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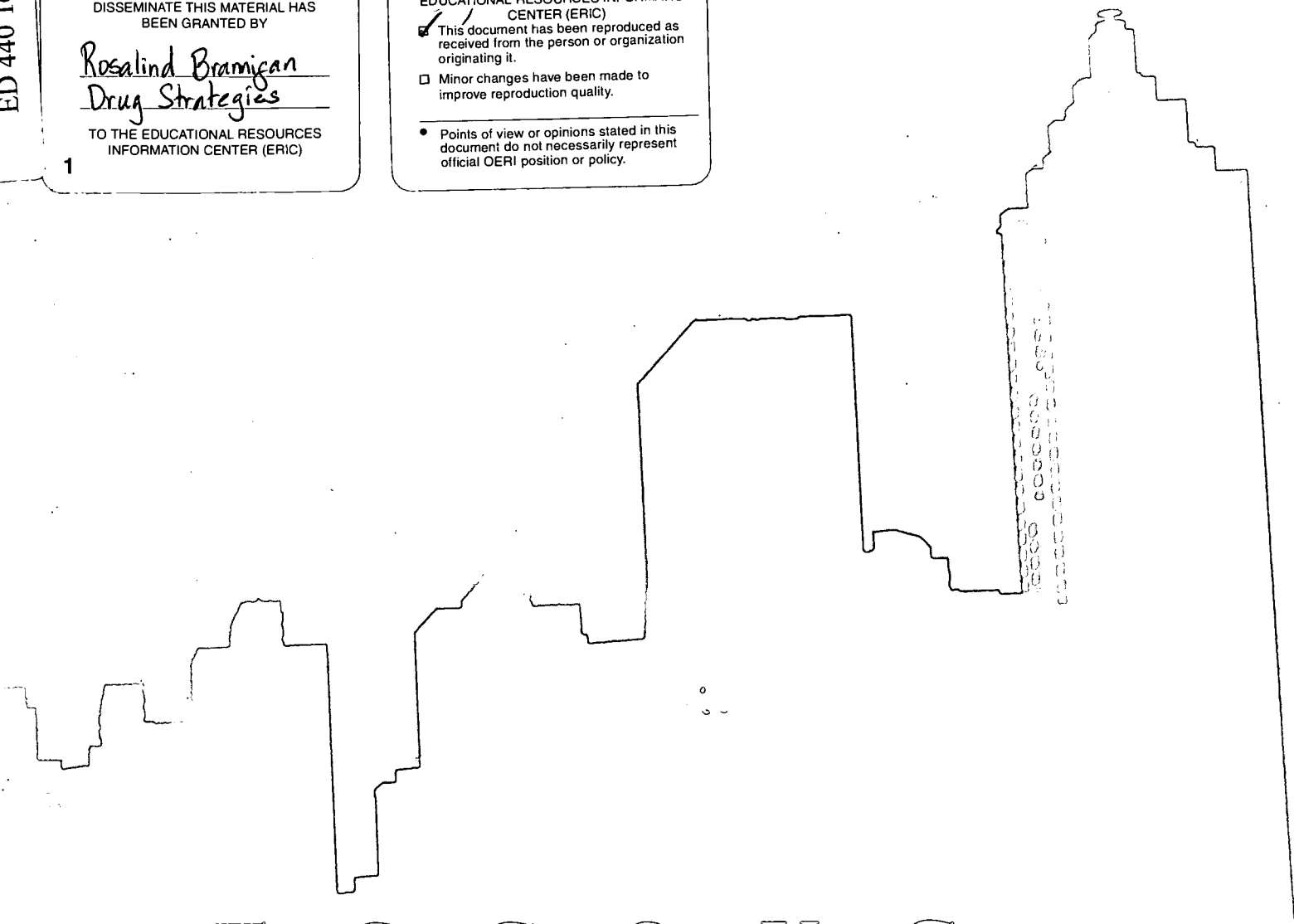
ABSTRACT

This document is a guide to producing city profiles of alcohol, tobacco, and other drug problems. Adequate data are necessary to design interventions and local drug strategies tailored to the area, and profiles meet this need. Although each city is unique, the steps required to produce a profile are predictable. The guide describes five essential phases for producing city profiles of alcohol, tobacco, and other drugs. It connects the goals for each project phase to specific steps, including key decisions, challenges, and strategies related to each goal. The phases are: (1) getting started; (2) gathering data; (3) investigating programs; (4) producing the report; and (5) looking ahead. The guide also contains examples of standard forms that Drug Strategies has found useful in conducting profile research. (Contains 51 references.) (SLD)



LESSONS FROM THE FIELD

PROFILING CITY ALCOHOL, TOBACCO & OTHER DRUG PROBLEMS

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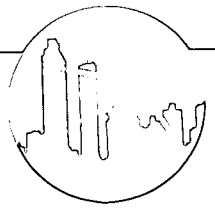


Although alcohol, tobacco and other drug abuse problems are of national importance, the effects are felt most keenly at the local level, where substance abuse damages individuals, families, neighborhoods and whole communities. As American cities struggle to reduce substance abuse and ameliorate its related harms—from child abuse and neglect to transmission of HIV/AIDS—new research confirming the local nature of drug use trends and a prevailing philosophy of government that favors locally-devised approaches are increasingly putting city leaders and their drug control policies in the spotlight. During the 1990s, data collected by the National Institute of Justice (NIJ) on drug use among arrestees in numerous cities across the country revealed sharp differences by location and over time. Effective local responses to drugs, NIJ concludes, must be informed by a clearer appreciation of the circumstances of each region, state, county and city in the country. The importance of tracking local trends is already shaping major research efforts, including the National Household Survey on Drug Abuse, whose 1999 results will include state-by-state estimates for the first time.

At the same time, leaders of diverse cities are identifying some common themes and challenges that they face in confronting drug abuse. At its annual conference in June 1999, the U.S. Conference of Mayors adopted resolutions calling for full funding of AIDS-related medical care; full parity for substance abuse treatment services under health insurance plans; earmarking treatment funds to expand city programs; providing adequate drug treatment in state prisons; and establishing effective drug courts. The Conference of Mayors is also calling for the establishment of State Substance Abuse Prevention and Treatment Planning Councils that would give city leaders a seat at the table in coordinating state substance abuse services.

In recent years, private and public groups have developed fundamental tools for studying drug-related data at the local level, including seminal guides by the Brandeis University Institute for Health Policy and Join Together and by the National Institute on Drug Abuse (NIDA). These documents have simplified efforts to study alcohol, tobacco and other drug indicators at the local level, capturing the complexity of the problems by incorporating data from a wide range of disciplines.

Since 1995, Drug Strategies has published "profiles" of alcohol, tobacco and other drug problems in seven states and three cities. These studies provide an independent assessment of the nature and extent of substance abuse and the effectiveness of local responses, pointing out relevant trends in drug use, crime, cost to society, health policy and health status. The profiles have broken new ground in agency collaboration, produced important policy recommendations and received significant media attention.

Lessons from the Field: Profiling City Alcohol, Tobacco and Other Drug Problems is a step-by-step guide based on Drug Strategies' own experience. This project was made possible by a grant from the Robert Wood Johnson Foundation. In preparing *Lessons from the Field*, Drug Strategies consulted numerous experts, and a draft of the report was reviewed by the distinguished individuals listed on the inside back cover. While we are grateful for their insight and wisdom, Drug Strategies is solely responsible for the content of this report.

II. Why Prepare a *City* Profile on Drug Abuse?

A National Problem, But Local Impacts

Drug abuse is a nationwide problem. Alcohol, tobacco and other drugs cost Americans an estimated $400 billion a year in health care, welfare, crime, automobile accidents and lost productivity. The consequences of drug abuse, however, are felt most acutely in individual neighborhoods, and policy responses play out in local settings that vary enormously.

Location Matters. Drug popularity varies substantially across the country. For example, beginning in 1990, cocaine use declined rapidly among arrestees in Washington, D.C., plateaued at a high rate in Atlanta, and rose gradually in Denver. In Omaha and San Antonio, however, cocaine use has never become a significant epidemic. In many western cities methamphetamine use has steadily increased among arrestees since 1990, while eastern and southern cities register very little methamphetamine use.

States Can Set the Tone. States have broad discretion in setting and implementing policy. The wide range of penalties for drug offenses is a case in point. While cocaine use trends may have been similar in Omaha and San Antonio, their state drug laws differ significantly. In Nebraska, cocaine possession carries a maximum penalty of five years in prison, while in Texas the same offense could bring a life sentence.

State policies can also diverge widely with respect to legal drugs, as in the arena of excise taxation. Research has shown that raising the price of alcohol and tobacco through excise tax increases can be an effective prevention strategy, especially with respect to youth, who are more sensitive to price increases. But excise tax rates vary considerably by state—and therefore by city as well. For example, a six-pack of beer sold in Honolulu is subject to Hawaii's excise tax of 52¢; the same beer sold in St. Louis, Missouri (home of Anheuser-Busch) would be subject to only 3¢ in state excise taxation. And a pack of cigarettes sold in Detroit is subject to Michigan's excise tax of 75¢, compared to only 2.5¢ per pack in Richmond, Virginia (home of Phillip Morris). Clearly, even cities that may otherwise seem very similar may face quite different situations in confronting substance abuse, depending on the policies adopted by their states.

The Urban-Suburban Divide. The contemporary United States is the product of decades of public policies promoting suburban prosperity at the expense of the central city. Shrinking core cities, economically and politically weakened, are surrounded by comparatively affluent—and politically potent—independent suburbs. Strapped for resources, the cities nevertheless bear the brunt of social burdens in their metropolitan regions. Washington, D.C., for example, is home to just 10 percent of the Washington metropolitan area's population, but accounts for about two-thirds of the region's expenditures for social services such as Medicaid, housing assistance, and drug abuse treatment.

The greater reliance on public programs in cities (as opposed to purchasing services with private resources or through private insurance coverage) feeds the misconception that drug abuse is essentially an inner-city, minority problem confined to people on the margins of society. In fact, the 1998 National Household Survey on Drug Abuse found virtually no difference between metropolitan and non-metropolitan areas with respect to past month cocaine use and past month heavy alcohol use. Nor is alcohol and other drug abuse relegated to an "underclass" of impoverished, unemployed Americans. Although those who are unemployed have higher rates of heavy smoking, drinking and illicit drug use, most Americans who smoke heavily, abuse alcohol or who use illicit drugs are employed, according to the National Household Survey on Drug Abuse. In 1998, for example, 87 percent of the 9.7 million adults in the labor force who reported current (past month) use of illicit drugs held full- or part-time employment. With respect to current heavy alcohol use, the 1998 survey findings are even more pronounced: 92 percent of 10.3 million heavy drinking adults in the labor force were working, meaning that for every heavy drinker without a job, there are a dozen heavy drinkers who are employed.

Similar Problems, Unique Cities

Cities differ from their suburban neighbors, and can also find themselves in widely divergent contexts, depending on the political culture of their states and the state laws that are brought to bear. Perhaps most important, cities also differ remarkably from one another, each with its own particular history and spirit. In the words of Kenneth T. Jackson, a leading historian of American

cities: "Unlike the mass-produced suburbs, no intelligent observer could mistake Baltimore for Chicago, Minneapolis for Milwaukee, Los Angeles for Houston, or Portland for Memphis. The old downtown can give metropolitan residents, including suburbanites, a sense of place, a sense of uniqueness, and a sense of belonging."

Clearly, national and even state-level data are inadequate to capture the crucial distinctions required to shape local drug strategies. Strategies well-suited to a certain city at a certain time may be less effective in other locales or at other phases of a drug's popularity. Also, success in one aspect of drug control may not alleviate the need for emphasis in other areas. For example, the decline in new, young crack users in many cities since the early 1990s does not change the fact that numerous older users have already become addicted; they need drug treatment, not prevention programs.

MEETING THE NEED: A HOW-TO GUIDE FOR CITIES

In recognition of the need to illuminate local drug trends and to fashion responses suited to local realities, Drug Strategies produced *Lessons from the Field: Profiling City Alcohol, Tobacco and Other Drug Problems.* City profiles are valuable because they can help catalyze government and community action against drug abuse; provide a blueprint for specific policies and initiatives; and serve as report card or baseline for monitoring policy changes and drug abuse trends. The guidance offered in *Lessons from the Field* reflects Drug Strategies' experience in producing three city profiles (Washington, D.C., Detroit, and Santa Barbara) and seven state profiles, but also draws on the expertise of those who have prepared profiles in other cities. Five years of city and state profile work has allowed Drug Strategies to develop and to test a reliable methodology. Using examples from profile projects in different cities, the goals of this guide are to:

- promote data-driven analysis of alcohol, tobacco and other drug problems;
- facilitate inter-agency collaboration in assessing and responding to these problems;
- establish a standard methodology for profiling cities which is accessible to public and private institutions and partnerships; and
- describe methodological challenges and responsive strategies.

