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A Guide to Sources of Texas Criminal Justice Statistics

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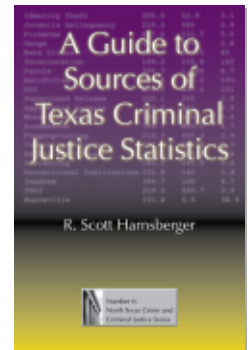
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Chapter 10

Substance Abuse and Treatment

Drug-related Fatalities

•535 “Deaths: Final Data for [year].” *National Vital Statistics Reports*. Hyattsville, Md.: National Center for Health Statistics, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services [annual, 1997–date].

<<http://purl.access.gpo.gov/GPO/LPS2365>>

One report is published annually under this title (authors and cover dates vary). It presents state-level data for number of deaths, death rates, and age-adjusted death rates for major causes of death utilizing the International Classification of Diseases—Tenth Revision (ICD-10). Major causes of death listed include alcohol-induced causes and drug-induced causes.

Research Note: This series supersedes *Monthly Vital Statistics Reports (MVSr)*.

•536 *Drug Abuse Warning Network, [year]: Area Profiles of Drug-Related Mortality* [DAWN Series]. Rockville, Md.: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services [2003–date].

<<http://purl.access.gpo.gov/GPO/LPS79143>>

Provides data on drug-related deaths as reported to the Drug Abuse Warning Network (DAWN) by medical examiners and coroners (ME/Cs). In 2004 the network received reports from 150 jurisdictions in forty-six metropolitan areas; six states report data from statewide ME/C networks (Texas is not included in this group). Data is reported for deaths associated with substance abuse and drug misuse (intentional and accidental); homicide by drug (i.e., malicious poisonings); deaths related to the use of drugs for legitimate therapeutic purposes; and deaths with drug involvement when the manner of death could not be determined by the ME/Cs. The Metropolitan Area Profiles include a profile of Houston–Sugar Land–Baytown, with tabular and graphical statistics on drug-related deaths by drug category; deaths by case type; cause and place of death; and drug-related deaths involving drug misuse and suicide (rates by gender and age, and top five drugs involved for each category). The Abbreviated Profiles for Areas with Less than 50% Population Coverage include a profile of Dallas–Fort Worth–Arlington.

Research Note: Following a major redesign of its reporting criteria and quality controls initiated in January 2003, the network is now referred to as “New DAWN” in order to clearly demarcate the mortality data it reports, which is not comparable to data from any previous years. For a compilation of statistics gathered under the previous criteria, see *Emergency Department Trends from the Drug Abuse Warning Network, Final Estimates 1995–2002*, which provides

tables for “ED drug mentions: estimated rates per 100,000 population by metropolitan area by half year.” <http://dawninfo.samhsa.gov/old_dawn/pubs_94_02/edpubs/2002final/>

537 Fingerhut, Lois A. *Increases in Poisoning and Methadone-Related Deaths: United States, 1999–2005* [Health E-Stats]. Atlanta, Ga.: National Center for Health Statistics, Centers for Disease Control and Prevention, U.S. Department of Health and Human Service, 2008.

<<http://www.cdc.gov/nchs/data/hestat/poisoning/poisoning.htm>>

Presents statistics on methadone-related poisoning deaths in 1999–2005, ratio of deaths in 2005 to deaths in 1999, and crude death rates for 2005, by state (Table 3a), and methadone-related poisoning deaths in 1999–2005, by state for states with fewer than twenty deaths in any of the years 2003–2005 (Table 3b).

538 *National Drug Control Strategy: Data Supplement*. Washington, D.C.: Office of National Drug Control Policy, Executive Office of the President [annual, 2004–date].

<<http://purl.access.gpo.gov/GPO/LPS6500>> [current edition]

<<http://purl.access.gpo.gov/GPO/LPS94333>> [archived editions]

The State Data section provides the number of deaths from drug-induced causes and age-adjusted death rates from drug-induced causes (deaths per 100,000 population).

539 “Unintentional Poisoning Deaths—United States, 1999–2004.” *Morbidity and Mortality Weekly Report (MMWR)* 56, no. 5 (February 9, 2007): 93–96.

<<http://www.cdc.gov/mmwr/PDF/wk/mm5605.pdf>>

Provides a map showing the percentage change in unintentional poisoning mortality rates, by rural status of state, United States, 1999–2004. The report notes that “Nearly all poisoning deaths in the United States are attributed to drugs, and most drug poisonings result from the abuse of prescription and illegal drugs.”

540 Warner, Margaret, Li Hui Chen, and Diane M. Makuc. “Increase in Fatal Poisonings Involving Opioid Analgesics in the United States, 1999–2006.” *NCHS Data Brief*, no. 22 (September 2009), pp. 1–8.

