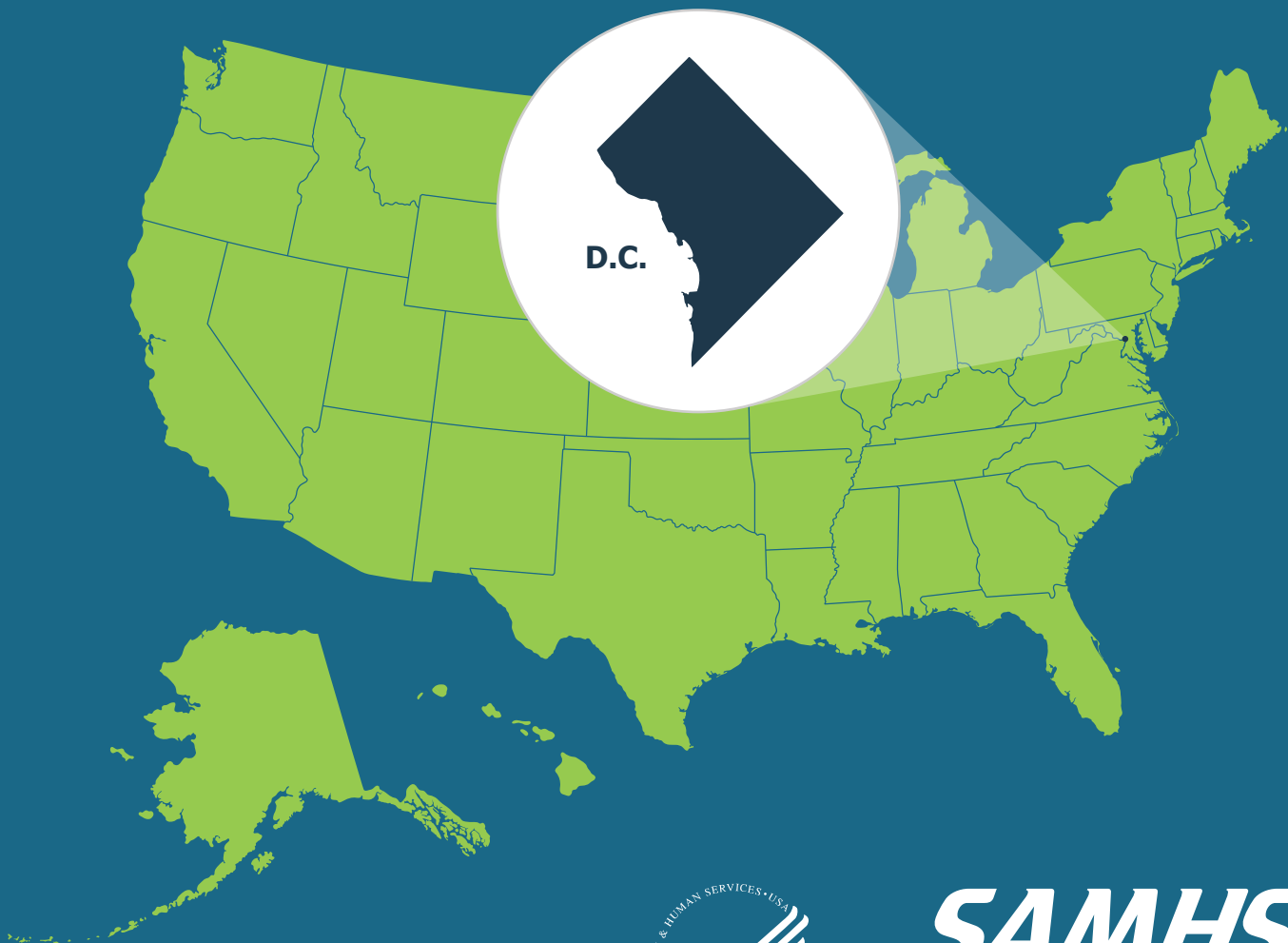




Behavioral Health Barometer

District of Columbia, Volume 6

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



SAMHSA
Substance Abuse and Mental Health
Services Administration

Acknowledgments

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Foreword

D.C.



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: District of Columbia, 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



Purpose of This Report

Behavioral Health Barometer: District of Columbia, 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 34–35. 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 36–37.

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 27–30 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.

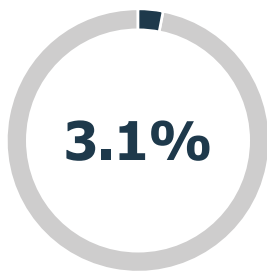
Youth Substance Use

Cigarette Use

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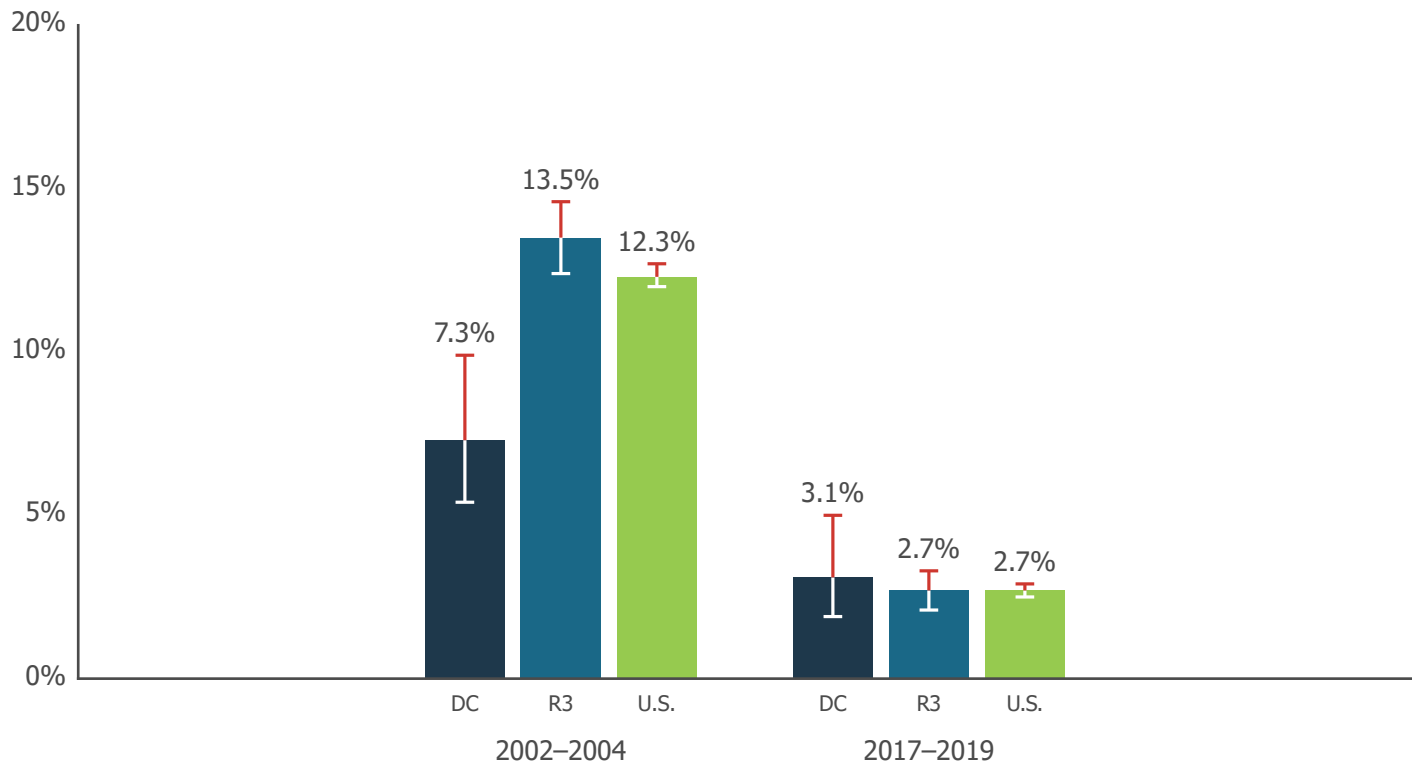


Changes in Past-Month Cigarette Use among Youth Aged 12–17 in the District of Columbia, Region 3, and the United States (Annual Averages, 2002–2004 and 2017–2019)¹



Among youth aged 12–17 in the District of Columbia, the annual average percentage of cigarette use in the past month decreased between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-month cigarette use in the District of Columbia was **3.1%** (or **1,000**), similar to both the regional average (**2.7%**) and the national average (**2.7%**).



Error bars indicate 95% confidence interval of the estimate.

DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

Youth Substance Use

Marijuana Use

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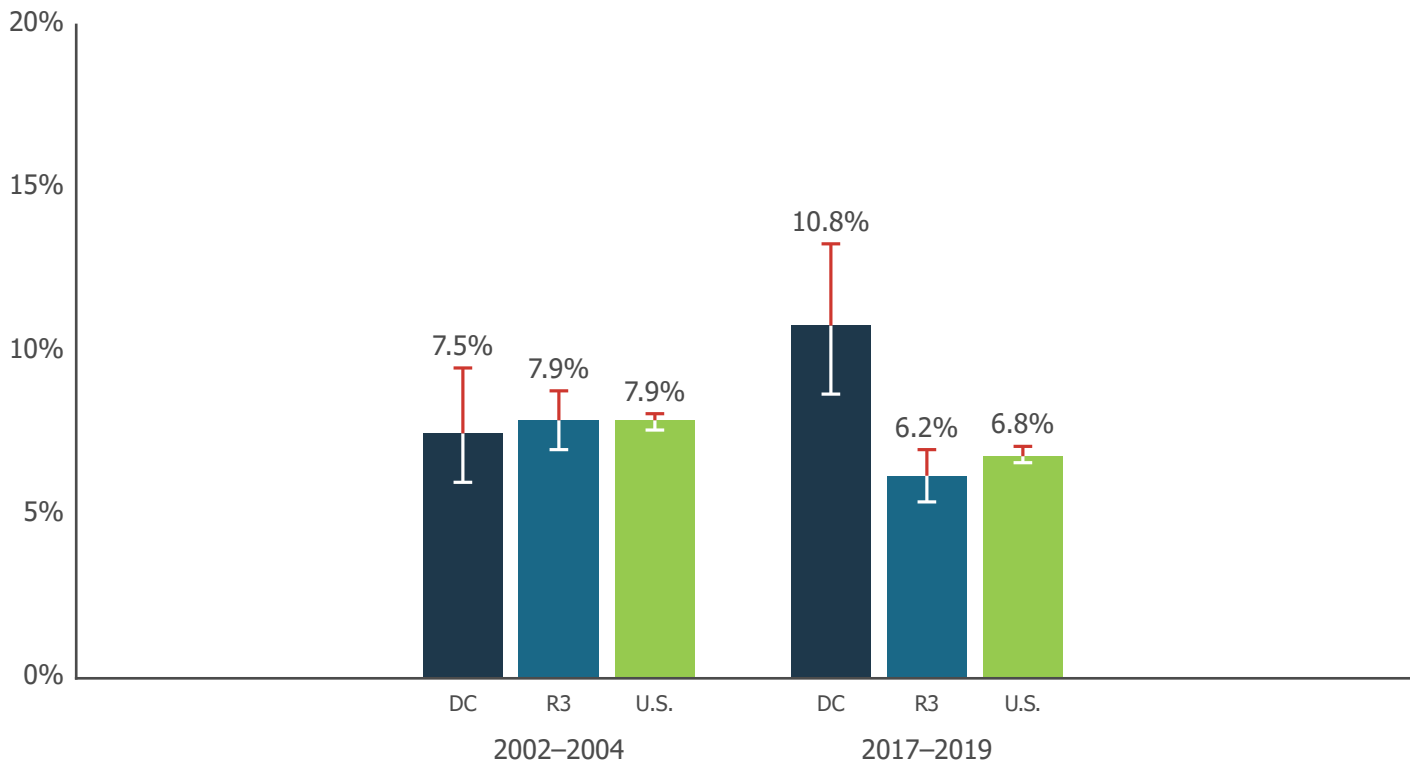


Changes in Past-Month Marijuana Use among Youth Aged 12–17 in the District of Columbia, Region 3, and the United States (Annual Averages, 2002–2004 and 2017–2019)¹



Among youth aged 12–17 in the District of Columbia, the annual average percentage of marijuana use in the past month increased between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-month marijuana use in the District of Columbia was **10.8%** (or **3,000**), higher than both the regional average (**6.2%**) and the national average (**6.8%**).



Error bars indicate 95% confidence interval of the estimate.

DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

Youth Substance Use

Alcohol Use

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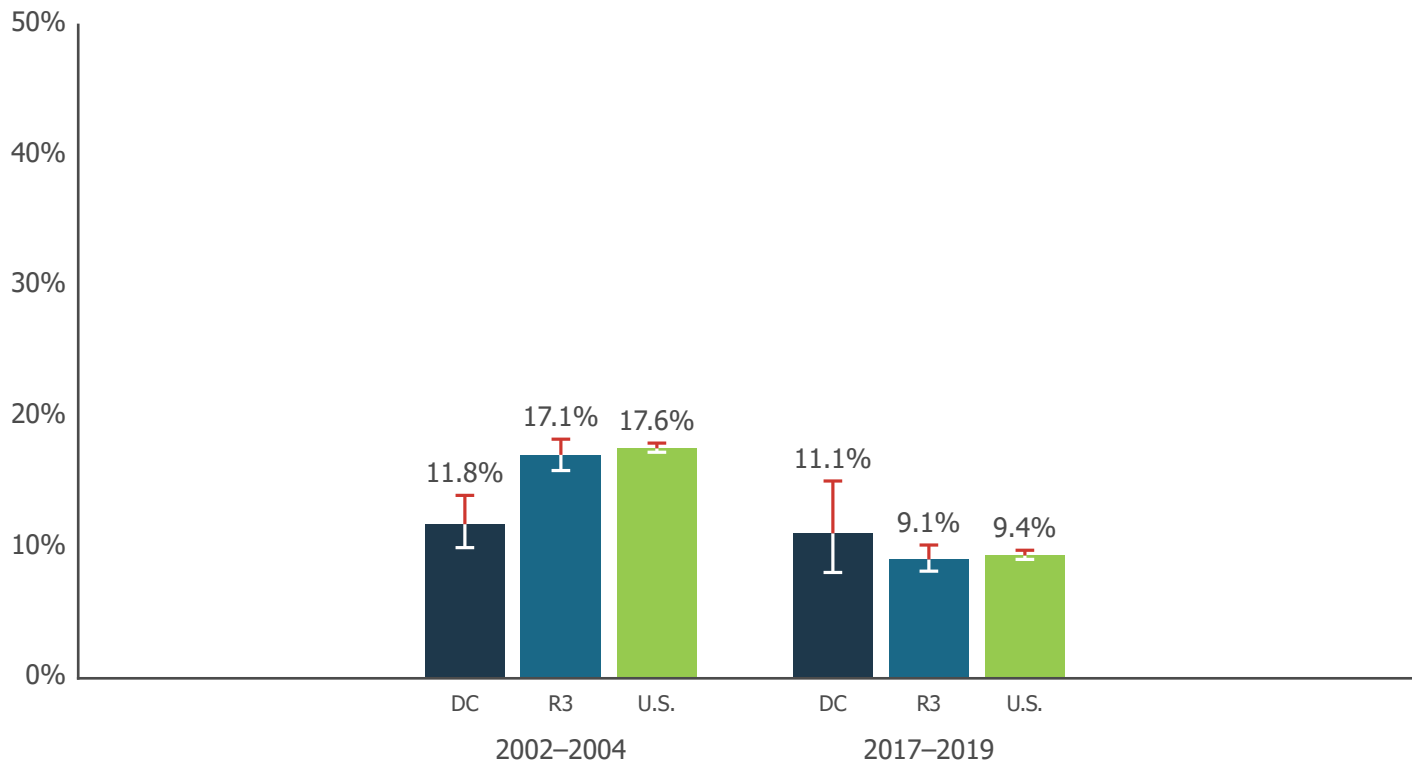


Changes in Past-Month Alcohol Use among Youth Aged 12–17 in the District of Columbia, Region 3, and the United States (Annual Averages, 2002–2004 and 2017–2019)¹



Among youth aged 12–17 in the District of Columbia, the annual average percentage of alcohol use in the past month did not significantly change between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-month alcohol use in the District of Columbia was **11.1%** (or **4,000**), similar to both the regional average (**9.1%**) and the national average (**9.4%**).



Error bars indicate 95% confidence interval of the estimate.
DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

Youth Substance Use

Illicit Drug Use

D.C.