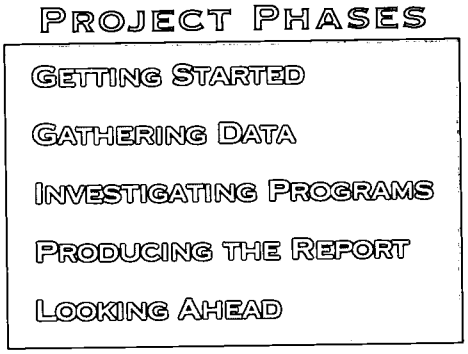
An important caveat: because no two cities are exactly alike, no single set of guidelines will apply in all cases. The goal, rather, is to establish a framework for asking the right questions, even though the answers are bound to differ.

A GUIDE TO THE GUIDE

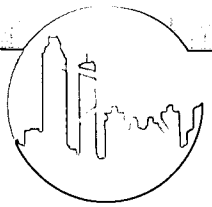
Lessons from the Field is a guide to producing city profiles of alcohol, tobacco and other drug problems. Each city—and therefore each profile—is unique, reflecting local trends, policies and programs, power structures, funding streams and agency priorities. Nonetheless, the steps required to produce a profile are predictable. *Lessons from the Field* anticipates the decisions and challenges faced at each phase of the profile process. The guide also offers strategies for increasing the likelihood that legislators, officials and the public will embrace the profile and its recommendations.

PROJECT PHASES. This guide describes five essential phases for producing city profiles of alcohol, tobacco and other drugs. It connects the goals for each project phase to specific steps, including key decisions, challenges and strategies related to each goal.

For each project phase, the guide provides a task list with specific goals. This method can be applied in any city. However, the challenges will be unique in each location; it is not possible to anticipate all potential obstacles. Rather, based on past profile work, each chapter provides examples of challenges faced to help researchers identify solutions to difficulties that may arise.



The guide also includes examples of standard forms that Drug Strategies has found useful in conducting profile research. Some researchers may want to replicate these forms, while others may choose to modify them or to reject them altogether.



Decisions made at the start of the profile process affect the scope of the research, the level of cooperation among participating agencies, and the effectiveness of the final product. The goals of this project phase include: establishing objectives; securing funding; designating project control; choosing advisors; and selecting indicators.

ESTABLISHING OBJECTIVES

A profile's sponsor may have any one of numerous objectives in mind, depending on the city, the scope of its drug problems, the degree of local awareness and the range of current responses. In general, a profile can be produced in order to raise local awareness about alcohol, tobacco and other drug issues, or, more ambitiously, in order to propose specific policy and program reforms. The decision as to which type of objective is more appropriate for any given city will influence which of two basic profiles types to produce: an indicator-only report, or a more comprehensive report that includes analysis of local programs and policies and offers specific policy recommendations.

THE INDICATOR-ONLY APPROACH. In cities which have never undertaken a broad survey of alcohol, tobacco and other drug problems, simply gathering the relevant data is an important objective. Presenting the data clearly and in a single report can help raise public awareness and foster local action. The data can also serve as a baseline against which to measure progress in the following years. For example, the Regional Drug Initiative (RDI) in Portland, Oregon publishes an annual *Drug Impact Index* that highlights county and state trend data for a dozen indicators. RDI's annual report has been used as a model by many other drug prevention groups across the country, including Arlington, Texas; Decatur, Illinois; and Ventura County, California. The success of RDI's Index owes to its clarity of purpose, to provide "the reader with a sense of the severity and breadth of the local drug problem. It gives a general assessment of the problem. It is not a technical measurement or evaluation device." In recent years, RDI has complemented its presentation of indicators with advice on who to contact for more information and on what individuals can do, as well as with quotes or brief narratives that underscore the significance of the indicator presented.

THE COMPREHENSIVE APPROACH. More ambitiously, the objective of the profile project may be to offer data-driven policy and program recommendations. Such recommendations will need to flow from the profile's findings on local drug trends and the status of current programs in various fields, including prevention, treatment, and law enforcement. Drug Strategies' city profiles are built with policy recommendations in mind; each report concludes with a section called "Looking to the Future" that is intended to serve as a blueprint for change. Depending on the issue, recommendations may be fairly general or quite specific, and meant to be accomplished quickly or in the longer term. They can touch on many areas, including availability and allocation of funds; legislation and policies; agency structure and objectives; direction of public and private initiatives; inter-agency communication and collaboration; and public-private partnerships.

Where Drug Strategies' concluding recommendations center on public policy, other profiles include recommendations for individual as well as community action. Mission New Hope's 1994 *Community Focus on Drugs: A Picture of Substance Abuse in Metro Atlanta* culminates in a "Focus on Action" offering a checklist of individual actions to be taken in various realms, such as business, family and school.

The decision to include recommendations will require gathering qualitative data to help interpret trends revealed by quantitative data. Through interviews with all the relevant players (e.g., government agency officials, researchers, service providers, and advocates) the idea is to capture and make sense of the range of opinions about local problems and the strategies to address them. To be both achievable and significant, policy recommendations must be grounded in a strong understanding of the local terrain; otherwise, they risk being either unrealistically ambitious or unhelpfully timid.

WEIGHING THE ADVANTAGES. Comprehensive profiles require considerable time and research, and are therefore unlikely to be replicable on an annual basis, which is a great advantage of the indicator-only profile. A third option represents a compromise between the indicator-only and comprehensive approaches: conduct in-depth analysis of a select few indicators, probably all

in one field (e.g., drug abuse and HIV/AIDS; underage alcohol, tobacco and other drug use; courts and corrections). Such a strategy, however, sacrifices both the indicator-only profile's advantage of publicizing a wide range of indicators and the comprehensive profile's advantage of drawing connections between different aspects of a city's drug problems. An excessively narrow focus on certain indicators cannot paint the broad picture that emerges when different data sources are tapped. For the University of Maryland's Peter Reuter, "The truth ... is that each measure has certain strengths and limitations, each reveals different aspects of drug use, and policymakers who integrate data from the several indicators can weave a consistent tale of American drug use and changes over time."

The impact of an indicator-only effort should not be underestimated. Alcohol, tobacco and other drugs are often considered separately, both by government agencies and by concerned private groups. Such a wide scope of issues can be difficult to capture and explain briefly, but doing so can bring a new level of focus, energy and collaboration to local efforts. Moreover, the absence of explicit policy recommendations does not mean that indicator-only profiles cannot affect policy. The power of indicators to focus community attention can set the stage for an examination of public policies that may not happen otherwise. Finally, an indicator-only profile may represent the important first step toward a comprehensive profile, or serve as the baseline for future reports that will monitor the same indicators. The first report will be the most labor intensive: once procedures for information gathering and report production are in place, subsequent profiles can follow up on the chosen set of indicators—as RDI has been doing for a decade—and eventually complement the annual indicator-only report with analysis and recommendations in a comprehensive report produced every three or four years.

KEY QUESTIONS. Regardless of which type of profile is chosen, several key questions will need to be considered at the outset. Answers will vary by city, but some general suggestions can be kept in mind as the profile process unfolds. All six of the questions discussed below are relevant to comprehensive profiles; for indicator-only profiles, questions one, two and six will apply.

1. Should the profile focus on the city or cover the entire county or metropolitan area?

The answer will depend on several factors unique to each situation. If a given city is sufficiently large and sufficiently distinct in its socioeconomic and political characteristics from its surrounding suburbs, a detailed focus on the city itself may be in order. To provide the same level of attention across the various jurisdictions that comprise the metropolitan area could expand the scope of the project considerably, while distracting from the intended focus. However well justified, a decision to focus only on the city runs the risk of perpetuating the popular misconception that drug abuse is a uniquely urban problem of no great concern in the suburbs and in rural areas. To avoid this problem, the profile's introductory section can spell out the reasons that justify reporting only on the city, while noting that such a focus is in no way meant to imply that drug abuse is not an important issue beyond city lines. Having chosen to focus on a city, it is also important to realize that policies affecting the city's response to drug problems may be decided at the county level rather than by the city government. In that case, taking such county initiatives into account would make sense, even if the profile's focus is to remain on the city itself.

Alternatively, one may want to emphasize that alcohol, tobacco and other drug problems are not confined to a metropolitan area's main city, and that policy coordination among the area's several jurisdictions is critical. The wider metropolitan area would then be the appropriate subject of the profile. Mission New Hope's 1994 *Community Focus on Drugs* reported on the impact of drugs throughout Atlanta's 11-county metropolitan area and stated explicitly that drug problems were not limited to urban areas but affect suburban and rural counties as well. Similarly, Drug Strategies' *Santa Barbara Profile* encompasses the southern half of Santa Barbara County (South County) rather than just the main city itself.

As a practical matter, the preferred focus may be compromised by a lack of available data, especially at the city level. Data that exist at the state, county or metropolitan area level may not be available for the city. For example, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) has published drug use prevalence estimates for 25 metropolitan areas based on

the 1991-1993 National Household Surveys. However, the report does not include separate estimates for the central cities within each metropolitan statistical area (MSA), as defined by the U.S. Census Bureau. When a city accounts for only a small fraction of the population of its surrounding county or metropolitan area, relying on data from the wider area to describe the city is problematic. Baltimore and St. Louis, for instance, accounted for only 30 percent and 16 percent, respectively, of the total MSA populations considered in the SAMHSA study, and the city of Atlanta comprises only 11 percent of the population in its MSA. If reliable city-level data simply do not exist for many key indicators, the profile's focus may have to shift to the wider metropolitan area or county. Indeed, the level of government at which data are gathered usually corresponds to how funding is distributed: if a state provides funds to counties (or to municipalities through counties) then data will probably be gathered at the county level. If this is the case, a profile at the county level makes more sense.

A city focus is more appropriate where the city accounts for most of a county or metropolitan area population. For example, because Portland, Oregon, is contained entirely within Multnomah County and accounts for nearly 80 percent of the county population, county-level data provide a fair description of the city. Most of the indicators presented in the Regional Drug Initiative's *Drug Impact Index* are based on Multnomah County data. Similarly, El Paso, Texas, accounts for nearly 90 percent of the total population in its MSA, so MSA data will also provide a good picture of the city. (Consult the U.S. Census Bureau's *State and Metropolitan Area Data Book 1997-98* for information on cities, counties, and MSAs nationwide.) In some cases, the numbers alone are an insufficient guide. Although Detroit is Michigan's largest city, it comprises less than half the population of Wayne County. Drug Strategies decided to profile the city itself—home to 1 million people—rather than try to capture the diversity of the entire county.

2. Who are the target audiences for the report?

The target audiences should include concerned city residents and all those with authority to shape local alcohol, tobacco and other drug policies. This obviously includes the mayor, city council, board of education and private school leaders, elected neighborhood representatives, city government agencies, and non-governmental service and advocacy organizations, as well as local foundations and other funders, business leaders, citizen coalitions and the media. Since state policies affect how cities respond to drug problems, the governor, state legislature, and key state agencies should also be targeted. If the profile covers the entire metropolitan area rather than just the city, the leadership in all of the local jurisdictions should be targeted, as well as any regional policy coordinating bodies. The news media should also be targeted, both for the influence of their editorial opinions and their capacity to reach other, broader audiences.

The profile should also target members of Congress and the relevant federal departments and agencies. For example, the federal Office of National Drug Control Policy (ONDCP) funds 32 High Intensity Drug Trafficking Area (HIDTA) programs to coordinate federal, state and local drug control efforts in different regions of the country. Moreover, virtually every school district in the nation receives funding from the Department of Education's Safe and Drug-Free Schools and Communities program. Other important federal programs that target local drug problems include the Department of Health and Human Services' Targeted Treatment Capacity Expansion Program; the Department of Housing and Urban Development's Public and Indian Housing Drug Elimination Program; and the Department of Justice's Community Oriented Policing Services (COPS), Byrne Grants Program, and Operation Weed and Seed. Combined, these federal programs provide more than $1.5 billion annually in anti-drug funding to state and local governments.

Depending on their geographic location or other special circumstances, certain cities may have important audiences unique to them. For instance, daily life in El Paso, Texas, is affected significantly by Mexico's Ciudad Juarez, which lies just across the border. The strong cultural and commercial ties between these two cities mean that the

residents and leaders of Ciudad Juarez would be an important audience for a profile on alcohol, tobacco and other drugs in El Paso. Similarly, the entire U.S. Congress is an important audience for Drug Strategies' *Facing Facts: Drugs and the Future of Washington, D.C.* This is because Congress has ultimate responsibility for governing the nation's capital, in effect serving as a combined state and local legislature for Washington, D.C.

3. *Which funding streams, agencies and programs will be examined?*

Because alcohol, tobacco and other drug problems have a wide impact, numerous public agencies are involved, including those responsible for health, education, alcohol and tobacco sales licensing, law enforcement, and criminal justice. A city's health department alone may be responding to drug abuse on several fronts: prevention and treatment programs; HIV/AIDS testing and counseling; tobacco control; maternal and newborn health; and drug use prevalence surveys. Drug abuse issues also affect the work of local agencies responsible for foster care, job training, welfare, public housing, homelessness, mental health, and recreation. Certain functions may be handled at the county rather than the city level. In Detroit, for example, arrestees are held in Wayne County jails, and the provision of drug abuse treatment for jail inmates is a county role.

