**Decision-Support Tools**

*PREVENTING PRESCRIPTION DRUG MISUSE:*

# Data Resources

**Updated April 2018**

PREVENTION
SOLUTIONS@EDC

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## INTRODUCTION

This compilation of data sources was developed for epidemiologists, researchers, practitioners, and others in the substance misuse prevention field who provide guidance or technical assistance to support communities seeking to address the non-medical use of prescription drugs (NMUPD). As part of a suite of decision-support tools developed by SAMHSA's Center for the Application of Prevention Technologies to address NMUPD, this document provides information on relevant surveys and data collection resources. This tool can be used to help communities measure or document the scope of consumption and consequences of NMUPD and identify measures of NMUPD outcomes.

## RELATED TOOLS

Other CAPT tools that support the prevention of NMUPD, which we suggest reviewing in addition to this tool, include:

- *Preventing Prescription Drug Misuse: Overview of Factors and Strategies*, which presents key findings from a review of current research on NMUPD, including a summary of risk and protective factors associated with prescription drug misuse, as well as programs and strategies that have been shown to be effective in addressing these factors.

- *Preventing Prescription Drug Misuse: Understanding Who Is at Risk*, which summarizes information from cross-sectional and longitudinal studies on factors that have been shown to either increase risk of or protect against prescription drug misuse.

- *Preventing Prescription Drug Misuse: Programs and Strategies*, which presents detailed descriptions of prevention strategies and associated interventions that have been evaluated to determine their effects on prescription drug misuse.

## HOW THIS DOCUMENT IS ORGANIZED

This document is organized into three sections: 1) sources of consumption data, 2) sources of consequence data, and 3) other sources of data related to NMUPD. For each source listed, we provide the following information: geographic level, online analysis info (when available, for national data only), and indicators assessed (where applicable).

We also note where access to online survey data analysis is free (though in some cases users may be required to set up an account). For example, YRBSS data can be analyzed without creating a user account. Access to datasets such as NHANES requires that users submit a research proposal explaining the need for data.

Surveys that are not available for online analysis usually provide national-level results via reports and other online documents. In addition, state- and local-level results and/or data may be available upon request by contacting the respective resource agencies.

# A FEW CAUTIONARY NOTES REGARDING USE

Please consider the following when using this and other data resource documents:

- At the time this document was created, all links to online information were active; however, links may change over time.

- Online analysis tools may not always include the most recent data available. For example, at this time the latest NSDUH data available on the Public Use Data Analysis System (PDAS) are for 2015, even though 2016 results are presented in published reports.

- This resource list was developed by a team of epidemiologists and is based on knowledge of sources used in the field and sources garnered from state epidemiological profiles. As such, it does not include all possible data sources that may be available. Additional data sources may also be developed after the release of this document.

# SECTION 1. SOURCES OF CONSUMPTION DATA RELATED TO NMUPD

This section contains suggested sources of consumption data on NMUPD. By consumption data, we mean data that indicate how often an individual uses one or more prescription drugs for non-medical purposes. For each entry, we provide the name of the source, survey, or administering organization, accompanied by the following:

- **Description:** An **overview** of the administering organization or entity's mission with regard to the survey or indicator(s) (or in some cases, a description of what the source or survey assesses), along with **URL(s)** where users can go to obtain more detailed information on the survey (background, methodology, reports, briefs, survey instruments, newsletters, and other resources).

- **Populations:** The **target or sample population** surveyed or available through the source, and, if available, **frequency** with which the survey is conducted or data are collected (yearly, biannually, etc.).

- **Geographic Level:** The extent to which data are **geographically representative** at the national, state, and/or local level.

- **Indicators Assessed:** Key **NMUPD constructs** measured by surveys or data source.

- **Reports and Publications:** A link to existing **reports and publications** that use the data.

- **Online Analysis:** Public access to online **data analysis**.

