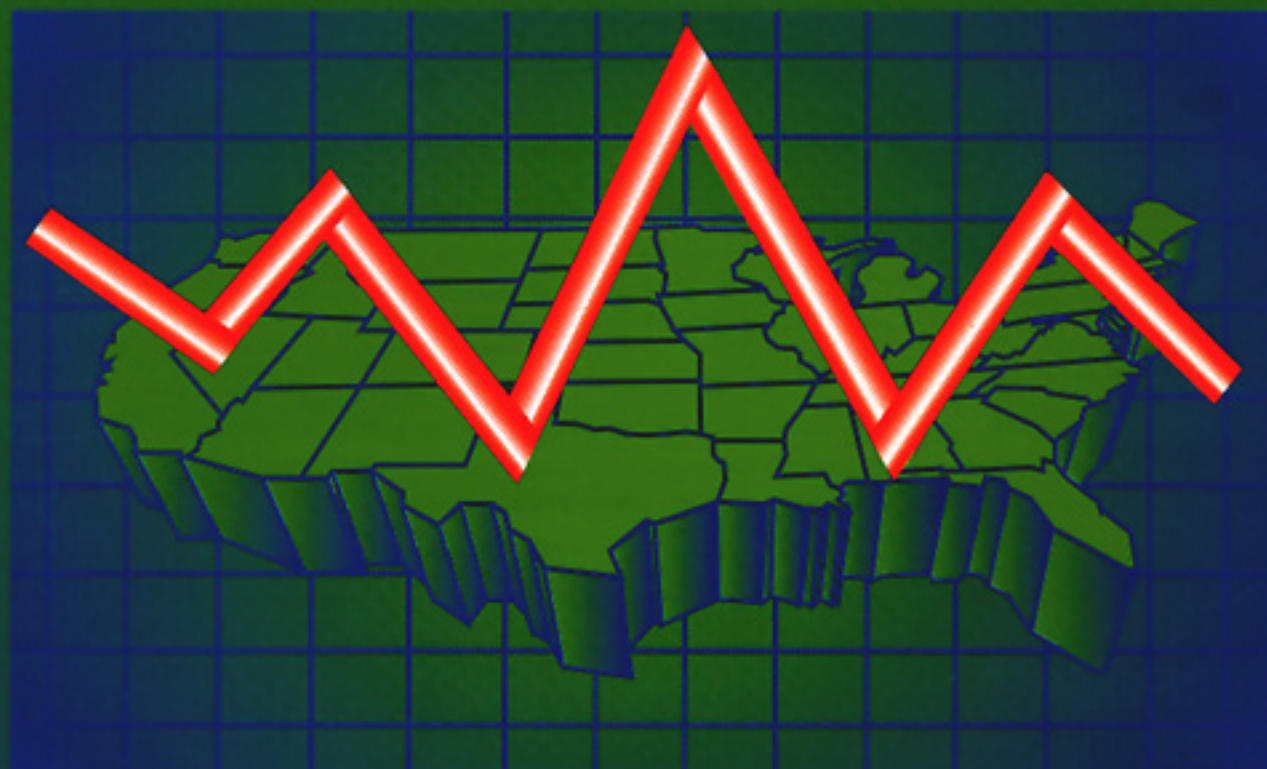


Report of the Drug Control Research, Data, and Evaluation Committee



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Executive Office of the President
Office of National Drug Control Policy
Barry R. McCaffrey, Director

EXECUTIVE SUMMARY

The Office of National Drug Control Policy (ONDCP) requires reliable information about the nature and extent of the drug problem for use in developing appropriate national policy. Over the years, ONDCP has spearheaded numerous efforts to improve the quality, timeliness, and policy relevance of Federal drug-related data to develop new methods for capturing information about emerging drug trends. One of the most significant efforts, the Drug Control Research, Data, and Evaluation (DCRDE) Advisory Committee, was launched in 1994. The DCRDE committee and its three Subcommittees were created to (1) provide, promote, and facilitate coordination of Federal drug-related research efforts; (2) ensure that key Federal drug-related research efforts receive appropriate support and priority; and (3) provide a mechanism to ensure that available drug-related Federal research dollars are expended on projects that have a high probability of both immediate and long-term cost effectiveness, and that are consistent with the primary goals and objectives of the National Drug Control Strategy.

This report from the DCRDE advisory committee summarizes the actions of the Subcommittee on Data, Research and Interagency Coordination, and describes three major task accomplishments: (1) a Federal Drug-Related Data Needs Assessment; (2) an Inventory on Federal Drug-Related Data Sources; and (3) a Forum on Integrating Information and Drug Control Policy. The report discusses ONDCP's reporting requirements in the context of the National Drug Control Strategy, and the newly announced Performance Measures of Effectiveness system designed to measure progress of major drug programs supporting the National Drug Control Strategy. The report also outlines legislative mandates of ONDCP and the dramatic extension of drug control data needs required by the 1994 Violent Crime Control and Law Enforcement Act.

The following is a list of principles which ONDCP will use to guide its National data policy priorities. Each principle includes an example of action item(s) to demonstrate what is needed to achieve the objective. These principles reflect extensive efforts to examine Federal drug control data systems from the perspectives of a broad representation of experts in the Federal, State, academic, and private sectors.

- **Information on Illicit Drug Use, Including Legal Drugs Used Illegally, Should be Adequate, Accurate and Timely in Order to Measure the Extent of the Problem Nationally.**
 - 1) obtain incidence and prevalence data addressing casual and chronic drug use, including implications for progression from casual to severe addictive use; and
 - 2) examine protective and risk factors for youth that decrease the likelihood of use and promote nonuse; and
 - 3) obtain state/local estimates of drug use to understand geographic variations in drug use.

- **Information on the Health Risks and Consequences of Drug Use Should be Valid and Reliable for Purposes of Defining the Scope and Magnitude of the Problem.**
 - 1) expand and redefine indicator data collection points for emergency medical consequences to other parts of the health care environment, to better capture information on the extent of medical crises associated with drug abuse; and
 - 2) enhance the scope and national representativeness of the indicator system for measuring substance abuse among arrestee populations.

- **Information on the Social Cost of Drug Use and the Cost Effectiveness of Treatment and Treatment Alternatives Must be Comprehensive and Research-Based.**
 - 1) develop programmatic support for resources to conduct necessary and timely econometric studies for policy analysis and to reflect the ramifications and magnitude of the social cost associated with drug use; and
 - 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 system; and
 - 3) ensure that drug resource allocation policies based on treatment cost-effectiveness studies are guided by outcomes research.

- **A Broad-based System for Technology Transfer of New Information Should be Developed and Funded to Encourage Use by Field Practitioners and the Research Community at Large.**
 - 1) implement program policy and funding initiatives to ensure that the field and research community have access to data to encourage greater secondary analysis, 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.

- **Federal Drug-Related Information Data Collection Systems Must be Coordinated to Avoid Overlap and Duplication of Effort, so as to Achieve Maximum Use of Results.**
 - 1) authorize ONDCP advisory committee's Subcommittee on Data, Research, and Interagency Coordination to make recommendations regarding integration of Federal efforts related to drug data collection, data processing, and data sharing; and
 - 2) reinforce ONDCP's responsibility for coordinating drug-related information data collection strategies among Federal drug control agencies.

- **Information Collections from State and Local Level Jurisdictions Should Have the Capability to Accommodate a Uniform Set of Standardized Data Elements.**
 - 1) develop Federal drug control policy guidelines that will, at a minimum, promote standardized minimum data elements for federally funded projects that are collected at the State, regional and local levels.
- **A Scientific Methodological Study Design Should be Developed to Evaluate the Effectiveness of Supply Reduction Efforts.**
 - 1) coordinate and improve methods for estimating crop loss, foreign consumption and domestic seizures, and develop a model using these data to estimate the flow of illegal drugs into the United States.
- **ONDCP Should Use its Office to Enhance Information Coordination and Work with Technical Agencies that Conduct Data Collections and Research, in Order to, Accurately 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 finding by the leading indicators of counter drug control initiatives to further guide its performance measurement system.

In developing this Report, we have endeavored to provide an avenue of communications by which a wide-range of individuals in the drug abuse research community can advise the Director of the Office of National Drug Control Policy on questions related to national drug control research. The ONDCP Drug Control Research, Data and Evaluation Committee, individuals representing the scientific, engineering, and treatment fields; drug research experts, including current and former Federal policy makers; researchers from private for-profit, private nonprofit, and university organizations, have all provided comments and input to this document.

The proposed principles in this report are intended to serve as a blueprint for improving the usefulness and national policy relevance of Federal drug-related data sources. The eight principles and associated policy needs will drive data demand for next three to five years, it is therefore important that the research community examine the current data portfolio for relevance and integration into the National Drug Control Strategy and National Performance Measures of Effective. The ten-year National Drug Control Strategy's goals and objectives have been linked to a new system of performance measures of effectiveness to ensure data policy priorities of Federal drug-control agencies data are on target.

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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. This Committee, chaired by ONDCP's Director, is tasked to refine and improve the manner in which the results of research are used to support the development of effective drug control programs and strategies. The Data, Evaluation, and Interagency Coordination Subcommittee (hereafter referred to as the Data Subcommittee) is one of three subcommittees established under the DCRDE Committee (see Figure 1). The Data Subcommittee's charge was to accomplish the following tasks:

- Develop an inventory of drug-related information systems and their report generation capabilities;
- Evaluate the adequacy and ability of drug-related data systems to inform the drug policy planning process;
- Integrate Federal efforts related to drug data collection, data processing, and data sharing; and
- Develop a drug data strategy for the Federal Government to improve the quality and efficacy of drug-related data systems.

The Data Subcommittee is composed of an external committee of outside advisors as well as representatives from Federal departments and agencies that have legislative mandates to pursue drug-related initiatives.

Figure 1
Drug Control Research, Data, and Evaluation Committee

This report from the DCRDE Committee provides an overview of the activities of the Data Subcommittee and includes key recommendations for ONDCP's national data priorities. The report includes the following four sections: (1) the DCRDE Committee and the National Drug Control Strategy, (2) the DCRDE Committee and ONDCP's Legislative Mandates, (3) Data Subcommittee Tasks and Accomplishments, and (4) Recommendations for ONDCP Data Priorities.

THE DCRDE COMMITTEE AND THE NATIONAL DRUG CONTROL STRATEGY

The efforts of the DCRDEC's Data Subcommittee are best appreciated when viewed against the evolving panorama of the National Drug Control Strategy. When President Clinton announced the 1998 National Drug Control Strategy, he signified the Administration's support for a very bold and ambitious plan to reduce drug use, availability, and drug use consequences in the United States. This National Drug Control Strategy continues the 10-year Federal commitment that is supported by a 5-year Federal drug-control budget. Performance measures of effectiveness will gauge the efficacy of drug control programs and resources in achieving the goals and objectives of the National Drug Control Strategy.

The National Drug Control Strategy is designed to reduce illicit drug use and its consequences. It builds on the five goals first proposed in the 1996 National Drug Control Strategy (see Figure 2), which recognize that anti-drug efforts do not occur in isolation and must be long-term and global in focus. First and foremost, the Strategy's goals and objectives stress the need for prevention to deter first-time use among adolescents and to thwart the progression from casual drug use to addiction. Second, the goals emphasize the need for law enforcement to remove violent and predatory criminals and to dismantle drug networks in the United States and abroad. Third, the Strategy goals highlight the importance of providing treatment to those caught in a vicious cycle of chronic drug use. And fourth, the Strategy goals aim to reduce the supply of

illicit drugs to the United States through coordinated domestic programs and comprehensive international drug control efforts.

Figure 2
National Drug Control Strategy Goals

Goal 1: Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco.

Goal 2: Increase the safety of America's citizens by substantially reducing drug-related crime and violence.

Goal 3: Reduce health and social costs to the public of illegal drug use.

Goal 4: Shield America's air, land, and sea frontiers from the drug threat.

Goal 5: Break foreign and domestic drug sources of supply.

The National Drug Control Strategy proposes key changes in the way the Federal Government organizes its efforts to reduce drug use and its consequences in America. A reform movement within the halls of Federal bureaucracy has resulted in Government initiatives that refocus public managers on results rather than on process and output. For the first time, ONDCP and the drug control agencies have collaborated to establish a system to measure progress of drug control programs that support the goals and objectives of the National Drug Control Strategy.

ONDCP's National Performance Measures of Effectiveness system will assess the effectiveness of the national drug control effort. This new system will provide feedback for strategy refinement and system management and assist the Administration in resource allocation.

As ONDCP implements the National Drug Control Strategy and its supporting performance measurement system, the need for up-to-date, scientifically accurate drug data becomes more urgent than ever. Such data will reveal emerging drug trends and provide the building blocks for modifying future National Drug Control Strategies. In addition, the quality of drug control data and evaluation systems will be critical in the creation and operation of the national drug control performance measurement system. Finally, the work of the Data

Subcommittee will guide the efforts of numerous Federal departments and agencies and assist in the integration of the activities of existing groups that report on the data collection, data processing, and data sharing practices of these organizations.

The National Performance Measurement System

The National Drug Control Strategy established 5 Goals and 32 Objectives to encompass the overall efforts of over 50 federal agencies and their state and local partners to reduce the use, consequences, and availability of illegal drugs in the United States. ONDCP, working with federal interagency teams, developed a Performance Measures of Effectiveness system (hereafter referred to as the PME system) with 94 performance targets to calibrate the progress of the Strategy and assess the effectiveness of national drug control efforts.

The PME System established twelve Impact Targets that define the desired outcomes for the Strategy's Goals. The remaining 82 performance targets are designed to measure the progress toward a 50 percent reduction in drug use and availability and at least a 25 percent reduction in drug use consequences. Each year, ONDCP will publish a progress report assessing the effectiveness of the Strategy based on the PME System.

Beginning in 1998, interagency working groups will collect, synthesize, and report performance data through an Information Management System (IMS) to track progress toward the 94 performance targets. These working groups will identify procedures for transmitting data already available into the IMS. The Data Subcommittee will assess the quality of the data. They will also identify future steps needed to modify existing databases and develop new ones.

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 spurred the need for a national drug control program with enhanced data systems.

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 50 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;
- 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 State 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.

Upon its establishment, one of ONDCP's immediate tasks was to determine the national scope of the drug problem—in terms of both the supply of and demand for drugs. However, no coordinated, standard, uniform information system existed at that time to provide data on the national scope and prevalence of the drug problem; no single set of data described the drug epidemic in all its complexity.

ONDCP's first step toward coordinating the collection, analysis, and dissemination of Federal drug-related data was to identify baseline data on the scope of the Nation's drug problem that also could be used to measure progress as counter-drug initiatives were developed and

implemented. A 1990 ONDCP white paper, *Leading Drug Indicators*, initially identified a core set of these Federal data systems. These data sets included the following:

- *The National Household Survey on Drug Abuse (NHSDA).*—This survey measures the prevalence of drug use in the United States among the civilian, noninstitutionalized population, ages 12 and older. Periodically since 1972, and annually since 1990, data have been collected through personal interviews conducted primarily in household settings on the use of selected drugs, including marijuana, cocaine, inhalants, hallucinogens, heroin, alcohol, and cigarettes, and the nonmedical use of prescription drugs. 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). NHSDA analysts acknowledge that the survey may produce conservative estimates of the extent of drug use among members of the general population, particularly for such rarely used drugs as heroin.
- *The Drug Abuse Warning Network (DAWN).*—This survey monitors the annual number and patterns of drug-related emergencies in a nationally representative sample of hospital emergency departments. Drug-related deaths are also reported to DAWN by selected metropolitan medical examiner offices. Data include (1) the drugs involved in the emergency department episode or death; (2) the gender, age, and race of the individuals; (3) the reason for the emergency department visit or cause of death; (4) whether the individual was involved in single or multiple drug use; and (5) the method by which the drug was consumed. Between 1973 and 1979 DAWN was operated by the Drug Enforcement Administration (DEA), between 1980 and 1991 it was operated by NIDA, and since 1992 it has been operated by SAMHSA.
- *The Drug Use Forecasting (DUF) Program.*—This data collection program was established by the National Institute of Justice to measure the rates of drug use among those arrested for serious crimes. Since 1986 the DUF program has used urinalysis to

test a sample of arrestees in selected major cities across the Nation to determine recent drug use. Urine specimens are collected from arrestees anonymously and voluntarily and tested to detect the use of 10 different drugs, including cocaine, marijuana, PCP (phencyclidine), methamphetamine, heroin, and opium. The DUF program releases a report annually on the percentage of arrestees tested in each city who recently used drugs.

- *The Monitoring the Future (MTF) Study.*—This study, commonly known as the High School Senior Survey, is the leading indicator of drug use and attitudes toward drugs among the Nation's secondary school students. The survey has been conducted annually with high school seniors since 1975, and starting in 1991, samples of 8th and 10th grade students were included. The survey is administered in schools, and students responding to survey questions are assured of confidentiality. Survey questions focus on respondents' use and attitudes toward the use of illicit drugs and alcohol. The survey sample does not capture those who have dropped out of school or those who are absent on the day of the survey. The MTF study is conducted by the University of Michigan's Institute for Social Research and funded through a NIDA grant.
- *Drug Price and Purity Indicators.*—The DEA regularly tracks changes in both the price and purity of drugs available on the streets of major metropolitan areas through data related to the purchase and seizure of drugs. The assumption behind collecting price data is that the illicit drug market is susceptible to the same market forces as other commodities; that is, if supply rises and/or demand falls, prices drop; if supply falls and/or demand rises, prices climb. Drug purity data are important because they provide information about the availability of drugs. This usefulness stems from the fact that heroin and cocaine are routinely “cut” with other substances, a process which decreases its purity. If drug supplies are plentiful, they usually are more pure; if supplies dwindle, drug dealers are more likely to cut their supplies with higher levels of additives so that they can maintain the same level of sales with less potent doses.

Although illegal drugs are trafficked across the United States, the levels of price, purity, and availability vary greatly among metropolitan areas and regions.

- *Crime Statistics.*—The U.S. Department of Justice measures crime in three ways: Uniform Crime Reports (UCR), collected by the Federal Bureau of Investigation, which produce both an estimate of all serious or “index” crimes reported to authorities and a record of all arrests made by law enforcement officials, and the National Crime Survey, administered by the Bureau of Justice Statistics, which gathers data through an annual survey of 50,000 households, thereby including crimes that go unreported to authorities. In the National Crime Survey, drug law violations are not counted as “index” crimes, and because such violations frequently involve the willful possession and distribution of drugs, they are less likely to emerge from survey data. Therefore, most data on drug violations come from UCR's arrest data.
- *The International Narcotics Control Strategy Report (INCSR).*—The INCSR is the Department of State's annual report to Congress that gauges the effectiveness of drug control efforts among the world's major drug producing and transit nations. The INCSR has been released annually since 1987 in accordance with a law that conditions U.S. assistance to major drug producer or transit countries based on their full cooperation with the United States and their progress in suppressing illicit drug production, drug trafficking, and money laundering. Data for the INCSR are compiled in the field by Department of State specialists, DEA agents, and embassy personnel. Their contributions are supplemented and further refined in Washington, D.C., by Federal agencies directly involved in conducting international drug policy and enforcement activities. Each report contains an extensive description of the progress or lack of progress in suppressing illegal drugs in more than 46 countries.
- *The National Narcotics Intelligence Consumers Committee (NNICC) Report.*—The NNICC report, an annually produced paper representing a cooperative effort, provides facts and figures on worldwide drug production, eradication, seizures, and trends in

U.S. drug consumption. It is a document based more on careful compilation and refinement of existing data than on original research. The NNICC report draws on the most major drug indicators, prime among them the INCSR; it also uses data from DAWN, DUF, and the DEA's Domestic Monitor Program (DMP). The NNICC report organizes its data by drug type, in contrast to the INCSR, which organizes its data according to specialized country dossiers. Similar to the INCSR, the NNICC report contains a special chapter on drug-related financial crimes. Because it documents many facets of the drug problem—ranging from drug trafficking and illicit drug retail price to purity and drug-related hospital emergencies—and because it collects data from a wide range of sources, the NNICC report primarily serves as an expanded summary of current drug statistics. However, the report also includes comprehensive citations to original data sources, making it a useful reference text of drug statistics.

Using these data sets, ONDCP built the basic framework for describing the drug problem in the Nation. However, as understanding of the complexities of the drug problem evolved, so did the requirements for data. As a result, in 1994 the incumbent Director of ONDCP proposed the establishment of the DCRDE Committee to advise the Director of ONDCP regarding policies and priorities for drug control research and to provide support to ONDCP in evaluating the ability of existing Federal drug-related data systems to answer important policy questions. The DCRDE Committee was established with an external committee of outside advisors, an internal policy committee, and three subcommittees: the Data, Evaluation, and Interagency Coordination Subcommittee, the Science and Technology Subcommittee, and the Prevention, Treatment, and Medical Research Subcommittee.

The Violent Crime Control and Law Enforcement Act of 1994

The Violent Crime Control and Law Enforcement Act of 1994 (hereafter referred to as the Crime Control Act) provided legislative reauthorization for ONDCP, but more importantly, it extended ONDCP's mission to include budget and resource powers related to formulating and implementing the President's National Drug Control Strategy and established new reporting requirements for ONDCP. This new authority gave ONDCP influence over agency budgets to

ensure they carry out the priorities, goals, and objectives of the Strategy. Specifically, ONDCP's reporting requirements under the Crime Control Act included responsibilities in the following areas:

- Assessing the reduction of drug use, including estimating drug prevalence and frequency of use as measured by national, State, and local surveys and by other special studies of the following:
 - High-risk populations, including those who drop out of school, homeless and transient people, arrestees, parolees, probationers, and juvenile delinquents; and
 - Drug use in the workplace, including productivity lost.

- Assessing the reduction of drug availability, as measured by the following:
 - The quantities of cocaine, heroin, and marijuana available for consumption in the United States;
 - The amount of cocaine and heroin entering the United States;
 - The number of hectares of poppy and coca cultivated and destroyed;
 - The number of metric tons of heroin and cocaine seized;
 - The number of cocaine processing labs destroyed;
 - Changes in the price and purity of heroin and cocaine; and
 - The amount and type of controlled substances diverted from legitimate retail and wholesale sources.

- Assessing the reduction of the consequences of illicit drug use and availability, which include estimating the following:
 - Burdens drug users place on hospital emergency rooms, such as quantity of drug-related services;
 - The annual national health care costs of illicit drug use, including costs associated with people becoming infected with HIV (human immunodeficiency virus) and other communicable diseases;
 - The extent of drug-related crime and criminal activity; and

- The contribution of illicit drugs to the underground economy, as measured by the retail value of drugs sold in the United States.

- Determining the status of drug treatment in the United States by assessing the following:
 - Public and private treatment capacities within each State, including the number of drug treatment slots available in relation to the number of slots actually used and the number intravenous drug users and pregnant women;
 - The extent within each State to which drug treatment is available to and in demand by intravenous drug users and pregnant women;
 - The number of drug users the Director estimates could benefit from drug treatment; and
 - The success of drug treatment programs, including assessing the effectiveness of the mechanisms in place federally and within each State to determine the relative quality of treatment programs, the qualifications of treatment personnel, and the mechanism by which patients are admitted to the most appropriate and cost-effective treatment setting.

In addition to assessing progress in these four areas, the Crime Control Act also required the Director to include with every other *National Drug Control Strategy* (starting in February of 1995) the following assessments:

- An assessment of the quality of current drug use measurement instruments and techniques that measure supply reduction and demand reduction activities;

- An assessment of the adequacy of the coverage of existing national drug use measurement instruments and techniques to measure the casual drug user population and groups at-risk for drug use;

- An assessment of the actions the Director shall take to correct any deficiencies and limitations identified in the above subparagraphs; and
- Identification of specific factors that restrict the availability of drug treatment services to those seeking it and proposed administrative or legislative remedies to make drug treatment available to those individuals.

The reporting requirements hastened by the Crime Control Act caused ONDCP to look closely across the board at the performance measurement of leading drug control indicators. Broadly, the mission of the Data Subcommittee was to establish a process and structure for better coordination of effort among Federal drug control agencies to ensure the availability of up-to-date scientific and programmatic information. Within the context of the larger DCRDE Committee, the Data Subcommittee was responsible for conducting across the board assessments of the national policy relevance of current approaches to drug-related data collection, analysis, and evaluation.

DATA SUBCOMMITTEE TASKS AND ACCOMPLISHMENTS

The Data Subcommittee, chaired by the Director of ONDCP's Office of Programs, Budget, Research, and Evaluation, convened for the first time on June 1, 1995. Representation consisted of the following Federal departments and agencies:

- Department of Agriculture;
- Department of Defense;
- Department of Health and Human Services;
- Department of Housing and Urban Development;
- Department of Justice;
- Department of Labor;
- Department of State;
- Agricultural Research Service;
- Bureau of International Narcotics and Law Enforcement Affairs;
- Bureau of Justice Statistics;

- Bureau of Labor Statistics;
- Drug Enforcement Administration;
- Federal Bureau of Investigation;
- Federal Bureau of Prisons;
- National Center for Health Statistics;
- National Drug Intelligence Center;
- National Institute of Justice;
- National Institute on Drug Abuse;
- National Institute on Alcohol Abuse and Alcoholism; and
- Substance Abuse and Mental Health Services Administration.

The Data Subcommittee was tasked with accomplishing the following: (1) Conduct a Federal Drug-Related Data Needs Assessment; (2) Create an Inventory of Federal Drug-Related Data Sources; and (3) Convene a Forum on Integrating Information and Drug Control Policy. An overview of each Subcommittee accomplishment is presented as follows:

Federal Drug-Related Data Needs Assessment

The first task of the Data Subcommittee's effort was to conduct a needs assessment to review the strengths and weaknesses of the leading indicators used to describe the nation's drug problem and to identify data needs of public health policy that evolved in response to ONDCP's statutory requirements. The major findings are as follows:

- The chronically addicted drug user is not captured through standard data collection methodologies. Household and classroom surveys, routinely used to measure drug prevalence, tend to miss this type of user, who is unlikely to live in a stable household or attend school. In fact, the casual and chronic drug user populations have distinctly different characteristics. To acquire an accurate picture of the drug problem, it is critical to obtain information on drug users that are severely addicted, such as valid estimates of the number of chronic drug users, the quantity of drugs they consume, the

frequency with which drugs are consumed and purchased, and information on polydrug use.

- Knowledge of the supply and movement of illicit drugs in the United States is improving, but many aspects of the drug trade are not clearly understood. Complete information is needed about production, seizures, and consumption of illicit drugs at the international level, particularly in production and trans-shipment countries. In addition, there is no standard method of collecting or summarizing State and local seizure data, nor plans for pooling the data in any one location. Finally, the Federal Government does not have adequate data on the retail price and purity trends of illicit street drugs. It is necessary that better information is obtained on (1) the availability, price, and purity of illicit street drugs; (2) how retail prices affect the user market in terms of increased use and the consequences of use; (3) how law enforcement efforts affect price; (4) how increased price translates into decreased use; and (5) how retail prices interact with all market forces.
- The drug trade exacts direct and indirect costs from drug users and from society in terms of health and social costs and lost revenue. Knowing these costs is essential to determining whether the Nation's drug policies and programs are adequate, appropriate, and cost-effective in relation to the magnitude of the problem. No single set of data quantifies the Nation's costs for treating drug users in medical facilities and treatment centers. It is important to determine to what extent the consequences of drug use affect health care costs, particularly with regard to chronic drug users who may require several cycles of drug treatment.¹ In addition, more information is necessary on how much State and local governments spend on drug-related activities, including health, education, courts and prosecution, and law enforcement activities.

Research findings tend to suggest with each treatment cycle chronic drug users reduce their drug use, however, there is also evidence that some may never completely end their use.

