Patterns and Trends in Drug Abuse in Washington, D.C.

September 1993

A product of the D.C. Drug Abuse Trends Analysis (DATA) Project*

Center for Substance Abuse Research (CESAR)
University of Maryland, College Park
and
Koba Associates, Inc.
in cooperation with
The D.C. Alcohol and Drug Abuse Services Administration

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Preface

Patterns and Trends in Drug Abuse in Washington, D.C. is a product of the D.C. Drug Abuse Trends Analysis (DATA) Project. D.C. DATA is a joint effort of Koba Associates, Inc., and the Center for Substance Abuse Research (CESAR) at the University of Maryland, College Park, and is funded by the National Institute on Drug Abuse and the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment. The mission of the project is to provide timely and relevant information to policymakers and program planners in Washington, D.C. to assist them in making well-informed decisions about the problems of substance abuse.

This report is an expanded version of a paper presented at the June 1993 meeting of the Community Epidemiology Workgroup, sponsored by the National Institute on Drug Abuse. The author would like to thank the individuals who generously provided the data used in this report and CESAR staff members Calvin Johnson and Scott Sussman for their assistance.

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PATTERNS AND TRENDS IN DRUG ABUSE IN WASHINGTON, D.C.

HIGHLIGHTS

- The pattern of smoking "blunts," gutted Philly Blunt cigars filled with marijuana, continues in the District and is reportedly occurring in surrounding jurisdictions as well. Use of blunts appears to be most common among the young and may be responsible for a rise in many marijuana indicators. Because of the rise in marijuana use, juvenile male arrestees in Washington, D.C. tested positive for drugs at a higher rate than in any other city that tested youths in the third quarter of 1992 under the Drug Use Forecasting Program.

- Most cocaine indicators, including emergency room cocaine-related episodes, show overall declines. The decline in cocaine-related visits, however, is due to a drop in the number of individuals seeking detoxification through an emergency room. In contrast, the number of individuals visiting emergency rooms for negative consequences of cocaine use, other than seeking detox, has actually risen over the past few years.

- The Drug Enforcement Administration has detected heroin purities of up to 43 percent at the street level, but standard indicators of heroin use show no significant increases. Ethnographic data, however, indicate that some young people, previously deterred from heroin use by fear of contracting the human immunodeficiency virus (HIV) through injecting, are snorting the higher purity heroin now available. The police report that poorer quality heroin is being cut with diphenhydramine hydrochloride (an antihistamine), which reportedly intensifies the heroin high and masks the poor quality.

- Indicators of PCP use have been rising, and anecdotal reports confirm a rise in use. The police report the appearance of a drug called "octane," which has been confirmed by laboratory tests to be PCP cut with gasoline.

DATA SOURCES

Data for this report were obtained from the following sources:

- **A Heroin Users' Focus Group**, sponsored by the Central City Community Corporation, the National Institute on Drug Abuse, and the Center for Substance Abuse Research, met on May 17, 1993. Ethnographic data were gathered on the use of heroin and other drugs.

- **The Drug Enforcement Administration (DEA) - Washington Field Division** provided information on the prices and purity levels of street drugs.

- **The DEA - Planning and Statistical Analysis Section** provided results of the analyses of drug samples submitted to their laboratory by the Metropolitan Police Department (MPD). The data directly reflect the number of drug removals (including seizures and purchases) made in the District.

- **The Metropolitan Police Department - Narcotics Division** provided anecdotal information on patterns of street-level drug activity.

- **The D.C. Commission of Public Health (CPH) - Office of Health Planning and Development** provided data on admissions to publicly funded treatment facilities, by primary drug of abuse.

- **The Washington Area Council on Alcoholism and Drug Abuse** provided data from regional drug abuse hotline calls.

- **The D.C. CPH - Agency for HIV/AIDS, Division of AIDS Surveillance** provided demographic data on patients with HIV/AIDS.

- **The D.C. Pretrial Services Agency (PSA)** provided results of drug tests administered to booked juvenile and adult arrestees.

- **The National Institute of Justice (NIJ) - Drug Use Forecasting (DUF) Program** provided results of drug tests administered to booked juvenile and adult arrestees.

- **The Substance Abuse and Mental Health Services Administration (SAMHSA) - Drug Abuse Warning Network (DAWN)** provided data on emergency room (ER) drug abuse episodes.

- **Koba, Associates, Inc.** provided preliminary data from the D.C. Initiative Project.

DESCRIPTION OF THE WASHINGTON, D.C. AREA

According to the 1990 U.S. Census, the Washington, D.C. metropolitan statistical area (MSA) has an estimated total population of 3.9 million residents. The MSA includes the District of Columbia; Maryland's Montgomery, Prince George's, Frederick, Calvert, and Charles counties; Virginia's Loudon, Arlington, Fairfax, Prince William, and Stafford counties; the Maryland cities of Gaithersburg, Rockville, Takoma Park, Greenbelt, Bowie, and College Park; and the Virginia cities of Falls Church, Fairfax City, Alexandria, Manassas, and Manassas Park.

Washington, D.C. is divided into eight wards. Population estimates for each ward range from about 69,000 to about 83,200 residents. The total city population is 606,900, of which 66 percent is black, 30 percent is white, and 4 percent is of another ethnic origin (5 percent of the city's population is of Hispanic origin). Racial composition varies greatly among the wards: It ranges 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.

Median household income for the District is $22,400; 14 percent of all households fall below the poverty line. Sixty-one percent of the population is under 40 years of age; 19 percent is under 18. Of those 25 years of age or over, 33 percent never finished high school, 25 percent are high school graduates, 14 percent have had some college, and 28 percent have a college degree or more. Of those individuals in the labor force, 6.7 percent were unemployed in 1990, up from 5.1 percent in 1989. One percent of the population, or 4,682 individuals, live in emergency homeless shelters.

NATIONAL INDICATORS: WASHINGTON, D.C. IN PERSPECTIVE

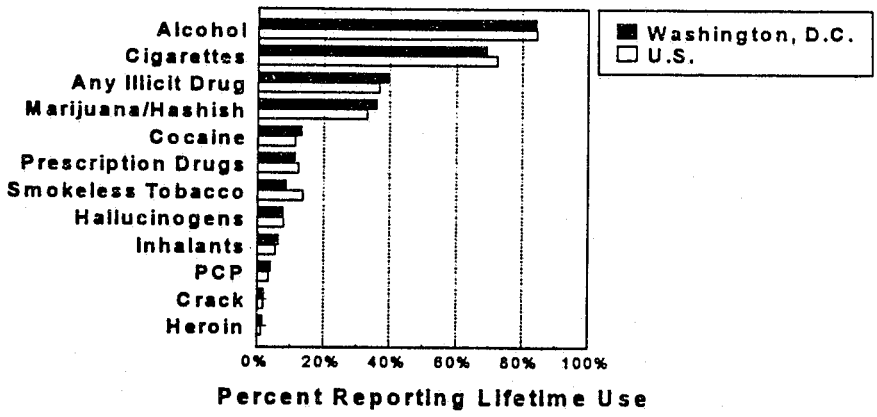
In the late 1980s, the local and national media focused a great deal of attention on the problems of drug abuse and related violence in Washington, D.C. Indeed, many of the statistics measuring drug abuse in the city were alarmingly high. Many other large cities also experienced severe problems during this period, in which crack cocaine gripped many areas throughout the country. While media attention waned in the early 1990s, severe problems persist across the country as well as in the District.