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| **Communities that Care (CTC)** |  |
|---|---|
| **Description** | The CTC Risk and Protective Factor Youth Survey (also known as the Prevention Needs Assessment) measures the need for substance abuse, delinquency, antisocial behavior, and violence prevention services among youth. It also includes measures of drug, alcohol and tobacco use, factors that place youth at risk for substance use and other problem behaviors, and factors that protect youth from substance use and other problem behaviors. Not all schools participate in the CTC. The survey is administered by Bach Harrison (http://www.bach-harrison.com/).<br><br>**Survey instrument:**<br>http://store.samhsa.gov/shin/content//CTC020/CTC020.pdf |
| **Populations** | Students in grades 6–12; frequency of administration is at the school's discretion. |
| **Geographic Level** | Schools (voluntary participation; contact individual schools to assess participation) |
| **Indicators Assessed** | On how many occasions (if any) have you:<br><br>Lifetime use<br><br>• Used prescription pain relievers, such as Vicodin®, OxyContin® or Tylox®, without a doctor's orders, in your lifetime?<br>• Used prescription tranquilizers, such as Xanax®, Valium® or Ambien®, without a doctor's orders, in your lifetime?<br>• Used prescription stimulants, such as Ritalin® or Adderall®, without a doctor's orders, in your lifetime?<br><br>Past 30-day use<br><br>• Used prescription pain relievers, such as Vicodin®, OxyContin® or Tylox®, without a doctor's orders, during the past 30 days?<br>• Used prescription tranquilizers, such as Xanax®, Valium® or Ambien®, without a doctor's orders, during the past 30 days?<br>• Used prescription stimulants, such as Ritalin® or Adderall®, without a doctor's orders, during the past 30 days? |
| **Reports & Publications** | None. Schools that participate in CTC are provided a report of the findings. |
| **Online Analysis** | None |

| Monitoring the Future (MTF) | |
|---|---|
| **Description** | MTF is an ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults.<br><br>**For more information:** http://www.monitoringthefuture.org/<br><br>**Survey questionnaire:**<br>http://www.monitoringthefuture.org/pubs.html#refvols |
| **Populations** | Nationally representative samples of 8th, 10th, and 12th grade students surveyed annually (1975 to present) |
| **Geographic Level** | • National<br>• Regional (West, Midwest, South, Northeast)<br>• Large Metropolitan Statistical Area (MSA), other MSAs, and non-MSAs |
| **Indicators Assessed** | Beginning in 2005, amongst 12th grade students, prescription drug use without a doctor's prescription was added to the survey.<br><br>Survey questions specific to NMUPD:<br><br>• On how many occasions (if any) have you taken such nonprescription diet pills?<br>• On how many occasions (if any) have you taken such nonprescription stay-awake pills?<br>• Other than the diet pills and stay-awake pills you have already told us about, on how many occasions (if any) have you taken other nonprescription stimulants or pep pills?<br>• On how many occasions (if any) have you taken amphetamines on your own— that is without a doctor telling you to take them?<br>• On how many occasions (if any) have you taken sedatives on your own— that is, without a doctor telling you to take them?<br>• On how many occasions (if any) have you taken narcotics other than heroin on your own—that is, without a doctor telling you to take them?<br>• On how many occasions (if any) have you taken steroids on your own— that is, without a doctor telling you to take them?<br>• During the LAST 12 MONTHS, on how many occasions (if any) have you taken:<br>  o a non-prescription cough or cold medicine (robos, DXM, etc.) to get high?<br>  o OxyContin (without a doctor's orders)?<br>  o Vicodin (without a doctor's orders)?<br>  o Adderall (without a doctor's orders)? |

| Monitoring the Future (MTF) | |
| --- | --- |
| **Reports & Publications** | Monographs: http://www.monitoringthefuture.org/pubs.html#monographs |
| **Online Analysis** | Online analysis requires users to create a user account to download data. For more information on data access and publications: http://www.icpsr.umich.edu/icpsrweb/NAHDAP/series/35 |

