

## 7. Data Needs and Considerations: Recommendations for Future Reports

In the course of the Epidemiology Work Group's efforts, a variety of data and research needs were identified, some of which presented significant gaps in our knowledge of substance abuse consumption and consequence patterns in Arizona.

According to its purpose, the Epidemiology Work Group maintains its efforts to assess needs and identify problem areas. In this vein, the Work Group continues to enhance state efforts at data collection. The 2005 Substance Abuse Epidemiology Profile noted several data collection needs, some of which the Work Group was able to address in the recent profile. Other data gaps still remain. The following information notes the actions that have been taken to improve data collection since the previous profile and indicate what efforts are still necessary to improve our state's data system. Such efforts will allow state agencies and community coalitions to more specifically direct their activities toward reducing the impact of substance abuse in Arizona.

### ***Adult Prevalence Survey***

While the federal government provides estimates of adult substance abuse patterns at the state level, there is currently no survey of adults conducted by any Arizona state agency. National studies provide state-level estimates but their sample size is too small to provide statistics at a lower geographic level. A state-level adult prevalence survey would provide a sample large enough to allow us to draw conclusions about differences in substance abuse consumption patterns by numerous demographic variables, including gender, race/ethnicity, age, geographic location, and socio-economic status. Such a survey, for example, would allow a comparison of, and indicate potential differences in, substance abuse patterns in urban areas versus those among our state's rural populations; men and women; and consumption patterns among different age groups—such as prescription drug misuse among the elderly.

The Arizona Department of Health Services conducted a population-based telephone survey in 1996 that investigated substance use consumption and substance-related consequences among adults ages 18 to 64. This survey, or one like it, should be conducted on a biennial basis. State agencies with the mandate or burden of addressing substance use and/or its consequences should be involved with the development and planning of the survey. The survey sample should be large enough, at a minimum, to provide sub-county level estimates for Maricopa and Pima counties and county-level estimates for the other counties.

### ***Proportion of Health or Social Problems Attributable to Substance Use***

Throughout the development of the Substance Abuse Epidemiology Profile, the question of the relationship of substance use to chronic diseases such as heart disease or social problems such as crime or school dropout remained unanswered. The Work Group acknowledged that these relationships do exist and are an essential contribution to a robust profile of the effects of substance use in Arizona.

In ensuing years of the State Incentive Grant, the Epidemiology Work Group can address this issue in two ways: first, by conducting a literature review of studies that reliably measure the contribution of substance abuse to these health and social problems and second, by conducting studies specific to Arizona's population where such resources are available.

### ***Measures of the Severity of Substance Use***

The Substance Abuse Epidemiology Work Group understands that certain consequences or drugs may exert a heavier toll on individuals and society than others. While the 2005 Substance Abuse Epidemiology Profile was not able to describe or quantify the effect of substance use on the individual or society, additional data in the 2007 Epidemiology Profile point to the severity of substance use in terms of the economic costs and utilization of system resources associated with substance abuse. Specifically, this report outlines the economic burden of smoking-attributable diseases and provides a description of the population utilizing publicly-funded substance abuse treatment services.

The Epidemiology Work Group can address deficiencies that exist in our understanding of the economic and social burden of substance abuse in subsequent years by conducting reviews of pertinent studies that can be applied to Arizona's population or, where such resources are available for such a study, by conducting primary research with Arizona-specific populations.

### ***Resource Assessment***

In this report, resources were defined as the annual amount of public funding received by service providers in Arizona, as reported in the *2006 Arizona Resource Assessment* compiled by the Arizona Prevention Resource Center at Arizona State University. In order to improve upon data collection efforts, the methodology and data elements for the *2006 Arizona Resource Assessment* were changed from that of previous years based on recommendations from the Substance Abuse Epidemiology Work Group.

Resource assessments should continue to be performed on a regular basis, incorporating recommendations and suggestions from the Substance Abuse Epidemiology Work Group and utilize data at the lowest geographic level possible (closest to program delivery); how this will occur needs to be determined by the Substance Abuse Epidemiology Work Group as part of its ongoing structuring of a statewide data collection system. Some important dimensions of resource assessment, such as measures of program effectiveness or the behavioral objectives targeted by the resources, have yet to be included in the Resource Assessment component of the Substance Abuse Epidemiology Profile. In addition, the design of future assessments should consider the use of additional measures and tools that provide feasible and reliable information to determine the effects of resources on behavioral outcomes.

### ***Child Welfare and Substance Abuse***

One of the original intents of the grant was to address the substance-abuse prevention needs of those families that are in the child welfare system or communities that have high rates of child welfare involvement.

The 2007 Substance Abuse Epidemiology Profile begins to assess the correlation between child welfare and substance abuse by examining the characteristics of adults receiving services through the Arizona Department of Economic Security's Families F.I.R.S.T. program. However, reliable data on the co-occurrence of substance use and child welfare involvement are not regularly collected by other child welfare providers. To pursue such interventions in the future, the child welfare system needs to include a substance-use assessment at the appropriate client contact point so that reliable and representative data can be collected and included in future profiles.

Further, to date, no data are available at the state-level for the prevalence of substance-exposed newborns, such as those born with Fetal Alcohol Syndrome. Understanding the substance-abuse related disorders that plague children from birth may assist us in determining those who may be at increased risk for abusing, or developing dependence upon, substances in adolescence or adulthood.

### ***Sub-County Data***

Throughout the construction of the Substance Abuse Epidemiology Profile, survey data with samples at a sub-county level, or archival data that could be disaggregated to a sub-county level, were sought. In most instances, survey and archival data are readily available at a county level but this may not accurately describe the circumstances at a municipal or neighborhood level. In the instance of survey data, the costs of sampling so that lower geographies can be reliably estimated may be prohibitive so a strategy must be adopted that could provide sub-county estimates where they are most needed. Given the high density of people and large proportion of Arizona's population living in Maricopa and Pima counties, it is recommended that, at a minimum, sub-county samples of these areas be planned and other sub-county samples should be decided as needed.

### ***Geographic Information Systems***

A Geographic Information System (GIS) is used in this Substance Abuse Epidemiology Profile to create maps of substance abuse consumption and consequence patterns in community areas. When data have been geocoded, the information can be used to create counts or rates for any defined geographic area. There is a need for the collection of accurate address data as part of data collection so that geocoding can be accomplished. In this project, the use of survey data that were collected for county estimates was problematic in the production of community values. If survey data are to be used in evaluating the outcome of prevention efforts, then the surveys need to be at the level of prevention activity. If the community is performing prevention interventions, surveys need to be administered in the particular communities in which these interventions are being conducted. It is recommended that community-level information continue to be provided for measures that are identified as priorities. This will allow the best identification of improvements in outcome. Further, the use of GIS allows for data on patterns of use and consequence and resource data to be overlapped to indicate potential gaps in service and/or any areas where duplicitous funds are being targeted.

### ***Tribal Data***

While substance abuse consequence and consumption pattern data specific to Native Americans is identified in "Problem Indicators by Race/Ethnicity" within this report, data specific to members of Arizona's 21 tribes is not collected at this time. Current efforts to rectify this gap include meetings with the Inter Tribal Council of Arizona and the Navajo Nation to determine what data already exist and/or are currently collected and what assistance the Substance Abuse Epidemiology Work Group can provide to assist tribes in their data collection efforts.

### ***Substance-Specific Data***

Efforts have increased to collect substance-specific data. However, such attention to substance-specific consumption and consequence patterns is hampered by the lack of verifiable data. For example, data related to primary substance used is self-reported by clients entering treatment services; this information is not verified by urinalysis or other means. Further, we have only anecdotal information about criminal activities that are motivated by efforts to obtain illicit drugs or alcohol, or such activities that occur in which the participant is under the influence of drugs or alcohol, and even less information about the substances used by individuals in the commission of crime.

### ***Data Needs and Considerations Summary***

While many data gaps that were identified in the 2005 Substance Abuse Epidemiology Profile have been addressed, other important components of a complete data collection system remain in need of our attention. Specifically, the Substance Abuse Epidemiology Work Group's efforts would be greatly assisted by the development of an adult prevalence survey; an increased understanding of the proportion of health or social problems and the economic costs and/or years of productive life lost that are attributable to substance use; continued resource assessments, including an examination of resource effectiveness and mapping of resource, consequence and consumption pattern data using the Geographic Information System to determine gaps in services or duplicitous efforts; data collected at a sub-county level where appropriate; data that examine the correlation between substance use and child welfare; and efforts to collect data from tribes to provide them with a better understanding of substance abuse problems on tribal lands.