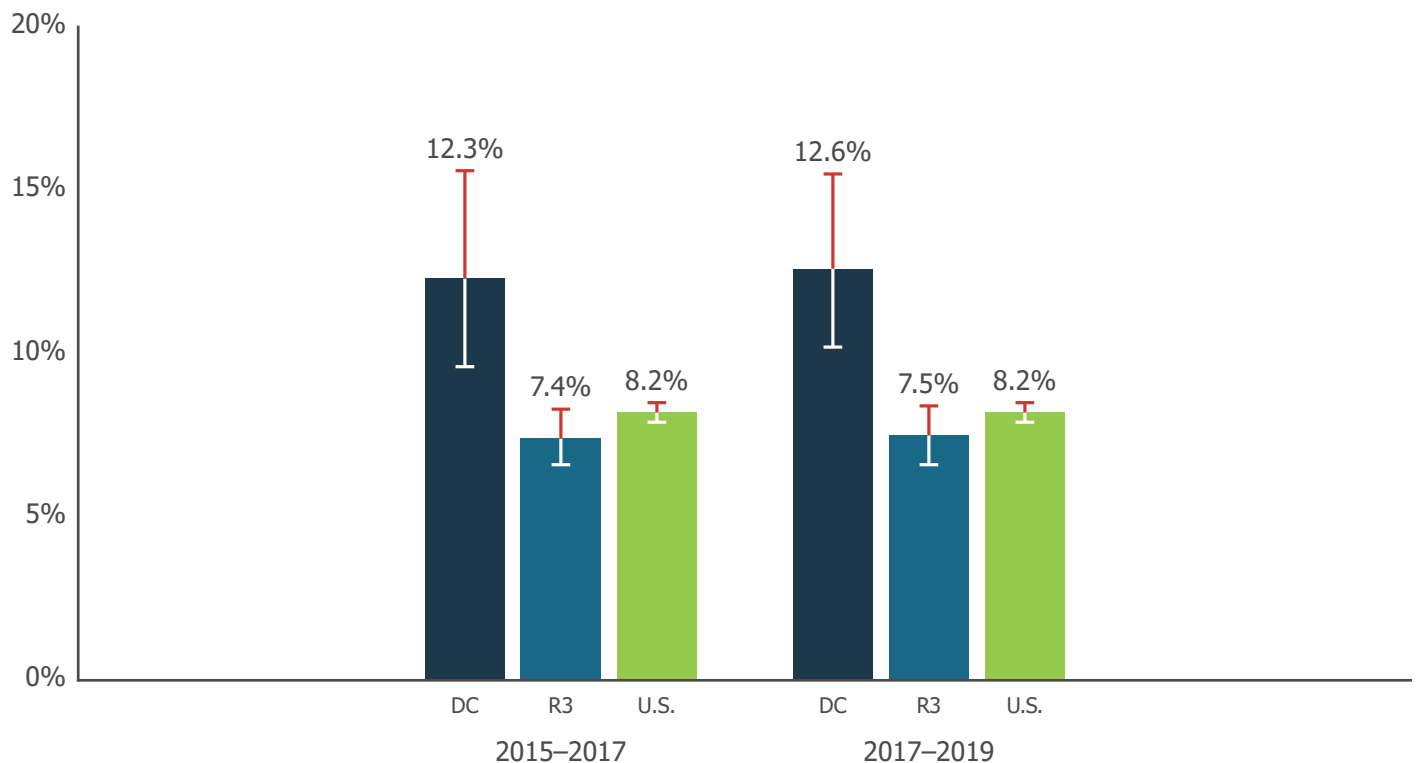


Changes in Past-Month Illicit Drug Use among Youth Aged 12–17 in the District of Columbia, Region 3, and the United States (Annual Averages, 2015–2017 and 2017–2019)¹



Among youth aged 12–17 in the District of Columbia, the annual average percentage of illicit drug use in the past month did not significantly change between 2015–2017 and 2017–2019.

During 2017–2019, the annual average prevalence of past-month illicit drug use in the District of Columbia was **12.6%** (or **4,000**), higher than both the regional average (**7.5%**) and the national average (**8.2%**).



Error bars indicate 95% confidence interval of the estimate.

DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

Youth Substance Use

Initiation of Substance Use

D.C.

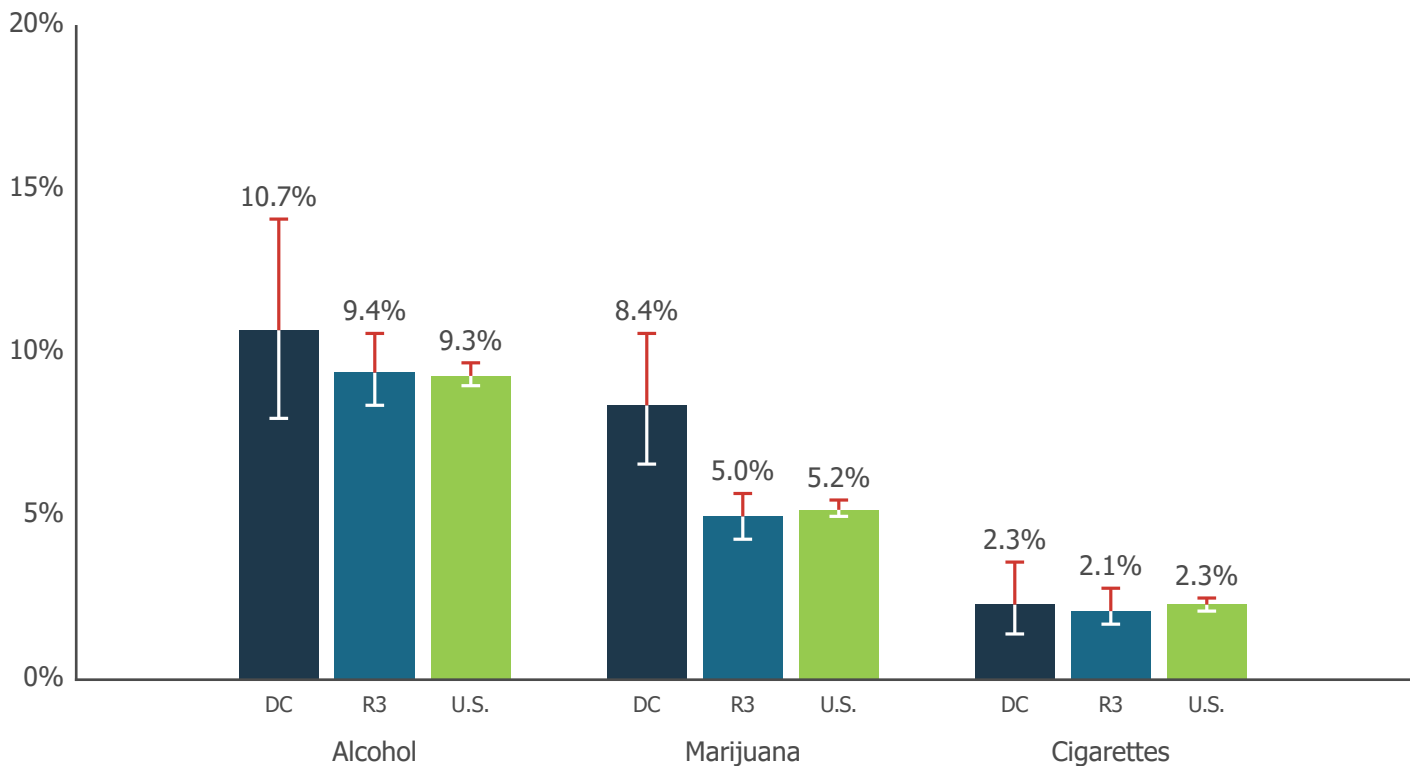


Past-Year Initiation (First Lifetime Use) of Selected Substances among Youth Aged 12–17 in the District of Columbia, Region 3, and the United States (Annual Average, 2017–2019)¹

Among youth aged 12–17 in the District of Columbia, during 2017–2019, an annual average of **10.7%** (or **3,000**) used alcohol for the first time in their lives, similar to both the regional average (**9.4%**) and the national average (**9.3%**).

In the District of Columbia, an annual average of **8.4%** (or **3,000**) used marijuana for the first time in their lives, higher than both the regional average (**5.0%**) and the national average (**5.2%**).

In the District of Columbia, an annual average of **2.3%** (or **1,000**) used cigarettes for the first time in their lives, similar to both the regional average (**2.1%**) and the national average (**2.3%**).



Error bars indicate 95% confidence interval of the estimate.

DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

Youth Mental Health and Service Use



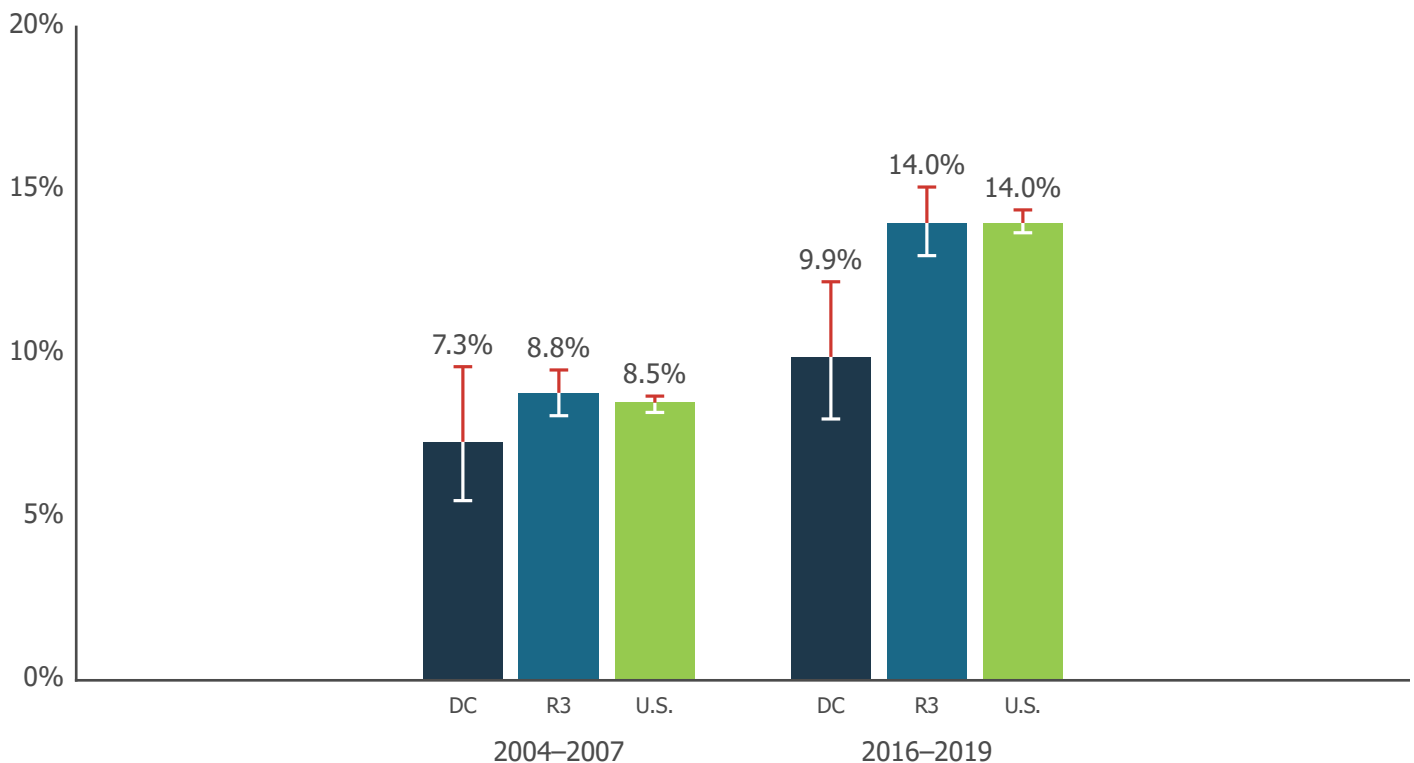
Depression

Changes in Past-Year Major Depressive Episode (MDE) among Youth Aged 12–17 in the District of Columbia, Region 3, and the United States (Annual Averages, 2004–2007 and 2016–2019)^{1,2}



Among youth aged 12–17 in the District of Columbia, the annual average percentage with an MDE in the past year did not significantly change between 2004–2007 and 2016–2019.

During 2016–2019, the annual average prevalence of past-year MDE in the District of Columbia was **9.9%** (or **3,000**), lower than both the regional average (**14.0%**) and the national average (**14.0%**).



Error bars indicate 95% confidence interval of the estimate.

DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

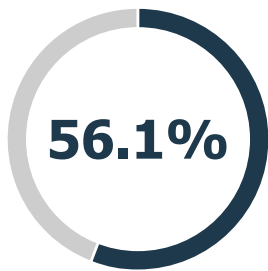
Youth Mental Health and Service Use

Depression Care

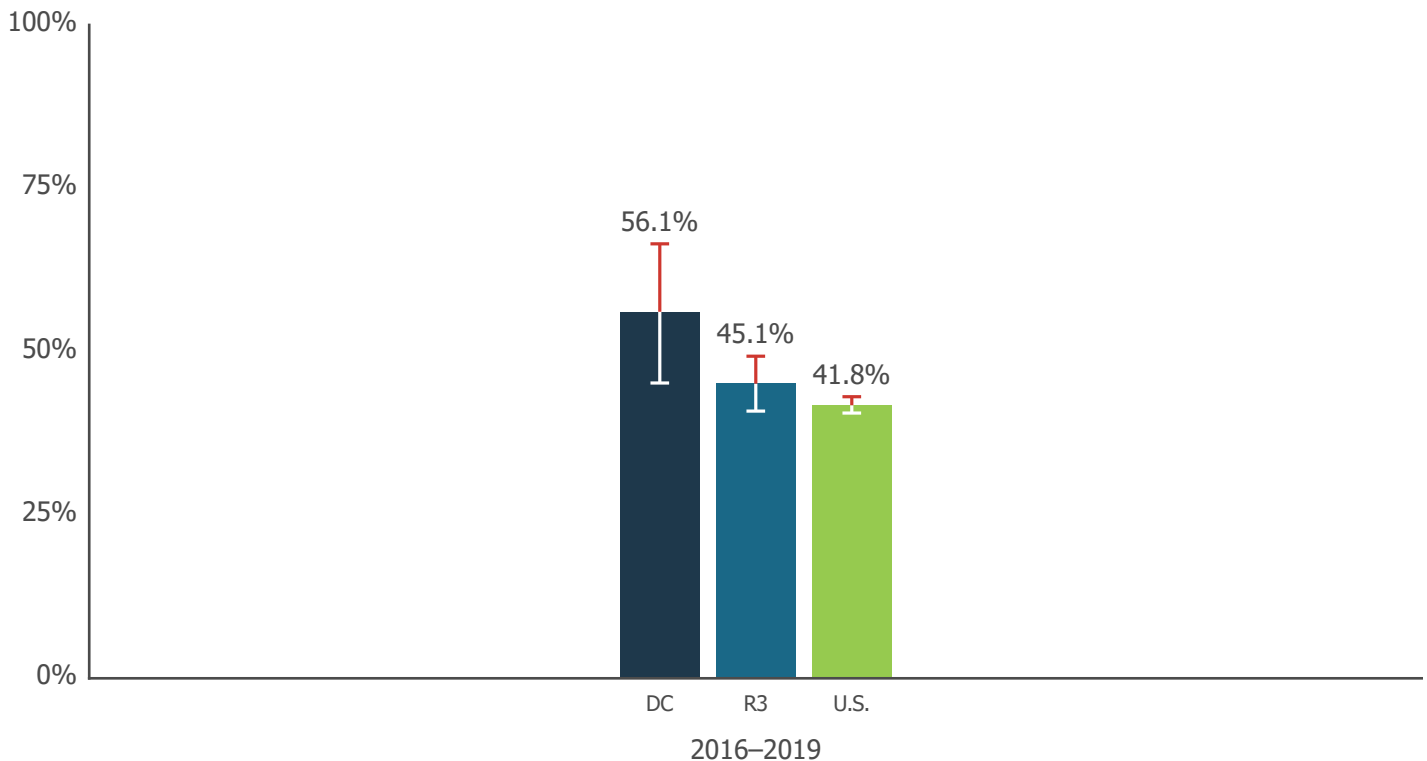
D.C.



Past-Year Depression Care among Youth Aged 12–17 with Major Depressive Episode (MDE) in the District of Columbia, Region 3, and the United States (Annual Average, 2016–2019)^{1,3}



Among youth aged 12–17 in the District of Columbia during 2016–2019 with an MDE in the past year, an annual average of **56.1%** (or **2,000**) received depression care in the past year, similar to the regional average (**45.1%**) but higher than the national average (**41.8%**).



Error bars indicate 95% confidence interval of the estimate.

DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

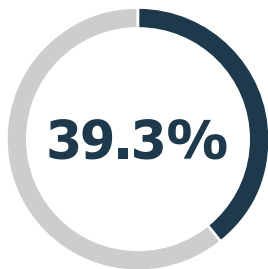
Young Adult Substance Use and Use Disorders

Tobacco Use

D.C.