| National Health and Nutrition Examination Survey (NHANES) | |
| --- | --- |
| **Description** | NHANES is designed to assess the health and nutritional status of adults and children in the United States. The survey combines interviews and physical examinations. Health interviews are conducted in respondents' homes. Health measurements are performed in specially-designed and equipped mobile centers that travel to locations throughout the country.<br><br>**For more information:** https://www.cdc.gov/nchs/nhanes/index.htm |
| **Populations** | Nationally representative sample of about 5,000 persons each year surveyed annually since the early 1960s. These persons are located in counties across the country, 15 of which are visited each year. The survey sample is selected to represent the U.S. population of all ages. |
| **Geographic Level** | National |
| **Indicators Assessed** | Survey questions:<br>• Have you ever, even once, used a needle to inject a drug not prescribed by a doctor?<br>• Which of the following drugs have you injected using a needle?<br>• How old were you when you first used a needle to inject any drug not prescribed by a doctor?<br>• How long ago has it been since you last used a needle to inject a drug not prescribed by a doctor?<br>• During your life, altogether how many times have you injected drugs not prescribed by a doctor?<br>• Think about the period of your life when you injected drugs the most often. How often did you inject then? |
| **Reports & Publications** | https://www.cdc.gov/nchs/nhanes/dataaccomp.htm |

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| National Health and Nutrition Examination Survey (NHANES) |  |
| --- | --- |
| **Online Analysis** | The National Center for Health Statistics developed Research Data Centers, which allow researchers access to restricted data. All researchers must submit a research proposal outlining need for the data. https://www.cdc.gov/rdc/ |

| National Survey on Drug Use and Health (NSDUH) |  |
| --- | --- |
| **Description** | NSDUH provides national- and state-level data on prevalence, patterns, and consequences of alcohol, tobacco, and illegal drug use and abuse in the general United States civilian non-institutionalized population, age 12 and older.<br><br>The survey uses a combination of computer-assisted personal interviews and audio computer-assisted self-interviews.<br><br>**For more information:** https://www.samhsa.gov/data/population-data-nsduh |
| **Populations** | Annual survey (1971–present) of civilian, non-institutionalized individuals ages 12 and older in the United States, including residents of non-institutional group quarters, such as college dormitories, group homes, shelters, rooming houses, and civilians dwelling on military installations. |
| **Geographic Level** | National, state, and substate/regional (definitions of "substate region" may vary |
| **Indicators Assessed** | • Any use of prescription psychotherapeutics in past year<br>• Misuse of prescription psychotherapeutics in past year<br>• Misuse of prescription psychotherapeutics in past month<br>• Any use of pain relievers in past year<br>• Misuse of pain relievers in past year<br>• Misuse of pain relievers in past month<br>• Any use of tranquilizers in past year<br>• Misuse of tranquilizers in past year<br>• Misuse of tranquilizers in past month<br>• Any use of stimulants in past year<br>• Misuse of stimulants in past year<br>• Misuse of stimulants in past month |

| National Survey on Drug Use and Health (NSDUH) | |
|---|---|
| **Indicators Assessed (cont.)** | • Any use of sedatives in past year<br><br>• Misuse of sedatives in past year<br><br>• Misuse of sedatives in past month |
| **Reports & Publications** | NSDUH State and Substate estimates and reports are available at:<br><br>• State and Substate/Metro Reports https://www.datafiles.samhsa.gov/study-series/national-survey-drug-use-and-health-nsduh-nid13517 |
| **Online Analysis** | Public-use Data Analysis System<br>This online analysis allows users to perform crosstab analyses, logistic regressions, review variables and download the results of any analysis to CSV format. https://www.datafiles.samhsa.gov/info/analyze-data-nid6<br><br>NSDUH State Estimates<br>This online analysis allows users to create maps, graphs and download data in CSV format. http://pdas.samhsa.gov/saes/state |

| Pride Surveys | |
|---|---|
| **Description** | The Pride Student Surveys were created in 1982 to help local schools measure student alcohol, tobacco, and other drug use, as well as school climate and risk and protective factors.<br><br>**For more information:** http://www.pridesurveys.com/ |

| Pride Surveys | |
|---|---|
| **Description (cont.)** | Survey questionnaires: https://www.pridesurveys.com/index.php/surveys-we-offer/ |
| **Populations** | Students in grades 4–6 and grades 6–12 are surveyed at the discretion of the administering institution. |
| **Geographic Level** | National, state (state reports for specific years are available for: Alabama, Georgia, Mississippi, New York, Texas, Virginia, and West Virginia) |
| **Indicators Assessed** | • Within the past year, how often have you used prescription drugs not prescribed to you (such as Ritalin, Xanax or OxyContin)?<br>• During the past 30 days, on how many occasions have you use prescription drugs not prescribed to you? |
| **Reports & Publications** | Some state and national data summaries on student behavior & perceptions are available to the public at:<br>http://www.pridesurveys.com/index.php/reports-on-student-behavior-perceptions-2/ |
| **Online Analysis** | None; however, a sample electronic dashboard is provided:<br>https://dbdemo.pridesurveys.com/ |

