

# Key Definitions for the 2012 Detailed Tables and National Findings Report

This glossary provides definitions for many of the measures and terms used in these tables and in the national findings report<sup>1</sup> from the 2012 National Survey on Drug Use and Health (NSDUH). Where relevant, cross-references also are provided. For some key terms, specific question wording is provided for clarity. In some situations, information also is included about specific gate questions. In many instances, a gate question is the first question in a series of related questions. How a respondent answers the gate question affects whether the respondent is asked additional questions in that section of the interview or is routed to the next section of the interview. In some sections of the interview, respondents may be asked more than one gate question to determine whether they are asked additional questions in that section or are routed to the next section.

## **Abuse**

Abuse of illicit drugs or alcohol was defined as meeting one or more of the four criteria for abuse included in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*<sup>2</sup> and if the definition for dependence was not met for that substance.

Additional criteria for alcohol and marijuana abuse include the use of these substances on 6 or more days in the past 12 months. These questions for measuring dependence or abuse for illicit drugs or alcohol have been included in the survey since 2000. Responses to the dependence or abuse questions based only on the past year use of methamphetamine, Ambien<sup>®</sup>, Adderall<sup>®</sup>, or specific hallucinogens from the routing patterns added between 2005 and 2008 were not included in these abuse and dependence measures to maintain the comparability of estimates over time. See Section B.4.2 in Appendix B of the 2012 national findings report for additional details.

SEE: "Dependence," "Illicit Drugs," "Need for Illicit Drug or Alcohol Use Treatment," and "Prevalence."

## **Adderall<sup>®</sup> Use**

Measures of use of the prescription stimulant Adderall<sup>®</sup> in the respondent's lifetime, the past year, and the past month were developed from responses to the noncore question about recency of use: "Earlier, the computer recorded that you have used Adderall that was not prescribed for you or that you took only for the experience or feeling it caused. How long has it been since you last

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<sup>1</sup> Available at <http://www.samhsa.gov/data/>.

<sup>2</sup> American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders (DSM-IV)*. Washington, DC: Author.

used Adderall in either of these ways?" The questions about Adderall<sup>®</sup> were added to a noncore section of the interview in 2006 and were not incorporated in estimates of use of stimulants, nonmedical use of psychotherapeutics, or other estimates of illicit drug use because inclusion of these questions would affect the comparability of estimates over time.

SEE: "Core," "Current Use," "Illicit Drugs," "Illicit Drugs Other Than Marijuana," "Lifetime Use," "Noncore," "Nonmedical Use of Psychotherapeutics," "Past Month Use," "Past Year Use," "Prevalence," "Recency of Use," and "Stimulant Use."

### **Age**

Age of the respondent was defined as "age at time of interview." The interview program calculated the respondent's age from the date of birth and interview date. The interview program prompts the interviewer to confirm the respondent's age after it has been calculated.

### **Alcohol Use**

Measures of use of alcohol in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last drank an alcoholic beverage?" The question about recency of use was asked if respondents previously reported any use of alcohol in their lifetime.

The following information preceded the question about lifetime alcohol use: "The next questions are about alcoholic beverages, such as, beer, wine, brandy, and mixed drinks. Listed on the next screen are examples of the types of beverages we are interested in. Please review this list carefully before you answer these questions. These questions are about drinks of alcoholic beverages.

Throughout these questions, by a 'drink,' we mean a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. We are not asking about times when you only had a sip or two from a drink."

SEE: "Binge Use of Alcohol," "Current Use," "Heavy Use of Alcohol," "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," "Recency of Use," and "Underage Alcohol Use."

### **Alcohol Use in Combination with Illicit Drug Use**

A respondent was defined as having alcohol use in combination with illicit drug use if he or she reported using 1 or more of 10 possible illicit drugs with his or her last alcohol use or within a

couple of hours of drinking. Respondents who used alcohol and also used illicit drugs in the past month were asked about this behavior. The illicit drugs that respondents could have used in combination with alcohol were marijuana or hashish, cocaine or crack, heroin, hallucinogens, inhalants, prescription pain relievers, prescription tranquilizers, prescription stimulants, methamphetamine, or prescription sedatives.

NOTE: Respondents were defined as having used methamphetamine with their most recent use of alcohol in the past month if they reported methamphetamine use in the core stimulants module. They also were included if they reported methamphetamine use in the noncore special drugs module and said they had not reported methamphetamine use in the core module because they did not think of it as a prescription drug.

SEE: "Alcohol Use," "Core," "Illicit Drugs," "Methamphetamine Use," and "Noncore."

### **Ambien<sup>®</sup> Use**

Measures of use of the prescription sedative Ambien<sup>®</sup> in the respondent's lifetime, the past year, and the past month were developed from responses to the noncore question about recency of use: "Earlier, the computer recorded that you have used Ambien that was not prescribed for you or that you took only for the experience or feeling it caused. How long has it been since you last used Ambien in either of these ways?" The questions about Ambien<sup>®</sup> use were added to a noncore section of the interview in 2006 and were not incorporated in estimates of use of sedatives, nonmedical use of psychotherapeutics, or other estimates of illicit drug use because inclusion of these questions would affect the comparability of estimates over time.

SEE: "Core," "Current Use," "Illicit Drugs," "Illicit Drugs Other Than Marijuana," "Lifetime Use," "Noncore," "Nonmedical Use of Psychotherapeutics," "Past Month Use," "Past Year Use," "Prevalence," "Recency of Use," and "Sedative Use."

### **American Indian or Alaska Native**

American Indian or Alaska Native only, not of Hispanic, Latino, or Spanish origin including North American, Central American, or South American Indian. Does not include respondents reporting two or more races. Respondents reporting that they were American Indians or Alaska Natives and of Hispanic, Latino, or Spanish origin were classified as Hispanic.

SEE: "Hispanic," "Race/Ethnicity," and "Two or More Races."

<b>Asian</b>	<p>Asian only, not of Hispanic, Latino, or Spanish origin. Does not include respondents reporting two or more races. Respondents reporting that they were Asian and of Hispanic, Latino, or Spanish origin were classified as Hispanic. Specific Asian groups that were asked about were Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, and "Other Asian."</p> <p>SEE: "Hispanic," "Race/Ethnicity," and "Two or More Races."</p>
<b>Binge Use of Alcohol</b>	<p>Binge use of alcohol was defined for both males and females as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Respondents were asked about the number of days they had five or more drinks on the same occasion if they reported last using any alcohol in the past 30 days based on the following question: "How long has it been since you last drank an alcoholic beverage?"</p> <p>SEE: "Alcohol Use" and "Heavy Use of Alcohol."</p>
<b>Black</b>	<p>Black/African American only, not of Hispanic, Latino, or Spanish origin. Does not include respondents reporting two or more races. Respondents reporting that they were black or African American and of Hispanic, Latino, or Spanish origin were classified as Hispanic.</p> <p>SEE: "Hispanic," "Race/Ethnicity," and "Two or More Races."</p>
<b>Blunts</b>	<p>Blunts were defined as cigars with marijuana in them. Measures of the use of blunts in the respondent's lifetime, the past year, and the past month were developed from responses to the noncore question about recency of use: "How long has it been since you last smoked part or all of a cigar with marijuana in it?" The question about recency of use was asked if respondents previously reported any use of cigars with marijuana in them in their lifetime.</p> <p>The following information preceded the question about lifetime use of cigars with marijuana in them: "Sometimes people take tobacco out of a cigar and replace it with marijuana. This is sometimes called a 'blunt.'"</p> <p>SEE: "Cigar Use," "Core," "Current Use," "Lifetime Use," "Marijuana Use," "Noncore," "Past Month Use," "Past Year Use," "Prevalence," "Recency of Use," and "Tobacco Product Use."</p>
<b>Cigar Use</b>	<p>Measures of use of cigars, including big cigars, cigarillos, and little cigars that look like cigarettes, in the respondent's lifetime, the</p>

past year, and the past month were developed from responses to the questions about cigar use in the past 30 days and the recency of use (if not in the past 30 days): "Now think about the past 30 days—that is, from [DATEFILL] up to and including today. During the past 30 days, have you smoked part or all of any type of cigar?" and "How long has it been since you last smoked part or all of any type of cigar?" Responses to noncore questions about use of cigars with marijuana in them (blunts) were not included in these measures to maintain the comparability of estimates over time. Questions about use of cigars in the past 30 days or the most recent use of cigars (if not in the past 30 days) were asked if respondents previously reported any use of cigars in their lifetime.

SEE: "Blunts," "Cigarette Use," "Core," "Current Use," "Lifetime Use," "Noncore," "Past Month Use," "Past Year Use," "Prevalence," "Recency of Use," "Smokeless Tobacco Use," and "Tobacco Product Use."

### **Cigarette Use**

Measures of use of cigarettes in the respondent's lifetime, the past year, and the past month were developed from responses to the questions about cigarette use in the past 30 days and the recency of use (if not in the past 30 days): "Now think about the past 30 days—that is, from [DATEFILL] up to and including today. During the past 30 days, have you smoked part or all of a cigarette?" and "How long has it been since you last smoked part or all of a cigarette?" Questions about use of cigarettes in the past 30 days or the most recent use of cigarettes (if not in the past 30 days) were asked if respondents previously reported that they smoked part or all of a cigarette in their lifetime.

