

Substance Abuse and Mental Health Services Administration
NATIONAL SURVEY ON DRUG USE AND HEALTH

SAMHSA requests a change to the approved data collection - National Survey on Drug Use and Health (NSDUH) (OMB No. 0930-0110, Exp. Date: 10/31/2022). This non-substantial change is to allow the addition of COVID-19 related content and modification of the sampling strategy to ensure collection of data which can be used to provide understanding and nationally representative estimates on the effects of the novel coronavirus disease (COVID-19) pandemic on substance use and mental health in the United States. On October 24, 2019, NSDUH was approved to collect data for three years – 2019, 2020, and 2021.

This submission proposes to modify the existing NSDUH OMB clearance package to add COVID-19 related content (including telemedicine utilization questions and modify the sampling strategy including modes of survey administration when COVID-19 prevents in-person collection. There are 11 COVID-19 related questions (with a few of these containing sub-questions) and 4 telemedicine questions. No one respondent would answer all sub-questions. Data collection for the NSDUH was halted in March 2020 due to restrictions in public interaction resulting from the COVID-19 pandemic. As parts of the United States reduce COVID-19 restrictions, in-person data collection will resume October 2020. Although in order to ensure sufficient data is collected to allow for produce nationally representative estimates, some changes to the sampling strategy need to be adopted. This includes incorporation of more versatile survey administration methods, such as telephone and online interviews, in areas with COVID-19 restrictions. These NSDUH changes are detailed below.

While the proposed questions add minor increases burden per respondent, this coincides with reduced total burden hours due to fewer months of data collection. Overall, there is no increase in the annualized burden of the 2020 NSDUH survey.

Justification

1. Circumstances Making the Collection of Information Necessary

On March 11, 2020, the World Health Organization declared COVID-19 a global pandemic. On March 13, 2020, the U.S. President proclaimed the outbreak a national emergency. As rates of infection continue to rise across the United States, substance use and mental health are being significantly impacted by the pandemic. In order to collect data to understand the effects of COVID-19 on US substance use and mental health, SAMHSA requests to add a short block of questions to the National Survey on Drug Use and Health (NSDUH) to begin data collection October 2020. The inclusion of these questions will continue as long as such data related to the effects of COVID-19 on substance use and mental health are remain relevant. It is expected that issues impacting substance use and mental health brought on by the COVID-19 pandemic will be ongoing and cumulative. Therefore, it is imperative to start measuring the effects of COVID-19 as quickly as possible.

Using its current survey format, NSDUH is in an unique position to collect more in-depth data on the impact of the COVID-19 pandemic on American substance use and mental health. The additional

COVID-19 questions can be analyzed separately and together with established questions for a more robust understanding of the impact of this pandemic. The new questions are designed to provide insight into the impact of COVID-19 on substance use and mental health in the United States.

NSDUH is authorized by Section 505 of the Public Health Service Act (42 USC 290aa4 — Data Collection). Section 505 specifically authorizes annual data collection for monitoring the incidence and prevalence of illicit substance use and mental health issues, as well as the abuse of illicit substances in the U.S. population.

The COVID-19 questions seek to assess the pandemic effects on substance use and mental health in the United States. The questions assess specifically the impact of COVID-19 on: 1. mental health and substance use; 2. financial strain; 3. housing stability; 4. access to treatment, and 5. suicidality. Including these questions on the NSDUH survey will allow SAMHSA to provide national-level estimates on the impact of COVID-19 on substance use and mental health. Related, the four questions on Telemedicine utilization will provide national, systematic survey data on its use to treat substance use and mental health in the United States during the pandemic. The unique contributions of the NSDUH data collection compared to other similar federal surveys is detailed below in Table 1.

Table 1: Supplemental COVID-19 items to the National Survey on Drug Use and Health (NSDUH) 2020: rationale and overlap with other federal surveys.

Items	Rationale	Overlap with other surveys
Telemedicine utilization	<ul style="list-style-type: none"> Estimates the prevalence of telemedicine utilization as a substitute for traditional/in-person treatment services among a subset of participants reporting alcohol and/or drug use. 	<ul style="list-style-type: none"> The 2020 National Health Interview Survey (NHIS) includes questions on telehealth, but not specifically as it relates to persons with substance use. NSDUH offers a more comprehensive definition of telehealth than NHIS.
Impact on mental health and substance use	<ul style="list-style-type: none"> Estimates self-reported prevalence of emotion and/or mental health impact due to COVID-19. Estimates self-reported changes, if any, for both alcohol and other drug consumption due to the COVID-19 pandemic. 	<ul style="list-style-type: none"> The US Census 2020 COVID-19 household Pulse survey phase 2 (Pulse survey) contains four 7-day incidence questions on mental health; 4-week incidence questions on prescription medication use, and use of mental health services. NSDUH captures both a wider time interval than Pulse, as well as quantifying behavioral coping mechanisms.
Financial strain	<ul style="list-style-type: none"> Examines the prevalence and extent to which people experienced severe financial worries due to the COVID-19 pandemic. 	<ul style="list-style-type: none"> The Pulse survey asks objective questions about employment income, spending behaviors, and delays in payments, while the NSDUH captures perceived financial strain in a single, holistic item.
Housing	<ul style="list-style-type: none"> Examines the prevalence 	<ul style="list-style-type: none"> The Pulse survey asks questions about

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stability	and extent to which people experienced housing instability due to the COVID-19 pandemic.	<p>expected future housing instability, while the NSDUH captures actual housing instability.</p> <ul style="list-style-type: none"> This NSDUH item will offer estimates of housing displacement as a direct consequence of COVID-19.
Access to treatment	<ul style="list-style-type: none"> Estimates self-reported changes, if any, in access to treatment for mental health; substance use, and general medical treatment. Offers insight into factors underlying any changes in access to treatment. 	<ul style="list-style-type: none"> The COVID-19 related NHIS questions cover access to medical care, cancer care, and skilled and informal caregiving with yes-no questions. Pulse includes several 4-week incidence questions on access to care, including mental health services. This survey also asks about insurance coverage and type in a single, simplified item. NSDUH's questions are tailored to a priority vulnerable population (persons with substance abuse and/or mental health illness) and offers additional insight into likely factors underlying possible change/s; informative to officials and policymakers with identifying unmet needs and opportunities for improvement in access to treatment.
Suicidal ideation	<ul style="list-style-type: none"> Examines the impact, if any, of COVID-19 on suicidal ideation. 	<ul style="list-style-type: none"> Inclusion of these items will permit continued monitoring of the prevalence of suicidal ideation and examination of immediate impact of these prevalence estimates as a direct and immediate result of COVID-19.

The COVID-19 related questions to be added are included in **Attachment A** and new telemedicine utilization questions are included in **Attachment B**.

An estimated 69,007 field interviews were to be conducted for the 2020 NSDUH. However, the COVID-19 pandemic impeded the collection via in-person interviews. Prior to the March 2020 suspension of field interviews, 15,653 in-person interviews had already been conducted (26.5%). As data collection resumes in October 2020, the 4th quarter 2020 sampling strategy will be modified in an concerted effort to collect the samples initially selected for Quarters 2 and 3 in the 4th Quarter of 2020. This modification will include the utilization of a web mode in areas where in-person interviews are not possible due to COVID-19 restrictions. In-person data collection will resume in October 2020 and continue in areas where such data collections are not restricted. This sampling strategy modification will allow for the collection of an estimated 57,653 interviews by December 31, 2020. This expected revised sample size is within the required size to produce nationally representative substance use and mental health prevalence estimates in the United States.

Revisions have been made to protocols, processes, and materials to ensure the safety of respondents and field interviewers. Field interviewers are now equipped with: (a) masks, gloves, disinfecting wipes, and hand sanitizer for use during data collection; (b) a NSDUH safety protocol reference guide that outlined all required safety procedures; and (c) a risk information form provided to all respondents.

2. Purpose and Use of Information Collection

Data collection under this Information Collection Request (ICR) will be made available to data users as part of the standard NSDUH public use files (PUF). As previously highlighted, these data will allow researchers to answer important questions pertaining to effects of COVID-19 on substance use and mental health and the impact of telemedicine utilization for substance use and mental health seeking in the United States. We are requesting to include these questions in the 4th Quarter 2020 data collection and for subsequent data years, warranted such data remain relevant.

8. Consultation Outside the Agency

A Federal Register notice was published on September 18, 2020 (85 FR 58377).

12. Estimates of Annualized Burden Hours and Costs

Burden Hours

This submission requests OMB approval for the revision of the 2020 NSDUH questionnaires include 11 additional COVID-19 and 4 telemedicine questions that assess the impact of the pandemic. Few respondents will be required to complete all 15 questions (due to built-in skip logic). Adding the 11 COVID-19 pandemic and 4 telemedicine items is expected to add approximately 10 minutes extra burden per respondent shown below in Table 2. Due to an estimated smaller sample size there is no increase to the annualized burden hours for the NSDUH. Adding the 11 COVID-19 pandemic and 4 telemedicine items is expected to add approximately 10 minutes extra burden per respondent shown below in Table 2.

Table 2. Estimated Interview Respondent Burden Hours with New Questions

Response	Number of Respondents	Number of Responses per respondent	Average Burden per Response (in hours)	Total Burden Hours
COVID-19 Items	42,000	1	0.133	5,586
Telemedicine Items	42,000	1	0.033	1,400

Interviews prior to COVID 19	15,653	1	1.000	15,653
Interview with new questions	42,000	1	1.167	49,014
Total Annual Interview Burden	57,653	1		64,667

The previous estimated annual burden for interviews was 69,007.

15. Explanation for Program Changes or Adjustments

As stated earlier, the addition of the COVID-19 and telemedicine questions will not increase the currently approved estimated annualized burden hours. There is approximately 10 minutes extra burden per respondent but fewer total interviews will reduce the total annual burden hours.

List of Attachments

A. NSDUH 2020 Proposed COVID-19 Questions

B. NSDUH 2020 Proposed Telemed Questions