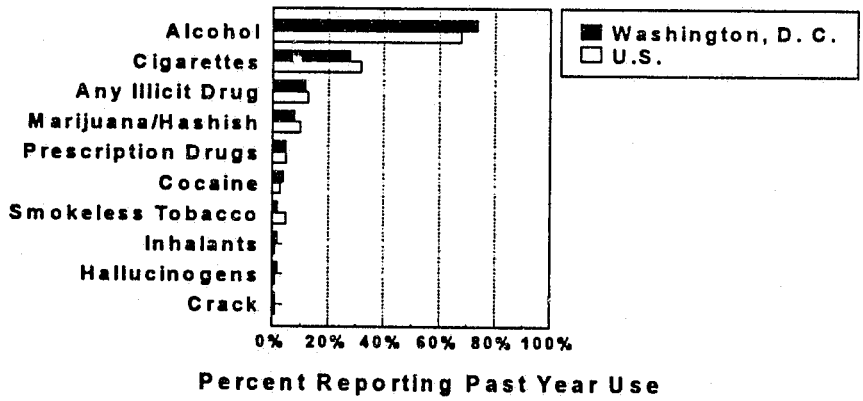
Recent data show that Washington ranks near the national average on most statistical indicators of drug abuse in major cities. In this section, three national data collection programs are used to put the District's drug abuse problem in a national perspective: the Drug Abuse Warning Network and the National Household Survey of Drug Abuse (NHSDA), both sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Drug Use Forecasting Program, sponsored by the National Institute of Justice (NIJ). The NHSDA measures drug use in the general population. The DAWN and DUF programs measure drug use in special populations: The DAWN system measures consequences of use by tracking drug-related emergency room episodes, and the DUF program measures drug use among the criminal population by tracking the urine test results of booked arrestees.

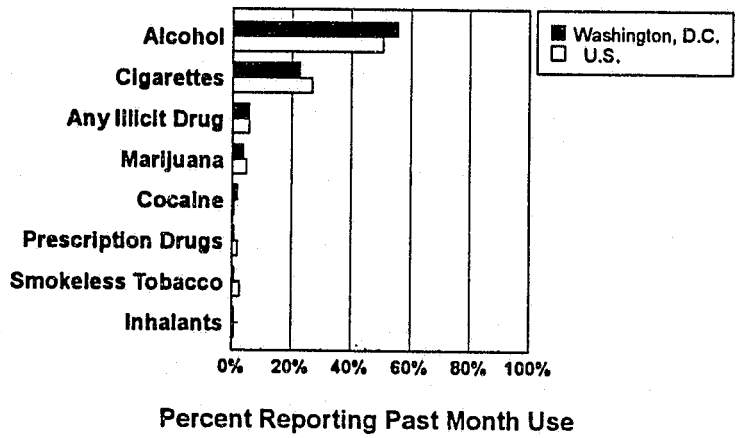
Drug Use Among the General Population - Results from the National Household Survey

The National Household Survey on Drug Abuse, in a face-to-face interview with respondents, asks about lifetime, past year, and past month use of legal and illegal drugs. In 1991, the NHSDA included a sub-study of drug use in the Washington, D.C. metropolitan statistical area. Comparison of the survey results for the metropolitan area and those for the nation as a whole shows that levels of reported drug use were similar in the two samples. Reported lifetime use for all illicit drugs except hallucinogens was slightly higher in the Washington area than nationally (see Figure 1). For alcohol, cigarettes, smokeless tobacco, and nonmedical use of psychoactive (prescription) drugs, however, Washington area residents reported lower levels of lifetime use than the national sample. Reported levels of use of most drugs in the past year were quite similar for both samples, but past year use of alcohol was significantly higher for Washington area respondents than for the national sample (74 percent vs. 68 percent), and past year use of cigarettes and smokeless tobacco was significantly lower in the Washington area than nationally (28 percent vs. 32 percent for cigarettes and 2 percent vs. 5 percent for smokeless tobacco). The level of past month use of most drugs was also similar for the two samples, although past month use of alcohol was higher in the Washington area sample (56 percent vs. 51 percent) and past month use of cigarettes was lower (23 percent vs. 27 percent) .

Figure 1. Percentage of Survey Respondents Admitting to Drug Use, Washington Metropolitan Area and U.S. - 1991







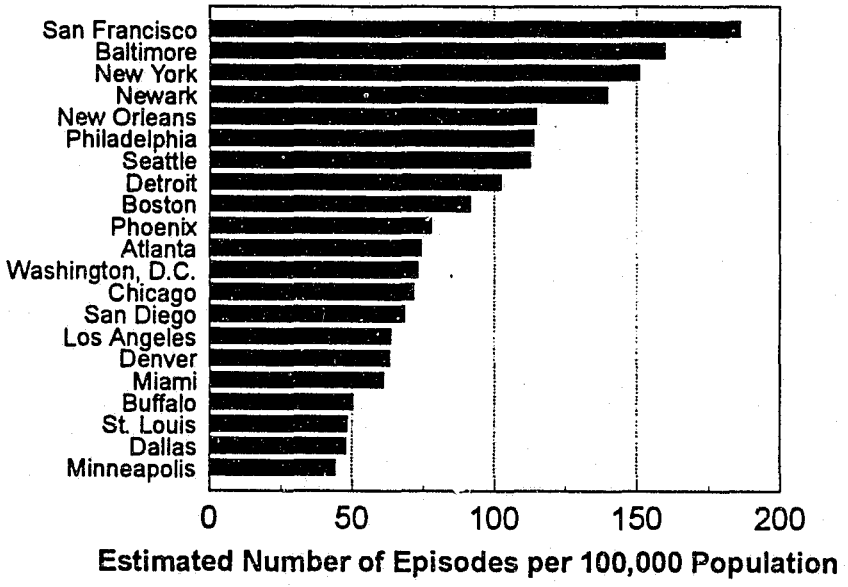
Source: National Institute on Drug Abuse, National Household Survey on Drug Abuse, 1991.
Sample sizes: D.C. MSA=2,547; National=32,594.

Drug Use Consequences - Emergency Room Drug-Related Episodes

The Washington, D.C. area ranks near the middle in the number of drug abuse episodes per 100,000 population among the 21 cities participating in the DAWN program. Because only individuals who are heavy enough users to suffer serious consequences of use will appear in emergency rooms, the number of ER drug episodes is generally regarded as an indicator of serious use, rather than an indicator of overall use.

In the third quarter of 1992, the most recent period for which data are available, the Washington area's rate of emergency room drug-related episodes per 100,000 population was the 12th highest of the 21 cities participating in the DAWN reporting system (Figure 2). The area's ranking varies by drug. The area's rate of PCP-related emergency room visits was second highest among the 21 cities, behind only New York City. The rate of marijuana-related episodes in the area was the third highest, behind only New Orleans and Philadelphia. The rate of heroin-related episodes was 11th highest, and the rate of cocaine-related emergency room visits was 12th highest.

Figure 2. Emergency Room Drug-Related Episodes, by City - Third Quarter 1992



Source: Drug Abuse Warning Network, January 1993 data files.

Drug Use Among the Criminal Population: Booked Arrestee Drug Test Results

The primary indicator of drug use among the criminal population is the percentage of booked arrestees testing positive for drug use, which is reported by 24 cities through the DUF system. Examination of third quarter 1992 data, the most recent data available, reveals that Washington, D.C.'s juvenile male arrestees tested positive at a higher rate (44 percent) than juvenile males in any of the 11 cities that test juvenile males (Figure 3). The overall positive rate for adult males in the District (62 percent) was 12th highest out of 24 cities (Figure 4). For adult females, Washington, D.C. ranked 6th out of 21 cities (Figure 5) for overall drug use (71 percent).

