

Federal Drug-Related Data Systems Inventory

Report of the Drug Control Research,
Data, and Evaluation Committee

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Executive Office of the President
Office of National Drug Control Policy

Federal Drug-Related Data Systems Inventory

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Data, and Evaluation Committee

Executive Summary

This is the second Report from ONDCP's Advisory Committee on Drug Control Research, Data, and Evaluation (DCRDE). The Report's first edition was published in January 1999. The primary purpose of the Report is to discuss some of the work and present some of the products that ONDCP and its Federal partners have engaged in over the past three to five years. The work of the DCRDE and its three Subcommittees is to define and coordinate the research agenda for national drug control. This Report discusses some of the issues, and documents some of the actions and accomplishments in this regard. Additionally, the Report provides an update to information regarding ONDCP's legislative mandates and reporting requirements.

The Report from the DCRDE Committee summarizes the ongoing work of ONDCP's Subcommittee on Data, Evaluation and Interagency Coordination (the Data Subcommittee). A major part of the Report is an updated *Inventory of Federal Drug-Related Data Sources*, which includes more than eighty data sources that cover drug demand and drug supply topics. The Inventory is produced by ONDCP in partnership with the Federal drug-control agencies.

The following is a list of principles that incorporate issues and data requirements of the National Drug Control Strategy's national priorities, as well as ONDCP's legislative mandates for reporting. In most instances, each principle includes an example of action item(s) to demonstrate what is needed to achieve the stated objective. These principles reflect ONDCP's ongoing effort to examine Federal drug control data systems from the perspectives of a broad representation of experts in the Federal, State, academic, and private sectors.

- **Promote research-based initiatives that provide the basis for national drug control policies that *prevent drug abuse before it starts; provide treatment for those that need it; and disrupt the economic base of drug markets.***

1. Engage states, cities, and counties in demand reduction initiatives that support ONDCP's national priorities to stop drug use initiation; to intervene with those who have initiated; and to improve treatment service delivery to those in need of treatment.
 2. Pursue economic studies of illegal drug markets that provide information and input into policymaker's understanding of drug trafficking, including how drug demand interacts with drug prices and availability, for purposes of evaluating the effectiveness of the nation's supply reduction efforts.
- **Encourage the substance abuse prevention community to increase research efforts that focus the science on a broader array of strategies in order to evaluate the effectiveness of different drug prevention efforts. Additional research is needed to examine:**
 1. Which of the non-instructional, i.e., non classroom based modalities are effective for reducing drug use;
 2. Whether prevention activities affect the subsequent drug use of various user groups differently; to what extent do prevention messages spread to individuals and groups not initially targeted, and can this "diffusion effect," be harnessed to reduce drug use in high risk peer groupings; and what prevention content is most effective, with which groups;
 3. Whether prevention activities affect the quantity, frequency or problems associated with use of non-gateway substances;
 4. How the timing, duration, and characteristics of the deliverer condition the effects of prevention programs. Does the effectiveness of prevention effects vary relative to the timing of drug epidemics? Are there important tradeoffs between total dosage delivered and timing of delivery prevention messages?

- **Further opportunities to conduct research on the health risks, and medical and social consequences associated with drug use for purposes of defining the scope and magnitude of the problem.**

1. The emergency department component of DAWN is being enhanced to improve geographic and population coverage for information on drug use health consequences. The targeted metropolitan area expansion will improve precision of estimates and reduce dependence on individual facilities. The DAWN mortality component is being improved to include all jurisdictions in 48 metropolitan areas, although the expansion from 43 to 48 metropolitan areas does not represent a probability sample.
2. The ADAM program has been redesigned to be a probability-based sample and has expanded from 23 to 35 sites. However, in the absence of further planned expansion it is doubtful national estimates of drug use among the arrestee population can be produced.

- **Establish surveillance systems to provide continuous feedback, and outcomes monitoring of the treatment system's service delivery and performance, including treatment program alternatives for the drug-involved criminal justice population.**

1. Develop and implement programmatic support and resources to conduct evaluation research to examine the impact and effectiveness of drug treatment court programs in reducing recidivism for policy analysis.
2. Stimulate and fund research that will evaluate treatment resource allocations and the cost-effectiveness of various sanctions employed against drug users and among traffickers within the criminal justice systems; and
3. Ensure that drug resource allocation policies are based on treatment cost-effectiveness studies and are guided by outcome research.

- **Continue support for a broad-based system of research-to-practice technology transfer of new information to maintain a refreshed substance abuse treatment infrastructure for use by field practitioners and the research community at large.**
1. Encourage program policy and funding initiatives to ensure that research findings are mainstreamed and include greater access to the community, that data are available to encourage greater secondary analysis, and improved dissemination and use of the results; and
 2. Sponsor or cosponsor research symposiums with Federal and non-Federal organizations related to information requirements and national drug control policy.
- **ONDCP should use its office to enhance information coordination and work with technical agencies that conduct data collections and research, in order to evaluate and assess the impact of potential changes on the nation's drug control programs and policies.**
1. Commission ONDCP with responsibility for developing a framework for an annual retrospective presentation, or "report card," of the findings by the leading indicators of counter drug control initiatives to further guide its performance measurement system.

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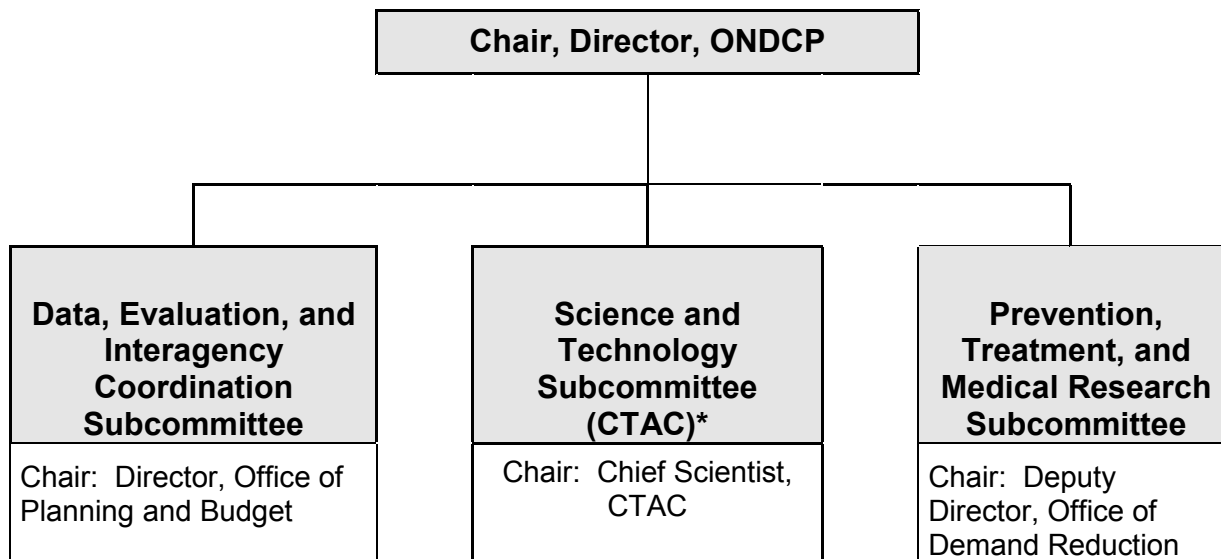
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Report of the Drug Control Research, Data, and Evaluation Committee

Introduction

In 1995 the Office of Management and Budget and the General Services Administration authorized the Director of the Office of National Drug Control Policy (ONDCP) to establish the Drug Control Research, Data, and Evaluation (DCRDE) Committee. The DCRDEC was originally established under the legislative authority and mandate of the 1994 Violent Crime Control and Law Enforcement Act. The ONDCP Reauthorization Act of 1998, continued this authority. As chartered, the Committee's objective is to provide an avenue of communication by which a distinguished panel of sixteen experts representing scientific, engineering, law enforcement, treatment, and associated international scientific communities may advise ONDCP regarding its drug-control policy research agenda. The Committee advises ONDCP in the following areas as officially chartered:

- Address subjects approved by the Director, ONDCP that are related to supporting the President's National Drug Control Program in areas of substance abuse treatment and prevention; support for improved drug abuse rehabilitation techniques, counter-drug law enforcement technology, and drug-related data collection, analysis and evaluation;
- Review current and projected policies and procedures to provide advice on enhancing ONDCP's effectiveness in the execution of national drug control policy research for enforcement and demand reduction at the federal, state, and local levels; and
- Recommend to the ONDCP various alternative research policies and initiatives for fulfilling the President's National Drug Control Strategy in the face of evolving political, economic, technological, and organizational circumstances, such as identifying technical assessments to be performed, special studies to be conducted, and advisory groups to be formed.



* Counter-Drug Technology Assessment Center

Drug Control Research, Data, and Evaluation Committee

The organizational structure of ONDCP's DCRDE Advisory Committee consists of three subcommittees. These three subcommittees are led by specific ONDCP component offices: the Data, Evaluation and Interagency Coordination Subcommittee [Data Subcommittee] (Office of Planning and Budget), the Science and Technology Subcommittee (Counter-Drug Technology Assessment Center), and the Prevention, Treatment, and Medical Research Subcommittee (Office of Demand Reduction). Each of the Subcommittee has a panel of external advisors that provide a wide-range of recommendations to ONDCP on various counter-drug initiatives. ONDCP's Office of Planning and Budget (OPB) has primary responsibility for the Data Subcommittee, an interagency representation of drug demand reduction, law enforcement, and supply reduction agencies that convene to discuss relevant data policy issues that support the National Drug Control Strategy. This is the second edition of this Report; the first edition was

published in January 1999; both are published by the Data Subcommittee and under the auspices of the DCRDEC.

The DCRDE Committee and the National Drug Control Strategy

This Report from the DCRDE Committee provides an overview of ONDCP's policy research agenda that supports the *Strategy*. In addition, it provides an updated inventory of all known federal drug-related data sources used to inform the drug control policy planning process. The *Strategy's* counter-drug control efforts over the next three years are on the following National Priorities: 1) Stopping Use Before It Starts: Education and Community Action; 2) Healing American's Drug Users: Getting Treatment Resources Where They Are Needed; and 3) Disrupting the Market: Attacking the Economic Basis of the Drug Trade.

The *Strategy's* three National Priorities are specifically designed to "push" against the nation's drug problem to the point that it recedes. Implementation of these National Priorities will be infused with strategies that have worked in the past and provide promising opportunities that with an engaged government leadership and citizenry, together with parents and clergy, media and community group, and state and local leaders, will work again.

As required by the law, the National Drug Control Strategy seeks to apply the principles of management by results. In order to support the *Strategy*, more accountability of drug control efforts is needed. Consequently, a concerted effort has been undertaken by ONDCP, in conjunction with the Office of Management and Budget and other federal agencies, designed to restructure the drug control budget. An ONDCP commissioned independent analysis indicated weaknesses in the budget methodologies agencies were using to measure drug spending. In early 2002, ONDCP issued a proposal that began the process for restructuring the budget starting with the President's FY 2003 Budget. The proposal was followed-up by new and revised ONDCP Circulars outlining guidance to agency heads of executive departments and establishments with responsibility for drug-control budgets.

ONDCP's Strategic Planning for Outcomes Management

ONDCP's primary mission is to establish policies, priorities and initiatives that will support the President's National drug control program agenda for the country. In the President's 2003 National Drug Control Strategy, two goals provide the impetus for ONDCP to measure progress toward achieving the following *Strategy* objectives:

- ***Two - Year Goals:*** A 10 percent reduction in current use of illegal drugs by the 12-17 age group; a 10 percent reduction in current use of illegal drugs by adults age 18 and older
- ***Five - Year Goals:*** A 25 percent reduction in current use of illegal drugs by 12-17 age group; a 25 percent reduction in current use of illegal drugs by adults age 18 and older.

A system of accountability will include a core set of macro indicators as well as program-specific measures. The macro indicators will assess drug policies in prevention, treatment, and the disruption of drug markets (including supply reduction) reflecting the three main foci of the *Strategy*. Interagency groups will review and modify these macro indicators and set two and five-year goals (targets.) The program-specific measures will focus on outcome and output measures for each program, as identified from agency GPRA Performance Plans and Reports and key program staff.

ONDCP will utilize the existing agency databases for collecting indicator data from various agencies for exploring what works and what doesn't. Annual reports will document progress on the key targets, including a discussion of data limitations. The system will serve as an effective management tool to gauge progress and to focus the national drug control community on the President's targets.

The DCRDE Committee and ONDCP Legislative Mandates

The DCRDEC and its Subcommittees were created in response to the 1994 Violent Crime Control and Law Enforcement Act, which dramatically extended the need for improved

drug control data. Earlier, the 1988 Anti-Drug Abuse Act established ONDCP and spurred the need for a national drug control program with enhanced data systems. In 1998, the ONDCP Reauthorization Act further expanded the agency's reporting requirements, making the need for drug-related data sources more critical than ever.

The Anti-Drug Abuse Act of 1988

The Anti-Drug Abuse Act of 1988 established ONDCP to coordinate Federal efforts to reduce the use of illegal drugs in the United States. The Act requires ONDCP to develop an annual strategy for reducing illegal drug use and to incorporate goals and measurable objectives for monitoring its progress.

ONDCP's mandated activities include:

- Developing an annual National Drug Control Strategy;
- Developing a consolidated National Drug Control Budget for presentation to the President and the Congress (including budget certifications and quarterly reprogramming reports);
- Coordinating and overseeing Federal anti-drug policies and programs involving approximately 15 Federal agencies and 12 Cabinet departments and the programs they administer;
- Encouraging private sector and State and local initiatives for drug prevention and control;
- Recommending to the President changes in organization, management, and budgets of Federal departments and agencies engaged in the anti-drug effort;
- Representing the Administration's drug policies and proposals to Congress;
- Representing the Administration's drug policies and proposals to Congress;
- Participating in National Security Council deliberations that concern drugs;
- Establishing and overseeing numerous legislatively mandated national campaigns and commissions;
- Certifying the budgets of programs, bureaus, agencies and departments;

- Certifying drug policy changes by programs, bureaus, agencies and departments;
- Reviewing and approving reprogramming requests submitted by bureaus, agencies and departments;
- Designating areas as high-intensity drug trafficking areas and making grants to states and local law enforcement entities in these areas; and
- Establishing a counter-drug technology assessment center to serve as the central counter-drug enforcement research and development center for the Federal Government.

The Office of National Drug Control Policy Reauthorization Act of 1998

The Reauthorization Act of 1998 expanded ONDCP mandate and authority. It set new reporting requirements and expectations, including:

- Development of a long-term drug strategy
- Implementation of a robust performance-measurement system
- Commitment to a five-year national drug-control program budget
- Permanent authority granted to the High Intensity Drug Trafficking Areas (HIDTA) program along with improvements in HIDTA management
- Greater demand-reduction responsibilities given to the Counter-Drug Technology Assessment Center (CTAC)
- Statutory authority for the President’s Council on Counter-Narcotics
- Increased reporting to Congress on drug-control activities
- Reorganization of ONDCP to allow more effective national leadership
- Improved coordination among national drug control program agencies
- Establishment of a Parent’s Advisory Council on Drug Abuse

The Reauthorization Act of 1998 amended and updated ONDCP’s reporting responsibilities, defining them to include “an assessment of current drug use (including inhalants) and availability, impact of drug use, and treatment availability.” Reporting responsibilities include the following:

- estimates of drug prevalence and frequency of use as measured by national, state, and local surveys of illicit drug use and by other special studies of:
 - casual and chronic drug use;
 - high-risk populations, including school dropouts, the homeless and transient, arrestees, parolees, probationers, and juvenile delinquents; and
 - drug use in the workplace and the productivity lost of such use;

- an assessment of the reduction of drug availability against an ascertained baseline, as measured by:
 - the quantities of cocaine, heroin, marijuana, methamphetamine, and other drugs available for consumption in the United States;
 - the amount of marijuana, cocaine, heroin, and precursor chemicals entering the United States;
 - the number of hectares of marijuana, poppy, and coca cultivated and destroyed domestically and in other countries;
 - the number of metric tons of marijuana, heroin, cocaine, and methamphetamine seized;
 - the number of cocaine and methamphetamine processing laboratories destroyed domestically and in other countries
 - changes in the price and purity of heroin and cocaine, changes in the price of methamphetamine, and changes in tetrahydrocannabinol level of marijuana;
 - the amount and type of controlled substances diverted from legitimate retail and wholesale sources; and
 - the effectiveness of Federal technology programs at improving drug detection capabilities in interdiction, and at United States ports of entry;

- an assessment of the reduction of the consequences of drug use and availability, which shall include estimation of:

- the burden drug users place on hospital emergency departments in the United States, such as the quantity of drug-related services provided;
 - the annual national health care costs of drug use, including costs associated with people becoming infected with the human immunodeficiency virus and other infectious diseases as a result of drug use;
 - the extent of drug-related crime and criminal activity; and
 - the contribution of drugs to the underground economy as measured by the retail value of drugs sold in the United States;
- a determination of the status of drug treatment in the United States, by assessing:
 - public and private treatment capacity within each State, including information on the treatment capacity available in relation to the capacity actually used;
 - the extent, within each State, to which treatment is available;
 - the number of drug users the Director estimates could benefit from treatment; and
 - the specific factors that restrict the availability of treatment services to those seeking it and proposed administrative or legislative remedies to make treatment available to those individuals; and
 - a review of the research agenda of the Counter-Drug Technology Assessment Center to reduce the availability and abuse of drugs.

Essential to ONDCP's mission and responsibility for counter-drug control effort, is the continuous need to maintain an updated core set of Federal data systems that will define the nature and national scope of the country's drug problem. Baseline data from the following leading drug indicators are used to measure progress of the *Strategy* as counter-drug initiatives are developed and implemented.

- *The National Household Survey on Drug Abuse (NHSDA)* - This survey measures the prevalence and incidence of drug use, including alcohol and tobacco, among the U.S. civilian, non-institutionalized population ages 12 years and older. All interviews are conducted face-to-face within the respondent's home or mutually agreed upon location. Beginning in 1999, screening data were obtained via computer-assisted

personal interview (CAP) methods through the use of hand held computers. To ensure consistency of reported data, the entire interview is conducted according to a specific protocol. The NHSDA has been conducted periodically since 1972 and annually since 1990. Between 1972 and 1991, the NHSDA was operated by the National Institute on Drug Abuse (NIDA); since 1992 the survey has been operated by the Substance Abuse and Mental Health Services Administration (SAMHSA).

- *Monitoring the Future (MTF)* - MTF is a school-based study, and is the leading indicator for information on prevalence, patterns and trends in substance abuse and related beliefs and attitudes among the nation's youth. The study has been conducted annually with high school seniors since 1975, and starting in 1991, samples of 8th and 10th grade students were included. MTF provides useful information for informing policymaking, assessing the impact of drug control programs, supporting rational public debate, and providing a basis for resource allocation. A limitation of the MTF is that it does not capture school dropouts or youth that may be absent on the day of the survey.
- *The Drug Abuse Warning Network (DAWN)* - DAWN data provides information on some of the medical consequences associated with the abuse of illicit drugs and the misuse of prescription, and over-the-counter substances. DAWN provides ongoing monitoring of emergency department visits that are drug-induced and/or related as reported by a representative sampling of hospital emergency departments that participate. DAWN also captures mortality data on drug-induced and drug-related deaths from a non-representative sample of medical examiners that report.
- *Arrestee Drug Use Monitoring (ADAM)* - ADAM provides information on the drug-related crime nexus as one of the consequences of drug abuse. ADAM is the only major program that monitors drug use through urinalysis, including the more reliable and valid drug detection system that detects recent drug use. At ADAM sites, within 48 hours of arrest, research teams in cooperation with local criminal justice officials and staff quarterly interview and urine-test individuals arrested and brought to local

lockups and booking centers. Enhancements made to ADAM in 2000 include data collection about the involvement of arrestees with drug treatment and drug markets. At the local level ADAM sites are able to provide estimates with known precision, and track trends in drug use within their community and in comparison to other communities. A limitation of ADAM is that it exists in only 35 communities and does not represent a national sample of arrestees.

- *Drug Price and Purity Indicators* - The DEA maintains an inventory of drugs analyzed by its Field Forensic Laboratories, called the System to Retrieve Information on Drug Evidence (STRIDE). STRIDE consists of six (6) subsystems providing information on:
 - 1) drug intelligence
 - 2) statistics on markings found on pills and capsules
 - 3) drug inventory
 - 4) tracking
 - 5) statistical information on drugs removed from the market place
 - 6) utilization of laboratory manpower and information on subsystems analyzed outside of the DEA laboratory system where DEA participated in the seizure(s).

- *Crime Statistics* - The U.S. Department of Justice (DOJ) conducts various surveys that provide information on the drug - crime nexus to assist in ONDCP's reporting requirement and to inform the drug-control policy planning process. The Reauthorization Act of 1998 requires ONDCP to include in its annual reporting to the Congress, an assessment of the prevalence and frequency of drug use among high-risk populations, including the incarcerated, parolees, probationers, and juvenile delinquents. Additionally, an assessment of the social consequences of drug use as it relates to drug-related crime and criminal activity is a reporting requirement. In addition to surveys of jails, state and federal correctional facilities, DOJ crime

statistics include the Uniform Crime Reports, a database that date back to the 1930's and include such information as drug arrests for possession, sale, and manufacturing.

- *The International Narcotics Control Strategy Report (INCSR)* - The INCSR is the Department of State's annual report providing information to the President on the steps taken by the world's major drug producing and transit nations to prevent drug production, trafficking, and related money laundering during the previous year. The INCSR has been released annually since 1987 and helps to determine how cooperative a country has been in meeting legislative requirements in various geographic areas. INCSR data are collected and compiled in the field by Department of State specialists, DEA agents, and personnel from the various embassies.

Principles for guiding ONDCP's National Priorities and Data Needs

The following seven principles are of critical importance to ONDCP in addressing reporting requirements and in meeting the mission requirements of the agency. Policy relevant information is essential to the conduct of national counter drug-control planning and policy formulation. The President's 2003 National Drug Control Strategy is based on core principles that are linked to the following three national priorities: *Stopping Use Before It Starts: Education and Community Action*; *Healing America's Drug Users: Getting Treatment Resources Where They are Needed*; and *Disrupting the Market: Attacking the Economic Basis of the Drug Trade*. The following primary goals: 1) a reduction of 10 percent in current drug use over two years; and 2) a reduction of 25 percent in current drug use over five years, will measure the progress of the National Drug Control Strategy. The two strategy goals are designed to monitor progress of programs and policies that are implemented in response to the three national priorities.

- **Promote research-based initiatives that provide the basis for national drug control policies that *prevent drug abuse before it starts; provide treatment for those that are in need; and disrupt the economic base of drug markets.***

Preventing drug use before it starts is by definition the most cost-effective approach to addressing the issue of substance abuse and its impact on the individual and society over time.

Research has documented the fact that if young people refrain from use of alcohol and other drugs through age 18 years, the probability of drug use later as an adult is minimal. ONDCP and its federal partners must lead the national effort by supporting initiatives that have proven track records and are effective in providing factors of protection that prevent and curtail initiation, reduce, or delay illegal and illicit drug use.

Ensuring the country's treatment delivery system is adequate and robust and that there are minimal barriers to access for those that have become addicted to drugs is essential if we are responsive to our national priority of "*Healing America's drug users.*" The approach policymakers must use to address the substance abuse problem is a complex public policy phenomenon.

Research findings tell us that there is inadequate treatment capacity to serve those that have been diagnosed as drug dependent and in need of treatment due to their drug abuse. Consequently, there is a "gap" in the availability of treatment services for those that are in need of treatment verses those that actually receive the services. The treatment "gap" is defined as the difference between the number of individuals who could benefit from treatment, receive it, and those who could benefit from treatment and need it, but are unable to access it. Lastly, there are those that have been diagnosed as needing treatment, but do not seek treatment. *Healing American's drug users* must include reaching those addicted persons that have yet to recognize their need for treatment.

The third priority of the NDCS is to *disrupt the economic base of drug markets*. The mainstay of this priority proposes to develop a market model of the drug trade to enhance the targeting of federal resources that will disrupt the illegal activity, affecting the profit base of the drug trade. The objective of the market model is to develop a blueprint of the drug market, connecting each stage of the market production and distribution, from cultivation to the user in America.

- **Encourage the substance abuse prevention community to increase research efforts that focus the science on a broader array of strategies in order to evaluate**

the effectiveness of different drug prevention efforts. Additional research is needed.

The National Research Council (NRC) of the National Academy of Sciences conducted an ONDCP commissioned study entitled *"Informing America's Policy on Illegal Drugs: What We Don't Know Keeps Hurting Us."* In this Report, the case is made regarding what is known, what is not known and what data and research are needed to increase our knowledge about the effectiveness of a wide range of approaches in the substance abuse prevention field.

Substance abuse prevention research, while relatively "young" as a field in comparison to its counterpart, "treatment," have not focused on the effectiveness of specific modalities as much as it has on what the distinctions are among the various instructional programs. There is much that is unknown regarding the effectiveness of most of the approaches for reducing substance use because the research evidence is nonexistent or inconclusive. Several reasons are noted in the NRC Report for why this is the case with prevention research, one of which is "availability" bias in the published literature that makes it difficult for studies that cannot point to unlimited effectiveness or a preponderance of positive finding. Additionally, few of the effectiveness studies differentiate among programs that target at-risk populations as opposed to the general population.

- **Further opportunities to conduct research on the health risks, medical and social consequences associated with drug use for purposes of defining the scope and magnitude of the problem.**

ONDCP's mission and reporting requirements as set forth in the 1998 Reauthorization Act, in addition to reducing the availability and consumption of drugs, includes assessing the impact of drug control policies on the reduction of the health and social consequences of drug use. This assessment includes the burden that drug users place on hospital emergency departments in the United States. In addition to the health consequences associated with drug use, there is also the burden that is extracted on the criminal justice system due to drug use. Two major indicator data systems provide the Federal government with information on the health and

social consequences of drug use: the Drug Abuse Warning Network (DAWN) and the Arrestee Drug Abuse Monitoring (ADAM) provide these data.

DAWN continues to contribute very important information on some of the morbidity and mortality risks associated with drug abuse. In 1997, administrators of DAWN began a comprehensive upgrade and redesign to the hospital component in response to long-standing system limitations. The DAWN Emergency Department component is currently located in 21 cities, is being expanded to 27 additional cities. The redesign has included changes to the DAWN case definition; for example, for the first time, the new design will collect information on underage drinking. The medical examiner component, while it does not provide national estimates and is located in 137 jurisdictions in 43 metropolitan areas, is being expanded to include all jurisdictions in 48 metropolitan areas.

ADAM, administered by the National Institute of Justice (NIJ) continues to be an important source of information for understanding the nexus between drug use and other criminal behaviors. Under ADAM, timely information about the drug use of people who are arrested is provided with the urinalysis of fresh arrestees. In 1998, NIJ began the ADAM expanded data collection from 23 sites to 35, and has implemented other sampling design features that include information on arrestees with drug treatment and drug markets. While ADAM is not a national sample, it nevertheless provides useful information regarding the criminally active population in selected areas.

- **Establish surveillance systems to provide continuous feedback, and outcomes monitoring of the treatment system's service delivery and performance, including treatment program alternatives for the drug-involved criminal justice population.**

The 1998 Reauthorization Act requires ONDCP to report on an annual basis regarding the status of the country's treatment service delivery system, including state profiles of available treatment capacity in public and private facilities. ONDCP and SAMHSA's Center for Substance Abuse Treatment (CSAT) have collaborated on the National Treatment Outcomes

Monitoring System (NTOMS), a project that will provide periodic reporting on access to and effectiveness of drug abuse treatment. NTOMS is designed to be a nationally representative sample of patients receiving treatment for psychoactive substance dependence. Currently no existing data system can monitor all sectors of the drug abuse treatment system as needed in order for ONDCP to meet its reporting requirements. In the past, Federal and State surveillance systems such as the Client-Oriented Data Acquisition Process (CODAP) and the Treatment Episodes Data Set (TEDS), have only provided limited coverage of facilities because they are tied to a given funding source.

NTOMS will bring together two ONDCP developed projects, the Drug Evaluation Network System (DENS) and a methodology designed to estimate chronic, hardcore drug using population. When fully implemented, NTOMS will provide annual and continuous feedback reports on the nature and extent of substance related disorders and related problems in the population seeking treatment. Additionally, it will provide a scientifically sound means for measuring progress in the treatment of one of the most significant chronic disease problems facing this country.

- **Continuous support for a broad-based system of research-to-practice technology transfer of new information to maintain a refreshed substance abuse treatment infrastructure for use by field practitioners and the research community at large.**

ONDCP's Counter-Drug Technology Assessment Center (CTAC), is the primary support for ensuring that the newest technology is mainstreamed in support of the NDCS two and five year goals and the three national priorities. Several program initiatives are operational in areas that support both prevention and demand, as well as supply reduction. Initiatives that support the supply reduction side of the Strategy focus primarily on disrupting the market with additional capabilities for state and local law enforcement. The CTAC strategic plan includes outreach and training efforts such as regional workshops with state and local agencies to ensure the field is aware of the technology transfer program.

- **ONDCP should use its office to enhance information coordination and work with technical agencies that conduct data collections and research, in order to evaluate and assess the impact of potential changes on the nation's drug control programs and policies.**

Over the past several years, significant progress has been made programmatically between ONDCP and Federal drug control agencies. Progress can be attributed to several efforts, culminating in increased accountability and responsibility on the drug issue. The 1998 Reauthorization Act was perhaps the primary impetus, in that it: 1) increased ONDCP's annual reporting responsibilities, thus buffeting the coordination among ONDCP and our Federal partners and; 2) mandated a robust system for performance evaluation of the *Strategy*. In order to be responsive to the U.S. Congress on the drug issue, ONDCP forged a national research agenda and worked through an interagency process to assist Federal agencies in improving and expanding data systems capabilities to provide policy relevant information.

As current guidelines that define the new budget structure are implemented, it is anticipated that progress will continue; further underscoring ONDCP's coordination with Federal drug-control agencies and OMB's Office of Information and Regulatory Affairs (OIRA), regarding issues of national policy relevant information.

Future Directions for the Drug Control Research, Data and Evaluation Committee

The National Drug Control Strategy's national priorities have restructured management of the drug problem into three policy areas: *preventing drug abuse before it starts; providing treatment for those that need it; and disrupting the economic base of drug markets*. The overarching conceptual framework that will guide the development and implementation of drug control policy and programs in these areas is what has been described in the *Strategy* as the Market Model approach to the supply and demand of illicit drugs. The goal of this approach is to model, measure, and assess the dynamics of these markets in efforts to identify sectors of them that are vulnerable to disruption and dismantling. ONDCP's policy research agenda will be led by these data requirements.

This second edition of the Report of the Drug Control Research, Data and Evaluation Committee, introduces an updated Inventory of Federal Drug-Related Data Sources, a compilation of all known information collected by the Federal drug-control agencies. This Inventory was produced by members of the Subcommittee on Data, Evaluation and Interagency Coordination, in partnership with ONDCP's Office of Planning and Budget, Programs and Research Branch.

Appendix A: Inventory of Federal Drug-Related Data Sources

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FOREWORD

This document is an inventory of current (i.e., 1988 to the present) Federal drug control data resources compiled by members of the Office of National Drug Control Policy's (ONDCP) Data, Evaluation, and Interagency Coordination Subcommittee. The data resources encompass information covering both drug demand and supply reduction. The data collection activities are managed by several Federal agencies including the Bureau of Justice Statistics, the Drug Enforcement Administration, the Federal Bureau of Investigation, the Federal Bureau of Prisons, the National Center for Health Statistics, the National Institute of Justice, the National Institute of Child Health and Human Development, the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, the National Institute of Mental Health, ONDCP, the Substance Abuse and Mental Health Services Administration, and the U.S. Departments of Defense, Education, Housing and Urban Development, Labor, and State.

It is the mission of the subcommittee to explore ways to better use existing data for policymaking. The purpose of this inventory is to identify and describe all Federal drug-related data sources available to policymakers. This drug data inventory differs from previous inventories because of its focus on the relevance of the data to policy issues. The following elements are provided for each data resource:

- Title of data set
- Frequency of data collection
- Sponsoring agency(ies)
- Point(s) of contact
- Purpose of data set
- How and to whom the data are disseminated
- Available formats
- Sample size
- Methodology
- Drug-related variables

- Other key variables
- Strengths and limitations
- Implications for drug policy

Included at the beginning of the inventory is a matrix containing each data set and how it relates to the specific reporting requirements of the Violent Crime Control and Law Enforcement Act of 1994 and the 1998 ONDCP Reauthorization Act. (ONDCP is required to report to Congress each year on the progress made in these areas). This matrix provides a summary indication of which areas are covered by existing data and where gaps exist.

