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

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Prepared by

The Alcohol and Drug Abuse Administration
and
The Center for Substance Abuse Research,
University of Maryland, College Park

ACKNOWLEDGEMENTS

We would like to thank the members of the Maryland Epidemiological Outcomes Workgroup for their efforts during the past year. Your dedication to understanding and addressing drug use and the consequences of drug use in Maryland make this report possible. Your patience and willingness to work through this process and develop a new method for prioritizing the consequences of illicit drug, alcohol, and tobacco use are commendable.

Special thanks are offered to Peter Moe at the State Highway Administration, Joe Gfroerer and his staff at the Office of Applied Studies at Substance Abuse and Mental Health Services Administration (SAMHSA), and Dr. Mary Ripple at the Office of the Chief Medical Examiner for regularly supplying us with data and reviewing our materials.

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EXECUTIVE SUMMARY: MARYLAND EPIDEMIOLOGICAL PROFILE

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

CSAP has provided each state with a logic model to guide their planning activities. The logic model begins with the delineation of measurable consequences of substance abuse in a state, followed by a ranking of these consequences to be targeted by prevention programs. To facilitate the ranking of the consequences, this epidemiological profile has been produced. The profile provides extensive statistical data about the scope and severity of each consequence and forms the basis of an assessment of the importance of each consequence for prevention programming in Maryland. Once Maryland had a priority list of consequences to address, we moved on to determine the consumption behaviors that are empirically linked to each consequence. The remaining steps of the logic model include identifying risk and protective factors for intervention and determining evidenced-based prevention programs that Maryland can support to reduce the adverse consequences of substance abuse.

During year one of this project, Maryland established its SEOW, produced an epidemiological profile, and designed an innovative process for ranking the priority of the consequences. This report describes each of the consequences, their accompanying consumption indicators, and the ranking of the consequences.

Establishing the Maryland SEOW

The Maryland SEOW was formed in March 2006—with funding from CSAP—under the oversight of the ADAA. ADAA is the single state authority responsible for the planning, development, and funding of services to prevent harmful involvement with alcohol and other drugs and to treat those in need of addiction services. Assistance in the coordination of the MD SEOW and data analysis, management, and dissemination is provided by CESAR. The original 34 core members represent criminal and juvenile justice, public health, prevention, and research. They defined the mission of the MD SEOW to be:

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

The MD SEOW provides the State and Local Drug and Alcohol Abuse Councils (DAACs), which are charged with directing prevention planning for their jurisdictions, with the information necessary to

develop prevention strategies that are data driven. In addition, the MD SEOW provides the DAACs with the data necessary to establish baseline outcome objectives for change and to monitor change in those outcomes. The ADAA also uses the data provided by the MD SEOW to establish prevention block grant funding priorities and to monitor and evaluate the outcomes of funded prevention programs/initiatives.

Producing an Epidemiological Profile

During the first year of the grant, our primary goal was the development of Maryland's first epidemiological profile. The profile is designed to pull together all data in the state on the consequences of illicit drug, alcohol, and tobacco use and link them to consumption indicators. The process for developing this profile included holding quarterly meetings of the SEOW, identifying more than 150 indicators of substance abuse, and identifying and scoring the consequences of illicit drug and alcohol use. Each indicator was assessed for inclusion in this report based on its availability, validity, consistency, sensitivity, and the availability of attributable fractions (an attributable fraction is an estimate of drug-related incidents in a consequence based on current research). As a result of this assessment, 11 consequences of illicit drug, alcohol, and tobacco use were included in this report. Each consequence section is organized around the three key questions that must be answered in order to develop data-driven prevention programs:

- What are the most significant consequences of illicit drug use in Maryland for which data is currently available?
- What are the results of the measurement system implemented by Maryland to rank these consequences?
- What consumption indicators can be used to assess our progress in addressing these consequences through prevention programs?

Highlights from the key findings on these consequences are provided below.

Consequences of Illicit Drug Use

Five consequences identified and assessed using the process described in this report are highlighted below: property crimes and drug-related arrests, HIV/AIDS, past year illicit drug abuse or dependence, drug-induced deaths, and drug-related suspensions and expulsions.

- Property Crime
    - Property crimes have been decreasing since 2003.
    - An estimated 52,000 drug-related property crimes were reported to police in 2005.
    - Although Maryland's rates for property crimes have been decreasing, they remain consistently higher than the national rates.
- HIV/AIDS
    - In Maryland, the rate of AIDS case reports is nearly twice as high as nationwide
    - Nearly 40 percent (2,049 cases) of HIV prevalent cases were IDU-related in 2004.
    - Nearly 6,000 AIDS prevalent cases (about half) are IDU-related.
    - HIV and AIDS cases are most likely to be African-American males aged 20-59.
    - The percentage of IDU-related incident HIV and AIDS cases has been decreasing steadily since 2000.

- Past Year Drug Abuse or Dependence
    - An estimated 130,000 Marylanders reported past year abuse or dependence in 2004.
    - 18- to 25-year-olds were more likely than any other age range to report past year abuse or dependence.
    - Maryland mirrors the nation in the percentage of residents reporting any illicit drug dependence or abuse in the past year. The percentage has been holding steady at approximately 3 percent since 2002.
- Drug-Induced Deaths
    - Nearly 700 (1.6%) deaths in Maryland in 2005 were drug-induced
    - Drug-induced deaths in Maryland are most likely to be male, white, and adults aged 25–64.
    - The number of drug-induced deaths peaked in 2003 and has been decreasing since.
- Suspensions/Expulsions from Public Schools
    - There were more than 2,100 drug-related suspensions from Maryland public schools during school year 2004–2005. This is a decrease of 8 percent from 2003–2004.
    - Approximately 1 in 10 expulsions were drug-related (314 expulsions).

In 2003–2004, 7 percent of the Maryland population age 12 years and older had used an illicit drug in the past month and 3 percent had used an illicit drug other than marijuana in the past month. Trends in illicit drug use in recent years have remained relatively stable and on the whole the patterns of use in Maryland reflect those of the nation. The illicit drugs most frequently reported to have been abused in the past year and past month were marijuana followed by non-medical use of psychotherapeutics. Also notable, each year from 2001 to 2005 the percentage of treatment admissions for heroin as the primary drug of abuse was twice as high in Maryland as nationally.

Consequences of Underage Drinking and Alcohol Abuse

Five consequences are highlighted below: violent crimes, alcohol-related crashes, past year alcohol abuse or dependence, alcohol-induced deaths, and alcohol-related suspensions and expulsions.

- Violent Crime
    - Maryland's rates of robberies and aggravated assaults are both significantly higher than the national rates.
    - There were an estimated 7,840 alcohol-related violent crimes in Maryland in 2005.
    - Nearly 1 in 3 murders/nonnegligent manslaughters are alcohol-related.
    - The estimated number of alcohol-related murders and robberies has been increasing; murders increased 24% from 2001 to 2005; robberies increased sharply in 2005 (13%) after decreasing steadily.
    - The estimated number of alcohol-related rapes and aggravated assaults decreased steadily during this time.
- Alcohol-related Crashes
    - In Maryland, nearly 1 in 10 crashes are alcohol-related; 1 in 3 fatal crashes are alcohol-related.
    - Although the number of Alcohol and/or drug-related crashes involving an impaired driver decreased 3% from 2002 to 2005, the percentage of crashes that were AOD-related remained about the same.
    - The number of fatal AOD-related crashes involving an impaired driver increased 34% from 2003 to 2005; the number of fatalities increased from 156 in 2003 to 204 in 2005.
    - The number of AOD-related injury and property damage crashes involving an impaired driver is decreasing.

- Past Year Alcohol Abuse or Dependence
  - An estimated 334,000 Marylanders reported past year abuse or dependence in 2004.
  - Maryland mirrors the nation in the percentage of residents reporting alcohol dependence or abuse in the past year. The percentage has been holding steady at approximately 7–8 percent since 2002.
- Alcohol-Induced Deaths
  - There were 270 alcohol-induced deaths in Maryland in 2005, accounting for fewer than 1% of all deaths in Maryland that year.
  - Alcohol-induced deaths are most likely to occur in Marylanders that are male, white and 45 to 64 years of age.
  - The number of alcohol-induced deaths has decreased slightly since 2002 (5%).
- Alcohol-Related Suspensions and Expulsions
  - There were 791 alcohol-related suspensions from Maryland public schools during school year 2004–2005, an increase of 18 percent from the prior year.
  - There were 41 alcohol-related expulsions, a sharp decrease from 102 in 2001–2002.

In recent years (2002–2005) among Maryland residents 12 years and older approximately half used alcohol in the past month, one in three engaged in binge drinking, and 4 to 5 percent reported heavy drinking. Little has changed in recent years, and Maryland's alcohol use and treatment patterns were similar to the national patterns. Notably, across 2002–2005 nearly two times as many males as females in Maryland 12 years and older reported having engaged in binge drinking in the past month. However, a similar difference was not evident among males and females among youth in 6^{th}, 8^{th}, 10^{th}, and 12^{th} grades.

Consequences of Tobacco Use

One tobacco use consequence is included in this report: cigarette smoking-related deaths including lung cancer, emphysema, and chronic obstructive pulmonary disease.

- Cigarette Smoking-Related Deaths
  - The estimated number of smoking-related deaths in Maryland increased from 1999–2003.
  - There were 3,015 lung cancer deaths and a combined total of 1,899 chronic obstructive pulmonary disease and emphysema deaths in Maryland in 2003, together accounting for 11% of all deaths in Maryland that year.
  - Lung cancer deaths in Maryland are slightly more likely to occur in males while COPD and emphysema deaths are slightly more likely to occur in females.
  - Nearly all (80–90%) of these deaths are attributable to tobacco.

In recent years (1999–2004) among Maryland residents 12 years and older, approximately one in four used a tobacco product in the past month. Among Maryland adults approximately one in five used cigarettes in the past month. The proportion of current smokers and past month cigarette or any tobacco users in Maryland has remained stable in recent years and appears very similar to the national patterns. Notably, evidence suggests patterns of cigarette use are similar among youth with 20 percent of 12^{th} graders reporting past month cigarette use in 2004–2005.

Ranking the Consequences for Funding Priority

To ensure that the prevention process remains data-driven, we developed and piloted a unique method for ranking the consequences of illicit drug use and underage drinking and alcohol abuse. Maryland substance abuse professionals and policymakers used the epidemiological profile to scientifically rank the consequences on 6 dimensions: numbers directly affected, changes in size/magnitude over time, Maryland compared to the United States, numbers indirectly affected, potential economic and social costs, and potential for change through intervention.

Seven consequences of illicit drug use and six consequences of alcohol abuse were scored by thirteen core members of the SEOW using three different scoring methodologies: two objective techniques and one subjective technique. The results of the scoring did not vary much across the three methodologies. A consensus in the ranking of the current set of consequences is evident in Table A.

For the alcohol consequences, the rankings by both objective techniques were exactly the same. Alcohol dependence and abuse and violent crime were ranked first and second and alcohol-related deaths and expulsions were ranked fifth and sixth. Alcohol dependence and abuse was also ranked first in the subjective scoring making it the highest priority for Maryland. School expulsions remained sixth, making it the lowest priority. Violent crime was replaced by alcohol-related crashes as second in the subjective scoring and school suspensions fell to fifth.

For the illicit drug consequences, drug dependence and abuse and drug-related arrests were ranked first and second by all three techniques making them the highest priorities for Maryland. Drug-related suspensions and expulsions were ranked sixth and seventh by all three techniques (suspension was ranked sixth using the unweighted technique and seventh by the other two) making them the lowest priorities. The only consequence to show a dramatic change in ranking depending on the technique used was HIV/AIDS. This consequence was ranked third using the two objective techniques, but fell to fifth using the subjective technique.

Planning for Year 2

In year 2, we will build on our accomplishments to expand the efforts of the SEOW. We will continue to monitor the current consequences, and having piloted the ranking techniques with the initial 11 consequences, we will complete the following four new tasks:

1. Develop additional consequences for consideration as data sources are identified and data is collected and analyzed (such as child abuse/neglect, domestic violence, incident hepatitis cases, treatment recidivism, driving under the influence, fetal alcohol syndrome, and the impact of drug use on pregnant women and their babies)
2. Create a more detailed county level analysis of the consequences (such as demographic breakdowns to help local SEOW representatives identify target populations)
3. Present our data and recommendations to the State Drug and Alcohol Abuse Council for their consideration and inclusion in the state substance abuse strategy
4. Revise and conduct the annual consequence ranking process

Table A: Ranking the Consequences of Illicit Drug Use and Underage Drinking and Alcohol Abuse 2007

	Total Criteria Score (Unweighted)[a]	**Total Criteria Score** (Weighted by Importance of Criteria)[a]	**Overall Ranking** (Subjective)[b]
	Priority Ranking: Illicit Drug Consequences		
Drug Dependence or Abuse	1	1	1
Drug-Related Arrests	2	2	2.5
HIV/AIDS Cases	3	3	5
Property Crimes	4	4	2.5
Drug-Induced Deaths	5	5	4
School Suspensions	6	7	7
School Expulsions	7	6	6
	Priority Ranking: Underage Drinking and Alcohol Abuse Consequences		
Alcohol Dependence or Abuse	1	1	1
Violent Crimes	2	2	3
Alcohol-Related Crashes	3	3	2
School Suspensions	4	4	5
Alcohol-Induced Deaths	5	5	4
School Expulsions	6	6	6

[a,b] Each consequence was rated based on six criteria using a five-point scale. In addition, each criterion was rated for importance using a 10-point scale. Unweighted rankings were determined based on the mean overall score on the six criteria for each consequence. Weighted rankings were determined based on the mean overall score for each consequence taking into account the weight assigned to each criterion.

Mean overall ranking was determined using the overall rankings assigned by SEOW members.

INTRODUCTION

This report represents Maryland's first prevention-focused epidemiological profile. It is also the first time that substance abuse professionals and policymakers have come together to develop a method for prioritizing the consequences of alcohol tobacco and other drug use in Maryland. It was prepared by staff at Maryland's Alcohol and Drug Abuse Administration (ADAA) and the Center for Substance Abuse Research (CESAR) at the University of Maryland College Park with funding from the Center for Substance Abuse Prevention (CSAP) at the Substance Abuse and Mental Health Services Administration (SAMHSA). It was designed to help the state complete the first two steps in the CSAP logic model (see Appendix A), identifying the measurable consequences of substance use and related consumption patterns, and begin to identify needs and gaps in the services currently being provided. Recommendations for prioritizing the consequences are suggested based on the information provided in this report. These recommendations will be submitted to the State Drug and Alcohol Abuse Council for consideration in planning the State's drug and alcohol strategy. They will also be used to guide future funding decisions for local block grant awards by ADAA.

The report was prepared with data provided by the State Epidemiology Outcomes Workgroup (SEOW) core members. It includes four key sections:

- Maryland's Approach;
- Consequences of Illicit Drug Use in Maryland;
- Consequences of Alcohol Use in Maryland; and
- Consequences of Tobacco Use.

Maryland's approach provides an overview of current prevention programs in Maryland and a description of the SEOW and the process used to produce this report. The consequence sections include three parts: consequences, recommendations for prioritizing the consequences, and consumption indicators for monitoring our progress in addressing these consequences. The consequences and indicators included in sections 2, 3, and 4 for illicit drugs, alcohol, and tobacco were selected as the result of discussions with SEOW members and an internal (CESAR and ADAA) assessment of more than 150 indicators. Related consumption patterns and priority scores are also provided for each of the three consequence sections.

MARYLAND'S APPROACH
PREVENTION SERVICES IN MARYLAND

Prevention's focus is the promotion of constructive lifestyles and norms that discourage drug use. The use of evidence-based prevention programs in Maryland is cost-effective. Similar to earlier research, recent data shows that for each dollar invested in prevention, a savings of up to $10 in treatment for alcohol or other substance abuse can be seen.[1]

Maryland's Alcohol and Drug Abuse Administration (ADAA) funds the Model Program Initiative. Programs funded by this initiative reflect evidence-based principles, strategies, and practices that research has demonstrated as leading to effective outcomes.

Prevention Network

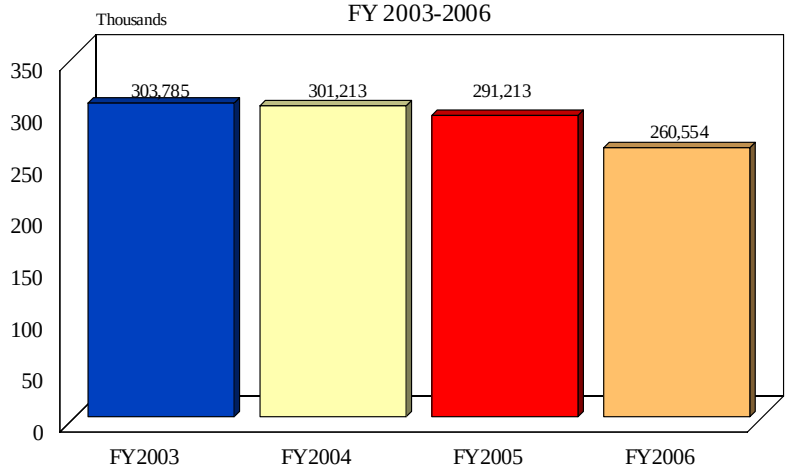
In support of evidence-based prevention, ADAA has initiated a county prevention coordinator networking system—an established, successful, and recognized strategy to plan, deliver, coordinate, and monitor prevention services that meet the varying needs of local subdivisions.

Prevention Coordinators communicate with and serve as resources for the community. There is a designated Prevention Coordinator in each of Maryland's 24 subdivisions. Prevention Coordinators work closely with all elements of the community to identify needs, develop substance abuse projects, implement programs, and obtain funding.

Number Served

During state fiscal year 2006 (July–June) more than 260,000 individuals received prevention services in Maryland. This reflects a slight decrease in the total numbers served from FY 2005 (Figure 1). From FY 2003 to FY 2005, Maryland averaged approximately 300,000 individuals served annually through prevention intervention services.

Figure 1
Total Number Served
FY 2003-2006



1 Aos, S.; Phipps, P.; Barnoski, R.; and Lieb, R. The comparative Costs and Benefits of Programs to Reduce Crime. Version 4.0 (1-05-1201). Olympia, WA: Washington State Institute for Public Policy, May 2001.

Center for Substance Abuse Prevention (CSAP) Strategies

All strategies and service types reported in the MIS Prevention Program Activity Report by each individual program are based on CSAP's six primary prevention strategies. These six strategies provide a common framework for data collection on primary prevention services. Table 1 below shows the total number of individuals served by jurisdiction and CSAP strategy.

Table 1: CSAP Strategies and Number of Participants Served–FY2006

County	Alternatives	Community Based Process	Education	Environmental	Information Dissemination	Problem ID And Referral	Total
Allegany	4909	650	484	16	4182	0	**10,241**
Anne Arundel	320	198	395	0	1649	10	**2,572**
Baltimore City	7139	10,334	2883	374	20,036	7917	**48,683**
Baltimore	24,728	9543	2862	269	21,147	2415	**60,964**
Calvert	2988	1292	951	0	909	2	**6,142**
Caroline	312	169	43	24	4604	0	**5,152**
Carroll	5291	523	168	0	18,244	5	**24,231**
Cecil	0	0	149	0	90	24	**263**
Charles	0	166	610	0	1206	0	**1,982**
Dorchester	0	0	269	27	3844	0	**4,140**
Frederick	190	167	660	0	1828	0	**2,845**
Garrett	4258	795	705	0	0	38	**5,796**
Harford	1591	486	927	460	10,905	0	**14,369**
Howard	14,051	130	131	159	2890	0	**17,361**
Kent	600	39	24	136	41	0	**840**
Montgomery	38	453	1256	100	905	0	**2,752**
Prince George's	1096	243	2650	2545	4399	0	**10,933**
Queen Anne's	216	249	53	0	686	18	**1,222**
St. Mary's	26	60	114	37	3814	0	**4,051**
Somerset	4479	174	445	102	4029	0	**9,229**
Talbot	65	519	188	34	500	154	**1,460**
Washington	1257	920	471	0	3700	771	**7,119**
Wicomico	464	57	702	62	1360	0	**2,645**
Worcester	13,315	176	95	0	1969	7	**15,562**
TOTAL	**87,333**	**27,343**	**17,235**	**4,345**	**112,937**	**11,361**	**260,554**
PERCENTAGE	**34%**	**10%**	**7%**	**2%**	**43%**	**4%**	**100%**

NOTE: A description of the CSAP six primary prevention strategies can be found in the Prevention Program Activity Report in the Publications section of the ADAA website at: www.maryland-adaa.org

People Served

Gender

Figure 2 shows the statewide distribution of gender for prevention program participants in fiscal year 2006. Approximately 54 percent of program participants were female. A breakdown of jurisdictional data gathered in the last four years shows a trend of relatively equal distribution between males and females in most subdivisions.

Age

During fiscal year 2006, more than half of the prevention program participants (59 percent) receiving services were adults over 18 years of age. Parents comprised 28 percent of those adults who attended prevention programs. Youth under the age of 18 represented 41 percent of individuals participating in prevention programs. All age breakdowns for prevention programs are shown in Figure 3.

Race and Ethnicity

CSAP has defined five racial categories for use by the states to provide consistency in reporting data on a national level. For the purposes of this report, ADAA has combined three of the five racial groups into one standard category defined as "Other." The "Other" category includes American Indian, Asian, and Native Hawaiian.

Whites made up approximately 52 percent of participants while Blacks comprised 41 percent of individuals attending prevention programs in fiscal year 2006 (Figure 4). Hispanic individuals represented 4% of the participants.

Figure 2
Gender Distribution FY 2006

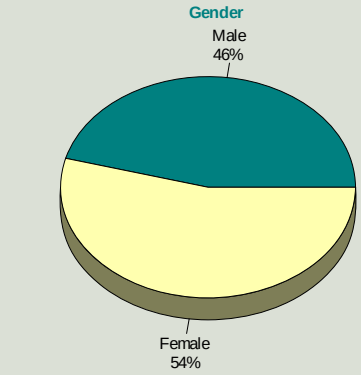


Figure 3
Age Distribution FY 2006

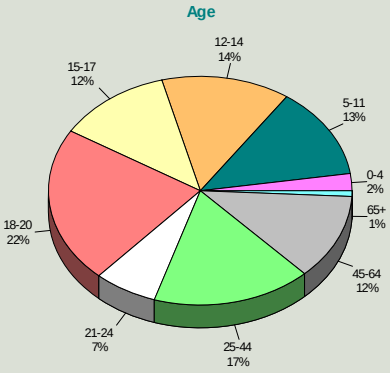
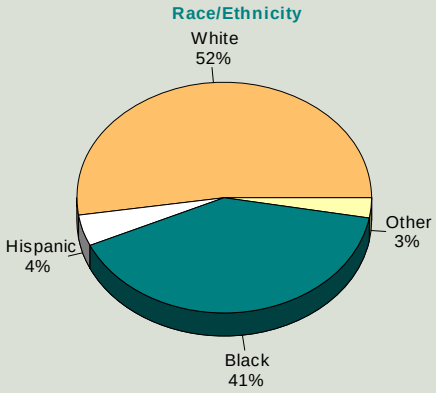


Figure 4
Race Distribution FY 2006

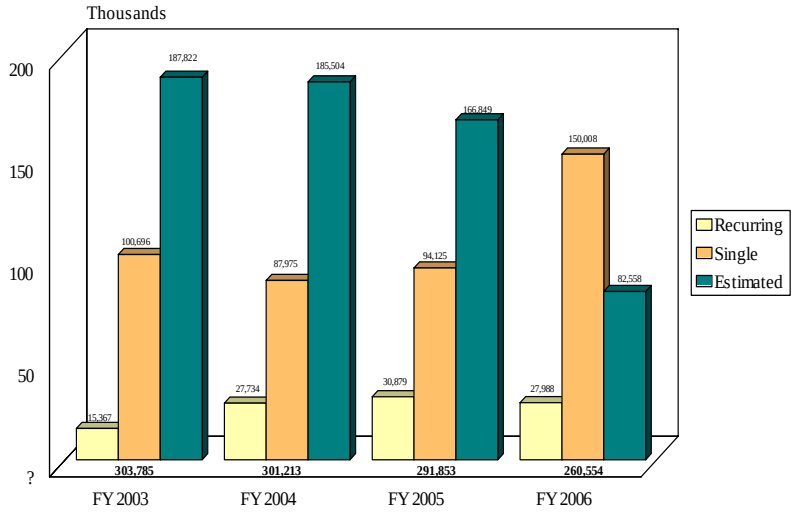


Programs Provided

Recurring Prevention Services

In fiscal year 2006 there were 27,988 individuals who actively participated in recurring prevention programs in Maryland. The state has mandated its funded prevention service providers to implement Substance Abuse and Mental Health Services Administration (SAMHSA) model programs. As a result, there has been an increase in the annual totals for participants in recurring[SINGLE?] programs (Figure 5). As service providers begin to establish an infrastructure to implement their chosen SAMHSA model programs, it is anticipated that the number of individuals attending recurring prevention programs will continue to increase.

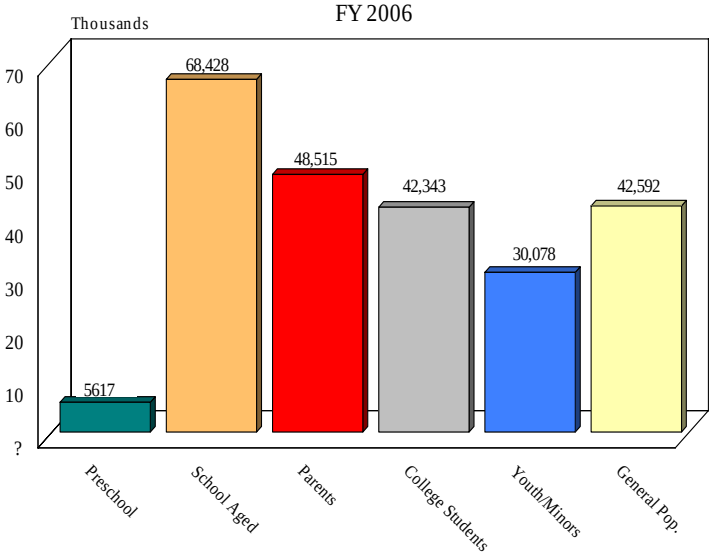
Figure 5
Numbers Served
FY 2003-2006



Single Prevention Service

The total number of individuals attending single prevention services or activities was 150,008 in fiscal year 2006. Annual totals for all prevention services are shown in Figure 5.

Figure 6
Service Population
FY 2006



Based on information obtained from the MDS demographic estimate indicator (used only when the actual number of attendees at a specific event cannot be accurately counted) there were an additional 82,558 individuals who attended or received prevention services in fiscal year 2006.

Service Population

During fiscal year 2006, Maryland offered prevention intervention services to 26 different service populations. The majority of individuals receiving services were parents and school-aged children (Figure 6).

Model Program Initiative

In fiscal year 2006 the ADAA provided $600,000 to nine jurisdictions (Tables 2 and 3) to implement evidence-based programs. The Model Program Initiative (MPI) requires jurisdictions to use SAMHSA Model Programs to respond to identified community needs.

Figures 7, 8, and 9 show the gender, age, and race distribution of populations served by the MPI. The people served are most likely to be white, female, and aged 0–11.

Table 2: Number of MPI Programs Funded in FY 2006

County	Number of Programs		Total Served
	Recurring	Single	
Allegany	4	0	**4**
Anne Arundel	3	12	**15**
Calvert	4	0	**4**
Carroll	4	6	**10**
Charles	3	2	**5**
Dorchester	4	0	**4**
Garrett	5	0	**5**
Howard	2	0	**2**
Montgomery	2	0	**2**
Total	**31**	**20**	**51**

Table 3: Number of People Served in MPI Programs in FY 2006

County	Number of People Served		Total Served
	Recurring	Single	
Allegany	93	0	**93**
Anne Arundel	110	128	**238**
Calvert	189	0	**189**
Carroll	101	311	**412**
Charles	304	57	**361**
Dorchester	51	0	**51**
Garrett	93	0	**93**
Howard	71	0	**71**
Montgomery	467	0	**467**
Total	**1,479**	**496**	**1,975**

Figure 7
Gender Distribution FY 2006

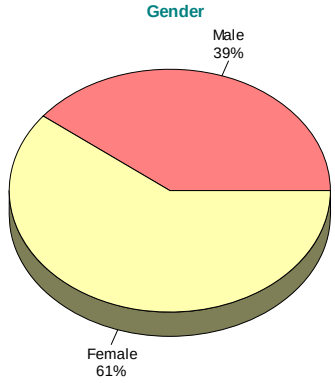


Figure 8
Age Distribution FY 2006

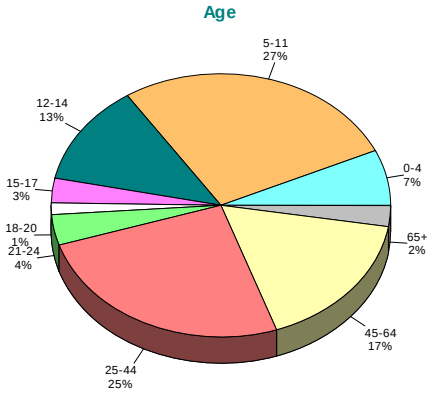
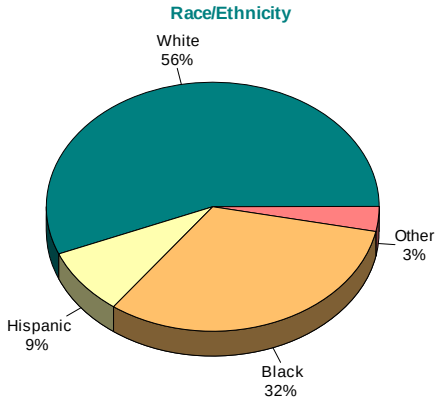


Figure 9
Race Distribution FY 2006



SEOW PROCESS

Maryland SEOW

The Maryland SEOW was formed in March 2006, with funding from the SAMHSA, under the oversight of the ADAA. ADAA is the single state authority responsible for the planning, development, and funding of services to prevent harmful involvement with alcohol and other drugs and to treat those in need of addiction services. Assistance in the coordination of the MD SEOW and data analysis, management, and dissemination is provided by The University of Maryland's Center for Substance Abuse Research. The original 34 core members defined the mission of the SEOW to be:

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The MD SEOW operates under the auspices of the ADAA. It provides the State and Local Drug and Alcohol Abuse Councils (DAACs), who are charged with directing prevention planning for their jurisdictions, with the information necessary to develop prevention strategies that are data-driven. In addition, the MD SEOW provides the DAACs with the data necessary to establish baseline outcome objectives for change and to monitor change in those outcomes annually. The ADAA uses the data provided by the MD SEOW to establish prevention block grant funding priorities and to monitor and evaluate the outcomes of funded prevention programs/initiatives.

During the first year of the grant, we held four SEOW meetings and identified four goals for fulfilling the mission, which are listed in the text box below. The first SEOW meeting was an organizational meeting with approximately 34 core members. At the meeting we reviewed a charter drafted by ADAA and CESAR and finalized our goals and objectives. We also initiated discussions about consequences and indicators that could be monitored by the group. The second meeting was designed to begin work on the epidemiological profile. We expanded the SEOW membership to include local representatives from four of the most populous jurisdictions in the state. Local representatives were invited to educate core members about current local efforts to collect and utilize data in prevention planning. At the meeting we reviewed model profiles, assessed the initial data collected, discussed local prevention planning efforts, and brainstormed about consequences to consider for the profile.

Maryland SEOW Goals

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

The third and fourth meetings were devoted to reviewing the draft epidemiological profile, developing a scoring system, and scoring the consequences of illicit drug use.

Also during this time we attended meetings and trainings provided by CSAP, developed and ran a training with NE CAPT trainers for Maryland prevention professionals on the CSAP prevention model, and met with SEOW members from neighboring states. Maryland prevention professionals have always understood the value of utilizing data-driven programs and were excited by this opportunity to explore state and local data and make policy and program recommendations to state officials. Today, SEOW membership has grown to 38 core members and local representatives from 21 jurisdictions across the state. See Appendix B for a list of SEOW members.

Developing the State Epidemiological Profile

The primary goals for the first year of the SEOW was to identify the major consequences of illicit drug use, underage drinking and alcohol abuse, and tobacco use to be addressed in Maryland, to complete the first two steps of the CSAP logic model, and to prepare the first state epidemiological profile. The process we developed to complete these goals included 9 steps:

1. Hold quarterly SEOW meetings to work with state and local representatives to identify possible indicators, data sources, and data needs.
2. Prepare a database by domain of all potential indicators.
3. Assess each indicator.
4. Identify a working set of consequences/indicators for inclusion in the first state epidemiological profile.
5. Identify a working set of indicators to address in year 2.
6. Prepare consequences of illicit drug use for scoring by SEOW members.
7. Prepare and submit draft profile.
8. Prepare consequences of underage drinking and alcohol abuse for scoring by SEOW members.
9. Prepare and submit final report.

A number of potential substance-related indicators were identified by CSAP, CESAR, and by workgroup members at the quarterly meetings. The potential indicators covered all eight applicable national outcome measure (NOM) domains established by CSAP including (CSAP deemed “stability in housing” and “perception of care” as not applicable to prevention):

1. Access/Capacity
2. Crime and Criminal Justice
3. Employment/Education
4. Reduced Morbidity
5. Retention
6. Social Connectedness
7. Use of Evidence-Based Practices
8. Cost Effectiveness

This initial database of potential indicators included a total of 153 indicators to be examined for inclusion in this report. The indicators were categorized to fit into one of the eight domains and were also categorized based on its association with illicit drug use, alcohol use, tobacco use, or an association with a combination of all three substance types.

CESAR assessed each of the 153 indicators for inclusion in this report. Each indicator was assessed for:

1. Availability
2. Validity
3. Consistency
4. Sensitivity
5. Availability of attributable fractions (relation to substance use)

The list of 153 indicators, after a thorough assessment of each, was reduced to 50 indicators within seven NOM domains used in this report (see Appendix C). There were 68 indicators assessed in relation to illicit drugs. Of the 68 indicators, 22 were included in this report covering 3 NOM domains, 29 indicators have potential to be included in a subsequent (year 2) report (data is available although was not obtained in time for this report; or it is unknown whether data is available and if found might be appropriate for a future report), and 17 indicators did not meet the inclusion criteria as described above. There were 66 indicators assessed in relation to alcohol. Of the 66 alcohol-related indicators, 20 were included in this report and covered 3 of the NOM domains. Of the 36 remaining alcohol-related indicators, 23 have potential to be included in a subsequent (year 2) report, while 13 indicators did not meet inclusion criteria for this report. For tobacco, 29 indicators were assessed for inclusion in this report. Of the 29 tobacco-related indicators, 8 were included in this report and covered 1 NOM domain. Of the remaining 21 tobacco-related indicators, 19 have potential for inclusion in a future report, while only 2 were excluded from inclusion in the current report. Finally, three indicators, related to all three substances combined (substances could not be separated for analyses), were assessed and included in this report covering two of the NOM domains.

Table 4 displays the consequences and consumption indicators identified as a part of Maryland's assessment of the first two steps of the CSAP logic model. All indicators included in this report have been organized into broader consequence categories (Table 4). The 26 illicit-drug related indicators were combined into five consequences. The 18 alcohol-related indicators included in this report were also organized into five consequence categories, while all 10 tobacco-related indicators have been organized into one consequence labeled "mortality." The three indicators related to the combination of substances were used to explain the current prevention services offered in Maryland in the previous "Maryland's Approach" section of this report.

Table 4: Maryland Epidemiological Profile:
2006 Consequences and Consumption Indicators for Illicit Drugs, Alcohol, and Tobacco

	Consequences	**Consumption**
Illicit Drugs	1. Property Crime/Drug Arrests 2. HIV/AIDS 3. Abuse/Dependence 4. Drug-induced Deaths 5. Suspensions/Expulsions	1. Marijuana and Other Illicit Drug Use 2. Use among Public School Students
Alcohol	1. Violent Crime 2. Crashes 3. Abuse/Dependence 4. Alcohol-induced Deaths 5. Suspensions/Expulsions	1. Alcohol Use/Binge Use 2. Underage Alcohol Consumption 3. Heavy Drinking by Adults
Tobacco	1. Tobacco-related Deaths	1. Tobacco and Cigarette Use 2. Use among Public School Students

The illicit drug and alcohol consequences included in this report were sent out to the core SEOW members with a scoring packet for their review (See Appendices D and E). Illicit drug and alcohol consequences were considered separately. A separate score sheet was developed for each consequence. Core SEOW members were asked to rate each consequence on the basis of six criteria. Criteria included three objective criteria for which data were provided and three subjective criteria for which data were not available. The five criteria are:

- Numbers Directly Affected (data provided)
- Changes in Size/Magnitude over Time (data provided)
- Maryland Compared to the United States (data provided)
- Numbers Indirectly Affected
- Potential Economic and Social Costs to Maryland
- Potential for Change through Intervention

Instructions were provided for scoring each consequence on these criteria using a scale of 1 to 5. Core members were also provided with the opportunity to weight each criteria. After evaluating the consequences based on the criteria, SEOW core members also asked to provide an overall ranking for each set of consequences.

AREA DESCRIPTION:
OVERVIEW OF MARYLAND POPULATION CHARACTERISTICS

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

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

Source: 1990 and 2000 Census Bureau Fact Sheets for Maryland

CONSEQUENCES OF ILLICIT DRUG USE IN MARYLAND

This section was developed to address three key questions that must be answered in order to develop data-driven prevention programs:

- What are the most significant consequences of illicit drug use in Maryland for which data is currently available?
- What are the results of the measurement system implemented by Maryland to rank these consequences?
- What consumption indicators can be used to assess our progress in addressing these consequences through prevention programs?

Five consequences identified and assessed using the process described in the previous section are included here: property crimes and drug-related arrests, HIV/AIDS, past year illicit drug abuse or dependence, drug-induced deaths, and drug-related suspensions and expulsions. Each consequence is included in a CSAP domain. The data used to assess the consequence was selected to be in line with CSAP requirements. Wherever possible, we selected data with comparable national measures for inclusion in the CSAP National Outcome Measures and cross site evaluation. The data also enables Maryland to take an in-depth look at the impact of the consequence on state and local levels and various demographic profiles and make data-driven program and policy decisions. To facilitate future assessment and discussion, each consequence is broken into five sub-sections:

1. Identified Indicators
2. National vs. State Comparisons
3. Prevalence/Severity
4. Time Trends
5. County Data

Within each sub-section, a chart or table depicting the data is provided along with key findings. A recommendations section follows and highlights the results of the scoring process utilized to rank the consequences for future funding discussions by the State Drug and Alcohol Abuse Council. The third and final piece of this section provides tables for each of the consumption indicators we plan to use to assess our progress in addressing these consequences.

Consequence: Property Crimes and Drug-Related Arrests

Identified Indicators

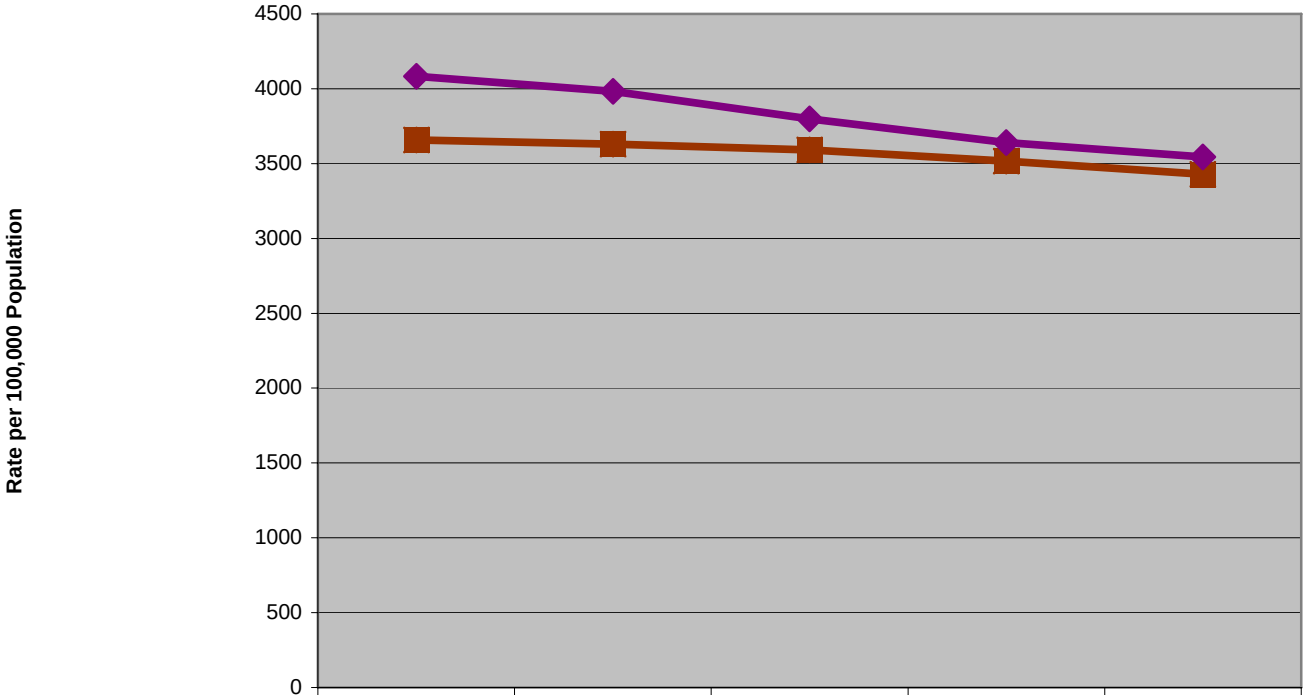
For this consequence, we assessed 5 indicators that are a part of the crime and criminal justice NOMs domain. The data presented below allows us to assess both drug-related property crime and arrests and the prevalence of drug-related crime in Maryland.

- Property crimes: burglaries
- Property crimes: larcenies
- Property crimes: motor vehicle thefts
- Arrests for drug distribution
- Arrests for drug possession

These indicators were selected to be in line with the National Outcome Measures and other CSAP requirements. They are meant to describe a major consequence of substance abuse. The chart that follows compares property crime rates in Maryland and the United States during five years. The tables that follow take a closer look at Maryland property crime and drug arrests trends. However, these indicators provide a limited picture of drug-related crime in Maryland. So, some additional data are provided from the Washington/Baltimore high Intensity Drug Trafficking Area. It is important to note that arrests most accurately provide a measure of enforcement and may not reflect the true magnitude of the underlying problem.

National vs. Maryland Comparisons

Figure 10
Annual Property Crime Rates* (per 100,000 population) in Maryland and the United States, 2001--2005



	2001	2002	2003	2004	2005
United States	3,658.1	3,630.6	3,591.2	3,517.1	3,429.8
Maryland	4,083.8	3,983.2	3799.1	3,640.7	3,544.1
State/National Ratio**	1.12	1.10	1.06	1.04	1.03

NOTES:
Property crimes are offenses of burglary, larceny-theft, and motor vehicle theft.
*Property Crime Rate refers to the number of reported offenses per 100,000 population.
** State/National Ratio = State Rate/National Rate

SOURCE: Crime in the United States, 2001–2005. Uniform Crime Reports Program, Federal Bureau of Investigations (FBI), Department of Justice (DOJ) and FBI, Uniform Crime Reports as prepared by the National Archive of Criminal Justice.