Ideally, agencies will already be collaborating on programs in ways that take advantage of their different mandates and areas of expertise. Manhattan's Midtown Community Court, for example, provides on-site social services such as counseling, health care, education and treatment for defendants with alcohol or other drug problems. Street Outreach Services (SOS), a joint project with the New York Police Department, pairs counselors from the court with officers on patrol. Together, SOS teams identify and find treatment for homeless individuals, alcoholics and other drug addicts. Public-private partnerships should also be examined. In Santa Barbara, police bring intoxicated individuals who otherwise would be charged with disorderly conduct or first-time driving-under-the-influence offenses to a Sobering Center run by a nonprofit organization, Thresholds to Recovery. The Sobering Center allows police officers to spend more time on the streets and less time in the office with paperwork.

4. *Which public perceptions and priorities will the profile aim to change?*

It may not become clear until the profile is already well under way which perceptions and priorities merit the most attention, and these may vary considerably depending on locale. Still, two broad possibilities can be kept in mind. First, be prepared to find intense local concern over alcohol and tobacco-related problems, even if political and media attention has been concentrated on illicit drugs. The legal status of the alcohol and tobacco industries, combined with their economic muscle, lobbying and public relations efforts, can deflect public attention from local alcohol and tobacco-related problems, especially when illicit drugs dominate the news. For example, crack cocaine and related crime have shaped national perceptions of Washington, D.C., but local experts cautioned against overlooking the considerable harm caused in the District by alcohol and tobacco. Drug Strategies' Detroit and Santa Barbara advisors echoed this concern, and all three profiles devote significant attention to alcohol and tobacco issues.

Second, be prepared to place criminal justice approaches to drug abuse into a broader community context that emphasizes the need for effective prevention and treatment. At every level of government, spending on enforcement has come to dominate American drug control efforts; at least three-quarters of the roughly $40 billion in annual federal, state and local anti-drug spending goes into enforcement. Yet illicit drug prices are currently near their all-time lows, and police chiefs themselves believe that far more should be done in terms of prevention and treatment. A 1996 national survey conducted by Peter D. Hart Research Associates for Drug Strategies found that police chiefs by a more than two-to-one margin favor expanding prevention and treatment efforts rather than escalating enforcement (big-city police chiefs favor enhancing prevention and treatment by a six-to-one margin).

Research has shown drug prevention and treatment to be cost-effective crime-control measures. The 1994 California Drug and Alcohol Treatment Assessment

(CALDATA) found that every dollar invested in treatment yielded $7 in taxpayer savings, primarily due to reduced crime and criminal justice costs. Moreover, a 1996 RAND study found that crime reductions comparable to those expected to result from California's "three strikes and you're out" mandatory prison sentences could be achieved at one-fifth the cost through programs aimed at inducing at-risk students to complete high school. A 1999 RAND Drug Policy Research Center report found that a dollar invested in proven school-based drug prevention programs yields an average of $2.40 in benefits to society due to reduced cocaine consumption.

5. *Which policies and legislation will the profile aim to influence?*

Again, which policies and legislation will be targeted for change may not be clear at the outset. But several arenas deserve attention, some of them directly under city control, and others requiring county, state, or even federal government action. For example, city government often controls the licensing and regulation of alcohol and tobacco sales. Does the city issue too many licenses? Are alcohol outlets concentrated in certain neighborhoods? Are regulations against sales to minors adequately enforced? Are penalties for violations stiff enough to encourage compliance? Should local neighborhoods be authorized to regulate alcohol sales in their own area (as in Chicago, where precincts can vote themselves "dry")? The answers to these questions clearly carry implications for city policies. In Santa Barbara, the City Council has appointed a Downtown Task Force to review proposals to limit the number of beer and wine licenses downtown and to require at least 500 feet between bars and liquor stores. In Washington, D.C., the City Council has imposed a limit on the number of beer and wine licenses for convenience stores, and in Detroit, the Bureau of Substance Abuse has launched a campaign to eliminate alcohol billboards targeting teens.

Many issues important at the city level are decided at the state level. City representatives may not be able to set the state's agenda on such issues, but they can be advocates for the city's interests. For example, if state policy calls for incarcerating drug users but state prisons offer little drug treatment to inmates, an important opportunity for rehabilitation is being missed. In Wayne County, Michigan, for example, more than 80 percent of inmates have alcohol and other drug abuse problems, but treatment is available for only 6 percent of the inmates who need it.

6. *How will the profile's impact be measured?*

For indicator-only profiles, the publication and wide dissemination each year of updated indicator data can serve as a yardstick for measuring progress. Are key indicators moving in the right direction? If so, the profile may have contributed to the improved trend by raising local awareness about drug issues. Short of a scientific impact evaluation study, it will be impossible to say exactly what role the profile has played. A careful survey of local awareness and attitudes at the outset of the process can provide a baseline against which to measure changes that may occur over the years that the profile is published. One important lesson of Drug Strategies' profiles is that much of what the expert community may consider old information is actually news to the wider audience reached by the profiles. For example, the Centers for Disease Control's (CDC) finding that Detroit high school youth in 1997 reported lower levels of drug use than did high school youth throughout the state of Michigan led news accounts of the *Detroit Profile* because it contradicted what most people assumed to be the case.

Even recommendations that can be accomplished relatively quickly will require time before their actual impact can be assessed. Each year, new data can be compared to the indicator trends highlighted in the profile. Without repeating the entire profile process, progress can be monitored at regular intervals, noting where recommendations from the original profile have been enacted and where they have not. Follow-up activities will require new funding and an ongoing commitment either by private groups or on the part of the city government itself.

SECURING FUNDING

If the profile is a model for future profiles of other cities in the state, funding could be available through the state legislature, the governor's office or a state agency. Alternatively, the profile can be funded through the dis-

cretionary budget of one or more separate city agencies. If public funding comes on the condition that the profile be developed by a public agency, the profile's scope may be more limited than originally envisioned. (The next section, "Designating Project Control," discusses these concerns in more depth.)

Funding may also be available from private sources, such as community foundations, local associations or corporate giving programs. Some foundations make grants only for activities in specified states, and many foundations (whether large or small) often target grants to local projects. Drug Strategies' *Facing Facts: Drugs and the Future of Washington, D.C.*, for example, was supported by two national foundations (the Robert Wood Johnson Foundation and the Fannie Mae Foundation) and by one (the Bonderman Family Foundation) that concentrates on local D.C. issues. *The Foundation Directory* lists hundreds of foundations with explicit interest in "substance abuse," "alcoholism," "AIDS," and "crime and law enforcement"—subjects central to any city profile. The majority of states, as well as Washington, D.C. and Puerto Rico, have foundations interested in at least three of these relevant categories; only four states are without any local foundations that report making grants in any of these areas.

The new wave of health care "conversion" foundations may take an interest in city profiles because they concentrate their funding on health-related activities in their communities. Created when non-profit health organizations (including hospitals, health plans, and health systems) convert to for-profit status, 120 such foundations currently operate in 32 states and Washington, D.C. Nationwide, more than one-third of health care conversion foundations have made grants in the areas of substance abuse, mental health, and social services. To take just one example, Alliance Healthcare Foundation in San Diego, California (with assets of $110 million) makes grants in several areas relevant to profiles, including substance abuse, violence, mental health, and public education. For more information, consult Grantmakers In Health's *Coming of Age*, which surveys the operations of health care conversion foundations across the country.

In seeking funding for a city profile, also keep in mind that the project can be presented in ways that may attract foundations not already involved in drug issues, but concerned about "community development"—an important grant-making category for foundations in virtually every state. Securing funds from such sources can expand the interests of individual foundations, and broaden the funding base for drug programs in general. Also keep in mind that different aspects of the project can be funded through different sources, whether public or private. For example, a private foundation might sponsor the profile research while a corporate giving program provides the funds for printing and distributing the report.

Because city profiles incorporate existing data sources, they do not require expensive data sampling, coding, cleaning or analysis. Most of the funds pay for staff time to gather and analyze data for the profile report; for drafting the text; for design and printing; and for dissemination. Undertaking a public opinion survey or analyzing raw data will add considerably to project costs (unless pro bono services can be arranged), as will the choice to use high-end design and production techniques. Such plans should therefore be built into the original proposal to prospective funders, with a convincing rationale about their importance for the profile's ultimate impact.

DESIGNATING PROJECT CONTROL

Drug Strategies conducts city profile projects as an independent outside organization, conducting the research, publishing the report and disseminating the findings. The outsider role is central to our methodology and affords great flexibility in collaborating with diverse agencies. However, some cities may choose to produce the profile internally through a public agency or an interagency commission, or through a university. The project objectives guide this choice to some degree; for example, if a profile is to offer policy recommendations, it may be have greater credibility coming from an independent group than from an agency which will be directly affected by the recommendations.

CONTROL OPTIONS

ENTITY	ADVANTAGES	DISADVANTAGES
PUBLIC AGENCY	Familiar with city policies, priorities and data, as well as institutional histories.	Bureaucratic and political realities can limit the scope of an internal review. May lack objectivity in reviewing their own progress and initiatives. Cannot readily review the work of other public agencies.
INTERAGENCY COMMISSION	The collective knowledge of representatives from multiple city agencies.	Commissions that coordinate drug abuse initiatives may not have credibility in evaluating their own programs.
UNIVERSITY RESEARCHER	Credibility as impartial reviewers. May already be familiar with public agencies and their data. Experienced with complex data.	Can take longer than other independent studies. May lack experience translating data complexities into straightforward policy recommendations.
INDEPENDENT GROUP	Credibility as impartial reviewers with no political or budgetary stake in the outcome. A fresh perspective on old problems, as well as knowledge of what is done in other cities. Can elevate the debate beyond the politics that often slow progress in public agencies.	May lack an integrated understanding of agency structures and the institutional histories which impact funding and policy priorities. May have difficulty in gaining access to and building trust among local officials.

CHOOSING ADVISORS

One of the primary purposes of the profile is to integrate data and policies relevant to many disciplines. Thus, there is no substitute for the collective experience, wisdom and public credibility of an interdisciplinary advisory panel. This group can suggest other important contacts, provide key data sources, clarify current policy priorities, forecast which research areas may be difficult and which promising, and describe the local political terrain. They are a critical source of qualitative data, including a sense of the dynamics among city agencies, the institutional histories that shape agency priorities, and the major objectives of local non-governmental advocacy and interest groups. By bringing together an interdisciplinary group of advisors, the profile process itself may spark ideas for new initiatives and collaboration. Beyond providing practical guidance, membership in advisory groups and inclusion in qualitative interviews

helps engage stakeholders in the profile process and fosters their support of the report's recommendations.

A valuable resource in identifying local advisors is Join Together's National Leadership Fellows program, which annually recognizes outstanding community leaders who work against substance abuse in schools, courts, hospitals, treatment facilities, businesses, police departments, religious organizations, criminal justice organizations and community centers. Since 1992, Join Together has recognized more than 225 Leadership Fellows in 105 cities and towns across the country. In selecting Fellows over the past three years, Join Together has concentrated its focus on seven big cities: Baltimore, Chicago, Cleveland, Detroit, New York, San Antonio and San Francisco.

The Community Epidemiology Work Group (CEWG) may be another source of ideas for the advisory panel. Sponsored by NIDA, the CEWG includes representatives from 21 major metropolitan areas across the country. NIDA describes the CEWG surveillance model and lists local contacts in its 1998 report, *Assessing Drug Abuse Within and Across Communities.*

Challenges in selecting and using advisors include:

- recruiting panelists with expertise in many fields, including epidemiology, public health, law enforcement, criminal justice (courts, corrections, probation, parole), health and human services, youth services, community development, tobacco control, workplace, education, prevention and treatment;
- ensuring that the profile addresses the concerns of minority groups;
- maintaining objectivity while incorporating the perspectives of advisors; and
- maintaining the active participation of panelists and their agencies and organizations.

Helpful strategies include:

- seeking panelists who are agency directors or deputies, in order to gain access to data and maintain political support for the project;
- including public and private sector representatives, while avoiding duplicate representation of disciplines or agencies;
- including academic researchers knowledgeable about drug issues and local trends; and
- sharing examples of other city profiles that have already been published as a model of what can be accomplished (or improved upon).

Advisory Panel Membership

- Academic Researchers
- Alcohol & Other Drug Prevention & Treatment Services
- Alcohol Beverage Control Board
- Business & Industry
- City Planning Department
- Colleges & Universities
- Community Coalitions
- Criminal Justice (Courts, Corrections, Probation & Parole)
- Faith Community
- Foster Care
- Health Department (HIV/AIDS, Mental Health, Tobacco Control & Vital Records)
- Hospital Association
- Juvenile Justice
- Local & Community Foundations
- Mayor's Office
- Media
- Minority Affairs
- Police Department
- Primary & Secondary Schools (Public & Private)
- United Way
- Youth Services

In assembling an advisory panel and envisioning the profile's contents, keep in mind the large role that the private sector plays (actively or by default) in fashioning a response to local drug abuse problems. Government agencies at many levels, from municipal to federal, have important official responsibilities in dealing with drug problems, but it can be easy to overestimate the role of government (and therefore expect too much) while underestimating the role of civic leaders, community activists, business people and the media (and therefore asking too little). By analogy, the key insight guiding law enforcement reforms known as "community policing" is that police can best prevent and respond to crime with the active support of not only other government agencies but of the members of the community which they serve. If the community is hostile or indifferent to police efforts, their ability to prevent and solve crimes will be limited. Similarly, government agencies responsible for addressing alcohol, tobacco and other drug problems can only accomplish so much on their own if the private sector is not attuned to the issues. For example, are city business leaders concerned about alcohol and other drug abuse in the work force? Do the news media educate the public about the scope and variety of drug abuse problems (and responses), or do they perpetuate stereotypes by repeatedly featuring the stories of poor minorities when reporting on drug addiction? Whether the local private sector is constructively engaged in addressing drug problems or not, the case for including important private sector representatives on the advisory panel is strong.

