THE LAZAR INSTITUTE
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ASSESSMENT OF METHODS USED BY STATE AND LOCAL GOVERNMENTS TO ESTIMATE DRUG ABUSE LEVELS

FINAL REPORT

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ASSESSMENT OF METHODS USED BY STATE AND LOCAL GOVERNMENTS TO ESTIMATE DRUG ABUSE LEVELS

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ABSTRACT

Major findings resulting from Lazar's survey of over 200 State and local governments and case studies of 12 States with exemplary approaches to estimating drug use levels in their jurisdictions included:

- Most are not devoting substantial resources to drug use assessment activities, but they are collecting a wide range of data on drug use.
- Most are using elementary approaches to analyze available data on drug use. There are, however, some jurisdictions which are employing relatively sophisticated methodologies to assess drug use information.
- Jurisdictions do not, in general, have a high degree of confidence in their assessments, and they are not using them to develop drug program policy.

On the basis of these findings, Lazar concluded that:

- Drug use assessments in most jurisdictions are not as accurate as they might be if improved analysis procedures were employed and more resources were devoted to assessment functions.
- Only a handful of State and local governments are as capable as the Federal government in terms of their ability to estimate levels of drug abuse in their jurisdictions.
- Nonetheless, model programs exist which could be replicated inexpensively in less advanced jurisdictions.
- Provision of a how-to manual and a staff training course could result in significant improvements in jurisdictions' drug use assessments and perceptions of those assessments.

Lazar believes that the lack of a consensus at the Federal level on how to assess the incidence and prevalence of drug use and the paucity of Federal guidance have contributed to the lack of uniformity and general inadequacy of approaches at State and local levels. As a result, Lazar recommends that the Federal government take the lead in developing a model approach and conveying it through provision of a manual and staff training to appropriate jurisdictions. In addition, Lazar recommends that jurisdictions' drug use assessment capabilities continue to be monitored to determine whether improvements occur.

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PREFACE

This report describes the knowledge gained from Lazar's assessment of State and local approaches to estimating drug use in their jurisdictions. The study consisted of a survey of over 200 jurisdictions, as well as case studies of 12 States (four of which are quite detailed) employing exemplary drug use estimation approaches. Lazar's research was conducted between October 1987 and May 1990 as part of the National Institute of Justice's Drugs, Alcohol and Crime Program.

The assessment is not intended to be a definitive evaluation of State and local drug epidemiology efforts; rather, it presents an overview of the data sources and analysis approaches utilized, the perceived reliability of sources and the accuracy of assessments. The resources devoted to assessment activities and the employment of drug use estimates in policy development are also considered, and technical assistance needs are identified. The four detailed case studies, which appear as a separate volume of the report, document the assessment practices of four exemplary States with the aim of presenting possible models for other jurisdictions to follow.

During the course of this study a number of persons provided invaluable assistance. The authors would particularly like to thank Dr. Bernard Gropper, Director of the Drugs, Alcohol and Crime Program of the National Institute of Justice; Dr. Blanche Frank, Chief of Epidemiology, Division of Substance Abuse Services, State of New York; and Mr. Bruce Mendelson, Director of Planning and Evaluation, Alcohol and Drug Abuse Division, State of Colorado. Also, we are appreciative of the advisory panel which assisted with development of the survey instrument. In addition to Drs. Gropper and Frank, its members were Dr. Barry S. Brown of the National Institute on Drug Abuse, Bruce L. Bucklin of the Drug Enforcement Administration, Sue Lindgren and Benjamin H. Renshaw III of the Bureau of Justice Statistics, Patricia Malak of the Bureau of Justice Assistance, and Mary Toborg of Toborg Associates. Development of the detailed case studies would not have been possible without the assistance of State officials. Lazar wishes to thank Susan Nisenbaum and Donald R. McAllister (California), and Don Rebovich (New Jersey), as well as Dr. Frank (New York) and Mr. Mendelson (Colorado). In addition, officials in the eight other States where mini-case studies were conducted not only furnished a wealth of information about their activities but also provided reviews of the draft report. All of the above individuals made it possible for us to develop what we hope is an accurate and useful study. If we succeeded, it is largely due to their efforts. Any remaining errors of fact or judgment are, of course, solely our responsibility.

1.0 BACKGROUND AND PROBLEM STATEMENT

1.1 Background

In the late 1960's, many American communities first experienced what have since been labeled "epidemics"[1] of drug abuse. Since that time drug abuse has become an even more widespread, though still poorly understood, phenomenon--taking many forms and affecting many different types of individuals. In 1981, expert estimates of the number of heroin addicts in the United States ranged from 500,000 to 750,000,[2] and the last decade has witnessed a sharp increase in the popularity of cocaine, PCP, and other "recreational" drugs.

As drug abuse (and public awareness of it) spread in the 1960's and early 1970's, the criminal justice and health care systems adopted a wide range of procedures and programs designed to respond to the problems and needs caused by expanding drug usage. In the case of the criminal justice system, the approaches included increasing the resources devoted to drug law enforcement (e.g., to apprehending and prosecuting suppliers and dealers), and initiating activities like the Treatment Alternatives to Street Crime (TASC) Program, which originated at the instigation of the Federal government and subsequently received funding from States and localities. The TASC Program involved directing selected arrestees with drug problems into treatment programs, thereby reducing the workload of the courts, contributing to efforts to alleviate overcrowding of corrections

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1 Nicholas J. Kozel and Edgar H. Adams, "Epidemiology of Drug Abuse: An Overview" (Science, Vol. 234, p. 970).

2 John Kapkan, The Hardest Drug: Heroin and Public Policy, Chicago, University of Chicago Press, 1983, p. 2.

facilities, and providing help for individuals by giving them strong incentives to remain in treatment.[3]

In the case of the health care system, a variety of treatment programs were established. These programs incorporated diverse methods for dealing with drug abuse, such as long-term (e.g., one year or more) residence in "therapeutic communities"; group and individual counseling on an outpatient basis; hospitalization for detoxification; the use of chemical substances, such as methadone, for the maintenance of heroin addicts; and a variety of other techniques.[4] These programs were instituted both in community settings and, within the corrections environment, in jails and prisons.

The modifications in the criminal justice and health care systems in response to drug abuse problems were accompanied and assisted by efforts to develop accurate measures of drug abuse. Since that time, however, little progress has been made in assessing the incidence and prevalence of drug abuse at the local level. In fact, measurement capabilities have slipped badly in the last decade as a result of the decentralization of the treatment system, which is now essentially a series of State programs assisted by funding through the Alcohol, Drug Abuse and Mental Health Services Block Grant Program, authorized by Public Law 97-35 in 1981. Prior to that law's implementation, all treatment clinics receiving Federal funding were required to report on each person treated through the Client Oriented Data Acquisition Process (CODAP). These important data, along with other information, allowed the Federal government to estimate the

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3 Mary A. Toborg, Raymond H. Milkman, et al., Treatment Alternatives to Street Crime (TASC) Projects, National Evaluation Program, LEAA, U.S. Department of Justice, 1976.

4 See James V. DeLong, "Treatment and Rehabilitation," in Dealing with Drug Abuse, (New York City, N.Y.: Praeger Publishers, 1972) and Raymond Glasscote, et al., The Treatment of Drug Abuse (Washington, D.C.: Joint Information Service of the American Psychiatric Association, 1972).

incidence and prevalence of various types of drug abuse. However, State agencies and treatment clinics receiving Federal funds are no longer required to submit CODAP information to the Federal government, although approximately half the States continue to do so voluntarily. As a result of this and related changes, CODAP data cannot be used to estimate incidence at the Federal level, and responsibility for treatment program data collection and oversight now resides at the State level.[5]

The importance to the criminal justice system of developing better State and local measures of the various categories of drug abuse cannot be overemphasized. As stated in the National Institute of Justice (NIJ) Research Program Plan (Fiscal Year 1987), "Surveys indicate that almost two-thirds of all prisoners in state facilities were under the influence of one or more illegal drugs when they committed the crimes for which they were incarcerated, or had drunk heavily just before the offense."[6] Drug abusers often turn to crime in order to support the cost of their drug dependency; and, in general, evidence of close relationships between drugs and crime has solidified. For example, in 1988, over 53 percent of drug abusers entering treatment programs in Denver, Colorado, had been arrested at least once previously.[7] Statistics abound concerning the primary drugs

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5 U.S. Department of Health and Human Services, Public Health Service, National Institute on Drug Abuse, Demographic Characteristics and Patterns of Drug Use of Clients Admitted to Drug Abuse Treatment Programs in Selected Sites, Printed 1986. Also, for usage of CODAP data see, for example, Raymond H. Milkman, Evaluating Drug Abuse Treatment Programs at the Veteran's Administration Using CODAP Data, Washington, D.C., Lazar Institute, 1974; and Leon G. Hunt, Drug Incidence Analysis, White House Special Action Office for Drug Abuse Prevention, Series A, Number 3, 1974.

6 National Institute of Justice, Research Program Plan FY'87, (Washington, D.C.: U.S. Department of Justice), p. 5.

7 Bruce D. Mendelson, "Drug Use Trends in Denver and Colorado", Epidemiologic Trends in Drug Abuse: Proceedings June 1989 (Community Epidemiology Work Group, National Institute on Drug Abuse, Department of Health and Human Services), p. II-40.

linked to crime, e.g., cocaine and heroin. In Philadelphia, Pennsylvania, 82 percent of male arrestees tested positive for a drug; over 92 percent of the positive tests showed use of cocaine.[8] In Washington, D.C., 64 percent of major-offense adult arrestees tested positive for cocaine.[9] As regards heroin, California prisoners who were heroin addicts reported committing 15 times as many robberies and 20 times as many burglaries as non-drug users.[10] Recent studies support the link between heroin and crime, showing that "heroin-using offenders are more likely than other offenders to commit robbery and weapons offenses, and equally likely to engage in violent crimes."[11]

Improved assessment techniques would permit better targeting of treatment resources and therefore enable more of these abusers to be steered toward and successfully treated by drug abuse clinics. Thus, the social and financial costs that would otherwise result from their crimes and incarceration would be avoided, or at least greatly reduced. Similarly, more accurate assessment tools would facilitate expanded efforts to catch and prosecute suppliers and dealers, leading to decreases in the number of drug abusers clogging the criminal justice system and a resulting decrease in operations costs. Prison overcrowding is another problem which would be alleviated by the success of these efforts.

In addition to benefitting the criminal justice system, improvements in State and local assessments of the incidence and prevalence of various

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8 Mark R. Bencivengo and Samuel J. Cutler, "Drug Abuse in Philadelphia, Pennsylvania," Epidemiological Trends in Drug Abuse, p. II-168.
9 George C. McFarland, "Drug Abuse Indicators Trend Report-Washington, D.C.," Epidemiological Trends in Drug Abuse, p. II-40.
10 Mary G. Graham, "Controlling Drug Abuse and Crime: A Research Update," NIJ Reports, SNI 202, National Institute of Justice, March/April, 1987.
11 Bernard A. Gropper, "Drug Addiction is a Major Problem," in David L. Bender and Bruno Leone (ed.), Chemical Dependency, St. Paul, Minnesota, Greenhaven Press, 1985, p. 160.

types of drug abuse would increase the effectiveness of drug treatment programs. An enormous amount is spent each year on drug and alcohol abuse treatment and prevention services throughout the U.S. (over $3 billion was spent in 1987 alone).[12] Decisions on how these funds will be spent are made mainly at the State level by State Alcohol and Drug Abuse Directors. These directors work with two broad objectives in mind: 1) to accurately assess the problems of drug abuse in their States, and 2) to effectively target the available funds towards solving these problems. Obviously, the second objective cannot be achieved unless the State agency has successfully accomplished the first objective.

Assessing the incidence and prevalence of drug abuse at the local and State level is the vital first step in any drug initiative. This is true regardless of whether the initiative is directed toward increasing the effectiveness of law enforcement efforts or treatment programs. Funding for drug law enforcement and treatment and prevention services must be targeted to meet the specific needs of each State or jurisdiction, and this cannot be accomplished in the absence of an accurate assessment of the incidence and prevalence of various types of drug abuse within the local environment.

To effectively address the numerous problems stemming from drug abuse, whether by developing appropriate treatment program capacity at the community level or better estimates of drug-related crimes, State and local governments must be able to accurately assess the extent and features of their drug abuse problems. There are no national standards or guidelines

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12 Highlights from the 1987 National Drug and Alcohol Treatment Unit Survey (NDATUS), Division of Epidemiology and Statistical Analysis, NIDA, p. 6.

to aid them in accomplishing this task. Many different methodologies exist for data collection and analysis, and each State and local government utilizes whatever methodology or combination of methodologies is most appropriate and readily usable in the judgment of cognizant officials. For example, New York State utilizes a three-part data collection system for assessing the extent of its drug abuse problem:

- Indirect indicators (including statistics on drug-related arrests, deaths and hospital emergency room visits, births to drug abusing women, and drug treatment clinic reports);
- Direct surveys (Statewide school and household surveys); and
- Street studies unit information (data provided by "street wise" people who help monitor drug trends).

Data collected through all three methods are combined in an attempt to accurately assess the incidence and prevalence of drug abuse in New York State.

In comparison to New York State's rigorous formula, the State of Delaware relies solely on data concerning drug-related deaths and school disciplinary actions to assess drug use in the State. Virginia reports using national drug abuse data and data on drug-related deaths in the State to assess the extent of the drug problem--another less rigorous methodology.

Although the differing assessment methods used in New York, Delaware, and Virginia may be effective given the differing populations and demographic considerations in each State, there is clearly room for improvement in their assessment methods. In this regard, Lazar has conducted a research project designed to document how different State and local governments assess the extent of their drug abuse problem. The study was conducted with the following objectives:

- To learn how States and other jurisdictions currently measure the incidence and prevalence of drug abuse in their jurisdictions (what methodology or combination of methodologies are used) and how those measurements are used in planning and policy development.

- To document exemplary approaches in case studies of selected States.

1.2 Study Approach

Lazar's study approach involved the following elements:

- State of Knowledge Assessment
  Lazar conducted a telephone survey of leading experts in the field of measuring drug abuse in order to gain their insights into the focus of the projected study.

- Survey of State and Local Jurisdictions
  This task involved designing and conducting a survey of law enforcement and treatment officials in over 200 jurisdictions, including all 50 States, the District of Columbia and selected Counties and Cities, in order to determine what methods were currently being used to measure the incidence and prevalence of drug abuse in those jurisdictions.

- Construction of Ranking System
  After performing statistical analyses of the data gathered in the survey, Lazar developed a system to rank jurisdictions' methods of assessment in relation to each other, with the overall aim of isolating exemplary or near-exemplary methods.

- Conduct of Case Studies
  Based on the results of the expert survey and the application of the ranking system to each jurisdiction, Lazar selected twelve localities appearing to employ exemplary drug use estimation approaches for more detailed analysis. Four sites were the subjects of lengthy studies, while eight were analyzed less exhaustively.

- Report Preparation
  This document represents the study's principal product, containing a full description of the survey methodology and results, as well as the results of the case studies.

2.0 SURVEY DESIGN

2.1 Selection of Jurisdictions

Lazar selected jurisdictions to participate in its survey based on the following criteria:

- comprehensive coverage of States;
- jurisdictions cited by experts as having exemplary estimation techniques;
- geographic diversity.

Use of these criteria resulted in participation in the survey by the 50 States (a survey was sent to a representative of both a treatment and a law enforcement agency as well as to the governor of each State), the District of Columbia, 73 cities and 81 counties. In choosing cities and counties, Lazar first selected a set of jurisdictions of significant size which were located in States considered by experts to be assessing the extent of their drug abuse problems in an exemplary fashion. To ensure geographic diversity, other cities and counties within those States were selected, first on the basis of population and second on the basis of geographic diversity. For example, in New York State the most populous counties are located near New York City. Thus, in addition to those Counties surrounding New York City, others were included in the survey, such as Erie and Monroe Counties, which are located in other areas of the State.

2.2 Survey Design

The instrument designed for conducting the survey was entitled "Methods Used to Assess Local Drug Use" and appears as Appendix A. In order to attain the best possible response rate, the initial mail questionnaire was followed by a second mailing to nonresponding jurisdictions

as well as by a telephone follow-up, approximately one month after the second mailing, to jurisdictions which still had not responded to the survey. The survey was completed by September 1988. The instrument was divided into the following seven components.

2.2.1. Information Sources Employed

In this component of the survey instrument respondents were asked to identify, from a list of possible data sources, information either used to monitor drug use, or merely collected but not used for this purpose. As can be seen in Appendix A, eighteen possible information sources were included, such as:

- Arrests for drug use or possession;
- Urine test results from criminal justice system;
- Drug-related deaths; and
- State school surveys.

Respondents were presented with a list of common drugs of abuse (opiates, cocaine, cannabis, hallucinogens, stimulants, and depressants) and asked to indicate which information sources were used to assess each drug's use.

2.2.2. Analysis Approaches

This component of the instrument asked respondents to identify the ways in which the abovementioned information sources were used. More specifically, respondents were given five utilization approaches to choose from:

- Using sources to develop an informal estimate;
- Using mathematical or statistical models to analyze data in-house;
- Accepting data analysis performed by State agencies;
- Accepting data analysis performed by other entities; and

- Using data collected on a national or regional level to derive local drug use/abuse estimates.

2.2.3. Source Reliability and Extent of Use

The third component of the survey was designed to assess the reliability of each of the information sources mentioned above as well as the extent to which each source was used as an indicator of drug use. Respondents were asked to rate each source in terms of its reliability on a scale of 0 to 10, with 10 representing the highest possible degree of reliability. Respondents were additionally asked to assign a "low," "medium," or "high" rating to the extent to which each information source was used as an indicator of local drug abuse.

2.2.4. Accuracy of Assessments

This section involved assessing the perceived accuracy of various types of drug use estimates (rated on a scale of 0 to 10, with 10 representing the highest level of accuracy). These included estimates of:

- The total amount of drug use in the jurisdiction;
- The number of new users in the last year; and
- Trends in drug use.

Accuracy assessments were obtained for each of the six drug types mentioned previously.

2.2.5. Level of Resources

This component of the instrument was designed to ascertain the level of resources devoted to assessing drug use in each jurisdiction. Specifically, questions were asked regarding:

- The number of full-time staff "person equivalents" assigned to assess drug use;
- The level of monetary resources (excluding expenditures for permanent staff) devoted annually to performing special studies or surveys of drug use; and

- The percentage of the above resources used to hire outside experts or consultants to analyze data or perform special studies related to assessing the level of drug use in the jurisdiction.

2.2.6. Technical Assistance

To gain insights into means of helping jurisdictions achieve parity with exemplary areas, Lazar included a section on technical assistance in the survey. This component of the survey instrument was designed to determine whether or not technical assistance to improve assessments of drug use would be useful to the responding jurisdictions. In this regard, respondents were asked to judge the relative usefulness of five possible technical assistance tools:

- methodology manual and accompanying training course;
- methodology manual and accompanying video instruction;
- methodology manual and personal computer software;
- methodology manual and telephone technical assistance; and
- methodology manual and on-site technical assistance.

2.2.7. Policy Development

This section of the survey examined the extent to which drug use assessments are specifically utilized in policy development. Lazar was interested in measuring the extent to which these assessments were being used in planning and allocating resources for the following drug-related programs:

- Total allocation of drug program resources in local budget;
- Focus by key local officials on drug-related issues;
- Treatment centers;
- Services available to arrestees with drug problems;
- Services available to jail detainees and prisoners with drug problems;

- Local police;
- Special police drug programs;
- Drug testing programs;
- Training of emergency and other medical personnel in dealing with drug-related cases;
- Encouragement and training of law enforcement personnel, social workers, parent groups, clergy, youth, etc., to participate in local prevention efforts;
- Drug abuse prevention and education programs provided in public schools;
- Other drug abuse prevention programs; and
- Research or special studies related to drug abuse.

3.0 SURVEY RESULTS

3.1 Response Rates

Overall, the survey response rate was high, particularly at the State level. In fact, a response from at least one source was received from a total of 48 States.[13] As mentioned previously, Lazar sent each State three surveys: one to a representative of the criminal justice system, one to a representative of the drug treatment system, and one to the governor. The corresponding response rates were 71 percent for the criminal justice system, 82 percent for the drug treatment system, and 48 percent for the governors.[14] The response rate for cities was 68 percent and the response rate for counties was 56 percent.[15] The response rates for all jurisdictions are depicted in Figure 1, and Figures 2, 3 and 4 list all jurisdictions which responded to the survey.

3.2 Results by Subject Area

The results of the survey are presented below. It should be noted that for the States, the more complete response, whether from a criminal justice representative or a drug treatment representative, was entered as the "primary response." It should additionally be noted that all "State" analysis pertains to this "primary response" group as opposed to all State surveys returned.

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13 Idaho and Mississippi were the only States from which no response was received.

14 When a State returned a single questionnaire coordinated between its criminal justice, drug treatment and governor's representatives, the questionnaire was regarded as equivalent to a separate response from each.

15 The city response rate included the surveys returned from Washington, D.C. and New Orleans, Louisiana. The response from New Orleans was originally sent to the State of Louisiana; however, the response pertains only to New Orleans and thus is included as a city response.

FIGURE 1
QUESTIONNAIRES SENT AND RESPONSE RATES

I. Representatives Of State Criminal Justice System *		
	Number Sent:	51
	Number Returned:	36
	RESPONSE RATE:	71%
II. Representatives of State Drug Treatment System *		
	Number Sent:	51
	Number Returned:	42
	RESPONSE RATE:	82%
III. Representatives of the Governor's Office *		
	Number Sent:	50
	Number Returned:	24
	RESPONSE RATE:	48%
IV. City Responses **		
	Number Sent:	74
	Number Returned:	50
	RESPONSE RATE:	68%
V. County Responses		
	Number Sent:	81
	Number Returned:	45
	RESPONSE RATE:	56%

* It should be noted that when a State returned a single questionnaire coordinated between its Criminal Justice, Drug Treatment and Governor's representatives, it was counted as a separate response from each. Also, it should be noted that **a response from at least one source was received from a total of 48 states.**

** The City figures include the responses from Washington, D.C. and New Orleans, LA.

FIGURE 2
RESPONSES RECEIVED FROM STATES

STATE	TREATMENT	JUSTICE	GOVERNOR
Alabama	X		
Alaska	X		
Arizona		X	
Arkansas	X		
California	X*	X	X*
Colorado	X		
Connecticut	X	X	
Delaware		X	
Florida	X	X	
Georgia	X	X	
Hawaii	X	X	
Idaho			
Illinois		X	
Indiana	X	X	
Iowa	X		X
Kansas	X		X
Kentucky	X	X	X
Louisiana		X	X
Maine	X*	X*	X*
Maryland	X*	X*	
Massachusetts	X	X	
Michigan		X	
Minnesota	X		
Mississippi			
Missouri	X	X	X
Montana	X		X
Nebraska	X	X	X
Nevada	X	X	X
New Hampshire		X	X
New Jersey	X	X	X
New Mexico	X	X	X
New York	X*	X	X*
North Carolina	X	X	X
North Dakota	X	X	X
Ohio	X	X	X
Oklahoma	X	X	
Oregon	X	X	
Pennsylvania	X	X	
Rhode Island	X	X	
South Carolina	X	X	
South Dakota		X	X
Tennessee	X	X*	X*
Texas	X	X	X
Utah	X	X*	X*
Vermont	X		
Virginia	X*		X*
Washington		X	X
West Virginia	X*	X	X*
Wisconsin	X		
Wyoming	X		

* Returned a single questionnaire coordinated between two or three agencies

FIGURE 3
RESPONSES RECEIVED FROM CITIES

CITY	RESPONSE RECEIVED	CITY	RESPONSE RECEIVED
AZ Mesa		MD Annapolis	
AZ Phoenix	X	MD Baltimore	X
AZ Sierra Vista	X	MD Bowie	X†
AZ Tempe		MD Frederick	X
AZ Tucson		MD Hagerstown	X
AZ Yuma	X	MD Rockville	X
		MD Salisbury	X
CO Aurora	X		
CO Boulder		MI Ann Arbor	X
CO Colorado Springs	X	MI Detroit	
CO Denver	X	MI Flint	X
CO Fort Collins	X	MI Grand Rapids	
CO Grand Junction	X	MI Lansing	X
CO Lakewood	X	MI Sterling Heights	
CO Pueblo	X	MI Warren	
DC Washington	X	NJ Atlantic City	
		NJ Camden	X
FL Fort Lauderdale	X	NJ Elizabeth	X
FL Jacksonville	X	NJ Jersey City	X†
FL Miami	X	NJ Newark	X†
FL Orlando	X	NJ Patterson	
FL St. Petersburg		NJ Trenton	
FL Tallahassee	X		
FL Tampa	X	NY Albany	X
		NY Buffalo	X
IL Aurora	X†	NY New York	X
IL Chicago	X	NY Syracuse	X
IL Decatur		NY Yonkers	
IL East St. Louis			
IL Jolict		OR Coos Bay	
IL Peoria	X	OR Eugene	X
IL Rockford	X†	OR Medford	
IL Springfield		OR Portland	
		OR Salem	X
IA Cedar Rapids			
IA Davenport	X†	PA Allentown	X
IA Des Moines	X	PA Erie	X
IA Dubuque	X	PA Harrisburg	X
IA Sioux City	X†	PA Lancaster	X
IA Waterloo	X	PA Philadelphia	X
		PA Pittsburgh	X
LA New Orleans*	X	PA Scranton	

† Incomplete response.
* The questionnaire was originally sent to the State of Louisiana; however, the response pertains only to New Orleans and is thus included as a City response.