- It is not known to what extent successful prevention programs affect drug use among various populations, particularly high-risk groups such as inner-city minorities. Evaluation measures must be developed that reflect the diversity of the U.S. population and the types of intervention required.
- Understanding of the Nation's drug treatment system must improve. For example, it is important to determine the Nation's capacity to meet treatment needs; the types of treatment available; the cost of treatment; and where, and how those who need treatment access it. It also is important to develop measures that monitor and determine the effectiveness of drug treatment programs and policies. These measures should be flexible so that the definition of successful outcomes accounts for the varying needs of diverse population groups.
- It is important to evaluate various criminal justice responses to drug crime and drug users for their efficiency in reducing recidivism. One priority is to determine the relationship between sentencing and incarceration and reduced drug use; that is, how do the severity of the sentence, the length of incarceration, and treatment programs translate into reduced recidivism to drug use and drug crime?
- The dynamics of youth gangs and their role in the retail drug market are not uniformly understood. It is important to collect data on the characteristics of youth involved in gang drug trafficking and those responding to prevention or intervention programs. These data will help to determine the best approach for deterring youth from joining gangs and participating in the drug trade.

The DCRDEC determined that a systematic approach must be developed for gathering drug-related data to ensure that policymakers and analysts have complete information for making public policy. This critical goal for successful drug control policy requires the following steps: (1) improve the coordination and direction of data collection and evaluation, (2) assess the primary indicators, (3) assess data for policy relevance, (4) design innovative data collection methods,

(5) improve analysis capabilities, (6) improve the timeliness of data, (7) improve dissemination of data, and (8) support ongoing research.

Inventory of Federal Drug-Related Data Sources

In accordance with its stated mission, the Data Subcommittee created an Inventory of Federal Drug-Related Data Sources (see Appendix A). It includes a compilation of all known Federal drug-related information systems and their report generation capabilities. Descriptive information regarding the following elements for each data resource is provided: title of data set, frequency of data collection, sponsoring agency (ies), point 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, and implications for drug policy. The Inventory also includes Federal drug-related resources for both demand and supply reduction programs and assesses the extent to which these programs provide input to requirements of the 1994 Crime Control Act. Additionally, the Inventory rates the information's relevance for drug policy.

Forum on Integrating Information and Drug Control Policy

To assist the Data Subcommittee in developing a final data evaluation report, a Forum was convened with approximately 40 drug research experts, including current and former Federal policy makers; researchers from private for-profit, private nonprofit, and university organizations; and State drug data collection experts. The meeting, titled “Forum on Integrating Information and National Drug Control Policy,” was held in Boston, Massachusetts, on November 4–5, 1995, and asked participants to reflect and comment on three data and policy issues.

- How can existing data resources best be used to document the dimensions of the drug problem? What new data sources are needed to meet this objective?
- How can existing data resources best be applied in determining the range and priority of specific drug control policy objectives? What new data sources are needed to meet this objective?

- How can existing data resources best be used to evaluate the efficacy of specific drug control strategies? What new data sources are needed to meet this objective?

In addition, participants were asked the following two questions regarding existing data sets:

- If you could make one change or addition to a data set, what would it be?
- If you could eliminate one data set, which would it be?

Attendees at the Forum offered a wide range of ideas for improving the collection and analysis of drug-related data; the following is an abbreviated listing of preliminary guidelines for how ONDCP might approach the task:

- Obtain a general understanding of the scope of the problem;
- Conduct secondary analysis of existing data sets;
- Study drug abuse in a broader social context;
- Use biological markers as validity checks;
- Disseminate data in a more timely fashion;
- Assess data sets and other indicators in combination;
- Develop data sets with greater integration and interface;
- Aggregate or disseminate data to States and communities;
- Research the effectiveness of treatment modalities; and
- Use multiple methods and sources for gathering data.

In addition to the above 10 guidelines for improving the collection and analysis of drug-related data, Forum attendees made observations on the nature of drug-related data and policymaking, including the relationship between information and knowledge, flaws in the definitions of users, problems in interpretation of data, and difficulties in supply-side data collection. A copy of the entire Forum proceedings is attached as Appendix B.

PRINCIPLES FOR GUIDING DATA PRIORITIES

Following the Forum, the Data Subcommittee convened to consider the nature and scope of its labor, based on its mission requirements and tasks accomplishments as a component of the larger DCRDE Committee. The Data Subcommittee's charge under the advisory Committee was to accomplish the following: (1) develop an inventory of drug-related information systems and their report generation capabilities; (2) evaluate the adequacy and ability of drug-related data systems to inform the drug policy planning process; (3) integrate Federal efforts related to drug data collection, data processing, and data sharing; and (4) develop a strategy for the Federal Government to improve the quality and efficacy of drug-related data systems.

In addition, the Data Subcommittee focused on the following major policy areas that cannot be addressed with current data. Action has already been taken on implementing some of the principles.

- **Information on illicit drug use, including legal drugs used illegally, should be adequate, accurate and timely in order to measure the extent of the problem nationally.** Understanding the risks and consequences of drug use is important if we are to develop appropriate prevention programs aimed at reducing all drug use-- whether legal or illicit. Research indicates that the use of one drug is often related to the subsequent use of another. Typically, drug use begins with alcohol and cigarettes, which are followed by marijuana and other illicit drugs. This typical sequence of drug use was established in the 1970's (Kandel & Faust, 1975) and has been found to continue into the 1990's. A limited number of Federal and non-Federal national studies have identified “protective” and “risk” factors for youth drug use.² More in-depth analysis of the lifestyles and behavior characteristics that create conditions that promote non-use by youth is needed to add to this body of knowledge.

The most recent National Longitudinal Study on Adolescent Health, a nationally representative study of health-related behavior of adolescents in grades 7 through 12 will include a data tape for public use. While the primary focus of the study is not exclusively youth drug use, it examines substance abuse issues among youth as a consequence of risk behaviors they choose.

While surveys such as the NHSDA and the MTF provide much needed and valuable information on drug use among the general U.S. population, they are not able to provide needed detailed information on such issues as minority drug use and disaggregation of national data. For example, while most national level general population surveys are able to produce estimates for whites, blacks, and Hispanics, they do not produce estimates for Asians, Native American, or Hispanic subgroups. Additionally, the national-level surveys, in most cases, cannot be disaggregated beyond the regional level. It would be very helpful to be able to study drug use trends by State. To this end, ONDCP is supporting the expansion of the NHSDA sample to enable direct estimates in some States and more reliable synthetic estimations in the remainder. This expanded NHSDA is scheduled to be fielded in 1999.

Today, chronically addicted drug users are one of the most troubling aspect of the Nation's drug problem because they negatively impact society in so many ways. Chronic users of cocaine, while representing 30 percent of all cocaine users, consume more than two-thirds of all the cocaine available in the United States. It is these users who maintain the illegal drug market—and its attendant violence—and keep drug traffickers in business. Chronic users are responsible for a disproportionate amount of crime, and the frequency and severity of their criminal activity rises dramatically during periods of heaviest use. Chronic users frequently are “vectors” for the spread of infectious diseases such as hepatitis, tuberculosis, and HIV and other sexually transmitted diseases. And, it is this population that serves as a “reservoir” of drug use for periodic outbreaks of renewed use of drugs among the general population, as we may currently be seeing with heroin and methamphetamine. In order to address these problems, it is important that accurate and reliable estimates of the size and character of this population be obtained. Surveys of the general population, such as the NHSDA and MTF, are unable to sample sufficient numbers of this population to produce reliable estimates. Additional research is needed in order to develop adequate knowledge regarding the life course of treated addicts, and the relationship of addiction and treatment career characteristics to treatment outcomes over time.

ONDCP recently released the results of a pilot study conducted in Cook County, Illinois, to develop a method for estimating the size and characteristics of the chronically addicted. This methodology involves interviewing chronic users in locations where they are found in sufficiently large numbers, such as booking facilities, treatment centers, and homeless shelters. Preliminary results suggest that this methodology is sound and results in estimates that may be as much as three times that of earlier estimates based on general population surveys. This research must be pursued so that improved information about this population can be obtained.

- **Information on the health risks and consequences of drug use should be valid and reliable for purposes of defining the scope and magnitude of the problem.**

ONDCP's mission, in addition to reducing the availability and consumption of drugs, is to reduce the consequences of drug use. The two major consequence categories related to drug use are in the areas of health and criminal justice. For information on these consequences the Federal Government relies primarily upon DAWN for health consequences and DUF for criminal justice consequences. Both data systems have their limitations. We need to improve existing indicators and develop new ones. For example, major improvement is needed in order to address limitations in the DAWN sample design and data collection methodology. Indeed, existing definitions in DAWN may be obsolete in today's hospital environment. There are across the board methodological problems with definitions in DAWN that effect both the universe for how the hospital sample is selected and the criteria used for selection of what constitutes a DAWN case. Participants in the Forum on Integrating Information and Drug Control Policy repeatedly called for biological markers as validity checks in DAWN. Also, there are indications in the health care environment that there may be a shift away from hospital emergency departments as the place where people go for drug-related health emergencies. Research has documented the under reporting of cocaine-related emergencies because DAWN does not include other parts of the hospital in its universe, e.g., they exclude trauma centers from DAWN, as well as other freestanding

emergency facilities.³ Indications are that DAWN is in critical need of redesign in order to respond to the changing health care industry.

The expansion and redesign of the DUF program into the ADAM (Arrestee Drug Abuse Monitoring) system is one step currently underway to address deficiencies in existing measures of criminal justice consequences related to drug use. Under ADAM the number of participating cities will increase from 23 to 75. The resulting data will constitute a representative sample for each city and will, therefore, provide more reliable estimates of drug involvement in criminal activity. ONDCP is supporting the initial expansion of 10 new ADAM sites due to start data collection this year.

- **Information on the social cost of drug use and the cost effectiveness of treatment and treatment alternatives must be comprehensive and research based.** The cost to society of drug use is great and wide-ranging. Components of this cost include premature death; health care, including caring for drug-addicted children; drug-related crime; incarceration of drug-related offenders; and lost productivity and tax revenue. Costs associated with lost productivity accrue in the form of work not performed and measured in terms of lost earnings. Similarly, costs of crime attributed to illicit drug abuse include reduced earnings due to incarceration, crime careers, and criminal victimization.⁴ Another social cost of drug use that should be considered is the cost of foster care placements for the children of single parents, who either are incarcerated for drug-related offenses or are receiving substance abuse treatment in an inpatient facility. Although some treatment facilities can accommodate dependents on site, the ability to do so tends to vary with the ages of the children and the nature of the treatment being received by the adults. Recidivism rates among drug-related offenders often leads to

Daniel Brookoff et al., “The Underreporting of Cocaine-Related Trauma: Drug Abuse Warning Network Reports vs Hospital Toxicology Tests,” *American Journal of Public Health*, March 1993, Vol. 83, No.3.

Henrick Harwood et al., under contract to NIDA and NIAAA, “The Economic Costs of Alcohol and Drug Abuse in the United States, 1992” (Washington, D.C: U.S. Department of Health and Human Services, 1998).

the need for multiple sessions of inpatient treatments, thus multiplying the foster care costs related to drug use, which will be incurred by state and local governments. For example, in 1997, an average of 67 percent of parents involved with the child welfare system needed substance-abuse treatment.⁵

In order to more effectively address these problems, we need better and more timely measures of them. The early summer 1998 release of the report, *The Economic Costs of Alcohol and Drug Abuse in the United States, 1992*, is only the second large scale study to measure the impact on society of drug use. It has been nearly 10 years since the last major effort was conducted. Related to this effort must be studies of the cost effectiveness of the various sanctions employed against drug users and traffickers.

While there is little research available on the cost effectiveness of incarceration for drug offenses, recent outcome studies on treatment effectiveness indicate promising results in decreasing criminal recidivism behavior when treatment is extended over a significant length of follow-up time.⁶ The potential impact of indeterminate sentencing as a deterrence to continued criminal activity, and as a possible incentive for offenders to participate in treatment is another area in need of further study. We need to continue to assess the cost effectiveness of various treatment modalities.

- **A broad-based system for dissemination of new information should be developed to encourage use by the research community at large, and by field practitioners.**

In order for the wealth of data that is collected by the Federal Government to be of increased value, it must be made more accessible to researchers. In addition, they must be encouraged to study it, and the results of their efforts must be disseminated broadly. To varying degrees, these issues apply to nearly every Federal data system. For example, public use tapes for MTF's longitudinal panels and DAWN hospital emergency department estimates, two of the major data systems relied upon by the

Child Welfare League of America, Child Welfare and Chemical Dependency Fact Sheet, n.d.

James Inciardi et al., "An Effective Model of Prison-Based Treatment For Drug-Involved Offenders," *Journal of Drug Issues*, Spring 1997.

Federal Government each year to characterize trends in drug use and its consequences are not available to the research community for secondary analysis. Making the MTF data files available would encourage further analysis of the subset of MTF's longitudinal panel that is followed overtime. Such analyses could have value in further understanding youth drug use and the impact of patterns of use at various developmental phases. Similarly, the DAWN data files could be a useful analytic resource for studying drug use consequences and patterns at the local level. Options for making these data systems more accessible to the research community for original research need to be pursued. Other data systems, such as the surveys of local jails and State and Federal prisons are not conducted frequently enough. Also, additional ways need to be identified and developed, perhaps through grants, to encourage researchers to conduct studies using Federal data systems. Conversely, where methodologically feasible, strategies should be put into place for ideas to flow upwards from localities to encourage research practitioners at the community, state and regional levels to also conduct secondary analysis and validation. The majority of the data systems described in the Inventory in Appendix A of this report are vastly underutilized by the drug research community. Finally, the results of such drug-related research need to be disseminated more broadly so that interested researchers, public health officials, prevention and treatment providers, law enforcement officials, policymakers, and other concerned parties can make use of them.

- **Federal drug-related information collections must be coordinated to avoid overlap and duplication of effort, so as to achieve maximum use of results.** The Office of Management and Budget (OMB), in conjunction with the Office of National Drug Control Policy, coordinates the review of proposed Federal drug-related information collections among the approximately fifty drug-control agencies. However, resources for data collection are limited. Therefore, wasteful and inefficient duplication of effort in drug-related data collection must be avoided. Existing drug-related data collection systems should be reviewed for the expressed purpose of identifying any apparent duplicative measurement. The Data Subcommittee's Inventory of Federal Drug-

Related Data Sources is a beginning effort to identify all such information collections. For example, the Data Subcommittee questioned whether several of the existing surveys of jail and prison inmates and institutions could be combined into one or two surveys. Additionally, questions regarding the possible duplication of effort between the MTF and the 12- to 17-year-old sample from the NHSDA were raised. The Data Subcommittee recognizes that such determinations must be thorough and take into account the purpose and design of the survey and the exact nature of the information being collected.

- **Information collections from State and local level jurisdictions should be designed with the capability to accommodate a uniform set of standardized data elements.**

Traditionally, the Federal Government has relied upon a number of national-level data systems to inform drug control policy; these include the NHSDA, DAWN, DUF, MTF, DEA's price and purity data, FBI crime statistics, the INCSR report on source and transit countries, and the NNICC report on production, eradication, seizures, and consumption. However, as we seek more accurate and timely data, we need to make better use of other data sources. State and local governments routinely collect a wealth of information that is potentially useful. For example, each State is required to collect needs assessment data in order to obtain Federal block grant funds in the areas of prevention, treatment, and law enforcement. Needs assessments must be rigorous and have a standardized methodology to provide maximum benefit to policymakers. Improved dissemination and use of these data would be of tremendous benefit to the Federal drug policy formulation efforts. The Data Subcommittee is encouraged by a recently developed protocol and resource guide by the National Institute on Drug Abuse (NIDA) entitled "Assessing Drug Abuse Within and Across Communities." Based on a National model, NIDA's Community Epidemiology Work Group (CEWG), this resource guide appears to have great potential for State, county, city, and local communities interested in developing community drug abuse epidemiology work groups. Research methods designed to examine consistent patterns of local, county, and state drug patterns would be extremely useful to officials and policy makers at the

national level. The methods and approaches can be used to collect and analyze practical information that can assist in the formulation of public health policy, drug abuse treatment and prevention resource management, and research development.

- **A scientific methodological study design should be developed to evaluate the effectiveness of interdiction efforts.** Improved data collection in the areas of interdiction, crop loss, foreign consumption, and domestic seizures are needed to estimate the flow of illegal drugs into the United States. A model to estimate the flow of illegal drugs through the various points of entry into the United States, from production through transit to consumption, needs to be developed. This will require improved methods for estimating all of the factors that affect the drug supply and its flow into the United States, including source country production/cultivation, eradication, loss, seizures at all stages (i.e., source country, transit zone, and domestic and foreign), and foreign consumption. For example, one area in which almost no reliable data exist is the amount of drugs seized by State and local authorities. In cases where Federal authorities are involved, the data are reported to FDSS (Federal-wide Drug Seizure System), but when drugs are seized by State or local authorities without Federal involvement, information on the seizure (e.g., type of drug, amount, purity) is not obtained by FDSS. Such seizures, therefore, cannot be incorporated into determinations of the supply of drugs available for consumption in the United States. Estimates derived from this flow model will have many purposes, including supporting performance measurement efforts to validate the effectiveness of various counterdrug programs.
- **ONDCP should use its office to enhance information coordination and work with technical agencies that conduct data collections and research, in order to, accurately evaluate and assess the impact of potential changes on the Nation's drug control programs and policies.** The spiraling prevalence of drug use and its consequences of the past decade catapulted to the forefront the need for improved coordination among Federal drug control agencies. Beginning with the Anti-Drug

Abuse Act of 1988 that created ONDCP, and its subsequent reauthorization by the 1994 Violent Crime Control and Law Enforcement Act, is evidence of the fact that the Congress and the general public at large recognized the need for a coordinated public policy response to the nation's counterdrug policies regarding illegal drug use. The launching of the ten year NDCS in 1996 offered the first real opportunity to further address these concerns in a coordinated fashion. The 1996 Strategy provided the focus needed for the national drug control program and started it down a pathway that would ensure continuity and an enduring commitment to reduce drug use and its consequences. It was linked to a five year budget plan that in 1998, was joined by a companion system designed to monitor and assess the performance of the five goals and thirty-two objectives, and the overall progress of the Nation's drug control efforts.

ACCOMPLISHMENTS AND FUTURE DIRECTIONS

The work conducted by the DCRDE Committee clearly supports the need for ONDCP to assume a more vigorous leadership role in coordinating issues of national drug control policy. This has been a recurring theme articulated in various public policy forums designed to increase dialogue with the research community concerned with the prevalence and public health impact of illicit drug use. The primary purpose served by the DCRDE Committee's accomplishments has been to provide input into the Data Subcommittee's efforts to begin the process for integrating information and national drug control policy. The *Inventory of Federal Drug-Related Data Sources*, and the *Forum on Integrating Information and National Drug Control Policy* provide the necessary background research for the frame of reference with which the full DCRDE Committee can effectively advise ONDCP.

The next phase will be for ONDCP and the DCRDEC to task the Data Subcommittee with responsibility for evaluating the adequacy and ability of existing Federal drug-related data systems to inform the drug policy planning process. Some of what will be needed has already begun with the development of the *Inventory of Federal Drug-Related Data Sources*, which assesses the strengths and limitations of the data sets, and their potential for informing the drug

policy process. This process will be further enhanced by the PME system, which will identify and track specific impact targets and measures within the leading indicators.

Initiatives For Improving Information on National Drug Treatment Capacity

As ONDCP has endeavored to identify gaps in Federal drug-related data sources used to inform national drug control policy, initiatives have been undertaken to address them. One such example is an initiative involving the study of the availability of drug treatment within the criminal justice system. The project, “Substance Abuse Treatment in Correctional Facilities,” was undertaken by SAMHSA at ONDCP's request, and with the support and collaboration of the agencies within the U.S. Department of Justice. The original design of the study was undertaken to investigate the feasibility of developing a methodology for the ongoing collection of information on the status and availability of drug treatment within the criminal justice environment for the incarcerated population. While not yet completed, the study promises to yield encouraging baseline data on the status and availability of treatment in correctional settings. Information on the availability and content of treatment in correctional settings is enormously important to the goals and objectives of the NDCS, not to mention the fact that it provides additional opportunities for special studies and ongoing research of treatment with the criminal justice population. Prior to this study, very limited information existed as to the availability of drug treatment services for this population group. ONDCP will use the DCRDE Committee to stimulate discussion regarding recommendations for further study in support of NDCS, particularly, research initiatives focusing on breaking the cycle between drug-related crime and violence.

Critical to the national research agenda for drug control policy is Federal/State partnership initiatives. Examples are recent Federal initiatives in support of state infrastructure development and capacity building for the purpose of assessing prevention and treatment need. HHS's State Systems Development Program (SSDP), expansion of the National Household Survey on Drug Abuse (NHSDA), in conjunction with other data sources, technical assistance, the development of appropriate programmatic outcome measures and the assessments of results, will provide a powerful means for assessing the state and national picture with regard to the need for prevention

and treatment services. This is another area in which ONDCP will call upon the DCRDEC to provide policy recommendations regarding the national treatment delivery system and how we respond to the “gap” in the delivery of treatment services. Currently, it is estimated that approximately 3.6 million drug users are in need of help to overcome their addiction; we have only responded to 52 percent of the people that are in need of treatment. At the Federal and State level, policymakers are debating issues with regard to the programmatic alignment of agency budgets to address this problem. Analysts are scrutinizing the definition and methodology used for estimating the size of the treatment gap; the basis for the definition is being questioned in terms of “treatment need,” as opposed to “treatment demand.”

In summary, the most important contribution of the DCRDE has been its leadership in causing the drug community to re-think, perhaps more systematically, the whole drug issue. Federal drug-related data must be accurate and timely in its description of the scope and magnitude of the nation's drug problem. Qualitative and quantitative studies of the health and social consequences associated with drug dependence and the impact it exacts on society, not only for the drug abuser, but also for significant others in the abuser's family and community, are needed.

ONDCP will continue to seek the Committee's guidance in identifying opportunities to further study aspects of the drug problem where limited knowledge is available. Hence, the eight data principles proposed in this Report are intended to provide the framework within which ONDCP improve the usefulness and relevance of Federal-drug related information to enhance the effectiveness and execution of national drug policy research for enforcement and demand reduction at Federal, state, and local levels. The enclosed data principles will be linked to the PME system through an annual assessment of the effectiveness of the NDCS.

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 supervised 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. (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.

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 costs	Health-related consequences	Treatment capacity	Treatment availability on demand	No. of drug users who could benefit w/treatment	Success of drug treatment programs
I definitely m probably											
CONTINUING											
Worldwide Survey of Substance Abuse and Health Behaviors Among Military Personnel											
The Monitoring the Future Study										m	
National Cooperative Agreement for AIDS Community-Based Outreach/Intervention Research Program						m					
Survey of Inmates in State Correctional Facilities											m
Survey of Inmates in Federal Correctional Facilities, 1991											m
Survey of Inmates in Local Jails											
Survey of Adults on Probation											m
Census of State and Federal Adult Correctional Facilities											
Census of Jails											
Arrestee Drug Abuse Monitoring (ADAM) Program											m
National Longitudinal Survey of Youth79 (NLSY79)											
National Household Survey on Drug Abuse (NHSDA)											
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										m	
National, State, and Local Youth Risk Behavior Surveys (YRBS)		m									
Business Responds to AIDS Benchmark Survey				m							
Quarterly Report on Testing for Alcohol and Other Drugs of Abuse (AODA)											
The Third National Health and Nutrition Examination Survey (NHANES III)											
The Dynamics of Deviant Behavior, National Youth Survey											
Defendant Statistical System (DSS)											

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 costs	Health-related consequences	Treatment capacity	Treatment availability on demand	No. of drug users who could benefit w/treatment	Success of drug treatment programs
I definitely m probably											
ONE-TIME											
National Pregnancy and Health Survey (NPHS)						m				m	
National Longitudinal Alcohol Epidemiology Survey (NLAES)											
Survey of TB Screening, Testing and Referral Practices in Alcohol, Drug and Mental Health Treatment Facilities											
Workplace Module to National Household Survey on Drug Abuse (NHSDA)											
National AIDS Demonstration Research Project											
The Washington, D.C. Metropolitan Area Drug Study (DC*MADS)					m	m					m
Services Research Outcome Study (SROS)								m	m	m	
Substance Abuse Treatment Study (SATS)											
National Longitudinal Study of Adolescent Health											
World Health Organization Cross-National Study of Health Behavior Among Youth: U.S. Component (WHO/SAMHSA Survey)											
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Community Partnership Demonstration Program Surveys: Student Survey and Adult Community Survey											

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 costs	Health-related consequences	Treatment capacity	Treatment availability on demand	No. of drug users who could benefit w/treatment	Success of drug treatment programs
I definitely m probably											
Intake 1											m
Baseline Interview											m
Residential Treatment Eligibility Interview											
CONTEXT											
Community Epidemiology Work Group (CEWG)								m		m	
OTHER											
Survey of Employer Anti-drug Programs											

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
I definitely m probably									
CONTINUING									
Federal-wide Drug Seizure System (FDSS)					m				
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)									m
Defendant Statistical System (DSS)									
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									m
Arrestee Drug Abuse Monitoring (ADAM) Program									
Interagency Counterdrug Performance Assessment Working Group (ICPAWG)									
ONE-TIME									
Drug Abuse Treatment Outcome Study (DATOS)									
National Survey of Expenditure for Drug Control Activities of State and Local Governments									
Survey of Youth in Custody, 1987									
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									
Public Housing Law Enforcement and Security Personnel Form									
Computerized Asset Program System (CAPS)									
Chemical Handlers Enforcement Management System (CHEMS)									
OTHER									
Survey of Justice Expenditure and Employment (CJEE)									

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Census of Jails</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>Approximately once every 6 years</p>
<p>SPONSORING AGENCY(IES):</p> <p>Bureau of Justice Statistics (BJS)</p>	<p>POINT(S) OF CONTACT:</p> <p>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:</p> <p>This census provides descriptive information on all locally administered confinement facilities (3,304 total) that hold inmates beyond arraignment and are staffed by municipal or county employees. The census also includes 17 jails that are privately operated under contract for local governments and 7 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 27,500. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (5,540 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 3,304 locally-operated jails, 17 jails that were privately operated under contract for local governments, and 7 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>
<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 facility universe was developed from the National Justice Agency List and updates of the 1988 National Jail Census. Questionnaires were mailed to facility respondents at the end of June 1993. After extensive followup, all jails (except those in one jurisdiction) provided data for four critical items: number of inmates, average daily population, rated capacity, and gender of inmates. Completed forms with data for all or most items were received for 2,981 jails, resulting in a 90 percent response rate.</p>	

<p>DRUG-RELATED VARIABLES:</p> <p>The census provides the number of jail facilities conducting drug tests on inmates and staff, drug testing policies, the number of tests conducted between July 1, 1992, and June 30, 1993, the number of tests that were positive, the types of staff subject to testing, and the number of staff tested.</p>	<p>OTHER VARIABLES:</p> <p>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, and expenditures for facilities.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>The census is a complete enumeration of all jail facilities and provides a comprehensive description of the nature and extent of drug testing in local correctional facilities.</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 survey series are collecting the most drug-related information available.</p>	

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Census of State and Federal Adult Correctional Facilities</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>Once every 5 to 6 years</p>
<p>SPONSORING AGENCY(IES):</p> <p>Bureau of Justice Statistics (BJS)</p>	<p>POINT(S) OF CONTACT:</p> <p>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:</p> <p>This census provides descriptive information on State- and Federally- operated adult confinement facilities and community-based adult correctional facilities nationwide. The most recent census (1995) also included Federal facilities.</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 27,500. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (5,540 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 most recent census included 1,375 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):</p> <p>The facility universe was developed from the Census of State Adult Correctional Facilities conducted in 1990 and was revised to use the 1995 American Correctional Association Directory and information obtained from State departments of correction and from the Federal Bureau of Prisons.</p> <p>Questionnaires were mailed to facility respondents at the end of June 1995. 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, 1995.</p>	

<p>DRUG-RELATED VARIABLES:</p> <p>The 1995 census provides the number of inmates or residents in counseling programs, including those with alcohol and/or drug dependency problems. The 1990 census also included an addendum on drug control activities that requested information on facilities' drug interdiction activities, urinalyses of inmates and staff, and specific information about drug treatment programs (i.e., type of program, such as detoxification; estimated capacity of the program; and number of participants in the program).</p>	<p>OTHER VARIABLES:</p> <p>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, boot camps, and facility staffing.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>Because the census was completely enumerated, the results were not subject to sampling error.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>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.</p>	

Federal Data Set Inventory Form

TITLE OF DATA SET: Federal Justice Statistics Database	FREQUENCY OF DATA COLLECTION: Annually
SPONSORING AGENCY(IES): Bureau of Justice Statistics (BJS)	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
PURPOSE OF THE DATA SET: To describe the Federal criminal justice system from investigation through release from correctional supervision	
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 27,500. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (5,540 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.	
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.	SAMPLE SIZE OF DATA SET: In 1996, 97,776 suspects in criminal matters investigated by U.S. attorneys.
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, 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.	
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, 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.

