



**DRUG ABUSE
TREND REPORT
FOR THE
DISTRICT OF
COLUMBIA**

136249

District of Columbia Center
for Drug Information

Office of Criminal Justice Plans and Analysis

District of Columbia Government
Sharon Pratt Kelly, Mayor

January 1992

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INTRODUCTION

This report provides the most current compilation of drug use indicators for the District of Columbia. This information is compiled for publication in a report of epidemiologic trends in drug abuse from the National Institute on Drug Abuse (NIDA). NIDA's biannual report, entitled *Epidemiologic Trends in Drug Abuse*, is the result of proceedings of the Community Epidemiology Work Group, which serves NIDA as a primary method for conducting drug abuse surveillance nationwide. The District of Columbia, along with 19 other jurisdictions, convenes a local community epidemiology work group and submits papers discussing the current status and trends of drug abuse in the respective cities. The following report for Washington, D.C., is an expanded version of the city paper submitted for publication in the December 1991 edition of NIDA's *Epidemiologic Trends in Drug Abuse*.

The principal data sources for this report include drug arrest and violent offense figures from the Metropolitan Police Department and the Office of the Corporation Counsel, arrestee drug test results from the Pretrial Services Agency, AIDS-related data from the Commission of Public Health Office of AIDS Activities, drug-related emergency room and medical examiner mentions from NIDA, drug price and purity, and drug seizure laboratory test information from the Drug Enforcement Administration and regional drug abuse hotline information from the Washington Area Council on Alcoholism and Drug Abuse.

CITY OVERVIEW

The Washington metropolitan area, the nation's ninth largest metropolitan area, with an estimated total population of 3,250,000 residents. The Washington metropolitan area includes the District of Columbia, Maryland's Montgomery and Prince Georges Counties, Virginia's Arlington County and the City of Alexandria, in addition to 11 other separate jurisdictions in Maryland and Virginia.

Washington, D.C. is divided into eight wards. Population estimates for each ward range from 68,869 to 83,204 residents. The total District population is 606,900 of which 66 percent are black, 30 percent are white and 5 percent are of other races. Five percent of the city's population is of Hispanic origin, which is considered by the Bureau of the Census as an ethnic group rather than a race. Racial compositions in the city vary greatly among the wards, ranging, for example, from a 6 percent black and 88 percent white population in Ward 3 to a 97 percent black and 2 percent white population in Ward 7.

DRUG ABUSE TRENDS

OVERVIEW

The decline in drug abuse indicated by data reported in the June 1991 edition of the *Drug Abuse Trend Report* seems to be slowing for some populations. Especially apparent is the stabilizing of the decline in cocaine use over the past couple of years, indicating that many "hard-core users" are not effectively treated by current programs. Available data, however, points to a continued decline in cocaine use among the general population, commonly referred to as casual users.

The picture for heroin is mixed. Shifts in the heroin market occurred in 1990, with the drug's purity rising and price declining, but the manifestations of these shifts are not yet clear. Statistical indicators of heroin use in the District do not reflect a heroin resurgence, but anecdotal information suggests that heroin use may be rising. All statistical indicators of heroin use (treatment data was not available for this report) have actually declined, despite greater availability of the drug on the streets. However, there are anecdotal reports from police that there is a rise in heroin smoking among crack users and that snorting of the drug is occurring as well.

The most promising trend is occurring with PCP use, which continues to show declines in the District. While PCP was once the drug of choice in the District, its use is becoming increasingly uncommon.

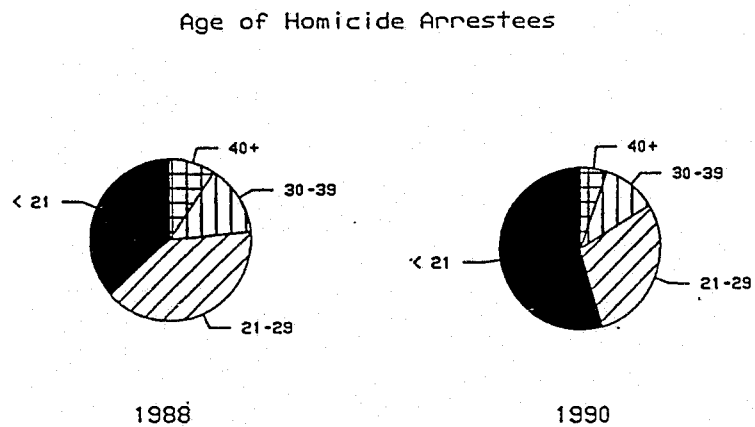
There are indications that youth are currently not using drugs as much as in previous years. It appears that drug use among youth may be shifting from "hard" drugs such as PCP or cocaine to marijuana. In addition, though still a matter of serious concern (88 percent of juvenile drug arrests in fiscal year 1991 were for sales/distribution), youth involvement in drug selling seems to be declining.

While the decline in drug involvement among youth is encouraging, a new and frightening trend has emerged - a rise

in the involvement of youth in violent, gun-related crime. This is poignantly reflected in figures for homicides arrests. In 1988, 37 percent of homicide arrestees were under age 21; in 1990, the figure jumped to 55 percent (Figure 1). In addition, an increasing proportion of homicides are unrelated to the drug trade, and, according to figures from the Pretrial Services Agency, fewer homicide arrestees, both adult and juvenile, are testing positive for drug use. The shift from youth involvement in drug use and selling to involvement in violent crime begs a reassessment of how to approach and address the problems of drug use and crime.

