

NSDUH DATA REVIEW

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Suicidal Thoughts and Behavior among Adults: Results from the 2014 National Survey on Drug Use and Health

Authors

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Abstract

Background. In 2013, suicide was the 10th leading cause of death in the United States overall and ranked even higher as a cause of death among people aged 15 to 54. The Substance Abuse and Mental Health Services Administration (SAMHSA) uses information on suicidal thoughts and behavior among adults from the National Survey on Drug Use and Health (NSDUH) in efforts to prevent suicides and to provide services to people who are at risk.

Methods. This report presents findings from the 2014 NSDUH on the percentages and numbers of adults aged 18 years old or older in the United States who had serious thoughts of suicide, made a suicide plan, and attempted suicide in the past 12 months. Findings for 2014 are presented for all adults aged 18 or older, young adults aged 18 to 25, adults aged 26 to 49, adults aged 50 or older, and adult males or females aged 18 or older. Trend data for suicidal thoughts and behavior also are presented by comparing estimates in 2014 with estimates in 2008 to 2013. Statistically significant differences are noted among subgroups of adults in 2014 and for differences between estimates in 2014 and those in prior years.

Results. In 2014, 9.4 million adults aged 18 or older thought seriously about trying to kill themselves in the past 12 months, including 2.7 million who made suicide plans and 1.1 million who made a nonfatal suicide attempt. These numbers represent 3.9 percent of adults in 2014 who had serious thoughts of suicide, 1.1 percent who made suicide plans, and 0.5 percent who attempted suicide in the past year. These percentages for suicidal thoughts, suicide plans, and suicide attempts among adults aged 18 or older were stable between 2008 and 2014. Young adults aged 18 to 25 in 2014 were more

likely than adults in other age groups to have serious thoughts of suicide, to have made suicide plans, or to have attempted suicide. Similar percentages of males and females aged 18 or older in 2014 had serious thoughts of suicide, but females were more likely than males to have made suicide plans or to have attempted suicide. Adults in 2014 who had a substance use disorder (SUD) in the past year related to their use of alcohol or illicit drugs also were more likely than adults who did not have an SUD to report suicidal thoughts or behavior. Adults in 2014 who had a major depressive episode (MDE) in the past year were more likely than adults who did not have an MDE in the past year to have had serious thoughts of suicide, to have made suicide plans, or to have attempted suicide in the past year. Among adults in 2014 who had serious thoughts of suicide in the past year, nearly half did not receive any mental health services in the past year, and about 1 in 7 perceived a need for mental health care but did not obtain care.

Conclusions. Findings from NSDUH on suicidal thoughts and behavior among adults are useful to SAMHSA for understanding the size of the adult population that is at risk for suicide, tracking changes in the percentages of the population with suicidal thoughts and behavior over time, identifying factors that appear to increase the likelihood of adults having suicidal thoughts or behavior, and identifying whether adults who had suicidal thoughts are receiving mental health care. For the association between having an SUD and having suicidal thoughts or behavior, however, it is not possible to determine whether adults experienced suicidal thoughts or behavior because of their SUDs or whether their SUDs were a consequence of their depressed mood or suicidal thoughts.

Introduction

Suicide is an important public health problem in the United States and a tragedy for all involved—families, friends, neighbors, colleagues, and communities. In 2013, suicide was the 10th leading cause of death in the United States overall.¹ Among people aged 15 to 54, suicide ranked even higher as a cause of death.²

However, research suggests that there are many more attempted suicides than there are deaths from suicide.^{3,4} People also are likely to have thought about suicide before actually attempting suicide. The Substance Abuse and Mental Health Services Administration (SAMHSA) provides suicide prevention information and other resources to behavioral health professionals, the general public, and people at risk. SAMHSA uses data from the National Survey on Drug Use and Health (NSDUH) to obtain information on suicidal thoughts and behavior among adults and the percentage of adults who sought medical attention for a nonfatal suicide attempt in the United States.

Survey Background

NSDUH is an annual survey of the civilian, noninstitutionalized population of the United States aged 12 years old or older.⁵ The survey is sponsored by SAMHSA within the U.S. Department of Health and Human Services (HHS). The survey covers residents of households and individuals in noninstitutional group quarters (e.g., shelters, boarding houses, college dormitories, migratory workers' camps, halfway houses). The survey excludes people with no fixed address (e.g., homeless people not in shelters), military personnel on active duty, and residents of institutional group quarters, such as jails, nursing homes, mental institutions, and long-term hospitals.

NSDUH employs a stratified multistage area probability sample that is designed to be representative of both the nation as a whole and for each of the 50 states and the District of Columbia. The 2014 NSDUH target sample size of 67,500 interviews was distributed across three age groups, with 25 percent allocated to adolescents aged 12 to 17, 25 percent allocated to young adults aged 18 to 25, and 50 percent allocated to adults aged 26 or older. In 2002 through 2013, the NSDUH sample was allocated equally across these three age groups and had the same total target sample size per year as in 2014.⁶

NSDUH is a face-to-face household interview survey that is conducted in two phases: the screening phase and the interview phase. The interviewer conducts a screening of the eligible household with an adult resident (aged 18 or older) in order to determine whether zero, one, or two residents aged 12 or older should be selected for the interview.⁷ NSDUH collects data using audio computer-assisted self-interviewing (ACASI), in which respondents read or listen to the questions on headphones and then enter their answers directly on the NSDUH laptop computer. ACASI is designed to encourage accurate reporting of information by providing respondents with a highly private and confidential mode for responding to questions about illicit drug use, mental health, and other sensitive behaviors. NSDUH also uses computer-assisted personal interviewing (CAPI) in which interviewers read less sensitive questions to respondents and enter the respondents' answers on the laptop.

In 2014, screening was completed at 127,605 addresses, and 67,901 completed interviews were obtained, including 50,855 interviews from adults aged 18 or older. Weighted response rates for household screening and for interviewing were 81.9 and 71.2 percent, respectively, for an overall response rate of 58.3 percent for people aged 12 or older. The weighted interview response rate was 70.3 percent for adults.⁸ Further details about the 2014 NSDUH design and methods can be found on the web at <http://www.samhsa.gov/data/>.⁹

Data Presentation and Interpretation

This report presents 2014 NSDUH estimates of suicidal thoughts and behavior and service use for civilian, noninstitutionalized adults aged 18 years old or older, as well as trend data between 2008 and 2014. This report presents information only for adults aged 18 or older because NSDUH does not ask adolescents aged 12 to 17 about suicidal thoughts and behavior. In addition to estimates of suicidal thoughts and behavior being presented for all adults aged 18 or older, estimates are presented for three age subgroups: young adults aged 18 to 25, adults aged 26 to 49, and adults aged 50 or older. Most of the sections in this report also present 2014 estimates of suicidal thoughts and behavior for women and men aged 18 or older. Comprehensive 2014 NSDUH detailed tables and mental health detailed tables that show additional substance use and mental health-related outcomes, including data for various subpopulations covered in NSDUH, are available separately at <http://www.samhsa.gov/data/>.¹⁰

Readers are reminded that estimates in this report do not reflect information from adults whose suicide attempts in the past year were fatal. In 2013, suicide was listed as the cause of death in about 41,000 out of approximately 2.6 million deaths among individuals of all ages in the United States.¹¹ In addition, NSDUH may underestimate suicidal thoughts and behaviors because individuals in some population subgroups are not covered by NSDUH. For example, institutionalized individuals or homeless people not living in shelters could be more likely than those in the population covered by NSDUH to have had suicidal thoughts or experienced suicidal behavior in the past year.

All estimates (e.g., percentages and numbers) presented in the report are derived from NSDUH survey data that are subject to sampling errors. The estimates have met the criteria for statistical reliability. Estimates that do not meet these criteria for reliability have been suppressed and are not shown.¹² Trend analyses in this report focus on percentages because the percentages take into account any changes in the size of the total population and facilitate the comparison of estimates across years.¹³ This report focuses on long-term trends by comparing percentages in 2014 with percentages in each of the years from 2008 to 2013. Statistical tests also have been conducted for comparisons that appear in the text of the report. Statistically significant differences are described using terms such as “higher,” “lower,” “increased,” or “decreased.” Statements use terms such as “similar,” “remained steady,” or “stable” when a difference is not statistically significant. Analyses of long-term trends in this report summarize whether the 2014 estimates are different from or similar to estimates in most previous years,¹⁴ while minimizing discussion of anomalous differences between any 2 years that can occur due to these estimates being based on samples.¹⁵ Graphics and tables contain estimates that support the statements in this report, and supplemental tables of estimates (including standard errors) are included in [Appendix A](#).

