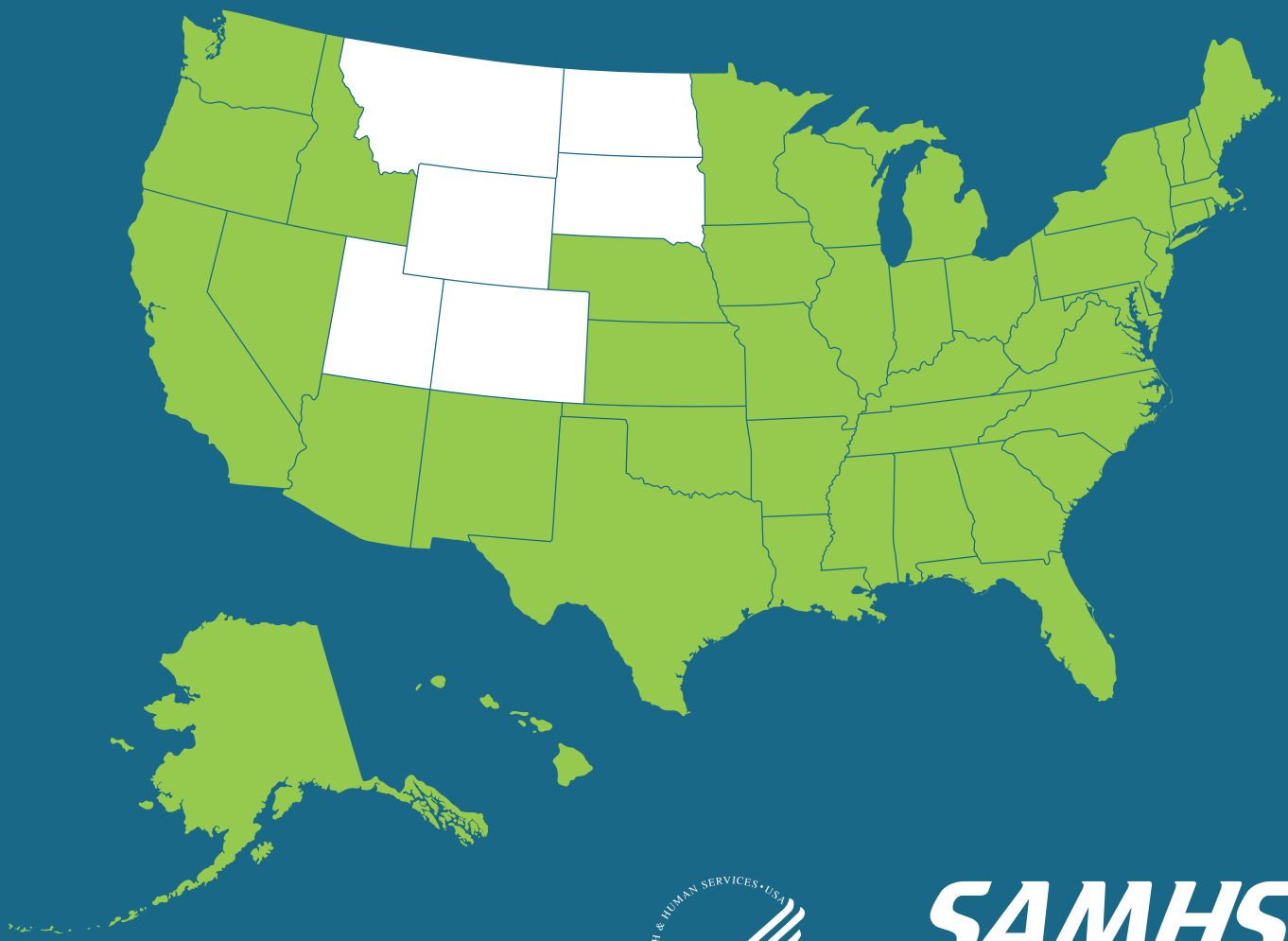
Behavioral Health **Barometer**

Region 8, 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

This report was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) under contract No. 283–17–3101 with SAMHSA, U.S. Department of Health and Human Services (HHS).

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Recommended Citation

Substance Abuse and Mental Health Services Administration. *Behavioral Health Barometer: Region 8, Volume 6: Indicators as measured through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services*. HHS Publication No. SMA–20–Baro–19–R8. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020.

Originating Office

Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20857.

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HHS Publication No. SMA–20–Baro–19–R8
Published 2020

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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: Region 8, 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: Region 8, 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 63–64. 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 65–66.

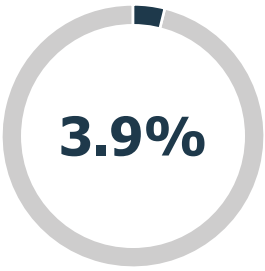
Methodological Information

Statistical tests (t-tests) have been conducted for all statements appearing in the text of the report based on NSDUH data that compare estimates between years or population subgroups. 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 53–56 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

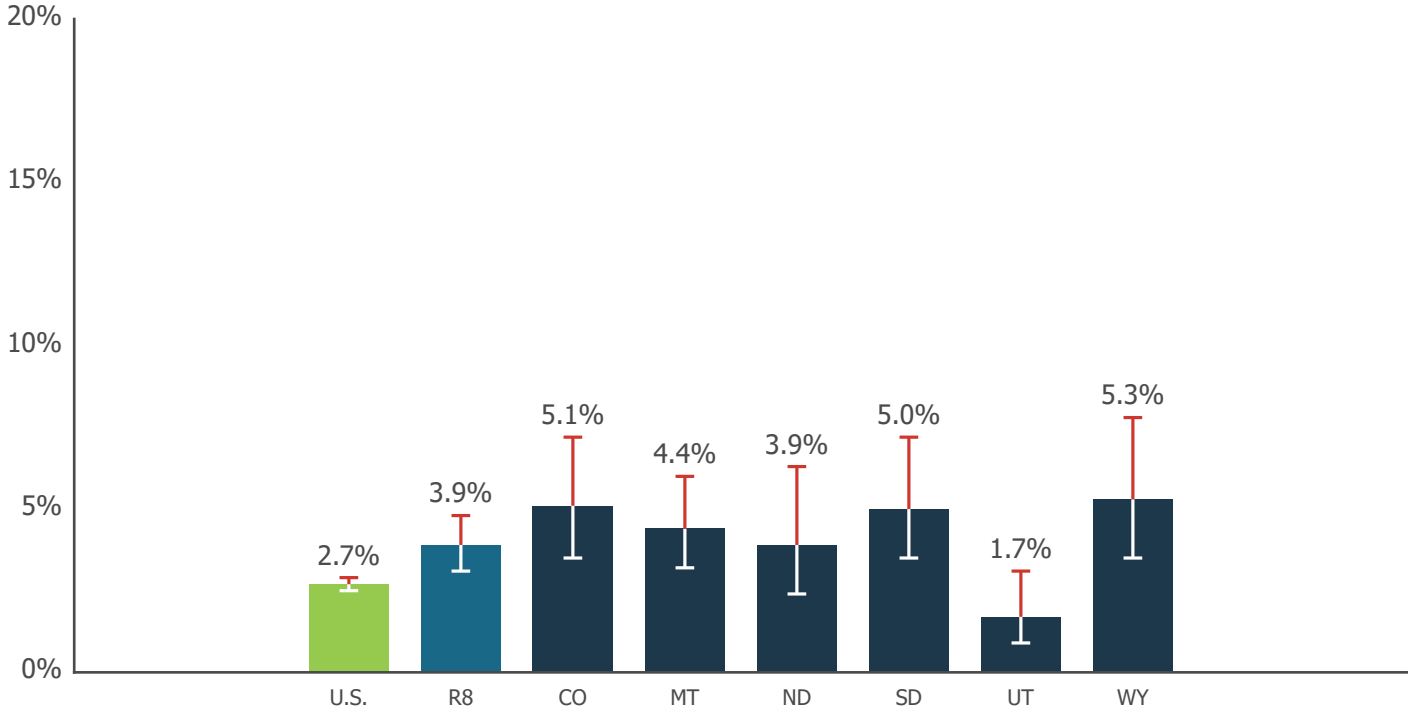
Past-Month Cigarette Use among Youth Aged 12–17 in Region 8 (Annual Average, 2017–2019)[1]



During 2017–2019, among youth aged 12–17 in Region 8, **3.9%** (or **38,000**) used cigarettes in the past month, higher than the national average (**2.7%**).

Compared to the national average, the estimate was higher in Colorado, Montana, South Dakota, and Wyoming and similar in North Dakota and Utah.

Compared to the regional average, the estimate was higher in Colorado; lower in Utah; and similar in Montana, North Dakota, South Dakota, and Wyoming.

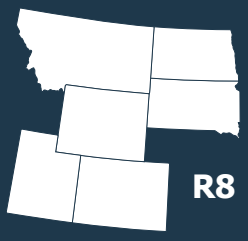


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

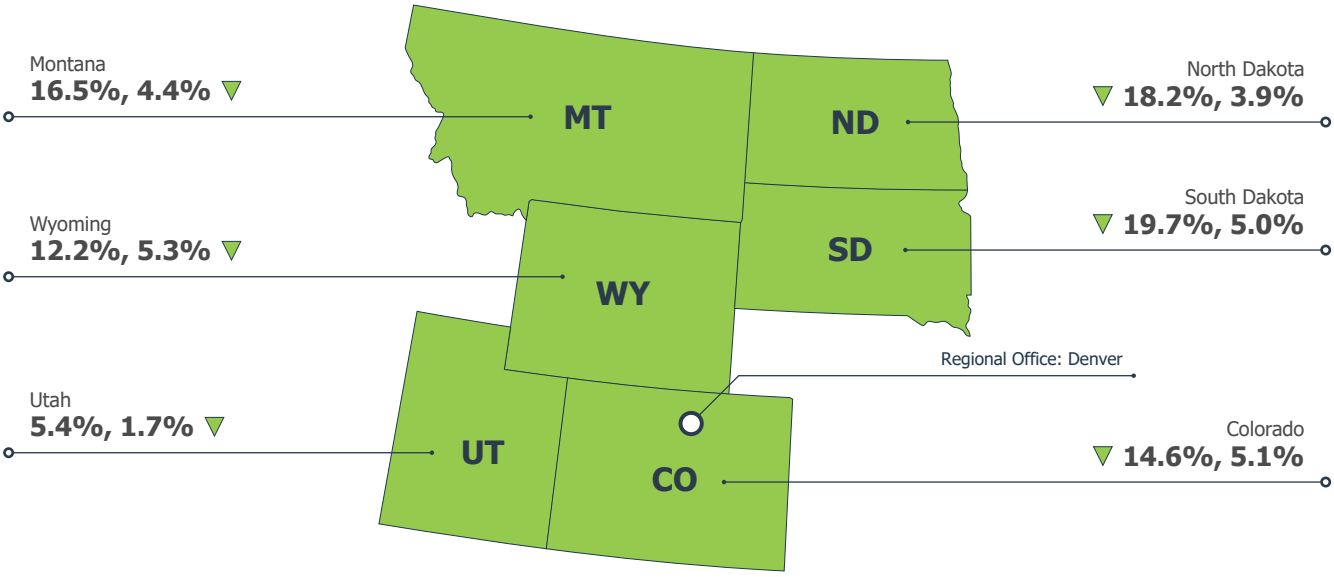
Youth Substance Use

Cigarette Use



Changes in Past-Month Cigarette Use among Youth Aged 12–17 in Region 8 (Annual Averages, 2002–2004 and 2017–2019)[1]

Among youth aged 12–17 in Region 8, the annual average percentage of cigarette use in the past month decreased between 2002–2004 (**12.8%**) and 2017–2019 (**3.9%**). The percentage decreased in every state in Region 8.



Key: **% 2002–2004, % 2017–2019**

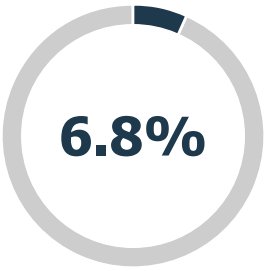
- ▲ **Increased** from 2002–2004 to 2017–2019
- ☐ No Significant Change from 2002–2004 to 2017–2019
- ▼ **Decreased** from 2002–2004 to 2017–2019

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2004 and 2017–2019.

Youth Substance Use

Marijuana Use

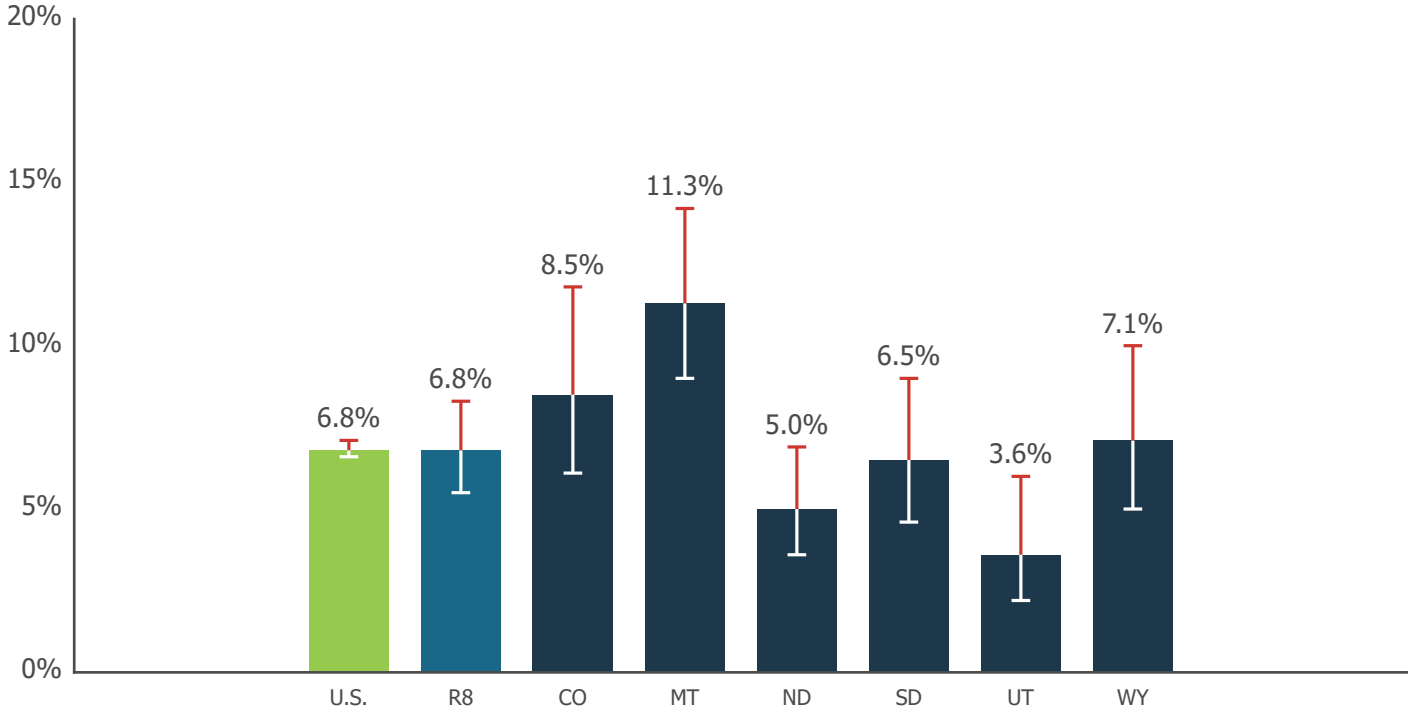
Past-Month Marijuana Use among Youth Aged 12–17 in Region 8 (Annual Average, 2017–2019)[1]



During 2017–2019, among youth aged 12–17 in Region 8, **6.8%** (or **67,000**) used marijuana in the past month, similar to the national average (**6.8%**).

Compared to the national average, the estimate was higher in Montana; lower in North Dakota and Utah; and similar in Colorado, South Dakota, and Wyoming.

Compared to the regional average, the estimate was higher in Montana; lower in Utah; and similar in Colorado, North Dakota, South Dakota, and Wyoming.



Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

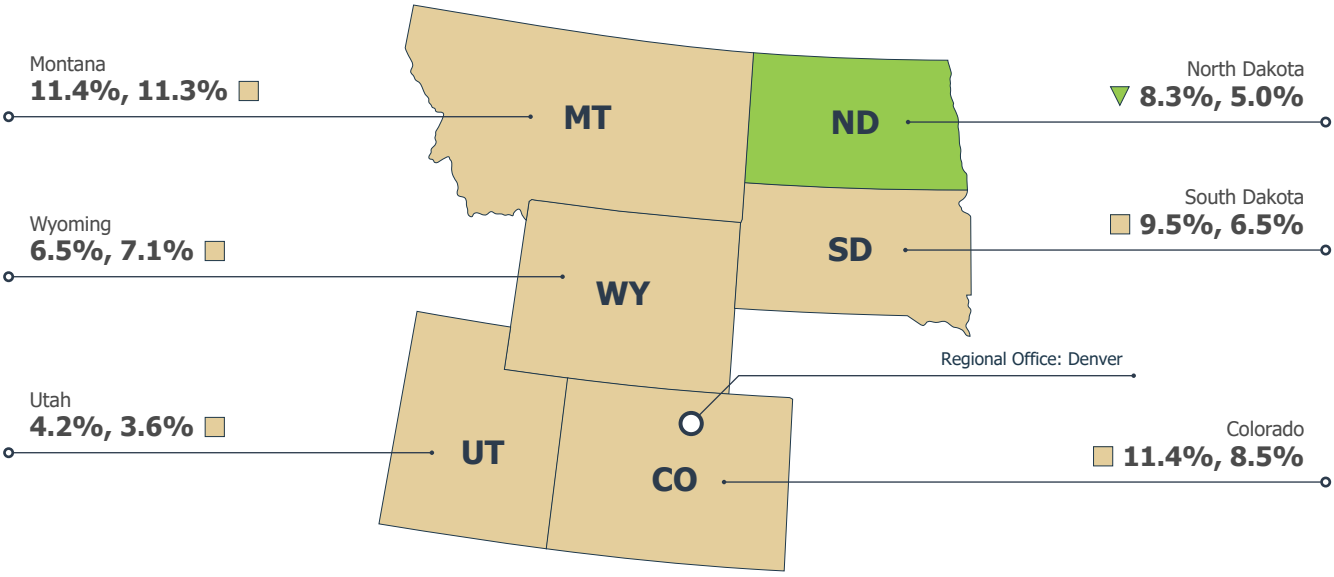
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

Youth Substance Use

Marijuana Use

Changes in Past-Month Marijuana Use among Youth Aged 12–17 in Region 8 (Annual Averages, 2002–2004 and 2017–2019)[1]

Among youth aged 12–17 in Region 8, the annual average percentage of marijuana use in the past month decreased between 2002–2004 (**8.9%**) and 2017–2019 (**6.8%**). The percentage decreased in North Dakota.



Key: **% 2002–2004, % 2017–2019**

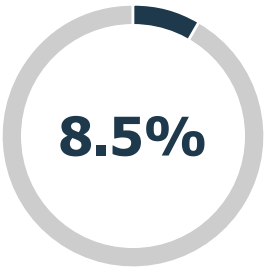
- ▲ **Increased** from 2002–2004 to 2017–2019
- ☐ No Significant Change from 2002–2004 to 2017–2019
- ▼ **Decreased** from 2002–2004 to 2017–2019

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2004 and 2017–2019.

Youth Substance Use

Alcohol Use

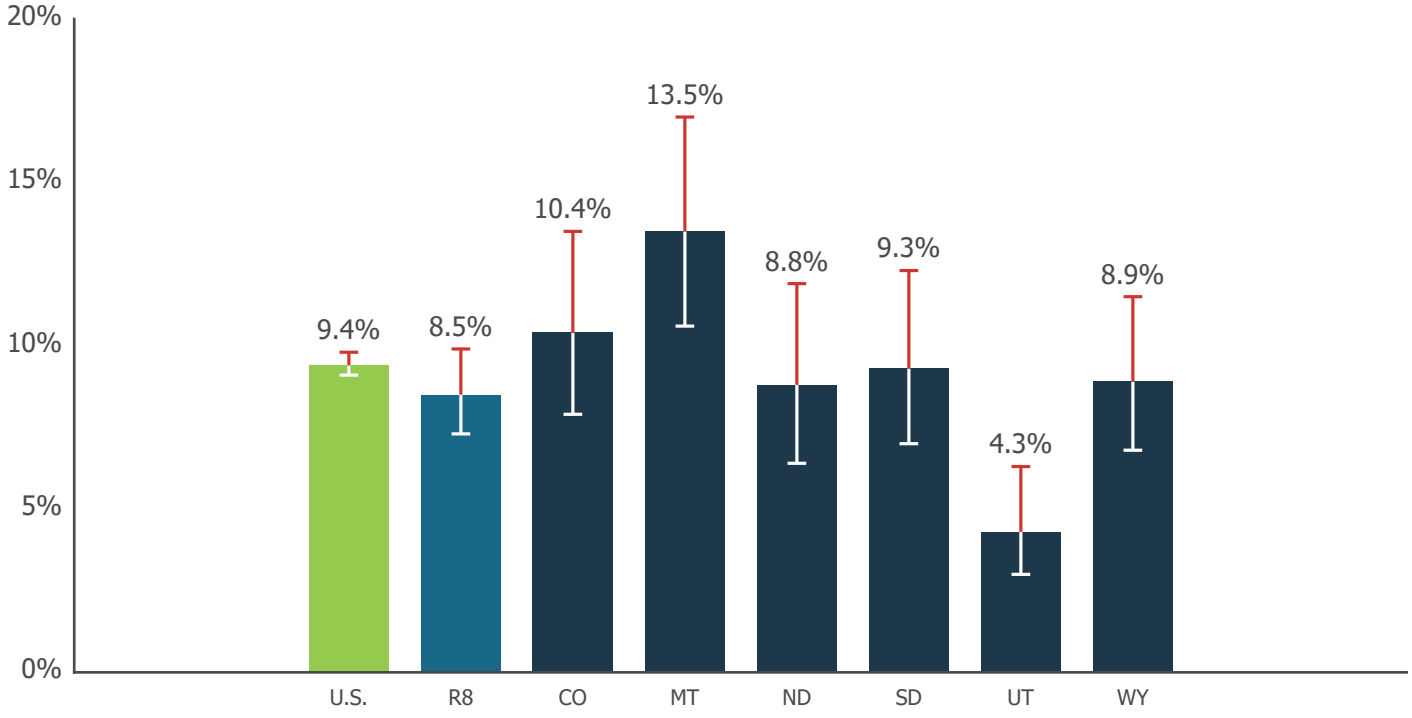
Past-Month Alcohol Use among Youth Aged 12–17 in Region 8 (Annual Average, 2017–2019)[1]



During 2017–2019, among youth aged 12–17 in Region 8, **8.5%** (or **84,000**) used alcohol in the past month, similar to the national average (**9.4%**).

Compared to the national average, the estimate was higher in Montana; lower in Utah; and similar in Colorado, North Dakota, South Dakota, and Wyoming.

Compared to the regional average, the estimate was higher in Colorado and Montana; lower in Utah; and similar in North Dakota, South Dakota, and Wyoming.

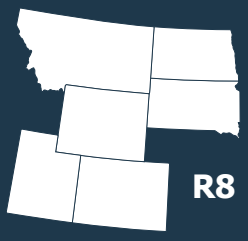


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

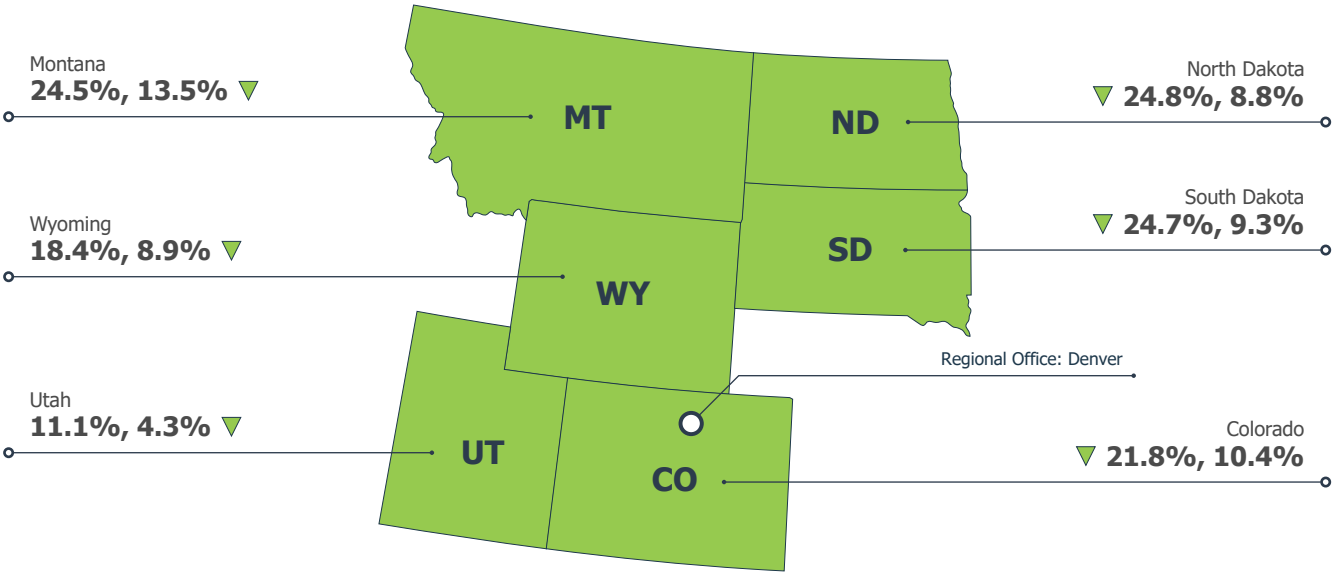
Youth Substance Use

Alcohol Use



Changes in Past-Month Alcohol Use among Youth Aged 12–17 in Region 8 (Annual Averages, 2002–2004 and 2017–2019)[1]

Among youth aged 12–17 in Region 8, the annual average percentage of alcohol use in the past month decreased between 2002–2004 (**19.5%**) and 2017–2019 (**8.5%**). The percentage decreased in every state in Region 8.



Key: **% 2002–2004, % 2017–2019**

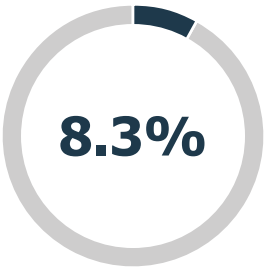
- ▲ **Increased** from 2002–2004 to 2017–2019
- ☐ No Significant Change from 2002–2004 to 2017–2019
- ▼ **Decreased** from 2002–2004 to 2017–2019

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2004 and 2017–2019.

Youth Substance Use

Illicit Drug Use

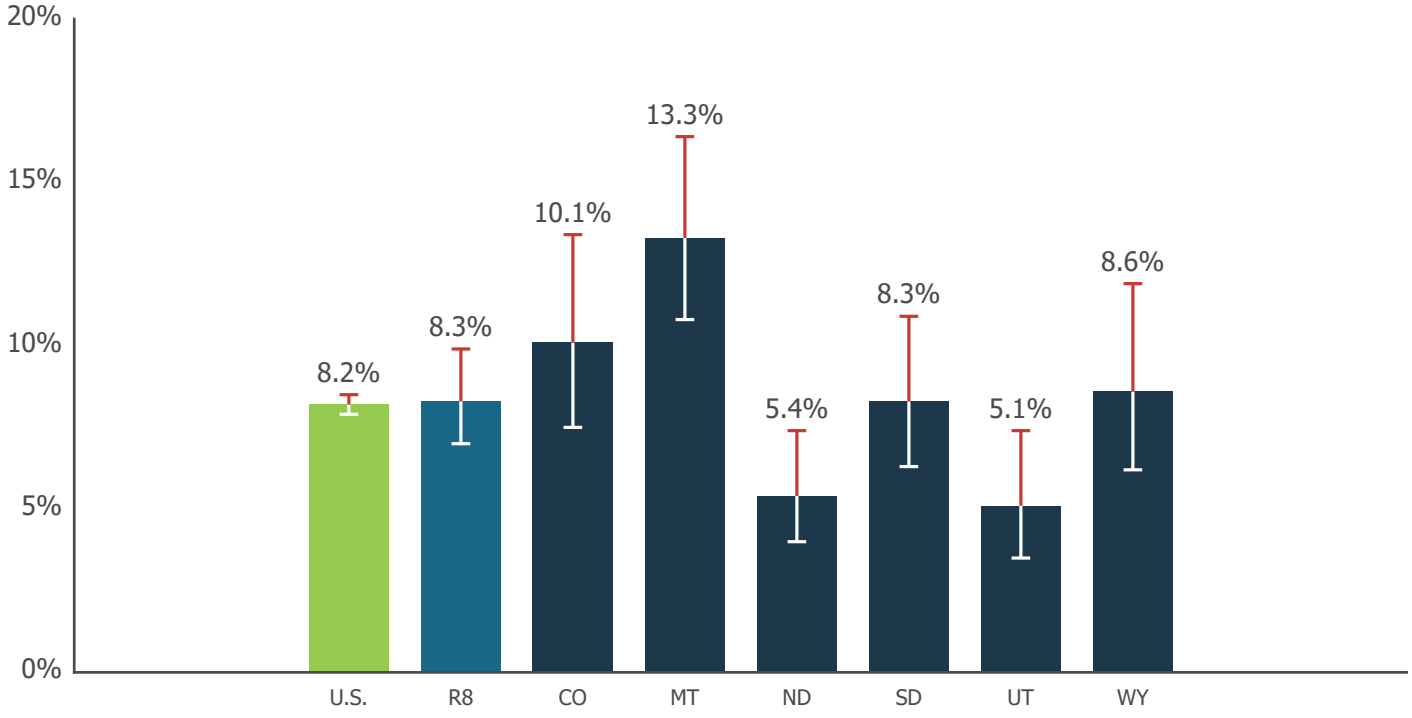
Past-Month Illicit Drug Use among Youth Aged 12–17 in Region 8 (Annual Average, 2017–2019)[1]



During 2017–2019, among youth aged 12–17 in Region 8, **8.3%** (or **82,000**) used illicit drugs in the past month, similar to the national average (**8.2%**).

