

State of California
Department of Alcohol and Drug Programs
Office of Applied Research and Analysis



Indicators of Alcohol and Drug Abuse 2001 - 2005



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INTRODUCTION

INTRODUCTION

The Office of Applied Research and Analysis (OARA), of the Department of Alcohol and Drug Programs (ADP), as part of its data analysis activities, has completed the report on California Indicators of Alcohol and Drug Abuse (IADA) for 2001-2005. The report provides a status of the alcohol and drug abuse problem in the State of California as required by Health and Safety Code section 11754 (o). In addition, the report provides patterns of consumption and consequences of alcohol and other drug (AOD) abuse.

This year's report has a newer, more user-friendly layout and display of data. Additionally, the report includes brief highlights of the data and trend graphs and charts to more clearly display the information.

There are two major sections to the report: the first section presents a brief explanation and analysis followed by statewide data in the form of charts and graphs; the second section is comprised of detailed statewide data tables.

The report covers a five-year period and is updated annually by eliminating the oldest year and adding the next year's data to the report. For example, the updated report for 2008 includes years 2001 through 2005.

Further trend analysis of the information presented in this report is possible for the user by utilizing population data and calculating rates to account for the changes in the population. Population data is provided in the "Population & Fiscal Data" section.

Additions

The 2001-2005 report includes prevalence estimates of alcohol and illicit drug use, the amount of drugs seized in CA, alcohol consumption per capita, and treatment-related cost. Also included are demographics and characteristics of persons receiving treatment in publicly-funded and narcotic treatment programs.

Other Changes

This report does not include drug and alcohol related deaths or hospital discharges (alcohol and drug primary diagnosis) that were shown in prior years. ADP currently is reviewing the methodology used to extract this information from their respective databases. It is anticipated these two indicators will be included in the IADA update in 2009.

Data Sources

The data presented in the report were provided by the following state and federal agencies: California Highway Patrol, Department of Justice, Department of Corrections and Rehabilitation, California Youth Authority, Department of Public Health (Office of AIDS and Communicable Disease Control Surveillance and Statistics), Department of Motor Vehicles, Department of Alcohol and Drug Programs, Board of Equalization, Department of Finance (Demographics Unit), National Survey on Drug Use and Health (NSDUH), and U.S. Drug Enforcement Administration.

Report Availability

The IADA report posted on the Internet contains only statewide information. County level data tables are available upon request, and are available only in table format similar to the tables in the attachment at the end of this report.

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DRUG SEIZURES IN CALIFORNIA

DRUG SEIZURES IN CALIFORNIA

The Drug Enforcement Administration (DEA) enforces the controlled substance laws and regulations of the United States. This includes pursuing those involved in the growing, manufacture, or distribution of controlled substances appearing in or destined for, illicit traffic in the United States.

California has a diverse culture and a unique geography; therefore, there are many issues affecting the drug situation in the state. Most of the drugs such as cocaine and heroin are smuggled into the state from Mexico; however, most methamphetamine and marijuana are produced or cultivated in large quantities within the state.

The drugs seized by the DEA come in many different forms such as solids, liquids, and plants and therefore are measured by different units of measurement.

Listed below are some common definitions for these measurements:

- Dose unit is an entity designed and intended for singular consumption or administration.
- Kilogram is a unit of weight in the metric system. One kilo is equal to 2.2 pounds and 1,000 grams is equal to 1 kilo.
- Milliliter is a metric unit of volume equal to one thousandth of a liter. A liter is a little more than a quart, and a milliliter is about two drops from an eyedropper.

Source: U.S. Drug Enforcement Administration (DEA)

HIGHLIGHTS

- ▶ Table 1 shows the amount of drugs seized by DEA for all drugs.

Table 1 DEA Drug Seizures by Unit of Measure in California

	DoseUnits	Kilograms	Milliliters	Plants	Pills
2001	90,820,021	335,259	17,364,806	0	2,910
2002	5,456,961	305,013	11,629,630	62,576	0
2003	6,103,539	410,629	4,642,246	0	92,000
2004	2,206,359	181,259	1,935,431	27,893	3,836
2005	306,398	247,368	387,141	251,546	80,298

The amount of kilograms of drugs seized includes both major and other types of drugs.

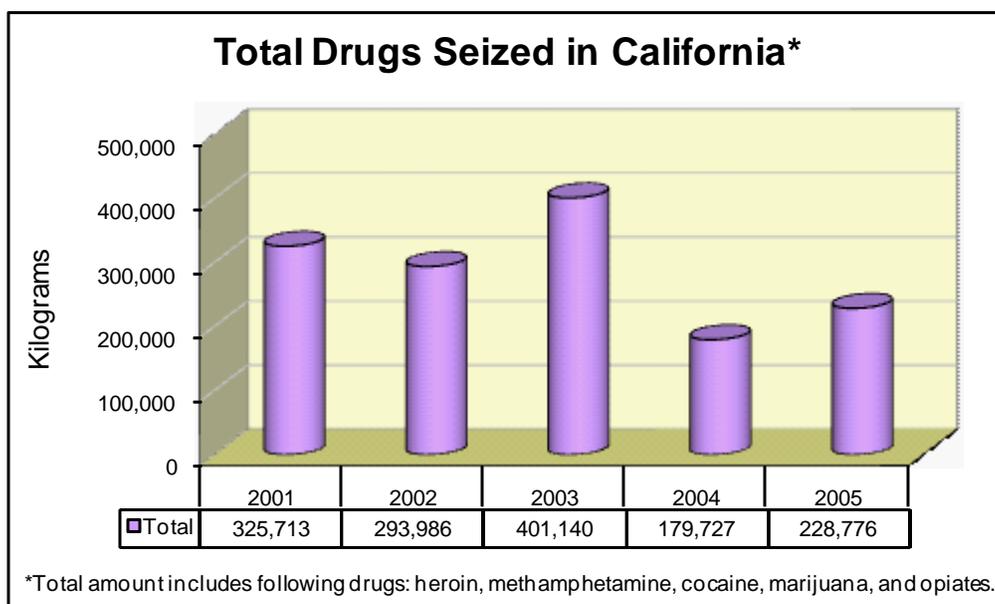
- ▶ Table 2 displays the amount of drugs seized by DEA for the five major drug types including heroin, methamphetamine, cocaine, marijuana and opiates.

Table 2 **DEA Drug Seizures by Type in California***

	Heroin	Methamphetamine	Cocaine	Marijuana	Opiates	Total
2001	416	2,424	6,496	315,747	630	325,713
2002	273	1,242	5,449	286,868	154	293,986
2003	194	1,698	4,489	371,948	22,811	401,140
2004	140	1,025	3,351	175,151	60	179,727
2005	105	1,772	8,123	218,541	235	228,776

*Unit of Measure = Kilograms

- ▶ From 2001 to 2005, drug seizures jumped significantly in 2003 and declined by more than half in 2004.





HEALTH INDICATORS

AIDS Cases and Serum Hepatitis (Type B) Diagnosed

AIDS is a set of symptoms and infections resulting from damage to the human immune system caused by a virus called Human Immunodeficiency Virus (HIV).

Serum Hepatitis (Type B) is an inflammation of the liver, usually accompanied by fever and other systemic manifestations. The reporting physician makes a diagnosis of either Type A or B.

Homosexual males and users of illicit injectable drugs are among the groups acquiring the highest rate of Type B.

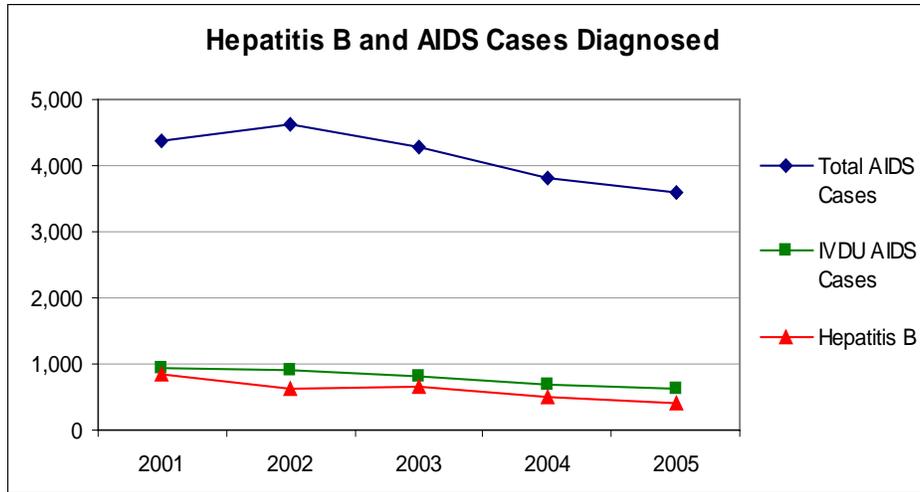
Intravenous drug users (IVDU) are at risk of HIV infection, and acquiring AIDS and Hepatitis B by sharing needles.