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Law Enforcement Management and Administrative Statistics (LEMAS)</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>Every 3–4 years</p>
<p>SPONSORING AGENCY(IES):</p> <p>Bureau of Justice Statistics (BJS)</p>	<p>POINT(S) OF CONTACT:</p> <p>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:</p> <p>To provide national data on the management and administration of law enforcement agencies</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 27,500. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (5,540 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>In 1987, 1990, 1993, and 1997 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>
<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 sampling frame for the LEMAS survey is the Directory Survey of Law Enforcement Agencies, a census of agencies conducted in 1986, 1992, and 1996. 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%.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>Drug-related variables include existence of laboratory testing facilities, drug enforcement units, drug education units, the number of officers assigned to special drug units, the cost of such units, participation in multijurisdictional task forces, receipt of assets from asset forfeiture programs, types of drugs seized, arrestee and employee testing programs.</p>	<p>OTHER VARIABLES:</p> <p>Other variables include number of law enforcement agencies, number of personnel, operating expenditures, workload level, primary responsibilities, participation in the 911 system, characteristics of personnel, training requirements, personnel salaries, equipment, nonlethal weapons, and use of computers.</p>

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.

Federal Data Set Inventory Form

TITLE OF DATA SET: National Corrections Reporting Program (NCRP)	FREQUENCY OF DATA COLLECTION: Annually
SPONSORING AGENCY(IES): Bureau of Justice Statistics (BJS)	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
PURPOSE OF THE DATA SET: To describe prisoners entering and leaving custody or supervision, including time served	
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 27,500. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (5,540 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.	
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. In March 1988, BJS issued a special seven disk set of CD-ROMs covering 1983 to 1994 and containing all NCRP data collected to date—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). More recent data will be issued on CD-ROM as released.	SAMPLE SIZE OF DATA SET: In 1992, the most recent year of published data, admission data was based on 38 States, the District of Columbia, and the California Youth Authority, reporting a total of 431,279 admissions. Release data was based on 36 States reporting a total of 347,854 releases. State parole entry data was based on 36 States, with 198,009 first-entry-to-parole-supervision cases for State prisoners. State parole discharge data was based on 29 States reporting 221,552 cases of discharges after parole supervision.
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.	

<p>DRUG-RELATED VARIABLES:</p> <p>NCRP contains statistics on prisoners and parolees whose most serious conviction offense was drug trafficking or possession.</p>	<p>OTHER VARIABLES:</p> <p>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.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>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).</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>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.</p>	

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 27,500. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (5,540 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 1996, approximately 94,000 persons in 45,400 households.</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. Since March 1986, all interviews were conducted by telephone whenever possible, except for the first and fifth interviews, which are still primarily conducted in person. In 1997, the fifth interview has been conducted by telephone. In 1996, approximately 75 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 95 percent of all eligible housing units responded to the survey.

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 and the first 6 months in 1995, a School Crime Supplement to the NCVS was conducted. This supplement was administered to individuals ages 12-19 attending schools leading toward high school diplomas. 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.

Federal Data Set Inventory Form

TITLE OF DATA SET: National Judicial Reporting Program (NJRP)	FREQUENCY OF DATA COLLECTION: Once every 2 years
SPONSORING AGENCY(IES): Bureau of Justice Statistics (BJS)	POINT(S) OF CONTACT: Patrick A. Langan, Ph.D., Statistician Bureau of Justice Statistics 810 Seventh St., N.W. Washington, DC 20531 <i>Telephone No.:</i> (202) 616-3490 <i>Fax No.:</i> (202) 307-0128 <i>e-mail:</i> langanp@ojp.usdoj.gov
PURPOSE OF THE DATA SET: To provide national data on the State judicial portion of the criminal justice system	
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 27,500. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (5,540 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.	
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.	SAMPLE SIZE OF DATA SET: 300 counties and 85,191 felony cases.
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 3,109 counties or county equivalents were divided into 8 strata. At the second stage of sampling, a systematic sample of felons was selected from each county's official records, totaling 85,191 cases. State courts were the source of NJRP data for about 85 percent of the 300 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 magnetic tape (from 64 percent of the counties) and field collection (9 percent). Photocopies of official documents and survey questionnaires completed by court officials were additional data sources (27 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.

Federal Data Set Inventory Form

TITLE OF DATA SET: National Survey of Prosecutors (NSP)	FREQUENCY OF DATA COLLECTION: Once every 2 years (since 1990)
SPONSORING AGENCY(IES): Bureau of Justice Statistics (BJS)	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
PURPOSE OF THE DATA SET: To provide information about the characteristics, staffing, workload, and operations of local prosecutors' offices.	
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 27,500. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (5,540 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.	
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.	SAMPLE SIZE OF DATA SET: In 1990 and 1992 the sample consisted of 290 chief prosecutors out of a universe of 2,400 who handle felony cases in State courts of general jurisdiction. The 1990 and 1992 samples were based on those counties with courts in the nationally representative survey for the 1990 National Judicial Reporting Program, making the prosecution sample nationally representative as well. In 1994 and 1996, the 308 chief prosecutors surveyed are a nationally drawn representative sample of the approximately 2,343 who prosecute felony cases in State courts of general jurisdiction. A list of all prosecutorial districts that handle felony cases was compiled from the approximately 3,100 counties and independent cities in the United States. The universe database listed 2,343 prosecutorial districts, 1992 population figures, and 1992 UCR Part I adult arrest data by county. The 2,343 prosecutorial districts were grouped in 6 strata, depending on the number of Part I adult arrests in 1992. Within each stratum, districts were systematically selected for the sample.

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 1994 was nearly 90 percent; in 1992, 90.3 percent; and in 1990, only one office refused to participate. The 1996 data are still being analyzed and will be available by the end of calendar 1998.

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).

OTHER VARIABLES:

Other variables include types of felony cases handled, methods of prosecution used, types of evidence used in trials, use of intermediate sanctions, 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), civil actions taken against prosecutors, types of indigent defense used, staffing, workload size, budget, criminal history information used and problems with it, types of juvenile matters handled, victim-witness programs, 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.

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>State Court Processing Statistics</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>Every 2 years, since 1990</p>
<p>SPONSORING AGENCY(IES):</p> <p>Bureau of Justice Statistics (BJS)</p>	<p>POINT(S) OF CONTACT:</p> <p>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:</p> <p>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:</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 27,500. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (5,540 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 SCPS tracks approximately 13,000-14,000 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):</p> <p>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) 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.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>Data were collected for defendants charged with felony drug offenses.</p>	<p>OTHER VARIABLES:</p> <p>Other variables included type of pretrial release or detention, bail amount, criminal justice status at the time of offense, court appearance history, prior conviction record, time from arrest to pretrial release, defendant characteristics, failure to appear, pretrial rearrest, time from arrest to adjudication, and sentencing outcome.</p>

STRENGTHS AND LIMITATIONS OF THE DATA SET:

The data set is representative of the Nation's 75 most populous counties, which in 1994 accounted for about 36 percent of the U.S. population, about half of all serious crimes reported to law enforcement agencies, and about half 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.

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<p>TITLE OF DATA SET:</p> <p>Survey of Adults on Probation</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>Conducted for first time in 1995. (Possibly will be collected in 2001.)</p>
<p>SPONSORING AGENCY(IES):</p> <p>Bureau of Justice Statistics (BJS)</p>	<p>POINT(S) OF CONTACT:</p> <p>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:</p> <p>To describe characteristics of adults on probation.</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 27,500. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (5,540 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 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):</p> <p>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 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.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>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.</p>	<p>OTHER VARIABLES:</p> <p>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.</p>

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.

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Survey of Inmates in Local Jails</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>Approximately once every 5 years</p>
<p>SPONSORING AGENCY(IES):</p> <p>Bureau of Justice Statistics (BJS)</p>	<p>POINT(S) OF CONTACT:</p> <p>Caroline Wolf Harlow, Ph.D., Statistician Bureau of Justice Statistics 810 Seventh St., N.W. Washington, DC 20531 <i>Telephone No.:</i> (202) 307-0757 <i>Fax No.:</i> (202) 307-0128 <i>e-mail:</i> harlowc@ojp.usdoj.gov</p>
<p>PURPOSE OF THE DATA SET:</p> <p>To describe the characteristics of inmates in local 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 27,500. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (5,540 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 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:</p> <p>For the 1996 survey, 6,133 jail inmates from 431 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):</p> <p>Data were collected through personal interviews conducted from October 1995 through March 1996. The sample for the 1996 survey was selected from 3,328 jails enumerated in the 1993 National Jail Census. 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, 1 of every 100 or 83 males and 1 of every 50, 25, 24, or 21 females were selected. The overall response rate was 86.3 percent.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>Variables include drug and alcohol use, 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, and mental health treatment.</p>

STRENGTHS AND LIMITATIONS OF THE DATA SET:

The data set provides national-level estimates of drug use and treatment of inmates in local jails. With a substantial increase in funds, the sample of jails and inmates could be expanded to permit over-sampling of convicted violent offenders to obtain better estimates of the extent and nature of drug-related violent crimes. Additional treatment questions could be added to measure the inmates' extent of past or current treatment in correctional setting.

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 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. BJS made extensive use of the 1983 and 1989 jail inmate survey data on drug use and crime, and much of what we know about the drug-crime relationship is based on the data analysis. ONDCP may consider developing and funding an intensive analytic program to fully mine the 1996 survey results as rapidly as possible.

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Survey of Inmates in State and Federal Correctional Facilities</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>Approximately once every 5 years</p>
<p>SPONSORING AGENCY(IES):</p> <p>Bureau of Justice Statistics (BJS) Bureau of Prisons (BOP)</p>	<p>POINT(S) OF CONTACT:</p> <p>Caroline Wolf Harlow, Ph.D., Statistician Bureau of Justice Statistics 810 Seventh St., N.W. Washington, DC 20531 <i>Telephone No.:</i> (202) 307-0757 <i>Fax No.:</i> (202) 307-0128 <i>e-mail:</i> harlowc@ojp.usdoj.gov</p>
<p>PURPOSE OF THE DATA SET:</p> <p>To describe characteristics of State and Federal prison inmates.</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 27,500. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (5,540 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>For the 1991 survey, 13,986 inmates from 277 State prisons and 6,572 inmates in 53 Federal facilities.</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 1991 State survey was selected from 1,239 State prisons that were enumerated in the 1990 Census of State and Federal Adult Correctional Facilities or were operating after the census' completion. The sample for the Federal survey was selected from a universe of 95 federal prisons operating in March 1991. The sample design for both surveys was a stratified, two-stage selection. In the first stage, Federal and State correctional facilities were each separated into two sampling frames: one for prisons with male inmates and one for prisons with female inmates. Prisons holding inmates of both sexes were included on both lists. For the State survey, prisons were stratified into eight strata as defined by census region (i.e., Northeast, Midwest, South, and West) and facility type (i.e., confinement and community based). All prisons with 1,950 or more men were selected from the male frame and all prisons with 380 or more women were selected from the female frame. The remaining prisons in the male frame were grouped into equal size strata of approximately 2,600 males and then further stratified by security level. The remaining prisons in the female frame also were grouped into strata of approximately 574 females. A systematic sample of prisons was then selected within strata on each frame with probabilities proportional to the size of each prison. For the Federal facility the 26 largest prisons holding men and the 6 largest holding women were selected with certainty. The remaining 55 male facilities were stratified into 19 roughly equal size strata based mainly on security level (high, medium, low, minimum, and administrative). The eight female facilities were stratified into two strata by security level. One facility was selected from each of the 21 strata, with probability proportionate to size. In the second stage, interviewers visited each selected State facility and systematically selected a sample of male and female inmates using predetermined procedures. The overall response rate was 93.7 percent. For the Federal facilities a systematic sample of inmates to be interviewed was selected for each facility from the Bureau of Prisons' central list using a random start and a total number of interviews based on the size of the facility and the sex of the inmates held. The overall response rate was 93.4 percent.

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, gang membership, drug-related crime, use of weapons, and needle sharing.

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. State and Federal surveys were again conducted in 1997 and will be available in 1999. With a substantial increase in funds, the sample of prisons and inmates could be expanded to permit over sampling of convicted violent offenders to obtain better estimates of the extent and nature of drug-related violent crime. Additional treatment questions could be added to measure the inmates' extent of past or current treatment in correctional settings.

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. At present the surveys are collecting the most drug-related information available. Inmate interviews provide data on the proximity of the crime incident to the place of drug use, thresholds of earlier criminal behavior or drug-using behavior, and gateways to alcohol and drugs use. BJS made extensive use the 1991 survey data and data analysis during a 5-year period. However, BJS was unable to replicate or shorten that 5-year analytic period for the 1997 survey data. ONDCP may consider developing and funding an intensive analytic program to fully mine the 1997 survey results, including the new drug-related variables first collected in 1997, as rapidly as possible.

Federal Data Set Inventory Form

TITLE OF DATA SET: Survey of Justice Expenditure and Employment (CJEE)	FREQUENCY OF DATA COLLECTION: Annually from 1971–79; 1985; 1988; 1990
SPONSORING AGENCY(IES): Bureau of Justice Statistics (BJS)	POINT(S) OF CONTACT: Sue Lindgren, Statistician Bureau of Justice Statistics 810 Seventh St., N.W. Washington, DC 20531 <i>Telephone No.:</i> (202) 307-0760 <i>Fax No.:</i> (202) 616-1351 <i>e-mail:</i> lindgren@ojp.usdoj.gov
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.	
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 27,500. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (5,540 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.	
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.	SAMPLE SIZE OF DATA SET: The most recent survey (1990) included information from all State governments and a total of 8,867 local governments (i.e., 3,042 county governments, 4,693 municipalities, and 1,132 townships).
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 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, 72 counties, and 49 municipalities. Other units in the sample were canvassed by mail. Response for the field-compiled units was 100 percent. For the mail canvass units, the response rate was 87 percent.	

DRUG-RELATED VARIABLES:

No drug-related variables are included in these data sets. However, BJS has requested a budget enhancement for fiscal year 1999 that would allow the collection of data for 1998–99; with additional resources, that survey could be modified to also collect State and local drug control expenditures as was done in 1990–91 for ONDCP by the U.S. Census Bureau, which used the CJEE sample and modified data collection procedures. A similar BJS data series, the *Justice Expenditure and Employment Extracts* program presents data for 1980–94; it is not possible to modify that series to collect drug control expenditure data.

OTHER VARIABLES:

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).

STRENGTHS AND LIMITATIONS OF THE DATA SET:

The survey is based on a sample and the national totals and State-level estimates are subject to sampling error. The totals do not contain fringe benefits data because they cannot be consistently collected for all governments.

IMPLICATIONS FOR DRUG POLICY:

See above drug-related variable discussion.

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Survey of Youth in Custody, 1987</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>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):</p> <p>1987: Bureau of Justice Statistics (BJS) Subsequent: Office of Juvenile Justice and Delinquency Prevention (OJJDP)</p>	<p>POINT(S) OF CONTACT:</p> <p>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:</p> <p>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:</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 27,500. Reports and spreadsheets are available from the BJS website (www.ojp.usdoj.gov/bjs). Subscribers to JUSTINFO (5,540 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>1987 interviews were conducted with 2,621 juveniles and young adults in 50 facilities in 26 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>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

TITLE OF DATA SET: Business Responds to AIDS Benchmark Survey	FREQUENCY OF DATA COLLECTION: Baseline 1995; repeat in 1998-2000 as resources permit
SPONSORING AGENCY(IES): Centers for Disease Control and Prevention	POINT(S) OF CONTACT: Cynthia Jorgensen, Dr.P.H. DCPC/CDC MS K-57 Atlanta, GA 30333 <i>Telephone No.:</i> (770) 488-3094 <i>Fax No.:</i> (770) 488-4627
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.	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: Through scientific conferences and publications.	
AVAILABLE FORMATS: The data is not yet available for public use.	SAMPLE SIZE OF DATA SET: Data was obtained from a sample of 2,252 worksites across the country.
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.	
DRUG-RELATED VARIABLES: Drug and alcohol use policies and drug and alcohol education at the worksite; illegal drug testing of job applicants.	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.).
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.	
IMPLICATIONS FOR DRUG POLICY: Data will be useful in tracking changes in alcohol and drug policies and practices at the worksite.	

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>1991 National Health Interview Survey of Drug and Alcohol Use (NHIS-DAU)</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>A one-time survey (1991)</p>
<p>SPONSORING AGENCY(IES):</p> <p>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:</p> <p>Owen Thornberry, Director Division of Health Interview Statistics National Center for Health Statistics Presidential Bldg., Rm. 850 6525 Belcrest Rd. Hyattsville, MD 20782 <i>Telephone No.:</i> <i>Fax No.:</i></p>
<p>PURPOSE OF THE DATA SET:</p> <p>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:</p> <p>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:</p> <p>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:</p> <p>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>
<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 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.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>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.</p>	<p>OTHER VARIABLES:</p> <p>Variables include a broad range of health variables, health status and limitation, acute and chronic conditions, and health care utilization.</p>

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.

Federal Data Set Inventory Form

TITLE OF DATA SET: 1992 National Hospital Ambulatory Medical Care Survey Emergency Room Department Data	FREQUENCY OF DATA COLLECTION: A one-time survey
SPONSORING AGENCY(IES): National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention	POINT(S) OF CONTACT: Linda McCraig Ambulatory Care Statistics Branch Division of Health Care Statistics National Center for Health Statistics 6525 Belcrest Road Hyattsville, MD 20782 <i>Telephone No.:</i> (301) 436-7132 <i>Fax No.:</i> (301) 436-5452
PURPOSE OF THE DATA SET: To provide information on health care provided by hospital emergency departments to the population of the United States.	
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. McCraig's <i>National Hospital Ambulatory Medical Care Survey: 1992 Emergency Department Summary</i> and <i>Advance Data From Vital and Health Statistics</i> , No. 245 (a 1994 NCHS publication). Data are also available on computer tape from the National Technical Information Service.	
AVAILABLE FORMATS: See previous item.	SAMPLE SIZE OF DATA SET: The survey collected emergency department data from 437 hospitals. The number of patient record forms completed was 36,271.
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. Data were collected from December 2, 1991 through December 27, 1992. Medical coding was performed by NCHS.	
DRUG-RELATED VARIABLES: One question on the patient record form asked: "Is the problem alcohol- or drug-related?" Possible codes included (1) neither, (2) alcohol-related, (3) drug-related, and (4) both.	OTHER VARIABLES: Demographic information about patient included the expected source of payment, major reason for visit (illness or injury), 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.
STRENGTHS AND LIMITATIONS OF THE DATA SET: The major strength of the data system is that it provides data on a representative sample of patient visits to hospital emergency room 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.	

IMPLICATIONS FOR DRUG POLICY:

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.

Federal Data Set Inventory Form

TITLE OF DATA SET: National Maternal and Infant Health Survey (NMIHS)	FREQUENCY OF DATA COLLECTION: Periodically
SPONSORING AGENCY(IES): National Center for Health Statistics, Centers for Disease Control and Prevention	POINT(S) OF CONTACT: Followback Survey Branch Division of Vital Statistics National Center for Health Statistics 6525 Belcrest Rd., Rm. 840 Hyattsville, MD 20782 <i>Telephone No.:</i> (301) 436-7464 <i>Fax No.:</i> (301) 436-5830
PURPOSE OF THE DATA SET: To monitor maternal and infant mortality, morbidity, health, and nutrition.	
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.	
AVAILABLE FORMATS: Data are available on computer tape from the National Technical Information Service.	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.
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.	
DRUG-RELATED VARIABLES: These include alcohol, tobacco, marijuana, and cocaine use by the mother before and during pregnancy.	OTHER VARIABLES: 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.
STRENGTHS AND LIMITATIONS OF THE DATA SET: 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. 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.	
IMPLICATIONS FOR DRUG POLICY: The survey provides limited information about illicit drug use and tobacco and alcohol use during pregnancy.	

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>National, State, and Local Youth Risk Behavior Surveys (YRBS)</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>Biennially (spring)</p>
<p>SPONSORING AGENCY(IES):</p> <p>National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention</p>	<p>POINT(S) OF CONTACT:</p> <p>Laura Kann, Ph.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 No.:</i> (770) 488-5330 <i>Fax No.:</i> (770) 488-5665</p>
<p>PURPOSE OF THE DATA SET:</p> <p>To measure priority health-risk behaviors among representative samples of high school students.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>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 from the National Technical Information Services. The State and local data are available from the State and local education agencies conducting the surveys.</p>	
<p>AVAILABLE FORMATS:</p> <p>Data are available on diskette.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>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):</p> <p>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 1997 questionnaire contains 84 items. Extensive edit checks are conducted to increase the consistency of the data.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>Cigarette use (ever, currently, frequently, age at first use, source of cigarettes, on school property, quit attempts); smokeless tobacco use (currently, on school property); alcohol use (ever, currently, age at first use, on school property, episodic heavy drinking); marijuana use (ever, currently, age at first use); crack use (ever); inhalant use (ever); steroid use (ever); other illegal drug use (ever); injected drug use (ever)</p>	<p>OTHER VARIABLES:</p> <p>Behaviors related to unintentional and intentional injuries, sexual behaviors, dietary behaviors, and physical activity.</p>

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.

Federal Data Set Inventory Form

TITLE OF DATA SET: National Vital Statistics System, Mortality Data	FREQUENCY OF DATA COLLECTION: Annually
SPONSORING AGENCY(IES): National Center for Health Statistics, Centers for Disease Control and Prevention	POINT(S) OF CONTACT: Harry Rosenberg Division of Vital Statistics National Center for Health Statistics 15525 Belcrest Road, Rm. 840 Hyattsville, MD 20782 <i>Telephone No.:</i> (301) 436-8884, ext. 175 <i>Fax No.:</i> (301) 436-7066
PURPOSE OF THE DATA SET: To provide official national vital statistics data on deaths nationwide.	
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>Monthly Vital Statistics Report: Advance Report of Final Mortality Statistics</i> .	
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 CDC WONDER. Two commonly used public data files are the Compressed Mortality File and the Multiple Cause Mortality Data.	SAMPLE SIZE OF DATA SET: Data are gathered from the approximately 2 million deaths per year.
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 ninth revision of the ICD has been used from 1979 to the present.	
DRUG-RELATED VARIABLES: Cause-of-death variables include causes related to misuse of psychoactive drugs. The ICD codes that are used to define drug-related deaths are 292, 304, 305.2–305.9, E850–E858, E950.0–E950.5, E962.0, and E980.0–E980.5.	OTHER VARIABLES: Demographic information and locality of death.
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.	

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>The Third National Health and Nutrition Examination Survey (NHANES III), 1988-1994</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>Intermittent (nonfixed intervals of data collection)</p>
<p>SPONSORING AGENCY(IES):</p> <p>National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention</p>	<p>POINT(S) OF CONTACT:</p> <p>Cliff Johnson, Special Assistant Division of Health Examination Statistics National Center for Health Statistics Presidential Bldg., Rm. 850 6525 Belcrest Rd. Hyattsville, MD 20782 <i>Telephone No.:</i> (301) 436-7068, ext. 174 <i>Fax No.:</i> (301) 436-5431</p>
<p>PURPOSE OF THE DATA SET:</p> <p>Research and general purpose statistics.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>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:</p> <p>All data are available on CD-ROM.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>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):</p> <p>A stratified multistage probability design was used.</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 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 18–59. 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.

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 health; central nervous system tests; spirometry; bone density; gallbladder ultrasound; and ECG, blood, and urine assessments.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

Because individual identifiers are removed, there will be no restrictions on the use of Public Use Data Tapes from NHANES III.

IMPLICATIONS FOR DRUG POLICY:

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 18–59.

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Chemical Handlers Enforcement Management System (CHEMS)</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>Daily</p>
<p>SPONSORING AGENCY(IES):</p> <p>Drug Enforcement Administration (DEA)</p>	<p>POINT(S) OF CONTACT:</p> <p>Frank Moreno, Program Manager Drug Enforcement Administration Washington, DC 20537 <i>Telephone No.:</i> (202) 307-7191 <i>Fax No.:</i> (202) 307-4702</p>
<p>PURPOSE OF THE DATA SET:</p> <p>CHEMS is used to capture and maintain identification data on chemical companies as mandated by the Chemical Diversion and Trafficking Act of 1988, as well as to keep track of the importation and exportation of regulated chemicals.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>Data are used for internal use for DEA investigative and regulatory matters and are disseminated to the U.S. Customs Service for import and export control.</p>	
<p>AVAILABLE FORMATS:</p> <p>DEA's model M204 database management system.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>Approximately 10,000 records of U.S. and foreign companies that handle controlled chemicals. Also, approximately 6,000 import/export declarations are filed each 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):</p> <p>Data are collected from DEA investigative reports and from import/export declarations filed by the chemical industry.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>CHEMS tracks companies that handle chemicals which can be used to produce drugs.</p>	<p>OTHER VARIABLES:</p> <p>None available.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>It keeps track of every company in the United States that might be a source of chemicals used in clandestine drug manufacture and provides a method to prevent the diversion of control chemicals and their import and export.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>CHEMS helps prevent the clandestine manufacture of illicit drugs by preventing the diversion of chemicals used by drug traffickers.</p>	

Federal Data Set Inventory Form

TITLE OF DATA SET: Computerized Asset Program System (CAPS)	FREQUENCY OF DATA COLLECTION: Daily
SPONSORING AGENCY(IES): Drug Enforcement Administration (DEA)	POINT(S) OF CONTACT: Darcy Floyd, CAPS Program Manager Assets Forfeiture Section Office of the Chief Counsel Drug Enforcement Administration Washington, DC 20537 <i>Telephone No.:</i> (202) 307-7639 <i>Fax No.:</i>
PURPOSE OF THE DATA SET: CAPS is DEA's automated record system for tracking asset seizure and forfeiture activity. The system is used to track the lifecycle of an asset from seizure through disposal.	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: DEA M204 CAPS users have access to up-to-date information on the lifecycle of an asset because of its online capability. Various inventory, management, and statistical reports are available on an as-needed basis.	
AVAILABLE FORMATS: CAPS is written in M204, Version 2.1. System data are available in hard copy, on 9-track tapes, or in ASCII files.	SAMPLE SIZE OF DATA SET: CAPS records contain an average of 165 data elements.
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 DEA Form 453, "Record/Receipt of Seized Asset." The 453 is used as the source document for reporting seizures for forfeiture or abandonment activity. Seizures reported through DEA's field offices are validated at the division office level before and after CAPS data entry. The Asset Forfeiture Section maintains a daily audit of updated data to insure quality data integrity. Each record is validated by a quality control unit prior to the archival of each seizure file.	
DRUG-RELATED VARIABLES: The CAPS data field "NGDEP" 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.	OTHER VARIABLES: CAPS was designed from 1982 to 1983 to track the asset lifecycle. CAPS contains data fields on case information, asset details, party/notification details, court/judicial forfeiture details, custody, probable cause, petition details, and forfeiture.
STRENGTHS AND LIMITATIONS OF THE DATA SET: CAPS' principal strength is that it organizes DEA's tracking of asset seizure and forfeiture information into one system. The system is available to any M204 user with CAPS privileges. CAPS limitations are its design and the amount of data collected. CAPS' original design did not provide for greater flexibility, and the system could not keep pace with changes in the overall asset removal program. DEA's plans to revise CAPS were absorbed into the development of the Consolidated Asset Tracking System by the Department of Justice.	