Early in the project, Drug Strategies typically convenes a meeting of the advisors to clarify project goals and build interagency investment in the profile through an open exchange of ideas and priorities. Advisors should be asked to comment on unique features of the city, competing demands for resources, and strategies that are in place. The meeting also affords an opportunity to discuss key data sources, challenges and programs the profile will describe. Also, be sure to ascertain advisors' availability for individual consultation and willingness to review drafts. A second meeting after advisors have had the opportunity to review a draft of the report is also helpful. Advisors unable to attend the second meeting should nevertheless be encouraged to provide their comments on the draft—preferably in writing—so that important perspectives are not overlooked.

Selecting Indicators

City profiles are data-driven. Numerical indicators describe trends and can help shape recommendations for cost-effective policies. Indicators are also critical because the profusion of data available in our computer age does not organize itself. As Gordon Mitchell, of the Quantifiable City Project in the United Kingdom, has said, we face "a widening sea of data but, in comparison, a desert of information." Indicators are tools to transform a sea of unwieldy data into information that is relevant for policymakers and the public.

Advisors can help to select and prioritize indicators. Additional insights on each indicator arise from follow-up queries. The data indicators used in Drug Strategies' profiles comprise four broad categories:

- nature and extent of alcohol, tobacco and other drug use;
- impact of drugs on crime and criminal justice;
- impact of drugs on health and health policy; and
- the economic costs of alcohol, tobacco and other drug abuse.

Additional indicators suitable for inclusion in a profile are those which describe risk and protective factors affecting alcohol, tobacco and other drug use among youth as they pass through adolescence. Such factors range from behaviors and social skills learned in the family to the influences of school, peers and the wider community. For example, a family history of alcoholism or other drug abuse can put a child at increased risk of eventual drug use, as can factors such as economic deprivation, academic difficulties, and peer group or community norms that favor drug use. Protective factors include caring and involved parents, peer group or

community norms against drug use, and plentiful opportunities for youth education and recreation, in school and in the community. Taken together, risk and protective factors can help predict the likelihood and severity of future drug abuse in the community. Certain factors will be easier to measure than others and will therefore be more useful as numerical indicators. For instance, reliable local data may be available for factors such as school dropout and truancy rates, unemployment and poverty rates, and teen attitudes toward alcohol, tobacco and other drug use.

Challenges in selecting indicators include:

- setting priorities—the four categories listed above can each give rise to numerous research questions. For example, "nature and extent of alcohol, tobacco and other drug use" can include a wide range of data indicators, such as rates of use among various demographic groups; attitudes and perceptions about alcohol, tobacco and other drugs; rates of positive workplace drug tests; alcohol and tobacco excise tax rates and revenues; and street prices of illicit drugs;
- unavailability of city-level data for important indicators.

Helpful strategies include:

- basing indicators on objective criteria (for example, the number of alcohol-related traffic fatalities, or the number of arrests for drug possession and sale);
- describing trends over time;
- choosing indicators that reflect the impact of prevention, treatment and law enforcement interventions (such as the proportion of minors who succeed in purchasing cigarettes, or the ratio of number of treatment slots to number of residents in need);
- choosing indicators that describe phenomena of major concern to the community. If drunk driving is a significant local issue, for example, then indicators regarding the frequency of alcohol-related traffic fatalities and the economic costs of such accidents will resonate with the public;
- selecting the indicator for which the data is most readily available (when deciding between two or more closely related target indicators); and
- substituting county or metropolitan area data where city-level indicator data do not exist, being sure to describe why and how trends in the city may differ from those in the county or metropolitan area data.

City profiles promote the use of quantitative data to shape policy. The most useful data for a city profile will be the product of consistent methods that describe the city and its population over time. As noted in the previous chapter, assembling local data that meet these criteria can be difficult. For example, data may be available at the county level but not at the city level, and where city-level data does exist, inconsistency in the research methods used over the years may limit the ability to identify important trends. This chapter describes ways to simplify the search for quantitative data and strategies for responding to challenges the data present.

But numbers tell only part of the story. Demographic, socioeconomic and political factors also affect program and policy initiatives. Qualitative data form a backdrop for policy recommendations grounded in quantitative indicators. The insights of those working within city agencies and programs—as well as those of independent researchers and advocates—are critical to data interpretation, and help shape realistic policy recommendations to which a city can respond.

Failure to tap the insights of the people closest to local realities can result in misinterpretation of what may seem at first glance to be straightforward quantitative data. For example, perhaps the most ambiguous data are those having to do with law enforcement—drug arrest and seizure figures in particular. If arrests and seizures are on the rise over the past year, does that mean that drugs are more plentiful, that dealers are less experienced or more bold, that police have adopted more effective tactics, that police enforcement efforts are simply more intense than in the past, or that the definitions and record-keeping systems used to track arrests and seizures have been modified? Perhaps several factors are coming into play all at once. It may be impossible to determine what is going on, with different experts offering different but equally plausible accounts. Whether the evidence is inconclusive or offers a clear explanation (police records, for example, may document a doubling in the number of open-air market drug raids), the point is that the data typically cannot speak sensibly for themselves, but require interpretation by people familiar with the many factors that shape the local scene.

SCOUTING FOR QUANTITATIVE DATA

Lessons from the Field includes a *Data Resources Table* (see pages 20–25) that provides telephone numbers and Internet addresses where applicable. Join Together's 1998 report, *Working the Web*, offers tips for navigating the Internet, and the organization's website at www.jointogether.org offers links to hundreds of other sites.

Using the *Data Resources Table* and a city government phone directory, researchers can contact public agencies which may gather relevant data. University researchers and private groups can also be contacted for data. Often, city-specific studies will be available that are not foreseen by the *Data Resources Table*. If survey or focus group research is getting underway, profile researchers may be given the opportunity to help frame the questions to be investigated. For example, while Drug Strategies was conducting research for the *Detroit Profile*, the Detroit Regional Chamber of Commerce was organizing a survey of city employers, and Drug Strategies was able to include questions about the employers' insurance coverage of alcohol and other drug abuse treatment.

Comparing and contrasting city-level data with national, regional or state trends is important to the profile; such comparisons put local data into context. Researchers can use the *Data Resources Table* to locate these data sources as well. Brandeis University's Institute for Health Policy has also published an excellent catalog of data collections on substance abuse indicators, *Data Collections on Key Indicators for Policy*, which can augment the search for quantitative data. In addition, ONDCP has published a comprehensive inventory of federal drug-related data sources (NCJ 174454; call 1-800-666-3332). The inventory briefly describes the purpose, methodology and strengths and limitations of each data set, and lists people to contact at the sponsoring agencies.

With dozens of possible data indicators, project advisors often set priorities regarding which indicators should be sought. Join Together and the Brandeis University Institute for Health Policy's *How Do We Know We Are Making A Difference? A Community Substance Abuse Indicators Handbook* establishes useful priorities for data searches at the local level.

Due to space limitations, published survey reports cannot include all of the data that were gathered. If unpublished data are requested, most agencies can easily produce the figures. The *Data Source Checklist* presented on page 26 may be used to record information about each data source.

TOP-DOWN AND BOTTOM-UP SEARCH STRATEGIES. If a project advisor has recommended a particular data resource, he or she can often direct researchers to the office which gathers and maintains the data. This top-down referral process carries with it the authority of an agency superior who is already invested in the project. While this strategy saves time, it may not be sufficient; agency officials serving as project advisors may not know data sources well enough to guarantee they will meet the project's needs.

Therefore, bottom-up search strategies are almost always necessary. These contacts often begin with a "cold call" (guided by the *Data Resources Table*) to an agency which may or may not have the target data. Occasionally, a department operator can direct the inquiry to the appropriate office, but researchers may need to try this bottom-up strategy several times before finding the right office. Like top-down searches, bottom-up strategies have both advantages and disadvantages.

Whether top-down or bottom-up, the search for data rarely ends with just one or two phone calls, but is instead much like detective work in which the researcher builds on clues to arrive at the most useful data source. Even then, the researcher may find upon receiving the information requested that it is not exactly what he or she had expected, or that it raises new questions—are earlier data available from the same series, or are the data available by demographic subcategories that would shed more light on differences within the city? As the search progresses—bearing fruit in some areas, but coming up empty in others—the researcher will have to decide when to persevere and when to move on to other indicators.

When confronted by an unresponsive agency, several strategies can improve the chances of finding the data in question, or confirming that it simply does not exist. First, become familiar with the agency's legislatively-mandated data collection responsibilities. Second, seek information from agencies at different levels of government and from local universities. County and state government agencies may be able to provide data on the localities in their jurisdictions. Federal agencies may also sponsor research at the local level, such as the Department of Justice's Arrestee Drug Abuse Monitoring (ADAM) Program and the Department of Health and Human Services' Drug Abuse Warning Network (DAWN). University researchers may have more knowledge of the data than front-line city agencies primarily concerned with service delivery. As a last resort, when you have good reason to believe that some fundamental information should be available but you cannot acquire it, explain to the responsible agency official that the profile will have to report that the data, despite its clear importance, could not be provided.

TOP-DOWN VS. BOTTOM-UP SEARCH STRATEGIES

	ADVANTAGES	DISADVANTAGES
TOP-DOWN SEARCHES	Cooperation from agency staff, since the referral comes from superiors. Direct access to informed researchers.	Political concerns may limit the data resources made available. Agency heads may not understand the strengths and weaknesses of data sources.
BOTTOM-UP SEARCHES	Staffers can be easy to reach and eager to discuss their work. Hidden leads to additional data sources often emerge.	Misinformed people may send researchers on a wild goose chase. Low-level staff have high turnover, low investment in the project and lack authority.

Organizing Data

Data will arrive in various states of organization. Some will appear in tables or charts in published reports; other data will be generated upon request by the agencies maintaining the data. The amount of information gathered can be overwhelming. For example, to find a five-year trend for a single indicator, it is not unusual to read five separate annual survey reports, each of which may be organized differently. Having found the target data, relevant figures can be retyped into well-organized indicator tables, with the source documents noted. The data may be assembled in a spreadsheet or word processor. An example of such a table using drug use mortality data from *Facing Facts: Drugs and the Future of Washington, D.C.* is shown below.

Advantages of creating indicator tables include:

- having painstakingly assembled the data, it can be more easily accessed and reviewed in the future;
- figures from multiple data sources can be compared and contrasted side-by-side; and
- figures can be easily converted to graphic charts and data tables for the final publication.

Responding to Data Scenarios

Once data have been gathered, the next step is to decide how much weight to give each piece of data and how to use it in the profile. Drug Strategies' profile research in seven states and three cities resulted in numerous data scenarios to which we responded in diverse ways.

Too Much Data. Some data sources are rich with information, providing every imaginable permutation of trends and demographic comparisons. In addition, the city may gather data for indicators that are not on the target list, but are valuable nevertheless. With limited time and space, researchers will need to determine which figures are the most instructive about critical trends and have the greatest implications for policy and funding choices. To narrow the options, look for figures that: represent a departure from state or national trends; show dramatic changes over time; speak to geographic or demographic differences across the city; have clear policy implications; will be readily understood by the public and easily related to the community's concerns; or are the most surprising or unexpected.

Incomplete or Inadequate Data. Some data will not describe the target indicators adequately. This can arise when research methods are not consistent over time; when survey samples are representative of the county or metropolitan area rather than the city; when trend data are not available; or when older data have not been preserved. Navigating these problems requires some expertise in research methods, as well as a firm grasp of the larger goal of gathering indicator data—to describe the nature and scope of the problem. Learning that data are inadequate is an important finding in its own right. Where local data on important indicators are missing or are of questionable quality, the profile should be sure to recommend improving the city's data gathering capacity.

Indicator Data Table

Deaths from Drug-Related Diseases (from *Facing Facts: Drugs and the Future of Washington, D.C.*)

	1991	1992	1993	1994	1995	1996	1997
HIV/AIDS	443	532	604	695	664	562	243
Lung Cancer	332	352	371	406	366	327	313
Alcohol-Related Liver Disease	56	75	74	43	38	35	30

Source: District of Columbia State Center for Health Statistics

Helpful strategies:

- Try to use data from the most recent survey whenever possible; use trend data only when the methodology is consistent over time.
- In the absence of reliable trend data, national, regional or state figures with comparable methods can be used to put the local data into context.
- If the survey is not representative of the entire city, describe the sample carefully, pointing out who it describes and who it may have missed.
- If data on a target indicator are unavailable, but figures for a closely related indicator can be obtained, a substitution may be warranted (with the appropriate caveats).
- Be sure to acknowledge that data gathered at the state level may have limited value in tracking trends at the city or county level and in developing local responses.
- To minimize the effects of year-to-year variations—which can be considerable when describing relatively small areas or relatively rare events—data from several years can be aggregated and averaged (bearing in mind that such averages sacrifice some of the data's sensitivity to trends).

