



Substance Abuse and Mental Health
Services Administration

Guidelines for SAMHSA RDC Data Users

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SAMHSA Research Data Center

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Contents

| | |
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| Contents | 1 |
| Abbreviations | 3 |
| 1. Introduction | 4 |
| 2. Collaboration between SAMHSA RDC with NCHS RDC and FSRDC | 4 |
| 2.1 Roles and Responsibilities | 4 |
| 2.2 Project ID assignment and use | 4 |
| 3. Prior to Creating the RDC Proposal | 5 |
| 3.1 The PUF, DT, and DAS (the replacement of the current RDAS and PDAS) | 5 |
| 3.2 NSDUH State and Substate Data Tables and State/Substate Interactive Tool | 6 |
| 3.3 The NSDUH National Report (NNR) | 6 |
| 3.4 The NSDUH Methodological Summary and Definitions (MSD) | 6 |
| 3.5 The Methodological Resource Book (MRB) | 6 |
| 4. Preparing and Submitting RDC Proposals | 6 |
| 4.1 Application creation and submission | 6 |
| 4.2 Things You Must NOT Do | 7 |
| 4.3 Requesting unweighted results or sample sizes in RDC output data | 7 |
| 4.4 Creating output table shells in the application | 7 |
| 5. From Proposal Submission to Output Release | 7 |
| 5.1 Proposal Review | 7 |
| 5.1.1 Review and proposal start date | 7 |
| 5.1.2 Notification of the review decision | 7 |
| 5.1.3 Revisions and amendments | 8 |
| 5.2 From Proposal Approval to RUF Data Access | 8 |
| 5.3 Working at the RDC Site or VDE Remote Site: General Rules | 8 |
| 5.4 Working at FSRDC | 9 |
| 5.5 Generating Your Output and the “Rule of 10” | 9 |
| 5.6 Submitting Your RDC Output and the Output Summary Report: | 9 |
| 5.7 Output Review | 9 |
| 6. Amending Your Approved Proposal | 10 |
| 6.1 Submitting an Amended Proposal | 10 |
| 6.1.1 Non-SAP applications | 10 |
| 6.1.2 SAP applications | 10 |
| 6.2 Fees for Proposal Amendment | 10 |
| 7. Post-RDC Responsibilities | 11 |
| 7.1 Presenting the Data in Your Publications | 11 |
| 7.2 Publishing Your Paper | 11 |
| 8. Project renewal and closure | 11 |

| | |
|---|----|
| 8.1 Project renewal | 11 |
| 8.2 Project closure..... | 12 |
| 9. Access multiple RUFs of different federal agencies at the same RDC/VDE | 12 |
| 10. Additional notes | 12 |
| References..... | 13 |

Abbreviations

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|--------|--|
| CBHSQ | Center for Behavioral Health Statistics and Quality, SAMHSA |
| CIPSEA | Confidential Information Protection and Statistical Efficiency Act |
| DAA | Data Access Agreement |
| DAF | Designated Agent Form |
| DAS | Data Analysis System |
| DT | Detailed Tables |
| FSRDC | Federal Statistical RDC (of the U.S. Census Bureau) |
| NCHS | National Center for Health Statistics |
| NIDA | National Institute on Drug Abuse |
| NNR | NSDUH National Report |
| NSDUH | National Survey on Drug Use and Health |
| PDAS | Public-Use Data Analysis System |
| PUF | Public use file |
| RA | NCHS RDC Research Analyst |
| RDAS | Restricted-Use Data Analysis System |
| RDC | Research Data Center |
| RUF | Restricted use file |
| SAMHSA | Substance Abuse and Mental Health Services Administration |
| SAP | Standard Application Process |
| SSS | Special Sworn Status |
| VDE | Virtual Data Enclave |

1. Introduction

The Substance Abuse and Mental Health Services Administration Research Data Center (SAMHSA RDC) program provides a mechanism for data users to access the National Survey on Drug Use and Health (NSDUH) restricted-use data files (RUF) in a secure, confidentiality-compliant manner. NSDUH, which was called National Household Survey on Drug Abuse prior to 2002, is an annual survey designed to provide nationwide data on substance use and mental health in the United States. [1] NSDUH is the primary source of data on the use of tobacco, alcohol, prescription drugs (e.g., pain relievers, tranquilizers, stimulants, and sedatives), other substances (e.g., marijuana, cocaine) and mental health issues (e.g. mental illness and major depressive episodes) among people aged 12 and older. [2] This document provides SAMHSA RDC data users with guidance on accessing NSDUH RUF through the SAMHSA RDC program.

