

# DRIP! Data Rich Information Poor: Linking Questions to the Right Data Sources

Cecil J. Picard Center for Child Development & Lifelong Learning

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## Today's Objective is to identify sources of data responsive to new and recurring questions.

- National Level
- State Level
- Region Level
- Parish Level
- School Level







- Who
- What
- When
- Where
- How
- How many
- •WHY



### See the evidence









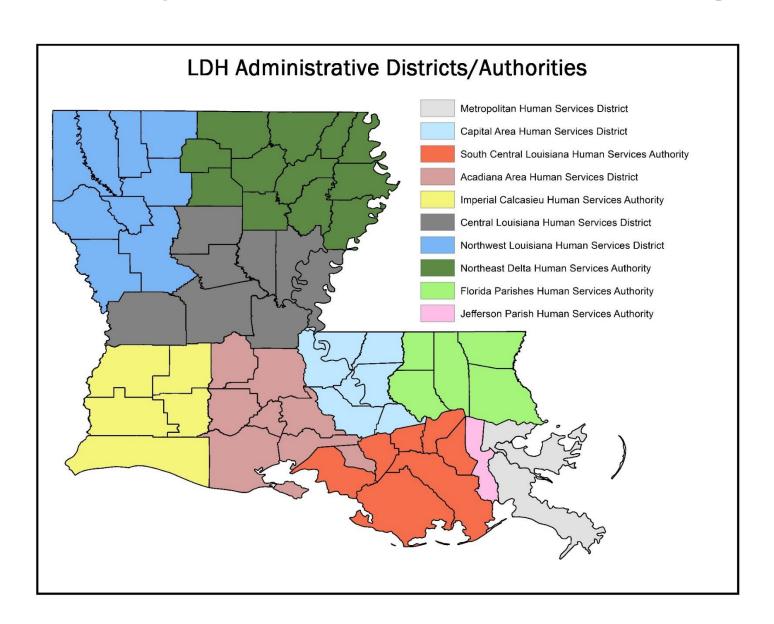








### **State Map of Human Service Regions**



# Substance Abuse and Mental Health Service Administration (SAMHSA)

First and best source for national and regional data www.SAMHSA.gov



### **SAMHSA**

### Type of Data (5)

- 1) Population Data
- 2) Client Level Data
- 3) Substance Abuse Facilities Data
- Mental Health Facilities Data
- 5) Emergency Department Data

### Data level

- 1) State
- Region
- 3) Metro



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SAMHSA has prioritized data, outcomes and quality - realizing an integrated data strategy and a national framework for quality improvement in behavioral health care will inform policy, measure program impact, and lead to improved quality of services and outcomes of individuals, families, and communities. Data helps SAMHSA and the nation assess the impact of the changes to US health care systems and identify and address behavioral health disparities.

#### SAMHSA's Data Integrity Statement



### Type of Data

SAMHSA has the following five data collections:

- » Population Data / NSDUH
- » Client Level Data / TEDS
- » Substance Abuse Facilities Data / NSSATS
- » Mental Health Facilities Data / NMHSS

Learn about SAMHSA's work to establish a National Behavioral Health Quality Framework,

measures review, and other quality-related

- » Emergency Department Data
- » CBHSQ Reports

**Quality Metrics** 

efforts.



### State & Metro Reports

Visit SAMHSA's map of the United States to select your state, region or metro area to find substance abuse and mental health data reports.

- » View By State
- » View By US Census Bureau Region
- » View By Metro



#### Behavioral Health Outcomes

Learn about SAMHSA's partnerships to evaluate behavioral health outcomes.