CONFLICTING DATA. If multiple data sources are available for a single indicator, the figures may differ, leaving researchers with conflicting information. Scrutinizing the methods of the different data sources can reveal the origin of these differences. For example, face-to-face surveys and telephone surveys typically produce different drug use rates, even if the same questions are asked. Similarly, different sampling methods may account for inconsistent results across surveys. If different but equally valid methodologies produce different results, it may make sense to present the range of estimates, with a brief explanation of why the differing methods may yield different results.

ESTIMATING FIGURES. In many cases, reliable city-level data will simply not be available for the indicator in question. In some cases, national, state or regional data may provide the basis for offering a local estimate, as long as the rationale and the assumptions behind the estimate are made clear to the reader. For example, the annual costs of alcohol and other drug abuse nationwide—calculated at $276 billion in 1995 dollars by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and NIDA—can provide the basis for local estimates. A rough estimate of a city's costs can be based on the city's share of the U.S. population. For Washington, D.C., this figure would be about $600 million. This rough estimate can then be refined by taking into account how local alcohol and other drug-related indicators compare with national averages. In Washington, D.C., high rates of alcohol-related mortality, crime and incarceration (all double the national averages) mean that the costs to the city are significantly higher than the basic population-based figure; Drug Strategies estimated the annual costs at $1.2 billion, double the population-based figure.

In some cases, national figures can provide the basis for formulas for estimating local figures. For example, the U.S. General Accounting Office has estimated that 78 percent of foster care cases nationwide involve alcohol or other drug abuse by a parent or guardian. Using the following formulas, a local estimate can be derived:

drug-related foster care cases =
(# foster care cases in the city) x (.78)
cost of drug related foster cases =
(# drug related cases) x
(annual cost per case in the city)

Using such formulas (see page 27), it is possible to estimate figures for a number of indicators and associated costs that may not be available at the city level. Note that some local indicator data will be required. In the example above, estimating the number of drug-related foster care cases requires knowing the number of overall foster care cases.

LOOKING BEHIND THE NUMBERS

Most of the quantitative data used in the profile will have been gathered for internal city planning purposes. Although these data may be used in forming city policy, reports on the research are rarely subject to a peer review process or other independent scientific scrutiny. Therefore, it is essential that profile researchers assess the reliability and validity of data, rather than taking it at face value. Knowing the history of the survey instrument, why the project was undertaken, and how it was funded will shed light on these questions.

Qualitative interviews are filters for deciphering data trends and provide insights into unique challenges cities face in combating substance abuse. Such interviews also provide opportunities to learn about the city's creativity, initiative and organization. Taken together, qualitative and quantitative data can shape realistic recommendations for future action.

In addition to their practical value in deciphering data, qualitative interviews also contribute to the process of engaging city agencies in the profile research. Their involvement in the process helps the profile concept to take root in the city and may influence timely changes in current data collection systems, policies, and collaborative efforts related to alcohol, tobacco and other drugs.

Each indicator source offers opportunities to obtain qualitative information, including how decisions were made to gather the data, what populations were sampled, how survey instruments have changed over time, and how the data have been used. Interviews with those persons directly responsible for gathering and maintaining specific data sets can be especially helpful in understanding exactly what the data measure (and what they do not measure). Given the local nature of the discussion, focus groups are another source of qualitative information that can complement the quantitative indicators. A few examples of how quantitative data taken alone can be misleading will suffice as a caution against simply relying on what the numbers say. Each example makes clear that a bit of detective work may be required to put the numbers in context.

THE CASE OF THE MISSING STUDENTS. The CDC's Youth Risk Behavior Surveillance System (YRBSS) reports on rates of drug use among high school students. Because the survey is administered to students at school, the findings cannot capture information on school truants and dropouts, the youth who may be at the highest risk for many of the behaviors surveyed. For jurisdictions where school truancy and dropout rates are high, the school-based findings should be considered low-end estimates of the indicators being measured. In Washington, D.C., for example, one in six teens aged 16 to 19 neither attends school nor works—89 percent higher than the national average.

Detroit's high school students are less likely to use alcohol, tobacco and other drugs than are youth statewide, according to YRBSS data. The city of Detroit recognizes that high truancy and dropout rates could affect the results of school-based surveys. In response, Detroit is taking part in Michigan's first statewide youth survey to include dropouts. With state funding support, the Detroit Bureau of Substance Abuse also sponsored youth focus groups to explore youth attitudes that might explain lower rates of drug use in city high schools than statewide. The focus groups found strong disapproval of drug use among Detroit youth, especially regarding crack, whose users were referred to pejoratively as "crackheads." The focus groups suggest that comparatively low rates of reported drug use among Detroit youth may be a reaction to what they have seen happen to their older siblings and neighbors who became involved with crack.

THE CASE OF THE CLOSED EMERGENCY ROOM. The federal Drug Abuse Warning Network (DAWN) tracks drug-related emergency room (ER) episodes in 21 metropolitan areas across the country. As with other data, sharp fluctuations in trends on drug-related medical emergencies should prompt a closer look at local conditions. In 1992, for example, the Washington, D.C., metropolitan area recorded a steep drop in the number of cocaine-related ER visits. Upon closer inspection, the entire decline was due to a drop in the number of people seeking detoxification for cocaine use; ER mentions for other negative consequences (such as overdose or withdrawal) were at their highest levels since 1989. What could explain this disparity? As it happened, the detox facility at a local hospital had just closed and a local treatment facility had opened, admitting patients who would have formerly gone to an emergency room for detox.

Without a closer look, the cocaine-related ER data would have implied considerable improvement in an important indicator of heavy drug use. Instead, further investigation showed that changes in local facilities—not a real decline in drug use—led to the decline in ER mentions. Choosing advisors with on-the-ground local experience can prove invaluable in helping profile researchers to view quantitative data with a critical eye.

DOING LESS WITH LESS. Like other social services, Washington, D.C.'s treatment budget was hit hard by the city's financial crisis in the mid-1990s. Publicly-funded

Weighing the Value of Data

	Advantages	Disadvantages
Quantitative Data	Establish trends in the nature and extent of drug problems. Provide a baseline against which to measure future progress. Help to build recommendations based on objective data rather than ideology.	Impacted by multiple factors. Vary in value as measures of policy impact.
Qualitative Data	Put quantitative data into context. Provide insights about agency history, challenges and dynamics. Help make recommendations realistic. Builds support for the profile.	Need to be backed up by quantitative data. May be influenced by the agenda and perspective of the data source.

treatment beds and slots fell by 50 percent from 1994 to 1999. However, the decline in capacity was not due entirely to budget cuts; management problems within the D.C. government's drug treatment agency slowed the renewal of provider contracts with the money that was available. Readily quantifiable, the District's budget and treatment bed figures told a tale of steep decline—but they did not tell the whole story. Based on interviews with service providers and researchers, it was clear that the city's treatment capacity was also harmed by bureaucratic delays, resulting in some of the city's available funds going unspent. To be credible, any recommendation about enhancing the District's treatment services would have to acknowledge the need for not only more resources but for better management as well.

City Politics

Qualitative interviews can also help identify the major currents in local politics that may bear on drug abuse issues. Beyond the tensions and disputes that may exist between a city and its surrounding suburbs, city residents may be politically divided themselves over any number of issues. No two cities will exhibit exactly the same political divides or the same strategies for dealing with their differences.

Quantitative indicators that cover the city as a whole may mask important differences across specific populations. For example, per capita income is an average that may hide extreme differences across parts of the city and between ethnic and racial groups. Indicators that focus exclusively on the city can risk leaving the impression that drug problems are confined to the city.

The barriers to progress in a city are often hidden in a city agency's power structure and its relationship to other agencies. An agency's history contributes to its operations in ways that outsiders cannot observe easily; indeed, the influences of the past may not even be apparent to those within the agency. The dynamics between panel members can also reveal interagency relationships, differing priorities, and areas for potential collaboration. Depending on the city, it may also be important to understand the dynamics between city agencies and their counterparts at the county or state level and in private organizations. If, for whatever reasons, important city, county, state and private actors are at odds, such a situation will have to be taken into account when offering recommendations that would entail close city-state or public-private cooperation.

Telling Stories

Profiles can also use qualitative data by telling real-life stories that personalize the facts behind the indicator data. Atlanta's Mission New Hope weaves the story of a local professional's struggle with drug abuse throughout its 1994 profile of metro Atlanta. By running through each chapter of the profile, the personal story demonstrates how the different facets of drug abuse problems are intimately related to one another. The artificial distinctions that help organize the discussion in the profile are not observed in real life: drug abuse that leads to criminal involvement will almost certainly create employment and income problems, which in turn may cause family problems. Portland's Regional Drug Initiative accompanies each indicator in its *Drug Impact Index* with a brief "Faces and Facts" account to personalize the phenomenon. Whether conveyed through promising programs or by following one individual, real-life stories can help attract media coverage of the profile.

DATA RESOURCES TABLE

For each indicator category below, resources are listed from Federal Agencies, City, County & State Agencies, Partnerships & Private Groups and Other Agencies. The tables offer guidance in locating key resources but do not constitute an exhaustive list. Titles of specific publications and surveys appear in italics. Phone numbers and websites for specific agencies are provided where available. Some agencies may have documents more current than those listed.

ALCOHOL, TOBACCO AND OTHER DRUGS: USE AND ATTITUDES

AGENCY	RESOURCE	PHONE
Federal Agencies		
Bureau of the Census www.census.gov	State Government Excise Tax Revenues State Government Finances Population Statistics	301-457-1486 301-457-2422
Centers for Disease Control and Prevention (CDC) www.cdc.gov	*Behavior Risk Factor Surveillance System (BRFSS)* *Youth Risk Behavior Surveillance System (YRBSS)* State Tobacco Excise Tax Rates	770-488-5292 770-488-5372
National Cancer Institute (NCI) www-seer.ims.nci.nih.gov	*Current Population Survey, Tobacco Use* *National Health Interview Surveys*	301-496-8510 301-436-7087
National Institute on Alcohol Abuse and Alcoholism (NIAAA) www.niaaa.nih.gov	*Apparent per Capita Alcohol Consumption: National, State and Regional Trends 1977-1995* *County Alcohol Problem Indicators, 1986-1990* *National Alcohol Survey*	301-443-3860
National Institute on Drug Abuse (NIDA) www.nida.nih.gov	*Monitoring the Future Study*	301-468-2600 301-443-1124
Office of National Drug Control Policy (ONDCP) www.whitehousedrugpolicy.gov	*Pulse Check*	202-395-6751
Office of Safe and Drug-Free Schools www.ed.gov/offices/OESE/SDFS	List of Grant Recipients	202-260-2643
Substance Abuse and Mental Health Services Administration (SAMHSA) www.samhsa.gov	List of CSAP Grantees *National Household Survey on Drug Abuse*	301-443-9361 1-800-729-6686
City, County & State Agencies		
Alcohol and Other Drugs	Adult and Youth Surveys Prevention Strategy Substance Abuse Block Grant Recipients	
Education	Drug-Free Schools Office Drug Prevention Programs Used in Schools Drug Prevention Spending (per pupil) Public School Surveys	
Health	Health/Risk Behavior Surveys Tobacco Use Surveys	
Law Enforcement	Directory of Community Policing Activities/Partnerships Directory of School Prevention Activities Drug Seizure Records	
Prevention Resource Center	Inventory of Prevention Activities	
Public Safety	Vehicle-Related Statistics	
Revenue or Economic Security	Excise Tax Rates and Revenues	

Agency	Resource	Phone
Partnerships & Private Groups		
American Lung Association www.lungusa.org	*State Legislated Actions on Tobacco Issues* Taxes and Revenues on Cigarettes and Tobacco Products	202-785-3355
Bureau of National Affairs, Inc. www.bna.com	Employers with Smoking Cessation Programs	202-452-4200
National Center for Tobacco-Free Kids www.tobaccofreekids.org	*State Legislated Actions on Tobacco Issues* Taxes and Revenues on Cigarettes and Tobacco Products	202-296-5469
Center on Addiction and Substance Abuse at Columbia University (CASA) www.casacolumbia.org	Teen and Adult Attitude Surveys	212-841-5200
Center for Science in the Public Interest www.cspinet.org	*State Alcohol Taxes & Health: A Citizens Action Guide*	202-332-9110
Community Anti-Drug Coalitions of America (CADCA) www.cadca.org	Membership Directory	703-706-0650
Distilled Spirits Council of the United States www.discus.health.org	State and Federal Laws/Regulations on Distilled Spirits Excise Tax Revenues from Alcoholic Beverages	202-628-3544
Institute for a Drug-Free Workplace www.drugfreeworkplace.ort	*Guide to State and Federal Drug Testing Laws*	202-842-7400
Join Together www.jointogether.org	*Promising Strategies: Results of the Fourth National Survey on Community Efforts to Reduce Substance Abuse and Gun Violence*	617-437-1500
National Association of State Alcohol and Drug Abuse Directors (NASADAD) www.nasadad.org	State Funding for National and State AOD Services	202-293-0090
Parents Research Institute for Drug Education (PRIDE)	Annual Teen Survey	404-544-4500
Partnership for a Drug-Free America	Teen and Adult Attitude Surveys	212-922-1560
Other Agencies		
Community Coalitions	Adult and Teen Surveys	
Universities	Dissertation Abstracts Epidemiological & Longitudinal Risk Group Studies Prevention Needs Assessment	
Epidemiological Workgroups	Annual, Semi-Annual and Quarterly Reports	