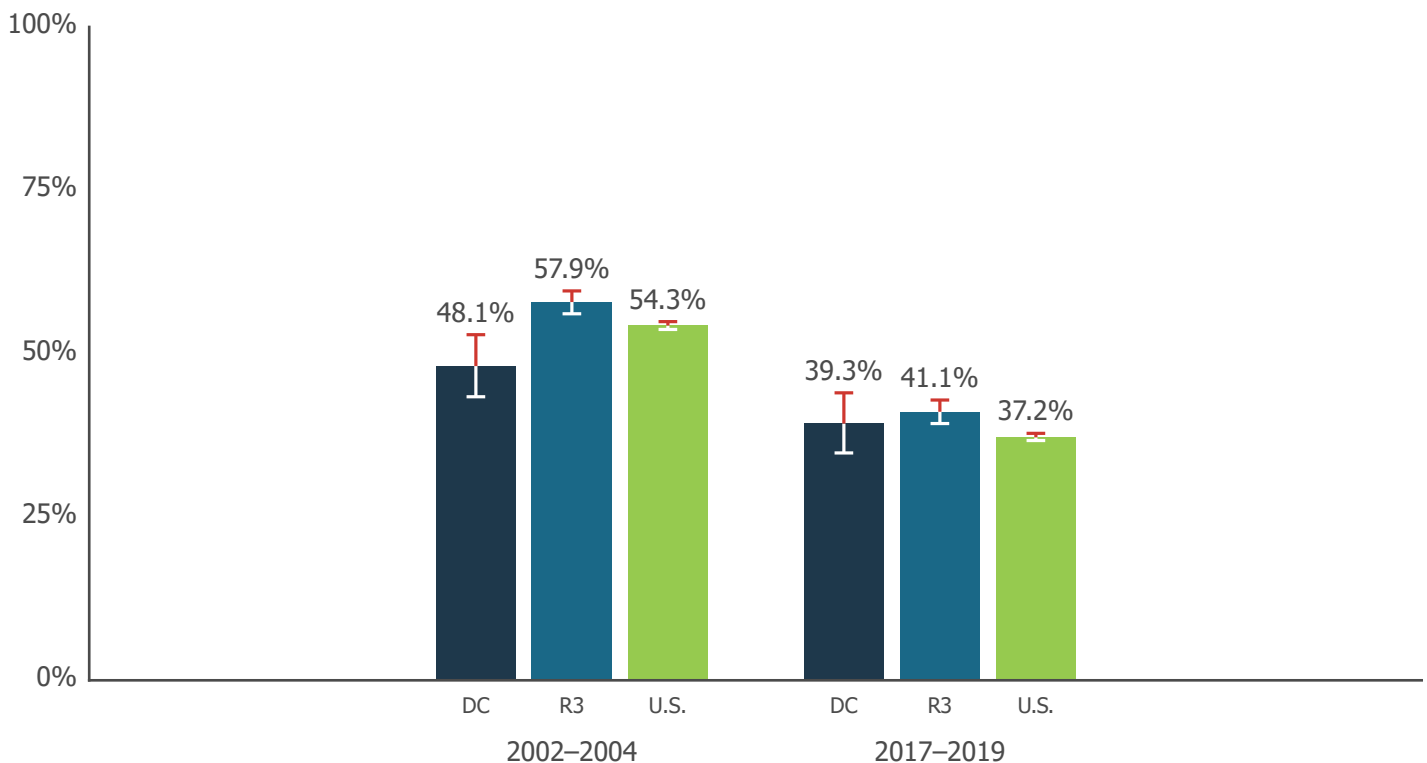


Changes in Past-Year Tobacco Use among Young Adults Aged 18–25 in the District of Columbia, Region 3, and the United States (Annual Averages, 2002–2004 and 2017–2019)¹



Among young adults aged 18–25 in the District of Columbia, the annual average percentage of tobacco use in the past year decreased between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year tobacco use in the District of Columbia was **39.3%** (or **34,000**), similar to both the regional average (**41.1%**) and the national average (**37.2%**).



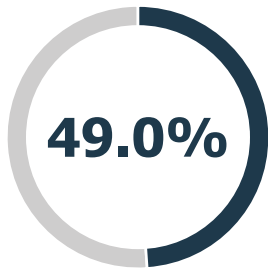
Error bars indicate 95% confidence interval of the estimate.
DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

Young Adult Substance Use and Use Disorders



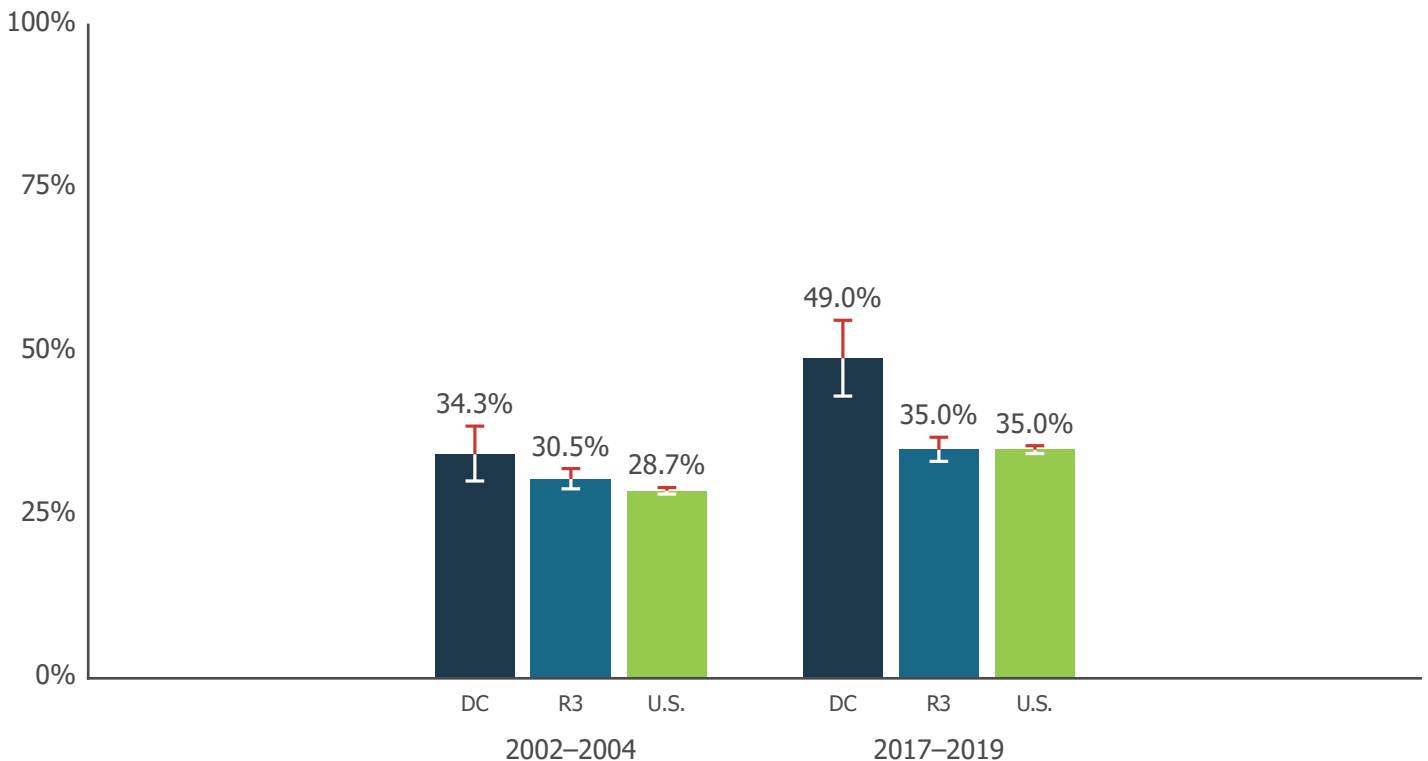
Marijuana Use

Changes in Past-Year Marijuana Use among Young Adults Aged 18–25 in the District of Columbia, Region 3, and the United States (Annual Averages, 2002–2004 and 2017–2019)¹



Among young adults aged 18–25 in the District of Columbia, the annual average percentage of marijuana use in the past year increased between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year marijuana use in the District of Columbia was **49.0%** (or **43,000**), higher than both the regional average (**35.0%**) and the national average (**35.0%**).



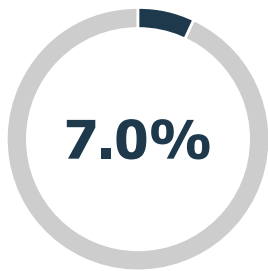
Error bars indicate 95% confidence interval of the estimate.
DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

Young Adult Substance Use and Use Disorders

Marijuana Use Disorder

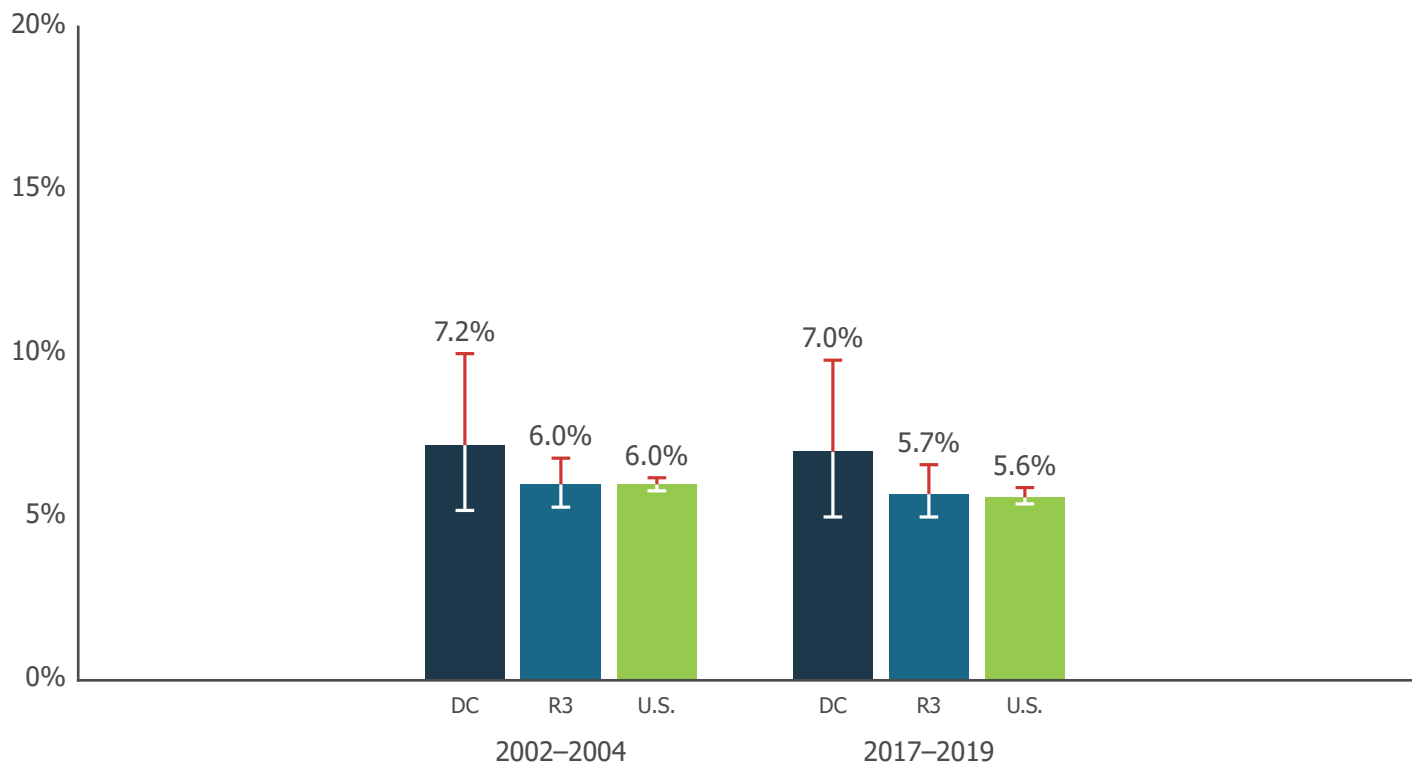


Changes in Past-Year Marijuana Use Disorder among Young Adults Aged 18–25 in the District of Columbia, Region 3, and the United States (Annual Averages, 2002–2004 and 2017–2019)¹



Among young adults aged 18–25 in the District of Columbia, the annual average percentage of marijuana use disorder in the past year did not significantly change between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year marijuana use disorder in the District of Columbia was **7.0%** (or **6,000**), similar to both the regional average (**5.7%**) and the national average (**5.6%**).



Error bars indicate 95% confidence interval of the estimate.
DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

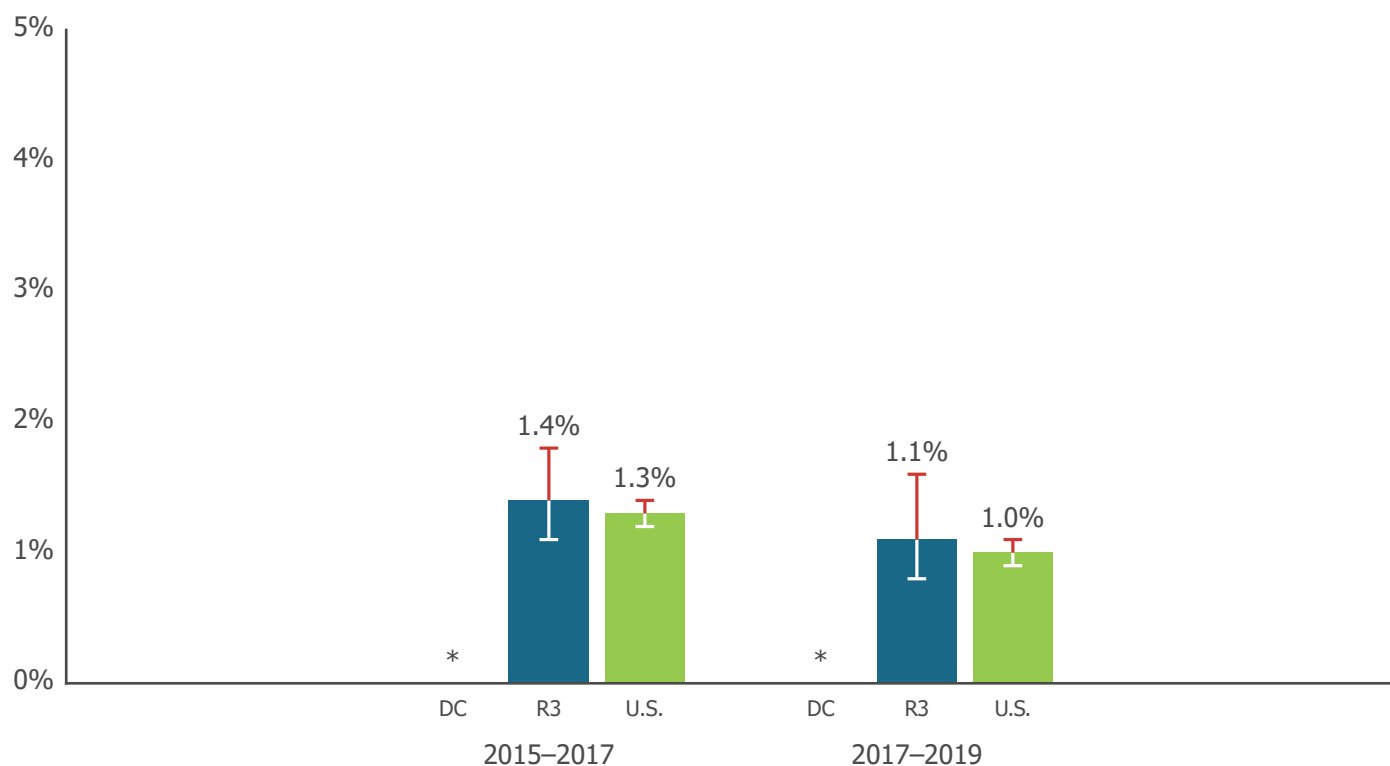
Young Adult Substance Use and Use Disorders

Opioid Use Disorder

D.C.



Changes in Past-Year Opioid Use Disorder among Young Adults Aged 18–25 in the District of Columbia, Region 3, and the United States (Annual Averages, 2015–2017 and 2017–2019)¹



Error bars indicate 95% confidence interval of the estimate.

DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

* Omitted due to low precision of data.

Young Adult Substance Use and Use Disorders

Illicit Drug Use Disorder

D.C.

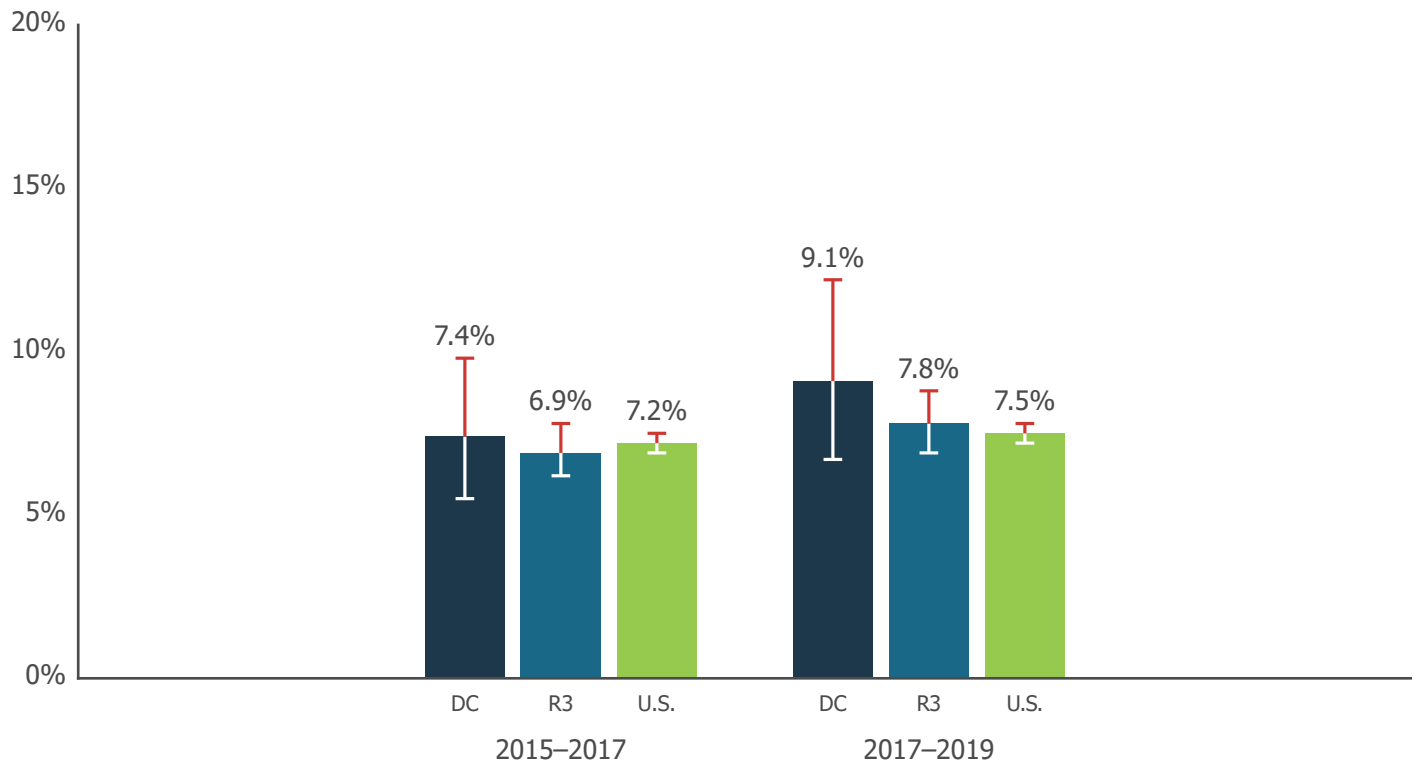


Changes in Past-Year Illicit Drug Use Disorder among Young Adults Aged 18–25 in the District of Columbia, Region 3, and the United States (Annual Averages, 2015–2017 and 2017–2019)¹



Among young adults aged 18–25 in the District of Columbia, the annual average percentage of illicit drug use disorder in the past year did not significantly change between 2015–2017 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year illicit drug use disorder in the District of Columbia was **9.1%** (or **8,000**), similar to both the regional average (**7.8%**) and the national average (**7.5%**).



