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2005 NATIONAL SURVEY ON DRUG USE AND HEALTH

METHAMPHETAMINE ANALYSIS REPORT

Prepared for the 2005 Methodological Resource Book

Contract No. 283-2004-00022
RTI Project No. 0208726.187.038

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1. Introduction

For the 2005 National Survey on Drug Use and Health (NSDUH), new questions were added to the noncore special drugs module to capture information about methamphetamine use from respondents who did not report methamphetamine use in the core stimulants module because they may not have recognized it as a prescription drug. An investigation was conducted on these new data to determine how to present estimates on methamphetamine use in the 2005 Detailed Tables¹ and Summary of Findings Report (OAS, 2006). To assist in this decision, a preliminary review also was conducted of data from new follow-up questions that were added to the noncore special drugs module in the 2006 NSDUH. These follow-up items were added in 2006 to resolve inconsistencies for respondents who originally denied using methamphetamine in the core module but who subsequently reported methamphetamine use in the special drugs module. For respondents in 2006 who reiterated that their report of methamphetamine use in the special drugs module was correct, these follow-up questions also obtained information on why the respondents had not reported methamphetamine use in the core stimulants module.

This report is organized as follows: Chapter 2 provides background information on the rationale for the addition of the new methamphetamine questions to the special drugs module of the 2005 NSDUH. Chapter 3 details the investigation of the impact the new methamphetamine questions have on prevalence estimates in 2005. Chapter 4 summarizes the results of an early data review conducted on the follow-up items added to the special drugs module in 2006 to resolve the inconsistencies detailed above. Conclusions regarding presentation of estimates of methamphetamine use for the 2005 NSDUH are given in Chapter 5, along with a discussion on recommended future analyses. The new methamphetamine questions that were added to the respective NSDUH instruments in 2005 and 2006 are shown in the Appendix.

¹ <http://www.oas.samhsa.gov/nsduh/2k5nsduh/tabs/2k5tabs.pdf>

2. Background

Multiple sources of drug abuse information point to a growing problem with methamphetamine abuse in the United States. According to the Treatment Episode Data Set (TEDS), the number of admissions to treatment that were reported to TEDS in which methamphetamine or amphetamine were listed as the primary drug of abuse more than tripled from 1994 to 2004, increasing from approximately 44,000 in 1994 to approximately 150,000 in 2004 (OAS, 2006, February). Among States that distinguish between methamphetamine and amphetamines in their treatment admission data, approximately 86 percent of these admissions involved methamphetamine as the primary drug of abuse. In addition, methamphetamine ranked third in 2004 (behind marijuana and cocaine) among drugs identified in forensic laboratory analyses of drugs seized in law enforcement operations, and methamphetamine reporting significantly increased from 2001 through 2004 for forensic laboratories in the South and Northeast (Weimer et al., 2004).

In contrast, NSDUH estimated that methamphetamine use among the civilian noninstitutionalized population aged 12 or older remained stable between 2002 and 2004. In 2004, an estimated 12 million persons (4.9 percent of persons aged 12 or older) had used methamphetamine at least once in their lifetime, 1.4 million (0.6 percent) had used it in the past year, and 600,000 (0.2 percent) had used it in the past month (OAS, 2005). Further, NSDUH estimated that the number of recent methamphetamine initiates remained stable between 2002 and 2004, at about 300,000 per year.

Although methamphetamine is available in prescription form (e.g., Desoxyn[®]), one important issue in measuring nonmedical use of methamphetamine in NSDUH is that most of the methamphetamine that is currently used nonmedically in the United States is produced by clandestine laboratories within the United States or abroad rather than by the legitimate pharmaceutical industry. Thus, methamphetamine may be moving from being a prescription drug that can be used for legitimate medical reasons as well as for nonmedical ones (i.e., without a prescription or for the experience or feeling) to principally being a "street" drug for which all use would constitute misuse.

However, questions on methamphetamine use are first asked in the core prescription stimulants module. Specifically, respondents are asked about their use of prescription stimulants that were not prescribed for the respondents or that the respondents took only for the experience or feeling they caused (defined in NSDUH as "nonmedical use" or "misuse").

Therefore, one concern in measuring methamphetamine misuse in NSDUH is that some methamphetamine users could fail to recognize the drug when it is presented in this context. This presentation of methamphetamine in the context of questions about prescription stimulants could lead to underreporting of methamphetamine misuse and underestimation of the true prevalence of methamphetamine misuse in the United States. This concern may be particularly relevant for younger users or more recent initiates of methamphetamine use who have used the drug in a form other than as a pill and who may have less familiarity with the historical availability of methamphetamine as a prescription drug.

In turn, any underreporting of methamphetamine misuse in NSDUH has the potential to affect other estimates, such as the prevalence of nonmedical use of any stimulants, nonmedical use of any prescription psychotherapeutic drug, use of any illicit drug other than marijuana, and use of any illicit drug. In addition, respondents who used methamphetamine in the past year but who failed to report methamphetamine use in the core stimulants module would not be asked subsequent questions in NSDUH about symptoms of dependence or abuse related to their misuse of stimulants unless they reported misusing other prescription-type stimulants in the past year. Consequently, underreporting of methamphetamine use in the core could result in underestimation of the need for substance abuse treatment for use of stimulants, for prescription psychotherapeutics, and for illicit drugs in general.

To address these concerns, new questions were added to the noncore special drugs module in the 2005 NSDUH to capture information from respondents who may have used methamphetamine but did not think of it as a prescription drug and therefore did not report use in the core stimulants module. These new noncore questions differed from the methamphetamine use questions asked in the core stimulants module by asking about methamphetamine use removed from the context of nonmedical use of prescription drugs, and including more descriptive information relevant to this drug. Respondents who did not indicate in the stimulants module that they had used methamphetamine that was not prescribed for them or that they took only for the experience or feeling it caused received the following item:

Methamphetamine, also known as crank, ice, crystal meth, speed, glass, and many other names, is a stimulant that usually comes in crystal or powder forms. It can be smoked, "snorted," swallowed or injected. Have you ever, even once, used methamphetamine?

Respondents who answered "Yes" to this question then were asked questions regarding the last time they used methamphetamine, whether they ever used a needle to inject methamphetamine, and if applicable, when they last used a needle to inject methamphetamine. In particular, the questions about most recent use of methamphetamine and most recent use of methamphetamine with a needle were used to classify these methamphetamine users as past month, past year, or lifetime users (see Appendix for actual questions).

Therefore, the purpose of this study was to use the new methamphetamine questions in the 2005 NSDUH to investigate how to present estimates on methamphetamine use in the 2005 Detailed Tables² and Summary of Findings Report (OAS, 2006). The remainder of this report discusses the investigations that were conducted based on the data from these new questions in the 2005 NSDUH. The report also discusses implications of the findings from these investigations as well as findings from preliminary review of data from the 2006 survey.

