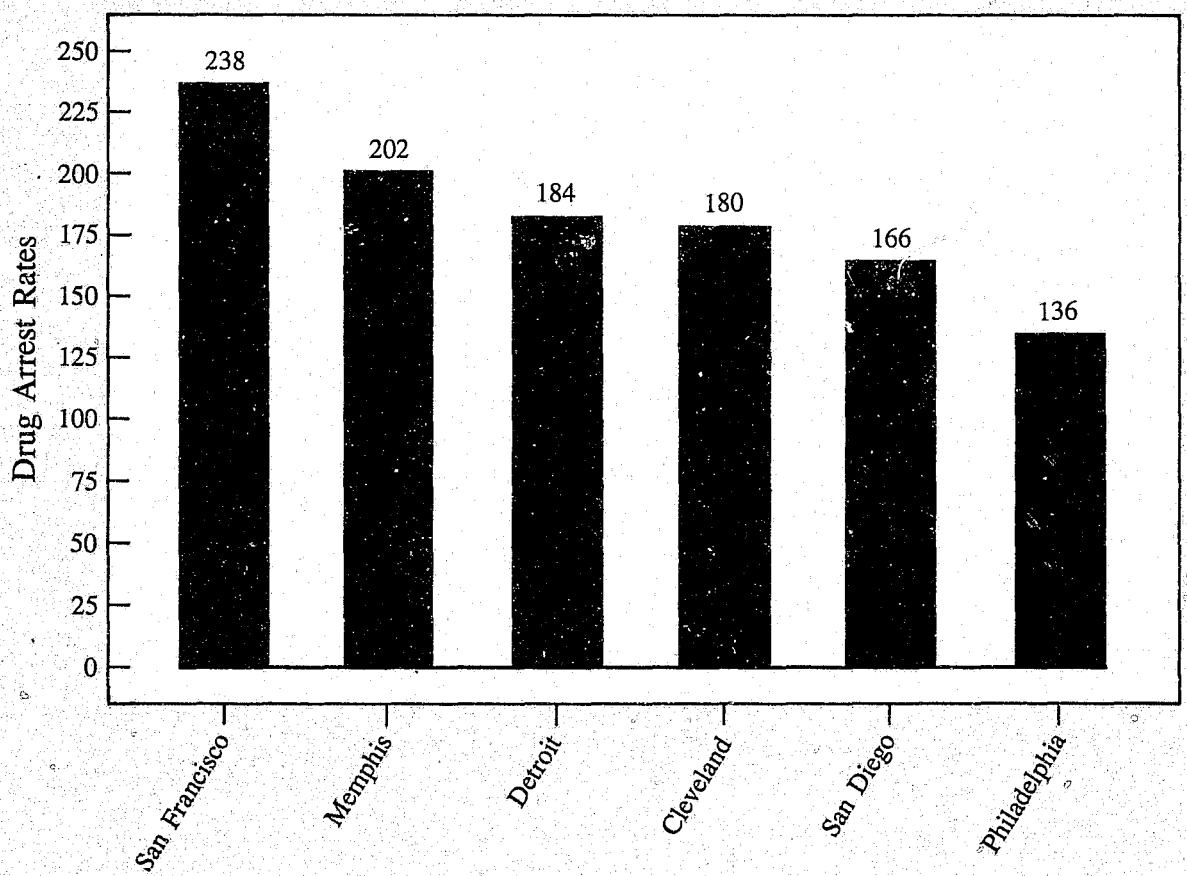
Prior to 1988, the District of Columbia led the nation's largest cities in per capita drug arrests, averaging more than 1,000 arrests per 100,000 population annually. Baltimore replaced the District in 1988 with 1,757 drug arrests per 100,000 population.

Data collected from the Federal Bureau of Investigation indicate that the District's drug arrest rate has led cities with populations greater than 500,000 since 1984. The District experienced a 24 percent increase in the drug arrest rate from 1,356 per 100,000 in 1984 to 1,680 per 100,000 in 1988. This 24 percent increase could be due to both the increase in drug trafficking and police activity (Table A-2).

Other cities reported large drug arrest rates as well and have also experienced substantial increases in these rates since 1984. For instance, the drug arrest rate rose 60 percent in Baltimore from 1,100 arrests per 100,000 in 1984 to 1,757 per 100,000 in 1988 (Table A-2).

Cities such as San Diego, San Francisco, San Jose, Detroit, Philadelphia, Cleveland and Memphis have experienced more than 100 percent increases in their drug arrest rates over the five year period. The drug arrest rate increased an alarming 238 percent (449 to 1,517 per 100,000) in San Francisco from 1984 to 1988, and 202 percent (201 to 607 per 100,000) in Memphis from 1984 to 1988. Detroit, Cleveland, San Diego, Philadelphia, and San Jose experienced increases of 184, 180, 166, 136, and 117 percent respectively during the same time period (Table A-2).

CITIES WITH LARGEST INCREASES IN DRUG ARREST RATES CALENDAR YEARS 1984-1988



show that juvenile drug arrests have increased 57 percent from 1,222 in 1986 to 1,913 in 1988. During 1986, 77 percent (743) of juvenile drug arrests were for possession while 23 percent (279) were for sales. This pattern reverses itself during 1987 and 1988 when, unlike adult drug arrests, most juvenile arrests were for the sale of drugs (82 percent in 1987 and 87 percent in 1988) rather than possession of drugs (Table 6, Figure 6).

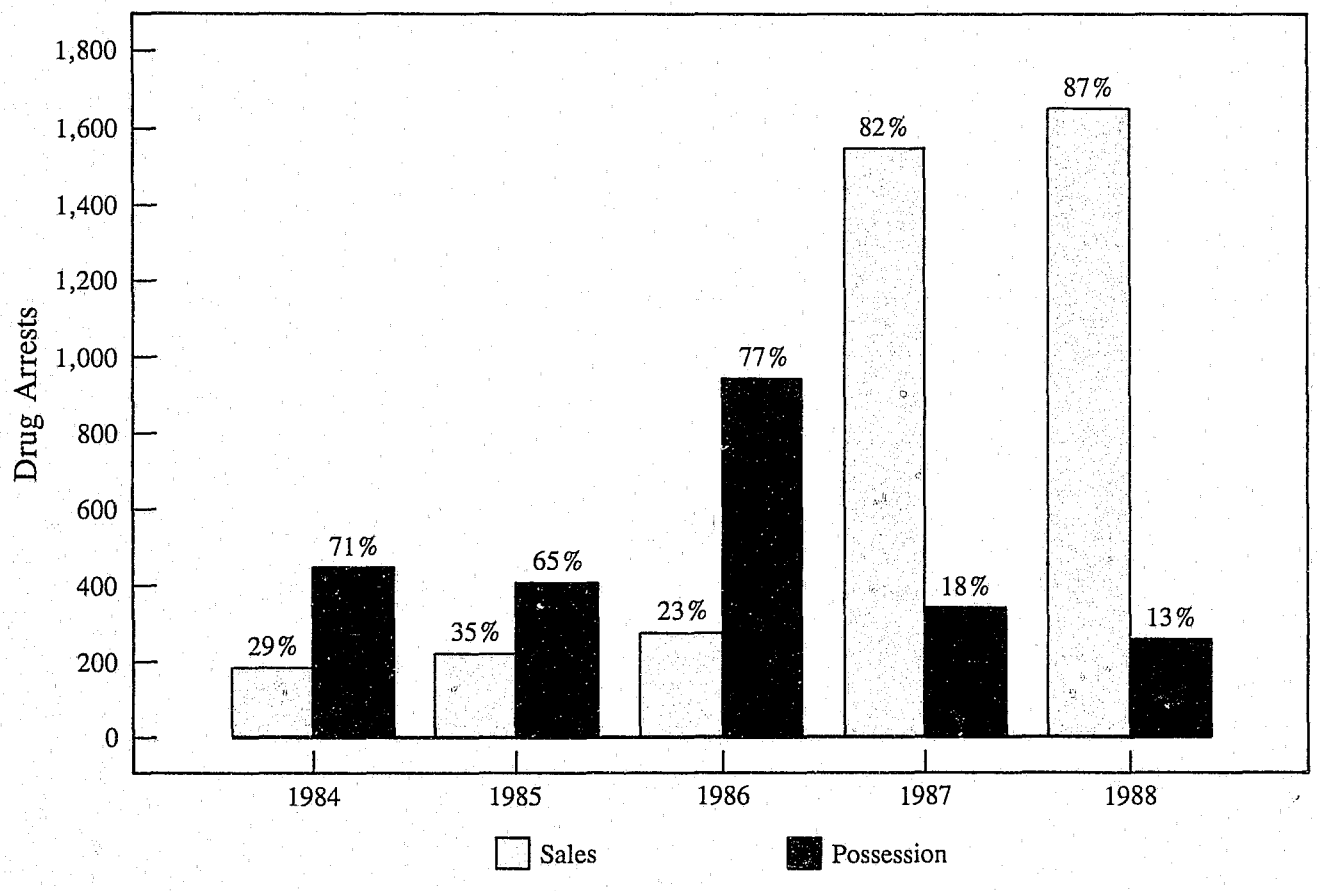
The overwhelming majority of juvenile drug arrests in 1988 were for the sale of heroin or cocaine. Sixty-eight (68) percent (1,306) of all juvenile drug arrests in 1988 were for the sale of heroin or cocaine, while 5 percent (98) were for both the possession and sale of marijuana and 19 percent (359) for both the possession and sale of other drugs such as PCP, Demerol, and methadone. This pattern represents another trend reversal in juvenile drug arrests. The data indicate that juveniles have not only become more active in the sale of illicit substances over