SEE: "Cigar Use," "Current Use," "Lifetime Use," "Nicotine (Cigarette) Dependence," "Past Month Daily Cigarette Use," "Past Month Use," "Past Year Use," "Prevalence," "Recency of Use," "Smokeless Tobacco Use," and "Tobacco Product Use."

### **Cocaine Use**

Measures of use of cocaine, including powder, crack, free base, and coca paste, in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used any form of cocaine?" The question about recency of use was asked if respondents previously reported any use of cocaine in their lifetime.

SEE: "Crack Use," "Current Use," "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

## College Enrollment Status

This measure was developed only for college-aged respondents aged 18 to 22 based on answers to questions about current or upcoming enrollment in school, and (if applicable) whether respondents were full- or part-time students, and the grade that they were or will be attending. Respondents in this age group were classified either as full-time college students or as some other status, which included respondents not enrolled in school, enrolled in college part time, enrolled in other grades either full time or part time, or enrolled with no other information available. Respondents were classified as full-time college students if they reported that they were attending or will be attending their first through fifth or higher year of college or university and that they were or will be a full-time student. Respondents whose current enrollment status was unknown were excluded from this measure.

## Core

The NSDUH interview includes two types of sections or modules: (a) core and (b) noncore. A core set of questions critical for basic trend measurement of prevalence estimates remains relatively unchanged in the survey every year and comprises the first part of the interview. Noncore questions, or modules, can be revised, dropped, or added from year to year and make up the latter part of the interview. The core consists of initial interviewer-administered demographic items and self-administered questions pertaining to the use of tobacco, alcohol, marijuana, cocaine, crack cocaine, heroin, hallucinogens, inhalants, prescription pain relievers, prescription tranquilizers, prescription stimulants, and prescription sedatives.

SEE: "Noncore."

## County Type

County type is based on the "Rural/Urban Continuum Codes" developed in 2003 by the U.S. Department of Agriculture.<sup>3</sup> All U.S. counties and county equivalents were grouped based on revised definitions of metropolitan statistical areas (MSAs) and new definitions of micropolitan statistical areas as defined by the Office of Management and Budget in June 2003.<sup>4</sup> Large MSAs (large metro) have a total population of 1 million or more. Small MSAs (small metro) have a total population of fewer than 1 million. Nonmetropolitan (nonmetro) areas include counties in micropolitan statistical areas as well as counties outside of both

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<sup>3</sup> These codes are updated periodically and are available at <http://ers.usda.gov/topics/rural-economy-population/rural-classifications.aspx> by clicking on that page's link to the "Rural/Urban Continuum Codes."

<sup>4</sup> Office of Management and Budget. (2003, June 6). *Revised definitions of metropolitan statistical areas, new definitions of micropolitan statistical areas and combined statistical areas, and guidance on uses of the statistical definitions of these areas* (OMB Bulletin No. 03-04). Washington, DC: The White House.

metropolitan and micropolitan statistical areas. Nonmetro counties with a population of 20,000 or more in urbanized areas are classified as "urbanized," nonmetro counties with a population of at least 2,500 but fewer than 20,000 in urbanized areas are classified as "less urbanized," and nonmetro counties with a population of fewer than 2,500 in urbanized areas are classified as "completely rural." The terms "urbanized," "less urbanized," and "completely rural" for counties are not based on the relative proportion of the county population in urbanized areas, but rather on the absolute size of the population in urbanized areas. For example, some counties classified as "less urbanized" had over 50 percent of the county population residing in urbanized areas, but this represented fewer than 20,000 people in the county. Population counts used are from the 2000 census representing the resident population.

**Crack Use**

Crack is defined as cocaine that is used in rock or chunk form. Measures of use of crack cocaine in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used *crack*?" The question about recency of use was asked if respondents previously reported use of cocaine in any form and specifically any use of crack in their lifetime. Respondents who reported that they never used any form of cocaine were logically defined as never having used crack.

SEE: "Cocaine Use," "Current Use," "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

**Current Use**

Any reported use of a specific substance in the past 30 days (also referred to as past month use).

SEE: "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

**Delinquent Behavior**

Youths aged 12 to 17 were asked a series of six questions: "During the past 12 months, how many times have you . . . gotten into a serious fight at school or work?" "taken part in a fight where a group of your friends fought against another group?" "carried a handgun?" "sold illegal drugs?" "stolen or tried to steal anything worth more than \$50?" and "attacked someone with the intent to seriously hurt them?" Response options were (1) 0 times, (2) 1 or 2 times, (3) 3 to 5 times, (4) 6 to 9 times, or (5) 10 or more times. Respondents were defined as having engaged in a specific delinquent behavior if they reported engaging in that behavior at least one time in the past 12 months.

SEE: "Prevalence."

## **Dependence**

Dependence on illicit drugs or alcohol was defined as meeting three out of seven dependence criteria for substances that included questions to measure a withdrawal criterion. For substances that did not include withdrawal questions, dependence was defined as meeting three out of six dependence criteria for that substance. Dependence was defined based on criteria included in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).<sup>5</sup> Additional criteria for alcohol and marijuana dependence since 2000 included the use of these substances on 6 or more days in the past 12 months. These criteria were not used to define nicotine (cigarette) dependence, which used a different series of items. Responses to the dependence or abuse questions based only on the past year use of methamphetamine, Ambien<sup>®</sup>, Adderall<sup>®</sup>, or specific hallucinogens from the routing patterns added between 2005 and 2008 were not included in these measures. See Section B.4.2 in Appendix B of the 2012 national findings report for additional details.<sup>6</sup>

SEE: "Abuse," "Need for Alcohol Use Treatment," "Need for Illicit Drug or Alcohol Use Treatment," "Need for Illicit Drug Use Treatment," "Nicotine (Cigarette) Dependence," and "Prevalence."

## **DMT, AMT, or 5-MeO-DIPT ("Foxy") Use**

Measures of use of dimethyltryptamine (DMT), alpha-methyltryptamine (AMT), or N, N-diisopropyl-5-methoxytryptamine (5-MeO-DIPT or "Foxy") in the respondent's lifetime, the past year, and the past month were developed from responses to the noncore question about recency of use: "Earlier, the computer recorded that you have used DMT, AMT, or Foxy. How long has it been since you last used any of these drugs?" The questions about DMT, AMT, or 5-MeO-DIPT were added to a noncore section of the interview in 2006 and were not incorporated in estimates of use of hallucinogens, illicit drugs, or illicit drugs other than marijuana because inclusion of these questions would affect the comparability of estimates over time.

SEE: "Core," "Current Use," "Hallucinogen Use," "Illicit Drugs," "Illicit Drugs Other Than Marijuana," "Lifetime Use,"

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<sup>5</sup> See footnote 2.

<sup>6</sup> See footnote 1.

"Noncore," "Past Month Use," "Past Year Use,"  
"Prevalence," and "Recency of Use."

### **Driving Under the Influence**

Respondents who reported use of alcohol or illicit drugs in the past 12 months were asked up to three questions in a noncore section of the interview about driving a vehicle in the past 12 months while under the influence of (a) alcohol and illegal drugs used together, (b) alcohol only, or (c) illegal drugs only. Respondents were defined as driving under the influence of illicit drugs if they reported driving under the influence of alcohol and illegal drugs used together or illegal drugs only. Respondents were defined as driving under the influence of alcohol if they reported driving under the influence of alcohol and illegal drugs used together or alcohol only. Respondents were defined as driving under the influence of illicit drugs *or* alcohol if they reported driving under the influence in response to any of these three questions.

SEE: "Core," "Illicit Drugs," "Noncore," and "Prevalence."

### **Ecstasy Use**

Measures of use of Ecstasy or MDMA (methylenedioxy-methamphetamine) in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used *Ecstasy*, also known as MDMA?" The question about recency of use was asked if respondents previously reported any use of Ecstasy or MDMA in their lifetime.

SEE: "Current Use," "Hallucinogen Use," "Lifetime Use," "LSD Use," "Past Month Use," "Past Year Use," "PCP Use," "Prevalence," and "Recency of Use."

### **Education**

This is the measure of educational attainment among respondents who are aged 18 or older. It is based on respondents' reports of their highest grade or year of school that they completed. Response options were presented in terms of single years of education, ranging from 0 if respondents never attended school to 17 if respondents completed 5 or more years at the college or university level. Respondents were classified into four categories based on their answers: less than high school, high school graduate, some college, and college graduate. Persons indicating having completed the 12th grade were classified as high school graduates, and persons who indicated completing 4 or more years at the college or university level were defined as being college graduates.

### **Employment**

Respondents were asked to report whether they worked in the week prior to the interview, and if not, whether they had a job

despite not working in the past week. Respondents who worked in the past week or who reported having a job despite not working were asked whether they usually work 35 or more hours per week. Respondents who did not work in the past week but had a job were asked to look at a card that described why they did not work in the past week despite having a job. Respondents who did not have a job in the past week were asked to look at a different card that described why they did not have a job in the past week.

**Full-time** "Full-time" includes respondents who usually work 35 or more hours per week and who worked in the past week or had a job despite not working in the past week.

**Part-time** "Part-time" includes respondents who usually work fewer than 35 hours per week and who worked in the past week or had a job despite not working in the past week.

