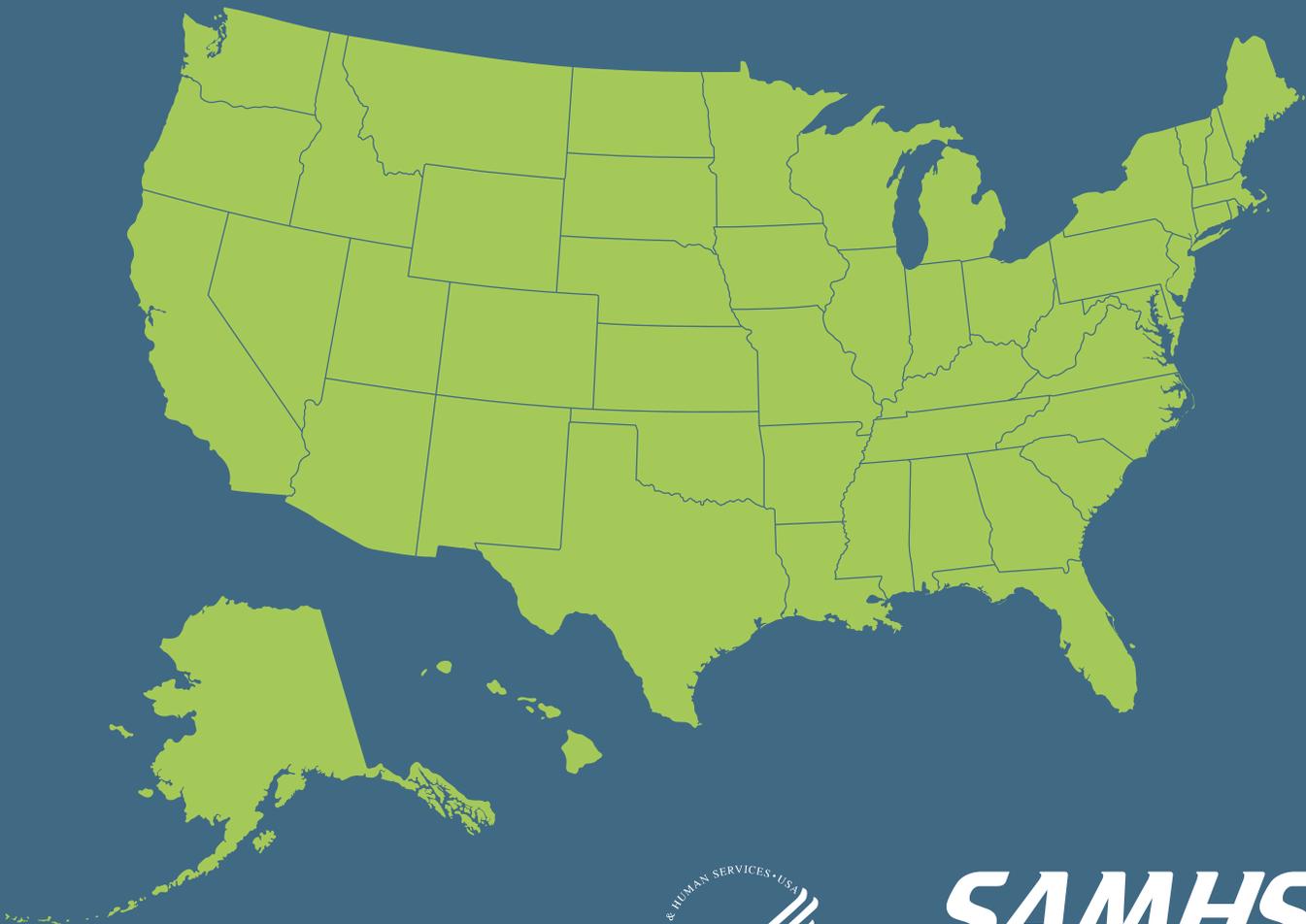


# Behavioral Health Barometer

United States, Volume 5



Indicators as measured through the 2017 National Survey on Drug Use and Health  
and the National Survey of Substance Abuse Treatment Services



***SAMHSA***  
Substance Abuse and Mental Health  
Services Administration



### **Acknowledgments**

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### **Originating Office**

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# Foreword



The Substance Abuse and Mental Health Services Administration (SAMHSA), an operating division within the U.S. Department of Health and Human Services (HHS), is charged with reducing the impact of substance abuse and mental illness on America's communities. SAMHSA is pursuing this mission at a time of significant change.

The *Behavioral Health Barometer: United States, Volume 5: Indicators as measured through the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services*, is one of a series of national, regional, and state reports that provide a snapshot of behavioral health in the United States. The reports present a set of substance use and mental health indicators as measured through the National Survey on Drug Use and Health (NSDUH) and the National Survey of Substance Abuse Treatment Services (N-SSATS), sponsored by SAMHSA.

This array of indicators provides a unique overview of the nation's behavioral health at a point in time as well as a mechanism for tracking changes over time. Behavioral Health Barometers for the nation, 10 regions, and all 50 states and the District of Columbia are published as part of SAMHSA's behavioral health quality improvement approach. Most importantly, the Behavioral Health Barometers provide critical information in support of SAMHSA's mission of reducing the impact of substance abuse and mental illness on America's communities.

Elinore F. McCance-Katz, M.D., Ph.D.  
Assistant Secretary for Mental Health and Substance Use  
Substance Abuse and Mental Health Services Administration  
U.S. Department of Health and Human Services

# Introduction



## **Purpose of this Report**

*Behavioral Health Barometer: United States, Volume 5: Indicators as measured through the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services* provides an annual update on a series of topics that focus on substance use and mental health (collectively referred to as behavioral health) in the United States. SAMHSA selected specific topics and indicators in this report to represent a cross-section of the key behavioral health indicators that are assessed in SAMHSA surveys, including NSDUH and N-SSATS. This report is intended to provide a concise, reader-friendly summary of key behavioral health measures for a wide variety of lay and professional audiences. The graphics and text include data on the nation as a whole and for subgroups based on demographics (age, gender, and race/ethnicity) and other factors (poverty status, health insurance status, and metropolitan statistical area status).

## **Organization of this Report**

This report is divided into sections based on content areas and age groups. It begins with sections on substance use, mental health, and mental health treatment among youth aged 12 to 17, followed by a section on mental health and mental health service use among young adults aged 18-25 and adults aged 18 or older. Next are sections on substance use, misuse, use disorders, and treatment among youth and adults. Figure titles are included above all graphics, including callouts for figure notes that are included on pages 61-63. These figure notes include additional information about the measures, populations, and analyses presented in the graphics and text. Definitions of key measures and terms included in the report are presented on pages 64-66.

## **Methodological Information**

Statistical tests (t-tests) have been conducted for all statements appearing in the text of the report based on NSDUH data that compare estimates between years or population subgroups. Unless explicitly stated that a difference is not statistically significant, all statements based on NSDUH data that describe differences are significant at the .05 level. Standard NSDUH suppression rules have been applied for all NSDUH estimates in this report. Pages 53, 54, 57 and 58 present N-SSATS data, and because N-SSATS provides counts of people enrolled at all treatment facilities (as opposed to providing estimates based on a sample of treatment facilities), conducting significance tests is not necessary.

Tables that display all data points included in this report, including tests of statistical significance and standard errors, are available by request. To request these tables or to ask any questions regarding how to use or interpret the data included in this report, please contact [CBHSQRequest@samhsa.hhs.gov](mailto:CBHSQRequest@samhsa.hhs.gov).

# Youth Substance Use

## Cigarette Use



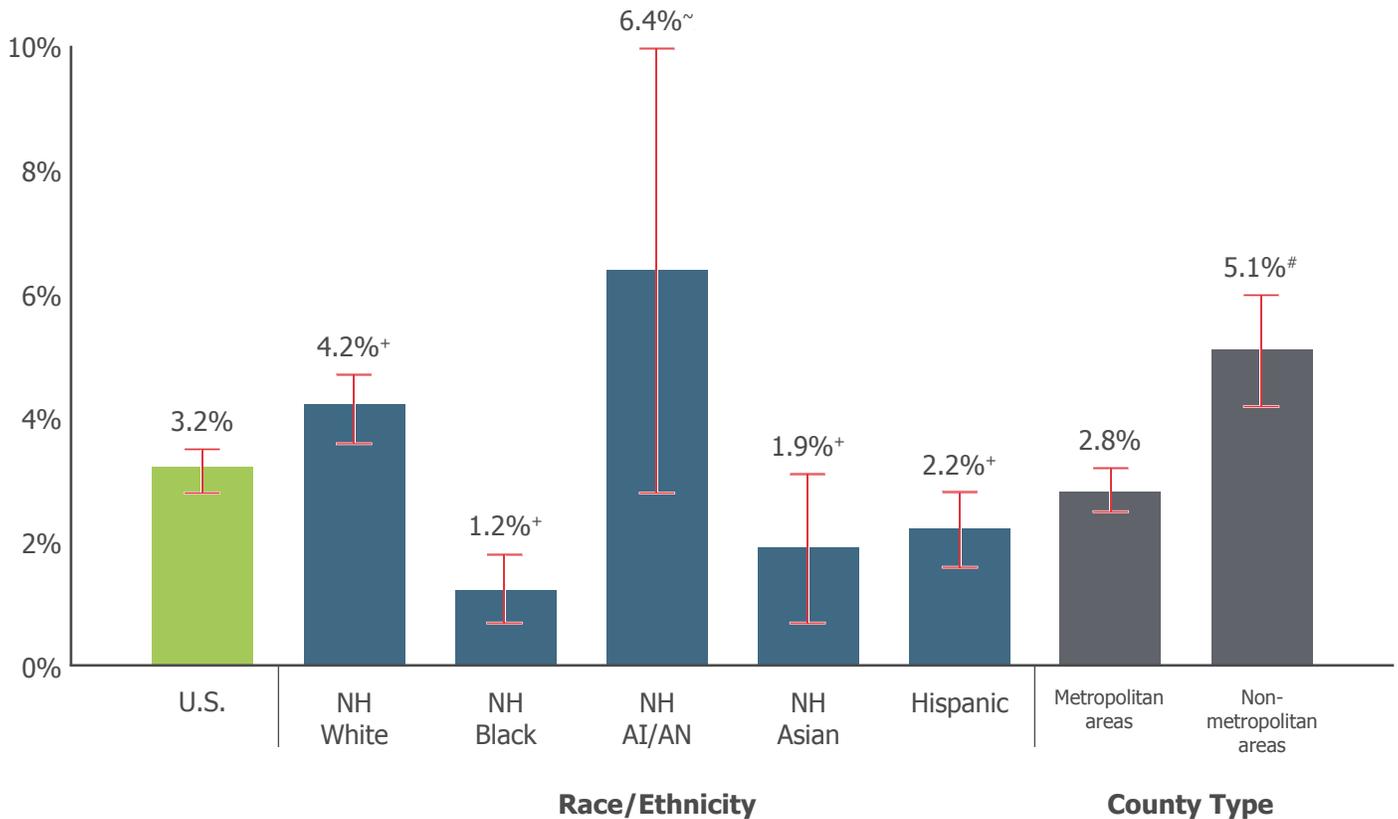
### Past-Month Cigarette Use among Youth Aged 12–17 in the United States, by Race/Ethnicity and County Type (2017)<sup>1,2</sup>



Among youth aged 12-17 in the U.S. in 2017, **3.2%** (or **787,000**) used cigarettes in the past month.

Compared to the national average, past-month cigarette use was higher among non-Hispanic white youth and was lower among Hispanic youth and non-Hispanic black and Asian youth.

Past-month cigarette use was higher among youth residing in nonmetropolitan areas than among youth residing in metropolitan areas.



Error bars indicate 95% confidence interval of the estimate.

NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native.

+ Estimate is significantly different from the national average ( $p < .05$ ).

# Estimate is significantly different from the estimate for metropolitan areas ( $p < .05$ ).

~ Due to the large standard error, the estimate did not statistically significantly differ from the national average.

# Youth Substance Use

## Cigarette Use



### Changes in Past-Month Cigarette Use among Youth Aged 12–17 in the United States, by Race/Ethnicity (2002 and 2017)<sup>1</sup>

In the U.S. between 2002 and 2017, past-month cigarette use decreased among youth overall, among Hispanic youth, and among non-Hispanic white, black, and American Indian or Alaska Native youth.



Error bars indicate 95% confidence interval of the estimate.  
NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native.  
<sup>+</sup> Estimate is significantly different from the estimate in 2017 ( $p < .05$ ).

# Youth Substance Use

## Marijuana Use

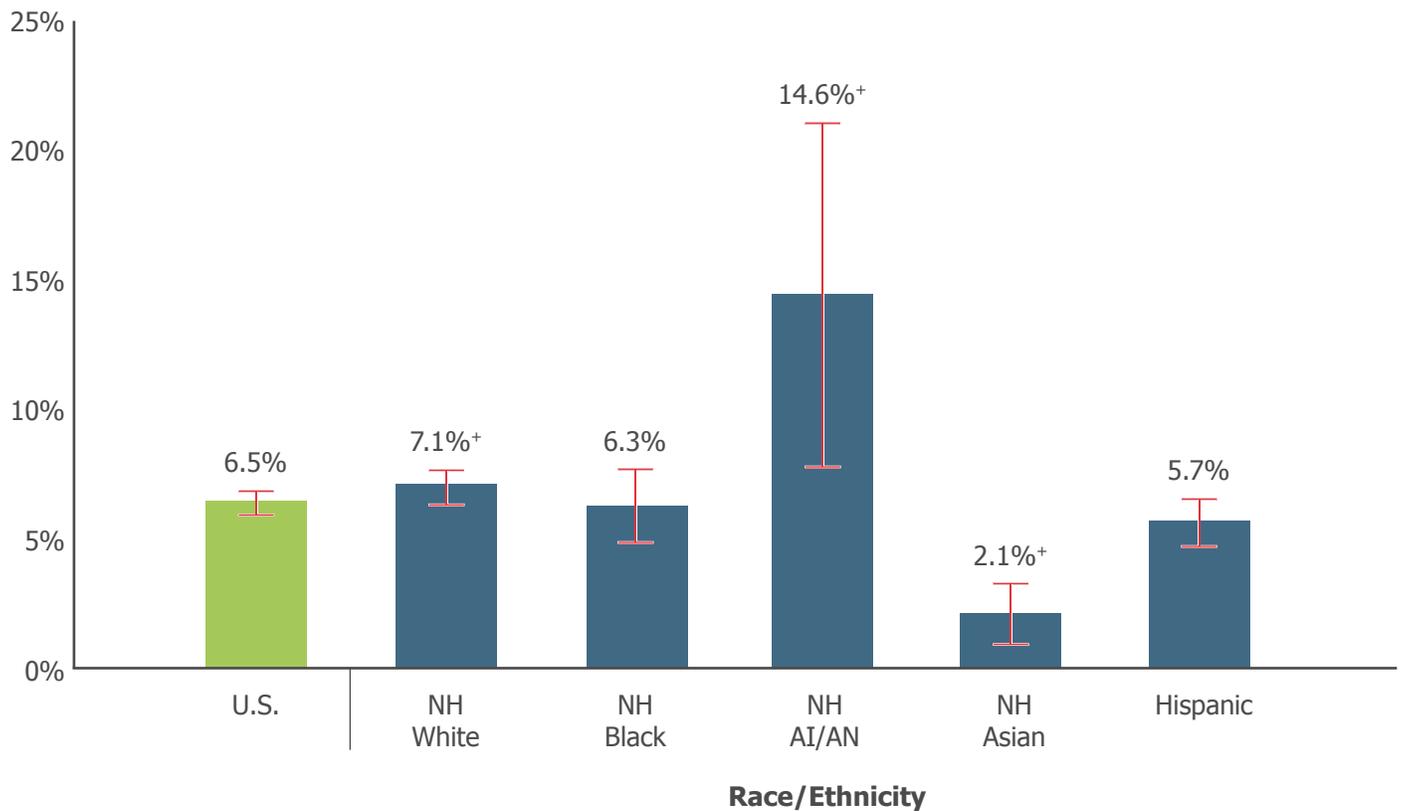


### Past-Month Marijuana Use among Youth Aged 12–17 in the United States, by Race/Ethnicity (2017)<sup>1</sup>



Among youth aged 12-17 in the U.S. in 2017, **6.5%** (or **1.6 million**) used marijuana in the past month.

Compared to the national average, past-month marijuana use was higher among non-Hispanic white and American Indian or Alaska Native youth and was lower among non-Hispanic Asian youth.



Error bars indicate 95% confidence interval of the estimate.  
NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native.  
<sup>+</sup> Estimate is significantly different from the national average ( $p < .05$ ).

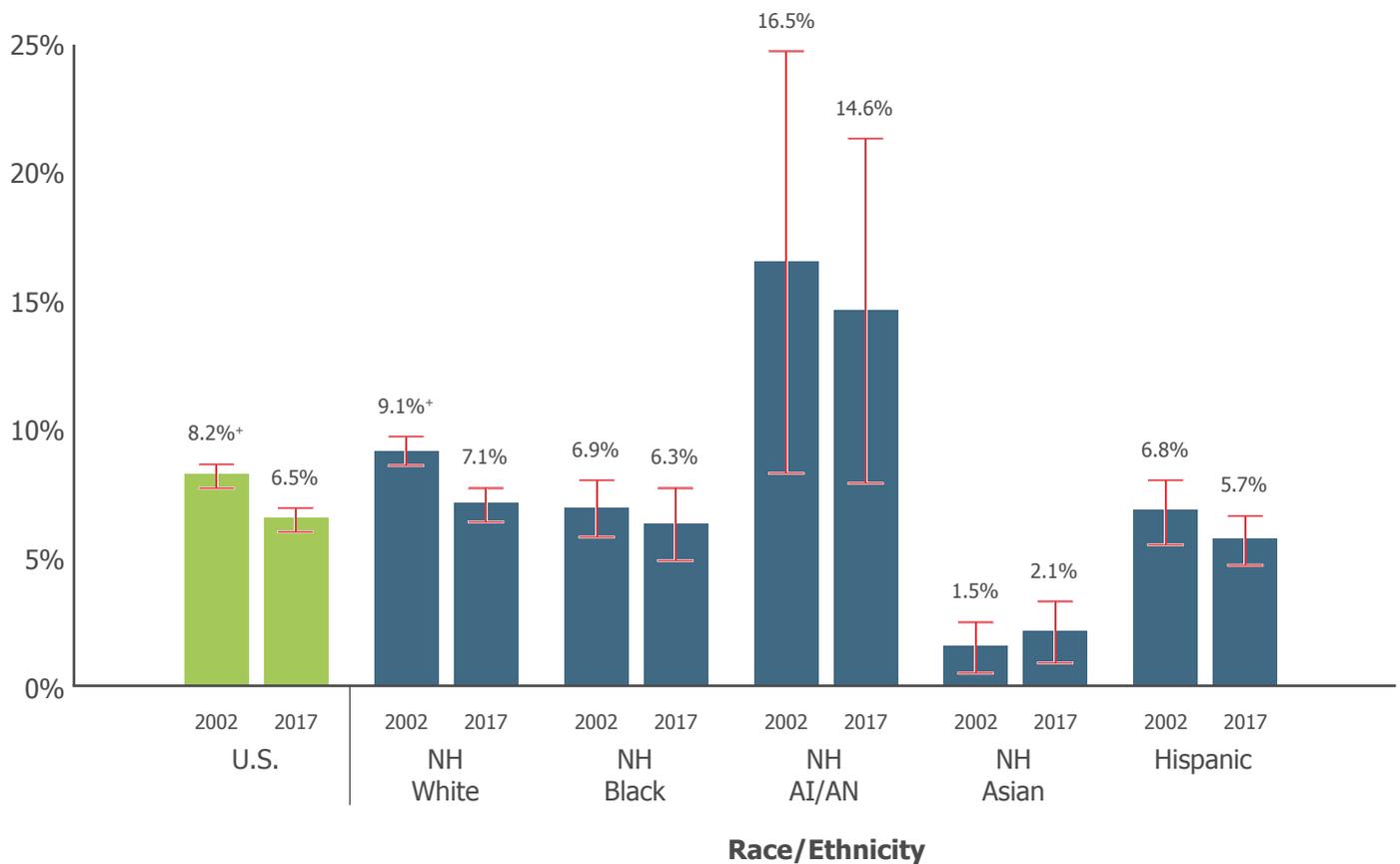
# Youth Substance Use

## Marijuana Use



### Changes in Past-Month Marijuana Use among Youth Aged 12–17 in the United States, by Race/Ethnicity (2002 and 2017)<sup>1</sup>

In the U.S. between 2002 and 2017, past-month marijuana use decreased among youth overall and among non-Hispanic white youth.



Error bars indicate 95% confidence interval of the estimate.  
NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native.  
+ Estimate is significantly different from the estimate in 2017 ( $p < .05$ ).

# Youth Substance Use

## Binge Alcohol Use



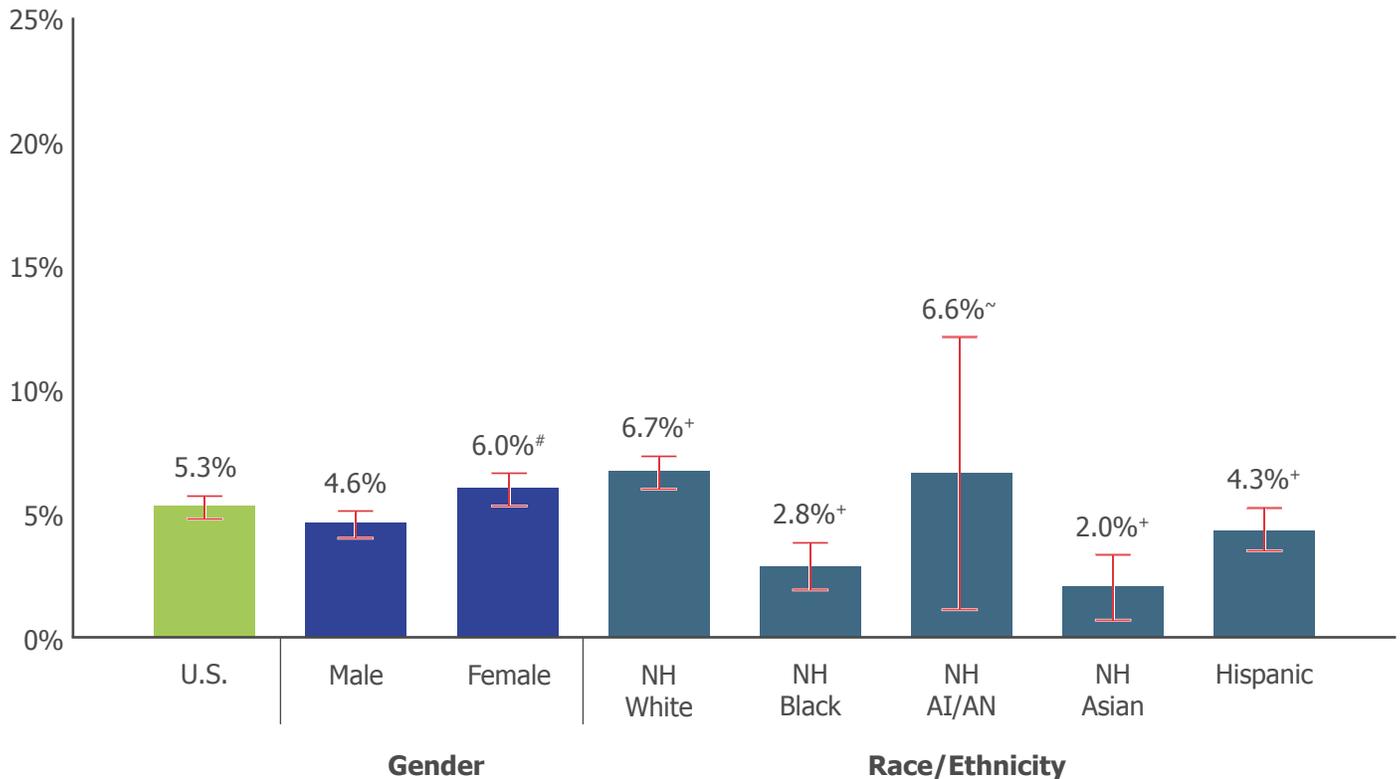
### Past-Month Binge Alcohol Use among Youth Aged 12–17 in the United States, by Gender and Race/Ethnicity (2017)<sup>1,3</sup>



Among youth aged 12-17 in the U.S. in 2017, **5.3%** (or **1.3 million**) reported binge alcohol use in the past month.

Past-month binge alcohol use was higher among female youth than among male youth.

Compared to the national average, past-month binge alcohol use was higher among non-Hispanic white youth and was lower among Hispanic youth and among non-Hispanic black and Asian youth.



Error bars indicate 95% confidence interval of the estimate.

NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native.

# Estimate is significantly different from the estimate for males ( $p < .05$ ).

+ Estimate is significantly different from the national average ( $p < .05$ ).

~ Due to the large standard error, the estimate did not statistically significantly differ from the national average.

# Youth Substance Use

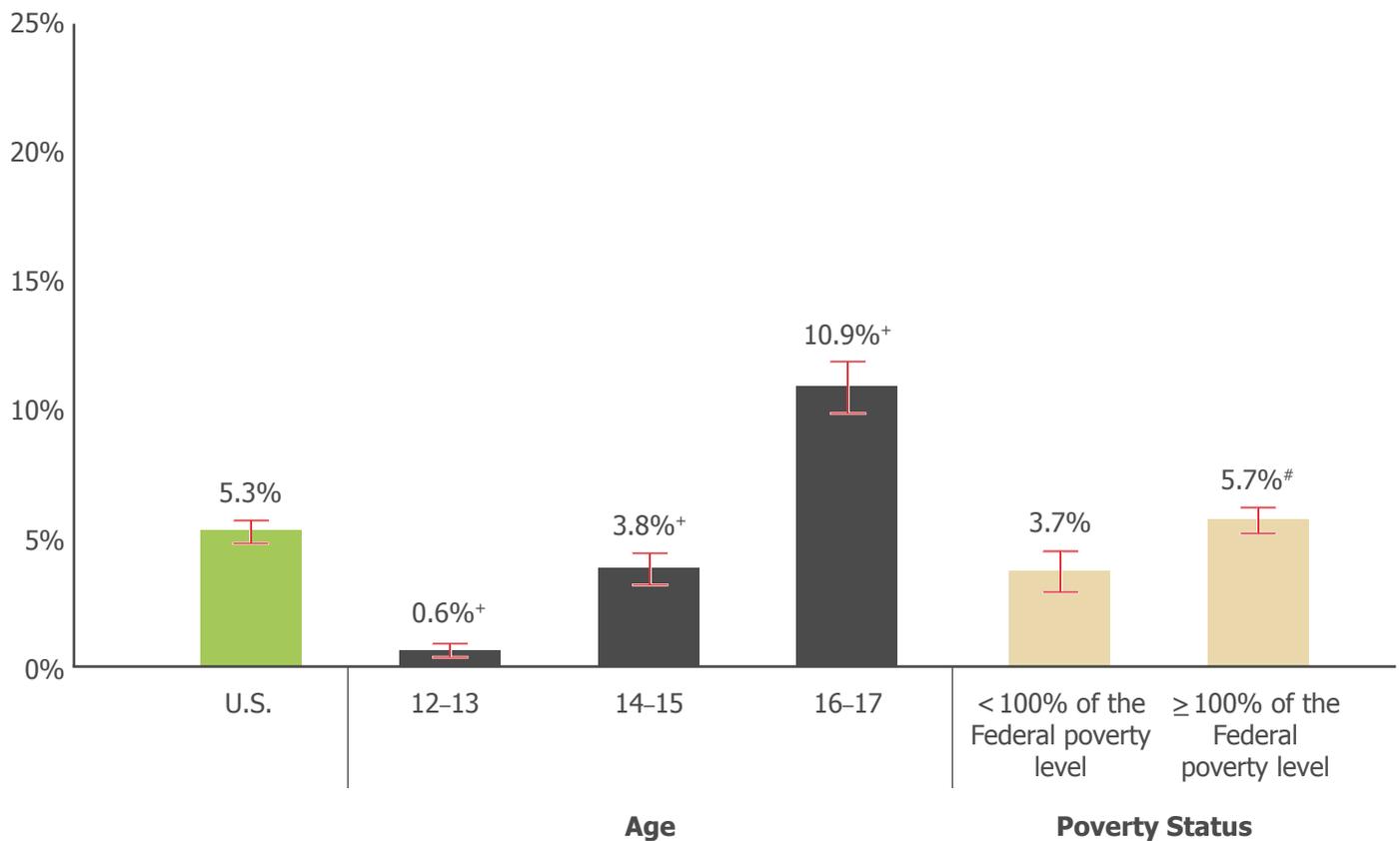
## Binge Alcohol Use



### Past-Month Binge Alcohol Use among Youth Aged 12–17 in the United States, by Age and Poverty Status (2017)<sup>4</sup>

Among youth aged 12-17 in the U.S. with family income 100% or more of the Federal poverty level in 2017, **5.7%** (or **1.1 million**) reported binge alcohol use in the past month.

Compared to the national average, past-month binge alcohol use was lower among youth aged 12-13 and 14-15 and higher among youth aged 16-17. Past-month binge alcohol use was lower among youth with family income below 100% of the Federal poverty level than among youth with family income 100% or more of the Federal poverty level.



Error bars indicate 95% confidence interval of the estimate.

<sup>+</sup> Estimate is significantly different from the national average ( $p < .05$ ).

<sup>#</sup> Estimate is significantly different from the estimate for less than 100% of the Federal poverty level ( $p < .05$ ).

# Youth Substance Use

## Illicit Drug Use

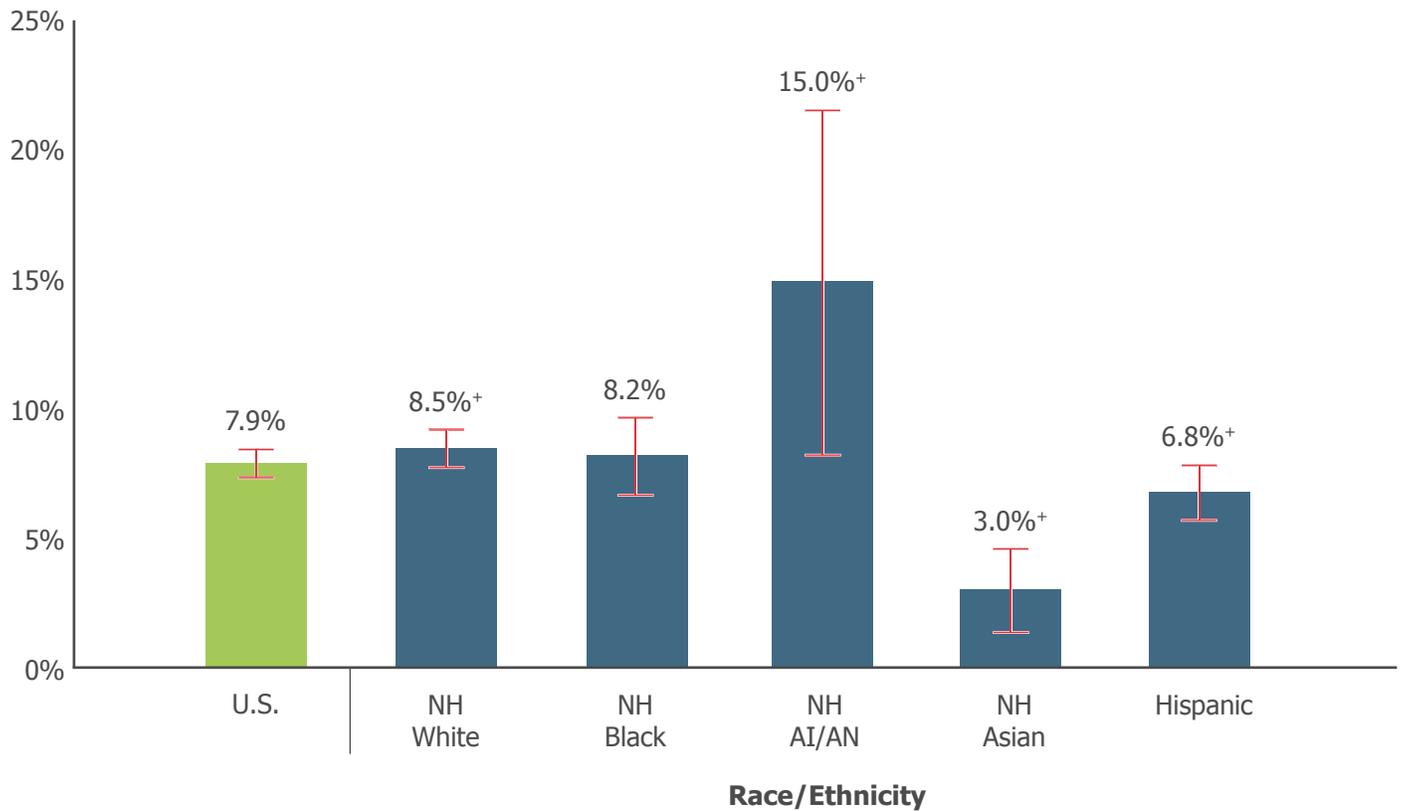


### Past-Month Illicit Drug Use among Youth Aged 12–17 in the United States, by Race/Ethnicity (2017)<sup>1</sup>



Among youth aged 12-17 in the U.S. in 2017, **7.9%** (or **2.0 million**) used illicit drugs in the past month.

Compared to the national average, past-month illicit drug use was higher among non-Hispanic white and American Indian or Alaska Native youth and was lower among Hispanic and non-Hispanic Asian youth.



Error bars indicate 95% confidence interval of the estimate.  
NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native.  
<sup>+</sup> Estimate is significantly different from the national average ( $p < .05$ ).