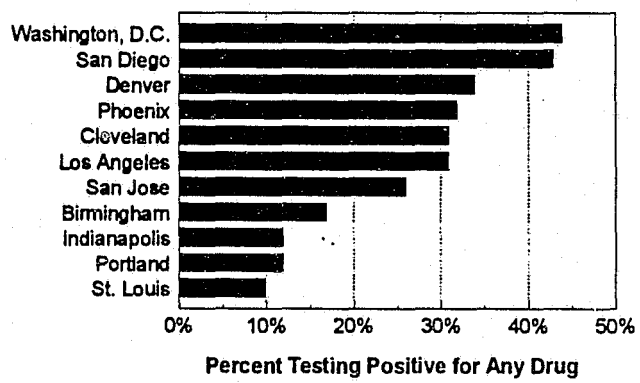
Positive test results for juveniles in most cities are due primarily to marijuana, and the high rate of marijuana use (37 percent) among the District's criminal youth population was responsible for the city's number one ranking for overall drug use as well as its top ranking for marijuana use. The use of marijuana in a form called a "blunt" (a gutted Philly Blunt cigar filled with marijuana) is apparently responsible for the rise in marijuana use among youth (see "Special Focus" section on blunts). In contrast to juveniles, the positive rate for marijuana for adult males (22 percent) was 18th highest out of 24 cities, and for adult females (8 percent), 19th highest out of 21 cities.

Juvenile males ranked fourth highest among 11 cities for cocaine use (10 percent). Adult males (43 percent) ranked 12th out of 24 cities, and adult females (64 percent) were third highest among 21 cities.

Adult males in Washington were ranked 7th highest among 24 cities for opiate use (10 percent), and females (13 percent) were 7th highest among 21 cities for opiate use. Only 1 percent or fewer of juvenile males tested positive for opiates in the 11 cities in the juvenile DUF Program.

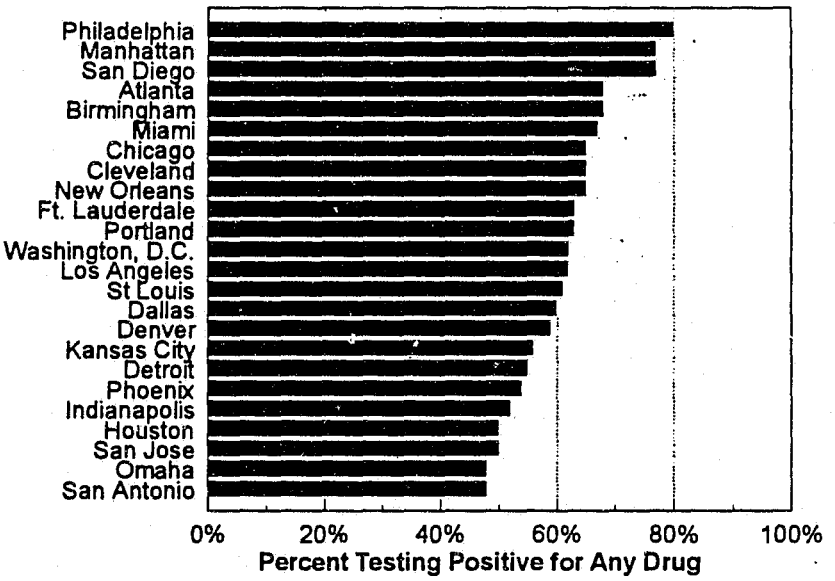
Juvenile males in Washington tested positive for PCP at the third highest rate (3 percent) among the 11 cities. The rate for adult males (5 percent) was also third highest among 24 cities, and the rate for adult females (9 percent) was the highest of the 21 cities for PCP use.

Figure 3. Drug Use by Juvenile Male Arrestees/Detainees, by City* - Third Quarter 1992



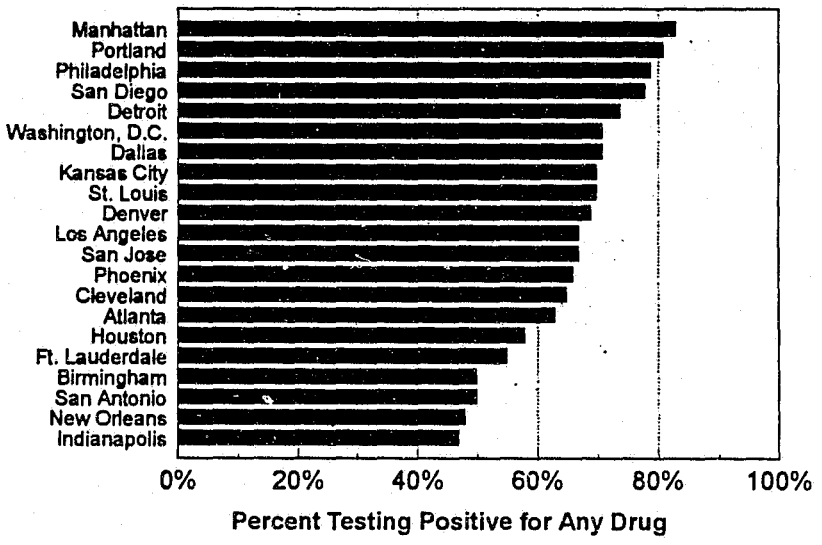
Source: National Institute of Justice, Drug Use Forecasting Program.
*Sample size ranges by city, from 57 to 119.

Figure 4. Drug Use by Adult Male Booked Arrestees, by City - Third Quarter 1992



Source: National Institute of Justice, Drug Use Forecasting Program.

Figure 5. Drug Use by Adult Female Booked Arrestees, by City - Third Quarter 1992



Source: National Institute of Justice, Drug Use Forecasting Program.

DRUG ABUSE TRENDS BY TYPE OF DRUG

Cocaine

According to ethnographic data and anecdotal reports, crack remains the illegal drug of choice in the District. Cocaine is sometimes smoked in "woolies," which, like "blunts," are gutted cigars filled with marijuana, but the marijuana in woolies is laced with cocaine hydrochloride or PCP, or inserted with crack.

In the first quarter of 1993, the DEA reported, cocaine purity at the gram level continued to range from 15 to 40 percent. At the kilogram level, the purity ranged from 20 to 98 percent, a much broader range than the 70 to 90 percent purity found in buys as far back as 1986. After rising from $90-$110 to $90-$150 in the third quarter of 1992, the gram price fell to $90-$120 in the first quarter of 1993. The price at the kilogram level rose from $20,000-$27,000 to $20,000-$36,000 in the third quarter of 1992 and stabilized at $20,000-$35,000 in the fourth quarter of 1992 and the first quarter of 1993.

In the first quarter of 1993, the MPD submitted 973 samples of cocaine removals to the DEA for analysis, the lowest number since the third quarter of 1990 (964), and down 29 percent from the first quarter of 1992 (see Figure A1 in the appendix).

Of the 13,309 admissions to publicly funded treatment facilities in FY 1992, 5,235 (39 percent), were for cocaine, including crack cocaine (Figure A2).

Among adult arrestees, positive tests for cocaine ranged from 39 to 49 percent between April 1992 and March 1993, when 44 percent tested positive (Figure A3). Among juvenile arrestees, cocaine positives ranged from 4 to 8 percent between April 1992 and March 1993, when 4 percent tested positive (Figure A4). The rate for juveniles was down significantly; it had been as high as 25 percent (in August 1989).

The number of cocaine ER mentions dropped 20 percent from the third quarter of 1991 to the third quarter of 1992, falling from 1,252 to 996 mentions (Figure A5). The third quarter 1992 figure represents a 21 percent decline from the first quarter of 1990. The decline in cocaine-related emergency room mentions, however, appears to be due entirely to a drop in the number of mentions by individuals who went to the emergency room seeking detoxification (see "Special Focus" section on cocaine emergencies).

