

2017 NSDUH, Supporting Statement
Attachment D – Question & Answer Brochure

Answers to your questions

If you have more questions about NSDUH, please call **1-800-848-4079** or visit our Web site at **<http://nsduhweb.rti.org>**



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National Survey on Drug Use and Health



Sponsored by the U.S. Department of Health and Human Services and the Substance Abuse and Mental Health Services Administration. Conducted by RTI International.

What Is the National Survey on Drug Use and Health?

The National Survey on Drug Use and Health (NSDUH) provides up-to-date information on alcohol, tobacco, and drug use, mental health and other health-related issues in the United States. NSDUH is directed by the Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services (DHHS). The study is being conducted by RTI International, a nonprofit research organization.

NSDUH began in 1971 and is conducted every year. This year almost 70,000 people from across the United States will be interviewed for this important study.

Information from NSDUH is used to support prevention and treatment programs, monitor substance use trends, estimate the need for treatment facilities and assist with the creation of government policy.



Answers to Your Important Questions about the National Survey on Drug Use and Health

Why Should I Participate?

You are important! Your household was one of only a few in this area selected for this study, and no other household or person can take your place.

Every person who is chosen and completes the full interview will receive \$30 in cash at the end of the interview in appreciation for their help.

If chosen for an interview, you will represent the residents of your community and help us gather important information that is needed to make sound policy decisions.

Your participation also provides vital information to researchers and local, state and federal agencies to design education, treatment and prevention programs and receive funding to support these efforts.

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

In order to know the percentage of people who smoke, drink or use drugs, we also need to know how many people do not.

The responses of people who do not use these substances are just as important as the responses of people who do.

While some questions ask about drug knowledge and experience, other questions ask about a number of health-related topics relevant for all people. You do not need to know anything about drugs to answer the questions.

How Was I Chosen?

Household addresses, not specific people, are randomly selected through scientific methods. Once a household has been selected, it cannot be replaced for any reason. This assures that NSDUH accurately represents the many different types of people in the United States.

A professional RTI interviewer will visit your household to ask several general questions that only take a few minutes to answer. Afterwards, one or possibly two members of your household may be asked to complete the full interview. It is possible that no one in your household will be chosen for the interview.



What Will Happen During the Interview?

An interviewer will conduct the interview with each selected person using a laptop computer. No prior computer skills are necessary.

Participants will answer most of the interview questions in private, entering their responses directly into the computer. For other questions, the interviewer will read the questions aloud and enter the participant's responses into the computer.

The interview takes about one hour to complete. Persons who complete the full interview will receive \$30 at the end of the interview as a token of our appreciation.

All information collected for this study will be kept confidential and used only for statistical purposes, as required by federal law – the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA).

What Is the Substance Abuse and Mental Health Services Administration?

SAMHSA is an agency in the U.S. Department of Health and Human Services (DHHS). SAMHSA was created to improve the lives of people with or at risk for mental and substance use disorders.

NSDUH is used to help this mission by gathering data on substance use, problems related to substance use, and mental health problems in the United States. The numbers of people who use various substances, or have problems related to substance use or mental health, are important for planning treatment and prevention services.

SAMHSA selects a qualified survey research organization to administer NSDUH.

RTI International, a nonprofit research organization, is under contract with SAMHSA to conduct NSDUH.

Your household has been chosen at random, but no one else can take your place. Your participation matters!

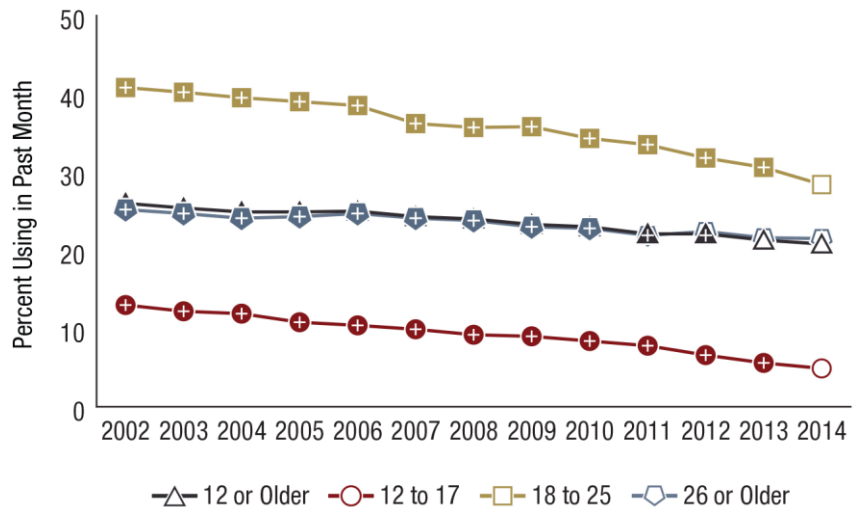
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Attachment R – NSDUH Highlights and
Newspaper Articles

