DURHAM -- A report compiled last summer on drug use in Durham is serving as a template for collecting similar information everywhere else in North Carolina, a local government board learned Thursday.

Joel Rosch, a political science professor who co-authored a study of substance abuse with two colleagues at Duke's Center for Child and Family Policy, told officials at the county's agency for mental health, substance abuse and developmental disabilities services -- The Durham Center -- that community-by-community data will be posted to the Web in a few months.

"Because you did this, the state has asked us to do this for the entire state of North Carolina," Rosch told The Durham Center board.

The report, co-authored by Audrey Foster and Elizabeth Gifford, looks at more than alcohol and drug abuse rates or the number of people who seek treatment. For instance, it found that nearly one-third of police domestic violence calls involved alcohol or drugs and that those substances were a factor 13 percent of the time that the county's Department of Social Services removed children from their homes.

A quarter of fatal 2005 Durham auto collisions and more than 1,800 emergency room visits in 2004 -- 3 percent of total ER visits that year -- also involved alcohol or drugs, data indicated.

A survey of prison inmates here showed that nearly two-thirds first tried drugs between their 13th and 19th birthdays.

There are some positive indicators for Durham. For instance, the county has lower rates of driving while impaired and children being taken from homes for substance abuse than the rest of the state.

A close look at the study results is revealing, according to the author.

"The drugs that people die from are different from the drugs that people get arrested for," he said.

Marijuana is a frequent cause of arrest but not involved in the county's drug-related deaths. Methadone and heroin, drugs that tend to be used by people older than those who use cocaine or marijuana, are overrepresented when it comes to death and hospitalization.

The drug survey has been evolving since it was first published last fall as different groups have protested that their data was left out. ("We say 'Great!' when that happens, Rosch said.)

The author looks forward to compiling lists and maps of treatment resources to make last summer's effort a more useful community tool.

After discussing some of the highlights of the report, Rosch told members of The Durham Center board that public service agencies should try to build on and promote their strengths.

"You don't garner support from the public by saying, 'Gee, we're failing, we're failing, we're failing -- give us more money,' " Rosch said.

One of this community's assets is a greater degree of cross-organizational collaboration than other communities, he said.

Rosch is scheduled to address a state legislative committee next week. One of the messages he will bring, he said, is that political leadership is needed to get agencies to cooperate. And the best way to do that isn't to tell organizations to work together but to order them to do things that none of them can
accomplish alone. For example, if foster children are required to graduate from high school, social services agencies must collaborate with public schools.

"Each of our agencies is responsible for these -- what I would call outputs -- how many kids they served," Rosch said.

"But what the public cares about [is] are people committing crimes [and] do they have jobs? .... The more we ask our agencies to be accountable for these broad functional outcomes, the more they have to work together."

The report is available at www.HealthyDurham.org online.

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