² <http://www.oas.samhsa.gov/nsduh/2k5nsduh/tabs/2k5tabs.pdf>

3. 2004/2005 12-Month Data Analysis

To assess the impact of the new methamphetamine questions added to the 2005 NSDUH, weighted estimates from 2004 and 2005 were generated and compared for four different scenarios: (1) only core stimulant data from 2004; (2) only core stimulant data from 2005 (i.e., comparable to the estimates for 2004); (3) 2005 core stimulant data and previous noncore data on methamphetamine use with a needle that existed in the special drugs module prior to 2005; and (4) 2005 core stimulant data, previous noncore data from the special drugs module, and the new methamphetamine questions that were added to the special drugs module in 2005 (see items SD17a, SD17b, SD18a, and SD18b listed in the Appendix). Comparisons were made for the overall population aged 12 or older and by various age and gender subgroups for the following drug recency (lifetime, past year, and past month) measures: nonmedical use of methamphetamine, nonmedical use of stimulants (i.e., including methamphetamine), nonmedical use of prescription psychotherapeutics, and illicit drug use (including the nonmedical use measures described previously but also potentially including other drugs such as marijuana).

To be more representative of the estimates provided in the Detailed Tables and to fully compare with 2004 Detailed Tables, weighted estimates were generated for the final three scenarios described above based on fully imputed data for the 2005 NSDUH, rather than on raw or edited data. The drug recency measures for scenarios one and two were created during the 2004 and 2005 12-month data processing activities, respectively. Similar procedures for creating these recency measures for scenarios one and two were followed in both 2004 and 2005 and documentation of the procedures for creating these variables is described in the 2004 NSDUH reports for data editing and statistical imputation (Kroutil, Handley, & Smarrella, 2005; Grau, Barnett-Walker, Copello, Frechtel, Licata, Liu, & Martin, 2006). In particular, inconsistencies that existed between recency data for methamphetamine, stimulants, and related variables in the core stimulants module were identified during the editing phase (e.g., if incidence data for methamphetamine suggested more recent use of methamphetamine than what the respondent reported for when he or she last used it). These inconsistent data were then replaced in the imputation step with data from donors who had consistent information. Thus, imputed data were always derived from edited data.

The creation of the recency measures for scenarios three and four differed from the typical procedures discussed above for creating estimates based on core data only. In incorporating the noncore data from the special drugs module for scenario three, the editing team followed the principle that reports of more recent use in the noncore data took precedence over reports of less recent use in the core data for assigning an edited recency of use. For example, if a respondent reported last using methamphetamine "more than 12 months ago" in the core stimulants module but reported in the special drugs module that he or she last used methamphetamine with a needle "more than 30 days ago but within the past 12 months," the edits for scenario three logically inferred that this respondent last used methamphetamine more than 30 days ago but within the past 12 months. In turn, if the most recent use of any stimulant in the core stimulants module was more than 12 months ago, these edits for scenario three logically inferred that the respondent last used any stimulant more than 30 days ago but within the past 12 months, based on the more recent indication of methamphetamine use in the special drugs

module. Under scenario three, however, respondents were not routed to the questions in the special drugs module about use of methamphetamine with a needle or use of other stimulants with a needle unless they had already indicated lifetime use of methamphetamine or any stimulants, respectively, in the core stimulants module. Hence, the edits for scenario three could assign a respondent to a more recent period of use than what he or she reported in the core but generally did not reclassify respondents from being users to being nonusers.

Procedures similar to those described above for scenario three also were followed for logically editing data under scenario four. In addition, the edits for scenario four overruled reports of lifetime nonuse from the core stimulants module if respondents reported methamphetamine use in the new special drugs questions that were added in 2005. For example, if a respondent reported never using methamphetamine in the core stimulants module but reported using it in the past 30 days in the new methamphetamine questions, the edits for scenario four logically inferred that this respondent last used methamphetamine in the past 30 days. If the respondent had not already reported last using any stimulant in the past 30 days, these edits for scenario four also logically inferred that the respondent last used any stimulant in the past 30 days.

An exception to these procedures under scenario four was made for respondents who were classified as nonusers in the core stimulants module and had missing data from the special drugs module for the new lifetime methamphetamine question SD17a (i.e., the respondent answered SD17a as "don't know" or "refused" regarding lifetime use of methamphetamine). In this situation, the editing team continued to classify these respondents as nonusers. Stated another way, the definite report of nonuse from the core took precedence over ambiguous data on lifetime use or nonuse from the new methamphetamine questions in special drugs.

To create each set of the imputed recency measures for scenarios three and four, the imputation team took the edited data and independently ran their imputation programs. Because the imputation of all indicators of lifetime drug use from the core occurs before the imputation of recency variables, it was necessary to "correct" the lifetime indicators before re-imputing recency. To this end, for those respondents whose lifetime indicator values from the noncore data in 2005 differed from the originally imputed lifetime indicator values based on core data only (i.e., from scenario two in 2005), the original lifetime responses were overwritten with the values from the noncore data before the recency imputation programs were run.

Weighted estimates based on the final imputed data for each of the four scenarios were run using a multiprocedure package, SUDAAN® Software for Statistical Analysis of Correlated Data. For each scenario, design-based estimates were computed for each of the 12 drug recency measures: four drug measures (i.e., methamphetamine, stimulant, psychotherapeutic, illicit drug) times three recency periods per drug measure (i.e., lifetime, past year, past month). For each drug measure (e.g., past month methamphetamine use), pairwise comparisons of the estimates produced under each scenario were run to test for statistically significant differences in estimated prevalences.

Tables 1 through 4 provide the estimated numbers of people (in thousands), percentages to one decimal place, corresponding standard errors, and results of the pairwise comparisons for the 12 drug recency measures for each of the four scenarios. Estimates are presented overall and

by various age and gender subgroups. Table 1 provides estimates and comparisons for nonmedical use of methamphetamine, Table 2 for nonmedical use of stimulants, Table 3 for nonmedical use of psychotherapeutics, and Table 4 for illicit drug use. Although the estimates created for scenarios two, three, and four take into account different data from 2005 (i.e., core vs. core plus previous noncore vs. core plus previous noncore plus new noncore), they are based on data from the same respondents in that survey. Therefore, given the high correlation resulting from pairs of responses based on data from the same individuals, very small differences between estimates may be detected as statistically significant.

In addition, Table 5 compares prevalence estimates (shown to three decimal places) for 2005 based on scenarios two and four for all 12 drug recency measures. As can be seen in Table 5, the difference between the estimate based only on the core data (scenario two) and that with the added preexisting and new noncore data (scenario four) for lifetime nonmedical use of methamphetamine among persons aged 12 or older is significant both statistically and in terms of its magnitude (4.258 percent versus 6.392 percent, respectively). However, as methamphetamine use becomes an increasingly smaller part of the broader drug groups (i.e., from stimulants to psychotherapeutics to illicit drug use), the differences between the core only and core plus preexisting and new noncore lifetime use estimates among persons aged 12 or older become very small in terms of magnitude (e.g. 46.084 percent versus 46.114 percent, respectively, for lifetime use of illicit drugs), but they are still statistically significant.

Overall, the majority of the estimates based on the 2005 core data with the added preexisting and new noncore data (scenario four) are higher than those for the first three scenarios. This is particularly true relative to the estimates based on the 2005 core data (scenario two), which were created similar to those presented in previous NSDUHs. The estimates based on scenario four are larger in magnitude compared with estimates based on scenario two. Again, however, the size of the difference decreases as the drug groupings broaden (see example stated in paragraph above for lifetime nonmedical use of methamphetamine versus lifetime illicit drug use) and the time period narrows (e.g., greater differences for lifetime use vs. past month use). For example, there is a 2.134 percentage increase in the estimate of lifetime nonmedical use of methamphetamine among persons aged 12 or older for scenario four relative to scenario two. For past month nonmedical use of methamphetamine, however, the increase for scenario four relative to scenario two was only .103 percentage points. Similar patterns were observed within the age and gender subgroups.