IMPLICATIONS FOR DRUG POLICY:

CAPS 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, and volumes of assets seized by DEA or referred to other law enforcement agencies for forfeiture.

Federal Data Set Inventory Form

TITLE OF DATA SET: Defendant Statistical System (DSS)	FREQUENCY OF DATA COLLECTION: Ongoing data collection
SPONSORING AGENCY(IES): Drug Enforcement Administration (DEA)	POINT(S) OF CONTACT: Hunter W. Peil, Chief Statistical Operations Unit Drug Enforcement Administration Washington, DC 20537 <i>Telephone No.:</i> (202) 307-8265 <i>Fax No.:</i> (202) 307-7915
PURPOSE OF THE DATA SET: The database stores information for all defendants arrested by DEA, including the defendants' dispositions.	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: Summary data are published semiannually and distributed to DEA managers in the Headquarters and field offices. All DEA field offices have access to and may query the DSS via a generalized query capability for standard reports. DEA Headquarters also uses a separate, powerful query capability to generate a wide variety of statistical reports.	
AVAILABLE FORMATS: Printouts, as well as responses to standard queries that are returned to the monitor from which each query was made. DEA Headquarters uses Table Producing Language (TPL) to generate most printed reports; TPL gives the user complete control of the components of data tables.	SAMPLE SIZE OF DATA SET: Each DSS record corresponds to each arrest made by DEA. In recent years, DEA has made 22,000 to 25,000 arrests per year, and the database includes information for arrests made from fiscal year (FY) 1986 to the present and arrests from FY 1976 to FY 1985 for which dispositions have not been reported.
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): Personal History Reports prepared on every DEA defendant are source documents for the DSS. The copy of the report submitted to the DEA Headquarters Investigative Records Unit is used for DSS data entry.	
DRUG-RELATED VARIABLES: The principal drug involved in the case in which the arrest was made, the major drug the defendant was involved with, and the principal violation committed by the defendant.	OTHER VARIABLES: The DEA case in which the arrest was reported, demographic information on the defendant (e.g., race, ethnicity, sex, date of birth, citizenship), and information on the arrest and offense ((e.g., date of arrest, place of arrest). Disposition information includes the jurisdiction (Federal or State), the disposition (e.g., acquitted, convicted, dismissed, or declined), and the disposition date. If the defendant is convicted, the database will include the defendant's sentence or term.
STRENGTHS AND LIMITATIONS OF THE DATA SET: Strengths include accuracy, the inclusion of the defendant's disposition, and the flexibility of the report generator used by DEA Headquarters. The principal limitation to non-DEA users is that the DSS database contains information only on DEA arrests.	
IMPLICATIONS FOR DRUG POLICY: None available.	

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Federal-wide Drug Seizure System (FDSS)</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>Monthly</p>
<p>SPONSORING AGENCY(IES):</p> <p>Drug Enforcement Administration (DEA) manages the database.</p>	<p>POINT(S) OF CONTACT:</p> <p>Carolyn Hoffman, Chief Statistical Analysis Unit Drug Enforcement Administration Washington, DC 20537 <i>Telephone No.:</i> (202) 307-8270 <i>Fax No.:</i> (202) 307-7916</p>
<p>PURPOSE OF THE DATA SET:</p> <p>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:</p> <p>Summary data are published semiannually and are distributed to Federal managers.</p>	
<p>AVAILABLE FORMATS:</p> <p>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:</p> <p>Each FDSS record tagged with a Federal Drug Identification Number (FDIN) that corresponds to each seizure made by a Federal agency. Since the system became operational in fiscal year 1989, there have been 4,000 to 6,500 FDIN seizures 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):</p> <p>FDSS data are based upon extracts of drug removal information from databases maintained by DEA, U.S. Customs, and the U.S. Coast Guard. 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:</p> <p>Each record in the FDSS has fields for the type of drug, quantity and unit of measure, how the 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.</p>	<p>OTHER VARIABLES:</p> <p>None available.</p>

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.

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>System to Retrieve Information from Drug Evidence (STRIDE)</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>Ongoing data collection</p>
<p>SPONSORING AGENCY(IES):</p> <p>Drug Enforcement Administration (DEA)</p>	<p>POINT(S) OF CONTACT:</p> <p>James H. Crockett, Chief Laboratory Support Section Drug Enforcement Administration Washington, DC 20537 <i>Telephone No.:</i> (202) 307-8785 <i>Fax No.:</i></p>
<p>PURPOSE OF THE DATA SET:</p> <p>To maintain an inventory of drug exhibits submitted to DEA laboratories.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>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:</p> <p>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:</p> <p>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):</p> <p>See response to item above.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>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:</p> <p>One variable is the DEA case from which the drug exhibit was acquired.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>STRIDE can provide detailed information on a large volume of Federal drug removals over a 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).</p>	

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.

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Uniform Crime Reports/Age, Sex, and Race of Persons Arrested</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>Monthly</p>
<p>SPONSORING AGENCY(IES):</p> <p>Federal Bureau of Investigation (FBI), Criminal Justice Information Services Division</p>	<p>POINT(S) OF CONTACT:</p> <p>Ben Brewer, Chief Programs Support Section, Module E-3 Federal Bureau of Investigation 1000 Custer Hollow Road Clarksburg, WV 26306 <i>Telephone No.:</i> (304) 625-2000 <i>Fax No.:</i> (304) 625-3566</p>
<p>PURPOSE OF THE DATA SET:</p> <p>To measure law enforcement response to crime and to provide data concerning the age, sex, and race of perpetrators.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>Summary information is published annually in <i>Crime in the U.S.</i> Disaggregated data are provided upon request.</p>	
<p>AVAILABLE FORMATS:</p> <p>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:</p> <p>The data set is not a sample; data are collected from 16,000 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):</p> <p>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:</p> <p>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:</p> <p>These include age, sex, and race of persons arrested. The data set also includes all other crimes except traffic violations.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>Data are supported by records of local law enforcement agencies; not all agencies supply data for all 12 months of each year.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>It describes the characteristics of drug arrestees.</p>	

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Baseline Interview</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>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):</p> <p>Federal Bureau of Prisons (BOP) and the National Institute on Drug Abuse</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 No.:</i> (919) 575-4541, Ext. 512 <i>Fax No.:</i> (919) 575-6341</p>
<p>PURPOSE OF THE DATA SET:</p> <p>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:</p> <p>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:</p> <p>FoxPro and Prodas (a SAS-like PC software package) data sets</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>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):</p> <p>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 overrepresented 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>	

IMPLICATIONS FOR DRUG POLICY:

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.

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 No.:</i> (919) 575-4541, Ext. 512 <i>Fax No.:</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>

STRENGTHS AND LIMITATIONS OF THE DATA SET:

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.

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.

IMPLICATIONS FOR DRUG POLICY:

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.

Federal Data Set Inventory Form

TITLE OF DATA SET: Residential Treatment Eligibility Interview	FREQUENCY OF DATA COLLECTION: Continuous, beginning June 1995
SPONSORING AGENCY(IES): Federal Bureau of Prisons (BOP)	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 No.:</i> (202) 633-2214 <i>Fax No.:</i> (202) 724-5848
PURPOSE OF THE DATA SET: To determine the eligibility for admission to residential drug treatment programs.	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data are distributed to drug treatment staff at the institution where admission is being sought.	
AVAILABLE FORMATS: Hard copy only, which is kept in the inmate's file.	SAMPLE SIZE OF DATA SET: Unknown. The size is estimated to be at least 2,000 within one fiscal year based upon current waiting list for admission to residential drug treatment programs.
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 requests admission to a residential drug treatment program in the BOP. The data is self-reported but is verified by information from pre-sentence investigation reports or other corroborating information obtained from the probation officer or the treatment facility.	
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.	OTHER VARIABLES: Occupation and education.
STRENGTHS AND LIMITATIONS OF THE DATA SET: Strengths: It allows DSM-IV diagnosis. Limitations: It is not an automated database, no information on length of heaviest use, prone to 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: Although limited to volunteers for residential treatment, 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.	

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Survey of Inmates in Federal Correctional Facilities, 1991</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>A one-time survey (Summer 1991)</p>
<p>SPONSORING AGENCY(IES):</p> <p>Federal Bureau of Prisons (BOP)</p>	<p>POINT(S) OF CONTACT:</p> <p>Christopher A. Innes, Ph.D. Office of Research and Evaluation Federal Bureau of Prisons 320 First St., N.W., NALC #202 Washington, DC 20534 <i>Telephone No.:</i> (202) 724-3121 <i>Fax No.:</i> (202) 633-2668</p>
<p>PURPOSE OF THE DATA SET:</p> <p>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:</p> <p>A report was published by the Bureau of Justice Statistics and the data tape was archived at the Criminal Justice Archive in Michigan.</p>	
<p>AVAILABLE FORMATS:</p> <p>ICPSR at the University of Michigan provides the data in a variety of machine-readable forms.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>6,500 inmates were interviewed in a sample 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):</p> <p>Face-to-face interviews are conducted under contract by the U.S. Bureau of the Census.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>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:</p> <p>These include demographic and family background, criminal history, adjustment to prison, and medical information.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>Strengths: It is a representative sample of the BOP sentenced population with detailed self-report data on a variety of topics.</p> <p>Limitations: Data are only available for 1991.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>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.</p>	

Federal Data Set Inventory Form

TITLE OF DATA SET: Arrestee Drug Abuse Monitoring (ADAM) Program	FREQUENCY OF DATA COLLECTION: Quarterly
SPONSORING AGENCY(IES): National Institute of Justice (NIJ), Office of Justice Programs	POINT(S) OF CONTACT: K. Jack Riley, Ph.D., Director Arrestee Drug Abuse Monitoring Program National Institute of Justice 633 Indiana Ave., N.W. Washington, DC 20531 <i>Telephone No.:</i> (202) 616-9030 <i>Fax No.:</i> (202) 307-6394
PURPOSE OF THE DATA SET: NIJ established the ADAM program in 1997 to provide an objective assessment of the drug problem among those arrested and charged with crimes. Prior to this, the Drug Use Forecasting (DUF) program collected data. On a quarterly basis, samples of arrestees in 23 cities across the United States are interviewed and asked to provide urine specimens that are tested for evidence of drug use. Urinalysis results can be matched to arrestee characteristics to help monitor trends in drug use. The ADAM program will operate in 75 cities by 2000.	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: The data are made available to the public through NIJ's Data Resources contractor (currently ICPSR in Ann Arbor, Michigan). Currently, all DUF data through 1993 are available through ICPSR. Data for each site are provided to each site on a quarterly basis.	
AVAILABLE FORMATS: The files are usually provided as machine-readable files, typically SPSS-PC system files with variable and value labels included.	SAMPLE SIZE OF DATA SET: Varies somewhat from site to site. Generally, each site collects quarterly data from 200–250 adult male arrestees, 100–150 adult female arrestees, 100–150 juvenile male arrestees (at 12 sites), and a smaller sample of female juvenile arrestees (at 8 sites). Taken together, the 1993 data comprised 20,550 adult male arrestees, 8,070 adult female arrestees, and a smaller sample of juvenile male and female arrestees.
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): Arrestees are not selected randomly, though some sites approach a complete census of arrestees in the catchment area during the times that data collection is conducted. Quarterly data collection occurs roughly during the same weeks of the quarter each year at each site.	
DRUG-RELATED VARIABLES: These include self-report, treatment history, drug injection history new trends in drug use (reports on the street), and urinalysis for drug use. Some use has been made of additional self-report information and other bioassays, such as hair testing.	OTHER VARIABLES: 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 emergency room visits in the last year.
STRENGTHS AND LIMITATIONS OF THE DATA SET: Urinalysis and general access to the “fresh” arrestee population are the greatest strengths of these data. Weaknesses are the lack of random sampling and the different catchment areas at various sites.	

IMPLICATIONS FOR DRUG POLICY:

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.

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>National Longitudinal Alcohol Epidemiologic Survey (NLAES)</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>One-time study</p>
<p>SPONSORING AGENCY(IES):</p> <p>National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health</p>	<p>POINT(S) OF CONTACT:</p> <p>Bridget F. Grant Division of Biometry and Epidemiology National Institute on Alcohol Abuse and Alcoholism Willco Building, Suite 514 6000 Executive Blvd., MSC-7003 Bethesda, MD 20892-7003 <i>Telephone No.:</i> (301) 442-7370 <i>Fax No.:</i> (301) 443-8614</p>
<p>PURPOSE OF THE DATA SET:</p> <p>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:</p> <p>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:</p> <p>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:</p> <p>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):</p> <p>All interviews were conducted person-to-person with randomly selected persons. The NLAES is a representative sample of the United States noninstitutionalized population, ages 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.</p>	

<p>DRUG-RELATED VARIABLES:</p> <p>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.</p>	<p>OTHER VARIABLES:</p> <p>None available.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>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.</p> <p>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.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>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.</p>	

Federal Data Set Inventory Form

TITLE OF DATA SET: Substance Abuse Treatment Study (SATS)	FREQUENCY OF DATA COLLECTION: Planned as a one-time data collection
SPONSORING AGENCY(IES): National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health	POINT(S) OF CONTACT: Margaret Mattson, Public Health Analyst Treatment Research Branch, Division of Clinical and Prevention Research National Institute on Alcohol Abuse and Alcoholism 6000 Executive Blvd. Suite 505 Rockville, MD 20892-7003 <i>Telephone No.:</i> (301) 443-0796 <i>Fax No.:</i> (301) 443-8774
PURPOSE OF THE DATA SET: <p>SATS is designed to develop methods for substance abuse treatment and recording the content and process of treatment and to obtain information from a sample of treatment facilities from which national estimates can be made about the content and process of treatment. The survey will collect information from about 100 treatment facilities through interviews with facility managers and clinical staff, questionnaires completed by clinical staff, direct observation of group treatment sessions and the physical and social milieu of treatment, and collection of data about clients from facility records. In terms of the ONDCP reporting requirements under area (D) of the Crime Control Act, SATS will collect data on the status of drug treatment in the United States in the following area: treatment content that will improve our knowledge of how substance abuse funds are being spent and the mix of services being provided.</p>	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: When available, data will be disseminated through final reports, special studies, and public-use data files.	
AVAILABLE FORMATS: No data available.	SAMPLE SIZE OF DATA SET: A sample of about 100 facilities (about 1 percent) will be surveyed from a universe of about 12,000 treatment providers. All the clinical staff of the 100 sample facilities (about 600 total) will be asked to complete a staff questionnaire (about 1 percent of all clinical staff). About 500 treatment groups will be observed and the clinical staff leading or supervising these groups will be interviewed; the size of the treatment group universe is not known. The size of the sample of clients about whom data will be collected from facility records has not yet been determined.
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>SATS consists of the following components: (1) a sample of substance abuse facilities will be visited and the providers will be interviewed; (2) questionnaires will be distributed for completion by all clinical treatment staff at the sampled facilities; (3) a sample of treatment group meetings at the sampled facilities will be observed by a trained observer who will record the group activities and topics on a special form and interview the clinical staff member responsible for supervising each group; (4) the observers will complete questionnaires about the physical and social milieu of each sampled facility; and (5) site visitors will record data from facility records about a sample of treatment clients.</p>	

<p>DRUG-RELATED VARIABLES:</p> <p>Drug-related variables will include drug treatment type, treatment services provided, drugs used during treatment, clinical diagnosis, and drug use history.</p>	<p>OTHER VARIABLES:</p> <p>Facility characteristics will include staffing, types of group treatment sessions, expenses, and revenue sources. Clinical staff characteristics will include treatment activities, attitudes toward and beliefs about treatment, and substance abuse recovery status. Treatment group characteristics will include group focus, issues treated, and type of leadership. Physical and social milieu will include neighborhood characteristics, physical characteristics of the facility, rules governing conduct of clients, and social interactions among clients and between clients and staff.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>The strengths of the SATS data set will include the ability to make national estimates about substance abuse treatment services. The limitations include the inability to make State or local area estimates.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>Implications for drug policy include detailed knowledge about the content and process of substance abuse treatment and information about the effects of managed care on length of treatment programs and the types of services provided. SATS will develop methods of observing and recording treatment process and content that can be used in future studies.</p>	

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>National Longitudinal Study of Adolescent Health</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>One-time study conducted in three stages (Fall 1994; Spring, Summer, and Fall 1995; and Spring and Summer 1996)</p>
<p>SPONSORING AGENCY(IES):</p> <p>National Institute of Child Health and Human Development (NICHD) and 17 other Federal agencies</p>	<p>POINT(S) OF CONTACT:</p> <p>J. Richard Udry, Principal Investigator Carolina Population Center 123 West Franklin Street, University Square University of North Carolina at Chapel Hill Chapel Hill, NC 27516-3997 <i>Telephone No.:</i> (919) 966-2157 <i>Fax No.:</i> (919) 966-6638 <i>e-mail:</i> URL:udry@unc.edu</p>
<p>PURPOSE OF THE DATA SET:</p> <p>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.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>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 (<i>fax</i>), URL: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:</p> <p>The public use data sets will be available on CD-ROMS in ASCII format that can be read by many statistical software programs.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>Approximately 90,000 cases in the first stage; 20,745 cases in the second stage; 14,800 in the third stage.</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>In the in-school phase (Fall 1994), questionnaires 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 at each school completed a questionnaire on school characteristics and 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 interview was conducted with a parent of each adolescent 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. For further information on the design, consult the Add Health website at http://www.cpc.unc.edu/addhealth.</p>	

<p>DRUG-RELATED VARIABLES:</p> <p>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 decisionmaking processes, criminal activities, and substance use. Substance use questions include cigarette smoking and smokeless tobacco use; alcohol consumption and binge drinking; 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.</p>	<p>OTHER VARIABLES:</p> <p>Other variables include friendships, extracurricular activities, and peer networks.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>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.</p> <p>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.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>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.</p>	

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<p>TITLE OF DATA SET:</p> <p>Community Epidemiology Work Group (CEWG)</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>Not a data collection system. The CEWG is a network of researchers who meet semiannually.</p>
<p>SPONSORING AGENCY(IES):</p> <p>National Institute on Drug Abuse (NIDA), National Institutes of Health</p>	<p>POINT(S) OF CONTACT:</p> <p>Nicholas Kozel, Associate Director Division of Epidemiology and Prevention Research National Institute on Drug Abuse 5600 Fishers Lane, Rm. 9A-53 Rockville, MD 20857 <i>Telephone No.:</i> (301) 443-6543 <i>Fax No.:</i> (301) 443-2636</p>
<p>PURPOSE OF THE DATA SET:</p> <p>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:</p> <p>NIDA publishes proceedings from each meeting along with a companion Highlights and Executive Summary volume. These reports are distributed to Federal, State, and local officials, researchers, and service providers. Summaries are also made available through the NIDA Director's Report which is prepared for NIDA Advisory Council Meetings and through the National Clearinghouse for Alcohol and Drug Information.</p>	
<p>AVAILABLE FORMATS:</p> <p>Not applicable—not a data collection system. Published reports only, as described above.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>Not applicable—CEWG representatives come from 20 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):</p> <p>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>	

IMPLICATIONS FOR DRUG POLICY:

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.

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Drug Abuse Treatment Outcome Study (DATOS)</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>A one-time survey</p>
<p>SPONSORING AGENCY(IES):</p> <p>National Institute on Drug Abuse (NIDA), National Institutes of Health</p>	<p>POINT(S) OF CONTACT:</p> <p>Bennett Fletcher, Ph.D. Chief, Services Research Branch Division of Clinical and Services Research National Institute on Drug Abuse 5600 Fishers Lane Rockville, MD 20857 <i>Telephone No.:</i> (301) 443-4060 <i>Fax No.:</i> (301) 443-2317</p>
<p>PURPOSE OF THE DATA SET:</p> <p>Research on drug abuse treatment outcomes.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>Data are disseminated through peer-reviewed publications, presentations at professional meetings, and agency publications.</p>	
<p>AVAILABLE FORMATS:</p> <p>Data are not currently available for secondary analysis.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>The sample is based on 10,010 adult intakes to treatment in 99 treatment programs in 11 cities nationwide and approximately 3,000 12-month followups.</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>DATOS is a longitudinal prospective study of adults entering drug abuse treatment programs. The sample of 99 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 at 12 months after treatment termination. Urine samples were obtained from a random sample of followup subjects. Intake data were collected during 1992-1993, and followup data were collected during 1992-1995.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>DATOS collects comprehensive data on drug use. DSM-III-R diagnoses of abuse and dependence are also obtained for alcohol, cocaine, and heroin.</p>	<p>OTHER VARIABLES:</p> <p>These include treatment history; type and amount of services received; diagnoses of anxiety, depression, and antisocial personality disorder, 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; income data; religiosity/self-concept; and demographics/background variables.</p>

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.

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 seek treatment and will not address whether treatment would be effective for drug users who choose not to seek treatment. Similarly, the long-term outcomes of drug abusers who enter treatment in DATOS may not be generalizable for drug users who do not enter treatment. Self-report data may be subject to social desirability, recall, or other biases.

IMPLICATIONS FOR DRUG POLICY:

NIDA will rely heavily upon 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.

Federal Data Set Inventory Form

TITLE OF DATA SET: The Monitoring the Future Study	FREQUENCY OF DATA COLLECTION: Annually
SPONSORING AGENCY(IES): National Institute on Drug Abuse (NIDA), National Institutes of Health (this survey is supported by a grant sponsored by NIDA)	POINT(S) OF CONTACT: Arthur Hughes, Chief, Epidemiology Research Branch Division of Epidemiology and Prevention Research National Institute on Drug Abuse 5600 Fishers Lane, Rm. 9A-53 Rockville, MD 20857 <i>Telephone No.:</i> (301) 443-6637 <i>Fax No.:</i> (301) 443-2636
PURPOSE OF THE DATA SET: One of the major purposes of the Monitoring the Future Study is to assess the current drug use situation and related trends among young people. The basic size and contours of the illicit drug use problem among young Americans is necessary for rational public debate, policymaking, and resource allocation. This study also monitors a great number of factors which are used to help explain the changes observed in drug use. Among the research objectives of the Monitoring the Future Study are: determining which young people are at risk for developing various patterns of drug abuse, gaining a better understanding of the lifestyles and values associated with drug use, determining the aspects of the social environment associated with drug use, and evaluating the maturational factors associated with drug use.	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data from this study are published in a two-volume series report each year. Volume I includes data and trends for 8th, 10th, and 12th graders, and volume II includes data on the college students and young adults that comprise the longitudinal portion of the study. Prior to the release of published reports, a press release is sent out each December which involves the principal investigator and many top-level Government officials (e.g., the Secretary of Health and Human Services). This press release always highlights the most important findings and provides a basic set of tabulations from the most current survey year. These findings are then disseminated to the public through the newspaper and television. There are two sizeable mailing lists used to disseminate the annually produced series reports. One mailing list is maintained by the principal investigator and the other is maintained by NIDA. The mailing lists include university libraries, researchers, congressional officials, government employees, and individuals. The NIDA list was created from people calling and requesting data from this study.	
AVAILABLE FORMATS: The data are available in printed (two volumes each year), machine-readable, and tape format.	SAMPLE SIZE OF DATA SET: There are approximately 50,000 8th, 10th, and 12th graders surveyed each year and approximately 9,000 young adults and college students.

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 multistage random sampling procedure is used for securing 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. The 8th, 10th, and 12th graders are given a self-administered questionnaire in the spring of each school year. Students are given flyers explaining the study about 10 days before administration. Generally, the questionnaires are administered in classrooms during the normal class period. The young adults and college students are surveyed by mail. Because many questions are needed to cover all the topic areas in the study, the questionnaire content for seniors is divided into six different forms (five forms were used between 1975 and 1988). About one-third of each questionnaire consists of key or “core” variables which are common to all forms. For 8th and 10th graders, there are four questionnaire forms.

The study design has included followup surveys for subsamples of each senior class since 1976. Subsequent to the addition of 8th and 10th graders to this study in 1991, there have also been followup surveys of 8th and 10th graders. These followup surveys are conducted in 2-year intervals. From each senior class, there are approximately 2,400 students chosen. The 2,400 students are split into two equal groups. One group is surveyed every even year and the other group of 1,200 is surveyed every odd year. The study design includes seven followup data collections. The mailed followup survey includes \$10 for the respondent.

Consistency in trend data are checked by comparing data from schools participating in the current and previous year (50% overlap by design) with the entire sample. The validity of self-reported drug use is always a concern. This study has a longitudinal portion so consistency of reported drug use can be evaluated over time. The investigators have found a high degree of validity for reported drug use. They also evaluate such things as “construct validity.” This means that self-reported drug use relates in consistent and expected ways to a number of other attitudes, beliefs, behaviors, and social situations.

DRUG-RELATED VARIABLES:

There are too many drug-related variables to list. In addition to demographic information, a few important variables which are known to relate to drug use are perceived harm, perceived availability, and social disapproval variables.

OTHER VARIABLES:

There are many other variables included in this data set. Examples are 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 questions.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

Major strengths of the Monitoring the Future Study include management by the same group of principal investigators from the University of Michigan since 1975. This study is designed to measure changes from one time period to another. Accordingly, the measures and procedures have been standardized and applied consistently across each data collection. Although there have been some modifications and additions over time, many of the questions have been included since 1975. Other strengths include a very low student refusal rate and an extensive set of questions on a wide range of drug types and related attitudes.

A major weakness of this survey is the exclusion of school dropouts since the inception of this study. Since dropouts are thought to have higher rates of drug use than students in school, this may result in an underestimation of use. Also, absentees on the day of administration are excluded. Absentees may include students at higher risk of drug use. The addition of 8th and 10th graders in 1991 was a response to the problem of dropouts. According to statistics from the Department of Education, there are very few dropouts at the 8th grade level. The majority of dropouts don't leave school until after the 10th grade. Another weakness is the lack of oversampling for African-American and Hispanic students. Because of the small numbers of minority students, data for these students is published in the form of 2-year moving averages.

IMPLICATIONS FOR DRUG POLICY:

This data set is the major source of drug use and related attitudes in our country among secondary school students.

Each year, data from this study are used in the preparation of the National Drug Control Strategy. Monitoring the Future data is also used to monitor several of the Healthy People 2000 drug and alcohol use objectives. The 1994 survey year showed dramatic increases in marijuana use. These findings stimulated a prevention campaign and a conference on marijuana.

