

An Investigation of Decennial Census Effects on Estimates of Substance Use and Mental Illness from the National Survey on Drug Use and Health (NSDUH)

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Abstract

The National Survey on Drug Use and Health (NSDUH), an annual survey of the U.S. civilian, noninstitutionalized population aged 12 or older, is a major source of substance use and mental illness data. The 2010 estimates were produced using weights poststratified to 2010 population control totals (intercensal estimates) derived from the 2000 decennial census; however, the 2011 estimates were produced using weights poststratified to 2011 population control totals derived from the 2010 decennial census. This study was done to determine whether the change in the source of the control totals had an effect on the level of change observed between the 2010 and the 2011 estimates. To examine this "census effect," 2010 estimates were also produced using weights poststratified to 2010 population control totals derived from the 2010 decennial census, resulting in two sets of weights for use on the 2010 data. NSDUH estimates were compared using both sets of 2010 estimates along with the 2011 estimates. Substance use estimates were more affected by the census effect than were mental illness estimates, and they were more notable for estimated totals compared with rates.

Key Words: census effects, population control totals, mental illness estimates, poststratified weights, substance use estimates

1. Introduction

The National Survey on Drug Use and Health (NSDUH) is a leading source of information on substance use and mental illness estimates in the United States. An annual survey of the civilian, noninstitutionalized population aged 12 or older, NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). Each year, it collects information from about 67,500 persons residing in households, noninstitutionalized group quarters (e.g., shelters, rooming houses, dormitories), and civilians living on military bases. The survey excludes homeless persons who do not use shelters, military personnel on active duty, and residents of institutional group quarters, such as jails and hospitals.

Person-level (i.e., respondent-level) weights in NSDUH account for selection probabilities at multiple stages, nonresponse adjustments, and weights that are poststratified to population estimates (or control totals) obtained from the U.S. Census Bureau (Chen et al., 2013). For the weights in the 2002 through 2010 NSDUHs, annually updated control totals based on the 2000 census were used. Beginning with the 2011

weights, however, the control totals from the Census Bureau were based on the 2010 census. In the years between each decennial census, the Census Bureau produces annual national-level postcensal population estimates, based on the most recent census data, applying adjustments to account for births to U.S.-resident women, deaths of U.S. residents, and net international migration.¹ As a result, the postcensal estimates made for the years immediately following a census are likely to be the most accurate (e.g., 2002 postcensal estimates are expected to be more accurate than 2009 postcensal estimates). Therefore, the population control totals for 2010 based on the 2010 census, obtained from the Census Bureau by SAMHSA specifically for this study, would presumably represent the characteristics of the current population more accurately than the projections for 2010 that were based on the 2000 census.

Table 1 (shown at the end of this paper) presents the estimated numbers of persons for the civilian, noninstitutionalized population aged 12 or older in 2010 based on both the 2000 census and the 2010 census. Overall, the estimated numbers for the 2010 population based on the 2000 census were similar to the 2010 census-based population characteristics, with a difference of less than 1 percent (0.7 percent). Larger differences were observed in several domains for race (e.g., American Indians or Alaska Natives, Native Hawaiians or Other Pacific Islanders, and persons reporting two or more races).

The published 2010 NSDUH estimates were based on the weights poststratified to the 2000 census-based control totals. The concern was that the population shifts in certain demographic domains between the 2000-based and the 2010-based control totals would affect NSDUH estimates and trends between 2010 and 2011. This study was done to determine whether the change in the source of the control totals from the 2000 census to the 2010 census had an effect on the level of change observed between the 2010 NSDUH and the 2011 NSDUH substance use and mental illness estimates.

2. Methods for Assessing Census Effects on Substance Use and Mental Illness Estimates

For the 9-month period from April through December 2010, the Census Bureau produced control totals based on the 2010 census. To assess the decennial census effect on NSDUH estimates of substance use and mental illness, the person-level poststratification adjustment also was done for the 2010 NSDUH respondents using the 2010 census-based control totals, leading to the creation of a second set of analysis weights for 2010. In order for analysis weights to be produced that reflect the entire year, the population estimates for the first quarter of 2010 were projected, and the annualized numbers were used in the poststratification adjustment. Therefore, two sets of weights for 2010 were available²—one based on the 2000 census and one based on the 2010 census. This evaluation assumed that any difference between substance use and mental illness estimates based on these two weights could solely be attributed to the "census effect" because the underlying data were the same.

