**Data Dictionary**

**Survey of Non-Medical Use of Prescription Drugs Program (NMURx)**

**United Kingdom 18Q1 Launch**

# Dataset Name:

nmurx\_uk\_18q1.sas7bdat

# Brief Overview:

The Survey of Non-Medical Use of Prescription Drugs (NMURx) Program employs an online survey of the general adult population to understand non-medical use (NMU) of prescription drugs. Volunteers from the general population are queried about NMU of prescription drugs. This program collects demographic information and whether the respondent is a student, healthcare professional, or current/former member of the armed forces. The survey also solicits information on lifetime, last 12 months, last 90 day, last 30 day, and last 7 day NMU of prescription and over-the-counter drugs, including reason for NMU, frequency of NMU, route of administration, and source of drug acquisition. Questions regarding illicit drug use, chronic and acute pain, substance abuse treatment, and history of mental health disorders are also included. The Modified Drug Abuse Screening Test (DAST-10) is incorporated into the survey to evaluate the degree of consequences related to drug abuse. Quota sampling is used to provide a distribution of survey respondents that is proportional to census populations across geographic regions and equal proportions of males/females in each region. Surveys of 10,000 respondents are conducted semi-annually. Survey results are weighted to provide a national prevalence estimate of NMU of specific medications among the general population of adults.

The dataset provided and described in this document is an abbreviated version of the entire survey. Product-level information and associated questions pertaining to last 12 month, last 90 day, last 30 day, and last 7 day use, including reason for NMU, frequency of NMU, route of administration, and source of drug acquisition have been removed. Drug class variables for NMU in the last 12 month, last 90 day, last 30 day, and last 7 day use are included in Summary Variable section.

Notes:

The way the questions appear in this document do not necessarily reflect how respondents see the question on their screen. The general flow of the data dictionary navigations is as follows:

* Survey administration variables
* Demographics of respondent (i.e. age, gender, income, residence, etc.)
* Prescription Pain Relievers
* Prescription and Non-Prescription Codeine
* Prescription and Non-Prescription Dihydrocodeine
* Other Prescription and Non-Prescription Drugs- (i.e. benzodiazepines, stimulants, loperamide, etc.)
* End of Survey Questions- (i.e. other risk factors, illicit drug use, etc.)
* DAST-10 Questionnaire
* Summary Variables- derived variables from dataset to aid in analysis

Variable names that can be found in the data are in red along with the possible values they can hold. Purple text is explanatory text. Black text is largely question wording.

# Overarching Survey Wide Variables

**Vendor Variables**

|  |  |
| --- | --- |
| Date (character) | Completion time and date |
| Qtime (numeric) | Total interview time in seconds |
| start\_date (character) | Date the survey was started |
| Status (numeric) | Respondent status where  Not Qualified….1 (invalid zip codes, age restrictions, confidentiality statement not signed, people who took the survey too fast)  Over Quota……2  Qualified……….3 (this data will be entirely qualified completed surveys, all entries will be this value)  Partial…………..4 |
| Vmobiledevice (numeric) | Device respondent took survey on  Smartphone………. 1  Feature phone …… 2  Tablet……………… 3  Other mobile………. 4  Desktop…………….. 5 |

## Randomization Scheme of Survey Sections Seen by Respondents

Values 1-11 indicating what number that section was seen (ORDER\_FENT = 1 means saw the fentanyl section first)

|  |  |  |
| --- | --- | --- |
| **Randomized vs. Static** | **Section Name** | **Variable Name (numeric)** |
| Static | Intro/Demographics | - |
| Randomized Sections  (questions within each section are static) | Fentanyl | ORDER\_FENT |
| Buprenorphine | ORDER\_BUP |
| Methadone | ORDER\_METH |
| Morphine | ORDER\_MORPH |
| Oxycodone | ORDER\_OXY |
| Tramadol | ORDER\_TRAM |
| Tapentadol | ORDER\_TAP |
| Codeine (prescription & non-prescription) | ORDER\_COD |
| Dihydrocodeine (prescription & non-prescription) | ORDER\_DIHY |
| Hydromorphone | ORDER\_HYDM |
| Sufentanil | ORDER\_SUF |
| Static | Stimulants | - |
| Benzodiazepines | - |
| THC/Cannabinoids | - |
| Dextromethorphan | - |
| Diphenhydramine | - |
| Loperamide | - |
| End of Survey Questions | - |
| DAST-10 | - |
| Summary Variables | - |

## Post-stratification Weights

WT post-stratification weight variable that represents how many people in UK general adult population are represented by each survey respondent. Based on 2017 Census Data in the UK for adults ages 16+ (Eurostat). Post-stratification weights calculated by gender (Male or Female), region (Scotland, Northern Ireland, London, Other England, Wales), and age categories (16-24, 25-34, 35-44, 45-54, 55-64, or 65+). There were extreme weights in this launch so all weights in the upper tail were assigned the value of the 99th percentile.