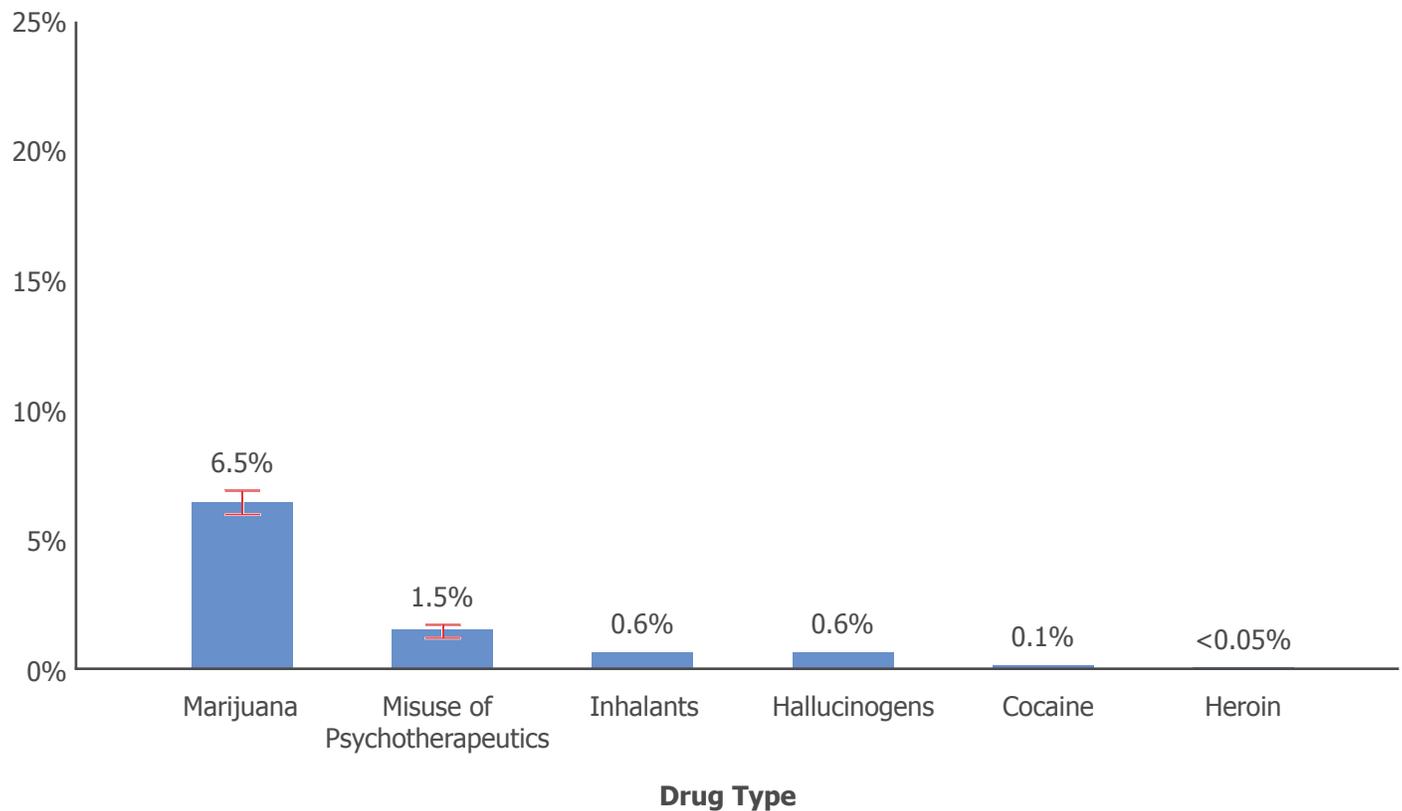
# Youth Substance Use

## Illicit Drug Use



### Past-Month Illicit Drug Use among Youth Aged 12–17 in the United States, by Drug Type (2017)<sup>5</sup>

Among youth aged 12-17 in the U.S. in 2017, the two most common types of past-month illicit drug use were marijuana use (used by **6.5%**, or **1.6 million**) and misuse of psychotherapeutic prescription drugs (used by **1.5%**, or **360,000**).



Error bars indicate 95% confidence interval of the estimate.

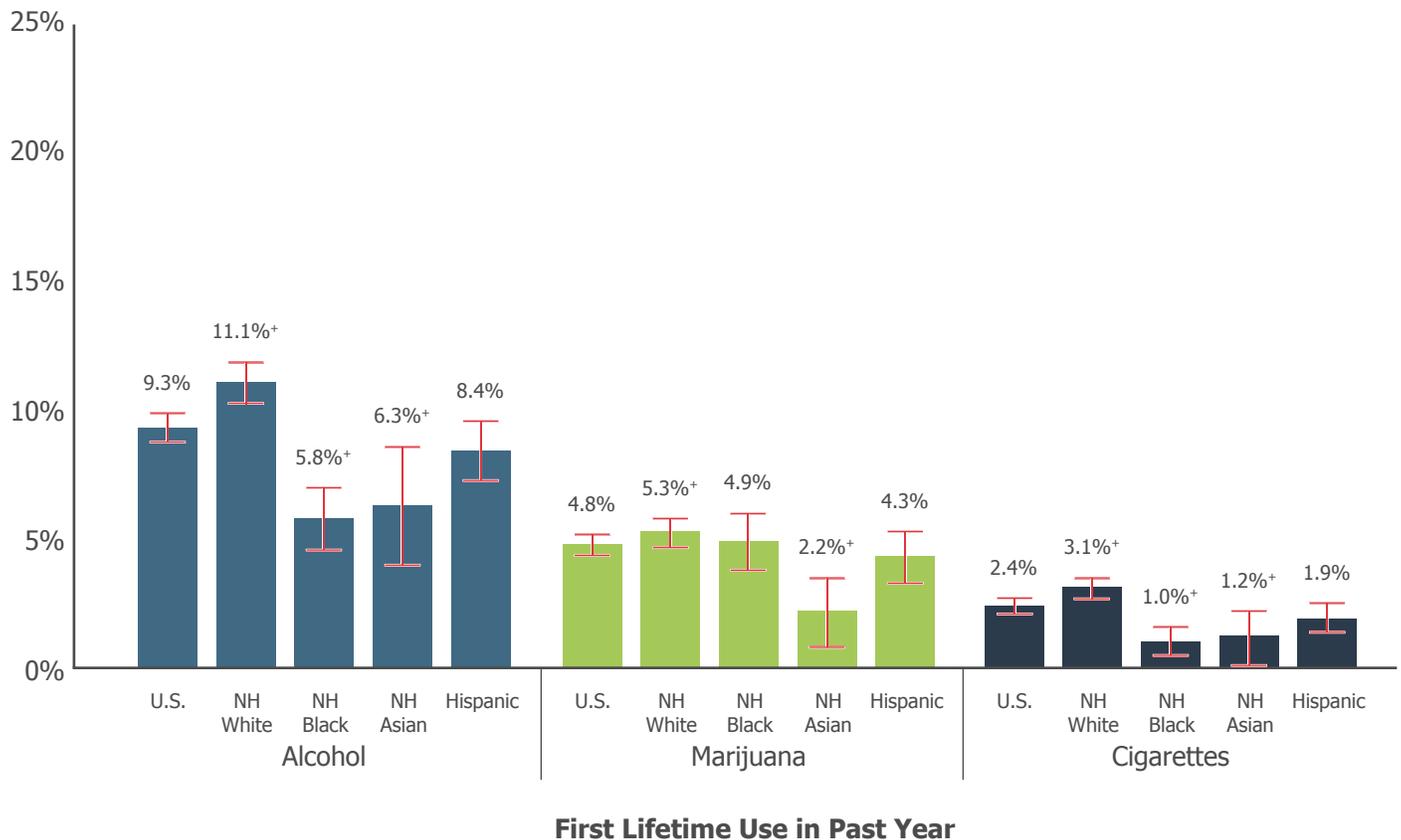
# Youth Substance Use

## Initiation of Substance Use



### Past-Year Initiation (First Lifetime Use) of Selected Substances among Youth Aged 12–17 in the United States, by Race/Ethnicity (2017) <sup>1,6</sup>

Compared to the corresponding national average in 2017, past-year initiation (i.e., first time ever use) of alcohol, marijuana, and cigarette use was higher among non-Hispanic white youth and was lower among non-Hispanic Asian youth, and past-year initiation of alcohol and cigarette use was also lower among non-Hispanic black youth.



Error bars indicate 95% confidence interval of the estimate.  
 NH = non-Hispanic.  
 + Estimate is significantly different from the national average ( $p < .05$ ).

# Youth Substance Use

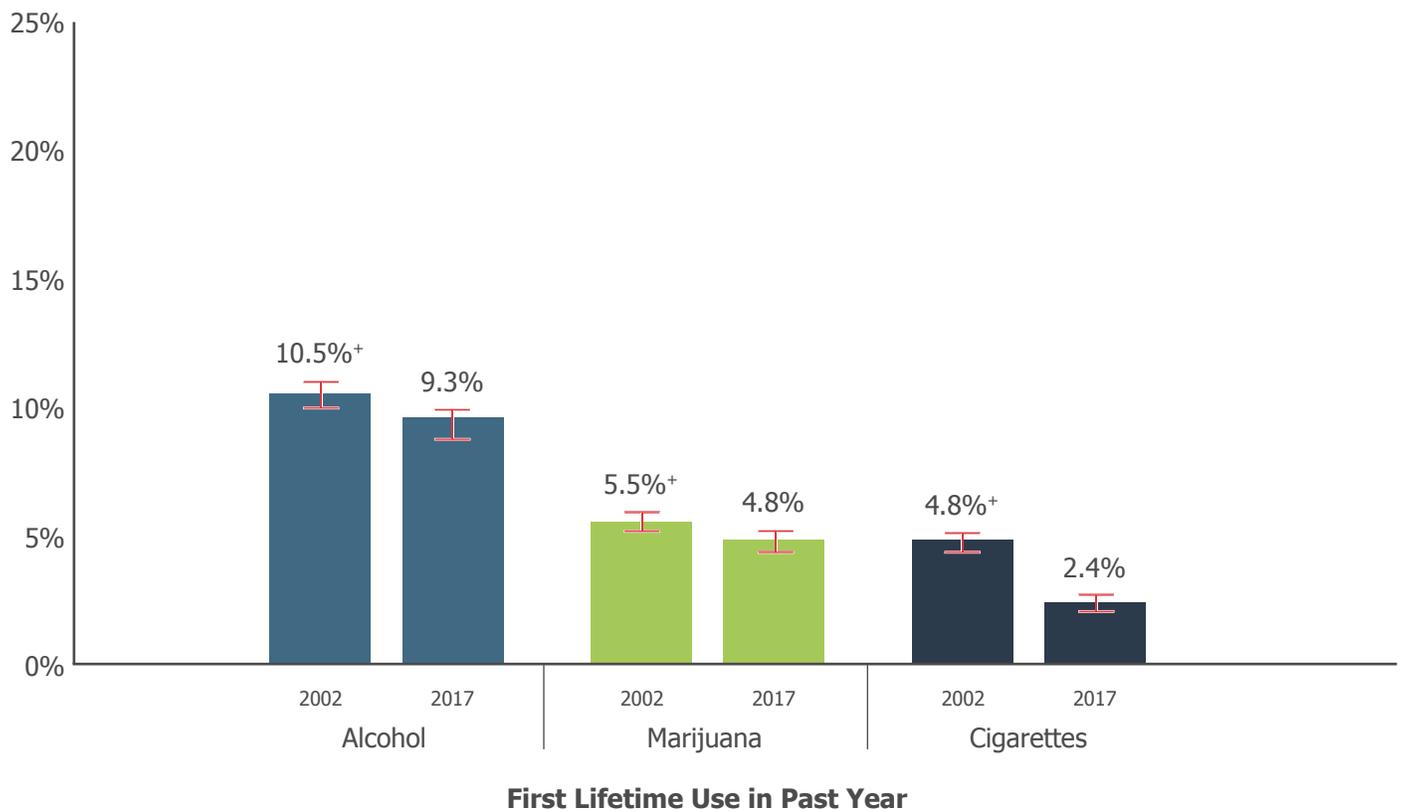
## Initiation of Substance Use



### Changes in Past-Year Initiation (First Lifetime Use) of Selected Substances among Youth Aged 12–17 in the United States (2002 and 2017)<sup>1,6</sup>

Among youth aged 12-17 in the U.S. in 2017, **9.3%** used alcohol for the first time ever in the past year (past-year initiation of alcohol use), **4.8%** reported past-year initiation of marijuana use, and **2.4%** reported past-year initiation of cigarette use.

Among U.S. youth between 2002 and 2017, past-year initiation of alcohol use, marijuana use, and cigarette use all decreased.



Error bars indicate 95% confidence interval of the estimate.  
+ Estimate is significantly different from the estimate in 2017 ( $p < .05$ ).

# Youth Substance Use

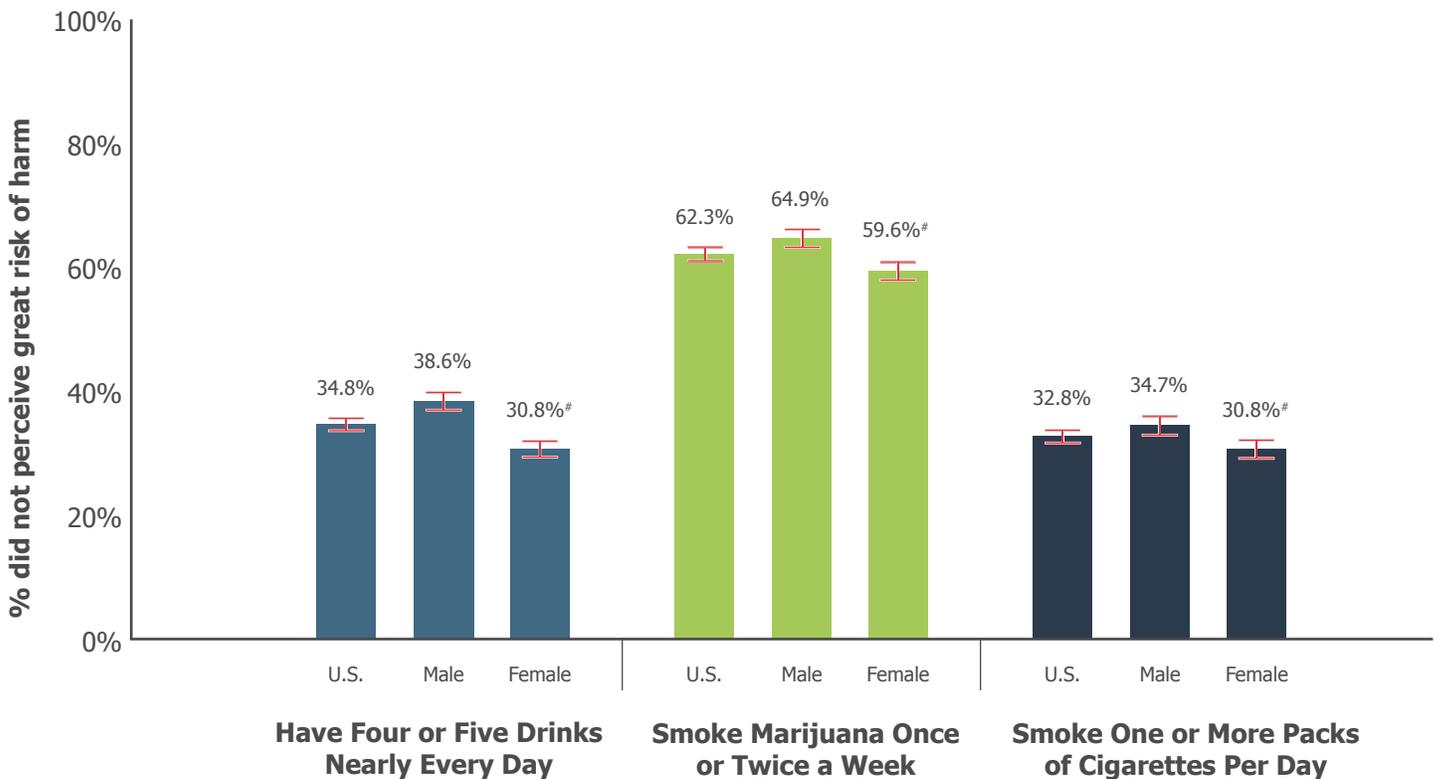
## Risk Perceptions



### Youth Aged 12–17 in the United States Who Did Not Perceive Great Risk of Harm from the Use of Selected Substances, by Gender (2017)<sup>7,8</sup>

Among youth aged 12-17 in the U.S. in 2017, about one in three youth did not perceive great risk of harm from having four or five alcoholic drinks nearly every day or from smoking one or more packs of cigarettes per day. The majority of youth did not perceive great risk of harm to themselves physically or in other ways from marijuana use once or twice a week.

Among youth aged 12-17 in the U.S. in 2017, the percentage of not perceiving great risk of harm themselves physically or in other ways was lower among females than among males regarding having four or five alcohol drinks nearly every day, using marijuana once or twice a week, or smoking one or more packs of cigarettes a day.



Error bars indicate 95% confidence interval of the estimate.  
 # Estimate is significantly different from the estimate for males ( $p < .05$ ).

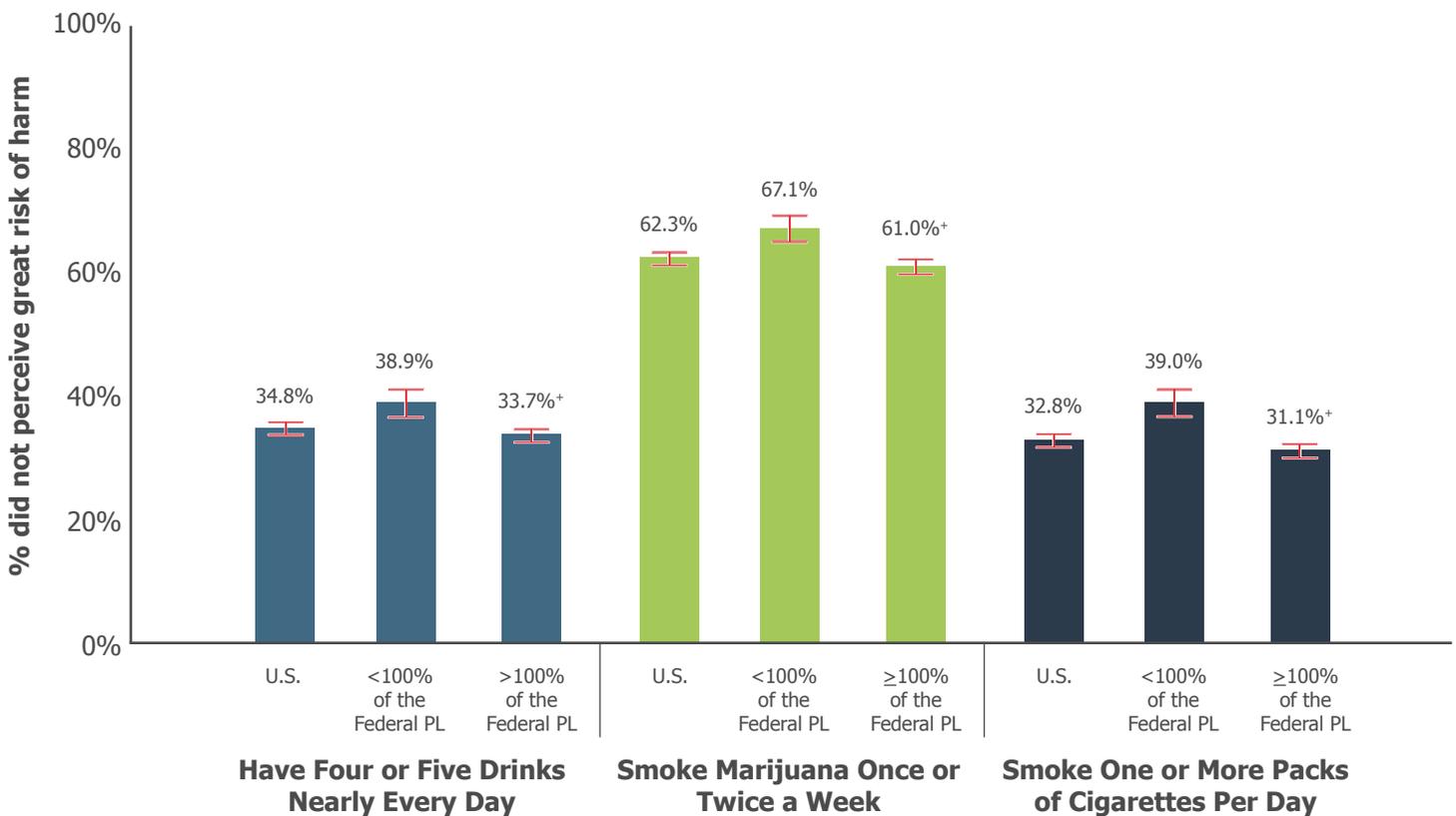
# Youth Substance Use

## Risk Perceptions



### Youth Aged 12–17 in the United States Who Did Not Perceive Great Risk of Harm from the Use of Selected Substances, by Poverty Status (2017)<sup>4,7,8</sup>

Among youth aged 12-17 in the U.S. in 2017, compared to youth with family income below 100% of the Federal poverty level, the percentage of not perceiving great risk of harm to themselves physically or in other ways was lower among youth with family income 100% or more of the Federal poverty level regarding having four or five alcohol drinks nearly every day, using marijuana once or twice a week, or smoking one or more packs of cigarettes a day.



Error bars indicate 95% confidence interval of the estimate.

PL = Poverty level.

+ Estimate is significantly different from the estimate for less than 100% of the Federal poverty level ( $p < .05$ ).

# Youth Mental Health and Service Use

## Depression



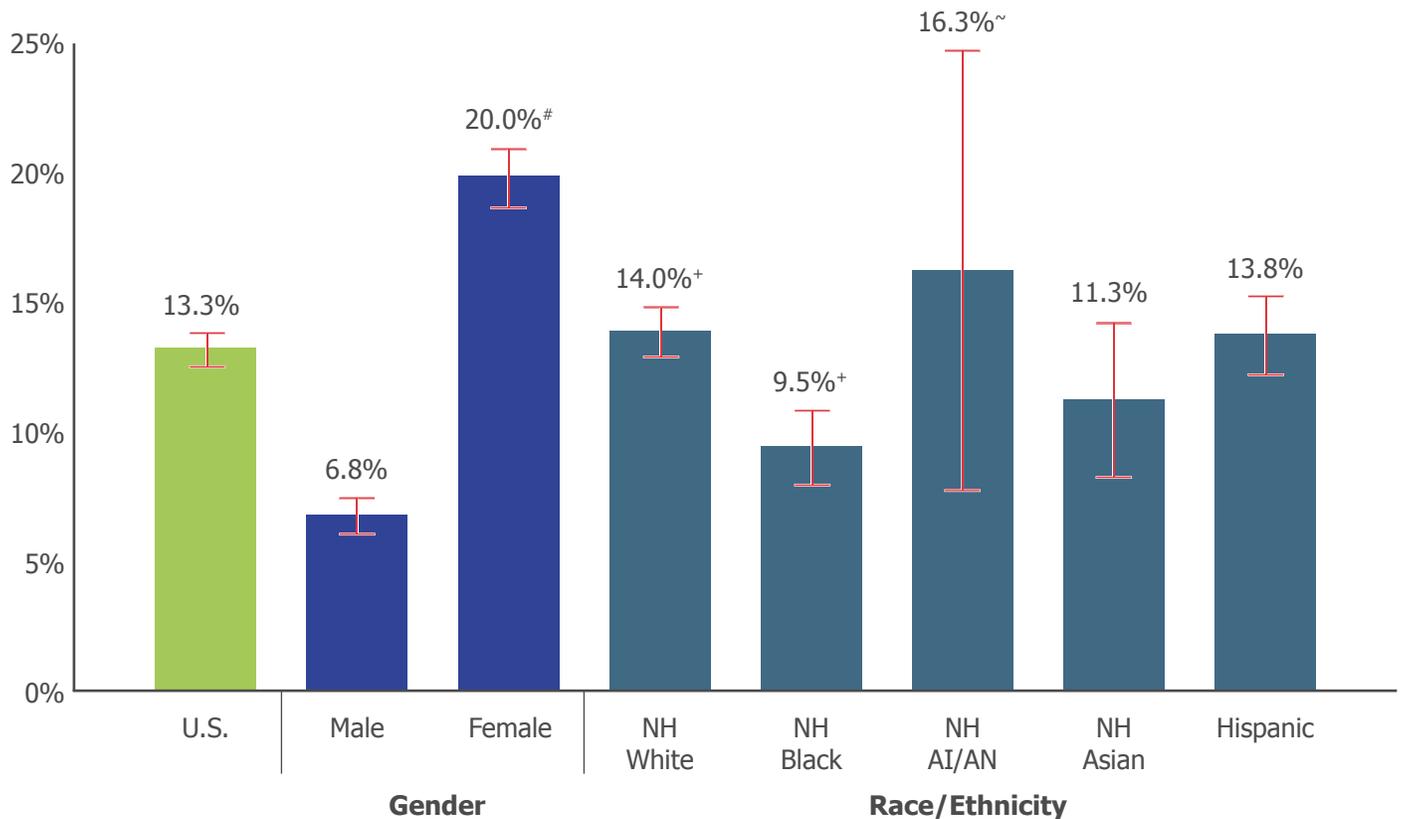
### Past-Year Major Depressive Episode (MDE) among Youth Aged 12–17 in the United States, by Gender and Race/Ethnicity (2017)<sup>1,9,10</sup>



Among youth aged 12-17 in the U.S. in 2017, **13.3%** (or **3.2 million**) had at least one major depressive episode (MDE) in the past year.

Past-year major depressive episode was higher among female youth than among male youth.

Compared to the national average, past-year major depressive episode was higher among non-Hispanic white youth and was lower among non-Hispanic black youth.



Error bars indicate 95% confidence interval of the estimate.

NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native.

# Estimate is significantly different from the estimate for males ( $p < .05$ ).

+ Estimate is significantly different from the national average ( $p < .05$ ).

~ Due to the large standard error, the estimate did not statistically significantly differ from the national average.

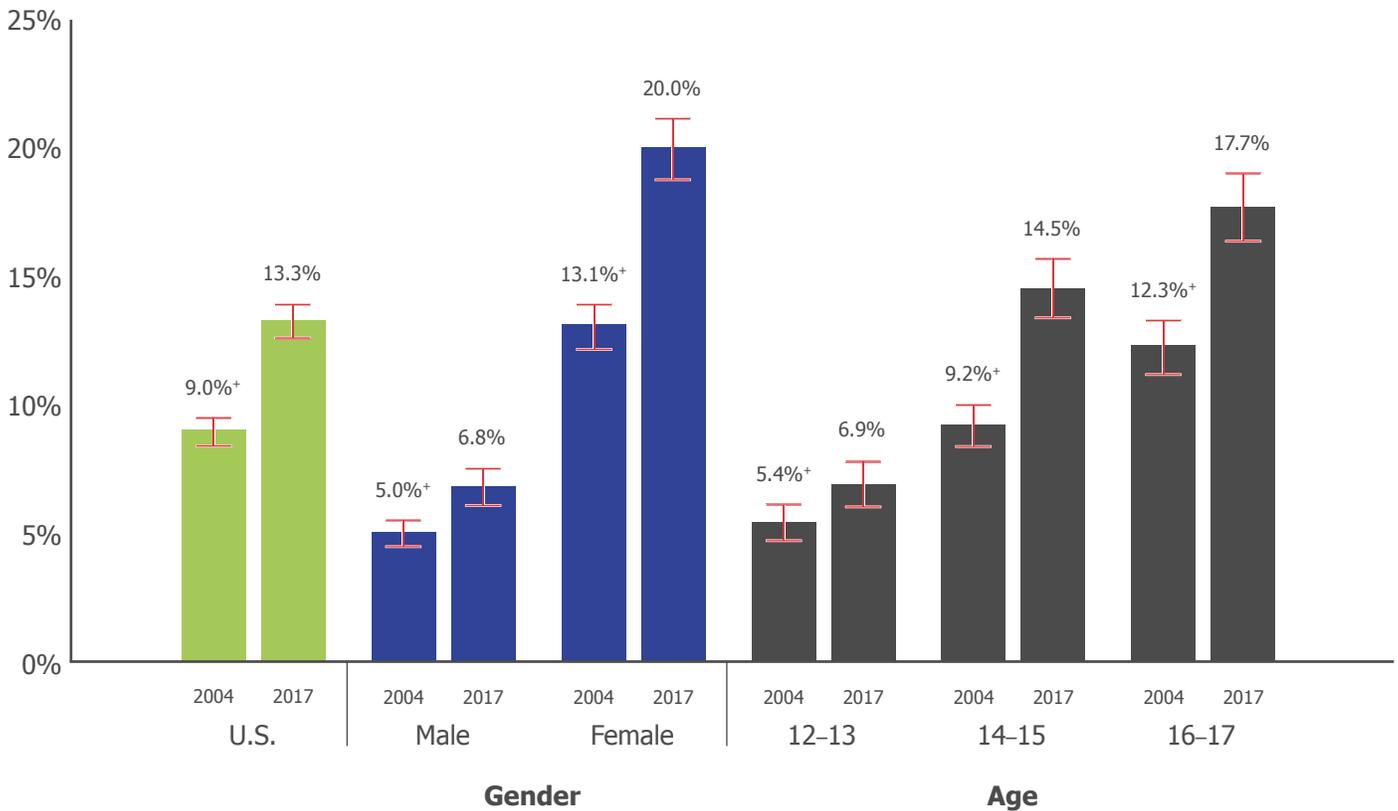
# Youth Mental Health and Service Use

## Depression



### Changes in Past-Year Major Depressive Episode (MDE) among Youth Aged 12–17 in the United States, by Gender and Age (2004 and 2017)<sup>9</sup>

Between 2004 and 2017, past-year major depressive episode increased among youth aged 12-17 in the U.S. overall, among both male and female youth, and among youth aged 12-13, 14-15, and 16-17.



Error bars indicate 95% confidence interval of the estimate.  
 + Estimate is significantly different from the estimate in 2017 ( $p < .05$ ).

# Youth Mental Health and Service Use

## Depression Care



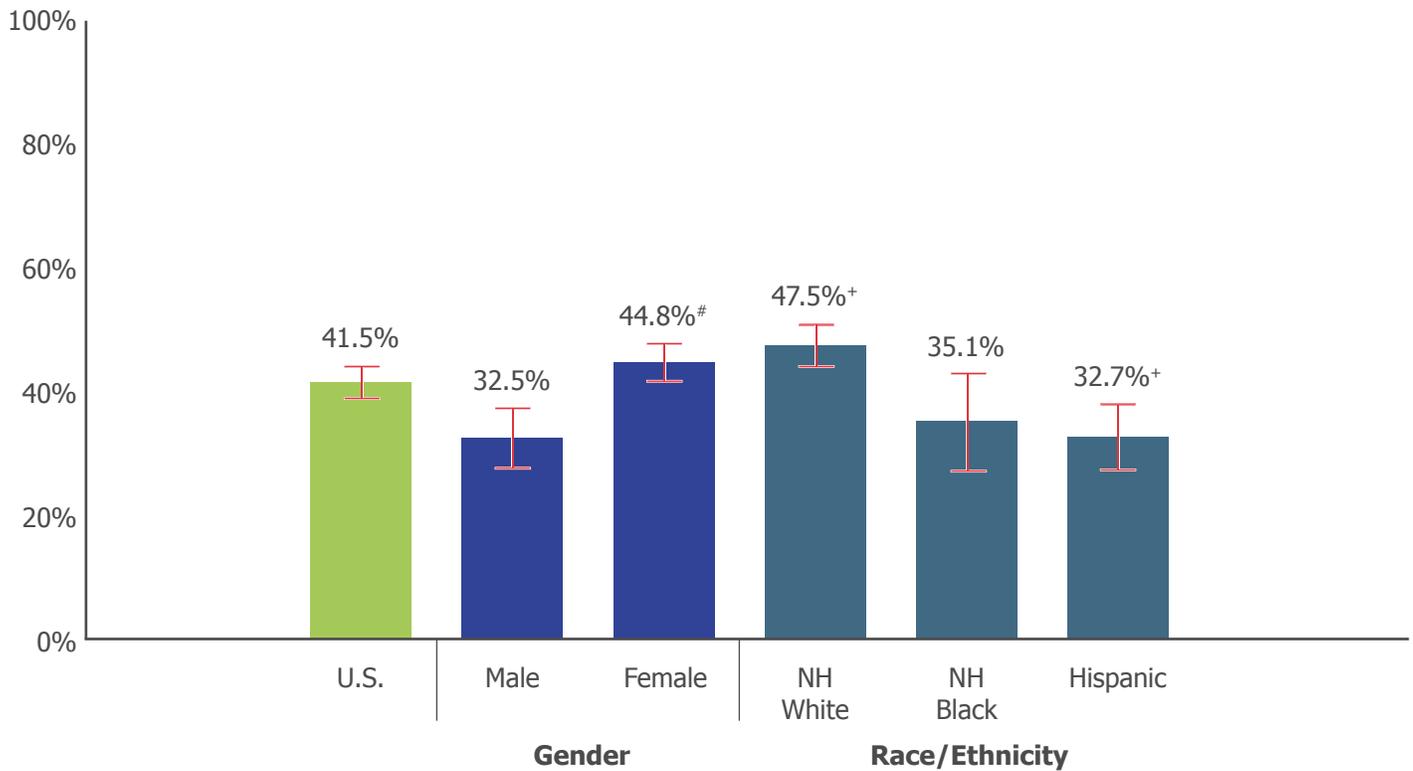
### Past-Year Depression Care among Youth Aged 12–17 with Past-Year Major Depressive Episode (MDE) in the United States, by Gender and Race/Ethnicity (2017) <sup>11,12</sup>



In 2017, among youth aged 12-17 in the U.S. with a past-year major depressive episode, **41.5%** (or **1.3 million**) received depression care in the past year.

Receipt of depression care in the past year was higher among female youth with past-year major depressive episode than among their male counterparts.

Compared to the national average, past-year receipt of depression care was higher among depressed non-Hispanic white youth and was lower among depressed Hispanic youth.



Error bars indicate 95% confidence interval of the estimate.  
 NH = non-Hispanic.  
<sup>#</sup> Estimate is significantly different from the estimate for males ( $p < .05$ ).  
<sup>+</sup> Estimate is significantly different from the national average ( $p < .05$ ).