DATA INVENTORY MATRIX

Demand Reduction	Assessment of the Reduction of Drug Use				Assessment of the Reduction of Consequences of Drug Use and Availability			Determination of the Status of Drug Treatment			
	Drug prevalence	Frequency of drug use	Drug use in workplace and productivity lost	High-risk populations	Emergency rooms	Health care/ Criminal Justice costs	Health-related consequences	Treatment capacity	Treatment availability on demand	No. of drug users Who could benefit w/treatment	Success of drug treatment programs
<ul style="list-style-type: none"> ● definitely ○ probably 											
CONTINUING											
Worldwide Survey of Substance Abuse and Health Behaviors Among Military Personnel	●			●							
The Monitoring the Future Study	●	●		●						○	
National Cooperative Agreement for AIDS Community-Based Outreach/Intervention Research Program	●	●		●		○				●	●
Survey of Inmates in State Correctional Facilities	●	●		●						●	○
Survey of Inmates in Federal Correctional Facilities, 1991	●	●		●						●	○
Survey of Inmates in Local Jails	●	●		●						●	●
Survey of Adults on Probation	●	●		●							○
Census of State and Federal Adult Correctional Facilities			●							●	
Census of Jails										●	
Arrestee Drug Abuse Monitoring (ADAM) Program				●		●				●	○
National Longitudinal Survey of Youth79 (NLSY79)	●			●							
National Survey on Drug Use and Health (NSDUH)	●	●	●	●			●				
Random Access Monitoring of Narcotic Addicts (RAMONA)	●	●		●							
Drug and Alcohol Services Information System (DASIS)							●	●	●		●
Drug Abuse Warning Network (DAWN), Emergency Department Component					●					●	
Drug Abuse Warning Network (DAWN), Medical Examiner Component											
Alcohol and Drug Services Survey (ADSS)						●	●	●	●		●
CSAT State Needs Assessment Studies	●	●		●							
National Vital Statistics System, Mortality Data	●			●						○	
National, State, and Local Youth Risk Behavior Surveys (YRBS)	●	○		●							

Demand Reduction	Assessment of the Reduction of Drug Use				Assessment of the Reduction of Consequences of Drug Use and Availability			Determination of the Status of Drug Treatment			
	Drug prevalence	Frequency of drug use	Drug use in workplace and productivity lost	High-risk populations	Emergency rooms	Health care/ Criminal Justice costs	Health-related consequences	Treatment capacity	Treatment availability on demand	No. of drug users Who could benefit w/treatment	Success of drug treatment programs
<ul style="list-style-type: none"> ● definitely ○ probably 											
Business Responds to AIDS Benchmark Survey			●	○							
Quarterly Report on Testing for Alcohol and Other Drugs of Abuse (AODA)	●	●	●	●							
Public Housing Drug Elimination Reporting System (DERS)	●			●		○					
The Third National Health and Nutrition Examination Survey (NHANES III)	●										
The Dynamics of Deviant Behavior, National Youth Survey	●	●									
Statistical Management Analysis and Reporting Tools System (SMARTS)				●							
ONE-TIME											
National Pregnancy and Health Survey (NPHS)	●			●		○				○	
National Longitudinal Alcohol Epidemiology Survey (NLAES)	●	●		●			●			●	●
The Washington, D.C. Metropolitan Area Drug Study (DC*MADS)	●			●	○	○				●	○
National Longitudinal Study of Adolescent Health	●	●		●							
World Health Organization Cross-National Study of Health Behavior Among Youth: U.S. Component (WHO/SAMHSA Survey)	●	●		●						●	
1992 National Hospital Ambulatory Medical Care Survey Emergency Room Department Data						●	●				
National Maternal and Infant Health Survey (NMIHS)	●			●							
1991 National Health Interview Survey of Drug and Alcohol Use (NHIS-DAU)	●	●					●				
Drug Abuse Treatment Outcome Study (DATOS)										●	●
National Household Education Survey, School Safety and Discipline Component	●			●							
ASSESSMENT ADMINISTRATION											
Public Housing Drug Elimination Program (PHDEP) Grant Awards											
Public Housing Drug Elimination Youth Sports Grant Awards											
Public Housing Drug Elimination Outcome Monitoring Form											
National Treatment Improvement Evaluation Study											●
Evaluation of a Drug Treatment Enrichment Program at Job Corps Sites											●

Demand Reduction	Assessment of the Reduction of Drug Use				Assessment of the Reduction of Consequences of Drug Use and Availability			Determination of the Status of Drug Treatment			
	Drug prevalence	Frequency of drug use	Drug use in workplace and productivity lost	High-risk populations	Emergency rooms	Health care/ Criminal Justice costs	Health-related consequences	Treatment capacity	Treatment availability on demand	No. of drug users Who could benefit w/treatment	Success of drug treatment programs
<ul style="list-style-type: none"> ● definitely ○ probably 											
Evaluation of Model Programs for Pregnant and Postpartum Women and Their Infants (PPWI) Outcome Data Set (ODS) and Process Data Set (PDS)											●
Recidivism of Prisoners Released in 1994											○
National Survey of Parents and Youth	●										
Children of Substance Abusing Parents				●							
Mentoring/Advocacy Program	●										
Community Initiated Prevention Intervention											
Community Partnership Demonstration Program Surveys: Student Survey and Adult Community Survey											●
Intake 1	●	●		●							○
Baseline Interview	●	●		●							○
Residential Treatment Eligibility Interview	●	●		●						●	
CONTEXT											
Community Epidemiology Work Group (CEWG)	●			●	●			○		○	
OTHER											
Survey of Employer Anti-drug Programs											
Parent/Family Strengthening Program				●							

Supply Reduction	Assessment of the Reduction of Drug Availability							Assessment of the Reduction of Consequences of Drug Use and Availability	
	Cocaine, heroin, and marijuana	Cocaine and heroin entering the U.S.	Hectares of poppy and coca cultivated/destroyed	Metric tons of heroin and cocaine seized	Cocaine processing labs destroyed	Price and purity of heroin and cocaine	Diversion of controlled substances	Drug-related crime and Criminal activity	Contribution of drugs to Underground economy
<ul style="list-style-type: none"> ● definitely ○ probably 									
CONTINUING									
Federal-wide Drug Seizure System (FDSS)	●	●		●	○		●		
System to Retrieve Information from Drug Evidence (STRIDE)	●		●			●	●		
Foreign Drug Seizure and Arrest Data	●		●	●	●				
Illicit Crop Estimates	●		●						
National Crime Victimization Survey (NCVS)								●	
Survey of Inmates in State and Federal Correctional Facilities								●	
Survey of Inmates in Local Jails								●	
Survey of Adults on Probation								●	
National Judicial Reporting Program (NJRP)								●	
State Court Processing Statistics								●	
National Corrections Reporting Program (NCRP)								●	○
Statistical Management Analysis Reporting Tools System (SMARTS)								●	
Federal Justice Statistics Database								●	
Law Enforcement Management and Administrative Statistics (LEMAS)								●	
National Survey of Prosecutors (NSP)								●	
Uniform Crime Reports/Age, Sex, and Race of Persons Arrested								●	○
Arrestee Drug Abuse Monitoring (ADAM) Program								●	
Consolidated Counterdrug Database (CCDB)									○
National Laboratory Information System (NFLIS)								●	
Interdiction Planning and Asset Management Group (IPAMG)	●	●							○
ONE-TIME									
Survey of Youth in Custody, 1987								●	
ASSESSMENT ADMINISTRATION									
Public Housing Drug Elimination Program (PHDEP) Grant Awards									

Supply Reduction	Assessment of the Reduction of Drug Availability							Assessment of the Reduction of Consequences of Drug Use and Availability	
	Cocaine, heroin, and marijuana	Cocaine and heroin entering the U.S.	Hectares of poppy and coca cultivated/destroyed	Metric tons of heroin and cocaine seized	Cocaine processing labs destroyed	Price and purity of heroin and cocaine	Diversion of controlled substances	Drug-related crime and Criminal activity	Contribution of drugs to Underground economy
<ul style="list-style-type: none"> ● definitely ○ probably 									
Public Housing Drug Elimination Youth Sports Grant Awards									
Public Housing Drug Elimination Outcome Monitoring Form									
Public Housing Law Enforcement and Security Personnel Form									
Computerized Asset Tracking System (CATS)									
Chemical Handlers Enforcement Management System (CHEMS)									
Performance Assessment Review (PAR)									○
OTHER									
Survey of Justice Expenditure and Employment (CJEE)									

BUREAU OF JUSTICE STATISTICS (BJS)

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Census of Jails</p>	<p>FREQUENCY OF DATA COLLECTION: Approximately once every 6 years</p>
<p>SPONSORING AGENCY(IES): Bureau of Justice Statistics (BJS)</p>	<p>POINT(S) OF CONTACT: James J. Stephan, Statistician Bureau of Justice Statistics 810 Seventh St., N.W. Washington, DC 20531 Telephone No.: (202) 616-3289 Fax No.: (202) 307-1463 e-mail: stephanj@ojp.usdoj.gov</p>
<p>PURPOSE OF THE DATA SET:</p> <p>This census provides descriptive information on all locally administered confinement facilities (3,365 total) that hold inmates beyond arraignment and are staffed by municipal or county employees. The census also includes 47 jails that are privately operated under contract for local governments and 11 facilities maintained by the Federal Bureau of Prisons that function as jails.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>Data are disseminated in written reports, spreadsheet files, and public use files. Public use files are available from the National Archive of Criminal Justice Data (www.icpsr.umich.edu/NACJD/home.html). Written reports that include drug-related information are disseminated to the BJS Drugs and Crime mailing list of 33,000. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (60,000 users) are notified of each release and updates of electronic files. Data are disseminated to policymakers at all levels of Government, the media, researchers, educators, students, and the general public.</p>	
<p>AVAILABLE FORMATS:</p> <p>Public use data are available online through the Internet, and, upon request, on data tapes, CD-ROM (Compact Disc-Read Only Memory), and computer diskettes. Written reports are available from the BJS website (www.ojp.usdoj.gov/bjs) in Acrobat Portable Document Format and ASCII text. Some data are available in spreadsheets in WK1 format.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>The recent census included 3,365 locally-operated jails, 47 jails that were privately operated under contract for local governments, and 11 facilities maintained by the Federal Bureau of Prisons and functioning as jails. Excluded from the sample were temporary holding facilities, such as drunk tanks and police lockups that do not hold persons after they are charged in court. Also excluded were State-operated facilities in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont, which have combined jail-prison systems.</p>

METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):

The facility universe was developed from the National Justice Agency List and updates of the 1993 National Jail Census. Questionnaires were mailed to facility respondents at the end of June 1999. After extensive followup, all jails (except 6) provided data for critical items: including number of inmates, average daily population, rated capacity, and gender of inmates. Completed forms with data for all items were received for 2,833 jail jurisdictions, resulting in a 92 percent response rate.

DRUG-RELATED VARIABLES:

The census provides the number of jail jurisdictions conducting drug tests on inmates and staff, drug testing policies, the number of tests conducted between July 1, 1998, and June 30, 1999, the number of tests that were positive, the types of staff subject to testing, and the number of staff tested.

OTHER VARIABLES:

Other variables include the number of facilities, the number of inmates/residents, type of facility, inmate deaths, inmate violations, facility capacity, facility function, level of security, facility staffing, per diems paid to other correctional authorities, facility court orders, inmate health, and jail programs.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

The census is a complete enumeration of all jail facilities and provides a description of the number of jurisdictions that provided counseling or special programs in drug dependency, counseling or awareness.

IMPLICATIONS FOR DRUG POLICY:

BJS' prison and jail surveys and censuses were greatly expanded over the past 15 years to collect as much drug-related data as possible; at the present time the survey series are collecting the most drug-related information available.

* See Subject Index on Page 242 for related studies on Demand Reduction: Treatment, High-Risk Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Census of State and Federal Adult Correctional Facilities</p>	<p>FREQUENCY OF DATA COLLECTION: Once every 5 to 6 years</p>
<p>SPONSORING AGENCY(IES): Bureau of Justice Statistics (BJS)</p>	<p>POINT(S) OF CONTACT: James J. Stephan, Statistician Bureau of Justice Statistics 810 Seventh St., N.W. Washington, DC 20531 <i>Telephone No.:</i> (202) 616-3289 <i>Fax No.:</i> (202) 307-1463 <i>e-mail:</i> stephanj@ojp.usdoj.gov</p>
<p>PURPOSE OF THE DATA SET: This census provides descriptive information on State- and Federally- operated adult confinement facilities and community-based adult correctional facilities nationwide. The most recent census (2000) also included Federal facilities.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data are disseminated in written reports, spreadsheet files, and public use files. Public use files are available from the National Archive of Criminal Justice Data (www.icpsr.umich.edu/NACJD/home.html). Written reports that include drug-related information are disseminated to the BJS Drugs and Crime mailing list of 33,000. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (60,000 users) are notified of each release and updates of electronic files. Data are disseminated to policymakers at all levels of Government, the media, researchers, educators, students, and the general public.</p>	
<p>AVAILABLE FORMATS: Public use data are available online through the Internet, and, upon request, on data tapes, CD-ROM (Compact Disc-Read Only Memory), and computer diskettes. Written reports are available from the BJS website (www.ojp.usdoj.gov/bjs) in Acrobat Portable Document Format and ASCII text. Some data are available in spreadsheets in WK1 format.</p>	<p>SAMPLE SIZE OF DATA SET: The most recent census included 1,558 State and 110 Federal correctional facilities.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): The facility universe was developed from the Census of State Adult Correctional Facilities conducted in 1995 and was revised to use the 2000 American Correctional Association Directory and information obtained from State departments of correction and from the</p>	

Federal Bureau of Prisons. Questionnaires were mailed to facility respondents at the end of June 2000. Second request forms were mailed and telephone followups were conducted in the fall, resulting in a final response rate of 100 percent. Facilities were included in the census if they were staffed with State or Federal employees; housed primarily State or Federal prisoners; were physically, functionally, and administratively separate from other facilities; and were operational on the reference date, June 30, 2000.

DRUG-RELATED VARIABLES:

The 2000 census provides the number of inmates or residents in drug dependency, counseling or awareness programs.

OTHER VARIABLES:

Other variables include the number of facilities, the number of inmates/residents, type of facility, incidence of inmate death, inmate violations, facility capacity, facility function, level of security, education programs and work assignments, counseling/special programs, health and safety conditions, including testing for Hepatitis B & C, HIV, and tuberculosis, number of inmates in restricted population units, suicide prevention procedures, facility staffing and boot camps.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

Because the census was completely enumerated, the results were not subject to sampling error.

IMPLICATIONS FOR DRUG POLICY:

BJS's prison and jail surveys and censuses were greatly expanded over the past 15 years to collect as much drug-related data as possible; at the present time the survey are collecting the most drug-related information available. ONDCP may wish to undertake secondary analysis of the extensive drug treatment data that were collected by the census, as drug treatment is one of ONDCP's statistical and research priorities this year.

* See Subject Index on Page 242 for related studies on Demand Reduction: Treatment, High-Risk Populations

** A comprehensive report on The 2000 Census is expected to be published in the winter or 2003.

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Federal Justice Statistics Database</p>	<p>FREQUENCY OF DATA COLLECTION: Annually</p>
<p>SPONSORING AGENCY(IES): Bureau of Justice Statistics (BJS)</p>	<p>POINT(S) OF CONTACT: John Scalia, Jr. Bureau of Justice Statistics 810 Seventh Street, N.W. Washington, DC 20531 <i>Telephone No.:</i> (202) 616-3276 <i>Fax No.:</i> (202) 307-5846 <i>e-mail:</i> scalia@ojp.usdoj.gov</p>
<p>PURPOSE OF THE DATA SET: To describe the Federal criminal justice system from investigation through release from correctional supervision.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data are disseminated in written reports, spreadsheet files, and public use files. Public use files are available from the National Archive of Criminal Justice Data (www.icpsr.umich.edu/NACJD/home.html). Written reports that include drug-related information are disseminated to the BJS Drugs and Crime mailing list of 33,000. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (60,000 users) are notified of each release and updates of electronic files. Data are disseminated to policymakers at all levels of Government, the media, researchers, educators, students, and the general public.</p>	
<p>AVAILABLE FORMATS: Public use data are available online through the Internet, and, upon request, on data tapes, CD-ROM, and computer diskettes. Written reports are available from the BJS website (www.ojp.usdoj.gov/bjs) in Acrobat Portable Document Format and ASCII text. Some data are available in spreadsheets in WK1 format. * Most recent data are reported in the BJS report "Federal Criminal Case Processing, 2001" due in the winter of 2003.</p>	<p>SAMPLE SIZE OF DATA SET: In 2001, U.S. attorneys charged 82,614 defendants in U.S. District Courts; 30,301 for drug offenses.</p>

METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):

The BJS Federal Justice Statistics Database is presently constructed from source files provided by the Executive Office for U.S. Attorneys, U.S. Marshals Service, the Administrative Office of the United States Courts, the U.S. Sentencing Commission and the U.S. Bureau of Prisons. The Administrative Office provide data describing the Federal judiciary's criminal docket (both district court and appellate court), defendants supervised by Federal pretrial services officers, and offenders supervised by Federal probation officers. This data series began in 1984.

DRUG-RELATED VARIABLES:

Processing of Federal drug offenders, including the outcome of investigations (such as whether the person was prosecuted, convicted, or incarcerated); time served in prison; and offense codes permitting the breakdown of drug offenses into distribution/manufacture, importation, possession, and general trafficking categories. This series began in 1984.

OTHER VARIABLES:

The data are available for all offense categories.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

The Federal Justice Statistics Database is unique because it links the separate components of the Federal criminal justice system (e.g., prosecutors, courts, and corrections). Federal cases, however, are a small and unrepresentative proportion of all drug cases because most criminal justice system activity occurs at the State and local levels.

IMPLICATIONS FOR DRUG POLICY:

Because the data set is dependent upon existing criminal justice data systems in other Federal agencies, BJS has no control over the variables that ultimately are available for inclusion in the data set. In recent years, the quality of data describing the type of drug involved in the offense has improved.

* See Subject Index on Page 243 for related studies on Supply Reduction: Consequence Information, Assessments

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Law Enforcement Management and Administrative Statistics (LEMAS)</p>	<p>FREQUENCY OF DATA COLLECTION: Every 3-4 years</p>
<p>SPONSORING AGENCY(IES): Bureau of Justice Statistics (BJS)</p>	<p>POINT(S) OF CONTACT: Brian A. Reaves, Ph.D., Chief Law Enforcement and Pretrial Statistics Bureau of Justice Statistics 810 Seventh St., N.W. Washington, DC 20531 <i>Telephone No.:</i> (202) 616-3287 <i>Fax No.:</i> (202) 307-5846 <i>e-mail:</i> reavesb@ojp.usdoj.gov</p>
<p>PURPOSE OF THE DATA SET: To provide national data on the management and administration of law enforcement agencies</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data are disseminated in written reports, spreadsheet files, and public use files. Public use files are available from the National Archive of Criminal Justice Data (www.icpsr.umich.edu/NACJD/home.html). Written reports that include drug-related information are disseminated to the BJS Drugs and Crime mailing list of 33,000. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (60,000 users) are notified of each release and updates of electronic files. Data are disseminated to policymakers at all levels of Government, the media, researchers, educators, students, and the general public.</p>	
<p>AVAILABLE FORMATS: Public use data are available online through the Internet, and, upon request, on data tapes, CD-ROM (Compact Disc-Read Only Memory), and computer diskettes. Written reports are available from the BJS website (www.ojp.usdoj.gov/bjs) in Acrobat Portable Document Format and ASCII text. Some data are available in spreadsheets in WK1 format.</p>	<p>SAMPLE SIZE OF DATA SET: In 1987, 1990, 1993, 1997, 1999 (special COPS funded survey) and 2000 the LEMAS survey collected data from a nationally representative sample of publicly funded State and local law enforcement agencies. All State and local law enforcement agencies in the United States with 100 or more sworn officers received the full-length LEMAS questionnaire, with the remainder receiving a shorter version. For each year, data are available for approximately 3,000 agencies.</p>

METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):

The sampling frame for the LEMAS survey is the Census of State and Local Law Enforcement Agencies, a census of agencies conducted in 1986, 1992, 1996, and 2000. The non-self-representing agencies were chosen using a stratified random sample with cells based on the type of agency (local police, sheriff, or special police), size of population served, and number of sworn officers. The data are collected by the Bureau of the Census for BJS. Response rates for all LEMAS surveys have exceeded 90%.

DRUG-RELATED VARIABLES:

Drug-related variables include existence of laboratory testing facilities, drug enforcement units, drug education units, the number of officers assigned to special drug units, participation in multijurisdictional task forces, and receipt of assets from asset forfeiture programs.

OTHER VARIABLES:

Other variables include number of personnel, operating expenditures, workload level, primary responsibilities, participation in the 911 system, characteristics of personnel, training requirements, operating budget salaries, equipment, nonlethal weapons, and use of computers.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

It provides nationally representative data, but data are mostly limited to management and administrative matters.

IMPLICATIONS FOR DRUG POLICY:

All available information relevant to drug policy is currently being collected. The survey could be conducted at more frequent intervals.

* See Subject Index on Page 243 for related studies on Supply Reduction: Consequence Information, Assessments

* *Reports "Local Police Departments, 2000" and "Sheriffs Office, 2000" due in Spring 2003.

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: National Corrections Reporting Program (NCRP)</p>	<p>FREQUENCY OF DATA COLLECTION: Annually</p>
<p>SPONSORING AGENCY(IES): Bureau of Justice Statistics (BJS)</p>	<p>POINT(S) OF CONTACT: Timothy A. Hughes Statistician Bureau of Justice Statistics 810 Seventh St., N.W. Washington, DC 20531 <i>Telephone No.:</i> (202) 305-9014 <i>Fax No.:</i> (202) 514-1757 <i>e-mail:</i> hughesti@ojp.usdoj.gov</p>
<p>PURPOSE OF THE DATA SET: To describe prisoners entering and leaving custody or community supervision, including time served.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data are disseminated in written reports, spreadsheet files, and public use files. Public use files are available from the National Archive of Criminal Justice Data (www.icpsr.umich.edu/NACJD/home.html). Written reports that include drug-related information are disseminated to the BJS Drugs and Crime mailing list of 33,000. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (60,000 users) are notified of each release and updates of electronic files. Data are disseminated to policymakers at all levels of Government, the media, researchers, educators, students, and the general public.</p>	
<p>AVAILABLE FORMATS: Public use data are available online through the Internet, and, upon request, on data tapes and CD-ROM (Compact Disc-Read Only Memory). Documentation for using the data sets is available from the National Archive of Criminal Justice Data website in Acrobat Portable Document Format and ASCII text. Some data are available in spreadsheets in WK1 format. There are currently 12 CD-ROMs covering 1983 to 1999 which contain several million records on the movement of offenders into and out of correctional facilities and parole supervision. The CDs are available from the National Archive of Criminal Justice Data (www.icpsr.umich.edu/NACJD/home.html).</p>	<p>SAMPLE SIZE OF DATA SET: In 1999, the most recent year of available data, 37 States and the California Youth Authority reported 472,526 admissions to State prison, 442,480 releases from State prisons, and 197,110 entries to State parole. Twenty-nine States reported 291,500 parole discharges.</p>

METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):

The NCRP collects data on all prison admissions and releases and on parole entries and discharges during each calendar year from participating jurisdictions. Multiple admissions or releases per person during the year have been recorded as separate events. The data are provided to BJS by participating sites on data tape format or in hard copy. The U.S. Bureau of the Census recodes the offense codes into a common format.

DRUG-RELATED VARIABLES:

NCRP contains statistics on prisoners and parolees whose most serious conviction offense was drug trafficking or possession.

OTHER VARIABLES:

Variables include: type of prison admission (i.e., new court commitment or parole revocation); sentence length; credited jail time; demographic characteristics; time served in prison; type of prison release (i.e., discretionary or mandatory); method of parole discharge; and time served on parole.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

The data are not nationally representative. They are representative only of admissions and releases to the State and Federal correctional systems that participate and the inmates admitted or released by these correctional systems. Variations in State practices may restrict some State-by-State comparisons. Calculations of time served are restricted to persons released from prison or parole (i.e., exit cohorts) and may not accurately reflect time to be served by persons those entering prison or parole (i.e., admission cohorts). Beginning in 1999, BJS began collecting an enhanced version of NCRP data from some States to overcome some of these limitations, including a new record type for characteristics of inmates who were incarcerated at yearend. Other new variables include: the type of sentence received (indeterminate, determinate, mandatory minimum, or truth-in-sentencing), length of court-imposed sentence to community supervision, parole hearing eligibility date, projected release date and the mandatory release date. All participating NCRP States are scheduled to be included in the 2001 collection.

IMPLICATIONS FOR DRUG POLICY:

The data may be used to describe the sentences and the length of stay for the first release of convicted drug offenders. With additional funds, the NCRP could be used to track drug offenders over time or to conduct post-release recidivism studies of released drug offenders. The development of a cohort of releasees could provide valuable data on drug use, drug treatment, and criminal involvement of parolees, who are one of the high-risk groups targeted by ONDCP for study this year.

* See Subject Index on Page 243 for related studies on Supply Reduction: Consequence Information, Assessments

** On-line data for 2000 by Summer 2003. CD of data in Fall 2003.

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: National Crime Victimization Survey (NCVS)</p>	<p>FREQUENCY OF DATA COLLECTION: Annually</p>
<p>SPONSORING AGENCY(IES): Bureau of Justice Statistics (BJS)</p>	<p>POINT(S) OF CONTACT: Michael R. Rand, Chief Victimization Statistics Bureau of Justice Statistics 810 Seventh St., N.W. Washington, DC 20531 <i>Telephone No.:</i> (202) 616-3494 <i>Fax No.:</i> (202) 307-1463 <i>e-mail:</i> randm@ojp.usdoj.gov</p>
<p>PURPOSE OF THE DATA SET: To estimate the prevalence of criminal victimization in the United States, including characteristics of victims, offenders, the crime, and reports to police.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data are disseminated in written reports, spreadsheet files, and public use files. Public use files are available from the National Archive of Criminal Justice Data (www.icpsr.umich.edu/NACJD/home.html). Written reports that include drug-related information are disseminated to the BJS Drugs and Crime mailing list of 33,000. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (60,000 users) are notified of each release and updates of electronic files. Data are disseminated to policymakers at all levels of Government, the media, researchers, educators, students, and the general public.</p>	
<p>AVAILABLE FORMATS: Public use data are available online through the Internet, and, upon request, on data tapes, CD-ROM (Compact Disc-Read Only Memory), and computer diskettes. Written reports are available from the BJS website (www.ojp.usdoj.gov/bjs) in Acrobat Portable Document Format and ASCII text. Some data are available in spreadsheets in WK1 format.</p>	<p>SAMPLE SIZE OF DATA SET: In 2001, approximately 159,900 persons in 87,360 households.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Individuals age 12 and older living in units designated for the sample were eligible for interviews. Each housing unit selected for the survey remains in the sample for 3 years, with each of seven interviews taking place at 6-month intervals. An interviewer's first contact with a housing unit selected for the survey is in person, and, if it is not possible to secure face-to-face interviews with all eligible members of the household during this initial visit, interviews are permissible by telephone. All interviews are conducted by telephone whenever possible,</p>	

except for the first interviews, which are still primarily conducted in person. In 2001, approximately 74 percent of interviews were conducted by telephone.

Survey estimates are based on data obtained from a stratified, multistage, cluster sample. The primary sampling units included in the first stage of the sampling were counties, groups of counties, or large metropolitan areas. The remaining stages of sampling were designed to ensure a self-weighting probability sample of dwelling units and group quarters within each selected area. Occupants of about 93 percent of all eligible housing units responded to the survey in 2001.

In addition to the core survey, the NCVS can incorporate periodic supplements to obtain information on various crime-related topics of interest. For 6 months in 1989, the first 6 months in 1995, 1999 and 2001, a School Crime Supplement to the NCVS was conducted. This supplement was administered to individuals ages 12-18 attending schools leading toward high school diplomas. Previous iterations were administered to students, 12-19. Individuals receiving home schooling were not included in the sample.

DRUG-RELATED VARIABLES:

The core NCVS questions ask violent crime victims their perceptions of drug or alcohol use by offenders.

The School Crime Supplement includes questions pertaining to students' knowledge about the difficulty of obtaining different types of drugs at school. It also asks students if they know whether street gangs have been dealt drugs at school.

OTHER VARIABLES:

Other variables include demographic and socioeconomic characteristics of crime victims, time and place of occurrence of the crime, weapon use, injury, self-protective measures, economic costs to victims, victim-offender relationship, and reports to police.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

The NCVS includes both reported and unreported crimes to law enforcement officials, but it excludes homicide, arson, commercial crimes, and crimes against children under age 12.

IMPLICATIONS FOR DRUG POLICY:

Because the survey obtains information only from victims, who may or may not have observed the offender or known the motivation for the crime, the information to explore the relationship between drugs and crime victimization is limited. We could learn much more about drug use and about the relationship between drug use and (the user's) victimization if we conducted a supplemental survey to the NCVS, adding questions on illegal drug and alcohol use by victims and nonvictims. Ideally this would be part of an outgoing rotation panel(s) so as to not contaminate the regular survey. Alternatively, if we coordinated the sample to take the Substance Abuse and Mental Health Services Administration household survey and the victimization survey and cross-analyzed the two data sets, more could be learned about this topic.

* See Subject Index on Page 243 for related studies on Supply Reduction: Consequence Information, General Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: National Judicial Reporting Program (NJRP)</p>	<p>FREQUENCY OF DATA COLLECTION: Once every 2 years</p>
<p>SPONSORING AGENCY(IES): Bureau of Justice Statistics (BJS)</p>	<p>POINT(S) OF CONTACT: Matthew R. Durose, Statistician Bureau of Justice Statistics 810 Seventh St., N.W. Washington, DC 20531 <i>Telephone No.:</i> (202) 307-6119 <i>Fax No.:</i> (202) 514-1757 <i>e-mail:</i> durosem@ojp.usdoj.gov</p>
<p>PURPOSE OF THE DATA SET: To provide information on felony convictions and sentences in State courts nationwide.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data are disseminated in written reports, spreadsheet files, and public use files. Public use files are available from the National Archive of Criminal Justice Data (www.icpsr.umich.edu/NACJD/home.html). Written reports that include drug-related information are disseminated to the BJS Drugs and Crime mailing list of 33,000. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (60,000 users) are notified of each release and updates of electronic files. Data are disseminated to policymakers at all levels of Government, the media, researchers, educators, students, and the general public.</p>	
<p>AVAILABLE FORMATS: Public use data are available online through the Internet, and, upon request, on data tapes, CD-ROM (Compact Disc-Read Only Memory), and computer diskettes. Written reports are available from the BJS website (www.ojp.usdoj.gov/bjs) in Acrobat Portable Document Format and ASCII text. Some data are available in spreadsheets in WK1 format.</p>	<p>SAMPLE SIZE OF DATA SET: 344 counties and 446,682 felony cases.</p>

METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):

The survey used a two-stage, stratified cluster sampling design. In the first stage, the Nation's 3,195 counties or county equivalents were divided into 14 strata. At the second stage of sampling, a systematic sample of felons was selected from each county's official records, totaling 446,682 cases. State courts were the source of NJRP data for about 61 percent of the 344 counties sampled. For other counties, sources included prosecutors' offices, sentencing commissions, and statistical agencies. NJRP records on individuals were obtained through a variety of collection methods, including electronically (from 88 percent of the counties) and manually (12 percent).

DRUG-RELATED VARIABLES:

Included were the number of felony convictions in State courts for drug offenses.

OTHER VARIABLES:

Other variables are demographic information and information about the conviction and the sentence (including type of sentence, sentence length, and estimated time to be served, method of conviction, and case processing time).

STRENGTHS AND LIMITATIONS OF THE DATA SET:

The data set is limited to information on cases that result in a felony conviction. Because most drug possession cases are ruled as misdemeanors, the series does not cover all judicial activity regarding drug cases.

IMPLICATIONS FOR DRUG POLICY:

At vastly increased cost, the survey could be conducted annually, expanded to include selected misdemeanor cases (including drug cases), and modified to separately examine cocaine cases and crack cocaine cases.

* See Subject Index on Page 243 for related studies on Supply Reduction: Consequence Information, Assessments

** Report "Felony Sentences in State Courts, 2000" is due in Winter 2003. Tables, "State Court Sentencing of Convicted Felons, 2000" in Winter 2003. NJRP 2000 data expected to go to ICPSR (Michigan) in Spring 2003.

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: National Survey of Prosecutors (NSP)</p>	<p>FREQUENCY OF DATA COLLECTION: Once every 2 years (since 1990)</p>
<p>SPONSORING AGENCY(IES): Bureau of Justice Statistics (BJS)</p>	<p>POINT(S) OF CONTACT: Steven K. Smith, Ph.D., Chief Law Enforcement, Adjudication, and Federal Statistics Bureau of Justice Statistics 810 Seventh St., N.W. Washington, DC 20531 <i>Telephone No.:</i> (202) 616-3485 <i>Fax No.:</i> (202) 307-5846 <i>e-mail:</i> smithste@ojp.usdoj.gov</p>
<p>PURPOSE OF THE DATA SET: To provide information about the characteristics, staffing, workload, and operations of local prosecutors' offices.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data are disseminated in written reports, spreadsheet files, and public use files. Public use files are available from the National Archive of Criminal Justice Data (www.icpsr.umich.edu/NACJD/home.html). Written reports that include drug-related information are disseminated to the BJS Drugs and Crime mailing list of 33,000. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (60,000 users) are notified of each release and updates of electronic files. Data are disseminated to policymakers at all levels of Government, the media, researchers, educators, students, and the general public.</p>	
<p>AVAILABLE FORMATS: Public use data are available online through the Internet, and, upon request, on data tapes, CD-ROM (Compact Disc-Read Only Memory), and computer diskettes. Written reports are available from the BJS website (www.ojp.usdoj.gov/bjs) in Acrobat Portable Document Format and ASCII text. Some data are available in spreadsheets in WK1 format. Most recent data are in the BJS report "Prosecutors in State Courts, 2001" published in May 2002.</p>	<p>SAMPLE SIZE OF DATA SET: In 2001 a complete census of state court prosecutors was conducted among the 2,341 state court prosecutor offices.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Questionnaires were mailed to 290 prosecutors' offices in 1990 and 1992, and 308 prosecutors' offices in 1994 and 1996. The overall response rate in 1996 was 88%; in 1994 was nearly 90 percent; in 1992, 90.3 percent; and in 1990, only one office refused to</p>	

participate. In 2001 questionnaires were sent to 2,341 offices with a return rate of 96%.

DRUG-RELATED VARIABLES:

In the 1992 data, drug-related variables include drug testing of staff, existence of specialized narcotics units in the office, and office participation in multijurisdictional narcotics task forces. Additional data in the 1994 data set are the presence of a drug court, cross-designation of Federal prosecutors and local prosecution of drug cases in Federal court, the use of drug rehabilitation as a sanction, juvenile cases transferred from juvenile court to adult criminal court, organized by type of offense (including drugs), and whether the office is involved with community-based drug abuse programs, organized by program type (e.g., treatment, prevention, education). 2001 data does not include drug-related variables.

OTHER VARIABLES:

Other variables include types of felony cases handled, types of evidence used in trials, types of problem cases (e.g., threats against victims and witnesses), threats and assaults on staff, security measures used in the office (including staff carrying firearms), staffing, workload size, budget, types of juvenile matters handled, computerization, and community activities.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

It provides nationally representative data, but the data are mostly limited to management and administrative matters. Much remains to be known about the prosecution of drug cases across the country.

IMPLICATIONS FOR DRUG POLICY:

Only restructuring this data collection series could allow information to be collected on the case processing of drug cases—from case initiation to final disposition. This would allow an examination of early diversion of minor drug cases, for example, and their ultimate outcomes.

* See Subject Index on Page 243 for related studies on Supply Reduction: Consequence Information, Assessments

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: State Court Processing Statistics</p>	<p>FREQUENCY OF DATA COLLECTION: Every 2 years, since 1988</p>
<p>SPONSORING AGENCY(IES): Bureau of Justice Statistics (BJS)</p>	<p>POINT(S) OF CONTACT: Brian A. Reaves, Ph.D., Chief Law Enforcement and Pretrial Statistics Bureau of Justice Statistics 810 Seventh St., N.W. Washington, DC 20531 <i>Telephone No.:</i> (202) 616-3287 <i>Fax No.:</i> (202) 307-5846 <i>e-mail:</i> reavesb@ojp.usdoj.gov</p>
<p>PURPOSE OF THE DATA SET: To provide detailed information about the criminal history, pretrial processing, adjudication, and sentencing of felony defendants in State courts.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data are disseminated in written reports, spreadsheet files, and public use files. Public use files are available from the National Archive of Criminal Justice Data (www.icpsr.umich.edu/NACJD/home.html). Written reports that include drug-related information are disseminated to the BJS Drugs and Crime mailing list of 33,000. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (60,000 users) are notified of each release and updates of electronic files. Data are disseminated to policymakers at all levels of Government, the media, researchers, educators, students, and the general public.</p>	
<p>AVAILABLE FORMATS: Public use data are available online through the Internet, and, upon request, on data tapes, CD-ROM (Compact Disc-Read Only Memory), and computer diskettes. Written reports are available from the BJS website (www.ojp.usdoj.gov/bjs) in Acrobat Portable Document Format and ASCII text. Some data are available in spreadsheets in WK1 format.</p>	<p>SAMPLE SIZE OF DATA SET: The SCPS tracks approximately 15,000 felony cases filed during May in 40 of the Nation's 75 largest jurisdictions.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): The sample is a two-stage stratified sample: 40 of the 75 most populous counties are selected at the first stage, and a systematic sample of State court felony filings (defendants)</p>	

within each county is selected at the second stage. The participating jurisdictions provided data for every felony case filed on selected days during that month. Depending on its first-stage stratum, each jurisdiction provided data for 1, 2, or 4 weeks' worth of filings during the month of May.

DRUG-RELATED VARIABLES:

Data were collected for defendants charged with felony drug offenses.

OTHER VARIABLES:

Other variables included defended characteristics, type of pretrial release or detention, bail amount, criminal justice status at the time of arrest, court appearance history, prior arrest and conviction record, failure to appear, pretrial rearrest, adjudication outcome, and sentencing outcome.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

The data set is representative of the Nation's 75 most populous counties, which in 1998 accounted for about 37 percent of the U.S. population, 50% of all serious violent crimes and 45% of all serious property crimes reported to law enforcement agencies, and 40% of all felony convictions.

IMPLICATIONS FOR DRUG POLICY:

As discussed in questions above, this data set provides data on pretrial processing and outcomes for drug offenders compared with other offenders. Collecting additional drug-related variables or in-depth analysis of existing drug-related data using this methodology does not appear possible.

* Report "Felony Defendants in Large Urban Counties, 2000" in Spring 2003.

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Survey of Adults on Probation</p>	<p>FREQUENCY OF DATA COLLECTION: Conducted for first time in 1995. (Possibly will be collected in 2003, with the addition of State parolees.)</p>
<p>SPONSORING AGENCY(IES): Bureau of Justice Statistics (BJS)</p>	<p>POINT(S) OF CONTACT: Allen J. Beck, Ph.D., Chief Corrections Statistics Bureau of Justice Statistics 810 Seventh St., N.W. Washington, DC 20531 <i>Telephone No.:</i> (202) 616-3277 <i>Fax No.:</i> (202) 307-0128 <i>e-mail:</i> becka@ojp.usdoj.gov</p>
<p>PURPOSE OF THE DATA SET: To describe characteristics of adults on probation.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data are disseminated in written reports, spreadsheet files, and public use files. Public use files are available from the National Archive of Criminal Justice Data (www.icpsr.umich.edu/NACJD/home.html). Written reports that include drug-related information are disseminated to the BJS Drugs and Crime mailing list of 33,000. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (60,000 users) are notified of each release and updates of electronic files. Data are disseminated to policymakers at all levels of Government, the media, researchers, educators, students, and the general public.</p>	
<p>AVAILABLE FORMATS: Public use data are available online through the Internet, and, upon request, on data tapes, CD-ROM (Compact Disc-Read Only Memory), and computer diskettes. Written reports are available from the BJS website (www.ojp.usdoj.gov/bjs) in Acrobat Portable Document Format and ASCII text. Some data are available in spreadsheets in WK1 format.</p>	<p>SAMPLE SIZE OF DATA SET: The data set contained two samples: a records-check sample, in which 5,867 probationers in 167 State and local adult probation offices were selected for administrative records checks, and a personal interview sample, in which approximately 2,030 adult probationers in 101 offices were interviewed.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): The sample for the 1995 survey was selected from a universe of more than 2,500 State and local probation offices that were enumerated in the 1991 Census of Probation and Parole Agencies. The sample design for the records check sample was a stratified two-stage selection. In the first stage, adult probation offices were separated into four sampling frames: one for State-level executive branch offices; one for State-level judicial branch offices; one for</p>	

local-level executive branch offices; and one for local-level judicial branch offices. Within each frame, offices were stratified into four strata defined by census region (i.e., Northeast, Midwest, South, and West). Offices were then selected with probabilities proportionate to size. In the second stage, interviewers systematically selected a sample of adults on probation using predetermined procedures.

DRUG-RELATED VARIABLES:

Variables include alcohol and drug-use history, self-reports on prior criminal activity, demographic data, drug treatment, drug testing, family background, gang membership, drug-related crime, weapon use, and needle sharing.

OTHER VARIABLES:

The drug-related variables will be reported for all offense categories. Other variables include citizenship, HIV infection status, alcohol use, current or past treatment, conditions of sentences, and the nature of current supervision.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

The data set provides national-level estimates of drug use and treatment of adults on probation. Data collection was completed in 1995, but with substantial increase in funds, the collection could be repeated every 5 years. Additional funds also would be required to expand the interview sample in order to obtain more precise estimates.

IMPLICATIONS FOR DRUG POLICY:

This is BJS' only survey on drug use for a nonincarcerated population. We expect it to be particularly useful because more than one-half of persons under correctional supervision are on probation. ONDCP may be particularly interested because drug use among the high-risk population of probationers is one of its analytic priorities and ONDCP may wish to design and fund an analytic program that would fully mine this rich data source.