<<http://www.cdc.gov/nchs/data/databriefs/db22.htm>>

Provides a United States map, along with an accompanying state-level data table, showing age-adjusted death rates for poisoning deaths involving opioid analgesics in terms of a comparison of state and U.S. rates for 2006 (Fig. 5). Opioid analgesics are drugs that are usually prescribed to relieve pain and include: methadone, which is used to treat opioid dependency as well as pain;

other opioids, such as oxycodone and hydrocodone; and synthetic narcotics such as fentanyl and propoxyphene. Opium, heroin, and cocaine are not included in this class. Estimates are based on the National Vital Statistics System multiple cause of death mortality files and are for poisoning deaths of any intent (unintentional, suicide, homicide or legal intervention, or undetermined).

Employee Drug Testing

541 *Drug Testing Index*[®]. Madison, N.J.: Quest Diagnostics [online only, 2001–date].

<http://www.questdiagnostics.com/employersolutions/drug_testing_index_es.html>

Quest Diagnostics performs more than 8.5 million drug tests annually utilizing six SAMHSA-certified laboratories. The Quest Diagnostics Drug Testing Index[®] contains data on positivity rates to yield a comprehensive analysis of workplace drug-use trends among three major testing populations: federally mandated, safety-sensitive workers; general workforce; and combined U.S. workforce. This website provides United States maps that depict annual drug test rates for three-digit zip code areas in the following categories: overall positivity, amphetamines positivity, cocaine positivity, marijuana positivity, opiate positivity, phencyclidine positivity.

Research Note: This data is referenced in reports of the National Drug Intelligence Center, U.S. Department of Justice, and the Office of National Drug Control Policy, Executive Office of the President.

Substance Abuse

542 *Apparent Per Capita Alcohol Consumption: National, State, and Regional Trends* [Surveillance Report]. Bethesda, Md.: Alcohol Epidemiologic Data System, Division of Epidemiology and Prevention Research, National Institute on Alcohol Abuse and Alcoholism, U.S. Department of Health and Human Services [annual, 1977–date].

<<http://pubs.niaaa.nih.gov/publications/surveillance.htm>>

Provides data for the most recent reporting year on apparent alcohol consumption for states, census regions, and the United States (volume and ethanol in thousands of gallons, per capita consumption in gallons, based on population age fourteen and older) (Table 2). Also, per capita ethanol consumption is reported for states, census regions, and the United States (gallons of ethanol, based on population age fourteen and older), 1977–date (Table 3).

543 *Changes in Prevalence Rates of Drug Use between 2002–2003 and 2004–2005 among States*. Rockville, Md.: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2007.

<<http://oas.samhsa.gov/stateTrends.htm>>

Presents state-level average percentages, by age group, based on the annual National Surveys on Drug Use and Health (2002–2005), for the following: illicit drug use in past month (Table D.1); marijuana use in past year (Table D.2); marijuana use in past month (Table D.3); perceptions of great risk of smoking marijuana once a month (Table D.4); first use of marijuana (Table D.5); illicit drug use other than marijuana in past month (Table D.6); cocaine use in past year (Table D.7); nonmedical use of pain relievers in past year (Table D.8); alcohol use in past month (Table D.9); binge alcohol use in past month (Table D.10); perceptions of great risk of having five or more drinks of an alcoholic beverage once or twice a week (Table D.11); alcohol use and binge alcohol use in past month among persons aged twelve to twenty (Table D.12); tobacco product use in past month (Table D.13); cigarette use in past month (Table D.14); perceptions of great risk of smoking one or more packs of cigarettes per day (Table D.15); alcohol dependence or abuse in past year (Table D.16); alcohol dependence in past year (Table D.17); illicit drug dependence or abuse in past year (Table D.18); illicit drug dependence in past year (Table D.19); dependence on or abuse of illicit drugs or alcohol in past year (Table D.20); needing but not receiving treatment for illicit drug use in past year (Table D.21); needing but not receiving treatment for alcohol use in past year (Table D.22). These tables are followed by a second series that present P values of no change between combined year prevalence rates (2002–2003, 2003–2004, and 2004–2005) for the same set of categories.

544 *Epidemiologic Trends in Drug Abuse*. Vol. 1, *Proceedings of the Community Epidemiology Work Group: Highlights and Executive Summary*. Bethesda, Md.: National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services [annual, 1988–date].

545 *Epidemiologic Trends in Drug Abuse*. Vol. 2, *Proceedings of the Community Epidemiology Work Group*. Bethesda, Md.: National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services [annual, 1988–date].

<<http://www.drugabuse.gov/about/organization/cewg/Reports.html>>

These proceedings contain Texas reports prepared by Jane C. Maxwell, which are based on data compiled for the publication *Substance Abuse Trends in Texas* (see entry 549).

Research Note: Reports are available online back to June 1999. Published biannually prior to 2007.

546 Hourani, Laurel L., Carol L. Council, and Weihua Shi. *Substance Abuse and Mental Health in Texas, 2001*. Rockville, Md: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2005.