HIGHLIGHTS

- Nationally, the rate of property crimes decreased slightly from 2001 to 2004.
- Although Maryland rates are also decreasing, they remained consistently higher than the national rates.

Prevalence/Severity in 2005

Table 5: Number and Rate (per 100,000 population) of Property Crimes in Maryland and Estimated Number of Property Crimes that are Attributable to Drugs, by Crime Category, 2005

	Property Crimes			
Type of Crime	Number of Offenses Reported (#)	Property Crime Rate* Per 100,000 Pop.	% Attributed as Drug-Related** (%)	Estimated Number that are Drug-Related (#)
Total Property Crimes	198,483	3,544.1	--	51,709
Burglary	35,922	641.4	30.0%	10,777
Larceny-Theft	128,491	2,294.3	30.0%	38,547
Motor Vehicle Theft	34,070	608.4	7.0%	2,385

NOTES:
* Property Crime Rate refers to the number of reported offenses per 100,000 population. The FBI calculated 2005 state growth rates using revised 2004 state/national population estimates and 2005 provisional state/national population estimates provided by the U.S. Census Bureau.
**Estimates of the percent of burglaries, larceny-thefts, and motor vehicle thefts that are drug-related were provided by the State Epidemiological Data System (SEDS). An estimate of the overall percentage of property crimes that are drug-related was not provided.

SOURCE: Crime in the United States, 2005. Uniform Crime Reports Program, Federal Bureau of Investigations (FBI), Department of Justice (DOJ).

HIGHLIGHTS

- In 2005, nearly 200,000 property crimes were reported in Maryland; larcenies accounted for approximately 65% of Maryland property crimes and burglary and motor vehicle thefts accounted for approximate 18% and 17%, respectively, of property crimes.
- Drug attribution rates for property crime range from 30% for burglaries and larcenies to 7% for motor vehicle thefts. This translates into an estimated 52,000 drug-related property crimes in Maryland in 2005.

Time Trends 2001–2005

Table 6: Number, Rate,* and Estimated Number of Drug-Related Property Crimes in Maryland, by Type of Property Crime and Year,*** 2001–2005**

	Total Property Crimes			Burglary				Larceny-Theft				Motor Vehicle Thefts			
Year	No. of Reported Crimes	Property Crime Rate Per 100,000 Pop.	Estimated Number Drug-Related Crimes	No. of Reported Crimes	Rate per 100,000 Pop.	Estimated Percent Drug-Related	Estimated Number Drug-Related Crimes	No. of Reported Crimes	Rate per 100,000 Pop.	Estimated Percent Drug-Related	Estimated Number Drug-Related Crimes	No. of Reported Crimes	Rate per 100,000 Pop.	Estimated Percent Drug-Related	Estimated Number Drug-Related Crimes
2001	219,512	4,083.8	58,488	41,553	773.1	30%	12,466	145,934	2,715.0	30%	43,780	32,025	595.8	7%	2,242
2002	217,105	3,983.2	57,307	39,765	729.6	30%	11,930	143,320	2,629.5	30%	42,996	34,020	624.2	7%	2,381
2003	209,418	3,799.1	54,452	38,641	701.0	30%	11,592	134,372	2,437.7	30%	40,312	36,405	660.4	7%	2,548
2004	202,747	3,640.7	52,489	36,704	660.0	30%	11,011	129,888	2,335.6	30%	38,966	35,882	645.2	7%	2,512
2005	198,483	3,544.1	51,709	35,922	641.4	30%	10,777	128,491	2,294.3	30%	38,547	34,070	608.4	7%	2,385

NOTES:

* Property Crime Rate refers to the number of reported offenses per 100,000 population. The FBI calculated 2005 state growth rates using revised 2004 state/national population estimates and 2005 provisional state/national population estimates provided by the U.S. Census Bureau.

**Estimates of the percent of burglaries, larceny-thefts, and motor vehicle thefts that are drug-related were provided by the State Epidemiological Data System (SEDS).

*** State totals for 2004 were taken from the 2005 Crime in the United States publication. The 2004 statistics were re-estimated to reflect data received after the publication of the 2004 edition of the Crime in the United States. Data for 2001 to 2003 were taken from the Crime in the United States publication for the respective year.

SOURCE: Crime in the United States, 2001– 2005. Uniform Crime Reports Program, Federal Bureau of Investigations (FBI), Department of Justice (DOJ) and FBI, Uniform Crime Reports as prepared by the National Archive of Criminal Justice.

HIGHLIGHTS

- The total number of property crimes decreased steadily from 2001 to 2005; decreasing 9.6% from 219,512 property crimes in 2001 to 198,483 in 2005.
- Burglaries and larcenies have both decreased steadily since 2001. Drug-related burglaries and larcenies have also decreased steadily during the same time period because 30% of burglaries and larcenies, each year, are estimated to be drug-related.
- The number of motor vehicle thefts increased sharply in 2003, but has been steadily decreasing since that time. Drug-related motor vehicle thefts have mirrored this trend with approximately 7% of motor vehicle thefts, each year, estimated to be drug-related.

County Data 2005

Table 7: Numbers, Percentages,* Rates of Property Crimes and Estimated Number of Crimes that are Drug-Related,*** by Type of Crime and County, Maryland, 2005**

	Total Property Crimes				Burglary				Larceny-Theft				Motor Vehicle Thefts			
	No. of Reported Crimes	Percentage Occuring in County	Property Crime Rate Per 100,000 Pop.	Estimated Number Drug-Related Crimes	No. of Reported Crimes	Percentage Occuring in County	Property Crime Rate Per 100,000 Pop.	Estimated Number Drug-Related Crimes	No. of Reported Crimes	Percentage Occuring in County	Property Crime Rate Per 100,000 Pop.	Estimated Number Drug Related Crimes	No. of Reported Crimes	Percentage Occuring in County	Property Crime Rate Per 100,000 Pop.	Estimated Number Drug-Related Crimes
Allegany	2,048	1.0%	2,751.4	601	460	1.3%	618.0	138	1,531	1.2%	2,056.9	459	57	0.2%	76.6	4
Anne Arundel	16,934	8.5%	3,304.5	4,730	3,122	8.7%	609.2	937	12,288	9.6%	2,397.9	3,686	1,524	4.5%	297.4	107
Baltimore City	33,752	17.0%	5,264.7	8,692	7,388	20.6%	1,152.4	2,216	20,132	15.7%	3,140.2	6,040	6,232	18.3%	972.1	436
Baltimore County	25,295	12.7%	3,215.1	6,888	4,629	12.9%	588.4	1,389	17,620	13.7%	2,239.5	5,286	3,046	8.9%	387.2	213
Calvert	1,617	0.8%	1,855.8	465	343	1.0%	393.7	103	1,188	0.9%	1,363.4	356	86	0.3%	98.7	6
Caroline	806	0.4%	2,575.5	230	248	0.7%	792.5	74	507	0.4%	1,620.1	152	51	0.1%	163.0	4
Carroll	2,777	1.4%	1,658.7	794	522	1.5%	311.8	157	2,085	1.6%	1,245.3	626	170	0.5%	101.5	12
Cecil	2,934	1.5%	3,048.2	816	836	2.3%	868.5	251	1,820	1.4%	1,890.8	546	278	0.8%	288.8	19
Charles	4,270	2.2%	3,120.4	1,137	654	1.8%	477.9	196	2,989	2.3%	2,184.3	897	627	1.8%	458.2	44
Dorchester	1,146	0.6%	3,679.3	326	229	0.6%	735.2	69	840	0.7%	2,696.9	252	77	0.2%	247.2	5
Frederick	3,521	1.8%	1,605.5	1,011	672	1.9%	306.4	202	2,652	2.1%	1,209.2	796	197	0.6%	89.8	14
Garrett	467	0.2%	1,538.6	136	136	0.4%	448.1	41	312	0.2%	1,027.9	94	19	0.1%	62.6	1
Harford	4,911	2.5%	2,068.8	1,391	961	2.7%	404.8	288	3,591	2.8%	1,512.7	1,077	359	1.1%	151.2	25
Howard	7,178	3.6%	2,670.7	2,028	1,225	3.4%	455.8	368	5,409	4.2%	2,012.5	1,623	544	1.6%	202.4	38
Kent	305	0.2%	1,545.8	86	87	0.2%	440.9	26	194	0.2%	983.2	58	24	0.1%	121.6	2
Montgomery	22,909	11.5%	2,466.8	6,258	3,729	10.4%	401.5	1,119	16,509	12.8%	1,777.6	4,953	2,671	7.8%	287.6	187
Prince George's	53,144	26.8%	6,256.7	11,978	7,445	20.7%	876.5	2,234	28,457	22.1%	3,350.3	8,537	17,242	50.6%	2,029.9	1,207
Queen Anne's	930	0.5%	2,047.5	268	220	0.6%	484.4	66	662	0.5%	1,457.5	199	48	0.1%	105.7	3
Saint Mary's	1,958	1.0%	2,047.2	555	415	1.2%	433.9	125	1,401	1.1%	1,464.8	420	142	0.4%	148.5	10
Somerset	749	0.4%	2,874.1	218	222	0.6%	851.9	67	500	0.4%	1,918.6	150	27	0.1%	103.6	2
Talbot	878	0.4%	2,488.4	257	169	0.5%	479.0	51	683	0.5%	1,935.7	205	26	0.1%	73.7	2
Washington	3,269	1.6%	2,323.6	921	702	2.0%	499.0	211	2,306	1.8%	1,639.1	692	261	0.8%	185.5	18
Wicomico	4,131	2.1%	4,617.8	1,192	1,080	3.0%	1,207.3	324	2,846	2.2%	3,181.4	854	205	0.6%	229.2	14
Worcester	2,109	1.1%	4,273.8	609	427	1.2%	865.3	128	1,581	1.2%	3,203.8	474	101	0.3%	204.7	7
Statewide Agencies	436	0.2%	--	118	0	0.0%	--	0	380	0.3%	--	114	56	0.2%	--	4
State Total	198,474	100.0%	3,543.9	51,706	35,921	100.0%	641.4	10,776	128,483	100.0%	2,294.2	38,545	34,070	100.0%	608.4	2,385

NOTES:

* Percentages refer to percentage of all state crimes reported for that jurisdiction.

**Crime Rate refers to the number of reported offenses per 100,000 population.

***Estimated Number of Crimes that are Drug-Related (Drug-Rel #'s column) are based on information from the State Epidemiological Data Systems (SEDS) indicating that drug attribution rates for property crime range from approximately 7% for motor vehicle theft to 30% for burglary and larceny. Estimates of the percentage of crimes attributable to illicit drugs are derived primarily from self-reports of incarcerated perpetrators of the crimes. The percentage actually attributable to drug use may vary across geographic units or subpopulations.

SOURCE: Crime In Maryland, 2005 Uniform Crime Report. Maryland UCR Program, Maryland State Police (MSP).

HIGHLIGHTS

- More than one-quarter of the property crimes reported in 2005 occurred in Prince George's County.
- In ten jurisdictions, there were more than 1,000 estimated drug-related property crimes in 2005; in five jurisdictions, more than 4,000 drug-related crimes were estimated to have occurred.
- Prince George's County, Baltimore City, Baltimore County, and Montgomery County, which together account for approximately two-thirds of the property crimes, reported the highest number of drug-related property crimes.
- Wicomico County and Baltimore City reported the highest rates of burglaries. Together they account for more than 2,500 drug-related burglaries.
- Prince George's, Worcester, and Wicomico Counties reported the highest rates of larcenies. Together they account for more than 9,800 drug-related larcenies.
- Prince George's County reported by far the highest number of drug-related motor vehicle thefts in the State. There were 17,242 reported motor vehicle thefts in 2005 accounting for 51% of statewide motor vehicle thefts.

Drug-Related Arrests 2001-2005 and Other Relevant Data

Table 8: Drug-Related Arrest Rates; Percentage of Total Arrests That are Drug-Related; Percentage of Drug-Related Arrests, by Type of Violation; and Percentage of Drug-Related Arrests, by Drug Type, by Population Group and Year, State of Maryland, 2001-2005

	Juveniles (17 and Under)					Adults (18 +)					Total Population of Arrestees				
	2001	2002	2003	2004	2005	2001	2002	2003	2004	2005	2001	2002	2003	2004	2005
Drug-Related Arrest Rates															
2000 Census Population*	1,356,172					3,940,314					5,296,486				
Rate per 100,000 Population	586.9	546.5	588.4	598.2	570.3	1,135.7	1,122.0	1,182.1	1,113.1	1,150.0	995.2	974.7	1,030.1	981.2	1,001.6
Percentage of Total Arrests that are Drug-Related															
Drug-Related Arrests (%)	16.2%	15.7%	15.5%	15.5%	15.4%	17.3%	16.7%	17.1%	17.0%	17.6%	17.1%	16.6%	16.8%	16.8%	17.2%
Percentage of Drug-Related Arrests, by Type of Violation															
Possession-Related Arrests (%)	68.5%	63.8%	63.1%	62.7%	64.8%	70.8%	74.6%	71.2%	72.9%	76.9%	70.4%	73.0%	70.0%	71.3%	75.1%
Sales**-Related Arrests (%)	31.5%	36.2%	36.9%	37.3%	35.2%	29.2%	25.4%	28.8%	27.1%	23.1%	29.6%	27.0%	30.0%	28.7%	24.9%
Percentage of Drug-Related Arrests, by Drug Type															
Opium/Cocaine***-Related Arrests (%)	33.6%	37.7%	35.6%	37.6%	35.7%	65.2%	65.6%	64.6%	62.1%	58.5%	60.4%	61.6%	60.4%	58.3%	55.2%
Marijuana-Related Arrests (%)	63.6%	59.8%	61.3%	59.5%	61.7%	32.3%	31.8%	32.4%	35.1%	38.3%	37.0%	35.8%	36.6%	38.9%	41.7%
Synthetic Narcotics-Related Arrests (%)	1.1%	0.9%	1.5%	1.3%	1.5%	1.4%	1.6%	2.0%	1.9%	2.1%	1.4%	1.5%	1.9%	1.8%	2.0%
Other Non-Narcotics-Related Arrests (%)	1.7%	1.6%	1.6%	1.6%	1.2%	1.1%	1.0%	1.0%	0.9%	1.1%	1.2%	1.1%	1.1%	1.0%	1.1%

NOTES:
Arrests provide a measure of enforcement and may not reflect the true magnitude of the underlying problem.
*Drug-Related arrest rates are based on data from the Census 2000 Summary File 1, which was generated by CESAR Staff using American FactFinder (<http://factfinder.census.gov/servlet/CTGeoSearchByListServlet?ds_name=DEC_2000_SF1_U&_lang=en&_ts=110277169890>) on 10 August 2004. Note that the rates for adults and juveniles presented above vary slightly from previous tables produced by CESAR because of a previous miscalculation in the Census population data; **Sales = Sales and/or Manufacturing; ***Opium/Cocaine = Opium or Cocaine and Derivatives; UCR does not collect information on heroin and cocaine separately.

SOURCE: Adapted by CESAR from data from the Uniform Crime Reporting (UCR) Program, Central Records Division, Maryland State Police (MSP), and U.S. Census Bureau.

HIGHLIGHTS

- The percentage of total arrests that are drug-related have stayed about the same for the past five years.
- Drug-related arrest rates for juveniles decreased from 2001 to 2005. Juveniles are most likely to be arrested for possession of marijuana or the sale of opium/cocaine.
- Adults are most likely to be arrested for possession of opium/cocaine or marijuana and adult arrest rates increased from 2001 to 2005.
- Juveniles are more likely to be arrested for sales than adults.
- Overall, the percentage of drug arrests involving opium/cocaine decreased slightly while the percentage involving marijuana increased slightly.
- According to the Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA) drug seizure data, HIDTA initiatives seized nearly $25 million worth of drugs in 2005 in the seven Maryland HIDTA counties (Baltimore County, Baltimore City, Howard, Anne Arundel, Prince Georges, Montgomery, and Charles).
- Marijuana and cocaine accounted for 98% of the HIDTA seizures in these seven counties (4,086.24 Kg). Similarly, nearly all drug-related arrests are related to opium/cocaine and marijuana.
- Heroin was the third most frequently seized drug by HIDTA, and nearly all of it was seized in Baltimore City (34.8 Kg).

Consequence: HIV/AIDS

Identified Indicators

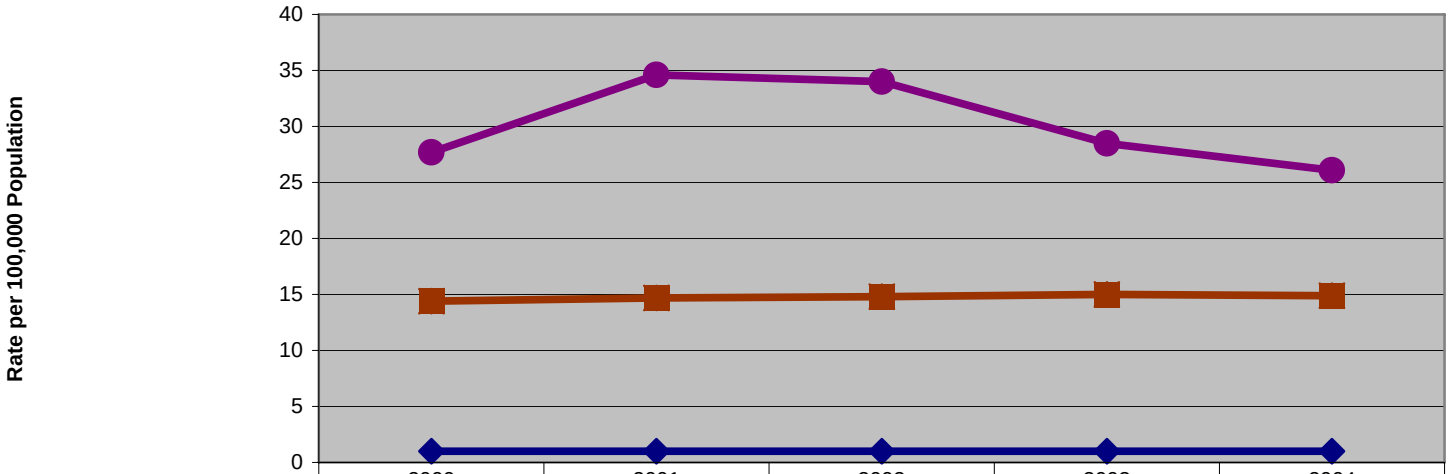
For this consequence, we assessed 4 indicators in the reduced morbidity NOMs domain. The data presented allow assessment of both new incidents of HIV/AIDS and the prevalence of these diseases in Maryland.

- Incident HIV/AIDS cases
- Incident HIV/AIDS cases due to Injection Drug Use (IDU) or Men who have Sex with Men (MSM)/IDU exposure categories
- Prevalent HIV/AIDS cases
- Prevalent HIV/AIDS cases due to IDU or MSM/IDU exposure categories

These indicators were selected to be in line with the National Outcome Measures and other CSAP requirements. They are meant to describe a chronic and deadly consequence of substance abuse. The chart below compares case report rates in Maryland and the United States over five years. The tables that follow take a closer look at Maryland trends from 2000–2004 and the 2004 cases.

National vs. Maryland Comparisons

Figure 11
Annual AIDS Case Report Rates (per 100,000 population) in Maryland and the United States, 2000-2004*



	2000	2001	2002	2003	2004
United States	14.4	14.7	14.8	15.0	14.9
Maryland	27.7	34.6	34.0	28.5	26.1
HP 2010 Target	1.0	1.0	1.0	1.0	1.0
State/National Ratio**	1.92	2.35	2.30	1.90	1.75
National Rank	3	3	3	3	4

NOTES:
*Each year's data were taken from the HIV/AIDS Surveillance Report for the respective year.
** State/National Ratio = State Rate/National Rate
HP = Healthy People 2010

SOURCE: HIV/AIDS Surveillance Report, 2001-2004, Volumes 12-16, Centers for Disease Control and Prevention (CDC).

HIGHLIGHTS

- Nationwide trends
  - There are approximately 40,000 new HIV diagnoses nationwide per year.
  - The rate of case reports per year nationwide is holding steady.
  - In 2004, blacks accounted for 20,965 (49%) of the estimated number of AIDS cases diagnosed in the United States, although they represented only 12.3% of the U.S. population. (CDC's *MMWR*, February 3, 2006)
  - In 2002, the most recent year for which these data are available, HIV/AIDS was also among the top three causes of death for black men aged 25–54 years and among the top four causes of death for black women aged 25–54 years. (CDC's *MMWR*, February 3, 2006)
  - HIV/AIDS was the leading cause of death for black women aged 25-34 years. (CDC's *MMWR*, February 3, 2006)
  - The 2004 rate of AIDS diagnoses for blacks was nearly 10 times the rate for whites and three times the rate for Hispanics. (CDC's *MMWR*, February 3, 2006)
- Maryland trends
  - In 2004, Maryland had the fourth highest rate of Annual AIDS Case Reports in the nation.
  - In Maryland, the rate of case reports is nearly twice as high as nationwide.
  - The rate has decreased from 34.6 per 100,000 in 2001 to 26.1 per 100,000 in 2004.

Prevalence/Severity in 2004

Table 9: Number, Percentage, and Rate of Incident HIV Cases, Prevalent HIV and AIDS Cases, by Demographic Characteristics and Mode of Exposure, 2004

	Incident HIV Cases			Prevalent HIV/AIDS Cases			Prevalent HIV Cases			Prevalent AIDS Cases		
	No.	%	Rate*	No.	%	Rate*	No.	%	Rate*	No.	%	Rate*
Maryland	2,143	100.0%	40.5	29,123	100.0%	549.9	16,342	100.0%	308.5	12,781	100.0%	241.3
Gender												
Male	1,330	62.2%	52.0	18,819	64.7%	735.8	10,119	62.1%	395.6	8,700	68.1%	340.1
Female	808	37.8%	29.5	10,254	35.3%	374.4	6,173	37.9%	225.4	4,081	31.9%	149.0
Missing	5	---	---	50	---	---	50	---	---	0	---	---
Race/Ethnicity												
African-American	1,284	79.2%	87.7	21,485	81.5%	1,466.8	11,254	82.9%	768.3	10,231	80.0%	698.5
White	247	15.2%	7.5	3,953	15.0%	653.7	1,812	13.3%	55.1	2,141	16.8%	65.1
Other	60	3.7%	18.9	359	1.4%	113.1	299	2.2%	94.2	60	0.5%	18.9
Hispanic	30	1.9%	13.2	567	2.2%	248.8	218	1.6%	95.6	349	2.7%	153.1
Missing	522	---	---	2,759	---	---	2,759	---	---	0	---	---
Age**												
<5	5	0.2%	1.4	34	0.1%	9.6	30	0.2%	8.5	4	0.0%	1.1
5-19	61	2.9%	5.4	448	1.5%	39.3	269	1.6%	23.6	179	1.4%	15.7
20-39	1,087	50.7%	71.2	9,337	32.1%	611.3	5,942	36.4%	389.0	3,395	26.6%	222.3
40-59	928	43.3%	62.9	17,878	61.4%	1,212.0	9,375	57.4%	635.6	8,503	66.5%	576.5
60+	62	2.9%	7.7	1,426	4.9%	178.0	726	4.4%	90.6	700	5.5%	87.4
Exposure***												
MSM	129	19.3%	---	3,450	18.7%	---	596	11.5%	---	2,854	24.1	---
IDU	197	29.3%	---	7,150	38.9%	---	1,933	37.5%	---	5,217	44.1	---
MSM/IDU	9	1.4%	---	533	2.9%	---	116	2.3%	---	417	3.5	---
Hemophiliac/Transf	3	0.4%	---	93	0.5%	---	11	0.2%	---	82	0.7	---
Heterosexual PR	263	39.2%	---	4,547	24.7%	---	1,472	28.5%	---	3,075	26.0	---
Heterosexual PI	63	9.4%	---	810	4.4%	---	810	15.7%	---	---	---	---
Pediatric	7	1.0%	---	389	2.1%	---	203	3.9%	---	186	1.6	---
Other	0	0.0%	---	17	0.1%	---	17	0.4%	---	0	0.0	---
Risk not Specified	72	---	---	1,413	7.7%	---	463	---	---	950	---	---
Missing	1,400	---	---	10,721	--	---	10,721	---	---	0	---	---

NOTES:
Incident HIV Cases = number of newly diagnosed cases in 2004.
Prevalent HIV and/or AIDS Cases = number of people living with HIV and/or AIDS on December 31, 2004.
* Rate per 100,000 population.
**Age at diagnosis for HIV incident cases and age as of December 31, 2004, for HIV and AIDS prevalent cases.
***Risk not specified and missing data are not included in distribution percentages.
MSM = Men who have sex with men.
IDU = Injection drug users.
MSM/IDU = Men who have sex with men and are injection drug users.
Heterosexual PR = Heterosexual contact with a partner who has or is at risk for HIV.
Heterosexual PI = Heterosexual contact with a partner of indeterminate risk for HIV.

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

HIGHLIGHTS

- Nearly 40 percent (2,049 cases) of HIV prevalent cases with a reported mode of exposure are IDU-related (Injection drug user or Men who have sex with men and are injection drug users).
- Nearly half (5,634) of AIDS prevalent cases with a reported mode of exposure are IDU-related (Injection drug user or Men who have sex with men and are injection drug users).
- HIV and AIDS cases are most likely to be African-American males aged 20–59.
- Nearly two-thirds of the HIV incident and HIV/AIDS prevalent cases are male and more than three-quarters are African American.
- Half of the HIV incident cases are aged 20–39, but the majority of HIV prevalent cases (57%) are 40–59.
- Two-thirds of the AIDS prevalent cases are aged 40–59.

Time Trends 2000-2004

Table 10: HIV and AIDS Incident Cases and Proportion of Cases with IDU-Related Exposure Categories,* by Year of Diagnosis, 2000–2004

Year	Incident HIV Cases (#)	IDU-Related Exposure Categories (%)	Incident AIDS Cases (#)	IDU-Related Exposure Categories (%)
2000	2,385	25.5%	1,352	48.7%
2001	2,355	23.2%	1,512	49.3%
2002	2,192	18.2%	1,470	45.0%
2003	1,941	16.1%	1,524	41.6%
2004	2,143	9.6%	1,293	36.0%

NOTES:
*IDU-related exposure categories include injection drug users and men who have sex with men and are injection drug users. Percentages are based on those cases with a reported mode of exposure. Sizable numbers are missing information on mode of exposure.

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

HIGHLIGHTS

- In 2004, approximately 1 in 10 HIV incident cases and 1 in 3 AIDS incident cases were IDU-related.
- Although the percentage of IDU-related cases continued to decrease in 2004, the actual number of cases increased after declining steadily from 2000 to 2003.
- More than one-third of the AIDS incident cases were IDU-related in 2004. This is a steady decline from 2000 when nearly half were IDY-related.
- The actual number of AIDS incident cases has gone up and down during this period decreasing by more than 200 cases from 2003–2004.

County Data 2004

Table 11: Prevalent HIV/AIDS Cases, IDU-Related Exposure Among Prevalent HIV/AIDS Cases; HIV/AIDS Prevalence Rate and HIV Incidence Rate, by County and Maryland Total, 2004

County	Prevalent HIV/AIDS Cases (#)	Prevalent HIV/AIDS Cases (%)	IDU-Related Exposure among Prevalent HIV/AIDS Cases * (%)	HIV/AIDS Prevalence Rate Per 100,000 Pop.	HIV Incidence Rate Per 100,000 Pop.
Allegany	53	0.2%	13.2%	70.7	6.7
Anne Arundel	851	2.9%	18.3%	173.8	12.9
Baltimore City	14,346	49.3%	33.0%	2,203.2	166.8
Baltimore County	2,039	7.0%	20.5%	270.3	19.2
Calvert	78	0.3%	11.5%	104.6	8
Caroline	49	0.2%	10.2%	164.6	6.7
Carroll	132	0.5%	27.3%	87.5	3.3
Cecil	95	0.3%	25.3%	110.5	8.1
Charles	197	0.7%	11.7%	163.4	5.8
Dorchester	105	0.4%	15.2%	342.3	3.3
Frederick	223	0.8%	15.2%	114.2	9.7
Garrett	8	0.0%	37.5%	26.8	0
Harford	316	1.1%	18.0%	144.6	15.6
Howard	281	1.0%	8.9%	113.4	8.1
Kent	32	0.1%	15.6%	113.4	5.2
Montgomery	2,306	7.9%	8.8%	264.0	23.2
Prince George's	4,528	15.5%	11.6%	564.9	47.4
Queen Anne's	36	0.1%	13.9%	88.8	7.4
Saint Mary's	67	0.2%	10.4%	77.7	3.5
Somerset	63	0.2%	15.9%	254.6	44.4
Talbot	55	0.2%	16.4%	162.7	11.8
Washington	246	0.8%	17.9%	186.5	21.2
Wicomico	249	0.8%	11.6%	294.2	26
Worcester	82	0.3%	12.2%	176.2	8.6
Corrections	2,686	9.2%	51.7%	--	--
State Total	**29,123**	**100.0%**	**26.4%**	**549.9**	**40.5**

NOTES:
*Percentage mode of exposure
IDU-related exposure categories include injection drug users and men who have sex with men and are injection drug users. Percentages are based on those cases with a reported mode of exposure. Sizable numbers are missing information on mode of exposure.

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

HIGHLIGHTS

- Half of all HIV/AIDS prevalent cases reported in 2004 reside in Baltimore City followed by Prince George's (15.5%), Montgomery, (7.9%), and Baltimore (7.0%) Counties.
- Baltimore City also reported a significantly higher rate HIV incidence rate than any other jurisdiction. The Baltimore City rate (166.8 per 100,000 people) is four times higher than Prince George's County (47.4) and Somerset County (44.4), the jurisdictions with the second and third highest rates.
- The corrections population shows the highest percentage of IDU-related HIV/AIDS prevalent cases in the State followed closely by Baltimore City and Carroll, Cecil, and Baltimore Counties.

Consequence: Past Year Drug Abuse or Dependence

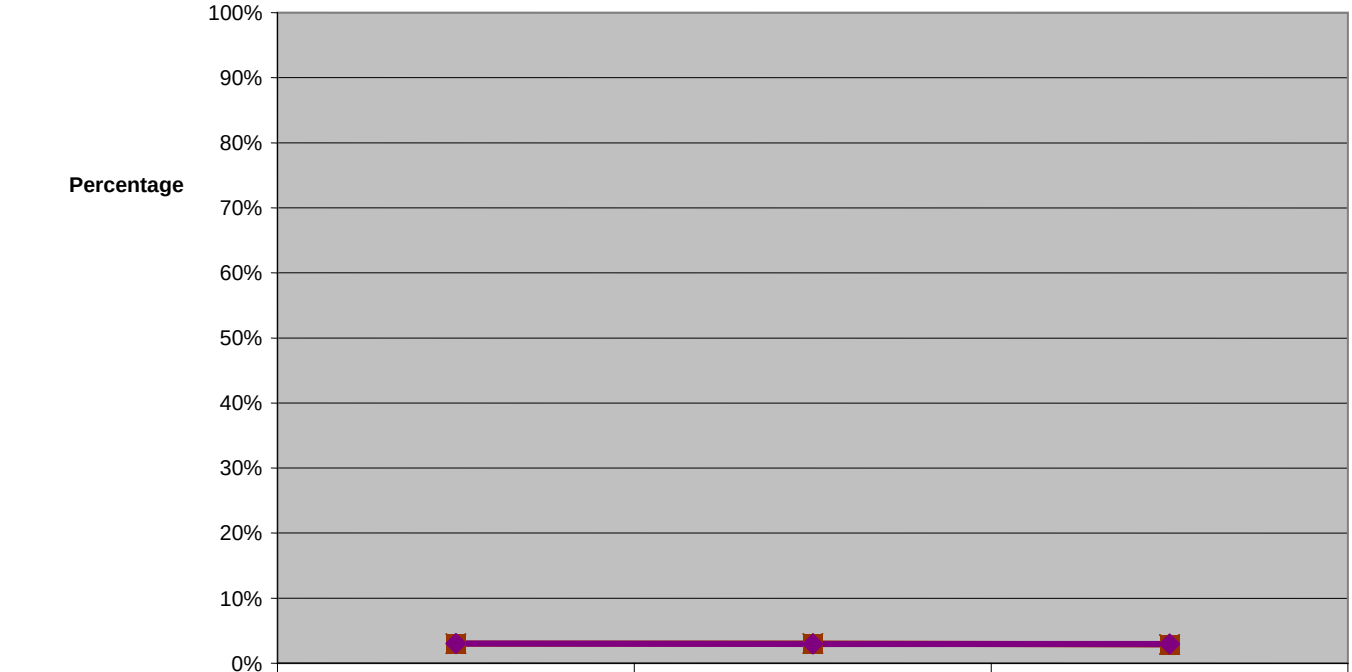
Identified Indicators

For this consequence, we assessed the estimated number of persons meeting DSM-IV criteria for drug abuse or dependence. The chart below compares residents reporting any illicit drug dependence or abuse in Maryland and the United States between 2002 and 2004.

These indicators were selected to be in line with the National Outcome Measures and other CSAP requirements. They are a part of the reduced morbidity NOMs domain and are meant to describe a chronic and deadly consequence of substance abuse.

National vs. Maryland Comparisons

Figure 12
Percentage of Residents Reporting Any Illicit Drug Dependence or Abuse in Past Year in Maryland and the United States, 2002–2004



	2002	2002-2003	2003-2004
Maryland*	3.00%	3.02%	2.88%
United States**	3.03%	2.95%	2.96%
State/National Ratio***	0.99	1.02	0.97

NOTES:
*The state estimates are based on a survey-weighted hierarchical Bayes estimation approach. Although statewide estimates were produced prior to 2002, the data are not comparable to data collected in and after 2002 because of a change in survey methods.
**The U.S. estimates are the weighted average of the hierarchical Bayes estimates across all States and the District of Columbia and typically are not equal to the direct sample-weighted estimate for the Nation.
***State/National Ratio = State Percentage/National Percentage.

SOURCE: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002–2004.

HIGHLIGHTS

- Maryland mirrors the nation in the percentage of residents reporting any illicit drug dependence or abuse in the past year.
- The percentage of Maryland residents reporting illicit drug dependence or abuse in the past year has remained relatively stable since 2002.

Prevalence/Severity in 2003–2004

Table 12: Percentage and Estimated Number of Maryland Residents Aged 12 or Older Reporting Dependence or Abuse of Illicit Drugs in the Past Year, by Age: Based on 2003 and 2004 Surveys

	%	Estimated No.
Maryland	2.88%	130,000
Age		
12-17	4.62%	22,000
18-25	8.72%	48,000
26 or Older	1.68%	59,000

NOTES:
Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutic used nonmedically. Dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

SOURCE: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2003 and 2004.

HIGHLIGHTS

- An estimated 130,000 Marylanders reported past year abuse or dependence in 2004.
- 18- to 25-year olds were more likely than any other age range to report past year abuse or dependence in 2004.

Time Trends 2002-2004

Table 13. Percentage and Estimated Number of Maryland Residents Aged 12 or Older Reporting Dependence or Abuse of Illicit Drugs in the Past Year, by Survey Year(s)

Year	(%)	Estimated Number
2002	3.00%	133,000
2002-2003	3.02%	135,000
2003-2004	2.88%	130,000

NOTES:
The state estimates are based on a survey-weighted hierarchical Bayes estimation approach. Although statewide estimates were produced prior to 2002, the data are not comparable to data collected in and after 2002 because of a change in survey methods.
The difference between the 2002–2003 estimate and the 2003–2004 estimate were not statistically significant. Data on significance of change were not available for earlier years.
Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutic used nonmedically.
Dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).
The difference between the 2002–2003 estimate and the 2003–2004 estimate were not statistically significant. Data on significance of change were not available for earlier years.

SOURCE: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002–2004

HIGHLIGHTS

- The percentage of Maryland residents reporting abuse or dependence of an illicit drug in the past year has remained stable at between 2.88% and 3.02% between 2002 and 2004. The difference between the 2002-2003 estimate of 3.02% and the 2003-2004 estimate of 2.88% was not statistically significant.
- The estimated number peaked at 135,000 in 2002–2003.

Table 14: Percentage and Estimated Number of Maryland Residents Aged 12 or Older Reporting Dependence or Abuse of Illicit Drugs in the Past Year, by County, Annual Averages for County Data Based on 2002, 2003, and 2004 Surveys; Annual Average for State Data Based on 2003 and 2004 Surveys

County*	2000 Census Poulation Aged 12+	(%)	Estimated Number**
Allegany	65,182	2.79%	1,819
Anne Arundel	406,842	2.91%	11,839
Baltimore City	543,011	3.08%	16,725
Baltimore County	637,029	2.74%	17,455
Calvert	60,331	3.04%	1,834
Caroline	24,618	3.04%	748
Carroll	123,425	2.79%	3,444
Cecil	70,186	3.04%	2,134
Charles	97,760	3.04%	2,972
Dorchester	26,111	3.04%	794
Frederick	159,222	2.79%	4,442
Garrett	25,032	2.79%	698
Harford	177,909	2.74%	4,875
Howard	200,625	2.74%	5,497
Kent	16,671	3.04%	507
Montgomery	723,617	2.29%	16,571
Prince George's	654,330	2.85%	18,648
Queen Anne's	33,710	3.04%	1,025
Saint Mary's	70,089	3.04%	2,131
Somerset	21,730	3.04%	661
Talbot	29,063	3.04%	884
Washington	111,533	2.79%	3,112
Wicomico	70,911	3.04%	2,156
Worcester	40,357	3.04%	1,227
State Total* **	--	**2.88%**	**130,000**

NOTES:

Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutic used nonmedically.

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

*County-Level Figures: Model-based estimates of dependence or abuse of alcohol were produced for sub-state regions by SAMHSA. The regions were defined as follows: Anne Arudel = Anne Arundel County; Baltimore City = Baltimore City; Central = Baltimore, Harford, and Howard Counties; Montgomery = Montgomery County; Prince George's = Prince George's County; Rural = Calvert, Caroline, Cecil, Charles, Dorchester, Kent, Queen Anne's, St. Mary's, Somerset, Talbot, Wicomico, and Worcester Counties; Western = Allegany, Carroll, Frederick, Garrett, and Washington Counties. The sub-state percentages produced by SAMHSA were applied to each county within the defined sub-state regions to derive estimates at the county level.

** Estimated Number: County estimates of number of residents dependent or abusing drug(s) is based on 2000 Census data on population 12 years and older. The state estimate is produced by SAMHSA OAS.

*** Sum of county estimates do not equal State Total because the State figures are based on pooled data from two years worth of data (i.e., 2003 and 2004 surveys) and County figures are based on pooled data from three years worth of data (i.e., 2002, 2003, and 2004 surveys).

SOURCE: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004

HIGHLIGHTS

- Not surprisingly, the five counties with the highest populations also reported the highest estimated numbers of residents reporting abuse or dependence: Prince George's, Baltimore County, Baltimore City, Montgomery County, and Anne Arundel County.
- These five counties all reported 11,000 to 20,000 residents with abuse or dependence problems in 2004.
- The remaining counties reported fewer than 5,000 residents with abuse or dependence problems.
- The percentage of residents affected ranged from 2.29 percent in Montgomery County to 3.08 percent in Baltimore City.

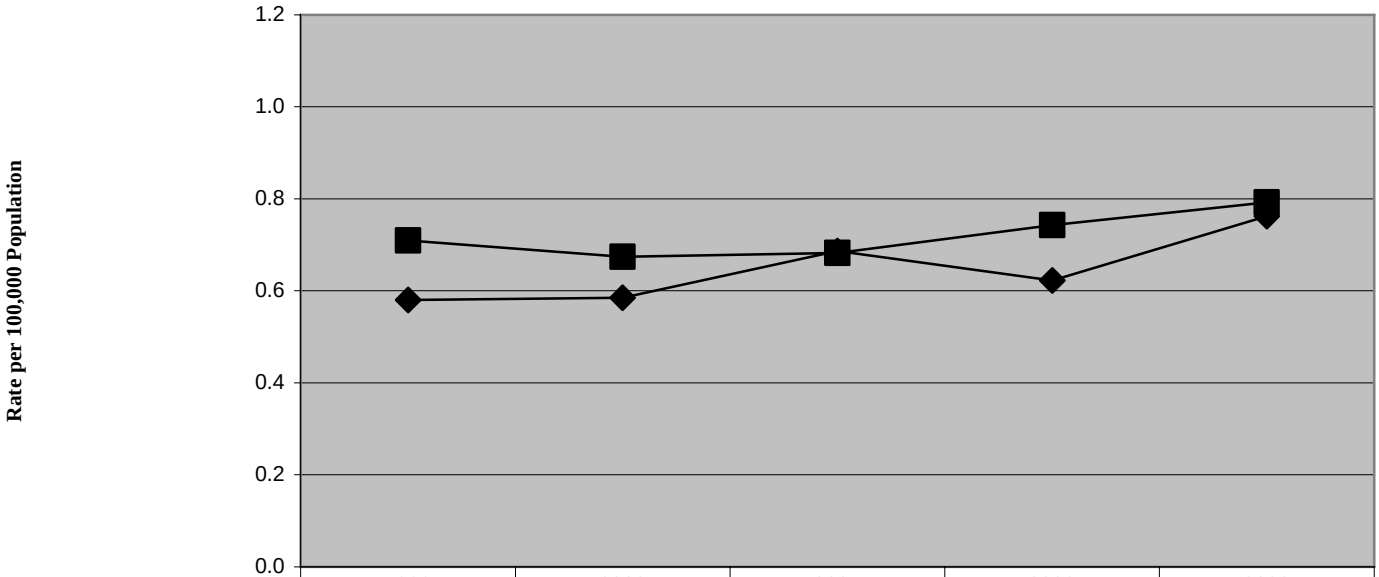
Consequence: Drug-Induced Deaths

Identified Indicators

For this consequence, we assessed drug-induced deaths by age, race, and gender. This indicator is in line with the National Outcome Measures and other CSAP requirements. It is in the reduced morbidity NOMs domain. It describes the most severe consequence of substance abuse. The chart that follows compares drug-induced death rates in Maryland and the United States over five years. The tables that follow take a closer look at drug-induced deaths in Maryland from 2000–2005.

National vs. Maryland Comparisons

Figure 13
Annual Death Rates (per 100,000 population) for Drug-Related Causes in Maryland and the United States, 1999-2003



	1999	2000	2001	2002	2003
Maryland	0.6	0.6	0.7	0.6	0.8
United States	0.7	0.7	0.7	0.7	0.8
State/National Ratio	0.82	0.87	1.01	0.84	0.96

NOTES:
*Rates are based on populations estimated as of July 1 for all years.
** Deaths from illicit drug use include deaths with ICD-10 codes F11.5-F11.9, F12.5-F12.9, F13.5-F13.9, F14.5-F14.9, F15.5-F15.9, F16.5-F16.9, F17.5-F17.9, F18.5-F18.9, F19.5-F19.9, F11.2-F11.4, F12.2-F12.4, F13.2-F13.4, F14.2-F14.4, F15.2-F15.4, F16.2-F16.4, F17.2-F17.4, F18.2-F18.4, F19.2-F19.4, F55, F11.0-F11.1, F12.0-F12.1, F13.0-F13-1, F14.0-F14.1, F15.0-F15.1, F16.0-F16.1, F17.0-F17.1, F18.0-F18.1, F19.0-F19.1 AND G62.0 as underlying cause of death. See Appendix F for description of codes
Deaths in which drugs may have been a contributing but not primary cause are not included. The stability of this indicator is directly related to the size of the population in which these deaths occur. Therefore, this indicator may be unstable for less populated states and counties that have low numbers of annual deaths, especially when used for demographic subgroups. There also is variability in the procedures used within and across each state to determine cause of death.

