National Survey on Drug Use and Health (NSDUH)

• NSDUH is a comprehensive household interview survey of substance use, substance use disorders, mental health, and the receipt of treatment services for these disorders in the United States.

• NSDUH is collected face-to-face by field interviewers who read less sensitive questions to respondents and transition respondents to audio computer assisted self-interviewing for sensitive items.

• NSDUH covers the civilian, noninstitutionalized population, aged 12 or older:
  • Includes: Households, college dorms, homeless in shelters, civilians on military bases
  • Excludes: Active military, long-term hospital residents, prison populations, homeless not in shelters

• Sample includes all 50 states and DC

• Approximately 67,500 persons are interviewed annually

• Data collected from January to December
How Do We Use NSDUH?

• Provides a window into the state of substance use and mental health issues in the United States

• Helps to guide policy directions:
  • problem substances
  • prevalence of mental illness
  • intersection of substance use and mental health issues
  • provides insights that can be studied in the context of data from other agencies to help in decision-making about what types of resources are needed and where resources should be directed
NSDUH 2017 Highlights

• Opioids epidemic:
  • New users of heroin significantly decreased relative to 2016
  • Significant decreases in pain reliever misuse were observed for all ages
  • Downward trend in heroin users
  • Estimated 2.1M with opioid use disorder

• Marijuana:
  • Significant increases in use by young adults (18-25 y.o.): past month and daily/near daily use; with significant increases in use by young adult women
  • Pregnant women using substances in greater numbers including significant increases in daily or near daily marijuana use
  • Frequent marijuana use was associated with opioid misuse, heavy alcohol use, and depression in youth 12-17 and young adults 18-25

• Young adults had increasing rates of serious mental illness, major depression, and suicidality

• Co-occurring substance use and mental disorders are common

• Major gaps in treatment received by affected individuals
SAMHSA’s Response to 2016-17 NSDUH Findings

• 2018: Launch of new approach to technical assistance and training
• Previous focus on technical assistance to grantees expanded to national approach
  • Establishment of Clinical Support System for Serious Mental Illness
    • National practitioner training efforts
    • Focus on appropriate use and monitoring of psychotropic medications
    • Use of clozapine in treatment refractory schizophrenia
    • Assisted outpatient treatment
  • Establishment of a regional system of Technology Transfer Centers throughout the U.S.
    • Substance Abuse Prevention Technology Transfer Centers
    • Addiction Technology Transfer Centers
    • Mental Health Technology Transfer Centers with supplements for school-based services
      • Training and technical assistance tailored to needs of HHS regions
    • Native American/Alaska Native, Hispanic/Latino focus centers
  • Establishment of new national training/technical assistance programs
    • State Targeted Response/State Opioid Response TA/T Program-over 1000 requests met
    • Privacy Technology Transfer Center addressing confidentiality and information sharing related to HIPAA and 42CFR
    • Eating Disorders Technology Transfer Center
SAMHSA’s Response to NSDUH Findings

- Established PCSS-Universities to embed DATA waiver training in pre-graduate education for physicians, nurse practitioners and physician assistants
- Expanded training and technical assistance on opioids issues in rural America through supplements to USDA Cooperative Extension programs
- Re-established the Drug Abuse Warning Network (DAWN)
- Expanded the Suicide Prevention Lifeline network
- Public targeted messaging based on areas of concern identified in NSDUH: marijuana, methamphetamine, suicide prevention
In 2018, 57.8M Americans had a mental and/or substance use disorder.

Among those with a substance use disorder:
- 3 IN 8 (38.3% or 7.4M) struggled with illicit drugs
- 3 IN 4 (74.5% or 14.4M) struggled with alcohol use
- 1 IN 8 (12.9% or 2.5M) struggled with illicit drugs and alcohol

Among those with a mental illness:
- 1 IN 4 (23.9% or 11.4M) had a serious mental illness

7.8% (19.3 MILLION) People aged 18 or older had a substance use disorder (SUD)

3.7% (9.2 MILLION) People 18+ had BOTH an SUD and a mental illness

19.1% (47.6 MILLION) People aged 18 or older had a mental illness
Alcohol Initiates