The following is a discussion of drug abuse trends regarding specific drugs.

Figure 1



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

COCAINE

Most indicators of cocaine use in the District show a decline over the past few years, including emergency room and medical examiner mentions, drug hotline calls and juvenile arrests. However, there is some indication that the decline may be leveling off. Positive drug test results for both adult and juvenile arrestees, often seen to be a predictor of future trends in the general population, have satabalizing over the past year after having declined steadily since the late 1980s. In addition, the number of cocaine submissions by the police to the Drug Enforcement Administration (DEA) for analysis increased significantly in the third calendar quarter of 1991. It is not clear, however, if this reflects an unusual level of police activity or an emerging resurgence of cocaine activity.

The number of emergency room mentions for cocaine in the Washington metropolitan area declined 39 percent from 1989 to 1990. In 1990, there were 4,788 cocaine emergency room mentions. Cocaine was involved in 45 percent of drug abuse emergency room episodes in 1990, a decrease from 58 percent in 1989 (Table 1, Figure 2). The age of patients entering emergency rooms with cocaine problems is increasing. In 1989,

Table 1

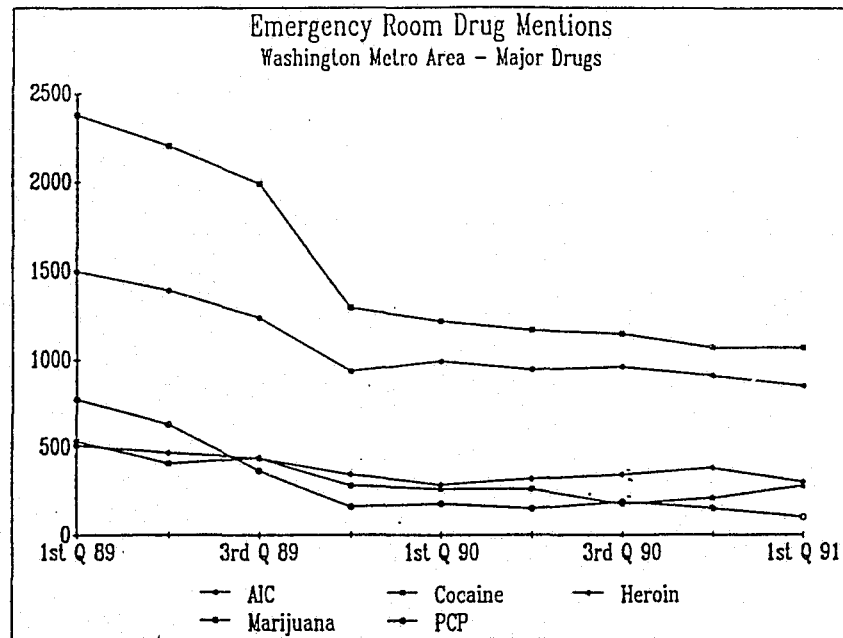
Indicators of Cocaine Use
1988 - 1991

COCAINE	1988	1989	1990	1991
Emergency Room Mentions (DAWN)	N/A	7,854	4,788	1,063 (through March)
Medical Examiner Mentions (DAWN)	160	215	102	15 (through March)
WACADA Hotline Calls	N/A	2,203 (crack) 461 (non-crack) 2,664 (total) (May - December)	3,092 (crack) 265 (non-crack) 3,357 (total)	2,155 (crack) 135 (non-crack) 2,290 (total) (through May)
Adult Drug Test Results (% positive)	64%	63%	52%	51% (through October)
Juvenile Drug Test Results (% positive)	22%	18%	12%	11% (through October)
Juvenile Arrests (FY)	1,254	1,381	1,086	983
MPD Submissions to DEA crime lab	4,496	4,949	4,447	3,704 (through September)

Source: National Institute on Drug Abuse, Washington Area Council on Alcoholism and Drug Abuse, Pretrial Services Agency, Office of the Corporation Counsel, Drug Enforcement Administration

Prepared by: Office of Criminal Justice Plans and Analysis: D.C. Center for Drug Information

Figure 2



39 percent were age 30 or older; in 1990 the figure rose to 45 percent, and preliminary data indicate that the trend is continuing in 1991.

The National Institute of Drug Abuse (NIDA) reports that medical examiner mentions of cocaine in the Washington metropolitan area declined 53 percent between 1989 and 1990, from 215 to 102 (Table 1, Figure 3). Cocaine was involved in 45 percent of all drug deaths recorded by the medical examiner in 1990, a decrease of 57 percent in 1989.

Regional drug abuse hotline calls for cocaine declined 35 percent in the last year, with declines for both crack cocaine, which comprises the overwhelming majority of cocaine calls, and for powdered cocaine. In the third calendar quarter of 1991, there were 635 calls for crack and 59 calls for powdered cocaine. Calls for cocaine (both crack and powdered) represent 36 percent of all drug-related hotline calls (Table 1, Figure 4).