Source: California Department of Public Health, Office of AIDS and Communicable Disease Control Surveillance and Statistics Unit

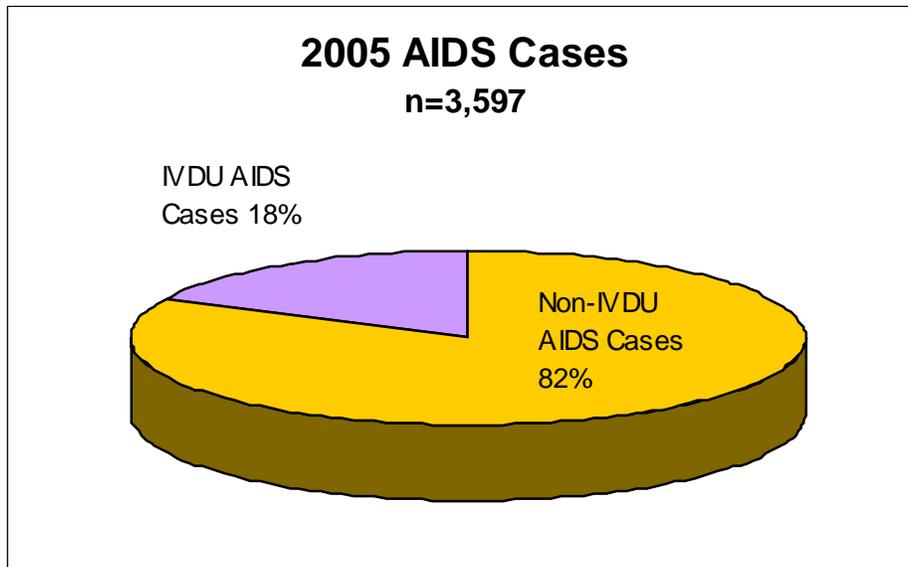
HIGHLIGHTS

- ▶ Total AIDS cases show a steady decrease from 2003 through 2005.
- ▶ IVDU AIDS cases remained the same from 2001 to 2002 and then declined gradually over the last four-year period.

- ▶ Hepatitis B declined slightly from 2001 through 2005.



- ▶ Of the 3,597 AIDS cases in 2005 only 18 percent were IVDU related.



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CRIMINAL JUSTICE

ALCOHOL AND DRUG-RELATED ARRESTS

These arrests occur when persons are taken into custody because they are believed to have violated alcohol or drug laws. Drug law violations include narcotics (heroin, opium, etc.), marijuana, dangerous drugs (barbiturates, phencyclidine, etc.), and other drugs. Alcohol law violations include driving-under-the-influence (DUI), public drunkenness, and liquor law infractions.

Arrests often reflect the level of resources (e.g. funding, staff) and attention (e.g. governmental agencies)

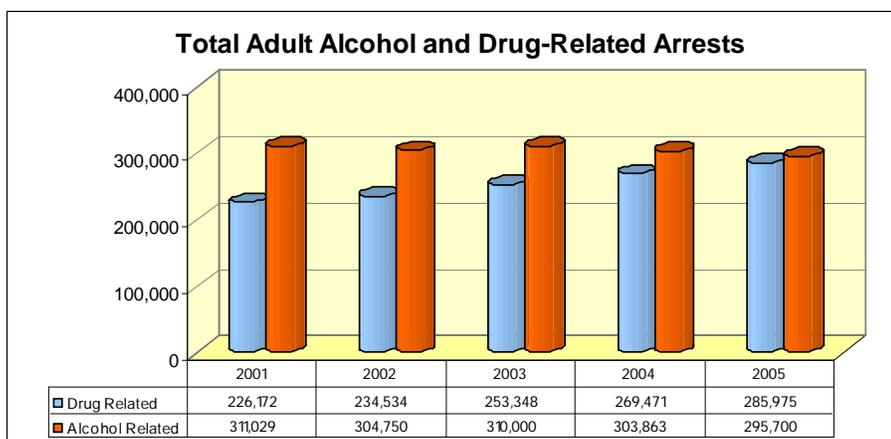
devoted to addressing a problem more than the underlying nature of the problem itself.

Arrests are divided into two major groups: adult arrests (18 years of age and older) and juvenile arrests. Arrests are further divided into two major groups based on the level of seriousness of the crime. These two levels are misdemeanor (less serious) and felony (most serious).

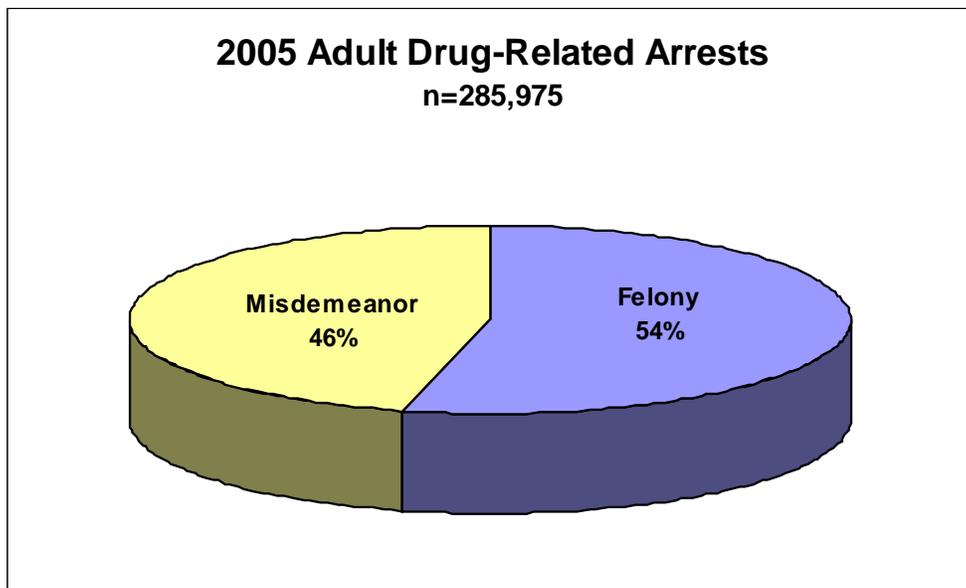
Source: California Department of Justice

HIGHLIGHTS

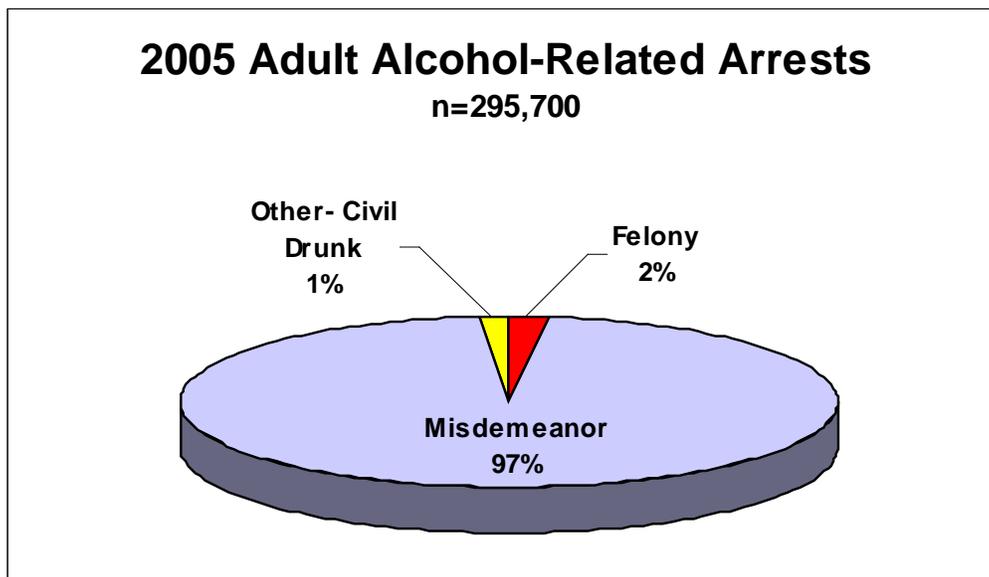
- ▶ Drug-related arrests gradually increased from 2001 to 2005.
- ▶ Alcohol-related arrests virtually remained the same from 2001 to 2003 then started a slight decline in 2004 and 2005.



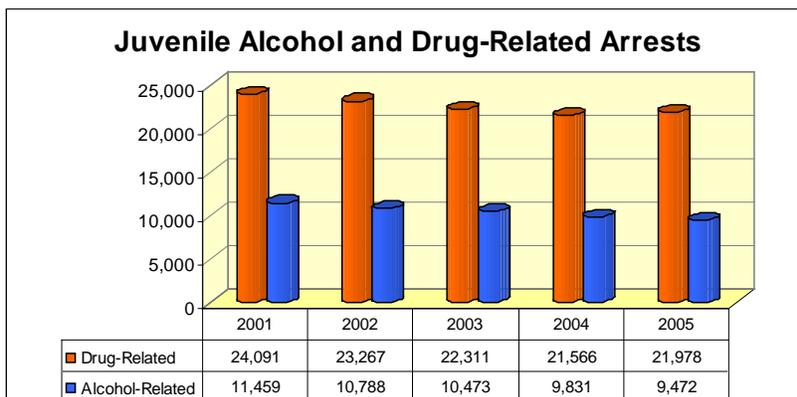
- ▶ More than half of the adult drug-related arrests in 2005 were felonies.



- ▶ Ninety-seven percent of all adult alcohol-related arrests in 2005 were for misdemeanor charges, while only two percent were for felony charges.



- ▶ Drug related arrests among juveniles were two times higher than alcohol-related arrests.
- ▶ Juvenile arrests related to both alcohol and drugs declined gradually throughout the five-year period.



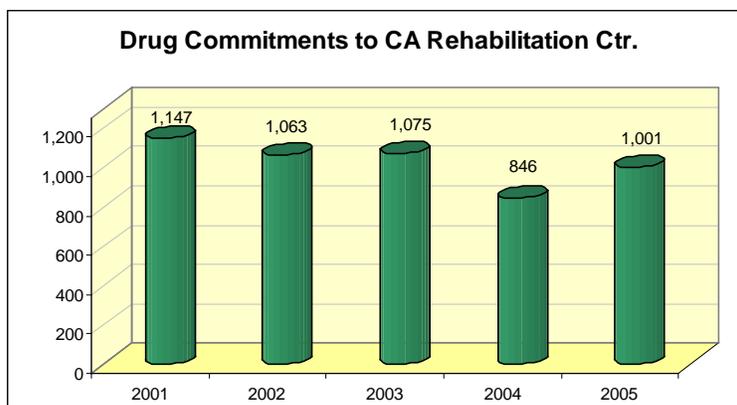
DRUG COMMITMENTS TO CALIFORNIA REHABILITATION CENTER

This is a compilation of the number of California Department of Corrections and Rehabilitation inmates deemed to have a drug problem that are sent to the rehabilitation center for drug treatment as a part of their sentence.