In addition, readers are advised that items about suicidal thoughts and behavior among adults could have missing data. Respondents with missing data regarding suicidal thoughts and behavior were excluded from the relevant analyses. For most of the estimates that are presented in this report, fewer than 1 percent of adult respondents

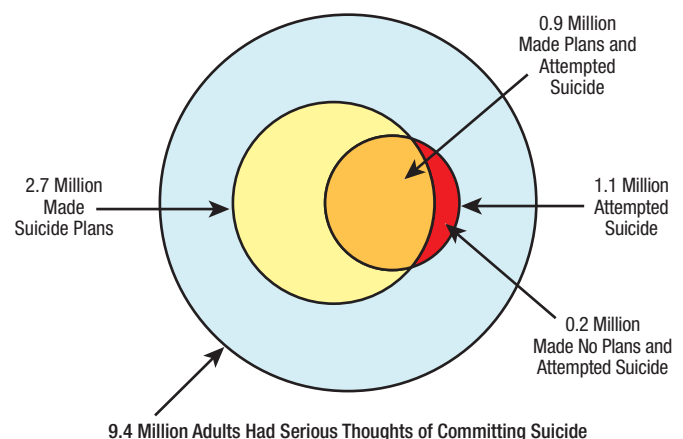
had missing data for suicidal thoughts and behavior. For only three of the estimates in this report, a maximum of 3.5 percent of adult respondents had missing data.¹⁶

Suicidal Thoughts and Behavior among Adults Overall

NSDUH respondents aged 18 or older were asked if at any time during the past 12 months they had thought seriously about trying to kill themselves. In 2014, 9.4 million adults aged 18 or older reported they had thought seriously about trying to kill themselves at any time during the past 12 months ([Figure 1](#)). Those who had serious thoughts of suicide were then asked whether they made a plan to kill themselves or tried to kill themselves in the past 12 months. Of the 9.4 million adults with serious thoughts of suicide, 2.7 million reported they had made any suicide plans, and 1.1 million made a nonfatal suicide attempt. Among the 1.1 million adults aged 18 or older who attempted suicide in the past year, 0.9 million reported making suicide plans, and 0.2 million did not make suicide plans.¹⁷

Stated another way, nearly one third of adults who had serious thoughts of suicide made suicide plans, and about 1 in 9 adults who had serious thoughts of suicide made a suicide attempt. In other words, more than two thirds of adults in 2014 who had serious thoughts of suicide did *not* make suicide plans, and 8 out of 9 adults who had serious thoughts of suicide did *not* attempt suicide.

Figure 1. Suicidal Thoughts, Plans, and Attempts in the Past Year among Adults Aged 18 or Older: 2014



Serious Thoughts of Suicide

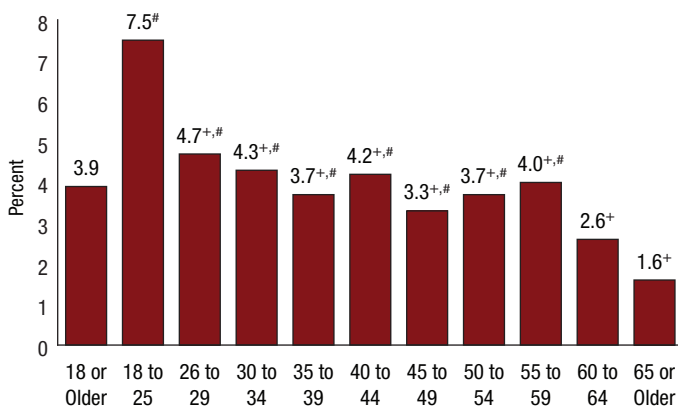
The estimated 9.4 million adults aged 18 or older in 2014 who had serious thoughts of suicide in the past year (Figure 1) represent 3.9 percent of adults aged 18 or older (Figure 2). The percentage of adults aged 18 or older who had serious thoughts of suicide remained stable between 2008 and 2014 (Figure 3).

In 2014, the percentage of adults having serious thoughts of suicide was higher among adults aged 18 to 25 (7.5 percent) than in other adult age groups (Figure 2). In order to allow for a deeper understanding of the relationship between age and suicidal thoughts, Figure 2 shows finer age categories than are shown in the rest of this report. For example, adults aged 65 or older in 2014 were less likely than most other adults to have serious thoughts of suicide. The percentages of adults aged 18 or older who had serious thoughts of suicide in the past year were similar for males and females (3.9 and 4.0 percent, respectively) (Figure 4).

Aged 18 to 25

The 7.5 percent of young adults aged 18 to 25 in 2014 who had serious thoughts of suicide represents 2.6 million young adults. The percentage of young adults with serious thoughts of suicide was stable between 2011 and 2014, but the 2014 percentage was higher than the percentages in 2008 to 2010 (Figure 3). The percentage of young adult males in 2014 who had serious thoughts of suicide in the past year was lower than the percentage for females (6.5 vs. 8.4 percent) (Figure 4).

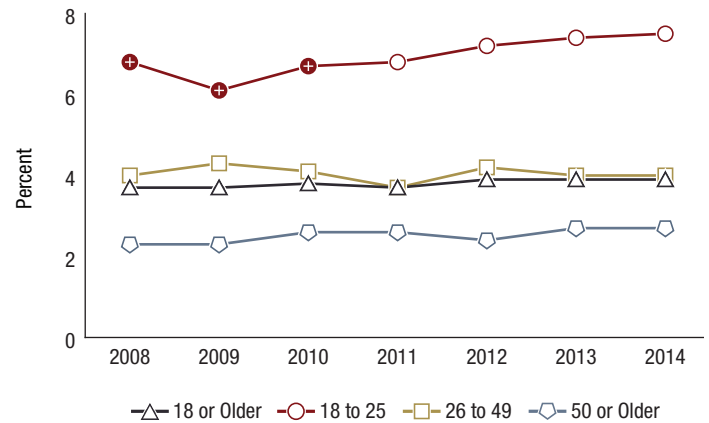
Figure 2. Suicidal Thoughts in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2014



+ Difference between this estimate and the estimate for adults aged 18 to 25 is statistically significant at the .05 level.

Difference between this estimate and the estimate for adults aged 65 or older is statistically significant at the .05 level.

Figure 3. Suicidal Thoughts in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2014



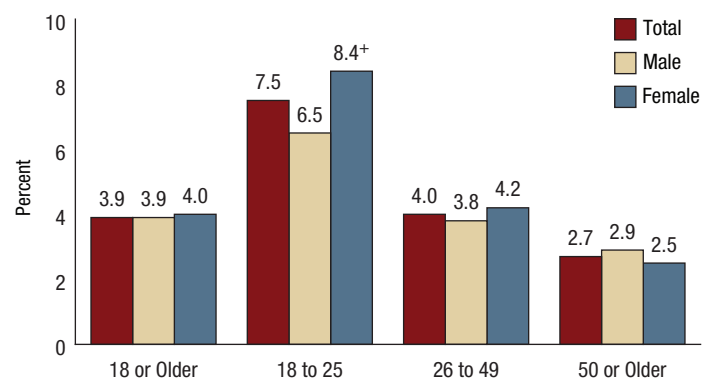
+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

Figure 3 Table. Suicidal Thoughts in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2014

	2008	2009	2010	2011	2012	2013	2014
18 or Older	3.7	3.7	3.8	3.7	3.9	3.9	3.9
18 to 25	6.8 ⁺	6.1 ⁺	6.7 ⁺	6.8	7.2	7.4	7.5
26 to 49	4.0	4.3	4.1	3.7	4.2	4.0	4.0
50 or Older	2.3	2.3	2.6	2.6	2.4	2.7	2.7

+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

Figure 4. Suicidal Thoughts in the Past Year among Adults Aged 18 or Older, by Age Group and Gender: Percentages, 2014



+ Difference between this estimate for females and the estimate for males is statistically significant at the .05 level.

Aged 26 to 49

In 2014, an estimated 4.0 million adults aged 26 to 49 had serious thoughts of suicide. This number represents 4.0 percent of the adults in this age group (Figure 3). The percentage of adults aged 26 to 49 with serious thoughts of suicide was stable between 2008 and 2014. Similar percentages of males and females aged 26 to 49 in 2014 had serious thoughts of suicide (3.8 and 4.2 percent, respectively) (Figure 4).

Aged 50 or Older

In 2014, 2.7 percent of adults aged 50 or older had serious thoughts of suicide (Figure 3), which represents about 2.9 million adults aged 50 or older. The percentage of adults aged 50 or older with serious thoughts of suicide remained stable from 2008 to 2014. In 2014, similar percentages of males and females aged 50 or older had serious thoughts of suicide (2.9 and 2.5 percent, respectively) (Figure 4).

Suicide Plans

The estimated 2.7 million adults in 2014 who made suicide plans in the past year (Figure 1) represent 1.1 percent of adults aged 18 or older (Table 1). The percentage of adults aged 18 or older who made suicide plans remained stable between 2008 and 2014.

In 2014, the percentage of adults who made suicide plans in the past year was higher among adults aged 18 to 25 (2.3 percent) than among adults aged 26 to 49 (1.1 percent) and those aged 50 or older (0.7 percent). The percentage of women who made suicide plans was slightly higher than the percentage for males (1.2 vs. 1.0 percent) (Figure 5).

