

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

## Executive Summary

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 2024 NSDUH using the sample design that was approved for 2023 with the expansion of the main study and MICS respondent universe to include Puerto Rico.
- Conduct the 2024 NSDUH using the web-based and in-person screening instruments that were approved for 2023 with minor changes to four items (SR GENDER, SR HISPANIC, SR RACE, and GENDER). (Note - The specific changes are summarized in later sections of this memo.)
- Conduct the 2024 NSDUH using the web-based and in-person interview instruments that were approved for 2023 with minor changes. (Note - The specific changes are summarized in later sections of this memo.)
- Conduct the 2024 main study NSDUH using a few revised respondent materials. (Note - The specific changes are summarized in later sections of this memo.)
- Conduct the 2024 small data collection effort in the United States Virgin Islands.
- Conduct the 2024 Mental Illness Calibration Study (MICS) using the instruments that were approved for 2023 with minor changes to the MICS Blaise Instrument. (Note – The specific changes are summarized in later sections of this memo.)
- Conduct the 2024 MICS using a few additional automated emails for respondents and a revised Interview Incentive Receipt.

## Proposed Changes

### 2024 NSDUH Main Study

The proposed sample design for 2024 will be the same as the 2023 sample design, with the exception of expanding the main study respondent universe to include Puerto Rico. The design of the Puerto Rico sample will mirror the multi-state area probability design of the other 2024 NSDUH sample. That is, the territory will be stratified into state sampling regions (SSRs), census tracts will be selected within SSRs, and census block groups (CBGs) will be selected within census tracts. Because the sample will be new, there will be no overlap with the 2023 NSDUH sample in Puerto Rico.

Because an address-based sampling frame does not exist in Puerto Rico, field enumeration will be used to construct dwelling unit (DU) frames in all sampled CBGs using eListing (electronic dwelling unit enumeration). All sampled areas in Puerto Rico will be field enumerated using an electronic listing application. Like the 50 states and the District of Columbia, sampled DUs will be mailed an invitation to participate online, and field interviewers (FIs) will contact DUs in person. Zero, one, or two people will be selected for the NSDUH interview within DUs that complete the web or in-person screener. Also, data will be collected from approximately one-fourth of the Puerto Rico respondents each calendar quarter. The Puerto Rico sample will be designed to yield 4,066 screenings and 960 interviews.

For 2024, the following changes to the web-based and in-person screening instruments are proposed:

- Revision of the gender question for the screening respondent (SR GENDER) to include

- “unknown” and “refused” options.
- Revision of the ethnicity question for the screening respondent (SR HISPANIC) to include “unknown” and “refused” options.
- Revision of the race question for the screening respondent (SR RACE) to include “unknown” and “refused” options.
- Revision of the gender question for all other household members (GENDER) to include an “unknown” option.

These proposed 2024 web-based and in-person screening questions, with tracked changes, can be found in **Attachments A** and **B**, respectively.

For 2024, the following changes to the web-based and in-person interview instruments are proposed:

- **General Instrument Revision:** Revision of the range of acceptable responses for questions about frequency of substance use in the past 30 days from “0 to 30 days” to “1 to 30 days.” Also, removed the subsequent consistency check questions for respondents who reported substance use on zero days as those checks can no longer be triggered.
- **Core Demographics Module:** Removal of questions asking detailed information about military service (V2a and V2b).
- **Alcohol Module:**
  - Revision of the introduction to the Alcohol module (ALCINTR1) to update and simplify the definition of a drink. Also, addition of help text to show an updated and simplified list of example beverages. Removal of CARD3a and ALCINTR2 as they are now redundant.
  - Removal of ALCC24 and ALCC26 because the value for past 30-day alcohol use can no longer be zero. Revision of logic throughout the questionnaire to reflect this change.
  - Revision of AL07 to include the newly updated and simplified definition of a drink.
- **Marijuana Module:** Relocation of a question about lifetime marijuana vaping (VPMJLIF) from the Emerging Issues module to the Marijuana module. Also, revision of routing so VPMJLIF will be asked of any lifetime marijuana users.
- **Cocaine Module:**
  - Addition of the Cocaine module introduction text to the lifetime use question (CC01) in gray font as a reminder to respondents.
  - Removal of CCCC14 and CCCC16 because the value for past 30-day cocaine use can no longer be zero. Revision of logic throughout the questionnaire to reflect this change.
  - Revision of the phrase “cocaine, in any form” to “any form of cocaine” throughout the Cocaine module to be more consistent with questions in other modules.
- **Crack Module:**
  - Addition of the Crack module introduction text to the lifetime use question (CK01) in gray font as a reminder to respondents.
  - Removal of CKCC14 and CKCC16 because the value for past 30-day crack use can no longer be zero. Revision of logic throughout the questionnaire to reflect this change.
- **Heroin Module:**
  - Revision of the introduction to the Heroin module (HEINTRO) to include example forms of heroin and ways of use.
  - Addition of the Heroin module introduction text to the lifetime use question (HE01) in gray font as a reminder to respondents.
  - Removal of HECC14 and HECC16 because the value for past 30-day heroin use can no longer be zero. Revision of logic throughout the questionnaire to reflect this change.