PAST YEAR, 2015-2018 NSDUH, 12+

<table>
<thead>
<tr>
<th>12-17</th>
<th>18-25</th>
<th>26 or Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>2016</td>
<td>2017</td>
</tr>
<tr>
<td>9.5%</td>
<td>6.3%+</td>
<td>7.1%</td>
</tr>
<tr>
<td>2.4M</td>
<td>2.2M</td>
<td>2.4M</td>
</tr>
</tbody>
</table>

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Alcohol Use

PAST MONTH, 2015-2018 NSDUH, 12+

The difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

12-17
- 2015: 9.6%
- 2016: 9.2%
- 2017: 9.9%
- 2018: 9.0%

18-25
- 2015: 58.3%
- 2016: 57.1%
- 2017: 56.3%
- 2018: 55.1%

26 or Older
- 2015: 11.56M
- 2016: 11.54M
- 2017: 11.55M
- 2018: 11.55M

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Alcohol Use Disorder

**PAST YEAR, 2015-2018 NSDUH, 12+**

### 12-17
- **2015:** 623K, 2.5% +
- **2016:** 488K, 2.0%
- **2017:** 443K, 1.8%
- **2018:** 401K, 1.6%

### 18-25
- **2015:** 3.8M, 10.9% +
- **2016:** 3.7M, 10.7%
- **2017:** 3.4M, 10.0%
- **2018:** 3.4M, 10.1%

### 26 or Older
- **2015:** 11.3M, 5.4%
- **2016:** 10.9M, 5.2%
- **2017:** 10.6M, 5.0%
- **2018:** 11.0M, 5.1%

*Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.*
Summary: Alcohol Use in 2018

- No change in alcohol initiation rate among youths since 2015
- Lower rates of Alcohol Use Disorder among youth and young adults compared to 2015
- **SAMHSA efforts on reductions in alcohol use in children/youth/transition age youth:**
  - CSAP DFC program prioritizes alcohol use and has reported a 27% reduction in use in middle-school and a 23% reduction in use by high school students
  - SAMHSA Prevention Technology Transfer Centers produce resources and materials related to alcohol misuse prevention
  - CSAP ‘Talk They Hear You’ focuses on underage drinking
  - CSAP requires Partnerships for Success grantees to emphasize underage drinking prevention
  - CSAT has promoted SBIRT for alcohol use in all programs including CJ, PPW, adolescent treatment, HIV and homeless programs
  - CSAT has funded SBIRT training in medical residencies and other healthcare practitioner programs which screen for hazardous alcohol use and use disorders
Illicit Drug Use: Marijuana Most Used Drug

Marijuana: 15.9% of 43.5M

Psychotherapeutic Drugs: 6.2%
Cocaine: 5.5M (2.0%)
Hallucinogens: 5.6M (2.0%)
Methamphetamine: 1.9M (0.7%)
Inhalants: 2.0M (0.7%)
Heroin: 808K (0.3%)

Significant decrease from 2017 (6.6%)
Significant increase from 2017 (15%)
Opioids' Grip Lessening: Prescription Pain Reliever Misuse

10.3 MILLION PEOPLE WITH OPIOID MISUSE (3.7% OF TOTAL POPULATION)

PAST YEAR, 2018 NSDUH, 12+

- 9.9 MILLION + Rx Pain Reliever Misusers (97.1% of opioid misusers)
- 808,000 Heroin Users (7.9% of opioid misusers)
- 506,000 Rx Pain Reliever Misusers and Heroin Users (4.9% of opioid misusers)

5.5 MILLION
Rx Hydrocodone

3.4 MILLION
Rx Oxycodone

269,000
Rx Fentanyl

Hydrocodone misuse down from 6.3M in 2017

Rx = prescription.
Opioid misuse is defined as heroin use or prescription pain reliever misuse.

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.
PAST YEAR, 2015-2018 NSDUH, 12+

Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Prescription Pain Reliever Misuse and Heroin Use

PAST YEAR, 2015-2018 NSDUH, 12+

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Prescription Pain Reliever Misuse

PAST YEAR, 2015-2018 NSDUH, 12+

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Sources Where Pain Relievers Were Obtained for Most Recent Misuse among People Who Misused Prescription Pain Relievers

PAST YEAR, 2018 NSDUH, 12+

- Prescriptions from More Than One Doctor: 2.0%
- Stole from Doctor’s Office, Clinic, Hospital, or Pharmacy: 0.9%
- Prescription from One Doctor: 34.7%
- From Friend or Relative for Free: 38.6%
- Given by, Bought from, or Took from a Friend or Relative: 51.3%
- Bought from Friend or Relative: 9.5%
- Took from Friend or Relative without Asking: 3.2%
- Got through Prescription(s) or Stole from a Health Care Provider: 37.6%
- Some Other Way: 4.6%
- Bought from Drug Dealer or Other Stranger: 6.5%

83.2% of the friends or relatives were prescribed the pain reliever by a single doctor.