The trend of an older cocaine-using population, as reflected in the ER data,continues (Figure A6). Cocaine mentions for persons aged 18-25 dropped 38 percent from the third quarter of 1991 to the third quarter of 1992, from 297 to 185. In addition, cocaine mentions for those aged 26-34 dropped 19 percent, from 627 to 505. These drops represent a continuation of a downward trend in younger ER cocaine-related admissions since the first quarter of 1990. In the third quarter of

1992, only 12 cocaine mentions were for individuals under age 18. The number of cocaine mentions for those over age 35 has not changed significantly since the first quarter of 1990.

In the third quarter of 1992, 59 percent of cocaine ER mentions were by males and 41 percent were by females, a ratio not significantly different from that for the third quarter of 1991. Cocaine was involved in 37 percent of ER drug-related episodes in the third quarter of 1992, down from 46 percent in the third quarter of 1991. Nonetheless, cocaine was still responsible for more ER visits than any other drug.

Heroin

Ethnographic data from a 1993 focus group of heroin users show little consensus on whether heroin use has increased, but the group agreed that the drug is more widely available. Some younger users are reportedly snorting the drug, and a 30-year-old participant reported that the desire to avoid using needles makes snorting the drug more attractive to young users than injecting. Older users in the focus group reported that this change in behavior was not occurring among their peers.

In the first quarter of 1993, heroin cost $20-$30 at the quarter-gram level, a slight rise over the $20-$25 price in the previous quarter. Purity at the quarter-gram level rose to 15-43 percent, up significantly from the 11-31 percent purities reported throughout 1992, but with a high point still lower than the 58 percent purity reported in the fourth quarter of 1991. At the kilogram level, the price in the first quarter of 1993 was $100,000-$200,000, unchanged from the previous quarter, but up from $100,000-$150,000 for the first through third quarters of 1992. The kilogram purity was 70-93 percent. The purity has not changed significantly since 1990.

In the first quarter of 1993, the MPD submitted 174 samples of heroin removals to the DEA laboratory for analysis, up 27 percent from the 137 submitted in the first quarter of 1992 (see appendix, Figure A1). The MPD had submitted 231 heroin samples to DEA for analysis in the fourth quarter of 1992, higher than any quarter since 1987.

Of the 13,309 admissions to publicly funded treatment facilities in FY 1992, 3,145 (24 percent), were admitted for heroin use (Figure A2). The percentage of adult arrestees testing positive for heroin remains stable, varying between 9 and 12 percent over the past year (Figure A3). In March of 1993, 11 percent of adult arrestees tested positive for heroin. Virtually no juvenile arrestees test positive for heroin (Figure A4).

Heroin/morphine ER mentions show no clear pattern since the first quarter of 1990, when they totaled 287. The number was up to 413 in the third quarter 1991, down to 325 in the second quarter of 1992, and up again, to 386, in the third quarter of 1992 (Figure A5).

The number of young persons (aged 6-34) entering emergency rooms for heroin abuse declined from 180 to 151 from the third quarter of 1991 to the third quarter of 1992. The third quarter 1992 figure, however, was up 42 percent from the previous quarter. The number of heroin

mentions for those aged 35 and over has fluctuated since the third quarter of 1991, ranging from 207 in the first quarter of 1992 to 235 in the third quarter of 1992. The third quarter 1992 figure represents a 57 percent rise since the first quarter of 1990, indicating that the heroin using population reporting to emergency rooms is aging.

Between the third quarters of 1991 and 1992, heroin mentions for hospitals inside the District increased slightly, from 233 to 253, while those for hospitals outside the District declined, from 181 to 133 (Figure A7). No significant variations occurred for males or females, or for blacks or whites. Heroin was involved in 15 percent of all ER drug-related episodes in the third quarter of 1992, the same percentage as in the third quarter of 1991.

Marijuana

Young people are smoking "blunts," gutted Philly Blunt cigars with marijuana inserted in place of the tobacco. According to ethnographic data, blunts that also contain PCP or cocaine, called "woolies," are also available but are less common (see further discussion in "Special Focus" section on blunts).

In the first quarter of 1993, marijuana cost $3-$5 per cigarette, $30 per gram, $75-$150 per ounce, $250-$350 per quarter pound, $900-$1,400 per pound, and $3,000-$4,000 per kilogram. These prices did not change significantly from the fourth quarter of 1992.

The MPD submitted 210 samples of marijuana removals to the DEA laboratory in the first quarter of 1993, up sharply from 99 in the previous quarter and 84 in the first quarter of 1992 (Figure A1). This figure is the highest since the third quarter of 1985, when marijuana was used primarily with PCP.

Of the 13,309 admittees to public treatment facilities in FY 1992, 338, or 3 percent, identified marijuana as their primary drug of choice (Figure A2).

Drug test results continue to show high rates of marijuana use among juvenile arrestees. In March 1993, 35 percent of juvenile arrestees tested positive for marijuana--significantly higher than the 13 percent of one year earlier (Figure A4). The November 1992 figure of 39 percent was the highest level recorded since testing began in 1987.

Marijuana ER mentions rose 47 percent from the third quarter of 1991 to the third quarter of 1992, from 217 to 318 (Figure A5). Marijuana was involved in 12 percent of all ER episodes in the first quarter of 1992, up from 8 percent in the third quarter of 1991.

PCP

The MPD reports that PCP is more plentiful on the streets, although the DEA reports stable prices over the last several quarters. Some data indicate that PCP use may be rising.

PCP prices in the third quarter of 1992 did not vary from those of previous quarters: PCP cost $3-$5 per cigarette, $25-$30 per gram, $200-$300 per liquid ounce, $350-$450 per ounce (sprayed marijuana), $4,500-$5,000 per pound (sprayed parsley), and in liquid form, $1,600 per pint and $15,000-$22,000 per gallon.

In the first quarter of 1993, the MPD submitted 45 samples of PCP removals to DEA for analysis, down slightly from the 56 submitted in the previous quarter, but up significantly from 14 in the first quarter of 1992 (Figure A1).

Of the 13,309 admissions to public treatment facilities, 185 admittees, or 1 percent, mentioned PCP as their primary drug of choice (Figure A2).

Positive PCP test results for adult arrestees have varied between 5 and 10 percent over the past year. Positive PCP results appear to be increasing slightly since 1992, with 10 percent testing positive in February 1993 and 8 percent in March 1993 (Figure A3). For juveniles, positive tests for PCP have ranged from 2 percent of arrestees in April 1992 to 8 percent in February and 6 percent in March 1993 (Figure A4).

PCP-related ER mentions did not change significantly from the third quarter of 1991 to the third quarter of 1992, rising slightly from 150 to 160 (Figure A5). In the third quarter of 1992, PCP was involved in 6 percent of all drug-related ER episodes, up slightly from 5 percent in the third quarter of 1991.

LSD and Designer Drugs

LSD costs $4-$7 per dosage unit, $100-$300 per 100 dosage units, and $200 per blotter paper sheet. The supply is more limited in the city than in Maryland or Virginia, and dosage unit prices are lower in the suburbs. In all of 1992, only 7 samples of LSD removals were sent to DEA for analysis, although the MPD reports that it has been seizing more of the drug in recent months. The number of LSD-related ER mentions remains low, varying from 16 to 48 in each quarter since the first quarter of 1990. LSD is involved in less than 1 percent of all drug-related ER episodes.

LSD and other designer drugs, such as ecstasy (MDMA, XTC, or "X"), are associated with "rave" parties, large events held in a warehouse or in an open field, for which the main attraction is reportedly a type of music called "techno" or "house." Raves are frequented primarily by college students, and several raves have occurred in the Washington, D.C. area over the past year.

