This document contains sources for data on prescription drug consumption and consequences of their misuse/abuse.

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Consumption			
Data Source	Description of Data Source	Survey question	Online analysis
Behavioral Risk Factor Surveillance System (BRFSS) http://www.cdc.gov/brfss/in dex.htm	 Confidential cross sectional telephone survey conducted by state health departments Adults 18+ years and older Annual survey (1984 – present) Geographic level National State District of Columbia Guam, Puerto Rico, and Virgin Islands Some local area: http://apps.nccd.cdc.go	The BRFSS questionnaire is comprised of core questions and optional modules. SOURCE: http://www.cdc.gov/brfss/faqs.htm#8 Questions about prescription drug use not part of the core questions. However several states and jurisdictions have added questions related to prescription drug use to the survey, they are: Guam, Idaho, Massachusetts, Montana, New Hampshire, Ohio, Pennsylvania, and Vermont	 Prevalence and trend data: 1995 – 2011 http://apps.nccd.cdc.gov/B RFSS/ Selected Metropolitan/ Micropolitian Area Risk Trends (SMART): 2002 – 2010 http://apps.nccd.cdc.gov/brf ss-smart/index.asp Web Enabled Analysis Tool: 2004 – 2010 (Cross tabulation analysis and logistic analysis) http://apps.nccd.cdc.gov/s broker/WEATSQL.exe/weat /index.hsql BRFSS Maps (GIS): 2002 – 2010 http://apps.nccd.cdc.gov/gis brfss/default.aspx
Communities that Care (CTC)	Communities that Care (CTC) is a program of the Center for Substance Abuse Prevention (CSAP). Developed by J.	Survey instrument: http://store.samhsa.gov/shin/conten t//CTC020/CTC020.pdf	• No
http://www.sdrg.org/ctcresource/	David Hawkins and Richard F. Catalano CTC is a coalition- based community prevention operating system that uses a public health approach to prevent youth problem	 Survey questions Used prescription pain relievers, such as Vicodin®, OxyContin® or Tylox®, without a doctor's orders, in your 	

	Consumption			
Data Source	Description of Data Source	Survey question	Online analysis	
	behaviors including underage drinking, tobacco use, violence, delinquency, school dropout and substance abuse (Source: http://www.sdrg.org/ctcresource/About_CTC_NEW.htm)	lifetime? • 0 occasions • 1 or 2 occasions • 3 to 5 occasions • 6 to 9 occasions • 10 to 19 occasions • 20 to 39 occasions • 40 or more occasions		
	 Grade level: 6th, 7th, 8th, 9th, 10th, 11th, 12th Administered every two years Geographic level Community 	Used prescription pain relievers, such as Vicodin®, OxyContin® or Tylox®, without a doctor's orders, during the past 30 days? 0 occasions 1 or 2 occasions 1 or 5 occasions 10 to 9 occasions 10 to 19 occasions 20 to 39 occasions 40 or more occasions		
		 Used prescription tranquilizers, such as Xanax®, Valium® or Ambien®, without a doctor's orders, in your lifetime? 0 occasions 1 or 2 occasions 3 to 5 occasions 		

	Consumption			
Data Source	Description of Data Source	Survey question	Online analysis	
		6 to 9 occasions 10 to 19 occasions 20 to 39 occasions 40 or more occasions Used prescription tranquilizers, such as Xanax®, Valium® or Ambien®, without a doctor's orders, during the past 30 days?		
		 0 occasions 1 or 2 occasions 3 to 5 occasions 6 to 9 occasions 10 to 19 occasions 20 to 39 occasions 40 or more occasions 		
		Used prescription stimulants, such as Ritalin® or Adderall®, without a doctor's orders, in your lifetime? 0 occasions 1 or 2 occasions 3 to 5 occasions 6 to 9 occasions 10 to 19 occasions 20 to 39 occasions		
		40 or more occasions		