Source: California Department of Corrections and Rehabilitation (CDCR)

HIGHLIGHTS

- ▶ Drug commitments to the California Rehabilitation Center decreased slightly from 2001 to 2003.
- ▶ From 2003- 2004 a dip occurred and the commitments increased in 2005.



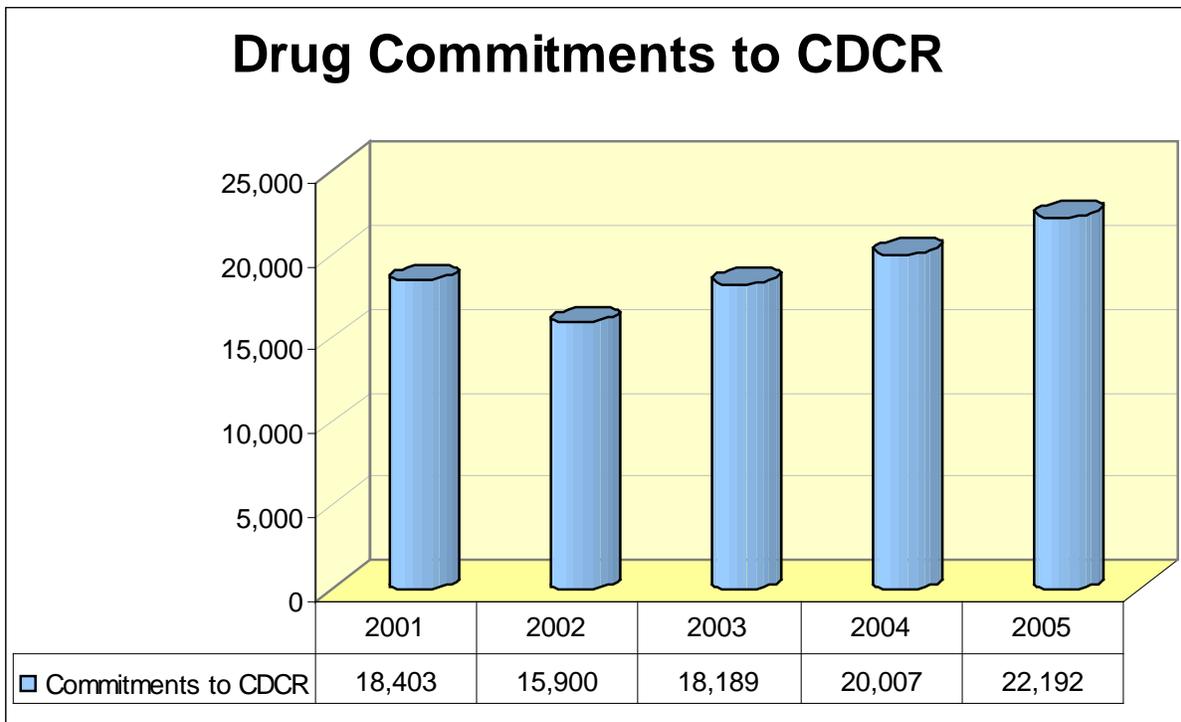
DRUG COMMITMENTS TO DEPARTMENT OF CORRECTIONS AND REHABILITATION

This is a count of persons committed to correctional facilities for a drug offense.

Source: California Department of Corrections and Rehabilitation

HIGHLIGHT

- ▶ Drug commitments to Department of Corrections and Rehabilitation dipped in 2002 and increased continuously through 2005.



California Department of Corrections and Rehabilitation lists the average daily cost of a prison day as \$84.74 in 2005.

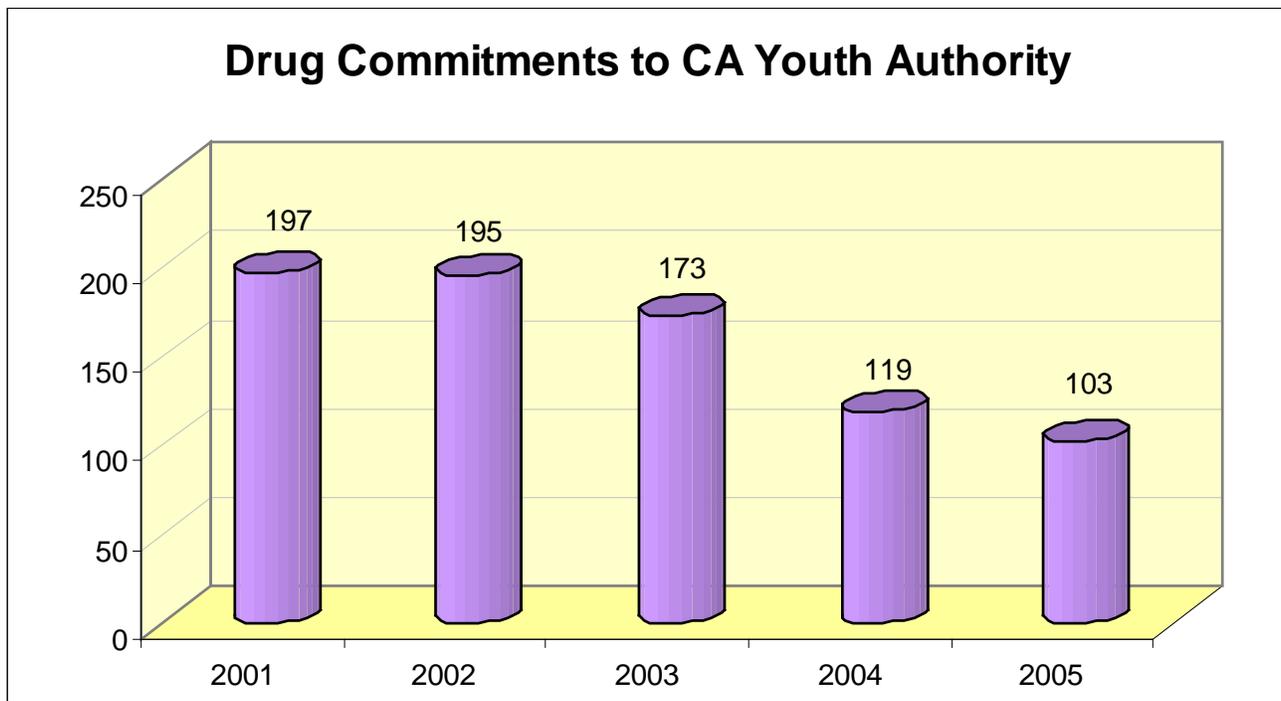
DRUG COMMITMENTS TO CALIFORNIA YOUTH AUTHORITY (CYA)

Data in this category represent the total of first commitments for youth sent to CYA facilities for drug offenses. A youth falls into this category when any one of the five most serious offenses is a drug offense.

Source: California Youth Authority

HIGHLIGHT

- ▶ Drug commitments to CYA declined steadily between 2001 and 2005.





ALCOHOL AND DRUG TREATMENT INDICATORS

ALCOHOL AND DRUG TREATMENT INDICATORS

Information on persons receiving AOD treatment services through publicly funded programs or programs licensed by the State were collected by ADP’s California Alcohol and Drug Data System (CADDSS). The collected data includes both admission and discharge information.

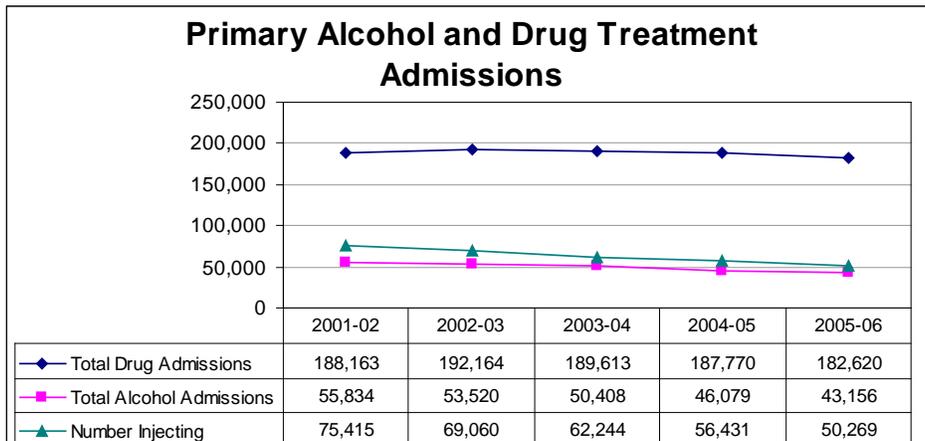
Source: California Department of Alcohol and Drug Programs

ALCOHOL AND DRUG TREATMENT ADMISSIONS

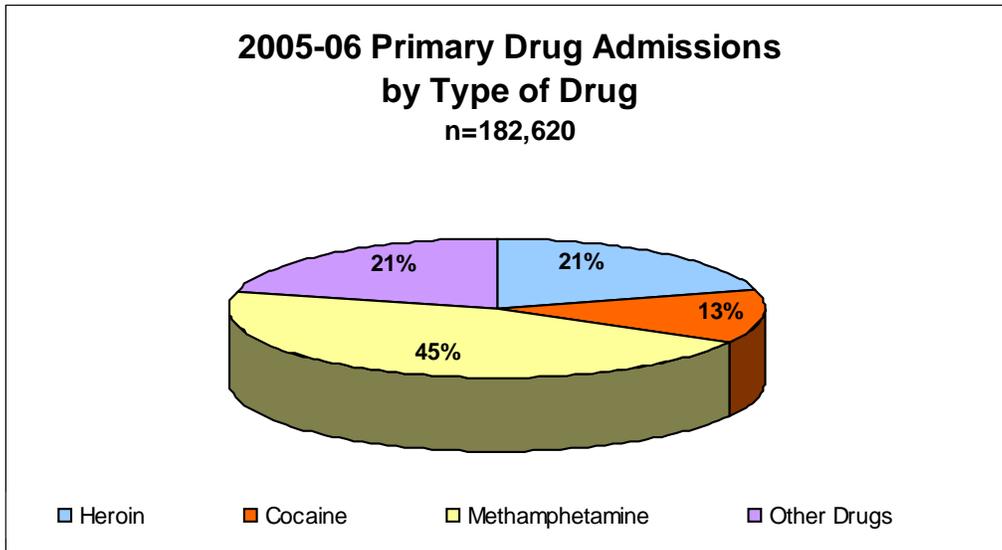
Readers should be aware that data are based on admissions and not upon a unique client count; a client may be admitted to more than one service during a given year. Detoxification services admissions are for very short, often repeated services.

