

# A Strategy for Local Drug Abuse Assessment

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
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ACQUISITIONS

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## EXECUTIVE SUMMARY

### A Strategy for Local Drug Abuse Assessment

One of the major responsibilities of the National Institute on Drug Abuse (NIDA) as cited in Public Law 92-255, Section 229, is to assist State and local agencies and governments in the development of methods to identify and analyze local drug abuse problems. Through NIDA initiatives, researchers have begun to explore and utilize a variety of "indicators" to monitor the extent of the drug abuse problem and to assess trends and patterns of drug use and abuse in their local communities. These drug abuse "indicators" are often in unmanageable forms and are not accurate and timely enough to be a key for targeting prevention activities, drug abuse service planning, and allocating resources.

The purpose of this technical paper is to provide local program planners, administrators, and other decisionmakers with some basic tools to assess local drug abuse conditions and problems in a viable and timely manner. Implementation of the strategy will hopefully provide its users with objective data on which to base everyday judgments regarding the public health problem of drug abuse, planning for drug abuse services, and allocating limited resources on local levels.

A detailed discussion of drug abuse indicators and their rationale for selection is presented. Some of the suggested drug abuse indicators include: drug abuse treatment admissions; hepatitis morbidity; drug abuse mortality; nonfatal emergency room episodes for drug abuse; and drug law violation arrests. Methods for acquiring these data, including samples of various data collection instruments, are also discussed.

The experiences of one local community are illustrated as an example, including their methods and procedures for acquiring and organizing drug abuse indicator data, for identifying local drug abuse problems (in this example a county), and for communicating drug abuse data to their local constituencies and the general public. Benefits to be gained by using this approach may become increasingly evident in future planning endeavors.

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## INTRODUCTION

In the field of drug abuse treatment and prevention, there has been a lack of coordinated and systematic assessment of the drug abuse problem. All too often, local treatment planners, administrators, and other decisionmakers lack objective data on which to base their everyday planning decisions regarding this social dilemma.

The purpose of this paper is to provide local program planners, administrators, and other decisionmakers with some basic tools to assess local drug abuse conditions and problems in a viable and timely manner. It is hoped that implementation of the strategy described here will provide its users with objective data on which to base everyday judgments regarding the public health problem of drug abuse, planning for drug abuse services, and allocating limited resources on local levels.

## AN OVERVIEW OF DRUG ABUSE INDICATORS

Utilization of "indicators" of drug abuse is rapidly becoming an effective methodology for monitoring drug abuse trends and patterns and assessing the extent of the drug abuse problem on local (city and/or county) levels. A detailed discussion regarding indicators of drug abuse and their rationale for selection is presented below. The interested reader is also referred to Heroin Indicators Trend Report, Estimating the Prevalence of Heroin Use in a Community, Toward a Heroin Problem Index, Drug Incidence Analysis, and A Method for Estimating Heroin Use Prevalence. These publications are available from the National Clearinghouse for Drug Abuse Information, Post Office Box 1908, Rockville, Maryland 20850.

Some of the drug abuse indicators most commonly monitored include: drug abuse treatment admissions; hepatitis cases; drug-related deaths; nonfatal emergency room episodes for drug abuse; drug law violation arrests; and drug retail price and purity levels.

The indicators are generally considered to have an association with drug use and abuse, but the absolute nature of this association is not known. Thus, the indicators should be viewed as relative measures of change in drug abuse conditions and problems rather than as absolute measures (1). Any one indicator alone is not intended to give us the actual number of heroin and other drug users (prevalence estimates) in a local community

at any given time nor the rate at which these populations may be increasing or decreasing in size, but only trends and patterns of drug use and abuse--increases/decreases within a local community and various demographic characteristics of drug using/abusing populations. Through further applications of techniques, such as the National Institute on Drug Abuse's Toward a Heroin Problem Index, prevalence estimates on local levels can be determined. The following is a brief description of the rationale underlying each drug abuse indicator used in this paper (an adaptation of the Heroin Indicators Trend Report).

## Drug Abuse Treatment Admissions

Drug abuse treatment admission data are considered to be related only partially to the extent of the drug using/abusing population. Admissions reflect treatment availability, utilization, and funding levels more than they describe trends in drug use and abuse. However, admission data are included in this paper to provide trend information regarding individuals who have identified themselves as having a serious problem associated with drug use and abuse requiring treatment.

Information on drug abuse treatment admissions is most often collected by the large-scale Client Oriented Data Acquisition Process (CODAP), installed in virtually all federally funded drug abuse treatment programs. The CODAP system provides a wealth of information regarding characteristics of program clientele, such as demographic, socio-economic characteristics, and drug using patterns. Many Single State Agencies for Drug Abuse Prevention are currently adapting the CODAP system or similar systems on statewide and local levels, and some are mandating the system as a condition of State and/or local funding. Tables 1 and 2 are examples of Standard Metropolitan Statistical Area (SMSA) specific CODAP data for the San Francisco, California area. The tables illustrate the primary drug at admission, and primary drug at admission by race/ethnicity, age at admission, and sex, for clients admitted to federally funded treatment programs in the San Francisco SMSA during 1977. Appendices A, B, and C are examples of the data collection instruments: CODAP Client Flow Summary, Admission Report, and Discharge Report.

## Hepatitis Cases

One mode of transmission of viral hepatitis is via unsterile syringes shared by individuals (primarily heroin users) who use

San Francisco

Table 1. Primary drug at admission for 1977  
(in percentages)

<u>Primary drug</u>	
None	0.0
Heroin	84.8
Illegal methadone	0.3
Other opiates	1.6
Alcohol	1.7
Marihuana	3.0
Barbiturates	2.0
Tranquilizers	0.3
Other sedatives	0.8
Amphetamines	2.5
Cocaine	1.1
Hallucinogens	1.7
Inhalants	0.1
Over the counter	0.0
Other*	0.1
Total N	8,001

\*"Other" category also includes "other sedatives, hypnotics, or tranquilizers" submitted on the 1975 forms. See Introduction.

Table 2. Primary drug at admission by race/ethnicity, age at admission, and sex (in row percentages)

	Primary drug at admission								Total N
	Heroin	Other opiate	Alcohol	Mari- huana	Barbi- turate	Amphet- amine	Co- caine	Other	
<u>Race/ethnicity</u>									
White	83.7	2.8	1.8	2.5	1.7	3.1	1.0	3.5	4,241
Black	85.2	0.6	1.7	4.5	3.1	2.0	1.7	1.2	2,242
Hispanic	88.3	0.7	1.4	2.0	1.1	1.5	0.6	4.3	1,269
Other	82.3	4.8	1.2	2.8	3.2	2.0	0.4	3.2	248
<u>Age at admission</u>									
Less than 18	3.5	1.3	0.4	52.4	11.7	6.5	3.5	20.8	231
18-20	53.7	2.2	3.7	8.6	9.1	7.1	4.4	11.3	408
21-25	86.7	1.4	1.3	1.6	1.7	2.8	1.1	3.5	2,363
26-30	90.8	2.0	1.2	1.0	0.9	2.0	0.7	1.4	2,664
31-44	90.4	1.6	1.9	0.9	1.4	1.8	0.8	1.0	1,932
Greater than 44	84.7	5.4	5.6	0.5	1.5	0.8	0.5	1.0	391
<u>Sex</u>									
Male	84.0	2.0	2.3	3.2	2.1	2.3	1.1	2.9	5,597
Female	86.6	1.6	0.3	2.6	1.8	2.9	1.0	3.1	2,404
<u>All clients</u>	84.8	1.9	1.7	3.0	2.0	2.5	1.1	3.0	8,001

Source: NIDA Statistical Series, SMSA Statistics 1977.  
Series E, Number 9.

drugs intravenously. Due to many spurious and unfounded relationships, hepatitis and its association with drug use and abuse, especially intravenous drug use, is currently under investigation by the National Center for Disease Control (CDC). According to Schreeder (2), preliminary findings indicate that: " 30 percent of drug abusers seeking treatment have a history of icteric (having Jaundice) hepatitis on one or more occasions after the onset of regular parenteral (intravenous or intramuscular) drug abuse." Even though its relationship with drug use and abuse remains unclear, incidence of hepatitis as an indicator of (new) drug use is still used by many researchers in the field of drug abuse.

Incidents of hepatitis (viral), type A, B, and unspecified are reported to the CDC in Atlanta, Georgia. Cases (incidents) of hepatitis are summarized on a weekly basis in the CDC's Morbidity and Mortality Weekly Report (MMWR). The MMWR displays incidents of hepatitis by regional area of the Nation and by States. The case reporting originates in local (city and/or county) health departments; these local departments, in turn, forward their reports to the individual State departments of health. The States are then responsible for reporting cases of hepatitis to the CDC.

Local agencies/governments interested in obtaining information on hepatitis cases (simple frequencies by each type) should consult their local health departments. Appendix D is an example of a "Confidential Morbidity Report" submitted by hospitals and physicians to the local health departments.

#### Drug-Related Deaths

An increase in the number (change of rates in prevalence) of active heroin and other drug users in an area is thought to result in an increase in the number of fatal reactions to specific drugs. For instance, it is believed that the number of deaths associated with drug use and abuse would increase proportionally with the number of persons who self-administer heroin and other drugs of varying quantity and quality.

#### Nonfatal Drug Abuse Emergencies

Similar to heroin and other drug-related deaths, the number of nonfatal reactions to specific drugs or drug combinations is thought to increase as the number of drug users increases. Thus, the number of individuals who experience heroin or other drug overdose and are treated in hospital

emergency rooms should vary with the total number of active users.

The Drug Abuse Warning Network (DAWN), a system co-sponsored by NIDA and the Department of Justice, Drug Enforcement Administration (DEA), captures information involving drug-related deaths and nonfatal emergency room episodes for drug abuse. Emergency rooms located in non-Federal short-term hospitals, and medical examiners and coroners are the basis for all DAWN reporting. Only 26 SMSAs, from among more than 200 in the Continental United States, are currently included in the DAWN system; they are:

- o Atlanta
- o Baltimore
- o Boston
- o Buffalo
- o Chicago
- o Cleveland
- o Dallas
- o Denver
- o Detroit
- o Indianapolis
- o Kansas City
- o Los Angeles
- o Miami
- o Minneapolis
- o New Orleans
- o New York
- o Norfolk
- o Oklahoma City
- o Philadelphia
- o Phoenix
- o St. Louis
- o San Antonio
- o San Diego
- o San Francisco
- o Seattle
- o Washington, D.C.

Users of data from the DAWN system should keep in mind the limitations and caveats outlined in the preface of DAWN publications. For example, the hospitals are not a statistical random sample of hospitals in the United States or in the particular SMSAs (except for Norfolk, Virginia, which includes all eligible hospital emergency rooms for that SMSA). Obviously, DAWN data is not available for any cities, counties, or SMSAs that are not included in the above list.

Local agencies/governments that do not have access to the DAWN or similar systems would have to conduct independent surveys of their local hospital emergency rooms and medical examiners/coroners to obtain information regarding drug abuse morbidity and mortality in their area. Appendices E and F



respectively, are examples of the DAWN system hospital emergency room and medical examiner forms which can be adapted for local use.

Reaggregated DAWN data, by county (for those SMSAs listed above), can be obtained by writing NIDA's Division of Resource Development, Forecasting Branch, 5600 Fishers Lane, Room 10A43, Rockville, Maryland 20857.