Unweighted N = 10,006

# Proprietary Statement:

Data from the RADARS® System Survey of Non-Medical Use of Prescription Drugs Program **are not public.** These data are **proprietary** and are only to be used for the purposes of the American Statistical Association’s DataFest. By using this data, you agree to:

1. During participation in DataFest, **store** and **manage** the data **securely** and **privately**.
2. **Erase all data** after your DataFest participation is complete.
3. **Not identify or attempt to identify** the information contained in the dataset, **nor contact** any of the individuals whose information is contained in the dataset.
4. **Comply with** all applicable U.S. federal and state laws and **regulations** relating to the maintenance of the dataset, the safeguarding of the confidentiality of the dataset, and the use and disclosure of the dataset.
5. **Not publish** results of your analysis of the data except that the final products of the competition (video, slide deck, one-page summary) may be displayed on team members' websites and on campus DataFest websites.
6. **Not share** the data with anyone who is not a participant of DataFest.

Survey Variables

# Demographics

1. Are you? DEM\_GENDER

Male 1

Female 2

1. How old are you? DEM\_AGE (Numeric: Value field- minimum age 16 and maximum age 110)

<skip logic> if DEM\_AGE <16 or < 100 exit survey.

<Derived variables not chosen by respondent>

Age Categories, made from age reported. DEM\_AGE10

16-24 years old -2

25-34 years old 2

35-44 years old 3

45-54 years old 4

55-64 years old 5

65 or more years old 6

1. Are you?

Yes 1

No 0

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| A student attending any type of university or college within the last 3 months | DEM\_STDNT | |
| A member or former member of the armed forces | DEM\_VET | |
| Currently a healthcare professional (providing care to patients) | DEM\_HEALTH | |

1. Which region of the UK do you currently live in? DEM\_LOCATION

Scotland …..1

Northern Ireland 2

London ……………………….3

Other England 4

Wales 5

Location Mapping List <reference only>

|  |  |
| --- | --- |
| NUTS 1 Region | Region for Quotas/Weighting |
| Scotland | Scotland [DEM\_LOCATION = 1] |
| Northern Ireland (UK) | Northern Ireland [DEM\_LOCATION = 2] |
| London | London [DEM\_LOCATION = 3] |
| North East | Other England [DEM\_LOCATION = 4] |
| North West |
| Yorkshire and The Humber |
| East Midlands (UK) |
| West Midlands (UK) |
| East of England |
| South East (UK) |
| South West (UK) |
| Wales | Wales [DEM\_LOCATION = 5] |

1. Please indicate the first half of the postcode that you currently live in. DEM\_POSTAL(character)
2. Are you... DEM\_MARITAL

