# how do we know
## we are making a difference?

**A Community Alcohol, Tobacco, and Drug Indicators Handbook**

**2005 Edition**

**JOIN TOGETHER**

**$10.00**

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# How Do We Know We Are Making A Difference?

## A Community Alcohol, Tobacco, and Drug Indicators Handbook

### 2005 Edition

## Authors

**Susan Aromaa,** Join Together
**Sarah Guckenburg,** Join Together
**David Rosenbloom,** Join Together
**Erika Edwards,** Join Together

## Advisory Group Members

**George Beschner**
MasiMax Resources, Inc.

**Jane Callahan**
Community Anti-Drug Coalitions of America (CADCA)

**Roy Gabriel**
RMC Research

**Tasha Jenkins**
Fighting Back, Inc., Milwaukee, Wisconsin

**Kathy Mandeville**
Public Health Consultant

**Tom Mangione**
John Snow, Inc.

**Dennis McCarty**
Oregon Health and Science University

## Book Design

**Velir Studios**

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# introduction

In 1997, Join Together partnered with the Institute for Health Policy at Brandeis University to develop *How do we know we are making a difference? A community substance abuse indicators handbook.* This popular publication has been used by community groups nationwide to evaluate activities focused on preventing and reducing harms from substance use.

Indicators are data that help measure the impact of substance use in a community. Regular reporting using indicators has become an effective and important tool for evaluating community efforts to reduce substance use. Creating compelling indicator reports has become an equally important tool to help promote community action. This revised edition focuses on the steps to creating and sustaining an indicator program and how to effectively communicate data to your target audience.

Projects that use indicator reporting at the national level have helped create policy change. Mothers Against Drunk Driving's (MADD) Rating the States survey was designed to report national and state progress on policies that will reduce alcohol-impaired driving. MADD developed and released its first Rating the States Survey Report in 1991, followed by reports in 1993, 1996, 1999, and 2002. These report cards helped raise public awareness of state drunk driving policies and contributed to the adoption of the .08 BAC laws in all 50 states.

Local reporting programs illustrate substance use problems in the community and help create change. Like MADD's Rating the States, local programs are most effective at reducing substance use problems when reporting on a regular basis.

Reporting programs:

- *Focus community strategies for action.* Monitoring substance use indicators can help you develop and monitor your community strategy and determine where to focus your efforts.

- *Track the impact of new policies and programs.* When programs and policies are associated with favorable changes in indicators, community groups may be able to build or strengthen local support for these activities.

- *Monitor community changes.* Tracking changes over time illustrates trends in substance use harms in the community.

- *Address community perceptions.* Indicator monitoring can change the way communities perceive the problem of addiction and also how they

take action to reduce substance use. When confronted with community denial, indicator programs can use data to establish that local problems are more predominant than publicly acknowledged.

- *Provide a common information base.* While there will always be different interpretations of what the data show, indicators will provide a common starting point for collaboration and action planning.

- *Compare the level of local problems to those in similar communities.* This comparison can help detect relationships between substance use and other community characteristics or policies.

## How to use this handbook

This revised handbook is designed to direct you through the process of planning an indicator reporting program, selecting relevant indicators and measures, collecting local data, and reporting to your target audience.

*Chapter 1* guides you through focusing your community-wide strategy and planning a reporting program.

*Chapter 2* helps you get started by selecting appropriate indicators and planning for data collection.

*Chapter 3* provides basic information on a menu of 27 substance use-related indicators and measures.

*Chapter 4* describes how to put your data into a community indicator report.

*Chapter 5* highlights successful indicator programs from around the country to give practical examples of how you can make a difference.

## Visit our companion website, www.indicatorshandbook.org

As indicator reporting programs have become more widely used, data sources and resources have become increasingly available online. Join Together is taking advantage of this trend by building a companion website to the indicators handbook. This website will help us bring you the most up-to-date data sources as well as current community indicator reports from around the country.

Indicatorshandbook.org expands the scope of this book by providing:

- Additional graphs and examples of data display options;

- Links to online data sources; (because weblinks change frequently, they are not printed in this handbook.)

- Additional community examples; and

- Other indicator resources.

Throughout the handbook we have included icons that will alert you when you can find a specific resource online:

Print version online

Online weblinks and data sources

We hope this handbook and the website will help you develop and sustain an indicator reporting program in your community.

Visit www.IndicatorsHandbook.org to download additional copies or email publications@jointogether.org to order multiple print copies.

# planning a reporting program

**1**

Why are indicators useful? Indicators inform your target audiences about substance use trends in your community, helping to paint a broad picture of the local impact of these problems. Collecting data at regular intervals will also help you ascertain if your work is making a difference in reducing substance use problems.

An indicator reporting program is a long-term commitment. Once you establish your program, you should plan to provide regular reports to the community and the media. In addition to illustrating community trends, your report will highlight the results of your efforts to prevent and reduce drug, alcohol, and tobacco problems. The frequency of your reports will depend on the availability of updated data, but more importantly, on how often you can demonstrate the impact of your work. Indicator programs generally report annually.

This chapter will help you think through your community-wide strategy, which groups you need to work with to collect data, and how to identify your target audiences.

## What is your strategy?

Strategy is an essential tool needed to address substance use problems. Community groups with a written strategy are more likely to report greater citizen involvement, more influence on public policy change, better access to treatment, and increased diversity of funding sources.

Your strategy is very important in starting an indicator program because it will help determine which indicators you select and how you illustrate the problems you are trying to solve in your community. Since you are considering developing an indicators program, now is a good time to review your current strategy for preventing and reducing the harms from substance use.

Answering these questions can help you affirm your strategy:

1. What specific harms from substance use are we trying to prevent and reduce in our community?

2. How are we doing this?

3. What other groups are already involved or could we get involved?

4. How can we work collaboratively with others?

5. How will we know we are making a difference?

Regularly incorporating community indicator data into your overall strategy can:

- Provide valuable information for deciding upon local action;

- Show trends/progress over time;

- Provide a comparison of the level of local problems to those in similar communities; and

- Generate community-wide support for targeted programs and policies.

## Convening a data assessment committee

Managing an indicator program requires a team effort. A community-wide data assessment committee can be useful in brainstorming ideas and accessing data. To collect indicators of substance use, you need to involve people who have access to local data and information in their area of expertise. Doors to existing data systems will open much more quickly if their key representatives are involved from the beginning. It is also important to have these individuals buy into the process early in the development of your indicator reporting program so they will be more likely to disseminate the information and advocate for change in the community.

For example, many schools do not like to release results from student surveys or information on disciplinary actions because of the potential for bad press. Having a school official on your team may increase access to this data and help you disseminate it to the community. Other key partners may include people from law enforcement, social services, treatment, healthcare, health department, and public officials.

Your community problems will change over time. Having an established group with access to data will ensure that you report those changes and adjust your strategy appropriately.

## Who is your target audience?

Be clear from the outset about the intended audiences for your indicator reports. Choosing the audiences in advance will help clarify many details, such as layout, tone, and length. In the end, different versions of the reports may be tailored for each target audience.

**Figure 1.1** ▶
**Sample Target Audiences**

Tailor your report for your target audiences.

| Target Audience | Key reporting components |
|---|---|
| Media | Factoids; personal stories |
| Policy makers (town officials, county commissioners, legislators) | Trends; policy recommendations |
| Foundations and other funders | Examples of how your activities are making a difference in the community |
| Community leaders of institutions (schools, faith, criminal justice, medical, department of public health) | In-depth, specific information on the populations they serve |

## Regular reporting is a key component of a useful indicator program

Regular reports allow the audiences to become familiar with the issues you are trying to address. Once you have established a set of indicators and data sources to track, updating your reports on a regular basis will become easier. Many successful indicator programs produce an annual indicator report updating the community on trends and progress.

## Keep it simple

Remember your audience and your purpose, which is communicating the breadth and depth of substance use problems and plans to improve the community.

# 2 getting started

## Selecting appropriate indicators

After you determine what harms from substance use you are trying to prevent and reduce in your community, your committee should begin selecting indicators that will help illustrate the problems, monitor changes, and make recommendations for action. See chapter 3 for a menu of possible indicators and measures.

What story are you trying to tell? As you select your indicators, revisit your community strategy and make sure that the indicators directly reflect the goals you are trying to achieve.

For example, if the major current problem in your community is methamphetamine use, you will want to select indicators that will show the scope and scale of the problem and the specific harms it is causing the community. Figure 2.1 shows the harms related to increased methamphetamine use in New Mexico.

**Figure 2.1 ▶**

**Methamphetamine Use in New Mexico**

Select indicators that will help you illustrate the problem in your community.

Source: New Mexico Department of Health. *Drug Abuse Patterns and Trends in New Mexico: September 2004 Proceedings of the New Mexico State Epidemiology Workgroup,* January 2005.

| Scope/Scale | Data |
|---|---|
| Self-reported use of methamphetamines | 7.3 % of secondary school students indicate past 30 day use |
| People in treatment for methamphetamines | 3.5% of admissions (2001-2003) |
| DEA seizures | 42.13 kilograms (2003) |

| Harms | Data |
|---|---|
| Methamphetamine-related hospital cases | 8.8 % of total drug-related hospitalizations (1998-2002) |
| Drug use among arrestees | 7% of male arrestees tested positive for methamphetamine in Albuquerque, NM |
| Overdose deaths | Range from 2-11% of deaths in the four health districts of NM (1995-2003) |

Work with your data assessment committee to determine the types of indicators you should collect. It may be helpful to have a brainstorming session to generate an initial list of indicators. Include all of the brainstormed ideas in this list and then decide on a final list before you start collecting data.

Use the following checklist to narrow down and develop the final list of indicators for your reporting program:

❑ **Short and manageable**

Don't get overwhelmed with the amount of data you need to collect. The data collection process is only one step in managing an indicator program—reporting and disseminating information are equally important.

Since you are going to update data on a regular basis, you want to be able to do it efficiently so you can release the new data to the target audiences in a timely fashion.

❑ **Accessible data**

The extent of effort required to gather indicator data will help determine which indicators to include. Is the information routinely available and updated? Is the information available at the geographic level (e.g., county, city, or neighborhood) or population level (e.g., adolescents, pregnant women) desired? Will additional data analysis be required to adjust the data to the level of interest?

❑ **Interpretable and meaningful data**

Percentages and raw numbers that show the direction of changes over time and community comparisons are simple, meaningful data types that also make an impact. If possible, avoid complex data analyses that may be difficult to explain and illustrate to your audience.

❑ **Consider data that move from the general to the specific**

Set the stage with the scope and scale of the problem, and then show indicators that illustrate specific harms that the problem is causing the community.

❑ **Do not select indicators just because the data are available**

Make sure the indicators you select are directly related to your strategy to prevent and reduce harms from substance use in your community.

◀ **Figure 2.2**
**Indicator Checklist**

# Data sources

Now that you have your list of indicators, the next step is to determine the data sources for each indicator. First, think about who is already collecting some of this information. Your local United Way, planning agency, health department, and other community organizations may have collected data relevant to your indicator program.

Other potential data sources include city departments, county offices, state agencies, schools, hospitals, police/law enforcement, census, national studies, or local universities. Contact these potential partners to collaborate and access their data. Some data are also available online. See Chapter 3, Indicators, for more detailed information on where to access specific information sources, including online data.

Entirely new surveys or data collection systems are generally not necessary for these programs. Instead, invest your resources in retrieving appropriate information from available data sources. Indicator data retrieval requires persistence and perseverance.

However, if you want indicators that are not already collected by another organization, you may choose to collect data yourself, depending on your resources, the data you are interested in, and your timeline. Methods to collect your own may include:

- **Surveys**

  Surveys are useful for learning about community attitudes, beliefs, and behaviors. Using a standardized survey, such as the Youth Risk Behavior Surveillance System, allows you to directly compare your community with state and national data.

  If you want to gather information on an issue not included in a standardized survey, you can design your own. We recommend you involve a researcher who specializes in survey design if you choose this approach.

- **Observational data collection**

  Observational data collection involves going out into the community and documenting visual data. For example, you could enlist volunteers to record instances of alcohol or cigarette advertising in your neighborhood, around a school, or near another specific location.

- **Mapping**

  Mapping can show the concentration of alcohol outlets, cigarette sales locations, drug-dealing arrests, and other indicators in your community. Geographical Information Systems (GIS) software is widely available to help you produce an accurate map that will have a personal impact on community members living in its proximity.

- **Focus groups**

  Focus groups provide qualitative data for general impressions about

community issues or attitudes. Quotes from focus groups may be useful for highlighting findings in your indicator reports.

As you move forward in your data collection efforts, remember to access local data through your partners, look at online data sources, and, when necessary, collect your own data.

## Tips

- If this is your first indicator report, you may need to collect data from past years in order to show the current trends.

- Collect and report general community demographics from census data, town offices, or online sources to help frame the overall picture of your community.

- When possible, compare your local indicator data to national or state data to see where your community fits in the larger picture.

- Collect and report data at the geographic level where you can take action.

# 3 indicators

The menu of 27 substance use indicators described in this chapter include those that can be retrieved at the community level. We call it a menu of indicator data because not all indicators can or should be used by all communities. Use the menu to explore the possible choices. This list is not exhaustive; your community may be able to retrieve other valuable local or existing national indicator information.

For each indicator we have outlined suggested measures, where to find local data, guidelines for interpretation, and examples of how communities have displayed local information. As noted throughout the chapter, you will find links to data sources and other resources on www.indicatorshandbook.org.

- Print version online
- Online weblinks and data sources

**Availability/Environment**

Alcohol outlets

Smoke-free workplace/secondhand smoke regulations

Cigarette sales locations

Alcohol advertising

Alcohol and tobacco excise taxes

**Use**

Self-reported substance use among youth

Self-reported substance use among adults

Alcohol consumption

Drug use among arrestees

**Prevention**

Environmental policies

School-based substance use education and policies

Community coalitions

**Treatment/Support Activities**

People in treatment

Treatment quality

Treatment medication

Screening and brief intervention

Self-help meetings

Statewide tobacco quit line data, substance use hotline data

**Criminal Justice**

Drug and alcohol related arrests

Youth attempts to buy tobacco and alcohol

**Harm**

Substance use-related hospital cases

Emergency room cases

Substance use-related deaths

Traffic fatalities

Child welfare

Drug-related AIDS/STD cases

Hepatitis C cases

# Alcohol Outlets

*The number of sites or locations with licenses to sell alcoholic beverages.*

## Indicator Description

Research has shown that a high number and concentration of alcohol outlets are often associated with increased alcohol and drug problems. Liquor licenses are issued by governments to several different types of establishments: private or state-run liquor stores, grocery stores, restaurants, bars, clubs, et cetera. An increase in the number of licenses within a community over time may be interpreted as evidence that the availability of alcoholic beverages has increased.

## Examples of What to Measure

- Number of active alcohol outlet licenses in the community. In control states, the location of state retail stores, rather than licenses, would be measured.

  - *License State:* The state licenses private businesses or individuals to conduct wholesale and retail sales of all alcoholic beverage types and subtypes sold within the state.

  - *Control State:* The state sets the price of, and gains profit/revenue directly (rather than solely from taxation) from the sale of, one or more alcoholic beverage types or subtypes.

- Number of state licenses per 100,000 population.

- Number of new licenses issued and number of licenses revoked during a year or other relevant time period.

- Number of different types of outlets in the community (retail v. bars).

- Concentration of outlets in a neighborhood or community.

## Where to Find Local Data 🖱️

- State liquor commissioners or Alcoholic Beverage Control board (ABC) may publish directories or be able to provide lists of active licenses within each town.

- The Distilled Spirits Council publishes a summary of state laws and regulations with detail on taxation, advertisement, hours of sale, et cetera.

- GIS mapping of outlets in the community to show neighborhood concentrations (perhaps near a school or university). There are several ways to display this data:

  - geographical density: the number of outlets in a specific land area;

  - economic density: the number of outlets as a percentage of other businesses in a geographical area; or

  - population density: the number of outlets in relation to the population of a specific geographic area.

## Interpretation Guidelines

- Tracking alcohol outlets is only an indirect measure of alcohol sold. One large store may sell more than several small stores.

- This measure cannot capture the sale of alcohol to underage groups.
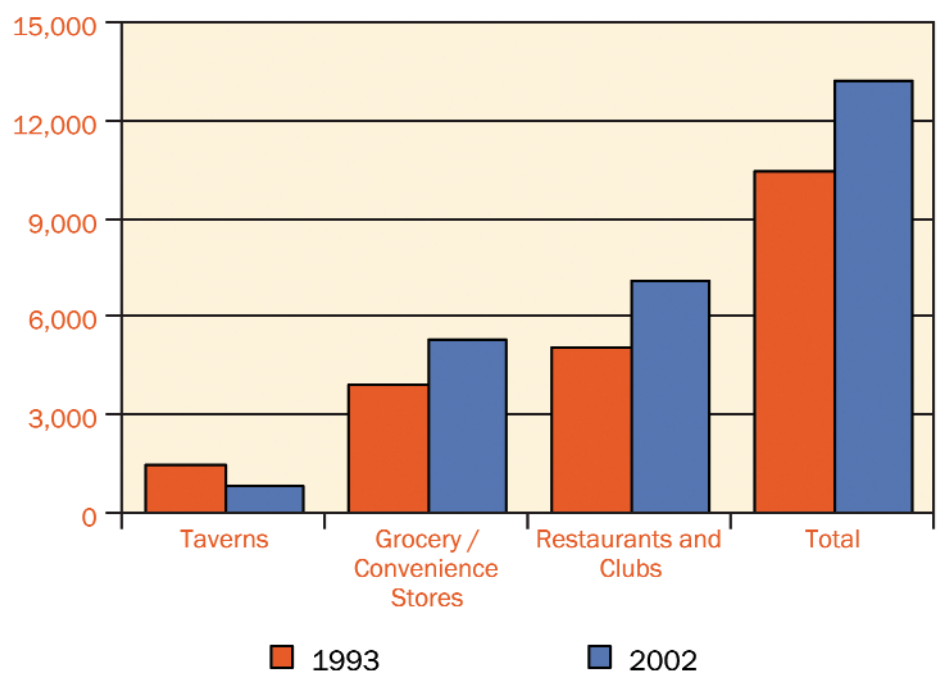
## Resource

Gruenewald PJ, Remer L, and Lipton R. "Evaluating the Alcohol Environment: Community Geography and Alcohol Problems." *Alcohol Research & Health,* 26(1): 42-48, 2002.