* See Subject Index on Page 242 for related studies on Demand Reduction: Treatment, High-Risk Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Survey of Inmates in Local Jails</p>	<p>FREQUENCY OF DATA COLLECTION: Approximately once every 5 years</p>
<p>SPONSORING AGENCY(IES): Bureau of Justice Statistics (BJS)</p>	<p>POINT(S) OF CONTACT: Doris James Wilson, Statistician Bureau of Justice Statistics 810 Seventh St., N.W. Washington, DC 20531 <i>Telephone No.:</i> (202) 616-3625 <i>Fax No.:</i> (202) 514-1757 <i>e-mail:</i> wilsond@ojp.usdoj.gov</p>
<p>PURPOSE OF THE DATA SET: To describe the characteristics of inmates in local jails.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data are disseminated in written reports, spreadsheet files, and public use files. Public use files are available from the National Archive of Criminal Justice Data (www.icpsr.umich.edu/NACJD/home.html). Written reports that include drug-related information are disseminated to the BJS Drugs and Crime mailing list of 33,000. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (60,000 users) are notified of each release and updates of electronic files. Data are disseminated to policymakers at all levels of Government, the media, researchers, educators, students, and the general public.</p>	
<p>AVAILABLE FORMATS: Public use data will be available online through the Internet, and, upon request, on data tapes, and CD-ROM (Compact Disc-Read Only Memory). Written reports are available from the BJS website (www.ojp.usdoj.gov/bjs) in Acrobat Portable Document Format and ASCII text. Some data will be available in spreadsheets in WK1 format.</p>	<p>SAMPLE SIZE OF DATA SET: For the 2002 survey, 7,600 jail inmates from 462 local jails.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Data were collected through personal interviews conducted from January 2002 through March 2002. The sample for the 2002 survey was selected from 3,365 jails enumerated in the 1999 Census of Jails. The sample design was a stratified two-stage selection. In the first stage, six strata were formed based on the size of the male and female inmate populations. In two strata, all jails were selected; in the remaining four strata, a systematic sample of jails was selected proportional to the population size of each jail. In the second stage, interviewers visited each selected facility and systematically selected a sample of male and female inmates using predetermined procedures. Depending upon stratum, gender and age (adult or juvenile), between 1 of every 6 and 1 of every 92 inmates were selected.</p>	

<p>DRUG-RELATED VARIABLES:</p> <p>Variables include drug and alcohol use and dependency, criminal history, current offense, sentence length, health care, demographic characteristics, socioeconomic characteristics, parental abuse of drugs or alcohol, onset of drug use, drug use and childhood living arrangements, prior physical or sexual abuse, drug-related crime, and drug treatment.</p>	<p>OTHER VARIABLES:</p> <p>Other variables included in the survey were pre-arrest employment, military service, marital status, HIV infection status, medical conditions, mental health and treatment.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>The data set provides national-level estimates of drug use and treatment of inmates in local jails. The survey questionnaire was revised to incorporate alcohol and drug use screens that could generate abuse and dependence diagnoses based on the DSM-IV criteria. The new alcohol and drug screens are also part of the National Epidemiological Survey on Alcoholism and Related Conditions, sponsored by NIAAA, which will permit comparisons between jail inmates and the general population. New questions were added to improve our measurement of the prevalence of mental health conditions among jail inmates, which would provide better estimates of co-occurring substance abuse and mental health disorder.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>BJS' prison and jail surveys and censuses were greatly expanded over the past 15 years to collect as much drug-related data as possible; at the present time the surveys are collecting the most drug-related information available. Inmate interviews provide data on the proximity of the crime incident to place of drug use, thresholds for earlier criminal behavior or drug-using behavior, and gateways to alcohol and drugs. Conducted about every 5 years since 1983, BJS jail inmate surveys have been the only source of national estimates on drug use and crime among this correctional population. Findings from the 1996 Survey of Inmates in Local Jails were made available to the policy makers, researchers, and the public in several BJS publications, including: <i>Correctional Populations in the United States, 1996</i> (NCJ 170013), <i>Drug Use, Testing and Treatment in Jails</i> (NCJ 179999), <i>DWI Offenders Under Correctional Supervision</i> (NCJ 172212), <i>HIV in Prisons and Jails, 1995</i> (NCJ 164260), <i>Mental Health and Treatment of Inmates and Probationers</i> (NCJ 174463), <i>Prior Abuse Reported by Inmates and Probationers</i> (NCJ 172879), <i>Prison and Jail Inmates at Midyear 1999</i> (NCJ 181643), <i>Profile of Jail Inmates, 1996</i> (NCJ 164620), <i>Veterans in Prison or Jail</i> (NCJ 178888), and <i>Women Offenders</i> (NCJ 175688).</p>	

* See Subject Index on Page 241 for related studies on Demand Reduction: Prevalence, High-Risk Populations

* * Reports – “Profiles of Jail Inmates, 2002” – Spring 2003 and “Substance Abuse and Treatment in Local Jails, 2002” – Fall 2003

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Survey of Inmates in State and Federal Correctional Facilities</p>	<p>FREQUENCY OF DATA COLLECTION: Approximately once every 5 years</p>
<p>SPONSORING AGENCY(IES): Bureau of Justice Statistics (BJS)</p>	<p>POINT(S) OF CONTACT: Allen J. Beck, Ph.D., Statistician Bureau of Justice Statistics 810 Seventh St., N.W. Washington, DC 20531 <i>Telephone No.:</i> (202) 616-3277 <i>Fax No.:</i> (202) 307-0128 <i>e-mail:</i> becka@ojp.usdoj.gov</p>
<p>PURPOSE OF THE DATA SET: To describe characteristics of State and Federal prison inmates.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data are disseminated in written reports, spreadsheet files, and public use files. Public use files are available from the National Archive of Criminal Justice Data (www.icpsr.umich.edu/NACJD/home.html). Written reports that include drug-related information are disseminated to the BJS Drugs and Crime mailing list of 33,000. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (60,000 users) are notified of each release and updates of electronic files. Data are disseminated to policymakers at all levels of Government, the media, researchers, educators, students, and the general public.</p>	
<p>AVAILABLE FORMATS: Public use data are available online through the Internet, and, upon request, on data tapes, CD-ROM (Compact Disc-Read Only Memory), and computer diskettes. Written reports are available from the BJS website (www.ojp.usdoj.gov/bjs) in Acrobat Portable Document Format and ASCII text. Some data are available in spreadsheets in WK1 format.</p>	<p>SAMPLE SIZE OF DATA SET: For the 1997 survey, 14,285 inmates from 275 State prisons and 4,041 inmates in 40 Federal facilities. For the 2002 survey, approximately 13,500 inmates in 290 State prisons and 4,000 inmates in 40 Federal prisons.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): The sample for the 1997 State survey was selected from 1,409 State prisons that were enumerated in the 1995 Census of State and Federal Adult Correctional Facilities or had opened between the census' completion and June 30, 1996. The sample for the Federal survey was selected from a universe of 127 federally owned and operated facilities holding sentenced inmates on June 30, 1996. The sample design for both surveys was a stratified two-stage selection; first selecting prisons, and second, selecting inmates in sampled prisons. The overall response rate was 93.7% for the State survey and 90.2% for the Federal survey. The next Survey of Inmates in State and Federal Correctional Facilities is</p>	

being planned for 2003. The sample design will be a stratified two-stage design, like that used in the 1997 Survey.

DRUG-RELATED VARIABLES:

Includes use of drugs and alcohol, self-reports on criminal activity, demographic data, drug treatment, drug testing, victim's use of drugs or alcohol, family background, drug-related crime, use of weapons, and needle sharing. The 2003 surveys will include new measures of drug addiction and indicators of need for treatment.

OTHER VARIABLES:

The drug-related variables are reported for all offense categories. Other variables include citizenship, parents in prison, victim characteristics, victim-offender relationships, injury to victims, HIV infection status, participation in prison programs, and security level of the prison.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

The data set provides national-level estimates of drug use and treatment of inmates in State prisons.

IMPLICATIONS FOR DRUG POLICY:

BJS' prison and jail surveys and censuses were greatly expanded during the past 15 years to collect as much drug-related data as possible. Upcoming surveys will collect the most drug-related information available. Inmate interviews provide data on the types and amounts of drugs involved in current drug offenses, thresholds of earlier criminal behavior or drug-using behavior, and gateways to alcohol and drugs use. BJS made extensive use the 1997 survey data in the following publications: *Substance Abuse and Treatment, State and Federal Prisoners, 1997, Mental Health and Treatment of Inmates and Probationers, Women Offenders, Veterans in Prison and Jail, Incarcerated Parents and Their Children, and Prior Abuse Reported by Inmates and Probationers.*

* See Subject Index on Page 241 for related studies on Demand Reduction: Prevalence, High-Risk Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Justice Expenditure and Employment Statistics</p>	<p>FREQUENCY OF DATA COLLECTION: Annually from 1971–79; 1985; 1988; 1990; 1997</p>
<p>SPONSORING AGENCY(IES): Bureau of Justice Statistics (BJS)</p>	<p>POINT(S) OF CONTACT: Steven K. Smith, Ph.D., Chief Bureau of Justice Statistics 810 Seventh St., N.W. Washington, DC 20531 <i>Telephone No.:</i> (202) 616-3485 <i>Fax No.:</i> (202) 307-5846 <i>e-mail:</i> smithste@ojp.usdoj.gov</p>
<p>PURPOSE OF THE DATA SET: The surveys provide basic information about the financing and staffing of the criminal justice system at all levels of government for the separate criminal justice sectors of police protection, prosecution and legal services, judicial, public defense, corrections, and a residual “other” category. It provides the variable pass-through data required for the allocation of State grants under the BJA Bryne Memorial formula grant program.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data are disseminated in written reports, spreadsheet files, and public use files. Public use files are available from the National Archive of Criminal Justice Data (www.icpsr.umich.edu/NACJD/home.html). Written reports that include drug-related information are disseminated to the BJS Drugs and Crime mailing list of 33,000. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (60,000 users) are notified of each release and updates of electronic files. Data are disseminated to policymakers at all levels of Government, the media, researchers, educators, students, and the general public.</p>	
<p>AVAILABLE FORMATS: Public use data are available online through the Internet, and, upon request, on data tapes, CD-ROM (Compact Disc-Read Only Memory), and computer diskettes. Written reports are available from the BJS website (www.ojp.usdoj.gov/bjs) in Acrobat Portable Document Format and ASCII text. Some data are available in spreadsheets in WK1 format.</p>	<p>SAMPLE SIZE OF DATA SET: The most recent census (1997) included information from all State governments and a total of 39,044 local governments (i.e., 3,043 county governments, 19,372 municipalities, and 16,629 townships).</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): The census was accomplished using two methods of data collection: field compilation and mail canvassing. Trained field representatives compiled expenditure and employment data from the governments' own records for all States, Counties, and Municipalities.</p>	

<p>DRUG-RELATED VARIABLES:</p> <p>No drug-related variables are included in these data sets.</p>	<p>OTHER VARIABLES:</p> <p>Included were basic criminal justice expenditure by type of function and character and object (e.g., direct current, capital outlay, intergovernmental, and employment information by full-time equivalent, full-time only, part-time, and October payroll).</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>The survey is based on the Census of Governments conducted by the U.S. Census Bureau in 1997. The totals do not contain fringe benefits data because they cannot be consistently collected for all governments.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>See above drug-related variable discussion.</p>	

Most recent data in BJS reports: "Justice Variables Pass through Data, 1997" from November 2001

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Survey of Youth in Custody, 1987</p>	<p>FREQUENCY OF DATA COLLECTION: 1987; the Office of Juvenile Justice and Delinquency Prevention plans fiscal 1998 funding to support methodological development for a new survey in the future.</p>
<p>SPONSORING AGENCY(IES): 1987: Bureau of Justice Statistics (BJS) Subsequent: Office of Juvenile Justice and Delinquency Prevention (OJJDP)</p>	<p>POINT(S) OF CONTACT: Allen J. Beck, Ph.D., Chief Corrections Statistics Bureau of Justice Statistics 810 Seventh St., N.W. Washington, DC 20531 <i>Telephone No.:</i> (202) 616-3277 <i>Fax No.:</i> (202) 307-0128 <i>e-mail:</i> becka@ojp.usdoj.gov</p> <p>Joseph Moone Office of Juvenile Justice and Delinquency Prevention 810 Seventh St., N.W. Washington, DC 20531 <i>Telephone No.:</i> (202) 616-3643 <i>Fax No.:</i> (202) 307-2819 <i>e-mail:</i> moone@ojp.usdoj.gov</p>
<p>PURPOSE OF THE DATA SET: To describe the characteristics of juveniles and young adults in long-term, State-operated correctional institutions.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data are disseminated in written reports, spreadsheet files, and public use files. Public use files are available from the National Archive of Criminal Justice Data (www.icpsr.umich.edu/NACJD/home.html). Written reports that include drug-related information are disseminated to the BJS Drugs and Crime mailing list of 33,000. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (60,000 users) are notified of each release and updates of electronic files. Data are disseminated to policymakers at all levels of Government, the media, researchers, educators, students, and the general public.</p>	
<p>AVAILABLE FORMATS: Public use data are available online through the Internet, and, upon request, on data tapes, CD-ROM (Compact Disc-Read Only Memory), and computer diskettes. Written reports are available from the BJS website (www.ojp.usdoj.gov/bjs) in</p>	<p>SAMPLE SIZE OF DATA SET: 1987 interviews were conducted with 2,621 juveniles and young adults in 50 facilities in 26 States.</p>

<p>Acrobat Portable Document Format and ASCII text. Some data are available in spreadsheets in WK1 format.</p>	
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):</p> <p>The 1987 sample design was a stratified sample based on the size of the correctional facility. Long-term and State-operated facilities with institutional environments were included in the sampling frame. Excluded from the survey were locally operated institutions, State facilities not designed for secure custody, and all short-term or privately-operated facilities and institutions. The sample resulted in interviews of 1-in-4 long-term, State-operated institutions and approximately 1-in-10 residents nationwide. The overall response rate was 89 percent.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>1987 data included use of drugs and alcohol, age at first use, frequency of use, and drug-related crime.</p>	<p>OTHER VARIABLES:</p> <p>Most of the 1987 drug-related variables are reported for all offense categories. 1987 data also include self-reports on criminal history and demographic data.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>The 1987 data set provides national-level estimates of drug use and criminal activity among juveniles and young adults in long-term, State-operated correctional institutions. It does not include data on juveniles housed in less-restrictive facilities. It is a national sample and can provide no State-level or local data. The BJS data are now 11 years old. Comparability of 1987 data and data planned for collection by OJJDP is unknown.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>BJS's prison and jail surveys (which served as a model for the 1987 youth in custody survey) were greatly expanded over the past 2 decades to collect as much drug-related data as possible; at present the series are collecting the maximum amount of drug-related information available. Data collected on youth in 1987 (or possibly in a future survey) can provide data on the proximity of the crime incident to drug use, whether criminal behavior or drug-using behavior commenced earlier, and gateway issues of alcohol and drugs, but OJJDP plans to include such drug-related data are unknown.</p>	

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Recidivism of Prisoners Released in 1994</p>	<p>FREQUENCY OF DATA COLLECTION: One-time</p>
<p>SPONSORING AGENCY(IES): Bureau of Justice Statistics (BJS)</p>	<p>POINT(S) OF CONTACT: Patrick A. Langan, Ph.D., Statistician Bureau of Justice Statistics 810 Seventh St., N.W. Washington, DC 20531 Telephone No.: (202) 616-3490 Fax No.: (202) 307-0128 <i>e-mail:</i> langanp@ojp.usdoj.gov</p>
<p>PURPOSE OF THE DATA SET: Document recidivism among State prisoners released in 1994.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data are disseminated in written reports, spreadsheet files, and public use files. Public use files are available from the National Archive of Criminal Justice Data (www.icpsr.umich.edu/NACJD/home.html). Written reports that include drug-related information are disseminated to the BJS Drugs and Crime mailing list of about 18,000. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (6,000 users) are notified of each release and updates of electronic files. Data are disseminated to policymakers at all levels of Government, the media, researchers, educators, students, and the general public.</p>	
<p>AVAILABLE FORMATS: Public use data are available online through the Internet, and, upon request, on data tapes, CD-ROM (Compact Disc-Read Only Memory), and computer diskettes. Written reports are available from the BJS website (www.ojp.usdoj.gov/bjs) in Acrobat Portable Document Format and ASCII text. Some data are available in spreadsheets in WK1 format.</p>	<p>SAMPLE SIZE OF DATA SET: 38,622 released prisoners in 1994</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Sample drawn from Department of Corrections' records in 15 States. Prisoners tracked for 3 years following their release from prison in 1994. Recidivism based on State criminal history records and FBI criminal history records. Results correspond to what other recidivism studies show.</p>	
<p>DRUG-RELATED VARIABLES: Arrest offense and conviction offense</p>	<p>OTHER VARIABLES: Age, race, and sex of released prisoners</p>

STRENGTHS AND LIMITATIONS OF THE DATA SET:

The data set is the closest that exists to a study that is national in scope. The data set is limited to only released prisoners.

IMPLICATIONS FOR DRUG POLICY:

Establishes a baseline against which reforms in treatment provisions for prisoners can be measured.

* See Subject Index on Page 242 for related studies on Demand Reduction: Evaluation, High-Risk Populations

Federal Data Set Inventory Form

TITLE OF DATA SET: EPIC Internal Data Base	FREQUENCY OF DATA COLLECTION: Continuous
SPONSORING AGENCY(IES): DEA, FBI, INS, ATF, USBP, USCS, TSA (FAA), USCG, USSS, DOI	POINT(S) OF CONTACT: James S. Mavromatis Director 11339 SSG Sims St El Paso, TX 79909 <i>Telephone: (915) 760-2000</i> <i>Fax: (915) 760-2677</i>
PURPOSE OF THE DATA SET: Tactical and Strategic intelligence gathering for real-time and ultimate response to Federal, State, and local law enforcement.	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: Dissemination through fax, phone, secure message transmissions (teletype), ADNET, and LEO sensitive reports to Federal, State, and local law enforcement.	
AVAILABLE FORMATS: Electronic (NT Server) and reports on paper not available to general public because of security classification.	SAMPLE SIZE OF DATA SET: Data Collection for the past 25 years, worldwide, on a 24 hr/7 day basis.
METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Data reports are generated by all forms of written and voice electronic communication from all Federal, State, and local, domestic and foreign law enforcement agencies and personnel, checked for quality assurance and entered into the EID. Data is collected on seizures of all illegal drugs, domestic and foreign, smuggling routes and methods.	
DRUG-RELATED VARIABLES: Hidden compartments, tunnels, and other method of concealment.	OTHER VARIABLES:
STRENGTHS AND LIMITATIONS OF THE DATA SET: <u>Strengths:</u> Unique centralized database of all illegal drug seizures, suspects, concealment's, smuggling methods and routes of (mostly) domestic and foreign origin. <u>Limitations:</u> Drug seizures under preset threshold amounts are generally not included.	
IMPLICATIONS FOR DRUG POLICY:	

* See Subject Index on Page 243 for related studies on Supply Reduction: Availability Information

**CENTERS FOR DISEASE CONTROL AND PREVENTION
(CDC)**

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Business Responds to AIDS Benchmark Survey</p>	<p>FREQUENCY OF DATA COLLECTION: Baseline 1995; repeat in 1998-2000 as resources permit</p>
<p>SPONSORING AGENCY(IES): Centers for Disease Control and Prevention</p>	<p>POINT(S) OF CONTACT: Barbara Benson DCPC/CDC MS K-57 Atlanta, GA 30333 <i>Telephone:</i> (404) 639-5213 <i>Fax:</i> (404) 639-5260 <i>Email:</i> bbenson@cdc.gov</p>
<p>PURPOSE OF THE DATA SET: To monitor worksite policies and practices related to HIV/AIDS and compare them with a selected number of other health issues.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Through scientific conferences and publications.</p>	
<p>AVAILABLE FORMATS: The data is not yet available for public use.</p>	<p>SAMPLE SIZE OF DATA SET: Data was obtained from a sample of 2,252 worksites across the country.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Stratified random sample of 2,252 worksites representing 6 industrial classification and 5 size strata. Computer-assisted telephone interviews of directors of health promotion or human resources with a 78 percent response rate. Data weighted to represent all U.S. worksites with 15 or more employees.</p>	
<p>DRUG-RELATED VARIABLES: Drug and alcohol use policies and drug and alcohol education at the worksite; illegal drug testing of job applicants.</p>	<p>OTHER VARIABLES: Most of the variables focused on AIDS policies and practices, with several other issues (e.g., cancer, worker safety and health, nutrition, physical activity, etc.).</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET: Strengths: There is a wide range of information collected on a variety of health promotion topics but particularly detailed information on AIDS-related practices and policies. The design mimicked ODPNP's 1992 Worksite Survey to allow some comparisons. Limitations: There is limited detailed information available on other health issues. Limited comparison to 1992 data possible.</p>	

IMPLICATIONS FOR DRUG POLICY:

Data will be useful in tracking changes in alcohol and drug policies and practices at the worksite.

* See Subject Index on Page 242 for related studies on Demand Reduction: Evaluation, High-Risk Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: 1991 National Health Interview Survey of Drug and Alcohol Use (NHIS-DAU)</p>	<p>FREQUENCY OF DATA COLLECTION: A one-time survey (1991)</p>
<p>SPONSORING AGENCY(IES): National Center for Health Statistics (NCHS), Division of Health Interview Statistics, Centers for Disease Control and Prevention, in collaboration with the Substance Abuse and Mental Health Services Administration (formerly with the National Institute on Drug Abuse)</p>	<p>POINT(S) OF CONTACT: Jane Gentleman Division of Health Interview Statistics National Center for Health Statistics Presidential Bldg., Rm. 850 6525 Belcrest Rd. Hyattsville, MD 20782 <i>Telephone:</i> 301-458-4001 <i>Fax:</i> 301-458-4035</p>
<p>PURPOSE OF THE DATA SET: The primary purpose of the NHIS-DAU was to collect data to study relationships between drug use and the various health status indicators provided by the National Health Interview Survey. Although the DAU was not intended to provide estimates of the prevalence of drug use, such estimates can be produced from the data.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data tapes and documentation are available upon written request to the Division of Health Interview Statistics, NCHS, Presidential Building, Rm. 850, 6525 Belcrest Rd., Hyattsville, MD 20782. Additional information is available upon request.</p>	
<p>AVAILABLE FORMATS: Data are available in flat files. Tapes are available at 1600 bytes per inch (BPI), 6250 BPI, or on magnetic cartridge format.</p>	<p>SAMPLE SIZE OF DATA SET: The 1991 NHIS sample encompassed complete interview for the basic health questionnaire of 46,761 households. The NHIS-DAU questionnaire was completed by 21,174 persons ages 18-44. The sample for the DAU was a subset of the sample selected for the 1991 NHIS special topic questionnaire on Health Promotion and Disease Prevention (HPDP). Within each NHIS sample household, one adult age 18 or older was randomly selected to be interviewed for several special topic questionnaires, including HPDP and DAU. If the sample person was in the age range of 18-44, he or she was given the DAU to complete.</p>

METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):

The NHIS is a cross-sectional household interview survey based on a multistage-area probability sample. While the interviews are conducted in person, the NHIS-DAU component was self-administered to ensure confidentiality of responses. No proxy responses were allowed.

DRUG-RELATED VARIABLES:

These include alcohol, prescription medicine, inhalants such as glue, amyl nitrate, poppers and aerosol sprays, hallucinogens (e.g., LSD, PCP, peyote, mescaline), heroin, marijuana, and cocaine.

OTHER VARIABLES:

Variables include a broad range of health variables, health status and limitation, acute and chronic conditions, and health care utilization.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

The NHIS-DAU has a large sample size, allowing for stratified analysis by race, gender, and socioeconomic groups. Limitations include a response rate of 75.5 percent, which is lower than the basic NHIS core of 95.7 percent. Nonresponse was highest among young black males.

IMPLICATIONS FOR DRUG POLICY:

The NHIS-DAU can be linked to general health data and other information obtained in the NHIS to allow extensive analyses to answer questions relevant to drug policy.

* See Subject Index on Page 241 for related studies on Demand Reduction: Prevalence, General Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: National Hospital Ambulatory Medical Care Survey - Emergency Department Component</p>	<p>FREQUENCY OF DATA COLLECTION: Annual</p>
<p>SPONSORING AGENCY(IES): National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention</p>	<p>POINT(S) OF CONTACT: Linda McCaig Ambulatory Care Statistics Branch Division of Health Care Statistics National Center for Health Statistics, Rm. 952 6525 Belcrest Road Hyattsville, MD 20782 <i>Telephone:</i> (301) 458-4365 <i>Fax:</i> (301) 458-4032 <i>Email:</i> lfm1@cdc.gov</p>
<p>PURPOSE OF THE DATA SET: To provide information on health care provided by hospital emergency departments to the population of the United States.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data are disseminated annually through reports to the general public and to all public health constituents. A summary of data was reported in L.F. McCaig's <i>National Hospital Ambulatory Medical Care Survey: 1999 Emergency Department Summary and Advance Data From Vital and Health Statistics</i>, No. 320 (a 2001 NCHS publication). Data are also available on public-use data tape from the National Technical Information Service and CD-ROM. Public-use data files are available for download from the Ambulatory Health Care Web site: http://www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm.</p>	
<p>AVAILABLE FORMATS: See previous item.</p>	<p>SAMPLE SIZE OF DATA SET: In 1999, the survey collected emergency department data from 404 hospitals. The number of patient record forms completed was 21,103.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): A nationally representative sample of hospitals was selected from the SMG Hospital Market database. Hospital staff were asked to complete patient record forms for a systematic random sample of patient visits during a randomly assigned 4-week reporting period. Medical coding was performed by NCHS.</p>	

<p>DRUG-RELATED VARIABLES:</p> <p>One question on the patient record form asked: Was this visit alcohol- or drug-related? The answer categories were (1) neither, (2) alcohol-related, (3) drug-related, and (4) both. (1992-1996)</p>	<p>OTHER VARIABLES:</p> <p>Demographic information about the visit included the expected source of payment, cause of injury, patient's complaint and symptoms, physician's diagnosis, urgency of visit, diagnostic screening services, procedures, medication ordered, disposition of visit, and providers seen during visit.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>The major strength of the data system is that it provides data on a representative sample of patient visits to hospital emergency departments. There is limited information on how the visit is related to drug use. More detailed information is available from the Drug Abuse Warning Network. However, an advantage of this data system is that detailed coding of the physician's diagnoses are available.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>The data system provides a nationally representative measure of the adverse consequences of drug use; that is, information on hospital emergency department visits that are drug related.</p>	

* See Subject Index on Page 241 for related studies on Demand Reduction: Consequences, General Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: National Maternal and Infant Health Survey (NMIHS)</p>	<p>FREQUENCY OF DATA COLLECTION: Periodically</p>
<p>SPONSORING AGENCY(IES): National Center for Health Statistics, Centers for Disease Control and Prevention</p>	<p>POINT(S) OF CONTACT: James Weed Division of Vital Statistics National Center for Health Statistics 6525 Belcrest Rd., Rm. 840 Hyattsville, MD 20782 <i>Telephone:</i> (301) 458-4561 <i>Fax :</i> (301) 458-4034</p>
<p>PURPOSE OF THE DATA SET: To monitor maternal and infant mortality, morbidity, health, and nutrition.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data have been disseminated through various reports within the public health and scientific community. A list of approximately 100 reports that have used the NMIHS can be obtained by writing or calling the Followback Survey Branch.</p>	
<p>AVAILABLE FORMATS: Data are available on computer tape from the National Technical Information Service.</p>	<p>SAMPLE SIZE OF DATA SET: Survey consists of 9,953 women who had live births, 3,309 women who had late fetal deaths, and 5,332 woman who had infant deaths.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): The NMIHS is a followback survey in which survey respondents are identified through State vital records and surveyed to obtain more detailed information regarding the event (i.e., birth or death) recorded by the State registration process. Questionnaires were mailed to mothers identified from birth certificates and certificates of fetal and infant deaths. Blacks were oversampled. Vital records were sampled from each State and independent registration area. After receiving permission from respondents, information was obtained from hospital records and prenatal care providers. Data from these sources are linked to information in the vital records.</p>	

<p>DRUG-RELATED VARIABLES:</p> <p>These include alcohol, tobacco, marijuana, and cocaine use by the mother before and during pregnancy.</p>	<p>OTHER VARIABLES:</p> <p>Other variables include information on prenatal care, pregnancy history, pregnancy complications, mother's and father's education, occupation, racial and ethnic background, well baby care, and infant feeding methods.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>The major limitation of this data set regarding marijuana and cocaine use during pregnancy is that use was underreported. The survey methodology (i.e., self-response to a mailed questionnaire) did not include any special methods to reduce concern among respondents about reporting on such a sensitive issue.</p> <p>The strengths are that information is available on a broad range of factors that influence infant health and that the survey is nationally representative and has a large sample size.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>The survey provides limited information about illicit drug use and tobacco and alcohol use during pregnancy.</p>	

* See Subject Index on Page 241 for related studies on Demand Reduction: Prevalence, High-Risk Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: National, State, and Local Youth Risk Behavior Surveys (YRBS)</p>	<p>FREQUENCY OF DATA COLLECTION: Biennially (spring)</p>
<p>SPONSORING AGENCY(IES): National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention</p>	<p>POINT(S) OF CONTACT: JoAnne Grunbaum, Ed.D. Division of Adolescent and School Health National Center for Chronic Disease Prevention and Health Promotion Centers for Disease Control and Prevention 4770 Buford Highway, N.E., MS-K33 Atlanta, GA 30341 <i>Telephone:</i> (770) 488-6182 <i>Fax:</i> (770) 488-6156 <i>Email:</i> GPG9@cdc.gov</p>
<p>PURPOSE OF THE DATA SET: To measure priority health-risk behaviors among representative samples of high school students.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Summary reports are disseminated to State and local health and education agencies, national health and education organizations, academia, and the general public. The national survey data are available at www.cdc.gov/yrbs. The State and local data are available from the State and local education agencies conducting the surveys.</p>	
<p>AVAILABLE FORMATS: Data are available on diskette and on the internet.</p>	<p>SAMPLE SIZE OF DATA SET: National survey: approximately 12,000 each. State and local surveys: approximately 2,000 each.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Representative samples of students in grades 9-12 are selected at the national, State, and local levels. The self-administered multiple-choice questionnaire is administered in the classroom during a regular class period. Survey procedures are designed to protect the students' privacy by allowing for anonymous participation. The 2003 questionnaire contains 84 items. Extensive edit checks are conducted to increase the consistency of the data.</p>	
<p>DRUG-RELATED VARIABLES: Cigarette use (ever, currently, frequently, age at first use, source of cigarettes, on school property, quit attempts); smokeless tobacco use</p>	<p>OTHER VARIABLES: Behaviors related to unintentional injuries and violence, sexual behaviors, dietary behaviors, and physical activity.</p>

(currently, on school property); cigar use, alcohol use (ever, currently, age at first use, on school property, episodic heavy drinking); marijuana use (ever, currently, age at first use on school property); cocaine use (currently); inhalant use (currently); steroid use (ever); heroin use (ever); injected drug use (ever); methamphetamine use (ever); ecstasy use (ever).

STRENGTHS AND LIMITATIONS OF THE DATA SET:

Strengths: (1) Comparable national, State, and local data are available; (2) the YRBS is not just a categorical drug survey (data on other and often interrelated priority health risk behaviors also are available); (3) the surveys are ongoing, allowing trend analysis; (4) school-based surveys are cost effective; and (5) school-based surveys are anonymous providing maximum protection and privacy to youth.

Limitations: (1) Not all possible States and cities participate; and (2) not all participating States and cities have obtained generalizable data.

IMPLICATIONS FOR DRUG POLICY:

The data can be used to track drug behaviors over time; make comparisons among national, State, and local samples of youth; demonstrate the interrelationship between drug-related behaviors and other priority health risk behaviors; and modify health policies and programs for youth accordingly.

* See Subject Index on Page 241 for related studies on Demand Reduction: Prevalence, Youth Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: National Vital Statistics System, Mortality Data</p>	<p>FREQUENCY OF DATA COLLECTION: Annually</p>
<p>SPONSORING AGENCY(IES): National Center for Health Statistics, Centers for Disease Control and Prevention</p>	<p>POINT(S) OF CONTACT: Robert Anderson Division of Vital Statistics National Center for Health Statistics 6525 Belcrest Road, Rm. 820 Hyattsville, MD 20782 <i>Telephone:</i> (301) 458-4073 <i>Fax:</i> (301) 458-4034</p>
<p>PURPOSE OF THE DATA SET: To provide official national vital statistics data on deaths nationwide.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data are disseminated annually through various reports to the general public and to all public health constituents. The major reports include <i>Vital Statistics of the United States</i> and the <i>National Vital Statistics Reports, especially Deaths: Preliminary Data</i> and <i>Deaths: Final Data</i>.</p>	
<p>AVAILABLE FORMATS: Data are accessible through public use data sets available on tape as well as CD-ROM (Compact Disc-Read Only Memory), various reports and tables, and electronically through the world wide web and CDC WONDER. Two commonly used public data files are the Compressed Mortality File and the Multiple Cause Mortality Data.</p>	<p>SAMPLE SIZE OF DATA SET: Data are gathered from the approximately 2 million deaths per year.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Vital records filed in State vital statistics offices are provided through State-operated registration systems. Nearly 100 percent of deaths are registered in the United States. The underlying cause and contributing causes of death are listed on the death certificate. The cause of death is coded according to the International Classification of Diseases (ICD). The tenth revision of the ICD (ICD-10) was implemented with 1999 data.</p>	
<p>DRUG-RELATED VARIABLES: Cause-of-death variables include causes related to misuse of psychoactive drugs. The ICD-10 codes that are used to define drug-related deaths are 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,</p>	<p>OTHER VARIABLES: Demographic information and locality of death.</p>

F19.0-F19.5, F19.7-F19.9, X40-X44, X60-X64, X85, Y10-Y14	
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STRENGTHS AND LIMITATIONS OF THE DATA SET:

The major strength of the data system is that it includes all deaths that occur in the Nation. The major limitations include the following: (1) Deaths related to drug use are underestimated because the cause-of-death sections of most death certificates are not filled out with enough specificity and (2) there is a lack of specificity regarding drugs related to the death. The number of drug-related deaths identified through this data system may be very small for some geographical areas, resulting in unstable rates for particular subgroups of the population. More stable rates can be obtained by combining data from more than 1 year.

IMPLICATIONS FOR DRUG POLICY:

The data system provides a measure of adverse consequences of drug use that is representative of the Nation as a whole and is available at the State level.