TABLE 6
Juvenile Arrests for Sales and Possession by Type of Drug
Calendar Years 1984-1988

Arrest & Drug Type	1984	1985	1986	1987	1988
Sales					
Heroin/Cocaine	23	61	190	607	1,306
Marijuana	69	156	67	95	65
Other	93	3	22	848	286
Total	**185**	**220**	**279**	**1,550**	**1,657**
Possession					
Heroin/Cocaine	34	86	106	103	150
Marijuana	297	322	791	130	33
Other	119	2	46	111	73
Total	**450**	**410**	**943**	**344**	**256**

Source: Metropolitan Police Department.
Prepared by: Office of Criminal Justice Plans and Analysis.

Figure 6
JUVENILE DRUG ARRESTS FOR SALES & POSSESSION CALENDAR YEARS 1984-1988



the years, but also narrowed their choice of sale primarily to cocaine. For instance, in 1984, the majority (58 percent or 366) of all juvenile drug arrests were for the sale and possession of marijuana, while 33 percent (212) were for the sale and possession of such substances as PCP, Demerol, and methadone. Cocaine and heroin accounted for only 9 percent (57) of all juvenile drug arrests in 1984 (Table 6).

The number of prosecutions and convictions for drug offenses has increased dramatically over the past few years. Prosecutions for the sale of drugs increased 94 percent from 2,968 in 1985 to 5,768 in 1988. Felony convictions for drug sales have increased 66 percent from 2,250 in 1985 to 3,730 in 1988. These data indicate that the courts are processing an increasing amount of drug offense cases and are doing so at a more serious level. (Table 7, Figure 7).

Drugs and Homicide

The number of drug offenses and homicides vary greatly among the various neighborhoods of the city. An analysis of these two crimes reveals that drug activity and homicides primarily occurred in about 20 percent of the District's land area. The analysis also indicates that the majority of homicides occurred in the same areas of the city where the greatest amount of drug activity took place (Table A-4, Figure 8).

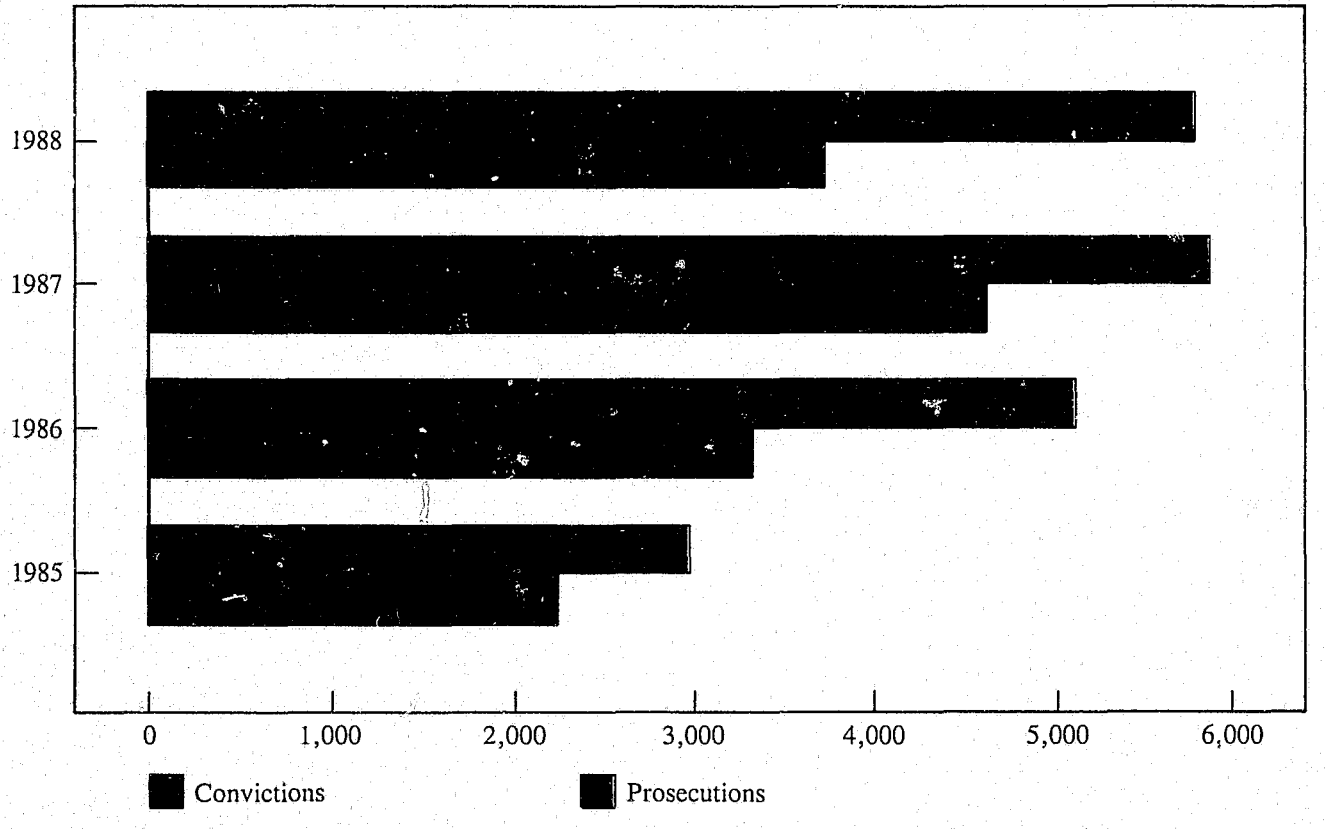
Drug and homicide data were analyzed by examining reported drug activity and homicides that occurred in each of the District's census tracts. The District is divided into census tracts, which generally consist of a four to six block area, for municipal planning purposes.

TABLE 7
Felony Prosecutions and Convictions for the Sale of Drugs Calendar Years 1985-1988

Year	Number of Prosecutions	Number of Convictions
1985	2,968	2,250
1986	5,101	3,319
1987	5,845	4,621
1988	5,768	3,730
Percent Change 1985 to 1988	**94%**	**66%**

Source: Prosecutor Management Information System, U.S. Attorney's Office.
Prepared by: Office of Criminal Justice Plans and Analysis.

Figure 7
FELONY DRUG SALE PROSECUTIONS & CONVICTIONS



1989 YEAR-END STATISTICAL UPDATE

Drug Arrests

	Sales	Possession	Total
Adult	3,682	6,147	9,829
Juvenile	1,366	112	1,478
Total	**5,048**	**6,259**	**11,307**

Adult drug arrests in 1989 increased by 33 percent as compared with 1988 while juvenile drug arrests declined by 23 percent. The total number of drug arrests increased by 8 percent, based on a preliminary count.