Federal Data Set Inventory Form

TITLE OF DATA SET: National AIDS Demonstration Research Project	FREQUENCY OF DATA COLLECTION: Monthly (from January 1988 through June 1991)
SPONSORING AGENCY(IES): National Institute on Drug Abuse (NIDA), National Institutes of Health	POINT(S) OF CONTACT: Helen Cesari, Program Official Community Research Branch National Institute on Drug Abuse 5600 Fishers Lane, Parklawn 9A-42 Rockville, MD 20857 <i>Telephone No.:</i> (301) 443-6720 <i>Fax No.:</i> (301) 480-4544
PURPOSE OF THE DATA SET: To assess the efficacy of interventions in reducing drug and sexual risk-taking behaviors among out-of-treatment, noninstitutionalized drug users and their sexual partners.	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: Data were disseminated to each grantee on magnetic tape.	
AVAILABLE FORMATS: Machine-readable SAS and SPSS data sets on CD-ROM	SAMPLE SIZE OF DATA SET: 49,621 baseline cases
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 design: Convenience sampling Time frame: Baseline data collected from January 1988 through June 1991; followup was conducted at 6-month intervals Data sources: Face-to-face interviews; blood tests Data checks: Internal reliability was assessed Data types: Demographics, lifetime and 6-month risk behavior data, HIV test results	
DRUG-RELATED VARIABLES: Variables include drug types, usage history, current usage, frequency of usage, and route of administration.	OTHER VARIABLES: These include demographics, needle sharing and cleaning, treatment history, mobility, sexual behavior, and health data.
STRENGTHS AND LIMITATIONS OF THE DATA SET: Major strength: This is a unique database of out-of-treatment injection drug users and their sexual partners at high risk for HIV transmission. Major limitation: This is a convenience sample primarily targeted at heroin and cocaine injectors and their sexual partners. Also, data are relatively old (i.e., 1988 through 1991).	
IMPLICATIONS FOR DRUG POLICY: Research has indicated that community-based street outreach programs have been effective in recruiting hard-to-reach, currently not-in-treatment injection drug users and crack smokers, facilitating behavior change, reducing needle and—to a lesser extent—sex risk behaviors, influencing not-in-treatment users to seek drug treatment, and reducing the likelihood of users acquiring or transmitting HIV infection. The interventions stemming from this effort could be replicated by State, county, and/or community organizations in an effort to further reduce the spread of HIV in the heterosexual population. The overall policy impact could be extensive in terms of the potential cost savings in health care dollars for averting increases in new AIDS cases, particularly in settings where the interventions have been implemented.	

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>National Cooperative Agreement for AIDS Community-Based Outreach/Intervention Research Program</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>Monthly (to continue through the year 2000)</p>
<p>SPONSORING AGENCY(IES):</p> <p>National Institute on Drug Abuse (NIDA), National Institutes of Health</p>	<p>POINT(S) OF CONTACT:</p> <p>Helen Cesari, Program Official Community Research Branch National Institute on Drug Abuse 5600 Fishers Lane, Parklawn 9A-42 Rockville, MD 20857 <i>Telephone No.:</i> (301) 443-6720 <i>Fax No.:</i> (301) 480-4544</p>
<p>PURPOSE OF THE DATA SET:</p> <p>Monitor drug, needle, and sexual risk behaviors and rates of HIV seroprevalence and seroincidence among not-in-treatment, noninstitutionalized IDUs, and users of crack cocaine and other drugs; evaluate the efficacy of experimental interventions designed to prevent, eliminate, or reduce HIV risk behaviors and avert HIV infection; and respond rapidly to emerging HIV-related issues and implement interventions to prevent the further spread of AIDS by reducing drug use, needle-sharing, and sexual risk-taking behaviors among out-of-treatment, noninstitutionalized drug users.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>Data are disseminated to each grantee semiannually by diskette or CD-ROM.</p>	
<p>AVAILABLE FORMATS:</p> <p>Machine-readable SAS and SPSS data sets on disk or CD-ROM.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>Over 29,264 baseline cases as of November, 1997.</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 design: Targeted sampling. Time frame: Baseline data collection began in January 1992; followup was conducted at 6 months and 3 months for 6 of the 23 sites. Data sources: Face-to-face interviews; HIV blood tests and urinalyses. Data checks: Self-reported drug use validated by urinalyses; internal reliability has been assessed. Data types: Demographics; lifetime and 6-month (and 3 months for 6 of the 23 sites) risk behavior data; HIV test results; intervention process data.</p>	
<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. Major limitation: This is a convenience sample primarily targeted at injection drug users and crack cocaine users.</p>	

IMPLICATIONS FOR DRUG POLICY:

There is compelling evidence from community-based HIV prevention trials that interventions, including street-based outreach and HIV testing and counseling, have led to dramatic decreases in risk-reduction behaviors among not-in-treatment drug users. It is plausible, based on the consistency of reports across studies which indicate reductions in risk behavior, that intervention programs have resulted in the reduction in use of contaminated injection equipment and high-risk sexual practices among drug users, thereby limiting the spread of HIV infection. The overall impact could be extensive 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 the secondary infections in patients afflicted with the disease.

Federal Data Set Inventory Form

TITLE OF DATA SET: National Pregnancy and Health Survey (NPHS)	FREQUENCY OF DATA COLLECTION: A one-time study
SPONSORING AGENCY(IES): National Institute on Drug Abuse (NIDA), National Institutes of Health	POINT(S) OF CONTACT: Arthur L. Hughes, Chief Epidemiology Research Branch National Institute on Drug Abuse 5600 Fishers Lane, Rm. 9A-53 Rockville, MD 20857 <i>Telephone No.:</i> (301) 443-6637 <i>Fax No.:</i> (301) 443-2636
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.	
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.	
AVAILABLE FORMATS: Currently, no public use data file is available.	SAMPLE SIZE OF DATA SET: 2,613 women (respondents).
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>The sample design for the NPHS consisted of a two-stage selection process. A stratified random sample of private and public hospitals were first selected. 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 52 participating hospitals in both metropolitan and nonmetropolitan areas. Data were weighted to represent over 4 million mothers in the 50 States and the District of Columbia.</p> <p>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.</p> <p>Estimates are based on self-reported use and cover prenatal use of a number of illicit drugs, cigarettes, alcohol, and the nonmedical and medical use of certain prescription medications that may have psychotherapeutic effects.</p>	
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 nonresponse 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).

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>The Washington, D.C. Metropolitan Area Drug Study (DC*MADS)</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>A one-time survey</p>
<p>SPONSORING AGENCY(IES):</p> <p>National Institute on Drug Abuse (NIDA), National Institutes of Health</p>	<p>POINT(S) OF CONTACT:</p> <p>Elizabeth Y. Lambert, Health Statistician Community Research Branch Division of Epidemiology and Prevention Research National Institute on Drug Abuse 5600 Fishers Lane, Rm. 9A-42 Rockville, MD 20857 <i>Telephone No.:</i> (301) 443-6720 <i>Fax No.:</i> (301) 480-4544</p>
<p>PURPOSE OF THE DATA SET:</p> <p>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:</p> <p>Data are 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 who are interested in the findings.</p>	
<p>AVAILABLE FORMATS:</p> <p>DC*MADS consists of a number of component studies, each of which represents a separate subgroup. For example, there is a separate study 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 National Technical Information Service. The data are in machine-readable format and on disk and tape for use with a number of statistical software packages such as SUDAAN, SAS, and WESVAR.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>The sample size (<i>n</i>) varies 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>

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):

Most of the DC*MADS studies were conducted in 1991 and 1992. Most of them involved multistage, population-based sampling designs, with sample frames developed for the specific population subgroup under study. For example, the sample frame for the institutionalized included all individuals residing in institutions in the D.C. metropolitan statistical area but not for persons in military institutions and homes for the aged. Similarly, the sample frame for the homeless and transient population included all persons who met the definition of “literally homeless” or “at risk of being homeless” based on staying the prior night in a shelter, encampment, or street, or on using a soup kitchen. Most of the studies involved interviewer-administered questionnaires, although the study of women giving birth in D.C. hospitals involved a self-administered drug use section to ensure confidentiality and privacy of self-report. Some of the 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. These data were accessed only after the respondent gave informed consent.

DRUG-RELATED VARIABLES:

These include lifetime, past year, past month drug use of illicit and licit drugs.

OTHER VARIABLES:

Variables include 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 is a broadly scoped effort to assess drug abuse among all types of people in one metropolitan area, to develop overall drug use prevalence estimates for populations traditionally underrepresented 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. The key domains in DC*MADS were the homeless, the institutionalized, and the household. A major finding with policy implications from this research 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. These 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.

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 No.:</i> (301) 443-3728 <i>Fax No.:</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 <i>Fax No.:</i></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 excellent documentation (see above).</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>The study began in 1976 with a total of 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):

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.

DRUG-RELATED VARIABLES:

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.

OTHER VARIABLES:

Other measures include delinquency, sex offending, depression, family violence, and a wide variety of other problem behavior as well as socioeconomic and sociodemographic variables.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

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.

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. "Reassessing the Reliability and Validity of Self-Report Delinquency Measures." *Journal of Quantitative Criminology* 2:293-327.

IMPLICATIONS FOR DRUG POLICY:

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. *Explaining Delinquency and Drug Use*. Beverly Hills, CA: Sage; and Elliott, D.S., Huizinga, D., and Menard, S. 1989. *Multiple Problem Youth: Delinquency, Drugs and Mental Health Problems*. New York, NY: Springer.

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>National Survey of Expenditure for Drug Control Activities of State and Local Governments</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>One-time survey at this time: 1990 and 1991 data.</p>
<p>SPONSORING AGENCY(IES):</p> <p>Office of National Drug Control Policy, Executive Office of the President</p>	<p>POINT(S) OF CONTACT:</p> <p>John Carnevale, Director Office of Planning and Budget Office of National Drug Control Policy Executive Office of the President Washington, DC 20500 <i>Telephone No.:</i> (202) 395-56725 <i>Fax No.:</i> (202) 395-6729</p>
<p>PURPOSE OF THE DATA SET:</p> <p>The survey provides basic information on the financing of drug control efforts by State and local governments and the separate drug control efforts in the criminal justice sectors, including police protection, prosecution and legal series, public defense, corrections, and health and education.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>Data are disseminated in written reports. As described below, other forms of dissemination are being considered. 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>To date, the survey data are available in printed reports only, although electronic access is being explored.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>All State governments and a total of 8,867 local governments (3,042 county governments, 4,693 municipalities, and 1,132 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):</p> <p>The survey was accomplished using three methods of data collection: (1) field compilation, (2) office compilation, and (3) mail canvassing. Trained field representatives compiled expenditure and employment data from government records for all States, 25 large counties, and the 25 largest municipalities (in terms of criminal justice expenditures in 1990). Specialized office compilation procedures were used for 680 units (large local governments that were not field compiled), and mail canvassing. Response for the field-compiled units was 100 percent; for the office compiled units, 90 percent; and for the mail canvass units, 85 percent.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>Included are expenditures for drug-related criminal justice activities and expenditures (both within and without criminal justice) for drug treatment and drug education/prevention.</p>	<p>OTHER VARIABLES:</p> <p>Data are available by basic accounting classifications (e.g., direct current, capital outlay, intergovernmental expenditure, and revenue).</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>The survey is based on a sample, and the National totals and State-level estimates are subject to sampling error.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>See above Drug-Related Variables discussion.</p>	

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Alcohol and Drug Services Study (ADSS)</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>1997 and 1999 Cycles</p>
<p>SPONSORING AGENCY(IES):</p> <p>Substance Abuse and Mental Health Services Administration</p>	<p>POINT(S) OF CONTACT:</p> <p>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 No.:</i> (301) 443-0465 <i>Fax No.:</i> (301) 443-9847</p>
<p>PURPOSE OF THE DATA SET:</p> <p>ADSS is a national survey to obtain information on substance abuse treatment facilities and patients. The data will be used to validate the information provided annually by the Uniform Facility Data Set (UFDS), to develop better estimates of the costs of treatment, and to relate treatment services and resources to outcomes. ADSS is the continuation of the 1990 DSRS and SROS surveys and provides more detailed information on the organization of the national treatment system and the effectiveness and cost-effectiveness of treatment.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>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 are available through the SAMHSA web page.</p>	
<p>AVAILABLE FORMATS:</p> <p>Data will be disseminated through published reports and public-use files. Hard copy final reports from the Phase I telephone survey are expected to be available in early 1999.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>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 4,000 patients for follow-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>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 began in February 1998.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>Drug-related variables include drug treatment type and patient length of stay in treatment, drug use history and urine test results, and source of payment for drug treatment.</p>	<p>OTHER VARIABLES:</p> <p>Facility characteristics include such 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>

STRENGTHS AND LIMITATIONS OF THE DATA SET:

The ADSS data set includes information that can be used to make national estimates on the availability of treatment, the characteristics of patients in treatment, the sources of funding for treatment, and the effectiveness of treatment. The data will not support state or local area estimates.

IMPLICATIONS FOR DRUG POLICY:

ADSS data will expand our capacity to estimate the average length of stay in treatment and annual admissions to treatment. The data will also increase our knowledge on the public and private sources of funding for treatment and on the patients who complete treatment. Data from the personal interviews will provide information on long-term outcomes subsequent to the identified treatment episode.

Federal Data Set Inventory Form

TITLE OF DATA SET: Annualized Spending Estimates for Mental Health and Substance Abuse Services	FREQUENCY OF DATA COLLECTION: Annually
SPONSORING AGENCY(IES): Substance Abuse and Mental Health Administration (SAMHSA)	POINT(S) OF CONTACT: Joan D. Dilonardo, R.N., Ph.D. Office of Managed Care Center for Substance Abuse Treatment Rockwall II, 7th Floor 5600 Fishers Lane Rockville, MD 20857 <i>Telephone No.:</i> (301) 443-8555 <i>Fax No.:</i> (301) 480-3045
PURPOSE OF THE DATA SET: <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 will result in the first existing annual source of information about national mental health and substance abuse treatment expenditures and will also allow for comparisons to estimates of national health expenditures published by HCFA. The first set of estimates is expected to be completed and released in the fall of 1998, along with projections for 5 years. The estimates are to be revised annually, along with the projections, so that year-to-year trends in spending for mental health and substance abuse treatment services can be identified.</p>	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: <p>Electronic data will not be 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 will be 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 will be distributed to scientific analysts in a variety of settings. In addition, some portions of the report may be posted on the SAMHSA web site.</p>	
AVAILABLE FORMATS: Hard copy reports and tables.	SAMPLE SIZE OF DATA SET: Not applicable.
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>These estimates were derived from use of the following sources: National Health Accounts (1986–94), National Hospital Discharge Survey (1986–92, 1994), National Hospital Ambulatory Care Survey (1992–95), National Medical Care Survey (1989–95), National Nursing Home Survey (1985, 1995), National Home and Hospice Survey (1992), Market Scan (1995), Medicare Claims (1990, 1994), National Medical Care Expenditure Survey (1987), and Healthcare Cost and Utilization Project (1988–94). A technical appendix describing the methods implemented will be 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). Separate limited estimates for tobacco.</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). Limited estimates for Alzheimer's and other dementias were also constructed.</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 will provide 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) and projections of these costs into the future based on current expenditures and policies. Annual 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>	

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 No.:</i> (301) 443-9136 <i>Fax No.:</i> (301) 443-8532</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 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. 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>

STRENGTHS AND LIMITATIONS OF THE DATA SET:

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.

IMPLICATIONS FOR DRUG POLICY:

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.

Federal Data Set Inventory Form

TITLE OF DATA SET: Cost Profiles of Substance Abuse Treatment Service Delivery Units	FREQUENCY OF DATA COLLECTION: Annually
SPONSORING AGENCY(IES): Substance Abuse and Mental Health Administration (SAMHSA)	POINT(S) OF CONTACT: Dr. Ron Smith, Program Evaluation Branch Office of Evaluation, Scientific Analysis, and Synthesis Center for Substance Abuse Treatment Rockwall II, Suite 840 5600 Fishers Lane Rockville, MD 20857 <i>Telephone No.:</i> (301) 443-7730 <i>Fax No.:</i> (301) 480-3144
PURPOSE OF THE DATA SET: To obtain cost data on a wide variety of types of treatment services and client populations.	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: Exact dissemination vehicles have not been determined since the data are still being collected. Reports will be disseminated as they become available.	
AVAILABLE FORMATS: Hard copy reports and tables.	SAMPLE SIZE OF DATA SET: 1,200 cost profiles on 650 service delivery units.
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.	
DRUG-RELATED VARIABLES: Treatment modality, client population characteristics, units of service, total cost, average client cost.	OTHER VARIABLES: Type of accounting system used by provider (fund or accrual), services provided, staffing levels.
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.	
IMPLICATIONS FOR DRUG POLICY: Analyses of the costs of substance abuse treatment services can be performed on a wide variety of treatment modalities.	

Federal Data Set Inventory Form

TITLE OF DATA SET: Cross-Site Data Sets	FREQUENCY OF DATA COLLECTION: Quarterly
SPONSORING AGENCY(IES): Substance Abuse and Mental Health Administration (SAMHSA)	POINT(S) OF CONTACT: Dr. Ron Smith, Program Evaluation Branch Office of Evaluation, Scientific Analysis, and Synthesis Center for Substance Abuse Treatment Rockwall II, Suite 840 5600 Fishers Lane Rockville, MD 20857 <i>Telephone No.:</i> (301) 443-7730 <i>Fax No.:</i> (301) 480-3144
PURPOSE OF THE DATA SET: The purpose of this series of studies is to examine the impact of various types of treatment services provided to various treatment populations and, where possible, to determine the cost-effectiveness and cost-benefit of those services. Types of services include but are not limited to residential, outreach, assessment and referral, wrap-around services, and brief interventions. Populations include but are not limited to inner-city residents, women, ethnic groups, adults, and adolescents.	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: Dissemination vehicles have not been decided since the data are still being collected. Reports will be prepared and available for dissemination when data sets are complete and analyses performed.	
AVAILABLE FORMATS: Hard copy reports and tables.	SAMPLE SIZE OF DATA SET: Sample sizes vary by study; samples range from 100 to 50,000 client records.
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 designs, time frames, selection criteria, and type of data vary by study. All data were collected on clients served and services provided by SCAT-supported demonstration grants. Although validity and reliability checks were performed in each study, 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 variability across data sets. The greatest strength is the aggregate sample size plus basic substance abuse treatment variables are common to all study data sets.	
IMPLICATIONS FOR DRUG POLICY: Provides opportunities for analyses of substance abuse treatment data to augment results from other studies and provides a large aggregate sample for basic descriptive analyses and possibly more advanced analyses. Exact implication for drug policy will not be known until data sets are complete and analysis has begun.	

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Drug Abuse Warning Network (DAWN), Emergency Department Component</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>Continuous</p>
<p>SPONSORING AGENCY(IES):</p> <p>Substance Abuse and Mental Health Services Administration</p>	<p>POINT(S) OF CONTACT:</p> <p>Janet Greenblatt Substance Abuse and Mental Health Services Administration Parklawn Bldg., Rm. 16C-06 5600 Fishers Lane Rockville, MD 20857 <i>Telephone No.:</i> (301) 443-7981 <i>Fax No.:</i> (301) 443-9847</p>
<p>PURPOSE OF THE DATA SET:</p> <p>DAWN provides a picture of some of the medical consequences of substance abuse by collecting information from hospital emergency departments. DAWN records substances associated with drug abuse episodes; provides a means for monitoring drug abuse patterns trends and the introduction of new substances; assesses health hazards associated with drug abuse; and generates data for national, State, and local drug abuse policy and program planning.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>Data are disseminated through semi-annual, and special published reports, the Internet, and presentations. Special computer runs may also be requested. Data are shared with the Drug Enforcement Administration (which has current access to the files) and disseminated to 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.</p>	
<p>AVAILABLE FORMATS:</p> <p>Data are available in report form and Lotus tables. Public use files are not currently available but under development.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>The DAWN emergency department component is based on a nationally representative probability sample of over 600 non-Federal, short-stay general hospitals with 24-hour emergency departments. These hospitals account for 14 million emergency department visits per year. Twenty-one Metropolitan Statistical Areas (MSAs) were designated for over-sampling. Hospitals outside of these 21 areas were assigned to a national panel and sampled. Data are weighted to produce national estimates.</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>Each hospital emergency department involved in the DAWN project has a reporter who is usually part of the emergency department staff or another unit within the facility. Reporters review emergency department admissions reports, identify DAWN cases, and record demographic and substance abuse information. To be included in DAWN, the patient must be 6 years or older and meet four criteria: (1) the patient is treated in the hospital's emergency department; (2) the presenting problem(s) is induced by or related to drug use; (3) the case involves the nonmedical use of a legal drug or any use of an illegal drug; and (4) the patient's reason for taking the substance(s) includes one of the following: dependence; suicide attempt or gesture; or psychic effects.</p>	

<p>DRUG-RELATED VARIABLES:</p> <p>Substances involved (a maximum of 4 substances may be listed); reason for taking substance(s); reason for present contact; alcohol involved; form in which substance is taken; route of administration; source of substance; and whether the case involved an IV drug user with HIV/AIDS.</p>	<p>OTHER VARIABLES:</p> <p>Date of visit; time of visit; age, sex and race/ethnicity of patient; patient's home zip code; and disposition from emergency department.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>Strengths: The set provides both national and metropolitan area data on drug-related ED episodes and long-term trends; provides detailed information about the drugs that are abused; provides detailed information on mis-use of prescription and over-the-counter drugs, particularly when suicide is involved; and compiles data on a quarterly basis. Data are used by the FDA and pharmaceutical companies to monitor the abuse of prescription and over-the-counter drugs.</p> <p>Limitations: The data set relies on information that is recorded in the medical record; data cannot be compiled in a timely manner; trauma centers and others parts of the hospital, as well as free-standing emergency facilities, are not covered; and toxicology test results may not be available at the time of data abstraction. Alcohol-related emergencies are not covered unless a drug is also involved. Cases are not included unless a person's own drug abuse contributed significantly to the emergency episode. 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 of suicide/prescription/over-the-counter drugs are also included, but data for illicit drug episodes can be extracted.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>DAWN provides data on trends in substance abuse related emergency department admissions nationally and locally, and provides a means to detect new drugs of abuse and changes in pattern of substance abuse morbidity.</p>	

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Drug Abuse Warning Network (DAWN), Medical Examiner Component</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>Continuous</p>
<p>SPONSORING AGENCY(IES):</p> <p>Substance Abuse and Mental Health Services Administration</p>	<p>POINT(S) OF CONTACT:</p> <p>Janet Greenblatt Substance Abuse and Mental Health Services Administration Parklawn Bldg., Rm. 16C-06 5600 Fishers Lane Rockville, MD 20857 <i>Telephone No.:</i> (301) 443-7981 <i>Fax No.:</i> (301) 443-9847</p>
<p>PURPOSE OF THE DATA SET:</p> <p>The DAWN medical examiner component provides information on the mortality associated with substance abuse.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>Data are disseminated through annual reports, the Internet, and presentations. Special computer runs may also be requested.</p> <p>Data are shared with the Drug Enforcement Administration and also disseminated to the National Institute on Drug Abuse (NIDA), NIDA's Community Epidemiology Work Group, ONDCP, Food and Drug Administration (FDA), U.S. Congress, State and local health officials, universities, pharmaceutical companies, and the press.</p>	
<p>AVAILABLE FORMATS:</p> <p>Data are available in printed form. Public use files are not available because of privacy protection considerations.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>Approximately 146 medical examiners and coroners in 41 metropolitan areas report to DAWN. The DAWN medical examiner component is not based on a probability sample.</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>Each medical examiner or coroner office involved in the DAWN project has a reporter who is usually part of the staff in the administrative office or the toxicology laboratory. Reporters review medical examiner or coroner records, identify DAWN cases, and record demographic and substance abuse information for each drug-caused or drug-related case.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>Substances involved (a maximum of six substances may be listed); cause of death; manner of death; factors supporting DAWN case determination; alcohol involved; route of administration; lab tests used to identify each drug or substance; and whether the case involves an IV drug user with HIV/AIDS.</p>	<p>OTHER VARIABLES:</p> <p>Date of death; age; sex; race/ethnicity; and decedent's home zip code.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>Strengths: The data set covers approximately 62 percent of autopsies performed in the United States, provides metropolitan area data on drug-related deaths, and allows for trend analysis.</p> <p>Limitations: ME jurisdictions that report to DAWN reflect neither the universe of medical examiners nor a nationally representative sample.</p>	

IMPLICATIONS FOR DRUG POLICY:

The reports provide information on local trends, detect new drugs of abuse, and provide some indication of the extent of hardcore drug use.

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>National Master Facility Inventory (NMFI)</i>, a master list of organized substance abuse treatment and prevention programs known to SAMHSA; the subset of NMFI based providers that are licensed, certified, or otherwise recognized by individual State Substance Abuse Agencies is referred to as the National Facility Register (NFR); (2) the <i>Uniform Facility Data Set (UFDS)</i>, a periodic, annual survey of the providers in the NMFI; 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>NMFI and TEDS, continuous; UFDS, 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 Substance Abuse and Mental Health Services Administration 5600 Fishers Lane Rockville, MD 20857 <i>Telephone No.:</i> (301)-443-0525 <i>Fax No.:</i> (301)-443-9847</p>
<p>PURPOSE OF THE DATA SET:</p> <p>DASIS provides information on the substance abuse treatment delivery system in the United States and on patients receiving treatment in that system. The NMFI provides a sampling frame for special studies. UFDS and TEDS contain information on the characteristics of services and admissions to treatment facilities.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>Reports include (1) annual reports for UFDS and TEDS that present summary data for that year as well as trend data; both State-level and national data are included; (2) State Feedback Reports that present summary data in tabular form and data on individual facilities within that State are sent to each State; (3) the <i>National Directory of Drug Abuse and Alcoholism Treatment and Prevention Programs</i>, published annually; (4) special <u>ad hoc</u> analyses.</p>	
<p>AVAILABLE FORMATS:</p> <p>Data reports and the <i>National Directory</i> are distributed in printed form and can be accessed through the SAMHSA home page on the Internet. UFDS and TEDS public use data files can also be accessed through the SAMHSA home page.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>The universe for the NMFI and UFDS is all known publicly and privately funded drug abuse and alcoholism treatment and prevention facilities. There are approximately 19,500 facilities in the NMFI; of the approximately 16,900 NFR facilities, about 14,100 offer treatment and 2,100 are prevention only. The TEDS universe is all substance abuse treatment facilities that receive funding from State Substance Abuse Agencies; TEDS includes patient level data on all admissions to these facilities and contains data on approximately 1.5 million admissions per year from 1992 to the present.</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 NMFI is updated by periodic enhancements that employ listings of potential substance abuse treatment providers and by updates of NFR facilities from the States. UFDS is a point-prevalence survey of all facilities on the NMFI; more limited data are collected from prevention programs. UFDS data are collected by mail questionnaire; a telephone non-response follow-up is conducted among facilities that do not respond to the mailed questionnaire. The TEDS minimum data set on patient admissions is transferred electronically from States to SAMHSA. Some States also maintain a minimum discharge data set. Future plans call for development of linked admissions and discharge data.

DRUG-RELATED VARIABLES:

UFDS contains treatment and prevention facility location, treatment facility characteristics, services provided, financial data, and aggregate patient counts. TEDS contains patient drug use history, clinical data, and treatment data.

OTHER VARIABLES:

Patient demographics.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

Strengths: DASIS contains the only ongoing national census-based data set on substance abuse clients admitted to facilities that receive public funds. It also contains the only longitudinal national prevention and treatment program level data set. These data sets provide a foundation for analysis and research on the cost, organization, structure, and effectiveness of the national treatment system. The NMFI provides a national sampling frame for special studies, including studies of treatment outcomes. The longitudinal nature of these data permit monitoring of trends.

Limitations: DASIS is known to omit some treatment units, particularly privately funded units, and some clients. Attempts to address these gaps are through periodic frame enhancements. DASIS covers speciality substance abuse providers. It does not include some mental health facilities and omits all treatment provided by doctors' offices and other settings.

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 and prevention 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.