» Community Early Warning & Monitoring System (C-EMS)

### Fast Finder

- » Topics A-Z Index
- » Browse by Publication Type

#### **Data Archive**

To find reports and data older than 2010, visit the SAMHSA Data Archive: http://media.samhsa.gov/data

### Public-Use Data Files & Online Analysis



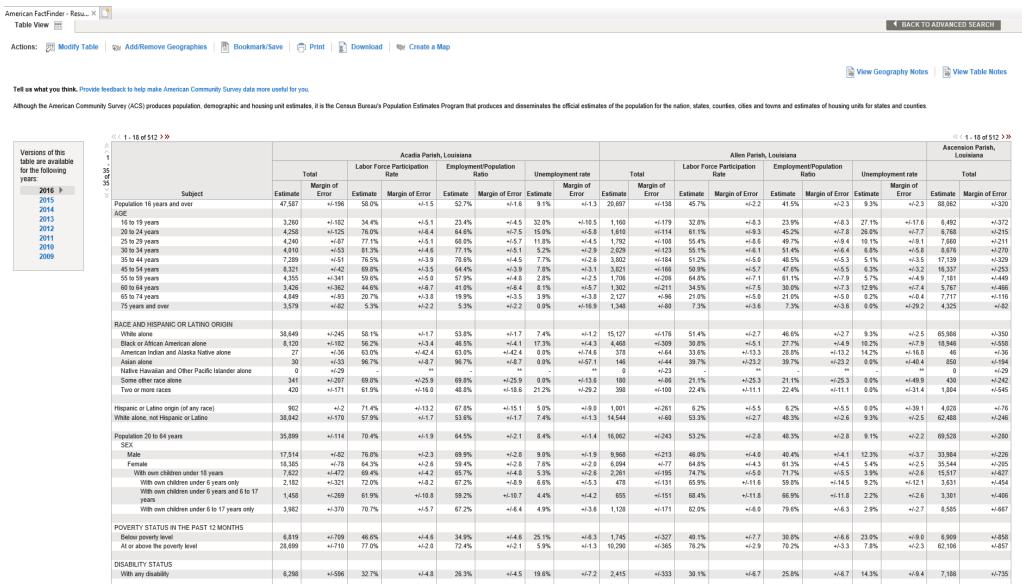
#### **Newest Releases**



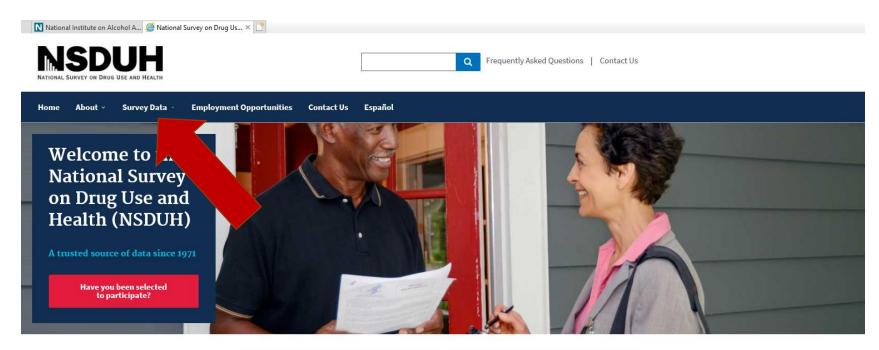
- » Suicidal Thoughts and Behavior in 33 Metropolitan Statistical Areas Update: 2013 to
- » 2016 NSDUH: Race and Ethnicity Summary Sheets
- » Emergency Department Visits Involving the Accidental Ingestion of Opioid Pain Relievers by Children Aged 1 to 5
- » National Mental Health Services Survey (N-MHSS): 2016, Data On Mental Health

### **U.S.** Census

### National level | State level | Parish level | Census tract | Census block group



### National Survey on Drug Use and Health (NSDUH)



### What is NSDUH?

The National Survey on Drug Use and Health (NSDUH) provides up-to-date information on tobacco, alcohol, and drug use, mental health and other health-related issues in the United States.