Estimates from 44 selected substance use tables and 92 mental illness tables that included estimated numbers (rounded to thousands), percentages, and mean ages at initiation of

¹ For details on how the Census Bureau creates the postcensal estimates, see the following PDF: <http://www.census.gov/popest/methodology/2011-nat-st-co-meth.pdf>.

² Both sets of 2010 weights are available on various NSDUH data files for further analyses at the following Web site: <http://www.icpsr.umich.edu/icpsrweb/SAMHDA>.

substance use (also called mean ages of first use of a substance) were used to examine the effects on estimates in 2010 when the weights were based on the 2010 census control totals compared with when the weights were based on the 2000 census control totals. In these comparison tables, which are available online,³ estimates for the 2011 NSDUH used weights that were poststratified to the 2011 control totals based on the 2010 census. The following terms also were defined in the tables for estimates in 2010:

- *2010 (Old)*: estimates for the 2010 NSDUH with weights poststratified to the 2010 control totals based on the 2000 census; and
- *2010 (New)*: estimates for the 2010 NSDUH with weights poststratified to the 2010 control totals based on the 2010 census.

To assess the census effect, significance testing was done between 2011 and 2010 (Old) and between 2011 and 2010 (New). The 2010 (New) and 2010 (Old) estimates were not compared directly, for such a test would be highly sensitive. A census effect was determined to be present if the conclusion drawn from the comparison of the 2010 and 2011 estimates was different depending on which set of control totals was used. Ideally, the change in control totals would not affect whether the difference between the 2010 and 2011 estimates was statistically significant.

Selected results from this investigation of substance use and mental illness data are presented separately in this paper. For a more detailed discussion and data presentation, see Section B.4.3 of Appendix B in the 2011 NSDUH national findings report (Center for Behavioral Health Statistics and Quality [CBHSQ], 2012a) and Section B.4.5 of Appendix B in the 2011 NSDUH mental health findings report (CBHSQ, 2012b).⁴

3. Results from Substance Use Data

Comparisons of the significance test results between substance use estimates for 2011 and corresponding estimates for 2010 that were based on population control totals from the 2010 census agreed over 94 percent of the time with results of comparisons between the 2011 substance use estimates and those for 2010 that were based on population control totals from the 2000 census. In general, use of 2010 census control totals for the 2010 estimates had more of an impact on the estimated numbers of substance users than on the percentages. Estimates of the numbers of substance users were notably affected for American Indians or Alaska Natives and persons reporting two or more races. This impact of the 2010 census-based control totals on these subgroups is consistent with the fact that they are the subgroups that saw the largest shifts in population totals.

Table 2 summarizes the results of 1,002 tests of statistical significance at the .05 level of significance across the 44 tables of substance use estimates mentioned previously. It does not include the results of 26 tests in which some estimates were suppressed because of low precision. As noted previously, most of the differences between substance use estimates for 2011 and 2010 (Old) and between estimates for 2011 and 2010 (New) were in agreement (947 tests or 94.5 percent of all tests). No situations were identified in

³ See <http://www.samhsa.gov/data/NSDUH/NSDUHCensusEffects/Index.aspx>. Additional tables for perceived risk associated with substance use, need for and receipt of treatment, and driving under the influence of alcohol or other drugs also are available on the same Web page, but they are not discussed here.

⁴ Both reports are available online at <http://www.samhsa.gov/data/NSDUH.aspx>.

which results of comparisons of mean ages at first use between 2011 and 2010 disagreed according to whether 2010 (Old) or 2010 (New) estimates were used among the 66 tests for this measure.

For 49 tests (4.9 percent), the difference between 2011 and 2010 (Old) substance use estimates was significant, but the difference between 2011 and 2010 (New) estimates was not. Among these 49 tests, the majority (i.e., 30) involved situations in which the estimated number of substance users was significantly different between 2011 and the 2010 (Old) estimates, but the difference for 2011 versus 2010 (New) was not significant. For the remaining 19 situations, the disagreement involved estimated percentages who were substance users.

