

Sources of Consequence Data Related to Non-medical Use of Prescription Drugs (National and Local)

National Data Sources		
Data Source	Description of Data Source	Online Analysis
<p>CDC Wide Ranging Online Data for Epidemiological Research (CDC WONDER)</p> <p>National Center for Health Statistics, National Vital Statistics System</p> <p>http://wonder.cdc.gov/</p>	<ul style="list-style-type: none"> The Detailed and Compressed mortality databases contain mortality data for all 50 states and the District of Columbia from 1999–2009. Counts and rates (crude and age-adjusted) can be obtained by underlying cause of death, age, race, sex, and year. NOTE: Underlying cause of death for years prior to 1999 uses the International Classification of Diseases 9th Revision (ICD 9) codes. Beginning in 1999, underlying causes of death uses the International Classification of Diseases 10th Revision (ICD 10) codes. Geographic level: National and State 	<ul style="list-style-type: none"> <u>Detailed</u> http://wonder.cdc.gov/ucd-icd10.html <u>Compressed</u> http://wonder.cdc.gov/mortSQL.html
<p>Drug Abuse Warning Network</p> <p>http://www.samhsa.gov/data/DAWN.aspx</p>	<ul style="list-style-type: none"> Nationally representative public health surveillance system that monitors drug-related hospital emergency departments (ED) visits and drug-related deaths investigated by the medical examiners and coroners. Includes drug-related ED visits resulting from substance misuse or abuse, adverse reactions to drugs taken as prescribed, accidental ingestion of drugs, drug-related suicide attempts, and other drug-related medical emergencies. NOTE: Cannot be used to measure the prevalence of drug abuse. NOTE: Data collection for DAWN ended December 31, 2011. Geographic level: National and 13 Metropolitan areas 	<ul style="list-style-type: none"> Not available

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<p>Treatment Episode Data Set</p> <p>http://www.dasis.samhsa.gov/webt/information.htm</p>	<ul style="list-style-type: none"> Treatment Episode Data Set (TEDS) does not include all admissions to substance abuse treatment. It includes admissions to facilities that are licensed or certified by the State substance abuse agency to provide substance abuse treatment (or are administratively tracked by the agency for other reasons). In general, facilities reporting TEDS data are those that receive State alcohol and/or drug agency funds (including Federal Block Grant funds) for the provision of alcohol and/or drug treatment services. Differences in state systems of licensure, certification, accreditation, and disbursement of public funds affect the scope of facilities included in TEDS. Treatment facilities that are operated by private for-profit agencies, hospitals, and the State correctional system, if not licensed through the State substance abuse agency, may be excluded from TEDS. TEDS does not include data on facilities operated by Federal agencies (the Bureau of Prisons, the Department of Defense, and the Veterans Administration). TEDS is an admission-based system. TEDS admissions do not represent individuals. (An individual admitted to treatment twice within a calendar year would be counted as two admissions.) Geographic level: National, State 	<ul style="list-style-type: none"> http://www.dasis.samhsa.gov/webt/tedsweb/tab_year.choose_year?t_state=US Data are updated quarterly 1992 - 2011

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Uniform Crime Reports http://www.fbi.gov/about-us/cjis/ucr	<ul style="list-style-type: none">• The Uniform Crime Reports (UCR) is a national database maintained by the Federal Bureau of Investigation that records information on the rates of property crimes, violent crimes, drug-related crimes; and arrests in the U.S.• UCR data are voluntarily submitted by law enforcement agencies.• Geographic level: National, Regional, State	<ul style="list-style-type: none">• Online analysis: No• Data tables: 1995–2011 http://www.fbi.gov/about-us/cjis/ucr• Arrest data—drug abuse violations <p>NOTE: Does not distinguish drug type</p>

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Community Health Centers National Association of Community Health Centers http://www.nachc.com/	<ul style="list-style-type: none"> Types of services provided Number of staff Number of patients encountered (for substance abuse, not specified by drug type) Number of patients (for substance abuse, not specified by drug type) Demographic and socioeconomic characteristics of patients served 	<ul style="list-style-type: none"> Fact sheets by state http://www.nachc.com/state-healthcare-data-list.cfm
Police Department Sheriff's Office	<ul style="list-style-type: none"> Arrest data for drugs: <ul style="list-style-type: none"> Arrests Bookings Seizures Testing 	<ul style="list-style-type: none"> Listing of names, addresses, and phone numbers for local law enforcement agencies http://www.usacops.com/ What to request: <ul style="list-style-type: none"> Total number of arrests during a specific time period Number of arrests for each type of drug Demographic characteristics of

