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Karen M. Carpenter-Palumbo
Commissioner

June 29, 2007

Summer King
Reports Clearance Officer
Substance Abuse and Mental Health Services Administration
Room 7-1044, One Choke Cherry Road
Rockville MD 20857

Dear Ms. King:

Re: Comments on the Draft 2008 National Survey on Drug Use and Health (NSDUH) – (OMB No. 0930-0110)

This letter provides comments on proposed revisions to the 2008 NSDUH, as published in the April 27th issue of the Federal Register.

Overall Comments:

- The accuracy of answers from computer literate respondents may be greater than from respondents unfamiliar with computers. Is there a contingency plan for those respondents who may not be computer literate?
- Every question on age of first use of a given substance is followed by a question asking about the month in which the first episode of use occurred. Is the followup question really necessary? It would not seem this would enhance the NSDUH's analytic utility (e.g., is there truly any significant difference between those who may have first used when they were 13 and 3 months, rather than 13 and 10 months).
- If the followup question is an attempt to understand whether first use is tied to events (such as holidays or the end of the school year) – perhaps to better inform prevention efforts –, wouldn't it be more helpful to ask that question?

Specific Comments with page references:

Page 7, QD11 – This question should ask respondents to indicate if the additional years were related to a higher degree, such as a graduate program. 'Fifth year or higher' (option 17) could be interpreted as appropriate for those who take more than four years to complete their undergraduate degree which would not seem important to the survey's interest.

Page 11 – Will the interviewer be on hand for assistance if the interviewee has a computer problem or a data-entry problem? If not, there could be unnecessary time loss.

Page 26, CG16a – This question may be self-evident from earlier questions asked about smoking. For example, if the respondent already said they had smoked 10 cigarettes a day for every day in the past month. To avoid duplication, perhaps the question should go in the beginning of the smoking section on Page 15.

Page 43 – Question after showing CARD3a – Maybe a question could be added that asks the respondent to type any alcoholic beverage that they don't see on the list. A respondent may know a brand of drink without knowing the category it should be classified as.

Page 43 – There is an apparent typo ("Piza Colada" should be changed to "Pina Colada").

Pages 62 through 68 contain questions on the use of cocaine in all its forms (including Crack) overlapping with questions on **pages 70 through 76** which contain parallel questions related only to the use of Crack. Given the length of the instrument, it might be advisable to restrict the questions on pages 62 through 68 to cocaine and explicit instruct the respondent that this section excludes the use of Crack.

It is not clear why CNS stimulants used in the treatment of ADHD other than Ritalin (e.g. Adderall) are included in the section on "Special Drugs" rather than as part of the stimulants section on page 146. Since Adderall is basically dextro-amphetamine, there doesn't appear to be a compelling argument for this, especially given the length of the instrument. Consideration should be given to including Adderall in the Stimulants section rather than asking about it in a separate section.

Page 69, CK01 – The previous section to this includes all forms of cocaine. Maybe that earlier section should specify 'exclusive of crack' so the respondent doesn't answer the same set of questions (for crack) twice.

All prescription drug questions – Different wording may be appropriate as "Experience or feeling it caused" seems too vague. One suggestion would be: 'We are only interested in your use of a drug if the drug was not prescribed for you and you took the drug only to get high.'

We believe that the current wording would include responses from 'one-time borrowers,' such as those using their mother's prescription pain medication to self treat a sprained ankle, together with those whose intention is to get high. That is, the one-time borrower could be someone taking the drug that wasn't prescribed for them whose goal was to lessen pain (i.e., misinterpreting for question as taking the drug for the feeling the drug would provide). The alternative language proposed may help to better identify respondents whose only goal was to experience the feeling the drug caused.

Page 131 – Similar to the crack section, Oxycontin might be identified earlier or as a skip item, to prevent respondents who have only ever used Oxycontin from answering the same questions twice. Perhaps on page 131 there could be an option asking if their answers to the previous questions on pain medications referred to Oxycontin only. If so, they would skip to the next section.