Table 3 is an example of SMSA specific DAWN data for the San Diego, California area. The table illustrates "Mentions for Selected Drugs" for all DAWN system hospital emergency rooms and medical examiners in the San Diego SMSA.

#### Drug Law Violation Arrests

The number of arrests by law enforcement authorities for drug law violations is thought to bear a relationship to overall drug use in an area. It is assumed that as drug-related activity increases, public concern also increases, resulting in more law enforcement activity and a greater number of arrests for drug-related offenses.

Information on individuals (simple frequencies, age, sex, and race distributions) arrested for drug law violations usually can be obtained from local police departments. If one does not find these available, city, county, and State level data can often be obtained from the Federal Bureau of Investigation's Uniform Crime Reports (UCR). The UCRs summarize information for the seven major violations (property and person crimes) and drug law violations. The UCR is compiled annually by the U.S. Department of Justice, and available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

#### Drug Retail Price and Purity Levels

Changes in the retail (street-level) purity or potency of heroin and changes in price (for heroin and other drugs) are generally considered a measure of heroin and other drug availability. For instance, as the purity of heroin increases and the price declines, availability of heroin increases. Increases in availability are believed to be associated with increases in the total number of heroin and other drug users, and also related to the number of drug-related deaths and nonfatal drug abuse emergencies. Regional price and purity data for heroin is summarized on a quarterly basis by the Drug Enforcement Administration in their Performance Measurement System. These data are available by writing the U.S. Department of Justice,

Drug Enforcement Administration, Washington, D.C. 20537.

#### Survey Data

Surveys provide a direct measure of respondents' self-reported drug experience. As such, they provide information about a different type (information from other than institutional data sources) of heroin and other drug use from that reflected in the other indicators. Despite this unique contribution to understanding the phenomenon of heroin and other drug use, survey findings must be interpreted with caution. For example, general population surveys are most often based on samples of households; thus, they may underrepresent the "traditional" heroin using/addicted population. Household surveys may further exclude the transient, incarcerated, or in-treatment heroin user/addict. In addition, special population surveys, such as high school surveys, only capture those individuals enrolled and may omit those who have dropped out. On the other hand, local surveys of general and special populations can provide an indication of drug use levels existing in these populations. The NIDA's National Survey on Drug Abuse: 1977 and Drug Use Among American High School Students: 1975-1977 are examples of general (household) and special population surveys.

#### IDENTIFYING LOCAL DRUG ABUSE PROBLEMS: THE SAN DIEGO EXPERIENCE

##### A Historical Perspective

The County of San Diego (1979 population: 1.6 million, and rapidly increasing) is situated in a unique geo-political location in the southwestern United States. It is bordered by one of the largest metropolitan areas in the Nation to the north, Los Angeles, vast open areas and rural communities to the east, the Pacific Ocean to the west, and the Mexican border to the south.

The ethnic distribution of the county is approximately 79 percent white, 12 percent Mexican descent or Spanish surname, 5 percent black, 2 percent Asian, and 2 percent American Indian and other (1970, U.S. Bureau of the Census, Integrated Planning Office, County of San Diego).

The community's close proximity to Mexico makes supplies of heroin and other drugs readily available. Recent studies suggest that there are approximately 11,000 heroin users (one-time, occasional, and chronic

# TABLE 3

## SAN DIEGO

MENTIONS FOR SELECTED DRUGS  
ALL DAWN EMERGENCY ROOMS AND MEDICAL EXAMINERS IN SMSA

Therapeutic Class and Drug Category	Commonly Encountered Brand and Generic Name Drugs	Drug Mentions			
		Emergency Rooms Apr - June 1978		Medical Examiners Jan - Mar 1978	
		#	%	#	%
<b>TRANQUILIZERS</b>		253	20.3	10	11.0
Diazepam	Valium, Ansiofin, Stesolid	123	9.9	2	2.2
Chlordiazepoxide	Librium, Libritabs, SK Lygen	20	1.6	1	1.1
Chlorpromazine	Thorazine, Chlor-PZ, Promapar, Largactil	11	0.9	1	1.1
Thioridazine	Mellaril	17	1.4	-	0.0
Meprobamate	Equanil, Miltown, SK-Bamate, Kesso-Bamate	6	0.5	2	2.2
Clorazepate	Tranxene, Azene	4	0.3	-	0.0
Oxazepam	Serax, Adumbran	3	0.2	-	0.0
Perphenazine/Amitriptyline	Etrafon, Triavil	13	1.0	-	0.0
All Other Tranquilizers	...	56	4.5	4	4.4
<b>BARBITURATE SEDATIVES</b>		86	6.9	17	18.7
Secobarbital	Seconal, Quinalbarbitone	19	1.5	-	0.0
Secobarbital/Amobarbital	Tuinal	14	1.1	5	5.5
Phenobarbital	Luminal, Eskabarb, Barbita, Stental	20	1.6	2	2.2
Pentobarbital	Nembutal, Nebralin	6	0.5	-	0.0
Amobarbital	Amytal	-	0.0	1	1.1
Butabarbital	Butisol, Butazem, Butex, Soduben, Buticaps	1	0.1	-	0.0
All Other Barbiturate Sedatives	...	26	2.1	9	9.9
<b>NON-BARBITURATE SEDATIVES</b>		113	9.1	9	9.9
Flurazepam	Dalmane, Dalmadorm	28	2.2	2	2.2
Methaqualone	Quaalude, Sopor, Parest, Optimil, Somnafac	18	1.4	2	2.2
Glutethimide	Doriden	8	0.6	-	0.0
Ethchlorvynol	Placidyl	15	1.2	3	3.3
Methapyrilene/Scopolamine	Sominex, Sleep-eze	11	0.9	-	0.0
All Other Non-Barbiturate Sedatives	...	33	2.6	2	2.2
<b>ALCOHOL-IN-COMBINATION</b>		180	14.4	12	13.2
<b>NARCOTIC ANALGESICS</b>		141	11.3	16	17.6
Heroin/Morphine	...	106	8.5	11	12.1
Methadone	Dolophine, Amidone	5	0.4	1	1.1
Codeine	...	14	1.1	4	4.4
Meperidine HCl	Demerol, Pethidine	2	0.2	-	0.0
Hydromorphone	Dilaudid	-	0.0	-	0.0
Percodan	Percodan	11	0.9	-	0.0
All Other Narcotic Analgesics	...	3	0.2	-	0.0
<b>NON-NARCOTIC ANALGESICS</b>		103	8.3	10	11.0
Aspirin	...	44	3.5	-	0.0
d-Propoxyphene	Darvon, Dolene, SK-65, S-Pain-65	20	1.6	8	8.8
Pentazocine	Talwin, Fortral	4	0.3	-	0.0
Acetaminophen	Tylenol, Nebs, Tempra, Datril, Capital	21	1.7	2	2.2
All Other Non-Narcotic Analgesics	...	14	1.1	-	0.0
<b>AMPHETAMINES</b>		19	1.5	1	1.1
Amphetamine	Benzedrine	6	0.5	1	1.1
d-Amphetamine	Dexedrine, Diphylets	1	0.1	-	0.0
Methamphetamine	Methedrine, Desoxyn	4	0.3	-	0.0
Speed	...	8	0.6	-	0.0
All Other Amphetamines	...	-	0.0	-	0.0
<b>COCAINE</b>		8	0.6	-	0.0
<b>PSYCHOSTIMULANTS</b>		48	3.9	13	14.3
Methylphenidate	Ritalin	1	0.1	-	0.0
Amitriptyline	Elavil, Endep	25	2.0	7	7.7
All Other Psychostimulants	...	22	1.8	6	6.6
<b>CANNABIS</b>		24	1.9	-	0.0
Marijuana	...	24	1.9	-	0.0
Hashish	...	-	0.0	-	0.0
<b>HALLUCINOGENS</b>		52	4.2	-	0.0
LSD	...	13	1.0	-	0.0
PCP/PCP Combinations	...	37	3.0	-	0.0
All Other Hallucinogens	...	2	0.2	-	0.0
<b>ANTICONVULSANTS/ANTIEMETICS</b>		14	1.1	-	0.0
Diphenylhydantoin Sodium	Dilantin, Ekko	10	0.8	-	0.0
All Other Anticonvul/Antinaus	...	4	0.3	-	0.0
<b>CODEINE COMBINATIONS</b>		32	2.6	-	0.0
<b>INHALANTS/SOLVENTS/AEROSOLS</b>		8	0.6	1	1.1
ALL OTHER DRUGS		103	8.3	2	2.2
DRUG UNKNOWN		62	5.0	-	0.0
<b>Total Drug Mentions</b>		1,246	100	91	100
<b>Total Drug Episodes</b>		789		46	

... Brand and/or generic name not applicable

Source: Drug Abuse Warning Network Quarterly Report, April-June 1978.  
U.S. Department of Justice, Drug Enforcement Administration and  
U.S. Department of Health, Education, and Welfare, National Institute  
on Drug Abuse.

users/addicts) currently residing in the county (3).

In the early 1970's, there were few "street agencies" and "kick pads" to accommodate the drug abuser. In 1974, the County Board of Supervisors created a separate department for drug and alcohol abuse services. In so doing, the Department of Substance Abuse (DSA) was given administrative jurisdiction over all County, State, and federally funded drug and alcohol abuse treatment programs. The DSA was empowered to plan for and administer all drug and alcohol abuse treatment service contracts in the county. Under DSA's auspices, there were several contracted treatment programs and also an outpatient drug-free treatment program operated directly by the County.

Under California State mandate, the DSA Division of Drug Programs was responsible for developing the county's drug abuse component for the State Plan. Since DSA's inception, the Chief of the Division of Drug Programs (designated County Drug Program Coordinator) has recognized an ever-increasing need for objective drug abuse data for management and planning purposes. This need was partially met with the implementation of a comprehensive management information system for County, State, and federally funded drug abuse treatment programs. (Contents of the system will be discussed further in following sections).

In the early years of DSA, incidence and prevalence studies, such as those initiated by NIDA (3,4), were conducted on a limited basis. One of the first concerted efforts to investigate the extent of the drug abuse problem in the county was conducted by the Special Action Office for Drug Abuse Prevention (SAODAP), Executive Office of the President, Washington, D.C. (4). Since then, other studies have been conducted (5,6,7,8,9). Realizing a need to routinely compile, analyze, and interpret drug abuse data, the Division of Drug Programs allocated funds for a full-time research analyst within their Division.

In order to further investigate local drug abuse problems, San Diego drew upon NIDA's Community Correspondent Group (CCG) as a model in their study of drug abuse indicators. The NIDA CCG is composed of member correspondents from the drug abuse treatment, prevention, and research communities in major metropolitan areas, which also participate in the federally operated DAWN system. The Group has become an important source to NIDA of city, county, and SMSA heroin prevalence estimates, local trends and patterns of drug use and abuse,

and other interpretations of changing drug abuse conditions in their local communities. Examples of their local analyses can be found in NIDA's Proceedings: Community Correspondent Group Meeting Five, December 1978.

Utilizing a design and format similar to the NIDA CCG, the member of the CCG from San Diego organized the drug abuse treatment and research communities, and other data source contributors (law enforcement and coroner) into a local Drug Abuse Indicator Correspondent Group. The make-up of the group and the interchange of drug abuse data is illustrated in figure 1 and discussed below.