SOURCE: U.S. Department of Health and Human Services, National Center for Health Statistics. Multiple Cause of Death, 1999–2001[CD-ROM]. Hyattsville, MD, Author, (Special data file), 2003.

HIGHLIGHTS

- The rate of drug-related deaths in Maryland mirrors that for the United States as a whole. The rate has remained relatively stable at between 0.6 and 0.8 per 100,000 population between 1999 and 2003.

Prevalence/Severity in 2005

Table 15: Number, Percentage, and Rate of All-Cause and Drug-Induced Deaths in Maryland, by Demographic Characteristics, 2005

	All Causes of Deaths			Drug-Induced Deaths**		
	No.	%	Rate Per 100,000 Pop.	No.	%	Rate Per 100,000 Pop.
Maryland Total	43,778	100.0%	781.7	694	100.0%	12.4
Gender						
Male	21,495	49.1%	792.2	465	67.0%	17.1
Female	22,283	50.9%	771.8	229	33.0%	7.9
Race/Ethnicity						
Black	11,773	26.9%	704.0	235	33.9%	14.1
White	31,249	71.4%	862.5	453	65.3%	12.5
Other	756	1.7%	247.7	6	0.9%	2.0
Age						
<5	610	1.4%	159.9	2	0.3%	0.5
5-14	112	0.3%	14.5	1	0.1%	0.1
15-24	662	1.5%	84.7	50	7.2%	6.4
25-44	2,629	6.0%	166.0	347	50.0%	21.9
45--64	8,982	20.5%	624.9	266	38.3%	18.5
65+	30,776	70.3%	4,774.7	28	4.0%	4.3

NOTES:
*Rates are based on July 1, 2005 population estimates that were prepared by the National Center for Health Statistics (NCHS) in collaboration with the U.S. Census Bureau.
**Drug-Induced Deaths include the following International Classification of Disease, Tenth Revision (ICD-10) Category Codes: F11.0-F11.5, F11.7-F11.9, F12.0-F12.5, F12.7-F12.9, F13.0-F13.5, F13.7-F13.9, F14.0-F14.5, F14.7-F14.9, F15.0-F15.5, F15.7-F15.9, F16.0-F16.5, F16.7-F16.9, F17.0, F17.3-F17.5, F17.7-F17.9, F18.0-F18.5, F18.7-F18.9, F19.0-F19.5, F19.7-F19.9, X40-X44, X60-X64, X85, Y10-Y14. See Appendix F for description of codes.
The "drug-induced" deaths included in this table differ from the definition of drug-related deaths presented in the US vs. MD comparison chart. See the specific ICD-10 codes for comparison of the definition.

SOURCE: Maryland Vital Statistics Annual Report 2005, Vital Statistics Administration, Department of Health and Mental Hygiene (DHMH)

HIGHLIGHTS

- Nearly 700 (1.6%) deaths in Maryland in 2005 were drug-induced.
- Drug-induced deaths in Maryland are most likely to occur in white, male, and adults aged 25–64.
- Although a demographic breakdown of all deaths indicates a fairly equal distribution between males and females, drug-induced deaths were twice as likely to be male as female.
- Half of the drug-induced deaths were among adults aged 25 to 44. Nearly 90% (88%) were among adults aged 25–64. In contrast, nearly three-quarters (70%) of deaths from all causes were 65 or older.

Time Trends 2000–2005

Table 16: Number and Rate Per 100,000 Population of All Cause- and Drug-Induced Deaths in Maryland, by Year, 2000−2005

	All Causes of Deaths		Drug-Induced Deaths**		
Year	Number	Rate per 100,000 Pop	Number	Percentage of All Deaths (%)	Rate per 100,000 Pop
2000	43,602	823.2	642	1.5%	12.1
2001	43,673	810.8	672	1.5%	12.5
2002	43,917	804.6	756	1.7%	13.9
2003	44,364	805.3	819	1.8%	14.9
2004	43,157	776.5	708	1.6%	12.7
2005	43,778	781.7	694	1.6%	12.4

NOTES:
*Rates are based on July 1, 2005, population estimates that were prepared by the National Center for Health Statistics (NCHS) in collaboration with the U.S. Census Bureau.
The "drug-induced" deaths included in this table differ from the definition of drug-related deaths presented in the US vs. MD comparison chart. See the specific ICD-10 codes for comparison of the definition.
**Drug-Induced Deaths include the following International Classification of Disease, Tenth Revision (ICD-10) Category Codes: F11.0-F11.5, F11.7-F11.9, F12.0-F12.5, F12.7-F12.9, F13.0-F13.5, F13.7-F13.9, F14.0-F14.5, F14.7-F14.9, F15.0-F15.5, F15.7-F15.9, F16.0-F16.5, F16.7-F16.9, F17.0, F17.3-F17.5, F17.7-F17.9, F18.0-F18.5, F18.7-F18.9, F19.0-F19.5, F19.7-F19.9, X40-X44, X60-X64, X85, Y10-Y14. See Appendix F for description of codes.

SOURCE: Maryland Vital Statistics Annual Reports 2000–2005, Vital Statistics Administration, Department of Health and Mental Hygiene (DHMH)

HIGHLIGHTS

- The number of drug-induced deaths in Maryland increased 28 percent from 642 in 2000 to 819 in 2003 then decreased 15 percent to 694 in 2005.
- Although the number of drug-induced deaths fluctuated the percentage of all deaths that were drug-induced remained about the same from 2000 through 2005.
- The rate of drug-induced deaths per 100,000 people remained about the same during this time ranging from 12.1 to 14.9.

County Data 2005

Table 17: Number of All Cause- and Drug-Induced Deaths; Percentage of All-Drug-Induced Deaths occuring in County, Percentage of All-County Deaths due to Drugs; and Rate of Drug-Induced Deaths in Maryland; by County, 2005

County	Estimated Population, July 1, 2005* (#)	Number of Deaths due to All Causes (#)	Number of Drug-Induced Deaths (#)	Percentage of All Drug-Induced Deaths Occuring in County (%)	Percentage of All County Deaths that are Drug-Induced (%)	Rate per 100,000 Population of Drug-Induced Deaths Rate
Allegany	73,639	930	9	1.3%	1.0%	12.2
Anne Arundel	510,878	3,665	72	10.4%	2.0%	14.1
Baltimore City	635,815	7,221	232	33.4%	3.2%	36.5
Baltimore County	786,113	7,784	118	17.0%	1.5%	15.0
Calvert	87,925	606	5	0.7%	0.8%	5.7
Caroline	31,822	296	3	0.4%	1.0%	9.4
Carroll	168,541	1,284	22	3.2%	1.7%	13.1
Cecil	97,796	722	16	2.3%	2.2%	16.4
Charles	138,822	856	7	1.0%	0.8%	5.0
Dorchester	31,401	386	6	0.9%	1.6%	19.1
Frederick	220,701	1,450	20	2.9%	1.4%	9.1
Garrett	29,909	307	2	0.3%	0.7%	6.7
Harford	239,259	1,708	26	3.7%	1.5%	10.9
Howard	269,457	1,328	16	2.3%	1.2%	5.9
Kent	19,899	204	1	0.1%	0.5%	5.0
Montgomery	927,583	5,448	46	6.6%	0.8%	5.0
Prince George's	846,123	5,119	45	6.5%	0.9%	5.3
Queen Anne's	45,612	366	4	0.6%	1.1%	8.8
Saint Mary's	96,518	679	12	1.7%	1.8%	12.4
Somerset	25,845	232	3	0.4%	1.3%	11.6
Talbot	35,683	440	1	0.1%	0.2%	2.8
Washington	141,895	1,367	13	1.9%	1.0%	9.2
Wicomico	90,402	864	11	1.6%	1.3%	12.2
Worcester	48,750	516	4	0.6%	0.8%	8.2
State Total	**5,600,388**	**43,778**	**694**	**100.0%**	**1.6%**	**12.4**

NOTES: *2005 Population estimates for each county were prepared by the National Center for Health Statistics (NCHS) in collaboration with the U.S. Census Bureau.

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

The "drug-induced" deaths included in this table differ from the definition of "drug-related" deaths presented in the US vs. MD comparison chart. See the specific ICD-10 codes for comparison of the definition.

SOURCE: Maryland Vital Statistics Annual Report 2005, Vital Statistics Administration, Department of Health and Mental Hygiene (DHMH)

HIGHLIGHTS

- More than 60 percent of all drug-induced deaths in 2005 occurred in Baltimore City, Baltimore County, and Anne Arundel County combined.
- In contrast, the three counties with the highest percentage of all deaths that were drug-induced were Baltimore City, Cecil, and Anne Arundel counties.
- Half of Maryland's jurisdictions had a rate of more than 10 drug-induced deaths per 100,000 people.
- Baltimore City had the highest rate of drug-induced deaths at 36.5 per 100,000 people. The next highest rate was found in Dorchester County at 19.1 drug-induced deaths per 100,000 people.

Consequence: Suspensions/Expulsions from Public Schools

Identified Indicators

For this consequence, we assessed 2 indicators within the employment/education NOMs domain. The data presented below allows us to assess suspensions and expulsions from public schools in Maryland.

- Drug-related suspensions
- Drug-related expulsions

These indicators were selected to be in line with the National Outcome Measures and other CSAP requirements. They are meant to describe a key consequence of drug use in Maryland's youth. At this point, we have been unable to identify a national data source. Therefore, the only data presented below are time trends in drug-related suspensions and expulsions and county level data for school year 2004–2005. It is important to note that suspensions and expulsions most accurately provide a measure of enforcement and may not reflect the true magnitude of the underlying problem.

National vs. Maryland Comparisons

No comparable national data available.

Prevalence/Severity

No demographic info available–see data presented in the trends section.

Time Trends 2000–2005

Table 18: Total Suspensions and Expulsions from Public Schools, Number Drug-Related, Percentage Drug-Related, and Rate (per 100,000 enrolled students) Drug-Related in Maryland, by Year, School Year 2000–2001 to 2004–2005

		Suspensions				Expulsions			
Year	Public School Enrollment (#)	Total Suspensions (All Causes) (#)	Drug-Related Suspensions (#)	Percentage Drug-Related Suspensions (%)	Drug-Related Suspension Rate (per 100,000 students)	Total Expulsions (All Causes) (#)	Drug-Related Expulsions (#)	Percentage Drug-Related Expulsions (%)	Drug-Related Expulsion (per 100,000
2000-2001	852,920	123,364	2,083	1.7%	244.2	2,365	442	18.7%	51.8
2001-2002	860,640	123,011	2,075	1.7%	241.1	2,899	460	15.9%	53.4
2002-2003	866,743	135,492	2,168	1.6%	250.1	2,400	317	13.2%	36.6
2003-2004	869,113	141,555	2,302	1.6%	264.9	2,704	359	13.3%	41.3
2004-2005	865,561	124,610	2,125	1.7%	245.5	2,458	314	12.8%	36.3

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

SOURCE: Suspensions, Expulsions, and Health-Related Exclusions Maryland Public Schools, 2000–2001, 2001–2002, 2002–2003, 2003–04, 2004–2005, Division of Planning, Results, and Information Management (PRIM), Maryland State Department of Education (MSDE).

HIGHLIGHTS

- There were more than 2,100 drug-related suspensions from Maryland public schools during school year 2004–2005. This is a decrease of 8 percent from 2003–2004.
- The rate of drug-related suspensions peaked in 2003–2004 at 264.9 per 100,000 students, but decreased in 2004–2005 to 245.5.
- Since school year 2000–2001, drug-related suspensions have consistently accounted for 1.6 or 1.7 percent of all suspensions.
- Drug-related expulsions fluctuated from 2000–2001 to 2004–2005, but dropped to their lowest point during school year 2004–2005.
- Approximately 1 in 10 expulsions during the 2004–2005 school year were drug-related (314 expulsions).
- The rate of drug-related expulsions fell from 53.4 expulsions per 100,000 students in 2001–2002 to 36.3 in 2004–2005.

County Data 2004–2005

Table 19: Total Suspensions from Public Schools, Drug-Related Suspensions, Percentage of Drug-Related Suspensions, Percentage of Drug-Related Suspensions in County, and Drug-Related Suspension Rate (per 100,000 students), by County, School Year 2004–2005

County	Public School Enrollment (#)	All Suspensions (#)	Drug-Related Suspensions (#)	Percentage Drug-Related (%)	Percentage of Drug-Related Suspensions in County (%)	Drug-Related Suspension Rate (per 100,000 students)
Allegany	9,840	965	55	5.7%	2.6%	558.9
Anne Arundel	73,991	13,848	167	1.2%	7.9%	225.7
Baltimore City	88,401	16,641	138	0.8%	6.5%	156.1
Baltimore County	107,701	20,345	382	1.9%	18.0%	354.7
Calvert	17,451	1,862	74	4.0%	3.5%	424.0
Caroline	5,412	1,370	14	1.0%	0.7%	258.7
Carroll	28,792	2,054	59	2.9%	2.8%	204.9
Cecil	16,535	2,335	50	2.1%	2.4%	302.4
Charles	26,026	6,074	59	1.0%	2.8%	226.7
Dorchester	4,788	1,383	20	1.4%	0.9%	417.7
Frederick	39,489	5,235	105	2.0%	4.9%	265.9
Garrett	4,737	266	15	5.6%	0.7%	316.7
Harford	40,294	6,060	109	1.8%	5.1%	270.5
Howard	48,219	3,163	87	2.8%	4.1%	180.4
Kent	2,514	672	3	0.4%	0.1%	119.3
Montgomery	139,393	9,408	295	3.1%	13.9%	211.6
Prince George's	136,095	20,784	291	1.4%	13.7%	213.8
Queen Anne's	7,713	885	18	2.0%	0.8%	233.4
Saint Mary's	16,567	3,007	36	1.2%	1.7%	217.3
Somerset	2,952	1,020	1	0.1%	0.0%	33.9
Talbot	4,505	419	15	3.6%	0.7%	333.0
Washington	20,807	1,292	79	6.1%	3.7%	379.7
Wicomico	14,387	4,552	35	0.8%	1.6%	243.3
Worcester	6,676	707	18	2.5%	0.8%	269.6
State Total*	**865,561**	**124,610**	**2,125**	**1.7%**	**100.0%**	**245.5**

NOTES:
Rates are based on Maryland State Department of Education (MSDE) public school enrollment figures as of September 30th of each school year.
*State Total includes data from the Edison Schools so county totals will not sum to the State total.

SOURCE: Suspensions, Expulsions, and Health-Related Exclusions Maryland Public Schools, 2004–2005, Division of Planning, Results, and Information Management (PRIM), Maryland State Department of Education (MSDE).

HIGHLIGHTS

- Nearly half (46%) of the drug-related suspensions in 2004–2005 occurred in Baltimore, Montgomery, and Prince George's county schools.
- Seven jurisdictions reported more than 100 drug-related suspensions during the 2004–2005 school year.
- The counties with the highest rates of drug-related suspensions were Allegany, Calvert, Dorchester, Washington, Baltimore, Talbot, Garrett, and Cecil counties. All reported more than 300 drug-related suspensions per 100,000 students.
- Allegany, Calvert, and Dorchester reported more than 400 drug-related suspensions per 100,000 students.

ILLICIT DRUG CONSEQUENCES RECOMMENDATIONS

To ensure that the prevention process remains data driven and decisions about the value of the data provided in this report are not made in a haphazard manner, we developed and piloted a unique method for ranking the consequences of illicit drug use. For the first time, Maryland substance abuse professionals and policymakers went beyond a simple set of tables included as background information in reports, grant proposals, etc., to scientifically rank the consequences utilizing three distinct techniques. The data are now the centerpiece and driving force behind prevention planning.

The data and rankings provided in this report serve as a starting point or platform on which to base future discussions about funding and program priorities for Maryland. It highlights the five consequences for which data are readily available and that met the selection criteria discussed earlier (see section III b. Developing the State Epidemiological Profile). For scoring purposes, the crime and education consequence were each divided into two separate consequences, property crime and drug-related arrests and school suspensions and school expulsions respectively. The SEOW members feel strongly that there are many additional consequences related to substance abuse that remain to be analyzed. In future years, as funding permits, we will expand our existing consequences and add in new ones.

For year 1, a total of seven consequences of illicit drug use were prioritized and discussed by the SEOW core members during the first quarter of 2007. To prioritize the consequences included in this report and begin to develop data-driven year 2 plans and recommendations for the Task Force, property crimes and education were each divided into two consequences. The prioritization process involved 7 steps:

1. Developing a scoring process utilizing three methodologies
2. Reviewing the data included in the profile
3. Pilot testing of score sheet
4. Revising of score sheet based on discussion at January 2007 SEOW meeting
5. Preparing scoring packets for consequences of illicit drug use for completion by core members (see Appendices D and E)
6. Scoring by core members to rate the priority of each consequence for Maryland
7. Replicating scoring process for consequences of alcohol use

These steps were completed for the consequences of illicit drug use by 17 core members of the SEOW in February 2007. Scoring packets were sent out to members via the list serv and completed anonymously. Core members represent public health, criminal justice, academic, and policy agencies. This process was to complete an initial assessment of the consequences and to identify gaps in data quality and availability. The scoring process will be further developed in year 2 as additional data is collected and added into the profile. Once the current consequences have been further developed and additional consequences have been added, we will be able to make more specific recommendations regarding programs and policies. For year 1, our recommendations will focus on additional data analyses to be conducted in year 2. This information is intended to guide the Governor's Drug and Alcohol Abuse Council in the development of Maryland's comprehensive strategy for substance abuse prevention, treatment, and control.

Table 20: Prioritization of the Consequences of Illicit Drug Use in Maryland, by Scoring Technique (N=17)

	Total Criteria Score (Unweighted)		**Total Criteria Score** (Weighted by Importance of Criteria)		**Overall Ranking** (Subjective)	
	Mean	**Priority Ranking**	**Mean**	**Priority Ranking**	**Mean**	**Priority Ranking**
Drug Dependence or Abuse	3.51	1	25.98	1	1.65	1
Drug-Related Arrests	3.31	2	25.09	2	3.25	2.5
HIV/AIDS Cases	3.27	3	24.63	3	4.18	5
Property Crimes	3.20	4	23.85	4	3.25	2.5
Drug-Induced Deaths	3.10	5	21.24	5	4.00	4
School Suspensions	2.64	6	17.59	7	6.06	7
School Expulsions	2.56	7	18.59	6	5.38	6

Year 1 Prioritization of Consequences of Illicit Drug Use

The seven consequences of illicit drug use were scored by 17 core members of the SEOW using two objective techniques (weighted and unweighted) and one subjective technique. For objective scores the HIGHER the score, the greater the priority ranking. Possible unweighted scores ranged from 1 to 5. Possible weighted scores ranged from 1 to 50. For subjective scores (overall ranking) the LOWER the score assigned, the greater the priority ranking.

As shown in Table 20, the results of the scoring did not vary much across the three methodologies. Drug dependence and abuse and drug-related arrests were ranked first and second by all three techniques making them the highest priorities for Maryland. Drug-related suspensions and expulsions were ranked sixth and seventh by all three techniques (suspension was ranked six using the unweighted technique and seven by the other two) making them the lowest priorities. The only consequence to show a dramatic change in ranking depending on the technique used was HIV/AIDS. This consequence was ranked third using the two objective techniques, but fell to fifth using the subjective technique.

Year 2 Indicators

In year 2, the SEOW will continue to monitor the current consequences. We also plan to develop more county specific data and to explore an additional 29 indicators within five CSAP domains: crime and criminal justice, reduced morbidity, retention, social connectedness, and cost effectives. These indicators will be used to develop such consequences as child abuse/neglect, domestic violence, incident hepatitis cases, treatment recidivism, and the impact of drug use on pregnant women and their babies. These consequences explore profound and long lasting effects of drug use on Maryland residents and the agencies that serve them. As the result of regular request from SEOW local representatives, expanded county level data will also be added to all consequences. This information will be added to the annual profiles as data is located and developed to meet our inclusion criteria.

Expanded county data will increase the ability of local prevention coordinators to develop data-driven prevention programs and policies. The expansion of existing consequences and the development of new consequences will provide the SEOW with a deeper understanding of the scope of drug use in Maryland and enable the members to start to identify target populations for prevention programs. This, in turn, will enable members to start to make more concrete connections between consequences and consumption. Only then will we be able to start to make recommendations about funding specific types of programs.

CONSUMPTION OF ILLICIT DRUGS

Overview

The charts and tables that follow were created using the most recent data available (including data from 1998 to 2005) and focus primarily on illicit drug use overall or by specific drug, Data are presented in the following subsections:

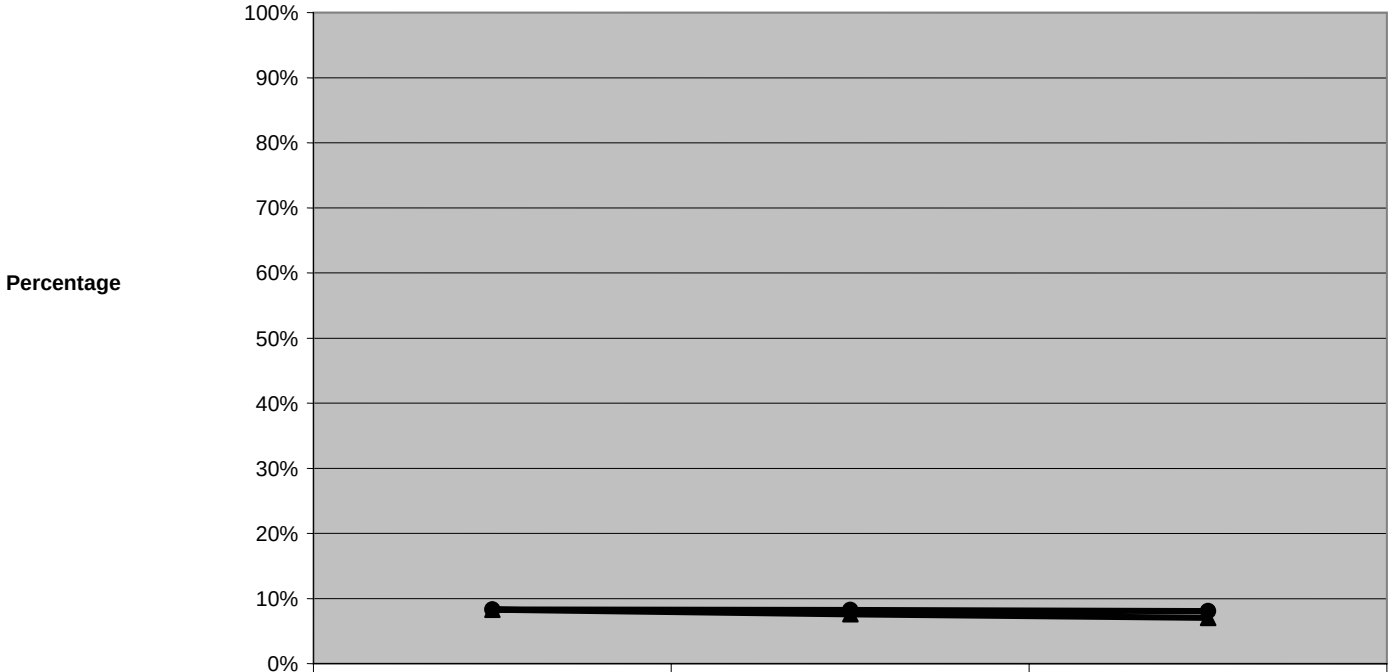
- National and Maryland Comparisons
- Prevalence by Demographics
- Time Trends.

HIGHLIGHTS

- In 2003–2004, 7 percent of the Maryland population ages 12 years and older had used an illicit drug in the past month and 3 percent had used an illicit drug other than marijuana in the past month.
- Trends in illicit drug use in recent years have remained relatively stable and on the whole the patterns of use in Maryland reflect the nation.
- The illicit drugs most frequently reported to have been abused in the past year and past month were Marijuana followed by Nonmedical Use of Psychotherapeutics.
- Notably, each year from 2001 to 2005 Maryland had two times as many treatment admissions for heroin as there were nationally.

National vs. Maryland Comparisons

Figure 14
Percentage of Residents Aged 12 or Older Reporting Past Month Use of Illicit Drugs in Maryland and the United States, 2002–2004

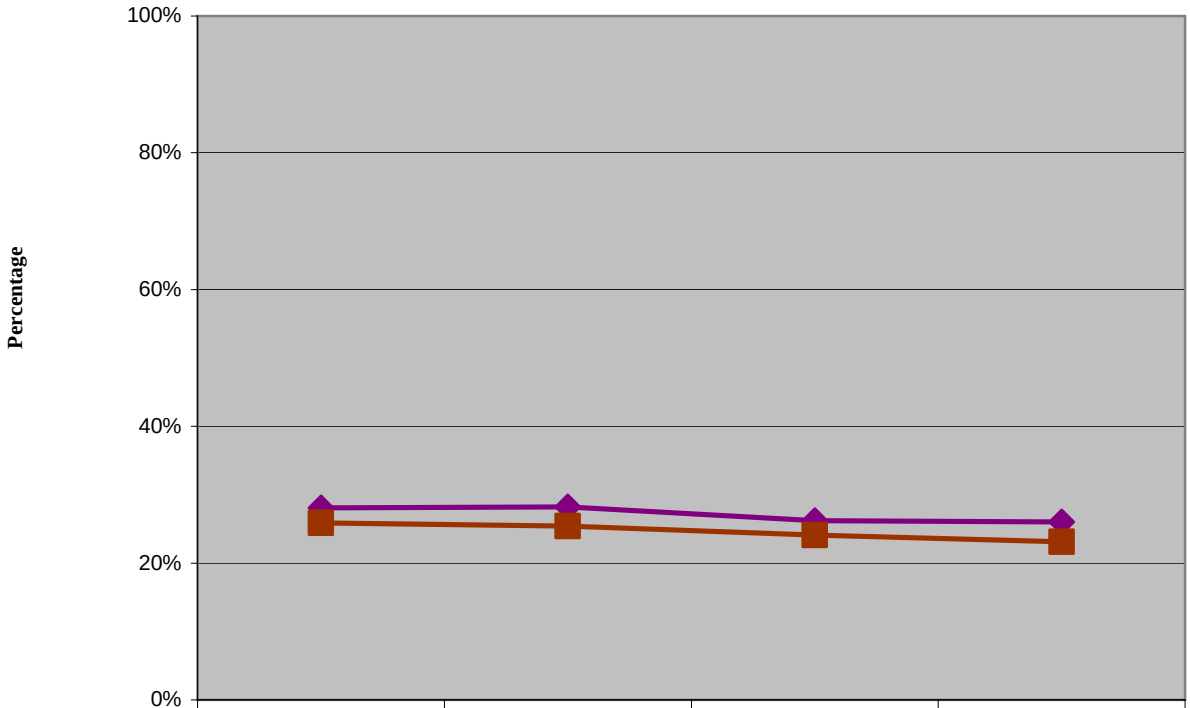


	2002	2002-2003	2003-2004
Maryland*	8.27%	7.57%	7.03%
United States**	8.30%	8.25%	8.06%
State/National Ratio***	1.00	0.92	0.87

NOTES:
*The state estimates are based on a survey-weighted hierarchical Bayes estimation approach. Although statewide estimates were produced prior to 2002, the data are not comparable to data collected in and after 2002 because of a change in survey methods.
**The U.S. estimates are the weighted average of the hierarchical Bayes estimates across all States and the District of Columbia and typically are not equal to the direct sample-weighted estimate for the Nation.
***State/National Ratio = State Percentage/National Percentage.

SOURCE: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002–2004

Figure 15
Percentage of 12th Grade Students Reporting Past Month Use of Any Drug* in Maryland and the United States, 1998-1999 through 2004-2005 School Years

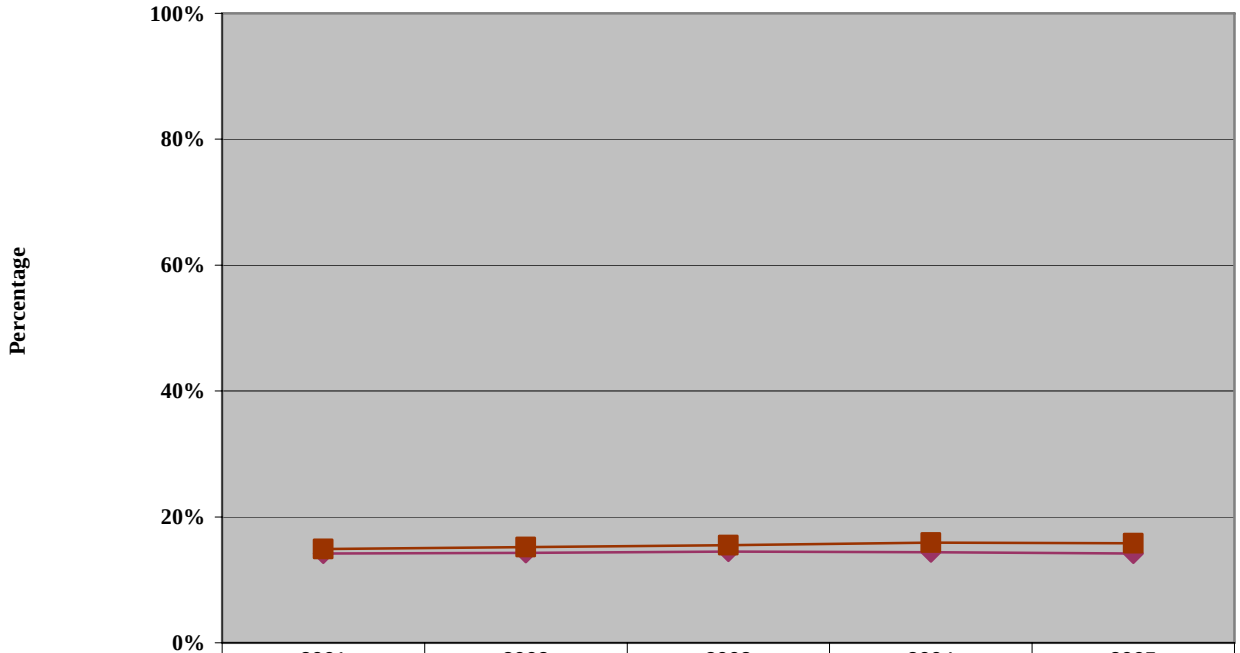


	1998-1999	2001-2002	2002-2003	2004-2005
Maryland	28.1%	28.2%	26.2%	26.0%
United States*	25.9%	25.4%	24.1%	23.1%
State/National Ratio**	1.08	1.11	1.09	1.13

NOTES:
*In the Maryland Adolescent Survey "Any Drug Use" refers to any use of: marijuana; inhalants; amyl or butyl nitrates; crack; other forms of cocaine; LSD; PCP; other hallucinogens; steroids for body building; methamphetamines; designer drugs; heroin; amphetamines; barbiturates; narcotics; or Ritalin
In the National Monitoring the Future Study "Any Drug Use" refers to any use of: marijuana; LSD; other hallucinogens; crack; other cocaine; or heroin, or any use of the other narcotics, amphetamines, sedatives (barbiturates), or tranquilizers not under a doctor's orders.
** State/National Ratio = State percentage/National percentage
The MAS Report does not provide the standard errors around these observations; therefore, caution should be exercised in interpreting any differences between state and national averages.

SOURCE: Maryland State Department of Education (MSDE), Maryland Adolescent Survey (MAS), 1998, 2001, 2002, and 2004 Surveys and the University of Michigan, 1999, 2002, 2003, and 2005 Monitoring the Future Study surveys.

Figure 16
Percentage of Admissions to Substance Abuse Treatment Programs Reporting Marijuana as a Primary Substance of Abuse in Maryland and the United States*, 2001-2005

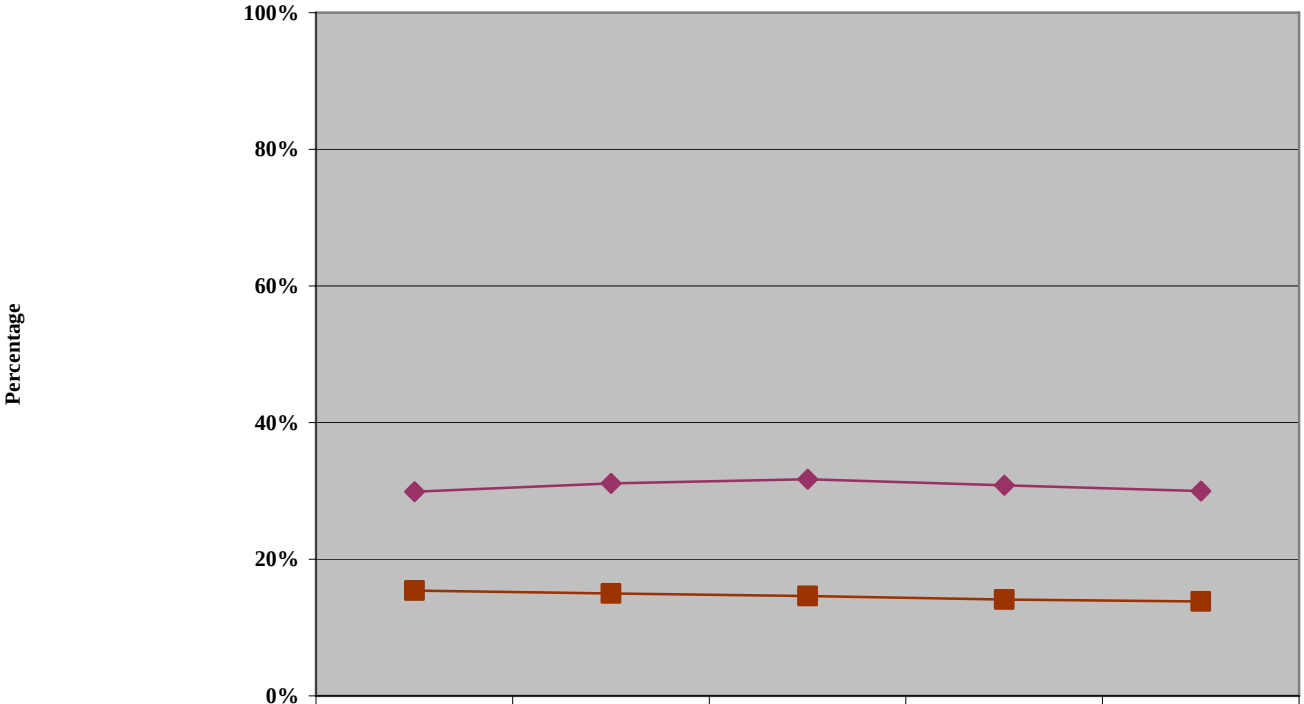


	2001	2002	2003	2004	2005
Maryland	14.2%	14.3%	14.5%	14.4%	14.2%
United States*	14.9%	15.2%	15.5%	15.9%	15.8%
State/National Ratio**	0.95	0.94	0.94	0.91	0.90

NOTES:
*The U.S. figures are based on administrative data reported to TEDS by all reporting States and jurisdictions.
**State/National Ratio = State Percentage/National Percentage.

SOURCE: SAMHSA, Office of Applied Studies, Treatment Episode Data Set (TEDS). Based on administrative data reported by States to TEDS through January 8, 2007.

Figure 17
Percentage of Admissions to Substance Abuse Treatment Programs
Reporting Heroin as Primary Substance of Abuse in Maryland and the United States,* 2001-2005

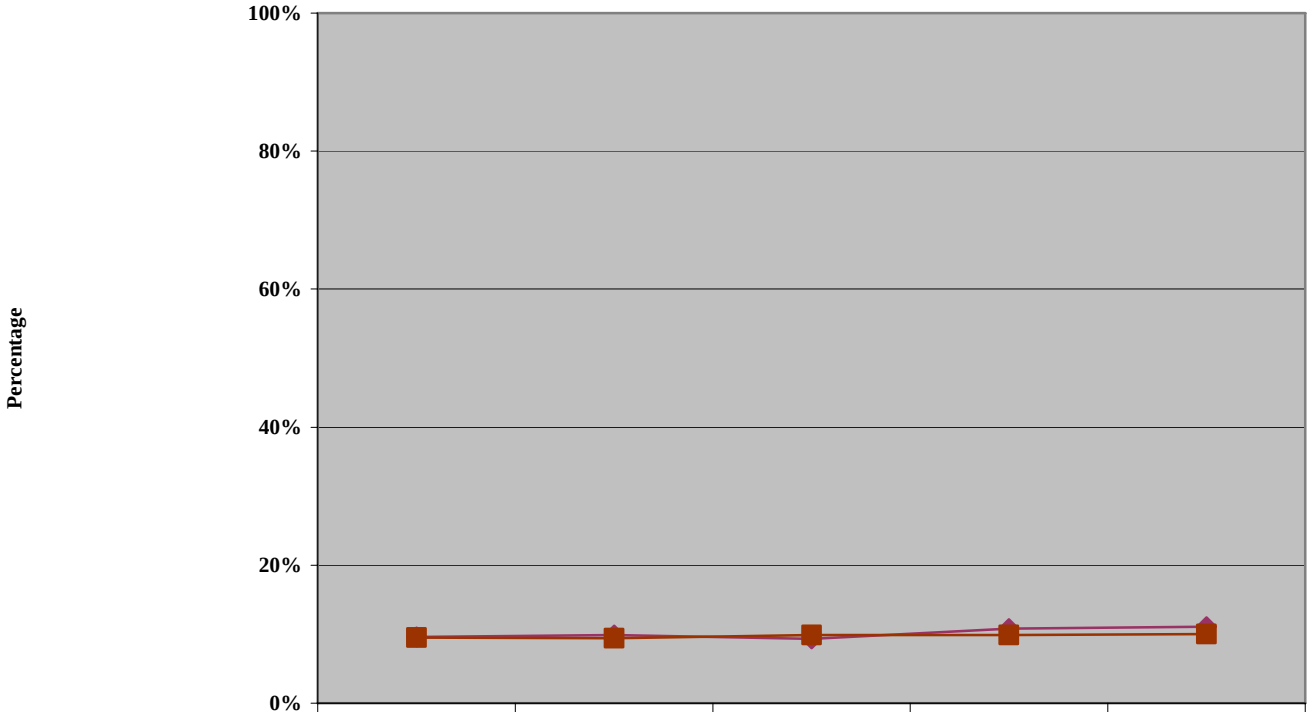


	2001	2002	2003	2004	2005
Maryland	29.9%	31.1%	31.7%	30.8%	30.0%
United States*	15.4%	15.0%	14.6%	14.1%	13.8%
State/National Ratio**	1.94	2.07	2.17	2.18	2.17

NOTES:
*The U.S. figures are based on administrative data reported to TEDS by all reporting States and jurisdictions.
**State/National Ratio = State Percentage/National Percentage.

SOURCE: SAMHSA, Office of Applied Studies, Treatment Episode Data Set (TEDS). Based on administrative data reported by States to TEDS through January 8, 2007.

Figure 18
Percentage of Admissions to Substance Abuse Treatment Programs Reporting Smoked Cocaine as Primary Substance of Abuse in Maryland and the United States*, 2001-2005



	2001	2002	2003	2004	2005
Maryland	9.6%	9.9%	9.3%	10.8%	11.1%
United States*	9.5%	9.4%	9.9%	9.9%	10.0%
State/National Ratio**	1.01	1.05	0.94	1.09	1.11

NOTES:
*The U.S. figures are based on administrative data reported to TEDS by all reporting States and jurisdictions.
**State/National Ratio = State Percentage/National Percentage.

SOURCE: SAMHSA, Office of Applied Studies, Treatment Episode Data Set (TEDS). Based on administrative data reported by States to TEDS through January 8, 2007.

Prevalence/Severity

Table 21: Percentage and Estimated Number of Maryland Residents Aged 12 or Older Reporting Past Year and Past Month Use of Illicit Drugs, by Types of Illicit Drugs, Annual Averages Based on 2002–2004 Data

	Past Year				Past Month			
	%	Standard Error	Estimated No.	Standard Error	%	Standard Error	Estimated No.	Standard Error
Any Illicit Drug[1]	13.5%	1.24%	607,000	56,000	7.0%	0.65%	315,000	29,000
Illict Drug Other Than Marijuana[2]	6.9%	0.83%	309,000	37,000	3.3%	0.49%	148,000	22,000
Marijuana and Hashish	10.3%	0.95%	465,000	43,000	4.9%	0.47%	223,000	21,000
Cocaine	1.9%	0.31%	85,000	14,000	0.8%	0.15%	38,000	7,000
Crack	1.0%	0.41%	43,000	19,000	0.3%	0.14%	12,000	7,000
Heroin	0.3%	0.20%	12,000	9,000	0.1%	0.10%	6,000	4,000
Hallucinogens	1.4%	0.15%	64,000	7,000	0.3%	0.08%	15,000	4,000
LSD	0.3%	0.08%	14,000	3,000	0.0%	0.03%	2,000	1,000
PCP	0.2%	0.06%	7,000	3,000	0.0%	0.02%	1,000	1,000
Ecstasy	0.8%	0.09%	35,000	4,000	0.1%	0.05%	5,000	2,000
Inhalants	0.6%	0.09%	27,000	4,000	0.2%	0.06%	8,000	3,000
Nonmedical Use of Psychotherapeutics[3]	5.0%	0.77%	226,000	34,000	2.5%	0.49%	112,000	22,000
Pain Relievers	3.6%	0.48%	161,000	22,000	1.7%	0.35%	75,000	16,000
OxyContin[4]	0.6%	0.25%	9,000	4,000	*	*	*	*
Tranquilizers	1.9%	0.47%	84,000	21,000	0.7%	0.30%	33,000	13,000
Stimulants	1.0%	0.23%	44,000	11,000	0.4%	0.13%	16,000	6,000
Methamphetamine	0.2%	0.05%	7,000	2,000	*	*	*	*
Sedatives	0.5%	0.33%	24,000	15,000	0.3%	0.24%	16,000	11,000

NOTES:
*Low precision; no estimate reported.
[1]Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.
[2]Illicit Drugs Other Than Marijuana includes cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.
[3]Nonmedical Use of Psychotherapeutics includes nonmedical use of prescription-type pain relievers, tranquilizers, stimulants, or sedatives; does not include over-the-counter drugs.
[4]OxyContin use estimates are based on 2004 data only.

SOURCE: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003 and 2004.

