

Attachment I

Question and Answer Brochure

**For more information on
NSDUH or SAMHSA, contact:**

NSDUH National Study Director
SAMHSA, Center for Behavioral
Health Statistics and Quality
1 Choke Cherry Road
Room 7-1009
Rockville, MD 20857

**For more information on
NSDUH or RTI, contact:**

NSDUH National Field Director
Research Triangle Institute
3040 Cornwallis Road
Research Triangle Park, NC 27709
1-800-848-4079

Internet Users: You may access more information about SAMHSA on the World Wide Web at:

<http://www.samhsa.gov>

Additional information about RTI is available at:

<http://www.rti.org>

Additional information about the National Survey on Drug Use and Health is available at:

<http://nsduhweb.rti.org>

National Survey on Drug Use and Health

Answering Your Important Questions



What Is the National Survey on Drug Use and Health (NSDUH)?

The National Survey on Drug Use and Health (NSDUH) is the Federal Government's primary source of national data on the use of alcohol, tobacco, and illicit substances. The survey also contains questions on health, illegal behaviors, and other topics associated with substance use. The study was initiated in 1971 and currently is conducted on an annual basis. This year approximately 70,000 individuals, 12 years old and older, will be randomly selected and asked to voluntarily participate.

The primary objectives of NSDUH are:

- to collect timely data on the magnitude and patterns of alcohol, tobacco, and illegal substance use and abuse;
- to assess the consequences of substance use and abuse; and
- to identify those groups at high risk for substance use and abuse.

Sponsored by

Substance Abuse and Mental Health
Services Administration

U.S. Public Health Service

U.S. Department of Health
and Human Services

Why Should I Participate?

- NSDUH is the primary source of national data on the use of alcohol, tobacco, and illicit substances. By volunteering in this study, you are helping us gather this important information that is needed to make accurate policy decisions.
- Individual residents of selected households, who are randomly chosen and agree to participate, are given a cash payment of \$30 at the end of the interview.
- If selected to participate, you will represent over 4,500 other United States residents. Since our sample is selected based on scientific random sampling, no other household or person can be substituted.
- By participating in this study, you will be assisting with the formation of public policy.

Conducted by

Research Triangle Institute
3040 Cornwallis Road
Research Triangle Park, NC 27709

What is the Substance Abuse and Mental Health Services Administration (SAMHSA)?

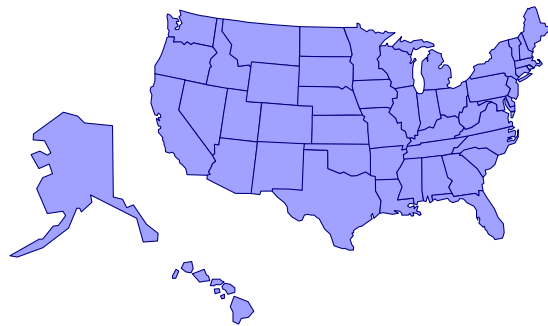
The Substance Abuse and Mental Health Services Administration (SAMHSA) is an agency of the U.S. Public Health Service in the U.S. Department of Health and Human Services (DHHS). SAMHSA was created in 1992 to provide leadership and a Federal focus for the Nation's mental health and substance abuse treatment and prevention programs. NSDUH is used to help facilitate this mission by monitoring the nature and extent of substance use in the United States, as well as the consequences of this use.

How Does the Government Conduct the Study?

Under a competitive bidding process, SAMHSA selects a survey research organization to administer NSDUH. Currently, Research Triangle Institute (RTI) is under contract to conduct NSDUH through 2013. RTI, which is located in Research Triangle Park, North Carolina, and closely associated with the University of North Carolina, Duke University, and North Carolina State University, is a large, experienced research organization that has conducted NSDUH since 1988.

How Was I Selected?

A scientific random sample of households is selected throughout the United States. Once selected, no other residence can be substituted for any reason. A professional RTI interviewer makes a personal visit to each household to ask several initial questions. One or possibly two residents of your household may be asked to voluntarily participate in the survey. If you are selected, no other person can be substituted. Since the survey is based on a random sample, you will represent over 4,500 other United States residents.



How Will the Data Be Used?