■ ABC Onsite Outlets     ■ ABC Offsite Outlets
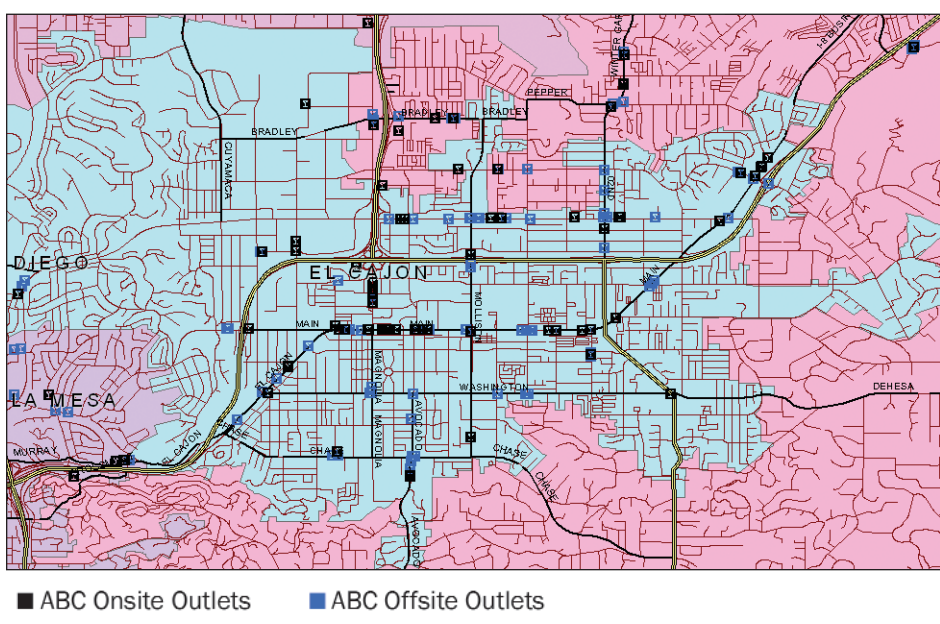
◀ **Figure 3.1**
**Retail Alcohol Outlet Density in El Cajon, California**

Onsite and offsite Alcoholic Beverage Control (ABC) Outlets

Source: Institute for Public Strategies, East County Community Change Project. © 2002, Telesis Corporation



■ 1993     ■ 2002

◀ **Figure 3.2**
**Retail Alcohol Licensees in Washington**

Source: Washington State Liquor Control Board. *Annual Report,* 2002.

# Smoke-Free Workplace/ Secondhand Smoke Regulations

*The existence of smoke-free workplace and secondhand smoke regulations.*

## Indicator Description

Many cities and states have laws prohibiting smoking in workplaces to protect employees and the public from secondhand smoke. The presence of a written policy and its specific features indicates an effort to establish a smoke-free work environment.

## What to Measure

- The existence of a written policy that prohibits smoking in the workplace in your state, county, and/or community.

- Effective components included in the smoke-free workplace policy (see checklist Figure 3.3).

- How the policy is implemented and enforced.

- Customer and employee satisfaction of smoke-free workplace laws.

## Where to Find Local Data 🔍

- Call your local health department for information on local policies and laws prohibiting smoking in workplaces.

- The State Tobacco Activities Tracking and Evaluation (STATE) System is an electronic data warehouse containing up-to-date and historical state-level data on tobacco use prevention and control.

## Interpretation Guidelines

- Once a smoke free policy is adopted, it may not need continued tracking. Satisfaction and health-related information can be monitored to see the overall public health benefit of smoke free environments.

## Resources

- Center for Disease Control, Environmental Tobacco Smoke (ETS) — Secondhand Smoke 🔍

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**Figure 3.3 ▶**

**Components of an Effective Community-Wide Smoke-Free Workplace Policy**

- ❑ Advertising to educate the public about the policy.

- ❑ Clear penalty and enforcement plan.

- ❑ Offers smoking cessation programs and support.

- ❑ Continued monitoring of the policy by community or state agencies.
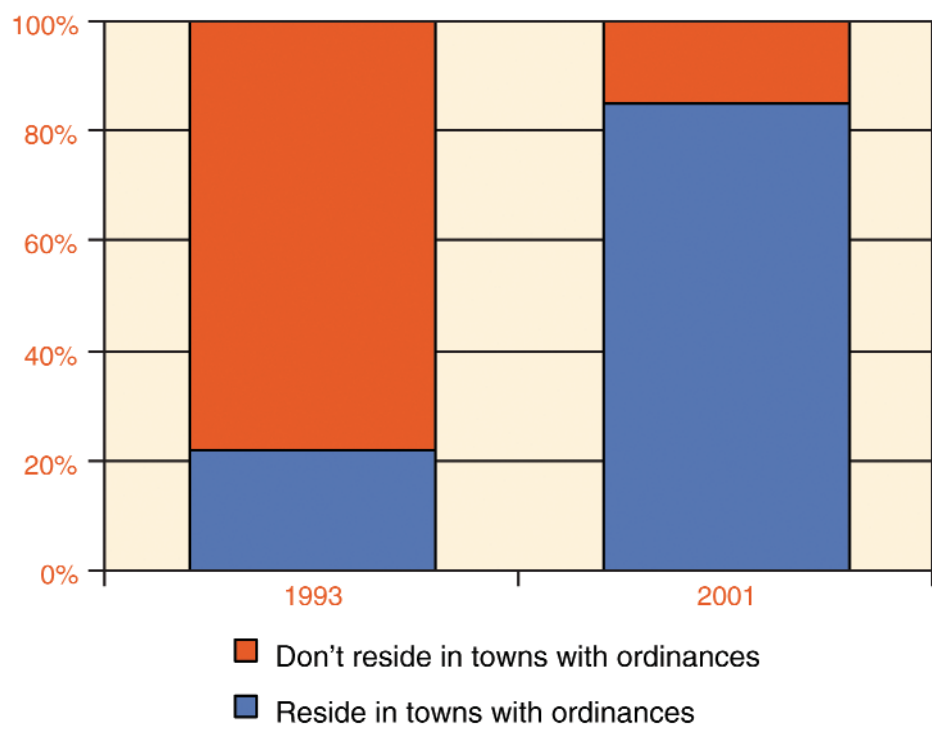
Don't reside in towns with ordinances

Reside in towns with ordinances

# Cigarette Sales Locations

*The number of cigarette sales outlets.*

## Indicator Description

The availability of cigarette and other tobacco products is widespread, and advertising is prominent. Research has shown that easy access and promotions that glamorize smoking lead to higher smoking initiation among youth and adolescents.

## What to Measure

- The number stores, gas stations, vending machines, and other retail outlets where cigarettes are sold.

- Sales locations around schools. This measure is useful if a community is interested in youth access to tobacco.

- Sources of cigarettes for youth. Youth often purchase their own cigarettes while others get them from friends, family, or other sources. This data is available in state or local surveys such as the National Survey on Drug Use and Health.

- Percent of tobacco settlement money spent on prevention.

## Where to Find Local Data

- Call your tobacco state licensing bureau for the addresses of distributors with licenses (if your state does license or regulate tobacco sales).

- Conduct an observational survey counting the number of sales locations in specific areas of your community.

- Contact the Campaign for Tobacco-Free Kids for tobacco settlement spending information.

## Interpretation Guidelines

- Changes in the location of cigarette sales or other measures of cigarette availability can help assess how successful a community has been in reducing the accessibility of cigarettes to youth, and can be used to describe the dimensions of local access.

*"The 2003 NHSDA found that among 12 to 17 year olds who had smoked in the last month, more than three out of four (77%) had purchased their own cigarettes."*

Source: Campaign for Tobacco-Free Kids. *Where do Youth Smokers get their Cigarettes?* September 2004.
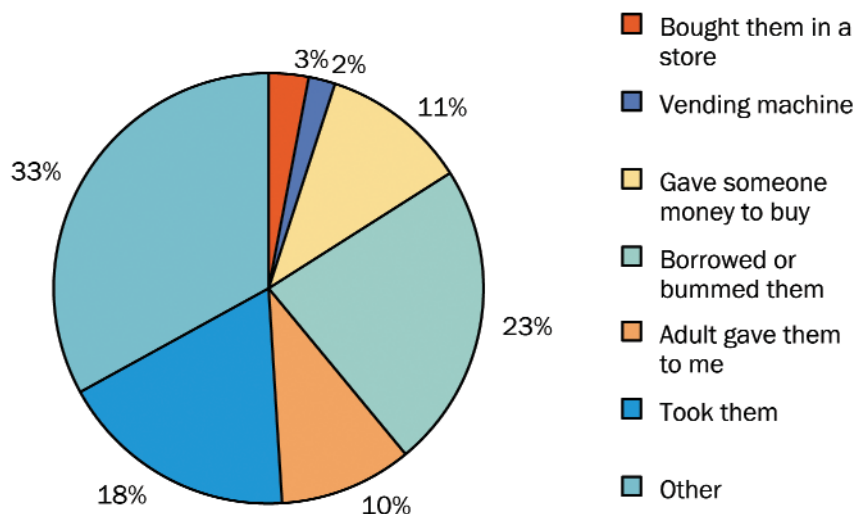
| Category | % Middle School Students | % High School Students |
|---|---|---|
| **Bought in a store** | | |
| 1998 | 13.2 | 33.0 |
| 1999 | 5.3 | 31.1 |
| **Bought in a vending machine** | | |
| 1998 | 7.6 | 1.8 |
| 1999 | 1.7 | 1.0 |
| **Someone else bought for them** | | |
| 1998 | 19.5 | 23.8 |
| 1999 | 17.8 | 22.3 |
| **Borrowed them from someone** | | |
| 1998 | 23.7 | 21.4 |
| 1999 | 26.7 | 22.6 |
| **Stole them** | | |
| 1998 | 8.3 | 3.8 |
| 1999 | 12.3 | 3.3 |
| **Older person gave it to them** | | |
| 1998 | 11.1 | 8.0 |
| 1999 | 12.9 | 10.5 |
| **Got them some other way** | | |
| 1998 | 16.6 | 8.3 |
| 1999 | 23.3 | 9.2 |

**◀ Figure 3.5**

**Sources of Cigarettes for Middle and High School Students in Texas**

Source: Huang P, Alo C, Satterwhite D, Caraballo R, Pederson L, and Zevallos JC. "Usual Sources of Cigarettes for Middle and High School Students - Texas, 1998 - 1999." *Morbidity and Mortality Weekly Report,* 51(40): 900-901, October 11, 2002.



Legend:
- Bought them in a store
- Vending machine
- Gave someone money to buy
- Borrowed or bummed them
- Adult gave them to me
- Took them
- Other

**◀ Figure 3.6**

**Sources of Cigarettes for Youth in El Paso, Texas**

Source: Paso del Norte Health Foundation. *Border Report A Status Report of El Paso Youth Risk Behavior,* September 2003.

# Alcohol Advertising

*The prevalence, location, and restrictions on alcohol advertising.*

## Indicator Description

Alcohol advertising exposes young people to alcohol messages. Research has shown that long-term exposure to advertising and promotional activities increases the likelihood that children will drink. First document any restrictions on alcohol advertising, including any policies that limit advertising of alcoholic beverages. These restrictions may be in the form of a local ordinance or state law, or may be voluntarily implemented by a business, event, or organization.

## What to Measure

- Monitor any violations of local ordinances on alcohol advertising.

- Record other places advertising is permitted, such as on public transportation, at community events, and near schools.

- Measure alcoholic beverage advertising expenditures.

## Where to Find Local Data

- Call your Alcoholic Beverage Control (ABC) board for information on local ordinances, violations, and alcoholic beverage advertising expenditures.

- State Alcohol Advertising Laws: Current Status and Model Policies from the Center for Alcohol Marketing and Youth provides information on each state's current laws.

- Use observational data collection to count the number of alcohol billboards and other prominent advertising in the community.

## Interpretation Guidelines

- Changes in the amount of advertising can help assess how successful a community has been in reducing youth exposure to alcohol.

- Recording and documenting alcohol advertisements in your community can help to enforce local ordinances on advertising. This information can also be used to increase the public's willingness to support advertising restrictions in the community.

## Local Story

Milwaukee Fighting Back's *Erase and Replace Campaign* successfully reduced the number of billboards and signs advertising alcohol in the community.

The campaign pressured billboard companies to abide by voluntary advertising guidelines by threatening to advocate for policies that would ban all billboards in the area. Companies complied with voluntary guidelines by agreeing to limit alcohol and tobacco advertising on billboards in Milwaukee County.

**Address of Billboard:** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**City:** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**What Company is advertising:** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

*Type of sign:*
❑ Junior poster (75 sq ft)
❑ Poster panel (300 sq ft)
❑ Painted bulletin (672 sq ft)

*Area:*
❑ Industrial
❑ Mixed residential / commercial
❑ Central business district
❑ Strip commercial

*The ad is for:*
❑ Wine
❑ Beer
❑ Liquor / spirits
❑ Malt liquor

*If the ad shows people, estimate their age:*
❑ Under 18
❑ 18 to 20
❑ Over 21

*Can you see any of the following:*
❑ Residences
❑ Parks
❑ Historic sites
❑ Hospitals
❑ Churches
❑ Schools

*Does the billboard ad contain:*
❑ Animals
❑ Alcohol product
❑ Cartoons
❑ Logo of the alcohol company
❑ People
❑ Minorities

◀ **Figure 3.7**

**Sample Billboard Survey Form**

© FACE Resources, Training & Action on Alcohol Issues

Source: www.faceproject.org, Alcohol Billboards Community Action, May 2003.

**3  Indicators ~ Availability/Environment**

*Please record the advertising copy on the billboard:*

*How many other billboards are visible nearby?* _____

# Alcohol and Tobacco Excise Taxes

*The amount of taxes levied on alcohol or tobacco substances.*

## Indicator Description

The amount of combined local, state, and federal taxes is one indicator of the regulation of cigarettes and alcoholic beverages. Research has shown that higher alcohol tobacco prices are related to lower use by adolescents. In some states, the proceeds from these taxes are dedicated to public health programs, including substance use treatment programs, prevention campaigns, and other public education efforts.

## What to Measure

- Cigarettes: the amount of state and local excise tax on a pack of cigarettes.

- Alcohol: the amount of state and local excise tax on a specific type of beverage: beer, wine, or spirits.

- The effect of inflation on long-standing tax rates.

- Public use of alcohol taxes for treatment or other public health programs.

## Where to Find Local Data

- Contact your state Alcoholic Beverage Control board for alcohol excise tax rates.

- Contact your local Department of Revenue for current and historical local cigarette excise tax rates.

- The Tax Foundation provides tax information on all 50 states. The state taxes and spending section is a resource for tax burdens, tax rates, and business tax climates on each of the 50 U.S. states and the District of Columbia.

- Check with the Center for Science in the Public Interest Alcohol Policies Project for state changes in alcohol taxes.

- The Alcohol Policy Information System (APIS) provides information on alcohol-related policies in the United States at both state and national levels.

## Interpretation Guidelines

- Communities and states that promote higher tax expenses successfully deter purchase of these products.

- When inflation rates increase and the tax on alcohol and tobacco products remain the same, the deterrence to purchase these products decreases because the price is effectively lower.