Compared to the national average, the estimate was higher in Montana; lower in North Dakota and Utah; and similar in Colorado, South Dakota, and Wyoming.

Compared to the regional average, the estimate was higher in Montana; lower in North Dakota and Utah; and similar in Colorado, South Dakota, and Wyoming.

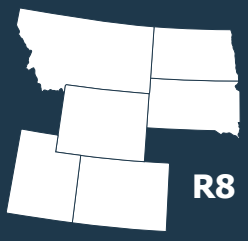


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

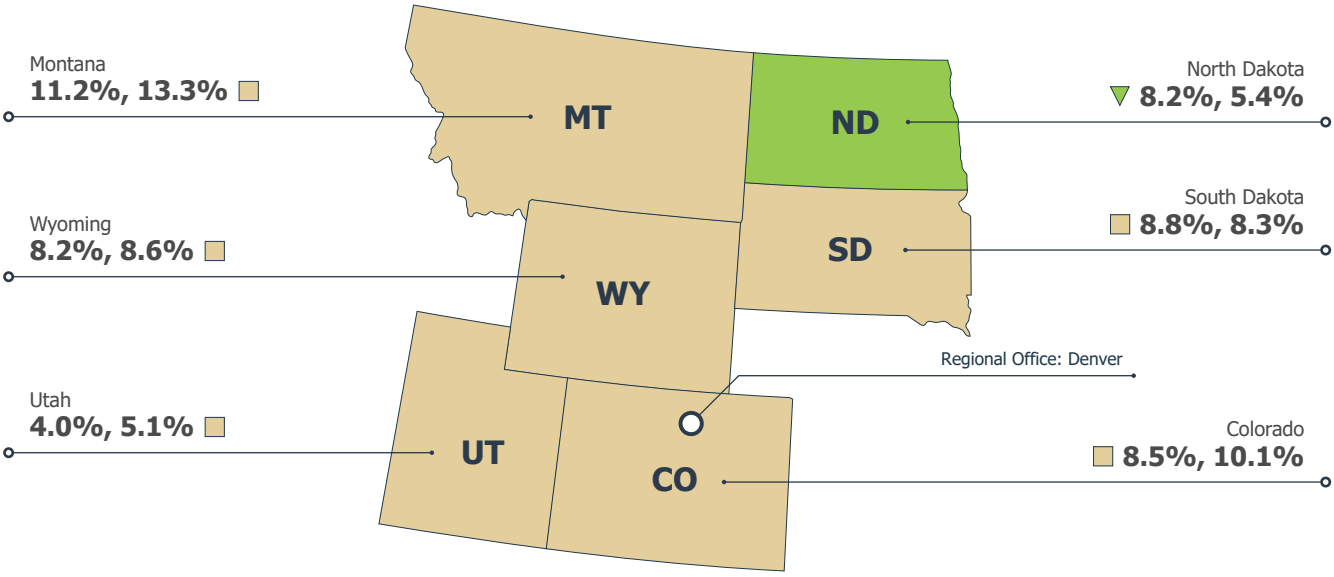
Youth Substance Use

Illicit Drug Use



Changes in Past-Month Illicit Drug Use among Youth Aged 12–17 in Region 8 (Annual Averages, 2015–2017 and 2017–2019)[1]

Among youth aged 12–17 in Region 8, the annual average percentage of illicit drug use in the past month did not significantly change between 2015–2017 (**7.3%**) and 2017–2019 (**8.3%**). The percentage decreased in North Dakota.



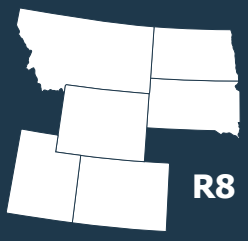
Key: **% 2015–2017, % 2017–2019**

- ▲ **Increased** from 2015–2017 to 2017–2019
- ☐ No Significant Change from 2015–2017 to 2017–2019
- ▼ **Decreased** from 2015–2017 to 2017–2019

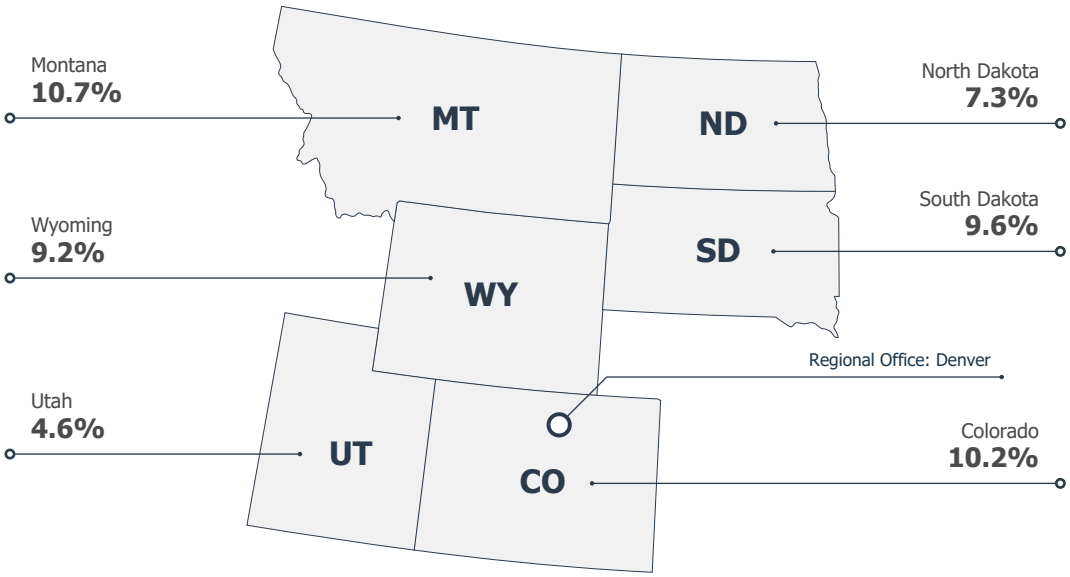
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.

Youth Substance Use

Initiation of Substance Use



Past-Year Initiation (First Lifetime Use) of Alcohol among Youth Aged 12–17 in Region 8 (Annual Average, 2017–2019)[1]

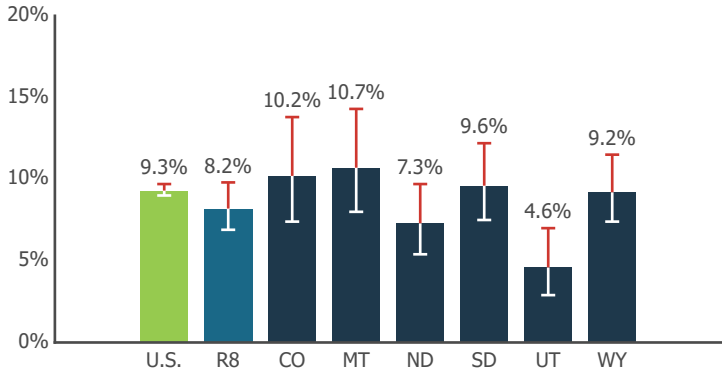


Key: **% 2017–2019**

During 2017–2019, among youth aged 12–17 in Region 8, **8.2%** (or **81,000**) used alcohol for the first time in their lives, similar to the national average (**9.3%**).

Compared to the national average, the estimate was lower in Utah and similar in Colorado, Montana, North Dakota, South Dakota, and Wyoming.

Compared to the regional average, the estimate was lower in Utah and similar in Colorado, Montana, North Dakota, South Dakota, and Wyoming.



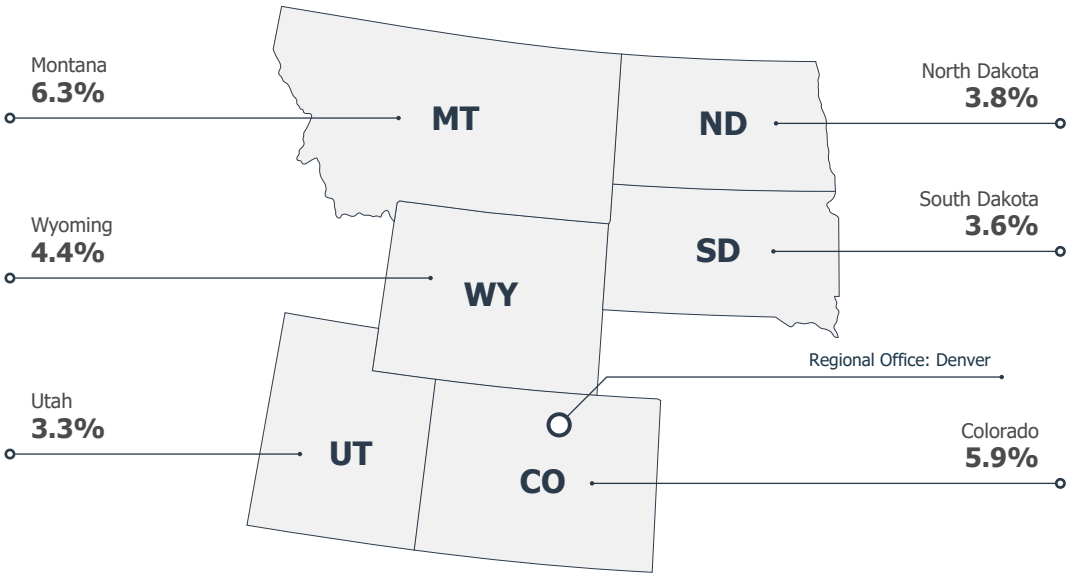
Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

Youth Substance Use

Initiation of Substance Use

Past-Year Initiation (First Lifetime Use) of Marijuana among Youth Aged 12–17 in Region 8 (Annual Average, 2017–2019)[1]

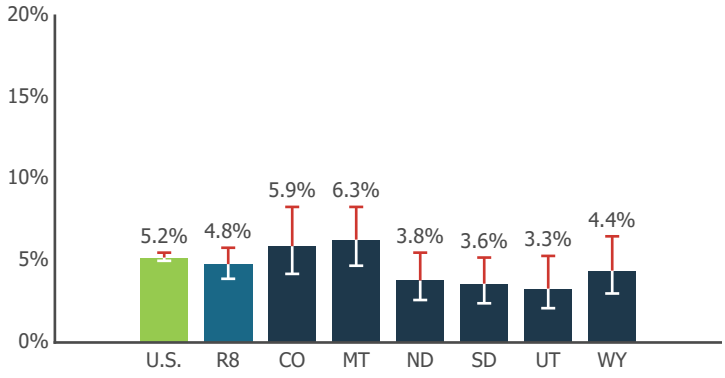


Key: **% 2017–2019**

During 2017–2019, among youth aged 12–17 in Region 8, **4.8%** (or **47,000**) used marijuana for the first time in their lives, similar to the national average (**5.2%**).

Compared to the national average, the estimate was lower in South Dakota and Utah and similar in Colorado, Montana, North Dakota, and Wyoming.

Compared to the regional average, the estimate was similar in every state in Region 8.



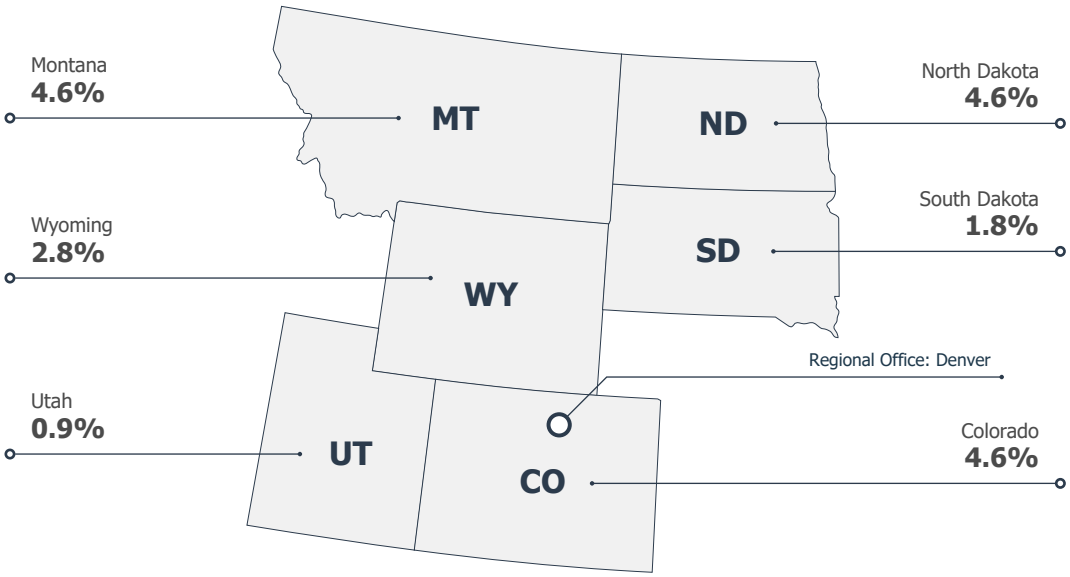
Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

Youth Substance Use

Initiation of Substance Use

Past-Year Initiation (First Lifetime Use) of Cigarettes among Youth Aged 12–17 in Region 8 (Annual Average, 2017–2019)[1]

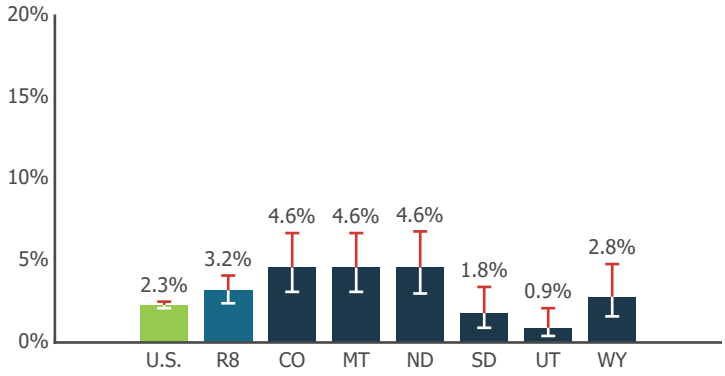


Key: **% 2017–2019**

During 2017–2019, among youth aged 12–17 in Region 8, **3.2%** (or **31,000**) used cigarettes for the first time in their lives, higher than the national average (**2.3%**).

Compared to the national average, the estimate was higher in Colorado, Montana, and North Dakota; lower in Utah; and similar in South Dakota and Wyoming.

Compared to the regional average, the estimate was higher in Colorado; lower in Utah; and similar in Montana, North Dakota, South Dakota, and Wyoming.

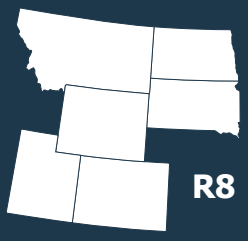


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

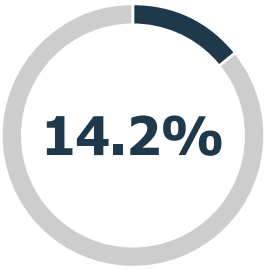
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

Youth Mental Health and Service Use

Depression



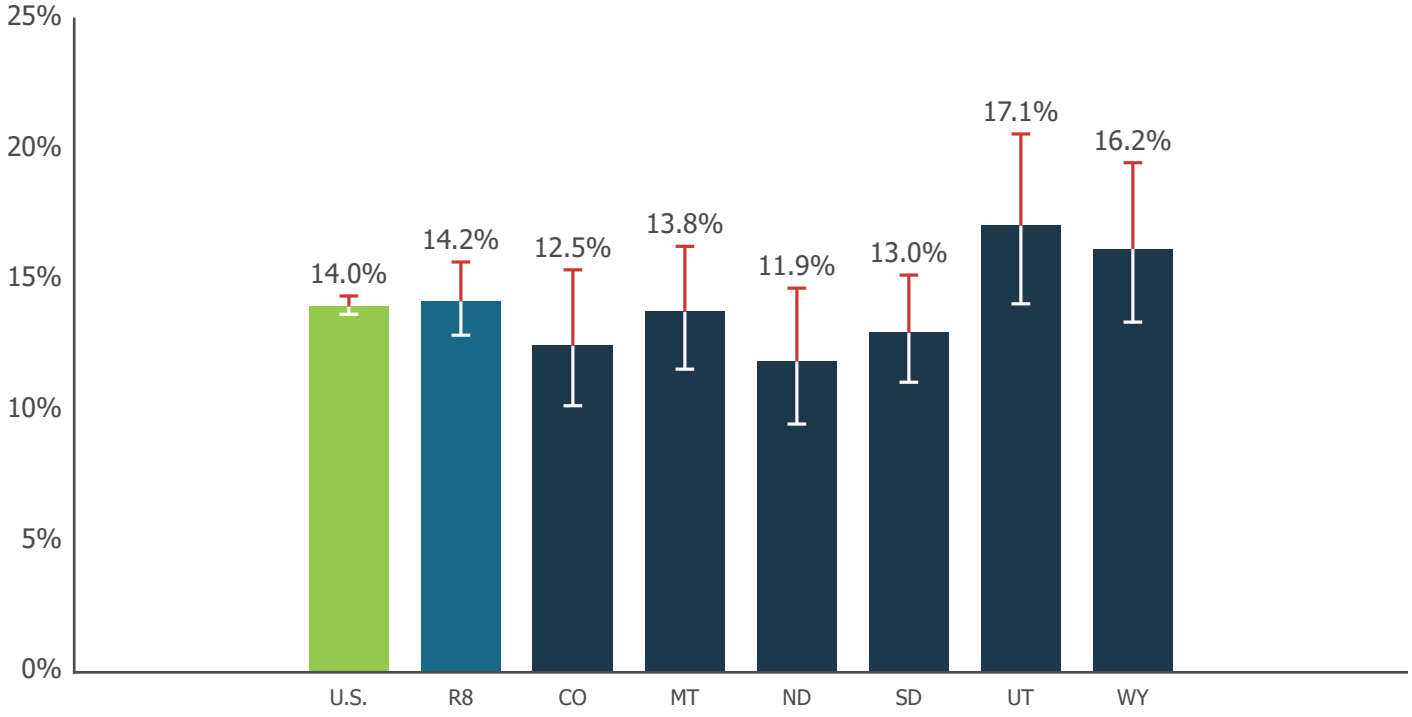
Past-Year Major Depressive Episode (MDE) among Youth Aged 12–17 in Region 8 (Annual Average, 2016–2019)[1,2]



During 2016–2019, among youth aged 12–17 in Region 8, **14.2%** (or **136,000**) had an MDE in the past year, similar to the national average (**14.0%**).

Compared to the national average, the estimate was similar in every state in Region 8.

Compared to the regional average, the estimate was higher in Utah and similar in Colorado, Montana, North Dakota, South Dakota, and Wyoming.

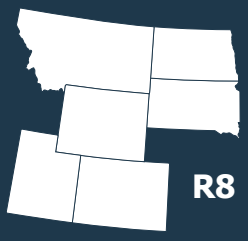


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016–2019.

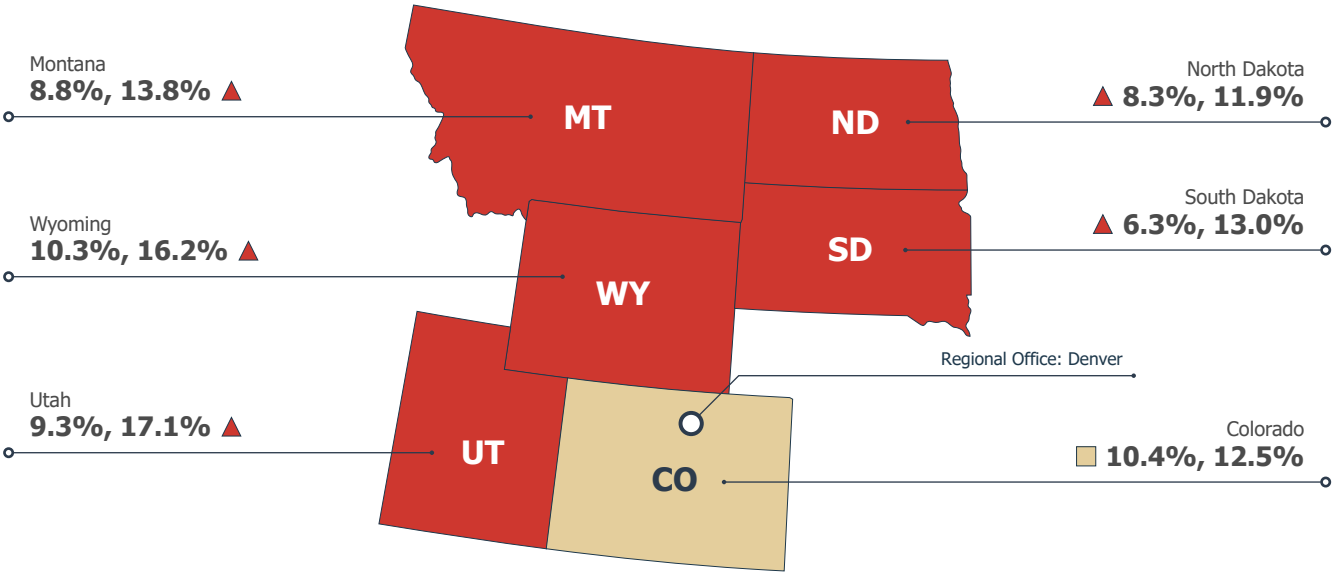
Youth Mental Health and Service Use

Depression



Changes in Past-Year Major Depressive Episode (MDE) among Youth Aged 12–17 in Region 8 (Annual Averages, 2004–2007 and 2016–2019)[1,2]

Among youth aged 12–17 in Region 8, the annual average percentage with an MDE in the past year increased between 2004–2007 (**9.5%**) and 2016–2019 (**14.2%**). The percentage increased in Montana, North Dakota, South Dakota, Utah, and Wyoming.



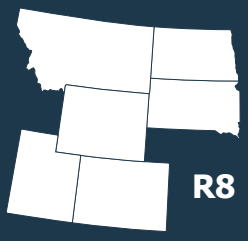
Key: **% 2004–2007, % 2016–2019**

- ▲ **Increased** from 2004–2007 to 2016–2019
- No Significant Change from 2004–2007 to 2016–2019
- ▼ **Decreased** from 2004–2007 to 2016–2019

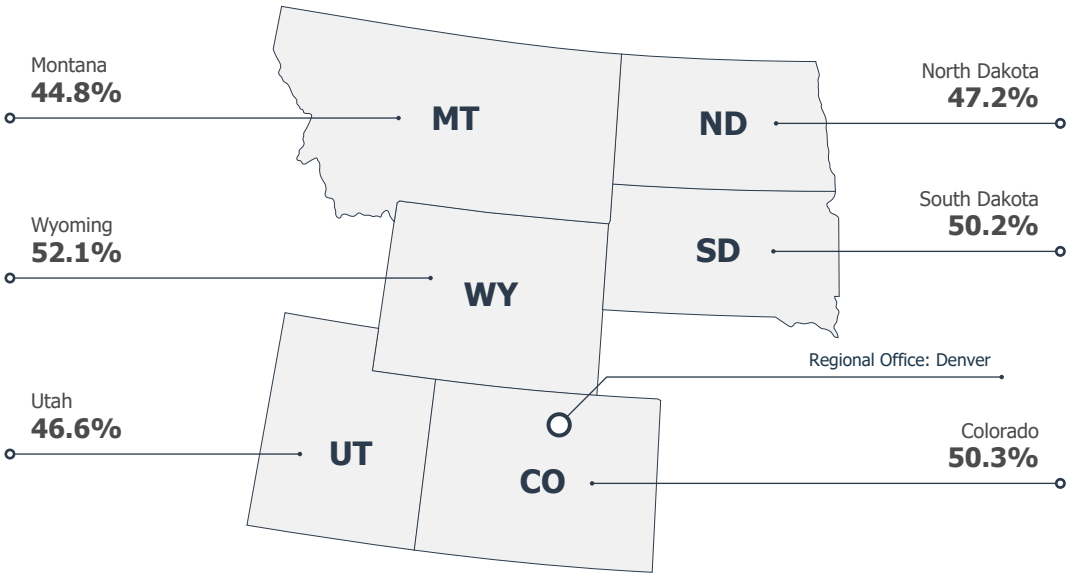
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2004–2007 and 2016–2019.

Youth Mental Health and Service Use

Depression Care



Past-Year Depression Care among Youth Aged 12–17 with Major Depressive Episode (MDE) in Region 8 (Annual Average, 2016–2019)[1,3]

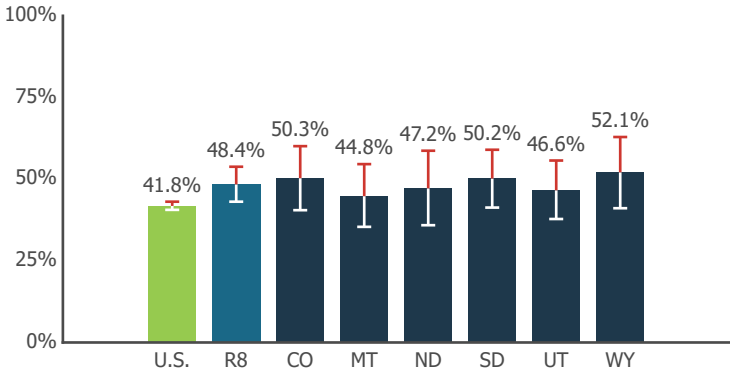


Key: **% 2016–2019**

During 2016–2019, among youth aged 12–17 with an MDE in Region 8, **48.4%** (or **65,000**) received depression care in the past year, higher than the national average (**41.8%**).

Compared to the national average, the estimate was similar in every state in Region 8.

Compared to the regional average, the estimate was similar in every state in Region 8.

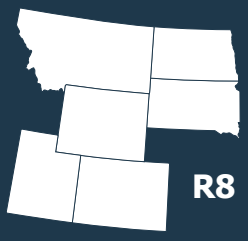


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

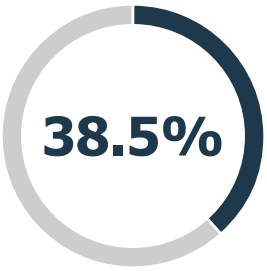
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016–2019.

Young Adult Substance Use and Use Disorders

Tobacco Use



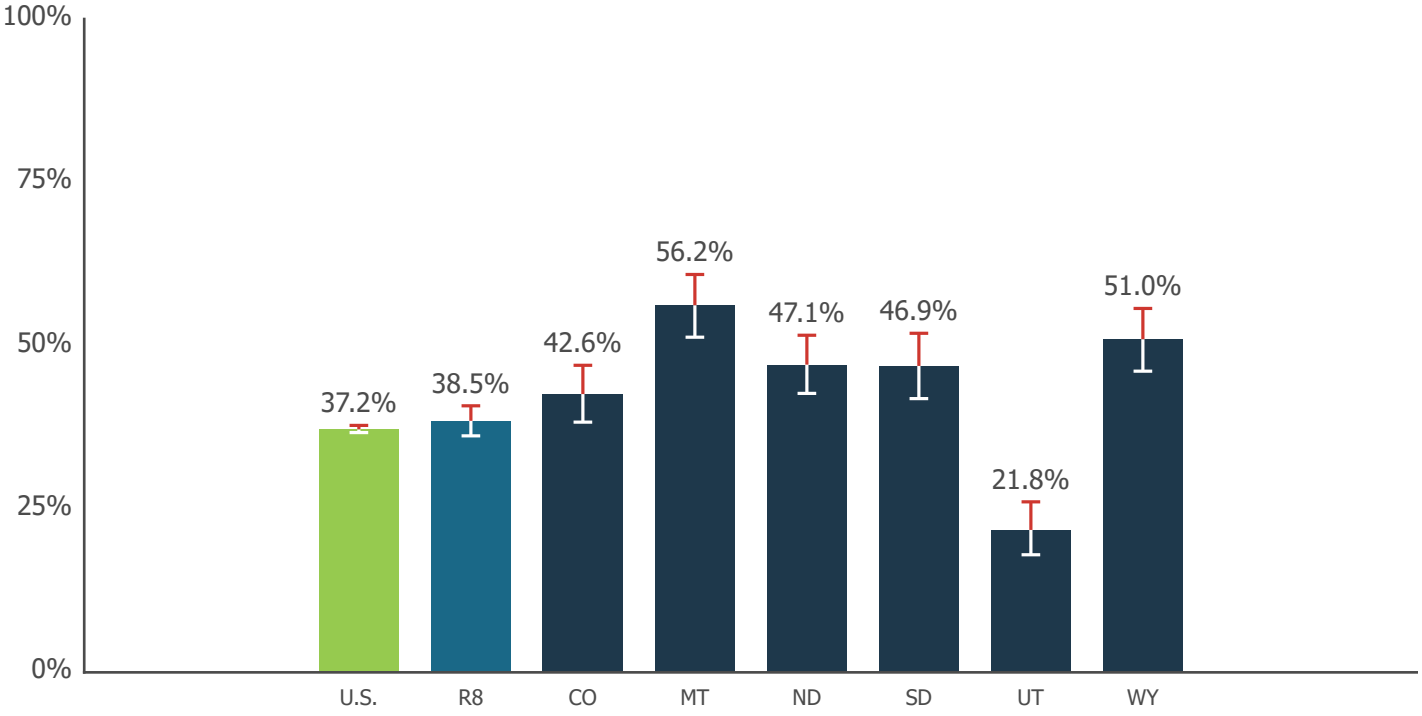
Past-Year Tobacco Use among Young Adults Aged 18–25 in Region 8 (Annual Average, 2017–2019)[1]



During 2017–2019, among young adults aged 18–25 in Region 8, **38.5%** (or **516,000**) used tobacco in the past year, similar to the national average (**37.2%**).