| Youth Risk Behavioral Surveillance System (YRBSS) | |
|---|---|
| **Description** | The YRBSS monitors health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including alcohol, tobacco, and other drug use. YRBSS includes a national school-based survey.<br>**For more information:**<br>https://www.cdc.gov/healthyyouth/data/yrbs/index.htm<br>**Survey instruments:**<br>https://www.cdc.gov/healthyyouth/data/yrbs/questionnaires.htm<br>**YRBS questionnaire content:**<br>https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/YRBS_questionnaire_content_1991-2017.pdf |
| **Populations** | Biennial (odd-years) cross-sectional data representative of public- and private-school students in grades 9–12 (high school) and grades 6–8 (middle school) in the 50 states and DC. |
| **Geographic Level** | **High School (1991–present)**<br>*NOTE: Participation history can be found:* |

| Youth Risk Behavioral Surveillance System (YRBSS) | |
|---|---|
| **Geographic Level (cont.)** | https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/2015_hs_participation_history.pdf |
| | **Middle School (1995–present)** <br><br> *NOTE: Participation history can be found:* <br> https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/2015_ms_participation_history.pdf |
| **Indicators Assessed** | **Standard High School (state and local)** <br> • During your life, how many times have you taken steroid pills or shots without a doctor's prescription? <br> • During your life, how many times have you taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.) |
| | **National High School** <br> • During your life, how many times have you taken steroid pills or shots without a doctor's prescription? <br> • During your life, how many times have you taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.) |
| | **Middle School** <br> • Have you ever taken steroid pills or shots without a doctor's prescription? <br> • Have you ever taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.) |
| **Reports & Publications** | https://www.cdc.gov/healthyyouth/data/yrbs/results.htm |
| **Online Analysis** | **High School:** <br> • Prevalence and trend data: 1991–2015: http://nccd.cdc.gov/YouthOnline/App/Default.aspx |
| | **Middle School:** <br> • Prevalence and trend data: 1995–2015: http://nccd.cdc.gov/YouthOnline/App/Default.aspx |

## SECTION 2. SOURCES OF CONSEQUENCE DATA RELATED TO NMUPD

This section contains suggested sources of consequence data. By consequence data, we mean indicators of the results or effects of NMUPD, such as hospitalization or death due to overdose, drug-related offenses and violations, and admission to treatment facilities. For each entry, we provide the name of the source, survey, or administering organization, accompanied by the following:

- **Description:** An **overview** of the administering organization or entity's mission with regard to the survey or indicator(s) (or, in some cases, a description of what the source or survey assesses), and the **URL(s)** where users can go to obtain more detailed information on the tool or source (background, methodology, reports, briefs, survey instruments, newsletters, and other resources).

- **Populations:** The **target or sample population** surveyed or available through the source, and, if available, **frequency** with which the survey is conducted or data are collected (yearly, biannually, etc.).

- **Geographic Level:** The extent to which data are **geographically representative** at the national, state, and/or local level.

- **Indicators Assessed:** Key **NMUPD** indicators measured by surveys. In some cases, data are collected via death certificates, hospital records, accident reports, etc. In these cases, no specific surveys or survey items apply.

- **Reports & Publications:** A link to existing **reports and publications** that use the data.