Of the 30 tests in which the estimated number of substance users was significantly different between 2011 and the 2010 (Old) estimates but the difference for 2011 versus 2010 (New) was not, 19 (or over half) were from the race/ethnicity domain. In particular, seven of these were for the estimated numbers of users among persons reporting two or more races.⁵ For example, there was a statistically significant 35 percent increase in the estimated number of past month illicit drug users reporting two or more races when the estimate for 2011 was compared with 2010 (Old). When this estimate for 2011 was compared with the corresponding estimate for 2010 (New), however, the number changed by less than 7 percent, and the difference was not statistically significant. This effect was observed for the estimated numbers of past month illicit drug users, but not for the percentages of past month drug users reporting two or more races; differences in the percentages were not significant between 2011 and 2010 (Old) or between 2011 and 2010 (New). Similar results were observed for past month use of cigarettes and alcohol for this subgroup. In addition, the estimated number of past month alcohol users who were American Indians or Alaska Natives increased by 45 percent from 2010 to 2011 based on the 2010 (Old) estimate, but did not differ significantly between 2010 and 2011 based on the 2010 (New) estimate; differences in the percentages were not significant between 2011 and 2010 (Old) or between 2011 and 2010 (New).

Among the 19 tests in which the percentages of substance use differed between 2011 and 2010 (Old) but the percentages between 2011 and 2010 (New) were not significantly different, 7 tests also came from the race/ethnicity domain. The domains primarily affected by the change in population data from the 2000 to the 2010 censuses appear to be persons reporting two or more races and persons who were American Indians or Alaska Natives.

For six tests (all involving estimated numbers of substance users), the difference between 2011 and 2010 (Old) was not significant, but the difference would have been significant if the 2010 (New) estimate had been reported for 2010. Of these six tests, five involved age groups, including four that affected the numbers of youths aged 12 to 17 who were estimated to be lifetime users of cigarettes or inhalants, nonmedical users of pain relievers, or users of illicit drugs other than marijuana.⁶ There were no tests involving

⁵ See Tables 1.5A, 1.7A, 1.8A, and 1.11A at <http://www.samhsa.gov/data/NSDUH/NSDUHCensusEffects/NSDUHCensusEffectsTabsPE2011/NF.htm>.

⁶ See Tables 1.2A and 1.7A at <http://www.samhsa.gov/data/NSDUH/NSDUHCensusEffects/NSDUHCensusEffectsTabsPE2011/NF.htm>.

percentages where the difference between 2011 and 2010 (Old) was not significant, but the difference would have been significant if the 2010 (New) estimate had been reported for 2010.

For the 2010 substance use estimates, about 70 percent of the 2010 (New) estimates were lower than (although not necessarily significantly) the 2010 (Old) estimates in the 44 substance use tables that were examined. Because of changes in population sizes with the 2011 data based on the 2010 census control totals, especially for particular subgroups (e.g., estimates for persons reporting two or more races), caution is advised when comparing differences in estimated totals between 2011 and prior years. Although the impact of the population changes is smaller for estimated rates of substance use than for totals, some caution is also advised when comparing percentages between 2011 and prior years. Although there were only 19 instances among the substance use tests that were reviewed where the difference between 2011 and 2010 (Old) was significant but the difference between 2011 and 2010 (New) was not significantly different, the general result is that the 2010 (New) percentages for most substance use estimates were lower than the 2010 (Old) estimates. The implication of this is that the 2011 substance use estimates (percentages) may have been higher if weights based on the 2000 census had been used. As a result, downward trends involving 2011 data may be slightly overstated, and upward trends may be slightly understated. Therefore, if affected 2011 substance use data show an upward trend, then in most cases, confidence can be placed in that trend. If the 2011 substance use data show a decreasing trend, then less confidence can be placed in it.

4. Results from Mental Illness Data

A total of 92 selected tables containing mental illness data, including 46 tables with estimated numbers and 46 tables with estimated percentages, were used to examine the effects on mental illness estimates in 2010 when weights were based on the 2010 census control totals compared with when weights were based on the 2000 census control totals. Of these 92 tables (all of which are available online⁷), 74 tables provide data on adults aged 18 or older, and 18 tables provide data on youths aged 12 to 17. Data for youths are presented separately from data for adults because of questionnaire differences in the mental illness questions between youths and adults. In general, the use of 2010 census control totals for the 2010 estimates had only a moderate effect on mental illness estimates for both estimated numbers and percentages, especially when compared with the effect on substance use estimates; see Section B.4.3 in Appendix B of the 2011 NSDUH national findings report (CBHSQ, 2012a).

