

**State Epidemiological and Outcomes Workgroup (SEOW)**

**Meeting Minutes  
May 19, 2006**

In attendance: Eric Wright, Karla Carr, Megan Chaille, Terry Cohen, Niki Crawford, Maggie Lewis, Kathy Lisby, Robert Teclaw, Josh Ross (for Amanda Thornton), Rick Vandyke, Janet Whitfield-Hyduk, Mary Lay, Kim Manlove, Shelia Nesbitt, John Viernes, Barbara Seitz de Martinez, Harold Kooreman, Rachel Thelin, and Marion Green.

Eric called the meeting to order at 9:15 a.m. Introductions were made as there were new members attending.

Eric began the meeting by reviewing the discussion of the previous meeting which was that youth and alcohol in Indiana seemed to be a concern. The group had come to a consensus that youth would be the focus. Barbara Seitz-Martinez indicated that both alcohol and tobacco should be seen as gateway drugs for more serious drugs. Barbara reminded the group that if emphasis is placed on stopping alcohol and tobacco use, it can prevent other, more serious drug use.

For the benefit of the new attendees, Eric gave a brief review of the manual and the slides provided by CSAP. Eric continued by indicating that states vary in how they have emphasized the issues of size/magnitude, time trends/other comparisons, severity, economic/social impact, capacity, and changeability. Eric further indicated that capacity and changeability are both downstream events and that the primary focus would be on the first four points of size/magnitude, time trends, severity, and economic/social impact based on the data which is available, identify the trends, and then the capacity we have to change those trends. Eric pointed out that for him, getting a sense of size and magnitude of problems/consequences is most important. As part of the discussion, Eric directed the members to the revised mortality table (Table 1 from the meeting of 05-05-06). The table had been modified to reflect the differences between Indiana and the United States that are statistically significant differences. Some of the results indicate that alcohol-related cirrhosis is significantly lower in Indiana than in the nation. Indiana is higher than the nation in drug-related deaths. Eric reminded the group that we had also shaded differences which we thought were substantively significant. Eric asked the group to consider if the group would have a rule that they would be comfortable applying when evaluating the issue of size and magnitude or if members of the various state agencies used criteria to evaluate high and low magnitude in other data analysis projects.

John Viernes rephrased the question for the group by asking how communities chose to make decisions about outcomes: do they use data or the actual events they feel are important?

Mary Lay wanted to know if we are focusing on events or on data to drive the project.

Eric replied to both questions by indicating that he believes the data should be driving the decisions. The idea is to make decisions by looking at the data rather than make a decision beforehand. Eric again brought the group back to the issue of statistical versus substantive significance. He asked the group to think about whether we want Indiana to become more like the U.S. Do we want to consider areas where Indiana is lower than the U.S.? Maybe focusing on areas where Indiana is lower is a priority for other reasons.

Bob Teclaw pointed out that from his perspective when he thinks about things that are data driven, he does not see the process as just looking at the data as if it is going to tell us what to do but rather the data should be consulted to help inform policy and other decisions.

Eric replied that his was an excellent point. Eric reiterated his request for guidance from the group as to what should be considered high and what is low magnitude. Eric further told the group that he was aware that providing more and more tables of data would probably lead to more confusion. He asked the group to think about how the data could be winnowed down so it would be easier for the group to make decisions. Eric asked the group to make a judgment call about the information that would be most useful. Did the group want only statistically significant differences reported? If the group also wanted to deal with substantive differences then Eric pointed out that a rule would be needed to evaluate what a substantive difference is.

Martha Payne replied that she thought the group should go with statistically significant differences because that was "short and sweet" and policy makers want something definitive that is really based on the data.

As the group did not indicate any obvious disagreement with Martha's statement, Eric proceeded by saying that the basic logic model in that case would be to go through each of the datasets that we obtain and try and find statistically higher consequences from the national average as a way of identifying potential consequences to track over time. Eric also reemphasized Bob Teclaw's caveat that the data should be used to guide and not make definitive decisions.

Mary Lay asked if we should also focus on areas where Indiana is statistically significantly lower than the nation. She believed we needed to be aware of these areas so we did not take some action that would lead deterioration in these areas.