- **Online Analysis:** Public access to **data analysis**.

| Healthcare Cost and Utilization Project (HCUP) | |
|---|---|
| **Description** | HCUP comprises the largest collection of longitudinal hospital care databases and related software tools and products in the United States. It is developed through a federal, state and industry partnership and sponsored by the Agency for Healthcare Research and Quality (AHRQ). HCUP has the largest collection of multi-year inpatient, outpatient, and emergency department data. To date there are 48 partners (47 states and the District of Columbia) that provide HCUP with statewide inpatient data, 35 partners provide ambulatory surgery and services data, and 35 partners provide emergency department data. The inpatient data represent 97 percent of inpatient discharges from community hospitals. There are seven types of HCUP databases: four national- and regional-level databases and three state- and local-level databases. These HCUP databases are available for purchase through the HCUP Central Distributor.<br><br>**For more information:** https://www.hcup-us.ahrq.gov/ |

| Healthcare Cost and Utilization Project (HCUP) | |
|---|---|
| **Populations** | Inpatient data representing 97 percent of inpatient discharges from community hospitals. |
| **Geographic Level** | National, regional, state, local |
| **Indicators Assessed** | N/A |
| **Reports & Publications** | https://www.hcup-us.ahrq.gov/reports.jsp |
| **Online Analysis** | HCUP Fast Stats: https://www.hcup-us.ahrq.gov/faststats/landing.jsp |

| National Incident-Based Reporting System (NIBRS) | |
|---|---|
| **Description** | NIBRS is an incident-based reporting system for crimes that are known to law enforcement. NIBRS has been implemented to improve the overall quality of crime data collected by law enforcement. For each single crime incident, as well as on separate offenses within the same incident, a range of data are collected. These include the nature and type of the specific offenses, characteristics of the victim(s) and offender(s), types and value of property stolen and recovered, characteristics of persons arrested in connection with a crime incident, location, and time of day. *Caveat:* NIBRS data is not nationally representative; only 37.1% (6,849) of all law enforcement agencies currently participate in NIBRS. **For more information:** https://ucr.fbi.gov/nibrs-overview |
| **Populations** | As of 2016, the latest data available, 6,849 law enforcement agencies from 38 states and the District of Columbia participate in NIBRS. Law enforcement agency types are: city, metropolitan county, non-metropolitan county, state police, tribal, universities and colleges, other agencies. |
| **Geographic Level** | National, 38 states, District of Columbia, and local law enforcement agencies |
| **Indicators Assessed** | 54 Class A offenses<br>• Drug/narcotic offenses<br>    • Drug/narcotic violations<br>    • Drug equipment violations<br>10 Group B offenses<br>• Driving under the influence |

| National Incident-Based Reporting System (NIBRS) | |
|---|---|
| **Reports & Publications** | https://ucr.fbi.gov/nibrs/2016/tables/data-tables |
| **Online Analysis** | Online analysis: https://ucr.fbi.gov/nibrs/2016 |


| National Survey on Drug Use and Health (NSDUH) | |
|---|---|
| **Description** | NSDUH provides national and state-level data on the prevalence, patterns, and consequences of alcohol, tobacco, and illegal drug use and abuse in the general United States civilian non-institutionalized population, age 12 and older. The survey uses a combination of in-person, computer-assisted interviews.<br><br>**For more information:** https://www.samhsa.gov/data/population-data-nsduh |
| **Populations** | Annual survey (1971–present) of civilian, non-institutionalized individuals ages 12 and older in the U.S., including residents of non-institutional group quarters, such as college dormitories, group homes, shelters, rooming houses, and civilians dwelling on military installations. |
| **Geographic Level** | National, state, and regional/substate (definitions of "substate" may vary) |
| **Indicators Assessed** | • Received substance use treatment in past year among persons aged 12 or older<br>• Substances for which last or current treatment was received among persons aged 12 or older who received substance use treatment in past year |
| **Reports & Publications** | State and Substate estimate and reports are available at<br><br>• Substate/Metro Reports: https://www.datafiles.samhsa.gov/study-series/national-survey-drug-use-and-health-nsduh-nid13517<br><br>• State Reports: https://www.datafiles.samhsa.gov/study-series/national-survey-drug-use-and-health-nsduh-nid13517 |

