

## DISCUSSION OF ISSUES FACING THE NHSDA

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The papers presented in this session are recent evidence of the productive collaboration between the Office of Applied Studies of the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Statistics, Health and Social Policy division of the Research Triangle Institute (RTI). The papers discuss significant changes in the National Household Survey on Drug Abuse (NHSDA) and methodological research accomplished in connection with them. One comes away from the session at once impressed by the management of the major transformation of the NHSDA and concerned about the scope and acceleration of changes in the survey.

Discussing the major design changes in the NHSDA, Barker, Gfroerer, Caspar and Lessler note that the conversion of the survey from paper-and-pencil self-administration to audio computer-assisted self-interviews will take place in 1999 instead of 2000 as originally planned. In addition to this remarkable acceleration in the schedule, the 1999 survey will include a new tobacco module (the driving force behind the hastened change), other additions to the core questionnaire, a new computerized screening procedure, and -- on top of it all -- an increase in the sample size from around 20,000 to about 70,000 in order to provide state-level estimates.

This daunting agenda poses a major challenge to SAMHSA and RTI. Plans for pretesting the smoking module and other changes in the core questionnaire had to be scaled back to accommodate the accelerated schedule. Optimal use of the computer-assisted interviewing technology appears to require more testing of options for inconsistency resolution, among other things, than time permits. Even if every methodological question were answered definitively, managing the logistics of computer programming, interviewer hiring and training, sampling, field operations and data processing for this huge endeavor would prove to be too much for many survey organizations. The track record of the SAMHSA--RTI partnership gives hope that the challenge can be met, but their task is not an enviable one.

Most of the papers in this session were devoted to reporting aspects of a field test comparing paper-and-pencil questionnaires to several versions of computer assisted (CAI) measurement of drug use. This study is one of a number of investigations completed to test the feasibility and desirability of moving the NHSDA from paper and pencil to computer assisted interviewing. As Penne, Lessler, Bieler and Caspar report, the data from this latest study support the belief that computer assisted interviewing will improve data

quality in the NHSDA. Of particular note are the findings that a streamlined CAI

version of the questionnaire -- one that does not contain the kind of redundancies present in the current paper-and-pencil instrument -- produced higher reporting of drug use. Also noteworthy is the finding that inconsistency checking built into the CAI instrument improves reporting. The envisioned gains of ACASI technology -- privacy, ability to handle complex skip patterns and to resolve inconsistencies between responses -- appear to have been realized in this test.

At the same time, the overall magnitude of the differences in reporting between PAPI and CAI in this study is not so large as to suggest that CAI alone resolves all questions concerning self-reported drug use. The differences reported for PAPI and ACASI in this study do not approach in size some of the differences between the estimates from the NHSDA and the Monitoring the Future (MTF) surveys of adolescent drug use. If the 1999 CAI-administered NHSDA continues to record substantially lower estimates of drug use than the MTF, efforts should be redoubled to understand the differences between the reporting privacy afforded by ACASI and the reporting environment presented by the mass, school-based administration of the MTF. This is especially true because the two surveys are used by contending interests to support their divergent views of the seriousness of the drug problem in the United States. One hopes that such fundamental methodological research will not be lost in the rush to accommodate the NHSDA to shifting policy demands.