

Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health



SAMHSA
Substance Abuse and Mental Health
Services Administration

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U.S. Department of Health and Human Services
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Table of Contents

Summary	1	Perceived Risk from Substance Use	32
Introduction	7	Perceived Risk from Substance Use among Adolescents	33
Survey Background	7	Perceived Risk from Substance Use among Young Adults	33
Data Presentation and Interpretation	8	Perceived Risk from Substance Use among Adults Aged 26 or Older	33
Substance Use in the Past Month	8	Age Comparisons for Perceived Risk from Substance Use	34
Tobacco Use in the Past Month	9	Substance Use Disorders in the Past Year	34
Cigarette Use	10	Alcohol Use Disorder	35
Daily Cigarette Use	10	Illicit Drug Use Disorder.....	35
Alcohol Use in the Past Month	12	Marijuana Use Disorder.....	36
Any Alcohol Use	12	Cocaine Use Disorder	37
Binge Alcohol Use.....	13	Heroin Use Disorder.....	37
Heavy Alcohol Use	13	Methamphetamine Use Disorder.....	38
Underage Alcohol Use	14	Prescription Stimulant Use Disorder.....	38
Kratom Use in the Past Month	14	Prescription Tranquilizer or Sedative Use Disorder.....	39
Illicit Drug Use in the Past Year	14	Prescription Pain Reliever Use Disorder	39
Any Illicit Drug Use	14	Opioid Use Disorder.....	40
Marijuana Use.....	15	Substance Use Disorder (Alcohol or Illicit Drugs)	40
Cocaine Use	16	Major Depressive Episode in the Past Year	41
Heroin Use.....	17	MDE and MDE with Severe Impairment among Adolescents	42
Methamphetamine Use.....	18	MDE and MDE with Severe Impairment among Adults	42
Hallucinogen Use	18	Any Mental Illness among Adults in the Past Year	43
Inhalant Use.....	19	Serious Mental Illness among Adults in the Past Year	44
Misuse of Psychotherapeutic Drugs	20	Co-Occurring MDE and SUD among Adolescents	45
Stimulant Misuse	20	Substance Use among Adolescents with MDE	45
Tranquilizer or Sedative Misuse	21	Co-Occurring Mental Health Issues and SUD among Adults	46
Benzodiazepine Misuse.....	21	Co-Occurring AMI and SUD	46
Pain Reliever Misuse	22	Co-Occurring SMI and SUD	47
Opioid Misuse	24	Substance Use among Adults, by Mental Illness Status	47
Initiation of Substance Use	25	Suicidal Thoughts and Behavior among Adults	48
Initiation of Cigarette Smoking	26	Had Serious Thoughts of Suicide	48
Initiation of Alcohol Use.....	26	Made a Suicide Plan.....	49
Initiation of Marijuana Use.....	27	Attempted Suicide	50
Initiation of Cocaine Use.....	28	Substance Use Treatment in the Past Year	50
Initiation of Heroin Use.....	28	Need for Substance Use Treatment.....	50
Initiation of Methamphetamine Use.....	29	Receipt of Substance Use Treatment	51
Initiation of Hallucinogen Use.....	29	Perceived Need for Substance Use Treatment.....	53
Initiation of Inhalant Use.....	29	Reasons for Not Receiving Substance Use Treatment	54
Initiation of Prescription Stimulant Misuse	30	Medication-Assisted Treatment for Alcohol Use or Opioid Misuse	55
Initiation of Prescription Tranquilizer or Sedative Misuse	30		
Initiation of Prescription Pain Reliever Misuse	31		

<u>Mental Health Service Use in the Past Year</u>	55
<u>Treatment for Depression among Adolescents</u>	55
<u>Treatment for Depression among Adults</u>	56
<u>Any Mental Health Service Use among Adolescents</u>	57
<u>Any Mental Health Service Use among Adults</u>	58
<u>Any Mental Health Service Use among Adults with AMI</u>	59
<u>Any Mental Health Service Use among Adults with SMI</u>	60
<u>Perceived Unmet Need for Mental Health Services</u> <u>among Adults with Mental Illness</u>	60
<u>Receipt of Services for Co-Occurring Substance Use</u> <u>Disorder and Mental Health Issues</u>	63
<u>Receipt of Services among Adolescents with a</u> <u>Co-Occurring SUD and an MDE</u>	63
<u>Receipt of Services among Adults with a Co-Occurring</u> <u>SUD and AMI</u>	63
<u>Receipt of Services among Adults with a Co-Occurring</u> <u>SUD and SMI</u>	64
<u>Perceived Recovery</u>	65
<u>Endnotes</u>	67
<u>Appendix A: Special Tables of Estimates for Substance</u> <u>Use and Mental Health Indicators in the United States</u>	A-1
<u>Appendix B: Selected 2019 Detailed Tables That</u> <u>Support Estimates for Key Substance Use and Mental</u> <u>Health Indicators in the United States</u>	B-1

Summary

This report summarizes key findings from the 2019 National Survey on Drug Use and Health (NSDUH) for national indicators of substance use and mental health among the civilian, noninstitutionalized population aged 12 or older in the United States. In this report, overall statements use terms such as “increased,” “decreased,” or “declined” to describe a trend from the baseline year to 2019 that was statistically significant (at the .05 level) based on results of linear or quadratic trend tests. Pairwise *t* tests also were conducted to compare the estimates in 2019 with corresponding estimates in prior years.

Substance Use

- Among people aged 12 or older in 2019, 60.1 percent (or 165.4 million people) used a substance (i.e., tobacco, alcohol, kratom, or an illicit drug) in the past month. In particular, 50.8 percent (or 139.7 million people) drank alcohol in the past month, 21.1 percent (or 58.1 million people) used a tobacco product in the past month, and 13.0 percent (or 35.8 million people) used an illicit drug in the past month. In addition, 0.3 percent (or 825,000 people) used kratom in the past month.

Tobacco Use

- Among people aged 12 or older in 2019 who used any tobacco product in the past month, 65.3 percent smoked cigarettes but did not use other tobacco products, 13.8 percent smoked cigarettes and used some other type of tobacco product, and 21.0 percent used only noncigarette tobacco products (i.e., other tobacco products but not cigarettes). Thus, most of the past month tobacco users in the United States were cigarette users.
- Among past month tobacco product users in 2019, the percentage who used only cigarettes increased with age (35.4 percent of adolescents aged 12 to 17, 49.6 percent of young adults aged 18 to 25, and 68.5 percent of adults aged 26 or older), but the percentage who used only noncigarette tobacco products decreased with age (39.6 percent of adolescents, 27.9 percent of young adults, and 19.5 percent of adults aged 26 or older).

- Among people aged 12 or older, the percentage who were past month cigarette users declined from 26.0 percent (or 61.1 million people) in 2002 to 16.7 percent (or 45.9 million people) in 2019.
- Among past month cigarette smokers aged 12 or older, the percentage who smoked cigarettes daily declined from 63.4 percent in 2002 (or 38.7 million people) to 58.4 percent (or 26.8 million people) in 2019.

Alcohol Use

- Among the 139.7 million current alcohol users aged 12 or older in 2019, 65.8 million people (47.1 percent) were past month binge drinkers. Among past month binge drinkers, 16.0 million people (24.4 percent of current binge drinkers and 11.5 percent of current alcohol users) were past month heavy drinkers.
- Among adolescents aged 12 to 17, the percentage who were past month alcohol users declined from 17.6 percent (or 4.4 million people) in 2002 to 9.4 percent (or 2.3 million people) in 2019. The percentage who were past month binge alcohol users declined from 5.8 percent (or 1.4 million people) in 2015 to 4.9 percent (or 1.2 million people) in 2019.
- Among young adults aged 18 to 25, the percentage who were past month alcohol users declined from 61.4 percent (or 19.5 million people) in 2003 to 54.3 percent (or 18.3 million people) in 2019. The percentage who were past month binge alcohol users declined from 39.0 percent (or 13.6 million people) in 2015 to 34.3 percent (or 11.6 million people) in 2019.
- Among people aged 12 to 20, the percentage who were past month alcohol users declined from 28.8 percent (or 10.7 million people) in 2002 to 18.5 percent (or 7.0 million people) in 2019. The percentage who were past month binge alcohol users declined from 13.4 percent (or 5.1 million people) in 2015 to 11.1 percent (or 4.2 million people) in 2019, and the percentage who were past month heavy alcohol users declined from 3.3 percent (or 1.3 million people) in 2015 to 2.2 percent (or 825,000 people) in 2019.

Illicit Drug Use

- Among people aged 12 or older, the percentage who were past year marijuana users increased from 11.0 percent (or 25.8 million people) in 2002 to 17.5 percent (or 48.2 million people) in 2019. Over this same period, the percentage who were past year cocaine users decreased from 2.5 percent (or 5.9 million people) to 2.0 percent (or 5.5 million people).
- Among people aged 12 or older, the percentage who were past year misusers of prescription pain relievers declined from 4.7 percent (or 12.5 million people) in 2015 to 3.5 percent (or 9.7 million people) in 2019.
- Among people aged 12 or older, the percentage who were past year misusers of prescription benzodiazepines declined from 2.1 percent (or 5.5 million people) in 2015 to 1.8 percent (or 4.8 million people) in 2019. Among young adults aged 18 to 25, the percentage who were past year misusers of prescription benzodiazepines declined from 5.2 percent (or 1.8 million people) in 2015 to 3.8 percent (or 1.3 million people) in 2019.
- Among adults aged 26 or older, the percentage who were past year marijuana users increased from 7.0 percent (or 12.6 million people) in 2002 to 15.2 percent (or 33.0 million people) in 2019. The percentage who were past year hallucinogen users increased from 0.8 percent (or 1.7 million people) in 2015 to 1.5 percent (or 3.1 million people) in 2019. The percentage who were past year methamphetamine users increased from 0.5 percent (or 1.1 million people) in 2016 to 0.8 percent (or 1.7 million people) in 2019.

Initiation of Substance Use

- Among people aged 12 or older, the number of past year initiates of marijuana use increased from 2.2 million people in 2002 to 3.5 million people in 2019. The number of past year initiates of cocaine use decreased from 1.0 million in 2002 to 671,000 in 2019.
- Among people aged 12 or older, the number of past year initiates of prescription pain reliever misuse declined from 2.1 million people in 2015 to 1.6 million people in 2019. Over this period, the number of past year initiates of prescription tranquilizer misuse declined from 1.4 million people to 949,000 people, and the number of past year initiates of prescription stimulant misuse declined from 1.3 million people to 901,000 people.

- Among adolescents aged 12 to 17, the number of past year initiates of cigarette smoking declined from 1.2 million people in 2002 to 541,000 people in 2019. Over this same period, the number of past year initiates of alcohol use declined from 2.6 million adolescents to 2.3 million adolescents, and the number of past year initiates of cocaine use decreased from 310,000 adolescents to 59,000 adolescents. The number of adolescents who were past year initiates of prescription pain reliever misuse declined from 415,000 in 2015 to 245,000 in 2019.
- Among young adults aged 18 to 25, the number of past year initiates of alcohol use increased from 1.2 million people in 2002 to 2.4 million people in 2019. Over this same period, the number of past year initiates of marijuana use increased from 733,000 young adults to 1.2 million young adults. The number of young adults who were past year initiates of prescription pain reliever misuse declined from 596,000 in 2015 to 404,000 in 2019.
- Among adults aged 26 or older, the number of past year initiates of marijuana use increased from 90,000 people in 2002 to 887,000 people in 2019, but the number of past year initiates of prescription pain reliever misuse remained stable between 2015 and 2019.

Perceived Risk from Substance Use

- Among adolescents aged 12 to 17, perceived great risk of harm from smoking marijuana weekly declined from 40.6 percent in 2015 to 34.6 percent in 2019, and perceived great risk of harm from smoking one or more packs of cigarettes per day declined from 68.2 percent to 65.0 percent over this same period.
- Among young adults aged 18 to 25, perceived great risk of harm from smoking marijuana weekly declined from 19.1 percent in 2015 to 15.0 percent in 2019.
- Among adults aged 26 or older, perceived great risk of harm from smoking marijuana weekly declined from 38.7 percent in 2015 to 30.8 percent in 2019.

Substance Use Disorders

- Among people aged 12 or older, the percentage with a past year substance use disorder (SUD) (i.e., alcohol use disorder, illicit drug use disorder, or both) remained stable between 2015 and 2019. Among the 20.4 million people aged 12 or older with a past year SUD in 2019, 71.1 percent (or 14.5 million people) had a past year alcohol use disorder, 40.7 percent (or 8.3 million people) had a past year illicit drug use disorder, and 11.8 percent (or 2.4 million people) had both an alcohol use disorder and an illicit drug use disorder in the past year.
- Among people aged 12 or older, the percentage with a past year alcohol use disorder declined from 7.7 percent (or 18.1 million people) in 2002 to 5.3 percent (or 14.5 million people) in 2019. Over that same period, the percentage with a past year cocaine use disorder declined from 0.6 percent (or 1.5 million people) to 0.4 percent (or 1.0 million people).
- Among people aged 12 or older, the percentage with a past year prescription pain reliever use disorder decreased from 0.8 percent (or 2.0 million people) in 2015 to 0.5 percent (or 1.4 million people) in 2019. Over that same period, the percentage with a past year opioid use disorder also decreased from 0.9 percent (or 2.4 million people) to 0.6 percent (or 1.6 million people).
- Among adolescents aged 12 to 17, the percentage with a past year marijuana use disorder declined from 4.3 percent (or 1.1 million people) in 2002 to 2.8 percent (or 699,000 people) in 2019. Among adults aged 26 or older, however, the percentage with a past year marijuana use disorder increased from 0.8 percent (or 1.4 million people) in 2002 to 1.0 percent (or 2.2 million people) in 2019.
- Among adults aged 26 or older, the percentage with a past year methamphetamine use disorder increased from 0.3 percent (or 539,000 people) in 2016 to 0.4 percent (or 904,000 people) in 2019. The percentage with a past year prescription pain reliever use disorder decreased from 0.7 percent (or 1.5 million people) in 2015 to 0.5 percent (or 1.1 million people) in 2019.

Major Depressive Episode

- Among adolescents aged 12 to 17, the percentage who had a past year major depressive episode (MDE) increased from 9.0 percent (or 2.2 million people) in 2004 to 15.7 percent (or 3.8 million people) in 2019. The percentage who had a past year MDE with severe impairment increased from 5.5 percent (or 1.4 million people) in 2006 to 11.1 percent (or 2.7 million people) in 2019.
- Among young adults aged 18 to 25, the percentage who had a past year MDE increased from 8.8 percent (or 2.8 million people) in 2005 to 15.2 percent (or 5.0 million people) in 2019. The percentage who had a past year MDE with severe impairment increased from 5.2 percent (or 1.7 million people) in 2009 to 10.3 percent (or 3.4 million people) in 2019.
- Among adults aged 26 to 49, the percentage who had a past year MDE increased from 7.6 percent (or 7.5 million people) in 2005 to 8.9 percent (or 8.9 million people) in 2019. The percentage who had a past year MDE with severe impairment increased from 4.8 percent (or 4.8 million people) in 2009 to 6.1 percent (or 6.1 million people) in 2019.

Mental Illness among Adults

- Among adults aged 18 or older, the percentage who had any mental illness (AMI) in the past year increased from 17.7 percent (or 39.8 million people) in 2008 to 20.6 percent (or 51.5 million people) in 2019. Over that same period, the percentage who had serious mental illness (SMI) in the past year increased from 3.7 percent (or 8.3 million people) to 5.2 percent (or 13.1 million people).
- Among young adults aged 18 to 25, the percentage who had AMI in the past year increased from 18.5 percent (or 6.1 million people) in 2008 to 29.4 percent (or 9.9 million people) in 2019. Over that same period, the percentage who had SMI in the past year increased from 3.8 percent (or 1.2 million people) to 8.6 percent (or 2.9 million people).
- Among adults aged 26 to 49, the percentage who had AMI in the past year increased from 20.7 percent (or 20.7 million people) in 2008 to 25.0 percent (or 25.3 million people) in 2019. Over that same period, the percentage who had SMI in the past year increased from 4.8 percent (or 4.8 million people) to 6.8 percent (or 6.8 million people).

Co-Occurring Mental Health Issues and Substance Use Disorder

- Among adolescents aged 12 to 17 in 2019, 18.7 percent (or 4.5 million people) had either an SUD or an MDE in the past year, 14.1 percent (or 3.4 million people) had an MDE but not an SUD, 2.7 percent (or 682,000 people) had an SUD but not an MDE, and 1.7 percent (or 397,000 people) had both an MDE and an SUD in the past year. These co-occurring MDE and SUD estimates in 2019 were similar to the estimates in each year from 2015 through 2018.
- Among adults aged 18 or older in 2019, 24.5 percent (or 61.2 million people) had either AMI or an SUD in the past year, 16.8 percent (or 42.0 million people) had AMI but not an SUD, 3.9 percent (or 9.7 million people) had an SUD but not AMI, and 3.8 percent (or 9.5 million people) had both AMI and an SUD. The percentage who had both AMI and an SUD increased from 3.3 percent (or 8.1 million people) in 2015 to 3.8 percent (or 9.5 million people) in 2019.
- Among adults aged 18 or older in 2019, 11.5 percent (or 28.8 million people) had either SMI or an SUD in the past year, 3.8 percent (or 9.6 million people) had SMI but not an SUD, 6.3 percent (or 15.7 million people) had an SUD but not SMI, and 1.4 percent (or 3.6 million people) had both SMI and an SUD. The percentage who had both SMI and an SUD increased from 1.0 percent (or 2.3 million people) in 2015 to 1.4 percent (or 3.6 million people) in 2019.

Substance Use among People with Mental Health Issues

- In 2019, adolescents with a past year MDE were more likely than adolescents without a past year MDE to be past year illicit drug users (31.9 vs. 14.4 percent), past year marijuana users (24.6 vs. 11.1 percent), past year opioid misusers (i.e., heroin users or misusers of prescription pain relievers) (4.2 vs. 1.8 percent), past month binge alcohol users (8.9 vs. 4.1 percent), or past month cigarette smokers (4.4 vs. 1.8 percent).

- Among adults aged 18 or older in 2019, those with past year SMI or AMI were more likely than those without mental illness in the past year to be past year users of illicit drugs (49.4 percent for SMI and 38.8 percent for AMI vs. 16.6 percent for adults with no mental illness), past year users of marijuana (39.8 and 32.5 percent vs. 14.2 percent), past year misusers of opioids (13.8 and 8.8 percent vs. 2.5 percent), past month binge alcohol users (32.7 and 30.9 percent vs. 24.5 percent), or past month cigarette smokers (33.0 and 27.2 percent vs. 15.8 percent).

Suicidal Thoughts and Behavior among Adults

- Among adults aged 18 or older, the percentage who had serious thoughts of suicide in the past year increased from 3.7 percent (or 8.3 million people) in 2008 to 4.8 percent (or 12.0 million people) in 2019. Over that same period, the percentage who made a suicide plan in the past year increased from 1.0 percent (or 2.3 million people) to 1.4 percent (or 3.5 million people). The percentage of adults in 2019 who attempted suicide in the past year did not differ from the percentages in 2008 through 2018.

Substance Use Treatment

- Among people aged 12 or older in 2019, 1.5 percent (or 4.2 million people) received any substance use treatment in the past year, and 1.0 percent (or 2.6 million people) received substance use treatment at a specialty facility in the past year.
- Among people aged 12 or older in 2019, 2.1 million received substance use treatment at a self-help group, 1.7 million received treatment at a rehabilitation facility as an outpatient, 1.3 million received treatment at a mental health center as an outpatient, 1.0 million received treatment at a rehabilitation facility as an inpatient, and 948,000 received treatment at a private doctor's office. The number of people who received substance use treatment at a private doctor's office increased from 2015 (686,000 people) to 2019.
- Among the 21.6 million people aged 12 or older in 2019 who needed substance use treatment in the past year, 12.2 percent (or 2.6 million people) received substance use treatment at a specialty facility in the past year. This percentage in 2019 was similar to the percentages in 2015 to 2018.

- Among the 18.9 million people aged 12 or older in 2019 with an SUD in the past year who did not receive treatment at a specialty facility, 95.7 percent (or 18.1 million people) did not feel that they needed treatment, 3.0 percent (or 577,000 people) felt that they needed treatment but did not make an effort to get treatment, and 1.2 percent (or 236,000 people) felt that they needed treatment and made an effort to get treatment.

Treatment for Depression

- Among adolescents aged 12 to 17 with a past year MDE, receipt of treatment for depression in the past year increased from 37.8 percent (or 822,000 people) in 2005 to 43.3 percent (or 1.6 million people) in 2019.
- Among the 19.4 million adults aged 18 or older in 2019 who had a past year MDE, 66.3 percent (or 12.8 million people) received treatment for depression in the past year. This percentage in 2019 was similar to the percentage in each year from 2009 through 2018.

Any Mental Health Services

- Among adolescents aged 12 to 17, the percentage who received mental health services in a specialty mental health setting (inpatient or outpatient care) in the past year increased from 11.8 percent (or 2.9 million people) in 2002 to 16.7 percent (or 4.1 million people) in 2019. Over that same period, the percentage who received mental health services in a general medical setting in the past year increased from 2.7 percent (or 657,000 people) to 3.7 percent (or 902,000 people). The percentage who received mental health services in an education setting in the past year increased from 12.1 percent (or 2.9 million people) in 2009 to 15.4 percent (or 3.7 million people) in 2019.

- Among adults aged 18 or older, the percentage who received any mental health services in the past year increased from 13.0 percent (or 27.2 million people) in 2002 to 16.1 percent (or 40.2 million people) in 2019. Over that same period, the percentage who received prescription medication for a mental health issue increased from 10.5 percent (or 22.0 million people) to 13.1 percent (or 32.6 million people), the percentage who received outpatient mental health services in the past year increased from 7.4 percent (or 15.5 million people) to 8.3 percent (or 20.6 million people), and the percentage who received inpatient mental health services in the past year increased from 0.7 percent (or 1.5 million people) to 1.0 percent (or 2.4 million people).
- Among adults aged 18 or older with past year AMI, receipt of mental health services in the past year increased from 40.9 percent (or 16.2 million people) in 2008 to 44.8 percent (or 23.0 million people) in 2019. Among the 13.1 million adults aged 18 or older in 2019 with past year SMI, 65.5 percent (or 8.6 million people) received mental health services in the past year, which was similar to the percentage in each year from 2008 through 2018.

Perceived Unmet Need for Mental Health Services among Adults with Mental Illness

- Among the 51.5 million adults aged 18 or older in 2019 with past year AMI, 26.0 percent (or 13.3 million people) perceived an unmet need for mental health services in the past year, which was higher than the percentage in each year from 2008 through 2018.
- Among the 13.1 million adults aged 18 or older in 2019 with past year SMI, 47.7 percent (or 6.2 million people) perceived an unmet need for mental health services in the past year, which was higher than the percentages in most years from 2008 through 2018.

Receipt of Services for Co-Occurring Substance Use Disorder and Mental Health Issues

- Among the 397,000 adolescents aged 12 to 17 in 2019 who had a co-occurring SUD and an MDE in the past year, 66.3 percent (or 263,000 people) received either substance use treatment at a specialty facility or mental health services in the past year, 62.5 percent (or 249,000 people) received only mental health services, and 2.4 percent (or 10,000 people) received only substance use treatment at a specialty facility. These percentages in 2019 were similar to the percentages in 2015 to 2018 when data were available. Moreover, 1.3 percent of adolescents in 2019 (or 5,000 people) who had a co-occurring SUD and an MDE in the past year received both substance use treatment at a specialty facility and mental health services, which was lower than the percentages in 2016 to 2018.
- Among the 9.5 million adults aged 18 or older in 2019 who had a co-occurring SUD and AMI in the past year, 48.6 percent (or 4.6 million people) received either substance use treatment at a specialty facility or mental health services in the past year, 38.7 percent (or 3.7 million people) received only mental health services, and 7.8 percent (or 742,000 people) received both substance use treatment at a specialty facility and mental health services. These percentages in 2019 were similar to the percentages in 2015 to 2018. Moreover, 1.9 percent of adults in 2019 (or 182,000 people) who had a co-occurring SUD and AMI in the past year received only substance use treatment at a specialty facility. This percentage in 2019 was lower than the percentages in 2015 and 2017 but was similar to the percentages in 2016 and 2018.
- Among the 3.6 million adults aged 18 or older in 2019 who had a co-occurring SUD and SMI in the past year, 66.6 percent (or 2.4 million people) received either substance use treatment at a specialty facility or mental health services in the past year, 52.0 percent (or 1.9 million people) received only mental health services, 12.7 percent (or 452,000 people) received both substance use treatment at a specialty facility and mental health services, and 1.9 percent (or 68,000 people) received only substance use treatment at specialty facility. These percentages in 2019 were similar to the percentages in 2015 to 2018.

Introduction

Substance use and mental health issues have significant impacts on people, families, communities, and societies.^{1,2,3,4} The National Survey on Drug Use and Health (NSDUH), conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA), provides nationally representative data on use of tobacco, alcohol, and illicit drugs; substance use disorders (SUDs); receipt of substance use treatment; mental health issues; and use of mental health services among the civilian, noninstitutionalized population aged 12 or older in the United States. NSDUH estimates allow researchers, clinicians, policymakers, and the general public to better understand and improve the nation's behavioral health.

This report summarizes findings for key substance use and mental health indicators from the 2019 National Survey on Drug Use and Health (NSDUH).

Based on 2019 and earlier NSDUH data, this report contains findings on key substance use and mental health indicators and related trends in the United States. The 2019 NSDUH detailed tables showing comprehensive substance use and mental health-related estimates are available separately at <https://www.samhsa.gov/data/>.⁵ A subset of the 2019 NSDUH detailed tables to support selected estimates in the report also is included in Appendix B and may contain additional information not discussed in the report. However, detailed tables are not included in Appendix B when all percentages discussed in a report section can be found in figures in the report.

Survey Background

NSDUH is an annual survey of the civilian, noninstitutionalized population aged 12 or older in the United States. The survey is sponsored by SAMHSA within the U.S. Department of Health and Human Services (HHS). NSDUH covers residents of households and people in noninstitutional group quarters (e.g., shelters, boarding houses, college dormitories, migratory workers' camps, halfway houses). The survey excludes people with no fixed address (e.g., people who are homeless and not in shelters), military personnel on active duty, and residents of institutional group quarters, such as jails, nursing homes, mental institutions, and long-term care hospitals.

NSDUH employs a stratified multistage area probability sample designed to be representative of both the nation as a whole and for each of the 50 states and the District of Columbia. The 2019 NSDUH target sample of 67,500 people was allocated across three age groups, with 25 percent allocated to adolescents aged 12 to 17, 25 percent allocated to young adults aged 18 to 25, and 50 percent allocated to adults aged 26 or older.⁶

NSDUH is a face-to-face household interview survey conducted in two phases: the screening phase and the interview phase. The interviewer conducts a screening of a sampled household with an adult resident (aged 18 or older) in order to determine whether zero, one, or two household residents aged 12 or older should be selected for the interview. NSDUH collects data using audio computer-assisted self-interviewing (ACASI) in which respondents read or listen to the questions on headphones, then enter their answers directly into a NSDUH laptop computer. ACASI is designed for accurate reporting of information by providing respondents with a highly private and confidential mode for responding to questions about illicit drug use, mental health issues, and other sensitive behaviors. NSDUH also uses computer-assisted personal interviewing (CAPI) in which interviewers read less sensitive questions to respondents and enter the respondents' answers into a NSDUH laptop computer.

This report is based on data from 67,625 completed interviews from 2019 NSDUH respondents aged 12 or older.

In 2019, screening was completed at 148,023 addresses, and 67,625 completed interviews were obtained, including 16,894 interviews from adolescents aged 12 to 17 and 50,731 interviews from adults aged 18 or older. Weighted response rates for household screening and for interviewing were 70.5 and 64.9 percent, respectively, for an overall response rate of 45.8 percent for people aged 12 or older. The weighted interview response rates were 72.1 percent for adolescents and 64.2 percent for adults.⁷ Further information about the 2019 NSDUH design and methods can be found on the web at <https://www.samhsa.gov/data/>.⁸

Data Presentation and Interpretation

This report focuses on substance use and mental health indicators and related trends in the United States based on NSDUH data from 2019 and earlier years.⁹ Estimates of substance use and related treatment are presented for people aged 12 or older, adolescents, and adults.¹⁰ However, estimates of mental health issues and mental health service use are presented separately for adolescents aged 12 to 17 and adults aged 18 or older because the two groups completed different sets of questions regarding mental health and mental health service utilization. All estimates (e.g., percentages and numbers) presented in the report are derived from survey data that are subject to sampling errors and have met the criteria for statistical precision.¹¹

Appendix A contains special tables of estimates, including estimates not found in the 2019 NSDUH detailed tables. Because some estimates in Appendix A may not be found in the detailed tables, Appendix A's tables include standard errors for the associated estimates.

One of NSDUH's strengths is the stability in the sample and survey design. This stability allows for the examination of trends across time. However, the benefit of using NSDUH data to assess trends has to be balanced with the periodic need to revise or add content to better address behavioral health issues or to timely assess emerging issues.¹² Consequently, the number of years for which comparisons can be made varies across measures depending on when content was revised or added for NSDUH. For example, the perceived recovery items were added in 2018; as a result, these items established a baseline that started in 2018. The misuse measures of prescription drugs that were revised in 2015 have 5 years of trend data between 2015 and 2019 ([2019 detailed table \[DT\] 7.2](#)). In contrast, the marijuana use measures, which have been the same since 2002, have 18 years of trend data between 2002 and 2019 ([2019 DT 7.2](#)).

Analyses of trends in this report focus on long-term trends in substance use and mental health issues. Trends for 2015 to 2019 also are presented for selected measures.

Statistical tests were conducted for comparisons appearing in the text of this report. Based on results of linear and quadratic tests of trends involving 5 or more years of data, the report summarizes whether an outcome of interest showed a statistically significant change from the baseline

year (e.g., 2002 for cigarette smoking in the past month) through 2019. Linear trend testing indicates whether estimates have decreased, increased, or remained steady over the period of interest. Quadratic trend testing indicates whether estimates have leveled off or changed direction over the period of interest. Statistically significant differences are described using terms such as “higher,” “lower,” “increased,” “decreased,” or “declined.” Statements use terms such as “similar,” “remained steady,” or “stable” when a difference was not statistically significant. Discussion of trends in this report also includes whether the 2019 estimates differ from or are similar to estimates in other years¹³ but minimizes the discussion of differences between any 2 consecutive years.¹⁴

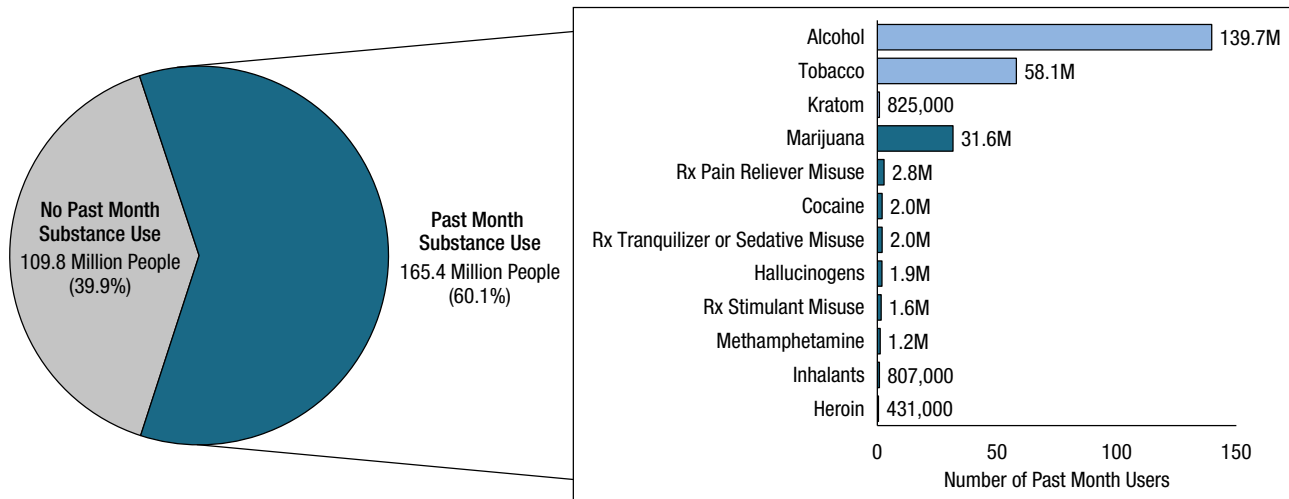
Substance Use in the Past Month

This section provides an overview of estimates according to whether respondents aged 12 or older reported using any tobacco product, alcohol, illicit drug, or kratom in the 30 days before the NSDUH interview (i.e., in the past month, also referred to as “current use”). Additional information on the use of tobacco products, alcohol, and illicit drugs is provided in other sections of this report.

Past month tobacco use includes any use of the four tobacco products in NSDUH: cigarettes, smokeless tobacco (such as snuff, dip, chewing tobacco, or snus), cigars, and pipe tobacco.¹⁵ Past month alcohol use refers to having more than a sip or two of any type of alcoholic drink (e.g., a can or a bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it). Past month illicit drug use includes any use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, as well as misuse of prescription stimulants, tranquilizers or sedatives (e.g., benzodiazepines), or pain relievers. (See the section on the [Misuse of Psychotherapeutic Drugs](#) for the definition of “misuse.”)

Among people aged 12 or older in 2019, 60.1 percent (or 165.4 million people) used a substance (i.e., tobacco, alcohol, kratom, or an illicit drug) in the past month ([Figure 1](#)), 50.8 percent (or 139.7 million people) drank alcohol in the past month, 21.1 percent (or 58.1 million people) used a tobacco product in the past month, and 13.0 percent (or 35.8 million people) used an illicit drug in the past month ([2019 DT 7.3](#)). These estimates are not mutually exclusive because respondents could have used more than one type of substance (e.g., tobacco products and alcohol) in the past month.

Figure 1. Past Month Substance Use among People Aged 12 or Older: 2019



Rx = prescription.

Note: Substance Use includes any illicit drug, kratom, alcohol, and tobacco use.

Note: The estimated numbers of current users of different substances are not mutually exclusive because people could have used more than one type of substance in the past month.

Tobacco Use in the Past Month

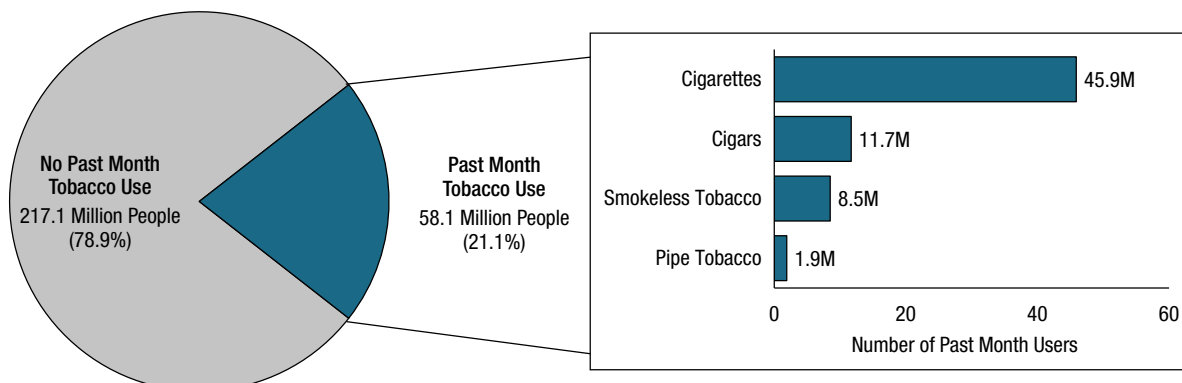
As noted in the section on [Substance Use in the Past Month](#), the 2019 NSDUH asked respondents aged 12 or older about their tobacco use in the 30 days before the interview but did not ask about the use of electronic vaporizing devices (“vaping”) for nicotine products. Tobacco products include cigarettes, smokeless tobacco (such as snuff, dip, chewing tobacco, or snus), cigars, and pipe tobacco.¹⁵ Throughout this report, use of any tobacco product does not include vaping of nicotine products.

In 2019, the majority of the 58.1 million current (i.e., past month) tobacco users were current cigarette smokers (45.9 million; [Figure 2](#)), as has been the case historically.¹⁶

Additionally, 11.7 million people were current cigar smokers, 8.5 million people were current users of smokeless tobacco, and 1.9 million people currently smoked pipe tobacco.

Among people aged 12 or older in 2019 who used any tobacco product in the past month, 65.3 percent smoked cigarettes but did not use other tobacco products, 13.8 percent smoked cigarettes and used some other type of tobacco product, and 21.0 percent used only noncigarette tobacco products (i.e., other tobacco products but not cigarettes) ([Table A.2B](#)). Among past month tobacco product users, the percentage who used only cigarettes increased with age (35.4 percent of adolescents aged 12 to 17, 49.6 percent of young adults aged 18 to 25, and

Figure 2. Past Month Tobacco Use among People Aged 12 or Older: 2019



Note: The estimated numbers of current users of different tobacco products are not mutually exclusive because people could have used more than one type of tobacco product in the past month.

68.5 percent of adults aged 26 or older), but the percentage who used only noncigarette tobacco products decreased with age (39.6 percent of adolescents, 27.9 percent of young adults, and 19.5 percent of adults aged 26 or older). Regardless of age, however, the majority of past month tobacco users used cigarettes, either as the only tobacco product or in addition to other tobacco products.

The remainder of this section on tobacco use focuses on cigarette smoking because most current tobacco users were cigarette smokers. More information on the use of cigars, pipe tobacco, and smokeless tobacco in the past month by people aged 12 or older can be found in [Table A.1B](#) and in the 2019 detailed tables by age (i.e., [2019 DT 7.6](#), [DT 7.12](#), and [DT 7.15](#), respectively).

Cigarette Use

Among people aged 12 or older, the percentage who were past month cigarette users declined from 26.0 percent (or 61.1 million people) in 2002 to 16.7 percent (or 45.9 million people) in 2019 ([Figure 3](#) and [2019 DT 7.3](#)). These estimates in 2019 were lower than those in 2002 to 2017, but they were similar to those in 2018. Because the 2019 NSDUH did not ask about vaping of nicotine

products, further studies are needed to understand whether the decline in cigarette use may be related to an increase in vaping as a substitute for delivering nicotine.¹⁷

Aged 12 to 17

Among adolescents aged 12 to 17, the percentage who were past month cigarette users declined from 13.0 percent (or 3.2 million people) in 2002 to 2.3 percent (or 572,000 people) in 2019 ([Figure 3](#) and [2019 DT 7.6](#)). These estimates in 2019 were similar to those in 2018 (2.7 percent or 672,000 people).

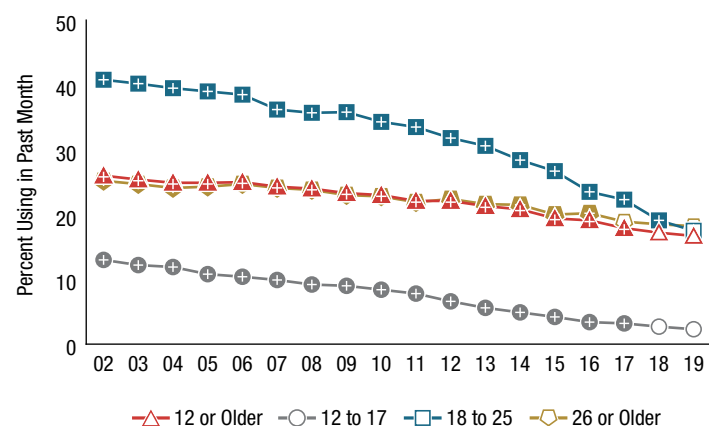
Aged 18 to 25

Among young adults aged 18 to 25, the percentage who were past month cigarette users declined from 40.8 percent (or 12.7 million people) in 2002 to 17.5 percent (or 5.9 million people) in 2019 ([Figure 3](#) and [2019 DT 7.12](#)). These estimates in 2019 were lower than those in 2002 to 2018.

Aged 26 or Older

Among adults aged 26 or older, the percentage who were past month cigarette users declined from 25.2 percent (or 45.3 million people) in 2002 to 18.2 percent (or 39.4 million people) in 2019 ([Figure 3](#) and [2019 DT 7.15](#)). These estimates in 2019 were lower than those in 2002 to 2016, but they were similar to those in 2017 and 2018.

Figure 3. Past Month Cigarette Use among People Aged 12 or Older: 2002-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 3 Table. Past Month Cigarette Use among People Aged 12 or Older: 2002-2019

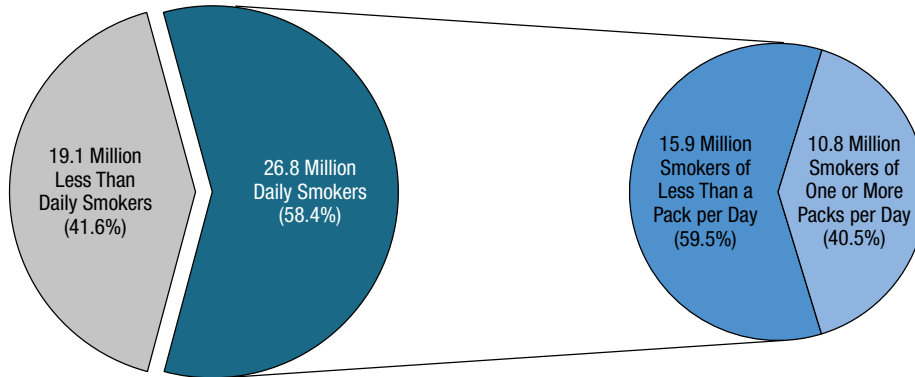
Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
≥12	26.0*	25.4*	24.9*	24.9*	25.0*	24.3*	24.0*	23.3*	23.0*	22.1*	22.1*	21.3*	20.8*	19.4*	19.1*	17.9*	17.2	16.7
12-17	13.0*	12.2*	11.9*	10.8*	10.4*	9.9*	9.2*	9.0*	8.4*	7.8*	6.6*	5.6*	4.9*	4.2*	3.4*	3.2*	2.7	2.3
18-25	40.8*	40.2*	39.5*	39.0*	38.5*	36.2*	35.7*	35.8*	34.3*	33.5*	31.8*	30.6*	28.4*	26.7*	23.5*	22.3*	19.1*	17.5
≥26	25.2*	24.7*	24.1*	24.3*	24.7*	24.1*	23.8*	23.0*	22.8*	21.9*	22.4*	21.6*	21.5*	20.0*	20.2*	18.9	18.5	18.2

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Daily Cigarette Use

Among the 45.9 million current cigarette smokers aged 12 or older in 2019 (see the section on [Cigarette Use](#)), 26.8 million people were daily cigarette smokers ([Figure 4](#)), and 10.8 million people smoked 16 or more cigarettes per day (i.e., approximately one pack or more per day). Among current cigarette smokers, the percentage who smoked cigarettes daily declined from 63.4 percent in 2002 (or 38.7 million people) to 58.4 percent (or 26.8 million people) in 2019 (2019 DT 7.26). The percentage of current cigarette smokers in 2019 who were daily cigarette smokers (58.4 percent) was lower in most years than the percentages in 2002 to 2012, but it was similar to the percentages in 2013 to 2018. The percentage of people in 2019 who were past month daily cigarette smokers and smoked one or more packs of cigarettes per day (40.5 percent) was lower than the percentages in 2002 to 2011, but it was similar to the percentages in 2012 to 2018 ([Figure 5](#)).

Figure 4. Daily Cigarette Use among Past Month Cigarette Smokers Aged 12 or Older and Smoking of One or More Packs of Cigarettes per Day among Current Daily Smokers: 2019



Note: Current daily smokers with unknown data about the number of cigarettes smoked per day were excluded from the pie graph on the right.

Aged 12 to 17

Among current cigarette smokers aged 12 to 17 in 2019, 13.2 percent (or 75,000 people) smoked cigarettes daily in the past month (2019 DT 7.27). This percentage was lower than the percentages in 2002 to 2015, but it was similar to the percentages in 2016 to 2018. The percentage of adolescent daily smokers who smoked one or more packs of cigarettes per day was not reported for 2019 due to low statistical precision.¹¹

Aged 18 to 25

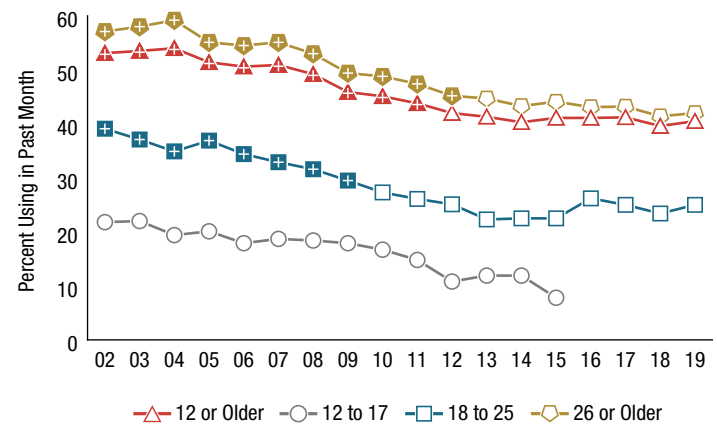
Among current cigarette smokers aged 18 to 25 in 2019, 35.4 percent (or 2.1 million people) smoked cigarettes daily in the past month (2019 DT 7.29). The 2019 percentage was lower than the percentages in 2002 to 2016, but it was similar to the percentages in 2017 and 2018. Among current daily cigarette smokers aged 18 to 25 in 2019, the percentage who smoked one or more packs of cigarettes per day (25.0 percent) was lower than the percentages in 2002 to 2009, but it was similar to the percentages in 2010 to 2018 (Figure 5).

Aged 26 or Older

Among current cigarette smokers aged 26 or older in 2019, 62.5 percent (or 24.6 million people) smoked cigarettes daily in the past month (2019 DT 7.30). This percentage was lower than the percentages in 2002 to 2013, but it was similar to the percentages in 2014 to 2018. Among current daily cigarette smokers aged 26 or older in 2019, the

percentage who smoked one or more packs of cigarettes per day (42.0 percent) was lower than the percentages in 2002 to 2012, but it was similar to the percentages in 2013 to 2018 (Figure 5).

Figure 5. Smokers of One or More Packs of Cigarettes per Day among Past Month Daily Cigarette Smokers Aged 12 or Older: 2002-2019



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 5 Table. Smokers of One or More Packs of Cigarettes per Day among Past Month Daily Cigarette Smokers Aged 12 or Older: 2002-2019

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
≥12	53.1 ⁺	53.5 ⁺	54.0 ⁺	51.4 ⁺	50.6 ⁺	50.9 ⁺	49.2 ⁺	45.9 ⁺	45.1 ⁺	43.8 ⁺	42.0	41.3	40.3	41.1	41.1	41.2	39.6	40.5
12-17	21.8	22.0	19.4	20.1	17.9	18.7	18.4	17.9	16.7	14.8	10.8	11.9	11.9	7.8	*	*	*	*
18-25	39.1 ⁺	37.1 ⁺	34.9 ⁺	36.9 ⁺	34.4 ⁺	32.9 ⁺	31.6 ⁺	29.5 ⁺	27.3	26.1	25.1	22.3	22.5	22.5	26.2	25.0	23.4	25.0
≥26	57.1 ⁺	58.0 ⁺	59.2 ⁺	55.1 ⁺	54.5 ⁺	55.1 ⁺	53.0 ⁺	49.4 ⁺	48.8 ⁺	47.4 ⁺	45.2 ⁺	44.7	43.3	44.1	43.1	43.2	41.4	42.0

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

* Low precision; no estimate reported.

Alcohol Use in the Past Month

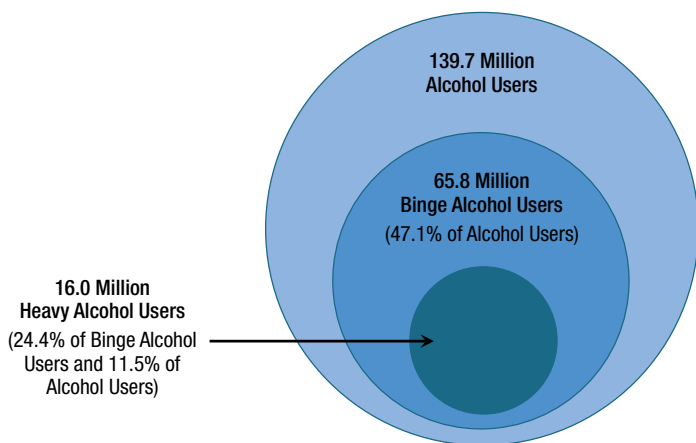
As noted in the section on [Substance Use in the Past Month](#), the 2019 NSDUH asked respondents aged 12 or older about their alcohol use in the 30 days before the interview. In addition to asking about any alcohol use, NSDUH collected information on past month binge alcohol use and heavy alcohol use. Binge drinking for males was defined as drinking five or more drinks¹⁸ on the same occasion on at least 1 day in the past 30 days, which has remained 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.¹⁹ This definition of binge alcohol use is consistent with federal definitions.²⁰ Heavy alcohol use was defined as binge drinking on 5 or more days in the past 30 days based on the thresholds described previously for males and females.

Among the 139.7 million current alcohol users aged 12 or older in 2019, 65.8 million people (47.1 percent) were past month binge drinkers ([Figure 6](#)). Among past month binge drinkers, 16.0 million people (24.4 percent of current binge drinkers and 11.5 percent of current alcohol users) were past month heavy drinkers.²¹

Any Alcohol Use

Among people aged 12 or older in 2019, 50.8 percent (or 139.7 million people) drank alcohol in the past month ([Figure 7](#) and [2019 DT 7.3](#)). This percentage in 2019 was similar to the percentages in 2002 to 2004 and in 2015 to 2018, but it was lower than the percentages in most years from 2005 through 2014.

Figure 6. Current, Binge, and Heavy Alcohol Use among People Aged 12 or Older: 2019



Aged 12 to 17

Among adolescents aged 12 to 17, the percentage who were past month alcohol users declined from 17.6 percent (or 4.4 million adolescents) in 2002 to 9.4 percent (or 2.3 million adolescents) in 2019 ([Figure 7](#) and [2019 DT 7.6](#)). The estimates in 2019 were lower than those in 2002 to 2014, but they were similar to those in 2015 to 2018.

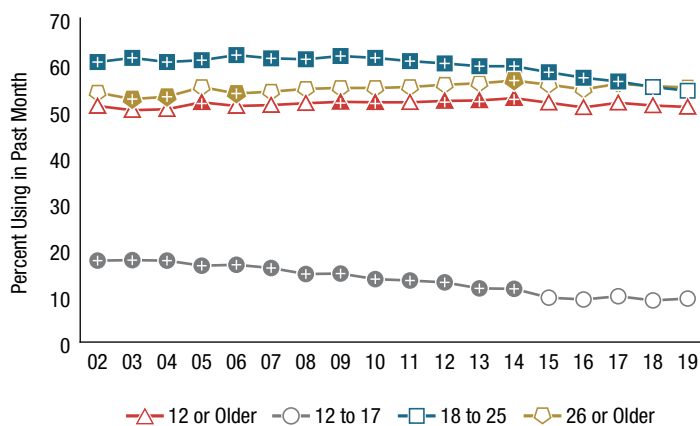
Aged 18 to 25

Among young adults aged 18 to 25, the percentage who were past month alcohol users declined from 61.4 percent (or 19.5 million people) in 2003 to 54.3 percent (or 18.3 million people) in 2019 ([Figure 7](#) and [2019 DT 7.12](#)). These estimates in 2019 were lower than those in 2003 to 2017, but they were similar to those in 2018.