| National Survey on Drug Use and Health (NSDUH) | |
|---|---|
| **Reports & Publications (cont.)** | • Spotlights https://www.samhsa.gov/data/population-data-nsduh/reports?tab=35<br>• Short Reports https://www.samhsa.gov/data/population-data-nsduh/reports?tab=36<br>• Methodology & Questionnaires https://www.samhsa.gov/data/population-data-nsduh/reports?tab=39<br>• Population Data Reports https://www.samhsa.gov/data/population-data-nsduh/reports#tgr-tabs-31 |
| **Online Analysis** | The Public-use Data Analysis System (PDAS) is an online analysis tool that allows users to perform crosstab analyses and logistic regressions, review variables, and download the results of any analysis to CSV format. https://www.datafiles.samhsa.gov/info/analyze-data-nid6 |

| Treatment Episode Data Set (TEDS) | |
|---|---|
| **Description** | TEDS 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.<br><br>• 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.<br>• TEDS does not include data on facilities operated by federal agencies (e.g., the Bureau of Prisons, the Department of Defense, and the Veterans Administration).<br>• TEDS is an admission-based system. TEDS admissions do not represent individuals. (So, for example, an individual admitted to treatment twice within a calendar year would be counted as two admissions.)<br><br>**For more information:** https://wwwdasis.samhsa.gov/webt/information.htm |

| Treatment Episode Data Set (TEDS) | |
|---|---|
| **Populations** | 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. |
| **Geographic Level** | National, states, District of Columbia, and Puerto Rico. |
| **Indicators Assessed** | The total number and percent distribution are reported by gender, age groups and race/ethnicity for the 15 categories of primary substance use at the time of treatment admission. |
| **Reports & Publications** | All Client Level Data Reports: https://www.samhsa.gov/data/client-level-data-teds/reports |
| **Online Analysis** | Published data reports from TEDS, N-SSATS and other substance abuse data systems are available on the SAMHSA web site at - SAMHSA/CBHSQ Reports. |

| Uniform Crime Reporting (UCR) Program | |
|---|---|
| **Description** | The UCR collects official data on crime from law enforcement agencies across the United States. Law enforcement agencies voluntarily provide the data to the Federal Bureau of Investigation, who then produces reports. There are four annual publications: Crime in the United States, National Incident-Based Reporting System, Law Enforcement Officers Killed and Assaulted, and Hate Crime Statistics.<br><br>**For more information:** https://ucr.fbi.gov/ |
| **Populations** | Nearly 18,000 city, university and college, county, state, tribal, and federal law enforcement agencies voluntarily report crime data. |
| **Geographic Level** | National, states, District of Columbia, and agencies |

| Uniform Crime Reporting (UCR) Program | |
|---|---|
| **Indicators Assessed** | UCR offenses:<br>• Violent crimes: murder and nonnegligent manslaughter, legacy rape, revised rape, robbery, aggravated assault<br>• Property crimes: burglary, larceny-theft, motor vehicle theft |
| **Reports & Publications** | https://ucr.fbi.gov/ucr-publications |
| **Online Analysis** | Online analysis: https://www.ucrdatatool.gov/index.cfm<br>• National crime estimates from 1960 through the most recent year available.<br>• State crime estimates from 1960 through the most recent year available.<br>• City and county crime counts from 1985 through the most recent year available. |

| Wide Ranging Online Data for Epidemiological Research (WONDER) | |
|---|---|
| **Description** | WONDER is a public health research tool developed by the Centers for Disease Control and Prevention (CDC) that includes easy access to public documents on numerous health-related topics, as well as public-use data sets on deaths, births, cancer incidence, HIV and AIDS, census data, populations, and the environment. Mortality data on underlying and multiple cause of death are available on CDC WONDER via the Centers for Disease Control and Prevention, National Center for Health Statistics (NCHS), Office of Analysis and Epidemiology.<br><br>**For more information:** https://wonder.cdc.gov/ |
| **Populations** | The Underlying Cause of Death and Multiple Cause of Death databases in CDC WONDER contain mortality data provided on death certificates from all U.S. counties in all 50 states and the District of Columbia for the years 1999 to 2016.<br><br>The Compressed Mortality database includes mortality data provided on death certificates from all U.S. counties in the 50 states and the District of Columbia for 1968 through 2016. |
| **Geographic Level** | National, state, county, census region, census division, 2013 urbanization, 2006 urbanization |