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Drug Services Research Survey (DSRS) (1990)</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>One-time (1990). Patient follow-up occurred in the Services Research Outcomes Study (SROS).</p>
<p>SPONSORING AGENCY(IES):</p> <p>Substance Abuse and Mental Health Services Administration</p>	<p>POINT(S) OF CONTACT:</p> <p>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 No.:</i> (301) 443-0465 <i>Fax No.:</i> (301) 443-9847</p>
<p>PURPOSE OF THE DATA SET:</p> <p>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:</p> <p>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:</p> <p>Reports are available in printed form. Data files are available in electronic format (flat or SAS file; electronic transfer, disk, or tape).</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>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 source of a sample of 2,222 discharged 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):</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 will provide a picture of the long-term outcomes of treatment.</p>	

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>Soledad Sambrano, Ph.D. Evaluation Project Officer Office of Scientific Analysis Center for Substance Abuse Prevention Rockwall II, Rm. 630 5515 Security Lane Rockville, MD 20857 <i>Telephone No.:</i> (301) 443-9136 <i>Fax No.:</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 DATA, METHOD OF DATA COLLECTION, VALIDITY AND RELIABILITY CHECKS, AND TYPE OF DATA COLLECTED):</p> <p>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.</p>	

<p>DRUG-RELATED VARIABLES:</p> <p>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 toxicologies; 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.</p>	<p>OTHER VARIABLES:</p> <p>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.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>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.</p> <p>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.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>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.</p>	

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Evaluation of a Drug Treatment Enrichment Program at Job Corps Sites</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>A one-time study</p>
<p>SPONSORING AGENCY(IES):</p> <p>Substance Abuse and Mental Health Services Administration (SAMHSA)</p>	<p>POINT(S) OF CONTACT:</p> <p>Ron Smith, Ph.D., Acting Chief Program Evaluation Branch Office of Evaluation, Scientific Analysis, and Synthesis Center for Substance Abuse Treatment Rockwall II, 8th Floor 5600 Fishers Lane Rockville, MD 20857 <i>Telephone No.:</i> (301) 443-7730 <i>Fax No.:</i> (301) 480-3144</p>
<p>PURPOSE OF THE DATA SET:</p> <p>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:</p> <p>The annual and final reports have been disseminated to CSAT, SAMHSA, and other interested PHS and government staff.</p>	
<p>AVAILABLE FORMATS:</p> <p>Data are in development. Contact Dr. Smith for more information.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>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):</p> <p>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:</p> <p>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:</p> <p>Other variables include employment history and information on school or training programs attended, time spent in jail or prison, and living situation.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>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.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>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.</p>	

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Meta-Analysis of Five Grant Programs Designed To Reduce Substance Abuse-Related Violence</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>Annually</p>
<p>SPONSORING AGENCY(IES):</p> <p>Substance Abuse and Mental Health Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP)</p>	<p>POINT(S) OF CONTACT:</p> <p>Deborah Stone, 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 No.:</i> (301) 443-9110 <i>Fax No.:</i> (301) 443-8965</p>
<p>PURPOSE OF THE DATA SET:</p> <p>To analyze data of the five prevention grant programs to see how effective they have been in reducing youth substance abuse-related violence and which particular components were most effective in this regard.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>Report (continuing analysis and discussion of findings): This document synthesizes best practices across systems for communities to use to help develop strategies to prevent substance abuse-related violence.</p>	
<p>AVAILABLE FORMATS:</p> <p>Hard copy.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>Variable; five prevention grant 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):</p> <p>Not applicable.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>Variables include use of alcohol, tobacco, and illicit drugs (i.e., marijuana, cocaine, sedatives, stimulants, heroin, inhalants).</p>	<p>OTHER VARIABLES:</p> <p>Vary by grant program.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>Strengths: Provides information on different populations being assessed for substance abuse-related violence prevention.</p> <p>Limitations: Analysis is sporadic and it is difficult to judge when it will be available.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>Helpful to CSAP to provide information on models of violence prevention and changes in behavior due to interventions (outcomes).</p>	

Federal Data Set Inventory Form

TITLE OF DATA SET: The National Findings Bank	FREQUENCY OF DATA COLLECTION: Annually
SPONSORING AGENCY(IES): Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP)	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 No.:</i> (301) 443-9110 <i>Fax No.:</i> (301) 443-8965
PURPOSE OF THE DATA SET: A database created by CSAP in 1994 and called the High Risk Populations Findings Bank. The database consists of all known qualitative and quantitative evidence of success of High Risk Projects.	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: The system will be accessible electronically by summer 1998. Access to program information may be obtained through the SAMHSA Internet World Wide Web site.	
AVAILABLE FORMATS: Monograph (in press), electronic form (http://samhsa.gov), and folder (fact sheets).	SAMPLE SIZE OF DATA SET: Not applicable.
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.	
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; and perceptions of drug use and availability in community.	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 awareness/mobilization); and society (norms, policy, and sanctions).
STRENGTHS AND LIMITATIONS OF THE DATA SET: Strengths: Measures effectiveness of models across contexts (information on different populations using the same instrument); provides valuable information on a wide variety of variables; provides information on validity and reliability of instrumentation; and helps to identify gaps in data collection process and analyses. Limitations: Information collection is ongoing and being updated constantly. Should be an informed user.	
IMPLICATIONS FOR DRUG POLICY: Provides valuable concise data for prevention planning and policy development.	

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>National Household Survey on Drug Abuse (NHSDA)</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>Continuous (calendar year survey periods)</p>
<p>SPONSORING AGENCY(IES):</p> <p>Substance Abuse and Mental Health Services Administration</p>	<p>POINT(S) OF CONTACT:</p> <p>Joseph Gfroerer Alternate Project Officer, NHSDA Office of Applied Studies Substance Abuse and Mental Health Services Administration Parklawn Bldg., Rm. 16C-06 5600 Fishers Lane Rockville, MD 20857 <i>Telephone No.:</i> (301) 443-7977 <i>Fax No.:</i> (301) 443-9847</p>
<p>PURPOSE OF THE DATA SET:</p> <p>The purpose of the NHSDA is to measure the incidence and prevalence of use of illicit drugs, licit drugs used illegally, alcohol, and tobacco. Besides being used to track overall trends, the NHSDA 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>Three general reports are issued annually summarizing the results of the survey: (1) <i>Preliminary Results from the National Household Survey on Drug Abuse</i> presents preliminary findings and highlights approximately seven months after the survey is completed; (2) <i>Population Estimates</i> provides basic prevalence estimates for all major drugs by such categories as age group, race/ethnicity, and sex; and (3) <i>NHSDA Main Findings</i> presents 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, now part of the analytic series published by OAS, address topics of particular interest (e.g., drug use among youth, drug use and socioeconomic status, incidence of drug use, drug use in rural areas, drug use among the employed population, and drug use among women).</p> <p>Special tabulations are produced to respond to unique requests for information. Public use data files are available to analysts. Selected reports are also available in electronic form via the Internet.</p> <p>NHSDA data users include: ONDCP, substance abuse policymakers and program directors at all levels of government, public health professionals, foreign government agencies, academic institutions, and the interested U.S. general public.</p>	
<p>AVAILABLE FORMATS:</p> <p>NHSDA data results are available in printed format, as described above, and as a complete data file (i.e., Public Use Data Tape). Tapes are available in SAS format for years 1979, 1982, 1985, 1988, and each year from 1990 through 1996.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>18,000 interviews per survey (calendar) year during 1994–96; 25,000 per year in 1997–98; 70,000 per year starting in 1999.</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 are conducted face-to-face within the respondent's home. The respondent universe for the NHSDA is the United States civilian, noninstitutionalized population, 12 years old and older.

Each sample 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. Sensitive data are obtained through self-administered answer sheets; non-sensitive questions are interviewer administered. Respondents are provided Federal assurances of confidentiality. To ensure consistency of reported data, the complete 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-demographic characteristics, income, program participation, employment, health status, access to health care, mental health, and criminal behavior and arrest.

STRENGTHS AND LIMITATIONS OF THE DATA SET:

Strengths: (1) The NHSDA includes a large national probability sample that supports estimates by age group, race, and ethnicity; (2) format and administration of a questionnaire are structured to ensure that all "core" variables (to determine substance use prevalence) remain consistent over time; (3) interchangeable module design permits addition of new topics; and (4) survey results are available six 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, direct State estimates cannot 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 consequences and patterns of the nonmedical use of substances. The range of variables makes possible analyses of a wide variety of policy issues and the addition of special modules extends this capability to address many policy issues and by adding modules to the questionnaire to address emerging policy questions.

Federal Data Set Inventory Form

TITLE OF DATA SET: National Treatment Improvement Evaluation Study	FREQUENCY OF DATA COLLECTION: A one-time study
SPONSORING AGENCY(IES): Substance Abuse and Mental Health Services Administration (SAMHSA)	POINT(S) OF CONTACT: Ron Smith, Ph.D., Acting Chief Program Evaluation Branch Office of Evaluation, Scientific Analysis, and Synthesis Center for Substance Abuse Treatment Rockwall II, 8th Fl. 5600 Fishers Lane Rockville, MD 20857 <i>Telephone No.:</i> (301) 443-7730 <i>Fax No.:</i> (301) 480-3144
PURPOSE OF THE DATA SET: This evaluation study will help determine the status of drug treatment in the United States by assessing the impact of enhancements funded in fiscal year (FY) 90 and FY 91 by the Office for Treatment Improvement (now CSAT) on the success of substance abuse treatment programs.	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: Annual reports have been disseminated to CSAT, SAMHSA, and other interested PHS and Government staff.	
AVAILABLE FORMATS: Data are in development. Contact Dr. Smith for more information.	SAMPLE SIZE OF DATA SET: Patients = 4,400 Programs = 300+ at Level 1; 65 at patient level.
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 is 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 are collected via paper and pencil. Nearly 6,600 patients were selected from participating SDUs for three interviews at different points in time: (1) intake to treatment; (2) exit from treatment; (3) 1 year posttreatment. Selection criteria were (1) treatment modality, (2) OTI demonstration program, and (3) geographic distribution. All patient data are collected in CAPI format.	
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.	OTHER VARIABLES: Other variables include reason(s) for being in jail/locked up/detained, education, living arrangements, and criminal justice involvement.
STRENGTHS AND LIMITATIONS OF THE DATA SET: This is the largest study of patients 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 grants; therefore, the overall results will not be 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 successful treatment mechanisms. A preliminary final report has been disseminated. Analyses are continuing.

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Predictor Variables</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>Data is collected at four points during a 24-month period. Follow-up data are being collected FY1998.</p>
<p>SPONSORING AGENCY(IES):</p> <p>Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP).</p>	<p>POINT(S) OF CONTACT:</p> <p>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 No.:</i> (301) 443-9110 <i>Fax No.:</i> (301) 443-8965</p>
<p>PURPOSE OF THE DATA SET:</p> <p>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:</p> <p>Data is aggregate form are disseminated through papers presented at appropriate conferences and refereed 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:</p> <p>Hard copy, reports, and papers delivered at conferences.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>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):</p> <p>Paper and pencil and op-scan forms. Instruments were developed just for this study.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>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:</p> <p>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>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>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.</p> <p>Limitations: Data are still being collected.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>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.</p>	

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Services Research Outcomes Study (SROS)</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>One-time, 1995-1996</p>
<p>SPONSORING AGENCY(IES):</p> <p>Substance Abuse and Mental Health Services Administration</p>	<p>POINT(S) OF CONTACT:</p> <p>Barbara A. Ray, Ph.D., Public Health Analyst Office of Applied Studies Substance Abuse and Mental Health Services Administration Parklawn Bldg., Rm. 16-105 5600 Fishers Lane Rockville, MD 20857 <i>Telephone No.:</i> (301)-443-0747 <i>Fax No.:</i> (301)-443-9847</p>
<p>PURPOSE OF THE DATA SET:</p> <p>Data collected by SROS are being used to assess the content and success of treatment programs available in 1990. A sample of 3,047 patients identified as discharged from treatment for drug or alcohol problems between September 1, 1989, and August 31, 1990, were interviewed to determine their status before and after the targeted treatment episode. SROS was the first drug and alcohol treatment outcome survey to be based on a national probability sample of treatment providers.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>The final report was received in August 1997. Release of the study is expected by July 1998.</p>	
<p>AVAILABLE FORMATS:</p> <p>Distribution of the data set by Internet and by CD-ROM will follow release of the final report in 1998. A printed report will also be available.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>1,799 patients of the identified 3,047 persons discharged from substance abuse treatment programs 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):</p> <p>The 3,047 patients were selected from the stratified probability sample of 120 treatment programs that participated in Phase II of the Drug Services Research Study (DSRS). Five years after discharge, of the original 120 treatment programs, 99 participated in the SROS. Roughly 5 years after discharge, field interviews were completed with 1,799 (59 percent) of the patient sample. An additional 273 (9 percent) of the sampled patients were deceased. Interviews were supplemented by a urine drug test for willing participants; about 80 percent of those interviewed agreed to the urine testing.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>The survey was concerned with drug treatment outcomes. In addition to sociodemographic information, the interview focused on the behavior of patients before and after the 1989-90 treatment episode with respect to drug and alcohol use, criminal behavior, employment, living arrangement, treatment history, and general health status.</p>	<p>OTHER VARIABLES:</p> <p>Information on ethnicity, education, child custody history from the respondents, and financial information from the treatment programs was also obtained.</p>

STRENGTHS AND LIMITATIONS OF THE DATA SET:

A major strength of the SROS is its status as the first nationally representative long-term outcome study of drug and alcohol treatment. Based on information in DSRS, clients were selected from programs that represented the national picture in 1989-90, before Federal funding increased dramatically. Previous studies have selected respondents primarily from urban treatment facilities. A second strength of the SROS is that it follows clients over a long period of time. The loss of almost one-half the sample because of death, refusals, and inability to locate limits substantially the utility of the data.

IMPLICATIONS FOR DRUG POLICY:

These data will be the best national estimate of treatment impact after five years. Between FY 1989 and FY 1992, Federal funding for drug treatment increased 92 percent. National measures of drug and alcohol treatment outcomes that are subsequent to the SROS may use it as a baseline against which to measure changes in national treatment effectiveness and cost.

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>State Needs Assessment 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 (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>Herman Diesenhaus, Ph.D., Leader Scientific Analysis Team 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 No.:</i> (301) 443-9128 <i>Fax No.:</i> (301) 480-3144</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 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 dependence to be made for the following core drugs: marijuana, alcohol, cocaine (including crack), heroin, and hallucinogens (including PCP).</p>	<p>OTHER VARIABLES:</p> <p>Variables vary by type of study. High-risk populations and other special populations (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 will provide more accurate data on substance abuse treatment needs, especially at the sub-State level and for specific population groups, than is currently available.</p>	

Federal Data Set Inventory Form

TITLE OF DATA SET: Violence Data Exchange Team Network	FREQUENCY OF DATA COLLECTION: Varies according to each team/community
SPONSORING AGENCY(IES): Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP)	POINT(S) OF CONTACT: Deborah Stone, 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 No.:</i> (301) 443-9110 <i>Fax No.:</i> (301) 443-8965
PURPOSE OF THE DATA SET: To collect data on local indicators of substance abuse and violence.	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: This is an ongoing effort to identify substance abuse-related violence trends in local communities. Aggregated site-specific data will be shared via a network of teams. At present there are 28 communities nationally which compose this network. Additionally, the following distribution channels will be used: (1) presentations to conferences of organizations interested in substance abuse-related violence prevention, and (2) publications sought by refereed journals directed at particular constituencies.	
AVAILABLE FORMATS: Hard copy at present (1998).	SAMPLE SIZE OF DATA SET: Not applicable.
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): Twenty-eight teams presently collect data at the local level on five core indicators of substance abuse-related violence. By 2001, it is expected that approximately 70 VDET's (distributed in all regions, States, and/or major metropolitan areas of the country) will be trained so that a nationwide network can be established. Teams are trained using a curriculum developed for this purpose; training occurs during a 2½-day workshop.	
DRUG-RELATED VARIABLES: Variables include use of alcohol, tobacco, and illicit drugs (i.e., marijuana, cocaine, sedatives, stimulants, heroin, and inhalants).	OTHER VARIABLES: Five core indicators of substance abuse-related violence are (1) number of substance abuse-related homicides, (2) number of substance abuse-related suicides, (3) number of domestic violence perpetrators under the influence of a substance at the time of arrest, (4) number of substance abuse-related child abuse reports, and (5) number of substance abuse-related juvenile arrests.
STRENGTHS AND LIMITATIONS OF THE DATA SET: Strengths: Provides data on a wide variety of substance abuse-related violence at the local and/or community level; helps identify trends and changes in trends for substances sometimes difficult to track; and provides data which often are very difficult to get. Limitations: Teams must be trained to collect data; data collection process is not standardized; data collectors must be highly motivated, (there are no monies presently available to pay for this collection process); and analyses across local communities begin 6/25/98.	
IMPLICATIONS FOR DRUG POLICY: This has the potential to be highly informative at both the community and national level.	

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 No.:</i> (301) 443-8005 <i>Fax No.:</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 by grade and the following racial/ethnic groups: black non-Hispanic, white non-Hispanic, Hispanic, and Asian/Pacific Islander students.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>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.</p>	<p>OTHER VARIABLES:</p> <p>These include general health, injuries, exposure to violence, mental health issues, and supports available at home or school.</p>

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.

Federal Data Set Inventory Form

TITLE OF DATA SET: Worldwide Survey of Substance Abuse and Health Behaviors Among Military Personnel	FREQUENCY OF DATA COLLECTION: Once every 2 to 4 years
SPONSORING AGENCY(IES): U.S. Department of Defense Coordinator for Drug Enforcement Policy and Support and Assistant Secretary of Defense/Health Affairs	POINT(S) OF CONTACT: Leonard Wolfson, Senior Policy Analyst Office of the Coordinator for Drug Enforcement Policy and Support The Pentagon Washington, DC 20301-1510 <i>Telephone No.:</i> (703) 693-1917 <i>Fax No.:</i> (703) 693-7588
PURPOSE OF THE DATA SET: To assess substance abuse and other health behaviors of military personnel.	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: To the military services and any other interested parties.	
AVAILABLE FORMATS: Printed format available.	SAMPLE SIZE OF DATA SET: Approximately 25,000.
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.	
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.	OTHER VARIABLES: These include various health-related behavioral variables (e.g., use of tobacco, exercise, diet, AIDS awareness).
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.	
IMPLICATIONS FOR DRUG POLICY: The survey is a good measure of counterdrug program effectiveness in the military with implications for counterdrug program modification.	

Federal Data Set Inventory Form

TITLE OF DATA SET: Interagency Counterdrug Performance Assessment Working Group (ICPAWG)	FREQUENCY OF DATA COLLECTION: Compiled quarterly
SPONSORING AGENCY(IES): U.S. Interdiction Coordinator	POINT(S) OF CONTACT: LCDR M. Greene U.S. Interdiction Coordinator 2100 Second St., Room 3600 Washington, DC 20593-0001 <i>Telephone No.:</i> (202) 267-6637 <i>Fax No.:</i> (202) 267-4723
PURPOSE OF THE DATA SET: The ICPAWG maintains a database of noncommercial drug smuggling activity and interagency interdiction performance against those events.	
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, and the Central Intelligence Agency. Additionally, any U.S. agency or their contractors will be provided with the data upon request, based on a need-to-know (data are classified as confidential).	
AVAILABLE FORMATS: Microsoft Excel format, available on diskette or on the ADNET.	SAMPLE SIZE OF DATA SET: All known noncommercial air and maritime 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 noncommercial air and maritime drug smuggling meet quarterly and compile a list of "known events" to document the occurrence of aerial or maritime 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.
STRENGTHS AND LIMITATIONS OF THE DATA SET: Strengths: Interagency consensus—data are accepted as the standard record of interagency efforts against noncommercial air and maritime drug smuggling. Limitations: (1) Does not record smuggling in commercial conveyances (e.g., in shipping containers or passenger airlines); (2) does not include land transport; and (3) does not record smuggling in small quantities (personal use size).	

IMPLICATIONS FOR DRUG POLICY:

It records performance of ICPAWG in general and various assets in specific against known noncommercial air and maritime drug smuggling.

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 No.:</i> (202) 219-1767 <i>Fax No.:</i> (202) 219-1728</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 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 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.</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>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>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.</p>	

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.

Federal Data Set Inventory Form

TITLE OF DATA SET: Public Housing Drug Elimination Outcome Monitoring Form	FREQUENCY OF DATA COLLECTION: Semiannually
SPONSORING AGENCY(IES): U.S. Department of Housing and Urban Development (HUD)	POINT(S) OF CONTACT: Sonia Burgos Community Safety and Conservation Division Office of Public and Indian Housing U.S. Department of Housing and Urban Development Rm. 4206 Washington, DC 20410 <i>Telephone No.:</i> (202) 708-1197 <i>Fax No.:</i> (202) 401-7965
PURPOSE OF THE DATA SET:	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: Not ready to disseminate yet; still in-house.	
AVAILABLE FORMATS: Hardcopy and DOS formats.	SAMPLE SIZE OF DATA SET: All Public Housing Drug Elimination Program (PHDEP) grantees; approximately 1,100 per year.
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.	
DRUG-RELATED VARIABLES: All PHDEP funds are to be targeted to a drug or drug-related crime problem; therefore, essentially all PHDEP activities are antidrug activities.	OTHER VARIABLES: None available.
STRENGTHS AND LIMITATIONS OF THE DATA SET: Strengths: Ongoing data will allow HUD to accurately measure the effectiveness of the PHDEP funds on desired results, such as decreases in UCR crimes. Limitations: It is difficult to enforce correct and universal submission of data.	
IMPLICATIONS FOR DRUG POLICY: Evidence of program effectiveness could assist Administration and Congress support of the program. Comparing the effectiveness of several elements of the program could assist in targeting the funds in an effective manner.	

Federal Data Set Inventory Form

TITLE OF DATA SET: Public Housing Drug Elimination Program (PHDEP) Grant Awards	FREQUENCY OF DATA COLLECTION: Annually
SPONSORING AGENCY(IES): U.S. Department of Housing and Urban Development (HUD)	POINT(S) OF CONTACT: Sonia Burgos Community Safety and Conservation Division Office of Public and Indian Housing U.S. Department of Housing and Urban Development Rm. 4206 Washington, DC 20410 <i>Telephone No.:</i> (202) 708-1197 <i>Fax No.:</i> (202) 401-7965
PURPOSE OF THE DATA SET: To publish the PHDEP funds awarded to public and Indian housing authorities after competition.	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: Information available upon request.	
AVAILABLE FORMATS: Hard copy and computer DOS format.	SAMPLE SIZE OF DATA SET: Universal; no sampling.
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 keyed-in when the application arrives and modified, if necessary, and transferred from the application database.	
DRUG-RELATED VARIABLES: All funds must be targeted to some antidrug or antidrug-related crime purpose.	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, investigators, physical changes to enhance security, and drug prevention.
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 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).	

Federal Data Set Inventory Form

TITLE OF DATA SET: Public Housing Drug Elimination Youth Sports Grant Awards	FREQUENCY OF DATA COLLECTION: Annually
SPONSORING AGENCY(IES): U.S. Department of Housing and Urban Development (HUD)	POINT(S) OF CONTACT: Sonia Burgos Community Safety and Conservation Division Office of Public and Indian Housing U.S. Department of Housing and Urban Development Rm. 4206 Washington, DC 20410 <i>Telephone No.:</i> (202) 708-1197 <i>Fax No.:</i> (202) 401-7965
PURPOSE OF THE DATA SET: To publish the funds awarded to public and Indian housing authorities after competition.	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: Information available upon request.	
AVAILABLE FORMATS: Hard copy and computer DOS format.	SAMPLE SIZE OF DATA SET: Universal; no sampling.
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.	
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 antidrug focus.	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.
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.	
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.	

Federal Data Set Inventory Form

TITLE OF DATA SET: Public Housing Law Enforcement and Security Personnel Form	FREQUENCY OF DATA COLLECTION: Annually
SPONSORING AGENCY(IES): U.S. Department of Housing and Urban Development (HUD)	POINT(S) OF CONTACT: Sonia Burgos Community Safety and Conservation Division Office of Public and Indian Housing U.S. Department of Housing and Urban Development Rm. 4206 Washington, DC 20410 <i>Telephone No.:</i> (202) 708-1197 <i>Fax No.:</i> (202) 401-7965
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.	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: Within HUD.	
AVAILABLE FORMATS: Hardcopy.	SAMPLE SIZE OF DATA SET: Universal, but not yet complete.
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).	
DRUG-RELATED VARIABLES: There are no specific variables. Law enforcement and security personnel are hired for a wide variety of purposes, none specifically for antidrug-related crime.	OTHER VARIABLES: It measures HUD contribution to local law enforcement and security efforts in public housing.
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.	
IMPLICATIONS FOR DRUG POLICY: The data could assist HUD and other Federal agencies in decisions regarding allocation of law enforcement resources.	

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>National Longitudinal Survey of Youth79 (NLSY79)</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>The basic survey, which covers a wide range of socioeconomic topics, was conducted annually from 1979 through 1994 and biennially thereafter. Recent drug use information is available for 1988, 1990, 1992, and 1994.</p>
<p>SPONSORING AGENCY(IES):</p> <p>U.S. Department of Labor, Bureau of Labor Statistics. The Bureau contracts with the Ohio State University to manage the surveys and provide user services. The data collection for the NLSY79 is undertaken by the National Opinion Research Center (NORC). Supportive funding for the drug-use data collection was provided by the National Institute on Drug Abuse in 1988, 1992, and 1994.</p>	<p>POINT(S) OF CONTACT:</p> <p>Michael W. Horrigan Director of Longitudinal Research Bureau of Labor Statistics 2 Massachusetts Ave., N.E. PSB, Rm. 4945 Washington, DC 20212-0001 <i>Telephone No.:</i> (202) 606-7386 <i>Fax No.:</i> (202) 606-6425</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 in the labor market; 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 research community, and private organizations. The data set and documentation are available to the public by contacting (1) NLS Public User's Services, Center for Human Resource Research, Ohio State University, 921 Chatham Lane, Suite 200, Columbus, Ohio 43221-2418, (614) 442-7366, e-mail USERSVC@OHSTHR; (2) National Longitudinal Surveys, Bureau of Labor Statistics, Office of Employment and Unemployment Statistics, 2 Massachusetts Ave., N.E., PSB, Rm. 4945, Washington, DC 20212, (202) 606-7405.</p>	
<p>AVAILABLE FORMATS:</p> <p>The data are available on CD-ROM (Compact Disc-Read Only Memory) and magnetic tape. The CD-ROM includes a software extraction program. The magnetic tape is in ASCII and EBCDIC (Extended Binary-Coded Decimal Interchange Code) formats.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>The NLSY79 is a nationally representative sample of 12,686 young men and women who were ages 14 to 22 when they were first interviewed in 1979. It includes oversamples of blacks, Hispanics, economically disadvantaged whites, and youth in the military. The military oversample was discontinued after the 1984 survey, and the economically disadvantaged white oversample was discontinued after the 1990 survey. In 1996 the total number of respondents eligible for interview was 9,964, and of these, 8,636 were interviewed at a response rate of 87.0 percent.</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 NLSY79 is a survey that enables researchers to study in detail longitudinal experiences of this particular age group as well as the disparate life course experiences of such groups as women, Hispanics, blacks, and the economically disadvantaged. The sample is derived from households through area-probability sampling. The survey consists of annual personal interviews from 1979–94 (except 1987, which was conducted by telephone). Preceding the data collection, interviewers are given training with particular emphasis placed on resolving sensitive issues such as drug use. From 1979–92, the method of data collection was paper and pencil, and after 1992, data were collected using computer-assisted interviews.

A comprehensive pretest is carried out approximately 3 months before the regular survey. This pretest includes a heterogeneous group of respondents to assure 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 questioned for the first time, are evaluated with respect to question sensitivity and validity.

DRUG-RELATED VARIABLES:

Special drug supplements were included in the 1988, 1992, and 1994 NLSY79 surveys. These supplements include questions on age of first marijuana/hashish/cocaine use, lifetime use, most recent use, and use in the past 30 days. Also included is information on respondents' use of prescribed and nonprescribed sedatives, tranquilizers, stimulants, and painkillers.