	Consumption			
Data Source	Description of Data Source	Survey question	Online analysis	
		Used prescription stimulants, such as Ritalin® or Adderall®, without a doctor's orders, during the past 30 days? 0 occasions 1 or 2 occasions 3 to 5 occasions 6 to 9 occasions 10 to 19 occasions 20 to 39 occasions 40 or more occasions		
Monitoring the Future (MTF) http://www.monitoringthefut ure.org/	 Nationally representative samples of 8th, 10th, and 12th grade students Administered in class Annual survey (1975 to present) Geographic level National Region (West, Midwest, South, Northeast) Population density (Large MSA, Other MSA, and Non MSA) 	 Beginning in 2005 prescription drug use without a doctor's prescription was added to the survey. 12th grade only Survey questions The use of any prescription drug includes use of any of the following: amphetamines, sedatives (barbiturates), narcotics other than heroin, or tranquilizerswithout a doctor telling you to use them. 	• No	

Consumption			
Description of Data Source	Survey question	Online analysis	
	in your lifetime? • 0 occasions • 1-2 • 3-5 • 6-9 • 10-19 • 20-39 • 40 or more during the last 12 months? • 0 occasions • 1-2 • 3-5 • 6-9 • 10-19 • 20-39 • 40 or more during the last 30 days? • 0 occasions		
	• 3-5		
	10-1920-39		
		Description of Data Source Survey question	

	Consumption			
Data Source	Description of Data Source	Survey question	Online analysis	
National Health and Nutrition Examination Survey (NHANES) http://www.cdc.gov/nchs/nhanes.htm	 Nationally representative sample of about 5,000 persons each year. These persons are located in counties across the country, 15 of which are visited each year. Sample for the survey is selected to represent the U.S. population of all ages. Health interviews are conducted in respondents' homes. Health measurements are performed in specially-designed and equipped mobile centers, which travel to locations throughout the country. Annual survey (early 1960's – present) Geographic level National 	 Have you ever, even once, used a needle to inject a drug not prescribed by a doctor? Yes No REFUSED DON'T KNOW Which of the following drugs have you injected using a needle? Cocaine Heroin Methamphetamine Steroids Any other drugs REFUSED DON'T KNOW 		
		How old were you when you first used a needle to inject any drug not prescribed by a doctor?		
		REFUSED DON'T KNOW		

	Consumption			
Data Source	Description of Data Source	Survey question	Online analysis	
		How long ago has it been since you last used a needle to inject a drug not prescribed by a doctor? (ENTER NUMBER OF DAYS, WEEKS, MONTHS, OR YEARS) REFUSED DON'T KNOW		
		 During your life, altogether how many times have you injected drugs not prescribed by a doctor? Once 2-5 times 6-19 times 20-49 times 50-99 times 100 times or more REFUSED DON'T KNOW Think about the period of your life when you injected drugs the most often. How often did you inject then? More than once a day About once a day 		

	Consumption			
Data Source	Description of Data Source	Survey question	Online analysis	
		At least once a week but not every day At least once a month but not every week Less than once a month REFUSED DON'T KNOW		
National Survey on Drug Use and Health (NSDUH) http://oas.samhsa.gov/nsd uh.htm	 Civilian, non-institutionalized population of the United States aged 12 and older. This includes residents of non-institutional group quarters such as college dormitories, group homes, shelters, rooming houses, and civilians dwelling on military installations Computer-assisted personal interviews, and audio computer-assisted self interviews Annual survey (1971 – present) Geographic regions National Substate 	 Prescription drug use: drug was not prescribed for you or you took the drug only for the experience or feeling it caused Categories of prescription drugs asked on the survey are: Pain relievers, tranquilizers, stimulants, and sedatives Survey questions: Due to the level of detail of the questions the actual survey questions are not listed here as they were for other surveys. To view the survey, the link has been provided: http://oas.samhsa.gov/nsduh/2k10 MRB/2k10Q.pdf 	Restricted use Data Analysis System (R-DAS): http://www.icpsr.umich.edu/ icpsrweb/content/SAMHDA/ rdas.html NOTE: Combined years of 2002-2006, state level analysis analysis	