Single, that is, never married and never registered in a same-sex civil

partnership 1

Married 2

Separated, but still legally married 3

Divorced 4

Widowed 5

In a registered same-sex civil partnership 6

Separated, but still legally in a same-sex civil partnership 7

Formerly in a same-sex civil partnership which is now legally dissolved . 8

Surviving partner from a same-sex civil partnership 9

1. What is your ethnic group? Please choose one option that best describes your ethnic group or background. DEM\_ETHNIC

**White**

English / Welsh / Scottish / Northern Irish / British 1

Irish 2

Gypsy or Irish Traveller 3

Any other white background 4

**Mixed/multiple ethnic groups**

White and Black Caribbean 5

White and Black African 6

White and Asian 7

Any other Mixed / Multiple ethnic background 8

**Asian / Asian British**

Indian 9

Pakistani 10

Bangladeshi 11

Chinese 12

Any other Asian background 13

**Black / African / Caribbean / Black British**

African 14

Caribbean 15

Any other Black / African / Caribbean background 16

**Other ethnic group**

Arab 17

Any other ethnic group 18

1. What is your religion? DEM\_RELIGION

No religion 1

Christian (including Church of England, Catholic, Protestant, and

all other Christian denominations) 2

Buddhist 3

Hindu 4

Jewish 5

Muslim 6

Sikh 7

Any other religion 8

1. Which of the following brackets best represents your total household income? DEM\_INCOME

Under £10,000 1

Between £10,000 and £14,999 2

Between £15,000 and £19,999 3

Between £20,000 and £29,999 4

Between £30,000 and £39,999 5

Between £40,000 and £49,999 6

Between £50,000 and £59,999 7

Between £60,000 and £69,999 8

£70,000 or more 9

Prefer not to say 10

1. What is the highest degree or level of school you have completed? Please select one. DEM\_EDU

|  |  |
| --- | --- |
| 1 | O Level/GCSE grades D-G/SCE Standard/Ordinary below grade 3  CSE grades 2-5  NVQ/SVQ/GSVQ level 1/GNVQ foundation  BTEC/SCOTVEC first/General Certificate  City and Guilds part 1/RSA Stage I-III  SCOTVEC modules/Junior certificate |
| 2 | O Level/GCSE grades A-C/SCE Standard/Ordinary grades 1-3  CSE grade 1  NVQ/SVQ/GSVQ level 2/GNVQ intermediate  BTEC/SCOTVEC first/General diploma  City and Guilds Craft/Ordinary level/Part II/RSA Diploma |
| 3 | Trade Apprenticeships |
| 4 | A/AS levels/SCE Higher/Scottish Certificate 6th Year Studies  NVQ/SVQ/GSVQ level 3/GNVQ Advanced  ONC/OND/BTEC National  City and Guilds Advanced Craft/Final level/ Part III/RSA Advanced Diploma  International Baccalaureate Diploma |
| 5 | Diplomas in higher education/other H.E. qualifications  HNC/HND/BTEC Higher  Teaching qualifications for schools/further education (below degree level)  Nursing/other medical qualifications (below degree level)  RSA Higher Diploma |
| 6 | First degree (BA, BSc, BEd, MB BS)  Postgraduate diplomas/Certificates (inc. PGCE)  Professional qualifications at degree level (chartered accountant/surveyor)  NVQ/SVQ Level 4 or 5 |
| 7 | Higher degree/postgraduate qualifications (MSc, MA, PhD) |
| 8 | Other qualifications (including overseas) |

<Skip logic> If DEM\_GENDER=2 (female), display the following question:

1. Are you currently pregnant? DEM\_PREG

Yes 1

No 0

Missing = males

<Skip logic> If respondent answers yes, display the following question:

1. How many months pregnant are you? DEM\_PREGMNTH (numeric: *whole numbers only, range 1-9)*

Missing = males and non-pregnant females

<Skip Logic> If DEM\_HEALTH=1, then display the following two questions.

1. In what type of healthcare setting do you currently work? Please select all that apply.

Unchecked 0

Checked 1

Missing = not a current healthcare professional

Pre-hospital setting HEALTH\_SETTING\_PRE

Hospital setting HEALTH\_SETTING\_HOS

Primary care or other community setting HEALTH\_SETTING\_PRIM

Private practice/clinic HEALTH\_SETTING\_PRIV

Other (please specify HEALTH\_SETTING\_SPFY) HEALTH\_SETTING\_OTH

1. What is your current role as a healthcare professional? HEALTH\_ROLE

Doctor 1

Nurse Practitioner 2

Registered Nurse 3

Midwife 4

Pharmacist 5

Dentist 6

Optician 7

Psychiatrist 8

Other (please specify HEALTH\_ROLE\_SPFY) 9

Missing = not a current healthcare professional

# Fentanyl

1. Have you ever used fentanyl (*for example, Actiq®, Abstral®, Effentora®, Matrifen®, Durogesic®, Bufyl®, Fentalis®, TNT, percopop, lollipop, etc.*)? This does not include non-pharmaceutical fentanyl made in illegal laboratories. You will be asked about non-pharmaceutical fentanyl later in the survey. FENT\_USE

Yes 1

No 0

<Skip Logic>. If yes, proceed to the next question. If no, skip to the next section.

1. Have you ever used fentanyl without a doctor’s prescription or for any reason other than what was recommended by your doctor? FENT\_NMU

Yes 1

No 0

Missing = no lifetime use

# Buprenorphine

1. Have you ever used buprenorphine (*for example, Prefibin®, Temgesic®, Tephine®, Transtec®, Suboxone®, Subutex®, BuTrans®, Bupeaze®, Panitaz®, Reletrans®, Sevodyne®, etc.*)? BUP\_USE

Yes 1

No 0

<Skip Logic>. If yes, proceed to the next question. If no, skip to the next section.

1. Have you ever used buprenorphine without a doctor’s prescription or for any reason other than what was recommended by your doctor? BUP\_NMU

Yes 1

No 0

Missing = no lifetime use

# Methadone

1. Have you ever used methadone (*for example, Physeptone®, Synastone®, Methadose®, Metharose®, etc.*)? METH\_USE

Yes 1

No 0

<Skip Logic>. If yes, proceed to the next question. If no, skip to the next section.