- Hallucinogens Module:
  - Revision of the introduction to the Hallucinogens module (HALINTRO) to simplify the text and removal of the list of substances asked about in the module.
  - Removal of LSCC14, LSCC16, LSCC79, LSCC80, LSCC88, LSCC89, LSCC97, and LSCC98 because the value for past 30-day hallucinogen use can no longer be zero. Revision of logic throughout the questionnaire to reflect this change.
  - Addition of a new question asking about recency of psilocybin use (LS36) and subsequent consistency check questions (LSCC111 through LSCC114).
- Inhalants Module:
  - Revision of the introduction to the Inhalants module (INHINTRO) to simplify the text and the removal of the list of substances asked about in the module.
  - Removal of INCC14 and INCC16 because the value for past 30-day inhalant use can no longer be zero. Revision of logic throughout the questionnaire to reflect this change.
  - Revision of the phrase “for kicks or to get high” was revised to “for fun or to get high” throughout the Inhalants module.
- Methamphetamine Module:
  - Revision of the introduction to the Methamphetamine module (METHINTRO) to update example forms of methamphetamine and ways of use.
  - Addition of the Methamphetamine module introduction text to the lifetime use question (ME01) in gray font as a reminder to respondents.
  - Removal of MECC14 and MECC16 because the value for past 30-day methamphetamine use can no longer be zero. Revision of logic throughout the questionnaire to reflect this change.
- Pain Relievers Screener: Addition of a series of five “other, specify” questions (PRAOTHA1-5) after the question about use of any other prescription pain reliever (PRANYOTH) to better measure opioid use.
- Definitions for Use in the Substance Use Disorder Module: Addition of Psilocybin recency (PSIREC) to past year use of hallucinogens (HAL12MON). Also, revision of recency for ketamine, DMT, AMT, and Foxy, and Salvia divinorum in the definition of HAL12MON.
- Prior Substance Use Module: Revision of the phrase “for kicks or to get high” to “for fun or to get high” in Prior Substance Use questions LU16 through LU16d and subsequent consistency checks (LS33 through LUIN08).
- Alcohol and Drug Treatment
  - A question asking what substance or substances a respondent received treatment for was added for respondents who do not endorse at least one substance in TXSBSUI and TXSBSUO.
  - A question asking about past year use of overdose reversal medicine (NARCANPY) was added.
  - Addition of a question asking about past year use of overdose reversal medicine (NARCANPY).
- Health Module:
  - Revision of the question about current pregnancy (HLTH02) to be given to respondents up to 50 years old. The previous upper age limit was 44 years old.
  - Revision of the question asking about duration of current pregnancy (HLTH03) to ask about pregnancy length in weeks rather than months.
  - Removal of the question asking about sexually transmitted diseases (HLTH24).
- Social Environment Module:

- Revision of the three-point scale in the perception question about adults trying marijuana or cannabis (sen13b) from “Neither approve nor disapprove” to “Strongly disapprove” to a five-point scale ranging from “Strongly disapprove” to “Strongly approve.”
  - Removal of the question asking about frequency of religious service attendance (senrelat).
- Youth Experiences Module:
  - Revision of three-point scales ranging from “Neither approve nor disapprove” to “Strongly disapprove” to five-point scales ranging from “Strongly disapprove” to “Strongly approve” throughout the Youth Experiences module.
  - Revision of the question asking about parental limits on time watching television (YE06d) to include parental limits on time with tablets, smartphones, computers, or video games in addition to television.
  - Revision of the question asking about how youth respondents’ parents would feel about them smoking one or more packs of cigarettes a day (YE07a) to ask about smoking cigarettes every day.
  - Revision of the question asking how youth respondents feel about their peers smoking one or more packs of cigarettes a day (YE19a) to ask about smoking cigarettes every day. Also, the addition of an introductory phrase to this question.
  - Removal of questions about how youth respondents’ friends would feel about them doing certain things, like smoking, using marijuana, etc. (YE20a through YE20c).
  - Removal of the question asking if youth respondents have spoken to at least one parent about the dangers of substance use in the past year (YE08).
  - Removal of the question asking if youth respondents have participated in a support group for their own or a family member’s substance use in the past year (YE23j).
  - Removal of the question asking if youth respondents have participated in a pregnancy or sexually transmitted disease prevention program in the past year (YE23o).
  - Removal of the question asking if youth respondents had been exposed to any substance use prevention messages outside of school in the past year (YE25).
  - Removal of the question asking frequency of religious service attendance (YERELATT).
  - Addition of the General Anxiety Disorder Scale or GAD-7 for youth as seven individual questions (YGAD1 through YGAD7).
  - Removal of the questions about the COVID-19 pandemic’s impact on suicidality for youth (YCOV9 through YCOV11).
- Mental Health Module:
  - Addition of the General Anxiety Disorder Scale or GAD-7 for adults as seven individual questions (AGAD1 through AGAD7).
  - Removal of questions about the COVID-19 pandemic’s impact on suicidality for adults (COV9 through COV11).
  - Removal of the Spanish specific 988 Suicide & Crisis Lifeline phone number (1-888-628-9454) from AHELP and YHELP to align with updated guidance from the 988 Suicide & Crisis Lifeline website (<https://988lifeline.org/>).
- Definitions for Use in the Consumption of Alcohol Module: Addition of Psilocybin recency (PSIREC) to past month use of hallucinogens (HAL30USE).
- Consumption of Alcohol Module: Revision of the introduction to the Consumption of Alcohol module (CAINTR) to include the newly updated and simplified definition of a drink.

- Emerging Issues Module: Removal of questions about marijuana vaping (VPMJLIF and VPMJRECa). Revised lifetime marijuana vaping question was added to the Marijuana module.
- Backend Demographics Module:
  - Removal of the question asking about in which state the respondent lived one year ago today (QD13a).
- Employment Module:
  - Removal of questions about workplace drug and alcohol use policies and access to workplace education and support (QD43 through QD46). Also, revision of routing for subsequent questions to reflect removing these questions.
  - Removal of questions about workplace drug and alcohol testing and respondent preference for workplace testing (QD49 through QD52). Also, revision of routing for subsequent questions to reflect removing these questions.
- COVID-19 Module: Removal of the COVID-19 module.
- Household Roster: Removal of the question asking if household members who are siblings and are the same age are twins and specifically what kind of twins (TWNTYPE).
- Proxy Information: Revision of the introduction to the Proxy Information module (PROXYINT) to remove an explanation of what this information may be used for.
- Health Insurance Module: Revision of state program names for Medicaid and the Children’s Health Insurance Program.
- Income Module:
  - Revision of the state program names for Temporary Assistance for Needy Families.
- Verification and Mental Illness Calibration Study:
  - Revision of the quality control form text (TOALLR31) to better clarify FI instructions (in-person interview instrument only).
  - Revision of the guidance and information (RECRQR for in person and POSTEXIT for web) for scheduling the MICS follow-up interviews.

To conduct main study (and MICS) data collection in Puerto Rico, the following changes to the web-based and in-person interview instruments are proposed:

- Youth Experiences Module: Added a Puerto Rico specific suicide and crisis lifeline phone number and website in YHELP.
- Mental Health Module: Added a Puerto Rico specific suicide and crisis lifeline phone number and website in AHELP.
- Income Module: Revised the routing logic for the question about Supplemental Security Income or SSI (QI03N) to include stateside respondents. Puerto Rico does not have SSI.
- Backend Demographics Module:
  - QD14 through QD16c, which ask about where a respondent was born, were revised to clearly include U.S. territories, such as Puerto Rico.
  - QD14a was added to capture what state or U.S. territory a respondent was born in.

The proposed 2024 web-based and in-person interview specifications, with tracked changes, can be found in **Attachments C** and **D**, respectively.