Alcohol

Few data on alcohol use were available for this report. Alcohol-in-combination (AIC) ER mentions dropped 9 percent from the third quarter of 1991 to the third quarter of 1992, from 935 to 853 (Figure A5). In 32 percent of all ER drug-related admissions, AIC is involved, down slightly from 34 percent in the third quarter of 1991. Of the 13,309 admissions to public treatment facilities, 2,880, or 22 percent, mentioned alcohol as the primary drug of choice (Figure A2).

INJECTION DRUG USE AND HIV/AIDS

As of March 31, 1993, 7,725 adult and adolescent AIDS cases were reported in the Washington metropolitan statistical area; of these, 4,404 cases were reported in the city of Washington, D.C. Of cases in the city, 2,822 have died (64 percent of the total).

A growing proportion of AIDS cases are contracted through injection drug use. Of all adult and adolescent AIDS cases reported in Washington, D.C., 68 percent were homosexual or bisexual males, 18 percent were injecting drug users (IDUs), and 6 percent were homosexual/bisexual IDUs. In addition, 4 percent of cases were contracted through heterosexual contact, and 1 percent were contracted through a blood-product transfusion. Of total female AIDS cases, 65 percent contracted HIV through injection drug use and 23 percent through heterosexual contact. A growing proportion of AIDS cases are the result of injection drug use or heterosexual contact.

Among black males, the number of new adult AIDS cases increased from 1987 to 1992 for all age groups except the 20-29 age group. For white males, the number of new adult AIDS cases declined between 1987 and 1992 for all age groups except the 40-49 age group.

Of the 4,404 AIDS cases reported in the District through March 31, 1993, 34 percent were white (a shrinking proportion of all cases), 63 percent were black (a growing proportion), and 3 percent were Hispanic. Ninety-one percent were male, and 9 percent were female. The largest number of AIDS cases (2,084, or 47 percent of all cases) was concentrated in the 30-39 age group.

Of the 115 pediatric AIDS cases reported in the metropolitan area, 71 were reported in the District. Of the District's pediatric AIDS cases, 31 (44 percent) contracted the virus from an IDU mother. Six cases (8 percent) contracted the virus from a mother who had sex with an IDU, and another six cases contracted the virus through a blood transfusion or transplant.

Of the eight geographic wards in the city, Ward 2 has the highest number of reported AIDS cases (937), and Ward 1 has the second highest number of cases (879). Ward 3 has the lowest number of reported AIDS cases (247). Ward 6 contains the largest number of male cases contracted through injection drug use.

SPECIAL FOCUS: BLUNT USE IN WASHINGTON, D.C.

The drug abuse phenomenon of smoking a gutted Philly Blunt cigar filled with marijuana has appeared in Washington, D.C. and the surrounding area. The combination is called a "blunt," and its use appears to be most popular among youths. Blunt use is being promoted through music and advertising on tee-shirts, sweatshirts, and hats, which often show a marijuana leaf and contain a phrase about blunts. According to pharmacologists, the high nicotine content in the cigar casing can cause a stimulant-like high -- very different from the "mellowing" high of a traditional marijuana cigarette. Blunts are generally made by the user, who buys the cigars legally and purchases the marijuana separately. Reportedly, the Philly Blunt brand of cigar is preferred because it is easily resealed after being gutted and filled.

According to law enforcement officials, the use of blunts has been occurring in Washington, D.C. for several years. Until recently, however, it was simply one of many "offbeat" methods of using drugs that are endemic to the drug scene. Use of blunts was also known to be occurring in Newark, New Jersey, and New York City, where its use was also reported to be relatively uncommon.

Historically, marijuana use has not shown up in drug abuse indicators in Washington, except in the mid-1980s, when the drug was often used in conjunction with PCP. From the mid-1980s through 1991, indicators of marijuana use declined together with PCP indicators. The picture for marijuana is quite different now. Since late 1991, according to the D.C. Pretrial Services Agency, the percentage of juvenile arrestees testing positive for marijuana has soared from 8 percent to an all-time high of 43 percent in May 1993 (Figure 6). This rise appears to be due to an increase in blunt use. In the early summer of 1993, the PSA conducted informal interviews with 22 youths who admitted to regular use of marijuana. When asked in what form they took the drug, 21 of the 22 said they used blunts.

As noted, blunt use seems to be a more dominant part of the youth culture than the adult drug world. In a May 1993 focus group primarily made up of heroin users, most of the older users had not heard of blunts, but younger users had. The rise in marijuana use is not confined to youths, however. Data from NIJ show that positive marijuana test results for adult arrestees in Washington, D.C. are also rising: Test results for adult males rose from a low of zero percent in the third quarter of 1990 to as high as 23 percent in the second quarter of 1992 (Figure 7).

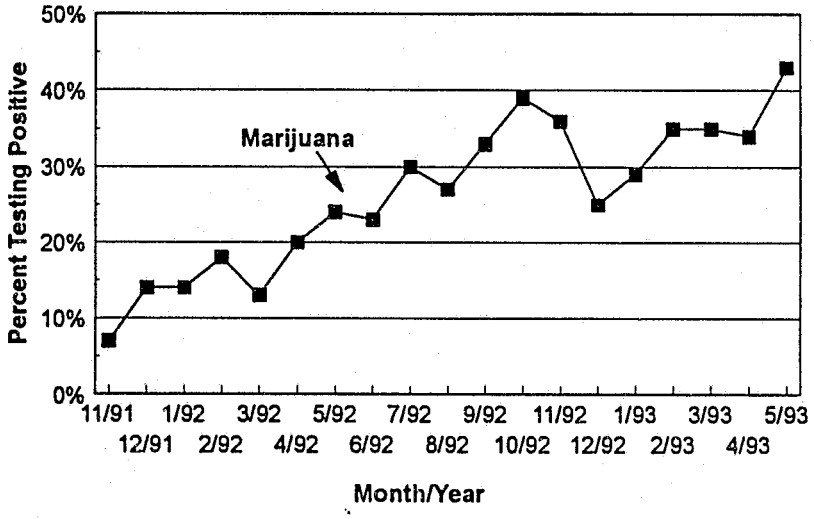
For both young and adult arrestees, the rise in marijuana use appears to be primarily a male phenomenon. NIJ data show that only 8 percent of juvenile females tested positive for marijuana in the third quarter of 1992, while 37 percent of juvenile males tested positive. Similarly, 21 percent of adult males tested positive for marijuana, while only 9 percent of adult females tested positive.

The rise in many other indicators of marijuana use suggests that blunts may be having an effect beyond the arrestee population. In the first three quarters of 1992, the number of marijuana-related emergency room incidents surpassed the figure for all of 1991. Calls to the regional drug abuse hotline for marijuana rose 50 percent in the year between the first quarter of 1992 and the first quarter of 1993. Samples of marijuana seizures or purchases submitted by the Metropolitan Police Department to the DEA for analysis more than doubled from the first half of 1992 to the first half of 1993. All of these indicators reveal a clear rise in marijuana use; the PSA interviews described above indicate that the rise is due to use of blunts.

The blunt phenomenon reaches beyond the District. Seizures of blunts have occurred in Maryland, and according to the Maryland State Police, Philly Blunt suppliers have reported a surge in sales in the D.C. and Baltimore area. One supplier in Maryland reportedly has had to order directly from the factory to maintain his stock of the cigar.

According to law enforcement officials and street users, blunt cigars filled with marijuana and cocaine or PCP are also popular on the streets; these are called "woolies." Most young arrestees who test positive for marijuana, however, do not test positive for these other drugs, indicating that the blunt form alone is probably the most popular form among this population. However, because the route of administration is the same for a plain blunt and a woolie, it will be very easy for users to make the transition to the harder drugs.