1. Have you ever used methadone without a doctor’s prescription or for any reason other than what was recommended by your doctor? METH\_NMU

Yes 1

No 0

Missing = no lifetime use

# Morphine

1. Have you ever used morphine (*for example, Oramorph®, Sevredol®, MST® Continus®, MXL®, Zomorph®, etc*.)? MORPH\_USE

Yes 1

No 0

<Skip Logic>. If yes, proceed to the next question. If no, skip to the next section.

1. Have you ever used morphine without a doctor’s prescription or for any reason other than what was recommended by your doctor? MORPH\_NMU

Yes 1

No 0

Missing = no lifetime use

# Oxycodone

1. Have you ever used Oxycodone (OxyContin®, Longtec®, OxyNorm®, Targinact®, percs, OCs, oxy, oxy80, etc.)? OXY\_USE

Yes 1

No 0

<Skip Logic>. If yes, proceed to the next question. If no, skip to the next section.

1. Have you ever used Oxycodone without a doctor’s prescription or for any reason other than what was recommended by your doctor? OXY\_NMU

Yes 1

No 0

Missing = no lifetime use

# Tramadol

1. Have you ever used Tramadol (Zydol®, Zamadol®, Tramquel SR®, Tramacet®, Tramulief SR®, Zeridame SR®, Tradorec XL®, Tilodol SR®, Mabron® SR, etc.)? TRAM\_USE

Yes 1

No 0

<Skip Logic>. If yes, proceed to the next question. If no, skip to the next section.

1. Have you ever used Tramadol without a doctor’s prescription or for any reason other than what was recommended by your doctor? TRAM\_NMU

Yes 1

No 0

Missing = no lifetime use

# Tapentadol

1. Have you ever used Tapentadol (Palexia®, Palexia® SR, etc.)? TAP\_USE

Yes 1

No 0

<Skip Logic>. If yes, proceed to the next question. If no, skip to the next section.

1. Have you ever used Tapentadol without a doctor’s prescription or for any reason other than what was recommended by your doctor? TAP\_NMU

Yes 1

No 0

Missing = no lifetime use

# Rx and Non-Rx Codeine

1. Have you ever used Codeine [either codeine alone or with another ingredient (e.g. Paracetamol, Ibuprofen, Pseudoephedrine, etc.)]? COD\_USE

Yes 1

No 0

<Skip Logic>. If yes, proceed to the next question. If no, skip to the next section.

1. Have you ever used **PRESCRIPTION ONLY** Codeine [either codeine alone or with another ingredient (e.g. Paracetamol, Ibuprofen, Pseudoephedrine, etc.)] without a doctor’s prescription or for any reason other than what was recommended by your doctor/pharmacist/the packet insert? COD\_NMU

Yes 1

No 0

Missing = no lifetime use

1. Have you ever used Codeine [either codeine alone or with another ingredient (e.g. Paracetamol, Ibuprofen, Pseudoephedrine, etc.)] that does not require a prescription or require that you obtain it from a pharmacist for any reason other than what was recommended by your doctor/pharmacist/the packet insert? COD\_OTC\_NMU

Yes 1

No 0

Missing = no lifetime use

# Rx and Non-Rx Dihydrocodeine

1. Have you ever used Dihydrocodeine [either alone or with another ingredient (e.g. Paracetamol, etc.)]? DIHY\_USE

Yes 1

No 0

<Skip Logic>. If yes, proceed to the next question. If no, skip to the next section.

1. Have you ever used **PRESCRIPTION ONLY** Dihydrocodeine [either alone or with another ingredient (e.g. Paracetamol, etc.)] without a doctor’s prescription or for any reason other than what was recommended by your doctor/pharmacist/the packet insert? DIHY\_NMU

Yes 1

No 0

Missing = no lifetime use

1. Have you ever used Dihydrocodeine [either alone or with another ingredient (e.g. Paracetamol, etc.)] that does not require a prescription or require that you obtain it from a pharmacist for any reason other than what was recommended by your doctor/pharmacist/the packet insert? DOTC\_NMU

Yes 1

No 0

Missing = no lifetime use

# Hydromorphone

1. Have you ever used Hydromorphone (Palladone®, Palladone® SR, etc.)? HYDM\_USE

Yes 1

No 0

<Skip Logic>. If yes, proceed to the next question. If no, skip to the next section.

1. Have you ever used Hydromorphone without a doctor’s prescription or for any reason other than what was recommended by your doctor? HYDM\_NMU

Yes 1

No 0

Missing = no lifetime use

# Sufentanil

1. Have you ever used Sufentanil (Zalviso®, etc.)? SUF\_USE

Yes 1

No 0

<Skip Logic>. If yes, proceed to the next question. If no, skip to the next section.

