Attachment I 2013 Q&A Brochure

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Internet Users: You may access more information about SAMHSA 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 provide accurate data on the level and patterns of alcohol, tobacco, and illegal substance use and abuse;
- to track trends in the use of alcohol, tobacco, and various types of drugs;
- to assess the consequences of substance use and abuse; and
- to identify those groups at high risk for substance use and abuse.

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 \$30 in cash 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.

Sponsored by

Substance Abuse and Mental Health Services Administration

U.S. Public Health Service

U.S. Department of Health and Human Services

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 provides 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 about an hour 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.

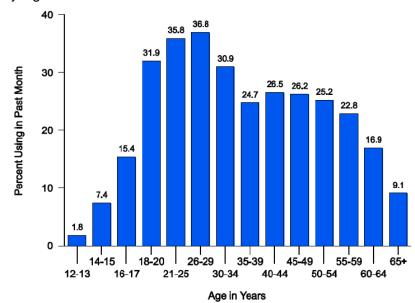
Attachment J 2013 NSDUH Highlights & Newspaper Articles

SELECTED HIGHLIGHTS from the 2010 National Survey on Drug Use and Health

Past Month Cigarette Use among Persons Aged 12 or Older, by Age: 2010

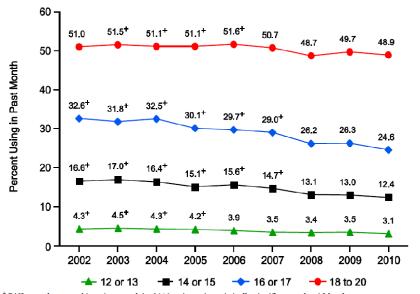
Tobacco Use

- An estimated 69.6 million Americans reported current use (during the past month) of a tobacco product in 2010, which is 27.4 percent of the population aged 12 and older. About 58.3 million (23.0 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 Aged12-20, by Age: 2002-2010



⁺ Difference between this estimate and the 2010 estimate is statistically significant at the .05 level.

- Slightly more than half of all Americans age 12 or older, 51.8 percent or 131.3 million persons, were current drinkers in the 2010 survey, which is similar to the 130.6 million persons (51.9 percent) reported in 2009.
- Although consumption of alcoholic beverages is illegal for those under 21 years of age, 26.3 percent of this age group (10.0 million) were current drinkers in 2010. The graph on the left displays the current use of alcohol for 12-20 year olds from 2002 through 2010.

Illicit Drug Use

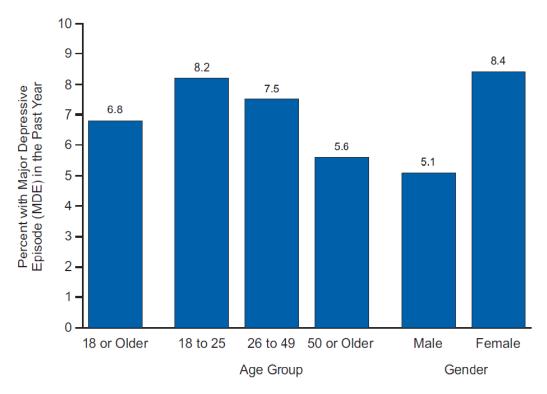
- An estimated 22.6 million Americans were current users of illicit drugs in 2010, meaning they used an illicit drug at least once during the 30 days prior to the interview. This estimate represents 8.9 percent of the population 12 years old or older.
- Marijuana is the most commonly used illicit drug, with an estimated 17.4 million current users, or 6.9 percent of the population 12 years old or older, similar to the 2009 rate of 6.6 percent. Similar to 2009, an estimated 1.5 million persons were current users of cocaine, while 695,000 currently used Ecstasy.

Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings, DHHS/SAMHSA/CBHSQ, September 2011

Mental Health

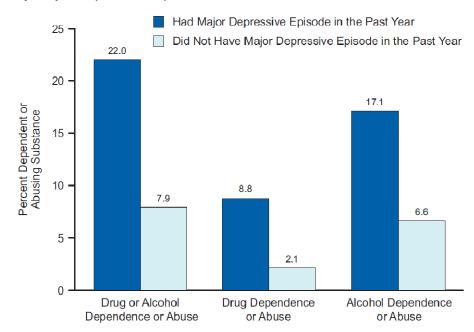
• In 2010, an estimated 15.5 million adults, or 6.8 percent of the population aged 18 or older, had at least one major depressive episode (MDE) in the past 12 months. Among adults, the percentage having MDE in the past year varied by age and gender, as shown in the graph below.

Major Depressive Episode in the Past Year among Adults Aged 18 or Older, by Age and Gender: 2010



Substance Dependence or Abuse among Adults Aged 18 or Older, by Major Depressive Episode in the Past Year: 2010

- Persons with past year MDE were more likely than those without MDE to have used an illicit drug in the past year (28.6 vs. 13.8 percent).
- Similarly, substance dependence or abuse was more prevalent among persons with MDE than among those without MDE (22.0 vs. 7.9 percent), as shown in the graph to the right.



Recent newspaper articles about the **National Survey on Drug Use and Health**

As seen in September 8, 2011 online edition of USA TODAY

National drug survey shows big drop in methamphetamine use

By Donna Leinwand Leger, USA TODAY

Drug use among college-age adults is increasing, driven largely by an increase marijuana use, a national drug-use survey has found.

Nearly one in 10 Americans report regularly using illegal drugs, including marijuana, cocaine, heroin, hallucinogens, inhalants or prescription drugs used recreationally, according to the National Survey on Drug Use and Health made public today. The survey, sponsored by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), collects the data from interviews with 67,500 randomly selected people 12 years or older.

Marijuana, with 17.4 million regular users, is by far the most commonly used drug. Its popularity is growing: 6.9% of the population reported using marijuana regularly, up from 5.8% in 2007. Among 12- to 17-year-olds, 7.4% reported having used marijuana in the past month, about the same as last year.

Drug use among young adults 18 to 25 has inched up steadily from 19.6% in 2008 to 21.5% in 2010. Marijuana use in that group rose from 16.5% in 2008 to 18.5% in 2010.

Gil Kerlikowske, director of the Office of National Drug Control Policy, attributed the uptick in marijuana use to the increase in the number of states that have approved it for medical use. Delaware in May became the 16th state to approve medical marijuana.

"People keep calling it medicine, and that's the wrong message for young people to hear," Kerlikowske said.

Marijuana use rates rise and fall in states that allow medical marijuana in the same fashion as they do in other states, said Bill Piper, director of national affairs for the Drug Policy Alliance, which advocates decriminalizing marijuana.

"In the field of medicine, whether or not a youth might abuse something doesn't determine whether or not an adult should have access to a medication and whether a doctor should prescribe it," Piper said.

Rebecca McGoldrick, 21, a Brown University senior smokes marijuana to get relief from pain and nausea caused by fibromyalgia.

"Most of my friends are still unaware of its legal status as a medicine," said McGoldrick, who is involved with Students for a Sensible Drug Policy, which advocates decriminalization of drug use.

The legal status didn't influence whether they smoked marijuana, she said.

"I have plenty of friends who choose to use it and plenty who don't choose to," she said. "I think it's an alternative to alcohol for some people."

Among young adults age 18 to 25 in 2010, 40.6% reported binge drinking, defined as having five or more drinks on the same occasion on at least one day in the month before taking the survey, about the same rate as 2009.

Meanwhile, methamphetamine use, which raced across the USA for a decade, has declined sharply. The number of pastmonth users fell from 731,000 in 2006 to 353,000 in 2010.

Since methamphetamine emerged as a problem drug in 2001, states have outlawed or restricted the sale of ingredients used to concoct homemade meth, such as pseudoephedrine found in cold medicines such as Sudafed.