Compared to the national average, the estimate was higher in Colorado, Montana, North Dakota, South Dakota, and Wyoming and lower in Utah.

Compared to the regional average, the estimate was higher in Colorado, Montana, North Dakota, South Dakota, and Wyoming and lower in Utah.

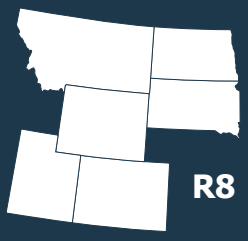


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

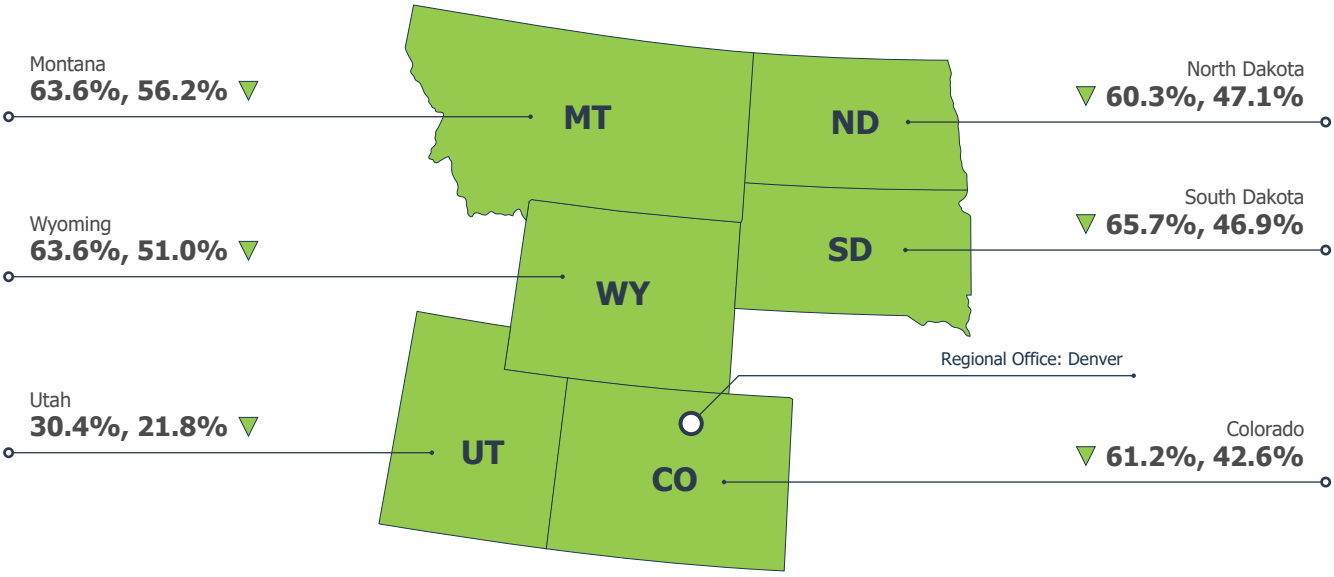
Young Adult Substance Use and Use Disorders

Tobacco Use



Changes in Past-Year Tobacco Use among Young Adults Aged 18–25 in Region 8 (Annual Averages, 2002–2004 and 2017–2019)[1]

Among young adults aged 18–25 in Region 8, the annual average percentage of tobacco use in the past year decreased between 2002–2004 (**52.6%**) and 2017–2019 (**38.5%**). The percentage decreased in every state in Region 8.



Key: **% 2002–2004, % 2017–2019**

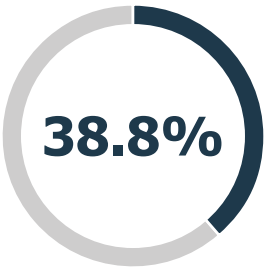
- ▲ **Increased** from 2002–2004 to 2017–2019
- ☐ No Significant Change from 2002–2004 to 2017–2019
- ▼ **Decreased** from 2002–2004 to 2017–2019

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2004 and 2017–2019.

Young Adult Substance Use and Use Disorders

Marijuana Use

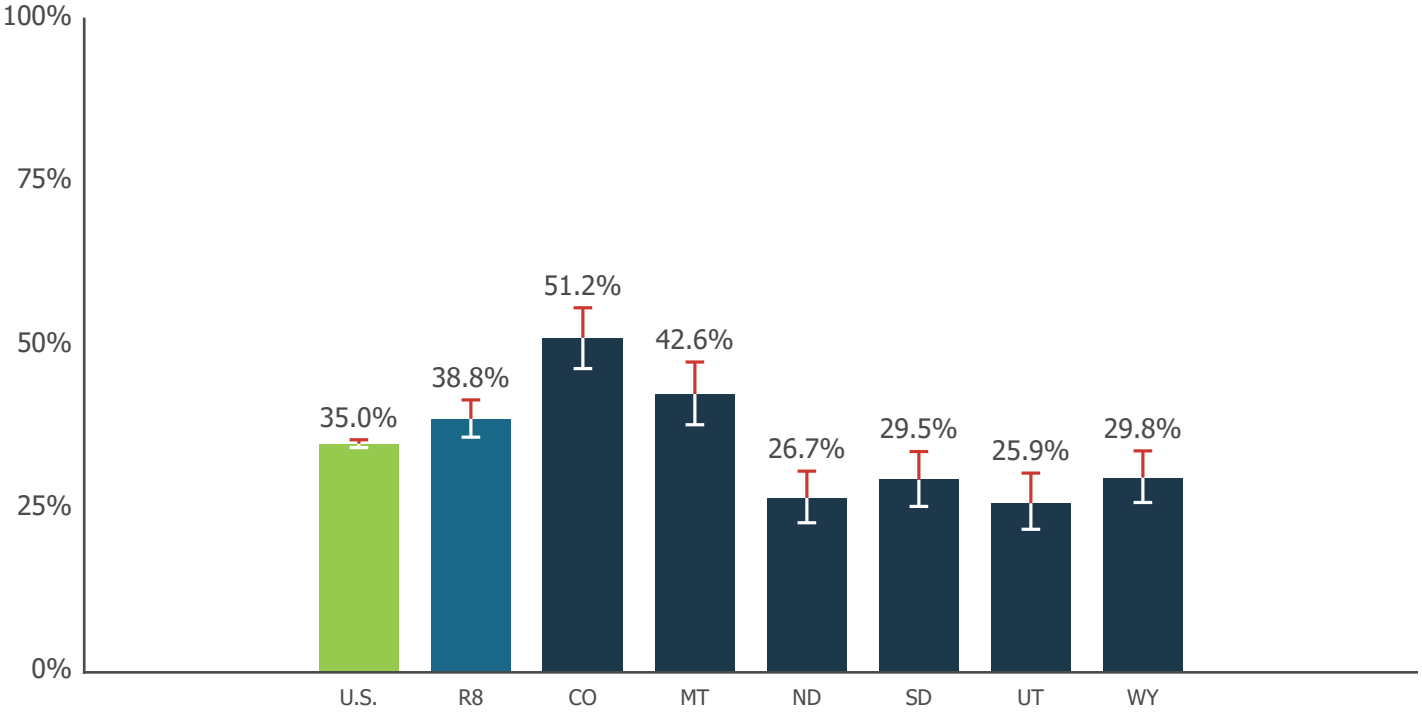
Past-Year Marijuana Use among Young Adults Aged 18–25 in Region 8 (Annual Average, 2017–2019)[1]



During 2017–2019, among young adults aged 18–25 in Region 8, **38.8%** (or **521,000**) used marijuana in the past year, higher than the national average (**35.0%**).

Compared to the national average, the estimate was higher in Colorado and Montana and lower in North Dakota, South Dakota, Utah, and Wyoming.

Compared to the regional average, the estimate was higher in Colorado; lower in North Dakota, South Dakota, Utah, and Wyoming; and similar in Montana.

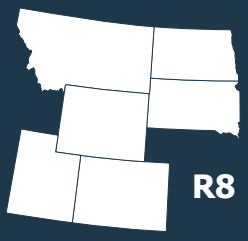


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

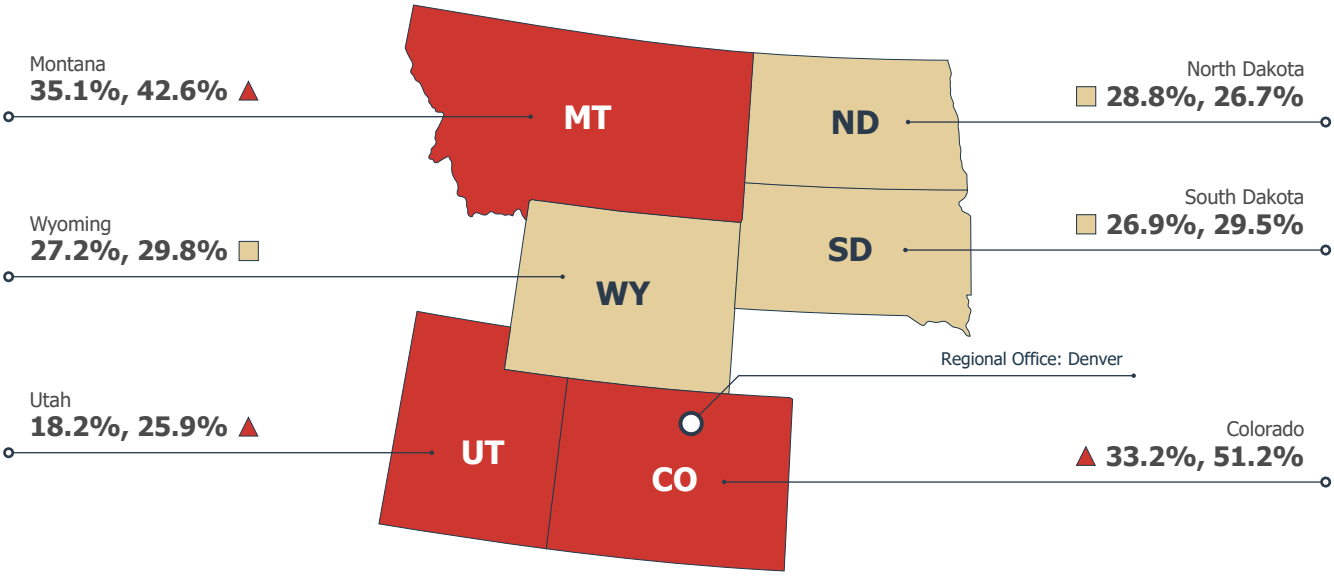
Young Adult Substance Use and Use Disorders

Marijuana Use



Changes in Past-Year Marijuana Use among Young Adults Aged 18–25 in Region 8 (Annual Averages, 2002–2004 and 2017–2019)[1]

Among young adults aged 18–25 in Region 8, the annual average percentage of marijuana use in the past year increased between 2002–2004 (**27.8%**) and 2017–2019 (**38.8%**). The percentage increased in Colorado, Montana, and Utah.



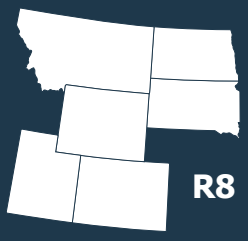
Key: **% 2002–2004, % 2017–2019**

- ▲ **Increased** from 2002–2004 to 2017–2019
- ☐ No Significant Change from 2002–2004 to 2017–2019
- ▼ **Decreased** from 2002–2004 to 2017–2019

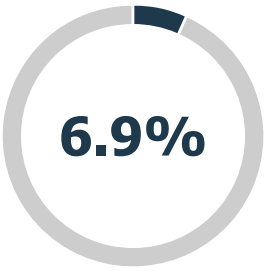
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2004 and 2017–2019.

Young Adult Substance Use and Use Disorders

Marijuana Use Disorder



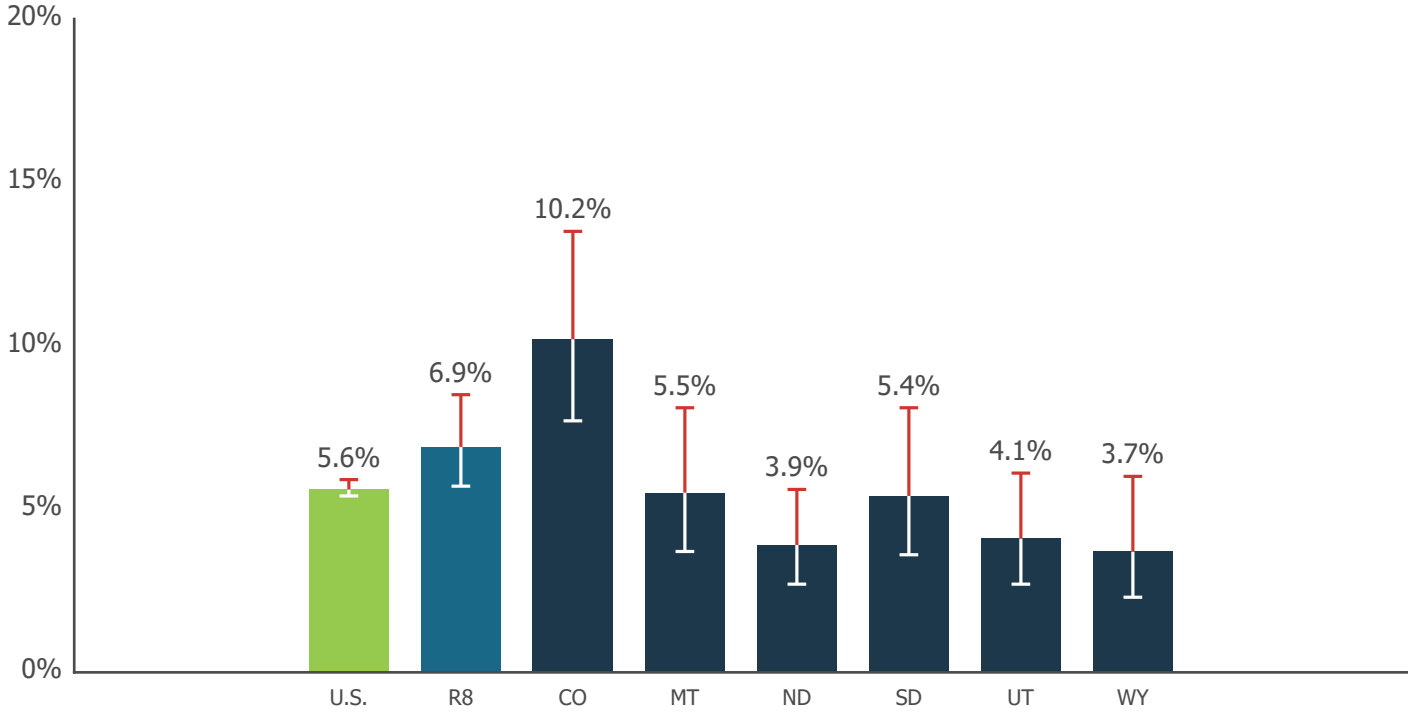
Past-Year Marijuana Use Disorder among Young Adults Aged 18–25 in Region 8 (Annual Average, 2017–2019)[1]



During 2017–2019, among young adults aged 18–25 in Region 8, **6.9%** (or **93,000**) had marijuana use disorder in the past year, similar to the national average (**5.6%**).

Compared to the national average, the estimate was higher in Colorado; lower in North Dakota and Wyoming; and similar in Montana, South Dakota, and Utah.

Compared to the regional average, the estimate was higher in Colorado; lower in North Dakota, Utah, and Wyoming; and similar in Montana and South Dakota.

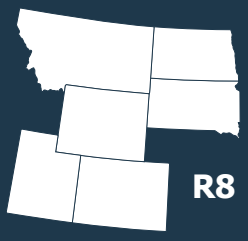


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

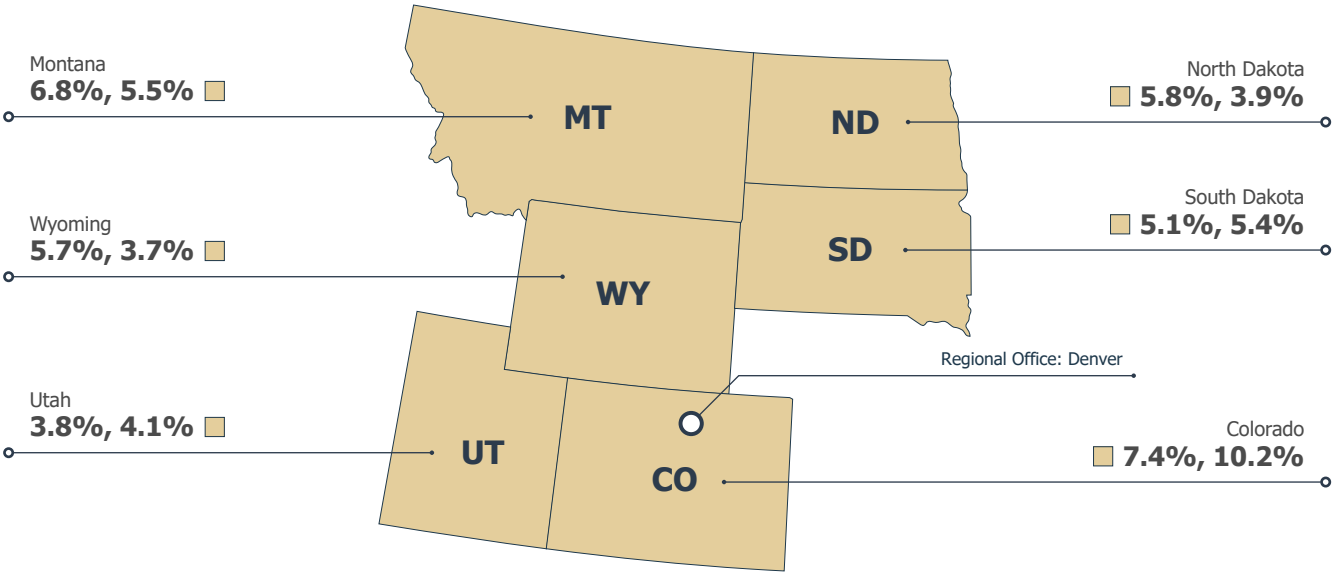
Young Adult Substance Use and Use Disorders

Marijuana Use Disorder



Changes in Past-Year Marijuana Use Disorder among Young Adults Aged 18–25 in Region 8 (Annual Averages, 2002–2004 and 2017–2019)[1]

Among young adults aged 18–25 in Region 8, the annual average percentage of marijuana use disorder in the past year did not significantly change between 2002–2004 (**5.9%**) and 2017–2019 (**6.9%**). The percentage did not significantly change in every state in Region 8.



Key: **% 2002–2004, % 2017–2019**

- ▲ **Increased** from 2002–2004 to 2017–2019
- ☐ No Significant Change from 2002–2004 to 2017–2019
- ▼ **Decreased** from 2002–2004 to 2017–2019

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2004 and 2017–2019.

Young Adult Substance Use and Use Disorders

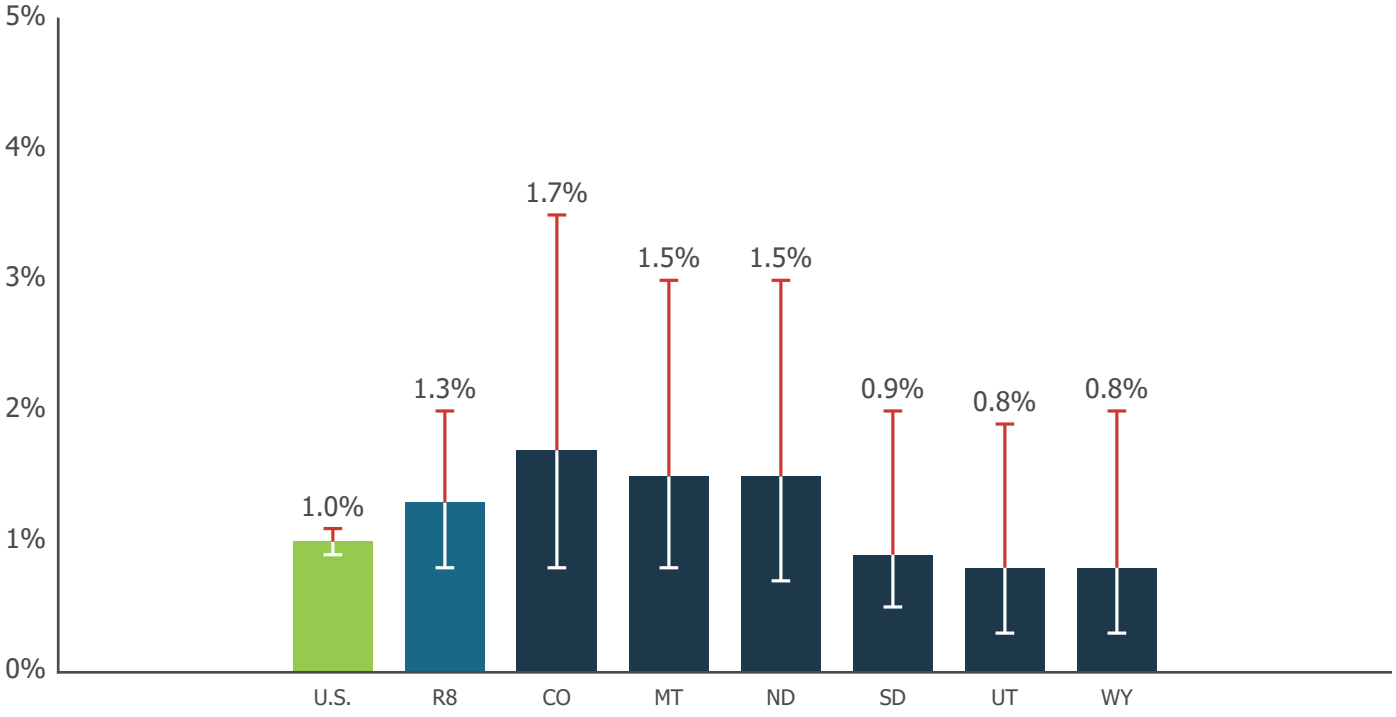
Opioid Use Disorder

Past-Year Opioid Use Disorder among Young Adults Aged 18–25 in Region 8 (Annual Average, 2017–2019)[1]

During 2017–2019, among young adults aged 18–25 in Region 8, **1.3%** (or **18,000**) had opioid use disorder in the past year, similar to the national average (**1.0%**).

Compared to the national average, the estimate was similar in every state in Region 8.

Compared to the regional average, the estimate was similar in every state in Region 8.

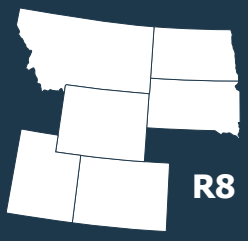


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

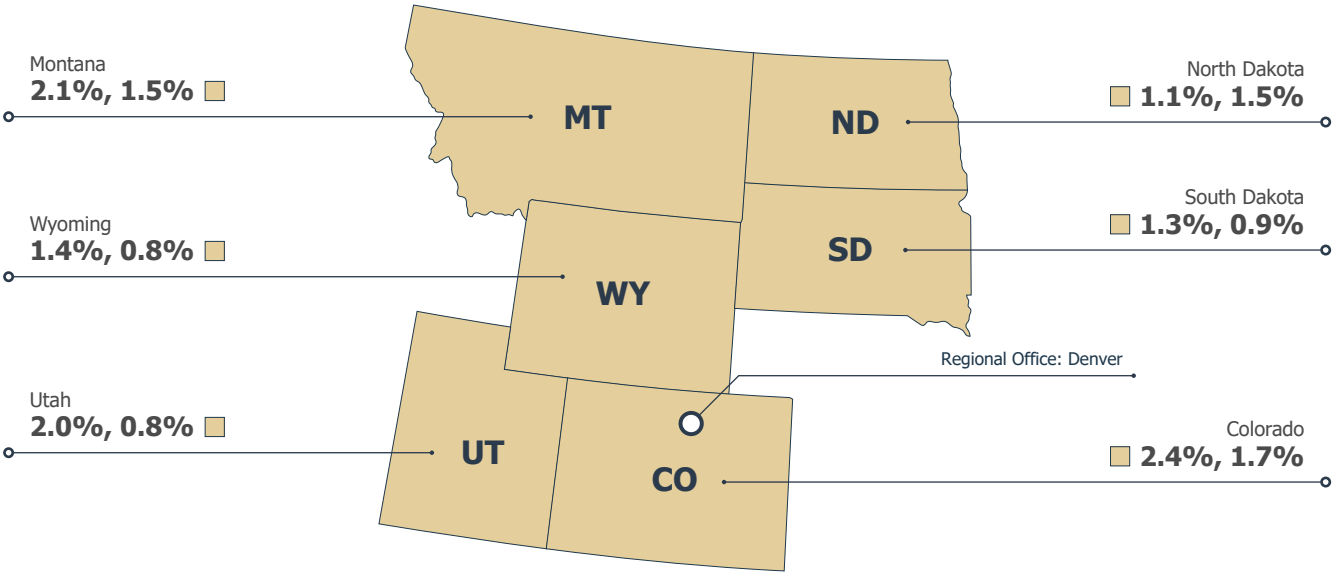
Young Adult Substance Use and Use Disorders

Opioid Use Disorder



Changes in Past-Year Opioid Use Disorder among Young Adults Aged 18–25 in Region 8 (Annual Averages, 2015–2017 and 2017–2019)[1]

Among young adults aged 18–25 in Region 8, the annual average percentage of opioid use disorder in the past year decreased between 2015–2017 (**2.0%**) and 2017–2019 (**1.3%**). The percentage did not significantly change in every state in Region 8.



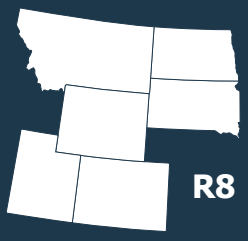
Key: **% 2015–2017, % 2017–2019**

- ▲ **Increased** from 2015–2017 to 2017–2019
- ☐ No Significant Change from 2015–2017 to 2017–2019
- ▼ **Decreased** from 2015–2017 to 2017–2019

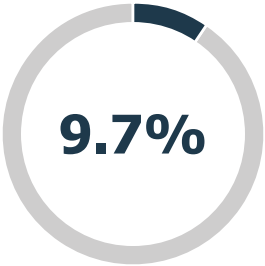
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.

Young Adult Substance Use and Use Disorders

Illicit Drug Use Disorder



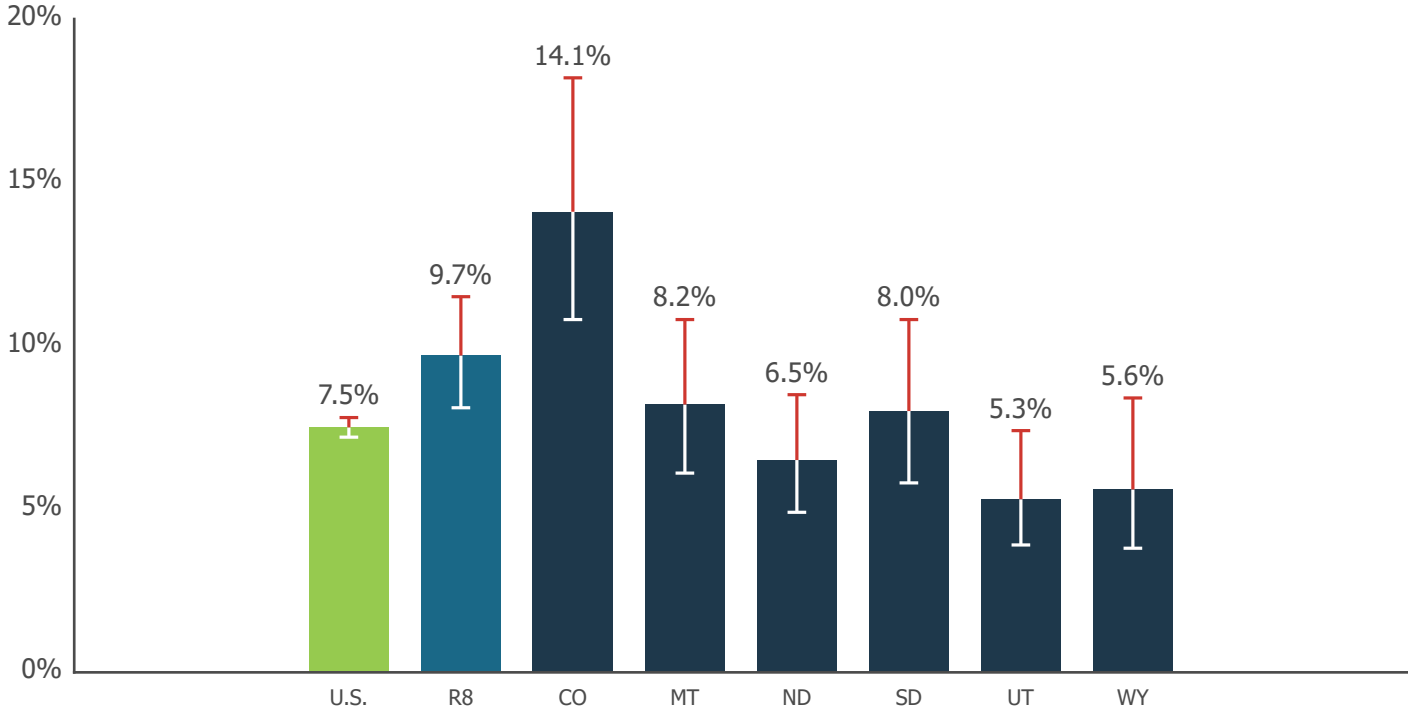
Past-Year Illicit Drug Use Disorder among Young Adults Aged 18–25 in Region 8 (Annual Average, 2017–2019)[1]



During 2017–2019, among young adults aged 18–25 in Region 8, **9.7%** (or **130,000**) had illicit drug use disorder in the past year, higher than the national average (**7.5%**).