On the one hand, then, these findings suggest that estimates of nonmedical use of methamphetamine (and by extension, nonmedical use of stimulants, nonmedical use of psychotherapeutics, and illicit drug use) based only on core data could be underestimating the true population prevalence. However, larger estimates of nonmedical use of methamphetamine based on both core and noncore answers could be an artifact of asking a second set of questions *only* to persons who did not report methamphetamine use or who reported "don't know" the first time they were asked about this drug. Repeating questions for *any* drug only to those respondents who did not report use the first time they were asked could artificially increase the positive responses. Repeating the questions about use only for methamphetamine could result in a disproportionate reporting of that drug relative to the others in the survey.

In addition, respondents who previously reported in the core stimulants module that they never used methamphetamine but then reported it in question SD17a in the special drugs module have contradicted themselves. Some of these respondents may have made a mistake in answering the new question. In that situation, their new report of methamphetamine use in SD17a should not overrule their previous report that they never used it. Other respondents who previously denied using methamphetamine in the core stimulants module may have intended to answer the core stimulants question as "yes" but incorrectly keyed the response for "no" instead. As noted above, including data on methamphetamine use for these latter respondents would represent an adjustment to the methamphetamine estimates solely because these respondents were given a second chance to report use—a second chance that is not offered for NSDUH respondents who report that they never used other drugs. As noted in Chapter 2, the principal concern with measuring methamphetamine misuse in NSDUH is that some methamphetamine users may not think of methamphetamine as a prescription drug, and, therefore, may not report use if they are asked about methamphetamine in the context of introductory information about misuse of *prescription* stimulants.

For these reasons, follow-up items were added to the special drugs module in the 2006 NSDUH for respondents who initially reported in the core stimulants module that they never used methamphetamine but reported use in special drugs (see Appendix for new items). The items required these respondents to verify that their new report of methamphetamine use was correct, and if so, asked them why they had not reported methamphetamine use when they were asked earlier about the drug. One of the reasons that these respondents could give was that they failed to report methamphetamine use in response to the earlier questions because the earlier questions asked about prescription drugs, and they did not consider methamphetamine to be a prescription drug. For the reasons noted above and in Chapter 2, these respondents who did not consider methamphetamine to be a prescription drug are the only "additional" methamphetamine users identified in the new questions that should be included in prevalence estimates. See Chapter 4 for details on the early data review findings based on 2006 quarter 1 unweighted raw data for the new consistency questions added to the special drugs module in 2006 (SD17a1 and SD17a2; see the Appendix).

Table 1. Nonmedical Use of Methamphetamine in Lifetime, Past Year, and Past Month Created for Four Different Scenarios, by Demographic Characteristics: Numbers in Thousands and Percentages (with Corresponding Standard Errors), 2004 and 2005 Weighted Data

Time Period/ Demographic Characteristic	Scenario 1 ¹				Scenario 2 ²				Scenario 3 ³				Scenario 4 ⁴			
	Numbers	SE (Numbers)	%	SE (%)	Numbers	SE (Numbers)	%	SE (%)	Numbers	SE (Numbers)	%	SE (%)	Numbers	SE (Numbers)	%	SE (%)
LIFETIME	11,726	(352)	4.9 ^{a*bc*}	(0.15)	10,357	(345)	4.3 ^{bc*}	(0.14)	10,395	(345)	4.3 ^{c*}	(0.14)	15,547	(411)	6.4	(0.17)
AGE																
12-17	299	(24)	1.2 ^{c*}	(0.09)	296	(26)	1.2 ^{c*}	(0.10)	296	(26)	1.2 ^{c*}	(0.10)	502	(32)	2.0	(0.13)
18-25	1,688	(61)	5.2 ^{c*}	(0.19)	1,682	(68)	5.2 ^{c*}	(0.21)	1,682	(68)	5.2 ^{c*}	(0.21)	2,724	(87)	8.4	(0.27)
26 or Older	9,739	(349)	5.3 ^{a*bc*}	(0.19)	8,379	(334)	4.5 ^{bc*}	(0.18)	8,416	(334)	4.5 ^{c*}	(0.18)	12,321	(394)	6.6	(0.21)
GENDER																
Male	6,985	(264)	6.0 ^{abc*}	(0.23)	6,249	(268)	5.3 ^{c*}	(0.23)	6,262	(267)	5.3 ^{c*}	(0.23)	9,132	(309)	7.7	(0.26)
Female	4,741	(204)	3.8 ^{abc*}	(0.16)	4,108	(186)	3.3 ^{bc*}	(0.15)	4,132	(186)	3.3 ^{c*}	(0.15)	6,415	(229)	5.1	(0.18)
PAST YEAR	1,440	(112)	0.6 ^{c*}	(0.05)	1,297	(86)	0.5 ^{b*bc*}	(0.04)	1,348	(88)	0.6 ^{c*}	(0.04)	1,994	(109)	0.8	(0.04)
AGE																
12-17	163	(17)	0.6 ^{c*}	(0.07)	170	(19)	0.7 ^{c*}	(0.07)	180	(20)	0.7 ^{c*}	(0.08)	269	(24)	1.1	(0.09)
18-25	516	(38)	1.6 ^{c*}	(0.12)	482	(38)	1.5 ^{c*}	(0.12)	485	(38)	1.5 ^{c*}	(0.12)	736	(47)	2.3	(0.14)
26 or Older	761	(101)	0.4	(0.06)	645	(75)	0.3 ^{bc*}	(0.04)	683	(77)	0.4 ^{c*}	(0.04)	989	(96)	0.5	(0.05)
GENDER																
Male	889	(89)	0.8	(0.08)	741	(61)	0.6 ^{bc*}	(0.05)	783	(63)	0.7 ^{c*}	(0.05)	1,123	(80)	1.0	(0.07)
Female	551	(59)	0.4 ^{c*}	(0.05)	556	(58)	0.4 ^{c*}	(0.05)	565	(59)	0.5 ^{c*}	(0.05)	871	(73)	0.7	(0.06)
PAST MONTH	583	(69)	0.2	(0.03)	512	(55)	0.2 ^{c*}	(0.02)	514	(55)	0.2 ^{c*}	(0.02)	762	(66)	0.3	(0.03)
AGE																
12-17	57	(12)	0.2 ^c	(0.05)	66	(12)	0.3 ^{c*}	(0.05)	65	(12)	0.3 ^{c*}	(0.05)	101	(15)	0.4	(0.06)
18-25	186	(22)	0.6 ^c	(0.07)	194	(26)	0.6 ^{c*}	(0.08)	196	(26)	0.6 ^{c*}	(0.08)	269	(30)	0.8	(0.09)
26 or Older	340	(60)	0.2	(0.03)	252	(46)	0.1 ^{c*}	(0.02)	253	(46)	0.1 ^{c*}	(0.02)	392	(59)	0.2	(0.03)
GENDER																
Male	300	(48)	0.3	(0.04)	275	(35)	0.2 ^{c*}	(0.03)	275	(35)	0.2 ^{c*}	(0.03)	407	(49)	0.3	(0.04)
Female	282	(46)	0.2	(0.04)	236	(41)	0.2 ^{c*}	(0.03)	239	(42)	0.2 ^{c*}	(0.03)	355	(48)	0.3	(0.04)

*Low precision; no estimate reported.

