

War Stories from the Drug Survey

The primary data driver behind US drug policy is the National Survey on Drug Use and Health. This insider history traces the evolution of the survey and how the survey has interacted with the political and social climate of the country, from its origins during the Vietnam War to its role in the war on drugs. The book includes firsthand accounts that explain how the data were used and misused by political leaders, why changes were made in the survey design, and what challenges researchers faced in communicating statistical principles to policymakers and leaders. It also makes recommendations for managing survey data collection and reporting in the context of political pressures and technological advances.

Survey research students and practitioners will learn practical lessons about questionnaire design, mode effects, sampling, nonresponse, weighting, editing, imputation, statistical significance, and confidentiality. The book also includes common-language explanations of key terms and processes to help data users understand the point of view of survey statisticians.

JOSEPH GFROERER was responsible for analysis and supervision of the National Survey on Drug Use and Health for more than three decades as a statistician at the National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA). A widely recognized expert in methods for substance use surveys, he authored dozens of peer-reviewed journal articles and book chapters and hundreds of government reports on survey methodology and substance use epidemiology. A member of the American Statistical Association for more than thirty-five years, he has received numerous awards from NIDA, SAMHSA, the White House, and the American Public Health Association for his work on the survey.



War Stories from the Drug Survey

How Culture, Politics, and Statistics Shaped the National Survey on Drug Use and Health

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For Sue and Rachel



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Preface

In the fall of 2013, I decided to end my federal career after thirty-seven years as a statistician in the US Department of Health and Human Services. During my final months before retiring in January 2014, it occurred to me that the project I had worked on for the past thirty years, the National Survey on Drug Use and Health (NSDUH), had an interesting history, including amusing stories and valuable lessons for statisticians and government leaders. But the stories were not only about statistics and survey research; they were also about management, how government operates, politics, personalities, and the nation's drug abuse policies. I felt that this history would be of interest to a broad audience, not just survey researchers. I also knew that these stories from years ago were still relevant because they were often used as examples and justification to guide current decision-making, or simply to explain why the survey was the way it was. I realized that the only way this history would be appreciated and preserved was for me to write the story. My direct involvement in the survey since the early 1980s, including serving as the lead federal official responsible for managing the project from 1988 through 2013, gives me a unique perspective on the survey's history. I had saved much of the survey's documentation in my paper and electronic files, and also in my head. With the aid of the collection of published and unpublished reports, internal memos, notes from meetings, and interviews with other people involved in the survey, I was able to construct a complete chronicle of the survey. Most of it is based on my firsthand knowledge of the events described. Keeping in mind the wide range of people who may be interested in learning about how surveys are conducted, drug policy, and government, I have kept complex statistical discussions to a minimum. There are no formulas in the book, just simple explanations of some key statistical concepts.

My initial work on the survey was at the National Institute on Drug Abuse, conducting analysis with the data files from the 1974–79 surveys. I participated in planning for the design of the 1985 survey. I became alternate project officer in 1983, and project officer in 1988. With full

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xiv Preface

responsibility for managing the survey contract, and little staff support, it was necessary to become familiar with every aspect of the project. As the survey grew in size and importance, and moved to the Substance Abuse and Mental Health Services Administration, I was able to gradually recruit and hire staff with a wide range of survey-related expertise to build a strong, diverse team to manage the project. The survey team has faced many difficult management, design, and analysis problems. The solutions we implemented often worked but sometimes failed. These experiences serve as lessons that can guide statisticians and survey managers in their work, and suggest factors that are associated with survey success. I am pleased to share these experiences with other statisticians and managers of surveys, to help them make sound decisions when they face similar challenges.

Joseph Gfroerer Frederick, Maryland August 2018



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My greatest thanks go to my wife Sue, who was supportive of my frequent weeknight and weekend work and the on-call nature of my responsibility for overseeing NSDUH during my HHS career and in the early years of my "retirement." She reviewed drafts of every chapter, and the book was made more readable because of her editing skills and her non-statistician perspective.



Acronyms

ACASI audio computer-assisted self-interviewing ADAMHA Alcohol, Drug Abuse, and Mental Health

Administration

ASPE Office of the Assistant Secretary for Planning and

Evaluation, HHS

CAI computer-assisted interviewing

CAPI computer-assisted personal interviewing

CBHSQ Center for Behavioral Health Statistics and Quality

CDC Centers for Disease Control and Prevention

CIPSEA Confidential Information Protection and Statistical

Efficiency Act

CMHS Center for Mental Health Services, SAMHSA CODAP Client Oriented Data Acquisition Process

CSAP Center for Substance Abuse Prevention, SAMHSA
CSAT Center for Substance Abuse Treatment, SAMHSA

DAWN Drug Abuse Warning Network
DC-MADS DC Metropolitan Area Drug Study

DDID Division of Data and Information Development, NIDA
DEA Drug Enforcement Administration, Department of

Justice

DEPR Division of Epidemiology and Prevention

Research, NIDA

DESA Division of Epidemiology and Statistical

Analysis, NIDA

DMPA Division of Medical and Professional Affairs, NIDA

DPS Division of Population Surveys, OAS

DUF Drug Use Forecasting
FI field interviewer
FTE full time equivalent

GAO General Accounting Office GWU George Washington University

HEW Department of Health, Education and Welfare

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xviii List of Acronyms

HHS Department of Health and Human Services
ISR Institute for Survey Research, Temple University

LA listing area

MHSS Mental Health Surveillance Study
MTF Monitoring the Future study

NCHS National Center for Health Statistics

NDATUS National Drug and Alcoholism Treatment Unit Survey

NFIA National Families in Action
NHIS National Health Interview Survey

NHSDA National Household Survey on Drug Abuse

NIAAA National Institute on Alcohol Abuse and Alcoholism

NIDA National Institute on Drug Abuse NIH National Institutes of Health NIJ National Institute of Justice

NIMH National Institute of Mental Health

NOMS National Outcome Measures

NORML National Organization for the Reform of

Marijuana Laws

NSDA National Survey on Drug Abuse

NSDUH National Survey on Drug Use and Health

OAS Office of Applied Studies
ODAP Office of Drug Abuse Policy
OMB Office of Management and Budget
ONDCP Office of National Drug Control Policy

PAPI paper-and-pencil interviewing
PART Program Assessment Rating Tool
PDFA Partnership for a Drug Free America

PRIDE Parents' Resource Institute on Drug Education

PSU primary sampling unit

RAC Response Analysis Corporation
R-DAS Restricted Use Data Analysis System

RFP Request for Proposal

RTI Research Triangle Institute (RTI International)

SAE small area estimation

SAMHSA Substance Abuse and Mental Health Services

Administration

SAODAP Special Action Office for Drug Abuse Prevention SAPT Substance Abuse Prevention and Treatment SBIRT Screening, Brief Intervention, and Referral to

Treatment

SED serious emotional disturbance



List of Acronyms xix

SMI serious mental illness SPG Special Projects Group

SSDP State Systems Development Program

SSR state sampling region

TEDS Treatment Episode Data Set YARM yet another redesign meeting