Table 1. Suicide Plans in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2014

Age Group	2008	2009	2010	2011	2012	2013	2014
18 or Older	1.0	1.0	1.1	1.0	1.1	1.1	1.1
18 to 25	2.0 ⁺	2.0 ⁺	1.9 ⁺	1.9 ⁺	2.4	2.5	2.3
26 to 49	1.1	1.0	1.0	1.1	1.3	1.3	1.1
50 or Older	0.7	0.6	0.9	0.7	0.6	0.6	0.7

⁺ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

Aged 18 to 25

The 2.3 percent of young adults aged 18 to 25 in 2014 who made suicide plans in the past year corresponds to about 806,000 young adults. The percentage of young adults in 2014 who made suicide plans was higher than the percentages in 2008 to 2011 (Table 1). Among young adults in 2014, females were more likely than males to make suicide plans (2.8 vs. 1.9 percent) (Figure 5).

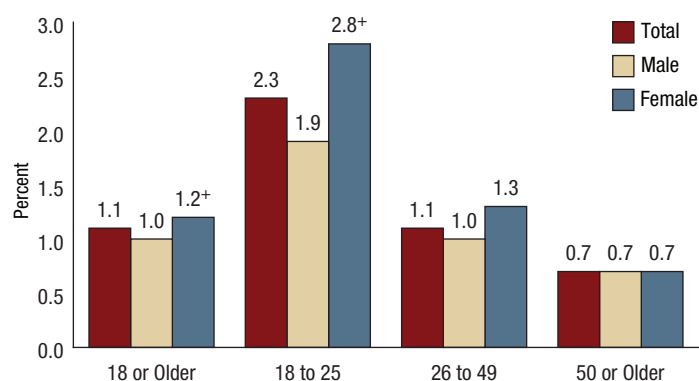
Aged 26 to 49

In 2014, the 1.1 percent of adults aged 26 to 49 who made suicide plans in the past year represents about 1.1 million adults in this age group. The percentage of adults aged 26 to 49 who made suicide plans in the past year was stable from 2008 through 2014 (Table 1). Similar percentages of male and female adults aged 26 to 49 in 2014 made suicide plans in the past year (1.0 and 1.3 percent, respectively) (Figure 5).

Aged 50 or Older

In 2014, the 0.7 percent of adults aged 50 or older who made suicide plans in the past year represents about 754,000 adults aged 50 or older. The percentages of adults aged 50 or older who made suicide plans in the past year showed little change from 2008 to 2014 (Table 1). Similar percentages of males and females aged 50 or older in 2014 made suicide plans in the past year (0.7 percent for both males and females) (Figure 5).

Figure 5. Suicide Plans in the Past Year among Adults Aged 18 or Older, by Age Group and Gender: Percentages, 2014



⁺ Difference between this estimate for females and the estimate for males is statistically significant at the .05 level.

Suicide Attempts

The estimated 1.1 million adults in 2014 who attempted suicide in the past year (with or without first making suicide plans) (Figure 1) represent 0.5 percent of adults aged 18 or older (Table 2). The percentage of adults aged 18 or older who attempted suicide remained stable between 2008 and 2014.

In 2014, the percentage of adults who attempted suicide in the past year was higher among adults aged 18 to 25 (1.2 percent) than among adults aged 26 to 49 (0.5 percent) and those aged 50 or older (0.2 percent) (Table 2). Adult females were more likely than adult males to attempt suicide (0.5 vs. 0.4 percent) (Figure 6).

Aged 18 to 25

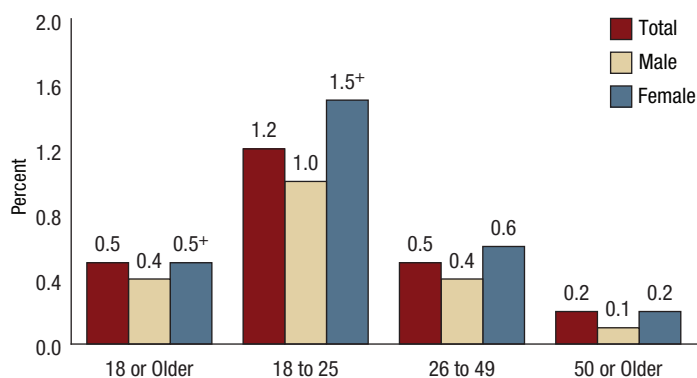
The 1.2 percent of young adults aged 18 to 25 in 2014 who attempted suicide in the past year represents about 433,000 young adults. Similar percentages of young adults in 2008 through 2014 attempted suicide in the past year (Table 2). Among young adults in 2014, females were more likely than males to have made a suicide attempt (1.5 vs. 1.0 percent) (Figure 6).

Table 2. Suicide Attempts in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2014

Age Group	2008	2009	2010	2011	2012	2013	2014
18 or Older	0.5	0.5	0.5	0.5	0.6	0.6	0.5
18 to 25	1.2	1.1	1.2	1.2	1.5	1.3	1.2
26 to 49	0.4	0.5	0.4	0.5	0.5	0.6	0.5
50 or Older	0.3	0.2	0.3	0.3	0.3	0.3	0.2

* Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

Figure 6. Suicide Attempts in the Past Year among Adults Aged 18 or Older, by Age Group and Gender: Percentages, 2014



* Difference between this estimate for females and the estimate for males is statistically significant at the .05 level.

Aged 26 to 49

In 2014, the 0.5 percent of adults aged 26 to 49 who attempted suicide in the past year represents about 491,000 adults in this age group. The percentages of adults aged 26 to 49 who attempted suicide in the past year were stable from 2008 to 2014 (Table 2). Similar percentages of males and females aged 26 to 49 in 2014 attempted suicide in the past year (0.4 and 0.6 percent, respectively) (Figure 6).

Aged 50 or Older

In 2014, the 0.2 percent of adults aged 50 or older who attempted suicide in the past year represents about 196,000 adults in that population. Percentages of adults aged 50 or older who attempted suicide in the past year were stable from 2008 to 2014 (Table 2). Similar percentages of males and females in this age group in 2014 attempted suicide in the past year (0.1 percent of males and 0.2 percent of females) (Figure 6).

Suicidal Thoughts and Behavior among Adults Who Used Substances

In addition to collecting information on suicidal thoughts and behavior, NSDUH asks all respondents whether they have used illicit drugs or alcohol in the 12 months and 30 days prior to the interview (i.e., “past year” and “past month,” respectively). Alcohol use is defined as any use of alcohol in the past 30 days (also known as current use) or past 12 months. Past month alcohol use can be further categorized to indicate whether people were binge alcohol users or heavy alcohol users in the past month. Binge alcohol use is defined as having five or more drinks on the same occasion on at least 1 day in the past 30 days.¹⁸ Heavy alcohol use is defined as having five or more drinks on the same occasion on 5 or more days in the past 30 days. These levels are not mutually exclusive categories of use; heavy use is included in estimates of binge and current use, and binge use is included in estimates of current use. NSDUH also obtains information on nine categories of illicit drugs: marijuana (including hashish), cocaine (including crack), heroin, hallucinogens, and inhalants, as well as the nonmedical use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives, where nonmedical use is defined as the use of these prescription drugs without a prescription of the individual’s own or only for the experience or feeling that the drugs caused. Estimates of “illicit drug use” reported from NSDUH reflect the use of drugs in any of these nine categories.

This section first presents findings on suicidal thoughts and behavior among adults who were past month alcohol users, binge alcohol users, and heavy alcohol users, as well as the collective group of adults who used any alcohol in the past year. This section then presents estimates for adults who used illicit drugs in the past year and adults who used either alcohol or illicit drugs in the past year. Discussion of estimates for adults who used alcohol or illicit drugs also includes the group of adults who used both alcohol and illicit drugs. Throughout this section, estimates from these groups of adult substance users are compared with estimates from the overall adult population (i.e., including users and nonusers).

Past Month Alcohol Use

An estimated 136.8 million adults aged 18 or older in 2014 were current alcohol users,¹⁹ of whom about 5.6 million had serious thoughts of suicide in the past year. Among adults who reported past month alcohol use and serious thoughts of suicide, about 1.6 million made suicide plans in the past year, and 658,000 attempted suicide in the past year. Corresponding percentages among adults aged 18 or older who were current alcohol users were 4.1 percent who had serious thoughts of suicide, 1.1 percent who made suicide plans, and 0.5 percent who attempted suicide (Table 3). These percentages among adults who were current alcohol users were similar to the percentages among all adults.

Past Month Binge Drinking

In 2014, an estimated 59.4 million adults aged 18 or older were past month binge alcohol users.¹⁹ Among these adults who were binge alcohol users in the past month, about 3.1 million had serious thoughts of suicide, 896,000 made suicide plans, and 453,000 attempted suicide in the past

year. Corresponding percentages among adults who were binge alcohol users in the past month were 5.2 percent who had serious thoughts of suicide, 1.5 percent who made suicide plans, and 0.8 percent who attempted suicide in the past year (Table 3). Adults who were binge alcohol users in the past month were more likely than adults in the general population⁵ to have serious thoughts of suicide, make suicide plans, or attempt suicide in the past year.