Urinalysis Test Findings (Percent positive)

	Adults	Juveniles
Heroin	13%	0%
Cocaine	62%	19%
PCP	17%	5%
Total	**67%**	**24%**

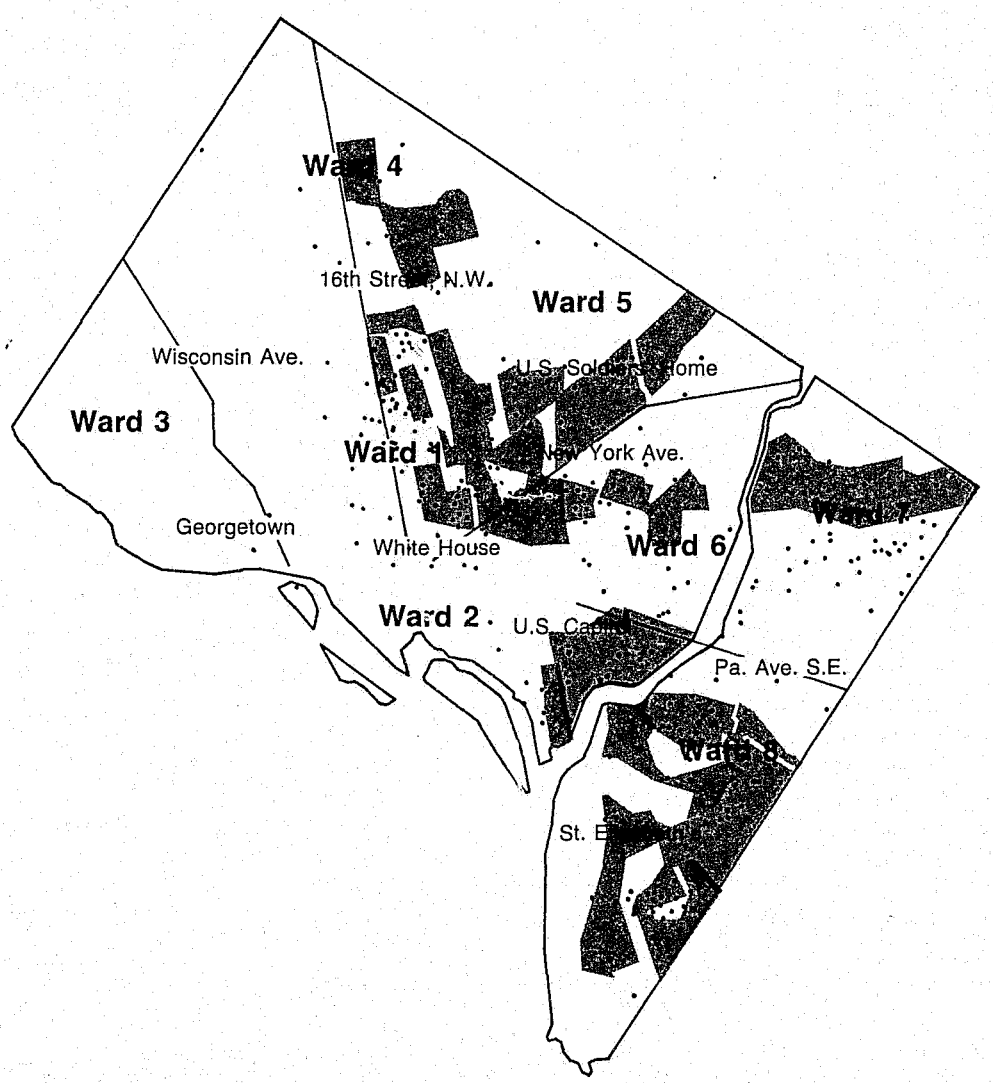
The percent of the District's adult arrestee population testing positive for drug use declined in 1989 for the first time since the advent of drug testing, decreasing from 72 percent to 67 percent. Most striking is the sharp decline in PCP use which decreased from 33 percent in 1988 to 17 percent in 1989. The percent of juveniles testing positive for drugs declined from 31 percent in 1988 to 24 percent in 1989.

Figure 8
DRUG OFFENSES BY CENSUS TRACT
CALENDAR YEAR 1988

1 Dot = 1 Homicide

Drug Offenses

- 0 to 50
- 51 to 150
- 151 to 300
- 301 to 650



PROFILE OF ARRESTEE DRUG USERS

Adult Arrestees

The likelihood of involvement in drugs is greater for young adults than any other segment of the population. Eighty-five (85) percent (4,569) of those testing positive for drugs in 1985 were 31 years of age and younger. Three years later in 1988, the same age group accounted for 78 percent (4,631) of all positive drug tests. Positive tests for persons ages 32 to 36 have increased over the years from 9 percent (476) in 1985 to 14 percent (807) in 1988 (Table A-5).

Data for positive drug tests by gender indicate that men accounted for 82 percent (4,407) of all positive tests in 1985 and women accounted for 18 percent (958). This pattern remained constant during 1986 and 1987, but changed slightly in 1988 when men accounted for 80 percent (4,783) of all positive tests and women accounted for 20 percent (1,162) (Table A-6).

A breakdown of drug testing data by race indicates that blacks account for the majority of positive drug tests each year in the study. In 1985, blacks accounted for 92 percent (4,950) of positive drug tests and whites accounted for 7 percent (370). Other racial groups, which include Hispanics and Asians, accounted for 1 percent (44) of all positive drug tests. This pattern is consistent throughout each year in the study (Table A-7).

Drug testing data by marital status indicate that the majority of those who test positive for drugs are single. As much as 80 percent (4,292) of all positive tests in 1985 were for single persons while 15 percent (825) were for married persons and 5 percent (248) for divorced persons. This pattern had not changed by the end of 1988 (Table A-8).

Data for employment status indicate that the majority of people who test positive for drugs are employed, but this percentage has decreased over the years. For instance, in 1985, 67 percent (3,554) of those who tested positive for drugs were employed, while 31 percent (1,635) were not. By 1988, 61 percent (3,566) of those who tested positive for drugs were employed, while 36 percent (2,114) were not (Table A-9).

In each year of the study, approximately 50 percent of those testing positive for drugs were arrested for drug offenses. Approximately 13 percent of those testing positive for drugs were arrested for violent offenses, while 17 percent were arrested for property offenses for each year in the study (Table A-10).

Juvenile Arrestees

The typical juvenile who tests positive for drugs is a black male between the ages of 15 and 18. Drug test data for juveniles indicate that 91 percent of those testing positive are males while 9 percent are females. The data also show that 96 percent of all positive tests are for black juveniles while about 3 percent are for white juveniles and 2 percent for juveniles from other racial groups. These patterns are consistent for both 1987 and 1988 (Tables A-11, A-12, A-13).

A breakdown by age of juveniles testing positive for drugs reveals that about 60 percent (57 percent in 1987 and 60 percent in 1988) are between the ages of 17 and 18, while another 32 percent (35 percent in 1987 and 29 percent in 1988) are between the ages of 15 and 16. Data for 1987 and 1988 indicate that about 8 percent of positive drug tests are for juveniles age 14 and younger (Table A-11).

WORKING UNDERCOVER

"Undercover work is not desirable among police," says one of the District's undercover officers. "You're on your own with no protection, sometimes not even your gun. And when the dealers lock the door behind you, it's just you and them and you don't know how things will turn out."

Ray always wanted to be a police officer, but never pictured himself as an undercover officer making drug busts. He's worked undercover for five years now and, as one of the Police Department's best, says, "You have to want to do it if you're going to be good at it. I had no idea I'd be this effective."

Ray is alone in his work and relies totally on himself to get into and out of situations. He may carry a gun, but often does not if there is no way for him to conceal it inconspicuously. So, without a partner or a weapon to help protect him, Ray says he counts only on his mind. "You've got to be quick on your feet. You have to know when to talk back and when to look stupid, when to raise hell, when to back down and when to leave." The most important aspect of his job, he says, is to remember people, not only to identify them to the arrest squad, but also to keep track of his own dealings in the streets. Ray says he forgets to pay attention to peoples' clothing or names, only their eyes. "The eyes are like finger prints, they're my ID. I never forget an individual once I've looked into his eyes."

When Ray goes to the street, he never has a set plan for what he wants to happen. He does not decide ahead of time who the target of an arrest will be, but rather lets the flow of activities determine who will be arrested. Indeed, arresting someone is not always the only goal. "You have to spend time getting people to trust you and think you're one of them, to let you in." He never tries to push his luck and force situations. "Sometimes things take time," he says, and has no intention of jeopardizing himself, his job or his purpose.

