

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: 10/31/2024). On October 7, 2021, NSDUH was approved to collect data for three years – 2022, 2023, and 2024. In this non-substantive change memo, OMB approval is being sought to:

- Conduct the 2023 NSDUH using the sample design that was approved for 2022 with the following changes:
 - Elimination of selecting smaller area segments within the secondary sampling units (SSUs; one or more Census Block Groups) to reduce intracluster correlation and increase precision;
 - Implementation of eListing (electronic dwelling unit [DU] enumeration), as opposed to pencil and paper, to construct dwelling unit frames in areas requiring field enumeration; and
 - Expansion of the respondent universe to include Puerto Rico.
- Conduct the 2023 NSDUH using the web-based and in-person screening instruments that were approved for 2022 with the following changes:
 - Addition of new and revised questions designed to measure sexual orientation and gender identity (SOGI) in youths and adults; and
 - Revision of pronoun fills throughout the instruments to reflect the new gender identity questions.
- Conduct the 2023 NSDUH using the web-based and in-person interview instruments that were approved for 2022 with the following changes:
 - Addition of new and revised questions designed to measure sexual orientation and gender identity (SOGI) in youths and adults;
 - Revision of pronoun fills throughout the instruments to reflect the new gender identity questions;
 - Revision of items (including response options) throughout the instruments to include gender neutral language;
 - Addition of “Puerto Rico” as a possible location for a respondent to live and to all STATE FILL locations throughout the instruments;
 - Removal of questions asking about medication assisted treatment for alcohol and opioid use from the Emerging Issues module to avoid duplication with questions in the Alcohol and Drug Treatment module; and
 - Inclusion of Mental Illness Calibration Study (MICS) recruitment screens at the end of the main study instruments.
- Conduct the 2023 NSDUH using the in-person interview instrument that was approved for 2022 with the relocation of several items from an interviewer-administered mode to a self-administered mode.
- Conduct the 2023 NSDUH using three new and two revised respondent materials.
- Conduct the 2023 MICS to recalibrate the estimates of serious mental illness (SMI) for the NSDUH using the Diagnostic and Statistical Manual of Mental Disorders (DSM), fifth edition (DSM-5) criteria.
- Conduct the NSDUH Incentives Experiment in Quarter 4 (October, November, and December) of 2022 (Note – Overall plans for the NSDUH Incentives Experiment were approved under the 2022 NSDUH, OMB No. 0930-0110).

2023 NSDUH Main Study

This submission proposes minor modifications to the existing sample design by eliminating the selection of smaller area segments within the secondary sampling units (SSUs; one or more Census Block Groups) to reduce intracluster correlation and increase precision. As a result of the 2020 Census data not being available, half of the SSUs will be carried over from the 2022 NSDUH and the other half will be selected from the 2014-2022 NSDUH reserve sample (additional SSUs that were selected, but not used for the 2014-2022 NSDUHs). Furthermore, a hybrid address-based sampling (ABS) and eListing approach will be used to construct dwelling unit frames. The new panel of SSUs will be assigned to ABS or eListing based on ABS coverage, proportion of group quarters units, and proportion of ABS drop points. Furthermore, eListing will be used for the first time to enumerate dwelling units in the field. The eListing application was developed and field tested for NSDUH to replace the paper dwelling unit (DU) counting and listing process. The overlap SSUs that were previously listed on paper will be converted to eListing so that only electronic maps are used to support 2023 NSDUH data collection.

In addition, this submission proposes a phased approach to collecting data in Puerto Rico. The initial phase will explore logistical consideration in Puerto Rico in the Spring of 2023, followed by a small data collection effort of up to 100 interviews. Based on findings from 2023, SAMHSA hopes to conduct full-scale data collection in Puerto Rico in 2024. As a result of this change, “Puerto Rico” was added as a possible location for a respondent to live within the web-based and in-person interview instruments. In addition, “Puerto Rico” was added to all state fill locations throughout both interview instruments.