Nikki Crawford asked if we are comparing Indiana only to national numbers or are we going to compared Indiana to itself over the years? If we are using both approaches, which will we weight more?

Eric replied that focusing on size and time trends are more a statistical decision about whether Indiana is more or less severe than the rest of the nation. We want to focus on size/magnitude and time trends with Martha's point about statistical significance. Eric reiterated the purpose of the meeting was to get some narrowing.

Bob Teclaw returned to the issue of data driven decisions and statistical significance. He gave the example that smoking was responsible for immense health effects. Bob reported that Indiana is at the high end of smoking when compared to the nation. However, Bob believed that even if Indiana were in the middle of the pack, that smoking would still be a good place to spend money because it does have a major impact. Bob said that we need to focus on clinical significance as to the level of impact which may not show up in statistical significance.

Nikki Crawford brought up the point of financial issues. Nikki gave the example of imported versus manufactured meth, which is more expensive. Manufactured meth is clearly more expensive. Nikki indicated that it is hard to narrow down the actual cost of smoking. When we are looking at the data when all that is whittled down to the top 15 most significant, whether high or low, maybe the cost/impact issues should be looked at. Maybe we can look at the bigger issue.

Eric brought the focus back to consequences and indicated that it would be easier to make the downstream argument (about long-term costs) using the literature. Eric said we have to have logic to support what we do. Eric went on to say that the consequence model is a good model. It can be seen as a harm reduction model. Everyone has to understand that we are not going to eliminate substance use. We may be able to reduce the negative consequences of substance use. We are focusing on the more severe consequences.

Janet Whitfield-Hyduk wanted to know if the focus was on alcohol and tobacco exclusively or using the data (from more local areas) well like marijuana because in my area it is a big issue and we have done a good

job with tobacco. Alcohol is still the gateway drug but I want to throw out the marijuana issue because in the communities I serve marijuana is the issue especially seventh and eighth grade.

Mary Lay followed up by pointing out the importance of looking at consequences because one can expand out to a broader range of drugs than just alcohol and tobacco. Mary also brought up looking at financial and social consequences.

Eric replied that social and financial consequences are hard to get. Eric said he was trying to focus on consequences where data is easy to get. Eric did not want the communities to take a year and a half to get through the process. We also want to be able to help the communities understand the data. The logic we pursue has to lead to some recommendation we can submit to the counsel to inform the process and we need to do this in July.

Mary Lay said that we need to justify at the local level why we are doing "A" versus what the community perceives as the biggest problem.

Eric said this is why we need to continue this conversation. He wanted to figure out how we use the data to tackle the issues so we can say how we came to the decision.

Barbara Seitz-Martinez said that what we are headed towards are the intervening variables which cause people to use the drug in the first place. Why are people using alcohol, what is the perception of risk and harm, are they looking for the high. If you really want to have people not abuse substances you really need to have a society with a different set of values which go against getting high on a Friday night or values in the family. I think coping mechanisms and healthy lifestyle is going to address these factors. What are the factors in the life of people who use alcohol? We need to go deeper than just the use of the drug.

Eric pointed out that Barbara's statement was dealing with the argument of individual versus structural intervention. We (the treatment community) are good with individual-level intervention but it is hard to make society change or to make structural changes. At least structural and societal change cannot be accomplished in five years.

Barbara Seitz-Martinez said that we need to have intervention during important transition ages, interventions which speak to people at times when they are more vulnerable so we can help prevent some of that (drug use).

Eric brought the discussion back to the issue that being more specific with recommendations is better so that is going to be really important for the group. Eric then summarized the overall discussion by saying that the group will focus on statistically significant patterns over time which are statistically higher or lower than the nation and also cross-sectionally, focusing on age, and that we also need to focus on capacity issues.

Bob Teclaw brought up the point that there are programs for certain drugs, such as tobacco, where things are adequately covered. He wanted to know if we could rule those (drugs) out and focus on something else.

Mary Lay said that we need to focus on what we are not addressing with that particular drug.

Eric said we need to focus on capacity. However, he said he did not think there was a lot of data on capacity such as where funding is being spent for things like obesity and so on.