* See Subject Index on Page 241 for related studies on Demand Reduction: Prevalence, General Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: The Third National Health and Nutrition Examination Survey (NHANES III), 1988-1994</p>	<p>FREQUENCY OF DATA COLLECTION: Intermittent (nonfixed intervals of data collection)</p>
<p>SPONSORING AGENCY(IES): National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention</p>	<p>POINT(S) OF CONTACT: Cliff Johnson, Special Assistant Division of Health Examination Statistics National Center for Health Statistics Presidential Bldg., Rm. 1000 6525 Belcrest Rd. Hyattsville, MD 20782 <i>Telephone:</i> (301) 448-4292 <i>Fax:</i> (301) 458-4028</p>
<p>PURPOSE OF THE DATA SET: Research and general purpose statistics.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Distributed (on release) by the National Technical Information Service, Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161, or phone (703) 487-4650/fax (703) 321-8547. All other inquiries may be directed to the Data Dissemination Branch, NCHS, (301) 436-8500.</p>	
<p>AVAILABLE FORMATS: All data are available on CD-ROM.</p>	<p>SAMPLE SIZE OF DATA SET: Approximately 30,000. Black Americans and Mexican Americans were oversampled (30 percent each of the entire sample population), allowing for the examination of risk factors that may explain racial and ethnic differences. Persons under 5 years and over 60 years were sampled in large numbers due to the need for descriptive data on the health status of those population groups.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): A stratified multistage probability design was used.</p>	
<p>DRUG-RELATED VARIABLES: All examinees ages 12 and older were questioned in the Mobile Examination Center (MEC) Questionnaires about lifetime and past-month usage of marijuana and cocaine. In Phase 2 of NHANES III (1991-1994), anonymous urine testing was included in the</p>	<p>OTHER VARIABLES: Health history questions asked and examinations performed include: alcohol and tobacco use and exposure; physical activity; vitamin, mineral, and medicine usage; social support; employment; 14-hour dietary recall; physicians exam; oral</p>

<p>MEC examination in order to detect the presence of marijuana, cocaine, phencyclidine (PCP), opiates (morphine and codeine), and stimulants (amphetamine and methamphetamine) among examinees ages 18B59. Urine specimens were randomly numbered so they could not be linked with the examinee identification numbers. Limited demographic data including age (in 20-year categories), sex, race or ethnicity, sampling location, and educational level were included with the random numbers on protected data files. The identical random numbers and the associated demographic variables were assigned to the HIV serum, so that the association between drug use and HIV status could be examined.</p>	<p>health; central nervous system tests; spirometry; bone density; gallbladder ultrasound; and ECG, blood, and urine assessments.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>Because individual identifiers are removed, there will be no restrictions on the use of Public Use Data Tapes from NHANES III.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>Anonymous testing of urine samples in Phase 2 will produce prevalence data on the use of marijuana, cocaine, PCP, opiates, and stimulants among examinees ages 18B59.</p>	

* See Subject Index on Page 241 for related studies on Demand Reduction: Prevalence, General Populations

DRUG ENFORCEMENT ADMINISTRATION (DEA)

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Chemical Handlers Enforcement Management System (CHEMS)</p>	<p>FREQUENCY OF DATA COLLECTION: Daily</p>
<p>SPONSORING AGENCY(IES): Drug Enforcement Administration (DEA)</p>	<p>POINT(S) OF CONTACT: Frank Moreno, Program Manager Drug Enforcement Administration Washington, DC 20537 <i>Telephone:</i> (202) 307-7191 <i>Fax No:</i> (202) 307-4702 <i>Email:</i></p>
<p>PURPOSE OF THE DATA SET: CHEMS is used to capture and maintain identification data on chemical companies as mandated by the Chemical Diversion and Trafficking Act of 1988.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data are used for internal use for DEA investigative and regulatory matters.</p>	
<p>AVAILABLE FORMATS: DEA's model M204 database management system.</p>	<p>SAMPLE SIZE OF DATA SET: Approximately 19,000 records of U.S. and foreign companies that handle regulated chemicals.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Data are collected primarily from DEA investigative reports.</p>	
<p>DRUG-RELATED VARIABLES: CHEMS tracks companies that handle chemicals which can be used to produce drugs.</p>	<p>OTHER VARIABLES: None available.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET: It keeps track of many companies in the United States that are sources of regulated chemicals that might be used in clandestine drug manufacture and provides a source for analysis to prevent the diversion of these chemicals.</p>	
<p>IMPLICATIONS FOR DRUG POLICY: CHEMS helps prevent the clandestine manufacture of illicit drugs by preventing the diversion of chemicals used by drug traffickers.</p>	

* See Subject Index on Page 243 for related studies on Supply Reduction: Availability Information

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Consolidated Asset Tracking System (CATS)</p>	<p>FREQUENCY OF DATA COLLECTION: Daily</p>
<p>SPONSORING AGENCY(IES): Drug Enforcement Administration (DEA)</p>	<p>POINT(S) OF CONTACT: Name: Dorothy Floyd Title: CATS Program Manager Address: Asset Forfeiture Section, DOA Office of Domestic Operations Drug Enforcement Administration 600 Army Navy Drive, W-11387 Arlington, Virginia 22202 Telephone: (202) 307-4660 Fax: (202) 307-5599</p>
<p>PURPOSE OF THE DATA SET: CATS is the Department of Justice's automated record system for which DEA is one of the Investigative Agency users of this system. Other agencies on-line with CATS include: Federal Bureau of Investigation, Immigration and Naturalization Service, U.S. Attorneys' offices, U.S. Marshals Service, U.S. Postal Inspection Service, U.S. Secret Service and the Food and Drug Administration. This system is monitored and maintained by the Asset Forfeiture Management Staff of DOJ. This system is used for tracking asset seizures and forfeiture activities which includes the entire lifecycle of an asset from seizure to disposal.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: All CATS users, i.e. Investigative Agencies, U.S. Attorneys offices and U.S. Marshals Services, have access to up-to-date information on the lifecycle of an asset because of its on-line capability. Various up-to-date inventory, financial, management and statistical reports are always available.</p>	
<p>AVAILABLE FORMATS: CATS is written in NOMAD, a fourth generation language. The data repository is DB2, running on IBM 9300 series mainframe. The operating system is OS 390. System data is available in ASCII files, or in MS Access format.</p>	<p>SAMPLE SIZE OF DATA SET: CATS has over 1,200 data elements.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Seizure information is collected through the use of the "Standard Seizure Form" (SSF) (no form number has been assigned). The SSF is used as the source document for reporting seizures for forfeiture or abandonment activity. (Abandonment's are not captured in CATS). Seizures reported through DEA's field offices are validated at the Divisional office level before and after CATS data entry. The Asset Forfeiture Section daily retrieves all SSFs entered into CATS and ensures the quality of the data integrity before the initial processes begin, i.e. noticing, advertisement.</p>	

<p>DRUG-RELATED VARIABLES:</p> <p>The CATS data field “G-DEP”, Item #4 on the SSF contains coding for DEA’s Geo-Drug Enforcement Program. The five-position code can be parsed into specific drug information areas tracked by DEA. Those areas include the nature of the investigative target, other agencies’ involvement, the primary controlled substance or commodity involved and violator classification.</p>	<p>OTHER VARIABLES:</p> <p>CATS was designed and implementation began in 1990 to track the asset lifecycle. It was implemented for all DOJ components who participate in the Asset Forfeiture Fund. CATS contains data fields on case information, asset details, party/notification details, court/judicial forfeiture details, custody, probable cause, petition details, all expenses associated with the seizure, forfeiture, equitable sharing, CS Award and disposal information.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>CATS’ principal strength is that it organizes DEA’s tracking of asset seizure and forfeiture information into one system from seizure to disposal. The system is updated by the appropriate agency involved with the seizure, i.e. U.S. Attorneys Offices updates CATS with judicial forfeiture information, U.S. Marshals Services updates CATS with custody/disposal and expense information. The system is available to any DEA or DynCorp employee, who has been properly trained on CATS and has a CATS password. There are no limits on the amount of data that can be collected/recorded in CATS. The only major disadvantage is that there is no “audit” tracking system in place that can identify an individual entering and/or changing data in CATS. In addition, Ad Hoc reports cannot be retrieved from CATS without the assistance of the DOJ/Asset Forfeiture Management Staff.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>CATS can report information on the type of assets seized according to drug investigation classifications. This information can be used to track trends in the dollar value seized, numbers of asset types, number of equitable sharings granted, based on a specific law enforcement agency, all expenses associated with a seizure and volumes of assets seized by DEA or referred to other law enforcement agencies for forfeiture.</p> <p>Since this is not a DEA system, any questions regarding this system should be addressed to Neill Roe, DOJ/Asset Forfeiture Management Staff at (202) 616-1867.</p>	

* See Subject Index on Page 243 for related studies on Supply Reduction: Availability Information

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Statistical Management Analysis and Reporting Tools System (SMARTS)</p>	<p>FREQUENCY OF DATA COLLECTION: Ongoing data collection</p>
<p>SPONSORING AGENCY(IES): Drug Enforcement Administration (DEA)</p>	<p>POINT(S) OF CONTACT: Patrick Gartin, Ph.D.. Chief, Statistical Services Section Drug Enforcement Administration Washington, DC 20537 Telephone: (202) 307-8265 Fax: (202) 307-7487 E-mail: DRGARTIN@AOL.COM</p>
<p>PURPOSE OF THE DATA SET: SMARTS is a single interface for retrieving and analyzing information on DEA's enforcement activities (i.e. work hours, case initiations, arrests, dispositions, asset seizures, and drug removals). SMARTS is currently under development with about 50 percent completed at this time.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data are disseminated in printout format, brought back to the terminal monitor, or can be downloaded to disk. Typical customers for this data include the United Nations, the U.S. Sentencing Commission, Bureau of Justice Statistics, ONDCP, GAO, Main Justice, budget requests, DEA field offices as well as Freedom of Information and Public Affairs in response to individual or Congressional requests for information.</p>	
<p>AVAILABLE FORMATS: Data are disseminated in printout format, brought back to the terminal monitor, or can be downloaded to disk in American Standard Code for Information Interchange format.</p>	<p>SAMPLE SIZE OF DATA SET: Records for arrest and disposition, cases, and work hour presently in SMARTS are as follows: arrest and disposition 523,602 case data 508,652 work hours 7,110,970</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Depending on the system, data are currently input either in the field or at Headquarters. Eventually, data will be input in our field divisions by typing directly into the electronic DEA form which will feed the SMARTS database automatically.</p>	

<p>DRUG-RELATED VARIABLES:</p> <p>Depending on the system, drug-related variables share commonality within all SMARTS integrated data systems either obtained from the G-DEP identifier or from a dedicated drug field.</p>	<p>OTHER VARIABLES:</p> <p>In addition to drug type, there are many other variables including drug amount, field division, state, age, sex, race, file number, disposition types, asset type, dollar values, custody, Agent name, dates opened, closed, pending, case status, etc.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>Strengths are timeliness, accuracy, user-friendly design, flexibility, data sharing between systems, and the ability to provide all DEA with the tools they need to quickly make informed decisions based on agency information that encompasses comprehensive data on all DEA enforcement measures and accomplishments. Limitations are that data focus primarily on DEA information.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>Direction and policy are based on performance measures, such as work hours, that are drawn from the SMARTS investigative tool. These data are analyzed both strategically and tactically to help shape agency direction, resource allocation, and potential drug policy changes.</p>	

* See Subject Index on Page 243 for related studies on Supply Reduction: Availability Information

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Federal-wide Drug Seizure System (FDSS)</p>	<p>FREQUENCY OF DATA COLLECTION: Monthly</p>
<p>SPONSORING AGENCY(IES): Drug Enforcement Administration (DEA) manages the database.</p>	<p>POINT(S) OF CONTACT: Patrick Gartin 700 Army-Navy Drive Drug Enforcement Administration Arlington, VA 22202 Telephone: (202) 307-8276 Fax: (202) 307-7916</p>
<p>PURPOSE OF THE DATA SET: The FDSS was designed to meet a specific need defined by the National Drug Policy Board: to provide aggregate statistics on drug removals performed by the Federal Government within U.S. jurisdiction. This need arose because of frequent instances when more than one Federal agency is involved with or has custody of a single drug seizure. Each agency maintains its own records on such activities, which overlap the contents of other agencies' similar records; therefore, Federal drug removal activity is significantly overstated.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Summary data are published semiannually and are distributed to Federal managers.</p>	
<p>AVAILABLE FORMATS: Printouts, as well as responses to standard queries that are returned to the monitor from which the query was made.</p>	<p>SAMPLE SIZE OF DATA SET: Each FDSS record tagged with a Federal Drug Identification Number (FDIN), as well as seizures under the required threshold amount which do not need FDINs.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): FDSS data are based upon extracts of drug removal information from databases maintained by DEA, U.S. Customs, and the U.S. Coast Guard, as well as U.S. Border Patrol seizures reported in the FDIN log. In these databases, records of drug removals that exceed established threshold weights include a unique number, the FDIN, which is assigned to a drug removal case by the first Federal agency having custody of the drug. The FDIN is provided to any other Federal agency that has involvement in or takes custody of the drug seizure for inclusion in its database. When data from agencies are entered into the FDSS, the presence of more than one record for the same seizure is determined by the FDIN. It should be noted that the extracts from those agency systems include all drug removals, both those with and without FDINs.</p>	
<p>DRUG-RELATED VARIABLES: Each record in the FDSS has fields for the type of drug, quantity and unit of measure, how the</p>	<p>OTHER VARIABLES: None available.</p>

drug was identified (i.e., laboratory analysis, field test, or visual examination), how the weight was determined (i.e., in a laboratory, via scale or balance, or estimated), data collected, place collected (State only), and FDIN.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

The FDSS provides information on Federal drug seizure activity.

Because the system was designed to provide summary information, there is limited information on each individual seizure. Furthermore, because the FDSS is a combination of data from several databases, with drug identity and weight sometimes based on visual examination and estimation, the statistics are not as precise as those based solely on laboratory analysis.

IMPLICATIONS FOR DRUG POLICY:

The FDSS helps to inform national drug policy by providing long-range trends on the nature and extent of Federal drug seizures.

* See Subject Index on Page 243 for related studies on Supply Reduction: Availability Information

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: System to Retrieve Information from Drug Evidence (STRIDE)</p>	<p>FREQUENCY OF DATA COLLECTION: Ongoing data collection</p>
<p>SPONSORING AGENCY(IES): Drug Enforcement Administration (DEA)</p>	<p>POINT(S) OF CONTACT: Rhesa G. Gilliland Laboratory Support Section Drug Enforcement Administration Washington, DC 20537 Telephone: (202) 307-8785 Fax: (202) 307-8851</p>
<p>PURPOSE OF THE DATA SET: To maintain an inventory of drug exhibits submitted to DEA laboratories.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Summary data are published semiannually and distributed to DEA managers in its headquarters and field offices. All DEA field offices have access to and may query STRIDE via a generalized query capability for generalized reports. DEA headquarters also uses a separate, more powerful query capability to generate a wide variety of statistical reports.</p>	
<p>AVAILABLE FORMATS: Data are available in printouts, including responses to standard queries that are returned to the monitor from which the query was made.</p>	<p>SAMPLE SIZE OF DATA SET: Information is input at each of the eight DEA laboratories using source documents from special agents and forensic chemists for over 40,000 exhibits of drug evidence per year. The system has been operational since 1971.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): See response to item above.</p>	
<p>DRUG-RELATED VARIABLES: STRIDE contains all the information from the laboratory analysis of each exhibit. There are approximately 60 data elements of information concerning each exhibit, such as data collected, place collected, how acquired (e.g., purchased, seized), price if purchased, name of the drug, potency of the drug, adulterants and dilutents found, and how the exhibit was packaged.</p>	<p>OTHER VARIABLES: One variable is the DEA case from which the drug exhibit was acquired.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET: STRIDE can provide detailed information on a large volume of Federal drug removals over a</p>	

relatively long period of time. However, its data are limited because (1) the system includes little information about State and local activities that comprise an important element of the Nation's drug control efforts and (2) DEA's formal mandate is to focus enforcement activities on distinct geographical areas (such as trafficking areas with numerous high-volume heroin and cocaine dealers).

IMPLICATIONS FOR DRUG POLICY:

STRIDE information is used as an investigative tool by agents in the field and provides a database which is used to analyze both strategic and tactical intelligence, establishing drug-trafficking patterns as well as detecting the appearance of new drugs.

STRIDE helps inform national drug policy by providing indicators of drug availability in the form of long-term trends in the prices and purities of drug exhibits.

* See Subject Index on Page 243 for related studies on Supply Reduction: Availability Information

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: National Forensic Laboratory Information System (NFLIS)</p>	<p>FREQUENCY OF DATA COLLECTION: Ongoing data collection</p>
<p>SPONSORING AGENCY(IES): Drug Enforcement Administration (DEA)</p>	<p>POINT(S) OF CONTACT: Frank Sapienza Chief, Drug & Chemical Evaluation Section Drug Enforcement Administration Washington, DC 20537 Telephone: (202) 307-7183 Fax: (202) 353-1263</p>
<p>PURPOSE OF THE DATA SET:</p> <p>The NFLIS database is being developed to provide accurate, scientifically verified data to support DEA drug scheduling actions, to provide information on drug trafficking and abuse to other federal, state and local authorities, to identify changes in drug distribution geographically and over time, to provide information on diversion of legitimate pharmaceutical drugs and to identify new and emerging drugs of abuse and follow their spread.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>NFLIS data are published in Quarterly Reports four times a year that are sent to participating labs and DEA. The first Annual Report was published in 2001. It will be available for distribution in December 2001. Participating laboratories can access all of their own data elements and can also access aggregate data from all other participating labs. Future DEA plans are to make the data also available to approved requestors via the Internet. Standard on-line queries have been developed by the contractor for this purpose.</p>	
<p>AVAILABLE FORMATS:</p> <p>The results of queries from the database can be printed or downloaded into various spreadsheet programs or file formats. Results can be downloaded directly into Excel or .htm, html and .txt formats. Numerous other file formats are available.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>Each NFLIS record represents the results of a forensic laboratory scientific analysis of a drug sample submitted by U.S. law enforcement agencies. As of 11/14/2001, there were 1,496,454 records of analyzed drug samples in the NFLIS system.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):</p> <p>The NFLIS database contains laboratory analysis results of illicit drug samples seized or purchases by U.S. law enforcement agencies. The results are submitted by state and local forensic laboratories in the U.S. The database development started in September 1997. Records are from the time period September 1997 to October 2001 at this time. An initial sampling of labs was selected for recruitment that would represent approximately 70% of the drug samples analyzed by all forensic labs in the U.S. That sample has not been completely</p>	

recruited at this time. Coverage at this time is estimated to be about 65%. The data is electronically transmitted by the reporting laboratories to the contractor via encrypted format. The data is scientifically verified forensic laboratory data.

DRUG-RELATED VARIABLES:

Variations in lab operating procedures determine depth of analysis of samples. All labs do not report secondary drugs in samples. All drug samples submitted to forensic laboratories are not analyzed. Reporting of non-controlled drugs varies from lab to lab.

OTHER VARIABLES:

There is variation between labs on the drug related data elements reported for drug samples.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

Strength is that data is scientifically accurate and verified. Limitations arise from variations in lab operating procedures that determine depth of analysis of samples and manner of reporting of testing results. All labs do not report secondary drugs in samples. All drug samples submitted to forensic laboratories are not analyzed. Identification and/or reporting of non-controlled drugs varies from lab to lab. Data cannot be trended at this time because the number and type of labs that are reporting are not a representative sample at this time. The database does not contain information from Federal labs.

IMPLICATIONS FOR DRUG POLICY:

The NFLIS system is the first attempt to gather analyzed state and local forensic laboratory drug data. DEA anticipates that the data will be used by federal and state drug abuse control authorities to support drug scheduling and policy issues. The data can also be used by law enforcement personnel to identify specific geographic drug problems and follow the spread of new drugs of abuse.

* See Subject Index on Page 243 for related studies on Supply Reduction: Availability Information

FEDERAL BUREAU OF INVESTIGATION (FBI)

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Uniform Crime Reports (UCR)/Age, Sex, and Race of Persons Arrested</p>	<p>FREQUENCY OF DATA COLLECTION: Monthly</p>
<p>SPONSORING AGENCY(IES): Federal Bureau of Investigation (FBI), Criminal Justice Information Services Division</p>	<p>POINT(S) OF CONTACT: MaryVictoria Pyne Communications Unit, Module D-3 Federal Bureau of Investigation 1000 Custer Hollow Road Clarksburg, WV 26306 Telephone: (304) 625-4995 Fax: (304) 625-5394</p>
<p>PURPOSE OF THE DATA SET: To furnish a nationwide overview of crime and to provide data concerning the age, sex, and race of perpetrators.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Summary information is published annually in <i>Crime in the U.S.</i> Disaggregated data are provided upon request.</p>	
<p>AVAILABLE FORMATS: Available in publications, printout, or magnetic tape format. Tapes are in EBCDIC (Extended Binary-Coded Decimal Interchange Code) and are available in various specifications.</p>	<p>SAMPLE SIZE OF DATA SET: The data set is not a sample; data are collected from nearly 17,000 law enforcement agencies.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Data are supplied voluntarily by law enforcement agencies across the country on a monthly basis. FBI staff perform various edit checks.</p>	
<p>DRUG-RELATED VARIABLES: Variables include arrests for drug abuse violations; breakdowns for sale/manufacture and possession; and drug types, including heroin or cocaine and their derivatives, marijuana, synthetic or manufactured drugs, and other dangerous, nonnarcotic drugs.</p>	<p>OTHER VARIABLES: These include age, sex, and race of persons arrested. These include age, sex, and race of persons arrested. The UCR Program offenses are divided into two groupings, Part I, or Crime Index offenses, and Part II crimes. Arrest data are collected on both Part I and Part II offenses. The Part II offenses encompass select other crime classifications outside those defined as Part I crimes.</p>

STRENGTHS AND LIMITATIONS OF THE DATA SET:

Data are supported by records of local law enforcement agencies; not all agencies supply data for all 12 months of each year.

IMPLICATIONS FOR DRUG POLICY:

It describes the age, sex, and race of drug arrestees.

* See Subject Index on Page 243 for related studies on Supply Reduction: Consequence Information, General Populations

FEDERAL BUREAU OF PRISONS (FBOP)

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Baseline Interview</p>	<p>FREQUENCY OF DATA COLLECTION: A one-time data collection effort for baseline background information as part of a longitudinal project evaluating the Bureau of Prisons' residential drug treatment programs (see Methodology for details).</p>
<p>SPONSORING AGENCY(IES): Federal Bureau of Prisons (BOP) and the National Institute on Drug Abuse</p>	<p>POINT(S) OF CONTACT: Bernadette Pelissier TRIAD Project Director Research Department Federal Correctional Institution P.O. Box 1000 Butner, NC 27509 <i>Telephone:</i> (919) 575-4541, Ext. 4480 <i>Fax:</i> (919) 575-2007</p>
<p>PURPOSE OF THE DATA SET: To provide baseline information on Federal inmates to be used in conjunction with a multisite, drug treatment evaluation project.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data have been disseminated in a BOP publication titled <i>BOP's TRIAD Study Helps Confirm Need for Drug Treatment Programming in Federal Prisons</i>. This report is available to criminal justice professionals and to the general public.</p>	
<p>AVAILABLE FORMATS: FoxPro and Prodas (a SAS-like PC software package) data sets.</p>	<p>SAMPLE SIZE OF DATA SET: The sample size is 528 inmates.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Interviews were held with inmates by a research analyst. A random sample of inmates at 14 Federal institutions representing the various BOP institution security levels was interviewed. The participants were representative of the entire inmate population with respect to race and inmate security level. Women were purposely over-represented to obtain enough subjects for data analysis.</p>	

<p>DRUG-RELATED VARIABLES:</p> <p>Research subjects are asked about alcohol and drug use history for 14 drug categories. This history includes age of first use, frequency of use during the last free period before current incarceration, use at time of arrest, types of drugs used in combination, and self-attempts to stop use. In addition, questions are asked about current and previous drug/alcohol treatment and problems associated with drug/alcohol use.</p>	<p>OTHER VARIABLES:</p> <p>These include social demographic background, family history, employment history, sentence length, criminal history, incarceration history, and mental health.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>Strengths: The comprehensive nature of the information on each individual, including social and educational background, employment history, criminal history, incarceration history, drug use history, and treatment history. Data set is computerized.</p> <p>Limitations: Information is based primarily on self-report data collected in a prison setting.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>It provides extensive drug use history information for a sample of Federal incarcerated offenders. Can provide some insight into the life course of drug-abusing offenders and the interconnection between drug use and criminal activity.</p>	

* See Subject Index on Page 242 for related studies on Demand Reduction: Prevalence, Assessments

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Intake 1</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>A one-time data collection effort as part of a longitudinal project evaluating the Bureau of Prisons' residential drug treatment programs (see Methodology for details).</p>
<p>SPONSORING AGENCY(IES):</p> <p>Federal Bureau of Prisons (BOP) and the National Institute on Drug Abuse (NIDA)</p>	<p>POINT(S) OF CONTACT:</p> <p>Bernadette Pelissier TRIAD Project Director Research Department Federal Correctional Institution P.O. Box 1000 Butner, NC 27509 <i>Telephone:</i> (919) 575-4541, Ext. 512 <i>Fax:</i> (919) 575-6341</p>
<p>PURPOSE OF THE DATA SET:</p> <p>To provide background information on research subjects involved in a multisite drug treatment evaluation project.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>Data have not yet been disseminated as followup data collection is not yet completed and previously collected data is in the process of being cleaned. Data will be disseminated in the form of a series of reports to BOP administrative staff and to NIDA and will be distributed to criminal justice professionals and the general public through presentations at conferences and through publications in professional journals.</p>	
<p>AVAILABLE FORMATS:</p> <p>FoxPro data sets as well as SAS PC data sets.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>The current sample size is 2,772 and estimated total sample size is 3,000. Baseline data collection began in the fall of 1991 and was completed by the end of 1995. Followup data collection continues into 1998.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):</p> <p>Data were collected through interviews with inmates by a research analyst. Interviews were conducted with a sample of inmates who were near release and were participating in residential drug treatment programs at 18 selected research sites. In addition, inmates who did not volunteer for drug treatment and had been screened through self-reports for previous drug use comprised the comparison group subjects who were interviewed at over 30 prisons when they were close to being released.</p>	

<p>DRUG-RELATED VARIABLES:</p> <p>All research subjects are asked about drug use history for 11 drug categories (including alcohol). This history includes the age of first use, frequency and duration of use during heaviest period of use, frequency of use during the last free period before current incarceration, use at time of arrest, types of drugs used in combination, and self-attempts to stop use. In addition, questions are asked about current and previous drug/alcohol treatment. A sample of 1,000 treatment subjects also were interviewed using the Diagnostic Interview Schedule (DIS) for drug abuse and dependence.</p>	<p>OTHER VARIABLES:</p> <p>These include social demographic background, employment history, sentence length, criminal history, incarceration history, and health status.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>Strengths: The comprehensive nature of the information on each individual, including social and educational background, employment history, criminal history, incarceration history, drug use history, and treatment history. Data set is computerized.</p> <p>Limitations: It is not necessarily representative of the entire prison population due to nonresponse and sample selection criteria and is based primarily on self-reported data collected in a prison setting.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>It provides extensive drug use history information for a sample of Federal incarcerated offenders. Can provide some insight into the life course of drug abusing offenders and the interconnection between drug use and criminal activity.</p>	

* See Subject Index on Page 242 for related studies on Demand Reduction: Prevalence, Assessments

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Residential Drug Abuse Treatment Eligibility Interview</p>	<p>FREQUENCY OF DATA COLLECTION: Continuous, beginning June 1992</p>
<p>SPONSORING AGENCY(IES): Federal Bureau of Prisons (BOP)</p>	<p>POINT(S) OF CONTACT: Beth Weinman, Coordinator Drug Treatment Program Federal Bureau of Prisons 320 First St., N.W., NALC #401 Washington, DC 20534 <i>Telephone:</i> (202) 514-4492 <i>Fax:</i> (202) 616-3220</p>
<p>PURPOSE OF THE DATA SET: To determine the eligibility for admission to residential drug treatment programs.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data are distributed to drug treatment staff at the institution where admission is being sought.</p>	
<p>AVAILABLE FORMATS: Hard copy only, which is kept in the inmate's file.</p>	<p>SAMPLE SIZE OF DATA SET: Unknown. The size is estimated to be at least 12,000 within one fiscal year based upon current waiting list for admission to residential drug treatment programs.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): The interview is administered by a drug treatment specialist to every inmate who is identified during the Psychology Intake Interview, is referred by a Judge, or requests admission to a residential drug treatment program in the BOP. The data is self-reported and is verified through the pre-sentence investigation report or other corroborating information obtained from an objective source, e.g., probation officer or treatment facility. All interviews are reviewed by a clinical psychologists who, if applicable, make the diagnosis.</p>	
<p>DRUG-RELATED VARIABLES: These include drug use for 11 drug categories (including alcohol), including frequency of use in last 12 consecutive months on the street, age of first use, and total duration of use. In addition, there is a listing of the symptoms used to make a DSM-IV diagnosis of abuse or dependence as well as items on drug treatment history.</p>	<p>OTHER VARIABLES: Occupation and education.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET: Strengths: It allows DSM-IV diagnosis. Unlike other treatment programs, the BOP required verifying documentation of the self-reported data. Limitations: It is not an automated database, and there is no information on length of heaviest use. As in all drug program intakes/interviews, the BOP interview may be prone to</p>	

errors in self-reported data and in official records, and does not include drug-using individuals who do not volunteer for residential treatment.

IMPLICATIONS FOR DRUG POLICY:

The data could provide a profile of the various types of Federal criminal offending drug users in need of treatment. With a cross-reference to the automated database for all inmates with information on sentence length and incarceration history, it could provide a profile not only of drug use history but also the severity of criminal history.

* See Subject Index on Page 242 for related studies on Demand Reduction: Prevalence, Assessments

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Survey of Inmates in Federal Correctional Facilities</p>	<p>FREQUENCY OF DATA COLLECTION: Approximately every 5 years beginning in 1991. Surveys done in 1991, 1997, and anticipated for 2003.</p>
<p>SPONSORING AGENCY(IES): Bureau of Justice Statistics (BJS) Federal Bureau of Prisons (BOP)</p>	<p>POINT(S) OF CONTACT: Sue Allison Office of Research and Evaluation Federal Bureau of Prisons 320 First St., N.W., 400 Bldg., Rm. 3016 Washington, DC 20534 <i>TELEPHONE:</i> (202) 616-0236 <i>FAX:</i> (202) 307-5888 <i>Email:</i> sallison@bop.gov</p>
<p>PURPOSE OF THE DATA SET: To interview inmates on their criminal history, drug and alcohol use history, social and family background, and adjustment to prison.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Reports were published by the Bureau of Justice Statistics and the data tapes were archived at the Criminal Justice Archive in Michigan.</p>	
<p>AVAILABLE FORMATS: ICPSR at the University of Michigan provides the data in a variety of machine-readable forms.</p>	<p>SAMPLE SIZE OF DATA SET: Approximately 6,500 inmates were interviewed in samples representative of the BOP sentenced inmate population.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Face-to-face interviews are conducted under contract by the U.S. Bureau of the Census.</p>	
<p>DRUG-RELATED VARIABLES: These include self-reported drug and alcohol use history, past and current drug treatment experiences, and involvement of drugs at the time of the current offense.</p>	<p>OTHER VARIABLES: These include demographic and family background, criminal history, adjustment to prison, and medical information.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET: Strengths: It is a representative sample of the BOP sentenced population with detailed self-report data on a variety of topics. Limitations: Data only available for two administrations.</p>	

IMPLICATIONS FOR DRUG POLICY:

The survey provides detailed information on the BOP inmate population and is used extensively by the Bureau to inform planning and policy development. It is a frequent source of information for testimony to Congress and for responses to other requests for information about the BOP's inmate population. Provides more detailed information on drug crimes and drug use than is available in the BOP's operational database.

* See Subject Index on Page 242 for related studies on Demand Reduction: Prevalence, High Risk Populations

NATIONAL INSTITUTE OF JUSTICE (NIJ)

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Arrestee Drug Abuse Monitoring (ADAM) Program</p>	<p>FREQUENCY OF DATA COLLECTION: Quarterly</p>
<p>SPONSORING AGENCY(IES): National Institute of Justice (NIJ), Office of Justice Programs</p>	<p>POINT(S) OF CONTACT: Christine Crossland Acting Deputy Director Arrestee Drug Abuse Monitoring Program National Institute of Justice 810 7th Street, N.W. Washington, DC 20531 <i>Telephone:</i> (202) 616-5166 <i>Fax:</i> (202) 514-8200 <i>Email:</i> crosslan@ojp.usdoj.gov</p>
<p>PURPOSE OF THE DATA SET:</p> <p>As the successor to Drug Use Forecasting (DUF) Program, which operated first in 13 sites and later in 23 sites from 1987 to 1997, ADAM continues to serve as a source of timely information about the drug use of people who are arrested. At ADAM sites, within 48 hours of arrest research teams in cooperation with local criminal justice officials and staff quarterly interview and urine-test individuals arrested and brought to local lockups and booking centers. Like DUF, ADAM routinely employs urine testing as an objective measure of drug use by arrestees. In 1998, ADAM data collection was expanded from 23 to 35 sites. In 2000 probability-based sampling plans for male arrestees were instituted for each site and an enhanced interview schedule for adult respondents was introduced. In its new form, ADAM now collects data about the involvement of arrestees with drug treatment and drug markets. Also, starting in 2000, sites are able to provide estimates with known precision, and track trends in drug use within their community and in comparison to other communities.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>The data are made available to the public through NIJ's Data Resources contractor (currently ICPSR, University of Michigan, in Ann Arbor, Michigan). Currently, all DUF data from 1993 to 2000 are available through ICPSR. Data for each site are provided to each site on a quarterly basis</p>	
<p>AVAILABLE FORMATS:</p> <p>The files are usually provided as machine-readable files, typically SPSS system files with variable and value labels included.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>Generally, each site collects quarterly data from adult male and female arrestees. Sample size varies somewhat from site to site ranging from 76 to 450 per quarter depending upon the sites' overall arrestee population. The 2001 ADAM data comprised completed interviews from 21,724 adult males, 3,970 adult females, and a smaller sample of juvenile male (n=1,548) and female (n=400) detainees. (NOTE:</p>

		Beginning in 2002, juvenile data collection was cancelled.)
<p>METHODOLOGY With ADAM, NIJ has built a research platform that meets the highest standards of social science through probability sampling, and proven interview forms with links to other national drug data systems. The new ADAM methodology carefully defines the population being sampled in each site and has standardized data collection in all the sites to a county-based catchment area. ADAM collects data from a probability-based sample of arrests in each site, involving the random selection of a sample from a roster of all booked arrestees who were eligible to be interviewed during the referent data collection period. Selection intervals are based on the case flow in each site, so that the majority of interviewing is conducted when the greatest volume of arrests occurs.</p>		
<p>DRUG-RELATED VARIABLES:</p> <p>These include self-reports on drug using patterns, how and where arrestees purchased illicit drugs, an index of questions on risk of alcohol and other drug dependency, and experience with drug and mental health treatment. After the interview each ADAM respondent is asked to provide a urine sample for laboratory testing.</p>		<p>OTHER VARIABLES:</p> <p>Variables include basic demographics, official booking data (precinct of arrest, top offense at arrest, law enforcement agency making arrest, time since arrest, self-reported arrest history), and residential/housing history in the last year.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>ADAM is the only major drug-monitoring program to use urinalysis, then most reliable and valid drug detection system, to detect recent drug use. ADAM provides timely information on a segment of the population at extremely high risk for drug use, involvement in drug distribution, and a range of criminal activities. ADAM provides scientifically justifiable estimates that represent the target county's arrestee population, not simply an unspecified proportion of that population. ADAM allows researchers to place confidence intervals around estimates so that researchers and policymakers can assess the significance of trends. One of the limitations of ADAM is that it exists in only 35 communities and does not represent a national sample of arrestees.</p>		
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>This is an important data set for drug policy. The urinalysis of fresh arrestees helps inform us about the link between drug use and other criminal behaviors. Data help identify emerging drug trends, changing dynamics of drug markets, and need for treatment among a high-risk population.</p>		

* See Subject Index on Page 242 for related studies on Demand Reduction: Consequences, High Risk Populations

**NATIONAL INSTITUTE ON ALCOHOL ABUSE AND
ALCOHOLISM (NIAAA)**

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: National Longitudinal Alcohol Epidemiological Survey (NLAES)</p>	<p>FREQUENCY OF DATA COLLECTION: One-time study</p>
<p>SPONSORING AGENCY(IES): National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health</p>	<p>POINT(S) OF CONTACT: Bridget F. Grant Division of Biometry and Epidemiology National Institute on Alcohol Abuse and Alcoholism Wilco Building, Suite 514 6000 Executive Blvd., MSC-7003 Bethesda, MD 20892-7003 <i>Telephone:</i> (301) 443-7370 <i>Fax:</i> (301) 443-8614</p>
<p>PURPOSE OF THE DATA SET: The purpose of the NLAES was to measure the prevalence of alcohol and drug use, abuse, and dependence in the United States using clinically derived measures of disorders as defined in current psychiatric nomenclatures (DSM-IV) and statistical classifications (ICD-10). The NLAES is an important data source for the analysis of the correlates of drug use, abuse, and dependence; the size and characteristics of the population needing treatment; alcohol and drug use among special populations; and the comorbidity of alcohol and drug use disorders with clinically defined mental disorders.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Major results of the NLAES have been disseminated to the research community worldwide through over 60 publications in major peer-review journals and presentations at numerous national and international meetings and conferences. Most of this research is substantive as opposed to purely descriptive. The Division of Biometry and Epidemiology (DBE) advertised widely the availability of the NLAES data set and has provided it to hundreds of interested parties with the alcohol and drug treatment, prevention, and research communities worldwide. Special tabulations of the data have been conducted by the DBE upon request from the media and U.S. Congress. The data have been used as the basis in the development of numerous World Health Organization survey instruments designed for cross-cultural use. NLAES data users include public health professionals, national and international agencies, and academic institutions.</p>	
<p>AVAILABLE FORMATS: NLAES data results are available in printed format, as described above, and as a public use data tape in ASCII format.</p>	<p>SAMPLE SIZE OF DATA SET: 43,862 interviews in 1992</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): All interviews were conducted person-to-person with randomly selected persons. The NLAES is a representative sample of the United States noninstitutionalized population, ages</p>	

18 and older. Blacks and young adults (ages 18-29) were oversampled, and the response rate was approximately 95 percent. The NLAES was preceded by two test-retest studies conducted in the general population to determine the reliability of all of its data elements. To our knowledge, the conduct of test-retest studies to determine reliability is unique to this Federal survey.

DRUG-RELATED VARIABLES:
 Alcohol and drug use, abuse, and dependence (including frequency, patterns and onset of use, and onset, recency, and duration); severity of alcohol and drug abuse and dependence (both defined according to the DSM-IV, DSM-III-R, DSM-III, and ICD-10 diagnostic criteria); and drug and alcohol treatment utilization.

OTHER VARIABLES:
 None available.

STRENGTHS AND LIMITATIONS OF THE DATA SET:
 Strengths: The NLAES includes (1) a large nationally representative sample that permits precise estimates by age, sex, and ethnicity; (2) reliably and valid measurement of data elements, including clinically defined DSM-IV alcohol and drug use disorders; and (3) reliable measures of physical and psychiatric comorbidity related to substance use disorders.
 Limitations: The target population excluded adolescents and some high-risk populations (e.g., group homes and prison inmates), and direct estimates are not possible for most States.

IMPLICATIONS FOR DRUG POLICY:
 The NLAES provides detailed data with demonstrated reliability on the prevalence of alcohol and/or drug use, abuse, and dependence in the United States, including data on their associated risk factors, consequences, and interrelationships, thereby providing a more rigorous scientific basis for the development of strategies for alcohol and drug use, abuse, and dependence prevention and intervention and the determination of unmet treatment need.