Government agencies, private organizations, individual researchers, and the public at large use the data for a number of purposes. For example, the U.S. Public Health Service and state health agencies use data from NSDUH to estimate the need for drug treatment facilities. Other federal, state, and local agencies use the information to support their drug use prevention programs and to monitor drug control strategies.

What if I Do Not Smoke, Drink or Use Illegal Drugs?

In order to know the percentage of people who do use these substances, we also have to know how many people do not. Therefore, the responses of people who do not use drugs are just as important as those of people who do. You do not need to know anything about drugs to answer the questions. In addition, we ask a number of health-related questions that are relevant for all people.

How Is the Study Administered?

NSDUH data are collected in the privacy of the participant's home. A professional RTI interviewer personally visits each selected household to administer the NSDUH questionnaire using a laptop computer. For some items, the interviewer reads questions and enters the responses into the computer; however, the participant privately enters most responses directly into the computer. The survey takes approximately 60 minutes to complete.



What Happens to My Information?

Each computerized interview data file—which is identified only by a code number—is electronically transmitted to RTI on the same day the interview is conducted. The answers then are combined with all other participants' answers, and are coded, totaled, and turned into statistics for analysis. As a quality-control measure, you may receive a telephone call or a letter from RTI to verify that the interviewer did complete the survey with you.

CONFIDENTIAL

Will My Answers Be Kept Confidential?

Both SAMHSA and RTI are committed to assuring complete confidentiality of responses. Our interest is only in the combination of all responses nationwide—not anyone's individual answers. Your full name is never recorded or associated with your answers. The information is only used for statistical purposes and cannot be used for any other purpose. Confidentiality of all answers to questions in this survey is assured under Federal law, the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA). Any project staff or authorized data user who violates CIPSEA may be subject to a jail term of up to 5 years, a fine of up to \$250,000, or both.