**Unemployed** "Unemployed" refers to respondents who did not have a job and were looking for work or who were on layoff. For consistency with the Current Population Survey definition of unemployment, respondents who reported that they did not have a job but were looking for work needed to report making specific efforts to find work in the past 30 days, such as sending out resumes or applications, placing ads, or answering ads.

**Other** "Other" includes all responses defined as not being in the labor force, including being a student, keeping house or caring for children full time, retired, disabled, or other miscellaneous work statuses. Respondents who reported that they did not have a job and did not want one also were classified as not being in the labor force. Similarly, respondents who reported not having a job and looking for work also were classified as not being in the labor force if they did not report making specific efforts to find work in the past 30 days. Those respondents who reported having no job and provided no additional information could not have their labor force status determined and were therefore assigned to the "Other" employment category.

**Ethnicity**

SEE: "Race/Ethnicity."

**Ever Use**

SEE: "Lifetime Use."

**Exposure to Drug Education and Prevention**

The following measures were created for exposure to drug education and prevention among youths aged 12 to 17:  
(a) exposure to prevention messages in school; (b) participation in a prevention program outside of school; (c) seeing or hearing prevention messages from sources outside of school; and  
(d) conversations with parents about the dangers of substance use.

Youths who reported that they attended any type of school at any time in the past 12 months were asked: "During the past 12 months . . . Have you had a special class about drugs or alcohol in school?" "Have you had films, lectures, discussions, or printed information about drugs or alcohol in one of your regular classes, such as health or physical education?" "Have you had films, lectures, discussions, or printed information about drugs or alcohol outside of one of your regular classes, such as in a special assembly?" Youths who reported having had any of these were defined as having seen or heard prevention messages in school.

Youths who reported that they were home schooled in the past 12 months also were asked these questions. Youths who reported that they were home schooled were instructed to think about their home schooling as "school."

Youths also were asked: "During the past 12 months . . . Have you participated in an alcohol, tobacco or drug prevention program outside of school, where you learn about the dangers of using, and how to resist using, alcohol, tobacco, or drugs?" "Have you seen or heard any alcohol or drug prevention messages from sources outside school such as posters, pamphlets, radio, or TV?" "Have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use?" Youths who answered these questions as "yes" were defined as having been exposed to prevention messages from these sources outside of school.

**Family Income**

Family income was estimated by asking respondents about their total personal income and total family income, based on the following questions: "Of these income groups, which category best represents (your/SAMPLE MEMBER's) total personal income during [the previous calendar year]?" and "Of these income groups, which category best represents (your/SAMPLE MEMBER's) total combined family income during [the previous calendar year]?" Family was defined as any related member in the household, including all foster relationships and unmarried

partners (including same-sex partners). It excluded roommates, boarders, and other nonrelatives.

NOTE: If no other family members were living with the respondent, total family income was based on information about the respondent's total personal income. For youths aged 12 to 17 and those respondents who were unable to respond to the insurance or income questions, proxy responses were accepted from a household member identified as being better able to give the correct information about insurance and income.

### **Geographic Division**

Data are presented for nine geographic divisions within the four geographic regions. Within the ***Northeast Region*** are the *New England Division* (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont) and the *Middle Atlantic Division* (New Jersey, New York, Pennsylvania). Within the ***Midwest Region*** are the *East North Central Division* (Illinois, Indiana, Michigan, Ohio, Wisconsin) and the *West North Central Division* (Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota). Within the ***South Region*** are the *South Atlantic Division* (Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia), the *East South Central Division* (Alabama, Kentucky, Mississippi, Tennessee), and the *West South Central Division* (Arkansas, Louisiana, Oklahoma, Texas). Within the ***West Region*** are the *Mountain Division* (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming) and the *Pacific Division* (Alaska, California, Hawaii, Oregon, Washington).

SEE: "Region."

### **GHB Use**

Measures of use of gamma hydroxybutyrate (GHB) in the respondent's lifetime, the past year, and the past month were developed from responses to the noncore question about recency of use: "Earlier, the computer recorded that you have used GHB. How long has it been since you last used GHB?" The questions about GHB were added to a noncore section of the interview in 2006 and were not incorporated in estimates of use of illicit drugs or illicit drugs other than marijuana because inclusion of these questions would affect the comparability of estimates over time.

The following information preceded the question about lifetime use of GHB: "The next question is about GHB, also called *G*, *Georgia Home Boy*, *Grievous Bodily Harm*, *Liquid G*, or gamma hydroxybutyrate."

SEE: "Core," "Current Use," "Illicit Drugs," "Illicit Drugs Other Than Marijuana," "Lifetime Use," "Noncore," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

## **Hallucinogen Use**

Measures of use of hallucinogens in the respondent's lifetime, the past year, and the past month were developed from responses to the core question about recency of use: "How long has it been since you last used any hallucinogen?" The question about recency of use was asked if respondents previously reported any use of hallucinogens in their lifetime. Responses to noncore questions about the use of the following drugs, which were added to the survey in 2006, were not included in these measures: ketamine, DMT (dimethyltryptamine), AMT (alpha-methyltryptamine), 5-MeO-DIPT (N, N-diisopropyl-5-methoxytryptamine, also known as "Foxy"), and *Salvia divinorum*.

Respondents were asked a series of gate questions about any use of specific hallucinogens in their lifetime. These gate questions were preceded by the following information about hallucinogens: "The next questions are about substances called hallucinogens. These drugs often cause people to see or experience things that are not real."

Gate questions asked whether respondents ever used the following hallucinogens, even once: (a) LSD, also called "acid"; (b) PCP, also called "angel dust" or phencyclidine; (c) peyote; (d) mescaline; (e) psilocybin, found in mushrooms; (f) "Ecstasy," also known as MDMA; and (g) any other hallucinogen besides the ones that have been listed.

SEE: "Core," "Current Use," "Ecstasy Use," "Lifetime Use," "LSD Use," "Noncore," "Past Month Use," "Past Year Use," "PCP Use," "Prevalence," and "Recency of Use."

## **Heavy Use of Alcohol**

Heavy use of alcohol was defined for both males and females as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on each of 5 or more days in the past 30 days. Heavy alcohol users also were defined as binge users of alcohol. Respondents were asked about the number of days they had five or more drinks on the same occasion if they reported last using any alcohol in the past 30 days based on the following question: "How long has it been since you last drank an alcoholic beverage?"

SEE: "Alcohol Use" and "Binge Use of Alcohol."

## **Heroin Use**

Measures of use of heroin in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used heroin?" The question about recency of use was asked if respondents previously reported any use of heroin in their lifetime.

SEE: "Current Use," "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

## **Hispanic**

Hispanic was defined as anyone of Hispanic, Latino, or Spanish origin. Respondents were classified as Hispanic in the race/ethnicity measure regardless of race.

SEE: "American Indian or Alaska Native," "Asian," "Black," "Native Hawaiian or Other Pacific Islander," "Race/Ethnicity," "Two or More Races," and "White."

## **Illicit Drugs**

Illicit drugs include marijuana or hashish, cocaine (including crack), heroin, hallucinogens (including phencyclidine [PCP], lysergic acid diethylamide [LSD], and Ecstasy [MDMA]), inhalants, or prescription-type psychotherapeutics used nonmedically, which include pain relievers, tranquilizers, stimulants, and sedatives. Illicit drug use refers to use of any of these drugs based on responses to questions only in the core sections and *does not* include data from the noncore methamphetamine items that were added in 2005 and 2006. Responses to questions about the use of the following drugs, which were added to the survey beginning in 2006, were also not included in these measures: GHB (gamma hydroxybutyrate), Adderall<sup>®</sup>, Ambien<sup>®</sup>, nonprescription cough or cold medicines, ketamine, DMT (dimethyltryptamine), AMT (alpha-methyltryptamine), 5-MeO-DIPT (N, N-diisopropyl-5-methoxytryptamine, also known as "Foxy"), and *Salvia divinorum*.

SEE: "Core," "Current Use," "Lifetime Use," "Noncore," "Past Month Use," "Past Year Use," "Prevalence," "Psychotherapeutic Drugs," and "Recency of Use."

## **Illicit Drugs Other Than Marijuana**

These drugs include cocaine (including crack), heroin, hallucinogens (including phencyclidine [PCP], lysergic acid diethylamide [LSD], and Ecstasy [MDMA]), inhalants, or prescription-type psychotherapeutics used nonmedically, which include pain relievers, tranquilizers, stimulants, and sedatives. This measure includes marijuana users who used any of the above drugs in addition to using marijuana, as well as users of those drugs who have not used marijuana. The measure for illicit drugs other than

marijuana is defined based on responses to questions only in the core sections and *does not* include responses based on the noncore methamphetamine items that were added in 2005 and 2006. Responses to questions about the use of the following drugs, which were added to the survey beginning in 2006, were also not included in these measures: GHB (gamma hydroxybutyrate), Adderall<sup>®</sup>, Ambien<sup>®</sup>, nonprescription cough or cold medicines, ketamine, DMT (dimethyltryptamine), AMT (alpha-methyltryptamine), and 5-MeO-DIPT (N, N-diisopropyl-5-methoxytryptamine, also known as "Foxy"), and *Salvia divinorum*.

SEE: "Core," "Current Use," "Lifetime Use," "Noncore," "Past Month Use," "Past Year Use," "Prevalence," "Psychotherapeutic Drugs," and "Recency of Use."