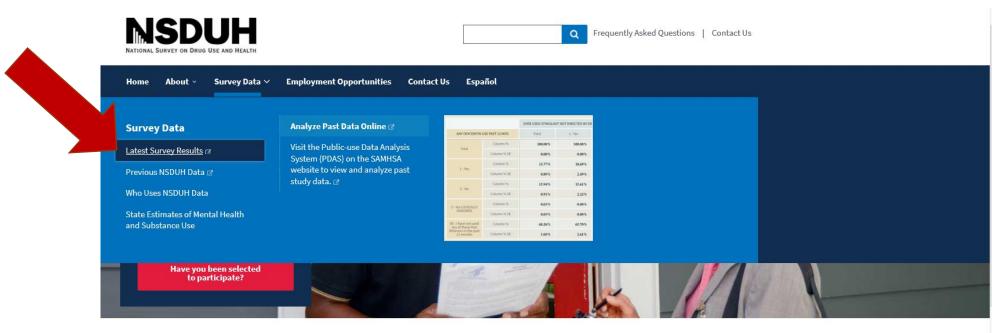
NSDUH began in 1971 and is conducted every year in all 50 states and the District of Columbia. This year almost 70,000 people will be interviewed for this important study.

Information from NSDUH is used to support prevention and treatment programs, monitor substance use trends, estimate the need for treatment and inform public health policy.





### **NSDUH Reports**



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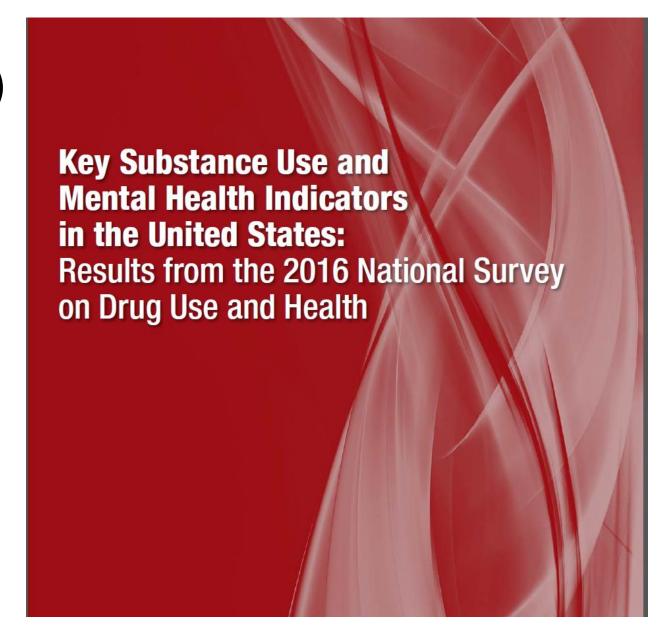
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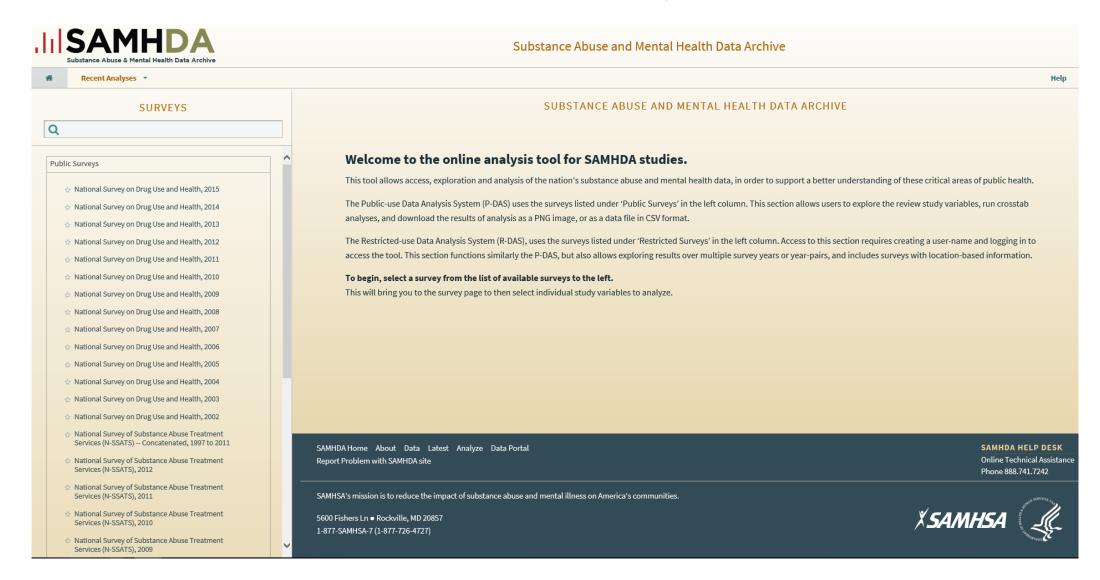