The percent of adult arrestees who tested positive for cocaine use reached a peak at 64 percent in 1988. In the first ten

Figure 3

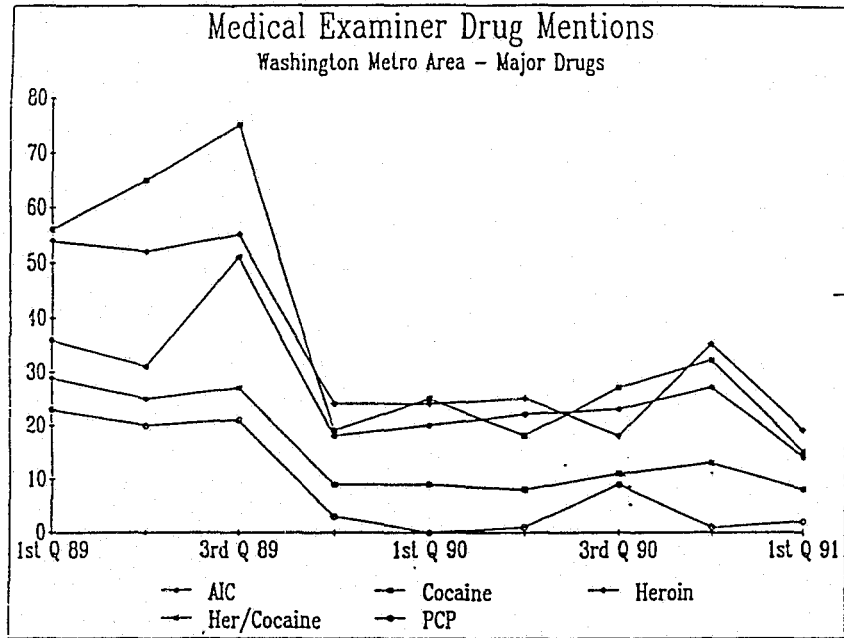


Figure 4

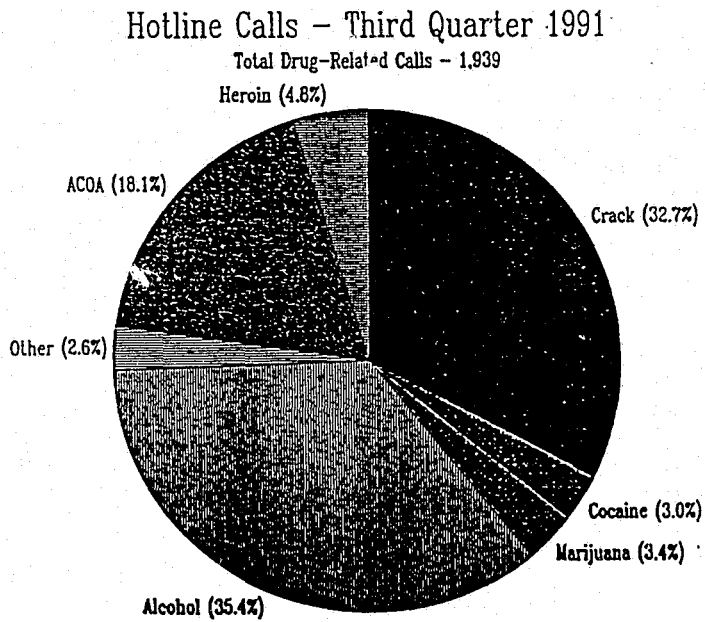
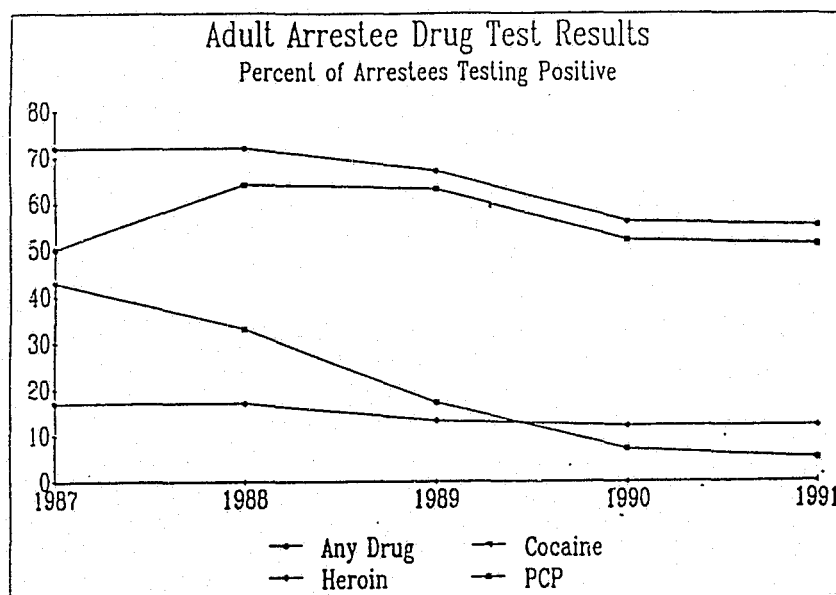