The SAMHSA RDC program is constantly evolving to improve data accessibility while maintaining sufficient disclosure controls. One significant development is the implementation of the Standard Application Process (SAP), an online application system allows data users to apply for accessing the RUFs from any of the 16 principal federal statistical agencies and units. It was jointly created by the 16 federal statistical agencies and units to meet the requirements of the Foundations for Evidence-Based Policymaking Act of 2018. Another significant development is the availability of the VDE option as an alternative to the conventional RDC facility. The VDE allows approved SAMHSA RDC data users to access the RUF remotely from a secure, designated space without physically visiting to an RDC site. Information will be posted on the [SAMHSA RDC webpages once VDE becomes available](#).

In this document, “we” refers to SAMHSA RDC team or RDC program, and “you” refers to an RDC data user or anyone who is interested in the SAMHSA RDC program. The terms “data user” and “researcher” as well as “RDC application” and “RDC proposal” are used interchangeably. Depending on the context, “RDC” may refer to the RDC team, the RDC program, or the secured facility where activities of RDC data access and analysis take place.

2. Collaboration between [SAMHSA RDC](#) with [NCHS RDC](#) and [FSRDC](#)

2.1 Roles and Responsibilities

SAMHSA RDC carries out the RDC program by collaborating with NCHS RDC and the FSRDC of the U.S. Census Bureau. SAMHSA RDC is responsible for the following:

- Receiving and reviewing NSDUH-related RDC proposals.
- Managing the confidentiality trainings, Data Access Agreement (DAA), Designated Agent Form (DAF), and Student Data User Acknowledgement.
- Reviewing output packages.
- Inspecting VDE location(s) for remote data access.

NCHS RDC is responsible for accepting SAMHSA RDC payments and assigning the data user’s project ID. For those who selected an NCHS RDC site or the VDE option, NCHS RDC is also responsible for overseeing the NCHS-owned RDC facilities and VDE systems.

Census Bureau manages the FSRDC facilities that many of SAMHSA RDC data users choose to use. The FSRDC has FSRDC-specific requirements, e.g., the Special Sworn Status (SSS) requirements.

2.2 Project ID assignment and use

SAP system generates an ID for all SAP applications. All SAMHSA RDC projects are assigned a project ID number by NCHS RDC. NCHS ID is assigned once the following steps are complete:

1. The proposal is approved by SAMHSA RDC.

2. All applicable fees are paid to NCHS.
3. All confidentiality trainings and associated paperwork are complete and submitted to the appropriate agency.

For those who use the FSRDC, an additional ID number is assigned by the FSRDC. All data users are required to use “Lastname_####_S###_C####” format to refer to the research project in all communications with SAMHSA RDC and NCHS RDC, where “Lastname” is the primary investigator’s last name, “####” is the NCHS RDC project ID, “###” behind S is the SAP ID, and “####” behind C is the FSRDC IM.

3. Prior to Creating the RDC Proposal

Accessing the RUF through the SAMHSA RDC program is an investment of time, money, and other resources. Therefore, it is wise to first determine if the research question(s) can be answered without going through SAMHSA RDC. We recommend that you thoroughly review the following reports, data, and tools before creating a SAMHSA RDC proposal.

3.1 The PUF, DT, and DAS (the replacement of the current RDAS and PDAS)

PUF: The Public Use File (PUF) contains individual response data of NSDUH. The PUF is published annually and is publicly available online. The PUF is created from the RUF by applying disclosure control techniques. As a result, the PUF does not include all data elements included in the RUF, such as geographic identifiers. Comparisons of the PUF and the RUF shows that NSDUH PUF provides high-quality data for producing estimates and standard errors for most substance use and mental health outcomes. In general, statistically consistent analytic results can be expected between the PUF and the RUF even when the actual numbers are different [2] [3]. .