# Young Adult Substance Use and Use Disorders

## Tobacco Use



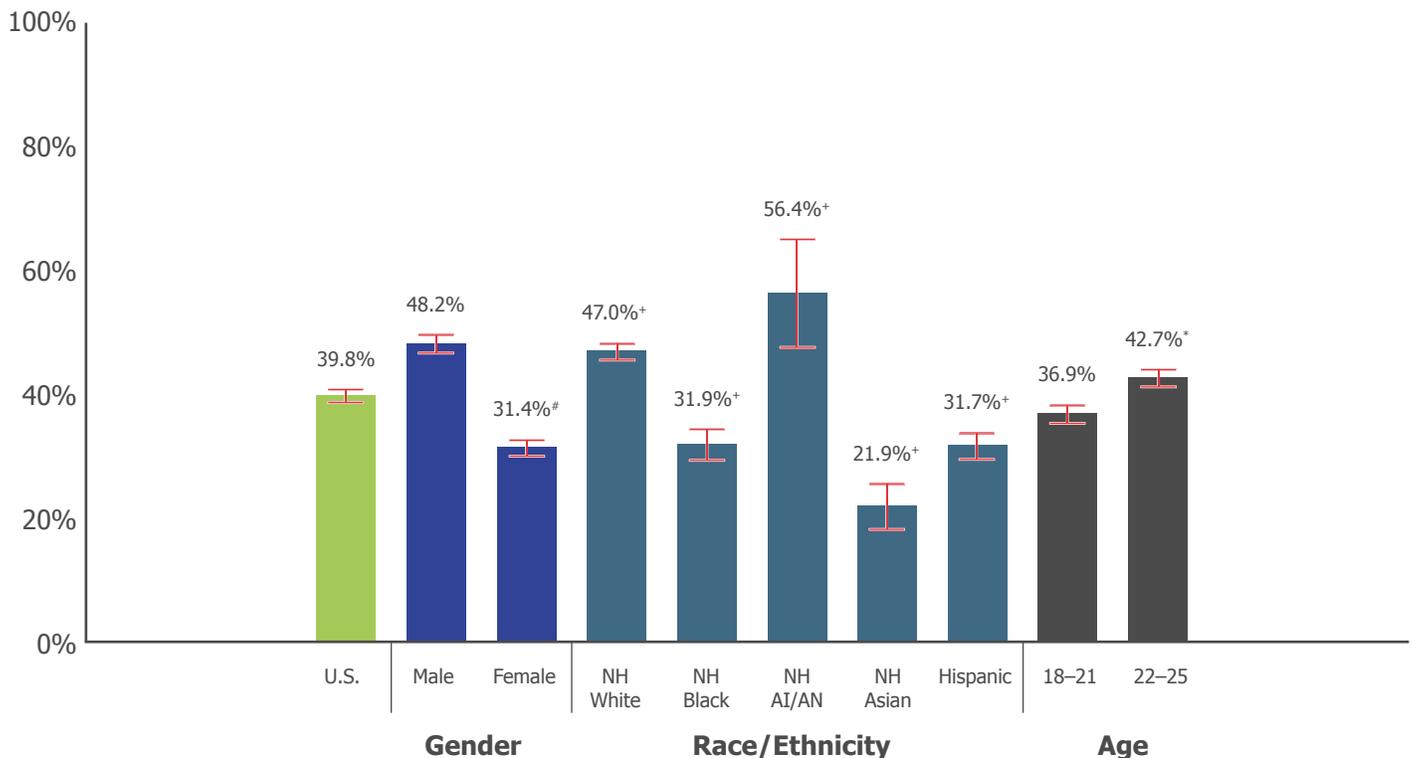
### Past-Year Tobacco Use among Young Adults Aged 18-25 in the United States, by Gender, Race/Ethnicity, and Age (2017) <sup>1</sup>



Among young adults aged 18-25 in the U.S. in 2017, **39.8%** (or **13.7 million**) used tobacco in the past year.

Past-year tobacco use was lower among young adult women than among young adult men.

Compared to the national average, past-year tobacco use was higher among non-Hispanic white and American Indian or Alaska Native young adults and was lower among non-Hispanic black and Asian and Hispanic young adults. Past-year tobacco use was higher among young adults aged 22-25 than young adults aged 18-21.



Error bars indicate 95% confidence interval of the estimate.  
 NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native.  
 # Estimate is significantly different from the estimate for males ( $p < .05$ ).  
 + Estimate is significantly different from the national average ( $p < .05$ ).  
 \* Estimate is significantly different from the estimate for those aged 18-21 ( $p < .05$ ).

# Young Adult Substance Use and Use Disorders

## Marijuana Use



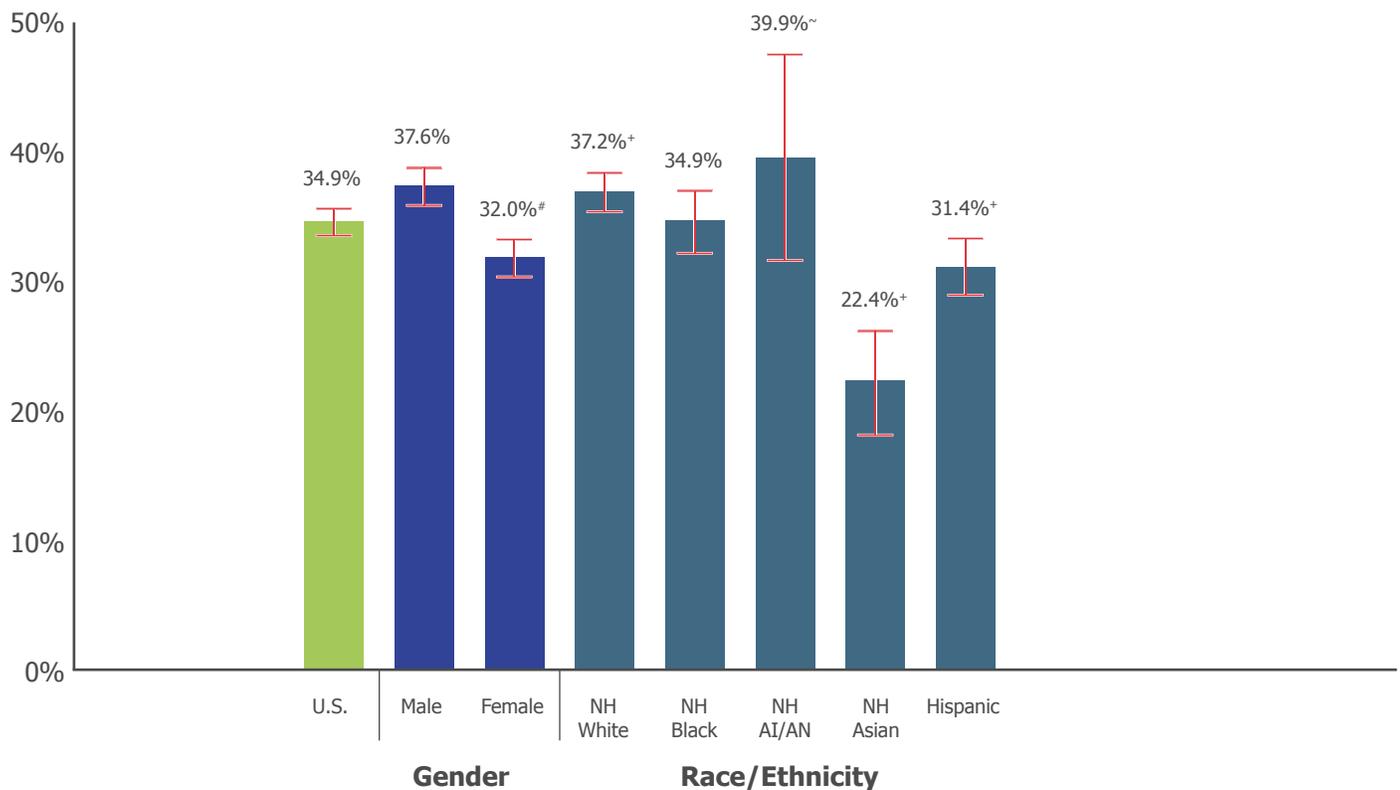
### Past-Year Marijuana Use among Young Adults Aged 18-25 in the United States, by Gender and Race/Ethnicity (2017) <sup>1,13</sup>



Among young adults aged 18-25 in the U.S. in 2017, **34.9%** (or **12.0 million**) used marijuana in the past year.

Past-year marijuana use was lower among young adult women than among young adult men.

Compared to the national average, past-year marijuana use was higher among non-Hispanic white young adults and was lower among non-Hispanic Asian young adults and Hispanic young adults.



Error bars indicate 95% confidence interval of the estimate.  
 NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native.  
 # Estimate is significantly different from the estimate for males ( $p < .05$ ).  
 + Estimate is significantly different from the national average ( $p < .05$ ).  
 ~ Due to the large standard error, the estimate did not statistically significantly differ from the national average.

# Young Adult Substance Use and Use Disorders

## Marijuana Use Disorder



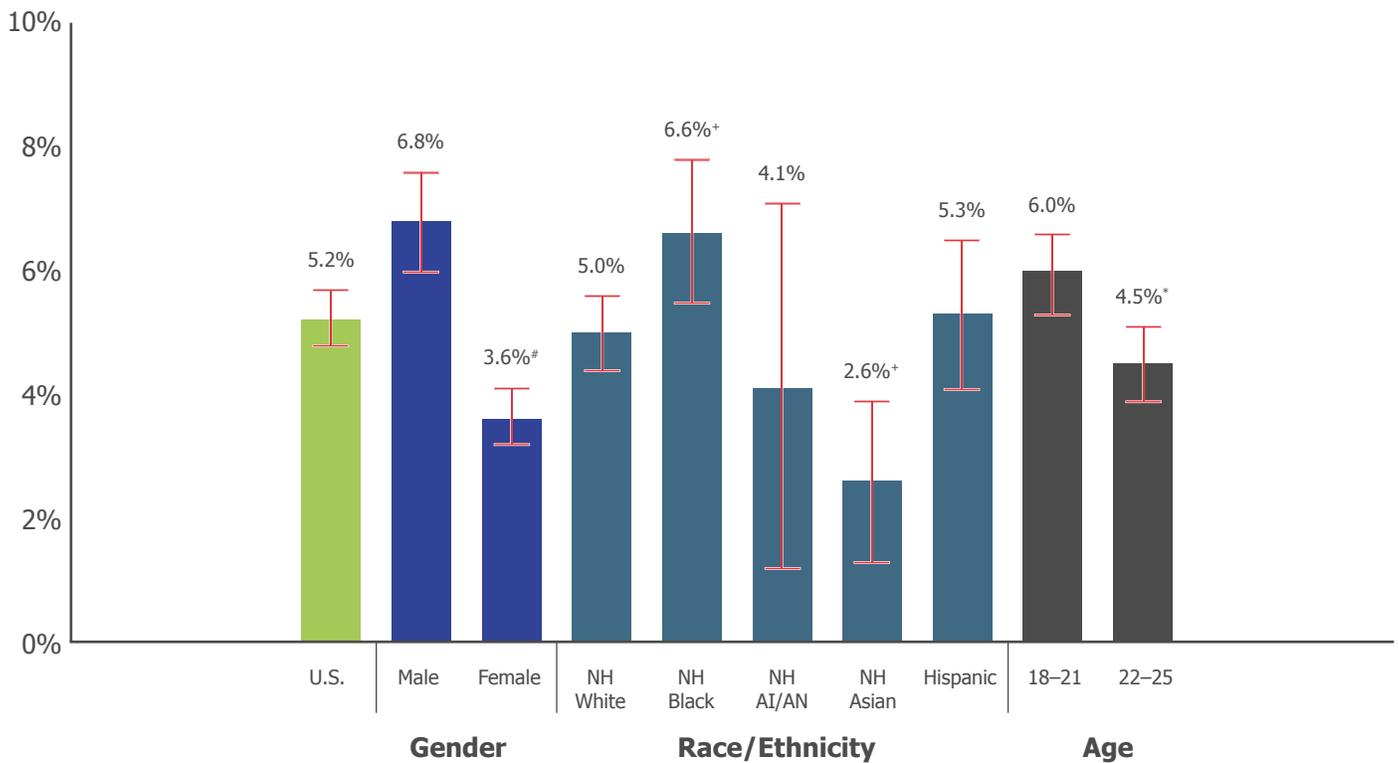
### Past-Year Marijuana Use Disorder among Young Adults Aged 18-25 in the United States, by Gender, Race/Ethnicity, and Age (2017)<sup>1</sup>



Among young adults aged 18-25 in the U.S. in 2017, **5.2%** (or **1.8 million**) had marijuana use disorder in the past year.

Past-year marijuana use disorder was lower among young adult women than among young adult men.

Compared to the national average, past-year marijuana use disorder was higher among non-Hispanic black young adults and was lower among non-Hispanic Asian young adults. Past-year marijuana use disorder was lower among young adults aged 22-25 than young adults aged 18-21.



Error bars indicate 95% confidence interval of the estimate.  
 NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native.  
<sup>#</sup> Estimate is significantly different from the estimate for males ( $p < .05$ ).  
<sup>+</sup> Estimate is significantly different from the national average ( $p < .05$ ).  
<sup>\*</sup> Estimate is significantly different from the estimate for those aged 18-21 ( $p < .05$ ).

# Young Adult Substance Use and Use Disorders

## Opioid Use Disorder

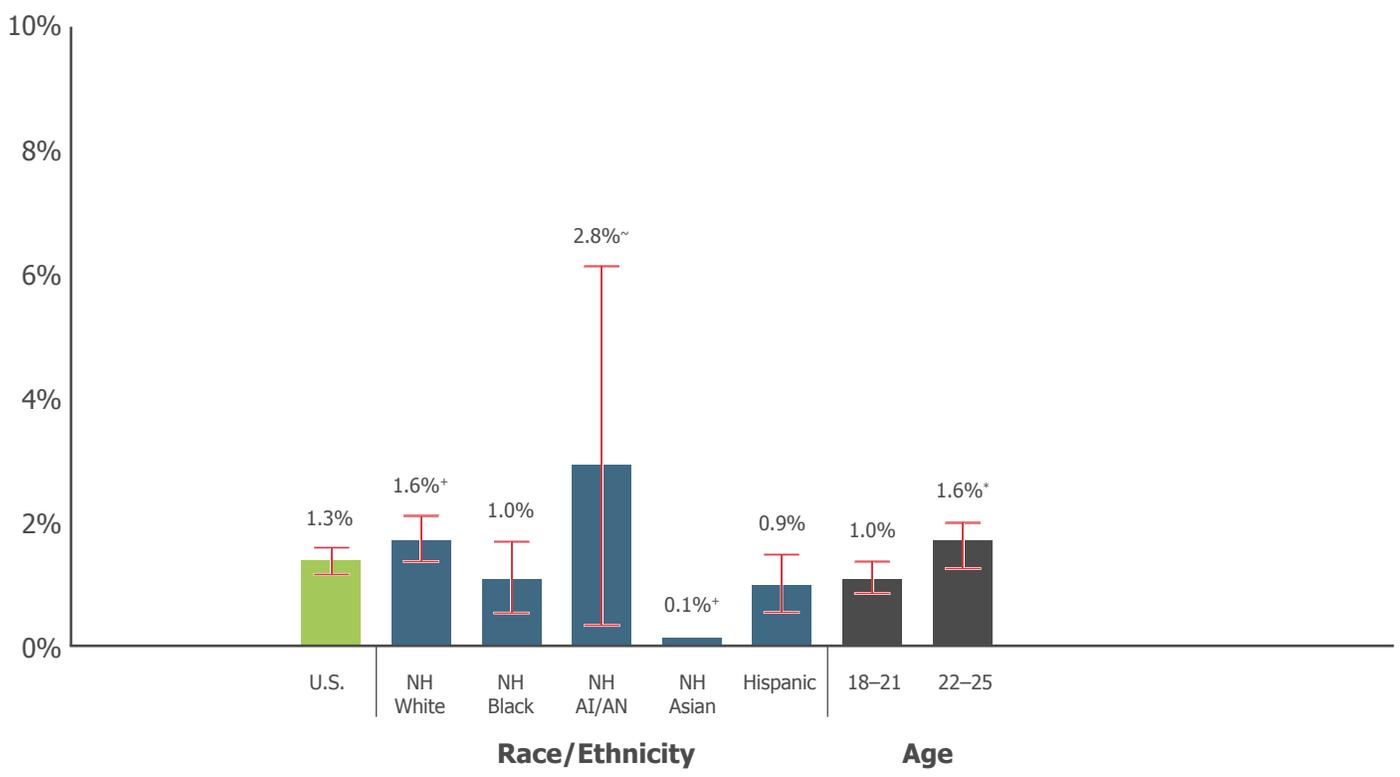


### Past-Year Opioid Use Disorder among Young Adults Aged 18-25 in the United States, by Race/Ethnicity, and Age (2017) <sup>1,14</sup>



Among young adults aged 18-25 in the U.S. in 2017, **1.3%** (or **444,000**) had opioid use disorder in the past year.

Compared to the national average, past-year opioid use disorder was higher among non-Hispanic white young adults and was lower among non-Hispanic Asian young adults. Past-year opioid use disorder was higher among young adults aged 22-25 than young adults aged 18-21.



Error bars indicate 95% confidence interval of the estimate.  
 NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native.  
 + Estimate is significantly different from the national average ( $p < .05$ ).  
 \* Estimate is significantly different from the estimate for those aged 18-21 ( $p < .05$ ).  
 ~ Due to the large standard error, the estimate did not statistically significantly differ from the national average.

# Young Adult Substance Use and Use Disorders

## Binge Alcohol Use



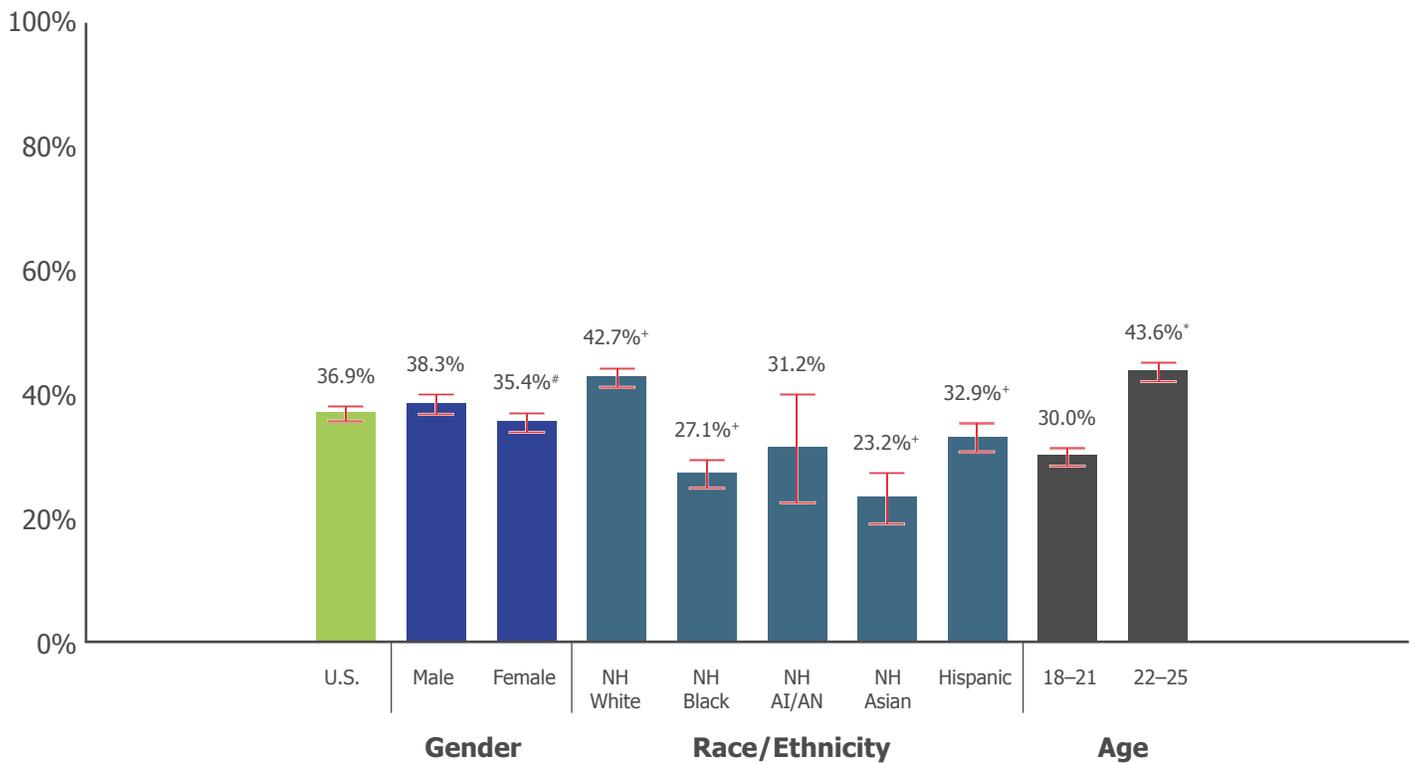
### Past-Month Binge Alcohol Use among Young Adults Aged 18-25 in the United States, by Gender, Race/Ethnicity, and Age (2017) <sup>1</sup>



Among young adults aged 18-25 in the U.S. in 2017, **36.9%** (or **12.7 million**) reported binge alcohol use in the past month.

Past-month binge alcohol use was higher among young adult women than among young adult men.

Compared to the national average, past-month binge alcohol use was higher among non-Hispanic white young adults and was lower among non-Hispanic black and Asian young adults, and Hispanic young adults. Past-month binge alcohol use was higher among young adults aged 22-25 than young adults aged 18-21.



Error bars indicate 95% confidence interval of the estimate.  
 NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native.  
 # Estimate is significantly different from the estimate for males ( $p < .05$ ).  
 + Estimate is significantly different from the national average ( $p < .05$ ).  
 \* Estimate is significantly different from the estimate for those aged 18-21 ( $p < .05$ ).

# Young Adult Substance Use and Use Disorders

## Alcohol Use Disorder



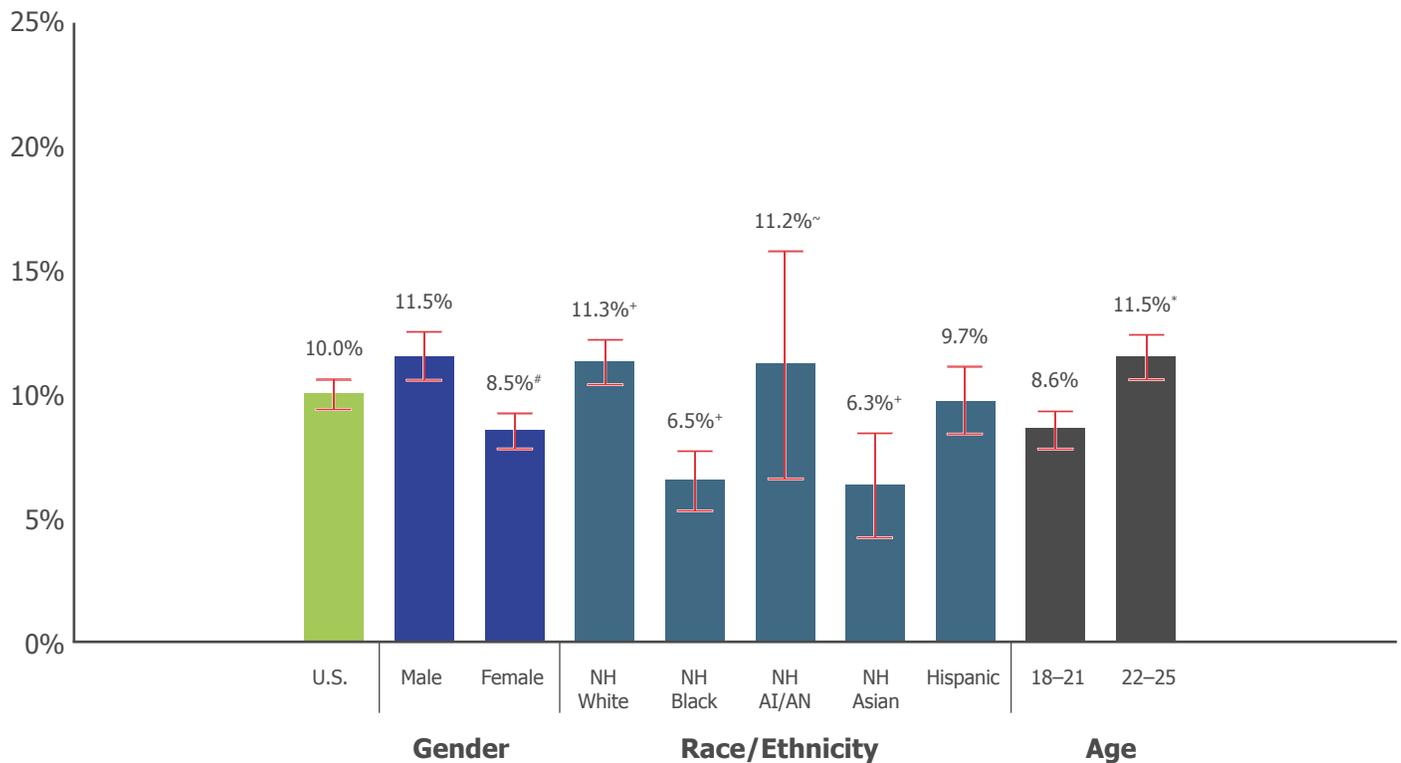
### Past-Year Alcohol Use Disorder among Young Adults Aged 18-25 in the United States, by Gender, Race/Ethnicity, and Age (2017) <sup>1,15</sup>



Among young adults aged 18-25 in the U.S. in 2017, **10.0%** (or **3.4 million**) had alcohol use disorder in the past year.

Past-year alcohol use disorder was lower among young adult women than among young adult men.

Compared to the national average, past-year alcohol use was higher among non-Hispanic white young adults and was lower among non-Hispanic black and Asian young adults. Past-year alcohol use disorder was higher among young adults aged 22-25 than young adults aged 18-21.



Error bars indicate 95% confidence interval of the estimate.

NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native.

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~ Due to the large standard error, the estimate did not statistically significantly differ from the national average.

\* Estimate is significantly different from the estimate for those aged 18-21 ( $p < .05$ ).

# Young Adult Substance Use and Use Disorders

## Substance Use Disorder



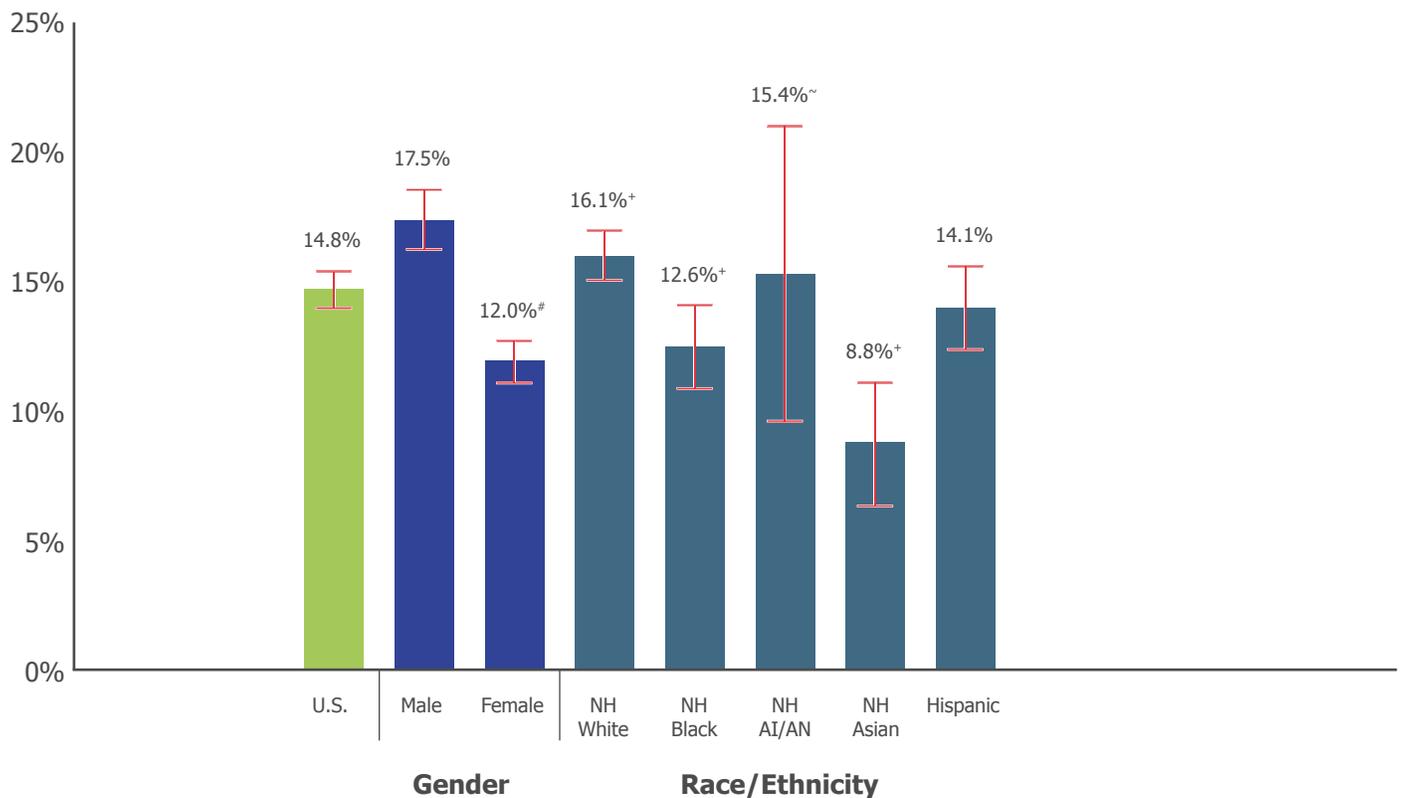
### Past-Year Substance Use Disorder among Young Adults Aged 18-25 in the United States, by Gender and Race/Ethnicity (2017) <sup>1,16</sup>



Among young adults aged 18-25 in the U.S. in 2017, **14.8%** (or **5.1 million**) had a substance use disorder in the past year.

Past-year substance use disorder was lower among young adult women than among young adult men.

Compared to the national average, past-year substance use disorder was higher among non-Hispanic white young adults and was lower among non-Hispanic black and Asian young adults.



Error bars indicate 95% confidence interval of the estimate.  
 NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native.  
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# Young Adult Mental Health

## Serious Thoughts of Suicide



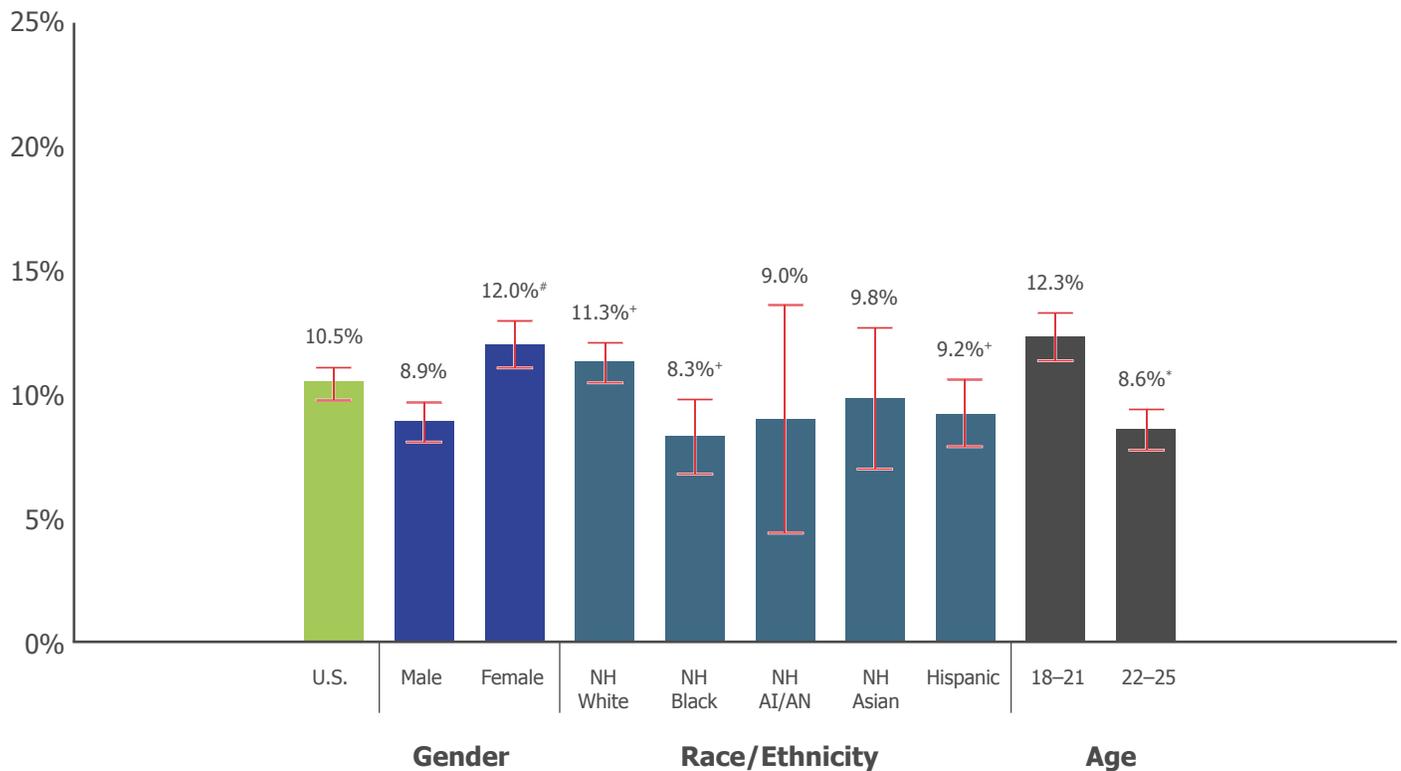
### Past-Year Serious Thoughts of Suicide among Young Adults Aged 18-25 in the United States, by Gender, Race/Ethnicity, and Age (2017) <sup>1,17</sup>



Among young adults aged 18-25 in the U.S. in 2017, **10.5%** (or **3.5 million**) had serious thoughts of suicide in the past year.

Past-year serious thoughts of suicide was higher among young adult women than among young adult men.

Compared to the national average, past-year serious thoughts of suicide was higher among non-Hispanic white young adults and was lower among non-Hispanic black young adults and Hispanic young adults. Past-year serious thoughts of suicide was lower among young adults aged 22-25 than young adults aged 18-21.



Error bars indicate 95% confidence interval of the estimate.  
 NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native.  
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 \* Estimate is significantly different from the estimate for those aged 18-21 ( $p < .05$ ).

