



National Household Survey on Drug Abuse, 1998

Bibliographic Description

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Alternate Title: NHSDA 1998

Principal Investigator(s): United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Office of Applied Studies

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Scope of Study

Summary: The National Household Survey on Drug Abuse (NHSDA) series measures the prevalence and correlates of drug use in the United States. The surveys are designed to provide quarterly, as well as annual, estimates. Information is provided on the use of illicit drugs, alcohol, and tobacco among members of United States households aged 12 and older. Questions include age at first use as well as lifetime, annual, and past-month usage for the following drug classes: marijuana, cocaine (and crack), hallucinogens, heroin, inhalants, alcohol, tobacco, and nonmedical use of prescription drugs, including psychotherapeutics. Respondents were also asked about personal and family income sources and amounts, substance abuse treatment history, illegal activities, problems resulting from the use of drugs, need for treatment for drug or alcohol use, criminal record, and needle-sharing. Questions on mental health and access to care, which were introduced in the 1994-B questionnaire (see NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE, 1994), were retained in this administration of the survey. Also retained was the section on risk/availability of drugs that was reintroduced in 1996, and sections on driving behavior and personal behavior were added (see NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE, 1996). The 1997 questionnaire (NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE, 1997) introduced new items that the 1998 NHSDA continued on cigar smoking, people who were present when respondents used marijuana or cocaine for the first time (if applicable), reasons for using these two drugs the first time, reasons for using these two drugs in the past year, reasons for discontinuing use of these two drugs (for lifetime but not past-year users), and reasons respondents never used these two drugs. Both the 1997 and 1998 NHSDAs had a series of questions that were asked only of respondents aged 12 to 17. These items covered a variety of topics that may be associated with substance use and related behaviors, such as exposure to substance abuse prevention and education programs, gang involvement, relationship with parents, and substance use by friends. Demographic data include gender, race, age, ethnicity, marital status, educational level, job status, income level, veteran status, and current household composition.

Subject Term(s): alcohol, alcohol abuse, alcohol consumption, amphetamines, barbiturates, cocaine, demographic characteristics, drug abuse, drug use, drugs, hallucinogens, health care, health insurance, heroin, households, inhalants, marijuana, mental health, mental health services, methamphetamine, prescription drugs, sedatives, smoking, stimulants, substance abuse, substance abuse treatment, tobacco use, tranquilizers, youths

Geographic Coverage: United States

Time Period: 1998

Date(s) of Collection: 1998

Unit of Observation: individual

Universe: The civilian, noninstitutionalized population of the United States aged 12 and older, including residents of noninstitutional group quarters such as college dormitories, group homes, shelters, rooming houses, and civilians dwelling on military installations.

Data Type: survey data

Data Collection Notes: Data were collected and prepared for release by Research Triangle Institute, Research Triangle Park, NC.

The National Household Survey on Drug Abuse questionnaire and estimation methodology changed with the implementation of the 1994-B survey. Therefore, estimates produced from the 1998 survey are not comparable to those produced from the 1994-A and earlier surveys.

This version of the 1998 NHSDA public release file does not contain data collected on the Parenting Experiences answer sheet (#21) or the questionnaire roster (QD-47) contained in the "Non-Core" Demographics section, nor does this file include various recoded variables that are typically created from the roster data and have been included in past public release files. All the necessary processing of these data and weight calculations for use of these data had not been completed by the data producers at the time of the data deposit. The data producers anticipate release at a later date of an updated version of the 1998 NHSDA public use file, containing additional questionnaire data, variables derived using these data, and additional weights.

For selected variables, statistical imputation was performed following logical imputation to replace missing responses. These variables are identified in the codebook as "...LOGICALLY IMPUTED" and "...imputed" for the logical procedure or by the designation "IMPUTATION-REVISED" in the variable label when the statistical procedure was also performed. The names of statistically imputed variables begin with the letters "IR". For each imputation-revised variable there is a corresponding imputation indicator variable that indicates whether a case's value on the variable resulted from an interview response or was imputed by the hot-deck technique. Hot-deck imputation is described in the codebook.