HIGHLIGHTS

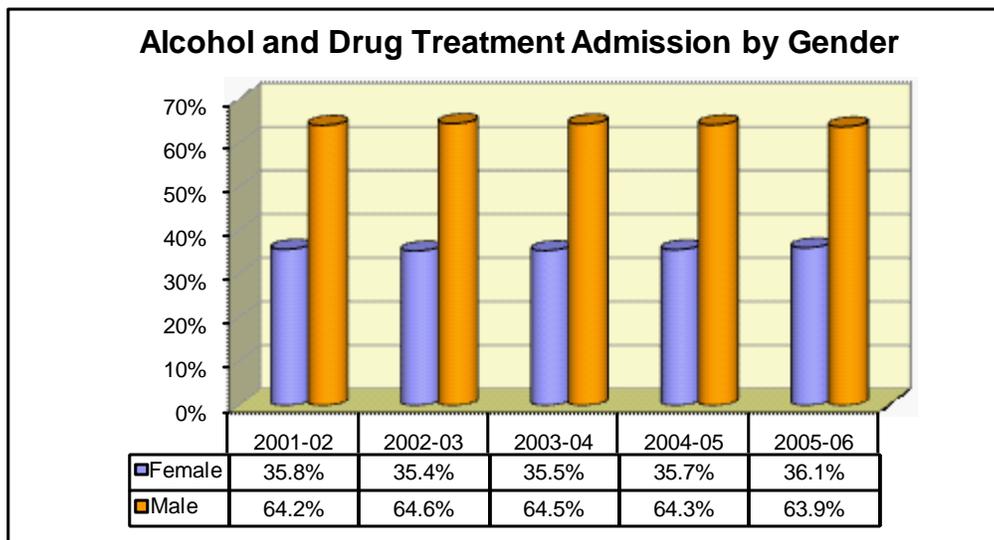
- ▶ Drug admissions to treatment increased slightly from 2001-02 to 2002-03 and then declined gradually through 2005-06. The increase in the number of drug admissions in 2002-03 is linked to the start-up of the Substance Abuse and Crime Prevention Act of 2000 (SACPA), since SACPA clients must have a primary drug problem, alcohol admissions were not impacted by this new program.



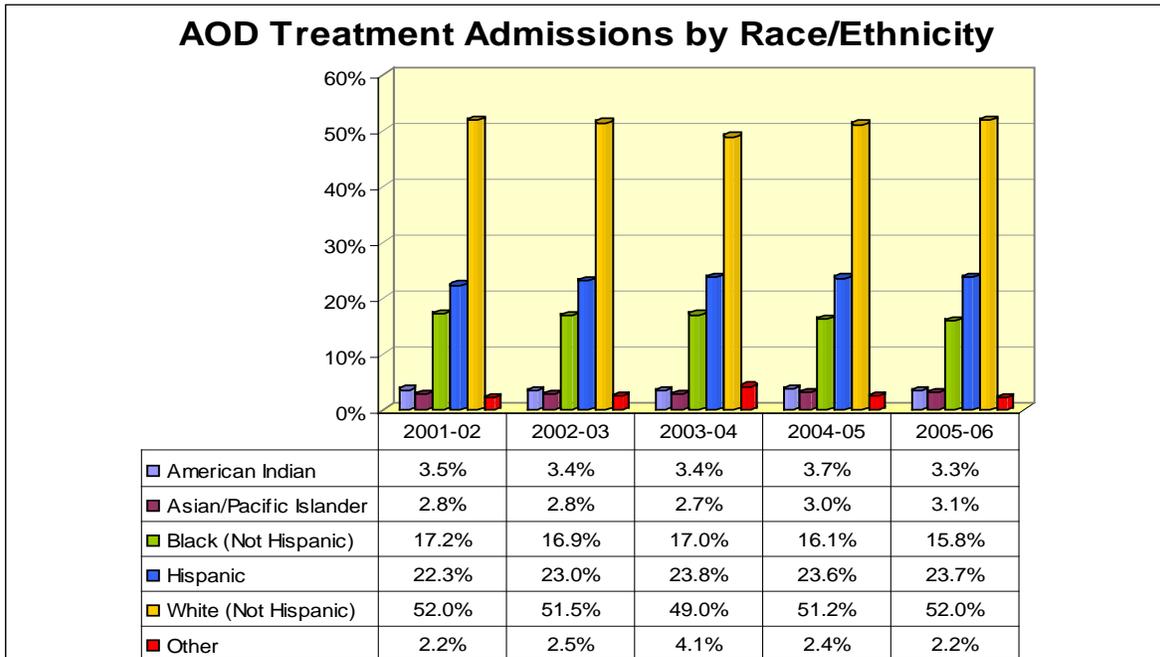
- ▶ During 2005-06 there were more drug admissions for methamphetamine (45 percent) than heroin (21 percent) and cocaine (13 percent). Other Drugs accounted for the remaining 21 percent of admissions.



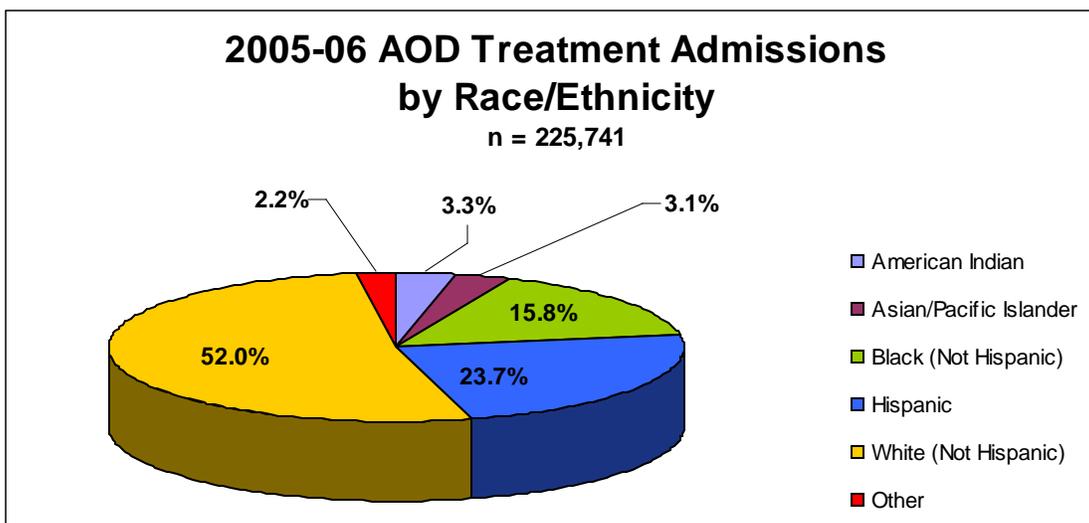
- ▶ AOD treatment admission rates for men and women have remained relatively constant over the five-year period, with men being admitted at about twice the rate of women.



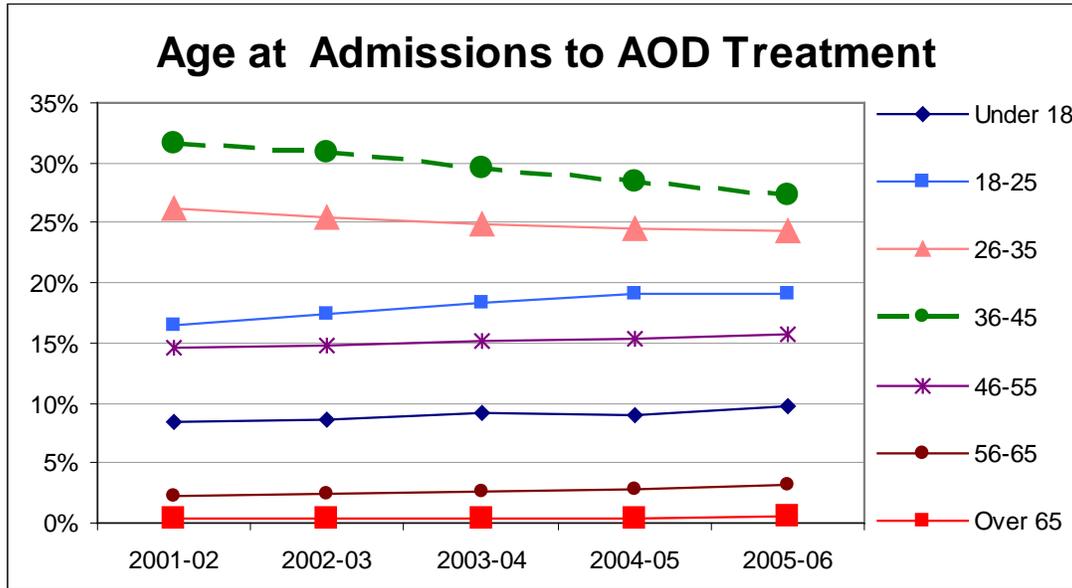
- ▶ Among the races/ethnicities, Whites (not Hispanic) have the highest rate of admissions, followed by Hispanics and Blacks (not Hispanic). Admission rates for American Indians, Asian Pacific Islanders, and other races/ethnicities are the lowest and remained the same from 2001-02 to 2005-06.