Past Month Heavy Alcohol Use

An estimated 16.1 million adults aged 18 or older were heavy alcohol users in 2014.¹⁹ Among these adults who were heavy alcohol users, about 987,000 adults had serious thoughts of suicide, 297,000 made suicide plans, and 190,000 attempted suicide in the past year. Corresponding percentages among adults who were heavy alcohol users in the past month were 6.2 percent who had serious thoughts of suicide, 1.9 percent who made suicide plans, and 1.2 percent who attempted suicide in the past year (Table 3). As was the case with binge alcohol use, adults who were heavy alcohol users in the past month were more likely than adults in the general population to have serious thoughts of suicide, make suicide plans, or attempt suicide in the past year.

Any Past Year Alcohol Use

In 2014, an estimated 176.6 million adults aged 18 or older used alcohol in the past year. Among these adults who were past year alcohol users, about 7.2 million reported serious thoughts of suicide, 2.1 million made suicide plans, and 851,000 attempted suicide in the past year. Corresponding percentages among adults who were past year alcohol users were 4.3 percent who had serious thoughts of suicide, 1.2 percent who made suicide plans, and 0.5 percent who attempted suicide (Table 4). Adults who were past year alcohol users were more likely than adults in the general population to have serious thoughts of suicide and to make suicide plans in the past year. However, the percentage of adult past year alcohol users who attempted suicide was similar to the percentage for all adults in the general population.

Table 3. Suicidal Thoughts, Plans, and Attempts in the Past Year among Adults Aged 18 or Older, by Past Month Alcohol Use: Percentages, 2014

	Suicidal Thoughts	Suicide Plans	Suicide Attempts
All Adults	3.9	1.1	0.5
Past Month Alcohol Users	4.1	1.1	0.5
Past Month Binge Alcohol Users	5.2 ⁺	1.5 ⁺	0.8 ⁺
Past Month Heavy Alcohol Users	6.2 ⁺	1.9 ⁺	1.2 ⁺

⁺ Difference between this estimate and the estimate for all adults is statistically significant at the .05 level.

Any Past Year Illicit Drug Use

With one exception, adults aged 18 or older in 2014 who used illicit drugs in the past year were more likely to have serious thoughts of suicide, to make suicide plans, and to attempt suicide compared with all adults (i.e., including users and nonusers of illicit drugs in the past year) (Table 4).²⁰ In 2014, an estimated 39.8 million adults aged 18 or older were past year illicit drug users. Among these adults who used illicit drugs in the past year, about 3.7 million had past year serious thoughts of suicide, 1.1 million made suicide plans, and 525,000 attempted suicide in the past year (Figure 7). Corresponding percentages among adults who used illicit drugs in the past year were 9.4 percent who had serious thoughts of suicide, 2.8 percent who made a suicide plan, and 1.3 percent who attempted suicide in the past year (Table 4). Among the estimated 525,000 adults who were past year illicit drug users and who attempted suicide in the past year, about 436,000 reported making suicide plans, and 89,000 did not make suicide plans (Figure 7).

Having serious thoughts of suicide, making suicide plans, or attempting suicide in the past year among adults aged 18 or older who used illicit drugs varied by the types of substances that were used in the past year. For serious

Table 4. Suicidal Thoughts, Plans, and Attempts in the Past Year among Adults Aged 18 or Older, by Past Year Substance Use: Percentages, 2014

	Suicidal Thoughts	Suicide Plans	Suicide Attempts
All Adults	3.9	1.1	0.5
Alcohol	4.3+	1.2+	0.5
Alcohol OR Illicit Drugs	4.4+	1.2+	0.5+
Alcohol AND Illicit Drugs	9.4+	2.8+	1.3+
Any Illicit Drug	9.4+	2.8+	1.3+
Nonmedical Users of Sedatives	23.2+	7.1+	4.5+
Heroin	18.1+	6.5+	2.6+
Methamphetamine	17.1+	4.4+	2.4+
Inhalants	16.5+	3.2+	1.8
Nonmedical Users of Tranquilizers	15.9+	5.7+	2.3+
Cocaine	15.5+	4.7+	2.3+
Hallucinogens	13.8+	4.1+	1.8+
Nonmedical Users of Stimulants	13.6+	4.0+	2.0+
Nonmedical Users of Pain Relievers	12.0+	3.8+	1.6+
Marijuana	9.1+	2.6+	1.2+

+ Difference between this estimate and the estimate for all adults is statistically significant at the .05 level.

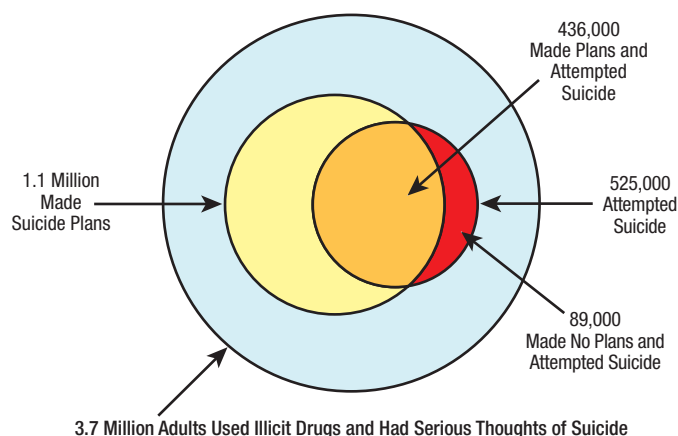
thoughts of suicide in the past year, the percentage was lowest for adults who used marijuana (9.1 percent) (Table 4). Among adults in 2014 who used illicit drugs in the past year, the percentages who reported making suicide plans in the past year ranged from 2.6 percent for marijuana users to 7.1 percent for nonmedical users of sedatives.²¹ Percentages of adult illicit drug users in 2014 who made suicide attempts ranged from 1.2 percent among marijuana users to 4.5 percent among nonmedical users of sedatives.

Any Past Year Substance Use

In 2014, about 7.6 million adults who used alcohol or illicit drugs had serious thoughts of suicide, 2.1 million made suicide plans, and 0.9 million attempted suicide in the past year. Corresponding percentages of adults aged 18 or older in 2014 who used either alcohol or illicit drugs in the past year were 4.4 percent for having serious thoughts of suicide, 1.2 percent for making suicide plans, and 0.5 percent for attempting suicide in the past year (Table 4). These percentages among adults who used alcohol or illicit drugs in the past year were slightly higher than the estimates among all adults.

Adults in 2014 who used both alcohol and illicit drugs in the past year also were more likely than all adults to have serious thoughts of suicide, to make suicide plans, and to make suicide attempts in the past year. Among adults in 2014 who used both alcohol and illicit drugs in the past year, 9.4 percent had serious thoughts of suicide, 2.8 percent made suicide plans, and 1.3 percent attempted suicide in the past year (Table 4).

Figure 7. Suicidal Thoughts, Plans, and Attempts in the Past Year among Adults Aged 18 or Older Who Used Illicit Drugs in the Past Year: 2014



Suicidal Thoughts and Behavior among Adults with Substance Use Disorder

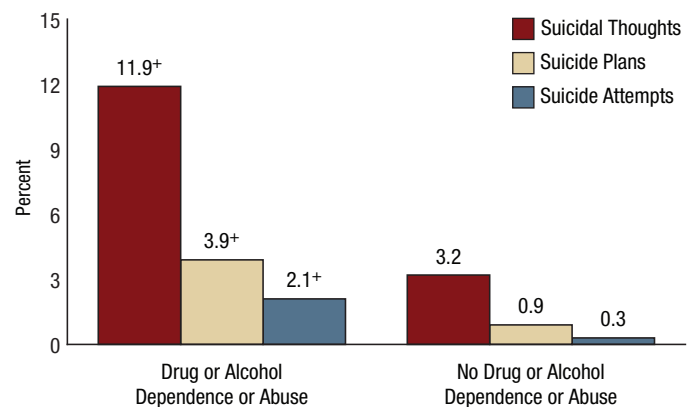
Preventing and treating substance use disorders (SUDs) and related problems in adults are critical to Americans' behavioral and physical health. SUDs occur when the recurrent use of alcohol or other drugs (or both) causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. When SUDs co-occur with one or more mental disorders, failure to treat both disorders can increase a person's risk of early death from suicide.²²

In addition to asking about the use of illicit drugs or alcohol, NSDUH includes a series of questions to estimate the percentage of the population aged 12 years old or older who had SUDs in the past 12 months. Substances include alcohol and illicit drugs, such as marijuana, cocaine, heroin, hallucinogens, inhalants, and the nonmedical use of prescription-type psychotherapeutic drugs.²¹ These questions are used to classify people as having an SUD in the past 12 months based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV).²³ This section provides information on suicidal thoughts and behavior among adults according to whether or not they had an SUD in the past 12 months.

Although associations between SUDs and suicidal thoughts and behavior may be detected in NSDUH, it is not possible to determine which came first. Therefore, NSDUH data cannot be used to make causal connections between SUDs and suicidal thoughts and behavior. For some individuals, SUDs could have occurred before they started experiencing suicidal thoughts or behavior, with suicidal thoughts and behavior being a consequence of SUDs. For other individuals, SUDs could reflect their attempt to use alcohol or illicit drugs to "self-medicate" their depressed mood or suicidal thoughts.