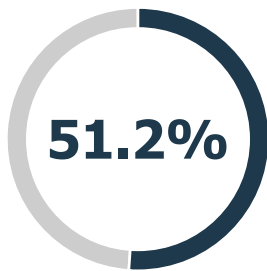
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Young Adult Substance Use and Use Disorders



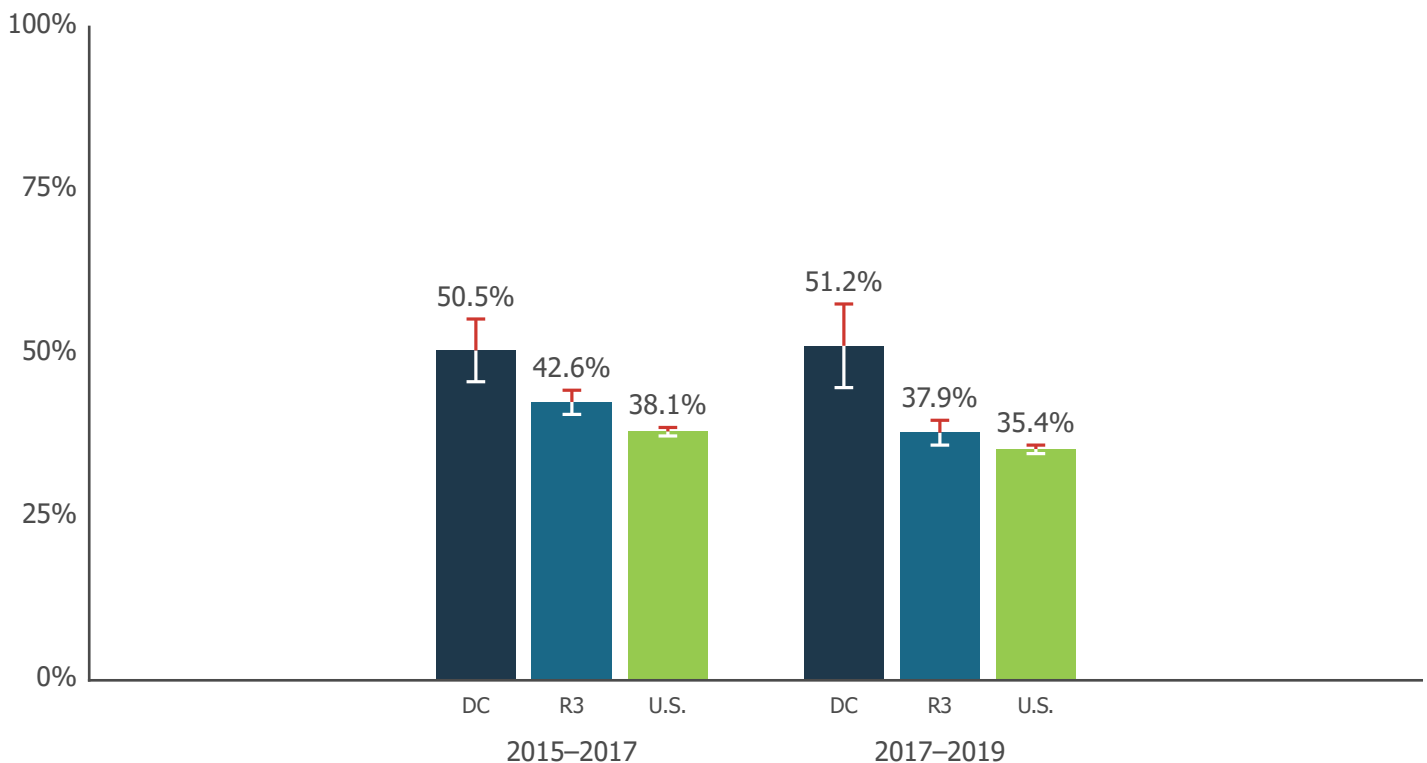
Binge Alcohol Use

Changes in Past-Month Binge Alcohol Use among Young Adults Aged 18–25 in the District of Columbia, Region 3, and the United States (Annual Averages, 2015–2017 and 2017–2019)^{1,4}



Among young adults aged 18–25 in the District of Columbia, the annual average percentage of binge alcohol use in the past month did not significantly change between 2015–2017 and 2017–2019.

During 2017–2019, the annual average prevalence of past-month binge alcohol use in the District of Columbia was **51.2%** (or **45,000**), higher than both the regional average (**37.9%**) and the national average (**35.4%**).



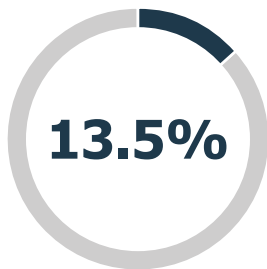
Error bars indicate 95% confidence interval of the estimate.
DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

Young Adult Substance Use and Use Disorders

Alcohol Use Disorder

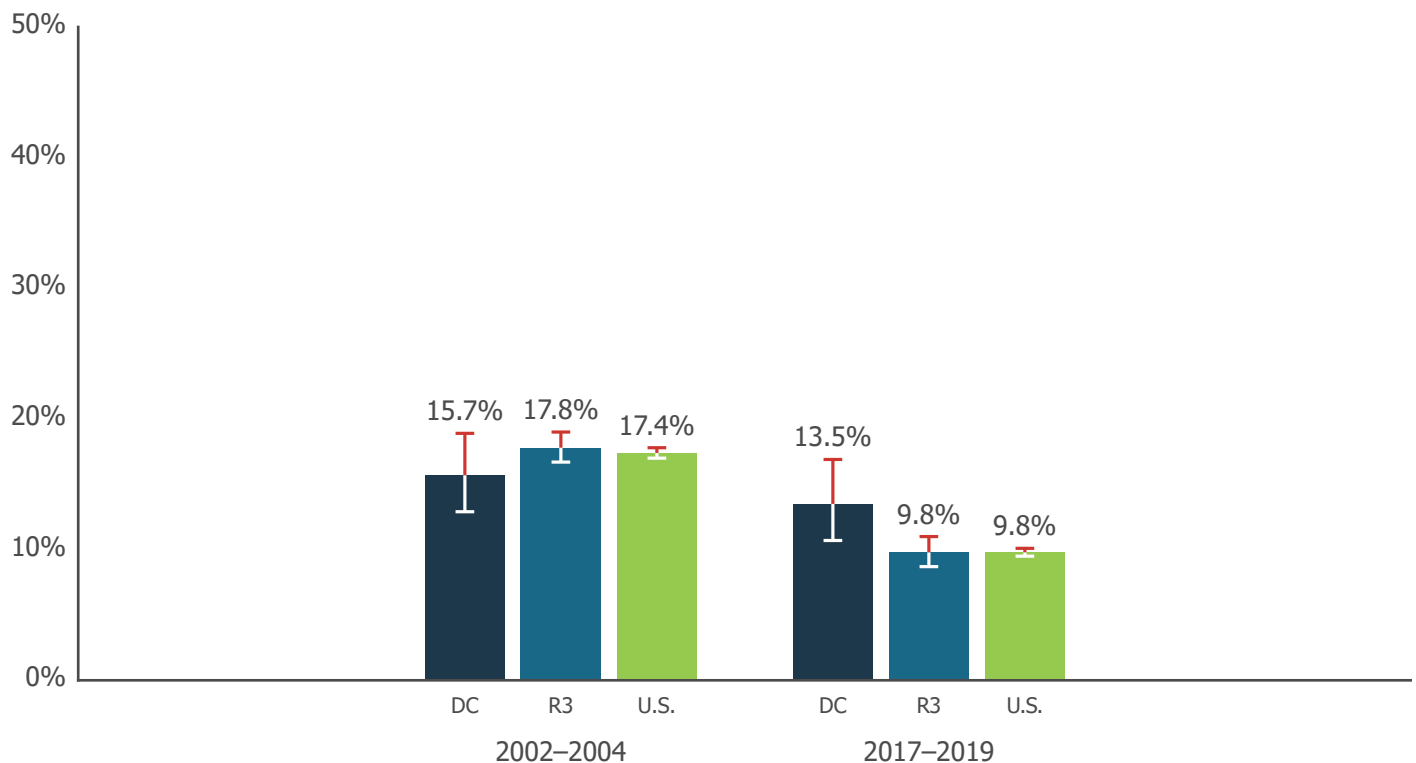


Changes in Past-Year Alcohol Use Disorder among Young Adults Aged 18–25 in the District of Columbia, Region 3, and the United States (Annual Averages, 2002–2004 and 2017–2019)¹



Among young adults aged 18–25 in the District of Columbia, the annual average percentage of alcohol use disorder in the past year did not significantly change between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year alcohol use disorder in the District of Columbia was **13.5%** (or **12,000**), higher than both the regional average (**9.8%**) and the national average (**9.8%**).



Error bars indicate 95% confidence interval of the estimate.
DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

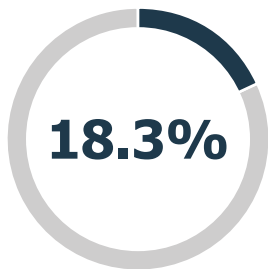
Young Adult Substance Use and Use Disorders

Substance Use Disorder

D.C.

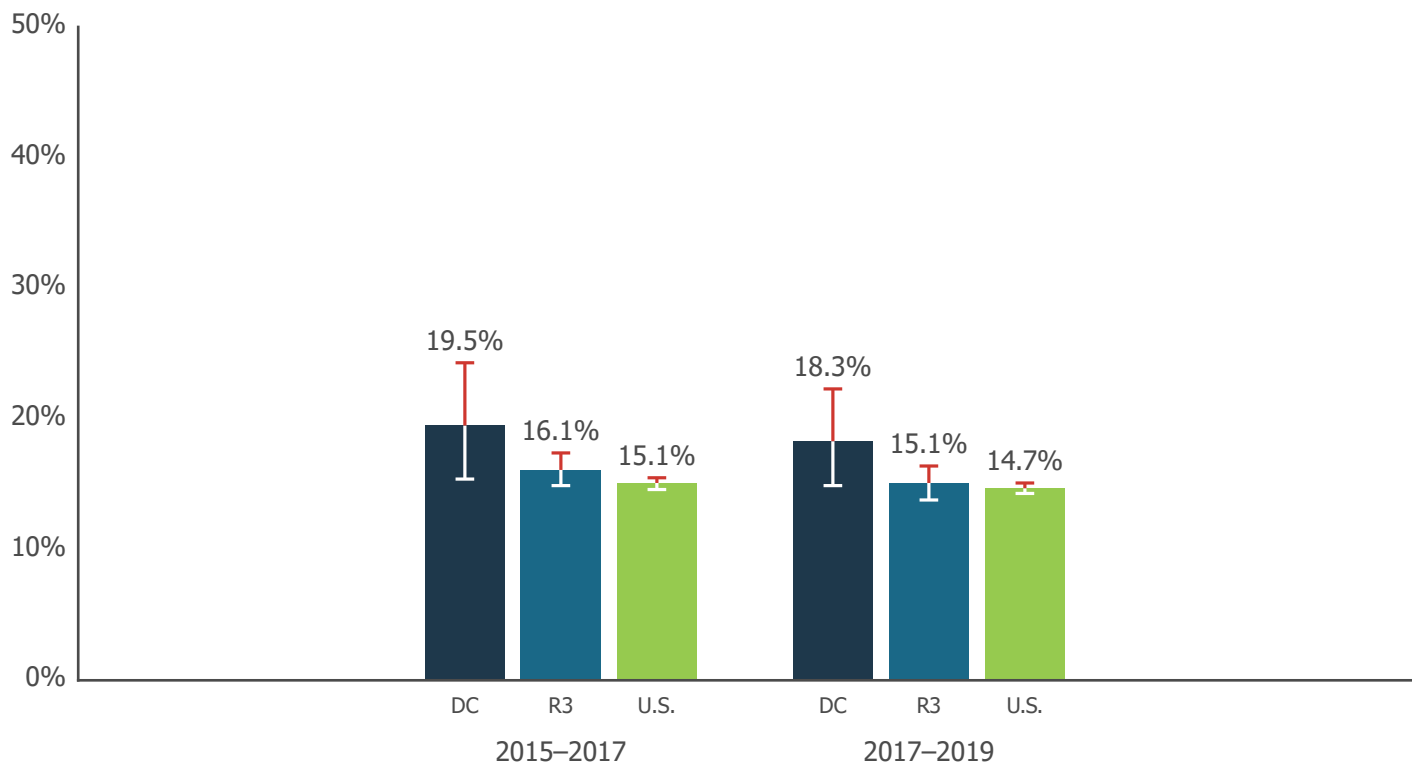


Changes in Past-Year Substance Use Disorder among Young Adults Aged 18–25 in the District of Columbia, Region 3, and the United States (Annual Averages, 2015–2017 and 2017–2019)¹



Among young adults aged 18–25 in the District of Columbia, the annual average percentage of substance use disorder in the past year did not significantly change between 2015–2017 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year substance use disorder in the District of Columbia was **18.3%** (or **16,000**), similar to both the regional average (**15.1%**) and the national average (**14.7%**).



Error bars indicate 95% confidence interval of the estimate.
DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

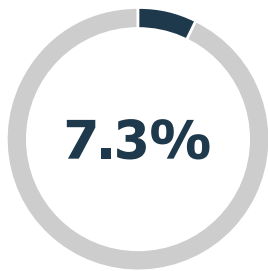
Young Adult Mental Health

Serious Thoughts of Suicide

D.C.

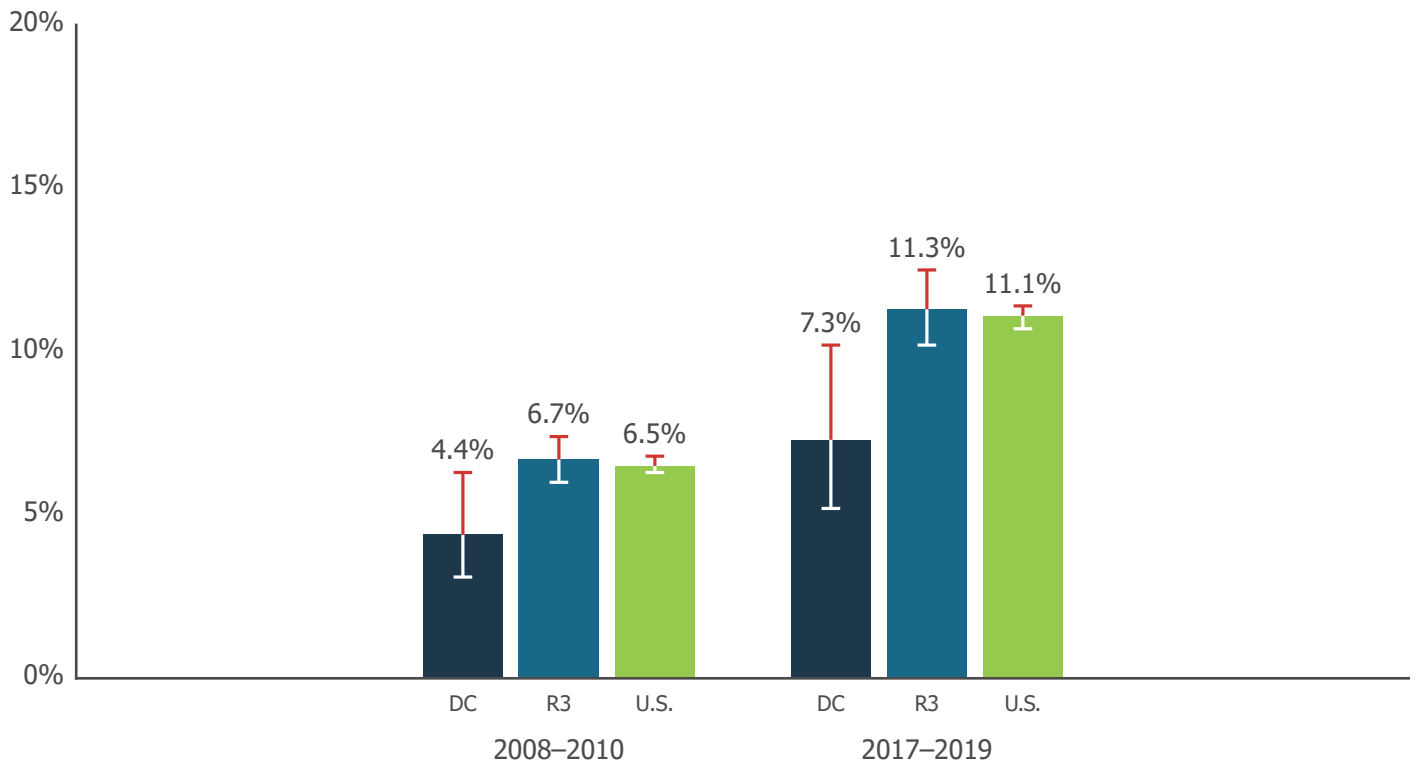


Changes in Past-Year Serious Thoughts of Suicide among Young Adults Aged 18–25 in the District of Columbia, Region 3, and the United States (Annual Averages, 2008–2010 and 2017–2019)^{1,5}



Among young adults aged 18–25 in the District of Columbia, the annual average percentage with serious thoughts of suicide in the past year increased between 2008–2010 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year serious thoughts of suicide in the District of Columbia was **7.3%** (or **6,000**), lower than both the regional average (**11.3%**) and the national average (**11.1%**).