Attachment J

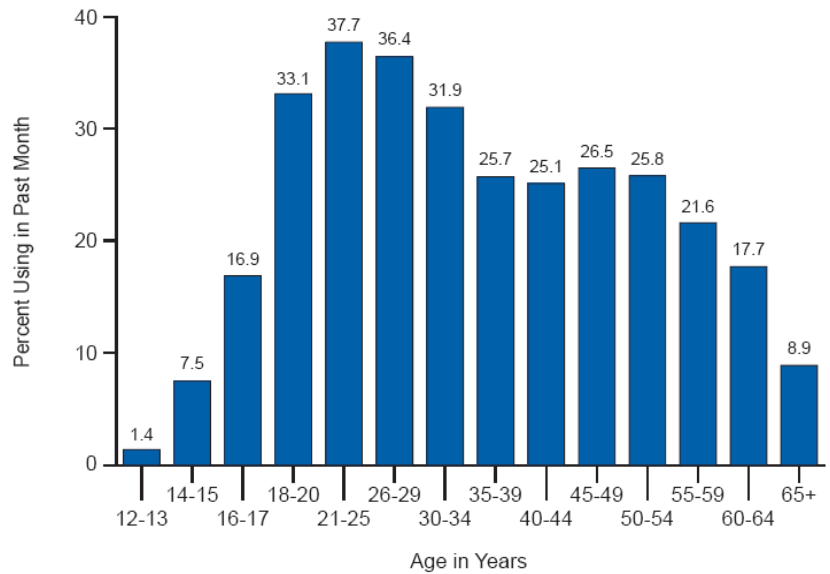
Example of NSDUH Highlights

SELECTED HIGHLIGHTS from the ***2009 National Survey on Drug Use and Health***

Past Month Cigarette Use among Persons Aged 12 or Older, by Age: 2009

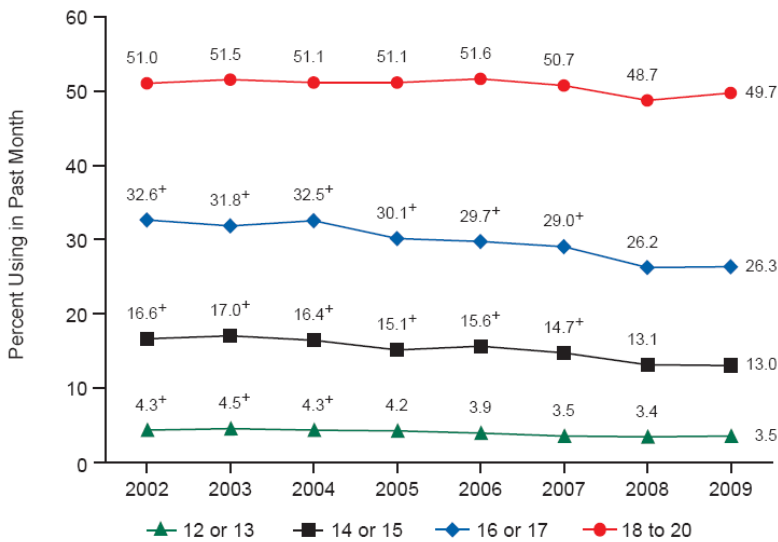
Tobacco Use

- An estimated 69.7 million Americans reported current use (during the past month) of a tobacco product in 2009, which is 27.7 percent of the population aged 12 and older. About 58.7 million (23.3 percent) smoked cigarettes.
- The graph to the right illustrates past month cigarette use among persons age 12 or older.



Alcohol Use

Current Alcohol Use among Persons Aged 12- 20, by Age: 2002-2009



- Slightly more than half of all Americans age 12 or older, 51.9 percent or 130.6 million persons, were current drinkers in the 2009 survey, which is similar to the 129.0 million persons (51.6 percent) reported in 2008.
- Although consumption of alcoholic beverages is illegal for those under 21 years of age, 27.2 percent of this age group (10.4 million) were current drinkers in 2009. The graph on the left displays the current use of alcohol for 12–20 year olds from 2002 through 2009.

⁺ Difference between this estimate and the 2009 estimate is statistically significant at the .05 level.

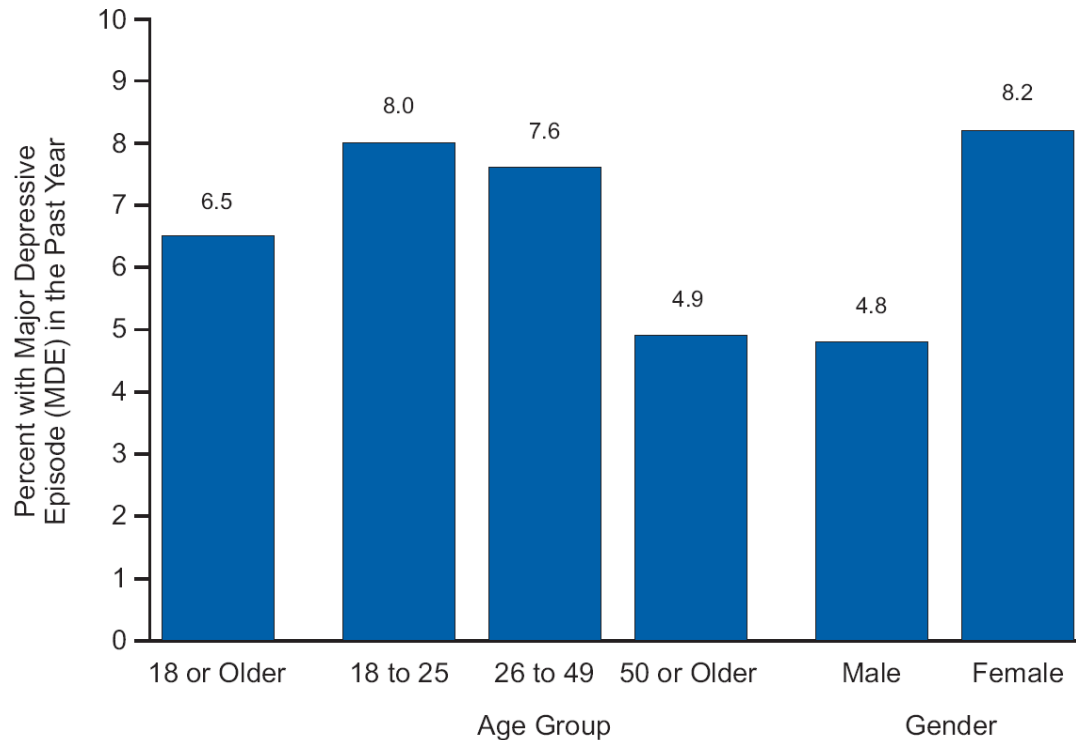
Illicit Drug Use

- An estimated 21.8 million Americans were current users of illicit drugs in 2009, meaning they used an illicit drug at least once during the 30 days prior to the interview. This estimate represents 8.7 percent of the population 12 years old or older.
- Marijuana is the most commonly used illicit drug, with an estimated 16.7 million current users, or 6.6 percent of the population 12 years old or older, an increase from the 2008 rate of 6.1 percent. Similar to 2008, an estimated 1.6 million persons were current users of cocaine, while 760,000 currently used Ecstasy, an increase from the 555,000 current Ecstasy users reported in 2008.

Mental Health

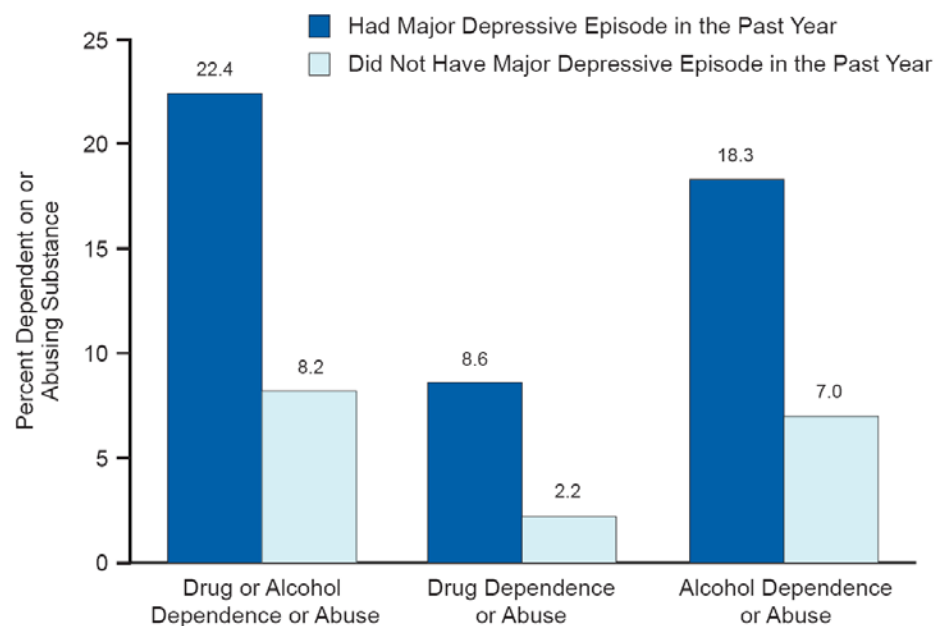
- In 2009, an estimated 14.8 million adults, or 6.5 percent of the population aged 18 or older, had at least one major depressive episode (MDE) in the past 12 months. Among adults, the percentage having MDE in the past year varied by age and gender, as shown in the graph below.

Major Depressive Episode in the Past Year among Adults Aged 18 or Older, by Age and Gender: 2009



Substance Dependence or Abuse among Adults Aged 18 or Older, by Major Depressive Episode in the Past Year: 2009

- Persons with past year MDE were more likely than those without MDE to have used an illicit drug in the past year (29.5 vs. 13.5 percent).
- Similarly, substance dependence or abuse was more prevalent among persons with MDE than among those without MDE (22.4 vs. 8.2 percent), as shown in the graph to the right.



Attachment K

Example of NSDUH Newspaper Clippings



Recent newspaper articles from *USA Today* on the **National Survey on Drug Use and Health**

As seen in Thursday, December 9, 2010 print edition

Study: 31 million drove after drinking

But alcohol-impaired rates show decline

By Larry Copeland
USA TODAY

Nearly one in eight drivers 16 and older drove under the influence of alcohol in the past year, and more than 4% drove under the influence of illicit drugs, says a federal government report that sheds alarming light on the problem of impaired driving in the USA.