* See Subject Index on Page 242 for related studies on Demand Reduction: Prevalence, General Populations

**NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN
DEVELOPMENT (NICHD)**

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: National Longitudinal Study of Adolescent Health</p>	<p>FREQUENCY OF DATA COLLECTION: Conducted in three waves (Wave I - 10/94 – 12/95; Wave II - 4/96 – 8/96; Wave III - 8/01 – 4/02)</p>
<p>SPONSORING AGENCY(IES): National Institute of Child Health and Human Development (NICHD) and 17 other Federal agencies</p>	<p>POINT(S) OF CONTACT: J. Richard Udry Principal Investigator Carolina Population Center 123 West Franklin Street University Square University of North Carolina at Chapel Hill Chapel Hill, NC 27516-2524 <i>Telephone:</i> (919) 966-2829 <i>Fax:</i> (919) 966-7019 <i>E-mail:</i> addhealth@unc.edu</p>
<p>PURPOSE OF THE DATA SET: To study health-related behavior of adolescents in grades 7 through 12, with a focus on examining causes of behavior and the influence of social context. Wave III data allows study of the consequences of adolescent behavior in young adulthood.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Public use data sets will be distributed (on release) by Sociometrics Corporation, 170 State Street, Suite 260, Los Altos, CA 94022-2812; (415) 949-3282, (415) 949-3299 (fax), socio@socio.com. Public use data sets will contain data for one-half of the core sample, selected randomly, and one-half of the oversample of African-American adolescents from well-educated families (i.e., one parent with a college degree), for a total sample size of about 6,500. Restricted use data, which will include the entire core and African-American samples, the oversamples, the genetic samples, and the school administrator questionnaires, will be distributed to certified researchers who commit to maintaining limited access through a contract with the Carolina Population Center.</p>	
<p>AVAILABLE FORMATS: The public use data sets will be available on CD-ROMS in ASCII format that can be read by many statistical software programs. Restricted-use data are available as SAS export files on CD-ROM.</p>	<p>SAMPLE SIZE OF DATA SET: Approximately 90,000 cases from Wave I in-school questionnaire; 20,745 cases in the Wave I in-home interview; 14,738 Wave II in-home interview; 15,197 in Wave III.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): The in-school questionnaires (1994095) were administered to students in high schools and associated middle schools identified through a stratified random sample of all high schools in the country. School administrators completed a questionnaire on school characteristics and</p>	

policies. In the in-home phases (Wave I, Summer and Fall 1995), interviews were conducted with a stratified sample of students enrolled in participating schools (core sample) and with selected oversamples of students. A separate questionnaire was administered to parents of adolescents in Wave I. Information about community and neighborhood characteristics was independently compiled and linked to the individual data. The in-home sample design includes a genetic sample, a saturation sample of all adolescents attending selected high schools, and oversamples of Chinese, Cuban, and Puerto Rican students, students from high-education black families, and disabled students. At Wave II, 14,738 of the Wave I respondents were re-interviewed. The sample design at Wave II excluded the Wave I seniors and disabled sample. For further information on the design, consult the Add Health website at <http://www.cpc.unc.edu/addhealth>.

DRUG-RELATED VARIABLES:

The in-school survey includes questions about risk behaviors, expectations for the future, self-esteem, and health status. The in-home survey includes questions about decision-making processes, criminal activities, and substance use. Substance use questions include cigarette smoking and smokeless tobacco use; alcohol consumption; perceived consequences of alcohol use; use of marijuana, cocaine, inhalants, and other illicit drugs; and injection drug use (including needle sharing). It also contains questions on substance use in relation to driving, violence, and sexual behavior and questions on access to substances in the home.

OTHER VARIABLES:

Other variables include friendships, extracurricular activities, and peer networks. Wave III data contains interviews from 15,197 original 1995 respondents, with information on STD assay results, sexual relationship history, labor market experience, childbearing and pregnancies, binge drinking, ADHD, educational and residence history, criminal justice events, civic participation, substance use, gambling, religion, and mentoring. It also contains interview data from 1,507 current partners of original respondents.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

Strengths: The sample is large and is representative of the entire U.S. junior high and high school populations. It is longitudinal in order to assess how people change their behaviors within changing social environments. It explores the effect of social context (e.g., families, peer groups/social networks, schools, and communities) on behavior.

Limitations: It does not include individuals who are not enrolled in schools at the beginning of the study; thus, its findings may not be generalizable for youth who have dropped out due to behavioral or other social problems. It does capture dropouts over time.

IMPLICATIONS FOR DRUG POLICY:

Provides information on the effect of social environment (e.g., peer pressure and family background) on adolescent choices with respect to substance abuse and other risky behaviors.

* See Subject Index on Page 242 for related studies on Demand Reduction: Prevalence, Youth Populations

NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Community Epidemiology Work Group (CEWG)</p>	<p>FREQUENCY OF DATA COLLECTION: Not a data collection system. The CEWG is a network of researchers who meet semiannually to present and discuss drug abuse indicator data from their locales.</p>
<p>SPONSORING AGENCY(IES): National Institute on Drug Abuse (NIDA), National Institutes of Health</p>	<p>POINT(S) OF CONTACT: Nicholas J. Kozel Epidemiology Research Branch Division of Epidemiology, Services and Prevention Research National Institute on Drug Abuse 6001 Executive Boulevard, Room 5153 Bethesda, Maryland 20892-9589 <i>Telephone:</i> (301) 402-1504 <i>Fax:</i> (301) 443-2636 <i>Email:</i> nk10a@nih.gov</p>
<p>PURPOSE OF THE DATA SET: The CEWG meets semiannually with the primary objective of providing ongoing community level public health surveillance of drug use and abuse, principally through CEWG representative's reports of analyses of local epidemiologic and research data.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: NIDA publishes a Proceedings from each meeting along with a companion Advance Report and a Highlights and Executive Summary volume. A summary is also made available through the NIDA Director's Report which is prepared for NIDA Advisory Council Meetings. These reports are distributed to Federal, State, and local officials, researchers, and service providers through the National Clearinghouse for Alcohol and Drug Information and is also available on NIDA's website: http://www.nida.nih.gov/CEWG/CEWG.Home.html</p>	
<p>AVAILABLE FORMATS: Published reports are available as described above.</p>	<p>SAMPLE SIZE OF DATA SET: Not applicable--not a data collection system. CEWG representatives come from 21 metropolitan areas.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Not applicable--not a data collection system. Each CEWG representative utilizes available data for his/her locality. These include, for example, national data sets such as the Drug Abuse Warning Network and Drug Enforcement Administration price/purity data, treatment data from State data systems, local school surveys, focus group research, local ethnographic studies, and local police reports.</p>	

<p>DRUG-RELATED VARIABLES:</p> <p>Not applicable--not a data collection system</p> <p>CEWG reports include, but are not limited to, analyses of drug type; age, race/ethnicity, and sex; price and purity; HIV seropositivity among injecting drug users; routes of administration; drug combinations; drug trafficking; drug-related deaths; and drug-related emergency room cases.</p>	<p>OTHER VARIABLES:</p> <p>Not applicable--not a data collection system.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>Not applicable--not a data collection system.</p> <p>Strengths: Local-area specific information, up-to-date, and identifies emerging drug abuse patterns.</p> <p>Limitations: Because reports are community-based (a major strength), information is not necessarily consistent across areas.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>Identifies emerging problems which can be targeted for intervention before they spread and/or become epidemic in proportion. Identifies geographic variations in the nature and extent of problems and thus the need for community-based and tailored response.</p>	

* See Subject Index on Page 242 for related studies on Demand Reduction: Prevalence, General Populations

Federal Data Set Inventory Form

TITLE OF DATA SET: Drug Abuse Treatment Outcome Study (DATOS)	FREQUENCY OF DATA COLLECTION: A one-time survey
SPONSORING AGENCY(IES): National Institute on Drug Abuse (NIDA), National Institutes of Health	POINT(S) OF CONTACT: Bennett Fletcher, Ph.D.. Analytic Unit Division of Epidemiology, Services, and Prevention Research National Institute on Drug Abuse 6001 Executive Blvd, Ste 5153 MS 9589 Bethesda, MD 10892 <i>Telephone:</i> (301) 443-2274 <i>Fax:</i> (301) 443-2636 <i>Email:</i> bf31v@nih.gov
PURPOSE OF THE DATA SET: Research on drug abuse treatment outcomes.	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data are disseminated through peer-reviewed publications, presentations at professional meetings, and agency publications.	
AVAILABLE FORMATS: Data are being made available for secondary analysis through the Inter-university Consortium for Political and Social Research (ICPSR) at the University of Michigan.	SAMPLE SIZE OF DATA SET: The sample is based on 10,010 adult intakes to treatment in 96 treatment programs in 11 cities nationwide and approximately 3,000 12-month followups. A 5-yr follow-up on a subset of 708 adult cocaine users has been completed. A separate study of about 3000 adolescents entering drug treatment from 1993 to 1995, with about 1200 12-month follow-ups, has been conducted.
METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): DATOS is a longitudinal prospective study of adults entering drug abuse treatment programs. The sample of 96 programs is drawn purposively from 4 modalities (i.e., methadone, short-term inpatient, long-term residential, and non-methadone outpatient). Programs are selected to represent stable, typical community-based drug abuse treatment programs. Self-report data were collected at intake on 10,010 individuals, at 1, 3, 6, and 12 months during treatment, and on 3000 subjects at 12 months after treatment termination. Urine samples were obtained from a random sample of followup subjects. Intake data were collected during 1991-1993, 12-month followup data were collected during 1992-1995, and 5-yr follow-up were collected in 1997-1999. The DATOS-Adolescent study uses parallel methodology, in	

23 programs from 3 modalities (short-term inpatient, long-term residential, and outpatient) in 4 cities.

DRUG-RELATED VARIABLES:

DATOS collects comprehensive data on drug use, including type of drug, how administered, date of first use, frequency of use, and other. DSM-III-R diagnoses of abuse and dependence are also obtained for alcohol, cocaine, and opiates.

OTHER VARIABLES:

These include treatment history; type and amount of services received; diagnoses of anxiety, depression, and antisocial personality disorder (conduct disorder and attention deficit/hyperactivity disorder in adolescents) and other indicators of mental health status; behavioral and cognitive functioning; physical health indicators; HIV risk behaviors; involvement in illegal acts; criminal justice status; education/training; indicators of motivation to change; ASI variables; employment/financial support; income data; religiosity/self-concept; demographics/background variables, and other measures.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

Strengths: DATOS is the best, most comprehensive, and most up-to-date source of data on outcomes of drug abuse treatment as it is typically delivered in community-based treatment programs. The adolescent study is the first to examine usual treatment designed for and delivered to adolescent drug abusers.

Limitations: The generalizability of the study is limited to the treatment modalities in the study, larger metropolitan areas, and generally larger and more stable treatment programs. The findings will be limited to drug abusers who enter treatment and will not address whether treatment would be effective for untreated drug users. Self-report data may be subject to social desirability, recall, or other biases.

IMPLICATIONS FOR DRUG POLICY:

NIDA and other agencies have relied on DATOS in describing the evolving treatment system, describing current drug abuse treatment populations, examining treatment outcomes, investigating relationships between client and program factors, estimating the cost-effectiveness of drug abuse treatment in comparison with alternatives, identifying research gaps, and setting future research agencies.

DATOS has the potential to make significant multifaceted contributions in a wide range of research and policy areas, including questions on drug abuse treatment outcomes; relationships between client factors, program factors, and outcomes; health services research questions; policy questions regarding drug abuse treatment funding and systematic improvement; and questions of methodological interest. DATOS will address questions regarding drug abuse treatment effectiveness and health services research and will identify research questions and provide findings that will have fundamental and timely significance in upcoming national policy discussions regarding the role of treatment in addressing the problem of drug abuse.

* See Subject Index on Page 242 for related studies on Demand Reduction: Evaluation, General Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: The Monitoring the Future Study</p>	<p>FREQUENCY OF DATA COLLECTION: Annually</p>
<p>SPONSORING AGENCY(IES): National Institute on Drug Abuse (NIDA), National Institutes of Health (Grant from NIDA to the University of Michigan)</p>	<p>POINT(S) OF CONTACT: James Colliver, Ph.D.. Division of Epidemiology, Services, and Prevention Research National Institute on Drug Abuse 6001 Executive Blvd. Suite 5153 MSC 9589 Bethesda, MD 20892-9589 <i>Telephone:</i> (301) 401-1846 <i>Fax:</i> (301) 443-2636 <i>Email:</i> jc163b@nih.gov</p>
<p>PURPOSE OF THE DATA SET:</p> <p>Monitoring the Future (MTF) is as an ongoing study that provides information about prevalence, patterns and trends in substance abuse and related beliefs and attitudes among the nation's youth. This information is useful for informing policymaking, assessing the impact of drug control programs, supporting rational public debate, and providing a basis for resource allocation. The study also monitors a number of factors that may help explain changes observed in drug use. Other research objectives of the MTF Study include: gaining a better understanding of the attitudes, beliefs, values, and lifestyles associated with drug use, determining which young people are at risk of developing various patterns of drug abuse, identifying aspects of the social environment associated with drug use, and evaluating the maturational factors associated with drug use.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>Data from this study are published in a two annual reports. The first is an overview, summary report of trends for major drugs among 8th, 10th, and 12th graders. The second is a two-volume main findings report; Volume I provides comprehensive tables, figures, and narrative on patterns and trends for 8th, 10th, and 12th graders, and Volume II provides similar data on the college students and adults that comprise the longitudinal portion of the study. The mailing lists for the report include university libraries, researchers, congressional officials, government employees, and interested members of the public. In addition, a press release highlighting important trends through the current year is disseminated prior to the release of published reports. In recent years this initial release has involved a press conference in December with the principal investigator and top-level Government officials such as the Secretary of Health and Human Services and the Director of the Office of National Drug Control Policy (ONDCP). The findings are also posted on NIDA's website (www.nida.nih.gov) and the Monitoring the Future website (monitoringthefuture.org).</p>	
<p>AVAILABLE FORMATS: The data are available in printed (two volumes</p>	<p>SAMPLE SIZE OF DATA SET: Each year, approximately 50,000 8th,</p>

<p>each year), machine-readable, and tape format. Remote access to the data is provided at website www.isr.umich.edu/src/mtfras/.</p>	<p>10th, and 12th graders are surveyed and approximately 9,000 young adults and college students who previously participated as seniors are followed up.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):</p> <p>A multistage random sampling procedure is used to select a nationwide sample of 8th, 10th, and 12th graders each year. Stage 1 of the sampling is the selection of particular geographic areas, Stage 2 is the selection (with probability proportionate to size) of schools in each area, and Stage 3 is the selection of students within each school. Separate schools are used for the 8th, 10th, and 12th grade samples. The study is conducted in the spring of each school year and involves collection of data using self-administered questionnaires completed in classrooms under the direction of a University of Michigan staff member during a normal class period. Because numerous questions are needed to cover all the topics in the study, the content for seniors is divided into six different questionnaire forms; about one-third of the items comprise a core set of variables and are on each form. For 8th and 10th graders, there are four questionnaire forms.</p> <p>The study also includes follow-up surveys of subsamples of each senior class since 1976. Around 2,400 seniors are selected from each year's class to be followed up in subsequent years; these students are divided into two equal groups, and one group is surveyed on even-numbered years and the other on odd-numbered years. Follow up data collections are done by mailed questionnaire, and a monetary incentive is used to obtain acceptable response rates.</p> <p>The validity of trends is checked by using a staggered half-sample procedure in which half of the schools in each year's sample participated in the previous year (i.e., each school participates for 2 years); the investigators compare year-to-year trends from the overlapping schools against those from the non-overlapping schools to identify any sampling anomalies. The validity of self-reported drug use is always a concern. Analysis of the longitudinal data in the study shows a high degree of consistency in reported drug use, reflecting favorably on reliability and validity. The investigators also evaluate construct validity as indicated by the relationship between self-reported drug use and other variables such as attitudes, beliefs, behaviors, and social situations.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>The main drug-related items are lifetime, past-year, and past-month use of a wide range of substances, but numerous other relevant variables are collected. The study also includes important attitudinal items known to relate to prevalence of use, such as perceived risk of harm, personal disapproval, and perceived availability.</p>	<p>OTHER VARIABLES:</p> <p>A wide range of demographic items are collected, and there are many other variables of interest, such as the user's grade level at first use for the substances surveyed, general health, personality variables, leisure activities, religiosity, feelings towards school, future plans, drug using behavior of friends, behavior in school, deviant behaviors, and victimization.</p>

STRENGTHS AND LIMITATIONS OF THE DATA SET:

Major strengths of the Monitoring the Future Study are (1) methodological consistency, which facilitates measurement of change from one time period to another, and (2) coverage of the major drug use and related attitudinal variables of interest. Consistency over time results from having maintained the same group of University of Michigan investigators since 1975, when the study began. Accordingly, the measures and procedures have been standardized and applied consistently across each data collection. Although there have been some modifications and additions to items, split-sample techniques have been used to allow users to differentiate secular trends from effects of methodological changes, and many of the key questions have remained the same since 1975. Other strengths include a very low student refusal rate.

A major weakness of this survey, and any other school-based study, is the exclusion of school dropouts. Since dropouts are thought to have higher rates of drug use than students in school, this may result in an underestimation of use, compared to hypothetical statistics for the complete population in the target age ranges. The addition of 8th and 10th graders in 1991 was a response to the problem of dropouts. Department of Education statistics indicate there are very few dropouts at the 8th grade level and the majority of dropouts don't leave school until after the 10th grade. Also, students absent on the day of administration are excluded. Absentees may include students at higher risk of drug use. The investigators periodically publish estimates of the impact of excluding absentees generated by extrapolating from self-reported attendance information from respondents. Another weakness is the lack of oversampling for African-American and Hispanic students. Because of the small numbers of minority students, statistics by race/ethnicity are based on 2-year moving averages. The sample does not support disaggregation for other racial/ethnic groups.

IMPLICATIONS FOR DRUG POLICY:

This data set is the major source of information on drug use and related attitudes among U.S. secondary school students. MTF statistics are used in the preparation of each year's Drug Control Strategy and are an important component of ONDCP's Performance Measures of Effectiveness. Monitoring the Future data are also used to track several of the Healthy People 2010 drug, alcohol, and tobacco use objectives.

* See Subject Index on Page 241 for related studies on Demand Reduction: Prevalence, Youth Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>National Survey of Parents and Youth</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>SEMIANNUALLY STARTING IN NOV. 1999 AND RUNNING THROUGH JUNE 2003 (7 WAVES PLANNED)</p>
<p>SPONSORING AGENCY(IES):</p> <p>National Institute on Drug Abuse (NIDA), National Institutes of Health (NIH) with support from the Office of National Drug Control Policy (ONDCP)</p>	<p>POINT(S) OF CONTACT:</p> <p>Susan Martin, Ph.D.. Division of Epidemiology, Services, and Prevention Research National Institute on Drug Abuse 6001 Executive Blvd Suite 5153 MSC 9589 Bethesda, MD 20892-9589 <i>Telephone:</i> 301-402-1533 <i>Fax:</i> 301-480-2643 <i>E-mail:</i> sm458s@nih.gov</p>
<p>PURPOSE OF THE DATA SET:</p> <p>To measure the impact of the ONDCP-sponsored National Youth Anti-Drug Media Campaign, including (1) measuring change in drug-related knowledge, beliefs, attitudes, and behaviors in children and their parents, (2) assessing the relationship between these changes and exposure to the Media Campaign; (3) assessing the association between parents' and children's drug-related knowledge, beliefs, attitudes, and behaviors; (4) assessing changes in this association with media exposure; and (5) assessing the impact of the campaign on community prevention activities. Components of the study track self-reported exposure to general and Campaign-specific anti-drug advertising; changes in youths' attitudes, beliefs, and behaviors; changes in parents' monitoring of their children and conversations about drug use with their children; association between exposure to the media campaign and changes in these outcome domains. Analyses address the questions of how attitudes, beliefs, and behaviors have changed, and whether the changes that are observed can be attributed to exposure to campaign messages. In longitudinal analyses, they also address the mediating role of beliefs and attitudes in promoting behavioral change and of parental monitoring and anti-drug conversations in influencing youths' attitudes, beliefs, and behaviors.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>Semiannual reports and special analytic reports, disseminated to ONDCP, Media Campaign officials and contractors, Congress, and, through the ONDCP and NIDA websites (www.whitehousedrugpolicy.gov [select "Media Campaign"] and www.nida.nih.gov/DESPR/Westat/index.html, respectively), to the general public.</p>	
<p>AVAILABLE FORMATS:</p> <p>Tabulations and narrative summaries of data are presented in hardcopy reports and on the</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>Achieved sample of around 8,100 youth and 5,500 parents across Waves 1-3; Waves 4-7 will attempt to contact</p>

<p>internet. Public release machine-readable data sets are planned for the future. Survey questionnaires are available on NIDA's website (address above).</p>	<p>respondents from these waves for up to two follow-ups. Expected total of around 20,850 youth interviews and 14,700 parent interviews.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):</p> <p>Universe is youth 9-18 living in households in the 50 states and DC, and their parents. Stratified, multistage, dual-frame sample is being used with selection of primary sampling units, segments, and dwelling units. Screener asks presence of youth 9-18 in household; if eligible, roster of household is obtained and one or two youth and one or two parents are selected by computer-assisted process that favors youth 9-13. Study consists of four fixed national longitudinal panels of eligible youth and their parents, two drawn in Wave 1 and 2 in Waves 2 and 3. Seven data collection waves are planned, in semiannual periods starting in Nov., 1999 and running through June 2003. In Waves 4-7 each panel from Waves 1-3 will be followed up and reinterviewed twice over the field period. Sample will be used for both longitudinal and cross-sectional analyses, and families who move within a 50-mile radius will be followed up. Data are collected by touch-screen audio (with headphones) computer-assisted self-interview (A-CASI), which provides built-in validity and reliability checks of data. Data from youth cover their exposure to Media Campaign messages, their knowledge, beliefs, attitudes, and behaviors related to drug use, and a variety of other factors related to drug use or susceptibility to Media Campaign messages; for parents, data include Media Campaign exposure, beliefs, attitudes, intentions, and behaviors regarding interactions with their children, including talking with the children about drugs, monitoring their children's lives, and involvement in activities with their children. Ad exposure is assessed in part by playing current or recent TV and radio spots on the laptop computers to aid recall.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>For youth, use of tobacco, alcohol, marijuana, inhalants, and ecstasy (starting with Wave 4); related knowledge, beliefs, expectations, and attitudes, including intentions to use, expectations about effects, perceived risks, etc. For parents, (their knowledge of) their child's drug experience; conversations with their child about drug use, their own experience using tobacco, alcohol, marijuana, and inhalants.</p>	<p>OTHER VARIABLES:</p> <p>For youth, exposure to media, exposure to general and Campaign-specific anti-drug messages in various media, variety of background characteristics such as sensation-seeking tendencies, conversations with parents and peers about drugs, and numerous other variables. For parents, exposure to media, exposure to general and Campaign-specific anti-drug messages in various media, attitudes and behaviors related to monitoring their children, and other variables. Demographic characteristics for both.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>Rich source of information about beliefs and attitudes toward drug use, exposure to general and specific media messages, and the impact of these messages on subsequent attitudes, beliefs, and behaviors. One major strength is the availability of dyadic information on parents</p>	

and children in the same household, including their separate reports about comparable subjects such as parent-child conversations about not using drugs. Also, the longitudinal component allows analysis of sequencing effects and stronger attribution of causal connections, such as whether changes in attitudes and intentions occur prior to changes in behavior. It will support numerous studies in addition to the direct evaluation of the Media Campaign, especially in the area of media and communications research. As with any household survey, estimates of drug use may be conservative.

IMPLICATIONS FOR DRUG POLICY:

While designed explicitly to support evaluation of the National Youth Anti-Drug Media Campaign, this study will provide an additional source of information about drug-related beliefs, attitudes and behaviors among youth and parents that may prove useful in policymaking, and the general information on exposure to and reaction to media messages may be helpful in designed future drug prevention programs and related prevention campaigns and programs in smoking, drinking, and other health behaviors.

* See Subject Index on Page 242 for related studies on Demand Reduction: Treatment, Youth Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Cooperative Agreement for AIDS Community-Based Outreach/Intervention Research Program</p>	<p>FREQUENCY OF DATA COLLECTION: Monthly from 1992 through 1998</p>
<p>SPONSORING AGENCY(IES): National Institute on Drug Abuse (NIDA), National Institutes of Health</p>	<p>POINT(S) OF CONTACT: Helen Cesari, M.Sc. Associate Director CAMCODA/NIDA 6001 Executive Blvd. Rm 5198, MSC 9593 Bethesda, MD 20892-9593 Telephone: 301-402-1918 Fax: 301-480-4544 E-mail: HC30X@nih.gov</p>
<p>PURPOSE OF THE DATA SET: To monitor risk factors, behaviors, and rates of HIV seroprevalence and seroincidence among out-of-treatment injection drug users and users of crack cocaine; to evaluate experimental interventions designed to prevent, eliminate, or reduce HIV risk behaviors; and to develop interventions in response to emerging HIV-related issues and implement interventions to prevent the further spread of HIV.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: The final data and documentation were released to the public on SMHDA (Substance Abuse and Mental Health Services Administration Data Archive) on November 20, 2001. The data and documentation are accessible at www.icpsr.umich.edu/SAMHDA/SERIES/camcoda.html.</p>	
<p>AVAILABLE FORMATS: ASCII FILE; machine-readable SAS and SPSS data sets on disk or CD-ROM.</p>	<p>SAMPLE SIZE OF DATA SET: 31, 088</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): The CA public use respondent data file contains 31,088 and 955 variables, collected from 23 sites from 1992 to 1998. Respondents were recruited to the CA through a targeted sampling strategy, either individual or community-level, utilizing ethnographic and epidemiologic sampling techniques. Each site had a per month goal of recruiting 35 multi-ethnic/racial drug injectors and crack users at risk for HIV (70% male). Eligibility criteria: self-reported injection, crack or cocaine use within the past 30 days; at least 18 yrs of age at the time of the Risk Behavior Assessment and Questionnaire; not currently in treatment at the time of the baseline interview; and not previously interviewed by the National AIDS Demonstration Research or CA programs within the past year. A baseline response rate was not calculable; the follow-up response rate was approximately 66%. Risk behavior assessment questionnaire data and biological HIV test data were collected. Both Respondent and Site</p>	

level data were collected.	
<p>DRUG-RELATED VARIABLES:</p> <p>These include drug types, usage history, current usage, frequency of usage, and route of administration.</p>	<p>OTHER VARIABLES:</p> <p>These include demographics, needle sharing and cleaning, treatment history, sexual behavior, health data, arrest history, income, and employment.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>Major strength: This is a unique database of out-of-treatment injection drug users and crack cocaine users at high risk for HIV transmission in 21 sites of the U.S., Brazil, and Puerto Rico from 1992-1998.</p> <p>Major limitation: This is a convenience sample primarily targeted at injection drug users and crack cocaine users.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>These data provide compelling evidence that community-based HIV prevention interventions, including street-based outreach and HIV testing and counseling, can lead to significant reductions in risk behaviors among not-in-treatment injecting and non-injecting drug users. Evidence-based findings consistently show that HIV intervention programs have resulted in the reduction in use of contaminated injection equipment and high-risk sexual practices among injection drug users, thereby limiting the spread of HIV infection. The overall impact of these findings gain greater significance when considering the number of new AIDS cases that have been averted as a result of these interventions and the potential cost savings in health care dollars associated with treating AIDS and opportunistic infections in patients afflicted with the disease.</p>	

* See Subject Index on Page 241 for related studies on Demand Reduction: Prevalence, Assessments

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: National Pregnancy and Health Survey (NPHS)</p>	<p>FREQUENCY OF DATA COLLECTION: A one-time study</p>
<p>SPONSORING AGENCY(IES): National Institute on Drug Abuse (NIDA), National Institutes of Health</p>	<p>POINT(S) OF CONTACT: Leslie Cooper, Ph.D.. Epidemiology Research Branch Division of Epidemiology, Services, and Prevention Research National Institute on Drug Abuse 6001 Executive Blvd, Rm 5153 Bethesda, MD 20892 <i>Telephone:</i> (301) 402-1906 <i>Fax:</i> (301) 443-2636 <i>Email:</i> lc58q@nih.gov</p>
<p>PURPOSE OF THE DATA SET: To provide extensive information on the nature and extent of substance abuse among women delivering live-born infants in the United States.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: A NIDA press briefing on the results of the NPHS was held on 9/12/94 at the National Conference on Addiction Research in Women. A final report was made available in 1996. The report was disseminated to health care providers and various members in the research community.</p>	
<p>AVAILABLE FORMATS: Public Use Data Sets Available by contacting: 1. National Technical Information Service (NTIS) 1-800-553-6847 or via Internet www.ntis.gov. The publication number is PB99500431 (cost \$69.00 plus shipping) 2. Substance Abuse and Mental Health Data Archive (SAMHDA) 1-888-741-7242 or via Internet http://www.icpsr.umich.edu/SAMHDA</p>	<p>SAMPLE SIZE OF DATA SET: 2,613 women (respondents).</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): The sample design for the NPHS consisted of a two staged probability sampling scheme, with selection of hospitals and then women within hospitals. Only hospitals with >200 annual births in the 48 contiguous States were eligible. The sampling frame consisted of 2,860 hospitals representing about 3,600,000 births using the 1990 SMG Hospital Market database. These hospitals accounted for about 95 percent of all births in the contiguous United States. All Federal Government hospitals, except for large IHS hospitals, were excluded as very few deliveries took place. A random sample of mothers delivering live births at these hospitals who met survey eligibility criteria was selected. In total, there were 2,613 respondents from</p>	

52 participating hospitals in both metropolitan and non-metropolitan areas. Data were weighted to represent over 4 million mothers in the 50 States and the District of Columbia.

In the participating hospitals, the interviewer selected and approached women for the survey while they were still on inpatient status, between 6 to 36 hours after delivery. Data on obstetrical history and demographic characteristics were first obtained via an interviewer-administered questionnaire. Then a self-administered questionnaire containing questions on substance abuse was given. Both English and Spanish versions of the questionnaire were available for use. A consent was sought for a urine test and to abstract both the mother's and infant's medical records. In six selected hospitals, consent was also sought to collect and test hair samples. Data collection took place between October 1992 and August 1993.

Estimates are based on self-reported use and cover prenatal use of a number of illicit drugs, cigarettes, alcohol, and the non-medical and medical use of certain prescription medications that may have psychotherapeutic effects.

DRUG-RELATED VARIABLES:

These include marital status, education, employment status, method of hospital payment, number of prenatal visits, age, race/ethnicity, residence, income, hospital site, and urine test results.

OTHER VARIABLES:

Data on obstetrical history and medical conditions are available on the Interviewer Administered Questionnaire.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

Strengths: The NPHS is the first probability survey specifically designed to provide extensive information on the nature and extent of substance abuse among women delivering live-born infants in the United States. The NPHS was motivated by the growing concern about the use of drugs by pregnant women and by the inadequacy of previous efforts to assess the problem, particularly at the national level.

Limitations: Only 1,178 of 2,613 women consented to urine testing (a 45 percent response rate). Also only 1,622 blinded urine specimens were collected. Thus, a detailed assessment of validity of self-report and non-response bias could not be performed.

IMPLICATIONS FOR DRUG POLICY:

This data will provide valuable information to practitioners and policymakers on the need for drug use screening before and during pregnancy (or at least screening for cigarettes and alcohol use, this is important since women who use these substances are more likely to use illicit drugs than those that do not).

* See Subject Index on Page 241 for related studies on Demand Reduction: Prevalence, High Risk Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: The Washington, D.C. Metropolitan Area Drug Study (DC*MADS)</p>	<p>FREQUENCY OF DATA COLLECTION: A one-time survey</p>
<p>SPONSORING AGENCY(IES): National Institute on Drug Abuse (NIDA), National Institutes of Health</p>	<p>POINT(S) OF CONTACT: Elizabeth Y. Lambert, M.Sc. Health Statistician Center on AIDS and Other Medical Consequences of Drug Abuse (CAMCODA) National Institute on Drug Abuse (NIDA) Rm 5179, MSC 9593 6001 Executive Blvd. Bethesda, MD 20892 <i>Telephone:</i> 301-402-1933 <i>Fax:</i> 301-480-4544 <i>E-mail:</i> el46i@nih.gov</p>
<p>PURPOSE OF THE DATA SET: The purpose is twofold: (1) To estimate the prevalence, correlates, and consequences of drug abuse among all types of people residing in one metropolitan area of the country during one period of time and (2) to develop a methodological model for similar types of research in other metropolitan areas of the country.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data were disseminated in the project's final reports through mailing lists, inquiries, and notices in NIDA Notes and announcements to researchers, policymakers, treatment providers, clinicians, and others interested in the findings. Selected data sets are also now available on http://www.icpsr.umich.edu/SAMHDA</p>	
<p>AVAILABLE FORMATS: DC*MADS consists of a number of component studies, each of which represents a separate subgroup. There separate studies for the homeless and transient population, the institutionalized, women giving birth in D.C. hospitals, treatment clients, young adults, adult and juvenile offenders, opinion leaders, and the D.C. area household and nonhousehold populations combined. The data sets for the homeless and transient population, household and nonhousehold population, and women giving birth, are available from the website above.</p>	<p>SAMPLE SIZE OF DATA SET: The sample size (<i>n</i>) varied by component study. For the homeless and transient, <i>n</i>=908; for the institutionalized, <i>n</i>=1,203; for the household and nonhousehold, <i>n</i>=4,658; for women giving birth in D.C. hospitals, <i>n</i>=1,020; for opinion leaders, <i>n</i>=162; for newly admitted treatment clients, <i>n</i>=640; for young adults, <i>n</i>=201; and for adults and juvenile offenders, <i>n</i>=349 and 198, respectively</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):</p>	

Most of the DC*MADS studies were conducted in 1991 and 1992. Most involved multistage, population-based sampling designs, with sample frames developed for the specific population subgroup under study and interviewer-administered questionnaires. Some studies used secondary data sources to supplement the self-report data, such as the use of medical record data to validate self-reports in the study of women giving birth, or institutional records to supplement respondent self-reports in the institutionalized study.

DRUG-RELATED VARIABLES:

Lifetime, past year, past month drug use of illicit and licit drugs.

OTHER VARIABLES:

Psychological and physical health, income and insurance, use of treatment services, criminal history, education, employment, and demographic characteristics.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

DC*MADS was a comprehensive effort to assess drug abuse among all types of people in one metropolitan area, to develop overall drug use prevalence estimates for populations traditionally under-represented or excluded in household surveys, and to develop a model for similar research in other large and small urban centers. Its limitations are that it occurred in 1991-1992 (the data are relatively old), it focused on only one metropolitan area (the data cannot be generalized to other metropolitan areas in other regions of the country), it is based on self-report (therefore subject to underreporting, misreporting, or distortion by respondents), and its estimates apply to a local area (i.e., precautions are essential to protect the identity of participants, be they institutions or individuals).

IMPLICATIONS FOR DRUG POLICY:

DC*MADS demonstrates a replicable methodological approach for developing representative estimates of the epidemiology of drug abuse among all types of people, regardless of their residential setting, in a metropolitan area. Key domains in DC*MADS were the homeless, the institutionalized, and the household. A major finding with policy implications is that, when data are aggregated for populations from each of the three domains, the overall prevalence estimates for drug use differ only marginally from those that would be obtained from the household population alone. However, when the data are examined closely, the nonhousehold (i.e., homeless and institutionalized) populations have significant and disproportionate representation among the crack cocaine, heroin injection, and needle use subgroups. The findings indicate that, while their overall size is small relative to the household population, the nonhousehold population is large relative to the numbers of extensive and intensive drug users in the metropolitan area.