When asked if the is afraid when he is out there with drug dealers and junkies, Ray emphatically answers, "Yeah, I'm scared, but I'm rational." Most of the dealers today are young and are involved in the drug trade for business, and most do not even use drugs themselves. "They're as slick as the police," he says. "They remember you, too, once they've looked into your eyes."

Contrary to what one might think, Ray's greatest fear is not being identified as a police officer. He says the most dangerous thing that could happen is to be accused of being a snitch. "Rules of the game dictate that no one should hurt or kill a cop, because they know the heat will come down so hard on them, that no one will be doing any business for a long time." If he is identified as the police, people usually just spread the word and disperse. "If someone calls me a snitch, I know I better get the hell out of there, because they will hurt me. Everyone hates a snitch."

Ray does not let dangers of the streets and the pressures of 15-hour tours of duty discourage him. He has been robbed, assaulted, threatened and even locked-up by a fellow officer, but he remains committed to his work and feels enthusiastic and effective. "When that feeling goes," he says, "I'll start making mistakes and it'll be time for me to go."

TREATMENT PROGRAMS

The District's Department of Human Services operates two of the major city agencies that provide drug treatment services to District residents: the Commission of Public Health's Alcohol and Drug Abuse Services Administration (ADASA) and the Commission on Mental Health Services (CMHS).

Admissions

ADASA currently operates 22 treatment programs in the city. These 22 programs provide a total of 3,076 slots for alcohol and drug treatment primarily for adults, though some treat juveniles as well. Of the 3,076 available treatment slots, 467 are for alcohol, 2,050 are for drugs and 559 are for both alcohol and drugs.

ADASA admissions have increased 67 percent since 1984. Data indicate that the number of admissions in 1984 totaled 2,994 and climbed to 4,991 in 1988. ADASA admissions reached an all-time high in 1986 at 5,922, but decreased during 1987 and 1988 (Table 8).

In meeting the mental health needs of District residents, CMHS also operates programs that serve adults who have drug and alcohol abuse as well as psychiatric problems. The Emergency Psychiatric Response Division (EPRD), CMHS' central intake unit, sees people who may walk in, are in emergency situations or are referred by other agencies and are then diagnosed and either enrolled in the CMHS system or referred to ADASA or other treatment programs or facilities. Patients may also be referred to CMHS by other city agencies and the criminal justice system. CMHS is currently treating approximately 333 psychiatric patients with substance abuse problems. CMHS also operates psychiatric screening and consultation clinics at Lorton. When evaluating inmates, clinics refer those with substance abuse problems for additional treatment.

Profile of Treatment Clients

The demographic profile of the drug user has not changed during the past five years. While many of the indicators of drug use patterns show trends in the drug of choice during the past five years, none of these indicators reveal any patterns concerning the demographic characteristics of drug users. Data from ADASA from 1984 to 1988 consistently show that most ADASA admissions are black males. Approximately 90 percent of all ADASA admissions over the past five years were black while about 8 percent were white. An average of 70 percent of ADASA admissions were males, while about 30 percent were females. These patterns are consistent for each year in the study (Tables A-14, A-15).

TABLE 8
ADASA Admissions
Fiscal Years 1984-1988

Year	Number of Admissions
1984	2,994
1985	3,907
1986	5,922
1987	5,838
1988	4,991

Source: Alcohol and Drug Abuse Services Administration.
Prepared by: Office of Criminal Justice Plans and Analysis.

As much as 58 percent of all ADASA admissions during 1988 were age 31 or older while 35 percent were between the ages of 21 and 30. The percentage of persons ages 16 to 20 receiving treatment has declined over the years from 14 percent in 1984 to 7 percent in 1988 (Table A-16).

The data show that the majority (55 percent) of ADASA admissions during 1984 were voluntary. During the next three years (1985 to 1987), the majority of admissions to treatment were criminal justice referrals. Criminal justice referrals accounted for 54 percent of all ADASA admissions in 1985 and for 58 percent in both 1986 and 1987. Data for 1988, however, mirror the 1984 pattern when the majority (57 percent) of admissions were voluntary while 43 percent were criminal justice referrals (Table A-17).

In FY 1988, of the approximate 10,000 cases seen at the EPRD, an average of 29 percent (2,900) became inpatients and approximately 5 percent (500) became outpatients on CMHS rolls. Of the 10,000 cases evaluated by EPRD, 41 percent (4,063) had a diagnosis related to drugs or alcohol.

Currently, of the 1,633 CMHS inpatients, 7 percent (122) are being treated for primary substance abuse problems. Of the 4,866 current CMHS outpatients, 4 percent (211) are being treated for primary substance abuse problems.

Those referred to CMHS by a court-order are persons found by the court to be not guilty by reason of insanity, persons already in the correctional system who meet the criteria for inpatient psychiatric hospitalization, and persons who are being evaluated to determine if they are competent to stand trial. Of the approximate 150 court-ordered referrals, an estimated 13 percent have a primary diagnosis related to substance abuse. Within the conditions of their individual court-orders, some of the patients may be treated by the Substance Abuse Branch of CMHS's forensic inpatient facility at St. Elizabeths.

THE ADDICT

What sort of factors characterize the lives of drug addicts? Treatment workers at the Alcohol and Drug Abuse Services Administration (ADASA) find that addicts who come to the agency's public treatment clinics are plagued with a variety of circumstances that might be both the cause and effect of their addictions. Homelessness, joblessness, poor health, unstable family relationships and continuous attempts at being drug-free are but a few of these.

Homelessness

The driving force behind the growing homelessness among addicts is the expanding use of cocaine. Tolerance for cocaine builds up quickly, especially if it is smoked as crack or injected, so increasing amounts of the drug are needed to avoid the pain of diseuphoria ("the crash") or withdrawal. To satisfy an ever-growing need for cocaine, addicts will rapidly deplete their financial resources. A typical scenario is that they become undependable as employees and lose their jobs. They find they cannot hold even a less responsible job for any length of time. Eviction ensues and they move in with family or friends. Soon, they become unwelcome and are asked to leave because they become a burden to the household, and usually resort to stealing to support their habit. They must then fend for themselves in the streets.

If the addict is a major or sole financial supporter of the family, this downslide affects him or her as well as the dependents. With no financial stability, the families of addicts find themselves in the streets or homeless shelters.

In cases where single parents are addicts, it is not uncommon that the children, often victims of abuse and neglect take it upon themselves to live in the streets and provide for themselves since there is no one at home who is caring for them.

The number of homeless teenage addicts is also increasing. Often the children of addicts are victims of child and sexual abuse and neglect. These young people tend to live by selling sexual favors and begging. It is conservatively estimated that there are at least 2,000 runaways in the District, of which many are drug users.

Joblessness

Less than half of the addicts seen by ADASA have jobs and many have never regularly held employment. More often, users steal to support their habits. Habits commonly cost $100 to $200 per day — a sum that is generally unobtainable for anything but a short period of time by legitimate means. Some users receive various forms of welfare, veterans' or social security benefits that allow them to have a steady source of funding for their habits.

Criminal support of a drug habit is also common. In addition to committing burglary and robbery, many addicts become dealers themselves. Addicts often boast that they have a "dealers habit" — they make enough money by dealing drugs to enable taking as much as they want for themselves.

Poor Health

Addicts who come to ADASA are in a worse state of health than was the case among users a few years ago. The diminished state of health manifests itself in a number of ways.

Cocaine users have heightened blood pressure and other cardiovascular diseases. They lose weight, tend to act aggressively and become depressed. Suffering from paranoid delusions, a symptom of schizophrenia, is common among cocaine addicts.

PCP users become agitated easily, and suffer from hallucinations in which they become violently dangerous to themselves and others. Under the influence of PCP, addicts often seriously harm themselves, but feel little or no pain.

Heroin users are often seen with abscesses and swollen hands and feet, particularly in those who have been using for a long time.