9.9 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year
Misuse of Prescription Opioid Subtypes

PAST YEAR, 2018 NSDUH, 12+ SUBTYPE USERS

- Hydrocodone: 5.5M (11.5%)
- Oxycodone: 3.4M (12.8%)
- Codeine: 2.4M (9.4%)
- Tramadol: 1.5M (8.1%)
- Buprenorphine: 718K (28.3%)
- Morphine: 486K (7.9%)
- Methadone: 256K (23.5%)
- Fentanyl: 269K (12.7%)
Heroin Use Climbed Through 2016; Now Declining

PAST YEAR, 2002 AND 2015-2018 NSDUH, 12+

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Heroin Use: Declining in 18-25 y.o.

No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.
Heroin-Related Opioid Use Disorder

PAST YEAR, 2015-2018 NSDUH, 12+

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
## Treatment Gains: Number of Individuals Receiving Pharmacotherapy for Opioid Use Disorder (MAT)

<table>
<thead>
<tr>
<th>Year</th>
<th>Methadone</th>
<th>Buprenorphine</th>
<th>Naltrexone</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>345,443</td>
<td>382,867</td>
<td>46,860</td>
</tr>
<tr>
<td>2017</td>
<td>385,443</td>
<td>450,247</td>
<td>64,020</td>
</tr>
<tr>
<td>2018</td>
<td>450,247</td>
<td>648,864</td>
<td>73,260</td>
</tr>
</tbody>
</table>

### Total Number receiving MAT (all types)

- **2016**: 921,692
- **2017**: 1,028,500
- **2018**: 1,172,371

![Graph showing the number of individuals receiving MAT by type and year](image-url)
Summary: Opioid Use in the United States in 2018

• **Significant decrease in prescription opioid misuse across all age groups**
  • Majority continue to obtain from friends/relatives and from healthcare provider/prescriber underscoring the need for ongoing education of practitioners, appropriate pain management, and partnership with states to monitor opioid analgesic prescribing
  
• Buprenorphine continues to have a high rate of misuse relative to other prescribed opioids
  
• Decline in overall heroin use from 2016-2018 with some differences among age groups
  • Decline in young adult (18-25y.o.) heroin use is responsible for the overall downward trend
  
• Heroin Use Disorder
  • Young adult heroin use disorder decreased significantly compared to 2017 and was steady in adults 26 and older
  
• Total with OUD decreased from 2.1M in 2017 to 2.0M in 2018
  • Increased use of medication assisted treatment (MAT)
Other Illicit Substances
Marijuana Use

PAST MONTH, 2015-2018 NSDUH, 12+

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-17</td>
<td>1.8M</td>
<td>1.6M</td>
<td>1.6M</td>
<td>1.7M</td>
</tr>
<tr>
<td>18-25</td>
<td>6.9M</td>
<td>7.2M</td>
<td>7.6M</td>
<td>7.5M</td>
</tr>
<tr>
<td>26 or Older</td>
<td>13.6M</td>
<td>15.2M</td>
<td>16.8M</td>
<td>18.5M</td>
</tr>
</tbody>
</table>

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Marijuana Use among Young Adults (18-25 y.o.)

Past Month Use
- 2015: 6.9M, 19.8%
- 2016: 7.2M, 20.8%
- 2017: 7.6M, 22.1%
- 2018: 7.5M, 22.1%

Past Year Daily or Almost Daily Use
- 2015: 2.4M, 6.7%
- 2016: 2.2M, 6.4%
- 2017: 2.6M, 7.6%
- 2018: 2.5M, 7.3%

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Marijuana Use among Young Adult Men and Women (18-25 y.o.)

