CHAPTER 6

Abatement Report Fact Sheet

THE OPIOID EPIDEMIC

CHAPTER 6: Data Infrastructure

Key Takeaway(s)

- Data infrastructure is an essential tool in: judging whether opioid-related amelioration efforts are having any impact; for mapping the resources available to address the opioid crisis; and informing a community's plans to deploy those resources and identifying gaps.
- However, certain features of the opioid crisis complicate data monitoring, including: the limited likelihood that people would self-report since opioid misuse is illegal and addiction is deeply stigmatized. Moreover, impacted individuals are often hard to reach because they can be homeless, cycling in and out of the criminal justice system, and transient.
- Many of the surviving national data-monitoring efforts are inadequate for a variety of reasons, including:
  - They do not measure opioid-related variables with sufficient precision (ie: The Behavior Risk Factors Surveillance System and National Forensic Laboratory Information System).
  - Many don't provide any state-level data (ie: the National Electronic Injury Surveillance System, National Hospital Medical Care Survey, National Ambulatory Medical Care Survey, Federal Workplace Drug Testing Program, and Monitoring the Future), and those that do (ie: Medical Expenditure Panel survey) only do so for a subset of states, and others (ie: National Survey on Drug and Health) only provide data every few years with a considerable time lag.

Recommendations

- Data monitoring systems built entirely on household surveys are likely to produce inaccurate data. Better systems would use a range of data-collection methods, including biological and administrative measures like wastewater analysis, urine screens of individuals entering jails, and medical diagnostic data from hospitals and clinics.
- States should make the following three data-related investments:
  - Regularly extract state-level data.
  - Improve the assessment of variables already captured, to some extent, by existing systems (ie: expanding PDMPs, wastewater analysis, surveying populations missed by household surveys).
  - Create new systems to measure variables for which there currently is no assessment (ie: tracking harm reduction services, urinalysis and screenings among those entering jails, measuring prevalence of pill drop-off sites operated by pharmacies, hospitals, etc., tracking drug-related prevention programming in schools and communities).

Case studies/models/research findings

- n/a

Implementation considerations (policy, costs, scaling, etc.)

- When states undertake expanding their extraction of state-level data, they should consider pooling resources to support a single analytic team that could regularly populate state dashboards as a more cost-effective approach.