

2020 NSDUH Redesign Field Test
Attachment FT-7 – Question & Answer
Brochure

If you have more questions about NSDUH, please call [FT TOLL FREE NUMBER] or visit our Web site at <https://nsduh.rti.org>



For more information on SAMHSA or RTI International:

NSDUH National Study Director
SAMHSA
5600 Fishers Lane, Room 15E09A
Rockville, MD 20857
www.samhsa.gov

NSDUH National Field Director
RTI International
3040 Cornwallis Road
Research Triangle Park, NC 27709
www.rti.org

If you want to talk to someone about a mental health, alcohol, or drug use issue,

call the Substance Abuse and Mental Health Services Administration's Treatment Referral Helpline, a 24-hour service for local treatment options.

1-800-662-HELP (4357)

1-800-487-4889 (TTY)

<http://findtreatment.samhsa.gov>

NSDUH

NATIONAL SURVEY ON DRUG USE AND HEALTH

A trusted source of data since 1971



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

RTI International is a trade name of Research Triangle Institute.
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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 (HHS). 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

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 selected and completes the full interview will receive <\$30/\$50> 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. The data help identify areas where the funding may be needed 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.

Your participation matters!

Your household has been chosen at random, and no one else can take your place.

How Was I Chosen?

Household addresses, not specific people, are randomly chosen through scientific methods. Once a household has been chosen, 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 selected 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 survey takes about an hour to complete. Those who complete the full interview will receive <\$30/\$50> as a token of our appreciation.

How Is My Privacy Protected?

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).

Names are never recorded or linked with the answers to the interview questions. Computers are protected with strong passwords and data are encrypted for added security.

Your answers are private.

Your answers are combined with the answers of thousands of other people and reported only as overall numbers.

What is the Substance Abuse and Mental Health Services Administration?

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

SAMHSA selected RTI International, a nonprofit research organization, to administer NSDUH.

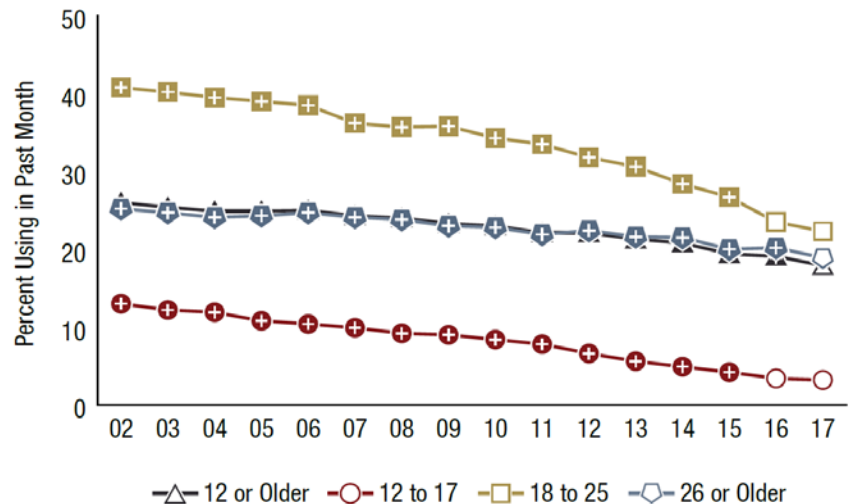
2020 NSDUH Redesign Field Test
Attachment FT-8 – NSDUH Highlights and
Newspaper Articles

SELECTED HIGHLIGHTS from the 2017 National Survey on Drug Use and Health

Tobacco Use

- An estimated 48.7 million Americans reported current use (during the past month) of cigarettes in 2017, which is 17.9 percent of the population aged 12 and older. Of these, 27.8 million were daily cigarette smokers.
- The graph to the right illustrates past month cigarette use among people aged 12 or older.

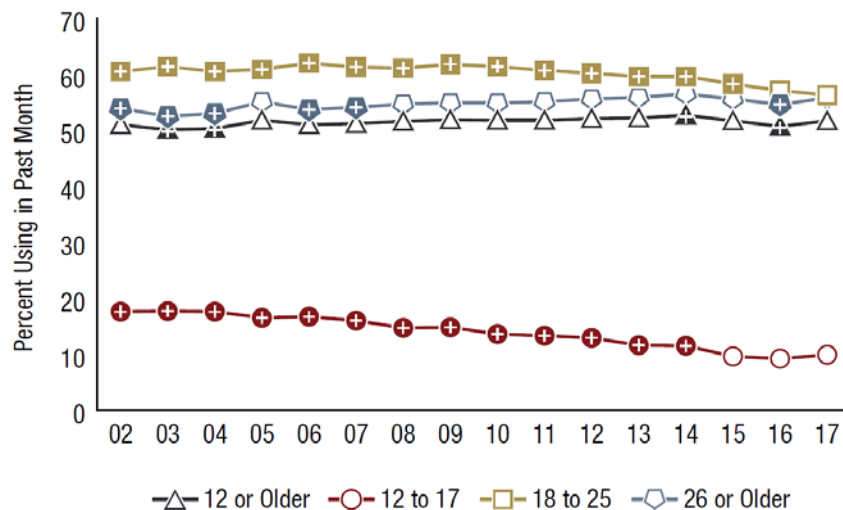
Past Month Cigarette Use among People Aged 12 or Older, by Age Group: Percentages, 2002 - 2017



+ Difference between this estimate and the 2017 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 - 2017



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

- Slightly more than half of all Americans aged 12 or older, 51.7 percent or an estimated 140.6 million persons, were current drinkers in the 2017 survey, which is higher than the 136.7 million persons (50.7 percent) reported in 2016. 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, 19.7 percent of this age group (7.4 million) were current drinkers in 2017.

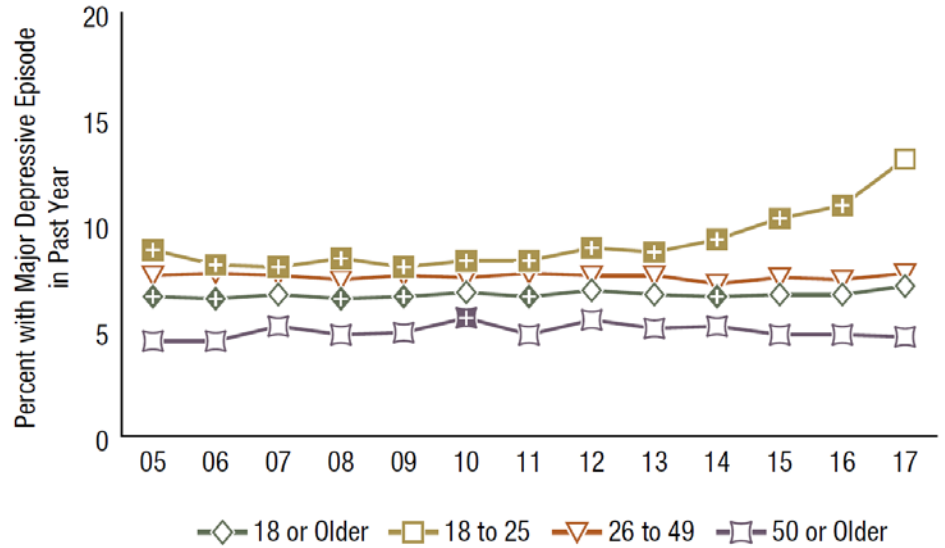
Illicit Drug Use

- An estimated 30.5 million Americans were current users of illicit drugs in 2017, meaning they used an illicit drug at least once during the 30 days prior to the interview. This estimate represents 11.2 percent of the population 12 years old or older.
- Marijuana is the most commonly used illicit drug, with an estimated 26.0 million current users, or 9.6 percent of the population 12 years old or older, which is higher than the 2016 rate of 8.9 percent. In 2017, an estimated 6.0 million (2.2 percent) misused prescription-type psychotherapeutic drugs in the past month.

Major Depressive Episode in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2005 – 2017

Mental Health

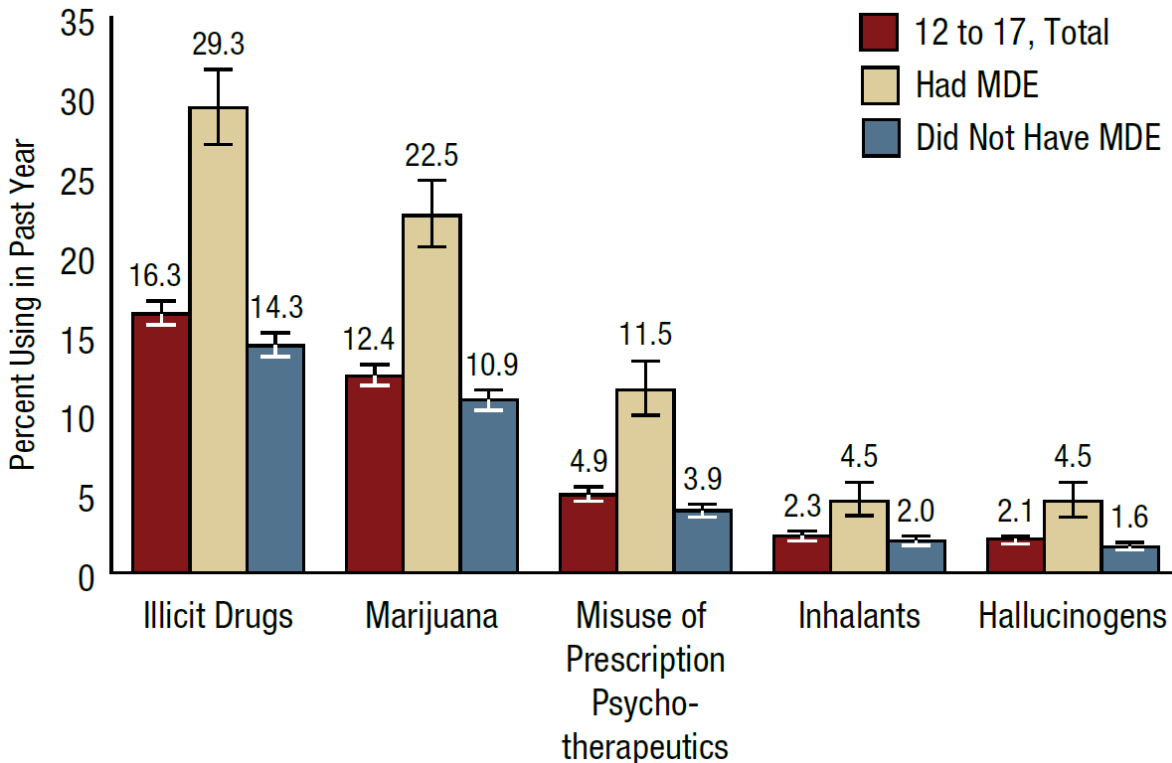
- In 2017, an estimated 17.3 million adults, or 7.1 percent of the population aged 18 or older, had at least one major depressive episode (MDE) in the past 12 months. Among adults, the percentage having MDE in the past year varied by age, as shown in the graph to the right.



+ Difference between this estimate and the 2017 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 (29.3 vs. 14.3 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 (MDE) Status: Percentages, 2017



From U.S. News & World Report, September 7, 2018 (online)

Study: Marijuana Use Has Doubled Among Middle-Aged Adults

By ALEXA LARDIERI

Marijuana use among middle-aged adults has doubled over the last decade.

According to a study published in *Drug and Alcohol Dependence*, 9 percent of adults aged 50 to 65 have used the drug at least once in the last year, and 2.9 percent of adults aged 65 and older have done the same – twice as many as the 4.5 percent of those 50-65 and far more than the 0.4 percent of those 65 and older who said the same 10 years prior.

Researchers looked at the survey responses of 17,608 adults aged 50 and older from the 2015 and 2016 administrations of the National Survey on Drug Use and Health and compared it to similar information from 2006 and 2007 – a period that has seen major changes in legal and social acceptance of the drug.

Asked if they had used it in the past month, 5.7 percent of middle-aged adults and 1.7 percent of older adults in the recent survey said they had used the drug. Additionally, adults aged 50 to 65 were more likely than older adults to have tried marijuana at some point in their lives – 55 percent compared to 22 percent.

Along with marijuana use, researchers discovered that the use of alcohol, nicotine and cocaine and the misuse of prescription medications, such as opioids and sedatives, within the last year were higher among marijuana users than nonusers.

Benjamin Han, author and assistant professor at New York University School of Medicine, told CNN that the study found "high rates of unhealthy substance use" among adults who use marijuana.

According to the study, 5 percent of middle-aged marijuana users had alcohol-use problems, 9 percent were nicotine-dependent and 3.5 percent had abused opioids. Among older adults, 1.5 percent had alcohol-use problems, 3.5 percent were nicotine-dependent and 1.2 percent had abused opioids.

Although additional unhealthy substance use seems to be correlated to marijuana use, Joseph Palamar, author and associate professor in the Department of Population Health at NYU Langone Medical Center, told CNN that most of these adults "are not first-time users" of the drug. Although use is rising, Palamar doesn't think people "need to worry about millions of older people trying weed for the first time."

"At least not yet," he said.

Article available online at: [usnews.com/news/health-care-news/articles/2018-09-07/study-marijuana-use-has-doubled-among-middle-aged-adults](https://www.usnews.com/news/health-care-news/articles/2018-09-07/study-marijuana-use-has-doubled-among-middle-aged-adults)

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From CNN, February 28, 2018 (online)

1 in 14 women still smokes while pregnant, CDC says

By JAQUELINE HOWARD

About one in 14 pregnant women who gave birth in the United States in 2016 smoked cigarettes during her pregnancy, according to a report released Wednesday.

The findings, gathered by the Centers for Disease Control and Prevention's National Center for Health Statistics, revealed that 7.2% of all expectant mothers smoked – but that the percentage of pregnant smokers varied widely from state to state.

The prevalence of smoking was highest in West Virginia, where 25.1% of women reported smoking at any time during pregnancy, and lowest in California, where 1.6% reported smoking.

"Despite the well-understood risk to mother and child, still, about one of every 14 women in the United States smoked during pregnancy," said Patrick Drake, senior author of the report and a demographer at the CDC's National Center for Health Statistics.

"These levels do vary widely by state, maternal age, race and Hispanic origin, and education, but any amount of smoking during pregnancy is too much," he said.

In 2011, about 10% of women in the US reported smoking during their last three months of pregnancy, and of those women who smoked, 55% quit during pregnancy, according to data from the CDC's Pregnancy Risk Assessment and Monitoring System.

(Continued on next page)

From CNN, February 28, 2018 (online)

1 in 14 women still smokes while pregnant, CDC says

(Continued from front)

Smoking while pregnant puts a baby at risk for certain birth defects. It also can cause a baby to be born too early or to have low birth weight and can raise the risk of stillbirth or sudden infant death syndrome, according to the CDC.

A spotlight turned on West Virginia

The new report is based on birth certificate data from the CDC's National Vital Statistics System.

After analyzing the data, the researchers found that the prevalence of smoking during pregnancy was lower than the overall national rate in 19 states, including California, Utah, Texas, Hawaii, New Jersey, Nevada, Arizona, New York and Connecticut, and in the District of Columbia.

Those states and D.C. each had a prevalence of less than 5%, much lower than the national 7.2%. Thirty-one states had a prevalence higher than the national rate. West Virginia topped the list, followed by Kentucky, Montana, Vermont and Missouri.

"Women in West Virginia smoked during pregnancy more than five times as often as women in the states with the lowest prevalence," Drake said.

The researchers also found that prevalence of smoking during pregnancy varied by age and race. The prevalence was highest among women 20 to 24 at 10.7%, followed by women 15 to 19 at 8.5% and 25 to 29 at 8.2%.

The prevalence also was highest among non-Hispanic American Indian or Alaska Native women at 16.7%, followed by non-Hispanic white women at 10.5%, non-Hispanic black women at 6%, Hispanic women at 1.8% and non-Hispanic Asian women at 0.6%.

"Non-Hispanic white women were almost twice as likely to smoke during pregnancy as non-Hispanic black women and about six times as likely as Hispanic women," Drake said.

The prevalence of smoking also varied by education. Women with a high school diploma or GED had the highest prevalence at 12.2%, and the prevalence decreased with increasing education, dropping to 7.9% among those with some college or an associate's degree.

Among those with less than a high school diploma, the prevalence was 11.7%.

The report had some limitations, one being that the data on smoking during pregnancy were self-reported.

Since most women might be less likely to admit that they smoked cigarettes while pregnant, the prevalence of smoking could be under-reported, said Dr. Robyn Horsager-Boehrer, professor and chief of obstetrics and gynecology at the University of Texas Southwestern's William P. Clements Jr. University Hospital.

"With the birth certificate data, it's easy to use it for things like birth weights, potentially the presence of anomalies, things that are a little bit more objectively recorded during the course of a delivery," said Horsager-Boehrer, who was not involved in the new report.

"But in this case, this is the mom being asked about her use of cigarettes during pregnancy, and I do worry a little bit about a bias toward under-reporting," she said. "In some cases, even though a patient may come and report that she is not smoking, you walk into a room, and you can smell the smoke on her clothes or on her hair. They may not be aware that their presence is kind of contrary to what they're reporting."

'We still need very aggressive education campaigns'

The prevalence of cigarette smoking during pregnancy across the US came as no surprise to Dr. Haywood Brown, professor of obstetrics and gynecology at Duke University School of Medicine, who was not involved in the new report.

"West Virginia and Kentucky have always had one of the highest prevalence of smoking, and it's consistent," Brown said, adding that education campaigns could help reverse the prevalence of smoking during pregnancy.

The perceived risk of smoking declined in the United States between 2006 and 2015, according to a separate study published Monday in the journal *Drug and Alcohol Dependence*.

That study included data from the National Survey on Drug Use and Health suggesting that, in 2006, 73.89% of people surveyed said cigarette smoking posed a great health risk, but in 2015, that percentage dropped to 72.89%.

"We still need very aggressive education campaigns in high-smoking-prevalence states, particularly in where there's rural access-to-care issues," said Brown, who was not involved in that study.

"We still have a serious issue with infant mortality – prematurity and infant mortality are clearly linked to cigarette smoking, as is low birth weight – and when you begin to explain these things to patients, it really does appear to make a difference to them," he said.

Brown pointed out that some of the states in the new CDC report with the highest prevalence of smoking during pregnancy also tend to have high rates of infant mortality. A CDC data brief released in January showed that, between 2013 and 2015, West Virginia and Kentucky had infant mortality rates higher than the overall national rate.

"The linkages between smoking and infant mortality and prematurity are real," Brown said.

Yet for many patients, pregnant or not, quitting smoking remains difficult, Horsager-Boehrer said. On the other hand, she added, pregnancy can provide an opportunity for many women to overcome their nicotine addiction once and for all.

"Pregnancy gives us an opportunity because people are frequently coming for multiple visits. So there's a lot more support, I think, during pregnancy than at any other time that somebody might want to stop smoking, and there's a lot of motivation," she said.

Article available online at: cnn.com/2018/02/28/health/pregnant-cigarettes-smoking-cdc-study/index.html