- Higher tax rates reflect a community's preference to use excise taxes on these products for financing public programs rather than financing them

through income, property or sales taxes. It should not be interpreted, however, as the community's only commitment to prevention or deterrence efforts.
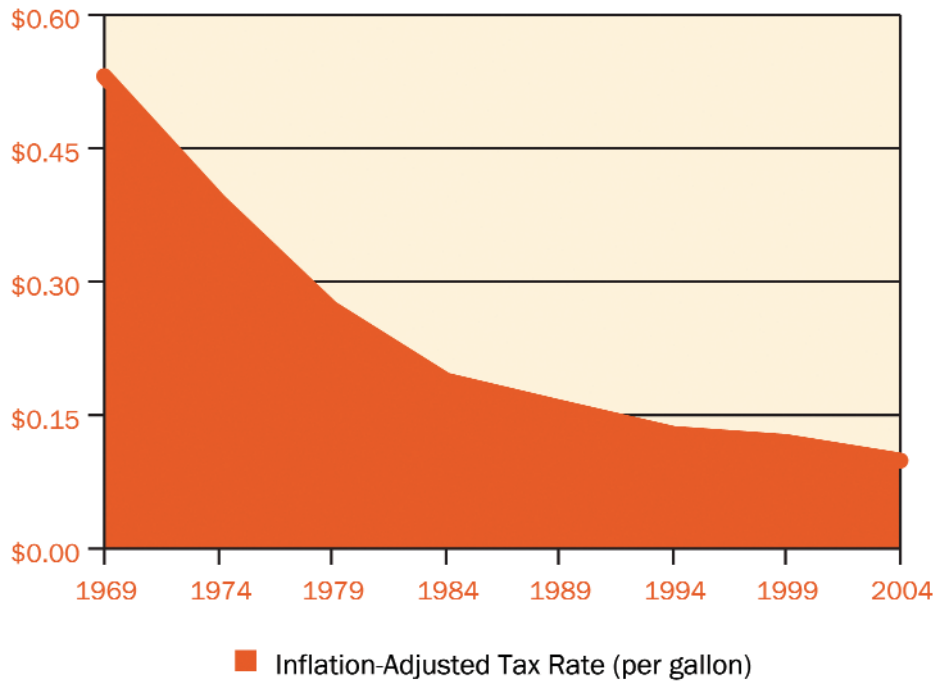
**Figure 3.8**
**The Effects of Inflation on Beer Tax in Alabama**

Source: Center for Science in the Public Interest, Alcohol Policies Project. Beer Excise Taxes in Alabama: The Effects of Increases on Revenues, Price, and Consumption, March 2004.

Inflation-Adjusted Tax Rate (per gallon)

**Figure 3.9**
**Beer Taxes and Binge Drinking Rates**

This example shows how two pieces of data (beer tax and binge drinking rates) can be combined to tell a powerful story.

Source: Center for Science in the Public Interest.

|  | 5 States with the highest beer tax | 5 States with the lowest beer tax |
|---|---|---|
| **Average tax** | 70 cents | 6 cents |
| **Percent of 18-20 year olds who binge drink** | 17.3 | 31.8 |

# Self-Reported Substance Use among Youth

*The percent of young people who report substance use.*

## Indicator Description

Typical measures for this indicator are the percent of young people who report any days with alcohol, drug, or tobacco use in the past month and age of first use. Research has shown an association between early age of first use and addiction problems as an adult. Many school districts periodically conduct surveys of students. These surveys often include questions about both attitudes and behaviors related to substance use.

## What to Measure

- The percent of youth who report substance use during the past month.

- Substance use in the past year or over multiple years.

- Lifetime use.

- Age of first use.

- Attitudes toward alcohol and drug use.

## Where to Find Local Data

Surveys may have been conducted by local or state health agencies, local schools, or community groups. Examples of national surveys from which data are available at the state, and in some communities, at the local level include:

- *YRBSS: Youth Risk Behavior Surveillance System* monitors priority health risk behaviors among youth in the United States.

- *Monitoring the Future* is an ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults.

- *National Survey on Drug Use and Health* (formerly called the National Household Survey on Drug Abuse) tracks illegal drug, alcohol, and tobacco use.

- *Partnership Attitude Tracking Study* tracks the attitudes consumers have about illicit drugs.

## Interpretation Guidelines

- It may be useful to compare results from local self-report surveys with the established national surveys or state averages among the same grade levels.

- Some populations are not captured in surveys administered to children in classrooms. These youth that do not regularly attend school are often those at greatest risk for substance use. Therefore, your data may be an underestimate of the true rate of use.

- Difficulties obtaining parental permission to participate in a school-administered survey may exclude children from the sample affecting your results.

## Tips

- School officials may be hesitant to share the results from surveys because they are concerned about receiving negative press. Engage in a partnership with school officials to address the drug, alcohol, and tobacco use among students.

- If your local school district does not currently use a survey, encourage them to purchase one and start tracking this information.
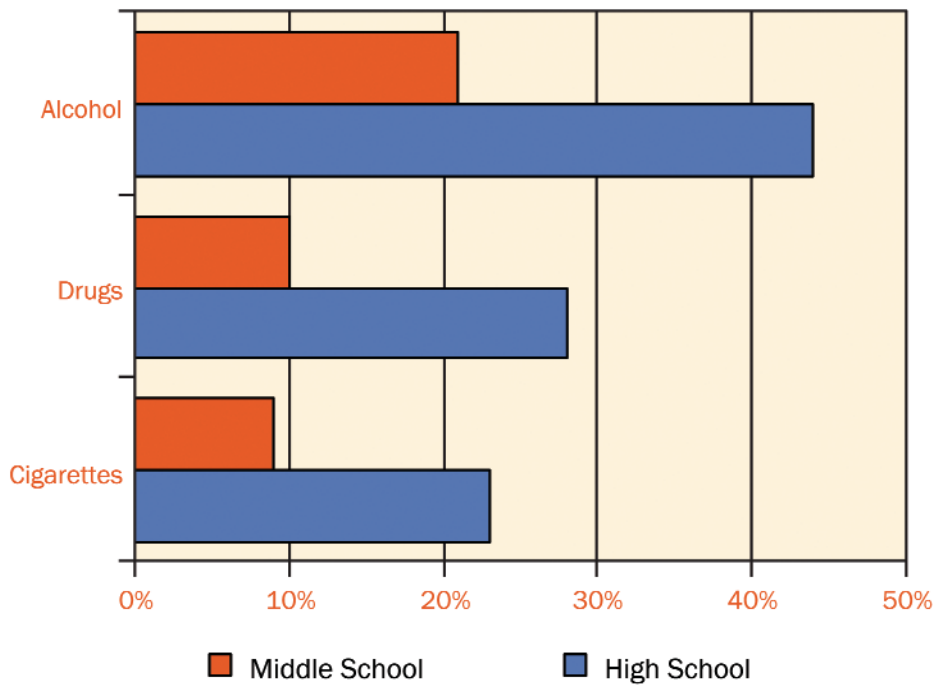


◄ Figure 3.10

**Alcohol, Drug, and Cigarette Use by Students in Rhode Island, 2003-2004**

Source: Rhode Island Kids Count. *2005 Rhode Island Kids Count Fact Book,* 2005.

# Self-Reported Substance Use among Adults

*The percent of adults who report substance use.*

## Indicator Description

Typical measures for this indicator are the percent of adults who report any days with problematic or binge alcohol use, any days with illicit drug use, or any days with tobacco use in the past month. Some communities periodically conduct surveys of residents.

## What to Measure

- The percent of adults who report substance use during the past month.

- Substance use in the past year or over multiple years.

- Lifetime use.

- At-risk or binge drinking rates.

## Where to Find Local Data

Surveys may have been conducted by local or state health agencies, local schools, or community groups. Examples of national surveys from which data are available at the state, and in some communities, at the local level include:

- *Monitoring the Future* is an ongoing study of the behaviors, attitudes, and values of sample populations including college students and young adults.

- *Behavioral Risk Factor Surveillance System (BRFSS)* tracks health risks in the United States for adults 18 years or older.

- *National Survey on Drug Use and Health* (formerly called the National Household Survey on Drug Abuse) tracks illegal drug, alcohol, and tobacco use.

- *Partnership Attitude Tracking Study* tracks the attitudes consumers have about illicit drugs.

## Interpretation Guidelines

- It may be useful to compare results from local self-report surveys with the established national surveys or state averages. Take care, however, to ensure the same types of people were surveyed when making comparisons (particularly the same age groups).

- Research has shown that people completing self-report surveys often underreport their use. In general, studies have found that to obtain truthful behaviors, respondents must perceive the survey as important and know that the survey has procedures to protect their privacy and allow for anonymous participation.

- Some populations are not captured in surveys administered to adults. Homeless populations, in particular, have a high rate of substance use and are often excluded from surveys administered by telephone, mail, internet, and in person. Therefore, your data may be an underestimate of the true rate of use in the community.
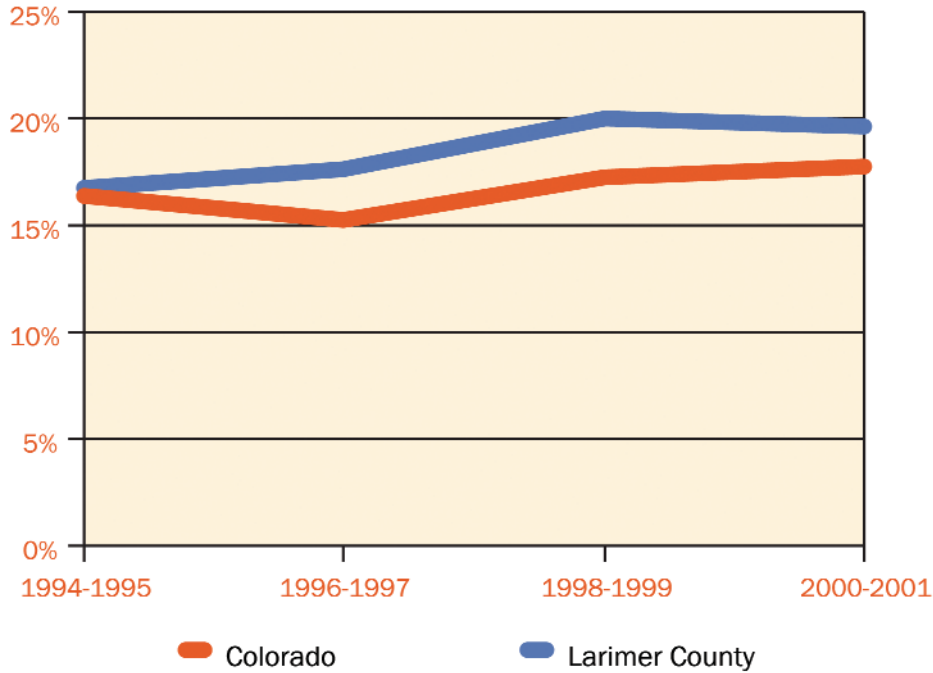
**Binge Drinking among Adults in Larimar County, Colorado**

Source: Compass of Larimer County. *Adult Alcohol Use.* June 2003.

Legend: Colorado, Larimer County

# Alcohol Consumption

*The volume of alcohol sold or distributed per person in a geographic area.*

## Indicator Description

Per capita alcohol consumption is the most commonly estimated measure of alcohol use trends over time. It is best used as a comparison with state or national trends to give context to the measure.

## What to Measure

- Per capita gallons of ethanol (pure alcohol) consumed annually in a location based upon the population 14 and older. Sales or tax receipts data are used to estimate the volume of ethanol. For some states, only shipment data from major beverage industry sources are available to estimate the volume of ethanol consumed.

- Gallons consumed per drinker in the population (excluding abstainers). To calculate this, you need to estimate the proportion of people that drink in the state or community.

- Track consumption based upon beer, wine, or spirits sales alone if the state maintains these records.

## Where to Find Local Data 🔍

- Contact your state Alcoholic Beverage Control board.

- The Alcohol Epidemiologic Data Directory has alcoholic beverage sales data from every state and the District of Columbia including:

  - Per capita alcohol consumption, based on alcohol sales data.

  - Per capita ethanol consumption for states, census regions, and the United States, 1970–2002.

  - Per capita and per drinker ethanol consumption for selected states, 1986-99.

## Interpretation Guidelines

- The alcohol volume sold is computed using the entire population, which includes non-drinkers. Thus, the interpretation of the use measure is not comparable across communities or time periods that have different rates of drinkers and non-drinkers.

- These data do not reveal who is purchasing and consuming the alcohol. These factors may influence the validity of the measure for some communities. In particular, this measure is influenced by the number of non-residents who purchase alcohol within the community.

- This indicator is based on volume measures; therefore, it is not a measure of individual use.

- Per capita alcohol consumption is a reliable and valid indicator that is used at the state and national level and is appropriate to use when available for a local community.
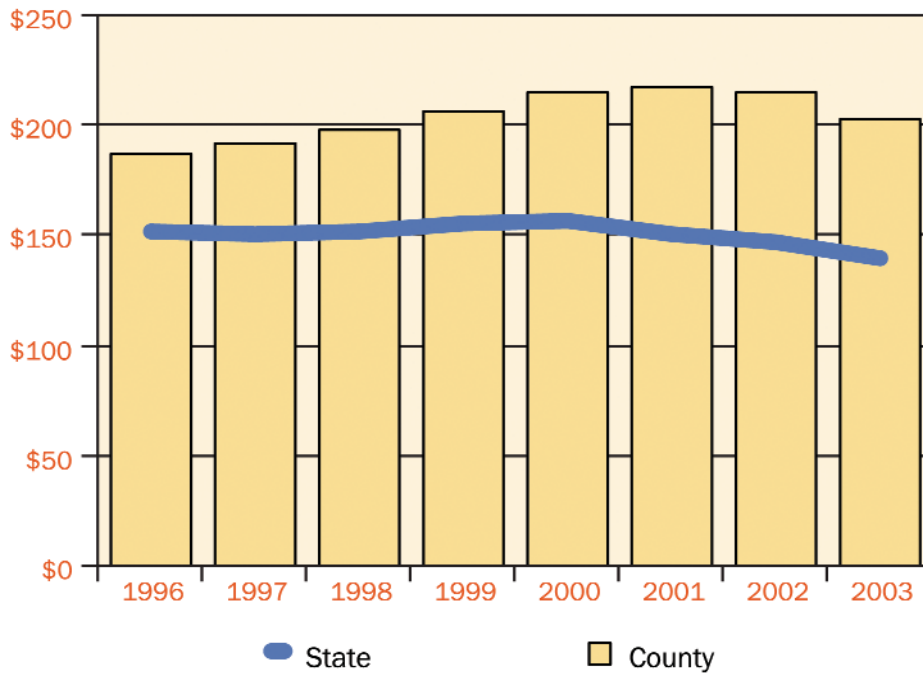
**Annual Alcohol Sales Per Capita in Sarasota, Florida**

Source: SCOPE. 2004-2005 Community Report Card.

# Drug Use Among Arrestees

*The percentages of arrestees who test positive for drug or alcohol use at the time of arrest.*

## Indicator Description

People with drug and alcohol problems may resort to illegal activity to support their addiction. Crimes including burglary, theft, and assault affect the whole community. Using this indicator can help show the relationship between drug and excessive alcohol use and criminal activity.

Focusing on the behavior of arrestees is also advantageous because people who are arrested are thought to engage in more risky drug-use behavior than the general population. Trends in drug use among arrestees may foreshadow trends that will affect other community populations. For example, methamphetamine use appeared among arrestees before becoming a problem in the general population.

## What to Measure

- The total number of arrestees testing positive for alcohol or drug use at the time of arrest as a percentage of all arrestees who are tested.

- The total number of arrestees testing positive by drug of use.

## Where to Find Local Data

- Contact your state or local police department.

- The National Forensic Laboratory Information System (NFLIS) collects data from state and local forensic laboratories across the country.

## Interpretation Guidelines

- The use of urine tests rather than the reliance of self-report of drug use is a strength that ensures accurate reporting of drug use.

- The estimates undoubtedly do not capture all drug use among this population.
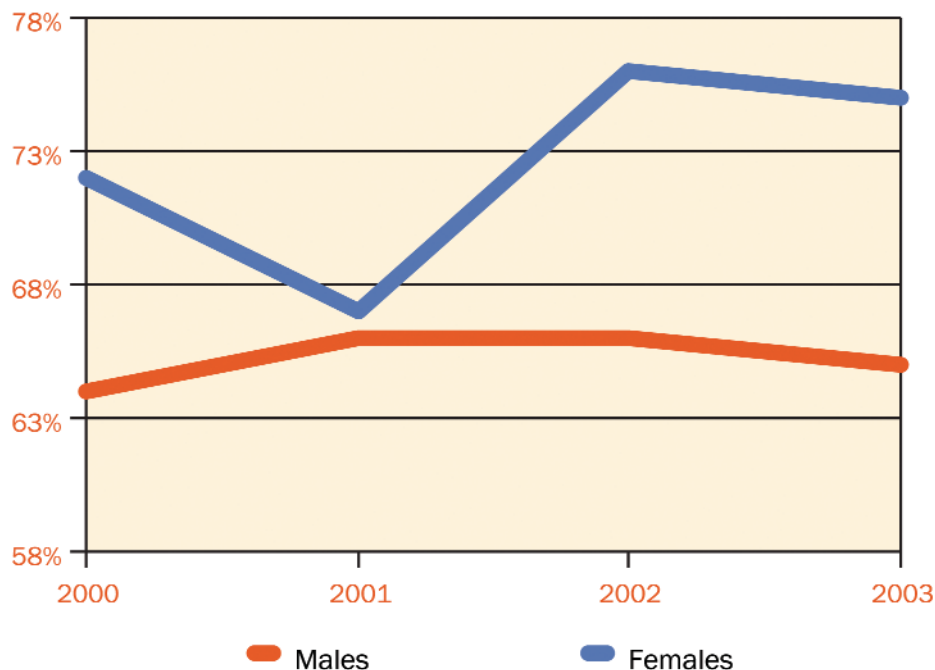
**Arrestees Testing Positive for Drug Use in Marion County, Indiana**

Source: Drug-Free Marion County. *A Community at Risk: Drug-Free Marion County's Snapshot of Alcohol, Tobacco, and Other Drug Use,* May 2005.
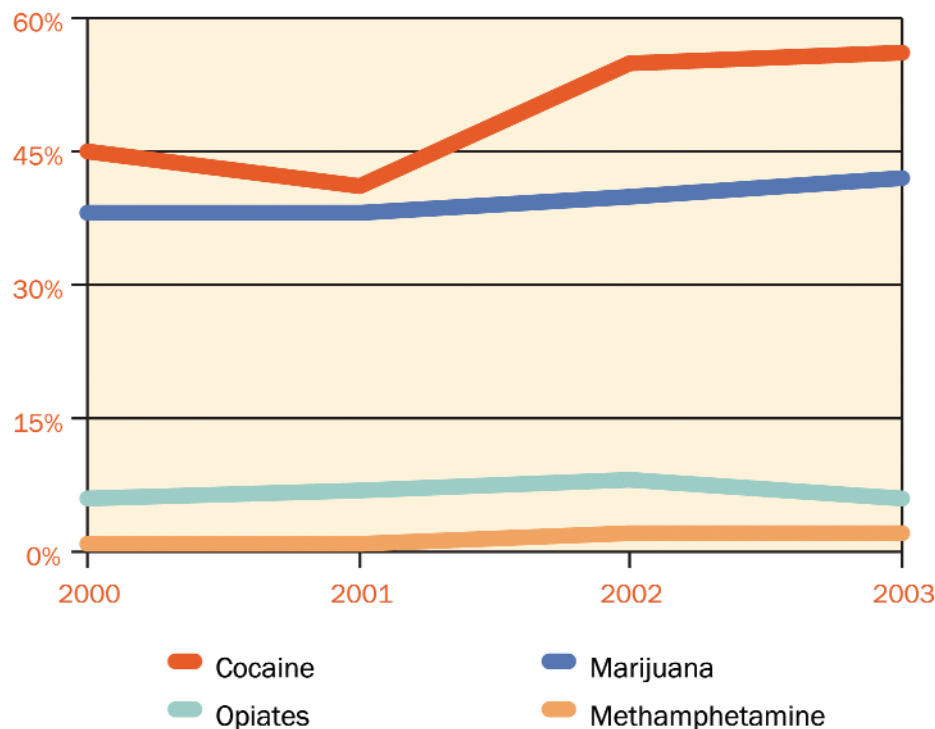


◀ Figure 3.14

**Female Arrestees Testing Positive for Drug Use by Drug in Marion County, Indiana**

Source: Drug-Free Marion County. *A Community at Risk: Drug-Free Marion County's Snapshot of Alcohol, Tobacco, and Other Drug Use,* May 2005.