## **Incidence**

Substance use incidence refers to the use of a substance for the first time (new use). Incidence statistics in NSDUH reflect first use occurring within the 12 months prior to the interview. This is referred to as past year incidence.

Incidence estimates are based on questions about age at first use of substances, year and month of first use for recent initiates, the respondent's date of birth, and the interview date. For these estimates, respondents who are immigrants are included regardless of whether their first use occurred inside or outside the United States. See Section B.4.1 in Appendix B of the 2012 national findings report for additional details.<sup>7</sup>

## **Income**

SEE: "Family Income."

## **Inhalant Use**

Measures of use of inhalants in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used any inhalant for kicks or to get high?" The question about recency of use was asked if respondents previously reported any use of inhalants in their lifetime.

Respondents were asked a series of gate questions about any use of specific inhalants in their lifetime. These gate questions were preceded by the following information about inhalants: "These next questions are about liquids, sprays, and gases that people sniff or inhale to get high or to make them feel good. We are not interested in times when you inhaled a substance accidentally —

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<sup>7</sup> See footnote 1.

such as when painting, cleaning an oven, or filling a car with gasoline."

Gate questions asked whether respondents ever inhaled the following substances, even once, for kicks or to get high: (a) amyl nitrite, "poppers," locker room odorizers, or "rush"; (b) correction fluid, degreaser, or cleaning fluid; (c) gasoline or lighter fluid; (d) glue, shoe polish, or toluene; (e) halothane, ether, or other anesthetics; (f) lacquer thinner or other paint solvents; (g) lighter gases, such as butane or propane; (h) nitrous oxide or "whippits"; (i) spray paints; (j) some other aerosol spray; and (k) any other inhalants besides the ones that have been listed.

SEE: "Current Use," "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

### **Ketamine Use**

Measures of use of ketamine in the respondent's lifetime, the past year, and the past month were developed from responses to the noncore question about recency of use: "Earlier, the computer recorded that you have used Ketamine. How long has it been since you last used Ketamine?" The question about lifetime use of ketamine noted that ketamine also is called "Special K" or "Super K." The questions about ketamine were added to a noncore section of the interview in 2006 and were not incorporated in estimates of use of hallucinogens, illicit drugs, or illicit drugs other than marijuana because inclusion of these questions would affect the comparability of estimates over time.

SEE: "Core," "Current Use," "Hallucinogen Use," "Illicit Drugs," "Illicit Drugs Other Than Marijuana," "Lifetime Use," "Noncore," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

### **Large Metro**

SEE: "County Type."

### **Lifetime Use**

Lifetime use indicates use of a specific substance at least once in the respondent's lifetime. This measure includes respondents who also reported last using the substance in the past 30 days or past 12 months.

SEE: "Current Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

### **Location of Most Recent Underage Alcohol Use**

Respondents aged 12 to 20 who reported drinking at least one alcoholic beverage within the past 30 days were asked to indicate where they drank alcoholic beverages the last time they drank. The possible locations were (1) in a car or other vehicle; (2) at the

respondent's home; (3) at someone else's home; (4) at a park, on a beach, or in a parking lot; (5) in a restaurant, bar, or club; (6) at a concert or sports game; (7) at school; or (8) some other place. Those who reported "some other place" were asked to write in a response indicating the specific location.

SEE: "Alcohol Use" and "Underage Alcohol Use."

### **Low Precision**

Prevalence estimates based on a relatively small number of respondents or with relatively large standard errors were not shown in the tables, but have been replaced with an asterisk (\*) and noted as "low precision." These estimates have been omitted because one cannot place a high degree of confidence in their accuracy. Table B.2 in Appendix B of the 2012 national findings report includes a complete list of the rules used to determine low precision.<sup>8</sup>

### **LSD Use**

Measures of use of lysergic acid diethylamide (LSD) in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used LSD?" The question about recency of use was asked if respondents previously reported any use of LSD in their lifetime.

SEE: "Current Use," "Ecstasy Use," "Hallucinogen Use," "Lifetime Use," "Past Month Use," "Past Year Use," "PCP Use," "Prevalence," and "Recency of Use."

### **Marijuana Use**

Measures of use of marijuana in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used marijuana or hashish?" The question about recency of use was asked if respondents previously reported any use of marijuana or hashish in their lifetime. Responses to noncore questions about use of cigars with marijuana in them (blunts) were not included in these measures.

The following information preceded the question about lifetime use of marijuana: "The next questions are about marijuana and hashish. Marijuana is also called pot or grass. Marijuana is usually smoked, either in cigarettes called joints, or in a pipe. It is sometimes cooked in food. Hashish is a form of marijuana that is also called *hash*. It is usually smoked in a pipe. Another form of hashish is hash oil."

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<sup>8</sup> See footnote 1.

SEE: "Blunts," "Core," "Current Use," "Illicit Drugs," "Lifetime Use," "Noncore," "Past Month Use," "Past Year Use," "Prevalence," "Prior Year Marijuana Use," and "Recency of Use."

## **Medicaid**

Medicaid is a public assistance program that pays for medical care for low-income and disabled persons. Respondents were asked specifically about the Medicaid program in the State where they lived. Respondents aged 12 to 19 were asked specifically about the State Children's Health Insurance Program (SCHIP) in their State. Respondents aged 12 to 19 who reported that they were covered by the SCHIP in their State also were classified as being covered by Medicaid. Respondents aged 65 or older who reported that they were covered by Medicaid were asked to verify that their answer was correct.

NOTE: For youths aged 12 to 17 and those respondents who were unable to respond to the insurance or income questions, proxy responses were accepted from a household member identified as being better able to give the correct information about insurance and income.

SEE: "Medicare."

## **Medicare**

Medicare is a health insurance program for persons aged 65 or older and for certain disabled persons. Respondents under the age of 65 who reported that they were covered by Medicare were asked to verify that their answer was correct.

NOTE: For youths aged 12 to 17 and those respondents who were unable to respond to the insurance or income questions, proxy responses were accepted from a household member identified as being better able to give the correct information about insurance and income.

SEE: "Medicaid."

## **Methamphetamine Use**

Measures of use of methamphetamine (also known as crank, crystal, ice, or speed), Desoxyn<sup>®</sup>, or Methedrine<sup>®</sup> in the respondent's lifetime, the past year, and the past month were developed from responses to the core question about recency of use: "How long has it been since you last used methamphetamine, Desoxyn, or Methedrine?" The core question about recency of use was asked if respondents previously reported any use of methamphetamine, Desoxyn<sup>®</sup>, or Methedrine<sup>®</sup> in their lifetime that was not prescribed or that they took only for the experience or feeling it caused.

Estimates for methamphetamine use, stimulant use, and nonmedical use of psychotherapeutics from 2006 onward also include responses based on the noncore methamphetamine use items that were added in 2005 and 2006; estimates for 2002 through 2005 have been adjusted to make them comparable with estimates from 2006 onward that include responses to the noncore methamphetamine items. Unlike the core question about lifetime use, which asks about use of methamphetamine that was not prescribed or was taken only for the experience or feeling it caused, the noncore question asked about *any* lifetime use of methamphetamine.

SEE: "Core," "Current Use," "Lifetime Use," "Noncore," "Past Month Use," "Past Year Use," "Prevalence," "Recency of Use," "Source of Psychotherapeutic Drugs," and "Stimulant Use."

**Midwest Region**

The States included are those in the East North Central Division—Illinois, Indiana, Michigan, Ohio, and Wisconsin; and the West North Central Division—Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota.

SEE: "Geographic Division" and "Region."

**Native Hawaiian or Other Pacific Islander**

Native Hawaiian or Other Pacific Islander, not of Hispanic, Latino, or Spanish origin. Does not include respondents reporting two or more races. Respondents reporting that they were Native Hawaiian or Other Pacific Islander and of Hispanic, Latino, or Spanish origin were classified as Hispanic.

SEE: "Hispanic," "Race/Ethnicity," and "Two or More Races."

**Need for Alcohol Use Treatment**

Respondents were classified as needing treatment for an alcohol use problem if they met at least one of three criteria during the past year: (1) dependence on alcohol; (2) abuse of alcohol; or (3) received treatment for alcohol use at a specialty facility (i.e., drug and alcohol rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center).

SEE: "Abuse," "Dependence," "Prevalence," "Specialty Substance Use Treatment Facility," and "Treatment for a Substance Use Problem."

**Need for Illicit Drug or Alcohol Use Treatment**

Respondents were classified as needing treatment for an illicit drug or alcohol use problem if they met at least one of three criteria

during the past year: (1) dependence on illicit drugs or alcohol; (2) abuse of illicit drugs or alcohol; or (3) received treatment for illicit drug or alcohol use at a specialty facility (i.e., drug and alcohol rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center).

SEE: "Abuse," "Dependence," "Prevalence," "Specialty Substance Use Treatment Facility," and "Treatment for a Substance Use Problem."

### **Need for Illicit Drug Use Treatment**

Respondents were classified as needing treatment for an illicit drug use problem if they met at least one of three criteria during the past year: (1) dependence on illicit drugs; (2) abuse of illicit drugs; or (3) received treatment for illicit drug use at a specialty facility (i.e., drug and alcohol rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center).