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		<p>arrestees by drug type and type of arrests (possession, sales)</p> <ul style="list-style-type: none"> • Test data (urinalysis, hair testing, or other testing)
<p>Drug Courts National Association of Drug Court Professionals http://www.nadcp.org/nadcp-home/</p>	<ul style="list-style-type: none"> • Drug courts handle cases involving substance abuse offenders. Eligible drug-addicted persons may be sent to drug court in lieu of traditional justice system case processing. Drug courts keep individuals in treatment long enough for it to work, while supervising them closely. For a minimum term of one year, participants are: <ul style="list-style-type: none"> • provided with intensive treatment and other services they require to get and stay clean and sober; • held accountable by the drug court judge for meeting their obligations to the court, society, themselves and their families; • regularly and randomly tested for drug use; • required to appear in court frequently so that the judge may review their progress; and • rewarded for doing well or sanctioned when they do not live up to their obligations 	<ul style="list-style-type: none"> • Listing of drug courts http://www.nadcp.org/learn/find-drug-court

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Hospital admission and discharge data	<ul style="list-style-type: none">• Patient-level records that include date of admissions and date of discharge. Hospitals submit their data based on the date of patient discharge. For substance abuse researchers, often records are extracted based on the date of admission.	<p>Possible contact</p> <ul style="list-style-type: none">• Local or State hospital• State Health Department

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Mortality		<p>Possible contact:</p> <ul style="list-style-type: none"> • Medical examiner • Coroner's office <p>What to request:</p> <ul style="list-style-type: none"> • Case number • Date of death • Demographic characteristics of the decedent (gender, age, race/ethnicity) • Manner of death • BAC for alcohol • Primary, secondary, tertiary causes of death • Other conditions • Zip code

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<p>Poison Control Center</p> <p>http://www.aapcc.org/dnn/default.aspx</p>	<ul style="list-style-type: none"> The primary purpose of Poison Control Centers is to provide information and management guidelines to callers from designated geographical areas. Poison centers are staffed by toxicology specialists (e.g., pharmacists, physicians, nurses and poison information providers) who respond to concerns and emergency situations related to exposures to a chemical, environmental, or drug product. These specialists offer telephone advice, treatment recommendations, and referral sources. 57 poison control centers Geographic level <p>Map: http://www.aapcc.org/dnn/About/MapofUSPoisonCenters/tabid/388/Default.aspx</p> <p>State locator: http://www.aapcc.org/dnn/About/FindLocalPoisonCenters/tabid/130/Default.aspx</p> <ul style="list-style-type: none"> Poison centers can be a potential source of current information on trends and patterns of abuse of illicit and licit drugs. 	<ul style="list-style-type: none"> Data request form http://www.aapcc.org/dnn/DataRequests/tabid/310/Default.aspx What to request: <ul style="list-style-type: none"> Number of calls Demographic characteristics (gender, age, race/ethnicity) Substance involved Route of administration Reason for exposure: unintentional, intentional, adverse reaction, other, and unknown Exposure site: patient taken for health care, treatments provided, medical outcome, clinical effects, and other duration of clinical effects

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Schools	<ul style="list-style-type: none"> • Expulsions and/or suspension related to substance use • Other disciplinary actions related to substance use • School surveys of drug use 	
State, county, and local health departments, agencies, and clinics		<ul style="list-style-type: none"> • State • County • Local
Telephone Helpline Data	<ul style="list-style-type: none"> • Drug help lines provide confidential, telephone-based treatment referral and assistance. • Cannot be used to determine prevalence of use of a specific drug in the population. • Callers to the help line may not be inquiring about their own drug use because they may be concerned about someone else's drug use. 	<ul style="list-style-type: none"> • Possible contacts: <ul style="list-style-type: none"> • State • Local agencies • Helpline counselors • What to request: <ul style="list-style-type: none"> • Number of calls for each drug during a time period. NOTE: Do not want to request the number of calls, because some callers may inquire about more than one substance.

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Treatment Programs	<ul style="list-style-type: none"> Data collected at the time of admissions Types of data collected include: <ul style="list-style-type: none"> Types of substance used by the client entering into treatment Client characteristics (gender, age, race/ethnicity, etc.) 	<ul style="list-style-type: none"> Listing of treatment facilities by location http://findtreatment.samhsa.gov/ Director of the treatment facility What to request: <ul style="list-style-type: none"> Primary drug of abuse Sociodemographic characteristics of the client Frequency of drug use Route of drug administration Referral source, such as the criminal justice system Type of services received Reason for discharge

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University researchers who conduct surveys or studies on substance abuse		Possible contacts <ul style="list-style-type: none">• Principal investigator for the study