Aged 26 or Older

Among adults aged 26 or older in 2019, 55.0 percent (or 119.1 million people) drank alcohol in the past month ([Figure 7](#) and [2019 DT 7.15](#)). This percentage in 2019 was similar to the percentages in most years from 2002 through 2018.

Figure 7. Past Month Alcohol Use among People Aged 12 or Older: 2002-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 7 Table. Past Month Alcohol Use among People Aged 12 or Older: 2002-2019

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
≥12	51.0	50.1	50.3	51.8*	51.0	51.2	51.6	51.9*	51.8*	51.8	52.1*	52.2*	52.7*	51.7	50.7	51.7	51.1	50.8
12-17	17.6*	17.7*	17.6*	16.5*	16.7*	16.0*	14.7*	14.8*	13.6*	13.3*	12.9*	11.6*	11.5*	9.6	9.2	9.9	9.0	9.4
18-25	60.5*	61.4*	60.5*	60.9*	62.0*	61.3*	61.1*	61.8*	61.4*	60.7*	60.2*	59.6*	59.6*	58.3*	57.1*	56.3*	55.1	54.3
≥26	53.9	52.5*	53.0*	55.1	53.7*	54.1	54.7	54.9	54.9	55.1	55.6	55.9	56.5*	55.6	54.6	55.8	55.3	55.0

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Binge Alcohol Use

Among people aged 12 or older, past month binge alcohol use declined from 24.9 percent in 2015 to 23.9 percent in 2019 (Figure 8). Among current alcohol users aged 12 or older, however, past month binge alcohol use did not change significantly from 2015 to 2019 (48.2 percent in 2015 and 47.1 percent in 2019).²¹

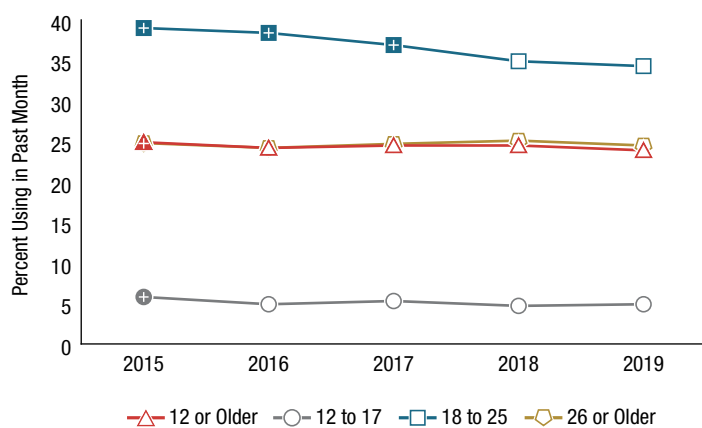
Aged 12 to 17

Among adolescents aged 12 to 17, the percentage who were past month binge alcohol users declined from 5.8 percent (or 1.4 million adolescents) in 2015 to 4.9 percent (or 1.2 million adolescents) in 2019 (Figure 8 and 2019 DT 7.6). However, these estimates in 2019 were similar to those in 2016 to 2018.

Aged 18 to 25

Among young adults aged 18 to 25, the percentage who were past month binge alcohol users declined from 39.0 percent (or 13.6 million people) in 2015 to 34.3 percent (or 11.6 million people) in 2019 (Figure 8 and 2019 DT 7.12). These estimates in 2019 were lower than those in 2015 to 2017, but they were similar to those in 2018.

Figure 8. Past Month Binge Alcohol Use among People Aged 12 or Older: 2015-2019



⁺ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 8 Table. Past Month Binge Alcohol Use among People Aged 12 or Older: 2015-2019

Age	2015	2016	2017	2018	2019
12 or Older	24.9 ⁺	24.2	24.5	24.5	23.9
12 to 17	5.8 ⁺	4.9	5.3	4.7	4.9
18 to 25	39.0 ⁺	38.4 ⁺	36.9 ⁺	34.9	34.3
26 or Older	24.8	24.2	24.7	25.1	24.5

⁺ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Aged 26 or Older

Among adults aged 26 or older, the percentage who were current binge drinkers remained stable between 2015 and 2019 (Figure 8). In 2019, 24.5 percent of adults aged 26 or older (or 53.1 million people) were binge alcohol users in the past month (2019 DT 7.15).

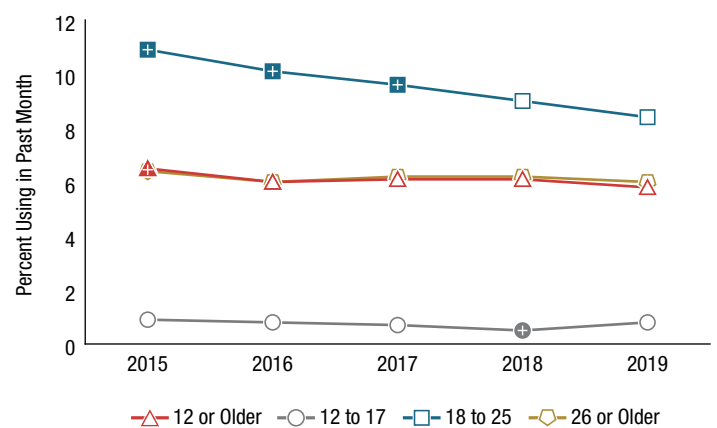
Heavy Alcohol Use

Among people aged 12 or older, the percentage who were past month heavy alcohol users declined from 6.5 percent (or 17.3 million people) in 2015 to 5.8 percent (or 16.0 million people) in 2019 (Figure 9 and 2019 DT 7.3). However, these estimates in 2019 were similar to those in 2016 to 2018.

Aged 12 to 17

Among adolescents aged 12 to 17, past month heavy alcohol use increased from 0.5 percent (or 131,000 adolescents) in 2018 to 0.8 percent (or 208,000 adolescents) in 2019 (Figure 9 and 2019 DT 7.6). However, these estimates in 2019 were similar to those in 2015 to 2017. Thus, continued monitoring of trends in heavy alcohol use among adolescents

Figure 9. Past Month Heavy Alcohol Use among People Aged 12 or Older: 2015-2019



⁺ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 9 Table. Past Month Heavy Alcohol Use among People Aged 12 or Older: 2015-2019

Age	2015	2016	2017	2018	2019
12 or Older	6.5 ⁺	6.0	6.1	6.1	5.8
12 to 17	0.9	0.8	0.7	0.5 ⁺	0.8
18 to 25	10.9 ⁺	10.1 ⁺	9.6 ⁺	9.0	8.4
26 or Older	6.4	6.0	6.2	6.2	6.0

⁺ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

is important to help reduce harmful consequences related to underage drinking problems in the United States.

Aged 18 to 25

Among young adults aged 18 to 25, the percentage who were past month heavy alcohol users declined from 10.9 percent (or 3.8 million people) in 2015 to 8.4 percent (or 2.8 million people) in 2019 ([Figure 9](#) and [2019 DT 7.12](#)). These estimates in 2019 were lower than those in 2015 to 2017, but they were similar to those in 2018.

Aged 26 or Older

Among adults aged 26 or older, the percentage who were past month heavy alcohol users remained stable between 2015 and 2019 ([Figure 9](#) and [2019 DT 7.15](#)). In 2019, 6.0 percent of adults aged 26 or older (or 13.0 million people) were heavy alcohol users in the past month.

Underage Alcohol Use

As of 2019, all 50 states and the District of Columbia prohibited the possession of alcoholic beverages by people younger than 21 (although some states may have had exceptions). Most states also prohibited underage consumption (i.e., consumption of alcoholic beverages prior to the age of 21).²² Among people aged 12 to 20, the percentage who were past month alcohol users declined from 28.8 percent (or 10.7 million people) in 2002 to 18.5 percent (or 7.0 million people) in 2019 ([2019 DT 7.16](#)). The percentage who were past month binge alcohol users declined from 13.4 percent (or 5.1 million people) in 2015 to 11.1 percent (or 4.2 million people) in 2019. The percentage who were past month heavy alcohol users declined from 3.3 percent (or 1.3 million people) in 2015 to 2.2 percent (or 825,000 people) in 2019.

Among people aged 12 to 20, the percentage who were past month alcohol users in 2019 was lower than the percentages in 2002 through 2015, but it was similar to the percentages in 2016 through 2018 ([2019 DT 7.16](#)). The percentage who were past month binge alcohol users in 2019 was lower than the percentage in 2015, but it was similar to the percentages in 2016 through 2018. The percentage who were past month heavy alcohol users in 2019 was lower than the percentages in 2015 and 2016, but it was similar to the percentages in 2017 and 2018.

Kratom Use in the Past Month

Kratom is an herbal extract from the leaves of the *Mitragyna speciosa* tree that is native to Southeast Asia. The leaves contain chemicals with mind-altering effects. Kratom can come in forms such as powders, pills, or leaves.^{23,24} The 2019 NSDUH asked respondents aged 12 or older about their use of kratom in the 30 days before the interview. Among people aged 12 or older in 2019, 0.3 percent (or 825,000 people) used kratom in the past month ([Figure 1](#) and [Table A.1B](#)). In addition, 0.1 percent of adolescents aged 12 to 17 (or 26,000 people), 0.5 percent of young adults aged 18 to 25 (or 171,000 people), and 0.3 percent of adults aged 26 or older (or 629,000 people) used kratom in the past month (2019 DT 1.123).

Illicit Drug Use in the Past Year

The 2019 NSDUH obtained illicit drug use information for the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and methamphetamine, as well as for the misuse of prescription stimulants, tranquilizers, sedatives,²⁵ and pain relievers (see the section on the [Misuse of Psychotherapeutic Drugs](#) for the definition of “misuse”).

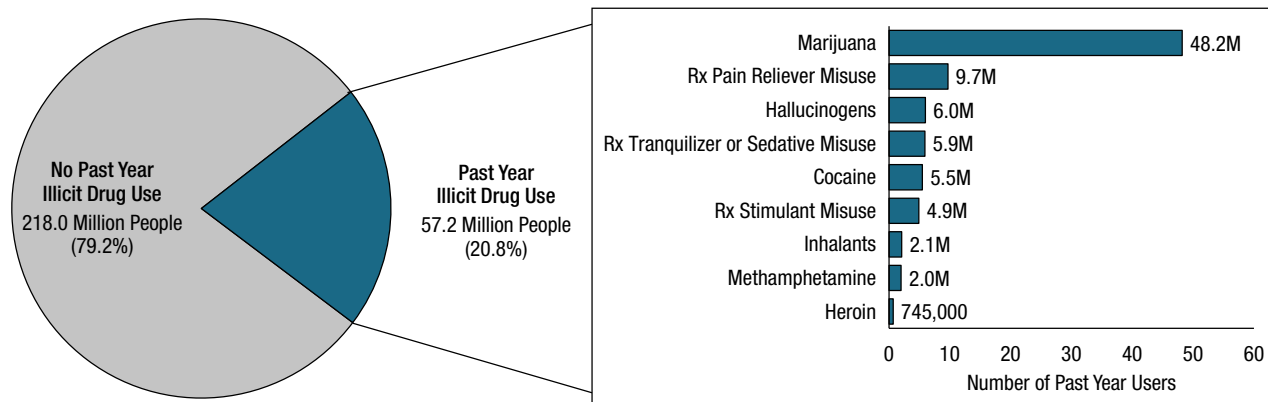
This report presents estimates of past year (rather than past month) illicit drug use to help detect changes in low-prevalence illicit drug use (e.g., heroin use) over time. Moreover, the 2019 NSDUH collected only past year (rather than past month) data on the misuse of benzodiazepines and specific subtypes of prescription pain relievers (e.g., fentanyl products).

Among people aged 12 or older in 2019, 57.2 million people used illicit drugs in the past year ([Figure 10](#)). The most commonly used illicit drug in the past year was marijuana, which was used by 48.2 million people. The second most common type of illicit drug use in the past year was the misuse of prescription pain relievers, which were misused by 9.7 million people. Smaller numbers of people were past year users of other illicit drugs, as shown in [Figure 10](#).²⁶

Any Illicit Drug Use

Among people aged 12 or older, the percentage who used illicit drugs in the past year increased from 17.8 percent (or 47.7 million people) in 2015 to 20.8 percent (or 57.2 million people) in 2019 ([Figure 11](#) and [2019 DT 7.2](#)). These estimates in 2019 were higher than those in 2015 to 2018.

Figure 10. Past Year Illicit Drug Use among People Aged 12 or Older: 2019



Rx = prescription.

Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.

Aged 12 to 17

Among adolescents aged 12 to 17 in 2019, 17.2 percent (or 4.3 million people) used illicit drugs in the past year (Figure 11 and 2019 DT 7.5). These estimates in 2019 were similar to those in most years from 2015 to 2018.

Aged 18 to 25

Among young adults aged 18 to 25, the percentage who were past year illicit drug users increased from 37.5 percent in 2015 to 39.1 percent in 2019 (Figure 11 and 2019 DT 7.11). However, the percentage of young adults in 2019 who were past year illicit drug users was similar to the percentages in 2016 to 2018.

Aged 26 or Older

Among adults aged 26 or older, the percentage who were past year illicit drug users increased from 14.6 percent (or 30.3 million people) in 2015 to 18.3 percent (or 39.7 million people) in 2019 (Figure 11 and 2019 DT 7.14). These estimates in 2019 were higher than those in 2015 to 2018. The trend in past year illicit drug use among adults aged 26 or older appears to be driven by the trend in marijuana use among these adults (see the section on Marijuana Use).

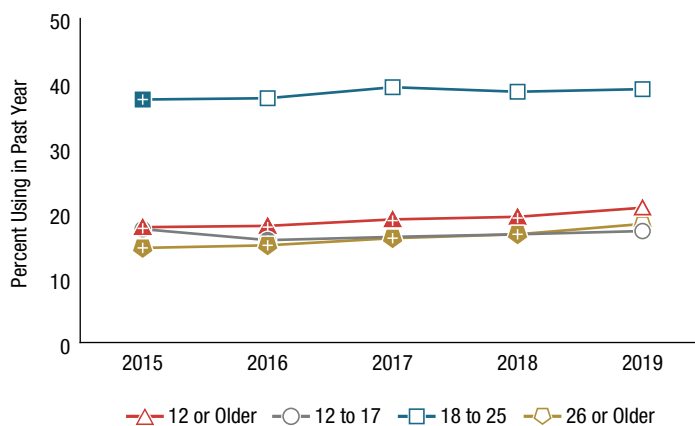
Marijuana Use

Among people aged 12 or older, the percentage who were past year marijuana users increased from 11.0 percent (or 25.8 million people) in 2002 to 17.5 percent (or 48.2 million people) in 2019 (Figure 12 and 2019 DT 7.2). These estimates in 2019 were higher than those in 2002 to 2018.

Aged 12 to 17

Among adolescents aged 12 to 17, the percentage who were past year marijuana users decreased from 15.8 percent (or 3.9 million people) in 2002 to 13.2 percent (or 3.3 million people) in 2019 (Figure 12 and 2019 DT 7.5). These estimates in 2019 were lower than those in 2002 to 2004 but were similar to those in most years from 2005 to 2018.

Figure 11. Past Year Illicit Drug Use among People Aged 12 or Older: 2015-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 11 Table. Past Year Illicit Drug Use among People Aged 12 or Older: 2015-2019

Age	2015	2016	2017	2018	2019
12 or Older	17.8*	18.0*	19.0*	19.4*	20.8
12 to 17	17.5	15.8*	16.3	16.7	17.2
18 to 25	37.5*	37.7	39.4	38.7	39.1
26 or Older	14.6*	15.0*	16.1*	16.7*	18.3

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Aged 18 to 25

Among young adults aged 18 to 25, the percentage who were past year marijuana users increased from 29.8 percent (or 9.2 million people) in 2002 to 35.4 percent (or 12.0 million people) in 2019 (Figure 12 and 2019 DT 7.11). These estimates in 2019 were higher than those in 2002 to 2016, but they were similar to those in 2017 and 2018.

Aged 26 or Older

Among adults aged 26 or older, the percentage who were past year marijuana users increased from 7.0 percent (or 12.6 million people) in 2002 to 15.2 percent (or 33.0 million people) in 2019 (Figure 12 and 2019 DT 7.14). These estimates in 2019 were higher than those in 2002 to 2018.

Cocaine Use

Cocaine use includes the use of crack cocaine. Estimates of crack use are presented separately as well. Among people aged 12 or older, the percentage who were past year cocaine users decreased from 2.5 percent (or 5.9 million people) in 2002 to 2.0 percent (or 5.5 million people) in 2019 (Figure 13 and 2019 DT 7.2). Estimates of past year cocaine

use among people aged 12 or older fluctuated over time. The percentage in 2019 was lower than the percentages in 2002 to 2007, was higher than the percentages in most years from 2011 to 2014, and was similar to the percentages in 2008 to 2010 and in 2015 to 2018.

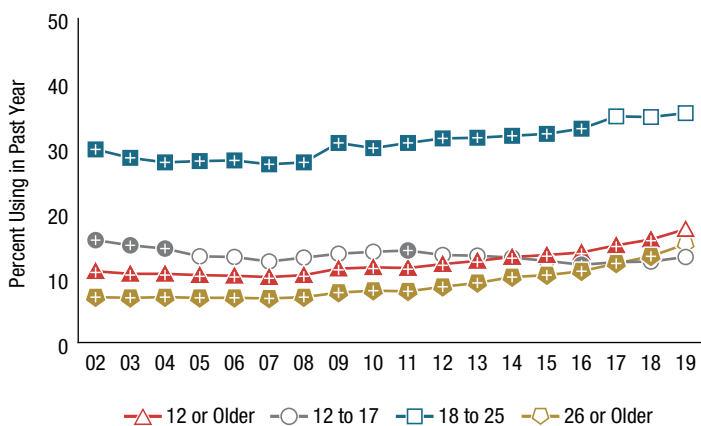
Percentages for past year crack use among people aged 12 or older decreased from 0.7 percent (or 1.6 million people) in 2002 to 0.3 percent (or 778,000 people) in 2019 (2019 DT 7.2). The percentage of people in 2019 who used crack in the past year was lower than the percentages in 2002 to 2009, but it was similar to the percentages in 2010 to 2018.

Aged 12 to 17

Among adolescents aged 12 to 17, the percentage who were past year cocaine users decreased from 2.1 percent (or 508,000 people) in 2002 to 0.4 percent (or 97,000 people) in 2019 (Figure 13 and 2019 DT 7.5). The percentage of adolescents in 2019 who used cocaine in the past year was lower than the percentages in most years from 2002 to 2014, but it was similar to the percentages in 2015 to 2018.

Percentages for past year crack use among adolescents decreased from 0.4 percent (or 100,000 people) in 2002 to less

Figure 12. Past Year Marijuana Use among People Aged 12 or Older: 2002-2019



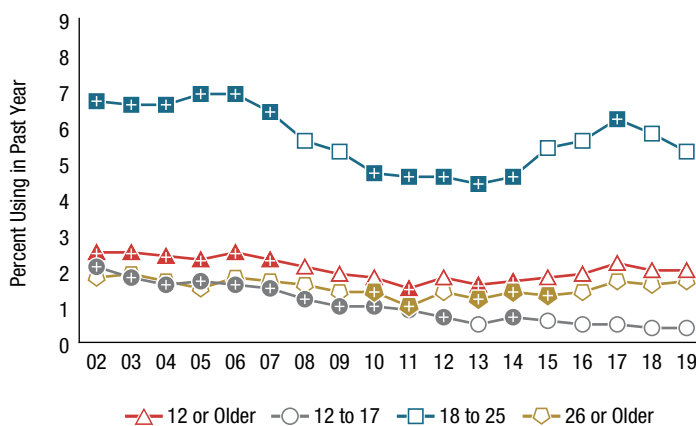
* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 12 Table. Past Year Marijuana Use among People Aged 12 or Older: 2002-2019

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
≥12	11.0*	10.6*	10.6*	10.4*	10.3*	10.1*	10.4*	11.4*	11.6*	11.5*	12.1*	12.6*	13.2*	13.5*	13.9*	15.0*	15.9*	17.5
12-17	15.8*	15.0*	14.5*	13.3	13.2	12.5	13.1	13.7	14.0	14.2*	13.5	13.4	13.1	12.6	12.0*	12.4	12.5	13.2
18-25	29.8*	28.5*	27.8*	28.0*	28.1*	27.5*	27.8*	30.8*	30.0*	30.8*	31.5*	31.6*	31.9*	32.2*	33.0*	34.9	34.8	35.4
≥26	7.0*	6.9*	7.0*	6.9*	6.9*	6.8*	7.0*	7.7*	8.0*	7.9*	8.6*	9.2*	10.1*	10.4*	11.0*	12.2*	13.3*	15.2

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 13. Past Year Cocaine Use among People Aged 12 or Older: 2002-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 13 Table. Past Year Cocaine Use among People Aged 12 or Older: 2002-2019

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
≥12	2.5*	2.5*	2.4*	2.3*	2.5*	2.3*	2.1	1.9	1.8	1.5*	1.8	1.6*	1.7*	1.8	1.9	2.2	2.0	2.0
12-17	2.1*	1.8*	1.6*	1.7*	1.6*	1.5*	1.2*	1.0*	0.9*	0.7*	0.5	0.7*	0.6	0.5	0.5	0.4	0.4	0.4
18-25	6.7*	6.6*	6.6*	6.9*	6.9*	6.4*	5.6	5.3	4.7*	4.6*	4.6*	4.4*	4.6*	5.4	5.6	6.2*	5.8	5.3
≥26	1.8	1.9	1.7	1.5	1.8	1.7	1.6	1.4	1.4*	1.0*	1.4	1.2*	1.4*	1.3*	1.4	1.7	1.6	1.7

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

than 0.1 percent (or 11,000 people) in 2019 (2019 DT 7.5). The percentage of adolescents in 2019 who were past year crack users was lower than the percentages in 2002 to 2008, but it was similar to the percentages in 2009 to 2018.

Aged 18 to 25

Among young adults aged 18 to 25, the percentage who were past year cocaine users decreased from 6.7 percent (or 2.1 million people) in 2002 to 5.3 percent (or 1.8 million people) in 2019 (Figure 13 and 2019 DT 7.11). As for people aged 12 or older, estimates of past year cocaine use among young adults fluctuated over time. The percentage of young adults in 2019 who were past year cocaine users was lower than the percentages in 2002 to 2007 and was higher than the percentages in 2010 to 2014, but it was similar to the percentages in 2008 and 2009 and in most years from 2015 to 2018.

Percentages for past year crack use among young adults decreased from 0.9 percent (or 266,000 people) in 2002 to 0.2 percent (or 61,000 people) in 2019 (2019 DT 7.11). The percentage of young adults in 2019 who used crack in the past year was lower than the percentages in most years from 2002 to 2015, but it was similar to the percentages in 2016 to 2018.

Aged 26 or Older

Among adults aged 26 or older in 2019, 1.7 percent (or 3.6 million people) used cocaine in the past year, and 0.3 percent (or 706,000 people) used crack in the past year (Figure 13 and 2019 DT 7.14). The percentage of adults in this population in 2019 who used cocaine in the past year was similar to the percentages in 2002 to 2009 and in 2016 to 2018, but it was higher than the percentages in most years from 2010 to 2015. The percentage of adults in this population in 2019 who were past year crack users was lower than the percentages in 2002 to 2007, but it was similar to the percentages in 2008 to 2018.

Heroin Use

Among people aged 12 or older, the percentage who were past year heroin users increased from 0.2 percent (or 404,000 people) in 2002 to 0.3 percent (or 745,000 people) in 2019 (Figure 14 and 2019 DT 7.2). The percentage of people in 2019 who were past year heroin users was higher than the percentages in most years from 2002 to 2008, but it was similar to the percentages in 2009 to 2018.

Aged 12 to 17

Among adolescents aged 12 to 17 in 2019, the estimates of past year heroin use were not reported due to low statistical precision (Figure 14 and 2019 DT 7.5).¹¹ However, the estimate of past year heroin use among adolescents in 2018 was lower than the estimates for most years from 2002 through 2014, but it was similar to the estimates in 2015 to 2017.²⁷ About 0.1 to 0.2 percent of adolescents used heroin in any year from 2002 to 2017.

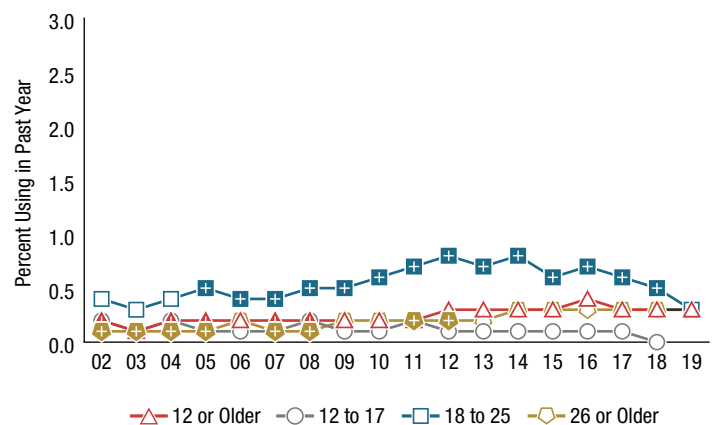
Aged 18 to 25

Among young adults aged 18 to 25 in 2019, 0.3 percent (or 87,000 people) were past year heroin users (Figure 14 and 2019 DT 7.11). The percentage in 2019 was lower than those in 2005 to 2018 (ranging from 0.4 to 0.8 percent), but it was similar to those in 2002 to 2004.

Aged 26 or Older

Among adults aged 26 or older, the percentage who were past year heroin users increased from 0.1 percent (or 231,000 people) in 2002 to 0.3 percent (or 658,000 people) in 2019 (Figure 14 and 2019 DT 7.14). These estimates of

Figure 14. Past Year Heroin Use among People Aged 12 or Older: 2002-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 14 Table. Past Year Heroin Use among People Aged 12 or Older: 2002-2019

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
≥12	0.2*	0.1*	0.2*	0.2*	0.2	0.2*	0.2*	0.2	0.2	0.2	0.3	0.3	0.3	0.3	0.4	0.3	0.3	0.3
12-17	0.2	0.1	0.2	0.1	0.1	0.1	0.2	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.0	*
18-25	0.4	0.3	0.4	0.5*	0.4*	0.4*	0.5*	0.5*	0.6*	0.7*	0.8*	0.7*	0.8*	0.6*	0.7*	0.6*	0.5*	0.3
≥26	0.1*	0.1*	0.1*	0.1*	0.2	0.1*	0.1*	0.2	0.2	0.2*	0.2*	0.2	0.3	0.3	0.3	0.3	0.3	0.3

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

* Low precision; no estimate reported.

Note: Estimates of less than 0.05 percent round to 0.0 percent when shown to the nearest tenth of a percent.

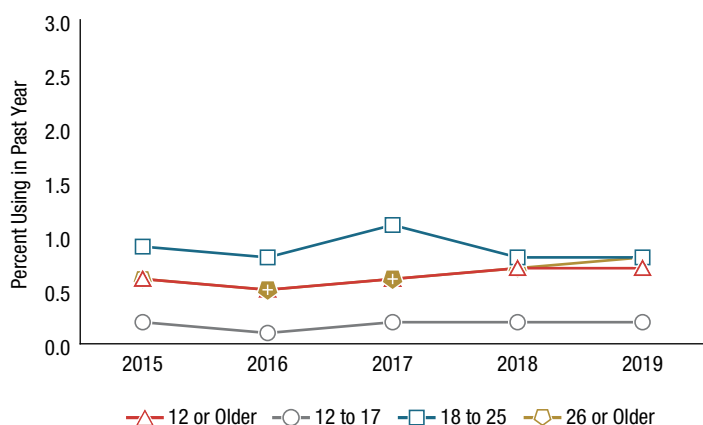
past year heroin use in 2019 were higher than those in most years from 2002 through 2013, but they were similar to those in 2014 to 2018.

Methamphetamine Use

Prior to 2015, questions about methamphetamine use were asked in the context of questions about the misuse of prescription stimulants because methamphetamine is legally available by prescription (Desoxyn®). However, most methamphetamine used in the United States is produced and distributed illicitly rather than through the pharmaceutical industry. Beginning in 2015, therefore, NSDUH questionnaires have included separate sections for methamphetamine use and the use and misuse of prescription stimulants.

Among people aged 12 or older in 2019, 0.7 percent (or 2.0 million people) used methamphetamine in the past year (Figure 15 and 2019 DT 7.2). These estimates of past year methamphetamine use in 2019 were higher than those in 2016 and 2017, but they were similar to those in 2015 and 2018.

Figure 15. Past Year Methamphetamine Use among People Aged 12 or Older: 2015-2019



⁺ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 15 Table. Past Year Methamphetamine Use among People Aged 12 or Older: 2015-2019

Age	2015	2016	2017	2018	2019
12 or Older	0.6	0.5 ⁺	0.6 ⁺	0.7	0.7
12 to 17	0.2	0.1	0.2	0.2	0.2
18 to 25	0.9	0.8	1.1	0.8	0.8
26 or Older	0.6	0.5 ⁺	0.6 ⁺	0.7	0.8

⁺ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Aged 12 to 17

Among adolescents aged 12 to 17 in 2019, 0.2 percent (or 41,000 people) used methamphetamine in the past year (Figure 15 and 2019 DT 7.5). The percentage of adolescents who used methamphetamine in the past year remained stable between 2015 and 2019.

Aged 18 to 25

Among young adults aged 18 to 25 in 2019, 0.8 percent (or 275,000 people) used methamphetamine in the past year (Figure 15 and 2019 DT 7.11). The percentage of young adults who were past year methamphetamine users was stable between 2015 and 2019.

Aged 26 or Older

Among adults aged 26 or older, the percentage who were past year methamphetamine users increased from 0.5 percent (or 1.1 million people) in 2016 to 0.8 percent (or 1.7 million people) in 2019 (Figure 15 and 2019 DT 7.14). The percentage of adults in this population in 2019 who used methamphetamine in the past year was higher than the percentages in 2016 and 2017, but it was similar to the percentages in 2015 and 2018.

Hallucinogen Use

Several drugs are grouped under the category of hallucinogens, including LSD, PCP, peyote, mescaline, psilocybin mushrooms, “Ecstasy” (MDMA or “Molly”), ketamine, DMT/AMT/”Foxy,” and *Salvia divinorum*.²⁸ Among people aged 12 or older, the percentage who were past year hallucinogen users increased from 1.8 percent (or 4.7 million people) in 2015 to 2.2 percent (or 6.0 million people) in 2019 (Figure 16 and 2019 DT 7.2). These estimates in 2019 were higher than those in 2015 to 2017, but they were similar to those in 2018.

Aged 12 to 17

Among adolescents aged 12 to 17 in 2019, 1.8 percent (or 440,000 people) used hallucinogens in the past year (Figure 16 and 2019 DT 7.5). These estimates in 2019 were similar to those in 2015 to 2018.

Aged 18 to 25

Among young adults aged 18 to 25 in 2019, 7.2 percent (or 2.4 million people) used hallucinogens in the past year (Figure 16 and 2019 DT 7.11). These estimates in 2019 were similar to those in 2015 to 2018.

Aged 26 or Older

Among adults aged 26 or older, past year hallucinogen use increased from 0.8 percent (or 1.7 million people) in 2015 to 1.5 percent (or 3.1 million people) in 2019 (Figure 16 and 2019 DT 7.14). Corresponding to the pattern among people aged 12 or older, these estimates in 2019 for adults aged 26 or older were higher than those in 2015 to 2017, but they were similar to those in 2018.

Inhalant Use

Inhalants include volatile solvents (e.g., paint thinners and removers, dry cleaning fluids, degreasers, gasoline, glues, shoe polish, correction fluids, felt-tip markers), aerosols (e.g., spray paints, deodorant and hair sprays, fabric protector sprays, computer keyboard cleaner), gases (e.g., ether, halothane, nitrous oxide, butane, propane), and nitrites (e.g., amyl nitrite, “poppers,” locker room deodorizers, “rush”). NSDUH respondents were asked to report the use of inhalants to get high but not to include accidental inhalation of a substance.

Among people aged 12 or older, the percentage who were past year inhalant users increased from 0.6 percent (or 1.7 million people) in 2016 to 0.8 percent (or 2.1 million

people) in 2019 (Figure 17 and 2019 DT 7.2). These estimates in 2019 were higher than those in 2015 to 2017, but they were similar to those in 2018.

Aged 12 to 17

Among adolescents aged 12 to 17, the percentage who were past year inhalant users increased from 2.2 percent (or 554,000 people) in 2016 to 3.0 percent (or 743,000 people) in 2019 (Figure 17 and 2019 DT 7.5). These estimates in 2019 were higher than those in 2016 and 2017, but they were similar to those in 2015 and 2018.

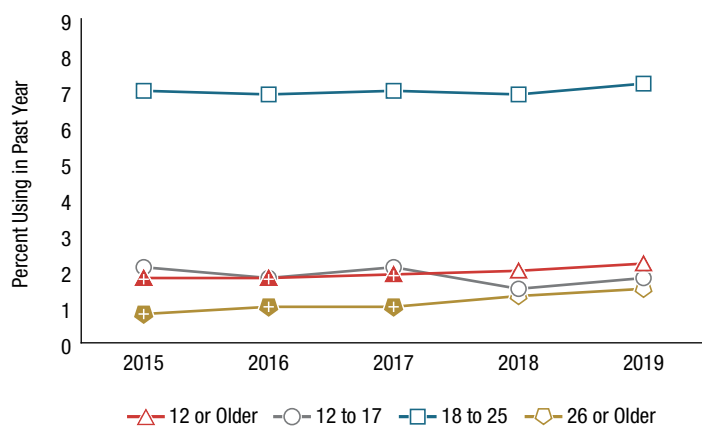
Aged 18 to 25

Among young adults aged 18 to 25 in 2019, 1.7 percent (or 577,000 people) used inhalants in the past year (Figure 17 and 2019 DT 7.11). The percentage of young adults who used inhalants in the past year remained stable between 2015 and 2019.

Aged 26 or Older

Among adults aged 26 or older in 2019, 0.4 percent (or 822,000 people) used inhalants in the past year (Figure 17 and 2019 DT 7.14). These estimates in 2019 were similar to those in 2015 to 2018.

Figure 16. Past Year Hallucinogen Use among People Aged 12 or Older: 2015-2019



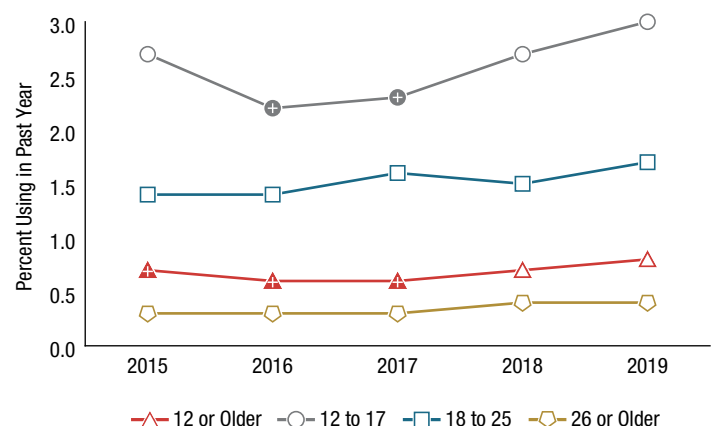
* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 16 Table. Past Year Hallucinogen Use among People Aged 12 or Older: 2015-2019

Age	2015	2016	2017	2018	2019
12 or Older	1.8*	1.8*	1.9*	2.0	2.2
12 to 17	2.1	1.8	2.1	1.5	1.8
18 to 25	7.0	6.9	7.0	6.9	7.2
26 or Older	0.8*	1.0*	1.0*	1.3	1.5

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 17. Past Year Inhalant Use among People Aged 12 or Older: 2015-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 17 Table. Past Year Inhalant Use among People Aged 12 or Older: 2015-2019

Age	2015	2016	2017	2018	2019
12 or Older	0.7*	0.6*	0.6*	0.7	0.8
12 to 17	2.7	2.2*	2.3*	2.7	3.0
18 to 25	1.4	1.4	1.6	1.5	1.7
26 or Older	0.3	0.3	0.3	0.4	0.4

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Misuse of Psychotherapeutic Drugs

The 2019 NSDUH assessed the use and misuse of psychotherapeutic drugs currently or recently available by prescription in the United States, including prescription stimulants, tranquilizers or sedatives (e.g., benzodiazepines), and pain relievers. In NSDUH, misuse of prescription drugs was defined as 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 to take a drug; or use in any other way not directed by a doctor. Misuse of over-the-counter drugs was not included.

Among people aged 12 or older, the percentage who misused prescription psychotherapeutic drugs in the past year declined from 7.1 percent (or 18.9 million people) in 2015 to 5.9 percent (or 16.3 million people) in 2019 (2019 DT 7.2). These estimates in 2019 were lower than those in 2015 to 2017, but they were similar to those in 2018.

Of the prescription drugs presented in this report, prescription pain relievers were the most commonly misused by people aged 12 or older. The 16.3 million people in 2019 who misused prescription psychotherapeutic drugs in the past year included 9.7 million people who misused prescription pain relievers, 4.9 million people who misused prescription stimulants, and 5.9 million people who misused prescription tranquilizers or sedatives (including 4.8 million past year misusers of benzodiazepines) (Figure 10).

Stimulant Misuse

The 2019 NSDUH assessed the misuse of prescription stimulants in the following categories: amphetamine products, methylphenidate products, anorectic (weight-loss) stimulants, Provigil®, or any other prescription stimulant. The amphetamine and methylphenidate products included in the NSDUH questionnaire are primarily prescribed for the treatment of attention-deficit/hyperactivity disorder (ADHD). Since 2015, methamphetamine has not been included as a prescription stimulant, unless respondents specified the prescription form of methamphetamine (Desoxy®) as some other stimulant they had misused in the past year.²⁹

Among people aged 12 or older in 2019, 1.8 percent (or 4.9 million people) misused prescription stimulants in the

past year (Figure 18 and 2019 DT 7.2). These estimates in 2019 were lower than those in 2016 and 2017, but they were similar to those in 2015 and 2018.

Aged 12 to 17

Among adolescents aged 12 to 17 in 2019, 1.7 percent (or 430,000 people) misused prescription stimulants in the past year (Figure 18 and 2019 DT 7.5). Percentages were stable from 2015 to 2019.

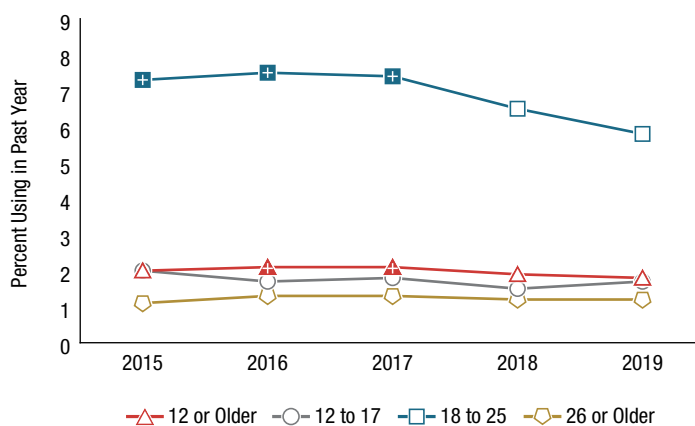
Aged 18 to 25

Among young adults aged 18 to 25, percentages for the past year misuse of prescription stimulants declined from 7.5 percent (or 2.6 million people) in 2016 to 5.8 percent (or 2.0 million people) in 2019 (Figure 18 and 2019 DT 7.11). The percentage in 2019 was lower than those in 2015 to 2017, but it was similar to the percentage in 2018.

Aged 26 or Older

Among adults aged 26 or older in 2019, 1.2 percent (or 2.5 million people) misused prescription stimulants in the past year (Figure 18 and 2019 DT 7.14). These estimates in 2019 were similar to those in 2015 to 2018.

Figure 18. Past Year Prescription Stimulant Misuse among People Aged 12 or Older: 2015-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 18 Table. Past Year Prescription Stimulant Misuse among People Aged 12 or Older: 2015-2019

Age	2015	2016	2017	2018	2019
12 or Older	2.0	2.1*	2.1*	1.9	1.8
12 to 17	2.0	1.7	1.8	1.5	1.7
18 to 25	7.3*	7.5*	7.4*	6.5	5.8
26 or Older	1.1	1.3	1.3	1.2	1.2

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Tranquilizer or Sedative Misuse

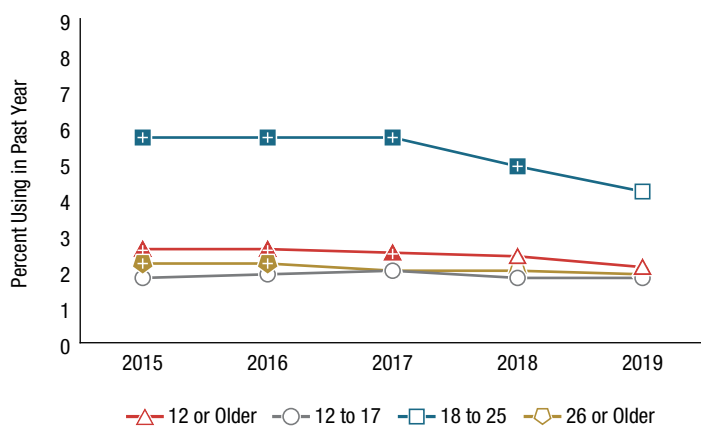
Estimates of the misuse of prescription tranquilizers or sedatives are presented together because prescription drugs in both categories have a common effect on specific activity in the brain. Prescription tranquilizers include benzodiazepine tranquilizers (e.g., as alprazolam, lorazepam, clonazepam, or diazepam products), muscle relaxants, or any other prescription tranquilizer. Prescription sedatives include zolpidem products, eszopiclone products, zaleplon products, benzodiazepine sedatives (e.g., as flurazepam and temazepam products or triazolam products), barbiturates, or any other prescription sedative.

Among people aged 12 or older, the percentage who misused prescription tranquilizers or sedatives in the past year declined from 2.6 percent (or 7.0 million people) in 2015 to 2.1 percent (or 5.9 million people) in 2019 (Figure 19 and 2019 DT 7.2). These estimates in 2019 were lower than those in 2015 to 2017, but they were similar to those in 2018.

Aged 12 to 17

Among adolescents aged 12 to 17 in 2019, 1.8 percent (or 436,000 people) misused prescription tranquilizers or

Figure 19. Past Year Prescription Tranquilizer or Sedative Misuse among People Aged 12 or Older: 2015-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 19 Table. Past Year Prescription Tranquilizer or Sedative Misuse among People Aged 12 or Older: 2015-2019

Age	2015	2016	2017	2018	2019
12 or Older	2.6*	2.6*	2.5*	2.4	2.1
12 to 17	1.8	1.9	2.0	1.8	1.8
18 to 25	5.7*	5.7*	5.7*	4.9*	4.2
26 or Older	2.2*	2.2*	2.0	2.0	1.9

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

sedatives in the past year (Figure 19 and 2019 DT 7.5). The percentages among adolescents remained stable between 2015 and 2019.

Aged 18 to 25

Among young adults aged 18 to 25, the percentage who misused prescription tranquilizers or sedatives in the past year declined from 5.7 percent (or 2.0 million people) in 2015 to 4.2 percent (or 1.4 million people) in 2019 (Figure 19 and 2019 DT 7.11). These estimates in 2019 were lower than those in 2015 to 2018.

Aged 26 or Older

Among adults aged 26 or older, past year misuse of prescription tranquilizers or sedatives declined from 2.2 percent in 2015 to 1.9 percent in 2019 (Figure 19 and 2019 DT 7.14). The percentage of adults aged 26 or older in 2019 who misused prescription tranquilizers or sedatives in the past year was similar to those in 2017 and 2018, but it was lower than those in 2015 and 2016.

Benzodiazepine Misuse

Prescription benzodiazepines are a subcategory of drugs that may be prescribed either as tranquilizers for the relief of anxiety or as sedatives for the relief of insomnia. Benzodiazepines prescribed as tranquilizers are typically metabolized more slowly than benzodiazepines prescribed as sedatives.³⁰ Nevertheless, benzodiazepines are chemically similar, regardless of whether they are prescribed as tranquilizers or sedatives.

Among people aged 12 or older, percentages for the past year misuse of prescription benzodiazepines declined from 2.1 percent (or 5.5 million people) in 2015 to 1.8 percent (or 4.8 million people) in 2019 (Figure 20 and 2019 DT 7.2). These estimates in 2019 were lower than those in 2015 to 2018.

Aged 12 to 17

Among adolescents aged 12 to 17 in 2019, 1.5 percent (or 381,000 people) misused prescription benzodiazepines in the past year (Figure 20 and 2019 DT 7.5). The percentages among adolescents remained stable between 2015 and 2019.

Aged 18 to 25

Among young adults aged 18 to 25, percentages for the past year misuse of prescription benzodiazepines declined from 5.2 percent (or 1.8 million people) in 2015 to

3.8 percent (or 1.3 million people) in 2019 (Figure 20 and 2019 DT 7.11). These estimates in 2019 were lower than those in 2015 to 2018.

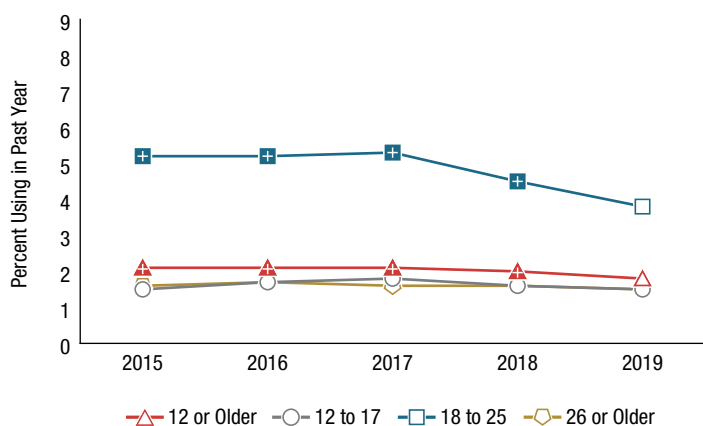
Aged 26 or Older

Among adults aged 26 or older in 2019, 1.5 percent (or 3.2 million people) misused prescription benzodiazepines in the past year (Figure 20 and 2019 DT 7.14). The percentage remained stable among this population between 2015 and 2019.

Pain Reliever Misuse

The 2019 NSDUH assessed the misuse of prescription pain relievers in the following categories: products containing hydrocodone, oxycodone, tramadol, codeine, morphine, prescription fentanyl,³¹ buprenorphine, oxycodone, and hydromorphone, as well as Demerol®, methadone, or any other prescription pain reliever. This section provides estimates of the misuse of any prescription pain reliever and specific subtypes of prescription pain relievers, the main reason for the most recent misuse of prescription pain relievers, and where people obtained the prescription pain relievers that they most recently misused in the past year.

Figure 20. Past Year Prescription Benzodiazepine Misuse among People Aged 12 or Older: 2015-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 20 Table. Past Year Prescription Benzodiazepine Misuse among People Aged 12 or Older: 2015-2019

Age	2015	2016	2017	2018	2019
12 or Older	2.1+	2.1+	2.1+	2.0+	1.8
12 to 17	1.5	1.7	1.8	1.6	1.5
18 to 25	5.2+	5.2+	5.3+	4.5+	3.8
26 or Older	1.6	1.7	1.6	1.6	1.5

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Among people aged 12 or older, percentages for the past year misuse of prescription pain relievers declined from 4.7 percent (or 12.5 million people) in 2015 to 3.5 percent (or 9.7 million people) in 2019 (Figure 21 and 2019 DT 7.2). These estimates in 2019 were lower than those in 2015 to 2017, but they were similar to those in 2018. Thus, continued monitoring of trends in prescription pain reliever misuse is important for assessing progress in addressing the opioid crisis in the United States.

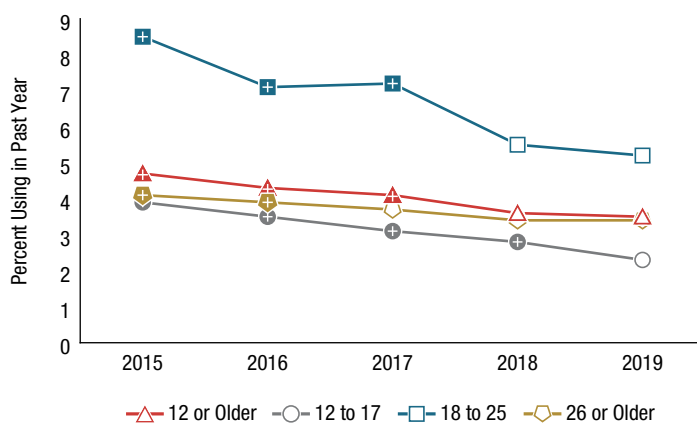
Aged 12 to 17

Among adolescents aged 12 to 17, percentages for the past year misuse of prescription pain relievers declined from 3.9 percent (or 969,000 people) in 2015 to 2.3 percent (or 567,000 people) in 2019 (Figure 21 and 2019 DT 7.5). These estimates in 2019 were lower than those in 2015 to 2018.

Aged 18 to 25

Among young adults aged 18 to 25, percentages for the past year misuse of prescription pain relievers declined from 8.5 percent (or 3.0 million people) in 2015 to 5.2 percent (or 1.8 million people) in 2019 (Figure 21 and

Figure 21. Past Year Prescription Pain Reliever Misuse among People Aged 12 or Older: 2015-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 21 Table. Past Year Prescription Pain Reliever Misuse among People Aged 12 or Older: 2015-2019

Age	2015	2016	2017	2018	2019
12 or Older	4.7+	4.3+	4.1+	3.6	3.5
12 to 17	3.9+	3.5+	3.1+	2.8+	2.3
18 to 25	8.5+	7.1+	7.2+	5.5	5.2
26 or Older	4.1+	3.9+	3.7	3.4	3.4

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

2019 DT 7.11). These estimates in 2019 were lower than those in 2015 to 2017, but they were similar to those in 2018.

Aged 26 or Older

Among adults aged 26 or older, percentages for the past year misuse of prescription pain relievers declined from 4.1 percent (or 8.5 million people) in 2015 to 3.4 percent (or 7.4 million people) in 2019 (Figure 21 and 2019 DT 7.14). These estimates in 2019 were lower than those in 2015 and 2016, but they were similar to those in 2017 and 2018.

Misuse of Subtypes of Pain Relievers

The 2019 NSDUH asked respondents to identify specific prescription pain relievers they used in the past year, then asked whether they misused those pain relievers in the past year. The specific pain relievers people misused in the past year were categorized into subtypes, such as hydrocodone products. For example, respondents who reported misusing the pain relievers Vicodin® or hydrocodone were classified as misusers of hydrocodone products.