SEE: "Abuse," "Dependence," "Prevalence," "Specialty Substance Use Treatment Facility," and "Treatment for a Substance Use Problem."

### **Nicotine (Cigarette) Dependence**

A respondent was defined as having nicotine (cigarette) dependence if he or she met either the dependence criteria derived from the Nicotine Dependence Syndrome Scale (NDSS) or the Fagerstrom Test of Nicotine Dependence (FTND).

SEE: "Cigarette Use," "Dependence," and "Prevalence."

### **Noncore**

The NSDUH interview includes two types of sections or modules: (a) core and (b) noncore. A core set of questions that are critical for basic trend measurement of prevalence estimates remains in the survey every year and comprises the first part of the interview. Noncore questions are supplemental topics included in the latter part of the interview after all the core modules. Noncore topics can be revised, dropped, or added from year to year and include (but are not limited to) injection drug use, perceived risks of substance use, substance dependence or abuse, arrests, treatment for substance use problems, pregnancy and health care issues, and mental health issues. Noncore demographic questions, which are interviewer-administered and follow the audio computer-assisted self-interviewing (ACASI) questions, address such topics as immigration, current school enrollment, employment and workplace issues, health insurance coverage, and income. It should be noted that some of the noncore portions of the interview have

remained in the survey, relatively unchanged, from year to year (e.g., current health insurance coverage, employment).

SEE: "Core."

## **Nonmedical Use of Psychotherapeutics**

A core section of the interview contains questions about nonmedical use of four classes of prescription-type psychotherapeutics: pain relievers, tranquilizers, stimulants, and sedatives. Nonmedical use is defined as use of at least one of these medications without a prescription belonging to the respondent or use that occurred simply for the experience or feeling the drug caused. Estimates for the measures of nonmedical use of psychotherapeutics from 2006 onward also include responses based on the noncore methamphetamine use items that were added in 2005 and 2006. Estimates for 2002 through 2005 have been adjusted to make them comparable with estimates from 2006 onward that include responses to the noncore methamphetamine items. Responses to questions about the nonmedical use of Adderall<sup>®</sup> (a stimulant) and Ambien<sup>®</sup> (a sedative), which were added to the survey in 2006, were not included in these measures to maintain the comparability of estimates over time.

Measures of use of nonmedical psychotherapeutic agents in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used any prescription [pain reliever, tranquilizer, stimulant, or sedative] that was not prescribed for you or that you took only for the experience or feeling it caused?"

Questions about nonmedical use of psychotherapeutic drugs were preceded by the following introduction: "Now we have some questions about drugs that people are supposed to take only if they have a prescription from a doctor. We are only interested in your use of a drug if the drug was not prescribed for you, or if you took the drug only for the experience or feeling it caused."

NOTE: The pill card contains pictures and names of specific drugs within each psychotherapeutic category. For example, pictures and the names of Valium<sup>®</sup>, Librium<sup>®</sup>, and other tranquilizers are shown when the section on tranquilizers is introduced.

SEE: "Core," "Current Use," "Lifetime Use," "Methamphetamine Use," "Noncore," "Pain Reliever Use," "Past Month Use," "Past Year Use," "Pill Cards," "Prevalence,"

"Psychotherapeutic Drugs," "Recency of Use," "Sedative Use," "Source of Psychotherapeutic Drugs," "Stimulant Use," and "Tranquilizer Use."

**Nonmetro**

SEE: "County Type."

**Nonprescription Cough  
or Cold Medicine Use**

Measures of nonmedical use of nonprescription cough or cold medicine in the respondent's lifetime, the past year, and the past month were developed from responses to the noncore question about recency of use: "Earlier, the computer recorded that you have taken a non-prescription cough or cold medicine just to get high. How long has it been since you last took one of these cough or cold medicines to get high?" The questions about nonprescription cough or cold medicine use were added to a noncore section of the interview in 2006 and were not incorporated in estimates of use of illicit drugs or illicit drugs other than marijuana because inclusion of these questions would affect the comparability of estimates over time.

SEE: "Core," "Current Use," "Illicit Drugs," "Illicit Drugs Other Than Marijuana," "Lifetime Use," "Noncore," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

**Northeast Region**

The States included are those in the New England Division—Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont; and the Middle Atlantic Division—New Jersey, New York, and Pennsylvania.

SEE: "Geographic Division" and "Region."

**OxyContin<sup>®</sup> Use**

Measures of nonmedical use of the prescription pain reliever OxyContin<sup>®</sup> in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used OxyContin that was not prescribed for you or that you took only for the experience or feeling it caused?" The question about recency of use was asked if respondents previously reported any nonmedical use of OxyContin<sup>®</sup> in their lifetime.

SEE: "Current Use," "Lifetime Use," "Pain Reliever Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

**Pain Reliever Use**

Measures of the nonmedical use of prescription-type pain relievers in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use:

"How long has it been since you last used any prescription pain reliever that was not prescribed for you, or that you took only for the experience or feeling it caused?" The question about recency of use was asked if respondents previously reported any nonmedical use of prescription pain relievers in their lifetime.

Respondents were asked a series of gate questions about any nonmedical use of specific prescription pain relievers in their lifetime. These gate questions were preceded by the following information about pain relievers: "These questions are about the use of pain relievers. We are not interested in your use of *over-the-counter* pain relievers such as aspirin, Tylenol, or Advil that can be bought in drug stores or grocery stores without a doctor's prescription. Card A shows pictures of some different types of prescription pain relievers and lists the names of some others. These pictures show only pills, but we are interested in your use of any form of prescription pain relievers that were not prescribed for you or that you took only for the experience or feeling they caused."

Gate questions asked whether respondents ever, even once, used the following prescription pain relievers that were not prescribed for respondents or that they took only for the experience or feeling they caused; unless indicated otherwise, pictures of these pain relievers were shown on Pill Card A to aid respondents in identifying pain relievers they used nonmedically: (a) Darvocet<sup>®</sup>, Darvon<sup>®</sup>, or Tylenol<sup>®</sup> with Codeine; (b) Percocet<sup>®</sup>, Percodan<sup>®</sup>, or Tylox<sup>®</sup>; (c) Vicodin<sup>®</sup>, Lortab<sup>®</sup>, or Lorcet<sup>®</sup>; (d) Codeine; (e) Demerol<sup>®</sup>; (f) Dilaudid<sup>®</sup>; (g) Fioricet<sup>®</sup>; (h) Fiorinal<sup>®</sup>; (i) Hydrocodone; (j) Methadone; (k) Morphine; (l) OxyContin<sup>®</sup>; (m) Phenaphen<sup>®</sup> with Codeine; (n) Propoxyphene; (o) SK-65<sup>®</sup>; (p) Stadol<sup>®</sup> (not pictured); (q) Talacen<sup>®</sup>; (r) Talwin<sup>®</sup>; (s) Talwin<sup>®</sup> NX; (t) Tramadol (not pictured); (u) Ultram<sup>®</sup>; and (v) any other prescription pain reliever besides the ones shown on Card A.

SEE: "Core," "Current Use," "Lifetime Use," "Noncore," "Nonmedical Use of Psychotherapeutics," "OxyContin<sup>®</sup> Use," "Past Month Use," "Past Year Use," "Pill Cards," "Prevalence," "Psychotherapeutic Drugs," "Recency of Use," "Sedative Use," "Source of Psychotherapeutic Drugs," "Stimulant Use," and "Tranquilizer Use."

### **Past Month Daily Cigarette Use**

A respondent was defined as being a past month daily cigarette user if he or she smoked part or all of a cigarette on each of the past 30 days. Respondents were asked about the number of days

they smoked a cigarette in this period if they previously reported that they smoked part or all of a cigarette in the past 30 days.

SEE: "Cigarette Use."

**Past Month Use**

This measure indicates use of a specific substance in the 30 days prior to the interview. Respondents who indicated past month use of a specific substance also were classified as lifetime and past year users.

SEE: "Current Use," "Lifetime Use," "Past Year Use," "Prevalence," and "Recency of Use."

**Past Year Incidence**

SEE: "Incidence."

**Past Year Use**

This measure indicates use of a specific substance in the 12 months prior to the interview. This definition includes those respondents who last used the substance in the 30 days prior to the interview. Respondents who indicated past year use of a specific substance also were classified as lifetime users.

SEE: "Current Use," "Lifetime Use," "Past Month Use," "Prevalence," and "Recency of Use."

**PCP Use**

Measures of use of phencyclidine (PCP) in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used PCP?" The question about recency of use was asked if respondents previously reported any use of PCP in their lifetime.

SEE: "Current Use," "Ecstasy Use," "Hallucinogen Use," "Lifetime Use," "LSD Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

**Perceived Availability**

Respondents were asked to assess how difficult or easy it would be for them to get various illicit drugs if they wanted these drugs. Response options were (1) probably impossible, (2) very difficult, (3) fairly difficult, (4) fairly easy, and (5) very easy.

**Perceived Need for Alcohol Use Treatment**

Respondents were classified as perceiving a need for alcohol use treatment if they reported feeling a need for alcohol use treatment when asked, "During the past 12 months, did you need treatment or counseling for your use of alcohol?" or if they indicated feeling a need for additional treatment specifically for alcohol use when asked, "During the past 12 months, for which of the following drugs did you need additional treatment or counseling?"