Other drug use variables can be found in the fertility series in 1988, 1990, 1992, and 1994. This series includes questions on use of marijuana or cocaine during the 12-month period before a pregnancy.

OTHER VARIABLES:

The NLSY79 contain core sets of 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.

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 (i.e., 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 effects of drug use, rather than correlations, which is often the case when using cross-sectional data. Policy implications depend on the nature of the research conducted using the data (for example, see *Drug Use Among Youth*, GAO report/HRD-94-24, December 1993).

Federal Data Set Inventory Form

TITLE OF DATA SET: Quarterly 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: Charles R. Hayman, M.D. National Medical Director or Barbara Groves, R.N., Nurse Consultant Job Corps 200 Constitution Avenue, N.W., Rm. N-4507 Washington, DC 20210 <i>Telephone No.:</i> (202) 219-5556 <i>Fax No.:</i> (202) 219-5183
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: 13,000 to 15,000 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 113 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 6½ years, approximately 30 percent have been using marijuana, and less than 5 percent have been using hard drugs.	

Federal Data Set Inventory Form

<p>TITLE OF DATA SET: Survey of Employer Anti-drug Programs</p>	<p>FREQUENCY OF DATA COLLECTION: One-time survey</p>
<p>SPONSORING AGENCY(IES): U.S. Department of Labor, Office of the Assistant Secretary for Policy, Bureau of Labor Statistics (BLS)</p>	<p>POINT(S) OF CONTACT: Michael Horrigan Director of Longitudinal Research Bureau of Labor Statistics 2 Massachusetts Ave., N.E. PSB, Room 4945 Washington, DC 20212-0001 <i>Telephone No.:</i> (202) 606-7386 <i>Fax No.:</i> (202) 606-6425</p>
<p>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.</p>	
<p>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."</p>	
<p>AVAILABLE FORMATS: The data are available in printed tables found in BLS Report 760, "Survey of Employer Anti-drug Programs."</p>	<p>SAMPLE SIZE OF DATA SET: A sample of 7,502 establishments were selected from the BLS's Unemployment Insurance Address File, supplemented with the Federal Railroad Administration's list of railroad establishments.</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 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 (followup) 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 followup 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 program" or "employee assistance program" were understood by the respondent in the same way they were defined in the questionnaire.

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, followup 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 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.

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Workplace Module to National Household Survey on Drug Abuse (NHSDA)</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>While the NHSDA is conducted annually, the Workplace Module was included only in 1994 and 1997. Questions on drug testing were included in 1998.</p>
<p>SPONSORING AGENCY(IES):</p> <p>The NHSDA is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Workplace Module was included in the NHSDA as a result of a collaborative effort among SAMHSA, the U.S. Department of Labor (USDOL), and the U.S. Small Business Administration (USSBA).</p>	<p>POINT(S) OF CONTACT:</p> <p>Janet Greenblatt, Survey Statistician Office of Applied Studies Substance Abuse and Mental Health Services Administration 5600 Fishers Lane, Room 16C-06 Rockville, MD 20857 <i>Telephone No.:</i> (301) 443-7981 <i>Fax No.:</i> (301) 443-9847 <i>e-mail:</i> jgreenbl@samhsa.gov</p>
<p>PURPOSE OF THE DATA SET:</p> <p>The purpose of the employment module is to measure the proportion of users of illicit drugs and abusers of legal drugs and alcohol (substance abusers) who are in the workforce. Workplace characteristics (e.g., type of industry, size of establishment, occupation of individual), prevalence of workplace substance abuse programs, and the workplace behavior of individuals (e.g., absenteeism, workplace accidents, voluntary and involuntary turnover), are compared for labor force participants who are and are not substance abusers. Furthermore, the attitudes of abuser and nonabusers of substances regarding workplace drug or alcohol testing programs are examined and compared.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>NHSDA reports are provided to members of Congress, pertinent State and local government agencies, large and small employers, chambers of commerce and employer groups, service providers, researchers, and any other interested parties. Data from the 1994 NHSDA are available through the World Wide Web at http://www.icpsr.umich.edu/samhsa. A report on the 1994 NHSDA, called "An Analysis of Worker Drug Use and Workplace Policies and Programs" (DHHS Pub. No. (SMA) 97-3142), is available on the Internet at http://www.samhsa.gov or from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.</p>	
<p>AVAILABLE FORMATS:</p> <p>Data are available in electronic format on the Internet and in printed format from NCADI (see above for Internet addresses and NCADI telephone number).</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>The 1994 NHSDA had a sample size of 17,809. However, the Workplace Report was based on a sample of 7,055 NHSDA respondents, ages 18–49, who reported that they were working full-time at the time they 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):</p> <p>For a methodology of the NHSDA, see page 146 of this report. The Workplace Module is collected only for labor force participants interviewed by the NHSDA.</p>	

<p>DRUG-RELATED VARIABLES:</p> <p>All the drug-related variables collected by the NHSDA (including recency of use, frequency of use, problems associated with substance abuse, and treatment for drug and alcohol problems) are linked to employment-related variables (i.e., size of establishment, type of industry, occupation, workplace accidents, turnover, prevalence of the major workplace substance abuse programs, and worker attitude toward drug and alcohol testing in the workplace).</p>	<p>OTHER VARIABLES:</p> <p>The NHSDA collects information on demographics, income, health status, and criminal behavior and arrests, among a wealth of other information.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>Strengths: It includes a national random sample, broad population coverage, large sample size, ability to link variables of module to all variables collected by NHSDA (permitting socioeconomic analysis).</p> <p>Limitations: Data are based on self-reporting with no external validation; there is difficulty in obtaining information on size of establishment from workers. Because this is a general population survey, it cannot produce estimates of the number of establishments that have workplace drug prevention programs, only the number of employees exposed to these programs.</p>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>The set provides information on the labor market behavior of substance abusers and explores the correlation between substance abuse and turnover rates, workplace accidents, and workplace substance abuse programs. It also reveals the attitudes of workers regarding workplace drug and alcohol testing programs.</p>	

Federal Data Set Inventory Form

<p>TITLE OF DATA SET:</p> <p>Foreign Drug Seizure and Arrest Data</p>	<p>FREQUENCY OF DATA COLLECTION:</p> <p>Collected throughout the year, reported annually on March 1 in the International Narcotics Control Strategy Report (INCSR)</p>
<p>SPONSORING AGENCY(IES):</p> <p>U.S. Department of State</p>	<p>POINT(S) OF CONTACT:</p> <p>W. Kenneth Thompson, Special Advisor INCSR/Certification Bureau for International Narcotics and Law Enforcement, Rm. 7334 Department of State Washington, DC 20520 <i>Telephone No.:</i> (202) 647-0458 <i>Fax No.:</i> (202) 736-4885</p>
<p>PURPOSE OF THE DATA SET:</p> <p>To indicate trends in overseas drug seizures and arrests.</p>	
<p>HOW AND TO WHOM THE DATA ARE DISSEMINATED:</p> <p>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:</p> <p>Data are maintained on an MS Excel Spreadsheet, but eventually will be published in print form.</p>	<p>SAMPLE SIZE OF DATA SET:</p> <p>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):</p> <p>Data are collected by U.S. Embassies overseas from local authorities and reported to Washington.</p>	
<p>DRUG-RELATED VARIABLES:</p> <p>This depends on the prevailing drug in the reporting country.</p>	<p>OTHER VARIABLES:</p> <p>These include the level of effort of host country authorities and honesty of reporting.</p>
<p>STRENGTHS AND LIMITATIONS OF THE DATA SET:</p> <p>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>	
<p>IMPLICATIONS FOR DRUG POLICY:</p> <p>It helps indicate how seriously foreign countries are approaching the drug control issue, and it gives an approximate idea of the quantities of drugs transitting given areas.</p>	

Federal Data Set Inventory Form

TITLE OF DATA SET: Illicit Crop Estimates	FREQUENCY OF DATA COLLECTION: Annually
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.	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 No.:</i> (301) 504-5605 <i>Fax No.:</i> (301) 504-5298
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.	
HOW AND TO WHOM THE DATA ARE DISSEMINATED: The Secretary of State is required under Public Law 481 (the Foreign Assistance Act) to report these data annually to Congress.	
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.	SAMPLE SIZE OF DATA SET: Not applicable.
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 Thailand, Laos, and Bolivia. Ongoing research is directed toward Burma and Peru, with future estimates planned in Columbia and possibly India.	
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, Tadjikistan, northwest Pakistan). Technical limitations include cloud cover, which reduces quality imagery and gentic 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. Change in the worldwide scope of illicit production has long-term implications regarding the ultimate availability of illicit drugs.

APPENDIX B

**FORUM ON INTEGRATING INFORMATION
AND DRUG CONTROL POLICY**

FORUM ON INTEGRATING INFORMATION AND NATIONAL DRUG POLICY¹

The overarching goal of the Office of National Drug Control Policy (ONDCP) is to reduce drug use and related social and health consequences in the United States. To achieve this goal, ONDCP coordinates activities of Federal agencies that pertain to drug problems. By coordinating these activities, ONDCP is able to make accurate assessments of the extent of the drug problem and is better positioned to develop an appropriate national drug policy.

To assist in formulating national policies, ONDCP solicits the expert views and opinions of outside sources. On November 4-5, 1995, in Boston, Massachusetts, ONDCP convened a Forum with approximately 40 drug research experts. The purpose of the Forum was to seek recommendations from researchers and decisionmakers on how ONDCP can best use existing drug control and drug use data resources to perform the following activities:

- Document the magnitude and scope of the drug problem;
- Make specific policy decisions regarding illicit drugs; and
- Evaluate policy efficacy and consequences

In addition, the Forum sought to identify gaps and shortcomings in the existing national drug data systems that impede the pursuit of the overall objective of national drug control policies.

Salient comments and recommendations from the forum have been grouped into the following categories: information needed to guide policy, primary recommendations for improvement of the collection and analysis of drug-related data, recommendations for changes or additions to existing data sets, recommendations for elimination of data sets, and general comments on the integration of data and policy.

¹The reader should note that this meeting took place in the fall of 1995, and recommendations recorded in this report of the proceedings may not reflect changes in design or procedure that may have taken place since then.

INFORMATION NEEDED TO GUIDE POLICY

Participants discussed the types of data that should be available for policymaking, including leading, concurrent, and lagging indicators of drug use; data on the consequences of drug use; subgroups of the drug-using population; outcome measures of drug intervention; and projections or estimates of future use. Comments on each type of data are provided below.

Leading, Concurrent, and Lagging Indicators of Drug Use

One attendee suggested using direct measures of drug use (e.g., surveys and studies of general or special populations), saying that direct measures are useful methods of systematically measuring and monitoring aspects of use such as prevalence, frequency, age of initiation, and mode of administration. Indirect measures of drug use (e.g., data collected from social agencies, coroners, hospitals, and the legal system) also are important, presumably because they are indicators of use or levels of addiction.

The same attendee added that there is a connection between time and drug use. He suggested policymakers should identify leading, concurrent, and lagging indicators of drug use. One leading indicator is access or availability of a drug. Another leading indicator is public awareness of a drug, but this indicator could be difficult to measure. Indicators such as peer norms and perceived benefits of use often are concurrent rather than leading indicators. Indicators of consequences of use, such as treatment admissions and hotline calls, are lagging indicators because there can be several years between initiation of use and consequences of use. In general, attendees agreed that drug policy needs to be guided by what the Federal Government expects to occur across the Nation.

Data on the Consequences of Drug Use

Several attendees addressed the need to measure the consequences of illicit drug use. The importance of measuring the harm of drug use was recognized, but it was questioned whether measures exist that can survive congressional scrutiny. The need to define the relationship between drug use and its consequences also was noted. One attendee noted the small amount of

reliable data available at the Federal level regarding the relationship between drug use and health consequences such as sexually transmitted diseases and HIV (human immunodeficiency virus). The closest the Federal Government comes to collecting such information is the CODAP (Client Oriented Data Acquisition Process) demonstration project study. Another attendee said the reason the relationship is difficult to define is that most drug-related research uses a cross-sectional design, but the problem of drug abuse is longitudinal. There are Federal longitudinal data systems, but they need to be analyzed, and supplemental data collections on drug use should be conducted. Another attendee suggested that one way to study this issue is to research consequences in specific communities using a common scale. Other attendees added that data should be collected on the following consequences:

- *Health consequences.*—These include infectious diseases such as hepatitis and tuberculosis, sexually transmitted diseases, HIV/AIDS (acquired immune deficiency syndrome), drug-exposed births, chronic illnesses such as cancer, mental illness, child neglect that results in medical problems, violent injuries and other health issues of crime, domestic violence, depression, and suicidal tendencies.
- *Social and economic costs to the user and society.*—These include trauma and emergency room costs, loss of earnings, loss of employment productivity, receipt of Supplemental Security Insurance (SSI) or Aid to Families with Dependent Children, medical benefit utilization, and costs to friends and families of drug users.
- *Criminal and supply-side consequences.*—These include the supply and demand of drugs; dealer prevalence; guns and drug abuse; drug distribution, production, and transit; and money flows.

One attendee asked how ONDCP will use measures of the consequences of drug use to prove ONDCP is achieving its goals. For example, one consequence of drug use is tuberculosis. The City of Baltimore has implemented a nursing program that has reduced the rate of tuberculosis, but this has had no effect on substance abuse.

Subgroups of the Drug-Using Population

Attendees discussed and identified three subgroups of the drug-using population to aid in program planning: (1) those who are at risk for using drugs, (2) those who are using drugs but are not having problems associated with their use, and (3) those who are using drugs and have multiple problems. One attendee stated that current data systems are not sensitive enough to capture these populations. Another attendee agreed, saying the number of users identified by the National Household Survey on Drug Abuse (NHSDA) is small. Two attendees defended those data systems: one said that the Government does not miss all addicts or abusers with data sets such as the NHSDA, and the other said that even if the number of users identified is small, it can still be used to extrapolate distribution to obtain further estimates in areas where there is hardcore use. Another attendee noted that there is diversity even within specific drug-using populations such as the cocaine-addicted population, and information regarding their characteristics is limited.

Outcome Measures of Drug Intervention

One attendee commented on the need to focus on appropriate outcome measures, including prevention of use, changes in attitudes toward use, and reductions in drug use at later ages. Another person agreed, noting that in evaluating prevention programs, there should be measures of mediating behaviors such as school performance and self-esteem. If programs can demonstrate improved school performance by students, they also can state that the risk of drug use will be reduced for those students.

One attendee said that treatment effectiveness is often measured by methadone use, which is a process measure. She suggested information is needed on methadone dosage, other services provided with methadone treatment, and treatment attendance. Another attendee agreed that there is little information on the services provided in treatment programs.

One attendee commented that there is not much systematic data collection on prevention efforts. There are good measures of crime prevention but not drug prevention. Outcomes for both prevention and treatment should be explored. Another attendee said that one problem with collecting outcome-oriented data is the time between an intervention and its outcome, during

which other factors can have an effect on the outcome. Another problem is that multiple prevention programs take place simultaneously, so identifying the effects of a single program is a challenge.

One attendee commented that when reviewing the goals of the 1995 *National Drug Control Strategy*, she found herself asking the question, “Compared to what?” In other words, there are data for prevalence of use in 1992 and 1995, but what also is needed is a sense of what prevalence would have been in 1995 had there not been a National Drug Control Strategy from 1992 to 1995. Another attendee commented that identifying what would have happened in the absence of policy is easier at the State level than at the national level. For example, if one State implements a cigarette-smoking intervention and there is no change in use in that State, but the rest of the Nation experiences an increase in use during that same time period, the national increase can demonstrate the effectiveness of that smoking intervention.

PRIMARY RECOMMENDATIONS FOR IMPROVEMENT OF THE COLLECTION AND ANALYSIS OF DRUG-RELATED DATA

Attendees often mentioned the need to improve the methodology, validity, analysis, and dissemination of data. Their comments are summarized below.

Obtain a General Understanding of the Scope of the Problem

One attendee said that too much research money is spent on precision that does not further decisionmaking. Another attendee agreed, saying there could be three different estimates. However, if all three estimates demonstrate that the problem is large, then the size of the problem is what will have an impact in the policy arena. Another attendee said there is no need for a “body count” because it is already clear the public service system is chronically underfunded; the focus should be on funding services.

One attendee defended the need for a credible estimate of consumption in the Nation, saying that in order to determine how much money to spend on the drug problem, the Federal Government needs to know how large the drug problem is. He noted the NHSDA estimate that

there are 600,000 hardcore users nationwide, but ONDCP used models and inferences from other data to demonstrate that the number of hardcore users is closer to 2 million. However, the attendee added, it is easy for researchers to point out assumptions, standard deviations, and other caveats in their estimates. Another attendee disagreed, saying that researchers should not point out caveats because doing so undermines the credibility of the data.

Two attendees said that it is less important to have accurate data than to have reliable indicators of trends in drug use. Another attendee questioned whether the data available are accurate enough to identify trends. For example, if the estimated number of hardcore cocaine users changes from 2 million to 2.2 million, is that really a growth in the drug problem?

Conduct Secondary Analysis of Existing Data Sets

Attendees discussed the importance of secondary analysis. One attendee noted that most research funds are directed toward primary data collection rather than secondary analysis of existing data sets. For example, there are no analyses reported on whether someone who tried cocaine at the ascent of the epidemic was more likely to become addicted than someone trying cocaine at the descent of the epidemic. In general, drug-related data are difficult and expensive to gather, and research dollars may be put to better use analyzing available data. Another attendee questioned whether the data available are sufficiently valid for secondary analysis.

Study Drug Abuse in a Broader Social Context

Some attendees commented on the tendency to collect drug-related data in a vacuum with little regard for the interpretation of the impact of extant socioeconomic conditions. However, drug use is a dynamic situation influenced by social conditions and social policies, especially during this current climate of changing emphases on social programs. Drug use should not and cannot be disaggregated from the root of the problem. There has been no mention by the Federal Government of how these changes will manifest themselves in terms of drug problems.

Use Biological Markers as Validity Checks

One attendee noted that the accuracy of the data must be the driving force and that it is important to improve the validity of survey responses, particularly since drug use is a stigmatized behavior. Another attendee agreed, noting that it can take years to publish results from large surveys due to manipulation of data, but the greater concern is whether the data going into the survey are correct to begin with and whether people who are affected by drug use are willing to respond to survey questions. The first attendee responded by saying that rather than trying to “manipulate what comes out of people's mouths,” the Federal Government should verify survey responses through the use of sweat patches, saliva testing, or other technologies that provide biochemical evidence of drug use. He said such testing would be a low-cost add-on to current survey efforts. One person noted that the Drug Use Forecasting (DUF) system uses biological indicators, but similar data are not collected for persons with diseases such as hepatitis. The Centers for Disease Control and Prevention have attempted to make synthetic estimates but have been unable to collect biological samples along with survey data.

Other attendees pointed out problems with the use of biological markers. One attendee argued that many such markers have not been validated yet. Another attendee agreed that improving the validity of biological markers will be a long-term process, but it is a fundamental element of the estimation process. One attendee suggested performing a toxic screen on a subset of patients admitted and identified in the Drug Abuse Warning Network (DAWN), but another attendee argued that this would be a costly effort.

Disseminate Data in a More Timely Fashion

A few attendees commented on the length of time it takes to test, implement, and report results on program evaluations; many studies take 3 to 5 years. One attendee said that Federal agencies have an opportunity to share information earlier but do not out of fear that funding will be lost if projects do not show initial success. Another attendee noted that as data systems become more computerized, information will become available sooner. For example, the Drug Evaluation Network Study receives information on treatment admissions throughout the country via laptop computers. From this information, samples can be taken from each type of treatment modality,

and short-term followup studies can be conducted. Another attendee commented that he would like to see more data released earlier to Government contractors and grantees for data comparison and analysis.

Assess Data Sets and Other Indicators in Combination

Several attendees commented that policymakers should use composite indicators to assess the drug situation. To do this, the challenge then becomes how to reconcile the data given the different instrument designs (e.g., DAWN and DUF) and then come up with the “big picture” to justify agency budgets before Congress. One attendee compared this to economic or consumer price indicators. Another attendee agreed that triangulation of data sets is useful. Many data sources viewed alone are weak; however, viewed collectively, they have greater insight and validity. Another attendee noted as an example that an increase in emergency room episodes could be due to an increase in purity or a change in use. Comparing emergency data with purity and prevalence data can help identify the cause. Another attendee noted that by overlapping data sets, data collectors will become more accountable for their findings. Another attendee agreed that duplicate data sets impose accountability and validity on data systems, but there is some duplication that can be eliminated. The attendee added that there is a careful tradeoff to be made between duplication and validity.

One attendee commented that the Federal Government is dealing with a system of overload due to the various data systems' nonintegration. The attendee added that ONDCP does not have the authority to make the kinds of institutional changes that would lead to greater integration. There also was a general consensus that there is too much of a focus on gross numbers and not enough emphasis on anecdotal data or ethnographic research to enhance the overall picture.

Develop Data Sets With Greater Integration and Interface

One attendee suggested that both the analysis and the collection of data should be integrated. For example, hospitals from which DAWN data are collected should be located in cities that also are DUF sites.

Other attendees commented on the need for data sets to be compatible. One attendee commented that such information is being integrated in some States at the client level. He noted that it would be difficult for the Federal Government to integrate such data at the national level unless States have an infrastructure for linking data. Another attendee noted that one State uses unique identifiers of individuals in criminal justice and treatment databases. He suggested States with such systems allow researchers to conduct capture-recapture analyses. States should be assured that the confidentiality of individuals in the system will be protected.

Aggregate or Disseminate Data to States and Communities

Several attendees commented that the Federal Government has a tendency to collect data from State- and community-based organizations but does not routinely make such data available for policymaking or service planning at those levels. More investment should be made in improving the State and local infrastructure, upon which we depend for data. Even treatment and prevention experts are not always aware of the latest findings. They suggested that when the Federal Government sponsors the gathering of State and local data, the Government should disseminate that data or establish a structure for State and community programs to continue monitoring progress in those areas.

Another attendee suggested States and communities from which data are being collected should be involved in the data collection process from the beginning. She mentioned as an example the National Institute on Drug Abuse Cooperative Agreement Program, which has held small workgroups with communities as well as orientation sessions with study cohorts. These efforts can make the process more meaningful to the participants and can contribute to the reliability and validity of the collected data.

One attendee noted that the DUF program collects data at the community level and is working on methods to make the data more comparable at the national level. She suggested that there may be other information at the State and local level that can be aggregated upward to the national level. Another attendee agreed, saying that the Federal level is the natural level to consider collecting data; however, since the drug problem is naturally disaggregated, information should be aggregated up from the community to the Federal level. One attendee pointed out that

there are some data collected at the community level, such as the Parents' Resource Institute on Drug Education surveys.

Research the Effectiveness of Treatment Modalities

One attendee noted that there are data showing that treatment is effective, but a good database does not exist that describes the dynamics of treatment effectiveness with variables such as the number of users in treatment for the first time, the number of users who have received treatment before, the number of individuals who reduce drug use, and the number of individuals who end drug use. Another attendee pointed out that it is not enough to show what works in treatment but rather what works for whom—people respond differently to different treatments. Another attendee suggested not assessing treatment as a whole but comparing treatment within modalities. One attendee commented that comparing modalities at the national level can be difficult because of variations among States. For example, not all States have therapeutic community programs. A few attendees pointed out that Congress and the general public tend to be skeptical of treatment and of research showing its effectiveness. One attendee pointed out that methadone treatment has a success rate of 30 to 80 percent, but Congress focuses on the 30-percent rate. It is important, therefore, to look at who is delivering treatment under what circumstances in order to effectively evaluate success. One attendee supported using a quantitative index of drug use and functionality, such as the Addiction Severity Index, for individuals in treatment.

Use Multiple Methods and Sources for Gathering Data

One attendee suggested conducting a meta-analysis of existing studies. Another attendee cautioned that meta-analysis cannot be conducted unless evaluation studies have common measures and designs. She suggested that agencies make recommendations to grantees regarding measures and designs of demonstration programs so that meta-analysis can be conducted. One attendee recommended conducting more exploratory studies to a “capture the full flavor” of the drug situation. Another attendee responded that it is often difficult to obtain funding for exploratory research because of scientific skepticism. One attendee encouraged the continued use of multiple methods such as epidemiology and ethnography along with other qualitative and quantitative methods.

RECOMMENDATIONS FOR CHANGES OR ADDITIONS TO EXISTING DATA SETS

In addition to the recommendations already mentioned, participants suggested the following changes or additions to data sets in response to the question, “If you could make one change or addition to a data set, what would it be?”

- Oversample the NHSDA so that probability samples represent a number of cities.
- Conduct the *Monitoring the Future (MTF)* study every other year and use the second year funds for indepth analysis.
- Conduct Bureau of Justice Statistics surveys more often than once every 5 years.
- For DUF use a more representative catchment area, such as a Metropolitan Statistical Area or a Primary Statistical Unit.
- Emphasize collecting data from infrastructures where data are used to make decisions.
- Continue to standardize criminal justice data collection and coding to make it compatible with the Federal Bureau of Investigation's National Incidence-Based Reporting System data set.
- Give priority to obtaining information that establishes linkages, such as the relationship between price and use.
- Differentiate between powder- and crack-cocaine in various levels of data.
- Track the number of full-time employee resources applied to the drug effort.
- Obtain measures of the Government contribution to the drug problem through programs such as SSI.

- Conduct evaluations of programs funded through block grants, such as long-term treatment programs.
- Conduct more surveys like DC*MADS (District of Columbia Metropolitan Area Drug Study) in other cities around the country.
- Collect data on general attitudes toward consumables.
- Give the Drug Enforcement Administration “all the resources they need” for price-purity research, particularly for scientific buys.
- Use DAWN to help identify the relationship between drugs and violence, particularly domestic violence.
- Recognize Department of Transportation records of drug-test results as a data set.
- Conduct the NHSDA every other year, and report DAWN and DUF data quarterly.
- Do pilot study of counties collecting Children's Protective Services, DAWN, and DUF data to identify individuals in all three data sets.
- Include in DASIS (Drug and Alcohol Services Information System) variables for client identification and the services the client received.
- Conduct a study on how policymakers inform themselves about the drug situation.
- Have DUF test for alcohol as well as other drugs.
- Focus on the incidence of AIDS among hardcore users.

- Prepare a drug statistics handbook.
- Give 10 to 20 small grants for secondary analysis of data sources.
- Give greater funding to developing models of the drug problem.
- Develop an interagency workgroup to identify special research projects in need of funding.

RECOMMENDATIONS FOR ELIMINATION OF DATA SETS

Participants made the following recommendations in response to the question, “If you could recommend eliminating one data set, which would it be?”

- Reduce the International Narcotics Control Strategy Report (INCSR) to 30 pages of tables, and stop publishing separate NNICC (National Narcotic Intelligence Consumers Committee) reports.
- Eliminate either the INCSR or the MTF.
- Combine Department of Justice surveys of arrestees, probationers, and incarcerated populations; instead of conducting it as a one-time survey, conduct an ongoing study of a smaller sample.
- Consider data quality a primary criteria in eliminating data sets.
- End satellite research.
- Instead of collecting DUF and DAWN data quarterly, conduct one-time DUF and DAWN surveys.

- Cut NHSDA and MTF budgets in half, and conduct the surveys over 2 years, but publish yearly reports.
- Eliminate the National Drug Intelligence Center.
- Conduct the MTF survey on one grade per year.
- Ask for MTF longitudinal data to be released, or eliminate funding for it.
- Fold MTF into the NHSDA.

GENERAL COMMENTS ON THE INTEGRATION OF DATA AND POLICY

Participants made observations on the nature of drug-related data and policymaking, including the relationship between information and knowledge, flaws in the definitions of users, problems in interpretation of data, and difficulties in supply-side data collection. These comments are outlined below.

