DEVELOPMENT OF COMPUTER ASSISTED INTERVIEWING PROCEDURES FOR THE NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE (NHSDA): DESIGN AND OPERATION OF THE 1997 CAI FIELD EXPERIMENT

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A large scale field experiment that examined the use of computer assisted interviewing (CAI) for the NHSDA was conducted in the last quarter of 1997. The design of the 1997 field experiment was based on the results of a 1996 CAI feasibility experiment and subsequent cognitive laboratory testing, power calculations, and discussions as to the operational feasibility of various designs. We compared alternate versions of the ACASI portion of the CAI interview in a factorial design. We compared these alternatives to each other and to the results from the current methodology which employs a combination of a paper-and-pencil-interview and self-administered answer sheets. We conducted the experiment in the fourth quarter of 1997 and used the Quarter 4 1997 NHSDA survey results as a comparison group.

Experimental Design

Several types of changes were made in the CAI instruments for all respondents participating in the field experiment. These included:

- The mental health items were administered via ACASI in all versions of the CAI question-naire.
- Question and response category wordings were tailored for CAI across all versions of the CAI questionnaire.
- 12 month frequency of use questions were asked using a two stage process in which respondents first indicated the metric that would be easiest for them (days per year, days per month, or days per week) and then reported the number of days for that period.

Experimental features. We chose to examine questioning strategies that had potential for reducing respondent burden and improving accuracy using a 2x2x2 factorial design. Random halves of the sample were assigned to one of two levels within three experimental factors. These were:

Factor 1: Structure of the contingent questioning in the CAI interview. Under a contingent questioning strategy, respondents are skipped over detailed questions if they indicate they have not used the substance in earlier questions. Two versions were tested: a **single gate question** and **multiple gate questions**. In the single gate question version, respondents were first asked if they had ever used a substance and were skipped immediately to the next section if they had not. Under the multiple gate question version, every respondent answered three gate questions for each substance: use in the past 30 days, use in the past 12 months, and lifetime use. Only those respondents who answered "No" to each of the three questions were skipped to the next section.

Rationale: The single gate question was tested in the fall of 1996 and resulted in a significantly shorter interview and increased reporting. However, allowing respondents only one opportunity to report use may result in decreased prevalence estimates because: 1) the respondents mistakenly answer "no" to the sole gate question, 2) they can reduce the number of questions they answer by misreporting actual use to a single question, or 3) they may feel their privacy is compromised by reasoning as follows—if interviewer or an observer notices that I am taking a long time to answer questions, the interviewer or observer will conclude that I have used an illegal substance. Thus, we examined whether having the respondent answer three gate questions rather than one reduced threats to complete reporting.

Factor 2: Data quality checks within the ACASI interview. We examined the potential for improving data quality by having a random half of the respondents resolve inconsistent and questionable data during the interview. For a random half of the respondents, the ACASI program included additional questions that followed up on inconsistent answers and questionable reports, such as, a suspiciously low age of first use for a substance. The following data quality checks were included:

- 30 day frequency of use greater than 12 month frequency of use for cigarettes, alcohol, marijuana, cocaine, crack, heroin, hallucinogens, and inhalants.
- Zero days used in past 30 days for persons reporting some use within the past 30 when asked about their most recent use for cigarettes, alcohol, marijuana, cocaine, crack, heroin, hallucinogens, and inhalants
- Age at first use is suspiciously low for

cigarettes, alcohol, marijuana, cocaine, crack, heroin, hallucinogens, and inhalants.

- Age at first use greater than or equal to current age for cigarettes, alcohol, marijuana, cocaine, crack, heroin, hallucinogens, and inhalants
- 12 month frequency of being very high or drunk greater than 12 month frequency of use for alcohol.
- Number of days consumed 5 our more drinks on the same occasion greater than 30 day frequency of use for alcohol.
- Last use of LSD more recent than last use of any hallucinogen
- Last use of PCP more recent than last use of any hallucinogen

Rationale: Clearly it is preferable to have respondents correct any inconsistencies in their data rather than having an analyst determine how to edit the data after the fact. In addition, while considerable effort must be expended to program these data quality checks, they have the potential to reduce the post-survey processing by reducing the number of edits. However, we were uncertain as to whether respondents would be able or willing to provide this type of information and speculated that it could increase either the number of breakoffs and or the overall length of the interview.

