Behavioral Health Barometer
United States, Volume 6

Indicators as measured through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services
Acknowledgments

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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 6: Indicators as measured through the 2019 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 6: Indicators as measured through the 2019 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 data collections, including NSDUH and N–SSATS. This report is intended to provide a concise, reader-friendly summary of key behavioral health measures for lay and professional audiences.

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 12–17, followed by a section on substance use and mental health among young adults aged 18–25. Next are sections on substance use, misuse, use disorders, and treatment among youth and adults combined and on mental health and treatment among adults aged 18 or older. Figure titles are included above all graphics, including callouts for figure notes that are presented on pages 130–131. 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 132–134.

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. These tests properly account for the variances of each estimate being tested, as well as any joint variability (covariance) due to sample design or among non-mutually exclusive groups (e.g., each state is a subgroup of its respective region, and each region is a subgroup of the total United States). Positive covariance reduces the overall variance of the test statistic and may produce statistically significant results, even when the confidence intervals of each estimate overlap. 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 109–110 and 115–116 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 upon 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.
Past-Month Cigarette Use among Youth Aged 12–17 in the United States, by Gender, Race/Ethnicity, and Age Group (2019)

Among youth aged 12–17 in the United States in 2019, 2.3% (or 572,000) used cigarettes in the past month.

Past-month cigarette use was similar among female youth and their male counterparts.

Compared to the national average, past-month cigarette use was higher among non-Hispanic white youth (3.1%) and lower among non-Hispanic Black youth (1.0%).

Compared to the national average, past-month cigarette use was higher among youth aged 16–17 (4.6%) and lower among youth aged 12–13 (0.5%) and 14–15 (1.8%).

Among youth aged 12–17 in the United States between 2002 and 2019, past-month cigarette use decreased among youth overall; among non-Hispanic white, Black, and American Indian or Alaska Native youth; and among Hispanic youth.

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.

+ Estimate is significantly different from the estimate for 2019 ($p < .05$).

* Omitted due to low precision of data.


In the United States between 2002 and 2019, past-month cigarette use decreased among both male youth and female youth aged 12–17 and among all youth age groups.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 ($p < .05$).
* Omitted due to low precision of data.

Past-Month Marijuana Use among Youth Aged 12–17 in the United States, by Gender, Race/Ethnicity, and Age Group (2019)

Among youth aged 12–17 in the United States in 2019, 7.4% (or 1.8 million) used marijuana in the past month.

Past-month marijuana use was similar among female youth and their male counterparts.

Compared to the national average, past-month marijuana use was higher among Hispanic youth (8.6%) and lower among non-Hispanic Asian youth (2.0%).

Compared to the national average, past-month marijuana use was higher among youth aged 16–17 (14.9%) and lower among youth aged 12–13 (1.0%) and 14–15 (6.2%).

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = 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).

* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.

Among youth aged 12–17 in the United States between 2002 and 2019, past-month marijuana use decreased among youth overall and among non-Hispanic white youth and increased among Hispanic youth.

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.

+ Estimate is significantly different from the estimate for 2019 (p < .05).

* Omitted due to low precision of data.


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<tr>
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<td>12–13</td>
<td>7.2%</td>
<td>7.0%</td>
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Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Past-Month Alcohol Use among Youth Aged 12–17 in the United States, by Gender, Race/Ethnicity, and Age Group (2019)

Among youth aged 12–17 in the United States in 2019, 9.4% (or 2.3 million) used alcohol in the past month.

Past-month alcohol use was higher among female youth (10.3%) than among their male counterparts (8.6%).

Compared to the national average, past-month alcohol use was higher among non-Hispanic white youth (10.8%) and lower among non-Hispanic Black (5.8%) and Asian youth (3.8%).

Compared to the national average, past-month alcohol use was higher among youth aged 16–17 (19.3%) and lower among youth aged 12–13 (1.7%) and 14–15 (7.3%).

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = 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 ($p < .05$).

* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.
Among youth aged 12–17 in the United States between 2002 and 2019, past-month alcohol use decreased among youth overall; among non-Hispanic white, Black, American Indian or Alaska Native, and Asian youth; and among Hispanic youth.

Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.
+ Estimate is significantly different from the estimate for 2019 ($p < .05$).
* Omitted due to low precision of data.


In the United States between 2002 and 2019, past-month alcohol use decreased among both male youth and female youth aged 12–17 and among all youth age groups.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 ($p < .05$).
* Omitted due to low precision of data.

Past-Month Binge Alcohol Use among Youth Aged 12–17 in the United States, by Gender, Race/Ethnicity, and Age Group (2019)

Among youth aged 12–17 in the United States in 2019, 4.9% (or 1.2 million) engaged in binge alcohol use in the past month.

Past-month binge alcohol use was similar among female youth and their male counterparts.

Compared to the national average, past-month binge alcohol use was higher among non-Hispanic white youth (6.0%) and lower among non-Hispanic Black (2.4%) and Asian youth (2.2%).

Compared to the national average, past-month binge alcohol use was higher among youth aged 16–17 (10.8%) and lower among youth aged 12–13 (0.5%) and 14–15 (3.2%).

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = 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).

* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.
Changes in Past-Month Binge Alcohol Use among Youth Aged 12–17 in the United States, by Race/Ethnicity (2015 and 2019)¹

Among youth aged 12–17 in the United States between 2015 and 2019, past-month binge alcohol use decreased among youth overall and among non-Hispanic Black youth.

Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.
+ Estimate is significantly different from the estimate for 2019 ($p < .05$).
* Omitted due to low precision of data.

Youth Substance Use
Binge Alcohol Use


In the United States between 2015 and 2019, past-month binge alcohol use decreased among male youth aged 12–17 and among youth aged 16–17.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Among youth aged 12–17 in the United States in 2019, 8.7% (or 2.2 million) used illicit drugs in the past month.

Past-month illicit drug use was similar among female youth and their male counterparts.

Compared to the national average, past-month illicit drug use was higher among Hispanic youth (10.1%) and lower among non-Hispanic Asian youth (2.2%).

Compared to the national average, past-month illicit drug use was higher among youth aged 16–17 (16.1%) and lower among youth aged 12–13 (2.6%) and 14–15 (7.3%).

Among youth aged 12–17 in the United States between 2015 and 2019, past-month illicit drug use did not significantly change among youth overall; among non-Hispanic white, Black, American Indian or Alaska Native, and Asian youth; and among Hispanic youth.

Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.


In the United States between 2015 and 2019, past-month illicit drug use did not significantly change among both male youth and female youth aged 12–17 and among all youth age groups.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 ($p < .05$).
* Omitted due to low precision of data.

Among youth aged 12–17 in the United States in 2019, **0.9%** (or **216,000**) used inhalants in the past month.

Past-month inhalant use was similar among female youth and their male counterparts.

Compared to the national average, past-month inhalant use was lower among non-Hispanic Asian youth (**0.2%**).

Compared to the national average, past-month inhalant use was similar among youth aged 12–13, 14–15, and 16–17.

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = 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).

* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.

Among youth aged 12–17 in the United States between 2015 and 2019, past-month inhalant use increased among non-Hispanic white youth.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2015</th>
<th>2019</th>
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<tbody>
<tr>
<td>U.S.</td>
<td>0%</td>
<td>0.9%</td>
</tr>
<tr>
<td>NH White</td>
<td>0.5%</td>
<td>0.9%</td>
</tr>
<tr>
<td>NH Black</td>
<td>0.5%</td>
<td>0.9%</td>
</tr>
<tr>
<td>NH AI/AN</td>
<td>0.5%</td>
<td>0.3%</td>
</tr>
<tr>
<td>NH NH/OPI</td>
<td>0.3%</td>
<td>0.2%</td>
</tr>
<tr>
<td>NH Asian</td>
<td>0.8%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1.0%</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.

+ Estimate is significantly different from the estimate for 2019 ($p < .05$).

* Omitted due to low precision of data.


In the United States between 2015 and 2019, past-month inhalant use did not significantly change among both male youth and female youth aged 12–17 and among all youth age groups.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 ($p < .05$).
* Omitted due to low precision of data.

Past-Month Hallucinogen Use among Youth Aged 12–17 in the United States, by Gender, Race/Ethnicity, and Age Group (2019)

Among youth aged 12–17 in the United States in 2019, 0.6% (or 152,000) used hallucinogens in the past month.