#### Local Drug Abuse Indicators Monitored

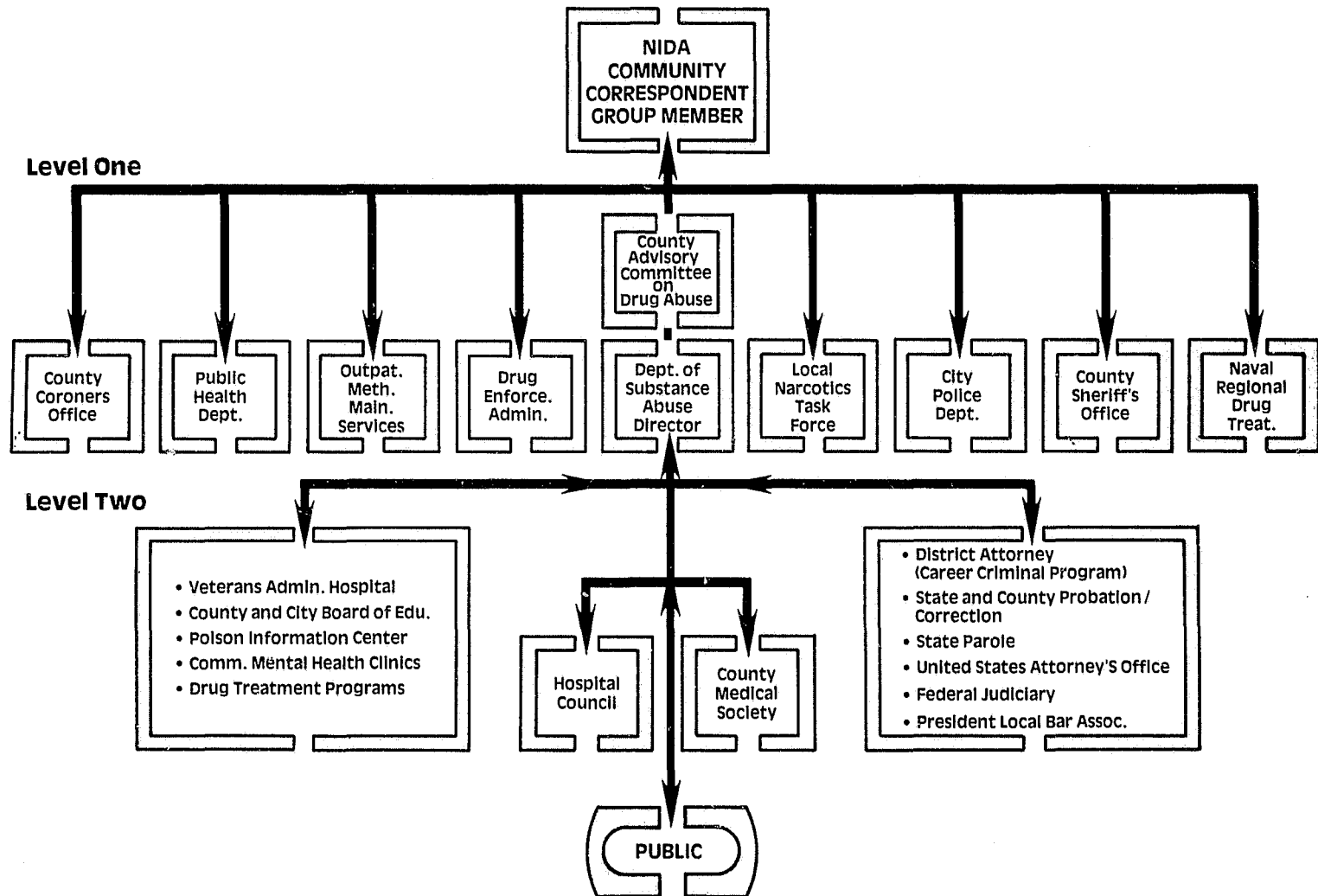
Note: According to California Welfare and Institutions Code Section 5328 and Federal Regulations the information entered on all forms is handled in the strictest confidence and is not released to unauthorized personnel.

Drug-related deaths. Medico-legal deaths are investigated by the San Diego County Coroner's Office. The Division of Drug Programs' research analyst receives death certificates from the Coroner's Office on a weekly basis via the County Vital Statistics Department. The death certificates include information on age, sex, race, name of the decedent, address, date of death, mode/manner of death (accidental, suicide, homicide, undetermined), and results from a toxicologic assay of all substances found in the decedent (see appendix G). The substances found in the decedent are listed by drug name; for instance, diazepam, d-propoxyphene, chloral hydrate, morphine (heroin), alcohol, etc. The death certificate illustrated in appendix G is also provided to the National Center for Health Statistics for compilation of national statistical reports and provided to State and Federal agencies for file clearance purposes.

Hepatitis. The San Diego County Public Health Department, Medical Services Division, is responsible for local hepatitis surveillance. The Department obtains confidential patient information regarding hepatitis A, B, and unspecified (refer to appendix D). The Department abstracts all reported cases of hepatitis occurring in the civilian and military population, including those cases reported by blood banks and plasma centers. The hepatitis data, sent on a monthly basis to the Division of Drug Programs' research analyst, includes name, address, age, sex, and race of the patient, by type.

FIGURE 1

# **SAN DIEGO COUNTY DRUG ABUSE DATA DISSEMINATION**



Drug abuse treatment. Drug abuse treatment data is received from every drug abuse treatment program throughout the County. Since July of 1975, every environment and modality for drug abuse treatment has been reporting on CODAP (refer to appendices A, B, and C). Treatment services in the County includes a variety of treatment modalities/environments, such as, outpatient methadone maintenance, outpatient detoxification, residential drug free, and outpatient drug free. According to CODAP figures, approximately 3,500 persons are served on an annual basis in the treatment network.

The Drug Information and Indicator System (DIIS) was designed and implemented by San Diego County as an augmentation to the Federal CODAP system for planning and management purposes (see appendix H). The DIIS is a comprehensive data collection system that requires a client service record on every client at the end of each month. The purpose of the system is as follows:

- o Monitor by clinic and program the time spent and services provided to each client.
- o Provide data for fiscal claims and site visits (e.g., cross-checking intakes, number of clients seen, units of service provided by various session types).
- o Provide data for special research activities, such as drug abuse indicator analysis.

The system further provides data for other epidemiologic investigations, planning, management, and evaluation activities.

The DIIS Client Activity Report form has an identification section with items such as date of admission, primary counselor number, unique clinic identifier (assigned originally by NIDA), report month, treatment status, and the client number (linking all treatment service to the CODAP system). Residential census tract and zip codes are also obtained for each client on admission--facilitating needs assessments and regional drug abuse indicator analyses.

Nonfatal drug abuse emergencies. Hospital emergency room episodes associated with drug abuse are reported to DAWN. The San Diego County area was included in the DAWN system July 1975. Of twenty-four (24) eligible emergency rooms, twenty (20) located in non-federally supported hospitals participate in the system in San Diego County. Drug Abuse Warning Network Quarterly Reports and other

special computer runs are received from the NIDA Forecasting Branch and incorporated into local drug abuse indicator reports. Appendix I depicts a sample drug abuse indicator report. Prior to the inception of the DAWN system, emergency room data was collected and tabulated manually.

Law enforcement data: arrests, drug retail price and purity. The regional office of the DEA provides street-level price and purity data for heroin, including the number of drug seizures and the number of arrests involved. The price and purity data is derived from "street-buys" obtained by undercover narcotic agents. The "street-buys" are usually two gram samples or less; thus, they represent retail street-level price and purity for heroin. The San Diego County Integrated Narcotics Task Force, working in conjunction with local police jurisdictions and the DEA also provide arrest and drug retail price data.

The San Diego City Police Department, the major arresting jurisdiction in the area, is divided into two divisions--adult and juvenile. A breakdown by age, sex, race, and drug category is obtained for drug law violations from the Department and other law enforcement agencies every 6 months. A specially designed data collection instrument is used to capture arrest data from the various law enforcement agencies (see appendix J).

The San Diego County Sheriff's Office, law enforcement authority for areas outside the incorporated city limits of San Diego, also provides information on the number of adult and juvenile arrests for drug law violations by drug category, age, sex, and race.

Military. The San Diego County area entertains a substantial military population. The Marine Corp Recruit Depot, Camp Pendleton, Naval Training Center, Naval Air Bases, and a good portion of the Pacific Fleet are located in the county. A large Naval Drug Rehabilitation Center is also located in the area. The Center provides data concerning their drug abuse treatment program clientele and utilizes the San Diego County drug abuse indicator data and reports as a base for comparison.

Survey data. A survey was recently designed and conducted to assess the extent of the heroin problem (if any) among juveniles in the county. The survey was designed to assess the extent of the heroin problem by: estimating the prevalence (total number) of juvenile heroin users; surveying youth service provider agencies; and conducting a series of personal interviews with juvenile

heroin users. It was determined that the juvenile heroin-using population was in the range of 100-300--a period prevalence estimate for 1975 through 1977. Due to the outcome of the survey, the county decided not to establish a residential treatment program for heroin using/addicted youth.

Another special survey was completed in 1974, which presented information on general patterns of youth drug use and other demographic characteristics of juvenile drug users/abusers (10). The extent (total number of drug users) of the drug abuse problem among youth could not be determined from the survey.

#### Local Communication Network

Figure 1 illustrates the communication network among the local correspondents. "Level One" represents primary data sources contributing to the local drug abuse assessment effort. Sharing of specific drug abuse data by the various constituencies has continued to be an ongoing endeavor. Interpretation/information sharing sessions are convened semi-annually with the local correspondents--leading to the final draft of the drug abuse indicator reports (see for example appendix I).

Another vital link in the assessment and data dissemination process has been the State mandated County Advisory Committee on Drug Abuse (CACDA). The CACDA is composed of representatives of the treatment, medical, and academic communities as well as lay consumers. The Committee is an approving/reviewing body for all drug-related contracts, grants, plans, and reports prepared by the County's Division of Drug Programs.

"Level Two" in figure 1, represents those organizations, agencies, and individuals that receive periodic reports on drug abuse conditions and problems in the county. These organizations may be affected by any changes in trends and patterns of drug use and abuse in their local community, leading to possible modification of prevention and treatment efforts, staffing patterns, and case loads.

#### CONCLUSION

This paper was written to provide local program planners, administrators, and other decisionmakers with some basic tools to assess local drug abuse conditions and problems in a viable and timely manner. Standardized format data collection instruments, such as those illustrated in

this paper, demonstrated themselves to be cost-effective techniques for routinely compiling, analyzing, and interpreting indicators of drug abuse from existing data sources.

Data sharing capabilities between agencies, such as law enforcement and drug abuse treatment, can exist without violating the confidentiality of the subjects or the agencies involved, as in the example presented. Some inherent limitations when utilizing indicators of drug abuse for assessing the extent of the drug abuse problem and monitoring trends and patterns of drug use and abuse were also discussed.

Once implemented, the strategy will hopefully provide its users with the necessary objective data on which to base everyday judgments regarding the public health problem of drug abuse, planning for drug abuse services, and finally, allocating limited resources on local levels. Implementation of this paradigm by local agencies and governments requires the interest and cooperation of the various drug abuse indicator data sources.