"We've seen better attention for law enforcement and policy changes. You can't get all the Sudafed you want anymore," said Peter Delany, director of the Center for Behavioral Health Statistics and Quality at SAMHSA.

The percentage of the population that used prescription drugs, such as narcotic painkillers, for non-medical reasons stayed at 2.7%. The survey found that 55% of them got the drugs free from a friend or relative; 11.4% bought them from a friend or relative, and 5% stole them from a friend or relative. Just 4% purchased them from a drug dealer.

When the Centers for Disease Control and Prevention called prescription-drug abuse a public health epidemic, Kerlikowske said, law enforcement agencies cracked down on doctors who write thousands of prescriptions with little or no medical examination, and states created programs to monitor the prescribing of narcotics.

"I think we're starting to see some positive results, but we're by no means out of the woods," Kerlikowske said.

On Wednesday, the Drug Enforcement Administration clamped down on "bath salts," the nickname for a synthetic drug that some public health experts have identified as an emerging drug problem. The synthetic drugs, often sold at convenience stores under names such as "Cloud Nine" or "Ivory Wave," allegedly mimic the effects of cocaine or LSD and can cause hallucinations and paranoia. The American Association of Poison Control Centers has logged 4,137 reports of illness from those drugs as of July 31, up from 302 calls in 2010.

The DEA used its emergency powers to temporarily control the sale of three synthetic stimulants, Mephedrone, MDPV and Methylone, used to make the salts. The action makes possessing or selling the chemicals illegal in the United States for at least a year while the DEA and the Department of Health and Human Services study them.

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Recent newspaper articles about the **National Survey on Drug Use and Health**

As seen in December 9, 2010 print edition of USA TODAY

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 ŪSA.

An estimated 30.6 million people (13.2%) drove under the influence of (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 Cenalcohol, and an estimated 10.1 million ter 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

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 West Virginia.

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

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Article also available online at: www.usatoday.com/news/nation/2010-12-09-alcohol09 ST N.htm

As seen in September 8, 2011 online edition of REUTERS

Marijuana use rising in U.S., national survey shows

Editing by Jackie Frank

Medical marijuana may be fueling increased use of pot; Meth use has fallen by half since 2006

Marijuana is increasingly becoming the drug of choice among young adults in the United States, while use of methamphetamines is waning, according to a national survey of drug use released on Thursday.

Overall, 8.9 percent of the U.S. population or 22.6 million Americans aged 12 and older used illicit drugs in 2010, up from 8.7 percent in 2009 and 8 percent in 2008, according to the survey by the Substance Abuse and Mental Health Services Administration.

Marijuana use appeared to be fueling the increase, with some 17.4 million Americans -- or 6.9 percent of the population -saying they used marijuana in 2010, up from 14.4 million or 5.8 percent of the population in 2007.

Gil Kerlikowske, director of the Office of National Drug Control Policy in the United States, said increases are especially prominent in states in which medical marijuana use is legal.

"Emerging research reveals potential links between state laws permitting access to smoked medical marijuana and higher rates of marijuana use," Kerlikowske said in a statement.

According to the survey, 21.5 percent of young adults aged 18 to 25 used illicit drugs in 2010, up from 19.6 percent in 2008 to 21.2 percent in 2009.

"This increase was also driven in large part by a rise in the rate of current marijuana use among this population," Kerlikowske

Use of methamphetamines, meanwhile, has decreased, the survey found. The number of current meth users fell by about half between 2006 and 2010, with the number of people aged 12 and older who used meth dropping to 353,000 last year, down from 731,000 in 2006.

Cocaine use also fell, dropping to 1.5 million users in 2010, from 2.4 million in 2006, the survey found.

And among youths aged 12 to 17, drinking rates fell to 13.6 percent in 2010 from 14.7 percent in 2009; and smoking use fell to 10.7 percent in 2010, from 11.6 percent in 2009.

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