PAST MONTH, 2015-2018 NSDUH, 18-25

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>6.9M</td>
<td>23.4%</td>
<td>19.8%+</td>
</tr>
<tr>
<td>2016</td>
<td>7.2M</td>
<td>24.0%</td>
<td>20.8%+</td>
</tr>
<tr>
<td>2017</td>
<td>7.6M</td>
<td>25.0%</td>
<td>22.1%</td>
</tr>
<tr>
<td>2018</td>
<td>7.5M</td>
<td>24.2%</td>
<td>22.1%</td>
</tr>
</tbody>
</table>

Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Significant Increase in Marijuana Use among Adults 26+

Past Month/Year, 2015-2018 NSDUH, 26+

<table>
<thead>
<tr>
<th>Year</th>
<th>Past Month Use</th>
<th>Past Year Daily or Almost Daily Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>13.6M</td>
<td>3.9M</td>
</tr>
<tr>
<td>2016</td>
<td></td>
<td>4.5M</td>
</tr>
<tr>
<td>2017</td>
<td>15.2M</td>
<td>5.3M</td>
</tr>
<tr>
<td>2018</td>
<td>16.8M</td>
<td>5.9M</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.5%+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2%+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.9%+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.9%+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1%+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5%+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Marijuana Use Disorder

PAST YEAR, 2015-2018 NSDUH, 12+

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Past Month Substance Use among Pregnant Women

PAST MONTH, 2015-2018 NSDUH, 15-44

Illicit Drugs
- 2015: 4.7%
- 2016: 6.3%
- 2017: 5.4%
- 2018: 8.5%

Tobacco Products
- 2015: 13.9%
- 2016: 10.6%
- 2017: 11.6%
- 2018: 14.7%

Alcohol
- 2015: 11.5%
- 2016: 8.3%
- 2017: 9.9%
- 2018: 11.5%

Marijuana
- 2015: 3.4%
- 2016: 4.9%
- 2017: 7.1%
- 2018: 4.7%

Opioids
- 2015: 0.8%
- 2016: 1.2%
- 2017: 1.4%
- 2018: 0.9%

Cocaine
- 2015: 0.0%
- 2016: 0.1%
- 2017: 0.4%
- 2018: *

* Estimate not shown due to low precision.

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Marijuana Use among Women by Pregnancy Status

PAST MONTH, 2015-2018 NSDUH, 15-44

<table>
<thead>
<tr>
<th>Year</th>
<th>Pregnant</th>
<th>Not Pregnant</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>3.4%</td>
<td>78K</td>
</tr>
<tr>
<td>2016</td>
<td>4.9%</td>
<td>111K</td>
</tr>
<tr>
<td>2017</td>
<td>7.1%</td>
<td>161K</td>
</tr>
<tr>
<td>2018</td>
<td>111K</td>
<td>6.3M</td>
</tr>
</tbody>
</table>

Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Daily or Almost Daily Marijuana Use Among Women by Pregnancy Status

PAST YEAR, 2015-2018 NSDUH, 15-44

<table>
<thead>
<tr>
<th>Year</th>
<th>Pregnant</th>
<th>Not Pregnant</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>1.2%</td>
<td>28K</td>
</tr>
<tr>
<td>2016</td>
<td>2.6%</td>
<td>60K</td>
</tr>
<tr>
<td>2017</td>
<td>3.1%</td>
<td>69K</td>
</tr>
<tr>
<td>2018</td>
<td>3.6%</td>
<td>2.2M</td>
</tr>
</tbody>
</table>

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
2017: Showed a startling increase in substance use and particularly marijuana use in pregnancy: may be associated with fetal growth restriction, stillbirth, and preterm birth; may cause problems with neurological development, resulting in hyperactivity, poor cognitive function (Metz TD and Stickrath EH, 2015)

- SAMHSA/HHS made strong efforts to address this situation in an effort to improve the health and mothers and their babies:
- Public awareness efforts: information sharing with stakeholders and the public
- Launch of SAMHSA.gov/marijuana
- Launch of Substance Abuse Prevention Technology Transfer Centers with a focus on marijuana and other substance use in pregnancy
- Expansion of treatment programs for pregnant/post partum parenting women: both residential and outpatient through CARA
- Publication of Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder
- Publication of Healthy Pregnancy/Healthy Baby Factsheets for women and their families
- Use of STR and SOR funding for opioid use disorder in pregnancy and prevention interventions
- Joint article from Assistant Secretary for Mental Health and Substance Use and Surgeon General addressing treatment of opioid use disorder in pregnancy
Cocaine Use: Significant Decline among Young Adults (18-25 y.o.)