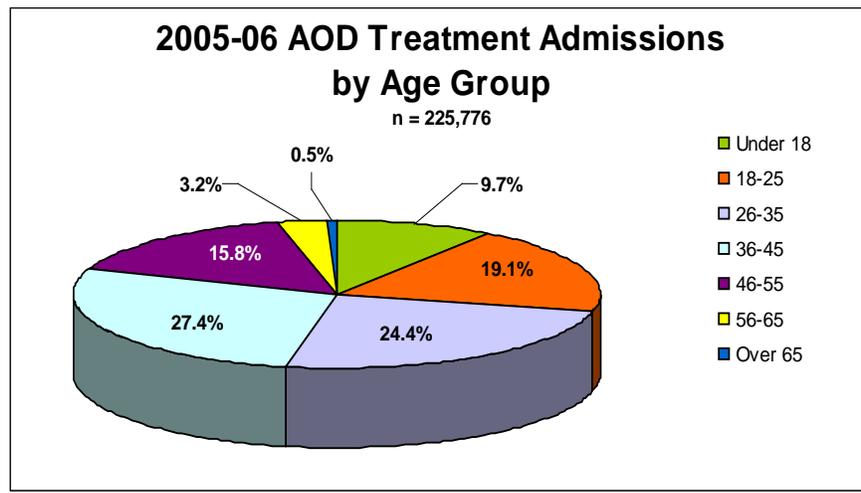
- ▶ In State Fiscal Year (SFY) 2005-06 Whites (not Hispanic) accounted for more than half of all admissions and Hispanics accounted for 24 percent of all admissions.



- ▶ Admissions for the 36-45 age group declined slightly while the number of admissions for the 18-25 age group increased during the five-year period. The other age groups remained almost the same during this period.



- ▶ In SFY 2005-06 more than half of the admissions were for the age groups between 26 and 45 years. Almost 30 percent of admissions were attributed to those 25 years and younger. Less than four percent of admissions were 56 years of age and older. The remaining 16 percent admitted to treatment were between the age of 46 and 55 years.



ALCOHOL AND DRUG TREATMENT DISCHARGES

Readers should be aware that data are based on discharges and not upon a unique client count; a client may be discharged from more than one service during a given year.

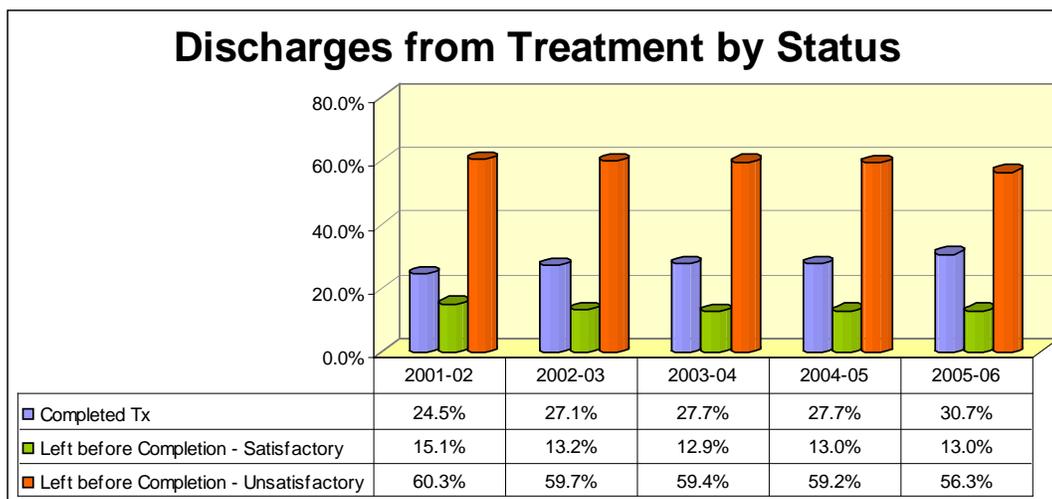
HIGHLIGHTS

- ▶ The table below shows the number of discharges from treatment for SFY 2001-02 to 2005-06. The numbers exclude the discharges from detoxification services. Detoxification is typically short in length and by itself does not constitute complete substance abuse treatment. Therefore, detoxification services alone will not cause much change in a client's life.

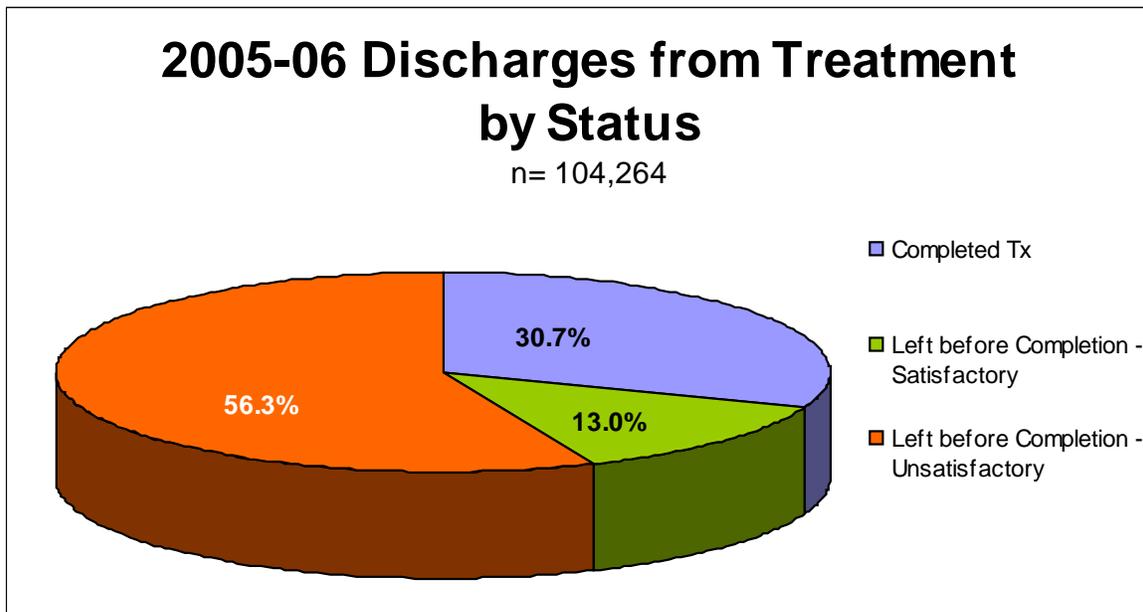
DISCHARGES FROM TREATMENT BY STATUS

	2001-02	2002-03	2003-04	2004-05	2005-06
Completed Treatment	31,140	36,504	36,751	34,395	31,959
Left before Completion	95,725	98,298	95,982	89,615	72,305
Referred/Transferred	19,243	20,182	18,843	20,061	23,191

- ▶ Discharges with completed treatment status present a gradual increase, while left before completion-satisfactory discharges stayed level over the five fiscal years. The trend line for left before completion with unsatisfactory discharges showed a very gradual decline over the five year period.



- ▶ In fiscal year 2005-06, almost one third of the discharges completed treatment, and 13% of discharges left before completion with satisfactory status. Left before completion with unsatisfactory status accounts for the remaining 56.3% of discharges.



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CONSEQUENCE INDICATORS

CONSEQUENCE INDICATORS

AOD use/abuse consequences affect individuals and society. AOD use/abuse includes drug overdoses, accidents resulting from intoxication, violence associated with involvement in the drug trade and sometimes even death. Consequences to society include the substantial drug-related costs involved with the criminal justice and health care system. The following data reflects consequence indicators for AOD use/abuse in California.

CALIFORNIA HIGHWAY PATROL DATA

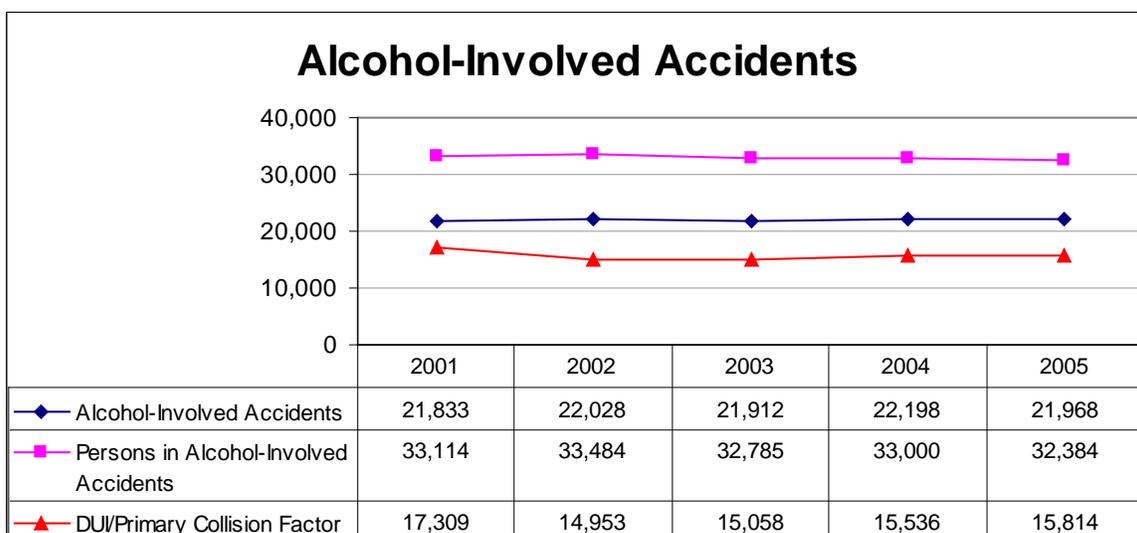
Alcohol-Involved Accidents

These statistics show the number and percentage of all motor vehicle accidents which involved the use of alcohol.