	Consumption			
Data Source	Description of Data Source	Survey question	Online analysis	
Youth Risk Behavioral Surveillance System (YRBS) http://www.cdc.gov/Healthy-youth/yrbs/index.htm	 Cross-sectional data representative of publicand private-school students in grades 9-12 (high school) and grades 6-8 (Middle School) in the 50 states and DC Administered in class 	Standard High School (State and Local) questionnaire • During your life, how many times have you taken steroid pills or shots without a doctor's prescription? • 0 times • 1 or 2 times	High School Prevalence and trend data: 1991 – 2011 http://apps.nccd.cdc.gov/youthonline/App/Default.aspx?SID=HS Middle School	
	 Biennial (odd years) survey Geographic level High School (1991 – present) National State District of Columbia American Samoa, Guam, Marshall Islands, Northern Mariana Island, Palau, Puerto Rico, Virgin 	 3 to 9 times 10 to 19 times 20 to 39 times 40 or more times During your life, how many times have you taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?	Prevalence and trend data: 1995 – 2011 http://apps.nccd.cdc.gov/yo uthonline/App/Default.aspx ?SID=MS	
	Islands Navajo, Nez Perce Middle School (1995 – present) National State District of Columbia	 0 times 1 or 2 times 3 to 9 times 10 to 19 times 20 to 39 times 40 or more times National High School questionnaire During your life, how many 		

	Consumption			
Data Source	Description of Data Source	Survey question	Online analysis	
	Guam, Palau, Navajo	times have you taken steroid pills or shots without a doctor's prescription?		
		prescription? • Yes		

Consumption			
Data Source	Description of Data Source	Survey question	Online analysis
		 No Have you ever taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription? Yes No 	

Consequences		
National Data Sources		
Data Source	Description of data source	Online analysis
CDC Wide Ranging Online Data for Epidemiological Research (CDC WONDER) National Center for Health Statistics (NCHS)— National Vital Statistics System (NNVSS) http://wonder.cdc.gov/ Detailed mortality Compressed mortality	 The Detailed and Compressed Mortality database contains mortality data for all 50 states and the District of Columbia for years 1999 – 2009. Counts and rates (crude and age-adjusted) can be obtained by underlying cause of death, age, race, sex, and year. NOTE: Underlying cause of death for years prior to 1999 uses the International Classification of Diseases 9th Revision (ICD 9) codes. Beginning in 1999, underlying causes of death uses the International Classification of Diseases 10th Revision (ICD 10) codes. Unintentional drugs: ICD-9: E850-E858; ICD-10: X40-X44 Unintentional other poisons: ICD-9: E860-E869; ICD-10: X45-X49 Intentional poisonings-suicide: ICD-9:E950-E952; ICD-10: X60-X69 Intentional poisonings-homicide: ICD-9:E962; ICD-10: X85-X90 Poisonings – undetermined: ICD-9: E980-E982; ICD-10: Y10-Y19 Geographic level National 	Detailed http://wonder.cdc.gov/u cd-icd10.html Compressed http://wonder.cdc.gov/m ortSQL.html
Drug Abuse Warning Network (DAWN) http://www.samhsa.gov/dat a/DAWN.aspx	 State The Drug Abuse Warning Network (DAWN) is a nationally representative public health surveillance system that monitors drug-related hospital emergency departments (EDs) visits and drug-related deaths investigated by the medical examiners and coroners (MEs). Drug-related emergency department (ED) visits resulting from substance misuse or abuse, adverse reactions to drugs taken as prescribed, accidental ingestion of drugs, drug-related suicide attempts, and other drug-related medical emergencies. 	• No