SEE: "Prevalence" and "Treatment for a Substance Use Problem."

**Perceived Need for  
Illicit Drug or Alcohol  
Use Treatment**

Respondents were classified as perceiving a need for illicit drug or alcohol use treatment if they were classified as either perceiving a need for illicit drug use treatment or perceiving a need for alcohol use treatment.

SEE: "Perceived Need for Alcohol Use Treatment" and "Perceived Need for Illicit Drug Use Treatment."

**Perceived Need for  
Illicit Drug Use Treatment**

Respondents were classified as perceiving a need for illicit drug use treatment if they reported feeling a need for treatment for the use of one or more drugs when asked specifically about each of the individual drugs they had indicated using, "During the past 12 months, did you need treatment or counseling for your use of (drug)?" They also were classified as perceiving a need for illicit drug use treatment if they indicated feeling a need for additional treatment specifically for the use of one or more drugs when asked, "During the past 12 months, for which of the following drugs did you need additional treatment or counseling?" The response list of drugs included marijuana/hashish, cocaine or crack, heroin, hallucinogens, inhalants, prescription pain relievers, prescription tranquilizers, prescription stimulants, prescription sedatives, or some other drug.

SEE: "Prevalence" and "Treatment for a Substance Use Problem."

**Perceived Risk/  
Harmfulness**

Respondents were asked to assess the extent to which people risk harming themselves physically and in other ways when they use various illicit drugs, alcohol, and cigarettes, with various levels of frequency. Response options were (1) no risk, (2) slight risk, (3) moderate risk, and (4) great risk.

**Percentages**

All of the estimates presented in the national findings report<sup>9</sup> and the detailed tables contain percentages based on weighted data.

SEE: "Rounding."

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<sup>9</sup> See footnote 1.

**Pill Cards**

The pill cards contain pictures and names of specific drugs within each psychotherapeutic category to assist respondents with recognition and recall. Respondents are shown the appropriate pill cards at the beginning of each of the questionnaire sections for prescription pain relievers, prescription tranquilizers, prescription stimulants, and prescription sedatives. For example, pictures and the names of Valium<sup>®</sup>, Librium<sup>®</sup>, and other prescription tranquilizers are shown when the questionnaire section on tranquilizers is introduced.

SEE: "Current Use," "Lifetime Use," "Nonmedical Use of Psychotherapeutics," "Pain Reliever Use," "Past Month Use," "Past Year Use," "Prevalence," "Psychotherapeutic Drugs," "Recency of Use," "Sedative Use," "Stimulant Use," and "Tranquilizer Use."

**Prevalence**

Prevalence is a general term used to describe the estimates for lifetime, past year, and past month substance use; dependence or abuse; or other behaviors of interest within a given period (e.g., the past 12 months). Other behaviors of interest include delinquent behavior, driving under the influence of alcohol or drugs, perceived need for alcohol or illicit drug use treatment, and treatment for a substance use problem.

SEE: "Abuse," "Current Use," "Delinquent Behavior," "Dependence," "Driving Under the Influence," "Need for Illicit Drug or Alcohol Use Treatment," "Nicotine (Cigarette) Dependence," "Perceived Need for Alcohol Use Treatment," "Perceived Need for Illicit Drug or Alcohol Use Treatment," "Perceived Need for Illicit Drug Use Treatment," "Recency of Use," and "Treatment for a Substance Use Problem."

**Prior Year Marijuana Use**

A respondent was defined as engaging in prior year marijuana use if he or she used marijuana or hashish 12 to 23 months prior to the interview date. Prior year marijuana use is different from past year marijuana use because past year marijuana use indicates use in the past 12 calendar months prior to the interview date, whereas prior year marijuana use is defined as using marijuana in the year prior to the past year (12 calendar months prior to the interview date) or within 12 to 23 months prior to the interview date.

SEE: "Marijuana Use."

**Psychotherapeutic Drugs**

Psychotherapeutic drugs are prescription-type medications with legitimate medical uses as pain relievers, tranquilizers, stimulants, and sedatives. The interview instrument covers nonmedical use of

these drugs, which involves use without a prescription belonging to the respondent or use that occurred simply for the experience or feeling the drug caused. Estimates for psychotherapeutic drug measures from 2006 onward include responses based on the core questions about nonmedical use of psychotherapeutics and the noncore methamphetamine use items that were added in 2005 and 2006. Estimates for 2002 through 2005 have been adjusted to make them comparable with estimates from 2006 onward that include responses to the noncore methamphetamine items.

SEE: "Core," "Current Use," "Lifetime Use," "Methamphetamine Use," "Noncore," "Nonmedical Use of Psychotherapeutics," "Pain Reliever Use," "Past Month Use," "Past Year Use," "Pill Cards," "Prevalence," "Recency of Use," "Sedative Use," "Source of Psychotherapeutic Drugs," "Stimulant Use," and "Tranquilizer Use."

## **Race/Ethnicity**

Race/ethnicity is used to refer to the respondent's self-classification of racial and ethnic origin and identification. For Hispanic origin, respondents were asked, "Are you of Hispanic, Latino, or Spanish origin or descent?" For race, respondents were asked, "Which of these groups describes you?" Response options for race were (1) white, (2) black/African American, (3) American Indian or Alaska Native, (4) Native Hawaiian, (5) Other Pacific Islander, (6) Asian, and (7) Other. Respondents were allowed to choose more than one of these groups. Categories for a combined race/ethnicity variable included Hispanic; non-Hispanic groups where respondents indicated only one race (white, black, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Asian); and non-Hispanic groups where respondents reported two or more races. However, respondents choosing both Native Hawaiian and Other Pacific Islander but no other categories are classified as being in the "Native Hawaiian or Other Pacific Islander" category instead of the "two or more races" category. These categories are based on classifications developed by the U.S. Census Bureau.

SEE: "American Indian or Alaska Native," "Asian," "Black," "Hispanic," "Native Hawaiian or Other Pacific Islander," "Two or More Races," and "White."

## **Recency of Use**

The recency question for each substance was the source for the lifetime, past year, and past month prevalence estimates. Respondents were asked the relevant recency question if they previously reported any use of the substance in their lifetime.

The question was essentially the same for all classes of substances: "How long has it been since you last used [substance name]?" For the four classes of psychotherapeutics, the phrase "that was not prescribed for you or that you took only for the experience or feeling it caused" was added after the name of the drug.

For tobacco products (cigarettes, snuff, chewing tobacco, or cigars), a question first was asked about use in the past 30 days. If the respondent did not use the product in the past 30 days, the recency question was asked as above, with the response options (1) more than 30 days ago but within the past 12 months; (2) more than 12 months ago but within the past 3 years; and (3) more than 3 years ago. For the remaining substances, the response options were (1) within the past 30 days; (2) more than 30 days ago but within the past 12 months; and (3) more than 12 months ago.

SEE: "Current Use," "Lifetime Use," "Past Month Use," "Past Year Use," and "Prevalence."

## **Region**

Four regions, Northeast, Midwest, South, and West, are based on classifications developed by the U.S. Census Bureau.

SEE: "Geographic Division," "Midwest Region," "Northeast Region," "South Region," and "West Region."

## **Rounding**

The decision rules for the rounding of percentages were as follows. If the second number to the right of the decimal point was greater than or equal to 5, the first number to the right of the decimal point was rounded up to the next higher number. If the second number to the right of the decimal point was less than 5, the first number to the right of the decimal point remained the same. Thus, a prevalence estimate of 16.55 percent would be rounded to 16.6 percent, while an estimate of 16.44 percent would be rounded to 16.4 percent. Although the percentages in the tables generally total 100 percent, the use of rounding sometimes produces a total of slightly less than or more than 100 percent.

SEE: "Percentages."

## ***Salvia divinorum* Use**

Measures of use of *Salvia divinorum* in the respondent's lifetime, the past year, and the past month were developed from responses to the noncore question about recency of use: "Earlier, the computer recorded that you have used *Salvia divinorum*. How long has it been since you last used *Salvia divinorum*?" The questions about *Salvia divinorum* were added to a noncore section of the interview in 2006 and were not incorporated in estimates of use of hallucinogens, illicit drugs, or illicit drugs other than marijuana

because inclusion of these questions would affect the comparability of estimates over time.

SEE: "Core," "Current Use," "Hallucinogen Use," "Illicit Drugs," "Illicit Drugs Other Than Marijuana," "Lifetime Use," "Noncore," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

## Sedative Use

Measures of the nonmedical use of prescription-type sedatives in the respondent's lifetime, the past year, and the past month were developed from responses to the core question about recency of use: "How long has it been since you last used any prescription sedative that was not prescribed for you, or that you took only for the experience or feeling it caused?" Responses to noncore questions about use of the prescription sedative Ambien<sup>®</sup>, which were added to the survey in 2006, were not included in these measures. The question about recency of use was asked if respondents previously reported any nonmedical use of prescription sedatives in their lifetime.

Respondents were asked a series of gate questions about any nonmedical use of specific prescription sedatives in their lifetime. These gate questions were preceded by the following information about sedatives: "These next questions ask about the use of sedatives or barbiturates. These drugs are also called *downers* or *sleeping pills*. People take these drugs to help them relax or to help them sleep. We are not interested in the use of *over-the-counter* sedatives such as Sominex, Unisom, Nytol, or Benadryl that can be bought in drug stores or grocery stores without a doctor's prescription. Card D shows pictures of different kinds of prescription sedatives and lists the names of some others. These pictures show only pills, but we are interested in your use of any form of prescription sedatives that were not prescribed for you or that you took only for the experience or feeling they caused."