CRIMINAL JUSTICE

AGENCY	RESOURCE	PHONE
Federal Agencies		
Bureau of Justice Statistics (BJS) www.ojp.usdoj.gov/bjs	*National Judicial Reporting Program* *Sourcebook of Criminal Justice Statistics* *Substance Abuse and Treatment, State and Federal Prisoners, 1997* *Survey of Inmates of Federal Correctional Facilities* *Survey of Inmates of State Correctional Facilities*	202-307-0765 202-307-0765 1-800-732-3277
Drug Enforcement Administration (DEA) www.usdoj.gov/dea	Drug Seizure Records	202-307-4665
Federal Bureau of Investigation (FBI) www.fbi.gov	*Uniform Crime Reports*	304-625-4924
Federal Bureau of Prisons (BOP) www.bop.gov	*State Correctional Populations*	202-307-6100
Immigration and Naturalization Service (INS)	Drug Seizure Records	
National Highway Traffic Safety Administration (NHTSA) www.nhtsa.dot.gov	Drug Seizure Records	202-366-1503
National Institute on Drug Abuse (NIDA) www.nida.nih.gov	Research on Criminal Populations	301-443-6245
National Institute of Justice (NIJ) www.ojp.usdoj.gov/nij	Arrestee Drug Abuse Monitoring (ADAM) Program	1-800-851-3420
Drug Court Clearinghouse and Technical Assistance Project www.american.edu/justice	Drug Court Outcomes/Program Summaries	202-885-2875
City, County & State Agencies		
Alcohol and Other Drugs	Synar Compliance/Rate of Tobacco Sales to Minors	
Corrections	Number, Size and Type of Prison Treatment Programs Statistics on Inmates' Drug Use Histories Studies on Recidivism Treatment Impact Evaluations	
Drug Courts	Drug Court Program Outcomes	
Drug Enforcement Administration	Drug Seizure Records	
Highway Patrol	Drug Seizure Records	
Local Law Enforcement	Drug Seizure Records Arrest Figures by Offense Category	
Motor Vehicles	DUI Drivers License Suspensions and Revocations	
Pretrial Services Divisions	Drug Testing Data Intake Screening Records Recidivism Records	
Probation	Treatment Slots Reserved for Probationers	
Uniform Crime Reporting Center	Crime Data	

AGENCY	RESOURCE	PHONE
Other Agencies		
Universities	Correctional Populations Studies Prospective and Retrospective Studies of Arrestees	
Epidemiological Workgroups	Annual, Semi-Annual or Quarterly Reports	
HEALTH AND HEALTH POLICY		
Federal Agencies		
Centers for Disease Control and Prevention (CDC) www.cdc.gov	Behavior Risk Factor Surveillance System (BRFSS) CDC Wonder Mortality Figures (on the Internet) *HIV/AIDS Surveillance System* *Reported Tuberculosis Cases in the United States* *Sexually Transmitted Disease Surveillance* Youth Behavior Risk Surveillance System (YRBSS) Mortality Data Multiple Cause-of-Death Data	770-488-5292 1-800-458-5231 404-639-8120 404-639-8363 770-488-5292 301-436-8500 301-436-8500
National Institute on Drug Abuse (NIDA) www.nida.nih.gov	*Drug Abuse Treatment System Survey*	301-443-1124
National Highway Traffic Safety Administration (NHTSA) www.nhtsa.dot.gov	*Fatal Accident Reporting System* (FARS)	202-366-1503
Substance Abuse and Mental Health Services Administration (SAMHSA) www.samhsa.gov	*Client Data Set* *Drug Abuse Warning Network (DAWN)* Drug Services Research Survey of Facilities List of CSAT Grant Recipients *Uniform Facility Data Set (UFDS)* *National Household Survey on Drug Abuse*	301-443-6480 301-443-4404 301-443-6480 307-443-9361 301-443-6239 301-443-6239
City, County & State Agencies		
Alcohol and Other Drugs	Inventory of State Resources Overview of Services Publicly Funded Treatment Slots Treatment Needs Assessment Waiting Lists for Publicly Funded Treatment	
Health	HIV/AIDS Data by Exposure Category Maternal Health Records/Newborn Health Records Tuberculosis Case Reports	
Mental Health/Behavioral Health	Publicly Funded Treatment Slots	
Social Services	Annual Report Child Maltreatment Statistics Foster Care Caseload Statistics	
Transportation or Highway Patrol	Blood Alcohol Levels of Fatally-Injured Drivers Other Fatality and Injury Records	
Partnerships & Private Groups		
Child Welfare League of America www.cwla.org	*Child Abuse and Neglect: A Look at the States*	1-800-407-6273
Hospital Associations	Emergency Room Records	

HEALTH AND HEALTH POLICY (CONTINUED)

AGENCY	RESOURCE	PHONE
Mothers Against Drunk Driving (MADD) www.madd.org	*Rating the States*	214-744-6233
National Association of State Alcohol & Drug Abuse Directors (NASADAD) www.nasadad.org	*State Resources and Services Related to Alcohol and Other Drug Problems: Annual State Profile Data* *Treatment Waiting List Survey*	202-293-0090
Other Agencies Universities	Local and State HIV/AIDS Epidemiological Studies Needle Exchange Studies Other HIV/AIDS Prevention/Intervention Studies Public Health Studies Treatment Needs Assessment	

COSTS

Federal Agencies Agency for Health Care Policy & Research www.ahcpr.gov	*Forecasting the Medical Costs of the HIV Epidemic, 1991-1994*	301-594-1357
Bureau of Labor Statistics (BLS) www.bls.gov	*Consumer Expenditure Survey—Per Family Expenditures*	202-606-6900
Bureau of Prisons (BOP) www.bop.gov	Annual Cost per Inmate	202-307-3198
Centers for Disease Control and Prevention (CDC) www.cdc.gov	Smoking-Attributable Mortality, Morbidity, Economic Prevention Cost Software (SAMMEC II)	
National Highway Traffic Safety Administration (NHTSA) www.nhtsa.dot.gov	*The Economic Costs of Motor Vehicle Crashes*	202-366-1503
National Institute on Alcohol Abuse and Alcoholism (NIAAA) and National Institute on Drug Abuse (NIDA) www.niaaa.nih.gov www.nida.nih.gov	*The Economic Costs of Drug and Alcohol Abuse in the United States, 1992*	301-443-3860 301-468-2600
Social Security Administration www.ssa.gov	SSI and SSDI Payments to Alcohol and Drug Addicted Recipients	1-800-772-1213

Agency	Resource	Phone
City, County & State Agencies		
Alcohol and Other Drugs	Inventory of State Resources Overview of Services Resources of Program Inventory	
Budget Office	Agency Budgets	
Corrections	Annual Cost per Inmate Cost of New Prison Construction (per bed) Parole Costs (per case)	
Drug Courts	Drug Court Costs vs. Costs for Incarceration or Probation Impact Evaluations	
Probation Board	Probation Costs (per case)	
Social Services	Foster Care and Welfare Expenditures Related to Substance Abuse	
Partnerships & Private Groups		
Center for Science in the Public Interest www.cspinet.org	*Double Dip: The Simultaneous Decline of Alcohol Advertising and Alcohol Problems in the United States*	202-332-9110
Child Welfare League of America www.cwla.org	*Child Abuse and Neglect: A Look at the States*	1-800-407-6273
Distilled Spirits Council of the United States www.discus.health.org	Advertising Expenditures for the Distilled Spirits Industry	202-628-3544
National Association of State Alcohol & Drug Abuse Directors (NASADAD) www.nasadad.org	*State Resources and Services Related to Alcohol and Other Drug Problems: Annual State Survey*	202-293-0090
Other Agencies		
Drug Court Clearinghouse and Technical Assistance Project www.american.edu/justice	Estimated Savings from Drug Court Programs	202-885-2875

NAME OF SURVEY/RESOURCE _____

CONTACT INFORMATION

Name _____

Title _____

Agency/Department _____

Address _____

Phone Number _____

Fax Number _____

E-mail Address/Website _____

SCOPE OF DATA (*check all that apply*):

- ❑ County
- ❑ City/Town
- ❑ Metropolitan Area (MSA)
- ❑ Other (describe) _____
- ❑ Regional
- ❑ Statewide
- ❑ National

SURVEY/STUDY METHOD ❑ Random Sample ❑ Self-Reported ❑ Site Survey

SAMPLE POPULATION

Age (*give range*): _____ **Gender:** ❑ Male Only ❑ Female Only ❑ Both

Race/Ethnicity (*% from each group*):

- ❑ Hispanic
- ❑ African American
- ❑ White
- ❑ Asian
- ❑ Native American
- ❑ Other

Describe Other Selection Criteria (*e.g. correctional inmates; public school children; households with telephones; publicly-funded programs*): _____

FUNDING SOURCE _____

AVAILABILITY OF TREND DATA _____ SPECIFIC YEARS GATHERED _____

Describe changes in sampling, questions or other methods over time: _____

Formulas For Estimating Indicators

Some important figures are not available at the city level, particularly cost data. To allow for estimates despite the lack of local data, Drug Strategies has developed formulas for simple calculations. The formulas are based on national cost figures and can only provide rough estimates for any particular city.

Number and Cost of Smokers in the City[1]

adult smokers = (city's adult smoking rate) x (city's adult population)
annual cost of smokers in the city = (# adult smokers) x ($2,000)[2]

Scope and Cost of *In Utero* Alcohol and Other Drug Exposure

newborns exposed = (% city newborns exposed) x (annual births in the city)
maximum cost for first year of life = (# newborns exposed) x ($50,000)[3]

Medical Costs of HIV/AIDS Cases Related to Injection Drug Use (IDU)

1 year costs of current HIV cases = [(# cumulative IDU cases) - (# IDU deaths)] x ($5,150)[4]
1 year costs of new HIVcases = (# new IDU cases in most recent year) x ($5,150)
lifetime costs for new AIDS cases = (# new IDU cases in most recent year) x ($102,000)[4]
cumulative lifetime costs of AIDS due to IDU = (# cumulative AIDS IDU cases) x ($102,000)

Cost of Drunk Driving Deaths (DDD)

cost of DDD = (# persons killed in alcohol-related accidents) x ($2,854,000)[5]

Number and Cost of Foster Care Cases Related to Alcohol and Other Drug Abuse

AOD-related cases = (# children in foster care in the city) x (.78)[6]
cost of AOD-related cases = (# AOD-related cases) x (annual cost per case in the city)
cost per child = (total foster care expenditures per year)÷(# AOD-related cases)

Cost of Incarcerating Drug-Involved Offenders

drug offending inmates = (total # inmates) x (% inmates that are drug offenders)
cost of drug offenders = (# drug offending inmates) x (annual incarceration cost per inmate)
AOD abusing inmates = (total # inmates) x (.66)[7]
cost of AOD abusers = (annual incarceration cost per inmate) x (# AOD abusing inmates)

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1 State-by-state medical costs attributable to smoking ($72.7 billion nationwide in 1993 dollars) are presented by Leonard S. Miller et al., "State Estimates of Total Medical Expenditures Attributable to Cigarette Smoking, 1993." *Public Health Reports*, 1998, 113: 447-458.

2 D.P. Rice & W. Max, *The Cost of Smoking in California*. San Francisco, CA: University of California, Institute for Health and Aging, 1994.

3 *1991 South Carolina Prevalence Study of Drug Use Among Women Giving Birth*. State Council on Maternal, Infant and Child Health, 1991.

4 The Agency for Health Care Policy and Research estimates that average health care costs for an HIV case for one year come to $5,150 (not including the cost of protease inhibitors) and that a single AIDS case has lifetime health care cost avetaging $102,000 (up 21 percent since estimates in 1994, which were $85,000 over a lifetime). F. J. Hellinger, "Forecasting the Medical Care Costs of the HIV Epidemic: 1991-1994." Rockville, MD: U.S. Department of Health and Human Services, Agency for Health Care Policy and Research, 1995.

5 One drunk driving death costs $2,854,000. *The Economic Cost of Motor Vehicle Crashes*. National Highway Traffic Safety Administration, 1996. States may calculate their own costs for fatalities, injuries and property damage; these are preferable if available.