DT: The Detailed Tables (DT) are annually published tabulated NSDUH data based on the RUF and are available online to the public. They are a collection of tables presenting national estimates on substance use and mental health on various outcomes among several subpopulations.

DAS: The data analysis system (DAS) is an online data analysis wizard for NSDUH. It is an upgraded version of the current RDAS and PDAS (see below). DAS is expected to be deployed in summer 2023. After its release, it will take over the functionality of both PDAS and RDAS with some improved service features.

- **RDAS:** RDAS refers to the Restricted-use Data Analysis System. It allows data users to access the RUF to conduct cross-tabulations without going through the SAMHSA RDC program. The geographic information, which is not available in the PUF, is accessible by the public via the RDAS. Due to disclosure constrains, RDAS is based on the combined RUF of two or more years .
- **PDAS:** PDAS refers to the Public-use Data Analysis System, an online tool that allow data users to access the PUF to perform basic analyses.

Table 1. A glance at major NSDUH data systems.

| Data | PUF | RUF | DAS* | Detailed tables |
|----------------------|---------------------------------|------------------------|---------------------------------|---------------------------------|
| Accessibility | Online , public | Restricted; RDC | Online , public | Online , public |
| Data type | Person-level microdata | Person-level microdata | Online tool for both PUF & RUF | Tabulated data |
| Time interval | Published yearly | Created yearly | Updated as needed | Published yearly |

* DAS is the upgraded version of [PDAS](#) and [RDAS](#) and will be released in summer 2023.

3.2 NSDUH [State](#) and [Substate](#) Data Tables and [State/Substate Interactive Tool](#)

NSDUH publishes data tables of state and substate estimates for selected measures of substance use and mental health based on combined two-year (e.g. 2018-2019) data. NSDUH also publishes data tables of substate estimates for selected measures of substance use and mental health based on combined three-year (e.g. 2017-2019) data. The state and substate estimate data tables are based on the small area estimation methodologies and are available at the following website: <https://www.samhsa.gov/data/>. Another useful resource is the [state](#) and [substate](#) interactive tool.

3.3 The [NSDUH National Report \(NNR\)](#)

The NSDUH National Report (NNR), titled “Key Substance Use and Mental Health Indicators in the United States: Results from the National Survey on Drug Use and Health”, is published annually. The NNR presents key findings of NSDUH through descriptive summaries, figures, and tables. The NNR also describes the background, design, and methodology of each survey year. NNR was formerly referred to as First Findings Report (FFR).

3.4 The NSDUH [Methodological Summary and Definitions \(MSD\)](#)

For each year’s survey, SAMHSA publishes the Methodological Summary and Definitions Report (MSD). The MSD summarizes methods and other supporting information such as sample design, data collection procedures, development of analysis weights, suppression criteria for unreliable estimates, statistical testing procedures, and response rates.

3.5 The [Methodological Resource Book \(MRB\)](#)

The [Methodological Resource Book \(MRB\)](#) is a collection of many individual reports that accompany the NSDUH each year. The [Statistical Inference Report \(SIR\)](#), one of the MRB reports, describes the statistical inference procedures used to produce the design-based estimates presented in each year’s NSDUH DTs and the NNR, which may be useful to RDC data users.

4. Preparing and Submitting RDC Proposals

Starting in February 2023, all applicants must use the SAP portal for initiating a SAMHSA RDC application. SAMHSA RDC applications generated prior to the availability of the SAP portal are referred to as conventional or non-SAP applications, and SAMHSA RDC applications initiated by the SAP portal will be referred to as the SAP applications.

4.1 Application creation and submission

- Use [the SAP portal website](#) to generate and submit the RDC application. You may notify SAMHSA RDC by sending an email at RDCA@samhsa.hhs.gov after the submission your application online.
- Use the non-SAP option to generate and submit the RDC application only when SAP system is not functioning properly. The non-SAP option is to generate the application by strictly following the format of the [online SAMHSA RDC proposal example](#) and submit the application via email to RDCA@samhsa.hhs.gov.
- Limit the number of the output table shells to a maximum of 125 in a single proposal. Researchers wanting to exceed the 125-table limit should seek prior approval from SAMHSA RDC.
- Limit the number of the data users or programmers to a maximum of 10.
- You are obligated to send additional information that is required by SAMHSA but not included in the SAP application via email to RDCA@samhsa.hhs.gov. The SAMHSA RDC team will let you know via email what additional information is required if necessary.