Regardless of one's gender, method of drug administration, or drug of choice, drug users are particularly prone to a host of ailments and illnesses that are associated with the rituals, behaviors and lifestyles of addicts. The use of drugs in general depresses the human immune system and inhibits an addict's ability to resist sickness. The conditions of filth and pestilence commonly found in crackhouses also provide thriving breeding ground for germs and disease. This, in combination with sharing needleworks and engaging in unprotected sex, allows for addicts to be exposed constantly to a variety of serious health hazards.

Unstable Relationships

Parents who use drugs are at a substantial disadvantage in disciplining their children. While most addicts go to extraordinary lengths to ensure that their children do not see them use drugs, children of addicts commonly see their parents use drugs and many have seen their parent overdose at least once. While it appears that children use their parents' addictive behavior as a basis for their own misbehavior, the addictive behavior of parents may, indeed, also be the source of many of the psychoemotional problems from which children of addicts suffer and act out through their misbehavior.

The relationships between addicts and their children are all too often marked by sexual or physical abuse or neglect. Studies and interviews reveal that a substantial portion of addicts were abused or neglected by their parents and this condition often is continued with the children of addicts.

The relationships between couples, of which one or both are addicts, are characterized by certain behaviors. Many male addicts have partners who do not use drugs. However, if the woman uses drugs, her mate is more likely to also use because the woman typically expects her man to keep her supplied with drugs. Within the drug-using community, one indicator of a man's worth is his ability to supply drugs for his mate. While some women maintain long-term relationships with men who do not use drugs, others, especially crack addicts, have sexual relationships with perhaps dozens of men.

Attempts at Recovery

Most addicts initially have a negative attitude toward treatment. They generally believe that they do not have a problem. To bolster this denial, they may switch to other drugs or alter their pattern of use to appear to have control of their habit. For those who eventually face their addiction and become motivated to seek abstinence, treatment can be effective and successful.

The impetus to continue to make attempts at recovery depends largely on whether or not patients are voluntary. If patients are voluntary, they are more likely to make repeated efforts to achieve recovery. Patients referred by the criminal justice system do not seem to have the same commitment to treatment. Some patients have made as many as 10 recorded attempts to stay free of drugs. This, however, should not be viewed negatively as a record of failure but rather seen positively as the continued existence of hope and desire to become drug-free.

While these circumstances paint a grim picture of what drug addicts in the District face, one must keep in mind that these are only a portion of the addicts that exist in the city. These are the addicts that become known because their desperate situations lead them to the city's criminal justice or public health systems. There are a great many, the numbers for which one can only guess, that have not become this desperate, yet.

Types of Treatment

There are three primary treatment approaches used by ADASA: maintenance, detoxification and abstinence (see Appendix). The pattern of treatment for ADASA admissions types have dramatically changed over the four years in the study. During fiscal year 1984, the majority (73 percent or 2,185) of ADASA admissions were maintenance cases, while 7 percent (210) were detoxification cases and 20 percent (599) were abstinence cases. By fiscal year 1988, the majority (50 percent or 2,513) of ADASA admissions were drug-free cases, while 29 percent (1,437) were maintenance and 21 percent (1,041) were detoxification cases (Table A-18).

The percentage of maintenance cases decreased substantially from 73 percent of all ADASA cases in 1984 to 18 percent of all cases in 1986. Since 1986, the percentage of maintenance cases has increased to 29 percent of all ADASA admissions. Detoxification admissions have gradually increased over the years from 7 percent (210) of all admissions in 1984 to 21 percent (1,041) in 1988 (Table A-18).

The percentage of ADASA admissions that are drug-free cases has increased dramatically over the years. In fact, drug-free cases account for the majority of all ADASA admissions in 1988. The number of drug-free cases peaked in 1987 at 3,561 or 61 percent of all admissions, but has since decreased to 2,513 or 50 percent of all cases in 1988 (Table A-18).

Since the effects of intoxication often mimic psychiatric conditions and may actually cause the need for acute psychiatric care, substance abusers often enter the mental health system due to crisis situations. These crisis situations may lead to hospitalization or outpatient treatment while further evaluation is made to determine a diagnosis among primary mental illness, primary substance abuse, or the co-existence of both conditions. For hospitalized patients, detoxification may be needed as an aspect of their psychiatric care. If a primary substance abuse disorder is determined after detoxification, the patient is referred to ADASA for continued treatment.

Among the CMHS' treatment options is the Psychiatric Substance Abuse Program (PASA), a residential treatment program designed to specifically address the substance abuse problems of the mentally ill. PASA provides post-detoxification treatment and a thirty-day and an extended-stay intensive abstinence program. The program does not use maintenance treatment. PASA patients tend to be younger adults with more extensive employment backgrounds and higher levels of functioning than many other CMHS patients.

AIDS AND THE CRIMINAL JUSTICE COMMUNITY

The crisis of drug abuse cannot be discussed without mentioning AIDS (Acquired Immunodeficiency Syndrome). Intravenous (IV) drug users are the second largest group at risk for AIDS. It is estimated that 25 percent of all AIDS cases are IV drug users. The National Institute for Drug Abuse reports that there are as many as 1.3 million IV drug users in the United States and approximately 17,500 are known to have AIDS. Thousands more are infected with the virus. Data indicate that the number of IV drug users with AIDS is doubling every 14 to 16 months.

AIDS is spread primarily through needlesharing and unprotected sex. The spread of AIDS by sharing needles is commonly associated with heroin use. Recent evidence, however, suggests that the IV use of other drugs, especially cocaine, is becoming more of a factor in the spread of the disease. The effects of cocaine are short-lived while heroin provides a longer-lasting high. Thus, IV cocaine users usually inject themselves more frequently and in shorter periods of time and typically share needles.

The spread of AIDS through sexual contact is of particular threat to IV drug addicts and those who have sex with these addicts. Sex is an integral activity of the drug-using community. Sex is used to pay for drugs directly or as a means to get money to buy drugs. It is a vehicle by which the AIDS virus spreads throughout the drug-using population as well as to unknowing, non-IV drug users who have sexual contact with infected addicts. The Centers for Disease Control report that, among all women reported to have AIDS, 30 percent were non-IV drug users who had IV drug-using partners.

AIDS is becoming of greater concern to criminal justice practitioners. The age group at greatest risk for getting AIDS, people ages 20 to 39, is also the age group most represented in the criminal offender population. Nationally, 62 percent of people arrested in 1988 were ages to 20 to 39. In the District, 76 percent of arrestees in 1988 were in this group. This population also has the highest proportion of IV drug users. National data indicate that up to 25 percent of male arrestees report ever injecting heroin and up to 27 percent report ever injecting cocaine. While the District does not collect data specifically on IV drug use, drug test data indicate that 50 percent of arrestees in the 20 to 39 age range test positive for drugs. These data suggest that a sizable number of people entering the criminal justice system may be at risk for AIDS.

Information about AIDS and the criminal justice system is scarce and, where it does exist, it is limited. There is only one major study of prisons and jails nationwide, conducted by the National Institute of Justice (NIJ), that provides some insight to the problem. This study, conducted in 1987, revealed that two-thirds of all AIDS cases and 92 percent of AIDS cases among females were attributable to IV drug use. In geographical areas with a high incidence of IV drug use (New York, for example), the number of correctional AIDS cases due to IV drug use was much higher than similar cases in the general population. Overall, in the three years since NIJ began surveying the correctional population, AIDS cases have increased 156 percent and have risen 59 percent since last year.

Concerns among criminal justice practitioners and researchers is focused on not only the incarcerated population, but also parolees and probationers. The 1987 NIJ data indicate that many parolees are HIV positive or have AIDS. It is the community supervision agencies that will ultimately have to deal with AIDS cases among those incarcerated or released from the criminal justice system. Increasing numbers of HIV positive or AIDS cases in the criminal justice population will certainly affect the programs and resources of correctional agencies.

Despite the growing concern, most correctional agencies across the nation have no mechanisms in place for collecting AIDS-related data. Reporting AIDS cases is further hampered by confidentiality policies. There seems to be consensus, however, among criminal justice practitioners and researchers that establishing reporting systems is essential in order to provide information necessary for making program, management, policy and budget decisions for the future.

Sources:

National Institute of Justice, **AIDS in Probation and Parole,** June 1989.

Drug Enforcement Administration, **Drugs of Abuse,** 1988 Edition.