To further improve the demographic information collected on NSDUH, this submission also proposes the addition of new and revised SOGI questions in the web-based and in-person instruments for the screening (SR SEX, SEX, SR GENDER, GENDER, SR DIFTERM, & DIFTERM) and the interview (QD01, GI01, GIOTH, CONFGI, QD63, & QD63OTH). Also, the new and revised SOGI questions within the interview will be administered to adult and youth respondents. The proposed SOGI questions are a result of two rounds of cognitive testing with youth (aged 12 to 17) and adult (aged 18 or older) participants, conducted in 2022. The participants identified themselves as a mix of cisgender, non-cisgender, heterosexual, and as a sexual minority. Forty-five interviews were conducted in English and 18 interviews were conducted in Spanish. Furthermore, because of the new and revised SOGI questions, question routing, response options, and pronoun fills were updated throughout the web-based and in-person instruments to reflect the gender identity and sex assigned at birth questions. The gender identity and sex assigned at birth questions in the in-person and web-based screening will be consistent with the new question wording in the interview instruments.

The proposed 2023 web-based and in-person screening questions, with tracked changes, can be found in **Attachments A** and **B**, respectively. A detailed summary of the proposed screening instrument changes can be found on pg. iii in **Attachment A**.

A few additional changes to the web-based and in-person interview instruments are proposed for 2023. Items asking about medication assisted treatment for alcohol and opioid use (ALMAT1 – METHDDKR) will be removed from the Emerging Issues module to avoid duplication with questions in the Alcohol and Drug Treatment module. Also, several screens (RECRUIT1 – RECRQR) will be added to the end of the main study interview to recruit selected respondents into the 2023 MICS.

Lastly, to improve the overall flow and increase respondent privacy, several items from the Core

Demographics module (QD01 – QD08, & QD12) will be moved to a new self-administered Front End Demographics module in the in-person interview instrument.

The proposed 2023 web-based and in-person interview specifications, with tracked changes, can be found in **Attachments C and D**, respectively. Furthermore, a detailed summary of the proposed interview instrument changes can be found on pg. vi in **Attachment D**.

For the 2023 NSDUH main study, SAMHSA also proposes the use of new and revised NSDUH respondent materials to increase respondent engagement and cooperation. The list below summarizes three new and one revised respondent material:

- New Engaging Respondents Handout (**Attachment E**) – A handout to promote respondent participation among under-represented subpopulations, including LGBTQI+, Asian, and Native Hawaiian and Pacific Islander.
- New Data Security Brochure (**Attachment F**) – A brochure focused on potential questions from respondents on data security or confidentiality.
- New State Highlight (**Attachment G**) – State-level postcard adaptable for all 50 states and the District of Columbia to help convey legitimacy and importance of NSDUH to respondents in a quick “snapshot.”
- Revised “Sorry I Missed You” Card (**Attachment H**) – A revised version of the current “Sorry I Missed You” Card that enhances legitimacy, provides more complete information, and encourages participation in-person or online.
- Revised Study Description (**Attachment J**) – As required by IRB, a revised version of the current Study Description (for in-person data collection) that specifies that the respondent’s name and address will never be connected to the interview questions, as opposed to all questions (screening and interview).
Revised Web Study Description (**Attachment K**) - As required by IRB, a revised version of the current Web Study Description that specifies that the respondent’s name and address will never be connected to the interview questions, as opposed to all questions (screening and interview).

2023 MICS

This submission also proposes the inclusion of the 2023 MICS to recalibrate the estimates of SMI for the NSDUH using the DSM-5 criteria. The 2023 MICS will be sampled from the main study NSDUH using completed mental health items as screeners. Adults aged 18 years and older will be recruited to complete an approximately 60-minute clinical interview focused on mental disorder symptoms. For 2023, the goal is to conduct up to 2,000 clinical follow-up interviews. All clinical interviews will be conducted in English. An overview of the 2023 MICS is included in the attached **2023 MICS OMB Addendum Memo**.

NSDUH Incentives Experiment

As noted above, the overall plans for the NSDUH Incentives Experiment were approved under the 2022 NSDUH (OMB No. 0930-0110). For OMB review, this submission includes timing and details for the experiment. The experiment will be an assessment of whether adding a prepaid screening incentive and/or increasing the interview incentive reduces the potential for nonresponse bias, increases response rates and decreases field interviewer (FI) level of effort. The experiment will be embedded within 2022 Quarter 4 (October, November, and December) NSDUH main study data collection. Currently, there is no screening incentive and interview respondents are promised a \$30 cash or gift card incentive if they are selected for the main study interview and complete the survey.

The experiment will test two potential changes to the NSDUH incentives protocol: adding a \$5 prepaid screening incentive mailed with the Lead Letter and offering a \$50 interview incentive. The incentives will be administered as part of a 2x2 randomized experiment, crossing the prepaid screening incentive amounts, new versus current (\$5 and \$0), and the interview incentive amounts, new versus current (\$50 and \$30). The power analysis details for the NSDUH Incentives Experiment can be found in **Attachment I**.