For the 2024 NSDUH main study, SAMHSA also proposes the use of the following revised NSDUH respondent materials:

- Revised Lead Letter (**Attachment E**) – A revised version of the current Lead Letter to reflect the new title for contractor Kathleen Considine (“Director of Data Collection” rather than “National Field Director”).
- Revised Web Follow-up Letters (**Attachment F**) – Revised versions of the current Web Follow-up Letters to reflect the new title for contractor Kathleen Considine (“Director of Data Collection” rather than “National Field Director”).
- Revised Controlled Access Letters (**Attachment G**) – Revised versions of the current Controlled Access Letters to reflect the new title for contractor Kathleen Considine (“Director of Data Collection” rather than “National Field Director”).
- Revised Web Incentive Thank You Letters (**Attachment H**) – Revised versions of the current Web Incentive Thank You Letters to reflect the new title for contractor Kathleen Considine (“Director of Data Collection” rather than “National Field Director”).
- Revised Certificate of Participation (**Attachment I**) – Revised version of the current Certificate of Participation to reflect the new title for contractor Kathleen Considine (“Director of Data Collection” rather than “National Field Director”).
- Revised Appointment Card (**Attachment J**) – A revised version of the current Appointment Card with “in cash” removed from the sentence referring to the interview incentive.
- Revised Introduction and Informed Consent Scripts (**Attachment K**) – Revised version of the current Introduction and Informed Consent Scripts that includes additional FI notes and a revised sentence in the youth script. Detailed descriptions of the changes are as follows:
  - The addition of “ADULT RESPONDENTS:” and “INTRO TO CAI” to the top of the adult script.
  - The addition of “YOUTH RESPONDENTS:” and “PARENTAL PERMISSION SCRIPT, PART OF...” to the first page of the youth script. Also, the addition of “YOUTH RESPONDENTS:” and “INTRO TO CAI” to the second page of the youth script.
  - The addition of “A TRANSLATOR CANNOT BE USED FOR ANY PORTION OF THE PARENTAL PERMISSION AND YOUTH INFORMED CONSENT PROCESS” to the first page of the youth script.
  - Revision of one sentence on the youth script from “This is why we ask for your phone number and current address at the end of the interview” to “This is why we ask for a phone number and your current address at the end of the interview.”
- Revised Showcard Booklet (**Attachment L**) – A revised version of the current Showcard Booklet that includes the revised Introduction and Informed Consent Scripts (see previous bullet point).
- Revised Interview Incentive Receipt (**Attachment M**) – A revised version of the current Interview Incentive Receipt. Detailed descriptions of the changes are as follows:
  - Removed the survey year (e.g., “2024”) to allow the use in subsequent survey years.
  - Removed reference to the cash incentive (i.e., “cash” and “in cash”) to avoid confusion if another selected respondent in the household decides to complete the interview via the web. (Note - respondents that complete the interview online receive a \$30 gift card by mail or email.)
  - Removed the additional phone numbers for the 988 Suicide & Crisis Lifeline, the Spanish specific phone number (1-888-628-9454) and the alternate phone number (1-800-273-8255).
  - Added Puerto Rico’s helpline information (Linea PAS).

## 2024 Small Data Collection Effort in the U.S. Virgin Islands

To continue SAMHSA’s initiative to expand the main study universe to other U.S. territories, this submission proposes the inclusion of a small data collection effort in the U.S. Virgin Islands in 2024 to explore the possible expansion of full-scale data collection starting in a future NSDUH survey. Like recent efforts in Puerto Rico, SAMHSA proposes a phased approach to collecting data in the U.S. Virgin Islands. The initial phase will explore logistical considerations in the U.S. Virgin Islands starting in early 2024, followed by a small data collection effort of up to 100 interviews in mid- 2024. Based on findings from the small data collection effort, SAMHSA hopes to conduct full-scale data collection in the U.S. Virgin Islands in 2025. As mentioned above, several questions within the web-based and in-person interview instruments (QD14 through QD16c) were updated to include U.S. territories, such as the U.S. Virgin Islands. In addition, “U.S. Virgin Islands” was added to all state fill locations throughout both interview instruments.

## 2024 MICS

This submission also proposes the inclusion of the 2024 MICS to continue recalibrating 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. Like the 2023 MICS, the 2024 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 follow-up interview focused on mental disorder symptoms. Like 2023, the goal is to conduct up to 2,000 English-only clinical follow-up interviews in 2024. Puerto Rico respondents that complete the main study interview in English will also be eligible for the 2024 MICS.

For the 2024 MICS, the following changes to the MICS Blaise Instrument are proposed:

- Addition of the Social and Occupational Functioning Assessment Scale (SOFAS) to improve the assessment of respondent functionality.
- Addition of three questions relating to the MICS distressed respondent protocol (DRP) are proposed. The proposed questions include:
  - o *“Did you administer the Distressed Respondent Protocol during this interview?” (Y/N)*
  - o *“Were there any protocol deviations while administering the Distressed Respondent Protocol during the interview?” (Y/N)*
  - o *“Have you sent the Distressed Respondent Protocol Form to your Clinical Team Lead?” (Y/N/Not Required by this protocol)*

These proposed 2024 MICS Blaise Instrument changes, with tracked changes, can be found in **Attachment N**.

SAMHSA also proposes the use of the following new and revised MICS respondent materials for 2024:

- Three new automated emails (“Break-off Interview,” “Data Collection Timeout,” and “Interview Deadline Reminder”).
- Revised MICS Interview Receipt: Changes are:
  - o Removed reference to the cash incentive (i.e., “cash” and “in cash”).
  - o Removed the additional phone numbers for the 988 Suicide & Crisis Lifeline, the Spanish

- specific phone number (1-888-628-9454) and the alternate phone number (1-800-273-8255).
- o Added Puerto Rico’s helpline information (Linea PAS).

These proposed materials, with tracked changes, can be found in **Attachments O** and **P**, respectively.

## **Justification**

### **1. Circumstances Making the Collection of Information Necessary**

#### **2024 NSDUH Main Study**

##### *Sample Design Modification – Expansion to Include Puerto Rico*

SAMHSA wishes to expand NSDUH data collection into Puerto Rico starting in January of 2024. This submission proposes the expansion of the main study respondent universe to include Puerto Rico. This decision is partially based on results from the small Puerto Rico data collection effort conducted in the Summer of 2023 (May 1 – June 12, 2023). The small data collection effort consisted of 100 completed interviews across 10 segments geographically dispersed throughout Puerto Rico. Key design details and results for the small data collection effort can be found in the attached **2023 Small Data Collection Effort in Puerto Rico Addendum**.

##### *Web-based and In-person Instrument Changes*

The inclusion of revised questions within the web-based and in-person screening instruments are to expand the response options for screening respondents. When asked to provide their gender (SR GENDER), ethnicity (SR HISPANIC), and race (SR RACE), screening respondents will now have the option to select “unknown” or “refused.” In addition, when asked to provide the gender for other household members (GENDER), screening respondents will now have the option to select “unknown.” In prior NSDUH surveys, “unknown” or “refused” were only available to the screening respondent when the demographic questions pertained to other household members (except for “unknown” for GENDER), but not for themselves.

The inclusion of new and revised questions within the web-based and in-person interview instruments are to further improve the information collected on NSDUH. Other proposed revisions are intended to improve the interview experience for respondents. For example, proposed changes include the removal of several questions that are no longer relevant or needed, as well as revisions to other questions to improve the overall flow and avoid duplication within the NSDUH interview.

##### *Revised Main Study Respondent Materials*

This submission also includes revised main study respondent materials for 2024. The use of the revised materials will help ensure that respondents receive the most up-to-date information about the study and to limit respondent confusion pertaining to the interview incentive.

As mentioned above, contractor Kathleen Considine’s title was updated from “National Field Director” to “Director of Data Collection” in several revised respondent materials (Lead Letter, Web Follow-up Letters, Controlled Access Letters, Web Incentive Thank You Letters, and the Certificate of Participation; **Attachments E – I**, respectively).

Also, the inclusion of a revised Appointment Card (**Attachment J**) will benefit interview respondents by removing text that may cause confusion concerning the \$30 interview incentive. When an FI schedules an appointment with a selected respondent to complete the interview in-person, they fill out and hand an appointment card to the respondent. SAMHSA proposes removing “in cash” from the card, in case the respondent later decides to complete the interview online rather than in-person. (Note – respondents that complete the interview online receive a \$30 gift card by mail or email.)

This submission also includes minor revisions to the adult and youth Introduction and Informed Consent scripts (included in **Attachment K**) for 2024. Based on feedback received from new FIs, SAMHSA proposes the use of additional FI notes (i.e., “ADULT RESPONDENTS” or “YOUTH RESPONDENTS”, and INTRO TO CAI”) at the top of the adult and youth scripts to help FIs locate the script to read to respondents. In addition, SAMHSA proposes the revision of one sentence in the youth version of the script pertaining to data quality. To more accurately reflect the current protocol that FIs are never to ask for a youth’s phone number when collecting verification information, SAMHSA proposes the revision of “This is why we ask for your phone number and current address at the end of the interview” to “This is why we ask for a phone number and your current address at the end of the interview.” Consequently, SAMHSA proposes the same changes to the Introduction and Informed Consent scripts contained within the Showcard Booklet (**Attachment L**),

Lastly, SAMHSA proposes the use of a revised main study Interview Incentive Receipt (**Attachment M**) for 2024. The revised receipt excludes the survey year (e.g., “2024”) to allow the use in subsequent survey years and excludes the words “cash” or “in cash” when referencing the interview incentive to avoid confusion if another selected respondent in the household decides to complete the interview via the web. (Note – Respondents that complete the interview via the web receive a \$30 gift card by mail or email.) Also, SAMHSA proposes the removal of the additional phone numbers for the 988 Suicide & Crisis Lifeline, the Spanish specific phone number (1-888-628-9454) and the alternate phone number (1-800-273-8255), to align with updated guidance from the 988 Suicide & Crisis Lifeline website (<https://988lifeline.org/>). Lastly, in the event of a main study respondent in Puerto Rico wanting to contact a mental health professional, SAMHSA proposes the inclusion of Puerto Rico’s helpline information (Linea PAS) on the receipt for 2024.

## **2024 Small Data Collection Effort in the U.S. Virgin Islands**

SAMHSA wishes to expand NSDUH data collection into the U.S. Virgin Islands sometime in the future. In early 2024, SAMHSA will explore the logistic considerations for data collection in the U.S. Virgin Islands. This will include ease or difficulty with recruiting field staff, potential travel difficulties due to terrain, internet reliability, differences in address conventions, language dialect differences, and differences in demographic characteristics. This effort will entail completing up to 100 NSDUH interviews (approximately 10 segments with 10 completed interviews per segment). Findings from this phased approach will inform SAMHSA on the development of potentially moving to a full-scale data collection effort as early as 2025.

## **2024 MICS**

### *MICS Instrument Changes*

For 2024, SAMHSA is proposing a few revisions to the back-end section of the MICS Blaise Instrument (**Attachment N**); the addition of the SOFAS and three additional questions related to the MICS DRP.

To improve the assessment of respondent functionality, SAMHSA proposes adding the SOFAS to the MICS Blaise Instrument for 2024. The 2023 MICS only uses the Global Assessment of Functioning (GAF) scale for assessing, which is not officially of the DSM-5. The inclusion of the SOFAS, which focuses exclusively on functioning and leaves out symptoms, will help SAMHSA identify which scale (or combination of both) best predicts SMI estimates within the NSDUH algorithm.

MICS CIs will continue to follow the current DRP when respondents disclose intent to harm themselves or others. However, SAMHSA proposes the addition of three questions to the MICS Blaise Instrument for 2024 to further track how often the DRP is administered and whether any protocol deviations occurred.

### *Revised MICS Respondent Materials*

To improve communication and production among hard-to-reach respondents and respondents that have started the clinical follow-up interview but not finished, SAMHSA proposes the use of three new automated emails (“Break-off Interview”, “Data Collection Timeout”, and “Interview Deadline Reminder”) for the 2024 MICS. These proposed emails can be found in the revised MICS Email and Voicemail Contacting Scripts (**Attachment O**).

In addition, SAMHSA proposes the use of a revised MICS Interview Incentive Receipt (**Attachment P**) for 2024. The revised receipt excludes the words “cash” or “in cash” when referencing the interview incentive to avoid confusion if another selected respondent in the household is recruited via the web. (Note – Respondents recruited for the MICS via the web receive a \$30 gift card by mail or email.) Also, SAMHSA proposes the removal of the additional phone numbers for the 988 Suicide & Crisis Lifeline, the Spanish specific phone number (1-888-628-9454) and the alternate phone number (1-800-273-8255), to align with updated guidance from the 988 Suicide & Crisis Lifeline website (<https://988lifeline.org/>). Lastly, in the event of a MICS respondent in Puerto Rico wanting to contact a mental health professional, SAMHSA proposes the inclusion of Puerto Rico’s helpline information (Linea PAS) on the receipt for 2024.

## **2. Purpose and Use of Information Collection**

### **2024 NSDUH Main Study**

The purpose of the 2024 NSDUH is to collect and report current data on substance use incidence and prevalence and mental health statistics for the civilian, non-institutionalized population aged 12 or older in the U.S., in each state, the District of Columbia, and in Puerto Rico.

Data collection for the 2024 NSDUH will be made available to data users as part of the standard NSDUH public use files (PUF). The proposed changes will improve researchers’ ability to answer important questions about the incidence and prevalence of substance use and mental health problems among residents in the 50 states, the District of Columbia, and Puerto Rico.

### **2024 Small Data Collection Effort in the U.S. Virgin Islands**

The purpose of the small data collection effort is to explore expanding NSDUH data collection to the U.S. Virgin Islands. A summary of findings and recommendations that will inform future data collection in the U.S. Virgin Islands will be produced. Respondent data gathered during the pilot will be used for operational purposes only and will not be included in the main study dataset.

## 2024 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.

### Estimates of Annualized Burden Hours and Costs

#### Burden Hours for 2024 NSDUH Main Study with MICS

This submission requests OMB approval for revisions to the respondent universe to include Puerto Rico, the current NSDUH instruments, the use of revised respondent materials, and to conduct the MICS in 2024. The screening and interview instrument changes are expected to add 0 hours of extra burden per household screening and 0 hours of extra burden per interview respondent. Table 1 below shows the estimated 2024 annualized respondent burden hours.

**Table 1. Estimated 2024 Interview Respondent Burden Hours**

Response	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Household Screenings prior to Changes (i.e., excluding Puerto Rico full-scale data collection and small data collection effort in U.S. Virgin Islands)	285,894	1	0.083	23,729
Household Screenings in Puerto Rico	4,066	1	0.083	338
Household Screenings in U.S. Virgin Islands	357	1	0.083	30
Revised Household Screening Items	289,960	1	0.000	0
<b>Total 2024 Annual Household Screening Burden</b>	<b>290,317</b>	<b>1</b>	<b>0.083</b>	<b>24,097</b>
Main Study Interviews prior to Changes (i.e., excluding Puerto Rico full-scale data collection and small data collection effort in U.S. Virgin Islands)	67,507	1	1.008	68,047
Interviews in Puerto Rico	960	1	1.008	968

Interviews in U.S. Virgin Islands	100	1	1.008	101
Main Study Interview Changes	68,467	1	0.00	0
MICS	2,000 <sup>1</sup>	1	1	2,000
<b>Total 2024 Annual Interview Burden</b>	<b>68,567</b>	<b>1</b>	<b>1.008</b>	<b>71,116</b>
<b>Total 2024 Annual Burden</b>	<b>358,884</b>			<b>95,213</b>

### 3. Purpose and Use of Information Collection

The addition of full-scale data collection in Puerto Rico will increase the currently approved estimated annualized burden by 1,306 hours (338 for screenings + 968 for interviews). The addition of the small data collection effort in the U.S. Virgin Islands will increase the currently approved estimated annualized burden by 131 hours (30 for screenings + 101 for interviews).

#### List of Attachments

- A. NSDUH 2024 Web-based Screening Questions
- B. NSDUH 2024 In-Person Screening Questions
- C. NSDUH 2024 Web-based Interview Questionnaire
- D. NSDUH 2024 In-Person CAI Questionnaire
- E. NSDUH 2024 Lead Letter
- F. NSDUH 2024 Web Follow-up Letters
- G. NSDUH 2024 Controlled Access Letters
- H. NSDUH 2024 Web Incentive Thank You Letters
- I. NSDUH 2024 Certificate of Participation
- J. NSDUH 2024 Appointment Card
- K. NSDUH 2024 Introduction and Informed Consent Scripts
- L. NSDUH 2024 Showcard Booklet
- M. NSDUH 2024 Interview Incentive Receipt
- N. MICS 2024 Blaise Instrument
- O. MICS 2024 Email and Voicemail Contacting Scripts

<sup>1</sup> The 2,000 MICS respondents are a subset of the 68,467 main study interview respondents.

P. MICS 2024 Interview Incentive Receipt