An estimated 30.6 million people (13.2%) drove under the influence of alcohol, and an estimated 10.1 million (4.3%) drove under the influence of illicit drugs in the past year, according to the National Survey on Drug Use and Health. The estimates are based

on surveys of 213,350 people 16 and older from 2006 through 2009 by the Substance Abuse and Mental Health Services Administration (SAMSHA).

The survey did find some good news: Alcohol-impaired driving rates for the period 2006-09 compared with 2002-05 fell from 14.6% to 13.2%. Drugged-driving rates over the same periods fell from 4.8% to 4.3%.

"We can be pleasantly surprised that the numbers are going down," says Peter Delany, director of the Center for Behavioral Health Statistics and Quality. "That doesn't mean that they're great, but the numbers are going in the right direction. But it's not where we can rest on our laurels."

The survey found that younger drivers were more likely to admit getting behind the wheel after drinking or taking illicit drugs.

Rates of alcohol-impaired driving were 19.5% for people ages 16-25 compared with 11.8% for those 26 and older. Drugged-driving rates were about four times as high among the younger group, 11.4% compared with 2.8%.

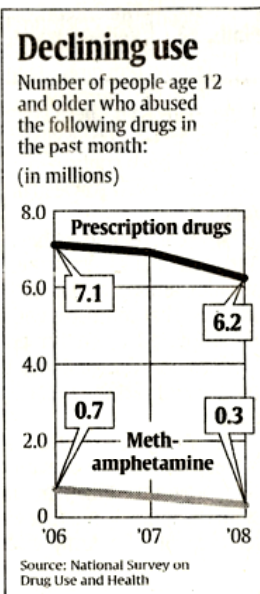
Last year, 10,839 people died in drunken-driving crashes, 32% of all road deaths, the National Highway Traffic Safety Administration says. No such statistic is available for drugged driving; a survey of studies found that 18% of motor vehicle driver deaths involved drugs, SAMHSA says.

The findings mirror an AAA Foundation for Traffic Safety survey of

2,000 drivers in which 11% reported that they'd driven when they felt they were close to or over the legal alcohol limit; 50% said they'd done it more than once, says foundation CEO Peter Kissinger. "This is another instance of 'Do as I say, not as I do,'" he says. "In that same survey, 87% felt that drunk driving was a serious threat to their personal safety, and 98% said it was socially unacceptable to drink and drive. But we still have one in 10 drivers that are still doing it."

Five of the 10 states with the highest rates of impaired driving were in the Midwest: Minnesota, Nebraska, North Dakota, South Dakota and Wisconsin. Four of the nine states with the lowest rates were in the South: Alabama, Kentucky, Mississippi and West Virginia.

As seen in Friday, September 11, 2009 print edition



Abuse of prescription drugs dips

Study: Meth use down, pot up

By Donna Leinwand
USA TODAY

WASHINGTON — Fewer people abused prescription drugs last year than in 2007, reversing an upward trend in abuse of potent painkillers such as Oxycontin, a federal drug survey found.

People who once saw little risk in abusing prescription drugs are responding to health reports underscoring dangers of misuse, says Eric Broderick, acting administrator of the Substance Abuse

and Mental Health Services Administration, which conducts the annual National Survey on Drug Use and Health made public Thursday.

"If people perceive alcohol, drugs and tobacco as being risky, they are more inclined not to do it," says Gil Kerlikowske, director of the White House Office of National Drug Control Policy. He credits last year's federally funded anti-drug ad campaign, which he called a "full-court press on prescription drugs."

About 6.2 million Americans — 2.5% of the population — said they abused prescription drugs in the past month in 2008, a decrease from 2.8%

of the population in 2007, the survey found.

People who reported that they had used methamphetamine in the previous month also dropped dramatically, from 529,000 people in 2007 to 314,000 in 2008.

Overall, illicit drug use among Americans held steady. The drops in methamphetamine and prescription-drug abuse were offset by increases among some age groups of marijuana and hallucinogen use, according to the survey of 67,500 people age 12 and older. Illegal drug use among people 50 to 59 increased from 2.7% in 2002 to 4.6% in 2008, a trend the

report attributes to drug-using baby boomers who are getting older.

The survey found 8% of the population, about 20.1 million Americans, used an illicit drug in the past month — no change from 2007.