# Young Adult Mental Health

## Serious Mental Illness



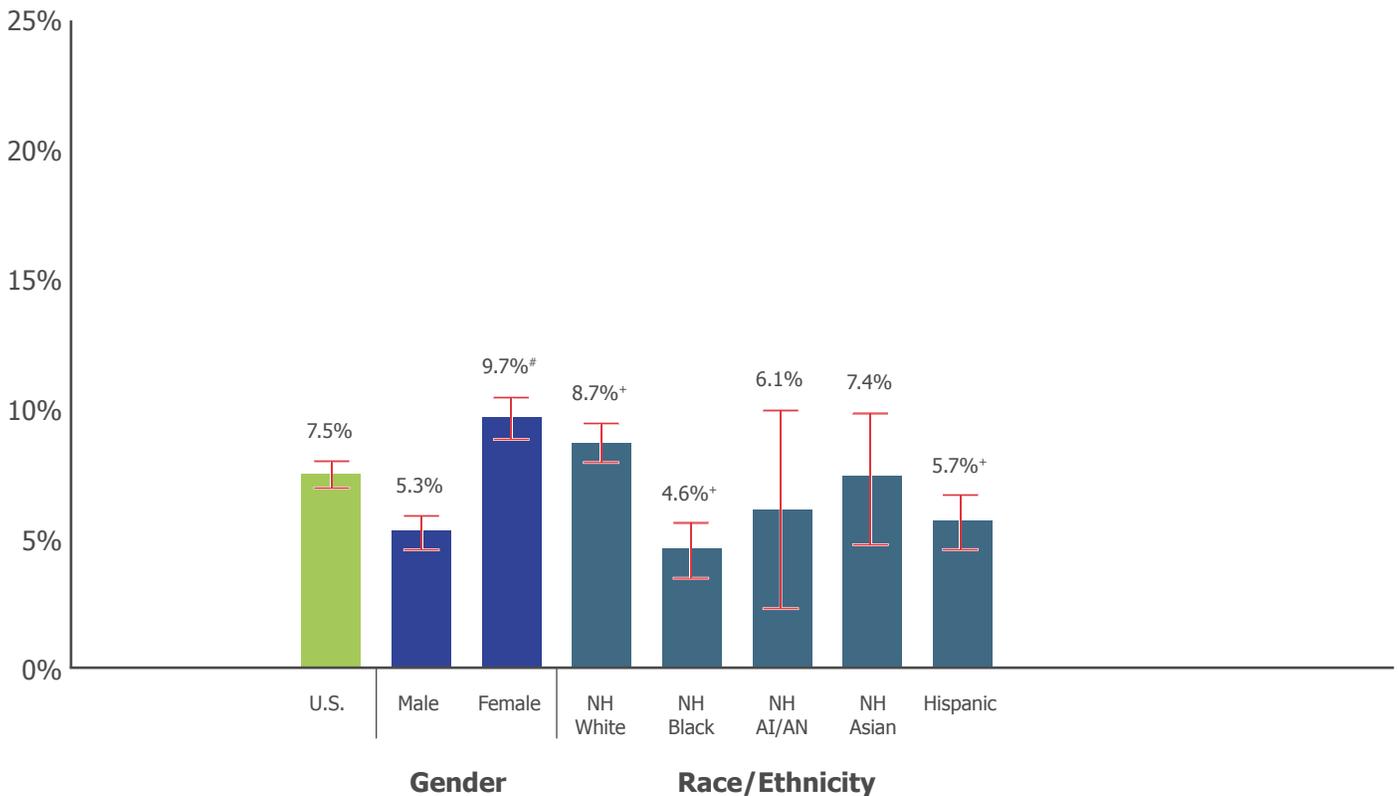
### Past-Year Serious Mental Illness (SMI) among Young Adults Aged 18-25 in the United States, by Gender and Race/Ethnicity (2017) <sup>1,18</sup>



Among young adults aged 18-25 in the U.S. in 2017, **7.5%** (or **2.5 million**) had a serious mental illness (SMI) in the past year.

Past-year serious mental illness was higher among young adult women than among young adult men.

Compared to the national average, past-year serious mental illness was higher among non-Hispanic white young adults and was lower among non-Hispanic black young adults and Hispanic young adults.



Error bars indicate 95% confidence interval of the estimate.  
 NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native.  
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# Substance Use, Misuse, and Use Disorders

## Tobacco Use



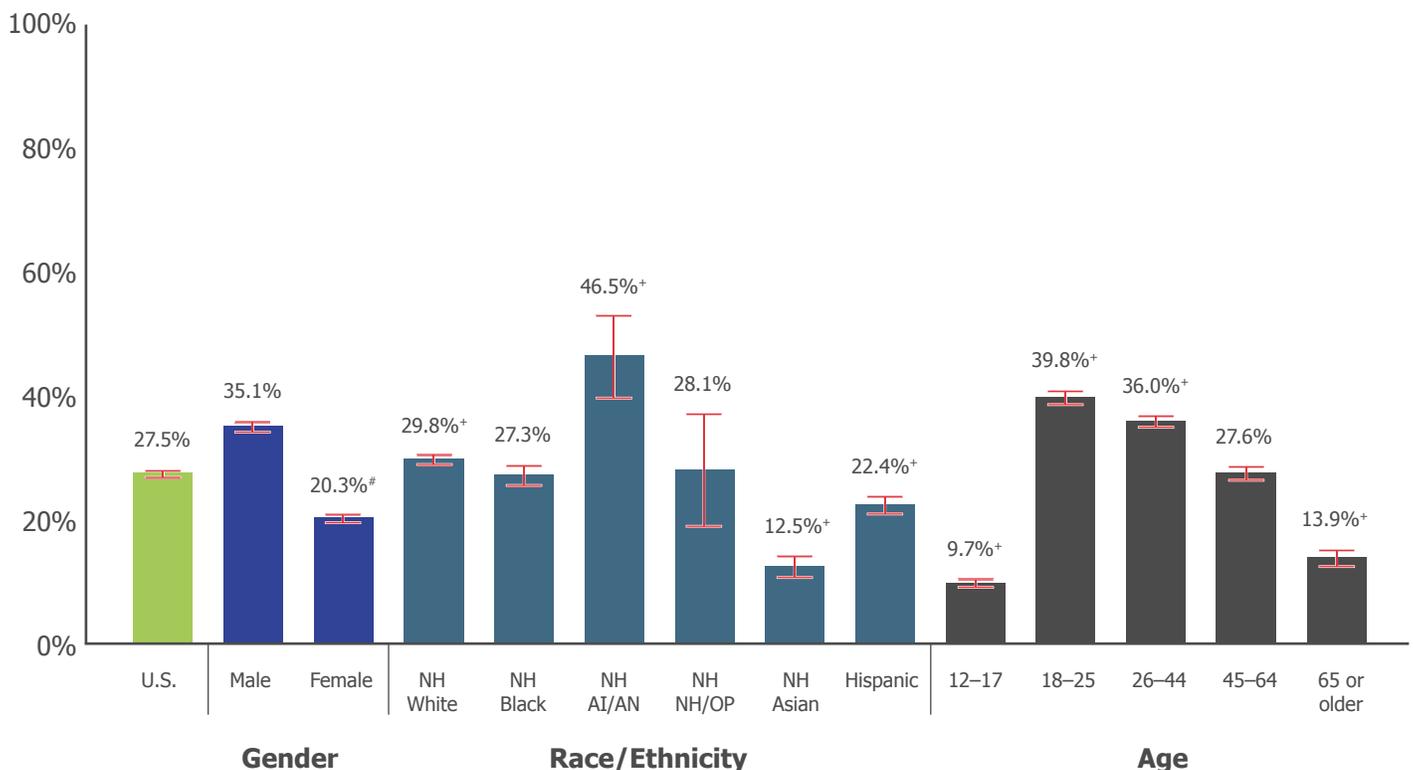
### Past-Year Tobacco Use among People Aged 12 or Older in the United States, by Gender, Race/Ethnicity, and Age (2017)



Among people aged 12 or older in the U.S. in 2017, **27.5%** (or **74.7 million**) used tobacco in the past year.

Past-year tobacco use was lower among females aged 12 or older than their male counterparts.

Compared to the national average, past-year tobacco use was higher among non-Hispanic white and American Indian or Alaska Native people and among those aged 18-25 or 26-44 and was lower among non-Hispanic Asian people, among Hispanic people, and among those aged 12-17 and aged 65 or older.



Error bars indicate 95% confidence interval of the estimate.

NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OP = NH Native Hawaiian or Other Pacific Islander.

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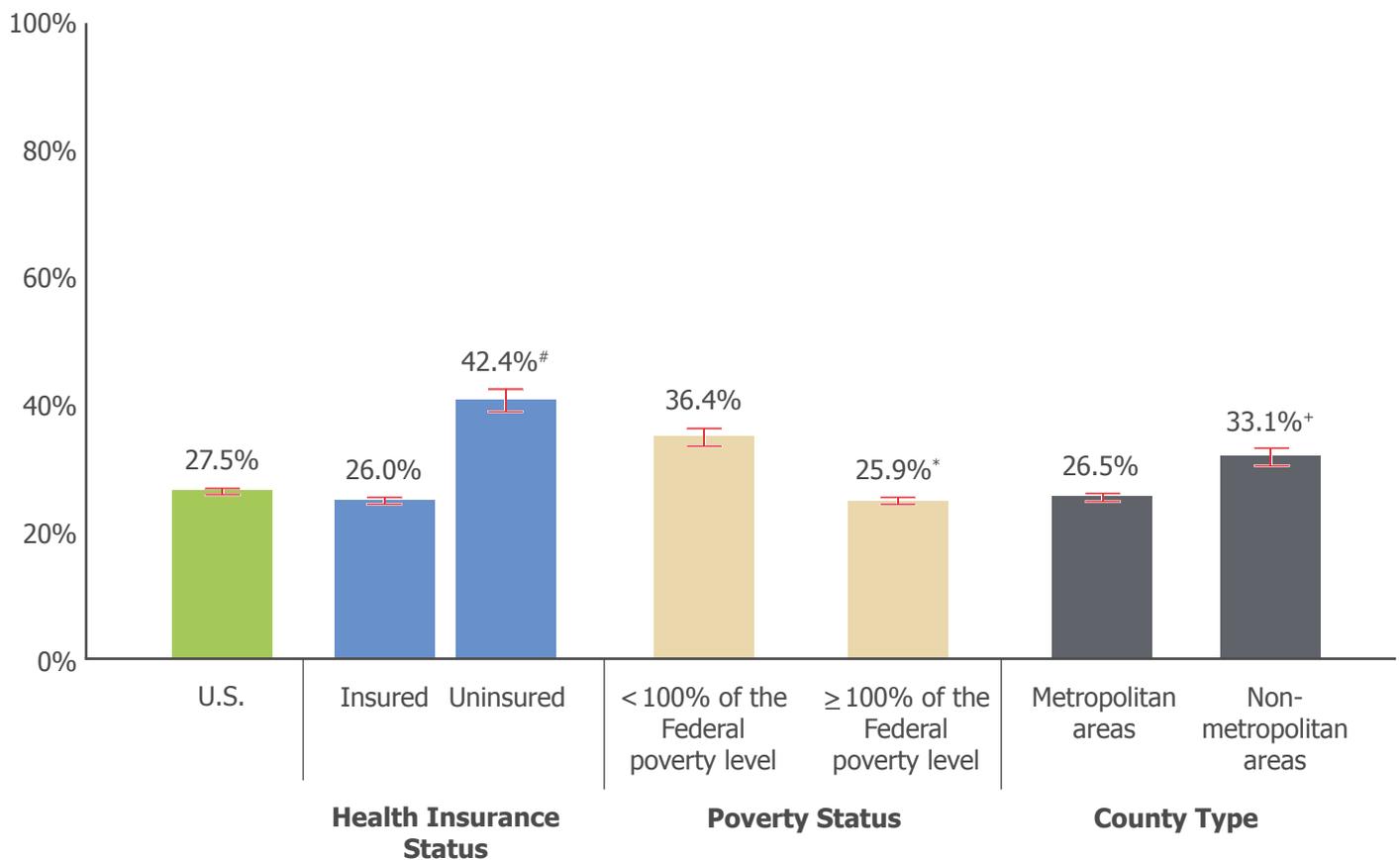
# Substance Use, Misuse, and Use Disorders

## Tobacco Use



### Past-Year Tobacco Use among People Aged 12 or Older in the United States, by Health Insurance Status, Poverty Status, and County Type (2017) <sup>4</sup>

Among people aged 12 or older in the U.S. in 2017, past-year tobacco use was higher among those without health insurance than among those with health insurance, was lower among those with family income 100% or more of the Federal poverty level than among those with family income below 100% of the Federal poverty level, and was higher among those residing in nonmetropolitan areas than among those residing metropolitan areas.



Error bars indicate 95% confidence interval of the estimate.

# Estimate is significantly different from the estimate for those with health insurance ( $p < .05$ ).

\* Estimate is significantly different from the estimate for less than 100% of the Federal poverty level ( $p < .05$ ).

+ Estimate is significantly different from that estimate for metropolitan areas ( $p < .05$ ).

# Substance Use, Misuse, and Use Disorders

## Marijuana Use



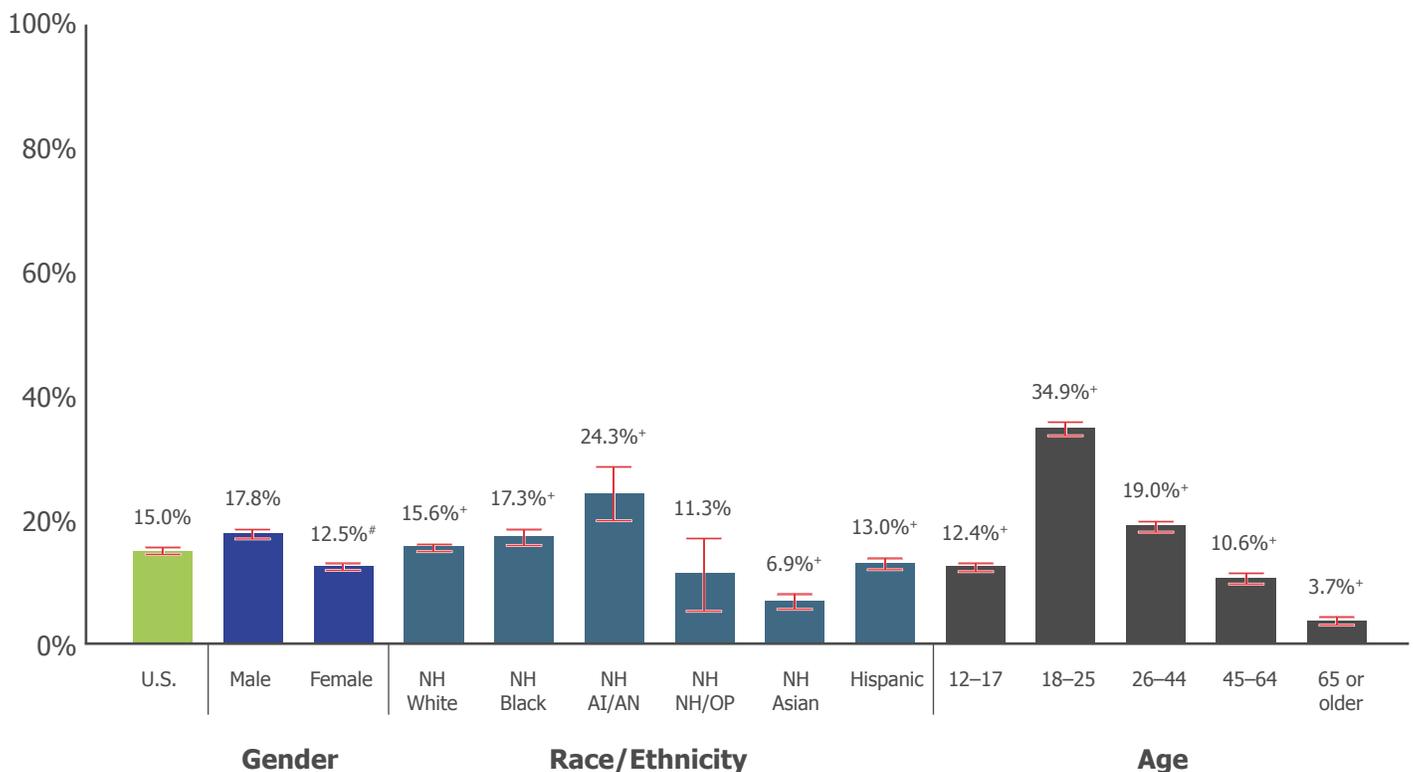
### Past-Year Marijuana Use among People Aged 12 or Older in the United States, by Gender, Race/Ethnicity, and Age (2017)



Among people aged 12 or older in the U.S. in 2017, **15.0%** (or **40.9 million**) used marijuana in the past year.

Past-year marijuana use was lower among females aged 12 or older than their male counterparts.

Compared to the national average, past-year marijuana use was higher among non-Hispanic white, black, and American Indian or Alaska Native people and among those aged 18-44, and was lower among non-Hispanic Asian and Hispanic people, and among those aged 12-17 and 45 or older.



Error bars indicate 95% confidence interval of the estimate.

NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OP = NH Native Hawaiian or Other Pacific Islander.

# Estimate is significantly different from the estimate for males ( $p < .05$ ).

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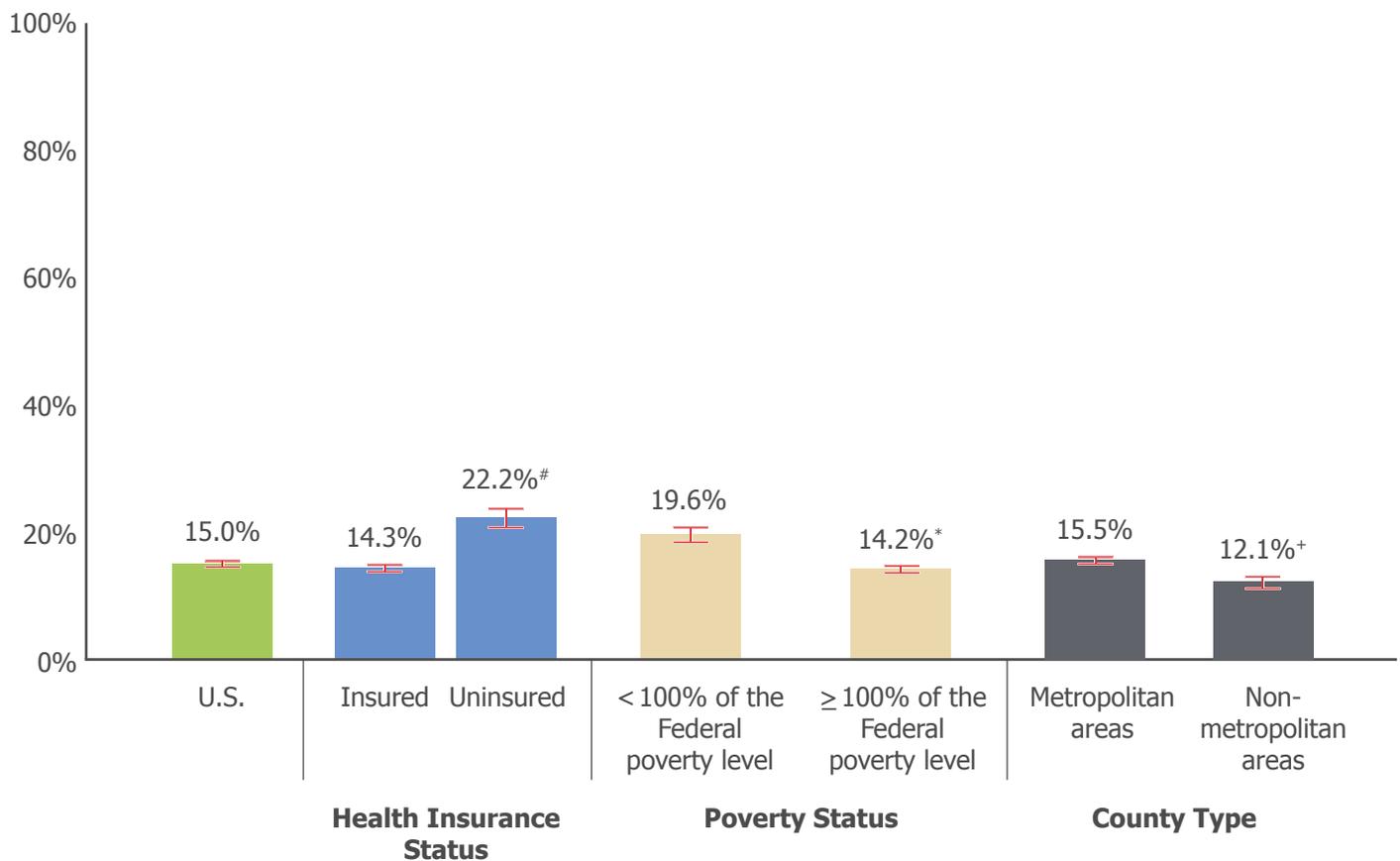
# Substance Use, Misuse, and Use Disorders

## Marijuana Use



### Past-Year Marijuana Use among People Aged 12 or Older in the United States, by Health Insurance Status, Poverty Status, and County Type (2017)<sup>4</sup>

Among people aged 12 or older in the U.S. in 2017, past-year marijuana use was higher among those without health insurance than among those with health insurance, was higher among those with family income below 100% of the Federal poverty level than among those with family income 100% or more of the Federal poverty level, and was lower among those residing in nonmetropolitan areas than among those residing metropolitan areas.



Error bars indicate 95% confidence interval of the estimate.

# Estimate is significantly different from the estimate for those with health insurance ( $p < .05$ ).

\* Estimate is significantly different from the estimate for less than 100% of the Federal poverty level ( $p < .05$ ).

+ Estimate is significantly different from the estimate for metropolitan areas ( $p < .05$ ).

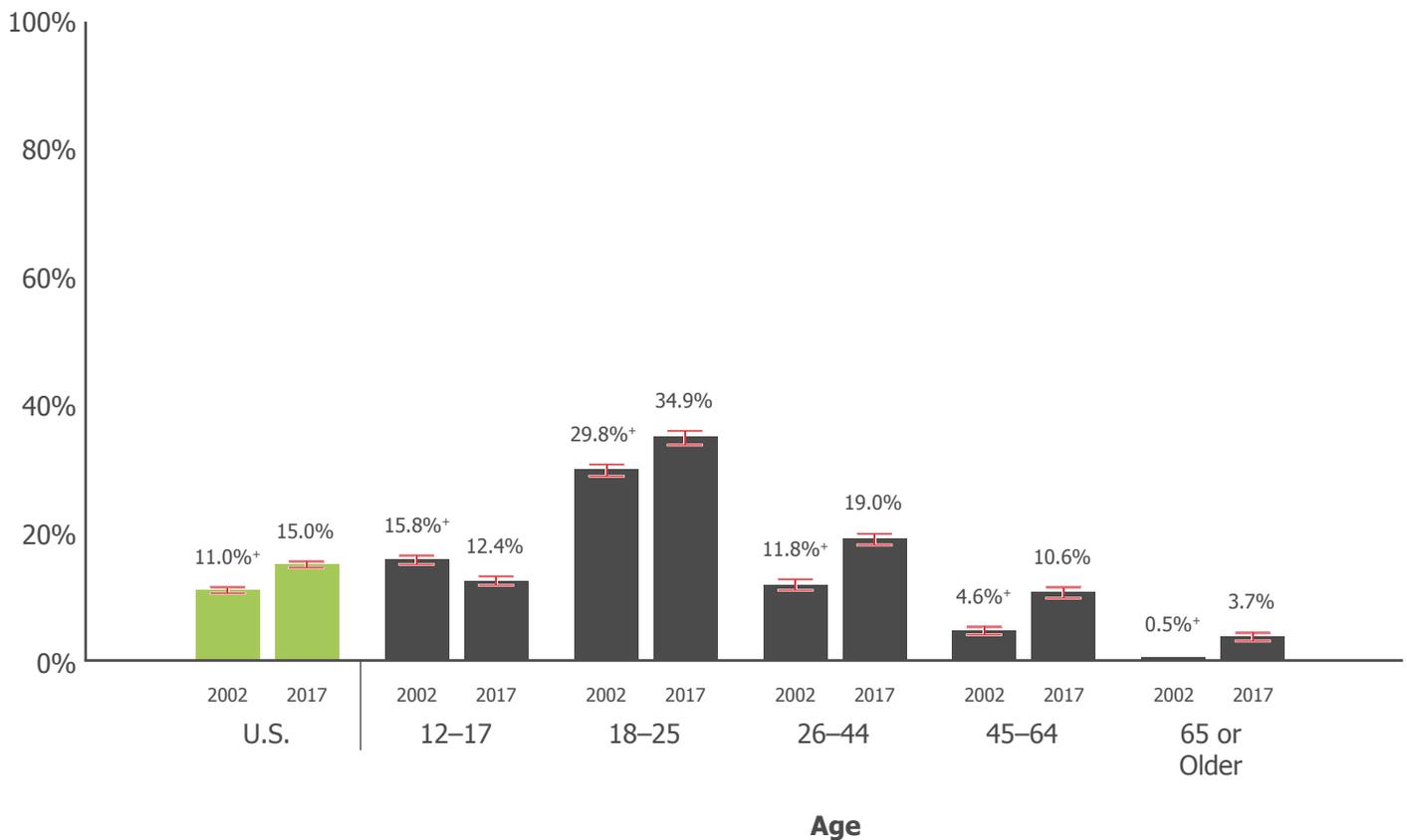
# Substance Use, Misuse, and Use Disorders

## Marijuana Use



### Changes in Past-Year Marijuana Use among People Aged 12 or Older in the United States, by Age (2002 and 2017)

In the U.S. between 2002 and 2017, past-year marijuana use increased among people aged 12 or older overall and among those aged 18 or older, but decreased among those aged 12-17.



Error bars indicate 95% confidence interval of the estimate.  
+ Estimate is significantly different from the estimate in 2017 ( $p < .05$ ).

# Substance Use, Misuse, and Use Disorders

## Marijuana Use Disorder



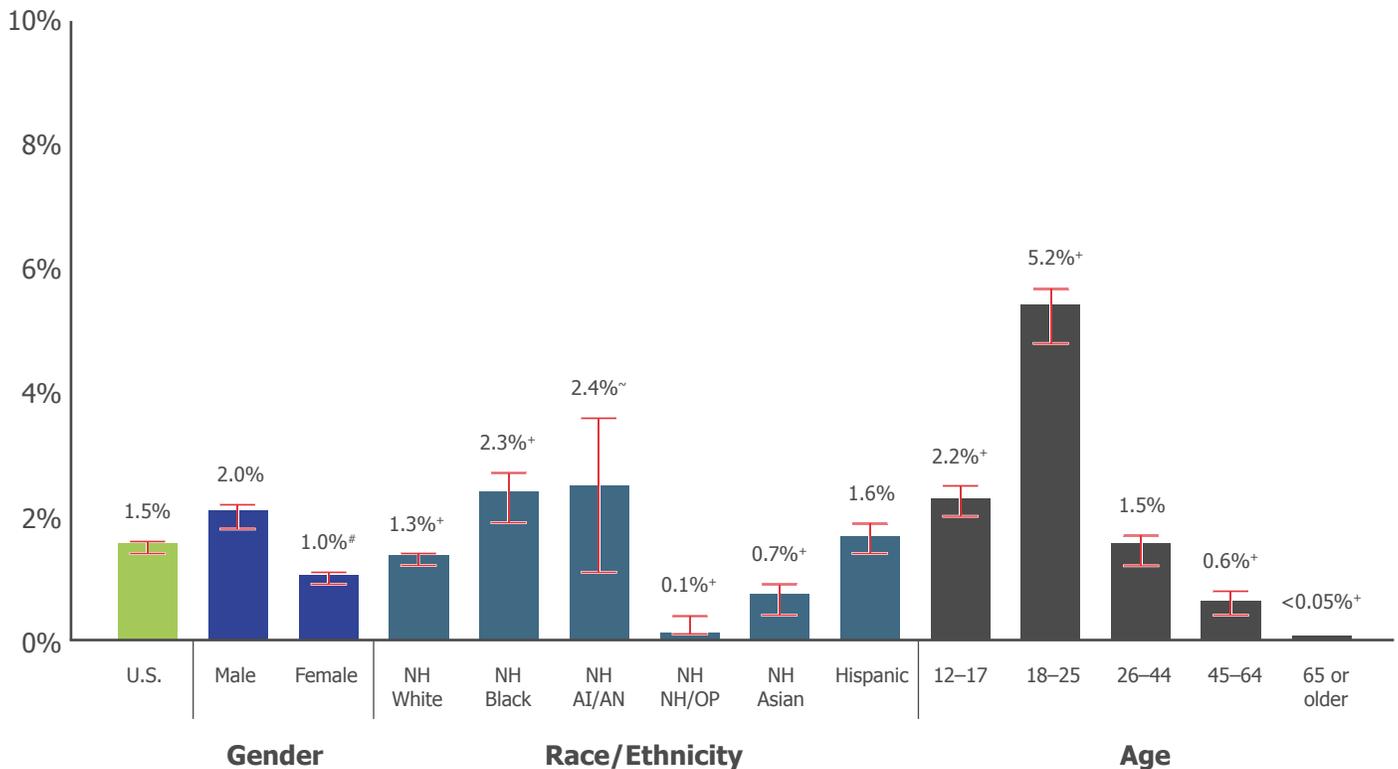
### Past-Year Marijuana Use Disorder among People Aged 12 or Older in the United States, by Gender, Race/Ethnicity, and Age (2017)<sup>19</sup>



Among people aged 12 or older in the U.S. in 2017, **1.5%** (or **4.1 million**) had marijuana use disorder in the past year.

Past-year marijuana use disorder was lower among women than among men.

Compared to the national average, past-year marijuana use disorder was higher among those aged 12-25 and among non-Hispanic black people and was lower among those aged 45 or older and among non-Hispanic white, Asian, and Native Hawaiian or Other Pacific Islander people.



Error bars indicate 95% confidence interval of the estimate.

NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OP = NH Native Hawaiian or Other Pacific Islander.

<sup>#</sup> Estimate is significantly different from the estimate for males ( $p < .05$ ).

<sup>+</sup> Estimate is significantly different from the national average ( $p < .05$ ).

<sup>~</sup> Due to the large standard error, the estimate did not statistically significantly differ from the national average.

# Substance Use, Misuse, and Use Disorders

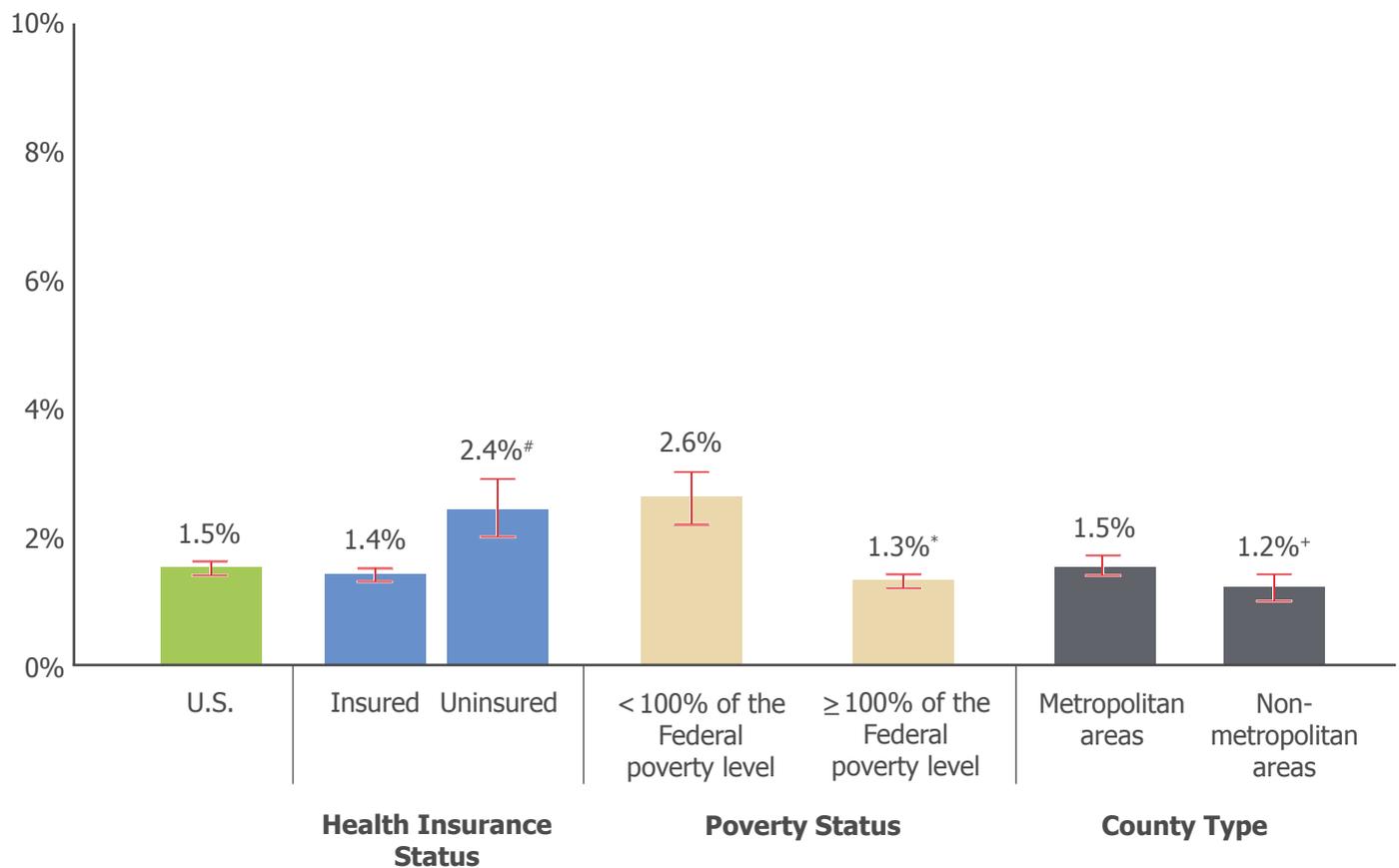
## Marijuana Use Disorder



### Past-Year Marijuana Use Disorder among People Aged 12 or Older in the United States, by Health Insurance Status, Poverty Status, and County Type (2017)<sup>4</sup>

Among people aged 12 or older in the U.S. in 2017, past-year marijuana use disorder was higher among those without health insurance than among those with health insurance.

Past-year marijuana use disorder was higher among those with family income below 100% of the Federal poverty level than among those with family income 100% or more of the Federal poverty level and was lower among those residing in nonmetropolitan areas than among those residing in metropolitan areas.



Error bars indicate 95% confidence interval of the estimate.

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\* Estimate is significantly different from the estimate for less than 100% of the Federal poverty level ( $p < .05$ ).