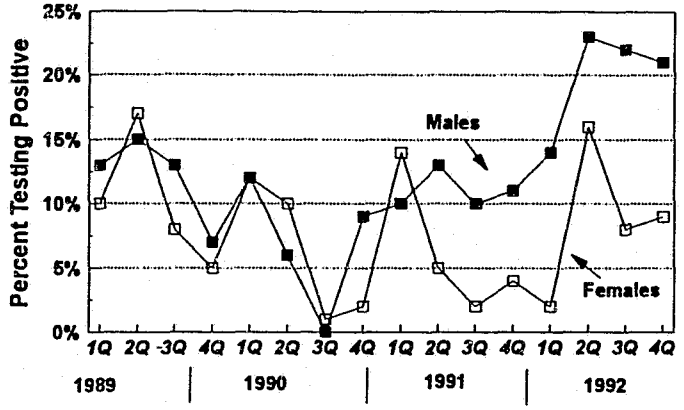
Figure 6. Juvenile Arrestee Drug Test Results, Marijuana
Washington, D.C.



Source: D.C. Pretrial Services Agency.

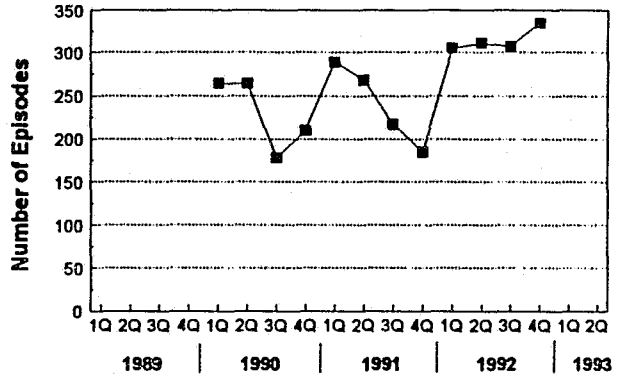
Figure 7. Indicators of Marijuana Use - Washington, D.C.

Adult Arrestees Testing Positive for Marijuana
Washington, D.C.



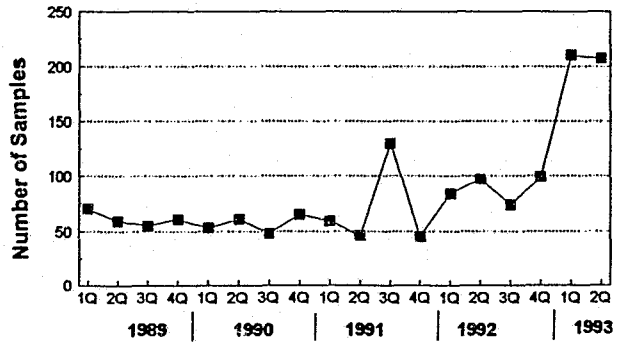
Source: National Institute of Justice, Drug Use Forecasting Program.

Emergency Room Marijuana-Related Episodes
Washington, D.C. Metropolitan Area



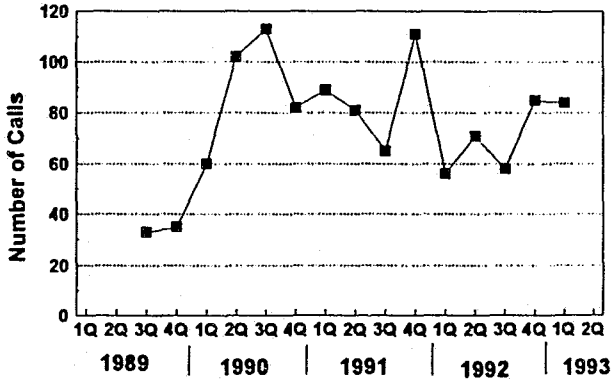
Source: Drug Abuse Warning Network, January 1993 data files.

Number of Removed Samples of Marijuana Submitted to DEA for Analysis
Washington, D.C.



Source: DEA, Planning and Statistical Analysis.

Washington, D.C. Area Drug Abuse Hotline Calls for Marijuana



Source: Washington Area Council on Alcoholism and Drug Abuse.

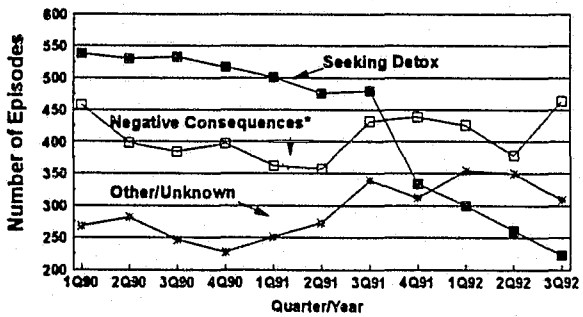
SPECIAL FOCUS: WASHINGTON, D.C. COCAINE EMERGENCIES - A REAL DECLINE?

Emergency room drug-related mentions, collected by DAWN, are often used as a primary indicator of drug abuse in major metropolitan areas. Specifically, DAWN data measure consequences of use. Only when an individual suffers negative consequences severe enough to warrant treatment in an emergency room will he or she appear in the data.

At first glance, the most recent DAWN data for the Washington, D.C. area appear to reflect a decline in the number of cocaine-related emergencies in the area. Total cocaine-related visits dropped 21 percent, from 1,266 to 996, from the first quarter of 1990 to the third quarter of 1992. When these visits are broken down by the reason for emergency room contact, however, the entire decline is due to a drop in the number of people seeking detoxification for cocaine use (Figure 8). Cocaine mentions for those seeking detox declined from 538 in the first quarter of 1990 to 223 in the third quarter of 1992. In contrast, third quarter 1992 mentions for negative consequences other than seeking detox (including overdose, withdrawal, chronic effects of use, and unexpected reactions) were at their highest level since the fourth quarter of 1989. The reduction in the number of patients seeking detox in an emergency room may reflect the closing of a local hospital's detox facility and the opening in 1992 of a local treatment facility that admitted patients who formerly would have gone to a nearby emergency room.

The implications of these data raise concern. The data show unequivocally that the District has not yet turned the corner on cocaine use among this heavy-using population. The decline in total cocaine mentions, because it is driven by a decline in individuals seeking detox, does not reflect a lower level of problems in the cocaine-using population. Rather, the decline may simply reflect a drop in the availability of hospital-based detox facilities, fewer individuals seeking detoxification and treatment, or both. In addition, the rise in the number of negative consequences of cocaine use, other than seeking detoxification, demonstrates clearly that problems with cocaine persist.

Figure 8. Emergency Room Cocaine-Related Episodes, by Reason for Contact
Washington, D.C. Metropolitan Area



*Negative Consequences include overdoses, withdrawal, chronic effects of use, and unexpected reactions.
Source: Drug Abuse Warning Network, January 1993 data files.

SPECIAL FOCUS:
DRUG USE AMONG THE HOMELESS

In 1991, the National Institute on Drug Abuse, as part of its Washington, D.C. Metropolitan Area Drug Study (DC*MADS), examined the prevalence of illicit drug use and related problems among the homeless and transient populations in the D.C. metropolitan statistical area. Based on personal interviews of 908 homeless or transient individuals, the study also provides information on alcohol use, criminal activity, physical and mental health, employment, receipt of services, and entitlement participation.

According to the study, there are between 9,031 and 11,743 homeless or transient individuals in the D.C. area on a given day. The majority of the homeless people in the study were over 25 years old (85 percent), single (60 percent), black (76 percent), male (76 percent), unemployed (54 percent), and a D.C. resident (71 percent). Eighty percent have incomes below the poverty line, and 55 percent live below half the poverty level (about $5,570 per year for a family of three).