3  Indicators ~ Use

# Environmental policies

### Indicator Description

Environmental policies to prevent or reduce substance use are effective tools that address the broad population in a community.

*Graduated driver's license laws:* These laws require phases in the licensing process that limit beginner drivers' experiences. These can include limits on the number of passengers allowed in cars, curfews, and zero-tolerance policies on underage drinking.

*Happy hour restrictions:* "Happy hours" at bars and restaurants encourage customers to consume a large number of drinks in a short time. Some states have laws prohibiting or restricting happy hours.

*Compliance checks:* Compliance checks are used to identify alcohol establishments that sell alcohol to underage youth. (See page 50 in this handbook for more information.)

*Alcohol server training:* Training programs are designed to educate alcohol servers to help prevent intoxication among patrons, prevent service to underage drinkers, and prevent intoxicated individuals from driving.

*Social host laws:* Social host laws hold noncommercial servers of alcohol (such as homeowners or parents) liable in the event that they provide alcohol to a minor or an obviously inebriated individual who later becomes involved in an accident that causes injury or death to a third party.

*Keg registration laws:* These laws require that kegs of beer be tagged with an identification number and information be recorded about the purchaser. Sometimes a deposit is also required as an incentive to return the keg properly tagged. These laws make it easier to track the whereabouts of kegs and the individuals using them.

### What to Measure

- Find out if there are effective policies or state laws for these and other environmental strategies in place in your community.

### Where to Find Local Data

- State or local police department.
- Local Alcoholic Beverage Control board.
- Local health department.
- Mothers Against Drunk Driving.

## Resources 🔍

Marin Institute. *Solutions to Community Alcohol Problems: A Roadmap for Environmental Prevention,* 2005.

The Alcohol Epidemiology Program, University of Minnesota. *Sample Alcohol Policies.*

## Related Stories

- After alcohol server training was implemented in Minnesota, the state saw an 11.5% reduction in sales to underage youth as well as a decrease in sales to intoxicated patrons compared to establishments that did not receive the training. Source: Alcohol Epidemiology Program, University of Minnesota.

- The National Survey on Drug Use and Health Report *Graduated Driver Licensing and Drinking among Young Drivers* (April 30th 2004), reported that states with more restrictive driver-licensing laws had lower rates of youth age 15-17 driving under the influence of alcohol and lower rates of heavy drinking than states with less restrictive laws. States with the most restrictive driver-licensing laws have requirements such as having an adult accompany the driver, and restricting the number of passengers allowed in the car, and the hours youth are permitted to drive. Source: The National Survey on Drug Use and Health Report. *Graduated Driver Licensing and Drinking among Young Driver,* April 30, 2004.

# School-Based Substance Use Education and Policies

*The presence of evidence-based educational programs and policies on tobacco, alcohol, and other drugs in public and private primary and secondary schools.*

## Indicator Description

The provision of educational programs in public schools is an indicator of a community's activities to prevent alcohol, drug, and tobacco use among children and adolescents.

## What to Measure

- The presence of school-based policies to prevent alcohol and drug use, including a no-use policy and consequences, counseling services, and student drug testing.

- Track the number of grade levels where a written substance use prevention curriculum has been adopted and is used during the year.

- Verify that the curriculum is research-based and been shown to prevent substance use in youth.

- Document evidence of collaboration with parents and youth.

- Track the school district budget allocated toward prevention activities.

- Track state funding for substance-use prevention activities to schools.

- Track federal substance use prevention funding to your community.

## Where to Find Local Data

### *Programs*

- Contact the drug-free school coordinator in your local school district to identify prevention programs used in your school system.

### *Effectiveness*

- Use the SAMHSA Model Programs database to see if the programs used in your community are proven to be effective.

### *Federal Funding for Prevention Programs*

- The Office of Safe and Drug-Free Schools (OSDFS) Grants.

- Drug Free Communities Grants.

## Interpretation Guidelines

- The major difficulty with this measure is that the quality and scope of the curricula are difficult to report on and evaluate.

# Community Coalitions

## Indicator Description

The participation of citizens working towards a strategy to prevent and reduce the harms from alcohol and drugs is an indicator of awareness and action of local issues. Tracking and disseminating the existence and work of community coalitions is important in sustaining efforts and attracting new momentum.

*The presence of coalitions working on substance use issues in the community.*

## What to Measure

- Track the number of existing community coalitions in your local area.

- Track the funding given to community coalitions.

## Where to Find Local Data

- ONDCP "Help Your Community" website allows you to search for local coalitions by ZIP Code.

- SAMHSA provides Drug-Free Communities grantee information for each state.

## Interpretation Guidelines

- The number of coalitions and amount of funding are indirect measures of community involvement in the drug and alcohol issue. Although they can be looked at in conjunction with other indicators such as self-reported use, taxes, advertising, and other indicators, they alone do not demonstrate changes in policy or activity.

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❑ Has a written strategic plan with measurable objectives to reduce, prevent, and treat substance use.

❑ Disseminates a regular report detailing the community's strategy and the progress being made to reduce substance use.

❑ Generates funding from diverse sources to fund general coalition-building activities.

❑ Has a strong project director who employs a shared leadership style that fosters active involvement of others in leadership positions.

❑ Maintains stable participatory/governance bodies with representatives from a variety of community institutions to monitor and direct the coalition's activities.

❑ Collaborates with local government officials and policy makers.

❑ Makes efforts to change public policy that will reduce the harms from substance use.

◀ **Figure 3.15**

## Characteristics of a Successful Coalition

Sources: Join Together. *Fighting Back Lessons Learned,* 2005.

Join Together. *Promising Strategies: Results of the Fourth National Survey on Community Efforts to Reduce Substance Abuse and Gun Violence,* 1999.

# People in Treatment

*The number of people currently enrolled in public and private addiction treatment programs in the community.*

## Indicator Description

It is common to count the client census in treatment facilities on a particular day each year. Enrollment reflects treatment demand, but it is also closely related to the community's treatment capacity.

Types of treatment include:

- Medical detoxification is the process of getting rid of addictive substances from the patient's body while managing the intense physical symptoms of withdrawal. It is only the first stage of addiction treatment.

- Inpatient treatment involves treating patients in a residential center. Treatment is usually provided under medical supervision.

- Outpatient treatment is designed for patients who can commute to a center for treatment. Many outpatient programs offer several different services, including detoxification, intensive day treatment, weekly sessions, group therapy, and drug education programs.

## What to Measure

- The number per 100,000 population treated for substance use problems.

- The number of people in treatment on a particular day or the average daily census of clients.

- The total number of admissions to treatment in a year.

- The number of people treated in certain treatment settings (i.e., public or private residential, inpatient, outpatient) or in certain age groups.

- The number of people on a waiting list for treatment and the length of wait.

## Where to Find Local Data

- Contact your state substance abuse agency. Nearly all states maintain admission or client information for publicly-funded programs. However, trend information from your community may not be available. In these circumstances, some communities can retrieve their own information from local treatment facilities. Specialty treatment units usually list their services in local phone books and with local United Ways. The SAMHSA treatment database also lists licensed treatment programs by ZIP Code.

- The Drug and Alcohol Services Information System (DASIS) is the primary source of national data on addiction treatment. DASIS has three components:

  - The Inventory of Substance Abuse Treatment Services (I-SATS) is a listing of all known public and private drug and alcohol treatment facilities in the United States and its territories.

- The National Survey of Substance Abuse Treatment Services (N-SSATS) is an annual survey of all facilities in the I-SATS that collects information on location, characteristics, services offered and utilization.

- The Treatment Episode Data Set (TEDS) is a compilation of data on the demographic and substance of use characteristics of admissions to drug and alcohol treatment.

## Interpretation Guidelines

- The number of people in treatment can be thought of as a measure of a community's capacity to treat substance use problems. Remember that the capacity of specialty treatment is only one part of total treatment capacity, because some people seek help from individual professionals, acupuncturists, natural healers, self-help groups, other informal sources, and ministers and other clergy.

- The number of people in local facilities may be an under-representation of the true capacity used because people may seek treatment in programs located outside their communities.

- The number of people who use treatment is generally far fewer than the number of people with substance use problems that need treatment.

- Measuring the number of admissions is different from measuring the number of people in treatment because people can be admitted more than one time or transferred across programs.
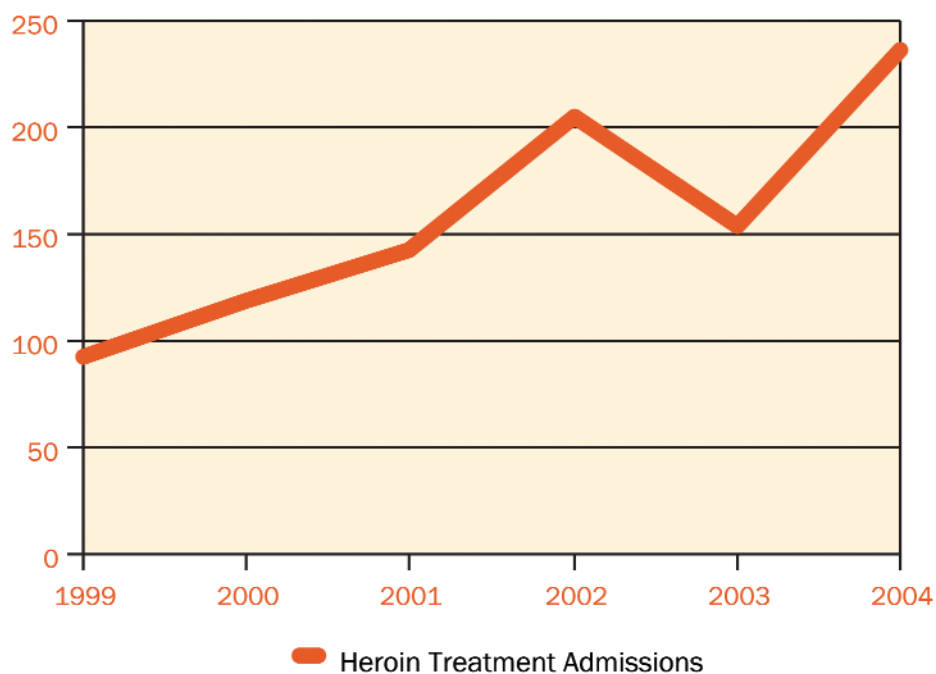


◀ Figure 3.16

**Treatment Admissions for Heroin in Peabody, Massachusetts**

Source: Massachusetts Department of Public Health, Bureau of Substance Abuse Services, Office of Statistics and Evaluation. *Substance Abuse Treatment Fact Sheet,* 2004.

# Treatment Quality

### Indicator Description

Consumer oriented, quality treatment programs encourage more people to seek treatment and provide better outcomes for all who get treatment in their communities.

To measure aspects of the quality of treatment, you can use indicators such as the average length of stay in treatment, the percentage of clients completing treatment, and the use of aftercare plans.

### Examples of What to Measure

- Average and median length of stay for each treatment modality (residential, outpatient, etc.).

- Average and median length of stay by primary substance at admission.

- Reason for discharge.

- Status of completion (completed, transferred, not complete) by treatment modality.

- Percent of patients discharged with employment, housing, family support, and a follow-up plan.

### Where to Find Local Data

- SAMHSA's Office of Applied Studies provides length of stay and completion rate data by state.

- Contact local treatment facilities for their rates.

### Interpretation Guidelines

- Quality treatment is lacking in many communities. If part of your community strategy is to increase treatment, it is important to develop and implement a quality improvement agenda that draws upon current scientific research and applies general medical quality measures to the area of drug and alcohol treatment.

### Resources

Join Together. *Substance Abuse: Improving the Quality of Treatment, Join Together Action Kit 2002.*

Join Together. *Rewarding Results: Improving the Quality of Treatment for People with Alcohol and Drug Problems, Recommendations from a National Policy Panel,* 2003.

National Institute on Drug Abuse. *Principles of Drug Addiction Treatment: A Research-Based Guide,* October 1999.
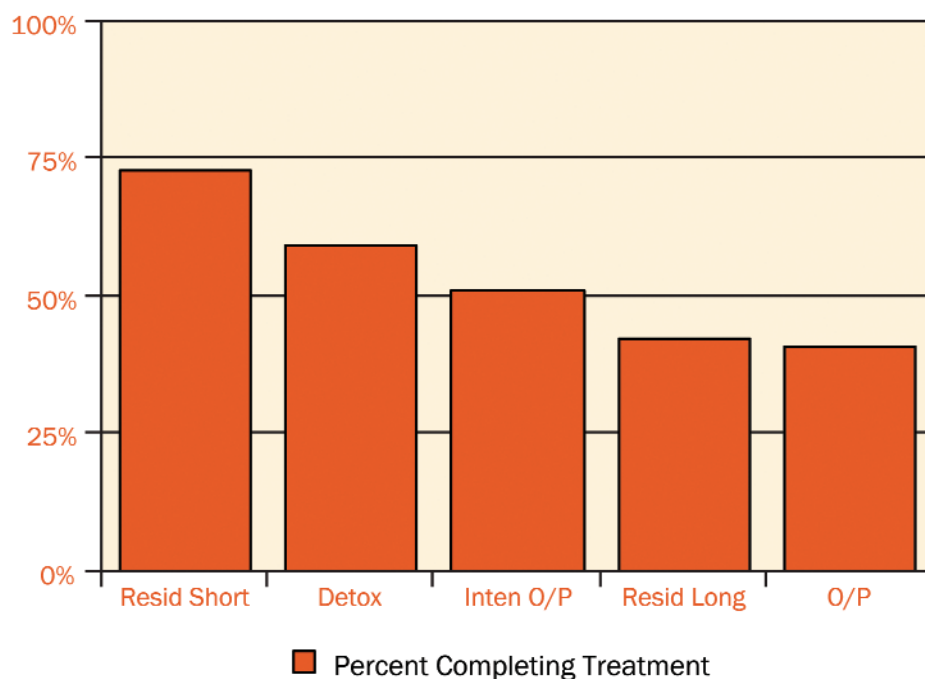
Office of Applied Studies, Substance Abuse and Mental Health Services Administration. The DASIS Report: Treatment Completion in the Treatment Episode Data Set (TEDS), January 30, 2003.

*"Remaining in treatment for an adequate period of time is critical for treatment effectiveness.*

*Research indicates that for most patients, the threshold of significant improvement is reached at about 3 months in treatment.*

*After this threshold is reached, additional treatment can produce further progress toward recovery."*

Source: National Institute on Drug Abuse. Principles of Effective Treatment: A Research-Based Guide, October 1999.

3 Indicators ~ Treatment/Support Activities

# Treatment Medication

## Indicator Description

The past decade has seen the development of important medications that can effectively treat addiction, especially when combined with counseling, support, and aftercare. Buprenorphine, methadone, and naltrexone are used to treat opiate addiction. Naltrexone and acamprosate are often prescribed to those with alcohol dependence.

## Examples of What to Measure

- The number of physicians and physician group practices authorized to prescribe buprenorphine for opiate addiction.

- Number of Medicaid patients who are prescribed buprenorphine.