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# APPENDIX A

(USE BALL POINT PEN—PRESS DOWN FIRMLY)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION  
NATIONAL INSTITUTE ON DRUG ABUSE

FORM APPROVED  
O.M.B. No. 68-R1442

## CLIENT ORIENTED DATA ACQUISITION PROCESS (CODAP)

## CLIENT FLOW SUMMARY (CFS)

<b>1. CLINIC IDENTIFIER</b> <span style="float: right;">CARD 1 11-18</span> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div>		<b>3. DATE FORM COMPLETED</b> <span style="float: right;">Month Day Year 28-33</span> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div>	
<b>NAME OF CLINIC</b> <span style="float: right;">(please print or type)</span> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		<b>4. REPORT MONTH</b> <span style="float: right;">Month Year 34-37</span> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div>	
<b>CLINIC ADDRESS</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>(number)</span> <span>(street)</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>(city)</span> <span>(state)</span> <span>(zip code)</span> </div>		<p><i>(Complete all blocks in Items 5-10—enter zeros for none)</i></p> <b>5. TOTAL REPORTED CLIENTS IN TREATMENT ON LAST DAY OF PREVIOUS MONTH (Item 10 on last month's CFS)</b> <span style="float: right;">38-41</span> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div>	
<b>NAME OF CODAP LIAISON</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		<b>6. CLIENTS ADMITTED DURING REPORT MONTH (Equals number of admission reports enclosed)</b> <span style="float: right;">42-44</span> <div style="display: flex; align-items: center;"> <span style="margin-right: 10px;">+</span> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div> </div>	
<b>CODAP LIAISON'S TELEPHONE NUMBER</b> <span style="float: right;">(area code) (number)</span> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span></span> <span></span> </div>		<b>7. CLIENTS ADMITTED DURING PREVIOUS MONTHS (Equals number of late admission reports enclosed)</b> <span style="float: right;">45-47</span> <div style="display: flex; align-items: center;"> <span style="margin-right: 10px;">+</span> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div> </div>	
<b>NAME OF PROGRAM</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		<b>8. CLIENTS DISCHARGED DURING REPORT MONTH (Equals number of discharge reports enclosed)</b> <span style="float: right;">48-50</span> <div style="display: flex; align-items: center;"> <span style="margin-right: 10px;">-</span> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div> </div>	
Check box if any of the above has changed since last report <span style="float: right;">19</span> <div style="display: flex; align-items: center;"> <input style="width: 20px; height: 15px; margin-right: 5px;" type="checkbox"/> </div>		<b>9. CLIENTS DISCHARGED DURING PREVIOUS MONTHS (Equals number of late discharge reports enclosed)</b> <span style="float: right;">51-53</span> <div style="display: flex; align-items: center;"> <span style="margin-right: 10px;">-</span> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div> </div>	
<b>2. PROGRAM IDENTIFIER</b> <span style="float: right;">20-27</span> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div>		<b>*10. TOTAL REPORTED CLIENTS IN TREATMENT ON LAST DAY OF MONTH</b> <span style="float: right;">54-57</span> <div style="display: flex; align-items: center;"> <span style="margin-right: 10px;">=</span> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div> </div>	

*11. NUMBER OF CLIENTS IN TREATMENT ON LAST DAY OF MONTH (Complete only applicable blocks—do not enter zeros)											
ENVIRONMENT		MODALITY									
		DETOXIFICATION		MAINTENANCE		DRUG FREE		OTHER MODALITY			
		NIDA CLIENTS	TOTAL CLIENTS	NIDA CLIENTS	TOTAL CLIENTS	NIDA CLIENTS	TOTAL CLIENTS	NIDA CLIENTS	TOTAL CLIENTS		
PRISON	CARD 2 11-34										
HOSPITAL	35-58										
RESIDENTIAL	CARD 3 11-34										
DAY CARE	35-58										
OUTPATIENT	CARD 4 11-34										
	35-58										
TOTALS											

<b>12. TREATMENT FUNDING SOURCES</b> <span style="float: right;">CARD 5 11-12</span> <i>(Complete all blocks)</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>FUNDING CODES:</span> <span>1</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>10 = NIDA 60 = THIRD PARTY PAYMENTS</span> <span>2</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>20 = BOP 70 = STATE</span> <span>3</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>30 = VA 80 = LOCAL</span> <span>4</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>40 = LEAA 90 = PRIVATE</span> <span>5</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>50 = HUD 97 = NOT APPLICABLE</span> <span></span> </div>	<b>13. TOTAL NUMBER OF APPLICANTS ON ACTIVE WAITING LIST ON LAST DAY OF REPORT MONTH (000 for none)</b> <span style="float: right;">CARD 5 21-23</span> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div>
<b>14. NUMBER OF BOP CLIENT PROGRESS REPORTS (000 for none)</b> <span style="float: right;">24-26</span> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div>	<b>15. NUMBER OF CORRECTED COPIES OF PREVIOUSLY SUBMITTED REPORTS (000 for none)</b> <span style="float: right;">27-29</span> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div>
<b>16. TOTAL NUMBER OF APPLICANTS SCREENED DURING REPORT MONTH (000 for none)</b> <span style="float: right;">30-32</span> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div>	

<b>17. CODED REMARKS</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26</span> <span>33-58</span> </div> <div style="border: 1px solid black; width: 100%; height: 20px; margin: 2px 0;"></div>	<b>18. NIDA TREATMENT CONTRACT/GRANT NUMBERS</b> <div style="border: 1px solid black; width: 100%; height: 20px; margin: 2px 0;"></div>
--	--

<b>19. APPROVED BY</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>(Signature)</span> <span>(Title)</span> </div>	<b>20. SPECIAL STUDIES</b> <div style="border: 1px solid black; width: 100%; height: 20px; margin: 2px 0;"></div>
--	--

\*Items 10 and 11 (Grand Total Clients) should be equal—see reverse.

ADM 427-4  
Rev. 4-79

This report is required by P.L. 92-255. Failure to report may result in the suspension or termination of NIDA Treatment Grant or Contract. The information entered on this form will be held in strict confidence and will not be released to unauthorized personnel.



APPENDIX A  
(SIDE 2)

CLIENT FLOW SUMMARY

Codes, Definitions And Instructions

Listed below are selected codes, definitions and instructions to assist in the completion of the data items on the front of this Client Flow Summary. This aid is NOT designed to replace the comprehensive definitions and instructions contained in Chapter 4 – Client Flow Summary of the CODAP Instruction Manual. A thorough review of the Instruction Manual and its accessibility at the reporting unit is required.

\*Item 10 And Item 11 (Grand Total Clients) Should Be Equal.

Data Item 10 "Total Reported Clients In Treatment On Last Day Of Month" is substantiated by the cumulative submissions, since implementation, of the following reports:

AR (Item 6)  
LATE AR (Item 7)  
DR (Item 8)  
LATE DR (Item 9)

When Item 10 does not conform with Item 11 (Grand Total Clients) because AR's and/or DR's have not been submitted, the missing Reports are to be submitted (as Late ARs and/or DRs) so that Items 10 and 11 will be the same.

Data Item 11 – Grand Total Clients "Number Of Clients In Treatment On Last Day Of Month" represents the ACTUAL clients in treatment. This total should be substantiated by the Clinic's internal records as being the actual population in treatment on the last day of the Report Month and is verified by the individual who approves the submission in Item 19 – Approved By.

Item 11 Number Of Clients In Treatment On Last Day Of Month

For purposes of inclusion in the NIDA CLIENTS and TOTAL CLIENTS columns, the following definitions apply:

NIDA Clients

These columns should include clients who have been admitted to the CODAP system and are treated with NIDA 410 funds through the Statewide Services Contract, H-80 grants, staffing grants (H-19), direct contract to the program, and those clients treated with the matching funds stipulated in the NIDA grant or contract.

Enter the Total for each column.

Total Clients

These columns should include all drug abuse clients regardless of funding. Not only would this column include NIDA CLIENTS but also those clients being treated with other sources of funding (state, local, LEAA, etc.) in addition to other NIDA funding such as Research and Demonstration Grants and 409 Funds.

Enter the Total for each column.

Grand Totals

Enter the combined Totals of each NIDA CLIENTS column.

Enter the combined Totals of each TOTAL CLIENTS column.

This grand total should be the same as the number indicated in Item 10.

COMPLETE THE APPLICABLE BLOCKS ONLY – DO NOT ENTER ZEROS.

# APPENDIX B

(USE BALL POINT PEN—PRESS DOWN FIRMLY)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION  
NATIONAL INSTITUTE ON DRUG ABUSE

FORM APPROVED  
G.M.B. No. 68-R1442

## CLIENT ORIENTED DATA ACQUISITION PROCESS (CODAP)

## ADMISSION REPORT (AR)

CARD 1																										
* 1. CLINIC IDENTIFIER <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 11-18															<b>Item 21—DRUG TYPE(S)</b> Indicate in the following order: —Drug problems for which the client is being admitted for treatment —Other drugs used during the month prior to admission If 00 for None is entered, leave Items 22-25 blank. 00 = None 01 = Heroin 02 = Non-Rx Methadone 03 = Other Opiates and Synthetics 04 = Alcohol 05 = Barbiturates 06 = Other Sedatives or Hypnotics 07 = Amphetamines 08 = Cocaine 09 = Marijuana/Hashish 10 = Hallucinogens 11 = Inhalants 12 = Over-the-Counter 13 = Tranquilizers 14 = Other 21 = PCP											
* 2. DATE FORM COMPLETED <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 19-24																										
* 3. CLIENT NUMBER <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 25-34																										
* 4. DATE OF ADMISSION TO THIS CLINIC <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 35-40																										
5. ADMISSION TYPE <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 41 1 = First Admission—To Any Clinic Within This Program 2 = Readmission—To Any Clinic Within This Program 3 = Transfer Admission—From Another CODAP Reporting Clinic Within This Program 4 = Transfer Admission—From A Non-CODAP Reporting Clinic Within This Program															<b>Item 22—SEVERITY OF DRUG PROBLEM(S) AT TIME OF ADMISSION</b> 0 = Use (Not A Problem) 1 = Primary 2 = Secondary 3 = Tertiary											
6. MODALITY ADMITTED TO <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 42 <i>(See reverse side for codes)</i>															<b>Item 23—FREQUENCY OF USE DURING MONTH PRIOR TO ADMISSION</b> 0 = No Use During Month Prior To Admission 1 = Less Than Once Per Week 2 = Once Per Week 3 = Several Times Per Week 4 = Once Daily 5 = Two To Three Times Daily 6 = More Than Three Times Daily											
7. ENVIRONMENT ADMITTED TO <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 43 <i>(See reverse side for codes)</i>															<b>Item 24—MOST RECENT USUAL ROUTE OF ADMINISTRATION</b> 1 = Oral 2 = Smoking 3 = Inhalation 4 = Intramuscular 5 = Intravenous											
8. MEDICATION PRESCRIBED <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 44-45 <i>(See reverse side for codes)</i>																										
* 9. SEX 1 = Male 2 = Female <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 46																										
*10. DATE OF BIRTH <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 47-50																										
11. RACE/ETHNIC BACKGROUND <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 51-52 <i>(See reverse side for codes)</i>																										
12. SOURCE OF REFERRAL <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 53-54 <i>(See reverse side for codes)</i>																										
13. MARITAL STATUS <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 55 <i>(See reverse side for codes)</i>																										
14. EMPLOYMENT STATUS <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 57 <i>(See reverse side for codes)</i>																										
15. HIGHEST SCHOOL GRADE COMPLETED (00-20) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 59-60																										
16. CURRENTLY IN EDUCATIONAL OR SKILL DEVELOPMENT PROGRAM 1 = Yes 2 = No <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 61																										
17. NUMBER OF TIMES ARRESTED WITHIN 24 MONTHS PRIOR TO THIS ADMISSION (00 or none) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 62-63																										
18. NUMBER OF PRIOR ADMISSIONS TO ANY DRUG TREATMENT PROGRAM (00 for none) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 64-65																										
19. MONTHS SINCE LAST DISCHARGE FROM ANY DRUG TREATMENT PROGRAM (00 = none; 97 = not applicable) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 66-67																										
20. HEALTH INSURANCE TYPE <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 68 <i>(See reverse side for codes)</i>																										
26. CODED REMARKS <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 47-77																										
<div style="display: flex; justify-content: space-between;"> <span>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31</span> <span>47 48 53 58 67 73 77</span> </div>																										
															Special Studies											

\*The information entered in these Critical Items is used to match client's Admission and Discharge Reports and to match Corrected Copy with Admission Report.