NOTE: The estimates in Scenarios 2, 3, and 4 are based on different methods (e.g., core vs. core and noncore data) of assessing the same measures from the same respondents from the 2005 NSDUH. Due to the high within-subject correlation between these estimates and the large sample size, even a small difference between estimates may be statistically significant.

^a Difference between estimated percentage and Scenario 2 estimated percentage is statistically significant at the 0.05 level.^b Difference between estimated percentage and Scenario 3 estimated percentage is statistically significant at the 0.05 level.^c Difference between estimated percentage and Scenario 4 estimated percentage is statistically significant at the 0.05 level.^{a*} Difference between estimated percentage and Scenario 2 estimated percentage is statistically significant at the 0.01 level.^{b*} Difference between estimated percentage and Scenario 3 estimated percentage is statistically significant at the 0.01 level.^{c*} Difference between estimated percentage and Scenario 4 estimated percentage is statistically significant at the 0.01 level.¹ 2004 using core data only.² 2005 using core data only, thus comparable to 2004.³ 2005 incorporating preexisting noncore data from the Special Drugs module.⁴ 2005 incorporating both preexisting and new (SD17a-SD18b) noncore data from the Special Drugs module.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2004 and 2005.

Table 2. Nonmedical Use of Stimulants in Lifetime, Past Year, and Past Month Created for Four Different Scenarios, by Demographic Characteristics: Numbers in Thousands and Percentages (with Corresponding Standard Errors), 2004 and 2005 Weighted Data

Time Period/ Demographic Characteristic	Scenario 1 ¹				Scenario 2 ²				Scenario 3 ³				Scenario 4 ⁴				
	Numbers	SE (Numbers)	%	SE (%)	Numbers	SE (Numbers)	%	SE (%)	Numbers	SE (Numbers)	%	SE (%)	Numbers	SE (Numbers)	%	SE (%)	
LIFETIME	19,982	(466)	8.3 ^{c*}	(0.19)	19,080	(471)	7.8 ^{bc*}	(0.19)	19,130	(471)	7.9 ^{a*}	(0.19)	23,367	(517)	9.6	(0.21)	
AGE																	
12-17	867	(38)	3.4 ^c	(0.15)	856	(41)	3.4 ^{c*}	(0.16)	856	(41)	3.4 ^{a*}	(0.16)	1,011	(44)	4.0	(0.17)	
18-25	3,426	(97)	10.6 ^{c*}	(0.30)	3,597	(94)	11.1 ^{c*}	(0.29)	3,597	(94)	11.1 ^c	*	(0.29)	4,418	(105)	13.6	(0.32)
26 or Older	15,689	(450)	8.6 ^{c*}	(0.25)	14,628	(454)	7.9 ^{bc*}	(0.24)	14,678	(454)	7.9 ^{a*}	(0.24)	17,938	(496)	9.7	(0.27)	
GENDER																	
Male	11,211	(332)	9.6 ^{c*}	(0.28)	10,486	(352)	8.9 ^{c*}	(0.30)	10,499	(351)	8.9 ^{a*}	(0.30)	12,886	(383)	10.9	(0.33)	
Female	8,770	(298)	7.1 ^{c*}	(0.24)	8,594	(275)	6.9 ^{c*}	(0.22)	8,631	(277)	6.9 ^{a*}	(0.22)	10,481	(306)	8.4	(0.24)	
PAST YEAR	2,918	(147)	1.2 ^c	(0.06)	2,771	(119)	1.1 ^{bc*}	(0.05)	2,863	(126)	1.2 ^{a*}	(0.05)	3,437	(142)	1.4	(0.06)	
AGE																	
12-17	496	(28)	2.0	(0.11)	503	(31)	2.0 ^{c*}	(0.12)	510	(31)	2.0 ^{a*}	(0.12)	572	(33)	2.3	(0.13)	
18-25	1,181	(62)	3.7 ^c	(0.19)	1,158	(56)	3.6 ^{bc*}	(0.17)	1,178	(57)	3.6 ^{a*}	(0.18)	1,386	(62)	4.3	(0.19)	
26 or Older	1,241	(125)	0.7	(0.07)	1,111	(97)	0.6 ^{c*}	(0.05)	1,175	(104)	0.6 ^{a*}	(0.06)	1,479	(119)	0.8	(0.06)	
GENDER																	
Male	1,563	(112)	1.3	(0.10)	1,379	(78)	1.2 ^{bc*}	(0.07)	1,462	(89)	1.2 ^{a*}	(0.08)	1,766	(101)	1.5	(0.09)	
Female	1,355	(87)	1.1 ^c	(0.07)	1,393	(86)	1.1 ^{c*}	(0.07)	1,401	(86)	1.1 ^{a*}	(0.07)	1,671	(97)	1.3	(0.08)	
PAST MONTH	1,189	(94)	0.5	(0.04)	1,067	(76)	0.4 ^{c*}	(0.03)	1,077	(76)	0.4 ^{a*}	(0.03)	1,307	(84)	0.5	(0.03)	
AGE																	
12-17	178	(19)	0.7	(0.08)	171	(19)	0.7 ^c	(0.07)	167	(18)	0.7 ^{a*}	(0.07)	193	(19)	0.8	(0.08)	
18-25	446	(32)	1.4	(0.10)	435	(35)	1.3 ^{bc*}	(0.11)	442	(36)	1.4 ^{a*}	(0.11)	506	(38)	1.6	(0.12)	
26 or Older	565	(82)	0.3	(0.04)	461	(63)	0.2 ^{c*}	(0.03)	469	(62)	0.3 ^{a*}	(0.03)	609	(72)	0.3	(0.04)	
GENDER																	
Male	604	(69)	0.5	(0.06)	514	(48)	0.4 ^{c*}	(0.04)	522	(49)	0.4 ^{a*}	(0.04)	650	(60)	0.6	(0.05)	
Female	585	(60)	0.5	(0.05)	552	(56)	0.4 ^{c*}	(0.04)	556	(56)	0.4 ^{a*}	(0.04)	657	(61)	0.5	(0.05)	

*Low precision; no estimate reported.

NOTE: The estimates in Scenarios 2, 3, and 4 are based on different methods (e.g., core vs. core and noncore data) of assessing the same measures from the same respondents from the 2005 NSDUH. Due to the high within-subject correlation between these estimates and the large sample size, even a small difference between estimates may be statistically significant.

^a Difference between estimated percentage and Scenario 2 estimated percentage is statistically significant at the 0.05 level.

^b Difference between estimated percentage and Scenario 3 estimated percentage is statistically significant at the 0.05 level.

^c Difference between estimated percentage and Scenario 4 estimated percentage is statistically significant at the 0.05 level.

^{a*} Difference between estimated percentage and Scenario 2 estimated percentage is statistically significant at the 0.01 level.

^{b*} Difference between estimated percentage and Scenario 3 estimated percentage is statistically significant at the 0.01 level.