Bob Teclaw returned to the issue of areas where there is coverage currently. He was wondering that if there is already a major effort in those areas, then adding a small amount of money to that may not have much of an effect.

Eric responded by saying that Bob's issue goes back to where you want to invest your money. Do you want to affect people in the extremes? Obviously, an equity model won't work. As an example, Eric brought up Kentucky and said that Kentucky picked out eight counties, one or two of which were targeted because of their attitudes to alcohol, tobacco, methamphetamine, etc. They were clearly targeting the outliers. Epidemiologically, you can affect the overall state rates if you can affect the outliers. That would change how the money is distributed. Maybe it would all go to Marion and Lake Counties.

Nikki Crawford wanted to make sure she understood the goal of the SEOW. She believed that the SEOW is creating a framework that we want to recommend to the other committee (the council) about how the money is to be spent and the local communities are to take the money and fit it into the framework which the counsel presents.

Eric agreed that this is the right framework. Everyone else reported that this is also what they believed the SEOW's goal to be.

Nikki Crawford continued by saying that we (the SEOW) are not creating the programs, we are creating the framework.

Eric said that part of the framework is to address capacity on the local level and either increase or add to the capacity. Maybe it would be to tack on alcohol or methamphetamine intervention to a tobacco program which is already working. This, however, would be more of a philosophical and programmatic decision. The more you give someone the message, the more impact you will have.

Sheila Nesbitt continued by saying that when CSAP and SAMHSA were looking at the grant and wanting data driven decisions, their line of thinking was that they wanted states to focus on underage drinking. In some ways, CSAP and SAMHSA think that underage drinking was a problem for most states. CSAP and SAMHSA are kind of thinking that a lot of states have problems with underage drinking. States may be somewhat different but you should focus on underage drinking in your plan. Sheila said that the communities needed to focus on size and magnitude and time trends and this is how priorities are going to be determined. CSAP and SAMHSA want to hear why alcohol is or is not a problem for Indiana. If there is a logical process, Indiana may say that it does not need to spend a penny on underage drinking, which is fine as long as there is logic behind it.

Mary Lay again indicated that just because programs exist, we need to focus on perhaps doing something more, doing something differently, or focusing on what is not being done by programs.

Eric followed up by saying that Sheriff Prisbee wanted the SEOW to focus on meth. Eric said because of that, we do need to look at meth. CSAP wants alcohol and the sheriff wants meth so we need to focus on those two, however, we do not have to establish it as a priority. Eric believed that the group was coming to a consensus or some sort of clarity about focusing on size and magnitude and those we are going to use statistical significant to identify high and low trends. Eric said he would also add severity but wanted to hold off on that till we look at more of the data. Eric stated that New Mexico's focus on death was a focus on a consequence which was of very high severity. Eric said the team may want to focus on high, medium, and low severity. We can use this as a guide to go through the data and bring that back to you at the next meeting.

#### Data Reports and Data Issues

Eric moved to the next area on the agenda which was the issue of data. Eric passed out tables based on data from the BRFSS that looked at asthma and HIV risk behavior. Eric informed the group that Bob Teclaw

and Roland Gamache would be meeting with him Monday to discuss getting access to the YRBSS data since we currently have little information on youth. Based on the tables using BRFSS data Eric indicated that minorities and minority young men tend to stick out as a sore thumb. Eric pointed out that there will be problems accessing information on drugs which are being pushed by the council because the data is not there (i.e., LSD, opiates, prescription drugs, etc). If the focus remains on alcohol, tobacco, and marijuana then Eric believes we should be in a better position in terms of data. Eric informed the group that he had as yet not received the STNAP dataset, which though it is not county-level data, does provide more detailed information on youth drug use than many of the other sources we have access to. Eric said the STNAP will be the next data set to be analyzed. The analysis will look like what we did for the BRFSS, focusing on what consequences are available. Eric asked for thoughts or reactions.

Martha Payne was unclear whether a final decision had been made on our analysis plan. She asked if we were comparing Indiana to the U.S., or Indiana to itself over time.