Gate questions asked whether respondents ever, even once, used the following prescription sedatives that were not prescribed for respondents or that they took only for the experience or feeling they caused; unless indicated otherwise, pictures of these sedatives were shown on Pill Card D to aid respondents in identifying sedatives they used nonmedically: (a) Methaqualone (includes Sopor<sup>®</sup>, Quaalude<sup>®</sup>) (not pictured); (b) barbiturates, such as Nembutal<sup>®</sup>, Pentobarbital (not pictured), Seconal<sup>®</sup>, Secobarbital (not pictured), or Butalbital (not pictured); (c) Restoril<sup>®</sup> or Temazepam; (d) Amytal<sup>®</sup>; (e) Butisol<sup>®</sup>; (f) Chloral Hydrate (not pictured); (g) Dalmane<sup>®</sup>; (h) Halcion<sup>®</sup>; (i) Phenobarbital;

(j) Placidyl<sup>®</sup>; (k) Tuinal<sup>®</sup>; and (l) any other prescription sedative besides the ones shown on Card D.

SEE: "Core," "Current Use," "Lifetime Use," "Noncore," "Nonmedical Use of Psychotherapeutics," "Pain Reliever Use," "Past Month Use," "Past Year Use," "Pill Cards," "Prevalence," "Psychotherapeutic Drugs," "Recency of Use," "Source of Psychotherapeutic Drugs," "Stimulant Use," and "Tranquilizer Use."

### **Self-Help Group**

Respondents who reported that they received treatment for their use of alcohol or drugs in the past 12 months were asked whether they received treatment in a self-help group, such as Alcoholics Anonymous or Narcotics Anonymous. Self-help groups were not considered specialty substance use treatment facilities. Beginning with the 2006 survey, respondents also were asked whether they attended self-help groups in the past 12 months to receive help for their alcohol or drug use, regardless of whether they previously reported receiving any treatment in the past 12 months.

SEE: "Specialty Substance Use Treatment Facility" and "Treatment for a Substance Use Problem."

### **Significance**

Two types of statistical comparisons are presented in NSDUH reports and tables: (1) between two different time points, and (2) between members of demographic subgroups. When tables show trends over time, statistically significant differences between estimates from two different time points (e.g., 2011 and 2012) may be identified at two levels: 0.05 and 0.01. When reports compare estimates between two points in time or between demographic subgroups, a significance level of 0.05 generally is used to determine whether these estimates were statistically different. If differences do not meet the criteria for statistical significance, the values of these estimates are not considered to be different from one another. Estimates that are noted as "low precision" are not compared with other estimates.

SEE: "Low Precision."

### **Small Metro**

SEE: "County Type."

### **Smokeless Tobacco Use**

Measures of use of smokeless tobacco in the respondent's lifetime, the past year, and the past month were developed from responses to the questions about snuff and chewing tobacco use in the past 30 days and the recency of use (if not in the past 30 days): "Now think about the past 30 days—that is, from [DATEFILL] up to and including today. During the past 30 days, have you used snuff,

even once?" "How long has it been since you last used snuff?" "Now think about the past 30 days—that is, from [DATEFILL] up to and including today. During the past 30 days, have you used chewing tobacco, even once?" and "How long has it been since you last used chewing tobacco?" Questions about use of snuff in the past 30 days or the most recent use of snuff (if not in the past 30 days) were asked if respondents previously reported any use of snuff in their lifetime. Similarly, questions about use of chewing tobacco in the past 30 days or the most recent use of chewing tobacco (if not in the past 30 days) were asked if respondents previously reported any use of chewing tobacco in their lifetime.

The following information preceded the question about lifetime use of snuff: "These next questions are about your use of snuff, sometimes called dip." The following information preceded the question about lifetime use of chewing tobacco: "The next questions are only about chewing tobacco."

SEE: "Cigar Use," "Cigarette Use," "Current Use," "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," "Recency of Use," and "Tobacco Product Use."

### **Social Context of Most Recent Underage Alcohol Use**

Respondents aged 12 to 20 who reported drinking at least one alcoholic beverage within the past 30 days were asked if they were alone, with one other person, or with more than one person the last time they drank.

SEE: "Alcohol Use" and "Underage Alcohol Use."

### **Source of Alcohol for Most Recent Underage Alcohol Use**

Respondents aged 12 to 20 who reported drinking at least one alcoholic beverage within the past 30 days were asked questions pertaining to the source of the alcohol for their most recent alcohol use. The sources were (1) purchased it himself or herself; (2) it was purchased by someone else; (3) received it from a parent or guardian; (4) received it from another family member aged 21 or older; (5) received it from an unrelated person aged 21 or older; (6) received it from someone under age 21; (7) took it from own home; (8) took it from someone else's home; or (9) got it some other way.

The questions on the source of last alcohol use are presented in two categories: (a) respondent paid (he or she purchased the alcohol or gave someone else money to purchase the alcohol), and

(b) respondent did not pay (he or she received the alcohol for free from someone or took the alcohol from his or her own or someone else's home).

SEE: "Alcohol Use" and "Underage Alcohol Use."

### **Source of Psychotherapeutic Drugs**

There are two measures of the source of psychotherapeutic drugs (prescription pain relievers, prescription tranquilizers, prescription stimulants, methamphetamine, and prescription sedatives) used nonmedically: (a) how respondents obtained these drugs the last time they used them nonmedically and (b) how respondents obtained these drugs for any nonmedical use in the past month. For all of these drugs except methamphetamine, response options for the source of the medications were as follows: (a) got a prescription from just one doctor; (b) got prescriptions from more than one doctor; (c) wrote a fake prescription; (d) stole from a doctor's office, clinic, hospital, or pharmacy; (e) got from a friend or relative for free; (f) bought from a friend or relative; (g) took from a friend or relative without asking; (h) bought from a drug dealer or other stranger; (i) bought on the Internet; and (j) got in some other way (includes other sources specified by respondents). Methamphetamine users were presented with options (e) through (j) only. Beginning in 2006, respondents who reported that they obtained these drugs from a friend or relative for free were asked how the friend or relative obtained them, using the same response options (a) through (j) as the respondents' source questions.

If respondents last used a psychotherapeutic drug nonmedically in the past 30 days and reported getting that drug from only one source, the source of the psychotherapeutic drug for the most recent use measure was based on that answer. For respondents who reported getting a psychotherapeutic drug from multiple sources in the past 30 days or who last misused that drug more than 30 days ago but in the past 12 months, the source of the psychotherapeutic drug for the most recent use measure was based on their answer to a question about how they got that drug the last time they used it nonmedically. The source of the psychotherapeutic drug for any use in the past month was based only on the answer to the question about sources in the past 30 days. This same definition was applied to the questions that asked how the friend or relative obtained the medications.

Measures of the source of methamphetamine differ from all other measures regarding the source of psychotherapeutic drugs in that they include respondents who reported methamphetamine use in

the stimulants module and respondents who reported methamphetamine use in the special drugs module who did not initially report methamphetamine use in the stimulants module because they did not consider it to be a prescription drug. All other measures of the source of psychotherapeutic drugs only include respondents who reported psychotherapeutic drug use in their respective core drug modules.

Respondents were asked the following question(s) if they reported nonmedical use of psychotherapeutic drugs in the past 30 days: "Earlier, the computer recorded that, during the past 30 days, you used [prescription pain relievers, prescription tranquilizers, prescription stimulants, methamphetamine, prescription sedatives] that were not prescribed for you or that you took only for the experience or feeling it caused. How did you get these [fill in relevant drug name from above]? Please enter all of the ways that you got the [fill in relevant drug name from above] you used in the past 30 days."

Respondents were asked the following question(s) if they reported nonmedical use of psychotherapeutic drugs more than 30 days ago but within the past 12 months or if they obtained psychotherapeutic drugs from more than one source in the past 30 days: "Now think about the last time you used [a prescription pain reliever, a prescription tranquilizer, a prescription stimulant, methamphetamine, a prescription sedative] that was not prescribed for you or that you took only for the experience or feeling it caused. How did you get this [fill in relevant drug name from above]?"

SEE: "Core," "Methamphetamine Use," "Noncore," "Nonmedical Use of Psychotherapeutics," "Pain Reliever Use," "Psychotherapeutic Drugs," "Sedative Use," "Stimulant Use," and "Tranquilizer Use."

## **South Region**

The States included are those in the South Atlantic Division—Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, and West Virginia; the East South Central Division—Alabama, Kentucky, Mississippi, and Tennessee; and the West South Central Division—Arkansas, Louisiana, Oklahoma, and Texas.

SEE: "Geographic Division" and "Region."

## Specialty Substance Use Treatment Facility

This was defined as a drug or alcohol rehabilitation facility (inpatient or outpatient), a hospital (inpatient only), or a mental health center.

SEE: "Need for Illicit Drug or Alcohol Use Treatment," "Self-Help Group," and "Treatment for a Substance Use Problem."