+ Estimate is significantly different from the estimate for metropolitan areas ( $p < .05$ ).

# Substance Use, Misuse, and Use Disorders

## Heroin Use



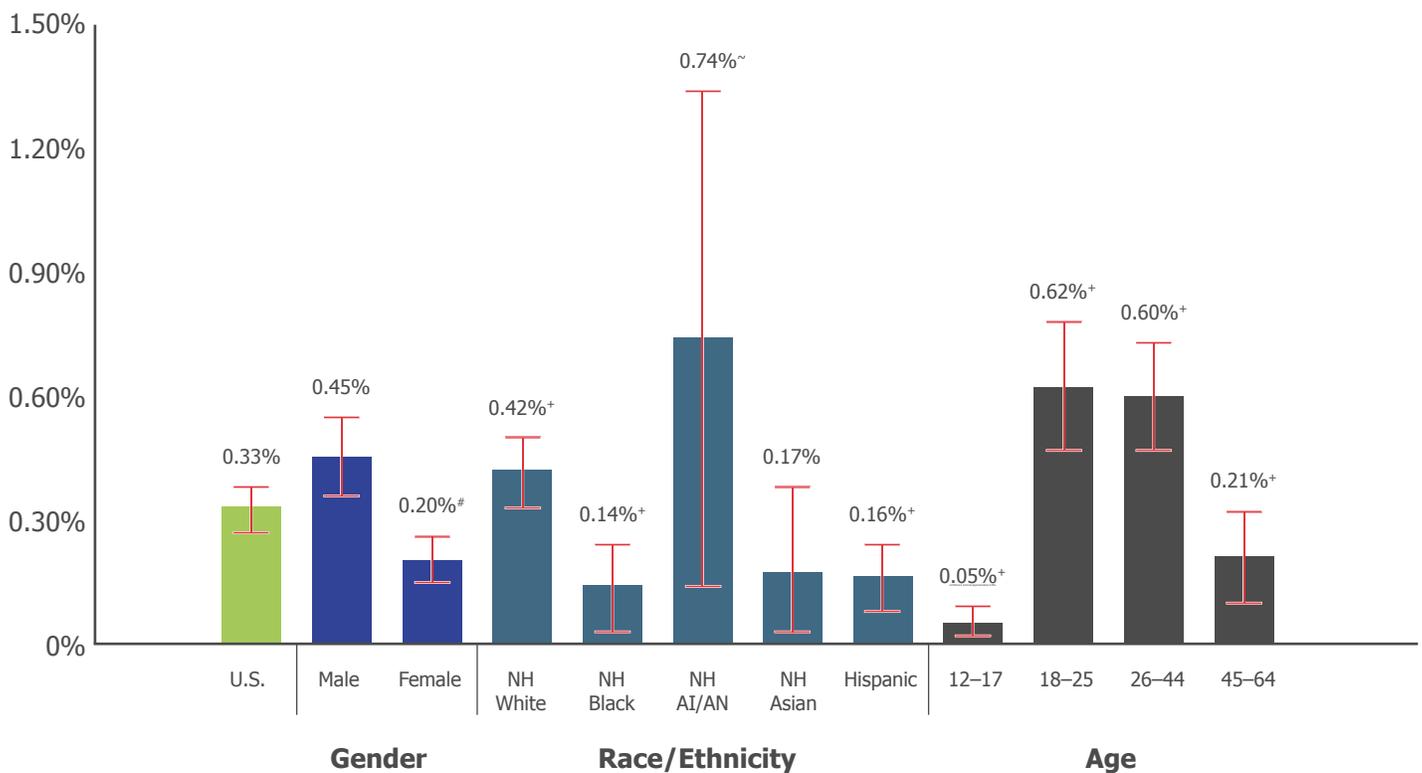
### Past-Year Heroin Use among People Aged 12 or Older in the United States, by Gender, Race/Ethnicity, and Age (2017)<sup>1,20</sup>



Among people aged 12 or older in the U.S. in 2017, **0.33%** (or **886,000**) used heroin in the past year.

Past-year heroin use was lower among women than among men.

Among U.S. people aged 12 or older, compared to the national average, past-year heroin use was higher among non-Hispanic white people and among those aged 18-44 and was lower among non-Hispanic black and Hispanic people and those aged 12-17, and aged 45-64.



Error bars indicate 95% confidence interval of the estimate.  
 NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native.  
<sup>#</sup> Estimate is significantly different from the estimate for males ( $p < .05$ ).  
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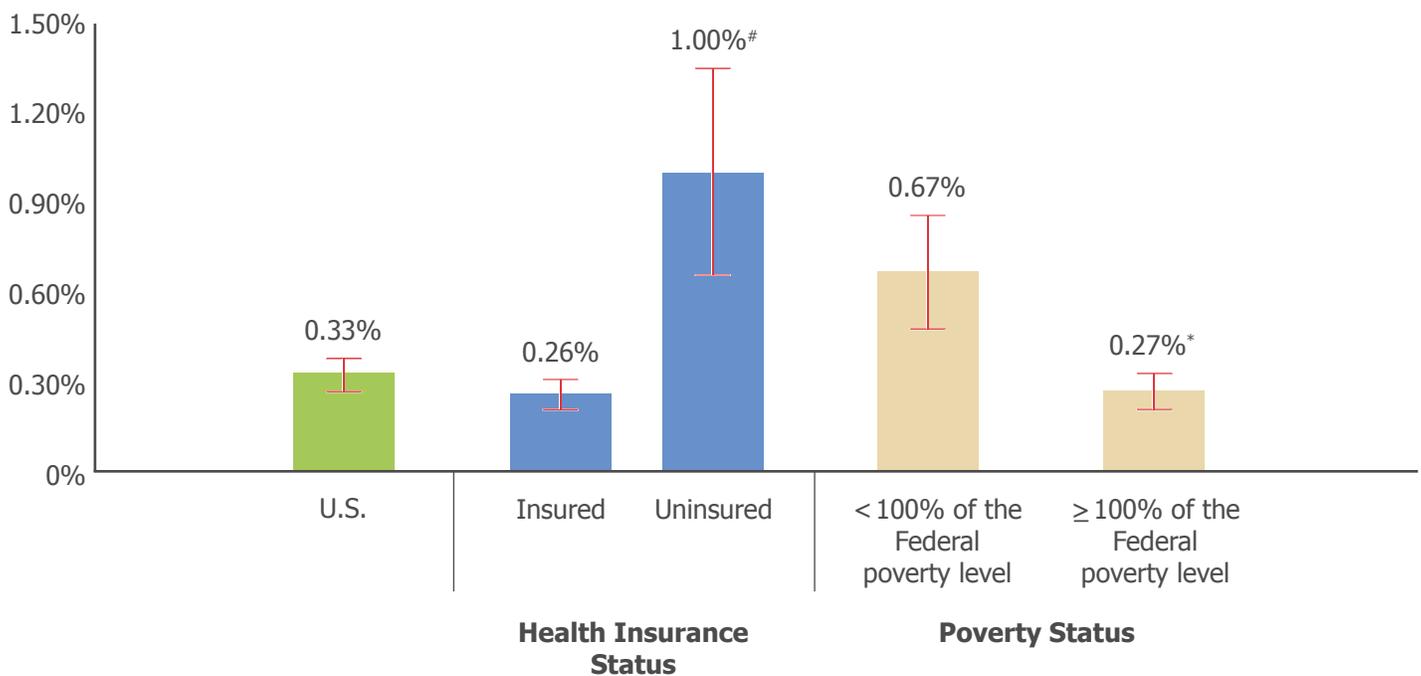
# Substance Use, Misuse, and Use Disorders

## Heroin Use



### Past-Year Heroin Use among People Aged 12 or Older in the United States, by Health Insurance Status and Poverty Status (2017)<sup>4</sup>

Among people aged 12 or older in the U.S. in 2017, past-year heroin use was higher among those without health insurance than among those with health insurance and was lower among those with family income 100% or more of the Federal poverty level than among those with family income below 100% of the Federal poverty level.



Error bars indicate 95% confidence interval of the estimate.

<sup>#</sup> Estimate is significantly different from the estimate for those with health insurance ( $p < .05$ ).

<sup>\*</sup> Estimate is significantly different from the estimate for less than 100% of the Federal poverty level ( $p < .05$ ).

# Substance Use, Misuse, and Use Disorders

## Misuse of Prescription Pain Relievers



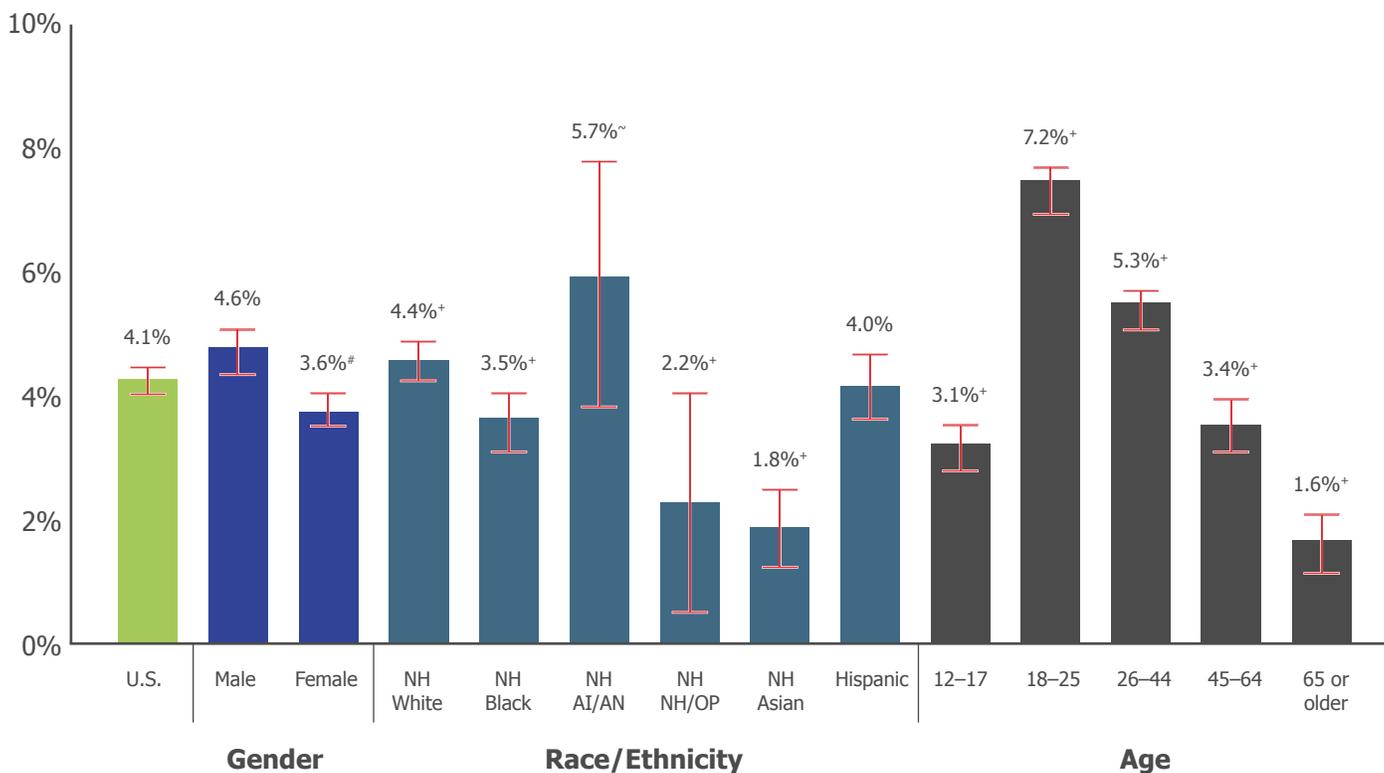
### Past-Year Misuse of Prescription Pain Relievers among People Aged 12 or Older in the United States, by Gender, Race/Ethnicity, and Age (2017)<sup>21</sup>



Among people aged 12 or older in the U.S in 2017, **4.1%** (or **11.1 million**) misused prescription pain relievers in the past year.

Past-year misuse of prescription pain relievers was lower among women than among men.

Compared to the national average, past-year misuse of prescription pain relievers was higher among non-Hispanic white people and those aged 18-44 and was lower among non-Hispanic black, Native Hawaiian or Other Pacific Islander, and Asian people, and among those aged 12-17 and 45 or older.



Error bars indicate 95% confidence interval of the estimate.  
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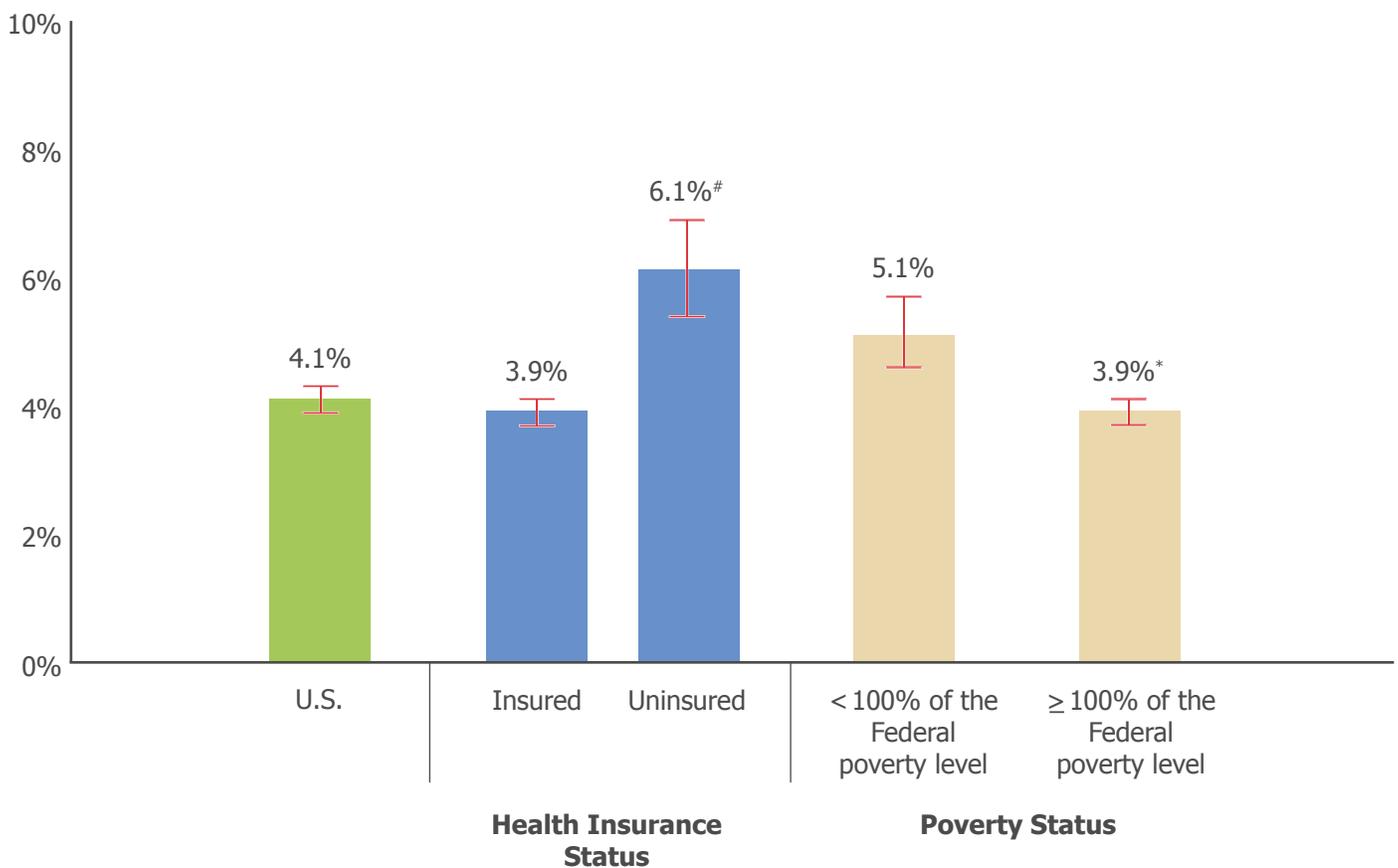
# Substance Use, Misuse, and Use Disorders

## Misuse of Prescription Pain Relievers



### Past-Year Misuse of Prescription Pain Relievers among People Aged 12 or Older in the United States, by Health Insurance Status and Poverty Status (2017)<sup>4</sup>

Among people aged 12 or older in the U.S. in 2017, past-year misuse of prescription pain relievers was higher among those without health insurance than among those with health insurance and was lower among those with family income 100% or more of the Federal poverty level than among those with family income below 100% of the Federal poverty level.



Error bars indicate 95% confidence interval of the estimate.

<sup>#</sup> Estimate is significantly different from the estimate for those with health insurance ( $p < .05$ ).

<sup>\*</sup> Estimate is significantly different from the estimate for less than 100% of the Federal poverty level ( $p < .05$ ).

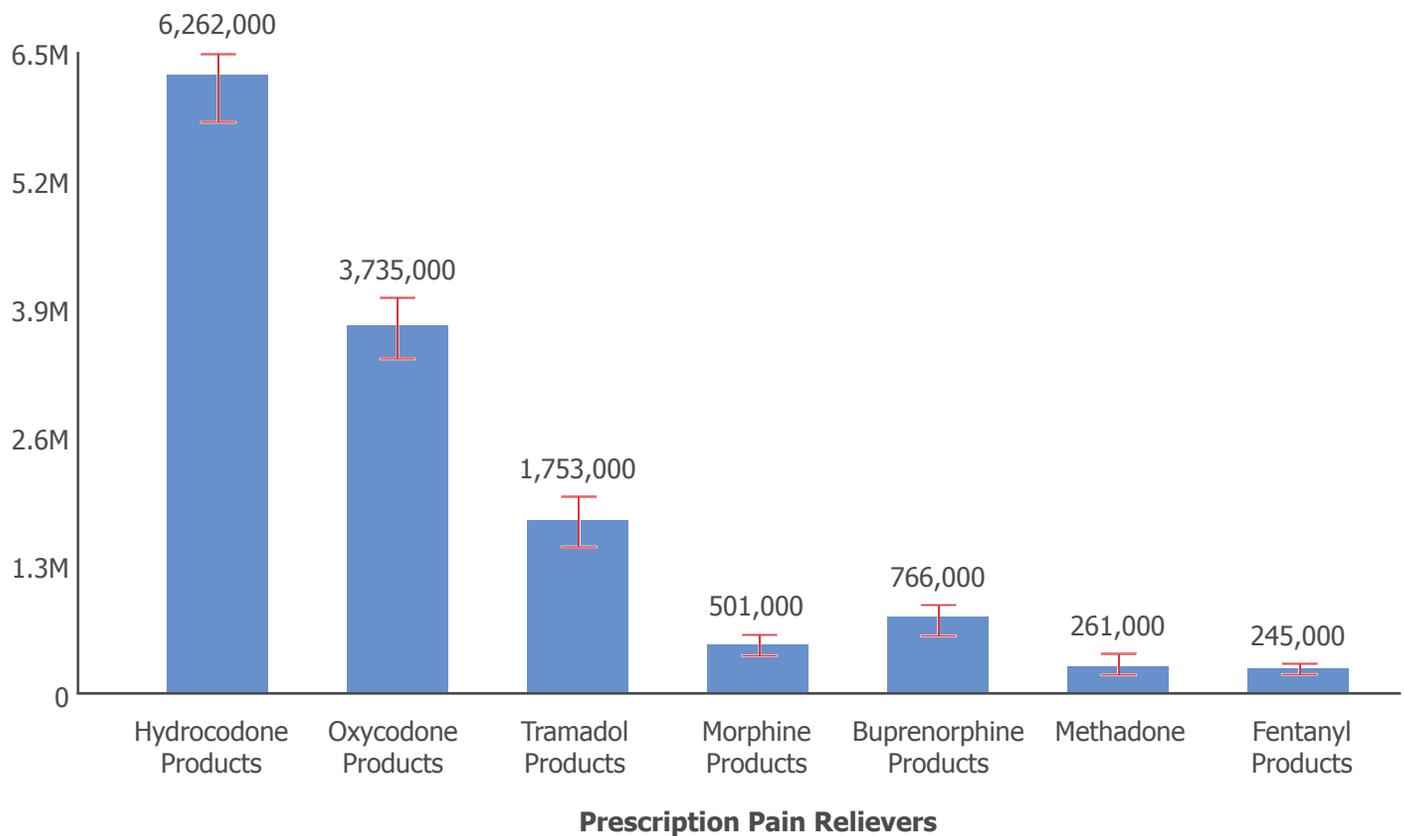
# Substance Use, Misuse, and Use Disorders

## Misuse of Prescription Pain Relievers



### Number of People Aged 12 or Older in the United States Who Misused Prescription Pain Relievers in the Past Year, by Pain Reliever Subtype (2017)<sup>5</sup>

Among people aged 12 or older in the U.S. in 2017, the subtypes of pain relievers misused most often were hydrocodone products (misused by **2.3%**, or **6.3 million**), oxycodone products (misused by **1.4%**, or **3.7 million**), and tramadol products (misused by **0.6%**, or **1.8 million**).



Error bars indicate 95% confidence interval of the estimate.

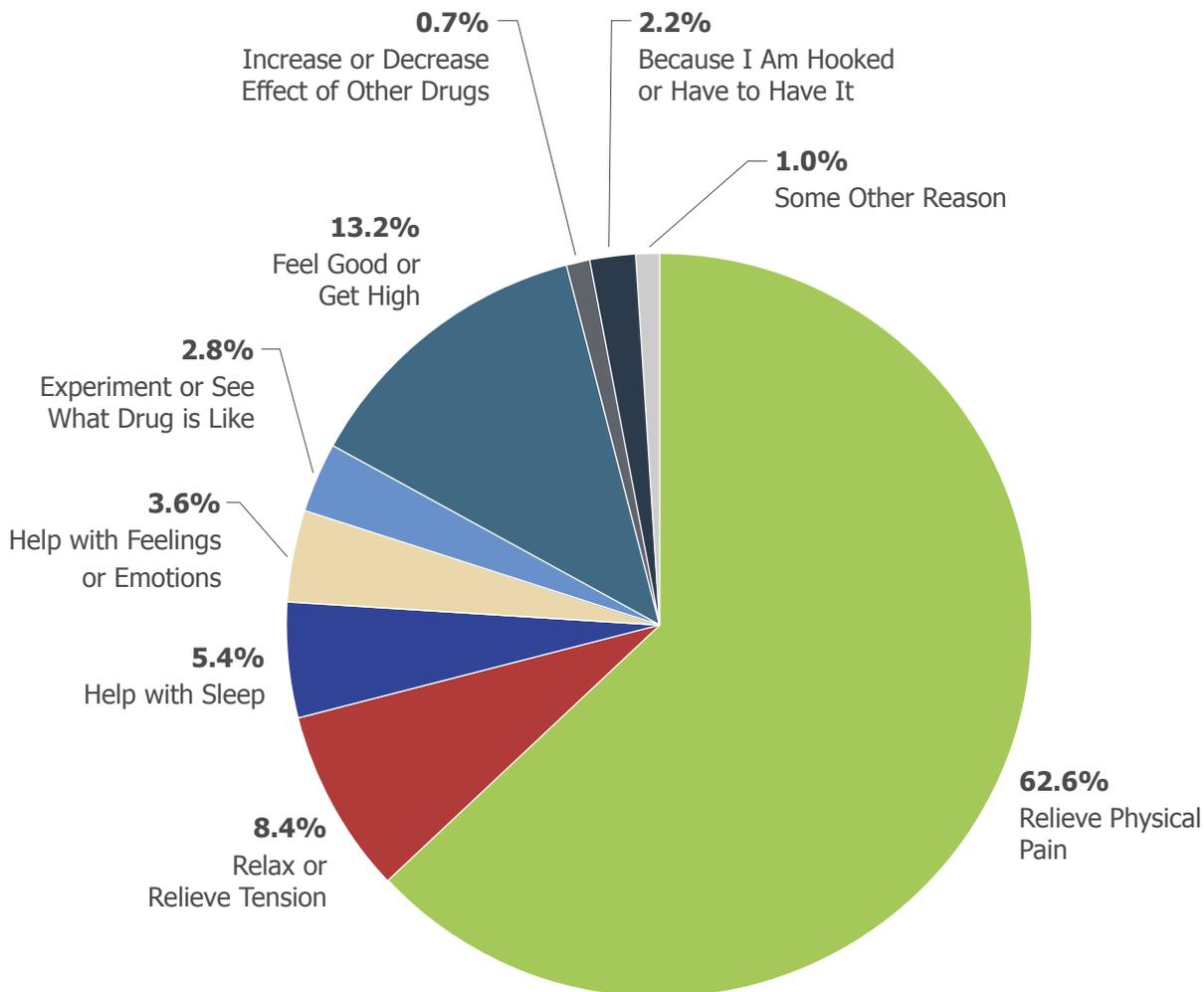
# Substance Use, Misuse, and Use Disorders

## Misuse of Prescription Pain Relievers



### Main Reasons for Prescription Pain Reliever Misuse for Most Recent Misuse among People Aged 12 or Older in the United States Who Misused Prescription Pain Relievers in the Past Year (2017)<sup>22</sup>

In 2017, among people aged 12 or older in the U.S. with past-year misuse of prescription pain relievers, the most commonly reported reasons for their most recent misuse included to relieve physical pain (**62.6%**), to feel good or get high (**13.2%**), and to relax or relieve tension (**8.4%**).



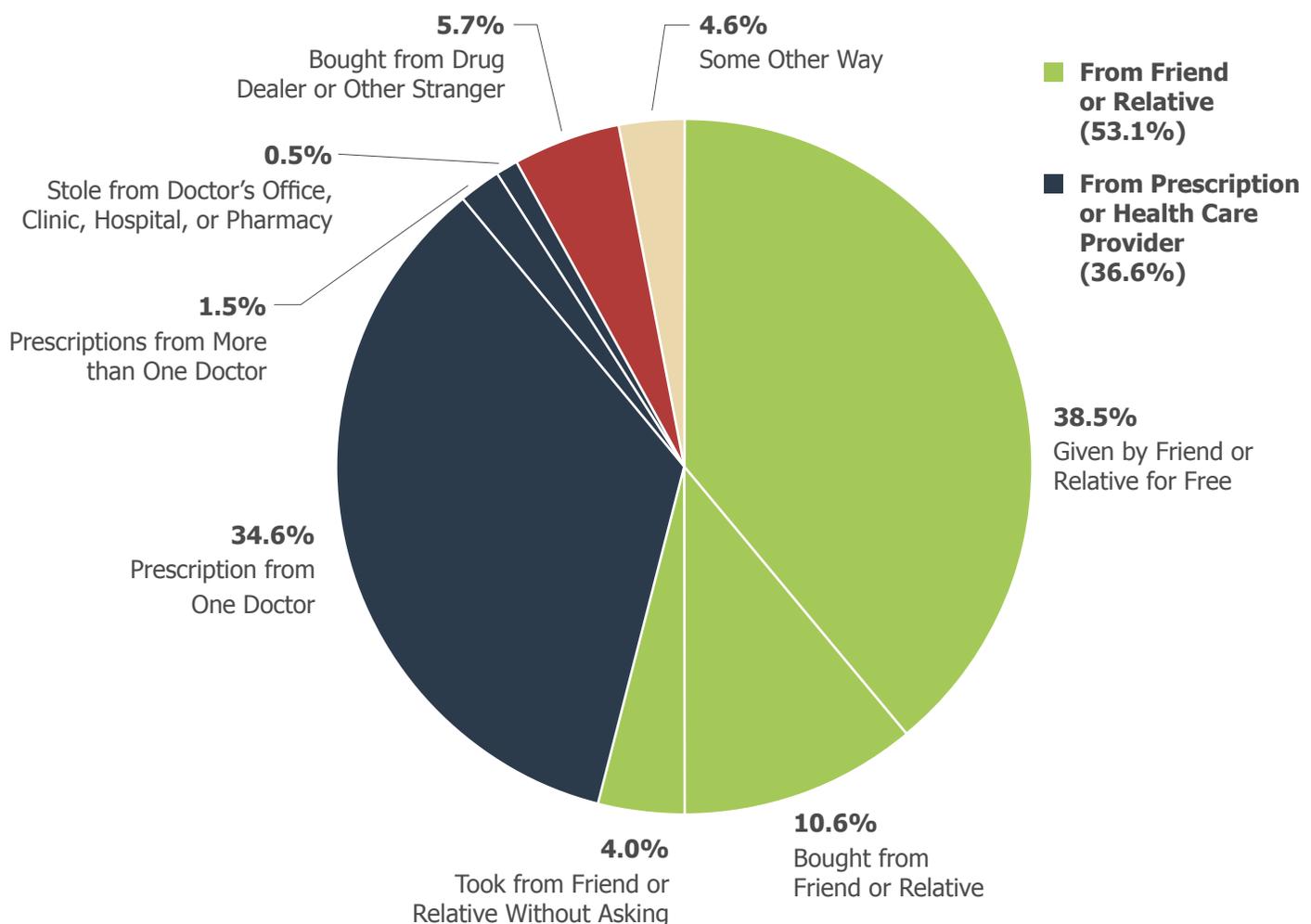
# Substance Use, Misuse, and Use Disorders

## Misuse of Prescription Pain Relievers



### Source Where Pain Relievers Were Obtained for Most Recent Misuse among People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year (2017)<sup>23</sup>

In 2017, among people aged 12 or older in the U.S. with past-year misuse of prescription pain relievers, the most commonly reported source for their most recent misuse included from a friend or a relative (53.1%; 38.5% from a friend or a relative for free) and from one or more doctors (36.1%).

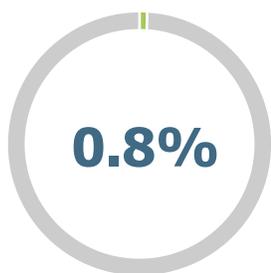


# Substance Use, Misuse, and Use Disorders

## Opioid Use Disorder



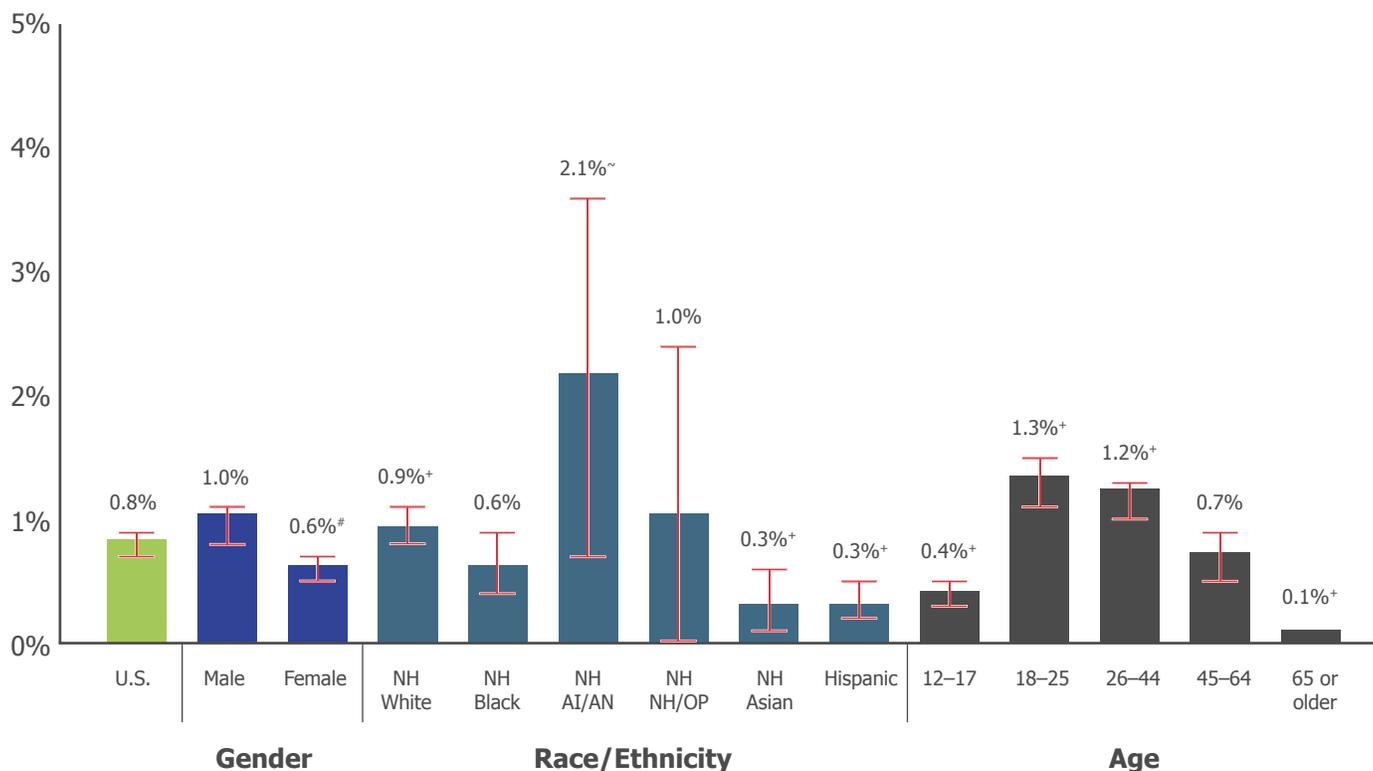
### Past-Year Opioid Use Disorder among People Aged 12 or Older in the United States, by Gender, Race/Ethnicity, and Age (2017)<sup>24</sup>



Among people aged 12 or older in the U.S. in 2017, **0.8%** (or **2.1 million**) had opioid use disorder in the past year.

Past-year opioid use disorder was lower among women than among men.

Compared to the national average, past-year opioid use disorder was higher among non-Hispanic white people and among those aged 18-44 and was lower among non-Hispanic Asian and Hispanic people, and among those aged 12-17 and 65 or older.