4.2 Things You Must NOT Do

- Violate the disclosure rules in any manner at any stage.
- Merge the NSDUH PUF to the NSDUH RUF.
 - Given the relationship between the PUF and the RUF, merging the PUF and the RUF is meaningless in research and may pose a disclosure risk to the PUF data.
- Include unweighted sample sizes or analytic results in the output tables without prior approval by providing a justification to the SAMHSA RDC.

4.3 Requesting unweighted results or sample sizes in RDC output data

- The default practice is not to include any unweighted results or sample sizes in the RDC output data tables. The data user must explicitly request unweighted results or sample sizes in the RDC output data with a justification.
- The justification must be based on an analytic/statistical need and must include an assurance of meeting SAMHSA RDC disclosure control requirements.
- The unweighted sample sizes to be included in the outputs must be equal to or greater than 100. The unweighted counts must be rounded to the nearest 100.
- The request for including unweighted results and/or sample sizes and its justification should be included in the RDC application and reflected in the respective output table shells in the application.

4.4 Creating output table shells in the application

- In principle, the rows and the columns of the table shells must be exactly the same as what will be in the future corresponding RDC output tables.
- All tables must be uniquely labeled in sequential manner, i.e. Table 1, Table 2, The table shell ID must be exactly the same as the future corresponding RDC output table.
- It is permissible to present a model table and listing the remaining tables with the row and/or column information specific to each table if all the tables in this table group have exactly the same table structure. Note that the table ID, title, and the row/column variable information specific to each table must be completely presented even though the table does not have to be physically laid out.

5. From Proposal Submission to Output Release

5.1 Proposal Review

5.1.1 Review and proposal start date

Review of the proposal by SAMHSA RDC may take up to 8 weeks. We may approve the proposal, return the proposal for revisions, or reject the proposal. The proposal may be rejected if the following situations occur:

- The proposal clearly violates our disclosure control requirements.
- The proposal ignores our format requirements.

The project proposal approval is valid for three years starting from the date that the project ID is approved by SAMHSA RDC. Approval of a proposal does not mean that SAMHSA endorses the research, nor does it mean that SAMHSA guarantees the release of your future RDC output data.

5.1.2 Notification of the review decision

For SAP applications, the review decision on the initial application will be sent via the SAP online system. For all other review decisions, which include decisions on the non-SAP applications, SAP and non-SAP application revisions and amendments, and all RDC outputs, emails will be the primary communication tool between SAMHSA and the data user. Emails will also be used to communicate whenever there are issues that cannot be resolved by relying solely on the SAP system.

5.1.3 Revisions and amendments

The changes suggested by SAMHSA from the review on the applications and outputs are revisions. The changes initiated by the data user on approved applications are amendments. For non-SAP applicants, the revised application is submitted via email. SAP applicants may submit the revised application via the SAP system if it allows and via email if the specific revision cannot be done in the SAP system.

5.2 From Proposal Approval to RUF Data Access

Once the proposal has been approved, the following steps occurs:

- 1) All persons listed in the application as the members of the research team must take the CIPSEA training and sign the DAF. Researchers physically accessing data either through the RDC or VDE will also have to sign a DAA. DAA for VDE users may contain additional data user obligations.
- 2) VDE users must have VDE site director at the host institution sign a special security affidavit.
- 3) Students additionally need to sign a SAMHSA RDC Student Data User Acknowledgement. Student advisors must complete confidentiality training, complete a DAF agreement, and sign the SAMHSA RDC Student Data User Acknowledgement.
- 4) [RDC and/or VDE fees](#) payments are sent to NCHS RDC.
- 5) Send all program codes (if any) and approved external files (if any) to SAMHSA RDC for review and approval. Code/external files are NOT permitted to be brought into the RDC by you when you enter the RDC site. Please notify SAMHSA RDC **five business days prior to your visit to onsite RDC** so that they will be available to you from your folder when you are at the RDC. All external data must be publicly available. This rule applies to the VDE as well.
- 6) If you select an NCHS RDC site, you need to make appointments with the assigned NCHS RA. If you select an FSRDC, you need to make appointments with the FSRDC administrator and obtain your SSS.
- 7) If you choose to use the VDE option, the following steps should happen:
 - a. Work with NCHS RDC to make sure that you are qualified for the VDE option.
 - b. Have your VDE remote access site ready.
 - c. Schedule a time for SAMHSA RDC to virtually inspect your remote access site.
 - d. Work with the NCHS RA to access the RUF remotely via VDE.