Error bars indicate 95% confidence interval of the estimate.

DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

Young Adult Mental Health

Serious Mental Illness

D.C.

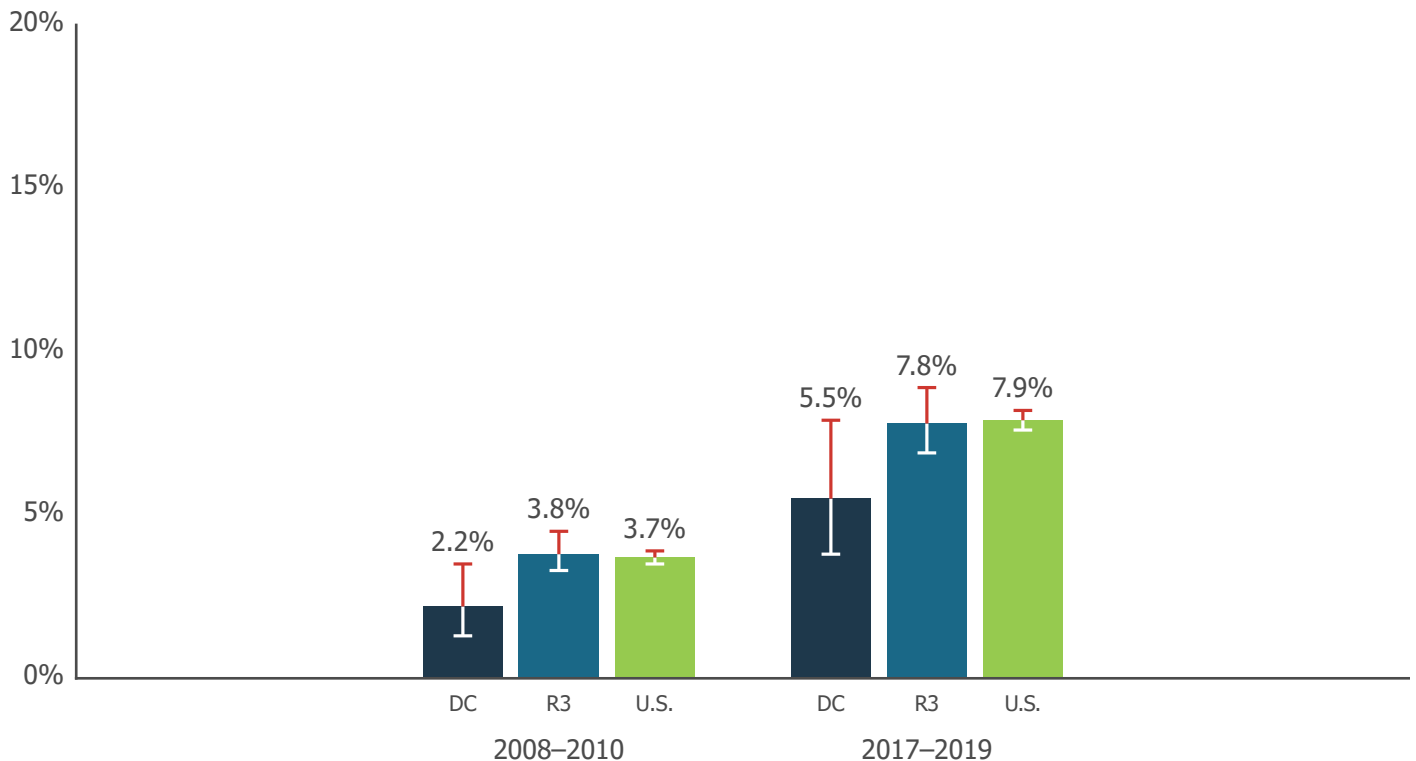


Changes in Past-Year Serious Mental Illness (SMI) among Young Adults Aged 18–25 in the District of Columbia, Region 3, and the United States (Annual Averages, 2008–2010 and 2017–2019)^{1,6}



Among young adults aged 18–25 in the District of Columbia, the annual average percentage with SMI in the past year increased between 2008–2010 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year SMI in the District of Columbia was **5.5%** (or **5,000**), lower than both the regional average (**7.8%**) and the national average (**7.9%**).



Error bars indicate 95% confidence interval of the estimate.

DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

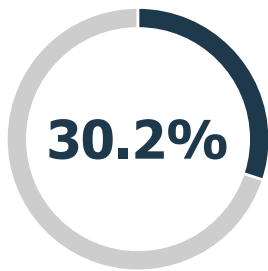
Substance Use, Misuse, and Use Disorders

Tobacco Use

D.C.

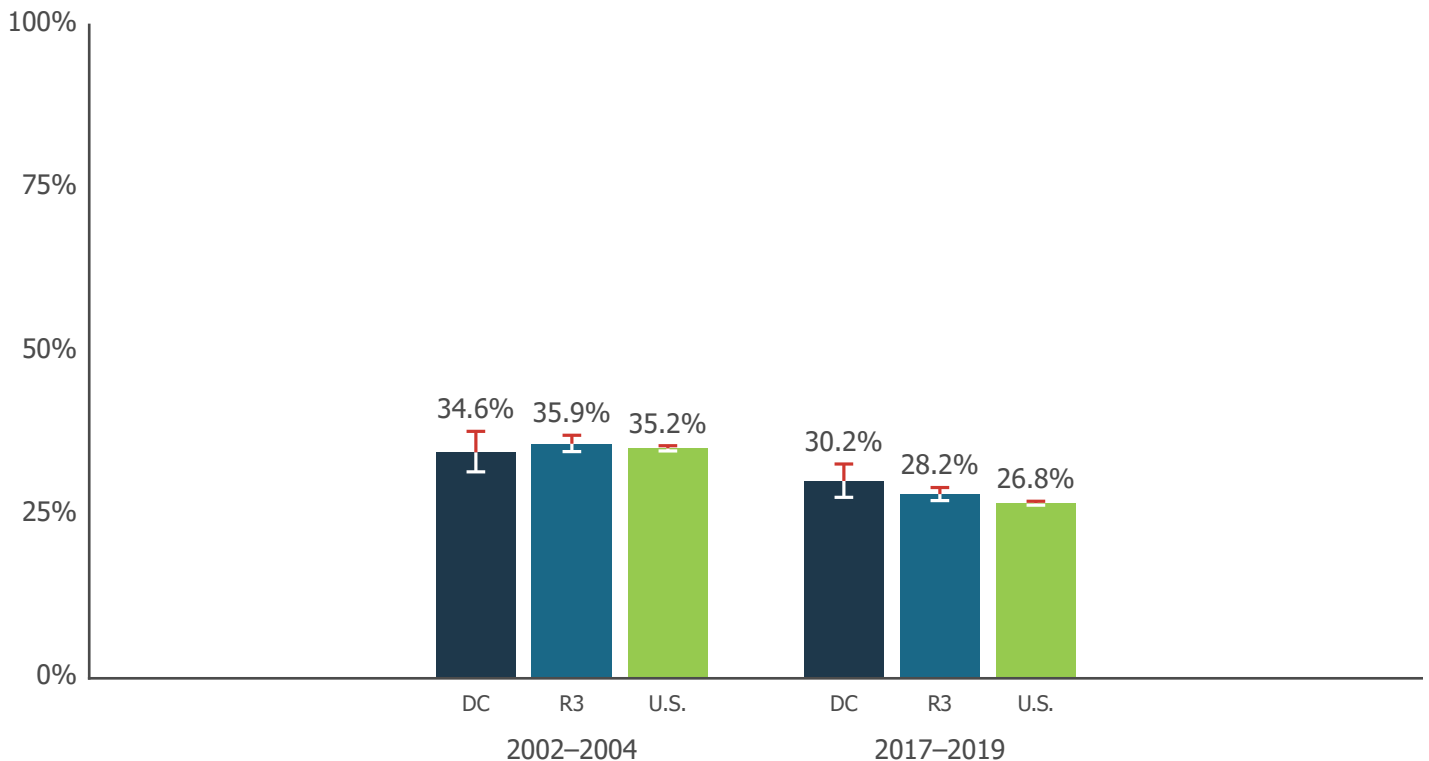


Changes in Past-Year Tobacco Use among People Aged 12 or Older in the District of Columbia, Region 3, and the United States (Annual Averages, 2002–2004 and 2017–2019)¹



Among people aged 12 or older in the District of Columbia, the annual average percentage of tobacco use in the past year decreased between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year tobacco use in the District of Columbia was **30.2%** (or **180,000**), similar to the regional average (**28.2%**) but higher than the national average (**26.8%**).



Error bars indicate 95% confidence interval of the estimate.
DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

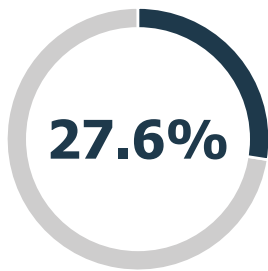
Substance Use, Misuse, and Use Disorders

Marijuana Use

D.C.

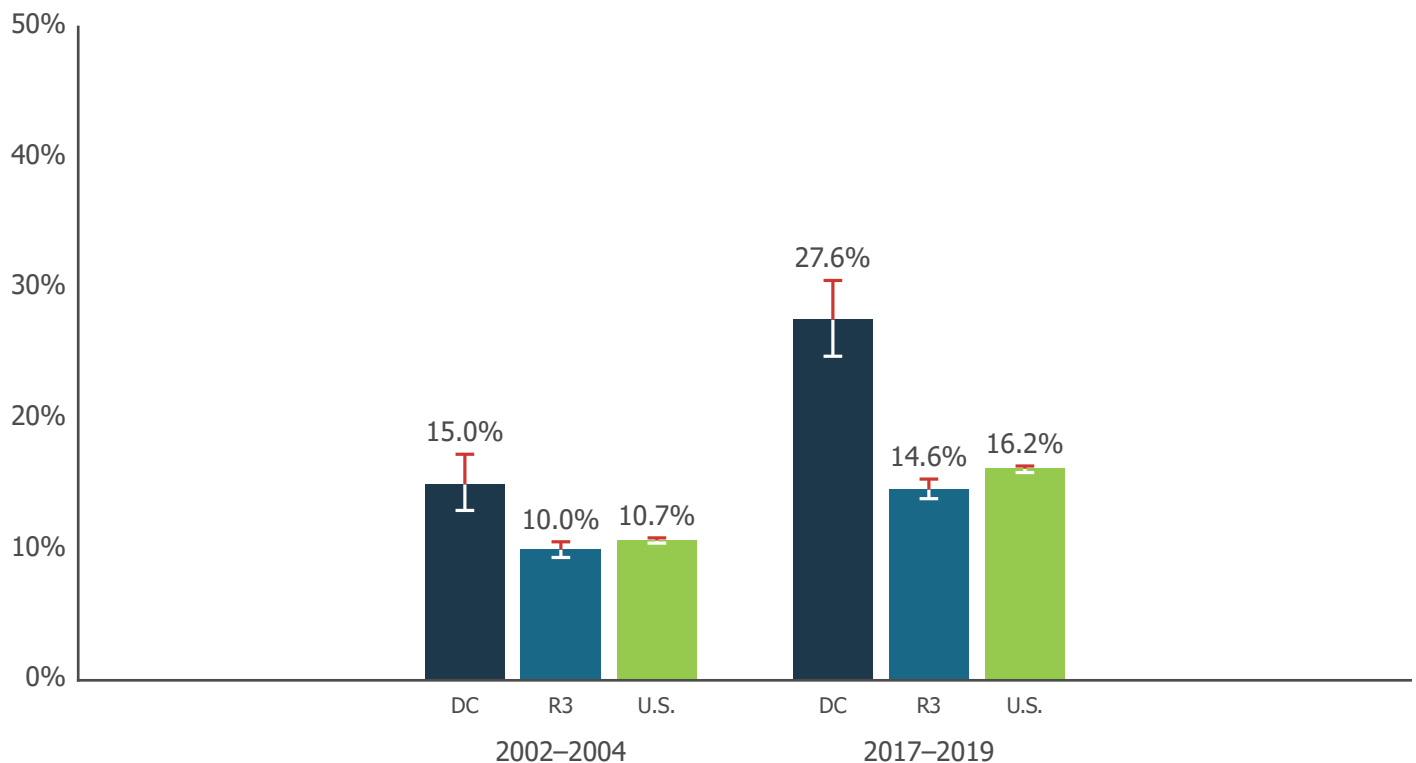


Changes in Past-Year Marijuana Use among People Aged 12 or Older in the District of Columbia, Region 3, and the United States (Annual Averages, 2002–2004 and 2017–2019)¹



Among people aged 12 or older in the District of Columbia, the annual average percentage of marijuana use in the past year increased between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year marijuana use in the District of Columbia was **27.6%** (or **164,000**), higher than both the regional average (**14.6%**) and the national average (**16.2%**).



Error bars indicate 95% confidence interval of the estimate.
DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

Substance Use, Misuse, and Use Disorders

Marijuana Use Disorder

D.C.

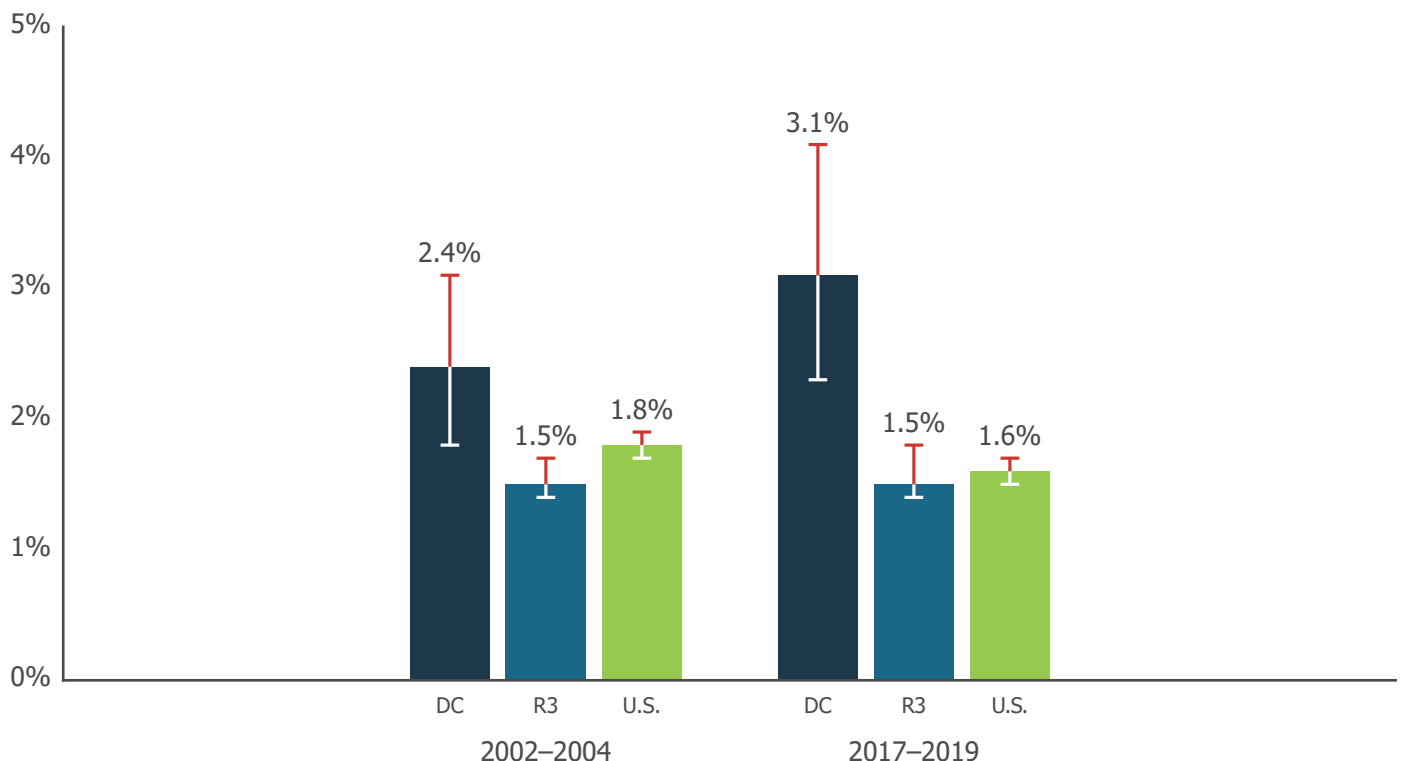


Changes in Past-Year Marijuana Use Disorder among People Aged 12 or Older in the District of Columbia, Region 3, and the United States (Annual Averages, 2002–2004 and 2017–2019)¹



Among people aged 12 or older in the District of Columbia, the annual average percentage of marijuana use disorder in the past year did not significantly change between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year marijuana use disorder in the District of Columbia was **3.1%** (or **18,000**), higher than both the regional average (**1.5%**) and the national average (**1.6%**).



Error bars indicate 95% confidence interval of the estimate.

DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

Substance Use, Misuse, and Use Disorders

Heroin Use

D.C.

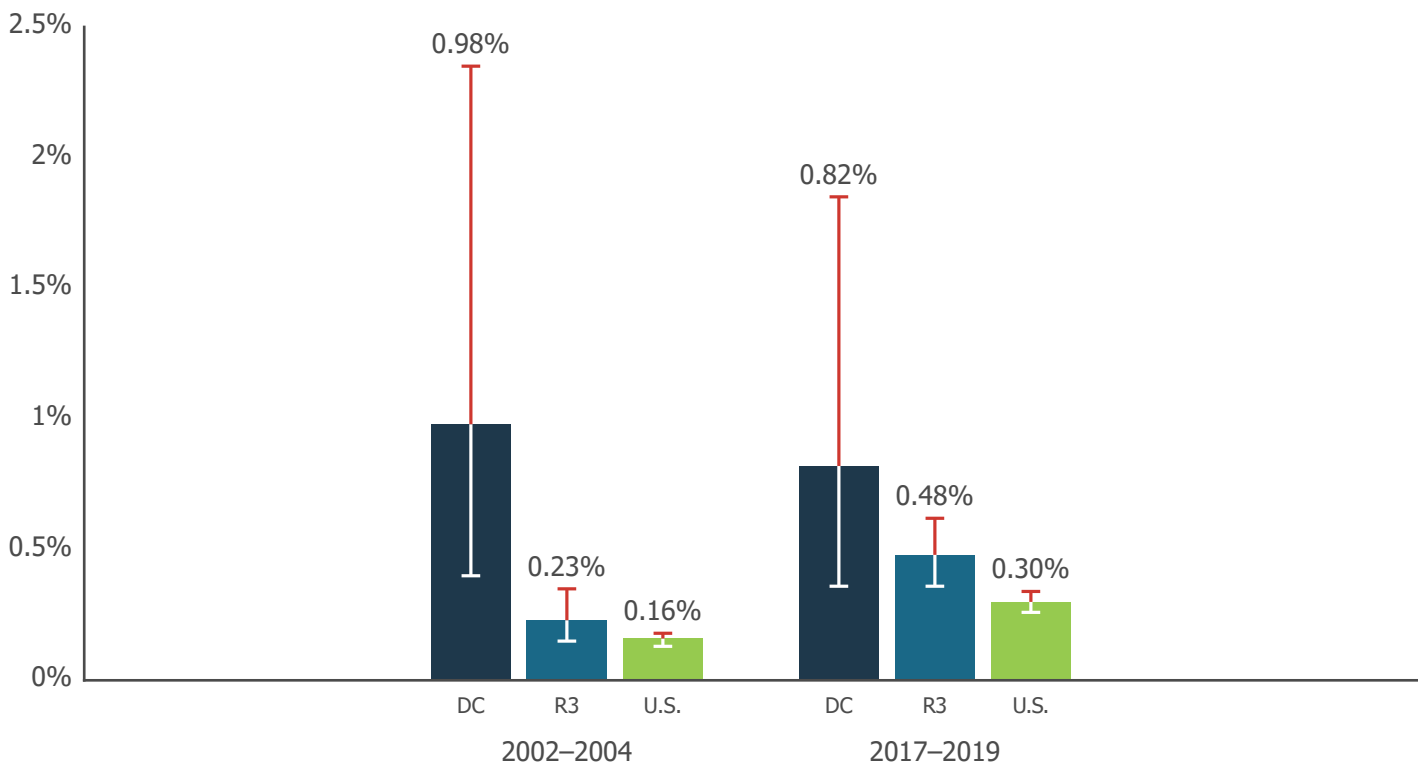


Changes in Past-Year Heroin Use among People Aged 12 or Older in the District of Columbia, Region 3, and the United States (Annual Averages, 2002–2004 and 2017–2019)¹



Among people aged 12 or older in the District of Columbia, the annual average percentage of heroin use in the past year did not significantly change between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year heroin use in the District of Columbia was **0.82%** (or **5,000**), similar to both the regional average (**0.48%**) and the national average (**0.30%**).



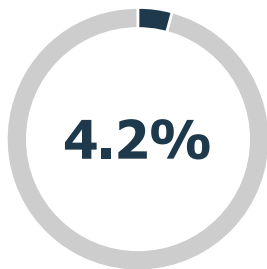
Error bars indicate 95% confidence interval of the estimate.
DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

Substance Use, Misuse, and Use Disorders

Misuse of Prescription Pain Relievers

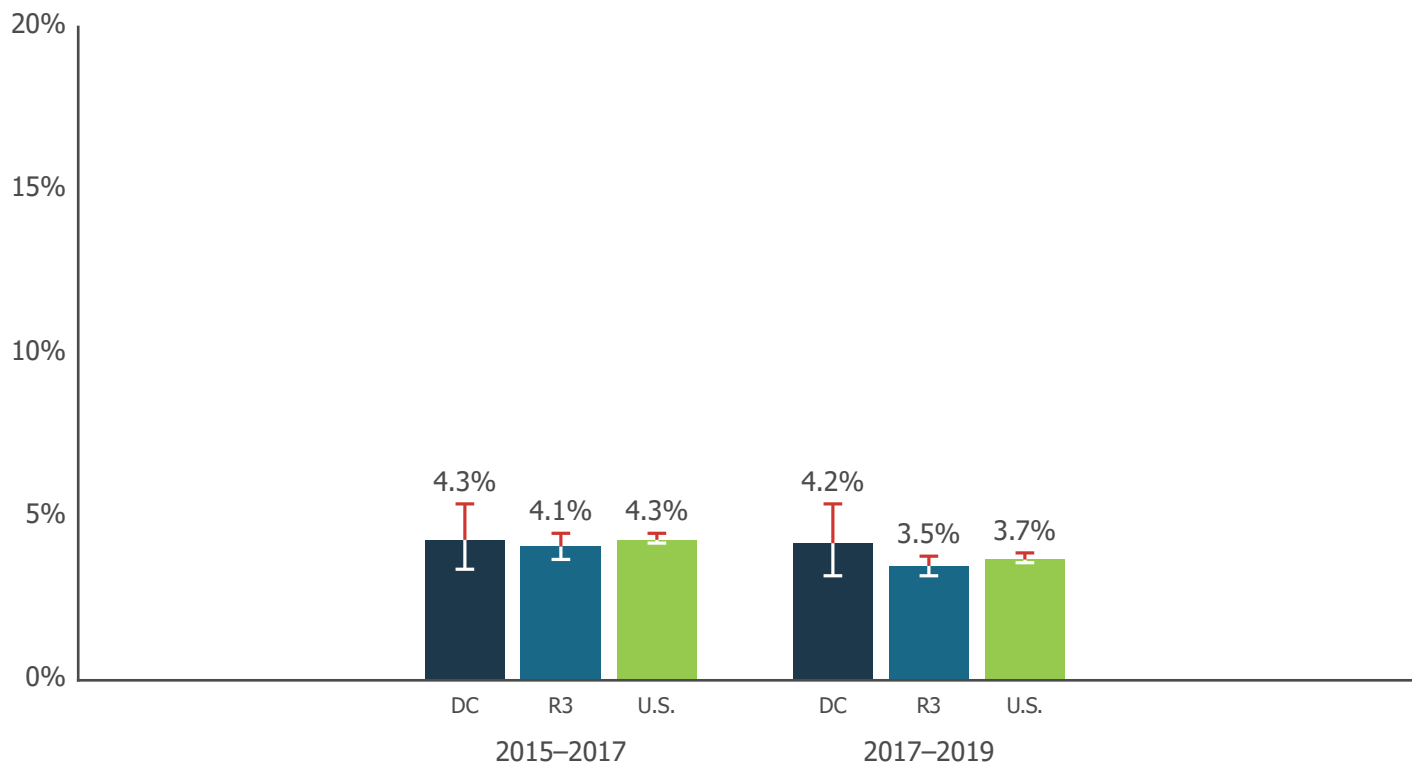


Changes in Past-Year Misuse of Prescription Pain Relievers among People Aged 12 or Older in the District of Columbia, Region 3, and the United States (Annual Averages, 2015–2017 and 2017–2019)¹



Among people aged 12 or older in the District of Columbia, the annual average percentage of prescription pain reliever misuse in the past year did not significantly change between 2015–2017 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year prescription pain reliever misuse in the District of Columbia was **4.2%** (or **25,000**), similar to both the regional average (**3.5%**) and the national average (**3.7%**).



Error bars indicate 95% confidence interval of the estimate.
DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

Substance Use, Misuse, and Use Disorders

Opioid Use Disorder

D.C.

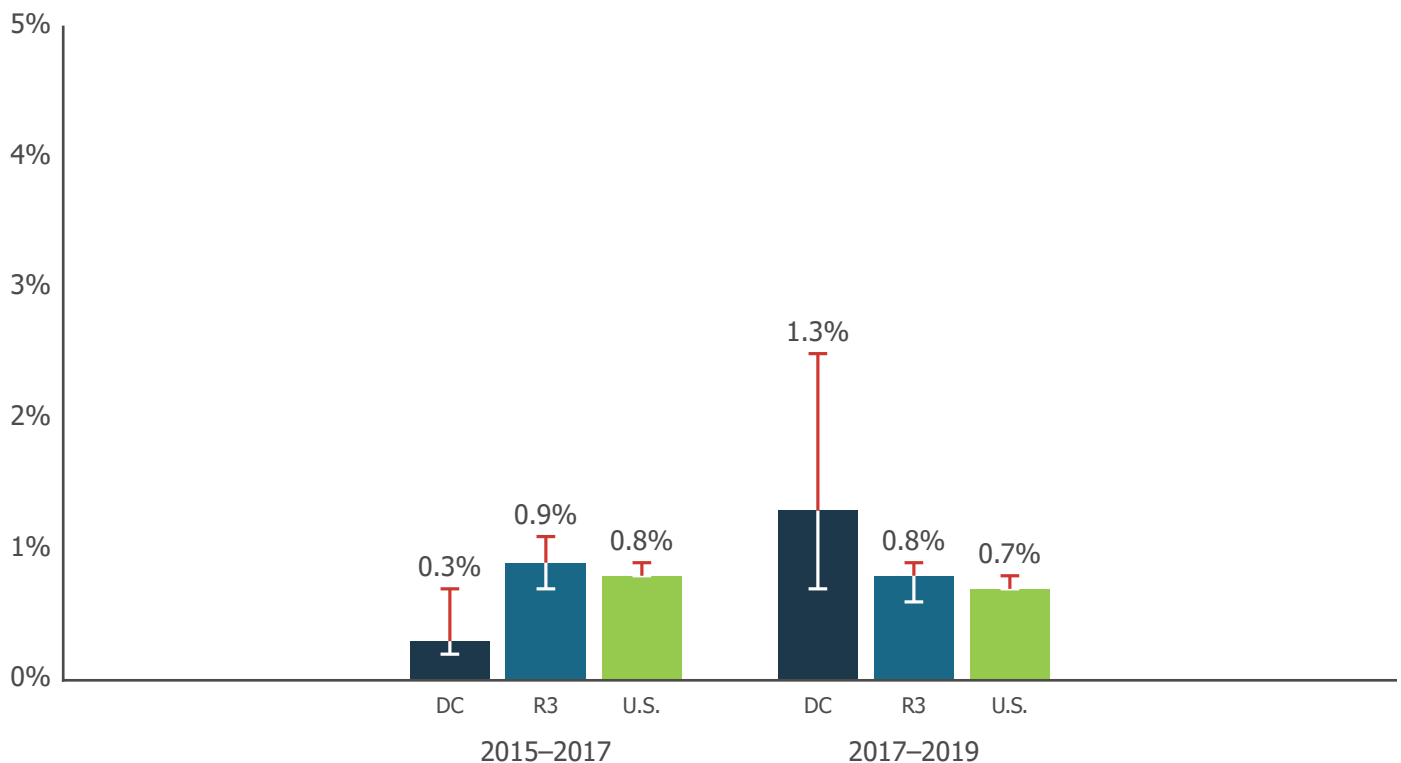


Changes in Past-Year Opioid Use Disorder among People Aged 12 or Older in the District of Columbia, Region 3, and the United States (Annual Averages, 2015–2017 and 2017–2019)¹



Among people aged 12 or older in the District of Columbia, the annual average percentage of opioid use disorder in the past year increased between 2015–2017 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year opioid use disorder in the District of Columbia was **1.3%** (or **8,000**), similar to both the regional average (**0.8%**) and the national average (**0.7%**).



Error bars indicate 95% confidence interval of the estimate.
DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

Substance Use, Misuse, and Use Disorders

Illicit Drug Use Disorder

D.C.

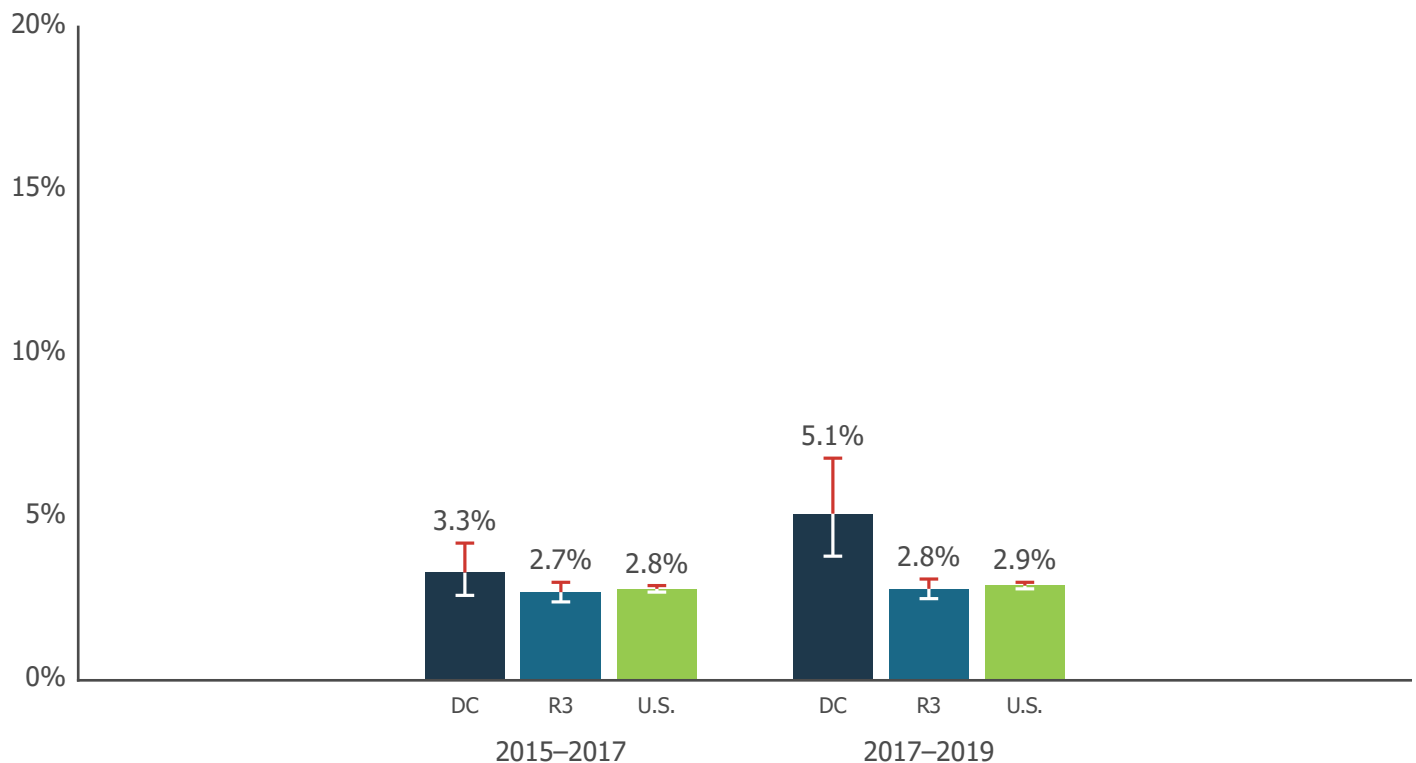


Changes in Past-Year Illicit Drug Use Disorder among People Aged 12 or Older in the District of Columbia, Region 3, and the United States (Annual Averages, 2015–2017 and 2017–2019)¹



Among people aged 12 or older in the District of Columbia, the annual average percentage of illicit drug use disorder in the past year increased between 2015–2017 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year illicit drug use disorder in the District of Columbia was **5.1%** (or **30,000**), higher than both the regional average (**2.8%**) and the national average (**2.9%**).



Error bars indicate 95% confidence interval of the estimate.
DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

Substance Use, Misuse, and Use Disorders

Alcohol Use Disorder

D.C.