SUMMARY OF FINDINGS

The District of Columbia is currently experiencing a critical problem with illicit drugs. An analysis of indicators of illicit drug use, including overdose deaths, emergency drug mentions, urinalysis test results, drug arrest, prosecution and conviction data, and drug treatment data, indicate that the problem is getting worse. This is especially true for the District's criminal justice population.

Data about overdose deaths and emergency room drug mentions suggest that cocaine use has increased while heroin and PCP use has declined. Cocaine use is currently the overwhelming choice among arrestees in the District, with nearly two-thirds of this population testing positive for cocaine use.

Law enforcement activity has resulted in record numbers of drug arrests in 1986, but subseqnetly declined in the past two years. However, among juvenile arrestees, there has been a significant increase in arrests for drug sales, especially for cocaine and heroin. Prosecutions and convictions for drug offenses continue to rise, 94 percent and 66 percent respectively, from 1985 to 1988.

The increased drug activity has contributed to a rise in violent crime in the District. In 1988, there was a record number of homicides (369), of which 80 percent were drug-related (among cases where motive was known). In addition, further analysis indicates that the high numbers of homicides occurred in those areas where drug activity levels were high.

The majority of adult arrestees testing positive for drug use were age 31 or younger, male, black and single. This is the case for all years of the study. While data show that about one-third of this group are employed, this percentage has decreased over the years. Approximately half of those testing positive had prior arrests for drug offenses.

Juveniles testing positive for drug use were typically black males ages 15 to 18. Juvenile arrestees tested positive for drug use at a much lower rate than adult arrestees (31 compared with 72 percent, respectively, in 1988).

Admissions for drug treatment have increased dramatically since 1984. ADASA data show that a majority of treatment clients from 1984 to 1988 were black males age 31 or older. Approximately one-third were ages 21 to 30. While the majority of treatment admissions in 1984 were voluntary, in the years since then, the majority of admissions were criminal justice referrals. Admission types have also changed in recent years from being mostly maintenance cases in 1984 to primarily abstinence cases in 1988.

Findings from a survey of District residents indicate that illicit drugs, along with other crime problems, are the most urgent neighborhood concerns. Other findings reveal that the drug problem is pervasive, affecting all areas of the city, and that younger people and males are more inclined to know persons who regularly use illicit drugs than other population groups.

District citizens, according to the survey, felt that a greater emphasis on drug prevention and education relative to interdiction and law enforcement efforts is the most effective way to address the drug problem. They also indicated a willingness to moderately increase taxes if the money is used to attack the drug problem.

This report has provided a comprehensive view of the illicit drug problem in the District. Since the report of two years ago, the problem has worsened with cocaine clearly emerging as the drug of choice. The highly addictive crack cocaine has spurned a network of open air drug markets that have been focal points for much of the drug-related violence.

In an effort to address the many problems resulting from the surge in drug use, the city government is developing and implementing several strategies. The newly established Office of Drug Control Policy has developed a work plan that emphasizes community involvement and intensive coordination efforts among city government agencies responsible for handling drug-related matters. Included in the three-phase strategy plan are targeted police sweeps, bricking-up crack houses, deploying strike forces to clean up neighborhoods and providing intensive social services, and establishing a volunteer resources bank to further enhance community mobilization efforts.

The District government, private sector and community residents remain deeply concerned about the drug crisis in this city and are increasingly becoming committed and mobilized to forcibly attack the drug problem. It is sincerely hoped that the next report on drug abuse and crime in this city will indicate substantial success in our efforts to eradicate this problem.

APPENDICES

Treatment Approaches

Methadone maintenance is a treatment modality used for the treatment of heroin addicts. The heroin addict is switched from heroin to an approximately equivalent amount of oral methadone. Methadone works by blocking the desire for heroin without producing the same narcotic high. The goal of methadone maintenance is abstinence from all mind-altering drugs except methadone.

Detoxification as a treatment modality for substance abuse requires a supervised period of withdrawal in which the illicit substance is eliminated from the body. Detoxification is a gradual process; it can take 72 hours or several months to rid the body of the illicit substance.

Detoxification programs are usually voluntary and are often the first step in the treatment of alcoholics and drug addicts. To be admitted to a detoxification unit, the level of alcohol and/or drugs in the blood must be above 0.1 percent. Once a person has been detoxified, he is usually referred to an outpatient clinic for psychiatric or psychological treatment or to an abstinence program.

The treatment method used by abstinence programs is to not use the substance causing the addiction. Abstinence programs view addiction as a disease. In order for abstinence programs to work, a person must take responsibility for his condition, his everyday life and his destiny. This is usually accomplished by a self-help process with the support of a group of persons experiencing similar problems with addiction. Two of the best known abstinence programs in the United States are Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). Both groups are programs of complete abstinence from all drugs and alcohol. The only requirement for membership in these programs is the honest desire to stop using the substance. In the last 40 years, more than one million people have recovered in AA programs.

TABLE A-1
Emergency Room Drug Mentions for Selected Metropolitan Areas
Calendar Years 1985-1987

City & Year	Total	Heroin/ Morphine		PCP/PCP Combination		Cocaine		Marijuana	
		#	%	#	%	#	%	#	%
Atlanta									
1985	2,250	35	1.6	0	0.0	156	6.9	21	0.9
1986	2,823	36	1.3	6	0.2	350	12.4	49	1.7
1987	3,363	56	1.7	11	0.3	653	19.4	107	3.2
Baltimore									
1985	2,968	449	15.1	48	1.6	221	7.4	41	1.4
1986	3,586	576	16.1	99	2.8	498	13.9	62	1.7
1987	5,265	778	14.8	244	4.6	973	18.5	103	2.0
Boston									
1985	3,569	316	8.9	17	0.5	292	8.2	55	1.5
1986	3,887	304	7.8	16	0.4	523	13.5	74	1.9
1987	5,371	454	8.5	25	0.5	975	18.2	112	2.1
Chicago									
1985	7,478	551	7.4	285	3.8	714	9.5	323	4.3
1986	8,688	764	8.8	536	6.2	1,632	18.8	460	5.3
1987	11,931	995	8.3	656	5.5	2,825	23.7	625	5.2
Cleveland									
1985	2,534	38	1.5	17	0.7	124	4.9	66	2.6
1986	2,655	72	2.7	27	1.0	267	10.1	58	2.2
1987	4,030	97	2.4	25	0.6	766	19.0	124	3.1
Dallas									
1985	3,224	100	3.1	17	0.5	156	4.8	149	4.6
1986	4,358	244	5.6	33	0.8	480	11.0	268	6.1
1987	6,198	271	4.4	47	0.8	981	15.8	554	8.9
Denver									
1985	4,490	114	2.5	15	0.3	237	5.3	122	2.7
1986	4,922	200	4.1	7	0.1	457	9.3	123	2.5
1987	4,869	115	2.4	8	0.2	490	10.1	149	3.1
Detroit									
1985	10,793	2,666	24.7	63	0.6	986	9.1	305	2.8
1986	13,037	2,573	19.7	62	0.5	2,608	20.0	582	4.5
1987	16,230	2,537	15.6	39	0.2	4,702	29.0	784	4.8
Los Angeles									
1985	15,517	1,301	8.4	1,874	12.1	1,578	10.2	686	4.4
1986	13,194	1,791	13.6	1,494	11.3	2,296	17.4	322	2.4
1987	11,753	1,238	10.5	1,059	9.0	2,161	18.4	237	2.0

TABLE A-1 (continued)
Emergency Room Drug Mentions for Selected Metropolitan Areas
Calendar Years 1985-1987