- Number of methadone clinics.

## Where to Find Local Data

- The online SAMHSA Buprenorphine Physician Locater will give you a count of the physicians who can prescribe the drug in your area.

- Call your state Medicaid office to see if your state covers buprenorphine treatment. If your state does cover it, you may be able to get an estimate of how many people are being treated.

- Use the online Methadone Treatment Locator to find programs in your area.

## Interpretation Guidelines

- Measuring the availability and use of these medications can be challenging because prescription rates of most medications are difficult to obtain. This indicator can give you an indirect measure of the availability of certain types of medication-assisted treatment in your state or region and the number of people obtaining this type of treatment.

**Number of Physicians Licensed to Prescribe Buprenorphine in the United States, June 2005.**

Source: Substance Abuse and Mental Health Services Administration. Buprenorphine Physician Locator (www.buprenorphine.samhsa.gov), accessed June 16, 2005.

Legend:
- 0-15
- 16-50
- 51-125
- 126+

**3 Indicators ~ Treatment/Support Activities**

# Screening and Brief Intervention: Policies and Practices

## Indicator Description

Screening, brief intervention and referral (SBIR) is an emerging standard of care. Screening involves asking questions about alcohol or drug use. A brief intervention is a conversation between professional and patient designed to reduce alcohol and drug use. Patients who are alcohol or drug dependent are given a referral to treatment. However, the vast majority of patients do not need further treatment beyond the brief intervention. SBIR focuses on "risky" drinkers. This population, along with "low-risk" drinkers, does more damage to society than those with alcohol dependence.

## Examples of What to Measure

- The presence of training programs and policies for implementing SBIR.

- The use of SBIR in medical settings.

## Where to Find Local Data

- Contact your local emergency room and hospital to see if they conduct SBIR.

- Call your state or county medical association to see if they have passed a guidance or resolution related to screening and brief intervention.

- Conduct a brief survey of primary care physicians asking them if they screen their patients for alcohol or drug use.

- Find out if your state has laws associated with SBIR such as the Uniform Accident and Sickness Policy Provision Law (UPPL) or mandatory DUI assessments. UPPL laws are statutes that allow insurance carriers the right to deny coverage for injuries involving alcohol. UPPL laws often discourage emergency room personnel from conducting SBIR.

- Find out how many doctors in your area are members of the American Society of Addiction Medicine. Contact them to see if they do routine SBIR.

## Interpretation Guidelines

- The use of SBIR in medical and other settings is also an indicator of health system involvement to reduce excessive alcohol and drug use.

The pyramid shows, from top to bottom:
- 5% Alcoholics
- 20% Risky Drinkers
- 35% Low Risk Drinkers
- 40% Abstainers

**◀ Figure 3.19**

**The Drinkers' Pyramid**

Screening identifies harmful drinking behavior. Brief intervention aims to reduce the harmful drinking of "risky drinkers" who make up 20% of the general population. Alcoholics who are identified through the screening process are referred to treatment.

Source: Higgins-Biddle J, and Babor T. *Reducing Risky Drinking: A Report on Early Identification and Management of Alcohol Problems through Screening and Brief Intervention,* The Alcohol Research Center, University of Connecticut Health Center, 1996.

# Self-Help Meetings

## Indicator Description

The number of self-help meetings is an indicator of the community's informal support system and capacity to promote sobriety. Together with other treatment measures, this indicator helps describe the local services available. The presence and number of local self-help meetings indicate the community's capacity to provide alternatives for people in recovery.

Sometimes self-help meetings are part of a formal treatment regime or after-care plan, or they may well be the only support a person has pursued to gain sobriety. Because self-help meetings are confidential, it is not possible to learn about the number of people attending the meetings.

## What to Measure

- The number of open meetings per week in the community. Examples include:

    - Alcoholics Anonymous.

    - Narcotics Anonymous.

    - Marijuana Anonymous.

    - Secular Organizations for Sobriety.

    - Self-Management and Recovery Training (SMART Recovery).

    - Al-Anon.

## Where to Find Local Data

- Contact the local or state chapters of these organizations to receive a list of current meetings in the area. If a local chapter can not be identified, contact the national organization.

## Interpretation Guidelines

- People may prefer to attend meetings in communities other than their own home town. Therefore, the number of meetings in a community may not accurately indicate the community use of this informal support.

- Meeting size is not standard and may range from large forums to small, intimate groups. There is also no way to classify meetings in terms of the types of persons who attend. Thus, one community may appear to have as much support as another community, yet certain population groups (women, ethnic minorities) may not be attending any meetings.

- Changes over time in the number of meetings in a community could be a reflection of how meetings are organized. It could also be a reflection of the availability of online support. While the number of meetings may be linked in some way to the level of substance use problems, the link is indirect.
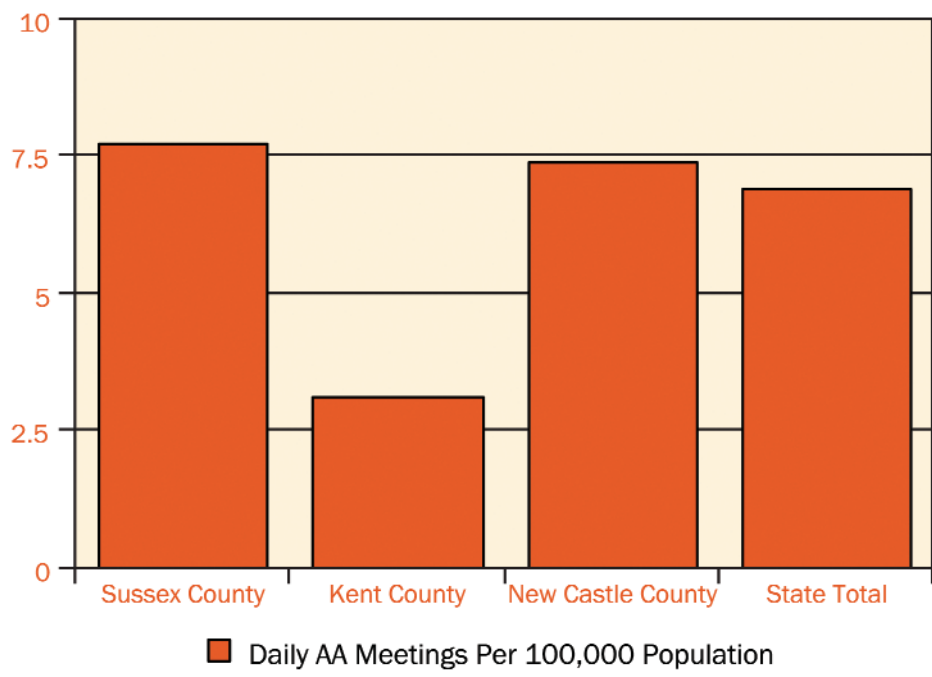
**Alcoholic Anonymous Meetings Per 100,000 Population in Delaware**

Source: U.S. Census Bureau and Northern Delaware Intergroup of Alcoholics Anonymous.

■ Daily AA Meetings Per 100,000 Population

3 Indicators ~ Treatment/Support Activities

# Statewide Tobacco Quit Line Data, Substance Use Hotline Data

*The use of hotlines to help people quit smoking and find drug and alcohol treatment.*

### Indicator Description

Hotlines are one of several sources of data to track the need and use of treatment referrals for smoking and substance use over time.

### Examples of What to Measure

- Number of calls.

- Primary reason for call.

- Demographics.

- Number of referrals to treatment.

### Where to Find Local Data

- Call your Department of Public Health or State Substance Abuse Agency to see if your state operates a tobacco quit line or a substance use hotline. These agencies should be able to provide usage data on these resources.

- QuitNet.com, one of the largest online smoking cessation programs, provides maps of QuitNet.com registrants by state/county.

- 211 is an informational service telephone number that provides callers with community services such as drug and alcohol treatment referrals. The implementation of 211 varies by community. Contact your local United Way to see if one is available in your area.

### Interpretation Guidelines

- Hotlines identify the number of people looking for help, but do not track whether they follow through with the suggested treatment.

- Use of smoking cessation hotlines often increases after a promotional campaign.
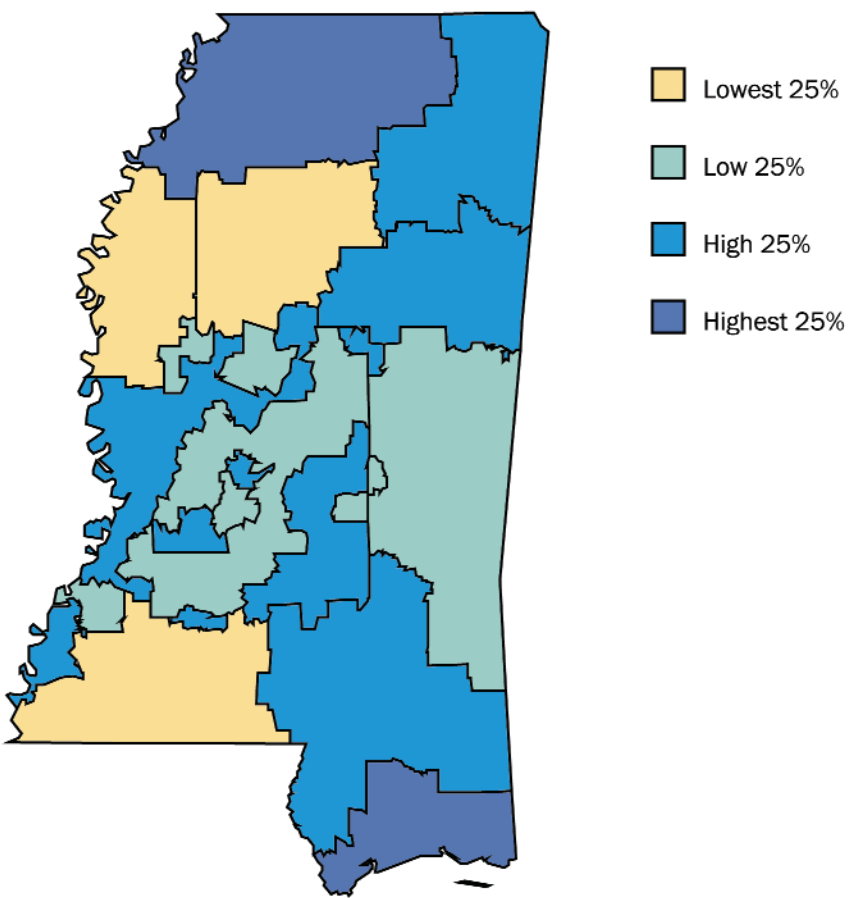
Lowest 25%

Low 25%

High 25%

Highest 25%

3  Indicators ~ Treatment/Support Activities

# Drug- and Alcohol-Related Arrests

## Indicator Description

This indicator includes arrests for alcohol- and drug-related violations, including driving under the influence, liquor law violations, public drunkenness, illicit drug trafficking, and illicit drug possession. You may want to include arrests from both the adult and juvenile justice systems and track these rates over time.

The number of arrests is an indicator of the police response to drug and alcohol violations. Arrest violations reflect several things:

- The type of federal, state, and local statutes.

- The degree of law enforcement targeted at drug and alcohol use.

- The number of violations being committed.

## Examples of What to Measure

- The number of arrests per 100,000 of the appropriate population. For example, number of arrests for driving or operating a vehicle while intoxicated per 100,000 population of driving age (16 years of age or older).

- Alcohol- and drug-related arrests as a percentage of total arrests.

- Loss of driver's licenses or liquor licenses.

## Where to Find Local Data

- National Uniform Crime Reporting Program (UCR).

- State/local police: Make sure that you get data from all groups that make arrests for example, precinct constables, Alcoholic Beverage Control board, FDA, and FBI.

- State Department of Juvenile Justice.

- National Incident Based Reporting System (NIBRS).

## Interpretation Guidelines

- Arrest data indicators are sensitive to the type of local statutes and the level of police enforcement as well as the level of substance use problems in the community. As such, great care must be taken when interpreting changes in arrest rates.

- When tracking arrest data over a period of time, it is often impossible to determine if an increase or decrease in arrests is related to changes in police enforcement, community problems, community efforts to reduce use, or to some combination of the three. It is important to involve local police departments in order to arrive at the most valid interpretation of your community's data.

- There are only a small number of arrests compared to the frequency of the offenses. For example, the number of arrests for driving under the influence is only the tip of the iceberg compared to how frequently people drive while intoxicated.
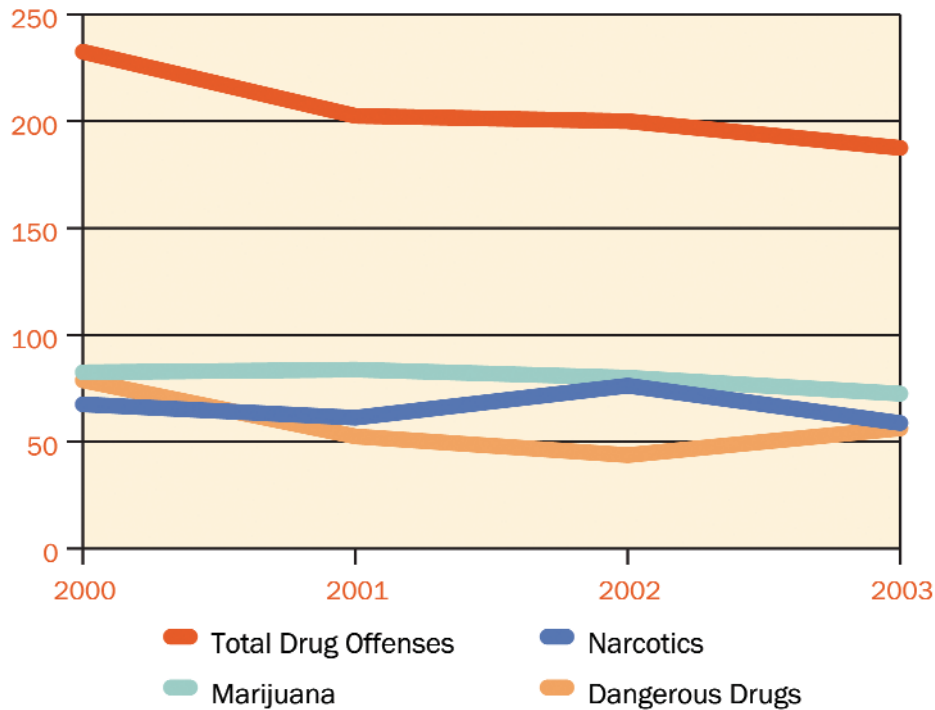
**Juvenile Felony Drug-Related Arrests in Sacramento County, California**

Source: California Department of Justice, Criminal Justice Statistics Center.
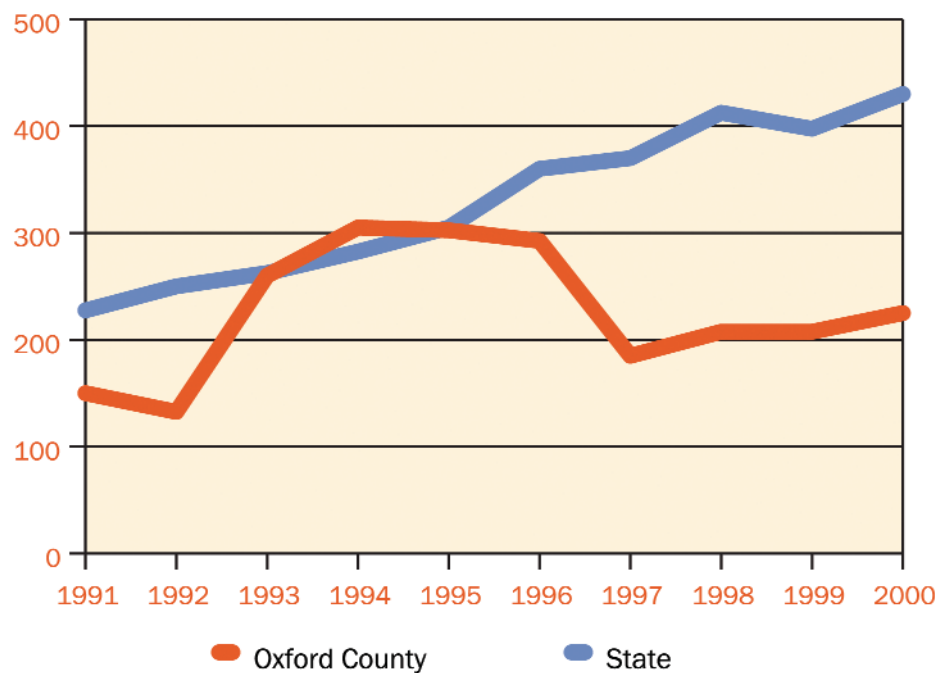
**Adult Drug-Related Arrests, Oxford County, Maine**

Source: Maine Office of Substance Abuse.

*Chapter 3: Indicators ~ Criminal Justice*     49

# Youth Attempts to Buy Tobacco and Alcohol

*This indicator measures sales of alcohol and tobacco to minors.*

## Indicator Description

In 1992, federal lawmakers passed the SYNAR Amendment, which requires states to have laws in place prohibiting the sale and distribution of tobacco products to persons under 18 and to enforce those laws. Each state is required to perform regular compliance checks on vendors and to monitor the sales rates of tobacco to minors.