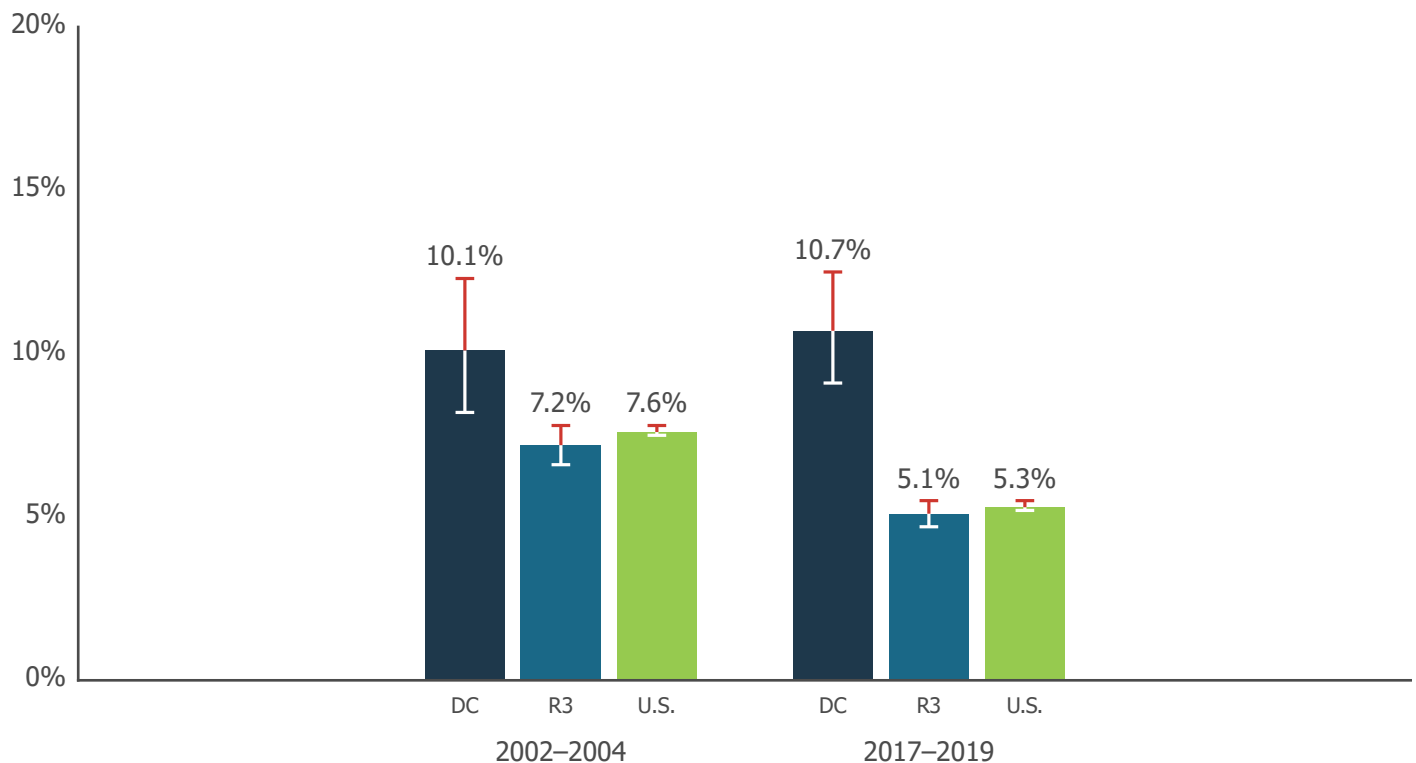


Changes in Past-Year Alcohol Use Disorder among People Aged 12 or Older in the District of Columbia, Region 3, and the United States (Annual Averages, 2002–2004 and 2017–2019)¹



Among people aged 12 or older in the District of Columbia, the annual average percentage of alcohol use disorder in the past year did not significantly change between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year alcohol use disorder in the District of Columbia was **10.7%** (or **64,000**), higher than both the regional average (**5.1%**) and the national average (**5.3%**).



Error bars indicate 95% confidence interval of the estimate.
DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

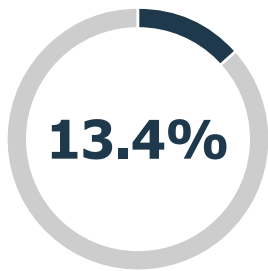
Substance Use, Misuse, and Use Disorders

Substance Use Disorder

D.C.

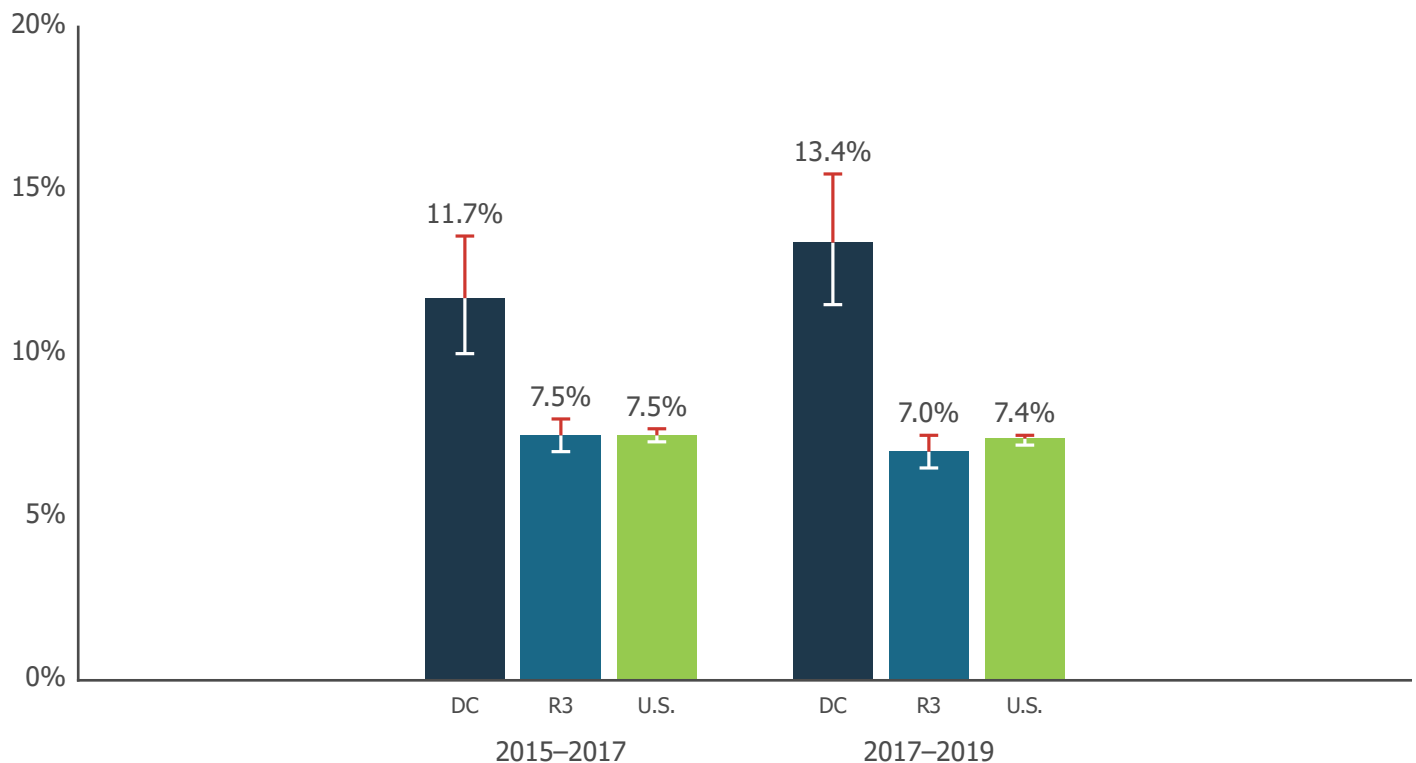


Changes in Past-Year Substance Use Disorder among People Aged 12 or Older in the District of Columbia, Region 3, and the United States (Annual Averages, 2015–2017 and 2017–2019)¹



Among people aged 12 or older in the District of Columbia, the annual average percentage of substance use disorder in the past year did not significantly change between 2015–2017 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year substance use disorder in the District of Columbia was **13.4%** (or **80,000**), higher than both the regional average (**7.0%**) and the national average (**7.4%**).



Error bars indicate 95% confidence interval of the estimate.
DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

Substance Use Treatment

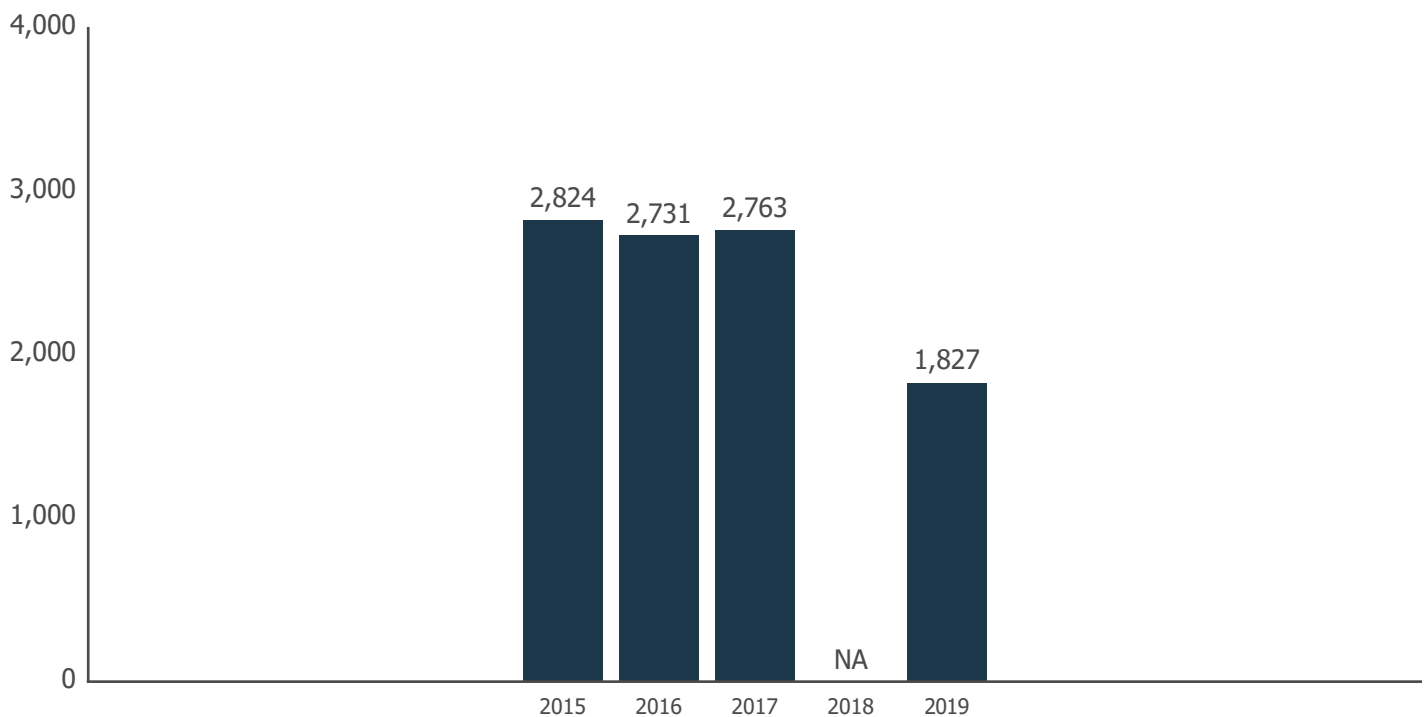
Enrollment and Treatment Focus

D.C.



Changes in the Number of People Enrolled in Substance Use Treatment in the District of Columbia (Single-Day Counts, 2015–2017 and 2019)^{7,8}

In a single-day count in March 2019, **1,827** people in the District of Columbia were enrolled in substance use treatment—a decrease from **2,824** people in 2015.



NA = Not Available.

Substance Use Treatment

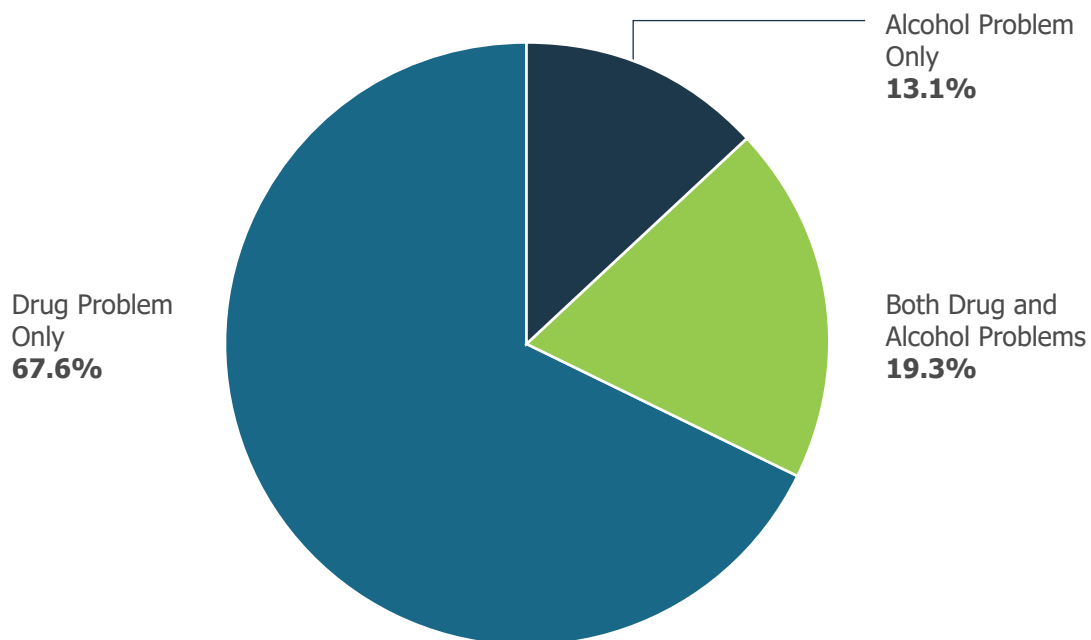
Enrollment and Treatment Focus

D.C.



Substance Use Problems among People Enrolled in Substance Use Treatment in the District of Columbia (Single-Day Count, 2019)^{7,8,9}

Among people in the District of Columbia enrolled in substance use treatment in a single-day count in March 2019, **67.6%** received treatment for a drug problem only, **13.1%** received treatment for an alcohol problem only, and **19.3%** received treatment for both drug and alcohol problems.



Substance Use Treatment

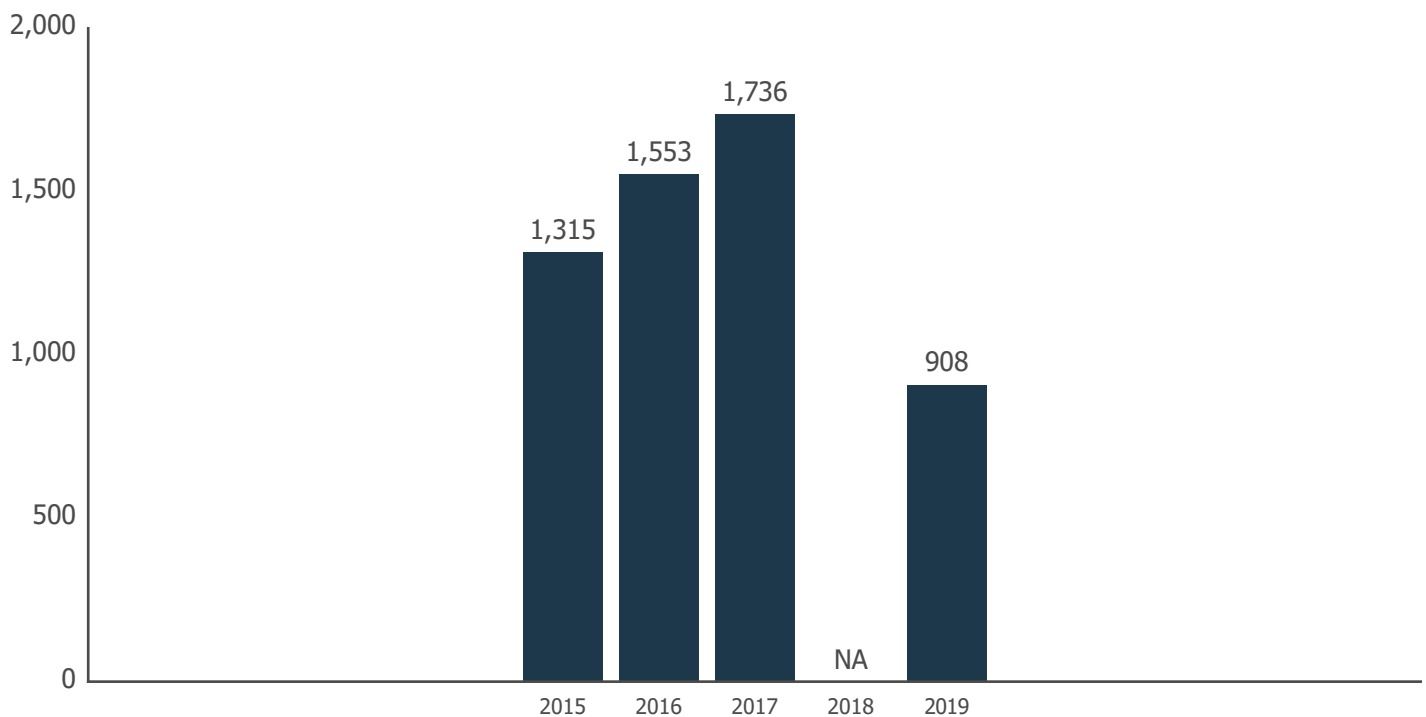
Opioids (Medication-Assisted Therapy [MAT])

D.C.



Changes in the Number of People Enrolled in Opioid Treatment Programs in the District of Columbia Receiving Methadone (Single-Day Counts, 2015–2017 and 2019)^{7,8,10}

In a single-day count in March 2019, **908** people in the District of Columbia were receiving methadone in opioid treatment programs as part of their substance use treatment—a decrease from **1,315** people in 2015.



NA = Not Available.