Factor 3: Number of Chances to Report 30 Day and 12 Month Use. This factor was included at two levels, a single opportunity to report use and multiple opportunities to report use. Under the single opportunity to report use, regardless of the skip version, respondents were only asked once about use during the past 30 days or during the past 12 months.[1] With the multiple opportunities, respondents who indicated at least lifetime use of a substance were routed through additional follow-up questions even though they had not indicated use in the particular time period. For example, respondents who reported that their last use was more than 30 days ago were asked to report the number of days they had used a substance in the past 30 days in spite of this report. Similarly, respondents who reported that their most recent use was more that 12 months ago but within the past 3 years were routed to the question on frequency of 12 month use. In addition, respondents who reported no cocaine use were asked about crack in spite of their denial of using any form of cocaine.

Rationale: With the current PAPI questionnaire,

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[1]Because of the structure of the questionnaire in which respondents first indicate the time period of their most recent use and then indicate the number of days used in that period, there are some implicit multiple use questions in every interview, and these were analyzed as well.

respondents have many "opportunities" to indicate use beyond the basic lifetime, 12 month, and 30 day questions. They have these opportunities because there are no skip patterns to route them around questions that do not apply to them. When answering these other questions, respondents sometimes are inconsistent and indicate that they may in fact be a user of the substance. A significant number of users are, thus, "created" based on the editing that considers these respondents as users. With only one opportunity for respondents to report 12 month or 30 day use, we might see a decline in prevalence rates. By adding a second question for these items, we could determine how the prevalence rates are likely to be impacted by our reduced ability to create users during editing.

In deciding as to whether or not it was necessary to include this factor, we examined the results from the 1996 NHSDA to determine how often respondents gave inconsistent answers on use within the core answer sheets. In the 1996 NHSDA, only 84 percent of the edited past month alcohol users indicated that they had used when within the past month when responding to the recency question. The corresponding percentages for marijuana and cocaine are 77 percent and 58.7 percent, respectively.

In addition to the above experimental factors, we included respondent and interviewer debriefing questions. The **respondent debriefing questions** gathered information on respondents' computer knowledge and their attitudes and preferences, and their perceptions of privacy and confidentiality. The **interviewer debriefing questions** consisted of a short set of questions for the interviewer on his or her impression of the interview focusing on questions raised by the respondent, problems encountered, possible reasons for consistency checks being tripped, appraisal of the respondent's interest in and understanding of the interview, and so on.

Assignment to Treatments

The sample was designed to yield a total of 2256 respondents. The goal of the design was to yield 1128 respondents for each of the major factors (main effects) in the experiment. In addition, because of the pressing need to understand substance abuse among youth, the sample was designed to so that half of the respondents were expected to be 12-17 year olds. The CAI application included a case management system (CMS) that randomly assigned each person who agreed to the interview to one of the eight version of the questionnaire.

Exhibit A summarizes the planned distribution of the 1997 CAI Field Experiment.

PAPI/SAQ Comparison Group

In order to reduce costs, we decided to use the 1997 NHSDA Quarter 4 respondents as the PAPI/SAQ control

group. This comparison group was restricted to those 1997 NHSDA respondents who were in the same PSUs that contained the experimental field test sample. There were both pluses and minuses of doing so. On the plus side, it provided a large sample size for the comparisons from data that were already being collected which both had the potential for increasing the power of the comparisons and reducing the overall cost of the field experiment. Having interviewers conduct both CAI interviews and PAPI/SAQ interviews would have required training the field staff to use two data collection methods. Thus, by selecting a subsample of 1997 NHSDA Quarter 4 respondents as the comparison group, we avoided the costs of this extra training.

On the negative side, we felt that comparisons of overall response rates at the sample person level would be confounded by the fact that there would be two different interviewing teams collecting the data. We would be limited in our ability to disentangle any observed differences in response rates between the Q4 NHSDA and the 1997 field experiment and to determine it these were due to the CAI interviewing, interviewer experience, or interviewing teams. On balance, it was felt that it was more important to have a large sample size for comparing the alternative questioning strategies rather than to focus on the response rate. The survey staff felt that if CAI was adopted for the survey, we would be able to find procedures that achieve equivalent response rates.