Figure 5



1991 figures are through October

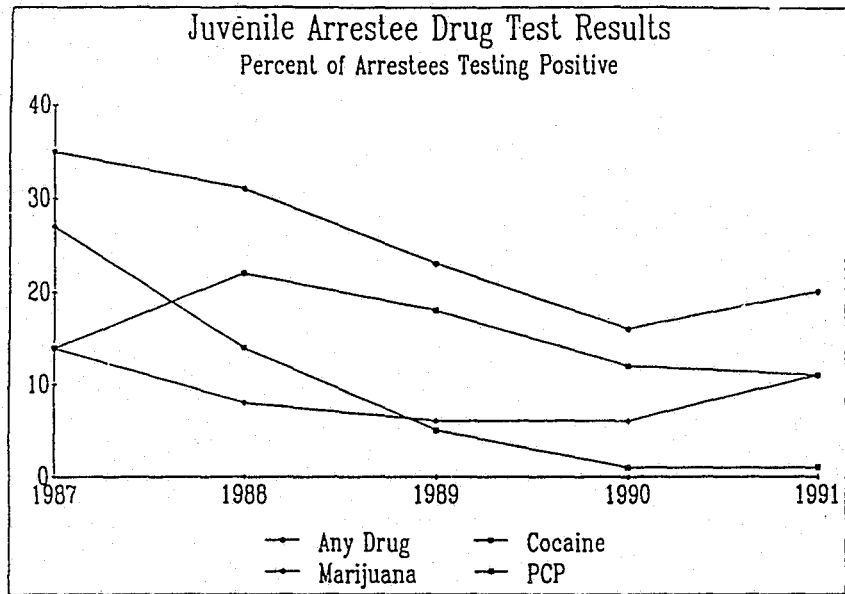
months of 1991, 51 percent tested positive for cocaine. This is two percent below the figure for 1990, indicating that the decline that occurred between 1988 and 1990 has levelled off (Table 1, Figure 5).

The decline that occurred since 1988 in positive tests for cocaine use among juvenile arrestees also shows signs of leveling off. In the first ten months of 1991, 11 percent of juvenile arrestees tested positive for cocaine. This is one percent below the figure for 1990. Rates for juveniles testing positive for drug use reached a high of 22 percent in 1988 (Table 1, Figure 6).

Juvenile arrests for cocaine reached a peak in fiscal year 1989 at 1,381. In fiscal year 1991, this figure declined to 983, the lowest point since fiscal year 1987 (Table 1, Figure 7). Eighty-nine percent of these arrests were for sales/distribution, a similar proportion to previous years.

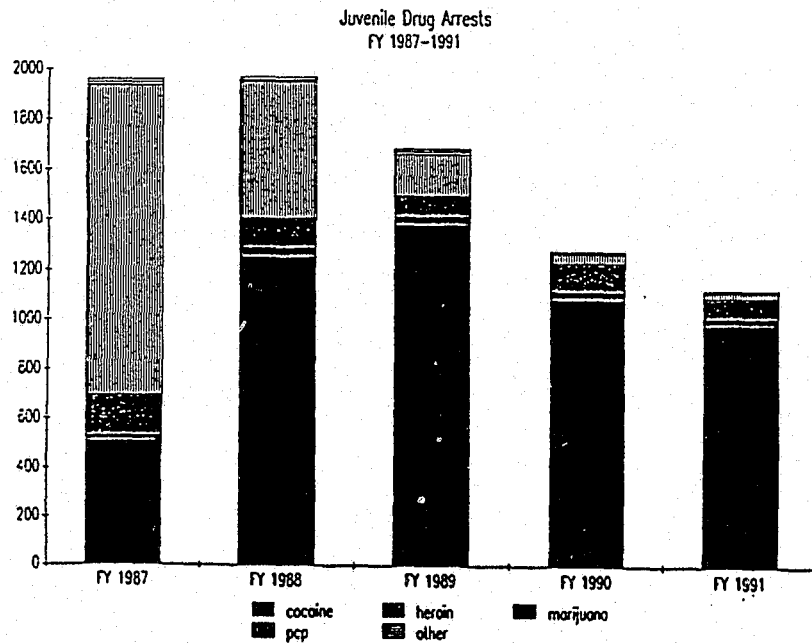
The number of cocaine samples submitted to the DEA for laboratory analysis rose in the third calendar quarter of 1991 to 1,331, the highest level since the second quarter of 1989. This

Figure 6



1991 figures are through October

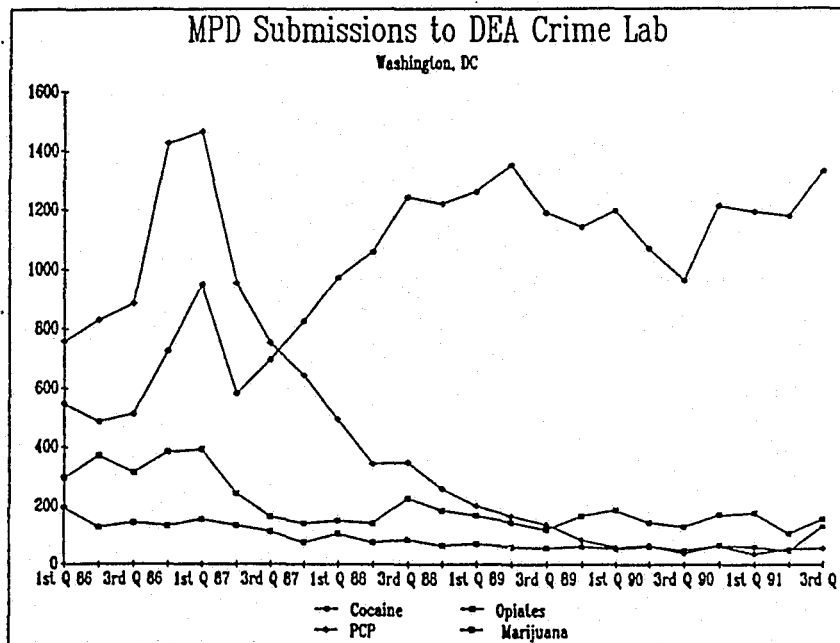
Figure 7



is up markedly from the same quarter in 1990 when there were 964 submissions. In 1991, through the third quarter, cocaine submissions represented 82 percent of submissions of major drugs, a similar proportion to previous years, indicating that the rise in submissions may simply be due to an increase in police seizure activity for all drugs (Table 1, Figure 8)