Compared to the national average, the estimate was higher in Colorado; lower in Utah; and similar in Montana, North Dakota, South Dakota, and Wyoming.

Compared to the regional average, the estimate was higher in Colorado; lower in North Dakota, Utah, and Wyoming; and similar in Montana and South Dakota.

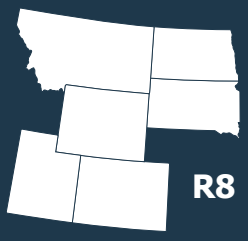


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

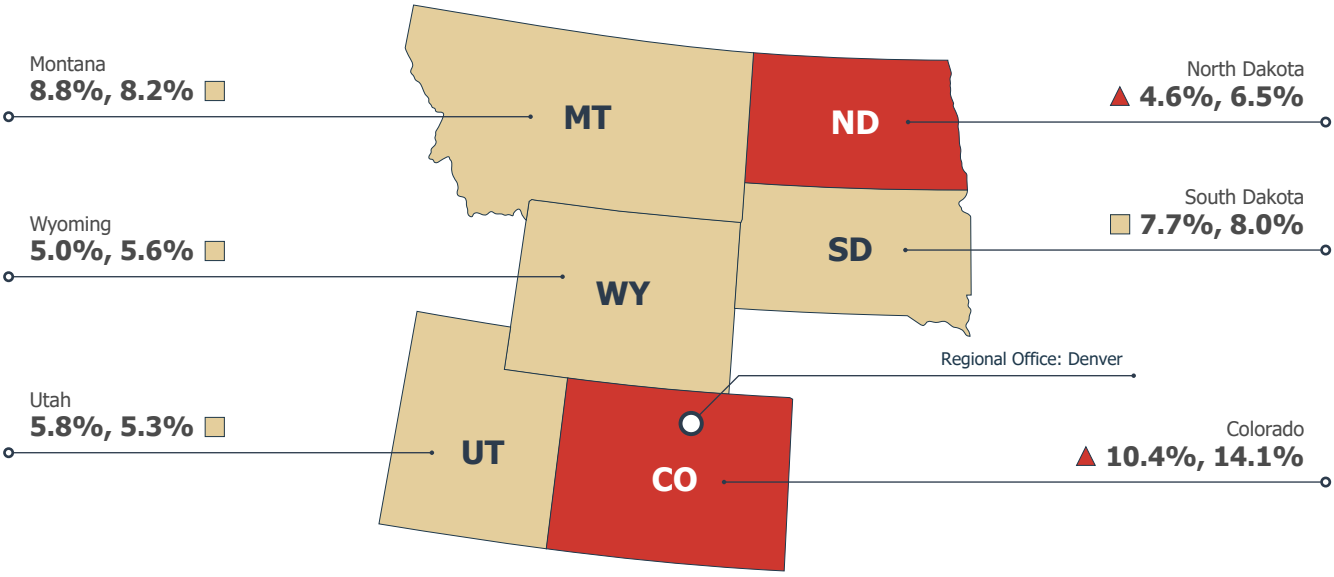
Young Adult Substance Use and Use Disorders

Illicit Drug Use Disorder



Changes in Past-Year Illicit Drug Use Disorder among Young Adults Aged 18–25 in Region 8 (Annual Averages, 2015–2017 and 2017–2019)[1]

Among young adults aged 18–25 in Region 8, the annual average percentage of illicit drug use disorder in the past year did not significantly change between 2015–2017 (**8.1%**) and 2017–2019 (**9.7%**). The percentage increased in Colorado and North Dakota.



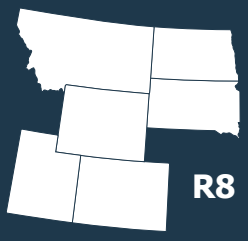
Key: **% 2015–2017, % 2017–2019**

- ▲ **Increased** from 2015–2017 to 2017–2019
- ☐ No Significant Change from 2015–2017 to 2017–2019
- ▼ **Decreased** from 2015–2017 to 2017–2019

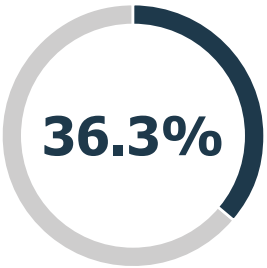
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.

Young Adult Substance Use and Use Disorders

Binge Alcohol Use



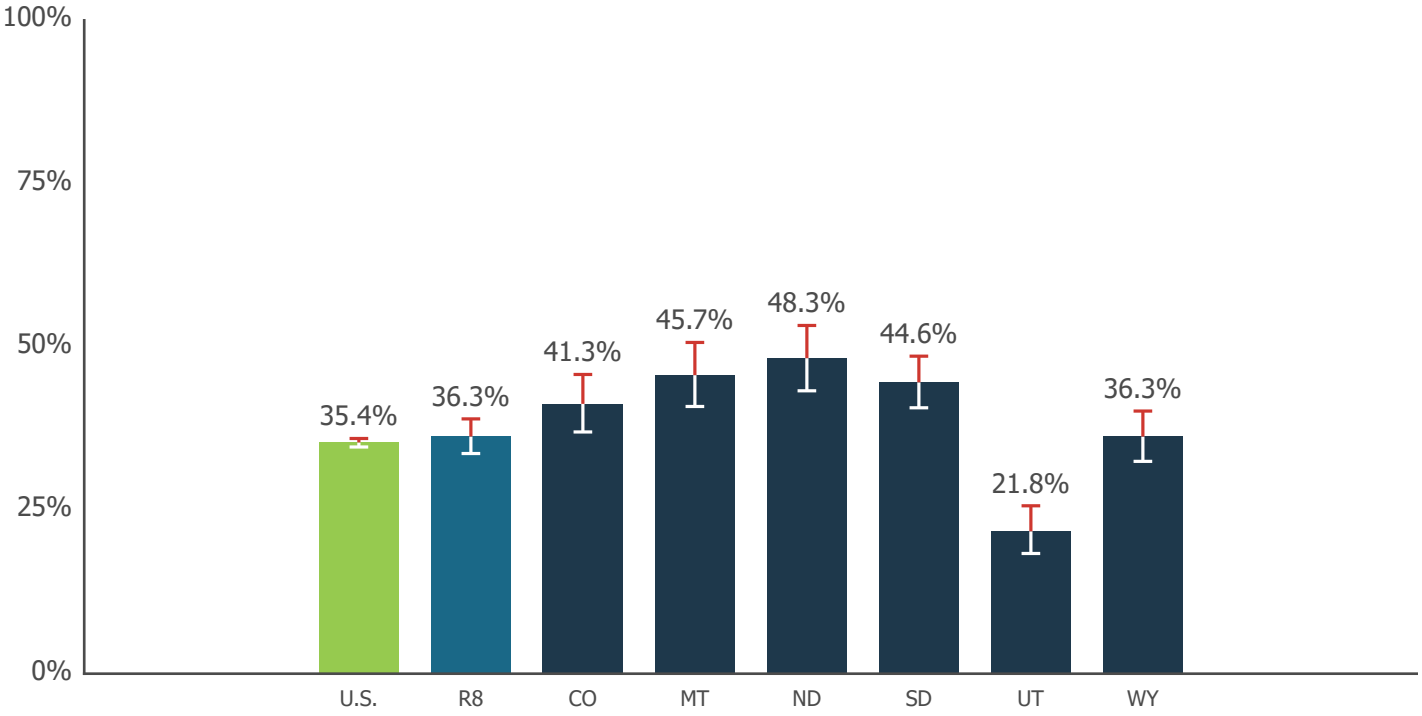
Past-Month Binge Alcohol Use among Young Adults Aged 18–25 in Region 8 (Annual Average, 2017–2019)[1,4]



During 2017–2019, among young adults aged 18–25 in Region 8, **36.3%** (or **488,000**) reported binge alcohol use in the past month, similar to the national average (**35.4%**).

Compared to the national average, the estimate was higher in Colorado, Montana, North Dakota, and South Dakota; lower in Utah; and similar in Wyoming.

Compared to the regional average, the estimate was higher in Colorado, Montana, North Dakota, and South Dakota; lower in Utah; and similar in Wyoming.

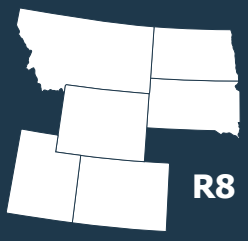


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

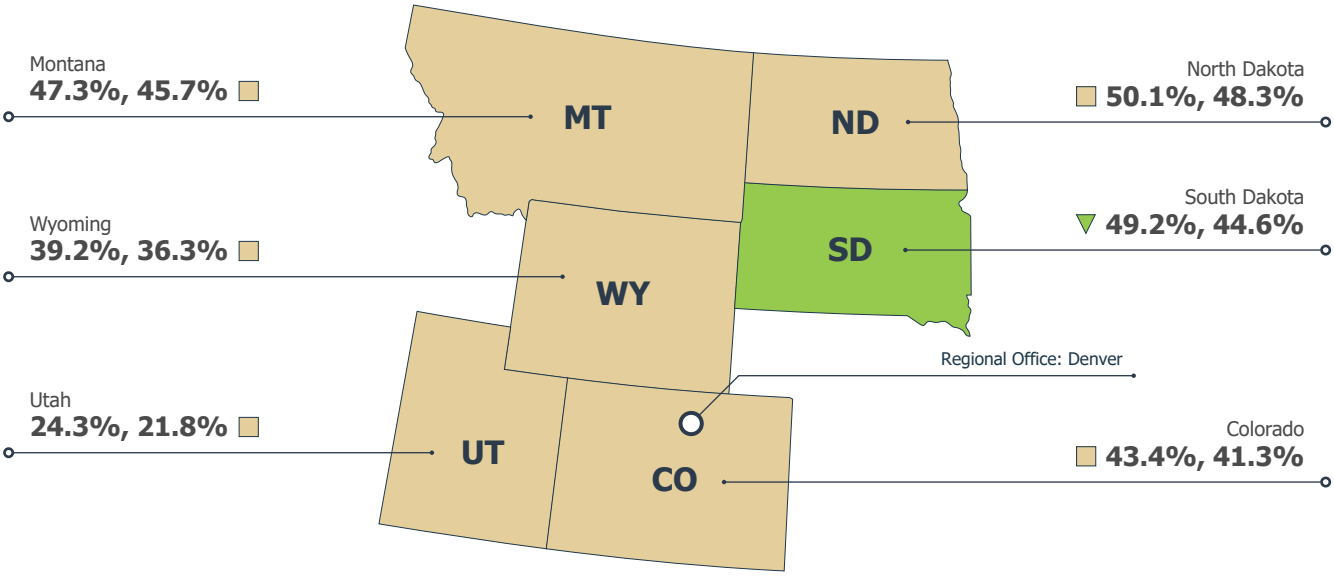
Young Adult Substance Use and Use Disorders

Binge Alcohol Use



Changes in Past-Month Binge Alcohol Use among Young Adults Aged 18–25 in Region 8 (Annual Averages, 2015–2017 and 2017–2019)[1,4]

Among young adults aged 18–25 in Region 8, the annual average percentage of binge alcohol use in the past month did not significantly change between 2015–2017 (**38.9%**) and 2017–2019 (**36.3%**). The percentage decreased in South Dakota.



Key: **% 2015–2017, % 2017–2019**

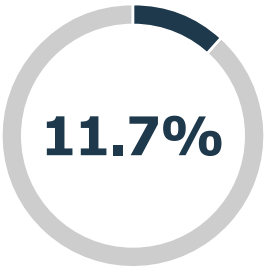
- ▲ **Increased** from 2015–2017 to 2017–2019
- ☐ No Significant Change from 2015–2017 to 2017–2019
- ▼ **Decreased** from 2015–2017 to 2017–2019

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.

Young Adult Substance Use and Use Disorders

Alcohol Use Disorder

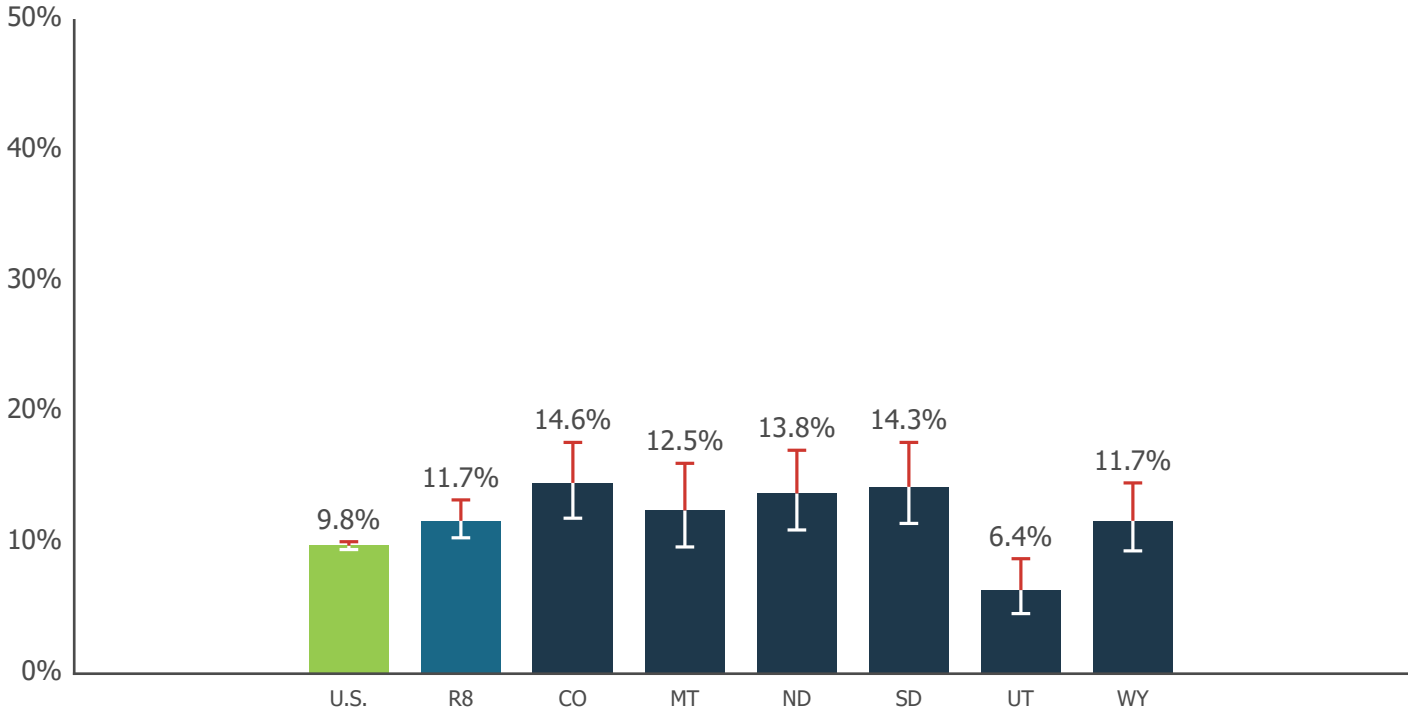
Past-Year Alcohol Use Disorder among Young Adults Aged 18–25 in Region 8 (Annual Average, 2017–2019)[1]



During 2017–2019, among young adults aged 18–25 in Region 8, **11.7%** (or **158,000**) had alcohol use disorder in the past year, higher than the national average (**9.8%**).

Compared to the national average, the estimate was higher in Colorado, North Dakota, and South Dakota; lower in Utah; and similar in Montana and Wyoming.

Compared to the regional average, the estimate was higher in Colorado; lower in Utah; and similar in Montana, North Dakota, South Dakota, and Wyoming.

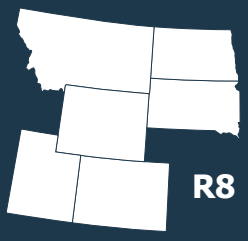


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

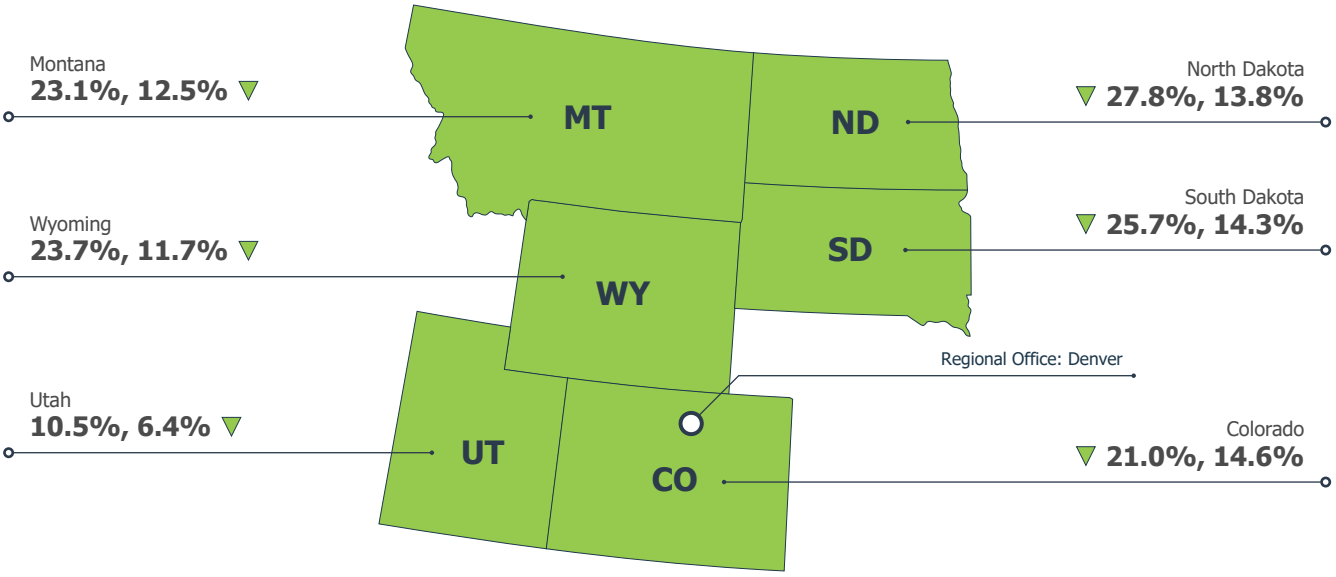
Young Adult Substance Use and Use Disorders

Alcohol Use Disorder



Changes in Past-Year Alcohol Use Disorder among Young Adults Aged 18–25 in Region 8 (Annual Averages, 2002–2004 and 2017–2019)[1]

Among young adults aged 18–25 in Region 8, the annual average percentage of alcohol use disorder in the past year decreased between 2002–2004 (**19.0%**) and 2017–2019 (**11.7%**). The percentage decreased in every state in Region 8.



Key: **% 2002–2004, % 2017–2019**

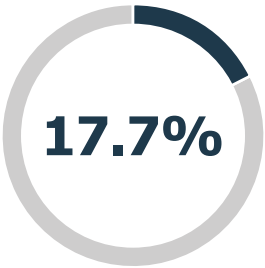
- ▲ **Increased** from 2002–2004 to 2017–2019
- ☐ No Significant Change from 2002–2004 to 2017–2019
- ▼ **Decreased** from 2002–2004 to 2017–2019

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2004 and 2017–2019.

Young Adult Substance Use and Use Disorders

Substance Use Disorder

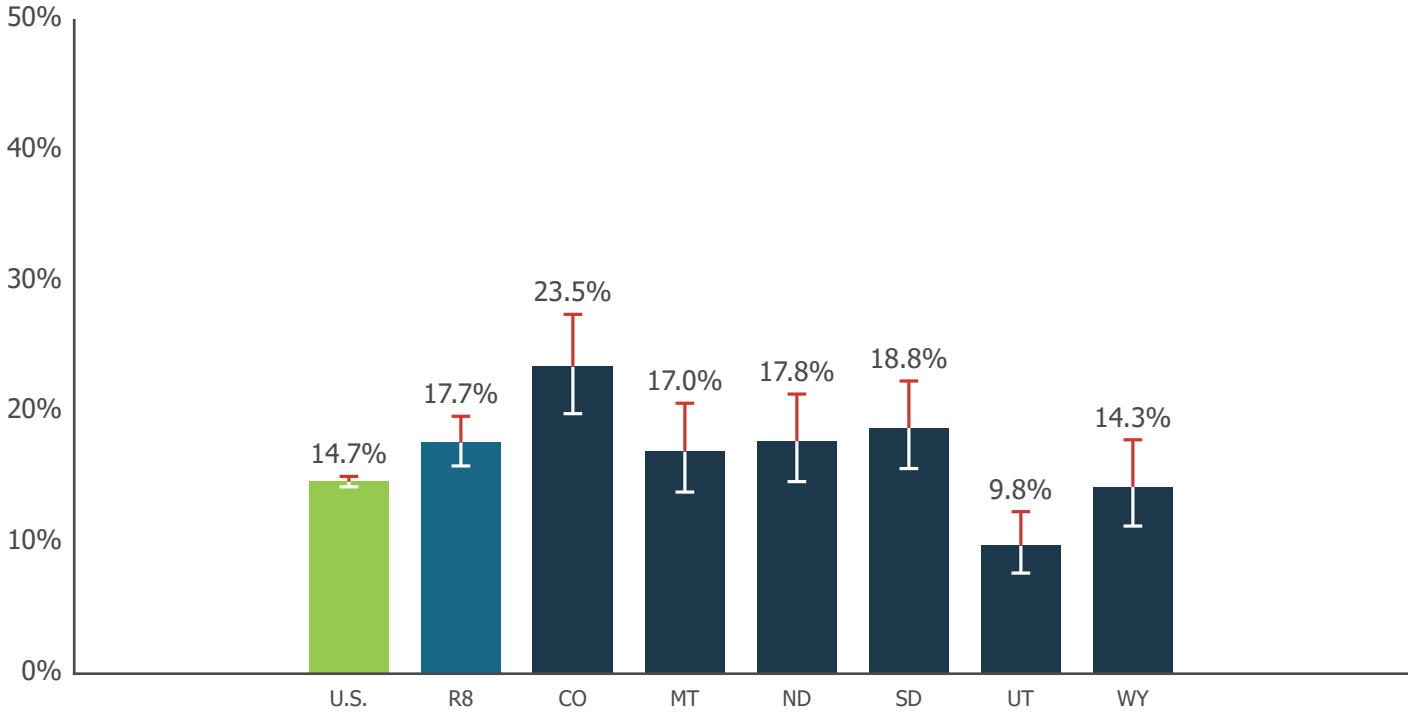
Past-Year Substance Use Disorder among Young Adults Aged 18–25 in Region 8 (Annual Average, 2017–2019)[1]



During 2017–2019, among young adults aged 18–25 in Region 8, **17.7%** (or **238,000**) had a substance use disorder in the past year, higher than the national average (**14.7%**).

Compared to the national average, the estimate was higher in Colorado and South Dakota; lower in Utah; and similar in Montana, North Dakota, and Wyoming.

Compared to the regional average, the estimate was higher in Colorado; lower in Utah; and similar in Montana, North Dakota, South Dakota, and Wyoming.

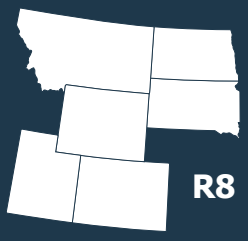


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

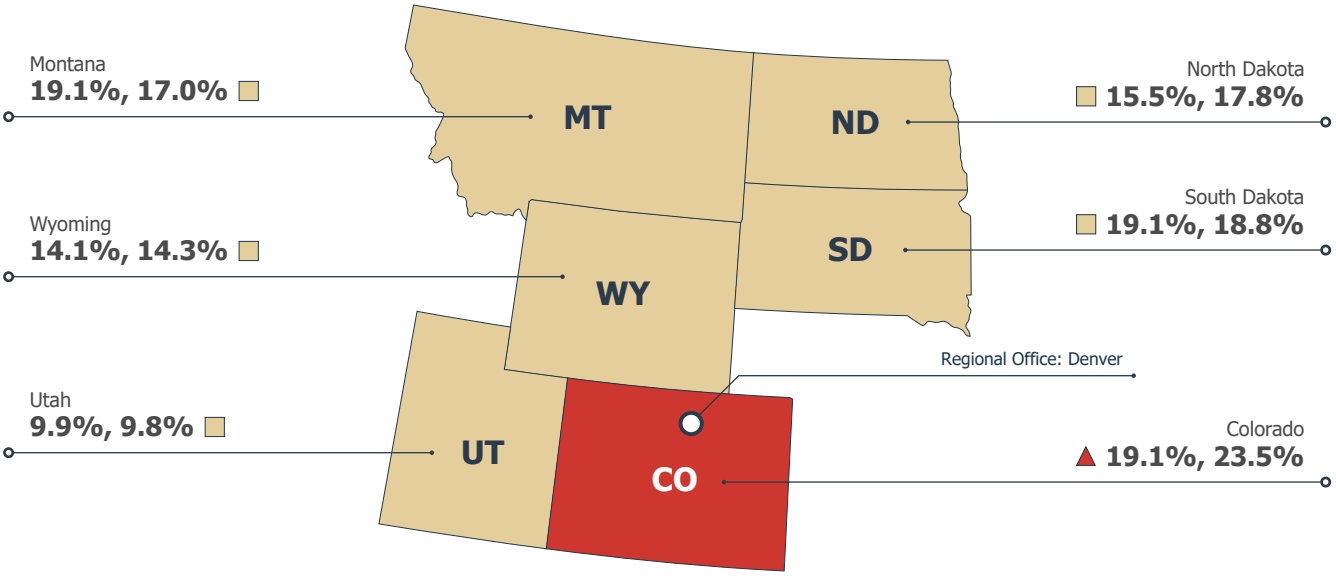
Young Adult Substance Use and Use Disorders

Substance Use Disorder



Changes in Past-Year Substance Use Disorder among Young Adults Aged 18–25 in Region 8 (Annual Averages, 2015–2017 and 2017–2019)[1]

Among young adults aged 18–25 in Region 8, the annual average percentage of substance use disorder in the past year did not significantly change between 2015–2017 (**15.9%**) and 2017–2019 (**17.7%**). The percentage increased in Colorado.



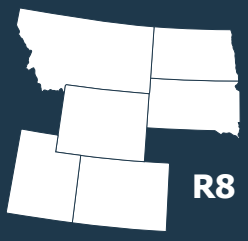
Key: **% 2015–2017, % 2017–2019**

- ▲ **Increased** from 2015–2017 to 2017–2019
- ☐ No Significant Change from 2015–2017 to 2017–2019
- ▼ **Decreased** from 2015–2017 to 2017–2019

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.