It turned out to that we achieved lower response rates in the 1997 field experiment than were achieved in the comparison group, and we are not able to clearly determine that this was not due to the use of electronic instruments.

In order to parallel the debriefing questions that were included in the field experiment, we selected a subsample of 1997 Quarter 4 respondents and administered an ACASI respondent debriefing questionnaire to them. This subsample was designed to yield 750 1997 Quarter 4 respondents.

Sampling Design

1997 field experiment sample: The sample for the field experiment was confined to 99 purposely selected, geographic primary sample units (PSUs) that had been previously selected for the National 1997 NHSDA[2]. Hence, the respondent universe for this component of the Field experiment is defined as the civilian, noninstitutionalized population aged 12 years-old or older, residing in the 99 geographic PSUs. The 99 primary sample units were selected to be a representative subset of the type of geographic areas that comprise the national NHSDA sample frame and consisted of the 43 primary units that were selected with certainty for the 1997 national survey and 56 of the 72 noncertainty PSUs. The exclusion of 16 of the 72 noncertainty PSUs was done to reduce field costs.

1997 NHSDA Q4 subsample: This sample was a subsample of Quarter 4, 1997 national NHSDA sample. The sample was confined to 66 primary sample units and included the 43 PSUs selected with certainty for the 1997 national survey as well as 23 PSUs which were randomly selected from the 72 noncertainty PSUs selected for the National 1997 survey. Within these PSUs, sampling rates were set to yield a total of 750 individuals.

The sample segments at the second stage of selection were constructed for the national 1997 NHSDA so that they would contain a sufficient number of dwelling units for at least two national NHSDA surveys of approximately 18,000 individuals. This was done to minimize the costs of counting and listing geographic segments. The second stage of selection for the field experiment sample used segments that were previously used for the national 1997 NHSDA[3]. At the third stage of selection for the field experiment, any dwelling unit that was counted and listed within the segment and *not selected for the 1997 national NHSDA*, was eligible for selection for the field experiment sample.

The 1997 field experiment second stage sample was clustered into 282 segments from the existing sample of Quarter 1-3 segments in the 99 PSUs. Segments were selected with probability proportionate to a composite size in order to equalize the interview workloads. Confining the sample to the Quarter 1-3 segments also ensured that the field experiment data collection effort did not interfere with the national Quarter 4 NHSDA. Since segments were randomly assigned to the four quarter panels of the National NHSDA, any set of quarters is also a national sample.

For the 1997 Q4 NHSDA subsample, the second stage of selection was confined to 150 segments. Segments were selected with probability proportionate to a composite size.

Selection of sample persons. Similar to the national NHSDA, after dwellings units were selected within each segment, an interviewer visited each selected dwelling and attempted to collect demographic information on all survey eligible people residing in the dwelling. This

[2]The PSUs and segments (segments are the geographic second stage sampling units in the NHSDA) selected for the 1997 NHSDA California/Arizona Supplemental Sample will not be considered during the design of this Field experiment.

[3]A new sample of segments were selected, counted and listed for the National 1997 NHSDA, consequently these segments have not been used in previous NHSDAs.

information was used to determine which race/ethnicity and age groups are represented in the dwelling unit, which in turn was used to classify the dwelling unit into one of 96 household *types*. As described below, sample selection at the dwelling unit level was completed electronically using the Newton. These 96 selection tables were loaded into the Newton, and a table look up procedure that exactly mimicked the paper procedure was used to determine the number of people selected in the dwelling unit. The number selected was either 0, 1, or 2.

After an individual was selected for the field experiment and after they agreed to participate, the computer was programmed to randomly assign the respondent to a treatment combination.

Subsampling or segments. At the end of October, we determined that it was unlikely that the field staff could screen all of the 16,003 lines that were selected and a subsample was selected.

Exhibit B depicts the overall sampling design for the 1997 CAI Field Experiment.

Electronic Screener

An electronic screener was also used in the 1997 experimental field test. This application was programmed on a Newton 2000 handheld computer. Each interviewer received a Newton that contained the case ID numbers and addresses for all dwelling units (DUs) in his or her field assignment. When visiting the DU, the interviewer accessed the address by tapping the specific line containing the address. The screening application guided them through a series of questions that allowed us to determine and record in the Newton the number of persons 12 and older in the household along with their age, gender, marital status, race/ethnicity, and military status. *(People who are on active military duty are not eligible for the NHSDA.)* Using this information, the screening application consulted sample selection tables and indicated to the interviewer whether none, one, or two respondents had been selected for the interview. It displayed the characteristics of the selected persons to the

interviewer. Since no names are collected, the sample persons were identified by their age, gender, marital status, and race/ethnicity.