Table 3 summarizes the results of 1,057 tests for statistical significance (at the .05 level of significance) for estimated numbers of persons and 1,080 tests for percentages among adults aged 18 or older (i.e., across the 74 tables of mental illness estimates mentioned previously). Table 3 does not include the results of 123 tests (61 for estimated numbers and 62 for percentages) in which some estimates were suppressed because of low precision. Among adults, more than 95 percent of the differences between mental illness estimates for 2011 and 2010 (Old) and between estimates for 2011 and 2010 (New) were in agreement for estimated numbers (1,025 out of 1,057 tests) as well as for percentages

⁷ These 92 mental illness tables are available at <http://www.samhsa.gov/data/NSDUH/NSDUHCensusEffects/NSDUHCensusEffectTabs1-46PE2011MHE.htm>.

(1,049 out of 1,080 tests); that is, statistical tests of the difference between 2011 and 2010 (Old) and tests of the difference between 2011 and 2010 (New) both were significant, or both were not significant at the .05 level. For the estimated numbers of persons aged 18 or older, among the mental illness estimates that were analyzed here, there were 32 tests that were not in agreement, and for the estimated percentages, there were 31 tests that were not in agreement. The majority of these differences involved situations in which the estimates were significantly different between 2011 and 2010 (Old), but the difference between 2011 and 2010 (New) was not significant (28 out of 32 for estimated numbers and 25 out of 31 for percentages).

For mental illness estimates, for example, there was a statistically significant 86 percent increase (from 201,000 to 373,000) in the estimated number of adult American Indians or Alaska Natives with any mental illness (AMI) when the estimate for 2011 was compared with 2010 (Old). When this estimate for 2011 was compared with the corresponding estimate for 2010 (New), however, there was a 57 percent increase (from 237,000 to 373,000) that was not statistically significant. Similarly, for the same domain of persons when the estimated percentages for AMI were compared, there was a statistically significant 55 percent increase between 2010 (Old) and 2011 (from 18.7 to 28.9 percent). However, when the 2010 (New) estimate was compared with the estimate in 2011, the increase was by 48 percent (from 19.5 to 28.9 percent) and was not statistically significant.⁸

Across the 2,137 tests, only 10 tests (4 for estimated numbers and 6 for percentages) showed a statistically significant difference between the 2011 and 2010 (New) mental illness estimates, but there was no statistical difference between the 2011 and 2010 (Old) estimates.

Table 4 summarizes the results of 250 similar tests for mental illness estimates among youths aged 12 to 17. This table does not include the results of 36 tests (18 each for estimated numbers and percentages) in which some estimates were suppressed because of low precision. For the estimated numbers of youths, more than 95 percent of the tests between mental illness estimates for 2011 and 2010 (Old) and between estimates for 2011 and 2010 (New) were in agreement (238 out of 250 tests). More than 99 percent of the corresponding tests for percentages were in agreement (248 out of 250 tests). For the estimated numbers among youths, there were 12 tests that were not in agreement; for the estimated percentages, there were only 2 tests that were not in agreement. For the estimated numbers, the majority of these differences involved situations in which the estimates were significantly different between the 2011 and the 2010 (Old) estimates, but the difference between 2011 and 2010 (New) was not significant (10 out of 12). Both of the tests for percentages that were not in agreement also involved situations in which the mental illness estimates were significantly different between the 2011 and the 2010 (Old) estimates, but the difference between 2011 and 2010 (New) was not significant. Only 2 of the 500 tests (both for estimated numbers among youths) showed a statistically significant difference between the 2011 and 2010 (New) mental illness estimates, but there was no statistical difference between the 2011 and 2010 (Old) estimates.

⁸ See Tables 1.1A-MH and 1.1B-MH at <http://www.samhsa.gov/data/NSDUH/NSDUHCensusEffects/NSDUHCensusEffectTabs1-46PE2011MHE.htm>.

Because of changes in population estimates in the 2011 data based on the 2010 census control totals, some caution is advised when comparing differences in mental illness estimates between 2011 and prior years. This is especially the case for particular subgroups (e.g., persons who are American Indians or Alaska Natives, Native Hawaiians or Other Pacific Islanders, and persons reporting two or more races) and for estimated numbers for particular mental illness measures. Most of the differences between estimates for 2011 and 2010 (Old) and between estimates for 2011 and 2010 (New) were in statistical agreement. There were only 77 instances out of 2,637 where there was a statistical disagreement between the two (about 3 percent) for both youth and adult estimates. However, it also is important to note that among 33 of these instances involving statistical disagreement in percentages, 24 involved differences between 2010 (Old) and 2010 (New) of one tenth of a percentage point or less. This suggests that the percentages generally were not influenced by the census effect.