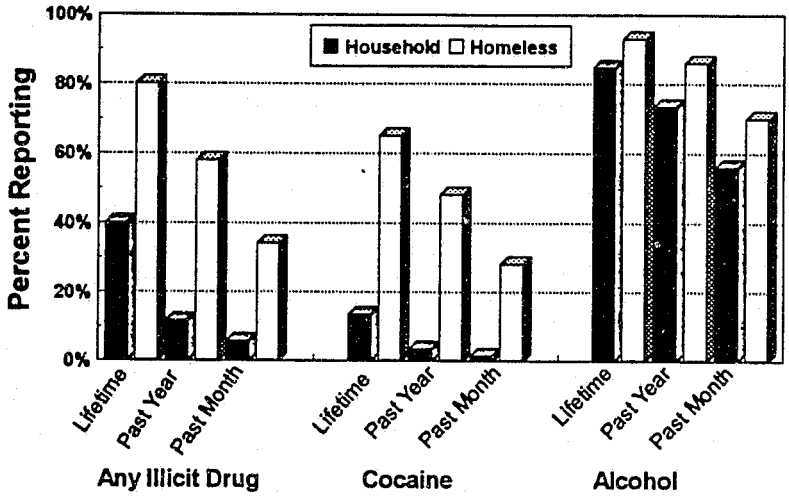
Some of the key findings of the study are as follows:

> Eighty percent of the homeless people interviewed reported having used illicit drugs over their lifetime, 58 percent in the past year, and 34 percent in the past month. During the past year, more than 92 percent of current drug users had had at least one drug-related problem and 78 percent had had three or more. Fifty-eight percent of the homeless reported having at least one or more problems with alcohol, drug use, or mental illness. Almost half of the individuals had had one or more substance abuse treatment episodes and 12 percent were currently in treatment.
>
> Twenty-four percent of the homeless people interviewed had injected drugs at some point in their lifetime, 14 percent had injected over the past year, and 4 percent had injected in the past month.
>
> Alcohol is the drug of choice for those sampled. Ninety-three percent of the population had used alcohol some time in their lives, 86 percent over the past year, and 70 percent in the past month. Of the individuals that had had a drink in the past month, 28 percent were considered heavy drinkers (at least five drinks per day on a weekly basis). Almost five of every six reported drinking alcohol within a few hours of using other drugs.

According to the 1991 National Household Survey on Drug Abuse, the household population in the D.C. area is much less likely to report use of drugs than is the homeless population (Figure 9). The homeless were twice as likely to have used an illicit drug in their lifetime, and several times more likely to have used an illicit drug in the past year or past month. In addition, the homeless were several times more likely to have used cocaine in their lifetime or in the past year or month than were those in the general household population.

Figure 9. Drug Use Among the Household and Homeless Populations

Washington, D.C. Metropolitan Area, 1991



*Sample sizes: Household survey=2,547; Homeless Survey=908.

Source: National Institute on Drug Abuse, DC*MADS.

SPECIAL FOCUS:
THE D.C. INITIATIVE - PRELIMINARY DATA ANALYSIS

The D.C. Initiative: Project Overview

The primary mission of the D.C. Initiative is to compare the therapeutic outcome and the cost effectiveness of standard drug abuse treatments with enhanced drug abuse treatments. The D.C. Initiative is being conducted through a Cooperative Agreement involving the National Institute on Drug Abuse, the Center for Substance Abuse Treatment, the D.C. Department of Human Services, and three grantees.

The central Diagnostic, Referral, and Data Management Unit of the D.C. Initiative is managed by Koba Associates in collaboration with the Research Triangle Institute. Enhanced outpatient treatment is provided by the Institute for Behavior Resources. Enhanced outpatient treatment provides a lower staff-to-client ratio as well as more intensive and varied professional services compared with standard outpatient treatment. Enhanced residential treatment is provided by Second Genesis. Enhanced residential treatment offers a lower staff-to-client ratio, more intensive and varied professional services, and a longer follow-up period compared with standard residential treatment.

Preliminary Data Analysis

Clients are still being admitted and treated through the D.C. Initiative. Preliminary data are available for the first 322 clients to participate. Some highlights of the preliminary findings are as follows:

Eighty-one percent of the drug treatment clients had engaged in sexual activity with another person during the 30 days prior to admission; 19 percent of their partners were IDUs and 60 percent never used latex protection.

Clients who were IDUs suffered from more health problems than did other clients. They were also less likely to rate their health as good or excellent. One percent reported a history of tuberculosis in the prior 12 months.

Forty-seven percent of the clients reported at least two weeks during their life in which they felt very depressed. These subjects' scores on psychological tests suggested a very wide range of psychological symptoms.

Twenty-seven percent of the clients experienced suicidal ideation at some point in their life. These clients were significantly more likely than others to have used "dirty works" when injecting drugs and were less likely to have used latex protection during sexual activity.

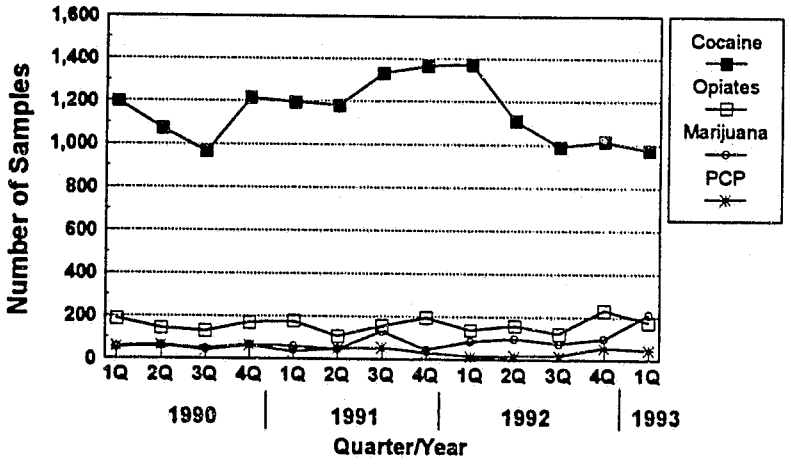
Sixty-six percent of the clients reported that at least one of their parents had a history of alcohol or drug abuse. These clients were more likely to report physical and sexual abuse, anxiety, and depression.

Thirty-three percent of the clients were diagnosed on the Structured Clinical Interview for DSM-IIIR as having depression-related disorders and 49 percent as having borderline personality disorder.

These findings call attention to the complex interrelationship among mental illness, substance abuse, and other health problems. In particular, the correlation between suicidal ideation and HIV risk behavior suggests that HIV prevention efforts must address the issue of psychological problems among drug abusers.

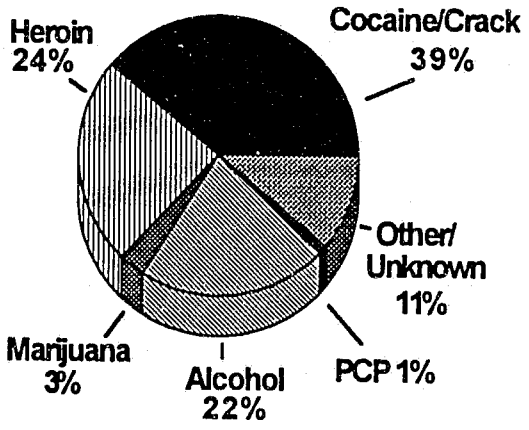
APPENDIX: ADDITIONAL DATA

Figure A1. MPD Removal Samples Submitted to DEA Laboratory for Analysis
Washington, D.C.



Source: DEA, Planning and Statistical Analysis Section.