Justification

1. Circumstances Making the Collection of Information Necessary

2023 NSDUH Main Study

Sample Design Modifications

Minor modifications to the sample design are planned. First, because 2020 Census data are not available, the 2014-2022 NSDUH coordinated sample design will be extended to the 2023 NSDUH. Like the 2022 NSDUH, half of the sampled areas will be carried over from the previous year's sample (2022 NSDUH) and the other half will be selected from the 2014-2022 NSDUH reserve sample. DUs that were selected for the 2022 NSDUH will not be available for selection in the 2023 NSDUH.

Next, to address SAMHSA's goal of increasing the precision of estimates, the selection of smaller area segments (one or more census blocks) within secondary sampling units (SSUs; one or more census block groups) will be eliminated in the new portion of the 2023 NSDUH sample. The selection of smaller area segments within SSUs is traditionally used to control costs. However, respondents selected from geographically smaller areas are more likely to have correlated behaviors. Using SSUs as the smallest geographic area is expected to reduce intracluster correlation and increase precision. Some larger SSUs may still need to be subsampled to make field enumeration feasible, however.

Finally, to increase efficiency and more than offset the increase in costs from using SSUs as the smallest geographic area, DU frames will be constructed using a combination of address-based sampling (ABS) and eListing. ABS refers to the sampling of addresses from a list based on the U.S. Postal Service's Computerized Delivery Sequence file. Relative to field enumeration (paper or eListing), ABS has the potential to greatly reduce costs, improve timeliness, and improve frame accuracy in areas with controlled access. The feasibility and coverage of a hybrid ABS and eListing frame was tested in an ABS Field Test. Because only areas with high ABS coverage will use the ABS frame, a hybrid ABS and eListing frame is expected to have comparable coverage to a field enumeration frame. Based on results from the ABS Field Test, ABS was rolled out on a limited basis in 2022, and a larger percentage of SSUs will use the ABS frame in the 2023 NSDUH. eListing will replace the paper field enumeration process in areas where needed based on insufficient coverage from the ABS frame.

More information on the sample design modifications for 2023 can be found in the attached **2023 NSDUH Sample Design Plan**.

Data Collection in Puerto Rico

SAMHSA wishes to expand NSDUH data collection into Puerto Rico. In early 2023, SAMHSA will first explore the logistic considerations for data collection in Puerto Rico. For example, SAMHSA will

explore factors such as ease or difficulty with recruiting field staff, potential travel difficulties due to terrain, internet reliability, possible Spanish language dialect differences, and differences in demographic characteristics. This exploratory phase will be completed in the Spring of 2023 and will inform the sample design and methods for data collection in Puerto Rico. Next, SAMHSA will conduct a small data collection effort will include up to 100 completed NSDUH interviews (approximately 10 segments with 10 completed interviews per segment). Findings from this phased approach will inform SAMHSA on the development of moving to a full-scale data collection effort in 2024. Design details for the small data collection effort will be forthcoming in the next ICR (OMB No. 0930-0290).

Web-based and In-person Instrument Changes

The inclusion of new and revised SOGI questions within the screening and interview instruments are to further improve the demographic information collected on NSDUH. The other proposed changes are intended to improve the overall flow, increase respondent privacy, and avoid duplication within the NSDUH interview.

New and Revised Respondent Materials

Similar to other national surveys, response rates for NSDUH have been declining (Center for Behavioral Health Statistics and Quality, 2013; 2014; 2015; 2016; 2017; 2018; 2019; 2020; 2021). The use of new and revised respondent materials may increase participation at both the screening and interviewing stages. To this end, the contractor partnered with the Behavioural Insights Team (BIT) to develop three new respondent materials and modify one existing respondent material for use beginning in 2023, as described below. BIT is a consulting firm that uses behavioral science and evidence-based approaches to improve perceptions of government-sponsored data collection efforts and maximize respondent participation.

SAMHSA sees potential for improving participation among minority and hard-to-reach populations. Recent NSDUH data indicate that nonresponse is high among Asians (especially Chinese) and Native Hawaiian and Pacific Islanders. Also, to reaffirm the U.S. Department of Health and Human Services' (HHS) commitment to supporting and including the LGBTQI+ population, SAMHSA also sees potential for improving participation among LGBTQI+ respondents. The new Engaging Respondents Handout (**Attachment E**) may help communicate that a diverse group of people participate in NSDUH and therefore increase their level of interest.