Eric indicated that we will be doing both comparisons of Indiana to US and Indiana over 3 years. Eric continued by saying another possibility could be to do comparisons at a regional, county, and state level. What is the most optimistic if we get down to stage four? Is that important to do for the purpose of our initial set of priorities for the communities? We do need to have a preliminary set of priorities by July. Do we want to compare Indiana to the Midwest (Ohio, Illinois, Kentucky)?

Josh Ross did not believe that we should go with the Midwest comparison because of Indiana being somewhat "quirky" and believed focusing on national comparisons is best rather than to other states.

Eric reported based on the discussion that the work plan would be modified to stick with national comparisons as opposed to worrying about discrete comparisons within the regions. We will also stick with the county level comparisons (counties compared to state) to identify the outliers. We will have two stages: state versus the US and then counties compared to the state.

Eric moved down the agenda to focusing on datasets which should be of high priority. Eric reported that the STNAP would be the next dataset to be analyzed but wanted feedback from the group about the two or three data sources which would help the group determine the priorities. Eric said it was necessary to determine which data sources were most important because the group needed to focus on as many consequences from the consequence matrix as possible. In the long term, we would like to focus on all the consequences but for now, where would the team go to get data to make preliminary recommendations?

Terry Cohen replied that the third item on the list, the IPRC Alcohol Tobacco and Other Drugs surveys were very important. He considered them extremely important for what he and his agency does.

Eric indicated that he thought there were problems with the school survey. The main issues were that the sample was not a random, voluntary sample. The SEOW needs to be aware of the limitations, however, if that is where the group wants to go, then that is where we will go next.

Barbara Seitz-Martinez followed up by saying that the IPRC does not put much confidence in the county level data, however, the survey would be good for tracking state changes over time due to the large sample size. The biggest value of the survey from her perspective is for local schools as they can see changes over time. If you want to look at counties from year to year, you may have urban school and then a couple of rural schools, thus comparing on a year-to-year basis for counties is meaningless. For a specific school system, comparing year to year can have extreme value. For the state, again, you can see patterns because of the high participation, it is not 100 percent but it does have a huge participation rate, which should make the survey useful.

Janet Whitfield-Hyduk agreed that if the survey is a good picture of the state, then we should be looking at it.

Sheila Crawford questioned whether the data looks at consequences and does it link the consequences to use or does the survey focus strictly on use.

Mary Lay replied by saying that the survey covers the NOMS, and things like had the young person ridden in a car with someone who was drinking. Mary also said there were a few family-related questions, questions about after school activities, and attendance at school. She believes that the survey will guide the SEOW in looking for information elsewhere but it won't give the SEOW all the answers that it wants.

Eric asked the group to think about where data is available and that the SEOW should be suggesting to the state how and where they can collect better data over time.

John Viernes returned to the school survey. He wondered since we cannot generalize the data from year to year because of the nonrandom sample, and we can't assume validity just because we have a large sample size, how do we go about collecting the school survey data using a new method? John believed that the data needs to be gathered because it is great data but to move the survey forward we have to change the collection method.

Eric replied that this was exactly his point, and that as data sets are discussed, gaps will be noticed. He indicated that discussing data sets and finding gaps are part of the larger process. We can use the recommendations that are developed in the SEOW as a way to move data collection forward during the grant period.

Barbara Seitz-Martinez informed the group that the IPRC was in a discussion with the Department of Education regarding getting a random sample.

Eric responded by saying that hopefully the discussions the SEOW is having regarding data availability and data quality will lead to similar discussions across various agencies and that hopefully, the SEOW can help guide this process so as to ultimately get better, more reliable data.

Barbara Seitz-Martinez related that more consequence-type data should be arriving at the IPRC soon. The IPRC has obtained several databases which include hospital data and physician data. The information will be able to be integrated into mapping systems. Some of the information will include things like tobacco-related illnesses, doctor visits, etc. Barbara believes the databases will provide good information about medical consequences.

Eric pointed out that this is a treatment versus prevention issue. Treatment data is actually quite readily available. However, Eric reminded the group that treatment is a more down-stream consequence; it takes a person a rather long time before they actually get involved in treatment. The group may want to focus on more up-stream consequences, things that pop up more quickly.