The "basic sampling weights" are equal to the inverse of the probabilities of selection of sample respondents. To obtain "final NHSDA weights," the basic weights were adjusted to take into account dwelling unit-level and individual-level nonresponse and then further adjusted to ensure consistency with intercensal population projections from the United States Bureau of the Census.

To protect the privacy of respondents, all variables that could be used to identify individuals have been encrypted or collapsed in the public use file. These modifications should not affect analytic uses of the public use file.

Users who wish to replicate results published in the NHSDA Main Findings Report or other SAMHSA reports should use the 1998 NHSDA imputed data for prevalence estimates rather than raw data from the questionnaire or drug answer sheets.

For some drugs that have multiple names, questions regarding the use of that drug may be asked for each distinct name. For example, even though methamphetamine, methedrine and desoxyn are the same drug, their use was measured in three separate variables.

Methodology

Sample: Multistage area probability sample design involving five selection stages: (1) primary sampling unit (PSU) areas (e.g., counties), (2) subareas within primary areas (e.g., blocks or block groups), (3) listing units within subareas, (4) age domains within sampled listing units, and (5) eligible individuals within sampled age domains. The 1998 NHSDA used the same 115 PSUs selected for the 1995 through 1997 NHSDAs, 6 supplemental PSUs from Arizona and California, and an additional 16 noncertainty PSUs from 13 purposely selected states. The 115 PSUs were selected to represent the nation's total eligible population, including areas of high Hispanic concentration. These PSUs were defined as metropolitan areas, counties, groups of counties, Census tracts, and independent cities. Of the 115 PSUs, 43 were selected with certainty and 72 were randomly selected with probability proportional to size (PPS). The national sample was supplemented by a PPS selection of four noncertainty PSUs from Arizona plus two noncertainty PSUs from California. The additional 16 noncertainty PSUs were added in States with a small sample size to increase the reliability of estimates. Because the national sample provided representation for certainty PSUs in each state, no additional certainty PSUs were added to either sample. The 1998 NHSDA used all available segments that had adequate listing units from the 1997 NHSDA. Only 24 percent of the 1998 sample, or 640 segments, consisted of a new segment sample selected for the 1998 NHSDA. The remaining 76 percent, or 2,030 segments, overlapped with the 1997 survey year. The five age groups were: ages 12-17, 18-25, 26-34, 35-49, and 50 and older. The three race/ethnic groups were: whites/others, non-Hispanic Blacks, and Hispanics. Blacks and Hispanics were oversampled in the 115 PSUs that comprised the national study component. There was no oversampling of Hispanics in the Arizona/California supplement because each state's Hispanic allocation in the national study component was large enough to satisfy state-level precision requirements. Consequently, the three racial/ethnic groups were sampled in the supplement so that the combined national study and supplemental samples would result in a proportionally allocated sample.

Mode of Data collection: computer-assisted personal interview (CAPI), self-enumerated questionnaire

Extent of Processing: Performed consistency checks. Created online analysis version with question text. Performed recodes and/or calculated derived variables. Checked for undocumented or out-of-range codes.

Access and Availability

Note: Some instruments administered as part of this study may contain contents from copyrighted instruments. Reproductions of the instruments are provided solely as documentation for the analysis of the data associated with this collection. Please contact the data producers for information on permissions to use the instruments for other purposes.

Restrictions: Users are reminded by the United States Department of Health and Human Services that these data are to be used solely for statistical analysis and reporting of aggregated information and not for the investigation of specific individuals or treatment facilities.

Original Release: 2000-06-21

Version History: The last update of this study occurred on 2013-05-06.

2013-05-06 - Data collection instrument released.

2008-04-25 - New files were added. These files included one or more of the following: Stata setup, SAS transport (CPORT), SPSS system, Stata system, SAS supplemental syntax, and Stata supplemental syntax files, and tab-delimited ASCII data file.

2000-08-04 - Erroneous codes for missing values were deleted for the variable IRAGE2 in the SAS and SPSS setup files.

Dataset(s): DS1: National Household Survey on Drug Abuse, 1998