<<http://oas.samhsa.gov/8states/texas2k1.doc>>

Presents the following finding (including standard errors) from 2001 National Household Survey on Drug Abuse (NHSDA) for adult Texans aged eighteen and older by socio-demographic characteristics: estimated numbers of past month tobacco use (Table 1); percentages of past month tobacco use (Table 2); estimated numbers of alcohol use and dependence or abuse (Table 3); percentages of alcohol use and dependence or abuse (Table 4); estimated number of past year illicit drug use and dependence or abuse (Table 5); percentages of past year illicit drug use and dependence or abuse (Table 6); estimated numbers of alcohol or illicit drug dependence or abuse and treatment need and receipt for alcohol or illicit drugs in the past year (Table 7); percentages of alcohol or illicit drug dependence or abuse and treatment need and receipt for alcohol or illicit drugs in the past year (Table 8); estimated numbers of co-occurring disorders (substance abuse and serious mental illness) and treatment in the past year (Table 11); percentages co-occurring disorders (substance abuse and serious mental illness) and treatment in the past year (Table 12); estimated numbers of alcohol or illicit drug dependence/abuse or serious mental illness and treatment receipt in the past year (Table 13); percentages of alcohol or illicit drug dependence/abuse or serious mental illness and treatment receipt in the past year (Table 14); and percentage distributions of selected characteristics of people who had serious mental illness or alcohol/illicit drug dependence/abuse and received treatment and had unmet need for treatment in the past year (Table 15).

547 *Impact of Hurricanes Katrina and Rita on Substance Use and Mental Health: Detailed Tables*. Rockville, Md.: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2008.

<<http://oas.samhsa.gov/2k8/katrina/katrina.cfm>>

Presents the following state-level data, for the periods June 2004–July 2005 and January–December 2006, on Gulf States disaster area residents, age eighteen and over, who were affected by hurricanes Katrina and Rita: substance use disorder in the past year—numbers and percentages (Tables 24A–B); past month illicit drug use—numbers and percentages (Tables 25A–B); past month marijuana use—numbers and percentages (Tables 26A–B); past month

cigarette use—numbers and percentages (Tables 27A–B); past month binge alcohol use—numbers and percentages (Tables 28A–B); nonmedical use of prescription type drugs—numbers and percentages (Tables 29A–B); and past month nonmedical use of pain relievers—numbers and percentages (Tables 30A–B).

Research Note: These tables serve as a supplement to “Impact of Hurricanes Katrina and Rita on Substance Use and Mental Health,” *The NSDUH Report* (January 31, 2008).

548 Liu, Liang Y. *2005 Texas Survey of Substance Use Among College Students: Main Findings Report*. Austin: Texas Department of State Health Services, 2007.

<http://www.dshs.state.tx.us/sa/Research/college/2005/2005_CollegeSurvey_lli043007.pdf>

Reports the results of a spring 2005 survey of 4,634 undergraduate students aged eighteen to twenty-six from forty randomly selected Texas public and private universities, colleges, and community colleges. The survey covered alcohol, tobacco, and illicit drugs. Appendix A contains tables showing prevalence and recency of substance use among college students by gender (A1), race/ethnicity (A2), age (A3), membership in a fraternity/sorority (A4), class standing (A5), parental annual household income (A6), and type of institution (A7).

•549 Maxwell, Jane C. *Substance Abuse Trends in Texas*. Austin: Gulf Coast Addiction Technology Transfer Center, Addiction Research Institute of the Center for Social Work Research, School of Social Work, University of Texas at Austin [annual, 1995–date].

<<http://www.utexas.edu/research/cswr/gcattc/drugtrends.html>>

A compilation of statistics from federal and state sources prepared as a report for the Community Epidemiology Work Group (CEWG) meetings sponsored by the National Institute on Drug Abuse (NIDA). Data is presented on the availability, street price, purity, trafficking, distribution, and prevalence of use of illegal substances; alcohol abuse and treatment; items analyzed by the Texas Department of Public Safety (DPS) laboratories; poison control center calls for assistance or to report misuse; admission to the Texas Department of State Health Service (DSHS) treatment programs; hospital emergency room visits and deaths related to substance use; substance abuse in schools and colleges; drug- and alcohol-related arrests; and prevalence of infectious diseases relating to drug abuse, including AIDS, HIV, and syphilis.

Research Note: Published biannually prior to 2007.

550 *National Drug Control Strategy: Data Supplement*. Washington, D.C.: Office of National Drug Control Policy, Executive Office of the President [annual, 2004–date].

<<http://purl.access.gpo.gov/GPO/LPS6500>> [current edition]

<<http://purl.access.gpo.gov/GPO/LPS94333>> [archived editions]

The State Data section provides the estimated number and percentages of users, age twelve or older, of the following: any illicit drugs, marijuana, cocaine, or nonmedical use of pain relievers. It also provides data on the percentage of high school students who used the following: marijuana or cocaine, inhalants or illegal steroids, or cigarettes or alcohol; and for selected cities, the percentage of high school students who used selected drugs, cigarettes, or alcohol. For selected metropolitan areas, data is provided for the estimated number of emergency department drug episodes, cocaine mentions, heroin/morphine mentions, marijuana/hashish mentions, and methamphetamine/speed mentions. The economic costs of drug abuse for selected Metropolitan Statistical Areas (MSAs) is also reported.