SELECTED HIGHLIGHTS from the ***2014 National Survey on Drug Use and Health***

Past Month Cigarette Use among People Aged 12 or Older, by Age Group: Percentages, 2002 - 2014

Tobacco Use

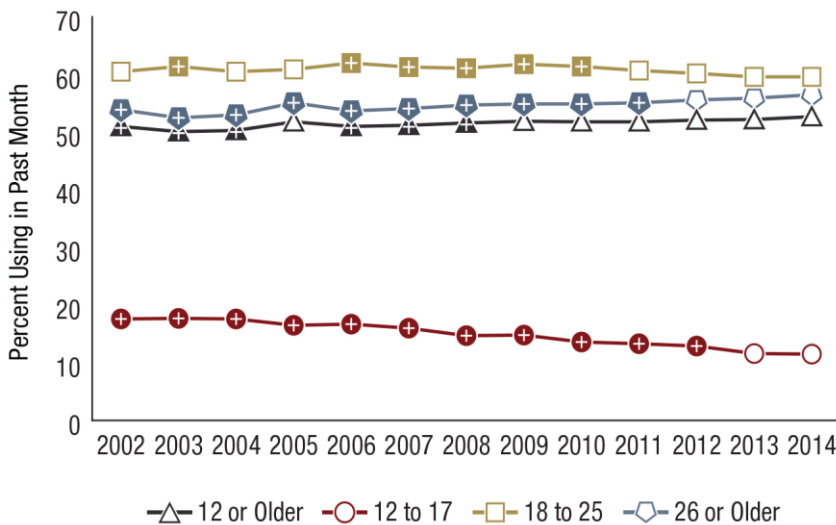
- An estimated 66.9 million Americans reported current use (during the past month) of a tobacco product in 2014, which is 25.2 percent of the population aged 12 and older. About 55.2 million (20.8 percent) smoked cigarettes.
- The graph to the right illustrates past month cigarette use among people age 12 or older.



+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

Alcohol Use

Past Month Alcohol Use among People Aged 12 or Older, by Age Group: Percentages, 2002 - 2014



+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

- Slightly more than half of all Americans age 12 or older, 52.7 percent or an estimated 139.7 million persons, were current drinkers in the 2014 survey, which is similar to the 136.9 million persons (52.2 percent) reported in 2013. The graph on the left displays past month alcohol use by age group.
- Although consumption of alcoholic beverages is illegal for those under 21 years of age, 22.8 percent of this age group (8.7 million) were current drinkers in 2014.