PAST MONTH, 2015-2018 NSDUH, 12+

<table>
<thead>
<tr>
<th>Year</th>
<th>12-17</th>
<th>18-25</th>
<th>26 or Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>53K</td>
<td>580K</td>
<td>1.7%</td>
</tr>
<tr>
<td>2016</td>
<td>28K</td>
<td>552K</td>
<td>1.6%</td>
</tr>
<tr>
<td>2017</td>
<td>26K</td>
<td>665K</td>
<td>1.9%</td>
</tr>
<tr>
<td>2018</td>
<td>12K</td>
<td>524K</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

- Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Methamphetamine Use: Significant Increase in Adults > 26 y.o.

PAST YEAR, 2015-2018 NSDUH, 12+

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-17</td>
<td>0.2%</td>
<td>0.1%</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td>18-25</td>
<td>0.9%</td>
<td>0.8%</td>
<td>0.8%</td>
<td>0.8%</td>
</tr>
<tr>
<td>26 or Older</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Differences in colors across states do not indicate significant differences in estimates.
Misuse of Prescription Stimulants

PAST YEAR, 2015-2018 NSDUH, 12+

SOURCE: See forthcoming 2018 Detailed Table 7.5, 7.11, and 7.14 for more information.

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Hallucinogen Use: LSD

Estimates represent past year use of LSD (lysergic acid diethylamide), a type of hallucinogen.

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Summary: Other Substance Use in the United States in 2018

• Marijuana: no changes in youth use, but significant increases in adults over age 26
• Significant increase observed in marijuana use disorder in 18-25 y.o.
• Marked declines in illicit drug use by pregnant women, particularly marijuana
• Declines in cocaine use in adolescents and young adults
• Decline in methamphetamine use in young adults 18-25 y.o., but significant increases in methamphetamine use in adults ≥ 26 y.o.
• Significant decline in prescription stimulant abuse in 18-25 y.o.
• Decline in hallucinogen use in adolescents and young adults (18-25 y.o.), but significant increases in adult (≥ 26 y.o.) use

PREVENTION WORKS!
Mental Health
Serious Mental Illness (SMI) Rising among Young Adults (18-25 y.o.) and Adults (26-49 y.o.)

PAST YEAR, 2008-2018 NSDUH, 18+

- Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

53.8%
1.4 MILLION YOUNG ADULTS WITH SMI RECEIVED TREATMENT IN 2018
46.2% got NO treatment

63.7%
3.8M adults (26-49 y.o.) with SMI received treatment;
36.3% got NO treatment
Major Depressive Episodes

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-17</td>
<td>12.5%</td>
<td>12.8%</td>
<td>13.3%</td>
<td>13.1%</td>
</tr>
<tr>
<td>18-25</td>
<td>7.3%</td>
<td>7.5%</td>
<td>7.4%</td>
<td>7.7%</td>
</tr>
<tr>
<td>26-49</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.7%</td>
<td>4.5%</td>
</tr>
<tr>
<td>50 or Older</td>
<td>5.2%</td>
<td>5.3%</td>
<td>5.2%</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

Note: The adult and youth MDE estimates are not directly comparable.

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Major Depressive Episodes with Severe Impairment among Adolescents

PAST YEAR, 2015-2018 NSDUH, 12-17

8.8%+ 9.0%+ 9.4% 10.0%

2.1M 2.2M 2.3M 2.4M

0% 2% 4% 6% 8% 10% 12%

MDE with Severe Impairment

2015 2016 2017 2018

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Major Depressive Episodes with Severe Impairment among Young Adults (18-25 y.o.)