## National Survey on Drug Use and Health (NSDUH)

- National level
- State level



## Online data analysis tool



### **Bach Harrison**

Social Indicators → Louisiana Substance Abuse Prevention Indicator Database → Data Sources

www.bach-harrison.com



**Bach Harrison** 

Founded by R. Steven Harrison, Ph.D., from the conviction that science and research can make a difference in our social well-being, Bach Harrison has grown to see this vision a reality.

Bach Harrison provides expertise in research services, program evaluation, survey administration\*, data management systems, and web-based services to government agencies and to community-based and private organizations.

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\*Bach Harrison provides surveys, analysis and reporting services for the *Communities That Care Youth*\*Survey. For additional information on administering the CTC Youth Survey in your community or state, please contact Director of Survey Services Mary Johnstun.

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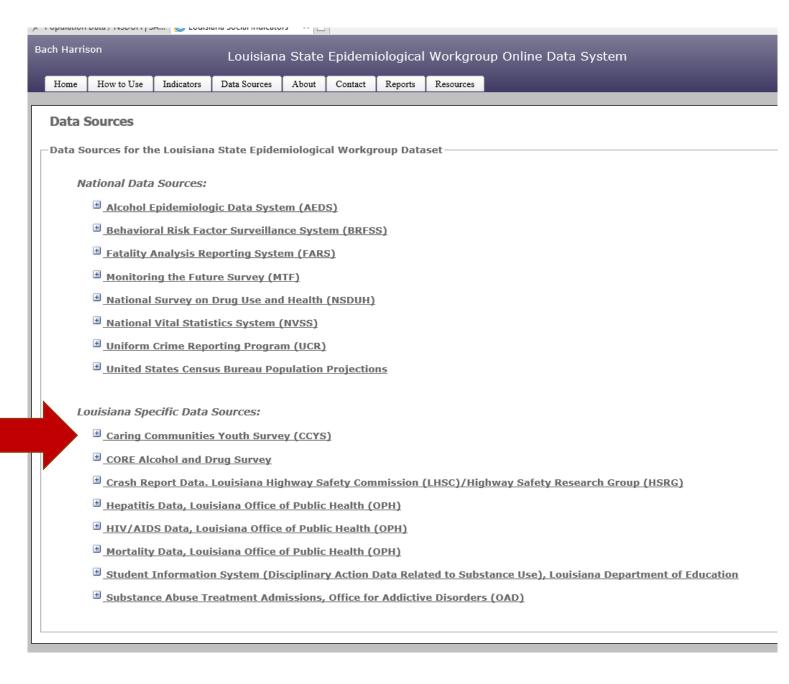
CONTACT INFO