City & Year	Total	Heroin/ Morphine		PCP/PCP Combination		Cocaine		Marijuana	
		#	%	#	%	#	%	#	%
Miami									
1985	1,585	19	1.2	2	0.1	171	10.8	36	2.3
1986	1,631	24	1.5	3	0.2	318	19.5	27	1.7
1987	1,685	5	0.3	3	0.2	286	17.0	19	1.1
New Orleans									
1985	4,045	232	5.7	151	3.7	503	12.4	162	4.0
1986	3,809	81	2.1	213	5.6	451	11.8	315	8.3
1987	6,672	476	7.1	202	3.0	1,908	28.6	481	7.2
New York									
1985	16,470	3,237	19.7	618	3.8	3,179	19.3	689	4.2
1986	18,226	3,532	19.4	392	2.2	4,951	27.2	664	3.6
1987	21,067	3,820	18.1	223	1.1	6,874	32.6	683	3.2
Philadelphia									
1985	9,154	460	5.0	125	1.4	673	7.4	205	2.2
1986	10,229	458	4.5	70	0.7	1,513	14.8	332	3.2
1987	15,320	808	5.3	81	0.5	4,308	28.1	477	3.1
Phoenix									
1985	3,555	262	7.4	38	1.1	118	3.3	57	1.6
1986	4,208	376	8.9	47	1.1	375	8.9	49	1.2
1987	6,355	327	5.1	48	0.8	781	12.3	204	3.2
San Antonio									
1985	2,409	144	6.0	9	0.4	32	1.3	21	0.9
1986	2,525	185	7.3	1	0.0	49	1.9	15	0.6
1987	2,342	118	5.0	4	0.2	102	4.4	17	0.7
San Francisco									
1985	4,287	1,035	24.1	170	4.0	406	9.5	141	3.3
1986	3,941	1,013	25.7	233	5.9	465	11.8	150	3.8
1987	3,796	575	15.1	450	11.9	533	14.0	366	9.6
Washington, D.C.									
1985	7,654	1,469	19.2	1,495	19.5	908	11.9	302	3.9
1986	9,215	1,199	13.0	2,126	23.1	1,521	16.5	546	5.9
1987	15,999	1,648	10.3	4,241	26.5	3,379	21.1	1,446	9.0

Source: Drug Abuse Warning Network.
Prepared by: Office of Criminal Justice Plans and Analysis.

TABLE A-2
Drug Arrest Rates (per 100,000 population) for Cities with Populations > 500,000
Calendar Years 1984-1988

City*	1984	1985	1986	1987	1988	Rate of Change 1984-1988
Baltimore, MD	1,100.0	1,250.8	1,099.5	1,589.7	1,757.0	60%
Washington, DC	1,356.0	1,451.3	2,113.1	2,084.1	1,679.8	24%
San Diego, CA	599.5	659.2	742.1	1,357.3	1,596.8	166%
San Francisco, CA	449.3	591.9	714.7	707.3	1,517.3	238%
New York, NY	865.7	979.7	1,086.4	1,182.1	1,299.1	50%
San Jose, CA	539.1	700.5	1,269.0	1,070.6	1,168.3	117%
Chicago, IL	637.6	748.2	714.8	826.2	1,049.7	65%
Detroit, MI	355.7	392.9	497.4	679.8	1,008.5	184%
Las Vegas, NV	Δ	Δ	Δ	Δ	999.1	Δ
Los Angeles, CA	736.3	1,289.3	904.1	1,046.1	927.4	26%
New Orleans, LA**	519.3	607.5	500.4	528.8	839.3	62%
Denver, CO	554.6	632.7	667.3	637.8	769.9	39%
Philadelphia, PA	314.5	474.1	534.1	490.1	743.0	136%
Boston, MA**	625.3	547.0	693.9	707.3	732.5	17%
Cleveland, OH	228.2	349.0	327.1	351.4	639.8	180%
Memphis, TN	200.7	194.9	206.4	393.0	606.8	202%
Dallas, TX	677.0	735.9	641.9	652.1	573.9	-15%
Phoenix, AZ	412.7	390.9	403.4	466.8	493.9	20%
San Antonio, TX	321.8	377.3	332.0	336.4	418.1	30%
Honolulu, HI	348.3	476.1	386.0	338.1	342.0	-2%
El Paso, TX	Δ	Δ	Δ	Δ	341.5	Δ
Milwaukee, WI**	499.3	323.8	214.2	250.0	319.1	-36%
Houston, TX	445.0	449.3	390.3	409.9	281.3	-37%
Columbus, OH	95.8	94.9	82.0	102.7	155.8	63%
Jacksonville, FL	314.5	282.9	298.9	392.3	Δ	Δ

Source: Unpublished data from Uniform Crime Reports, Federal Bureau of Investigation
Prepared By: Office of Criminal Justice Plans and Analysis.
**Cities are ranked by 1988 rates.*
***Cities where data was annualized.*
Δ = Data did not meet requirements of the analysis.

TABLE A-3
Emergency Room Drug Mentions, Washington Metropolitan Area
Calendar Years 1985-1987

Drug	1985	%	1986	%	1987	%
Heroin	1,469	19	1,199	13	1,648	10
PCP	1,495	20	2,126	23	4,241	27
Cocaine	908	12	1,521	17	3,379	21
Total Number Drug Mentions*	**7,654**		**9,215**		**15,999**	

**Totals based on all DAWN mentions.*

Source: Drug Abuse Warning Network.
Prepared By: Office of Criminal Justice Plans and Analysis.

TABLE A-4
Number of Homicides by Amounts of Drug Offenses in Census Tracts
Calendar Year 1988

	Percent of Total Crime that are Drug Offenses		
Number of Homicides	**0 to 15%**	**16 to 30%**	**31% & Above**
0 to 3	84%	38%	17%
4 to 7	14%	45%	50%
8 to 17	2%	17%	33%

Source: Metropolitan Police Department.
Prepared By: Office of Criminal Justice Plans and Analysis.

TABLE A-5
Adult Arrestees Testing Positive for Drugs by Age
Calendar Years 1985-1988

	1985		1986		1987		1988	
Age	#	%	#	%	#	%	#	%
16 & Under	813	15	832	14	1,320	12	652	11
17 to 21	1,391	26	1,430	25	2,481	22	1,235	21
22 to 26	1,371	26	1,449	25	2,684	24	1,438	24
27 to 31	994	19	1,113	19	2,327	21	1,306	22
32 to 36	476	9	557	10	1,364	12	807	14
37 to 41	164	3	222	4	545	5	289	5
42 to 46	89	2	91	2	204	2	145	2
47 to 51	34	1	35	1	105	1	56	1
52 to 56	32	1	24	1	74	1	37	1
Total Positive	**5,364**		**5,753**		**11,104**		**5,965**	

Percents may not equal 100 due to rounding
**Totals based on cases where data is complete*

Source: Pretrial Services Agency.
Prepared by: Office of Criminal Justice Plans and Analysis.

TABLE A-6
Adult Arrestees Testing Positive for Drugs by Gender
Calendar Years 1985-1988

	1985		1986		1987		1988	
Gender	#	%	#	%	#	%	#	%
Male	4,407	82	4,724	82	9,090	82	4,783	80
Female	958	18	1,029	18	2,014	18	1,162	20
Total Positive*	**5,365**		**5,753**		**11,104**		**5,945**	

Totals based on cases where data is complete.

Source: Pretrial Services Agency.
Prepared by: Office of Criminal Justice Plans and Analysis.

TABLE A-7
Adult Arrestees Testing Positive for Drugs by Race
Calendar Years 1985-1988

	1985		1986		1987		1988	
Race	#	%	#	%	#	%	#	%
Black	4,950	92	5,334	93	10,253	92	5,465	92
White	370	7	371	6	706	6	410	7
Other	44	1	48	1	144	1	70	1
Total Positive*	**5,364**		**5,753**		**11,103**		**5,945**	

Percents may not equal 100 due to rounding.
**Totals based on cases where data is complete.*

Source: Pretrial Services Agency.
Prepared by: Office of Criminal Justice Plans and Analysis.

TABLE A-8
Adult Arrestees Testing Positive for Drugs by Marital Status
Calendar Years 1985-1988

Marital	1985		1986		1987		1988	
Status	#	%	#	%	#	%	#	%
Divorced	248	5	296	5	561	5	307	5
Married	825	15	873	15	1,656	15	863	15
Single	4,292	80	4,584	80	8,887	80	4,775	80
Total Positive*	**5,365**		**5,753**		**11,104**		**5,945**	

**Totals based on cases where data is complete.*

Source: Pretrial Services Agency.
Prepared by: Office of Criminal Justice Plans and Analysis.

TABLE A-9
Adult Arrestees Testing Positive for Drugs by Employment Status
Calendar Years 1985-1988

Employment Status	1985 #	1985 %	1986 #	1986 %	1987 #	1987 %	1988 #	1988 %
Employed	3,554	67	3,801	67	6,879	63	3,566	61
Unemployed	1,635	31	1,762	31	3,708	34	2,114	36
Other	150	3	141	2	251	2	128	2
Total Positive*	**5,339**		**5,704**		**10,838**		**5,808**	

Percent may not equal 100 due to rounding.
**Totals based on cases where data is complete.*

Source: Pretrial Services Agency.
Prepared by: Office of Criminal Justice Plans and Analysis.