PAST YEAR, 2015-2018 NSDUH, 18-25

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>4.9%+</td>
<td>6.0%</td>
</tr>
<tr>
<td>2016</td>
<td>4.9%+</td>
<td>6.5%</td>
</tr>
<tr>
<td>2017</td>
<td>844K</td>
<td>1.0M</td>
</tr>
<tr>
<td>2018</td>
<td>845K</td>
<td>1.1M</td>
</tr>
<tr>
<td>2018</td>
<td>6.0%+</td>
<td>6.5%+</td>
</tr>
<tr>
<td>2018</td>
<td>8.1%+</td>
<td>9.1%+</td>
</tr>
<tr>
<td>2018</td>
<td>1.4M</td>
<td>1.5M</td>
</tr>
<tr>
<td>2018</td>
<td>1.9M</td>
<td>1.9M</td>
</tr>
<tr>
<td>2018</td>
<td>11.1%</td>
<td>11.3%</td>
</tr>
</tbody>
</table>

Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Suicidal Thoughts, Plans, and Attempts Increase for Young Adults (18-25 y.o)

PAST YEAR, 2008 and 2018 NSDUH, 18-25

- **Serious Thoughts Made a Plan Attempted**
  - 2008: 2.2M, 643K, 395K
  - 2018: 3.7M, 647K

  + Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Co-Occurring Disorders
Co-Occurring Issues: Substance Use Is More Frequent among Adults (>18 y.o.) with Mental Illness

PAST MONTH, 2018 NSDUH, 18+

<table>
<thead>
<tr>
<th></th>
<th>No Mental Illness</th>
<th>Any Mental Illness</th>
<th>Serious Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarette</td>
<td>16.3%</td>
<td>28.1%+</td>
<td>37.2%+</td>
</tr>
<tr>
<td>Daily Cigarette</td>
<td>9.6%</td>
<td>16.7%+</td>
<td>24.2%+</td>
</tr>
<tr>
<td>Binge Drinking</td>
<td>19.3M</td>
<td>25.3%</td>
<td>51.0M</td>
</tr>
</tbody>
</table>

+ Difference between this estimate and the estimate for adults without mental illness is statistically significant at the .05 level.
Co-Occurring Issues: Substance Use Is More Frequent among Adults (>18 y.o.) with Mental Illness

PAST YEAR, 2018 NSDUH, 18+

- Illicit Drugs: 5.6M (49.4%) vs. 31.5M (15.7%)
- Marijuana: 4.4M (38.9%) vs. 26.5M (13.2%)
- Opioid Misuse: 1.7M (14.6%) vs. 5.2M (2.6%)
- Prescription Pain Reliever Misuse: 1.6M (13.9%) vs. 5.0M (2.5%)
- Heroin: 0.9M (1.8%) vs. 367K (0.2%)

+ Difference between this estimate and the estimate for adults without mental illness is statistically significant at the .05 level.
### Alcohol Use Related to Other Substance Use, MDE and SMI

#### Past Year/Month, 2018 NSDUH, 12+

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>Past Year Marijuana Use</th>
<th>Past Year Opioid Misuse</th>
<th>Past Year Cocaine Use</th>
<th>Past Year Methamphetamine Use</th>
<th>Past Year MDE, 12+</th>
<th>Past Year SMI, 18+</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Past Month Alcohol Use</td>
<td>8.0%+ 10.7M 43.4%+ 25.6M 7.2M</td>
<td>2.8%+ 3.8M 10.8%+ 4.8M 3.9% 1.6M 4.6%</td>
<td>0.4%+ 584K 2.2% 2.7M 13.3%+ 7.1%</td>
<td>0.5%+ 634K 8.0%+ 812K 6.3% 420K 2.5%+</td>
<td>0% 4.6% 5.1M 5.1M 4.2% 7.1%+</td>
<td></td>
</tr>
<tr>
<td>Past Month Alcohol Use but No Heavy Use</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Past Month Heavy Alcohol Use</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

+ Difference between this estimate and the estimate for people with past month use but not heavy alcohol use is statistically significant at the .05 level.
Marijuana Use Related to Other Substance Use, MDE and SMI

PAST YEAR/MONTH, 2018 NSDUH, 12+

- Difference between this estimate and the estimate for people with past year marijuana use is statistically significant at the .05 level.

