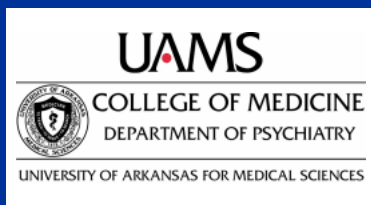# Building Consensus and Promoting Data-Driven Policy in Substance Abuse Prevention: An Examination of the SPF SIG in Arkansas

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Five Points to Consider

- Looking at Arkansas and its substance abuse issues

- Defining the roles of the SEW, the Advisory Committee, and the Management Team

- Examining the relationships between the three groups

- Exploring how the three worked together to determine Arkansas' SPF SIG priorities

- Issues to consider in sustaining the SEW and strong relationships between all stakeholders

Arkansas at a Glance

- Population: 2.75 million residents

- Population concentrations vary across the state; largest minority is African American; Hispanic population grew 337% between 1990 – 2000

- One of the poorest states in terms of family median income

- High infant mortality rates, teen pregnancy rates, and children living in poverty

Purpose of the Arkansas SEW

- **Assess substance-related consequences and related consumption patterns**
  - Collect, analyze, and interpret data on substance use and related consequences
  - Inform problem identification and goal setting for state priorities
  - Work with the Advisory Committee and Management Team on systematic understanding of available data
  - Create Epidemiologic Profile for Arkansas

AR Advisory Committee and Management Teams

- **Advisory Committee**: multi-agency group that represents various aspects of substance abuse prevention across the state
  - Meets quarterly

- **Management Team**
  - Small committee (5 members) that acts as a liaison between the AR SEW and the Advisory Committee
  - Final decisions regarding SEW output and indicators rest with the Management Team

Snapshot of Substance Abuse in Arkansas

- Alcohol drinking and binge drinking rates slightly lower than US average

- High overall crash fatality rate; ranked in top 5 nationally in 2004

- Smoking rates consistently higher in Arkansas than national rates

- Marijuana most commonly abused illicit substance among adults and youth

- Methamphetamine use higher than US average
  - Treatment rates substantially increased
  - Lab seizures high until 2005

Problems with Available Data

- **Limited data on adult drug use**
  - NSDUH provides the only population-level numbers
  - The data can only provide very general age information
- **Lack of comparable data**
  - Most data systems are not designed to collect uniform information on all drugs (e.g. Hospital Discharge data, arrest data)
  - There are differences in the categorization of illicit drugs (esp. methamphetamine)
- **Other issues**
  - Sparse data (e.g. due to question changes, infrequent surveys)
  - Inadequate sample size
  - Changes/shifts in data management systems
  - Conflicting information

Arkansas SPF SIG

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.*

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.

Initial Elimination of Substances

- Prescription Drugs/Other Drugs (including Heroin, Ecstasy, LSD, Inhalants)
  - Limited data

- Tobacco:
  - Pre-existing funding resources
  - New anti-smoking legislation
  - Steady decline in tobacco sales

Preparing for Prioritization and Presenting the Data

- Along with the Management Team, the SEW determined how best to:
  - Present the data
  - Quantify input from the Advisory Committee

- Created one-page fact sheets on chosen substances:
  - Alcohol, Cocaine, Marijuana, Methamphetamine
  - Categories included Prevalence and Impact (Health, Criminal Justice, and Child/Adolescent)

ARKANSAS SPF SIG: FACT SHEET

PREVALENCE

Consumption rates across Arkansas; the number of people affected divided by the number at risk

IMPACT: Health

Physical and mental health consequences of use and related costs
(e.g. treatment, hospital admissions)

IMPACT: Criminal Justice

Includes consequences relating to the criminal justice system (e.g. arrests, propensity toward crime-related behaviors, drug screenings within the criminal justice system)

IMPACT: Children and Adolescents

Consequences of use pertaining to children and adolescents. Includes effects of parental substance abuse (e.g. prenatal/neonatal effects) and child/ adolescent substance abuse (e.g. school performance)

Rating the Data

- Decided to modify a Priority Rating Table developed by Connecticut
  - Based on PRECEDE/PROCEED Evaluation Model
  - Revised to reflect Arkansas data
- Test run the Priority Rating Table within the SEW
- Modified the Table to reflect lessons learned
- Received additional comments from the Management Team
- Made final modifications to the Table

Arkansas Priority Rating Table for Strategic Prevention Framework

Instructions: Based on the facts presented and the discussion during the meeting, please give a rating (1 lowest to 9 highest) of each column's topic for each substance listed. **Please consider each substance separately based on evidence presented.**

	Prevalence	Impact: Health	Impact: Criminal Justice	Impact: Children and Adolescents
Substance	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

Description of Priority Rating Scale:

9 = Extremely High   **6** = Somewhat High   **3** = Moderately Low

8 = Very High   **5** = Medium (middle)   **2** = Very Low

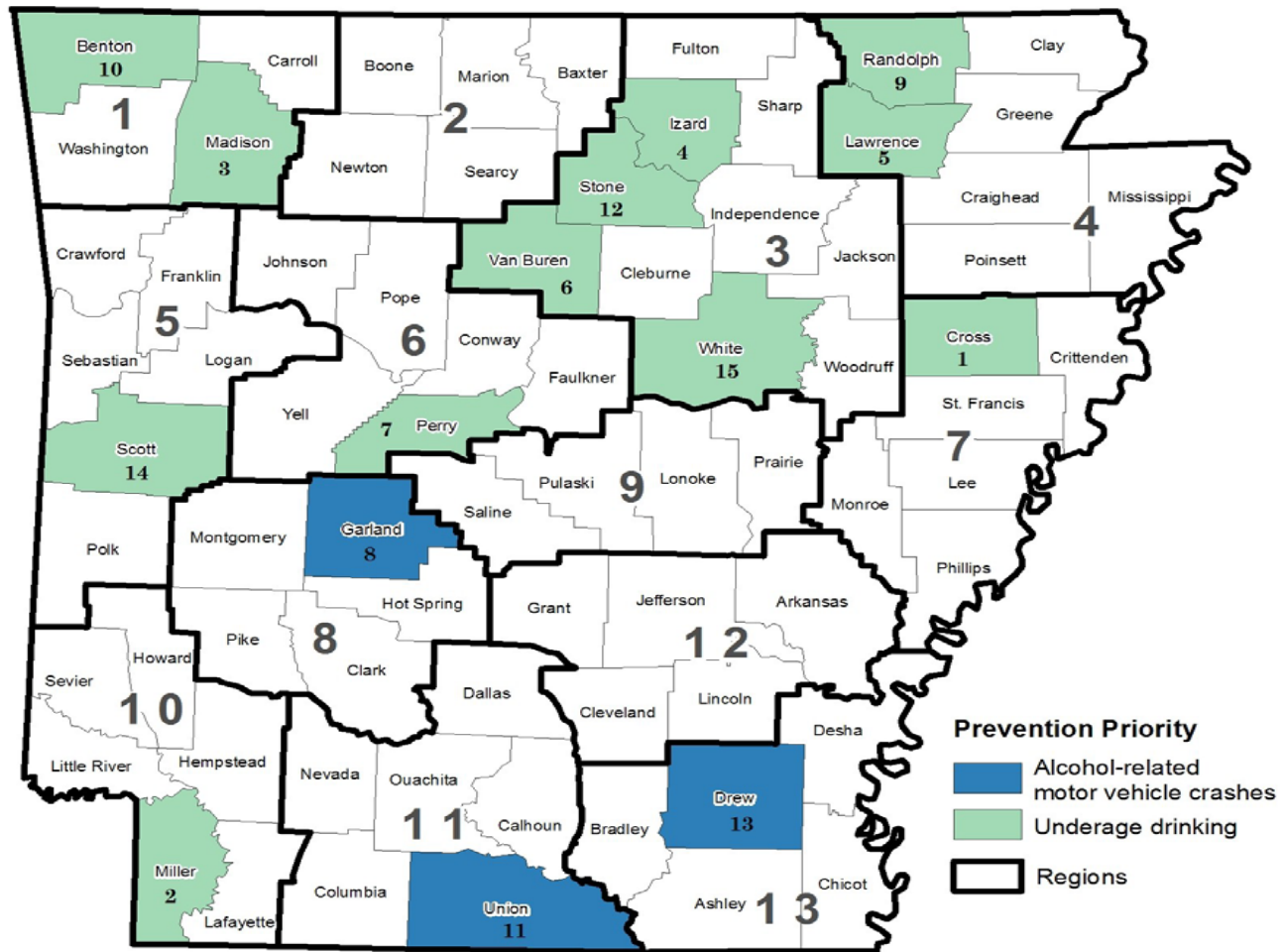**7** = Moderately High   **4** = Somewhat Low   **1** = Extremely Low

Advisory Committee Rating

- Small presentations given on each substance:
  - Alcohol
  - Cocaine
  - Marijuana
  - Methamphetamine
- Given an opportunity to discuss the data with your table
- Asked to rate the importance of these substances based on the available data

Results of Prioritization Meeting

- Alcohol received majority of votes for both measures

- Marijuana and methamphetamine placed second depending upon the measurement used

- Cocaine placed last using both measurements

Arkansas Strategic Prevention Framework State Incentive Grant (SPF SIG) Funded Coalitions and Prevention Priorities: 2007

Fiscal Agent - number in list corresponds with number in county.

1 Counseling Services of Eastern AR (CSEA)
2 Faith Love and Hope Youth Corp (FLHYC)
3 Huntsville School District
4 Izard County Sheriff's Department
5 Northeast Arkansas Community Mental Health Center dba Mid-South Health Systems, Inc.
6 Ozark Health Foundation dba TEA Coalition, Inc.
7 Quality of Life Council
8 Quapaw House, Inc.
9 Randolph County Chamber of Commerce
10 Rogers Development Foundation
11 SHARE Foundation
12 Stone County
13 University of Arkansas at Monticello
14 Waldron City Treasurer's Office
15 White County Medical Center

Prevention Priority
- Alcohol-related motor vehicle crashes
- Underage drinking
- Regions

Keys to Successful Relationships between Stakeholders in Arkansas

- Continual emphasis on data-driven policy
- Documentation to back up any decisions regarding data analysis
- Regularly scheduled meetings
- Making sure all committees display diversity among members