Prevalence of illicit drug use: Survey of Non-Medical Use of Prescription Drugs Program compared to NSDUH
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Abstract
Prevalence of illicit drug use: Survey of Non-Medical Use of Prescription Drugs (NMURx), the National Survey for Drug Use and Health (NSDUH), are national surveys measuring drug use. Prevalence and 95% confidence intervals (CI) were calculated for demographics and lifetime and past year illicit drug use (marijuana, cocaine powder, crack cocaine, ecstasy, GHB/GBL, heroin, and ketamine). Similar distributions of age and gender were found; Comparable estimates were determined by NMURx and NSDUH. NMURx had a higher proportion of Hispanics and lower proportion of non-Hispanic Blacks and Hispanics.

Methods:
NMURx is an online survey of non-medical use (NMU) of prescription drugs and illicit drug use among US adults age 18+, post-stratification weights were applied to 2014 data to reflect the distribution of adults in the US. Responses were compared to 2014 NSDUH data, a national survey measuring drug use. Prevalence and 95% confidence intervals (CI) were calculated for demographics and lifetime and past year illicit drug use (marijuana, cocaine powder, crack cocaine, ecstasy, GHB/GBL, heroin, and ketamine).

Results:
• NMURx is weighted to represent 247,773,709 adults; NSDUH represents 240,248,111 adults. The 2 surveys have comparable distributions of age and gender; gender and age were weighted so NMURx had a higher proportion of non-Hispanic (NH) Whites and inclusion of lower proportion of NH Blacks and Hispanics. NMURx estimates were compared to NSDUH. NMURx had a similar proportion of past year illicit drug use (96 (14.2-15.0), by age, gender, and recent illicit drug use. Both data provide valuable insights into drug use in the US.

Discussion
NMURx and NSDUH estimate national prevalence of illicit drug use, although survey designs and questions vary. These data are congruent for age, gender, and recent illicit drug use. National estimates of drug use in the past year were higher for NMURx, with the exception of cannabis. NMURx has a large sample size and is weighted to represent the distribution of adults in the US. Online administration of NMURx allows for timely drug use estimates biannually. Question wording is similar enough on the two surveys to provide comparisons.

Limitations:
Comparative survey years are not yet available due to the ~2 year delay in NSDUH estimates. NMURx is not a probability-based sampling scheme; therefore, estimates may not be representative of the target population.

Conclusions
Both data sources provide valuable insight into drug use in the US and could complement each other. NMURx is a valuable data source to provide timely, national estimates to monitor illicit drug use trends over time.

Support
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