Survey Data Sources for Substance Abuse Prevention: A Review and Summary

Understanding data has become a critical part of operating and funding social programs. Data is an important gauge for showing change in social conditions, and data indicators measure quality of life and wellness for individuals, their families, and communities. The substance abuse prevention field is more reliant on data now than ever before. The field continues to expand the number of evidence-based interventions offered (as listed on the National Registry of Evidence-based Programs and Practices-NREPP). And, there is growth laterally, as the field continues to define the mutual benefits that transfer to other social concerns; for example, demonstrating how reducing substance abuse contributes to improved health and wellness, increased academic/professional gains, and the stemming of crime and violence. All these analyses and justifications are made through data.

Those in the substance abuse prevention field may be involved in collecting data, determining community needs, and analyzing data to determine if programs and practices are effective. Equally important, data is used to ensure informed policy and decision making. These efforts involve the use of several types of data, including qualitative and quantitative data. Noted as a priority by the federal government, the Substance Abuse and Mental Health Services Administration (SAMHSA) has identified "Data, Outcomes, and Quality" as one of the eight strategic initiatives (Initiative #7) laid out in its guiding plan entitled, *Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014*.

Initiative #7: Data, Outcomes, and Quality—Realizing an integrated data strategy and a national framework for quality improvement in behavioral health care that will inform policy, measure program impact, and lead to improved quality of services and outcomes for individuals, families, and communities.

About this publication
This publication focuses on the use of archival survey data and features 12 surveys commonly used by the substance abuse prevention field. A sequence of matrices are provided.

- The first compares the surveys and looks at how and when data are collected, provides access links, and includes analysis tips and features.
- A second matrix provides a quick glance for identifying which surveys ask questions about a particular drug, and shows the specific temporal use category (e.g. 30 day use) for that drug.
- Lastly, there is a matrix telling how each survey's data is aggregated (National, State, Regional, County, Local). It also indicates whether the database is web-based with interactive utility for further analysis and cross-tabulation, and whether the data is collected by ethnicity.

A Glossary of terms helps to define many of the common data terms use in the publication.

*More resources for data use can be found on the CPI website, www.ca-cpi.org. Specifically relevent is the publication series Strategic Prevention Framework Tip Sheets.

Data Sources

Data Source	Monitoring The Future	National Survey on Drug Use and Health	Youth Risk Behavior Surveillance System	California Healthy Kids Survey	California Student Survey	California Safe and Healthy Kids Program
Survey Acronym or alternative term	MTF	NSDUH	YRBSS	CHKS	CSS	CA - SHKP
Purpose	To study the behavior, attitudes, and values of American secondary school students	To provide national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States	To monitor priority health-risk behaviors, including tobacco, alcohol, and drug use, risky sexual behavior, and the prevalence of obesity and asthma among youth and young adults	To assist schools in developing effective health and youth development programs to prevent risky behaviors and promote positive youth development, resilience, and wellbeing	To monitor and prevent adolescent risk behaviors and promote positive youth development, health, and well-being	To monitor the use of prevention programs in California schools
Survey Respondents	Individuals in grades 8, 10, 12	Individuals aged 12 and older	Individuals in grades 9-12	Individuals in grades 5, 7, 9, and 11	Individuals in grades 7, 9, and 11	Local Education Agencies
Type of Sample/Sample Size	Nationally Representative, approximately 50,000/yr	Nationally Representative, approximately 70,000/yr; State Representative, 3,600/yr in California	Nationally representative, approximately 14,000/yr	Representative at the school district-level for California students in grades 7, 9, and 11, approximately 700,000/yr, convenience sample for students in grade 5, approximately 200,000/yr	Representative statewide sample of students in grades 7, 9, and 11, approximately 14,000/yr	Convenience sample of schools in California, schools that receive funds from the Title IV Safe and Drug-Free Schools and Communities or Tobacco Use Prevention Education are required to participate
Data Collection	Annual -1975-present	Annual-1988-present	Biennial 1991-2007	Annual 2002-Present	Biennial 1985-Present	Annual 2006-Present
Waves of Data	34	21	9	6	12	3
Access	http://www.icpsr.umich.edu/cocoon/SAMHDA/STUDY/25382.xml	http://www.icpsr.umich.edu/cocoon/SAMHDA/STUDY/26701.xml	http://www.cdc.gov/HealthyYouth/yrbs/data/index.htm	http://www.wested.org/cs/chks/print/docs/chks_samplereports.html	http://www.wested.org/cs/we/view/pj/572	http://hkar.duerrevaluation.com/ar09index.htm
Triangulation Tips	Compare to CSS at the state level and CHKS at the school, district, and county level	Compare to CSS at the state level and CHKS at the school, district, and county level	Compare to CSS at the state level and CHKS at the school, district, and county level	At the local level compare data to other schools, schools districts, or counties with similar demographics. At the state level compare to CHKS aggregate data and CSS. At the national level compare to YRBSS and MTF.	At the state level compare to CHKS aggregate data. At the national level compare to YRBSS and MTF.	Link school, district, or state level treatment data with the CSS or CHKS ATOD use and risk/protective factor data to extrapolate information about treatment efficacy
Descriptive/Predictive	Both	Both	Both	Both	Descriptive	Descriptive
Risk/Protective Factors	Parental influence, self-esteem, attitudes toward religion, educational aspirations, exposure to violence and crime	Neighborhood environment, illegal activities, drug use by friends, social support, extracurricular activities, and perceived adult attitudes toward drug use and activities such as school work	Risky sexual behavior, nutrition, physical activity, injuries	Caring Relationships, High Expectations, and Opportunities for Meaningful Participation in the school, home, community, Caring about Relationships, High Expectations with their peers, Cooperation and Communication, Empathy, Problem Solving, Self-efficacy, Self-awareness, Goals and Aspirations, school connectedness and achievement, school violence and safety, gang involvement, physical and mental health, relationship violence, grades	School climate, physical health, and youth resilience or developmental assets	Caring relationships, school safety, high expectations, meaningful participation, truancy, number of pregnant/parenting minors, parent involvement in school activities