Screening and Interview Response Rates

The screening and interview response rates in the 1997 experimental field test were lower than those we achieved in the main study. The overall screening response rates was 86.8 which is about 7 percent lower than that achieved in similar areas in the national NHSDA. About 2.5 percent of this shortfall is due to the failure to obtain access to restricted housing; 3.5 due to increased refusals. It is unlikely that electronic screener contributed to the failure to obtain access to restricted housing. However, we are not able, from this study alone, to verify that using Newton did not contribute to increased refusals to the screening.

There was no Spanish version of the field experiment questionnaires; therefore, the portion of the sample that can only answer in Spanish was excluded from the comparison group and the field experiment. With these exclusions, data were obtained from 63.7 percent of the selected persons in the 1997 experimental field test and 75.6 percent in the NHSDA comparison group. The majority of the difference was due to a higher refusal rate. Again, it is not possible to determine if this is due using electronic instruments at this point.

We compared the demographics of the comparison group to those of the field experiment. Except for the planned for larger numbers of youths in the field experiment, there are few differences. Thus, the comparisons are likely to be valid.

Exhibits C - E present, respectively, the screening and interview response rates and the final distribution of the respondent sample.

Exhibit F presents data from 1996 on the percentage of people reporting use of various substances for three reference period: lifetime, the past 12-months, and the past 30-days.

Exhibit A. Desired Distribution of 1997 CAI Field Experiment Sample								
Respondent Characteristics	**ACASI Treatment Groups**							
	Contingent questioning structure							
	Single gate question				Multiple gate questions			
	Consistency checks				Consistency checks			
	Absent		Present		Absent		Present	
	Multiple use questions		Multiple use questions		Multiple use questions		Multiple use questions	
	Absent	Present	Absent	Present	Absent	Present	Absent	Present
Treatment version	1	2	3	4	5	6	7	8
	Number of respondents							
Total	282	282	282	282	282	282	282	282
Age Group								
12-17	141	141	141	141	141	141	141	141
18+	141	141	141	141	141	141	141	141
Race/Ethnicity								
Hispanic	71	71	71	71	71	71	71	71
Non-Hispanic Black	71	71	71	71	71	71	71	71
Non-Hispanic Non-Black	141	141	141	141	141	141	141	141

Source: National Household Survey on Drug Abuse. Development of Computer-Assisted Interviewing Procedures; 1997 Field Experiment

Exhibit B. Summary of NHSDA 1997 CAI Field Experiment Sample Design									
	National Quarter 4, NHSDA Sample			Field Experiment Sample Selection of 2,256 Interviews			1997 Q4 Subsample Subselecting 750 Interviews from National Q4 For Debriefing		
Sample Stage	Certainty PSUs	Noncert PSUs	Total	Certainty PSUs	Noncert PSUs	Total	Certainty PSUs	Noncert PSUs	Total
First Stage - Select PSUs PSUs are counties or groups of counties. Field experiment sample and Q4 subsample are subsamples of the national sample.									
Total PSUs	43	72	115	43	56	99	43	23	66
Second Stage - Selection Segments Field experiment sample PSUs selected from Qtrs 1, 2, and 3 national samples; 1997 subsample Q4 national sample.									
Total Segments	269	216	485	153	129	282	82	69	150
Third Stage - Select Dwellings Field experiment sample selected from dwellings not previously selected for national NHSDA.									
Total Dwelling Units	9,802	8,096	17,898	9,071	7,109	16,179	3,016	2,363	5,379
Estimated Eligibility Rate	84.00	84.00	84.00	84.00	84.00	84.00	84.00	84.00	84.00
Estimated Response Rate	94.00	94.00	94.00	94.00	94.00	94.00	94.00	94.00	94.00
Total Completed Screenings	7,740	6,393	14,132	7,162	5,613	12,775	2,381	1,866	4,247
Fourth/Fifth Stage - Select People									
Total People Selected	3,486	2,926	6,412	1,731	1,483	3,214	575	493	1,068
Estimated Selection Error Rate	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00
Estimated Response Rate	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00
Total Completed Interviews	2,447	2,054	4,501	1,215	1,041	2,256	404	346	750