Table 22: Percentage and Estimated Number of Maryland Students Reporting Lifetime and Past Month Use of Any Drug Other than Alcohol or Tobacco and Specific Drugs, by Grade, School Year 2004–2005

	Lifetime Use								Past Month Use							
	6th		8th		10th		12th		6th		8th		10th		12th	
	%	Est. No.	%	Est. No.	%	Est. No.	%	Est. No.	%	Est. No.	%	Est. No.	%	Est. No.	%	Est. No.
Any Drug Other than Alcohol or Tobacco	8.0%	5,344	19.5%	13,566	33.5%	22,863	46.8%	26,878	4.2%	2,806	11.3%	7,861	19.6%	13,377	26.0%	14,932
Marijuana	1.9%	1,269	11.7%	8,139	28.2%	19,246	43.0%	24,696	0.8%	534	6.4%	4,452	15.6%	10,647	21.9%	12,578
Inhalants	4.4%	2,939	6.4%	4,452	5.2%	3,549	4.6%	2,642	2.2%	1,470	3.3%	2,296	2.3%	1,570	2.0%	1,149
Amyl or Butyl nitrates	0.6%	401	1.1%	765	1.2%	819	1.7%	976	0.2%	134	0.8%	557	0.9%	614	1.1%	632
Crack	0.7%	468	2.1%	1,461	2.3%	1,570	3.5%	2,010	0.3%	200	1.4%	974	1.5%	1,024	2.3%	1,321
Other forms of Cocaine	0.7%	468	1.7%	1,183	3.0%	2,047	5.8%	3,331	0.3%	200	1.2%	835	1.7%	1,160	2.9%	1,666
LSD	0.6%	401	1.5%	1,044	2.9%	1,979	5.1%	2,929	0.3%	200	1.0%	696	1.7%	1,160	2.1%	1,206
PCP	0.6%	401	2.6%	1,809	3.8%	2,593	4.1%	2,355	0.3%	200	1.4%	974	2.0%	1,365	2.0%	1,149
Other Hallucinogens	0.4%	267	1.8%	1,252	4.7%	3,208	8.3%	4,767	0.1%	67	1.2%	835	2.6%	1,774	3.3%	1,895
Steroids for Body Building	0.9%	601	1.5%	1,044	1.9%	1,297	1.9%	1,091	0.4%	267	0.9%	626	1.2%	819	1.2%	689
Methamphetamine	0.6%	401	2.2%	1,530	3.0%	2,047	4.0%	2,297	0.3%	200	1.3%	904	1.8%	1,228	1.9%	1,091
Designer Drugs	0.6%	401	2.1%	1,461	4.1%	2,798	7.1%	4,078	0.3%	200	1.2%	835	1.9%	1,297	2.7%	1,551
Heroin	0.4%	267	1.3%	904	1.5%	1,024	2.0%	1,149	0.2%	134	0.8%	557	1.1%	751	1.5%	861
Needle to Inject Illegal Drugs	0.4%	267	1.0%	696	1.2%	819	1.6%	919	0.2%	134	0.7%	487	0.9%	614	1.0%	574
Amphetamines	1.0%	668	3.1%	2,157	6.0%	4,095	9.7%	5,571	0.4%	267	1.7%	1,183	3.3%	2,252	4.6%	2,642
Barbiturates and/or Tranquilizers	0.4%	267	1.3%	904	3.4%	2,320	6.1%	3,503	0.1%	67	0.7%	487	1.8%	1,228	3.1%	1,780
Narcotics	0.5%	334	1.6%	1,113	4.7%	3,208	7.9%	4,537	0.2%	134	1.0%	696	2.6%	1,774	4.2%	2,412
Ritalin	0.9%	601	2.4%	1,670	3.8%	2,593	4.7%	2,699	0.3%	200	1.1%	765	1.8%	1,228	2.1%	1,206

SOURCE: Maryland State Department of Education (MSDE), 2004 Maryland Adolescent Survey (MAS).

Table 23: Maryland Admissions to Substance Abuse Treatment Programs, by Primary Substance of Abuse, 2001–2005

Primary Substance of Abuse	Year				
	2001 (n=64,757)	**2002** (n=68,857)	**2003** (n=71,283)	**2004** (n=72,768)	**2005** (n=71,196)
	%	%	%	%	%
Heroin	29.9%	31.1%	31.7%	30.8%	30.0%
Other Opiates[1]	2.5%	2.6%	3.0%	3.7%	4.5%
Marijuana	14.2%	14.3%	14.5%	14.4%	14.2%
Cocaine (smoked)	9.6%	9.9%	9.3%	10.8%	11.1%
Cocaine (not smoked)	2.8%	3.1%	3.8%	2.8%	3.2%
PCP	0.3%	0.5%	0.5%	0.4%	0.4%
Hallucinogens[2]	0.2%	0.1%	0.2%	0.2%	0.1%
Amphetamines[3]	0.2%	0.2%	0.2%	0.2%	0.3%
Other Stimulants[4]	0.0%	0.0%	0.0%	0.0%	0.0%
Tranquilizers[5]	0.3%	0.2%	0.2%	0.3%	0.4%
Sedatives/Hypnotics[6]	0.1%	0.2%	0.2%	0.2%	0.2%
Inhalants	0.1%	0.0%	0.0%	0.0%	0.0%
Other/Unknown	1.3%	1.0%	1.1%	0.9%	0.6%

NOTES:
[1]Other Opiates included admissions for non-prescription use of methadone, codeine, morphine, oxycodone, hydromorphone, meperidine, opium, and other drugs with morphine-like effects.
[2]Hallucinogens includes admissions for LSD, DMT, STP, mescaline, psilocybin, peyote, etc.
[3]Amphetamines includes admissions for methamphetamine and other amphetamines to include amphetamines, Benzedrine, Dexedrine, preludin, Ritalin, and any other amines and related drugs.
[4]Other Stimulants include admissions for all other stimulants.
[5]Tranquilizers includes admissions for benzodiazepines, which includes diazepam, flurazepam, chlordiazepoxide, clorazepate, lorazepam, alprazolam, oxazepam, temazepam, prazepam, triazolam, clonazepam, halazepam and other tranquilizers.
[6]Sedatives includes admissions for barbiturates including Phenobarbital, Seconal, Nembutal, and other sedative/hypnotics such as chloral hydrate, Placidyl, Doriden, etc.

SOURCE: SAMHSA, Office of Applied Studies, Treatment Episode Data Set (TEDS). Based on administrative data reported by States to TEDS through January 8, 2007.

Prevalence/Severity by Demographic Characteristics

Table 24: Percentage and Estimated Number of Maryland Residents Aged 12 or Older Reporting Past Month Use of Illicit Drugs Other Than Marijuana and Marijuana, and Lifetime Use of Injection Drugs, by Demographic Characteristics: Annual Averages Based on 2002, 2003, 2004, and 2005 Surveys

	Past Month Use: Any Illicit Drug Other than Marijuana*				Past Month Use: Marijuana				Lifetime Use: Needle to Inject Heroin, Cocaine, Stiumulants, or Any Other Drug			
	%	Standard Error	Estimated No.	Standard Error	%	Standard Error	Estimated No.	Standard Error	%	Standard Error	Estimated No.	Standard Error
Age												
12-17	4.2%	0.63%	20,000	3,000	7.9%	1.08%	38,000	5,000	0.2%	0.11%	1,000	1,000
18-25	6.9%	0.96%	38,000	5,000	15.8%	1.38%	88,000	8,000	1.1%	0.32%	6,000	2,000
26--34	2.7%	1.24%	17,000	8,000	5.5%	1.51%	35,000	9,000	1.5%	0.74%	9,000	5,000
35-44	3.1%	0.97%	29,000	9,000	3.8%	0.98%	35,000	9,000	1.0%	0.48%	9,000	4,000
45-54	2.8%	1.21%	25,000	10,000	2.4%	1.07%	21,000	9,000	3.0%	0.99%	27,000	9,000
55-64	*	*	*	*	1.6%	1.11%	8,000	5,000	*	*	*	*
65 or Older	*	*	*	*	*	*	*	*	*	*	*	*
Sex												
Male	3.7%	0.55%	78,000	12,000	6.4%	0.67%	137,000	14,000	1.9%	0.46%	41,000	10,000
Females	2.9%	0.65%	70,000	16,000	3.8%	0.58%	91,000	14,000	0.7%	0.30%	17,000	7,000
Age/Sex Male												
12-17	3.5%	0.88%	9,000	2,000	9.1%	1.57%	22,000	4,000	0.4%	0.21%	1,000	1,000
18-25	7.7%	1.31%	21,000	4,000	19.3%	2.11%	53,000	7,000	1.4%	0.52%	4,000	1,000
26--34	3.2%	1.58%	9,000	5,000	6.3%	1.93%	19,000	6,000	1.8%	1.27%	5,000	4,000
35-44	3.9%	1.38%	18,000	7,000	4.7%	1.57%	21,000	8,000	1.4%	0.83%	6,000	4,000
45-54	2.8%	1.48%	11,000	6,000	2.6%	1.15%	10,000	5,000	4.7%	1.63%	18,000	6,000
55-64	*	*	*	*	*	*	*	*	*	*	*	*
65 or Older	*	*	*	*	*	*	*	*	*	*	*	*
Females												
12-17	4.8%	0.92%	11,000	2,000	6.7%	1.27%	16,000	3,000	*	*	*	*
18-25	6.1%	1.15%	17,000	3,000	12.5%	1.36%	35,000	5,000	0.9%	0.37%	2,000	1,000
26--34	2.3%	1.21%	8,000	4,000	4.8%	1.70%	16,000	6,000	1.2%	0.79%	4,000	3,000
35-44	2.4%	1.03%	11,000	5,000	2.9%	1.20%	13,000	5,000	*	*	*	*
45-54	*	*	*	*	*	*	*	*	*	*	*	*
55-64	*	*	*	*	*	*	*	*	*	*	*	*
65 or Older	*	*	*	*	*	*	*	*	*	*	*	*
	%	95% Prediciton Interval	Estimated No.	95% Prediciton Interval	%	95% Prediciton Interval	Estimated No.	95% Prediciton Interval	%	95% Prediciton Interval	Estimated No.	95% Prediciton Interval
Maryland Total**	3.1%	2.6%-3.9%	142,000	116,000-176,000	5.5%	4.5%-6.7%	250,000	206,000-306,000	N/A	N/A	N/A	N/A

NOTES:
N/A = Data not available.
*Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.
** Sum of age, sex, and age/sex estimates do not equal Maryland Total because the State figures are based on pooled data from two years worth of data (i.e., 2003 and 2004 surveys) and demographic figures are based on pooled data from 4 years worth of data (i.e., 2002, 2003, 2004, 2005 surveys).

SOURCE: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 25: Percentage and Estimated Number of Maryland Students Reporting Past Month Use of Any Drug Other than Alcohol or Tobacco and Marijuana, by Grade and Demographic Characteristics, School Year 2004–2005

	Grade Level															
	6th				8th				10th				12th			
	PM Use of Any Drug Other than Alc or Tobacco		Past Month Marijuana Use		PM Use of Any Drug Other than Alc or Tobacco		Past Month Marijuana Use		PM Use of Any Drug Other than Alc or Tobacco		Past Month Marijuana Use		PM Use of Any Drug Other than Alc or Tobacco		Past Month Marijuana Use	
	%	Est. No.	%	Est. No.	%	Est. No.	%	Est. No.	%	Est. No.	%	Est. No.	%	Est. No.	%	Est. No.
Maryland	4.2%	2,806	0.8%	534	11.3%	7,861	6.4%	4,452	19.6%	13,377	15.6%	10,647	26.0%	14,932	21.9%	12,578
Sex																
Male	4.5%	1,548	1.1%	378	11.3%	4,015	7.4%	2,629	21.4%	7,361	17.7%	6,088	28.4%	8,034	24.6%	6,959
Females	3.8%	1,231	0.4%	130	11.2%	3,812	5.3%	1,804	17.8%	6,026	13.4%	4,536	23.5%	6,849	19.3%	5,625
Race/Ethnicity																
White	2.8%	904	0.5%	161	10.3%	3,588	5.5%	1,916	20.1%	7,159	15.6%	5,556	28.5%	9,070	23.0%	7,320
African-American	5.9%	1,575	1.2%	320	12.3%	3,313	7.5%	2,020	19.0%	4,741	15.7%	3,918	22.9%	4,449	20.8%	4,041
Hispanic	4.7%	208	0.3%	13	12.0%	517	7.4%	319	22.5%	898	15.2%	607	22.3%	623	18.5%	517
Asian/Pacific Islander	2.9%	91	1.2%	38	5.2%	169	1.4%	45	9.0%	311	7.5%	259	16.3%	519	14.2%	452
Amer Indian/Alaskan Native	5.6%	15	0.0%	0	15.6%	37	9.9%	24	29.1%	67	26.5%	61	40.1%	82	34.6%	71

NOTES:
PM=Past Month

SOURCE: Maryland State Department of Education (MSDE), 2004 Maryland Adolescent Survey (MAS)

Table 26: Substance Abuse Treatment Admissions with Selected Drugs as Primary Substance of Abuse, According to Age Group, Sex, Race, and Ethnicity, 2005

		Primary Substance												
	Total Admissions	Marijuana	Cocaine (smoked)	Cocaine (other route)	Heroin	Other Opiates[1]	PCP	Hallucino-gens[2]	Ampheta-mines[3]	Other Stimulants[4]	Tranquilizers[5]	Sedatives[6]	Inhalants	Other/ Unknown
No. of Admissions with Specifed Drug as Primary Substance (#)	**71,196**	**10,102**	**7,901**	**2,290**	**21,326**	**3,188**	**282**	**106**	**203**	**13**	**286**	**119**	**29**	**398**
% of Statewide Admissions	100.0%	14.2%	11.1%	3.2%	30.0%	4.5%	0.4%	0.1%	0.3%	0.0%	0.4%	0.2%	0.0%	0.6%
Age	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
0-11	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.3%	2.3%
12-17	7.8%	38.3%	0.9%	3.5%	0.5%	2.4%	1.1%	6.6%	8.9%	15.4%	6.3%	5.0%	31.0%	76.4%
18-20	6.8%	18.5%	2.4%	7.1%	4.1%	7.5%	6.4%	14.2%	11.3%	23.1%	3.1%	5.0%	6.9%	8.0%
21-25	13.8%	20.0%	5.8%	13.9%	12.3%	18.8%	30.1%	29.2%	19.7%	7.7%	14.3%	12.6%	6.9%	1.8%
56-30	11.1%	9.3%	8.9%	13.8%	10.8%	16.7%	31.9%	17.9%	16.7%	15.4%	12.6%	13.4%	0.0%	1.8%
31-35	11.8%	5.3%	14.7%	12.7%	14.5%	12.8%	14.5%	14.2%	7.9%	23.1%	11.9%	13.4%	6.9%	1.0%
36-40	14.8%	4.1%	23.1%	17.3%	19.1%	12.2%	6.7%	6.6%	13.3%	0.0%	16.4%	10.9%	6.9%	2.8%
41-45	15.5%	2.4%	24.2%	16.7%	18.4%	12.7%	6.4%	5.7%	12.3%	15.4%	14.3%	17.6%	24.1%	2.3%
46-50	9.9%	1.2%	12.5%	8.3%	12.0%	9.6%	2.5%	4.7%	6.4%	0.0%	10.5%	7.6%	3.4%	1.5%
51-55	5.1%	0.5%	5.3%	4.5%	5.8%	4.7%	0.4%	0.9%	3.0%	0.0%	9.1%	10.1%	3.4%	1.5%
56-60	2.1%	0.3%	1.9%	1.8%	1.8%	1.8%	0.0%	0.0%	0.0%	0.0%	0.7%	2.5%	0.0%	0.5%
61-65	0.8%	0.1%	0.3%	0.4%	0.5%	0.4%	0.0%	0.0%	0.5%	0.0%	0.3%	0.8%	0.0%	0.0%
66+	0.4%	0.0%	0.1%	0.1%	0.1%	0.3%	0.0%	0.0%	0.0%	0.0%	0.3%	0.8%	0.0%	0.0%
Unknown Age	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Sex	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Male	67.2%	80.8%	56.8%	66.5%	57.4%	53.8%	81.6%	74.5%	67.0%	53.8%	44.1%	42.0%	55.2%	63.8%
Females	32.8%	19.2%	43.2%	33.5%	42.6%	46.2%	18.4%	25.5%	33.0%	46.2%	55.9%	58.0%	44.8%	36.2%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Race	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
White	53.5%	46.0%	37.3%	56.4%	42.2%	87.7%	16.3%	49.1%	74.4%	69.2%	82.9%	81.5%	72.4%	60.1%
Black or African-American	42.8%	50.2%	60.9%	40.9%	56.5%	10.2%	82.6%	47.2%	20.7%	30.8%	15.7%	12.6%	24.1%	35.9%
American Indian or Alaska Native	0.3%	0.3%	0.3%	0.1%	0.2%	0.5%	0.0%	0.0%	1.0%	0.0%	0.7%	0.0%	0.0%	0.0%
Asian or Native Hawaiian or Other Pacific Islander	0.5%	0.7%	0.3%	0.4%	0.2%	0.2%	0.0%	0.0%	2.5%	0.0%	0.0%	2.5%	3.4%	0.3%
Other	2.8%	2.9%	1.1%	2.2%	0.9%	1.5%	1.1%	3.8%	1.5%	0.0%	0.7%	3.4%	0.0%	3.8%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Ethnicity														
Hispanic or Latino	3.9%	3.2%	1.5%	2.9%	2.2%	4.4%	1.8%	4.7%	1.5%	0.0%	3.1%	2.5%	0.0%	3.8%
Not Hispanic or Latino	96.1%	96.8%	98.5%	97.1%	97.8%	95.6%	1.0%	95.3%	98.5%	100.0%	96.9%	97.5%	100.0%	96.2%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

NOTES:

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

[2]Hallucinogens includes admissions for LSD, DMT, STP, mescaline, psilocybin, peyote, etc.

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

[4]Other Stimulants include admissions for all other stimulants.

[5]Tranquilizers includes admissions for benzodiazepines, which includes diazepam, flurazepam, chlordiazepoxide, clorazepate, lorazepam, alprazolam, oxazepam, temazepam, prazepam, triazolam, clonazepam, halazepam and other tranquilizers.

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

SOURCE: SAMHSA, Office of Applied Studies, Treatment Episode Data Set (TEDS). Based on administrative data reported by States to TEDS through January 8, 2007

Time Trends

Table 27: Percentage of Maryland Residents Reporting Past Month Use of Illicit Drugs, Illicit Drugs Other Than Marijuana, and Marijuana in 2002–2003 and 2003–2004 and Statistical Significance of Change, by Age Group, Based on 2002–2003 and 2003–2004 Surveys**

	Total Population			Population: 12-17 Years			Population: 18-25			Population: 26 or Older		
Past Month Use of:	2002-2003	2003-2004	Significance	2002-2003	2003-2004	Significance	2002-2003	2003-2004	Significance	2002-2003	2003-2004	Significance
Illicit Drug Use*	7.57%	7.03%	Not Sig.	10.76%	9.61%	Not Sig.	22.02%	20.62%	Not Sig.	4.85%	4.46%	Not Sig.
Illicit Drugs Other Than Marijuana**	3.44%	3.14%	Not Sig.	4.87%	4.36%	Not Sig.	7.66%	8.25%	Not Sig.	2.58%	2.15%	Not Sig.
Marijuana	5.73%	5.54%	Not Sig.	7.87%	7.42%	Not Sig.	19.43%	18.05%	Not Sig.	3.27%	3.24%	Not Sig.

NOTES:
Not Sig. = The difference between 2003–2004 and 2002–2003 percentages is not significant at the .05 level.
*Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.
**Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

SOURCE: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, and 2004.

Table 28: Percentage of Maryland Students Reporting Lifetime, Past Year, and Past Month Use of Any Drug other than Alcohol or Tobacco and Marijuana, by Grade and Year, School Years 2001–2002, 2002–2003, and 2004–2005

	6th Grade			8th Grade			10th Grade			12th Grade		
	2001 (n=7,676)	2002 (n=8,986)	2004 (n=8,654)	2001 (n=7,336)	2002 (n=8,679)	2004 (n=8,805)	2001 (n=6,614)	2002 (n=8,250)	2004 (n=8,441)	2001 (n=6,078)	2002 (n=8,064)	2004 (n=8,629)
Lifetime Use												
Any Drug Other than Alcohol or Tobacco	9.7%	7.0%	8.0%	24.6%	19.2%	19.5%	38.9%	35.4%	33.5%	51.5%	47.5%	46.8%
Marijuana	2.9%	1.6%	1.9%	16.9%	11.7%	11.7%	33.3%	29.9%	28.2%	46.5%	43.2%	43.0%
Past Year												
Any Drug Other than Alcohol or Tobacco	6.5%	5.1%	5.8%	21.3%	16.4%	16.5%	34.2%	31.9%	29.2%	42.9%	40.4%	39.4%
Marijuana	2.0%	1.2%	1.2%	15.2%	10.4%	10.2%	28.8%	26.6%	24.5%	37.9%	35.7%	34.9%
Past Month												
Any Drug Other than Alcohol or Tobacco	4.5%	3.7%	4.2%	15.2%	11.4%	11.3%	24.3%	21.3%	19.6%	28.2%	26.2%	26.0%
Marijuana	1.2%	0.8%	0.8%	10.6%	6.9%	6.4%	19.8%	16.7%	15.6%	22.7%	21.0%	21.9%

NOTES:
The 2001 Survey was administered in April 2001 of the 2000–2001 school year. The 2002 Survey was administered in December of the 2002–2003 school year. The 2004 Survey was administered December 2004 of the 2004–2005 school year.
Unweighted n's are presented above; prevalence estimates are based on weighted data.
The MAS Report does not provide the standard errors around these observations; therefore, caution should be exercised in interpreting any changes in drug use over time.

SOURCE: Maryland State Department of Education (MSDE), 2001, 2002, and 2004 Maryland Adolescent Surveys (MAS).

CONSEQUENCES OF UNDERAGE DRINKING AND ALCOHOL ABUSE IN MARYLAND

This section was developed to address three key questions that must be answered in order to develop data-driven prevention planning:

- What are the most significant consequences of alcohol use in Maryland for which data is currently available?
- What are the results of the measurement system implemented by Maryland to rank these consequences?
- What consumption indicators can be used to assess our progress in addressing these consequences through prevention programs?

Five consequences identified and assessed using the process described in the previous section are included here: violent crimes, alcohol-related crashes, past year alcohol abuse or dependence, alcohol-induced deaths, and alcohol-related suspensions and expulsions. Each consequence is included in a CSAP domain. The data used to assess the consequence was selected to be in line with CSAP requirements. Wherever possible, we selected data with comparable national measures for inclusion in the CSAP National Outcome Measures and crosssite evaluation. The data also enables Maryland to take an in-depth look at the impact of the consequence on state and local levels and various demographic profiles and make data-driven program and policy decisions. To facilitate future assessment and discussion, each consequence is broken into approximately five sub-sections:

1. Identified Indicators
2. National vs. State Comparisons
3. Prevalence/Severity
4. Time Trends
5. County Data

Within each sub section, a chart or table depicting the data is provided along with key findings. The recommendations section is based on the scoring of the consequence by the core members and local representatives.

The recommendations section highlights the results of the scoring process utilized to rank the consequences for future funding discussions by the State Drug and Alcohol Abuse Council. The third and final piece of this section provides tables for each of the consumption indicators we plan to use to assess our progress in addressing these consequences.

Consequence: Violent Crimes

Identified Indicators

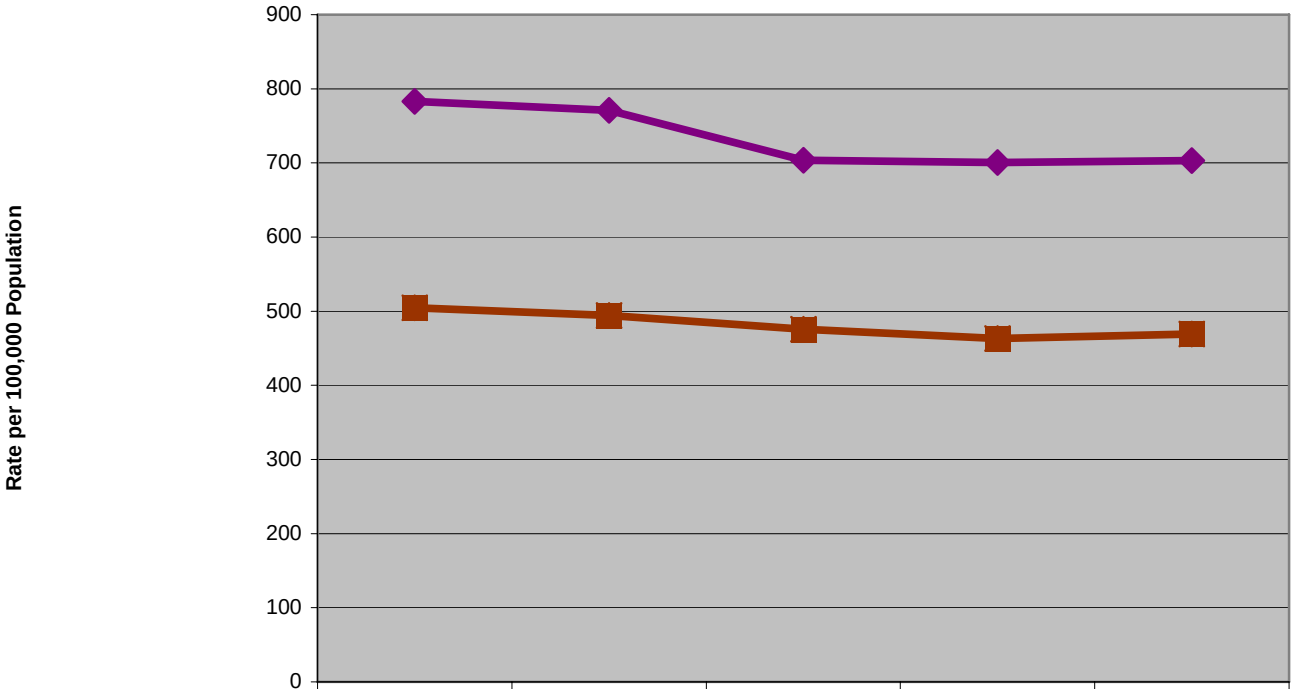
For this consequence, we assessed 4 indicators that are a part of the crime and criminal justice NOMs domain. The data presented allow assessment of both alcohol-related violent crime and the prevalence of drug-related crime in Maryland.

- Murder or non-negligent manslaughter
- Aggravated assault
- Forcible rape
- Robbery

These indicators were selected to be in line with the National Outcome Measures and other CSAP requirements. They are meant to describe a major consequence of alcohol abuse. The chart that follows compares violent crime rates in Maryland and the United States during five years. The tables that follow take a closer look at Maryland violent crime and 2005 alcohol-related violent crimes.

National vs. Maryland Comparisons

Figure 19
Annual Violent Crime Rates* (per 100,000 population) in Maryland and the United States, 2001–2005

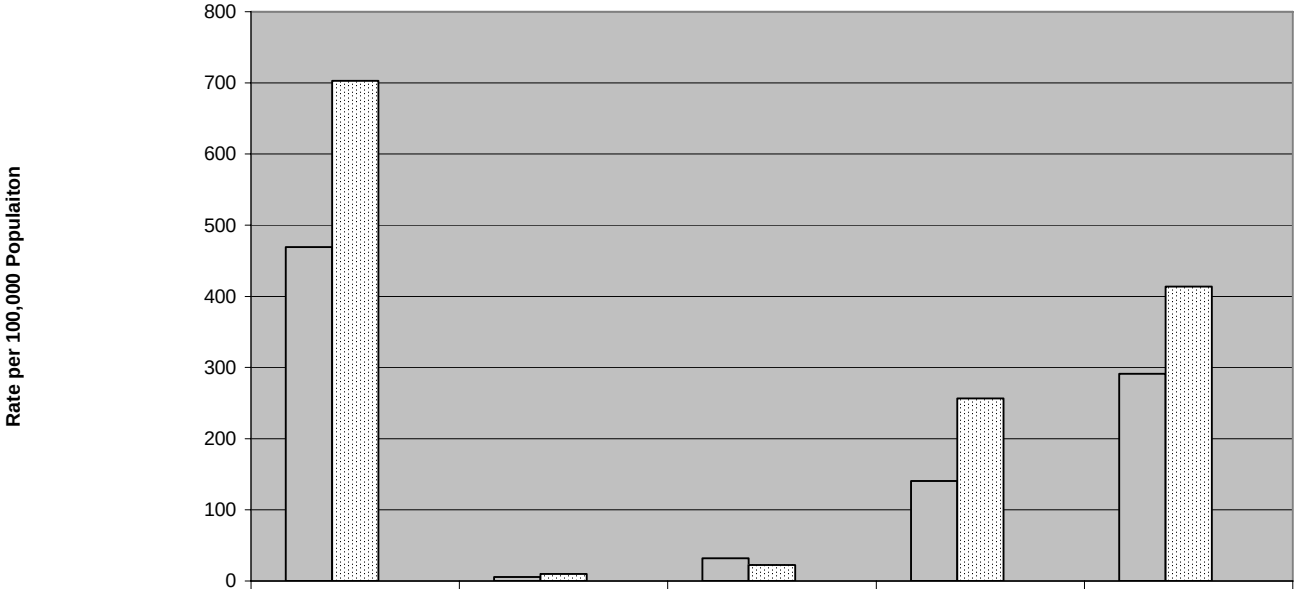


	2001	2002	2003	2004	2005
United States	504.5	494.4	475.8	463.2	469.2
Maryland	783.0	770.8	703.5	700.6	703.0
State/National Ratio**	1.55	1.56	1.48	1.51	1.50

NOTES:
Violent crimes are offenses of murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault.
*Violent Crime Rate refers to the number of reported offenses per 100,000 population.
** State/National Ratio = State Rate/National Rate

SOURCE: Crime in the United States, 2005. Uniform Crime Reports Program, Federal Bureau of Investigations (FBI), Department of Justice (DOJ) and FBI, Uniform Crime Reports as prepared by the National Archive of Criminal Justice.

Figure 20
Violent Crime Rates* (per 100,000 population) in Maryland and the United States, by Type of Violent Crime, 2005



	Total Violent Crime	Murder and Non-Negligent Manslaughter	Forcible Rape	Robbery	Aggravated Assault
United States	469.2	5.6	31.7	140.7	291.1
Maryland	703.0	9.9	22.6	256.7	413.8
State/National Ratio**	1.50	1.77	0.71	1.82	1.42

NOTES:
Violent crimes are offenses of murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault.
*Violent Crime Rate refers to the number of reported offenses per 100,000 population.
** State/National Ratio = State Rate/National Rate

SOURCE: Crime in the United States, 2005. Uniform Crime Reports Program, Federal Bureau of Investigations (FBI), Department of Justice (DOJ) and FBI, Uniform Crime Reports as prepared by the National Archive of Criminal Justice.

HIGHLIGHTS

- Nationally, the rate of violent crimes decreased by 7% from 2001 to 2005.
- Maryland rates decreased by 10% from 2001 to 2003 and have held steady since 2003.
- Maryland rates were consistently higher than the national rates each year from 2001 to 2005.
- The only type of violent crime for which Maryland's rate is lower in 2005 than the national rate is for forcible rape.
- Maryland's rates of robberies and aggravated assaults are both significantly higher than the national rates.

Prevalence/Severity in 2005

Table 29: Number and Rate (per 100,000 population) of Violent Crimes in Maryland and Estimated Number of Violent Crimes that are Attributable to Alcohol, by Crime Category, 2005

	Violent Crimes			
	Number of Offenses Reported	Violent Crime Rate*	% Attributed as Alcohol-Related**	Estimated Number that are Alcohol-Related
	(#)	Per 100,000 Pop.	(%)	(#)
Total Violent Crimes	39,369	703.0	---	7,840
Murder and Non negligent Manslaughter	552	9.9	30.0%	166
Forcible Rape	1,266	22.6	23.0%	291
Robbery	14,378	256.7	3.0%	431
Aggravated Assault	23,173	413.8	30.0%	6,952

NOTES:
* Violent Crime Rate refers to the number of reported offenses per 100,000 population. The FBI calculated 2005 state growth rates using revised 2004 state/national population estimates and 2005 provisional state/national population estimates provided by the U.S. Census Bureau.
**Estimated Number of Crimes that are Alcohol-Related are based on information from the State Epidemiological Data Systems (SEDS) indicating that alcohol attribution rates for violent crime range from approximately 3% for robberies; 23% for rapes; and 30% for murder and aggravated assaults. Estimates of the percentage of crimes attributable to alcohol are derived primarily from self-reports of incarcerated perpetrators of the crimes. The percentage actually attributable to alcohol use may vary across geographic units or subpopulations.

SOURCE: Crime in the United States, 2005. Uniform Crime Reports Program, Federal Bureau of Investigations (FBI), Department of Justice (DOJ)

HIGHLIGHTS

- In 2005, more than 39,000 violent crimes were reported in Maryland; aggravated assaults accounted for approximately 59% of Maryland violent crimes and robberies account for 37% of violent crimes.
- Alcohol attribution rates for violent crime range from 30% for murder or aggravated assault to 23% for forcible rape and 3% for robberies. This translated into an estimated 7,840 alcohol-related violent crimes in Maryland in 2005.

Time Trends 2001–2005

Table 30: Number, Rate,* and Estimated Number of Alcohol-Related Violent Crimes in Maryland, by Type of Violent Crime and Year, 2001–2005**

	Total Violent Crimes			Murder and Nonnegligent Manslaughter			Forcible Rape			Robbery			Aggravated Assault		
Year	No. of Reported Crimes	Rate Per 100,000 Pop.	Estimated No. Alcohol-Related	No. of Reported Crimes	Rate per 100,000 Pop.	Estimated No. Alcohol-Related	No. of Reported Crimes	Rate per 100,000 Pop.	Estimated No. Alcohol-Related	No. of Reported Crimes	Rate per 100,000 Pop.	Estimated No. Alcohol-Related	No. of Reported Crimes	Rate per 100,000 Pop.	Estimated No. Alcohol-Related
2001	42,088	783.0	8,873	446	8.3	134	1,449	27.0	333	13,525	251.6	406	26,668	496.1	8,000
2002	42,015	770.8	8,886	513	9.4	154	1,370	25.1	315	13,417	246.2	403	26,715	490.1	8,015
2003	38,778	703.5	7,947	525	9.5	158	1,358	24.6	312	13,302	241.3	399	23,593	428.0	7,078
2004***	38,961	700.6	8,148	521	9.4	156	1,317	23.7	303	12,772	229.7	383	24,351	437.9	7,305
2005	39,369	703.0	7,840	552	9.9	166	1,266	22.6	291	14,378	256.7	431	23,173	413.8	6,952

NOTES:

* Violent Crime Rate refers to the number of reported offenses per 100,000 population. The FBI calculated 2005 state growth rates using revised 2004 state/national population estimates and 2005 provisional state/national population estimates provided by the U.S. Census Bureau.

**Estimated Number of Crimes that are Alcohol-Related are based on information from the State Epidemiological Data Systems (SEDS) indicating that alcohol attribution rates for violent crime range from approximately 3% for robberies; 23% for rapes; and 30% for murder and aggravated assaults. Estimates of the percentage of crimes attributable to alcohol are derived primarily from self-reports of incarcerated perpetrators of the crimes. The percentage actually attributable to alcohol use may vary across geographic units or subpopulations.

*** State totals for the year 2004 were taken from the 2005 Crime in the United States publication. The 2004 statistics were re-estimated to reflect data received after the publication of the 2004 edition of the Crime in the United States. Data for 2001 to 2003 were taken from the Crime in the United States publication for the respective year.

SOURCE: Crime in the United States, 2001– 2005. Uniform Crime Reports Program, Federal Bureau of Investigations (FBI), Department of Justice (DOJ) and FBI, Uniform Crime Reports as prepared by the National Archive of Criminal Justice.

HIGHLIGHTS

- The total estimated number of violent crimes decreased 8 percent from 42,088 in 2001 to 38,778 in 2003. Violent crime increased 2 percent from 2003 to 2005.
- The number of murders and robberies have increased from 2001 to 2005 and, therefore, so have the estimated number of alcohol-related murders and robberies; murders increased 24% from 2001 to 2005; robberies increased sharply in 2005 from 2004 (13%) after decreasing steadily.
- The number of rapes and aggravated assaults decreased from 2001 to 2005 and, likewise, the estimated number of alcohol-related rapes and aggravated assaults also decreased.

County Data 2005

Table 31: Numbers, Percentages*, Rates of Violent Crimes and Estimated Number of Crimes that are Alcohol-Related,*** by Type of Crime and County, Maryland, 2005**

	Total Violent Crimes				Murder and Nonnegligent Manslaughter				Forcible Rape				Robbery				Aggravated Assault			
	No. of Reported Crimes	Percentage Occuring in County	Rate Per 100,000 Pop.	Estimated No. Alcohol-Related	No. of Reported Crimes	Percentage Occuring in County	Rate Per 100,000 Pop.	Estimated No. Alcohol-Related	No. of Reported Crimes	Percentage Occuring in County	Rate Per 100,000 Pop.	Estimated No. Alcohol-Related	No. of Reported Crimes	Percentage Occuring in County	Rate Per 100,000 Pop.	Estimated No. Alcohol-Related	No. of Reported Crimes	Percentage Occuring in County	Rate Per 100,000 Pop.	Estimated No. Alcohol-Related
Allegany	260	0.7%	349.3	72	1	0.2%	1.3	0	30	2.4%	40.3	7	15	0.1%	20.2	0	214	0.9%	287.5	64
Anne Arundel	3,167	8.0%	618.0	710	16	2.9%	3.1	5	88	7.0%	17.2	20	865	6.0%	168.8	26	2,198	9.5%	428.9	659
Baltimore City	11,309	28.7%	1,764.0	2,319	269	48.7%	42.0	81	162	12.8%	25.3	37	3,935	27.4%	613.8	118	6,943	30.0%	1,083.0	2,083
Baltimore County	5,650	14.4%	718.1	1,205	40	7.2%	5.1	12	178	14.1%	22.6	41	1,769	12.3%	224.8	53	3,663	15.8%	465.6	1,099
Calvert	231	0.6%	265.1	61	2	0.4%	2.3	1	15	1.2%	17.2	3	26	0.2%	29.8	1	188	0.8%	215.8	56
Caroline	155	0.4%	495.3	41	1	0.2%	3.2	0	7	0.6%	22.4	2	17	0.1%	54.3	1	130	0.6%	415.4	39
Carroll	400	1.0%	238.9	108	2	0.4%	1.2	1	29	2.3%	17.3	7	36	0.3%	21.5	1	333	1.4%	198.9	100
Cecil	474	1.2%	492.4	120	4	0.7%	4.2	1	11	0.9%	11.4	3	79	0.5%	82.1	2	380	1.6%	394.8	114
Charles	759	1.9%	554.7	173	4	0.7%	2.9	1	35	2.8%	25.6	8	195	1.4%	142.5	6	525	2.3%	383.7	158
Dorchester	174	0.4%	558.6	40	0	0.0%	0.0	0	9	0.7%	28.9	2	43	0.3%	138.1	1	122	0.5%	391.7	37
Frederick	736	1.9%	335.6	179	1	0.2%	0.5	0	30	2.4%	13.7	7	148	1.0%	67.5	4	557	2.4%	254.0	167
Garrett	62	0.2%	204.3	18	0	0.0%	0.0	0	4	0.3%	13.2	1	1	0.0%	3.3	0	57	0.2%	187.8	17
Harford	845	2.1%	356.0	199	2	0.4%	0.8	1	30	2.4%	12.6	7	193	1.3%	81.3	6	620	2.7%	261.2	186
Howard	615	1.6%	228.8	111	4	0.7%	1.5	1	42	3.3%	15.6	10	263	1.8%	97.9	8	306	1.3%	113.9	92
Kent	89	0.2%	451.1	22	1	0.2%	5.1	0	4	0.3%	20.3	1	15	0.1%	76.0	0	69	0.3%	349.7	21
Montgomery	2,196	5.6%	236.5	348	21	3.8%	2.3	6	157	12.4%	16.9	36	1,109	7.7%	119.4	33	909	3.9%	97.9	273
Prince George's	9,497	24.1%	1,118.1	1,431	164	29.7%	19.3	49	305	24.1%	35.9	70	5,172	36.0%	608.9	155	3,856	16.6%	454.0	1,157
Queen Anne's	72	0.2%	158.5	17	1	0.2%	2.2	0	15	1.2%	33.0	3	15	0.1%	33.0	0	41	0.2%	90.3	12
Saint Mary's	360	0.9%	376.4	94	1	0.2%	1.0	0	24	1.9%	25.1	6	45	0.3%	47.0	1	290	1.3%	303.2	87
Somerset	124	0.3%	475.8	29	1	0.2%	3.8	0	3	0.2%	11.5	1	28	0.2%	107.4	1	92	0.4%	353.0	28
Talbot	123	0.3%	348.6	29	3	0.5%	8.5	1	10	0.8%	28.3	2	27	0.2%	76.5	1	83	0.4%	235.2	25
Washington	521	1.3%	370.3	125	4	0.7%	2.8	1	18	1.4%	12.8	4	111	0.8%	78.9	3	388	1.7%	275.8	116
Wicomico	923	2.3%	1,031.8	218	4	0.7%	4.5	1	34	2.7%	38.0	8	211	1.5%	235.9	6	674	2.9%	753.4	202
Worcester	423	1.1%	857.2	109	2	0.4%	4.1	1	25	2.0%	50.7	6	59	0.4%	119.6	2	337	1.5%	682.9	101
Statewide Agencies	204	0.5%	--	61	4	0.7%	--	1	1	0.1%	--	0	1	0.0%	--	0	198	0.9%	--	59
State Total	39,369	100.0%	703.0	7,840	552	100.0%	9.9	166	1,266	100.0%	22.6	291	14,378	100.0%	256.7	431	23,173	100.0%	413.8	6,952

NOTES:

* Percentages refer to percentage of all state crimes reported for that jurisdiction.

**Crime Rate refers to the number of reported offenses per 100,000 population.

***Estimated Number of Crimes that are Alcohol-Related (Estimated No. Alcohol-Rel column) are based on information from the State Epidemiological Data Systems (SEDS) indicating that alcohol attribution rates for violent crime range from approximately 3% for robberies; 23% for rapes; and 30% for murder and aggravated assaults. Estimates of the percentage of crimes attributable to illicit alcohol are derived primarily from self-reports of incarcerated perpetrators of the crimes. The percentage actually attributable to alcohol use may vary across geographic units or subpopulations.

SOURCE: Crime In Maryland, 2005 Uniform Crime Report. Maryland UCR Program, Maryland State Police (MSP).

HIGHLIGHTS

- Nearly two-thirds (63%) of the estimated alcohol-related violent crimes reported in 2005 occurred in Baltimore City, Baltimore County, and Prince George's County.
- In 14 jurisdictions, there were more than 100 estimated alcohol-related violent crimes in 2005; in 3 jurisdictions, more than 1,000 alcohol-related violent crimes were estimated to have occurred.
- Baltimore City and Prince George's County had the highest estimated numbers of alcohol-related murders in the state (and respectively) and accounted for more than three-quarters of the alcohol-related murders; Montgomery, Baltimore, and Anne Arundel counties each had five or more alcohol-related murders; all other jurisdictions had 1 or fewer alcohol-related murders.
- Prince George's County, Baltimore City, Baltimore County, and Montgomery County together account for nearly two-thirds (63%) of the alcohol-related rapes.
- Baltimore City and Prince George's county also account for nearly two-thirds of the robberies; each reported more than 100 alcohol-related robberies; 18 other jurisdictions reported 6 or fewer.
- Prince George's, Baltimore County, and Baltimore City also reported 62% of the alcohol-related aggravated assaults.
- Baltimore City and Prince George's County also reported the highest rates of alcohol-related violent crimes, but Wicomico County also reported more than 1,000 alcohol-related violent crimes per 100,000 people.