Mary Lay agreed saying we may want to focus on things that are more immediate like crime or arrests.

Eric followed up by indicating that the group may want to prioritize along more upstream consequences. If the goal is to stop downstream consequences, maybe we should focus on the more immediate consequences of substance abuse; like missing school, something that would occur before the person gets into more serious trouble. If we focus on treatment, there will be little impact on prevention. Focusing on more immediate consequences will affect the data that is used. The TEDS may not be the most important data to look at right away as it focuses on down stream consequences. Eric then asked the group to think

about data that would be more relevant to upstream consequences that should be at the top of the list for the SEOW to try and get.

Mary Lay volunteered the Department of Education data. It would contain information on expulsions, suspensions, etc.

Karla from DOE said that this data is collected on individual students and is available for three years.

Eric replied that we should focus on the DOE data as it targets the younger population.

Karla further informed the group that the DOE data does include distinctions for drug, alcohol, and weapons-related issues.

Mary Lay elaborated that it would be important that if the group looks at expulsions, to look also at test scores and see which ones are being affected most by the alcohol or drug expulsions.

Eric said he was not sure if you can focus specifically on a single school or write an RFP for just schools.

Barbara Seitz-Martinez added that schools may already have programs in place especially if they have a large alcohol problem.

Eric followed up to say that since school data can be collapsed by county, it should be at the top of the list of data sources.

Bob Teclaw was wondering that if a school is very diligent in ferreting out kids who are drinking or have firearms, they may show higher rates because of their diligence in targeting problems. Bob said this goes back to how the data were collected. The method of data collection could indicate a problem when in fact there really is not one.

Eric raised the point of what to do when two different datasets tell someone two different things. Eric said that this goes back to the measurement issue. Maybe there is a real difference, maybe not. Eric indicated that most of the SEOWs only go so far when they look at the data and then use a sort of logic or gut feeling of how things go together. Epidemiological data can only go so far for testing models and there will be a lot of limitations based on the data and these limitations need to be acknowledged.

May Lay brought up the issue of policy changes and that perhaps the SEOW needs to make recommendations on how the system should change, such as coming up with and agreeing to a uniform method of doing things such as using uniform death certificates and other similar things that would improve the data collection and service system in the long haul.

Eric responded that the SEOW's recommendations don't need to be for client or individual level interventions. The recommendations could also be for structural intervention. As an example, Eric brought up the methamphetamine data and looking at the impact ephedra restrictions have had. The data indicate a big impact on production, but it did not cost the state a lot. Eric sees three levels of recommendations: data collection recommendations, legislative recommendations, and then programmatic recommendations regarding the target.

Barbara Seitz-Martinez stated that one thing the SEOW could do to create clarity about available data was to note the data's limitations and also to note contextual factors that can make the data more meaningful.

Eric suggested adding more items to the data weaknesses column and that the updated table would be available on the web. Eric continued by indicating that school data may not be the best data source to go to next. Eric proposed that the STNAP Adolescent Substance Abuse Survey should perhaps be next, although it was only done in 2003.

John Viernes indicated that there was a survey conducted by the Bowen Center in 1997 that might be useful.

Mary Lay and Barbara Seitz Martinez said the IPRC did part of the Bowen Center survey and they may have the data. Both said that they will look for it. Both said that the survey was done before the STNAP was initiated. There is enough comparability between the two. Mary and Barbara also mentioned a Prevention Needs Assessment that looked at social indicators. The data is available in hardcopy, but neither were sure if it was available in an electronic format.

John Viernes replied that the state had difficulty getting the study done the final year.

Mary Lay responded that this data may be a good source of social indicators for consequences.

Eric agreed and asked if perhaps those of us from Indianapolis could go to Bloomington to explore this data. Mary said that she will look for the data.

Sheila Crawford brought up the FARS and looking at alcohol related motor vehicle crashes. For other states, this has been a primary data source. However, it may not be as valuable to Indiana as the data is lower than the rest of the nation and trending down.

Eric suggested that we look at the FARS at the county level to see if there is a county that is higher or lower. It may be significant to look at accidents at the county level even if the state as a whole is lower than the nation.

