

Committee: Executive

Title: State-level Substance Abuse Epidemiology Capacity

Statement of the Problem:

Substance abuse, defined as the abuse of substances such as alcohol and pharmaceuticals, and the use of illegal drugs, has long been recognized as a social and law enforcement problem, but more recently has begun to be considered in the context of public health. Recent reports in the MMWR (1) and from National Center for Health Statistics (NCHS) (2) have documented the major impact of prescription narcotics in the explosive increase in mortality due to fatal poisonings in the US. Alcohol consumption has been estimated to contribute to 75,000 deaths and \$184 billion in economic costs per year in the United States. Impact on youth is also of concern. For example, binge drinking among youth is associated with poor school performance and involvement in health risk behaviors including riding with a driver who had been drinking, being currently sexually active, smoking cigarettes or cigars, being a victim of dating violence, attempting suicide and using illicit drugs (3).

Identification and quantification of the determinants and human health consequences of use and abuse of these substances is an essential first step in prevention. Epidemiology, as the core science of public health, is the basis for public health surveillance and, as such, is essential for the detection, control and prevention of adverse health effects in the population. Substance Abuse and Mental Health Services Administration (SAMHSA) has recently recognized the importance of epidemiology in directing prevention by creating the State Epidemiological Data System (SEDS) <https://www.epidcc.samhsa.gov/>.

The core functions and mandates of public health surveillance, including tracking of adverse health effects from substance abuse, reside principally in states. Unfortunately, state funding to support epidemiologists working on substance abuse is minimal or none in most states. CDC has provided limited support in the area of alcohol use epidemiology by funding two state-level epidemiologists to track alcohol abuse, and has developed tools such as the Alcohol and Public Health website www.cdc.gov/alcohol/; the web-based Alcohol-Related Disease Impact (ARDI) software for calculating state-specific disease burden; funding alcohol consumption questions and modules in the Behavioral Risk Factor Survey (BRFS); and development of a chapter on alcohol in the Guide to Community Preventive Services. In other areas of substance abuse, CDC has been even more limited in its activities, with only one CDC-level epidemiologist in the National Center for Injury Prevention and Control focused in this area, although there appear to be some activities addressing substance abuse related to HIV. A search of the CDC web site revealed no centralized information resources devoted to substance abuse excluding alcohol. SAMHSA has been funding state level epidemiologic work through its Strategic Prevention Framework; however this activity has largely been operating outside the framework of state health departments. The National Institute on Drug Abuse (NIDA) also operates mainly outside state health departments, maintaining its own surveillance system through the Community Epidemiology Work Group (CEWG) <http://www.nida.nih.gov/about/organization/CEWG/>, a network of researchers from major metropolitan areas of the United States and selected foreign countries who "provide ongoing community-level surveillance of drug abuse through analysis of quantitative and qualitative research data. Through this program the CEWG provides current descriptive and analytical information regarding the nature and patterns of drug abuse, emerging trends, characteristics of vulnerable populations and social and health consequences."

Similar to the situation at CDC, substance abuse has no usual 'home' in the traditional CSTE categories of epidemiology, as it is a topic equally related to chronic diseases, injury, and risky

behaviors such as HIV, STDs, and school/youth concerns. The 2006 National Assessment of Epidemiologic Capacity did not address this topic (4).

Statement of the desired action(s) to be taken:

CDC, SAMHSA, the Association of State and Territorial Health Officials (ASTHO) and other partner organizations should advocate on behalf of states in their efforts to train, recruit and retain adequate numbers of substance abuse epidemiologists needed to carry out essential surveillance functions. CDC and SAMHSA will work with its Federal partners and with CSTE to develop a coherent focus for substance abuse information, surveillance activities and resources which will be made available to state and local health departments.

Specific steps to achieve these outcomes should include the following:

- CDC and SAMHSA should encourage all states to achieve a minimum workforce of at least one substance abuse epidemiologist in every state public health agency through establishment and expansion of cooperative agreements to fund state substance abuse surveillance programs.
- CDC and SAMHSA should include language in other/related cooperative agreements that explicitly encourages support for substance abuse epidemiologists and provides mechanisms and opportunities to give states greater flexibility in using categorical funding, including resources from multiple grants, to support these positions. In particular, CDC should encourage collaboration between state programs in chronic disease, maternal and child health, injury control, communicable diseases, and others which address aspects of substance abuse in their mission.
- Mechanisms for capacity development such as, the CDC/CSTE Applied Epidemiology Fellowship Program, Epidemic Intelligence Service, Public Health Prevention Service, and state-based epidemiology training programs should be supported as part of the grant programs using both direct assistance and financial assistance to accomplish the objective of minimum substance abuse epidemiology workforce in each state within five years.
- CDC and SAMHSA should establish performance measures such that, by 2015, all states will meet the minimum workforce requirement of one substance abuse epidemiologist for every state public health department.
- ASTHO and its affiliates (e.g., CSTE) should work for and with states to ensure hiring of needed substance abuse epidemiologists by promoting and maximizing use of funding flexibility and other resources.
- CDC and SAMHSA should reach out to other Federal agencies such as NIDA and NIAAA with common missions in substance abuse surveillance and epidemiology, with the goal of identifying and sharing information and resources that can be used by state public health departments to address substance abuse.
- CDC should develop a central focus or point of contact within the agency for substance abuse information, surveillance activities and resources.
- The voluntary national accreditation program for state and local health departments under development by the Public Health Accreditation Board (www.exploringaccreditation.org/index.html) should address substance abuse epidemiology capacity.

Public Health Impact:

Support of substance abuse epidemiology will enhance the ability of states to prioritize, plan, promote, implement and evaluate evidence-based interventions. This will prevent development of and reduce diseases, injuries and other adverse outcomes associated with substance abuse.

References

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3. Miller, JW, Naimi TS, Brewer RD, Jones SE. Binge Drinking and Associated Health Risk Behaviors Among High School Students. Pediatrics. January 2007; 119 (1): 76-85.

4. CSTE. 2006 National Assessment of Epidemiologic Capacity: Findings and Recommendations. Available at www.cste.org

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