SAMHSA also sees potential with incorporating new materials addressing confidentiality, data security, and legitimacy. In 2020, approximately 1,200 sample DUs (SDUs) and 598 selected interview respondents were coded out as final refusals due to “confidentiality or survey legitimacy concerns.” Similar to a brochure that BIT designed for the National Survey on Family Growth (NSFG), the new Data Security Brochure (**Attachment F**) is designed to allay respondent fears about confidentiality and data security by addressing respondents' main barriers (e.g., feeling targeted, fear of being scammed, concerns about how the federal government will handle their data, etc.) Furthermore, the new State Highlight (**Attachment G**) is designed to help convey the legitimacy and importance of NSDUH to screening and interview respondents, especially to those who want to know how NSDUH data are used in their state. In addition, the State Highlight provides state-level statistics depicted in graphs, which may also convey legitimacy to those who misinterpret NSDUH as a marketing survey.

For selected households where no one is home (or no one answers the door), the revised “Sorry I Missed You” Card (**Attachment H**) will allow FIs to leave a reminder that the FI will make another callback at

a later date/time to complete the screening (and/or interview). The card will also remind respondents about their option to complete screening (and/or interview) online.

In addition, because the FI provides a Study Description (**Attachment J**) to every screening respondent (and every interview respondent), the IRB is requiring a change to the following sentence: “*Your name and address will never be connected to your answers.*” Although the text is accurate for the interview questions, it is not accurate for the screening questions. To fulfill this requirement, SAMHSA proposes changing the text to “Your name and address will never be connected to your answers to the interview questions.” SAMHSA proposes the same change be made to the version provided to web-based interview respondents, the Web Study Description (**Attachment K**).

2023 MICS

As mentioned above, the purpose of the MICS is to update NSDUH SMI estimates based on the DSM-5 criteria. The current NSDUH SMI estimates were developed under the 2008 – 2012 Mental Health Surveillance Study (MHSS) and reflect DSM-IV criteria. In the intervening years, the DSM was updated, and it is important to update the NSDUH mental illness estimates to reflect updated criteria. NSDUH will use a similar methodological approach as was used for the MHSS, applying similar sampling and weighting algorithms. Using similar sampling, study instrumentation, and statistical modeling procedures between the MHSS and the MICS will minimize the impact of procedural and methodological changes on SMI trends. More information on the 2023 MICS can be found in the attached **2023 MICS OMB Addendum Memo**.

NSDUH Incentives Experiment

Since implementation in 2002, the \$30.00 incentive used in NSDUH has contributed to the annual overall survey response rates. However, NSDUH screening, interview, and overall response rates have generally declined since 2006. In Quarter 4 (October, November, and December) of 2022, CBHSQ would like to test a prepaid screening incentive and increased interview incentive prior to implementation. This will allow an examination of potential increases in response rates as well as possible impacts on the survey estimates.

Evidence indicates that prepaid incentives like a screening incentive are usually more effective than promised (or conditional) incentives, especially for self-administered surveys like web and mail (Gelman, Stevens, & Chan, 2002; Singer, 2002; Singer & Ye, 2013). Most surveys prepay incentives by delivering them as part of the advance mailing at the start of the data collection period. Given the current NSDUH protocol offers self-administered web completion first, a prepaid screening incentive mailed with the Lead Letter is believed to be more effective than a promised incentive conditional on completing the screener. Prepaid incentives not only create a sense of obligation to participate among sample members, but they also provide concrete evidence that the larger promised interview incentive will be paid.

The higher interview incentive amount of \$50 is proposed based on a review of other nationally-representative in-person surveys that have recently conducted experimental tests to determine the impact of increasing the interview incentive amount. Examples of other nationally-representative in-person surveys reviewed include:

- *Medical Expenditure Panel Survey (MEPS)*. The interview incentive was increased from \$30 to \$50 in 2011. A higher incentive amount of \$70 has been tested, but not implemented.

- *Panel Study of Income Dynamics (PSID)*. Between 2002 and 2015, the PSID interview incentive increased by \$5 increments three times about every 3 to 4 years, from a starting incentive of \$55 in 2003 to the current incentive of \$70 in 2015.
- *National Survey of Family Growth (NSFG)*. The interview incentive has been \$40 since 2006, with an \$80 incentive in the nonresponse follow-up (NRFU) phase of data collection. The current multimode design—that starts with web—maintains these incentives for the main survey, in addition to mailing \$2 for the screener and another \$5 during the NRFU phase.