According to the DEA, there have been no major changes in price or purity levels of cocaine over the past year. The rise in price that took place in early 1990 for large quantities of cocaine has stabilized. In the third fiscal quarter of 1991, cocaine cost \$90 to \$110 per gram and was 15 to 40 percent pure. This purity level has been stable since the second quarter of 1989, and the price has not changed since the third quarter of 1990, when the price was slightly higher. Cocaine at the kilogram level cost \$28,000 to \$37,000 and was 70 to 90 percent pure. This price has remained constant since the second quarter of 1990, when the cost was significantly lower, and the purity has remained constant at least since 1986 (Table 2).

Figure 8



Price and Purity Levels of Cocaine and Heroin
1989 - 1991

	1st Q '89*	2nd Q '89	3rd Q '89	4th Q '89	1st Q '90	2nd Q '90	3rd Q '90	4th Q '90	1st Q '91	2nd Q '91
Cocaine										
gram level	\$100 (15-40%)	\$100 (15-40%)	\$80-100 (15-40%)	\$80-100 (15-40%)	\$90-100 (15-40%)	\$90-100 (15-40%)	\$90-100 (15-40%)	\$90-100 (15-40%)	\$90-110 (15-40%)	\$90-110 (15-40%)
kg. level	\$17-26K (70-90%)	\$14-25K (70-90%)	\$14.25K (70-90%)	\$14-25K (70-90%)	\$18-26K - (70-90%)	\$18-26K - (70-90%)	\$28-38K (70-90%)	\$28-38K (70-90%)	\$28-38K (70-90%)	\$28-37K (70-90%)
Heroin										
1/4 g. level	\$20-40 (7-11%)	\$20-50 (7-11%)	\$20-50 (7-11%)	\$20-50 (7-11%)	\$20-50 (7-11%)	\$20-30 (10-20%)	\$20-30 (10-20%)	\$20-30 (10-20%)	\$20-30 (10-20%)	\$20-30 (10-20%)
gram level	\$70-100 (7%)	\$70-100 (7%)	\$70-100 (7%)	\$70-100 (7%)	\$70-100 (7%)	\$70-100 (10-20%)	\$90-150 (10-20%)	\$90-150 (10-20%)	\$90-110 (10-20%)	\$90-110 (10-20%)
kg. level	\$235-265K (50-90%)	\$235-265K (50-90%)	\$235-265K (50-90%)	\$235-265K (50-90%)	\$235-265K (50-90%)	\$125-200K (70-90%)	\$125-200K (70-90%)	\$140-200K (70-90%)	\$140-180K (70-90%)	\$140-180K (70-90%)

*calendar year quarters

Source: Drug Enforcement Administration.

Prepared by: Office of Criminal Justice Plans and Analysis; D.C. Center for Drug Information

HEROIN

Statistical trends for heroin use in the District are not reflective of continued reports of an emerging heroin problem across the nation. All indicators of heroin use have either declined or remained steady. Emergency room and medical examiner mentions declined between 1989 and 1990 and hotline calls have declined in recent months. Arrestees testing positive for drug use, juvenile heroin-related arrests and heroin submissions to the DEA crime laboratory all have remained stable. There are, however, reports from treatment centers and police that smoking heroin may be increasing, especially among former crack users. There appears to be no firm statistical evidence to support this, although treatment data was not available for this report.

National reports of the emergence of heroin rely heavily on supply data - increases in purity and declines in price. This shift occurred in the District in early 1990, and the DEA reports greater availability of the drug in the District. Although the indicators do not reflect a resurgence in heroin use, it is possible that those who are smoking or snorting the drug may not experience the various consequences (such as an arrest or emergency room visit) that would bring them in contact with a system that tracks them. The anecdotal evidence, however, warrants close monitoring of the statistical indicators. Police are already closely monitoring the trends, and treatment professionals, educators and prevention specialists should be aware of the possibility of an increase in heroin use.

The trend in the number of heroin emergency room mentions has paralleled the decline in all emergency room mentions, dropping 24 percent from 1,761 in 1989 to 1,334 in 1990. Heroin was involved in 13 percent of all emergency room drug abuse episodes in 1990, up slightly from 12 percent in 1989 (Table 3, Figure 2).

Heroin-related medical examiner mentions in the Washington metropolitan area declined 45 percent, from 185 in 1989 to 102 in 1990. Deaths attributed to heroin and cocaine combinations have declined from 90 in 1989 to 41 in 1990 (Table 3, Figure 3).