5.3 Working at the RDC Site or VDE Remote Site: General Rules

Once you are admitted to the RDC or approved for the VDE option, you have access to the NSDUH RUF as well as your program codes (if any) and external files (if any). You are responsible for creating your analytic data set, including merging any external files. Statistical software generally supported at the RDC includes SAS/SUDAAN, Stata, and R. Contact your chosen RDC or FSRDC directly if you need additional statistical software packages. The rules you must follow at the RDC site include but may not limit to the following:

- 1) All materials you are bringing in and taking out of the RDC are subject to inspection.
- 2) Cell phone and other telecommunication devices are not permitted.
- 3) You do not have access to the internet.
- 4) Do not generate any output data tables that are not included in the proposal.
- 5) Do not make any attempt to identify a person or an establishment from the RUF.
- 6) Do not put any content in the program notes that may facilitate a disclosure.
- 7) All output data and notes are subject to review by the onsite RDC Analyst.
- 8) Do not save output, files, or programs to transportable electronic media.
- 9) Strictly follow the VDE remote access rules.

5.4 Working at FSRDC

You must have the Special Sworn Status (SSS) to work in an FSRDC. Contact your FSRDC Administrator for obtaining SSS. After your SSS is approved and your account is created, a NCHS RDC Analyst will transfer your analytic data set to the FSRDC. You must follow FSRDC rules in addition to follow the SAMHSA RDC rules described in section 5.3.

5.5 Generating Your Output and the “Rule of 10”

The following rules must be followed when you are generating your output:

- The “Rule of 10” states that the underlying sample size for any table cells **MUST** be greater than 10. **You must suppress any table cells that do not meet this “Rule of 10”**.
 - The main purpose for requiring an “RDC Output Summary Report” (see section 5.6 below) is to ensure the compliance of the “Rule of 10”.
- Intermediate data files generated **are not allowed** in the output package.
- Names of geographic areas with $\leq 100,000$ population **must be excluded**.
- Apply disclosure safeguards to any notes or texts included in the output.
- Acceptable file format: plain text files, tab delimited text files, Word .docx files, Excel files (.xlsx), open document spreadsheet (.ods), or comma-separated (.csv) files. Release of additional formats for output is possible with the approval of the onsite RDC Analyst and SAMHSA RDC. Statistical output files (e.g., .lst SAS files) are **NOT** considered acceptable output files.
- File naming convention: YYYYMMDD_RDC_Output_ID2092_Table1.docx.

5.6 Submitting Your RDC Output and the Output Summary Report:

Notify SAMHSA RDC once you have finalized your output. The notification email should have the project ID as specified in section 2.2 in the subject title and include the folder name, date the file(s) were created, and any notes or explanation that may help the review and approval of your output. For each output package, you must include an “[RDC Output Summary Report](#)”. The RDC Output Summary Report must include the following information:

- 1) A complete list of your output tables. The maximum number of tables you may include in a single output package for SAMHSA to review is 20. You will need to receive special permission from SAMHSA RDC if you want to include more than 20 tables in an output package.
- 2) Identify the cell of the smallest sample size in each table and state the actual unweighted sample size of this cell. This is to reassure SAMHSA RDC that the “Rule of 10” is being followed in all of your output table cells.
- 3) Briefly describe what you have done in minimizing the disclosure risk when producing your output data.

Please visit our [website](#) for an example of the “RDC Output Summary Report.”

5.7 Output Review

The output review will be complete within six weeks. Output revision is necessary if the following situations occur:

- Formats do not match the table shells in the proposal.
- Unweighted counts are included without a prior approval by SAMHSA RDC.
- Fixable disclosure issues exist with your output.