For the 37 mental illness tables of estimated numbers for adults that were examined for 2010, slightly more than half (57 percent) of the 2010 (New) estimated numbers were lower than the 2010 (Old) estimated numbers for mental illness outcomes (although not necessarily significantly). A similar pattern was observed in the 37 tables of mental illness percentages in 2010 among adults: nearly 65 percent of the 2010 (New) estimated percentages were lower than the 2010 (Old) percentages. Among the 9 mental illness tables for youths aged 12 to 17, about 62 percent of the estimated percentages in 2010 were lower for 2010 (New) than for 2010 (Old). However, this pattern was reversed for the estimated numbers among youths: about 95 percent of 250 estimated numbers for youths that were examined were larger for 2010 (New) than for 2010 (Old).

The general result regarding the direction of the differences (regardless of statistical significance) is that the 2010 (New) percentages for most mental illness estimates were lower than the 2010 (Old) estimates, except for the estimated numbers for youths. The implication is that the 2011 estimates (percentages) may have been higher if weights based on the 2000 census had been used. As a result, downward trends involving 2011 data may be slightly overstated, and upward trends may be slightly understated. Therefore, if affected 2011 mental illness data show an upward trend, then in most cases, confidence can be placed in that trend. If the 2011 mental illness data show a decreasing trend, then less confidence can be placed in it. Exceptions were for estimated numbers for youths and certain racial groups (e.g., American Indians or Alaska Natives, Native Hawaiians or Other Pacific Islanders, Asians, and persons reporting two or more races), where the opposite result was generally the case.

Thus, the mental illness estimates did not appear to be affected by the changes in the poststratification control total estimation process as much as the substance use estimates were affected. These changes are relevant to an interpretation of estimates and for inferences based on data analysis, especially for the estimated numbers of persons.

5. Conclusions

It is important to note that the findings of this study are restricted to the set of tables analyzed for this study. Also, only a select set of 2011 estimates was compared with the two sets of 2010 estimates. For the estimates that were reviewed, the 2010 mental illness estimates did not appear to be as affected by the changes in the source of the poststratification control totals as compared with the substance use estimates. Overall, the estimated numbers (totals) appeared to have more of an impact than the estimated

percentages. Users of NSDUH data are advised to consider the potential effects of the changes in control totals when analyzing differences in the published 2010 and 2011 NSDUH estimates and to make inferences cautiously, especially for certain domains such as race/ethnicity or for certain outcomes such as mental illness measures among youths aged 12 to 17.

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Table 1: Differences between the 2010 Civilian, Noninstitutionalized Population Counts Based on the 2000 and the 2010 Census, for Age, Gender, Hispanic Origin, and Race

<i>Domain</i>	<i>2010 Population Based on 2000 Census</i>	<i>2010 Population Based on 2010 Census</i>	<i>Difference in 2010 Population Based on 2010 Census versus 2000 Census¹</i>	<i>Percent Difference Relative to 2010 Population Based on 2000 Census²</i>
Total	253,619,107	255,331,811	1,712,704	0.68%
12 to 17	24,346,528	25,156,348	809,820	3.33%
18 to 25	34,072,349	34,010,012	-62,338	-0.18%
26 to 34	36,523,574	35,840,157	-683,416	-1.87%
35 to 49	62,042,733	62,422,429	379,696	0.61%
50 to 64	57,695,892	58,701,774	1,005,882	1.74%
65 or Older	38,938,030	39,201,090	263,060	0.68%
Male	123,430,407	123,422,261	-8,146	-0.01%
Female	130,188,700	131,909,550	1,720,850	1.32%
Hispanic	36,769,252	38,346,951	1,577,700	4.29%
Not Hispanic	216,849,855	216,984,859	135,004	0.06%
White	204,032,161	202,851,643	-1,180,518	-0.58%
Black	31,168,385	31,618,096	449,711	1.44%
American Indian or Alaska Native	2,483,390	2,905,990	422,600	17.02%
Asian	11,915,744	12,869,433	953,689	8.00%
Native Hawaiian or Other Pacific Islander	460,327	527,384	67,057	14.57%
Two or More Races	3,559,100	4,559,265	1,000,165	28.10%

NOTE: Population counts are annualized estimates of the 2010 population and reflect the population of the entire year. Race domains in this table include Hispanics in addition to persons who were not Hispanic.