Sheila Crawford said that there is an expectation that each state respond to what the FARS indicated. Maybe the information will show that there is no issue, but each state really needs to include a discussion of the FARS.

Janet Whitfield-Hyduk proposed looking at probation data and juvenile justice figures. She said that substance abuse lands a lot of youth in the juvenile centers. Is there a record of what the kids are coming in for in that data? She also said that there are consequences for those behaviors and we should try and get that data as well.

Kathy Lisby said that to get that data, one needs to go to the State Court Administrator and that the contacts would be Ron Moore or Sarah Shoop.

Megan said her agency does not have probation data.

Barbara Seitz-Martinez distributed a table which had information from the BMV which was alcohol related.

Eric pointed out that juvenile records are not kept with adult records but Nikki Crawford indicated that juvenile records are lumped into BMV records. Eric followed up by saying that perhaps this could be a potential indicator but the BMV system starts at 16. For juvenile justice and other such data Eric proposed that the SEOW start by contacting the State Court Administrator and find out more about the Prosecutor Data System.

Kathy Lisby said she will get in touch with someone at the Prosecutor's office to find out more about the data and availability as well as who we can nag about it.

Barbara Seitz-Martinez brought up looking at alcohol outlets.

Shelia Crawford pointed out that this is an intervening variable.

Eric replied that the group may want to focus only on consequences for now and then next year, start looking at intervening variables.

Nikki Crawford asked the group if information that goes to juvenile justice indicate things like formal and informal probation. Does data on informal probation get sent to the state? Nikki indicated that there are a lot of juvenile-related issues that get handled informally.

May Lay said she believed that Monroe County handles a lot of cases this way.

Nikki Crawford said that she knows a lot of kids are put into in-school suspension for underage drinking at proms. That is a big consequence but not something that is tracked.

Eric said that this goes back to data limitations. All the numbers that we get are going to be skewed. That is why the limitations are going to be important. In crime, we know that there is going to be an underreporting. We can say given the limitations that this is going to be an under-reporting of consequences. As long as there a footnote about limitations, then it should be alright. Eric also brought up the idea of triangulation which is having a similar finding across several datasets. Having triangulation can give you greater confidence in your conclusions. If data from several areas say white males in rural counties are having the most problems you can be more confident in that conclusion.

Eric again asked the group about other data sets. He asked about the best database to use to assess youth methamphetamine use.

Barbara Seitz-Martinez said that the ATOD survey does ask about meth use for the last 2 years.

John Viernes replied that the STNAP also had a couple of meth questions.

Eric reported that he and Jim Wolfe found that the rates are too low to do county-level analysis on this. The STNAP used formulas to calculate county level rates, but it was not possible to do this with meth as the overall use rate was too low.

Barbara Seitz-Martinez said that the ATOD survey shows that schools are not seeing use by kids but they are seeing kids whose parents are meth users. The schools are seeing an impact from parents in the home using. The impact for the school system is not youth users but parents.

Nikki Crawford continued by discussing young people who live in labs have numerous health consequences which are just being discovered.

John Viernes continued that DCS might have data about kids being removed from home.

Megan replied that the data only records the removal as due to drugs.

Nikki Crawford said that her agency only has data since January about meth-related removals. Nikki said that they have been mandated to collect data since July about kids being removed from meth labs and how

many had gone to DCS. Potentially data could be collected from July onward. Prior to that, police reports would have to be hand searched for that information.

Eric reminded the group of the standards that needed to be applied to the data used. If the data is hard to use it may not be data that the group should rely on. Eric pointed out that there needs to be overtime data so longer-term trends can be tracked.

Nikki Crawford suggested using the EPIC database as it has more information on children affected, although it is somewhat more generic.

Eric said this goes back to the logic model. While the issue of home removals is important, we are trying to look at upstream consequences. The meth lab may be an upstream consequence for the kid but a downstream consequence for the parent. Do we want to focus on this in the short term.

Nikki Crawford said her focus would be more on the lack of parental support. She believes that if you don't get the parents on board then you won't get the kids on board. Nikki said she was all for the gateway view. If we are going to look at the parent meth use issue then my concern would be to look at the long term health and mental consequences. What do we do for them? When a parent is incarcerated, we have to do something. When a parent goes into treatment, we have got to do something with the family.