* See Subject Index on Page 241 for related studies on Demand Reduction: Prevalence, High Risk Populations

NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>The Dynamics of Deviant Behavior, National Youth Survey</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>The first five interviews were conducted annually (to cover respondents' adolescent years); subsequent interviews have been conducted once every 3 years (to cover their early adult years).</p>
<p>SPONSORING AGENCY(IES):</p> <p>National Institute of Mental Health (NIMH) (Violence and Traumatic Stress Research Branch, Division of Epidemiology and Services Research) (this research has been supported primarily by research grants from NIMH)</p>	<p>POINT(S) OF CONTACT:</p> <p>James Breiling, Ph.D.. Head, Perpetrators of Interpersonal Violence Research Program Violence and Traumatic Stress Research Branch Division of Epidemiology and Services Research National Institute of Mental Health 5600 Fishers Lane, Rm. 10C-24 Rockville, MD 20857 <i>E-mail:</i> JBREILIN@nih.gov <i>Telephone:</i> (301) 443-3728 <i>Fax:</i> (301) 443-1726</p> <p>Principal Investigators: Delbert S. Elliott, Ph.D.. David Huizinga, Ph.D.. Institute of Behavioral Science University of Colorado Campus Box 442 Boulder, CO 80309-0442 <i>Telephone No.:</i> (303) 492-1266</p>
<p>PURPOSE OF THE DATA SET:</p> <p>The research program utilized a prospective longitudinal study of a nationally representative sample of American males and females to describe and explain variations in the onset, prevalence, incidence, and course (i.e., escalation and desistance) of delinquency, substance abuse, certain mental health problems and service use, criminal behavior, and family violence.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>Data are disseminated in project reports, journal articles, and books. In addition, the data from the first six waves of data collection have been deposited with the Social Science Data Archives at the University of Michigan, from which they are available for secondary analysis. The archive reports that this data set has been one of the most popular ones in its collection, with four to five requests per month.</p>	
<p>AVAILABLE FORMATS:</p> <p>On diskette and machine-readable formats with</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>The study began in 1976 with a total of</p>

excellent documentation (see above).	1,725 youth ages 11-17 who were selected to constitute a nationally representative sample of American males and females.
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):</p> <p>This research utilizes a prospective, longitudinal, multiple cohort design with a nationally representative sample of American males and females ages 11-17 at the beginning of the study and followed through 1994. Of the original 2,360 eligible subjects, 73 percent agreed to participate at the beginning of the study. The loss rate for nonparticipants by age, sex, and race was proportional to their representation in the general population. Face-to-face, confidential, structured interviews of the participants have been the primary source of data; in addition, juvenile and adult arrest records have been obtained.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>Measures of drug use include self-reports of drug-related behavior (e.g., selling marijuana, being drunk), as well as personal use of alcohol, marijuana, hallucinogens, amphetamines, heroin, cocaine, and barbiturates. Explanatory variables reflect a test of an integrated sociological model for explaining the initiation to, escalation in, and desistance from delinquent behavior.</p>	<p>OTHER VARIABLES:</p> <p>Other measures include delinquency, sex offending, depression, family violence, and a wide variety of other problem behavior as well as socioeconomic and sociodemographic variables.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>Strengths: These include a prospective longitudinal sample representative of American males and females, inclusiveness of offenses/substances, psychometrically robust interview measures, and official records of delinquency and criminal behavior.</p> <p>Limitations: As a prospective longitudinal study, the data obtained are specific to particular years, the sizes of subsamples can become too small for strong comparisons and limitations are inherent in self-report interviews. For greater detail, see Huizinga, D., and Elliott, D.S. 1986. <i>A Reassessing the Reliability and Validity of Self-Report Delinquency Measures. Journal of Quantitative Criminology 2:293-327.</i></p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>The implications for drug policy pertain to, among others, the relationship among substance abuse, delinquency/crime, mental health concerns, common and different explanatory variables, and conventional approaches to prevention and treatment. See especially: Elliott, D.S., Huizinga, D., and Ageton, S.S. 1995. <i>Explaining Delinquency and Drug Use.</i> Beverly Hills, CA: Sage; and Elliott, D.S., Huizinga, D., and Menard, S. 1989. <i>Multiple Problem Youth: Delinquency, Drugs and Mental Health Problems.</i> New York, NY: Springer.</p>	

* See Subject Index on Page 241 for related studies on Demand Reduction: Prevalence, Youth Populations

OFFICE OF NATIONAL DRUG CONTROL (ONDCP)

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Pulse Check</p>	<p>FREQUENCY OF DATA COLLECTION: Semi-annually</p>
<p>SPONSORING AGENCY(IES): ONDCP</p>	<p>POINT(S) OF CONTACT: Anne McDonald-Pritchett Policy Analyst and COTR, Pulse Check 750 17th St., NW Washington, DC 20503 <i>Telephone No.:</i> 202-395-9865 <i>Fax No.:</i> 202-395-6729 <i>e-mail:</i> Anne_m_pritchett@ondcp.eop.gov</p>
<p>PURPOSE OF THE DATA SET: Pulse Check provides a snapshot of the current drug situation and reports on emerging trends in drug markets and chronic users to inform policy and decision-makers.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Pulse Check is disseminated by ONDCP to researchers, the public, key stakeholders, and others interested in emerging drug trends via hard copy and ONDCP's website.</p>	
<p>AVAILABLE FORMATS: The report is available via ONDCP's website and in hard copy.</p>	<p>SAMPLE SIZE OF DATA SET: 80 respondents</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Telephone discussions are conducted with ethnographers and epidemiologists, law enforcement personnel, and methadone and nonmethadone treatment providers in 20 sites across the country. Areas of focus include changes in the characteristics of users and markets, including route of administration of particular drugs, shifts in primary user groups, introduction of new drugs or changes in existing patterns of chronic drug use, and new marketing methods and approaches for selling drugs by drug dealers.</p>	
<p>DRUG-RELATED VARIABLES: Drug use patterns, price and purity of various drugs, information on the extent of the drug problem in particular communities, and impact on various systems in the community, including treatment and law enforcement. Specific sections on crack and powder cocaine, heroin, marijuana, methamphetamine, club drugs.</p>	<p>OTHER VARIABLES: Demographics of users and traffickers</p>

STRENGTHS AND LIMITATIONS OF THE DATA SET:

Issued twice a year providing results on a quick-turnaround basis. Strengths include: provides a snapshot of the drug abuse problem in 20 different sites across the county, identifies emerging drug problems and changes in users and sellers that have implications for law enforcement, treatment, and other systems. Other strengths include the collection of detailed data on price and purity of different drugs across a variety of sites and the collection of data from 4 different types of respondents in each community providing insight into the varying impact on different parts of the community and insight into how and when emerging drug problems are detected in each part of the system. Provides special topic sections, including club drugs, synthetic opiates, and the impact of 9/11. Limitations include small number of sites and inability to project results to the national level.

IMPLICATIONS FOR DRUG POLICY:

Identifies not just emerging drug problems but changes in patterns of use, users, and the sale of illegal drugs. Special topic sections allow for a more detailed look at emerging drug problems to assist policymakers in determining whether targeted interventions or other measures are needed to address a particular problem.

See Subject Index on Page 241 for related studies on Demand Reduction: Prevalence, General Populations

**SUBSTANCE ABUSE AND MENTAL HEALTH
ADMINISTRATION (SAMHSA)**

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Alcohol and Drug Services Study (ADSS)</p>	<p>FREQUENCY OF DATA COLLECTION: One-time (1997-1999)</p>
<p>SPONSORING AGENCY(IES): Substance Abuse and Mental Health Services Administration</p>	<p>POINT(S) OF CONTACT: Anita Gadzuk, Public Health Analyst Office of Applied Studies Substance Abuse and Mental Health Services Administration 5600 Fishers Lane, Rm. 16-105 Rockville, MD 20857 <i>Telephone:</i> (301) 443-0465 <i>Fax:</i> (301) 443-9847</p>
<p>PURPOSE OF THE DATA SET: ADSS is a national survey of substance abuse treatment facilities and patients. The data will be used to develop better estimates of the costs of treatment, to make estimates of the average length of stay in treatment, and to relate treatment services and resources to the posttreatment status of patients. ADSS is the continuation of the 1990 DSRs and 1995 SROS surveys and provides more detailed information on the organization of the national treatment system and the costs of treatment.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Reports on each of the three phases of the survey will be disseminated to participating treatment facilities, to individuals on the SAMHSA general mailing lists, to requestors, and to those accessing the SAMHSA web page. Public-use data files will also be provided to requestors and will be available through the SAMHSA web page.</p>	
<p>AVAILABLE FORMATS: Data will be disseminated through published reports and public-use files. A report on the estimated cost of treatment is expected to be available in 2001.</p>	<p>SAMPLE SIZE OF DATA SET: A sample of 2,400 facilities was selected from an enhanced facility universe for collection of facility-level data; 300 facilities were sub-sampled for site visit to abstract patient-level information on a sample of over 5,000 patients.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): ADSS consists of three phases: (1) a facility-based telephone interview with a representative sample of substance abuse treatment providers; (2) a record-based survey of patients where patient-level information was collected on a sample of patients discharged during a 6-month time period; and (3) follow-up personal interviews with the sample of patients and a comparison group to determine substance use, criminal behavior, and other functional characteristics. Follow-up was conducted between February 1998 and May 1999.</p>	
<p>DRUG-RELATED VARIABLES: Drug-related variables include drug treatment</p>	<p>OTHER VARIABLES: Facility characteristics include such</p>

<p>type and patient length of stay in treatment, drug use history and urine test results, and source of payment for drug treatment.</p>	<p>variables as ownership, accreditation, drug patient workload, staffing, sources of revenue, and treatment cost. Patient demographic characteristics include such variables as age, race, sex, pregnancy status, source of referral to treatment, and living arrangements. Follow-up information includes drug and alcohol use, criminal behavior, employment status, and health resource use.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>The ADSS data set includes information that can be used to make national estimates on the characteristics of patients in treatment, the average length of stay in treatment, the cost of treatment, and the sources of funding for treatment. The data will not support state or local area estimates.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>ADSS data will expand our capacity to estimate annual admissions to treatment, the average length of stay in treatment, and the cost of treatment. The data will also increase our knowledge on patient referrals to treatment and treatment completion. Data from the personal interviews and urine tests will provide information on the status of individuals subsequent to the identified treatment episode.</p>	

* See Subject Index on Page 242 for related studies on Demand Reduction: Treatment, General Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Spending Estimates for Mental Health and Substance Abuse Services</p>	<p>FREQUENCY OF DATA COLLECTION: Periodically depending on availability of underlying data</p>
<p>SPONSORING AGENCY(IES): Substance Abuse and Mental Health Administration (SAMHSA)</p>	<p>POINT(S) OF CONTACT: Joan D. Dilonardo, R.N., Ph.D.. Office of Quality Improvement and Financing Center for Substance Abuse Treatment Rockwall II, 7th Floor 5600 Fishers Lane Rockville, MD 20857 <i>Telephone:</i> (301) 443-8555 <i>Fax:</i> (301) 480-3045</p>
<p>PURPOSE OF THE DATA SET:</p> <p>Estimates on national health expenditures, produced regularly by the Health Care Financing Administration (HCFA), provide important information about characteristics and trends in a major component of the nation's economy and such information is critical to inform discussions of Federal and State policies affecting health care. Although a few studies have been done from time to time about expenditures for mental health and substance abuse treatment services, no routine and current source of information regarding the financing and mental health and substance abuse expenditures exists. This project is designed to fill this information gap. This contract effort provides periodic information about national mental health and substance abuse treatment expenditures, comparisons to estimates of national health expenditures published by HCFA, and trends over ten year time periods. The estimates are revised periodically, as new underlying data sets become available.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>Electronic data is not disseminated; some of the data used to produce these results are proprietary, and other data sets are already available. A report of the general findings and central estimates is distributed to a large audience including policymakers at the Federal and State levels, as well as advocacy organizations, and to a broad spectrum of persons involved in policy and economic research in private and public academic and nonacademic settings. A more limited number of technical reports, including background tables are distributed to scientific analysts in a variety of settings, on request. In addition, some portions of the report are posted on the SAMHSA web site.</p>	
<p>AVAILABLE FORMATS: Hard copy reports and tables.</p>	<p>SAMPLE SIZE OF DATA SET: Not applicable.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):</p> <p>These estimates were derived from use of the following sources: National Health Accounts National Hospital Discharge Survey (1986-92, 1994), National Hospital Ambulatory Care Survey (1992-95), National Medical Care Survey (1989-95), National Nursing Home Survey</p>	

<p>(1985, 1995), National Home and Hospice Survey (1992), Market Scan (1995), Medicare Claims (1990, 1994), National Medical Care Expenditure Survey (1987 and), and Healthcare Cost and Utilization Project (1988-94). A technical appendix describing the methods implemented is available.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>Cost of treatment services for alcohol abuse/dependence, treatment services for abuse of drugs other than alcohol and tobacco, by payor and sector in which service was delivered (private/public, general/specialty providers by type).</p>	<p>OTHER VARIABLES:</p> <p>Cost of treatment services for mental health disorders were also estimated, with similar breakdowns by payor and service sector (public/private, general/specialty providers by type).</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>Strengths: Data created as similarly as possible to HCFA health accounts so comparisons to other types of health conditions can be made. Projections are based on data created back through 1986 and forward through 2003 so that trends can be observed. These estimates will be revised annually; thus, comparisons of actual experience can be made and trends identified.</p> <p>Limitations: These data focus only on the direct costs of treatment of mental health and substance abuse disorders, not on other comorbidities or health sequelae related to the mental health and substance abuse disorders, nor on other economic impacts of these disorders. The data precluded identification and development of expenditures resulting from comorbid substance abuse and mental health disorders.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>This project provides the best estimate of the number of dollars that the nation currently spends directly on the treatment of substance abuse (with separate amounts for treatment services related to alcohol abuse and the abuse of other drugs) which have been accepted by the field and are used widely. Periodic revision of these amounts will allow trends in national spending to be observed, as well as changes in the payors and types of providers and settings utilized for substance abuse treatment.</p>	

* See Subject Index on Page 242 for related studies on Demand Reduction: Consequences, General Risk Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Community Partnership Demonstration Program Surveys: Student Survey and Adult Community Survey</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>A one-time study. The data were collected in two rounds: Spring 1995 and Spring 1996.</p>
<p>SPONSORING AGENCY(IES):</p> <p>Substance Abuse and Mental Health Services Administration</p>	<p>POINT(S) OF CONTACT:</p> <p>Shakeh Kaftarian, Ph.D.. Health Science Administrator Office of Scientific Analysis Center for Substance Abuse Prevention Rockwall II, Rm. 630 5515 Security Lane Rockville, MD 20852 <i>Telephone:</i> (301) 443-9302 <i>Fax:</i> (301) 443-7878</p>
<p>PURPOSE OF THE DATA SET:</p> <p>This data set is to be used to evaluate the impact of the Community Partnership Demonstration Program on the use of alcohol, tobacco, and illicit drugs on 8th and 10th graders and adults in the Partnership communities.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>The following distribution channels will be used: (1) presentations to conferences of organizations interested in community-based substance abuse prevention programs and (2) publications sought in referenced journals directed at particular constituencies. The final report will be distributed widely throughout the Federal Government and to State and local health and substance abuse agencies. Aggregated, site-specific data will be shared with the cooperating school districts and with individual partnerships by request.</p>	
<p>AVAILABLE FORMATS:</p> <p>Data for dissemination will be in hardcopy form (frequencies).</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>In 24 target and 24 comparison communities, approximately 400 8th and 400 10th graders completed questionnaires, and 300 adults participated in a telephone interview.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):</p> <p>Twenty-four target sites (partnership grants) were selected from the total of 252 grantees based on the type of participant organizations, population density, and the existence of a partnership prior to the grant. Comparison sites were selected based on an algorithm of relevant factors. Schools were selected to represent the youth population of the site. The youth survey was conducted via self-administered questionnaire in the classroom setting. The adult community survey was conducted by telephone using RDD and other probability sampling methods.</p>	

<p>DRUG-RELATED VARIABLES:</p> <p>Variables include use of alcohol, tobacco, and illicit drugs (i.e. marijuana, cocaine, sedatives, stimulants, heroin, inhalants); attitudes of participant, peers and parents; use by peers, parents and friends; and perceptions of drug use and availability in community.</p>	<p>OTHER VARIABLES:</p> <p>Variables include demographics, such as age, gender, race/ethnicity, and education.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>The data set's strengths are the diversity of communities and the standardized drug measures comparable to national studies. The primary limitation is that while the youth and adult samples will be representative of the communities from which they were drawn, the data cannot be generalized beyond those communities.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>This data set, in conjunction with other sets of data included in the National Evaluation project, will be helpful in determining the effectiveness of the community partnership concept in alcohol, tobacco, and other drug use prevention.</p>	

* See Subject Index on Page 242 for related studies on Demand Reduction: Evaluation, General Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Cost Profiles of Substance Abuse Treatment Service Delivery Units</p>	<p>FREQUENCY OF DATA COLLECTION: One-time Study</p>
<p>SPONSORING AGENCY(IES): Substance Abuse and Mental Health Administration (SAMHSA)</p>	<p>POINT(S) OF CONTACT: Dr. Charlene Lewis Office of Applied Studies 5600 Fishers Lane Rockville, MD 20857 <i>Telephone: (301) 443-2543</i> <i>E-mail: clewis@samhsa.gov</i></p>
<p>PURPOSE OF THE DATA SET: To obtain cost data on a wide variety of treatment services and client populations. Most of the data were collected on residential programs that service women and their children. Some data were collected on other treatment modalities (i.e., outpatient) and populations (i.e., adolescents).</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Exact dissemination vehicles have not been determined. Reports will be disseminated as they become available.</p>	
<p>AVAILABLE FORMATS: Data collection is complete. Data are in the process of being made available as a public use file, exact date TBD.</p>	<p>SAMPLE SIZE OF DATA SET: Approximately 1,200 cost profiles on 650 service delivery units.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): A uniform method for collecting substance abuse treatment cost data was used. Data reflect annual costs. Data were collected on CSAT-funded demonstration grantees. Data were collected on units of service by units of measurement. Validity and reliability checks were performed.</p>	
<p>DRUG-RELATED VARIABLES: Treatment modality, client population characteristics, units of service, total cost, and average client cost.</p>	<p>OTHER VARIABLES: Type of accounting system used by provider (fund or accrual), services provided, staffing levels.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET: The greatest strength is that a uniform data collection and analysis method was used based on commonly accepted accounting principles. The greatest weakness is that the sample was not randomly drawn.</p>	
<p>IMPLICATIONS FOR DRUG POLICY: Analyses of the costs of substance abuse treatment services can be performed on a variety</p>	

of treatment modalities. Some analyses have been performed by NEDS and are available at <http://neds.calib.com>.

* See Subject Index on Page 242 for related studies on Demand Reduction: Consequences, High-Risk Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Cross-Site Data Sets</p>	<p>FREQUENCY OF DATA COLLECTION: Completed</p>
<p>SPONSORING AGENCY(IES): Substance Abuse and Mental Health Administration (SAMHSA)/CSAT</p>	<p>POINT(S) OF CONTACT: James M. Herrell, Ph.D.. Division of Practice and Systems Development Center for Substance Abuse Treatment Rockwall II, Suite 740 5600 Fishers Lane Rockville, MD 20857 <i>Telephone:</i> (301) 443-2376 <i>Fax:</i> (301) 443-3543 <i>E-mail:</i> jherrell@samhsa.gov</p>
<p>PURPOSE OF THE DATA SET:</p> <p>The data sets were constructed to support cross-site evaluations of three major CSAT grant programs.</p> <ol style="list-style-type: none"> 1. The Residential Women & Children/Pregnant and Post-Partum Women (RRW/PPW) programs – 50 grants providing residential treatment to pregnant women and women with young children. 2. Juvenile and Criminal Justice Treatment Networks (J/CTN) – 7 grants developing systems of justice and treatment providers to identify and provide appropriate treatment for juvenile substance abusing offenders and adult substance abusing women offenders. 3. HIV Outreach program – 12 grants supporting community based outreach services to substance abusers at high risk for HIV infection or transmission, and their drug and sex partners. <p>The three grant programs have ended; data collection is complete, and the evaluation is in final stages of data analysis, report development, and presentation of findings.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>As data are analyzed, reports are submitted to CSAT, presentations are made to professional conferences, papers and published in journals, and training is offered to providers.</p>	
<p>AVAILABLE FORMATS: Hard copy reports and tables.</p>	<p>SAMPLE SIZE OF DATA SET: Sample sizes vary by study; samples range from 1,000 – 15,000 clients.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):</p> <p>Sample designs, time frames, selection criteria, and type of data vary by study. All data were collected on clients served and services provided by CSAT-supported demonstration grants. The basic design is pre-post-follow-up, with no comparison groups. Although validity and</p>	

reliability checks were performed in each study, and some data elements were developed using standard instruments, the procedures used varied by study.

DRUG-RELATED VARIABLES:

Participation in a substance use treatment program, substance used, reasons for entering and stopping treatment, treatment services received, cost of treatment services.

OTHER VARIABLES:

Employment history, schooling and training, medical history, criminal justice history, living situation.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

The greatest limitation is the reliance on diverse grantees to collect and report data, reducing standardization and follow-up rates. The greatest strength is the aggregate sample size plus basic substance abuse treatment variables are common to all study data sets. In all cases, these are the largest data bases collected for the modalities and populations.

IMPLICATIONS FOR DRUG POLICY:

Data analysis continues. Findings to date have these implications:

RWC/PPW – residential treatment for substance abusing women is effective and robust. Women who stay beyond 30 days show sizable and durable reductions in substance use and criminal behavior, and improvements in employment, parenting skills, and daily living. Treatment for pregnant women sharply reduces adverse birth outcomes, with probable large cost savings. Family reunification effects are sizable. Cost benefit studies are underway, with early findings suggesting significant cost savings of treatment.

J/CJN – Networks improve coordination among justice, substance abuse, and mental health agencies, and increase the likelihood that offenders will receive needed treatment. Development and maintenance of networks requires constant monitoring and feedback.

HIV-Outreach – Outreach is effective in identifying persons who need treatment, engaging them in treatment, reducing HIV risk behaviors, and increasing testing for HIV and other transmittable diseases.

* See Subject Index on Page 242 for related studies on Demand Reduction: Evaluation, General Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Drug Abuse Warning Network (DAWN), Emergency Department Component</p>	<p>FREQUENCY OF DATA COLLECTION: Continuous</p>
<p>SPONSORING AGENCY(IES): Substance Abuse and Mental Health Services Administration</p>	<p>POINT(S) OF CONTACT: Judy K. Ball, Ph.D., M.P.A. Office of Applied Studies Substance Abuse and Mental Health Services Administration Parklawn Bldg., Rm. 16-105 5600 Fishers Lane Rockville, MD 20857 <i>Telephone:</i> (301) 443-1437 <i>Fax:</i> (301) 443-9847 <i>E-mail:</i> jball@samhsa.gov</p>
<p>PURPOSE OF THE DATA SET:</p> <p>DAWN provides a picture of some of the medical consequences of drug abuse by collecting information from hospital emergency departments (EDs). DAWN records substances associated with drug-related ED visits (“episodes”); provides a means for monitoring drug abuse patterns, trends, and the emergence of new substances; assesses health hazards associated with drug use; and generates information for national and local drug abuse policy and program planning. Beginning in 2003, DAWN also will capture ED episodes involving overmedication, malicious poisonings, and underage drinking.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>National and metropolitan area estimates are disseminated through semi-annual reports and special publications, the Internet, and presentations. Customized tabulations may also be requested. Information from DAWN is prepared and disseminated to the Drug Enforcement Administration, the National Institute on Drug Abuse (NIDA), NIDA's Community Epidemiology Work Group, ONDCP, the Food and Drug Administration (FDA), U.S. Congress, State and local health officials, universities, pharmaceutical companies, and the press. A secure online system is being developed whereby authorized staff at participating hospitals will be able to access their own facility's data on an ongoing basis.</p>	
<p>AVAILABLE FORMATS:</p> <p>Publications are available in paper and electronic formats. Adobe® Acrobat® is the standard for electronic dissemination via the Internet. Public use files are not generally available because of confidentiality restrictions</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>The DAWN emergency department component is based on a national probability sample of non-Federal, short-stay, general hospitals with 24-hour emergency departments. These hospitals account for 16 million emergency department visits per year. Hospitals are currently oversampled in 21 Primary Metropolitan Statistical Areas (PMSAs) and expansion into an</p>

additional 27 metropolitan areas is underway. Hospitals outside of these areas are sampled and form a national panel. National estimates are produced by combining estimates from the metropolitan areas and the national panel. Prior to the redesign, national estimates were possibly only for the coterminous U.S. Once the expansion is complete, approximately 950 hospitals will report to DAWN and estimates will be produced for the full U.S. and for 48 metropolitan areas.

METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):

Each hospital emergency department that participates in DAWN has a reporter (often an employee of the hospital) who is authorized by the emergency department to access medical records. Reporters review emergency department medical records, identify DAWN cases, and record and submit demographic and substance use data elements on each drug abuse-related case. To be reported to DAWN, the patient must have been treated in the hospital's emergency department and the patient's presenting problem must have been induced by or related to drug abuse. Currently, reporters submit case information about ED episodes related to suicide attempts by drug overdose; detoxification or drug abuse treatment-seeking, and abuse of illicit, prescription and over-the-counter drugs. The DAWN case definition is being expanded to capture a broader range of substance abuse cases, and beginning in 2003, ED visits involving overmedication, malicious poisonings, and underage drinking also will be reported to DAWN. New data elements will improve the quality of data. Quality assurance is conducted at several levels. Staff from the DAWN central office conducts site visits and periodically performs parallel data abstraction. Paper forms (which are being phased out) are blind double keyed. With electronic reporting, consistency and validity checks are performed at data entry; a sample of case narratives will be checked to confirm eligibility; and statistical process control methods will be used to detect aberrant reporting.

DRUG-RELATED VARIABLES:

Substances involved (currently up to 4 substances, plus alcohol) and route of administration. Beginning in 2003, up to 6 substances plus alcohol, type of case; presenting complaint; diagnosis; case description.

OTHER VARIABLES:

Date of visit; patient's age, sex and race/ethnicity; disposition from emergency department.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

Strengths: DAWN produces both national and metropolitan area estimates on drug-related ED visits and long-term trends; provides detailed information about the drugs taken; provides detailed information on use and misuse of prescription and over-the counter drugs, particularly when suicide is involved; and compiles tabulations on a semi-annual basis. DAWN captures more detailed drug information than any other major substance data collection system. Under the new design, improvements to the case definition and greater use of direct chart review for case identification will improve DAWN's ability to capture drug abuse cases consistently; new data elements will improve the quality of information about cases; and the expansion into new metropolitan areas will enable DAWN to provide estimates for the full U.S. and for 48 metropolitan areas. The FDA and pharmaceutical

companies use information from DAWN to monitor the abuse of prescription and over-the-counter drugs. A secure online system is being developed whereby authorized staff at participating hospitals will be able to access their own facility's data on an ongoing basis. DAWN publications are timely, usually released within 7 months of the close of the data period.

Limitations: The data set relies on information that is recorded in the medical record; no patients are interviewed. Health care settings within the hospital but outside of the emergency department, as well as emergency facilities outside of hospitals, are not covered. Toxicology test results may not be available at the time of data abstraction. Alcohol-related emergencies in adults over 21 are not included unless they involve another drug. Repeat visits by the same individual cannot be linked together. DAWN is not intended to provide a measure of prevalence. Total drug episode data may not be a good indicator of illicit drug problems because suicide attempts, prescription and over-the-counter drugs are also included, but data for illicit drug episodes can be extracted. Route of administration is frequently missing because such information is often not documented in the medical record. Drugs are captured at the level of detail present in the medical record; the same drug may be reported to DAWN by brand, generic, chemical, street, or nonspecific name. Therefore, brand-level estimates are deemed unreliable and are not published. The redesign of DAWN, based on an extensive evaluation of alternatives, focused on overcoming limitations and meeting users' information needs.

IMPLICATIONS FOR DRUG POLICY:

DAWN provides data on trends in emergency department visits related to substance abuse, both nationally and locally, and provides a means to detect new drugs of abuse and changes in patterns of the abuse of illicit, prescription and over-the-counter drugs; overmedication; suicide attempts, and malicious poisonings.

* See Subject Index on Page 242 for related studies on Demand Reduction: Evaluation, General Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Drug Abuse Warning Network (DAWN), Medical Examiner Component</p>	<p>FREQUENCY OF DATA COLLECTION: Continuous</p>
<p>SPONSORING AGENCY(IES): Substance Abuse and Mental Health Services Administration</p>	<p>POINT(S) OF CONTACT: Judy K. Ball, Ph.D., M.P.A. Office of Applied Studies Substance Abuse and Mental Health Services Administration Parklawn Bldg., Rm. 16-105 5600 Fishers Lane Rockville, MD 20857 <i>Telephone:</i> (301) 443-1437 <i>Fax:</i> (301) 443-9847 <i>E-mail:</i> jball@samhsa.gov</p>
<p>PURPOSE OF THE DATA SET: The DAWN mortality component captures some of the most severe consequences associated with substance abuse: deaths that are induced by or related to the abuse of illicit, prescription and over-the-counter drugs. DAWN records substances associated with drug abuse deaths reviewed by participating medical examiners and coroners (ME/Cs); provides a means for monitoring patterns and trends associated with drug abuse; and generates information for national and local drug abuse policy and program planning. Beginning in 2003, DAWN also will capture drug-related deaths involving overmedication, malicious poisonings, and underage drinking.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Tabulated data are disseminated through annual reports and special publications, the Internet, and presentations. Customized tabulations may also be requested. Information from DAWN is prepared and disseminated to the Drug Enforcement Administration, the National Institute on Drug Abuse (NIDA), NIDA's Community Epidemiology Work Group, ONDCP, the Food and Drug Administration (FDA), U.S. Congress, State and local health officials, universities, pharmaceutical companies, and the press. A secure system to provide ME/Cs ongoing online access to data from their facilities is being developed.</p>	
<p>AVAILABLE FORMATS: Publications are available in paper and electronic formats. Adobe® Acrobat® is the standard for electronic dissemination via the Internet. Public use files are not available because of confidentiality restrictions.</p>	<p>SAMPLE SIZE OF DATA SET: The DAWN mortality component is not based on a probability sample, so it cannot produce national estimates of drug abuse-related deaths. Approximately 137 medical examiners and coroners in 43 metropolitan areas participate in DAWN currently. Expansion to include all jurisdictions (approximately 300) in 48 metropolitan</p>

areas (those targeted for the DAWN emergency department expansion) is underway. For those metropolitan areas where all jurisdictions participate, metropolitan area totals provide a census of drug-related deaths that were investigated by the ME/Cs. In some metropolitan areas, not all jurisdictions participate, and participation may vary from year to year. Therefore, metropolitan area trends are assessed using a panel of consistently reporting ME/Cs for the period of interest.

METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):

Each jurisdiction that participates in DAWN has a reporter who is authorized by the ME/C to access case records. Reporters review completed case records, identify DAWN cases, and record and submit demographic and substance abuse data elements on each drug-related death. To be reported to DAWN, the decedent's death must have been caused by or related to drug abuse. Cases include drug-induced suicides and other deaths involving the abuse of illicit, prescription and over-the-counter drugs. The DAWN case definition is being expanded to capture a broader range of cases involving drugs, and beginning in 2003, deaths involving overmedication, homicides by poisoning, and underage drinking also will be reported to DAWN. Quality assurance is conducted at several levels. Staff from the DAWN central office conducts site visits and periodically performs parallel data abstraction. Paper forms (which are being phased out) are blind double keyed. With electronic reporting, consistency and validity checks are performed at data entry; a sample of case narratives will be checked to confirm eligibility; and statistical process control methods will be used to detect aberrant reporting.

DRUG-RELATED VARIABLES:

Substances involved (up to 6 substances, plus alcohol; cause of death; manner of death; factors supporting DAWN case determination; route of administration.

OTHER VARIABLES:

Date of death; decedent's age, sex, and race/ethnicity.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

Strengths: DAWN provides metropolitan area data on deaths induced by or related to drug use and supports trend analysis among consistently reporting jurisdictions. Under the new design, expansion into the 48 metropolitan areas targeted for the emergency department expansion and recruitment of all jurisdictions within those areas will permit morbidity and mortality indicators can be used in concert. For those metropolitan areas where all jurisdictions participate, metropolitan area totals provide a census of drug-related deaths that were investigated by the ME/C. DAWN provides detailed information about the drugs that were involved in the death; provides detailed information on misuse of prescription and over-the counter drugs, particularly when suicide is involved; and compiles tabulations on an annual basis. DAWN captures more detailed drug information than is available on death certificates, and DAWN tabulations are more timely than vital records. Under the new design, improvements to the case definition will improve consistency. A system to provide ME/Cs secure online access to data about their own cases is being developed. The FDA and pharmaceutical companies use information from DAWN to monitor deaths resulting from the abuse of prescription and over-the-counter drugs.

Limitations: DAWN cannot produce national estimates of drug abuse deaths because the mortality component is not based on a probability sample. Jurisdictions that report to DAWN may not cover the universe of ME/Cs in a metropolitan area, but a goal of the expansion is to

recruit all jurisdictions in targeted areas, so that a census of drug abuse deaths for those areas can be obtained. Participating jurisdictions vary somewhat from year to year, so trends can be assessed only for those consistently participating throughout the period of interest. The types of deaths that are referred to ME/Cs vary across jurisdictions. Delays in closing cases or receiving toxicology results at the ME/C sites translate into delays in data submission to DAWN, which in turn delay publication of findings. Some systematic reporting differences across ME/Cs are apparent for particular drugs (e.g., marijuana) or types of cases (e.g., drug-induced or drug-related), but the extent of the underreporting is impossible to quantify. Alcohol-related deaths in adults over 21 are not included unless they involve another drug. The redesign of DAWN, based on an extensive evaluation of alternatives, focused on overcoming limitations and meeting users' information needs.

IMPLICATIONS FOR DRUG POLICY:

DAWN provides information on local trends, detects new drugs of abuse, provides insights into the misuse of prescription and over-the-counter drugs, underage drinking deaths, suicides by drug overdose and homicides by poisoning, and provides some indication of the extent of hardcore drug use.

* See Subject Index on Page 242 for related studies on Demand Reduction: Consequences, General Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Drug and Alcohol Services Information System (DASIS)</p> <p>The DASIS has three components: (1) the <i>Inventory of Substance Abuse Treatment Services (I-SATS)</i>, a master list of all organized substance abuse treatment programs, both public and private, known to SAMHSA; (2) the <i>National Survey of Substance Abuse Treatment Services (N-SSATS)</i>, an annual survey of the substance abuse treatment facilities listed on the I-SATS; and, (3) the <i>Treatment Episode Data Set (TEDS)</i>, a minimum data set of information about individuals admitted to treatment, primarily by providers receiving public funding.</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>I-SATS and TEDS, continuous; N-SSATS, annual</p>
<p>SPONSORING AGENCY(IES):</p> <p>Substance Abuse and Mental Health Services Administration</p>	<p>POINT(S) OF CONTACT:</p> <p>Deborah Trunzo DASIS Team Leader Office of Applied Studies Substance Abuse and Mental Health Services Administration 5600 Fishers Lane, Room 16-105 Rockville, MD 20857 <i>Telephone: (301) 443-0525</i> <i>Fax: (301) 443-9847</i> <i>E-mail: dtrunzo@samhsa.gov</i></p>
<p>PURPOSE OF THE DATA SET:</p> <p>DASIS provides national and state-level information on the location, characteristics, services, and utilization of specialty substance abuse treatment facilities and on the demographic and drug-use characteristics of patients admitted to treatment at these facilities. The I-SATS serves as a sampling frame for special studies of substance abuse treatment.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>Reports include (1) annual reports for N-SSATS and TEDS that present summary data for that year as well as trend data; both State-level and national data are included; (2) the <i>National Directory of Drug and Alcohol Abuse Treatment Programs</i>, published annually, and the on-line <i>Substance Abuse Treatment Facility Locator</i>; (3) web-only TEDS summary data for each state for the most recent complete year; (4) on-line access for State substance abuse agencies to their I-SATS listings; (5) special <u>ad hoc</u> analyses.</p>	

<p>AVAILABLE FORMATS:</p> <p>TEDS and N-SSATS data reports and the <i>National Directory</i> are distributed in printed form. Data reports can also be accessed through the SAMHSA/OAS home page on the Internet at www.DrugAbuseStatistics.samhsa.gov. The Substance Abuse Treatment Facility Locator, a frequently updated, searchable version of the Directory, can be found at www.findtreatment.samhsa.gov. N-SSATS and TEDS public use data files can also be accessed at www.DrugAbuseStatistics.samhsa.gov.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>The universe for the I-SATS and N-SSATS is all known publicly and privately funded drug and alcohol abuse treatment facilities. There are approximately 17,000 active treatment facilities in the I-SATS. The TEDS universe consists primarily of those substance abuse treatment facilities that receive public funding through from State Substance Abuse Agencies; TEDS includes patient level data on admissions to these facilities and contains data on approximately 1.6 million admissions per year from 1992 to the present.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):</p> <p>The I-SATS is updated continuously by State Substance Abuse Agencies and by periodic enhancements that search listings of potential substance abuse treatment providers. N-SSATS is a point-prevalence survey of all treatment facilities on the I-SATS; N-SSATS data are collected by mail questionnaire, web-based questionnaire, and telephone interviews with mail/web nonrespondents. The TEDS minimum data set on patient admissions is transferred electronically from States to SAMHSA. Some States also submit a discharge data set, which can be linked to the admissions data set to provide information on treatment episodes. Plans call for increasing State participation in the TEDS discharge data set.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>N-SSATS collects information on facility location, ownership and other characteristics, services provided, and aggregate client counts. TEDS variables include drug use history, clinical and treatment data.</p>	<p>OTHER VARIABLES:</p> <p>Patient demographics</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>Strengths: DASIS contains the only ongoing national comprehensive data sets on substance abuse treatment facilities and substance abuse clients admitted to facilities that receive public funds. These data sets provide a foundation for analysis and research on the cost, organization, structure, and effectiveness of the national treatment system. The I-SATS provides a national sampling frame for special studies, including studies of treatment outcomes. The longitudinal nature of these data permit monitoring of trends.</p> <p>Limitations: DASIS is known to omit some treatment units, particularly privately funded units, and some clients. Attempts to address these gaps are made through periodic frame enhancements. DASIS covers specialty substance abuse providers. It does not include some mental health facilities and omits all treatment provided by doctors' offices and other settings.</p>	

IMPLICATIONS FOR DRUG POLICY:

DASIS provides the only longitudinal national-census-based data on the substance abuse treatment system and clients in treatment in that system. It is the only data source available to measure and monitor multiple dimensions of interest to policymakers charged with substance abuse treatment responsibilities. TEDS person-level data permit study of the history and correlates of substance abuse clients in treatment. The data are also useful as the basis for special studies of clinical effectiveness and treatment, organization, structure, and financing.