551 Pemberton, Michael R., James D. Colliver, Tania M. Robbins, and Joseph C. Gfroerer. *Underage Alcohol Use: Findings from the 2002–2006 National Surveys on Drug Use and Health* [Analytic Series]. Rockville, Md.: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2008. <<http://oas.samhsa.gov/underage2k8/underage.pdf>>

Reports state-level annual averages for persons aged twelve to twenty, based on combined data from the 2002–2006 National Surveys on Drug Use and Health (NSDUH), on the following: alcohol use in the lifetime, past year, and past month; binge and heavy alcohol use in the past month; and alcohol dependence or abuse in the past year—numbers (Table 3.10A); and alcohol use in the lifetime, past year, and past month; binge and heavy alcohol use in the past month; and alcohol dependence or abuse in the past year—percentages (Table 3.10B).

552 *Percentage of Adults Who Reported Binge Drinking by State and Gender, BRFSS, 1984–2008*. Bethesda, Md.: Alcohol Epidemiologic Data System, Division of Epidemiology and Prevention Research, National Institute on Alcohol Abuse and Alcoholism, U.S. Department of Health and Human Services (updated, 2009).

<<http://www.niaaa.nih.gov/Resources/DatabaseResources/QuickFacts/Adults/brfss03.htm>>

553 *Percentage of Adults Who Reported Heavy Drinking by State and Gender, BRFSS, 1984–2008*. Bethesda, Md.: Alcohol Epidemiologic Data System, Division of Epidemiology and Prevention Research, National Institute on Alcohol Abuse and Alcoholism, U.S. Department of Health and Human Services, 2009.

<<http://www.niaaa.nih.gov/Resources/DatabaseResources/QuickFacts/Adults/brfss02.htm>>

Presents state-level statistics on self-reported adult heavy drinking and adult binge drinking, based on the Behavioral Risk Factors Surveillance System (BRFSS) (see entry 556).

Research Note: The report defines heavy drinking as on average having greater than two drinks per day for men, and one drink per day for women during the past month. Binge drinking is defined as the reported consumption of five or more drinks of alcoholic beverages on at least one occasion during the past month.

554 *Pulse Check: Trends in Drug Abuse [Cover title: Pulse Check: Drug Markets and Chronic Users in 25 of America's Largest Cities; Special Topic: Local Drug Markets—A Decade of Change.]* Washington, D.C.; Office of National Drug Control Policy, Executive Office of the President, 2004. NCJ 201398

<<http://purl.access.gpo.gov/GPO/LPS1762>>

Presents data on drug abuse patterns and drug illicit drug markets in twenty-five metropolitan areas (including Dallas and Houston) as reported by ethnographers, epidemiologists, treatment providers, and law enforcement officials.

Research Note: Last report in this series (earlier editions focus on other special topics).

555 *Shoveling Up II: The Impact of Substance Abuse on Federal, State, and Local Budgets*. New York: National Center on Addiction and Substance Abuse at Columbia University, 2009.

<http://www.casacolumbia.org/templates/publications_reports.aspx>

Provides individual state summaries along with data for spending by category, and spending related to substance abuse and addiction (amount, percentage, as percentage of state budget, and per capita), as follows: burden spending (justice, elementary/secondary education, health, child/family assistance, mental health/developmental disabilities, public safety, and state workforce); regulation/compliance (licensing and control, collection of taxes, and liquor store expenses); prevention, treatment, and research; and total (Appendix D).

Research Note: Earlier editions are available. The State and Local Survey Instruments are available in a separate file (Appendix A).

556 *SMART: BRFSS City and County Data—Local Health Risk Prevalence Data*. Atlanta, Ga.: Division of Adult and Community Health, National Center

for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services [online only, 2002–date].

<<http://apps.nccd.cdc.gov/BRFSS-SMART/SelMMSAPrevData.asp>>

The Behavioral Risk Factor Surveillance System (BRFSS), established in 1984, is a state-based system of ongoing health surveys that collects information on health risk behaviors, preventive health practices, and health care access through random-digit-dialed household telephone surveys of noninstitutionalized adults aged eighteen years and over residing in the United States. The Selected Metropolitan/Micropolitan Area Risk Trends (SMART) is a documented and verified subset of the BRFSS. It reports estimates of adults who reported having consumed at least one drink of alcohol within the past thirty days; heavy drinkers (adult men having consumed more than two drinks per day and adult women having consumed more than one drink per day); and binge drinkers (males having consumed five or more drinks on one occasion, females having consumed four or more drinks on one occasion).

Research Note: Datasets are available for download. This data is also reported in *MMWR [Morbidity and Mortality Weekly Report] Surveillance Summaries* under the title “Surveillance of Certain Health Behaviors Among States and Selected Local Areas—Behavioral Risk Factor Surveillance System (BRFSS), United States, [year].” <<http://purl.access.gpo.gov/GPO/LPS57591>>

•557 *State Level Data on Alcohol, Tobacco, and Illegal Drug Use*. Rockville, Md.: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services [online only, 1999–date].