This section presents two ways of examining the misuse of subtypes of pain relievers. First, it presents estimates of the misuse of subtypes among the total population aged 12 or older. Then it presents estimates of the misuse of subtypes of pain relievers among people who used that subtype in the past year.

Among people aged 12 or older in 2019, 1.8 percent (or 5.1 million people) misused hydrocodone products in the past year (Figure 22 and 2019 DT 1.98). Hydrocodone products were the most commonly misused subtype of prescription pain relievers in 2019, including Vicodin®, Lortab®, Norco®, Zohydro® ER, and generic hydrocodone. In addition, 1.2 percent (or 3.2 million people) misused oxycodone products in the past year, including OxyContin®, Percocet®, Percodan®, Roxicodone®, and generic oxycodone. Also, 0.2 percent of people aged 12 or older (or 686,000 people) misused buprenorphine products in the past year.

An estimated 0.1 percent (or 269,000 people) of people aged 12 or older misused prescription fentanyl products (Figure 22 and 2019 DT 1.98). Because NSDUH respondents were asked only about the misuse of prescription forms of fentanyl, estimates of fentanyl misuse in 2019 may underrepresent people who used illicitly

manufactured fentanyl (IMF) from clandestine laboratories (i.e., as opposed to the misuse of diverted prescription fentanyl produced by the pharmaceutical industry) and may not include those who used IMF mixed with heroin or sold as heroin (but contained only IMF).

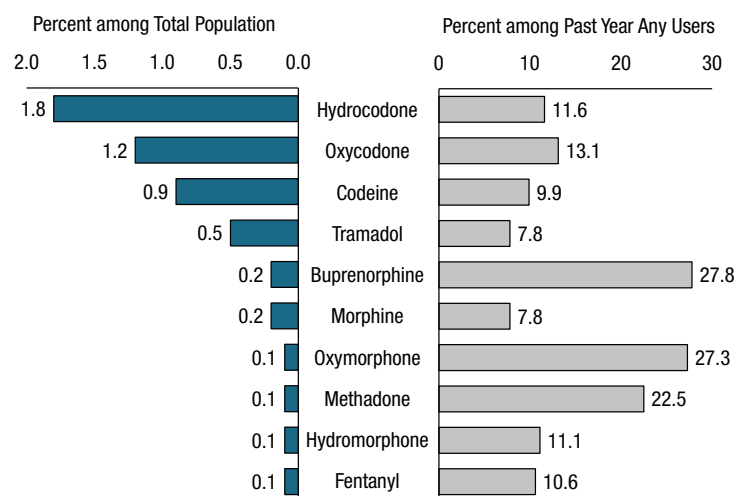
Although prescription pain reliever misuse was the second most common form of illicit drug use in 2019 (Figure 10), most past year users of prescription pain relievers did not misuse them in the past year (Figure 22). For example, among past year users of hydrocodone products, 11.6 percent misused them in the past year. Among past year users of buprenorphine products, 27.8 percent misused them. Among past year users of oxymorphone products (e.g., Opana®), 27.3 percent misused them. Stated another way, more than two thirds of past year users of buprenorphine products or oxymorphone products did *not* misuse them in that period.

Main Reasons for the Last Misuse of Pain Relievers

Respondents in the 2019 NSDUH who reported prescription pain reliever misuse in the past year were asked to report the reasons for misusing the last prescription pain reliever they misused. Respondents who reported more than one reason for misusing the last prescription pain reliever were asked to report their main reason for misusing it.

Among people aged 12 or older in 2019 who misused prescription pain relievers in the past year, the most common main reason for their last misuse of a pain reliever was to relieve physical pain (65.7 percent) (2019 DT 6.13). Based on the NSDUH definition, use without a prescription of

Figure 22. Past Year Prescription Pain Reliever Misuse among People Aged 12 or Older, by Selected Pain Reliever Subtype: 2019



one's own or overuse of prescribed medication (e.g., use at a higher dosage or more often than prescribed) are both classified as misuse even if the use was for the purpose of pain relief.

Other common main reasons for misuse were to feel good or get high (11.3 percent) and to relax or relieve tension (10.0 percent) (2019 DT 6.13). Less common main reasons among past year misusers of pain relievers included to help with feelings or emotions (3.8 percent), to help with sleep (3.7 percent), to experiment or see what the drug was like (2.2 percent), because they were "hooked" or needed to have the drug (1.9 percent), and to increase or decrease the effects of other drugs (0.8 percent).

Source of the Last Pain Reliever That Was Misused

Among people aged 12 or older in 2019 who misused prescription pain relievers in the past year, the most common source for the last pain reliever they misused was from a friend or relative in some way (i.e., being given them, buying them, or taking them without asking) (Figure 23). More than half (50.8 percent) of people who misused pain relievers in the past year obtained the pain relievers the last time from a friend or relative in some way. Specifically, 37.0 percent of people who misused pain relievers in the past year obtained pain relievers the last time by getting them from a friend or relative for free, 9.2 percent bought their last pain reliever

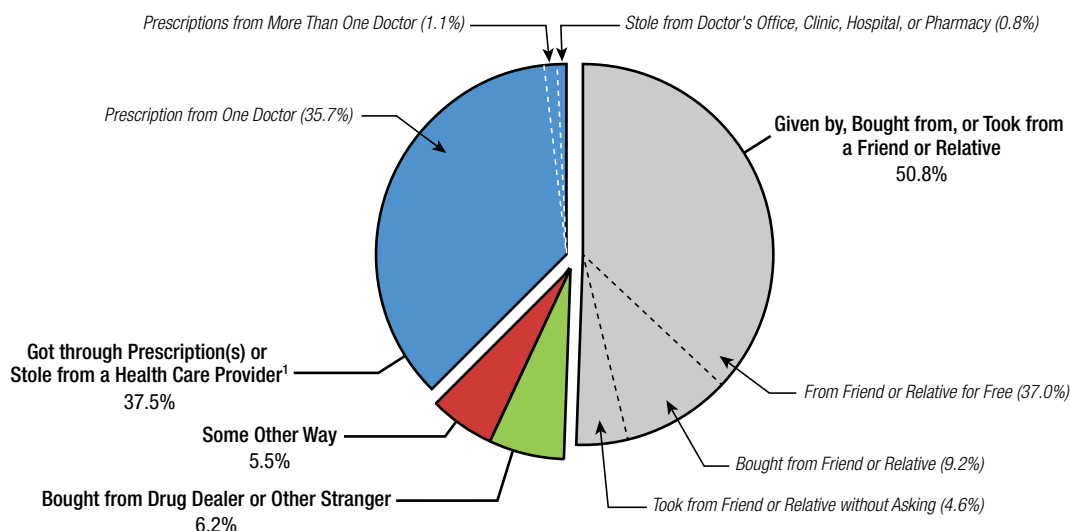
from a friend or relative, and 4.6 percent took their last pain reliever from a friend or relative without asking. More than one third of people who misused pain relievers in the past year (37.5 percent) obtained pain relievers the last time through prescription(s) or stole pain relievers from a health care provider, typically getting the pain relievers through a prescription from one doctor (35.7 percent). About 1 in 15 people who misused pain relievers in the past year (6.2 percent) bought the last pain reliever they misused from a drug dealer or other stranger.

Opioid Misuse

Opioids are a group of chemically similar drugs that include heroin and prescription opioids, such as hydrocodone (e.g., Vicodin®), oxycodone (e.g., OxyContin®), and morphine. In this report, opioid misuse includes the misuse of prescription pain relievers or the use of heroin. Prescription pain relievers could include some nonopioids because respondents could occasionally specify the misuse of other prescription pain relievers that are not opioids.

Among people aged 12 or older in 2019, 3.7 percent (or 10.1 million people) misused opioids in the past year (Figures 24 and 25). The vast majority of people who misused opioids in the past year misused prescription pain relievers (Figure 24). Specifically, 9.7 million people aged 12 or older misused prescription pain relievers in the past year

Figure 23. Source Where Pain Relievers Were Obtained for Most Recent Misuse among People Aged 12 or Older Who Misused Pain Relievers in the Past Year: 2019



9.7 Million People Aged 12 or Older Who Misused Pain Relievers in the Past Year

Note: Respondents with unknown data for the Source for Most Recent Misuse or who reported Some Other Way but did not specify a valid way were excluded.

¹ The percentages from the subcategories do not add to the total percentage for the category due to rounding.

compared with 745,000 people who used heroin. In 2019, the majority of the 9.3 million misusers of prescription pain relievers had misused only prescription pain relievers in the past year, but they had not used heroin.

In 2019, an estimated 404,000 people had misused prescription pain relievers and used heroin in the past year,

Figure 24. Past Year Opioid Misuse among People Aged 12 or Older: 2019

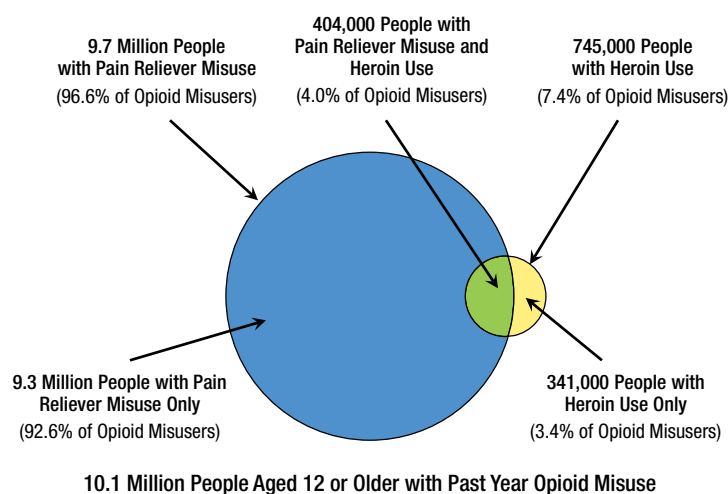
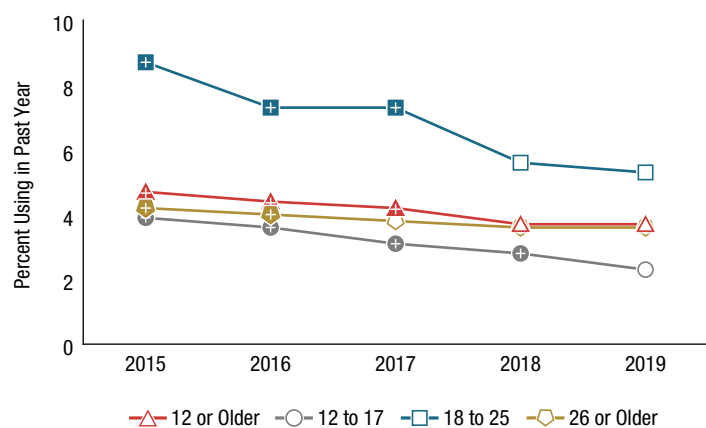


Figure 25. Past Year Opioid Misuse among People Aged 12 or Older: 2015-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 25 Table. Past Year Opioid Misuse among People Aged 12 or Older: 2015-2019

Age	2015	2016	2017	2018	2019
12 or Older	4.7*	4.4*	4.2*	3.7	3.7
12 to 17	3.9*	3.6*	3.1*	2.8*	2.3
18 to 25	8.7*	7.3*	7.3*	5.6	5.3
26 or Older	4.2*	4.0*	3.8	3.6	3.6

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

and 341,000 people had used heroin in the past year but had not misused prescription pain relievers. Compared with the 4.2 percent of prescription pain reliever misusers who also used heroin in the past year, 54.2 percent of heroin users also misused pain relievers in the past year.²¹

The percentage of people aged 12 or older in 2019 who misused opioids in the past year was lower than the percentages in 2015 to 2017, but it was similar to the percentage in 2018 (Figure 25). The decline in past year opioid misuse among the population between 2015 and 2018²⁷ was consistent with decreases between 2017 and 2018 in overdose deaths in the United States involving opioids overall, prescription opioids, or heroin.³²

Aged 12 to 17

Among adolescents aged 12 to 17, percentages for past year opioid misuse declined from 3.9 percent (or 980,000 people) in 2015 to 2.3 percent (or 567,000 people) in 2019 (Figure 25 and 2019 DT 7.5). These estimates in 2019 were lower than those in 2015 to 2018.

Aged 18 to 25

Among young adults aged 18 to 25, percentages for past year opioid misuse declined from 8.7 percent (or 3.0 million people) in 2015 to 5.3 percent (or 1.8 million people) in 2019 (Figure 25 and 2019 DT 7.11). These estimates in 2019 were lower than those in 2015 to 2017, but they were similar to those in 2018.

Aged 26 or Older

Among adults aged 26 or older, percentages for past year opioid misuse declined from 4.2 percent (or 8.7 million people) in 2015 to 3.6 percent (or 7.7 million people) in 2019 (Figure 25 and 2019 DT 7.14). However, these estimates in 2019 were similar to those in 2017 and 2018.

Initiation of Substance Use

The 2019 NSDUH included questions to measure the initiation of substance use, that is, use of particular substances for the first time during a person's lifetime.³³ This report presents the estimated number of recent substance use initiates or prescription drug misuse initiates.³⁴ Recent initiates were substance users or prescription drug misusers who reported first using or misusing, respectively, a particular substance in the 12 months before the NSDUH interview.^{35,36}

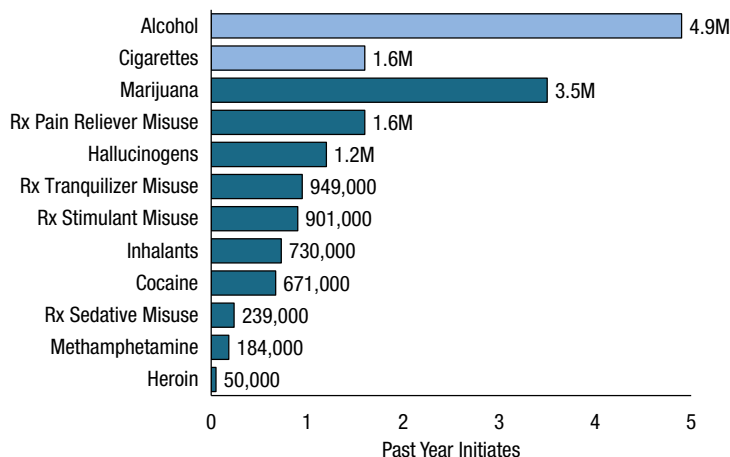
In particular, this report presents estimates for past year initiation of heroin use, prescription pain reliever misuse, prescription tranquilizer misuse, and prescription sedative misuse, separately. In contrast, the report does not present estimates for past year initiation of any opioid (heroin or prescription pain reliever) misuse, any illicit drug use (including prescription drug misuse), and any prescription tranquilizer or sedative misuse because respondents may not report the misuse of prescription drugs that occurred more than 12 months before the interview. Consequently, these estimates could be biased. Estimates for the past year initiation of benzodiazepine misuse are not presented because NSDUH did not capture information on lifetime misuse of benzodiazepines.³⁷

Figure 26 provides an overview of the numbers of people aged 12 or older in 2019 who were past year initiates for the substances discussed in this section. There were 3.5 million new marijuana users, 1.6 million new misusers of prescription pain relievers, 1.2 million new hallucinogen users, 949,000 new misusers of prescription tranquilizers, and 901,000 new misusers of prescription stimulants. In the past 12 months, 4.9 million people initiated alcohol use, and 1.6 million people tried a cigarette for the first time in their lifetime.³⁸

Initiation of Cigarette Smoking

Among people aged 12 or older in 2019, 1.6 million people initiated cigarette smoking in the past 12 months (i.e., and never before the past 12 months) (Figure 26), which was lower than the number in most years from 2002 through

Figure 26. Past Year Initiates of Substances among People Aged 12 or Older: 2019



Rx = prescription.

Note: Estimates for prescription pain relievers, prescription tranquilizers, prescription stimulants, and prescription sedatives are for the initiation of misuse.

2018 (2019 DT 7.40). The number of people aged 12 or older in 2019 who initiated cigarette smoking in the past year averaged to about 4,400 people each day (Table A.3A).

Among adolescents aged 12 to 17, the number of past year initiates of cigarette smoking declined from 1.2 million people in 2002 to 541,000 people in 2019 (2019 DT 7.41). This number in 2019 was lower than the numbers in 2002 to 2016, but it was similar to the numbers in 2017 and 2018. The number of adolescents in 2019 who initiated cigarette smoking in the past year averaged to about 1,500 adolescents each day (Table A.3A).

Among young adults aged 18 to 25 in 2019, 1.0 million people initiated cigarette smoking in the past 12 months (2019 DT 7.43), which was higher than the numbers in 2002 to 2004, was similar to the numbers in 2005 to 2008, and was lower than the numbers in most years from 2009 through 2018. The number of young adults in 2019 who initiated cigarette smoking in the past year averaged to about 2,600 young adults each day (Table A.3A).

Among adults aged 26 or older in 2019, 90,000 people initiated cigarette smoking in the past 12 months (2019 DT 7.44), or an average of about 250 new cigarette smokers aged 26 or older each day (Table A.3A). Thus, relatively few people try cigarettes for the first time after age 25. Moreover, the number of past year initiates of cigarette smoking remained stable among this population between 2002 and 2019.

Initiation of Alcohol Use

Among people aged 12 or older in 2019, 4.9 million people initiated alcohol use in the past 12 months, not counting sips from another person's drink (Figure 27 and 2019 DT 7.40). This number in 2019 was higher than the numbers in most years from 2002 through 2008, but it was similar to the numbers in 2009 to 2018. The number of people aged 12 or older in 2019 who initiated alcohol use in the past year averaged to approximately 13,400 people each day (Table A.3A).

Among adolescents aged 12 to 17, the number of past year initiates of alcohol use declined from 2.6 million adolescents in 2002 to 2.3 million adolescents in 2019 (Figure 27 and 2019 DT 7.41). This number in 2019 was lower than the numbers in 2002 to 2011, but it was similar to the numbers in 2012 to 2018. The number of adolescents in 2019 who initiated alcohol use in the past year averaged to approximately 6,200 adolescents each day (Table A.3A).

Among young adults aged 18 to 25, the number of past year alcohol use initiates increased from 1.2 million people in 2002 to 2.4 million people in 2019 (Figure 27 and 2019 DT 7.43). This number in 2019 was higher than the numbers in 2002 to 2013, but it was similar to the numbers in 2014 to 2018. The number of young adults in 2019 who initiated alcohol use in the past year averaged to approximately 6,600 young adults each day (Table A.3A).

Among adults aged 26 or older, the number of past year initiates of alcohol use in 2019 (205,000 people) was similar to the numbers in most years from 2002 through 2018 (Figure 27 and 2019 DT 7.44). This number in 2019 who initiated alcohol use in the past year averaged to approximately 560 adults aged 26 or older each day (Table A.3A). Consistent with the pattern of cigarette smoking initiation, relatively few people start to use alcohol after age 25.

Initiation of Marijuana Use

Among people aged 12 or older, the number of past year initiates of marijuana use increased from 2.2 million people in 2002 to 3.5 million people in 2019 (Figure 28 and 2019 DT 7.40). This number in 2019 was higher than the

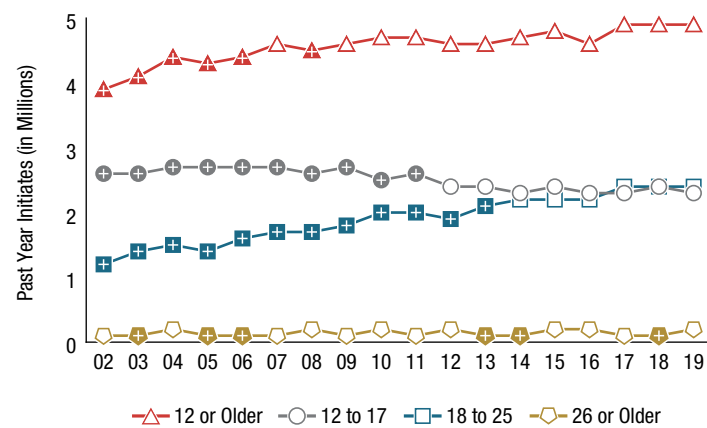
number in each year from 2002 through 2018. The number of people aged 12 or older in 2019 who initiated marijuana use in the past year averaged to about 9,500 people each day (Table A.3A).

Among adolescents aged 12 to 17 in 2019, approximately 1.4 million people initiated marijuana use in the past year, which was similar to the numbers in most years from 2002 through 2018 (Figure 28 and 2019 DT 7.41). The number of adolescents in 2019 who initiated marijuana use in the past year averaged to about 3,700 adolescents each day (Table A.3A).

Among young adults aged 18 to 25, the number of past year initiates of marijuana use increased from 733,000 in 2002 to 1.2 million in 2019 (Figure 28 and 2019 DT 7.43). This number in 2019 was higher than the numbers in most years from 2002 to 2016, but it was similar to the numbers in 2017 and 2018. The number of young adults in 2019 who initiated marijuana use in the past year averaged to about 3,400 young adults each day (Table A.3A).

Among adults aged 26 or older, the number of past year initiates of marijuana use increased from 90,000 in 2002 to 887,000 in 2019 (Figure 28 and 2019 DT 7.44). This

Figure 27. Past Year Alcohol Initiates among People Aged 12 or Older: 2002-2019



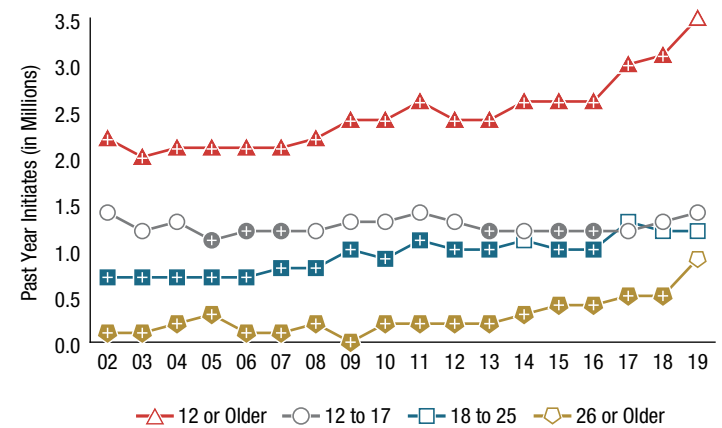
* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 27 Table. Past Year Alcohol Initiates among People Aged 12 or Older (in Millions): 2002-2019

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
≥12	3.9*	4.1*	4.4*	4.3*	4.4*	4.6	4.5*	4.6	4.7	4.7	4.6	4.6	4.7	4.8	4.6	4.9	4.9	4.9
12-17	2.6*	2.6*	2.7*	2.7*	2.7*	2.7*	2.6*	2.7*	2.5*	2.6*	2.4	2.4	2.3	2.4	2.3	2.3	2.4	2.3
18-25	1.2*	1.4*	1.5*	1.4*	1.6*	1.7*	1.7*	1.8*	2.0*	2.0*	1.9*	2.1*	2.2	2.2	2.2	2.4	2.4	2.4
≥26	0.1	0.1*	0.2	0.1*	0.1*	0.1	0.2	0.1	0.2	0.1	0.2	0.1*	0.1*	0.2	0.2	0.1	0.1*	0.2

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 28. Past Year Marijuana Initiates among People Aged 12 or Older: 2002-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 28 Table. Past Year Marijuana Initiates among People Aged 12 or Older (in Millions): 2002-2019

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
≥12	2.2*	2.0*	2.1*	2.1*	2.1*	2.1*	2.2*	2.4*	2.4*	2.6*	2.4*	2.4*	2.6*	2.6*	2.6*	3.0*	3.1*	3.5
12-17	1.4	1.2	1.3	1.1*	1.2*	1.2*	1.2	1.3	1.3	1.4	1.3	1.2*	1.2	1.2*	1.2*	1.2	1.3	1.4
18-25	0.7*	0.7*	0.7*	0.7*	0.7*	0.8*	0.8*	1.0*	0.9*	1.1*	1.0*	1.0*	1.1	1.0*	1.0*	1.3	1.2	1.2
≥26	0.1*	0.1*	0.2*	0.3*	0.1*	0.1*	0.2*	0.0*	0.2*	0.2*	0.2*	0.2*	0.3*	0.4*	0.4*	0.5*	0.5*	0.9

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Note: Estimates of less than 0.05 million round to 0.0 million when shown to the nearest tenth of a million.

number in 2019 was higher than the number in each year from 2002 through 2018. This number in 2019 who initiated marijuana use in the past year averaged to about 2,400 adults aged 26 or older each day (Table A.3A). Unlike the initiation patterns for cigarette and alcohol use, about 25 percent of past year initiates of marijuana use were aged 26 or older in 2019.

Initiation of Cocaine Use

Among people aged 12 or older, the number of past year initiates of cocaine use decreased from 1.0 million in 2002 to 671,000 in 2019 (Figure 29 and 2019 DT 7.40).³⁹ This number in 2019 was lower than the numbers in 2002 to 2007 and in 2015 to 2018, but it was similar to the numbers in 2008 to 2014. The number of people aged 12 or older in 2019 who initiated cocaine use averaged to about 1,800 people each day (Table A.3A). Continued monitoring of trends for initiation of cocaine use is important for assessing progress in preventing people from trying cocaine.

Among adolescents aged 12 to 17, the number of past year initiates of cocaine use decreased from 310,000 in 2002 to 59,000 in 2019 (Figure 29 and 2019 DT 7.41). This number in 2019 was lower than the numbers in most years

from 2002 through 2017, but it was similar to the number in 2018. The number of adolescents in 2019 who initiated cocaine use averaged to about 160 adolescents each day (Table A.3A).

Among young adults aged 18 to 25 in 2019, 476,000 people initiated cocaine use in the past year. The number of young adults who initiated cocaine use in the past year fluctuated over time. The number of past year initiates in 2019 was lower than the number in 2002, was similar to the numbers in most years from 2003 through 2014, and was lower than the number in each year from 2015 to 2018 (Figure 29 and 2019 DT 7.43). The number of young adults in 2019 who initiated cocaine use in the past year averaged to about 1,300 young adults each day (Table A.3A).

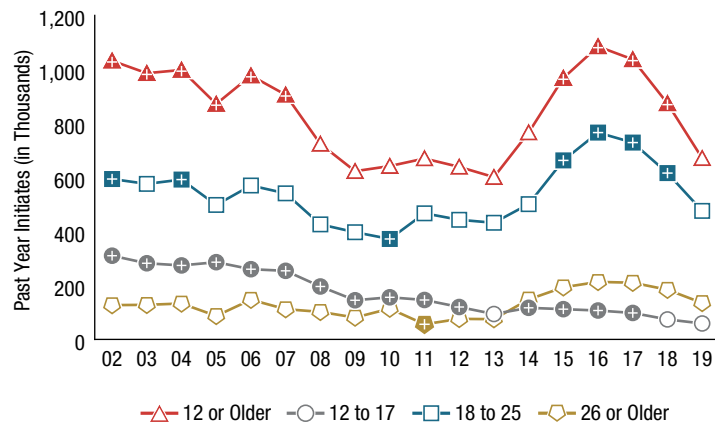
Among adults aged 26 or older in 2019, 135,000 people initiated cocaine use in the past year, which was similar to the numbers in most years from 2002 through 2018 (Figure 29 and 2019 DT 7.44). This number in 2019 who initiated cocaine use in the past year averaged to about 370 adults aged 26 or older each day (Table A.3A).

Initiation of Heroin Use

Among people aged 12 or older in 2019, 50,000 people initiated heroin use in the past year, which was lower than the numbers in most years from 2002 through 2018 (Figure 30 and 2019 DT 7.40). The number of people aged 12 or older in 2019 who initiated heroin use in the past year averaged to about 140 people each day (Table A.3A). However, caution is advised in interpreting fluctuations in the numbers of heroin use initiates in single years. The relatively small numbers of recent initiates per year can contribute to these fluctuations, especially when the estimated numbers are presented for specific age groups, described as follows.⁴⁰

Among adolescents aged 12 to 17 in 2019, the number of past year initiates of heroin use was not reported due to low statistical precision (Figure 30 and 2019 DT 7.41). Among young adults aged 18 to 25 in 2019, 19,000 initiated heroin use in the past year (2019 DT 7.43), which was lower than the number in each year from 2002 through 2016 but was similar to the numbers in 2017 and 2018. Among young adults in 2019, an average of 50 young adults initiated heroin use each day (Table A.3A). Among adults aged 26 or older, the number of past year initiates of heroin use in 2019 (31,000 people) was similar to the number in most years from 2002 through 2018 (2019 DT 7.44). In 2019, an

Figure 29. Past Year Cocaine Initiates among People Aged 12 or Older: 2002-2019



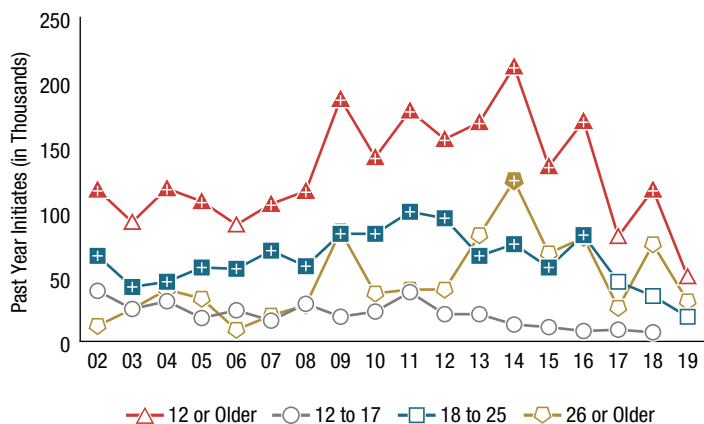
* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 29 Table. Past Year Cocaine Initiates among People Aged 12 or Older: 2002-2019

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
≥12	1,032*	986*	998*	872*	977*	906*	724	623	642	670	639	601	766	968*	1,085*	1,037*	874*	671
12-17	310*	282*	274*	286*	260*	254*	196*	145*	156*	146*	120*	94	117*	112*	107*	98*	74	59
18-25	594*	576	592*	498	570	541	426	397	372*	467	443	432	501	663*	766*	729*	616*	476
≥26	127	128	133	87	147	112	102	81	114	56*	76	75	148	193	213	210	184	135

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 30. Past Year Heroin Initiates among People Aged 12 or Older: 2002-2019



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 30 Table. Past Year Heroin Initiates among People Aged 12 or Older: 2002-2019

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
≥12	117*	92	118*	108*	90	106*	116*	187*	142*	178*	156*	169*	212*	135*	170*	81	117*	50
12-17	39	25	31	18	24	16	29	19	23	38	21	21	13	11	8	9	7	*
18-25	66*	42*	46*	57*	56*	70*	58*	83*	83*	100*	95*	66*	75*	57*	82*	46	35	19
≥26	12	25	40	33	9	20	28	85	37	40	40	82	124*	68	80	26	75	31

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

* Low precision; no estimate reported.

average of about 90 adults aged 26 or older initiated heroin use each day.

Initiation of Methamphetamine Use

Among people aged 12 or older in 2019, 184,000 people initiated methamphetamine use in the past year (Figure 31 and 2019 DT 7.40), or an average of about 510 new methamphetamine users each day (Table A.3A). The number of past year initiates of methamphetamine use remained stable among this population between 2015 and 2019.

Among adolescents aged 12 to 17 in 2019, 25,000 people initiated methamphetamine use in the past year (Figure 31 and 2019 DT 7.41), or an average of about 70 new methamphetamine users aged 12 to 17 each day (Table A.3A). The number of past year initiates of methamphetamine use remained stable among adolescents between 2015 and 2019.

Among young adults aged 18 to 25 in 2019, 63,000 people initiated methamphetamine use in the past year (Figure 31 and 2019 DT 7.43), or an average of about 170 new methamphetamine users aged 18 to 25 each

day (Table A.3A). The number of past year initiates of methamphetamine use remained stable among young adults between 2015 and 2019.

Among adults aged 26 or older in 2019, 96,000 people initiated methamphetamine use in the past year (Figure 31 and 2019 DT 7.44), or an average of about 260 new methamphetamine users aged 26 or older each day (Table A.3A). The number of past year initiates of methamphetamine use remained stable among this population between 2015 and 2019.

Initiation of Hallucinogen Use

Among people aged 12 or older in 2019, 1.2 million people initiated hallucinogen use in the past year (Figure 26 and 2019 DT 7.40), or an average of about 3,300 new hallucinogen users each day (Table A.3A).³⁹ The number of past year initiates of hallucinogen use remained stable among this population between 2015 and 2019.

Among adolescents aged 12 to 17 in 2019, 281,000 people initiated hallucinogen use in the past year (2019 DT 7.41), which was similar to the number in each year from 2015 through 2018. The number of adolescents in 2019 who initiated hallucinogen use in the past year averaged to about 770 adolescents each day (Table A.3A).

Among young adults aged 18 to 25, the number of past year initiates of hallucinogen use remained stable between 2015 and 2019 (2019 DT 7.43). In 2019, 681,000 young adults initiated hallucinogen use in the past year, or an average of about 1,900 new hallucinogen users aged 18 to 25 each day (Table A.3A).

Among adults aged 26 or older in 2019, 259,000 people initiated hallucinogen use in the past year (2019 DT 7.44), which was similar to the numbers in most years from 2015 to 2018. In 2019, an average of about 710 adults aged 26 or older initiated hallucinogen use each day (Table A.3A).

Initiation of Inhalant Use

Among people aged 12 or older in 2019, 730,000 people initiated inhalant use in the past year (Figure 26), which was higher than the numbers in 2016 to 2018 but was similar to the number in 2015 (2019 DT 7.40). The number of people aged 12 or older in 2019 who initiated inhalant use in the past year averaged to about 2,000 people each day (Table A.3A).

Figure 31. Past Year Methamphetamine Initiates among People Aged 12 or Older: 2015-2019

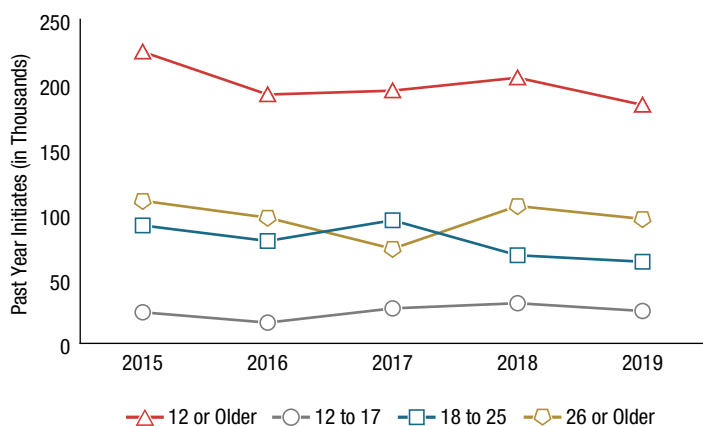


Figure 31 Table. Past Year Methamphetamine Initiates among People Aged 12 or Older: 2015-2019

Age	2015	2016	2017	2018	2019
12 or Older	225	192	195	205	184
12 to 17	24	16	27	31	25
18 to 25	91	79	95	68	63
26 or Older	110	97	73	106	96

Among adolescents aged 12 to 17 in 2019, 381,000 people initiated inhalant use in the past year, which was higher than the numbers in 2016 and 2017, but it was similar to the numbers in 2015 and 2018 (2019 DT 7.41). The number of adolescents in 2019 who initiated inhalant use in the past year averaged to about 1,000 adolescents each day (Table A.3A).

Among young adults aged 18 to 25, the number of past year initiates of inhalant use remained stable between 2015 and 2019 (2019 DT 7.43). In 2019, 250,000 young adults initiated inhalant use in the past year, or an average of about 690 new inhalant users aged 18 to 25 each day (Table A.3A).

Among adults aged 26 or older, the number of past year initiates of inhalant use remained stable between 2015 and 2019 (2019 DT 7.44). Among this population in 2019, 99,000 people initiated inhalant use in the past year, or an average of about 270 new inhalant users aged 26 or older each day (Table A.3A).

Initiation of Prescription Stimulant Misuse

Among people aged 12 or older, the number of past year initiates of prescription stimulant misuse declined from 1.3 million people in 2015 to 901,000 people in 2019 (Figure 26 and 2019 DT 7.40). This number in 2019 was

lower than the numbers in 2015 to 2017, but it was similar to the number in 2018. The number of people aged 12 or older in 2019 who initiated prescription stimulant misuse in the past year averaged to about 2,500 people each day (Table A.3A).

Among adolescents aged 12 to 17, the number of past year initiates of prescription stimulant misuse remained stable between 2015 and 2019 (2019 DT 7.41). In 2019, 238,000 adolescents initiated misuse of prescription stimulants in the past year, or an average of about 650 new prescription stimulant misusers aged 12 to 17 each day (Table A.3A).

Among young adults aged 18 to 25, the number of past year initiates of prescription stimulant misuse declined from 600,000 people in 2015 to 364,000 people in 2019 (2019 DT 7.43). This number in 2019 was lower than the numbers in 2015 to 2018. The number of young adults in 2019 who initiated prescription stimulant misuse in the past year averaged to about 1,000 young adults each day (Table A.3A).

Among adults aged 26 or older in 2019, 299,000 people initiated prescription stimulant misuse in the past year (2019 DT 7.44), which was similar to the numbers in most years from 2015 to 2018. This number in 2019 who initiated prescription stimulant misuse in the past year averaged to about 820 adults aged 26 or older each day (Table A.3A).

Initiation of Prescription Tranquilizer or Sedative Misuse

Although this report includes combined estimates for the past year misuse of prescription tranquilizers or sedatives, estimates for the initiation of misuse of these substances are presented separately in this section. As noted previously, it cannot be determined unambiguously whether respondents were past year initiates for the aggregate category of any tranquilizer or sedative misuse because of the potential for respondents to underreport the misuse of prescription drugs that occurred more than 12 months ago.

Initiation of Prescription Tranquilizer Misuse

Among people aged 12 or older, the number of past year initiates of prescription tranquilizer misuse declined from 1.4 million people in 2015 to 949,000 people in 2019 (Figure 26 and 2019 DT 7.40). This number in 2019 was lower than the number in each year from 2015 through 2018. The number of people aged 12 or older in 2019 who

initiated prescription tranquilizer misuse in the past year averaged to about 2,600 people each day (Table A.3A).

Among adolescents aged 12 to 17, the number of past year initiates of prescription tranquilizer misuse remained stable between 2015 and 2019 (2019 DT 7.41). In 2019, 185,000 adolescents initiated prescription tranquilizer misuse in the past year, or an average of about 510 new prescription tranquilizer misusers aged 12 to 17 each day (Table A.3A).

Among young adults aged 18 to 25, the number of past year initiates of prescription tranquilizer misuse declined from 489,000 people in 2015 to 329,000 people in 2019 (2019 DT 7.43). This number in 2019 was lower than the number in each year from 2015 through 2018. The number of young adults in 2019 who initiated prescription tranquilizer misuse in the past year averaged to about 900 young adults each day (Table A.3A).

Among adults aged 26 or older, the number of past year initiates of prescription tranquilizer misuse declined from 738,000 people in 2015 to 435,000 people in 2019 (2019 DT 7.44). This number in 2019 was lower than the numbers in 2015 and 2017, but it was similar to the numbers in 2016 and 2018. This number in 2019 who initiated prescription tranquilizer misuse in the past year averaged to about 1,200 adults aged 26 or older each day (Table A.3A).

Initiation of Prescription Sedative Misuse

Among people aged 12 or older, the number of past year initiates of prescription sedative misuse declined from 425,000 people in 2015 to 239,000 people in 2019 (Figure 26 and 2019 DT 7.40). This number in 2019 was lower than the number in 2015, but it was similar to the numbers in 2016 to 2018. The number of people aged 12 or older in 2019 who initiated prescription sedative misuse in the past year averaged to about 650 people each day (Table A.3A). However, caution is advised in interpreting changes in the numbers of initiates of prescription sedative misuse in single years. The relatively small numbers of recent initiates per year can contribute to these fluctuations, especially when the estimated numbers are presented for specific age groups, described as follows.⁴⁰

Among adolescents aged 12 to 17 in 2019, 23,000 people initiated prescription sedative misuse in the past year (2019 DT 7.41), which was similar to the numbers in most years from 2015 to 2018. The number of adolescents in 2019 who initiated prescription sedative misuse in

the past year averaged to about 60 adolescents each day (Table A.3A).

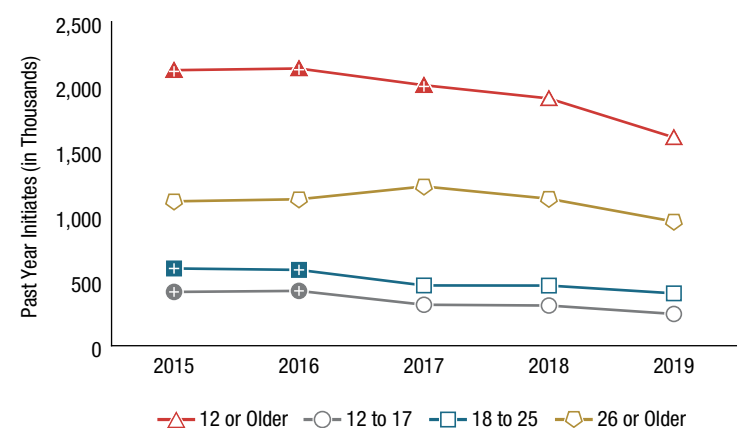
Among young adults aged 18 to 25, the number of past year initiates of prescription sedative misuse declined from 86,000 people in 2015 to 39,000 people in 2019 (2019 DT 7.43). This number in 2019 was similar to the numbers in 2016 to 2018. The number of young adults in 2019 who initiated prescription sedative misuse in the past year averaged to about 110 young adults each day (Table A.3A).

Among adults aged 26 or older, the number of past year initiates of prescription sedative misuse remained stable between 2015 and 2019 (2019 DT 7.44). Among this population in 2019, 176,000 people initiated prescription sedative misuse in the past year, or an average of about 480 prescription sedative misusers aged 26 or older each day (Table A.3A).

Initiation of Prescription Pain Reliever Misuse

Among people aged 12 or older, the number of past year initiates of prescription pain reliever misuse declined from 2.1 million people in 2015 to 1.6 million people in 2019 (Figure 32 and 2019 DT 7.40). This number in 2019 was

Figure 32. Past Year Prescription Pain Reliever Misuse Initiates among People Aged 12 or Older: 2015-2019



⁺ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 32 Table. Past Year Prescription Pain Reliever Misuse Initiates among People Aged 12 or Older: 2015-2019

Age	2015	2016	2017	2018	2019
12 or Older	2,126 ⁺	2,139 ⁺	2,010 ⁺	1,908	1,607
12 to 17	415 ⁺	423 ⁺	316	310	245
18 to 25	596 ⁺	585 ⁺	465	464	404
26 or Older	1,114	1,130	1,229	1,134	958

⁺ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

lower than the numbers in 2015 to 2017, but it was similar to the number in 2018. The number of people aged 12 or older in 2019 who initiated prescription pain reliever misuse in the past year averaged to about 4,400 people each day (Table A.3A).

Among adolescents aged 12 to 17, the number of past year initiates of prescription pain reliever misuse declined from 415,000 people in 2015 to 245,000 people in 2019 (Figure 32 and 2019 DT 7.41). This number in 2019 was lower than the numbers in 2015 and 2016, but it was similar to the numbers in 2017 and 2018. The number of adolescents in 2019 who initiated prescription pain reliever misuse in the past year averaged to about 670 adolescents each day (Table A.3A).

Among young adults aged 18 to 25, the number of past year initiates of prescription pain reliever misuse declined from 596,000 people in 2015 to 404,000 people in 2019 (Figure 32 and 2019 DT 7.43). This number in 2019 was lower than the numbers in 2015 and 2016, but it was similar to the numbers in 2017 and 2018. The number of young adults in 2019 who initiated prescription pain reliever misuse in the past year averaged to about 1,100 young adults each day (Table A.3A).

Among adults aged 26 or older, the number of past year initiates of prescription pain reliever misuse remained stable between 2015 and 2019 (Figure 32 and 2019 DT 7.44). Among this population in 2019, 958,000 people initiated prescription pain reliever misuse in the past year, or an average of about 2,600 new prescription pain reliever misusers aged 26 or older each day (Table A.3A).

Perceived Risk from Substance Use

One factor that can influence whether people will use tobacco, alcohol, or illicit drugs is the extent to which they believe that using these substances might cause harm. In 2019, NSDUH respondents were asked how much they thought people risk harming themselves physically and in other ways when they use various substances in certain amounts or frequencies. Response choices for these items were “great risk,” “moderate risk,” “slight risk,” or “no risk.” Depending on the substance, respondents were asked about their perceived risk of harm from using a substance daily or using a substance once or twice a week (i.e., weekly use).

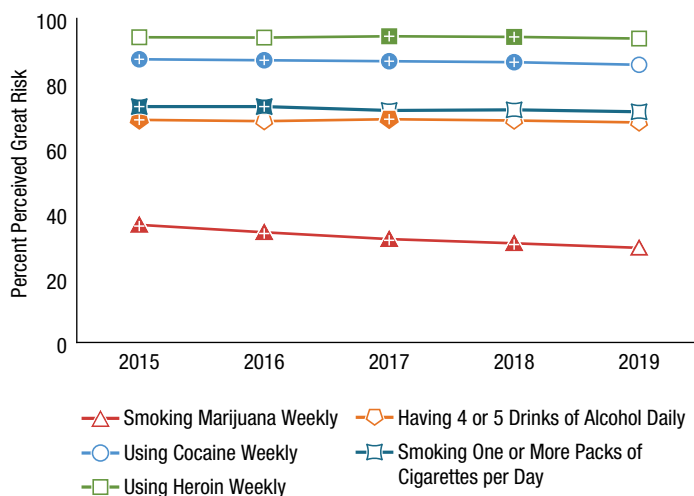
Figure 33 presents the percentages of people aged 12 or older in 2015 to 2019 who perceived great risk of harm from the

use of various substances. Risk perceptions across substances are not compared because of variations in the quantity and frequency of use across these substances.⁴¹ The 2019 NSDUH detailed tables include additional measures of risk perceptions from substance use.

Among people aged 12 or older, the percentage who perceived great risk of harm from smoking marijuana once or twice a week declined from 36.3 percent in 2015 to 29.2 percent in 2019 (Figure 33 and 2019 DT 7.33). This percentage in 2019 was lower than the percentage in each year from 2015 through 2018.

Among people aged 12 or older from 2015 to 2019, percentages who perceived great risk of harm from substance use also declined slightly for weekly cocaine use (from 87.4 to 85.7 percent) and for smoking one or more packs of cigarettes per day (from 72.8 to 71.2 percent) (Figure 33 and 2019 DT 7.33). The percentage who perceived great risk of harm from weekly heroin use ranged from 93.8 percent in 2019 to 94.5 percent in 2017.

Figure 33. Perceived Great Risk from Substance Use among People Aged 12 or Older: 2015-2019



⁺ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 33 Table. Perceived Great Risk from Substance Use among People Aged 12 or Older: 2015-2019

Substance Use	2015	2016	2017	2018	2019
Smoking Marijuana Once or Twice a Week	36.3 ⁺	34.0 ⁺	31.9 ⁺	30.6 ⁺	29.2
Using Cocaine Once or Twice a Week	87.4 ⁺	87.1 ⁺	86.8 ⁺	86.5 ⁺	85.7
Using Heroin Once or Twice a Week	94.2	94.1	94.5 ⁺	94.3 ⁺	93.8
Having 4 or 5 Drinks of Alcohol Nearly Every Day	68.7 ⁺	68.3	68.9 ⁺	68.5	67.9
Smoking One or More Packs of Cigarettes per Day	72.8 ⁺	72.8 ⁺	71.6	71.8	71.2

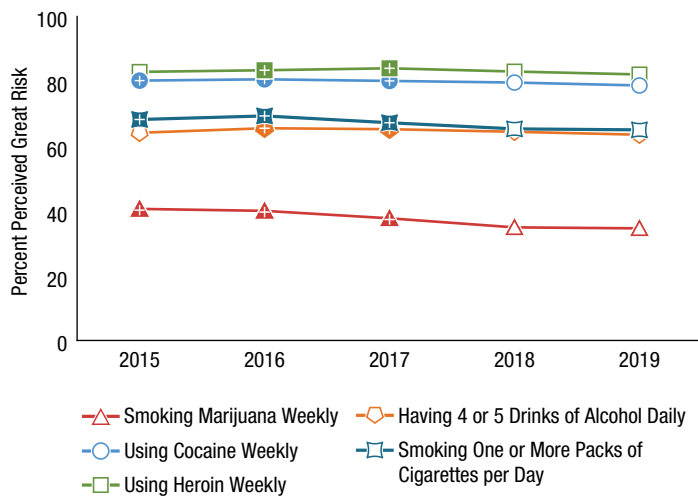
⁺ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Among people aged 12 or older, the percentages who perceived great risk of harm from having four or five drinks of alcohol nearly every day ranged from 67.9 percent in 2019 to 68.9 percent in 2017 (Figure 33 and 2019 DT 7.33). For brevity, this level of alcohol consumption on a single day is subsequently referred to as “daily binge drinking.”¹⁹

Perceived Risk from Substance Use among Adolescents

Among adolescents aged 12 to 17, perceived great risk of harm from smoking marijuana weekly declined from 40.6 percent in 2015 to 34.6 percent in 2019 (Figure 34 and 2019 DT 7.34). Adolescents’ perceptions of great risk of harm from substance use also declined slightly from 2015 to 2019 for smoking one or more packs of cigarettes per day (from 68.2 to 65.0 percent) and weekly cocaine use (from 80.2 to 78.7 percent). In addition, the perceived great risk of harm declined slightly from 2016 to 2019 for daily binge drinking (from 65.5 to 63.5 percent) and weekly heroin use (from 83.4 to 82.1 percent).

Figure 34. Perceived Great Risk from Substance Use among Youths Aged 12 to 17: 2015-2019



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 34 Table. Perceived Great Risk from Substance Use among Youths Aged 12 to 17: 2015-2019

Substance Use	2015	2016	2017	2018	2019
Smoking Marijuana Once or Twice a Week	40.6+	40.0+	37.7+	34.9	34.6
Using Cocaine Once or Twice a Week	80.2+	80.6+	80.1+	79.6	78.7
Using Heroin Once or Twice a Week	82.9	83.4+	84.0+	83.0	82.1
Having 4 or 5 Drinks of Alcohol Nearly Every Day	64.1	65.5+	65.2+	64.4	63.5
Smoking One or More Packs of Cigarettes per Day	68.2+	69.3+	67.2+	65.3	65.0

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

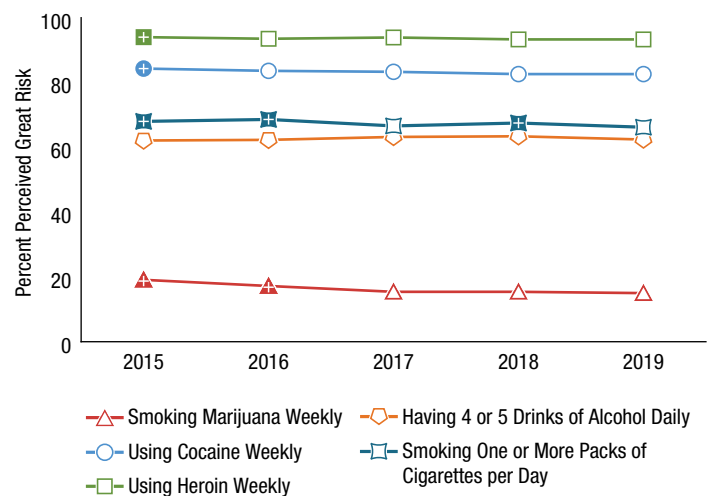
Perceived Risk from Substance Use among Young Adults

Among young adults aged 18 to 25, perceived great risk of harm from smoking marijuana weekly declined from 19.1 percent in 2015 to 15.0 percent in 2019 (Figure 35 and 2019 DT 7.36). Perceptions of great risk of harm from substance use among young adults declined slightly from 2015 to 2019 for smoking one or more packs of cigarettes per day (from 68.0 to 66.2 percent), weekly cocaine use (from 84.3 to 82.6 percent), and weekly heroin use (from 94.0 to 93.3 percent). However, the perceived great risk of harm from daily binge drinking remained stable between 2015 (62.1 percent) and 2019 (62.4 percent).