Barbara Seitz-Martinez indicated that based on their data, 400 out of several hundred thousand kids reported using meth. The data shows that kids are not starting with meth.

Karla Carr indicated that in the SEOW's plan of cost analysis, wouldn't it better to say we don't have a lot of data for meth, but we can focus on costs. It costs \$3,000,000 for dental work in prison. This is what it will cost our children in the future.

Nikki Crawford replied that if we are focusing on youth then alcohol, tobacco, and marijuana is where we go. If we focus on alcohol, tobacco, and marijuana, then they will not get to meth. However, if we have to focus on meth then I would focus on families. If we have to focus on meth, then this would satisfy the governor.

Eric replied to Nikki that perhaps DCS and her datasets would be important to look at for this particular issue.

John Viernes said that his data show that the people who are getting treatment for meth is going up, especially between 18 to 35 year olds. One patient was 16. This would show up in the TEDS data.

Sheila Crawford clarified that the group seemed to be focusing less on the meth user and more on the meth user's impact to children and that the DCS data doesn't link to meth just links to substances. Sheila wondered if there was a way to get meth user and DCS data linked together.

John Viernes said there was no way to link those data.

Sheila Crawford asked again for clarification about the link to children in the homes of drug users or meth users.

John Viernes said that the data is not in NOMS.

Eric interjected by saying that if there is a unique identifier perhaps data could be merged but that this jumps down to MOU issues which could not be taken care of by July. A link could be possible between

DMH, DCS, and Medicaid data. It is possible to tie kids to parents and kids to consequences. In theory, the data can be linked this way.

John Viernes pointed out that the miss rate for merging is very low.

Eric followed up that this is something down stream. In the short term, Eric believed that the group needs to try and get a hold of DCS data and see if we can get drug removal for kids.

Nikki Crawford said that she can get EPIC data easily and send it to us, however, there is a lot of data which is not reported in EPIC.

Bob Teclaw raised the issue of prescription drugs abuse by kids as being a big problem. He asked if anyone in the room knew about that issue. He summed up an article he read by saying that the gist of the article was prescription drug abuse was as big a problem as any. Unfortunately, no citation was made for the source of the data.

Janet Whitfield-Hyduk agreed that the next big wave of drug problems will be related to prescription drug use.

Mary Lay said that the national data available asks about prescription drugs but not from where you obtain it.

Eric followed up by saying that the article Bob referred to alleges that stimulants are being obtained from other kids while pain pills are from parents.

May Lay asked if anyone knew what the NSDUH said about the issue?

Barbara Seitz-Martinez said she would have to check. She said that the ATOD survey shows a growing rate of prescription drug use.

Eric summarized the data discussion by saying that the group had mentioned the DOE data, the FARS, the STNAP, the YRBSS, crime data from the State Prosecutor's Office (especially for juveniles) as being the most relevant to obtain in the short term.

John Vierenes wanted to find out if we were extending the idea of juveniles up through the age of 30. Was Eric still thinking about pre-adolescents, adolescents, and young adults? John said there is treatment data broken down by prescription drugs. He also said there is data about methadone from all the treatment centers. The methadone data can be broken down by county, sex, and age. John said he could get someone to get us the 2004 and 2005 data.

Eric summarized the goals for the next 30 days as being 1) Eric's group will work through as many datasets as are or become available; 2) the data will be analyzed to look for as many patterns as possible; and 3) the patterns will be studied to see if they can provide any clarity as to priorities. Eric indicated to the group that he or one of his staff will start contacting SEOW members about the data sources mentioned. Eric also brought up the issue of linking data. Eric wanted to be told about any agency specific rules of sharing data, what are the administrative hurdles, how are these overcome, who can be available at specific agencies to help get the issues resolved quickly? If data sets will take time to get, then the counsel will need to know why.

Eric asked for questions. None were asked. Eric then reminded the members that the next meeting was June 16<sup>th</sup> from 9am to 12 noon. The meeting was adjourned at 11:04 a.m.