<<http://www.oas.samhsa.gov/states.cfm>>

This website provides access to extensive statistical data and trends based on state estimates of licit and illicit substance use, treatment needs, and mental health factors (serious psychological distress and major depressive episodes) from the annual National Survey on Drug Use and Health (NSDUH), which has been conducted since 1971 and is the leading source of data on illicit substance use by the U.S. civilian population aged twelve and older. The website also contains links to the current and previous editions of the annual *State Estimates of Substance Use from the National Surveys on Drug Use and Health* (the HTML format contains additional tables not found in the print or PDF versions).

Research Note: The survey was called the National Household Survey on Drug Abuse (NHSDA) prior to 2002. Datasets are available through the Inter-university Consortium for Political and Social Research (ICPSR), Institute for Social Research, University of Michigan.

<<http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/00064>>

558 *State Trends in Drinking Behaviors, 1984–2001* [U.S. Alcohol Epidemiologic Data Reference Manual, Vol. 7]. Bethesda, Md.: National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, Public Health Service, U.S. Department of Health and Human Services, 2003. NIH 02-5213

Presents state-level survey results on percentage distribution of drinking status and drinking level in the past month for selected demographic characteristics (Table 1), and percentage distribution of drinking five or more drinks on a single occasion one or more times in the past month for selected demographic characteristics (Table 2).

559 *Substate Estimates from the National Surveys on Drug Use and Health*. Rockville, Md.: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services [1999–date].

<<http://www.oas.samhsa.gov/substate.cfm>>

Reports the following statistics for states and substate regions from the annual National Survey on Drug Use and Health (NSDUH) for persons aged twelve or older (unless otherwise specified): illicit drug use in past month and illicit drug use other than marijuana in past month; marijuana use in past month, average annual rate of first use of marijuana, and perceptions of great risk of smoking marijuana once a month; marijuana use in past year, cocaine use in past year, and nonmedical use of pain relievers in past year; alcohol use in past month, binge alcohol use in past month, and perceptions of great risk of having five or more drinks of an alcoholic beverage once or twice a week; alcohol use in past month and binge alcohol use in last month among persons aged twelve to twenty; cigarette use in past month, tobacco product use in past month, and perceptions of great risk of smoking one or more packs of cigarettes per day; alcohol dependence in past year and illicit drug dependence in past year; alcohol dependence or abuse in past year, illicit drug dependence or abuse in past year, and dependence on or abuse of illicit drugs or alcohol in past year; needing but not receiving treatment for alcohol use in past year and needing but not receiving treatment for illicit drug use in past year; and serious psychological distress in past year and having at least one major depressive episode in past year among persons aged eighteen or older.

Research Note: The survey was called the National Household Survey on Drug Abuse (NHSDA) prior to 2002. Substate region definitions for Texas were obtained from the Texas Department of State Health Services and are defined in terms of the state's 254 counties. Datasets are available through the Inter-university Consortium for Political and Social Research (ICPSR), Institute for Social Research, University of Michigan.

<<http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/00064>>

•**560** *Texas School Survey of Substance Use Among Students: Grades 4–6.* Austin: Mental Health and Substance Abuse Program Services, Texas Department of State Health Services [biennial, 1990–date].

<<http://www.dshs.state.tx.us/sa/Research/SchoolSurveys.shtm>>

Reports the results of the Texas School Survey of Substance Use, which is conducted by the Texas Department of State Health Services, in conjunction with the Public Policy Research Institute at Texas A&M University. It contains data derived from a sample of approximately seventy school districts statewide on patterns of substance use (alcohol, tobacco, inhalants, and marijuana), demographic correlates of substance use, and protective and risk factors related to substance use. The appendixes provide data on the prevalence and recency of substance use by grade—for border and non-border counties—in the following categories: total, male, female, Anglo, African American (non-border counties), and Hispanic.

Research Note: Beginning in 2006, data is also available for each Health and Human Services Commission (HHSC) state planning region. Prior to 2004, the survey was conducted jointly with the legacy agency Texas Commission on Alcohol and Drug Abuse. School-district level data (1996–date) is available through the Public Policy Research Institute at Texas A&M University (on-site access only).

•**561** *Texas School Survey of Substance Use Among Students: Grades 7–12.* Austin: Mental Health and Substance Abuse Program Services, Texas Department of State Health Services [biennial, 1988–date].

<<http://www.dshs.state.tx.us/sa/Research/SchoolSurveys.shtm>>

Reports the results of the Texas School Survey of Substance Use, which is conducted by the Texas Department of State Health Services, in conjunction with the Public Policy Research Institute at Texas A&M University. It contains data derived from a sample of approximately seventy school districts statewide on patterns of substance use, demographic correlates of substance use, protective and risk factor related to substance use, alcohol- and drug-related problems, and sources of information and assistance for substance problems. One set of appendixes provide data on the prevalence and recency of substance use by grade—for students in border and non-border counties combined—in the following categories: total, male, female, Anglo, African American, Hispanic, students who reported earning A's/B's, students who reported earning C's, D's, or F's, students who were living/not living with both parents, students who would/would not seek help from adults for substance abuse problems, students living in school district three years or less/more than three years, and type of extracurricular activity. Responses are also provided by grade to specific questions on alcohol, inhalants, and other illegal drugs (use, availability, perceived dangers, seeking help, etc.). Other appendixes provide data on the prevalence and recency of substance use by grade for

students in border counties and in non-border counties, and prescription-type drug use prevalence.