Page 157 – The section on sedatives begins by referring to these medications as "sleeping pills" but then appears to be limited to Ambien. (Prescription sleep medications are not asked about in this section but rather, like Adderall, are included in the "Special Drugs" section.) We would suggest either including prescription sleep medications in the sedatives section or leaving them

in the “Special Drugs” section with the reference to “sleeping pills” removed from the sedatives section. In either case, the sleep medications asked about should not be limited to Ambien.

Page 170 – Perhaps answers to the injection questions would be more easily remembered if asked in the specific substance sections.

Page 177 – Questions RK01h and RK01i ask about the perceived harm of using cocaine once or twice a week and once or twice a month; however, since “cocaine” is left undefined, it is unclear if Crack is included. A clear definition should be provided.

Page 178, RK04c – This question should include riding as a passenger in the front or back seat of a car.

Page 205, 207, 210 and 212 – In the introductory statements to the questions on dependence and abuse of prescription medications (i.e. DRPR on page 205, DRTR on page 207, DRST on page 210, and DRSV on page 212), it might be advisable to repeat some examples of the types of medications included in each of the prescription drug categories. This is especially critical as there appears to be some confusion in the instrument regarding what drugs are included in each of these categories. (For instance, does the category of prescription stimulants include Adderall or methamphetamine? Does the category of prescription sedatives include prescription sleep medications such as Ambien, Lunesta, or Rozaren?)

Page 217 – Question SP03l asks respondents between the ages of 12 and 17 if they were arrested and “booked” (i.e. taken into custody and processed by the police) in the past 12 months for possession of tobacco. Since possession of alcohol is also illegal for minors, the survey should include a similar question on alcohol, especially given the concern with underage drinking. Although question SP03k, which asks all respondents if they were arrested for public drunkenness or other liquor law violations, provides some indication of the extent to which minors are being sanctioned by the authorities for underage drinking, the term “liquor law violations” is rather general. A direct question asking minors specifically about alcohol possession might be preferable.

Pages 232-283 – If the goal of this section is to check for reliability of earlier answers, perhaps a much restricted sample of earlier questions could be used. The extensiveness of this section, as drafted, might lead to interviewee fatigue and frustration.

Page 249 – As with questions RK01h and RK01i, questions LU09c and LU09d ask about the last time respondents used cocaine without specifying if Crack is included (i.e. “cocaine in any form”). Since these questions are followed by a parallel series of questions on the last time respondents used Crack, this ambiguity needs to be clarified.

Page 312 – The introductory statement to the questions on Adult Mental Health Service Utilization reads: “These next questions are about treatment and counseling for problems with emotions, nerves or mental health. Please do not include treatment for alcohol or drug use.” Does this also exclude treatment for non-alcohol/drug-related addictive behaviors such as smoking, gambling, eating disorders, etc.? While it is not clear what the survey is trying to assess here, the high degree of co-morbidity between alcohol/drug use and other addictive disorders, combined with the increasing popularity of gambling, would argue in favor of clarifying the parameters of this set of questions. It is suggested that treatment for other addictive behaviors be explicitly included or excluded from this set of questions.

Pages 312-318 – Mental health section - Perhaps a question or two on psychotic symptoms would be useful in finding out if those with psychotic depression or (more rarely) schizophrenia or any schizoaffective disorder use specific substances to combat hallucinations (i.e. - sedatives or cigarettes). Furthermore, a question or two on ADHD symptoms might help explain the use of non-prescribed stimulants such as Adderall or Ritalin as we cannot assume that such drugs are taken only for the purposed of getting high.

Page 318, Admit30 – This question should include an option for maintenance visits or ongoing problems.

Thank you for your attention to this matter and for the opportunity to comment. Questions on these comments should be directed to Mr. Gregory Rainone (by phone at 646/728-4607 or by e-mail at GregoryRainone@oasas.state.ny.us).

Sincerely,

A handwritten signature in black ink, appearing to read "Reba Architzel" followed by a stylized flourish or initials.

Reba Architzel
Director – Grants Management and Federal Affairs

cc: R. Gallati
G. Rainone
N. Gargon