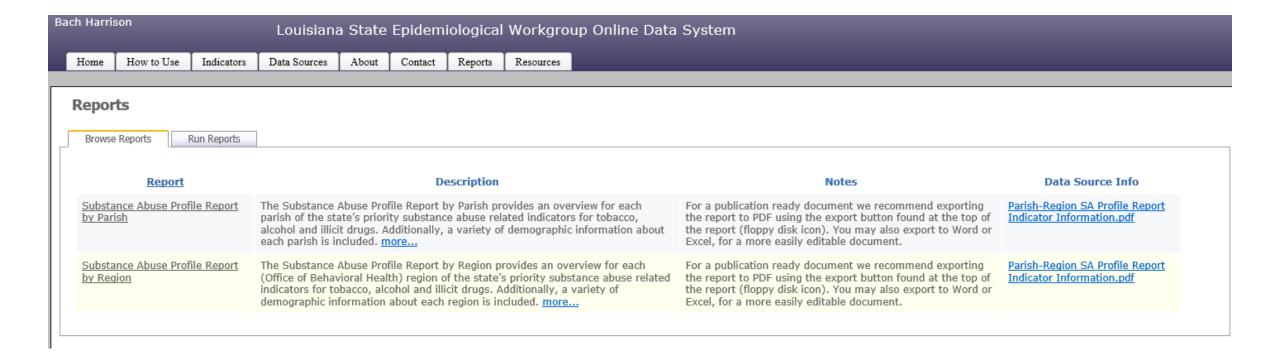
### **Bach Harrison**

- National Data Sources
- Louisiana Specific Data Sources

www.bach-harrison.com

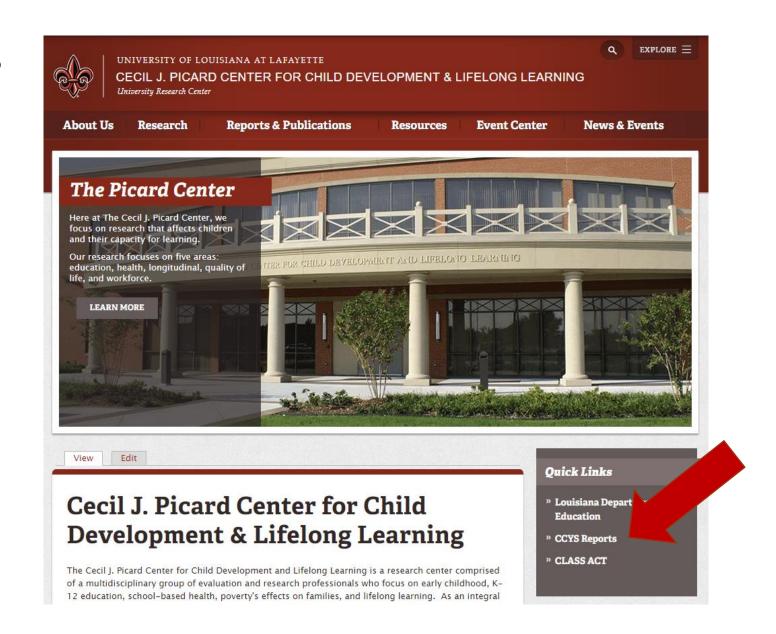


### **Bach Harrison - Reports**



## Access CCYS Reports on our website

www.picardcenter.louisiana.edu



### **CCYS**

Picard Center

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- State Level
- Regional Level
- Parish Level
- School Level

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### **CCYS** Reports

(Please Remember to sign out at the Welcome CCYS Guest prompt at the top right of screen.)

**State Reports** 

**DHH Region Reports** 

**Education Region Reports** 

**Parish Reports** 

**District Reports** 

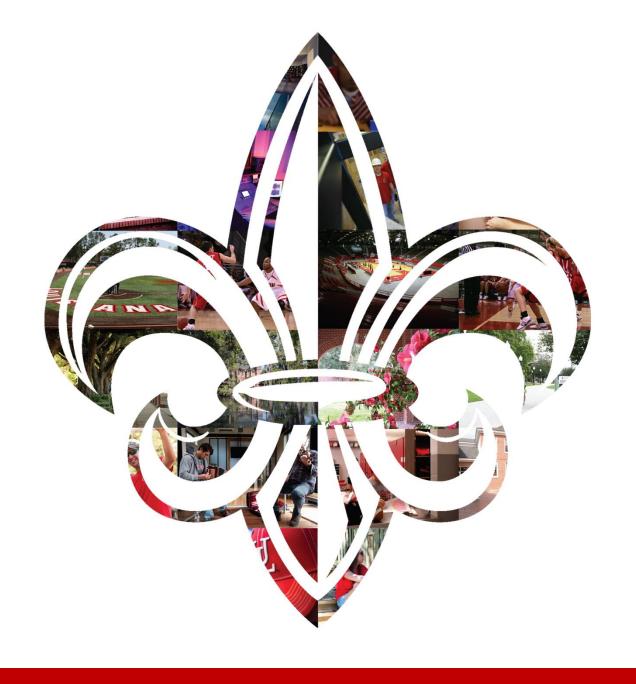
**School Reports** 



**Note:** To access School Reports, please contact the Superintendent of the School District.







## Underage Drinking: What's the Problem?

Cecil J. Picard Center for Child Development & Lifelong Learning

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Contributors:

Ray Biggar, Ph.D., York Forsyth, M.S., Jing Chen, M.S., Karen Burstein, Ph.D.