Research Note: Beginning in 2006, data is also available for each Health and Human Services Commission (HHSC) state planning region. Prior to 2004, the survey was conducted jointly with the legacy agency Texas Commission on Alcohol and Drug Abuse. School-district level data (1996–date) is available through the Public Policy Research Institute at Texas A&M University (on-site access only). Summary survey results are reported under the title “Adolescent Substance Use in Texas” in *The EpiLink*, the public health news bulletin of the Texas Department of State Health Services Infectious Disease Control Unit. <<http://www.dshs.state.tx.us/idcu/epilink/>>

562 Wallisch, Lynn S. *2000 Texas Survey of Substance Use Among Adults*. Austin: Texas Commission on Alcohol and Drug Abuse, 2001.

<<http://www.dshs.state.tx.us/sa/research/adult/AdultHousehold.pdf>>

Presents the results of a statewide telephone survey of 10,227 Texas adults conducted between July 2000 to March 2001. Data is reported by gender, age, race/ethnicity, region, and major metropolitan area on the prevalence and recency of substance use (including illicit drugs, alcohol, and tobacco); and alcohol- and drug-related problems; treatment experience and current needs; and related problems (e.g., mental health problems among adults with substance problems and co-occurrence of gambling and substance problems).

Research Note: Earlier editions are available.

563 “Youth Risk Behavior Surveillance—United States.” [Surveillance Summaries]. *Morbidity and Mortality Weekly Report (MMWR)*, [biennial, 1993–date].

<http://www.cdc.gov/mmwr/mmwr_ss/ss_cv01.html>

One report is published biennially under this title (authors and cover dates vary). It provides survey results (total, male, and female) by state and selected local areas, for the following categories: percentage of high school students who ever smoked cigarettes; percentage of high school students who currently smoked cigarettes; percentage of high school students who currently smoked more than ten cigarettes/day and who tried to quit smoking cigarettes; percentage of high school students who usually obtained their own cigarettes by buying them in a store or gas station or who currently used smokeless tobacco; percentage of high school students who currently smoked cigars or who currently used tobacco; percentage of high school students who drank alcohol; percentage of high school students who had five or more drinks of alcohol in a row or who usually obtained the alcohol they drank by someone giving it to them; percentage of high school students who used marijuana; percentage of high school students who used cocaine; percentage of high school students who used inhalants or ecstasy; percentage of high school students who used heroin or methamphetamines; percentage of high school students

who took steroids without a doctor's prescription or who injected any illegal drug; percentage of high school students who used hallucinogenic drugs or who took prescription drugs without a doctor's prescription; percentage of high school students who smoked a whole cigarette before age thirteen years or who drank alcohol for the first time before age thirteen years; percentage of high school students who tried marijuana for the first time before age thirteen years; percentage of high school students who used tobacco on school property; percentage of high school students who drank alcohol on school property or who used marijuana on school property; and percentage of high school students who were offered, sold, or given an illegal drug by someone on school property.

Research Note: The survey is conducted in odd-numbered years and the report is published the following year. Online access to current and past editions is also available on the website of the Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. <<http://www.cdc.gov/healthyyouth/yrbs/index.htm>>

Substance Abuse Treatment

564 *Inventory of State Substance Abuse Prevention and Treatment Activities and Expenditures*. Washington, D.C.: Office of National Drug Control Policy, Executive Office of the President, 2006. NCJ 216918

<<http://purl.access.gpo.gov/GPO/LPS93674>>

Provides state-level statistics on expenditures of funds allocated by the Substance Abuse and Mental Health Services Administration's Block Grant Program for substance abuse prevention and treatment services and how states allocate their own funding for these services. The data includes the following Texas State agency expenditures: from all funding sources (total and by activity); block grant funds by activity, core strategy, and resource development activity; state funds by activity; and prevention services and treatment services from all funding sources. Also includes data (number and total dollar amounts) for discretionary prevention grants awarded by the Center for Substance Abuse Prevention and discretionary treatment grants awarded by the Center for Substance Abuse Treatment.

565 *National Drug Control Strategy: Data Supplement*. Washington, D.C.: Office of National Drug Control Policy, Executive Office of the President [annual, 2005–date].

<<http://purl.access.gpo.gov/GPO/LPS6500>> [current edition]

<<http://purl.access.gpo.gov/GPO/LPS94333>> [archived editions]

The State data section provides the estimated number of persons, age twelve or older, needing but not receiving treatment for an illicit drug problem in the past year, number of clients in any substance abuse treatment, and number of clients in drug abuse treatment.

•566 *National Survey of Substance Abuse Treatment Services (N-SSATS): Data on Substance Abuse Treatment Facilities*. Rockville, Md.: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services [annual, 2000–date].