Perceived Risk from Substance Use among Adults Aged 26 or Older

Among adults aged 26 or older between 2015 and 2019, perceived great risk of harm from smoking marijuana weekly declined from 38.7 percent in 2015 to 30.8 percent in 2019 (Figure 36 and 2019 DT 7.37). Perceptions of great risk

Figure 35. Perceived Great Risk from Substance Use among Young Adults Aged 18 to 25: 2015-2019



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 35 Table. Perceived Great Risk from Substance Use among Young Adults Aged 18 to 25: 2015-2019

Substance Use	2015	2016	2017	2018	2019
Smoking Marijuana Once or Twice a Week	19.1+	17.2+	15.4	15.4	15.0
Using Cocaine Once or Twice a Week	84.3+	83.6	83.3	82.6	82.6
Using Heroin Once or Twice a Week	94.0+	93.5	93.9	93.3	93.3
Having 4 or 5 Drinks of Alcohol Nearly Every Day	62.1	62.3	63.2	63.4	62.4
Smoking One or More Packs of Cigarettes per Day	68.0+	68.6+	66.6	67.5+	66.2

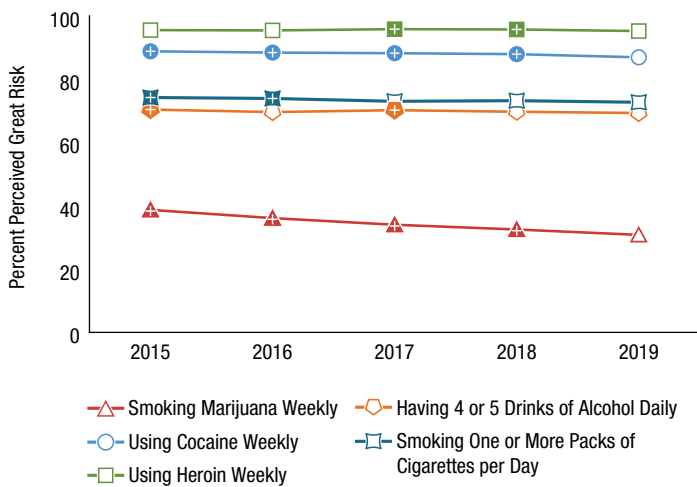
+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

of harm among adults aged 26 or older declined slightly from 2015 to 2019 for daily binge drinking (from 70.4 to 69.3 percent), smoking one or more packs of cigarettes per day (from 74.2 to 72.7 percent), and weekly cocaine use (from 88.8 to 86.9 percent). In addition, the perceived great risk of harm from weekly heroin use among this population declined slightly from 2017 (95.8 percent) to 2019 (95.2 percent).

Age Comparisons for Perceived Risk from Substance Use

In 2019, perceptions of great risk of harm from substance use varied by substance and age. For example, adults aged 26 or older were more likely than adolescents aged 12 to 17 or young adults aged 18 to 25 to perceive great risk of harm from smoking one or more packs of cigarettes per day (Figures 34, 35, and 36 and 2019 DT 7.34, 7.36, and 7.37). Moreover, young adults aged 18 to 25 were less likely than adolescents aged 12 to 17 or adults aged 26 or older to perceive great risk of harm from smoking marijuana weekly

Figure 36. Perceived Great Risk from Substance Use among Adults Aged 26 or Older: 2015-2019



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 36 Table. Perceived Great Risk from Substance Use among Adults Aged 26 or Older: 2015-2019

Substance Use	2015	2016	2017	2018	2019
Smoking Marijuana Once or Twice a Week	38.7+	36.1+	34.0+	32.5+	30.8
Using Cocaine Once or Twice a Week	88.8+	88.4+	88.2+	87.9+	86.9
Using Heroin Once or Twice a Week	95.5	95.4	95.8+	95.7+	95.2
Having 4 or 5 Drinks of Alcohol Nearly Every Day	70.4+	69.6	70.2+	69.7	69.3
Smoking One or More Packs of Cigarettes per Day	74.2+	73.9+	73.0	73.2	72.7

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

(Figures 34, 35, and 36 and 2019 DT 7.34, 7.36, and 7.37). Recent research has identified associations among adults between decreases in perceptions of great risk of harm from smoking marijuana weekly and increases in marijuana use.^{42,43} Nevertheless, people can experience adverse effects from marijuana use, such as marijuana use disorder or injury resulting from operating a motor vehicle while impaired by marijuana.^{44,45} Therefore, it is necessary to educate young adults about adverse effects of marijuana use.

Finally, adolescents aged 12 to 17 were less likely than young adults aged 18 to 25 or adults aged 26 or older to perceive great risk from using heroin or cocaine weekly (Figures 34, 35, and 36 and 2019 DT 7.34, 7.36, and 7.37). Additional data on finer age group categories that can be found in the 2019 detailed tables (available at <https://www.samhsa.gov/data/>) indicate that the lower likelihood of adolescents than adults to perceive great risk of harm from cocaine and heroin use may be attributable to a general lack of knowledge about these substances among adolescents because younger adolescents aged 12 or 13 tended to have lower perceptions of the risk of harm compared with older adolescents or adults. Thus, age-specific communications are imperative from a public health perspective to help people fully understand important harms associated with the use of specific substances.

Substance Use Disorders in the Past Year

Substance use disorders (SUDs) are characterized by impairment caused by the recurrent use of alcohol or other drugs (or both), including health problems, disability, and failure to meet major responsibilities at work, school, or home. The 2019 NSDUH included a series of questions to estimate the percentage of the population aged 12 or older who had at least one SUD in the past 12 months (subsequently referred to as “an SUD” or “a past year SUD,” except when “SUDs” refer to more than one substance, such as SUDs for the misuse of specific prescription drugs). The SUD questions classify people as having an SUD in the past 12 months based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV).^{46,47} Respondents were asked SUD questions if they previously reported use of alcohol or illicit drugs in the past 12 months. Illicit drugs include the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and methamphetamine, as well as the misuse of prescription stimulants, tranquilizers or sedatives (e.g., benzodiazepines), and pain relievers.

Alcohol Use Disorder

Alcohol use disorder was defined as meeting DSM-IV criteria for either dependence or abuse for alcohol. Respondents who used alcohol on 6 or more days in the past 12 months were classified as having dependence if they met three or more of the seven dependence criteria and as having abuse if they did not meet the criteria for alcohol dependence but met one or more of the four abuse criteria. Relevant definitions for alcohol use disorder can be found in a glossary of key definitions for the 2019 NSDUH.⁸

Among people aged 12 or older, the percentage with a past year alcohol use disorder declined from 7.7 percent (or 18.1 million people) in 2002 to 5.3 percent (or 14.5 million people) in 2019 (Figure 37 and 2019 DT 7.46). The estimates in 2019 were lower than those in 2002 to 2015, but they were similar to those in 2016 to 2018.

Aged 12 to 17

Among adolescents aged 12 to 17, the percentage with a past year alcohol use disorder declined from 5.9 percent (or 1.5 million people) in 2002 to 1.7 percent (or 414,000 people) in 2019 (Figure 37 and 2019 DT 7.47). The estimates in 2019 were lower than the estimates in 2002

to 2015, but they were similar to the estimates in 2016 to 2018.

Aged 18 to 25

Among young adults aged 18 to 25, the percentage with a past year alcohol use disorder declined from 17.7 percent (or 5.5 million people) in 2002 to 9.3 percent (or 3.1 million people) in 2019 (Figure 37 and 2019 DT 7.49). This percentage in 2019 was lower than the percentages in 2002 to 2016, but it was similar to the percentages in 2017 and 2018.

Aged 26 or Older

Among adults aged 26 or older, the percentage with a past year alcohol use disorder declined from 6.2 percent in 2002 to 5.1 percent in 2019 (Figure 37). This percentage in 2019 was lower than the percentages in most years from 2002 through 2014, but it was similar to the percentages in 2015 to 2018. In 2019, 11.0 million adults aged 26 or older had an alcohol use disorder in the past year (2019 DT 7.50).

Illicit Drug Use Disorder

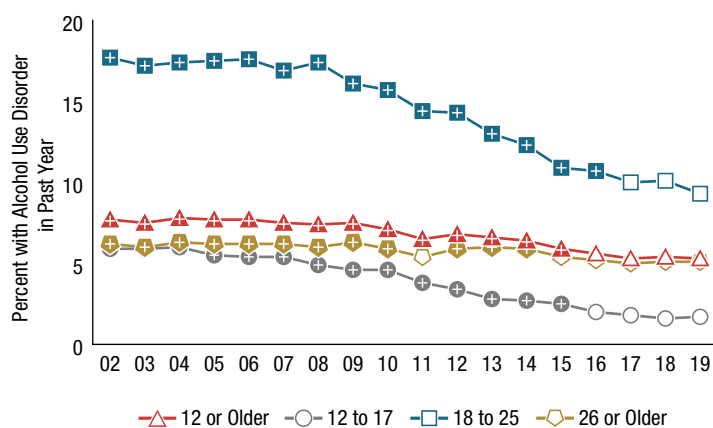
This section presents overall estimates for illicit drug use disorder, then provides SUD estimates for selected specific illicit drugs. Illicit drug use disorder was defined as meeting DSM-IV criteria for either dependence or abuse for one or more of the following illicit drugs: marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, or prescription psychotherapeutic drugs that were misused (i.e., stimulants, tranquilizers or sedatives, and pain relievers).⁴⁸ Respondents were classified as having an opioid use disorder if they met DSM-IV criteria for heroin use disorder or pain reliever use disorder (or both). Relevant definitions for SUDs for specific illicit drugs can be found in a glossary of key definitions for the 2019 NSDUH.⁸

Among people aged 12 or older in 2019, 3.0 percent (or 8.3 million people) had at least one illicit drug use disorder in the past year (Figure 38 and 2019 DT 7.46). These estimates in 2019 were higher than the estimates in 2016 and 2017, but they were similar to those in 2015 and 2018.

Aged 12 to 17

Among adolescents aged 12 to 17 in 2019, 3.6 percent (or 894,000 people) had an illicit drug use disorder in the past year (Figure 38 and 2019 DT 7.47). These estimates in 2019 were higher than the estimates in 2017 and 2018, but they were similar to the estimates in 2015 and 2016.

Figure 37. Alcohol Use Disorder in the Past Year among People Aged 12 or Older: 2002-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 37 Table. Alcohol Use Disorder in the Past Year among People Aged 12 or Older: 2002-2019

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
≥12	7.7*	7.5*	7.8*	7.7*	7.7*	7.5*	7.4*	7.5*	7.1*	6.5*	6.8*	6.6*	6.4*	5.9*	5.6	5.3	5.4	5.3
12-17	5.9*	5.9*	6.0*	5.5*	5.4*	5.4*	4.9*	4.6*	4.6*	3.8*	3.4*	2.8*	2.7*	2.5*	2.0	1.8	1.6	1.7
18-25	17.7*	17.2*	17.4*	17.5*	17.6*	16.9*	17.4*	16.1*	15.7*	14.4*	14.3*	13.0*	12.3*	10.9*	10.7*	10.0	10.1	9.3
≥26	6.2*	6.0*	6.3*	6.2*	6.2*	6.2*	6.0*	6.3*	5.9*	5.4	5.9*	6.0*	5.9*	5.4	5.2	5.0	5.1	5.1

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Aged 18 to 25

Among young adults aged 18 to 25 in 2019, 7.5 percent (or 2.5 million people) had an illicit drug use disorder in the past year (Figure 38 and 2019 DT 7.49). The percentages of young adults with a past year illicit drug use disorder remained stable between 2015 and 2019.

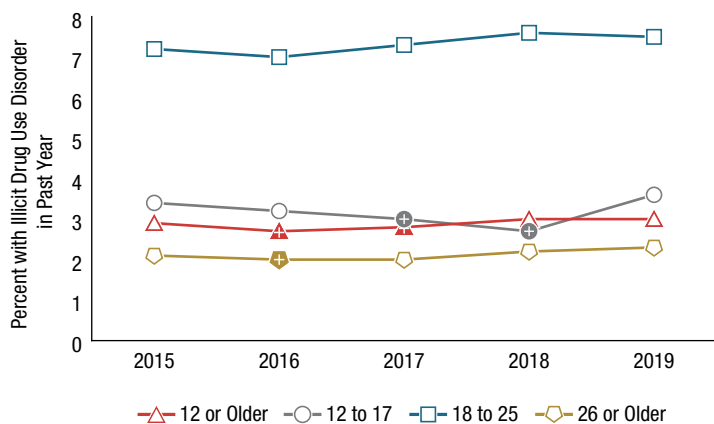
Aged 26 or Older

Among adults aged 26 or older in 2019, 2.3 percent (or 4.9 million people) had an illicit drug use disorder in the past year (Figure 38 and 2019 DT 7.50). The percentage in 2019 was similar to those in 2015 to 2018, except for 2016.

Marijuana Use Disorder

Among people aged 12 or older, the percentage with a past year marijuana use disorder was 1.8 percent in 2002 (or 4.3 million people) and 2019 (or 4.8 million people) but showed declines in some years (Figure 39 and 2019 DT 7.46). Among this population in 2019, the percentage who had a marijuana use disorder in the past year was similar to the percentage in each year from 2002 through 2013, but it was higher than the percentages in most years from 2014 to 2018.

Figure 38. Illicit Drug Use Disorder in the Past Year among People Aged 12 or Older: 2015-2019



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 38 Table. Illicit Drug Use Disorder in the Past Year among People Aged 12 or Older: 2015-2019

Age	2015	2016	2017	2018	2019
12 or Older	2.9	2.7+	2.8+	3.0	3.0
12 to 17	3.4	3.2	3.0+	2.7+	3.6
18 to 25	7.2	7.0	7.3	7.6	7.5
26 or Older	2.1	2.0+	2.0	2.2	2.3

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Aged 12 to 17

Among adolescents aged 12 to 17, the percentage with a past year marijuana use disorder declined from 4.3 percent (or 1.1 million people) in 2002 to 2.8 percent (or 699,000 people) in 2019 (Figure 39 and 2019 DT 7.47). The estimates in 2019 were lower than the estimates in most years from 2002 through 2011, were similar to the estimates in 2012 to 2015, and were higher than the estimates in 2016 to 2018.

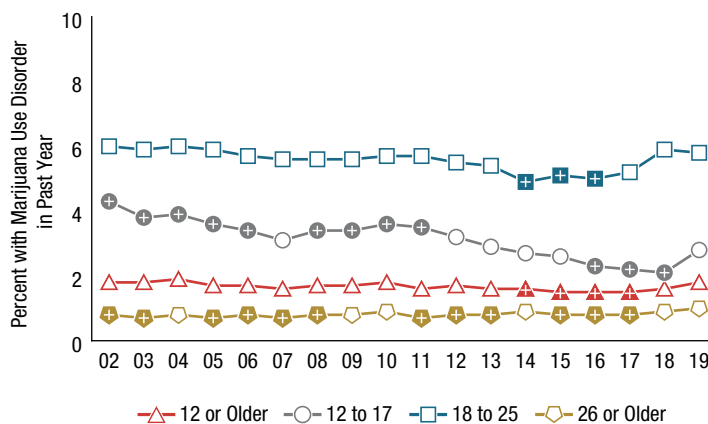
Aged 18 to 25

Among young adults aged 18 to 25 in 2019, 5.8 percent (or 2.0 million people) had a marijuana use disorder in the past year (Figure 39 and 2019 DT 7.49). These estimates in 2019 were similar to the estimates in most years from 2002 through 2018. However, the percentage in 2019 was higher than the percentages in 2014 to 2016.

Aged 26 or Older

Among adults aged 26 or older, the percentage with a past year marijuana use disorder increased from 0.8 percent (or 1.4 million people) in 2002 to 1.0 percent (or 2.2 million people) in 2019 (Figure 39 and 2019 DT 7.50).

Figure 39. Marijuana Use Disorder in the Past Year among People Aged 12 or Older: 2002-2019



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 39 Table. Marijuana Use Disorder in the Past Year among People Aged 12 or Older: 2002-2019

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
≥12	1.8	1.8	1.9	1.7	1.7	1.6	1.7	1.7	1.8	1.6	1.7	1.6	1.6*	1.5*	1.5*	1.5*	1.6	1.8
12-17	4.3*	3.8*	3.9*	3.6*	3.4*	3.1	3.4*	3.4*	3.6*	3.5*	3.2	2.9	2.7	2.6	2.3*	2.2*	2.1*	2.8
18-25	6.0	5.9	6.0	5.9	5.7	5.6	5.6	5.6	5.7	5.7	5.5	5.4	4.9*	5.1*	5.0*	5.2	5.9	5.8
≥26	0.8*	0.7*	0.8	0.7*	0.8*	0.7*	0.8*	0.8	0.9	0.7*	0.8*	0.8*	0.9	0.8*	0.8*	0.8*	0.9	1.0

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

These estimates in 2019 were higher than the estimates in most years from 2002 through 2018.

Cocaine Use Disorder

Among people aged 12 or older, the percentage with a past year cocaine use disorder declined from 0.6 percent (or 1.5 million people) in 2002 to 0.4 percent (or 1.0 million people) in 2019 (Figure 40 and 2019 DT 7.46). These estimates in 2019 were lower than the estimates in 2002 to 2008, but they were similar to the estimates in 2009 to 2018.

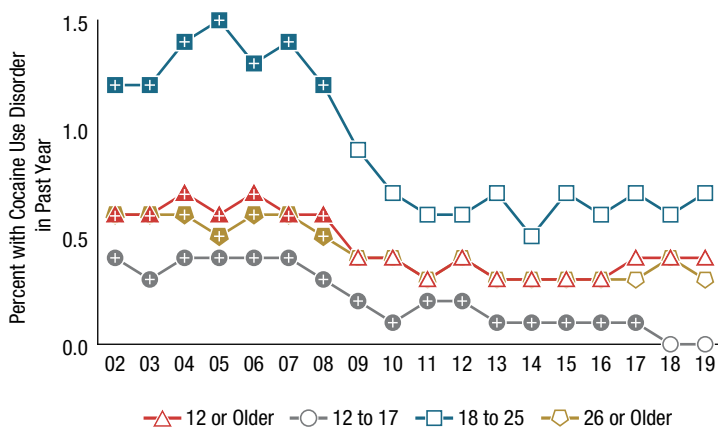
Aged 12 to 17

Among adolescents aged 12 to 17, the percentage with a past year cocaine use disorder declined from 0.4 percent (or 105,000 people) in 2002 to less than 0.1 percent (or 5,000 people) in 2019 (Figure 40 and 2019 DT 7.47). These estimates in 2019 were lower than the estimates in all years from 2002 through 2017, but they were similar to the estimates in 2018.

Aged 18 to 25

Among young adults aged 18 to 25 in 2019, 0.7 percent (or 250,000 people) had a past year cocaine use disorder

Figure 40. Cocaine Use Disorder in the Past Year among People Aged 12 or Older: 2002-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 40 Table. Cocaine Use Disorder in the Past Year among People Aged 12 or Older: 2002-2019

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
≥12	0.6*	0.6*	0.7*	0.6*	0.7*	0.6*	0.6*	0.4	0.4	0.3	0.4	0.3	0.3	0.3	0.3	0.4	0.4	0.4
12-17	0.4*	0.3*	0.4*	0.4*	0.4*	0.4*	0.3*	0.2*	0.1*	0.2*	0.2*	0.1*	0.1*	0.1*	0.1*	0.1*	0.0	0.0
18-25	1.2*	1.2*	1.4*	1.5*	1.3*	1.4*	1.2*	0.9	0.7	0.6	0.6	0.7	0.5	0.7	0.6	0.7	0.6	0.7
≥26	0.6*	0.6*	0.6*	0.5*	0.6*	0.6*	0.5*	0.4	0.4	0.3	0.4	0.3	0.3	0.3	0.3	0.3	0.4	0.3

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.
Note: Estimates of less than 0.05 percent round to 0.0 percent when shown to the nearest tenth of a percent.

(Figure 40 and 2019 DT 7.49). These estimates in 2019 were lower than the estimates in all years from 2002 through 2008, but they were similar to the estimates in 2009 to 2018.

Aged 26 or Older

Among adults aged 26 or older in 2019, 0.3 percent (or 756,000 people) had a cocaine use disorder in the past year (Figure 40 and 2019 DT 7.50). This percentage in 2019 was lower than the percentage in each year from 2002 through 2008, but it was similar to the percentages in 2009 to 2018.

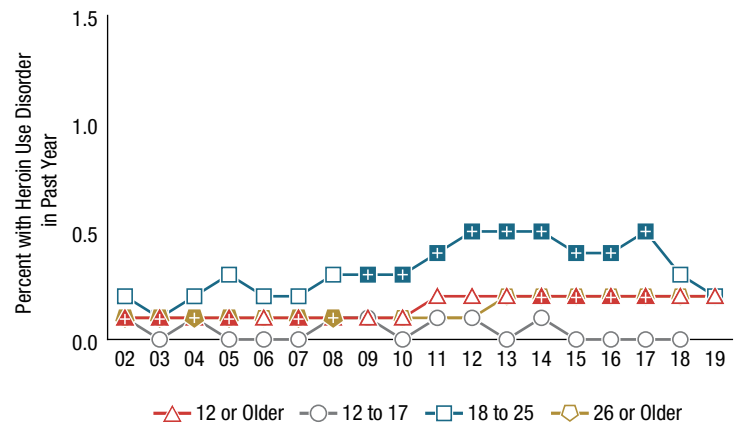
Heroin Use Disorder

Among people aged 12 or older, the percentage with a past year heroin use disorder increased from 0.1 percent (or 214,000 people) in 2002 to 0.2 percent (or 438,000 people) in 2019 (Figure 41 and 2019 DT 7.46). All of the percentages in 2011 to 2019 rounded to 0.2 percent.

Aged 12 to 17

Among adolescents aged 12 to 17 in 2019, estimates of those with a past year heroin use disorder were not reported due to low statistical precision (Figure 41 and 2019 DT 7.47).

Figure 41. Heroin Use Disorder in the Past Year among People Aged 12 or Older: 2002-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 41 Table. Heroin Use Disorder in the Past Year among People Aged 12 or Older: 2002-2019

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
≥12	0.1*	0.1*	0.1	0.1*	0.1	0.1*	0.1	0.1	0.1	0.2	0.2	0.2	0.2*	0.2*	0.2*	0.2	0.2	0.2
12-17	0.1	0.0	0.1	0.0	0.0	0.0	0.1	0.1	0.0	0.1	0.1	0.0	0.1	0.0	0.0	0.0	0.0	*
18-25	0.2	0.1	0.2	0.3	0.2	0.2	0.3	0.3*	0.3*	0.4*	0.5*	0.5*	0.5*	0.4*	0.4*	0.5*	0.3	0.2
≥26	0.1*	0.1*	0.1*	0.1*	0.1	0.1*	0.1*	0.1	0.1	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.
* Low precision; no estimate reported.
Note: Estimates of less than 0.05 percent round to 0.0 percent when shown to the nearest tenth of a percent.

In 2018, the percentage of adolescents with a past year heroin use disorder was similar to the percentages in most years from 2002 through 2017.²⁷

Aged 18 to 25

Among young adults aged 18 to 25 in 2019, 0.2 percent (or 62,000 people) had a heroin use disorder in the past year (Figure 41 and 2019 DT 7.49). The estimates in 2019 were similar to the estimates in 2002 to 2008, but they were lower than the estimates in most years from 2009 to 2018.

Aged 26 or Older

Among adults aged 26 or older, the percentage with a past year heroin use disorder increased from 0.1 percent (or 153,000 people) in 2002 to 0.2 percent (or 376,000 people) in 2019 (Figure 41 and 2019 DT 7.50). The estimates in 2019 were higher than the estimates in most years from 2002 through 2008, but they were similar to the estimates in 2009 through 2018.

Methamphetamine Use Disorder

Among people aged 12 or older, the percentage with a past year methamphetamine use disorder increased from 0.3 percent (or 684,000 people) in 2016 to 0.4 percent (or 1.0 million people) in 2019 (Figure 42 and 2019 DT 7.46). Except for 2016, however, these estimates in 2019 were similar to the estimates in 2015 to 2018.

Aged 12 to 17

Among adolescents aged 12 to 17, the percentage with a past year methamphetamine use disorder remained stable between 2015 and 2019 (Figure 42 and 2019 DT 7.47). In 2019, 0.1 percent of adolescents (or 19,000 people) had a methamphetamine use disorder in the past year.

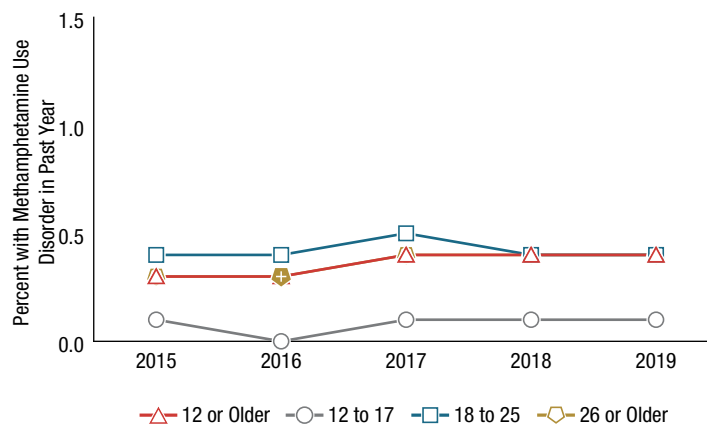
Aged 18 to 25

Among young adults aged 18 to 25, the percentage with a past year methamphetamine use disorder remained stable between 2015 and 2019 (Figure 42 and 2019 DT 7.49). In 2019, 0.4 percent of young adults (or 125,000 people) had a methamphetamine use disorder in the past year.

Aged 26 or Older

Among adults aged 26 or older, the percentage with a past year methamphetamine use disorder increased from 0.3 percent (or 539,000 people) in 2016 to 0.4 percent (or 904,000 people) in 2019 (Figure 42 and 2019 DT 7.50).

Figure 42. Methamphetamine Use Disorder in the Past Year among People Aged 12 or Older: 2015-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 42 Table. Methamphetamine Use Disorder in the Past Year among People Aged 12 or Older: 2015-2019

Age	2015	2016	2017	2018	2019
12 or Older	0.3	0.3*	0.4	0.4	0.4
12 to 17	0.1	0.0	0.1	0.1	0.1
18 to 25	0.4	0.4	0.5	0.4	0.4
26 or Older	0.3	0.3*	0.4	0.4	0.4

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.
Note: Estimates of less than 0.05 percent round to 0.0 percent when shown to the nearest tenth of a percent.

Except for 2016, however, these estimates in 2019 were similar to the estimates in 2015 to 2018.

Prescription Stimulant Use Disorder

Among people aged 12 or older, the percentage with a past year prescription stimulant use disorder remained stable between 2015 and 2019 (2019 DT 7.46). Among this population in 2019, 0.2 percent (or 558,000 people) had a prescription stimulant use disorder in the past year.

Aged 12 to 17

Among adolescents aged 12 to 17, the percentage with a past year prescription stimulant use disorder remained stable between 2015 and 2019 (2019 DT 7.47). In 2019, 0.3 percent of adolescents (or 66,000 people) had a prescription stimulant use disorder in the past year.

Aged 18 to 25

Among young adults aged 18 to 25, the percentage with a past year prescription stimulant use disorder remained stable between 2015 and 2019 (2019 DT 7.49). In 2019, 0.6 percent of young adults (or 188,000 people) had a prescription stimulant use disorder in the past year.

Aged 26 or Older

Among adults aged 26 or older, the percentage with a past year prescription stimulant use disorder remained stable between 2015 and 2019 (2019 DT 7.50). In 2019, 0.1 percent of adults aged 26 or older (or 303,000 people) had a prescription stimulant use disorder in the past year.

Prescription Tranquilizer or Sedative Use Disorder

Among people aged 12 or older, the percentage with a past year prescription tranquilizer or sedative use disorder remained stable between 2015 and 2019 (2019 DT 7.46). Among this population in 2019, 0.2 percent (or 681,000 people) had a prescription tranquilizer or sedative use disorder in the past year.

Aged 12 to 17

Among adolescents aged 12 to 17, the percentage with a past year prescription tranquilizer or sedative use disorder remained stable between 2015 and 2019 (2019 DT 7.47). In 2019, 0.4 percent of adolescents (or 96,000 people) had a prescription tranquilizer or sedative use disorder in the past year.

Aged 18 to 25

Among young adults aged 18 to 25 in 2019, 0.5 percent (or 161,000 people) had a prescription tranquilizer or sedative use disorder in the past year (2019 DT 7.49). These estimates in 2019 were lower than the estimates in 2015 and 2017, but they were similar to the estimates in 2016 and 2018.

Aged 26 or Older

Among adults aged 26 or older, the percentage with a past year prescription tranquilizer or sedative use disorder remained stable between 2015 and 2019 (2019 DT 7.50). In 2019, 0.2 percent of adults aged 26 or older (or 424,000 people) had a prescription tranquilizer or sedative use disorder in the past year.

Prescription Pain Reliever Use Disorder

Among people aged 12 or older, the percentage with a past year prescription pain reliever use disorder decreased from 0.8 percent (or 2.0 million people) in 2015 to 0.5 percent (or 1.4 million people) in 2019 (Figure 43 and 2019 DT 7.46). These estimates in 2019 were lower than the estimates in 2015 to 2017, but they were similar to the estimates in 2018.

Aged 12 to 17

Among adolescents aged 12 to 17, the percentage with a past year prescription pain reliever use disorder decreased from 0.6 percent (or 152,000 people) in 2016 to 0.3 percent (or 87,000 people) in 2019 (Figure 43 and 2019 DT 7.47). Except for 2016, however, these estimates in 2019 were similar to the estimates in 2015 to 2018.

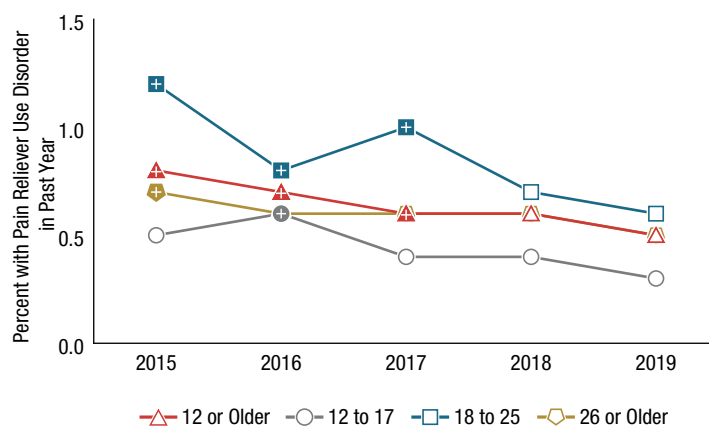
Aged 18 to 25

Among young adults aged 18 to 25, the percentage with a past year prescription pain reliever use disorder decreased from 1.2 percent (or 427,000 people) in 2015 to 0.6 percent (or 196,000 people) in 2019 (Figure 43 and 2019 DT 7.49). These estimates in 2019 were lower than the estimates in 2015 to 2017, but they were similar to the estimates in 2018.

Aged 26 or Older

Among adults aged 26 or older, the percentage with a past year prescription pain reliever use disorder decreased from 0.7 percent (or 1.5 million people) in 2015 to 0.5 percent (or 1.1 million people) in 2019 (Figure 43 and 2019 DT 7.50). These estimates in 2019 were similar to the estimates in 2016 to 2018.

Figure 43. Pain Reliever Use Disorder in the Past Year among People Aged 12 or Older: 2015-2019



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 43 Table. Pain Reliever Use Disorder in the Past Year among People Aged 12 or Older: 2015-2019

Age	2015	2016	2017	2018	2019
12 or Older	0.8+	0.7+	0.6+	0.6	0.5
12 to 17	0.5	0.6+	0.4	0.4	0.3
18 to 25	1.2+	0.8+	1.0+	0.7	0.6
26 or Older	0.7+	0.6	0.6	0.6	0.5

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Opioid Use Disorder

Among people aged 12 or older, the percentage with a past year opioid use disorder decreased from 0.9 percent (or 2.4 million people) in 2015 to 0.6 percent (or 1.6 million people) in 2019 (Figure 44 and 2019 DT 7.46). These estimates in 2019 were lower than the estimates in each year from 2015 through 2018.

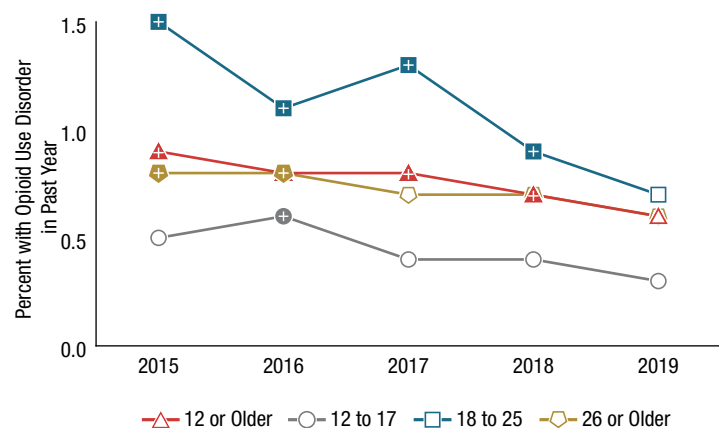
Aged 12 to 17

Among adolescents aged 12 to 17, the percentage with a past year opioid use disorder decreased from 0.6 percent (or 153,000 people) in 2016 to 0.3 percent (or 87,000 people) in 2019 (Figure 44 and 2019 DT 7.47). Except for 2016, these estimates in 2019 were similar to the estimates in 2015 to 2018.

Aged 18 to 25

Among young adults aged 18 to 25, the percentage with a past year opioid use disorder decreased from 1.5 percent (or 515,000 people) in 2015 to 0.7 percent (or 227,000 people) in 2019 (Figure 44 and 2019 DT 7.49). These estimates in 2019 were lower than the estimates in each year from 2015 through 2018.

Figure 44. Opioid Use Disorder in the Past Year among People Aged 12 or Older: 2015-2019



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 44 Table. Opioid Use Disorder in the Past Year among People Aged 12 or Older: 2015-2019

Age	2015	2016	2017	2018	2019
12 or Older	0.9+	0.8+	0.8+	0.7+	0.6
12 to 17	0.5	0.6+	0.4	0.4	0.3
18 to 25	1.5+	1.1+	1.3+	0.9+	0.7
26 or Older	0.8+	0.8+	0.7	0.7	0.6

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Aged 26 or Older

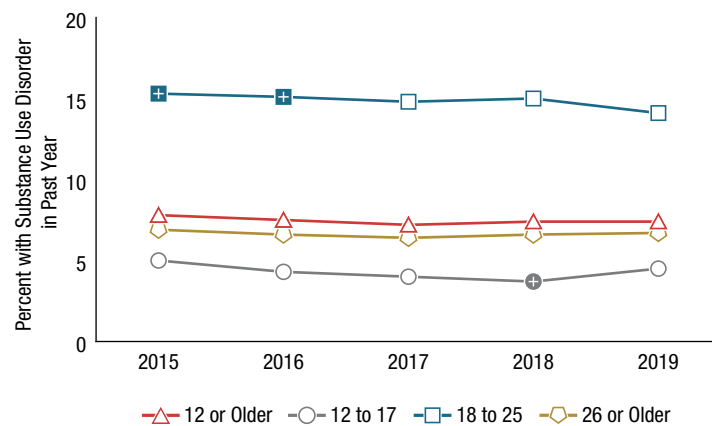
Among adults aged 26 or older, the percentage with a past year opioid use disorder decreased from 0.8 percent (or 1.7 million people) in 2015 to 0.6 percent (or 1.3 million people) in 2019 (Figure 44 and 2019 DT 7.50). The percentage in 2019 was lower than those in 2015 and 2016, but it was similar to the percentages in 2017 and 2018.

Substance Use Disorder (Alcohol or Illicit Drugs)

Among people aged 12 or older, the percentage with a past year SUD (i.e., alcohol use disorder, illicit drug use disorder, or both) remained stable between 2015 and 2019 (Figure 45 and 2019 DT 7.46). In 2019, 20.4 million people aged 12 or older (or 7.4 percent of this population) had an SUD in the past year, including 14.5 million who had an alcohol use disorder and 8.3 million who had an illicit drug use disorder (Figure 46). Among the 8.3 million people with a past year illicit drug use disorder, 4.8 million people had a marijuana use disorder, and 1.4 million people had a prescription pain reliever use disorder.

Among the 20.4 million people aged 12 or older with a past year SUD in 2019, 71.1 percent (or 14.5 million

Figure 45. Substance Use Disorder in the Past Year among People Aged 12 or Older: 2015-2019



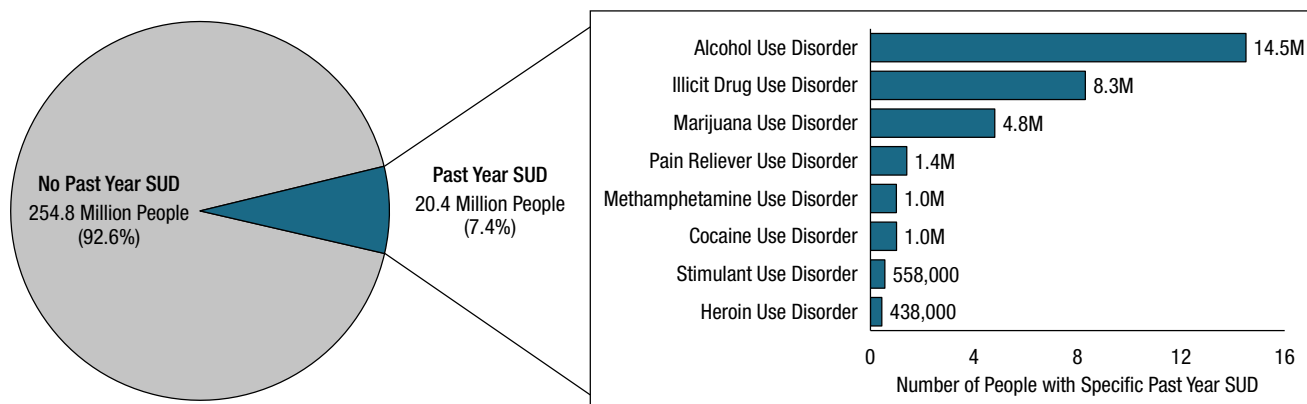
+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 45 Table. Substance Use Disorder in the Past Year among People Aged 12 or Older: 2015-2019

Age	2015	2016	2017	2018	2019
12 or Older	7.8	7.5	7.2	7.4	7.4
12 to 17	5.0	4.3	4.0	3.7+	4.5
18 to 25	15.3+	15.1+	14.8	15.0	14.1
26 or Older	6.9	6.6	6.4	6.6	6.7

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 46. People Aged 12 or Older with a Past Year Substance Use Disorder (SUD): 2019



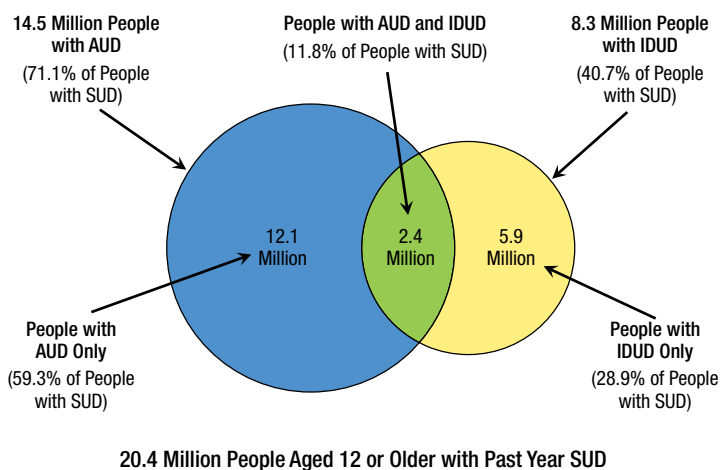
Note: The estimated numbers of people with substance use disorders are not mutually exclusive because people could have use disorders for more than one substance.

people) had a past year alcohol use disorder (Figure 47), and 40.7 percent (or 8.3 million people) had a past year illicit drug use disorder. Among the 14.5 million people with a past year alcohol use disorder, 12.1 million had an alcohol use disorder but not an illicit drug use disorder. Among the 8.3 million people with a past year illicit drug use disorder, 5.9 million had an illicit drug use disorder but not an alcohol use disorder. Among people with a past year SUD, 11.8 percent (or 2.4 million people) had both an alcohol use disorder and an illicit drug use disorder in the past year.²¹

Aged 12 to 17

Among adolescents aged 12 to 17 in 2019, 4.5 percent (or 1.1 million people) had a past year SUD (Figure 45 and 2019 DT 7.47). These estimates in 2019 were higher than

Figure 47. Alcohol Use Disorder (AUD) and Illicit Drug Use Disorder (IDUD) in the Past Year among People Aged 12 or Older with a Past Year Substance Use Disorder (SUD): 2019



the estimates in 2018, but they were similar to the estimates in 2015 to 2017.

Aged 18 to 25

Among young adults aged 18 to 25, the percentage with a past year SUD declined from 15.3 percent (or 5.3 million people) in 2015 to 14.1 percent (or 4.8 million people) in 2019 (Figure 45 and 2019 DT 7.49). The percentage in 2019 was lower than the percentages in 2015 and 2016, but it was similar to the percentages in 2017 and 2018.

Aged 26 or Older

Among adults aged 26 or older, the percentage with a past year SUD remained stable between 2015 and 2019 (Figure 45 and 2019 DT 7.50). In 2019, 6.7 percent of adults aged 26 or older (or 14.5 million people) had an SUD in the past year.

Major Depressive Episode in the Past Year

In the 2019 NSDUH, respondents were classified as having had a major depressive episode (MDE) in the past 12 months if (1) they had at least one period of 2 weeks or longer in the past year when for most of the day nearly every day, they felt depressed, or lost interest or pleasure in daily activities; and (2) they also had problems with sleeping, eating, energy, concentration, self-worth, or having recurrent thoughts of death or recurrent suicidal ideation. The MDE questions are based on diagnostic criteria from DSM-5, which require the presence of five or more symptoms during the same 2-week period.⁴⁹ Wordings for some depression questions asked of adolescent respondents aged 12 to 17 differed from wordings for similar questions asked of adult respondents aged 18 or older. Therefore, the MDE estimates

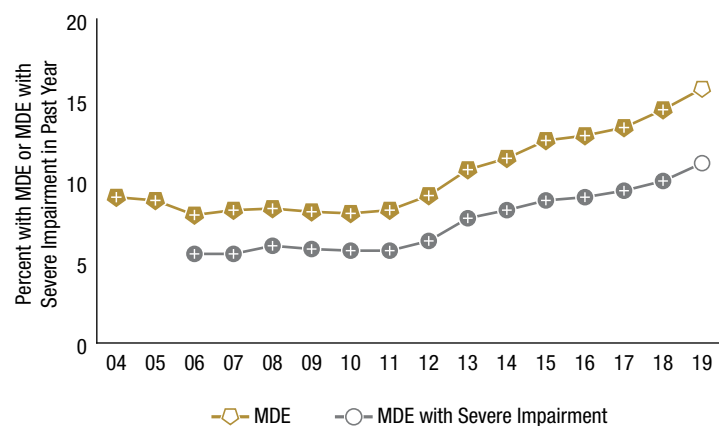
for adults and youths are not directly comparable and are presented separately.^{50,51}

The 2019 NSDUH also collected data on whether an MDE in the past year caused respondents to experience severe impairment in four major life activities or role domains. These domains were defined separately for youths aged 12 to 17 and adults aged 18 or older to reflect the different roles associated with the two age groups. Adolescents were classified as having an MDE with severe impairment if their depression caused severe problems with their ability to do chores at home, do well at work or school, get along with their family, or have a social life.⁵² Adults were classified as having an MDE with severe impairment if their depression caused severe problems with their ability to manage at home or work, have relationships with others, or have a social life.⁵³

MDE and MDE with Severe Impairment among Adolescents

Among adolescents aged 12 to 17, the percentage with a past year MDE increased from 9.0 percent (or 2.2 million people) in 2004 to 15.7 percent (or 3.8 million people) in 2019 (Figure 48 and 2019 DT 11.2). These estimates in

Figure 48. Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year among Youths Aged 12 to 17: 2004-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 48 Table. Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year among Youths Aged 12 to 17: 2004-2019

MDE Status	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
MDE	9.0*	8.8*	7.9*	8.2*	8.3*	8.1*	8.0*	8.2*	9.1*	10.7*	11.4*	12.5*	12.8*	13.3*	14.4*	15.7
MDE with Severe Impairment	N/A	N/A	5.5*	5.5*	6.0*	5.8*	5.7*	5.7*	6.3*	7.7*	8.2*	8.8*	9.0*	9.4*	10.0*	11.1

N/A = not available.

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

2019 were higher than the estimates in each year from 2004 through 2018.

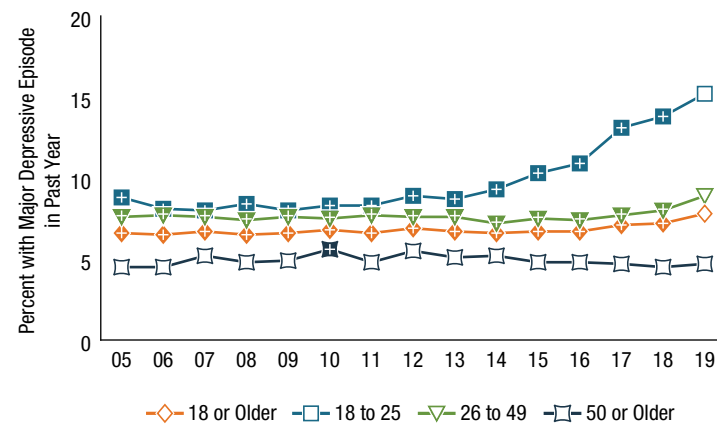
Among adolescents aged 12 to 17, the percentage who had a past year MDE with severe impairment increased from 5.5 percent (or 1.4 million people) in 2006 to 11.1 percent (or 2.7 million people) in 2019 (Figure 48 and 2019 DT 11.3). These estimates in 2019 were higher than the estimates in each year from 2006 through 2018.

These increasing trends in the prevalence of MDE and MDE with severe impairment among adolescents are consistent with the increasing trend in suicide attempts and deaths by suicide among adolescents.^{54,55} These trends for MDE, MDE with severe impairment, and suicidal behaviors among adolescents are major public health concerns in the United States.^{56,57} These trends also suggest the importance of depression care and suicide prevention among this population.

MDE and MDE with Severe Impairment among Adults

Among adults aged 18 or older, the percentage with a past year MDE increased from 6.6 percent (or 14.2 million people) in 2005 to 7.8 percent (or 19.4 million people) in 2019 (Figure 49 and 2019 DT 10.32). These estimates in

Figure 49. Major Depressive Episode in the Past Year among Adults Aged 18 or Older: 2005-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 49 Table. Major Depressive Episode in the Past Year among Adults Aged 18 or Older: 2005-2019

Age	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
18 or Older	6.6*	6.5*	6.7*	6.5*	6.6*	6.8*	6.6*	6.9*	6.7*	6.6*	6.7*	6.7*	7.1*	7.2*	7.8
18 to 25	8.8*	8.1*	8.0*	8.4*	8.0*	8.3*	8.3*	8.9*	8.7*	9.3*	10.3*	10.9*	13.1*	13.8*	15.2
26 to 49	7.6*	7.7*	7.6*	7.4*	7.6*	7.5*	7.7*	7.6*	7.6*	7.2*	7.5*	7.4*	7.7*	8.0*	8.9
50 or Older	4.5	4.5	5.2	4.8	4.9	5.6*	4.8	5.5	5.1	5.2	4.8	4.8	4.7	4.5	4.7

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

2019 were higher than the estimates in each year from 2005 through 2018.

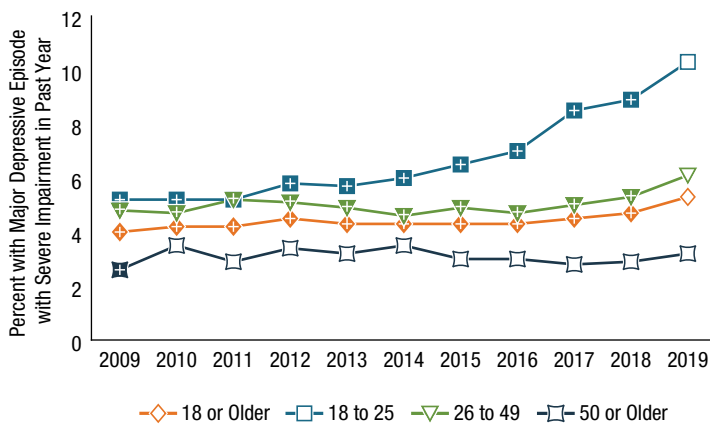
Among adults aged 18 or older, the percentage who had a past year MDE with severe impairment increased from 4.0 percent (or 8.9 million people) in 2009 to 5.3 percent (or 13.1 million people) in 2019 (Figure 50 and 2019 DT 10.33). These estimates in 2019 were higher than the estimates in each year from 2009 through 2018.

The increasing national trends in the prevalence of MDE and MDE with severe impairment among adults are consistent with the significant increase in deaths by suicide among U.S. adults from 2006 through 2018.⁵⁸ These increases in the prevalence of both MDE and suicides among the adult population have become major public health concerns in the United States.

Aged 18 to 25

Among young adults aged 18 to 25, the percentage with a past year MDE increased from 8.8 percent (or 2.8 million people) in 2005 to 15.2 percent (or 5.0 million people) in 2019 (Figure 49 and 2019 DT 10.32). These estimates in 2019 were higher than the estimates in each year from 2005 through 2018.