Past-month hallucinogen use was similar among female youth and their male counterparts.

Compared to the national average, past-month hallucinogen use was lower among non-Hispanic Black youth (0.2%).

Compared to the national average, past-month hallucinogen use was higher among youth aged 16–17 (1.0%) and lower among youth aged 12–13 (0.2%).

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = 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).

* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.
Youth Substance Use
Hallucinogen Use


Among youth aged 12–17 in the United States between 2015 and 2019, past-month hallucinogen use did not significantly change among youth overall, among non-Hispanic white and Black youth, and among Hispanic youth.

Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.
+ Estimate is significantly different from the estimate for 2019 ($p < .05$).
* Omitted due to low precision of data.

Youth Substance Use
Hallucinogen Use


In the United States between 2015 and 2019, past-month hallucinogen use did not significantly change among both male youth and female youth aged 12–17 and among all youth age groups.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Youth Substance Use
Cocaine Use

Past-Month Cocaine Use among Youth Aged 12–17 in the United States, by Gender, Race/Ethnicity, and Age Group (2019)

Among youth aged 12–17 in the United States in 2019, 0.1% (or 34,000) used cocaine in the past month.

Past-month cocaine use was similar among female youth and their male counterparts.

Compared to the national average, past-month cocaine use was similar among non-Hispanic white, Black, and Asian youth and among Hispanic youth.

Compared to the national average, past-month cocaine use was similar among youth aged 14–15 and 16–17.

Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = 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).
* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.
Among youth aged 12–17 in the United States between 2002 and 2019, past-month cocaine use decreased among youth overall and among non-Hispanic white youth.

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.


In the United States between 2002 and 2019, past-month cocaine use decreased among both male youth and female youth aged 12–17 and among youth aged 14–15 and 16–17.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Past-Year Initiation (First Lifetime Use) of Alcohol among Youth Aged 12–17 in the United States, by Gender, Race/Ethnicity, and Age Group (2019)

Among youth aged 12–17 in the United States in 2019, 9.1% (or 2.3 million) used alcohol for the first time ever in the past year (past-year initiation of alcohol use).

Past-year initiation of alcohol was higher among female youth (9.9%) than among their male counterparts (8.3%).

Compared to the national average, past-year initiation of alcohol was higher among non-Hispanic white youth (10.2%) and lower among non-Hispanic Black (6.3%) and Asian youth (4.3%).

Compared to the national average, past-year initiation of alcohol was higher among youth aged 14–15 (10.4%) and 16–17 (13.6%) and lower among youth aged 12–13 (3.1%).

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = 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 ($p < .05$).

* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.
Changes in Past-Year Initiation (First Lifetime Use) of Alcohol among Youth Aged 12–17 in the United States, by Race/Ethnicity (2002 and 2019)


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Changes in Past-Year Initiation (First Lifetime Use) of Alcohol among Youth Aged 12–17 in the United States, by Gender and Age Group (2002 and 2019)


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<tbody>
<tr>
<td>Male</td>
<td>12–13</td>
<td>9.2%</td>
<td>8.3%</td>
<td>11.8%</td>
<td>11.8%</td>
<td>11.8%</td>
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<tr>
<td>Female</td>
<td>12–13</td>
<td>9.9%</td>
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<td>5.6%</td>
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<tr>
<td></td>
<td>14–15</td>
<td>12.8%</td>
<td>12.8%</td>
<td>13.1%</td>
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<tr>
<td></td>
<td>16–17</td>
<td>13.6%</td>
<td>13.6%</td>
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</tbody>
</table>

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 ($p < .05$).
* Omitted due to low precision of data.


Among youth aged 12–17 in the United States in 2019, **5.4%** (or **1.4 million**) used marijuana for the first time ever in the past year.

Past-year initiation of marijuana was higher among female youth (**5.9%**) than among their male counterparts (**4.9%**).

Compared to the national average, past-year initiation of marijuana was lower among non-Hispanic Asian youth (**1.9%**).

Compared to the national average, past-year initiation of marijuana was higher among youth aged 16–17 (**8.6%**) and lower among youth aged 12–13 (**1.6%**).
Initiation of Substance Use

Among youth aged 12–17 in the United States between 2002 and 2019, past-year initiation of marijuana did not significantly change among youth overall; among non-Hispanic white, Black, American Indian or Alaska Native, and Asian youth; and among Hispanic youth.

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.

+ Estimate is significantly different from the estimate for 2019 ($p < .05$).

* Omitted due to low precision of data.


In the United States between 2002 and 2019, past-year initiation of marijuana did not significantly change among both male youth and female youth aged 12–17 and among all youth age groups.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 ($p < .05$).
* Omitted due to low precision of data.

Past-Year Initiation of Cigarettes among Youth Aged 12–17 in the United States, by Gender, Race/Ethnicity, and Age Group (2019)

Among youth aged 12–17 in the United States in 2019, 2.2% (or 541,000) used cigarettes for the first time ever in the past year.

Past-year initiation of cigarettes was similar among female youth and their male counterparts.

Compared to the national average, past-year initiation of cigarettes was higher among non-Hispanic white youth (2.6%) and lower among non-Hispanic Black youth (0.8%).

Compared to the national average, past-year initiation of cigarettes was higher among youth aged 16–17 (3.7%) and lower among youth aged 12–13 (0.9%).

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = 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).

* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.

Among youth aged 12–17 in the United States between 2002 and 2019, past-year initiation of cigarettes decreased among youth overall, among non-Hispanic white and Black youth, and among Hispanic youth.

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.

+ Estimate is significantly different from the estimate for 2019 ($p < .05$).

* Omitted due to low precision of data.


In the United States between 2002 and 2019, past-year initiation of cigarettes decreased among both male youth and female youth aged 12–17 and among all youth age groups.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 ($p < .05$).
* Omitted due to low precision of data.

Youth Aged 12–17 Who Did Not Perceive Great Risk of Harm from Having Four or Five Alcoholic Drinks Nearly Every Day in the United States, by Gender, Race/Ethnicity, and Age Group (2019)²

Among youth aged 12–17 in the United States in 2019, 36.5% (or 8.9 million) did not perceive great risk of harm from having four or five alcoholic drinks nearly every day.

Not perceiving great risk of harm from having four or five alcoholic drinks nearly every day was lower among female youth (31.7%) than among their male counterparts (41.1%).

Compared to the national average, not perceiving great risk of harm from having four or five alcoholic drinks nearly every day was higher among non-Hispanic American Indian or Alaska Native youth (49.7%) and among Hispanic youth (39.9%) and lower among non-Hispanic Asian youth (22.0%).

Compared to the national average, not perceiving great risk of harm from having four or five alcoholic drinks nearly every day was similar among youth aged 12–13, 14–15, and 16–17.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.
Changes in Youth Aged 12–17 Who Did Not Perceive Great Risk of Harm from Having Four or Five Alcoholic Drinks Nearly Every Day in the United States, by Race/Ethnicity (2015 and 2019)²

Among youth aged 12–17 in the United States between 2015 and 2019, not perceiving great risk of harm from having four or five alcoholic drinks nearly every day increased among Hispanic youth.

Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Changes in Youth Aged 12–17 Who Did Not Perceive Great Risk of Harm from Having Four or Five Alcoholic Drinks Nearly Every Day in the United States, by Gender and Age Group (2015 and 2019)²

In the United States between 2015 and 2019, not perceiving great risk of harm from having four or five alcoholic drinks nearly every day did not significantly change among both male youth and female youth aged 12–17 and among all youth age groups.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Youth Aged 12–17 Who Did Not Perceive Great Risk of Harm from Smoking Marijuana Once or Twice a Week in the United States, by Gender, Race/Ethnicity, and Age Group (2019)²

Among youth aged 12–17 in the United States in 2019, 65.4% (or 15.9 million) did not perceive great risk of harm from smoking marijuana once or twice a week.

Not perceiving great risk of harm from smoking marijuana once or twice a week was lower among female youth (63.4%) than among their male counterparts (67.4%).

Compared to the national average, not perceiving great risk of harm from smoking marijuana once or twice a week was higher among non-Hispanic Black youth (70.1%) and among Hispanic youth (67.8%) and lower among non-Hispanic white (63.6%) and Asian youth (50.4%).

Compared to the national average, not perceiving great risk of harm from smoking marijuana once or twice a week was higher among youth aged 14–15 (66.9%) and 16–17 (76.9%) and lower among youth aged 12–13 (51.8%).