Consequences		
National Data Sources		
Data Source	Description of data source	Online analysis
	 DAWN cannot be used to measure the prevalence of drug abuse. NOTE: Data collection for DAWN ended December 31, 2011 Geographic level National 13 Metropolitan areas 	
Treatment Episode Data Set (TEDS) http://wwwdasis.samhsa.gov/webt/information.htm	 TEDS does not include all admissions to substance abuse treatment. It includes admissions to facilities that are licensed or certified by the State substance abuse agency to provide substance abuse treatment (or are administratively tracked by the agency for other reasons). In general, facilities reporting TEDS data are those that receive State alcohol and/or drug agency funds (including Federal Block Grant funds) for the provision of alcohol and/or drug treatment services. Differences in State systems of licensure, certification, accreditation, and disbursement of public funds affect the scope of facilities included in TEDS. Treatment facilities that are operated by private for-profit agencies, hospitals, and the State correctional system, if not licensed through the State substance abuse agency, may be excluded from TEDS. TEDS does not include data on facilities operated by Federal agencies (the Bureau of Prisons, the Department of Defense, and the Veterans Administration). TEDS is an admission-based system. TEDS admissions do not 	 http://wwwdasis.samhsa .gov/webt/tedsweb/tab year.choose_year?t_sta te=US Data are updated quarterly 1992 - 2011
	 TEDS is an admission-based system. TEDS admissions do not represent individuals. (An individual admitted to treatment twice within a calendar year would be counted as two admissions.) Geographic level 	

Consequences		
National Data Sources		
Data Source Description of data source		Online analysis
	NationalState	
Uniform Crime Reports (UCR) http://www.fbi.gov/about-us/cjis/ucr	 The Uniform Crime Reports (UCR) is a national database maintained by the Federal Bureau of Investigation (FBI) that records information on the rates of property crimes, violent crimes, drugrelated crimes; and arrests in the US. UCR data are voluntarily submitted by law enforcement agencies. Geographic level National Regional State 	 Online analysis: No Data tables: 1995 – 2011 http://www.fbi.gov/about -us/cjis/ucr Arrest data—drug abuse violations NOTE: Does not distinguish drug type

Consequences		
Local Data Sources		
Data source	Description of data source	Possible contact
Community Health Centers National Association of Community Health Centers http://www.nachc.com/	 Types of services provided Number of staff Number of patients encountered For substance abuse—not specified by drug type Number of patients For substance abuse—not specified by drug type Demographic and socioeconomic characteristics of patients served 	Fact sheets by state http://www.nachc.com/state-healthcare-data-list.cfm And the state of the s
Police Department Sheriff's Office	Arrest data for drugs Drug related Arrests Bookings Seizures Testing	 Listing of names, addresses, and phone numbers for local law enforcement agencies http://www.usacops.com/ What to request: Total number of arrests during a specific time period Number of arrests for each type of drug Demographic characteristics of arrestees by drug type and type of arrests (possession, sales) Test data (urinalysis, hair testing, or other testing)
Drug courts National Association of	Drug courts are given the responsibility to handle cases involving substance abuse offenders. Eligible drug-addicted persons may be sent to Drug Court in lieu of traditional justice system case processing. Drug Courts keep individuals in	Listing of drug courts http://www.nadcp.org/learn/find-drug-court • Listing of drug courts •

Consequences		
Local Data Sources		
Data source	Description of data source	Possible contact
Drug Court Professionals http://www.nadcp.org/nadc p-home/	 treatment long enough for it to work, while supervising them closely. For a minimum term of one year, participants are: provided with intensive treatment and other services they require to get and stay clean and sober; held accountable by the Drug Court judge for meeting their obligations to the court, society, themselves and their families; regularly and randomly tested for drug use; required to appear in court frequently so that the judge may review their progress; and rewarded for doing well or sanctioned when they do not live up to their obligations 	
Hospital admission and discharge data	 Patient level records that include date of admissions and date of discharge. Hospitals submit their data based on the date of patient discharge. For substance abuse researchers often times records are extracted based on the date of admission. 	Possible contact Local or State hospital State Health Department
Mortality		Possible contact Medical examiner Coroner's office What to request: Case number Date of death Demographic characteristics of the decedent (gender, age, race/ethnicity) Manner of death BAC for alcohol