There is Considerable Information But Little Knowledge About the Drug Problem

Three individuals commented that there are considerable data on the drug situation but little understanding of what the data mean. One attendee used the term “information overload.” Another attendee commented that there is a “massive amount of data already out there,” but for policy formulation it is important to have not only information on the drug problem but also knowledge about what those data mean. The comment also was made that until the data integration issue is addressed, the Federal Government should not create new data sets. For example, if supply increases, what effect does that have on consumption? Which populations are affected? One attendee commented that Congress agrees that there is not enough knowledge of the drug problem. This is evidenced by Congress passing the Crime Control Act, which asks ONDCP to create a picture of the drug problem and present evaluative data.

One attendee talked of the “signal-to-noise ratio”: the available data does provide knowledge on the drug problem; it is simply a matter of extracting and consolidating that knowledge. He acknowledged that some data are a few years old, but there are enough studies to present basic information and identify information that needs to be clarified.

There Are Flaws in the Definitions of Different Levels of Use

One attendee noted that researchers have difficulty defining terms such as a lifetime, “current,” and “hardcore” use. For example, one study counts hardcore users and current users separately even though hardcore users also are current users.

Two attendees noted that the definition of a hardcore user—an individual who uses drugs at least once per week—does not match the actual level of drug use by a hardcore user. One attendee commented that a hardcore addict uses drugs 25 to 30 times per week and will probably never use drugs less often than once per week. One attendee suggested daily use would be a better characterization of a hardcore user; another attendee suggested asking a user the number of times in the past week he or she used drugs.

Two attendees outlined the problems associated with obtaining quantitative measures of hardcore use. One attendee pointed out that most surveys conducted by the Federal Government ask about past-month use. Another attendee pointed out that in a survey sample, the number of people who use drugs daily is too small for making generalizations, but the number who use drugs once per week is measurable. He also pointed out that quantitative frequency is not recognized in the DSM-IV (*Diagnostic and Statistical Manual*, revised fourth edition) as an indicator of severity of the drug problem.

The Use of Data for Policy Decisionmaking Is Fragmented and Raises Skepticism

There was some skepticism about the manner in which data are used to influence policy. Some attendees believed that policy is rarely informed by data, while others believed that policymakers are focused more than ever on obtaining accurate data for making policy decisions.

Some attendees believed the problem for policymakers is their interpretation of the available data. Attendees commented that even when policymakers accept data showing the size and trend of the problem, that does not mean they will agree with researchers on the approach to solving the problem. One attendee gave as an example a Swedish study that demonstrated that methadone treatment had a 75-percent success rate; based on this information, politicians considered ending methadone programs because the programs constituted unfair competition with drug-free programs. Another attendee cited a study in the City of San Antonio that showed treatment admissions increasing in the city as crime rates decreased, and treatment admissions decreased as crime rates increased. Nevertheless, the City of San Antonio did not increase treatment funding.

Other attendees commented that they believe the problem is systemic. One attendee pointed out that while the Office of Management and Budget (OMB) and Congress do read research on the effectiveness of drug control strategies and use that research in making decisions, the entire decisionmaking process is marginal and fragmented. At OMB decisions on the drug budget are split among 27 budget examiners; on Capitol Hill decisions are divided among 9 committees each in the House and Senate. In addition, drug-related research must demonstrate that it is more effective and takes higher priority over other expenditures to receive funding. One attendee noted that this means the system is working against itself. Another attendee pointed out that this system makes agencies and programs less accountable for their measures of drug policy effectiveness because they become accountable only to their specific objectives.

Current Supply Measures Are Not Highly Effective for Policymaking

One attendee pointed out that U.S. estimates of international drug crop production tend to be conservative—often five times lower than estimates at the local level. One problem is the fact that surveillance technology lags behind crop production technology. Another attendee agreed, saying that at this time, “gut-level guesses are more accurate than photointerpreter data.” One attendee believed this was an example of the need for a range of measures.

Another problem in collecting supply data is the illegal nature of drug trafficking. One attendee pointed out that law enforcement officials cannot passively monitor drug trafficking; once

they are aware of a drug delivery, they must act on that information. Another attendee noted that when officials make a seizure, they do not know how that affects the drug trafficking network until another seizure is made.

Suggestions for new measures of supply reduction include number of labs destroyed, information on money laundering, and amount of asset forfeiture seizures as a measure of law enforcement effectiveness.

NEXT STEPS

Mr. Carnevale informed participants that their comments and recommendations will be incorporated into a report to be submitted to the Director of ONDCP by the DCRDE advisory Committee. All participants will receive a copy of the final report. In addition, Mr. Carnevale plans to convene smaller working groups to study this issue further.

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FORUM ON INTEGRATING INFORMATION AND NATIONAL DRUG POLICY¹

The overarching goal of the Office of National Drug Control Policy (ONDCP) is to reduce drug use and related social and health consequences in the United States. To achieve this goal, ONDCP coordinates activities of Federal agencies that pertain to drug problems. By coordinating these activities, ONDCP is able to make accurate assessments of the extent of the drug problem and is better positioned to develop an appropriate national drug policy.

To assist in formulating national policies, ONDCP solicits the expert views and opinions of outside sources. On November 4-5, 1995, in Boston, Massachusetts, ONDCP convened a Forum with approximately 40 drug research experts. The purpose of the Forum was to seek recommendations from researchers and decisionmakers on how ONDCP can best use existing drug control and drug use data resources to perform the following activities:

- Document the magnitude and scope of the drug problem;
- Make specific policy decisions regarding illicit drugs; and
- Evaluate policy efficacy and consequences

In addition, the Forum sought to identify gaps and shortcomings in the existing national drug data systems that impede the pursuit of the overall objective of national drug control policies.

Salient comments and recommendations from the forum have been grouped into the following categories: information needed to guide policy, primary recommendations for improvement of the collection and analysis of drug-related data, recommendations for changes or additions to existing data sets, recommendations for elimination of data sets, and general comments on the integration of data and policy.

¹The reader should note that this meeting took place in the fall of 1995, and recommendations recorded in this report of the proceedings may not reflect changes in design or procedure that may have taken place since then.

INFORMATION NEEDED TO GUIDE POLICY

Participants discussed the types of data that should be available for policymaking, including leading, concurrent, and lagging indicators of drug use; data on the consequences of drug use; subgroups of the drug-using population; outcome measures of drug intervention; and projections or estimates of future use. Comments on each type of data are provided below.

Leading, Concurrent, and Lagging Indicators of Drug Use

One attendee suggested using direct measures of drug use (e.g., surveys and studies of general or special populations), saying that direct measures are useful methods of systematically measuring and monitoring aspects of use such as prevalence, frequency, age of initiation, and mode of administration. Indirect measures of drug use (e.g., data collected from social agencies, coroners, hospitals, and the legal system) also are important, presumably because they are indicators of use or levels of addiction.

The same attendee added that there is a connection between time and drug use. He suggested policymakers should identify leading, concurrent, and lagging indicators of drug use. One leading indicator is access or availability of a drug. Another leading indicator is public awareness of a drug, but this indicator could be difficult to measure. Indicators such as peer norms and perceived benefits of use often are concurrent rather than leading indicators. Indicators of consequences of use, such as treatment admissions and hotline calls, are lagging indicators because there can be several years between initiation of use and consequences of use. In general, attendees agreed that drug policy needs to be guided by what the Federal Government expects to occur across the Nation.

Data on the Consequences of Drug Use

Several attendees addressed the need to measure the consequences of illicit drug use. The importance of measuring the harm of drug use was recognized, but it was questioned whether measures exist that can survive congressional scrutiny. The need to define the relationship between drug use and its consequences also was noted. One attendee noted the small amount of

reliable data available at the Federal level regarding the relationship between drug use and health consequences such as sexually transmitted diseases and HIV (human immunodeficiency virus). The closest the Federal Government comes to collecting such information is the CODAP (Client Oriented Data Acquisition Process) demonstration project study. Another attendee said the reason the relationship is difficult to define is that most drug-related research uses a cross-sectional design, but the problem of drug abuse is longitudinal. There are Federal longitudinal data systems, but they need to be analyzed, and supplemental data collections on drug use should be conducted. Another attendee suggested that one way to study this issue is to research consequences in specific communities using a common scale. Other attendees added that data should be collected on the following consequences:

- *Health consequences.*—These include infectious diseases such as hepatitis and tuberculosis, sexually transmitted diseases, HIV/AIDS (acquired immune deficiency syndrome), drug-exposed births, chronic illnesses such as cancer, mental illness, child neglect that results in medical problems, violent injuries and other health issues of crime, domestic violence, depression, and suicidal tendencies.
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One attendee asked how ONDCP will use measures of the consequences of drug use to prove ONDCP is achieving its goals. For example, one consequence of drug use is tuberculosis. The City of Baltimore has implemented a nursing program that has reduced the rate of tuberculosis, but this has had no effect on substance abuse.

Subgroups of the Drug-Using Population

Attendees discussed and identified three subgroups of the drug-using population to aid in program planning: (1) those who are at risk for using drugs, (2) those who are using drugs but are not having problems associated with their use, and (3) those who are using drugs and have multiple problems. One attendee stated that current data systems are not sensitive enough to capture these populations. Another attendee agreed, saying the number of users identified by the National Household Survey on Drug Abuse (NHSDA) is small. Two attendees defended those data systems: one said that the Government does not miss all addicts or abusers with data sets such as the NHSDA, and the other said that even if the number of users identified is small, it can still be used to extrapolate distribution to obtain further estimates in areas where there is hardcore use. Another attendee noted that there is diversity even within specific drug-using populations such as the cocaine-addicted population, and information regarding their characteristics is limited.

Outcome Measures of Drug Intervention

One attendee commented on the need to focus on appropriate outcome measures, including prevention of use, changes in attitudes toward use, and reductions in drug use at later ages. Another person agreed, noting that in evaluating prevention programs, there should be measures of mediating behaviors such as school performance and self-esteem. If programs can demonstrate improved school performance by students, they also can state that the risk of drug use will be reduced for those students.

One attendee said that treatment effectiveness is often measured by methadone use, which is a process measure. She suggested information is needed on methadone dosage, other services provided with methadone treatment, and treatment attendance. Another attendee agreed that there is little information on the services provided in treatment programs.

One attendee commented that there is not much systematic data collection on prevention efforts. There are good measures of crime prevention but not drug prevention. Outcomes for both prevention and treatment should be explored. Another attendee said that one problem with collecting outcome-oriented data is the time between an intervention and its outcome, during

which other factors can have an effect on the outcome. Another problem is that multiple prevention programs take place simultaneously, so identifying the effects of a single program is a challenge.

One attendee commented that when reviewing the goals of the 1995 *National Drug Control Strategy*, she found herself asking the question, “Compared to what?” In other words, there are data for prevalence of use in 1992 and 1995, but what also is needed is a sense of what prevalence would have been in 1995 had there not been a National Drug Control Strategy from 1992 to 1995. Another attendee commented that identifying what would have happened in the absence of policy is easier at the State level than at the national level. For example, if one State implements a cigarette-smoking intervention and there is no change in use in that State, but the rest of the Nation experiences an increase in use during that same time period, the national increase can demonstrate the effectiveness of that smoking intervention.

PRIMARY RECOMMENDATIONS FOR IMPROVEMENT OF THE COLLECTION AND ANALYSIS OF DRUG-RELATED DATA

Attendees often mentioned the need to improve the methodology, validity, analysis, and dissemination of data. Their comments are summarized below.

Obtain a General Understanding of the Scope of the Problem

One attendee said that too much research money is spent on precision that does not further decisionmaking. Another attendee agreed, saying there could be three different estimates. However, if all three estimates demonstrate that the problem is large, then the size of the problem is what will have an impact in the policy arena. Another attendee said there is no need for a “body count” because it is already clear the public service system is chronically underfunded; the focus should be on funding services.

One attendee defended the need for a credible estimate of consumption in the Nation, saying that in order to determine how much money to spend on the drug problem, the Federal Government needs to know how large the drug problem is. He noted the NHSDA estimate that

there are 600,000 hardcore users nationwide, but ONDCP used models and inferences from other data to demonstrate that the number of hardcore users is closer to 2 million. However, the attendee added, it is easy for researchers to point out assumptions, standard deviations, and other caveats in their estimates. Another attendee disagreed, saying that researchers should not point out caveats because doing so undermines the credibility of the data.

Two attendees said that it is less important to have accurate data than to have reliable indicators of trends in drug use. Another attendee questioned whether the data available are accurate enough to identify trends. For example, if the estimated number of hardcore cocaine users changes from 2 million to 2.2 million, is that really a growth in the drug problem?

Conduct Secondary Analysis of Existing Data Sets

Attendees discussed the importance of secondary analysis. One attendee noted that most research funds are directed toward primary data collection rather than secondary analysis of existing data sets. For example, there are no analyses reported on whether someone who tried cocaine at the ascent of the epidemic was more likely to become addicted than someone trying cocaine at the descent of the epidemic. In general, drug-related data are difficult and expensive to gather, and research dollars may be put to better use analyzing available data. Another attendee questioned whether the data available are sufficiently valid for secondary analysis.

Study Drug Abuse in a Broader Social Context

Some attendees commented on the tendency to collect drug-related data in a vacuum with little regard for the interpretation of the impact of extant socioeconomic conditions. However, drug use is a dynamic situation influenced by social conditions and social policies, especially during this current climate of changing emphases on social programs. Drug use should not and cannot be disaggregated from the root of the problem. There has been no mention by the Federal Government of how these changes will manifest themselves in terms of drug problems.

Use Biological Markers as Validity Checks

One attendee noted that the accuracy of the data must be the driving force and that it is important to improve the validity of survey responses, particularly since drug use is a stigmatized behavior. Another attendee agreed, noting that it can take years to publish results from large surveys due to manipulation of data, but the greater concern is whether the data going into the survey are correct to begin with and whether people who are affected by drug use are willing to respond to survey questions. The first attendee responded by saying that rather than trying to “manipulate what comes out of people's mouths,” the Federal Government should verify survey responses through the use of sweat patches, saliva testing, or other technologies that provide biochemical evidence of drug use. He said such testing would be a low-cost add-on to current survey efforts. One person noted that the Drug Use Forecasting (DUF) system uses biological indicators, but similar data are not collected for persons with diseases such as hepatitis. The Centers for Disease Control and Prevention have attempted to make synthetic estimates but have been unable to collect biological samples along with survey data.

Other attendees pointed out problems with the use of biological markers. One attendee argued that many such markers have not been validated yet. Another attendee agreed that improving the validity of biological markers will be a long-term process, but it is a fundamental element of the estimation process. One attendee suggested performing a toxic screen on a subset of patients admitted and identified in the Drug Abuse Warning Network (DAWN), but another attendee argued that this would be a costly effort.

Disseminate Data in a More Timely Fashion

A few attendees commented on the length of time it takes to test, implement, and report results on program evaluations; many studies take 3 to 5 years. One attendee said that Federal agencies have an opportunity to share information earlier but do not out of fear that funding will be lost if projects do not show initial success. Another attendee noted that as data systems become more computerized, information will become available sooner. For example, the Drug Evaluation Network Study receives information on treatment admissions throughout the country via laptop computers. From this information, samples can be taken from each type of treatment modality,

and short-term followup studies can be conducted. Another attendee commented that he would like to see more data released earlier to Government contractors and grantees for data comparison and analysis.

Assess Data Sets and Other Indicators in Combination

Several attendees commented that policymakers should use composite indicators to assess the drug situation. To do this, the challenge then becomes how to reconcile the data given the different instrument designs (e.g., DAWN and DUF) and then come up with the “big picture” to justify agency budgets before Congress. One attendee compared this to economic or consumer price indicators. Another attendee agreed that triangulation of data sets is useful. Many data sources viewed alone are weak; however, viewed collectively, they have greater insight and validity. Another attendee noted as an example that an increase in emergency room episodes could be due to an increase in purity or a change in use. Comparing emergency data with purity and prevalence data can help identify the cause. Another attendee noted that by overlapping data sets, data collectors will become more accountable for their findings. Another attendee agreed that duplicate data sets impose accountability and validity on data systems, but there is some duplication that can be eliminated. The attendee added that there is a careful tradeoff to be made between duplication and validity.

One attendee commented that the Federal Government is dealing with a system of overload due to the various data systems' nonintegration. The attendee added that ONDCP does not have the authority to make the kinds of institutional changes that would lead to greater integration. There also was a general consensus that there is too much of a focus on gross numbers and not enough emphasis on anecdotal data or ethnographic research to enhance the overall picture.

Develop Data Sets With Greater Integration and Interface

One attendee suggested that both the analysis and the collection of data should be integrated. For example, hospitals from which DAWN data are collected should be located in cities that also are DUF sites.

Other attendees commented on the need for data sets to be compatible. One attendee commented that such information is being integrated in some States at the client level. He noted that it would be difficult for the Federal Government to integrate such data at the national level unless States have an infrastructure for linking data. Another attendee noted that one State uses unique identifiers of individuals in criminal justice and treatment databases. He suggested States with such systems allow researchers to conduct capture-recapture analyses. States should be assured that the confidentiality of individuals in the system will be protected.

Aggregate or Disseminate Data to States and Communities

Several attendees commented that the Federal Government has a tendency to collect data from State- and community-based organizations but does not routinely make such data available for policymaking or service planning at those levels. More investment should be made in improving the State and local infrastructure, upon which we depend for data. Even treatment and prevention experts are not always aware of the latest findings. They suggested that when the Federal Government sponsors the gathering of State and local data, the Government should disseminate that data or establish a structure for State and community programs to continue monitoring progress in those areas.

Another attendee suggested States and communities from which data are being collected should be involved in the data collection process from the beginning. She mentioned as an example the National Institute on Drug Abuse Cooperative Agreement Program, which has held small workgroups with communities as well as orientation sessions with study cohorts. These efforts can make the process more meaningful to the participants and can contribute to the reliability and validity of the collected data.

One attendee noted that the DUF program collects data at the community level and is working on methods to make the data more comparable at the national level. She suggested that there may be other information at the State and local level that can be aggregated upward to the national level. Another attendee agreed, saying that the Federal level is the natural level to consider collecting data; however, since the drug problem is naturally disaggregated, information should be aggregated up from the community to the Federal level. One attendee pointed out that

there are some data collected at the community level, such as the Parents' Resource Institute on Drug Education surveys.

Research the Effectiveness of Treatment Modalities

One attendee noted that there are data showing that treatment is effective, but a good database does not exist that describes the dynamics of treatment effectiveness with variables such as the number of users in treatment for the first time, the number of users who have received treatment before, the number of individuals who reduce drug use, and the number of individuals who end drug use. Another attendee pointed out that it is not enough to show what works in treatment but rather what works for whom—people respond differently to different treatments. Another attendee suggested not assessing treatment as a whole but comparing treatment within modalities. One attendee commented that comparing modalities at the national level can be difficult because of variations among States. For example, not all States have therapeutic community programs. A few attendees pointed out that Congress and the general public tend to be skeptical of treatment and of research showing its effectiveness. One attendee pointed out that methadone treatment has a success rate of 30 to 80 percent, but Congress focuses on the 30-percent rate. It is important, therefore, to look at who is delivering treatment under what circumstances in order to effectively evaluate success. One attendee supported using a quantitative index of drug use and functionality, such as the Addiction Severity Index, for individuals in treatment.

Use Multiple Methods and Sources for Gathering Data

One attendee suggested conducting a meta-analysis of existing studies. Another attendee cautioned that meta-analysis cannot be conducted unless evaluation studies have common measures and designs. She suggested that agencies make recommendations to grantees regarding measures and designs of demonstration programs so that meta-analysis can be conducted. One attendee recommended conducting more exploratory studies to a “capture the full flavor” of the drug situation. Another attendee responded that it is often difficult to obtain funding for exploratory research because of scientific skepticism. One attendee encouraged the continued use of multiple methods such as epidemiology and ethnography along with other qualitative and quantitative methods.

RECOMMENDATIONS FOR CHANGES OR ADDITIONS TO EXISTING DATA SETS

In addition to the recommendations already mentioned, participants suggested the following changes or additions to data sets in response to the question, “If you could make one change or addition to a data set, what would it be?”

- Oversample the NHSDA so that probability samples represent a number of cities.
- Conduct the *Monitoring the Future (MTF)* study every other year and use the second year funds for indepth analysis.
- Conduct Bureau of Justice Statistics surveys more often than once every 5 years.
- For DUF use a more representative catchment area, such as a Metropolitan Statistical Area or a Primary Statistical Unit.
- Emphasize collecting data from infrastructures where data are used to make decisions.
- Continue to standardize criminal justice data collection and coding to make it compatible with the Federal Bureau of Investigation's National Incidence-Based Reporting System data set.
- Give priority to obtaining information that establishes linkages, such as the relationship between price and use.
- Differentiate between powder- and crack-cocaine in various levels of data.
- Track the number of full-time employee resources applied to the drug effort.
- Obtain measures of the Government contribution to the drug problem through programs such as SSI.

- Conduct evaluations of programs funded through block grants, such as long-term treatment programs.
- Conduct more surveys like DC*MADS (District of Columbia Metropolitan Area Drug Study) in other cities around the country.
- Collect data on general attitudes toward consumables.
- Give the Drug Enforcement Administration “all the resources they need” for price-purity research, particularly for scientific buys.
- Use DAWN to help identify the relationship between drugs and violence, particularly domestic violence.
- Recognize Department of Transportation records of drug-test results as a data set.
- Conduct the NHSDA every other year, and report DAWN and DUF data quarterly.
- Do pilot study of counties collecting Children's Protective Services, DAWN, and DUF data to identify individuals in all three data sets.
- Include in DASIS (Drug and Alcohol Services Information System) variables for client identification and the services the client received.
- Conduct a study on how policymakers inform themselves about the drug situation.
- Have DUF test for alcohol as well as other drugs.
- Focus on the incidence of AIDS among hardcore users.

- Prepare a drug statistics handbook.
- Give 10 to 20 small grants for secondary analysis of data sources.
- Give greater funding to developing models of the drug problem.
- Develop an interagency workgroup to identify special research projects in need of funding.

RECOMMENDATIONS FOR ELIMINATION OF DATA SETS

Participants made the following recommendations in response to the question, “If you could recommend eliminating one data set, which would it be?”

- Reduce the International Narcotics Control Strategy Report (INCSR) to 30 pages of tables, and stop publishing separate NNICC (National Narcotic Intelligence Consumers Committee) reports.
- Eliminate either the INCSR or the MTF.
- Combine Department of Justice surveys of arrestees, probationers, and incarcerated populations; instead of conducting it as a one-time survey, conduct an ongoing study of a smaller sample.
- Consider data quality a primary criteria in eliminating data sets.
- End satellite research.
- Instead of collecting DUF and DAWN data quarterly, conduct one-time DUF and DAWN surveys.

- Cut NHSDA and MTF budgets in half, and conduct the surveys over 2 years, but publish yearly reports.
- Eliminate the National Drug Intelligence Center.
- Conduct the MTF survey on one grade per year.
- Ask for MTF longitudinal data to be released, or eliminate funding for it.
- Fold MTF into the NHSDA.

GENERAL COMMENTS ON THE INTEGRATION OF DATA AND POLICY

Participants made observations on the nature of drug-related data and policymaking, including the relationship between information and knowledge, flaws in the definitions of users, problems in interpretation of data, and difficulties in supply-side data collection. These comments are outlined below.

There is Considerable Information But Little Knowledge About the Drug Problem

Three individuals commented that there are considerable data on the drug situation but little understanding of what the data mean. One attendee used the term “information overload.” Another attendee commented that there is a “massive amount of data already out there,” but for policy formulation it is important to have not only information on the drug problem but also knowledge about what those data mean. The comment also was made that until the data integration issue is addressed, the Federal Government should not create new data sets. For example, if supply increases, what effect does that have on consumption? Which populations are affected? One attendee commented that Congress agrees that there is not enough knowledge of the drug problem. This is evidenced by Congress passing the Crime Control Act, which asks ONDCP to create a picture of the drug problem and present evaluative data.

One attendee talked of the “signal-to-noise ratio”: the available data does provide knowledge on the drug problem; it is simply a matter of extracting and consolidating that knowledge. He acknowledged that some data are a few years old, but there are enough studies to present basic information and identify information that needs to be clarified.

There Are Flaws in the Definitions of Different Levels of Use

One attendee noted that researchers have difficulty defining terms such as a lifetime, “current,” and “hardcore” use. For example, one study counts hardcore users and current users separately even though hardcore users also are current users.

Two attendees noted that the definition of a hardcore user—an individual who uses drugs at least once per week—does not match the actual level of drug use by a hardcore user. One attendee commented that a hardcore addict uses drugs 25 to 30 times per week and will probably never use drugs less often than once per week. One attendee suggested daily use would be a better characterization of a hardcore user; another attendee suggested asking a user the number of times in the past week he or she used drugs.

Two attendees outlined the problems associated with obtaining quantitative measures of hardcore use. One attendee pointed out that most surveys conducted by the Federal Government ask about past-month use. Another attendee pointed out that in a survey sample, the number of people who use drugs daily is too small for making generalizations, but the number who use drugs once per week is measurable. He also pointed out that quantitative frequency is not recognized in the DSM-IV (*Diagnostic and Statistical Manual*, revised fourth edition) as an indicator of severity of the drug problem.

The Use of Data for Policy Decisionmaking Is Fragmented and Raises Skepticism

There was some skepticism about the manner in which data are used to influence policy. Some attendees believed that policy is rarely informed by data, while others believed that policymakers are focused more than ever on obtaining accurate data for making policy decisions.

Some attendees believed the problem for policymakers is their interpretation of the available data. Attendees commented that even when policymakers accept data showing the size and trend of the problem, that does not mean they will agree with researchers on the approach to solving the problem. One attendee gave as an example a Swedish study that demonstrated that methadone treatment had a 75-percent success rate; based on this information, politicians considered ending methadone programs because the programs constituted unfair competition with drug-free programs. Another attendee cited a study in the City of San Antonio that showed treatment admissions increasing in the city as crime rates decreased, and treatment admissions decreased as crime rates increased. Nevertheless, the City of San Antonio did not increase treatment funding.

Other attendees commented that they believe the problem is systemic. One attendee pointed out that while the Office of Management and Budget (OMB) and Congress do read research on the effectiveness of drug control strategies and use that research in making decisions, the entire decisionmaking process is marginal and fragmented. At OMB decisions on the drug budget are split among 27 budget examiners; on Capitol Hill decisions are divided among 9 committees each in the House and Senate. In addition, drug-related research must demonstrate that it is more effective and takes higher priority over other expenditures to receive funding. One attendee noted that this means the system is working against itself. Another attendee pointed out that this system makes agencies and programs less accountable for their measures of drug policy effectiveness because they become accountable only to their specific objectives.

Current Supply Measures Are Not Highly Effective for Policymaking

One attendee pointed out that U.S. estimates of international drug crop production tend to be conservative—often five times lower than estimates at the local level. One problem is the fact that surveillance technology lags behind crop production technology. Another attendee agreed, saying that at this time, “gut-level guesses are more accurate than photointerpreter data.” One attendee believed this was an example of the need for a range of measures.

Another problem in collecting supply data is the illegal nature of drug trafficking. One attendee pointed out that law enforcement officials cannot passively monitor drug trafficking; once

they are aware of a drug delivery, they must act on that information. Another attendee noted that when officials make a seizure, they do not know how that affects the drug trafficking network until another seizure is made.

Suggestions for new measures of supply reduction include number of labs destroyed, information on money laundering, and amount of asset forfeiture seizures as a measure of law enforcement effectiveness.

NEXT STEPS

Mr. Carnevale informed participants that their comments and recommendations will be incorporated into a report to be submitted to the Director of ONDCP by the DCRDE advisory Committee. All participants will receive a copy of the final report. In addition, Mr. Carnevale plans to convene smaller working groups to study this issue further.

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