* See Subject Index on Page 242 for related studies on Demand Reduction: Treatment, General Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Drug Services Research Survey (DSRS) (1990)</p>	<p>FREQUENCY OF DATA COLLECTION: One-time (1990). Patient follow-up occurred in the Services Research Outcomes Study (SROS)</p>
<p>SPONSORING AGENCY(IES): Substance Abuse and Mental Health Services Administration</p>	<p>POINT(S) OF CONTACT: Anita Gadzuk, Public Health Analyst Office of Applied Studies Substance Abuse and Mental Health Services Administration 5600 Fishers Lane, Rm. 16-105 Rockville, MD 20857 <i>Telephone:</i> (301) 443-0465 <i>Fax:</i> (301) 443-9847</p>
<p>PURPOSE OF THE DATA SET: DSRS was a national survey to obtain information on drug abuse treatment providers and patients to supplement data from the National Drug and Alcoholism Treatment Unit Survey (NDATUS). It provides information on substance abuse treatment capacity and utilization, treatment of pregnant women and IV drug users, and the educational level of treatment personnel. DSRS patient data also provide baseline information for the SROS follow-up study, which collected outcome data on the DSRS subjects five years after treatment.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: In addition to special reports to DHHS and data tapes to ONDCP and NIDA, final reports have been provided to U.S. Congress, National Institute on Alcoholism and Alcohol Abuse, National Institutes of Health, General Accounting Office, Agency for Health Care Policy and Research, National Association of State Alcohol and Drug Abuse Directors, APHA, AHSR, the AIDS Commission, university researchers, and other requestors. Data were also disseminated through the OAS Connection publication. Public-use data files are available.</p>	
<p>AVAILABLE FORMATS: Reports are available in printed form. Data files are available in electronic format (flat or SAS file).</p>	<p>SAMPLE SIZE OF DATA SET: A stratified random sample of 1,803 treatment facilities in the coterminous United States was drawn from the April 1990 NDATUS census listing for facility level data collection by telephone; of those facilities, 1,458 were determined to be eligible for inclusion and 1,183 provided data. At the time of sample selection, a sub-sample of 146 facilities was selected for site visit to abstract information from patient records; 120 of those facilities participated and were the</p>

	source of a sample of 2,222 discharged patients.
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):</p> <p>DSRS consists of two components, a facility based telephone interview with a representative sample of drug treatment providers, followed by a record-based survey of patients discharged from treatment. In the first phase, facility level information was collected from facility directors. In the second phase, patient level information was abstracted from records of sampled patients discharged during the 12-month period from September 1, 1989 through August 31, 1990.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>Drug-related variables include drug treatment type and patient length of stay in treatment, drug use history, IV drug use, drug testing, and source of payment for drug treatment.</p>	<p>OTHER VARIABLES:</p> <p>Facility characteristics include information on ownership, accreditation, drug patient capacity and workload, waiting list information, staffing, sources of revenue, and cost. Patient demographic characteristics include information on age, race, sex, education and occupational status, source of referral to treatment, and living arrangements.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>The data set includes information that can be used to make national estimates on the supply of drug treatment services, clients in the system, the drugs of abuse, and the sources of payment for treatment. The data will not support State or local area estimates.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>The data provide a basis for making estimates of average length of stay in treatment and admissions to treatment, by treatment type. They also provide estimates of the proportion of clients who complete treatment and the public and private sources of funding for treatment. Follow-up data in SROS provide a picture of the long-term outcomes of treatment.</p>	

* See Subject Index on Page 242 for related studies on Demand Reduction: Evaluation, General Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Evaluation of Model Programs for Pregnant and Postpartum Women and Their Infants (PPWI) Outcome Data Set (ODS) and Process Data Set (PDS)</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>Maternal outcome data are collected at client intake, delivery, and 6, 12, 18, and 24 months postpartum. Infant growth and development data are collected at 6, 12, 18, and 24 months of age.</p>
<p>SPONSORING AGENCY(IES):</p> <p>Substance Abuse and Mental Health Services Administration</p>	<p>POINT(S) OF CONTACT:</p> <p>Laura Flinchbaugh Evaluation Project Officer Office of Scientific Analysis Center for Substance Abuse Prevention Rockwall II, Rm. 630 5515 Security Lane Rockville, MD 20857 <i>Telephone:</i> (301) 443-9136 <i>Fax:</i> (301) 443-8532</p>
<p>PURPOSE OF THE DATA SET:</p> <p>The evaluation design will assess the impact of intervention strategies implemented by the 13 participating programs by examining differences in maternal and infant outcomes between treatment and comparison group participants, assessing changes in substance-using and other behaviors of pregnant and postpartum women and the birth outcomes and development of their children. The Process Data Set (PDS) will collect data that describe and categorize programs to provide a context for interpreting findings from the outcome evaluation.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>In addition to a final report and executive summary, a preliminary report of interim findings appropriate for a wide audience will be prepared at the end of each contract year. The following distribution channels will also be used: (1) presentations to conferences of organizations interested in maternal substance abuse and (2) publications sought in refereed journals directed at particular constituencies. The final report will be distributed widely throughout the Federal Government and to State and local health and substance abuse agencies.</p>	
<p>AVAILABLE FORMATS:</p> <p>Raw data will eventually be available in an ASCII file or an SPSS raw data file; raw data and/or created variables can be available on SPSS systems file. These data would be available on diskette.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>Thirteen grantees are participating in the national cross-site evaluation. The expected numbers of client/participants at intake is 1,251 for the treatment group and 834 for the comparison group. Delivery data will be collected on 979 treatment and 653 comparison group clients.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF</p>	

DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):

The ODS is a list of data elements to be abstracted from the various forms grantees currently use to collect data for their projects. Some data will be collected by interviewing women as part of routine project operations. These include demographic/lifestyle variables, drug use/treatment history, and pregnancy history. The remaining variables (i.e., maternal delivery outcomes, infant birth outcomes, infant growth monitoring, and some services) may be abstracted from other records that have been created by outside service providers such as hospitals, prenatal clinics, well-baby clinics, and referral treatment agencies.

DRUG-RELATED VARIABLES:

The ODS consists of nine categories of data elements, one of which includes drug use and treatment history variables. These variables assess past and current use of alcohol, tobacco, and drugs; dates and outcomes of drug toxicology's; family history of drug use; current household and sexual-partner drug use; history of drug treatment; and recent treatment episodes. Data elements that assess drug and treatment history are collected only at intake. Data elements that assess recent drug use and treatment patterns are collected at delivery and at the semiannual followup assessments.

OTHER VARIABLES:

In addition to the drug use and treatment history variables, the ODS includes the following categories of data elements: Demographic/Life Style Variables, Pregnancy History, Psychological/Parenting Assessments, Delivery Outcomes, Birth Outcomes, Infant Growth and Development, Services Received, and Referrals Received. The PDS contains variables on grantee background, organizational characteristics, linkages among service organizations, and client flow.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

Strengths: The collection of parallel data on treatment group participants and on comparison group participants enables a comparison of program impact on women who receive a comprehensive range of gender-specific and parenting services and women who do not receive these services.

Limitations: Data is not nationally representative of substance-abusing pregnant and postpartum women. Conclusions will be limited to women participating in the programs selected for the cross-site evaluation. The comparison group women on whom outcome data are collected were not randomly assigned and do not comprise a matched comparison group.

IMPLICATIONS FOR DRUG POLICY:

The Center for Substance Abuse Prevention will use the evaluation study data to influence public policy, research, and programming as they relate to the provision of women's services. The data produced by this study will contribute to the body of knowledge concerning methods to reduce factors that increase young women's vulnerability to initiating alcohol, tobacco, and other drug use and that strengthen their resilience.

* See Subject Index on Page 242 for related studies on Demand Reduction: Evaluation, High Risk Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Evaluation of a Drug Treatment Enrichment Program at Job Corps Sites</p>	<p>FREQUENCY OF DATA COLLECTION: A one-time study</p>
<p>SPONSORING AGENCY(IES): Substance Abuse and Mental Health Services Administration (SAMHSA)</p>	<p>POINT(S) OF CONTACT: Dr. Ron Smith Office of Evaluation, Scientific Analysis, and Synthesis Center for Substance Abuse Treatment 5600 Fishers Lane Rockville, MD 20857 <i>Telephone:</i> (301) 443-8553 <i>Fax:</i> (301) 480-3144 <i>E-mail:</i> rsmith@samhsa.gov</p>
<p>PURPOSE OF THE DATA SET: The purpose of this study was to examine whether or not enhanced drug treatment services provided to adolescents in a vocational training program would improve both short-term and long-term outcomes of interest (e.g., length of time in training, achievements during training, employment, drug and alcohol use).</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: The annual and final reports have been disseminated to CSAT, SAMHSA, and other interested PHS and government staff.</p>	
<p>AVAILABLE FORMATS: Data collection is complete. Contact Dr. Smith for more information. There are no current plans to produce a public use file for this data.</p>	<p>SAMPLE SIZE OF DATA SET: Intake Questionnaires = 10,000 (overall); Intake to drug treatment enrichment program (DTEP)/alcohol and other drugs of abuse (AODA) = 6,510; followup = 1,160; Programs = 8 (4 AODA and 4 DTEP)</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): The DTEP demonstration design involves implementation of DTEP in four Job Corps centers which were matched with four control centers that are providing the standard Job Corps AODA program.</p>	
<p>DRUG-RELATED VARIABLES: Drug-related variables include participation in an alcohol or drug addiction treatment program; tobacco, alcohol, and drug use; amount paid for drugs; how drugs were taken; and reason(s) for stopping drug use.</p>	<p>OTHER VARIABLES: Other variables include employment history and information on school or training programs attended, time spent in jail or prison, and living situation.</p>

STRENGTHS AND LIMITATIONS OF THE DATA SET:

The matched centers provide for rigorous comparison of the interventions. The intensity and cost of the enrichment was rather limited; resultant effects, though they may reach statistical significance, may be small in size. As the subjects were at Job Corps sites, generalizability of the findings to broader populations is probably not warranted; however, the data set may reveal important characteristics of late adolescent drug abusers in similar socioeconomic strata.

IMPLICATIONS FOR DRUG POLICY:

Findings include that approximately one-third of students entering the Job Corps tested positive for one or more drugs, suggesting that drug treatment is an important part of programs for similar populations. Some analyses have been conducted by NEDS and are available at <http://neds.calib.com>.

* See Subject Index on Page 242 for related studies on Demand Reduction: Evaluation, High Risk Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: National Registry of Effective Prevention Programs</p>	<p>FREQUENCY OF DATA COLLECTION: Ongoing</p>
<p>SPONSORING AGENCY(IES): Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP)</p>	<p>POINT(S) OF CONTACT: Stephen Gardner, D.S.W. Division of Knowledge Development and Evaluation Center for Substance Abuse Prevention Rockwall II, Room 1075 5515 Security Lane Rockville, MD 20852 <i>Telephone:</i> (301) 443-9110 <i>Fax:</i> (301) 443-8965</p>
<p>PURPOSE OF THE DATA SET: A database created by CSAP and called the National Registry of Effective Prevention Programs. The database consists of qualitative and quantitative evidence of effectiveness of substance abuse and other problems behavior prevention programs.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: The system is accessible electronically through the SAMHSA Internet World Wide Web site and via a CSAP Annual Report.</p>	
<p>AVAILABLE FORMATS: Annual Update, electronic form (http://samhsa.gov), and folder (fact sheets).</p>	<p>SAMPLE SIZE OF DATA SET: Not applicable.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Not applicable.</p>	
<p>DRUG-RELATED VARIABLES: Variables include use of alcohol, tobacco, and illicit drugs (i.e., marijuana, cocaine, sedatives, stimulants, heroin, inhalants); attitudes of participant peers, and parents; use by peers, parents, and friends; perceptions of drug use and availability in community; other problem behaviors associated with drugs (e.g., violence, HIV/AIDS, trauma).</p>	<p>OTHER VARIABLES: Domain-specific variables including individual (biological and psychological dispositions, attitudes, values, knowledge, skills, and problem behaviors); peer (norms and activities); family (function, management, and bonding); school (bonding, climate, policy, and performance); community (bonding, norms, resources, and</p>

	awareness/mobilization); and society (norms, policy, and sanctions).
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>Strengths: Measures effectiveness of models across contexts; provides valuable information on a wide variety of variables; provides information on validity and reliability of instrumentation; helps identify gaps in data collection process and analyses; guides practitioners on effective prevention programs for the field.</p> <p>Limitations: Information collection is ongoing and being updated constantly. Should be an informed user.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>Provides valuable concise data for prevention planning and policy development.</p>	

* See Subject Index on Page 242 for related studies on Demand Reduction: Evaluation, Assessments

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: National Survey on Drug Use and Health (NSDUH) (formerly National Household Survey on Drug Abuse (NSDUH))</p>	<p>FREQUENCY OF DATA COLLECTION: Continuous (calendar year survey periods, Jan.-Dec.)</p>
<p>SPONSORING AGENCY(IES): Substance Abuse and Mental Health Services Administration (SAMHSA)</p>	<p>POINT(S) OF CONTACT: Joseph Gfroerer Director, Division of Population Surveys Office of Applied Studies (OAS) Substance Abuse and Mental Health Services Administration (SAMHSA) 5600 Fishers Lane, Room 16-105 Rockville, Maryland 20857 <i>Telephone:</i> (301) 443-7977 <i>Fax:</i> (301) 443-9847 <i>E-mail:</i> Jgfroere@SAMHSA.gov</p>
<p>PURPOSE OF THE DATA SET:</p> <p>The purpose of the NSDUH is to measure the prevalence and incidence of use of illicit drugs, alcohol, and tobacco among the U.S. civilian age 12 years and older. Besides being used to track overall trends, the NSDUH is an important data source for the analysis of demographic correlates of substance use, patterns of substance use, relationships of substance use with other problems, the size and characteristics of the population needing treatment, substance use among various special populations, and comorbidity of substance abuse with mental health problems.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>Prior to 1999, three reports were issued annually summarizing NSDUH results: (1) <i>Preliminary Results</i>, (2) <i>Population Estimates</i> and (3) <i>Main Findings</i>. In 1999 a single new report was developed, i.e., <i>Summary of Findings from the 1999 NSDUH</i> (which included state estimates); however, starting in 2000 this publication will be divided into two separate reports - one containing national estimates and a second containing state estimates. These publications provide substance use prevalence and incidence estimates for various drugs by categories such as age group, race/ethnicity, and gender. They also present information on drug and alcohol use trends; demographic correlates of use of illicit drugs, alcohol, and tobacco; patterns and problems of drug use; perceptions of the harmfulness of drug use; and the survey methodology. Special analytic reports published by OAS are issued on specific topics. Past reports covered topics such as: youth substance use, parental influences on adolescent marijuana use and the baby boom generation, risk and protective factors for adolescent drug use, and worker drug use and workplace policies and programs. Special tabulations are produced to respond to unique requests for information. Public use data files are available to analysts. Virtually all survey data are available in electronic form via the Internet. Beginning in 1999, detailed survey documentation, including the questionnaire, will also be available on the Internet.</p> <p>NSDUH data users include: ONDCP, substance abuse policymakers and program directors</p>	

at all levels of government, public health professionals, foreign government agencies, academic institutions, and the interested U.S. general public.

AVAILABLE FORMATS:

Limited results are available in printed format, as described above. Tables containing more detailed information are available on the web at <http://www.drugabusestatistics.samhsa.gov> Public use files and codebooks can be downloaded at <http://www.icpsr.umich.edu/SAMHDA/>. These files are available in SAS format for years 1979, 1982, 1985, 1988, and each year from 1990 through 1999.

SAMPLE SIZE OF DATA SET:

18,000 completed interviews per survey year (calendar) during 1994-1996; 25,000 per year in 1997-1998, 66,706 in 1999. In 2000 there were 71,764 completed interviews with 67,500 expected in 2001. Beginning in 1999, the public use file will consist of a subsample (about 80% of completed interviews) in order to reduce potential disclosure risk.

METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):

All interviews are conducted face-to-face within the respondent's home or mutually agreed upon location. The respondent universe for the NSDUH is the United States civilian, noninstitutionalized population, 12 years old and older. Each sampled dwelling unit is screened to determine if zero, one, or two residents will be interviewed. Callbacks are made if selected household member(s) are not available at the first visit. Beginning in 1999, screening data were obtained via computer-assisted personal interview (CAPI) methods through the use of hand held computers; interview data were obtained via CAPI and audio-computer-assisted self-interviewing (ACASI) methods using laptop computers. All screening and interviewing are conducted on a voluntary basis and respondents are provided Federal assurances of confidentiality. To ensure consistency of reported data, the entire interview is conducted according to a specific protocol.

DRUG-RELATED VARIABLES:

Drug-related variables include age at first use, recency and frequency of use for each of 12 different drug categories. Respondents are also questioned about problems associated with substance use, attitudes about drugs, needle using behaviors, and treatment for drug and alcohol problems.

OTHER VARIABLES:

General personal information includes socio-economic and demographic characteristics such as income, program participation, employment, education, and health status, access to health care, mental health, and criminal behavior and arrest.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

Strengths: (1) The NSDUH includes a large national probability sample that supports estimates by age group, race, and ethnicity at both the national and state level; (2) format and administration of a questionnaire are structured to ensure that all Acore@ variables (to determine substance use prevalence) remain consistent over time; (3) interchangeable module design permits deletion and addition of new topics; and (4) survey results are usually

available seven months after data collection.

Limitations: The target population excludes some high-risk populations (e.g., prison inmates and the homeless not in shelters). Prior to 1999, separate estimates for all 50 states could not be produced.

IMPLICATIONS FOR DRUG POLICY:

Provides detailed, reliable, and timely data on the prevalence of substance use in the United States, including data on the patterns of nonmedical use of prescription drugs. The range of variables makes possible analyses of a wide variety of policy issues and the addition of special modules to the questionnaire extends this capability to address emerging policy questions.

* See Subject Index on Page 241 for related studies on Demand Reduction: Prevalence, General Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: National Treatment Improvement Evaluation Study</p>	<p>FREQUENCY OF DATA COLLECTION: A one-time study</p>
<p>SPONSORING AGENCY(IES): Substance Abuse and Mental Health Services Administration (SAMHSA)</p>	<p>POINT(S) OF CONTACT: Charlene Lewis, Office of Applied Studies 5600 Fishers Lane Rockville, MD 20857 <i>Telephone:</i> (301) 443-2543 <i>E-mail:</i> clewis@samhsa.gov</p>
<p>PURPOSE OF THE DATA SET: This evaluation study helped determine the status of drug treatment in the United States by assessing the impact of enhancements funded in FY 90 and FY 91 by the Office for Treatment Improvement (now CSAT) on the success of substance abuse treatment programs.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Annual reports have been disseminated to CSAT, SAMHSA, and other interested PHS and Government staff.</p>	
<p>AVAILABLE FORMATS: Data are in public use file format. Contact Dr. Lewis for more information.</p>	<p>SAMPLE SIZE OF DATA SET: Patients = 4,400 Programs = 300+ at Level 1; 65 at patient level.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): The sampling universe was all services delivery units (SDUs) (defined as a single treatment modality delivered at a single geographic site) that received demonstration funding from OTI (now CSAT) in FY 90 and FY 91. Each SDU provided information on services, funding, and staffing twice during the field period. SDU data were collected via paper and pencil. Nearly 6,600 clients were selected from participating SDUs for three interviews at different points in time: (1) intake to treatment; (2) exit from treatment; (3) 1 year post-treatment. Selection criteria were (1) treatment modality, (2) OTI demonstration program, and (3) geographic distribution. All client data were collected in CAPI format. Data were also collected on clinicians who provided services to the clients.</p>	
<p>DRUG-RELATED VARIABLES: Drug-related variables include reason(s) for going to treatment, reason(s) that might make it hard to get treatment, drug use, money spent on drugs, needle use, and alcohol use treatment history.</p>	<p>OTHER VARIABLES: Other variables include reason(s) for being in jail/locked up/detained, education, living arrangements, and criminal justice involvement.</p>

STRENGTHS AND LIMITATIONS OF THE DATA SET:

This is the largest study of clients in public sector treatment in the country, but it is not based on a national probability sample of treatment units. The selection criterion was OTI demonstration grants; therefore, the overall results are not generalizable to the entire publicly funded treatment sector.

IMPLICATIONS FOR DRUG POLICY:

Of central interest will be the impact of federally funded enhancements of existing treatment programs. An examination of results in terms of the four main treatment modalities and outcomes for thousands of clients in public sector treatment will provide policy-relevant information on effective treatment mechanisms. A preliminary final report has been disseminated. Analyses are continuing under NEDS (see <http://neds.calib.com>).

* See Subject Index on Page 242 for related studies on Demand Reduction: Evaluation, General Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Predictor Variables</p>	<p>FREQUENCY OF DATA COLLECTION: Data is collected at four points during a 24-month period. Follow-up data are being collected FY1998.</p>
<p>SPONSORING AGENCY(IES): Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP)</p>	<p>POINT(S) OF CONTACT: Soledad Sombrano, Ph.D.. Division of Knowledge Development and Evaluation Center for Substance Abuse Prevention Rockwall II, Room 1075 5515 Security Lane Rockville, MD 20852 <i>Telephone:</i> (301) 443-9110 <i>Fax:</i> (301) 443-8965</p>
<p>PURPOSE OF THE DATA SET: To enhance knowledge about preventing abuse and determining kinds of interventions that will be effective in changing the developmental path for children at risk of substance abuse and linking them with appropriate developmental stages. The effectiveness of interventions at a child's next developmental stage is dependent on when a specific intervention or combination of interventions is provided.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data in aggregate form are disseminated through papers presented at appropriate conferences and referred journals specific to child development and substance abuse prevention. Data on follow-up studies of children in the PV program will be generated to inform the prevention field.</p>	
<p>AVAILABLE FORMATS: Hard copy, reports, and papers delivered at conferences.</p>	<p>SAMPLE SIZE OF DATA SET: Varies; there are 10 grantees and 1 coordinating site.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Paper and pencil and op-scan forms. Instruments were developed just for this study.</p>	
<p>DRUG-RELATED VARIABLES: Variables include use of alcohol, tobacco, and illicit drugs (i.e., marijuana, cocaine, sedatives, stimulants, heroin, and inhalants); attitudes of participants, peers and parents, use by peers, parents, and friends; and perceptions of drugs use and availability in community.</p>	<p>OTHER VARIABLES: To study four behavioral characteristics and/or patterns of behavior in childhood and adolescence that are predictive of more serious adult disorders, including substance abuse: (1) social competence, (2) self-regulation, (3) school bonding and academic achievement, and (4) parental/caregiver involvement.</p>

STRENGTHS AND LIMITATIONS OF THE DATA SET:

Strengths: Provide information on substance abuse prevention by determining kinds of interventions that are effective in changing the developmental path for children at risk. Measures the effectiveness of specific interventions. Collects a wide range of data.

Limitations: Data are still being collected.

IMPLICATIONS FOR DRUG POLICY:

Provides CSAP with empirical evidence for planning and policy development on developmental issues; precursor data concerning onset of substance abuse with the domains of the individual, family and community.

* See Subject Index on Page 242 for related studies on Demand Reduction: Evaluation, Assessments

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>State Treatment Needs Assessment Project Studies</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>Data on substance abuse treatment needs are submitted annually by States in their Substance Abuse Prevention and Treatment Performance Partnership (SAPT) Block Grant applications, and in individual study final reports as studies are completed.</p>
<p>SPONSORING AGENCY(IES):</p> <p>Substance Abuse and Mental Health Services Administration</p>	<p>POINT(S) OF CONTACT:</p> <p>Arthur MacNeill Horton, Jr. Office of Evaluation, Scientific Analysis, and Synthesis Center for Substance Abuse Treatment Rockwall II Bldg., Rm. 840 5600 Fishers Lane Rockville, MD 20857 <i>Telephone:</i> (301) 443-6716 <i>Fax:</i> (301) 480-3144 <i>E-mail:</i> ahorton@samhsa.gov</p>
<p>PURPOSE OF THE DATA SET:</p> <p>To determine the need for substance abuse treatment services on a State and sub-State level to ensure the most effective allocation of SAPT Block Grant funds to meet treatment needs.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>Data are disseminated to State policymakers (e.g., Governor's office, legislature) by State substance abuse agencies; data are disseminated by CSAT to SAMHSA, other PHS agencies, and Departmental officials through briefing memoranda, reports, and other written communications.</p>	
<p>AVAILABLE FORMATS:</p> <p>Data is generally submitted in hard-copy reports and reports on diskettes, and in either hard-copy Block Grant applications or diskette applications using special software (BGAS [Block Grant Application System]) provided to the States by CSAT.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>Sample sizes vary by type of study (e.g., telephone household survey, school survey, Drug Use Forecasting-type study) being conducted by the States.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):</p> <p>Methodology varies by type of study being conducted.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>All States must incorporate data elements that will enable a determination of DSM-III-R or DSM-</p>	<p>OTHER VARIABLES:</p> <p>Variables vary by type of study. High-risk populations and other special populations</p>

<p>IV dependence or abuse to be made for the following core drugs: marijuana, alcohol, cocaine (including crack), heroin, and hallucinogens (including PCP).</p>	<p>(i.e., women, homeless, criminal justice, and racial, cultural and ethnic groups) are targeted by many States.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>Strengths and weaknesses vary by type of study. A family of studies is generally supported in each State so that the limitations of a given study methodology can be compensated for by another approach.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>Studies provide more accurate data on substance abuse treatment needs, especially at the sub-State level and for specific population groups, than is currently available. State substance abuse agencies use study data to allocate existing funding more effectively, and to highlight treatment needs, in order to influence policymakers to provide increased funding for substance abuse treatment.</p>	

* See Subject Index on Page 242 for related studies on Demand Reduction: Treatment, General Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>World Health Organization Cross-National Study of Health Behavior Among Youth: U.S. Component (WHO/SAMHSA Survey)</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>A one-time survey</p>
<p>SPONSORING AGENCY(IES):</p> <p>Substance Abuse and Mental Health Services Administration</p>	<p>POINT(S) OF CONTACT:</p> <p>Beatrice A. Rouse, Ph.D.. Senior Epidemiologist Office of Applied Studies Substance Abuse and Mental Health Services Administration Parklawn Building, Rm. 16-105 5600 Fishers Lane Rockville, MD 20857 <i>Telephone:</i> (301) 443-8005 <i>Fax:</i> (301) 443-9847</p>
<p>PURPOSE OF THE DATA SET:</p> <p>This study constitutes U.S. participation in a multinational study. The purpose of the survey is to obtain national estimates of drug and alcohol use prevalence and frequency of use by children in grades 6, 8, and 10. The survey will also collect data on mental health problems, experience with violence, and the need for treatment among major race/ethnic groups.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>Data will be disseminated through reports, presentations, and publications to the public; health professionals; and other agencies and interested organizations. Information will be disseminated to health educators, teachers, family physicians, and parents. Interested Federal groups outside SAMHSA include the Centers for Disease Control and Prevention, Department of Education, Department of Transportation, Health Resources Services Administration's Maternal and Child Health Bureau, National Institute on Child Health and Human Development, National Institute on Mental Health, and the Office of Disease Prevention and Health Promotion and Health Planning and Evaluation. Data will also be shared with WHO and researchers in other countries.</p>	
<p>AVAILABLE FORMATS:</p> <p>Preliminary data only. Not yet available for distribution.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>About 21,000 students.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):</p> <p>The study is comprised of a national, representative probability sample of public- and private-school students in grades 6, 8, and 10. The sample frame will be stratified by region, urbanicity, and minority composition. Schools will be selected in each PSU with probability proportional to the weighted measure of enrollment by race/ethnicity. All students in a selected classroom will be administered the self-report questionnaire in a group setting with appropriate safeguards for anonymity. The design will produce separate reliable estimates</p>	

by grade and the following racial/ethnic groups: black non-Hispanic, white non-Hispanic, Hispanic, and Asian/Pacific Islander students.

DRUG-RELATED VARIABLES:

Drug-related variables include alcohol, tobacco, marijuana, and other drug use at least once, in past 30 days, and on school property; help sought and received; desire to stop using; availability of drugs on school property; riding in a car with driver under the influence of alcohol or drugs; and carrying weapons while using drugs or alcohol.

OTHER VARIABLES:

These include general health, injuries, exposure to violence, mental health issues, and supports available at home or school.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

Strengths: Includes first national data on mental health of children; national data on Asian and other race/ethnic groups of children; cross-national comparisons with other 27 WHO participating countries; national educational goals; Healthy People 2000; and drug policy issues related to school children.

Limitations: Data is gathered only on children in grades 6, 8 and 10; a one-time survey.

IMPLICATIONS FOR DRUG POLICY:

The policy-relevant information to be provided by this survey includes: the extent that the students are in a drug-free, violence-free school or neighborhood environment; the perceived need of students for drug treatment; the types of adults to whom students go for help with drug problems; and the relation of drug use to physical and mental health, vehicle safety, and violence.

* See Subject Index on Page 241 for related studies on Demand Reduction: Prevalence, Youth Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Children of Substance Abusing Parents (COSAP)</p>	<p>FREQUENCY OF DATA COLLECTION: Data are collected at three points in time, before the intervention, after the intervention and 6-months later</p>
<p>SPONSORING AGENCY(IES): Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention</p>	<p>POINT(S) OF CONTACT: Pamela C. Roddy, Ph.D. Health Scientist Administrator Division of Knowledge Development and Evaluation Center for Substance Abuse Prevention Rockwall 11 Bldg, Room 1075 5510 Security Lane Rockville, MD 20852 <i>Telephone:</i> 301-443-9110 <i>Fax:</i> 301-443-8965 <i>E-mail:</i> proddy@samhsa.gov</p>
<p>PURPOSE OF THE DATA SET: The generation of new empirical knowledge about what prevention models and associated services are most effective for enhancing COSAP's protective factors and minimizing their risk factors for becoming substance abusers and/or developing other behavioral, emotional, social, cognitive and physical problems as a result of their parents' substance abuse</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Aggregate data will be disseminated through papers presented at conferences and journals related to substance abuse and child development</p>	
<p>AVAILABLE FORMATS: Hard and electronic copy, journals and papers</p>	<p>SAMPLE SIZE OF DATA SET: 1,400 data sets on treatment group parent-child dyads and 1,050 data sets on comparison group parent-child dyads. These data are generated from 13 individual study sites</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): This is a multi-site cooperative agreement project involving 13 sites across the country, with some sites using experimental designs with random assignment and other sites using quasi-experimental designs with treatment and comparison groups. All sites used the same standard measures along with individual site measures. A data coordinating center is responsible for collecting and analyzed the site data that focuses on two age groups of children and parents, 6-8 year-olds and 9-14 year-olds.</p>	
<p>DRUG-RELATED VARIABLES: Past, 30 day past and current ATOD use and attitudes of both children and parents.</p>	<p>OTHER VARIABLES: Child problem behavior, parenting stress, general health and mental health, school</p>

	performance, family bonding, family practices and local environment
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>The strengths are the size of the data set and the use of common measures across sites The weaknesses involve reliance on self report data and the ATOD use variables that have high ceiling and low floor effects thus mitigating their sensitivity to change</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>Provides CSAP with empirical evidence of the effects of comprehensive interventions for a high risk population and the difficulties in conducting such multi-site studies</p>	

* See Subject Index on Page 242 for related studies on Demand Reduction: Evaluation, Youth Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Mentoring/Advocacy Program (High Risk Youth, "Project Youth Connect")</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>At least 1 (baseline) to 3 (post and/or follow-up) data collection points depending upon cohort.</p>
<p>SPONSORING AGENCY(IES):</p> <p>Substance Abuse and Mental Health Services (SAMHSA) Center for Substance Abuse Prevention (CSAP)</p>	<p>POINT(S) OF CONTACT:</p> <p>Nikki D. Bellamy, Ph.D.. Division of Knowledge, Development, and Evaluation, Center for Substance Abuse Prevention Rockwall II, Suite 1075 5515 Security Lane Rockville, MD 20852 Phone 301-443-2773 Fax: 301-443-8965 E-mail: nbellamy@samhsa.gov</p>
<p>PURPOSE OF THE DATA SET:</p> <p>To test the effectiveness of mentoring/advocacy interventions in general and more specifically the level of increased effectiveness when the mentoring occurs both with youth 9 to 15 years of age and with family system. Through mentoring it is expected to prevent or reduce substance abuse and delay onset in youth by improving protective factors such as school bonding, academic performance, family bonding/functioning, and life management skills.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>The following dissemination efforts will be included: 1) presentations at workshops or conferences related to substance abuse prevention and mentoring and 2) publications in CSAP initiated documents such as monographs and/or bulletins and refereed journals. The final report will be distributed in hardcopy or website. Aggregated site-specific data will be shared with grantee participants by request.</p>	
<p>AVAILABLE FORMATS:</p> <p>Hardcopy (written documents) Internet website</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p><u>Project sites vary between cohorts:</u> (3-year grants) Cohort 1 – 15 grantees (1999-01) Cohort 2 – 7 grantees (2001-03)</p> <p>1 Program Coordinating Center</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):</p> <p>Paper and pencil/ op-scan forms. Cross-site instruments were developed just for this study using CSAP core measures and National Youth Survey. Psychometrics (validity and reliability) of the instrument to be conducted and reported by the Program Coordinating Center.</p>	

<p>DRUG-RELATED VARIABLES:</p> <p>Variables include alcohol and other drug use and attitudes.</p>	<p>OTHER VARIABLES:</p> <p>Other variables: 1) school bonding/functioning including grades and attendance, 2) parent/care giver bonding/functioning (attachment and supervision), 3) life management skills such as refusals, problem-solving, self-efficacy, cultural pride and peer relations; and 4) adult relations (e.g., capacity to form adult relations, mentoring relationship).</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>Strengths – Comparisons groups required for both cohorts. Standardized dosage data (i.e., type and level of client service) reported monthly for all sites.</p> <p>Limitations – Slow start-up with several of the grantees because of disparities among paid versus volunteer mentor requirements.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>In addition to providing findings of effectiveness, it is expected that these studies will produce models that can be replicated and disseminated to States and communities interested in implementing effective mentoring/advocacy programs.</p>	

* See Subject Index on Page 242 for related studies on Demand Reduction: Evaluation, Youth Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Parent/Family Strengthening Program (High-Risk Youth)</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>Data is collected for at least two points, baseline and post program intervention for Cohorts 1 and 2. Cohort 3 has at least three data collection points, baseline, post, and 3 or 6-month follow-up. Time varies based on type/length of selected family-based program model.</p>
<p>SPONSORING AGENCY(IES):</p> <p>Substance Abuse and Mental Health Services (SAMHSA) Center for Substance Abuse Prevention (CSAP) Center for Mental Health Services (CMHS)- support only for Cohort 2</p>	<p>POINT(S) OF CONTACT:</p> <p>Nikki D. Bellamy, Ph.D.. Division of Knowledge, Development, and Evaluation Center for Substance Abuse Prevention Rockwall II, Suite 1075 5515 Security Lane Rockville, MD 20852 Phone: 301-443-2773 Fax: 301-443-8965 E-mail: nbellamy@samhsa.gov</p>
<p>PURPOSE OF THE DATA SET:</p> <p>To enhance the knowledge of how project sites make decisions for selecting effective family-based models for implementation in their local communities. From participation in the parent/family strengthening program participation, it is also expected that there will be a positive change in protective factors associated with family communication skills.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>The following dissemination efforts will be included: 1) presentations at workshops or conferences related to substance abuse prevention and family strengthening and 2) publications in CSAP initiated documents such as monographs and/or bulletins and refereed journals. The final report will be distributed in hardcopy or website. Aggregated site-specific data will be shared with grantee participants by request.</p>	
<p>AVAILABLE FORMATS:</p> <p>Hardcopy (written documents) Internet website</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p><u>Project sites vary between cohorts:</u> (2-year grants, 1999-02) Cohort 1 – 92 grantees Cohort 2 – 32 grantees</p> <p>(3-year grants 2001-03) Cohort 3 – 8 grantees</p> <p>1 Program Coordinating Center</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA</p>	

COLLECTED): Paper-and-pencil survey questionnaires. Cross-site measurement instrument developed from CSAP Core Measures. Psychometrics (validity and reliability) of the instrument to be conducted and reported by the Program Coordinating Center.	
DRUG-RELATED VARIABLES: Variables include: use of alcohol, tobacco, and illicit drugs (i.e., marijuana, cocaine, sedatives, stimulants, heroin, inhalants), attitudes and beliefs of parents toward drug use and drug use by their children, and age of first use.	OTHER VARIABLES: Family communication variables: family cohesion, family attachment, family conflict, family needs, and overall family resilience. Other variables: parent/child time together, child behaviors, parent and teacher involvement and parent stress.
STRENGTHS AND LIMITATIONS OF THE DATA SET: Strengths – provide information on local community selection process of effective family-based models. Limitations – Cohorts 1 and 2 were not required to have a comparison group. A standardized dosage data form was not developed or administered cross-site. Slow start-up by some of the grantees. There is limited data on impacts of program intervention from the child’s perspective.	
IMPLICATIONS FOR DRUG POLICY: Provide the field with information on how communities select effective family-based models and the short-term impact of parent/family strengthening interventions in reducing risk factors associate with alcohol and/or substance abuse.	

* See Subject Index on Page 242 for related studies on Demand Reduction: Evaluation, Youth Populations

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Community Initiated Prevention Intervention</p>	<p>FREQUENCY OF DATA COLLECTION: Data are collected at baseline, exit and 6 month followup. Time interval for data collection will vary with duration of individual projects.</p>
<p>SPONSORING AGENCY(IES): Substance Abuse Mental Health Administration, Center for Substance Abuse Prevention, Division of Knowledge Development and Evaluation</p>	<p>POINT(S) OF CONTACT: Fred Seitz, Ph.D.. Social Science Analyst Center for Substance Abuse Prevention Division of Knowledge Development and Evaluation (DKDE) Rockwall II, Rm 1075 Rockville, MD 20852 <i>Telephone</i> : 301-443-9383 <i>E-mail</i>: fseitz@samhsa.gov</p>
<p>PURPOSE OF THE DATA SET: To evaluate the effectiveness of science based prevention intervention models in a variety of settings and with a variety of populations.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: As data for the first set of grants are currently being collected, there has been no dissemination to date. Aggregate data for specific projects will be summarized in final reports of the grantees. Any cluster or cross-site analyses that are performed may be summarized by CSAP working with the program coordinating center.</p>	
<p>AVAILABLE FORMATS: None currently available</p>	<p>SAMPLE SIZE OF DATA SET: Varies across individual projects. Data on 14 sites which collect GPRA data are currently being compiled in CSAP's Data Coordinating Committee (DCC).</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Sampling designs vary across projects; most sites are collecting data at baseline, exit and at a six month followup.</p>	
<p>DRUG-RELATED VARIABLES: Alcohol, Tobacco, and Other Drugs (ATOD) data and attitudes towards drugs are collected for people age 12 and order.</p>	<p>OTHER VARIABLES: Some sites are collecting "common" construct data related to widely used intervention models (e.g., Botvin)</p>

STRENGTHS AND LIMITATIONS OF THE DATA SET:

Data collected are from a wide range of settings and populations. Data should provide useful information for evaluating science-based intervention models in diverse communities.