Sources: National Household Survey on Drug Abuse; Development of Computer-Assisted Interviewing Procedures; 1997 Field Experiment. 1997 National Household Survey on Drug Abuse; Quarter 4

Exhibit C. Screening Response Rates: Comparison of 1997 CAI Field Experiment to Selected 1997 NHSDA Experience						
	Percent of Dwelling Units			Number of Dwelling Units		
Response Rates	1997 Field Experiment	Quarter 4 NHSDA FT PSUs	Quarters 1-3 FT Segments	1997 Field Experiment	Quarter 4 NHSDA FT PSUs	Quarters 1-3 FT Segments
Ineligible	16.28	15.30	16.75	2,333	8,782	1,415
Vacant	11.8	11.32	11.35	1,690	6,500	959
Not a Primary Residence	1.63	1.79	2.66	234	1,028	225
Not a Dwelling Unit	2.3	2.07	2.62	329	1,187	221
Other	0.56	0.12	0.12	80	67	10
Nonresponse	14.6	6.37	5.35	1,751	3,099	376
No One at Home	2.08	2.09	1.98	250	1,014	139
Refusal	5.84	2.46	2.34	701	1,196	163
Denied Access	2.91	0.59	0.26	349	287	18
Newton Screener Problem	0.57	0.0	0.0	63	0	0
Other Nonresponse (Group Quarters)[1]	1.39	N/A	N/A	167	N/A	N/A
Other Nonresponse	1.80	1.24	0.8	216	602	56
Screening Response	85.4	93.63	94.65	10,243	45,529	6658
Total Lines Selected	100.0	100.0	100.0	14,327	57,410	8,449

The Newton application used for the 1997 field experiment did not handle group quarters.
Sources: National Household Survey on Drug Abuse; Development of Computer-Assisted Interviewing Procedures; 1997 Field Experiment. 1997 National Household Survey on Drug Abuse, Quarter 4

Exhibit D. Distribution of Final Response Codes for Selected Persons									
	1997 Field Experiment			Quarter 4 NHSDA FT PSUs			Qtrs 1-3 NHSDA FT Segments		
Selected Persons	Sample Size	% of Total Selected	% of Total Non-complete	Sample Size	% of Total Selected	% of Total Non-complete	Sample Size	% of Total Selected	% of Total Non-complete
Total	3,163	100.00%		4,110	100.00%		2,891	100.00%	
Respondents	1,982	62.66%		3,105	75.55%		2,186		
Nonrespondents	1,181	37.34%	100.00%	1,005	24.45%	100.00%	705	24.39%	100.00%
No One Home, R Unavailable	180	5.69%	15.24%	293	7.13%	29.15%	179	6.19%	25.39%
Physical / Mentally Incompetent	57	1.80%	4.83%	37	0.90%	3.68%	22	0.76%	3.12%
Language Barrier	188	5.94%	15.92%	268	6.52%	26.67%	215	7.44%	30.50%
Refusal	625	19.76%	52.92%	358	8.71%	35.62%	256	8.86%	36.31%
Other	131	4.14%	11.09%	49	1.19%	4.88%	33	1.14%	4.68%

Sources: National Household Survey on Drug Abuse; Development of Computer-Assisted Interviewing Procedures; 1997 Field Experiment. 1997 National Household Survey on Drug Abuse

Exhibit E. Distribution of 1997 Field Experiment Respondents									
	ACASI Treatment Groups								
	Contingent Questioning Structure								
	Single Gate Questions				Multiple Gate Questions				
Respondent Characteristics	Consistency Checks				Consistency Checks				
	Absent		Present		Absent		Present		
	Multiple Use Questions		Multiple Use Questions		Multiple Use Questions		Multiple Use Questions		
	Absent	Present	Absent	Present	Absent	Present	Absent	Present	
Treatment Version	1	2	3	4	5	6	7	8	Total ACASI
Total	208	314	285	264	245	240	219	207	1,982
Age Group									
12-17	118	179	157	148	142	142	118	113	1,117
18 +	90	135	128	116	103	98	101	94	865
Gender									
Males	112	139	138	123	119	110	98	88	927
Females	96	175	147	141	126	130	121	119	1,055
Race/Ethnicity									
Hispanic	45	73	66	62	63	61	49	51	470
Non-Hispanic Black	55	76	79	70	58	67	63	63	531
Non-Hispanic Non-Black	108	165	140	132	124	112	107	93	981
Education[1]									
< High School	26	28	20	32	25	27	22	19	199
High School	35	52	49	41	31	34	38	41	321
> High School	29	55	59	43	47	37	41	34	345

[1]Education includes only individuals aged 18 and older.