FIGURE 4
RESPONSES RECEIVED FROM COUNTIES

COUNTY	RESPONSE RECEIVED	COUNTY	RESPONSE RECEIVED
AZ Cochise	X	MD Anne Arundel	X
AZ Maricopa	X†	MD Baltimore	X
AZ Pima		MD Harford	
AZ Pinal		MD Howard	X
AZ Yuma		MD Montgomery	X
		MD Prince George's	X
CA Alameda			
CA Contra Costa		MI Genesee	X
CA Fresno	X	MI Ingham	X
CA Los Angeles	X	MI Kent	X
CA Orange	X	MI Macomb	
CA Riverside	X	MI Oakland	X†
CA Sacramento	X	MI Washtenaw	X
CA San Bernardino		MI Wayne	
CA San Diego	X		
CA San Francisco		NJ Bergen	
CA San Mateo		NJ Essex	X
CA Santa Clara	X	NJ Hudson	X
CA Ventura		NJ Middlesex	
		NJ Monmouth	
FL Broward	X	NJ Union	
FL Dade	X		
FL Duval	X	NY Albany	
FL Hillsborough	X	NY Erie	X
FL Orange	X	NY Monroe	X
FL Palm Beach	X	NY Nassau	X
FL Pinellas	X	NY Onondaga	X
FL Polk		NY Suffolk	
		NY Westchester	X
IL Cook	X		
IL Du Page		OR Clackamas	
IL Kane	X	OR Coos	
IL Lake	X†	OR Jackson	X†
IL Madison		OR Lane	X
IL Peoria		OR Marion	X
IL St. Clair		OR Multnomah	X
IL Sangamon		OR Washington	X
IL Will			
IL Winnebago		PA Allegheny	
		PA Bucks	X
IA Black Hawk		PA Delaware	X†
IA Dubuque		PA Erie	
IA Linn		PA Harrisburg	
IA Polk		PA Lehigh	
IA Scott	X†	PA Montgomery	
IA Woodbury	X†		

† Incomplete response.

3.2.1 Information Sources Employed to Estimate Drug Use

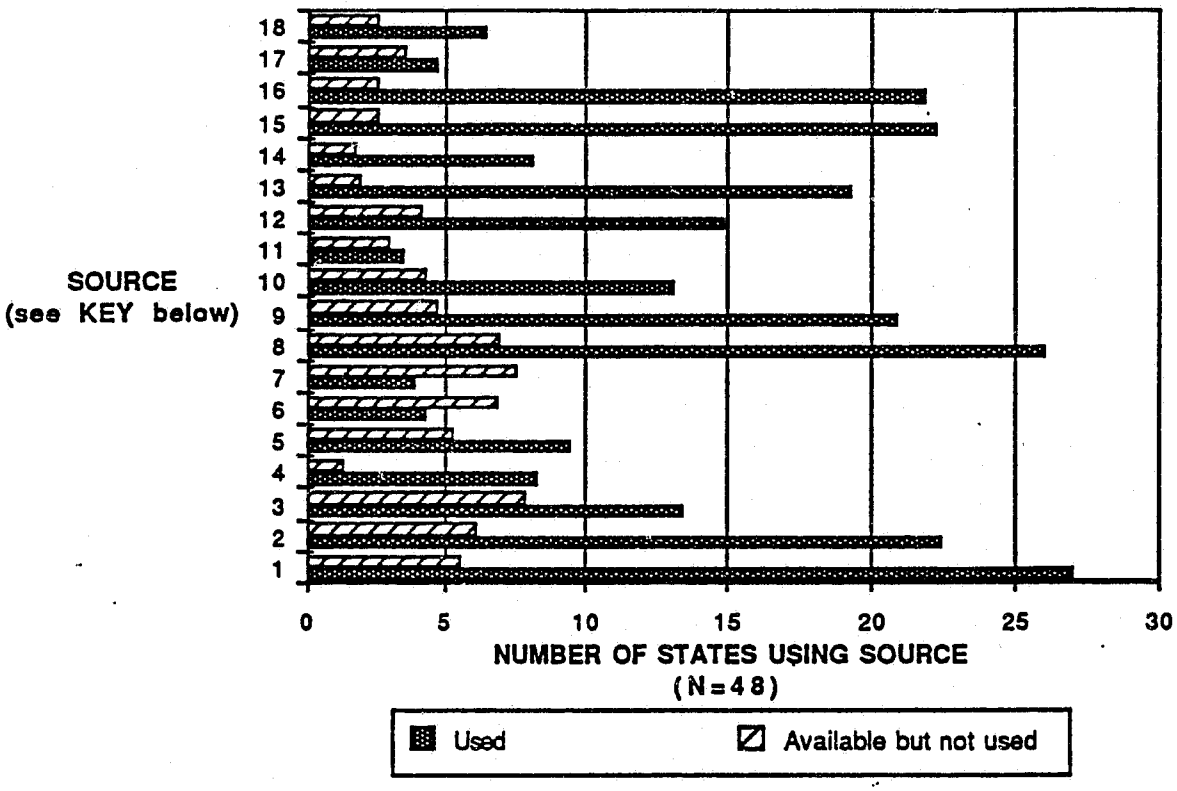
As can be seen in Figure 5, arrest data (for drug use or possesion) and drug treatment program patient records (e.g., CODAP) were the information sources most used by States to estimate drug abuse levels. It is important to note that since 1981, drug treatment program patient records such as CODAP are no longer required by the Federal Government and are only completed on a voluntary basis. Thus, while they continue to be used in some States, they do not constitute a permanent nationwide data base.

Other information sources used extensively by States included: arrests related to drug trafficking, drug-related deaths, national school surveys, State school surveys, and national household surveys. Information sources used least frequently were: incidence of Hepatitis B, school disciplinary actions, urine test results from drug abuse treatment systems and urine test results from criminal justice proceedings.

Unlike most States, most cities did not report significant usage of drug treatment program patient records. However, cities resembled States in their reliance on data on arrests for drug use or possession and arrests related to drug trafficking as indicators of the extent of drug use in their jurisdictions. As Figure 6 indicates, cities also depended heavily upon street informants and street research as information sources. The information sources least likely to be used by cities included incidence of Hepatitis B, national household surveys and State household surveys.

The results of the county surveys revealed more similarities to State than to city responses. For example, counties and States both

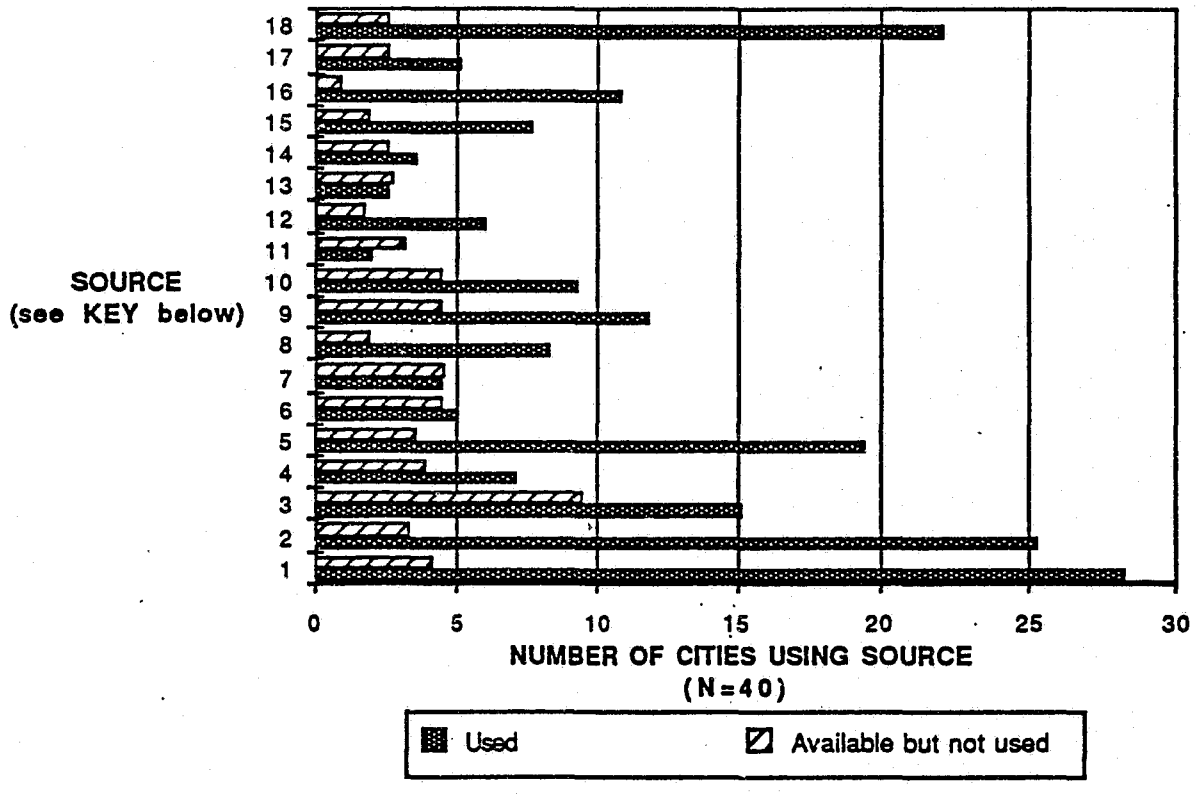
FIGURE 5
INFORMATION SOURCES USED BY STATES



KEY:

18. Street informants/street research
17. School disciplinary actions
16. State school surveys
15. National school surveys
14. State household surveys
13. National household surveys
12. Federal reports from DAWN system (for DAWN cities)
11. Hepatitis B incidents
10. Drug-related emergency room incidents
9. Drug-related deaths
8. Drug treatment program patient records (e.g., CODAP)
7. Urine test results from drug abuse treatment system (e.g., clients)
6. Urine test results from criminal justice system (e.g., arrestees, parolees)
5. Drug price and/or purity
4. Drug-related traffic accidents
3. Court dispositions related to drug arrests (convictions, acquittals, dismissals, etc.)
2. Arrests related to drug trafficking
1. Arrests for drug use or possession

FIGURE 6
INFORMATION SOURCES USED BY CITIES



KEY:

18. Street informants/street research
17. School disciplinary actions
16. State school surveys
15. National school surveys
14. State household surveys
13. National household surveys
12. Federal reports from DAWN system (for DAWN cities)
11. Hepatitis B incidents
10. Drug-related emergency room incidents
9. Drug-related deaths
8. Drug treatment program patient records (e.g., CODAP)
7. Urine test results from drug abuse treatment system (e.g., clients)
6. Urine test results from criminal justice system (e.g., arrestees, parolees)
5. Drug price and/or purity
4. Drug-related traffic accidents
3. Court dispositions related to drug arrests (convictions, acquittals, dismissals, etc.)
2. Arrests related to drug trafficking
1. Arrests for drug use or possession

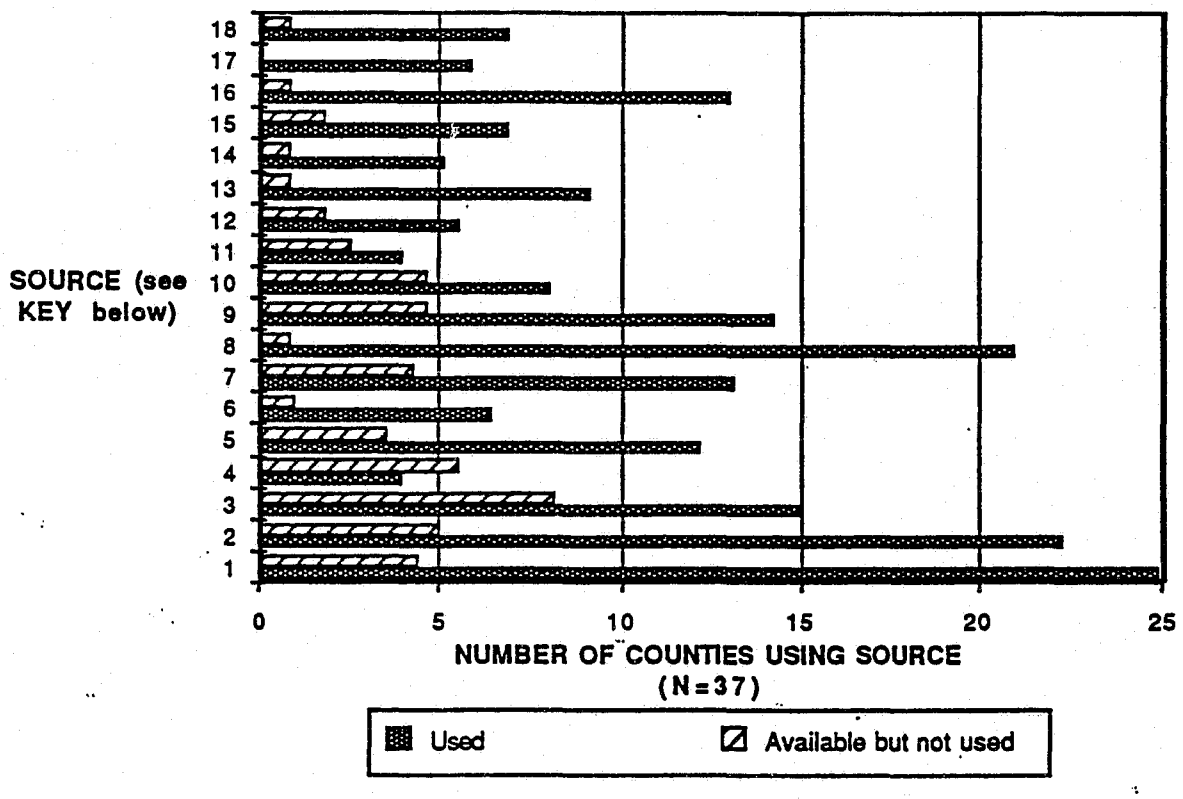
relied heavily on drug treatment program patient records (see Figures 5 and 7), as well as on arrest data for drug use or possession and arrests related to drug trafficking to estimate levels of drug use. Unlike cities, counties did not tend to make extensive use of street informants and street research in measuring the incidence and prevalence of drug use in the local area. Counties were unique in their frequent use of urine test results from the drug abuse treatment system. Those information sources which counties depended on least included: drug-related traffic accidents, incidence of Hepatitis B, Federal reports from the DAWN system, State household surveys, and school disciplinary actions.

Overall, the information source used least was incidence of Hepatitis B. Several respondents' comments indicated that because contraction of Hepatitis B does not necessarily signify drug use, little or no confidence can be placed in this type of information as a reliable measure of drug use. The two information sources which States, counties and cities used to the greatest extent as an indicator of drug abuse were arrests for drug use or possession and arrests related to drug trafficking. It is interesting to note that the likelihood of using a particular information source did not, for the most part, vary depending on the drug type. Rather, an information source which was used to measure one drug type (e.g., cocaine) was often used to measure all other drug types as well.

3.2.2. Analytical Approaches to Use of Information Sources (Analysis of Question 2 Responses)

As Figure 8 indicates, survey responses revealed that the development of informal estimates such as "trend lines" was by far the most likely approach to analyzing the data collected through the various information sources. Accepting the analysis performed by other entities

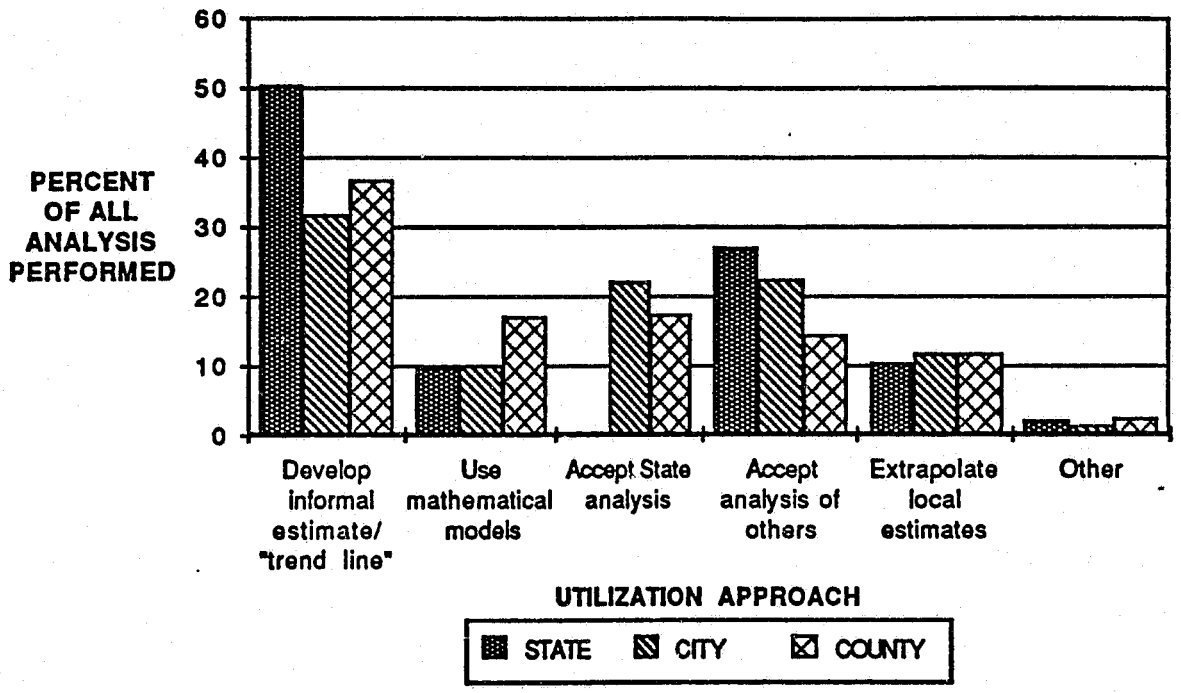
FIGURE 7
INFORMATION SOURCES USED BY COUNTIES



KEY:

18. Street informants/street research
17. School disciplinary actions
16. State school surveys
15. National school surveys
14. State household surveys
13. National household surveys
12. Federal reports from DAWN system (for DAWN cities)
11. Hepatitis B incidents
10. Drug-related emergency room incidents
9. Drug-related deaths
8. Drug treatment program patient records (e.g., CODAP)
7. Urine test results from drug abuse treatment system (e.g., clients)
6. Urine test results from criminal justice system (e.g., arrestees, parolees)
5. Drug price and/or purity
4. Drug-related traffic accidents
3. Court dispositions related to drug arrests (convictions, acquittals, dismissals, etc.)
2. Arrests related to drug trafficking
1. Arrests for drug use or possession

FIGURE 8
APPROACH TO ANALYZING DATA



such as the Federal government (but not State agencies) was the next most prevalent method used by the various types of jurisdictions.[16]

Over 50 percent of all data analysis performed by States fell under the "informal estimate" category, while the least likely approach for States to take was the use of mathematical or statistical models to analyze data in-house. Cities followed the same pattern as States with regard to the most and least frequently used method of analysis. Although counties also used informal estimates more frequently than any other analysis approach, they were least likely to derive estimates of

16 It should be noted that the category entitled "Accept analysis of data performed by State agencies" was inappropriate to include in the State surveys and was therefore deleted.

local use from data collected at a national or regional level. Furthermore, compared to States and cities, counties were much more likely to use mathematical or statistical models to analyze data in-house and substantially less likely to accept the analysis of data performed by others such as the Federal government.

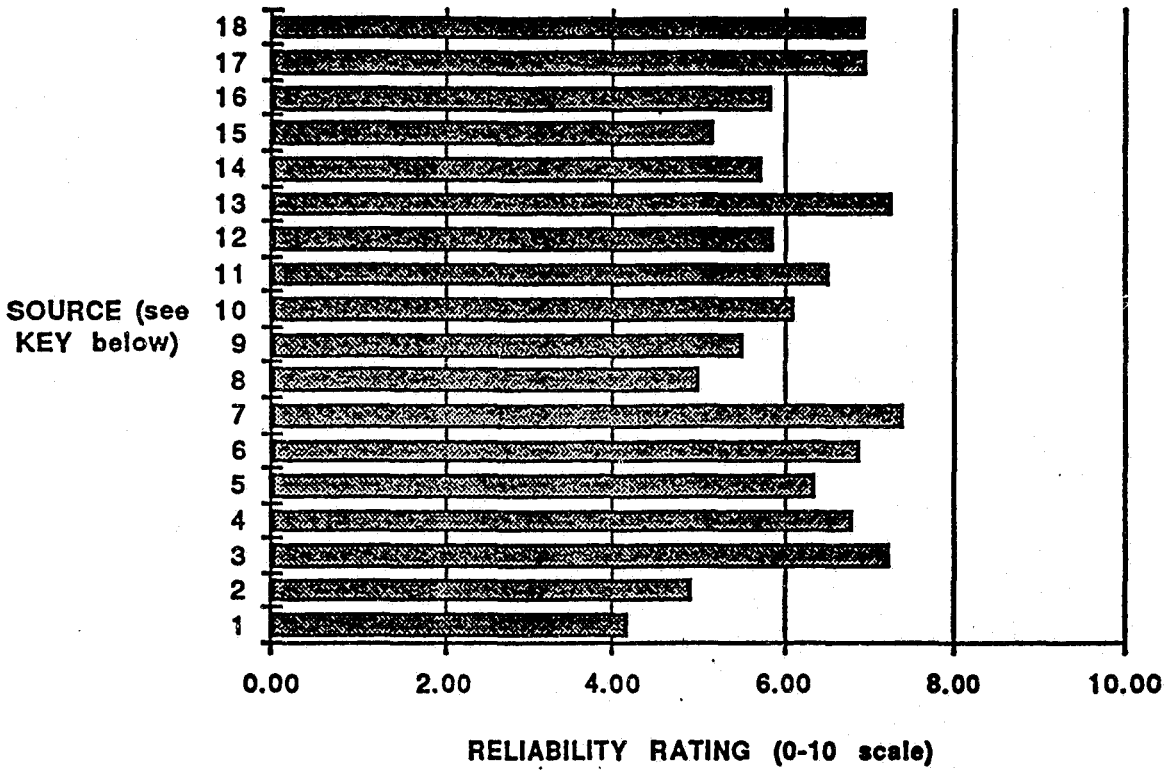
3.2.3 Source Reliability and Extent of Use (Analysis of Question 3 Responses)

In this section respondents rated, on a scale of 0 to 10, the reliability of each information source. As shown in Figure 9, those information sources which States viewed as most reliable included: Federal reports from the DAWN system, urine test results from the criminal justice system, State school surveys, and arrests related to drug trafficking. The sources regarded as least reliable by States were street informants/street research and school disciplinary actions.

Like the State responses, both city and county responses, shown in Figures 10 and 11, demonstrated confidence in data received from arrests for drug trafficking. However, information sources rated second, third and fourth most reliable by States were not identical to their counterparts for cities and counties. Both city and county officials regarded arrests for drug use or possession and drug treatment program patient records (e.g., CODAP) as very reliable sources. In addition, city officials viewed urine test results from the drug abuse treatment system as quite reliable indicators of use, while counties relied heavily on data from court dispositions related to drug arrests.

County respondents agreed with their State counterparts that the least reliable sources were street informants/street research and school disciplinary actions. Cities, on the other hand, regarded drug-related

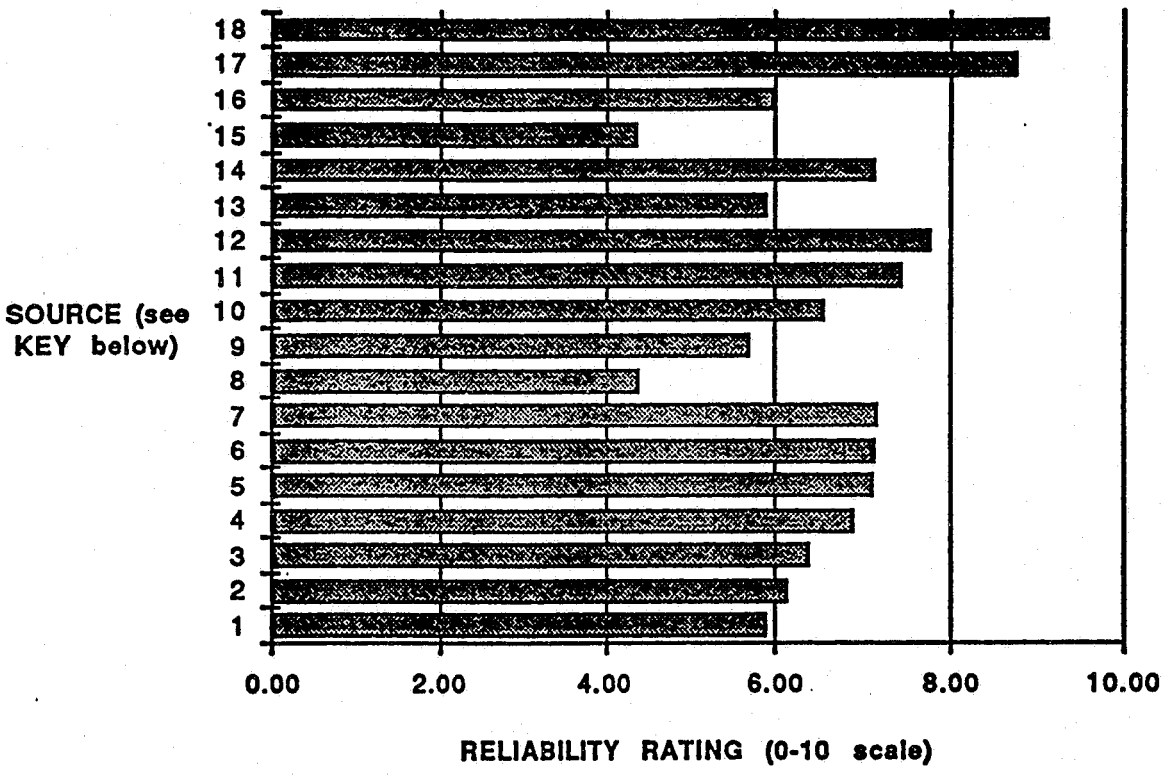
FIGURE 9
RELIABILITY OF STATE INFORMATION SOURCES



KEY:

18. Arrests for drug use or possession
17. Arrests related to drug trafficking
16. Court dispositions related to drug arrests (convictions, acquittals, dismissals, etc.)
15. Drug-related traffic accidents
14. Drug price and/or purity
13. Urine test results from criminal justice system (e.g., arrestees, parolees)
12. Urine test results from drug abuse treatment system (e.g., clients)
11. Drug treatment program patient records (e.g., CODAP)
10. Drug-related deaths
9. Drug-related emergency room incidents
8. Hepatitis B incidents
7. Federal reports from DAWN system (for DAWN cities)
6. National household surveys
5. State household surveys
4. National school surveys
3. State school surveys
2. School disciplinary actions
1. Street informants/street research

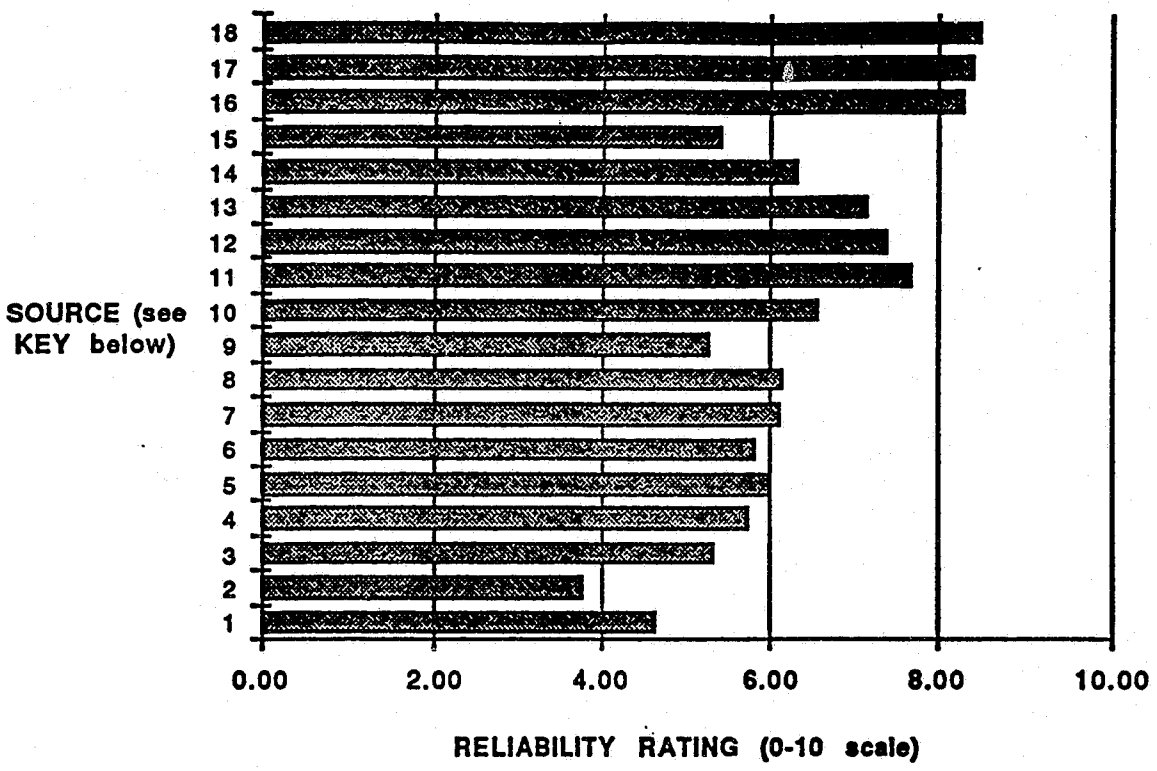
FIGURE 10
RELIABILITY OF CITY INFORMATION SOURCES



KEY:

18. Arrests for drug use or possession
17. Arrests related to drug trafficking
16. Court dispositions related to drug arrests (convictions, acquittals, dismissals, etc.)
15. Drug-related traffic accidents
14. Drug price and/or purity
13. Urine test results from criminal justice system (e.g., arrestees, parolees)
12. Urine test results from drug abuse treatment system (e.g., clients)
11. Drug treatment program patient records (e.g., CODAP)
10. Drug-related deaths
9. Drug-related emergency room incidents
8. Hepatitis B incidents
7. Federal reports from DAWN system (for DAWN cities)
6. National household surveys
5. State household surveys
4. National school surveys
3. State school surveys
2. School disciplinary actions
1. Street informants/street research

FIGURE 11
RELIABILITY OF COUNTY INFORMATION SOURCES



KEY:

18. Arrests for drug use or possession
17. Arrests related to drug trafficking
16. Court dispositions related to drug arrests (convictions, acquittals, dismissals, etc.)
15. Drug-related traffic accidents
14. Drug price and/or purity
13. Urine test results from criminal justice system (e.g., arrestees, parolees)
12. Urine test results from drug abuse treatment system (e.g., clients)
11. Drug treatment program patient records (e.g., CODAP)
10. Drug-related deaths
9. Drug-related emergency room incidents
8. Hepatitis B incidents
7. Federal reports from DAWN system (for DAWN cities)
6. National household surveys
5. State household surveys
4. National school surveys
3. State school surveys
2. School disciplinary actions
1. Street informants/street research

traffic accidents and incidence of Hepatitis B as the most unreliable information sources.

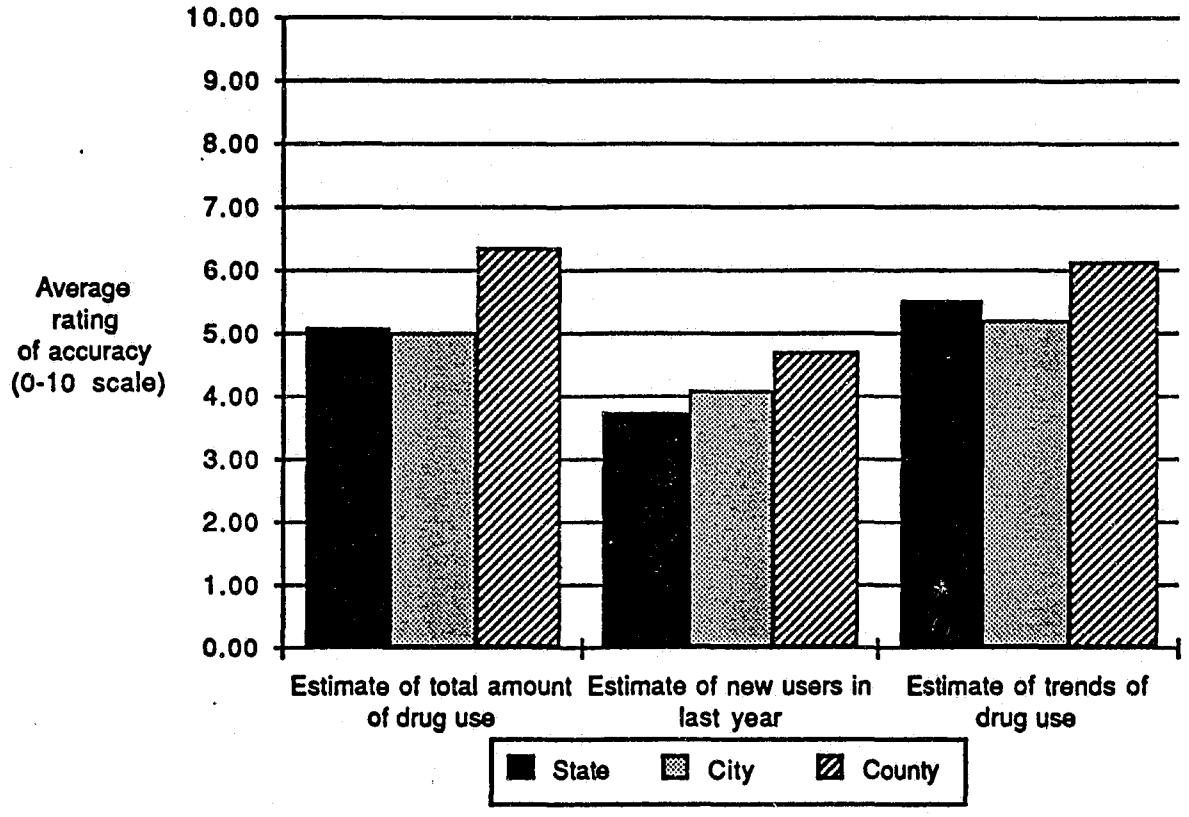
It is interesting to note that a high degree of reliability did not always coincide with high usage of the particular information source. An explanation for this may be that data from less reliable information sources are sometimes more easily accessible and therefore used in place of less accessible but more reliable information. For example, Federal reports from the DAWN system, regarded by States as a highly reliable information source, were used to a relatively low degree as an indicator of drug use in the States. The same was true of urine test results from the criminal justice system. This phenomenon also occurred in the city surveys: both urine test results from drug abuse treatment system and drug treatment program patient records were rarely cited as an indicator of drug use, despite their high reliability as information sources.

There were instances, however, in which high reliability and high usage did coincide. For example, arrests related to drug trafficking, cited as a highly reliable source by representatives of States, cities and counties, were frequently used by all three types of jurisdictions as an indicator of drug use.

3.2.4. Accuracy of Assessments (Analysis of Question 4 Responses)

As shown in Figure 12, drug use assessments were deemed to be most accurate when used to estimate trends in drug use and the total amount of drug use in the jurisdiction. It is interesting to note that, in general, counties gave higher ratings to the accuracy of their own assessments of drug use than did either cities or States. The average ratings of accuracy in Counties ranged from a low of 4.2 to a high of 6.8

FIGURE 12
ACCURACY OF DRUG USE ASSESSMENTS
(BY JURISDICTION)



(on a 0 to 10 scale), while average ratings of accuracy in cities ranged from 3.7 to 6.7, and those of States ranged from 3.5 to 6.0.

Officials representing most States and cities felt that their assessments of the trends of cocaine and cannabis were more accurate than those pertaining to other drug types. On the other hand, county officials viewed their assessments of opiates and cocaine use as most accurate. State and city officials regarded their assessments of depressants as least accurate, while county officials regarded their assessment of hallucinogens as the least accurate.

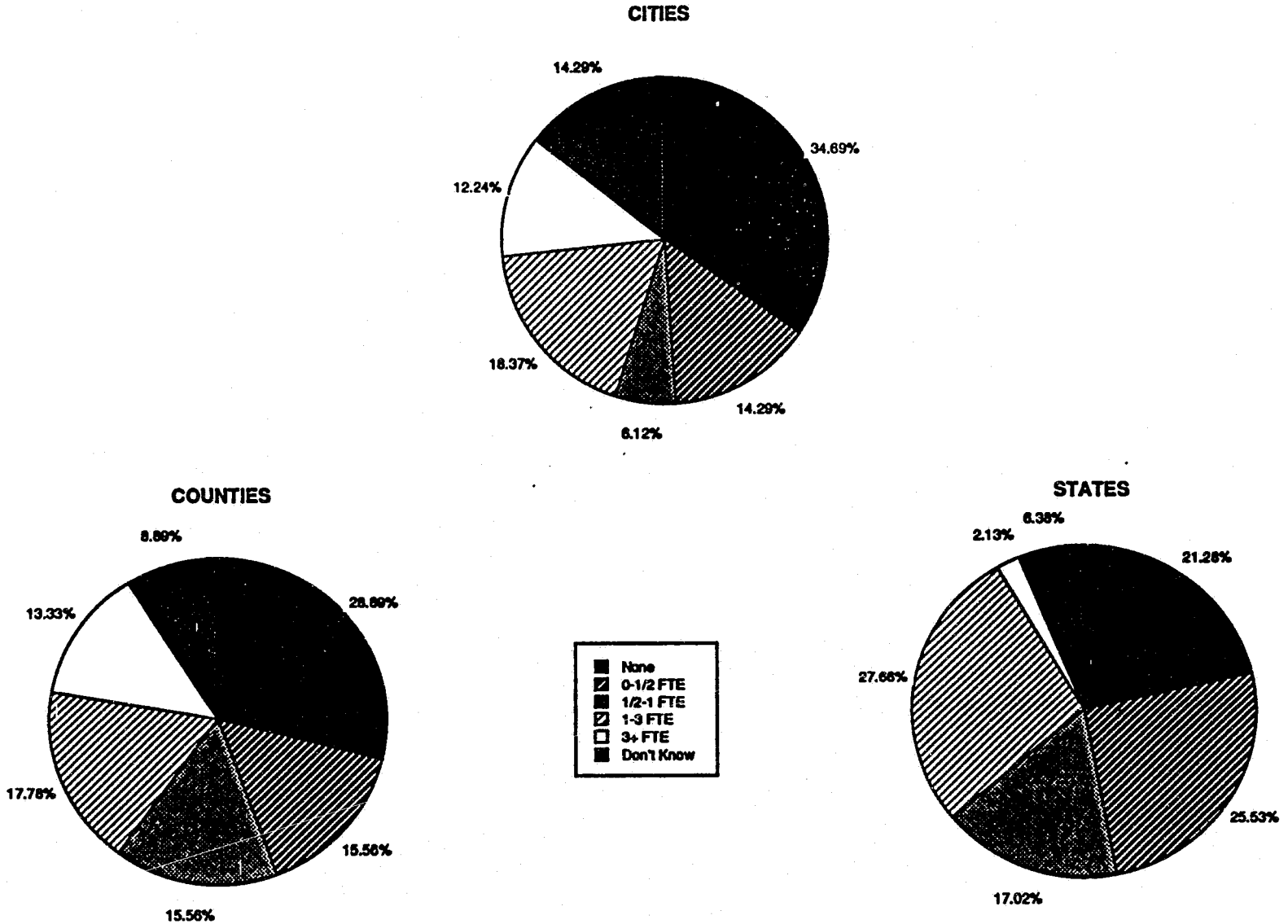
3.2.5. Level of Resources (Analysis of Question 5 Responses)

This component of the survey was designed to determine the level of resources devoted to assessing drug use in each jurisdiction in terms of full-time staff "person equivalents" and monetary resources exclusive of salaries. The percentage of monetary resources used to hire outside consultants was also solicited. With respect to this last point it was found that States used a much greater percentage of their resources to hire outside experts than either cities or counties. In fact, on the average, States spent 25 percent of their monetary resources (excluding expenditures for permanent staff) on external assistance while counties spent 7 percent and cities spent less than 1 percent.

However, differences between States, cities and counties were less marked with regard to the overall level of funds devoted to assessing drug use. For example, all three jurisdictions had an average of "more than 1/2 but less than 1" permanent, full-time staff "person equivalents" devoted to drug use assessment. States generally spent between $10,001 and $25,000 on drug use assessment exclusive of salaries, while both cities and counties spent $10,000 or less annually.

It should be noted that modal responses to the questions on staff and funds were substantially lower than mean responses. For example, the modal responses pertaining to the level of funds devoted to drug use assessment in States, cities and counties were, in all cases, "none." Similarly, both cities and counties had a modal response of "none" with respect to the number of staff devoted to the assessment of drug use in their jurisdictions, even though the mean response was "more than 1/2 but less than 1." Figure 13 presents the number of full-time staff person equivalents devoted to assessing drug use in States, cities and counties.

FIGURE 13
RESOURCES DEVOTED TO ASSESSING DRUG USE IN CITIES, COUNTIES AND STATES
Measured in full-time staff person equivalents



3.2.6. Technical Assistance (Analysis of Question 6 Responses)

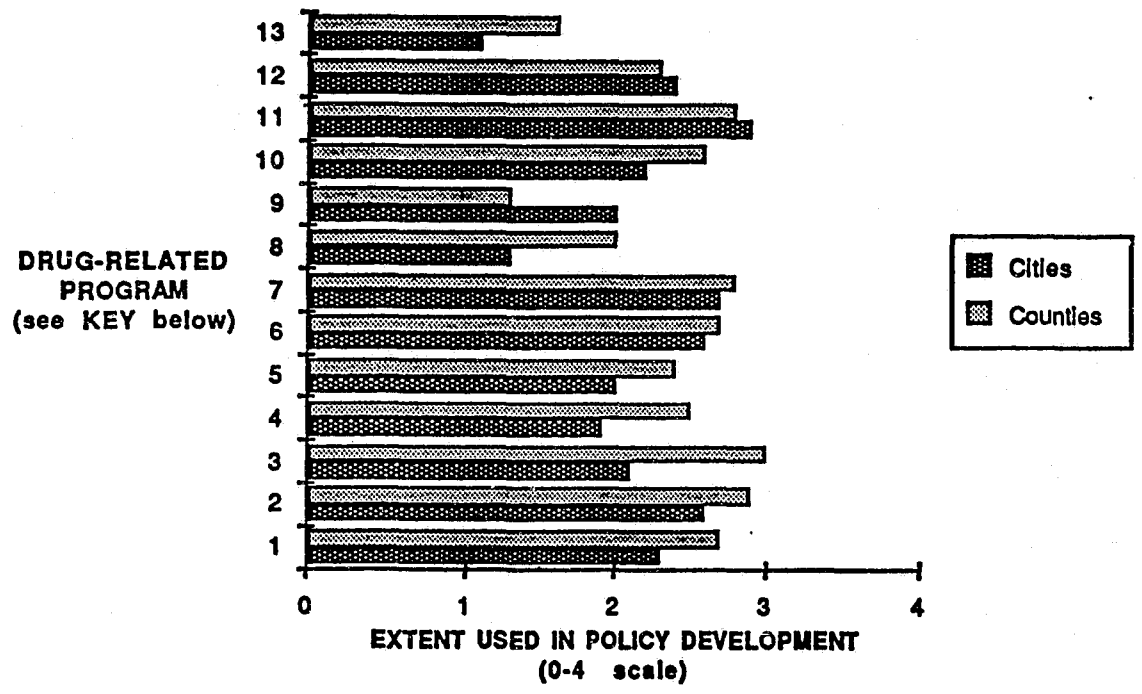
States, cities and counties all agreed that a manual plus an accompanying training course (two to five days long and funded by Federal and/or State agencies) had the most potential of the five suggested technical assistance tools for improvement of drug use assessments. Furthermore, this technical assistance tool was rated the most likely to be used by all three types of jurisdictions. Development of personal computer software to accompany the methodology manual was also rated highly by States, cities and counties. Several respondents noted that a combination of technical assistance tools such as a manual with training course and software or a manual with software and telephone assistance would be particularly helpful.

Both States and counties rated the methodology manual and telephone technical assistance as having the least potential for improvement of drug use assessments as well as being the least likely to be used of all the suggested tools. Cities deviated from this pattern by ranking the manual and on-site technical assistance as the least likely technical assistance tool to be used, and least likely to improve measurements of drug use.

3.2.7. Policy Development (Analysis of Question 7 Responses)

It should be noted that this section of the survey instrument was included only in those surveys sent to cities and counties and not those sent to States. Figure 14 shows the extent to which current drug use assessments figure in policy development for both cities and counties. The responses from cities revealed that drug use assessments figured to the greatest extent in planning and allocating resources for the following drug programs: drug abuse prevention and education programs

FIGURE 14
EXTENT TO WHICH DRUG USE ASSESSMENTS ARE USED IN POLICY DEVELOPMENT IN CITIES AND COUNTIES



KEY:

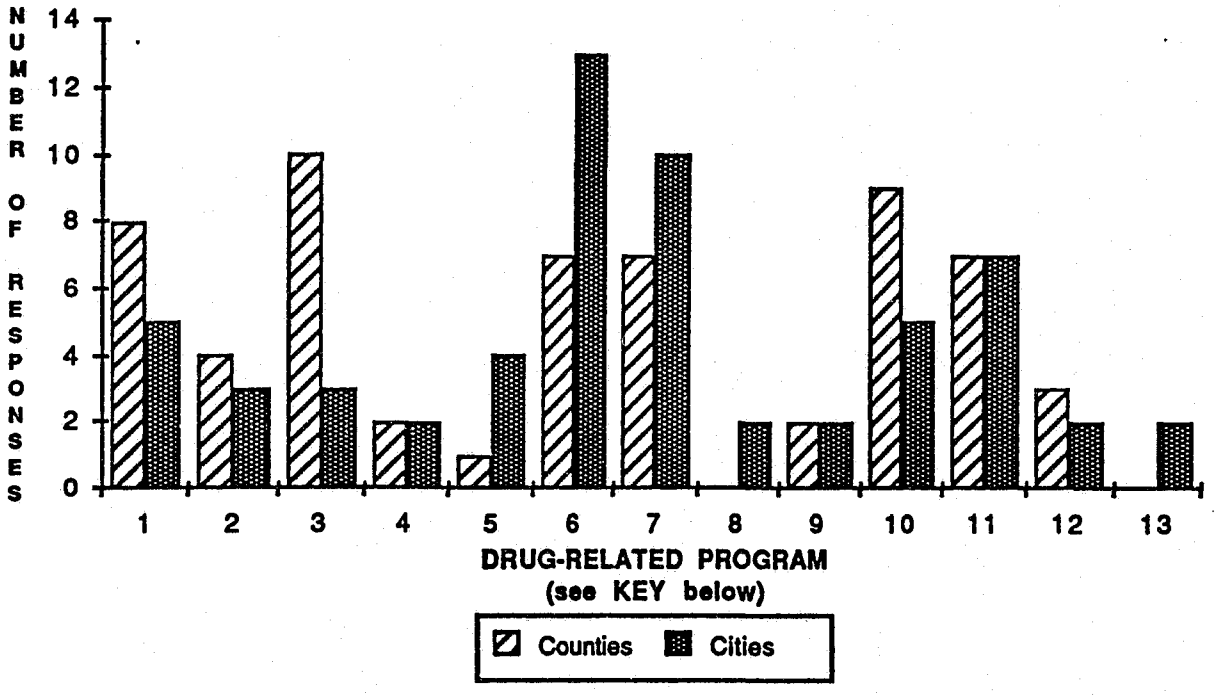
13. Research or special studies related to drug abuse (e.g., local houshold or school surveys)
12. Other drug abuse prevention programs (e.g., drug information hotlines, TV spots, billboards, etc.)
11. Drug abuse prevention and education programs provided in public schools
10. Training of law enforcement personnel, social workers, parent groups, clergy, youth, etc., for participation in local prevention efforts
9. Training of emergency and other medical personnel for drug-related incidents
8. Drug testing programs (e.g., urine tests)
7. Special police drug programs
6. Local police
5. Services available to jail detainees and prisoners with drug problems
4. Services available to arrestees with drug problems
3. Treatment centers
2. Focus of key local officials on drug-related issues
1. Total allocation of drug program resources in local budget

provided in public schools, special police drug programs, local police, and focus of key local officials on drug-related issues. Except for the "local police" category, policy development in all of the above programs was also influenced to a significant extent by current drug use assessments at the county level. However, for counties, policy for treatment center programs seemed most affected by current drug use assessments.

Current drug use assessments had little or no effect on policy development in two city drug programs: drug testing programs (e.g., urine tests) and research or special studies related to drug abuse (e.g., local household or school surveys). Similarly, the county responses revealed that measurements of drug use figured only insignificantly in policy development involving research or special studies. Counties also noted that training of emergency or other medical personnel for drug-related incidents was influenced very little by drug use assessments.

City and county respondents confirmed Lazar's expectation that if more reliable drug use assessments were available, they would be used to a greater extent in policy development. As illustrated in Figure 15, city and county respondents felt that if more accurate assessments were available they would be used most in planning and allocating resources for the following programs: local police; special police drug programs; drug abuse prevention and education programs provided in public schools; total allocation of drug program resources in local budget; training of law enforcement personnel and other drug abuse prevention workers, and drug treatment centers. Clearly, more accurate and reliable assessments of drug use would significantly contribute to policy development.

FIGURE 15
WHICH DRUG-RELATED PROGRAMS WOULD BENEFIT MOST FROM IMPROVED DRUG USE ASSESSMENTS (CITIES AND COUNTIES)



KEY:

13. Research or special studies related to drug abuse (e.g., local houshold or school surveys)
12. Other drug abuse prevention programs (e.g., drug information hotlines, TV spots, billboards, etc.)
11. Drug abuse prevention and education programs provided in public schools
10. Training of law enforcement personnel, social workers, parent groups, clergy, youth, etc., for participation in local prevention efforts
9. Training of emergency and other medical personnel for drug-related incidents
8. Drug testing programs (e.g., urine tests)
7. Special police drug programs
6. Local police
5. Services available to jail detainees and prisoners with drug problems
4. Services available to arrestees with drug problems
3. Treatment centers
2. Focus of key local officials on drug-related issues
1. Total allocation of drug program resources in local budget

3.3 Results of Tests of Statistical Hypotheses

Tests of differences in means were performed to explore the relationships between selected demographic characteristics and three indicators of a jurisdiction's emphasis on drug use assessment: number of full-time staff person equivalents, amount of funds, and number of methods employed in the assessment of drug use. Lazar selected the following demographic characteristics:[17]

- size (by population);
- percent considered "urban;"[18]
- percent unemployment;
- percent of inhabitants with income below the poverty level;
- total revenue;
- total direct general expenditures per capita;
- percent of direct general expenditures spent on health and hospitals;
- percent of direct general expenditures spent on police protection; and
- property crime rate.

Tests of differences in means were conducted separately for States, cities and counties.

It was hypothesized that each of the above characteristics might have an effect on the level of resources devoted by a given State, city, or county to assessing drug use. Unfortunately, the performance of these tests did not reveal any conclusive evidence supporting this hypothesis with respect to any of the tested characteristics.[19] For

17 Information on the economic characteristics pertaining to the States, Cities and Counties was obtained from the County and City Data Book, 1983.

18 Since it is inappropriate to measure the "percent urban" in Cities, this was omitted from the City analysis.

19 Lazar employed the t-test, establishing the Type I error at the $\alpha = .05$ level.

example, after testing to see if the population of a State had an effect on the level of resources devoted to drug use, it appeared that the largest 10 States did not have significantly more staff devoted to assessing drug use than the smallest ten States. Likewise, cities which had high crime rates did not necessarily devote more funds to measuring drug abuse than those cities with low levels of crime. However, it should be noted that the large jurisdictions did not have an opportunity to precisely report their resources utilized because the top categories were open-ended (e.g., more than three staff, more than 100,000). It should also be noted that statistical tests were performed on one economic characteristic at a time in order to isolate that characteristic's effects on the jurisdiction's level of resources devoted to the assessment of drug use. This approach precludes analysis of the effects of combinations of economic characteristics on a jurisdiction's level of resources used for drug assessment.

4.0 RATING STATE AND LOCAL APPROACHES

4.1 Methodology

The third phase of the study consisted of the construction of a rating system for the responding jurisdictions. Lazar devised the rating system with the following aims:

- to illustrate the variance in levels of drug abuse assessment activity among various jurisdictions;
- to isolate those jurisdictions judging themselves least capable of assessing the incidence and prevalence of drug abuse in their communities; and
- to isolate those jurisdictions judging themselves most able to assess the incidence and prevalence of drug abuse in their communities.

The rating system evaluates a jurisdiction's ability to assess incidence and prevalence of drug abuse, as evinced in its response(s) to Lazar's survey instrument. The following characteristics are evaluated:

- quantity of information sources; and
- quantity and quality of analytical approaches.

For jurisdictions submitting more than one response, the more favorable response was chosen for tabulation. Incomplete questionnaires (see Figures 3 and 4) were not rated.

Lazar did not include responses to four questions from the survey in its rating system. When Lazar tabulated the responses to Questions 3 ("How Reliable is Each of Your Information Sources? To What Extent is Each Used to Assess Drug Use in Your State?") and 4 ("How Accurate are the Assessments of Drug Use in Your Jurisdiction?"), it found that a number of jurisdictions[20] which had reported using very few available sources of

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20 Examples include the States of Virginia, Louisiana, and Arkansas.

information (Question 1) or methods of utilization (Question 2), as well as devoting little or no person-hours or funding to assessment (Question 5), had nonetheless given themselves high ratings for source reliability and accuracy, thereby bringing the mean and median responses well above 5 (intended to be the "normal" response). In fact, more than 77 percent of jurisdictions overall scored themselves 5 or above in average source reliability. On the basis of these statistical abnormalities, Lazar concluded that many jurisdictions had misunderstood the questions, and therefore excluded the "reliability" and "accuracy" survey questions from the rating system.

Other deletions from the rating system included Question 5 ("What Level of Resources is Devoted to Assessing Drug Use in Your State?"), whose response categories failed to adequately reflect the enormous disparities in size between jurisdictions. Question 6 ("What Types of Technical Assistance Would Be Useful for Your State?") was also excluded, as this question was not designed to evaluate a jurisdiction's ability to assess drug use.

4.2 Rating Parameters

For detailed information concerning Lazar's approach to scoring a jurisdiction's responses, see Appendix B. Figures 16 through 20 present the results of the rating system's application. As mentioned previously, "data sources utilized" and "analysis methods" were the criteria used to derive ratings for each jurisdiction. These two criteria were equally weighted with a score derived for each, as described in Appendix B. Once scores were available, States were ranked and then divided into three groups, so that of the 48 respondents the 12 highest ranked States were given an A rating, the 24 next highest ranked States were given a B

FIGURE 16
RATINGS OF STATE SELF-EVALUATIONS

Alabama	C	Nebraska	C
Alaska	B	Nevada	B
Arizona	A	New Hampshire	B
Arkansas	C	New Jersey	A
California	A	New Mexico	A
Colorado	A	New York	A
Connecticut	B	North Carolina	B+
Delaware	C	North Dakota	C
Florida	A	Ohio	B
Georgia	B+	Oklahoma	B+
Hawaii	C+	Oregon	B+
Illinois	A	Pennsylvania	B
Indiana	C	Rhode Island	A
Iowa	B	South Carolina	C+
Kansas	B	South Dakota	B
Kentucky	A	Tennessee	B
Louisiana	C+	Texas	B+
Maine	B+	Utah	A
Maryland	B	Vermont	B
Massachusetts	A	Virginia	C
Michigan	B	Washington	B+
Minnesota	B+	West Virginia	B+
Missouri	B	Wisconsin	B
Montana	C	Wyoming	C+

FIGURE 17
RATINGS OF CITY SELF-EVALUATIONS

AZ:	Phoenix	C
AZ:	Sierra Vista	C
AZ:	Yuma	B+
CO:	Aurora	B
CO:	Colorado Springs	C+
CO:	Denver	C
CO:	Grand Junction	C
CO:	Lakewood	C
CO:	Pueblo	C
DC:	Washington	A
FL:	Fort Lauderdale	B
FL:	Jacksonville	B
FL:	Miami	A
FL:	Orlando	C+
FL:	Tallahassee	B
FL:	Tampa	A
IA:	Des Moines	B
IA:	Dubuque	C
IA:	Waterloo	C+
IL:	Peoria	B
LA:	New Orleans	B
MD:	Baltimore	B+
MD:	Frederick	B
MD:	Hagerstown	B
MD:	Rockville	A
MD:	Salisbury	C
MI:	Ann Arbor	A
MI:	Flint	A
MI:	Lansing	C
NJ:	Camden	B+
NJ:	Elizabeth	C
NY:	Albany	B+
NY:	Buffalo	A
NY:	New York	A
OR:	Eugene	C+
OR:	Salem	B
PA:	Allentown	A
PA:	Harrisburg	C
PA:	Lancaster	B
PA:	Philadelphia	B+

FIGURE 18
RATINGS OF COUNTY SELF-EVALUATIONS

AZ:	Cochise	C
CA:	Fresno	B
CA:	Los Angeles	A
CA:	Orange	A
CA:	Riverside	C
CA:	Sacramento	C
CA:	San Diego	B+
CA:	Santa Clara	B
FL:	Fort Lauderdale	C
FL:	Hillsborough	B
FL:	Metro-Dade	A
FL:	Orange	C
FL:	Palm Beach	B
FL:	Pinellas	B
IL:	Cook	C
IL:	Kane	B
MD:	Anne Arundel	A
MD:	Baltimore	A
MD:	Howard	C+
MD:	Montgomery	B+
MD:	Prince George's	A
MI:	Genesee	C
MI:	Ingham	C
MI:	Kent	B
MI:	Oakland	A
MI:	Washtenaw	B
NJ:	Hudson	C
NY:	Erie	B
NY:	Monroe	B
NY:	Nassau	B+
NY:	Onondaga	C
NY:	Westchester	C
OR:	Washington	B
OR:	Lane	B
OR:	Marion	A
OR:	Multnomah	A
PA:	Bucks	C

FIGURE 19
OVERALL GRADE DISTRIBUTION

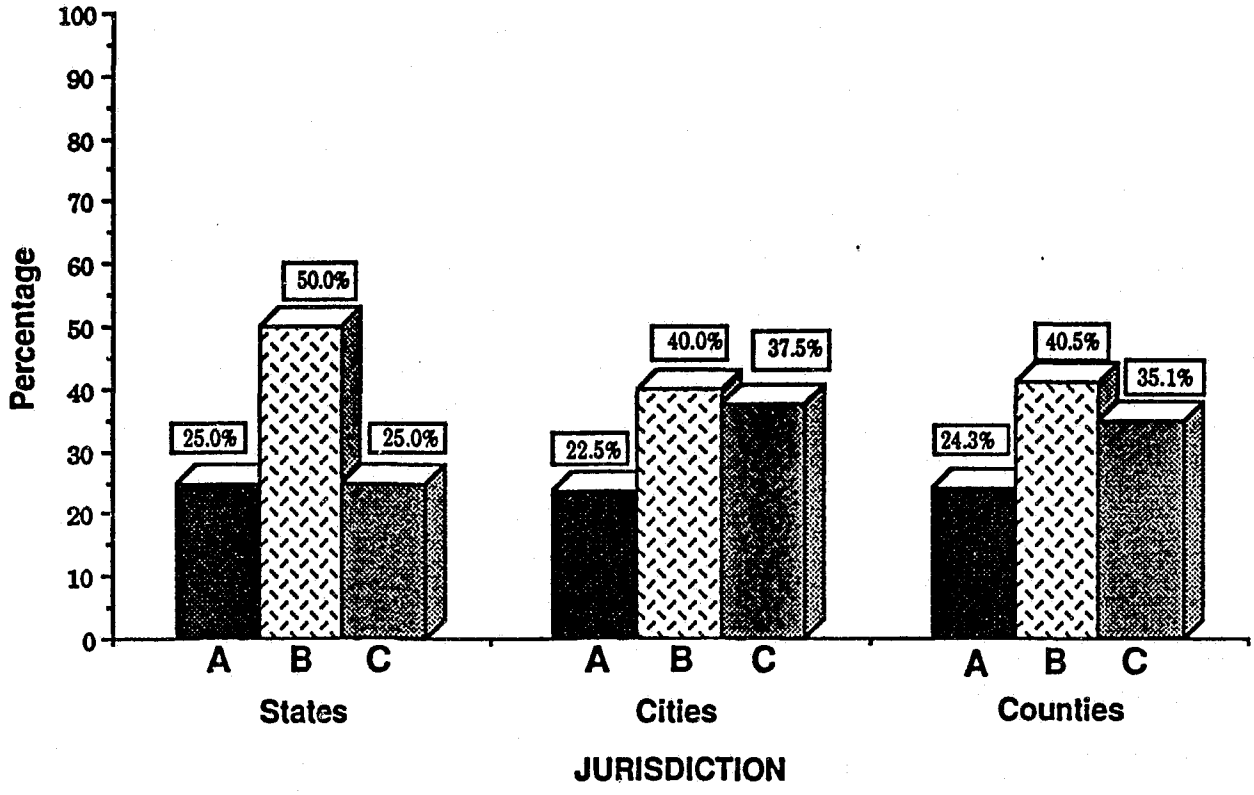
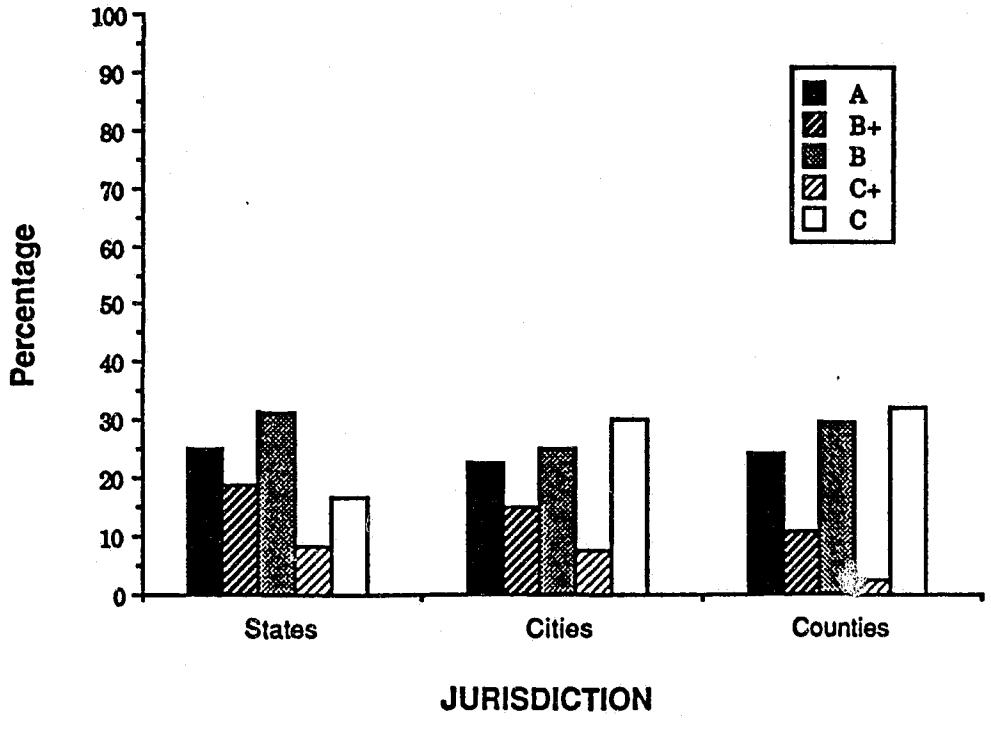


FIGURE 20
OVERALL GRADE DISTRIBUTION (DETAILED)



rating, and the lowest 12 were given a C. In addition, as explained in Appendix B, some borderline States were given a + rating, creating a group of B+ and C+ rated jurisdictions. Cities and counties were rated with the same scoring system applied to the States.

It cannot be too strongly emphasized that Lazar's ratings are based on the jurisdiction's self-evaluations only. The ratings' most important function is their ability to illustrate the variance in levels of assessment ability and activity among different jurisdictions; they do not constitute any absolute scale of ability. It should also be noted that achieving an A rating is not tremendously difficult; and, therefore, one Federal priority should be to develop a technical assistance program that makes it possible for all States to achieve A ratings in the near future. In Lazar's view, this would be neither difficult nor expensive.

4.3 Observations

Several interesting findings can be derived from the graphical presentations of the score data.

Analysis of the percentile grade distributions of all three jurisdiction types (see Figures 19 and 20) reveals a surprising phenomenon: a similar ratio of A's to B's to C's occurs for each jurisdiction type.[21] It is important to reiterate that differences in jurisdictions were not accounted for in the rating system, which remained essentially the same for States, counties, and cities.[22] It appears from

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21 Note that the perfect 1-2-1 ratio for States (see Figure 21) was deliberately created by Lazar in order to arrive at a satisfactory "curve" (see Appendix B).

22 The only exception to this statement is the additional category ["Accept State Data"] in Question 2 for counties and cities. However, this category added on average less than two points to a county or city's overall score.)

FIGURE 21
RELATION BETWEEN CITY POPULATION AND SCORE

RESPONDENT CITIES CLASSIFIED AS AMONG THE 75 LARGEST (1988 data):

AZ: Phoenix (10th largest)
CO: Denver (23rd largest)
DC: Washington (16th largest)
FL: Jacksonville (17th largest)
FL: Miami (36th largest)
FL: Tampa (53rd largest)
LA: New Orleans (21st largest)
MD: Baltimore (11th largest)
NY: Buffalo (47th largest)
NY: New York (1st largest)
PA: Philadelphia (5th largest)

Mean Score: A

ALL OTHER CITIES SURVEYED:

Mean Score: B

Source for Population Data: County and City Data Book, 1988 (Bureau of the Census, U.S. Department of Commerce).

this investigation, therefore, that drug abuse assessment capability does not vary by jurisdictional type or form of government.

Another finding relates the size of a city to its score on the instrument. When the scores of 11 cities falling within the category of 75 largest U.S. cities are totalled and the mean is found, the resulting grade of "A" is significantly higher[23] than the mean of the other 29 cities (a "B"). (See Figures 17 and 21.)

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23 Lazar employed the t-test, establishing the Type I error at the oc = .05 level.

5.0 CASE STUDIES

5.1 Selection Process and Study Methodology

After completing collection and analysis of the data obtained through the survey instruments, Lazar chose 11 States and the District of Columbia for further study. These included the States of Arizona, California, Colorado, Florida, Illinois, Maryland, Minnesota, New Jersey, New York, Oregon, and Texas. The sites were chosen through a combination of:

- recommendations derived from the survey of experts;
- demographic characteristics (e.g., population density, geographic location); and
- responses to the survey which indicated a superior ability to assess incidence and prevalence of drug abuse.

It should be noted that all but two of the sites listed above received at least one "A," either Statewide or sub-jurisdictionally (county or city), from Lazar's rating system (see Figures 16, 17 and 18).

Lazar's case study approach involved three steps:

- First, interviews were conducted with survey respondents at both the State and local level. More extensive information was sought regarding the data sources used to measure drug use, the record-keeping system used to store and retrieve data, the approaches used to analyze data, the level of resources devoted to drug use assessment, the policy implications of the drug use assessments, the interactions between State and local agencies, the barriers to developing accurate estimates and the technical assistance desired. The interview guides used in this regard are included as Appendix C. (Note that there are only slight differences between the interview guides used for State and local officials.)
- During the interview, State and local officials were asked to provide copies of all relevant reports, surveys, data tables, etc. Collection of these materials was the second step in Lazar's case study approach.
- The third step involved the analysis of both the interviews and the written materials from each case study site. This resulted in the production of mini-case studies of all 12 sites and in-depth case studies of four States which appeared to be most exemplary in their assessment of drug use: California, Colorado, New Jersey and New York. The mini-case studies are presented in Appendix D

of this report. The four in-depth case studies are bound separately in a report entitled "Assessment of Methods Used by State and Local Governments to Estimate Drug Abuse Levels: Case Studies of the States of California, Colorado, New York and New Jersey."

It is hoped that the information developed from the case studies will prove useful to other jurisdictions which are not as sophisticated in the drug use assessment field.

5.2 Highlights of Case Studies

Although detailed material relating to the case studies appears elsewhere (see above), certain notable aspects are summarized below.

- All but one case study site conducts surveys of its student population. Maryland is especially noteworthy in that it has conducted eight biennial surveys of student drug use. The school survey instruments from the case study sites, which could potentially serve as models for use in other States, vary widely in length and issues addressed. For instance, the surveys conducted by California and Minnesota are very detailed and frequent, while Arizona's is quite short and probably most adaptable for use by States with limited resources. Another example which could be followed by other States is New York's school survey. New York minimizes the costs of addressing a very large population by only administering the survey every five years.

- While Colorado conducted a face-to-face survey of its adult population, New York, New Jersey, Arizona and the District of Columbia have conducted telephone household surveys. New York's survey, which was conducted most recently in 1986 by Louis Harris and Associates, Inc., had 6,364 respondents.

- Texas conducts surveys of both 1,027 adult male prison inmates and approximately 1,000 youth who have been placed in correctional facilities.

- Arrest data are used by all case study sites and are collected and stored both through computerized systems such as New Jersey's CCH (Computerized Criminal History) Lotus-based system, as well as manually through data collection forms. An example of the latter is Illinois' "MEG/Task Force Monthly State and Local Law Enforcement Assistance Act Report" which collects data from narcotics task forces and metropolitan enforcement groups (MEG).

- Treatment information is used by all the case study sites to assess the level of drug abuse in the jurisdiction. In most cases, treatment information is stored on a computerized system such as Oregon's Client Process Monitoring System (CPMS) or

Maryland's Substance Abuse Management Information System (SAMIS). Other States, such as Arizona and New Jersey, have continued to use the Client Oriented Data Acquisition Process (CODAP) which was, until 1981, mandated by the National Institute on Drug Abuse.

- Most States rely on Federal DAWN (Drug Abuse Warning Network) data for information on drug-related emergency room incidents. New York, however, has established a Mini-DAWN system involving ten voluntarily participating hospitals. This system appears easily replicable, even in those States with minimal resources available for assessments.

- Many States rely on Federal Drug Use Forecasting (DUF) data for information on urine test results in the criminal justice system. However, Washington, D.C. and Multnomah County, Oregon conduct supplementary urinalysis tests of arrestees.

- In many States, the analysis of drug-related data involves simple graphic and tabular presentations, trend analysis and projections. Projections are often made from survey results and use census demographic data to appropriately weight various subgroups (e.g., 18-24 year olds, Hispanics, etc.) Projections of school survey results are sometimes used for students who are absent from class on the day the survey is administered.

- California and New York also employ more sophisticated analysis approaches such as capture/recapture, upper and lower bound estimations, factor analysis, regression analysis and synthetic estimation to measure their drug-abusing, particularly heroin-abusing, populations.

- Resource allocation models, such as those used in California and Colorado, have obvious policy implications in that they could be used to divide scarce funds among a number of local jurisdictions based on those areas' potential for substance abuse. In reality, these models have not been used to divide scarce funds, but rather as formulas for planning purposes.

- In general, the collection and assessment of drug-related data is used to substantiate budget requests and support new or modified legislative initiatives. The link between epidemiology and policy appears to be strongest in New Jersey.

6.0 CONCLUSIONS

6.1 Approach

In order to pursue its investigation of drug abuse assessment methods by State and local governments, Lazar amassed a data base of information collected from many sources. These sources included:

- nearly 200 jurisdictional responses to a survey instrument created to evaluate assessment methods, including non-quantitative comments as well as those structured by the survey format;
- experts in the field of drug abuse assessment surveyed during the initial phase of the investigation;
- State officials interviewed during the conduct of case studies; and
- related materials provided by the State officials interviewed.

With the aid of a number of statistical inference techniques, this information pertaining to the assessment of drug use at the local level was analyzed and various relevant hypotheses were tested, as described in the third section of this report.

In addition, Lazar implemented a rating system of its own devising (described in the fourth section of this report) to arrive at formalized ratings of jurisdictional assessment abilities derived from responses to the survey instrument. Ratings appear in Figures 17, 18 and 19. As the ratings are based on jurisdictions' self-evaluations, they cannot be viewed as "objective"; rather, they should serve to illustrate the variance in levels of drug abuse assessment ability and activity among jurisdictions.

States receiving high grades or praise from drug abuse assessment experts were selected for more detailed analysis in the form of case studies. The case study sites included the District of Columbia and the States of Arizona, California, Colorado, Florida, Illinois, Maryland,

Minnesota, New Jersey, New York, Oregon, and Texas.

6.2 Major Findings

Based on analysis of the data collected, Lazar's findings with regard to the principal questions addressed by the research effort are as follows.

- States, counties and cities are using a range of information sources to measure the incidence and prevalence of drug use in their jurisdictions.
- Overall, the jurisdictions studied are using elementary approaches to analyze available data on drug use. Sophisticated methodologies are rarely employed.
- Each type of jurisdiction is making considerable use of particular information sources (e.g., arrests for drug use or possession) that they regard as quite reliable.
- Officials in all three types of jurisdictions exhibited significantly less than total confidence in the accuracy of their drug use assessments. In no category of jurisdictions did officials give their assessments a "passing grade" (i.e., at least 7 on a scale of 10).
- Many of the jurisdictions are not devoting any resources to assessing drug use.
- Formal training is considered a more effective means of developing expertise in drug use assessments among State and local staff members than such other approaches as on-site technical assistance, video instruction, computer software, and telephone instruction.
- It appears that State and local practitioners would welcome the provision of a methodology manual and a training course on assessing drug use.
- Drug use assessments are being used to some extent to develop policy for relevant programs in cities and counties, but their use for this purpose could be expanded considerably. Policy for drug testing programs, for example, is being formulated with relatively little consideration of drug use assessments, particularly in cities.
- Drug use assessments would have a greater influence on program policies if city and county officials had a higher degree of confidence in their accuracy.

6.3 Conclusions

Lazar has drawn the following conclusions from the above findings.

- Although State and local governments are in general collecting appropriate data that they view as reliable, they are not in most cases employing the analytical tools that would enable them to maximize the accuracy of their drug use assessments. Only a handful of State and local governments assessed by Lazar are comparable to the Federal government in terms of their ability to estimate levels of drug abuse in their jurisdictions.

- The limited and often nonexistent resources devoted to drug use assessments probably contribute to the actual and perceived lack of accuracy of such assessments, which in turn reduces their influence in policy formulation.

- The lack of a consensus at the Federal level on how to assess the incidence and prevalence of drug use and the paucity of Federal guidance have undoubtedly contributed to the absence of any standardized approach and the general inadequacy of efforts by State and local governments.

- There are States (e.g., New York and Arizona) whose drug abuse assessment activities include exemplary efforts that could be replicated inexpensively by less advanced jurisdictions.

- If State and local governments are willing to alter their priorities and devote a small increase in staff resources to drug use assessment, the actual and perceived accuracy of such assessments could be significantly improved. This assumes that the Federal government will assist through development of a model approach and provision of a how-to manual and a staff training course. This in turn should increase the use and value of the assessments in developing policies for various drug-related programs.

6.4 Recommendations

In light of the significant and growing level of resources being devoted to drug-related programs by all levels of governments, prudent public policy dictates that steps be taken to increase the cost-effectiveness of such programs. Lazar believes that one means of accomplishing this is to develop more accurate drug use assessments and to use these assessments in planning and implementing programs aimed at addressing drug abuse.

Toward that end and based on the results of this study, Lazar recommends that a program be developed by the Department of Justice in cooperation with the Department of Health and Human Services to provide technical assistance in drug abuse assessment to States, counties and cities. This program should, at a minimum, consist of developing a manual on assessment techniques and the delivery of an accompanying training course, preferably to be offered in each of the 10 Federal regions. It is particularly important that this aid be available to the significant number of jurisdictions (roughly four out of five) whose ratings revealed a need to improve their assessment techniques. In this regard, consideration should be given to using the training facilities and administrative staff of the Federal Emergency Management Agency to establish a training program in drug abuse epidemiology for State and local officials. In addition, Lazar recommends that jurisdictions' abilities to accurately assess the incidence and prevalence of drug abuse continue to be monitored for the purpose of determining whether the problems identified in this study are being eliminated.

APPENDIX A

SURVEY INSTRUMENTS

METHODS USED TO ASSESS LOCAL DRUG USE

- SURVEY OF STATES -

Information about person completing survey form:

Name _____ Telephone (____) _____

Title _____

Organization _____

Address _____

With the support of a grant from the National Institute of Justice, U.S. Department of Justice, the Lazar Institute is conducting a study of the methods that State and local governments use to assess the extent of drug abuse in their jurisdictions. To gather information for this research, we are surveying a sample of States, counties and cities to learn more about the approach they use to monitor the incidence and prevalence of drug abuse in their locales. In this regard, we would appreciate your response to the following questions about the assessment methods used in your area. If you have any questions, please do not hesitate to contact Raymond H. Milkman, the Project Director, who may be reached by telephone at (703) 821-0900, or in writing at the Lazar Institute, 6726 Lucy Lane, McLean, Virginia 22101.

1. WHAT INFORMATION DO YOU EMPLOY TO UNDERSTAND AND ASSESS DRUG USE IN YOUR STATE?
The table below depicts both drugs with the potential to be abused and various types of information that could be collected to assess each drug's incidence and prevalence of use. Some of the types of data listed may be collected in your State but not used to monitor drug use. (Please mark a (single) X in each applicable box to indicate the data are both available and are used to make drug use assessments; mark a (double) XX to indicate that the data are available but not used.) If there is a major drug of abuse in your State (e.g., PCP, inhalants) that you measure independently, please list it under Drug Type "Other." Also, if there is another information source you use, please list it under "Other."

		DRUG TYPE						
	INFORMATION SOURCE	OPIATES	COCAINE	CANNABIS	HALLUCINOGENS	STIMULANTS	DEPRESSANTS	OTHER (PLEASE SPECIFY):
Justice-related	Arrests for drug use or possession							
	Arrests related to drug trafficking							
	Court dispositions related to drug arrests (convictions, acquittals, dismissals, etc.)							
	Drug-related traffic accidents							
	Drug price and/or purity							
	Urine test results from criminal justice system (e.g., arrestees, parolees)							
Health-related	Urine test results from drug abuse treatment system (e.g., clients)							
	Drug treatment program patient records (e.g., CODAP)							
	Drug-related deaths							
	Drug-related emergency room incidents							
	Hepatitis B incidents							
	Federal reports from DAWN system (for Dawn cities)							
Other	National household surveys							
	State household surveys							
	National school surveys							
	State school surveys							
	School disciplinary actions							
	Street informants/street research							
	Other (please specify):							

If you have marked some boxes with a double XX (i.e., indicating the data are available but not used in your assessment of drug use), please comment on why these data are not currently being used.

2. **HOW IS THE INFORMATION YOU COLLECT UTILIZED TO ASSESS DRUG USE?**
Each of the potential information sources is again depicted in the table below. Please indicate the ways you use the data from each information source by marking an X in the appropriate boxes.

	INFORMATION SOURCE	UTILIZATION APPROACH				
		Use to develop an informal estimate (e.g., "trend line")	Use mathematical or statistical models to analyze data in-house	Accept analysis of data performed by others (e.g., Federal government, etc.)	Use data collected on a national or regional level to extrapolate State estimates	OTHER (PLEASE SPECIFY)
Justice-related	Arrests for drug use or possession					
	Arrests related to drug trafficking					
	Court dispositions related to drug arrests (convictions, acquittals, dismissals, etc.)					
	Drug-related traffic accidents					
	Drug price and/or purity					
	Urine test results from criminal justice system (e.g., arrestees, parolees)					
	Urine test results from drug abuse treatment system (e.g., clients)					
Health-related	Drug treatment program patient records (e.g., CODAP)					
	Drug-related deaths					
	Drug-related emergency room incidents					
	Hepatitis B incidents					
	Federal reports from DAWN system (for Dawn cities)					
Other	National household surveys					
	State household surveys					
	National school surveys					
	State school surveys					
	School disciplinary actions					
	Street informants/street research					
	Other (please specify):					

3. HOW RELIABLE IS EACH OF YOUR INFORMATION SOURCES? TO WHAT EXTENT IS EACH USED TO ASSESS DRUG USE IN YOUR STATE?
Please assess the reliability of each information source listed below by using a scale of 0 to 10, based on the following benchmark definitions:

10 - Information source is fully reliable.
5 - Information source is fairly reliable but has some flaws.
0 - Information source is seriously flawed.
NA - Information source exists in my State but is not accessible (e.g., confidential urine test records).
NC - This information is not collected in my State (e.g., no arrestee urine testing program).
? - I don't have enough knowledge to comment on the reliability or accessibility of this information source.

In addition, please indicate the extent to which each information source is used as an indicator of State drug use by using the following scale:

High - Information source is used as a major indicator of State drug use.
Medium - Information source is used as a secondary indicator of State drug use.
Low - Information source is not used as an indicator of State drug use.

	INFORMATION SOURCE	RELIABILITY RATING (0-10, NA, NC, ?)	USAGE (H, M, L)
Justice-related	Arrests for drug use or possession		
	Arrests related to drug trafficking		
	Court dispositions related to drug arrests (convictions, acquittals, dismissals, etc.)		
	Drug-related traffic accidents		
	Drug price and/or purity		
	Urine test results from criminal justice system (e.g., arrestees, parolees)		
Health-related	Urine test results from drug abuse treatment system (e.g., clients)		
	Drug treatment program patient records (e.g., CODAP)		
	Drug-related deaths		
	Drug-related emergency room incidents		
	Hepatitis B incidents		
	Federal reports from DAWN system (for Dawn cities)		
Other	National household surveys		
	State household surveys		
	National school surveys		
	State school surveys		
	School disciplinary actions		
	Street informants/street research		
	Other (please specify):		

Please comment on how the reliability of specific information sources could be improved:

4. **HOW ACCURATE ARE THE ASSESSMENTS OF DRUG USE IN YOUR STATE?**
Assume that a perfect estimate of drug use is represented by a score of 10 and a completely unreliable estimate is represented by a score of 0. Please use this rating scale to indicate your perception of the accuracy of (a) the estimated total amount of drug use, (b) the estimated number of new users within the last year; and (c) estimated drug use trends with regard to each of the following drug types.

DRUG TYPE	(a) Perceived Accuracy of Estimate of Total Amount of Statewide Drug Use	(b) Perceived Accuracy of Estimate of Number of New Users in Last Year	(c) Perceived Accuracy of Estimate of Trends in Statewide Drug Use
OPIATES			
COCAINE			
CANNABIS			
HALLUCINOGENS			
STIMULANTS			
DEPRESSANTS			
OTHER (PLEASE SPECIFY):			
OTHER (PLEASE SPECIFY):			

PLEASE COMMENT ON HOW THESE ESTIMATES COULD BE IMPROVED:

5. **WHAT LEVEL OF RESOURCES IS DEVOTED TO ASSESSING DRUG USE IN YOUR STATE?**
Please estimate the amount of resources devoted to assessing drug use in your State by answering the following questions.

a. How many permanent full-time staff "person equivalents" are assigned to assess drug use in your State?

☐ None ☐ More than 0 but no more than 1/2 ☐ More than 1/2 but no more than 1
☐ More than 1 but no more than 3 ☐ More than 3 ☐ Don't know

b. In addition to the permanent staff assigned to make assessments of State drug use, approximately what level of resources is devoted annually to performing special studies or surveys of drug use?

☐ None ☐ More than 0 but no more than $10,000 ☐ More than $10,001 but no more than $25,000
☐ More than $25,001 but no more than $100,000 ☐ In excess of $100,000 ☐ Don't know

Approximately what percentage of these resources is used to hire outside experts or consultants to analyze data or perform special studies related to assessing the level of drug use in your State? _____ percent

6. **WHAT TYPES OF TECHNICAL ASSISTANCE WOULD BE USEFUL FOR YOUR STATE?**
Please rank (1 . . . 5 or 6), with 1 being the most important, the following technical assistance tools in terms of their potential for improving assessments of drug use in your State. Please note that a methodology manual will be developed as part of this project. In addition, several types of technical assistance have been proposed to accompany the manual. Please use the following scale to indicate to what extent you would make use of each additional technical assistance tool if it was available:

High - would be very likely to make use of the tool Medium - would consider making use of the tool Low - would not make use of the tool

TECHNICAL ASSISTANCE TOOL	RANK (1 . . . 5 or 6)	USAGE (H, M, L)
Methodology manual and accompanying training course (assume course would be two to five days long, offered at either national or regional level, and funded by Federal and/or State agencies).		
Methodology manual and accompanying video instruction (assume video instruction would replace training course mentioned above).		
Methodology manual and personal computer software (for use in State and local drug abuse agencies).		
Methodology manual and telephone technical assistance (expert assistance via a telephone helpline).		
Methodology manual and on-site technical assistance (e.g., one-day on-site visit by expert statistician).		
Other (please specify):		

METHODS USED TO ASSESS LOCAL DRUG USE

- SURVEY OF COUNTIES AND CITIES -

Information about person completing survey form:

Name _____ Telephone (____) _____

Title _____

Organization _____

Address _____

With the support of a grant from the National Institute of Justice, U.S. Department of Justice, the Lazar Institute is conducting a study of the methods that State and local governments use to assess the extent of drug abuse in their jurisdictions. To gather information for this research, we are surveying a sample of States, counties and cities to learn more about the approach they use to monitor the incidence and prevalence of drug abuse in their locales. In this regard, we would appreciate your response to the following questions about the assessment methods used in your area. If you have any questions, please do not hesitate to contact Raymond H. Milkman, the Project Director, who may be reached by telephone at (703) 821-0900, or in writing at the Lazar Institute, 6726 Lucy Lane, McLean, Virginia 22101.

IMPORTANT PREFATORY NOTE

Lazar is aware that some jurisdictions do not make their own assessments of drug use in their areas but instead rely solely on information provided to them by State, Federal or other agencies outside their locale. If your area falls into this category please skip Questions 1, 2 and 3 and complete only Questions 4, 5, 6 and 7 of this instrument. Please indicate in the space provided for comments in Question 4 the outside agency which develops drug use assessments for your area.

1. WHAT INFORMATION DO YOU EMPLOY TO UNDERSTAND AND ASSESS DRUG USE IN YOUR JURISDICTION?
The table below depicts both drugs with the potential to be abused and various types of information that could be collected to assess each drug's incidence and prevalence of use. Some of the types of data listed may be collected in your jurisdiction but not used to monitor drug use. (Please mark a (single) X in each applicable box to indicate the data are both available and are used to make drug use assessments; mark a (double) XX to indicate that the data are available but not used.) If there is a major drug of abuse in your locale (e.g., PCP, inhalants) that you measure independently, please list it under Drug Type "Other." Also, if there is another information source you use, please list it under "Other."

		DRUG TYPE						
	INFORMATION SOURCE	OPIATES	COCAINE	CANNABIS	HALLUCINOGENS	STIMULANTS	DEPRESSANTS	OTHER (PLEASE SPECIFY):
Justice-related	Arrests for drug use or possession							
	Arrests related to drug trafficking							
	Court dispositions related to drug arrests (convictions, acquittals, dismissals, etc.)							
	Drug-related traffic accidents							
	Drug price and/or purity							
	Urine test results from criminal justice system (e.g., arrestees, parolees)							
Health-related	Urine test results from drug abuse treatment system (e.g., clients)							
	Drug treatment program patient records (e.g., CODAP)							
	Drug-related deaths							
	Drug-related emergency room incidents							
	Hepatitis B incidents							
	Federal reports from DAWN system (for Dawn cities)							
Other	National household surveys							
	State household surveys							
	National school surveys							
	State school surveys							
	School disciplinary actions							
	Street informants/street research							
	Other (please specify):							

If you have marked some boxes with a double XX (i.e., indicating the data are available but not used in your assessment of drug use), please comment on why these data are not currently being used.

2. **HOW IS THE INFORMATION YOU COLLECT UTILIZED TO ASSESS DRUG USE?**
Each of the potential information sources is again depicted in the table below. Please indicate the ways you use the data from each information source by marking an X in the appropriate boxes.

	INFORMATION SOURCE	UTILIZATION APPROACH					
		Use to develop an informal estimate (e.g., "trend line")	Use mathematical or statistical models to analyze data in-house	Accept analysis of data performed by State agencies	Accept analysis of data performed by others (e.g., Federal government, etc.)	Use data collected on a national or regional level to extrapolate local estimates	OTHER (PLEASE SPECIFY)
Justice-related	Arrests for drug use or possession						
	Arrests related to drug trafficking						
	Court dispositions related to drug arrests (convictions, acquittals, dismissals, etc.)						
	Drug-related traffic accidents						
	Drug price and/or purity						
	Urine test results from criminal justice system (e.g., arrestees, parolees)						
Health-related	Urine test results from drug abuse treatment system (e.g., clients)						
	Drug treatment program patient records (e.g., CODAP)						
	Drug-related deaths						
	Drug-related emergency room incidents						
	Hepatitis B incidents						
	Federal reports from DAWN system (for Dawn cities)						
Other	National household surveys						
	State household surveys						
	National school surveys						
	State school surveys						
	School disciplinary actions						
	Street informants/street research						
	Other (please specify):						

3. HOW RELIABLE IS EACH OF YOUR INFORMATION SOURCES? TO WHAT EXTENT IS EACH USED TO ASSESS DRUG USE IN YOUR AREA?
Please assess the reliability of each information source listed below by using a scale of 0 to 10, based on the following benchmark definitions:

10 - Information source is fully reliable.
5 - Information source is fairly reliable but has some flaws.
0 - Information source is seriously flawed.
NA - Information source exists in my jurisdiction but is **not accessible** (e.g., confidential urine test records).
NC - This information is not collected in my jurisdiction (e.g., no arrestee urine testing program).
? - I don't have enough knowledge to comment on the reliability or accessibility of this information source.

In addition, please indicate the extent to which each information source is used as an indicator of drug use by using the following scale:

High - Information source is used as a major indicator of drug use.
Medium - Information source is used as a secondary indicator of drug use.
Low - Information source is not used as an indicator of drug use.

	INFORMATION SOURCE	RELIABILITY RATING (0-10, NA, NC, ?)	USAGE (H, M, L)
Justice-related	Arrests for drug use or possession		
	Arrests related to drug trafficking		
	Court dispositions related to drug arrests (convictions, acquittals, dismissals, etc.)		
	Drug-related traffic accidents		
	Drug price and/or purity		
	Urine test results from criminal justice system (e.g., arrestees, parolees)		
Health-related	Urine test results from drug abuse treatment system (e.g., clients)		
	Drug treatment program patient records (e.g., CODAP)		
	Drug-related deaths		
	Drug-related emergency room incidents		
	Hepatitis B incidents		
	Federal reports from DAWN system (for Dawn cities)		
Other	National household surveys		
	State household surveys		
	National school surveys		
	State school surveys		
	School disciplinary actions		
	Street informants/street research		
	Other (please specify):		

Please comment on how the reliability of specific information sources could be improved:

4. **HOW ACCURATE ARE THE ASSESSMENTS OF DRUG USE IN YOUR JURISDICTION?**
Assume that a perfect estimate of drug use is represented by a score of 10 and a completely unreliable estimate is represented by a score of 0. Please use this rating scale to indicate your perception of the accuracy of (a) the estimated total amount of drug use, (b) the estimated number of new users within the last year; and (c) estimated drug use trends with regard to each of the following drug types.

DRUG TYPE	(a) Perceived Accuracy of Estimate of Total Amount of Drug Use in Jurisdiction	(b) Perceived Accuracy of Estimate of Number of New Users in Last Year	(c) Perceived Accuracy of Estimate of Trends in Drug Use in Jurisdiction
OPIATES			
COCAINE			
CANNABIS			
HALLUCINOGENS			
STIMULANTS			
DEPRESSANTS			
OTHER (PLEASE SPECIFY):			
OTHER (PLEASE SPECIFY):			

PLEASE COMMENT ON HOW THESE ESTIMATES COULD BE IMPROVED:

5. **WHAT LEVEL OF RESOURCES IS DEVOTED TO ASSESSING DRUG USE IN YOUR JURISDICTION?**
Please estimate the amount of resources devoted to assessing drug use in your jurisdiction by answering the following questions.

a. How many permanent full-time staff "person equivalents" are assigned to assess drug use in your jurisdiction?

☐ None ☐ More than 0 but no more than 1/2 ☐ More than 1/2 but no more than 1
☐ More than 1 but no more than 3 ☐ More than 3 ☐ Don't know

b. In addition to the permanent staff assigned to make assessments of drug use in your jurisdiction, approximately what level of resources is devoted annually to performing special studies or surveys of drug use?

☐ None ☐ More than 0 but no more than $10,000 ☐ More than $10,001 but no more than $25,000
☐ More than $25,001 but no more than $100,000 ☐ In excess of $100,000 ☐ Don't know

c. Approximately what percentage of these resources is used to hire outside experts or consultants to analyze data or perform special studies related to assessing the level of drug use in your jurisdiction? _____ percent

6. **WHAT TYPES OF TECHNICAL ASSISTANCE WOULD BE USEFUL FOR YOUR JURISDICTION?**
Please rank (1 . . . 5 or 6), with 1 being the most important, the following technical assistance tools in terms of their potential for improving assessments of drug use in your jurisdiction. Please note that a methodology manual will be developed as part of this project. In addition, several types of technical assistance have been proposed to accompany the manual. Please use the following scale to indicate to what extent you would make use of each additional technical assistance tool if it was available:

High - would be very likely to make use of the tool Medium - would consider making use of the tool Low - would not make use of the tool

If the following statement applies to your area: "Technical assistance would not be of use to my area because we do not make our own assessments of local drug use," please check this box ☐ and do not complete the table below.

TECHNICAL ASSISTANCE TOOL	RANK (1 . . . 5 or 6)	USAGE (H, M, L)
Methodology manual and accompanying training course (assume course would be two to five days long, offered at either national or regional level, and funded by Federal, State and/or local agencies).		
Methodology manual and accompanying video instruction (assume video instruction would replace training course mentioned above).		
Methodology manual and personal computer software (for use in State and local drug abuse agencies).		
Methodology manual and telephone technical assistance (expert assistance via a telephone helpline).		
Methodology manual and on-site technical assistance (e.g., one-day on-site visit by expert statistician).		
Other (please specify):		

7. TO WHAT EXTENT ARE DRUG USE ASSESSMENTS UTILIZED FOR DRUG ABUSE POLICY DEVELOPMENT IN YOUR JURISDICTION?

a. Listed in the table below are a number of drug treatment and drug law enforcement programs which are potential components of a jurisdiction's overall drug strategy. Please use the following ratings scale to indicate the extent to which drug use assessments (i.e., estimates of incidence, prevalence and trends of drug use) are utilized in planning and allocating resources for various drug programs in your area. If there are other drug-related efforts in your area which are not listed, please add them to the table under Local Drug Programs "Other."

Drug use assessments are:

- 4 - Used to a very great extent in policy development
- 3 - Used to a considerable extent in policy development
- 2 - Used to some extent in policy development
- 1 - Used to very little extent in policy development
- 0 - Not used in policy development
- NA - This program is not available in my area
- ? - I don't have knowledge to comment on the extent drug use assessments are used in policy development related to this program.

	USE OF DRUG ASSESSMENTS FOR:	USE RATING (4-0, NA, ?)
	• OVERALL LOCAL PLANNING RELATED TO:	
	Total allocation of drug program resources in local budget	
	Focus of key local officials on drug-related issues	
	• LOCAL DRUG PROGRAM RESOURCE ALLOCATION AND/OR POLICY DEVELOPMENT FOR:	
	Treatment centers	
	Services available to arrestees with drug problems	
	Services available to jail detainees and prisoners with drug problems	
	Local police	
	Special police drug programs	
	Drug testing programs (e.g., urine tests)	
	Training of emergency and other medical personnel for drug-related incidents	
	Training of law enforcement personnel, social workers, parent groups, clergy, youth, etc., for participation in local prevention efforts	
	Drug abuse prevention and education programs provided in public schools	
	Other drug abuse prevention programs (e.g., drug information hotlines, TV spots, billboards, etc.)	
	Research or special studies related to drug abuse (e.g., local household or school surveys)	
	Other (please specify)	

b. If more reliable drug use assessments were available, would you utilize them to a greater extent in policy development?

☐ Yes If yes, please select the 2 local drug programs in the table above which you feel would benefit most from improved drug use assessments. Indicate your selections by placing an X in the column to the left of these programs in the table above. (Choose only 2.)

☐ No If not, why not? _____

c. Please comment on other ways in which drug use assessments are (or potentially could be) used for policy development at the local level.

_____

_____

APPENDIX B

RATING SYSTEM METHODOLOGY

APPENDIX B
RATING SYSTEM METHODOLOGY

B.1 Summary

This appendix describes Lazar's weighting and scoring system for evaluating the completed "Methods Used to Assess Local Drug Use" questionnaires. Rationales for scoring responses to each graded question appear below, accompanied by a sample graded questionnaire. A flow chart describing the overall grading process appears as Figure B-1.

B.2 Rating Parameters

Responses to Questions 1 and 2 were manipulated to arrive at a jurisdiction's overall score.

For Question 1, one point was given to each information source employed to assess the use level of a particular drug, with a possible maximum total of 108 points. "Other" responses also were counted, with one point given for each response (25 possible points); thus, the maximum possible score for Question 1 was 133. The raw score was then multiplied by a constant which consisted of the maximum possible score on Question 2 divided by the maximum possible score on Question 1. For a visual example of the scoring system for Question 1, please see Figure B-2.

For Question 2, the 90 possible responses were weighted according to Lazar's assessment of the complexity of the various utilization approaches. Lazar allowed one point for each response under the headings "Accept analysis of data performed by others (e.g. Federal government, etc.)" and "Accept analysis of data performed by State agencies" (the latter category appeared only on county and city questionnaires). Two points were given for responses under the heading "Use data collected on a national or regional level to extrapolate local estimates." Three points

FIGURE B-1
SURVEY GRADING METHODOLOGY

Jurisdiction Score -- Based on Responses to Survey Questions 1 & 2

- Question 1 Score:
  - -- Allow 1 point for each information source marked in Question 1 (maximum possible score 133).
  - -- Multiply total score by 1.52 (maximum score for Question 2 divided by maximum score for Question 1).

- Question 2 Score:
  - -- Allow 4 points for each response in category "Use mathematical or statistical models to analyze data in-house;"
  - -- Allow 3 points for each response in category "Use to develop an informal estimate;"
  - -- Allow 2 points for each response in category "Use data collected on a national or regional level to extrapolate local estimates;"
  - -- Allow 1 point for each response in categories "Accept analysis of data performed by others [Federal government or State agencies]."
  - -- Add all points together for total Question 2 score (max. possible score 209).

- Total Score: Add Question 1 weighted score and Question 2 score.

Jurisdiction Grade -- Based on Jurisdiction Score

- Greater than or equal to 120 = **A**
- Greater than or equal to 100 but less than 120 = **B+**
- Greater than or equal to 60 but less than 100 = **B**
- Greater than or equal to 50 but less than 60 = **C+**
- Less than 50 = **C**

FIGURE B-2
RATING SYSTEM FOR QUESTION 1

1. **WHAT INFORMATION DO YOU EMPLOY TO UNDERSTAND AND ASSESS DRUG USE IN YOUR JURISDICTION?**
The table below depicts both drugs with the potential to be abused and various types of information that could be collected to assess each drug's incidence and prevalence of use. Some of the types of data listed may be collected in your jurisdiction but not used to monitor drug use. (Please mark a (single) X in each applicable box to indicate the data are both **available and are used** to make drug use assessments; mark a (double) XX to indicate that the data are **available but not used.**) If there is a major drug of abuse in your locale (e.g., PCP, inhalants) that you measure independently, please list it under Drug Type "Other." Also, if there is another information source you use, please list it under "Other."

		DRUG TYPE						
	INFORMATION SOURCE	OPIATES	COCAINE	CANNABIS	HALLUCINOGENS	STIMULANTS	DEPRESSANTS	OTHER (PLEASE SPECIFY):
Justice-related	Arrests for drug use or possession	X	X	X	X	X	X	
	Arrests related to drug trafficking							
	Court dispositions related to drug arrests (convictions, acquittals, dismissals, etc.)	X	X	X				
	Drug-related traffic accidents							
	Drug price and/or purity							
	Urine test results from criminal justice system (e.g., arrestees, parolees)		X	X				
Health-related	Urine test results from drug abuse treatment system (e.g., clients)	X	X	X				
	Drug treatment program patient records (e.g., CODAP)							
	Drug-related deaths	X	X					
	Drug-related emergency room incidents							
	Hepatitis B incidents							
	Federal reports from DAWN system (for Dawn cities)	X	X					
Other	National household surveys	X	X	X				
	State household surveys	X	X	X				
	National school surveys	X	X	X				
	State school surveys							
	School disciplinary actions							
	Street informants/street research		X					
	Other (please specify):							

(X = hypothetical response)

RAW TOTAL = 28 WEIGHTED TOTAL = 28 x 1.52 = 42.56

were given for responses under the heading "Use locally collected data to develop an informal estimate (e.g., 'trend line')". Finally, four points were given for responses under the heading "Use mathematical or statistical models to analyze data locally collected in-house." In this way, credit varied directly with a jurisdiction's level of independence in attempting to assess local drug abuse. Incorporating possible "other" responses, this weighting system allowed a maximum score of 209.[B1] For a visual example of Question 2's grading system, see Figure B-3.

Finally, the weighted scores derived from both sections of the instrument were totalled to arrive at the jurisdiction's overall score. The scores were graded on the following basis:

- scores of 120 or more were considered an A;
- scores greater than or equal to 100 but less than 120 were considered a B+;
- scores greater than or equal to 60 but less than 100 were considered a B;
- scores greater than or equal to 50 but less than 60 were considered a C+; and
- scores less than 50 were considered a C.

The interval lengths were set with the aim of ensuring that a "curve" was created that led to 25 percent of States receiving an A grade, 50 percent a B grade and 25 percent a C. The cities and counties were then graded according to the same approach and received somewhat (but not significantly) lower grades.

Score data is presented in Figures 16 through 20 in the main body of the text.

B1 The vertical "other" category was not used by respondents and was therefore disregarded.

FIGURE B-3
RATING SYSTEM FOR QUESTION 2

2. HOW IS THE INFORMATION YOU COLLECT UTILIZED TO ASSESS DRUG USE?
Each of the potential information sources is again depicted in the table below. Please indicate the ways you use the data from each information source by marking an X in the appropriate boxes.

	INFORMATION SOURCE	UTILIZATION APPROACH					
		Use to develop an informal estimate (e.g., "trend line")	Use mathematical or statistical models to analyze data in-house	Accept analysis of data performed by State agencies	Accept analysis of data performed by others (e.g., Federal government, etc.)	Use data collected on a national or regional level to extrapolate local estimates	OTHER (PLEASE SPECIFY)
Justice-related	Arrests for drug use or possession	X (3)		X (1)			
	Arrests related to drug trafficking						
	Court dispositions related to drug arrests (convictions, acquittals, dismissals, etc.)		X (4)				
	Drug-related traffic accidents						
	Drug price and/or purity						
	Urine test results from criminal justice system (e.g., arrestees, parolees)					X (2)	
Health-related	Urine test results from drug abuse treatment system (e.g., clients)	X (3)					
	Drug treatment program patient records (e.g., CODAP)						
	Drug-related deaths	X (3)					
	Drug-related emergency room incidents						
	Hepatitis B incidents						
	Federal reports from DAWN system (for Dawn cities)				X (1)		
Other	National household surveys				X (1)		
	State household surveys			X (1)			
	National school surveys				X (1)		
	State school surveys						
	School disciplinary actions						
	Street informants/street research	X (3)					
	Other (please specify):						

(X = hypothetical response)

WEIGHTED TOTAL = 23

OVERALL SCORE = QUESTION 1 SCORE + QUESTION 2 SCORE
= 42.56 + 23 = 65.56 = B

APPENDIX C

INTERVIEW GUIDES

TELEPHONE INTERVIEW GUIDE
(STATE)

Interviewee _____

Telephone _____

Title, Organization & Address _____

_____

_____

Hello, my name is _____ and I'm calling from the Lazar Institute in McLean, VA. We are conducting research under a grant from the Department of Justice to study the methods that different State and local communities use to assess the extent of drug use in their jurisdiction. You probably remember filling out a questionnaire a few months ago that we sent you entitled "Methods Used To Assess Local Drug Use." The next part of this project involves conducting more in depth studies of several jurisdictions which appear to be doing a particularly good job at assessing drug use. Based on your response to our questionnaire, your jurisdiction has been selected for further study. I'd like, therefore, to obtain more detailed information about your jurisdiction's methods of drug use assessment. Is this a good time to ask you a few questions about the approaches you use and the resources you allocate to this problem area?

1. First, I'd like to ask you some more specific questions about the <u>data sources</u> you use to measure drug use and approximately <u>how often</u> each type of data is collected. I have in front of me your response to our questionnaire and I will proceed by naming each data source which you identified using and ask you to tell me how often that data is collected. Also, we would be very interested in receiving the actual data sources which you use (i.e., a high school survey) and the instruments used for data collection (i.e., a standardized form which lists and categorizes arrest data), as well as the results of your findings. So, when I name each data source I would also appreciate it if you could tell me whether or not you will be able to send us any written materials or documentation on that particular information source.

   _____

   _____

2. Once data pertaining to drug use assessment is collected, what sort of record-keeping system do you use to store and retrieve this data?

3. Now, I'd like to find out what specific approaches you use to analyze the collected data on drug use. For example, if you've said in our survey that you develop informal estimates, what types of estimates are made and how are they made? Or, what specific mathematical or statistcal approaches are used to analyze data? If you use data collected on a national or regional level to extrapolate local estimates, how is that done? Again, it would be helpful to us to receive any software documentation, manuals or workbooks which might describe the procedures you use to analyze data. As before, I will proceed by naming the analyzation approaches which, in our questionnaire, you identified using and ask you to tell me more about each one and whether or not documentation is available.

4. Now, I'd like to ask you about who actually does the estimations of the drug use problem in your jurisdiction. Is it done in-house or by outside consultants? (If by both, what percentage is done by each?)

[If in-house...]
Exactly how large is the staff assigned to drug use assessment? (If no staff spend full-time on drug use assessments, how many people spend what percentage of their time working in this arena?)

Are all the positions filled? _____

What is the technical background of the staff who are making the estimates about the extent of the drug problem in your jurisdiction? (e.g., Do they have an advanced degree in statistics? If not, what is their academic background and experience?)

[If outside consultants...]
What is your annual budget for hiring outside consultants to assess the drug abuse problem in your jurisdiction?

Would it be possible to give us the name and location of the consultant(s) you use for the purposes of drug use estimation? What type of academic background and prior experience do the consultants you utilize have?

5. Once data is collected and drug use assessments are made, how is this information used? What imact does it have on the policy process (e.g., for generating budgets for drug treatment and enforcement, or for planning education and prevention programs, etc.)? Are the drug use assessments used by the treatment system and the criminal justice system? Are they used by the local schools? If so, in what ways are they used?

6. We are trying to investigate the interaction between State agencies and local agencies (either at the county or city level) concerning the transmittance of data pertaining to drug use assessments. For example, is data collected at the local level by the State and analyzed by the State and then passed down to county and city agencies? Or, conversely, is the data collected by cities and counties and then passed up to the State level?

[If we have a "good" response from a local jurisdiction in this particular State...]

We have received a response to our questionnaire from

_____

_____

_____

Does your agency interact in any way with this local agency? If so, in what ways?

_____

_____

_____

If not, can you suggest any local (county or city) agency which you do interact with and which it might be beneficial for us to contact in order to better understand the network of communication between State and local agencies that exists in your State?

Agency _____

Address _____

Contact _____

[If we have <u>not</u> received a "good" response from a local jurisdiction in this State...]

In order to help us better understand the interactions that occur between State and local agencies in your State, could you possibly suggest one or two local agencies which we could contact to see how those agencies are involved in the drug use measurement and assessment processes.

Agency _____

Address _____

Contact _____

Agency _____

Address _____

Contact _____

7. We are also interested in studying the interactions between various State agencies which are involved in measuring and assessing drug use. For example, is data shared between various treatment, criminal justice and policy-oriented agencies (such as the Governor's office)? Does your agency receive or give out information on state-wide drug use to other involved agencies? If so, from or to whom? Is there a central repository of drug-related information in your State which can be accessed by a number of different agencies?

8. What are the most significant barriers to developing accurate estimates of drug use in your area (e.g., lack of resources, inadequately trained staff, or insufficient or unreliable data sources)?

9. As you may recall, in our questionnaire we asked if you felt that technical assistance would be useful to your jurisdiction in terms of its potential for improving assessments of drug use. In that questionnaire, you noted that _____ would be helpful to you in making drug use assessments. Do you have any particular ideas or suggestions about these technical assistance tools which might be helpful to us in our attempt to design and develop them? Can you think of other technical assistance tools which would be of use to your jurisdiction?

10. Do you have any further comments which you would like to add pertaining to anything we have discussed or any unaddressed points which you feel should be mentioned?

In closing, I want to stress how helpful it will be to us if you would send materials on the information sources and analysis approaches you use in measuring local drug use, as well as any results of your investigations. We are hoping to include examples of the materials we receive in our methodology manual to serve as models for other jurisdictions. Our address is:

Lazar Institute
6726 Lucy Lane
McLean, VA 22101
attention: Erin McDevitt

Thank you for your time and assistance.

TELEPHONE INTERVIEW GUIDE
(CITY OR COUNTY)

Interviewee _____

Telephone _____

Title, Organization & Address _____

_____

_____

Hello, my name is _____ and I'm calling from the Lazar Institute in McLean, VA. We are conducting research under a grant from the Department of Justice to study the methods that different State and local communities use to assess the extent of drug use in their jurisdiction. You probably remember filling out a questionnaire a few months ago that we sent you entitled "Methods Used To Assess Local Drug Use." The next part of this project involves conducting more in depth studies of several jurisdictions which appear to be doing a particularly good job at assessing drug use. Based on your response to our questionnaire, your jurisdiction has been selected for further study. I'd like, therefore, to obtain more detailed information about your jurisdiction's methods of drug use assessment. Is this a good time to ask you a few questions about the approaches you use and the resources you allocate to this problem area?

1. First, I'd like to ask you some more specific questions about the <u>data sources</u> you use to measure drug use and approximately <u>how often</u> each type of data is collected. I have in front of me your response to our questionnaire and I will proceed by naming each data source which you identified using and ask you to tell me how often that data is collected. Also, we would be very interested in receiving the actual data sources which you use (i.e., a high school survey) and the instruments used for data collection (i.e., a standardized form which lists and categorizes arrest data), as well as the results of your findings. So, when I name each data source I would also appreciate it if you could tell me whether or not you will be able to send us any written materials or documentation on that particular information source.

   _____

   _____

2. Once data pertaining to drug use assessment is collected, what sort of record-keeping system do you use to store and retrieve this data?

3. Now, I'd like to find out what specific approaches you use to analyze the collected data on drug use. For example, if you've said in our survey that you develop informal estimates, what types of estimates are made and how are they made? Or, what specific mathematical or statistcal approaches are used to analyze data? If you use data collected on a national or regional level to extrapolate local estimates, how is that done? Again, it would be helpful to us to receive any software documentation, manuals or workbooks which might describe the procedures you use to analyze data. As before, I will proceed by naming the analyzation approaches which, in our questionnaire, you identified using and ask you to tell me more about each one and whether or not documentation is available.

4. Now, I'd like to ask you about who actually does the estimations of the drug use problem in your jurisdiction. Is it done in-house or by outside consultants? (If by both, what percentage is done by each?)

[If in-house...]
Exactly how large is the staff assigned to drug use assessment? (If no staff spend full-time on drug use assessments, how many people spend what percentage of their time working in this arena?)

Are all the positions filled? _____

What is the technical background of the staff who are making the estimates about the extent of the drug problem in your jurisdiction? (e.g., Do they have an advanced degree in statistics? If not, what is their academic background and experience?)

[If outside consultants...]
What is your annual budget for hiring outside consultants to assess the drug abuse problem in your jurisdiction?

Would it be possible to give us the name and location of the consultant(s) you use for the purposes of drug use estimation? What type of academic background and prior experience do the consultants you utilize have?

5. Once data is collected and drug use assessments are made, how is this information used? What imact does it have on the policy process (e.g., for generating budgets for drug treatment and enforcement, or for planning education and prevention programs, etc.)? Are the drug use assessments used by the treatment system and the criminal justice system? Are they used by the local schools? If so, in what ways are they used?

6. We are trying to investigate the interaction between local agencies such as your own and State agencies concerning the transmittance of data pertaining to drug use assessments. For example, is data collected at the local level by the State and analyzed by the State and then passed down to your local agency? Or, conversely, is the data collected by your local agency and then passed up to the State level?

We have received a response to our questionnaire from

_____

[a State agency]

Does your agency interact in any way with this State agency? If so, in what ways?

_____

_____

_____

If not, is there any other State agency involved in assessing local drug use which you do interact with and which it might be beneficial for us to contact in order to better understand the network of communication between local and State agencies which exists in your State?

Agency _____

Address _____

Contact _____

7. We are also interested in studying the interactions between various <u>local</u> agencies which are involved in measuring and assessing drug use. For example, is data shared between various treatment, criminal justice and policy-oriented agencies (such as the Mayor's office)? Does your agency receive or give out information on local drug use to other involved agencies? If so, from or to whom? Is there a central repository of drug-related information in your State which can be accessed by a number of different local agencies?

_____

_____

_____

_____

_____

_____

8. What are the most significant barriers to developing accurate estimates of drug use in your area (e.g., lack of resources, inadequately trained staff, or insufficient or unreliable data sources)?

9. As you may recall, in our questionnaire we asked if you felt that technical assistance would be useful to your jurisdiction in terms of its potential for improving assessments of drug use. In that questionnaire, you noted that _____ would be helpful to you in making drug use assessments. Do you have any particular ideas or suggestions about these technical assistance tools which might be helpful to us in our attempt to design and develop them? Can you think of other technical assistance tools which would be of use to your jurisdiction?

10. Do you have any further comments which you would like to add pertaining to anything we have discussed or any unaddressed points which you feel should be mentioned?

In closing, I want to stress how helpful it will be to us if you would send materials on the information sources and analysis approaches you use in measuring local drug use, as well as any results of your investigations. We are hoping to include examples of the materials we receive in our methodology manual to serve as models for other jurisdictions. Our address is:

Lazar Institute
6726 Lucy Lane
McLean, VA 22101
attention: Erin McDevitt

Thank you for your time and assistance.

APPENDIX D

MINI-CASE STUDIES OF ARIZONA, CALIFORNIA, COLORADO, FLORIDA, ILLINOIS, MARYLAND, MINNESOTA, NEW JERSEY, NEW YORK, OREGON, TEXAS AND THE DISTRICT OF COLUMBIA

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ARIZONA MINI-CASE STUDY

Highlights

The most exemplary aspects of Arizona's drug program are its surveys of high school, college and adult populations. Arizona's high school survey is quite short and could be easily adopted by other States. Although the response rate to the survey of college students was not high, Arizona is noteworthy in its attempts at surveying its community college students.

Information Sources Used

Drug Arrests: Arrest data are collected monthly from all narcotic task forces in the State. The process occurs via manual data collection instruments. Information is collected on the total number of arrests and charges per month and on offender characteristics (age, race, sex and criminal history).

Court Dispositions Related to Drug Arrests: A data form is completed by the County Attorney's office for every defendant whose case involves drugs. This information is aggregated by the Arizona Criminal Justice Commission.

Drug-Related Traffic Accidents: Data are released in an annual report by the Arizona Department of Public Safety.

Drug Price and Purity: Price data are noted on monthly data forms which are filled out by narcotics task forces. Purity data are obtained through monthly reports of forensic analysis laboratories.

Drug Treatment Program Patient Records: The Arizona Department of Health collects data on treatment program patients through its Client Oriented Data Acquisition Process (CODAP). This system was mandated by the National Institute on Drug Abuse until 1981 but is no longer required. Arizona, however, has continued to use this system.

State School Survey: After pilot-testing both an elementary and high school survey on drug usage, the Arizona Criminal Justice Commission conducted a statewide survey of ninth through twelfth grade students. (The pilot-test of elementary school students revealed minor usage and such little information that the decision was made not to conduct a statewide survey of elementary school students.). In all, the 1988 high school survey had 18,238 respondents. The survey is short and might be easily adopted by other States. In 1988, the Arizona Criminal Justice Commission also conducted a survey of community college students in one community college district. Previous surveys had already been performed by Arizona State University (ASU) in 1985, Northern Arizona University (NAU) in March of 1988, and the University of Arizona in March of 1988.

Adult Population Survey: Conducted in 1988 by the Arizona Criminal Justice Commission via statewide random digit dialing (The State was stratified by county to ensure representation throughout the State). The survey, which was developed by the Ohio Governor's Office of Criminal Justice, was administered to 1,009 individuals over the age of 18. The sample showed a slightly higher proportion of female respondents than the population and a smaller proportion of 18-29 year olds than the population.

Analysis Approaches Used

Tables and Graphs: Used to present the multitude of raw data gathered from the above information sources in an easily understandable fashion. Trends can be easily demonstrated through these media.

Statistical Inference: In order to determine the validity of the questions in Arizona's pilot high school survey, constructs were developed using factor analysis. With respect to the adult population survey, statewide estimates of drug usage were developed using survey sample results and census population data.

Policy Implications

The Arizona Criminal Justice Division, backed by the statistics from the above information sources, makes recommendations for changes in State policy and law. For example, in response to the results of the high school survey, the Division recommended that a cooperative group of education and enforcement officials, possibly the Alliance for a Drug Free Arizona, target the issue of drug supply in the schools. Furthermore, the drug-related statistics are used to support budget requests of the State's drug programs. Information ascertained by the Arizona Criminal Justice Commission is also passed on to other interested agencies such as the Department of Education.

Average Self-Rating of Reliability of Information Sources

9.1 (0-10 scale)

Average Self-Rating of Accuracy of Drug Use Assessments

6.2 (0-10 scale)

Number of Permanent Full-Time Staff "Person Equivalents" Assigned to Assess Drug Use

2

Level of Resources Devoted Annually to Special Studies or Surveys of Drug Use

More than 0 but no more than $10,000

Technical Assistance Desired

Methodology manual and personal computer software.

If further information is desired regarding the methods used by Arizona to determine the incidence and prevalence of drug abuse in the State, please note that the resource materials which served as the basis for this case study have been catalogued at the National Criminal Justice Reference System (NCJRS) in Rockville, Maryland; local telephone (301) 251-5500, toll free 1-800-851-3420. Specifically, the resource materials from Arizona which have been catalogued at the NCJRS include:

- Drug Use in Arizona: Survey of High Schools, Colleges and the Public, December 1988. Published by the Arizona Criminal Justice Commission.

- "Monthly Drug Funding Reporting for Apprehension" and "Monthly Drug Funding Reporting: Forensic Analysis Laboratories." Data collection instruments of the Arizona Criminal Justice Commission for drug arrest and price information.

- "Narcotic Case Reporting Form: General Information." Arizona Division of Criminal Justice data collection instrument on prosecution.

Lazar's principal contact person in Arizona is listed below.

Mr. Richard Porter
Statistical Analyst
Arizona Criminal Justice Commission
1275 West Washington Street
Phoenix, AZ 85007
(602) 255-1928

CALIFORNIA MINI-CASE STUDY

Highlights

California appears to be one of the top two States in terms of the methods it uses to assess drug use. California's statistical analyses of the data are particularly exemplary. Although California's resource allocation model is not used specifically as such, the ranking of the State's counties by drug-related risk factors is extremely useful for planning purposes. California's high school survey (in its two forms--one for high school students and one for middle school students) is notable in that it includes questions on crack, sharing needles, steroids and smokeless tobacco.

Information Sources Utilized

Arrest Data: Collected by local police departments and aggregated at the State level by the California Department of Justice's Bureau of Criminal Statistics.

Drug Price and Purity Data: Available through the California Bureau of Narcotics Investigation, primarily for major metropolitan areas.

Drug Treatment Program Patient Records: Drug treatment program patient records from publicly funded clinics as well as private methadone clinics are stored in the computerized California Drug Abuse Data System (CAL-DADS).

Drug Related Deaths: Collected from the California Department of Health's Vital Statistics. Drug-related death data are thought to be underreported by coroners and thus while a good measure of trends, these data are not a good indicator of prevalence.

Hepatitis B Incidents: Data available annually by county from the Infectious Disease Branch of the California Department of Health. Best used as an indicator of heroin incidence rather than prevalence. Questions of validity of using Hepatitis B data as a drug indicator arise due to increased incidence in other contexts such as among homosexuals or through tattooing or blood transfusions.

State School Surveys: California has conducted two surveys of its intermediate and high school students (1985-86 and 1987-88) and plans to continue administering the survey biennially. The most recent survey, directed by Rodney Skager, Ph.D., of the UCLA Graduate School of Education, was administered to 6,881 seventh, ninth and eleventh grade students. New topics covered in the more recent survey include use of crack/freebase, use of/sharing needles, use of steroids and use of smokeless tobacco.

Analysis Approaches Used

Tables and Graphs: Used to present the multitude of raw data gathered from the above information sources in an easily understandable fashion. Trends can be easily demonstrated through these media.

Statistical Inference: It appears that California is the most sophisticated State in terms of statistical analyses of drug data. Methods used by California include: synthetic estimation, capture-recapture, upper and lower-bound estimations, tests of differences of means, and projections. While some of these methods are quite complex, others, such as tests of differences of means and projections, could easily be adopted even in States with limited staff and resources.

Policy Implications

Resource Allocation: In 1984 the California Department of Alcohol and Drug Programs published a detailed formula for allocating substance abuse treatment funds among its 58 counties based on a number of direct and indirect factors which reflect drug abuse levels. However, this system has never been used as a precise allocation formula. Rather, allocations are based entirely on the number of IV treatment admissions and the number of AIDS cases reported for each county for the previous year.

Assessment of Drug-Related Programs, Development of New Initiatives and Formation or Modification of Legislation: California has had a study done of the effectiveness and efficiency of its publicly funded treatment and prevention programs. The results of this analysis as well as the identification of new trends in drug use (such as the emergence of crack) are essential determinants of the State's needs as far as development of new initiatives and drug programs. Furthermore, by supplying drug-related information to the State's legislature, the California Department of Alcohol and Drug programs is an active participant in the formation and modification of legislation.

Average Self-Rating of Reliability of Information Sources

6.7 (0-10 scale)

Average Self-Rating of Accuracy of Drug Use Assessments

7.2 (0-10 scale)

Number of Permanent Full-Time Staff "Person Equivalents" Assigned to Assess Drug Use

Four full-time plus one part-time staff person

Level of Resources Devoted Annually to Special Studies or Surveys of Drug Use

None

Technical Assistance Desired

None

For further information on the methods used by California to determine the incidence and prevalence of drug abuse in the State, please see the full case study. In addition, the resource materials which served as the basis for this case study have been catalogued at the National Criminal Justice Reference System (NCJRS), P.O. Box 6000, Rockville, Maryland 20859 (local telephone 301-251-5500; toll free 1-800-851-3420). Specifically, the resource materials from California which have been catalogued at the NCJRS include:

- Biennial Survey of Drug and Alcohol Use Among California Students in Grades 7, 9, and 11, Winter 1987-88, April, 1989, Project Director Rodney Skager, Ph.D.
- Drug Needs Indicators Allocation Formula: Technical Report, October 1984. Prepared by the State of California Department of Alcohol and Drug Programs.
- "The Prevalence of Drug Use In San Francisco in 1987" by John A. Newmeyer, Ph.D. of the Haight-Ashbury Free Medical Clinic.
- The Effectiveness and Efficiency of Publicly Funded Drug Abuse Treatment and Prevention Programs in California: A Benefit-Cost Analysis. Prepared by the Economic Analysis Corporation, Los Angeles, California.
- "California Drug Abuse Data System County Level Report, July 1, 1987 through June 30, 1988," December 15, 1988. Produced by the California Department Of Alcohol and Drug Programs.
- 1986 Drug-Related Costs in the County of Los Angeles, June 1987. Prepared by Data, Evaluation and Research Section of the County of Los Angeles Department of Health Services. Donald R. McAllister, Chief Research Analyst.

Lazar's principal contacts in California are listed below.

State agency contact:

Ms. Susan Nisenbaum
Chief, Statistics and Analytical Studies Section
California Department of Alcohol and Drug Programs
111 Capitol Mall
Sacramento, CA 95814
(916) 323-2008

Los Angeles County contact:

Mr. Donald R. McAllister
Chief, Data Evaluation and Research Section
Drug Abuse Program Office
714 West Olympic Boulevard, 9th Floor
Los Angeles, CA 90015

COLORADO MINI-CASE STUDY

Highlights

Colorado appears to be among the top few States in assessing its drug problem. Colorado's follow-up studies of discharged treatment program patients are exemplary and quite useful in the State's assessment of the success of its drug programs. Colorado is one of only a few States which use manufacture and sale data as indicators of incidence and prevalence. Although not used as a strict allocation formula, Colorado's ranking of its 63 counties by drug-related risk factors is extremely useful for planning purposes.

Information Sources Utilized

Arrest Data: Available through the Colorado Bureau of Investigation's quarterly Uniform Crime Reports.

Conviction Data: The Alcohol/Drug Driving Safety Coordinated Data System (ADDSCODS) stores information on persons convicted of driving under the influence of alcohol or drugs.

Drug Manufacture/Sale Data: Colorado monitors records, available from the State Board of Pharmacy, the Department of Health and the Federal DEA, of manufacturers' and distributors' sales of controlled substances to individual practitioners and pharmacies.

Drug Price and Purity Data: Available anecdotally from local sources such as drug treatment program directors, law or drug enforcement officials and consumer personnel.

Drug Treatment Program Patient Records: Statewide management information system known as DACODS (Drug/Alcohol Coordinated Data System) stores data on clients of State-funded treatment clinics. Annual follow-up studies of a sample of clients are conducted. The Discharge Referral Summary (DRS) contains information on clients who have received court-ordered education and/or treatment due to a conviction for a drug or alcohol driving offense. The Program Significant Other Evaluation (PIPSO) data base examines the effectiveness of Significant Other programs in preventing substance abuse and other related negative behavior among "high-risk" youth.

Drug-Related Deaths and Hepatitis B Incidents: Drug-related death statistics are available from the Colorado Department of Health, Health Statistics Division. Hepatitis B data are available from the Disease Control and Epidemiology Division of the Department of Health.

State Household Survey: A General Population Survey on Alcohol and Drug Abuse was conducted in 1979. The survey was conducted

via face-to-face interviews and had 2,753 respondents aged 12 or over.

State School Survey: A Colorado school survey was conducted in 1989 by RMBSI, Inc. The survey of Colorado's 8th and 12th grade students had 9,828 respondents. The survey was underrepresented by students in the metro areas along the front range.

Analysis Approaches Used

Tables and Graphs: Used to present the multitude of raw data gathered from the above information sources in an easily understandable fashion. Trends can be easily demonstrated through these media.

Statistical Inference: Colorado projects the results of its 1979 household survey onto the current population via simple linear regression using the sample results and current population statistics. Analysis of Colorado's General Population Survey included frequency distributions, non-parametric analyses (chi-square and multiple cross-classifications) and parametric analyses (t-tests and correlations).

Policy Implications

Resource Allocation: Colorado has developed an Analysis of Alcohol and Drug Related Risk Factors for its 63 Counties which is used to determine relative needs among the Counties. Although this has not actually been used as an allocation formula for the State's drug funds, it has been used for planning purposes.

Assessment of Drug Programs to Support Budget Requests: Colorado has developed a model for determining treatment outcome success based on the client's drug use since discharge, whether or not the client has been readmitted to a treatment program, and whether or not the client has been arrested. The results of this model help to support the Alcohol and Drug Abuse Division's budget requests.

Average Self-Rating of Reliability of Information Sources

6.8 (0-10 scale)

Average Self-Rating of Accuracy of Drug Use Assessments

5.7 (0-10 scale)

Number of Permanent Full-Time Staff "Person Equivalents" Assigned to Assess Drug Use

Two full-time senior staff plus two support staff who spend a portion of their time on drug use assessment.

Level of Resources Devoted Annually to Special Studies or Surveys of Drug Use

More than $25,001 but no more than $100,000

Technical Assistance Desired

Methodology manual and personal computer software. On-site assistance for synthetic prevalence estimation. Development of better methods of linking prevalence estimates with treatment needs.

For more information on the methods used by Colorado to determine the incidence and prevalence of drug abuse in the State, please see the full case study. In addition, the resource materials which served as the basis of this case study have been catalogued at the National Criminal Justice Reference System (NCJRS), P.O. Box 6000, Rockville, Maryland 20859, local telephone (301) 251-5500, toll free 1-800-851-3420. Specifically, the resource materials from Colorado which have been catalogued at the NCJRS include:

- Alcohol and Drug Abuse Division Treatment Outcome Success Criteria: A Revised Model, October 9, 1987. Prepared by the Colorado Alcohol and Drug Abuse Division, Office of Planning and Evaluation.
- The Alcohol and Drug Problem in Colorado: Demographics and Statistics for 1988. Prepared by the Colorado Alcohol and Drug Abuse Division.
- Analysis of Selected Alcohol and Drug Related Risk Factors for 63 Colorado Counties and Statewide Average, 1983-1987. Prepared by the Colorado Alcohol and Drug Abuse Division, Office of Planning and Evaluation.
- Colorado General Population Survey: Alcohol and Drug Use and Abuse, November 1979. Prepared by Robert Booth, Ph.D., of the Division of Alcohol and Drug Abuse, Office of Planning and Evaluation, Colorado Department of Health.
- Drug and Alcohol Use Among Colorado Students: Detailed Report, 1989. Prepared by RMBSI, Inc., Fort Collins, CO.
- Drug Use Trends in Colorado, November 1988. Prepared by the Colorado Alcohol and Drug Abuse Division, Office of Planning and Evaluation.
- General Population Survey on Alcohol and Drug Abuse, 1978-79. Prepared by the Colorado Alcohol and Drug Abuse Division.

Lazar's principal contact in Colorado is listed below.

Mr. Bruce Mendelson
Director of Planning and Evaluation
Alcohol and Drug Abuse Division
Colorado Department of Health
4210 East 11th Avenue
Denver, Colorado 80220
(303) 331-8222

DISTRICT OF COLUMBIA MINI-CASE STUDY

Highlights

One exemplary aspect of the District of Columbia's drug program is its urinalysis testing of all arrestees (including juveniles who are brought to the Superior Court). The city also conducts its own household and school surveys on drug abuse.

Information Sources Used

Drug Arrest Data: Provided by the Pretrial Services Agency of Washington, D.C. and the Metropolitan Police Department. Arrest data are published in annual reports by the Office of Criminal Justice Plans and Analysis.

Court Dispositions Related to Drug Arrests: Available from the United State's Attorney's Office, Prosecutor Management Information System. Information on dispositions of juvenile cases is available through the Office of Corporation Counsel.

Drug Price and Purity Data: Available from the Morals Division of the Metropolitan Police Department.

Urine Test Results from Criminal Justice System: All defendants arrested in D.C. (including juveniles who are brought to the Superior Court) are tested shortly after arrest for the presence of drugs in their system. The results of these tests are available from the District of Columbia Pretrial Services Agency.

Drug Treatment Program Patient Records: Available through monthly reports of the Alcohol and Drug Abuse Services Administration of Washington, D.C. The computerized system which houses treatment data is a modified version of the federal Client Oriented Data Acquisition Process (CODAP).

Drug-Related Deaths: Available from the Office of the Chief Medical Examiner of Washington, D.C.

City Household Surveys: A household survey was conducted via telephone interviews in the summer of 1988 by the Office of Criminal Justice Plans and Analysis. The survey had 450 respondents. The District of Columbia conducts household surveys on an annual basis.

City School Surveys: Conducted by the Drug Education Office of District of Columbia Public Schools. The most recent survey was conducted in October 1989 of the city's sixth through twelfth grade students using the Pride survey instrument (created in Atlanta, Georgia). In the past, school surveys have been conducted on a periodic basis, but the Drug Education Office intends is continue them on an annual basis.

Analysis Approaches Used

Tables and Graphs: Used to present the multitude of raw data gathered from the above information sources in an easily understandable fashion. Trends can be easily demonstrated through these media.

Statistical Inference: The District of Columbia uses the capture-recapture method to examine the probability that drug abusers will come into contact with the treatment system. An analysis is also conducted of the correlation between arrestee drug testing results and other community drug indicators.

Policy Implications

Indicator data from the above information sources are used in the development of the city's drug strategy and the development of corresponding initiatives to address specific areas of concern in the drug field. Data are also used to substantiate budget requests, including requests for increased federal support.

Average Self-Rating of Reliability of Information Sources

7.3 (0-10 scale)

Average Self-Rating of Accuracy of Drug Use Assessments

8.1 (0-10 scale)

Number of Permanent Full-Time Staff "Person Equivalents" Assigned to Assess Drug Use

4

Technical Assistance Desired

Methodology manual

If further information is desired regarding the methods used by Washington, D.C. to determine the incidence and prevalence of drug abuse in the city, please note that the resource materials which served as the basis for this case study have been catalogued at the National Criminal Justice Reference System (NCJRS) in Rockville, Maryland; local telephone (301) 251-5500, toll free 1-800-851-3420. Specifically, the resource materials from Washington, D.C., which have been catalogued at the NCJRS include:

- Containment and Eradication of Drug Abuse and Violent Crime: A Comprehensive Request for Increased Federal Support, March 31, 1989. Submitted by the Government of the District of Columbia.
- 1987 Crime and Justice Report for the District of Columbia. Prepared by the Office of Criminal Justice Plans and Analysis.

- "Data Used in Analyses of Linkages Between Arrestee Drug Testing Results and Community Drug Indicators in Washington, D.C."

- District of Columbia Anti-Drug Abuse Block Grant, February 16, 1989. Application for Federal Assistance prepared by the Office of Criminal Justice Plans and Analysis.

Lazar's principal contacts in Washington, D.C. are listed below.

Mr. Stephen Rickman
Director
Statistical Analysis Center
Office of Criminal Justice Plans and Analysis
1111 E Street, N.W.
Washington, D.C. 20004
(202) 727-6554

and

Mr. George McFarland
Acting Chief
Office of Information, Prevention and Education
Alcohol and Drug Abuse Services Administration
1300 First Street, N.E., Suite 300
Washington, D.C. 20002
(202) 727-0713

FLORIDA MINI-CASE STUDY

Highlights

Florida is noteworthy for its use of drug-related traffic accident data, a rarely used information source. Florida has also been quite successful at using the results of its school survey to develop corresponding policy recommendations in order to affect the State's legislative process.

Information Sources Used

Drug Arrest Data: Arrest data are available on a monthly and annual basis from the Florida Department of Law Enforcement, Division of Criminal Investigation's Uniform Crime Reports. Originally, the drug-related arrest data come from local police departments.

Court Dispositions Related to Drug Arrests: Available from county attorneys' offices as well as from the centralized Office of Statewide Prosecution.

Drug-Related Traffic Accidents: Available from the Department of Public Safety.

Drug Price and Purity Data: Drug price information is received anecdotally from local police departments, DEA and other informants. Purity information is available from the Florida Department of Law Enforcement Crime Laboratory.

Drug Treatment Program Patient Records: In the Tampa-Hillsborough area treatment data from the Drug Abuse Comprehensive Coordinating Office (DACCO) are stored on an integrated computerized system.

Drug-Related Deaths: Available from county medical examiners' offices.

Drug-Related Emergency Room Incidents: In addition to information from the federal DAWN program, drug-related emergency data are received through personal interviews of emergency room personnel.

State School Survey: In 1988 the Florida Department of Education and the Florida State University conducted a study of a representative sample of 13,818 public school students in grades six, eight, ten and twelve to determine their drug use behaviors and attitudes.

Street Informants/Street Research: Information available through drug hot-lines, local universities, and local police departments.

Analysis Approaches Used

Tables and Graphs: Used to present the multitude of raw data gathered from the above information sources in an easily understandable fashion. Trends can be easily demonstrated through these media.

Statistical Inference: Extrapolations from survey data are conducted to determine the extent of the drug problem in different regions of the State.

Policy Implications

Results of Florida's school survey are used by the Department of Education Prevention Center to provide leadership to schools and communities in planning drug prevention efforts. Results are also used to develop state policy and legislation which addresses drug use among students. Drug-related data are also used to demonstrate funding needs and to assess risk among different areas of the State.

Average Self-Rating of Reliability of Information Sources

7.4 (0-10 scale)

Average Self-Rating of Accuracy of Drug Use Assessments

2.2 (0-10 scale)

Number of Permanent Full-Time Staff "Person Equivalents" Assigned to Assess Drug Use

More than 1/2 but no more than 1

Level of Resources Devoted Annually to Special Studies or Surveys of Drug Use

More than 0 but no more than $10,000

Technical Assistance Desired

Methodology manual and accompanying training course or on-site technical assistance.

If further information is desired regarding the methods used by Florida to determine the incidence and prevalence of drug abuse in the State, please note that the resource materials which served as the basis for this case study have been catalogued at the National Criminal Justice Reference System (NCJRS) in Rockville, Maryland; local telephone (301) 251-5500, toll free 1-800-851-3420. Specifically, the resource materials from Florida which have been catalogued at the NCJRS include:

- "Arrest Report for the Period 1/1/86 to 12/31/86." Prepared by the Florida Department of Law Enforcement.

- Drug Abuse in Florida: Summary of the Problem and Statewide Initiatives, February 17, 1987. Prepared by the Florida Department of Law Enforcement for the Governor and Cabinet of the State of Florida.

- Florida's Urban Partnership: Proposals for Improving the Criminal Justice System, December 16, 1988.

- Students and Drugs: A Florida Study, Executive Summary, October 1988. Prepared by the Florida Department of Education, Office of Policy Research and Improvement Prevention Center and the Florida State University, Center for Instructional Development and Services.

Lazar's principal contacts in Florida are listed below.

Statewide Information:
Mr. James N. Hall
Executive Director
Up Front Drug Information Center
5701 Biscayne Boulevard, #602
Miami, Florida 33137
(305) 757-2566

City of Tampa Information:
Mr. Robert L. Smith
Public Safety Administrator
City of Tampa Department of Public Safety
306 East Jackson Street, 8N
Tampa, Florida 33602
(813) 223-8543

ILLINOIS MINI-CASE STUDY

Highlights

Illinois' data collection instruments, which are sent to multi-jurisdictional drug enforcement units, selected drug prosecution programs and selected crime labs, allow for thorough collection of criminal justice data without the high costs of a coordinated computerized system and thus might be especially useful to areas with limited resources.

Information Sources Used

Drug Arrests: Available through the Illinois Criminal Justice Information Authority's Uniform Crime Reports and publicized in annual reports. Information also available through surveys of Metropolitan Enforcement Groups (MEG) and other narcotics task forces.

Court Dispositions Related to Drug Arrests: Available from the Administrative Office of the Illinois Courts.

Drug Price and Purity: Available through reports of Community Epidemiology Work Groups. Purity data are also available through the Illinois Criminal Justice Information Authority's surveys of selected crime laboratories.

Drug Treatment Program Patient Records: Data collected manually via interviews of drug and alcohol treatment clinics and reported on a yearly basis. In addition, treatment client data are collected from Illinois' Treatment Alternatives to Street Crime (TASC) program.

Street Informants and Street Research: Available through meetings of Community Epidemiology Work Groups.

Analysis Approaches Used

Tables and Graphs: Used to present the multitude of raw data gathered from the above information sources in an easily understandable fashion. Trends can be easily demonstrated through these media.

Statistical Inference: Projections are made of the number of adults arrested for drug offenses from 1988 through 2000. These projections take into account both past drug arrest trends and implications of recent legislative and policy changes toward drug abuse. Slightly different projection methods are used for the Chicago area as compared to the rest of the State.

Policy Implications

Backed by statistics from the above information sources, the Illinois Criminal Justice Information Authority makes recommendations about State drug policy as well as budget issues.

Average Self-Rating of Reliability of Information Sources

7.7 (0-10 scale)

Average Self-Rating of Accuracy of Drug Use Assessments

7.0 (0-10 scale)

Number of Permanent Full-Time Staff "Person Equivalents" Assigned to Assess Drug Use

2

Level of Resources Devoted Annually to Special Studies or Surveys of Drug Use

More than $25,001 but no more than $100,000

Technical Assistance Desired

Methodology manual and telephone technical assistance

If further information is desired regarding the methods used by Illinois to determine the incidence and prevalence of drug abuse in the State, please note that the resource materials which served as the basis for this case study have been catalogued at the National Criminal Justice Reference System (NCJRS) in Rockville, Maryland; local telephone (301) 251-5500, toll free 1-800-851-3420. Specifically, the resource materials from Illinois which have been catalogued at the NCJRS include:

- Crime in Illinois, 1987. Presented by the Illinois State Police, Division of Forensic Services and Identification, Bureau of Identification.
- Sample data collection forms used with multi-jurisdictional drug enforcement units (Metropolitan Enforcement Groups and Task Forces), selected drug prosecution programs and selected crime labs.
- Trends and Issues 1989: Criminal and Juvenile Justice in Illinois. Illinois Criminal Justice Information Authority.

Lazar's principal contact person in Illinois is listed below:

Mr. Roger Przybylski
Senior Research Analyst
Illinois Criminal Justice Information Authority
120 South Riverside Plaza
Chicago, Illinois 60606
(312) 793-8550

MARYLAND MINI-CASE STUDY

Highlights

One particularly noteworthy aspect of Maryland's drug program is its biennial school survey. Remarkably, the State has conducted eight such surveys, providing a basis from which long-term trends can be determined. Maryland is also exemplary in that it collects urine test data from all certified treatment clinics in the State.

Information Sources Utilized

Arrest Data: Information on arrests for sale and possession of illicit drugs is available through monthly reports of the Maryland Uniform Crime Reporting Program of the Maryland State Police.

Drug Price and Purity Data: Available on a quarterly basis from Drug Enforcement Agency field offices.

Urine Test Results from Treatment System: Each certified treatment clinic in Maryland reports, on a monthly basis, the aggregate number of urinalysis tests it has conducted and the number of positive tests.

Drug Treatment Program Patient Records: Maryland's Substance Abuse Management Information System (SAMIS) stores data on clients from all State-certified treatment clinics. This information system constitutes the primary drug-related data source used by the Maryland Alcohol and Drug Abuse Administration to assess the State's drug problem.

Drug-Related Deaths: Available annually (unless specifically requested) from the Center for Health Statistics in Maryland's Department of Health and Mental Hygiene.

State School Survey: Conducted biennially, most recently in 1986-87. The 1986-87 survey sampled 14,302 sixth, eighth, tenth and twelfth grade students from 186 public schools in Maryland. The Bowie Office of Human Resources and the Bowie Alcohol Drug Group Effort (BADGE) conducted a separate survey of Bowie high school students.

Analysis Approaches Used

Tables and Graphs: Used to present the multitude of raw data gathered from the above information sources in an easily understandable fashion. Trends can be easily demonstrated through these media.

Statistical Inference: Statewide estimates of student drug usage were computed from the survey sample results, using weights to assure that results from schools in larger subdivisions were weighted more heavily than those in smaller subdivisions. Also an

adjustment factor was applied in order to best represent the five subdivisions in Maryland not participating in the survey. Extrapolations are also made from treatment data in order to determine the extent of the Statewide drug problem.

Policy Implications

The drug-related statistics from the above information sources are primarily used to assess the programs administered by Maryland's Alcohol and Drug Abuse Administration. However, the information is also used in presentations to the State Legislature to justify the existence of Maryland's prevention and treatment programs and to support budget requests. In addition, the information is filtered to the Drug Enforcement Agency, local schools, press, community action groups and other interested groups.

Average Self-Rating of Reliability of Information Sources

6.0 (0-10 scale)

Average Self-Rating of Accuracy of Drug Use Assessments

6.0 (0-10 scale)

Number of Permanent Full-Time Staff "Person Equivalents" Assigned to Assess Drug Use

More than 0 but no more than 1/2

Level of Resources Devoted Annually to Special Studies or Surveys of Drug Use

More than $25,001 but no more than $100,000

Technical Assistance Desired

Methodology manual and accompanying training course, video instruction or on-site technical assistance.

If further information is desired regarding the methods used by Maryland to determine the incidence and prevalence of drug abuse in the State, please note that the resource materials which served as the basis for this case study have been catalogued at the National Criminal Justice Reference System (NCJRS), P.O. Box 6000, Rockville, Maryland 20859; local telephone 301-251-5500, toll free 1-800-851-3420. Specifically, the resource materials from Maryland which have been catalogued at the NCJRS include:

- 1986-87 Survey of Substance Abuse Among Maryland Adolescents, November 1, 1987. Conducted by Macro Systems, Inc. for the

Maryland Department of Health and Mental Hygiene, Addictions Services Administration.

- 1984 Survey of Drug Abuse Among Maryland Adolescents: General Report; Report on Drug Knowledge and Attitudes; and Report on Alcohol Use, February 28, 1985. Conducted by Macro Systems, Inc. for the Maryland Department of Health and Mental Hygiene, Drug Abuse Administration.

- Sheridan, John R. The Extent of Alcohol and Drug Abuse in the State of Maryland, July 2, 1986. Prepared for the Maryland Alcohol and Drug Abuse Administration.

- Trends and Patterns in Alcohol and Drug Abuse in Maryland, Fiscal Year 1987, June, 1988. Prepared by the Maryland Alcohol and Drug Abuse Administration, Substance Abuse Management Information Services.

Lazar's principal contact person in Maryland is listed below.

Mr. William Rusinko
Chief
Management Information Services
Addictions Services Administration
201 West Preston Street
Baltimore, Maryland 21201
(301) 225-6886

MINNESOTA MINI-CASE STUDY

Highlights

In Minnesota, criminal justice data on alcohol and drug-related violations as well as deaths are stored on a computerized system known as Chemical Use Related Indicator System (CURIS). Likewise, treatment data are stored on a computerized system known as Drug and Alcohol Abuse Normative Information System (DAANES). Minnesota's school survey, although concentrating on drug and alcohol abuse, covers other topics such as depression and feelings about school.

Information Sources Utilized

Arrest Data: Available from the Minnesota Department of Public Safety, Bureau of Criminal Apprehension (BCA). These data, in addition to data on driver license revocation, driving while intoxicated, liquor law violations, traffic fatalities, cirrhosis deaths and alcohol-related non-cirrhosis deaths, are stored on a computerized system known as the Chemical Use Related Indicator System (CURIS). Drug arrest data from the Minneapolis and St. Paul police departments are not available from the BCA.

Drug Price and Purity Data: Available through interviews with Federal, State, County and local law enforcement narcotics agents.

Drug Treatment Program Patient Records: Treatment data are stored on a statewide information system known as the Drug and Alcohol Abuse Normative Evaluation System (DAANES) which became operational in 1983. Furthermore, every year the Chemical Dependency Program Division of the Minnesota Department of Human Resources conducts a survey of all chemical dependency programs in the State concerning numbers and characteristics of clients.

Drug-Related Deaths: Available through County Medical Examiners.

Hepatitis B and AIDS-Related Data: Hepatitis B data are available for the Minneapolis area from the Hennepin County Community Health Department. AIDS-related data are available from the AIDS Epidemiology Unit of the Minnesota Department of Health.

State School Surveys: Minnesota's 342-question student survey of sixth through twelfth graders was created under the auspices of the Minnesota Department of Education. In addition to questions on usage and attitudes about drugs and alcohol, the survey covers such topics as feelings about school, health, religion, depression and sexual behavior.

Minnesota Household Survey: A survey of households was conducted in Minnesota between January and August 1989. The instrument and design drew heavily on the national household survey conducted by

the National Institute on Drug Abuse, although Minnesota's version was somewhat abbreviated.

Analysis Approaches Used

Tables and graphs: used to present the multitude of raw data gathered from the above information sources in an easily understandable fashion. Trends can be easily demonstrated through these media. Minnesota also conducts tests comparing treatment outcome results of different groups (e.g., comparing treatment results of single sex environments with coed treatment environments).

Policy Implications

The Chemical Dependency Division of the Minnesota Department of Human Services is required by State law to submit a biennial report to the Governor and the Legislature containing a description of public alcohol and drug abuse services in the State and recommendations for improving the coordination and quality of services and decreasing service duplication and cost. All State agencies with responsibility for drug or alcohol services are involved in that they submit plans and budgets as well as identify unmet needs in this arena. Thus, Minnesota's drug use assessments are used for planning and budgeting purposes as well as to justify the existence of various programs.

Average Self-Rating of Reliability of Information Sources

8.8 (0-10 scale)

Average Self-Rating of Accuracy of Drug Use Assessments

6.6 (0-10 scale)

Number of Permanent Full-Time Staff "Person Equivalents" Assigned to Assess Drug Use

3

Level of Resources Devoted Annually to Special Studies or Surveys of Drug Use

More than $25,001 but no more than $100,000

Technical Assistance Desired

Methodology manual and telephone technical assistance

If further information is desired regarding the methods used by Minnesota to determine the incidence and prevalence of drug abuse in the State, please note that the resource materials which served as the basis for this case study have been catalogued at the National Criminal

Justice Reference System (NCJRS) in Rockville, Maryland; local telephone (301) 251-5500, toll free 1-800-851-3420. Specifically, the resource materials from Minnesota which have been catalogued at the NCJRS include:

- 1989 Biennial Report, July 1989. Prepared by the Chemical Dependency Program Division, Minnesota Department of Human Services, St. Paul, Minnesota.

- Drug Abuse Trends in the Minneapolis/St. Paul Metropolitan Area, December 1989. Prepared by Carol L. Falkowski, Research Coordinator, Chemical Dependency Program Division, Minnesota Department of Human Services, St. Paul, Minnesota.

- Drug Abuse in Minnesota: Proceedings of the State Epidemiology Work Group, October 1989. Prepared by the Chemical Dependency Program Division, Minnesota Department of Human Services, St. Paul, Minnesota.

- 1989 Minnesota Household Survey of Drug and Alcohol Use Among Adults, Report No. 1: Highlights and Preliminary Findings, Chemical Dependency Program Division, Minnesota Department of Human Services, St. Paul, Minnesota, 1989.

Lazar's principal contact person in Minnesota is listed below.

Ms. Carol Falkowski
Research Coordinator
Chemical Dependency Division
Minnesota Department of Human Services
444 Lafayette Road
St. Paul, Minnesota 55155
(612) 296-4616

NEW JERSEY MINI-CASE STUDY

Highlights

New Jersey is especially adept at collecting drug-related criminal justice data and tracking offenders from the original arrest through the final sentencing on one integrated information system known as Computerized Criminal History (CCH). What is perhaps most noteworthy about New Jersey's drug program is its success at using drug-related data to influence the policymaking process by affecting changes to the State's Action Plan and laws.

Information Sources Utilized

Arrest Data: Stored in the New Jersey State Police's Computerized Criminal History (CCH) Lotus-based files. Documented in quarterly Uniform Crime Reports. Supplemental data available through the New Jersey Division of Criminal Justice's periodic surveys of multijurisdictional narcotics task force members.

Court Disposition and Sentencing Data: Stored on the CCH data system although information originally comes from county prosecutors' offices or the Administrative Office of the Courts. Supplemental data available through surveys of multijurisdictional narcotics task forces.

Drug Price and Purity Data: Information on drug prices is ascertained through drug purchases by narcotic squads as well as through interviews with active addicts. Information on drug purity is acquired from forensic crime laboratories.

Drug Treatment Program Patient Records: Stored on a computerized system known as CODAP (Client Oriented Data Acquisition Process) which was, until 1981, mandated by the National Institute on Drug Abuse. The CODAP system is managed by the New Jersey Department of Health, Division of Alcohol, Narcotics and Drug Abuse.

Drug-Related Death and Drug-Related Emergency Room Data: Drug-related death data are obtained from medical examiners and drug-related emergency room incident data are obtained from State Vital Statistics.

State Household Surveys: In 1986-87 New Jersey "piggybacked" the National Household Survey with 1,200 respondents from New Jersey at a cost of over $100,000. The most recent prior household survey was conducted in 1972 and scarce resources prohibit more frequent household surveys from being conducted.

State High School Surveys: New Jersey has conducted three surveys on drug and alcohol usage of its high school students. The most recent survey was conducted in 1986 and administered to approximately 2,000 tenth through twelfth grade students.

Analysis Approaches Used

Tables and Graphs: Used to present the multitude of raw data gathered from the above information sources in an easily understandable fashion. Trends can be easily demonstrated through these media.

Statistical Inference: New Jersey projects the results of its high school survey onto the entire New Jersey student population using census data.

Policy Implications

Resource Allocation: Resource allocation among criminal justice programs is based largely on drug-related data supplied by the New Jersey Division of Criminal Justice and presented in The New Jersey Statewide Strategy for the FY '89 Drug Control and System Improvement Formula Grant Program.

Formation or Modification of Legislation: The New Jersey Division of Criminal Justice has taken an active role in the formation of the Action Plan for Narcotics Enforcement as well as the Statewide Strategy.

Development of New Initiatives: An important function of the New Jersey Division of Criminal Justice is to identify new trends in drug use (such as the emergence of crack) and thereby allow effective prevention, enforcement and treatment initiatives to be developed to respond to these trends.

Average Self-Rating of Reliability of Information Sources

7.3 (0-10 scale)

Average Self-Rating of Accuracy of Drug Use Assessments

6.7 (0-10 scale)

Number of Permanent Full-Time Staff "Person Equivalents" Assigned to Assess Drug Use

More than 3

Level of Resources Devoted Annually to Special Studies or Surveys of Drug Use

In excess of $100,000

Technical Assistance Desired

Methodology manual and accompanying training course.

If further information is desired regarding the methods used by New Jersey to determine the incidence and prevalence of drug abuse in the State, please see the full case study. In addition, the resource materials which served as the basis for this case study have been catalogued at the National Criminal Justice Reference System (NCJRS), P.O. Box 6000, Rockville, Maryland 20859; local telephone 301-251-5500, toll free 1-800-851-3420. Specifically, the resource materials from New Jersey which have been catalogued at the NCJRS include:

- Attorney General's Statewide Action Plan for Narcotics Enforcement: Implementation Program, January 1988.
- Drug and Alcohol Use Among New Jersey High School Students, 1987, Wayne S. Fisher, Ph.D., Project Director, New Jersey Division of Criminal Justice.
- Drug Free School Zone: Enforcement Guide, Attorney General Cary Edwards and Commissioner of Education Saul Cooperman.
- Multijurisdictional Task Force Evaluation--Investigator/Prosecutor Questionnaire. Prepared by the New Jersey Division of Criminal Justice, Drug Program Monitoring Group.
- The New Jersey Statewide Strategy for the FY '89 Drug Control and System Improvement Formula Grant Program and Appendices, February 16, 1989. Prepared by the Drug Program Monitoring Unit of the New Jersey Division of Criminal Justice and the Office of the Attorney General's Grants Management.
- Statistical Perspectives on Drug Abuse Treatment in New Jersey, 1987, New Jersey Department of Health; Alcohol, Narcotic and Drug Abuse; Office of Data Analysis and Epidemiology.

Lazar's principal contact person in New Jersey is listed below.

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NEW YORK MINI-CASE STUDY

Highlights

New York appears to be one of the top two States in terms of its methods used to assess drug use. Particularly exemplary are its household survey, the school survey and its Mini-DAWN project. While the household survey may not be replicable in other States due to its high cost, the school survey and the Mini-DAWN project would be easily adoptable tools even for States with minimal resources. New York's projections of its survey results onto the population at large, using weighted census data and other adjustment figures, provide exemplary estimates of the State's non-opiate using population. In addition, New York's analysis of its heroin abusing population is quite sophisticated.

Information Sources Utilized

Drug Arrest Data: Available through the New York Division of Criminal Justice's quarterly Uniform Crime Reports (UCR).

Drug Treatment Program Patient Records: Information on patients from all publicly funded treatment clinics as well as some individual private clinics is stored on a management information system. A separate information system documents prevention services in New York.

Drug-Related Deaths and Births to Drug-Abusing Women: Available from the New York City Department of Health, Bureau of Vital Statistics.

Drug-Related Emergency Room Incidents: In addition to utilizing national information from the Drug Abuse Warning Network (DAWN), New York has conducted its own Mini-DAWN project which involved ten hospitals in the upstate counties of Cattaraugus, Onondaga and Rensselaer. Conducted during 1987, the ten hospitals reported all emergencies involving illicit drugs and/or the nonmedical use of prescription and over-the-counter drugs.

State Household Surveys: Conducted every five years, most recently in 1986 by Louis Harris and Associates, Inc., at a cost of approximately $250,000. This telephone survey had 6,364 participants aged 18 or over.

State School Surveys: Conducted every five years. A survey is currently being conducted of the State's fifth through twelfth grade students from both public and private schools. The 1983 survey of seventh through twelfth grade students had 27,414 respondents, which is significantly more respondents than any other State school survey although other States may conduct more frequent surveys.

Analysis Approaches Used

Tables and Graphs: Used to present the multitude of raw data gathered from the above information sources in an easily understandable fashion. Trends can be easily demonstrated through these media.

Statistical Inference: New York projects the results of both its household and school surveys onto the State's population at large. In projecting the household survey results, census data are used to appropriately weight each sample subgroup (e.g., 18-24 year olds, Hispanics, etc.) thereby balancing the sample elements in proportion to their numbers in the population. Similarly, school survey results are projected to reflect all of the State's students. Adjustments are made to statistically account for students not in class on the day the survey was administered. New York's analysis of its heroin addict population is quite sophisticated and involves factor analysis, capture-recapture estimation procedures, and regression analysis.

Policy Implications

In New York, the drug-related statistics from the above information sources have an effect on the development of new initiatives as well as the formation or modification of legislation. They are particularly important in the initial development and subsequent annual updates to the Statewide Comprehensive Five-Year Plan which documents the State's drug strategy. Through this means, new trends in drug use (such as the emergence of crack) are addressed and appropriate responses are mandated by the legislation. Data and analyses are also returned to smaller jurisdictions which in turn use them to inform their own prevention and treatment activities.

Average Self-Rating of Reliability of Information Sources

5.9 (0-10 scale)

Average Self-Rating of Accuracy of Drug Use Assessments

5.4 (0-10 scale)

Number of Permanent Full-Time Staff "Person Equivalents" Assigned to Assess Drug Use

Four full-time plus one part-time employee

Level of Resources Devoted Annually to Special Studies of Surveys of Drug Use

In excess of $100,000

Technical Assistance Desired

Methodology manual, training course and personal computer software or video instruction. At more advanced levels, a resident technical official who could answer specific questions via telephone contact.

For more information on the methods used by New York to determine the incidence and prevalence of drug abuse in the State, please see the full case study. In addition, the resource materials which served as the basis for this case study have been catalogued at the National Criminal Justice Reference System (NCJRS) in Rockville, Maryland; local telephone (301) 251-5500, toll free 1-800-851-3420. Specifically, the resource materials from New York which have been catalogued at the NCJRS include:

- Current Drug Use Trends in New York City, December 1988. Prepared by Blanche Frank, Ph.D. and William Hopkins, M.A. for a presentation at meetings of the Community Epidemiology Work Group, National Institute on Drug Abuse.

- Mini-DAWN Emergency Room Reporting: Training Manual, 1986. Prepared by the New York State Division of Substance Abuse Services.

- The Mini-DAWN Pilot Project: The Final Report, January 1, 1987 through December 31, 1987. Prepared by the New York State Division of Substance Abuse Services under Project Director Michael Maranda.

- New York household survey instrument. Designed by Louis Harris and Associates, Inc., of New York, New York.

- The Northern Half of Manhattan: An Assessment of the Drug Abuse Problem, 1989. Prepared by the New York State Division of Substance Abuse Services, Bureau of Research and Evaluation.

- "Periodic Assessment of Drug Use Among Youth." New York State school survey instrument.

- Regional Epidemiology Workshops: The Drug Abuse Problem in Upstate and Downstate New York, 1988. Prepared by Rozanne Marcel, Ph.D., and Blanche Frank, Ph.D., of the New York State Division of Substance Abuse Services, Bureau of Research and Evaluation, Epidemiology Unit.

- "Seeking Truths in Heroin Indicators: The Case of New York City," by Blanche Frank, James Schmeidler, Bruce Johnson and Douglas S. Lipton. Published in Drug and Alcohol Dependence, 3 (1978), pages 345-358.

- State Household Survey of Substance Abuse, 1986: An Overview of Illicit Substance Use Among Adults in New York State.

Conducted by Louis Harris and Associates. Report prepared by the New York State Division of Substance Abuse Services, 1988.

- Statewide Comprehensive Five-Year Plan, 1984-85 through 1988-89, Third Annual Update, October 1, 1986. Prepared by the New York State Division of Substance Abuse Services.

- Substance Use Among New York State Public and Private School Students in Grades 7 through 12, 1983. Prepared by the New York State Division of Substance Abuse Services, September, 1984.

- Telephone Surveying for Drug Abuse: Methodological Issues and an Application. Blanche Frank, Ph.D., Chief of Epidemiology, New York State Division of Substance Abuse Services.

Lazar's contacts in New York are listed below.

Statewide Information:
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New York City Information:
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Coordinator of Criminal Justice
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New York, New York 10007
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OREGON MINI-CASE STUDY

Highlights

Oregon's drug use assessments appear to be based primarily on drug treatment program patient records, which are stored on a data system known as the Client Process Monitoring System (CPMS). Other noteworthy aspects of the State's program include a school survey based entirely on the national survey and pretrial drug testing which is conducted in Multnomah County.

Information Sources Used

Drug Arrest Data: Available on a monthly basis from county district attorneys' offices.

Drug Price and Purity Data: Available through informal interviews of treatment clients.

Urine Test Results from the Criminal Justice System: In addition to the federal Drug Use Forecasting (DUF) program which is active in Portland, Oregon, the Multnomah County Community Corrections Division conducts pretrial drug tests.

Drug Treatment Program Patient Records: Stored on a data system known as the Client Process Monitoring System (CPMS) and managed by the Oregon Department of Human Resources, Office of Alcohol and Drug Abuse Programs. The CPMS was implemented during the 1981-1983 biennium.

Drug-Related Deaths: Data available from medical examiners' offices.

Hepatitis B Incidents: Available in computerized printouts from the Oregon Health Department.

State School Surveys: A survey is currently being conducted of a random sample of the State's eighth and eleventh grade students. The most recent prior survey, conducted in 1986 by Halprin, Inc. for the Oregon Office of Alcohol and Drug Programs, had 4,183 respondents.

Analysis Approaches Used

Tables and Graphs: Used to present the multitude of raw data gathered from the above information sources in an easily understandable fashion. Trends can be easily demonstrated through these media.

Statistical Inference: Oregon makes projections of drug use among the State's entire eighth and eleventh grade populations based on the results of its school survey.

Policy Implications

Indicator data from the above information sources are used for program development as well as for substantiation of budget requests.

Average Self-Rating of Reliability of Information Sources

8.0 (0-10 scale)

Average Self-Rating of Accuracy of Drug Use Assessments

7.7 (0-10 scale)

Number of Permanent Full-Time Staff "Person Equivalents" Assigned to Assess Drug Use

More than 1/2 but no more than 1

Level of Resources Devoted Annually to Special Studies or Surveys of Drug Use

More than $25,001 but no more than $100,000

Technical Assistance Desired

Methodology manual and accompanying training course

If further information is desired regarding the methods used by Oregon to determine the incidence and prevalence of drug abuse in the State, please note that the resource materials which served as the basis for this case study have been catalogued at the National Criminal Justice Reference System (NCJRS) in Rockville, Maryland; local telephone (301) 251-5500, toll free 1-800-851-3420. Specifically, the resource materials from Oregon which have been catalogued at the NCJRS include:

- Client Process Monitoring System, Alcohol and Drug Prevention/Intervention Forms: Instruction Manual, September 1986. Prepared by the Oregon Department of Human Resources, Office of Alcohol and Drug Abuse Programs.

- Client Process Monitoring System, Detox/DUII Level 1 "Short" Form: Instruction Manual, April 1986. Prepared by the Oregon Department of Human Resources, Office of Alcohol and Drug Abuse Programs.

- Client Process Monitoring System, Standard Alcohol and Drug Forms: Instruction Manual, May 1988. Prepared by the Oregon Department of Human Resources, Office of Alcohol and Drug Abuse Programs.

Lazar's principal contact in Oregon is listed below.

Statewide Information:

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Assistant Director
Department of Human Resources
1178 Chemeketa Street N.E.
Salem, Oregon 97310
(503) 378-2163

TEXAS MINI-CASE STUDY

Highlights

Unique aspects of Texas' drug program include its survey of the State's adult male prison inmates and its survey of youth who have been placed in correction facilities. Also noteworthy is the tracking of prescription drug manufacture and sale data through the State Board of Pharmacy.

Information Sources Used

Drug Arrest Data: Available from the Texas Department of Public Safety, Uniform Crime Reports (data originally received on a monthly basis from local police departments) and analyzed by the Texas Commission on Alcohol and Drug Abuse. Systematic data on amounts of drugs seized are included in this information.

Drug-Related Traffic Accidents: Information available from the Texas Department of Public Safety and analyzed by the Texas Commission on Alcohol and Drug Abuse.

Drug Manufacture and Sale Data: Data on prescription drug trends are available from the Texas State Board of Pharmacy.

Drug Treatment Program Patient Data: Information on substance abuse treatment clients is stored on the Texas Commission on Alcohol and Drug Abuse's Treatment Assessment Database.

Drug-Related Deaths: Information available through the Texas Department of Health, Bureau of Vital Statistics' death certificate information.

State Household Survey: A telephone survey of Texas' adult population was conducted in the Spring of 1988 by the Texas Commission on Alcohol and Drug Abuse and Texas A&M University's Public Policy Resources Laboratory. The survey had 5,156 respondents. The most recent prior household survey was conducted in 1980.

State School Survey: A survey of Texas' seventh through twelfth grade students was conducted in 1988 by the Texas Commission on Alcohol and Drug Abuse and Texas A&M University's Public Policy Resources Laboratory. The survey had 7,500 respondents.

Prison Survey: The Texas Commission on Alcohol and Drug Abuse in conjunction with the Texas A&M University's Public Policy Resources Laboratory is in the process of conducting a face-to-face survey of 1,027 of its adult male prison inmates. The survey instrument is similar to the household survey instrument with the addition of several questions regarding the respondent's criminal history.

Survey of Youth in Correction Facilities: The Texas Commission on Alcohol and Drug Abuse is currently surveying approximately 1,000 youth who have been placed in State correctional facilities concerning their drug abuse patterns.

Texas Epidemiology Work Group: This group meets annually and features presentation and discussion of expert reports (qualitative data) by law enforcement and treatment personnel in different areas of the State.

Analysis Approaches Used

Tables and Graphs: Used to present the multitude of raw data gathered from the above information sources in an easily understandable fashion. Trends can be easily demonstrated through these media.

Statistical Inference: Texas uses synthetic estimation methods to develop small area estimates, survival analysis methods to examine drug use risk changes over time and contingency table analysis methods to examine associations between drug use and other variables.

Policy Implications

The Texas Commission on Alcohol and Drug Abuse has developed, using indicator data from the above information sources, a synthetic estimation model which is helpful in making programmatic decisions--targeting specific populations or geographic areas.

Average Self-Rating of Reliability of Information Sources

5.7 (0-10 scale)

Average Self-Rating of Accuracy of Drug Use Assessments

5.0 (0-10 scale)

Number of Permanent Full-Time Staff "Person Equivalents" Assigned to Assess Drug Use

3

Level of Resources Devoted Annually to Special Studies or Surveys of Drug Use

More than $25,001 but no more than $100,000

Technical Assistance Desired

Methodology manual and accompanying video instruction.

If further information is desired regarding the methods used by Texas to determine the incidence and prevalence of drug abuse in the State, please note that the resource materials which served as the basis for this case study have been catalogued at the National Criminal Justice Reference System (NCJRS) in Rockville, Maryland; local telephone (301) 251-5500, toll free 1-800-851-3420. Specifically, the resource materials from Texas which have been catalogued at the NCJRS include:

- County Data Tables--1987: Substance Abuse Arrests, Substance Abuse Deaths, Substance Abuse Related Motor Vehicle Accidents, and Mixed Beverage Tax Collections. Analyzed by the Texas Commission on Alcohol and Drug Abuse.

- Periodic Assessment of Drug Use Among Youth, (survey instrument). Survey conducted by Texas A&M University and the Texas Commission on Alcohol and Drug Abuse.

- Substance Abuse: Changing Patterns in Texas, June "88" Report, July 7, 1988. Texas Commission on Alcohol and Drug Abuse, Austin, Texas.

- Substance Use Among Students in Texas Secondary Schools--1988, January 1989. Prepared by the Texas Commission on Alcohol and Drug Abuse.

- Texas Commission on Alcohol and Drug Abuse 1988 Preliminary Report on Substance Use Among Adult Male Inmates Entering the Texas Department of Corrections.

- Texas household survey instrument. Designed by the Texas Commission on Alcohol and Drug Abuse.

- 1988 Texas Survey of Substance Use Among Adults, March 1989. Prepared by the Texas Commission on Alcohol and Drug Abuse.

Lazar's primary contact person in Texas is listed below.

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