

ARKANSAS DATA LIMITATIONS & RECOMMENDATIONS

The Arkansas State Epidemiological Workgroup (SEW) prepared this document to communicate: 1) data limitations that surfaced during its analysis of substance use and use-related consequences in Arkansas and 2) recommendations for improving the data.

The reader should bear several things in mind while reviewing this document. First, collecting and analyzing data require the recognition of certain biases at every level of data collection. Populations that are small, socially and economically disadvantaged, or otherwise encumbered (e.g., individuals with concurrent drug issues and co-morbid mental health conditions) may be inadequately captured while other populations may be overrepresented. Second, a number of agencies in Arkansas collect data on alcohol, tobacco, and other drug (ATOD) use and the consequences associated with this use. The SEW has made every attempt to collect relevant data. It is important

to note that the information that follows reflects the data that exist to the *best of our knowledge*. **The SEW strongly recommends that state agencies involved with collecting data on ATOD use and consequences coordinate their data collection efforts to ensure that relevant data are easy to access and compatible with data from other agencies.**

The data limitations and recommendations that follow have been categorized by consumption rates and consequences for substance abuse in Arkansas. Consequences data have been further divided to reflect relevance for *children and adolescents, health, and the criminal justice system.*



Office of Alcohol and Drug Abuse Prevention

Arkansas SPF

Mission Statement:

Implementing and sustaining a statewide prevention framework that enhances the capacity and collaboration of key stakeholders on both the state and community level



UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

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CONSUMPTION DATA

Collection of prevalence data for certain age groups in Arkansas proved to be difficult. Prevalence data for young adults and for older adults are sparse, particularly with regard to the consumption of illicit substances.

- The only survey that provides information on illicit drug use by the general population of adults in Arkansas, the National Survey on Drug Use and Health (NSDUH), illustrates the need for more detailed data. Age categories for most substances are limited to: 12-17, 18-25, 26 and older, and 12+ (all respondents), and underage drinking data are only available for one age bracket (12-20 year olds). Very little data are available on individual illicit drugs.
- The other national survey, the Behavioral Risk Factor Surveillance System (BRFSS)

Survey covers only alcohol and tobacco, not illicit drugs.

- Additional data on young adults are available through the CORE Survey, but the CORE only targets college students, and the survey is not randomized.
- Finally, adequate data are available for youth through the Youth Risk Behavior Survey (YRBS) and the Arkansas Prevention Needs Assessment (APNA), but there is room for improvement. Neither survey captures data on private school or home-school children, the YRBS has had problems collecting surveys from adequate numbers of youth in the past, and the APNA is not taken uniformly across counties and grades.

RECOMMENDATIONS

- The SEW should continue to explore obtaining more detailed age breakdowns from the Substance Abuse and Mental Health Services Administration (SAMHSA) for alcohol and most prevalent illicit drugs (marijuana, cocaine, methamphetamine, prescription opiates).
- The State should develop a plan to obtain funding for an adult household survey to provide information relative to adult use of illicit drugs.
- The State should explore ways to increase the number of universities and college students participating in the CORE survey.
- The State should expand the APNA to private schools and continue to encourage all public schools to take the survey.

CONSEQUENCES DATA

CHILDREN & ADOLESCENTS

A significant amount of information was collected on substance use consequences to children and adolescents, but some limitations existed in the collection of these data, including:

- The YRBS and APNA consequence data are subject to the caveats mentioned in the Consumption section.
- Illegal substances involved in the removal of children from homes (both parental and child substance abuse) cannot be identified.
- Little is known about illegal drug use and alcohol use by pregnant women. The Pregnancy Risk Assessment Monitoring System (PRAMS) provides self-reported alcohol and tobacco use by new mothers, but it does not ask about the use of illegal drugs or abuse of prescription medications. Only a small sample of women is being tested under Garrett's Law. And there is no repository for information on children with Fetal Alcohol Spectrum Disorders (FASD); however, there are issues of feasibility when looking at the consequences of FASD.

RECOMMENDATION

Arkansas DHHS should add fields to relevant child welfare databases to identify specific substances of concern rather than a general categorization of non-alcoholic substances.

HEALTH

Arkansas currently lacks data pertaining to emergency department (ED) visits and substance use. Research has shown a correlation between these two variables, so the addition of these data could make a significant contribution to the knowledge of substance abuse in the State.

RECOMMENDATION

The State should develop plans to capture ED visits along the lines of the Hospital Discharge database. Helpful information would be ED visits involving: alcohol intoxication/abuse/misuse, drug abuse and misuse, overmedication of prescription and over-the-counter drugs, underage drinking, patients seeking detoxification and/or drug abuse treatment, and suicide attempts.

CRIMINAL JUSTICE

The criminal justice system data encompass a large variety of information on many topics at various levels of local, state, and federal government. Due to the diversity of available information, criminal justice data are captured by several agencies. It would be useful if criminal justice agencies coordinated their databases allowing for easier and more accurate interpretation of criminal justice information. The following is a list of limitations encountered while looking at criminal justice data as they pertain to substance abuse in Arkansas:

- Not all clandestine lab seizures are reported to the El Paso Intelligence Center (DEA); labs are not reported due to volume of paperwork or if no arrest was made in conjunction with the lab seizure.
- A number of agencies provide county-level data but do not break out some variables that would be useful for substance use prevention. It would be useful to have county-specific race, gender, and age variables for DWI/DUI data, alcohol-related crash data, and Arkansas Department of Correction (ADC) data. In addition it would be useful for ADC data to provide county-level information on the inmate's type of crime.
- Trend data from the Arkansas Department of Community Correction (DCC) are adequate only for short periods of time (one to three months) due to the constant influx and changing status of clients; for Drug Court Data, the Sixth District uses different reporting procedures than other districts.

RECOMMENDATIONS

- Age, race, and gender data should be captured in all criminal justice databases.
- Drug-specific data should be collected; for example, DOC data on convictions should contain specific information on the type of drug conviction (e.g., cocaine or methamphetamine possession rather than the generic drug possession).
- The DCC and the Drug Courts should develop a better reporting system for positive individual drug tests. Ideally, individuals who are tested should be tested for all of the same substances, and positive and negative tests should be reported.
- The Administrative Office of the Courts should identify specific substances of abuse when completing an intake on those individuals who have been charged with drug felonies.