Despite a marijuana-focused anti-drug campaign during the Bush administration, marijuana remains the most common illicit drug: 6.1% of the population, or 15.2 million people, reported previous-month use, up from 5.8% in 2007. Among the 12-to-17 age group, 6.7% reported using marijuana in the previous month in 2008, the same percentage as in 2007.

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Recent newspaper articles from *USA Today* on the **National Survey on Drug Use and Health**



As seen in Thursday, June 4, 2009 online edition

Report: Smoking declines as alcohol, drug use hold steady

By Janice Lloyd, USA TODAY

A new report on substance abuse and mental health shows a small percentage of people are kicking smoking while alcohol and illicit drug-use levels remain steady.

But the report from the Substance Abuse and Mental Health Services Administration, out Thursday, also carries home the message that while all states have problems, there are big variations across the U.S. For instance, the rate of illicit drug use in Iowa (5.2%) among the 12 and older set is less than half what it is in Rhode Island (12.5%).

Many of the trends are similar to past studies, according to Art Hughes, one of the report's lead statisticians, but he cited "the adverse relationship between (perception of) risk of use and use itself" as worthy of examining at the state level.

In states where people reported having a perception of great risk about substance abuse, the problem is more often reported at lower levels than in states where risk is not as great a concern, according to the study, based on the National Surveys on Drug Use and Health. The 2006-2007 interview data is collected from 135,672 persons and is compared to the 2005-2006 data. Smoking declined from 24.96% to 24.63% with the greatest decrease among 12 to 25 year olds.

"Cigarette use continues to decline," says Hughes. "One statistic we use to try to gauge is the (perceived) risk of smoking cigarettes. If people think it's risky to use cigarettes, we tend to see an opposite effect happening." For instance, California is among the states with highest percentage of people who regard smoking as a health hazard (77.35%) and had the second lowest smoking rate (19.79%) behind Utah (17.51%). Utah's perception of risk was slightly lower (76.93%) than California's. Nationwide, a slight drop was recorded compared to 2005-2006 (74.14% vs 73.86%). West Virginia, on the other hand, has the highest rate of cigarette users of all states (31.10%) for people aged 12 and older and has the lowest perception of risk level associated with smoking (67.88%). Oklahoma and Tennessee, which ranked No. 2 and 3 behind West Virginia for percentages of smokers, were also among states with lowest perception of risk.

Article available online at: http://www.usatoday.com/news/health/2009-06-04-drugs-alcohol-abuse_N.htm

We're painfully aware of the problem," said Teresa Mace, media director of West Virginia's Office of Community Health Systems and Health Promotion.

"We have a state tobacco quit line and other kinds of cessation programs that are offered to all West Virginians. We've gotten a lot better at getting our message to the people who need to know but it's hard to match the amounts spent by the tobacco industry."

Colorado is the only state showing an increase in tobacco use (from 26.5% to 29.8%) while seven states had declines: Idaho, Massachusetts, Michigan, Montana, New York, Utah and West Virginia. The Northeast region had a decrease as well (from 28.1% to 27.1%). Overall, national rates changed only slightly (24.6%) from the 2005-2006 report (25%).

Alcohol still leads tobacco as the most commonly used substance. The perceived risk associated with binge drinking (having five or more drinks once or twice a week) also played a role in levels of drinking and binge drinking among underage drinkers. North Dakota, which ranked highest in both categories, ranked a lowly 47th among states in perception of risk.

Drinking for the group of people over the age of 12 had similar results. New Hampshire, which ranked No. 3 behind Rhode Island and Connecticut, had the lowest percentage (33.21%) of perception of risk. Rhode Island and Connecticut also ranked among the lowest 10.

"We produce this as a reference document for the states," says Joe Gfroerer, director of the division of population surveys. "It can lead to more in-depth analysis and discussion about whether programs within the states can help with problems."

Rhode Island had the highest percentage of persons aged 12 or older who were needing but not receiving treatment for illicit drug use. The other states that ranked highest for needing but not receiving treatment for alcohol problems were mostly midwestern (Iowa, Minnesota, North Dakota, South Dakota and Wisconsin) or western (Colorado, Montana and Wyoming.) The District of Columbia and Massachusetts are in the top 10.

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