Figure 50. Major Depressive Episode with Severe Impairment in the Past Year among Adults Aged 18 or Older: 2009-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 50 Table. Major Depressive Episode with Severe Impairment in the Past Year among Adults Aged 18 or Older: 2009-2019

Age	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
18 or Older	4.0*	4.2*	4.2*	4.5*	4.3*	4.3*	4.3*	4.3*	4.5*	4.7*	5.3
18 to 25	5.2*	5.2*	5.2*	5.8*	5.7*	6.0*	6.5*	7.0*	8.5*	8.9*	10.3
26 to 49	4.8*	4.7*	5.2*	5.1*	4.9*	4.6*	4.9*	4.7*	5.0*	5.3*	6.1
50 or Older	2.6*	3.5	2.9	3.4	3.2	3.5	3.0	3.0	2.8	2.9	3.2

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Among young adults aged 18 to 25, the percentage who had a past year MDE with severe impairment increased from 5.2 percent (or 1.7 million people) in 2009 to 10.3 percent (or 3.4 million people) in 2019 (Figure 50 and 2019 DT 10.33). These estimates in 2019 were higher than the estimates in each year from 2009 through 2018.

Aged 26 to 49

Among adults aged 26 to 49, the percentage with a past year MDE increased from 7.6 percent (or 7.5 million people) in 2005 to 8.9 percent (or 8.9 million people) in 2019 (Figure 49 and 2019 DT 10.32). These estimates in 2019 were higher than the estimates in each year from 2005 through 2018.

Among adults aged 26 to 49, the percentage who had a past year MDE with severe impairment increased from 4.8 percent (or 4.8 million people) in 2009 to 6.1 percent (or 6.1 million people) in 2019 (Figure 50 and 2019 DT 10.33). These estimates in 2019 were higher than the estimates in each year from 2009 through 2018.

Aged 50 or Older

Among adults aged 50 or older, the percentage with a past year MDE was stable from 2005 (4.5 percent) to 2019 (4.7 percent) (Figure 49 and 2019 DT 10.32). In 2019, 5.4 million adults aged 50 or older had a past year MDE.

Among adults aged 50 or older in 2019, 3.2 percent (or 3.6 million people) had a past year MDE with severe impairment (Figure 50 and 2019 DT 10.33). These estimates in 2019 were similar to the estimates in most years from 2009 to 2018.

Any Mental Illness among Adults in the Past Year

The 2019 NSDUH provided estimates of any mental illness (AMI) and serious mental illness (SMI) for adults aged 18 or older. Adults aged 18 or older were classified as having AMI if they had any mental, behavioral, or emotional disorder in the past year of sufficient duration to meet DSM-IV criteria (excluding developmental disorders and SUDs).⁴⁶ Adults who were classified as having AMI were classified as having SMI if they had any mental, behavioral, or emotional disorder that substantially interfered with or limited one or more major life activities. Statistical prediction models that were developed using clinical interview data from a subset of NSDUH adult respondents in 2008 to 2012 were used

to classify whether respondents in the 2008 to 2019 adult samples had AMI or SMI in the past year.⁵⁹

Among adults aged 18 or older, the percentage with past year AMI increased from 17.7 percent (or 39.8 million people) in 2008 to 20.6 percent (or 51.5 million people) in 2019 (Figure 51 and 2019 DT 10.1). These estimates in 2019 were higher than the estimates in each year from 2008 through 2018.

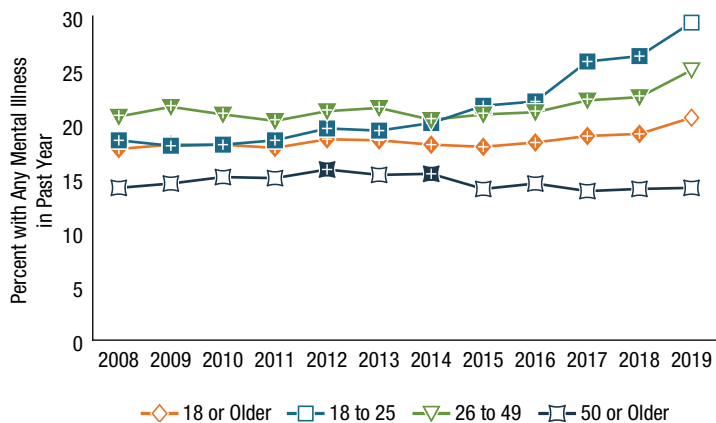
Aged 18 to 25

Among young adults aged 18 to 25, the percentage with past year AMI increased from 18.5 percent (or 6.1 million people) in 2008 to 29.4 percent (or 9.9 million people) in 2019 (Figure 51 and 2019 DT 10.1). These estimates in 2019 were higher than the estimates in each year from 2008 through 2018.

Aged 26 to 49

Among adults aged 26 to 49, the percentage with past year AMI increased from 20.7 percent (or 20.7 million people) in 2008 to 25.0 percent (or 25.3 million people) in 2019 (Figure 51 and 2019 DT 10.1). These estimates in 2019 were higher than the estimates in each year from 2008 through 2018.

Figure 51. Any Mental Illness in the Past Year among Adults Aged 18 or Older: 2008-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 51 Table. Any Mental Illness in the Past Year among Adults Aged 18 or Older: 2008-2019

Age	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
18 or Older	17.7*	18.1*	18.1*	17.8*	18.6*	18.5*	18.1*	17.9*	18.3*	18.9*	19.1*	20.6
18 to 25	18.5*	18.0*	18.1*	18.5*	19.6*	19.4*	20.1*	21.7*	22.1*	25.8*	26.3*	29.4
26 to 49	20.7*	21.6*	20.9*	20.3*	21.2*	21.5*	20.4*	20.9*	21.1*	22.2*	22.5*	25.0
50 or Older	14.1	14.5	15.1	15.0	15.8*	15.3	15.4*	14.0	14.5	13.8	14.0	14.1

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Aged 50 or Older

Among adults aged 50 or older in 2019, 14.1 percent (or 16.3 million people) had AMI in the past year (Figure 51 and 2019 DT 10.1). This percentage in 2019 was similar to the percentages in most years from 2008 through 2018.

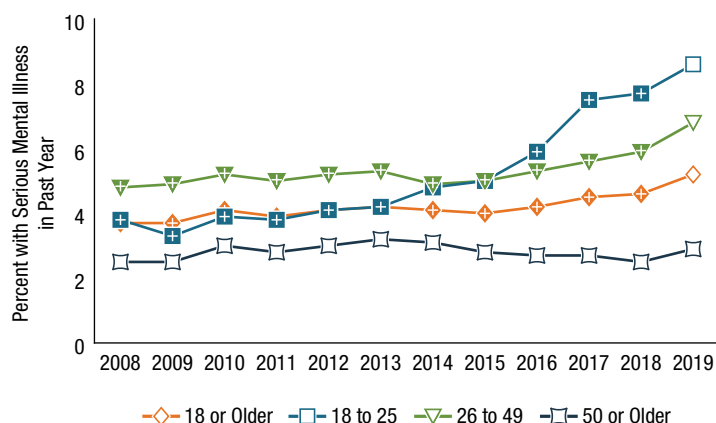
Serious Mental Illness among Adults in the Past Year

Among adults aged 18 or older, the percentage with past year SMI increased from 3.7 percent (or 8.3 million people) in 2008 to 5.2 percent (or 13.1 million people) in 2019 (Figure 52 and 2019 DT 10.3). These estimates in 2019 were higher than the estimates in each year from 2008 through 2018. (See the section on [Any Mental Illness among Adults in the Past Year](#) for the definition of SMI.)

Aged 18 to 25

Among young adults aged 18 to 25, the percentage with past year SMI increased from 3.8 percent (or 1.2 million people) in 2008 to 8.6 percent (or 2.9 million people) in 2019 (Figure 52 and 2019 DT 10.3). These estimates in 2019 were higher than the estimates in each year from 2008 through 2018.

Figure 52. Serious Mental Illness in the Past Year among Adults Aged 18 or Older: 2008-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 52 Table. Serious Mental Illness in the Past Year among Adults Aged 18 or Older: 2008-2019

Age	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
18 or Older	3.7*	3.7*	4.1*	3.9*	4.1*	4.2*	4.1*	4.0*	4.2*	4.5*	4.6*	5.2
18 to 25	3.8*	3.3*	3.9*	3.8*	4.1*	4.2*	4.8*	5.0*	5.9*	7.5*	7.7*	8.6
26 to 49	4.8*	4.9*	5.2*	5.0*	5.2*	5.3*	4.9*	5.0*	5.3*	5.6*	5.9*	6.8
50 or Older	2.5	2.5	3.0	2.8	3.0	3.2	3.1	2.8	2.7	2.7	2.5	2.9

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Aged 26 to 49

Among adults aged 26 to 49, the percentage with past year SMI increased from 4.8 percent (or 4.8 million people) in 2008 to 6.8 percent (or 6.8 million people) in 2019 (Figure 52 and 2019 DT 10.3). These estimates in 2019 were higher than the estimates in each year from 2008 through 2018.

Aged 50 or Older

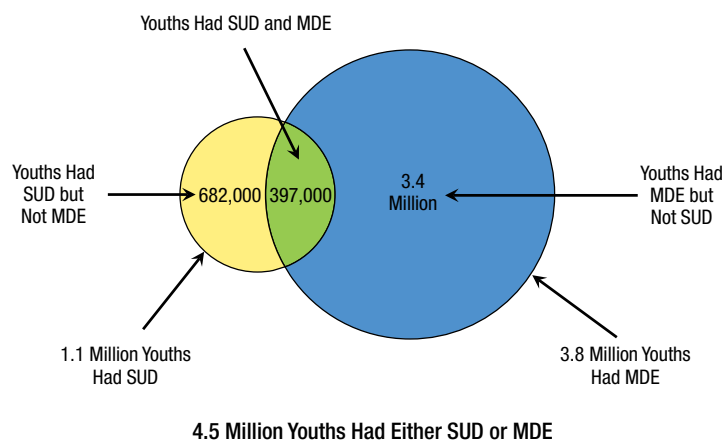
Among adults aged 50 or older in 2019, 2.9 percent (or 3.4 million people) had SMI in the past year (Figure 52 and 2019 DT 10.3). This percentage in 2019 was similar to the percentage in each year from 2008 through 2018.

Co-Occurring MDE and SUD among Adolescents

Adolescents aged 12 to 17 who had both a past year MDE and a past year SUD (i.e., illicit drug use disorder, alcohol use disorder, or both) were classified as having co-occurring MDE and SUD. The order of the onset of an SUD relative to the onset of an MDE among adolescents cannot be established based on the NSDUH data (e.g., whether the onset of an SUD preceded the onset of an MDE, or vice versa).

Among adolescents aged 12 to 17 in 2019, 18.7 percent (or 4.5 million people) had either an SUD or an MDE in the past year, 14.1 percent (or 3.4 million people) had an MDE but not an SUD, 2.7 percent (or 682,000 people) had an SUD but not an MDE (Figure 53), and 1.7 percent (or 397,000 people) had both an MDE and an SUD in

Figure 53. Past Year Substance Use Disorder (SUD) and Major Depressive Episode (MDE) among Youths Aged 12 to 17: 2019



Note: Youth respondents with unknown MDE data were excluded.

the past year (Figure 54 and 2019 DT 11.12).²¹ These co-occurring MDE and SUD estimates in 2019 were similar to the estimates in each year from 2015 through 2018.

In addition, among adolescents aged 12 to 17 in 2019, 1.4 percent (or 332,000 people) had both an MDE with severe impairment and an SUD in the past year (Figure 54 and 2019 DT 11.12). These estimates in 2019 were similar to the estimates in each year from 2015 through 2018.

Substance Use among Adolescents with MDE

Adolescents aged 12 to 17 who had a past year MDE were more likely to use substances compared with their counterparts who did not have an MDE in the past year. In 2019, adolescents with a past year MDE were more likely than adolescents without a past year MDE to be past year illicit drug users (31.9 vs. 14.4 percent), past year marijuana users (24.6 vs. 11.1 percent), or past year opioid misusers (i.e., heroin users or misusers of prescription pain relievers) (4.2 vs. 1.8 percent) (Figure 55). Adolescents with a past year MDE also were more likely than those without a past year MDE to be past month binge alcohol users (8.9 vs. 4.1 percent) or past month cigarette users (4.4 vs. 1.8 percent).

Figure 54. Co-Occurring Past Year Substance Use Disorder (SUD) and Major Depressive Episode (MDE) or MDE with Severe Impairment among Youths Aged 12 to 17: 2015-2019

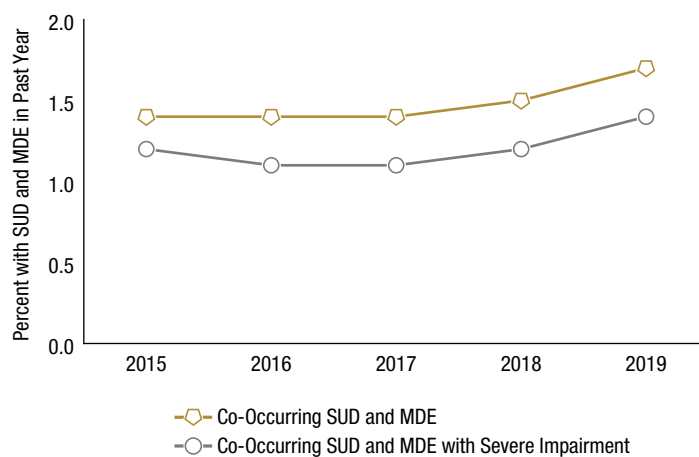
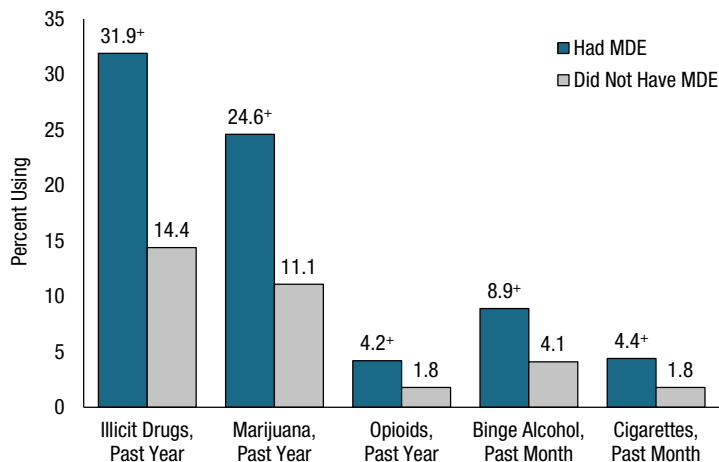


Figure 54 Table. Co-Occurring Past Year Substance Use Disorder (SUD) and Major Depressive Episode (MDE) or MDE with Severe Impairment among Youths Aged 12 to 17: 2015-2019

SUD/MDE Status	2015	2016	2017	2018	2019
Co-Occurring SUD and MDE	1.4	1.4	1.4	1.5	1.7
Co-Occurring SUD and MDE with Severe Impairment	1.2	1.1	1.1	1.2	1.4

Figure 55. Substance Use among Youths Aged 12 to 17, by Past Year Major Depressive Episode (MDE) Status: 2019



⁺ Difference between this estimate and the estimate for youths without MDE is statistically significant at the .05 level.

Note: Youth respondents with unknown MDE data were excluded.

Co-Occurring Mental Health Issues and SUD among Adults

Among adults aged 18 or older, having AMI and an SUD in the past year is referred to as having co-occurring AMI and SUD. Adults having SMI and an SUD in the past year are referred to as having co-occurring SMI and SUD. However, the order of the onset of SUDs relative to the onset of mental disorders cannot be established based on the NSDUH data for adults (e.g., whether the onset of SUDs preceded the onset of mental disorders, or vice versa).

Co-Occurring AMI and SUD

Among adults aged 18 or older in 2019, 24.5 percent (or 61.2 million people) had either AMI or an SUD in the past year, 16.8 percent (or 42.0 million people) had AMI but not an SUD, 3.9 percent (or 9.7 million people) had an SUD but not AMI, and 3.8 percent (or 9.5 million people) had both AMI and an SUD (Figures 56 and 57 and 2019 DT 10.6).²¹

Among adults aged 18 or older, the percentage with both AMI and an SUD increased from 3.3 percent (or 8.1 million people) in 2015 to 3.8 percent (or 9.5 million people) in 2019 (Figure 57 and 2019 DT 10.6). These estimates in 2019 were higher than the estimates in 2015 to 2017, but they were similar to the estimates in 2018.

Among young adults aged 18 to 25, the percentage with both AMI and an SUD increased from 5.9 percent (or 2.1 million people) in 2015 to 7.6 percent (or 2.6 million

Figure 56. Past Year Substance Use Disorder (SUD) and Any Mental Illness (AMI) among Adults Aged 18 or Older: 2019

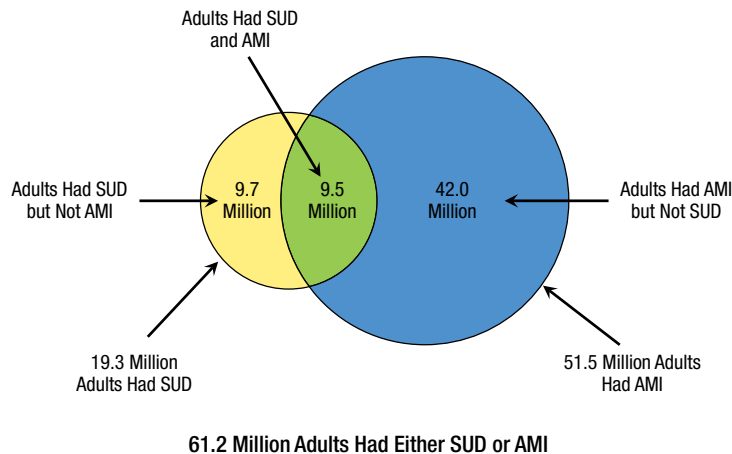
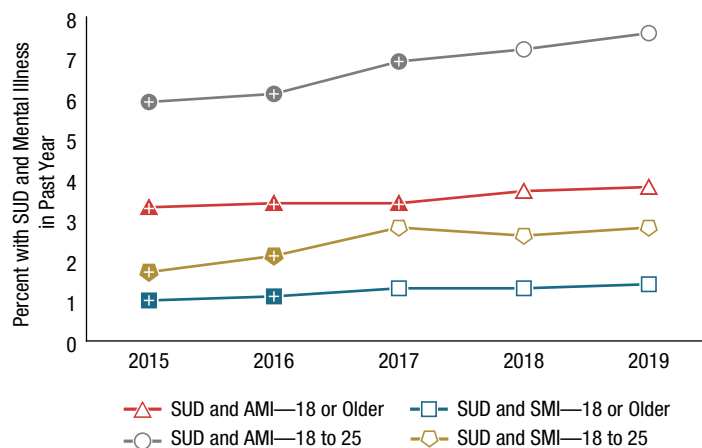


Figure 57. Co-Occurring Past Year Substance Use Disorder (SUD), Any Mental Illness (AMI), and Serious Mental Illness (SMI) among Adults Aged 18 or Older: 2015-2019



⁺ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 57 Table. Co-Occurring Past Year Substance Use Disorder (SUD), Any Mental Illness (AMI), and Serious Mental Illness (SMI) among Adults Aged 18 or Older: 2015-2019

SUD/Mental Illness Status and Age	2015	2016	2017	2018	2019
SUD and AMI					
18 or Older	3.3 ⁺	3.4 ⁺	3.4 ⁺	3.7	3.8
18 to 25	5.9 ⁺	6.1 ⁺	6.9 ⁺	7.2	7.6
SUD and SMI					
18 or Older	1.0 ⁺	1.1 ⁺	1.3	1.3	1.4
18 to 25	1.7 ⁺	2.1 ⁺	2.8	2.6	2.8

⁺ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

people) in 2019 (Figure 57 and 2019 DT 10.6). This percentage in 2019 was higher than the percentages in 2015 to 2017, but it was similar to the percentage in 2018.

Among adults aged 26 to 49, the percentage with both AMI and an SUD increased from 4.3 percent (or 4.3 million people) in 2015 to 5.2 percent (or 5.2 million people) in 2019 (2019 DT 10.6). These estimates in 2019 were higher than the estimates in 2015 to 2017, but they were similar to the estimates in 2018.

Among adults aged 50 or older in 2019, 1.5 percent (or 1.7 million people) had both AMI and an SUD in the past year (2019 DT 10.6). The percentage with both AMI and an SUD remained stable among this population between 2015 and 2019.

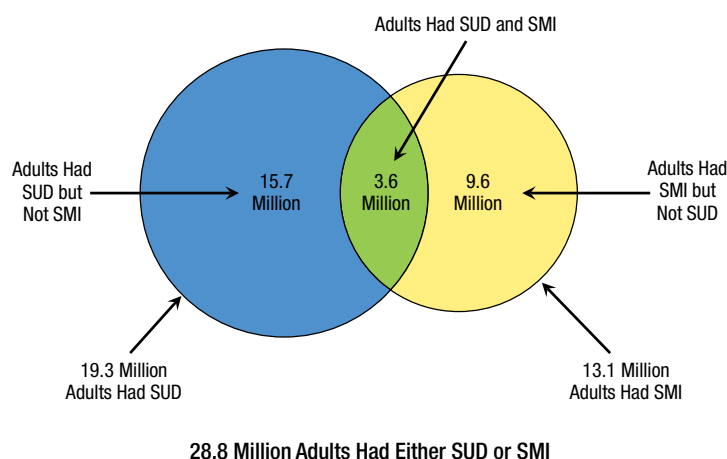
Co-Occurring SMI and SUD

Among adults aged 18 or older in 2019, 11.5 percent (or 28.8 million people) had either SMI or an SUD in the past year, 3.8 percent (or 9.6 million people) had SMI but not an SUD, 6.3 percent (or 15.7 million people) had an SUD but not SMI, and 1.4 percent (or 3.6 million people) had both SMI and an SUD (Figures 57 and 58 and 2019 DT 10.6).²¹

Among adults aged 18 or older, the percentage with both SMI and an SUD increased from 1.0 percent (or 2.3 million people) in 2015 to 1.4 percent (or 3.6 million people) in 2019 (Figure 57 and 2019 DT 10.6). The percentage in 2019 was higher than the percentages in 2015 and 2016, but it was similar to the percentages in 2017 and 2018.

Among young adults aged 18 to 25, the percentage with both SMI and an SUD increased from 1.7 percent (or 593,000 people) in 2015 to 2.8 percent (or 958,000 people)

Figure 58. Past Year Substance Use Disorder (SUD) and Serious Mental Illness (SMI) among Adults Aged 18 or Older: 2019



in 2019 (Figure 57 and 2019 DT 10.6). These estimates in 2019 were higher than the estimates in 2015 and 2016, but they were similar to the estimates in 2017 and 2018.

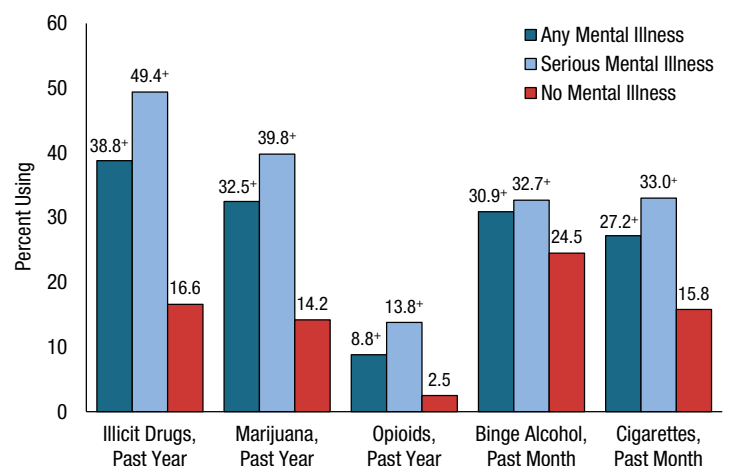
Among adults aged 26 to 49, the percentage with both SMI and an SUD increased from 1.3 percent (or 1.3 million people) in 2015 to 2.0 percent (or 2.0 million people) in 2019 (2019 DT 10.6). These estimates in 2019 were higher than the estimates in 2015 to 2017, but they were similar to the estimates in 2018.

Among adults aged 50 or older in 2019, 0.5 percent (or 607,000 people) had both SMI and an SUD in the past year (2019 DT 10.6). The percentage with both SMI and an SUD remained stable among this population between 2015 and 2019.

Substance Use among Adults, by Mental Illness Status

This section discusses how the prevalence of substance use among adults aged 18 or older differed based on past year mental illness status. Among adults aged 18 or older in 2019, those with past year SMI or AMI were more likely than those without mental illness in the past year to be past year users of illicit drugs (49.4 percent for SMI and 38.8 percent for AMI vs. 16.6 percent for adults with no mental illness), past year users of marijuana (39.8 and 32.5 percent vs. 14.2 percent), or past year misusers of opioids (i.e., heroin users or misusers of prescription pain relievers) (13.8 and 8.8 percent vs. 2.5 percent) (Figure 59 and 2019 DT 8.42). In addition, adults with SMI or AMI

Figure 59. Substance Use among Adults Aged 18 or Older, by Mental Illness Status: 2019



* Difference between this estimate and the estimate for adults without mental illness is statistically significant at the .05 level.

were more likely than adults with no past year mental illness to be past month binge alcohol users (32.7 and 30.9 percent vs. 24.5 percent) or past month cigarette smokers (33.0 and 27.2 percent vs. 15.8 percent).

Suicidal Thoughts and Behavior among Adults

Death by suicide is an important public health problem in the United States and a tragedy for all involved—the people and their families, friends, neighbors, colleagues, and communities. In 2018, 48,344 people in the United States died by suicide, including 46,510 adults aged 18 or older.⁶⁰ Moreover, suicide rates increased in most states between 1999 and 2016, including increases by more than 30 percent in 25 states over this period.⁶¹ Furthermore, suicide rates continued to increase nationally from 2016 to 2018.^{62,63} However, people who die by suicide represent a fraction of those who consider or attempt suicide.⁶⁴ Out of every 31 adults in 2008 to 2011 in the United States who attempted suicide in the past 12 months, there was 1 death by suicide.⁶⁵

Since 2008, NSDUH respondents aged 18 or older have been asked if at any time during the past 12 months they had thought seriously about trying to kill themselves (serious thoughts of suicide). Adults who had serious thoughts of suicide in the past 12 months were asked whether they made a plan to kill themselves (suicide plan) or tried to kill themselves (suicide attempt) in that period. This information helps guide suicide prevention programs and clinical intervention efforts.

Among adults aged 18 or older in 2019, 4.8 percent (or 12.0 million people) thought seriously about trying to kill themselves in the past year (Figures 60 and 61 and 2019 DT 10.36), 1.4 percent (or 3.5 million people) made a suicide plan (Figure 62 and 2019 DT 10.39), 0.6 percent (or 1.4 million people) made a nonfatal suicide attempt (Figure 63 and 2019 DT 10.41), and 0.1 percent (or 217,000 people) attempted suicide without a suicide plan.²¹

Had Serious Thoughts of Suicide

Among adults aged 18 or older, the percentage who had serious thoughts of suicide in the past year increased from 3.7 percent (or 8.3 million people) in 2008 to 4.8 percent (or 12.0 million people) in 2019 (Figure 61 and 2019 DT 10.36). These estimates in 2019 were higher than the estimates in each year from 2008 through 2018.

Aged 18 to 25

Among young adults aged 18 to 25, the percentage who had serious thoughts of suicide in the past year increased from 6.8 percent (or 2.2 million people) in 2008 to 11.8 percent (or 3.9 million people) in 2019 (Figure 61 and 2019 DT 10.36). These estimates in 2019 were higher than the estimates in 2008 through 2017, but they were similar to the estimates in 2018.

Figure 60. Adults Aged 18 or Older with Serious Thoughts of Suicide, Suicide Plans, or Suicide Attempts in the Past Year: 2019

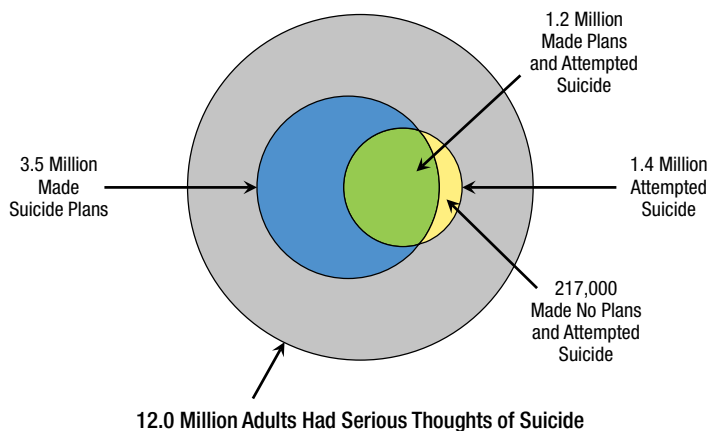
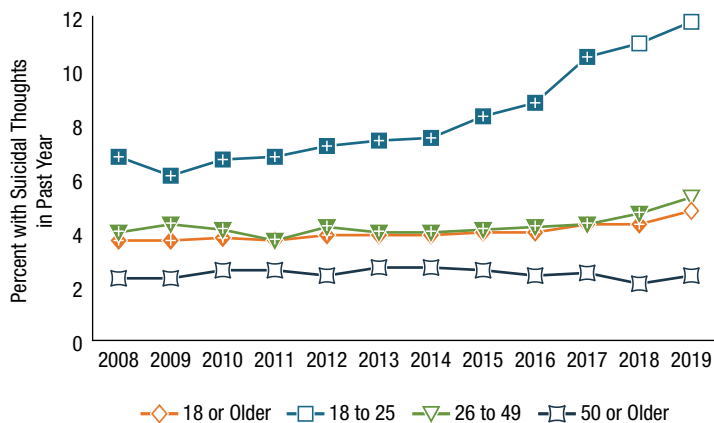


Figure 61. Had Serious Thoughts of Suicide in the Past Year among Adults Aged 18 or Older: 2008-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 61 Table. Had Serious Thoughts of Suicide in the Past Year among Adults Aged 18 or Older: 2008-2019

Age	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
18 or Older	3.7*	3.7*	3.8*	3.7*	3.9*	3.9*	3.9*	4.0*	4.0*	4.3*	4.3*	4.8
18 to 25	6.8*	6.1*	6.7*	6.8*	7.2*	7.4*	7.5*	8.3*	8.8*	10.5*	11.0	11.8
26 to 49	4.0*	4.3*	4.1*	3.7*	4.2*	4.0*	4.0*	4.1*	4.2*	4.3*	4.7*	5.3
50 or Older	2.3	2.3	2.6	2.6	2.4	2.7	2.7	2.6	2.4	2.5	2.1	2.4

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Aged 26 to 49

Among adults aged 26 to 49, the percentage who had serious thoughts of suicide in the past year increased from 4.0 percent (or 4.0 million people) in 2008 to 5.3 percent (or 5.3 million people) in 2019 (Figure 61 and 2019 DT 10.36). These estimates in 2019 were higher than the estimates in each year from 2008 through 2018.

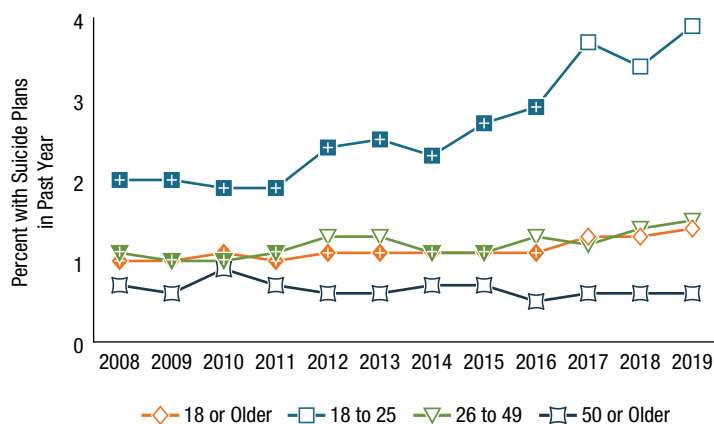
Aged 50 or Older

Among adults aged 50 or older in 2019, 2.4 percent (or 2.7 million people) had serious thoughts of suicide in the past year (Figure 61 and 2019 DT 10.36). The percentage who had serious thoughts of suicide in the past year remained stable among this population between 2008 and 2019.

Made a Suicide Plan

Among adults aged 18 or older, the percentage who made a suicide plan in the past year increased from 1.0 percent (or 2.3 million people) in 2008 to 1.4 percent (or 3.5 million people) in 2019 (Figure 62 and 2019 DT 10.39). These estimates in 2019 were higher than the estimates in each year from 2008 through 2016, but they were similar to the estimates in 2017 and 2018.

Figure 62. Made a Suicide Plan in the Past Year among Adults Aged 18 or Older: 2008-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 62 Table. Made a Suicide Plan in the Past Year among Adults Aged 18 or Older: 2008-2019

Age	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
18 or Older	1.0*	1.0*	1.1*	1.0*	1.1*	1.1*	1.1*	1.1*	1.1*	1.3	1.3	1.4
18 to 25	2.0*	2.0*	1.9*	1.9*	2.4*	2.5*	2.3*	2.7*	2.9*	3.7	3.4	3.9
26 to 49	1.1*	1.0*	1.0*	1.1*	1.3	1.3	1.1*	1.1*	1.3	1.2	1.4	1.5
50 or Older	0.7	0.6	0.9	0.7	0.6	0.6	0.7	0.7	0.5	0.6	0.6	0.6

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Aged 18 to 25

Among young adults aged 18 to 25, the percentage who made a suicide plan in the past year increased from 2.0 percent in 2008 (or 643,000 people) to 3.9 percent (or 1.3 million people) in 2019 (Figure 62 and 2019 DT 10.39). These estimates in 2019 were higher than the estimates in each year from 2008 through 2016, but they were similar to the estimates in 2017 and 2018.

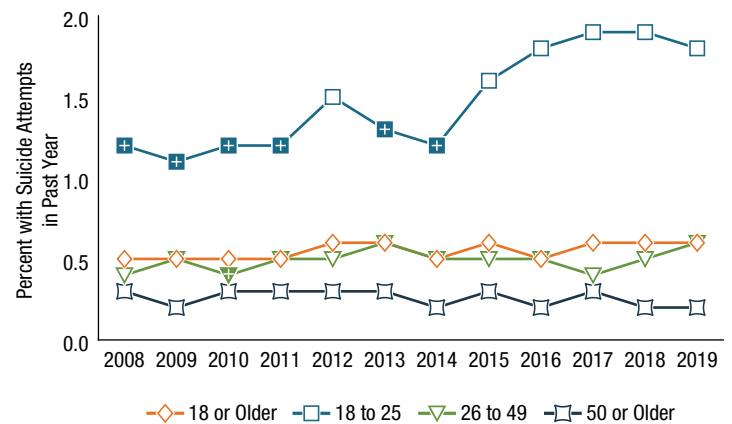
Aged 26 to 49

Among adults aged 26 to 49, the percentage who made a suicide plan in the past year increased from 1.1 percent (or 1.1 million people) in 2008 to 1.5 percent (or 1.5 million people) in 2019 (Figure 62 and 2019 DT 10.39). These estimates in 2019 were higher than the estimates in most years from 2008 through 2015, but they were similar to the estimates in 2016 to 2018.

Aged 50 or Older

Among adults aged 50 or older in 2019, 0.6 percent (or 676,000 people) made a suicide plan in the past year (Figure 62 and 2019 DT 10.39). The percentage who made a suicide plan in the past year remained stable among this population between 2008 and 2019.

Figure 63. Attempted Suicide in the Past Year among Adults Aged 18 or Older: 2008-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 63 Table. Attempted Suicide in the Past Year among Adults Aged 18 or Older: 2008-2019

Age	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
18 or Older	0.5	0.5	0.5	0.5	0.6	0.6	0.5	0.6	0.5	0.6	0.6	0.6
18 to 25	1.2*	1.1*	1.2*	1.2*	1.5	1.3*	1.2*	1.6	1.8	1.9	1.9	1.8
26 to 49	0.4	0.5	0.4*	0.5	0.5	0.6	0.5	0.5	0.5	0.4	0.5	0.6
50 or Older	0.3	0.2	0.3	0.3	0.3	0.3	0.2	0.3	0.2	0.3	0.2	0.2

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Attempted Suicide

Among adults aged 18 or older in 2019, 0.6 percent (or 1.4 million people) attempted suicide in the past year (Figure 63 and 2019 DT 10.41). The percentage of adults aged 18 or older in 2019 who attempted suicide in the past year did not differ from the percentage in each year from 2008 through 2018.

Aged 18 to 25

Among young adults aged 18 to 25, the percentage who attempted suicide in the past year increased from 1.2 percent (or 395,000 people) in 2008 to 1.8 percent (or 604,000 people) in 2019 (Figure 63 and 2019 DT 10.41). These estimates in 2019 were higher than the estimates in most years from 2008 through 2014, but they were similar to the estimates in 2015 to 2018.

Aged 26 to 49

Among adults aged 26 to 49 in 2019, 0.6 percent (or 579,000 people) attempted suicide in the past 12 months (Figure 63 and 2019 DT 10.41). The percentage in 2019 who attempted suicide in the past year was similar to the percentages in most years from 2008 to 2018.

Aged 50 or Older

Among adults aged 50 or older in 2019, 0.2 percent (or 195,000 people) attempted suicide in the past 12 months (Figure 63 and 2019 DT 10.41). The percentage who attempted suicide in the past year remained stable among this population between 2008 and 2019.

Substance Use Treatment in the Past Year

Substance use treatment is intended to help people address problems associated with their use of alcohol or illicit drugs (i.e., not counting tobacco use), including medical problems associated with the use of alcohol or illicit drugs.⁶⁶ The 2019 NSDUH provided two principal measures related to substance use treatment in the past year: (a) the need for substance use treatment and (b) the receipt of substance use treatment. The survey also collected information on the types of settings where people received treatment and issues associated with people needing substance use treatment but not receiving it.

Need for Substance Use Treatment

SAMHSA classifies people as having a need for substance use treatment if they had an SUD in the past year or if they

received substance use treatment at a specialty facility⁶⁷ in the past year.^{68,69}

Among people aged 12 or older in 2019, 7.8 percent (or 21.6 million people) needed substance use treatment in the past year (Figure 64 and 2019 DT 7.62). These estimates in 2019 were similar to the estimates in 2015 through 2018.

Aged 12 to 17

Among adolescents aged 12 to 17 in 2019, 4.6 percent (or 1.1 million people) needed substance use treatment in the past year (Figure 64 and 2019 DT 7.62). These estimates in 2019 were similar to the estimates in 2015 to 2017, but they were higher than the estimates in 2018.

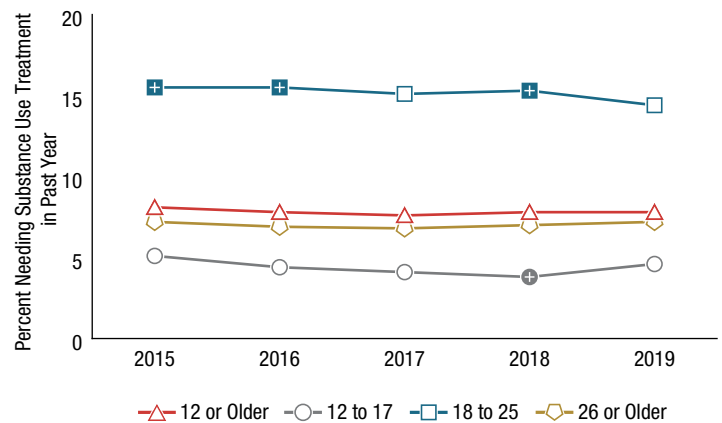
Aged 18 to 25

Among young adults aged 18 to 25 in 2019, 14.4 percent (or 4.8 million people) needed substance use treatment in the past year (Figure 64 and 2019 DT 7.62). This percentage in 2019 was lower than the percentages in most years from 2015 to 2018.

Aged 26 or Older

Among adults aged 26 or older in 2019, 7.2 percent (or 15.6 million people) needed substance use treatment in the

Figure 64. Need for Substance Use Treatment in the Past Year among People Aged 12 or Older: 2015-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 64 Table. Need for Substance Use Treatment in the Past Year among People Aged 12 or Older: 2015-2019

Age	2015	2016	2017	2018	2019
12 or Older	8.1	7.8	7.6	7.8	7.8
12 to 17	5.1	4.4	4.1	3.8*	4.6
18 to 25	15.5+	15.5+	15.1	15.3+	14.4
26 or Older	7.2	6.9	6.8	7.0	7.2

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

past year (Figure 64 and 2019 DT 7.62). This percentage in 2019 was similar to the percentages in 2015 to 2018.

Receipt of Substance Use Treatment

NSDUH respondents who used alcohol or illicit drugs in their lifetime were asked whether they ever received substance use treatment, and those who received substance use treatment in their lifetime were asked whether they received treatment in the 12 months prior to the survey interview (i.e., in the past year). Receipt of any substance use treatment includes substance use treatment received in the past year at any location, such as a hospital (inpatient), rehabilitation facility (outpatient or inpatient), mental health center, emergency room, private doctor's office, prison or jail, or self-help group (e.g., Alcoholics Anonymous or Narcotics Anonymous).

The 2019 NSDUH also collected information on the receipt of substance use treatment at a specialty facility. Substance use treatment at a specialty facility is included in the estimates of any substance use treatment because a subset of the treatment locations was categorized as specialty facilities. Receipt of substance use treatment at a specialty facility was defined as substance use treatment received by a respondent at a hospital (only as an inpatient), a drug or alcohol rehabilitation facility (as an inpatient or outpatient), or a mental health center.

Receipt of Any Substance Use Treatment

Among people aged 12 or older in 2019, 1.5 percent (or 4.2 million people) received any substance use treatment in the past year (Figure 65 and 2019 DT 7.51). This percentage in 2019 was similar to the percentage in each year from 2015 to 2018.

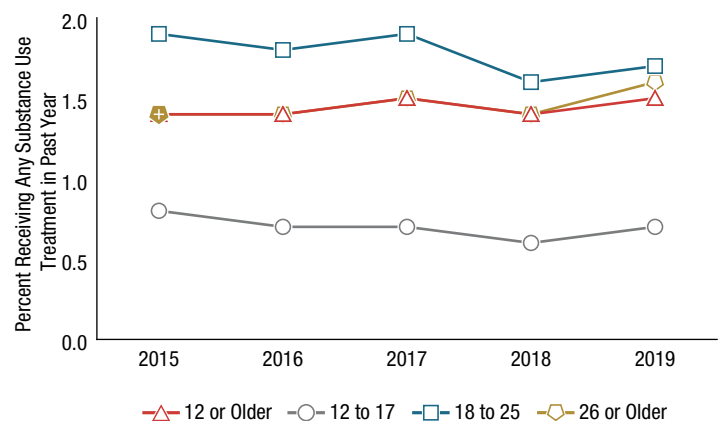
In 2019, 2.1 million people aged 12 or older received substance use treatment at a self-help group, 1.7 million received treatment at a rehabilitation facility as an outpatient, 1.3 million received treatment at a mental health center as an outpatient, 1.0 million received treatment at a rehabilitation facility as an inpatient, and 948,000 received treatment at a private doctor's office. Smaller numbers of people received treatment at a hospital as an inpatient, in an emergency room, or in a prison or jail (Figure 66 and 2019 DT 7.55). The number of people who received substance use treatment at a private doctor's office increased from 686,000 people in 2015 to 948,000 people in 2019. Otherwise, these numbers in 2019 for locations where

people received substance use treatment were similar to the numbers in each year from 2015 to 2018.

Aged 12 to 17

Among adolescents aged 12 to 17 in 2019, 0.7 percent (or 172,000 people) received any substance use treatment in the past year (Figure 65 and 2019 DT 7.51). These estimates in 2019 were similar to the estimates in 2015 to 2018.

Figure 65. Received Any Substance Use Treatment in the Past Year among People Aged 12 or Older: 2015-2019



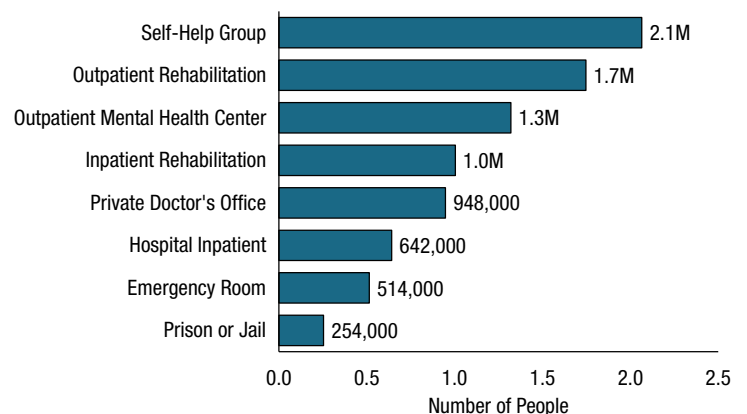
+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 65 Table. Received Any Substance Use Treatment in the Past Year among People Aged 12 or Older: 2015-2019

Age	2015	2016	2017	2018	2019
12 or Older	1.4	1.4	1.5	1.4	1.5
12 to 17	0.8	0.7	0.7	0.6	0.7
18 to 25	1.9	1.8	1.9	1.6	1.7
26 or Older	1.4 ⁺	1.4	1.5	1.4	1.6

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 66. Locations Where Substance Use Treatment in the Past Year Was Received among People Aged 12 or Older: 2019



Note: Locations where people received substance use treatment are not mutually exclusive because respondents could report that they received treatment in more than one location in the past year.

Aged 18 to 25

Among young adults aged 18 to 25 in 2019, 1.7 percent (or 578,000 people) received any substance use treatment in the past year (Figure 65 and 2019 DT 7.51). These estimates in 2019 were similar to the estimates in 2015 to 2018.

Aged 26 or Older

Among adults aged 26 or older in 2019, 1.6 percent (3.4 million people) received any substance use treatment in the past year (Figure 65 and 2019 DT 7.51). This percentage in 2019 was similar to the percentages in most years from 2015 to 2018.

Receipt of Any Substance Use Treatment among People Who Had a Past Year SUD

Among people aged 12 or older in 2019 who had a past year SUD, 10.3 percent (or 2.1 million people) received any substance use treatment in the past year (Figure 67 and 2019 DT 7.56). These estimates in 2019 were similar to the estimates in each year from 2015 to 2018.

Aged 12 to 17

Among adolescents aged 12 to 17 in 2019 who had a past year SUD, 8.3 percent (or 93,000 people) received

Figure 67. Received Any Substance Use Treatment in the Past Year among People Aged 12 or Older Who Had a Substance Use Disorder in the Past Year: 2015-2019

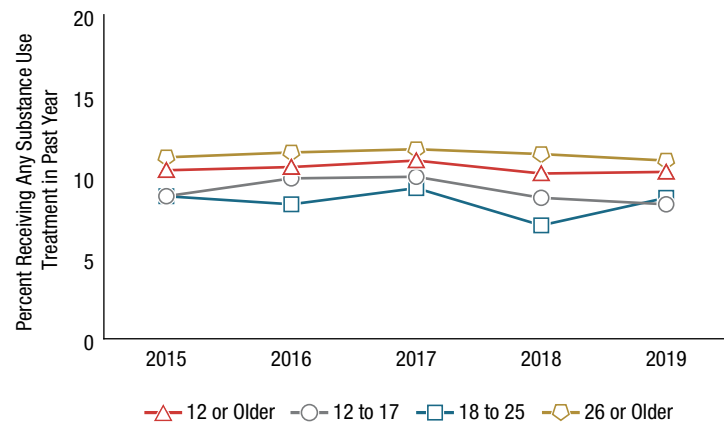


Figure 67 Table. Received Any Substance Use Treatment in the Past Year among People Aged 12 or Older Who Had a Substance Use Disorder in the Past Year: 2015-2019

Age	2015	2016	2017	2018	2019
12 or Older	10.4	10.6	11.0	10.2	10.3
12 to 17	8.8	9.9	10.0	8.7	8.3
18 to 25	8.8	8.3	9.3	7.0	8.7
26 or Older	11.2	11.5	11.7	11.4	11.0

any substance use treatment in the past year (Figure 67 and 2019 DT 7.56). These estimates in 2019 were similar to the estimates in each year from 2015 to 2018.

Aged 18 to 25

Among young adults aged 18 to 25 in 2019 who had a past year SUD, 8.7 percent (or 415,000 people) received any substance use treatment in the past year (Figure 67 and 2019 DT 7.56). These estimates in 2019 were similar to the estimates in each year from 2015 to 2018.

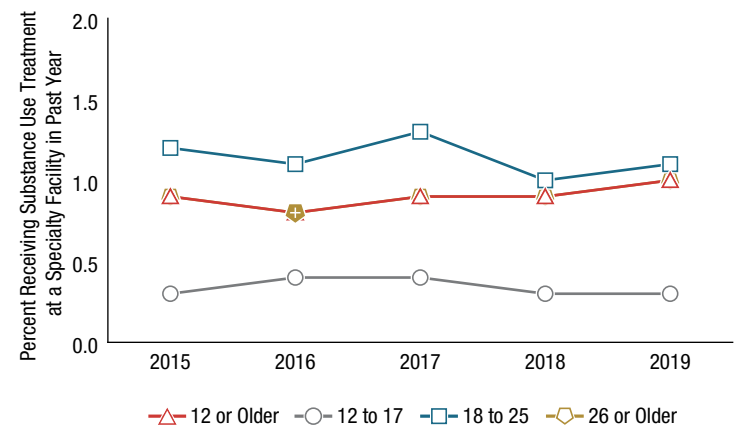
Aged 26 or Older

Among adults aged 26 or older in 2019 who had a past year SUD, 11.0 percent (or 1.6 million people) received any substance use treatment in the past year (Figure 67 and 2019 DT 7.56). These estimates in 2019 were similar to the estimates in each year from 2015 to 2018.

Receipt of Substance Use Treatment at a Specialty Facility

Among people aged 12 or older in 2019, 1.0 percent (or 2.6 million people) received substance use treatment at a specialty facility in the past year (Figure 68 and 2019 DT 7.57). This percentage in 2019 was similar to the percentages in 2015 to 2018.

Figure 68. Received Substance Use Treatment at a Specialty Facility in the Past Year among People Aged 12 or Older: 2015-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 68 Table. Received Substance Use Treatment at a Specialty Facility in the Past Year among People Aged 12 or Older: 2015-2019

Age	2015	2016	2017	2018	2019
12 or Older	0.9	0.8	0.9	0.9	1.0
12 to 17	0.3	0.4	0.4	0.3	0.3
18 to 25	1.2	1.1	1.3	1.0	1.1
26 or Older	0.9	0.8*	0.9	0.9	1.0

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Aged 12 to 17

Among adolescents aged 12 to 17 in 2019, 0.3 percent (or 68,000 people) received substance use treatment at a specialty facility in the past year (Figure 68 and 2019 DT 7.57). These estimates in 2019 were similar to the estimates in 2015 to 2018.

Aged 18 to 25

Among young adults aged 18 to 25 in 2019, 1.1 percent (or 357,000 people) received substance use treatment at a specialty facility in the past year (Figure 68 and 2019 DT 7.57). These estimates in 2019 were similar to the estimates in 2015 to 2018.

Aged 26 or Older

Among adults aged 26 or older in 2019, 1.0 percent (or 2.2 million people) received substance use treatment at a specialty facility in the past year (Figure 68 and 2019 DT 7.57). These estimates in 2019 were similar to the estimates in most years from 2015 to 2018.

Receipt of Substance Use Treatment at a Specialty Facility among People Who Needed Substance Use Treatment

Among the 21.6 million people aged 12 or older in 2019 who needed substance use treatment in the past year (2019 DT 7.62), 12.2 percent (or 2.6 million people) received substance use treatment at a specialty facility in the past year (Figure 69 and 2019 DT 7.63). This percentage in 2019 was similar to the percentages in 2015 to 2018.