¹Difference between the number of people in the 2010 population overall or in a given subgroup from control totals based on the 2010 census and the corresponding number from control totals based on the 2000 census.

²Based on the following formula: $\{[(2010 \text{ Population Based on 2010 Census}) - (2010 \text{ Population Based on 2000 Census})] \div (2010 \text{ Population Based on 2000 Census})\} \times 100$.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010.

Table 2: Outcomes of Statistical Tests between Substance Use Estimates in 2011 and Substance Use Estimates in 2010 According to Census Control Totals Used for 2010 Substance Use Estimates, among Persons Aged 12 or Older

	<i>2011 versus 2010 (New) Estimated Numbers, Significant</i>	<i>2011 versus 2010 (New) Estimated Numbers, Not Significant</i>	<i>2011 versus 2010 (New) Estimated Percent-ages, Significant</i>	<i>2011 versus 2010 (New) Estimated Percent-ages, Not Significant</i>	<i>2011 versus 2010 (New) Mean Age at First Use, Significant</i>	<i>2011 versus 2010 (New) Mean Age at First Use, Not Significant</i>
2011 versus 2010 (Old), Significant	33	30	45	19	0	0
2011 versus 2010 (Old), Not Significant	6	432	0	371	0	66

2010 (Old) = Estimates for 2010 with weights poststratified to 2010 control totals based on the 2000 census; *2010 (New)* = Estimates for 2010 with weights poststratified to 2010 control totals based on the 2010 census.

NOTE: A total 26 tests not included due to suppression, 13 each for totals and percentages. Tests were conducted at the .05 level of significance. Cells with bolded data indicate consistent outcomes between 2011 versus 2010 (New) and between 2011 versus 2010 (Old).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010 and 2011.

Table 3: Outcomes of Statistical Tests between Mental Illness Estimates in 2011 and Mental Illness Estimates in 2010 According to Census Control Totals Used for 2010 Mental Illness Estimates, among Persons Aged 18 or Older

	<i>2011 versus 2010 (New) Estimated Numbers, Significant</i>	<i>2011 versus 2010 (New) Estimated Numbers, Not Significant</i>	<i>2011 versus 2010 (New) Estimated Percentages, Significant</i>	<i>2011 versus 2010 (New) Estimated Percentages, Not Significant</i>
2011 versus 2010 (Old), Significant	102	28	111	25
2011 versus 2010 (Old), Not Significant	4	923	6	938

2010 (Old) = Estimates for 2010 with weights poststratified to 2010 control totals based on the 2000 census; *2010 (New)* = Estimates for 2010 with weights poststratified to 2010 control totals based on the 2010 census.

NOTE: A total of 123 tests were not included due to suppression, 61 for totals and 62 for percentages. Tests were conducted at the .05 level of significance. Cells with bolded data indicate consistent outcomes between 2011 versus 2010 (New) and between 2011 versus 2010 (Old).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010 and 2011.

Table 4: Outcomes of Statistical Tests between Mental Illness Estimates in 2011 and Mental Illness Estimates in 2010 According to Census Control Totals Used for 2010 Mental Illness Estimates, among Persons Aged 12 to 17

	<i>2011 versus 2010 (New) Estimated Numbers, Significant</i>	<i>2011 versus 2010 (New) Estimated Numbers, Not Significant</i>	<i>2011 versus 2010 (New) Estimated Percentages, Significant</i>	<i>2011 versus 2010 (New) Estimated Percentages, Not Significant</i>
2011 versus 2010 (Old), Significant	6	10	8	2
2011 versus 2010 (Old), Not Significant	2	232	0	240

2010 (Old) = Estimates for 2010 with weights poststratified to 2010 control totals based on the 2000 census; *2010 (New)* = Estimates for 2010 with weights poststratified to 2010 control totals based on the 2010 census.

NOTE: A total of 36 tests were not included due to suppression, 18 each for totals and percentages. Tests were conducted at the .05 level of significance. Cells with bolded data indicate consistent outcomes between 2011 versus 2010 (New) and between 2011 versus 2010 (Old).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010 and 2011.