ADM 427-1 This report is required by P.L. 92-255. Failure to report may result in the suspension or termination of NIDA Treatment Grant or Contract. The  
Rev. 4-79 information entered on this form will be held in strict confidence and will not be released to unauthorized personnel.

APPENDIX B  
(SIDE 2)  
ADMISSION REPORT CODES

Listed below are the codes required for the completion of Items on the front of this Admission Report. This aid is NOT designed to replace the comprehensive definitions and instructions contained in Chapter 2 -- Admission Report of the CODAP Instruction Manual. A thorough review of the Instruction Manual and its accessibility at the reporting unit is required.

Item 6 -- Modality Admitted To

- 1 = Detoxification
- 2 = Maintenance
- 3 = Drug Free
- 4 = Other

Item 13 -- Marital Status

- 1 = Never Married
- 2 = Married
- 3 = Widowed
- 4 = Divorced
- 5 = Separated

Item 7 -- Environment Admitted To

- 1 = Prison
- 2 = Hospital
- 3 = Residential
- 4 = Day Care
- 5 = Outpatient

Item 14 -- Employment Status

- 1 = Unemployed, Has Not Sought Employment In Last 30 Days
- 2 = Unemployed, Has Sought Employment In Last 30 Days
- 3 = Part-Time (Less Than 35 Hours A Week)
- 4 = Full-Time (35 Or More Hours A Week)

Item 8 -- Medication Prescribed

- 00 = None
- 01 = Methadone
- 02 = LAAM
- 03 = Propoxyphene-N
- 04 = Naloxone
- 05 = Cyclazocine
- 06 = Disulfiram
- 07 = Other Antagonist
- 08 = Naltrexone
- 09 = Other

Item 20 -- Health Insurance Type

- 0 = No Health Insurance
- 1 = Blue Cross/Blue Shield
- 2 = Other Private Insurance
- 3 = Medicaid/Medicare
- 4 = CHAMPUS (Civilian Health And Medical Program Of The Uniformed Services)
- 5 = Other Public Funds For Health Care

Item 11 -- Race/Ethnic Background

- 01 = White (Not Of Hispanic Origin)
- 02 = Black (Not Of Hispanic Origin)
- 03 = American Indian
- 04 = Alaskan Native (Aleut, Eskimo Indian)
- 05 = Asian Or Pacific Islander
- 06 = Hispanic-Mexican
- 07 = Hispanic-Puerto Rican
- 08 = Hispanic-Cuban
- 09 = Other Hispanic

Item 12 -- Source of Referral

- 01 = Self Referral
- 02 = Hospital
- 03 = Community Mental Health Center
- 04 = Community Services Agencies/Individuals
- 05 = Family/Friend
- 06 = Employer
- 07 = School
- 08 = Other Voluntary
- 09 = Treatment Alternatives to Street Crime (TASC)
- 10 = Federal/State/County Probation
- 11 = Federal/State/County Parole
- 12 = Other Non-Voluntary

FOR BUREAU OF PRISONS ONLY

- 13 = BOP NARA II
- 14 = BOP - IPDDR
- 15 = BOP Study
- 16 = BOP Probationer
- 17 = Other BOP (Formerly DAP)

FOR VETERANS ADMINISTRATION ONLY

- 18 = VA ASMRO

# APPENDIX C

(USE BALL POINT PEN—PRESS DOWN FIRMLY)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION  
NATIONAL INSTITUTE ON DRUG ABUSE

FORM APPROVED  
O.M.B. No. 68-R1442

## CLIENT ORIENTED DATA ACQUISITION PROCESS (CODAP)

## DISCHARGE REPORT (DR)

CARD 1										CARD 2																										
<b>* 1. CLINIC IDENTIFIER</b> <span style="float: right;">11-18</span>										<b>17. SKILL DEVELOPMENT PROGRAM COMPLETED DURING TREATMENT</b> 1 = Yes 2 = No <span style="float: right;">71</span>																										
<b>* 2. DATE FORM COMPLETED</b> <span style="float: right;">19-24</span>										<b>18. NUMBER OF TIMES CLIENT WAS ARRESTED DURING TREATMENT (00 for none)</b> <span style="float: right;">72-73</span>																										
<b>* 3. CLIENT NUMBER</b> <span style="float: right;">25-34</span>										<b>Item 19—DRUG TYPE(S)</b> Indicate in the following order: —Drug Problem(s) at the time of discharge regardless of frequency of use at discharge —Other Drug(s) used during month prior to discharge  If 00 for None is entered, leave Items 20-22 blank																										
<b>4. DATE OF DISCHARGE FROM THIS CLINIC</b> <span style="float: right;">35-40</span>										00 = None 01 = Heroin 02 = Non-Rx Methadone 03 = Other Opiates and Synthetics 04 = Alcohol 05 = Barbiturates 06 = Other Sedatives or Hypnotics 07 = Amphetamines 08 = Cocaine																										
<b>* 5. DATE OF ADMISSION TO THIS CLINIC</b> <span style="float: right;">41-46</span>										09 = Marijuana/Hashish 10 = Hallucinogens 11 = Inhalants 12 = Over-the-Counter 13 = Tranquilizers 14 = Other 15 = Drug Unknown 21 = PCP																										
<b>6. DATE OF ADMISSION TO THIS PROGRAM</b> <span style="float: right;">47-52</span>										<b>Item 20—SEVERITY OF DRUG PROBLEM(S) AT TIME OF DISCHARGE</b> 0 = Use (Not A Problem) 1 = Primary 2 = Secondary 3 = Tertiary																										
<b>7. REASON FOR DISCHARGE</b> <span style="float: right;">53-54</span> 01 = Completed Treatment, No Drug Use 02 = Completed Treatment, Some Drug Use 03 = Transfer To A CODAP Reporting Clinic Within This Program 04 = Transfer To a Non-CODAP Reporting Clinic Within This Program 05 = Referred Outside This Program 06 = Program Decision To Discharge Client For Noncompliance with Program Rules 07 = Client Left Before Completing Treatment 08 = Incarcerated 09 = Death										<b>Item 21—FREQUENCY OF USE DURING MONTH PRIOR TO DISCHARGE</b> 0 = No Use During Month Prior To Discharge 1 = Less Than Once Per Week 2 = Once Per Week 3 = Several Times Per Week 4 = Once Daily 5 = Two To Three Times Daily 6 = More Than Three Times Daily 7 = Frequency Unknown																										
<b>8. MODALITY AT TIME OF DISCHARGE</b> <span style="float: right;">55</span> <i>(See reverse side for codes)</i>										<b>Item 22—MOST RECENT USUAL ROUTE OF ADMINISTRATION</b> 1 = Oral 2 = Smoking 3 = Inhalation 4 = Intramuscular 5 = Intravenous 6 = Route Unknown																										
<b>9. ENVIRONMENT AT TIME OF DISCHARGE</b> <span style="float: right;">56</span> <i>(See reverse side for codes)</i>										<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">DRUG PATTERNS AT DISCHARGE</th> <th style="text-align: center;">PRIMARY PROBLEM OR USE</th> <th style="text-align: center;">SECONDARY PROBLEM OR USE</th> <th style="text-align: center;">TERTIARY PROBLEM OR USE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">11</td> <td style="text-align: center;">12</td> <td style="text-align: center;">13</td> <td style="text-align: center;">14</td> <td style="text-align: center;">15</td> </tr> <tr> <td colspan="2" style="text-align: center;">19</td> <td colspan="2" style="text-align: center;">20</td> <td style="text-align: center;">21</td> </tr> <tr> <td colspan="2" style="text-align: center;">23</td> <td colspan="2" style="text-align: center;">24</td> <td style="text-align: center;">25</td> </tr> <tr> <td colspan="2" style="text-align: center;">27</td> <td colspan="2" style="text-align: center;">28</td> <td style="text-align: center;">29</td> </tr> </tbody> </table>		DRUG PATTERNS AT DISCHARGE		PRIMARY PROBLEM OR USE	SECONDARY PROBLEM OR USE	TERTIARY PROBLEM OR USE	11	12	13	14	15	19		20		21	23		24		25	27		28		29
DRUG PATTERNS AT DISCHARGE		PRIMARY PROBLEM OR USE	SECONDARY PROBLEM OR USE	TERTIARY PROBLEM OR USE																																
11	12	13	14	15																																
19		20		21																																
23		24		25																																
27		28		29																																
<b>* 10. SEX</b> 1 = Male 2 = Female <span style="float: right;">57</span>										<b>CARD 2</b>																										
<b>* 11. DATE OF BIRTH</b> <span style="float: right;">58-61</span>										<b>19. DRUG TYPE(S)</b> <i>(Complete all blocks)</i>																										
<b>12. RACE/ETHNIC BACKGROUND</b> <span style="float: right;">62-63</span> <i>(See reverse side for codes)</i>										<b>20. SEVERITY OF DRUG PROBLEM(S) AT TIME OF DISCHARGE</b>																										
<b>13. MARITAL STATUS</b> <span style="float: right;">64</span> <i>(See reverse side for codes)</i>										<b>21. FREQUENCY OF USE DURING MONTH PRIOR TO DISCHARGE</b>																										
<b>14. EMPLOYMENT STATUS</b> <span style="float: right;">66</span> <i>(See reverse side for codes)</i>										<b>22. MOST RECENT USUAL ROUTE OF ADMINISTRATION</b>																										
<b>15. HIGHEST SCHOOL GRADE COMPLETED (00-20)</b> <span style="float: right;">68-69</span>																																				
<b>16. CURRENTLY IN EDUCATIONAL OR SKILL DEVELOPMENT PROGRAM</b> 1 = Yes 2 = No <span style="float: right;">70</span>																																				
<b>23. CODED REMARKS</b> <span style="float: right;">31-56</span>																																				

\*The information entered in these Critical Items is used to match client's Admission and Discharge Reports and to match Corrected Copy with Discharge Report.

ADM 427-3 Rev. 4-79 This report is required by P.L. 92-255. Failure to report may result in the suspension or termination of NIDA Treatment Grant or Contract. The information entered on this form will be held in strict confidence and will not be released to unauthorized personnel.

APPENDIX C  
(SIDE 2)

DISCHARGE REPORT CODES

Listed below are the codes required for the completion of Items on the front of this Discharge Report. This aid is NOT designed to replace the comprehensive definitions and instructions contained in Chapter 3 — Discharge Report of the CODAP Instruction Manual. A thorough review of the Instruction Manual and its accessibility at the reporting unit is required.