| Wide Ranging Online Data for Epidemiological Research (WONDER) | |
|---|---|
| **Indicators Assessed** | Detailed and Compressed mortality databases contain mortality data for all 50 states and the District of Columbia from 1999–2016. Counts and rates (crude and age-adjusted) can be obtained by underlying cause of death, age, race, sex, and year.<br><br>*Caveat*: 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 use the International Classification of Diseases, 10th Revision (ICD-10) codes. |
| **Reports & Publications** | Searchable database for specific reports: https://wonder.cdc.gov/ |
| **Online Analysis** | Underlying Cause of Death<br>• Detailed Mortality: https://wonder.cdc.gov/ucd-icd10.html<br>• Compressed Mortality: https://wonder.cdc.gov/mortSQL.html<br>Multiple Cause of Death: https://wonder.cdc.gov/mcd.html<br>See website for access to other available data files. |

## SECTION 3. OTHER SOURCES OF DATA RELATED TO NMUPD

This section contains sources of data that are not collected specifically for research purposes but can be very useful for needs assessment and ongoing surveillance of NMUPD. For each entry, we provide the name of the dataset and source website, accompanied by the following:

- **Description:** An **overview** of the administering organization or entity's mission with regard to the indicator(s) (or, in some cases, a description of what the source assesses), and the **URL(s)** where users can go to obtain more detailed information on the tool or source (background, methodology, reports, briefs, newsletters, and other resources).

- **Online Access to Data Reports and/or Data Analysis Tool:** Links to existing reports and publications and public access to **data analysis**.

| All-payer Claims Database (APCD) | |
|---|---|
| **Description** | The APCDs are state databases in which insurers provide data directly to the state. APCDs include medical claims, pharmacy claims, dental claims, and eligibility and provider files collected from private and public payers.<br><br>**For more information** https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/apcd/index.html |
| **Online Access to Data, Reports, and/or Data Analysis Tool** | Data and resources information: https://www.apcdcouncil.org/ |

| Automation of Reports and Consolidated Orders System (ARCOS) | |
|---|---|
| **Description** | ARCOS is an automated drug reporting system that monitors the flow of Drug Enforcement Agency-controlled substances from the point of manufacture through commercial distribution and to point of sale or distribution at hospitals, retail pharmacies, practitioners, mid-level practitioners, and teaching institutions. The following are included in ARCOS: all Schedules I and II materials (manufacturers and distributors); Schedule III narcotic and gamma-hydroxybutyric acid materials (manufacturers and distributors); and selected Schedule III and IV psychotropic drugs (manufacturers only).<br><br>ARCOS data has two limitations: first, they do not include patient to prescriber-level data, and second, retail distribution may not reflect actual consumption in a community.<br><br>**For more information:** https://www.deadiversion.usdoj.gov/arcos/ |
| **Online Access to Data, Reports, and/or Data Analysis Tool** | Summary Reports by year: https://www.deadiversion.usdoj.gov/arcos/retail_drug_summary/index.html |

| High Intensity Drug Trafficking Area (HIDTA) | |
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| **Description** | The Anti-Drug Abuse Act of 1988 by Congress created the High-Intensity Drug Trafficking Areas (HIDTA) program to reduce drug trafficking and production by providing assistance to law enforcement agencies operating in areas determined to be critical drug-trafficking regions. It does this by: 1) facilitating cooperation among Federal, state, local, and tribal law enforcement agencies to share information and implement coordinated enforcement activities; 2) enhancing law enforcement intelligence sharing; 3) providing reliable law enforcement intelligence to law enforcement agencies; and 4) supporting the coordination of law enforcement strategies. There are currently 28 HIDTAs located in 49 states, as well as in Puerto Rico, the U.S. Virgin Islands, and the District of Columbia.<br><br>**For more information:** https://www.dea.gov/ops/hidta.shtml |
| **Online Access to Data, Reports, and/or Data Analysis Tool** | Points of contact: http://www.whitehousedrugpolicy.org/hidta/contact.html |