## Is underage drinking really a problem?



- "All kids do it"
- "I did, and I turned out all right"
- "I'd rather they learn to drink before they go to college—then it's not such a big deal"
- "I just take away the keys"
- "They've gotta learn"



## **Objectives of Today's Presentation**

- Discuss adolescence as a period of vulnerability to the effects of alcohol
- Highlight current data on underage alcohol consumption
- Describe short and long-term consequences of underage alcohol use
- Consider preventive interventions and need for interdisciplinary research



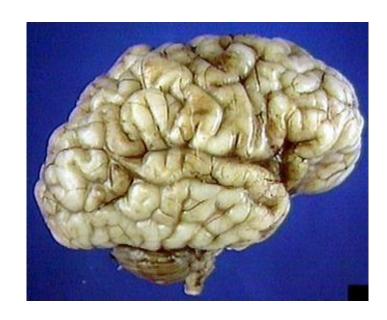
### Adolescents are Vulnerable



- Adolescence: a time of increased susceptibility to effects of alcohol (Petit et al, 2013):
  - Brain development
  - Peer influence
  - Family
  - Community/Social expectations
- Alcohol abuse can be apparent during teen years



### **Human Brain at Different Ages**

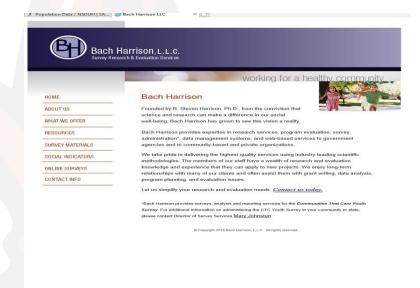






Adolescent brain

Ungrateful, talks back,
risk taking, doesn't
clean room, moody



Adult brain



### Peer Influences



- Peers are a strong predictor of adolescent behavior
  - Use peers to determine what's "normative"...
  - Even if parents might disapprove
  - Tend to underestimate use and effects of substance use by friends/selves
- Affiliation with deviant group increases likelihood of substance use, delinquent, and risk-taking behaviors



### Peer Influences

Source: CCYS

- Number of friends who tried alcohol when parents didn't know about it (12 mos.)?
- How wrong would your friends feel it would be if you have 1-2 drinks of alcohol most days? A little or not wrong: 19.56%
- Would your friends think you were cool if you began drinking alcohol?
  - Some chance: **9.77**%
  - Pretty good or very good chance: 11.83%



## **Family Influences**



- Family history
  - Children of alcoholics 3-4x more likely to develop alcohol use disorder
  - Higher risk if more family members also have alcohol use disorder
  - Other: impulse disorders, bipolar, schizophrenia (APA, 2013)
- Adverse Childhood Experiences (ACEs) (Dube et al, 2006)
- Lenient attitudes/expectations about youth drinking
  - Rules, limits, modeling



### **Community Influences**

### **ATTITUDES**

Adults believe teen drinking is:

• A little wrong/not wrong: 21.1%

Get caught by police drinking and driving:

• Unlikely or very unlikely: 63.56

### If caught by police:

• Little or no trouble: 23.35%

### **ACCESS**

Ease of getting beer, wine, or hard liquor:

• Sort of or very easy: 36.86%

Ease of buying from a store:

Sort of or very easy: 20.78%



### **Louisiana Laws**



- Minimum Legal Drinking Age (MLDA) is 21 years.
- Underage drinking is allowed:
  - On private, non-alcohol selling premises with parental permission (29 states)
  - On private, non-alcohol selling premises without parental consent or presence (6 states)
  - On alcohol-selling premises with parental approval (8 states)