Among adults aged 18 or older in 2014 who had an SUD in the past year, an estimated 2.4 million (11.9 percent) had serious thoughts of suicide, 779,000 (3.9 percent) made suicide plans, and 429,000 (2.1 percent) attempted suicide in the past year (Figure 8). Adults aged 18 or older in 2014 who did not have a past year SUD were less likely than adults with an SUD to have serious thoughts of suicide (3.2 percent), make suicide plans (0.9 percent), or attempt suicide (0.3 percent) in the past year.

Figure 8. Suicidal Thoughts, Plans, and Attempts in the Past Year among Adults Aged 18 or Older, by Substance Dependence or Abuse: Percentages, 2014



⁺ Difference between this estimate and the estimate for adults with no drug or alcohol dependence or abuse is statistically significant at the .05 level.

Suicidal Thoughts and Behavior among Adults with Major Depressive Episode

NSDUH also provides estimates of having a past year major depressive episode (MDE) among adults. MDE is defined using the diagnostic criteria from DSM-IV.²³ Adults were defined as having MDE if they had a period of 2 weeks or longer in the past 12 months when they experienced a depressed mood or loss of interest or pleasure in daily activities, and they had at least some additional symptoms, such as problems with sleep, eating, energy, concentration, and self-worth.^{24,25}

In 2014, an estimated 15.7 million adults aged 18 or older had a past year MDE.¹⁹ Of these 15.7 million adults, about 4.6 million (29.5 percent) had serious thoughts of suicide, 1.5 million (9.7 percent) made suicide plans, and 0.5 million (3.4 percent) attempted suicide in the past year (Table 5). Adults with a past year MDE were more likely to have serious thoughts of suicide, to make suicide plans, and to attempt suicide compared with all adults in the general population (3.9, 1.1, and 0.5 percent, respectively) and compared with adults without a past year MDE (2.1, 0.5, and 0.3 percent, respectively).

Table 5. Suicidal Thoughts, Plans, and Attempts in the Past Year among Adults Aged 18 or Older, by Past Year Major Depressive Episode (MDE): Percentages, 2014

	Suicidal Thoughts	Suicide Plans	Suicide Attempts
All Adults	3.9	1.1	0.5
Past Year MDE	29.5+,#	9.7+,#	3.4+,#
No Past Year MDE	2.1+	0.5+	0.3+

+ Difference between this estimate and the estimate for all adults is statistically significant at the .05 level.

Difference between this estimate and the estimate for adults with no past year MDE is statistically significant at the .05 level.

Receipt of Medical Attention and Service Use among Adults with Suicidal Thoughts and Behavior

SAMHSA provides resources on behavioral health treatments and services in the United States, including suicide prevention services (e.g., see the web links at <http://www.samhsa.gov/find-help>). Although interventions exist, people who contemplate suicide may not receive the help they need. Such treatment could prevent behavioral health conditions from progressing to the point where people consider suicide or could help manage the symptoms of people who have considered or attempted suicide.

Receipt of Medical Attention for Suicide Attempts among Adults

Adult NSDUH respondents who reported making a suicide attempt in the past year were asked if they received medical attention from a doctor or other health professional because of the attempt. Adults who reported receiving medical attention were asked if they stayed in a hospital overnight or longer for their suicide attempt. However, estimates in this section for receipt of medical attention for a suicide attempt in the past year could be conservative. As noted previously, these estimates do not reflect information from adults who received medical attention for suicide attempts that they did not survive. In addition, adults may not be surveyed if they were currently receiving medical care for a suicide attempt or if they were incapable of completing the survey because of a physical or mental disability resulting from an attempt.

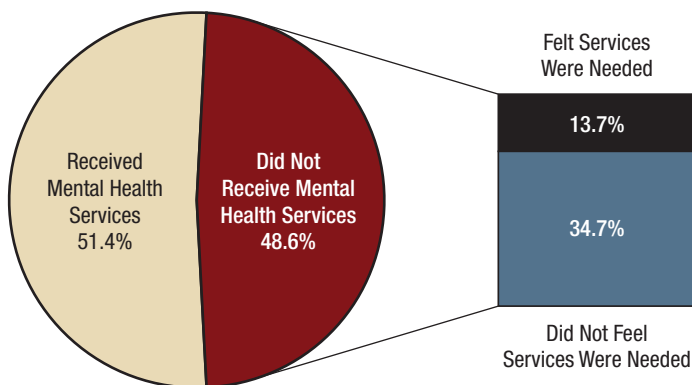
Of the estimated 1.1 million adults in 2014 who attempted suicide in the past year, about 618,000 (55.2 percent) received medical attention for a suicide attempt, and 478,000 (42.7 percent) stayed overnight or longer in a hospital (Table A.10B in Appendix A). Among young adults aged 18 to 25 who attempted suicide in the past year, 44.5 percent received medical attention, and 31.8 percent were hospitalized overnight for their suicide attempt. Among adults aged 26 to 49 who attempted suicide in the past year, 55.3 percent received medical attention, and 41.4 percent were hospitalized overnight for their suicide attempt. Estimates are not presented for adults aged 50 or older who attempted suicide because these estimates did not have sufficient statistical precision to be reported.¹²

Serious Thoughts of Suicide and Mental Health Service Use among Adults

Adults in NSDUH are asked whether they received treatment or counseling for any problem with emotions, “nerves,” or mental health in the past year in any inpatient or outpatient setting or if they used prescription medication in the past year for a mental or emotional condition, not including treatment for use of alcohol or illicit drugs. These NSDUH questions do not ask specifically about treatment for a particular mental health issue. Consequently, references to treatment or counseling for any problem with emotions, nerves, or mental health are described broadly as using “mental health services” or as receiving “mental health care.” Respondents also are asked if they thought they needed treatment but were unable to obtain it.²⁶ However, these questions do not ask specifically about receipt of mental health services or an unmet need for services because of suicidal thoughts or behavior.

Among the estimated 9.4 million adults in 2014 who had serious thoughts of suicide in the past year, about 4.8 million (51.4 percent) used mental health services in the past year,²⁷ and 4.6 million (48.6 percent) did not (Figure 9). Thus, nearly half of adults who had serious thoughts of suicide in the past year did not report any receipt of mental health care. About one third (34.7 percent) of adults who had serious thoughts of suicide did not receive services and did not perceive a need for services. However, about 1 in 7 adults with past year suicidal thoughts (13.7 percent) perceived a need for mental health services but did not obtain care.

Figure 9. Receipt of Mental Health Services and Perceived Need for Services in the Past Year among Adults Aged 18 or Older with Past Year Suicidal Thoughts: Percentages, 2014

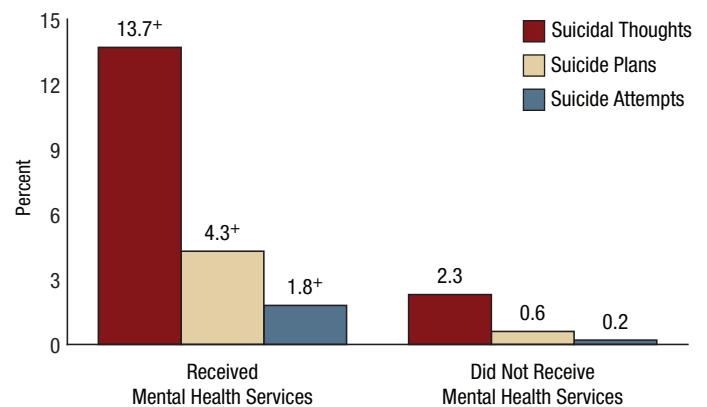


Note: Percentages for adults who did or did not feel that services were needed do not sum to the overall percentage of adults with past year suicidal thoughts who did not receive mental health services because adult respondents with unknown information about a perceived unmet need for services were excluded.

Suicidal Thoughts and Behavior among Adults Who Used Mental Health Services

In 2014, a total of 35.5 million adults aged 18 or older used mental health services in the past 12 months.²⁸ Thus, the numbers of adults mentioned previously who used mental health services and had suicidal thoughts and behaviors in the past year represent the following percentages among all adults who used mental health services in the past year: 13.7 percent who had serious thoughts of suicide, 4.3 percent who made suicide plans, and 1.8 percent who attempted suicide in the past year (Figure 10). The corresponding percentages among adults who did not use mental health services in the past year were 2.3 percent for serious thoughts of suicide, 0.6 percent for suicide plans, and 0.2 percent for suicide attempts. Although the estimates for serious thoughts of suicide, suicide plans, and suicide attempts were higher for adults who used mental health services in the past year than for adults who did not use mental health services, these differences may reflect adults seeking mental health care because of their suicidal thoughts or behavior.

