Improving Substance Abuse Epidemiology Capacity in States

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Need for State-based Epidemiology Capacity

- Major state differences for key indicators
  - Relative frequency of drugs causing overdose death varies by state and over time
  - Drinking patterns vary by state
- Prevention opportunities vary by state
- Substance abuse epidemiologists influence other epis within the state to work on substance abuse issues in their areas

Population-based Approach to Substance Abuse

- Epidemiology in a state health department typically has a population based focus
- There is a need for population-based surveillance and also population-based interventions to address substance abuse

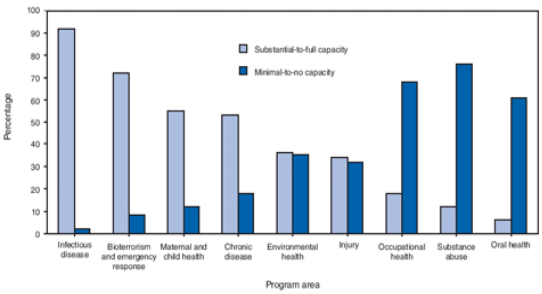
Different State Structures for Addressing Substance Abuse

- State substance abuse agency and public health agency
  - Can be the same but more commonly different agencies
  - New Mexico has had both configurations over the last 10 years
  - State substance abuse agency has more resources directed at substance abuse but mainly for treatment

CSTE Epidemiology Capacity Assessment

- Survey through state epidemiologists
- Does not usually assess capacity at state substance abuse agency
- Substance abuse epidemiology capacity first assessed in 2009
  - Will be assessed again in 2012

2009 Epi Capacity by Program Area



Substance Abuse Epidemiologists

- 6.3 (0.4%) out of 1544 epidemiologists working as substance abuse epidemiologists
- Additional need estimates – 65 FTEs working in substance abuse epidemiology
  - 65 X $90,000 = $5,850,000
- Existing + needed = 1.4 substance abuse epidemiologists/state
  - If this need met most states would hopefully have at least one substance abuse epidemiologist

SA Epidemiology Capacity in NM

- Substance Abuse Epidemiology Unit formed in 1991 with money from the state behavioral health agency to evaluate substance abuse treatment
  - Initially three staff
- Three Center for Substance Abuse Treatment State Treatment Needs Assessment Program grants 1993-2005
  - Nine years of funding $200,000-300,000 per year – increase to 5 staff
- State alcohol excise tax money for DWI programs provided for screening and tracking of DWI offenders – 1997
- CDC funding for alcohol epidemiologist in 2002
- SPF-SIG funding from SAMHSA for prevention epidemiologist

Current Capacity in NM

- Drug Epidemiologist
  - Funded by state substance abuse agency using MOA
  - Drug overdose surveillance and assists with Block Grant Treatment Needs Assessment
- Alcohol Epidemiologist
  - Funded by CDC
  - 100% population-based focus

One SA Epi in a State - Role

- Focus on both alcohol and drugs
- Ongoing surveillance
  - Mortality
  - Hospitalization
  - BRFSS
  - YRBS
- Special studies
- Using data for prevention
- Liaison to state substance abuse agency

CDC-CSTE Applied Epidemiology Fellows

- Fellows currently in Georgia and New Mexico
  - Michigan fellow to start soon
- Need more states to develop assignments and apply for a fellow
  - Generally the more assignments the more fellows
  - Apply by November 2010

Recommendations

- Establish baseline substance abuse epidemiology capacity in states working with NASADAD to include SA agencies
- Increase the number of CDC-CSTE substance abuse epidemiology fellows
- Obtain federal funding to provide at least one substance abuse epidemiologist in each state
- Explore ways to include mental health epidemiology work

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