<<http://purl.access.gpo.gov/GPO/LPS32188>>

The State Data chapter provides statistics on N-SSATS forms accounting, response rate, and mode of response (Table 6.1). It also includes data on the number and percentage distribution of all the following categories: facilities and clients in treatment (Tables 6.2a–b); clients under age eighteen in treatment, and clients under age eighteen in facilities offering special programs or groups for adolescents (Tables 6.3a–b); facilities with managed care agreements or contracts, and clients in facilities with managed care agreements or contracts (Tables 6.4a–b); facility operation (Tables 6.5a–b); primary focus of facility (Table 6.6); type of care offered (Table 6.7a–b); client substance abuse problem treated (Table 6.8); facility size (Table 6.10); type of counseling used (Table 6.12); clinical/therapeutic approaches used often or sometimes (Tables 6.13a–b); facilities offering special programs or groups for specific client types (Tables 6.14a–b); facilities offering services in sign language for the hearing impaired and in languages other than English (Tables 6.15a–b); facilities detoxifying clients from various substances (opiates, alcohol, and cocaine) (Table 6.16); facilities with client outreach (Table 6.17); facility licensing, certification, or accreditation (Tables 6.18a–b); facilities employing specific practices as part of their standard operating procedures (Tables 6.19a–b); facility payment options (Tables 6.20a–b); facility funding (Table 6.21); facilities with Opioid Treatment Programs (OTPs) and clients receiving medication-assisted opioid therapy (Table 6.22); type of care offered in facilities with Opioid Treatment Programs (OTPs) (Tables 6.23a–b); facility licensing, certification, or accreditation of facilities with Opioid Treatment Programs (OTPs) (Tables 6.24a–b); clients in treatment, according to facility operation (Tables 6.25a–b); clients in treatment, according to primary focus of facility (Table 6.26); clients in treatment, according to type of care received (Tables 6.27a–b); clients in treatment, according to substance abuse problem and co-occurring mental health disorders (Table 6.28); clients in treatment according to counseling type (Table 29); clients under age eighteen in treatment, according to facility operation (Tables 6.30a–b); clients under age eighteen in treatment, according to primary focus of facility (Table 6.31). Finally, it includes data on clients under age eighteen in treatment, according to type of

care received (Table 6.32); clients in treatment aged eighteen and over, and clients per 100,000 population aged eighteen and over, according to substance abuse problem treated (Table 6.33); facility size, according to type of care offered: median number of clients (Table 6.9); and facility capacity and utilization of residential (non-hospital) and hospital inpatient care: number and utilization rate (Table 6.11). Types of facilities covered include private non-profit; private for-profit; local, county, or community government; state government; federal government (Department of Veterans Affairs, Department of Defense, Indian Health Service); and tribal government.

Research Note: Datasets are available through the Inter-university Consortium for Political and Social Research (ICPSR), Institute for Social Research, University of Michigan.

<<http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/00058>>

567 *Quick Statistics from the Drug and Alcohol Services Information System*. Rockville, Md.: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services [online only].

<<http://www.dasis.samhsa.gov/webt/NewMapv1.htm>>

An interactive map allows users access to state-level data from two databases: the Treatment Episode Data Set (TEDS), which presents information on the demographic and substance abuse characteristics of annual admissions to treatment for abuse of alcohol and drugs in facilities that report to individual state administrative data systems (updated quarterly), and the National Survey of Substance Abuse Treatment Services (N-SSATS), an annual survey that collects information from all facilities in the United States, both public and private, that provide substance abuse treatment.

568 *Substance Abuse Research: Statewide Data*. Austin: Mental Health and Substance Abuse Program Services, Texas Department of State Health Services [annual].

<<http://www.dshs.state.tx.us/sa/default.shtm>>

Provides the following spreadsheet data: statewide adult admissions, statewide youth admissions, admissions by county where client resides, admissions by primary substance by region, admissions by service type by region, assessments by region, BHIPS wait list entries by region, COPSD statistics (region and statewide), OSR assessments/referrals, priority population admissions by region, referrals entered in BHIPS by region, screening by region, and licensed outpatient slots and residential beds by region.

Research Note: Reports are located in the Research and Media subsection. Data for the first two categories is provided by calendar year, and the remaining categories by fiscal year. Regional data is based on the eleven DSHS Health Service Regions. <<http://www.dshs.state.tx.us/regions/default.shtm>>

•**569** *Treatment Episode Data Set (TEDS): National Admissions to Substance Abuse Treatment Services* [DASIS Series]. Rockville, Md.: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services [annual, 2003–date].