Error bars indicate 95% confidence interval of the estimate.  
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<sup>#</sup> Estimate is significantly different from the estimate for males ( $p < .05$ ).  
<sup>+</sup> Estimate is significantly different from the national average ( $p < .05$ ).  
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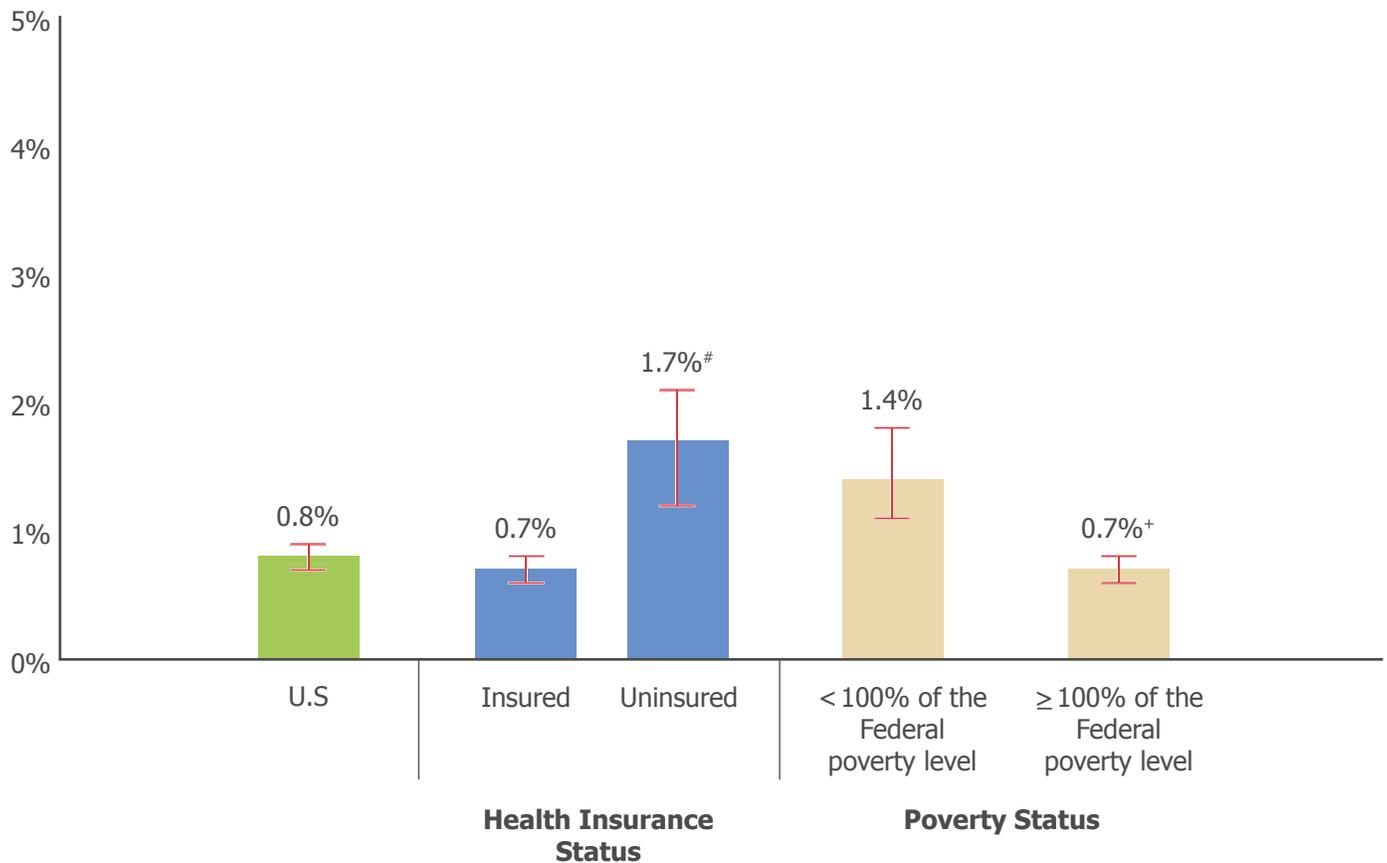
# Substance Use, Misuse, and Use Disorders

## Opioid Use Disorder



### Past-Year Opioid Use Disorder among People Aged 12 or Older in the United States, by Health Insurance Status and Poverty Status (2017)<sup>4</sup>

Among people aged 12 or older in the U.S. in 2017, past-year opioid use disorder was higher among those without health insurance than among those with health insurance and was lower among those with family income 100% or more of the Federal poverty level than among those with family income below 100% of the Federal poverty level.



Error bars indicate 95% confidence interval of the estimate.

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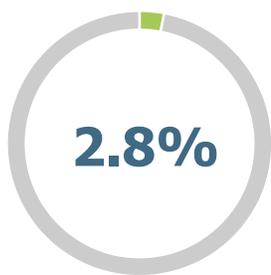
+ Estimate is significantly different from the estimate for less than 100% of the Federal poverty level ( $p < .05$ ).

# Substance Use, Misuse, and Use Disorders

## Illicit Drug Use Disorder



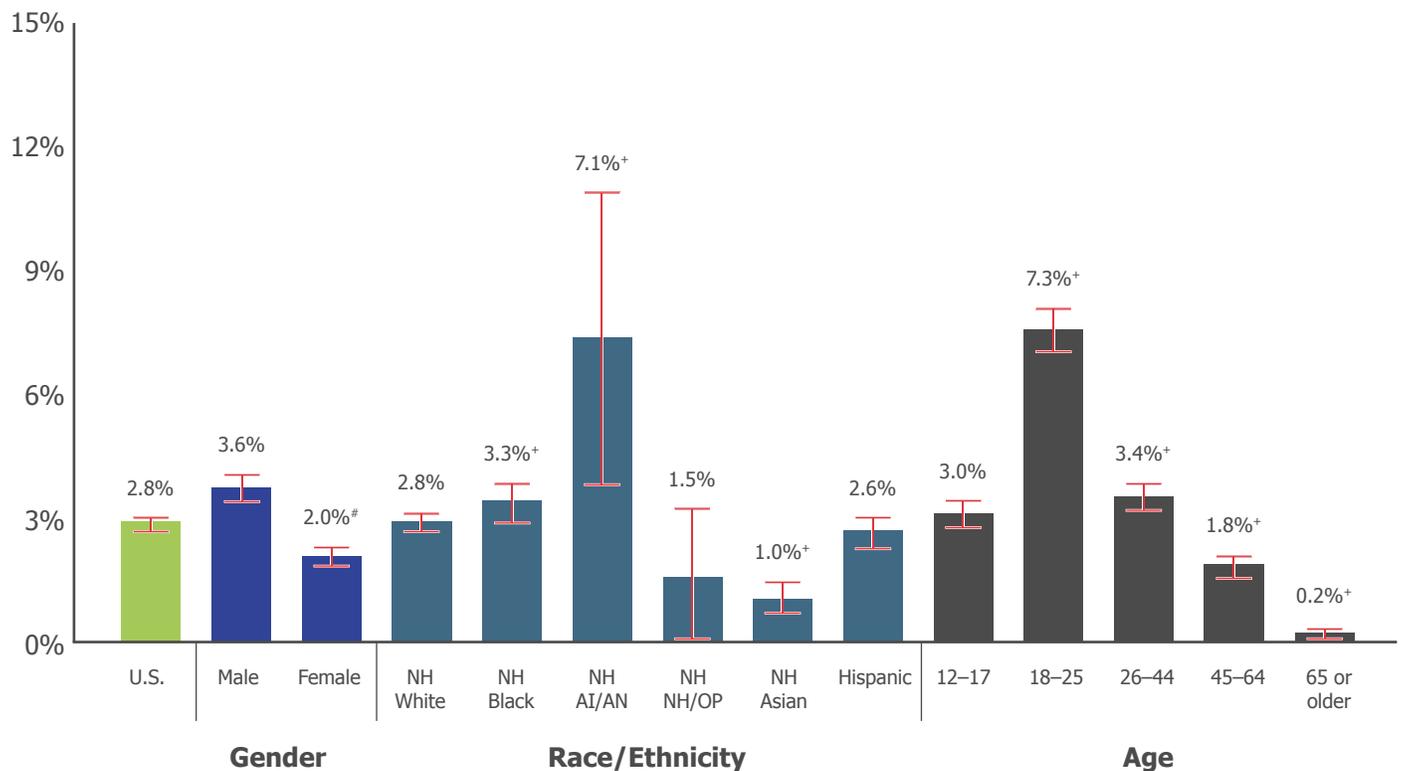
### Past-Year Illicit Drug Use Disorder among People Aged 12 or Older in the United States, by Gender, Race/Ethnicity, and Age (2017)



Among people aged 12 or older in the U.S. in 2017, **2.8%** (or **7.5 million**) had an illicit drug use disorder in the past year.

Past-year illicit drug use disorder was lower among women than among men.

Compared to the national average, past-year illicit drug use disorder was higher among non-Hispanic black and American Indian or Alaska Native people and among those aged 18-44 and was lower among non-Hispanic Asian people and among those aged 45 or older.



Error bars indicate 95% confidence interval of the estimate.  
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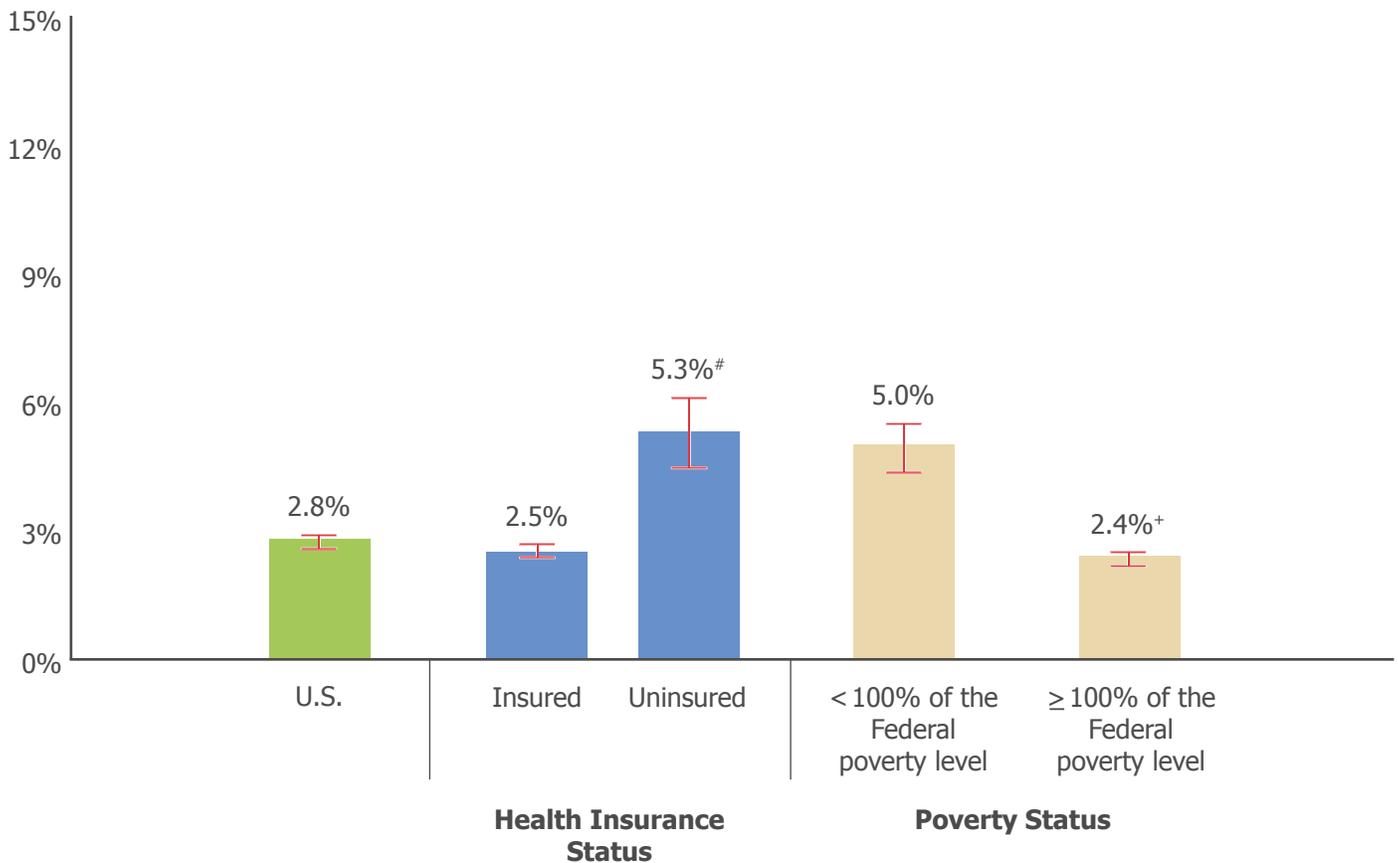
# Substance Use, Misuse, and Use Disorders

## Illicit Drug Use Disorder



### Past-Year Illicit Drug Use Disorder among People Aged 12 or Older in the United States, by Health Insurance Status and Poverty Status (2017)<sup>4</sup>

Among people aged 12 or older in the U.S. in 2017, past-year illicit drug use disorder was higher among those without health insurance than among those with health insurance and was lower among those with family income 100% or more of the Federal poverty level than among those with family income below 100% of the Federal poverty level.



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# Substance Use, Misuse, and Use Disorders

## Alcohol Use Disorder



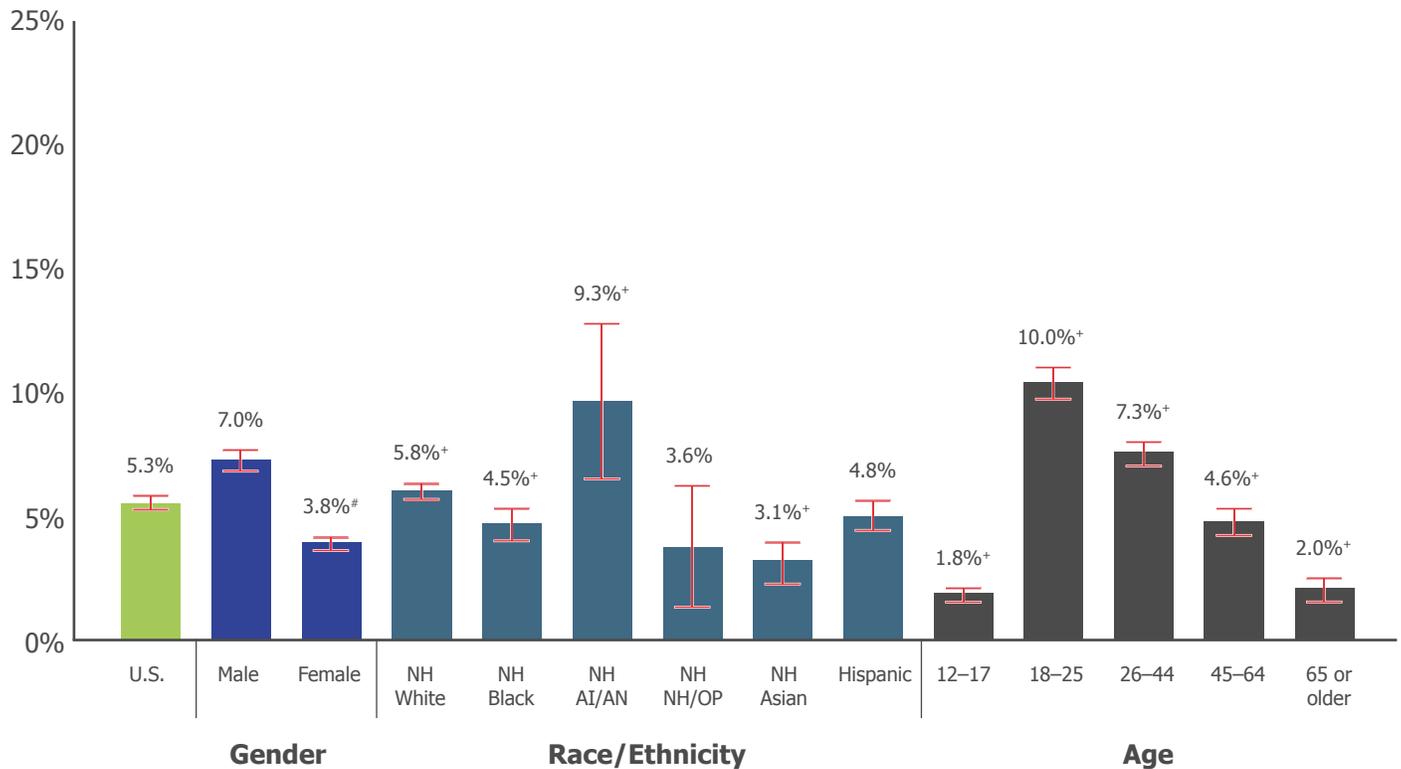
### Past-Year Alcohol Use Disorder among People Aged 12 or Older in the United States, by Gender, Race/Ethnicity, and Age (2017)



Among people aged 12 or older in the U.S. in 2017, **5.3%** (or **14.5 million**) had alcohol use disorder in the past year.

Past-year alcohol use disorder was lower among women than among men.

Compared to the national average, past-year alcohol use disorder was higher among those aged 18-44 and among non-Hispanic white and American Indian or Alaska Native people and was lower among those aged 12-17, among those aged 45 or older, and among non-Hispanic black and Asian people.



Error bars indicate 95% confidence interval of the estimate.  
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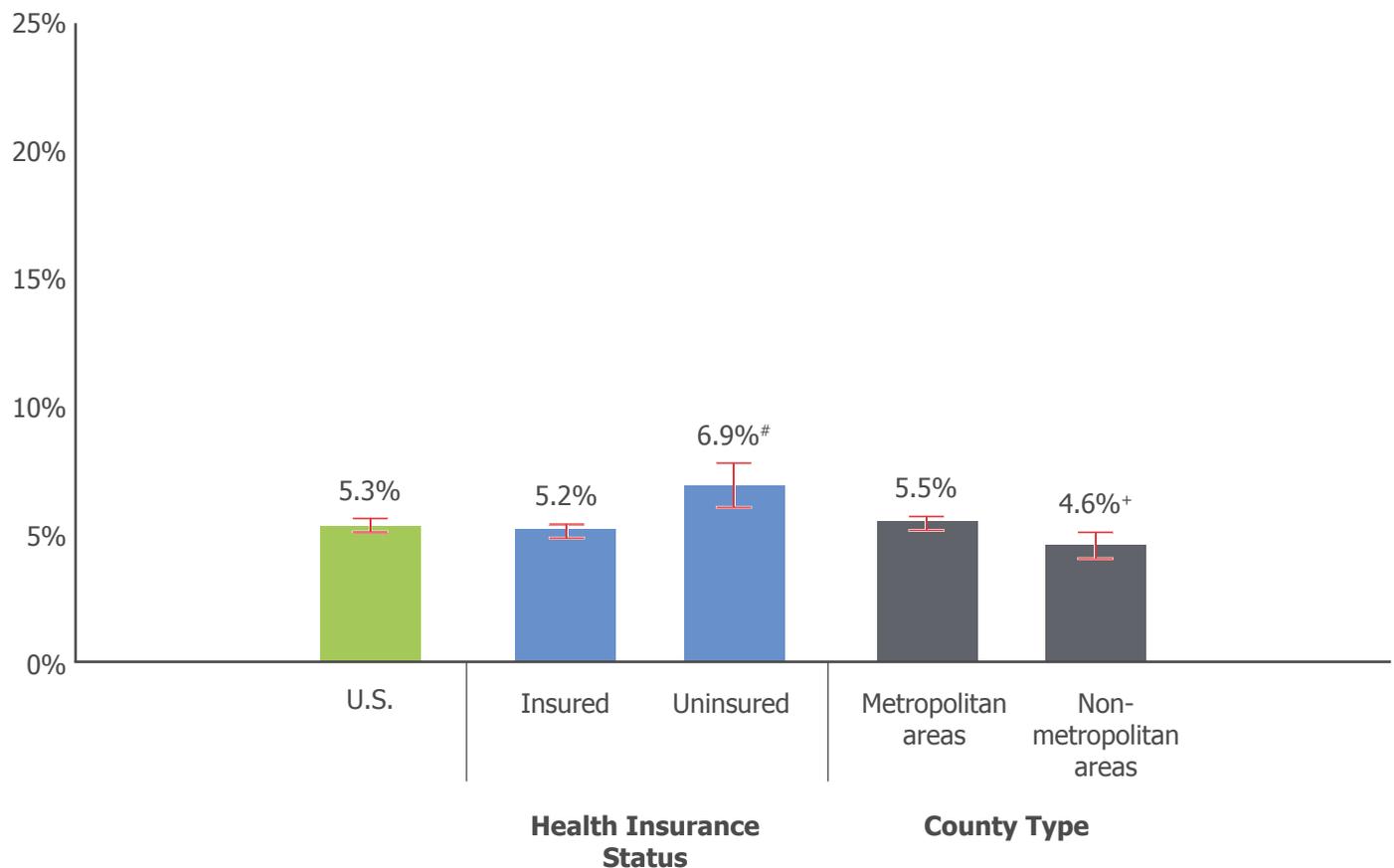
# Substance Use, Misuse, and Use Disorders

## Alcohol Use Disorder



### Past-Year Alcohol Use Disorder among People Aged 12 or Older in the United States, by Health Insurance Status and County Type (2017)

Among people aged 12 or older in the U.S. in 2017, past-year alcohol use disorder was higher among those without health insurance than among those with health insurance and was lower among those residing in nonmetropolitan areas than among those residing in metropolitan areas.



Error bars indicate 95% confidence interval of the estimate.

# Estimate is significantly different from the estimate for those with health insurance ( $p < .05$ ).

+ Estimate is significantly different from the estimate for metropolitan areas ( $p < .05$ ).

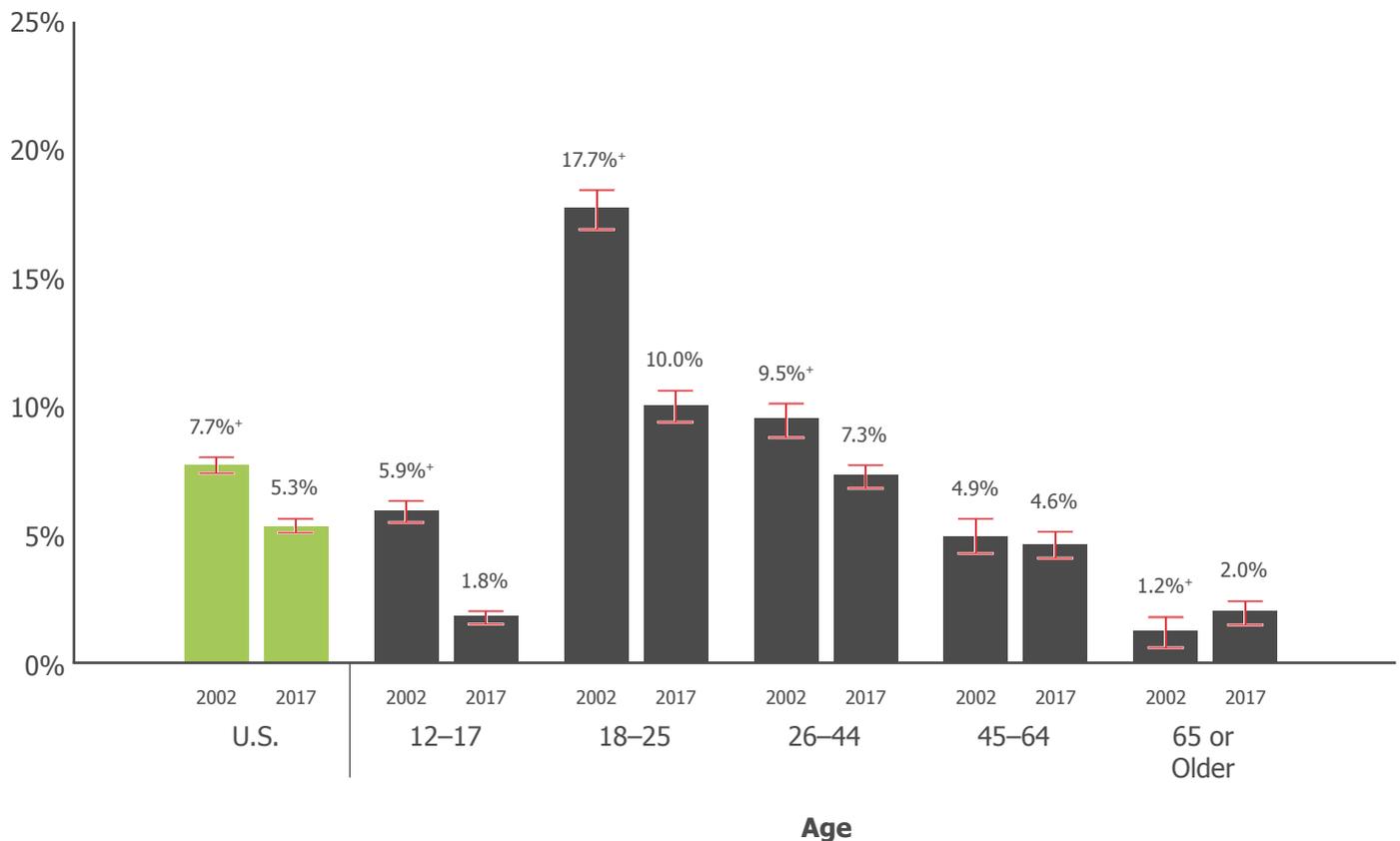
# Substance Use, Misuse, and Use Disorders

## Alcohol Use Disorder



### Changes in Past-Year Alcohol Use Disorder among People Aged 12 or Older in the United States, by Age (2002 and 2017)

Among people aged 12 or older in the U.S., past-year alcohol use disorder decreased from **7.7%** in 2002 to **5.3%** in 2017. In particular, between 2002 and 2017, past-year alcohol use disorder decreased from **5.9%** to **1.8%** among youth aged 12-17, decreased from **17.7%** to **10.0%** among young adults aged 18-25, decreased from **9.5%** to **7.3%** among adults aged 26-44, and increased from **1.2%** to **2.0%** among adults aged 65 or older.



Error bars indicate 95% confidence interval of the estimate.  
+ Estimate is significantly different from the estimate in 2017 ( $p < .05$ ).

# Substance Use, Misuse, and Use Disorders

## Substance Use Disorder



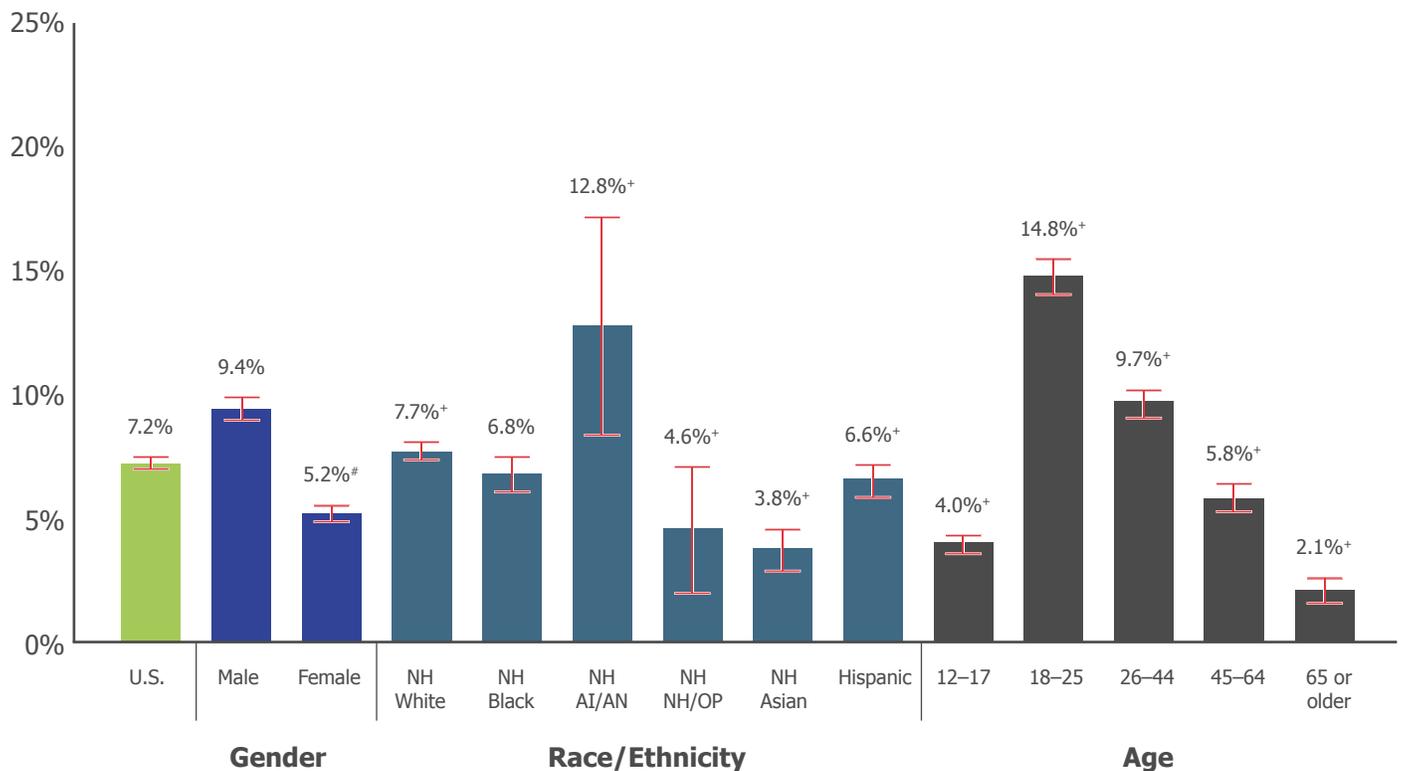
### Past-Year Substance Use Disorder among People Aged 12 or Older in the United States, by Gender, Race/Ethnicity, and Age (2017)



Among people aged 12 or older in the U.S. in 2017, **7.2%** (or **19.7 million**) had a substance use disorder in the past year.

Past-year substance use disorder was lower among women than among men.

Compared to the national average, past-year substance use disorder was higher among those aged 18-44 and among non-Hispanic white and American Indian or Alaska Native people and was lower among those aged 12-17, among those aged 45 or older, and among non-Hispanic Native Hawaiian or Other Pacific Islander, Asian, and Hispanic people.



Error bars indicate 95% confidence interval of the estimate.

NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OP = NH Native Hawaiian or Other Pacific Islander.

# Estimate is significantly different from the estimate for males ( $p < .05$ ).

+ Estimate is significantly different from the national average ( $p < .05$ ).

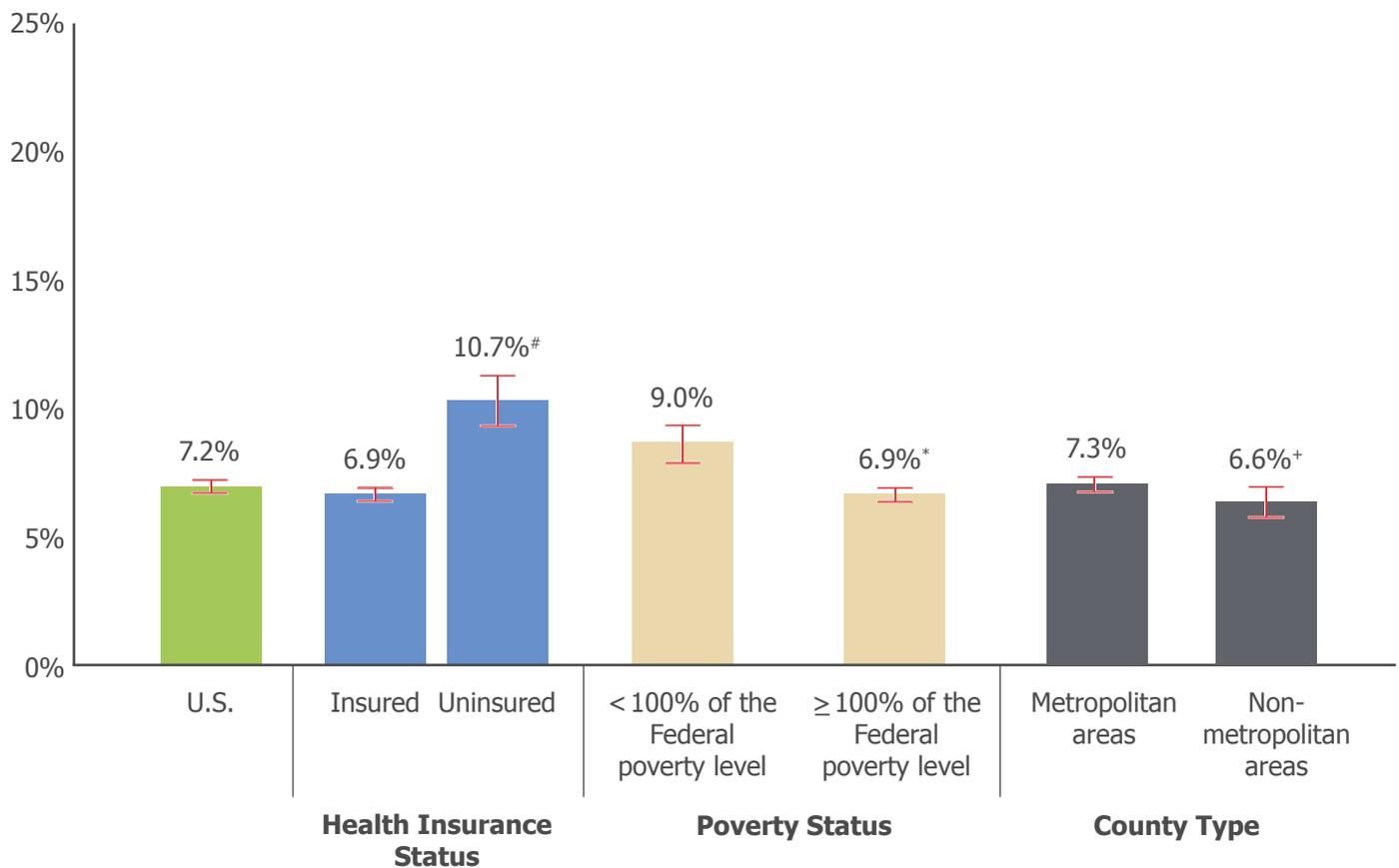
# Substance Use, Misuse, and Use Disorders

## Substance Use Disorder



### Past-Year Substance Use Disorder among People Aged 12 or Older in the United States, by Health Insurance Status, Poverty Status, and County Type (2017)<sup>4</sup>

Among people aged 12 or older in the U.S. in 2017, the percentage with a past-year substance use disorder was higher among those without health insurance than among those with health insurance, was lower among those with family income 100% or more of the Federal poverty level than among those with family income below 100% of the Federal poverty level, and was lower among those residing in nonmetropolitan areas than among those residing in metropolitan areas.



Error bars indicate 95% confidence interval of the estimate.

# Estimate is significantly different from the estimate for those with health insurance ( $p < .05$ ).

\* Estimate is significantly different from the estimate for less than 100% of the Federal poverty level ( $p < .05$ ).