Consequence: Alcohol-Related Crashes

Identified Indicators

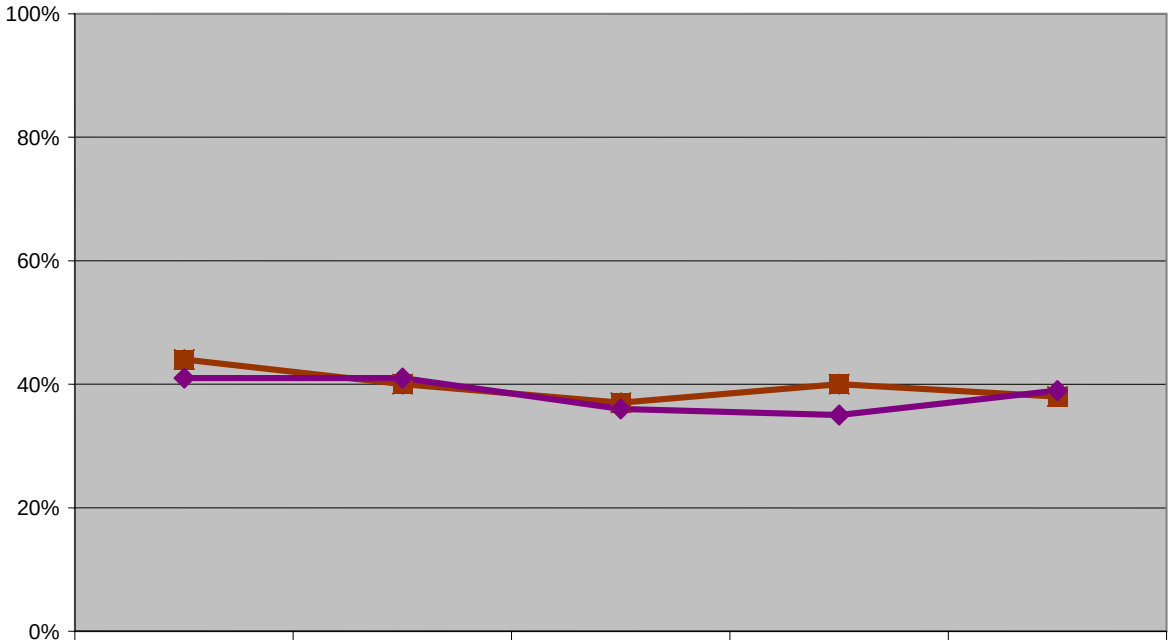
For this consequence, we assessed 5 indicators in the crime and criminal justice domain. The data that follow allow us to assess the numbers of people injured and killed in alcohol-related crashes in Maryland.

- All fatal crashes and fatal crashes related to alcohol
- Drivers injured or killed in alcohol-related crashes
- Passengers injured or killed in alcohol-related crashes
- Pedestrians injured or killed in alcohol-related crashes
- Property damage only alcohol-related crashes

These indicators were selected to be in line with the National Outcome Measures and other CSAP requirements. They are meant to describe a serious and sometimes deadly consequence of alcohol abuse. The chart that follows compares alcohol-related fatal crash rates in Maryland and the United States during five years. The tables that follow take a closer look at Maryland trends from 2001–2005 and the 2005 crashes.

National vs. Maryland Comparisons

Figure 21
Percentage of Fatal Crashes that were Alcohol-Related in Maryland and the United States, 2001–2005



	2001	2002	2003	2004	2005
Maryland	44.0%	40.0%	37.0%	40.0%	38.0%
United States	41.0%	41.0%	36.0%	35.0%	39.0%
State/National Ratio	1.07	0.98	1.03	1.14	0.97

NOTES:
Data used is from the Fatality Analysis Reporting System (FARS), produced by the National Highway Traffic Safety Administration. Data includes imputed alcohol involvement in traffic crashes and may differ from State reports.

SOURCE: National Highway Traffic Safety Administration, Traffic Safety Fact Sheets, Alcohol, 2001–2005.

HIGHLIGHTS

- In 2005, the percentage of fatal crashes that were alcohol-related was about the same in Maryland and nationwide. Maryland was higher than nationwide in 2004.
- Nationwide, the percentage of alcohol-related fatal crashes decreased from 41% in 2001 to 35% in 2004, and then increased in 2005 to 39%.
- Maryland percentages varied also; the percentage of alcohol-related fatal crashes decreased from 2001 to 2003 and then increased slightly in 2004.

Prevalence/Severity in 2005

Table 32: Age and Sex Characteristics of Drivers, Passengers, and Pedestrians Involved in Crashes in which a Driver was Alcohol and/or Drug-Impaired, Maryland, 2005

Persons involved in Crashes in which a Driver was Alcohol or Drug Impaired	Age					Sex		
	15 and Under	16-19	20-29	30+	Unknown	Female	Male	Unknown
Total Drivers (n=8,758)	0.2%	7.5%	34.1%	52.7%	5.6%	21.7%	76.0%	3.8%
Injured Drivers (n=2,165)	0.1%	9.3%	37.2%	52.8%	0.6%	22.6%	77.3%	0.1%
Driver Fatalities (n=122)	0.0%	2.5%	36.1%	61.5%	0.8%	13.9%	86.1%	0.0%
Total Passengers (n=2,142)	15.5%	19.6%	34.9%	23.0%	7.0%	36.4%	62.7%	1.4%
Injured Passengers (n=682)	13.8%	23.9%	37.0%	21.4%	4.0%	42.8%	67.7%	0.3%
Passenger Fatalities (n=41)	14.6%	17.1%	41.5%	26.8%	0.0%	24.4%	75.6%	0.0%
Total Pedestrians (n=127)	12.6%	7.9%	30.7%	45.7%	3.1%	26.8%	73.2%	0.0%
Pedestrian Injuries (n=100)	13.0%	8.0%	34.0%	41.0%	4.0%	26.0%	74.0%	0.0%
Pedestrian Fatalities (n=15)	0.0%	13.3%	20.0%	66.7%	0.0%	20.0%	80.0%	0.0%

SOURCE: Maryland Automated Accident Reporting System (MAARS), Traffic Safety Analysis Division, Office of Traffic and Safety, Maryland State Highway Administration (SHA), 2005.

HIGHLIGHTS

- Drivers and pedestrians injured or killed in crashes involving an alcohol or drug impaired driver are most likely to be male and 30 years old or older.
- Passengers injured or killed in crashes involving an alcohol or drug impaired driver are most likely to be male and 20 years old or older.
- Juveniles, young adults, and females are more likely to be injured or killed as passengers than as drivers or pedestrians.

Time Trends 2001–2005

Table 33: Number and of Crashes,[1] Fatalities, and Injuries and Crashes, Fatalities, and Injuries Involving an Alcohol- and/or Drug (AOD)-Impaired Driver and Percentage of AOD-Related Crashes,[2] Fatalities, and Injuries, by Type of Crash and Year, State of Maryland, 2001–2005

	2001	2002	2003	2004	2005
All Crashes[3]					
AOD-Related Crashes	8,754	8,774	8,719	8,556	8,479
Total Crashes	101,411	104,843	109,130	104,103	102,624
Percent AOD-Related	8.6%	8.4%	8.0%	8.2%	8.3%
Fatal Crashes[4]					
AOD-Related Fatal Crashes	173	154	140	183	187
Total Fatal Crashes	602	606	596	576	577
Percent AOD-Related	28.7%	25.4%	23.5%	31.8%	32.4%
Injury Crashes[5]					
AOD-Related Injury Crashes	3,519	3,535	3,198	3,142	3,125
Total Injury Crashes	38,523	38,875	38,710	37,422	36,548
Percent AOD-Related	9.1%	9.1%	8.3%	8.4%	8.6%
Property Damage Only[6]					
AOD-Related Property Damage Only Crashes	5,062	5,085	5,381	5,231	5,167
Total Property Damage Only Crashes	62,286	65,362	69,824	66,105	65,499
Percent AOD-Related	8.1%	7.8%	7.7%	7.9%	7.9%
Total All Fatalities					
AOD-Related Fatalities	191	167	156	215	204
Total Fatalities	661	661	651	643	614
Percent AOD-Related	28.9%	25.3%	24.0%	33.4%	33.2%
Total Number Injured					
AOD-Related Injuries	5,580	5,570	4,869	4,886	4,863
Total Number Injured	60,051	59,517	58,118	57,409	55,303
Percent AOD-Related	9.3%	9.4%	8.4%	8.5%	8.8%

NOTES:

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

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

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

[4]Fatal Crash: A police-reported crash involving a motor vehicle in transport on a traffic way in which at least one person dies within 30 days of the crash.

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

[6]Property Damage Only Crash: A police-reported crash involving a motor vehicle in transport on a traffic way in which no one involved in the crash suffered any injuries.

SOURCE: Maryland Automated Accident Reporting System (MAARS), Traffic Safety Analysis Division, Office of Traffic and Safety, Maryland State Highway Administration (SHA) 2001–2005.

HIGHLIGHTS

- Although the number of alcohol-and/or drug-related crashes involving an impaired driver decreased 3 percent from 2002 to 2005, the percentage of crashes that were AOD-related remained about the same.
- The number of fatal AOD-related crashes involving an impaired driver increased 34 percent from 2003 to 2005.
- The total number of fatalities in AOD-related crashes increased sharply in 2004 (38 percent from 2003) and decreased slightly in 2005.
- The percentage of AOD-related injury crashes involving an impaired driver remained about the same from 2001 to 2005.
- The total number of AOD-related injuries also decreased from 2001 to 2005 (13%).

County Data 2005

Table 34: Number of Total and Alcohol-Related Crashes[1] and Fatal Crashes[2]; Percentage of Total County Crashes/Fatal Crashes due to Alcohol, Percentage of Total Crashes/Fatal Crashes due to Alcohol; and Rate of Alcohol-Related Crashes/Fatal Crashes in Maryland; by County, 2005

County	Total Crashes (#)	Number of Alcohol-Related Crashes (#)	Percentage of All Alcohol-Related Crashes Occuring in County (%)	Percentage of All County Crashes that are Alcohol-Related (%)	Total Fatal Crashes (#)	Number of Alcohol-Related Fatal Crashes (#)	Percentage of All Alcohol-Related Fatal Crashes Occuring in County (%)	Percentage of All County Fatal Crashes that are Alcohol-Related (%)
Allegany	761	100	1.2%	13.1%	10	2	1.1%	20.0%
Anne Arundel	9,457	927	10.9%	9.8%	50	14	7.5%	28.0%
Baltimore City	18,641	949	11.2%	5.1%	33	8	4.3%	24.2%
Baltimore County	15,558	1,249	14.7%	8.0%	70	24	12.8%	34.3%
Calvert	1,190	132	1.6%	11.1%	9	4	2.1%	44.4%
Caroline	463	74	0.9%	16.0%	9	1	0.5%	11.1%
Carroll	2,207	225	2.7%	10.2%	19	11	5.9%	57.9%
Cecil	1,652	166	2.0%	10.0%	21	7	3.7%	33.3%
Charles	2,807	252	3.0%	9.0%	34	15	8.0%	44.1%
Dorchester	506	54	0.6%	10.7%	6	2	1.1%	33.3%
Frederick	2,995	312	3.7%	10.4%	28	12	6.4%	42.9%
Garrett	571	58	0.7%	10.2%	6	0	0.0%	0.0%
Harford	3,444	380	4.5%	11.0%	19	7	3.7%	36.8%
Howard	3,052	263	3.1%	8.6%	18	9	4.8%	50.0%
Kent	230	31	0.4%	13.5%	1	1	0.5%	100.0%
Montgomery	13,057	1,023	12.1%	7.8%	43	11	5.9%	25.6%
Prince George's	16,349	1,229	14.5%	7.5%	129	31	16.6%	24.0%
Queen Anne's	742	97	1.1%	13.1%	7	3	1.6%	42.9%
Saint Mary's	1,394	138	1.6%	9.9%	12	6	3.2%	50.0%
Somerset	380	56	0.7%	14.7%	2	2	1.1%	100.0%
Talbot	905	88	1.0%	9.7%	7	3	1.6%	42.9%
Washington	2,832	278	3.3%	9.8%	21	7	3.7%	33.3%
Wicomico	2,082	211	2.5%	10.1%	13	2	1.1%	15.4%
Worcester	1,349	187	2.2%	13.9%	10	5	2.7%	50.0%
State Total	**102,624**	**8,479**	**100.0%**	8.3%	**577**	**187**	**100.0%**	**32.4%**

NOTES:[1]Crash: An event that produces injury and/or property damage, involves a motor vehicle in transport, and occurs on a traffic way or while the vehicle is still in motion after running off the traffic way.
[2]Fatal Crash: A police-reported crash involving a motor vehicle in transport on a traffic way in which at least one person dies within 30 days of the crash.

SOURCE: Maryland Automated Accident Reporting System (MAARS), Traffic Safety Analysis Division, Office of Traffic and Safety, Maryland State Highway Administration (SHA), 2005.

HIGHLIGHTS

- In Maryland nearly 1 in 10 crashes are alcohol-related and 1 in 3 fatal crashes are alcohol-related.
- In 14 jurisdictions, 10% or more of crashes were alcohol-related.
- Caroline had the highest percentage of alcohol-related crashes (16%) followed by Somerset, Worcester, Kent, Queen Anne's, and Allegany.
- In Kent and Somerset, all fatal crashes were alcohol-related.
- In 6 jurisdictions 50% or more of fatal crashes were alcohol-related (Carroll, Howard, Kent, Saint Mary's, Somerset, and Worcester).

Consequence: Past Year Alcohol Abuse or Dependence

Identified Indicators

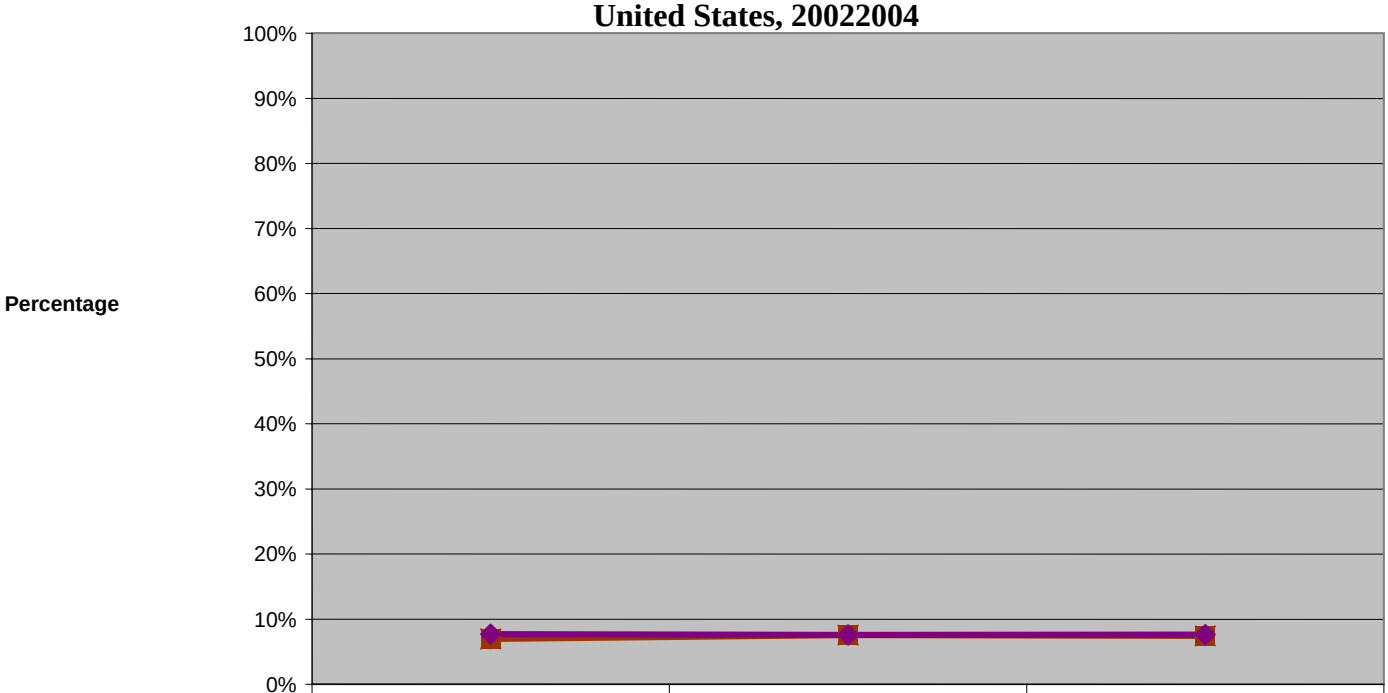
For this consequence, we assessed the estimated number of persons meeting DSM-IV criteria for alcohol abuse or dependence. The chart that follows compares residents reporting any alcohol dependence or abuse in Maryland and the United States between 2002 and 2004.

These indicators were selected to be in line with the National Outcome Measures and other CSAP requirements. They are a part of the reduced morbidity NOMs domain and are meant to describe a chronic and deadly consequence of substance abuse.

National vs. Maryland Comparisons

Figure 22

Percentage of Residents Reporting Any Alcohol Dependence or Abuse in Past Year in Maryland and the United States, 20022004



	2002	2002-2003	2003-2004
Maryland*	6.95%	7.55%	7.40%
United States**	7.70%	7.59%	7.62%
State/National Ratio***	0.90	0.99	0.97

NOTES:
*The state estimates are based on a survey-weighted hierarchical Bayes estimation approach. Although statewide estimates were produced prior to 2002, the data are not comparable to data collected in and after 2002 because of a change in survey methods.
**The U.S. estimates are the weighted average of the hierarchical Bayes estimates across all States and the District of Columbia and typically are not equal to the direct sample-weighted estimate for the Nation.
***State/National Ratio = State Percentage/National Percentage.

SOURCE: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002-2004.

HIGHLIGHTS

- Maryland mirrors the nation in the percentage of residents reporting alcohol dependence or abuse in the past year.
- The percentage of Maryland residents reporting alcohol dependence or abuse has remained relatively stable since 2002.

Prevalence/Severity in 2003–2004

Table 35: Percentage and Estimated Number of Maryland Residents Aged 12 or Older Reporting Dependence or Abuse of Alcohol in the Past Year, by Demographic Characteristics: Annual Averages Based on 2003 and 2004 Surveys

	%	Estimated No.
Maryland	7.40%	334,000
Age		
12-17	5.10%	25,000
18-25	16.82%	94,000
26 or Older	6.19%	216,000

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

SOURCE: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2003 and 2004.

HIGHLIGHTS

- An estimated 334,000 Marylanders reported past year abuse or dependence in 2004.
- Seventeen percent of 18 to 25 year olds in Maryland reported dependence or abuse of alcohol in the past year.

Time Trends

Table 36: Percentage and Estimated Number of Maryland Residents Aged 12 or Older Reporting Dependence or Abuse of Alcohol in the Past Year, by Survey Year(s)

Year	(%)	Estimated Number
2002	6.95%	309,226
2002-2003	7.55%	337,000
2003-2004	7.40%	334,000

NOTES:
The state estimates are based on a survey-weighted hierarchical Bayes estimation approach. Although statewide estimates were produced prior to 2002, the data are not comparable to data collected in and after 2002 because of a change in survey methods. The difference between the 2002–2003 estimate and the 2003–2004 estimate were not statistically significant. Data on significance of change were not available for earlier years.

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

SOURCE: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002–2004

HIGHLIGHTS

- The estimated number of Marylanders reporting abuse or dependence on alcohol in the past year peaked 2002–2003 at 337,000.

County Data

Table 37: Percentage and Estimated Number of Maryland Residents Aged 12 or Older Reporting Dependence or Abuse of Alcohol in the Past Year, by County, Annual Averages for County Data Based on 2002, 2003, and 2004 Surveys; Annual Average for State Data Based on 2003 and 2004 Surveys

County*	2000 Census Poulation Aged 12+	(%)	Estimated Number**
Allegany	65,182	6.81%	4,439
Anne Arundel	406,842	7.09%	28,845
Baltimore City	543,011	8.24%	44,744
Baltimore County	637,029	7.17%	45,675
Calvert	60,331	7.21%	4,350
Caroline	24,618	7.21%	1,775
Carroll	123,425	6.81%	8,405
Cecil	70,186	7.21%	5,060
Charles	97,760	7.21%	7,048
Dorchester	26,111	7.21%	1,883
Frederick	159,222	6.81%	10,843
Garrett	25,032	6.81%	1,705
Harford	177,909	7.17%	12,756
Howard	200,625	7.17%	14,385
Kent	16,671	7.21%	1,202
Montgomery	723,617	6.44%	46,601
Prince George's	654,330	6.73%	44,036
Queen Anne's	33,710	7.21%	2,430
Saint Mary's	70,089	7.21%	5,053
Somerset	21,730	7.21%	1,567
Talbot	29,063	7.21%	2,095
Washington	111,533	6.81%	7,595
Wicomico	70,911	7.21%	5,113
Worcester	40,357	7.21%	2,910
State Total**	--	**7.40%**	**334,000**

NOTES:
Dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).
*County-Level Figures: Model-based estimates of dependence or abuse of alcohol were produced for sub-state regions by SAMHSA. The regions were defined as follows: Anne Arudel = Anne Arundel County; Baltimore City = Baltimore City; Central = Baltimore, Harford, and Howard Counties; Montgomery = Montgomery County; Prince George's = Prince George's County; Rural = Calvert, Caroline, Cecil, Charles, Dorchester, Kent, Queen Anne's, St. Mary's, Somerset, Talbot, Wicomico, and Worcester Counties; Western = Allegany, Carroll, Frederick, Garrett, and Washington Counties. The sub-state percentages produced by SAMHSA were applied to each county within the defined sub-state regions to derive estimates at the county level.
** Estimated Number: County estimates of number of residents dependent or abusing alcohol is based on 2000 Census data on population 12 years and older. The state estimate is produced by SAMHSA OAS.
*** Sum of county estimates do not equal State Total because the State figures are based on pooled data from two years worth of data (i.e., 2003 and 2004 surveys) and County figures are based on pooled data from three years worth of data (i.e., 2002, 2003, and 2004 surveys).

SOURCE: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004

HIGHLIGHTS

- ON average from 2002–2004, 6 to 8 percent of each county's residents 12 or older reported alcohol abuse or dependence in the past year.
- Not surprisingly, the five counties with the highest populations also reported the highest estimated numbers of residents reporting abuse or dependence: Prince George's, Baltimore County, Baltimore City, and Montgomery County, and Anne Arundel County.
- Prince George's, Baltimore County, Baltimore City, and Montgomery County each report more than 44,000 residents with abuse or dependence problems in 2004; Anne Arundel reported more than 28,000.
- The remaining counties reported fewer than 14,500 residents with abuse or dependence problems.

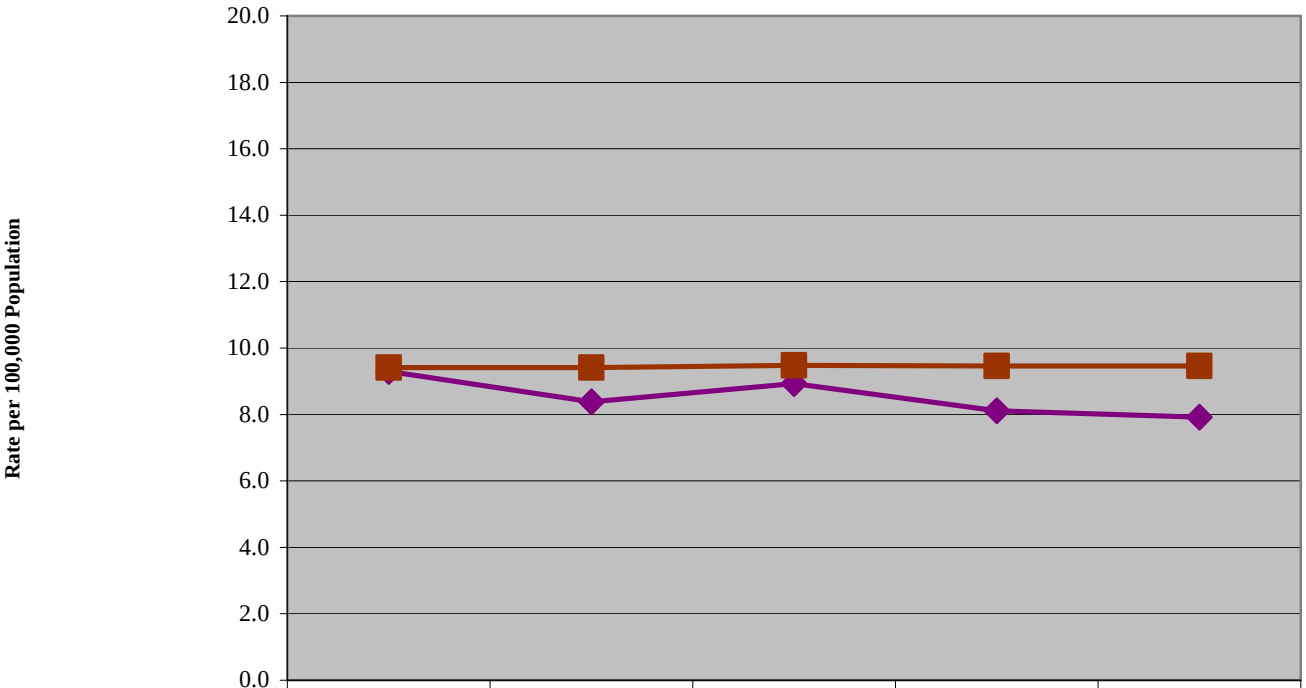
Consequence: Alcohol-Induced Deaths

Identified Indicators

For this consequence, we assessed alcohol-induced deaths by age, race, and gender. This indicator is in line with the National Outcome Measures and other CSAP requirements. It is in the reduced morbidity NOMs domain. It describes the most severe consequence of alcohol abuse. The chart that follows compares alcohol-induced death rates in Maryland and the United States during five years. The tables that follow take a closer look at alcohol-induced deaths in Maryland from 2000–2005.

National vs. Maryland Comparisons

Figure 23
Annual Death Rates* (per 100,000 population) for Chronic Liver Disease**
in Maryland and the United States, 1999-2003



	1999	2000	2001	2002	2003
Maryland	9.3	8.4	8.9	8.1	7.9
United States	9.4	9.4	9.5	9.5	9.5
State/National Ratio	0.99	0.89	0.94	0.86	0.84

NOTES:*Rates are based on populations estimated as of July 1 for all years.
**Chronic liver diseases deaths include the following International Classification of Disease, Tenth Revision (ICD-10) Category Codes: K70 and K73-K74 as underlying cause of death. Note that chronic liver disease deaths are included in the report to provide national versus Maryland comparisons. Chronic liver disease deaths provide an imperfect indicator of alcohol-related deaths, as only a portion are alcohol-related. The tables that follow provide information on "alcohol-induced" deaths that include ICD-10 code K70 but excludes K73-K74.
Alcohol-related cirrhosis may have a long latency; there may be a lag of several years between changes in behavior and population mortality. The stability of this indicator is directly related to the size of the population in which these deaths occur. There also is variability in the procedures used within and across each state to determine cause of death.
SOURCE: U.S. Department of Health and Human Services, National Center for Health Statistics. Multiple Cause of Death, 1999–2001[CD-ROM]. Hyattsville, MD, Author, (Special data file), 2003.

HIGHLIGHTS:

- Comparable national data were available only for chronic liver disease deaths and not for alcohol-induced deaths. Only a portion of chronic liver disease deaths are alcohol-related.
- From 1999 to 2003, while the chronic liver disease death rate remained stable nationally, Maryland had a 15 percent decrease.
- During the five year period from 1999 to 2003 the rate of chronic liver disease deaths per 100,000 people in Maryland has been very similar or slightly lower than the national rate.
- In each year from 1999 to 2003, out of every 100,000 people in Maryland approximately 8 to 9 people died from chronic liver disease. Similarly, nationally, during each of those years, for every 100,000 people approximately 9 people died from chronic liver disease.
- In 2003, the most recent year for which comparable data were available, there were 7.9 chronic liver disease deaths in Maryland per 100,000 people, a rate 17 percent lower than the national rate of 9.5.

Prevalence/Severity in 2005

Table 38: Number, Percentage, and Rate of All-Cause and Alcohol-Induced Deaths in Maryland, by Demographic Characteristics, 2005*

	All Causes of Deaths			Alcohol-Induced Deaths**		
	No.	%	Rate Per 100,000 Pop.	No.	%	Rate Per 100,000 Pop.
Maryland Total	43,778	100.0%	781.7	270	100.0%	4.8
Gender						
Male	21,495	49.1%	792.2	188	69.6%	6.9
Female	22,283	50.9%	771.8	82	30.4%	2.8
Race/Ethnicity						
Black	11,773	26.9%	704.0	71	26.3%	4.2
White	31,249	71.4%	862.5	197	73.0%	5.4
Other	756	1.7%	247.7	2	0.7%	0.7
Age						
<5	610	1.4%	159.9	0	0.0%	0.0
5-14	112	0.3%	14.5	1	0.4%	0.1
15-24	662	1.5%	84.7	1	0.4%	0.1
25-44	2,629	6.0%	166.0	57	21.1%	3.6
45--64	8,982	20.5%	624.9	164	60.7%	11.4
65+	30,776	70.3%	4,774.7	46	17.0%	7.1

NOTES:
*Rates are based on July 1, 2005 population estimates that were prepared by the National Center for Health Statistics (NCHS) in collaboration with the U.S. Census Bureau.
**Alcohol-Induced Deaths include the following International Classification of Disease, Tenth Revision (ICD-10) Category Codes: F10, G31.2, G62.1, I42.6, K29.2, K70, R78.0, X45, X65, Y15.

SOURCE: Maryland Vital Statistics Annual Report 2005, Vital Statistics Administration, Department of Health and Mental Hygiene (DHMH).

HIGHLIGHTS:

- There were 270 alcohol-induced deaths in Maryland in 2005, accounting for fewer than 1 percent of all deaths in Maryland that year.
- Alcohol-induced deaths are most likely to occur in Marylanders that are male, white and 45 to 64 years of age.
- Alcohol-induced deaths were more than twice as likely to be male as female, while all deaths were equally distributed between the sexes.
- The distribution of deaths among the races was similar for both alcohol-induced and all-cause deaths.
- The disproportionate majority of all-cause deaths were among those 65 years or older, while alcohol-induced deaths skewed somewhat younger with most occurring among 45 to 64 year olds.

Time Trends 2000–2005

Table 39: Number and Rate Per 100,000 Population of All Cause- and Alcohol-Induced Deaths in Maryland, by Year, 2000–2005

Year	Estimated Population July 1*	All Causes of Deaths		Alcohol-Induced Deaths**		
		Number	Rate per 100,000 Pop	Number	Percentage of All Deaths (%)	Rate per 100,000 Pop
2000	5,296,486	43,602	823.2	287	0.7%	5.4
2001	5,386,079	43,673	810.8	271	0.6%	5.0
2002	5,458,137	43,917	804.6	284	0.6%	5.2
2003	5,508,909	44,364	805.3	274	0.6%	5.0
2004	5,558,058	43,157	776.5	273	0.6%	4.9
2005	5,600,388	43,778	781.7	270	0.6%	4.8

NOTES:
*Rates are based on populations estimated as of July 1 for all years. Population estimates were prepared by the National Center for Health Statistics (NCHS) in collaboration with the U.S. Census Bureau.
**Alcohol-Induced Deaths include the following International Classification of Disease, Tenth Revision (ICD-10) Category Codes: F10, G31.2, G62.1, I42.6, K29.2, K70, R78.0, X45, X65, Y15.

SOURCE: Maryland Vital Statistics Annual Reports 2000-2005, Vital Statistics Administration, Department of Health and Mental Hygiene (DHMH).

HIGHLIGHTS:

- The number of alcohol-induced deaths in Maryland have accounted for less than one percent of all deaths each year from 2000 to 2005.
- Alcohol-induced deaths decreased 5 percent from 284 in 2002 to 270 in 2005.
- Numbers of alcohol-induced deaths in Maryland have ranged from a high of 287 in 2000 to a low of 270 in 2005.
- The rate of alcohol-induced deaths per 100,000 people remained relatively stable from 2000 to 2005, ranging from 5.4 to 4.8.

County Data 2005

Table 40: Number of All Cause- and Alcohol-Induced Deaths; Percentage of State Alcohol-Induced Deaths, Percentage of All-Cause Deaths due to Alcohol; and Rate of Alcohol-Induced Deaths in Maryland; by County, 2005

County	Estimated Population, July 1, 2005* (#)	Number of Deaths due to All Causes (#)	Number of Alcohol-Induced Deaths (#)	Percentage of State Alcohol-Induced Deaths Occurring in County (%)	Percentage of County Deaths that are Alcohol-Induced (%)	Rate per 100,000 Population of Alcohol-Induced Deaths (Rate)
Allegany	73,639	930	2	0.7%	0.2%	2.7
Anne Arundel	510,878	3,665	32	11.9%	0.9%	6.3
Baltimore City	635,815	7,221	46	17.0%	0.6%	7.2
Baltimore County	786,113	7,784	34	12.6%	0.4%	4.3
Calvert	87,925	606	6	2.2%	1.0%	6.8
Caroline	31,822	296	0	0.0%	0.0%	0.0
Carroll	168,541	1,284	10	3.7%	0.8%	5.9
Cecil	97,796	722	4	1.5%	0.6%	4.1
Charles	138,822	856	6	2.2%	0.7%	4.3
Dorchester	31,401	386	1	0.4%	0.3%	3.2
Frederick	220,701	1,450	10	3.7%	0.7%	4.5
Garrett	29,909	307	2	0.7%	0.7%	6.7
Harford	239,259	1,708	9	3.3%	0.5%	3.8
Howard	269,457	1,328	7	2.6%	0.5%	2.6
Kent	19,899	204	0	0.0%	0.0%	0.0
Montgomery	927,583	5,448	25	9.3%	0.5%	2.7
Prince George's	846,123	5,119	49	18.1%	1.0%	5.8
Queen Anne's	45,612	366	2	0.7%	0.5%	4.4
Saint Mary's	96,518	679	5	1.9%	0.7%	5.2
Somerset	25,845	232	2	0.7%	0.9%	7.7
Talbot	35,683	440	3	1.1%	0.7%	8.4
Washington	141,895	1,367	6	2.2%	0.4%	4.2
Wicomico	90,402	864	5	1.9%	0.6%	5.5
Worcester	48,750	516	4	1.5%	0.8%	8.2
State Total	**5,600,388**	**43,778**	**270**	**100.0%**	**0.6%**	**4.8**

NOTES:
*2005 Population estimates for each county were prepared by the National Center for Health Statistics (NCHS) in collaboration with the U.S. Census Bureau.
Alcohol-Induced Deaths include the following International Classification of Disease, Tenth Revision (ICD-10) Category Codes: F10, G31.2, G62.1, I42.6, K29.2, K70, R78.0, X45, X65, Y15.

SOURCE: Maryland Vital Statistics Annual Report 2005, Vital Statistics Administration, Department of Health and Mental Hygiene (DHMH).

HIGHLIGHTS:

- The majority of alcohol-induced deaths in 2005 occurred in those jurisdictions that are disproportionately most populous including, Anne Arundel, Baltimore City, Baltimore County, Montgomery County and Prince George's County.
- The percentage of all deaths that were alcohol related did not exceed 1 percent for any jurisdiction.
- Eleven jurisdictions had percentages of all deaths that were alcohol-induced that exceeded the state total of 0.6 percent: Anne Arundel, Carroll, Calvert, Charles, Frederick, Garrett, Prince George's, Saint Mary's, Somerset, Talbot, and Worcester.
- The highest rates of drug-induced deaths per 100,000 people in 2005 were in: Talbot County (8.4), Worcester County (8.2), Somerset County (7.7) and Baltimore City (7.2).

Consequence: Suspensions/Expulsions from Public Schools

Identified Indicators

For this consequence, we assessed two indicators within the employment/education NOMs domain. The data presented allows us to assess suspensions and expulsions from public schools in Maryland.

- Alcohol-related suspensions
- Alcohol-related expulsions

These indicators were selected to be in line with the National Outcome Measures and other CSAP requirements. They are meant to describe a key consequence of drug use in Maryland's youth. At this point, we have been unable to identify a national data source. Therefore, the only data presented below is time trends in alcohol-related suspensions and expulsions and county level data for school year 2004–2005.

National vs. Maryland Comparisons

No comparable national data available.

Prevalence/Severity

No demographic info available—see data presented in the trends section.

Time Trends 2000–2005

Table 41: Total Suspensions and Expulsions from Public Schools, Number Drug-Related, Percentage Drug-Related, and Rate (per 100,000 enrolled students) Drug-Related in Maryland, by Year, School Year 2000−2001 to 2004−2005

		Suspensions				Expulsions			
Year	2004-2005 Public School Enrollment (#)	Total Suspensions (All Causes) (#)	Alcohol-Related Suspensions (#)	Percentage Alcohol-Related Suspensions (%)	Alcohol-Related Suspension (per 100,000 students)	Total Expulsions (All Causes) (#)	Alcohol-Related Expulsions (#)	Percentage Alcohol-Related (%)	Alcohol-Related Expulsion (per 100,000
2000-2001	852,920	123,364	731	0.6%	85.7	2,365	69	2.9%	8.1
2001-2002	860,640	123,011	713	0.6%	82.8	2,899	102	3.5%	11.9
2002-2003	866,743	135,492	750	0.6%	86.5	2,400	70	2.9%	8.1
2003-2004	869,113	141,555	668	0.5%	76.9	2,704	44	1.6%	5.1
2004-2005	865,561	124,610	791	0.6%	91.4	2,458	41	1.7%	4.7

NOTES:
Rates are based on MSDE public school enrollment figures as of September 30th of each school year.

SOURCE: Suspensions, Expulsions, and Health-Related Exclusions Maryland Public Schools, 2000–2001, 2001–2002, 2002–2003, 2003–2004, 2004–2005, Division of Planning, Results, and Information Management (PRIM), Maryland State Department of Education (MSDE).

HIGHLIGHTS:

- There were 791 alcohol-related suspensions from Maryland public schools during school year 2004–2005, slightly more than any of the four previous years.
- The proportion of suspensions that were alcohol related remained stable at approximately 0.6% from the 2000–2001 school year to the 2004–2005 school year.
- The rate of alcohol related suspensions (per 100,000 students) over the five school years since 2000–2001 show no clear trends. During that time the lowest rate of alcohol related suspensions of 76.9 per 100,000 students occurred in 2003–2004. This was followed in 2004–2005 by the highest rate of 91.4 per 100,000 students.
- There were 41 alcohol-related expulsions in school year 2004–2005, markedly lower than the highest number from the proceeding four years, 102 in the 2001–2002 school year. Similarly, the lowest rate of alcohol related expulsions per 100,000 was 4.7 in 2004–2005 and the highest was 11.9 in 2001–2002.
- The percentage of expulsions that were alcohol related and the rate of alcohol related expulsions per 100,000 decreased in the most recent school years of 2003–2004 and 2004–2005 compared to the prior three school years.

County Data 2004–2005

Table 42: Total Suspensions from Public Schools, Alcohol-Related Suspensions, Percentage of Alcohol-Related Suspensions, Percentage of Alcohol-Related Suspensions in County, and Alcohol-Related Suspension Rate (per 100,000 students), by County, School Year 2004–2005

County	2004–2005 Public School Enrollment (#)	All Suspensions (#)	Alcohol-Related Suspensions (#)	Percentage Alcohol-Related (%)	Percentage of Alcohol-Related Suspensions in County (%)	Alcohol-Related Suspension Rate (per 100,000 students)
Allegany	9,840	965	5	0.5%	0.6%	50.8
Anne Arundel	73,991	13,848	88	0.6%	11.1%	118.9
Baltimore City	88,401	16,641	16	0.1%	2.0%	18.1
Baltimore County	107,701	20,345	73	0.4%	9.2%	67.8
Calvert	17,451	1,862	18	1.0%	2.3%	103.1
Caroline	5,412	1,370	7	0.5%	0.9%	129.3
Carroll	28,792	2,054	45	2.2%	5.7%	156.3
Cecil	16,535	2,335	37	1.6%	4.7%	223.8
Charles	26,026	6,074	38	0.6%	4.8%	146.0
Dorchester	4,788	1,383	3	0.2%	0.4%	62.7
Frederick	39,489	5,235	65	1.2%	8.2%	164.6
Garrett	4,737	266	2	0.8%	0.3%	42.2
Harford	40,294	6,060	47	0.8%	5.9%	116.6
Howard	48,219	3,163	60	1.9%	7.6%	124.4
Kent	2,514	672	8	1.2%	1.0%	318.2
Montgomery	139,393	9,408	142	1.5%	18.0%	101.9
Prince George's	136,095	20,784	75	0.4%	9.5%	55.1
Queen Anne's	7,713	885	7	0.8%	0.9%	90.8
Saint Mary's	16,567	3,007	16	0.5%	2.0%	96.6
Somerset	2,952	1,020	0	0.0%	0.0%	0.0
Talbot	4,505	419	7	1.7%	0.9%	155.4
Washington	20,807	1,292	22	1.7%	2.8%	105.7
Wicomico	14,387	4,552	6	0.1%	0.8%	41.7
Worcester	6,676	707	4	0.6%	0.5%	59.9
State Total*	**865,561**	**124,610**	**791**	**0.6%**	**100.0%**	**91.4**

NOTES:
Rates are based on MSDE public school enrollment figures as of September 30th of each school year.
*State Total includes data from the Edison Schools so county totals will not sum to the State total.
SOURCE: Suspensions, Expulsions, and Health-Related Exclusions Maryland Public Schools, 2004-05, Division of Planning, Results, and Information Management (PRIM), Maryland State Department of Education (MSDE).

HIGHLIGHTS:

- More than half of the alcohol-related suspensions in 2004–2005 occurred in Anne Arundel, Baltimore, Frederick, Howard, Montgomery, and Prince George's county schools.
- The percentage of suspensions that were alcohol related were higher than the state total of 0.6 percent in twelve jurisdictions: Calvert, Carroll, Cecil, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Queen Anne's Talbot, and Washington.
- The counties with the highest rates of alcohol-related suspensions per 100,000 students were Cecil, Carroll, Kent, Frederick, and Talbot. All had more than 150 drug-related suspensions per 100,000 students.

ALCOHOL USE CONSEQUENCES RECOMMENDATIONS

To ensure that the prevention process remains data driven and decisions about the value of the data provided in this report are not made in a haphazard manner, we developed and piloted a unique method for ranking the consequences of underage drinking and alcohol abuse. For the first time, Maryland substance abuse professionals and policymakers went beyond a simple set of tables included as background information in reports, grant proposals, etc., to scientifically rank the consequences utilizing three distinct techniques. The data is now the centerpiece and driving force behind prevention planning.

This report serves as a starting point or platform on which to base future discussions about funding and program priorities for Maryland. It highlights the five consequences for which data is readily available and met the selection criteria discussed earlier (see section III: Developing the State Epidemiological Profile). For scoring purposes, the education consequence was divided into two separate consequences, school suspensions and school expulsions. The SEOW members feel strongly that there are many additional consequences related to substance abuse that remain to be analyzed. In future years, as funding permits, we will expand our existing consequences and add in new ones.