Figure 10. Suicidal Thoughts, Plans, and Attempts in the Past Year among Adults Aged 18 or Older, by Receipt of Mental Health Services: Percentages, 2014



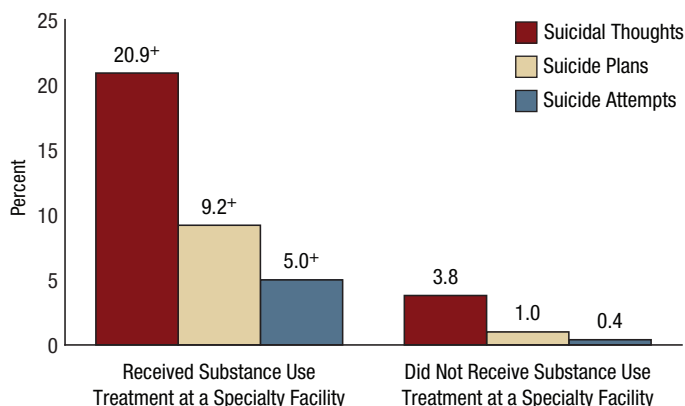
+ Difference between this estimate and the estimate for adults who did not receive mental health services is statistically significant at the .05 level.

Suicidal Thoughts and Behavior among Adults Who Received Substance Use Treatment at a Specialty Facility

Respondents who reported that they received substance use treatment are asked whether they received treatment at a specialty facility. Specialty treatment includes treatment at a hospital (as an inpatient), a rehabilitation facility (as an inpatient or outpatient), or a mental health center in order to reduce or stop drug or alcohol use or for medical problems associated with drug or alcohol use.

In 2014, about 2.5 million adults aged 18 or older received substance use treatment at a specialty facility in the past year,²⁸ including 520,000 who had serious thoughts of suicide, 230,000 who made a suicide plan, and 126,000 who attempted suicide in the past year. Among adults who received substance use treatment at a specialty facility in the past year, these numbers correspond to 20.9 percent who had serious thoughts of suicide, 9.2 percent who made suicide plans, and 5.0 percent who attempted suicide in the past year (Figure 11). These percentages for adults who received substance use treatment at a specialty facility in the past year were higher than the corresponding percentages for adults who did not receive substance use treatment at a specialty facility (3.8 percent for serious thoughts of suicide, 1.0 percent for suicide plans, and 0.4 percent for suicide attempts). As for the findings in the previous section, these differences may reflect adults seeking specialty substance use treatment because of their suicidal thoughts or behavior. Nevertheless, these findings point to the need for substance use treatment providers to be aware that people entering treatment may be feeling suicidal or may have made a suicide attempt.

Figure 11. Suicidal Thoughts, Plans, and Attempts in the Past Year among Adults Aged 18 or Older, by Receipt of Substance Use Treatment at a Specialty Facility in the Past Year: Percentages, 2014



⁺ Difference between this estimate and the estimate for adults who did not receive substance use treatment at a specialty facility is statistically significant at the .05 level.

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Endnotes

1. Kochanek, K. D., Murphy, S. L., Xu, J., & Arias, E. (2014, December). *Mortality in the United States, 2013* (NCHS Data Brief 178). Retrieved from <http://www.cdc.gov/nchs/data/databriefs/db178.htm>
2. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control [Producer]. (2015, March 31). *Web-based Inquiry Statistics Query and Reporting System (WISQARS™): 10 leading causes of death by age group, United States—2013*. Retrieved from <http://www.cdc.gov/injury/wisqars/leadingcauses.html>
3. National Center for Injury Prevention and Control. (2012). *Suicide: Facts at a glance*. Retrieved from <http://www.cdc.gov/violenceprevention/pdf/Suicide-DataSheet-a.pdf>
4. Crosby, A. E., Han, B., Ortega, L. A. G., Parks, S. E., & Gfroerer, J. (2011, October 21). Suicidal thoughts and behaviors among adults aged ≥ 18 years—United States, 2008–2009. *Morbidity and Mortality Weekly Report Surveillance Summaries*, 60(13), 1–22.
5. In this report, terms such as “the general population” are used broadly to refer to the civilian, noninstitutionalized population that is covered by NSDUH. Although some people in the general population of the United States are outside of the civilian, noninstitutionalized population, information from the 2010 census suggests that the civilian, noninstitutionalized population includes at least 97 percent of the total U.S. population. See the following reference: Lofquist, D., Lugaila, T., O’Connell, M., & Feliz, S. (2012, April). *Households and families: 2010* (C2010BR-14, 2010 Census Briefs). Retrieved from <https://www.census.gov/prod/cen2010/briefs/c2010br-14.pdf>
6. Details about the sample design, weighting, and interviewing results for the 2014 NSDUH are provided in Sections A.1, A.3.3, and B.3.1 of CBHSQ (2015). In particular, Tables A.1 and A.2 in CBHSQ (2015) provide sample design information on the targeted numbers of completed interviews by state and by age group, respectively. See the following reference: Center for Behavioral Health Statistics and Quality. (2015). *2014 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <http://www.samhsa.gov/data/>
7. The screening procedure involves listing all household members in order to determine whether zero, one, or two individuals aged 12 or older should be selected for the interview.
8. An overall response rate is not calculated for adults because the screening response rate is not specific to age groups.
9. See the CBHSQ (2015) reference in endnote 6.
10. This report occasionally presents estimated numbers of people with a specific characteristic (e.g., estimated numbers of adults who were substance users, estimated numbers for suicidal thoughts or behaviors). Some of these estimated numbers are not included in figures or tables in the report but may be found in the detailed tables or mental health detailed tables for the 2014 NSDUH.
11. Centers for Disease Control and Prevention. (2015, February 6). *FastStats: Deaths and mortality*. Retrieved from <http://www.cdc.gov/nchs/fastats/deaths.htm>
12. For a discussion of the criteria for suppressing (i.e., not publishing) unreliable estimates, see Section B.2.2 in CBHSQ (2015). See endnote 6 for the reference.
13. If the number of people in the population with a characteristic of interest has increased (e.g., the number of substance users) simply because the size of the overall population has increased, then the percentages will control for the increases both in the number of people with the characteristic of interest and the total number of people in the population.
14. The term “most years” is used when the 2014 estimate is either similar to or significantly different from the estimates in the majority of prior years. However, estimates may not follow the overall pattern in up to 1 or 2 nonsequential years for estimates of suicidal thoughts and behavior in 2008 to 2014.
15. Anomalous differences between 2 years of data usually “correct” themselves with 1 or 2 additional years of data.
16. Among adult respondents who reported use of methamphetamine in the past year, 3.5 percent had missing data for serious thoughts of suicide, suicide plans, and suicide attempts.
17. The estimate for the number of adults aged 18 or older in 2014 who attempted suicide (regardless of whether they made a suicide plan) is presented in the 2014 mental health detailed tables. However, the estimates for the numbers of adults who attempted suicide and made a plan or who attempted suicide without making a plan were made specially for this report and are not included in the 2014 mental health detailed tables.
18. In NSDUH, a “drink” is defined as a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. Times when respondents only had a sip or two from a drink are not considered to be alcohol consumption.
19. Center for Behavioral Health Statistics and Quality. (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health* (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/data/>
20. The only set of estimates that was not significantly different for past year illicit drug users and all adults was for suicide attempts in the past year among adults who used inhalants in the past year and among all adults.
21. Nonmedical use of prescription drugs is defined as use of these drugs without a prescription of the individual’s own or simply for the experience or feeling the drugs caused.
22. Substance Abuse and Mental Health Services Administration. (2014, October 9). *Mental and substance use disorders*. Retrieved from <http://www.samhsa.gov/disorders>
23. American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (DSM-IV) (4th ed.). Washington, DC: Author.
24. The specific questions used to measure MDE and a discussion of measurement issues are included in Section B.4 of CBHSQ (2015). See endnote 6 for the reference.
25. Adults were first asked about having an MDE in their lifetime, including whether they had at least five of nine symptoms in the same 2-week period in their lifetime; at least one of the symptoms needed to be having a depressed mood or loss of interest or pleasure in daily activities. Those who had lifetime MDE were asked if they had a period of time in the past 12 months when they felt depressed or lost interest or pleasure in daily activities for 2 weeks or longer, and they reported that they had some of their other lifetime MDE symptoms in the past 12 months. These adults

were defined as having past year MDE. Data on MDE in the past year for adults are available in NSDUH since 2005. Data on MDE with severe impairment for adults are available since 2009.