TABLE A-10
Adult Arrestees Testing Positive for Drugs by Type of Offense
Calendar Years 1985-1988

Offense	1985 #	1985 %	1986 #	1986 %	1987 #	1987 %	1988 #	1988 %
Violent	565	14	486	12	1,033	13	621	13
Property	677	17	673	17	1,383	17	846	17
Drugs	2,099	51	2,180	53	4,442	54	2,503	53
Other	736	18	739	18	1,388	17	845	17
Total Positive*	**4,077**		**4,078**		**8,246**		**4,915**	

Percents may not equal 100 due to rounding.
**Totals based on cases where data is complete.*

Source: Pretrial Services Agency.
Prepared by: Office of Criminal Justice Plans and Analysis.

TABLE A-11
Juvenile Arrestees Testing Positive for Drugs by Age
Calendar Years 1987-1988

Age	1987 #	1987 %	1988 #	1988 %
1 to 12	8	1	12	1
13 to 14	79	6	74	7
15 to 16	469	35	292	29
17 to 18	774	57	607	60
19+	27	2	25	2
Total Positive*	**1,357**		**1,010**	

**Totals based on cases where data is complete.*
Percents may not equal 100 due to rounding.
Source: Pretrial Services Agency.
Prepared By: Office of Criminal Justice Plans and Analysis.

TABLE A-12
Juvenile Arrestees Testing Positive for Drugs by Gender
Calendar Years 1987-1988

Gender	1987 #	1987 %	1988 #	1988 %
Male	1,310	91	1,007	91
Female	126	9	104	9
Total Positive*	**1,436**		**1,111**	

**Totals based on cases where data is complete.*
Source: Pretrial Services Agency.
Prepared By: Office of Criminal Justice Plans and Analysis.

TABLE A-13
Juvenile Arrestees Testing Positive for Drugs by Race
Calendar Years 1987-1988

Race	1987 #	1987 %	1988 #	1988 %
Black	1,244	97	725	95
White	29	2	21	3
Other	10	1	16	2
Total Positive*	**1,283**		**762**	

**Totals based on cases where data is complete.*
Source: Pretrial Services Agency.
Prepared By: Office of Criminal Justice Plans and Analysis.

TABLE A-14
ADASA Admissions by Race
Fiscal Years 1984-1988

	FY 1984		FY 1985		FY 1986		FY 1987		FY 1988	
Race	#	%	#	%	#	%	#	%	#	%
Black	2,728	91	3,360	86	5,211	88	5,137	88	4,599	92
White	266	9	313	8	474	8	467	8	293	6
Other	2	<1	234	6	237	4	234	4	99	2
Totals	**2,994**		**3,907**		**5,922**		**5,838**		**4,991**	

Source: Alcohol and Drug Abuse Services Administration.
Prepared By: Office of Criminal Justice Plans and Analysis.

TABLE A-15
ADASA Admissions by Gender
Fiscal Years 1984-1988

	FY 1984		FY 1985		FY 1986		FY 1987		FY 1988	
Gender	#	%	#	%	#	%	#	%	#	%
Male	2,036	68	2,850	73	4,382	74	4,028	69	3,457	69
Female	958	32	1,057	27	1,540	26	1,810	31	1,534	31
Totals	**2,994**		**3,907**		**5,922**		**5,838**		**4,991**	

Source: Alcohol and Drug Abuse Services Administration.
Prepared By: Office of Criminal Justice Plans and Analysis.

TABLE A-16
ADASA Admissions by Age
Fiscal Years 1984-1988

	FY 1984		FY 1985		FY 1986		FY 1987		FY 1988	
Age	#	%	#	%	#	%	#	%	#	%
16-20	419	14	234	6	650	11	642	11	349	7
21-25	599	20	703	18	1,037	18	1,004	17	749	15
26-30	689	23	1,016	26	1,420	24	1,255	21	998	20
31 & Over	1,287	43	1,954	50	2,815	48	2,937	50	2,895	58
Totals	**2,994**		**3,907**		**5,922**		**5,838**		**4,991**	

Percents may not equal 100 due to rounding.
Source: Alcohol and Drug Abuse Services Administration.
Prepared By: Office of Criminal Justice Plans and Analysis.

TABLE A-17
ADASA Admissions by Status
Fiscal Years 1984-1988

	FY 1984		FY 1985		FY 1986		FY 1987		FY 1988	
Status	#	%	#	%	#	%	#	%	#	%
Volunteer	1,647	55	1,797	46	2,505	42	2,452	42	2,862	57
Criminal Justice	1,347	45	2,110	54	3,417	58	3,386	58	2,129	43
Totals	**2,994**		**3,907**		**5,922**		**5,838**		**4,991**	

Source: Alcohol and Drug Abuse Services Administration.
Prepared By: Office of Criminal Justice Plans and Analysis.

TABLE A-18
ADASA Admissions by Modality
Fiscal Years 1984-1988

	FY 1984		FY 1985		FY 1986		FY 1987		FY 1988	
Modality	#	%	#	%	#	%	#	%	#	%
Maintenance	2,185	73	2,540	65	1,066	18	1,226	21	1,437	29
Detox	210	7	273	7	1,465	25	1,051	18	1,041	21
Drug-free	599	20	1,094	28	3,391	57	3,561	61	2,513	50
Totals	**2,994**		**3,907**		**5,922**		**5,838**		**4,991**	

Source: Alcohol and Drug Abuse Services Administration.
Prepared By: Office of Criminal Justice Plans and Analysis.

Treatment Services and Drug Information in the District of Columbia

Outpatient Substance Abuse Treatment Services

Comprehensive Abstinence Program	727-0668
Adams Mill Alcohol Center	673-6618
Day Alcohol Program	673-6618
Andromeda Outpatient Abstinence Program for Hispanics	667-6766
Bureau of Rehabilitation Treatment Program	842-7027
Capitol East Addiction Services for Encouraging Development	727-0620
Concerned Citizens for Alcohol Abuse, Inc.	563-3209
Model Treatment Clinic	727-0664
Moving Addicts Towards Self-Sufficiency	727-0868
Services Helping Addicts Come Klean	727-0483
Treatment and Rehabilitation of Addicts in Need	727-3920
Women Services Clinic	727-5166
Youth Abstinence Clinic	673-6618

Inpatient/Residential Substance Abuse

ADERO House Youth Residential Treatment Program	373-7731
Alcoholism Inpatient Detoxification Center	727-5163
Comprehensive Alcohol and Drug Abuse Center	373-7754
Heroin-Cocaine Detoxification Unit	727-5163
Mary E. Herring Residential Home	576-6637
Karrick Hall Residential Treatment Program	727-5770
PCP Detoxification Unit	675-7748
RAP Residential Treatment Program	462-7500
Second Genesis	656-1545
Youth Comprehensive Abstinence Program	725-3600

Prevention/Intervention Services

Community Research, Inc.	581-0449
Super Teams Program	659-1080
Parklands Community Center	457-2207
Pettson Community Program	561-4500
Living Stage	234-5782
Unfoldment, Inc. Drug Prevention Program	561-2992

General Drug Information

Overdose Emergencies	911
To Report Drug Dealers/Drug Sales Sites (Drug Dealers Reward Program)	202-393-2222
PCP Detoxification Treatment	202-675-7448
Heroin-Cocaine Detoxification Treatment	202-373-7754
Narcotics Anonymous	202-338-7989
Al-Anon/Alateen	202-882-1334

National Toll Free Numbers

The National Federation of Parents for Drug-Free Youth	1-800-554-KIDS
PRIDE Drug Information Line	1-800-241-9746
National Institute on Drug Abuse	1-800-638-2045
National Institute on Drug Abuse Treatment Referral Hotline	1-800-622-HELP
National Institute on Drug Abuse Workplace Helpline	1-800-843-4971
Data Center and Clearinghouse for Drugs and Crime	1-800-732-3277
National Clearinghouse for Alcohol and Drug Information	301-468-2600