For year 1, a total of seven consequences of illicit drug use were prioritized and discussed by the SEOW core members during the first quarter of 2007. To prioritize the consequences included in this report and begin to develop data-driven year 2 plans and recommendations for the Task Force, property crimes and education were each divided into two consequences. The prioritization process involved 7 steps:

1. Developing a scoring process utilizing three methodologies
2. Reviewing the data included in the profile
3. Pilot testing of score sheet
4. Revising of score sheet based on discussion at January 2007 SEOW meeting
5. Preparing scoring packets for consequences of illicit drug use for completion by core members (see Appendix F)
6. Scoring by core members to rate the priority of each consequence for Maryland
7. Replicating scoring process for consequences of alcohol use

These steps were completed for the consequences of alcohol use by 13 core members of the SEOW in March 2007. Scoring packets were sent out to members via the list serv and completed anonymously. Core members represent public health, criminal justice, academic, and policy agencies. This process was conducted to complete an initial assessment of the consequences and to identify gaps in data quality and availability. The scoring process will be further developed in year 2 as additional data is collected and added into the profile. Once the current consequences have been further developed and additional consequences have been added, we will be able to make more specific recommendations regarding programs and policies. For year 1, our recommendations will focus on additional data analyses to be conducted in year 2. This information is intended to guide the Governor's Drug and Alcohol Abuse Council in the development of Maryland's comprehensive strategy for substance abuse prevention, treatment, and control.

Table 43: Prioritization of the Consequences of Alcohol Use in Maryland by Scoring Technique (N=13)

	Total Criteria Score (Unweighted)		**Total Criteria Score** (Weighted by Importance of Criteria)		**Overall Ranking** (Subjective)	
	Mean	**Priority Ranking**	**Mean**	**Priority Ranking**	**Mean**	**Priority Ranking**
Alcohol Dependence or Abuse	3.78	1	28.44	1	2.00	1
Violent Crimes	3.42	2	24.20	2	2.85	3
Alcohol-Related Crashes	3.32	3	23.55	3	2.69	2
School Suspensions	3.06	4	21.60	4	4.46	5
Alcohol-Induced Deaths	2.81	5	19.58	5	3.92	4
School Expulsions	2.36	6	17.51	6	5.08	6

Year 1 Prioritization of Consequences of Alcohol Use

The six consequences of alcohol use were scored by 13 core members of the SEOW using two objective techniques (weighted and unweighted) and one subjective technique. For objective scores the HIGHER the score, the greater the priority ranking. Possible unweighted scores ranged from 1 to 5. Possible weighted scores ranged from 1 to 50. For subjective scores (overall ranking), the LOWER the score assigned the greater the priority ranking. As shown in Table 19, the results of the scoring did not vary much across the three methodologies. In fact, the rankings by both objective techniques were exactly the same. Alcohol dependence and abuse and violent crime were ranked first and second and alcohol-related deaths and expulsions were ranked fifth and sixth. Alcohol dependence and abuse was also ranked first in the subjective scoring making it the highest priority for Maryland. And, school expulsions remained sixth making it the lowest priority. Violent crime was replaced by alcohol-related crashes as second in the subjective scoring. And, school suspensions fell to fifth.

Year 2 Indicators

In year 2, the SEOW will continue to monitor the current consequences. We also plan to develop more county specific data and to explore an additional 23 indicators within five CSAP domains: crime and criminal justice, reduced morbidity, retention, social connectedness, and cost effectives. These indicators will be used to develop such consequences as child abuse/neglect, domestic violence, driving under the influence, fetal alcohol syndrome, communication between parents and children, the use of evidence-based programs and strategies, and the cost of alcohol use to Maryland. These consequences explore profound and long lasting effects of drug use on Maryland residents and the agencies that serve them. As the result of regular request from SEOW local representatives, expanded county level data will also be added to all consequences. This information will be added to the annual profiles as data is located and developed to meet our inclusion criteria. Expanded county data will increase the ability of local prevention coordinators to develop data-driven prevention programs and policies. The expansion of existing consequences and the development of new consequences will provide the SEOW with a deeper understanding of the scope of drug use in Maryland and enable the members to start to identify target populations for prevention programs. This, in turn, will enable members to start to make more concrete connections between consequences and consumption. Only then will we be able to start to make recommendations about funding specific types of programs.

ALCOHOL CONSUMPTION PATTERNS

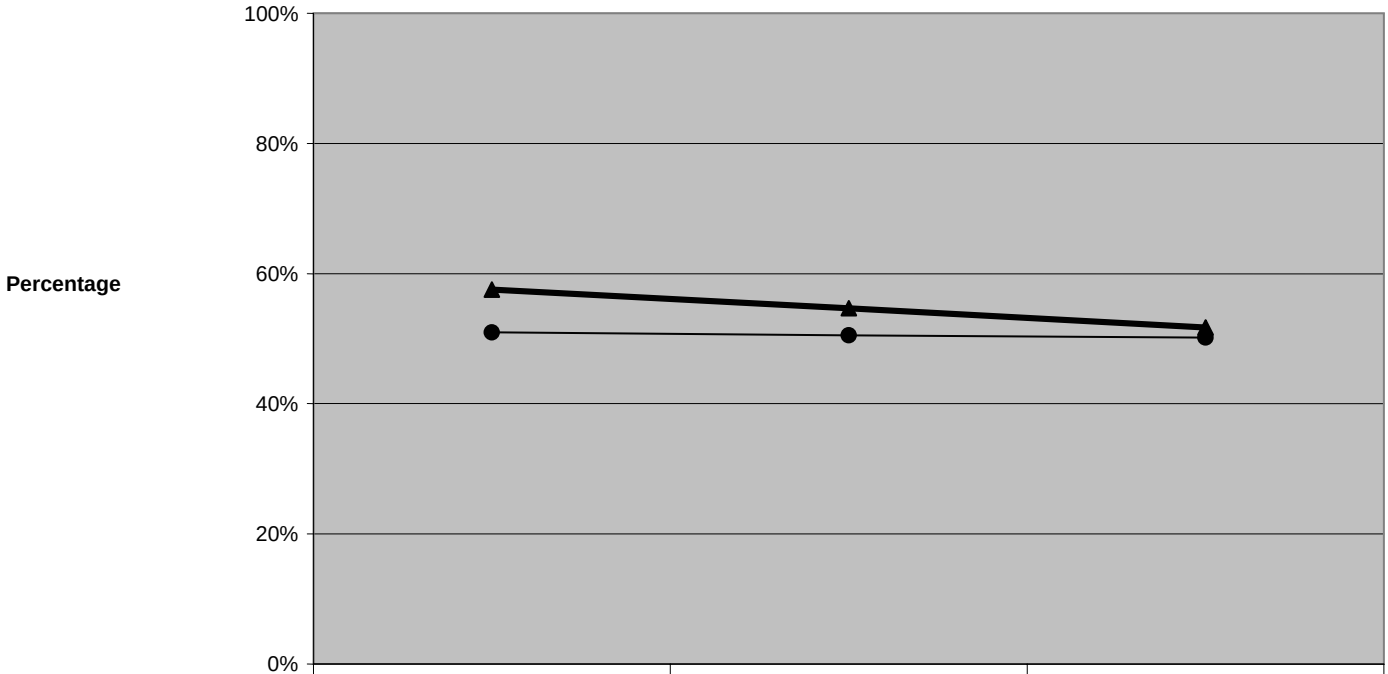
Overview

The charts and tables that follow were created using the most recent data available (1998 to 2005) and focus primarily on past month alcohol use, binge drinking (five or more drinks on one occasion), heavy drinking (men who drink more than 2 drinks per day and women who drink more than 1 drink per day), and treatment admissions. Data are presented in the following subsections: National and Maryland Comparisons, Prevalence by Demographics, and Time Trends.

The data that follow indicate that in recent years in the population in Maryland 12 years and older approximately half used alcohol in the past month, approximately a third engaged in binge drinking, and 4–5 percent reported heavy drinking. Little has changed in recent years and Maryland's alcohol use and treatment patterns were similar to the United States. Notably, across 2002–2005 nearly two times as many males as females in Maryland 12 years and older reported having engaged in binge drinking in the past month. However, a similar difference was not evident among males and females when looking at the subset of youth in 6^{th}, 8^{th}, 10^{th}, and 12^{th} grades.

National vs. Maryland Comparisons

Figure 24
Percentage of Residents Aged 12 or Older Reporting Past Month Use of Alcohol in Maryland and the United States, 2002-2004

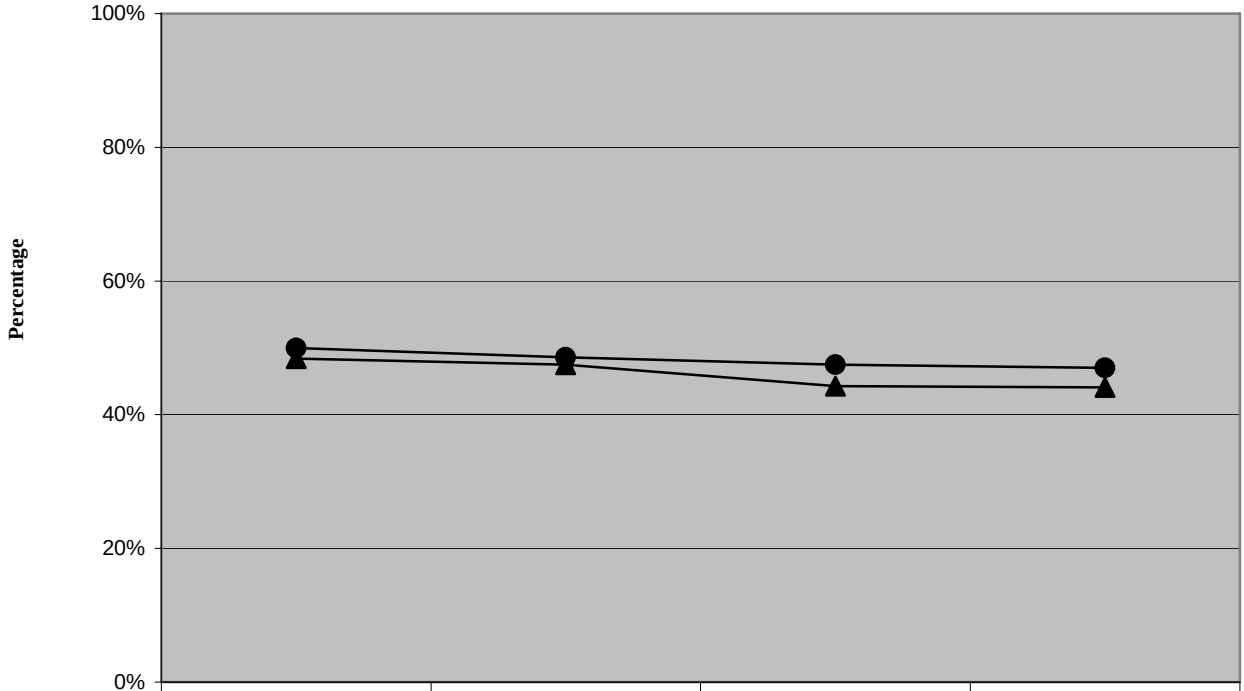


	2002	2002-2003	2003-2004
Maryland*	57.54%	54.67%	51.72%
United States**	50.96%	50.50%	50.17%
State/National Ratio***	1.13	1.08	1.03

NOTES:
*The state estimates are based on a survey-weighted hierarchical Bayes estimation approach. Although statewide estimates were produced prior to 2002, the data are not comparable to data collected in and after 2002 because of a change in survey methods.
**The U.S. estimates are the weighted average of the hierarchical Bayes estimates across all States and the District of Columbia and typically are not equal to the direct sample-weighted estimate for the Nation.
***State/National Ratio = State Percentage/National Percentage.

SOURCE: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002-2004

Figure 25
Percentage of 12th Grade Students Reporting Past Month Use of Alcohol, by Maryland and the United States, 1998-1999 through 2004-2005 School Years

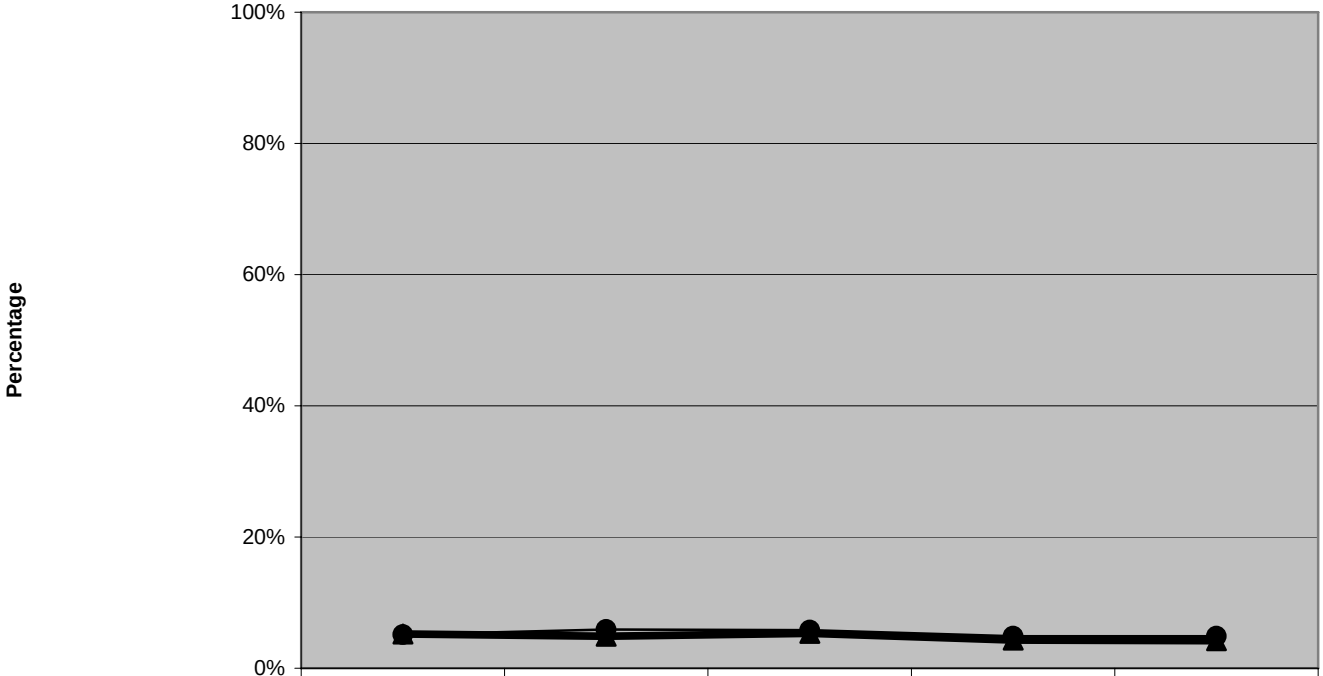


	1998-1999	2001-2002	2002-2003	2004-2005
Maryland	48.4%	47.5%	44.3%	44.1%
United States	50.0%	48.6%	47.5%	47.0%
State/National Ratio	0.97	0.98	0.93	0.94

NOTES: The MAS Report does not provide the standard errors around these observations; therefore, caution should be exercised in interpreting any differences between state and national averages.

SOURCE: Maryland State Department of Education (MSDE), Maryland Adolescent Survey (MAS),1998, 2001, 2002, and 2004 Surveys and the University of Michigan, 1999, 2002, 2003, and 2005 Monitoring the Future Study surveys.

Figure 26
Percentage of Residents Aged 18 or Older Reporting Heavy Drinking in Maryland and the United States, 2001-2005

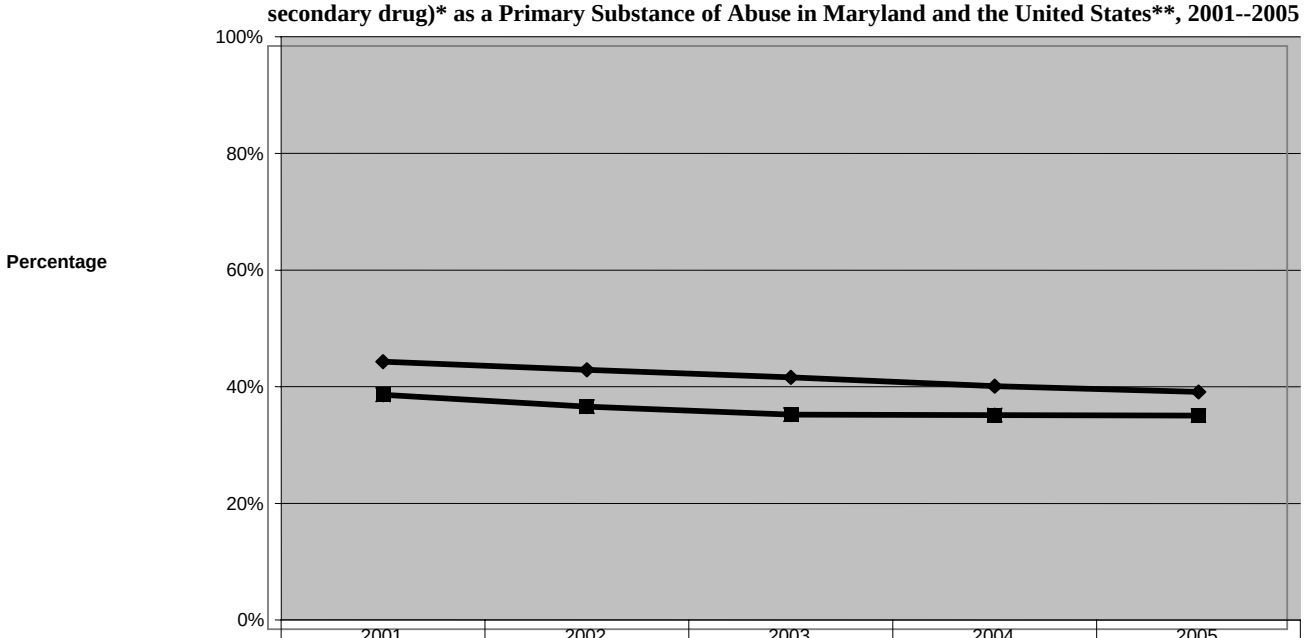


	2001	2002	2003	2004	2005
Maryland	5.20%	4.90%	5.30%	4.30%	4.20%
United State	5.10%	5.90%	5.80%	4.90%	4.90%
State/National Ratio	1.02	0.83	0.91	0.88	0.86

NOTES: Heavy Drinkers are defined as men who drink more than 2 drinks per day and women who drink more than 1 drink per day. Number of States includes District of Columbia and excludes territories in applicable years.

SOURCE: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001–2005.

Figure 27
Percentage of Admissions to Substance Abuse Treatment Programs Reporting Alcohol (alone or with a secondary drug)* as a Primary Substance of Abuse in Maryland and the United States, 2001--2005**



	2001	2002	2003	2004	2005
Maryland	38.6%	36.6%	35.2%	35.1%	35.0%
United States**	44.3%	42.9%	41.6%	40.1%	39.1%
State/National Ratio***	0.87	0.85	0.85	0.88	0.90

NOTES:
*Alcohol (alone or with a secondary drug) includes admissions for abuse of alcohol alone and admissions for primary abuse of alcohol with secondary abuse of drugs.
**The U.S. figures are based on administrative data reported to TEDS by all reporting States and jurisdictions.
***State/National Ratio = State Percentage/National Percentage.

SOURCE: SAMHSA, Office of Applied Studies, Treatment Episode Data Set (TEDS). Based on administrative data reported by States to TEDS through January 8, 2007.

Prevalence/Severity by Demographic Characteristics

Table 44: Percentage and Estimated Number of Maryland Residents Reporting Past Month Alcohol Use and Binge Alcohol Use,* by Demographic Characteristics: Based on 2002, 2003, 2004, and 2005 Surveys

	Past Month Alcohol Use				Past Month Binge Alcohol Use			
	%	Standard Error	Estimated No.	Standard Error	%	Standard Error	Estimated No.	Standard Error
Age								
12-17	16.5%	1.36%	80,000	7,000	9.5%	0.98%	46,000	5,000
18-25	63.1%	1.80%	349,000	10,000	37.9%	1.62%	210,000	9,000
26--34	63.9%	2.87%	401,000	18,000	30.6%	2.65%	192,000	17,000
35-44	63.1%	2.53%	576,000	42,000	30.4%	2.24%	278,000	28,000
45-54	54.7%	4.03%	486,000	49,000	16.0%	2.80%	142,000	24,000
55-64	50.4%	4.75%	244,000	35,000	9.6%	2.39%	46,000	13,000
65 or Older	-	-	-	-	-	-	-	-
Sex								
Male	57.3%	1.74%	1,229,000	37,000	28.1%	1.49%	602,000	32,000
Females	49.7%	2.03%	1,185,000	48,000	13.9%	1.26%	331,000	30,000
Age/Sex								
Male								
12-17	14.9%	2.01%	37,000	6,000	9.9%	1.58%	24,000	5,000
18-25	66.9%	2.64%	183,000	16,000	45.7%	2.41%	125,000	12,000
26--34	74.5%	3.98%	221,000	22,000	41.8%	4.27%	124,000	14,000
35-44	68.6%	3.64%	309,000	29,000	37.9%	3.70%	170,000	24,000
45-54	65.3%	5.58%	258,000	37,000	-	-	-	-
55-64	-	-	-	-	-	-	-	-
65 or Older	-	-	-	-	-	-	-	-
Females								
12-17	18.1%	1.85%	43,000	4,000	9.1%	1.30%	22,000	3,000
18-25	59.3%	2.39%	166,000	15,000	30.2%	1.94%	85,000	9,000
26--34	54.4%	4.04%	180,000	22,000	20.5%	3.48%	68,000	13,000
35-44	57.8%	3.53%	267,000	24,000	23.2%	3.39%	107,000	16,000
45-54	46.2%	5.08%	228,000	31,000	9.2%	2.46%	46,000	12,000
55-64	-	-	-	-	-	-	-	-
65 or Older	-	-	-	-	-	-	-	-
	%	95% Prediciton Interval	Estimated No.	95% Prediciton Interval	%	95% Prediciton Interval	Estimated No.	95% Prediciton Interval
Maryland Total**	51.7%	48.09%-55.34%	2,344,000	2,180,000-2,509,000	19.7%	17.37%-22.23%	891,000	787,000-1,008,000

NOTES:
*Binge Alcohol Use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.
** Sum of age, sex, and age/sex estimates do not equal Maryland Total because the State figures are based on pooled data from two years worth of data (i.e., 2003 and 2004 surveys) and demographic figures are based on pooled data from 4 years worth of data (i.e., 2002, 2003, 2004, 2005 surveys).

SOURCE: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004 and 2005.

Table 45: Percentage and Estimated Number of Maryland Students Reporting Past Month Alcohol Use and Past Month Binge Drinking,* by Grade and Demographic Characteristics, School Year 2004–2005

					Grade Level															
					6th				8th				10th				12th			
	6th Grade School Enrommen	8th Grade School Enrommen	10th Grade School Enrommen	12th Grade School Enrommen	Past Month Alcohol Use		PM Binge Drinking		Past Month Alcohol Use		PM Binge Drinking		Past Month Alcohol Use		PM Binge Drinking		Past Month Alcohol Use		PM Binge Drinking	
					%	Est. No.	%	Est. No.	%	Est. No.	%	Est. No.	%	Est. No.	%	Est. No.	%	Est. No.	%	Est. No.
Maryland	66,799	69,567	68,249	57,432	5.4%	3,607	1.4%	935	16.2%	11,270	6.6%	4,591	31.4%	21,430	17.4%	11,875	44.1%	25,328	29.0%	16,655
Sex																				
Male	34,399	35,533	34,397	28,287	6.5%	2,236	1.5%	516	15.2%	5,401	5.9%	2,096	29.6%	10,182	17.3%	5,951	44.5%	12,588	31.0%	8,769
Females	32,400	34,034	33,852	29,145	4.2%	1,361	1.4%	454	17.3%	5,888	7.3%	2,484	33.0%	11,171	17.3%	5,856	43.8%	12,766	27.2%	7,927
Race/Ethnicity																				
White	32,275	34,838	35,618	31,826	3.5%	1,130	0.8%	258	15.7%	5,470	6.8%	2,369	36.4%	12,965	21.4%	7,622	52.7%	16,772	38.2%	12,158
African-American	26,687	26,935	24,954	19,428	8.5%	2,268	2.5%	667	16.2%	4,363	5.8%	1,562	25.5%	6,363	11.9%	2,970	32.2%	6,256	16.4%	3,186
Hispanic	4,423	4,309	3,993	2,793	3.6%	159	1.0%	44	22.1%	952	11.7%	504	30.8%	1,230	19.5%	779	44.8%	1,251	26.1%	729
Asian/Pacific Islander	3,149	3,245	3,454	3,181	1.3%	41	0.8%	25	6.9%	224	2.5%	81	17.0%	587	7.6%	263	30.8%	980	17.5%	557
Amer Indian/Alaskan Native	265	240	230	204	7.7%	20	1.5%	4	31.0%	74	10.3%	25	40.5%	93	23.0%	53	61.5%	125	44.6%	91

NOTES:
*Binge Drinking is defined as five or more servings of alcohol on the same occasion.

The MAS Report does not provide the standard errors around these observations; therefore, caution should be exercised in interpreting differences between sex and race/ethnic groups.

SOURCE: Maryland State Department of Education (MSDE), 2004 Maryland Adolescent Survey (MAS).

Table 46: Substance Abuse Treatment Admissions with Alcohol* as the Primary Substance of Abuse, According to Age Group, Sex, Race, and Ethnicity, 2001–2005

	Alcohol Only					Alcohol with Secondary Drug				
	2001	2002	2003	2004	2005	2001	2002	2003	2004	2005
No. of Admissions with Alcohol as Primary Substance (#)	13,449	14,153	14,191	14,521	13,714	11,559	11,040	10,910	11,053	11,239
% of Statewide Admissions	20.8%	20.6%	19.9%	20.0%	19.3%	17.8%	16.0%	15.3%	15.2%	15.8%
Age	%	%	%	%	%	%	%	%	%	%
0-11	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.0%	0.0%	0.0%
12-17	2.6%	2.6%	2.3%	2.1%	2.5%	10.1%	8.90%	7.8%	7.5%	5.9%
18-20	4.1%	4.5%	4.3%	4.0%	3.9%	8.9%	9.10%	8.3%	7.6%	7.9%
21-25	10.5%	11.1%	12.7%	12.7%	13.2%	13.9%	14.30%	15.1%	16.2%	16.1%
26-30	9.7%	9.5%	10.4%	10.6%	11.3%	10.3%	9.60%	10.4%	10.5%	11.9%
31-35	13.0%	11.6%	11.8%	11.2%	11.1%	14.3%	13.40%	12.7%	11.9%	11.1%
36-40	11.8%	16.5%	14.3%	14.3%	12.5%	18.3%	18.20%	16.5%	15.1%	14.0%
41-45	16.4%	16.2%	16.3%	15.8%	16.2%	13.0%	15.10%	14.9%	15.6%	16.4%
46-50	11.3%	12.5%	12.5%	12.6%	12.3%	7.0%	7.10%	8.8%	9.3%	10.2%
51-55	6.9%	7.7%	7.5%	8.0%	8.1%	2.7%	2.90%	3.7%	4.0%	4.3%
56-60	4.0%	3.9%	3.9%	4.9%	4.8%	1.0%	0.70%	1.0%	1.6%	1.4%
61-65	1.9%	2.1%	2.1%	2.4%	2.6%	0.3%	0.30%	0.3%	0.4%	0.5%
66+	1.7%	1.5%	1.7%	1.4%	1.6%	0.2%	0.20%	0.1%	0.2%	0.2%
Unknown Age	0.1%	0.1%	0.1%	0.0%	0.0%	0.1%	0.20%	0.2%	0.0%	0.0%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Sex	%	%	%	%	%	%	%	%	%	%
Male	76.7%	75.0%	76.6%	76.2%	75.7%	74.7%	74.0%	73.6%	74.6%	75.0%
Females	23.3%	25.0%	23.4%	23.8%	24.3%	25.3%	26.0%	26.4%	25.4%	25.0%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Race	%	%	%	%	%	%	%	%	%	%
White	71.9%	72.1%	71.6%	71.2%	70.4%	65.1%	62.8%	61.7%	61.8%	61.5%
Black or African-American	21.9%	20.6%	19.7%	19.4%	20.1%	32.5%	34.6%	35.7%	35.0%	35.5%
American Indian or Alaska Native	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.5%	0.4%
Asian or Native Hawaiian or Other Pacific Islander	0.8%	0.9%	1.0%	1.2%	1.2%	0.5%	0.3%	0.3%	0.5%	0.5%
Other	5.0%	5.9%	7.4%	7.8%	7.9%	1.5%	1.9%	1.9%	2.2%	2.1%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Ethnicity	%	%	%	%	%	%	%	%	%	%
Hispanic or Latino	5.6%	6.6%	7.9%	8.5%	9.5%	2.0%	2.5%	2.5%	2.5%	2.7%
Not Hispanic or Latino	94.4%	93.4%	92.1%	91.5%	90.5%	98.0%	97.5%	97.5%	97.5%	97.3%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

SOURCE: SAMHSA, Office of Applied Studies, Treatment Episode Data Set (TEDS). Based on administrative data reported by States to TEDS through January 8, 2007.

Time Trends

Table 47: Percentage of Maryland Residents Reporting Past Month Alcohol and Binge Alcohol Use* in 2002–2003 and 2003–2004 and Statistical Significance of Change, by Age Group, Based on 2002 and 2003 and 2003 and 2004 Surveys

	Total Population			Population: 12-17 Years			Population: 18-25			Population: 26 or Older		
	2002-2003	2003-2004	Significance	2002-2003	2003-2004	Significance	2002-2003	2003-2004	Significance	2002-2003	2003-2004	Significance
Past Month Alcohol Use	54.67%	51.72%	Sig at .10 level	17.14%	16.19%	Not Sig.	64.21%	64.06%	Not Sig.	58.34%	54.68%	Sig at .10 level
Past Month Binge Alcohol Use*	21.65%	19.68%	Sig at .10 level	9.43%	9.26%	Not Sig.	39.77%	37.64%	Not Sig.	20.48%	18.22%	Not Sig.

NOTES:
Not Sig. = The difference between 2003–2004 and 2002–2003 percentages is not significant at the .05 level.
*Binge Alcohol Use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.

SOURCE: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003 and 2004.

Table 48: Percentage of Maryland Students Reporting Lifetime, Past Year, and Past Month Alcohol Use, by Grade and Year, School Years 2001–2002, 2002–2003, and 2004–2005

	6th Grade			8th Grade			10th Grade			12th Grade		
	2001 (n=7,676)	2002 (n=8,986)	2004 (n=8,654)	2001 (n=7,336)	2002 (n=8,679)	2004 (n=8,805)	2001 (n=6,614)	2002 (n=8,250)	2004 (n=8,441)	2001 (n=6,078)	2002 (n=8,064)	2004 (n=8,629)
Lifetime Use												
Any Alcohol Use	16.9%	11.4%	13.3%	41.3%	31.5%	32.4%	58.9%	56.0%	53.1%	72.5%	70.0%	69.7%
Beer/Wine/Wine Coolers	15.6%	10.2%	11.9%	38.7%	29.3%	29.5%	55.7%	52.2%	47.9%	69.8%	66.2%	64.5%
Liquor	6.2%	4.4%	5.4%	25.7%	18.9%	19.1%	47.0%	44.0%	43.2%	62.6%	59.8%	61.0%
Binge Drinking*	5.2%	3.2%	3.5%	17.0%	13.1%	12.3%	35.4%	32.4%	30.0%	52.3%	48.1%	48.1%
Past Year												
Any Alcohol Use	11.4%	8.0%	9.0%	34.9%	27.1%	27.0%	53.1%	51.2%	47.7%	65.5%	63.3%	63.0%
Beer/Wine/Wine Coolers	10.5%	7.2%	7.9%	31.7%	24.5%	24.2%	49.2%	46.4%	41.6%	61.2%	58.3%	56.4%
Liquor	4.3%	3.0%	3.8%	22.2%	16.5%	16.1%	42.3%	40.3%	39.0%	55.4%	52.6%	54.0%
Binge Drinking*	3.8%	2.3%	2.4%	14.1%	11.2%	10.4%	32.0%	29.2%	26.4%	45.2%	42.7%	43.0%
Past Month												
Any Alcohol Use	6.3%	5.0%	5.4%	22.8%	16.4%	16.2%	35.9%	35.0%	31.4%	47.5%	44.3%	44.1%
Beer/Wine/Wine Coolers	5.7%	4.4%	4.7%	20.0%	14.3%	14.2%	32.2%	31.1%	26.3%	42.4%	38.8%	38.5%
Liquor	2.7%	1.8%	2.4%	14.3%	10.1%	9.8%	27.6%	26.3%	24.6%	37.5%	35.4%	36.1%
Binge Drinking*	2.3%	1.3%	1.4%	9.3%	7.2%	6.6%	21.1%	19.6%	17.4%	31.4%	28.8%	29.0%

NOTES:
*Binge Drinking is defined as five or more servings of alcohol on the same occasion.
The 2001 Survey was administered in April 2001 of the 2000–2001 school year. The 2002 Survey was administered in December of the 2002–2003 school year. The 2004 Survey was administered December 2004 of the 2004–2005 school year.
Unweighted n's are presented above; prevalence estimates are based on weighted data.
The MAS Report does not provide the standard errors around these observations; therefore, caution should be exercised in interpreting any changes in drug use over time.

SOURCE: Maryland State Department of Education (MSDE), 2001, 2002, and 2004 Maryland Adolescent Surveys (MAS).

Table 49: Percentage of Heavy Drinkers, Binge Drinkers, and Past Month Alcohol Users, by Year, 2001–2005

	Heavy Drinkers*		Binge Drinkers**		Past Month Users***	
	%	Confidence Interval	%	Confidence Interval	%	Confidence Interval
2001	5.2%	4.3-6.1	11.9%	10.7-13.1	55.8%	53.9-57.7
2002	4.9%	4.0-5.8	14.4%	12.9-15.9	58.4%	56.5-60.3
2003	5.3%	4.5-6.1	15.0%	13.5-16.5	60.8%	59.0-62.6
2004	4.3%	3.6-5.0	12.9%	11.5-14.3	59.2%	57.3-61.1
2005	4.2%	3.6-4.8	11.9%	10.9-12.9	57.9%	56.5-59.3

NOTES:
*Heavy drinkers refers to adult men who report having more than two drinks per day and adult women having more than one drink per day.
**Binge Drinkers is defined as drinking five or more drinks on the same occasion.
***Past Month Alcohol Users refers to adults who have had at least one drink of alcohol within the past 30 days.

Percentages are weighted to population characteristics.

SOURCE: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001–2005.

CONSEQUENCES OF TOBACCO USE IN MARYLAND

This section highlights cigarette smoking-related deaths including lung cancer, emphysema, and chronic obstructive pulmonary disease (COPD). As with the previous sections on the consequences of illicit drug and alcohol abuse, it was developed to answer the three questions required for developing data-driven prevention planning. In addition to the consequence, consumption indicators are provided for assessing our progress in addressing it.

This consequence was identified and assessed using the process described in the previous section. It is included in the reduced mortality CSAP domain. The data used to assess the consequence was selected to be in line with CSAP requirements. Wherever possible, we selected data with comparable national measures for inclusion in the CSAP National Outcome Measures and cross site evaluation. The data also enables Maryland to take an in-depth look at the impact of the consequence on state and local levels and various demographic profiles and make data-driven program and policy decisions. To facilitate future assessment and discussion, this consequence is broken into approximately five sections:

1. Identified Indicators
2. National vs. State Comparisons
3. Prevalence/Severity 2004
4. Time Trends 2000–2004
5. County Data 2004

Within each section, a chart or table depicting the data is provided along with key findings. The recommendations section will be based on the scoring of the consequence by the core members and local representatives.

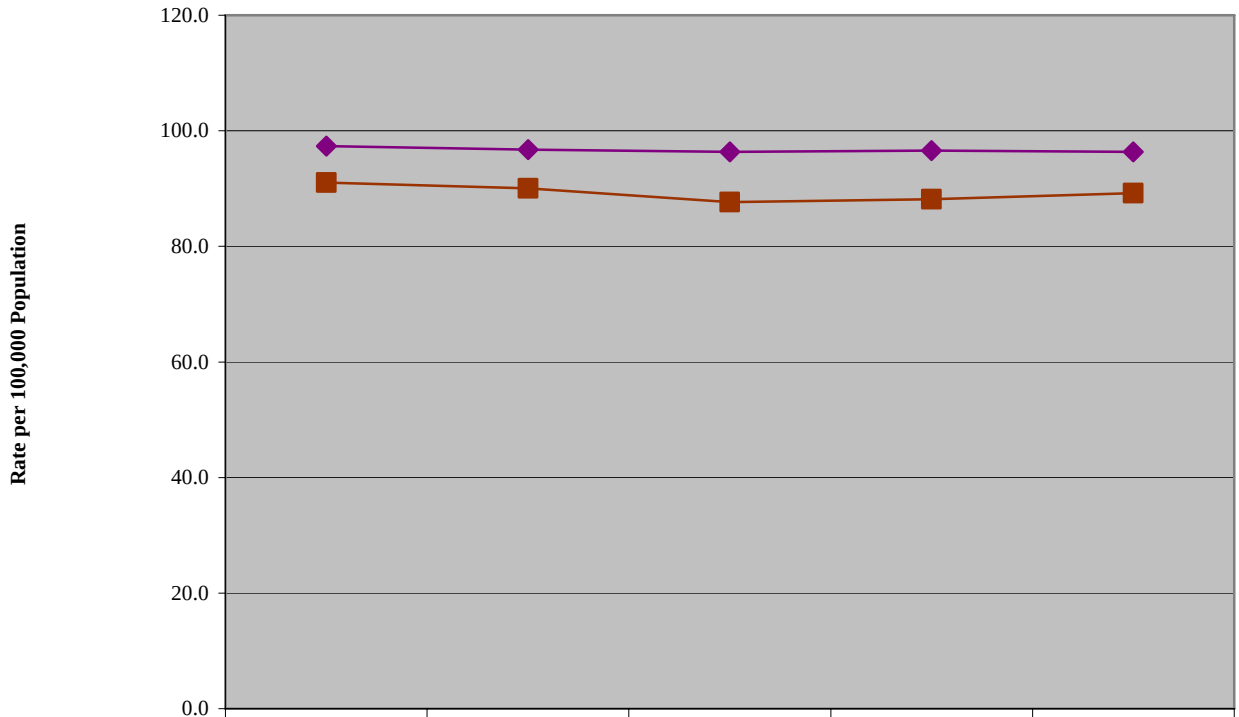
Consequence: Cigarette Smoking-Related Deaths

Identified Indicators

For this consequence, we assessed cigarette smoking-related deaths from lung cancer, COPD and emphysema by age, race, and gender. This indicator is in line with the National Outcome Measures and other CSAP requirements. It is in the reduced morbidity NOMs domain. It describes the most severe consequence of cigarette smoking abuse. The chart below compares total lung cancer, COPD, and emphysema death rates in Maryland and the United States over five years. The tables that follow take a closer look at cigarette smoking-related deaths in Maryland from 1999–2003.

National vs. Maryland Comparisons

Figure 28
Annual Death Rates* (per 100,000 population) for Deaths from Lung Cancer and COPD and Emphysema Disease in Maryland and the United States, 1999-2003



	1999	2000	2001	2002	2003
Maryland	91.0	90.0	87.7	88.2	89.2
United States	97.3	96.7	96.4	96.5	96.4
State/National Ratio	0.94	0.93	0.91	0.91	0.93

NOTES:
*Rates are based on populations estimated as of July 1 for all years.
COPD=Chronic Obstructive Pulmonary Disease
Lung Cancer/COPD/Emphysema Disease Deaths include the following International Classification of Disease, Tenth Revision (ICD-10) Category Codes: C34, J40-J42, J43, J44, and J47 as the underlying cause of death.
SOURCE: U.S. Department of Health and Human Services, National Center for Health Statistics. Multiple Cause of Death, 1999-2001[CD-ROM]. Hyattsville, MD, Author, (Special data file), 2003.

HIGHLIGHTS:

- In 2003, the most recent year for which data were available, there were a total of 89.2 lung cancer, chronic obstructive pulmonary disease, and emphysema deaths in Maryland per 100,000 people, compared to a rate 96.4 per 100,000 people nationally.
- From 1999 to 2003, the death rate from lung cancer, chronic obstructive pulmonary disease (COPD) and emphysema remained stable nationally and in Maryland.
- Over the five year period from 1999 to 2003 the rate of lung cancer, COPD, and emphysema deaths per 100,000 people in Maryland has been similar to slightly lower than the national rate.

Prevalence/Severity in 2003

Table 50: Number, Percentage, and Rate* of All-Cause and Deaths from Lung Cancer, Deaths from COPD and Emphysema, and Deaths from Cardiovascular Disesases in Maryland, by Demographic Characteristics, 2003**

	Total: All Cause of Death			Deaths from Lung Cancer			Deaths from COPD** and Emphysema		
	No.	%	Rate Per 100,000 Pop.*	No.	%	Rate Per 100,000 Pop.*	No.	%	Rate Per 100,000 Pop.*
Maryland Total	44,364	100.0%	805.3	3,015	100.0%	54.7	1,899	100.0%	34.5
Gender									
Male	21,867	49.3%	820.3	1,662	55.1%	62.3	834	43.9%	31.3
Female	22,497	50.7%	791.2	1,353	44.9%	47.6	1,065	56.1%	37.5
Race/Ethnicity***									
Black	n/a	n/a	n/a	727	24.1%	46.1	210	11.1%	13.3
White	n/a	n/a	n/a	2,231	74.0%	65.2	1,670	87.9%	48.8
American Indian	n/a	n/a	n/a	5	0.2%	24.3	0	0.0%	0.0
Asain/Pacific Islander	n/a	n/a	n/a	44	1.5%	16.7	13	0.7%	4.9
Hispanic	n/a	n/a	n/a	8	0.3%	3.0	6	0.3%	2.3
Age									
0-29	2,418	5.5%	92.8	0	0.0%	0.0	0	0.0%	0.0
30-34				3	0.1%	0.8	0	0.0%	0.0
35-54	5,664	12.8%	328.3	294	9.8%	17.0	42	2.2%	2.4
55-64	4,989	11.2%	903.1	607	20.1%	109.9	166	8.7%	30.1
65+	31,285	70.5%	5005.8	2,111	70.0%	337.8	1,691	89.0%	270.6
Missing	8		--	0	0.0%	--	0	0.0%	--

NOTES:
*Rates are based on July 1st population estimates that were prepared by the National Center for Health Statistics (NCHS) in collaboration with the U.S. Census Bureau.
**COPD=Chronic Obstructive Pulmonary Disease
***Race/ethnicity categories from the Maryland Vital Statistics Agency did not match those collected from NCHS.
SOURCE:
U.S. Department of Health and Human Services, National Center for Health Statistics. Multiple Cause of Death, 1999-2001[CD-ROM]. Hyattsville, MD, Author, (Special data file), 2003.