1. Have you ever used Sufentanil without a doctor’s prescription or for any reason other than what was recommended by your doctor? SUF\_NMU

Yes 1

No 0

Missing = no lifetime use

# Stimulants

**The following group of questions will address the use of prescription drugs known as stimulants. These types of prescription drugs are used to treat attention deficit hyperactivity disorder (ADHD) or narcolepsy. They are also known to aid with losing weight, staying awake or studying.**

1. Have you ever used a prescription stimulant (Adderall®, Elvanse®, Vyvanse®, Ritalin®, Concerta® XL, Strattera®, Dexedrine®, etc.)? This does **NOT** include store-bought, non-pharmaceutical, or over-the-counter stimulants.STIM\_USE

Yes 1

No 0

<Skip Logic>. If yes, proceed to the next question. If no, skip to the next section.

1. Have you ever used a stimulant without a doctor’s prescription or for any reason other than what was recommended by your doctor? STIM\_NMU

Yes 1

No 0

Missing = no lifetime use

# Benzodiazepines

**The following questions will address the use of prescription drugs known as benzodiazepines. These types of prescription drugs are used to treat anxiety and panic, seizures (convulsions), and insomnia or trouble sleeping.**

1. Have you ever used a benzodiazepine (Nitrazepam, Lorazepam, Flurazepam, Diazepam, Alprazolam, Stilnoct®, Zopiclone, Zolpidem, Oxazepam, Bromazepam, Clobazam, Clonazepam, Chlordiazepoxide, Midazolam, Oxazepam, Zaleplon, etc.)? BENZ\_USE

Yes 1

No 0

<Skip Logic>. If yes, proceed to the next question. If no, skip to the next section.

1. Have you ever used a benzodiazepine without a doctor’s prescription or for any reason other than what was recommended by your doctor? BENZ\_NMU

Yes 1

No 0

Missing = no lifetime use

# Cannabinoids

1. Have you ever used a prescription Cannabinoid (Sativex®, Nabilone, etc.) made by a pharmaceutical company? This does **NOT** include medical, recreational, or illicit marijuana. THC\_USE

Yes 1

No 0

<Skip Logic>. If yes, proceed to the next question. If no, skip to the next section.

1. Have you ever used a prescription Cannabinoid without a doctor’s prescription or for any reason other than what was recommended by your doctor? THC\_NMU

Yes 1

No 0

Missing = no lifetime use

# Dextromethorphan

**The question below refers to non-prescription dextromethorphan products.**

1. Have you ever used Dextromethorphan (Benylin® Dry Coughs, Robitussin® Dry Cough, Night Nurse®, Multi-Action ACTIFED® Dry Coughs, etc.)? DEX\_USE

Yes 1

No 0

<Skip Logic>. If yes, proceed to the next question. If no, skip to the next section.

**The following question refers to Dextromethorphan products that do not require a prescription.**

1. Have you ever used Dextromethorphan for any reason or in any way other than what is stated on the label? DEX\_NMU

Yes 1

No 0

Missing = no lifetime use

# Diphenhydramine

**The question below refers to non-prescription diphenhydramine products.**

1. Have you ever used diphenhydramine (for example, Benylin® Day & Night, Benylin® Four Flu, Nytol® One-A-Night™, Panadol® Night or NightPain, Benylin® Chesty Coughs, Benylin® Children’s Night Coughs, Benylin® Dry Coughs, Benylin® Mucus Cough Night, Benylin® Dual Action Night Cough & Congestion etc.)? DIPH\_USE

Yes 1

No 0

<Skip Logic>. If yes, proceed to next question. If no, skip to next section.

**The question below refers to non-prescription diphenhydramine products.**

1. Have you ever used diphenhydramine for any reason other than what was recommended by your doctor/pharmacist/the packet insert? DIPH\_NMU

Yes 1

No 0

Missing = no lifetime use

# Loperamide

**The question below refers to non-prescription loperamide products.**

1. Have you ever used Loperamide (Imodium®, Dioraleze®, etc.)? LOP\_USE

Yes 1

No 0

<Skip Logic>. If yes, proceed to the next question. If no, skip to the next section.