Young Adult Mental Health

Serious Thoughts of Suicide

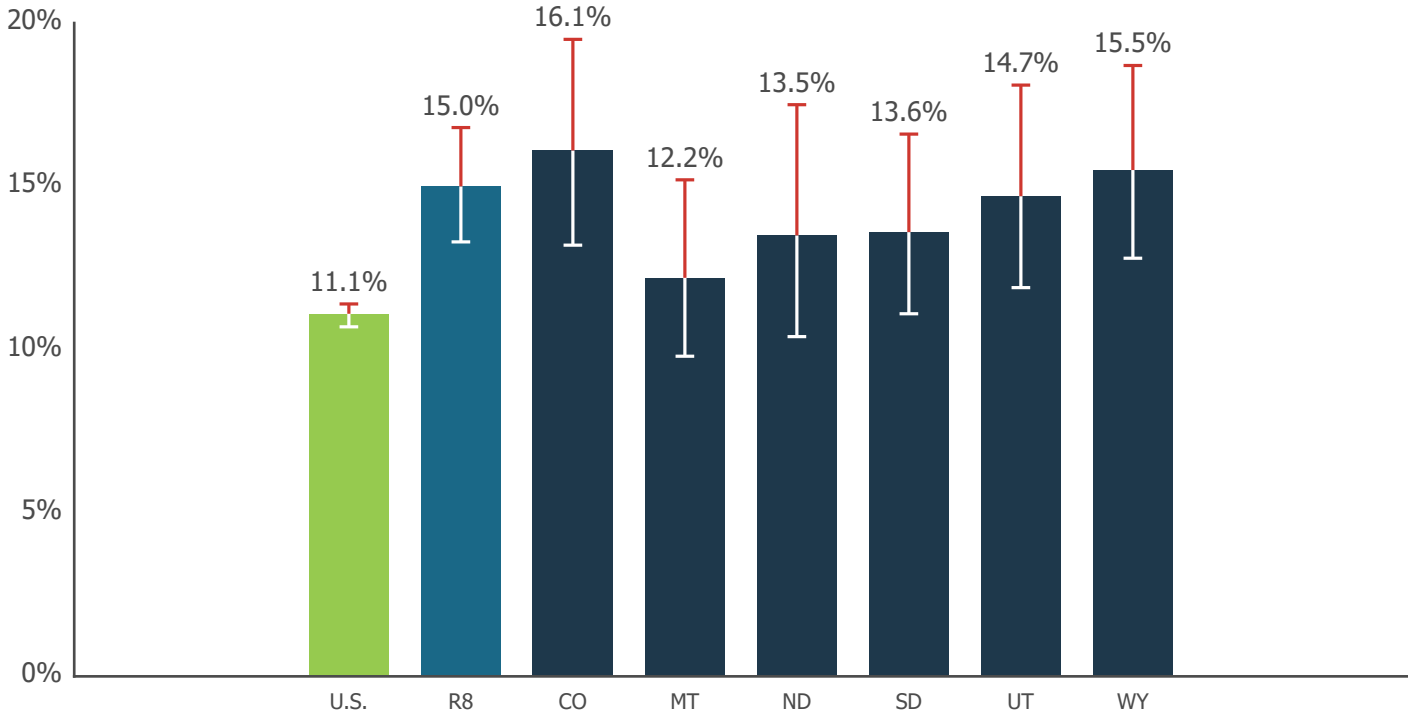


Past-Year Serious Thoughts of Suicide among Young Adults Aged 18–25 in Region 8 (Annual Average, 2017–2019)[1,5]

During 2017–2019, among young adults aged 18–25 in Region 8, **15.0%** (or **199,000**) had serious thoughts of suicide in the past year, higher than the national average (**11.1%**).

Compared to the national average, the estimate was higher in Colorado, Utah, and Wyoming and similar in Montana, North Dakota, and South Dakota.

Compared to the regional average, the estimate was similar in every state in Region 8.

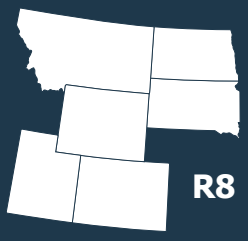


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

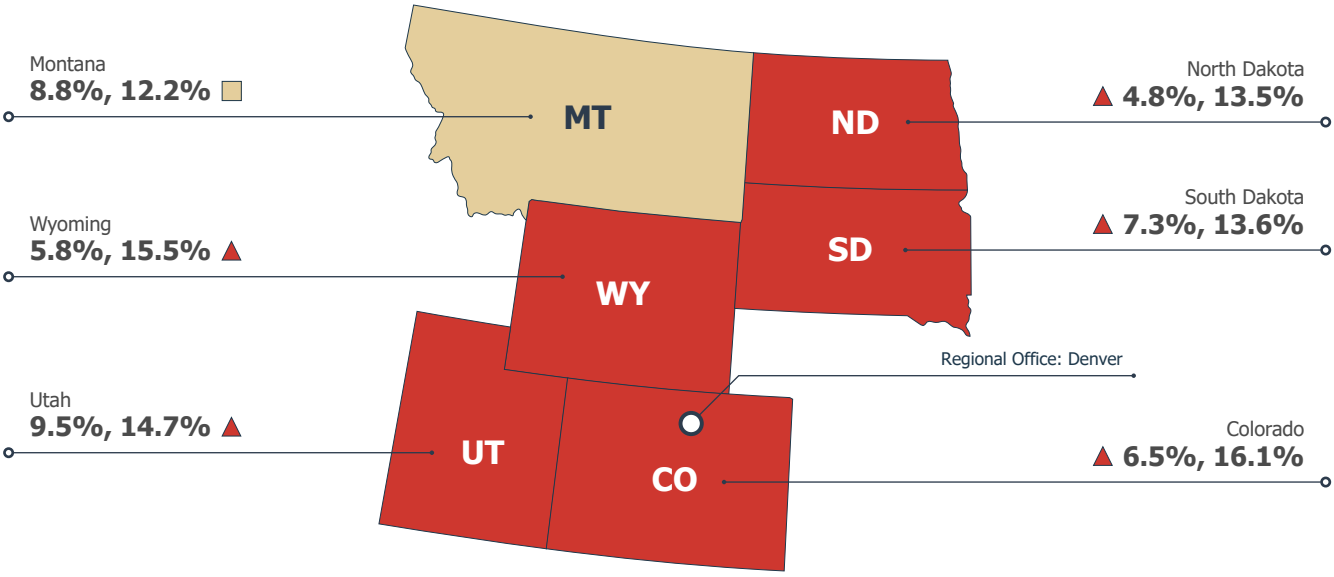
Young Adult Mental Health

Serious Thoughts of Suicide



Changes in Past-Year Serious Thoughts of Suicide among Young Adults Aged 18–25 in Region 8 (Annual Averages, 2008–2010 and 2017–2019)[1,5]

Among young adults aged 18–25 in Region 8, the annual average percentage with serious thoughts of suicide in the past year increased between 2008–2010 (**7.5%**) and 2017–2019 (**15.0%**). The percentage increased in Colorado, North Dakota, South Dakota, Utah, and Wyoming.



Key: **% 2008–2010, % 2017–2019**

- ▲ **Increased** from 2008–2010 to 2017–2019
- ☐ No Significant Change from 2008–2010 to 2017–2019
- ▼ **Decreased** from 2008–2010 to 2017–2019

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008–2010 and 2017–2019.

Young Adult Mental Health

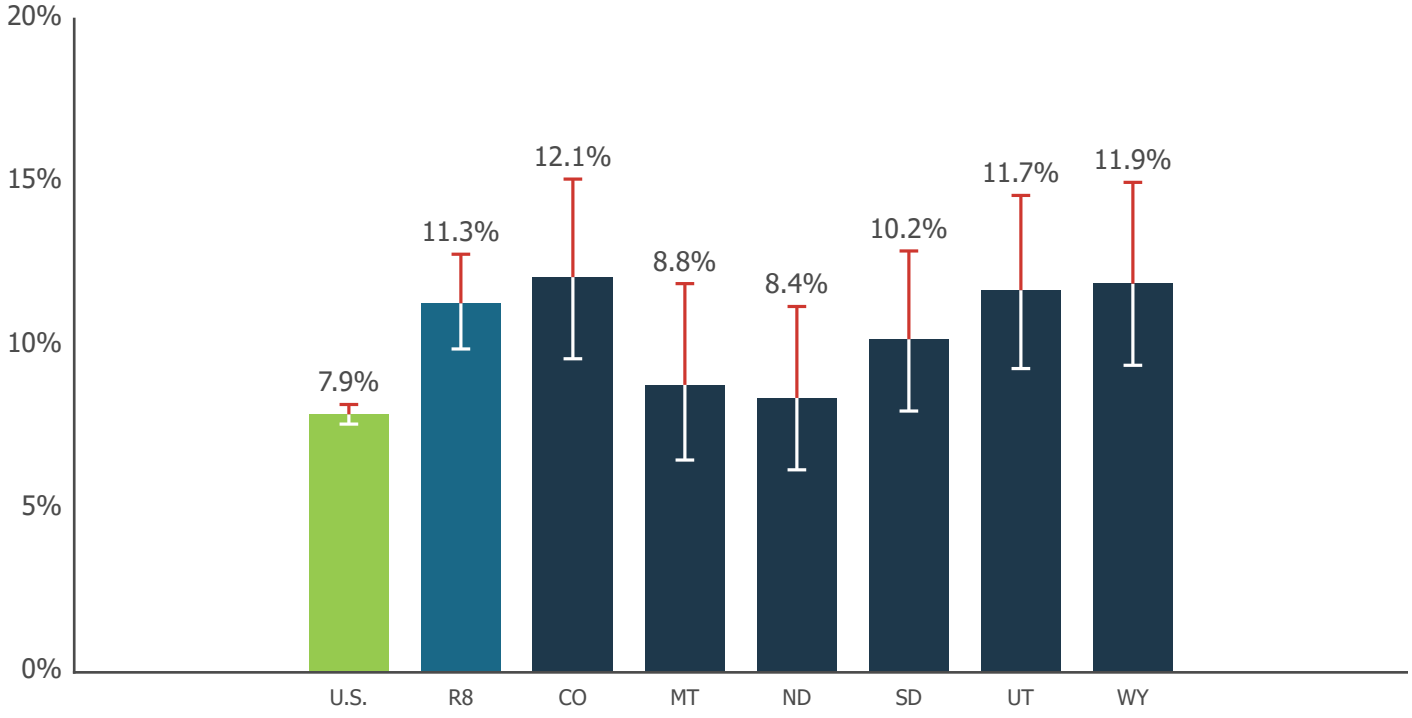
Serious Mental Illness

Past-Year Serious Mental Illness (SMI) among Young Adults Aged 18–25 in Region 8 (Annual Average, 2017–2019)[1,6]

During 2017–2019, among young adults aged 18–25 in Region 8, **11.3%** (or **151,000**) had SMI in the past year, higher than the national average (**7.9%**).

Compared to the national average, the estimate was higher in Colorado, Utah, and Wyoming and similar in Montana, North Dakota, and South Dakota.

Compared to the regional average, the estimate was lower in North Dakota and similar in Colorado, Montana, South Dakota, Utah, and Wyoming.

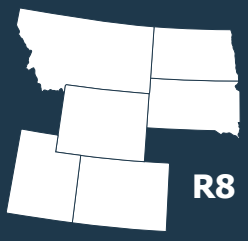


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

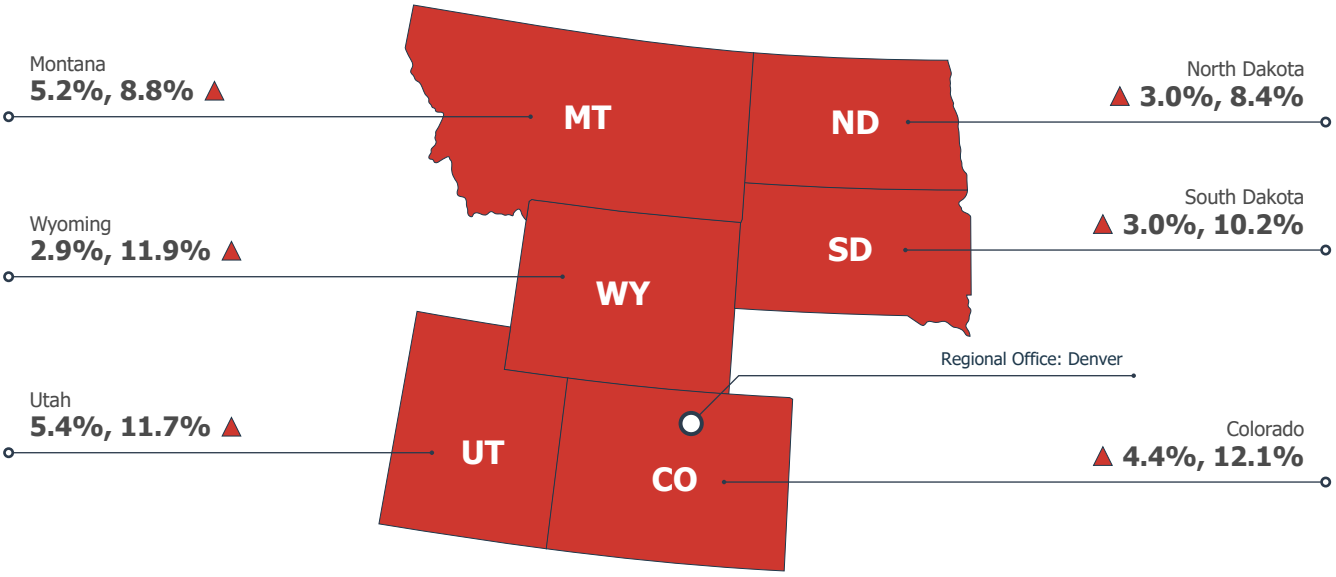
Young Adult Mental Health

Serious Mental Illness



Changes in Past-Year Serious Mental Illness (SMI) among Young Adults Aged 18–25 in Region 8 (Annual Averages, 2008–2010 and 2017–2019)[1,6]

Among young adults aged 18–25 in Region 8, the annual average percentage with SMI in the past year increased between 2008–2010 (**4.5%**) and 2017–2019 (**11.3%**). The percentage increased in every state in Region 8.



Key: **% 2008–2010, % 2017–2019**

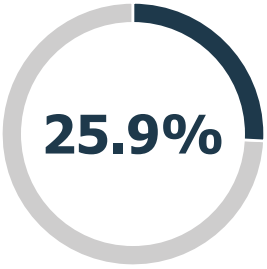
- ▲ **Increased** from 2008–2010 to 2017–2019
- ☐ No Significant Change from 2008–2010 to 2017–2019
- ▼ **Decreased** from 2008–2010 to 2017–2019

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008–2010 and 2017–2019.

Substance Use, Misuse, and Use Disorders

Tobacco Use

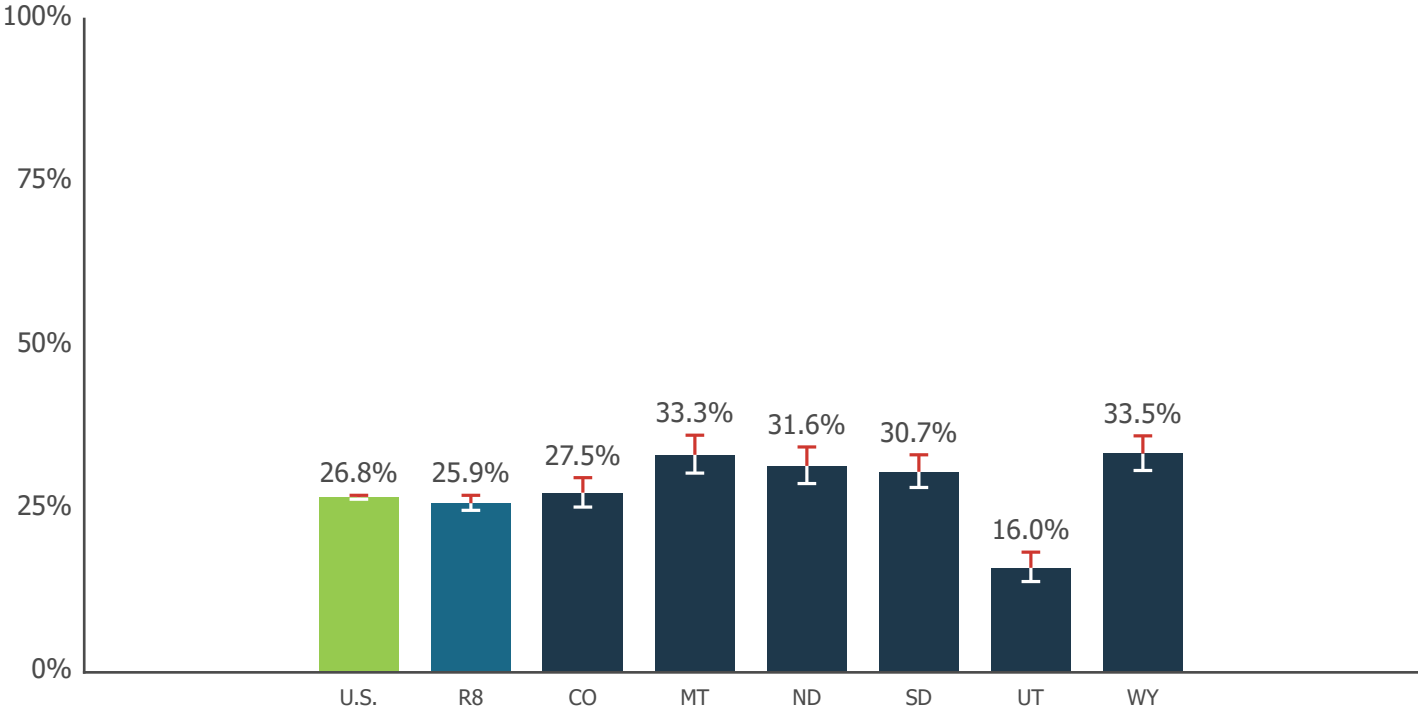
Past-Year Tobacco Use among People Aged 12 or Older in Region 8 (Annual Average, 2017–2019)[1]



During 2017–2019, among people aged 12 or older in Region 8, **25.9%** (or **2.6 million**) used tobacco in the past year, similar to the national average (**26.8%**).

Compared to the national average, the estimate was higher in Montana, North Dakota, South Dakota, and Wyoming; lower in Utah; and similar in Colorado.

Compared to the regional average, the estimate was higher in Colorado, Montana, North Dakota, South Dakota, and Wyoming and lower in Utah.

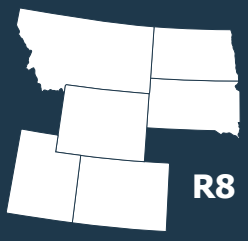


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

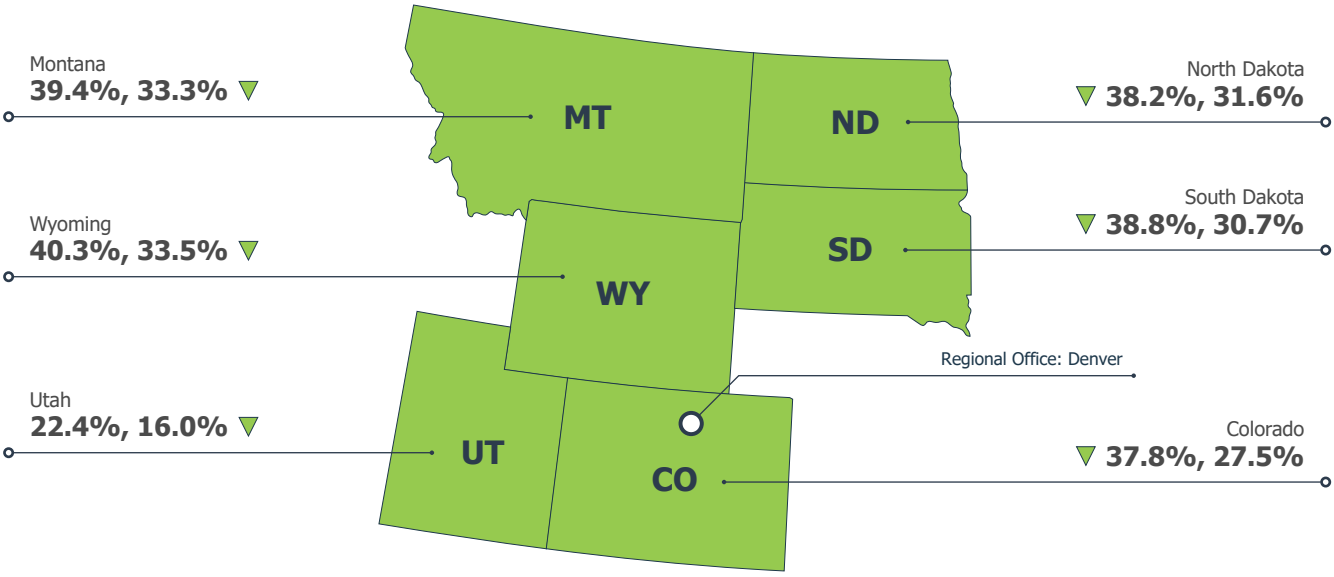
Substance Use, Misuse, and Use Disorders

Tobacco Use



Changes in Past-Year Tobacco Use among People Aged 12 or Older in Region 8 (Annual Averages, 2002–2004 and 2017–2019)[1]

Among people aged 12 or older in Region 8, the annual average percentage of tobacco use in the past year decreased between 2002–2004 (**34.6%**) and 2017–2019 (**25.9%**). The percentage decreased in every state in Region 8.



Key: **% 2002–2004, % 2017–2019**

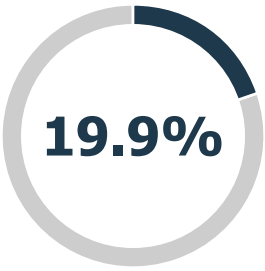
- ▲ **Increased** from 2002–2004 to 2017–2019
- ☐ No Significant Change from 2002–2004 to 2017–2019
- ▼ **Decreased** from 2002–2004 to 2017–2019

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2004 and 2017–2019.

Substance Use, Misuse, and Use Disorders

Marijuana Use

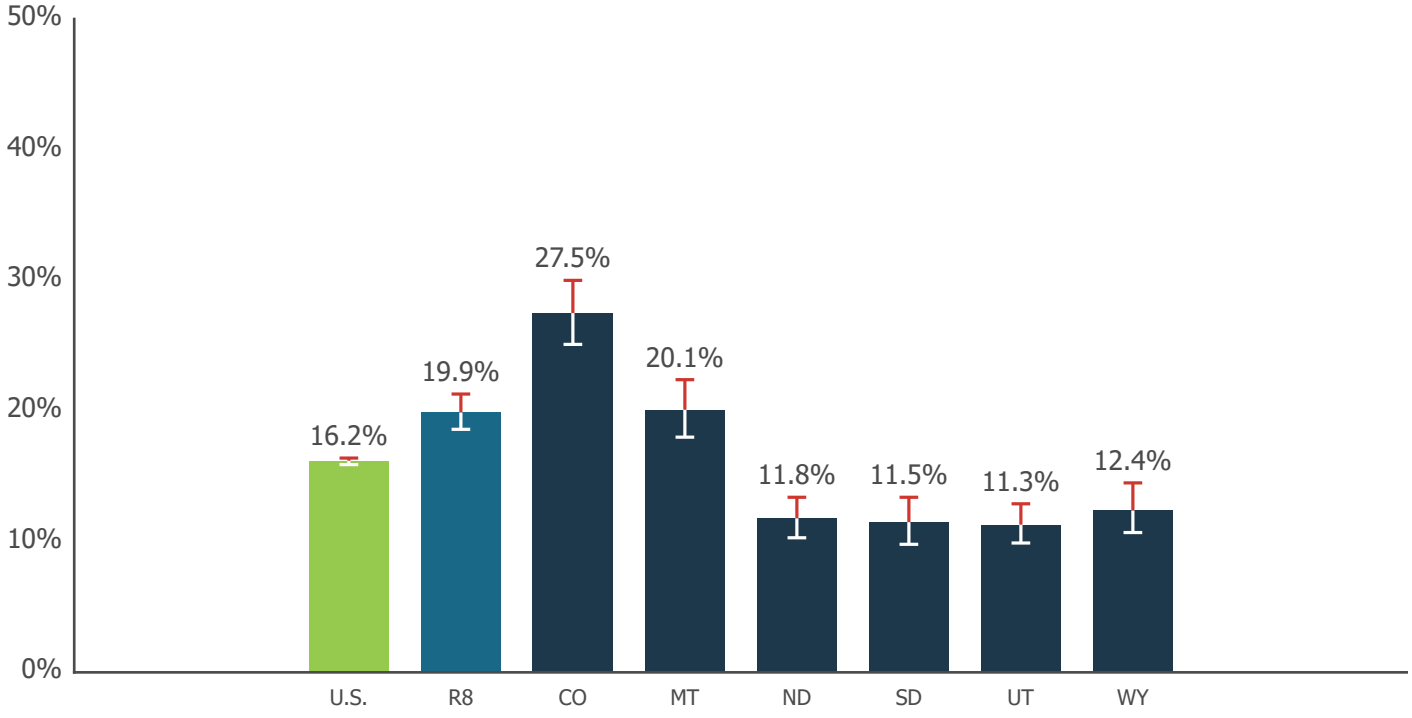
Past-Year Marijuana Use among People Aged 12 or Older in Region 8 (Annual Average, 2017–2019)[1]



During 2017–2019, among people aged 12 or older in Region 8, **19.9%** (or **2.0 million**) used marijuana in the past year, higher than the national average (**16.2%**).

Compared to the national average, the estimate was higher in Colorado and Montana and lower in North Dakota, South Dakota, Utah, and Wyoming.

Compared to the regional average, the estimate was higher in Colorado; lower in North Dakota, South Dakota, Utah, and Wyoming; and similar in Montana.

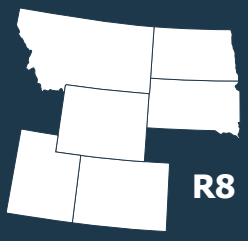


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

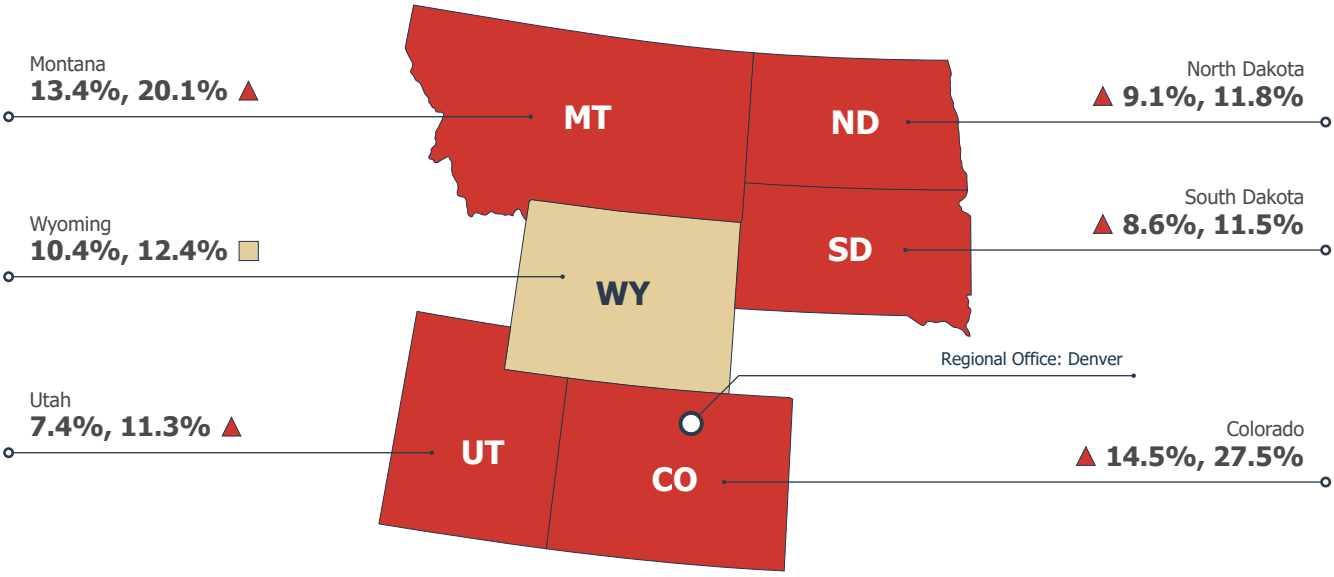
Substance Use, Misuse, and Use Disorders

Marijuana Use



Changes in Past-Year Marijuana Use among People Aged 12 or Older in Region 8 (Annual Averages, 2002–2004 and 2017–2019)[1]

Among people aged 12 or older in Region 8, the annual average percentage of marijuana use in the past year increased between 2002–2004 (**11.7%**) and 2017–2019 (**19.9%**). The percentage increased in Colorado, Montana, North Dakota, South Dakota, and Utah.



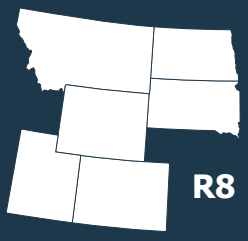
Key: **% 2002–2004, % 2017–2019**

- ▲ **Increased** from 2002–2004 to 2017–2019
- ▢ No Significant Change from 2002–2004 to 2017–2019
- ▼ **Decreased** from 2002–2004 to 2017–2019

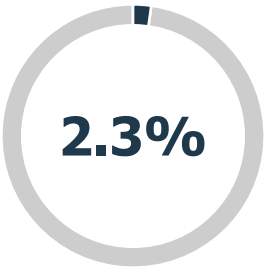
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2004 and 2017–2019.