Bach Harrison Youth Survey	National Survey of Substance Abuse Treatment Services	Drug Abuse Treatment Outcome Studies	Collaborative Psychiatric Epidemiology Surveys	The Partnership Attitude Tracking Study	California Health Interview Survey
Prevention Needs Assessment Youth Survey	N-SSATS	DATOS	CPES	PATS	CHIS
To gather data to plan prevention and intervention programs to combat alcohol, tobacco, other drug use, and violence in schools and communities	To collect information from all facilities in the United States, both public and private, that provide substance abuse treatment	To advance scientific knowledge about the effectiveness of drug abuse treatment as it is typically delivered in the United States	To collect data about the prevalence of mental disorders, impairments associated with these disorders, and their treatment patterns from representative samples of majority and minority adult populations in the United States	The Partnership for a Drug Free America's contribution to the field of substance abuse prevention with the largest drug-related attitudinal tracking study in the US	To give a detailed picture of the health and health care needs of California's large and diverse population
Individuals in grades 6, 8, 10, and 12	Agencies that provide AOD treatment	Individuals aged 18 and older	Individuals aged 18 and older	Adolescents in grades 7-12 and parents of children in grades 4-12	Adults, teens and children
Convenience sample of participating schools, school districts, and states	Nationally representative, approximately 13,700 agencies; State representative, approximately 1,700 agencies in California	96 treatment programs, approximately 10,000 clients at intake and 4,300 clients at follow-up in 11 representative mid-size and large US cities including San Jose, CA	Nationally representative, approximately 20,000	Nationally representative, approximately 6,500 adolescents and 1,000 parents	Statistically representative sample of adults, teens, and children in the state of California, approximately 50,000 adults, 3,600 teens and 10,000 children
Variable depending on funding	Annual-2002	1991-1998, Intake, 1, 3, and 6 months during treatment, 12 and 48 month follow-ups	2001-2003	Annual-1987	Biennial-2001
Variable	7	6	1	20	4
http://www.bach-harrison.com/BHResources/PNASurvey.aspx	http://www.icpsr.umich.edu/cocoon/SAMHDA/STUDY/26221.xml http://wwwdasis.samhsa.gov/webt/tedsweb/tab_year.choose_year_state_profile?t_state=CA	http://www.icpsr.umich.edu/cocoon/SAMHDA/STUDY/02258.xml http://www.datos.org/	http://www.icpsr.umich.edu/CPES/data.html	http://www.drugfree.org/Portal/DrugIssue/	http://www.chis.ucla.edu/get-data.html
	Link state level treatment data with the CSS or state level CHKS ATOD use and risk/protective factor data to extrapolate information about treatment efficacy		This project links three nationally representative surveys: the National Comorbidity Survey Replication (NCS-R), the National Survey of American Life (NSAL), and the National Latino and Asian American Study (NLAAS)	Compare risk/protective factor data with sources such as CHKS and Bach Harrison Youth Survey	
Both	Descriptive	Predictive	Both	Descriptive	Both
Community attachment, laws and norms, availability of drugs and handguns, opportunities and rewards for prosocial involvement, poor family management, family conflict, family history of antisocial behavior, parental attitudes toward drug use and antisocial behavior, family attachment, academic performance, commitment to school, rebelliousness, interactions with antisocial/prosocial peers, gang involvement, depressive symptoms, religiosity, social skills, morals, need for treatment, antisocial behavior, peer attitudes toward drug use and antisocial behavior	N/A	Employment status, work history, and income, criminal justice status, living situation, and child custody status, mental health, and psychiatric diagnosis, medical and health-related data, HIV risk behaviors	Social networks, acculturative stress family conflict, religion, psychological and health resources, personality, neighborhood, marital status, marital conflict, language proficiency and preference, discrimination, family cohesion, family history of substance use and abuse, personal and family history of psychiatric problems, childhood demographics, and symptoms and diagnosis of psychiatric disorders	Knowledge of risks of drug use (e.g., becoming addicted, acting stupid, being paranoid, becoming lazy, getting depressed, dying, etc.), attitudes toward drug use, perceived availability of drugs, computer use, family history of drug abuse and intervention, ethnicity, language, parents' self confidence, parent perceptions of risk of drug use, parents conversations with children	Health status (e.g., height, weight), health conditions (e.g., asthma, diabetes), mental health status and services, health behaviors (e.g., dietary intake, physical fitness), women's health, cancer history and prevention, dental health, food environment, neighborhood and housing, emergency preparedness, access to and use of health care services, health insurance, public program eligibility, interpersonal violence, parental involvement, child care, employment, income, demographics