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = 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).

* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.
Changes in Youth Aged 12–17 Who Did Not Perceive Great Risk of Harm from Smoking Marijuana Once or Twice a Week in the United States, by Race/Ethnicity (2015 and 2019)²

Among youth aged 12–17 in the United States between 2015 and 2019, not perceiving great risk of harm from smoking marijuana once or twice a week increased among youth overall, among non-Hispanic white youth, and among Hispanic youth.

Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Changes in Youth Aged 12–17 Who Did Not Perceive Great Risk of Harm from Smoking Marijuana Once or Twice a Week in the United States, by Gender and Age Group (2015 and 2019)²

In the United States between 2015 and 2019, not perceiving great risk of harm from smoking marijuana once or twice a week increased among both male youth and female youth aged 12–17 and among all youth age groups.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Youth Aged 12–17 Who Did Not Perceive Great Risk of Harm from Smoking One or More Packs of Cigarettes Per Day in the United States, by Gender, Race/Ethnicity, and Age Group (2019)²

Among youth aged 12–17 in the United States in 2019, 35.0% (or 8.6 million) did not perceive great risk of harm from smoking one or more packs of cigarettes per day.

Not perceiving great risk of harm from smoking one or more packs of cigarettes per day was lower among female youth (32.6%) than among their male counterparts (37.4%).

Compared to the national average, not perceiving great risk of harm from smoking one or more packs of cigarettes per day was higher among non-Hispanic Black (38.1%) and American Indian or Alaska Native youth (51.2%) and lower among non-Hispanic white (33.5%) and Asian youth (29.5%).

Compared to the national average, not perceiving great risk of harm from smoking one or more packs of cigarettes per day was lower among youth aged 16–17 (33.7%).
Changes in Youth Aged 12–17 Who Did Not Perceive Great Risk of Harm from Smoking One or More Packs of Cigarettes Per Day in the United States, by Race/Ethnicity (2015 and 2019)²

Among youth aged 12–17 in the United States between 2015 and 2019, not perceiving great risk of harm from smoking one or more packs of cigarettes per day increased among youth overall and among non-Hispanic white youth.

Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

In the United States between 2015 and 2019, not perceiving great risk of harm from smoking one or more packs of cigarettes per day increased among both male youth and female youth aged 12–17 and among all youth age groups.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Past-Year Major Depressive Episode (MDE) among Youth Aged 12–17 in the United States, by Gender, Race/Ethnicity, and Age Group (2019)³

Among youth aged 12–17 in the United States in 2019, **15.7%** (or **3.8 million**) had at least one MDE in the past year.

Past-year MDE was higher among female youth (**23.0%**) than among their male counterparts (**8.8%**).

Compared to the national average, past-year MDE was higher among Hispanic youth (**17.3%**) and lower among non-Hispanic Black youth (**11.4%**).

Compared to the national average, past-year MDE was higher among youth aged 16–17 (**20.1%**) and lower among youth aged 12–13 (**10.5%**).
Changes in Past-Year Major Depressive Episode (MDE) among Youth Aged 12–17 in the United States, by Race/Ethnicity (2004 and 2019)\textsuperscript{3}

Among youth aged 12–17 in the United States between 2004 and 2019, past-year MDE increased among youth overall; among non-Hispanic white, Black, and Asian youth; and among Hispanic youth.

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<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2004</th>
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</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
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</tr>
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</tr>
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<td>12.2%</td>
</tr>
<tr>
<td>NH NH/OPI</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>NH Asian</td>
<td>8.3%+</td>
<td>15.1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>9.1%+</td>
<td>17.3%</td>
</tr>
</tbody>
</table>

Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.
+ Estimate is significantly different from the estimate for 2019 ($p < .05$).
* Omitted due to low precision of data.

Changes in Past-Year Major Depressive Episode (MDE) among Youth Aged 12–17 in the United States, by Gender and Age Group (2004 and 2019)³

In the United States between 2004 and 2019, past-year MDE increased among both male youth and female youth aged 12–17 and among all youth age groups.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Past-Year Depression Care among Youth Aged 12–17 with Major Depressive Episode (MDE) in the United States, by Gender, Race/Ethnicity, and Age Group (2019)\(^4\)

Among youth aged 12–17 in the United States in 2019 with past-year MDE, 43.3% (or 1.6 million) received depression care in the past year.

Past-year depression care was higher among female youth (45.8%) than among their male counterparts (36.8%).

Compared to the national average, past-year depression care was higher among non-Hispanic white youth (50.3%) and lower among non-Hispanic Black youth (35.6%) and among Hispanic youth (36.8%).

Compared to the national average, past-year depression care was lower among youth aged 12–13 (37.5%).
Changes in Past-Year Depression Care among Youth Aged 12–17 with Major Depressive Episode (MDE) in the United States, by Race/Ethnicity (2004 and 2019)\(^4\)

Among youth aged 12–17 with MDE in the United States between 2004 and 2019, past-year depression care increased among non-Hispanic white youth.

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.

+ Estimate is significantly different from the estimate for 2019 ($p < .05$).

* Omitted due to low precision of data.

Changes in Past-Year Depression Care among Youth Aged 12–17 with Major Depressive Episode (MDE) in the United States, by Gender and Age Group (2004 and 2019)\textsuperscript{4}


![Bar chart showing changes in past-year depression care among youth aged 12–17 with MDE in the United States between 2004 and 2019, by gender and age group. Error bars indicate 95% confidence interval of the estimate. + Estimate is significantly different from the estimate for 2019 (p < .05). * Omitted due to low precision of data.]

Among young adults aged 18–25 in the United States in 2019, 35.2% (or 11.9 million) used tobacco in the past year.

Past-year tobacco use was lower among young adult females (27.4%) than among their male counterparts (43.0%).

Compared to the national average, past-year tobacco use was higher among non-Hispanic white (42.5%) and American Indian or Alaska Native young adults (51.9%) and lower among non-Hispanic Black (27.2%) and Asian young adults (18.7%) and among Hispanic young adults (26.8%).

Past-year tobacco use was lower among young adults aged 18–21 (32.3%) than among young adults aged 22–25 (38.2%).

Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = 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 ($p < .05$).
‡ Estimate is significantly different from the estimate for young adults aged 22–25 ($p < .05$).
* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.
Changes in Past-Year Tobacco Use among Young Adults Aged 18–25 in the United States, by Race/Ethnicity (2002 and 2019)

Among young adults aged 18–25 in the United States between 2002 and 2019, past-year tobacco use decreased among young adults overall; among non-Hispanic white, Black, and Asian young adults; and among Hispanic young adults.

Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Changes in Past-Year Tobacco Use among Young Adults Aged 18–25 in the United States, by Gender and Age Group (2002 and 2019)

In the United States between 2002 and 2019, past-year tobacco use decreased among both young adult males and young adult females aged 18–25 and among young adults aged 18–21 and 22–25.

![Bar chart showing changes in past-year tobacco use among young adults by gender and age group between 2002 and 2019.]

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Past-Year Marijuana Use among Young Adults Aged 18–25 in the United States, by Gender, Race/Ethnicity, and Age Group (2019)

Among young adults aged 18–25 in the United States in 2019, **35.4%** (or **12.0 million**) used marijuana in the past year.

Past-year marijuana use was lower among young adult females (**34.3%**) than among their male counterparts (**36.5%**).

Compared to the national average, past-year marijuana use was higher among non-Hispanic white young adults (**38.1%**) and lower among non-Hispanic Asian young adults (**21.7%**) and among Hispanic young adults (**31.4%**).

Past-year marijuana use was similar among young adults aged 18–21 and young adults aged 22–25.

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = 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**).

‡ Estimate is significantly different from the estimate for young adults aged 22–25 (**p < .05**).

* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.
Changes in Past-Year Marijuana Use among Young Adults Aged 18–25 in the United States, by Race/Ethnicity (2002 and 2019)

Among young adults aged 18–25 in the United States between 2002 and 2019, past-year marijuana use increased among young adults overall; among non-Hispanic white, Black, and Asian young adults; and among Hispanic young adults.

Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.
+ Estimate is significantly different from the estimate for 2019 ($p < .05$).
* Omitted due to low precision of data.

