Use of Archival Data

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1. INTRODUCTION

The foregoing section laid out the natural history of drug use and abuse including a discussion of the origins and pathways and the associated health, social, and psychological consequences. This section will address the methods most often used by drug abuse epidemiologists to both describe the problem within a defined geographic area or population and to understand the nature of the problem. The first chapter in this section discusses the most basic epidemiologic approach used to define the parameters of a drug problem, the use of archival or existing data. In this chapter, the need for multiple sources of information on drug use is recommended in response to the stigmatized nature of drug abuse in most societies which often limits identification through self-report as individuals seek to avoid incriminating themselves. Even where laws against the possession, sales or use of drugs of abuse are not fully enforced, there is usually social stigma against drug users, thus inhibiting acknowledgement of such use.

Accessing vulnerable or susceptible persons or persons who are actually affected with a health problem is a difficult challenge for all epidemiologists and not limited to those addressing drug abuse. Researchers interested in mental health problems, cancer, heart disease, and most other medical problems face similar barriers. For some of these conditions, registries, reports or insurance billing information represent the primary source of information on affected cases. An excellent example of this approach is the use of Surveillance, Epidemiology, and End Result (SEER) data for cancer incidence and mortality (National Cancer Institute). Currently SEER receives reports of cases from 14 population-based areas including States, counties, and extended metropolitan regions. Information from SEER is projected for all of the United States. Another example of this approach is for HIV infection and AIDS. The Centers for Disease Prevention and Control have established registries within State-level health departments that receive reports of infected persons (Centers for Disease Control and Prevention, 2001). Both the SEER and HIV registries begin with reports that have minimal information and add subsequent information from medical records or investigative summaries (Gornick et al., 2004). For other medical problems, surveys are used to determine the extent of these problems in general populations, usually asking the respondents if they have the problem or if they have symptoms that may or may not be both sensitive and specific to the index problem. These types of studies may follow a series of cohorts recruited from a general population living in defined areas every year or less frequently. A good example is the renowned Framingham study in which study participants are being followed every two years with questionnaires and medical examinations (National Heart, Lung, and Blood Institute). The first cohort established in 1948 consisted of over 5,000 residents between the ages of 30 and 62. The second consisted of the children of the first cohort, established in 1971. Currently, the researchers are recruiting the children of the second cohort.