**The following question refers to loperamide products that do not require a prescription.**

1. Have you ever used Loperamide for any reason or in any way other than what is stated on the label? LOP\_NMU

Yes 1

No 0

Missing = no lifetime use

# End of Survey Questions

1. Have you ever used any other prescription drug without a doctor’s prescription or for any reason other than what was recommended by your doctor? OTH\_RX\_DRUG\_USE

Yes 1

No 0

1. Do you currently smoke cigarettes or use any form of tobacco (e-cigarette, cigar, pipe, chew, etc.)? Please answer no if you have smoked less than 100 cigarettes (or 5 packs) in your lifetime. TOB\_USE

I currently use tobacco 1

I have never used tobacco 2

I used tobacco in the past, but I currently do not use tobacco 3

1. How many units of alcohol do you drink per week? ALC\_USE

0 1

1-7 2

8-14 3

15-21 4

22 and above 5

1. Have you ever used one of the following and how often?

No 1

Yes, within the last week 2

Yes, within the last 30 days 3

Yes, within the last 12 months 4

Yes, during my lifetime 5

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No | Yes, in the last week | Yes, in the last 30 days | Yes, in the last 12 months | Yes, during my lifetime |
| Cannabis (e.g. marijuana, grass, hash, ganja, blow, draw, skunk, weed, spliff, dope) | CAN\_USE | | | | |
| Cocaine Powder (e.g. coke, Charlie) | COKE\_USE | | | | |
| Crack Cocaine (e.g. base, rock, stones) | CRACK\_USE | | | | |
| Ecstasy (e.g. ‘E’, MDMA) | MDMA\_USE | | | | |
| GHB/GBL | GHB\_USE | | | | |
| Non-pharmaceutical amphetamine (e.g. Speed, whizz, uppers, billy, sulphate, crank, paste) | SPEED\_USE | | | | |
| Non-pharmaceutical fentanyl (e.g. Apache, China girl, etc.) | NPFENT\_USE | | | | |
| Heroin (e.g. smack, ‘H’, brown) | HEROIN\_USE | | | | |
| Ketamine | KET\_USE | | | | |
| Mephedrone (e.g. Meow Meow, MCAT, Bubble, Drone, Meph, 4MMC) | MEPH\_USE | | | | |
| Methamphetamine (e.g. crystal meth, ice, glass, Tina, yaba) | METHAM\_USE | | | | |
| LSD/acid (e.g. trips) | LSD\_USE | | | | |
| Magic mushrooms | MUSH\_USE | | | | |
| Poppers (e.g. Amyl Nitrite) | POP\_USE | | | | |
| Anabolic steroids (steroids not prescribed by a doctor or other healthcare professional) | STER\_USE | | | | |
| Khat (e.g. quat, qat, qaadka, chat, jaad, quaat) | KHAT\_USE | | | | |
| Synthetic cannabinoid receptor agonists (SCRAs, e.g. spice, K2) | SPICE\_USE | | | | |
| Salvia (e.g. Salvia Divinorum, Divine Sage, Magic Mint, Sally D) | SAL\_USE | | | | |

1. Have you ever sought professional help for substance abuse? HELP\_SUB\_USE

Yes 1

No 0

<Skip Logic> If yes, proceed to next question. If no, skip to 58.

1. If yes, what for? Please tick all that apply.

Checked 1

Unchecked 0

Missing = any respondent who does not report seeking professional help for substance abuse

Alcohol HELP\_SUB\_USE\_ALC

Prescription drugs HELP\_SUB\_USE\_PREDRGS

Illicit/illegal drugs HELP\_SUB\_USE\_OTH

<Skip Logic> If respondent selects either “Prescription drugs” or “Illicit/illegal drugs” in question 55, proceed to question 56. Otherwise, skip to question 57.

1. Have you been prescribed any medications for opioid dependence? Please tick all that apply.

Checked 1

Unchecked 0

Missing = any respondent who does not report seeking professional help for substance abuse for prescription/illicit/illegal drugs

Yes, methadone OPIOID\_DEP\_METH

Yes, buprenorphine OPIOID\_DEP\_BUP

Yes, heroin OPIOID\_DEP\_HER

Yes, other medication OPIOID\_DEP\_OTH

No OPIOID\_DEP\_NO

Question 56 logic: respondents cannot select both “no” and one of the “yes” variables. Respondents can select multiple “yes” variables.

For the following questions, chronic pain refers to pain that has lasted for at least 3 months. This pain can either occur constantly or flare up frequently.

No 1

Yes, within the last week 2

Yes, within the last 30 days 3

Yes, within the last 12 months 4

Yes, during my lifetime 5

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No | Yes, in the last week | Yes, In the last 30 days | Yes in the last 12 months | Yes, during my lifetime |
| 1. Have you suffered from chronic pain? | PAIN\_CHRONIC | | | | |
| 1. Have you visited a healthcare provider for chronic pain? | PAIN\_CHRONIC\_DOC  Missing = have not suffered from chronic pain | | | | |
| 1. Have you received a prescription for an opioid (pain reliever) to treat your chronic pain? | PAIN\_CHRONIC\_RX  Missing = have not suffered from chronic pain and seen a HCP for it | | | | |

<Skip Logic> If yes to question 57, proceed to question 58. If no, skip to question 60. If yes to question 58, proceed to question 59. If no, skip to question 60.