^{c*} Difference between estimated percentage and Scenario 4 estimated percentage is statistically significant at the 0.01 level.

¹ 2004 using core data only.

² 2005 using core data only, thus comparable to 2004.

³ 2005 incorporating preexisting noncore data from the Special Drugs module.

⁴ 2005 incorporating both preexisting and new (SD17a-SD18b) noncore data from the Special Drugs module.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2004 and 2005.

Table 3. Nonmedical Use of Psychotherapeutics in Lifetime, Past Year, and Past Month Created for Four Different Scenarios, by Demographic Characteristics: Numbers in Thousands and Percentages (with Corresponding Standard Errors), 2004 and 2005 Weighted Data

Time Period/ Demographic Characteristic	Scenario 1 ¹				Scenario 2 ²				Scenario 3 ³				Scenario 4 ⁴			
	Numbers	SE (Numbers)	%	SE (%)	Numbers	SE (Numbers)	%	SE (%)	Numbers	SE (Numbers)	%	SE (%)	Numbers	SE (Numbers)	%	SE (%)
LIFETIME	48,013	(729)	20.0 ^e	(0.30)	48,709	(712)	20.0 ^{a*}	(0.29)	48,721	(712)	20.0 ^{c*}	(0.29)	50,645	(730)	20.8	(0.30)
AGE																
12-17	3,394	(70)	13.5 ^{a*b*c*}	(0.28)	3,014	(72)	11.9 ^{c*}	(0.28)	3,014	(72)	11.9 ^{c*}	(0.28)	3,092	(72)	12.2	(0.28)
18-25	9,392	(141)	29.2 ^{c*}	(0.44)	9,858	(142)	30.3 ^{c*}	(0.44)	9,858	(142)	30.3 ^{c*}	(0.44)	10,160	(146)	31.3	(0.45)
26 or Older	35,227	(700)	19.2	(0.38)	35,838	(686)	19.3 ^{c*}	(0.37)	35,849	(686)	19.3 ^{c*}	(0.37)	37,392	(702)	20.2	(0.38)
GENDER																
Male	25,503	(493)	21.9	(0.42)	25,788	(502)	21.9 ^{c*}	(0.43)	25,799	(501)	21.9 ^{c*}	(0.43)	26,842	(513)	22.8	(0.43)
Female	22,510	(474)	18.1	(0.38)	22,922	(438)	18.3 ^{c*}	(0.35)	22,922	(438)	18.3 ^{c*}	(0.35)	23,803	(451)	19.0	(0.36)
PAST YEAR	14,643	(353)	6.1	(0.15)	15,172	(342)	6.2 ^{c*}	(0.14)	15,190	(342)	6.2 ^{c*}	(0.14)	15,556	(348)	6.4	(0.14)
AGE																
12-17	2,225	(59)	8.8	(0.23)	2,105	(61)	8.3 ^{c*}	(0.24)	2,108	(62)	8.3 ^c	(0.24)	2,133	(61)	8.4	(0.24)
18-25	4,751	(110)	14.8	(0.34)	4,887	(108)	15.0 ^{b*c*}	(0.33)	4,897	(109)	15.1 ^{c*}	(0.33)	4,981	(110)	15.3	(0.34)
26 or Older	7,667	(313)	4.2	(0.17)	8,180	(310)	4.4 ^{c*}	(0.17)	8,185	(310)	4.4 ^{c*}	(0.17)	8,441	(316)	4.6	(0.17)
GENDER																
Male	7,460	(238)	6.4	(0.20)	7,747	(244)	6.6 ^{c*}	(0.21)	7,763	(244)	6.6 ^{c*}	(0.21)	7,969	(249)	6.8	(0.21)
Female	7,183	(223)	5.8	(0.18)	7,426	(231)	5.9 ^{c*}	(0.18)	7,427	(231)	5.9 ^{c*}	(0.18)	7,587	(235)	6.1	(0.19)
PAST MONTH	6,007	(210)	2.5	(0.09)	6,405	(229)	2.6 ^{c*}	(0.09)	6,405	(230)	2.6 ^{c*}	(0.09)	6,593	(233)	2.7	(0.10)
AGE																
12-17	914	(40)	3.6	(0.16)	839	(37)	3.3 ^c	(0.14)	835	(37)	3.3 ^{c*}	(0.14)	854	(37)	3.4	(0.15)
18-25	1,959	(68)	6.1	(0.21)	2,034	(72)	6.3 ^{c*}	(0.22)	2,037	(72)	6.3 ^{c*}	(0.22)	2,071	(73)	6.4	(0.22)
26 or Older	3,134	(187)	1.7	(0.10)	3,532	(215)	1.9 ^{c*}	(0.12)	3,533	(215)	1.9 ^{c*}	(0.12)	3,668	(218)	2.0	(0.12)
GENDER																
Male	3,019	(142)	2.6	(0.12)	3,266	(160)	2.8 ^{c*}	(0.14)	3,266	(160)	2.8 ^{c*}	(0.14)	3,374	(164)	2.9	(0.14)
Female	2,988	(141)	2.4	(0.11)	3,139	(165)	2.5 ^{c*}	(0.13)	3,139	(166)	2.5 ^{c*}	(0.13)	3,219	(166)	2.6	(0.13)

*Low precision; no estimate reported.

NOTE: The estimates in Scenarios 2, 3, and 4 are based on different methods (e.g., core vs. core and noncore data) of assessing the same measures from the same respondents from the 2005 NSDUH. Due to the high within-subject correlation between these estimates and the large sample size, even a small difference between estimates may be statistically significant.

NOTE: Nonmedical Use of Psychotherapeutics includes the nonmedical use of pain relievers, tranquilizers, stimulants, or sedatives and does not include over-the-counter drugs.

^a Difference between estimated percentage and Scenario 2 estimated percentage is statistically significant at the 0.05 level.

^b Difference between estimated percentage and Scenario 3 estimated percentage is statistically significant at the 0.05 level.

^c Difference between estimated percentage and Scenario 4 estimated percentage is statistically significant at the 0.05 level.

^{a*} Difference between estimated percentage and Scenario 2 estimated percentage is statistically significant at the 0.01 level.

^{b*} Difference between estimated percentage and Scenario 3 estimated percentage is statistically significant at the 0.01 level.

^{c*} Difference between estimated percentage and Scenario 4 estimated percentage is statistically significant at the 0.01 level.

¹ 2004 using core data only.

² 2005 using core data only, thus comparable to 2004.

³ 2005 incorporating preexisting noncore data from the Special Drugs module.

⁴ 2005 incorporating both preexisting and new (SD17a-SD18b) noncore data from the Special Drugs module.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2004 and 2005.