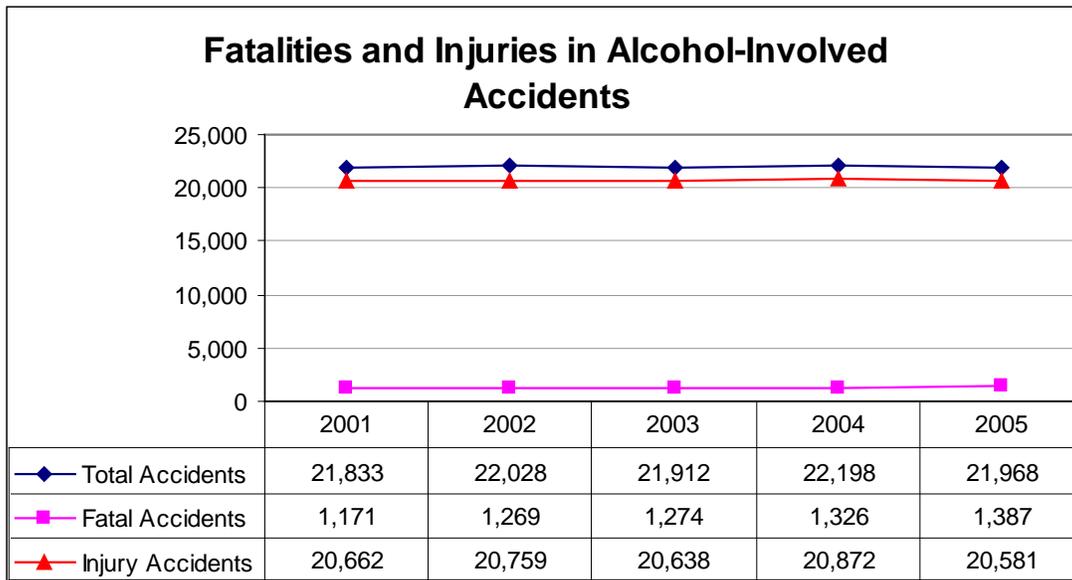
Source: California Highway Patrol

HIGHLIGHTS

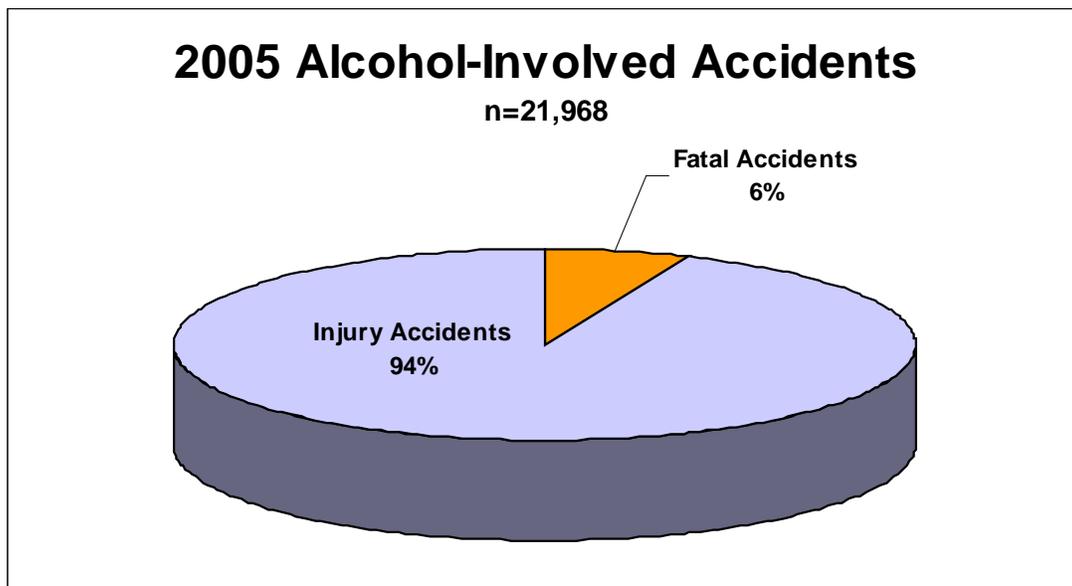
- ▶ DUI/primary collision factor declined slightly in 2002 and remained flat for the next three years. The number of alcohol-involved accidents and number of persons in alcohol-involved accidents remained level throughout the five-year period.



- ▶ Number of alcohol-involved fatal accidents and injury accidents remained virtually unchanged from 2001 to 2005.



- ▶ One of every 16 alcohol-involved accidents resulted in a fatality.



DEPARTMENT OF MOTOR VEHICLES (DMV)

Suspension/Revocation of Driver's License

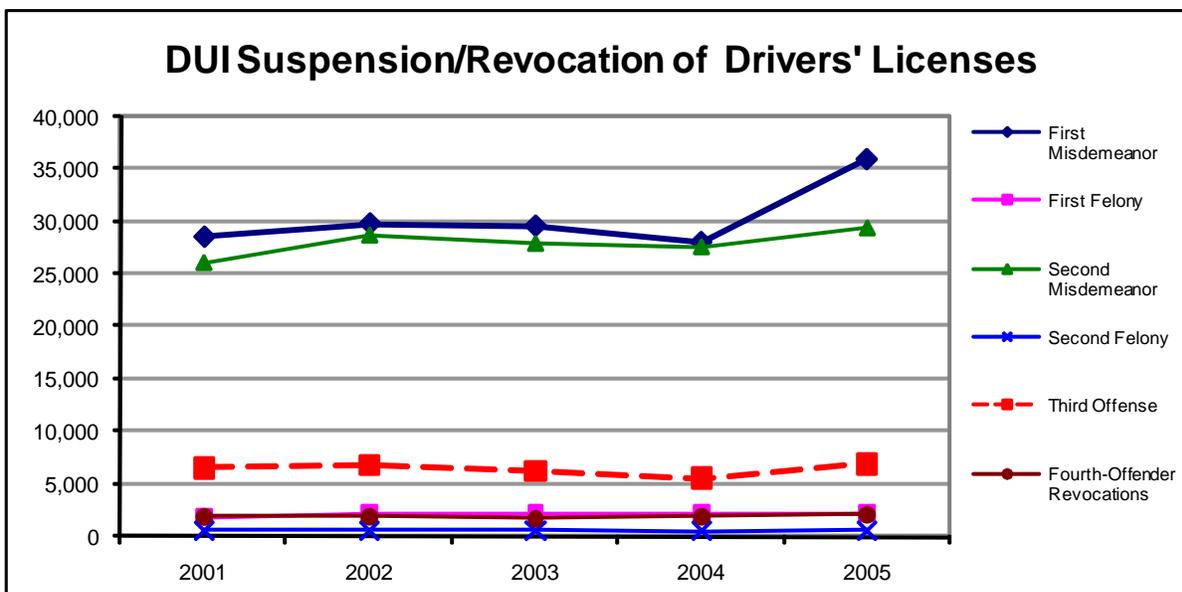
The DMV data represent court actions taken against persons driving under-the-influence. The courts were relieved of the responsibility to suspend/revoke drivers' licenses effective September 20, 2005.

On that date, DMV was assigned the sole responsibility for imposing license action for all DUI cases. This transfer of responsibility from the courts to DMV may have increased the number of suspensions/revocations issued. By streamlining the process, DMV can administer cases at a higher rate.

Source: California Department of Motor Vehicles

HIGHLIGHTS

- ▶ The number of first misdemeanor violations that caused a DUI suspension/revocation of a driver's license remained stable from 2001 to 2004 and then spiked in 2005 due to a change in the law as explained above.
- ▶ The number of second misdemeanor violations that caused a DUI suspension/revocation of a driver's license increased slightly from 2001 to 2005.
- ▶ The number of first and second felony and third offense and fourth offender revocations remained unchanged throughout the five-year period.



7



CONSUMPTION

CONSUMPTION

2005-06 State Estimates of Past Month Substance Use

California's past month alcohol and illicit drug use estimates are part of the National Survey on Drug Use and Health (NSDUH). The survey collects information on alcohol use and nine different categories of illicit drug use (marijuana, cocaine, heroin, hallucinogens, inhalants, and non-medical

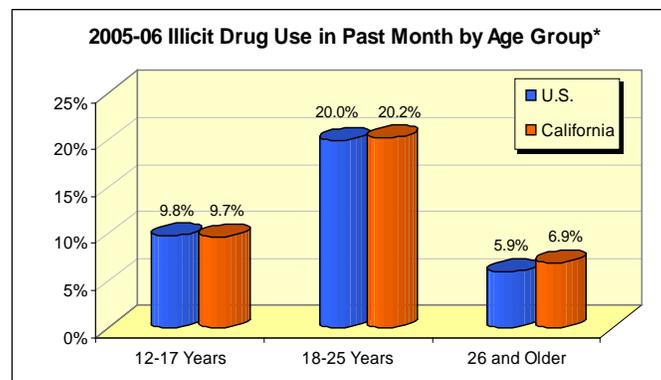
use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives).

The NSDUH combines data across two years to improve the accuracy of data for small area estimates. Estimates are based on a survey weighted to the population of California, with a 95 percent level of confidence. This data is available only at the state level.