## **Alcohol Consumption by Louisiana Youth**

Source: CCYS

| Indicator  | Age Category | Year | Louisiana | USA   | LA:USA |
|--|--------------|------|-----------|-------|--------|
| 30 Day Alcohol   | Grade 8      | 2016 | 14.1%     | 7.3%  | 1.93:1 |
|  | Grade 10     | 2016 | 26.8%     | 19.9% | 1.35:1 |
|  | Grade 12     | 2016 | 36.4%     | 33.2% | 1.10:1 |
| Binge Drinking (At least 5 drinks at one session within two weeks) | Grade 8      | 2016 | 7.8%      | 3.4%  | 2.29:1 |
|  | Grade 10     | 2016 | 14.6%     | 9.7%  | 1.51:1 |
|  | Grade 12     | 2016 | 21.2%     | 15.5% | 1.37:1 |

## Louisiana College Students

Louisiana CORE, Rowald, 2015

| Indicators                          | Non-drinker<br>(No<br>consumption<br>past year) | Non-heavy drinker<br>(< 5 drinks on single<br>occasion in past 2<br>wks) | Heavy drinker (binge) (> 5 drinks on single occasion in past 2 wks) | Heavy and frequent<br>(> 5 drinks on single<br>occasion AND drank<br>> 3 occasions per<br>week) |
|-------------------------------------|---|--|---|---|
| Percent of students                 | 20.3%   | 45%  | 21.2%   | 12.5%   |
| Avg. # of drinks/week               | 0.3   | 1.0  | 3.4   | 11.7  |
| Use marijuana in past 30 days       | 2.5%  | 11.9%  | 26.7%   | 43.3%   |
| Other illicit drugs in past 30 days | 1.4%  | 4.4%   | 8.4%  | 26.7%   |
| Public misconduct                   | 6.2%  | 20.1%  | 45.1%   | 62.7%   |
| "Personal problems"                 | 6.2%  | 14.4%  | 29.9%   | 43.4%   |



I=5,873; 78% 18-22 years of age; 63.8% female; 90.4% heterosexual; 85.7% from Louisiana; 62.1% white/28.4% black

### Underage alcohol use consequences

- Nearly 5,000 deaths/year <21 years (e.g., car accidents, injuries, suicide, homicide)</li>
- Increased risk taking behaviors
- Injuries requiring ER treatment
- Decreased academic performance
- Unwanted/unprotected sexual activity (including initiation)
- Cause or victim of physical/sexual assault
- Other drug use

(CDC, 2016)



### Long-term Consequences

- Increased binge drinking, alcohol-related harm and symptoms of alcohol use disorder (Mattick et al, 2018)
  - For teens who receive alcohol from parents
  - Greater risk for teens who receive alcohol from parents and other sources
- Initiation of alcohol use (< 14 years) 5x more likely to develop an alcohol use disorder compared to those who begin drinking > 21 years
- 12-month prevalence of alcohol use disorder (APA, 2013)
  - 4.6% among 12-17 year olds
  - 8.5% 18 and above



## What Helps?

- Public information campaigns
  - SAMHSA's "Talk. They Hear You" targets parents of children 9-15 years of age
- Individual strategies
  - Education/awareness, skills, motivation and feedback
- Family approaches
  - Expectations, limit setting, modeling, communication
- Environmental programs or policies
  - Alternative activities, alcohol-free zones
- Enforce or enact stricter laws\*
  - Reduce availability/access

(CDC, 2016; NIAAA, 2017; SAMSHA, 2017)



### **Final Thoughts**

- Despite improvements in alcohol use and misuse, underage drinking remains a significant concern for the health and well-being of teens and young adults
- Given the risks and consequences of underage drinking, comprehensive, multidisciplinary approaches remain urgently needed
- Ongoing research to build the evidence to best address adolescent vulnerabilities, consumption, and consequences associated with underage drinking.



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## Thank you