6 Alcohol or other drug abuse is a factor for parents/guardians in 78 percent of foster care cases nationally. *Foster Care: Parental Drug Abuse Has Alarming Impact on Young Children*. U.S. General Accounting Office, 1994.

7 If city/county/state does not measure the percentage of inmates with alcohol or other drug abuse problems, 66 percent is a conservative estimate, based on data from the Arrestee Drug Abuse Monitoring (ADAM) Program, which tests arrestees for illicit drug use; ADAM data do not include alcohol use.

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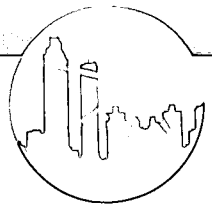

Drug Strategies' city profiles always include descriptions of promising programs, emphasizing positive developments in prevention, treatment, criminal justice and the workplace. Particularly when local indicator trends are discouraging, highlighting innovative programs creates a balanced perspective on what can be accomplished when resources are invested in programs that work. Promising programs are more apt for inclusion in comprehensive profiles that involve policy and program analysis than in indicator-only profiles. Like the use of personal stories, describing promising programs also helps to put a human face on the problems discussed in the profile. By highlighting real-life stories, the programs can connect with readers in a way that numerical data—however well presented—cannot.

FINDING PROGRAMS

Local researchers operating in familiar terrain may not need much help in identifying innovative or successful programs. For outsiders, however, there are various ways to obtain program referrals and information. Advisory panel members are an excellent source, and faculty at local colleges and universities may have suggestions. National organizations such as United Way, Catholic Charities, and Girls and Boys Clubs can also be consulted for local program referrals. Other sources include lists of award recipients, professional journal articles, and the media. Researchers should also inquire about innovative programs during phone interviews with agency staff and community representatives. When many people—advisors and others—independently recommend the same program, it is well worth investigating. Wherever possible, Drug Strategies' profiles highlight programs based on research that have demonstrated effectiveness in reducing alcohol, tobacco and other drug use and related problems. In some cases, it may make sense to highlight programs or strategies that have proven successful in other cities and could be adapted to serve the particular needs of the city being profiled.

SCREENING PROGRAMS

The first step is to read a prospective program's written materials, including brochures and reports. Before calling to interview a program representative, drafting a write-up of the program based on their materials can point to information gaps and generate questions for the interview. When conducting the first interview, let the program representative know that your investigation into promising programs is still in the exploratory stage. Also be clear that several follow-up phone calls may be required. If programs are slow to return calls and seem reluctant to cooperate, move on to other programs. Drug Strategies uses the ***Promising Program Data Form*** presented on page 31 to guide the interview process.

SELECTION CRITERIA

Programs in the report should reflect the effectiveness, diversity, and innovation of initiatives in the city. The final collection of promising programs ideally will include:

DEMONSTRATED EFFECTIVENESS. Increasingly, funders require evaluation of a program's effectiveness in achieving its goals. Beginning in the year 2000, for example, the Michigan Department of Community Health will require that prevention programs use approaches proven by research to be effective in order to qualify for state funding; the new rule is likely to affect many of the 45 prevention programs supported by the Detroit Bureau of Substance Abuse, which is funded in part by the state. The evaluation process can point to weaknesses in program design and implementation that, when corrected, can lead to better outcomes. Evaluation results are also crucial to deciding whether a particular program or approach should be replicated elsewhere, whether across town or across the country. Examples of measurable outcomes include reduced drug use, needle sharing, and criminal recidivism; cost savings; or increased employment and high school graduation rates.

Ideally, programs chosen to be highlighted will already have outcome data that demonstrate their effectiveness, or at least be involved in ongoing evaluative research. Washington, D.C.'s needle exchange program, run by the non-profit Prevention Works, provides a strong example of demonstrated effectiveness. A 1997 study of risk behavior outcomes found that needle exchange participants reported significantly fewer HIV risk behaviors and less drug use, including a 29 percent drop in the number of drug injections.

If a program represents local implementation of an approach already underway elsewhere in the country, outcome data may be available from other sites. Many local programs, however, may not yet have any outcome data, if only because they are still so new. If very few programs in the city can point to outcomes, the profile

should emphasize that those highlighted are considered "promising" but are not yet proven. For example, Drug Strategies' *Detroit Profile* notes that few of the programs have been formally evaluated, and underscores the "urgent need to assess their effectiveness before they are replicated elsewhere."

Programs lacking formal outcome data may be able to provide implementation data, such as number of participants, communities or businesses involved, or the growth of the program over time. For example, Santa Barbara's Community Sobering Center has not been formally evaluated, but since 1994 more than 600 individuals referred to drug treatment through the Center have entered treatment. In the absence of outcome and implementation data, researchers can try to gauge a program's performance based on awards received, the length of the waiting list to participate, and the extent of local community support and involvement.

DIVERSITY. The profile can capture the diversity of city programs in four separate dimensions: discipline; funding sources; geography; and population. First, a comprehensive profile offers the opportunity to describe promising efforts in a wide range of disciplines, including prevention, treatment, criminal justice, and the workplace. Drug Strategies' profiles provide a separate section for each discipline, and highlight them in presentational styles distinct from that of the rest of the profile. Second, the profile can present a mixture of programs funded by public and private agencies. In cities where one or two agencies have borne most of the funding responsibility, it can be a challenge to find quality programs with varied funding mechanisms. However, highlighting such programs can encourage continued interest by diverse organizations, and help maintain a community-wide interest in funding programs. The 'Cause Children Count Coalition, a non-profit organization dedicated to reducing underage smoking and drinking in Washington, D.C., receives funding from several sources, including the city government, Bell Atlantic, and foundations with local orientation (the Morris and Gwendolyn Cafritz Foundation) and national scope (the Robert Wood Johnson Foundation). Santa Barbara's in-school and community-based prevention organization, Youth Service Specialists, is supported by the Santa Barbara and Carpinteria school districts as well as by the Robert Wood Johnson Foundation and local foundations.

Third, programs operating in different sections of the city can be highlighted, accentuating that drug abuse problems—and local responses—are not confined to just one or two areas of the city. Some programs may focus on certain neighborhoods, and can demonstrate the wide range of local initiatives that can be brought to bear in the fight against drug abuse. For example, Washington, D.C.'s Marshall Heights Community Development Organization not only promotes investment in housing and community revitalization projects, but houses the local "Fighting Back" initiative, including an outpatient drug treatment program complete with child-care and aftercare services, employment counseling, life-skills and job training, internships, job search and follow-up services. Programs with city-wide coverage can provide a basis for understanding which neighborhoods are most in need of attention. For example, Detroit's Coalition of Billboard Advertising Against Alcohol and Tobacco found that 58 percent of billboards in the city's lower income zip codes advertise alcohol and tobacco, compared to 43 percent in higher income areas. If several programs are comparable, placing a priority on geographic breadth is one way to narrow the choices.

Finally, the profile can showcase programs serving the needs of specific groups of people, ranging from broad categories like youth, women or Latinos to more narrow subpopulations such as pregnant women, Latino youth, prostitutes or homeless persons. For example, Detroit's Arab Community Center for Economic and Social Services runs the nation's first Arabic speaking AA group for Arab-American addicts and their families. Emphasizing geographic, demographic, and cultural diversity in selecting promising programs can round out the profile's coverage of important local and minority issues which may not be adequately described by the available quantitative indicators.

INNOVATION. Seek programs that have unique designs or have evolved through innovative partnerships, interdisciplinary collaborations, or unusual funding mechanisms. Highlighting these kinds of programs can help generate new ideas about how to use limited funds and build collaboration. Innovations in criminal and juvenile justice are especially noteworthy, since traditional criminal justice responses to drugs and drug-related crime are quite expensive and often ineffective. The Santa Barbara Teen Court, for example, affords first-time juvenile offenders the opportunity to take responsibility

Screening and Selecting Promising Programs

Challenges	Strategies
Finding Programs	Obtain suggestions from advisory panel members and other key contacts. Look for Center for Substance Abuse Prevention (CSAP) and Center for Substance Abuse Treatment (CSAT) award recipients, professional journal articles, and media coverage of innovative programs.
Diversity	Choose prevention, treatment, workplace and criminal justice programs which address key problem areas revealed in trend data. Highlight programs funded by both public and private agencies. Highlight programs representing different geographic regions of the city, or serving distinct subpopulations. If several programs are similar, place priority on geographic breadth.
Innovation	Seek programs that have evolved through innovative partnerships, interdisciplinary collaborations, or unique funding mechanisms.
Evaluation Data	Put a premium on programs that have outcome measures or can show cost savings. Programs with implementation data may also be valuable.

for their actions while avoiding a juvenile record. Less than 20 percent of program graduates have had further contact with law enforcement—far lower than the national recidivism rate for first-time offenders.

Writing Program Descriptions

Program summaries should include the history, goals and accomplishments of a program, and its impact on alcohol, tobacco and other drug problems. Context for the program can be provided by briefly discussing the local or regional trends that make the program and the approach it represents so important. The text should emphasize the unique aspects of the program, its cost-effectiveness and other measures of success. Since these are examples of approaches that work—or at least show promise—readers should be able to contact program representatives to learn more. A sample program summary is provided from the "Workplace Programs" section of Drug Strategies' *Facing Facts: Drugs and the Future of Washington, D.C.*

Sample Promising Program

Cooking Up Jobs for Recovering Addicts. Beyond feeding the homeless, D.C. Central Kitchen offers recovering addicts just what they need to prevent relapse: job training. In a 12-week course, the group turns homeless recovering drug abusers into certified safe food handlers ready for food service careers. During the course—which includes random drug testing—chefs and guest speakers instruct the trainees on everything from food sanitation procedures to punctuality. Two hundred participants have graduated from the training program since 1990. Nine in ten obtain full-time jobs upon graduation. Graduates also staff a mobile kitchen that provides meals and offers substance abuse counseling at three emergency shelters. D.C. Central Kitchen prepares 3,000 meals for the needy every day. Individuals, foundations, businesses and the United Way support D.C. Central Kitchen, which recently won a grant worth nearly $2 million from the U.S. Department of Labor to open job-training sites for 1,275 District welfare recipients. For details, call (202) 234-0707 or visit the Kitchen's web site at www.dccentralkitchen.org.

PROMISING PROGRAM DATA FORM

*This form is a cue sheet for gathering data on programs. Complete the contact information and pursue the "First Interview" items during the first conversation with a program contact. If applicable, ask for materials (see * items). Conduct a second phone interview to complete remaining items if necessary.*

PROGRAM NAME _____

PROGRAM CATEGORY

❒Prevention ❒Criminal Justice ❒Treatment

❒Workplace ❒Other (specify) _____

CONTACT PERSON

Name: _____

Title: _____

Organization: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Website: _____

Date of Contact: _____ Best Time to Reach: _____

FIRST INTERVIEW	SECOND INTERVIEW
Impetus for Starting Program Establishing Organizations/Agencies Program Goals *Innovative Aspects of the Program Program Description *Implementation Data Outcome Data	Anecdotes Date Program Established Awards and Honors Received News Articles/Media Coverage Sources of Funding

*if none, do not ask for materials.

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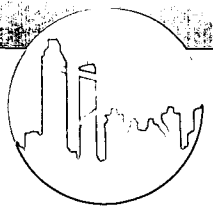


Writing and designing the report is the culmination of the research process. Choices about what to include and how to present the information are critical. For indicator-only profiles, the format will be the primary consideration in producing the report, while for comprehensive profiles composing an objective, concise narrative is just as important. This chapter describes how to write, design and disseminate a comprehensive report that achieves these goals. Many of the details, particularly with regard to dissemination, will benefit indicator-only profiles as well.

WRITING CHAPTERS

Considerations about the audience and the goals of the project will influence the tone of the report, what information is included and how it is presented. The model that has worked well for Drug Strategies' profiles has been to present key findings and trends grouped by topic, such as drug use, its impact on health, and its impact on crime. Each chapter is then followed by descriptions of the city's promising programs, which complement the indicator-driven narrative with specific examples of on-the-ground efforts to address local problems. For example, following a chapter on prevalence of drug use, Drug Strategies typically devotes a few pages to describing promising prevention programs.

Whether as part of the promising programs or within the chapters themselves, the report highlights unique initiatives in data collection, collaboration and intervention related to prevention, treatment and criminal justice. These may include trail-blazing projects or policies that other cities or regions could adopt, such as the treatment component of the Washington/Baltimore HIDTA program, and projects with local relevance, such as the Washington, D.C. needle exchange program run by Prevention Works.

Early in the profile, Drug Strategies also includes a brief chapter describing the city agency structure related to drug issues, as well as economic, demographic and geographic factors that impact local drug use trends and program implementation.

MAKING RECOMMENDATIONS

Each of Drug Strategies' city profiles includes a chapter entitled "Looking to the Future" summarizing the challenges the city faces, and offering recommendations for action. The specific recommendations are typically grouped within larger categories, such as leadership, prevention, treatment, criminal justice, data gathering, and collaboration. If the research process has revealed areas that would benefit from additional data collection, collaboration or legislation, this is the place to suggest specific changes. Some basic considerations apply to all cities in making recommendations, whatever their specific content.