PAST YEAR OPIOD MISUSE

- No Past Year Marijuana Use: 2.3%
- Any Past Year Marijuana Use: 11.5%
- Past Year Daily or Almost Daily Marijuana Use: 1.3M

PAST MONTH HEAVY ALCOHOL USE

- No Past Year Marijuana Use: 4.1%
- Any Past Year Marijuana Use: 16.5%
- Past Year Daily or Almost Daily Marijuana Use: 7.2M

PAST YEAR COCAINE USE

- No Past Year Marijuana Use: 0.4%
- Any Past Year Marijuana Use: 10.6%
- Past Year Daily or Almost Daily Marijuana Use: 1.6M

PAST YEAR METHAMPHETAMINE USE

- No Past Year Marijuana Use: 0.2%
- Any Past Year Marijuana Use: 3.1%
- Past Year Daily or Almost Daily Marijuana Use: 4.1%

PAST YEAR MDE, 12+

- No Past Year Marijuana Use: 6.2%
- Any Past Year Marijuana Use: 14.1%
- Past Year Daily or Almost Daily Marijuana Use: 14.1M

PAST YEAR SMI, 18+

- No Past Year Marijuana Use: 3.3%
- Any Past Year Marijuana Use: 10.9%
- Past Year Daily or Almost Daily Marijuana Use: 14.0%
Opioid Misuse Related to Other Substance Use, MDE and SMI

PAST YEAR/MONTH, 2018 NSDUH, 12+

- Past Year Marijuana Use: 49.0% of 38.5M, 14.6%+ (difference is statistically significant at the .05 level)
- Past Month Heavy Alcohol Use: 16.0% of 14.9M, 5.7%+ (difference is statistically significant at the .05 level)
- Past Year Cocaine Use: 1.6M of 1.5%+ (difference is statistically significant at the .05 level)
- Past Year Methamphetamine Use: 8.9% of 955K, 0.4%+ (difference is statistically significant at the .05 level)
- Past Year MDE, 12+: 21.3% of 19.1M, 7.3%+ (difference is statistically significant at the .05 level)
- Past Year SMI, 18+: 17.3% of 9.7M, 4.1%+ (difference is statistically significant at the .05 level)

Note: The percentage differences between estimates for people with and without past year opioid misuse are statistically significant at the .05 level.
Cocaine Use Related to Other Substance Use, MDE and SMI

**Past Year/Month, 2018 NSDUH, 12+**

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>No Past Year Cocaine Use</th>
<th>Any Past Year Cocaine Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past Year Marijuana Use</td>
<td>83.7%</td>
<td>14.5%+</td>
</tr>
<tr>
<td>Past Year Opioid Misuse</td>
<td>29.6%</td>
<td>3.2%+</td>
</tr>
<tr>
<td>Past Month Heavy Alcohol Use</td>
<td>39.7%</td>
<td>5.4%+</td>
</tr>
</tbody>
</table>

**Past Year Methamphetamine Use**

<table>
<thead>
<tr>
<th>Use</th>
<th>No Past Year Cocaine Use</th>
<th>Any Past Year Cocaine Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use</td>
<td>11.7%</td>
<td>0.5%+</td>
</tr>
</tbody>
</table>

**Past Year Marijuana Use**

<table>
<thead>
<tr>
<th>Use</th>
<th>No Past Year Cocaine Use</th>
<th>Any Past Year Cocaine Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use</td>
<td>20.1%</td>
<td>7.6%+</td>
</tr>
</tbody>
</table>

**Past Year SMI, 18+**

<table>
<thead>
<tr>
<th>Use</th>
<th>No Past Year Cocaine Use</th>
<th>Any Past Year Cocaine Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use</td>
<td>16.1%</td>
<td>4.3%+</td>
</tr>
</tbody>
</table>

+ Difference between this estimate and the estimate for people with past year cocaine use is statistically significant at the .05 level.
Methamphetamine Use Related to Other Substance Use, MDE and SMI

Past Year Marijuana Use
- 1.4M (72.7%)
- 15.5%+ (42.1M)

Past Year Opioid Misuse
- 912K (48.8%)
- 3.4%+ (9.3M)

Past Month Heavy Alcohol Use
- 16.1M (22.5%)
- 5.9%+ (4.2M)

Past Year Cocaine Use
- 645K (34.6%)
- 1.8%+ (4.9M)

Past Year MDE, 12+
- 588K (32.4%)
- 7.7%+ (20.6M)

Past Year SMI, 18+
- 579K (31.7%)
- 4.4%+ (10.8M)

No Past Year Methamphetamine Use
- Past Year Marijuana Use: 15.5%+
- Past Year Opioid Misuse: 3.4%+
- Past Month Heavy Alcohol Use: 5.9%+

Any Past Year Methamphetamine Use
- Past Year Marijuana Use: 72.7%
- Past Year Opioid Misuse: 48.8%
- Past Month Heavy Alcohol Use: 22.5%

+ Difference between this estimate and the estimate for people with past year methamphetamine use is statistically significant at the .05 level.
Co-Occurring Substance Use Disorder (SUD) is Associated with Suicidal Thoughts, Plans, and Attempts among Adults ≥18 y.o.