Table 4. Illicit Drug Use in Lifetime, Past Year, and Past Month Created for Four Different Scenarios, by Demographic Characteristics: Numbers in Thousands and Percentages (with Corresponding Standard Errors), 2004 and 2005 Weighted Data

Time Period/ Demographic Characteristic	Scenario 1 ¹				Scenario 2 ²				Scenario 3 ³				Scenario 4 ⁴			
	Numbers	SE (Numbers)	%	SE (%)	Numbers	SE (Numbers)	%	SE (%)	Numbers	SE (Numbers)	%	SE (%)	Numbers	SE (Numbers)	%	SE (%)
LIFETIME	110,057	(969)	45.8	(0.40)	112,085	(940)	46.1 ^{c*}	(0.39)	112,085	(940)	46.1 ^{c*}	(0.39)	112,158	(941)	46.1	(0.39)
AGE																
12-17	7,566	(96)	30.0 ^{a*b*c*}	(0.38)	7,022	(100)	27.7 ^c	(0.39)	7,022	(100)	27.7 ^c	(0.39)	7,029	(100)	27.7	(0.39)
18-25	19,043	(165)	59.2	(0.51)	19,222	(161)	59.2	(0.49)	19,222	(161)	59.2	(0.49)	19,235	(161)	59.2	(0.49)
26 or Older	83,448	(928)	45.6	(0.51)	85,841	(903)	46.3 ^c	(0.49)	85,841	(903)	46.3 ^c	(0.49)	85,893	(904)	46.3	(0.49)
GENDER																
Male	59,096	(625)	50.7	(0.54)	59,929	(630)	50.8 ^c	(0.53)	59,929	(630)	50.8	(0.53)	59,975	(631)	50.9	(0.54)
Female	50,961	(636)	41.1	(0.51)	52,157	(598)	41.6	(0.48)	52,157	(598)	41.6	(0.48)	52,182	(598)	41.6	(0.48)
PAST YEAR	34,807	(535)	14.5	(0.22)	35,041	(550)	14.4 ^{a*}	(0.23)	35,055	(550)	14.4	(0.23)	35,126	(551)	14.4	(0.23)
AGE																
12-17	5,300	(87)	21.0 ^{abc}	(0.34)	5,041	(88)	19.9	(0.35)	5,047	(89)	19.9	(0.35)	5,041	(88)	19.9	(0.35)
18-25	10,913	(154)	33.9	(0.48)	11,117	(152)	34.2 ^c	(0.47)	11,120	(152)	34.2	(0.47)	11,134	(152)	34.3	(0.47)
26 or Older	18,594	(473)	10.2	(0.26)	18,883	(493)	10.2 ^c	(0.27)	18,887	(493)	10.2	(0.27)	18,951	(494)	10.2	(0.27)
GENDER																
Male	19,671	(382)	16.9	(0.33)	19,869	(404)	16.8 ^c	(0.34)	19,885	(404)	16.9	(0.34)	19,920	(406)	16.9	(0.34)
Female	15,136	(326)	12.2	(0.26)	15,171	(337)	12.1	(0.27)	15,170	(337)	12.1 ^c	(0.27)	15,206	(339)	12.1	(0.27)
PAST MONTH	19,071	(415)	7.9	(0.17)	19,720	(432)	8.1 ^{a*}	(0.18)	19,719	(432)	8.1 ^{c*}	(0.18)	19,756	(432)	8.1	(0.18)
AGE																
12-17	2,674	(67)	10.6	(0.27)	2,511	(64)	9.9	(0.25)	2,507	(64)	9.9	(0.25)	2,512	(64)	9.9	(0.25)
18-25	6,239	(130)	19.4	(0.40)	6,543	(130)	20.1 ^c	(0.40)	6,544	(130)	20.1 ^c	(0.40)	6,555	(130)	20.2	(0.40)
26 or Older	10,159	(366)	5.5	(0.20)	10,666	(395)	5.8	(0.21)	10,667	(395)	5.8	(0.21)	10,688	(395)	5.8	(0.21)
GENDER																
Male	11,492	(303)	9.9	(0.26)	12,081	(320)	10.2	(0.27)	12,081	(320)	10.2	(0.27)	12,094	(320)	10.3	(0.27)
Female	7,579	(238)	6.1	(0.19)	7,639	(238)	6.1 ^c	(0.19)	7,638	(238)	6.1 ^c	(0.19)	7,662	(238)	6.1	(0.19)

*Low precision; no estimate reported.

NOTE: The estimates in Scenarios 2, 3, and 4 are based on different methods (e.g., core vs. core and noncore data) of assessing the same measures from the same respondents from the 2005 NSDUH. Due to the high within-subject correlation between these estimates and the large sample size, even a small difference between estimates may be statistically significant.

NOTE: Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

^a Difference between estimated percentage and Scenario 2 estimated percentage is statistically significant at the 0.05 level.

^b Difference between estimated percentage and Scenario 3 estimated percentage is statistically significant at the 0.05 level.

^c Difference between estimated percentage and Scenario 4 estimated percentage is statistically significant at the 0.05 level.

^{a*} Difference between estimated percentage and Scenario 2 estimated percentage is statistically significant at the 0.01 level.

^{b*} Difference between estimated percentage and Scenario 3 estimated percentage is statistically significant at the 0.01 level.

^{c*} Difference between estimated percentage and Scenario 4 estimated percentage is statistically significant at the 0.01 level.

¹ 2004 using core data only.

² 2005 using core data only, thus comparable to 2004.

³ 2005 incorporating preexisting noncore data from the Special Drugs module.

⁴ 2005 incorporating both preexisting and new (SD17a-SD18b) noncore data from the Special Drugs module.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2004 and 2005.

Table 5. Nonmedical Use of Methamphetamine, Stimulants, and Psychotherapeutics in Lifetime, Past Year, and Past Month and Illicit Drug Use in Lifetime, Past Year, and Past Month, by Age Group: Percentages, 2005 Core Data Only and 2005 Core and Noncore Data

Time Period/Age Group	Nonmedical Use of Methamphetamine		Nonmedical Use of Stimulants		Nonmedical Use of Psychotherapeutics ¹		Illicit Drugs ²	
	Core Data ³	Core and Noncore Data ⁴	Core Data ³	Core and Noncore Data ⁴	Core Data ³	Core and Noncore Data ⁴	Core Data ³	Core and Noncore Data ⁴
LIFETIME	4.258 ^b	6.392	7.845 ^b	9.607	20.027 ^b	20.823	46.084 ^b	46.114
AGE								
12-17	1.168 ^b	1.981	3.374 ^b	3.988	11.887 ^b	12.197	27.693 ^a	27.724
18-25	5.177 ^b	8.385	11.071 ^b	13.601	30.345 ^b	31.276	59.171	59.211
26 or Older	4.520 ^b	6.646	7.891 ^b	9.676	19.332 ^b	20.171	46.306 ^a	46.333
PAST YEAR	0.533 ^b	0.820	1.139 ^b	1.413	6.238 ^b	6.396	14.407 ^b	14.442
AGE								
12-17	0.670 ^b	1.059	1.983 ^b	2.255	8.302 ^b	8.414	19.883	19.880
18-25	1.484 ^b	2.267	3.563 ^b	4.266	15.044 ^b	15.334	34.220 ^a	34.273
26 or Older	0.348 ^b	0.533	0.599 ^b	0.798	4.413 ^b	4.553	10.186 ^a	10.223
PAST MONTH	0.210 ^b	0.313	0.439 ^b	0.537	2.633 ^b	2.711	8.108 ^b	8.123
AGE								
12-17	0.261 ^b	0.398	0.675 ^a	0.761	3.308 ^a	3.370	9.903	9.909
18-25	0.596 ^b	0.827	1.338 ^b	1.556	6.263 ^b	6.374	20.141 ^a	20.179
26 or Older	0.136 ^b	0.212	0.249 ^b	0.328	1.905 ^b	1.979	5.754	5.766

*Low precision; no estimate reported.