In the United States between 2002 and 2019, past-year marijuana use increased among both young adult males and young adult females aged 18–25 and among young adults aged 22–25.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.
Among young adults aged 18–25 in the United States in 2019, 5.8% (or 2.0 million) had a marijuana use disorder in the past year.

Past-year marijuana use disorder was lower among young adult females (4.8%) than among their male counterparts (6.8%).

Compared to the national average, past-year marijuana use disorder was lower among non-Hispanic Asian young adults (3.9%).

Past-year marijuana use disorder was higher among young adults aged 18–21 (6.3%) than among young adults aged 22–25 (5.3%).

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.

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

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

‡ Estimate is significantly different from the estimate for young adults aged 22–25 (p < .05).

* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.
Among young adults aged 18–25 in the United States between 2002 and 2019, past-year marijuana use disorder increased among Hispanic young adults.

Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Changes in Past-Year Marijuana Use Disorder among Young Adults Aged 18–25 in the United States, by Gender and Age Group (2002 and 2019)

In the United States between 2002 and 2019, past-year marijuana use disorder decreased among young adult males and among young adults aged 18–21 and increased among young adult females.

Error bars indicate 95% confidence interval of the estimate. + Estimate is significantly different from the estimate for 2019 (p < .05). * Omitted due to low precision of data.

Among young adults aged 18–25 in the United States in 2019, 0.7% (or 227,000) had an opioid use disorder in the past year.

Past-year opioid use disorder was similar among young adult females and their male counterparts.

Compared to the national average, past-year opioid use disorder was higher among non-Hispanic white young adults (0.9%) and lower among non-Hispanic Black young adults (0.4%).

Past-year opioid use disorder was lower among young adults aged 18–21 (0.5%) than among young adults aged 22–25 (0.8%).

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = 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).

‡ Estimate is significantly different from the estimate for young adults aged 22–25 (p < .05).

* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.
Changes in Past-Year Opioid Use Disorder among Young Adults Aged 18–25 in the United States, by Race/Ethnicity (2015 and 2019)

Among young adults aged 18–25 in the United States between 2015 and 2019, past-year opioid use disorder decreased among young adults overall, among non-Hispanic white young adults, and among Hispanic young adults.

Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Changes in Past-Year Opioid Use Disorder among Young Adults Aged 18–25 in the United States, by Gender and Age Group (2015 and 2019)

In the United States between 2015 and 2019, past-year opioid use disorder decreased among both young adult males and young adult females aged 18–25 and among young adults aged 18–21 and 22–25.

Error bars indicate 95% confidence interval of the estimate.  
+ Estimate is significantly different from the estimate for 2019 (p < .05).  
* Omitted due to low precision of data.

Past-Year Illicit Drug Use Disorder among Young Adults Aged 18–25 in the United States, by Gender, Race/Ethnicity, and Age Group (2019)

Among young adults aged 18–25 in the United States in 2019, 7.5% (or 2.5 million) had an illicit drug use disorder in the past year.

Past-year illicit drug use disorder was lower among young adult females (6.4%) than among their male counterparts (8.5%).

Compared to the national average, past-year illicit drug use disorder was lower among non-Hispanic American Indian or Alaska Native (4.6%) and Asian young adults (4.6%).

Past-year illicit drug use disorder was similar among young adults aged 18–21 and 22–25.

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = 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).

‡ Estimate is significantly different from the estimate for young adults aged 22–25 (p < .05).

* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.
Among young adults aged 18–25 in the United States between 2015 and 2019, past-year illicit drug use disorder did not significantly change among young adults overall; among non-Hispanic white, Black, American Indian or Alaska Native, and Asian young adults; and among Hispanic young adults.

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.

+ Estimate is significantly different from the estimate for 2019 ($p < .05$).

* Omitted due to low precision of data.
In the United States between 2015 and 2019, past-year illicit drug use disorder increased among young adult females.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 ($p < .05$).
* Omitted due to low precision of data.

Past-Month Binge Alcohol Use among Young Adults Aged 18–25 in the United States, by Gender, Race/Ethnicity, and Age Group (2019)

Among young adults aged 18–25 in the United States in 2019, **34.3%** (or **11.6 million**) engaged in binge alcohol use in the past month.

Past-month binge alcohol use was similar among young adult females and their male counterparts.

Compared to the national average, past-month binge alcohol use was higher among non-Hispanic white young adults (**40.2%**) and lower among non-Hispanic Black (**24.1%**) and Asian young adults (**22.4%**) and among Hispanic young adults (**30.6%**).

Past-month binge alcohol use was lower among young adults aged 18–21 (**27.4%**) than among young adults aged 22–25 (**41.4%**).

<table>
<thead>
<tr>
<th>Gender</th>
<th>Race/Ethnicity</th>
<th>Age Group</th>
</tr>
</thead>
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<tr>
<td>Male</td>
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<tr>
<td></td>
<td>Hispanic</td>
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</tbody>
</table>

*Omitted due to low precision of data.*

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.
Among young adults aged 18–25 in the United States between 2015 and 2019, past-month binge alcohol use decreased among young adults overall, among non-Hispanic white and Black young adults, and among Hispanic young adults.

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.

+ Estimate is significantly different from the estimate for 2019 ($p < .05$).

* Omitted due to low precision of data.

Changes in Past-Month Binge Alcohol Use among Young Adults Aged 18–25 in the United States, by Gender and Age Group (2015 and 2019)

In the United States between 2015 and 2019, past-month binge alcohol use decreased among both young adult males and young adult females aged 18–25 and among young adults aged 18–21 and 22–25.

<table>
<thead>
<tr>
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<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>18–21</td>
<td>41.3%</td>
<td>34.8%</td>
<td>36.8%</td>
<td>33.8%</td>
<td>32.5%</td>
<td>27.4%</td>
</tr>
<tr>
<td>Female</td>
<td>18–21</td>
<td>41.4%</td>
<td>45.4%</td>
<td>33.8%</td>
<td>36.8%</td>
<td>27.4%</td>
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</tr>
<tr>
<td>Male</td>
<td>22–25</td>
<td>33.8%</td>
<td>36.8%</td>
<td>32.5%</td>
<td>33.8%</td>
<td>27.4%</td>
<td>27.4%</td>
</tr>
<tr>
<td>Female</td>
<td>22–25</td>
<td>33.8%</td>
<td>36.8%</td>
<td>32.5%</td>
<td>33.8%</td>
<td>27.4%</td>
<td>27.4%</td>
</tr>
</tbody>
</table>

Error bars indicate 95% confidence interval of the estimate.

+ Estimate is significantly different from the estimate for 2019 (p < .05).

* Omitted due to low precision of data.

Past-Year Alcohol Use Disorder among Young Adults Aged 18–25 in the United States, by Gender, Race/Ethnicity, and Age Group (2019)

Among young adults aged 18–25 in the United States in 2019, 9.3% (or 3.1 million) had an alcohol use disorder in the past year.

Past-year alcohol use disorder was lower among young adult females (8.4%) than among their male counterparts (10.2%).

Compared to the national average, past-year alcohol use disorder was higher among non-Hispanic white young adults (10.6%) and lower among non-Hispanic Black young adults (5.3%).

Past-year alcohol use disorder was lower among young adults aged 18–21 (7.7%) than among young adults aged 22–25 (10.9%).

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = 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).
‡ Estimate is significantly different from the estimate for young adults aged 22–25 (p < .05).
* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.
Changes in Past-Year Alcohol Use Disorder among Young Adults Aged 18–25 in the United States, by Race/Ethnicity (2002 and 2019)

Among young adults aged 18–25 in the United States between 2002 and 2019, past-year alcohol use disorder decreased among young adults overall; among non-Hispanic white, Black, and American Indian or Alaska Native young adults; and among Hispanic young adults.

Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.
+ Estimate is significantly different from the estimate for 2019 ($p < .05$).
* Omitted due to low precision of data.

Changes in Past-Year Alcohol Use Disorder among Young Adults Aged 18–25 in the United States, by Gender and Age Group (2002 and 2019)

In the United States between 2002 and 2019, past-year alcohol use disorder decreased among both young adult males and young adult females aged 18–25 and among young adults aged 18–21 and 22–25.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Among young adults aged 18–25 in the United States in 2019, **14.1%** (or **4.8 million**) had a substance use disorder in the past year.

Past-year substance use disorder was lower among young adult females (**12.5%**) than among their male counterparts (**15.8%**).