Substance Use, Misuse, and Use Disorders

Marijuana Use Disorder



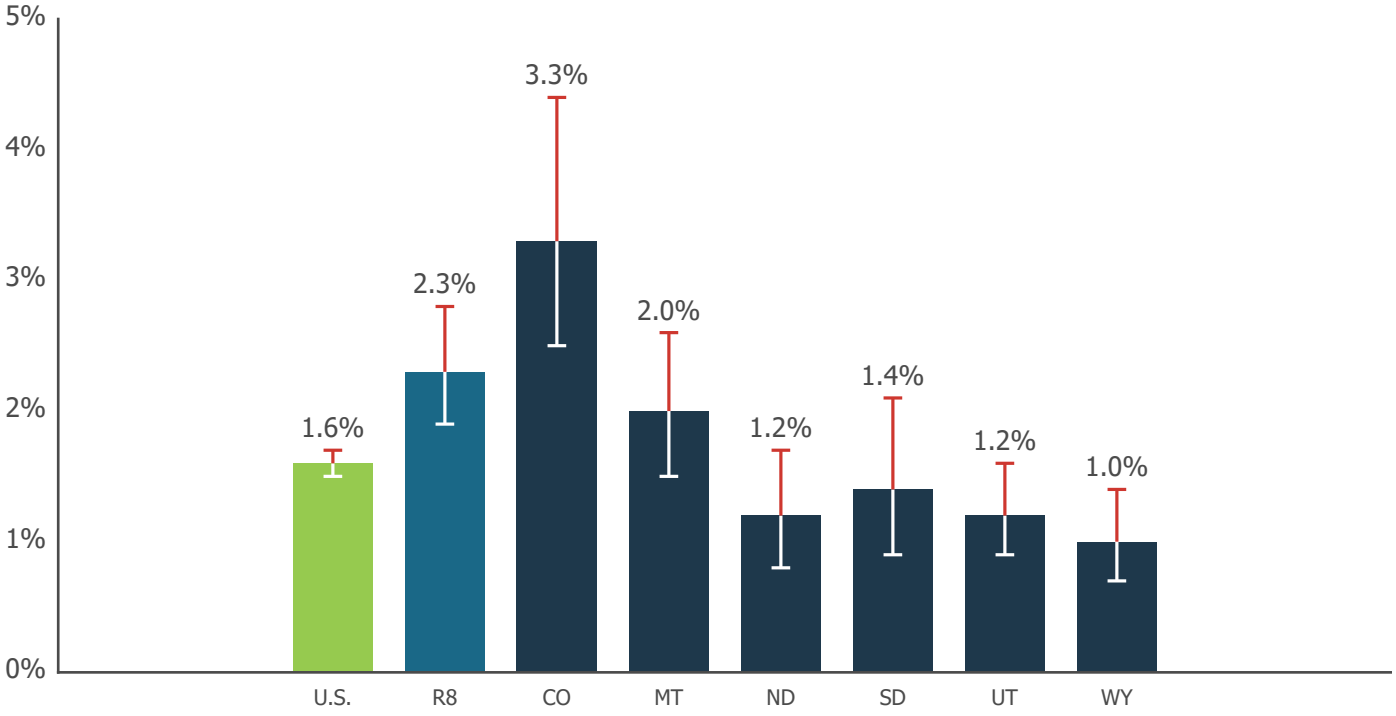
Past-Year Marijuana Use Disorder among People Aged 12 or Older in Region 8 (Annual Average, 2017–2019)[1]



During 2017–2019, among people aged 12 or older in Region 8, **2.3%** (or **230,000**) had marijuana use disorder in the past year, higher than the national average (**1.6%**).

Compared to the national average, the estimate was higher in Colorado; lower in Utah and Wyoming; and similar in Montana, North Dakota, and South Dakota.

Compared to the regional average, the estimate was higher in Colorado; lower in North Dakota, South Dakota, Utah, and Wyoming; and similar in Montana.

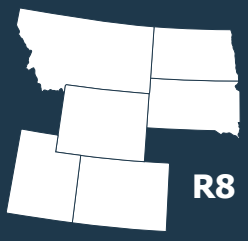


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

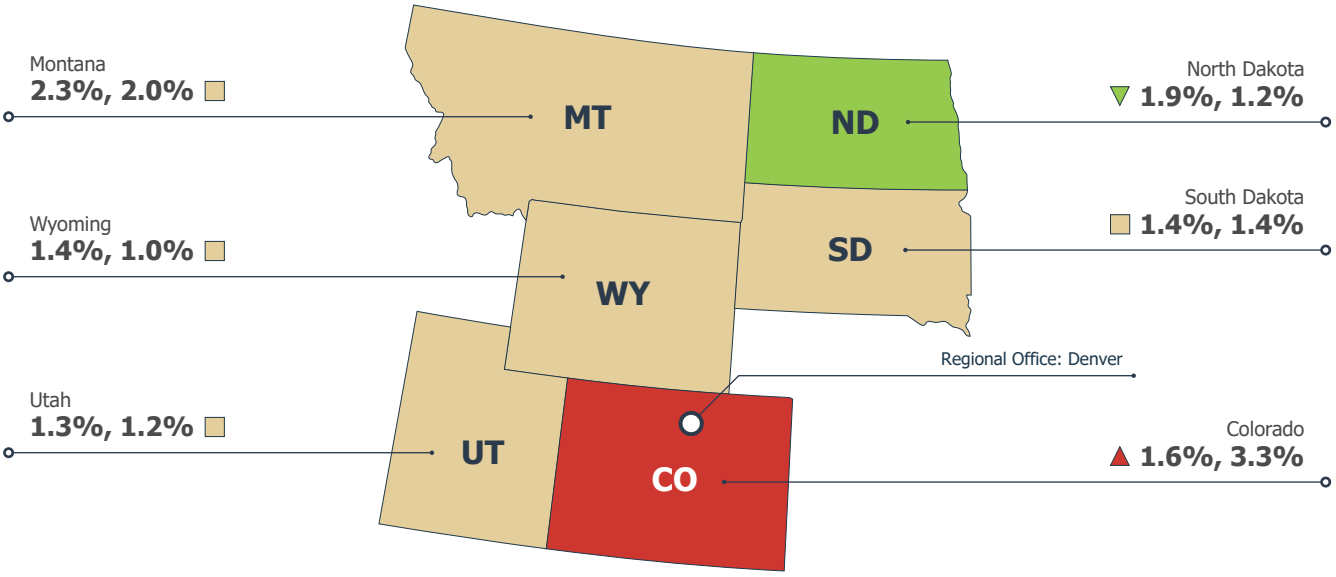
Substance Use, Misuse, and Use Disorders

Marijuana Use Disorder



Changes in Past-Year Marijuana Use Disorder among People Aged 12 or Older in Region 8 (Annual Averages, 2002–2004 and 2017–2019)[1]

Among people aged 12 or older in Region 8, the annual average percentage of marijuana use disorder in the past year increased between 2002–2004 (**1.6%**) and 2017–2019 (**2.3%**). The percentage increased in Colorado and decreased in North Dakota.



Key: **% 2002–2004, % 2017–2019**

- ▲ **Increased** from 2002–2004 to 2017–2019
- ☐ No Significant Change from 2002–2004 to 2017–2019
- ▼ **Decreased** from 2002–2004 to 2017–2019

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2004 and 2017–2019.

Substance Use, Misuse, and Use Disorders

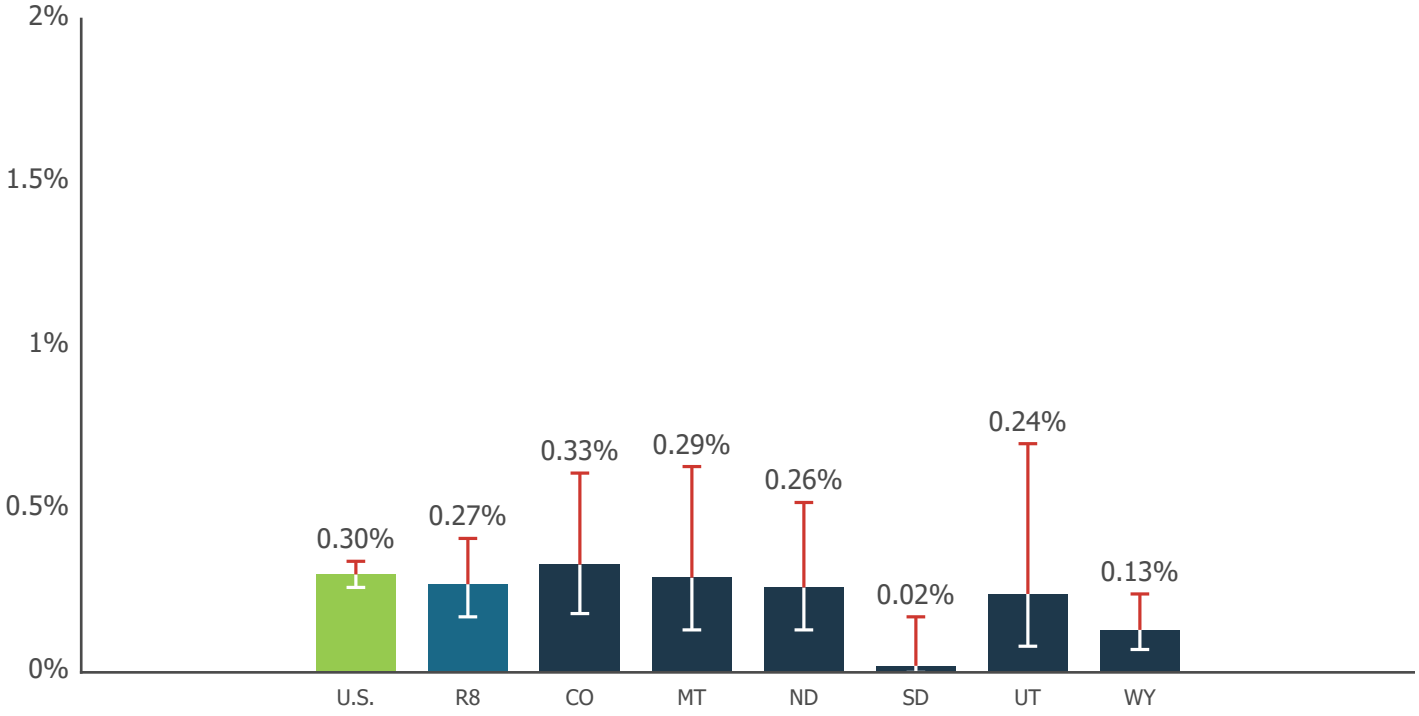
Heroin Use

Past-Year Heroin Use among People Aged 12 or Older in Region 8 (Annual Average, 2017–2019)[1]

During 2017–2019, among people aged 12 or older in Region 8, **0.27%** (or **27,000**) used heroin in the past year, similar to the national average (**0.30%**).

Compared to the national average, the estimate was lower in South Dakota and Wyoming and similar in Colorado, Montana, North Dakota, and Utah.

Compared to the regional average, the estimate was lower in South Dakota and similar in Colorado, Montana, North Dakota, Utah, and Wyoming.

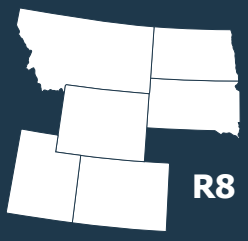


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

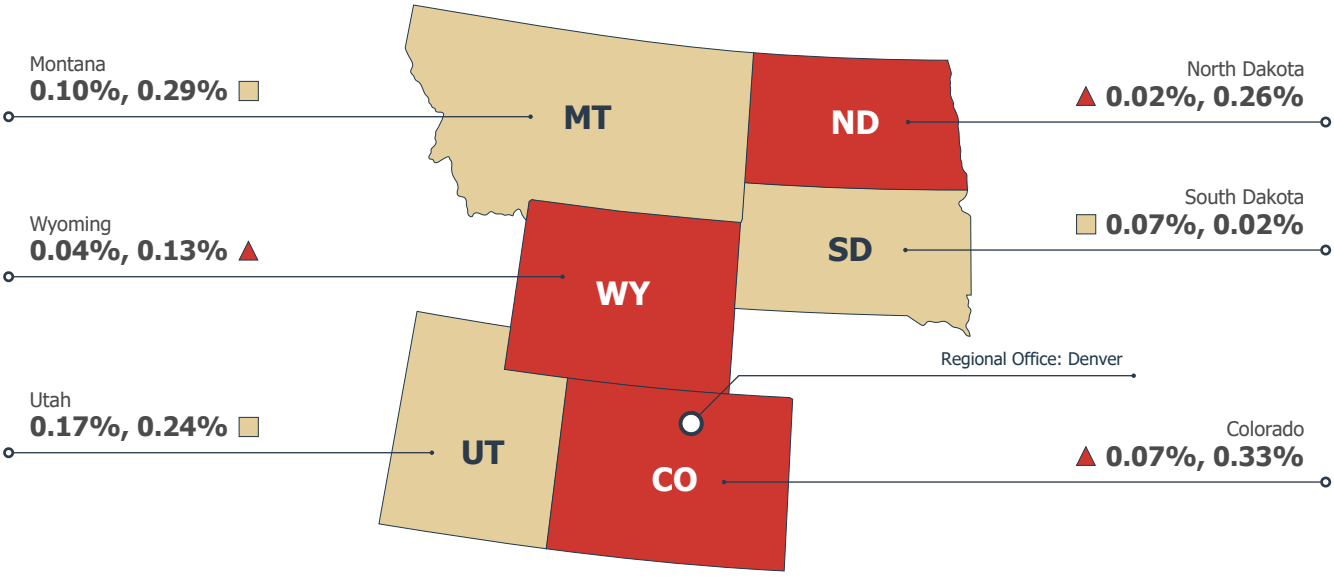
Substance Use, Misuse, and Use Disorders

Heroin Use



Changes in Past-Year Heroin Use among People Aged 12 or Older in Region 8 (Annual Averages, 2002–2004 and 2017–2019)[1]

Among people aged 12 or older in Region 8, the annual average percentage of heroin use in the past year increased between 2002–2004 (**0.09%**) and 2017–2019 (**0.27%**). The percentage increased in Colorado, North Dakota, and Wyoming.



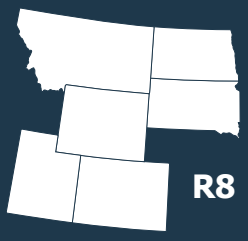
Key: **% 2002–2004, % 2017–2019**

- ▲ **Increased** from 2002–2004 to 2017–2019
- ☐ No Significant Change from 2002–2004 to 2017–2019
- ▼ **Decreased** from 2002–2004 to 2017–2019

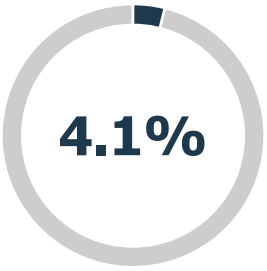
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2004 and 2017–2019.

Substance Use, Misuse, and Use Disorders

Misuse of Prescription Pain Relievers



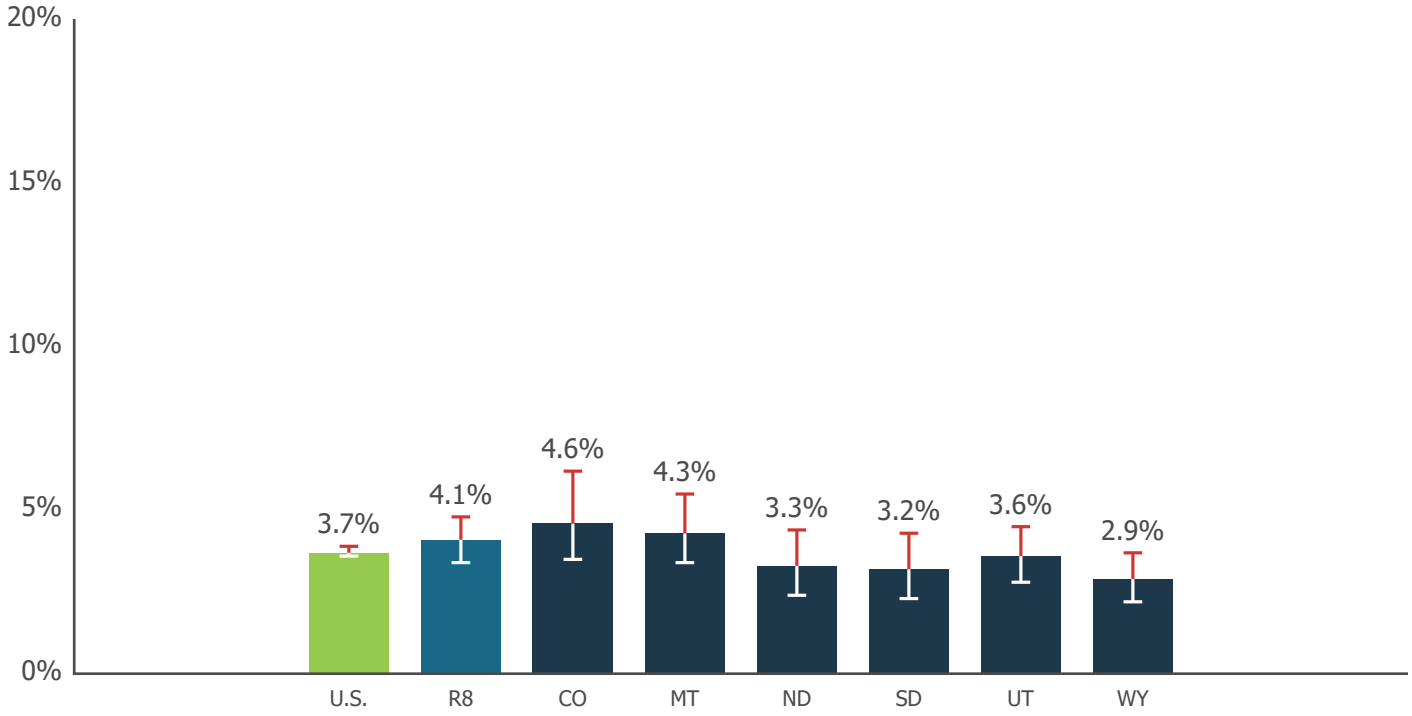
Past-Year Misuse of Prescription Pain Relievers among People Aged 12 or Older in Region 8 (Annual Average, 2017–2019)[1]



During 2017–2019, among people aged 12 or older in Region 8, **4.1%** (or **405,000**) misused prescription pain relievers in the past year, similar to the national average (**3.7%**).

Compared to the national average, the estimate was lower in Wyoming and similar in Colorado, Montana, North Dakota, South Dakota, and Utah.

Compared to the regional average, the estimate was lower in Wyoming and similar in Colorado, Montana, North Dakota, South Dakota, and Utah.

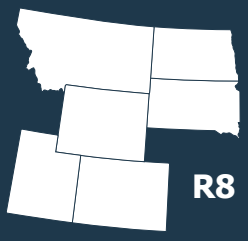


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

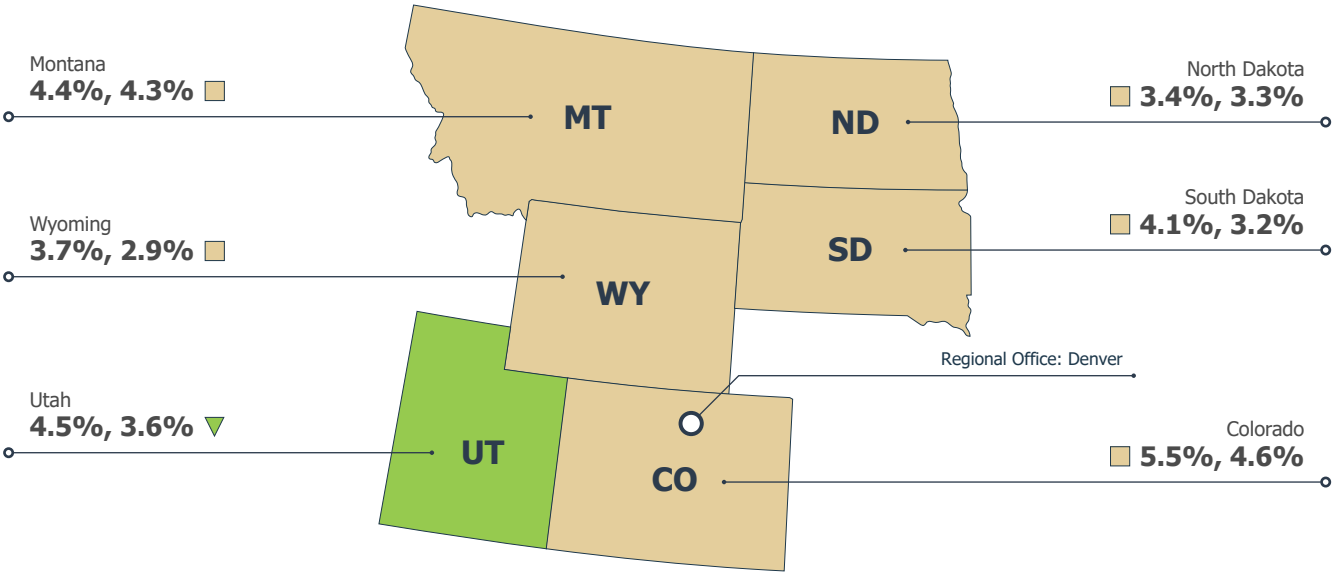
Substance Use, Misuse, and Use Disorders

Misuse of Prescription Pain Relievers



Changes in Past-Year Misuse of Prescription Pain Relievers among People Aged 12 or Older in Region 8 (Annual Averages, 2015–2017 and 2017–2019)[1]

Among people aged 12 or older in Region 8, the annual average percentage of prescription pain reliever misuse in the past year decreased between 2015–2017 (**4.8%**) and 2017–2019 (**4.1%**). The percentage decreased in Utah.



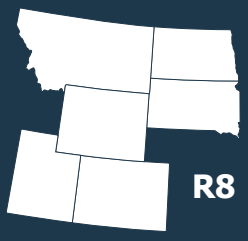
Key: **% 2015–2017, % 2017–2019**

- ▲ **Increased** from 2015–2017 to 2017–2019
- ☐ No Significant Change from 2015–2017 to 2017–2019
- ▼ **Decreased** from 2015–2017 to 2017–2019

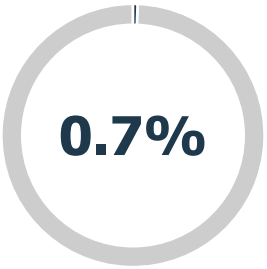
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.

Substance Use, Misuse, and Use Disorders

Opioid Use Disorder



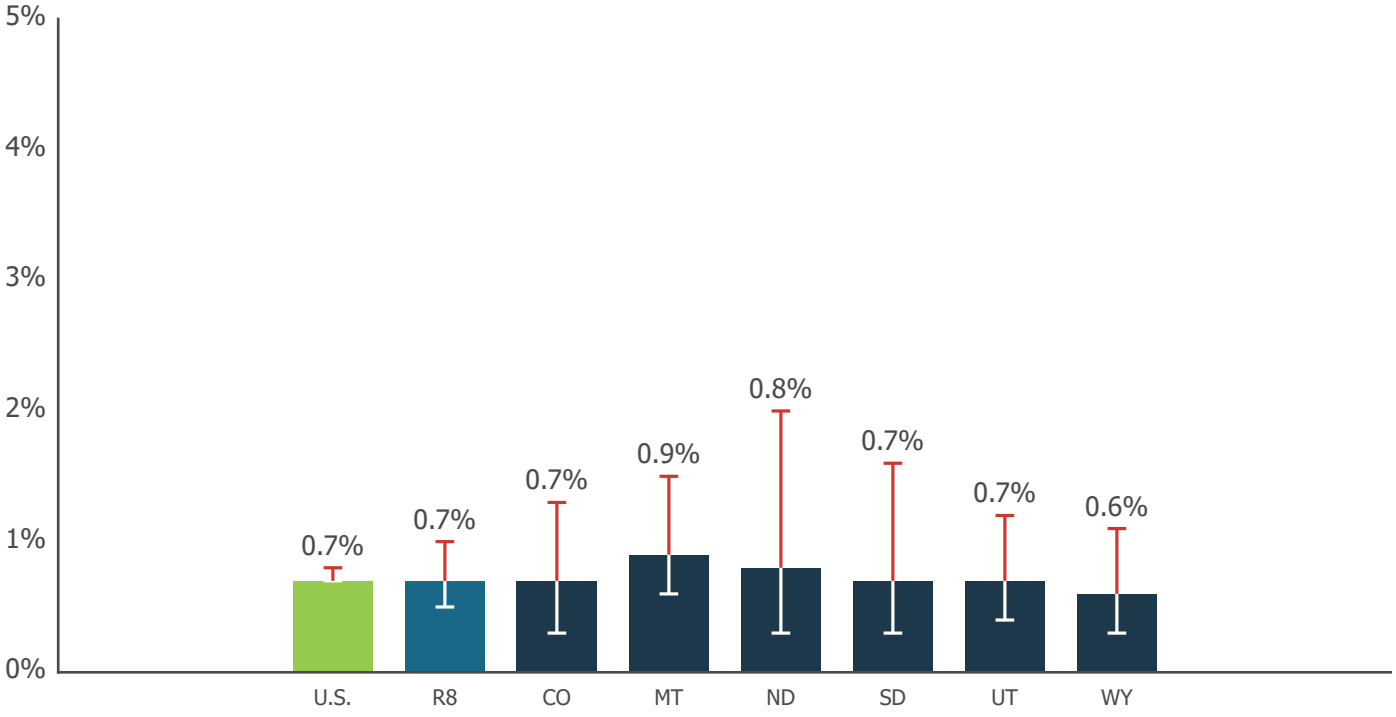
Past-Year Opioid Use Disorder among People Aged 12 or Older in Region 8 (Annual Average, 2017–2019)[1]



During 2017–2019, among people aged 12 or older in Region 8, **0.7%** (or **70,000**) had opioid use disorder in the past year, similar to the national average (**0.7%**).

Compared to the national average, the estimate was similar in every state in Region 8.

Compared to the regional average, the estimate was similar in every state in Region 8.

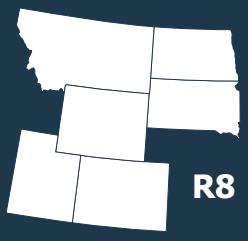


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

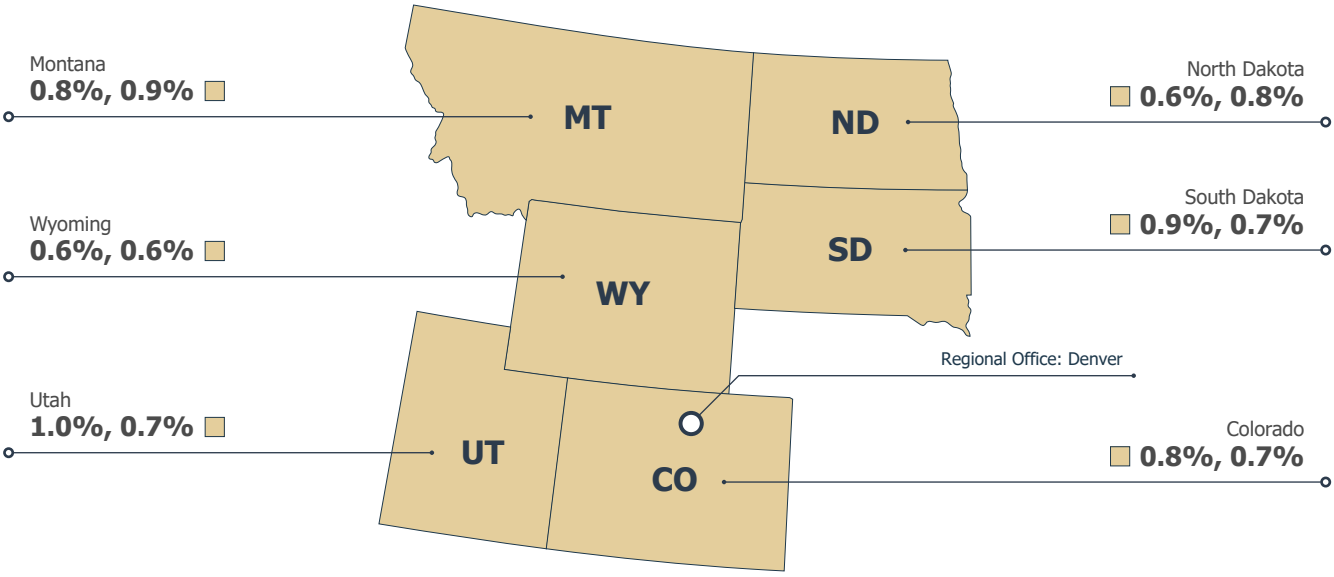
Substance Use, Misuse, and Use Disorders

Opioid Use Disorder



Changes in Past-Year Opioid Use Disorder among People Aged 12 or Older in Region 8 (Annual Averages, 2015–2017 and 2017–2019)[1]

Among people aged 12 or older in Region 8, the annual average percentage of opioid use disorder in the past year did not significantly change between 2015–2017 (**0.9%**) and 2017–2019 (**0.7%**). The percentage did not significantly change in every state in Region 8.



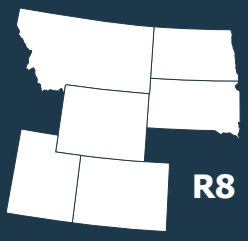
Key: **% 2015–2017, % 2017–2019**

- ▲ **Increased** from 2015–2017 to 2017–2019
- ☐ No Significant Change from 2015–2017 to 2017–2019
- ▼ **Decreased** from 2015–2017 to 2017–2019

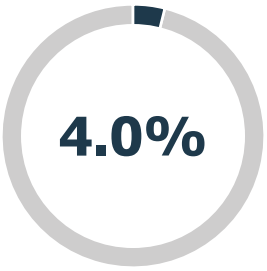
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.