PAST YEAR, 2018 NSDUH, 18+

- Serious Thoughts
  - No SUD: 7.6M (3.4%+)
  - SUD: 3.1M (16.2%)

- Made a Plan
  - No SUD: 2.2M (0.9%+)
  - SUD: 1.2M (6.0%)

- Attempted
  - No SUD: 900K (0.4%+)
  - SUD: 542K (2.8%)

+ Difference between this estimate and the estimate for adults with SUD is statistically significant at the .05 level.
Despite Consequences and Disease Burden, Treatment Gaps Remain Vast

- No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

<table>
<thead>
<tr>
<th>Condition</th>
<th>No Treatment (%)</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Use Disorder (SUD) 12+</td>
<td>89.8%</td>
<td>20.3M</td>
</tr>
<tr>
<td>Any Mental Illness (AMI) 18+</td>
<td></td>
<td>56.7%</td>
</tr>
<tr>
<td>Serious Mental Illness 18+</td>
<td></td>
<td>11.4M</td>
</tr>
<tr>
<td>Co-Occurring AMI and SUD 18+</td>
<td></td>
<td>9.2M</td>
</tr>
<tr>
<td>Major Depressive Episode 12-17</td>
<td></td>
<td>3.5M</td>
</tr>
</tbody>
</table>

PAST YEAR, 2018 NSDUH, 12+

*NO TREATMENT*
Summary: Mental Health Issues in the United States in 2018

• Serious mental illness increased in adults (18 and older)
• Significant increases in major depression and severe impairment associated with major depression were observed in adolescents (12-17 y.o.) and young adults (18-25 y.o.). These findings were higher than in adults > 26.
• Significant increases in suicidality were observed in 18-25 y.o.
• Co-occurring substance use and mental disorders are common.
• Use of one substance—alcohol or other illicit substances-- is strongly correlated with polysubstance use and with major depression and serious mental illness underscoring the need to screen for all substances as well as mental disorders when evaluating a person identifying a substance problem or a mental health issue, *and* to treat all co-occurring disorders
• Substance use disorders increase risk for suicidality.
• The large gap in treatment need continues.
2018: A Year of Some Progress, but Ongoing Need for Americans Living with Substance Use and Mental Health Issues Continues

- NSDUH reveals areas where we need to focus resources:
  - Continuing need to address the ongoing opioid epidemic
  - Rising rates of marijuana, methamphetamine particularly in adults (>26 y.o.)
  - Rising rates of major depression in adolescents and adults 18-49 y.o.
  - Substance use and mental disorders are closely linked: NSDUH tells us that illicit substance use increases risk for other hazardous substance use and mental illness
  - Mental illness is a risk factor for illicit substance use
  - Need for ongoing efforts in prevention of substance use disorders
SAMHSA’s Response

- **Workforce:** Continue to address the need for clinicians to be prepared to assess and treat mental health issues and substance issues with national training and technical assistance programs

- **Opioids**
  - Continue work with states to address opioids crisis needs in terms of prevention, treatment, and community recovery resources
    - STR/SOR/TOR grants
    - Discretionary grants: pregnant/post partum parenting women/children/families, drug courts, first responder/prevention grants
    - Collaboration with HHS partners and other federal departments to expand resources to communities

- **Other substances:**
  - Encourage use of block grant funds to address prevention/treatment needs
  - Provide training and technical assistance on evidence-based psychosocial therapies

- **Connecting with the public: Importance of Prevention, Treatment, Community Supports**
  - Public service messaging on substance use and mental health issues with focus on prevention
  - [https://www.samhsa.gov/technology-transfer-centers-ttc](https://www.samhsa.gov/technology-transfer-centers-ttc)

- **Monitoring outcomes:**
  - Through continuation of NSDUH, DAWN, and SAMHSA grant program evaluation

- **Making policy modifications as indicated**