## Stimulant Use

Measures of nonmedical use of prescription-type stimulants in the respondent's lifetime, the past year, and the past month were developed from responses to the core questions about recency of use: "How long has it been since you last used any prescription stimulant that was not prescribed for you or that you took only for the experience or feeling it caused?" and "How long has it been since you last used Methamphetamine, Desoxyn, or Methedrine?" Questions about recency of use were asked if respondents previously reported any nonmedical use of prescription stimulants or methamphetamine in their lifetime.

Estimates for the stimulant use measures from 2006 onward included responses based on the noncore methamphetamine use items that were added in 2005 and 2006. Estimates for 2002 through 2005 have been adjusted to make them comparable with estimates from 2006 onward that include responses to the noncore methamphetamine items. However, measures of stimulant use do not include data from noncore questions added to the survey in 2006 about the use of the prescription stimulant Adderall®.

Respondents were asked a series of gate questions about any nonmedical use of specific prescription stimulants in their lifetime. These gate questions were preceded by the following information about stimulants: "These next questions ask about the use of drugs such as amphetamines that are known as stimulants, *uppers*, or *speed*. People sometimes take these drugs to lose weight, to stay awake, or for attention deficit disorders. We are not interested in the use of *over-the-counter* stimulants such as Dexatrim or No-Doz that can be bought in drug stores or grocery stores without a doctor's prescription. Card C shows pictures of some different kinds of prescription stimulants and lists the names of some others. These pictures show only pills, but we are interested in your use of any form of prescription stimulants that were not prescribed for you or that you took only for the experience or feeling they caused."

Gate questions asked whether respondents ever, even once, used the following prescription stimulants that were not prescribed for

respondents or that they took only for the experience or feeling they caused; unless indicated otherwise, pictures of these stimulants were shown on Pill Card C to aid respondents in identifying stimulants they used nonmedically:

(a) Methamphetamine (crank, crystal, ice, or speed) (not pictured), Desoxyn<sup>®</sup>, or Methedrine<sup>®</sup> (not pictured); (b) prescription diet pills, such as Amphetamines (not pictured), Benzedrine<sup>®</sup>, Biphetamine<sup>®</sup>, Fastin<sup>®</sup>, or Phentermine; (c) Ritalin<sup>®</sup> or Methylphenidate; (d) Cylert<sup>®</sup>; (e) Dexedrine<sup>®</sup>; (f) Dextroamphetamine; (g) Didrex<sup>®</sup>; (h) Eskatrol<sup>®</sup>; (i) Ionamin<sup>®</sup>; (j) Mazanor<sup>®</sup>; (k) Obedrin-LA<sup>®</sup> (not pictured); (l) Plegine<sup>®</sup>; (m) Preludin<sup>®</sup>; (n) Sanorex<sup>®</sup>; (o) Tenuate<sup>®</sup>; and (p) any other prescription stimulant besides the ones shown on Card C.

SEE: "Core," "Current Use," "Lifetime Use," "Methamphetamine Use," "Noncore," "Nonmedical Use of Psychotherapeutics," "Pain Reliever Use," "Past Month Use," "Past Year Use," "Pill Cards," "Prevalence," "Psychotherapeutic Drugs," "Recency of Use," "Sedative Use," "Source of Psychotherapeutic Drugs," and "Tranquilizer Use."

**Substance Use Treatment** SEE: "Treatment for a Substance Use Problem."

**Tobacco Product Use** This measure indicates use of any tobacco product: cigarettes, chewing tobacco, snuff, cigars, and pipe tobacco. Tobacco product use in the past year includes past month pipe tobacco use. Tobacco product use in the past year does not include use of pipe tobacco more than 30 days ago but within 12 months of the interview because the survey did not capture this information. Measures of tobacco product use in the respondent's lifetime, the past year, or the past month also do not include reports from noncore questions about use of cigars with marijuana in them (blunts).

SEE: "Blunts," "Cigar Use," "Cigarette Use," "Core," "Current Use," "Lifetime Use," "Nicotine (Cigarette) Dependence," "Noncore," "Past Month Daily Cigarette Use," "Past Month Use," "Past Year Use," "Prevalence," "Recency of Use," and "Smokeless Tobacco Use."

**Total Family Income** SEE: "Family Income."

**Tranquilizer Use** Measures of the nonmedical use of prescription-type tranquilizers in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used any prescription tranquilizer that was not prescribed for you, or that you took only

for the experience or feeling it caused?" The question about recency of use was asked if respondents previously reported any nonmedical use of prescription tranquilizers in their lifetime.

Respondents were asked a series of gate questions about any nonmedical use of specific prescription tranquilizers in their lifetime. These gate questions were preceded by the following information about tranquilizers: "These next questions ask about the use of tranquilizers. Tranquilizers are usually prescribed to relax people, to calm people down, to relieve anxiety, or to relax muscle spasms. Some people call tranquilizers *nerve pills*. Card B shows pictures of some different kinds of prescription tranquilizers. These pictures show only pills, but we are interested in your use of any form of prescription tranquilizers that were not prescribed for you, or that you took only for the experience or feeling they caused."

Gate questions asked whether respondents ever, even once, used the following prescription tranquilizers that were not prescribed for respondents or that they took only for the experience or feeling they caused; unless indicated otherwise, pictures of these tranquilizers were shown on Pill Card B to aid respondents in identifying tranquilizers they used nonmedically: (a) Klonopin<sup>®</sup> or Clonazepam; (b) Xanax<sup>®</sup>, Alprazolam, Ativan<sup>®</sup>, or Lorazepam; (c) Valium<sup>®</sup> or Diazepam; (d) Atarax<sup>®</sup>; (e) BuSpar<sup>®</sup>; (f) Equanil<sup>®</sup>; (g) Flexeril<sup>®</sup>; (h) Librium<sup>®</sup>; (i) Limbitrol<sup>®</sup>; (j) Meprobamate; (k) Miltown<sup>®</sup>; (l) Rohypnol<sup>®</sup>; (m) Serax<sup>®</sup>; (n) Soma<sup>®</sup>; (o) Tranxene<sup>®</sup>; (p) Vistaril<sup>®</sup>; and (q) any other prescription tranquilizer besides the ones shown on Card B.

SEE: "Core," "Current Use," "Lifetime Use," "Noncore," "Nonmedical Use of Psychotherapeutics," "Pain Reliever Use," "Past Month Use," "Past Year Use," "Pill Cards," "Prevalence," "Psychotherapeutic Drugs," "Recency of Use," "Sedative Use," "Source of Psychotherapeutic Drugs," and "Stimulant Use."

### **Treatment for a Substance Use Problem**

Respondents were defined as having received treatment for a substance use problem if they reported receiving treatment for illicit drug use, alcohol use, or both illicit drug and alcohol use in the past 12 months in any of the following locations: a hospital overnight as an inpatient, a residential drug or alcohol rehabilitation facility where they stayed overnight, a drug or alcohol rehabilitation facility as an outpatient, a mental health facility as an outpatient, an emergency room, a private doctor's office, a prison or jail, a self-help group, or some other place.

Emergency rooms, private doctors' offices, prisons or jails, and self-help groups were not considered specialty substance use treatment facilities. Reports of treatment in some other place were considered to be treatment in specialty substance use treatment facilities only if these reports corresponded to drug or alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient only), or mental health centers.

SEE: "Alcohol Use," "Illicit Drugs," "Need for Illicit Drug or Alcohol Use Treatment," "Prevalence," "Self-Help Group," and "Specialty Substance Use Treatment Facility."

### **Two or More Races**

Respondents were asked to report which racial group describes them. Response options were (1) white, (2) black or African American, (3) American Indian or Alaska Native, (4) Native Hawaiian, (5) Other Pacific Islander, (6) Asian, and (7) Other. Respondents were allowed to choose more than one of these groups. Persons who chose both the "Native Hawaiian" and "Other Pacific Islander" categories (and no additional categories) were classified in a single category: Native Hawaiian or Other Pacific Islander. Otherwise, persons reporting two or more of the above groups and that they were not of Hispanic, Latino, or Spanish origin were included in a "Two or More Races" category. This category does not include respondents who reported more than one Asian subgroup but who reported "Asian" as their only race. Respondents reporting two or more races and reporting that they were of Hispanic, Latino, or Spanish origin were classified as Hispanic.

SEE: "Hispanic" and "Race/Ethnicity."

### **Underage Alcohol Use**

Underage alcohol use was defined as any use of alcohol by persons aged 12 to 20 in the respondent's lifetime, past year, or past month.

SEE: "Alcohol Use," "Binge Use of Alcohol," "Current Use," "Heavy Use of Alcohol," "Lifetime Use," "Location of Most Recent Underage Alcohol Use," "Past Month Use," "Past Year Use," "Prevalence," "Recency of Use," "Social Context of Most Recent Underage Alcohol Use," and "Source of Alcohol for Most Recent Underage Alcohol Use."

### **West Region**

The States included are those in the Mountain Division—Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming; and the Pacific Division—Alaska, California, Hawaii, Oregon, and Washington.

SEE: "Geographic Division" and "Region."

**White**

White, not of Hispanic, Latino, or Spanish origin. Does not include respondents reporting two or more races. Respondents reporting that they were white and of Hispanic, Latino, or Spanish origin were classified as Hispanic.

SEE: "Hispanic," "Race/Ethnicity," and "Two or More Races."