2. Purpose and Use of Information Collection

2023 NSDUH Main Study

Data collection for the 2023 NSDUH will be made available to data users as part of the standard NSDUH public use files (PUF). The proposed changes may improve researchers’ ability to answer important questions about the incidence and prevalence of substance use and mental health problems among Asians (especially Chinese), Native Hawaiian and Pacific Islanders, the LGBTQI+ population, and residents of Puerto Rico.

2023 MICS

As mentioned above, the purpose of the MICS is to update NSDUH SMI estimates based on the DSM-5 criteria. In the intervening years, the DSM was updated, and it is important to update the NSDUH mental illness estimates to reflect updated criteria.

NSDUH Incentives Experiment

As mentioned above, the purpose of the NSDUH Incentives Experiment is to assess whether adding a prepaid screening incentive with the Lead Letter and/or increasing the interview incentive reduces the potential for nonresponse bias, increases response rates and decreases FI level of effort.

12. Estimates of Annualized Burden Hours and Costs

Burden Hours for 2023 NSDUH Main Study with MICS

This submission requests OMB approval for revisions to the current NSDUH instruments, the use of new and revised respondent materials, and to conduct the MICS in 2023. The addition of new and revised SOGI questions is expected to add approximately 0.006 hours of extra burden per household screening and approximately 0.008 hours of extra burden per interview respondent. Also, the addition of the MICS is expected to add approximately 1.0 hours of extra burden per respondent completing the clinical interview. Table 1 below shows the estimated 2023 annualized respondent burden hours with the new SOGI questions and the MICS.

Table 1. Estimated 2023 Interview Respondent Burden Hours with New SOGI Questions and MICS

Response	Number of	Number of	Average	Total
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	Respondents	Responses per Respondent	Burden per Response (in hours)	Burden Hours
Household Screenings prior to New Household Screening SOGI Items	157,748	1	0.083	13,093
New Household Screening SOGI Items	157,748	1	0.006	947
Total 2023 Annual Household Screening Burden	157,748	1	0.089	14,040
Main Study Interviews prior to New Interview SOGI Items and MICS	67,607	1	1	67,607
Main Study New Interview SOGI Items	67,607	1	0.008	541
MICS	2,000 ¹	1	1	2,000
Total 2023 Annual Interview Burden	67,607	1	1.008	70,148
Total 2023 Annual Burden	225,355			84,188

Because the NSDUH Incentives Experiment will be embedded within 2022 Quarter 4 (October, November, and December) NSDUH main study data collection, there will be no increase to the annualized burden hours for the 2022 NSDUH.

15. Explanation for Program Changes or Adjustments

The addition of the new SOGI questions and the MICS will increase the currently approved estimated annualized burden by 3,488 hours (947 screening + 541 main study interview + 2,000 MICS).

List of Attachments

- A. NSDUH 2023 Web-based Screening Questions
- B. NSDUH 2023 In-Person Screening Questions
- C. NSDUH 2023 Web-based Interview Questionnaire
- D. NSDUH 2023 In-Person CAI Questionnaire
- E. NSDUH 2023 Engaging Respondents Handout

¹ The 2,000 MICS respondents are a subset of the 68,460 main study interview respondents.

- F. NSDUH 2023 Data Security Brochure
- G. NSDUH 2023 State Highlights
- H. NSDUH 2023 Revised “Sorry I Missed You” Card
- I. Power Analysis Details for the NSDUH Incentives Experiment
- J. Study Description
- K. Web Study Description

References

- Gelman, A., Stevens, M., & Chan, V. (2002). Regression modeling and meta-analysis for decision making: A cost-benefit analysis of incentives in telephone surveys. *Journal of Business & Economic Statistics*, *21*, 213-225. <https://doi.org/10.1198/073500103288618909>
- Singer, E. (2002). The use of incentives to reduce nonresponse in household surveys. In R. M. Groves, D. A. Dillman, J. L. Eltinge, & R. J. A. Little (Eds.), *Survey nonresponse* (pp. 163-177). New York, NY: Wiley.
- Singer, E., & Ye, C. (2013). The use and effects of incentives in surveys. *The Annals of the American Academy of Political and Social Science*, *645*, 112–141.