Aged 12 to 17

Among the 1.1 million adolescents aged 12 to 17 in 2019 who needed substance use treatment in the past year (2019 DT 7.62), 6.0 percent (or 68,000 people) received substance use treatment at a specialty facility in the past year (Figure 69 and 2019 DT 7.63). These estimates in 2019 were similar to the estimates in 2015 to 2018.

Aged 18 to 25

Among the 4.8 million young adults aged 18 to 25 in 2019 who needed substance use treatment in the past year (2019 DT 7.62), 7.4 percent (or 357,000 people) received substance use treatment at a specialty facility in the past year (Figure 69 and 2019 DT 7.63). These estimates in 2019 were similar to the estimates in 2015 to 2018.

Aged 26 or Older

Among the 15.6 million adults aged 26 or older in 2019 who needed substance use treatment in the past year (2019 DT 7.62), 14.2 percent (or 2.2 million people) received substance use treatment at a specialty facility in the past year (Figure 69 and 2019 DT 7.63). This percentage in 2019 was similar to the percentages in 2015 to 2018.

Perceived Need for Substance Use Treatment

NSDUH respondents were classified as having a perceived need for substance use treatment (i.e., treatment for problems related to their use of alcohol or illicit drugs) if they indicated that they felt they needed substance use treatment in the past year. Respondents may have a perceived need for substance use treatment, regardless of whether they had an SUD in the past year. In this report, estimates for the perceived need for substance use treatment are discussed only for people aged 12 or older who were classified as having an SUD in the past year⁷⁰ but did not receive substance use treatment at a specialty facility.^{68,69}

Among the 18.9 million people aged 12 or older in 2019 with an SUD in the past year who did not receive treatment at a specialty facility, 95.7 percent (or 18.1 million people)

Figure 69. Received Substance Use Treatment at a Specialty Facility in the Past Year among People Aged 12 or Older Who Needed Substance Use Treatment in the Past Year: 2015-2019

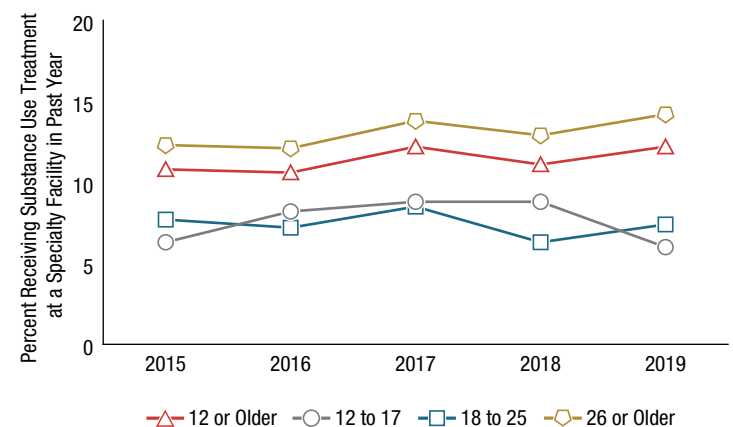


Figure 69 Table. Received Substance Use Treatment at a Specialty Facility in the Past Year among People Aged 12 or Older Who Needed Substance Use Treatment in the Past Year: 2015-2019

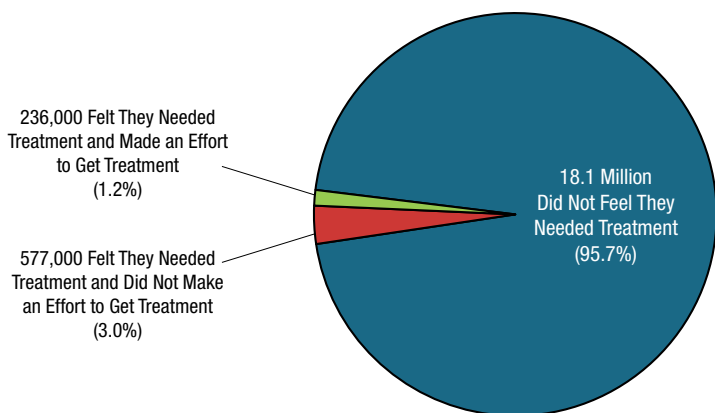
Age	2015	2016	2017	2018	2019
12 or Older	10.8	10.6	12.2	11.1	12.2
12 to 17	6.3	8.2	8.8	8.8	6.0
18 to 25	7.7	7.2	8.5	6.3	7.4
26 or Older	12.3	12.1	13.8	12.9	14.2

did not feel that they needed treatment, 3.0 percent (or 577,000 people) felt that they needed treatment but did not make an effort to get treatment, and 1.2 percent (or 236,000 people) felt that they needed treatment and made an effort to get treatment (Figure 70 and 2019 DT 7.66).²¹ Among people aged 12 or older in 2019 with a past year SUD who did not receive substance use treatment at a specialty facility, 4.3 percent perceived that they needed treatment.²¹ This percentage in 2019 was similar to the percentages in most years from 2015 to 2018.

Aged 12 to 17

Among the 1.1 million adolescents aged 12 to 17 in 2019 with an SUD in the past year who did not receive substance use treatment at a specialty facility (2019 DT 7.63), 98.5 percent (or 1.1 million people) did not feel that they needed treatment, 0.9 percent (or 10,000 people) felt that they needed treatment but did not make an effort to get treatment, and 0.6 percent (or 6,000 people) felt that they needed treatment and made an effort to get treatment (2019 DT 7.66). Among adolescents in 2019 with a past year SUD who did not receive substance use treatment at a specialty facility, 1.5 percent perceived that they needed treatment. This percentage in 2019 was similar to the percentages in 2015 to 2018.

Figure 70. Perceived Need for Substance Use Treatment among People Aged 12 or Older with a Past Year Substance Use Disorder (SUD) Who Did Not Receive Substance Use Treatment at a Specialty Facility in the Past Year: 2019



18.9 Million People with an SUD Who Did Not Receive Substance Use Treatment at a Specialty Facility

Note: People who had an SUD were classified as needing substance use treatment.
Note: The percentages do not add to 100 percent due to rounding.

Aged 18 to 25

Among the 4.5 million young adults aged 18 to 25 in 2019 with an SUD in the past year who did not receive substance use treatment at a specialty facility (2019 DT 7.63), 96.5 percent (or 4.3 million people) did not feel that they needed treatment, 2.6 percent (or 119,000 people) felt that they needed treatment but did not make an effort to get treatment, and 0.9 percent (or 40,000 people) felt that they needed treatment and made an effort to get treatment (2019 DT 7.66). Among young adults in 2019 with a past year SUD who did not receive substance use treatment at a specialty facility, 3.5 percent perceived that they needed treatment. This percentage in 2019 was similar to the percentages in 2015 to 2018.

Aged 26 or Older

Among the 13.4 million adults aged 26 or older in 2019 with an SUD in the past year who did not receive substance use treatment at a specialty facility (2019 DT 7.63), 95.2 percent (or 12.7 million people) did not feel that they needed treatment, 3.4 percent (or 448,000 people) felt that they needed treatment but did not make an effort to get treatment, and 1.4 percent (or 190,000 people) felt that they needed treatment and made an effort to get treatment (2019 DT 7.66). Among adults aged 26 or older in 2019 with a past year SUD who did not receive substance use treatment at a specialty facility, 4.8 percent perceived that they needed treatment. This percentage in 2019 was similar to the percentages in most years from 2015 to 2018.

Reasons for Not Receiving Substance Use Treatment

NSDUH respondents who did not receive substance use treatment in the past 12 months but felt they needed treatment were asked to report the reasons for not receiving treatment. As noted in the previous section, among people aged 12 or older in 2019 who were classified as having an SUD and did not receive substance use treatment at a specialty facility, only 4.3 percent perceived that they needed treatment (2019 DT 7.66). For people who perceived a need for treatment, information on common reasons for not receiving substance use treatment is important for identifying and addressing barriers to treatment receipt.

In 2019, common reasons for not receiving substance use treatment among people aged 12 or older with a past year SUD who did not receive treatment at a specialty facility and perceived a need for treatment were as follows: not being ready to stop using (39.9 percent), not knowing where to

go for treatment (23.8 percent), and having no health care coverage and not being able to afford the cost of treatment (20.9 percent) (2019 DT 7.67). The percentage who did not receive substance use treatment at a specialty facility because they were not ready to stop using remained stable between 2015 and 2019. However, the percentage in 2019 for people who did not receive substance use treatment at a specialty facility because they did not know where to go for treatment was higher than the percentages in 2015 (12.5 percent) and 2017 (10.9 percent), but it was similar to the percentages in 2016 and 2018. The percentage in 2019 for people who did not receive treatment at a specialty facility because they had no health care coverage and could not afford the cost was lower than the percentage in 2018 (32.5 percent), but it was similar to the percentages in 2015 to 2017.

Medication-Assisted Treatment for Alcohol Use or Opioid Misuse

Questions were added to the 2019 NSDUH interview to assess the receipt of medication-assisted treatment (MAT) for problems with alcohol use or opioid misuse. NSDUH respondents aged 12 or older who reported receiving any treatment in the past year for problems related to their use of alcohol were asked to report whether a doctor or other health professional prescribed them medication in the past year to help reduce or stop their use of alcohol. Questions on MAT for opioid misuse were asked if respondents aged 12 or older reported ever using heroin or ever misusing prescription pain relievers *and* reported receiving any treatment in the past year for illicit drug use problems. These respondents were asked whether a doctor or other health professional prescribed them medication in the past year to help reduce or stop their use of heroin, misuse of prescription pain relievers, or both. Respondents also were informed that MAT for opioid misuse was different from medications given to stop a drug overdose.

Medication-Assisted Treatment for Alcohol Use

Among the 14.5 million people aged 12 or older in 2019 with a past year alcohol use disorder (see the section on [Alcohol Use Disorder](#)), 7.6 percent (or 1.1 million people) received treatment for their alcohol use at any location in the past year (2019 DT 7.56), and 1.6 percent (or 228,000 people) received MAT in the past year for their alcohol use ([Table A.4A](#)). Among the 2.5 million people aged 12 or older in 2019 who received alcohol use treatment at any location in the past year (regardless of whether they had a past year alcohol use disorder) (2019 DT 7.51), 11.3 percent

(or 286,000 people) received MAT in the past year for alcohol use. In contrast, among the 1.1 million people aged 12 or older in 2019 who had a past year alcohol use disorder and received alcohol use treatment at any location in the past year, 20.7 percent (or 228,000 people) received MAT in the past year for alcohol use.

Medication-Assisted Treatment for Opioid Misuse

Among the 2.3 million people aged 12 or older in 2019 who received illicit drug use treatment (i.e., not necessarily for opioid misuse) in the past year (2019 DT 7.51), 28.7 percent (or 664,000 people) received MAT in the past year for opioid misuse ([Table A.5A](#)). Among the 1.6 million people aged 12 or older with a past year opioid use disorder (see the section on [Opioid Use Disorder](#)), 18.1 percent (or 294,000 people) received MAT in the past year for opioid misuse.

Mental Health Service Use in the Past Year

The 2019 NSDUH included questions to estimate the use of mental health services in the United States among the adolescent and adult populations. In addition to estimating the use of mental health services among the overall adolescent and adult populations, these questions allowed the estimation of the use of mental health services among adolescents and adults with mental health issues (i.e., MDE, AMI, and SMI).

Treatment for Depression among Adolescents

Adolescents aged 12 to 17 who had met the criteria for having a past year MDE were asked whether they had received treatment for their depression in the past year. Adolescents who reported seeing or talking to a health professional or taking prescribed medication for their depression were classified as having received treatment for their depression in the past year.⁷²

Among adolescents aged 12 to 17 with a past year MDE, receipt of treatment for depression in the past year increased from 37.8 percent (or 822,000 people) in 2005 to 43.3 percent (or 1.6 million people) in 2019 ([Figure 71](#) and 2019 DT 11.4). This percentage in 2019 was higher than the percentages in most years from 2005 to 2015 but was similar to the percentages from 2016 to 2018.

Among adolescents aged 12 to 17 who had a past year MDE with severe impairment, receipt of treatment for depression in the past year increased from 43.9 percent (or 601,000

people) in 2007 to 49.7 percent (or 1.3 million people) in 2019 (Figure 71 and 2019 DT 11.5). This percentage in 2019 was higher than the percentage in each year from 2007 to 2015 but was similar to the percentages from 2016 to 2018.

Treatment for Depression among Adults

Adults aged 18 or older who had met the criteria for having a past year MDE were asked whether they had received treatment for their depression in the past year. Treatment for depression in adults was defined as seeing or talking to a health professional or other professional or using prescription medication for depression in the past year.⁷²

Among the 19.4 million adults aged 18 or older in 2019 who had a past year MDE, 66.3 percent (or 12.8 million people) received treatment for depression in the past year (Figure 72 and 2019 DT 10.32 and 10.34). This percentage in 2019 was similar to the percentage in each year from 2009 through 2018.

Among the 13.1 million adults aged 18 or older in 2019 who had a past year MDE with severe impairment,

72.2 percent (or 9.5 million people) received treatment for depression in the past year (2019 DT 10.33 and 10.35). This percentage in 2019 was similar to the percentages in most years from 2009 through 2018.

Aged 18 to 25

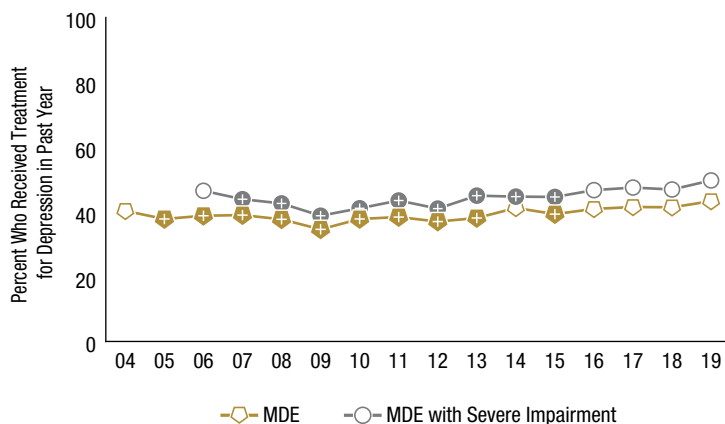
Among the 5.0 million young adults aged 18 to 25 in 2019 who had a past year MDE, 50.9 percent (or 2.6 million people) received treatment for depression in the past year (Figure 72 and 2019 DT 10.32 and 10.34). This percentage in 2019 was similar to the percentages in most years from 2009 through 2018.

Among the 3.4 million young adults aged 18 to 25 in 2019 who had a past year MDE with severe impairment, 56.4 percent (or 1.9 million people) received treatment for depression in the past year (2019 DT 10.33 and 10.35). This percentage in 2019 was similar to the percentages in most years from 2009 through 2018.

Aged 26 to 49

Among the 8.9 million adults aged 26 to 49 in 2019 who had a past year MDE, 68.9 percent (or 6.1 million people)

Figure 71. Received Treatment in the Past Year for Depression among Youths Aged 12 to 17 with a Past Year Major Depressive Episode (MDE) or MDE with Severe Impairment: 2004-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

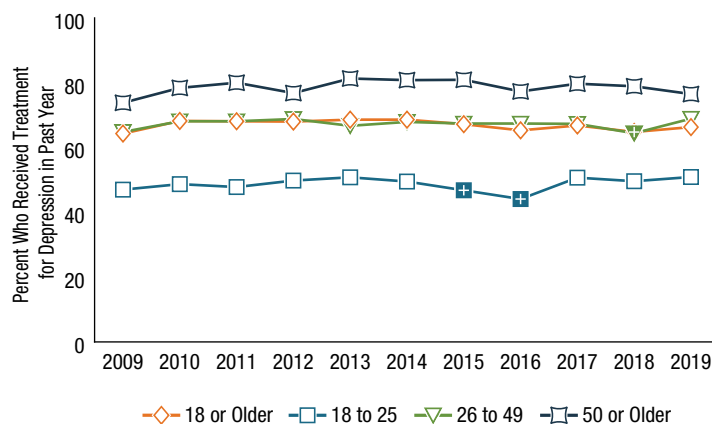
Figure 71 Table. Received Treatment in the Past Year for Depression among Youths Aged 12 to 17 with a Past Year Major Depressive Episode (MDE) or MDE with Severe Impairment: 2004-2019

MDE Status	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
MDE	40.3	37.8*	38.8*	39.0*	37.7*	34.6*	37.8*	38.4*	37.0*	38.1*	41.2	39.3*	40.9	41.5	41.4	43.3
MDE with Severe Impairment	N/A	N/A	46.5	43.9*	42.6*	38.8*	41.1*	43.5*	41.0*	45.0*	44.7*	44.6*	46.7	47.5	46.9	49.7

N/A = not available.

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 72. Received Treatment in the Past Year for Depression among Adults Aged 18 or Older with a Past Year Major Depressive Episode: 2009-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 72 Table. Received Treatment in the Past Year for Depression among Adults Aged 18 or Older with a Past Year Major Depressive Episode: 2009-2019

Age	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
18 or Older	64.3	68.2	68.1	68.0	68.6	68.6	67.2	65.3	66.8	64.8	66.3
18 to 25	47.0	48.7	47.8	49.8	50.8	49.5	46.8*	44.1*	50.7	49.6	50.9
26 to 49	64.8	68.1	68.1	68.8	66.7	67.9	67.4	67.4	67.3	64.4*	68.9
50 or Older	73.8	78.4	80.0	76.8	81.3	80.8	80.9	77.3	79.7	78.9	76.5

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

received treatment for depression in the past year (Figure 72 and 2019 DT 10.32 and 10.34). This percentage in 2019 was similar to the percentage in each year from 2009 to 2017, but it was higher than the percentage in 2018.

Among the 6.1 million adults aged 26 to 49 in 2019 who had a past year MDE with severe impairment, 74.4 percent (or 4.5 million people) received treatment for depression in the past year (2019 DT 10.33 and 10.35). This percentage in 2019 was similar to the percentage in each year from 2009 to 2017, but it was higher than the percentage in 2018.

Aged 50 or Older

Among the 5.4 million adults aged 50 or older in 2019 who had a past year MDE, 76.5 percent (or 4.1 million people) received treatment for depression in the past year (Figure 72 and 2019 DT 10.32 and 10.34). This percentage in 2019 was similar to the percentage in each year from 2009 to 2018.

Among the 3.6 million adults aged 50 or older who had a past year MDE with severe impairment, 83.6 percent (or 3.0 million people) received treatment for depression in the past year (2019 DT 10.33 and 10.35). This percentage in 2019 was similar to the percentages in most years from 2009 to 2018.

Any Mental Health Service Use among Adolescents

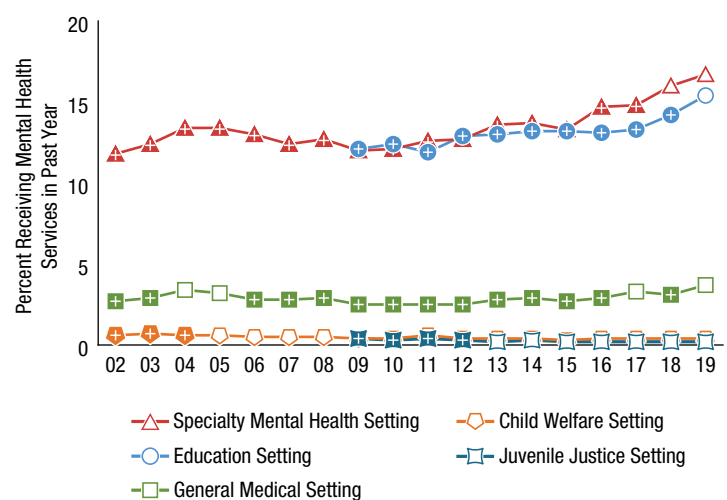
In addition to asking adolescents aged 12 to 17 about treatment for depression, the 2019 NSDUH included questions for adolescents that asked about the receipt of any service for emotional or behavioral problems (i.e., not just depression) not caused by substance use. The youth mental health service utilization section of the interview asked respondents aged 12 to 17 whether they received any treatment or counseling within the 12 months prior to the interview for problems with emotions or behavior in the following settings: (a) *specialty mental health settings*,⁷³ (b) *education settings* (talked with a school social worker, psychologist, or counselor about an emotional or behavioral problem; participated in a program for students with emotional or behavioral problems while in a regular school; or attended a school for students with emotional or behavioral problems), (c) *general medical settings* (care from a pediatrician or family physician for emotional or behavioral problems), (d) *juvenile justice settings* (services for an emotional or behavioral problem in a detention center, prison, or jail), or (e) *child welfare settings* (foster care or therapeutic foster care).⁷⁴

The percentage of adolescents aged 12 to 17 who received mental health services in a specialty mental health setting (inpatient or outpatient care) in the past year increased from 11.8 percent (or 2.9 million people) in 2002 to 16.7 percent (or 4.1 million people) in 2019 (Figure 73 and 2019 DT 11.1). This percentage in 2019 was higher than the percentage in each year from 2002 to 2017 but was similar to the percentage in 2018.

The percentage of adolescents aged 12 to 17 who received mental health services in an education setting in the past year increased from 12.1 percent (or 2.9 million people) in 2009 to 15.4 percent (or 3.7 million people) in 2019 (Figure 73 and 2019 DT 11.1). This percentage in 2019 was higher than the percentage in each year from 2009 to 2018.

The percentage of adolescents aged 12 to 17 who received mental health services in a general medical setting in the past year increased from 2.7 percent (or 657,000 people) in 2002 to 3.7 percent (or 902,000 people) in 2019 (Figure 73

Figure 73. Sources of Mental Health Services in the Past Year among Youths Aged 12 to 17: 2002-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 73 Table. Sources of Mental Health Services in the Past Year among Youths Aged 12 to 17: 2002-2019

Source	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
Specialty Mental Health Setting	11.8*	12.4*	13.4*	13.4*	13.0*	12.4*	12.7*	12.0*	12.1*	12.6*	12.7*	13.6*	13.7*	13.3*	14.7*	14.8*	16.0	16.7
Education Setting	N/A	N/A	N/A	N/A	N/A	N/A	N/A	12.1*	12.4*	11.9*	12.9*	13.0*	13.2*	13.2*	13.1*	13.3*	14.2*	15.4
General Medical Setting	2.7*	2.9*	3.4	3.2	2.8*	2.8*	2.9*	2.5*	2.5*	2.5*	2.5*	2.8*	2.9*	2.7*	2.9*	3.3	3.1*	3.7
Child Welfare Setting	0.6*	0.7*	0.6*	0.6	0.5	0.5	0.5	0.4	0.4	0.6	0.4	0.4	0.4	0.3	0.4	0.4	0.4	0.4
Juvenile Justice Setting	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.4*	0.3*	0.4*	0.3*	0.2	0.3	0.2	0.2	0.2	0.2	0.2

N/A = not available.

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

and 2019 DT 11.1). This percentage in 2019 was higher than the percentages in most years from 2002 through 2018.

In contrast, the percentage of adolescents aged 12 to 17 who received mental health services in a child welfare setting in the past year decreased from 0.6 percent (or 157,000 people) in 2002 to 0.4 percent (or 97,000 people) in 2019 (Figure 73 and 2019 DT 11.1). This percentage in 2019 was lower than the percentages in 2002 to 2004, but it was similar to the percentages from 2005 to 2018.

Also, the percentage of adolescents aged 12 to 17 who received mental health services in a juvenile justice setting in the past year decreased from 0.4 percent (or 109,000 people) in 2009 to 0.2 percent (or 49,000 people) in 2019 (Figure 73 and 2019 DT 11.1). This percentage in 2019 was lower than the percentages from 2009 to 2012, but it was similar to the percentages from 2013 to 2018.

Any Mental Health Service Use among Adults

Adult respondents aged 18 or older were asked whether they received treatment or counseling for any problem with emotions, “nerves,” or mental health in the past year in any inpatient or outpatient setting or if they used prescription medication in the past year for a mental or emotional condition. All adult respondents were asked these questions about their use of mental health services (i.e., not just those with mental illness). Respondents were asked not to include treatment for their use of alcohol or illicit drugs. Unlike the previously discussed questions about treatment for depression, general questions for the receipt of treatment or counseling for mental health issues among adults did not ask about treatment for a particular mental disorder. Consequently, references in this section to treatment or counseling for any problem with emotions, nerves, or mental health are described broadly as “mental health services” or “mental health care.”

The percentage of adults aged 18 or older who received any mental health services in the past year increased from 13.0 percent (or 27.2 million people) in 2002 to 16.1 percent (or 40.2 million people) in 2019 (Figure 74 and 2019 DT 10.7). These estimates in 2019 were higher than the estimates in each year from 2002 through 2018.

The percentage of adults aged 18 or older who received inpatient mental health services in the past year increased from 0.7 percent (or 1.5 million people) in 2002 to 1.0 percent (or 2.4 million people) in 2019 (Figure 74 and

2019 DT 10.16). However, this percentage in 2019 was similar to the percentages in most years from 2003 to 2018.

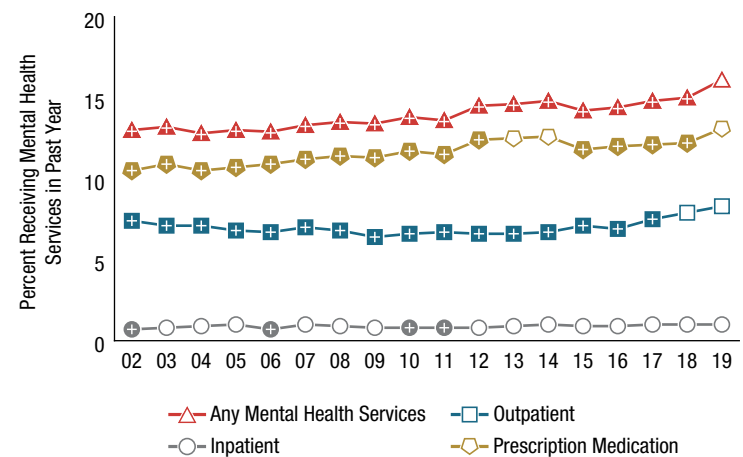
The percentage of adults aged 18 or older who received outpatient mental health services in the past year increased from 7.4 percent (or 15.5 million people) in 2002 to 8.3 percent (or 20.6 million people) in 2019 (Figure 74 and 2019 DT 10.16). These estimates in 2019 were higher than the estimates in most years from 2002 through 2018.

The percentage of adults aged 18 or older who received prescription medication in the past year for a mental health issue increased from 10.5 percent (or 22.0 million people) in 2002 to 13.1 percent (or 32.6 million people) in 2019 (Figure 74 and 2019 DT 10.16). This percentage in 2019 was higher than the percentages in most years from 2002 through 2018.

Aged 18 to 25

Among young adults aged 18 to 25, the percentage who received mental health services in the past year increased from 10.5 percent (or 3.3 million people) in

Figure 74. Type of Mental Health Services Received in the Past Year among Adults Aged 18 or Older: 2002-2019



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 74 Table. Type of Mental Health Services Received in the Past Year among Adults Aged 18 or Older: 2002-2019

Service Type	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
Any Mental Health Services	13.0*	13.2*	12.8*	13.0*	12.9*	13.3*	13.5*	13.4*	13.8*	13.6*	14.5*	14.6*	14.8*	14.2*	14.4*	14.8*	15.0*	16.1
Inpatient	0.7*	0.8	0.9	1.0	0.7*	1.0	0.9	0.8	0.8*	0.8*	0.8	0.9	1.0	0.9	0.9	1.0	1.0	1.0
Outpatient	7.4*	7.1*	7.1*	6.8*	6.7*	7.0*	6.8*	6.4*	6.6*	6.7*	6.6*	6.6*	6.7*	7.1*	6.9*	7.5*	7.9	8.3
Prescription Medication	10.5*	10.9*	10.5*	10.7*	10.9*	11.2*	11.4*	11.3*	11.7*	11.5*	12.4*	12.5	12.6	11.8*	12.0*	12.1*	12.2*	13.1

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

2002 to 17.2 percent (or 5.8 million people) in 2019 (2019 DT 10.7). These estimates in 2019 were higher than the estimates in each year from 2002 through 2018. In 2019, 12.4 percent of young adults received prescription medication in the past year for a mental health issue, 10.3 percent received outpatient mental health services, and 1.7 percent received inpatient mental health services (2019 DT 10.16).

Both the percentage of young adults in 2019 who received prescription medication in the past year for a mental health issue and the percentage who received outpatient mental health services were higher than the corresponding percentages in each year from 2002 to 2018 (2019 DT 10.16). The percentage of young adults in 2019 who received inpatient mental health services in the past year was higher than the percentage in each year from 2002 to 2014, but it was similar to the percentages in 2015 to 2018.

Aged 26 to 49

Among adults aged 26 to 49, the percentage who received mental health services in the past year increased from 14.5 percent (or 14.5 million people) in 2002 to 17.8 percent (or 17.9 million people) in 2019 (2019 DT 10.7). These estimates in 2019 were higher than the estimates in each year from 2002 through 2018. In 2019, 14.3 percent of adults in this age group received prescription medication in the past year for a mental health issue, 9.8 percent received outpatient mental health services, and 0.9 percent received inpatient mental health services (2019 DT 10.16).

Both the percentage of adults aged 26 to 49 in 2019 who received prescription medication in the past year for a mental health issue and the percentage who received outpatient mental health services were higher than the corresponding percentages in each year from 2002 to 2018 (2019 DT 10.16). The percentage in 2019 who received inpatient mental health services in the past year was similar to the percentages in most years from 2002 through 2018.

Aged 50 or Older

Among adults aged 50 or older, the percentage who received mental health services in the past year increased from 12.0 percent (or 9.5 million people) in 2002 to 14.4 percent (or 16.5 million people) in 2019 (2019 DT 10.7). This percentage in 2019 was higher than the percentages in most years from 2002 through 2009, but it was similar to the percentages from 2010 through 2018. In 2019, 12.3 percent

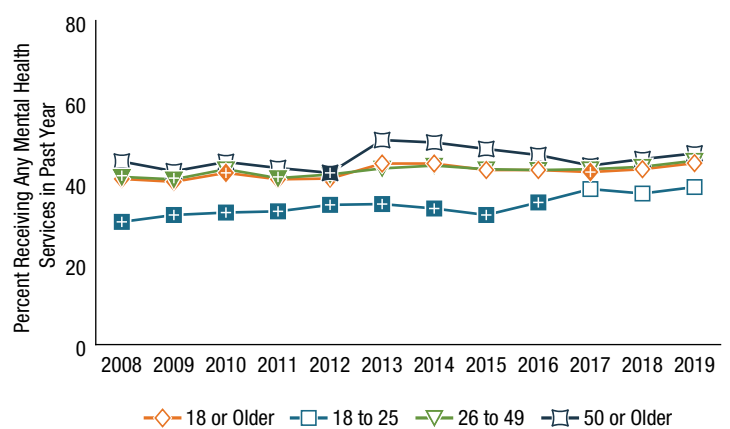
of adults in this age group received prescription medication in the past year for a mental health issue, 6.3 percent received outpatient mental health services, and 0.7 percent received inpatient mental health services (2019 DT 10.16).

The percentage of adults aged 50 or older in 2019 who received prescription medication in the past year for a mental health issue was higher than the percentages in 2002 to 2006, but it was similar to the percentages in most years from 2007 to 2018 (2019 DT 10.16). The percentage of adults in this age group in 2019 who received outpatient mental health services in the past year was similar to the percentages in most years from 2002 to 2018. The percentage of adults in this age group in 2019 who received inpatient mental health services was similar to the percentages from 2002 to 2018.

Any Mental Health Service Use among Adults with AMI

Among adults aged 18 or older with past year AMI, receipt of mental health services in the past year increased from 40.9 percent (or 16.2 million people) in 2008 to 44.8 percent (or 23.0 million people) in 2019 (Figure 75 and 2019 DT 10.9). This percentage in 2019 was higher

Figure 75. Any Mental Health Services Received in the Past Year among Adults Aged 18 or Older with Any Mental Illness in the Past Year: 2008-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 75 Table. Any Mental Health Services Received in the Past Year among Adults Aged 18 or Older with Any Mental Illness in the Past Year: 2008-2019

Age	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
18 or Older	40.9*	40.2*	42.4*	40.8*	41.0*	44.7	44.7	43.1	43.1	42.6*	43.3	44.8
18 to 25	30.3*	32.0*	32.6*	32.9*	34.5*	34.7*	33.6*	32.0*	35.1*	38.4	37.3	38.9
26 to 49	41.4*	40.8*	43.3	41.1*	42.0*	43.5	44.2	43.3	43.1	43.3	43.9	45.4
50 or Older	45.2	42.8	45.1	43.6	42.4*	50.5	49.9	48.3	46.8	44.2	45.8	47.2

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

than the percentages in 2008 to 2012, but it was similar to the percentages in most years from 2013 through 2018.

Aged 18 to 25

Among young adults aged 18 to 25 with past year AMI, receipt of mental health services in the past year increased from 30.3 percent (or 1.8 million people) in 2008 to 38.9 percent (or 3.8 million people) in 2019 (Figure 75 and 2019 DT 10.9). This percentage in 2019 was higher than the percentages in 2008 to 2016, but it was similar to the percentages in 2017 and 2018.

Aged 26 to 49

Among adults aged 26 to 49 with past year AMI, receipt of mental health services in the past year increased from 41.4 percent (or 8.6 million people) in 2008 to 45.4 percent (or 11.5 million people) in 2019 (Figure 75 and 2019 DT 10.9). This percentage in 2019 was higher than the percentages in most years from 2008 to 2012, but it was similar to the percentages in 2013 to 2018.

Aged 50 or Older

Among the 16.3 million adults aged 50 or older in 2019 with past year AMI (2019 DT 10.1), 47.2 percent (or 7.7 million people) received mental health services in the past year (Figure 75 and 2019 DT 10.9). This percentage in 2019 was similar to the percentages in most years from 2008 to 2018.

Any Mental Health Service Use among Adults with SMI

Among the 13.1 million adults aged 18 or older in 2019 with past year SMI (2019 DT 10.3), 65.5 percent (or 8.6 million people) received mental health services in the past year (Figure 76 and 2019 DT 10.11). This percentage in 2019 was similar to the percentage in each year from 2008 through 2018.

Aged 18 to 25

Among young adults aged 18 to 25 in 2019 with past year SMI, receipt of mental health services in the past year increased from 45.9 percent (or 567,000 people) in 2008 to 56.4 percent (or 1.6 million people) in 2019 (Figure 76 and 2019 DT 10.11). This percentage in 2019 was higher than the percentage in 2008, but it was similar to the percentages in most years from 2009 to 2018.

Aged 26 to 49

Among the 6.8 million adults aged 26 to 49 in 2019 with past year SMI (2019 DT 10.3), 65.1 percent (or 4.5 million people) received mental health services in the past year (Figure 76 and 2019 DT 10.11). This percentage in 2019 was similar to the percentage in each year from 2008 to 2018.

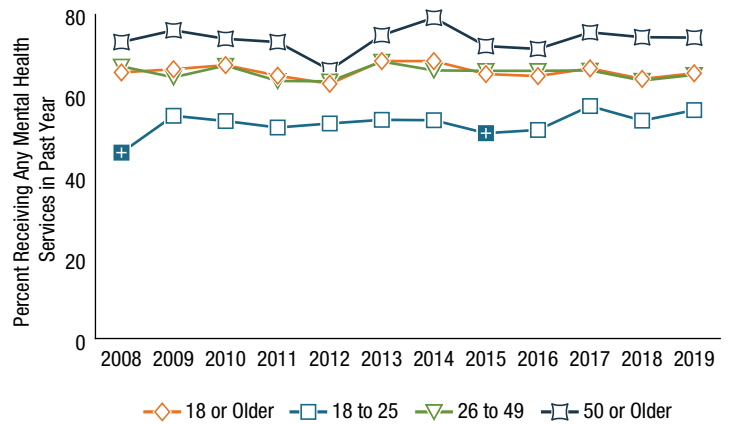
Aged 50 or Older

Among the 3.4 million adults aged 50 or older in 2019 with past year SMI (2019 DT 10.3), 74.3 percent (or 2.5 million people) received mental health services in the past year (Figure 76 and 2019 DT 10.11). This percentage in 2019 was similar to the percentage in each year from 2008 to 2018.

Perceived Unmet Need for Mental Health Services among Adults with Mental Illness

This section discusses estimates of the perceived unmet need for mental health services among adults aged 18 or older with past year AMI or SMI. The section also discusses the reasons adults with AMI or SMI did not receive these services in the past year if they had a perceived unmet need.

Figure 76. Any Mental Health Services Received in the Past Year among Adults Aged 18 or Older with Serious Mental Illness in the Past Year: 2008-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 76 Table. Any Mental Health Services Received in the Past Year among Adults Aged 18 or Older with Serious Mental Illness in the Past Year: 2008-2019

Age	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
18 or Older	65.7	66.5	67.5	64.9	62.9	68.5	68.5	65.3	64.8	66.7	64.1	65.5
18 to 25	45.9*	55.0	53.7	52.1	53.1	54.0	53.9	50.7*	51.5	57.4	53.8	56.4
26 to 49	67.2	64.5	67.4	63.6	63.5	68.4	66.2	66.1	66.1	66.2	63.7	65.1
50 or Older	73.2	76.1	74.0	73.2	66.3	74.9	79.2	72.2	71.5	75.6	74.4	74.3

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Perceived unmet need for mental health services among adults is estimated from a question that asked all adults aged 18 or older whether there was *any time* in the past 12 months when they thought they needed treatment or counseling for mental health issues but did not receive services. However, this section presents estimates of the perceived unmet need for mental health services among adults with AMI or SMI, regardless of whether they received mental health services in the past 12 months. Therefore, this measure for the perceived unmet need for mental health services includes adults with AMI or SMI who may have received some type of mental health service in the past 12 months but felt an unmet need for services before or after they received services.

Perceived Unmet Need for Mental Health Services among Adults with AMI

Among the 51.5 million adults aged 18 or older in 2019 with past year AMI (2019 DT 10.1), 26.0 percent (or 13.3 million people) perceived an unmet need for mental health services in the past year (Figure 77 and 2019 DT 10.23). This percentage was higher than the percentage in each year from 2008 through 2018.

Among the 13.3 million adults aged 18 or older in 2019 with past year AMI and a perceived unmet need, 43.8 percent (or 5.8 million people) did not receive mental health services in the past year (2019 DT 10.25). This percentage in 2019 was similar to the percentage in each year from 2008 through 2018.

Aged 18 to 25

Among the 9.9 million young adults aged 18 to 25 in 2019 with past year AMI (2019 DT 10.1), 40.7 percent (or 4.0 million people) perceived an unmet need for mental health services in the past year (Figure 77 and 2019 DT 10.23). This percentage in 2019 was higher than the percentage in each year from 2008 through 2018.

Among the 4.0 million young adults aged 18 to 25 in 2019 with past year AMI and a perceived unmet need, 53.1 percent (or 2.1 million people) did not receive mental health services in the past year (2019 DT 10.25). This percentage in 2019 was similar to the percentage in each year from 2008 through 2018.

Aged 26 to 49

Among the 25.3 million adults aged 26 to 49 in 2019 with past year AMI (2019 DT 10.1), 28.0 percent (or 7.0 million people) perceived an unmet need for mental health services in the past year (Figure 77 and 2019 DT 10.23). This

percentage in 2019 was higher than the percentage in each year from 2008 through 2018.

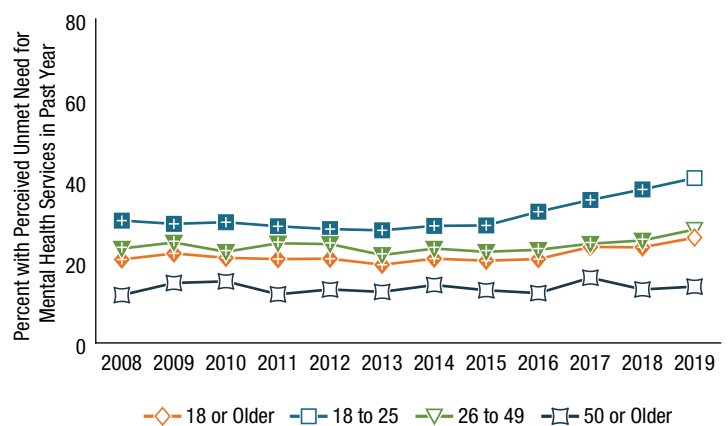
Among the 7.0 million adults aged 26 to 49 in 2019 with past year AMI and a perceived unmet need, 42.5 percent (or 3.0 million people) did not receive mental health services in the past year (2019 DT 10.25). This percentage in 2019 was similar to the percentages in most years from 2008 through 2018.

Aged 50 or Older

Among the 16.3 million adults aged 50 or older in 2019 with past year AMI (2019 DT 10.1), 13.9 percent (or 2.3 million people) perceived an unmet need for mental health services in the past year (Figure 77 and 2019 DT 10.23). This percentage in 2019 was similar to the percentage in each year from 2008 through 2018.

Among the 2.3 million adults aged 50 or older in 2019 with past year AMI and a perceived unmet need, 31.1 percent (or 700,000 people) did not receive mental health services in the past year (2019 DT 10.25). This percentage in 2019 was similar to the percentage in each year from 2008 through 2018.

Figure 77. Perceived Unmet Need for Mental Health Services in the Past Year among Adults Aged 18 or Older with Any Mental Illness in the Past Year: 2008-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 77 Table. Perceived Unmet Need for Mental Health Services in the Past Year among Adults Aged 18 or Older with Any Mental Illness in the Past Year: 2008-2019

Age	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
18 or Older	20.6*	22.1*	21.0*	20.7*	20.8*	19.3*	20.8*	20.3*	20.7*	23.7*	23.6*	26.0
18 to 25	30.2*	29.4*	29.8*	28.8*	28.1*	27.8*	28.9*	29.0*	32.4*	35.3*	37.9*	40.7
26 to 49	23.3*	24.8*	22.5*	24.6*	24.4*	21.7*	23.3*	22.5*	23.0*	24.5*	25.3*	28.0
50 or Older	11.8	14.8	15.2	12.0	13.2	12.6	14.3	13.0	12.3	16.1	13.2	13.9

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Perceived Unmet Need for Mental Health Services among Adults with SMI

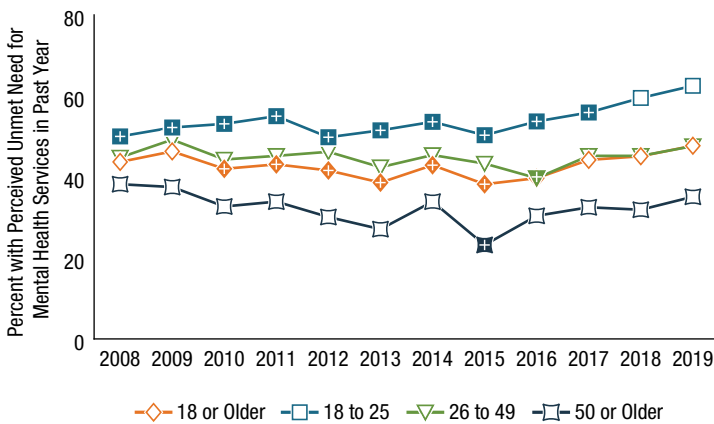
Among the 13.1 million adults aged 18 or older in 2019 with past year SMI (2019 DT 10.3), 47.7 percent (or 6.2 million people) perceived an unmet need for mental health services in the past year (Figure 78 and 2019 DT 10.23). This percentage in 2019 was higher than the percentages in most years from 2008 through 2018.

Among the 6.2 million adults aged 18 or older in 2019 with past year SMI and a perceived unmet need, 32.8 percent (or 2.0 million people) did not receive mental health services in the past year (2019 DT 10.26). This percentage in 2019 was similar to the percentage in each year from 2008 through 2018.

Aged 18 to 25

Among the 2.9 million young adults aged 18 to 25 in 2019 with past year SMI (2019 DT 10.3), 62.5 percent (or 1.8 million people) perceived an unmet need for mental health services in the past year (Figure 78 and 2019 DT 10.23). This percentage in 2019 was higher than the percentages in most years from 2008 through 2018.

Figure 78. Perceived Unmet Need for Mental Health Services in the Past Year among Adults Aged 18 or Older with Serious Mental Illness in the Past Year: 2008-2019



* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 78 Table. Perceived Unmet Need for Mental Health Services in the Past Year among Adults Aged 18 or Older with Serious Mental Illness in the Past Year: 2008-2019

Age	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
18 or Older	43.7	46.3	42.0*	43.1*	41.6*	38.6*	42.9*	38.2*	39.7*	44.2	45.1	47.7
18 to 25	50.0*	52.2*	53.1*	55.0*	49.8*	51.5*	53.6*	50.3*	53.7*	55.9*	59.5	62.5
26 to 49	44.8	49.2	44.3	45.2	46.2	42.4	45.4	43.3	39.7*	45.2	45.2	47.6
50 or Older	38.2	37.5	32.7	33.9	30.1	27.1	33.9	23.2*	30.4	32.5	31.9	35.1

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Among the 1.8 million young adults aged 18 to 25 in 2019 with past year SMI and a perceived unmet need, 43.2 percent (or 778,000 people) did not receive mental health services in the past year (2019 DT 10.26). This percentage in 2019 was similar to the percentage in each year from 2008 through 2018.

Aged 26 to 49

Among the 6.8 million adults aged 26 to 49 in 2019 with past year SMI (2019 DT 10.3), 47.6 percent (or 3.3 million people) perceived an unmet need for mental health services in the past year (Figure 78 and 2019 DT 10.23). This percentage in 2019 was similar to the percentages in most years from 2008 through 2018.

Among the 3.3 million adults aged 26 to 49 in 2019 with past year SMI and a perceived unmet need, 31.9 percent (or 1.0 million people) did not receive mental health services in the past year (2019 DT 10.26). This percentage in 2019 was similar to the percentage in each year from 2008 through 2018.

Aged 50 or Older

Among the 3.4 million adults aged 50 or older in 2019 with past year SMI (2019 DT 10.3), 35.1 percent (or 1.2 million people) perceived an unmet need for mental health services in the past year (Figure 78 and 2019 DT 10.23). This percentage in 2019 was similar to the percentages in most years from 2008 through 2018.

Among the 1.2 million adults aged 50 or older in 2019 with past year SMI and a perceived unmet need, 19.5 percent (or 230,000 people) did not receive mental health services in the past year (2019 DT 10.26). This percentage in 2019 was similar to the percentages in 2014 and 2017.¹¹

Reasons for Not Receiving Mental Health Services among Adults with Mental Illness and a Perceived Unmet Need

Among adults aged 18 or older in 2019 who had past year mental illness and a perceived unmet need for mental health services but did not receive services in the past year, the most common reason for not receiving services was they could not afford the cost of care (43.9 percent for these adults with AMI and 51.8 percent for these adults with SMI) (2019 DT 8.34 and 8.35). Other common reasons for not receiving services included not knowing where to go for services (33.1 percent for these adults with AMI and 36.8 percent for these adults with SMI) and believing they could handle the problem without treatment (30.5 percent

for these adults with AMI and 27.3 percent for these adults with SMI). In addition, 23.4 percent of these adults with SMI were concerned about being committed to a psychiatric hospital or having to take medication.

Receipt of Services for Co-Occurring Substance Use Disorder and Mental Health Issues

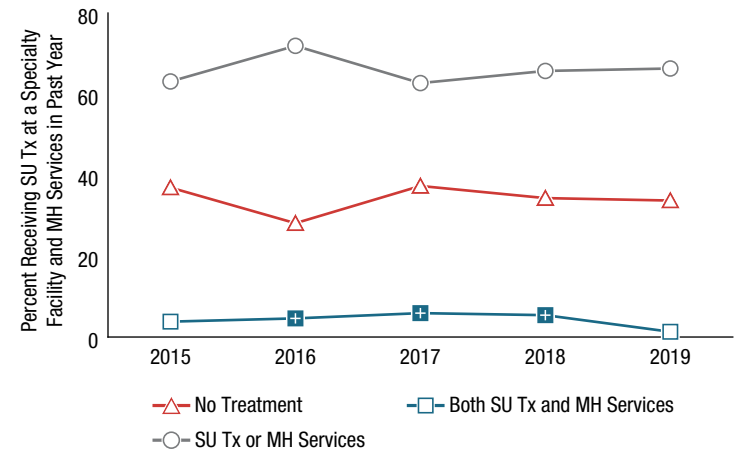
The relationship between SUDs and mental disorders is known to be bidirectional. The presence of a mental disorder may contribute to the development or exacerbation of an SUD. Likewise, the presence of an SUD may contribute to the development or exacerbation of a mental disorder. The combined presence of SUDs and mental disorders (hereafter referred to as co-occurring disorders) results in more profound functional impairment; worse treatment outcomes; higher morbidity and mortality; increased treatment costs; and higher risk for homelessness, incarceration, and suicide than if people had only one of these disorders but not both.^{75,76,77} Current treatment guidelines recommend that people with co-occurring disorders receive treatment for both disorders.^{78,79,80} This section presents estimates of the receipt of services among adolescents and adults with co-occurring SUD and mental health issues.

Receipt of Services among Adolescents with a Co-Occurring SUD and an MDE

Among the 397,000 adolescents aged 12 to 17 in 2019 who had a co-occurring SUD and an MDE in the past year (2019 DT 11.9), 66.3 percent (or 263,000 people) received either substance use treatment at a specialty facility or mental health services in the past year, 62.5 percent (or 249,000 people) received only mental health services, and 2.4 percent (or 10,000 people) received only substance use treatment at a specialty facility (Figure 79 and 2019 DT 11.14). These percentages in 2019 were similar to the percentages in 2015 to 2018 when data were available.

Among adolescents aged 12 to 17 in 2019 who had a co-occurring SUD and an MDE in the past year, 1.3 percent (or 5,000 people) received both substance use treatment at a specialty facility and mental health services (Figure 79 and 2019 DT 11.14). This percentage in 2019 was lower than the percentages in 2016 to 2018 but was similar to the percentage in 2015.

Figure 79. Receipt of Substance Use Treatment at a Specialty Facility and Mental Health Services in the Past Year among Youths Aged 12 to 17 with Past Year Substance Use Disorder and Major Depressive Episode: 2015-2019



MH = mental health; SU Tx = substance use treatment.

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 79 Table. Receipt of Substance Use Treatment at a Specialty Facility and Mental Health Services in the Past Year among Youths Aged 12 to 17 with Past Year Substance Use Disorder and Major Depressive Episode: 2015-2019

Service Type	2015	2016	2017	2018	2019
No Treatment	36.9	28.1	37.3	34.3	33.7
Substance Use Treatment at a Specialty Facility or Mental Health Services	63.1	71.9	62.7	65.7	66.3
Both Substance Use Treatment at a Specialty Facility and Mental Health Services	3.8	4.6*	5.9*	5.4*	1.3

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Receipt of Services among Adults with a Co-Occurring SUD and AMI

Among the 9.5 million adults aged 18 or older in 2019 who had a co-occurring SUD and AMI in the past year (2019 DT 10.6), 48.6 percent (or 4.6 million people) received either substance use treatment at a specialty facility or mental health services in the past year, 38.7 percent (or 3.7 million people) received only mental health services, and 7.8 percent (or 742,000 people) received both substance use treatment at a specialty facility and mental health services (Figure 80 and 2019 DT 10.27). These percentages in 2019 were similar to the percentages in 2015 to 2018.