+ Estimate is significantly different from the estimate for metropolitan areas ( $p < .05$ ).

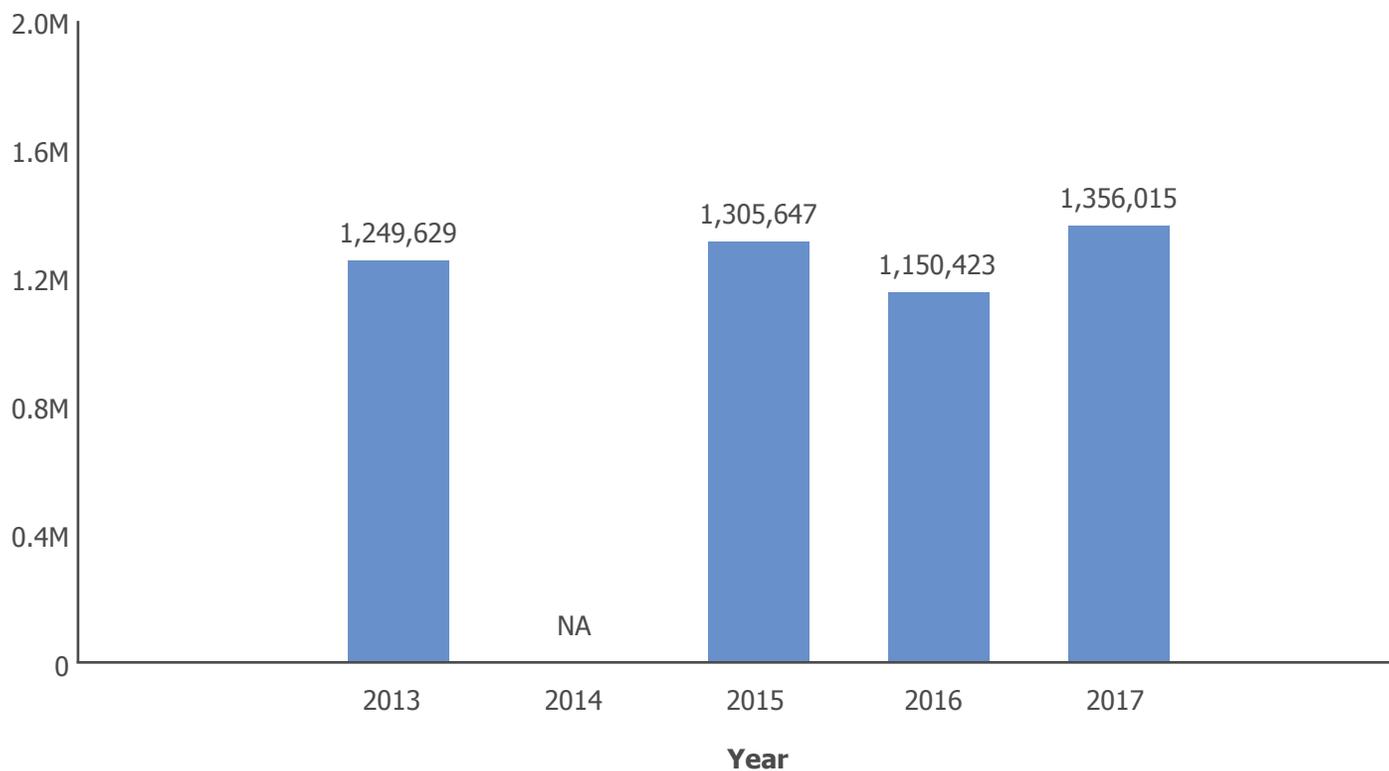
# Substance Use Treatment

## Enrollment and Treatment Focus



### Changes in the Number of People Enrolled in Substance Use Treatment in the United States: Single-Day Counts (2013 and 2015-2017)<sup>25, 26</sup>

In 2017, in a single-day count, **1.4 million** people in the U.S. were enrolled in substance use treatment — an increase from **1.2 million** people in 2013.



NA = Not available.

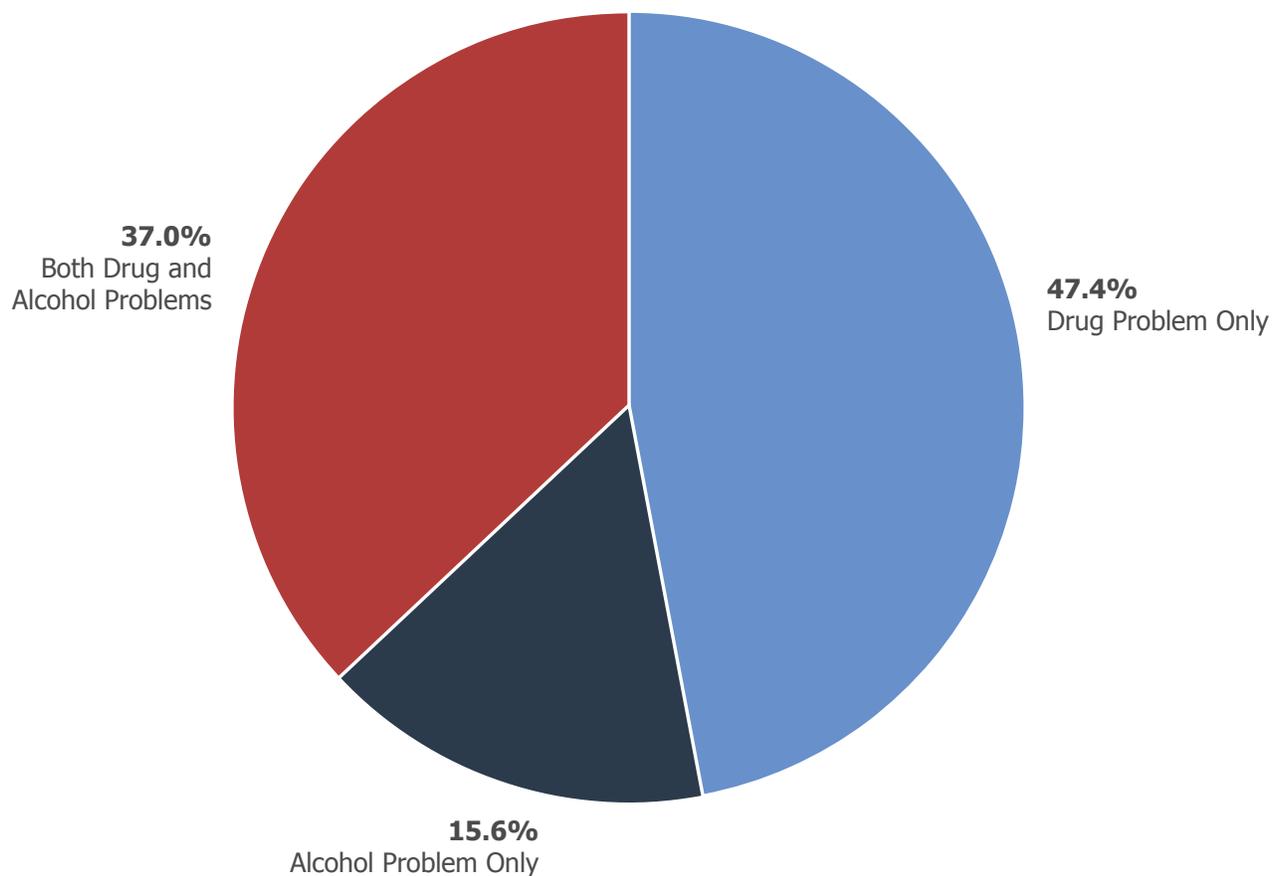
# Substance Use Treatment

## Enrollment and Treatment Focus



### Substance Use Problems among People Enrolled in Substance Use Treatment in the United States: Single-Day Count (2017)<sup>25,27</sup>

In 2017, in a single-day count, among individuals enrolled in substance use treatment in the U.S., **47.4%** received treatment for a drug problem only, **37.0%** received treatment for both drug and alcohol problems, and **15.6%** received treatment for an alcohol problem only.



# Substance Use Treatment

## Alcohol



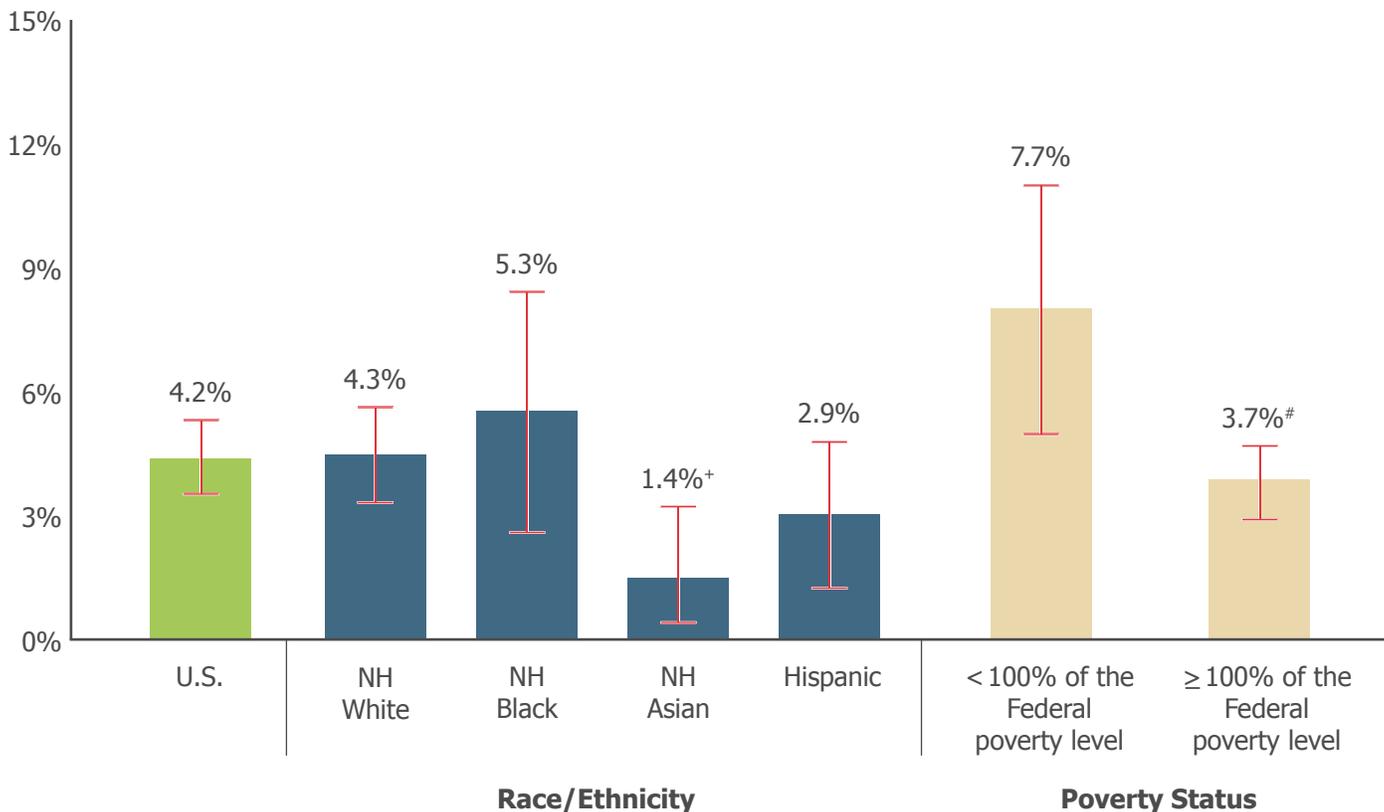
### Past-Year Receipt of Specialty Treatment for Alcohol Use among People Aged 12 or Older with an Alcohol Use Disorder in the United States, by Race/Ethnicity and Poverty Status (2017)<sup>4,6,27</sup>



In 2017, among people aged 12 or older with a past-year alcohol use disorder in the U.S., **4.2%** (or **613,000**) received specialty treatment for their alcohol use in the past year.

Among people with a past-year alcohol use disorder, compared to the national average, past-year receipt of specialty treatment for alcohol use was lower among non-Hispanic Asian people.

Past-year receipt of specialty treatment for alcohol use was higher among those with a past-year alcohol use disorder and with family income below 100% of the Federal poverty level than among their counterparts with family income 100% or more of the Federal poverty level.



Error bars indicate 95% confidence interval of the estimate.

NH = non-Hispanic.

<sup>+</sup> Estimate is significantly different from the national average ( $p < .05$ ).

<sup>#</sup> Estimate is significantly different from the estimate for less than 100% of the Federal poverty level ( $p < .05$ ).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017.

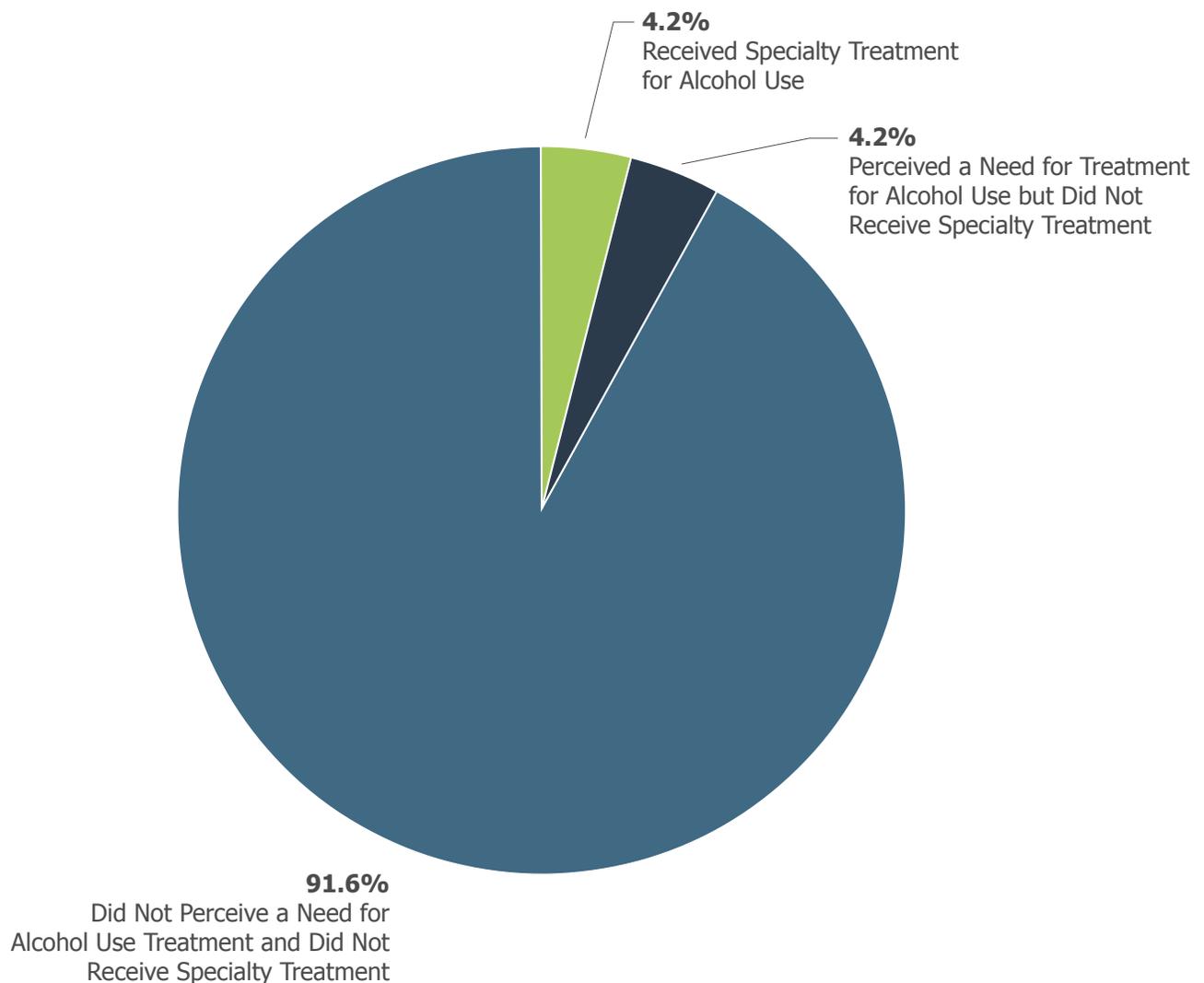
# Substance Use Treatment

## Alcohol



### Past-Year Specialty Treatment for Alcohol Use and Perception of Treatment Need for Those Who Did Not Receive Specialty Treatment among People Aged 12 or Older with a Past-Year Alcohol Use Disorder in the United States (2017)

About 9 in 10 people (**91.6%**) with a past-year alcohol use disorder did not receive specialty treatment and did not perceive a need for treatment for their alcohol use.



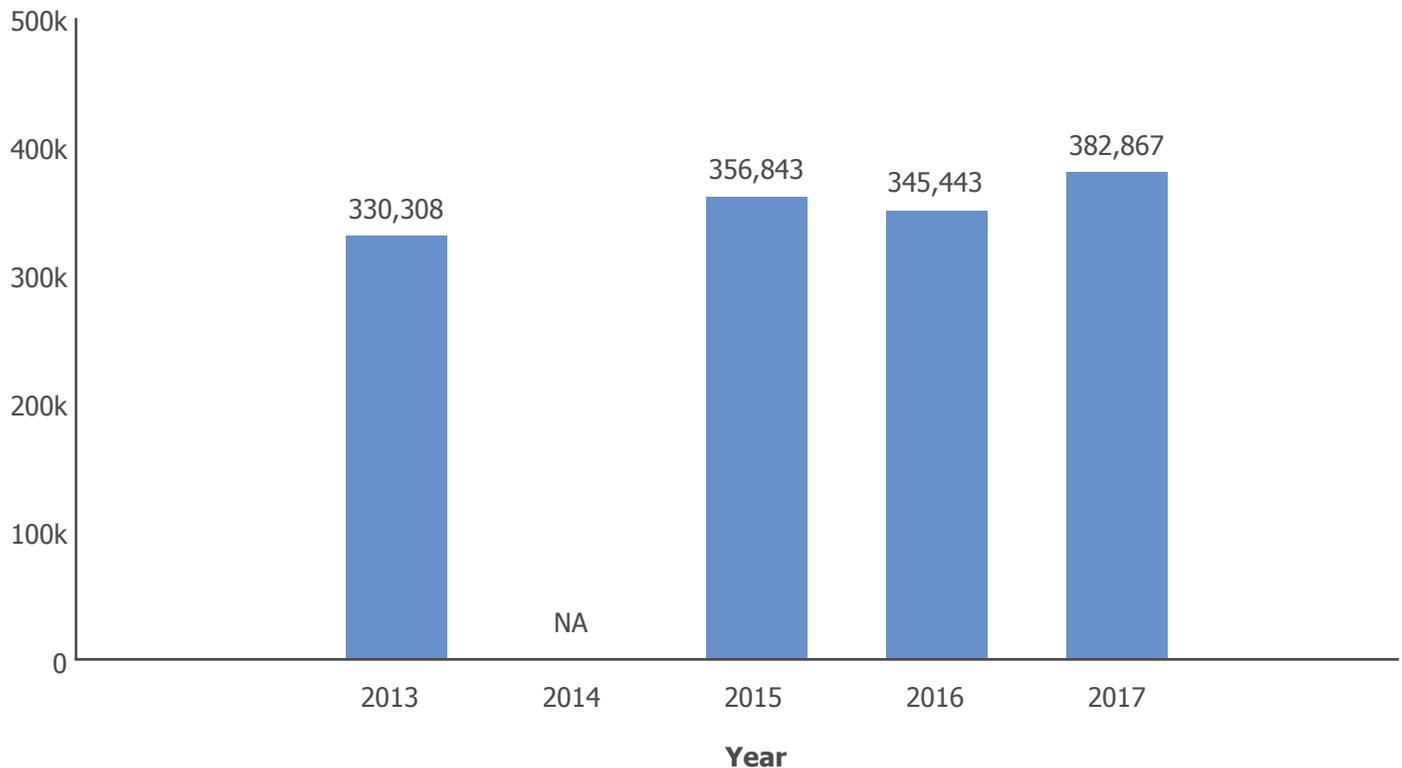
# Substance Use Treatment

## Opioids (Medication-Assisted Therapy)



### Changes in the Number of People Enrolled in Opioid Treatment Programs in the United States Receiving Methadone: Single-Day Counts (2013 and 2015-2017)<sup>25,26,28</sup>

The number increased by **16%** between 2013 and 2017 among people who received methadone in opioid treatment programs as part of their substance use treatment in the U.S.



NA = Not available.

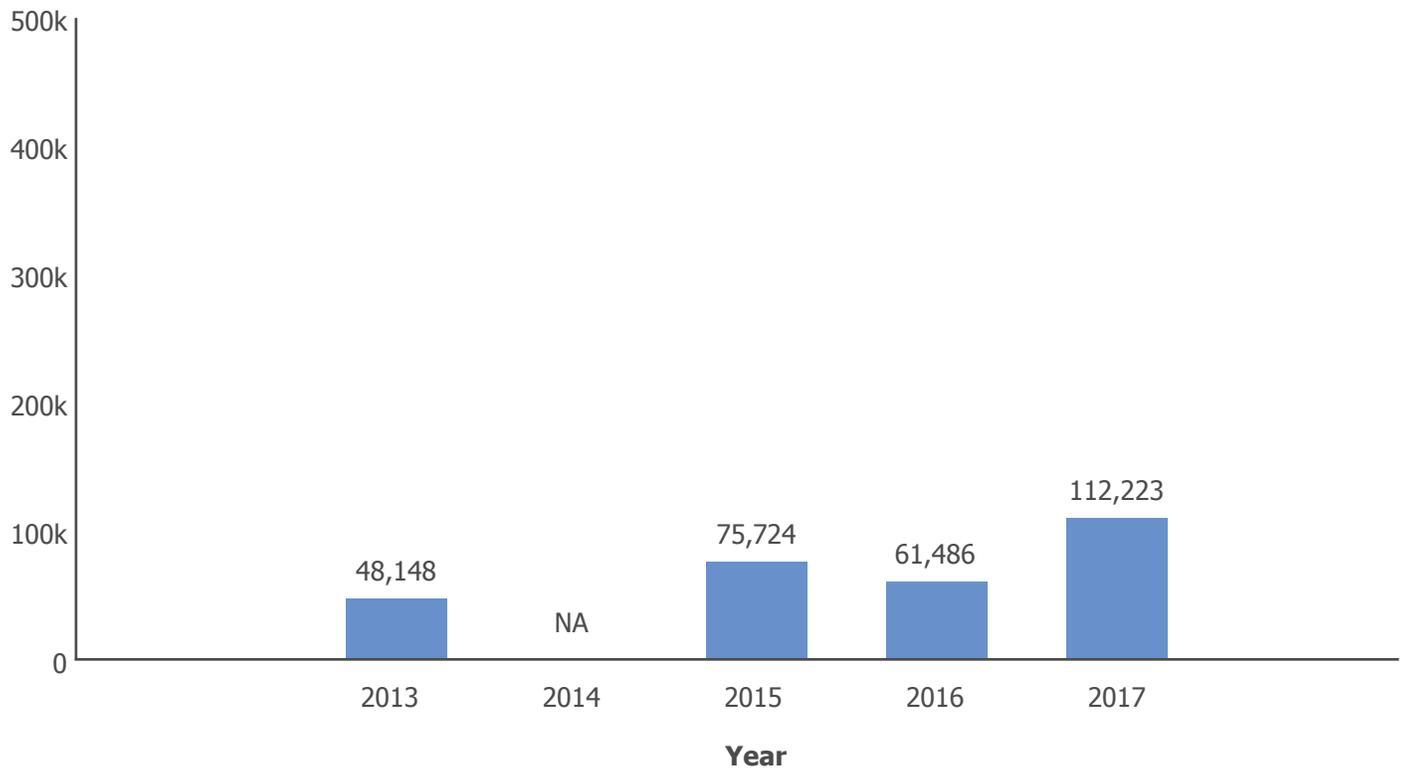
# Substance Use Treatment

## Opioids (Medication-Assisted Therapy)



### Changes in the Number of People Enrolled in Substance Use Treatment at Substance Abuse Treatment Facilities in the United States Receiving Buprenorphine: Single-Day Counts (2013 and 2015-2017)<sup>25, 26, 28, 29</sup>

The number more than doubled between 2013 and 2017 among people who received buprenorphine as part of their substance use treatment in the U.S.



NA = Not available.

# Substance Use Treatment

## Illicit Drugs

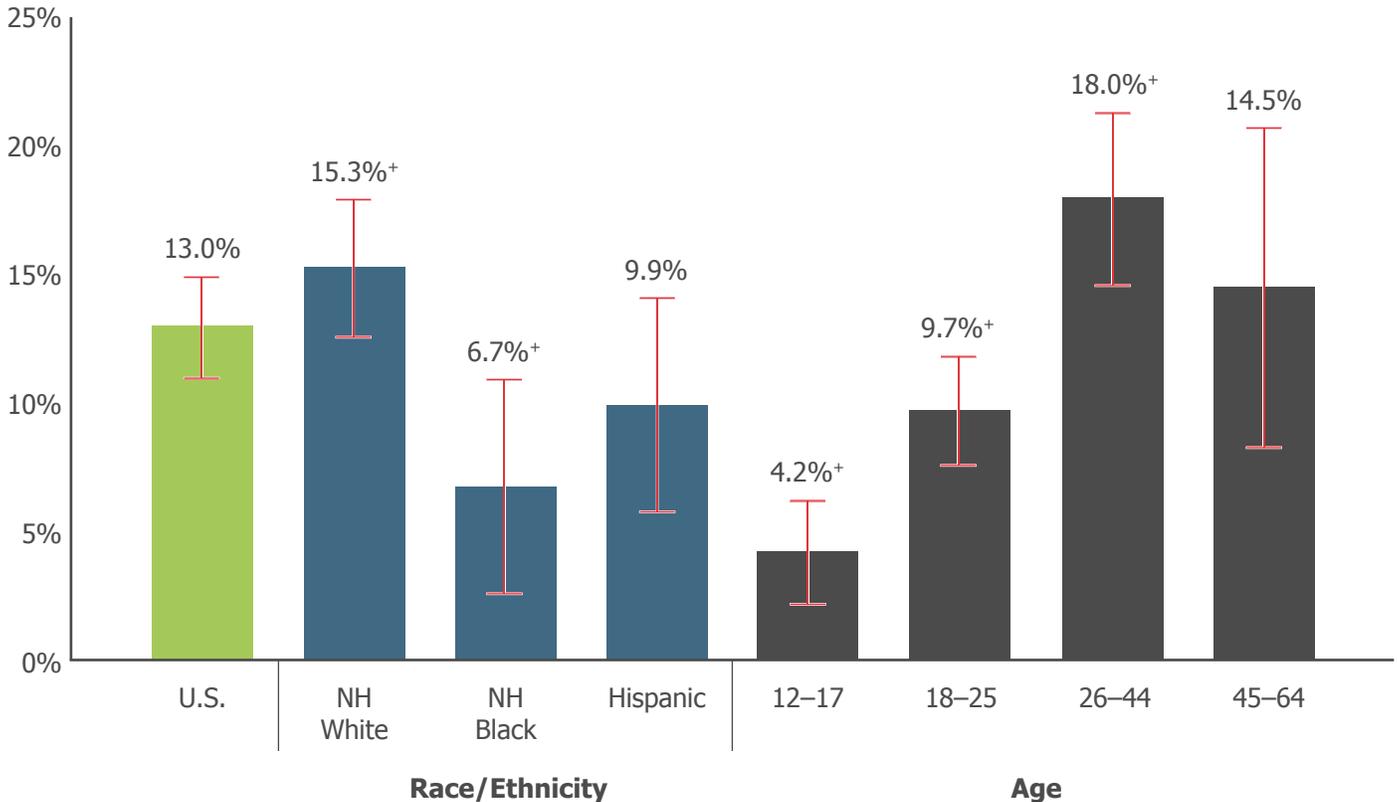


### Past-Year Receipt of Specialty Treatment for Illicit Drug Use among People Aged 12 or Older with an Illicit Drug Use Disorder in the United States, by Race/Ethnicity and Age (2017)<sup>12,30</sup>



In 2017, among people aged 12 or older with a past-year illicit drug use disorder in the U.S., **13.0%** (or **979,000**) received specialty treatment for their illicit drug use in the past year.

Among people with a past-year illicit drug use disorder, compared to the national average, past-year receipt of specialty treatment for illicit drug use was higher among non-Hispanic white people and among those aged 26-44 and was lower among non-Hispanic black people and among those aged 12-25.



Error bars indicate 95% confidence interval of the estimate.  
 NH = non-Hispanic.  
 + Estimate is significantly different from the national average ( $p < .05$ ).

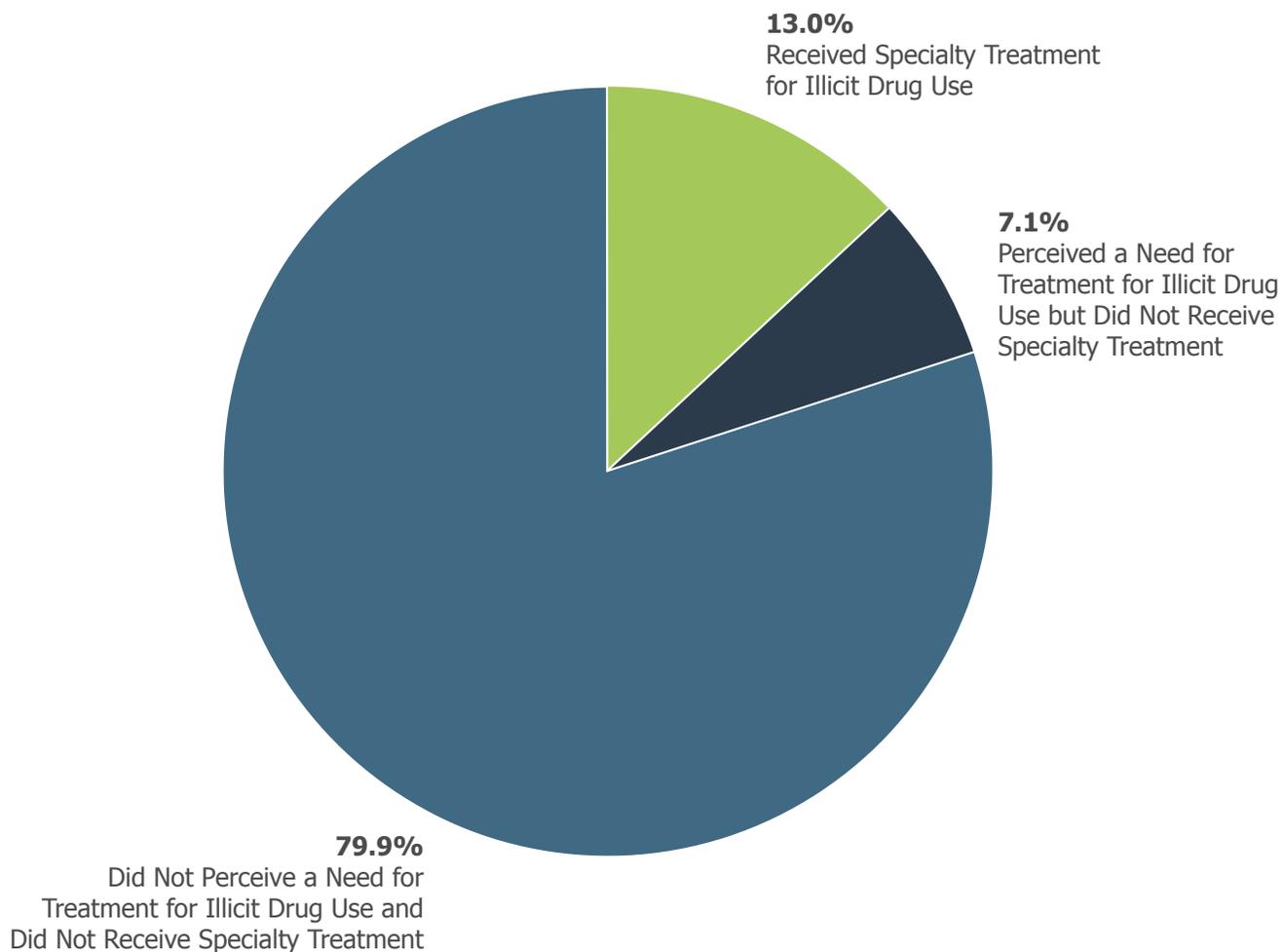
# Substance Use Treatment

## Illicit Drugs



### Past-Year Specialty Treatment for Illicit Drug Use and Perception of Treatment Need for Those Who Did Not Receive Specialty Treatment among People Aged 12 or Older with a Past-Year Illicit Drug Use Disorder in the United States (2017)

In 2017, among people aged 12 or older with a past-year illicit drug use disorder in the U.S., **13.0%** (or **979,000**) received specialty treatment in the past year, and **79.9%** (or **6.0 million**) did not receive specialty treatment and did not perceive a need for treatment for their illicit drug use.