IMPLICATIONS FOR DRUG POLICY:

Data should help build knowledge base about intervention models effectiveness.

* See Subject Index on Page 242 for related studies on Demand Reduction: Evaluation, General Populations

**DEPARTMENT OF DEFENSE
COORDINATOR FOR DRUG ENFORCEMENT POLICY AND
SUPPORT AND ASSISTANT SECRETARY OF
DEFENSE/HEALTH AFFAIRS**

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Worldwide Survey of Substance Abuse and Health Behaviors Among Military Personnel</p>	<p>FREQUENCY OF DATA COLLECTION: Once every 2 to 4 years</p>
<p>SPONSORING AGENCY(IES): U.S. Department of Defense Coordinator for Drug Enforcement Policy and Support and Assistant Secretary of Defense/Health Affairs</p>	<p>POINT(S) OF CONTACT: COL Michael L. Smith Office of the Deputy Assistant Secretary of Defense for Counternarcotics 1510 Pentagon Washington, DC 20301-1510 Phone: (703) 696-7181 Fax: (703) 696-7883 E-mail: msmith@mail.policy.osd.mil</p>
<p>PURPOSE OF THE DATA SET: To assess substance abuse and other health behaviors of military personnel.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: To the military services and any other interested parties.</p>	
<p>AVAILABLE FORMATS: Printed format available.</p>	<p>SAMPLE SIZE OF DATA SET: Approximately 25,000.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Survey team members administered a questionnaire in group settings worldwide over a 6-week period. Respondents (25,000) were randomly selected from within paygrades at 63 locations worldwide.</p>	
<p>DRUG-RELATED VARIABLES: These include drug use within the past 30 days, views on the danger of illegal drug use, and views on the deterrent effect of drug testing.</p>	<p>OTHER VARIABLES: These include various health-related behavioral variables (e.g., use of tobacco, exercise, diet, AIDS awareness).</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET: The greatest strength is its comprehensiveness in sampling the target population. Its weakness is that it is a self-report.</p>	
<p>IMPLICATIONS FOR DRUG POLICY: The survey is a good measure of counterdrug program effectiveness in the military with implications for counterdrug program modification.</p>	

* See Subject Index on Page 241 for related studies on Demand Reduction: Prevalence, High Risk Populations

DEPARTMENT OF DEFENSE
U.S. INTERDICTION COORDINATION

Federal Data Set Inventory Form

TITLE OF DATA SET: Consolidated Counterdrug Database (CCDB)	FREQUENCY OF DATA COLLECTION: Compiled quarterly
SPONSORING AGENCY(IES): U.S. Interdiction Coordinator	POINT(S) OF CONTACT: Dave McGloob U.S. Interdiction Coordinator 2100 Second St., Room 3600 Washington, DC 20593-0001 <i>Telephone:</i> (202) 267-6637 <i>Fax:</i> (202) 267-4723 <i>E-mail:</i> mcgloob@usicosadnet.smil.mil
PURPOSE OF THE DATA SET: The CCDB maintains a database of all known, possible and suspected drug smuggling activity destined for the United States as well as all cocaine movements in the Western Hemisphere up to and including the Arrival Zone. The database is used to document interagency interdiction performance against those events. Data is used to produce the Interagency Assessment of Cocaine Movement, (IACM)	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data are provided to all working group members, who represent DOD, U.S. Coast Guard, Drug Enforcement Administration, U.S. Customs Service, Central Intelligence Agency, National Security Agency, JIATF-E and JIATF-W. Additionally, any U.S. agency or their contractors with access to SiperNet will be provided with the data upon request, based on a need-to-know (data are classified as confidential REL GBR). Material may be view downloaded at the USIC website http://usicosadnet.smil.mil	
AVAILABLE FORMATS: Microsoft Access or Excel format, available on diskette or on the ADNET. Customized software for data entry and queries can be obtained at the website listed above.	SAMPLE SIZE OF DATA SET: All known possible and suspected drug-smuggling events are recorded. Data collection began in Fiscal Year 1991.
METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Representatives from U.S. agencies responsible for the interdiction of meet quarterly and compile a list of known events to document the occurrence of movements of drugs, and interdiction efforts against those movements. Known events are established by combining all-source intelligence and operational data. For a suspected drug movement to meet known event criteria, there must be either physical proof (e.g., a drug seizure) or high confidence based on various indicators.	
DRUG-RELATED VARIABLES: Data include type and quantity of drugs that are known to have been transported.	OTHER VARIABLES: Other variables include (1) type of smuggling conveyance(s) and route

	used; (2) whether the smuggling event was detected, monitored, or interdicted; (3) interagency assets that participated in the effort; and (4) related intelligence.
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>Strengths: Interagency consensus data are accepted as the standard record of interagency efforts against noncommercial air and maritime drug smuggling.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>CCDB is the primary source for production of the IACM, and the Interagency Counterdrug Performance Assessment Working Group (ICPAWG) Performance Assessment Review published by USIC. It is also the primary source of data for the USIC sponsored Interagency Planning and Asset Management Group (IPAMG) that produces counterdrug resource recommendations to policy makers.</p>	

* See Subject Index on Page 243 for related studies on Supply Reduction: Consequence Information, Assessments

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Interdiction Planning and Asset Management Group (IPAMG)</p>	<p>FREQUENCY OF DATA COLLECTION: Yearly, typically published in March</p>
<p>SPONSORING AGENCY (IES): USIC</p>	<p>POINT(S) OF CONTACT: CDR Matt Blizzard USCG Liaison to USIC 2100 Second Street. SW Room 3600 Washington, DC 20593 <i>Telephone:</i> 202-267-6632 <i>Fax:</i> 202-267-4723 <i>E-mail:</i> blizardm@usicosa.adnet.smil.mil</p>
<p>PURPOSE OF THE DATA SET: Annual counterdrug resource recommendations for budget and planning purposes</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data is published and available on the USIC website http://usicosa.adnet.smil.mil. The material contained in the publication is classified Confidential.</p>	
<p>AVAILABLE FORMATS: MICROSOFT WORD</p>	<p>SAMPLE SIZE OF DATA SET:</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Computer based modeling using DoD J-8 Architectural Assessment Tool. Tool models resource requirements for the interdiction of Transit Zone air and maritime conveyances and Source Zone air smuggling.</p>	
<p>DRUG-RELATED VARIABLES:</p>	<p>OTHER VARIABLES:</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p>	
<p>IMPLICATIONS FOR DRUG POLICY: Recommendations are published for five-year periods and updated yearly. Recommendations are designed to detail the resource requirements necessary to achieve national interdiction goals.</p>	

* See Subject Index on Page 243 for related studies on Supply Reduction: Consequence Information, Assessments

Federal Data Set Inventory Form

TITLE OF DATA SET: Performance Assessment Review (PAR)	FREQUENCY OF DATA COLLECTION: Quarterly during CCDB conferences
SPONSORING AGENCY (IES): USIC	POINT(S) OF CONTACT: Mr. David McGloob USCS Liaison to USIC 2100 Second Street, SW Room 3600 Washington, DC 20593 <i>Telephone:</i> 202-267-6633 <i>Fax:</i> 202-267-4723 <i>E-mail:</i> mcgloond@usicoso.adnet.smil.mil
PURPOSE OF THE DATA SET: Detailed performance assessment of how well the interagency was able to stop cocaine flow toward the U.S.	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: The Performance Assessment Review is published semi-annually and is available on the USIC website http://usicoso.adnet.smil.mil . The PAR is classified Confidential.	
AVAILABLE FORMATS: Microsoft Word	SAMPLE SIZE OF DATA SET:
METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Data source for the PAR is the Consolidated Counterdrug Database. Performance is currently detailed in five different areas in the transit zone. Interagency analysis and review is used to obtain final concurrence.	
DRUG-RELATED VARIABLES:	OTHER VARIABLES:
STRENGTHS AND LIMITATIONS OF THE DATA SET:	
IMPLICATIONS FOR DRUG POLICY: The PAR details how well we did against cocaine flow. Designed for strategic planners if offers basic insight and provokes questions on how to increase interdiction performance	

* See Subject Index on Page 243 for related studies on Supply Reduction: Consequence Information, Assessments

DEPARTMENT OF EDUCATION
NATIONAL CENTER FOR EDUCATION STATISTICS

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>1993 National Household Education Survey, School Safety and Discipline Component</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>The National Household Education Survey (NHES) was administered in 1991, 1993, 1995, and 1996. The School Safety and Discipline component was conducted only in 1993.</p>
<p>SPONSORING AGENCY(IES):</p> <p>U.S. Department of Education, National Center for Education Statistics</p>	<p>POINT(S) OF CONTACT:</p> <p>Kathryn Chandler National Center for Education Statistics 555 New Jersey Avenue, N.W. Washington, DC 20208 <i>Telephone:</i> (202) 502-7326 <i>Fax:</i> (202) 502-7455</p>
<p>PURPOSE OF THE DATA SET:</p> <p>The School Safety and Discipline data set collects information on school environment, school safety, school discipline policy, and alcohol and other drug use and education. The component sampled parents of students in grades 3 through 12 and youth in grades 6 through 12.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>NCES has produced six publications using data from the School Safety and Discipline component that were disseminated to groups of people in a variety of interest areas. In addition, the data are available to users on CD-ROM, and some data analysis can be requested from the National Education Data Resource Center.</p>	
<p>AVAILABLE FORMATS:</p> <p>The NHES CD-ROM provides an Electronic CodeBook (ECB) that allows the user to select variables to be extracted and analyzed.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>Parent Interviews: 2,563 (grades 3 through 5); 10,117 (grades 6 through 12). Youth Interviews: 6,504 (grades 6 through 12).</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):</p> <p>The NHES is a telephone survey of the civilian, noninstitutionalized population conducted using random-digit-dialing (RDD) methods. Data are collected using computer-assisted telephone interviewing that occurred from January through April 1993. Two instruments were used to collect data: a screening interview (to determine eligibility) and an extended interview administered to parents and no more than two children per household.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>Drug-related variables include students' perception of drug use; peer approval of drug use; availability of drugs at school and on school</p>	<p>OTHER VARIABLES:</p> <p>Other variables on the data set pertain to alcohol and drug use and drug education, safety, and overall school discipline.</p>

grounds; and instances when drug use interfered with learning. Questions also included students' participation in alcohol and drug education programs and their perception of the main prevention message.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

A major strength of the data set is that it collects information from parents and youth which allows for comparisons between the two groups. A limitation of the data set is that the data are collected through self-reporting.

IMPLICATIONS FOR DRUG POLICY:

Preliminary findings from analysis conducted on the School Safety and Discipline component highlight the problems of substance availability, peer approval of substances, and witnessing alcohol and drug use at school. The study suggests the importance of the message in alcohol and drug education and transmitting the message clearly to students. Results also suggest that peer approval varied by type of substance. For instance, larger peer approval of alcohol than marijuana was reported.

* See Subject Index on Page 241 for related studies on Demand Reduction: Prevalence, General Populations

**DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
(HUD)**

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Public Housing Drug Elimination Outcome Monitoring Form</p>	<p>FREQUENCY OF DATA COLLECTION: Semiannually</p>
<p>SPONSORING AGENCY(IES): U.S. Department of Housing and Urban Development (HUD)</p>	<p>POINT(S) OF CONTACT: Sonia Burgos Crime Prevention and Security Division Office of Public and Indian Housing U.S. Department of Housing and Urban Development Rm. 4116 Washington, DC 20410 <i>Telephone:</i> (202) 708-1197 <i>Fax:</i> (202) 401-7965</p>
<p>PURPOSE OF THE DATA SET:</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Not ready to disseminate yet; still in-house.</p>	
<p>AVAILABLE FORMATS: Hardcopy and DOS formats.</p>	<p>SAMPLE SIZE OF DATA SET: All Public Housing Drug Elimination Program (PH.D..EP) grantees; approximately 1,100 per year.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Housing authorities are sent a form to be completed and returned semiannually for them to report on a variety of variables. The hardcopy is then keyed-in to an existing database.</p>	
<p>DRUG-RELATED VARIABLES: All PH.D..EP funds are to be targeted to a drug or drug-related crime problem; therefore, essentially all PH.D..EP activities are antidrug activities.</p>	<p>OTHER VARIABLES: None available.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET: Strengths: Ongoing data will allow HUD to accurately measure the effectiveness of the PH.D..EP funds on desired results, such as decreases in UCR crimes. Limitations: It is difficult to enforce correct and universal submission of data.</p>	
<p>IMPLICATIONS FOR DRUG POLICY: Evidence of program effectiveness could assist Administration and Congress support of the</p>	

program. Comparing the effectiveness of several elements of the program could assist in targeting the funds in an effective manner.

* See Subject Index on Page 242 for related studies on Demand Reduction: Evaluation, Assessments

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Public Housing Drug Elimination Program (PH.D..EP) Grant Awards</p>	<p>FREQUENCY OF DATA COLLECTION: Annually</p>
<p>SPONSORING AGENCY(IES): U.S. Department of Housing and Urban Development (HUD)</p>	<p>POINT(S) OF CONTACT: Sonia Burgos Crime Prevention and Security Division Office of Public and Indian Housing U.S. Department of Housing and Urban Development Rm. 4206 Washington, DC 20410 <i>Telephone:</i> (202) 708-1197 <i>Fax:</i> (202) 401-7965 <i>E-mail:</i> Sonia_L_Burgos@HUD.GOV</p>
<p>PURPOSE OF THE DATA SET: To publish the PH.D..EP funds awarded to public and Indian housing authorities. Funds are awarded through a formula process.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Information available upon request.</p>	
<p>AVAILABLE FORMATS: Hard copy and computer format.</p>	<p>SAMPLE SIZE OF DATA SET: Universal; no sampling.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Formula applications are reviewed for approval or returned for modification, if necessary. Once approved the data is accumulated in a national analysis on how public housing agencies have allocated PH.D..EP funds. For Additional Information, Refer to Federal Data Set Inventory form "Public Housing Drug Elimination Reporting System (DERS)" measures the results of PH.D..EP activities.</p>	
<p>DRUG-RELATED VARIABLES: All funds must be targeted to reduce drug and drug-related criminal activity.</p>	<p>OTHER VARIABLES: The funds are broken down according to the purposes for which the funds will be used, as follows: local law enforcement reimbursements, contracted or housing authority security, housing authority police departments, volunteer resident patrols, youth activities, investigators, physical changes to enhance security, and drug prevention.</p>

STRENGTHS AND LIMITATIONS OF THE DATA SET:

Strengths: This is the only data set HUD has with figures broken down in the same categories since fiscal year 1992. Refer to Public Housing Drug Elimination Reporting System (DERS) Data Set Inventory Form for additional informational, measured since fiscal year 1996.

Limitations: It only measures projected expenditure of Federal funds by a housing authority on a variety of drug-related crime problems. These are not the only funds housing authorities use to support any of the above eight purposes. It only measures activity by public and Indian housing authorities.

IMPLICATIONS FOR DRUG POLICY:

These figures can help measure any shift of interest or of focus by public and Indian housing authorities in the United States (e.g., from law enforcement to prevention).

* See Subject Index on Page 242 for related studies on Demand Reduction: Evaluation, Assessments

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Public Housing Drug Elimination Reporting System (DERS)</p>	<p>FREQUENCY OF DATA COLLECTION: Semi-Annually</p>
<p>SPONSORING AGENCY(IES): U.S. Department of Housing and Urban Development (HUD)</p>	<p>POINT(S) OF CONTACT: Sonia L. Burgos Director, Community Safety and Conservation Division Office of Public and Indian Housing U.S. Department of Housing and Urban Development Room 4206 Washington, DC 20410, Room 4206 <i>Telephone:</i> (202) 708-1197 <i>Fax:</i> (202) 401-7965 <i>E-mail:</i> Sonia_L_Burgos@HUD.Gov</p>
<p>PURPOSE OF THE DATA SET: To set performance goals, reduce slow program expenditures and increase grantee monitoring, and collect aggregate program data.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Within HUD and upon request.</p>	
<p>AVAILABLE FORMATS: Computer format for HUD and PH.D..EP Grantees</p>	<p>SAMPLE SIZE OF DATA SET: All Public Housing Drug Elimination program (PH.D..E) grantees; approximately 1,000 per year</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): All PHEDP grantees have access to the computer program.</p>	
<p>DRUG-RELATED VARIABLES: All PH.D..EP funds are to be targeted to drug or drug-related crime problems: therefore, essentially all PH.D..EP activities are anti-drug activities.</p>	<p>OTHER VARIABLES: None Available.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET: Strengths: This type of reporting ensures all grantees report their data and give HUD an accurate measurement of the effectiveness of the PH.D..EP activity and fund expenditures on desired results, such as decreases in the FBI UCR crimes.</p>	
<p>IMPLICATIONS FOR DRUG POLICY: This information assists with the Departments focus on and use of crime reduction</p>	

techniques and processes for reducing and combating crime within public housing agencies. Further, evidence of program effectiveness could assist the Administration and Congress support for the program. Comparing the effectiveness of several elements could assist in targeting the funds in an effective manner.

* See Subject Index on Page 242 for related studies on Demand Reduction: Evaluation, Assessments

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Public Housing Drug Elimination Youth Sports Grant Awards</p>	<p>FREQUENCY OF DATA COLLECTION: Annually</p>
<p>SPONSORING AGENCY(IES): U.S. Department of Housing and Urban Development (HUD)</p>	<p>POINT(S) OF CONTACT: Sonia Burgos Crime Prevention and Security Division Office of Public and Indian Housing U.S. Department of Housing and Urban Development Rm. 4116 Washington, DC 20410 <i>Telephone:</i> (202) 708-1197 <i>Fax:</i> (202) 401-7965</p>
<p>PURPOSE OF THE DATA SET: To publish the funds awarded to public and Indian housing authorities after competition.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Information available upon request.</p>	
<p>AVAILABLE FORMATS: Hard copy and computer DOS format.</p>	<p>SAMPLE SIZE OF DATA SET: Universal; no sampling.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Figures are taken from YSP applications.</p>	
<p>DRUG-RELATED VARIABLES: All funds must be targeted to a sports, recreational, and cultural opportunity for youth in the application. This opportunity is to have an anti-drug focus.</p>	<p>OTHER VARIABLES: The funds are broken down according to the purposes to which the funds will be used, as follows: local law enforcement reimbursements, contracted or housing authority security, housing authority police departments, volunteer resident patrols, investigators, physical changes to enhance security, and drug prevention.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET: Strengths: This is the only data set HUD has with figures broken down in the same categories since fiscal year 1992. Limitations: It only measures projected expenditure of Federal funds by a housing authority on a variety of youth-related prevention programs. These are not the only funds housing authorities use to support any of the above eight purposes.</p>	

IMPLICATIONS FOR DRUG POLICY:

These figures can help measure any shift of interest or focus by public and Indian housing authorities in the United States.

* See Subject Index on Page 242 for related studies on Demand Reduction: Evaluation, Assessments

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Public Housing Law Enforcement and Security Personnel Form</p>	<p>FREQUENCY OF DATA COLLECTION: Annually</p>
<p>SPONSORING AGENCY(IES): U.S. Department of Housing and Urban Development (HUD)</p>	<p>POINT(S) OF CONTACT: Sonia Burgos Crime Prevention and Security Division Office of Public and Indian Housing U.S. Department of Housing and Urban Development Rm. 4116 Washington, DC 20410 <i>Telephone:</i> (202) 708-1197 <i>Fax:</i> (202) 401-7965</p>
<p>PURPOSE OF THE DATA SET: To measure the levels of different types of HUD funds housing authorities use to pay for law enforcement and security officers.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: Within HUD.</p>	
<p>AVAILABLE FORMATS: Hardcopy.</p>	<p>SAMPLE SIZE OF DATA SET: Universal, but not yet complete.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Housing authorities are sent a form to be completed and returned once a year for them to report the number of staff and the amount of HUD funds (broken down by funding type).</p>	
<p>DRUG-RELATED VARIABLES: There are no specific variables. Law enforcement and security personnel are hired for a wide variety of purposes, none specifically for anti-drug-related crime.</p>	<p>OTHER VARIABLES: It measures HUD contribution to local law enforcement and security efforts in public housing.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET: Strengths: It assists HUD in long-term policymaking. Limitations: It is difficult to enforce correct and universal submission of correct data.</p>	
<p>IMPLICATIONS FOR DRUG POLICY: The data could assist HUD and other Federal agencies in decisions regarding allocation of law enforcement resources.</p>	

* See Subject Index on Page 242 for related studies on Demand Reduction: Evaluation, Assessments

DEPARTMENT OF LABOR

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>National Longitudinal Survey of Youth 1979 (NLSY79)</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>The survey covers a wide range of socioeconomic topics. It was conducted annually from 1979 through 1994 and biennially since 1994. Recent drug use information is available for 1984, 1988, 1992, 1994, and 1998.</p>
<p>SPONSORING AGENCY(IES):</p> <p>U.S. Department of Labor, Bureau of Labor Statistics. BLS contracts with the Ohio State University Center for Human Resource Research to manage the surveys and provide user services. The data collection for the NLSY79 is undertaken by the National Opinion Research Center (NORC) at the University of Chicago. Funding for the drug-use data collection has been provided by the National Institute on Drug Abuse.</p>	<p>POINT(S) OF CONTACT:</p> <p>Joseph R. Meisenheimer Acting Director of the National Longitudinal Surveys Bureau of Labor Statistics 2 Massachusetts Ave., N.E. Room 4945 Washington, DC 20212-0001 Telephone: (202) 691-7409 Fax: (202) 691-7425 Email: Meisenheimer_J@bls.gov</p>
<p>PURPOSE OF THE DATA SET:</p> <p>NLSY79 data are used to examine a variety of policy issues, such as employment and earnings of workers; educational experience and the transition from school to work; training programs and training in the workplace; relationships between the workplace and the well-being of the family and family transitions; geographic mobility; drug and alcohol use; juvenile delinquency and criminal behavior; and fertility and childbearing, especially the problems of adolescent fertility on both mothers and their children.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>The NLSY79 is used by economists, sociologists, and other researchers in government, the academic community, and private organizations. Survey documentation is available on the Bureau of Labor Statistics web site at http://www.bls.gov/nls/. Data are available to the public on CD-ROM for \$20 or by direct download for free from the NLS web site.</p>	
<p>AVAILABLE FORMATS:</p> <p>The data are available on CD-ROM for \$20 or by free download from the NLS web site. The CD-ROM and downloads include search and extraction software.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>The NLSY79 is a nationally representative sample of men and women who were born in the years 1957-64 and living in the United States when first interviewed in 1979. Respondents were ages 14 to 22 when they were first interviewed. The original sample included oversamples of blacks, Hispanics, economically disadvantaged whites, and youths in the military. The military oversample was discontinued</p>

	<p>after the 1984 survey, and the economically disadvantaged white oversample was discontinued after the 1990 survey. The total sample now eligible for interview is 9,964. Of these, 8,033 were interviewed during the 19th round of interviews in 2000, for a retention rate (not adjusted for mortality) of 80.6 percent. Data collection for the 20th round of interviews will end in November 2002.</p> <p>Beginning in 1986, the biological children of female NLSY79 respondents have been surveyed on a variety of topics every two years. Children age 10 and older are asked questions about their use of drugs, alcohol, cigarettes, and other substances.</p>
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METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):

The NLSY79 enables researchers to study the cohort's longitudinal experiences related to schooling, the labor market, health, family relationships, fertility, and more. The sample is derived from households through area-probability sampling. The survey consists of in-person or telephone interviews, which were conducted annually from 1979 to 1994 and biennially since 1994. Prior to each round of interviews, interviewers receive extensive training, with particular emphasis on handling sensitive issues such as drug use. From 1979 to 1992, the method of data collection was paper and pencil. Interviews in 1993 and later rounds are conducted with the aid of laptop computers.

A comprehensive pretest is carried out approximately three months before the regular survey. This pretest includes a heterogeneous group of respondents to ensure that the responses of individuals from different social, ethnic, geographic, and socioeconomic backgrounds can be evaluated. On the basis of pretest results, the various questionnaire items, particularly those being asked for the first time, are evaluated with respect to question sensitivity and validity.

<p>DRUG-RELATED VARIABLES:</p> <p>Questions on drug use were included in the 1984, 1988, 1992, 1994, and 1998 interviews. Questions asked about the age at which respondents first used marijuana/hashish/cocaine use. There are also questions on lifetime use, most recent use, and use in the past 30 days. In addition, there are questions on respondents' use of prescribed and nonprescribed sedatives, tranquilizers, stimulants, and painkillers.</p>	<p>OTHER VARIABLES:</p> <p>The NLSY79 contains questions on the following topics: current labor force status, work experience, employers and jobs, gaps in employment, training, educational status and attainment, military service, health limitations, marital history, fertility, income and assets, household composition, and geographic residence.</p>
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Other drug use variables can be found in the fertility series in 1988, 1990, 1992, 1994, 1994, 1996, 1998, 2000, and 2002. This series includes questions on use of marijuana or cocaine during pregnancy.	
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STRENGTHS AND LIMITATIONS OF THE DATA SET:

The NLSY79 has several features that make it an exceptional database for many types of analyses. Three of particular importance are the breadth of information collected, the event-history format (that is, the notation of the dates and events in work history), and the high retention rate. The longitudinal nature of the data allows for examination of the causes and consequences of certain types of behavior over time. Limitations of the data set are that the results are specific to the particular age cohort, and sample sizes for some types of analyses can be small, particularly when examining certain subgroups.

IMPLICATIONS FOR DRUG POLICY:

The data can be used to analyze the relationship between drug use and numerous behaviors, such as labor-market outcomes, marital status, and fertility. The longitudinal nature of the data allows researchers to determine causal relationships of drug use, rather than correlation's, which is often the case when using cross-sectional data. Policy implications depend on the nature of the research conducted using the data.

* See Subject Index on Page 241 for related studies on Demand Reduction: Prevalence, General Populations

Federal Data Set Inventory Form

TITLE OF DATA SET: Annual Report on Testing for Alcohol and Other Drugs of Abuse (AODA)	FREQUENCY OF DATA COLLECTION: Quarterly
SPONSORING AGENCY(IES): U.S. Department of Labor, Employment and Training Administration, Job Corps	POINT(S) OF CONTACT: Barbara Groves, R.N. Nurse Consultant Job Corps 200 Constitution Avenue, N.W. Rm. N-4456 Washington, DC 20210 <i>Telephone:</i> (202) 693-3116 <i>Fax:</i> (202) 693-3850
PURPOSE OF THE DATA SET: To provide findings of alcohol/drug testing to the Job Corps Community.	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: Job Corps centers and operators, regional offices, and the U.S. Department of Agriculture/USDI.	
AVAILABLE FORMATS: Printed only.	SAMPLE SIZE OF DATA SET: 15, 000 to 17,500 per quarter.
METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Testing is done at each Job Corps center (total of 118 centers), which sends a statistical report to the national office for tabulation and analysis by a contractor. All new students are tested within 48 hours of enrollment. Students who test positive are retested within 45 days and are dismissed from the program if they still test positive in accordance with Job Corps' policy of zero tolerance for violence and drugs.	
DRUG-RELATED VARIABLES: None needed for quarterly report.	OTHER VARIABLES: No other variables are included.
STRENGTHS AND LIMITATIONS OF THE DATA SET: The data show use trends currently and during past years. Testing for drugs is done by one nationally contracted laboratory.	
IMPLICATIONS FOR DRUG POLICY: The data particularly show that, for applicants entering the Job Corps in the last 62 years, approximately 30 percent have been using marijuana, and less than 5 percent have been using hard drugs.	

* See Subject Index on Page 241 for related studies on Demand Reduction: Prevalence, Youth Populations

Federal Data Set Inventory Form

TITLE OF DATA SET: Survey of Employer Anti-drug Programs	FREQUENCY OF DATA COLLECTION: One-time survey
SPONSORING AGENCY(IES): U.S. Department of Labor, Office of the Assistant Secretary for Policy U.S. Department of Labor, Bureau of Labor Statistics (BLS)	POINT(S) OF CONTACT: Richard Devens Office of Publications and Special Studies Bureau of Labor Statistics 2 Massachusetts Ave., N.E. Room 2850 Washington, DC 20212-0001 Telephone: (202) 691-7911 E-mail: Devens_R@bls.gov
PURPOSE OF THE DATA SET: The purpose of this survey was to collect information on the incidence of drug-testing and employee assistance programs in private industry.	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: The results of the survey were released by BLS in January 1989 as Report 760, Survey of Employer Anti-drug Programs.	
AVAILABLE FORMATS: The data are available in printed tables found in BLS Report 760, A Survey of Employer Anti-drug Programs.	SAMPLE SIZE OF DATA SET: A sample of 7,502 establishments was selected from the BLS's Unemployment Insurance Address File, supplemented with the Federal Railroad Administration's list of railroad establishments.
METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): The survey was conducted in two phases. In the first phase, a potential respondent was asked to complete a short questionnaire. This questionnaire, BLS 380A, included questions asking if the establishment had a drug-testing program and/or an employee assistance plan. If the establishment had either, a second (follow-up) questionnaire was sent to the respondent, including one of the following: BLS 380B, if there was a testing but no employee assistance program; BLS 380C, if there was an employee assistance program, but no testing program; or BLS 380D, if there was both a testing and an employee assistance program. Initial solicitation for the BLS 380A phase of the survey was conducted by mail. The first contact to solicit follow-up data was usually conducted by mailing forms B, C, or D. However, Computer Assisted Telephone Interviewing was also employed, in particular, for nonrespondents and for edit reconciliation.	

The principal feature of the survey's sample design was its use of stratified, systematic sampling with a ratio estimator. The establishments were stratified into 400 sample strata, defined by 5 geographic regions, 10 Standard Industrial Classification groupings, and 8 employment size classes.

Upon completing the initial design of survey questions, eight local business establishments were selected for participation in a questionnaire pretest. Following the pretest and subsequent modifications to the survey, an operations test was conducted using a sample of approximately 100 establishments.

In an attempt to measure the magnitude of nonsampling errors that are caused by such problems as definitional difficulties of the questionnaire and misinterpretation of questions, a response analysis survey was conducted. A sample of 95 randomly selected sample establishments with 50 employees or more, selected from the usable establishments that indicated they had neither a drug-testing or an employee assistance program. The response analysis survey was designed to probe these respondents on their establishments' programs and policies that may relate to drug testing or employee assistance and to evaluate whether the definitions of drug-testing or employee assistance programs were understood by the respondent in the same way they were defined in the questionnaire.

In addition, BLS conducted a follow-up survey in 1990 of 749 establishments selected from among the roughly 6,500 respondents to the 1988 study. This follow up study measured any changes over time in the frequency with which employers provided anti-drug assistance to their workers. The results of the survey were published in the April 1991 Monthly Labor Review. The results suggested that while large employers has a strong tendency to establish and maintain anti-drug programs, small establishments were much less likely to establish programs and much more likely to have discontinued an existing one.

DRUG-RELATED VARIABLES:

Number and percent of establishments with drug-testing programs stratified by 5 geographic regions, 8 employment size classes, and 10 industry divisions; number and percent of establishments with employee assistance programs stratified by 5 geographic regions, 8 employment size classes, and 10 industry divisions; type of drug testing policy (test all employees, job applications, specific occupations, employees suspected of drug use; these variables are also stratified by region, size, and industry); sponsorship of employee assistance programs (e.g., management, union, joint sponsorship); source of employee assistance program (e.g., internal, contracted out); and features of employee assistance programs (e.g., telephone hotline, educational awareness program, assistance for family members, counseling services, referral services, follow-up services).

OTHER VARIABLES:

As mentioned in the previous item, the drug-testing and employee assistance program data are reported by geographic region, employment size, and industry.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

The data provide nationally representative estimates of the incidence of both drug testing and employee assistance programs with detail by type of programs, as well as by region, employment size, and industry. The follow-up survey provided data on changes over a relatively short time period.

The main weakness is the lack of information on the duration and intensity of these programs or any measures of their effectiveness (or lack thereof).

IMPLICATIONS FOR DRUG POLICY:

These data help to inform the policy debate by providing data on the degree to which private industry is adopting drug-testing and employee assistance programs. In order to assess the magnitude of the problem, one necessary piece of information is the degree to which it is recognized by private business as a problem and the nature and magnitude of their response to it.

* See Subject Index on Page 241 for related studies on Demand Reduction: Prevalence, General Populations

DEPARTMENT OF STATE

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Foreign Drug Seizure and Arrest Data</p>	<p>FREQUENCY OF DATA COLLECTION: Collected throughout the year, reported annually on March 1 in the International Narcotics Control Strategy Report (INCSR)</p>
<p>SPONSORING AGENCY(IES): U.S. Department of State</p>	<p>POINT(S) OF CONTACT: W. Kenneth Thompson Senior Advisor INCSR/Certification Bureau for International Narcotics and Law Enforcement, Rm. 7334 Department of State Washington, DC 20520 <i>Telephone:</i> (202) 647-0458 <i>Fax:</i> (202) 736-4885 <i>E-mail:</i> w.thompson@state.gov</p>
<p>PURPOSE OF THE DATA SET: To indicate trends in overseas drug seizures and arrests.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: The data initially were disseminated to the Department of State and coordinated throughout the CN community; eventually they were issued in the annual INCSR.</p>	
<p>AVAILABLE FORMATS: Data are maintained on an MS Excel Spreadsheet, but eventually will be published in print form.</p>	<p>SAMPLE SIZE OF DATA SET: Because this information comes from local authorities overseas, we have no reliable way of determining the sample size.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): Data are collected by U.S. Embassies overseas from local authorities and reported to Washington.</p>	
<p>DRUG-RELATED VARIABLES: This depends on the prevailing drug in the reporting country.</p>	<p>OTHER VARIABLES: These include the level of effort of host country authorities and honesty of reporting.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET: This data set is useful in determining a general trend in both prevalence of drug trafficking and supply, as well as the level of effort of local government authorities. Its major limitation is the inability to verify the data specifics.</p>	

IMPLICATIONS FOR DRUG POLICY:

It helps indicate how seriously foreign countries are approaching the drug control issue, and it gives an approximate idea of the quantities of drugs transiting given areas.

* See Subject Index on Page 243 for related studies on Supply Reduction: Availability Information

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Illicit Crop Estimates</p>	<p>FREQUENCY OF DATA COLLECTION: Annually</p>
<p>SPONSORING AGENCY(IES): U.S. Department of State; Agricultural Research Service, U.S. Department of Agriculture (ARS/USDA); Drug Enforcement Administration; and U.S. Department of Defense.</p>	<p>POINT(S) OF CONTACT: Eric Rosenquist National Program Coordinator Agricultural Research Service, OIRP U.S. Department of Agriculture 10300 Baltimore Blvd. Bldg. 005, Rm. 102, BARC WEST Beltsville, MD 20705 <i>Telephone:</i> (301) 504-4789 <i>Fax:</i> (301) 504-5298</p>
<p>PURPOSE OF THE DATA SET: The data set establishes an empirically based measure of worldwide illicit drug cultivation and production, which directly impacts the illicit drug supply. Measurements are taken of illicit opium poppy and coca leaf/coca alkaloid production.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED: The Secretary of State is required under Section 489 of the Foreign Assistance Act of 1961, as amended, to report these data annually to Congress.</p>	
<p>AVAILABLE FORMATS: The data are published annually in the State Department's International Narcotic Control Strategy Report. They also are reported in individual agency bulletins and reports and in peer-reviewed monographs. Publications and journals produced by USDA/ARS on illicit crop estimates are unclassified and subject to the peer-review process. Foreign researchers cooperating in the process have also published data and research findings, and these are available to the research, law enforcement, and foreign affairs community.</p>	<p>SAMPLE SIZE OF DATA SET: Not applicable.</p>
<p>METHODOLOGY (SAMPLE DESIGN, TIME FRAME, CRITERIA FOR SAMPLE SELECTION, SOURCES OF DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED): The data are resultant from two separate systems: (1) satellite and aerial-sensed remote photographic imagery, and (2) models of crop growth, biomass, and alkaloid yield, based upon laboratory experiments and field observations. The fusion of imaging data, which measures hectares under cultivation, to yield estimates produces worldwide production estimates. Yield estimates have been completed in Burma, Laos, Thailand, Bolivia and Peru. Ongoing</p>	

research is taking place in Colombia.	
DRUG-RELATED VARIABLES: Not applicable.	OTHER VARIABLES: Not applicable.
STRENGTHS AND LIMITATIONS OF THE DATA SET: Estimates are expensive and time-consuming; political/military factors limit access to many regions (e.g., Afghanistan, Tajikistan, northwest Pakistan). Technical limitations include cloud cover, which reduces quality imagery and genetic variability, increasing the complexity of illicit drug crop models. The basic technology, however, is well understood and has been proven in applications to agriculture, forestry, natural resource conservation, and pest control.	
IMPLICATIONS FOR DRUG POLICY: Illicit crop estimates are a direct measure of supply because they represent raw material for the production of drugs such as cocaine and heroin. Since cultivation changes are usually readily measurable by overhead imagery, it is possible to track changes in crop sizes over time. Change in the worldwide scope of illicit production has long-term implications regarding the ultimate availability of illicit drugs.	

* See Subject Index on Page 243 for related studies on Supply Reduction: Availability Information

Appendix B: Acknowledgements

The Director, ONDCP, acknowledges the contributions of the following:

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