Compared to the national average, past-year substance use disorder was higher among non-Hispanic white young adults (**15.7%**) and lower among non-Hispanic Black (**11.1%**) and Asian young adults (**9.5%**).

Past-year substance use disorder was lower among young adults aged 18–21 (**12.4%**) than among young adults aged 22–25 (**15.9%**).
Among young adults aged 18–25 in the United States between 2015 and 2019, past-year substance use disorder decreased among young adults overall.

### Changes in Past-Year Substance Use Disorder among Young Adults Aged 18–25 in the United States, by Race/Ethnicity (2015 and 2019)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2015</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>15.3%</td>
<td>14.1%</td>
</tr>
<tr>
<td>NH White</td>
<td>16.8%</td>
<td>15.7%</td>
</tr>
<tr>
<td>NH Black</td>
<td>12.3%</td>
<td>11.1%</td>
</tr>
<tr>
<td>NH AI/AN</td>
<td>20.3%</td>
<td>16.6%</td>
</tr>
<tr>
<td>NH NH/OPI</td>
<td>13.0%</td>
<td>*</td>
</tr>
<tr>
<td>NH Asian</td>
<td>8.7%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>14.6%</td>
<td>13.0%</td>
</tr>
</tbody>
</table>

Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.

+ Estimate is significantly different from the estimate for 2019 ($p < .05$).
* Omitted due to low precision of data.

Changes in Past-Year Substance Use Disorder among Young Adults Aged 18–25 in the United States, by Gender and Age Group (2015 and 2019)

In the United States between 2015 and 2019, past-year substance use disorder decreased among young adult males and among young adults aged 18–21.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 ($p < .05$).
* Omitted due to low precision of data.

Among young adults aged 18–25 in the United States in 2019, **11.8%** (or **3.9 million**) had serious thoughts of suicide in the past year.

Past-year serious thoughts of suicide were higher among young adult females (**13.7%**) than among their male counterparts (**9.8%**).

Compared to the national average, past-year serious thoughts of suicide were higher among non-Hispanic white young adults (**13.1%**) and lower among non-Hispanic Black (**10.0%**) and Asian young adults (**9.1%**) and among Hispanic young adults (**10.0%**).

Past-year serious thoughts of suicide were higher among young adults aged 18–21 (**13.2%**) than among young adults aged 22–25 (**10.3%**).

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.

* Estimate is significantly different from the estimate for young adults aged 22–25 (p < .05).

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

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

* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.
Changes in Past-Year Serious Thoughts of Suicide among Young Adults Aged 18–25 in the United States, by Race/Ethnicity (2008 and 2019)

Among young adults aged 18–25 in the United States between 2008 and 2019, past-year serious thoughts of suicide increased among young adults overall, among non-Hispanic white and Black young adults, and among Hispanic young adults.

Changes in Past-Year Serious Thoughts of Suicide among Young Adults Aged 18–25 in the United States, by Gender and Age Group (2008 and 2019)\(^5\)

In the United States between 2008 and 2019, past-year serious thoughts of suicide increased among both young adult males and young adult females aged 18–25 and among young adults aged 18–21 and 22–25.

Among young adults aged 18–25 in the United States in 2019, 8.6% (or 2.9 million) had SMI in the past year. Past-year SMI was higher among young adult females (11.4%) than among their male counterparts (5.8%). Compared to the national average, past-year SMI was higher among non-Hispanic white young adults (10.3%) and lower among non-Hispanic Black young adults (5.7%) and among Hispanic young adults (6.8%). Past-year SMI was similar among young adults aged 18–21 and 22–25.
Changes in Past-Year Serious Mental Illness (SMI) among Young Adults Aged 18–25 in the United States, by Race/Ethnicity (2008 and 2019)

Among young adults aged 18–25 in the United States between 2008 and 2019, past-year SMI increased among young adults overall; among non-Hispanic white, Black, and Asian young adults; and among Hispanic young adults.

Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Changes in Past-Year Serious Mental Illness (SMI) among Young Adults Aged 18–25 in the United States, by Gender and Age Group (2008 and 2019)

In the United States between 2008 and 2019, past-year SMI increased among both young adult males and young adult females aged 18–25 and among young adults aged 18–21 and 22–25.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 ($p < .05$).
* Omitted due to low precision of data.

Past-Year Tobacco Use among People Aged 12 or Older in the United States, by Gender, Race/Ethnicity, and Age Group (2019)

Among people aged 12 or older in the United States in 2019, 26.2% (or 72.0 million) used tobacco in the past year.

Past-year tobacco use was lower among females (19.9%) than among their male counterparts (32.8%).

Compared to the national average, past-year tobacco use was higher among non-Hispanic white (28.6%) and American Indian or Alaska Native people (39.8%) and lower among non-Hispanic Asian people (13.2%) and among Hispanic people (19.5%).

Compared to the national average, past-year tobacco use was higher among young adults aged 18–25 (35.2%) and among adults aged 26–44 (35.0%) and 45–64 (27.9%) and lower among youth aged 12–17 (8.3%) and among adults aged 65 or older (12.5%).

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.

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

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

* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.
Among people aged 12 or older in the United States between 2002 and 2019, past-year tobacco use decreased among people overall; among non-Hispanic white, Black, American Indian or Alaska Native, and Asian people; and among Hispanic people.

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.

+ Estimate is significantly different from the estimate for 2019 ($p < .05$).

* Omitted due to low precision of data.

Changes in Past-Year Tobacco Use among People Aged 12 or Older in the United States, by Gender and Age Group (2002 and 2019)

In the United States between 2002 and 2019, past-year tobacco use decreased among both males and females aged 12 or older and among all age groups.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Past-Year Marijuana Use among People Aged 12 or Older in the United States, by Gender, Race/Ethnicity, and Age Group (2019)

Among people aged 12 or older in the United States in 2019, **17.5% (or 48.2 million)** used marijuana in the past year.

Past-year marijuana use was lower among females (**14.8%**) than among their male counterparts (**20.4%**).

Compared to the national average, past-year marijuana use was higher among non-Hispanic white (**18.4%**) and Black people (**19.3%**) and lower among non-Hispanic Asian people (**7.6%**) and among Hispanic people (**15.2%**).

Compared to the national average, past-year marijuana use was higher among young adults aged 18–25 (**35.4%**) and among adults aged 26–44 (**23.6%**) and lower among youth aged 12–17 (**13.2%**) and among adults aged 45–64 (**13.6%**) and 65 or older (**5.1%**).
Changes in Past-Year Marijuana Use among People Aged 12 or Older in the United States, by Race/Ethnicity (2002 and 2019)

Among people aged 12 or older in the United States between 2002 and 2019, past-year marijuana use increased among people overall; among non-Hispanic white, Black, and Asian people; and among Hispanic people.

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.

+ Estimate is significantly different from the estimate for 2019 (p < .05).

* Omitted due to low precision of data.

Changes in Past-Year Marijuana Use among People Aged 12 or Older in the United States, by Gender and Age Group (2002 and 2019)

In the United States between 2002 and 2019, past-year marijuana use decreased among youth aged 12–17 and increased among both males and females aged 12 or older; among young adults aged 18–25; and among adults aged 26–44, 45–64, and 65 or older.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

**Past-Year Marijuana Use Disorder among People Aged 12 or Older in the United States, by Gender, Race/Ethnicity, and Age Group (2019)**

Among people aged 12 or older in the United States in 2019, **1.8%** (or **4.8 million**) had a marijuana use disorder in the past year.

Past-year marijuana use disorder was lower among females (**1.3%**) than among their male counterparts (**2.3%**).

Compared to the national average, past-year marijuana use disorder was higher among non-Hispanic Black people (**2.3%**) and lower among non-Hispanic white (**1.6%**) and Asian people (**1.0%**).

Compared to the national average, past-year marijuana use disorder was higher among youth aged 12–17 (**2.8%**) and young adults aged 18–25 (**5.8%**) and among adults aged 26–44 (**2.1%**) and lower among adults aged 45–64 (**0.6%**) and 65 or older (**0.1%**).