Sources: National Household Survey on Drug Abuse: Development of Computer-Assisted Interviewing Procedures; 1997 Field Experiment. 1997 National Household Survey on Drug Abuse; Quarter 4

Exhibit E (continued). Percentage Distribution of 1997 Field Experiment Respondents									
	ACASI Treatment Groups								
	Contingent Questioning Structure								
Respondent Characteristics	Single Gate Questions				Multiple Gate Questions				
	Consistency Checks				Consistency Checks				
	Absent		Present		Absent		Present		
	Multiple Use Questions		Multiple Use Questions		Multiple Use Questions		Multiple Use Questions		
Treatment Version	Absent	Present	Absent	Present	Absent	Present	Absent	Present	
	1	2	3	4	5	6	7	8	Total ACASI
Total	10.49%	15.84%	14.38%	13.32%	12.36%	12.11%	11.05%	10.44%	100.0%
Age Group									
12-17	10.56%	16.03%	14.06%	13.25%	12.71%	12.71%	10.56%	10.12%	56.36%
18 +	10.40%	15.61%	14.80%	13.41%	11.91%	11.33%	11.68%	10.87%	43.64%
Gender									
Males	12.08%	14.99%	14.89%	13.27%	12.84%	11.87%	10.57%	9.49%	46.77%
Females	9.10%	16.59%	13.93%	13.36%	11.94%	12.32%	11.47%	11.28%	53.23%
Race/Ethnicity									
Hispanic	9.57%	15.53%	14.04%	13.19%	13.40%	12.98%	10.43%	10.85%	23.71%
Non-Hispanic Black	10.36%	14.31%	14.88%	13.18%	10.92%	12.62%	11.86%	11.86%	26.79%
Non-Hispanic Non-Black	11.01%	16.82%	14.27%	13.46%	12.64%	11.42%	10.91%	9.48%	49.50%
Education[1]									
< High School	13.07%	14.07%	10.05%	16.08%	12.56%	13.57%	11.06%	9.55%	23.01%
High School	10.90%	16.20%	15.26%	12.77%	9.66%	10.59%	11.84%	12.77%	37.11%
> High School	8.41%	15.94%	17.10%	12.46%	13.62%	10.72%	11.88%	9.86%	39.88%

[1]Education includes only individuals aged 18 and older.

Exhibit F. Percentages Reporting Lifetime, Past 12 months, and Past 30 day Use by Age Group, 1996									
	Total			12- 17 Years Old			18+ Years Old		
	Lifetime	12 Month	30 Day	Lifetime	12 Month	30 Day	Lifetime	12 Month	30 Day
Alcohol	82.6	64.9	51.0	38.8	32.7	18.8	87.7	68.7	54.8
Cigarettes	71.6	32.3	28.9	36.3	24.2	18.3	75.4	33.2	30.1
Marijuana	32.0	8.6	4.7	16.8	13.0	7.1	33.8	8.1	4.4
Cocaine	10.3	1.9	0.8	1.9	1.4	0.6	11.3	1.9	0.8
Inhalants	5.6	1.1	0.4	5.9	4.0	1.7	5.5	0.8	0.3
Hallucinogens	9.7	1.7	0.6	5.6	4.3	2.0	10.1	1.4	0.4
Any Illicit	34.8	10.8	6.1	22.1	16.7	9.0	36.2	10.1	5.7
Any Illicit but marijuana	18.9	5.4	2.7	13.0	9.3	4.6	19.6	5.0	2.5

Any illicit drug use includes use of at least one of marijuana, cocaine, inhalants, hallucinogens, heroin, or any prescription-type psychotherapeutic drug used medically. Any illicit but marijuana excludes people whose only use of an illicit drug was marijuana; marijuana users who used one of the other listed drugs are included
Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse.