

Introduction

Results from the 2008 National Survey on Drug Use and Health: Detailed Tables is a collection of tables presenting national estimates from the National Survey on Drug Use and Health (NSDUH). These tables present information on drug, alcohol, and tobacco use; drug and alcohol dependence and abuse and treatment; mental health problems and related treatment; and the co-occurrence of substance use and mental health problems. Measures of these behaviors and characteristics are presented by a variety of demographic, geographic, and other variables. The estimates in the tables include rates of the behaviors, numbers of persons engaging in these behaviors, and other measures. Although the majority of these tables are trend tables presenting estimates from the 2007 and 2008 NSDUHs, some tables include only estimates from the 2008 NSDUH if the same or comparable data are not available from 2007. Also, a number of tables contain annual averages that are generated by combining multiple years of data if sufficient data within a single year are unavailable to produce reliable estimates. These tables may provide annual averages combining data for (a) 2007 and 2008, (b) 2006 and 2007, (c) 2005 and 2006, and (d) 2005, 2006, 2007, and 2008. Also included are a number of tables that present data from earlier surveys in the series, including a section of tables mainly presenting data from 2002 to 2008 and a couple of tables within that section presenting data from 1971 to 2008. Two tables related to respondents' mental health status were produced based on a subsample of respondents aged 18 or older.¹ Finally, tables were created that present estimates corresponding to the Healthy People 2010 Objectives.²

Because of survey improvements in the 2002 NSDUH, the 2002 data constitute a new baseline for tracking trends in substance use and other measures. Therefore, estimates from the 2002 through 2008 surveys should not be compared with estimates from the 2001 or earlier surveys to examine changes over time. Methodology changes throughout NSDUH's history make it difficult to assess long-term trends from tables presenting data from 1971 to 2008. However, it is instructive to compare NSDUH estimates from 1971 to 2008 by "piecing together" the data from time periods for which data are comparable. Specifically, valid trend comparisons can be made for 1971 to 1998, 1999 to 2001, and 2002 to 2008. With this approach, comparisons between 1998 and 1999, and between 2001 and 2002, should be made with caution because they are potentially biased due to changes in methods. Nevertheless, when these data are combined in a single presentation, it often becomes clear that the effects of the methods changes are small compared with the major shifts in substance use prevalence that have occurred over the past four decades.

The 2008 detailed tables include revised estimates of the nonmedical use of prescription psychotherapeutic drugs and prescription stimulants that take into account data on methamphetamine use based on information obtained from survey items added to NSDUH in

¹ Office of Applied Studies. (2009). *Results from the 2008 National Survey on Drug Use and Health: National findings* (HHS Publication No. SMA 09-4434, NSDUH Series H-36). Rockville, MD: Substance Abuse and Mental Health Services Administration.

² Additional information on the Healthy People 2010 Objectives may be obtained at the following archive Web site: <http://www.healthypeople.gov/2010/?visit=1>. Information on the Healthy People 2020 Objectives is available at <http://www.healthypeople.gov/>.

2005, 2006, 2007, and 2008. In a methodological study, these measures were found to be noticeably higher when the data from the additional methamphetamine use items were taken into account. Estimates for use of illicit drugs overall and use of illicit drugs other than marijuana, however, were affected only minimally by these methamphetamine use items and were not revised. The 2006 estimates for nonmedical use of stimulants and prescription psychotherapeutics in the 2008 detailed tables have been revised based on the additional questions on methamphetamine use, and statistical adjustments have been applied to the estimates from 2002 to 2005. These modifications control for the potentially confounding effects of the questionnaire changes and enable year-to-year comparisons to be made over the period from 2002 to 2008. Section B.4.8 in Appendix B of the *Results from the 2008 National Survey on Drug Use and Health: National Findings* provides a discussion of the revised measures and the procedures used to generate estimates based on them.³ Because of these changes, estimates for nonmedical use of stimulants and psychotherapeutic drugs in these tables are not comparable with corresponding estimates in previous NSDUH tables and reports, and methamphetamine use estimates are not comparable with those in NSDUH tables and reports for survey years prior to 2006. Throughout these tables, notes have been added to the applicable tables to clearly document estimates that were revised.

Several important changes were made to the adult mental health module of the 2008 NSDUH questionnaire. These changes not only provide valuable new data on mental health, but also affect some of the measures that have been collected in NSDUH since 2004. In Sections B.4.4 to B.4.7 in Appendix B of the *Results from the 2008 National Survey on Drug Use and Health: National Findings*, the questionnaire changes and their impact on NSDUH estimates are discussed in detail.⁴ The 2008 detailed tables include estimates from the expanded mental health module, including serious mental illness (SMI), 30-day serious psychological distress (SPD), and suicidal thoughts and behavior. SMI estimates were not produced from 2004 through 2007, and the SMI estimates presented in the 2008 detailed tables are not comparable with the SMI estimates produced from NSDUH data prior to 2004. Additionally, the questionnaire changes caused discontinuities in trends for the adult major depressive episode (MDE) and 12-month SPD estimates. Analyses of these data indicate that the 2008 data for adult MDE and 12-month SPD are not comparable with data from 2007 and earlier. Thus, 12-month SPD data are not included in the detailed tables, and adult MDE data are presented only for 2008. No questionnaire changes were made in 2008 that affected MDE items for youths aged 12 to 17 or for the youth and adult mental health service utilization questions. Thus, estimates for these measures include comparisons with data from prior years.

Subsets of the detailed tables are included in Appendices F and G of the report titled *Results from the 2008 National Survey on Drug Use and Health: National Findings*. A description of the survey measurement issues and the sample design and estimation procedures used in the 2008 NSDUH can be found in technical appendices of the same report.

³ See the report cited in footnote 1.

⁴ Again, see the report cited in footnote 1.

Table Revisions (Revised Estimates for 2006 to 2010)

As of May 2012, tables containing estimates for the mid-Atlantic division and the Northeast region have been revised. These tables have been denoted with the word "(REVISED)" placed between the table's number and title. In addition, a note appears with each revised table to briefly explain the reason for the corrected data. In general, previously published estimates for the mid-Atlantic division and Northeast region were incorrect because of data errors.

More specifically, during regular data collection and processing checks for the 2011 NSDUH, data errors were identified. These errors affected the data for Pennsylvania (2006-2010) and Maryland (2008-2009). Cases with erroneous data were removed from the data files, and the remaining cases were reweighted to provide representative estimates. The errors had minimal impact on the national estimates and no effect on direct estimates for the other 48 States and the District of Columbia. In reports where model-based small area estimation techniques are used, estimates for all States may be affected, even though the errors were concentrated in only two States. In reports that do not use model-based estimates, the only estimates appreciably affected are estimates for Pennsylvania, Maryland, the mid-Atlantic division, and the Northeast region. The 2008 detailed tables and 2008 national findings report do not include State-level or model-based estimates. However, they do include estimates for the mid-Atlantic division and the Northeast region. Thus, tables containing estimates for these geographic regions have been revised using the corrected data. Because only a limited set of tables use revised data, there exist some minor differences in the marginal estimates (i.e., the estimates in the row described as "TOTAL" between the revised and nonrevised tables).

Caution is advised when comparing data from older reports with data from more recent reports that are based on corrected data files. As discussed above, comparisons of estimates for Pennsylvania, Maryland, the mid-Atlantic division, and the Northeast region are of most concern, while comparisons of national data or data for other States and regions are essentially still valid. The Center for Behavioral Health Statistics and Quality (CBHSQ) within the Substance Abuse and Mental Health Services Administration (SAMHSA) does not recommend making comparisons between unrevised 2006-2010 estimates and estimates based on 2011 data for the areas of greatest concern.

Table Revisions (Revised Adult Mental Illness Estimates for 2008 to 2011)

As of October 2013, tables containing estimates for past year any mental illness (AMI) and SMI for adults have been revised.⁵ These tables have been denoted with the word "(REVISED)" placed between the table's number and title. In addition, a note appears with each revised table to briefly explain that the revision is due to revised estimation procedures.

More specifically, SAMHSA has been publishing estimates of the prevalence of past year mental illness among adults aged 18 or older since the release of the 2008 NSDUH national

⁵ Past year AMI estimates for adults are not included in the 2008 detailed tables. Estimates of AMI for the 2008 NSDUH are included in the subsequent year mental health detailed tables.

findings report.⁶ Estimates were based on a model developed in 2008. In 2013, SAMHSA developed a more accurate model for the 2012 data. This revised model incorporates the NSDUH respondent's age and indicators of past year suicide thoughts and depression, along with the variables that were specified in the 2008 model (Kessler-6 [K6] questions on psychological distress and an abbreviated set of questions on impairment in carrying out activities from the World Health Organization Disability Assessment Schedule [WHODAS]), leading to more accurate estimates of AMI and SMI. Other mental health measures, such as MDE, SPD, and serious thoughts of suicide, were not affected. It is recommended that the mental illness variables derived from the 2012 model not be used when analyzing variables for past year suicidal thoughts, past year MDE, the K6, or the WHODAS, and it is also recommended that the mental illness variables derived from the 2012 model not be used when analyzing other closely linked variables (including, past year suicide attempts, past year suicide plans, medical treatment for suicide attempts, lifetime MDE, SPD, or components used in the K6 or WHODAS scales). For these revised tables, estimates are based on the 2012 model. For further information on the revised model, see the NSDUH short report titled *Revised Estimates of Mental Illness from the National Survey on Drug Use and Health* at <http://samhsa.gov/data/default.aspx>.

Table Numbering

The detailed tables are numbered using a three-part numbering scheme (e.g., 1.15A). The first part of the table number (1.15A) is the subject matter section to which a particular table belongs. The second part (1.15A) is the number of the table within a particular section. The third part (1.15A) is a table type indicator, an alphabetic letter appended to the table number. Each table number, as explained below, has multiple table types. Tables are numbered sequentially within each subject matter section. To the extent possible, identical tables are assigned the same table number each year except in the case where specific tables are removed or added.

The nine subject matter sections and the number of tables per section are as follows:

Section 1: Illicit Drug Use Tables - 1.1 to 1.92

Section 2: Tobacco Product and Alcohol Use Tables - 2.1 to 2.84

Section 3: Risk and Protective Factor Tables - 3.1 to 3.25

Section 4: Incidence Tables - 4.1 to 4.16

Section 5: Dependence, Abuse, and Treatment Tables - 5.1 to 5.56

Section 6: Mental Health Tables - 6.1 to 6.50

Section 7: Miscellaneous Tables - 7.1 to 7.118

Section 8: Trend Tables - 8.1 to 8.43

Section 9: Sample Size and Population Tables - 9.1 to 9.14

The table type indicators are primarily defined as follows; however, some exceptions do exist and are noted in subsequent bullets.

⁶ See the report cited in footnote 1.

<u>Table Type</u>	<u>Purpose of the Table</u>
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A:	Presents estimates of the numbers of persons exhibiting the specified behavior or characteristic (e.g., substance use) in the populations described by the column and row headings.
B:	Presents estimates of the percentages of persons exhibiting the specified behavior or characteristic (e.g., substance use) in the populations described by the column and row headings.
C:	Presents the standard error associated with each of the estimates in the "A" tables.
D:	Presents the standard error associated with each of the estimates in the "B" tables.
N:	Presents the number of cases in the specified NSDUH sample with the characteristics defined by the column and row headings.
P:	Presents the p values from tests of the statistical significance of differences between columns in the "B" tables.

The majority of tables within the detailed tables contain five table types (A, B, C, D, and P) as defined above. Note that table type N is used exclusively within Section 9 to display the sample size counts. Exceptions to this organization are noted as follows:

- Section 3 (Risk and Protective Factor Tables) includes tables for which only table types A, B, C, and D are produced (Tables 3.19 to 3.25). These tables present estimates for the 2008 NSDUH only; thus, these are not trend tables, so significance tests between years are not relevant and table type P is not applicable.
- Section 4 (Incidence Tables) contains both tables for which only table types A and C are produced and tables for which only table types B, D, and P are produced. Specifically, one subset of tables (Tables 4.9 to 4.12) includes table types A and C. This subset of tables presents the number of past year initiates in table type A and the associated standard errors in table type C. The remaining Section 4 tables include only table types B, D, and P. Tables 4.1 to 4.8 present numbers and percentages of past year initiates in table type B, associated standard errors for each of these estimates in table type D, and p values from tests of statistical differences between years in table type P. Tables 4.13 to 4.16 present the mean age for past year initiates in table type B, associated standard errors in table type D, and p values from tests of statistical differences between years in table type P.
- Section 5 (Dependence, Abuse, and Treatment Tables) includes tables for which only table types A, B, C, and D are produced (Tables 5.54 to 5.56). These tables present annual averages based on combined 2005-2008 NSDUH data; thus, these are not trend tables, so significance tests between years are not relevant and table type P is not applicable.
- Section 6 (Mental Health Tables) includes tables for which only table types A, B, C, and D are produced (Tables 6.1 to 6.19, 6.29 and 6.30, 6.37 and 6.38, 6.40, 6.42, 6.44, 6.46, 6.48, and 6.50). These tables present estimates for the 2008 NSDUH only; thus, these are not trend tables, so significance tests between years are not relevant and table type P is not applicable.

- Section 7 (Miscellaneous Tables) includes tables for which only table types A, B, C, and D are produced (Tables 7.94 and 7.95). These tables present estimates for the 2008 NSDUH only; thus, these are not trend tables, so significance tests between years are not relevant and table type P is not applicable.
- Section 8 (Trend Tables) contains one subset of tables for which only table types B and D are produced and one table for which only table types B, D, and P are produced. Specifically, one subset of tables (Tables 8.39 and 8.40) are multiyear tables that present estimated percentages for 1971 to 2008 in table type B and associated standard errors in table type D. The estimated total number of users and associated standard errors are not presented, nor are between-year significance tests implemented; thus, table types A, C, and P are not utilized. Table 8.31 is a multiyear table that includes only table types B, D, and P. It presents the number of past year initiates, percentages of past year initiates, and the mean age for past year initiates in table type B, associated standard errors for each of these estimates in table type D, and p values from tests of statistical differences between years in table type P.
- Section 9 (Sample Size and Population Tables) contains only table types A, C, and N. Population counts, standard errors, and sample sizes are displayed in table types A, C, and N, respectively. Percentages of the population and associated standard error tables are not provided in this section.

Locating and Accessing a Table

The detailed tables consist of prevalence estimates (table types A and B), standard errors and p values (table types C, D, and P), and sample sizes (table type N). The tables (all types) are organized by subject matter sections. Nine subject matter sections are available for 2008.

Two methods are available to assist a user in locating and accessing a table of interest within the detailed tables.

Subject Matter Sections

If a user knows which of the nine subject matter sections listed below is of interest, then he or she can click directly on the bookmark for that subject matter section. This will take the user to the index of tables for that section. This index can be used to identify the group of tables in which the desired table is likely to be located. Clicking on the appropriate link will take the user directly to the first table in the specified group where he or she then can scroll through the tables to locate the table of interest. The group links will provide the user access to the prevalence estimate tables. To access the corresponding standard error and p value tables, a user must click on the "SE" link associated with that group link.

The nine subject matter sections are as follows:

Section 1: Illicit Drug Use Tables

Section 2: Tobacco Product and Alcohol Use Tables

Section 3: Risk and Protective Factor Tables

Section 4: Incidence Tables

Section 5: Dependence, Abuse, and Treatment Tables

Section 6: Mental Health Tables

Section 7: Miscellaneous Tables

Section 8: Trend Tables

Section 9: Sample Size and Population Tables

Reference Tools

If a user needs more detailed information on which subject matter section to enter, he or she can click on the "Reference Tools" bookmark to learn about various other tools available for locating a specific table of interest. These tools include a key to selected variables and a list of tables. The key to selected variables defines key topics (e.g., demographics) used throughout the 2008 detailed tables. This may be helpful when used in conjunction with the index of tables mentioned under Subject Matter Sections (above) in identifying tables that contain information for these selected characteristics. However, not all variables listed in the key are specifically mentioned in the index of tables. The list of tables can be used to identify a specific table for one of the subject matter sections. Once the desired table has been located using the reference tools, the user then should follow the directions provided under Subject Matter Sections (above) to access the table.

Note that once a link is used to access a table, only the tables within the same group as the one accessed will appear in the user window. In addition, once a group of prevalence estimate tables is accessed, there is no direct link to the corresponding standard error and p value tables (and vice versa). If the user wishes to see a table NOT included in the current group, or to see the corresponding prevalence estimate, standard error and p value, or sample size and population tables, it will be necessary to click on the appropriate subject matter bookmark and then select the new group that contains the table of interest.