Some states also use compliance checks to monitor and regulate alcohol sales to underage drinkers. Alcohol compliance checks have been shown to help decrease alcohol sales to minors and to help reduce underage drinking.

## Examples of What to Measure

- Compliance rates: measure the percentage of vendors that comply with laws regarding the sales of alcohol or tobacco to minors.

## Where to Find Local Data

- SYNAR data: Call your state substance abuse agency to find out which entity is responsible for SYNAR enforcement. Enforcement may be handled by the state agency responsible for drug and alcohol addiction, the state health department, private entities, or a combination of these and other organizations.

- The Underage Drinking Enforcement Training Center maintains an alcohol compliance check database that you can use to track information related to specific enforcement operations.

- Your state Alcoholic Beverage Control (ABC) board may have information on alcohol compliance rates.

- Contact the state department of public health to see if they have these data available.

## Interpretation Guidelines

- Compliance rates provide a measure of the availability of tobacco and alcohol to minors. They can also help determine the amount of resources allocated to enforce sales of tobacco and alcohol to underage users.
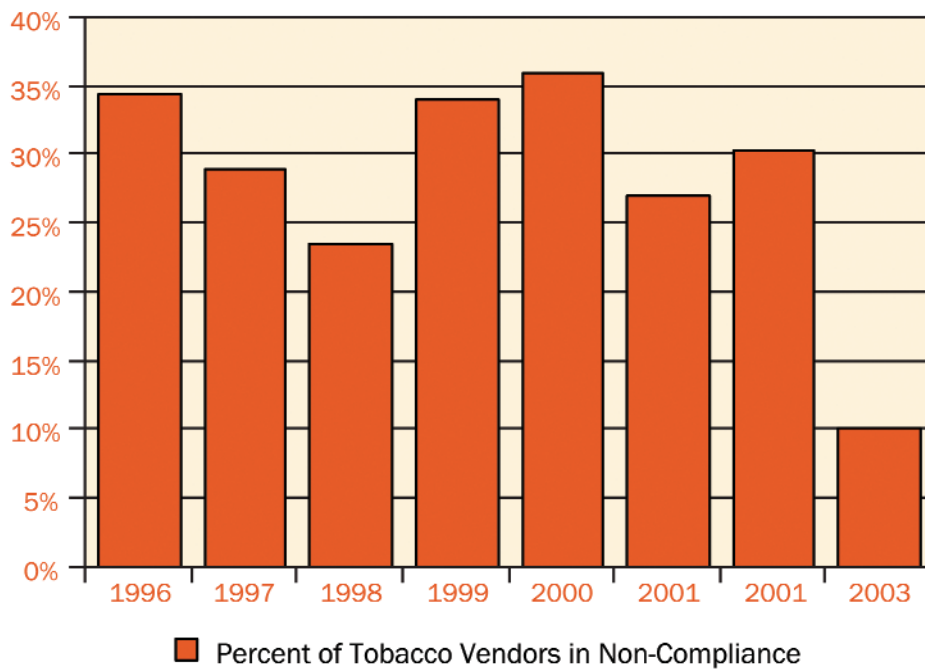
**Tobacco Compliance Checks in Alaska**

Source: Alaska Department of Health and Social Services. DHSS efforts lead to dramatic reduction in tobacco sales to minors, November 4, 2003.

Percent of Tobacco Vendors in Non-Compliance
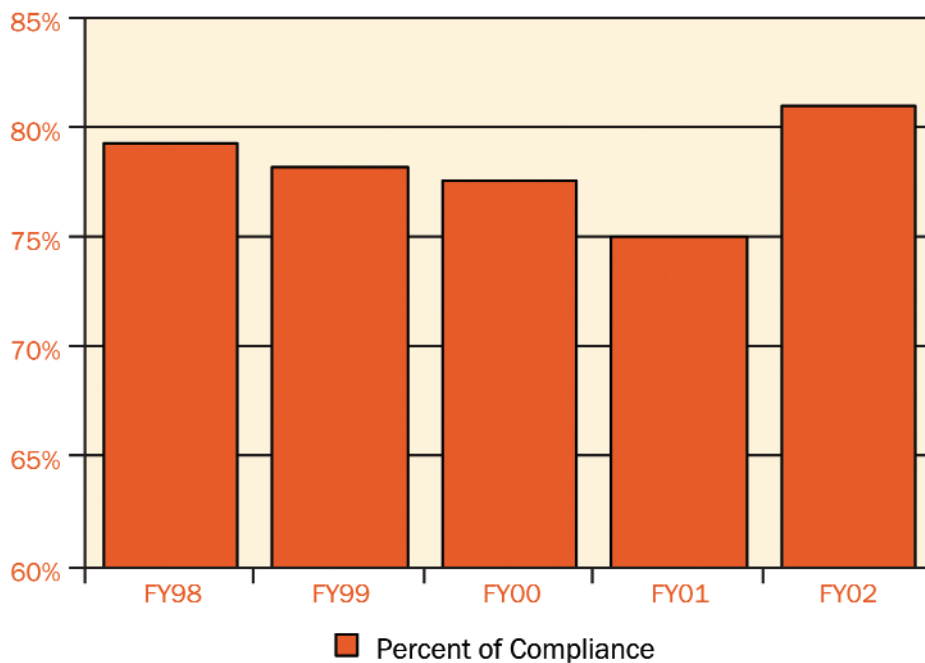


◀ **Figure 3.25**
**Alcohol Compliance Checks in Washington**

Source: Washington State Liquor Control Board. *Annual Report,* 2002.

Percent of Compliance

**3 Indicators ~ Criminal Justice**

# Substance Use-Related Hospital Cases

## Indicator Description

Studies have found that hospitalizations are frequently associated with complications for alcohol and drug use. Because the level of harm is related to the level and pattern of substance use in a community, hospital cases are also an indirect indicator of substance use in a community. These data illustrate the high percentage of medical costs associated with alcohol, tobacco, and drugs.

## Examples of What to Measure

- Percent of hospital discharges associated with a primary or secondary diagnosis related to substance use.

- Substance use-related discharge rate per 100,000 population.

- Number of cases for specific types of disorders (addiction treatment versus injury or disease, for example) or for particular age or ethnic population groups.

There are four main indicator measures:

1. *Alcohol-related cases:* The number of hospital discharges for the treatment of alcohol addiction and for diseases and injuries directly and/or indirectly attributable to alcohol use.

2. *Drug-related cases:* The number of hospital discharges for the treatment of drug addiction and for diseases and injuries directly and/or indirectly attributable to drug use.

3. *Tobacco-related cases:* The number of hospital discharges related to diseases associated with tobacco use.

4. *Substance use-related problems of newborns:* The number of hospital discharges for newborns with one or more of the following diagnoses: fetal alcohol syndrome; fetal drug-induced disorder; newborn drug withdrawal syndrome; or another alcohol or drug problem diagnosis.

## Where to Find Local Data

- Drug Abuse Warning Network (DAWN): DAWN is a public health surveillance system that monitors drug-related visits to hospital emergency departments and drug-related deaths investigated by medical examiners and coroners in targeted metropolitan areas in the U.S.

- Local hospitals.

- State health department.

- State hospital association.

- Medicaid program.

## Interpretation Guidelines

- When identifying hospital cases, some hospital discharges will have diagnoses related to more than one substance. You should be careful to count those cases only once, or to note how many hospital cases are counted under two or three measures.

- The total number of hospital cases may vary over time and across communities depending upon differences and changes in the health care system. Therefore, using the percent of discharges, rather than some other rate, has some advantages.

## Resource

Drug-Related ICD-9-CM Diagnoses and Diagnostic Related Groups. National Institute on Drug Abuse. *Assessing Drug Abuse Within and Across Communities,* In Press. Rockville, MD: The Institute, 2005.
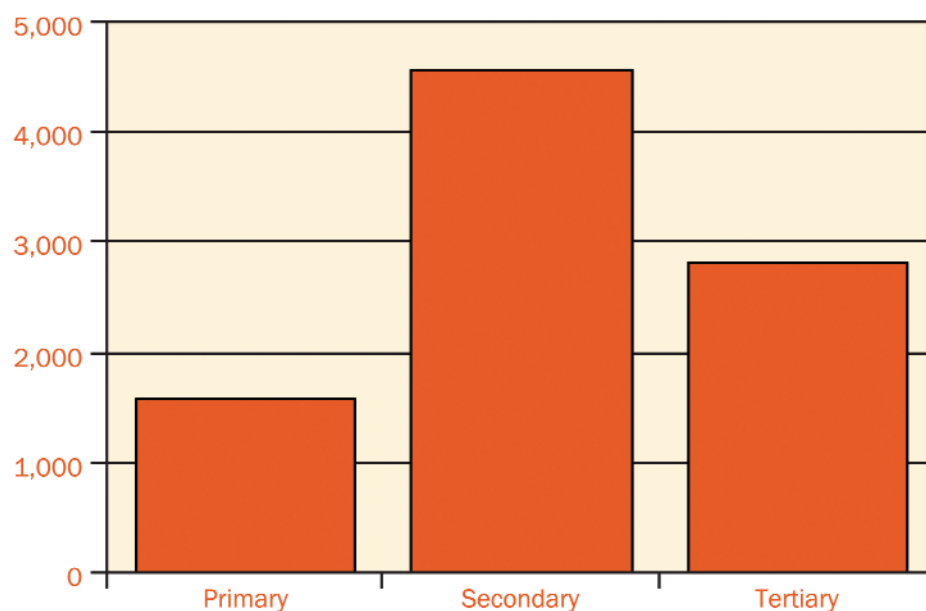


◀ Figure 3.26

**Non-Fatal Illicit Drug Abuse Hospitalizations by First, Second, and Third Diagnosis in New Mexico, 1998-2002**

Source: New Mexico Department of Health. *Drug Abuse Patterns and Trends in New Mexico: September 2004 Proceedings of the New Mexico State Epidemiology Workgroup,* January 2005.

# Emergency Room Cases

*Medical crisis associated with alcohol or drug use resulting in emergency department attention.*

## Indicator Description

Emergency department cases resulting from substance use are an indicator of the level of community harm. They are also a teachable moment in which screenings, brief interventions, and referrals can be successful and reduce the occurrence of repeated health care visits. Emergency department use contributes to the high medical costs associated with substance use.

Events that lead to emergency room visits reflect the prevalence of drug and alcohol use in a community, characteristics of the drugs being used, and practices of combining substances that may have lethal doses.

Many states have some version of the Uniform Accident and Sickness Policy Provision Law (UPPL), which gives insurance carriers the legal right to deny claims for the care of any injury sustained by an insured person who was intoxicated or under the influence of drugs at the time of the injury. These laws may serve as strong disincentives for emergency room staff to report alcohol or drug use.

## Examples of What to Measure

- The annual number of emergency room cases where staff have identified alcohol or drug use as a factor.

  - Express as a rate per 100,000 population.

  - Report as a percentage of all emergency room cases.

- The presence of a version of the Uniform Accident and Sickness Policy Provision Law (UPPL) in your state.

## Where to Find Local Data

This indicator is likely to be available in only those communities that participate in special surveillance programs:

- State Alcohol and Drug Abuse Authority: Check to see if your community participates in a surveillance program.

- Drug Abuse Warning Network (DAWN): DAWN is a public health surveillance system that monitors drug-related visits to hospital emergency departments and drug-related deaths investigated by medical examiners and coroners in targeted metropolitan areas in the U.S.

## Interpretation Guidelines

Be aware of the following when interpreting emergency room cases as a measure of community substance use:

- The same person may use the emergency room for a substance use-related episode more than one time, even many times, during a year.

- This indicator is sensitive not only to the level of use, but to the types of substances available, the purity of such substances, the pattern of mixing or combining drugs in a harmful way, the mode of administration, and the number of suicide attempts.
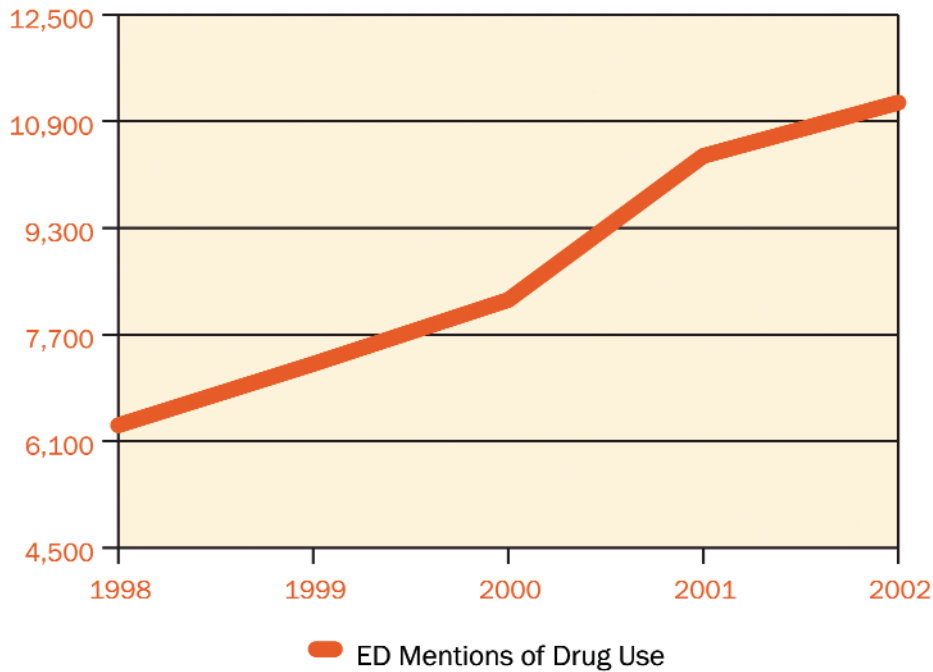
**Emergency Department Mentions of Drug Use in St. Louis, Missouri**

Source: Drug Abuse Warning Network.

# Substance Use-Related Deaths

*The number of deaths that result, either directly or indirectly, from tobacco, alcohol, and drug use.*

## Indicator Description

More deaths result from substance use than from any other preventable health condition. Premature deaths are a commonly-cited measure of the harm from substance use. Putting this in the context of your community can greatly increase the impact of your indicator report.

Deaths related to use may be the result of disease associated with chronic use or misuse, of disease from high risk behavior resulting in exposure to infectious agents, or of unintentional injury associated with alcohol or drug use, such as driving or boating under the influence.

## Examples of What to Measure

Estimates of the number of substance use-related deaths are typically based on the known number of actual deaths for certain causes in a community.

- Age-specific death rate: the number of deaths for specific age groups, divided by the number of people in the age-group population.

- Age-adjusted rate: this approach involves statistically weighing the death counts each year to reflect the population age groups of a specific baseline year.

What you measure will be largely dependent on the types of reports available from your local and state health departments.

- *Direct alcohol deaths:* These include alcoholic psychoses, alcohol dependence syndrome, non-dependent use of alcohol, alcoholic polyneuropathy, alcohol cardiomyopathy, alcoholic gastritis, alcoholic fatty liver, alcoholic cirrhosis of liver, alcoholic liver damage (unspecified), excessive blood level of alcohol, and accidental poisoning by ethyl alcohol, not elsewhere specified.

- *Indirectly-related alcohol dealths:* A portion, but not all, of 25 other death causes are attributable to alcohol use. These deaths include certain malignant tumors, diabetes, pneumonia, cirrhosis, and pancreatitis.

- *Direct drug deaths:* Drug withdrawal syndrome in newborns, poisoning by opiates and other narcotics or psychotropic agents, accidental poisoning by opiates, methadone, barbiturates and other substances, and suicide by specific drugs.

- *Indirectly-related drug deaths:* A portion, but not all, of the deaths from AIDS, endocarditis, cerebrovascular stroke, congenital syphilis, burns, hepatitis A, B, and C, trauma, and tumors.

- *Tobacco-related deaths:* A portion, not all, of the deaths from various tumors, respiratory disease deaths, cardiovascular disease, coronary artery, coronary heart, myocardial infarction, peripheral vascular disease, cerebrovascular stroke, and newborn low birth weight.

## Where to Find Local Data

- State or local health department.

- Coroner's office.

- Drug Abuse Warning Network (DAWN): DAWN is a public health surveillance system that monitors drug-related visits to hospital emergency departments and drug-related deaths investigated by medical examiners and coroners in targeted metropolitan areas in the U.S.

- Centers for Disease Control and Prevention.

## Interpretation Guidelines

- Because deaths are relatively infrequent, only large communities can meaningfully interpret changes in death rates over time. Smaller communities may want to average the death data from several years so they can compare them to other time periods.

- It is safe to presume that the deaths identified as substance use-related are an undercount of the true number. The stigma associated with alcohol and drugs leads to sensitivity in reporting these types of diseases as the cause of death.

- Injury deaths are more likely to reflect substance use patterns among young users. Tracking injury deaths may reveal different trends from disease deaths.