Among adults aged 18 or older in 2019 who had a co-occurring SUD and AMI in the past year, 1.9 percent (or 182,000 people) received only substance use treatment at a specialty facility (2019 DT 10.27). This percentage in 2019

was lower than the percentages in 2015 and 2017 but was similar to the percentages in 2016 and 2018.

Aged 18 to 25

Among the 2.6 million young adults aged 18 to 25 in 2019 who had a co-occurring SUD and AMI in the past year (2019 DT 10.6), 43.3 percent (or 1.1 million people) received either substance use treatment at a specialty facility or mental health services in the past year, and 36.7 percent (or 941,000 people) received only mental health services (2019 DT 10.28). These percentages in 2019 were higher than the percentages in 2015, but they were similar to the percentages in 2016 to 2018.

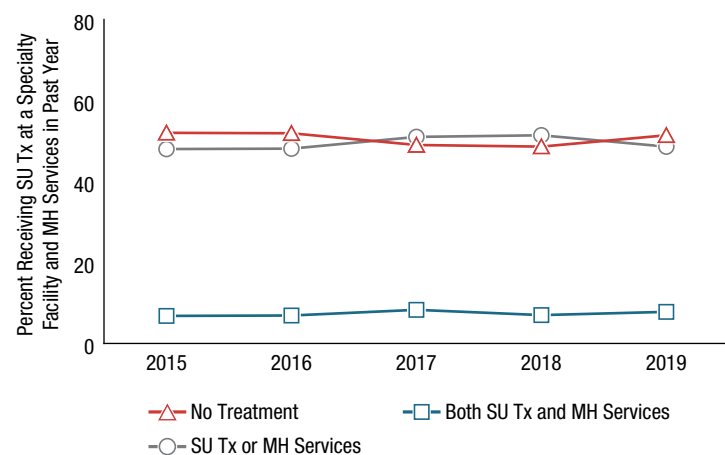
Also among young adults aged 18 to 25 in 2019 who had a co-occurring SUD and AMI in the past year, 5.0 percent (or 130,000 people) received both substance use treatment at a specialty facility and mental health services, which was similar to the percentages in 2015 to 2018 (2019 DT 10.28). Among young adults in 2019 who had a co-occurring SUD and AMI in the past year, 1.4 percent

(or 35,000 people) received only substance use treatment at a specialty facility. This percentage in 2019 was lower than the percentages in 2015 to 2017 but was similar to the percentage in 2018.

Aged 26 or Older

Among the 7.0 million adults aged 26 or older⁸¹ in 2019 who had a co-occurring SUD and AMI in the past year (2019 DT 10.6), 50.5 percent (or 3.5 million people) received either substance use treatment at a specialty facility or mental health services in the past year, 39.5 percent (or 2.7 million people) received only mental health services, and 8.8 percent (or 613,000 people) received both substance use treatment at a specialty facility and mental health services (2019 DT 10.29). These percentages in 2019 were similar to the percentages in 2015 to 2018. Among these adults in 2019 who had a co-occurring SUD and AMI in the past year, 2.1 percent (or 147,000 people) received only substance use treatment at a specialty facility. This percentage was lower than the percentages in 2015 and 2017 but was similar to the percentages in 2016 and 2018.

Figure 80. Receipt of Substance Use Treatment at a Specialty Facility and Mental Health Services in the Past Year among Adults Aged 18 or Older with Past Year Substance Use Disorder and Any Mental Illness: 2015-2019



MH = mental health; SU Tx = substance use treatment.

Figure 80 Table. Receipt of Substance Use Treatment at a Specialty Facility and Mental Health Services in the Past Year among Adults Aged 18 or Older with Past Year Substance Use Disorder and Any Mental Illness: 2015-2019

Service Type	2015	2016	2017	2018	2019
No Treatment	52.0	51.9	49.0	48.6	51.4
Substance Use Treatment at a Specialty Facility or Mental Health Services	48.0	48.1	51.0	51.4	48.6
Both Substance Use Treatment at a Specialty Facility and Mental Health Services	6.8	6.9	8.3	7.0	7.8

Receipt of Services among Adults with a Co-Occurring SUD and SMI

Among the 3.6 million adults aged 18 or older in 2019 who had a co-occurring SUD and SMI in the past year (2019 DT 10.6), 66.6 percent (or 2.4 million people) received either substance use treatment at a specialty facility or mental health services in the past year, 52.0 percent (or 1.9 million people) received only mental health services, 12.7 percent (or 452,000 people) received both substance use treatment at a specialty facility and mental health services, and 1.9 percent (or 68,000 people) received only substance use treatment at a specialty facility (Figure 81 and 2019 DT 10.27). These percentages in 2019 were similar to the percentages in 2015 to 2018.

Aged 18 to 25

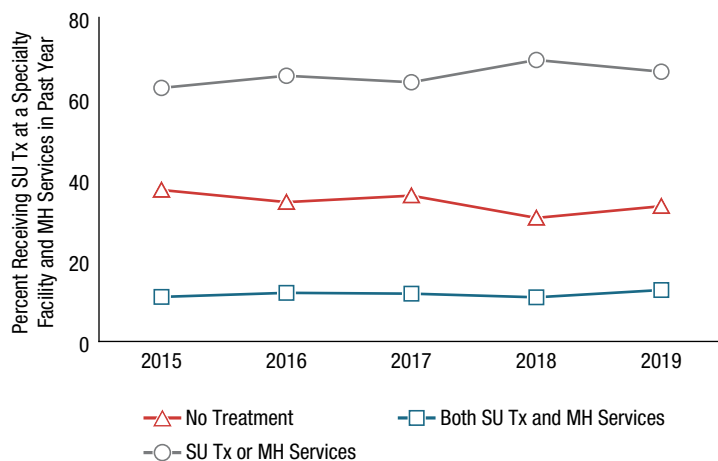
Among the 958,000 young adults aged 18 to 25 in 2019 who had a co-occurring SUD and SMI in the past year (2019 DT 10.6), 60.5 percent (or 577,000 people) received either substance use treatment at a specialty facility or mental health services in the past year, 7.0 percent (or 67,000 people) received both substance use treatment at a specialty facility and mental health services, and 2.0 percent (or 19,000 people) received only substance use treatment at a specialty facility (2019 DT 10.28). These percentages in 2019 were similar to the percentages in 2015 to 2018.

Also among young adults aged 18 to 25 in 2019 who had a co-occurring SUD and SMI in the past year, 51.4 percent (or 491,000 people) received only mental health services (2019 DT 10.28). This percentage in 2019 was higher than the percentage in 2015, but it was similar to the percentages in 2016 to 2018.

Aged 26 or Older

Among the 2.6 million adults aged 26 or older in 2019 who had a co-occurring SUD and SMI in the past year (2019 DT 10.6),⁸¹ 68.9 percent (or 1.8 million people) received either substance use treatment at a specialty facility or mental health services in the past year, 52.2 percent (or 1.4 million people) received only mental health services, 14.8 percent (or 385,000 people) received both substance use treatment at a specialty facility and mental health services, and 1.9 percent (or 48,000 people) received only substance use treatment at a specialty facility (2019 DT 10.29). These percentages in 2019 were similar to the percentages in 2015 to 2018.

Figure 81. Receipt of Substance Use Treatment at a Specialty Facility and Mental Health Services in the Past Year among Adults Aged 18 or Older with Past Year Substance Use Disorder and Serious Mental Illness: 2015-2019



MH = mental health; SU Tx = substance use treatment.

Figure 81 Table. Receipt of Substance Use Treatment at a Specialty Facility and Mental Health Services in the Past Year among Adults Aged 18 or Older with Past Year Substance Use Disorder and Serious Mental Illness: 2015-2019

Service Type	2015	2016	2017	2018	2019
No Treatment	37.4	34.4	36.0	30.5	33.4
Substance Use Treatment at a Specialty Facility or Mental Health Services	62.6	65.6	64.0	69.5	66.6
Both Substance Use Treatment at a Specialty Facility and Mental Health Services	11.0	12.0	11.8	10.9	12.7

Perceived Recovery

Since 2018, respondents aged 18 or older have been asked whether they thought they ever had a problem with their use of alcohol or other drugs or whether they ever had a problem with their mental health. Respondents who reported that they ever had a problem with their alcohol or other drug use were asked whether they considered themselves (at the time they were interviewed) to be in recovery or to have recovered from their alcohol or other drug use problem. Similarly, respondents aged 18 or older who reported that they had a problem with their mental health were asked whether they considered themselves (at the time they were interviewed) to be in recovery or to have recovered from their mental health issue.

Among adults aged 18 or older in 2019, 11.4 percent (or 28.2 million people) perceived that they ever had a problem with their use of alcohol or other drugs (Table A.6B and 2019 DT 6.32), which was similar to the percentage in 2018 (11.0 percent). Moreover, among the 28.2 million adults in 2019 who perceived that they ever had a substance use problem, 75.5 percent (or 21.2 million people) considered themselves to be in recovery or to have recovered from their alcohol or other drug use problem (Table A.7B and 2019 DT 6.34), which was similar to the percentage in 2018 (74.5 percent).

Also among adults aged 18 or older in 2019, 19.5 percent (or 48.5 million people) perceived that they ever had a problem with their mental health (Table A.6B and 2019 DT 6.32), which was higher than the percentage in 2018 (17.7 percent). Moreover, among the 48.5 million adults in 2019 who perceived that they ever had a problem with their mental health, 70.7 percent (or 34.0 million people) considered themselves to be in recovery or to have recovered from their mental health issue (Table A.7B and 2019 DT 6.34), which was similar to the percentage in 2018 (71.1 percent).

Aged 18 to 25

Among young adults aged 18 to 25 in 2019, 7.5 percent (or 2.5 million people) perceived that they ever had a problem with their use of alcohol or other drugs (Table A.6B and 2019 DT 6.32), which was similar to the percentage in 2018 (7.0 percent). Moreover, among the 2.5 million young adults in 2019 who perceived that they ever had a substance use problem, 69.0 percent (or 1.7 million people) considered themselves to be in recovery or to have recovered from their alcohol or other drug use problem (Table A.7B and

2019 DT 6.34), which was similar to the percentage in 2018 (68.9 percent).

Also among young adults aged 18 to 25 in 2019, 31.1 percent (or 10.4 million people) perceived that they ever had a problem with their mental health ([Table A.6B](#) and 2019 DT 6.32), which was higher than the percentage in 2018 (26.4 percent). Moreover, among the 10.4 million young adults in 2019 who perceived that they ever had a problem with their mental health, 65.9 percent (or 6.8 million people) considered themselves to be in recovery or to have recovered from their mental health issue ([Table A.7B](#) and 2019 DT 6.34), which was similar to the percentage in 2018 (66.4 percent).

Aged 26 or Older

Among adults aged 26 or older in 2019, 11.9 percent (or 25.7 million people) perceived that they ever had a problem with their use of alcohol or other drugs ([Table A.6B](#) and 2019 DT 6.32), which was similar to the percentage in 2018 (11.7 percent). Moreover, among the 25.7 million adults in 2019 who perceived that they ever had a substance use problem, 76.2 percent (or 19.5 million people) considered themselves to be in recovery or to have recovered from their alcohol or other drug use problem ([Table A.7B](#) and 2019 DT 6.34), which was similar to the percentage in 2018 (75.0 percent).

Also among adults aged 26 or older in 2019, 17.7 percent (or 38.1 million people) perceived that they ever had a problem with their mental health ([Table A.6B](#) and 2019 DT 6.32), which was higher than the percentage in 2018 (16.3 percent). Moreover, among the 38.1 million adults in 2019 who perceived that they ever had a problem with their mental health, 72.0 percent (or 27.2 million people) considered themselves to be in recovery or to have recovered from their mental health issue ([Table A.7B](#) and 2019 DT 6.34), which was similar to the percentage in 2018 (72.3 percent).

Endnotes

1. Hasin, D. S., & Grant, B. F. (2015). The National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) Waves 1 and 2: Review and summary of findings. *Social Psychiatry and Psychiatric Epidemiology*, 50, 1609-1640. <https://doi.org/10.1007/s00127-015-1088-0>
2. World Health Organization. (2013). *Mental health action plan 2013 – 2020*. Retrieved from http://www.who.int/mental_health/publications/action_plan/en/
3. Reeves, W. C., Strine, T. W., Pratt, L. A., Thompson, W., Ahluwalia, I., Dhingra, S. S., McKnight-Eily, L. R., Harrison, L., D'Angelo, D. V., Williams, L., Morrow, B., Gould, D., & Safran, M. A. (2011). Mental illness surveillance among adults in the United States. *Morbidity and Mortality Weekly Report CDC Surveillance Summaries*, 60(Suppl. 3), 1-29. Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/su6003a1.htm>
4. Murray, C. J. L., & Lopez, A. D. (2013). Measuring the global burden of disease. *New England Journal of Medicine*, 369, 448-457. <https://doi.org/10.1056/nejmra1201534>
5. This report occasionally presents estimated numbers of people with a specific characteristic (e.g., estimated numbers of substance users). Some of these estimated numbers are not included in figures or tables in the report but may be found in the detailed tables for the 2019 NSDUH available at <https://www.samhsa.gov/data/>.
6. Details about the sample design, weighting, and interviewing results for the 2019 NSDUH are provided in Sections 2.1, 2.3.4, and 3.3.1 of CBHSQ (in press). In particular, Tables 2.1 and 2.2 in CBHSQ (in press) provide sample design information on the targeted numbers of completed interviews by state and by age group, respectively. The report also discusses differences in the current sample allocation compared with the allocation used from 2002 to 2013. See the following reference: Center for Behavioral Health Statistics and Quality. (in press). *2019 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
7. Overall response rates are not calculated for adolescents or adults because the screening response rate is not specific to age groups.
8. Center for Behavioral Health Statistics and Quality. (in press). *2019 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
9. For methodological reasons, the 2019 NSDUH estimates are not comparable with NSDUH data collected prior to 2002. For more details, see Appendix C in the following report for the 2004 NSDUH: Office of Applied Studies. (2005). *Results from the 2004 National Survey on Drug Use and Health: National findings* (HHS Publication No. SMA 05-4062, NSDUH Series H-28). Rockville, MD: Substance Abuse and Mental Health Services Administration.
10. Estimates presented in this report have been weighted to reflect characteristics of the civilian, noninstitutionalized population aged 12 or older in the United States. The calculation of NSDUH weights for analysis includes a step that yields weights consistent with population totals obtained from the U.S. Census Bureau based on the most recently available decennial census.
11. For a discussion of the criteria for suppressing (i.e., not publishing) unreliable estimates, see Section 3.2.2 in the following reference: Center for Behavioral Health Statistics and Quality. (in press). *2019 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
12. Changes in survey content and methodology make current NSDUH estimates not comparable with NSDUH data collected prior to 2002. For selected measures since 2015, comparability with estimates prior to 2015 also has been affected. Details about recent questionnaire changes and their effects on the comparability of estimates are provided in Section C of CBHSQ (2016). See the following reference: Center for Behavioral Health Statistics and Quality. (2016). *2015 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
13. Where trends in this report involve more than 4 years of data, the term “most years” is used when the 2019 estimate is either similar to or significantly different from the estimates in at least 60 percent of years referenced in the sentence.
14. Anomalous differences between 2 years of data usually “correct” themselves with 1 or 2 additional years of data. For estimates that started a new baseline in 2015, additional years of data also will be useful for monitoring whether the trends observed for 2015 to 2019 continue to hold or to change as part of longer-term trends.
15. NSDUH does not currently ask separate questions about the vaping of nicotine.
16. See the following reference: Center for Behavioral Health Statistics and Quality. (2014). *Results from the 2013 National Survey on Drug Use and Health: Summary of national findings* (HHS Publication No. SMA 14-4863, NSDUH Series H-48). Retrieved from <https://www.samhsa.gov/data/>
17. Recent increases in vaping nicotine have resulted in changes in adolescent tobacco use. Findings from the 2019 National Youth Tobacco Survey (NYTS) and the 2019 Monitoring the Future study indicate increases in vaping nicotine (Johnston et al., 2020; U.S. Food and Drug Administration [FDA], 2020; Wang et al., 2019). The NYTS data indicate that e-cigarettes have been the most commonly used nicotine product among youths since 2014 and that e-cigarette use has reached epidemic proportions among youths (Wang et al., 2019). In addition, vaping of nicotine products among adolescents has been identified as a risk factor for future cigarette use (FDA, 2020), which may affect long-term cigarette use trends. See the following three references:
Johnston, L. D., Miech, R. A., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E., & Patrick, M. E. (2020). *Monitoring the Future national survey results on drug use 1975–2019: 2019 overview, key findings on adolescent drug use*. Ann Arbor, MI: University of Michigan, Institute for Social Research. Retrieved from <http://www.monitoringthefuture.org/pubs/monographs/mtf-overview2019.pdf>
U.S. Food and Drug Administration. (2020). *2019 National Youth Tobacco Survey shows youth e-cigarette use at alarming levels*. Retrieved from <https://www.fda.gov>
Wang, T. W., Gentzke, A. S., Creamer, M. R., Cullen, K. A., Holder-Hayes, E., Sawdey, M. D., Anic, G. M., Portnoy, D. B., Hu, S., Homa, D. M., Jamal, A., & Neff, L. J. (2019). Tobacco product use and associated factors among middle and high school students — United States, 2019. *Morbidity and Mortality Weekly Report Surveillance Summaries*, 68(SS-12), 1-22. <https://doi.org/10.15585/mmwr.ss6812a1>

18. In the 2019 NSDUH, a “drink” was defined as a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. Times when respondents had only a sip or two from a drink were not considered to be alcohol consumption.
19. The threshold for determining binge alcohol use for females was lowered from five or more drinks on an occasion for the 2014 and earlier NSDUHs to four or more drinks on an occasion for the 2015 NSDUH to ensure consistency with federal definitions and other federal data collection programs. The threshold for males in 2015 remained at five or more drinks on an occasion. New baselines began in 2015 for estimates of binge and heavy alcohol use for females and for binge and heavy alcohol use for the overall population (both genders). Estimates from 2002 to 2019 for binge and heavy alcohol use among males are available in the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.
20. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as a pattern of drinking that brings blood alcohol concentration (BAC) levels to 0.08 grams per deciliter (g/dL). This typically occurs after four drinks for women and five drinks for men in about 2 hours. See the following two references:
- National Institute on Alcohol Abuse and Alcoholism. (2004, Winter). NIAAA council approves definition of binge drinking. *NIAAA Newsletter*, 3, 3. Retrieved from https://pubs.niaaa.nih.gov/publications/Newsletter/winter2004/Newsletter_Number3.pdf
- National Institute on Alcohol Abuse and Alcoholism. (2019). *Drinking levels defined*. Retrieved from <https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking>
21. These estimates were calculated from special analyses but are not included in the appendix tables or in the 2019 detailed tables.
22. Alcohol Policy Information System, National Institute on Alcohol Abuse and Alcoholism. (2019, January 1). *State profiles of underage drinking laws*. Retrieved from <https://alcoholpolicy.niaaa.nih.gov/underage-drinking/state-profiles>
23. National Institute on Drug Abuse. (2019, April). *DrugFacts: Kratom*. Retrieved from <https://www.drugabuse.gov/publications/finder/t/160/drugfacts>
24. Although kratom is not scheduled nationally as a controlled substance, the Drug Enforcement Administration includes kratom as a drug of concern because it poses risks to people who use it. However, some states may prohibit the possession and use of kratom. See the following reference: Drug Enforcement Administration. (2017). *Drugs of abuse, a DEA resource guide*. Retrieved from <https://www.dea.gov/>
25. The 2019 NSDUH questionnaire included separate sections for tranquilizer misuse and sedative misuse. Data from these sections were combined to produce aggregate estimates for the misuse of any tranquilizer or sedative.
26. The estimated numbers of current users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past month.
27. Center for Behavioral Health Statistics and Quality. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (HHS Publication No. PEP 19-5068, NSDUH Series H-54). Retrieved from <https://www.samhsa.gov/data/>
28. LSD = lysergic acid diethylamide; PCP = phencyclidine; MDMA = methylenedioxy-methamphetamine; DMT = dimethyltryptamine; AMT = alpha-methyltryptamine; Foxy = N, N-diisopropyl-5-methoxytryptamine (5-MeO-DIPT). Definitions for these hallucinogens also are included in Appendix A of the following reference: Center for Behavioral Health Statistics and Quality. (in press). *2019 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
29. Desoxyn® was not mentioned in 2019 as some other stimulant and has been mentioned only rarely in some years since 2015. Because Desoxyn® is chemically similar to other prescription amphetamines (e.g., Adderall®), it was grouped with the other amphetamines.
30. For example, the product label for Xanax®, which is prescribed as a tranquilizer, indicates the drug has an average half-life of 11.2 hours (i.e., the length of time for half of the dosage of the drug to be metabolized), with a range of 6.3 to 26.9 hours in healthy adults. In comparison, the product label for Halcion®, a benzodiazepine prescribed as a sedative, has a short half-life in the range of 1.5 to 5.5 hours. Product label information for these drugs is available on the U.S. Food and Drug Administration’s Center for Drug Evaluation and Research website at <https://www.fda.gov/Drugs/>.
31. Examples of forms of fentanyl presented to NSDUH respondents are available by prescription. NSDUH respondents were not asked about the use of fentanyl illicitly manufactured in clandestine laboratories.
32. Wilson, N., Kariisa, M., Seth, P., Smith, H., & Davis, N. L. (2020). Drug and opioid-involved overdose deaths — United States, 2017–2018. *Morbidity and Mortality Weekly Report*, 69(11), 290-297. <https://doi.org/10.15585/mmwr.mm6911a4>
33. To measure initiation for most substances, NSDUH respondents who reported they ever used a particular substance were asked to report their age when they first used it. To measure initiation of prescription drug misuse (i.e., misuse of pain relievers, tranquilizers, stimulants, and sedatives), NSDUH respondents who reported they misused a particular prescription drug in the past 12 months were asked to report their age when they first misused it. Respondents who reported first use (or misuse in the case of prescription drugs) of a substance within a year of their current age also were asked to report the year and month when they first used (or misused) it.
34. Estimates relating to the periods prior to the 12-month reference period have not been considered here because of concerns about their validity resulting from recall bias. See the following reference: Gfroerer, J., Hughes, A., Chromy, J., Heller, D., & Packer, L. (2004, July). Estimating trends in substance use based on reports of prior use in a cross-sectional survey. In S. B. Cohen & J. M. Lepkowski (Eds.), *Eighth Conference on Health Survey Research Methods: Conference proceedings [Peachtree City, GA]* (HHS Publication No. PHS 04-1013, pp. 29-34). Hyattsville, MD: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Health Statistics.
35. For substances other than prescription psychotherapeutic drugs, respondents who had ever used the substance (e.g., marijuana) were asked to report when they first used the substance, and respondents who reported first use within a year of their current age were asked to report the year and month when they first used it. Thus, past year initiates of the use of substances other than prescription psychotherapeutic drugs reported their first use within 12 months of the interview date.

36. Assessing whether respondents in the 2019 NSDUH had initiated misuse of a prescription psychotherapeutic drug in the past 12 months differed from assessing whether respondents had initiated the use of other substances in that period because the psychotherapeutic drug categories (e.g., prescription pain relievers) include many different types of prescription drugs in a given category (e.g., pain relievers containing hydrocodone, such as Vicodin®, Lortab®, Norco®, Zohydro® ER, or generic hydrocodone). Respondents in 2019 were asked questions about initiation of misuse only for the specific prescription drugs they misused in the past 12 months, including their age when they first misused a drug and (if the first misuse occurred within a year of the current age) the year and month of first misuse for that drug. Respondents who reported they initiated misuse in the past 12 months for all of the specific prescription drugs in a given category they misused in that period were asked a follow-up question to establish whether they had ever misused prescription drugs in that category more than 12 months before being interviewed. Respondents who answered this follow-up question as “no” were classified as being past year initiates of the misuse of any prescription drug in the overall category. This answer meant respondents had never misused any prescription drug in that category more than 12 months prior to the interview date.
37. More information about the methods for measuring and estimating the initiation of substance use and prescription drug misuse in NSDUH can be found in Section 3.4.2 of the following reference: Center for Behavioral Health Statistics and Quality. (in press). *2019 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
38. Numbers in Figure 26 refer to people who used a specific substance for the first time in the past year, regardless of whether the initiation of use of other substances occurred prior to the past year.
39. Past year initiates of crack cocaine use are counted as past year initiates of cocaine use only if they initiated any use of cocaine in the past year. Likewise, past year initiates of LSD, PCP, or Ecstasy use are counted as past year initiates of hallucinogen use only if respondents had previously not used other hallucinogens.
40. For more information, see Section B.2.3 in the following reference: Center for Behavioral Health Statistics and Quality. (2017). *2016 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
41. Survey questions for the perceived risk from using different substances vary in terms of the frequency (e.g., use once or twice a week, use nearly every day or daily) and quantity of use (e.g., having five or more drinks of alcohol, any use of marijuana, cocaine, or heroin), making comparisons difficult for perceptions of risk from using different substances.
42. Compton, W. M., Han, B., Jones, C. M., Blanco, C., & Hughes, A. (2016). Marijuana use and use disorders in adults in the USA, 2002-14: Analysis of annual cross-sectional surveys. *Lancet Psychiatry*, 3, 954-964. [https://doi.org/10.1016/S2215-0366\(16\)30208-5](https://doi.org/10.1016/S2215-0366(16)30208-5)
43. Because of the cross-sectional nature of NSDUH data (i.e., reports of perceived risk and substance use made at a single point in time instead of from the same individuals over multiple points in time), causal connections cannot be made between perceptions of risk and substance use.
44. Volkow, N. D., Baler, R. D., Compton, W. M., & Weiss, S. R. B. (2014). Adverse health effects of marijuana use. *New England Journal of Medicine*, 370, 2219-2227. <https://doi.org/10.1056/NEJMr1402309>
45. National Academies of Sciences, Engineering, and Medicine. (2017). *The health effects of cannabis and cannabinoids: The current state of evidence and recommendations for research*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24625>
46. American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (DSM-IV) (4th ed.). Washington, DC: Author.
47. The DSM-IV criteria for SUDs include separate criteria for dependence or abuse. People who met the criteria for abuse for a given substance (e.g., alcohol) did not meet the criteria for dependence for that substance. For more information, see Section 3.4.3 and the definitions for abuse and dependence in Appendix A of the following reference: Center for Behavioral Health Statistics and Quality. (in press). *2019 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
48. Respondents who reported any use of prescription drugs in a given prescription psychotherapeutic category in the past 12 months (e.g., prescription pain relievers) but did not report misuse of any drugs in that category in the past 12 months were not asked the SUD questions for that category.
49. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (DSM-5) (5th ed.). Arlington, VA: Author.
50. Adolescents were first asked whether they ever had a period in their lifetime lasting several days or longer when any of the following was true for most of the day: (a) feeling sad, empty, or depressed; (b) feeling very discouraged or hopeless about how things were going in their lives; or (c) losing interest and becoming bored with most things they usually enjoy. Adolescents who reported any of these problems were asked further questions about their experience with the nine symptoms of MDE in their lifetime. Adolescents were classified as having an MDE in their lifetime if they experienced at least five of the nine symptoms in the same 2-week period in their lifetime; at least one of the symptoms needed to be having a depressed mood or loss of interest or pleasure in activities that had been enjoyable. Adolescents who reported gaining weight without trying were asked if their weight gain occurred because they were growing; this question was not asked of adult respondents. Adolescent respondents who had a lifetime MDE were asked if they had a period of 2 weeks or longer in the past 12 months when they felt depressed or lost interest or pleasure in previously enjoyable activities, and they reported having some of their other MDE symptoms. These adolescents were classified as having a past year MDE.
51. Adults were first asked whether they ever had a period in their lifetime lasting several days or longer when any of the following was true for most of the day: (a) feeling sad, empty, or depressed; (b) feeling discouraged about how things were going in their lives; or (c) losing interest in most things they usually enjoy. Adults who reported any of these problems were asked further questions about their experience with the nine symptoms of MDE in their lifetime. Adults were classified as having an MDE in their lifetime if they experienced at least five of the nine symptoms in the same 2-week period in their lifetime; at least one of the symptoms needed to be having a depressed mood or loss of interest or pleasure in activities that had been enjoyable. Adult respondents who had a lifetime MDE were asked if they had a period of 2 weeks or longer in the past 12 months when they felt depressed or lost interest or pleasure in previously enjoyable activities, and they reported having some of their other MDE symptoms. These adults were classified as having a past year MDE. Data on MDE in the past year for adults have been available in NSDUH since 2005.

52. Questions measuring adolescents' impairment in carrying out life activities because of MDE were added to the survey in 2006.
53. Data on MDE with severe impairment for adults have been available since 2009.
54. Wang, J., Sumner, S. A., Simon, T. R., Crosby, A. E., Annor, F. B., Gaylor, E., Xu, L., & Holland, K. M. (2020). Trends in the incidence and lethality of suicidal acts in the United States, 2006 to 2015. *JAMA Psychiatry*. Advance online publication. <https://doi.org/10.1001/jamapsychiatry.2020.0596>
55. Miron, O., Yu, K.-H., Wilf-Miron, R., & Kohane, I. S. (2019). Suicide rates among adolescents and young adults in the United States, 2000-2017. *Journal of the American Medical Association*, 321, 2362-2364. <https://doi.org/10.1001/jama.2019.5054>
56. Mojtabai, R., & Olfson, M. (2020). National trends in mental health care for US adolescents. *JAMA Psychiatry*. Advance online publication. <https://doi.org/10.1001/jamapsychiatry.2020.0279>
57. Mojtabai, R., Olfson, M., & Han, B. (2016). National trends in the prevalence and treatment of depression in adolescents and young adults. *Pediatrics*, 138(6), e20161878. <https://doi.org/10.1542/peds.2016-1878>
58. Hedegaard, H., Curtin, S. C., & Warner, M. (2020, April). *Increase in suicide mortality in the United States, 1999-2018* (NCHS Data Brief No. 362). Retrieved from <https://www.cdc.gov/nchs/products/databriefs.htm>
59. Information on the definitions and estimation methods for the mental illness estimates will be provided in Section 3.4.7 and Appendix A in the forthcoming 2019 methodological summary and definitions report. Until that report becomes available, readers can refer to the corresponding sections in the 2018 report. See the following references:
- Center for Behavioral Health Statistics and Quality. (2019). *2018 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
- Center for Behavioral Health Statistics and Quality. (in press). *2019 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
60. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2020). *Fatal injury data*. Retrieved from <https://www.cdc.gov/injury/wisqars/fatal.html>
61. Stone, D. M., Simon, T. R., Fowler, K. A., Kegler, S. R., Yuan, K., Holland, K. M., Ivey-Stephenson, A. Z., & Crosby, A. E. (2018, June 8). *Vital Signs: Trends in state suicide rates — United States, 1999-2016 and circumstances contributing to suicide — 27 states, 2015*. *Morbidity and Mortality Weekly Report*, 67(22), 617-624. Retrieved from <https://doi.org/10.15585/mmwr.mm6722a1>
62. Murphy, S. L., Xu, J., Kochanek, K. D., & Arias, E. (2018, November). *Mortality in the United States, 2017* (NCHS Data Brief No. 328). Retrieved from <https://www.cdc.gov/nchs/products/databriefs.htm>
63. Xu, J., Murphy, S. L., Kochanek, K. D., & Arias, E. (2020, January). *Mortality in the United States, 2018* (NCHS Data Brief No. 355). Retrieved from <https://www.cdc.gov/nchs/products/databriefs.htm>
64. Crosby, A. E., Han, B., Ortega, L. A. G., Parks, S. E., & Gfroerer, J. (2011, October 21). Suicidal thoughts and behaviors among adults aged ≥18 years—United States, 2008-2009. *Morbidity and Mortality Weekly Report Surveillance Summaries*, 60(SS13), 1-22. Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/ss6013a1.htm>
65. Han, B., Kott, P. S., Hughes, A., McKeon, R., Blanco, C., & Compton, W. M. (2016). Estimating the rates of deaths by suicide among adults who attempt suicide in the United States. *Journal of Psychiatric Research*, 77, 125-133. <https://doi.org/10.1016/j.jpsychires.2016.03.002>
66. Respondents were eligible to be asked the substance use treatment questions if they reported lifetime use of alcohol, marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, or the lifetime misuse of prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives). Respondents who were lifetime users of tobacco products or other substances (e.g., kratom) but who did not report lifetime use or misuse of the substances mentioned in the previous sentence were not asked the substance use treatment questions.
67. Substance use treatment at a specialty facility refers to substance use treatment at a hospital (only as an inpatient), a drug or alcohol rehabilitation facility (as an inpatient or outpatient), or a mental health center. This NSDUH definition historically has not considered emergency rooms, private doctors' offices, prisons or jails, and self-help groups to be specialty facilities for the receipt of substance use treatment.
68. The NSDUH definition of the need for treatment does not explicitly indicate the need for treatment at a specialty facility. People who had an SUD in the past year can be considered to need some form of assistance for their problems with substance use. However, people who met DSM-IV criteria for abuse but not dependence may not necessarily need treatment at a specialty facility. For more information about the DSM-IV criteria for having an SUD, see Section 3.4.3 and the definitions for abuse and dependence in Appendix A of CBHSQ (in press). See the following references:
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (DSM-IV) (4th ed.). Washington, DC: Author.
- Center for Behavioral Health Statistics and Quality. (in press). *2019 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
69. There were 20.4 million people aged 12 or older in 2019 with an SUD in the past year. Approximately 95 percent of the people in 2019 who needed treatment for a substance use problem were classified as such because they had an SUD in the past year, regardless of whether they received substance use treatment at a specialty facility.
70. As per the definition of the need for substance use treatment, people who had an SUD were classified as needing substance use treatment.
71. Estimated numbers and percentages of people in Figure 70 who made an effort or did not make an effort to get substance use treatment do not sum to the total number of people who needed substance use treatment, did not receive specialty treatment in the past year, and perceived a need for treatment due to rounding.
72. Health professionals include general practitioners or family doctors; other medical doctors (e.g., cardiologist, gynecologist, urologist); psychologists; psychiatrists or psychotherapists; social workers; counselors; other mental health professionals (e.g., mental health nurse or other therapist where type is not specified); and nurses, occupational therapists, or other health professionals.

73. The specialty mental health setting includes services in outpatient or inpatient settings. Outpatient services include those from (a) a private therapist, psychologist, psychiatrist, social worker, or counselor; (b) a mental health clinic or center; (c) a partial day hospital or day treatment program; or (d) an in-home therapist, counselor, or family preservation worker. Inpatient or residential specialty mental health services in which adolescents stayed overnight or longer include services in a hospital or a residential treatment center.
74. Due to questionnaire changes in 2009, estimates for the receipt of youth mental health services in educational settings are not comparable with estimates prior to 2009. Additionally, estimates for the receipt of youth mental health services in juvenile justice settings were not available prior to 2009.
75. Compton, W. M., Thomas, Y. F., Stinson, F. S., & Grant, B. F. (2007). Prevalence, correlates, disability, and comorbidity of DSM-IV drug abuse and dependence in the United States: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Archives of General Psychiatry*, *64*, 566-576. <https://doi.org/10.1001/archpsyc.64.5.566>
76. Mojtabai, R., Chen, L.-Y., Kaufmann, C. N., & Crum, R. M. (2014). Comparing barriers to mental health treatment and substance use disorder treatment among individuals with comorbid major depression and substance use disorders. *Journal of Substance Abuse Treatment*, *46*, 268-273. <https://doi.org/10.1016/j.jsat.2013.07.012>
77. Hartz, S. M., Pato, C. N., Medeiros, H., Cavazos-Rehg, P., Sobell, J. L., Knowles, J. A., Bierut, L. J., & Pato, M. T. (2014). Comorbidity of severe psychotic disorders with measures of substance use. *JAMA Psychiatry*, *71*, 248-254. <https://doi.org/10.1001/jamapsychiatry.2013.3726>
78. Watkins, K. E., Hunter, S. B., Burnam, M. A., Pincus, H. A., & Nicholson, G. (2005). Review of treatment recommendations for persons with a co-occurring affective or anxiety and substance use disorder. *Psychiatric Services*, *56*, 913-926. <https://doi.org/10.1176/appi.ps.56.8.913>
79. Pettinati, H. M., O'Brien, C. P., & Dundon, W. D. (2013). Current status of co-occurring mood and substance use disorders: A new therapeutic target. *American Journal of Psychiatry*, *170*, 23-30. <https://doi.org/10.1176/appi.ajp.2012.12010112>
80. Han, B., Compton, W. M., Blanco, C., & Colpe, L. J. (2017). Prevalence, treatment, and unmet treatment needs of US adults with mental health and substance use disorders. *Health Affairs (Millwood)*, *36*, 1739-1747. <https://doi.org/10.1377/hlthaff.2017.0584>
81. Estimates are presented for the receipt of services among adults aged 26 or older who had a co-occurring SUD and AMI in the past year because some estimates for adults aged 50 or older were not reported due to low statistical precision. In addition, estimates are presented for the receipt of services among adults aged 26 or older who had a co-occurring SUD and SMI in the past year because all estimates for adults aged 50 or older were not reported due to low statistical precision. For a discussion of the criteria for suppressing (i.e., not publishing) unreliable estimates, see Section 3.2.2 in the following reference: Center for Behavioral Health Statistics and Quality. (in press). *2019 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>

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**Appendix A: Special Tables of Estimates for Substance Use and Mental Health Indicators
in the United States**

Table A.1B Types of Illicit Drug, Tobacco Product, Alcohol, and Other Substance Use in the Past Month among People Aged 12 or Older: 2002-2019

Substance	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
ILLICIT DRUGS										
TOBACCO PRODUCTS	30.4 ^a (0.35)	29.8 ^a (0.34)	29.2 ^a (0.33)	29.4 ^a (0.35)	29.6 ^a (0.35)	28.7 ^a (0.34)	28.4 ^a (0.35)	27.7 ^a (0.33)	27.5 ^a (0.34)	26.5 ^a (0.33)
ALCOHOL	51.0 (0.42)	50.1 (0.39)	50.3 (0.40)	51.8 ^a (0.40)	51.0 (0.39)	51.2 (0.41)	51.6 (0.39)	51.9 ^a (0.38)	51.8 ^a (0.39)	51.8 (0.39)
OTHER SUBSTANCE USE										
Kratom	--	--	--	--	--	--	--	--	--	--
SUBSTANCE USE										
Any Substance	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Illicit Drugs, Tobacco Products, or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Illicit Drugs or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Tobacco Products or Alcohol	61.0 ^a (0.40)	60.1 ^a (0.38)	59.6 ^a (0.40)	61.1 ^a (0.39)	60.7 ^a (0.39)	60.5 ^a (0.37)	60.6 ^a (0.38)	60.6 ^a (0.36)	60.9 ^a (0.39)	60.3 ^a (0.38)

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.1B Types of Illicit Drug, Tobacco Product, Alcohol, and Other Substance Use in the Past Month among People Aged 12 or Older: 2002-2019 (continued)

Substance	2012	2013	2014	2015	2016	2017	2018	2019
ILLICIT DRUGS								
TOBACCO PRODUCTS	26.7 ^a (0.34)	25.5 ^a (0.32)	25.2 ^a (0.28)	23.9 ^a (0.26)	23.5 ^a (0.27)	22.4 ^a (0.26)	21.5 (0.27)	21.1 (0.25)
ALCOHOL	52.1 ^a (0.39)	52.2 ^a (0.41)	52.7 ^a (0.33)	51.7 (0.32)	50.7 (0.31)	51.7 (0.33)	51.1 (0.37)	50.8 (0.34)
OTHER SUBSTANCE USE								
Kratom	--	--	--	--	--	--	--	0.3 (0.03)
SUBSTANCE USE								
Any Substance	nc	nc	nc	nc	nc	nc	nc	60.1 (0.32)
Illicit Drugs, Tobacco Products, or Alcohol	nc	nc	nc	60.9 ^a (0.30)	60.2 (0.30)	60.7 (0.32)	60.2 (0.35)	60.1 (0.32)
Illicit Drugs or Alcohol	nc	nc	nc	54.1 (0.31)	53.4 (0.32)	54.3 (0.33)	53.9 (0.36)	54.2 (0.34)
Tobacco Products or Alcohol	61.0 ^a (0.37)	60.6 ^a (0.39)	61.0 ^a (0.31)	59.8 ^a (0.30)	58.9 (0.30)	59.4 ^a (0.32)	58.8 (0.35)	58.3 (0.33)

* = Low precision; -- = not available; nc = not comparable due to methodological changes.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in the detailed tables for the 2019 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables.

^a The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

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

Table A.2B Type of Tobacco Product Use among Past Month Tobacco Users Aged 12 or Older, by Age: 2019

Tobacco Product Use	Total	12 to 17	18 to 25	26 or Older
Only Cigarettes	65.3 (0.57)	35.4 (2.41)	49.6 (0.98)	68.5 (0.67)
Cigarettes and Some Other Type of Tobacco Product	13.8 (0.40)	25.0 (2.21)	22.5 (0.80)	12.1 (0.45)
Only Noncigarette Tobacco Products	21.0 (0.50)	39.6 (2.49)	27.9 (0.94)	19.5 (0.57)

* = Low precision.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Percentages in an age group category may not add to 100 percent due to rounding.

NOTE: Additional estimates may be found in the detailed tables for the 2019 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables.

NOTE: Tobacco products include cigarettes, smokeless tobacco (such as snuff, dip, chewing tobacco, or snus), cigars, or pipe tobacco. Use of any tobacco product does not include nicotine vaping.

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

Table A.3A Average Number of Initiates per Day among People Aged 12 or Older, by Age: 2019

Substance	Aged 12 or Older	Aged 12 to 17	Aged 18 or Older	Aged 18 to 25	Aged 26 or Older
TOBACCO PRODUCTS					
Cigarettes	4,370 (217)	1,482 (105)	2,888 (183)	2,640 (155)	247 (68)
Daily Cigarette Use	1,338 (140)	202 (32)	1,137 (136)	643 (69)	494 (117)
Smokeless Tobacco	2,852 (186)	924 (80)	1,929 (169)	1,160 (101)	768 (137)
Cigars	5,793 (275)	1,210 (92)	4,583 (255)	3,163 (176)	1,420 (189)
ALCOHOL	13,367 (374)	6,189 (200)	7,178 (288)	6,615 (240)	563 (109)
ILLICIT DRUGS					
Marijuana	9,527 (355)	3,700 (158)	5,827 (318)	3,396 (178)	2,431 (259)
Cocaine	1,838 (154)	162 (37)	1,675 (146)	1,305 (114)	371 (88)
Crack	252 (75)	31 (18)	220 (73)	47 (17)	173 (71)
Heroin	137 (48)	* (*)	137 (48)	51 (21)	85 (43)
Hallucinogens	3,344 (224)	770 (72)	2,574 (212)	1,865 (149)	709 (129)
LSD	2,421 (190)	562 (63)	1,859 (178)	1,259 (125)	599 (120)
PCP	83 (25)	43 (19)	41 (16)	41 (16)	* (*)
Ecstasy	2,039 (154)	317 (52)	1,722 (150)	1,228 (111)	494 (99)
Inhalants	2,001 (147)	1,044 (78)	957 (121)	686 (81)	272 (82)
Methamphetamine	505 (91)	70 (19)	435 (89)	173 (37)	263 (80)
Misuse of Psychotherapeutics					
Pain Relievers	4,402 (310)	670 (71)	3,732 (298)	1,107 (92)	2,625 (287)
Tranquilizers	2,601 (214)	507 (60)	2,094 (205)	902 (104)	1,192 (176)
Stimulants	2,469 (173)	652 (72)	1,818 (157)	998 (101)	820 (123)
Sedatives	654 (134)	64 (19)	591 (133)	107 (29)	483 (130)

* = Low precision.

NOTE: Estimates shown are unrounded averages with standard errors included in parentheses.

NOTE: Additional estimates may be found in the detailed tables for the 2019 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables.

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

Table A.4A Received Medication-Assisted Treatment for Alcohol Use in the Past Year among People Aged 12 or Older and among People with an Alcohol Use Disorder, by Receipt of Alcohol Use Treatment: 2019

Characteristic	Number Who Received Medication-Assisted Treatment for Alcohol Use ¹	Percentage Who Received Medication-Assisted Treatment for Alcohol Use ²	Number Who Received Medication-Assisted Treatment for Alcohol Use among People with an Alcohol Use Disorder ¹	Percentage Who Received Medication-Assisted Treatment for Alcohol Use among People with an Alcohol Use Disorder ²
TOTAL				
Received Alcohol Use Treatment in the Past Year at Any Location	286 (52)	0.1 (0.02)	228 (48)	1.6 (0.33)
	286 (52)	11.3 (1.92)	228 (48)	20.7 (3.74)

* = Low precision.

NOTE: Additional estimates may be found in the detailed tables for the 2019 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables.

NOTE: Medication-assisted treatment for alcohol refers to medication prescribed by a doctor or other health professional to help reduce or stop the use of alcohol.

¹ Estimates shown are numbers in thousands with standard errors included in parentheses.

² Estimates shown are percentages with standard errors included in parentheses.

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

Table A.5A Received Medication-Assisted Treatment for Opioid Misuse in the Past Year among People Aged 12 or Older and among People with an Opioid Use Disorder, by Receipt of Opioid Use Treatment: 2019

Characteristic	Number Who Received Medication-Assisted Treatment for Opioid Misuse ¹	Percentage Who Received Medication-Assisted Treatment for Opioid Misuse ²	Number Who Received Medication-Assisted Treatment for Opioid Misuse among People with an Opioid Use Disorder ¹	Percentage Who Received Medication-Assisted Treatment for Opioid Misuse among People with an Opioid Use Disorder ²
TOTAL				
Received Illicit Drug Use Treatment in the Past Year at Any Location	664 (67)	0.2 (0.02)	294 (45)	18.1 (2.60)
	664 (66)	28.7 (2.47)	294 (45)	67.0 (5.34)

* = Low precision.

NOTE: Additional estimates may be found in the detailed tables for the 2019 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables.

NOTE: Medication-assisted treatment for opioids refers to medication prescribed by a doctor or other health professional to help reduce or stop the use of opioids.

NOTE: People who received illicit drug use treatment in the past year may not necessarily have received treatment for opioid misuse.

¹ Estimates shown are numbers in thousands with standard errors included in parentheses.

² Estimates shown are percentages with standard errors included in parentheses.

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

Table A.6B Perceived Ever Having Had a Substance Use Problem or Mental Health Issue among Adults Aged 18 or Older, by Age: 2018 and 2019

Characteristic	Ever Had a Substance Use Problem ¹ (2018)	Ever Had a Substance Use Problem ¹ (2019)	Ever Had a Mental Health Issue ² (2018)	Ever Had a Mental Health Issue ² (2019)
TOTAL	11.0 (0.22)	11.4 (0.22)	17.7 ^a (0.25)	19.5 (0.25)
AGE				
18-25	7.0 (0.25)	7.5 (0.27)	26.4 ^a (0.46)	31.1 (0.48)
26 or Older	11.7 (0.25)	11.9 (0.24)	16.3 ^a (0.28)	17.7 (0.27)

* = Low precision.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in the detailed tables for the 2019 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables.

^a The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

¹ Excluded were respondents with unknown information for ever having a problem with their drug or alcohol use.

² Excluded were respondents with unknown information for ever having a problem with their mental health.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2018 and 2019.

Table A.7B Perceived Recovery from a Substance Use Problem among Adults Aged 18 or Older Who Perceived Ever Having a Substance Use Problem and Perceived Recovery from a Mental Health Issue among Adults Aged 18 or Older Who Perceived Ever Having a Mental Health Issue, by Age: 2018 and 2019

Characteristic	In Recovery from a Substance Use Problem ¹ (2018)	In Recovery from a Substance Use Problem ¹ (2019)	In Recovery from a Mental Health Issue ² (2018)	In Recovery from a Mental Health Issue ² (2019)
TOTAL	74.5 (0.87)	75.5 (0.81)	71.1 (0.64)	70.7 (0.61)
AGE				
18-25	68.9 (1.77)	69.0 (1.65)	66.4 (0.87)	65.9 (0.87)
26 or Older	75.0 (0.93)	76.2 (0.87)	72.3 (0.79)	72.0 (0.75)

* = Low precision.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in the detailed tables for the 2019 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables.

^a The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

¹ Respondents were asked if they perceived themselves to be in recovery or recovered from a substance use problem only if they reported ever having a drug or alcohol use problem. Excluded were respondents with unknown information for ever having a substance use problem or for perceived recovery from their substance use problem.

² Respondents were asked if they perceived themselves to be in recovery or recovered from a mental health issue only if they reported ever having a mental health issue. Excluded were respondents with unknown information for ever having a mental health issue or for perceived recovery from their mental health issue.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2018 and 2019.

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Appendix B: Selected 2019 Detailed Tables That Support Estimates for Key Substance Use and Mental Health Indicators in the United States

Table 6.13B Main Reasons for Last Episode of Misuse of Prescription Psychotherapeutics among Past Year Misusers Aged 12 or Older of Each Type of Prescription Psychotherapeutic: Percentages, 2018 and 2019

Main Reason for Last Episode of Misuse	Past Year Pain Reliever Misuse (2018)	Past Year Pain Reliever Misuse (2019)	Past Year Stimulant Misuse (2018)	Past Year Stimulant Misuse (2019)	Past Year Tranquilizer Misuse (2018)	Past Year Tranquilizer Misuse (2019)	Past Year Sedative Misuse (2018)	Past Year Sedative Misuse (2019)
Relieve Physical Pain	63.6	65.7	--	--	--	--	--	--
Relax or Relieve Tension	9.2	10.0	--	--	44.8	41.1	14.5	19.6
Help with Sleep	4.5	3.7	--	--	20.6	20.9	73.6	67.8
Help with Feelings or Emotion	4.0	3.8	--	--	12.8	15.8	1.4	4.2
Experiment or See What It's Like	2.5	2.2	4.3	5.8	4.9	6.7	2.0	1.8
Feel Good or Get High	10.6	11.3	9.3	9.8	12.0	10.9	6.2	4.1
Increase or Decrease Effect of Other Drug	0.9	0.8	1.4	1.1	1.5	1.8	1.1	0.8
Because I Am Hooked or Have to Have It	3.2 ^a	1.9	0.2	0.2	0.7	0.7	*	0.3
Help Lose Weight	--	--	4.3	4.1	--	--	--	--
Help Concentrate	--	--	25.2	27.7	--	--	--	--
Help Be Alert or Stay Awake	--	--	32.4	30.0	--	--	--	--
Help Study	--	--	21.0	19.0	--	--	--	--
Some Other Reason	1.5	0.6	1.8	2.4	2.7	2.1	1.1	1.4

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Only a subset of reasons for misuse apply for each prescription psychotherapeutic. Inapplicable reasons are marked as "--" (i.e., not available). Respondents who wrote in an inapplicable reason as their "other reason" (e.g., pain relief as the reason for tranquilizer misuse) were retained in the "Some Other Reason" category.

NOTE: Respondents with unknown information for their reason for misuse were excluded from the analysis, including respondents who reported some other reason but had unknown data in their write-in responses.