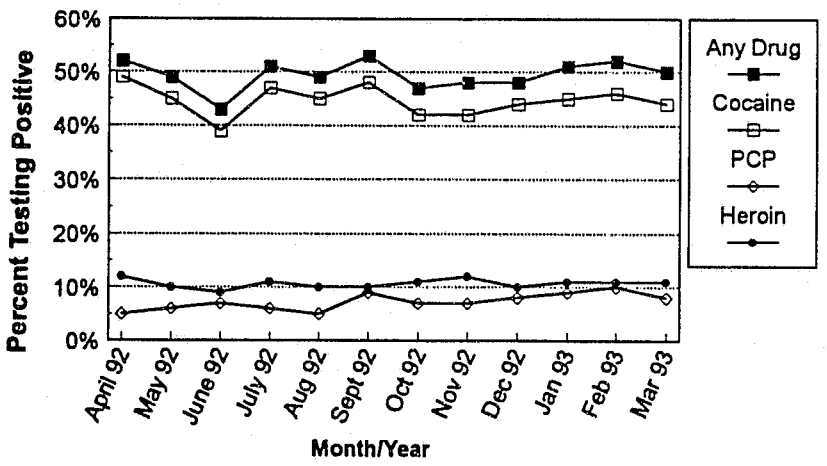
Figure A2. Primary Drug at Admission to Treatment
Washington, D.C. Public Treatment Facilities - FY 1992



N=13,309

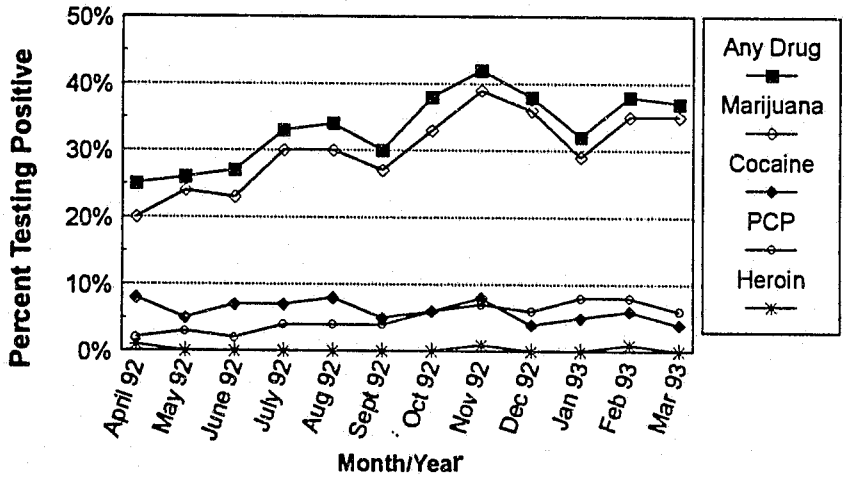
Source: Commission of Public Health, Office of Health Planning and Development.

Figure A3. Adult Arrestee Drug Test Results
Washington, D.C.



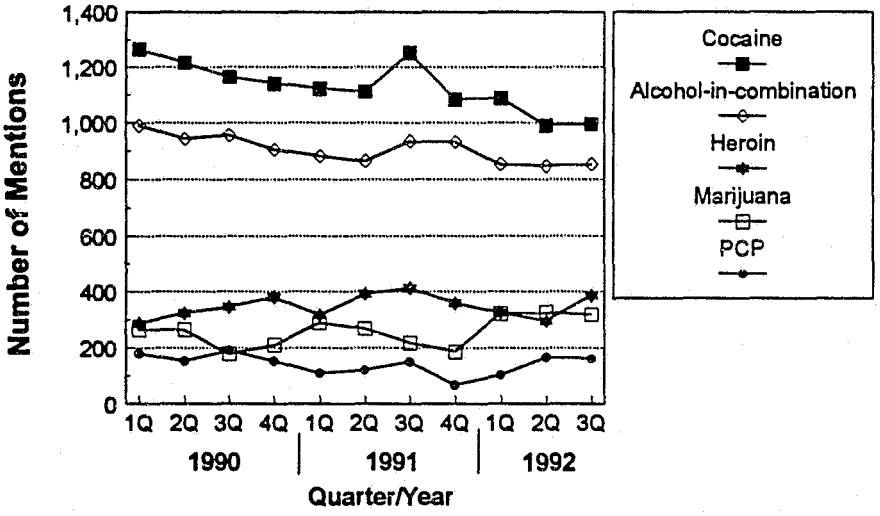
Source: D.C. Pretrial Services Agency.

Figure A4. Juvenile Arrestee Drug Test Results
Washington, D.C.



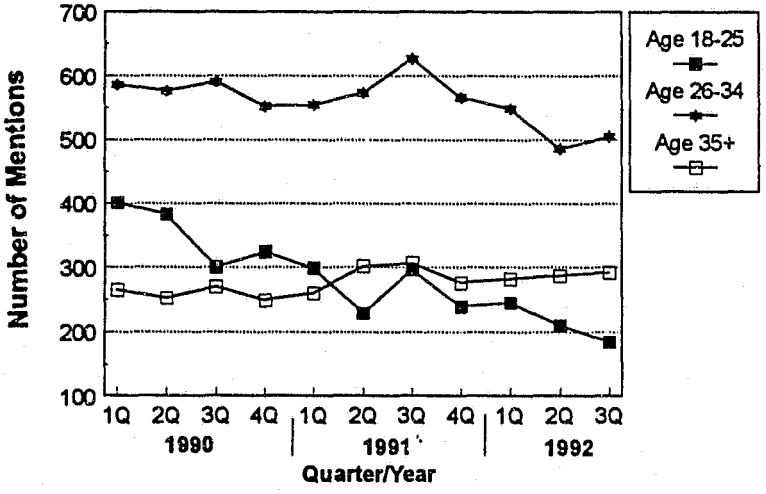
Source: D.C. Pretrial Services Agency.

Figure A5. Emergency Room Drug Mentions
Washington, D.C. Metropolitan Area



Source: Drug Abuse Warning Network, January 1993 data files.

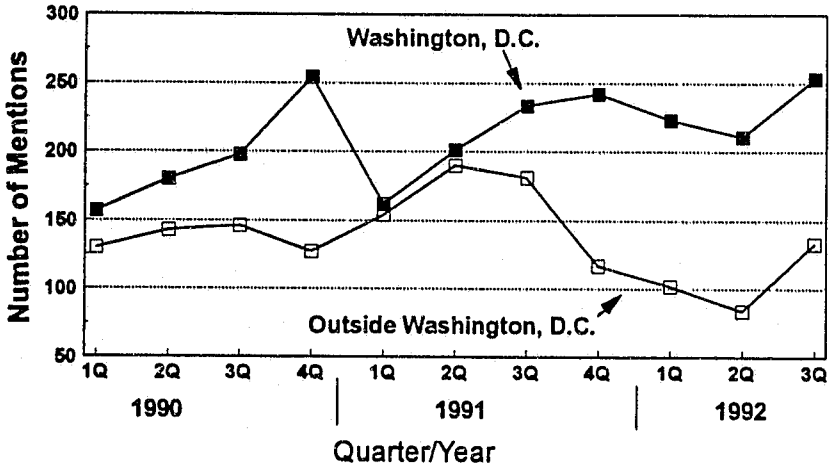
Figure A6. Emergency Room Cocaine Mentions, by Age
Washington, D.C. Metropolitan Area



Source: Drug Abuse Warning Network, January 1993 data files.

Figure A7. Emergency Room Heroin Mentions, by Hospital Location

Washington D.C. Metropolitan Area



Source: Drug Abuse Warning Network, January 1993 data files.

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