1. Have you ever suffered from acute pain that required you to seek healthcare attention? Acute pain refers to pain that resolved or is expected to resolve within 3 months of onset. PAIN\_ACUTE

Yes 1

No 0

<Skip Logic> If yes, proceed to question 61 and 62. If no, skip to question 63.

For the following two questions, please tick the one answer that most accurately reflects your experience.

No 1

Yes, within the last week 2

Yes, within the last 30 days 3

Yes, within the last 12 months 4

Yes, during my lifetime 5

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No | Yes, in the last week | Yes, In the last 30 days | Yes in the last 12 months | Yes, during my lifetime |
| 1. Have you visited a healthcare provider for acute pain? | PAIN\_ACUTE\_DOC  Missing = have not suffered from acute pain | | | | |
| 1. Have you received a prescription for an opioid (pain reliever) to treat your acute pain? | PAIN\_ACUTE\_RX  Missing = have not suffered from acute pain | | | | |

1. Do you believe prescription drugs are safer than illicit/illegal drugs…

Yes 1

No 0

|  |  |  |
| --- | --- | --- |
|  | No | Yes |
| For enjoyment/to get high | RXDRUGSAFE\_HIGH | |
| To treat pain | RXDRUGSAFE\_PAIN | |
| For therapeutic purposes | RXDRUGSAFE\_THER | |

1. Have you ever attempted to get a prescription from a physician for a medication that you did not need and intended to misuse? DRSHOP\_NMU

Yes 1

No 0

1. Have you ever attempted to get a prescription from a physician for a medication that you did not need and intended to sell? DRSHOP\_SELL

Yes 1

No 0

<Skip Logic> If respondent chooses “Yes” for “Currently a healthcare professional (providing care to patients)” in question 3, then display the following two questions.

1. Do you personally know of a **healthcare professional colleague** who took a controlled substance from the workplace that they intended to misuse? HPC\_USE

Yes 1

No 0

1. Do you personally know of a **healthcare professional colleague** who took a controlled substance from the workplace with the intent to sell? HPC\_SELL

Yes 1

No 0

1. Has a doctor, nurse, or other health professional EVER told you that you had any of the following mental health disorders? Please tick all that apply.

Unchecked 0

Checked 1

|  |  |
| --- | --- |
| Anxiety | MENT\_ANX |
| Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) | MENT\_ADHD |
| Autism or Autism Spectrum Disorder | MENT\_AUT |
| Bipolar Disorder (manic depression) | MENT\_BIP |
| Borderline Personality Disorder | MENT\_BPD |
| Depression | MENT\_DEP |
| Eating Disorder (anorexia or bulimia) | MENT\_EAT |
| Obsessive-Compulsive Disorder (OCD) | MENT\_OCD |
| Panic Disorder | MENT\_PANIC |
| Post-Partum Depression or Psychosis | MENT\_PPD |
| Post-Traumatic Stress Disorder (PTSD) | MENT\_PTSD |
| Schizophrenia | MENT\_SCH |
| Other | MENT\_OTH |
| None of the above | MENT\_NONE |

# Dast-10

All survey respondents should see the following questions.

The following questions concern information about your possible involvement with drugs, not including alcohol. Carefully read each statement and decide if your answer is “Yes” or “No”. In the following statements “drug use” refers to:

1. The use of prescribed or over-the-counter drugs in excess of the directions, or

2. Any nonmedical use of drugs

The various classes of drugs may include cannabis (e.g. marijuana, hashish), solvents (e.g. paint thinner), tranquilizers (e.g. Valium), barbiturates, cocaine, stimulants (e.g. speed), hallucinogens (e.g. LSD) or narcotics (e.g. heroin). Remember that the questions do not include alcohol. Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

Yes 1

No 0

|  |  |  |
| --- | --- | --- |
|  | No | Yes |
| 1. Have you used drugs other than those required for medical reasons? | DAST\_1 | |
| 1. Do you abuse more than one drug at a time? | DAST\_2 | |
| 1. Are you always able to stop using drugs when you want to? | DAST\_3 | |
| 1. Have you ever had blackouts or flashbacks as a result of drug use? | DAST\_4 | |
| 1. Do you ever feel bad or guilty about your drug use? | DAST\_5 | |
| 1. Does your spouse (or parents) ever complain about your involvement with drugs? | DAST\_6 | |
| 1. Have you neglected your family because of your use of drugs? | DAST\_7 | |
| 1. Have you engaged in illegal activities in order to obtain drugs? | DAST\_8 | |
| 1. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? | DAST\_9 | |
| 1. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)? | DAST\_10 | |