## Resource

Drug-Related ICD-9-CM Diagnoses and Diagnostic Related Groups. National Institute on Drug Abuse. Assessing Drug Abuse Within and Across Communities, In Press. Rockville, MD: The Institute, 2005.
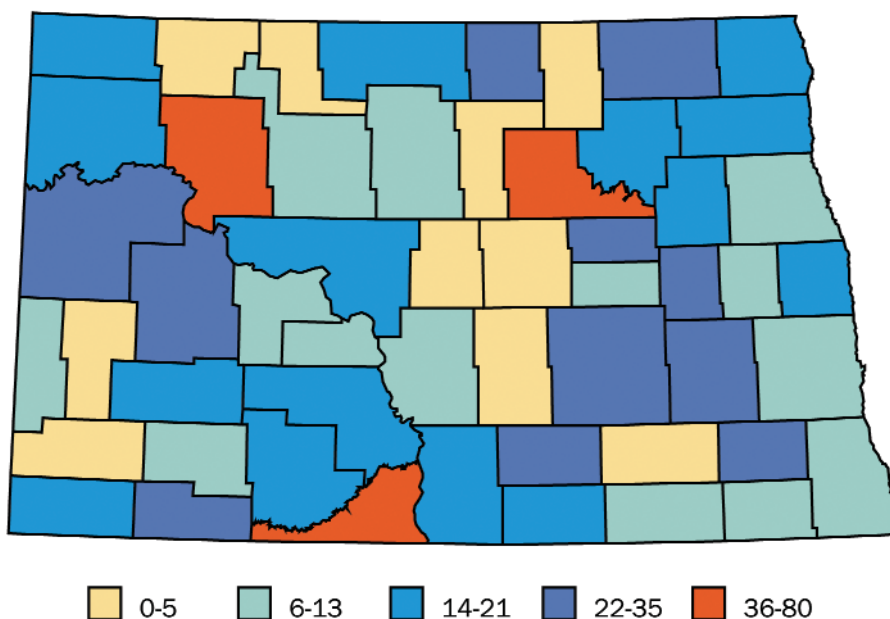


◀ **Figure 3.28**
**Alcohol Mortality Rate in North Dakota**

Source: North Charles Research and Planning Group. *A Substance Abuse Indicator Chart Book for North Dakota Second Edition,* September 2002.

Legend: 0-5 | 6-13 | 14-21 | 22-35 | 36-80

# Traffic Fatalities

*The rate of alcohol-related crashes that result in a fatality.*

## Indicator Description

This indicator measures the rate of alcohol-related crashes that result in a fatality. Substantial evidence links drinking alcohol with fatal motor vehicle traffic crashes. A community may track traffic fatalities as a measure of alcohol-related harm.

## Examples of What to Measure

- The number of events per 100,000 population over age 16.

- The number of deaths per 100,000 of the total population.

- The number of non-fatal alcohol-related traffic crashes.

## Where to Find Local Data

- National Highway Traffic Safety Administration, Fatal Accident Reporting System.

- National Center for Statistics and Analysis.

- State Traffic Safety Information has state by state data on traffic crashes by BAC level.

- State Highway Department.

## Interpretation Guidelines

- This indicator measures one aspect of community harm from alcohol use. It is also an indirect measure of the prevalence of alcohol use while driving.

- Research has shown that effective community strategies limiting underage access to alcohol and expanding treatment lead to lower alcohol-related traffic fatalities.

- Traffic fatality data are readily available to communities of all sizes. The location of fatal crashes can be pinpointed to the "street" level for sub-community analyses.

- When doing cross-community comparisons, it is better to compare the percent of all crashes in each community that involve alcohol.

- Events are relatively rare and require a large population base for stable trends.

- Caution should be used in interpreting changes in traffic fatalities over time. The number of fatal traffic crashes is related not only to the prevalence of alcohol use, but also to seat belt use, police enforcement, speeding, road engineering, use of air bags and other safety devices, and road conditions.
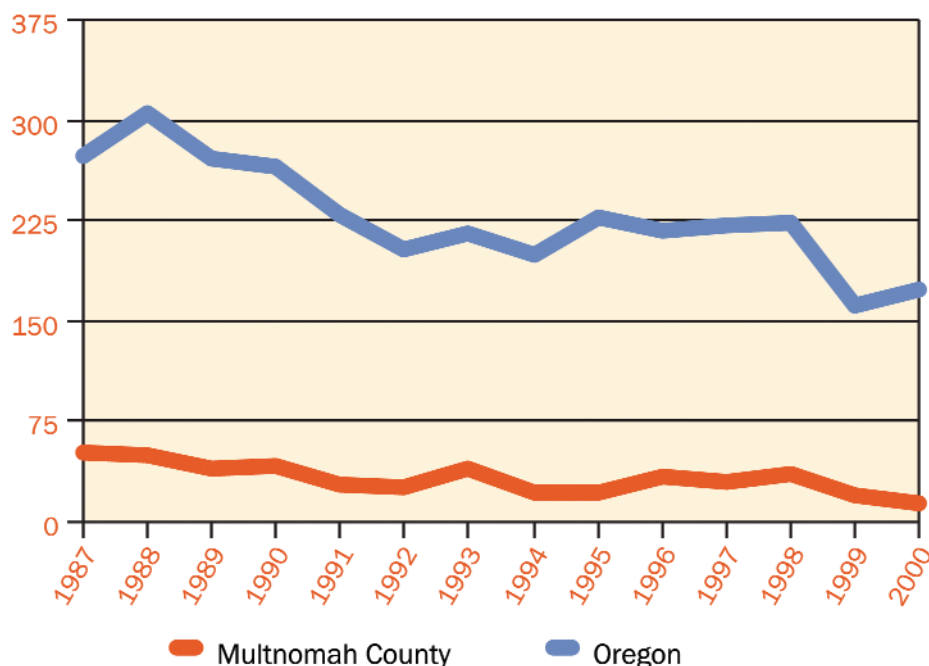
**Resource**

Hingson R, Zakocs R, Heeren T, Winte, M, Rosenbloom D, and DeJong W. "Effects on alcohol related fatal crashes of a community based initiative to increase substance abuse treatment and reduce alcohol availability." *Injury Prevention,* 11(2): 84-90, 2005.
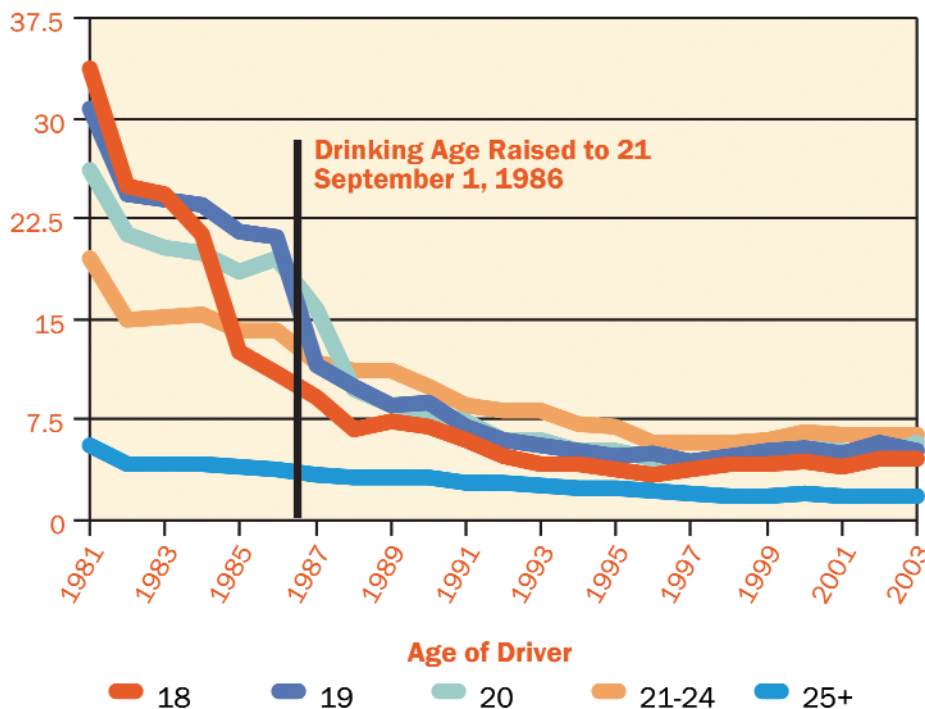
**Figure 3.29**

**Crash Rate for Drinking Drivers in Wisconsin**

In 1985, Wisconsin passed Act 337, which raised the drinking age to 21 effective September 1, 1986.

Source: Wisconsin Department of Transportation, Bureau of Transportation Safety. *2003 Wisconsin Traffic Crash Facts.*



**Figure 3.30**

**Alcohol-Involved Traffic Deaths in Multnomah County, Oregon**

Source: Regional Drug Initiative. *Drug Impact Index: Presenting the Case for Treatment Expansion,* July 2001.

# Child Welfare

*The number of child abuse reports to child welfare authorities and the presence of policies to address substance use in the family.*

## Indicator Description

Working with the child welfare system presents opportunities to help parents and children in families with substance use problems. In many cases, child abuse and neglect appears to be associated with documented use of alcohol and other drugs. The number of child abuse and neglect cases among substance using parents is one indicator of harm to family function and child health.

In some communities there is no distinction made between abuse cases where substance use is a factor and those where it is not. In communities where information on substance use is reported, however, these specific cases may be tracked.

## Examples of What to Measure

The number of child abuse/neglect victims.

- Use the same definition of a case for tracking cases over time. Various definitions include "alleged reports," "substantiated" cases, "investigated" cases, and the number of victims or family cases.

- Report the number of cases per 100,000 children in the population.

- Track the percent of all child abuse cases where parental substance use is a factor.

The presence of policies to address substance use in the family:

- Screening, brief interventions, and referral programs.

- Working relationships with treatment programs that specialize in treatment for women with children.

- Providing parenting classes and other educational opportunities.

## Where to Find Local Data

Contact the appropriate state agency, such as the department of social services or child welfare, for trend data on your community. Finding the appropriate agency may require some detective work. States define their own investigative procedures and child welfare service systems. There may be a number of data sources to be contacted within each state.

## Interpretation Guidelines

- Although this indicator taps into an important harm from substance use, interpreting trends in data is particularly challenging. An increase in child abuse reports may reflect more public awareness, improvements in reporting systems, and more attention to drug and alcohol problems, in addition to any possible increase in drug and alcohol problems among families. You must investigate the factors that may be leading to changes in the number of substance use-related cases.

- Because of differences in state and local child abuse statutes and practices, it is also difficult to accurately interpret differing rates among communities. The scope of what constitutes reportable acts of child abuse and neglect varies by state statutes and local practices.

**Resource**

National Center on Substance Abuse and Child Welfare (NCSACW)
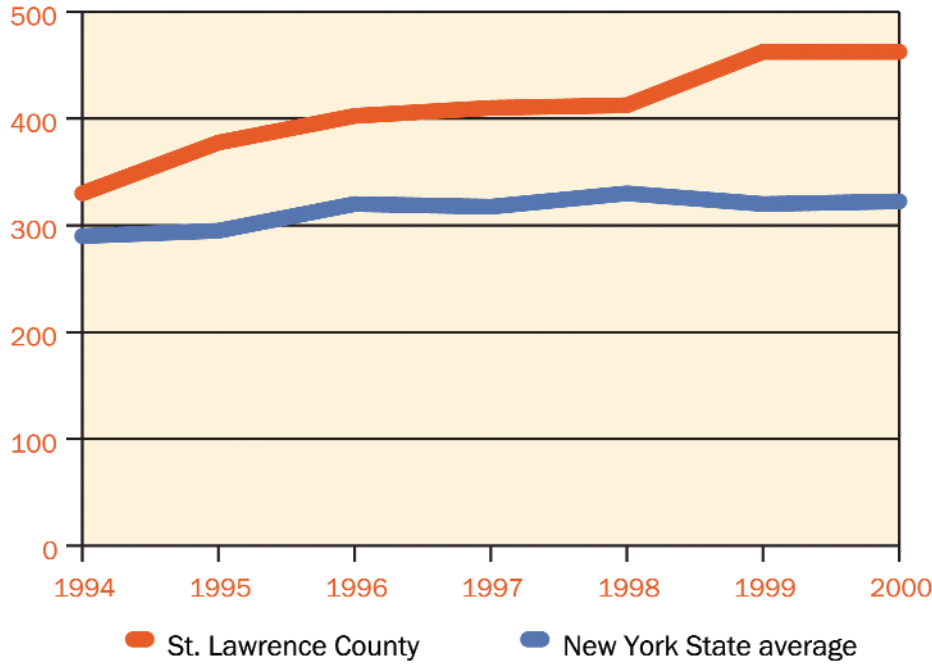


◀ **Figure 3.31**

**Child Protective Service Total Reports Received in St. Lawrence County, New York**

Source: New York State Office of Alcoholism and Substance Abuse Services. *Prevention Risk Indicator Services Monitoring System for Alcohol and Substance Abuse: 2003 Risk Profile for St. Lawrence County, December 2003.*

# Drug-Related AIDS/STD Cases

*The number of new drug-related AIDS cases and the number STD cases.*

## Indicator Description

Drug use and binge drinking have been shown to increase risky behavior among users. Research has shown a strong link between intravenous drug use and AIDS cases in some areas. Research has found a connection between drug use, excessive drinking, and STD infections from increased risky sexual contact.

## Examples of What to Measure

*AIDS:* The annual number of new AIDS cases whose method of exposure is related to intravenous drug use.

- Expressed as the number of cases per 100,000 population.

- Cumulative number of AIDS cases or deaths related to intravenous drug use. The methods of exposure include: intravenous (IV) drug user, heterosexual or homosexual contact with an IV drug user, and some pediatric cases where the mother is in an HIV-risk category associated with injecting drug use or having sex with an injecting drug user.

Targeted programs to reduce or prevent drug-related AIDS cases such as needle exchange and condom distribution programs.

*STDs:* The annual number of STD infections expressed as the number of cases per 100,000 population.

## Where to Find Local Data

*AIDS and STD cases:*

- Centers for Disease Control and Prevention (CDC) reports.

- Contact the local or state public health department to obtain the number of cases for your local community or region.

- Planned Parenthood Affiliate State Office.

- StateHealthFacts.org.

## Interpretation Guidelines

- Although this indicator measures serious consequences of drug and alcohol use, it should be used with caution as a measure of the actual level of community alcohol and drug use.

- *AIDS:* Tracking drug-related AIDS cases over time helps portray the community impact of illicit drug behavior. It complements but does not replace other measures of harm.

  The number of drug-related AIDS cases is most closely linked to the behaviors of intravenous drug users. It is less closely linked to other illicit drug and alcohol use.

The association between intravenous drug use and HIV infection varies tremendously across communities and over time. In some urban communities a much larger proportion of intravenous drug users may be infected, while in other, typically rural, communities the relationship may be more obscure due to less exposure.

- *STDs:* STD rates also complement, but do not replace, other measures of harm from drug use and risky drinking.

Not all STDs are alcohol- or drug-related.
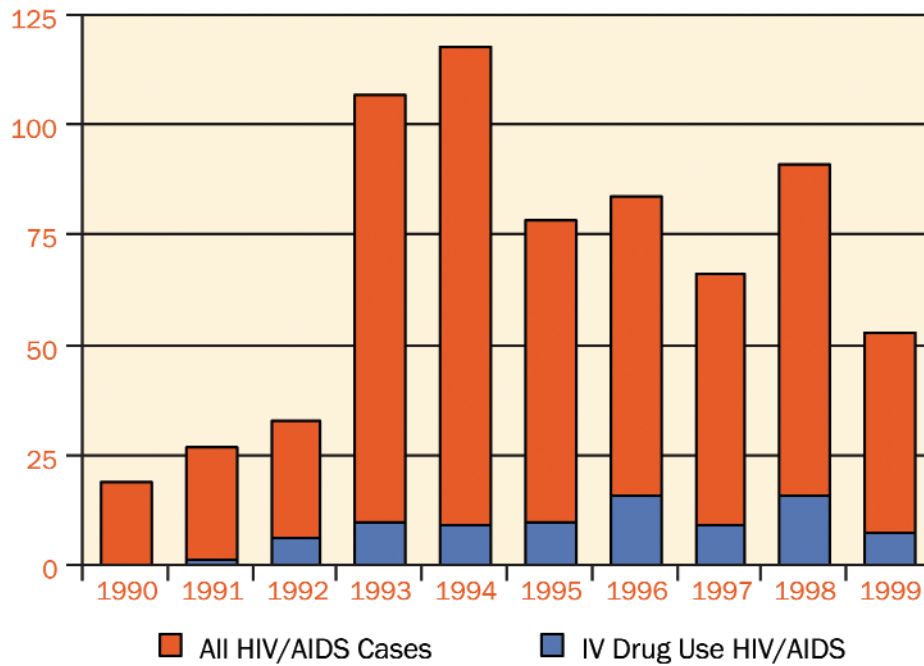
**3 Indicators ~ Harm**

# Hepatitis C Cases

*The number of newly diagnosed hepatitis C (HCV) cases.*

### Indicator Description

Hepatitis, or inflammation of the liver, is caused by five viral strains; hepatitis C is most frequently associated with substance use. Hepatitis C virus is spread through sharing needles or "works" when shooting drugs, through needle sticks or sharps exposures, or from an infected mother to her baby during birth.

Injecting drug use is the leading risk factor for hepatitis C infection. After five years, 60 to 90 percent of users are infected.

### Examples of What to Measure

The number of newly diagnosed hepatitis C cases during the year.

- Express as a rate per 100,000 population.

- Track the cumulative, rather than annual, number of hepatitis C cases.

### Where to Find Local Data

- You should be able to get data from your state health department.

### Interpretation Guidelines

There are a few things to remember when interpreting hepatitis C cases as a measure of community substance use:

- The number of cases may be generally too small for tracking reliable annual trends.

- Not all hepatitis C cases are associated with intravenous drug use.