Heroin-related hotline calls declined 30 percent from 132 in the the third quarter of 1990 to 93 in the third quarter of 1991. The third quarter 1991 figure represents the lowest quarterly

Table 3

Indicators of Heroin Use
1988-1991

HEROIN	1988	1989	1990	1991
Emergency Room Mentions (DAWN)	N/A	1,761	1,334	302 (through March)
Medical Examiner Mentions (DAWN)	229 (heroin) 99 (heroin/cocaine)	185 (heroin) 90 (heroin/cocaine)	102 (heroin) 41 (heroin/cocaine)	19 (heroin) 8 (heroin/coc) (through March)
WACADA Hotline Calls	N/A	285 (May - December)	388	321 (through May)
Adult Drug Test Results (% positive)	17%	13%	12%	12% (through October)
Juvenile Drug Test Results (% positive)	1%	0%	0%	0% (through October)
Juvenile Arrests (FY)	35	33	32	28
KPD Submissions to DEA crime lab	703	596	628	439 (through September)

Source: National Institute on Drug Abuse, Washington Area Council on Alcoholism and Drug Abuse, Pretrial Services Agency, Office of the Corporation Counsel, Drug Enforcement Administration

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figure since the second quarter of 1990. Heroin calls represent 5 percent of all drug-related calls (Table 3, Figure 4).

In the first ten months of 1991, 12 percent of adult arrestees tested positive for heroin use. This figure is identical to the 1990 figure and one percent lower than the figure for 1989. Tests positive for heroin use reached a peak in 1985, when 22 percent of adult arrestees tested positive. Virtually no juvenile arrestees test positive for heroin use (Table 3, Figures 5 and 6).

There were 28 juvenile arrests for heroin in fiscal year 1991, a similar number to previous years. Juveniles in the District have not traditionally been involved in either heroin use or sales (Table 3, Figure 7).

The number of heroin submissions to the DEA crime laboratory has remained fairly stable since 1987. In the third quarter of 1991, there were 156 heroin submissions. While heroin submissions comprised half of all submissions in 1982, during the first three quarters of 1991, they represented only 10 percent of all submissions (Table 3, Figure 8).

The DEA reports little change in price or purity levels of heroin in the last year and the increase in purity and accompanying decrease in price that took place during 1990 have stabilized. In the third quarter of 1991, heroin at the quarter gram level cost \$20 to \$30 and was 10 to 20 percent pure. This price has been constant since the first quarter of 1990, when the price was slightly higher. The purity has remained constant since the first quarter of 1990, when purity was lower (7 to 11 percent). At the gram level, heroin costs \$90 to \$110 (the same price as a gram of cocaine) and was 10 to 20 percent pure. This price has not changed since the third quarter of 1990 when the price was slightly higher, but it remains higher than in quarters prior to the third quarter of 1990 when price was \$70 to \$100 per gram. This purity has not changed since the first quarter of 1990, when purity was lower at 7 percent. At the kilogram level, heroin cost between \$140,000 and \$180,000 and was 70 to 90 percent pure. This price is significantly lower than the price in 1989 and the first quarter of 1990, but is higher than the price during the second and third quarters of 1990. The purity has been constant since the first quarter of 1990 when purity was slightly lower (Table 2).

Table 4

Indicators of PCP Use
1988 - 1991

PCP	1988	1989	1990	1991
Emergency Room Mentions (DAWN)	N/A	1,930	674	101 (through March)
Medical Examiner Mentions (DAWN)	62	67	11	2 (through March)
WACADA Hotline Calls	N/A	142 (May - December)	219	115 (through May)
Adult Drug Test Results († positive)	33†	17†	7†	5† (through October)
Juvenile Drug Test Results († positive)	14†	5†	1†	1† (through October)
Juvenile Arrests (FY)	550	200	38	25
MPD Submissions to DEA crime lab	1,448	588	223	143 (through September)

Source: National Institute on Drug Abuse, Washington Area Council on Alcoholism and Drug Abuse, Pretrial Services Agency, Office of the Corporation Counsel, Drug Enforcement Administration

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PCP

Phencyclidine, more commonly known as PCP, was once the preferred illicit drug in the District, but all indicators of PCP use show dramatic declines in recent years. The decline in these indicators is continuing, and PCP use is becoming an uncommon occurrence in the District.

Of all the major drugs, the number of emergency room mentions for PCP had the most significant decline from 1989 to 1990. PCP mentions declined 65 percent over this time period, from 1,930 to 674. In 1990, PCP was involved in only 6 percent of all episodes, compared to 13 percent in 1989 (Table 4, Figure 2).

Deaths attributable to PCP also declined markedly from 1989 to 1990. In 1989, there were 67 PCP mentions in medical examiner death reports and, in 1990, there were 11. PCP was involved in 5 percent of all deaths in 1990 compared to 18 percent in 1989 (Table 4, Figure 3).

PCP-related hotline calls declined 52 percent over the past year from 58 calls in the third calendar quarter of 1990 to 28 in the third quarter of 1991. In the third quarter of 1991, calls regarding PCP represented only 1 percent of all drug-related calls to the hotline (Table 4, Figure 4).

Adult arrestees testing positive for PCP use reveal a marked and continuing decline. In the first ten months of 1991, 5 percent of adult arrestees tested positive for PCP use, down from 7 percent in 1990 and down dramatically from a peak of 43 percent in 1987 (Table 4, Figure 5).