POWER IN NUMBERS. By presenting indicator trends and the outcomes of existing initiatives, the profile sets a tone which holds agencies accountable for spending by using reliable numbers to quantify program outcomes. Since Drug Strategies' goal is to produce concise reports, we have always ended up with more information than we can use. The strongest data provide the firmest ground for policy recommendations, so we have tended to focus on the figures with the strongest methodological underpinnings. Sometimes, recommendations arise naturally from the absence of numbers. For example, failure to find indicator data (particularly when those indicators were ranked high on the list of priorities) points out obvious areas for improvement in monitoring efforts.

REALISTIC GOALS. Because the profile integrates criminal justice, health, prevention and treatment data, policy recommendations should apply to all these areas. If the profile's advisory process has effectively involved community leaders, agency heads and elected officials, the recommendations are more likely to be embraced and eventually enacted. However, even under the most favorable circumstances, change can be derailed—or at least delayed—by all manner of events, including those that have nothing directly to do with drug policy. Certain goals, including increased treatment funding, will almost inevitably depend on state and federal decisions as well as on city and county initiatives. Recommendations for new or revised legislation or for reallocation of funds will become part of the city's wider political process, and are bound to encounter some political obstacles. Some objections will be predictable. For example, alcohol wholesalers and local retailers such as restaurant and hotel owners can be counted on to oppose any move to impose or increase alcohol taxes. Recommendations for new service delivery systems or

substantial shifts of funding and responsibilities across agencies will provoke opposition from those who have confidence in the current system or benefit from it in some way. Researchers need to account for such objections when framing recommendations. Without sacrificing the ultimate goal of a given reform, legitimate community concerns about the pace of change can be acknowledged and a gradual transition proposed.

There is a thin line, however, between fashioning realistic recommendations by trying to account for local political sensitivities, and allowing concerns about political feasibility to dictate what will be recommended. In some cases, the rationale and supporting evidence for a policy recommendation may be so strong that considerations of political feasibility should be put aside entirely: even if enactment appears remote, the recommendation should be made.

EMPHASIZE COLLABORATION. The interdisciplinary nature of drug abuse problems means that numerous city agencies are involved in the issue in one way or another. To strengthen initiatives and prevent duplication of effort, Drug Strategies' city profiles have all recommended increased collaboration among agencies, with respect to both data collection and service delivery. Such coordination stands the best chance for success when the key agencies involved appreciate their common goals and perceive the potential benefits of collaboration.

REVIEWING AND REVISING DRAFTS

Project advisors can provide invaluable feedback on drafts of the report. Whether the profile is being written by a city agency, an academic researcher, a commission or an independent group, early drafts may lack the perspective that advisors from multiple disciplines can offer. Outsiders are rarely as sensitive to agency histories and politics as are local advisors, who will know immediately if something critical has been overlooked.

It is important to incorporate advisors' suggestions wherever possible. Comments from advisors often provide new leads on quantitative or qualitative data which were not identified during the research process. In addition, taking their advice helps maintain advisors' engagement in the project. If advisors feel they have been consulted along the way, they are also more likely to embrace the final product and promote its recommendations.

DESIGNING THE PROFILE

Nowhere is the adage "less is more" more apt than in writing and designing a city profile report. To be effective, the report needs to be short and easy to read, which can be accomplished by summarizing data wherever possible and using charts to highlight trends, particularly those which will be linked to recommendations.

SELECTING REALISTIC PRIORITIES FOR THE FUTURE

CHALLENGES	STRATEGIES
USING LIMITED RESOURCES TO ADDRESS MULTIPLE NEEDS	Encourage inter-agency collaboration to prevent duplication of effort. Base recommendations on the cost-savings resulting from successful programs. Include methods for funding new initiatives in the recommendations.
CHOOSING BATTLES CAREFULLY	Assume the role of policymaker. Choose ambitious goals, but remain cognizant of the political realities which influence city policies.
BALANCING DATA NEEDS WITH POLICY INITIATIVES	Link policy recommendations to objective indicators, even if data have not yet been collected.

We have found it essential to arrange in advance how the report will be produced. These decisions will be driven largely by the project budget. The following factors merit consideration: desktop publishing or professional graphic design; single- or multi-color production; quality of paper; and quantity needed. Investing in a graphic designer to format the final document may seem like a luxury. However, Drug Strategies has found it to be worth the extra expense, since professionally designed reports can make a stronger impression and often are taken more seriously. The choice of a designer is important, since the artwork sets the tone for the whole report. On the other hand, desktop publishing is fine if that is what the budget allows. The word processing and spreadsheet software used in most offices are certainly adequate for producing an attractive report with charts and tables. Using a professionally designed cover with desktop publishing for the inside pages may be an affordable alternative.

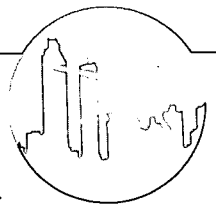
SPREADING THE WORD

Dissemination is an essential element in any successful public policy initiative. Careful research and rigorous analysis cannot influence policy unless the information reaches key individuals and organizations in a timely fashion and user-friendly format. It is critical to target all the sectors that can play a role in bridging the gap between research and practice. For example, beyond those who administer policy are those who frame and fund it, such as city council members, state legislators and members of Congress.

Members of the advisory panel can be very helpful in determining how and to whom the report should be released. With a limited distribution of 1,500 copies, for example, it is important that each report is sent to the most appropriate individual. For example, the council member who chairs the health or human services committee should certainly receive the profile, but so, too, should the committee's staff director.

Depending upon budget constraints, hiring a mailing house to coordinate the dissemination effort may be a worthwhile investment. Conferences and meetings are also useful venues for dissemination. Posting the profile on the Internet can reduce printing and postage costs and make the report accessible to thousands more people. It also provides an opportunity to present detailed data tables and footnotes which may not fit easily into a printed report, and to link the report and its specific findings to other information sources on the Internet.

THE MEDIA CONNECTION. For elected officials who make policy and funding decisions, public support is a significant element in their decisions. Thus, dissemination efforts typically include a media component targeting the general press and trade publications in order to publicize the profile's findings. For all of our city profiles, Drug Strategies uses media advisories and press briefings to engage the public in dialogue about drug policy. City profiles are useful to members of the media because they bring together data from diverse disciplines in straightforward language. Developing relationships with journalists interested in drug issues over the course of the project can make this effort especially fruitful.



Lessons from the Field describes the steps and challenges involved in profiling city alcohol, tobacco and other drug problems. It emphasizes the importance of data in both evaluating policies and programs and shaping new ones. The effectiveness of the city profile as a tool for shaping initiatives may also be scrutinized, especially if the profile is published on an annual or recurrent basis. Indeed, funders may require a review of the research process and an impact evaluation. Ideas for how to conduct such an evaluation are described briefly here.

REVIEWING THE RESEARCH PROCESS

Assessing the usefulness of the indicator research process will be essential if the profile is to be repeated at a later date. For each indicator, it is important to determine whether trend data were available, reliable, methodologically sound and easily accessed. If indicator data were not available, was the indicator skipped altogether, reported as unavailable, or approximated using other data? Were the figures considered at the outset by advisors to be the most valuable actually available? After the profile has been published and enough time has elapsed to gauge local reactions, it may be useful to meet with all those who participated in the profile's development for a discussion of lessons learned. If a follow-up report is to be undertaken, what should be done differently? What seems to have been successful? Who was missing and should be included the next time? The answers to such questions can identify strengths to build upon and the weaknesses to be addressed in the future.

MEASURING IMPACT

Objectively measuring the profile's impact means determining whether recommendations have been implemented and how new initiatives are progressing. Real impact seldom takes place in the short term. Nonetheless, monitoring legislative events, funding trends and new initiatives in the months and years after the city profile is a good start. Preliminary impact can also be measured in terms of media coverage and the public statements by elected officials and agency heads. Drug Strategies' city profiles have been launched at press conferences featuring mayors and other public officials and have received impressive newspaper, radio and TV coverage.

The profile's ultimate goal, of course, is not just to increase funding for specific programs or increase collaboration between certain agencies, but to positively affect the behaviors measured by the indicator trends (e.g., reduce the incidence of drug-related HIV infections or reduce the number of drunk driving fatalities). Trends such as these, of course, are influenced by many factors. While it may be tempting to credit the profile and the activities it has engendered for improvements that occur, establishing a firm connection between the profile and eventual changes in behavior requires rigorous scientific evaluation. Such an evaluation would first have to demonstrate a link between the profile and changes in policies or programs, and would then have to demonstrate that those policy reforms in fact contributed to the improved behavioral outcomes.

Short of such a formal evaluation, however, a commonsense monitoring approach can shed light on the profile's impact. For example, if the profile recommends that a city expand its methadone maintenance treatment capacity, the city proceeds to do so, and subsequent monitoring finds fewer heroin users and reduced incidence of injection-related infections such as HIV, then it makes sense to attribute at least some of the progress to the profile (and to the collaborative process of creating it).

Drug Strategies has offered this guide in the hope that it can help cities to paint an accurate picture of their local alcohol, tobacco and other drug problems, and to develop at least the outlines of a blueprint for how to strengthen local responses. Even the best profile is only a snapshot in time, but it can nevertheless provide a baseline of information about local drug abuse issues—a baseline that can help raise public awareness and serve as a point of reference for measuring progress in the future.

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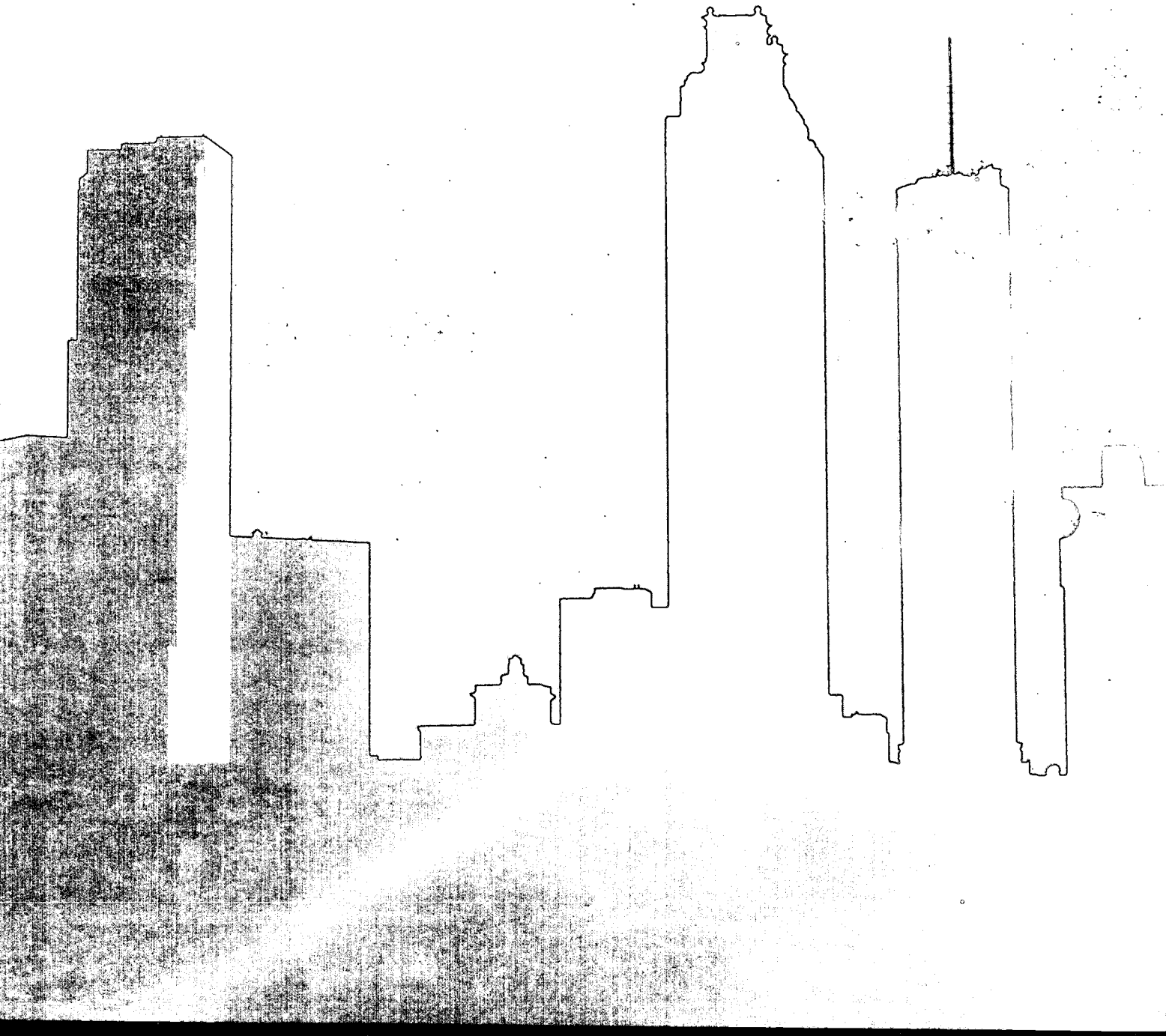

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