HIGHLIGHTS:

- There were 3,015 lung cancer deaths and a combined total of 1,899 chronic obstructive pulmonary disease and emphysema deaths in Maryland in 2003, all together accounting for 11 percent of all deaths in Maryland that year.
- Lung cancer deaths in Maryland are slightly more likely to occur in males while COPD and emphysema deaths are slightly more likely to occur in females.
- Lung cancer and COPD and emphysema deaths were much more likely to occur in whites and adults 65 or older. Nearly a quarter of lung cancer deaths occurred among blacks compared to 11 percent of COPD and emphysema deaths.
- 30 percent of lung cancer deaths occurred among 35 to 64 year olds compared to 11 percent of COPD and emphysema deaths.

Time Trends 1999–2003

Table 51: Number and Rate (per 100,000 population) of Maryland Deaths from Lung Cancer, COPD and Emphysema, and Cardiovascular Diseases and Estimated Number that were Tobacco-Related, by Year, 2000−2003

Year	Estimated Population*	Estimated Number: Smoking-Related Deaths from Lung Cancer and COPD and Emphysema Diseases	Deaths from Lung Cancer				Deaths from COPD and Emphysema			
			Number of Deaths	Rate per 100,000 Pop	Estimated Percenage Smoking-Related (%)**	Estimated Number Smoking-Related Deaths	Number of Deaths	Rate per 100,000 Pop	Estimated Percenage Smoking-Related	Estimated Number Smoking-Related Deaths
1999	5,171,640	3,888	2,847	55.1	90% Females; 80% Males	2,399	1,861	36.0	80.0%	1,489
2000	5,296,486	3,945	2,926	55.2	90% Females; 80% Males	2,471	1,843	34.8	80.0%	1,474
2001	5,386,079	3,904	2,889	53.6	90% Females; 80% Males	2,438	1,832	34.0	80.0%	1,466
2002	5,458,137	3,984	2,967	54.4	90% Females; 80% Males	2,507	1,846	33.8	80.0%	1,477
2003	5,508,909	4,067	3,015	54.7	90% Females; 80% Males	2,547	1,899	34.5	80.0%	1,519

NOTES:
* Rates are based on July 1st population estimates for each of the years; population estimates were prepared by the National Center for Health Statistics (NCHS) in collaboration with the U.S. Census Bureau.
**Estimated percentage of lung cancer deaths due to smoking was taken from the CDC's December 2006 "Health Effects of Cigarette Smoking Fact Sheet".
Lung Cancer/COPD/Emphysema Disease Deaths include the following International Classification of Disease, Tenth Revision (ICD-10) Category Codes: C34, J40-J42, J43, J44, and J47 as the underlying cause of death.
SOURCE: U.S. Department of Health and Human Services, National Center for Health Statistics. Multiple Cause of Death, 1999-2001[CD-ROM]. Hyattsville, MD, Author, (Special data file), 2003.

HIGHLIGHTS:

- It is estimated that 90 percent of female deaths and 80 percent of male deaths from lung cancer are attributable to tobacco. It is estimated that 80% of chronic obstructive pulmonary disease (COPD) and emphysema are attributable to tobacco.
- The number of tobacco-related lung cancer deaths increased each year from 1999 to 2003. During that time the numbers increased by 148 people (from 2,399 to 2,547), although the rates of lung cancer deaths remained relatively stable from 55.1 in 1999 to 54.7 in 2003.
- The number tobacco-related COPD and emphysema deaths also increased each year from 1999 to 2003. From 1999 to 2003 the numbers increased by 45 people (from 1,489 to 1,519), although the rate of COPD and emphysema deaths was relatively stable from 36.0 in 1999 to 34.5 in 2003.

County Data

County data not available

TOBACCO USE CONSEQUENCES RECOMMENDATIONS

In year 1, we looked at one tobacco consequence: Tobacco-related deaths. This consequence included lung cancer, emphysema, and COPD. Because there is only consequence, it could not be ranked and scored. In year 2, the SEOW will continue to monitor this consequence. We also plan to develop more county specific data and to explore an additional 19 indicators within five CSAP domains: employment/education, reduced morbidity, retention, social connectedness, and cost effectives. These indicators will be used to develop such consequences as school suspensions and expulsions, the effects of tobacco on pregnant women and their children, communication between parents and children, the use of evidence-based programs and strategies, and the cost of alcohol use to Maryland. These consequences explore profound and long lasting effects of drug use on Maryland residents and the agencies that serve them. As the result of regular request from SEOW local representatives, expanded county level data will also be added to all consequences. This information will be added to the annual profiles as data is located and developed to meet our inclusion criteria.

Expanded county data will increase the ability of local prevention coordinators to develop data-driven prevention programs and policies. The expansion of existing consequences and the development of new consequences will provide the SEOW with a deeper understanding of the scope of drug use in Maryland and enable the members to start to identify target populations for prevention programs. This, in turn, will enable members to start to make more concrete connections between consequences and consumption. Only then will we be able to start to make recommendations about funding specific types of programs.

TOBACCO CONSUMPTION PATTERNS

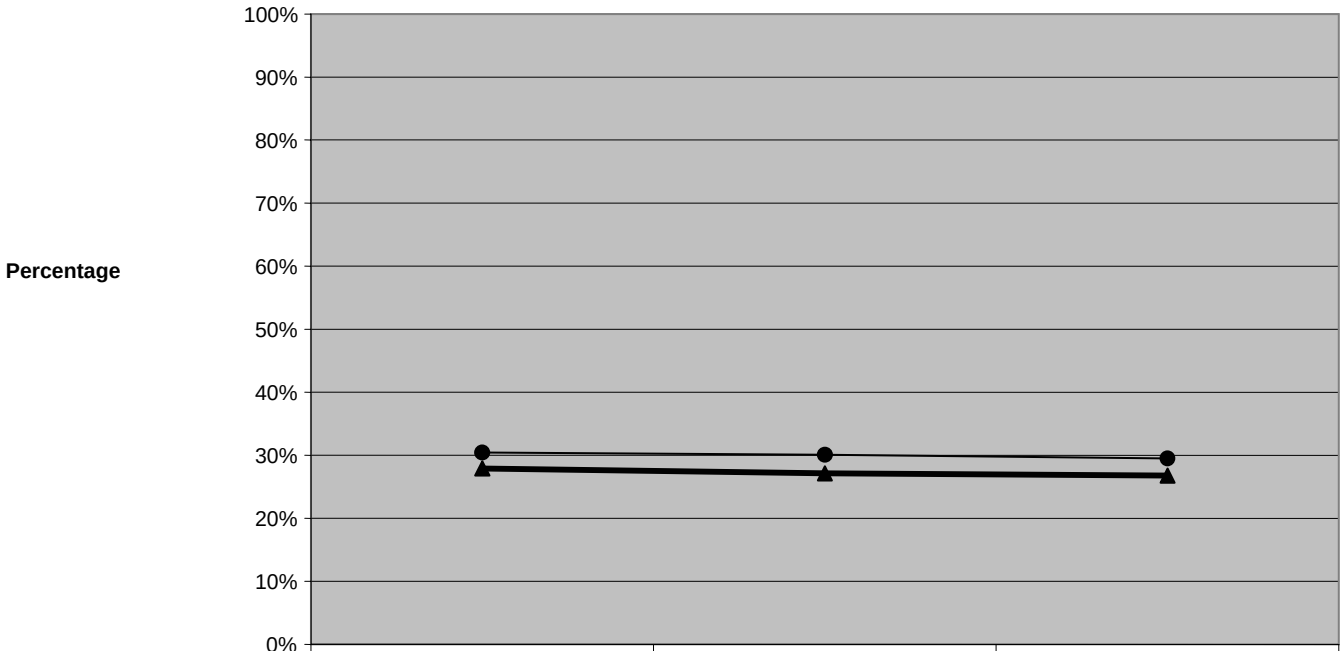
Overview

The charts and tables that follow were created using the most recent data available (including data from 1998 to 2005) and focus primarily on past month cigarette and any tobacco use and numbers of current smokers. Data are presented in the following subsections: National and Maryland Comparisons, Prevalence/Severity by Demographic Characteristics, and Time Trends.

The data that follow indicate that in recent years among Maryland residents 12 years and older, approximately one in four used a tobacco product in the past month. Among Maryland adults, approximately one in five used cigarettes in the past month. The percentage of current smokers and past month cigarette or any tobacco users in Maryland has remained stable in recent years and appears very similar to the national patterns. Notably, evidence suggests patterns of cigarette use are similar among youth with 20 percent of 12th graders reporting past month cigarette use in 2004–2005.

National vs. Maryland Comparisons

Figure 29
Percentage of Residents Aged 12 or Older Reporting Past Month Use of Any Tobacco Product* in Maryland and the United States, 2002--2004

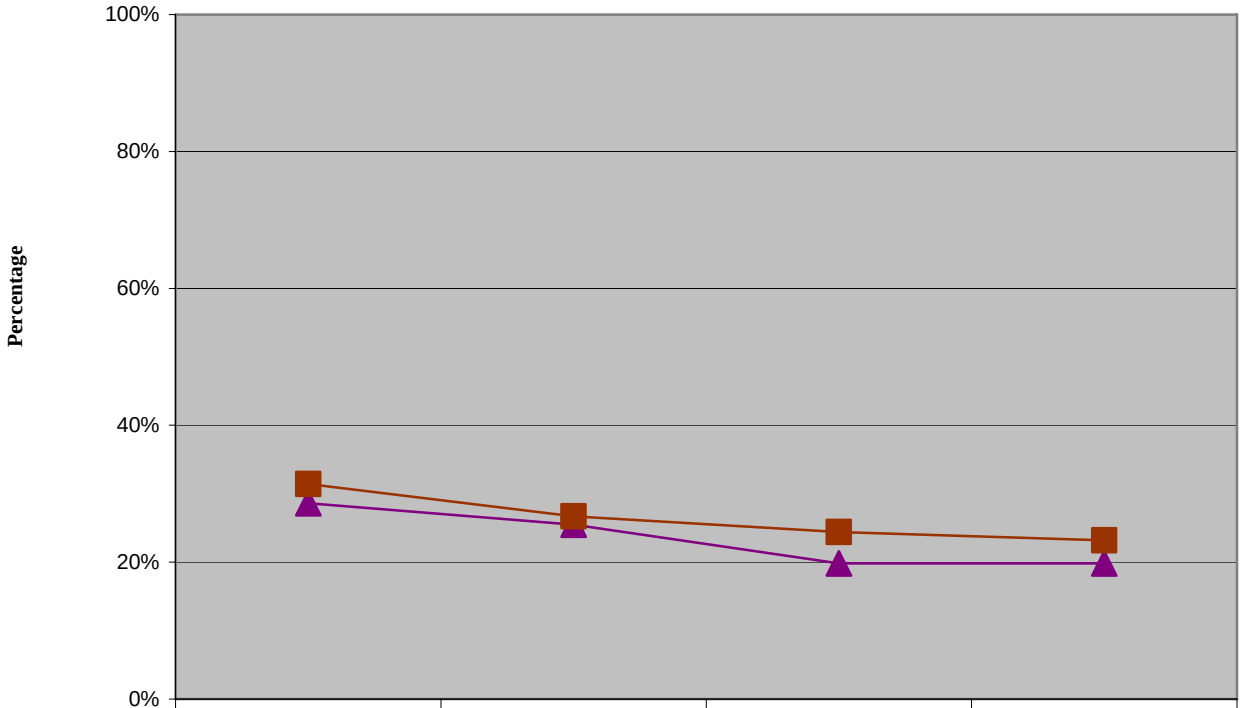


	2002	2002-2003	2003-2004
Maryland**	27.91%	27.13%	26.79%
United States***	30.41%	30.09%	29.49%
State/National Ratio****	0.92	0.90	0.91

NOTES:
*Tobacco Products include cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco.
**The state estimates are based on a survey-weighted hierarchical Bayes estimation approach. Although statewide estimates were produced prior to 2002, the data are not comparable to data collected after 2002 because of a change in survey methods.
***The U.S. estimates are the weighted average of the hierarchical Bayes estimates across all States and the District of Columbia and typically is not equal to the direct sample-weighted estimate for the Nation.
****State/National Ratio = State Percentage/National Percentage.

SOURCE: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002–2004.

Figure 30
Percentage of 12th Grade Students Reporting Past Month Cigarette Use in Maryland and the United States, 1998-1999 through 2004-2005 School Years

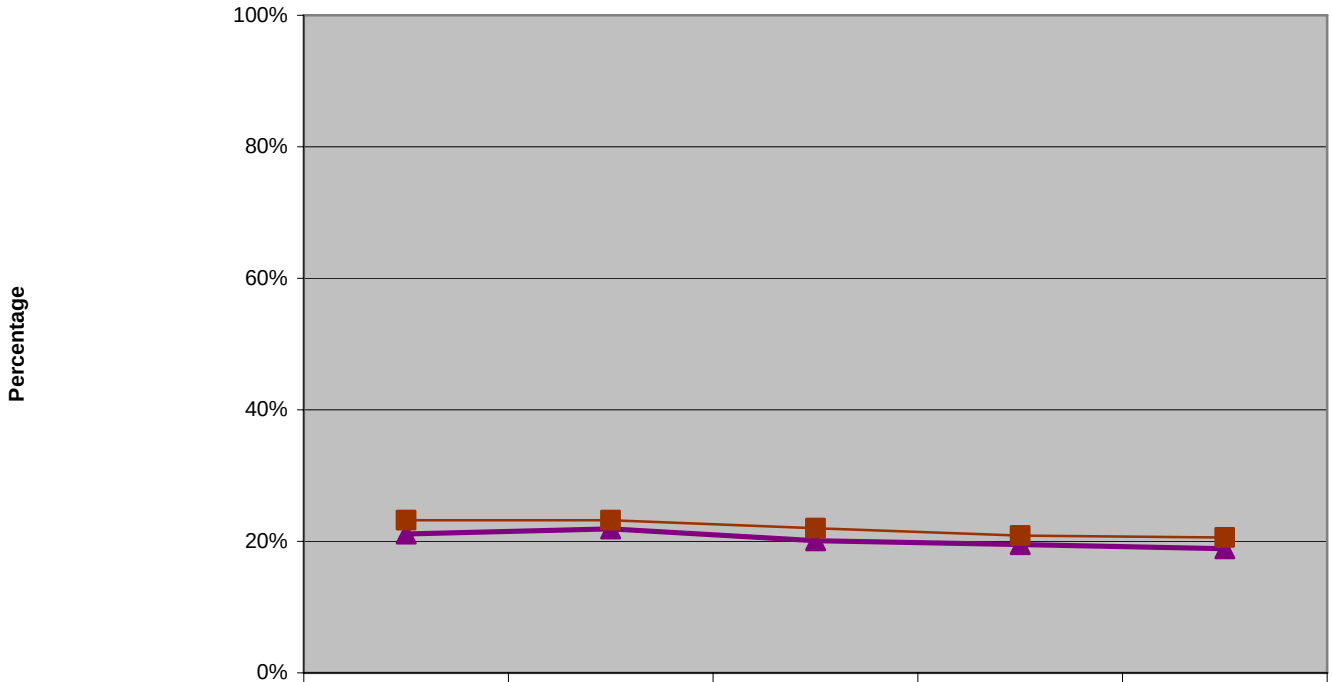


	1998-1999	2001-2002	2002-2003	2004-2005
Maryland	28.6%	25.5%	19.8%	19.8%
United States	31.4%	26.7%	24.4%	23.2%
State/National Ratio	0.91	0.96	0.81	0.85

NOTES:
The MAS Report does not provide the standard errors around these observations; therefore, caution should be exercised in interpreting any differences between state and national averages.

SOURCE: Maryland State Department of Education (MSDE), Maryland Adolescent Survey (MAS), 1998, 2001, 2002, and 2004 Surveys and the University of Michigan, 1999, 2002, 2003, and 2005 Monitoring the Future Study surveys.

Figure 31
Percentage of Adults who are Current Smokers in Maryland and the United States, 2001-2005



	2001	2002	2003	2004	2005
Maryland	21.1%	21.9%	20.1%	19.5%	18.9%
United States	23.2%	23.2%	22.0%	20.9%	20.6%
State/National Ratio	0.91	0.94	0.91	0.93	0.92

NOTES:
The US figure is based on median percentage from 51 states (includes District of Columbia but excludes U.S. territories).

SOURCE: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001–2005.

Prevalence/Severity by Demographic Characteristics

Table 52: Percentage and Estimated Number of Maryland Residents Reporting Past Month Cigarette Use and Any Tobacco Product,* by Demographic Characteristics: Annual Averages Based on 2002, 2003, 2004, and 2005 Surveys

	Past Month Cigarette Use				Past Month Use of Any Tobacco Product*			
	%	Standard Error	Estimated No.	Standard Error	%	Standard Error	Estimated No.	Standard Error
Maryland								
Age								
12-17	11.2%	1.09%	54,000	5,000	12.7%	1.15%	62,000	6,000
18-25	35.5%	1.85%	197,000	10,000	40.2%	1.91%	223,000	11,000
26-34	31.6%	2.71%	198,000	17,000	38.3%	2.68%	241,000	17,000
35-44	25.8%	2.06%	236,000	26,000	31.3%	2.27%	286,000	30,000
45-54	21.2%	3.54%	188,000	35,000	22.6%	3.45%	201,000	34,000
55-64	-	-	-	-	27.3%	5.40%	132,000	31,000
65 or Older	-	-	-	-	-	-	-	-
Sex								
Male	25.7%	1.91%	550,000	41,000	32.4%	1.90%	694,000	41,000
Females	21.3%	1.58%	509,000	38,000	21.9%	1.57%	523,000	38,000
Age/Sex								
Male								
12-17	11.0%	1.77%	27,000	5,000	12.8%	1.89%	32,000	5,000
18-25	38.6%	2.69%	106,000	10,000	46.1%	2.54%	126,000	11,000
26-34	33.5%	3.84%	99,000	14,000	46.2%	3.71%	137,000	16,000
35-44	26.5%	3.52%	119,000	19,000	37.4%	3.95%	168,000	24,000
45-54	-	-	-	-	-	-	-	-
55-64	-	-	-	-	-	-	-	-
65 or Older	-	-	-	-	-	-	-	-
Females								
12-17	11.4%	1.39%	27,000	3,000	12.7%	1.47%	30,000	3,000
18-25	32.5%	2.16%	91,000	7,000	34.3%	2.22%	96,000	8,000
26-34	29.8%	3.88%	99,000	16,000	31.2%	3.85%	103,000	17,000
35-44	25.1%	2.89%	116,000	16,000	25.5%	2.90%	118,000	16,000
45-54	18.6%	4.40%	92,000	24,000	18.6%	4.40%	92,000	24,000
55-64	-	-	-	-	-	-	-	-
65 or Older	-	-	-	-	-	-	-	-
	%	95% Prediciton Interval	Estimated No.	95% Prediciton Interval	%	95% Prediciton Interval	Estimated No.	95% Prediciton Interval
Maryland Total**	23.1%	20.4%-25.9%	1,044,000	926,000-1,174,000	26.8%	24.1%-29.6%	1,213,000	1,094,000-1,344,000

NOTES:
*Tobacco Products include cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco.
** Sum of age, sex, and age/sex estimates do not equal Maryland Total because the State figures are based on pooled data from two years worth of data (i.e., 2003 and 2004 surveys) and demographic figures are based on pooled data from 4 years worth of data (i.e., 2002, 2003, 2004, 2005 surveys).
SOURCE: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 53: Percentage and Estimated Number of Maryland Students Reporting Past Month Cigarette and Smokeless Tobacco Use, by Grade and Demographic Characteristics, School Year 2004–2005

					Grade Level															
					6th				8th				10th				12th			
	6th Grade School Enrommment	8th Grade School Enrommment	10th Grade School Enrommment	12th Grade School Enrommment	Past Month Cigarette Use		Past Month Smokeless Tobacco Use		Past Month Cigarette Use		Past Month Smokeless Tobacco Use		Past Month Cigarette Use		Past Month Smokeless Tobacco Use		Past Month Cigarette Use		Past Month Smokeless Tobacco Use	
					%	Est. No.	%	Est. No.	%	Est. No.	%	Est. No.	%	Est. No.	%	Est. No.	%	Est. No.	%	Est. No.
Maryland	66,799	69,567	68,249	57,432	1.5%	1,002	0.4%	267	5.9%	4,104	1.2%	835	11.2%	7,644	2.4%	1,638	19.8%	11,372	2.4%	1,378
Sex																				
Male	34,399	35,533	34,397	28,287	2.0%	688	0.6%	206	5.3%	1,883	1.6%	569	10.6%	3,646	3.7%	1,273	20.3%	5,742	6.2%	1,754
Females	32,400	34,034	33,852	29,145	1.0%	324	0.2%	65	6.4%	2,178	0.8%	272	11.6%	3,927	0.9%	305	19.3%	5,625	1.2%	350
Race/Ethnicity																				
White	32,275	34,838	35,618	31,826	1.4%	452	0.2%	65	7.0%	2,439	1.4%	488	13.9%	4,951	3.0%	1,069	24.9%	7,925	5.0%	1,591
African-American	26,687	26,935	24,954	19,428	1.9%	507	0.6%	160	4.1%	1,104	0.8%	215	7.1%	1,772	1.5%	374	11.3%	2,195	1.5%	291
Hispanic	4,423	4,309	3,993	2,793	0.4%	18	1.0%	44	5.8%	250	1.4%	60	9.1%	363	1.4%	56	19.6%	547	2.7%	75
Asian/Pacific Islander	3,149	3,245	3,454	3,181	0.3%	9	0.0%	0	1.9%	62	1.1%	36	5.6%	193	1.1%	38	18.1%	576	2.5%	80
Amer Indian/Alaskan Native	265	240	230	204	3.8%	10	0.1%	0	8.5%	20	1.6%	4	20.1%	46	6.0%	14	39.3%	80	10.3%	21

NOTES:
The MAS Report does not provide the standard errors around these observations; therefore, caution should be exercised in interpreting differences between sex and race/ethnic groups.

SOURCE: Maryland State Department of Education (MSDE), 2004 Maryland Adolescent Survey (MAS)

Table 54: Age, Sex, and Race/Ethnicity Characteristics of Current Adult Smokers, by Age Group, Sex, and Race, 2005

Current Smoker		
	Percent	**CI**
Maryland	18.9%	17.8-20.0
Age		
18-24	24.4%	19.0-29.8
25-34	20.1%	17.3-22.9
35-44	20.4%	17.9-22.9
45-54	20.4%	18.2-22.6
55-64	18.2%	15.7-20.7
65 or Older	9.9%	8.0-11.8
Sex		
Male	19.5%	17.6-21.4
Females	18.3%	16.9-19.7
Race/Ethnicity		
White	17.4%	16.2-18.6
Black	23.6%	20.7-26.5
Hispanic	20.0%	13.8-26.2
Other	12.0%	7.5-16.5
Multiracial	N/A	N/A

NOTES:
CI =Confidence Interval
Percentages are weighted to population characteristics.
N/A =Not available if the unweighted sample size for the denominator
was <50 or the CI half width was > 10 for any cell, or if the state did not collect data for that calendar year.

SOURCE: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001–2005.

Time Trends

Table 55: Percentage of Maryland Residents Reporting Past Month Use of Cigarettes and Any Tobacco Product* in 2002–2003 and 2003–2004 and Statistical Significance of Change, by Age Group, Based on 2002 and 2003 and 2003 and 2004 Surveys

	Total Population			Population: 12-17 Years			Population: 18-25			Population: 26 or Older		
	2002-2003	2003-2004	Significance	2002-2003	2003-2004	Significance	2002-2003	2003-2004	Significance	2002-2003	2003-2004	Significance
Past Month Cigarette Use	23.22%	23.05%	Not Sig.	11.08%	10.54%	Not Sig.	35.91%	35.50%	Not Sig.	22.88%	22.78%	Not Sig.
Past Month Use of Any Tobacco Product*	27.13%	26.79%	Not Sig.	12.70%	12.17%	Not Sig.	42.05%	41.87%	Not Sig.	26.76%	26.38%	Not Sig.

NOTES:
*Tobacco Products include cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco.
Not Sig. = The difference between 2003–2004 and 2002–2003 percentages are not significant at the .05 level.

SOURCE: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, and 2004.

Table 56: Percentage of Maryland Students Reporting Lifetime, Past Year, and Past Month Cigarette and Smokeless Tobacco Use, by Grade and Year, School Years 2001–2002, 2002–2003, and 2004–2005

	6th Grade			8th Grade			10th Grade			12th Grade		
	2001 (n=7,676)	2002 (n=8,986)	2004 (n=8,654)	2001 (n=7,336)	2002 (n=8,679)	2004 (n=8,805)	2001 (n=6,614)	2002 (n=8,250)	2004 (n=8,441)	2001 (n=6,078)	2002 (n=8,064)	2004 (n=8,629)
Lifetime Use												
Any Cigarette Use	8.5%	4.6%	5.5%	26.5%	18.1%	15.9%	36.3%	30.1%	26.1%	45.7%	40.2%	38.6%
Any Smokeless Tobacco Use	1.6%	1.0%	1.2%	4.1%	2.4%	2.8%	5.9%	4.4%	4.3%	8.1%	7.9%	7.8%
Past Year												
Any Cigarette Use	4.2%	2.3%	2.7%	17.0%	11.5%	10.3%	23.5%	19.3%	17.3%	31.7%	26.8%	26.8%
Any Smokeless Tobacco Use	0.9%	0.6%	0.6%	2.7%	1.5%	1.8%	3.9%	3.3%	3.3%	5.5%	5.5%	6.0%
Past Month												
Any Cigarette Use	2.5%	1.3%	1.5%	10.6%	6.6%	5.9%	16.6%	12.7%	11.2%	25.5%	19.8%	19.8%
Any Smokeless Tobacco Use	0.7%	0.4%	0.4%	1.9%	0.9%	1.2%	2.3%	2.1%	2.4%	3.0%	3.4%	3.7%

NOTES:
The 2001 Survey was administered in April 2001 of the 2000–2001 school year. The 2002 Survey was administered in December of the 2002–2003 school year. The 2004 Survey was administered December 2004 of the 2004–2005 school year.
Unweighted n's are presented above; prevalence estimates are based on weighted data.
The MAS Report does not provide the standard errors around these observations; therefore, caution should be exercised in interpreting any changes in drug use over time.

SOURCE: Maryland State Department of Education (MSDE), 2001, 2002, and 2004 Maryland Adolescent Surveys (MAS).

Table 57: Percentage of Maryland Adults who are Current Smokers, by Year, 2001–2005

	Current Smokers	
	%	Confidance Interval
2001	21.10%	19.4-22.8
2002	21.90%	20.2-23.6
2003	20.10%	18.6-21.6
2004	19.50%	17.8-21.2
2005	18.90%	17.8-20.0

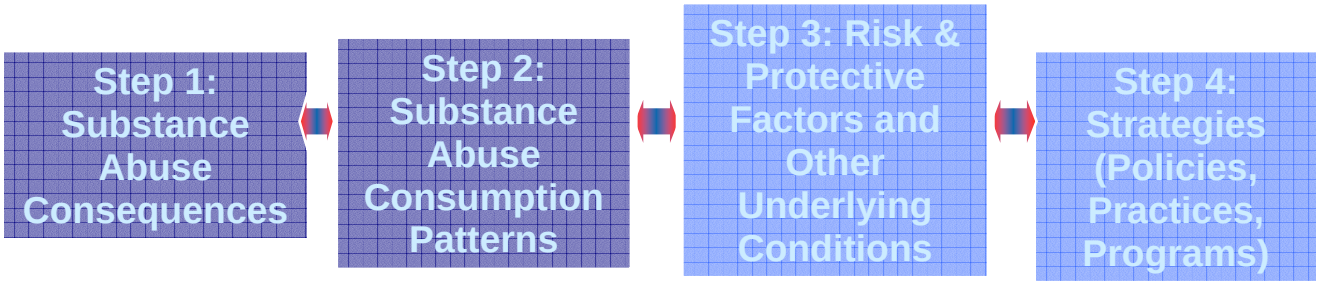
NOTES: Percentages are weighted to population characteristics.

SOURCE: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data.
Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001–2005.

APPENDICES

Appendix A

The Center for Substance Abuse and Prevention (CSAP) Logic Model



Appendix B

Maryland State Epidemiological Workgroup (SEOW) Core Members

Chairperson: Peter F.. Luongo, Ph.D., Director, Maryland Alcohol and Drug Abuse Administration
Epidemiologists: Eric D. Wish, Ph.D., and Erin Artigiani,
University of Maryland, Center for Substance Abuse Research

Member Affiliation	Members
Criminal Justice Agencies	**Michael Muth, Washington/Baltimore High Intensity Drug Trafficking Area** **Zach McMenamin, Washington/Baltimore High Intensity Drug Trafficking Area**
Department of Alcohol and Drug Addiction Services	**Eugenia Conolly, ADAA** **Bill Rusinko, ADAA** **Erik Gonder, ADAA** **Steve Bocian, ADAA** **Rhonda Callum, ADAA** **David Ennis, ADAA** **Bruce Meade, ADAA** **Susan Jenkins, ADAA** **Suzette Tucker, ADAA**
Department of Education	**MSDE**
Department of Mental Health	**Robin Jacobs, MHA**
Department of Public Health	**Dr. Mary Ripple, Deputy Medical Examiner**
Department of Public Safety	**Richard Rosenblatt, Deputy Sec. for Treatment Serv.**
Department of Youth Services	**Alberta Brier, DJS** **John Irvine, DJS**
National Guard	**1st Lt. Patricia J. Johnson** **Sgt Latia Adams**
State Police	**Lt. Ivan Quinones, MD State Police**
Office of Highway Safety	**Peter Moe, SHA**
Office of the Governor	**Anissa Walker, GOCCP**
Service Provider Organizations	**Sandy Wilson, MD Prevention Professionals Assoc.**
Social Science Research Organizations	**Dr. Carl Soderstrom, National Study Center for Trauma & Emergency Medicine** **Dr. Tony Tommasello, Dir. Office for Substance Abuse Studies**
Universities	**Dr. Suzanne Doyon, Medical Dir. MD Poison Center** **Erin Artigiani, CESAR** **Cheryl Rinehart, CESAR** **Margaret Hsu, CESAR** **Vanessa Cooke, Bowie State** **Dr. Kimberly Poole, UMES**
Various City Governments	**Virgil Boysaw, Anne Arundel Cty** **Dr. Tom Cargiulo, Howard Cty** **Dr. Elaine Swift, Baltimore City** **Kathy Rebbert-Franklin, Baltmore Cty** **John Mitchell, Calvert Cty** **Dr. Mark Carpenter, Talbot Cty** **Chris Delaney, Allegany Cty**
State Drug and Alcohol Abuse Council	**Suzan Swanton, Exec. Director of State DAAC**

Maryland State Epidemiological Workgroup (SEOW) Local Partners

Jurisdiction	Members
Central Region	
Baltimore County	**Roe Davis, Baltimore County LMB** **Erin Favazza, Baltimore County Executive Office** **Elizabeth Kahl, Baltimore County Social Services** **Jim Perrore, First Step** **Marge Rosensweg, Baltimore County Health Dept.** **Dan Schlimm, Baltimore Coiunty LMB** **Mary Viggiani, Baltimore Cty Bureau of Sub. Abuse** **Timothy Wrightson, MD Dept of Juvenile Services** **Lisa Wyckoff, Baltimore County LMB**
Baltimore City	**Shirley Stokes, Baltimore Substance Abuse Systems** **Karen Waites, Baltimore City Public Schools**
Harford County	**Reed Correll, Harford County** **Diana Givens, Harford County Health Dept** **Fred Hatem, Harford County LDAAC** **Joe Ryan, Harford Cty Office of Drug Control Policy** **Linda Williams, Addiction Connection Resources**
Howard County	**Neil Dorsey, Howard County LDAAC** **Georgette Lavelity, Howard County Health Dept.** **Donnell Stewart, Howard County Health Dept.**
Eastern Region	
Caroline County	**William Allen, Caroline Co. Board of Ed** **Ann Ferkler, Caroline County Health Dept** **Renee Woodworth, Caroline LMB**
Cecil County	**Jennifer Padgett, Cecil Cty Sub. Abuse Program**
Dorchester County	**Ervina Johnson, Dorchester County Health Dept.**
Kent County	**Nora Becker, Publick House**
Queen Anne's County	**Mike Clark, Queen Anne's LMB** **Shelly Coleman, Queen Anne's Cty Circuit Court** **Ralph Marketto, Queen Anne's Cty Board of Ed** **Jim Ray, Queen Anne Cty Drug Free Coalition/LDAAC** **Kathy Wright, Queen Anne's Cty Alc & Drug Abuse Services**
Somerset County	**Charity Holley, Somerset Cty Health Dept**
Talbot County	**Donna Kegley-Hacker, Talbot Family Network/LMB** **John Ryan, Talbot Cty Health Dept** **JoAnn Urso, Talbot Partnership**
Wicomico County	**Beth Chatfield, Wicomico Cty Board of Ed** **Romanda Hutt, Wicomico Cty Health Dept** **Cindy Shifler, Wicomico Cty Health Dept** **Reed Sterett, State's Attorney Office** **Beverly Ward, Wicomico Partnership for Families and Children**

Worcester County	**Rick Blevins, C-Safe/ Berlin Police Dept** **Shirleen Church, Worcester County Board of Ed.** **Becky Flater, Worcester County Health Dept.** **Jenna Miller, Worcester Cty Initiative to Preserve Families** **Doris Moxley, Worcester Cty Health Dept** **Marty Pusey, Worcester Cty Health Dept**
Southern Region	
Anne Arundel County	
Calvert County	**Candice D'Agostino,k Calver Alliance Against Substance Abuse** **Kim Roof/Deborah Pulley, Calvert Cty Public Schools** **`Susan Shaw, Calvert Board of Cty Commissioners** **Douglas Weems, Calvert Cty Health Dept**
Charles County	**Al Evans, Charles County Health Department**
St. Mary's County	**Walter Biscoe, Community Services** **Alexis Zoss, Mental Health Authority** **Kathleen Lyon, Public Schools** **David Zylak, Sheriff's Office** **Kathleen O'Brien, Walden Sierra** **Susan Bergmann, Health Department**
Suburban Region	
Montgomery County	**Dorothy Moore, Montgomery Cty Dept of HHS**
Prince George's County	**Pat Ramseur, Prince George's Cty Health Dept**
Western Region	
Allegany County	
Carroll County	**Mark Yount, Junction, Inc**
Frederick County	**Todd Crum, Frederick Cty Sub Abuse Services**
Garrett County	**Nancy Brady, Garrett County Health Dept.**
Washington County	

Appendix C

ILLICIT DRUG INDICATORS			
NOMs Domain: Crime and Criminal Justice			
Indicator	**Included in report**	**Possible year 2 inclusion***	**Did not meet inclusion criteria****
Arrests for drug distribution	✓		
Arrests for drug possession	✓		
Indicated and unsubstantiated cases of child abuse/neglect		✓	
Domestic violence crimes where drug use by either victim or offender is noted		✓	
Police reports of incidences involving domestic violence		✓	
Deaths from homicide			✓
Property crimes – burglaries	✓		
Property crimes – larcenies	✓		
Property crimes – motor-vehicle thefts	✓		
Victims of crime			✓
Aggravated assaults reported to the police			✓
Sexual assaults and robberies reported to the police			✓
NOMs Domain: Employment /Education			
Indicator	**Included in report**	**Possible year 2 inclusion***	**Did not meet inclusion criteria****
Unemployment			✓
Work days missed			✓
Dropouts			✓
Drug-related expulsions	✓		
Drug-related suspensions	✓		
NOMs Domain: Reduced Morbidity			
Indicator	**Included in report**	**Possible year 2 inclusion***	**Did not meet inclusion criteria****
Persons aged 12 or older meeting DSM-IV criteria for drug abuse or dependence	✓		
Treatment admissions for drug other than alcohol	✓ (by drug)		
Child deaths-deaths to persons between ages 1 and 14			✓
Infant deaths-deaths to persons under one year of age			✓
Deaths due to injury by firearms			✓

NOTES: * Possible year 2 inclusion: data is available, but was not obtained in time for year 1 report; unknown whether data is available and if found might be appropriate for a future report
**Data did not currently meet inclusion criteria: data availability, validity, consistency, sensitivity, and availability of attributable fractions (relation to substance use)

ALCOHOL INDICATORS			
NOMs Domain: Access/Capacity			
Indicator	**Included in report**	**Possible year 2 inclusion***	**Did not meet inclusion criteria****
Sales of ethanol in beer, wine, and spirits, per year		✓	
NOMs Domain: Crime and Criminal Justice			
Indicator	**Included in report**	**Possible year 2 inclusion***	**Did not meet inclusion criteria****
Fatal crashes due to alcohol use	✓		
Fatal motor vehicle crashes for which at least one driver, pedestrian, or cyclist has been drinking	✓		
Total crashes due to alcohol use	✓		
Injury crashes	✓		
Property crashes	✓		
Indicated and unsubstantiated cases of child abuse/neglect		✓	
Domestic violence crimes where alcohol use by either victim or offender is noted		✓	
Police reports of incidences involving domestic violence		✓	
Driven under the influence of alcohol in past year		✓	
Persons reporting driving 1 or more times in past month when they had been drinking		✓	
Persons reporting getting in a car 1 or more times in past month with someone who had been drinking		✓	
Victims of Crime		✓	
Murders and non-negligent assaults reported to the police	✓		
Aggravated assaults reported to the police	✓		
Forcible rapes reported to the police	✓		
Robberies reported to the police	✓		
NOMs Domain: Employment/Education			
Indicator	**Included in report**	**Possible year 2 inclusion***	**Did not meet inclusion criteria****
Unemployment			✓
Work days missed			✓
Dropouts			✓
Alcohol-related expulsions	✓		
Alcohol-related suspensions	✓		

NOMs Domain: Reduced Morbidity			
Indicator	**Included in report**	**Possible year 2 inclusion***	**Did not meet inclusion criteria****
Persons aged 12 or older meeting DSM-IV criteria for alcohol abuse or dependence	✓		
Child deaths-deaths to persons between ages 1 and 14	✓		
Infant deaths-death to persons under one year of age			✓
Death due to injury by firearms			✓
Deaths due to accidents			✓
Deaths from chronic liver disease	✓		
Deaths from homicide		✓	
Deaths from suicide			✓
Violent deaths			✓
Treatment admissions for alcohol as primary	✓		
Women who drank during pregnancy			✓
Babies born with fetal alcohol syndrome		✓	
Low birth-weight babies			✓
Teenagers giving birth			✓
Emergency room visits			✓
Indicator-(Consumption)	**Included in report**	**Possible year 2 inclusion***	**Did not meet inclusion criteria****
Days used alcohol in past month		✓	
Persons reporting 5 or more drinks in a row on at least 1 occasion in past month	✓		
Persons reporting any alcohol use in past month	✓		
Adults (18+) reporting heavy drinking	✓		
Persons reporting lifetime alcohol use	✓ (youth only)		
Persons reporting past year alcohol use	✓ (youth only)		
Age first drank an alcoholic beverage (more than 1 or 2 sips)		✓	
Persons reporting first use of alcohol before age 13		✓	
Persons reporting great risk from drinking 5 or more alcoholic drinks once or twice a week		✓	
How you feel about peer having 1 or 2 drinks nearly every day		✓	
NOMs Domain: Retention			
Indicator	**Included in report**	**Possible year 2 inclusion***	**Did not meet inclusion criteria****
Evidenced-based programs		✓	
Evidenced-based strategies		✓	
Treatment recidivism		✓	
Exposed to advertisement about prevention of alcohol use in past year		✓	

NOMs Domain: Social Connectedness			
Indicator	**Included in report**	**Possible year 2 inclusion***	**Did not meet inclusion criteria****
Talked to parent(s) about dangers of alcohol use in past year		✓	
Times talked with your child about dangers/problems associated with alcohol use in past year		✓	
Children in foster care			✓
NOMs Domain: Cost Effectiveness			
Indicator	**Included in report**	**Possible year 2 inclusion***	**Did not meet inclusion criteria****
Health care costs		✓	
Social costs		✓	

NOTES: * Possible year 2 inclusion: data is available, but was not obtained in time for year 1 report; unknown whether data is available and if found might be appropriate for a future report
**Data did not currently meet inclusion criteria: data availability, validity, consistency, sensitivity, and availability of attributable fractions (relation to substance use)

TOBACCO INDICATORS			
NOMs Domain: Access/Capacity			
Indicator	**Included in report**	**Possible year 2 inclusion***	**Did not meet inclusion criteria****
Packs of cigarettes taxed at wholesale level		✓	
NOMs Domain: Retention			
Indicator	**Included in report**	**Possible year 2 inclusion***	**Did not meet inclusion criteria****
Evidenced-based programs		✓	
Evidence-based strategies		✓	
Exposed to advertisement about prevention of tobacco use in past year		✓	
NOMs Domain: Social Connectedness			
Indicator	**Included in report**	**Possible year 2 inclusion***	**Did not meet inclusion criteria****
Talked to parent(s) about dangers of tobacco use in past year		✓	
Times talked with your child about dangers/problems associated with tobacco use in past month		✓	
NOMs Domain: Employment/Education			
Indicator	**Included in report**	**Possible year 2 inclusion***	**Did not meet inclusion criteria****
Work days missed			✓
Tobacco-related expulsions		✓	
Tobacco-related suspensions		✓	
NOMs Domain: Reduced Morbidity			
Indicator	**Included in report**	**Possible year 2 inclusion***	**Did not meet inclusion criteria****
Women who smoked while pregnant		✓	
Deaths from COPD and emphysema	✓		
Deaths from lung cancer	✓		
Emergency room visits			✓
Indicator-(Consumption)	**Included in report**	**Possible year 2 inclusion***	**Did not meet inclusion criteria****
Days smoked all or part of a cigarette in past month		✓	
Days used tobacco product other than cigarettes in past month		✓	

COMBINED ALCOHOL AND OTHER DRUGS INDICATORS			
NOMs Domain: Access/Capacity			
Indicator	**Included in report**	**Possible year 2 inclusion***	**Did not meet inclusion criteria****
Persons served by age, race, and ethnicity	✓		
NOMs Domain: Use of Evidence-Based Practices			
Indicator	**Included in report**	**Possible year 2 inclusion***	**Did not meet inclusion criteria****
Evidence-based programs	✓		
Evidence-based strategies	✓		

NOTES: * Possible year 2 inclusion: data is available, but was not obtained in time for year 1 report; unknown whether data is available and if found might be appropriate for a future report
**Data did not currently meet inclusion criteria: data availability, validity, consistency, sensitivity, and availability of attributable fractions (relation to substance use)

Appendix D

Maryland Alcohol and Drug Abuse Administration

Maryland
State Epidemiological Outcomes Workgroup
(MD SEOW)

Illicit Drug Consequence
Scoring Packet

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

MD SEOW Scoring Packet

Background

The SEOW is charged with producing an Annual State Epidemiological Profile that describes substance use and its consequences in Maryland and identifies priorities for the state based on available data. The Profile will then be used to aide in determining funding priorities for the state.

As a first step in production of a State Epidemiological Profile, the SEOW generated an exhaustive list of consequences relate to substance abuse. Next, existing data on those consequences were sought and reviewed by CESAR. From more than one hundred indicators CESAR and ADAA narrowed the number of consequences to be considered by the SEOW based on the quality of the available data, availability of data on percent of consequence attributable to substance use and general importance ascribed by the SEOW. Data on these consequences have been included in the draft Epidemiological Profile.