<table>
<thead>
<tr>
<th>Gender</th>
<th>Race/Ethnicity</th>
<th>Age Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>NH White</td>
<td>1.6%†</td>
</tr>
<tr>
<td>Female</td>
<td>NH Black</td>
<td>2.3%‡</td>
</tr>
<tr>
<td></td>
<td>NH AI/AN</td>
<td>2.9%</td>
</tr>
<tr>
<td></td>
<td>NH NH/OPI</td>
<td>1.6%</td>
</tr>
<tr>
<td></td>
<td>NH Asian</td>
<td>2.0%</td>
</tr>
<tr>
<td>U.S.</td>
<td>Hispanic</td>
<td>2.8%‡</td>
</tr>
<tr>
<td></td>
<td>12–17</td>
<td>5.8%‡</td>
</tr>
<tr>
<td></td>
<td>18–25</td>
<td>2.1%‡</td>
</tr>
<tr>
<td></td>
<td>26–44</td>
<td>0.6%‡</td>
</tr>
<tr>
<td></td>
<td>45–64</td>
<td>0.1%‡</td>
</tr>
<tr>
<td></td>
<td>65 or Older</td>
<td></td>
</tr>
</tbody>
</table>

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = 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**).

* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.
Changes in Past-Year Marijuana Use Disorder among People Aged 12 or Older in the United States, by Race/Ethnicity (2002 and 2019)

Among people aged 12 or older in the United States between 2002 and 2019, past-year marijuana use disorder did not significantly change among people overall; among non-Hispanic white, Black, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and Asian people; and among Hispanic people.

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.

+ Estimate is significantly different from the estimate for 2019 ($p < .05$).

* Omitted due to low precision of data.

Changes in Past-Year Marijuana Use Disorder among People Aged 12 or Older in the United States, by Gender and Age Group (2002 and 2019)

In the United States between 2002 and 2019, past-year marijuana use disorder decreased among males aged 12 or older and among youth aged 12–17 and increased among adults aged 26–44.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Past-Year Heroin Use among People Aged 12 or Older in the United States, by Gender, Race/Ethnicity, and Age Group (2019)

Among people aged 12 or older in the United States in 2019, 0.27% (or 745,000) used heroin in the past year.

Past-year heroin use was lower among females (0.16%) than among their male counterparts (0.38%).

Compared to the national average, past-year heroin use was higher among non-Hispanic white people (0.34%) and lower among Hispanic people (0.10%).

Compared to the national average, past-year heroin use was higher among adults aged 26–44 (0.53%).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.
Changes in Past-Year Heroin Use among People Aged 12 or Older in the United States, by Race/Ethnicity (2002 and 2019)

Among people aged 12 or older in the United States between 2002 and 2019, past-year heroin use increased among people overall and among non-Hispanic white people.

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Changes in Past-Year Heroin Use among People Aged 12 or Older in the United States, by Gender and Age Group (2002 and 2019)

In the United States between 2002 and 2019, past-year heroin use increased among females aged 12 or older and among adults aged 26–44.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 ($p < .05$).
* Omitted due to low precision of data.

Past-Year Misuse of Pain Relievers among People Aged 12 or Older in the United States, by Gender, Race/Ethnicity, and Age Group (2019)

Among people aged 12 or older in the United States in 2019, **3.5%** (or **9.7 million**) misused pain relievers in the past year.

Past-year misuse of pain relievers was lower among females (**3.2%**) than among their male counterparts (**3.8%**).

Compared to the national average, past-year misuse of pain relievers was lower among non-Hispanic Asian people (**1.6%**).

Compared to the national average, past-year misuse of pain relievers was higher among young adults aged 18–25 (**5.2%**) and among adults aged 26–44 (**5.1%**) and lower among youth aged 12–17 (**2.3%**) and among adults aged 45–64 (**2.9%**) and 65 or older (**1.7%**).

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = 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 \((p < .05)\).

* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.

Among people aged 12 or older in the United States between 2015 and 2019, past-year misuse of pain relievers decreased among people overall, among non-Hispanic white and Black people, and among Hispanic people.

Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Changes in Past-Year Misuse of Pain Relievers among People Aged 12 or Older in the United States, by Gender and Age Group (2015 and 2019)

In the United States between 2015 and 2019, past-year misuse of pain relievers decreased among both males and females aged 12 or older, among youth aged 12–17 and young adults aged 18–25, and among adults aged 26–44 and 45–64.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Among people aged 12 or older in the United States in 2019, the subtypes of pain relievers misused most often were hydrocodone products (misused by 1.8%, or 5.1 million), oxycodone products (misused by 1.2%, or 3.2 million), and tramadol products (misused by 0.5%, or 1.3 million).

In 2019, among people aged 12 or older in the United States who misused prescription pain relievers in the past year, the most commonly reported reasons for their most recent misuse included to relieve physical pain (65.7%), to feel good or get high (11.3%), and to relax or relieve tension (10.0%).
In 2019, among people aged 12 or older in the United States who misused prescription pain relievers in the past year, pain relievers were most recently obtained from a friend or a relative (50.8%; 37.0% from a friend or a relative for free) and from prescriptions from one or more doctors (36.8%).
Past-Year Opioid Use Disorder among People Aged 12 or Older in the United States, by Gender, Race/Ethnicity, and Age Group (2019)

Among people aged 12 or older in the United States in 2019, 0.6% (or 1.6 million) had an opioid use disorder in the past year.

Past-year opioid use disorder was similar among females and their male counterparts.

Compared to the national average, past-year opioid use disorder was higher among non-Hispanic white people (0.7%) and lower among Hispanic people (0.4%).

Compared to the national average, past-year opioid use disorder was higher among adults aged 26–44 (1.0%) and lower among youth aged 12–17 (0.3%) and among adults aged 45–64 (0.5%) and 65 or older (0.3%).

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = 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).
* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.
Changes in Past-Year Opioid Use Disorder among People Aged 12 or Older in the United States, by Race/Ethnicity (2015 and 2019)

Among people aged 12 or older in the United States between 2015 and 2019, past-year opioid use disorder decreased among people overall, among non-Hispanic white people, and among Hispanic people.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2015</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>0%</td>
<td>0.6%</td>
</tr>
<tr>
<td>NH White</td>
<td>0.9%+</td>
<td>0.7%</td>
</tr>
<tr>
<td>NH Black</td>
<td>0.8%</td>
<td>0.5%</td>
</tr>
<tr>
<td>NH AI/AN</td>
<td>0.8%</td>
<td>0.5%</td>
</tr>
<tr>
<td>NH NH/OPI</td>
<td>1.0%</td>
<td>0.4%</td>
</tr>
<tr>
<td>NH Asian</td>
<td>0.2%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0.8%+</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Changes in Past-Year Opioid Use Disorder among People Aged 12 or Older in the United States, by Gender and Age Group (2015 and 2019)

In the United States between 2015 and 2019, past-year opioid use disorder decreased among both males and females aged 12 or older, among young adults aged 18–25, and among adults aged 26–44 and 45–64.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 ($p < .05$).
* Omitted due to low precision of data.

Past-Year Illicit Drug Use Disorder among People Aged 12 or Older in the United States, by Gender, Race/Ethnicity, and Age Group (2019)

Among people aged 12 or older in the United States in 2019, 3.0% (or 8.3 million) had an illicit drug use disorder in the past year.

Past-year illicit drug use disorder was lower among females (2.4%) than among their male counterparts (3.7%).

Compared to the national average, past-year illicit drug use disorder was lower among non-Hispanic Asian people (1.6%).

Compared to the national average, past-year illicit drug use disorder was higher among youth aged 12–17 (3.6%) and young adults aged 18–25 (7.5%) and among adults aged 26–44 (4.2%) and lower among adults aged 45–64 (1.6%) and 65 or older (0.4%).
Changes in Past-Year Illicit Drug Use Disorder among People Aged 12 or Older in the United States, by Race/Ethnicity (2015 and 2019)

Among people aged 12 or older in the United States between 2015 and 2019, past-year illicit drug use disorder did not significantly change among people overall; among non-Hispanic white, Black, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and Asian people; and among Hispanic people.

Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Changes in Past-Year Illicit Drug Use Disorder among People Aged 12 or Older in the United States, by Gender and Age Group (2015 and 2019)

In the United States between 2015 and 2019, past-year illicit drug use disorder increased among females aged 12 or older and among adults aged 26–44.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Past-Year Alcohol Use Disorder among People Aged 12 or Older in the United States, by Gender, Race/Ethnicity, and Age Group (2019)

Among people aged 12 or older in the United States in 2019, 5.3% (or 14.5 million) had an alcohol use disorder in the past year.

Past-year alcohol use disorder was lower among females (3.9%) than among their male counterparts (6.8%).