We will reject your output if the following situations occur:

- Rows, columns, or the entire data table do not exist in the proposal.
- The output bears intolerable disclosure risks.

Approved output is released to the data user via email. The release of the output does not relieve the responsibility of using the output and statistics in a way that will not impose disclosure risks to NSDUH in the future.

6. Amending Your Approved Proposal

You may submit an amended proposal if you want to make changes on your approved proposal.

6.1 Submitting an Amended Proposal

6.1.1 Non-SAP applications

- Use the same NCHS ID to refer to your proposal.
- Briefly summarize the amendments included in your revised proposal in your revision submission email.
- Use a distinguishable color to highlight the changes in the amended proposal. Do not include change tracking indicators in the amended proposal.
- Submit the amended application via email to RDCA@samhsa.hhs.gov.

6.1.2 SAP applications

- Generate and submit your amended application via the SAP system.
- Use the NCHS ID as the primary ID. Add the NCHS ID at the beginning of the project title if the system does not have a designated way of indicating the project ID.
- Briefly summarize the amendments in the email to SAMHSA after you have submitted your amended application online.
- Follow the non-SAP-application procedure as described in 6.1.1 above to submit your amended application when it is impossible to submit the amended application with the SAP system. SAMHSA RDC may require applicants to resubmit the amendments as full or partial RDC proposals (see our [webpage](#) under “Application”).

6.2 Fees for Proposal Amendment

Approved projects receive two free amendments. Amendments beyond the first two are charged an amendment fee that is paid to NCHS. For details, see “Amendment Fee” at: <https://www.cdc.gov/rdc/b5aprovproj/AP540.htm>. Since the number of amendments determines whether the amendment fee should be charged for a particular amendment, it is important for you to understand the following details on how the number of amendments is counted:

- Two categories of amendments, namely the major amendments and the minor amendments, will be distinguished. Only the major amendments will be counted for the fee-charging purpose.
- The major amendments include the amendments delineated in the NCHS “Fees and Invoicing” webpage, including:
 - Adding new output tables/figures to the original proposal
 - Adding new variables to the proposal
 - Adding/deleting years of data
 - Transferring projects between RDC locations
- The minor amendments include the amendments of the following nature:
 - Correct the formatting issues, language issues, and other editorial issues.
 - Adding researchers to the project (if the new researcher requires SSS, then SAMHSA notifies the assigned NCHS RDC RA so the RDC can invoice the project for this SSS application fee)
 - Removing a researcher from the project
 - Modify the existing, previously approved output table shells without fundamental changes on the table structures.
 - Closely related amendments on the same issue within 2 months after a major amendment is approved.

- For dubious cases, NCHS will be consulted to determine if the amendment constitutes a major or minor one.

7. Post-RDC Responsibilities

Your output's passing SAMHSA's disclosure review does not mean that the disclosure risk of your output is an absolute zero. As new data-mining technology and more linkable non-NSDUH data become available, there could still be a possibility for hackers to use your output to disclose confidential information in NSDUH RUF. Therefore, your responsibility for safeguarding NSDUH data against disclosures will persist after they have been released to you.

7.1 Presenting the Data in Your Publications

Use the same data tables or graphs used in the RDC output package in your publications whenever possible. You may revise the data tables, create new data tables, or present the data in a different form in publications if the disclosure risks of the new tables or formats will not increase as compared to your original RDC output. Here are two examples of permitted changes:

- The same data in an output table are presented as a graph in the publication.
- Drug use measures are included for 7 races in your output table. But the table in your publication includes 3 races only.

7.2 Publishing Your Paper

- Some journals may ask authors to share the original data on which the tables or graphs in the paper are derived. This will not be allowed for SAMHSA RDC data. You may refer the journal editor to this document or to SAMHSA RDC if this is necessary for publishing your paper.
- You are not required to submit your prior-to-publication manuscript to SAMHSA RDC for a review. However, you **must** submit your prior-to-publication manuscript to SAMHSA RDC for a disclosure review if your modifications on the output data in your paper may have increased disclosure risks of NSDUH data by any chance. You must describe the changes you made on the output figures when you submit your manuscript to SAMHSA RDC for disclosure review.
- SAMHSA RDC welcomes copies of final publications resulted from using NSDUH RUF, but you are not required to do so.