26. Respondents could report that they thought they needed treatment despite also reporting that they received mental health care in the past year. These reports would reflect a perceived need for additional services that respondents did not receive.
27. Mental health service use is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with unknown information on the use of mental health services were excluded.
28. Center for Behavioral Health Statistics and Quality. (2015). *Receipt of services for behavioral health problems: Results from the 2014 National Survey on Drug Use and Health*. Retrieved from <http://www.samhsa.gov/data/>

Appendix A: Supplemental Tables of Estimates for Suicidal Thoughts and Behavior among Adults

Table A.1B Had Serious Thoughts of Suicide in the Past Year among Adults Aged 18 or Older, by Demographics

Demographic Characteristic	2008	2009	2010	2011	2012	2013	2014
TOTAL	3.7 (0.13)	3.7 (0.13)	3.8 (0.14)	3.7 (0.13)	3.9 (0.13)	3.9 (0.14)	3.9 (0.12)
AGE							
18-25	6.8* (0.23)	6.1* (0.20)	6.7* (0.22)	6.8 (0.25)	7.2 (0.23)	7.4 (0.24)	7.5 (0.25)
26-49	4.0 (0.19)	4.3 (0.20)	4.1 (0.20)	3.7 (0.17)	4.2 (0.21)	4.0 (0.21)	4.0 (0.17)
26-29	4.6 (0.47)	4.5 (0.47)	4.5 (0.54)	4.5 (0.44)	4.4 (0.51)	4.7 (0.51)	4.7 (0.41)
30-34	3.8 (0.39)	4.2 (0.46)	3.8 (0.43)	2.8* (0.32)	3.9 (0.42)	4.4 (0.51)	4.3 (0.36)
35-39	3.8 (0.45)	4.8 (0.50)	3.1 (0.37)	4.2 (0.44)	3.7 (0.47)	3.6 (0.46)	3.7 (0.34)
40-44	3.8 (0.41)	4.0 (0.39)	3.9 (0.42)	3.4 (0.40)	4.2 (0.47)	3.2 (0.41)	4.2 (0.36)
45-49	4.0 (0.41)	4.2 (0.43)	5.1* (0.48)	3.6 (0.42)	4.5* (0.46)	4.0 (0.42)	3.3 (0.33)
50 or Older	2.3 (0.23)	2.3 (0.23)	2.6 (0.22)	2.6 (0.23)	2.4 (0.21)	2.7 (0.26)	2.7 (0.18)
50-54	3.2 (0.55)	3.2 (0.52)	3.0 (0.50)	4.0 (0.57)	2.6 (0.43)	4.9 (0.88)	3.7 (0.44)
55-59	3.4 (0.65)	3.7 (0.62)	3.6 (0.58)	3.5 (0.65)	2.6* (0.46)	3.5 (0.56)	4.0 (0.52)
60-64	2.0 (0.51)	1.8 (0.43)	2.6 (0.56)	2.2 (0.46)	3.3 (0.63)	2.1 (0.47)	2.6 (0.46)
65 or Older	1.5 (0.28)	1.2 (0.28)	1.7 (0.32)	1.6 (0.27)	1.9 (0.29)	1.5 (0.25)	1.6 (0.23)
GENDER							
Male	3.5 (0.19)	3.5 (0.19)	3.8 (0.21)	3.4 (0.17)	3.6 (0.18)	3.8 (0.21)	3.9 (0.18)
Female	3.9 (0.18)	3.9 (0.18)	3.9 (0.18)	4.0 (0.19)	4.1 (0.18)	4.0 (0.19)	4.0 (0.15)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide information were excluded.

*Difference between estimate and 2014 estimate is statistically significant at the 0.05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008-2014.

Table A.2B Had Serious Thoughts of Suicide in the Past Year among Adults Aged 18 or Older, by Age Group and Gender

Demographic Characteristic	Total (2014)	Male (2014)	Female (2014)
TOTAL	3.9 (0.12)	3.9 (0.18)	4.0 (0.15)
AGE			
18-25	7.5 (0.25)	6.5 (0.35)	8.4 (0.37)
26-49	4.0 (0.17)	3.8 (0.23)	4.2 (0.22)
26-29	4.7 (0.41)	4.8 (0.60)	4.6 (0.50)
30-34	4.3 (0.36)	4.0 (0.54)	4.6 (0.50)
35-39	3.7 (0.34)	3.6 (0.52)	3.8 (0.45)
40-44	4.2 (0.36)	4.3 (0.55)	4.1 (0.46)
45-49	3.3 (0.33)	2.6 (0.40)	4.1 (0.50)
50 or Older	2.7 (0.18)	2.9 (0.30)	2.5 (0.22)
50-54	3.7 (0.44)	4.0 (0.74)	3.4 (0.53)
55-59	4.0 (0.52)	4.1 (0.75)	3.9 (0.66)
60-64	2.6 (0.46)	3.3 (0.82)	2.0 (0.47)
65 or Older	1.6 (0.23)	1.6 (0.34)	1.7 (0.29)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide information were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

Table A.3B Made Any Suicide Plans in the Past Year among Adults Aged 18 or Older, by Demographics

Demographic Characteristic	2008	2009	2010	2011	2012	2013	2014
TOTAL	1.0 (0.07)	1.0 (0.07)	1.1 (0.07)	1.0 (0.07)	1.1 (0.07)	1.1 (0.07)	1.1 (0.06)
AGE							
18-25	2.0* (0.12)	2.0* (0.12)	1.9* (0.12)	1.9* (0.13)	2.4 (0.14)	2.5 (0.14)	2.3 (0.14)
26-49	1.1 (0.10)	1.0 (0.10)	1.0 (0.09)	1.1 (0.10)	1.3 (0.12)	1.3 (0.12)	1.1 (0.09)
26-29	1.2 (0.23)	0.9 (0.20)	0.9 (0.19)	1.6 (0.32)	1.4 (0.29)	1.5 (0.32)	1.2 (0.21)
30-34	1.1 (0.24)	0.8 (0.17)	1.1 (0.21)	0.6 (0.13)	0.8 (0.16)	1.4 (0.30)	1.0 (0.17)
35-39	1.1 (0.25)	1.1 (0.24)	0.7* (0.15)	1.3 (0.24)	1.4 (0.32)	1.3 (0.26)	1.3 (0.21)
40-44	0.9 (0.20)	1.3 (0.22)	1.3 (0.24)	1.0 (0.25)	1.4 (0.29)	1.1 (0.21)	1.1 (0.18)
45-49	1.0 (0.21)	1.0 (0.20)	1.1 (0.20)	1.0 (0.21)	1.5 (0.28)	1.1 (0.23)	1.0 (0.18)
50 or Older	0.7 (0.12)	0.6 (0.12)	0.9 (0.14)	0.7 (0.11)	0.6 (0.10)	0.6 (0.09)	0.7 (0.09)
50-54	1.2 (0.37)	1.0 (0.31)	1.4 (0.34)	1.3 (0.31)	0.7 (0.20)	0.7 (0.20)	0.7 (0.17)
55-59	0.8 (0.26)	0.9 (0.30)	0.9 (0.32)	1.0 (0.36)	0.5 (0.21)	1.0 (0.28)	0.9 (0.26)
60-64	0.6 (0.19)	0.6 (0.24)	0.7 (0.30)	0.4 (0.17)	0.9 (0.33)	0.5 (0.21)	0.9 (0.31)
65 or Older	0.3 (0.13)	0.3 (0.10)	0.7 (0.21)	0.3 (0.11)	0.4 (0.13)	0.4 (0.13)	0.5 (0.12)
GENDER							
Male	0.9 (0.10)	1.0 (0.10)	1.1 (0.11)	1.0 (0.09)	1.1 (0.10)	1.0 (0.09)	1.0 (0.08)
Female	1.1 (0.10)	1.0* (0.09)	1.1 (0.10)	1.1 (0.10)	1.2 (0.09)	1.3 (0.10)	1.2 (0.08)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide information were excluded.

*Difference between estimate and 2014 estimate is statistically significant at the 0.05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008-2014.

Table A.4B Made Any Suicide Plans in the Past Year among Adults Aged 18 or Older, by Age Group and Gender

Demographic Characteristic	Total (2014)	Male (2014)	Female (2014)
TOTAL	1.1 (0.06)	1.0 (0.08)	1.2 (0.08)
AGE			
18-25	2.3 (0.14)	1.9 (0.19)	2.8 (0.22)
26-49	1.1 (0.09)	1.0 (0.12)	1.3 (0.13)
26-29	1.2 (0.21)	1.4 (0.30)	1.1 (0.25)
30-34	1.0 (0.17)	0.8 (0.23)	1.2 (0.26)
35-39	1.3 (0.21)	1.0 (0.29)	1.6 (0.32)
40-44	1.1 (0.18)	1.1 (0.27)	1.1 (0.22)
45-49	1.0 (0.18)	0.7 (0.21)	1.3 (0.28)
50 or Older	0.7 (0.09)	0.7 (0.15)	0.7 (0.12)
50-54	0.7 (0.17)	0.5 (0.18)	0.9 (0.29)
55-59	0.9 (0.26)	0.9 (0.38)	0.9 (0.35)
60-64	0.9 (0.31)	1.3 (0.58)	0.6 (0.24)
65 or Older	0.5 (0.12)	0.4 (0.16)	0.6 (0.18)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide information were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

Table A.5B Attempted Suicide in the Past Year among Adults Aged 18 or Older, by Demographics