| Medicare Part D Prescriber Data | |
|---|---|
| **Description** | The Centers for Medicare and Medicaid Services (CMS) has made publicly available a series of data files that summarize the utilization and payments for procedures, services, and prescription drugs provided to Medicare beneficiaries. These files, Medicare Provider Utilization and Payment Data, include information for common inpatient and outpatient services, all physician and other supplier procedures and services, as well as Part D prescriptions.<br><br>The Part D Prescriber Public Use File (PUF) provides information on prescription drugs that are prescribed by individual physicians and other health care providers and paid for under the Medicare Part D Prescription Drug Program.<br><br>The dataset identifies providers and the specific prescriptions that were dispensed. For each prescriber and drug, the dataset includes the total number of prescriptions that were dispensed (original prescriptions and any refills), and the total drug cost. The dataset has a number of limitations. Most importantly, the data may not represent the physician's entire practice or all Medicare prescriptions since this dataset only includes information on beneficiaries enrolled in the Medicare Part D prescription drug program.<br><br>**For more information:** https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/medicare-provider-charge-data/part-d-prescriber.html |

## Medicare Part D Prescriber Data

| Online Access to Data, Reports, and/or Data Analysis Tool | All prescription drug-related claims data file can be downloaded at: https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/medicare-provider-charge-data/part-d-prescriber.html |
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## National Forensic Laboratory Information System (NFLIS)

| Description | The Drug Enforcement Agency's National Forensic Laboratory Information System (NFLIS) systematically collects the results of drug chemistry analyses conducted by states, local, and federal forensic laboratories on drugs seized by law enforcement. As of April 2017, 50 state laboratory systems and 100 local laboratory systems, representing 287 individual laboratories, participate in NFLIS. Roughly, two million drug analyses are included each year.<br><br>NFLIS provides semiannual, annual, and special reports. These reports include findings on major drug categories: narcotic analgesics, depressants and tranquilizers, hallucinogens, anabolic steroids, and stimulants. The information collected in NFLIS provides information on monitoring and understanding drug abuse and trafficking in the United States, including diversion of legally manufactured drugs into illegal markets.<br><br>**For more information:** https://www.deadiversion.usdoj.gov/nflis/ |
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| Online Access to Data, Reports, and/or Data Analysis Tool | NFLIS publications: Annual, mid-year, briefs and special reports: https://www.deadiversion.usdoj.gov/nflis/ |

## National Poison Data System (NPDS)

| Description | The nation's 55 poison control centers and other poison-related organizations are members of the American Association of Poison Control Centers. Poison control centers provide 24-hour professional advice to anyone in the 50 states, District of Columbia, Puerto Rico, the Federated States of Micronesia, American Samoa, the U.S. Virgin Islands, and Guam. Poison control centers provide poison expertise and treatment advice by calling 1-800-222-1222. Poison control centers are staffed by pharmacists, physicians, nurses and poison information providers who are toxicology experts.<br><br>**For more information:** http://www.aapcc.org/data-system/ |
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| National Poison Data System (NPDS) | |
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| **Online Access to Data, Reports, and/or Data Analysis Tool** | • Data can be requested from NPDS at: http://www.aapcc.org/data-system/data-request-process/ <br><br>• Annual Reports http://www.aapcc.org/annual-reports/ |

| Prescription Drug Monitoring Program (PDMP) | |
|---|---|
| **Description** | PDMPs are electronic databases that track controlled substance prescriptions dispensed by non-hospital pharmacies and practitioners within states. When pharmacists dispense controlled substance prescriptions to patients, the pharmacists have to enter the prescription into their state PDMP. The interval at which this information is entered in to the PDMP varies, ranging from daily to monthly. <br><br>As of August 2017, 49 states, the District of Columbia, and Guam have legislation authorizing the creation and operation of a PDMP. <br><br>**For more information:** http://www.pdmpassist.org/ |
| **Online Access to Data, Reports, and/or Data Analysis Tool** | • PDMP data access is controlled by state legislature. PDMP state contacts information: http://www.pdmpassist.org/content/stateterritorydistrict-contacts?order=field_affiliation_type_value&sort=asc <br><br>• PDMP state profiles: http://www.pdmpassist.org/content/state-profiles <br><br>• PDMP state websites: http://www.pdmpassist.org/content/state-pdmp-websites?order=field_state_territory_district_value&sort=asc <br><br>• PDMP maps and tables: http://www.pdmpassist.org/content/pdmp-maps-and-tables |