Substance Use Treatment

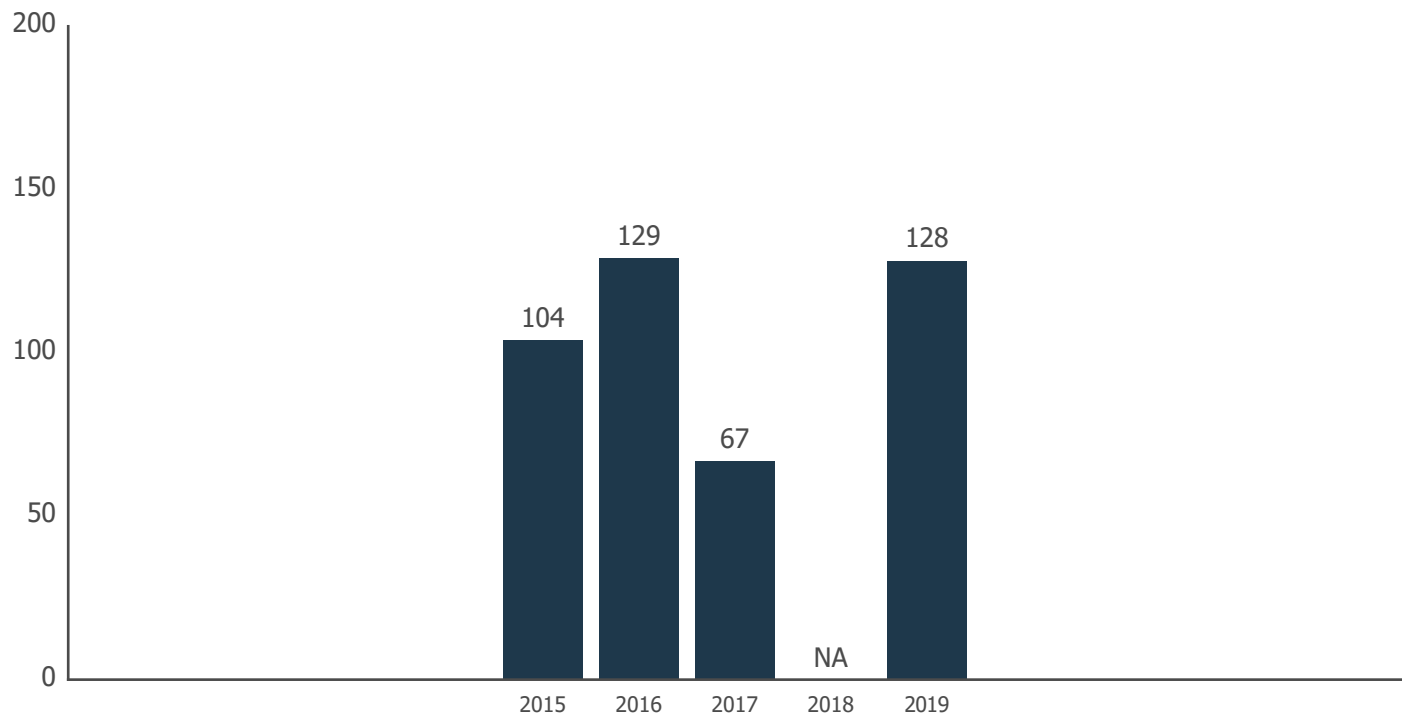
Opioids (Medication-Assisted Therapy [MAT])

D.C.



Changes in the Number of People Enrolled in Substance Use Treatment in the District of Columbia Receiving Buprenorphine (Single-Day Counts, 2015–2017 and 2019)^{7,8,10,11}

In a single-day count in March 2019, **128** people in the District of Columbia were receiving buprenorphine as part of their substance use treatment—an increase from **104** people in 2015.



NA = Not Available.

Adult Mental Health and Service Use

Serious Thoughts of Suicide

D.C.

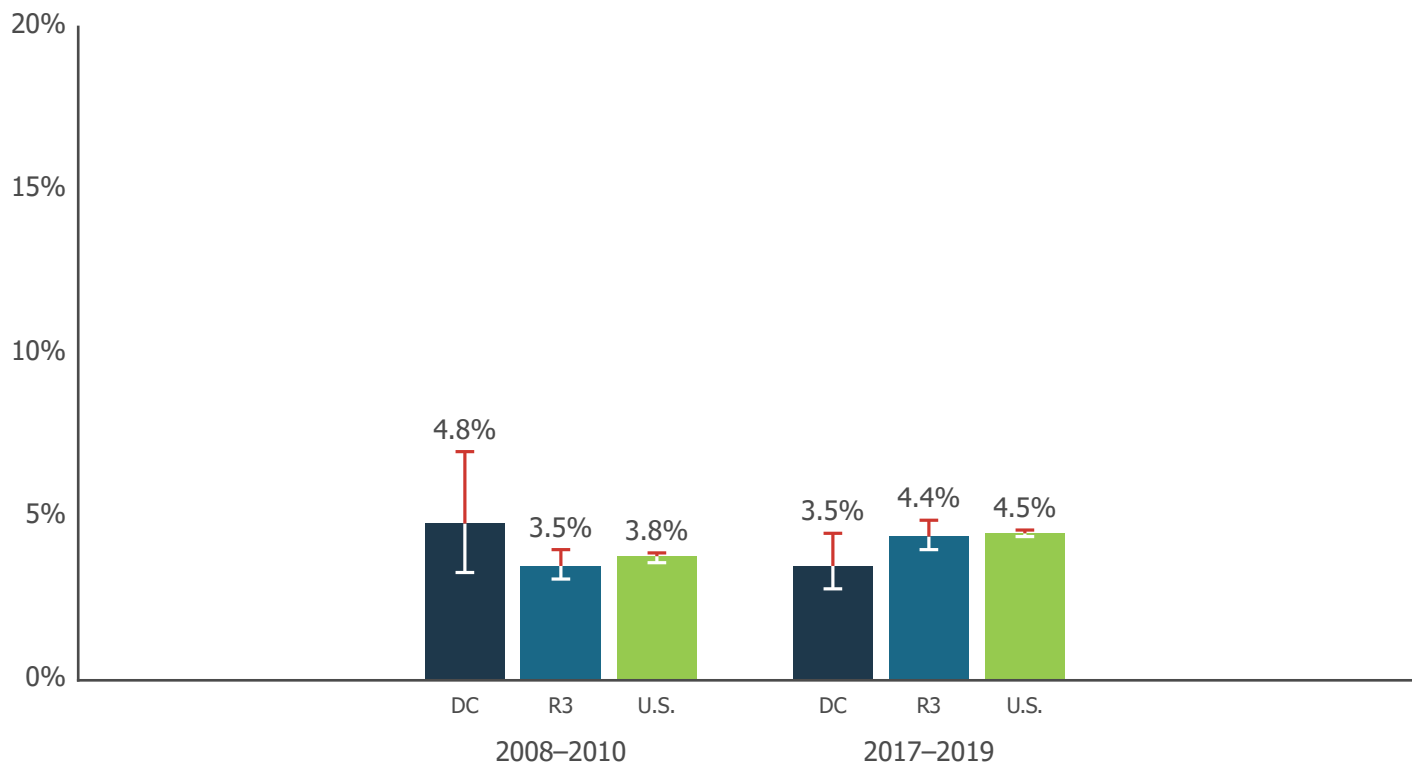


Changes in Past-Year Serious Thoughts of Suicide among Adults Aged 18 or Older in the District of Columbia, Region 3, and the United States (Annual Averages, 2008–2010 and 2017–2019)^{1,5}



Among adults aged 18 or older in the District of Columbia, the annual average percentage with serious thoughts of suicide in the past year did not significantly change between 2008–2010 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year serious thoughts of suicide in the District of Columbia was **3.5%** (or **20,000**), similar to the regional average (**4.4%**) but lower than the national average (**4.5%**).



Error bars indicate 95% confidence interval of the estimate.

DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

Adult Mental Health and Service Use

Serious Mental Illness

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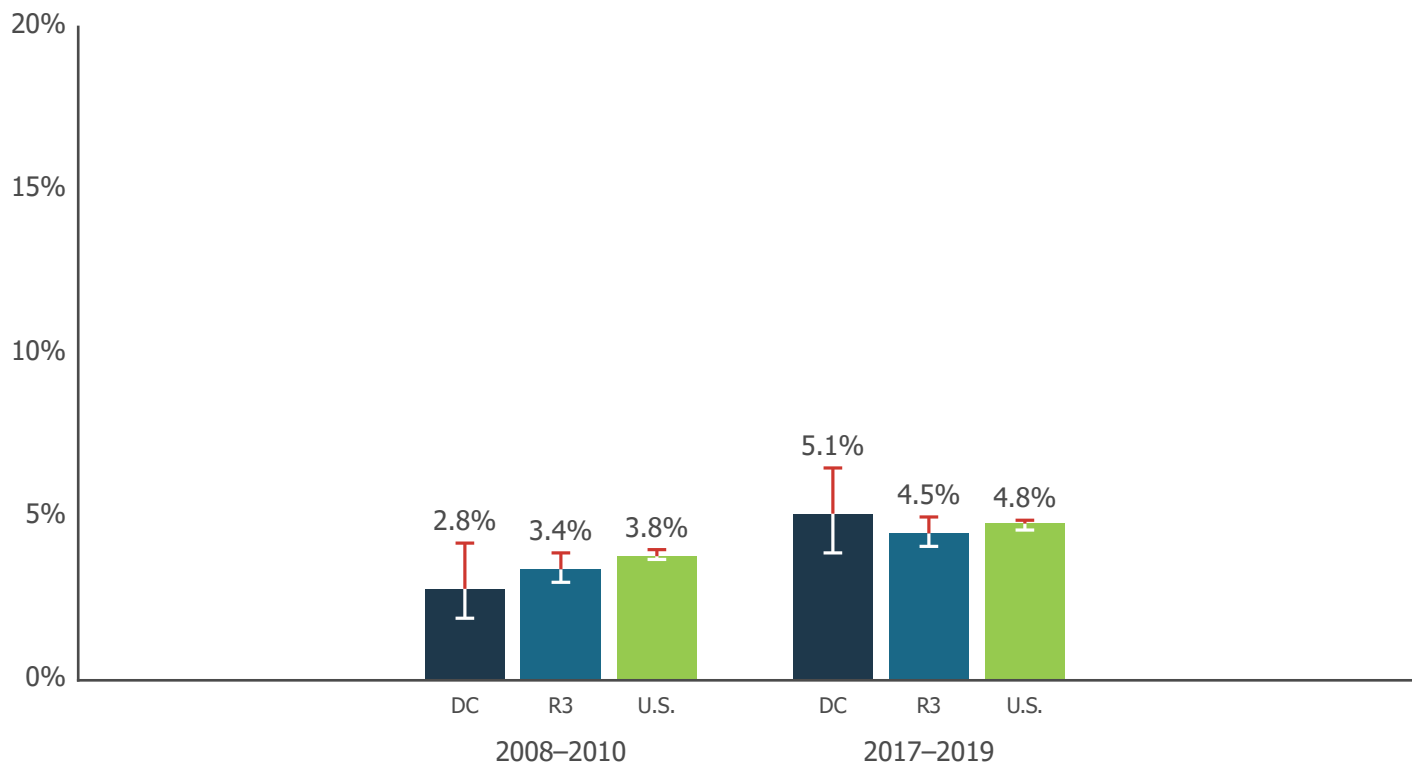


Changes in Past-Year Serious Mental Illness (SMI) among Adults Aged 18 or Older in the District of Columbia, Region 3, and the United States (Annual Averages, 2008–2010 and 2017–2019)^{1,6}



Among adults aged 18 or older in the District of Columbia, the annual average percentage with SMI in the past year increased between 2008–2010 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year SMI in the District of Columbia was **5.1%** (or **28,000**), similar to both the regional average (**4.5%**) and the national average (**4.8%**).



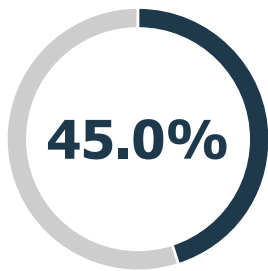
Error bars indicate 95% confidence interval of the estimate.
DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

Adult Mental Health and Service Use

Mental Health Service Use among Adults with Any Mental Illness

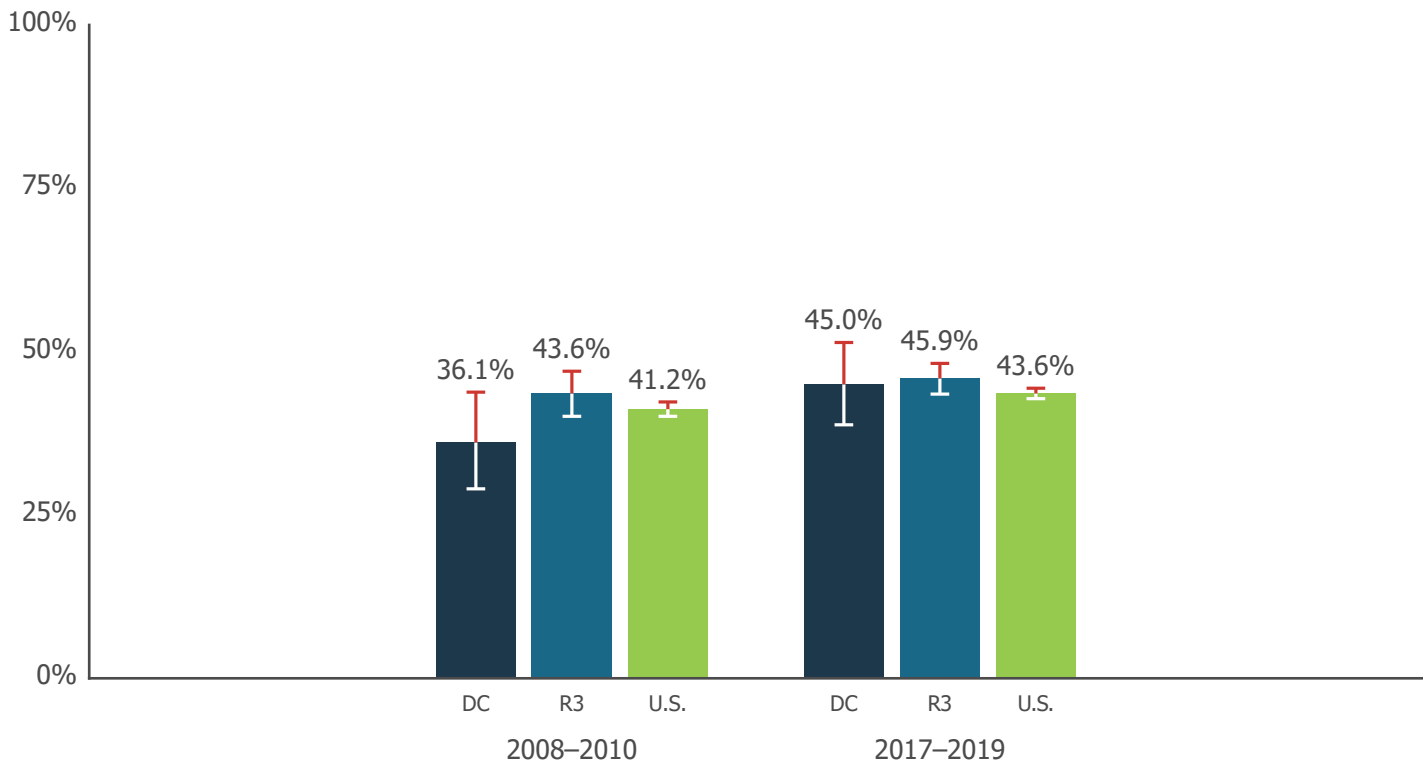


Changes in Past-Year Mental Health Service Use among Adults Aged 18 or Older with Any Mental Illness (AMI) in the District of Columbia, Region 3, and the United States (Annual Averages, 2008–2010 and 2017–2019)^{1,6,12}



Among adults aged 18 or older in the District of Columbia, the annual average percentage with AMI who received mental health services in the past year did not significantly change between 2008–2010 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year mental health service use among those with AMI in the District of Columbia was **45.0%** (or **60,000**), similar to both the regional average (**45.9%**) and the national average (**43.6%**).



Error bars indicate 95% confidence interval of the estimate.
DC = District of Columbia; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.



- 1 Estimates are annual averages based on combined 2017–2019 NSDUH data or NSDUH data for other combined years as indicated.
- 2 Respondents with unknown past-year major depressive episode (MDE) data were excluded.
- 3 Respondents with unknown past-year MDE or unknown treatment data were excluded.
- 4 Consistent with federal definitions and other federal data collections, the NSDUH definition for binge alcohol use since 2015 differs for males and females. Thus, this indicator is based only on the 2015–2019 NSDUH data. 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.
- 5 Estimates were based only on responses to suicidality items in the NSDUH Mental Health module. Respondents with unknown suicidality information were excluded.
- 6 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>.
- 7 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).
- 8 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).
- 9 Enrollees whose substances were unknown were excluded.
- 10 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.



- [11](#) 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 (OTPs) may also prescribe and/or dispense buprenorphine. The buprenorphine single-day counts include only those clients who received/were prescribed buprenorphine by physicians affiliated with substance abuse treatment facilities; they do not include clients from private practice physicians.
- [12](#) 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.

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).

Any mental illness (AMI) 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 DSM-IV criteria. AMI estimates are based on a predictive model applied to NSDUH data and are not direct measures of diagnostic status. Adults estimated as having a diagnosable mental, behavioral, or emotional disorder in the past year, regardless of their level of functional impairment, were defined as having AMI.

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.

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 the National Survey on Drug Use and Health (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.

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.

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).

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

D.C.



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

American Psychiatric Association (APA). (2013). *Diagnostic and statistical manual of mental disorders* (DSM-5) (5th ed.). Arlington, VA: Author.

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

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/>). 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. Additional information about N–SSATS is available at <https://www.samhsa.gov/data/all-reports>.

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Substance Abuse and Mental Health Services Administration
Center for Behavioral Health Statistics and Quality

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Substance Abuse and Mental Health
Services Administration