Demographic Characteristic	2008	2009	2010	2011	2012	2013	2014
TOTAL	0.5 (0.05)	0.5 (0.04)	0.5 (0.05)	0.5 (0.05)	0.6 (0.04)	0.6 (0.05)	0.5 (0.03)
AGE							
18-25	1.2 (0.10)	1.1 (0.09)	1.2 (0.09)	1.2 (0.10)	1.5 (0.12)	1.3 (0.10)	1.2 (0.10)
26-49	0.4 (0.07)	0.5 (0.06)	0.4 (0.06)	0.5 (0.07)	0.5 (0.08)	0.6 (0.09)	0.5 (0.06)
26-29	0.6 (0.18)	0.5 (0.14)	0.3* (0.09)	0.7 (0.19)	0.6 (0.21)	0.6 (0.19)	0.6 (0.13)
30-34	0.6 (0.20)	0.4 (0.13)	0.5 (0.14)	0.4 (0.11)	0.4 (0.13)	0.8 (0.26)	0.4 (0.10)
35-39	0.3 (0.11)	0.6 (0.18)	0.2 (0.08)	0.5 (0.15)	0.4 (0.17)	0.7 (0.19)	0.4 (0.13)
40-44	0.3 (0.13)	0.3 (0.11)	0.4 (0.15)	0.5 (0.15)	0.6 (0.16)	0.6 (0.16)	0.5 (0.12)
45-49	0.5 (0.13)	0.5 (0.14)	0.5 (0.15)	0.3 (0.13)	0.5 (0.18)	0.4 (0.13)	0.6 (0.15)
50 or Older	0.3 (0.08)	0.2 (0.06)	0.3 (0.08)	0.3 (0.08)	0.3 (0.06)	0.3 (0.07)	0.2 (0.04)
50-54	0.7 (0.31)	0.2 (0.11)	0.3 (0.14)	0.6 (0.24)	0.2 (0.11)	0.2 (0.11)	0.3 (0.10)
55-59	0.2 (0.16)	0.3 (0.17)	0.3 (0.16)	0.6 (0.30)	0.3 (0.14)	0.6 (0.22)	0.3 (0.15)
60-64	0.2 (0.11)	0.2 (0.18)	0.3 (0.23)	0.0 (0.01)	0.3 (0.14)	0.3 (0.18)	0.1 (0.08)
65 or Older	0.1 (0.05)	0.2 (0.08)	0.4 (0.15)	0.1 (0.05)	0.3 (0.11)	0.1 (0.09)	0.1 (0.05)
GENDER							
Male	0.4 (0.06)	0.4 (0.05)	0.5 (0.07)	0.4 (0.06)	0.5 (0.06)	0.5 (0.06)	0.4 (0.04)
Female	0.6 (0.07)	0.5 (0.06)	0.5 (0.06)	0.6 (0.07)	0.6 (0.06)	0.6 (0.08)	0.5 (0.05)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide information were excluded.

*Difference between estimate and 2014 estimate is statistically significant at the 0.05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008-2014.

Table A.6B Attempted Suicide in the Past Year among Adults Aged 18 or Older, by Age Group and Gender

Demographic Characteristic	Total (2014)	Male (2014)	Female (2014)
TOTAL	0.5 (0.03)	0.4 (0.04)	0.5 (0.05)
AGE			
18-25	1.2 (0.10)	1.0 (0.14)	1.5 (0.15)
26-49	0.5 (0.06)	0.4 (0.07)	0.6 (0.08)
26-29	0.6 (0.13)	0.5 (0.18)	0.7 (0.18)
30-34	0.4 (0.10)	0.3 (0.11)	0.6 (0.17)
35-39	0.4 (0.13)	0.3 (0.12)	0.5 (0.22)
40-44	0.5 (0.12)	0.5 (0.19)	0.5 (0.13)
45-49	0.6 (0.15)	0.5 (0.22)	0.7 (0.20)
50 or Older	0.2 (0.04)	0.1 (0.05)	0.2 (0.07)
50-54	0.3 (0.10)	0.1 (0.06)	0.4 (0.19)
55-59	0.3 (0.15)	** (**)	0.6 (0.29)
60-64	0.1 (0.08)	0.2 (0.16)	0.0 (0.05)
65 or Older	0.1 (0.05)	0.2 (0.11)	0.0 (0.04)

**Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide information were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

Table A.7B Had Serious Thoughts of Suicide, Made Any Suicide Plans, or Attempted Suicide in the Past Year among Adults Aged 18 or Older, by Alcohol Use in the Past Month

Drug	Had Serious Thoughts of Suicide (2014)	Made Any Suicide Plans (2014)	Attempted Suicide (2014)
TOTAL	3.9 (0.12)	1.1 (0.06)	0.5 (0.03)
PAST MONTH ALCOHOL	4.1 (0.16)	1.1 (0.08)	0.5 (0.04)
Binge Alcohol Use	5.2 (0.26)	1.5 (0.12)	0.8 (0.08)
Heavy Alcohol Use	6.2 (0.51)	1.9 (0.25)	1.2 (0.19)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide information were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

Table A.8B Had Serious Thoughts of Suicide, Made Any Suicide Plans, or Attempted Suicide in the Past Year among Adults Aged 18 or Older, by Type of Illicit Drug Use in the Past Year and Alcohol Use in the Past Year

Substance	Had Serious Thoughts of Suicide (2014)	Made Any Suicide Plans (2014)	Attempted Suicide (2014)
TOTAL	3.9 (0.12)	1.1 (0.06)	0.5 (0.03)
ALCOHOL USE	4.3 (0.14)	1.2 (0.07)	0.5 (0.04)
BOTH ILLICIT DRUGS AND ALCOHOL ILLICIT DRUGS OR ALCOHOL	9.4 (0.40)	2.8 (0.19)	1.3 (0.13)
ILLICIT DRUGS	4.4 (0.14)	1.2 (0.07)	0.5 (0.04)
Methamphetamine ¹	9.4 (0.38)	2.8 (0.18)	1.3 (0.12)
Heroin	17.1 (2.89)	4.4 (1.18)	2.4 (0.91)
Inhalants	18.1 (3.08)	6.5 (2.07)	2.6 (0.86)
Nonmedical Use of Stimulants ¹	16.5 (3.09)	3.2 (1.05)	1.8 (0.73)
Nonmedical Use of Tranquilizers	13.6 (1.42)	4.0 (0.69)	2.0 (0.47)
Nonmedical Use of Sedatives	15.9 (1.32)	5.7 (0.80)	2.3 (0.40)
Cocaine	23.2 (4.08)	7.1 (2.15)	4.5 (1.71)
Nonmedical Use of Pain Relievers	15.5 (1.55)	4.7 (0.85)	2.3 (0.58)
Hallucinogens	12.0 (0.86)	3.8 (0.46)	1.6 (0.27)
Marijuana	13.8 (1.27)	4.1 (0.65)	1.8 (0.42)
	9.1 (0.40)	2.6 (0.18)	1.2 (0.12)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide information were excluded.

¹ Nonmedical users of stimulants include methamphetamine users.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

Table A.9B Had Serious Thoughts of Suicide, Made Any Suicide Plans, or Attempted Suicide in the Past Year among Adults Aged 18 or Older, by Major Depressive Episode, Mental Health Service Use, Substance Use Disorder, and Substance Use Treatment at a Specialty Facility in the Past Year

Past Year Mental Health or Substance Use Measure	Had Serious Thoughts of Suicide (2014)	Made Any Suicide Plans (2014)	Attempted Suicide (2014)
Major Depressive Episode	29.5 (1.05)	9.7 (0.65)	3.4 (0.35)
No Major Depressive Episode	2.1 (0.09)	0.5 (0.04)	0.3 (0.03)
Mental Health Service Use	13.7 (0.56)	4.3 (0.30)	1.8 (0.17)
No Mental Health Service Use	2.3 (0.09)	0.6 (0.04)	0.2 (0.03)
Substance Use Disorder	11.9 (0.62)	3.9 (0.34)	2.1 (0.22)
Alcohol Use Disorder	10.8 (0.68)	3.6 (0.38)	2.1 (0.25)
Illicit Drug Use Disorder	18.4 (1.35)	6.1 (0.70)	3.3 (0.48)
No Substance Use Disorder	3.2 (0.11)	0.9 (0.06)	0.3 (0.03)
Substance Use Treatment at a Specialty Facility	20.9 (2.32)	9.2 (1.50)	5.0 (1.02)
No Substance Use Treatment at a Specialty Facility	3.8 (0.12)	1.0 (0.06)	0.4 (0.03)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide, major depressive episode, or mental health treatment/counseling information were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

Table A.10B Attempted Suicide in the Past Year among Adults Aged 18 or Older, Received Medical Attention for Suicide Attempt, or Stayed Overnight or Longer in a Hospital for Suicide Attempt in the Past Year among Adults Aged 18 or Older Who Attempted Suicide in the Past Year, by Age Group

Age Group	Attempted Suicide (2014)	Received Medical Attention for Suicide Attempt among Adults Who Attempted Suicide (2014)	Stayed Overnight or Longer in a Hospital for Suicide Attempt among Adults Who Attempted Suicide (2014)
TOTAL	0.5 (0.03)	55.2 (3.41)	42.7 (3.32)
AGE			
18-25	1.2 (0.10)	44.5 (4.07)	31.8 (3.80)
26-49	0.5 (0.06)	55.3 (5.77)	41.4 (5.38)
50 or Older	0.2 (0.04)	** (**)	** (**)

**Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide information were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

Table A.11B Mental Health Service Use and Perceived Need among Adults Aged 18 or Older Who Had Serious Thoughts of Suicide in the Past Year

Mental Health Service Use	Had Serious Thoughts of Suicide (2014)
Mental Health Service Use	51.4 (1.43)
No Mental Health Service Use	48.6 (1.43)
Perceived Need	13.7 (0.95)
No Perceived Need	34.7 (1.35)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide, mental health treatment/counseling, or perception of unmet need information were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.