Consequences Local Data Sources		
Poison Control Center (PCC) http://www.aapcc.org/dnn/default.aspx Schools	 The primary purpose of PCCs is to provide information and management guidelines to callers from designated geographical areas. Poison centers are staffed by pharmacists, physicians, nurses and poison information providers who are toxicology specialists that respond to concerns and emergency situations related to exposures to a chemical, environmental, or drug product. The specialists offer telephone advice, treatment recommendations, and referral sources. 57 poison control centers Geographic level Map: http://www.aapcc.org/dnn/About/MapofUSPoisonCenters/tabid/388/Default.aspx State locator: http://www.aapcc.org/dnn/About/FindLocalPoisonCenters/tabid/130/Default.aspx PCC can be a potential source of current information on trends and patterns of abuse of illicit and licit drugs. Expulsions and/or suspension related to substance use 	 Primary, secondary, tertiary causes of death Other conditions Zip code Data request form http://www.aapcc.org/dnn/Da taRequests/tabid/310/Defaul t.aspx What to request: Number of calls Demographic characteristics (gender, age, race/ethnicity) Substance involved Route of administration Reason for exposure: unintentional, intentional, adverse reaction, other, and unknown Exposure site: patient taken for health care, treatments provided, medical outcome, clinical effects, and other duration of clinical effects Possible contact
	 Other disciplinary actions related to substance use School surveys of drug use 	- 1 Goodel Contact
State, county, and local		Possible contact

Consequences		
Local Data Sources		
Data source	Description of data source	Possible contact
health departments, agencies, and clinics		StateCountyLocal
Telephone Helpline Data	 Drug help lines provide confidential telephone based treatment referral and assistance. Cannot be used to determine prevalence of use of a specific drug in the population. Callers to the help line may not be inquiring about their own drug use because they may be concerned about someone else's drug use. 	 Possible contacts State Local agencies Helpline counselors What to request Number of calls for each drug during a time period. NOTE: Do not want to request the number of calls, because some callers may inquire about more than one substance.
Treatment Programs	 Data collected at the time of admissions Types of data collected are: Types of substance used by the client entering into treatment Client characteristics (gender, age, race/ethnicity, etc.) 	 Listing of treatment facilities by location http://findtreatment.samhsa.gov/ Director of the treatment facility What to request: Primary drug of abuse Sociodemographic characteristics of the client Frequency of drug use Route of drug

Consequences Local Data Sources		
Data source	Description of data source	Possible contact
		 administration Referral source, such as the criminal justice system Type of services received Reason for discharge
University researchers who conduct surveys or studies on substance abuse		Possible contactsPrincipal investigator for the study