Source: National Survey on Drug Use and Health (NSDUH)

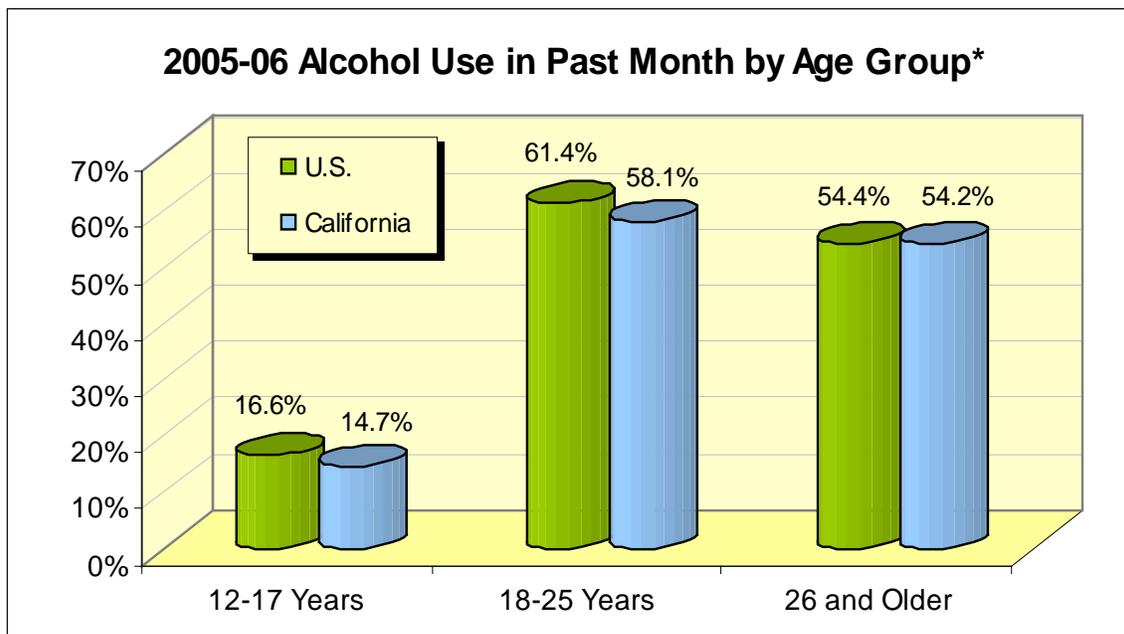
HIGHLIGHTS

- ▶ In 2005-2006, 9.09 percent of California's population aged 12 or older had used an illicit drug in the past month.
- ▶ Among the 12-17 age group, 9.7 percent had used illicit drugs in the past month. Twenty percent of the 18-25 age group, and 6.9 percent of the 26 or older age group used drugs in the past month.



* Estimates are based on a survey-weighted estimation approach, and a 95 percent prediction (credible) intervals.

- ▶ Over fifty percent of California’s population aged 12 or older had used alcohol in the past month.
- ▶ Almost 15 percent of the 12-17 year-olds had used alcohol in the past month. Fifty-eight percent of the 18-25 age group, and 54 percent of the age group 26 or older used alcohol in the past month.
- ▶ Past month alcohol and illicit drug use in California are consistent with the U.S. rates.



* Estimates are based on a survey-weighted estimation approach, and a 95 percent prediction (credible) intervals.

In general, past month alcohol and illicit drug use in California are consistent with the U.S. rates.

California Apparent Per Capita Alcohol Consumption

Apparent per capita consumption of ethanol (pure alcohol) is estimated using sales and tax receipt data on alcoholic beverages sold by manufacturers, importers, or wholesalers in California for distribution within the state. The term “apparent consumption” is used because this measure does not capture when the retail sale is made or when the consumption of the alcoholic beverage occurs. An ethanol purity factor is applied to the number of gallons of beer, wine,

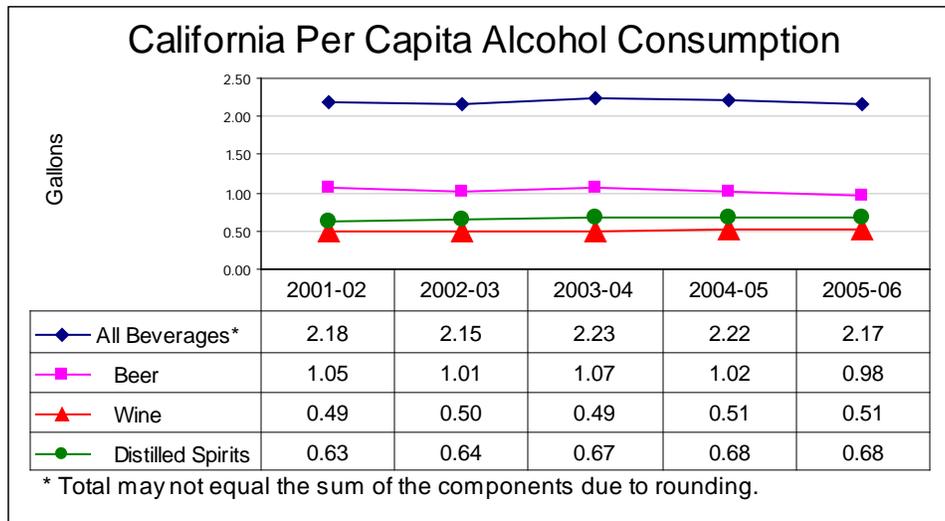
and distilled spirits sold to determine the proportion of pure alcohol for each type of beverage. State population estimates for persons ages 14 and older are used as the denominator to calculate the per capita consumption figures. This data is available only at the state level.

The average per capita consumption figures do not provide specifics on changes in drinking patterns between those that are abstainers, light drinkers, and heavy drinkers.

Source: California State Board of Equalization

HIGHLIGHTS

- ▶ Beer consumption declined steadily from SFY 2001-02 to 2005-06 except for the small increase in 2003-04.
- ▶ Consumption of wine and distilled spirits increased gradually from SFY 2001-02 to 2005-06.
- ▶ Overall the level of alcohol consumption for all beverages remained almost level.



8



POPULATION AND FISCAL DATA

POPULATION AND FISCAL DATA

Population and public treatment funding data are not indicators of AOD use/abuse. However, they are important to be available to provide the AOD problem profile in the state.

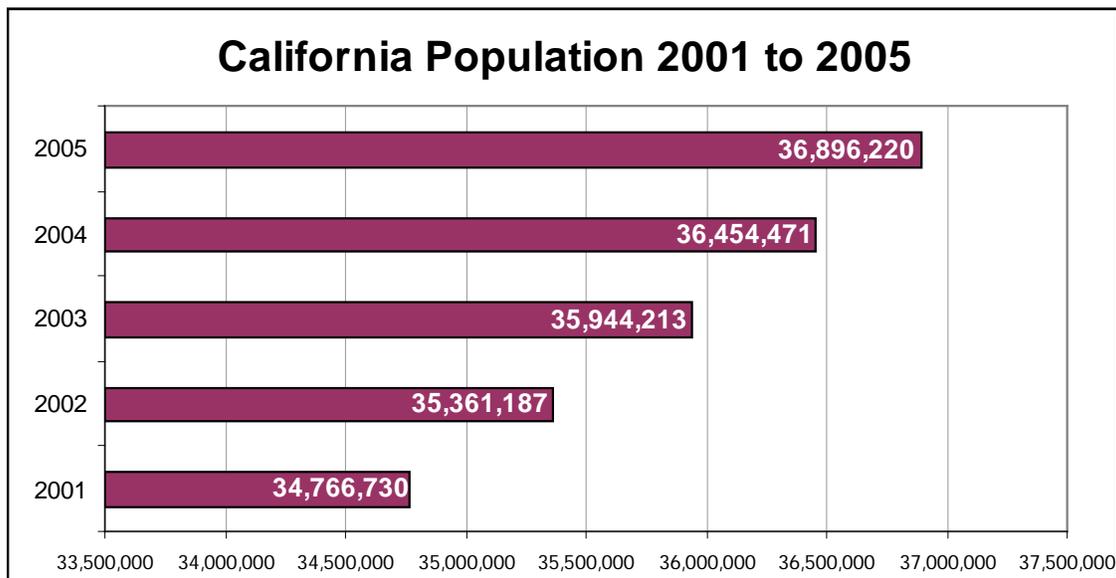
POPULATION DATA

The annual population estimates are provided by the Department of Finance to allow the users to calculate rates to examine trends. The chart reflects estimates made for the years 2001 to 2005.

Source: California Department of Finance, Demographics Unit

HIGHLIGHT

- ▶ California population increased by almost 2 million or six percent, from 2001 to 2005.



PUBLIC FUNDING FOR SUBSTANCE ABUSE TREATMENT SERVICES

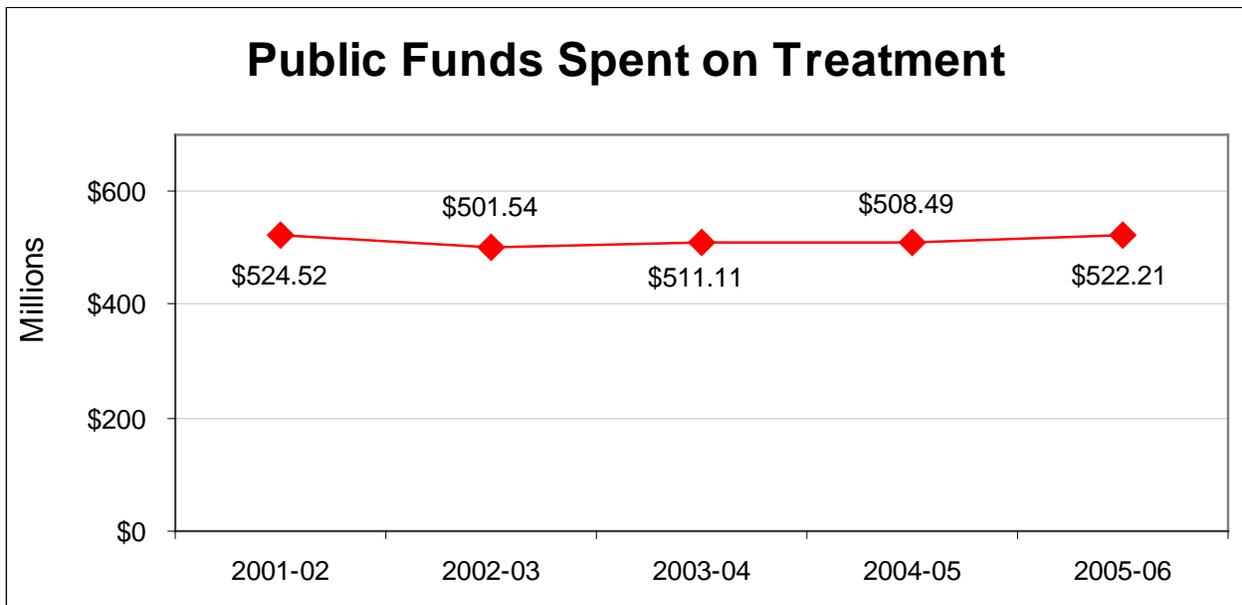
During SFY 2001-02 to 2005-06 ADP expended almost \$2.6 billion in public funds on treatment services. Funds provided to California include four major sources: General Fund, federal funds,

reimbursements (e.g. Drug Medi-Cal), and special funds such as Substance Abuse Treatment Trust Fund (Prop 36).

Source: California Department of Alcohol and Drug Programs

HIGHLIGHTS

- ▶ From SFY 2001-02 to 2002-03 there was a slight decrease in public funds.
- ▶ Funding gradually increased from SFY 2003-04 through 2005-06.



Attachment

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS INDICATORS OF ALCOHOL AND DRUG ABUSE STATEWIDE

DRUG SEIZURES

Drug Seizures in Kilograms	2001	2002	2003	2004	2005
Seizures by Type of Drug					
Heroin.....	416	273	194	140	105
Methamphetamine.....	2,424	1,242	1,698	1,025	1,772
Cocaine.....	6,496	5,449	4,489	3,351	8,123
Marijuana.....	315,747	286,868	371,948	175,151	218,541
Opiates.....	630	154	22,811	60	235
Total Kilograms for All Drugs	325,713	293,986	401,140	179,727	228,776
Drug Seizures by Unit of Measure	2001	2002	2003	2004	2005
Dose Units.....	90,820,021	5,456,961	6,103,539	2,206,359	306,398
Kilograms.....	335,259	305,013	410,629	181,259	247,368
Milliliters.....	17,364,806	11,629,630	4,642,246	1,935,431	387,141
Plants.....	0	62,576	0	27,893	251,546
Pills.....	2,910	0	92,000	3,836	80,298

HEALTH INDICATORS

AIDS Cases Diagnosed	2001	2002	2003	2004	2005
Total AIDS cases.....	4,384	4,624	4,285	3,824	3,597
IVDU AIDS cases.....	949	904	826	701	632
Hepatitis (Type B)	854	614	657	506	412

CRIMINAL JUSTICE

Criminal Justice	2001	2002	2003	2004	2005
Adult Drug-Related Arrests					
Felony.....	118,733	125,439	134,924	144,437	153,856
Misdemeanor.....	107,439	109,095	118,424	125,034	132,119
Adult Alcohol-Related Arrests					
Felony.....	5,620	5,832	5,827	5,617	5,963
Misdemeanor.....	296,205	291,618	298,762	293,279	285,379
Other Rpt. Off.- Civil Drunk	9,204	7,300	5,411	4,967	4,358
Juvenile Drug-Related Arrests.....	24,091	23,267	22,311	21,566	21,978
Juvenile Alcohol-Related Arrests.....	11,459	10,788	10,473	9,831	9,472
Drug Commitments to California Rehab. Center.....	1,147	1,063	1,075	846	1,001
Drug Commitments to Dept. of Corrections.....	18,403	15,900	18,189	20,007	22,192
Drug Commitments to Calif. Youth Authority.....	197	195	173	119	103

ALCOHOL AND DRUG TREATMENT INDICATORS

CADDs Primary Drug Admissions	2001-02	2002-03	2003-04	2004-05	2005-06
Total Admissions.....	188,163	192,164	189,613	187,770	182,620
Heroin.....	62,136	54,766	49,107	44,066	37,475
Cocaine.....	27,973	27,804	27,513	25,382	23,636
Amphetamine.....	61,038	70,077	73,128	79,088	82,735
Other Drugs.....	37,016	39,517	39,865	39,234	38,774
Number Injecting.....	75,415	69,060	62,244	56,431	50,269
CADDs Primary Alcohol Admissions	55,834	53,520	50,408	46,079	43,156
Treatment Admissions by Gender	2001-02	2002-03	2003-04	2004-05	2005-06
Female.....	87,465	87,614	83,761	80,925	81,603
Male.....	156,908	159,983	152,327	145,787	144,173
Admissions by Race/Ethnicity	2001-02	2002-03	2003-04	2004-05	2005-06
American Indian.....	8,492	8,358	8,060	8,460	7,393
Asian/Pacific Islander.....	6,770	6,861	6,346	6,782	6,938
Black (Not Hispanic).....	42,121	41,727	40,070	36,545	35,729
Hispanic.....	54,518	56,979	56,215	53,394	53,433
White (Not Hispanic).....	126,980	127,402	115,632	115,995	117,370
Other.....	5,389	6,185	9,627	5,413	4,878
Admissions to Treatment by Age	2001-02	2002-03	2003-04	2004-05	2005-06
Under 18 Years.....	20,880	21,223	21,469	20,497	21,940
18-25 Years.....	40,012	43,337	43,184	43,414	43,084
26-35 Years.....	63,911	63,119	58,828	55,630	55,024
36-45 Years.....	77,334	76,391	69,585	64,650	61,841
46-55 Years.....	35,648	36,511	35,722	34,989	35,640
56-65 Years.....	5,699	6,161	6,458	6,706	7,275
Over 65 Years.....	899	855	842	826	972
Discharges from Treatment by Status	2001-02	2002-03	2003-04	2004-05	2005-06
Completed Treatment.....	31,140	36,504	36,751	34,395	31,959
Left before Completion-Satisfactory	19,165	17,758	17,102	16,151	13,590
Left before Completion-Unsatisfactory	76,560	80,540	78,880	73,464	58,715

CONSEQUENCE INDICATORS

California Highway Patrol Data	2001	2002	2003	2004	2005
Alcohol-Involved Accidents.....	21,833	22,028	21,912	22,198	21,968
Fatal Accidents.....	1,171	1,269	1,274	1,326	1,387
% of Total Fatal Accidents	33.3	34.8	34.2	35.8	36.3
Injury Accidents.....	20,662	20,759	20,638	20,872	20,581
% of Total Injury Accidents	10.3	10.1	10.1	10.3	10.4
Persons in Alcohol-Involved Accidents	33,114	33,484	32,785	33,000	32,384
Fatal.....	1,308	1,411	1,445	1,462	1,574
% of Persons Killed, All Fatal Accidents	33.3	34.5	34.2	35.7	36.6
Injured.....	31,806	32,073	31,340	31,538	30,810
% of Persons Injured, All Injury Accidents	10.4	10.3	10.2	10.4	10.5
DUI/Primary Collision Factor	17,309	14,953	15,058	15,536	15,814
Fatal.....	1,048	758	748	829	857
% of Total Fatal Accidents	29.8	20.8	20.1	22.4	22.4
Injury.....	16,261	14,195	14,310	14,707	14,957
% of Total Injury Accidents	8.1	6.9	7.0	7.2	7.5
 Department of Motor Vehicles Data	 2001	 2002	 2003	 2004	 2005
DUI Suspension/Revocation of Driver's License					
First Misdemeanor.....	28,541	29,807	29,590	28,025	35,960
First Felony.....	1,879	2,153	2,180	2,169	2,220
Second Misdemeanor.....	26,082	28,748	27,942	27,620	29,449
Second Felony.....	574	597	575	549	593
Third Offense.....	6,532	6,783	6,211	5,536	6,922
Fourth-Offender Revocations.....	1,905	1,970	1,749	1,906	2,156

AOD CONSUMPTION

2005-06 Estimated Illicit Drug Use in Past Month by Age Group	12-17 Years	18-25 Years	26 & Older
California.....	9.7%	20.2%	6.9%
United States.....	9.8%	20.0%	5.9%

Alcohol Use in Past Month by Age Group	12-17 Years	18-25 Years	26 & Older
California.....	14.7%	58.1%	54.2%
United States.....	16.6%	61.4%	54.4%

California Apparent Per Capita Alcohol Consumption (Gallons)	2001-02	2002-03	2003-04	2004-05	2005-06
Beer	1.05	1.01	1.07	1.02	0.98
Wine	0.49	0.50	0.49	0.51	0.51
Distilled Spirits	0.63	0.64	0.67	0.68	0.68
All Beverages*	2.18	2.15	2.23	2.22	2.17

* Total may not equal the sum of the components due to rounding.

POPULATION AND FISCAL DATA

	2001-02	2002-03	2003-04	2004-05	2005-06
State Population as of July 1	34,766,730	35,361,187	35,944,213	36,454,471	36,896,220
Revised, California Department of Finance 7/1/2006					

Public Funding for Substance Abuse Treatment Services	2001-02	2002-03	2003-04	2004-05	2005-06
Treatment Expenditures	\$524,516	\$501,535	\$511,112	\$508,493	\$522,206



State of California
Department of Alcohol and Drug Programs
Office of Applied Research and Analysis