<Derived variables not chosen by respondent>

Total DAST-10 score, sum of DAST 1-10 except DAST\_3 is actually inverted so get an additional count if DAST\_3 = 0. DAST\_SUM (numeric)

<Derived variables not chosen by respondent>

Categorical assignment of DAST-10 Score based on DAST\_SUM. DAST\_CAT

None reported, 0 1

Low level, 1-2 2

Moderate level, 3-5 3

Substantial level, 6-8 4

Severe level, 9-10 5

**This completes our survey. Thank you for your participation.**

# Summary Variables

<All derived variables not chosen by respondent>

Indicator variable if respondent took all products in past 7 days. Note: individual products are asked on the survey which creates these variables, but they were not included in this dataset.

Yes 1

No 0

OP\_WK\_ALL opioids

BENZ\_WK\_ALL benzodiazepines

STIM\_WK\_ALL stimulants

ILL\_WK\_ALL illicit drugs

Indicator variable for summary drug use measures

Yes 1

No 0

OP\_USE any opioid lifetime use

OP\_NMU\_EVER any opioid API lifetime non-medical use

OP\_NMU\_YR any opioid product last year non-medical use

OP\_NMU\_NTY any opioid product last 90 day non-medical use

OP\_NMU\_MNTH any opioid product last 30 day non-medical use

OP\_NMU\_WK any opioid product last 7 day non-medical use

BENZ\_USE any benzodiazepine lifetime use

BENZ\_NMU\_EVER any benzodiazepine API lifetime non-medical use

BENZ\_NMU\_YR any benzodiazepine product last year non-medical use (Z-drugs excluded)

BENZ\_NMU\_NTY any benzodiazepine product last 90 day non-medical use (Z-drugs excluded)

BENZ\_NMU\_MNTH any benzodiazepine product last 30 day non-medical use (Z-drugs excluded)

BENZ\_NMU\_WK any benzodiazepine product last 7 day non-medical use (Z-drugs excluded)

STIM\_USE any stimulant lifetime use

STIM\_NMU\_EVER any stimulant API lifetime non-medical use

STIM\_NMU\_YR any stimulant product last year non-medical use

STIM\_NMU\_NTY any stimulant product last 90 day non-medical use

STIM\_NMU\_MNTH any stimulant product last 30 day non-medical use

STIM\_NMU\_WK any stimulant product last 7 day non-medical use

GABA\_USE any GABA-analogue lifetime use (all formulations of Gabapentin, Pregabalin, Baclofen)

GABA\_NMU\_EVER any GABA-analogue API lifetime non-medical use

GABA\_NMU\_YR any GABA-analogue product last year non-medical use

GABA\_NMU\_NTY any GABA-analogue product last 90 day non-medical use

GABA\_NMU\_MNTH any GABA-analogue product last 30 day non-medical use

GABA\_NMU\_WK any GABA-analogue product last 7 day non-medical use

ILL\_USE lifetime illicit drug use- any of the drugs listed

ILL\_YR past year illicit drug use- any of the drugs listed

ILL\_MNTH past 30 days illicit drug use- any of the drugs listed

ILL\_WK past 7 days illicit drug use- any of the drugs listed

FENT\_NMU\_NTY any fentanyl product last 90 day non-medical use

BUP\_NMU\_NTY any buprenorphine product last 90 day non-medical use

METH\_NMU\_NTY any methadone product last 90 day non-medical use

MORPH\_NMU\_NTY any morph product last 90 day non-medical use

OXY\_NMU\_NTY any oxycodone product last 90 day non-medical use

TRAM\_NMU\_NTY any tramadol product last 90 day non-medical use

TAP\_NMU\_NTY any tapentadol product last 90 day non-medical use

COD\_NMU\_NTY any prescription codeine product last 90 day non-medical use

COTC\_NMU\_NTY any non-prescription codeine product last 90 day non-medical use

DIHY\_NMU\_NTY any prescription dihydrocodeine product last 90 day non-medical use

DOTC\_NMU\_NTY any non-prescription dihydrocodeine product last 90 day non-medical use

HYDM\_NMU\_NTY any hydromorphone product last 90 day non-medical use

SUF\_NMU\_NTY any sufentanil product last 90 day non-medical use

OPR\_NMU\_NTY any other opioid product last 90 day non-medical use