Substance Use, Misuse, and Use Disorders

Illicit Drug Use Disorder



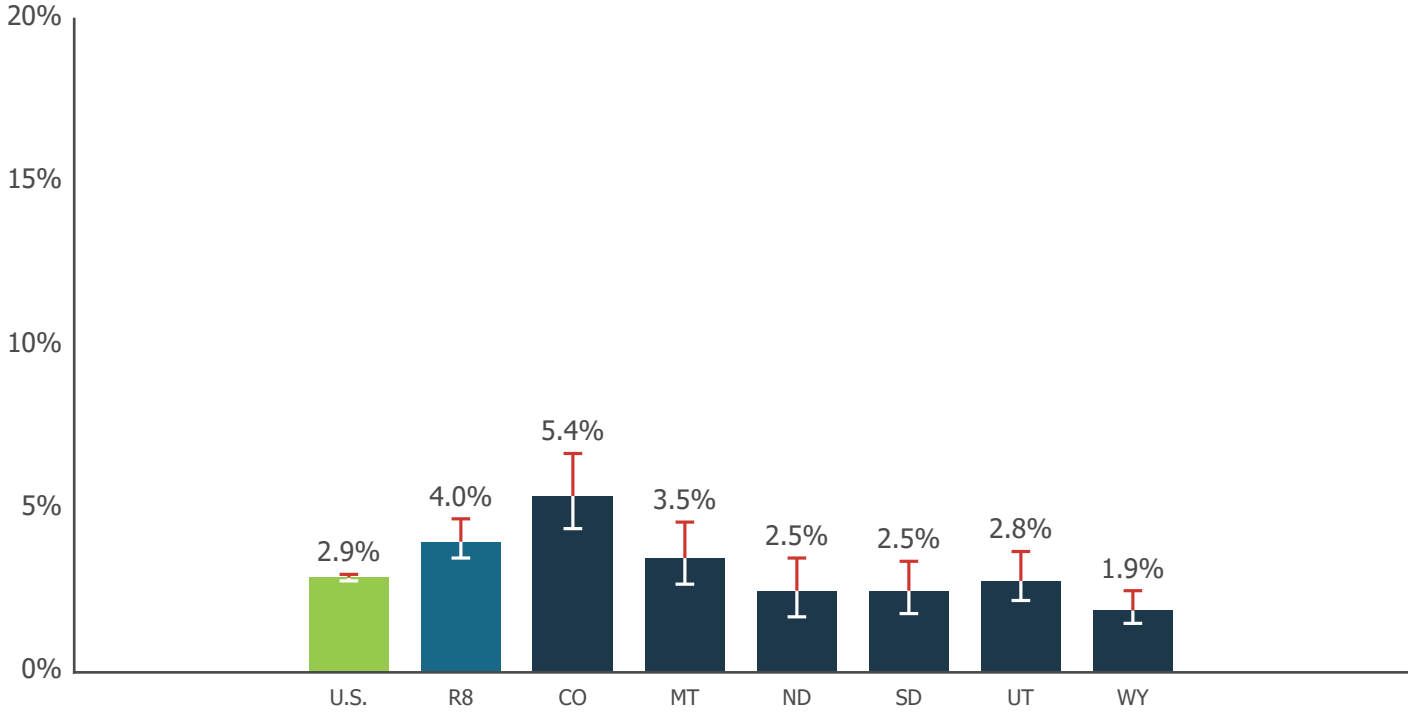
Past-Year Illicit Drug Use Disorder among People Aged 12 or Older in Region 8 (Annual Average, 2017–2019)[1]



During 2017–2019, among people aged 12 or older in Region 8, **4.0%** (or **403,000**) had illicit drug use disorder in the past year, higher than the national average (**2.9%**).

Compared to the national average, the estimate was higher in Colorado; lower in Wyoming; and similar in Montana, North Dakota, South Dakota, and Utah.

Compared to the regional average, the estimate was higher in Colorado; lower in North Dakota, South Dakota, Utah, and Wyoming; and similar in Montana.

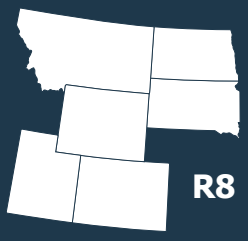


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

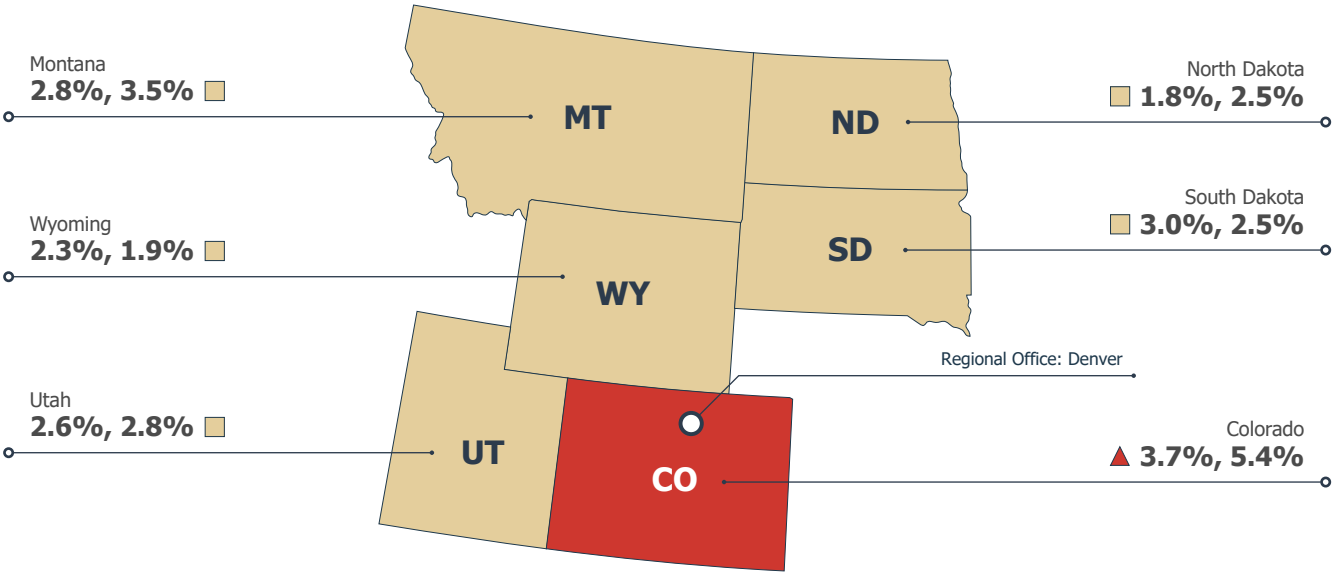
Substance Use, Misuse, and Use Disorders

Illicit Drug Use Disorder



Changes in Past-Year Illicit Drug Use Disorder among People Aged 12 or Older in Region 8 (Annual Averages, 2015–2017 and 2017–2019)[1]

Among people aged 12 or older in Region 8, the annual average percentage of illicit drug use disorder in the past year increased between 2015–2017 (**3.1%**) and 2017–2019 (**4.0%**). The percentage increased in Colorado.



Key: **% 2015–2017, % 2017–2019**

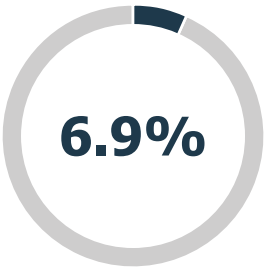
- ▲ **Increased** from 2015–2017 to 2017–2019
- ☐ No Significant Change from 2015–2017 to 2017–2019
- ▼ **Decreased** from 2015–2017 to 2017–2019

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.

Substance Use, Misuse, and Use Disorders

Alcohol Use Disorder

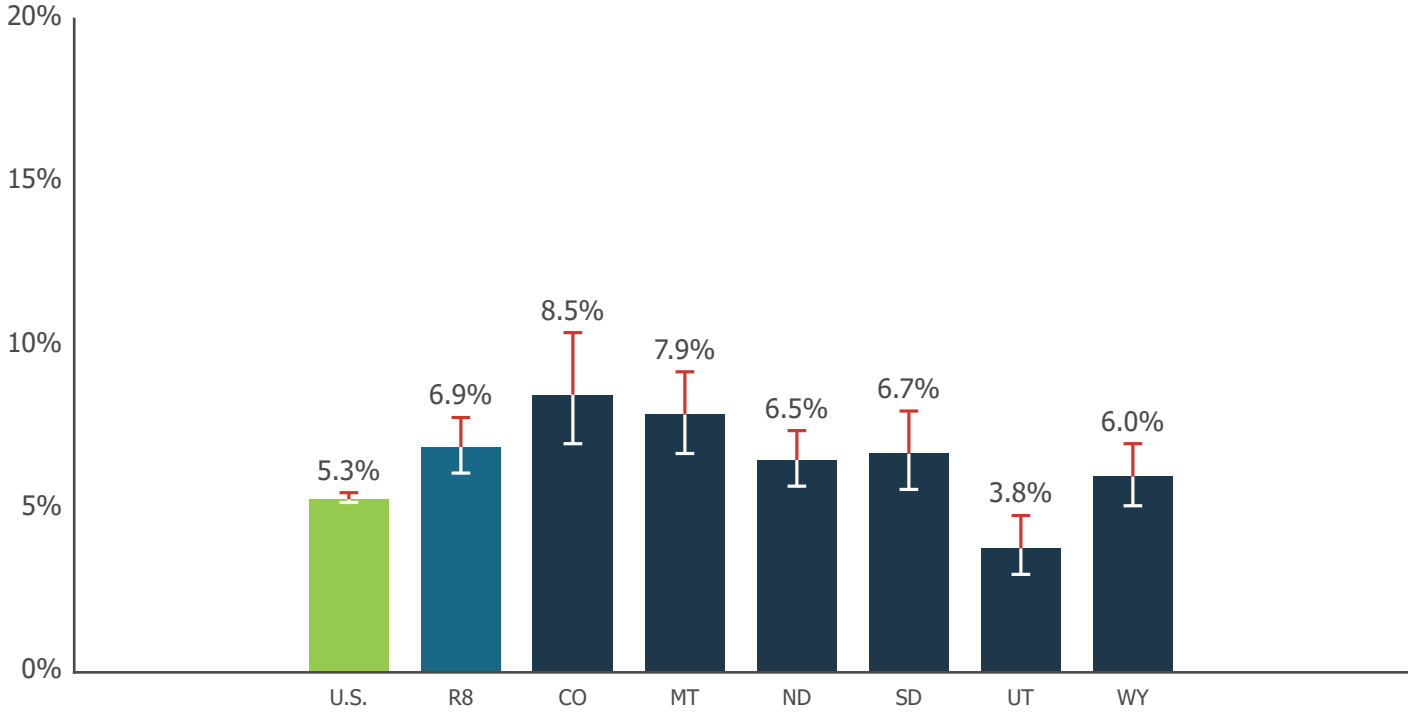
Past-Year Alcohol Use Disorder among People Aged 12 or Older in Region 8 (Annual Average, 2017–2019)[1]



During 2017–2019, among people aged 12 or older in Region 8, **6.9%** (or **689,000**) had alcohol use disorder in the past year, higher than the national average (**5.3%**).

Compared to the national average, the estimate was higher in Colorado, Montana, North Dakota, and South Dakota; lower in Utah; and similar in Wyoming.

Compared to the regional average, the estimate was higher in Colorado; lower in Utah; and similar in Montana, North Dakota, South Dakota, and Wyoming.

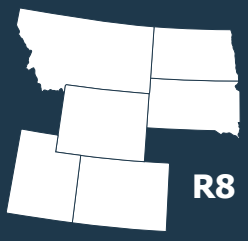


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

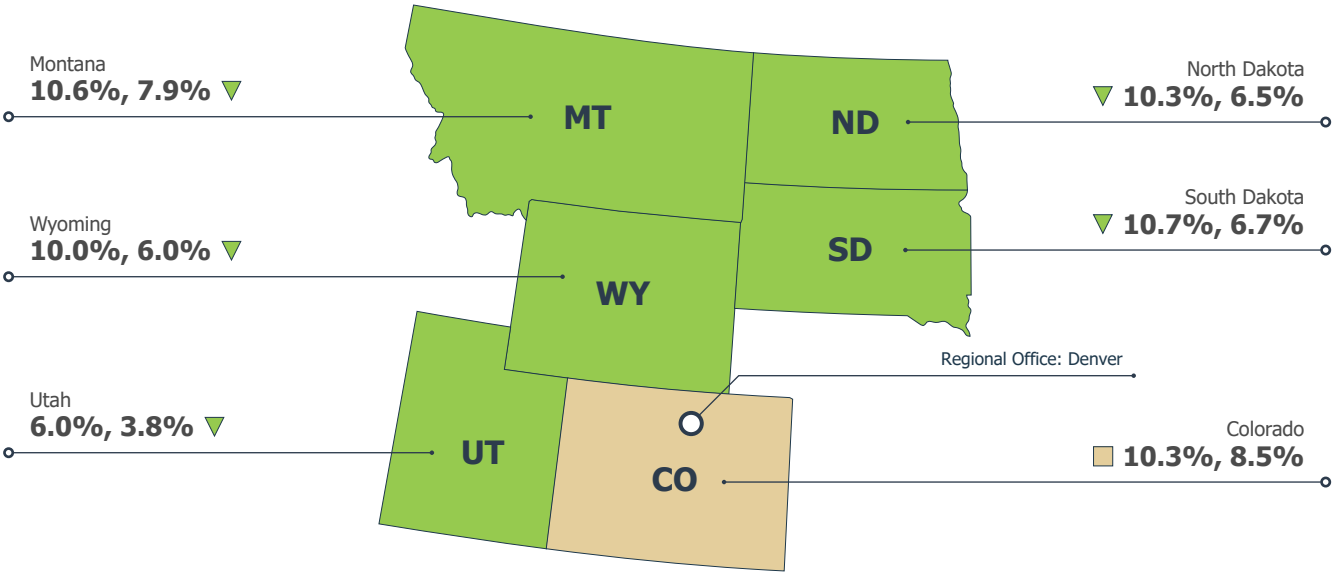
Substance Use, Misuse, and Use Disorders

Alcohol Use Disorder



Changes in Past-Year Alcohol Use Disorder among People Aged 12 or Older in Region 8 (Annual Averages, 2002–2004 and 2017–2019)[1]

Among people aged 12 or older in Region 8, the annual average percentage of alcohol use disorder in the past year decreased between 2002–2004 (**9.3%**) and 2017–2019 (**6.9%**). The percentage decreased in Montana, North Dakota, South Dakota, Utah, and Wyoming.



Key: **% 2002–2004, % 2017–2019**

- ▲ **Increased** from 2002–2004 to 2017–2019
- ☐ No Significant Change from 2002–2004 to 2017–2019
- ▼ **Decreased** from 2002–2004 to 2017–2019

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2004 and 2017–2019.

Substance Use, Misuse, and Use Disorders

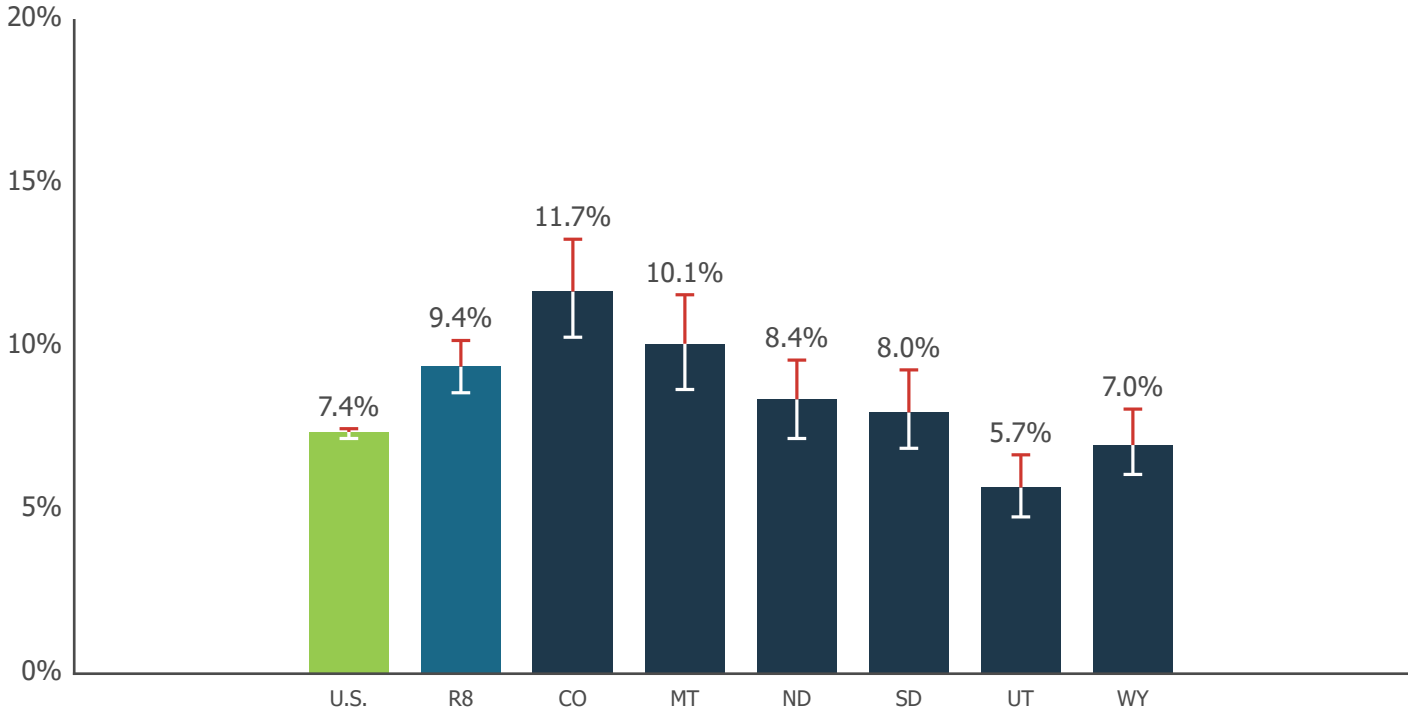
Substance Use Disorder

Past-Year Substance Use Disorder among People Aged 12 or Older in Region 8 (Annual Average, 2017–2019)[1]

During 2017–2019, among people aged 12 or older in Region 8, **9.4%** (or **934,000**) had a substance use disorder in the past year, higher than the national average (**7.4%**).

Compared to the national average, the estimate was higher in Colorado and Montana; lower in Utah; and similar in North Dakota, South Dakota, and Wyoming.

Compared to the regional average, the estimate was higher in Colorado; lower in Utah and Wyoming; and similar in Montana, North Dakota, and South Dakota.

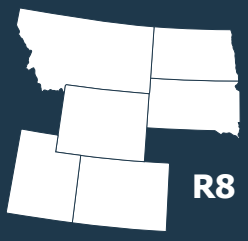


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

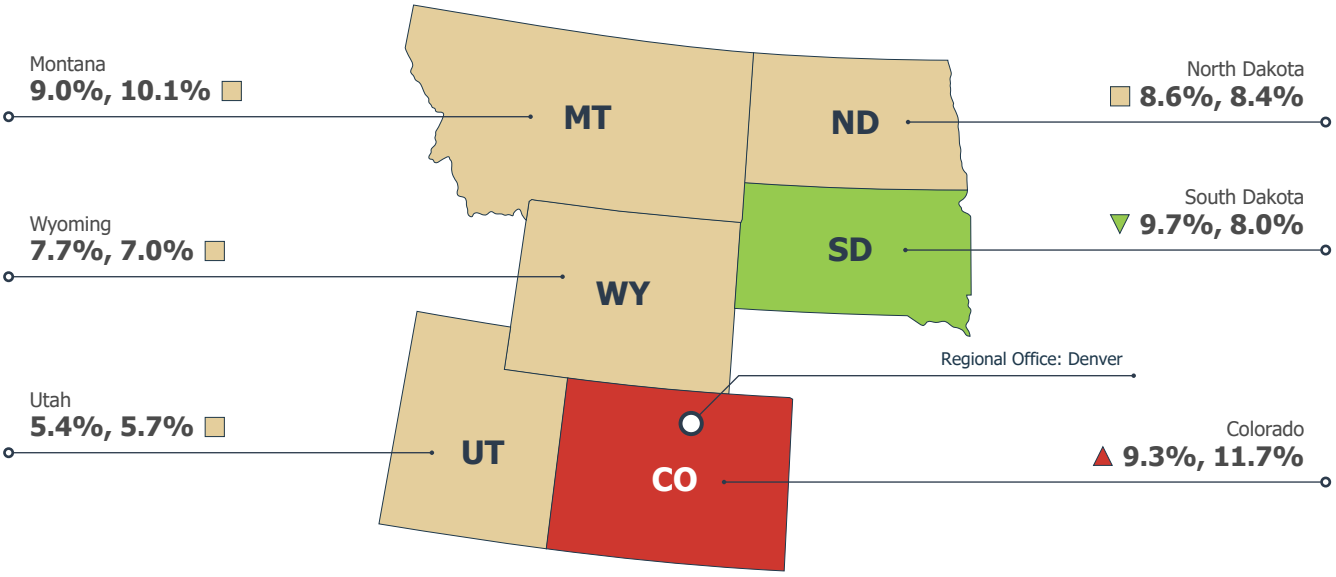
Substance Use, Misuse, and Use Disorders

Substance Use Disorder



Changes in Past-Year Substance Use Disorder among People Aged 12 or Older in Region 8 (Annual Averages, 2015–2017 and 2017–2019)[1]

Among people aged 12 or older in Region 8, the annual average percentage of substance use disorder in the past year increased between 2015–2017 (**8.2%**) and 2017–2019 (**9.4%**). The percentage increased in Colorado and decreased in South Dakota.



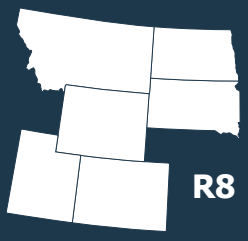
Key: **% 2015–2017, % 2017–2019**

- ▲ **Increased** from 2015–2017 to 2017–2019
- ☐ No Significant Change from 2015–2017 to 2017–2019
- ▼ **Decreased** from 2015–2017 to 2017–2019

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.

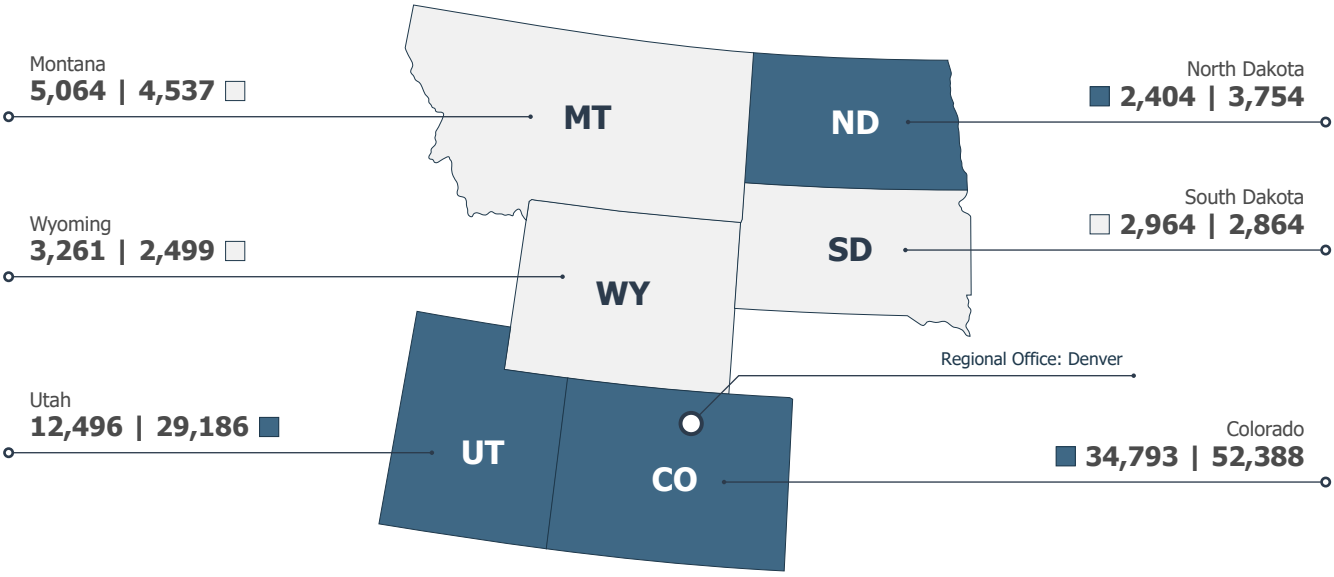
Substance Use Treatment

Enrollment and Treatment Focus



Changes in the Number of People Enrolled in Substance Use Treatment in Region 8 (Single-Day Counts, 2015 and 2019)[7,8]

In a single-day count in March 2019, **95,228** people in Region 8 were enrolled in substance use treatment—higher than **60,982** people in 2015.



Key: **2015 and 2019**

- ■ **Higher** in 2019 than in 2015
- □ **Lower** in 2019 than in 2015

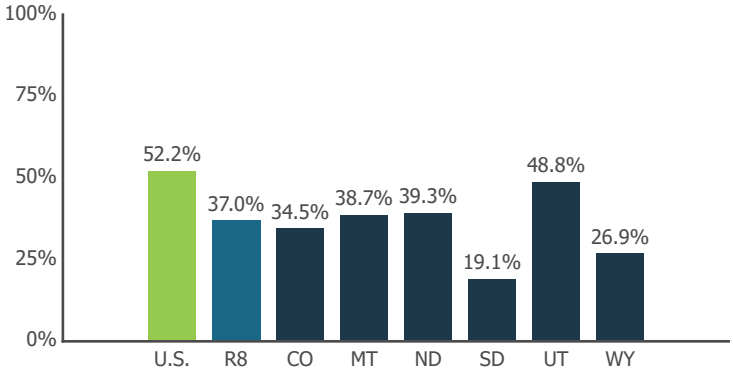
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey of Substance Abuse Treatment Services, 2015 and 2019.

Substance Use Treatment

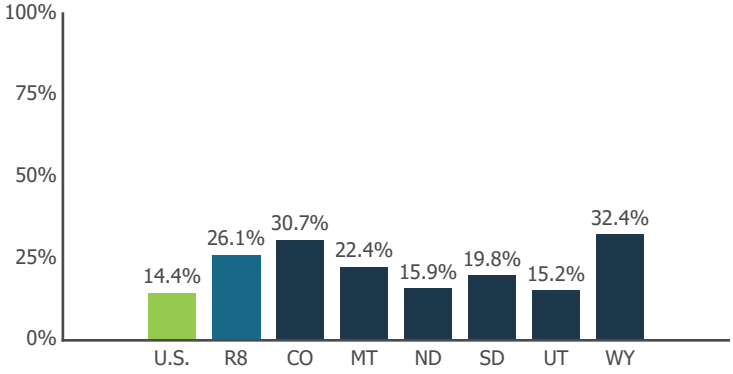
Enrollment and Treatment Focus

Substance Use Problems among People Enrolled in Substance Use Treatment in Region 8 (Single-Day Count, 2019)[7,8,9]

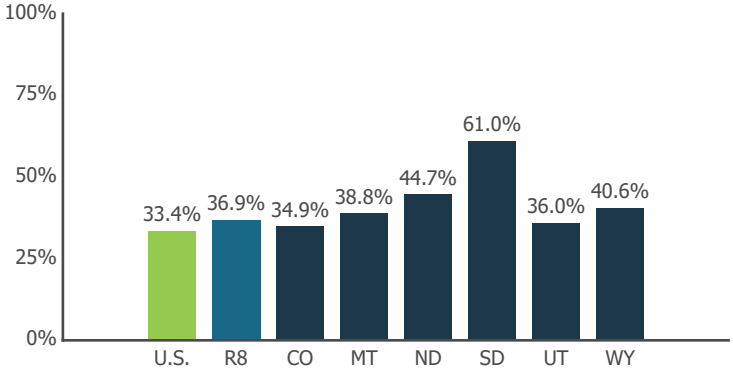
Among people in Region 8 enrolled in substance use treatment in March 2019, **37.0%** (or **29,983**) were enrolled for **drug use only**. The national average was **52.2%**.



Among people in Region 8 enrolled in substance use treatment in March 2019, **26.1%** (or **21,134**) were enrolled for **alcohol use only**. The national average was **14.4%**.



Among people in Region 8 enrolled in substance use treatment in March 2019, **36.9%** (or **29,841**) were enrolled for **both drug and alcohol use**. The national average was **33.4%**.

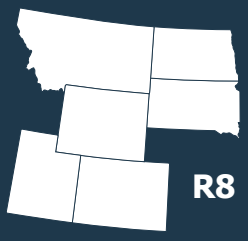


U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey of Substance Abuse Treatment Services, 2019.