8. Project renewal and closure

8.1 Project renewal

- 1) Researchers may choose to renew their project by submitting a renewal application within 3 months prior to the current expiration date but no later than the current expiration date.
 - Note: The renewal fee is lower than the new project fee.
- 2) SAMHSA usually makes a decision within 4 weeks upon receipt of the renewal application.
- 3) All researchers in the RDC project team need to submit up-to-date security documents for the renewal project, regardless of whether they had submitted these security documents before.
- 4) Researchers are obligated to pay the renewal fee to NCHS RDC (rdca@cdc.gov) by the current expiration date for uninterrupted RDC/VDE usage.
- 5) If the renewal fee is not paid by the current expiration date for a good reason, the researcher should write to NCHS and SAMHSA to explain. If NCHS approves, the researcher may continue to perform work at the RDC/VDE within three

months after the current expiration date while the renewal process is in progress.

- 6) If the renewal fee is not paid within three months after the current expiration date, SAMHSA will revoke the approval of their renewal application.
- 7) The renewed project starting date will be the same date as the current expiration date.
- 8) Renewal application received after the expiration date will be treated as a new application.

8.2 Project closure

- 1) An RDC project will be closed if one of the following situations occurs:
 - The project fee is not paid to NCHS RDC within 6 months after the approval of the initial or the renewal application.
 - The PI of the project informs SAMHSA in writing to terminate the project.
 - SAMHSA RDC does not receive a renewal notice in writing by the project expiration date.
 - The project violates RDC and disclosure rules as specified in DAA, DAF and other applicable documents.
- 2) Any project fees collected to date will not be refunded when the project is terminated for cause (i.e., violation of RDC/VDE rule) prior to its expiration date.

9. Access multiple RUFs of different federal agencies at the same RDC/VDE

Occasionally, one may find it necessary to merge NSDUH RUF with the RUFs of other federal agencies for one's research. Please be aware that your proposal and output review may take much longer time and your chance to get an approval may be much reduced if your RDC project requests for multiple RUFs. The following are SAMHSA RDC policies regarding multiple-RUF access:

- In the application, the intention to merge NSDUH RUF with the RUF of another federal agency must be clearly indicated and specified. The justification must be given for the need of merging NSDUH RUF with the other RUFs.
- SAMHSA RDC will send the Interagency Letter on Multiple RUF Access to all proprietary agencies involved in the multiple RUF request.
- It will be totally up to you and the other agency to work out the solutions for getting the other RUF into the designated RDC/VDE.
- The merge of NSDUH RUF with the RUF of the other agency must only occur inside the designated RDC/VDE site and will not be retained by any individual or agency.
- You must ensure that the output data resulted from merging different RUFs will not violate any disclosure control requirements of all agencies involved.
- The output data tables resulted from the merged multiple-RUF data must be clearly identified in the output package submitted for disclosure review.
- All agencies whose RUFs are requested by you will review your RDC project application and your RDC output independently.
 - Your RDC project application or the RDC output will not be approved unless all agencies involved approve it.
 - SAMHSA may reject the application or the output even if other agencies have approved it.

10. Additional notes

- Disclosure control is of the highest priority of the SAMHSA RDC program. Whatever you do with your RDC output data, you should always ask: "Will my action add any disclosure risks to NSDUH data?"

- Do not treat your RDC output as public information that can be shared with anyone because it is possible that linking certain non-NSDUH data with RDC output data may facilitate disclosure of NSDUH participants.
- SAMHSA RDC does not provide phone consultations. All questions are answered via email.

References

- [1] Substance Abuse and Mental Health Services Administration (SAMHSA), "National Survey on Drug Use and Health: Summary of Methodological Studies, 1971–2014 (<https://www.samhsa.gov/data/sites/default/files/NSDUH-PUF-QA-2016/NSDUH-PUF-QA-2016/NSDUH-PUF-QA-2016.pdf>)," SAMHSA, Rockville, MD, 2014.
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