**Figure 3.33 ▶**
**HCV Infection by Gender in Texas**

Source: Texas Department of State Health Services, Infectious Disease Epidemiology and Surveillance Division.

# creating an
# indicator report

In Chapter 1, we urged you to focus your community-wide strategy and make a commitment to developing and sustaining an indicator reporting program. Chapter 2 helped you select appropriate indicators to help tell your story. Chapter 3 provided a menu of sample substance use-related indicators and measures that may relate to your strategy. Putting the information together to tell a compelling story will make your efforts count. This chapter will help you use your data to tell a compelling story, choose a reporting format, and disseminate your findings.

It is important to decide what message you want to communicate in your report. What did the indicator data tell you about the problem in your community? How does this relate to your strategy and activities to reduce the harms from substance use? How do you want to communicate the information and steps for action to the broader community? Data on its own will not move people to take action, but putting data into the context of a compelling story can motivate action.

These four questions can help you organize the information in your report and tell your story in a compelling way. The best reports combine indicator data with stories.

1.  *What specific harms are you reporting?*

    ▪ Set the stage with the scope and scale of the problem, then move to indicators that show specific harms that the problem is causing the community. Be sure to report only on indicators that best tell your story.

2.  *How is your target audience affected?*

    ▪ The harms from substance use affect us all. Include interesting information on cost implications and quality of life in your community.

3.  *How could the trends be changed?*

    ▪ Suggest practical programs and policies that could reduce these harms, decrease community costs, and increase quality of life for residents.

4.  *Does your audience feel a connection to the story?*

    ▪ It is important to connect the numbers to real people. Add a personal story or quote that will catch the attention of the media and community members.

# Reporting Formats

The format you choose for your community report will depend on your overall strategy. A variety of reporting styles can be used to communicate your main points to your target audience. Report cards are easy to understand and often appeal to the media. Showing changes over time and community comparisons help illustrate progress on issues or how your community compares to similar communities. You may choose one or a variety of these formats for the report.

Aim for a publication that is short enough to be read easily in one sitting at the time it is received or viewed, and attractive enough that the reader will want to take the time to look through it. If your product goes on the "to read" pile, you probably have lost the opportunity.

Once you have decided on the message, it is time to organize the information into a readable and engaging report. The format you select for communicating the indicator information must be simple and direct. Charts and graphs, which present a clear picture of the main points, are more useful than narrative detail that explains the subtle characteristics and trends of the data.

### Report cards

- An easy way to report on a large number of issues.
- Used to move people to action so they can improve the "grade".
- Easy to understand.
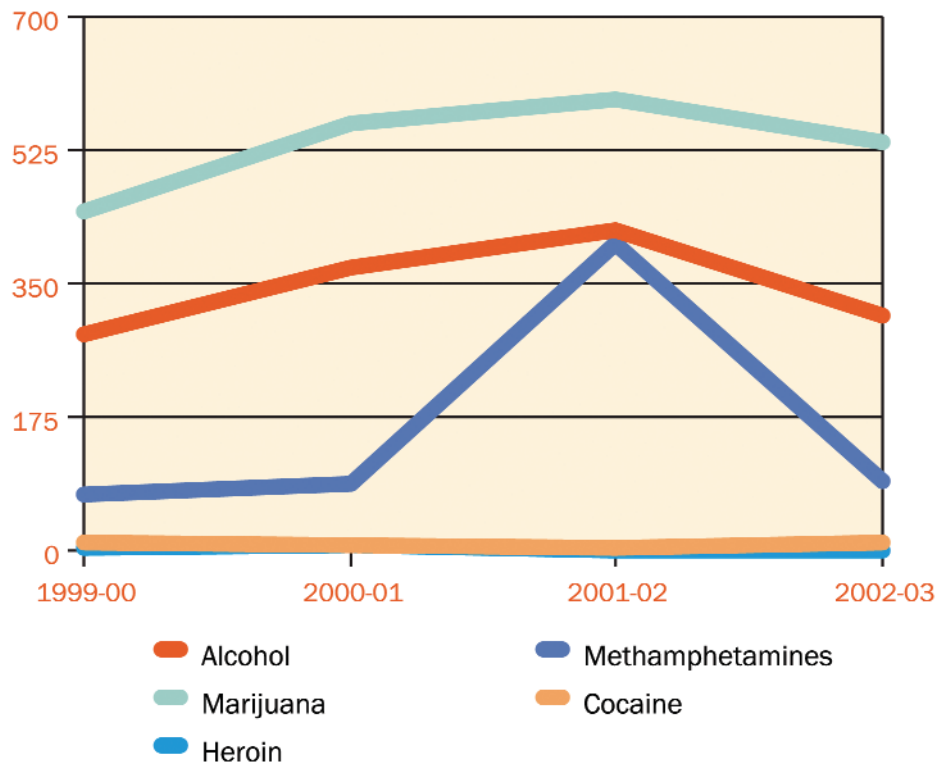
**Figure 4.1 ▶**
**MADD Report Card, Hawaii, 2002**

Source: Mothers Against Drunk Driving.

| Category | Hawaii | Nation |
|---|---|---|
| Overall | C | C |
| State political leadership | | |
| Governor | A- | C |
| House | C+ | C- |
| Senate | B+ | B+ |
| BAC Testing, Data, and Records | B | C+ |
| State Law Enforcement Programs | B- | C+ |
| Administrative Measures and Criminal Sanctions | A- | B- |
| Underage Drinking and Drinking Driving Control | C | C+ |
| Victim Issues | C+ | D+ |
| Laws | C+ | C |
| Fatality Trends | D+ | C- |

## Change over time

- Shows the history of the problem as well as past and current trends.

**Adolescent Primary Drug of Abuse in Idaho**

Source: State of Idaho Substance Abuse Social Indicators, University of Idaho in conjunction with the Idaho Department of Health and Welfare.

Legend:
- Alcohol
- Marijuana
- Heroin
- Methamphetamines
- Cocaine

## Community comparisons

- Shows where your community falls in relation to other communities, the state, or the nation as a whole.
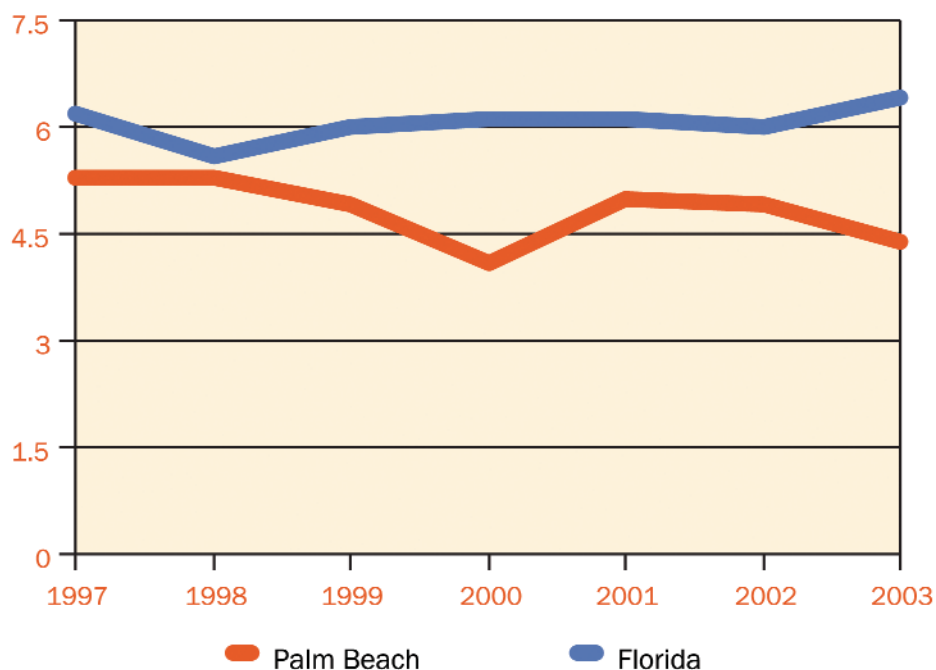
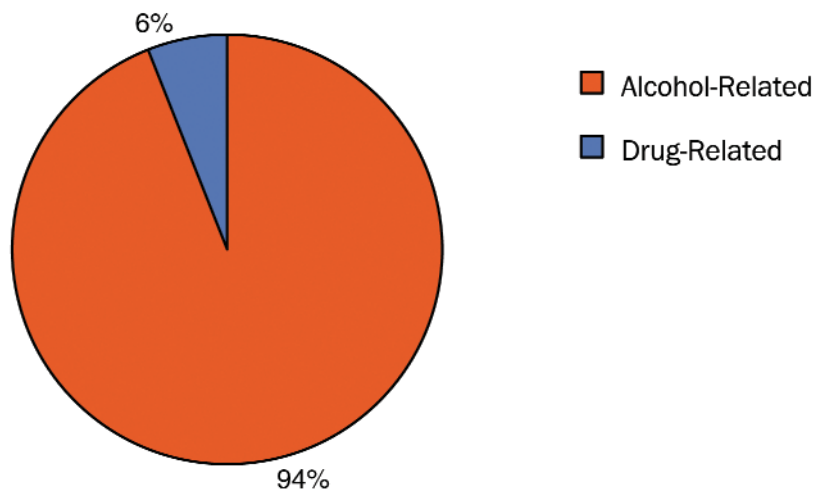**Alcohol-Related Motor Vehicle Crash Deaths in Palm Beach, Florida**

Source: Florida Community Health Assessment Resource Tool Set.

Legend:
- Palm Beach
- Florida

**Figure 4.4 ▶**

**Alcohol- and Drug-Related Visits to Emergency Rooms in New Hampshire**

Source: New Futures. *We Need Treatment!* 2002.

# Making strategic use of your report

Your report should be used to bring concerned leaders and community activists together to address the problems you highlighted. Any strategy to reduce substance use will most likely involve working with the media, other organizations, and policy makers. These avenues will be different in each community. Here are some general guidelines for making your efforts count.

## Working with Community Leaders

Before you release your report to the public, identify important groups, such as business and legislative leaders, who can take action on the issues your findings highlight. Schedule briefings with these groups and then announce their involvement in an action plan when you release the report.

If you are releasing your report to the media, you may be able to use the exposure to recruit additional groups that may not be interested in the issue until it is in the media spotlight. For example, if your data reveal a sharp increase in alcohol outlet licenses, you may want to meet with city officials about zoning changes or to promote responsible server training. If your data show an increase in substance use-related domestic violence arrests, you may want to use this information to bring together the police, local legislators, and treatment professionals to devise a multi-faceted solution.

## Working with the Media

You will want to work with your local media, including television stations, newspapers, and radio stations to get your findings out. It is helpful if you have a person on your data assessment committee who is experienced in working with the media. The media will likely be receptive to your pitch for two reasons:

1. Drug and excessive alcohol use is generally recognized as an important local issue.

2. Most reporters like reporting stories with strong data.

Tips for working with the media:

- Send out a press release to selected news directors, reporters, and editors outlining the very basic facts. Follow up with phone calls to make sure your media contacts received it. Reporters get volumes of paper each day – make yours stand out.

- Appoint an articulate spokesperson who can keep media focused on your report. Anticipate "left field" or devil's advocate questions from reporters.

- Keep it simple. Craft three main points to be reflected in the press release that you want to get across to the public.

- Include action steps that people can take to help solve the problems highlighted in your report.

## Tips

- Vary the types of displays you use: Bar graphs, line graphs, and pie charts will provide a nice mix of displays in the collection.

- If research is released in the national or regional media, you can tie in to it with local data to get press coverage in your community. For example, if your state reports an increase in opiate overdoses, you can compare that to the rates in your community over the same time period.

- Rural communities face unique challenges. Since you may have to use county or state data to tell a regional story, you need to unify the region to make the target audience feel a connection to the indicator report. Use personal stories or quotes from a variety of representatives from the specific area in which you are hoping to create change.

- Be aware: Data collection systems can change over time. There may be shifts in the political climate, legislation, or community priorities that alter the reporting of events, making it difficult to track changes over time.

# 5 community stories

Many communities around the country have successfully implemented and sustained indicator programs. New Futures in New Hampshire, East County Community Change Project in San Diego County, California, and Drug-Free Marion County in Indiana are three groups that have established indicator programs and produced community reports to tell their stories.

## New Futures, Portsmouth, New Hampshire

In 1997, New Futures, a nonprofit advocacy organization located in Portsmouth, NH, was created to foster dialogue and action among state and community leaders to support comprehensive approaches to alcohol, tobacco, and drug problems. They have produced three indicator reports. "We Need to Talk - Alcohol, Tobacco and Other Drug Problems in New Hampshire" (1998) raised awareness. "We Need to Act – Alcohol and Youth in New Hampshire" (2000) focused attention on a particular population and recommended strategies for change.

In 2002, New Futures released "We Need Treatment," a report intended to increase support among policy makers, community leaders, and the public for policies that prevent and treat addiction rather than traditional policies that punish those addicted to drugs and alcohol. The report outlines the problem, provides evidence about the need for increased treatment in New Hampshire, and provides specific policy recommendations that could improve the availability of treatment. New Futures divided the report into the following sections to tell their story:

- *What We Must Admit:* In this section, the report outlines the overall scope of substance use problems in New Hampshire.

- *What We Must Accept:* The data, quotes, and personal stories in this section show that treatment is effective and recovery is possible.

- *What We Must Overcome:* This section addresses the stigma against addiction by providing quotes, data, and several graphs highlighting New Hampshire's insufficient treatment services and inadequate treatment funding.

- *What We Must Do:* Here the report suggests actions steps for citizens, health insurers, employers, criminal justice professionals, people in recovery, and those still suffering from addiction.

"We Need Treatment," along with New Futures' two other indicator reports, succeeded in contributing to statewide policy changes to the treatment system in New Hampshire by passing legislation that:

- Allocated a portion of the profits from alcohol sales for community-based prevention and treatment programs (2000).

- Created a statewide Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment (2000).

- Required keg registration (2000).

- Required health-insurance companies to offer insurance coverage for addiction treatment (2002).

*New Futures was created through an anonymous gift to the New Hampshire Charitable Foundation.*

## East County Community Change Project, San Diego County, California

The East County Community Change Project is a project of the Institute for Public Strategies focusing on strengthening alcohol and drug prevention policies in the county. The Project has used several strategies to gather and disseminate information and to create policy changes in San Diego County.

The Project has done some of its own data collection using focus groups of community members, through which they learned about several community conditions that increased easy access to alcohol and drugs. Armed with this information, the Project focused its strategy on an environmental management model of substance use prevention, which includes advancing stronger policies at the institutional, community, and public level.

In addition to asking for community feedback, the project has produced a number of issue briefings and fact sheets on alcohol outlet density and underage drinking. These documents outline associated problems as well as action steps that local municipalities can take to adopt stronger prevention policies.

The East County Community Change Project has also worked closely with local media to share its story and motivate people to take action, prompting several supportive news articles, letters to the editor, radio clips, and flyers.

As a result of these efforts, San Diego County officials proposed a comprehensive set of policies including social host ordinances, responsible beverage service training, mandatory apartment manager training, and Conditional Use Permit (CUP), several of which have been adopted.

*The Project is partially funded by the San Diego County Health and Human Services Agency, Alcohol and Drug Services.*

# Drug-Free Marion County, Indianapolis, Indiana 🔍

A snapshot of alcohol, tobacco, and drug use in Indianapolis and Marion County, Indiana, shows that the number of 18-34 year-olds accessing treatment services is on the rise. This finding, among many others, is described in a Drug-Free Marion County report, A Community at Risk, commissioned by the organization with technical assistance from the Marion County Prosecutor's office.

"The report was designed to present a picture of what we believe are key indicators on the impact of substance abuse in our community," said Marion County Prosecutor Scott Newman.

Data for the report came from school surveys, health department records and law enforcement statistics. Randy Miller, Drug-Free Marion County Executive Director, highlighted several noteworthy findings:

- Marion County youth use tranquilizers significantly more than the nationwide average.

- Although methamphetamine use attracts a great deal of media attention, marijuana is the illegal drug used most prevalently in Marion County.

- Female arrestees test positive for illegal drugs more frequently than males.

- Drug related deaths reached a five-year high in 2000.

- The number of 18-34 year olds accessing treatment services through the Hoosier Assurance Plan (insurance plan for uninsured or underinsured) is rising.

The report indicates that community involvement can have a positive impact on reducing substance use. "Compliance check results show a decline in the number of retailers selling tobacco to juveniles, and between 1998-2000 there was a significant decrease in cocaine seizures," said Miller. "It's our hope this report will encourage continued community action so that together we can reduce the social, economic and personal impact substance abuse has on our quality of life."

Newman and Miller presented their findings at a press conference, from which they received coverage from all local television stations and one major radio station. Miller also presented the report at a meeting of the county's high-level criminal justice and county officials. He said that they "knew there was a problem, but didn't realize the extent."

Even with the encouraging news contained in the full report, it is clear that the community must work together to adequately address drug and alcohol use. "The reality is that any level of illegal tobacco sales to minors, cocaine seized or other indication of substance misuse is unacceptable," said Miller.

*The new 2005 Community at Risk report is available on Drug-Free Marion County's website.*

# JOIN TOGETHER

**Join Together**
1 Appleton Street, Fourth Floor
Boston, MA 02116
Tel: 617-437-1500
Fax: 617-437-9394
info@jointogether.org
www.jointogether.org