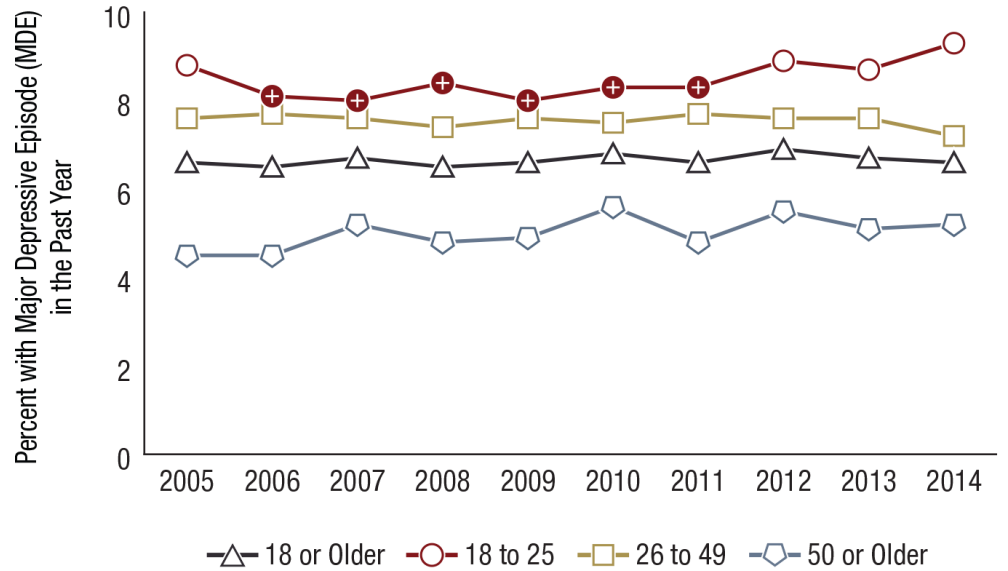
Illicit Drug Use

- An estimated 27.0 million Americans were current users of illicit drugs in 2014, meaning they used an illicit drug at least once during the 30 days prior to the interview. This estimate represents 10.2 percent of the population 12 years old or older.
- Marijuana is the most commonly used illicit drug, with an estimated 22.2 million current users, or 8.4 percent of the population 12 years old or older, higher than the 2013 rate of 7.5 percent. In 2014, an estimated 6.5 million (2.5 percent) used prescription-type psychotherapeutic drugs nonmedically in the past month which is similar to the 2013 estimate of 2.5 percent.

Major Depressive Episode in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2005 - 2014

Mental Health

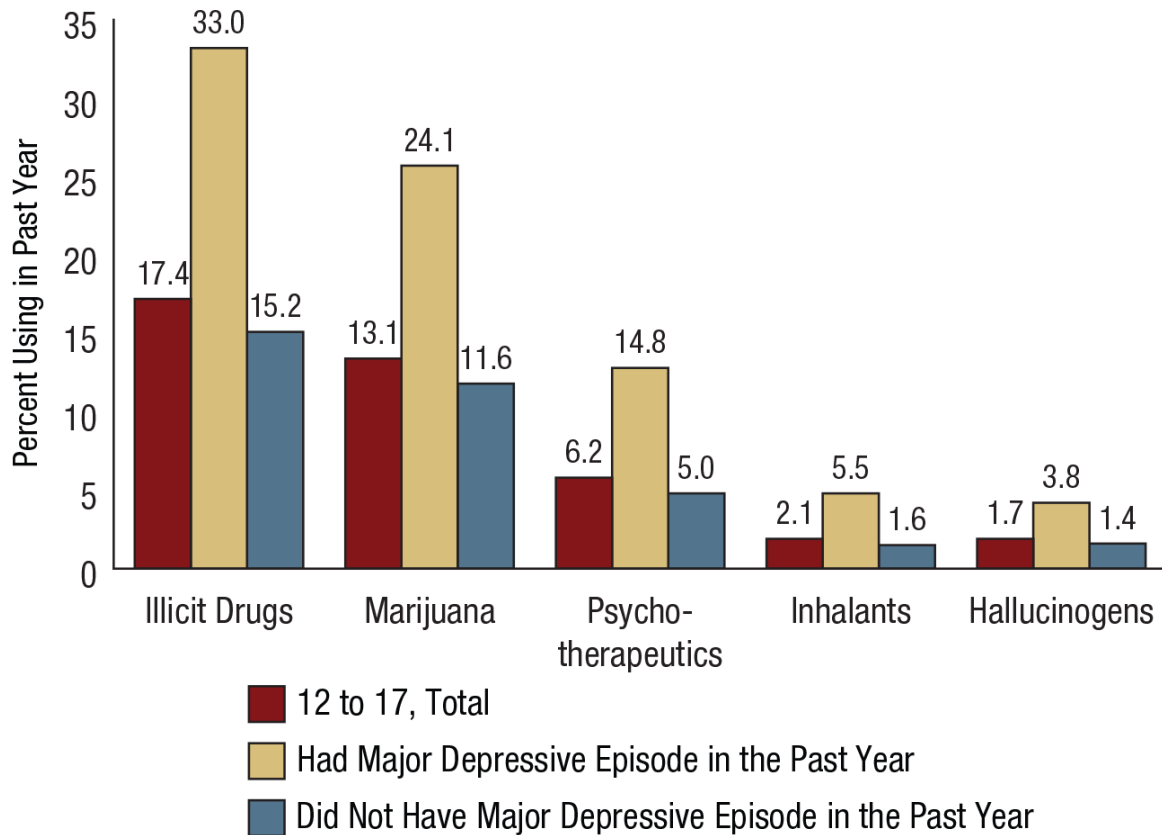
- In 2014, an estimated 15.7 million adults, or 6.6 percent of the population aged 18 or older, had at least one major depressive episode (MDE) in the past 12 months. Among adults, the percentage having MDE in the past year varied by age, as shown in the graph to the right.



+ + Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

- Adolescents aged 12 to 17 with past year MDE were more likely than those without MDE to have used an illicit drug in the past year (33.0 vs. 15.2 percent). Youths with past year MDE were more likely to be users of illicit substances, as shown in the graph below.

Past Year Illicit Drug Use among Youths Aged 12 to 17, by Past Year Major Depressive Episode: Percentages, 2014



Recent articles about the National Survey on Drug Use and Health

From THE BOSTON GLOBE, November 3, 2015 (online)

Depressive episodes on rise among teens, many not being treated, report says

By AMI ALBERNAZ

Mood swings, distractibility, sleeping until noon: These conditions come with the territory of being a teen. In some cases, though, they can be signs of something more serious. A recent national report found that rates of major depressive episodes among teens have risen in recent years, and many of those affected are not receiving treatment.

The September report from the Substance Abuse and Mental Health Services Administration found that in 2014, 11.4 percent of kids ages 12-17 had experienced a major depressive episode during the previous year. This percentage was somewhat higher than at any other time since 2004, the first year the data was collected. Rates for previous years ranged from 7.9 to 10.7 in 2013.

“It’s a real concern that high numbers of young people are experiencing major depressive episodes, whether the figure is 8, 9, or 11 percent,” said Gary Blau, chief of SAMHSA’s child, adolescent, and family branch. “When you look at why this is happening and what some of the factors may be, we only need to look at today’s world and the amount of pressures teenagers face : Bullying, issues of belonging, academic pressures . . . these factors can lead to enormous stress.”

The report was based on survey data from a nationally representative sample of more than 17,000 12- to 17-year-olds. Teens met the criteria for a major depressive episode if they had felt depressed or lost interest or pleasure in daily activities for a period of two weeks or longer, and had experienced additional symptoms such as low self-worth or trouble eating, sleeping, or concentrating.

Nearly three-quarters of the teens meeting the criteria reported severe impairment in a key area of their lives, such as school, social life, or relationships with family members. Girls were three times as likely as boys to have had a depressive episode — 17.3 percent vs. 5.7 percent. Biological differences and societal pressures may play a role in this, Blau said, as might a greater tendency among girls to discuss feelings.

One-third of teens who had experienced a major depressive episode during the past year had also used illicit drugs in that time frame, compared with 15.2 percent of nondepressed teens. Teens who had been depressed were also somewhat more likely to smoke cigarettes daily (1.6 percent vs. 1.1 percent) and to have drunk heavily within the past month (1.8 percent vs. 0.9 percent).

A minority of teens meeting the criteria for a major depressive episode — 41.2 percent — received treatment. Fear of discrimination, cost, and lack of access are likely to prevent some who could benefit from treatment from seeking help, Blau said. Among SAMHSA’s initiatives, he noted, is working on telepsychiatry programs that could improve access to mental health services, particularly in remote areas.

“It’s also important for people to know that they are not alone, and that it’s OK to talk about [depression] and seek help,” Blau said. “There are practices out there, such as cognitive behavioral therapy, that have been proven to work. Treatment can help people get better.”

Parents, of course, can play an important role. Parents should check in if they notice certain changes in their kids, said Dr. Steven Schlozman, a child psychiatrist and associate director of The Clay Center for Young Healthy Minds at Massachusetts General Hospital.

“Parents might feel uncomfortable asking things like ‘You don’t seem to be yourself, is everything OK?’, particularly when sullenness at times is a normal part of development,” he said. “But if you see a corresponding behavior such as loss of interest in things they previously enjoyed, you don’t want to let it pass. Check in and say you’ve noticed the change.”

Seeing a pediatrician can be a good first step for diagnosing depression and getting treatment, Schlozman added. Through the Massachusetts Child Psychiatry Access Project, a statewide program, primary-care doctors can connect with child psychiatrists and other specialists to get help in diagnosing and treating mental health conditions. Pediatricians can get advice on steps to take, or they can refer children for a mental health consultation.

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