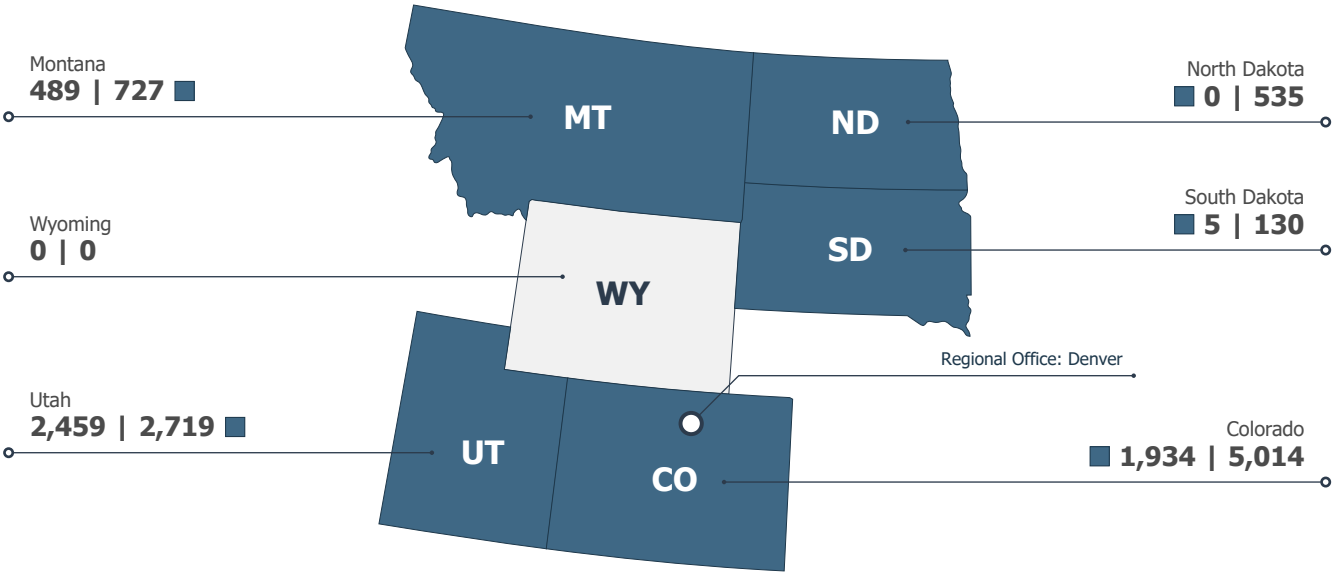
Substance Use Treatment

Opioids (Medication-Assisted Therapy [MAT])



Changes in the Number of People Enrolled in Opioid Treatment Programs in Region 8 Receiving Methadone (Single-Day Counts, 2015 and 2019)[7,8,10]

In a single-day count in March 2019, **9,125** people in Region 8 were receiving methadone in opioid treatment programs as part of their substance use treatment—higher than **4,887** people in 2015.



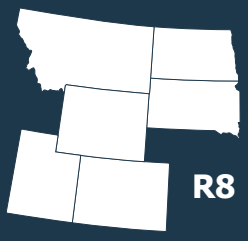
Key: **2015 and 2019**

- **Higher** in 2019 than in 2015
- **Lower** in 2019 than in 2015 (or no change)

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey of Substance Abuse Treatment Services, 2015 and 2019.

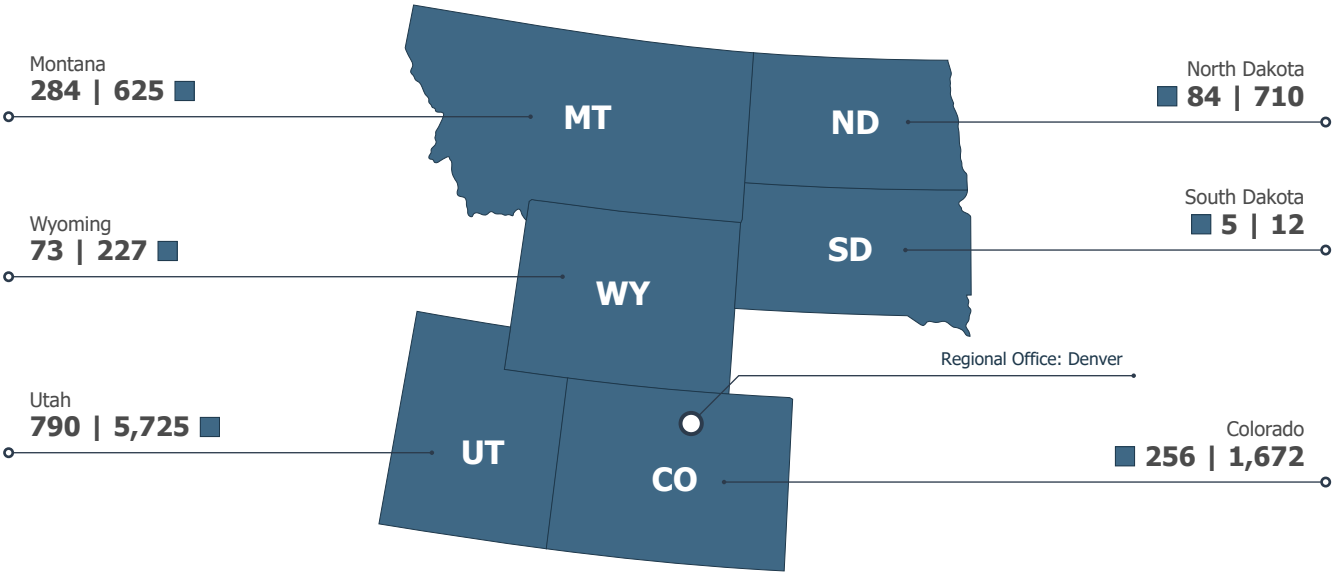
Substance Use Treatment

Opioids (Medication-Assisted Therapy [MAT])



Changes in the Number of People Enrolled in Substance Use Treatment in Region 8 Receiving Buprenorphine (Single-Day Counts, 2015 and 2019)[7,8,10,11]

In a single-day count in March 2019, **8,971** people in Region 8 were receiving buprenorphine as part of their substance use treatment—higher than **1,492** people in 2015.



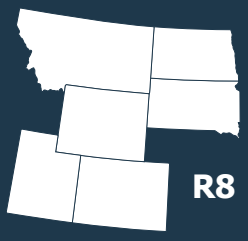
Key: **2015 and 2019**

- **Higher** in 2019 than in 2015
- **Lower** in 2019 than in 2015

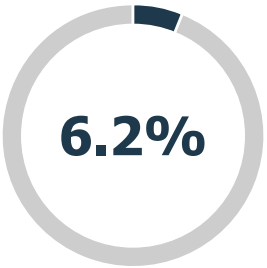
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey of Substance Abuse Treatment Services, 2015 and 2019.

Adult Mental Health and Service Use

Serious Thoughts of Suicide



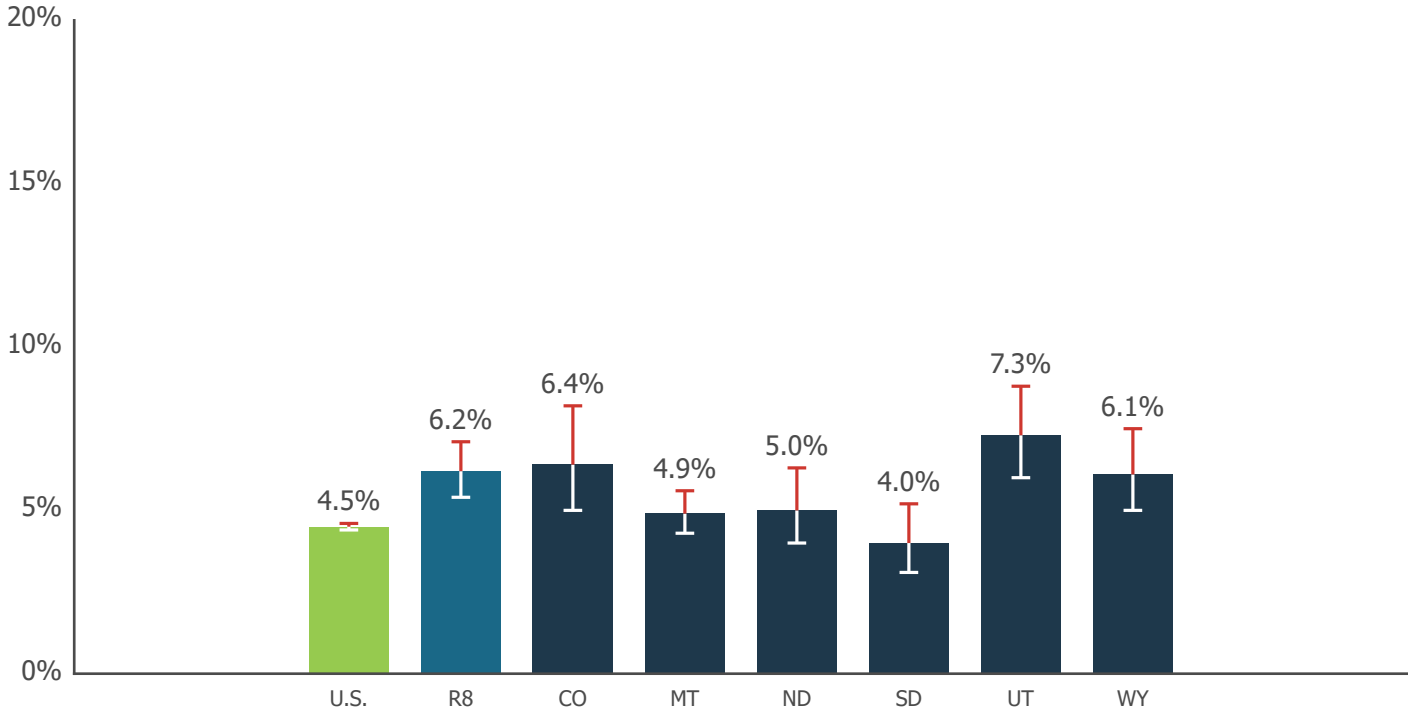
Past-Year Serious Thoughts of Suicide among Adults Aged 18 or Older in Region 8 (Annual Average, 2017–2019)[1,5]



During 2017–2019, among adults aged 18 or older in Region 8, **6.2%** (or **555,000**) had serious thoughts of suicide in the past year, higher than the national average (**4.5%**).

Compared to the national average, the estimate was higher in Colorado, Utah, and Wyoming and similar in Montana, North Dakota, and South Dakota.

Compared to the regional average, the estimate was lower in Montana and South Dakota and similar in Colorado, North Dakota, Utah, and Wyoming.

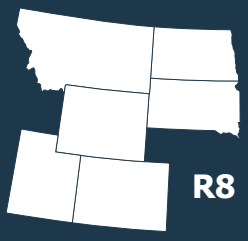


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

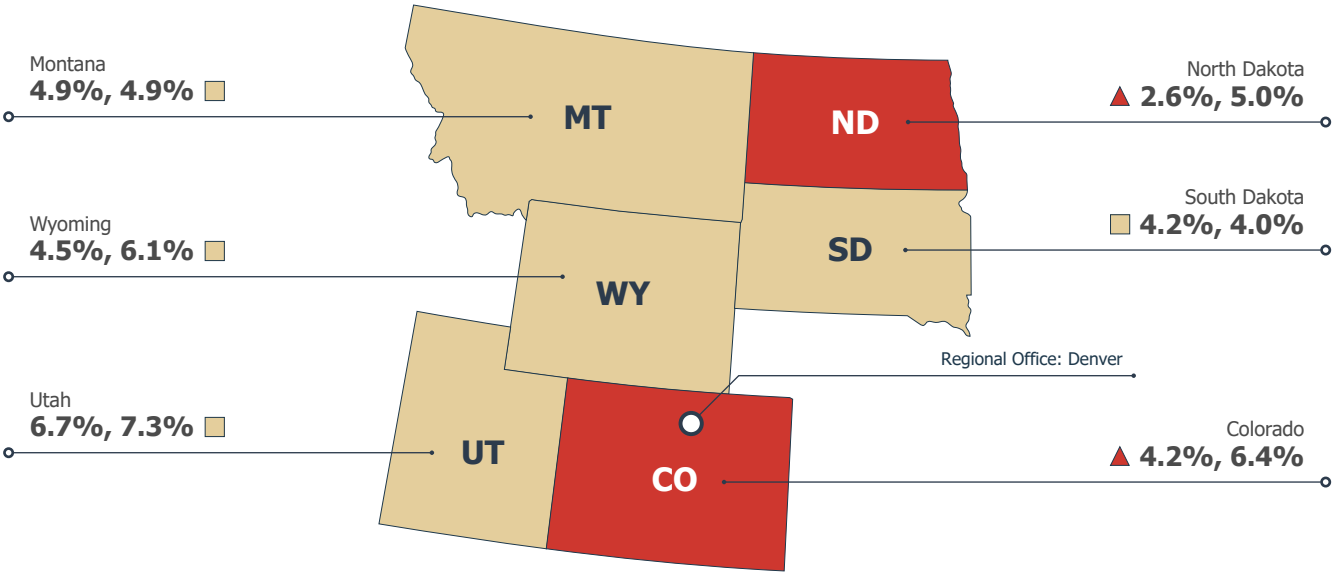
Adult Mental Health and Service Use

Serious Thoughts of Suicide



Changes in Past-Year Serious Thoughts of Suicide among Adults Aged 18 or Older in Region 8 (Annual Averages, 2008–2010 and 2017–2019)[1,5]

Among adults aged 18 or older in Region 8, the annual average percentage with serious thoughts of suicide in the past year increased between 2008–2010 (**4.8%**) and 2017–2019 (**6.2%**). The percentage increased in Colorado and North Dakota.



Key: **% 2008–2010, % 2017–2019**

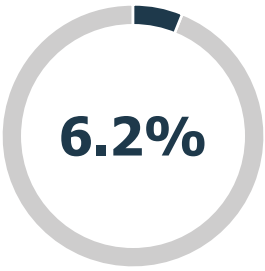
- ▲ **Increased** from 2008–2010 to 2017–2019
- ☐ No Significant Change from 2008–2010 to 2017–2019
- ▼ **Decreased** from 2008–2010 to 2017–2019

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008–2010 and 2017–2019.

Adult Mental Health and Service Use

Serious Mental Illness

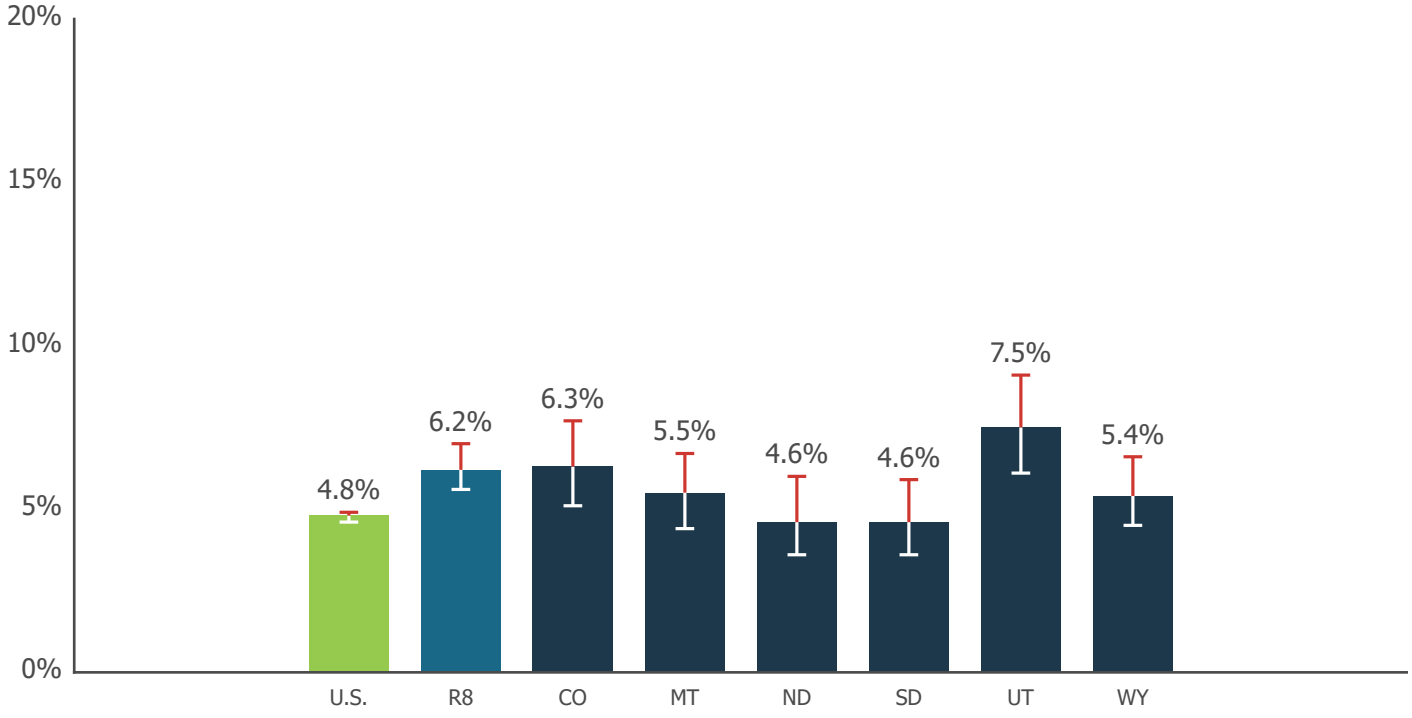
Past-Year Serious Mental Illness (SMI) among Adults Aged 18 or Older in Region 8 (Annual Average, 2017–2019)[1,6]



During 2017–2019, among adults aged 18 or older in Region 8, **6.2%** (or **561,000**) had SMI in the past year, higher than the national average (**4.8%**).

Compared to the national average, the estimate was higher in Colorado and Utah and similar in Montana, North Dakota, South Dakota, and Wyoming.

Compared to the regional average, the estimate was lower in North Dakota and South Dakota and similar in Colorado, Montana, Utah, and Wyoming.

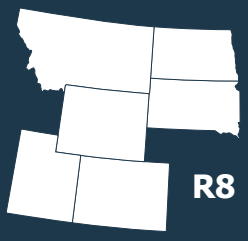


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

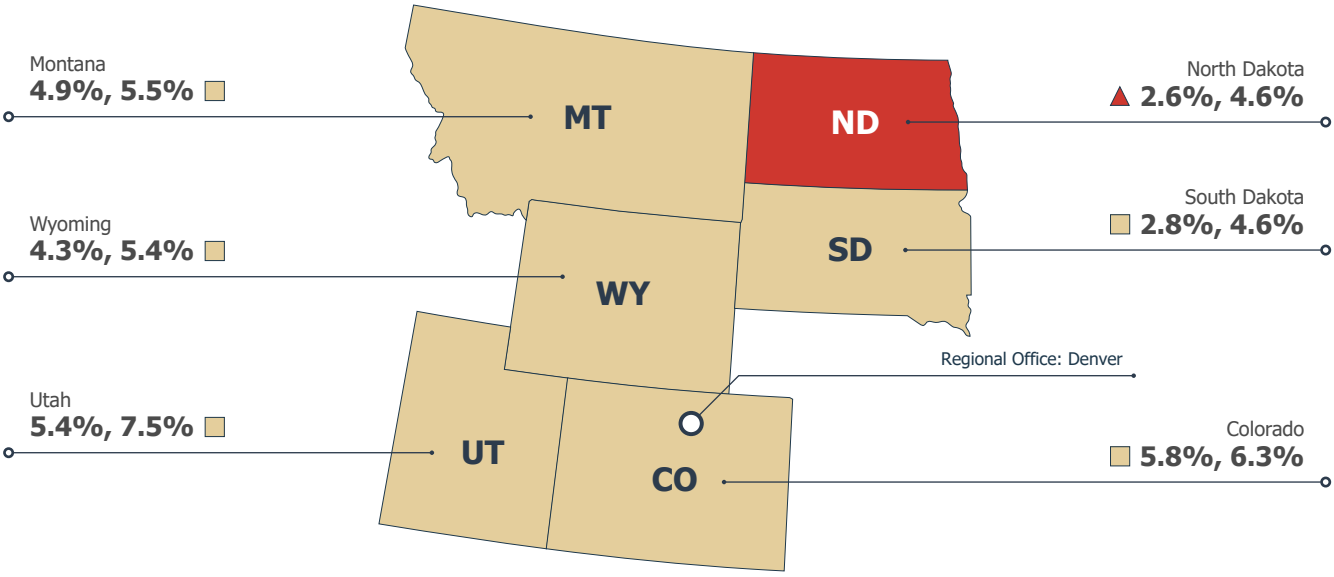
Adult Mental Health and Service Use

Serious Mental Illness



Changes in Past-Year Serious Mental Illness (SMI) among Adults Aged 18 or Older in Region 8 (Annual Averages, 2008–2010 and 2017–2019)[1,6]

Among adults aged 18 or older in Region 8, the annual average percentage with SMI in the past year did not significantly change between 2008–2010 (**5.1%**) and 2017–2019 (**6.2%**). The percentage increased in North Dakota.



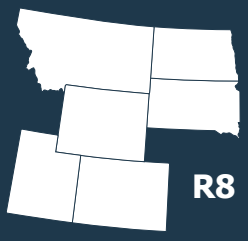
Key: **% 2008–2010, % 2017–2019**

- ▲ **Increased** from 2008–2010 to 2017–2019
- ☐ No Significant Change from 2008–2010 to 2017–2019
- ▼ **Decreased** from 2008–2010 to 2017–2019

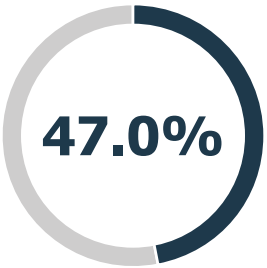
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008–2010 and 2017–2019.

Adult Mental Health and Service Use

Mental Health Service Use among Adults with Any Mental Illness



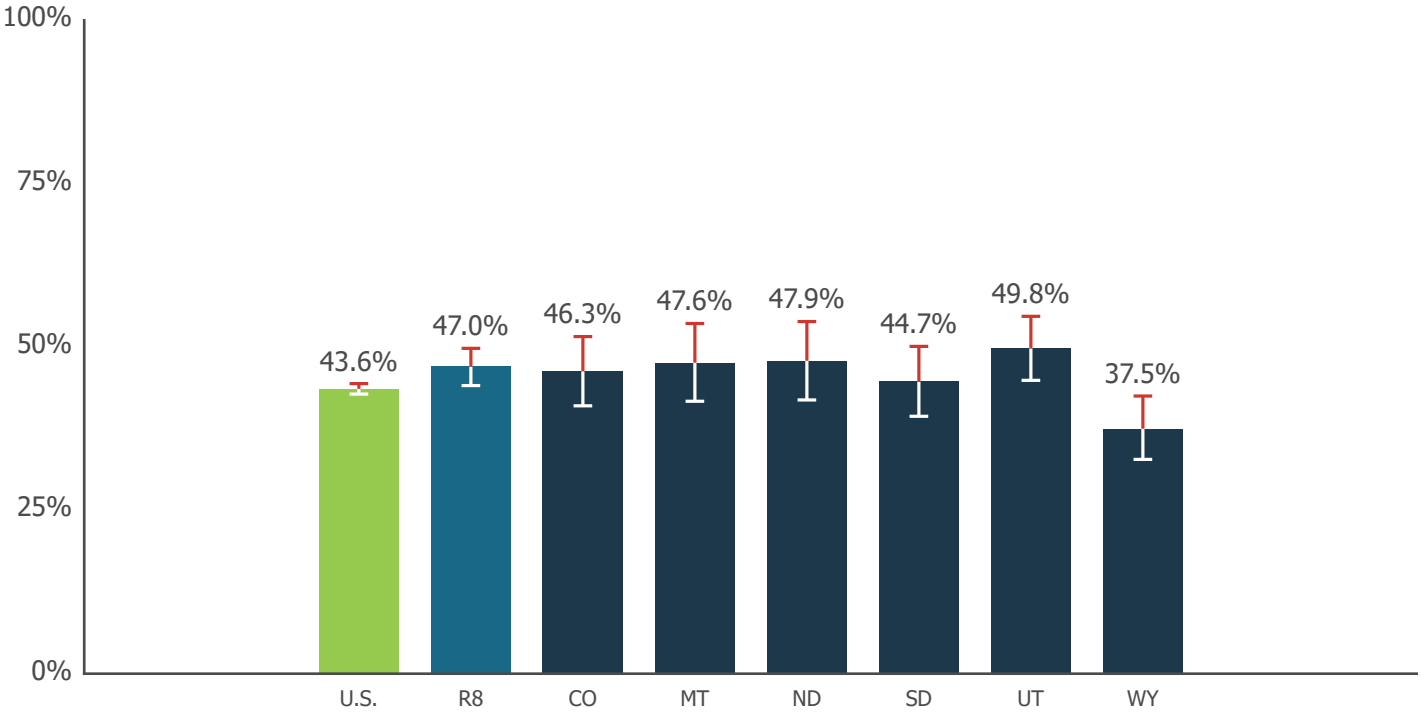
Past-Year Mental Health Service Use among Adults Aged 18 or Older with Any Mental Illness (AMI) in Region 8 (Annual Average, 2017–2019)[1,6,12]



During 2017–2019, among adults aged 18 or older with AMI in Region 8, **47.0%** (or **972,000**) received mental health services in the past year, higher than the national average (**43.6%**).

Compared to the national average, the estimate was higher in Utah; lower in Wyoming; and similar in Colorado, Montana, North Dakota, and South Dakota.

Compared to the regional average, the estimate was lower in Wyoming and similar in Colorado, Montana, North Dakota, South Dakota, and Utah.

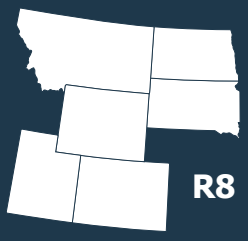


Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; R8 = Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming); CO = Colorado; MT = Montana; ND = North Dakota; SD = South Dakota; UT = Utah; WY = Wyoming.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

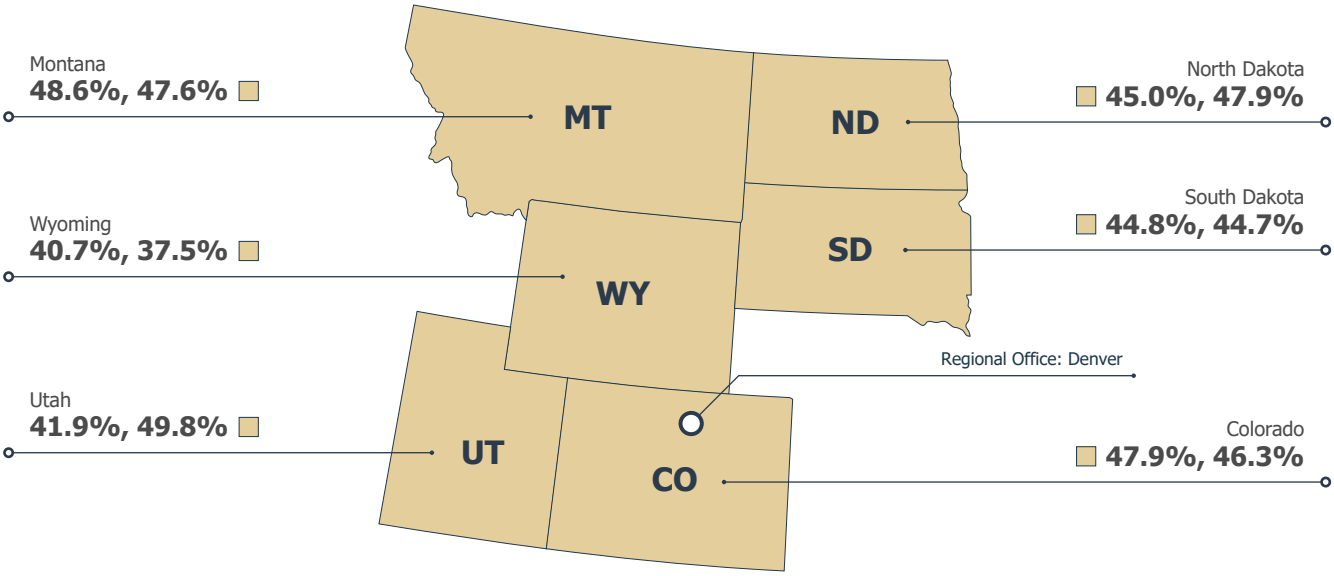
Adult Mental Health and Service Use

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 Region 8 (Annual Averages, 2008–2010 and 2017–2019)[1,6,12]

Among adults aged 18 or older in Region 8, the annual average percentage with AMI who received mental health services in the past year did not significantly change between 2008–2010 (**45.5%**) and 2017–2019 (**47.0%**). The percentage did not significantly change in every state in Region 8.

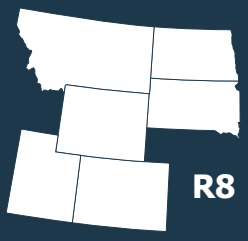


Key: **% 2008–2010, % 2017–2019**

- ▲ **Increased** from 2008–2010 to 2017–2019
- ☐ No Significant Change from 2008–2010 to 2017–2019
- ▼ **Decreased** from 2008–2010 to 2017–2019

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008–2010 and 2017–2019.

Figure Notes



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.

Figure Notes

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.

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).

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.

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.

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

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. Total U.S. single-day counts presented in this report include counts from U.S. territories and jurisdictions. Total single-day counts for HHS Regions are based only on the states included in each region. Additional information about N–SSATS is available at https://www.samhsa.gov/data/all-reports.

HHS Publication No. SMA–20–Baro–19–R8
Published 2020

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Behavioral Health Statistics and Quality

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