Juvenile arrestee test results reveal that only 1 percent of arrestees tested positive for PCP use during the first ten months of 1991, the same figure as in 1990. This figure represents a dramatic decline from the 1987 figure of 27 percent (Table 4, Figure 6).

In fiscal year 1991, there were 25 juvenile arrests for PCP. This is a slight decline from 35 in fiscal year 1990 and a dramatic decrease from 1,243 in fiscal year 1987 (Table 4, Figure 7). Twenty-one of the 25 PCP-related arrests in fiscal year 1991 were for sales/distribution.

The number of PCP submissions to the DEA crime laboratory has remained fairly stable over the past two years, with 55

submissions in the third quarter of 1991. PCP submissions represented 3 percent of submissions in the first quarter of 1991, down from a high of 48 percent in 1986 (Table 4, Figure 8).

According to the DEA, price and purity levels for PCP have remained unchanged in recent years. In the third fiscal quarter of 1991, PCP cost \$3 to \$5 per cigarette, \$25 to \$30 per gram, \$200 to \$400 per liquid ounce, \$350 to \$500 per ounce (sprayed marijuana), \$4,500 to \$5,000 per pound (sprayed parsley) and, in liquid form, \$3,800 per pint and \$15,000 to \$22,000 per gallon.

MARIJUANA

Marijuana has not traditionally been a popular drug in the District, except in the mid-1980s when it was used in conjunction with PCP. Although indicators of marijuana use show varying trends, some indicators reflect a possible increase of marijuana use in recent months. Emergency room and medical examiner mentions declined from 1989 to 1990 and juvenile marijuana arrests also declined in fiscal year 1991. Hotline calls regarding marijuana have vacillated in recent months. Juvenile arrestees testing positive for marijuana use, however, increased in 1991, and submissions of marijuana samples to DEA for testing have also risen dramatically in recent months. There are anecdotes that marijuana is being used in conjunction with powdered cocaine.

Emergency room mentions for marijuana declined 45 percent from 1,660 in 1989 to 915 in 1990. Marijuana was involved in 9 percent of all drug abuse emergency room episodes in 1990, a decline from 12 percent in 1989 (Table 5, Figure 2).

Medical examiner mentions involving marijuana declined significantly between 1989 and 1990, from 15 to 2. In 1990, marijuana was involved in less than 1 percent of all drug-related deaths, a decline from 4 percent in 1989 (Table 5, Figure 3).

Hotline calls for marijuana rose in the second and third quarters of 1990, but have declined 49 percent since then, to 65 in the third quarter of 1991 when marijuana-related calls represented 3 percent of all hotline drug-related calls (Table 5, Figure 4).

Table 5

Indicators of Marijuana Use
1988 - 1991

MARIJUANA	1988	1989	1990	1991
Emergency Room Mentions (DAWN)	N/A	1,660	915	280 (through March)
Medical Examiner Mentions (DAWN)	16	15	2	0 (through March)
WACADA Hotline Calls	N/A	141 (May - December)	372	224 (through September)
Juvenile Drug Test Results (% positive)	8%	6%	6%	11% (through October)
Juvenile Arrests (FY)	117	83	114	83
MPD Submissions to DEA crime lab	329	245	227	235 (through September)

Source: National Institute on Drug Abuse, Washington Area Council on Alcoholism and Drug Abuse, Pretrial Services Agency, Office of the Corporation Counsel, Drug Enforcement Administration

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Adult arrestees are not tested regularly for marijuana use, but juveniles testing positive for marijuana use have shown an increase to 11 percent for the first 10 months of 1991. This is the highest figure since 1987 when 14 percent of juvenile arrestees tested positive, and marijuana was used primarily in conjunction with PCP. The 1991 figure is up from 6 percent in both 1989 and 1990 (Table 5, Figure 6).

Juvenile arrests for marijuana have declined from 163 in fiscal year 1987 to 83 in fiscal year 1991 (Table 5, Figure 7). Seventy-one percent of these arrests were for sales/distribution.

Submission of marijuana to the DEA crime laboratory jumped 182 percent from 46 submissions in the second quarter to 130 in the third quarter of calendar year 1991. This is the highest level since the second quarter of 1987. In the first three quarters of 1991, marijuana submissions represented 5 percent of all submissions for major drugs, a similar proportion to 1990 (Table 5, Figure 8).

According to the DEA, marijuana prices remained unchanged at \$3 to \$5 per cigarette, \$30 per gram, \$75 to \$150 per ounce, \$250 to \$350 per quarter pound, \$1,000 to \$1,500 per pound, and \$2,500 to \$3,000 per kilogram. The supply is limited in the District - the trade is largely shut out by the demand for cocaine and heroin - but is plentiful in Maryland and Virginia.

LSD

While there has been a great deal of media attention focused on the possibility of a new wave of LSD (lysergic acid diethylamide) use, a rise in LSD use has not been reflected in any of the indicators, although it is not tracked in emergency room data, arrest data, or pretrial testing data. There was one LSD-related death in the metropolitan area in 1989 and there were none in 1990. In the past few years, there have been very few LSD submissions to the DEA crime laboratory for analysis, and there has not been an increase in recent months, although suburban data was not examined. LSD price has been constant over the past year, and LSD remains in limited or sporadic supply in the District. In Virginia and Maryland, however, supply ranges from limited to plentiful and media reports indicate that supply is ample in some suburban high schools. The price of LSD in the District and in Virginia is \$2 to \$5 per dosage unit, and is slightly higher at \$3 to \$5 in Maryland.