NOTE: These estimates are based on different methods (i.e., core vs. core and noncore data) of assessing the same measures from the same respondents from the 2005 NSDUH. Due to the high within-subject correlation between these estimates and the large sample size, even a small difference between estimates may be statistically significant.

^a Difference between core estimate and core and noncore estimate is statistically significant at the 0.05 level.

^b Difference between core estimate and core and noncore estimate is statistically significant at the 0.01 level.

¹ Nonmedical Use of Psychotherapeutics includes the nonmedical use of pain relievers, tranquilizers, stimulants, or sedatives and does not include over-the-counter drugs.

² Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

³ Estimates created used only core data, thus directly comparable to 2004 estimates.

⁴ Estimates created incorporating core data, preexisting and new noncore data from the Special Drugs module.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005.

4. 2006 Quarter 1 Early Data Review

An early data review was conducted on the follow-up items added to the special drugs module in 2006 (see Appendix for items) to resolve the inconsistencies for respondents who reported in the core stimulants module that they had never used methamphetamine but who reported methamphetamine use in the new questions that were added to the special drugs module in 2005. Tables 6 and 7 summarize findings from the early data review of these follow-up items, based on unweighted raw data from quarter 1 of 2006. Findings are shown for all respondents and by various age and gender subgroups.

There were 330 "additional" lifetime methamphetamine users based on responses to SD17a (see column one in Table 6 or 7). Of these additional lifetime methamphetamine users, 251 (76.1 percent) confirmed use of the methamphetamine in item SD17a1 (see column three in Table 6 or columns two and three in Table 7). The remainder reported that their earlier report that they never used methamphetamine was correct ($n = 77$; see column two in Table 6) or they did not know or refused to report which answer was correct ($n = 2$; see column four in Table 6).

Of the 251 respondents who confirmed lifetime use, 160 (63.7 percent) reported on item SD17a2 that they had not recognized methamphetamine as a prescription drug (see column five in Table 6 or columns four and five of Table 7). An additional 87 of the 251 respondents who confirmed their use of methamphetamine reported that they made a mistake in answering the question about methamphetamine use in the core stimulants module (column six in Table 6), and 4 respondents reported "some other reason" why they had not reported methamphetamine use in the earlier question (column seven in Table 6). Similar patterns were observed for past year and past month use and within the age and gender subgroups.

The 160 respondents who confirmed their use of methamphetamine and who did not report methamphetamine use in the core stimulants module because they did not recognize it as a prescription drug compose only 48.5 percent of the 330 additional lifetime methamphetamine users from SD17a (see column six in Table 7). These respondents who did not report methamphetamine use because they did not recognize it as a prescription drug are the only additional lifetime methamphetamine users identified in the new questions that would be expected to be included in prevalence estimates, not the entire set of 330 cases, and not the entire set of 251 respondents who confirmed that their report of methamphetamine use in the special drugs questions was correct.

These preliminary analyses of data from the 2006 NSDUH show that it will be important to use data from these new follow-up questions in further investigations of how best to estimate the prevalence of methamphetamine use in NSDUH. In particular, the new 2005 methamphetamine data alone do not provide sufficient information to provide an adjusted estimate of the prevalence of nonmedical methamphetamine use in 2005.

Table 6. Nonmedical Use of Methamphetamine (MTH) in Lifetime, Past Year, and Past Month Based on Responses to 2006 Questionnaire Items SD17a and SD17b, by Demographic Characteristics and Responses to 2006 Questionnaire Items SD17a1 and SD17a2: Numbers, Q1 of 2006 Unweighted Raw Data

Time Period/ Demographic Characteristic	Total SD17a = Yes	SD17a1			SD17a2			
		Never Used	Yes Used	Don't Know/ Refused	Didn't Think MTH Was Rx Drug	Made Mistake on ST01 ¹	Some Other Reason	Don't Know/ Refused/ Not Applicable
LIFETIME (SD17b = 1,2,3)	330	77	251	2	160	87	4	79
AGE								
12-17	26	7	19	0	13	5	1	7
18-25	164	46	117	1	73	41	3	47
26 or Older	140	24	115	1	74	41	0	25
GENDER								
Male	167	46	121	0	73	46	2	46
Female	163	31	130	2	87	41	2	33
PAST YEAR (SD17b = 1,2)	75	18	56	1	35	21	0	19
AGE								
12-17	14	4	10	0	6	4	0	4
18-25	43	12	30	1	19	11	0	13
26 or Older	18	2	16	0	10	6	0	2
GENDER								
Male	43	12	31	0	21	10	0	12
Female	32	6	25	1	14	11	0	7
PAST MONTH (SD17b = 1)	17	4	12	1	9	3	0	5
AGE								
12-17	4	2	2	0	1	1	0	2
18-25	10	2	7	1	5	2	0	3
26 or Older	3	0	3	0	3	0	0	0
GENDER								
Male	7	3	4	0	4	0	0	3
Female	10	1	8	1	5	3	0	2

NOTE: See Appendix for Special Drug module items SD17a, SD17b, SD17a1, and SD17a2 as they appear in the 2006 questionnaire.

¹ ST01 is the item in the core Stimulants module of the 2006 questionnaire that asks respondents for the first time if they ever used Methamphetamine that was not prescribed for them or that they took only for the experience or feeling it caused.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, Q1 of 2006.

Table 7. Nonmedical Use of Methamphetamine (MTH) in Lifetime, Past Year, and Past Month Based on Responses to 2006 Questionnaire Items SD17a and SD17b, by Demographic Characteristics and Responses to Key Categories in 2006 Questionnaire Items SD17a1 and SD17a2: Numbers and Percentages, Q1 of 2006 Unweighted Raw Data

Time Period/ Demographic Characteristic	Total (Number) SD17a = Yes	SD17a1 = Yes, Confirmed MTH Use in Lifetime		SD17a2 = Didn't Think MTH Was Rx Drug		
		Number	Percent among SD17a = Yes	Number	Percent among SD17a1 = Yes	Percent among SD17a = Yes
LIFETIME (SD17b = 1,2,3)	330	251	76.1	160	63.7	48.5
AGE						
12-17	26	19	73.1	13	68.4	50.0
18-25	164	117	71.3	73	62.4	44.5
26 or Older	140	115	82.1	74	64.3	52.9
GENDER						
Male	167	121	72.5	73	60.3	43.7
Female	163	130	79.8	87	66.9	53.4
PAST YEAR (SD17b = 1,2)	75	56	74.7	35	62.5	46.7
AGE						
12-17	14	10	71.4	6	60.0	42.9
18-25	43	30	69.8	19	63.3	44.2
26 or Older	18	16	88.9	10	62.5	55.6
GENDER						
Male	43	31	72.1	21	67.7	48.8
Female	32	25	78.1	14	56.0	43.8
PAST MONTH (SD17b = 1)	17	12	70.6	9	75.0	52.9
AGE						
12-17	4	2	50.0	1	50.0	25.0
18-25	10	7	70.0	5	71.4	50.0
26 or Older	3	3	100.0	3	100.0	100.0
GENDER						
Male	7	4	57.1	4	100.0	57.1
Female	10	8	80.0	5	62.5	50.0

NOTE: See Appendix for Special Drug module items SD17a, SD17b, SD17a1, and SD17a2 as they appear in the 2006 questionnaire.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, Q1 of 2006.