Other Data Sources		
Data Source	Data Source	Data Source
National Forensic Laboratory Information System (NFLIS) http://www.deadiversion.usdoj.gov/nflis/index.html	 The DEA National Forensic Laboratory Information System (NFLIS) systematically collects results from drug chemistry analyses conducted by state and local forensic laboratories across the country. As a national drug forensic laboratory reporting system, NFLIS provides timely and detailed analytical results of drugs seized by law enforcement. It is a unique source of information for monitoring and understanding drug abuse and trafficking in the United States, including the diversion of legally manufactured drugs into illegal markets. Findings from NFLIS can also supplement existing drug data sources, including information from drug demand surveys and drug testing programs. Participating laboratories http://www.deadiversion.usdoj.gov/nflis/2011midyear.pdf Geographic level National Regional 	 Online analysis: No NFLIS website http://www.deadiversion.usd oj.gov/nflis/index.html Mid year report Annual report What to request Total number of items reported to the laboratory Total number analyzed Tot number of items by substance Percentage that each substance represents of the total items analyzed If a substance is not analyzed ask why
Automation of Reports and Consolidated Orders System (ARCOS) http://www.deadiversion.usdoj.gov/arcos/index.html	The Automation of Reports and Consolidated Orders System (ARCOS) monitors the flow of DEA controlled substances from the pint o manufacture through commercial distribution channels to the point of sale or distribution at the dispensing/retail levels.	Reported by state: 1997 - 2006 http://www.deadiversion.usd oi.gov/arcos/retail_drug_sum_mary/index.html
High Intensity Drug Trafficking Area (HIDA) data	 The High Intensity Drug Trafficking Areas (HIDTA) program, created by Congress with the Anti-Drug Abuse Act of 1988, provides assistance to Federal, 	Points of contact http://www.whitehouse.gov/o ndcp/hidta-points-of-contact

Other Data Sources		
Data Source	Data Source	Data Source
http://www.whitehouse.gov/ondcp/high-intensity-drug-trafficking-areas-program	state, local, and tribal law enforcement agencies operating in areas determined to be critical drugtrafficking regions of the United States. The purpose of the program is to reduce drug trafficking and production in the United States by: Facilitating cooperation among Federal, state, local, and tribal law enforcement agencies to share information and implement coordinated enforcement activities; Enhancing law enforcement intelligence sharing among Federal, state, local, and tribal law enforcement agencies; Providing reliable law enforcement intelligence to law enforcement agencies to facilitate the design of effective enforcement strategies and operations; and Supporting coordinated law enforcement strategies that make the most of available resources to reduce the supply of illegal drugs in designated areas of the United States and in the Nation as a whole. There are currently 28 HIDTAs, which include approximately 16 percent of all counties in the United States and 60 percent of the U.S. population. HIDTA-designated counties are located in 46 states, as well as in Puerto Rico, the U.S. Virgin Islands, and the District of Columbia. At the local level, the HIDTAs are directed and guided by Executive Boards composed of an equal number of regional Federal and non-Federal	
Prescription Monitoring Program (PMP) Center of Excellence	 (state, local, and tribal) law enforcement leaders. PDMP Center of Excellence Funded by grants from the U.S. Department of Justice, 	Points of contact http://www.pmpalliance.org/p

Other Data Sources		
Data Source	Data Source	Data Source
http://www.pdmpexcellence.org/	Bureau of Justice Assistance, the Prescription Drug Monitoring Program (PDMP) Center of Excellence was founded in 2010 at the Schneider Institutes for Health Policy, Brandeis University. The Center partners with the PDMP Training and Technical Assistance Center at	 df/allmemberslist2010.pdf States PMP websites http://pmpalliance.org/content/state-pmp-websites State/Territory/District
Alliance of States with Prescription Monitoring Programs http://pmpalliance.org/	Brandeis to combat the prescription drug abuse epidemic. The Center collaborates with a wide variety of PDMP stakeholders, including federal and state governments and agencies, universities, health departments, and medical and pharmacy boards. It is advised by an Expert Panel of nationally recognized professionals in addiction treatment, pain medicine, public health, and epidemiology. The expertise, experience and commitment of the Center's staff and advisors make it a unique resource in the fight against prescription drug abuse. Alliance of States with Prescription Monitoring Programs The Alliance was formed in 1990 to provide a forum for the exchange of information and ideas among state and federal agencies on prescription monitoring programs. Since then, it has grown to be a valuable resource to all those concerned with combating the increase in prescription drug abuse, misuse and diversion. Currently, 48 states and one territory either have operating Prescription Monitoring Programs, or have passed legislation to implement them.	contacts http://pmpalliance.org/conten t/stateterritorydistrict- contacts • State profiles http://pmpalliance.org/conten t/pmp-access