The next step is for the SEOW to systematically evaluate the consequences in order to produce recommendations as to which of the identified consequences should be of greatest priority for the state.

Task

As a core member of the SEOW, we ask you to please evaluate each drug-related consequence included in the Epidemiological Profile using the scoring packet that follows. The packet includes: Directions for Scoring, Description of Criteria used Assess the Consequences, Scoring Sheets, and for your reference, the draft State Epidemiological Profile. Of course, you are free to skip any questions you wish.

Aggregated results will be used:

(a) As a possible method for prioritizing the drug-related consequences presented in the State Epidemiological Profile, and
(b) To facilitate discussion at the next SEOW meeting of how best to prioritize the drug-related consequences presented in the State Epidemiological Profile.

The packet includes 2 sections:

Section I: Assessment of Consequences by Specific Criteria
Section II: Overall Assessment of Consequences

Section I: Assessment of Consequences by Specific Criteria

Directions for Scoring the Consequences Using the Specific Criteria

As a potential method for systematically prioritizing the consequences included in the Epidemiological Profile, we ask that you evaluate each consequence on the basis of six criteria using the 5-point answer scales provided.

The five criteria are:
- Numbers Directly Affected
- Changes in Size/Magnitude over Time
- Maryland Compared to the United States
- Numbers Indirectly Affected
- Potential Economic and Social Costs to Maryland
- Potential for Change through Intervention

Definitions for these criteria are provided on the next page.

Your scoring should be based on both your knowledge and the information provided to you in the Epidemiological Profile. To assist in your scoring, where data are available from the Epidemiological Profile it has been included on the scoring sheet. Some criteria are more subjective or were lacking data and require you to score based solely on your knowledge/opinion.

For each criterion:

1. *Rate the consequence* by circling one number on the five-point answer scale that precedes it.
2. *Rate each criterion* according to how important you think it is in determining the funding priority for this consequence. You may give the same rating to more than one criterion. How you rate the criterion should be independent of how you rated the consequence.

Description of Criteria used to Assess the Consequences

Below are descriptions of the specific criteria (in bold) for which we ask you evaluate to each consequence in the subsequent pages.

Numbers Directly Affected (data provided)
- Size/Magnitude of the Problem: How many people are directly affected by the consequence?
- Examples of numbers directly affected: Number of drug-related property crimes, Number of persons dependent on illicit drugs

Changes in Size/Magnitude over Time (data provided)
- Short term and long term change: Have the numbers directly affected been increasing, decreasing or static based on the most recent data available?
- Short term change = over most recent 1 year period
- Long term change = over most recent 5 year period
- Example of change: Percentage change from 2004-2005 and 2001-2005 in property crimes

Maryland Compared to the United States (data provided)
- How does the rate directly affected (per 100,000 population) in Maryland compare to the United States?
- How does Maryland rank in comparison to other states?

Numbers Indirectly Affected (no data)
- Size/magnitude of the problem beyond the numbers directly affected based on your judgment: How many beyond those directly affected may be impacted by the consequence?
- Examples of numbers indirectly affected: Employers and family of a dependent person, others exposed to HIV from a person infected via intravenous drug use

Potential Economic and Social Costs to Maryland (no data)
- What is the extent of the potential economic and social costs related to the consequence, based on your judgment?
- Examples of economic costs: Health care/Medicaid costs to treat HIV, Lost work days or social services involvement with the family of a dependent person, Years life lost for a drug-related death
- Examples of social costs: Community's unease/feelings of safety associated with drug-related property crimes, Children displaced from family due to parent's dependence

Potential for Change through Intervention
- What are the chances the numbers directly affected by the consequence could be modified through intervention in the short term (1-year) and/or longer term?
- Are prevention program activities able to impact the problem during any given funding period?

SCORE SHEET 1

Consequence: Property Crimes

Criteria	Score (Circle One)					Importance of each Criterion in Assessment of this Consequence* (Rate on a scale of 1=*Not at All Important* to 10=*Most Important*)
Numbers Directly Affected (size/magnitude) • Total property crimes in 2005 = 198,483 • An estimated 51,709 were drug-related	1 Very limited	2	3 Moderate	4	5 Very Extensive	
Changes in Size/Magnitude over Time • One-year change in drug-related property crimes: *Decrease* (-1.5%) • Five year change in drug-related property crimes: *Decrease* (-11.6%)	1 Greatly Decreasing	2	3 Steady	4	5 Greatly Increasing	
Maryland Compared to the United States (data from 2004) • MD rate (per 100,000 pop): 3,640.7 • US rate (per 100,000 pop): 3,514.1 • MD Ranked 23rd highest rate (out of 51) in 2004	1 Much better than US rates	2	3 Similar to US rates	4	5 Great deal worse than US rates	
Numbers Indirectly Affected (no data)	1 Very Limited	2	3 Moderate	4	5 Very Extensive	
Potential Economic and Social Costs to Maryland (no data)	1 Very Minimal	2	3 Average	4	5 Very Large	
Potential for Change through Intervention (no data)	1 No Potential	2	3 Neutral	4	5 Great Potential	

* Regardless of how you scored the consequence, rate each criterion according to how important you think it is in determining the funding priority for this consequence. You may give the same rating to more than one criterion in this table.

SCORE SHEET 2

Consequence: Drug-Related Arrests

Criteria	Score (Circle One)					Importance of each Criterion in Assessment of this Consequence* (Rate on a scale of 1=*Not at All Important* to 10=*Most Important*)
Numbers Directly Affected (size/magnitude) • Total arrests in 2005 = 308,075 • Total drug-related arrests in 2005 = 53,047 • 17% of total arrests were drug-related	1 Very limited	2	3 Moderate	4	5 Very Extensive	
Changes in Size/Magnitude over Time • One-year change in drug-related arrests: *Increase* (2.1%) • Five-year change in drug-related arrests: *Increase* (0.6%)	1 Greatly Decreasing	2	3 Steady	4	5 Greatly Increasing	
Maryland Compared to the United States (data from 2004) • MD rate (per 100,000 pop): 981.2 • US rate (per 100,000 pop): Data not available	1 Much better than US rates	2	3 Similar to US rates	4	5 Great deal worse than US rates	
Numbers Indirectly Affected (no data)	1 Very Limited	2	3 Moderate	4	5 Very Extensive	
Potential Economic and Social Costs to Maryland (no data)	1 Very Minimal	2	3 Average	4	5 Very Large	
Potential for Change through Intervention (no data)	1 No Potential	2	3 Neutral	4	5 Great Potential	

* Regardless of how you scored the consequence, rate each criterion according to how important you think it is in determining the funding priority for this consequence. You may give the same rating to more than one criterion in this table.

SCORE SHEET 3

Consequence: HIV/AIDS Cases

Criteria	Score (Circle One)					Importance of each Criterion in Assessment of this Consequence* (Rate on a scale of 1=*Not at All Important* to 10=*Most Important*)
Numbers Directly Affected (size/magnitude) • Total prevalent HIV/AIDS cases in 2004 = 29,123 • Drug-related exposure involved in 26% (7,683) of all prevalent cases	1 Very limited	2	3 Moderate	4	5 Very Extensive	
Changes in Size/Magnitude over Time • One-year change in IDU-related incident HIV cases: *Decrease* (-34.2%) • Five-year change in IDU-related incident HIV cases: *Decrease* (-66.1%)	1 Greatly Decreasing	2	3 Steady	4	5 Greatly Increasing	
Maryland Compared to the United States (data from 2004) • MD rate (per 100,000 pop): 26.1 • US rate (per 100,000 pop): 14.9 • MD Ranked 4th highest rate (out of 51) in 2004	1 Much better than US rates	2	3 Similar to US rates	4	5 Great deal worse than US rates	
Numbers Indirectly Affected (no data)	1 Very Limited	2	3 Moderate	4	5 Very Extensive	
Potential Economic and Social Costs to Maryland (no data)	1 Very Minimal	2	3 Average	4	5 Very Large	
Potential for Change through Intervention (no data)	1 No Potential	2	3 Neutral	4	5 Great Potential	

* Regardless of how you scored the consequence, rate each criterion according to how important you think it is in determining the funding priority for this consequence. You may give the same rating to more than one criterion in this table.

SCORE SHEET 4

Consequence: Illicit Drug Dependence or Abuse

Criteria	Score (Circle One)					Importance of each Criterion in Assessment of this Consequence* (Rate on a scale of 1=*Not at All Important* to 10=*Most Important*)
Numbers Directly Affected (size/magnitude) • 130,000 persons aged 12+ reported dependence/abuse of illicit drugs in 2003-2004 • 2.88% of the population aged 12+ in 2003-2004 reported dependence/abuse of illicit	1 Very limited	2	3 Moderate	4	5 Very Extensive	
Changes in Size/Magnitude over Time • One-year change No significant change from 2002-2003 to 2003-2004 estimates. • Five-year change: Data not available.	1 Greatly Decreasing	2	3 Steady	4	5 Greatly Increasing	
Maryland Compared to the United States (data from 2005) • MD rate (per 100,000 pop): 2.88% • US rate (per 100,000 pop): 2.96%	1 Much better than US rates	2	3 Similar to US rates	4	5 Great deal worse than US rates	
Numbers Indirectly Affected (no data)	1 Very Limited	2	3 Moderate	4	5 Very Extensive	
Potential Economic and Social Costs to Maryland (no data)	1 Very Minimal	2	3 Average	4	5 Very Large	
Potential for Change through Intervention (no data)	1 No Potential	2	3 Neutral	4	5 Great Potential	

* Regardless of how you scored the consequence, rate each criterion according to how important you think it is in determining the funding priority for this consequence. You may give the same rating to more than one criterion in this table.

SCORE SHEET 5

Consequence: Drug-Induced Deaths

Criteria	Score (Circle One)					Importance of each Criterion in Assessment of this Consequence* (Rate on a scale of 1=*Not at All Important* to 10=*Most Important*)
Numbers Directly Affected (size/magnitude) • Total deaths (all causes) in 2005 = 43,778 • Total drug-induced deaths in 2005 = 694 • 1.6% of total deaths were drug-induced	1 Very limited	2	3 Moderate	4	5 Very Extensive	
Changes in Size/Magnitude over Time • One-year change in drug-induced deaths: *Decrease* (-2.0%) • Five-year change in drug-induced deaths: *Increase* (8.1%)	1 Greatly Decreasing	2	3 Steady	4	5 Greatly Increasing	
Maryland Compared to the United States (data from 2005) • MD rate (per 100,000 pop): 12.7 • US rate (per 100,000 pop): 9.7	1 Much better than US rates	2	3 Similar to US rates	4	5 Great deal worse than US rates	
Numbers Indirectly Affected (no data)	1 Very Limited	2	3 Moderate	4	5 Very Extensive	
Potential Economic and Social Costs to Maryland (no data)	1 Very Minimal	2	3 Average	4	5 Very Large	
Potential for Change through Intervention (no data)	1 No Potential	2	3 Neutral	4	5 Great Potential	

* Regardless of how you scored the consequence, rate each criterion according to how important you think it is in determining the funding priority for this consequence. You may give the same rating to more than one criterion in this table.

SCORE SHEET 6

Consequence: Drug-Related Suspensions

Criteria	Score (Circle One)					Importance of each Criterion in Assessment of this Consequence* (Rate on a scale of 1=*Not at All Important* to 10=*Most Important*)
Numbers Directly Affected (size/magnitude) • Total suspensions in 2004-2005 = 124,610 • Total drug-related suspensions in 2004-2005 = 2,125 • 1.7% of total suspensions were drug-related	1 Very limited	2	3 Moderate	4	5 Very Extensive	
Changes in Size/Magnitude over Time • One-year change in drug-related suspensions: *Decrease* (-7.7%) • Five-year change in drug-related suspensions: *Increase* (2.0%)	1 Greatly Decreasing	2	3 Steady	4	5 Greatly Increasing	
Maryland Compared to the United States (data from 2004-2005) • MD rate (per 100,000 public school students): 245.5 • US rate: Data not available	1 Much better than US rates	2	3 Similar to US rates	4	5 Great deal worse than US rates	
Numbers Indirectly Affected (no data)	1 Very Limited	2	3 Moderate	4	5 Very Extensive	
Potential Economic and Social Costs to Maryland (no data)	1 Very Minimal	2	3 Average	4	5 Very Large	
Potential for Change through Intervention (no data)	1 No Potential	2	3 Neutral	4	5 Great Potential	

* Regardless of how you scored the consequence, rate each criterion according to how important you think it is in determining the funding priority for this consequence. You may give the same rating to more than one criterion in this table.

SCORE SHEET 7

Consequence: Drug-Related Expulsions

Criteria	Score (Circle One)					Importance of each Criterion in Assessment of this Consequence* (Rate on a scale of 1=*Not at All Important* to 10=*Most Important*)
Numbers Directly Affected (size/magnitude) • Total expulsions in 2004-2005 = 2,458 • Total drug-related expulsions in 2004-2005 = 314 • 12.8% of total expulsions were drug-related	1 Very limited	2	3 Moderate	4	5 Very Extensive	
Changes in Size/Magnitude over Time • One-year change in drug-related expulsions: *Decrease* (-12.5%) • Five-year change in drug-related expulsions: *Decrease* (-29.0%)	1 Greatly Decreasing	2	3 Steady	4	5 Greatly Increasing	
Maryland Compared to the United States (data from 2004-2005) • MD rate (per 100,000 pop): 36.3 • US rate (per 100,000 pop): Data not available	1 Much better than US rates	2	3 Similar to US rates	4	5 Great deal worse than US rates	
Numbers Indirectly Affected (no data)	1 Very Limited	2	3 Moderate	4	5 Very Extensive	
Potential Economic and Social Costs to Maryland (no data)	1 Very Minimal	2	3 Average	4	5 Very Large	
Potential for Change through Intervention (no data)	1 No Potential	2	3 Neutral	4	5 Great Potential	

* Regardless of how you scored the consequence, rate each criterion according to how important you think it is in determining the funding priority for this consequence. You may give the same rating to more than one criterion in this table.

Section II: Overall Assessment of Consequences

Overall Ranking of the Drug-Related Consequences

Now that you have rated the individual criteria for each consequence, we would like you to rate your overall funding priority for each consequence.

Assuming you have full authority to determine the funding priorities for the state, rank the following seven consequences according to how much funding you would give to prevention programs focusing on these consequences.

The consequence that you believe is the most important, or of greatest priority, should be ranked "1." The second most important consequence should be ranked a "2." Continue ranking the consequences to the least important consequence which should be ranked "7."

DO NOT GIVE THE SAME RANK TO MULTIPLE CONSEQUENCES.

(Consequences are listed in the order they appear in the epidemiological profile.)

CONSEQUENCE	RANK by Funding Priority from 1 (highest) to 7 (lowest)
Property Crime	
Drug-Related Arrests	
HIV/AIDS	
Past Year Illicit Drug Abuse and Dependence	
Drug Induced Deaths	
School Suspensions	
School Expulsions	

Appendix E

Maryland Alcohol and Drug Abuse Administration

Maryland
State Epidemiological Outcomes Workgroup
(MD SEOW)

SECOND PHASE SCORING
Alcohol Consequence
Scoring Packet

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

MD SEOW Scoring Packet

Background

The SEOW is charged with producing an Annual State Epidemiological Profile that describes substance use and its consequences in Maryland and identifies priorities for the state based on available data. The Profile will then be used to aide in determining funding priorities for the state.

As a first step in production of a State Epidemiological Profile, the SEOW generated an exhaustive list of consequences relate to substance abuse. Next, existing data on those consequences were sought and reviewed by CESAR. From more than one hundred indicators CESAR and ADAA narrowed the number of consequences to be considered by the SEOW based on the quality of the available data, availability of data on percent of consequence attributable to substance use and general importance ascribed by the SEOW. Data on these consequences have been included in the draft Epidemiological Profile.

The next step is for the SEOW to systematically evaluate the consequences in order to produce recommendations as to which of the identified consequences should be of greatest priority for the state.

Task

As a core member of the SEOW, we ask you to please evaluate each **alcohol-related consequence** included in the Epidemiological Profile using the scoring packet that follows. The packet includes: Directions for Scoring, Description of Criteria used Assess the Consequences, Scoring Sheets, and for your reference, the draft of the alcohol-related consequence section of the State Epidemiological Profile. Of course, you are free to skip any questions you wish.

Aggregated results will be used:

To prioritize the alcohol-related consequences presented in the State Epidemiological Profile.

The packet includes 2 sections:

Section I: Assessment of Consequences by Specific Criteria
Section II: Overall Assessment of Consequences

Section I: Assessment of Consequences by Specific Criteria

Directions for Scoring the Consequences Using the Specific Criteria

As a potential method for systematically prioritizing the consequences included in the Epidemiological Profile, we ask that you evaluate each consequence on the basis of six criteria using the 5-point answer scales provided.

The five criteria are:
- Numbers Directly Affected
- Changes in Size/Magnitude over Time
- Maryland Compared to the United States
- Numbers Indirectly Affected
- Potential Economic and Social Costs to Maryland
- Potential for Change through Intervention

Definitions for these criteria are provided on the next page.

Your scoring should be based on both your knowledge and the information provided to you in the Epidemiological Profile. To assist in your scoring, where data are available from the Epidemiological Profile it has been included on the scoring sheet. Some criteria are more subjective or were lacking data and require you to score based solely on your knowledge/opinion.

For each criterion:

3. *Rate the consequence* by circling one number on the five-point answer scale that precedes it.
4. *Rate each criterion* according to how important you think it is in determining the funding priority for this consequence. You may give the same rating to more than one criterion. How you rate the criterion should be independent of how you rated the consequence.

Description of Criteria used to Assess the Consequences

Below are descriptions of the specific criteria (in bold) for which we ask you evaluate to each consequence in the subsequent pages.

Numbers Directly Affected (data provided)
- Size/Magnitude of the Problem: How many people are directly affected by the consequence?
- Examples of numbers directly affected: Number of alcohol-related violent crimes, Number of persons dependent on alcohol

Changes in Size/Magnitude over Time (data provided)
- Short term and long term change: Have the numbers directly affected been increasing, decreasing or static based on the most recent data available?
- Short term change = over most recent 1 year period
- Long term change = over most recent 5 year period
- Example of change: Percentage change from 2004-2005 and 2001-2005 in violent crimes

Maryland Compared to the United States (data provided)
- How does the rate directly affected (per 100,000 population) in Maryland compare to the United States?
- How does Maryland rank in comparison to other states?

Numbers Indirectly Affected (no data)
- Size/magnitude of the problem beyond the numbers directly affected based on your judgment: How many beyond those directly affected may be impacted by the consequence?
- Examples of numbers indirectly affected: Employers and family of a dependent person

Potential Economic and Social Costs to Maryland (no data)
- What is the extent of the potential economic and social costs related to the consequence, based on your judgment?
- Examples of economic costs: Health care/Medicaid costs to alcohol-related crash injuries, Lost work days or social services involvement with the family of a dependent person, Years life lost for an alcohol-related death
- Examples of social costs: Community's unease/feelings of safety associated with alcohol-related violent crimes, Children displaced from family due to parent's dependence

Potential for Change through Intervention
- What are the chances the numbers directly affected by the consequence could be modified through intervention in the short term (1-year) and/or longer term?
- Are prevention program activities able to impact the problem during any given funding period?

SCORE SHEET 1

Consequence: Violent Crime

Please circle one score for each criterion AND rate the importance of the criterion below.

Criteria	Score (Circle One)					Importance of each Criterion in Assessment of this Consequence* (Rate on a scale of 1=*Not at All Important* to 10=*Most Important*)
Numbers Directly Affected (size/magnitude) • Total violent crimes in 2005 = 39,369 • An estimated 7,840 were alcohol-related	1 Very limited	2	3 Moderate	4	5 Very Extensive	
Changes in Size/Magnitude over Time • One-year change in alcohol-related violent crimes: *Decrease* (-3.8%) • Five year change in alcohol-related violent crimes: *Decrease* (-11.6%)	1 Greatly Decreasing	2	3 Steady	4	5 Greatly Increasing	
Maryland Compared to the United States (data from 2005) • MD rate (per 100,000 pop): 469.2 • US rate (per 100,000 pop): 703.0	1 Much better than US rates	2	3 Similar to US rates	4	5 Great deal worse than US rates	
Numbers Indirectly Affected (no data)	1 Very Limited	2	3 Moderate	4	5 Very Extensive	
Potential Economic and Social Costs to Maryland (no data)	1 Very Minimal	2	3 Average	4	5 Very Large	
Potential for Change through Intervention (no data)	1 No Potential	2	3 Neutral	4	5 Great Potential	

* Regardless of how you scored the consequence, rate each criterion according to how important you think it is in determining the funding priority for this consequence. You may give the same rating to more than one criterion in this table.

SCORE SHEET 2

Consequence: Alcohol-Related Crashes

Please circle one score for each criterion AND rate the importance of the criterion below.

Criteria	**Score** (Circle One)					**Importance of each Criterion in Assessment of this Consequence*** (Rate on a scale of 1=*Not at All Important* to 10=*Most Important*)
Numbers Directly Affected (size/magnitude) • Total crashes in 2005 = 102,624 • Total alcohol-related arrests in 2005 = 8,479 • 8.3% of total crashes were alcohol-related	1 Very limited	2	3 Moderate	4	5 Very Extensive	
Changes in Size/Magnitude over Time • One-year change in alcohol-related crashes: *Decrease* (-.0.9%) • Five-year change in alcohol-related crashes: *Decrease* (-3.1%)	1 Greatly Decreasing	2	3 Steady	4	5 Greatly Increasing	
Maryland Compared to the United States (data from 2005) % fatal crashes that are alcohol-related: • MD: 38.0% • US: 39.0%	1 Much better than US rates	2	3 Similar to US rates	4	5 Great deal worse than US rates	
Numbers Indirectly Affected (no data)	1 Very Limited	2	3 Moderate	4	5 Very Extensive	
Potential Economic and Social Costs to Maryland (no data)	1 Very Minimal	2	3 Average	4	5 Very Large	
Potential for Change through Intervention (no data)	1 No Potential	2	3 Neutral	4	5 Great Potential	

* Regardless of how you scored the consequence, rate each criterion according to how important you think it is in determining the funding priority for this consequence. You may give the same rating to more than one criterion in this table.

SCORE SHEET 3

Consequence: Alcohol Abuse and Dependence

Please circle one score for each criterion AND rate the importance of the criterion below.

Criteria	**Score** (Circle One)					**Importance of each Criterion in Assessment of this Consequence*** (Rate on a scale of 1=*Not at All Important* to 10=*Most Important*)
Numbers Directly Affected (size/magnitude) • 334,000 persons aged 12+ reported dependence/abuse of alcohol in 2003-2004 • 7.40% of the population aged 12+ in 2003-2004 reported dependence/abuse of alcohol	1 Very limited	2	3 Moderate	4	5 Very Extensive	
Changes in Size/Magnitude over Time • One-year change No significant change from 2002-2003 to 2003-2004 estimates. • Five-year change: Data not available.	1 Greatly Decreasing	2	3 Steady	4	5 Greatly Increasing	
Maryland Compared to the United States (data from 2003-2004) • MD rate (per 100,000 pop): 7.40% • US rate (per 100,000 pop): 7.62%	1 Much better than US rates	2	3 Similar to US rates	4	5 Great deal worse than US rates	
Numbers Indirectly Affected (no data)	1 Very Limited	2	3 Moderate	4	5 Very Extensive	
Potential Economic and Social Costs to Maryland (no data)	1 Very Minimal	2	3 Average	4	5 Very Large	
Potential for Change through Intervention (no data)	1 No Potential	2	3 Neutral	4	5 Great Potential	

* Regardless of how you scored the consequence, rate each criterion according to how important you think it is in determining the funding priority for this consequence. You may give the same rating to more than one criterion in this table.

SCORE SHEET 4

Consequence: Alcohol-Induced Deaths

Please circle one score for each criterion AND rate the importance of the criterion below.

Criteria	**Score** (Circle One)					**Importance of each Criterion in Assessment of this Consequence*** (Rate on a scale of 1=*Not at All Important* to 10=*Most Important*)
Numbers Directly Affected (size/magnitude) • Total deaths (all causes) in 2005 = 43,778 • Total alcohol-induced deaths in 2005 = 270 • 0.6% of total deaths were alcohol-induced	1 Very limited	2	3 Moderate	4	5 Very Extensive	
Changes in Size/Magnitude over Time • One-year change in alcohol-induced deaths: *Decrease* (-1.0%) • Five-year change in alcohol-induced deaths: *Decrease* (5.9%)	1 Greatly Decreasing	2	3 Steady	4	5 Greatly Increasing	
Maryland Compared to the United States (data from 2005) Chronic Liver Disease Death Rate • MD rate (per 100,000 pop): 7.9 • US rate (per 100,000 pop): 9.5	1 Much better than US rates	2	3 Similar to US rates	4	5 Great deal worse than US rates	
Numbers Indirectly Affected (no data)	1 Very Limited	2	3 Moderate	4	5 Very Extensive	
Potential Economic and Social Costs to Maryland (no data)	1 Very Minimal	2	3 Average	4	5 Very Large	
Potential for Change through Intervention (no data)	1 No Potential	2	3 Neutral	4	5 Great Potential	

* Regardless of how you scored the consequence, rate each criterion according to how important you think it is in determining the funding priority for this consequence. You may give the same rating to more than one criterion in this table.

SCORE SHEET 5

Consequence: Alcohol-Related Suspensions

Please circle one score for each criterion AND rate the importance of the criterion below.

Criteria	**Score** (Circle One)					**Importance of each Criterion in Assessment of this Consequence*** (Rate on a scale of 1=*Not at All Important* to 10=*Most Important*)
Numbers Directly Affected (size/magnitude) • Total suspensions in 2004-2005 = 124,610 • Total alcohol-related suspensions in 2004-2005 = 791 • 0.6% of total suspensions were alcohol-related	1 Very limited	2	3 Moderate	4	5 Very Extensive	
Changes in Size/Magnitude over Time • One-year change in alcohol-related suspensions: *Increase* (18.4%) • Five-year change in alcohol-related suspensions: *Increase* (8.2%)	1 Greatly Decreasing	2	3 Steady	4	5 Greatly Increasing	
Maryland Compared to the United States (data from 2004-2005) • MD rate (per 100,000 public school students): 91.4 • US rate: Data not available						
Numbers Indirectly Affected (no data)	1 Very Limited	2	3 Moderate	4	5 Very Extensive	
Potential Economic and Social Costs to Maryland (no data)	1 Very Minimal	2	3 Average	4	5 Very Large	
Potential for Change through Intervention (no data)	1 No Potential	2	3 Neutral	4	5 Great Potential	

* Regardless of how you scored the consequence, rate each criterion according to how important you think it is in determining the funding priority for this consequence. You may give the same rating to more than one criterion in this table.

SCORE SHEET 6

Consequence: Alcohol-Related Expulsions

Please circle one score for each criterion AND rate the importance of the criterion below.

Criteria	**Score** (Circle One)					**Importance of each Criterion in Assessment of this Consequence*** (Rate on a scale of 1=*Not at All Important* to 10=*Most Important*)
Numbers Directly Affected (size/magnitude) • Total expulsions in 2004-2005 = 2,458 • Total alcohol-related expulsions in 2004-2005 = 41 • 1.7% of total expulsions were alcohol-related	1 Very limited	2	3 Moderate	4	5 Very Extensive	
Changes in Size/Magnitude over Time • One-year change in alcohol-related expulsions: *Decrease* (-6.8%) • Five-year change in alcohol-related expulsions: *Decrease* (-40.6%)	1 Greatly Decreasing	2	3 Steady	4	5 Greatly Increasing	
Maryland Compared to the United States (data from 2004-2005) • MD rate (per 100,000 pop): 4.7 • US rate (per 100,000 pop): Data not available						
Numbers Indirectly Affected (no data)	1 Very Limited	2	3 Moderate	4	5 Very Extensive	
Potential Economic and Social Costs to Maryland (no data)	1 Very Minimal	2	3 Average	4	5 Very Large	
Potential for Change through Intervention (no data)	1 No Potential	2	3 Neutral	4	5 Great Potential	

* Regardless of how you scored the consequence, rate each criterion according to how important you think it is in determining the funding priority for this consequence. You may give the same rating to more than one criterion in this table.

Section II: Overall Assessment of Consequences

Overall Ranking of the Alcohol-Related Consequences

Now that you have rated the individual criteria for each consequence, we would like you to rate your overall funding priority for each consequence.

Assuming you have full authority to determine the funding priorities for the state, rank the following six consequences according to how much funding you would give to prevention programs focusing on these consequences.

The consequence that you believe is the most important, or of greatest priority, should be ranked "1." The second most important consequence should be ranked a "2." Continue ranking the consequences to the least important consequence which should be ranked "6."

DO NOT GIVE THE SAME RANK TO MULTIPLE CONSEQUENCES.

(Consequences are listed in the order they appear in the epidemiological profile.)

CONSEQUENCE	RANK by Funding Priority from 1 (highest) to 6 (lowest)
Violent Crime	
Alcohol Related Crashes	
Past Year Alcohol Abuse and Dependence	
Alcohol Related Deaths	
School Suspensions	
School Expulsions	

Appendix F

NCHS National and MD VSA Data: ICD-10 Codes for Chronic Liver Disease
(Used for MD vs. US Comparison)

K70 Alcoholic liver disease

K70.0 Alcoholic fatty liver

K70.1 Alcoholic hepatitis

K70.2 Alcoholic fibrosis and sclerosis of liver

K70.3 Alcoholic cirrhosis of liver
Alcoholic cirrhosis NOS

K70.4 Alcoholic hepatic failure
Alcoholic hepatic failure:
NOS
· acute
· chronic
· subacute
· with or without hepatic coma

K70.9 Alcoholic liver disease, unspecified

K73 Chronic hepatitis, not elsewhere classified
Excludes: hepatitis (chronic):
· alcoholic (K70.1)
· drug-induced (K71.-)
· granulomatous NEC (K75.3)
· reactive, nonspecific (K75.2)
· viral (B15-B19)

K73.0 Chronic persistent hepatitis, not elsewhere classified

K73.1 Chronic lobular hepatitis, not elsewhere classified

K73.2 Chronic active hepatitis, not elsewhere classified
Lupoid hepatitis NEC

K73.8 Other chronic hepatitis, not elsewhere classified

K73.9 Chronic hepatitis, unspecified

K74 Fibrosis and cirrhosis of liver
Excludes: alcoholic fibrosis of liver (K70.2)
cardiac sclerosis of liver (K76.1)
cirrhosis (of liver):
· alcoholic (K70.3)
· congenital (P78.8)
with toxic liver disease (K71.7)

K74.0 Hepatic fibrosis

K74.1 Hepatic sclerosis

K74.2 Hepatic fibrosis with hepatic sclerosis

K74.3 Primary biliary cirrhosis
Chronic nonsuppurative destructive cholangitis

K74.4 Secondary biliary cirrhosis

K74.5 Biliary cirrhosis, unspecified

K74.6 Other and unspecified cirrhosis of liver

Cirrhosis (of liver):

- NOS
- cryptogenic
- macronodular
- micronodular
- mixed type
- portal
- postnecrotic

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

F10 Mental and behavioural disorders due to use of alcohol

G31.2 Degeneration of nervous system due to alcohol

G62.1 Alcoholic polyneuropathy

I42.6 Alcoholic cardiomyopathy

K29.2 Alcoholic gastritis

K70 Alcoholic liver disease

R78.0 Finding of alcohol in blood

X45 Accidental poisoning by and exposure to alcohol *Includes:* alcohol:
- · NOS
- · butyl [1-butanol]
- · ethyl [ethanol]
- · isopropyl [2-propanol]
- · methyl [methanol]
- · propyl [1-propanol]

fusel oil

X65 Intentional self-poisoning by and exposure to alcohol *Includes:* alcohol:
- · NOS
- · butyl [1-butanol]
- · ethyl [ethanol]
- · isopropyl [2-propanol]
- · methyl [methanol]
- · propyl [1-propanol]

fusel oil

Y15 Poisoning by and exposure to alcohol, undetermined intent *Includes:* alcohol:
- · NOS
- · butyl [1-butanol]
- · ethyl [ethanol]
- · isopropyl [2-propanol]
- · methyl [methanol]
- · propyl [1-propanol]

fusel oil

NCHS National and MD VSA Data: ICD-10 Codes for Drug Related Deaths (SEDS)
(Used for MD vs. US Comparison)

Refer to section below for subdivisions

F10 Mental and behavioural disorders due to use of alcohol

[See before F10 for subdivisions]

F11 Mental and behavioural disorders due to use of opioids

[See before F10 for subdivisions]

F12 Mental and behavioural disorders due to use of cannabinoids

[See before F10 for subdivisions]

F13 Mental and behavioural disorders due to use of sedatives or hypnotics

[See before F10 for subdivisions]

F14 Mental and behavioural disorders due to use of cocaine

[See before F10 for subdivisions]

F15 Mental and behavioural disorders due to use of other stimulants, including caffeine

[See before F10 for subdivisions]

F16 Mental and behavioural disorders due to use of hallucinogens

[See before F10 for subdivisions]

F17 Mental and behavioural disorders due to use of tobacco

[See before F10 for subdivisions]

F18 Mental and behavioural disorders due to use of volatile solvents

[See before F10 for subdivisions]

F19 Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances

[See before F10 for subdivisions]

This category should be used when two or more psychoactive substances are known to be involved, but it is impossible to assess which substance is contributing most to the disorders. It should also be used when the exact identity of some or even all the psychoactive substances being used is uncertain or unknown, since many multiple drug users themselves often do not know the details of what they are taking.

Includes: misuse of drugs NOS

F55 Abuse of non-dependence-producing substances

A wide variety of medicaments and folk remedies may be involved, but the particularly important groups are: (a) psychotropic drugs that do not produce dependence, such as antidepressants, (b) laxatives, and (c) analgesics that may be purchased without medical prescription, such as aspirin and paracetamol.

Persistent use of these substances often involves unnecessary contacts with medical professionals or supporting staff, and is sometimes accompanied by harmful physical effects of the substances. Attempts to dissuade or forbid the use of the substance are often met with resistance; for laxatives and analgesics this may be in spite of warnings about (or even the development of) physical harm such as renal dysfunction or electrolyte disturbances. Although it is usually clear that the patient has a strong motivation to take the substance, dependence or withdrawal symptoms do not develop as in the case of the psychoactive substances specified in F10-F19.

Abuse of:

· antacids

· herbal or folk remedies

· steroids or hormones

· vitamins

Laxative habit

Excludes: abuse of psychoactive substances (F10-F19)

G62.0 Drug-induced polyneuropathy

Use additional external cause code (Chapter XX), if desired, to identify drug.

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

F11.0-F11.5; F11.7-F11.9 Mental and behavioural disorders due to use of opioids

F12.0-F12.5; F12.7-F12.9 Mental and behavioural disorders due to use of cannabinoids

F13.0-F13.5; F13.7-F13.9 Mental and behavioural disorders due to use of sedatives or hypnotics

F14.0-F14.5; F14.7-F14.9 Mental and behavioural disorders due to use of cocaine

F15.0-F15.5; F15.7-F15.9Mental and behavioural disorders due to use of other stimulants, including caffeine

F16.0-F16.5; F16.7-F16.9 Mental and behavioural disorders due to use of hallucinogens

F17.0; F17.3-F17.5; F17.7-F17.9 Mental and behavioural disorders due to use of tobacco

F18.0-F18.5; F18.7-F18.9 Mental and behavioural disorders due to use of volatile solvents

F19.0-F19.5; F19.7-F19.9 Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances

X40 Accidental poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics

X41 Accidental poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified *Includes:* antidepressants
barbiturates
hydantoin derivatives
iminostilbenes
methaqualone compounds
neuroleptics
psychostimulants
succinimides and oxazolidinediones
tranquillizers

X42 Accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified *Includes:* cannabis (derivatives)
cocaine
codeine
heroin
lysergide [LSD]
mescaline
methadone
morphine
opium (alkaloids

X43 Accidental poisoning by and exposure to other drugs acting on the autonomic nervous system *Includes:* parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics
parasympathomimetics [cholinergics]
sympatholytics [antiadrenergics]
sympathomimetics [adrenergics]

X44 Accidental poisoning by and exposure to other and unspecified drugs, medicaments and biological substances *Includes:* agents primarily acting on smooth and skeletal muscles and the respiratory system
anaesthetics (general)(local)
drugs affecting the:
· cardiovascular system
· gastrointestinal system
hormones and synthetic substitutes
systemic and haematological agents

systemic antibiotics and other anti-infectives
therapeutic gases
topical preparations
vaccines
water-balance agents and drugs affecting mineral and uric acid metabolism

X60 Intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics
Includes: 4-aminophenol derivatives
nonsteroidal anti-inflammatory drugs [NSAID]
pyrazolone derivatives
salicylates

X61 Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified *Includes:* antidepressants
barbiturates
hydantoin derivatives
iminostilbenes
methaqualone compounds
neuroleptics
psychostimulants
succinimides and oxazolidinediones
tranquillizers

X62 Intentional self-poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified *Includes:* cannabis (derivatives)
cocaine
codeine
heroin
lysergide [LSD]
mescaline
methadone
morphine
opium (alkaloids

X63 Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system
Includes: parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics
parasympathomimetics [cholinergics]
sympatholytics [antiadrenergics]
sympathomimetics [adrenergics]

X64 Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances *Includes:* agents primarily acting on smooth and skeletal muscles and the respiratory system
anaesthetics (general)(local)
drugs affecting the:
· cardiovascular system
· gastrointestinal system
hormones and synthetic substitutes
systemic and haematological agents
systemic antibiotics and other anti-infectives
therapeutic gases
topical preparations
vaccines
water-balance agents and drugs affecting mineral and uric acid metabolism

X85 Assault by drugs, medicaments and biological substances *Includes:* homicidal poisoning by (any):
· biological substance

· drug
· medicament

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

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

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

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

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

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

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

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

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

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

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

.0 Acute intoxication

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

Acute drunkenness in alcoholism
"Bad trips" (drugs)
Drunkenness NOS
Pathological intoxication
Trance and possession disorders in psychoactive substance intoxication

Excludes: intoxication meaning poisoning (T36-T50)

.1 Harmful use

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

Psychoactive substance abuse

.2 Dependence syndrome

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

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

Chronic alcoholism
Dipsomania
Drug addiction

.3 Withdrawal state

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

.4 Withdrawal state with delirium

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

Delirium tremens (alcohol-induced)

.5 Psychotic disorder

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

Alcoholic:
· hallucinosis
· jealousy
· paranoia
· psychosis NOS

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

.7 Residual and late-onset psychotic disorder

A disorder in which alcohol- or psychoactive substance-induced changes of cognition, affect, personality, or behaviour persist beyond the period during which a direct psychoactive substance-related effect might reasonably be assumed to be operating. Onset of the disorder should be directly related to the use of the psychoactive substance. Cases in which initial onset of the state occurs later than episode(s) of such substance use should be coded here only where clear and strong evidence is available to attribute the state to the residual effect of the psychoactive substance. Flashbacks may be distinguished from psychotic state partly by their episodic nature, frequently of very short duration, and by their duplication of previous alcohol- or other psychoactive substance-related experiences.

Alcoholic dementia NOS
Chronic alcoholic brain syndrome
Dementia and other milder forms of persisting impairment of cognitive functions
Flashbacks
Late-onset psychoactive substance-induced psychotic disorder
Posthallucinogen perception disorder
Residual:
· affective disorder
· disorder of personality and behaviour

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

.8 Other mental and behavioural disorders

.9 Unspecified mental and behavioural disorder

SEDS National Data: ICD-10 Codes for Lung Cancer

C34 Malignant neoplasm of bronchus and lung

C34.0 Main bronchus
Carina
Hilus (of lung)

C34.1 Upper lobe, bronchus or lung

C34.2 Middle lobe, bronchus or lung

C34.3 Lower lobe, bronchus or lung

C34.8 Overlapping lesion of bronchus and lung
[See note 5 at the beginning of this chapter]

C34.9 Bronchus or lung, unspecified

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

J40 Bronchitis, not specified as acute or chronic
Note: Bronchitis not specified as acute or chronic in those under 15 years of age can be assumed to be of acute nature and should be classified to J20.-.
Bronchitis:
· NOS
· catarrhal
· with tracheitis NOS
Tracheobronchitis NOS

Excludes: bronchitis:
· allergic NOS (J45.0)
· asthmatic NOS (J45.9)
· chemical (acute) (J68.0)

J41 Simple and mucopurulent chronic bronchitis
Excludes: chronic bronchitis:
· NOS (J42)
· obstructive (J44.-)

J41.0 Simple chronic bronchitis

J41.1 Mucopurulent chronic bronchitis

J41.8 Mixed simple and mucopurulent chronic bronchitis

J42 Unspecified chronic bronchitis
Chronic:
· bronchitis NOS
· tracheitis
· tracheobronchitis
Excludes: chronic:
· asthmatic bronchitis (J44.-)
· bronchitis:
· simple and mucopurulent (J41.-)
· with airways obstruction (J44.-)
· emphysematous bronchitis (J44.-)
· obstructive pulmonary disease NOS (J44.9)

J43 Emphysema
Excludes: emphysema:
· compensatory (J98.3)
· due to inhalation of chemicals, gases, fumes or vapours (J68.4)
· interstitial (J98.2)
· neonatal (P25.0)
· mediastinal (J98.2)
· surgical (subcutaneous) (T81.8)
· traumatic subcutaneous (T79.7)
· with chronic (obstructive) bronchitis (J44.-)
emphysematous (obstructive) bronchitis (J44.-)

J43.0 MacLeod's syndrome
Unilateral:
· emphysema
· transparency of lung

J43.1 Panlobular emphysema
Panacinar emphysema

J43.2 Centrilobular emphysema

J43.8 Other emphysema

J43.9 Emphysema, unspecified
Emphysema (lung)(pulmonary):
· NOS
· bullous
· vesicular
Emphysematous bleb

J44 Other chronic obstructive pulmonary disease
Includes: chronic:
· bronchitis:
· asthmatic (obstructive)
· emphysematous
with:
· airways obstruction
· emphysema
· obstructive:
· asthma
· bronchitis
· tracheobronchitis

Excludes: asthma (J45.-)
asthmatic bronchitis NOS (J45.9)
bronchiectasis (J47)
chronic:
· bronchitis:
· NOS (J42)
· simple and mucopurulent (J41.-)
· tracheitis (J42)
· tracheobronchitis (J42)
emphysema (J43.-)
lung diseases due to external agents (J60-J70)

J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection
Excludes: with influenza (J98-J11)

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

J44.8 Other specified chronic obstructive pulmonary disease
Chronic bronchitis:
· asthmatic (obstructive) NOS
· emphysematous NOS
· obstructive NOS
Excludes: with acute exacerbation (J44.1)
with acute lower respiratory infection (J44.0)

J44.9 Chronic obstructive pulmonary disease, unspecified
Chronic obstructive:
· airway disease NOS
· lung disease NOS

J47 Bronchiectasis
Bronchiolectasis
Excludes: congenital bronchiectasis (Q33.4)
tuberculous bronchiectasis (current disease) (A15-A16)