Item 8 — Modality At Time Of Discharge

- 1 = Detoxification
- 2 = Maintenance
- 3 = Drug Free
- 4 = Other

Item 9 — Environment At Time Of Discharge

- 1 = Prison
- 2 = Hospital
- 3 = Residential
- 4 = Day Care
- 5 = Outpatient

Item 12 — Race/Ethnic Background

- 01 = White (Not Of Hispanic Origin)
- 02 = Black (Not Of Hispanic Origin)
- 03 = American Indian
- 04 = Alaskan Native (Aleut, Eskimo Indian)
- 05 = Asian Or Pacific Islander
- 06 = Hispanic-Mexican
- 07 = Hispanic-Puerto Rican
- 08 = Hispanic-Cuban
- 09 = Other Hispanic

Item 13 — Marital Status

- 1 = Never Married
- 2 = Married
- 3 = Widowed
- 4 = Divorced
- 5 = Separated

Item 14 — Employment Status

- 1 = Unemployed, Has Not Sought Employment In Last 30 Days
- 2 = Unemployed, Has Sought Employment In Last 30 Days
- 3 = Part-Time (Less Than 35 Hours A Week)
- 4 = Full-Time (35 Or More Hours A Week)

# APPENDIX D

## CONFIDENTIAL MORBIDITY REPORT

STATE OF CALIFORNIA		(SEND TO LOCAL HEALTH OFFICER)		DEPARTMENT OF HEALTH	
PATIENT'S LAST NAME		FIRST NAME		MIDDLE INITIAL	
ETHNIC ORIGIN	SEX	AGE	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	NUMBER	STREET		CITY	COUNTY
	NUMBER	STREET		CITY	COUNTY
USUAL ADDRESS	NUMBER	STREET		CITY	COUNTY
	NUMBER	STREET		CITY	COUNTY
DISEASE—(VIRAL HEPATITIS, TYPE A, TYPE B OR UNSPECIFIED; SYPHILIS, TUBERCULOSIS, SEE OVER)					DATE OF ONSET
ATTENDING PHYSICIAN (NAME AND ADDRESS); HOSPITAL, INSTITUTION OR OTHER REPORTING AGENCY.					DATE OF DIAG.
					DATE OF DEATH

PM 110 (11-73) ① Δ osp

## TUBERCULOSIS DIAGNOSTIC INFORMATION

DIAGNOSIS <input type="checkbox"/> PRIMARY <input type="checkbox"/> PULMONARY <input type="checkbox"/> EXTRAPULMONARY SITE:	REACTIVATION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNDETERMINED	BACTERIOLOGY SMEAR: <input type="checkbox"/> POS <input type="checkbox"/> NEG CULTURE: <input type="checkbox"/> POS <input type="checkbox"/> NEG NOT DONE <input type="checkbox"/> <input type="checkbox"/> TYPICAL ( <i>M. tuberculosis</i> ) <input type="checkbox"/> ATYPICAL CIRCLE NO. OF RUNYON GROUP IF ATYPICAL MYCOBACTERIA:	EVIDENCE SUPPORTING DIAGNOSIS (CHECK ONE OR MORE) <input type="checkbox"/> POS. TB SKIN TEST <input type="checkbox"/> X-RAY <input type="checkbox"/> BACTERIOLOGIC <input type="checkbox"/> HISTOLOGIC	EXTENT (IF PULMONARY) <input type="checkbox"/> MINIMAL <input type="checkbox"/> MODERATELY ADVANCED <input type="checkbox"/> FAR ADVANCED
	<input type="checkbox"/> RECENT TUBERCULIN CONVERTER ONLY			

## SYPHILIS DIAGNOSTIC INFORMATION

INFECTIOUS <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> EARLY LATENT EPIDEMIOLOGIC NOTE: TO MINIMIZE SPREAD, PROMPT CONTROL MEASURES ARE ESSENTIAL. PLEASE PHONE REPORTS FOR INFECTIOUS CASES.	NON-INFECTIOUS <input type="checkbox"/> LATE LATENT <input type="checkbox"/> NEUROSYPHILIS, ASYMPTOMATIC <input type="checkbox"/> NEUROSYPHILIS, CLINICAL <input type="checkbox"/> CARDIOVASCULAR <input type="checkbox"/> OTHER LATE <input type="checkbox"/> CONGENITAL
--	---

## HEPATITIS DIAGNOSTIC INFORMATION

ASSOCIATION WITHIN 6 MONTHS PRIOR TO ONSET OF HEPATITIS:	
<input type="checkbox"/> TRANSFUSION OF BLOOD; BLOOD PRODUCTS	SELF INJECTION OF DRUGS <input type="checkbox"/> ADMITTED <input type="checkbox"/> SUSPECTED
<input type="checkbox"/> TATTOO	<input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN
HEPATITIS B ANTIGEN TEST: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE: _____ <input type="checkbox"/> POS <input type="checkbox"/> NEG

REMARKS:

(SIDE 2)

# APPENDIX E

## HOSPITAL EMERGENCY ROOM

HOSPITAL	
DATE	TIME OF VISIT <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

### (A) PATIENT INFORMATION

AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER
EMPLOYMENT STATUS <input type="checkbox"/> STUDENT (ANY) <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> RETIRED WORKER <input type="checkbox"/> UNKNOWN <input type="checkbox"/> EMPLOYED <input type="checkbox"/> HOMEMAHER <input type="checkbox"/> OTHER		
PATIENT CURRENTLY ENROLLED IN TREATMENT/REHABILITATION PROGRAM <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
IF YES, CHECK TYPE <input type="checkbox"/> METHADONE DETOXIFICATION <input type="checkbox"/> METHADONE MAINTENANCE <input type="checkbox"/> OTHER		
REASON FOR TAKING SUBSTANCE(S) <input type="checkbox"/> PSYCHIC EFFECTS <input type="checkbox"/> DEPENDENCE <input type="checkbox"/> SUICIDE ATTEMPT OR GESTURE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER, SPECIFY _____	REASON FOR PRESENT CONTACT <input type="checkbox"/> UNEXPECTED REACTION <input type="checkbox"/> OVERDOSE <input type="checkbox"/> CHRONIC EFFECTS <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER, SPECIFY _____	DISPOSITION <input type="checkbox"/> REFERRED TO ANOTHER AGENCY <input type="checkbox"/> TREATED AND REFERRED <input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> ADMITTED TO HOSPITAL <input type="checkbox"/> LEFT AGAINST MEDICAL ADVICE <input type="checkbox"/> DIED <input type="checkbox"/> UNKNOWN

### (B) DRUG SUBSTANCE INFORMATION

LIST EACH SUBSTANCE NAME (CHEMICAL, GENERIC, TRADE OR STREET NAME) IN ONE OF THE NUMBERED SPACES BELOW		
1.	2.	3.

FOR EACH OF THE SUBSTANCES LISTED ABOVE, CHECK APPROPRIATE ANSWERS IN EACH RESPONSE FIELD BELOW.

FORM IN WHICH DRUG WAS ACQUIRED				ROUTE OF ADMINISTRATION			
	SUBSTANCE NUMBER 1 2 3				SUBSTANCE NUMBER 1 2 3		
TAB/CAP/PILL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ORAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AEROSOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INJECTION (SPECIFY I.V., S.C., I.M.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIQUID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INHALED (GAS, VOLATILE LIQUID, AEROSOL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POWDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SMOKED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAPER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SNIFFED, SNORTED (e.g., COCAINE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INJECTABLE LIQUID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CIGARETTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER, SPECIFY _____			
PLANT MATERIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
OTHER, SPECIFY _____							
SOURCE OF SUBSTANCE				IDENTIFICATION OF SUBSTANCE (CHECK ALL THAT APPLY)			
	SUBSTANCE NUMBER 1 2 3				SUBSTANCE NUMBER 1 2 3		
LEGAL RX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patient's statement of identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FORGED RX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doctor's statement of identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STREET BUY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Positive clinical response to symptomatic treatment of drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O.T.C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Possession of commercial identifiable dosage form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STOLEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Statement of accompanying individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GIFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification of substance from blood sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification of substance from urine sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER, SPECIFY _____				Identification of substance from other body fluid or tissue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLINICAL STATUS:							
<input type="checkbox"/> CONSCIOUS				<input type="checkbox"/> UNCONSCIOUS			
<input type="checkbox"/> COHERENT				<input type="checkbox"/> DEAD			
<input type="checkbox"/> INCOHERENT							

# APPENDIX F

## MEDICAL EXAMINERS

COUNTY & STATE _____	DATE OF DEATH _____
	<input type="checkbox"/> PRESUMED OR TO BE A DRUG-INVOLVED DEATH <input type="checkbox"/> CONFIRMED

### (A) INFORMATION ON DECEASED

AGE: _____	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE: <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER		
EMPLOYMENT STATUS: <input type="checkbox"/> STUDENT (ANY) <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> RETIRED WORKER <input type="checkbox"/> UNKNOWN				
<input type="checkbox"/> EMPLOYED <input type="checkbox"/> HOMEMAKER <input type="checkbox"/> OTHER				
WAS DECEASED ENROLLED IN TREATMENT/REHABILITATION PROGRAM			IF YES, CHECK TYPE	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			<input type="checkbox"/> METHADONE DETOXIFICATION <input type="checkbox"/> METHADONE MAINTENANCE <input type="checkbox"/> OTHER	
<b>CAUSE OF DEATH</b>			<b>MANNER OF DEATH (check one)</b>	
<b>DRUG INDUCED</b> (Overdose or Drug Reaction)	<b>A. DIRECT - SINGLE DRUG CAUSE</b> (Overdose) (The single drug is named in Box #1 below.)  <b>B. DIRECT - MULTIPLE DRUG CAUSE</b> (Cause not attributable specifically to any one drug, but to drug overdose.)  <b>C. IDIOSYNCRATIC - UNEXPECTED EFFECT, ANAPHYLACTIC OR IMMUNE REACTION</b> (Drug Reaction)	ACCIDENTAL/ UNEXPECTED	SUICIDE	HOMICIDE
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DRUG RELATED</b> (Contributory Factor)	<b>D. COMBINATION WITH PHYSIOLOGICAL CONDITION</b>  <b>E. COMBINATION WITH EXTERNAL PHYSICAL EVENT</b>  <b>F. COMBINATION WITH MEDICAL DISORDER PROBABLY DRUG CAUSED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CAUSE OF DEATH DETERMINATION SUPPORTED BY:</b> (Check All that Apply)		<b>PLEASE NOTE:</b> (To be answered only in the case of ACCIDENTAL/UNEXPECTED manner of death.) When the manner of death was accidental/unexpected (unintentional), was the decedent's use of drugs motivated either by a desire for psychic effects or dependence upon the drug which induced or contributed to the death?		
<input type="checkbox"/> Toxicological Lab Report <input type="checkbox"/> Autopsy <input type="checkbox"/> Site Inspection <input type="checkbox"/> External Physical Symptoms <input type="checkbox"/> Statements of Family/Friends <input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		

### (B) DRUG SUBSTANCE INFORMATION

LIST EACH SUBSTANCE NAME (CHEMICAL, GENERIC, TRADE OR STREET NAME) IN ONE OF THE NUMBERED SPACES BELOW		
1. _____	2. _____	3. _____

