



**OASAS**

NEW YORK STATE  
OFFICE OF ALCOHOLISM & SUBSTANCE ABUSE SERVICES  
Improving Lives. *Addiction Services for Prevention, Treatment, Recovery*

GOVERNOR  
David A. Paterson

COMMISSIONER  
Karen M. Carpenter-Palumbo

December 6, 2010

Summer King  
Reports Clearance Officer  
SAMHSA  
One Choke Cherry Road, Room 8-1099  
Rockville, MD 20857

Dear Ms. King:

Re: Comments on the 2011-2014 National Survey on Drug Use and Health:  
Methodological Field Tests (OMB No. 0930-0290-Revision)

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) plans and monitors services throughout New York, in partnership with local, State and Federal entities, to: prevent substance abuse and/or substance use disorders (SUDs); provide treatment where indicated; and support the recovery of individuals, families and communities. OASAS oversees more than 1,550 prevention, treatment and recovery service programs; on any given day, approximately 110,000 New Yorkers receive services from OASAS approved programs (including 12 inpatient treatment centers that OASAS itself operates). We are committed to assuring that New Yorkers know that recovery is real and to advancing a recovery oriented system of care.

OASAS understands that this survey is used to collect data to determine the prevalence of use of tobacco products, alcohol, illicit substances, and illicit use of prescription drugs. The results are used by SAMHSA, ONDCP, Federal government agencies, and other organizations and researchers to establish policy, direct program activities, and better allocate resources.

Concerning the current content of the survey, OASAS offers the following for consideration:

- 1) Non-medical use of propoxyphene (i.e. Darvon, Darvocets) and Tylenol with Codeine are asked about in the same question. Given the Food and Drug Administration's recent decision to remove propoxyphene from the market amid evidence of the drug's association with serious heart risks and large numbers of fatalities, the inability of the NSDUH to empirically non-medical use of the drug from that of other prescription pain relievers is especially unfortunate. For this reason, we would suggest that non-medical use of propoxyphene be asked about in a separate question.

- 2) One of the suggestions that appeared in ONDCP's 2011 National Drug Control Strategy was to explore the possibility of conducting NSDUH's standard general population survey every other year and surveys of special populations (e.g. people in recovery, lesbian, gay, bisexual and transgender populations, incarcerated drug users) in the intervening years. Perhaps SAMHSA could consider conducting methodological field tests for the survey.
- 3) The NSDUH instrument contains a very extensive module on substance abuse treatment; however, there are no questions on recovery. Given the importance of recovery issues to OASAS and to the addictions field in general, we suggest that this is a theme that the NSDUH should consider exploring.

In addition, we have a number of concerns that were communicated in the past regarding NSDUH but are still pertinent to this year's proposed survey:

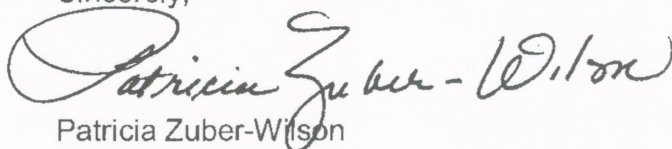
- 1) Questions on use of cocaine in all its forms (including Crack) overlap with a parallel set of questions on use of Crack. Given the length of the instrument, it might be advisable to restrict the questions on cocaine to cocaine excluding the use of Crack or freebase.
- 2) It is not clear why CNS stimulants used in the treatment of ADHD other than Ritalin (e.g. Adderall) is included in the section on "Special Drugs" rather than as part of the stimulants section. 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.
- 3) The section on sedatives begins by referring to these medications as "sleeping pills". Yet prescription sleep medications are not asked about in this section but rather, like Adderall, are included in the "Special Drugs" section. And, furthermore, these questions are limited to Ambien which has been getting unfavorable publicity combined with the availability of other prescription sleep medications (e.g. Lunesta, Rozaren). Consideration should be given to either including prescription sleep medications in the sedatives section or leaving it 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.
- 4) In the introductory statements to the questions on dependence on and abuse of prescription medications, 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 because, as the last comment suggests, there appears to be some confusion in the instrument regarding what drugs are included in each of these categories.



- 5) 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." While it is not clear what the NSDUH 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. We would suggest either explicitly including or excluding treatment for other addictive behaviors from this set of questions.

Thank you for the opportunity to comment on the survey. Should you have questions, please contact Tracey Collins (by phone at 518/485-2317 or by e-mail at [TraceyCollins@oasas.state.ny.us](mailto:TraceyCollins@oasas.state.ny.us)).

Sincerely,

A handwritten signature in cursive script that reads "Patricia Zuber-Wilson". The signature is written in dark ink and is positioned above the printed name.

Patricia Zuber-Wilson

Director

Office of Government and Grants Management

cc: Gregory Rainone, Ph.D., Epidemiology, Survey Management and Ethnography

December 20, 2010

Ms. Reba Architzel  
Director, Grants Management & Federal Affairs  
New York State Office of Alcoholism and Substance Abuse Services  
1450 Western Avenue  
Albany, New York 12203-3526

Re: Comments on the 2011-2014 National Survey on Drug Use and Health (NSDUH) Generic Clearance Submission for Methodological Field Tests

Dear Ms. Architzel:

Thank you very much for your interest in the 2011-2014 NSDUH Generic Clearance Submission for Methodological Field Tests and for your valuable suggestions. Our last communication with your office, which took place in July of 2009, indicated that SAMHSA planned a comprehensive redesign of the survey for 2013. Our current schedule pushes the redesign to 2014 at the earliest and we therefore plan to avoid any significant questionnaire changes until then, largely to preserve comparability within the 2002 to 2013 time period.

As you know, the prescription drug module is probably the most dynamic of all the core modules in the NSDUH questionnaire. Types and administration routes of prescription drugs are ever changing. Therefore, in developing the new design, much of our focus will be on improving the prescription drug module. That will include consideration of the revisions you suggest as they relate to this module. For example, and as mentioned in our previous communications, we plan to place Ambien and Adderall in the appropriate core modules, and similar other new drugs are being considered for inclusion in the redesigned questionnaire.

Our redesign efforts also include study of a biennial design, among other design options, and what can be accomplished during intervening years. We have taken note of your suggestions regarding this and will consider them as we move forward. Your third suggestion regarding measurement of recovery is also under consideration for the NSDUH. SAMHSA has convened a Recovery Task Force to, among other things, examine potential measures related to recovery. We are currently discussing how to measure this phenomenon in a national household survey setting. If we determine that recovery can be credibly measured using the NSDUH we will then proceed with discussions concerning including this in the survey.

As always, we appreciate and welcome your comments and input. If you have any questions, please let us know.

Sincerely,



Michael Jones  
NSDUH Project Officer  
Substance Abuse and Mental Health Services Administration