ALCOHOL

Although alcohol is unquestionably the most widely abused substance in the District, its use is difficult to track, since it is a legal drug. Emergency room data reveal a decline in mentions of alcohol when used in combination with other drugs, but this decline is merely reflective of the decline in illicit drug use. Since alcohol is not tracked unless it is used with another drug, it is difficult to discern the role that alcohol alone might play in emergency room visits.

In 1990, use of alcohol in combination (AIC) with other drugs was involved in 36 percent of all emergency room drug abuse episodes, compared to 35 percent in 1989. The number of AIC mentions declined 25 percent from 1989 to 1990, reflecting the decline in all emergency room drug-related episodes. AIC still accounts for more emergency room episodes than any other drug except cocaine (Table 6, Figure 2).

AIC medical examiner mentions in the Washington metropolitan area declined 32 percent from 136 in 1989 to 92 in 1990. AIC was involved in 41 percent of overdose deaths in 1990, an increase from 36 percent in 1989 (Table 6, Figure 3).

Hotline calls for alcohol declined 27 percent between the third quarter of 1990 and the third quarter of 1991. This does not include inquiries about Adult Children of Alcoholics (ACOA), which dropped by 62 percent over this time period. In the third quarter of 1991, there were 686 calls for alcohol, which surpassed any other drug, and 350 calls for ACOA. Together, these calls represent 53 percent of all drug-related calls to the hotline (Table 6, Figure 4).

Table 6

Indicators of Alcohol Use
1988 - 1991

ALCOHOL OR AIC ¹	1988	1989	1990	1991
Emergency Room Mentions (DAWN)	N/A	5,052	3,793	847 (through March)
Medical Examiner Mentions (DAWN)	131	136	92	14 (through March)
WACADA Hotline Calls	N/A	3,139 (May - December)	3,532	2,204 (through September)

Source: National Institute on Drug Abuse, Washington Area Council on Alcoholism and Drug Abuse

Prepared by: Office of Criminal Justice Plans and Analysis: D.C. Center for Drug Information

FOCUS ISSUES

DRUG-RELATED HOMICIDES AND VIOLENCE

The District experienced another homicide record in 1991, with 489 homicides occurring in the city. Data indicate that fewer murders were directly related to the drug trade and that more homicides resulted from arguments.

In 1991, police classified 169 homicides, or 35 percent of all homicides, as drug-related. The proportion of drug-related homicides is down dramatically from a high of 61 percent in 1988, and is the lowest proportion recorded since 1986. The actual number of drug-related homicides declined in both 1990 and 1991. This decline reflects the success of police in eliminating many open-air drug markets that were breeding grounds for drug-related violence. There has been, however, a burgeoning of the number of murders that are not related to the drug trade.

According to the Pretrial Services Agency, the percent of those arrested for violent crimes who tested positive for drugs at the time of arrest has declined significantly in the past few years, from 65 percent in 1988 to 44 percent in 1990. In 1990, 30 percent of those arrested for murder tested positive for drug use, down dramatically from 66 percent in 1988. Similar declines occurred for all other violent crimes: manslaughter, rape, robbery, and assault. Although these percentages remain high, the decline signifies a homicide and violent crime problem that has reached well beyond the confines of the drug trade and must be addressed as a public health issue in and of itself.

AIDS AMONG INTRAVENOUS DRUG USERS

As of September 30, 1991, there had been 3,172 cases diagnosed with Acquired Immune Deficiency Syndrome (AIDS) in the District, and 5,499 in the entire metropolitan statistical area. In the District, there have been 2,032 deaths (64 percent of the total number of AIDS cases) and in the metropolitan

area there have been 3,508 deaths (64 percent of the total).

Between April 30 and September 30, 1991, there were 323 new AIDS cases reported in the District of Columbia, a slight increase in the rate from the first part of the year.

Of all adult and adolescent cumulative AIDS cases reported through September 30, 1991, 70 percent were homosexual or bisexual males (a significant decline over the past year), 15 percent were intravenous drug users (IVDU) (an increase over the past year), 6 percent were homosexual/bisexual IVDUs, 3 percent were people who contracted AIDS through heterosexual contact, and 1 percent were people who contracted the disease through a transfusion of blood products.

There have been 45 pediatric AIDS cases reported in the District through September 30, 1991. Thirty-nine of these cases were contracted from the mother who was HIV positive or had AIDS. Six of the pediatric cases were contracted through blood transfusions. Since April 30, 1991, there have been 2 new pediatric AIDS cases, both contracted from the mother.

Thirty-six percent of AIDS patients diagnosed through September 30, 1991 are white, 61 percent are black (a growing proportion), and 2 percent are Hispanic. Ninety-two percent are males and 8 percent are females (also a growing proportion). Forty-seven percent of AIDS patients are ages 30 to 39.

Of the 370 AIDS cases diagnosed through September 30, 1991, 58 percent are homosexual/bisexual males and 23 percent were IVDUs. While IVDUs still represent a minority of cases, the proportion of total IVDU cases is growing steadily. Among female AIDS cases, 58 percent contracted the virus through IV drug use.

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