5. Conclusions

As described in Chapter 3, the findings of the 12-month analysis of 2004 and 2005 weighted and imputed data suggest that estimates of nonmedical use of methamphetamine (and by extension, nonmedical use of stimulants, nonmedical use of psychotherapeutics, and illicit drug use) based only on core data could be underestimating the true population prevalence. However, the preliminary analysis of data from the 2006 NSDUH presented in Chapter 4 show that creating estimates of nonmedical methamphetamine use based on the core and the noncore items added to the special drugs module in 2005 would likely result in an overestimate of the prevalence that would later have to be adjusted. While we wish to provide the most accurate estimates of methamphetamine use, we want to make sure that any increases in the estimates are due to NSDUH capturing reports of methamphetamine use from users who did not recognize it as a prescription drug. We do not want to increase the estimates because of repeated administration of drug use items or respondent errors.

Thus, the preliminary analysis of data from the 2006 NSDUH shows that it will be important to use data from the new follow-up questions added to the special drugs module in 2006 in further investigations of how best to estimate the prevalence of methamphetamine use in NSDUH. In particular, the new 2005 methamphetamine data alone do not provide sufficient information to provide an adjusted estimate of the prevalence of nonmedical methamphetamine use in 2005. For this reason, the methamphetamine use estimates presented in the 2005 Detailed Tables³ and the Summary of Findings Report (OAS, 2006) continued to use data based only on the original core stimulant items. Thus, for the purpose of examining trends in nonmedical methamphetamine use, the 2005 estimates remain comparable with estimates generated in prior years. However, the 2005 Summary of Findings Report does provide a shortened version of this Methamphetamine Analysis Report in Appendix B.4.6, including presentation of weighted 12-month estimates based on the new 2005 noncore items alone and results of the 2006 early data review using unweighted quarter 1 raw data.

It should be noted that in the 2005 NSDUH, responses to the new methamphetamine questions added to the noncore special drugs module also were used in the skip logic for questions that were presented in other modules for stimulant dependence and abuse in the past year, driving under the influence of illicit drugs in the past year, and the source of the methamphetamine that persons last used. However, these additional reports of methamphetamine use from these new questions in the special drugs module were not used in 2005 for estimating the prevalence of stimulant dependence or abuse in the past year and driving under the influence of illicit drugs in the past year. Thus, estimates in 2005 for stimulant dependence or abuse and driving under the influence of illicit drugs should be comparable with estimates generated in prior years. In addition, reports of methamphetamine use from these new special drugs questions were not used in analyzing new data in 2005 on how respondents obtained the last methamphetamine that they used.

Future investigations on how best to estimate the prevalence of nonmedical methamphetamine use in NSDUH should include a weighted analysis of 2006 recency data

³ <http://www.oas.samhsa.gov/nsduh/2k5nsduh/tabs/2k5tabs.pdf>

comparing estimates of nonmedical use of methamphetamine based on core data only to estimates based on core plus noncore including the new follow-up questions added to the special drugs module in 2006. If and when a decision is made to present estimates based on the latter estimates, it should be noted that the revised estimates are not comparable over time to estimates from prior years that were based on the original methods (i.e. core data only).

Also, the 2007 NSDUH and beyond will ask those respondents indicating nonmedical use of methamphetamine for the first time in the noncore special drugs module about their age at first use of methamphetamine and their frequency of use. If the only drug that these respondents report using is methamphetamine based on these special drugs items, these respondents will be asked questions about drug treatment.⁴ In addition, if respondents in these future surveys report receiving treatment for their use of alcohol or other drugs in the past 12 months, these respondents who report methamphetamine use in special drugs will be asked questions about visits to a hospital emergency room related to their methamphetamine use.

In future surveys, these new data on methamphetamine use will be collected, along with data on stimulant dependence and abuse in the past year, driving under the influence of illicit drugs in the past year, and the source of methamphetamine that persons last used. Analyses similar to those conducted for the recency data should be performed on these new data on methamphetamine use. In other words, estimates of these data for respondents indicating methamphetamine use in the core module only should be compared with estimates of these data for respondents indicating methamphetamine use in the core plus noncore modules. It also may be interesting to compare the measures previously noted (e.g., age of first use, frequency of use, drug treatment, dependence and abuse) between nonmedical methamphetamine users indicating use in the core stimulants module versus users indicating use in the noncore special drugs module because they did not think of methamphetamine as a prescription drug.

⁴ Respondents who report alcohol or other drug use in the core in addition to reporting methamphetamine use in the special drugs module already will be asked questions in the substance treatment module.

Appendix

New questions added to the Special Drugs module of the 2005 NSDUH questionnaire

SD17a [IF ST01 = (2 OR DK) OR STREF1 = (2 OR DK)] Methamphetamine, also known as crank, ice, crystal meth, speed, glass, and many other names, is a stimulant that usually comes in crystal or powder forms. It can be smoked, "snorted," swallowed or injected. Have you ever, even once, used methamphetamine?

- 1 Yes
- 2 No
- DK/REF

SD17b [IF SD17a = 1] How long has it been since you last used Methamphetamine?

- 1 Within the past 30 days -- that is, since [DATEFILL]
- 2 More than 30 days ago but within the past 12 months
- 3 More than 12 months ago
- DK/REF

SD18a [IF SD17a = 1] Have you **ever**, even once, used a needle to inject Methamphetamine?

- 1 Yes
- 2 No
- DK/REF

SD18b [IF SD18a = 1] How long has it been since you **last** used a needle to inject Methamphetamine?

- 1 Within the past 30 days -- that is, since [DATEFILL]
- 2 More than 30 days ago but within the past 12 months
- 3 More than 12 months ago
- DK/REF

New questions added to the Special Drugs module of the 2006 NSDUH questionnaire

SD17a1 [IF (ST01 = 2 OR STREF1 = 2) AND SD17b = 1-3] Earlier, the computer recorded that you have never used Methamphetamine, Desoxyn or Methedrine. Which answer is correct?

- 1 I have never, even once, used Methamphetamine, Desoxyn or Methedrine
- 2 I last used Methamphetamine [SD17B FILL]
- DK/REF

SD17ALT [IF (ST01 = 2 OR STREF1 = 2) AND SD17a = 1 AND SD17b = DK/REF] Earlier,

the computer recorded that you have never used Methamphetamine, Desoxyn or Methedrine. Which answer is correct?

- 1 I have never, even once, used Methamphetamine, Desoxyn, or Methedrine
 - 2 I have used Methamphetamine
- DK/REF

SD17a2 [IF SD17a1 = 2 OR SD17ALT = 2] Why did you report earlier that you had never used Methamphetamine?

- 1 The earlier question asked about prescription drugs, and I didn't think of Methamphetamine as a prescription drug
 - 2 I made a mistake when I answered the earlier question about ever using Methamphetamine
 - 3 Some other reason
- DK/REF

SD17a2SP [IF SD17a2 = 3] Please type in the other reason you reported earlier that you had never used Methamphetamine.

DK/REF

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