Compared to the national average, past-year alcohol use disorder was higher among non-Hispanic white people (5.7%) and lower among non-Hispanic Black (4.6%) and Asian people (3.3%) and among Hispanic people (4.6%).

Compared to the national average, past-year alcohol use disorder was higher among young adults aged 18–25 (9.3%) and among adults aged 26–44 (7.4%) and lower among youth aged 12–17 (1.7%) and among adults aged 45–64 (4.8%) and 65 or older (2.0%).

Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = 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).
* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.
Changes in Past-Year Alcohol Use Disorder among People Aged 12 or Older in the United States, by Race/Ethnicity (2002 and 2019)

Among people aged 12 or older in the United States between 2002 and 2019, past-year alcohol use disorder decreased among people overall; among non-Hispanic white, Black, and American Indian or Alaska Native people; and among Hispanic people.

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Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.

+ Estimate is significantly different from the estimate for 2019 ($p < .05$).

* Omitted due to low precision of data.

Changes in Past-Year Alcohol Use Disorder among People Aged 12 or Older in the United States, by Gender and Age Group (2002 and 2019)

In the United States between 2002 and 2019, past-year alcohol use disorder decreased among both males and females aged 12 or older, among youth aged 12–17 and young adults aged 18–25, and among adults aged 26–44 and increased among adults aged 65 or older.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 ($p < .05$).
* Omitted due to low precision of data.

Past-Year Substance Use Disorder among People Aged 12 or Older in the United States, by Gender, Race/Ethnicity, and Age Group (2019)

Among people aged 12 or older in the United States in 2019, 7.4% (or 20.4 million) had a substance use disorder in the past year.

Past-year substance use disorder was lower among females (5.5%) than among their male counterparts (9.4%).

Compared to the national average, past-year substance use disorder was higher among non-Hispanic white people (7.8%) and lower among non-Hispanic Asian people (4.3%) and among Hispanic people (6.7%).

Compared to the national average, past-year substance use disorder was higher among young adults aged 18–25 (14.1%) and among adults aged 26–44 (10.4%) and lower among youth aged 12–17 (4.5%) and among adults aged 45–64 (5.9%) and 65 or older (2.3%).

Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = 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).
* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.
Changes in Past-Year Substance Use Disorder among People Aged 12 or Older in the United States, by Race/Ethnicity (2015 and 2019)

Among people aged 12 or older in the United States between 2015 and 2019, past-year substance use disorder decreased among Hispanic people.

Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Changes in Past-Year Substance Use Disorder among People Aged 12 or Older in the United States, by Gender and Age Group (2015 and 2019)

In the United States between 2015 and 2019, past-year substance use disorder decreased among males aged 12 or older and among young adults aged 18–25.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Changes in the Number of People Enrolled in Substance Use Treatment in the United States (Single-Day Counts, 2015–2017 and 2019)\textsuperscript{9,10}

In a single-day count in March 2019, \textbf{1.5 million} people in the United States were enrolled in substance use treatment—an increase from \textbf{1.3 million} people in 2015.

Among people in the United States enrolled in substance use treatment in a single-day count in March 2019, 52.2% received treatment for a drug problem only, 33.4% received treatment for both drug and alcohol problems, and 14.4% received treatment for an alcohol problem only.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey of Substance Abuse Treatment Services, 2019.
Among people aged 12 or older with a past-year alcohol use disorder in the United States in 2019, **4.7%** (or **681,000**) received alcohol treatment at a specialty facility in the past year.

Past-year receipt of alcohol treatment at a specialty facility among people with a past-year alcohol use disorder was similar among females and their male counterparts.

Compared to the national average, past-year receipt of alcohol treatment at a specialty facility among people with a past-year alcohol use disorder was similar among non-Hispanic white, Black, and Asian people and among Hispanic people.

Compared to the national average, past-year receipt of alcohol treatment at a specialty facility among people with a past-year alcohol use disorder was higher among adults aged 45–64 (**6.9%**).
Substance Use Treatment
Alcohol

Changes in Past-Year Receipt of Alcohol Treatment at a Specialty Facility among People Aged 12 or Older with an Alcohol Use Disorder in the United States, by Race/Ethnicity (2015 and 2019)

Among people aged 12 or older with a past-year alcohol use disorder in the United States between 2015 and 2019, past-year receipt of alcohol treatment at a specialty facility did not significantly change among people overall, among non-Hispanic white and Black people, and among Hispanic people.

Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.
+ Estimate is significantly different from the estimate for 2019 ($p < .05$).
* Omitted due to low precision of data.

Changes in Past-Year Receipt of Alcohol Treatment at a Specialty Facility among People Aged 12 or Older with an Alcohol Use Disorder in the United States, by Gender and Age Group (2015 and 2019)

In the United States between 2015 and 2019, past-year receipt of alcohol treatment at a specialty facility among people aged 12 or older with a past-year alcohol use disorder did not significantly change among both males and females aged 12 or older, among youth aged 12–17 and young adults aged 18–25, and among adults aged 26–44 and 45–64.

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Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 ($p < .05$).
* Omitted due to low precision of data.

Past-Year Receipt of Alcohol Treatment at a Specialty Facility and Perception of Treatment Need among People Aged 12 or Older with a Past-Year Alcohol Use Disorder in the United States (2019)

Among people aged 12 or older with a past-year alcohol use disorder in the United States in 2019, about 9 in 10 people (92.3%) did not perceive a need for treatment for their alcohol use and did not receive treatment at a specialty facility.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.
Changes in the Number of People Enrolled in Opioid Treatment Programs in the United States Receiving Methadone (Single-Day Counts, 2015–2017 and 2019)\textsuperscript{9,10,12}

In a single-day count in March 2019, \textbf{408,550} people in the United States were receiving methadone in opioid treatment programs as part of their substance use treatment—an increase from \textbf{356,843} people in 2015.

Changes in the Number of People Enrolled in Substance Use Treatment in the United States Receiving Buprenorphine (Single-Day Counts, 2015–2017 and 2019)\textsuperscript{9,10,12,13}

In a single-day count in March 2019, 168,428 people in the United States were receiving buprenorphine as part of their substance use treatment—an increase from 75,724 people in 2015.

Past-Year Receipt of Illicit Drug Use Treatment at a Specialty Facility among People Aged 12 or Older with an Illicit Drug Use Disorder in the United States, by Gender, Race/Ethnicity, and Age Group (2019)

Among people aged 12 or older with a past-year illicit drug use disorder in the United States in 2019, 9.9% (or 823,000) received illicit drug use treatment at a specialty facility in the past year.

Past-year receipt of illicit drug use treatment at a specialty facility among people with a past-year illicit drug use disorder was similar among females and their male counterparts.

Compared to the national average, past-year receipt of illicit drug use treatment at a specialty facility among people with a past-year illicit drug use disorder was higher among non-Hispanic white people (12.3%) and lower among non-Hispanic Black people (5.6%) and among Hispanic people (6.2%).

Compared to the national average, past-year receipt of illicit drug use treatment at a specialty facility among people with a past-year illicit drug use disorder was higher among adults aged 26–44 (14.8%) and lower among youth aged 12–17 (4.0%) and young adults aged 18–25 (7.0%).
Changes in Past-Year Receipt of Illicit Drug Use Treatment at a Specialty Facility among People Aged 12 or Older with an Illicit Drug Use Disorder in the United States, by Race/Ethnicity (2015 and 2019)

Among people aged 12 or older with a past-year illicit drug use disorder in the United States between 2015 and 2019, past-year receipt of illicit drug use treatment at a specialty facility did not significantly change among people overall, among non-Hispanic white and Black people, and among Hispanic people.

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.
Changes in Past-Year Receipt of Illicit Drug Use Treatment at a Specialty Facility among People Aged 12 or Older with an Illicit Drug Use Disorder in the United States, by Gender and Age Group (2015 and 2019)

In the United States between 2015 and 2019, past-year receipt of illicit drug use treatment at a specialty facility among people aged 12 or older with a past-year illicit drug use disorder did not significantly change among both males and females aged 12 or older, among youth aged 12–17 and young adults aged 18–25, and among adults aged 26–44 and 45–64.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 ($p < .05$).
* Omitted due to low precision of data.