FOR EACH OF THE SUBSTANCES LISTED ABOVE, CHECK APPROPRIATE ANSWERS IN EACH RESPONSE FIELD BELOW

FORM IN WHICH DRUG WAS FOUND	SUBSTANCE NUMBER	ROUTE OF ADMINISTRATION	SUBSTANCE NUMBER
TAB/CAP/PILL	1 2 3		1 2 3
AEROSOL	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ORAL	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LIQUID (ORAL)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	INJECTION (SPECIFY I.V., S.C., I.M.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
POWDER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	INHALED (GAS, VOLATILE LIQUID, AEROSOL)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PAPER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SMOKED	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
INJECTABLE LIQUID	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SMIFFED, SNORTED (e.g., COCAINE)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CIGARETTE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	UNKNOWN	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PLANT MATERIAL	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	OTHER, SPECIFY _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
UNKNOWN	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
OTHER, SPECIFY _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

LABORATORY TEST METHOD ORDERED TO IDENTIFY DRUGS			OTHER METHODS OF IDENTIFICATION (check all that apply)		
TEST METHOD	SPECIMEN	FINDING (in mg.% if available)	SUBSTANCE NUMBER		
			1 2 3		
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

### (C) REMARKS



# APPENDIX G

## CERTIFICATE OF DEATH STATE OF CALIFORNIA

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER									
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR					
3. SEX	4. RACE	5. ETHNICITY		6. DATE OF BIRTH		7. AGE	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS DAYS	IF UNDER 24 HOURS HOURS MINUTES				
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER				10. BIRTH NAME AND BIRTHPLACE OF MOTHER							
11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)							
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)			18. KIND OF INDUSTRY OR BUSINESS							
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)				19B.		19C. CITY OR TOWN							
19D. COUNTY				19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP							
21A. PLACE OF DEATH				21B. COUNTY									
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)				21D. CITY OR TOWN									
CAUSE OF DEATH		22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		24. WAS DEATH REPORTED TO CORONER?					
		(A)						25. WAS BIOPSY PERFORMED?					
		(B)						26. WAS AUTOPSY PERFORMED?					
		(C)											
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH				27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION DATE									
PHYSICIAN'S CERTIFICATION		28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER					
		I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		28E. TYPE PHYSICIAN'S NAME AND ADDRESS									
INJURY INFORMATION CORONER'S USE ONLY		29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH DAY, YEAR		32B. HOUR			
		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
		35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)				35B. CORONER—SIGNATURE AND DEGREE OR TITLE				35C. DATE SIGNED			
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY				39. EMBALMER'S LICENSE NUMBER AND SIGNATURE					
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)				41. LOCAL REGISTRAR—SIGNATURE				42. DATE ACCEPTED BY LOCAL REGISTRAR					
STATE REGISTRAR		A.		B.		C.		D.		E.		F.	

## APPENDIX G

(SIDE 2)

### PRIVACY NOTIFICATION

Civil Code Section 1798.9 et seq. requires each state agency to provide notice to individuals completing this form. The information is being requested by:

DEPARTMENT OF HEALTH SERVICES, STATE REGISTRAR OF VITAL STATISTICS  
410 N STREET, TELEPHONE (916) 445-2684

The information requested on this certificate is authorized and required by Divisions 7 and 9 of the Health and Safety Code, and related provisions within the Civil Code, Code of Civil Procedure, and Government Code.

The completion of all items requested on this form is mandatory. Health and Safety Code Section 10675 provides that, "Every person who refuses or fails to furnish correctly any information in his possession, or furnishes false information affecting any certificate or record, required by this division is guilty of a misdemeanor."

The principal purpose for this record is:

1. To establish a permanent record that is legally recognized as prima facie evidence of the facts stated therein for each birth, death, and marriage occurring in the state of California.
2. To provide individuals with certified copies from the records to serve their personal needs, such as obtaining admission to schools, securing passports, and applying for social security or death benefits.
3. To provide information, to health authorities and other qualified persons with a valid education or scientific interest, for demographic and epidemiological studies for health and social purposes.
4. This information is also provided to the National Center for Health Statistics for compiling national statistical reports. Death information is also provided to state and federal agencies for file clearance purposes.

Your record shall be open for examination during regularly scheduled office hours, except when access is specifically prohibited by statute or regulations.

### LEGAL REQUIREMENTS FOR FILING CERTIFICATE OF DEATH

Each death shall be registered with the local registrar of birth and death registration in the district in which the death was officially pronounced or the body was found, within five days after death and prior to any disposition of the human remains.

The medical and health section data and the time of death shall be completed and attested to by the physician last in attendance provided such physician is legally authorized to certify and attest to these facts, or by the coroner in those cases in which he is required to complete the medical and health section data and certify and attest to these facts.

The medical and health section data and the physician's or coroner's certification shall be completed by the attending physician within 15 hours after the death, or by the coroner within three days after examination of the body.

59433-480 3-78 300M DUP QW GSP

## APPENDIX G

## AMENDMENT

## AMENDMENT OF MEDICAL AND HEALTH SECTION DATA-DEATH

STATE CERTIFICATE NUMBER		INSTRUCTIONS ON REVERSE		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
IDENTIFICATION OF THE RECORD	1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME		
	2. PLACE OF OCCURRENCE—CITY OR COUNTY		3. DATE OF EVENT	4. DATE ORIGINAL FILED	
ORIGINALLY REPORTED INFORMATION	INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE				
	22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?
	(A) CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDER- LYING CAUSE LAST.			APPROXI- MATE INTERVAL BETWEEN ONSET AND DEATH	26. WAS AUTOPSY PERFORMED?
	(B) DUE TO, OR AS A CONSEQUENCE OF				
	(C) DUE TO, OR AS A CONSEQUENCE OF				
	23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH			27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? OPERATION DATE	
	29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR
	33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		
	INFORMATION AS IT SHOULD BE STATED ON THE ORIGINALLY REGISTERED CERTIFICATE				
	22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?
(A) CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDER- LYING CAUSE LAST.			APPROXI- MATE INTERVAL BETWEEN ONSET AND DEATH	26. WAS AUTOPSY PERFORMED?	
(B) DUE TO, OR AS A CONSEQUENCE OF					
(C) DUE TO, OR AS A CONSEQUENCE OF					
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH			27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? OPERATION DATE		
29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	5. I, THE CERTIFYING PHYSICIAN OR CORONER HAVING PERSONAL KNOWLEDGE OF SUPPLEMENTAL INFORMATION WHICH MODIFIES THE INFORMATION ORIGINALLY REPORTED. DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		6a. SIGNATURE OF PHYSICIAN OR CORONER		6b. DATE SIGNED
			7a. NAME OF PHYSICIAN OR CORONER (PRINT OR TYPE)		7b. DEGREE OR TITLE
			7c. ADDRESS—STREET, CITY, STATE		
REGISTRAR'S OFFICE	8a. OFFICE OF STATE OR LOCAL REGISTRAR			8b. DATE ACCEPTED	

## DRUG INFORMATION AND INDICATOR SYSTEM

DEPARTMENT OF SUBSTANCE ABUSE

#### DIVISION OF DRUG PROGRAMS

## CLIENT ACTIVITY REPORT

REV 92A

IDENTIFICATION										SERVICES PROVIDED									
<div style="display: flex; justify-content: space-between;"> <div> DATE OF ADMISSION  2. PRIMARY COUNSELOR NUMBER  3. CLINIC IDENTIFIER  4. REPORT MONTH  5. TREATMENT STATUS  6. CLIENT NUMBER </div> <div style="text-align: center;"> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> MONTH DAY YEAR </div> <div style="display: flex; justify-content: space-around; font-size: 0.7em;"> 1 = ACTIVE/DISCHARGE CLIENT  2 = FOLLOW UP CLIENT </div> </div> <div> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 3-8 9-10 11-18 19-22 23 30-34 </div> </div> </div>										<div style="display: flex; justify-content: space-between;"> <div> 26. NUMBER OF EMPLOYMENT REFERRALS  27. NUMBER OF EMPLOYMENT PLACEMENTS  28. NUMBER OF EMPLOYMENT TRNG. REFER.  29. NUMBER OF EMPLOYMENT TRNG. PLCMTS.  30. NUMBER OF EDUCATIONAL REFERRALS  31. NUMBER OF EDUCATIONAL PLACEMENTS  32. TIME IN EMPLOYMENT  Since admission to treatment  33. TIME IN EMPLOYMENT TRAINING  Since admission to treatment  34. TIME IN EDUCATION  Since admission to treatment </div> <div style="text-align: right; font-size: 0.8em;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> 71-72  <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> 73  <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> 74  <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> 75  <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> 76  <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> 77  <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> 78  <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> 79  <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> 80 </div> </div>									
<b>ADMISSION DATA</b>										ITEM 32 TIME IN EMPLOYMENT CODES ITEM 33 TIME IN EMPLOYMENT TRAINING CODES ITEM 34 TIME IN EDUCATION CODES <div style="font-size: 0.7em;"> 1. Less Than One Week  2. 1 Week to 1 Month  3. 1 to 3 Months  4. 3 to 6 Months  5. 6 to 12 Months  6. Over 1 Year </div>									
7. CENSUS TRACT 8. ZIP CODE (Last Three Digits) 9. CODAP ELIGIBLE? 1 = YES 2 = NO 10. PRIMARY PRESENTING PROBLEM See reverse side for codes 11. SECOND PRESENTING PROBLEM See reverse side for codes 12. THIRD PRESENTING PROBLEM See reverse side for codes										<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 35-39 40-42 43 44-45 46-47 48-49 </div> </div> </div>									
<b>SPECIAL RESEARCH</b>										<b>CARD 2</b>									
13. PRIMARY INCOME SOURCE See reverse side for codes 14. SECOND INCOME SOURCE See reverse side for codes 15. AVERAGE MONTHLY INCOME See reverse side for codes 16. COST OF DRUG USE PER DAY See reverse side for codes 17. NUMBER OF PROPERTY ARRESTS (i.e. Burglary, Theft \$200+) 18. NUMBER OF PERSON ARRESTS (i.e. Robbery, Assault, Rape) 19. NUMBER OF DRUG ARRESTS (Felony and Misdemeanor) 20. NUMBER OF OTHER ARRESTS										<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 50-51 52-53 54 55 56 57 58 59 </div> </div> </div>									
<b>DISCHARGE DATA</b>										35. NUMBER OF NO SHOWS 36. NUMBER OF CANCELLATIONS <div style="text-align: center; padding: 5px;"><b>INTAKE/SCREENING</b></div> <div style="display: flex; justify-content: space-between; font-size: 0.7em;"> <div> 37. NUMBER OF SESSIONS <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> 5 </div> <div> 38. <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> HOURS <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> MINS. </div> </div> <div style="text-align: center; padding: 5px;"><b>INDIVIDUAL COUNSELING</b></div> <div style="display: flex; justify-content: space-between; font-size: 0.7em;"> <div> 39. NUMBER OF SESSIONS <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> 19-20 </div> <div> 40. <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> HOURS <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> MINS. </div> </div> <div style="text-align: center; padding: 5px;"><b>GROUP COUNSELING</b></div> <div style="display: flex; justify-content: space-between; font-size: 0.7em;"> <div> 41. NUMBER OF SESSIONS <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> 35-36 </div> <div> 42. <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> HOURS <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> MINS. </div> </div> <div style="text-align: center; padding: 5px;"><b>FAMILY COUNSELING</b></div> <div style="display: flex; justify-content: space-between; font-size: 0.7em;"> <div> 43. NUMBER OF SESSIONS <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> 41-42 </div> <div> 44. <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> HOURS <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> MINS. </div> </div> <div style="text-align: center; padding: 5px;"><b>VOC/REHAB</b></div> <div style="display: flex; justify-content: space-between; font-size: 0.7em;"> <div> 45. NUMBER OF SESSIONS <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> 47-48 </div> <div> 46. <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> HOURS <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> MINS. </div> </div> <div style="text-align: center; padding: 5px;"><b>CRISIS COUNSELING / INTERVENTION</b></div> <div style="display: flex; justify-content: space-between; font-size: 0.7em;"> <div> 47. NUMBER OF SESSIONS <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> 53-54 </div> <div> 48. <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> HOURS <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> MINS. </div> </div> <div style="text-align: center; padding: 5px;"><b>ANCILLARY SERVICE</b></div> <div style="display: flex; justify-content: space-between; font-size: 0.7em;"> <div> 49. NUMBER OF SESSIONS <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> 59-60 </div> <div> 50. <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> HOURS <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> MINS. </div> </div> <div style="text-align: center; padding: 5px;"><b>ACTIVITY</b></div> <div style="display: flex; justify-content: space-between; font-size: 0.7em;"> <div> 51. NUMBER OF SESSIONS <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> 65-66 </div> <div> 52. <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> HOURS <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> MINS. </div> </div> <div style="text-align: center; padding: 5px;"><b>REFERRAL</b></div> <div style="display: flex; justify-content: space-between; font-size: 0.7em;"> <div> 53. NUMBER OF SESSIONS <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> 71-72 </div> <div> 54. <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> HOURS <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> MINS. </div> </div>									
21. DATE OF DISCHARGE 22. DISCHARGE REFERRAL See reverse side for codes 23. PRIMARY PROBLEM SCORE 24. SECOND PROBLEM SCORE 25. THIRD PROBLEM SCORE																			