# Adult Mental Health and Service Use

## Serious Thoughts of Suicide



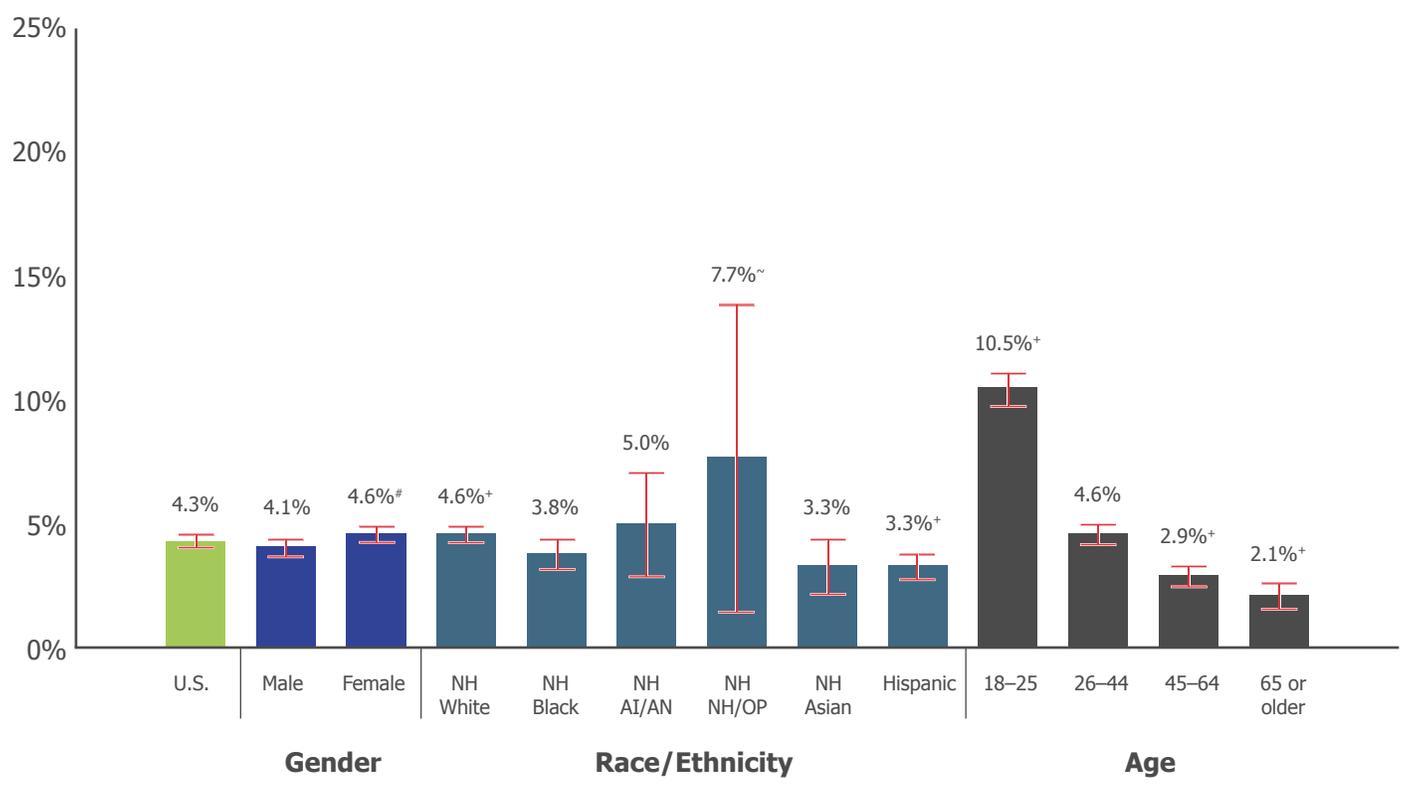
### Past-Year Serious Thoughts of Suicide among Adults Aged 18 or Older in the United States, by Gender, Race/Ethnicity, and Age (2017)<sup>17,31</sup>



Among adults aged 18 or older in the U.S. in 2017, **4.3%** (or **10.6 million**) had serious thoughts of suicide in the past year.

Past-year serious thoughts of suicide was higher among adult women than among adult men.

Compared to the national average, past-year serious thoughts of suicide was higher among non-Hispanic white adults and among adults aged 18-25 and was lower among Hispanic adults and among adults aged 45-64 and 65 or older.



Error bars indicate 95% confidence interval of the estimate.  
 NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OP = NH Native Hawaiian or Other Pacific Islander.  
 # Estimate is significantly different from the estimate for males ( $p < .05$ ).  
 + Estimate is significantly different from the national average ( $p < .05$ ).  
 ~ Due to the large standard error, the estimate did not statistically significantly differ from the national average.

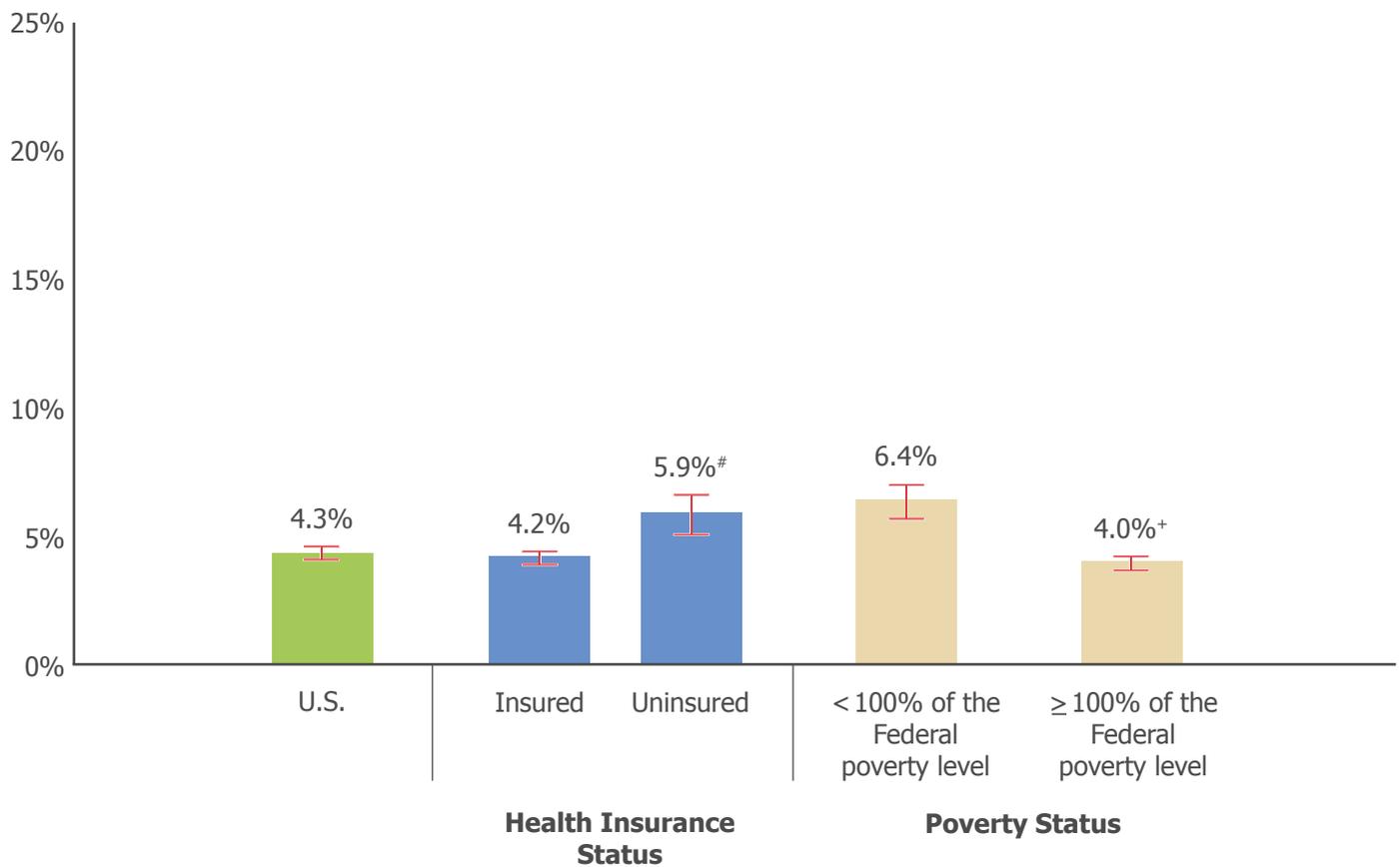
# Adult Mental Health and Service Use

## Serious Thoughts of Suicide



### Past-Year Serious Thoughts of Suicide among Adults Aged 18 or Older in the United States, by Health Insurance Status and Poverty Status (2017)<sup>4,17</sup>

Among adults aged 18 or older in the U.S. in 2017, past-year serious thoughts of suicide was higher among those without health insurance than among those with health insurance and was lower among those with family income 100% or more of the Federal poverty level than among those with family income below 100% of the Federal poverty level.



Error bars indicate 95% confidence interval of the estimate.

<sup>#</sup> Estimate is significantly different from the estimate for those with health insurance ( $p < .05$ ).

<sup>+</sup> Estimate is significantly different from the estimate for less than 100% of the Federal poverty level ( $p < .05$ ).

# Adult Mental Health and Service Use

## Serious Mental Illness



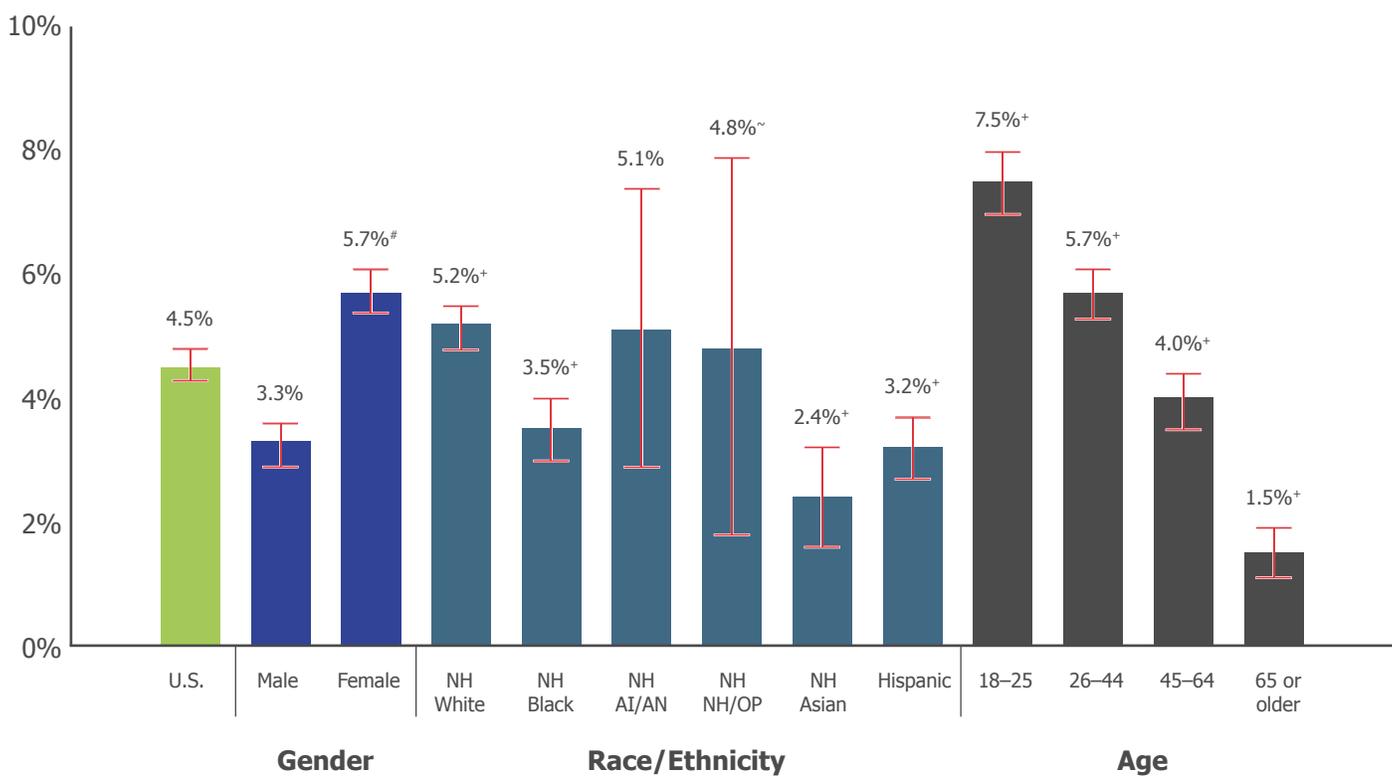
### Past-Year Serious Mental Illness (SMI) among Adults Aged 18 or Older in the United States, by Gender, Race/Ethnicity, and Age (2017)<sup>18,32</sup>



Among adults aged 18 or older in the U.S. in 2017, **4.5%** (or **11.2 million**) had serious mental illness (SMI) in the past year.

Past-year serious mental illness was higher among adult women than among adult men.

Compared to the national average, past-year serious mental illness was higher among non-Hispanic white adults and among adults aged 18-44 and was lower among non-Hispanic black and Asian adults, among Hispanic adults, and among adults aged 45 or older.



Error bars indicate 95% confidence interval of the estimate.  
 NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OP = NH Native Hawaiian or Other Pacific Islander.  
<sup>#</sup> Estimate is significantly different from the estimate for males ( $p < .05$ ).  
<sup>+</sup> Estimate is significantly different from the national average ( $p < .05$ ).  
<sup>~</sup> Due to the large standard error, the estimate did not statistically significantly differ from the national average.

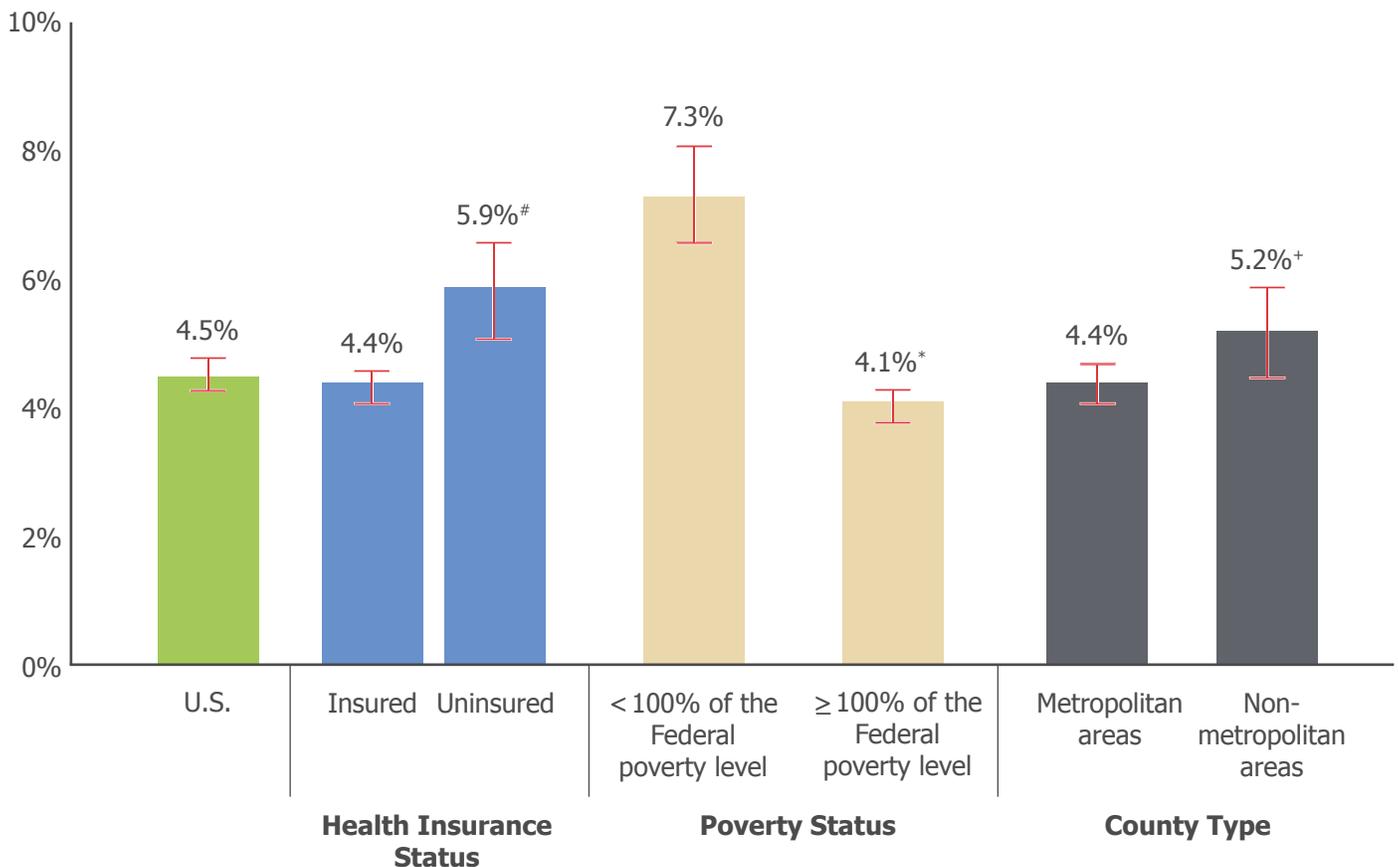
# Adult Mental Health and Service Use

## Serious Mental Illness



### Past-Year Serious Mental Illness (SMI) among Adults Aged 18 or Older in the United States, by Health Insurance Status, Poverty Status, and County Type (2017)<sup>4,18</sup>

Among adults aged 18 or older in the U.S. in 2017, past-year serious mental illness was higher among those without health insurance than among those with health insurance, was lower among those with family income 100% or more of the Federal poverty level than among those with family income below 100% of the Federal poverty level, and was higher among those residing in nonmetropolitan areas than among those residing in metropolitan areas.



Error bars indicate 95% confidence interval of the estimate.

<sup>#</sup> Estimate is significantly different from the estimate for those with health insurance ( $p < .05$ ).

<sup>\*</sup> Estimate is significantly different from the estimate for less than 100% of the Federal poverty level ( $p < .05$ ).

<sup>+</sup> Estimate is significantly different from the estimate for metropolitan areas ( $p < .05$ ).

# Adult Mental Health and Service Use

Mental Health Service Use Among Adults With Serious Mental Illness



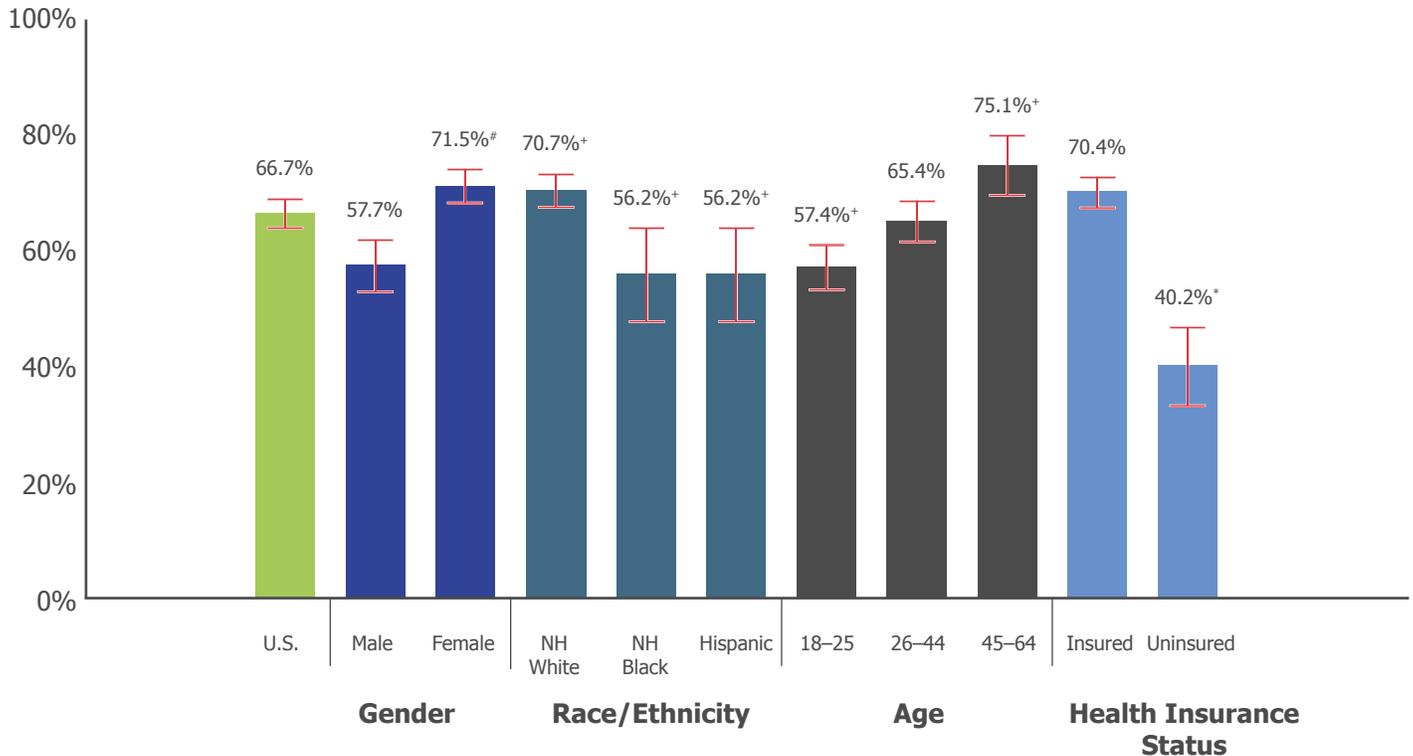
## Past-Year Mental Health Service Use among Adults Aged 18 or Older with Serious Mental Illness (SMI) in the United States, by Gender, Race/Ethnicity, Age, and Health Insurance Status (2017)<sup>12, 18, 30, 33</sup>



Among adults aged 18 or older in the U.S. with SMI in 2017, **66.7%** (or **7.5 million**) received mental health services in the past year.

Among adults with past-year serious mental illness, receipt of mental health services in the past year was higher among women than among men and was lower among those with health insurance than among those without health insurance.

Among adults with past-year serious mental illness, compared to the national average, past-year receipt of mental health services was higher among non-Hispanic white adults and among those aged 45-64 and was lower among non-Hispanic black adults, among Hispanic adults, and among those aged 18-25.



Error bars indicate 95% confidence interval of the estimate.  
 NH = non-Hispanic.  
 # Estimate is significantly different from the estimate for males ( $p < .05$ ).  
 + Estimate is significantly different from the national average ( $p < .05$ ).  
 \* Estimate is significantly different from the estimate for those with health insurance ( $p < .05$ ).

# Figure Notes



- 1 The category of non-Hispanic Native Hawaiian or other Pacific Islander was omitted because of suppression from low precision of data.
- 2 Due to its large standard error, past-month cigarette use among non-Hispanic American Indian or Alaska Native youth did not statistically significantly differ from the national average.
- 3 Due to its large standard error, past-month binge alcohol use among non-Hispanic American Indian or Alaska Native youth did not statistically significantly differ from the national average.
- 4 Estimates based on poverty status are based on a definition of poverty level that incorporates information on family income, size, and composition and are calculated as a percentage of the U.S. Census Bureau's poverty thresholds. When estimates are presented for respondents aged 18 or older based on poverty status, respondents aged 18–22 who were living in a college dormitory were excluded.
- 5 The drug categories or subtypes included in this figure are not mutually exclusive, so people who used more than one type of drug are included in the estimates for multiple categories or subtypes.
- 6 The categories of non-Hispanic American Indian or Alaska Native and non-Hispanic Native Hawaiian or other Pacific Islander were omitted because of suppression from low precision of data.
- 7 Risk perceptions were measured by asking respondents to assess the extent to which people risk harming themselves physically and in other ways when they use various illicit drugs, alcohol, and cigarettes with various levels of frequency. Response options were (1) no risk, (2) slight risk, (3) moderate risk, and (4) great risk. Respondents with unknown risk perception data were excluded.
- 8 The estimates for “did not perceive great risk of harm from having five or more drinks once or twice a week” and for “smoking marijuana once a month” were omitted to simplify the presentation.
- 9 Respondents with unknown past year major depressive episode (MDE) data were excluded.
- 10 Due to its large standard error, past-year major depressive episode among non-Hispanic American Indian or Alaska Native youth did not statistically significantly differ from the national average.
- 11 Respondents with unknown past year MDE or unknown treatment data were excluded.
- 12 The categories of non-Hispanic American Indian or Alaska Native, non-Hispanic Native Hawaiian or other Pacific Islander, and non-Hispanic Asian were omitted because of suppression from low precision of data.
- 13 Due to its large standard error, past-year marijuana use among non-Hispanic American Indian or Alaska Native young adults did not statistically significantly differ from the national average.

# Figure Notes



- 14 Due to its large standard error, past-year opioid use disorder among non-Hispanic American Indian or Alaska Native young adults did not statistically significantly differ from the national average.
- 15 Due to its large standard error, past-year alcohol use disorder among non-Hispanic American Indian or Alaska Native young adults did not statistically significantly differ from the national average.
- 16 Due to its large standard error, past-year substance use disorder among non-Hispanic American Indian or Alaska Native young adults did not statistically significantly differ from the national average.
- 17 Estimates were based only on responses to suicidality items in the National Survey on Drug Use and Health (NSDUH) Mental Health module. Respondents with unknown suicide information were excluded.
- 18 For further information, see Revised Estimates of Mental Illness from the National Survey on Drug Use and Health, which is available on the SAMHSA Web site at <https://www.samhsa.gov/data/sites/default/files/NSDUH148/NSDUH148/sr148-mental-illness-estimates.pdf>.
- 19 Due to its large standard error, past-year marijuana use disorder among non-Hispanic American Indians or Alaska Natives did not statistically significantly differ from the national average.
- 20 Due to its large standard error, past-year heroin use among non-Hispanic American Indians or Alaska Natives did not statistically significantly differ from the national average.
- 21 Due to its large standard error, past-year misuse of prescription pain relievers among non-Hispanic American Indians or Alaska Natives did not statistically significantly differ from the national average.
- 22 The percentages do not add to 100% because of rounding.
- 23 Respondents with unknown data for the source for most recent misuse or who reported some other way but did not specify a valid way were excluded.
- 24 Due to its large standard error, past-year opioid use disorder among non-Hispanic American Indians or Alaska Natives did not statistically significantly differ from the national average.
- 25 Single-day counts reflect the number of people who were enrolled in substance use treatment on March 31, 2013; March 30, 2015; March 29, 2016; and March 31, 2017. Single-day counts of the number of people enrolled in substance use treatment were not included in the 2014 National Survey of Substance Abuse Treatment Services (N-SSATS).
- 26 Conducting statistical significance tests is not necessary because these are counts of people enrolled at all treatment facilities (rather than estimates from a sample of treatment facilities).

# Figure Notes



- 27 Enrollees whose substances were unknown were excluded.
- 28 These counts reflect only people who were receiving these specific medication-assisted therapies as part of their opioid treatment; they do not include counts of people who were receiving other types of treatment for their opioid use on the reference dates.
- 29 Physicians who obtain specialized training may prescribe buprenorphine. Some physicians are in private, office-based practices; others are affiliated with substance abuse treatment facilities or programs and may prescribe buprenorphine to clients at those facilities. Additionally, opioid treatment programs (OTPs) may also prescribe and/or dispense buprenorphine. The buprenorphine single-day counts include only those clients who received/were prescribed buprenorphine by physicians affiliated with substance abuse treatment facilities such as OTPs or Drug Addiction Treatment Act (DATA) 2000–waivered physicians; they do not include clients from private practice physicians.
- 30 The category of 65 or older was omitted because of low precision of data.
- 31 Due to its large standard error, past-year serious thoughts of suicide among non-Hispanic American Indian or Alaska Native adults did not statistically significantly differ from the national average.
- 32 Due to its large standard error, past-year serious mental illness among non-Hispanic American Indian or Alaska Native adults or among non-Hispanic Native Hawaiian or Other Pacific Islander adults did not statistically significantly differ from the national average.
- 33 Respondents were not to include treatment for drug or alcohol use. Respondents with unknown service use information were excluded. Estimates were based only on responses to items in the NSDUH Adult Mental Health Service Utilization module.



# Definitions

**Alcohol use disorder and illicit drug use disorder** are defined using diagnostic criteria specified within the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), which include such symptoms as withdrawal, tolerance, use in dangerous situations, trouble with the law, and interference with major obligations at work, school, or home during the past year. For details, see American Psychiatric Association (1994).

**Any mental illness (AMI)** among adults aged 18 or older is defined as currently or at any time in the past year having had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet DSM-IV criteria. Adults who had a diagnosable mental, behavioral, or emotional disorder in the past year, regardless of their level of functional impairment, were defined as having AMI.

**Binge alcohol use** is defined in the National Survey on Drug Use and Health (NSDUH) for females as drinking four or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days and for males as drinking five or more drinks on the same occasion. Before the 2015 NSDUH, binge alcohol use was defined for both males and females as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days.

**Depression care** is defined as seeing or talking to a medical doctor or other professional or using prescription medication for depression in the past year.

**Health insurance coverage** is defined as having any type of coverage, including private insurance, Medicare, Medicaid, military health care coverage, or any other type of coverage.

**Illicit drug use** is defined as the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine.

**Major depressive episode (MDE)** is defined as in the DSM-IV, which specifies a period of at least 2 weeks in the past year when an individual experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

**Marijuana use disorder** is defined using diagnostic criteria specified within the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), which include such symptoms as tolerance, use in dangerous situations, trouble with the law, and interference with major obligations at work, school, or home during the past year. For details, see American Psychiatric Association (1994).

**Mental health service use** is defined in NSDUH for adults aged 18 or older as receiving treatment or counseling for any problem with emotions, nerves, or mental health in the 12 months before the interview in any inpatient or outpatient setting, or the use of prescription medication for treatment of any mental or emotional condition that was not caused by the use of alcohol or drugs.

**Metropolitan areas** refer to counties that are part of a Metropolitan Statistical Area (MSA). Nonmetropolitan areas refer to counties that are outside of MSAs. Because the 2013 Rural-Urban Continuum Codes were used in creating the county type variables, estimates may differ from previously published estimates.



# Definitions

**Number of individuals enrolled in substance use treatment** refers to the number of clients in treatment at alcohol and drug abuse facilities (public and private) throughout the 50 states, the District of Columbia, and other U.S. jurisdictions.

**Opioid use disorder** is defined as heroin use disorder or prescription pain reliever use disorder using diagnostic criteria specified within the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), which include such symptoms as withdrawal, tolerance, use in dangerous situations, trouble with the law, and interference with major obligations at work, school, or home during the past year. For details, see American Psychiatric Association (1994).

**Prescription pain relievers** include the following subcategories of pain relievers: hydrocodone products (Vicodin®, Lortab®, Norco®, Zohydro® ER, or generic hydrocodone); oxycodone products (OxyContin®, Percocet®, Percodan®, Roxicet®, Roxicodone®, or generic oxycodone); tramadol products (Ultram®, Ultram® ER, Ultracet®, generic tramadol, or generic extended-release tramadol); codeine products (Tylenol® with codeine 3 or 4 or generic codeine pills); morphine products (Avinza®, Kadian®, MS Contin®, generic morphine, or generic extended-release morphine); fentanyl products (Actiq®, Duragesic®, Fentora®, or generic fentanyl); buprenorphine products (Suboxone® or generic buprenorphine); oxymorphone products (Opana®, Opana® ER, generic oxymorphone, or generic extended-release oxymorphone); Demerol®; hydromorphone products (Dilaudid® or generic hydromorphone, or Exalgo® or generic extended-release hydromorphone); methadone; or any other prescription pain reliever.

**Prescription pain reliever misuse** is defined as prescription pain reliever use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor.

**Race/ethnicity** is used to refer to a respondent's self-classification of racial and ethnic origin and identification, in accordance with federal standards for reporting race and ethnicity data (Office of Management and Budget, 1997). For Hispanic origin, respondents were asked, "Are you of Hispanic, Latino, or Spanish origin or descent?" For race, respondents were asked, "Which of these groups describes you?" Response options for race were (1) White, (2) Black/African American, (3) American Indian or Alaska Native, (4) Native Hawaiian, (5) Guamanian or Chamorro, (6) Samoan, (7) Other Pacific Islander, (8) Asian, and (9) Other. The categories for Guamanian or Chamorro and for Samoan have been included in the NSDUH questionnaire since 2013. Respondents were allowed to choose more than one of these groups. Categories for a combined race/ethnicity variable included Hispanic (regardless of race); non-Hispanic groups where respondents indicated only one race (White, Black, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Asian); and non-Hispanic groups where respondents reported two or more races (estimates specific to those who reported two or more races are not included in this report). However, respondents choosing more than one category from among Native Hawaiian, Guamanian or Chamorro, Samoan, and Other Pacific Islander but no other categories are classified as being in the "Native Hawaiian or Other Pacific Islander" category instead of the "two or more races" category. These categories are based on classifications developed by the U.S. Census Bureau.



# Definitions

**Serious mental illness (SMI)** is defined in NSDUH as adults aged 18 or older who currently or at any time in the past year have had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the DSM-IV and has resulted in serious functional impairment, which substantially interferes with or limits one or more major life activities. SMI estimates are based on a predictive model applied to NSDUH data and are not direct measures of diagnostic status. The estimation of SMI covers any mental disorders that result in serious impairment in functioning such as major depression and bipolar disorders. However, NSDUH data cannot be used to estimate the prevalence of specific mental disorders in adults. Also, it should be noted that SAMHSA has recently updated the definition of SMI for use in mental health block grants to include mental disorders as specified in the DSM-5.

**Specialty substance use treatment** is defined in NSDUH as treatment received at a drug or alcohol rehabilitation facility (inpatient or outpatient), a hospital (inpatient only), or a mental health center. Starting in 2015, the measure of the receipt of treatment at a specialty facility took into account changes to the computer assisted interviewing logic in 2015 for determining who was asked questions about the receipt of treatment for a substance use problem based on the addition of the new module for methamphetamine and changes to the modules for hallucinogens, inhalants, and misuse of prescription psychotherapeutic drugs (pain relievers, tranquilizers, stimulants, and sedatives).

**Substance use disorder** is defined as dependence on or abuse of alcohol, illicit drugs (e.g., marijuana, cocaine, hallucinogens, heroin, or inhalants), or psychotherapeutics (e.g., prescription pain relievers, sedatives, tranquilizers, or stimulants) in the past 12 months based on assessments of individual diagnostic criteria from the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), which include such symptoms as withdrawal, tolerance, use in dangerous situations, trouble with the law, and interference with major obligations at work, school, or home during the past year. For details, see American Psychiatric Association (1994).



# References and Sources

**American Psychiatric Association. (1994).** Diagnostic and statistical manual of mental disorders (DSM-IV) (4th ed.). Washington, DC: Author.

**The National Survey on Drug Use and Health (NSDUH)** is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). NSDUH is the primary source of information on the use of illicit drugs, alcohol, and tobacco in the U.S. civilian, noninstitutionalized population aged 12 years or older and includes mental health issues and mental health service utilization for adolescents aged 12–17 and adults aged 18 or older. Conducted by the federal government since 1971, NSDUH collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence. The data used in this report are based on information obtained from approximately 67,500 individuals aged 12 or older per year in the United States. Additional information about NSDUH is available at <https://www.samhsa.gov/data/population-data-nsduh>.

**The National Survey of Substance Abuse Treatment Services (N-SSATS)** is an annual census designed to collect information from all public and private treatment facilities in the United States that provide substance abuse treatment. The objectives of N-SSATS are to collect multipurpose data that can be used to assist SAMHSA and state and local governments in assessing the nature and extent of services provided and in forecasting treatment resource requirements, to update SAMHSA's Inventory of Behavioral Health Services, to analyze general treatment services trends, and to generate the Behavioral Health Treatment Services Locator (<https://findtreatment.samhsa.gov/>). Additional information about N-SSATS is available at <https://www.samhsa.gov/data/all-reports>.

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