Corrigendum to “Concurrent use of methamphetamine, MDMA, LSD, ketamine, GHB, and flunitrazepam among American youths” [Drug and Alcohol Dependence 84 (1) (2006) 102–113]

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The authors wish to make the following statement regarding their paper:

In this paper, we reported on the prevalence of use of “club drugs” by young Americans aged 16–23, based on secondary analyses of data from the National Survey on Drug Use and Health (NSDUH). Unfortunately, we failed to alert readers to methodological differences in NSDUH’s approach to assessment of use among the six drugs we studied that may result in underestimates of the prevalence of use of two of them. Use of methamphetamine, MDMA, LSD, and flunitrazepam (Rohypnol) is assessed directly (e.g., “Have you ever, even once, used LSD, also called “acid”?), but the use of GHB and ketamine is assessed indirectly. For example, “Have you ever, even once, used any other [drugs] besides the ones that have been listed?” If the respondent answered “yes,” then the interview continued: “You have indicated that you have used [the drugs] other than the ones that were specifically mentioned in the previous questions. Please use the keyboard to type in the names of these other [drugs] you have used. Type in the name of one of the other [drugs] you have used. If you’re not sure how to spell the name of the [drug] you used, just make your best guess.” Similar questions were asked to obtain non-medical use of prescription drugs that were not listed on the drug cards.

The indirect approach to assessment of GHB and ketamine use may result in underestimates of the prevalence of use of these two drugs. Detailed descriptions of the methods for assessment of use of drugs in NSDUH can be found in (http://www.oas.samhsa.gov/nhsda/methods.cfm#2k2), and readers of our paper are cautioned to interpret carefully the findings related to GHB and ketamine in light of the assessment differences.