**METHADONE AND RESIDENTIAL (COMPLETE ONLY APPLICABLE ITEMS)**[illegible]**DSA / DDP**

**CONFIDENTIAL CLIENT INFORMATION**  
SEE CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTION 5328

# APPENDIX H

## (SIDE 2)

### CLIENT ACTIVITY REPORT CODES

Listed below are the Codes required for the completion of Items on the front of this Client Activity Report. This aid is NOT designed to replace the comprehensive definitions and instructions contained in the Client Activity Report Instruction Manual and Handbook.

#### ITEM 10, PRIMARY PRESENTING PROBLEM ITEM 11, SECOND PRESENTING PROBLEM ITEM 12, THIRD PRESENTING PROBLEM

- 01 Drug Addiction (i.e., heroin, opiates, etc.)
- 02 Drug Use/Abuse
- 03 Alcohol Use/Abuse
- 04 Physical Health/Medical
- 05 Interpersonal / Family / Marital
- 06 Relationships (friends, peers, etc.)
- 07 Intrapersonal Relationships (developmental / emotional, i.e., depression, anxiety, suicidal, growth, identity)
- 08 Sexuality (bisexual, gay, etc.)
- 09 Social Functioning
- 10 Vocational / Educational
- 11 Employment
- 12 Economic / Financial
- 13 Law Enforcement / Criminal Justice / Legal
- 14 Environmental / Situational (housing)
- 15 Other

#### ITEM 13, PRIMARY INCOME SOURCE

#### ITEM 14, SECOND INCOME SOURCE

##### CLIENT'S INCOME ONLY

- 01 Employment
- 02 Unemployment Insurance
- 03 VA Benefits
- 04 Savings
- 05 AFDC
- 06 Aid to Disabled (ATD)
- 07 Social Security (SSI, SSA, etc.)
- 08 General Assistance or Relief
- 09 Parents, Relatives or Friends
- 10 Illegal
- 11 No Income Source
- 12 Unknown

#### ITEM 15, AVERAGE MONTHLY INCOME (of client)

- 1 Under \$50
- 2 \$50 to \$200
- 3 \$201 to \$500
- 4 \$501 to \$1,000
- 5 \$1,001 to \$1,500
- 6 Over \$1,500
- 7 Unknown

#### ITEM 16, COST OF DRUG USE PER DAY

Only for those drugs used  
"once daily" or more often;  
on CODAP Admission Report.

- 1 \$0 to \$15
- 2 \$16 to \$30
- 3 \$31 to \$45
- 4 \$46 to \$60
- 5 \$61 to \$75
- 6 \$76 to \$90
- 7 Over \$90
- 8 Unknown

#### ITEM 22, DISCHARGE REFERRAL

- 01 Self, "on his/her own"
- 02 General Hospital
- 03 Mental Hospital
- 04 Community Mental Health Center
- 05 Social or Community Services Agency
- 06 Private Physician
- 07 Another Drug Program
- 08 Family or Relative
- 09 Friend
- 10 Employer
- 11 School
- 14 TASC
- 15 State/County Probation
- 16 State/County Parole
- 17 Federal Probation
- 18 Federal Parole
- 19 Police
- 20 Other

### METHADONE AND RESIDENTIAL (COMPLETE ONLY APPLICABLE ITEMS)

#### VOCATION (5)

- 1 = Skilled manual labor
- 2 = Unskilled manual labor
- 3 = Professional/Tech.
- 4 = Clerical/Secretarial
- 5 = Owner of business
- 6 = Domestic worker
- 7 = Salesperson
- 8 = Homemaker\*
- 9 = Student/Voc. Train.

\* **HOMEMAKER** is defined as a person who lives with someone upon whose income he/she is dependent

#### VETERAN (6)

- 1 = Yes
- 2 = No

#### DRUG PREFERENCE (8)

- 1 = Heroin
- 2 = Other opiates
- 3 = Methadone
- 4 = Hallucinogens
- 5 = Barbiturates
- 6 = Amphetamines
- 7 = Alcohol
- 8 = Cocaine
- 9 = Marijuana

#### TA/APU (9)

- 1 = Traditional addict
- 2 = Addicted polydrug user

#### TAKE-HOME STEP LEVEL (22)

- 1 = Step 1
- 2 = Step 2
- 3 = Step 3
- 4 = Step 4

#### CONTINUOUS TREATMENT (48)

- 1 = 0-3 months
- 2 = 3-12 months
- 3 = 12-24 months
- 4 = 24 or more

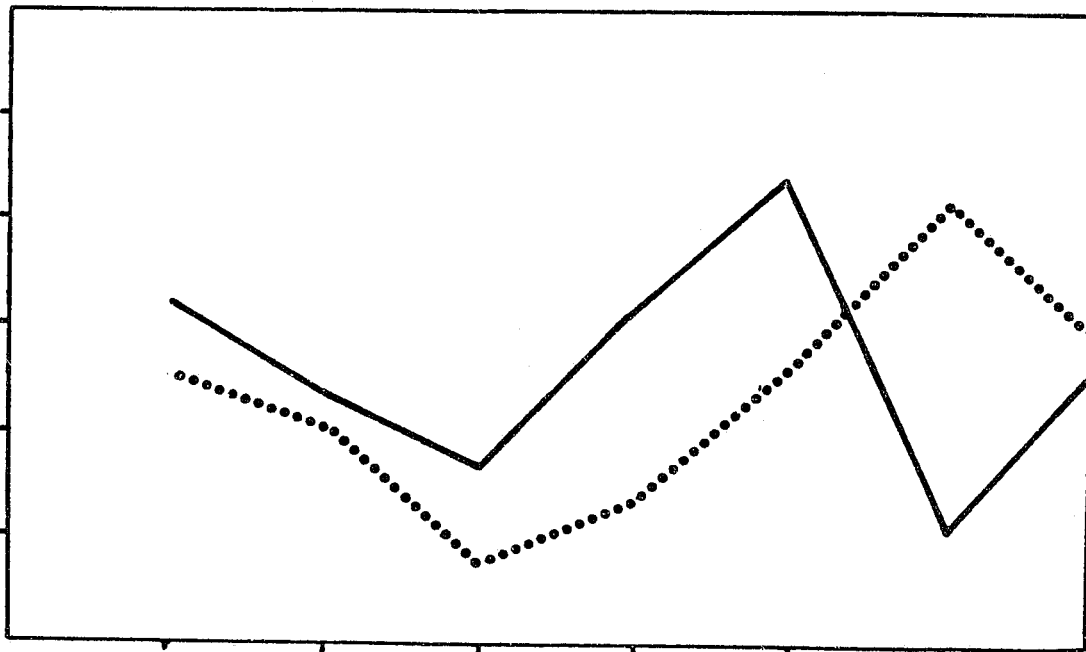
#### CONTINUOUS TREAT. EOQ (49)

Projected time in treatment end of quarter. Use same codes as column 48

#### DAYS ABSENT FROM CASELOAD (46-47)

Record only those days absent as a result of being:  
- Terminated during month  
- Admitted during month  
- Hospitalized  
- Incarcerated  
- Temporarily transferred

# Annual Report on Heroin and other Drug use San Diego County



Department of Substance Abuse  
Division of Drug Programs  
June 1978

## APPENDIX I

### SUMMARY

The most salient feature affecting the countywide drug abuse problem has been the declining purity and availability of street-level heroin. This general trend has resulted in a greater demand for treatment (demonstrated by the increasing readmission rate), fewer heroin-related deaths and emergency room episodes. But, there has been a marked increase in the number of deaths associated with barbiturate, sedative, and tranquilizer abuse. This suggests that heroin users may be turning to substitute drugs.

#### MAJOR DRUGS OF ABUSE

- o Heroin, marijuana- drug abuse treatment programs reported heroin and marijuana to be the major drugs of abuse during 1976 and 1977 with high levels of treatment admissions.

Hospital emergency rooms reported heroin to be the second drug of abuse countywide during the first half of 1977 (second only to diazepam).

The Coroner's Office reported a 37.6 percent decline in total heroin-related deaths.

Law enforcement agencies reported significant increases in marijuana and dangerous drug violation arrests and decreased heroin-related arrests.

- o PCP (phencyclidine)- hospital emergency rooms reported increased mentions of PCP. During the first half of 1977 there were 24 mentions of PCP compared with 31 mentions during calendar year 1976.
- o Diazepam (Valium)- diazepam was the most often mentioned drug in hospital emergency rooms during the first half of 1977.

The Coroner's Office reported that deaths associated with barbiturate, sedative, and tranquilizer (including diazepam) abuse, increased 27.1 percent during calendar year 1977 as compared to the same period in 1976.

# APPENDIX J

## County of San Diego Drug Arrest Profile

DEPARTMENT OF SUBSTANCE ABUSE  
2870 Fourth Avenue  
San Diego, CA 92103

STAFF CONTACT:

ENFORCEMENT AGENCY (Name): \_\_\_\_\_

LAW ENFORCEMENT CONTACT: \_\_\_\_\_  
(Person filling out form)

Instructions: If the following information is available please indicate the number of arrests for any drug law violation for the calendar year or year-to-date. Then indicate the category of drug which the arrest was made: (A) Heroin, (B) Marijuana/Hashish, (C) Cocaine, and (D) Dangerous Drugs. Finally indicate the age, sex, and ethnic background of the arrestee. If no demographic information is know, please indicate the total number of arrests only in the first column.

YEAR	TOTAL ARRESTS	DRUG	< 12	12-17	18-25	26+	M	F	White	Black	Mex/Amer	Amer/Ind	Asian	Other





DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE

ALCOHOL, DRUG ABUSE, AND  
MENTAL HEALTH ADMINISTRATION  
5600 FISHERS LANE  
ROCKVILLE, MARYLAND 20857

OFFICIAL BUSINESS  
Penalty for private use, \$300

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