Please refer to the CPI website for a full matrix of all the topics listed in the glossary. **www.ca-cpi.org**

Type of Drug by Indicator

	Monitoring The Future (MTF)						National Survey on Drug Use and Health (NSDUH)						Youth Risk Behavior Surveillance System (YRBSS)					
	Age at First Use	Past Month Use	30 Day Use	6 Month Use	12 Month Use	Lifetime Use	Age at First Use	Past Month Use	30 Day Use	6 Month Use	12 Month Use	Lifetime Use	Age at First Use	Past Month Use	30 Day Use	6 Month Use	12 Month Use	Lifetime Use
Alcohol			x		x	x	x	x			x	x						
Amphetamines (Stimulants)			x		x	x	x	x			x	x						
Barbiturates (Tranquilizers)			x		x	x	x	x			x	x						
Binge Drinking																		
Cocaine			x		x	x	x	x			x	x	x		x			x
Cough Medicine																		
Crack Cocaine			x		x	x	x	x			x	x	x		x			x
Ecstasy			x		x	x							x		x			x
GHB			x		x	x												
Hallucinogens			x		x	x	x	x			x	x	x		x			x
Hashish			x		x	x												
Heroin			x		x	x	x	x			x	x	x		x			x
Illegal Drugs (Other)																		
Inhalants							x	x			x	x	x		x			x
IV Drugs													x		x			x
Ketamine																		
LSD			x		x	x												
Marijuana			x		x	x	x	x			x	x	x		x			x
MDMA																		
Methamphetamine			x		x	x							x		x			x
Nonmedical Use of Prescription Drugs							x	x			x	x						
Opiates																		
OTC Medications			x		x	x												
Pain Relievers							x	x			x	x						
Phenoxydine																		
Polydrug																		
Prescription Medications			x		x	x												
Psychedelics (Other)																		
Quaaludes			x		x	x												
Ritalin			x		x	x												
School Level Drugs (Other)																		
Sedatives							x	x			x	x						
Smokeless Tobacco			x		x	x												
Steroids													x		x			x
Tobacco			x		x	x	x	x			x	x	x		x			x

California Healthy Kids Survey (CHKS)						California Student Survey (CSS)						California Safe and Healthy Kids Program (CA-SHKP)						Bach Harrison Youth Survey (Prevention Needs Assessment Youth Survey)						The Partnership Attitude Tracking Study (PATS)					
Age at First Use	Past Month Use	30 Day Use	6 Month Use	12 Month Use	Lifetime Use	Age at First Use	Past Month Use	30 Day Use	6 Month Use	12 Month Use	Lifetime Use	Age at First Use	Past Month Use	30 Day Use	6 Month Use	12 Month Use	Lifetime Use	Age at First Use	Past Month Use	30 Day Use	6 Month Use	12 Month Use	Lifetime Use	Age at First Use	Past Month Use	30 Day Use	6 Month Use	12 Month Use	Lifetime Use
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Data Aggregation