<<http://purl.access.gpo.gov/GPO/LPS7070>>

Reports state-level data from the Treatment Episode Data Set (TEDS) for admissions to substance abuse treatment, primarily at facilities that receive some public funding, in the following categories: primary alcohol admissions, number and admissions per 100,000 population (Tables 2.3a–b); primary heroin admissions, number and admissions per 100,000 population (Tables 2.4a–b); primary non-heroin opiates/synthetics admissions, number and admissions per 100,000 population (Tables 2.5a–b); primary cocaine admissions, number and admissions per 100,000 population (Tables 2.6a–b); primary marijuana admissions, number and admissions per 100,000 population (Table 2.7a–b); primary methamphetamine/amphetamine admissions, number and admissions per 100,000 population (Tables 2.8a–b); admissions, number (Table 4.2a); transfers, number (Table 4.2b) and codependents, number (Table 4.2c); item percentage response rate, TEDS Minimum Data Set (Table 4.3); item percentage response rate, TEDS Supplemental Data Set (Table 4.4); admissions, number (Table 4.5); admissions per 100,000 population (Table 4.6a); admissions per 100,000 population, adjusted for age, sex, and race/ethnicity (Table 4.6b); admissions according to primary substance of abuse, number (Table 4.7); admissions per 100,000 population, according to primary substance of abuse (Table 4.8a); and admissions per 100,000 population, adjusted for age, sex, and race/ethnicity, according to primary substance of abuse (Table 8.b). Substances covered include alcohol, opiates, heroin, cocaine, marijuana/hashish, methamphetamine/amphetamine, tranquilizers, sedatives, hallucinogens, PCP, and inhalants.

Research Note: Selected tables present annual data for the reporting year and the previous decade. Data is reported for clients age twelve years and over with the exception of Tables 4.2a–c, 4.3, and 4.4. Since a client can be admitted to substance abuse treatment more than once during a single year, TEDS records represent admissions rather than individuals. Datasets are available through the Inter-university Consortium for Political and Social Research (ICPSR), Institute for Social Research, University of Michigan.

<<http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/00056>>

•**570** *Treatment Episode Data Set (TEDS): Discharges from Substance Abuse Treatment Services* [DASIS Series]. Rockville, Md.: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services [annual, 2002–date].

<<http://purl.access.gpo.gov/GPO/LPS7070>>

Reports annual state-level data from the Treatment Episode Data Set (TEDS) for discharges from substance abuse treatment, primarily at facilities that receive some public funding, in the following categories: discharges and year of admission, number and percentage distribution (Tables 2.2a–b); discharges and type of service, number and percentage distribution (Tables 2.3a–b); discharges and reason for discharge, number and percentage distribution (Table 2.4); discharges by type of service and reason for discharge—number, percentage distribution, and median and average length of stay (Table 2.5); discharges from opioid replacement therapy, by type of service, according to reason for discharge—number, percentage distribution, and median and average lengths of stay (Table 2.6); discharges from outpatient treatment according to reason for discharge, number and percentage distribution (Table 3.1); discharges from intensive outpatient treatment according to reason for discharge, number and percentage distribution (Table 4.1); discharges from short-term residential treatment according to reason for discharge, number and percentage distribution (Table 5.1); discharges from long-term residential treatment according to reason for discharge, number and percentage distribution (Table 6.1); discharges from hospital residential treatment according to reason for discharge, number and percentage distribution (Table 7.1); discharges from detoxification according to reason for discharge, number and percentage distribution (Table 8.1); discharges from outpatient opioid replacement therapy according to reason for discharge, number and percentage distribution (Table 9.1); and discharges from opioid replacement detoxification according to reason for discharge, number and percentage distribution (Table 10.1). Substances covered include alcohol, opiates, heroin, nonprescription methadone, cocaine, marijuana/hashish, methamphetamine/amphetamine, barbiturates, benzodiazepine, hallucinogens, PCP, and inhalants.

Research Note: Since a client can be discharged from substance abuse treatment more than once during a single year, TEDS records represent discharges rather than individuals. Data sets are available through the Inter-university Consortium for Political and Social Research (ICPSR), Institute for Social Research, University of Michigan. <<http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/00056>>

•571 *Treatment Episode Data Set (TEDS) Highlights: National Admissions to Substance Abuse Treatment Services [DASIS Series]*. Rockville, Md.: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services [annual, 2002–date]. <<http://purl.access.gpo.gov/GPO/LPS7070>>

Reports annual state-level data from the Treatment Episode Data Set (TEDS) for admissions to substance abuse treatment, primarily at facilities that receive some public funding, according to primary substance of abuse: number and percentage distribution (Tables 6a–b). Substances covered include

alcohol, opiates, heroin, nonprescription methadone, cocaine, marijuana/hashish, methamphetamine/amphetamine, barbiturates, benzodiazepine, hallucinogens, PCP, and inhalants.

Research Note: This report is published annually in advance of the full TEDS report. Since a client can be admitted to substance abuse treatment more than once during a single year, TEDS records represent admissions rather than individuals. Datasets are available through the Inter-university Consortium for Political and Social Research (ICPSR), Institute for Social Research, University of Michigan.

<<http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/00056>>

572 *Undocumented Immigrants in Texas: A Financial Analysis of the Impact to the State Budget and Economy* [Special Report]. Austin: Texas Comptroller of Public Accounts, 2006.

<<http://www.window.state.tx.us/specialrpt/undocumented/>>

Provides the Comptroller's estimate of the State's cost for providing substance abuse services to undocumented immigrants (Section IV).