Among people aged 12 or older with a past-year illicit drug use disorder in the United States in 2019, about 1 in 10 people (9.9%) received treatment for illicit drug use at a specialty facility, and 85.1% did not perceive a need for treatment for their illicit drug use and did not receive treatment at a specialty facility.
Among adults aged 18 or older in the United States in 2019, 4.8% (or 12.0 million) had serious thoughts of suicide in the past year.

Past-year serious thoughts of suicide were higher among adult females (5.1%) than among their male counterparts (4.5%).

Compared to the national average, past-year serious thoughts of suicide were lower among non-Hispanic Black, Native Hawaiian or Other Pacific Islander, and Asian adults (4.0%, 2.3%, and 3.6%, respectively).

Compared to the national average, past-year serious thoughts of suicide were higher among young adults aged 18–25 (11.8%) and adults aged 26–44 (5.6%) and lower among adults aged 45–64 (3.1%) and 65 or older (1.8%).

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = 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).

* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.
Among adults aged 18 or older in the United States between 2008 and 2019, past-year serious thoughts of suicide increased among adults overall, among non-Hispanic white and Asian adults, and among Hispanic adults.

Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.
Changes in Past-Year Serious Thoughts of Suicide among Adults Aged 18 or Older in the United States, by Gender and Age Group (2008 and 2019)

In the United States between 2008 and 2019, past-year serious thoughts of suicide increased among both adult males and adult females aged 18 or older and among young adults aged 18–25 and adults aged 26–44.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 ($p < .05$).
* Omitted due to low precision of data.

Past-Year Serious Mental Illness (SMI) among Adults Aged 18 or Older in the United States, by Gender, Race/Ethnicity, and Age Group (2019)\(^6\)

Among adults aged 18 or older in the United States in 2019, 5.2% (or 13.1 million) had SMI in the past year.

Past-year SMI was higher among adult females (6.5%) than among their male counterparts (3.9%).

Compared to the national average, past-year SMI was higher among non-Hispanic white adults (5.7%) and lower among non-Hispanic Black, Native Hawaiian or Other Pacific Islander, and Asian adults (4.0%, 2.6%, and 3.1%, respectively).

Compared to the national average, past-year SMI was higher among young adults aged 18–25 (8.6%) and adults aged 26–44 (7.1%) and lower among adults aged 45–64 (4.4%) and 65 or older (1.6%).

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = 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 \((p < .05)\).

* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.
Among adults aged 18 or older in the United States between 2008 and 2019, past-year SMI increased among adults overall, among non-Hispanic white and Black adults, and among Hispanic adults.

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.

+ Estimate is significantly different from the estimate for 2019 (p < .05).

* Omitted due to low precision of data.

Changes in Past-Year Serious Mental Illness (SMI) among Adults Aged 18 or Older in the United States, by Gender and Age Group (2008 and 2019)

In the United States between 2008 and 2019, past-year SMI increased among both adult males and adult females aged 18 or older and among young adults aged 18–25 and adults aged 26–44.

Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

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, and Age Group (2019)\textsuperscript{6,14}

Among adults aged 18 or older with past-year SMI in the United States in 2019, 65.5\% (or 8.6 million) received mental health services in the past year.

Past-year receipt of mental health services was higher among adult females with SMI (70.5\%) than among their male counterparts (56.5\%).

Compared to the national average, past-year receipt of mental health services was higher among non-Hispanic white adults with SMI (70.5\%) and lower among non-Hispanic Black adults with SMI (57.9\%) and among Hispanic adults with SMI (52.8\%).

Compared to the national average, past-year receipt of mental health services was higher among adults aged 45–64 with SMI (75.1\%) and lower among young adults aged 18–25 with SMI (56.4\%).

Error bars indicate 95\% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.

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

\(\dagger\) Estimate is significantly different from the national average (\(p < .05\)).

* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.
Changes in Past-Year Mental Health Service Use among Adults Aged 18 or Older with Serious Mental Illness (SMI) in the United States, by Race/Ethnicity (2008 and 2019)\textsuperscript{6,14}

Among adults aged 18 or older with past-year SMI in the United States between 2008 and 2019, past-year receipt of mental health services did not significantly change among adults overall and among non-Hispanic white and Black adults.

Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; 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 2019 ($p < .05$).

* Omitted due to low precision of data.

In the United States between 2008 and 2019, past-year receipt of mental health services among adults aged 18 or older with past-year SMI increased among young adults aged 18–25.

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<td>26–44</td>
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Error bars indicate 95% confidence interval of the estimate.
+ Estimate is significantly different from the estimate for 2019 (p < .05).
* Omitted due to low precision of data.

Consistent with federal definitions and other federal data collections, the NSDUH definition for binge alcohol use since 2015 differs for males and females. Binge drinking for males is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days, which is unchanged from the threshold prior to 2015. Since 2015, binge alcohol use for females has been defined as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days.

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.

Respondents with unknown past-year major depressive episode (MDE) data were excluded.

Respondents with unknown past-year MDE or unknown treatment data were excluded.

Estimates were based only on responses to suicidality items in the NSDUH Mental Health module. Respondents with unknown suicidality information were excluded.

For further information, see The NSDUH Report: Revised Estimates of Mental Illness from the National Survey on Drug Use and Health, which is available on the SAMHSA website at https://www.samhsa.gov/data/sites/default/files/NSDUH148/NSDUH148/sr148-mental-illness-estimates.pdf.

The subtypes included in this figure are not mutually exclusive, so people who used more than one subtype are included in the estimates for multiple subtypes.

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.

Significance testing was not conducted on these data. 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).

Single-day counts reflect the number of individuals who were enrolled in substance use treatment on the last business day in March: March 31, 2015; March 31, 2016; March 31, 2017; and March 29, 2019. Single-day counts of the number of individuals enrolled in substance use treatment were not included in the 2018 National Survey of Substance Abuse Treatment Services (N–SSATS).
11 Enrollees whose substances were unknown were excluded.

12 These counts reflect only individuals who were receiving these specific medication-assisted therapies (MATs) as part of their opioid treatment in specialty substance abuse treatment programs; they do not include counts of individuals who were receiving other types of treatment (such as those who received MAT from private physicians) for their opioid addiction on the reference dates.

13 Physicians who obtain specialized training per the Drug Addiction Treatment Act of 2000 (DATA 2000) may prescribe buprenorphine to treat opioid addiction. 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 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; they do not include clients from private practice physicians.

14 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 *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (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).

**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.

**Illicit drug use** is defined as the misuse of prescription psychotherapeutics (i.e., pain relievers, tranquilizers, stimulants, or sedatives) or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine.

**Major depressive episode (MDE)** is defined as in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5), 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. For details, see American Psychiatric Association (2013).

**Marijuana use disorder** is defined using diagnostic criteria specified within the DSM-IV (APA, 1994), 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.

**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.

**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 DSM-IV (APA, 1994), 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.
Definitions

Prescription pain relievers include the following subcategories of pain relievers (examples of specific pain relievers shown in parentheses): hydrocodone products (e.g., Vicodin®, Lortab®, Norco®, Zohydro® ER, generic hydrocodone); oxycodone products (e.g., OxyContin®, Percocet®, Percodan®, Roxicodone®, generic oxycodone); tramadol products (e.g., Ultram®, Ultram® ER, Ultracet®, generic tramadol, generic extended-release tramadol); codeine products (e.g., Tylenol® with codeine 3 or 4, generic codeine pills); morphine products (e.g., Avinza®, Kadian®, MS Contin®, generic morphine, generic extended-release morphine); fentanyl products (e.g., Duragesic®, Fentora®, generic fentanyl); buprenorphine products (e.g., Suboxone®, generic buprenorphine, generic buprenorphine plus naloxone); oxymorphone products (e.g., Opana®, Opana® ER, generic oxymorphone, generic extended-release oxymorphone); Demerol®; hydromorphone products (e.g., Dilaudid® or generic hydromorphone, 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 category 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-IV (APA, 1994).

**Specialty facility for 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 DSM-IV (APA, 1994), 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.
References and Sources


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 years or older per year in the United States. Additional information about NSDUH is available at [https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health](https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health).

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/](https://findtreatment.samhsa.gov/)). Data presented in this report reflect all publicly available data in N–SSATS reports at the time of the writing of this report and may present data previously unavailable in prior barometer reports. Total U.S. single-day counts presented in this report include counts from U.S. territories and jurisdictions. Additional information about N–SSATS is available at [https://www.samhsa.gov/data/all-reports](https://www.samhsa.gov/data/all-reports).