	Data Aggregated by							
Data Source	**National**	**Regional**	**State**	**County**	**Local**	**Cross-tabs**	**Ethnicity**	**Data Formats**
Monitoring The Future (MTF)	Yes	No	No	No	No	Yes	Yes, 7 categories	ASCII, SPSS, SAS, STATA, Tab separated
National Survey on Drug Use and Health (NSDUH)	Yes	No	Yes	No	No	Yes	Yes, 7 categories	ASCII, SPSS, SAS, STATA, Tab separated
Youth Risk Behavior Surveillance System (YRBSS)	Yes	No	No	No	No	No	Yes, 5 categories	ASCII, SPSS, SAS
California Healthy Kids Survey (CHKS)	No	No	Yes	Yes	Yes	No	Yes, 7 categories	PDF tables, or SPSS for a fee
California Student Survey (CSS)	No	No	Yes	No	No	No	Yes, 7 categories	Online biennial reports
California Safe and Healthy Kids Program (CA-SHKP)	No	No	Yes	Yes	Yes	No	No	Online summary of data
Bach Harrison Youth Survey (Prevention Needs Assessment Youth Survey)	No	No	Yes	No	Yes	No	Yes, 7 categories	Online summary of data
National Survey of Substance Abuse Treatment Services (N-SSATS)	Yes	No	Yes	Yes	Yes	Yes	No	ASCII, SPSS, SAS, STATA, Tab separated, online reports
Drug Abuse Treatment Outcome Studies (DATOS)	Yes	No	No	No	No	Yes	Yes, 6 categories	ASCII, SPSS, SAS, STATA, Tab separated, online reports
Collaborative Psychiatric Epidemiology Surveys (CPES)	Yes	No	No	No	No	Yes	Yes, 12 categories	SPSS, STATA, SAS, online data analysis
The Partnership Attitude Tracking Study (PATS)	Yes	No	No	No	No	No	Yes, 5 categories	Online reports from Partnership for a Drug Free America
California Health Interview Survey (CHIS)	No	No	Yes	Yes	Yes	Yes	Yes, 7 categories	SAS, SPSS, state data formats, online data analysis through AskCHIS

Data Matrix Glossary

Access – provides a link to the web site where the data are stored.

Data Collection – describes when the respondents were interviewed, including the year data collection began and ended, and whether data collection occurred every year (annual) or every other year (biennial).

Waves of Data – lists the number of times data was collected.

Type of Sample

- A sample is representative to the extent that it has the same distribution of characteristics as the population from which it was selected; our ability to generalize from sample to population is critically dependent on representativeness. The data sources in this matrix are representative at the national, state, county, school district, and/or individual school level. Data collected from a nationally representative sample can be generalized to all people living in the US from the same age group. Data collected from a state representative sample can only be generalized to all people living in that state from the same age group.
- Convenience samples are a type of sample that results when availability and willingness to respond are the overriding factors used in selecting respondents. Convenience samples are generally low in representativeness because each person in the population did not have an equal chance of being interviewed.
- The sample size is the number of people interviewed, which is only a subset of the population.

AOD Screening – describes the questions asked about alcohol, tobacco, and other drug use, including frequency of use (how often), quantity of use (how much), substance abuse diagnosis (meets criteria for a disorder according to the Diagnostic and Statistical Manual (DSM)).

Survey Responders– gives a brief description of who responded to questions about substance use.

Data Formats – lists the types of statistical software packages that can be used to analyze the data.

Study Design

- Cross-sectional – research design in which the data was collected from one or more samples of the population at one time.
- Longitudinal – research design in which the same sample of respondents is interviewed more than once.

Descriptive/Predictive

- Descriptive data sources can be used to describe AOD use via frequencies and average levels of behaviors, but not to make predictions about other factors that are related to substance use.
- Predictive data sources provide access to raw (original) data which gives researchers the opportunity to make predictions about people's average substance use.

Risk/Protective factors

- A risk factor is a condition, context, experience, or individual characteristic for which exposure has been shown to increase the probability that an individual will use substances.
- A protective factor is a resource that decreases the likelihood that an individual exposed to significant risk will use substances.

Manuscripts/reports – provides a link to published manuscripts and reports using the data source.

Triangulation tips – describes how data sources can be studied together to find an overlap in results.

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Visit us online at:

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