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

^a The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2018 and 2019.

Table 7.2B Types of Illicit Drug, Tobacco Product, and Alcohol Use in Past Year among Persons Aged 12 or Older: Percentages, 2002-2019

Substance	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
ILLICIT DRUGS																		
Marijuana	11.0 ^a	10.6 ^a	10.6 ^a	10.4 ^a	10.3 ^a	10.1 ^a	10.4 ^a	nc	11.6 ^a	11.5 ^a	12.1 ^a	nc	13.2 ^a	13.5 ^a	13.9 ^a	19.0 ^b	19.4 ^b	20.8
Cocaine	2.5 ^a	2.5 ^a	2.4 ^a	2.3 ^a	2.5 ^a	2.3 ^a	2.1	1.9	1.8	1.5 ^a	1.8	1.6 ^a	1.7 ^a	1.8	1.9	2.2	2.0	2.0
Crack	0.7 ^a	0.6 ^a	0.5 ^a	0.6 ^a	0.6 ^a	0.6 ^a	0.4 ^a	0.4 ^a	0.3	0.2	0.4	0.2	0.3	0.3	0.3	0.3	0.3	0.3
Heroin	0.2 ^a	0.1 ^a	0.2 ^a	0.2 ^a	0.2	0.2 ^a	0.2 ^a	0.2	0.2	0.2	0.3	0.3	0.3	0.3	0.4	0.3	0.3	0.3
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.8 ^a	1.8 ^a	1.9 ^a	2.0	2.2
LSD	0.4 ^a	0.2 ^a	0.2 ^a	0.2 ^a	0.3 ^a	0.3 ^a	0.3 ^a	0.3 ^a	0.3 ^a	0.3 ^a	0.4 ^a	0.4 ^a	0.5 ^a	0.6 ^a	0.7 ^a	0.8	0.8	0.9
PCP	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.0	0.0 ^a	0.0	0.0	0.1 ^a	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Ecstasy	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.0	0.9	0.9	0.9	0.9
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.7 ^a	0.6 ^a	0.6 ^a	0.7	0.8
Methamphetamine	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.6	0.5 ^a	0.6 ^a	0.7	0.7
Misuse of Psychotherapeutics ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	7.1 ^a	6.9 ^a	6.6 ^a	6.2	5.9
Pain Relievers ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	4.7 ^a	4.3 ^a	4.1 ^a	3.6	3.5
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	2.0	2.1 ^a	2.1 ^a	1.9	1.8
Tranquilizers or Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	2.6 ^a	2.6 ^a	2.5 ^a	2.4	2.1
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	2.3 ^a	2.2 ^a	2.2 ^a	2.1	1.9
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.6 ^a	0.6 ^a	0.5	0.4	0.4
Benzodiazepines	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	2.1 ^a	2.1 ^a	2.1 ^a	2.0 ^a	1.8
Opioids	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	4.7 ^a	4.4 ^a	4.2 ^a	3.7	3.7
Illicit Drugs Other than Marijuana ²	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	9.2 ^a	8.9	9.0	8.5	8.6
TOBACCO PRODUCTS³																		
Cigarettes	36.0 ^a	35.1 ^a	34.5 ^a	34.9 ^a	35.0 ^a	34.3 ^a	33.8 ^a	33.2 ^a	32.9 ^a	31.8 ^a	31.9 ^a	30.8 ^a	30.6 ^a	29.2 ^a	28.5 ^a	27.5 ^a	26.7	26.2
Daily Cigarettes	30.3 ^a	29.4 ^a	29.1 ^a	29.1 ^a	29.1 ^a	28.5 ^a	28.1 ^a	27.5 ^a	27.0 ^a	26.1 ^a	26.1 ^a	25.3 ^a	24.8 ^a	23.1 ^a	22.7 ^a	21.5 ^a	21.0 ^a	20.2
Smokeless Tobacco	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Cigars	11.0 ^a	10.7 ^a	10.8 ^a	11.1 ^a	10.9 ^a	10.8 ^a	10.5 ^a	10.6 ^a	10.3 ^a	9.7 ^a	9.9 ^a	9.5 ^a	9.0 ^a	9.1 ^a	8.5	8.6 ^a	8.4	8.1
Pipe Tobacco ³	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
ALCOHOL																		
Binge Alcohol Use	66.1 ^a	65.0	65.1	66.5 ^a	66.0	65.8	66.0	66.8 ^a	66.4 ^a	66.2 ^a	66.7 ^a	66.3 ^a	66.6 ^a	65.7	64.8	65.7	65.5	65.1
Heavy Alcohol Use	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
SUBSTANCE USE																		
Illicit Drugs, Tobacco Products, or Alcohol ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	72.5	71.5	72.3	72.1	71.8
Illicit Drugs or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	68.1	67.2	68.2	67.9	68.0
Tobacco Products or Alcohol ³	72.5 ^a	71.5 ^a	71.1	72.8 ^a	72.2 ^a	71.8 ^a	72.0 ^a	72.3 ^a	72.3 ^a	71.8 ^a	72.2 ^a	71.8 ^a	72.1 ^a	71.2 ^a	70.2	70.9	70.7	70.2

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Some 2006 to 2010 estimates may differ from previously published estimates due to updates (see Section 3.3.5 in Chapter 3 of the 2019 National Survey on Drug Use and Health: Methodological Summary and Definitions).

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

¹ The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

² Prescription psychotherapeutic subtypes were revised in 2016; one effect was the comparability of cocaine products between 2015 and later years.

³ Illicit Drugs Other Than Marijuana excludes respondents who used only marijuana but includes those who used marijuana in addition to other illicit drugs.

Information about past year use of pipe tobacco was not collected. Tobacco product use in the past year excludes past year pipe tobacco use, but includes past month pipe tobacco use.

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

Table 7.3B Types of Illicit Drug, Tobacco Product, and Alcohol Use in Past Month among Persons Aged 12 or Older: Percentages, 2002-2019

Substance	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
ILLICIT DRUGS																		
Marijuana	6.2 ^a	6.2 ^a	6.1 ^a	6.0 ^a	6.0 ^a	5.8 ^a	6.1 ^a	6.7 ^a	6.9 ^a	7.0 ^a	7.3 ^a	7.5 ^a	8.4 ^a	8.3 ^a	8.9 ^a	9.6 ^a	10.1 ^a	13.0
Cocaine	0.9	1.0 ^a	0.8	1.0 ^a	1.0 ^a	0.8	0.7	0.7	0.6 ^a	0.5 ^a	0.6	0.6 ^a	0.6 ^a	0.7	0.7	0.8	0.7	0.7
Crack	0.2 ^a	0.3 ^a	0.2	0.3 ^a	0.3 ^a	0.2 ^a	0.1	0.2	0.1	0.1	0.2	0.1	0.1	0.1	0.2	0.2	0.2	0.1
Heroin	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1	0.1	0.1	0.1	0.2	0.1	0.2	0.2	0.1	0.2
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.5 ^a	0.5 ^a	0.6	0.7
LSD	0.0 ^a	0.1 ^a	0.1 ^a	0.0 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.2	0.2	0.2
PCP	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*	0.0	0.0	0.0	0.0	*
Ecstasy	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.2	0.2	0.2	0.3	0.2
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.2 ^a	0.2	0.2 ^a	0.2	0.3
Methamphetamine	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.3	0.2 ^a	0.3 ^a	0.4	0.4
Misuse of Psychotherapeutics ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	2.4 ^a	2.3 ^a	2.2 ^a	2.0	1.9
Pain Relievers ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.4 ^a	1.2 ^a	1.2 ^a	1.0	1.0
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.6	0.6	0.7 ^a	0.6	0.6
Tranquilizers or Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.8	0.9 ^a	0.7	0.7	0.7
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.7	0.7	0.6	0.6	0.6
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.2 ^a	0.2 ^a	0.1	0.1	0.1
Benzodiazepines	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Opioids	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.5 ^a	1.4 ^a	1.3	1.1	1.1
Illicit Drugs Other than Marijuana ²	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	3.5	3.4	3.4	3.2	3.4
TOBACCO PRODUCTS																		
Cigarettes	30.4 ^a	29.8 ^a	29.2 ^a	29.4 ^a	29.6 ^a	28.7 ^a	28.4 ^a	27.7 ^a	27.5 ^a	26.5 ^a	26.7 ^a	25.5 ^a	25.2 ^a	23.9 ^a	23.5 ^a	22.4 ^a	21.5	21.1
Daily Cigarettes	26.0 ^a	25.4 ^a	24.9 ^a	24.9 ^a	25.0 ^a	24.3 ^a	24.0 ^a	23.3 ^a	23.0 ^a	22.1 ^a	22.1 ^a	21.3 ^a	20.8 ^a	19.4 ^a	19.1 ^a	17.9 ^a	17.2	16.7
Smokeless Tobacco	16.5 ^a	16.0 ^a	15.5 ^a	15.7 ^a	15.6 ^a	14.9 ^a	14.7 ^a	14.2 ^a	13.7 ^a	13.4 ^a	13.4 ^a	12.7 ^a	12.2 ^a	11.3 ^a	11.0 ^a	10.2	10.0	9.7
Cigars	5.4 ^a	5.4 ^a	5.7 ^a	5.6 ^a	5.6 ^a	5.4 ^a	5.3 ^a	5.3 ^a	5.2 ^a	5.0 ^a	5.2 ^a	4.7 ^a	4.5	3.4	3.3	3.2	2.9	3.1
Pipe Tobacco	0.8	0.7	0.8	0.9 ^a	0.9 ^a	0.8	0.8	0.8	0.8 ^a	0.8	1.0 ^a	0.9 ^a	0.8 ^a	0.8 ^a	0.8 ^a	0.9 ^a	0.8	0.7
ALCOHOL																		
Binge Alcohol Use ³	51.0	50.1	50.3	51.8 ^a	51.0	51.2	51.6	51.9 ^a	51.8 ^a	51.8	52.1 ^a	52.2 ^a	52.7 ^a	51.7	50.7	51.7	51.1	50.8
Heavy Alcohol Use	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	24.9 ^a	24.2	24.5	24.5	23.9
SUBSTANCE USE																		
Illicit Drugs, Tobacco Products, or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	60.9 ^a	60.2	60.7	60.2	60.1
Illicit Drugs or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	54.1	53.4	54.3	53.9	54.2
Tobacco Products or Alcohol	61.0 ^a	60.1 ^a	59.6 ^a	61.1 ^a	60.7 ^a	60.5 ^a	60.6 ^a	60.6 ^a	60.9 ^a	60.3 ^a	61.0 ^a	60.6 ^a	61.0 ^a	59.8 ^a	58.9	59.4 ^a	58.8	58.3

* = low precision; -- = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Some 2006 to 2010 estimates may differ from previously published estimates due to updates (see Section 3.3.5 in Chapter 3 of the 2019 National Survey on Drug Use and Health: Methodological Summary and Definitions).

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

¹ The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

² Prescription psychotherapeutic subtypes were revised in 2016; one effect was the comparability of cocaine products between 2015 and later years.

³ Estimates of binge alcohol use include use by those who were heavy alcohol users.

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

Table 7.5B Types of Illicit Drug, Tobacco Product, and Alcohol Use in Past Year among Persons Aged 12 to 17: Percentages, 2002-2019

Substance	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
ILLICIT DRUGS																		
Marijuana	15.8 ^a	15.0 ^a	14.5 ^a	13.3	13.2	12.5	13.1	13.7	14.0	14.2 ^a	13.5	13.4	13.1	12.6	15.8 ^b	16.3	16.7	17.2
Cocaine	2.1 ^a	1.8 ^a	1.6 ^a	1.7 ^a	1.6 ^a	1.5 ^a	1.2 ^a	1.0 ^a	1.0 ^a	0.9 ^a	0.7 ^a	0.5	0.7 ^a	0.6	0.5	0.5	0.4	0.4
Crack	0.4 ^a	0.4 ^a	0.3 ^a	0.2 ^a	0.3 ^a	0.3 ^a	0.1 ^a	0.1	0.1	0.1	0.1	0.0	0.1	0.0	0.0	0.1	0.0	0.0
Heroin	0.2	0.1	0.2	0.1	0.1	0.1	0.2	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.0	*
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	2.1	1.8	2.1	1.5	1.8
LSD	1.3	0.6 ^a	0.6 ^a	0.6 ^a	0.4 ^a	0.5 ^a	0.7 ^a	0.6 ^a	0.6 ^a	0.6 ^a	0.6 ^a	0.6 ^a	0.9	1.0	0.8 ^a	1.0	0.8 ^a	1.1
PCP	0.4 ^a	0.4 ^a	0.3 ^a	0.3 ^a	0.2 ^a	0.2 ^a	0.2 ^a	0.2 ^a	0.1	0.2	0.2 ^a	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Ecstasy	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.8	0.7	0.7	0.5	0.6
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	2.7	2.2 ^a	2.3 ^a	2.7	3.0
Methamphetamine	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.2	0.1	0.2	0.2	0.2
Misuse of Psychotherapeutics ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	5.9 ^a	5.3 ^a	4.9 ^a	4.8	4.3
Pain Relievers ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	3.9 ^a	3.5 ^a	3.1 ^a	2.8 ^a	2.3
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	2.0	1.7	1.8	1.5	1.7
Tranquilizers or Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.8	1.9	2.0	1.8	1.8
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.6	1.7	1.8	1.7	1.6
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.4	0.4	0.3	0.3	0.3
Benzodiazepines	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.5	1.7	1.8	1.6	1.5
Opioids	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	3.9 ^a	3.6 ^a	3.1 ^a	2.8 ^a	2.3
Illicit Drugs Other than Marijuana ²	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	9.1 ^a	7.9	7.8	7.6	7.5
TOBACCO PRODUCTS³																		
Cigarettes	23.6 ^a	22.5 ^a	22.1 ^a	21.2 ^a	20.9 ^a	19.8 ^a	19.1 ^a	19.5 ^a	18.1 ^a	16.8 ^a	15.2 ^a	13.9 ^a	12.7 ^a	11.6 ^a	10.5 ^a	9.7 ^a	8.3	8.3
Daily Cigarettes	20.3 ^a	19.0 ^a	18.4 ^a	17.3 ^a	17.0 ^a	15.7 ^a	15.1 ^a	15.1 ^a	14.2 ^a	13.2 ^a	11.8 ^a	10.3 ^a	8.9 ^a	8.1 ^a	7.2 ^a	6.3 ^a	5.5	5.4
Smokeless Tobacco	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Cigars	10.1 ^a	10.0 ^a	10.2 ^a	9.8 ^a	9.4 ^a	9.4 ^a	8.5 ^a	9.0 ^a	7.7 ^a	7.8 ^a	6.8 ^a	5.7 ^a	5.7 ^a	5.1 ^a	4.4 ^a	4.6 ^a	3.7	3.6
Pipe Tobacco ³	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
ALCOHOL																		
Binge Alcohol Use	34.6 ^a	34.3 ^a	33.9 ^a	33.3 ^a	33.0 ^a	31.9 ^a	31.0 ^a	30.5 ^a	28.7 ^a	27.8 ^a	26.3 ^a	24.6 ^a	24.0 ^a	22.7 ^a	21.6	21.9	20.8	21.2
Heavy Alcohol Use	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
SUBSTANCE USE																		
Illicit Drugs, Tobacco Products, or Alcohol ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	29.9 ^a	28.7	29.0	28.2	28.6
Illicit Drugs or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	28.3	26.8	27.6	26.9	27.4
Tobacco Products or Alcohol ³	39.9 ^a	39.2 ^a	38.6 ^a	37.9 ^a	37.4 ^a	36.2 ^a	35.1 ^a	35.0 ^a	33.1 ^a	31.8 ^a	29.7 ^a	28.2 ^a	27.2 ^a	25.5 ^a	24.5	24.4	23.2	23.4

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Some 2006 to 2010 estimates may differ from previously published estimates due to updates (see Section 3.3.5 in Chapter 3 of the 2019 National Survey on Drug Use and Health: Methodological Summary and Definitions).

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

¹ The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

² Prescription psychotherapeutic subtypes were revised in 2016; one effect was the comparability of cocaine products between 2015 and later years.

³ Information about past year use of pipe tobacco was not collected. Tobacco product use in the past year excludes past year pipe tobacco use, but includes past month pipe tobacco use.

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

Table 7.6B Types of Illicit Drug, Tobacco Product, and Alcohol Use in Past Month among Persons Aged 12 to 17: Percentages, 2002-2019

Substance	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
ILLICIT DRUGS																		
Marijuana	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Cocaine	8.2 ^a	7.9	7.6	6.8	6.7 ^a	6.7	6.7 ^a	7.4	7.4	7.9	7.2	7.1	7.4	8.8	7.9 ^a	7.9 ^a	8.0	8.7
Crack	0.6 ^a	0.6 ^a	0.5 ^a	0.6 ^a	0.4 ^a	0.4 ^a	0.4 ^a	0.3 ^a	0.2	0.3 ^a	0.1	0.2	0.2	0.2	0.1	0.1	0.0	0.1
Heroin	0.1 ^a	0.1 ^a	0.1	0.1 ^a	0.0	0.1	0.0	0.0	0.0	0.0	*	0.0	0.0	0.0	0.0	*	*	0.0
Hallucinogens	0.0	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.0	0.1	*	0.1	0.1	0.0	0.0	0.0	0.0	*
LSD	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
PCP	0.2	0.2	0.2 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.2	0.1 ^a	0.2	0.1 ^a	0.1 ^a	0.2	0.3	0.2	0.2	0.2	0.2	0.3
Ecstasy	0.1	0.1	0.0	0.1	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Methamphetamine	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Misuse of Psychotherapeutics ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Pain Relievers ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Tranquilizers or Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Benzodiazepines	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Opioids	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Illicit Drugs Other than Marijuana ²	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
TOBACCO PRODUCTS																		
Cigarettes	15.2 ^a	14.4 ^a	14.4 ^a	13.1 ^a	12.9 ^a	12.4 ^a	11.5 ^a	11.8 ^a	10.7 ^a	10.0 ^a	8.6 ^a	7.8 ^a	7.0 ^a	6.0 ^a	5.3 ^a	4.9 ^a	4.2	3.8
Daily Cigarettes	13.0 ^a	12.2 ^a	11.9 ^a	10.8 ^a	10.4 ^a	9.9 ^a	9.2 ^a	9.0 ^a	8.4 ^a	7.8 ^a	6.6 ^a	5.6 ^a	4.9 ^a	4.2 ^a	3.4 ^a	3.2 ^a	2.7	2.3
Smokeless Tobacco	4.1 ^a	3.6 ^a	3.3 ^a	2.8 ^a	2.8 ^a	2.6 ^a	2.0 ^a	2.1 ^a	1.9 ^a	1.8 ^a	1.4 ^a	1.1 ^a	1.2 ^a	0.8 ^a	0.5 ^a	0.4	0.4	0.3
Cigars	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Pipe Tobacco	4.5 ^a	4.5 ^a	4.8 ^a	4.2 ^a	4.1 ^a	4.3 ^a	3.8 ^a	4.0 ^a	3.2 ^a	3.4 ^a	2.6 ^a	2.3 ^a	2.1 ^a	2.1 ^a	1.8 ^a	1.3 ^a	1.1	1.0
ALCOHOL																		
Binge Alcohol Use ³	0.6 ^a	0.6 ^a	0.7 ^a	0.6 ^a	0.7 ^a	0.7 ^a	0.7 ^a	0.9 ^a	0.6 ^a	0.7 ^a	0.7 ^a	0.6 ^a	0.7 ^a	0.3	0.5	0.4	0.3	0.3
Heavy Alcohol Use	17.6 ^a	17.7 ^a	17.6 ^a	16.5 ^a	16.7 ^a	16.0 ^a	14.7 ^a	14.8 ^a	13.6 ^a	13.3 ^a	12.9 ^a	11.6 ^a	11.5 ^a	9.6	9.2	9.9	9.0	9.4
SUBSTANCE USE																		
Illicit Drugs, Tobacco Products, or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Illicit Drugs or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Tobacco Products or Alcohol	24.0 ^a	23.6 ^a	23.4 ^a	22.0 ^a	21.8 ^a	21.1 ^a	19.7 ^a	19.7 ^a	18.2 ^a	17.5 ^a	16.5 ^a	15.1 ^a	14.6 ^a	12.4 ^a	11.8	12.0	11.0	11.2

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Some 2006 to 2010 estimates may differ from previously published estimates due to updates (see Section 3.3.5 in Chapter 3 of the 2019 National Survey on Drug Use and Health: Methodological Summary and Definitions). NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

¹ The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

² Prescription psychotherapeutic subtypes were revised in 2016; one effect was the comparability of cocaine products between 2015 and later years.

³ Estimates of binge alcohol use include use by those who were heavy alcohol users.

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

Table 7.11B Types of Illicit Drug, Tobacco Product, and Alcohol Use in Past Year among Persons Aged 18 to 25: Percentages, 2002-2019

Substance	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
ILLICIT DRUGS																		
Marijuana	29.8 ^a	28.5 ^a	27.8 ^a	28.0 ^a	28.1 ^a	27.5 ^a	27.8 ^a	30.8 ^a	30.0 ^a	30.8 ^a	31.5 ^a	31.6 ^a	31.9 ^a	32.2 ^a	33.0 ^a	34.9	34.8	39.1
Cocaine	6.7 ^a	6.6 ^a	6.6 ^a	6.9 ^a	6.9 ^a	6.4 ^a	5.6	5.3	4.7 ^a	4.6 ^a	4.6 ^a	4.4 ^a	4.6 ^a	5.4	5.6	6.2 ^a	5.8	5.3
Crack	0.9 ^a	0.9 ^a	0.8 ^a	1.0 ^a	0.9 ^a	0.8 ^a	0.7 ^a	0.5 ^a	0.5 ^a	0.3 ^a	0.4 ^a	0.3	0.4 ^a	0.3 ^a	0.3	0.3	0.3	0.2
Heroin	0.4	0.3	0.4	0.5 ^a	0.4 ^a	0.4 ^a	0.5 ^a	0.5 ^a	0.6 ^a	0.7 ^a	0.8 ^a	0.7 ^a	0.8 ^a	0.6 ^a	0.7 ^a	0.6 ^a	0.5 ^a	0.3
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	7.0	6.9	7.0	6.9	7.2
LSD	1.8 ^a	1.1 ^a	1.0 ^a	1.0 ^a	1.2 ^a	1.1 ^a	1.5 ^a	1.6 ^a	1.6 ^a	1.7 ^a	1.8 ^a	2.0 ^a	2.3 ^a	2.8 ^a	3.4	3.8	3.5	3.6
PCP	0.3 ^a	0.4 ^a	0.3 ^a	0.2	0.2 ^a	0.2	0.1	0.1	0.1	0.2	0.2	0.1	0.1	0.1	0.0	0.1	0.0	0.1
Ecstasy	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	4.1 ^a	3.5	3.5	3.1	3.2
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.4	1.4	1.6	1.5	1.7
Methamphetamine	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.9	0.8	1.1	0.8	0.8
Misuse of Psychotherapeutics ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	15.3 ^a	14.5 ^a	14.4 ^a	12.3	11.5
Pain Relievers ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	8.5 ^a	7.1 ^a	7.2 ^a	5.5	5.2
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	7.3 ^a	7.4 ^a	7.4 ^a	6.5	5.8
Tranquilizers or Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	5.7 ^a	5.7 ^a	5.7 ^a	4.9 ^a	4.2
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	5.4 ^a	5.3 ^a	5.5 ^a	4.6 ^a	3.9
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.8 ^a	0.7	0.6	0.6	0.5
Benzodiazepines	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	5.2 ^a	5.2 ^a	5.3 ^a	4.5 ^a	3.8
Opioids	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	8.7 ^a	7.3 ^a	7.3 ^a	5.6	5.3
Illicit Drugs Other than Marijuana ²	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	20.2 ^a	19.2 ^a	19.4 ^a	17.6	17.2
TOBACCO PRODUCTS³	54.9 ^a	53.8 ^a	54.3 ^a	54.3 ^a	54.0 ^a	52.4 ^a	52.4 ^a	52.4 ^a	51.3 ^a	50.0 ^a	48.8 ^a	47.7 ^a	46.0 ^a	43.8 ^a	40.5 ^a	39.8 ^a	36.7 ^a	35.2
Cigarettes	49.0 ^a	47.6 ^a	47.5 ^a	47.2 ^a	47.0 ^a	45.2 ^a	45.1 ^a	45.3 ^a	43.2 ^a	42.3 ^a	41.0 ^a	39.5 ^a	37.7 ^a	35.0 ^a	31.7 ^a	31.0 ^a	27.9 ^a	25.8
Daily Cigarettes	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Smokeless Tobacco	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	9.0 ^a	8.0	7.7	7.1	7.7
Cigars	22.7 ^a	22.7 ^a	24.0 ^a	24.2 ^a	24.2 ^a	23.7 ^a	23.1 ^a	23.5 ^a	22.7 ^a	22.1 ^a	21.7 ^a	20.7 ^a	20.0 ^a	19.5 ^a	18.0 ^a	17.9 ^a	17.1	16.3
Pipe Tobacco ³	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
ALCOHOL	77.9 ^a	78.1 ^a	78.0 ^a	77.9 ^a	78.8 ^a	77.9 ^a	78.0 ^a	78.7 ^a	78.6 ^a	77.0 ^a	77.4 ^a	76.8 ^a	76.5 ^a	75.5 ^a	74.4 ^a	74.0 ^a	73.1	72.0
Binge Alcohol Use	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Heavy Alcohol Use	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
SUBSTANCE USE																		
Illicit Drugs, Tobacco Products, or Alcohol ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	81.5 ^a	79.9 ^a	79.9 ^a	78.5	77.9
Illicit Drugs or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	78.2 ^a	77.0 ^a	77.0 ^a	76.1	75.2
Tobacco Products or Alcohol ³	82.4 ^a	82.7 ^a	82.8 ^a	82.6 ^a	83.2 ^a	82.4 ^a	82.8 ^a	82.9 ^a	83.1 ^a	82.0 ^a	81.8 ^a	81.3 ^a	80.8 ^a	80.0 ^a	78.6 ^a	78.2 ^a	76.7	75.9

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Some 2006 to 2010 estimates may differ from previously published estimates due to updates (see Section 3.3.5 in Chapter 3 of the 2019 National Survey on Drug Use and Health: Methodological Summary and Definitions).

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

¹ The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

² Prescription psychotherapeutic subtypes were revised in 2016; one effect was the comparability of cocaine products between 2015 and later years.

³ Information about past year use of pipe tobacco was not collected. Tobacco product use in the past year excludes past year pipe tobacco use, but includes past month pipe tobacco use.

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

Table 7.12B Types of Illicit Drug, Tobacco Product, and Alcohol Use in Past Month among Persons Aged 18 to 25: Percentages, 2002-2019

Substance	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
ILLICIT DRUGS																		
Marijuana	17.3 ^a	17.0 ^a	16.1 ^a	16.6 ^a	16.3 ^a	16.5 ^a	16.6 ^a	18.2 ^a	18.5 ^a	19.0 ^a	18.7 ^a	19.1 ^a	19.6 ^a	19.8 ^a	23.2 ^a	24.2	23.9	24.9
Cocaine	2.0 ^a	2.2 ^a	2.1 ^a	2.6 ^a	2.2 ^a	1.7	1.6	1.4	1.5	1.4	1.1 ^a	1.1 ^a	1.4	1.7	1.6	1.9	1.5	1.6
Crack	0.2 ^a	0.2 ^a	0.3 ^a	0.3 ^a	0.2 ^a	0.2 ^a	0.2 ^a	0.1	0.2 ^a	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.1
Heroin	0.1	0.1	0.1	0.2	0.2	0.1	0.2 ^a	0.2	0.3 ^a	0.3 ^a	0.4 ^a	0.3 ^a	0.2 ^a	0.3 ^a	0.3 ^a	0.3 ^a	0.2	0.1
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.8	1.9	1.7	1.7	1.9
LSD	0.1 ^a	0.2 ^a	0.3 ^a	0.2 ^a	0.2 ^a	0.2 ^a	0.3 ^a	0.3 ^a	0.3 ^a	0.3 ^a	0.3 ^a	0.3 ^a	0.3 ^a	0.6	0.6	0.8	0.7	0.8
PCP	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*	*	*	0.0
Ecstasy	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.9	0.9	0.7	0.7	0.6
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.4	0.4	0.5	0.4	0.5
Methamphetamine	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.4	0.2 ^a	0.4	0.3	0.3
Misuse of Psychotherapeutics ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	5.1 ^a	4.6 ^a	4.5 ^a	3.7	3.4
Pain Relievers ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	2.4 ^a	1.8 ^a	1.8 ^a	1.4	1.2
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	2.2 ^a	2.2 ^a	2.1	1.7	1.7
Tranquilizers or Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.8 ^a	1.7 ^a	1.7 ^a	1.2	1.1
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.7 ^a	1.5 ^a	1.6 ^a	1.2	1.0
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.2	0.1	0.2	0.1	0.1
Benzodiazepines	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Opioids	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	2.5 ^a	2.0 ^a	2.0 ^a	1.5	1.3
Illicit Drugs Other than Marijuana ²	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	7.6 ^a	7.1 ^a	7.1 ^a	6.0	6.1
TOBACCO PRODUCTS																		
Cigarettes	45.3 ^a	44.8 ^a	44.6 ^a	44.3 ^a	44.0 ^a	41.9 ^a	41.4 ^a	41.6 ^a	40.9 ^a	39.5 ^a	38.1 ^a	37.0 ^a	35.0 ^a	33.0 ^a	30.0 ^a	29.1 ^a	25.8 ^a	24.3
Daily Cigarettes	40.8 ^a	40.2 ^a	39.5 ^a	39.0 ^a	38.5 ^a	36.2 ^a	35.7 ^a	35.8 ^a	34.3 ^a	33.5 ^a	31.8 ^a	30.6 ^a	28.4 ^a	26.7 ^a	23.5 ^a	22.3 ^a	19.1 ^a	17.5
Smokeless Tobacco	21.1 ^a	21.2 ^a	20.4 ^a	19.5 ^a	18.8 ^a	17.8 ^a	17.1 ^a	16.3 ^a	15.7 ^a	15.2 ^a	14.4 ^a	13.2 ^a	12.2 ^a	11.2 ^a	9.4 ^a	8.6 ^a	7.2 ^a	6.2
Cigars	11.0 ^a	11.4 ^a	12.7 ^a	12.0 ^a	12.1 ^a	11.9 ^a	11.4 ^a	11.5 ^a	11.3 ^a	10.9 ^a	10.7 ^a	10.0 ^a	9.7 ^a	8.9 ^a	8.8 ^a	4.8	4.4	4.9
Pipe Tobacco	1.1	0.9 ^a	1.2	1.5	1.3	1.2	1.4	1.8 ^a	1.8 ^a	1.9 ^a	1.8 ^a	2.2 ^a	1.9 ^a	1.8 ^a	1.7 ^a	1.6 ^a	1.8 ^a	1.2
ALCOHOL																		
Binge Alcohol Use ³	60.5 ^a	61.4 ^a	60.5 ^a	60.9 ^a	62.0 ^a	61.3 ^a	61.1 ^a	61.8 ^a	61.4 ^a	60.7 ^a	60.2 ^a	59.6 ^a	59.6 ^a	58.3 ^a	57.1 ^a	56.3 ^a	55.1	54.3
Heavy Alcohol Use	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	39.0 ^a	38.4 ^a	36.9 ^a	34.9	34.3
SUBSTANCE USE																		
Illicit Drugs, Tobacco Products, or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	10.9 ^a	10.1 ^a	9.6 ^a	9.0	8.4
Illicit Drugs or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	67.9 ^a	66.8 ^a	65.8 ^a	64.4	64.0
Tobacco Products or Alcohol	70.3 ^a	70.7 ^a	70.2 ^a	70.1 ^a	71.0 ^a	69.9 ^a	69.7 ^a	70.4 ^a	70.2 ^a	69.6 ^a	69.0 ^a	67.9 ^a	67.6 ^a	66.3 ^a	64.6 ^a	63.7 ^a	61.8	60.8

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Some 2006 to 2010 estimates may differ from previously published estimates due to updates (see Section 3.3.5 in Chapter 3 of the 2019 National Survey on Drug Use and Health: Methodological Summary and Definitions).

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

^a The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

¹ Prescription psychotherapeutic subtypes were revised in 2016; one effect was the comparability of cocaine products between 2015 and later years.

² Illicit Drugs Other Than Marijuana excludes respondents who used only marijuana but includes those who used marijuana in addition to other illicit drugs.

³ Estimates of binge alcohol use include use by those who were heavy alcohol users.

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

Table 7.14B Types of Illicit Drug, Tobacco Product, and Alcohol Use in Past Year among Persons Aged 26 or Older: Percentages, 2002-2019

Substance	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
ILLICIT DRUGS																		
Marijuana	7.0 ^a	6.9 ^a	7.0 ^a	6.9 ^a	6.9 ^a	6.8 ^a	7.0 ^a	7.7 ^a	8.0 ^a	7.9 ^a	8.6 ^a	9.2 ^a	10.1 ^a	10.4 ^a	15.0 ^b	16.1 ^a	16.7 ^a	18.3
Cocaine	1.8	1.9	1.7	1.5	1.8	1.7	1.6	1.4	1.4 ^a	1.0 ^a	1.4	1.2 ^a	1.4 ^a	1.3 ^a	1.4	1.7	1.6	1.7
Crack	0.7 ^a	0.6 ^a	0.5 ^a	0.5 ^a	0.6 ^a	0.6 ^a	0.4	0.4	0.4	0.2	0.4	0.3	0.3	0.3	0.4	0.4	0.3	0.3
Heroin	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.2	0.1 ^a	0.1 ^a	0.2	0.2	0.2 ^a	0.2 ^a	0.2	0.3	0.3	0.3	0.3	0.3	0.3
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.8 ^a	1.0 ^b	1.0 ^b	1.3	1.5
LSD	0.1 ^a	0.0 ^b	0.1 ^a	0.0 ^b	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.3 ^a	0.3 ^a	0.4	0.5
PCP	0.0	0.0	0.0	0.0	0.0	0.0	*	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Ecstasy	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.5 ^a	0.5	0.5	0.6	0.6
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.3	0.3	0.3	0.4	0.4
Methamphetamine	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.6	0.5 ^a	0.6 ^a	0.7	0.8
Misuse of Psychotherapeutics ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	5.8 ^a	5.9 ^a	5.6	5.3	5.3
Pain Relievers ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	4.1 ^a	3.9 ^a	3.7	3.4	3.4
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.1	1.3	1.3	1.2	1.2
Tranquilizers or Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	2.2 ^a	2.2 ^a	2.0	2.0	1.9
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.8	1.8	1.7	1.7	1.6
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.5 ^a	0.6 ^a	0.5	0.4	0.4
Benzodiazepines	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.6	1.7	1.6	1.6	1.5
Opioids	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	4.2 ^a	4.0 ^a	3.8	3.6	3.6
Illicit Drugs Other than Marijuana ²	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	7.3	7.3	7.4	7.2	7.4
TOBACCO PRODUCTS³																		
Cigarettes	34.5 ^a	33.5 ^a	32.8 ^a	33.4 ^a	33.6 ^a	33.1 ^a	32.6 ^a	31.6 ^a	31.5 ^a	30.5 ^a	31.0 ^a	30.0 ^a	30.1 ^a	28.9 ^a	28.6 ^a	27.6	27.3	26.8
Daily Cigarettes	28.5 ^a	27.6 ^a	27.3 ^a	27.6 ^a	27.7 ^a	27.4 ^a	26.8 ^a	26.0 ^a	25.8 ^a	24.9 ^a	25.3 ^a	24.6 ^a	24.6 ^a	22.9 ^a	23.1 ^a	21.7	21.7	21.0
Smokeless Tobacco	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Cigars	9.1 ^a	8.7 ^a	8.6 ^a	8.9 ^a	8.8 ^a	8.7 ^a	8.6 ^a	8.5 ^a	8.4 ^a	7.8	8.2 ^a	8.0 ^a	7.5	7.8 ^a	7.4	7.6	7.5	7.3
Pipe Tobacco ³	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
ALCOHOL																		
Binge Alcohol Use	68.4	67.0 ^a	67.2 ^a	69.0	68.3	68.2	68.5	69.3	69.0	69.1	69.9	69.6	70.1	69.2	68.4	69.5	69.5	69.1
Heavy Alcohol Use	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
SUBSTANCE USE																		
Illicit Drugs, Tobacco Products, or Alcohol ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	76.1	75.2	76.1	76.2	75.8
Illicit Drugs or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	71.2	70.3 ^a	71.5	71.4	71.5
Tobacco Products or Alcohol ³	75.3	74.0	73.6 ^a	75.9 ^a	75.0	74.7	75.0	75.2	75.3	75.0	75.9 ^a	75.5	76.1 ^a	75.1	74.2	75.1	75.3	74.7

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.
 NOTE: Some 2006 to 2010 estimates may differ from previously published estimates due to updates (see Section 3.3.5 in Chapter 3 of the 2019 National Survey on Drug Use and Health: Methodological Summary and Definitions).
 NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

¹ The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

² Prescription psychotherapeutic subtypes were revised in 2016; one effect was the comparability of cocaine products between 2015 and later years.

³ Illicit Drugs Other Than Marijuana excludes respondents who used only marijuana but includes those who used marijuana in addition to other illicit drugs.

Information about past year use of pipe tobacco was not collected. Tobacco product use in the past year excludes past year pipe tobacco use, but includes past month pipe tobacco use.
 Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2019.

Table 7.15B Types of Illicit Drug, Tobacco Product, and Alcohol Use in Past Month among Persons Aged 26 or Older: Percentages, 2002-2019

Substance	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
ILLICIT DRUGS																		
Marijuana	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	8.2 ^a	8.9 ^a	9.5 ^a	10.1 ^a	11.6
Cocaine	4.0 ^a	4.0 ^a	4.1 ^a	4.1 ^a	4.2 ^a	3.9 ^a	4.2 ^a	4.6 ^a	4.8 ^a	4.8 ^a	5.3 ^a	5.6 ^a	6.6 ^a	6.5 ^a	7.2 ^a	7.9 ^a	8.6 ^a	10.2
Crack	0.7	0.8	0.7	0.8	0.8	0.7	0.7	0.6	0.5 ^a	0.4 ^a	0.6	0.5	0.5 ^a	0.6	0.6	0.7	0.7	0.7
Heroin	0.3 ^a	0.3 ^a	0.2	0.3 ^a	0.3 ^a	0.3 ^a	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Hallucinogens	0.1 ^a	0.0 ^a	0.1 ^a	0.0 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1	0.1 ^a	0.2	0.1	0.2	0.2	0.1	0.2
LSD	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.3 ^a	0.3 ^a	0.4	0.5
PCP	0.0 ^a	0.0 ^a	0.0 ^a	0.0 ^a	0.0 ^a	0.0 ^a	*	0.0 ^a	*	0.0 ^a	0.0 ^a	0.0 ^a	0.1 ^a	0.0 ^a	0.1 ^a	0.1	0.1	0.1
Ecstasy	0.0	*	0.0	0.0	*	0.0	*	0.0	0.0	*	0.0	0.0	*	0.0	0.0	0.0	0.0	*
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.1 ^a	0.1	0.1	0.2	0.2
Methamphetamine	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.1 ^a	0.2	0.1 ^a	0.1	0.2
Misuse of Psychotherapeutics ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.4	0.3 ^a	0.3 ^a	0.4	0.5
Pain Relievers ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	2.0	2.0	1.9	1.8	1.8
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.3 ^a	1.2	1.1	1.0	1.0
Tranquilizers or Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.4	0.4	0.5	0.4	0.4
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.7	0.8	0.6	0.6	0.7
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.5	0.6	0.5	0.5	0.6
Benzodiazepines	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.2	0.2 ^a	0.1	0.1	0.1
Opioids	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Illicit Drugs Other than Marijuana ²	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.3	1.3	1.2	1.1	1.2
TOBACCO PRODUCTS																		
Cigarettes	29.9 ^a	29.3 ^a	28.5 ^a	29.0 ^a	29.4 ^a	28.6 ^a	28.4 ^a	27.3 ^a	27.2 ^a	26.3 ^a	27.0 ^a	25.7 ^a	25.8 ^a	24.5 ^a	24.6 ^a	23.4	22.8	22.6
Daily Cigarettes	25.2 ^a	24.7 ^a	24.1 ^a	24.3 ^a	24.7 ^a	24.1 ^a	23.8 ^a	23.0 ^a	22.8 ^a	21.9 ^a	22.4 ^a	21.6 ^a	21.5 ^a	20.0 ^a	20.2 ^a	18.9	18.5	18.2
Smokeless Tobacco	17.4 ^a	16.8 ^a	16.4 ^a	16.8 ^a	16.8 ^a	16.0 ^a	16.0 ^a	15.4 ^a	14.8 ^a	14.5 ^a	14.8 ^a	14.0 ^a	13.6 ^a	12.5 ^a	12.5 ^a	11.6	11.5	11.4
Cigars	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	3.2	3.1	3.1	2.9	3.1
Pipe Tobacco	4.6 ^a	4.5	4.6 ^a	4.7 ^a	4.6 ^a	4.4	4.4	4.4	4.4	4.2	4.5 ^a	4.1	3.9	4.3	4.2	4.2	4.1	4.0
ALCOHOL	0.8	0.6	0.7	0.8 ^a	0.9 ^a	0.8	0.6	0.7	0.7	0.7	0.9 ^a	0.7	0.7	0.8	0.7	0.8	0.7	0.7
Binge Alcohol Use ³	53.9	52.5 ^a	53.0 ^a	55.1	53.7 ^a	54.1	54.7	54.9	54.9	55.1	55.6	55.9	56.5 ^a	55.6	54.6	55.8	55.3	55.0
Heavy Alcohol Use	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	24.8	24.2	24.7	25.1	24.5
SUBSTANCE USE																		
Illicit Drugs, Tobacco Products, or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	65.2	64.5	65.3	64.9	64.6
Illicit Drugs or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	57.6	56.8	58.0	57.6	57.9
Tobacco Products or Alcohol	64.5	63.2	62.7	64.9 ^a	64.2	64.1	64.3	64.1	64.6 ^a	64.1	65.1 ^a	65.0 ^a	65.5 ^a	64.4 ^a	63.5	64.3	63.9	63.3

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Some 2006 to 2010 estimates may differ from previously published estimates due to updates (see Section 3.3.5 in Chapter 3 of the 2019 National Survey on Drug Use and Health: Methodological Summary and Definitions).

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

¹ The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

² Prescription psychotherapeutic subtypes were revised in 2016; one effect was the comparability of cocaine products between 2015 and later years.

³ Estimates of binge alcohol use include use by those who were heavy alcohol users.

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

200327

Table 7.16B Alcohol Use in Lifetime, Past Year, and Past Month among Persons Aged 12 to 20, by Gender: Percentages, 2002-2019

Gender/Alcohol Use	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
TOTAL																		
Lifetime	56.2 ^a	55.8 ^a	54.9 ^a	53.9 ^a	53.9 ^a	53.0 ^a	52.3 ^a	52.7 ^a	50.5 ^a	48.5 ^a	46.9 ^a	45.3 ^a	44.1 ^a	42.3 ^a	41.0	41.0	39.8	39.7
Past Year	47.0 ^a	46.8 ^a	46.6 ^a	46.3 ^a	46.1 ^a	45.2 ^a	44.4 ^a	44.7 ^a	43.3 ^a	41.4 ^a	40.2 ^a	38.6 ^a	37.7 ^a	35.9 ^a	34.7	34.9	33.8	33.5
Past Month	28.8 ^a	29.0 ^a	28.7 ^a	28.2 ^a	28.4 ^a	28.0 ^a	26.5 ^a	27.2 ^a	26.2 ^a	25.1 ^a	24.3 ^a	22.7 ^a	22.8 ^a	20.3 ^a	19.3	19.7	18.8	18.5
Binge Alcohol Use ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	13.4 ^a	12.1	11.9	11.4	11.1
Heavy Alcohol Use	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	3.3 ^a	2.8 ^a	2.5	2.3	2.2
MALE																		
Lifetime	56.5 ^a	55.0 ^a	54.9 ^a	53.7 ^a	54.1 ^a	53.1 ^a	52.1 ^a	53.8 ^a	51.3 ^a	48.5 ^a	46.7 ^a	45.0 ^a	42.9 ^a	42.1 ^a	39.5	39.9	38.9	38.1
Past Year	46.6 ^a	45.6 ^a	46.3 ^a	45.6 ^a	46.0 ^a	45.2 ^a	43.6 ^a	45.6 ^a	44.1 ^a	40.9 ^a	40.1 ^a	38.0 ^a	36.2 ^a	35.0 ^a	32.6	33.8 ^a	32.5	31.3
Past Month	29.6 ^a	29.9 ^a	29.6 ^a	28.9 ^a	29.2 ^a	28.5 ^a	27.1 ^a	28.5 ^a	28.1 ^a	25.6 ^a	24.7 ^a	23.0 ^a	22.8 ^a	19.8 ^a	18.6	19.7 ^a	18.2	17.2
Binge Alcohol Use ¹	21.8 ^a	21.7 ^a	22.1 ^a	21.3 ^a	21.3 ^a	21.2 ^a	19.3 ^a	20.6 ^a	19.7 ^a	17.5 ^a	16.5 ^a	15.8 ^a	15.4 ^a	13.4 ^a	11.5	12.0 ^a	11.3	10.4
Heavy Alcohol Use	8.1 ^a	7.9 ^a	8.2 ^a	7.6 ^a	7.9 ^a	7.8 ^a	7.0 ^a	7.0 ^a	6.7 ^a	5.6 ^a	5.2 ^a	4.6 ^a	4.3 ^a	3.6 ^a	3.0 ^a	2.6	2.6	2.1
FEMALE																		
Lifetime	56.0 ^a	56.6 ^a	54.8 ^a	54.2 ^a	53.8 ^a	52.9 ^a	52.5 ^a	51.4 ^a	49.8 ^a	48.5 ^a	47.1 ^a	45.6 ^a	45.4 ^a	42.5	42.5	42.3	40.8	41.3
Past Year	47.5 ^a	48.0 ^a	46.9 ^a	46.9 ^a	46.2 ^a	45.2 ^a	45.2 ^a	43.7 ^a	42.4 ^a	41.9 ^a	40.4 ^a	39.2 ^a	39.2 ^a	36.9	36.9	35.9	35.1	35.9
Past Month	28.0 ^a	28.1 ^a	27.8 ^a	27.5 ^a	27.5 ^a	27.4 ^a	25.8 ^a	25.8 ^a	24.0 ^a	24.6 ^a	24.0 ^a	22.5 ^a	22.9 ^a	20.8	20.1	19.7	19.5	19.9
Binge Alcohol Use ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	13.3 ^a	12.6	11.9	11.4	11.8
Heavy Alcohol Use	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	3.0 ^a	2.6	2.3	1.9	2.3

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Some 2006 to 2010 estimates may differ from previously published estimates due to updates (see Section 3.3.5 in Chapter 3 of the 2019 National Survey on Drug Use and Health: Methodological Summary and Definitions).

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

^a The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

¹ Estimates of binge alcohol use include use by those who were heavy alcohol users.

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

200409

Table 7.40A Past Year Initiation of Substance Use among Persons Aged 12 or Older: Numbers in Thousands, 2002-2019

Substance	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
ILLICIT DRUGS																		
Marijuana	2,196 ^a	1,973 ^a	2,142 ^a	2,114 ^a	2,061 ^a	2,089 ^a	2,224 ^a	2,379 ^a	2,439 ^a	2,617 ^a	2,398 ^a	2,427 ^a	2,568 ^a	2,600 ^a	2,582 ^a	3,033 ^a	3,061 ^a	nr
Cocaine	1,032 ^a	986 ^a	998 ^a	872 ^a	977 ^a	906 ^a	724	623	642	670	639	601	766	968 ^a	1,085 ^a	1,037 ^a	874 ^a	671
Crack	337 ^a	269 ^a	215 ^a	230 ^a	243 ^a	353 ^a	209 ^a	95	83	76	84	58	109	37	88	83	101	92
Heroin	117 ^a	92	118 ^a	108 ^a	106 ^a	106 ^a	116 ^a	187 ^a	142 ^a	178 ^a	156 ^a	169 ^a	212 ^a	135 ^a	170 ^a	81	117 ^a	50
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1,160	1,178	1,194	1,116	1,221
LSD	338 ^a	200 ^a	235 ^a	243 ^a	265 ^a	271 ^a	400 ^a	341 ^a	381 ^a	358 ^a	421 ^a	482 ^a	586 ^a	664 ^a	844	794	778	883
PCP	123 ^a	105 ^a	106 ^a	77 ^a	70 ^a	58	53	45	46	48	90 ^a	32	41	42	43	23	14	30
Ecstasy	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	839	757	787	722	744
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	600	526 ^a	575 ^a	576 ^a	730
Methamphetamine	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	225	192	195	205	184
Misuse of Psychotherapeutics ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nr	nr	nr	nr	nr
Pain Relievers ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	2,126 ^a	2,139 ^a	2,010 ^a	1,908	1,607
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1,260 ^a	1,374 ^a	1,192 ^a	1,001	901
Tranquilizers or Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nr	nr	nr	nr	nr
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1,437 ^a	1,374 ^a	1,446 ^a	1,210 ^a	949
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	425 ^a	294	271	251	239
Benzodiazepines	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Opioids	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nr	nr	nr	nr	nr
Illicit Drugs Other Than Marijuana ²	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nr	nr	nr	nr	nr
CIGARETTES	1,940 ^a	1,983 ^a	2,122 ^a	2,282 ^a	2,456 ^a	2,231 ^a	2,453 ^a	2,545 ^a	2,403 ^a	2,394 ^a	2,336 ^a	2,071 ^a	2,164 ^a	1,956 ^a	1,782	1,898 ^a	1,825 ^a	1,595
Daily Cigarette Use	1,016 ^a	1,064 ^a	1,101 ^a	965 ^a	1,049 ^a	983 ^a	945 ^a	1,136 ^a	962 ^a	878 ^a	778 ^a	813 ^a	756 ^a	622 ^a	620	608	495	488
SMOKELESS TOBACCO	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1,335 ^a	1,157	1,013	918	1,041
CIGARS	2,858 ^a	2,736 ^a	3,058 ^a	3,349 ^a	3,061 ^a	3,078 ^a	2,918 ^a	3,146 ^a	2,950 ^a	2,800 ^a	2,664 ^a	2,770 ^a	2,597 ^a	2,569 ^a	2,359	2,338	2,274	2,114
ALCOHOL	3,942 ^a	4,082 ^a	4,396 ^a	4,274 ^a	4,378 ^a	4,551	4,466 ^a	4,561	4,675	4,699	4,589	4,559	4,655	4,761	4,639	4,914	4,878	4,879

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Some 2006 to 2010 estimates may differ from previously published estimates due to updates (see Section 3.3.5 in Chapter 3 of the 2019 National Survey on Drug Use and Health: Methodological Summary and Definitions).

NOTE: Methodological limitations preclude the estimation of past year initiates for aggregate substance use categories having at least one prescription psychotherapeutic, including categories for overall illicit drugs, misuse of psychotherapeutics, tranquilizers or sedatives, opioids, and illicit drugs other than marijuana (see Section 3.4.2 in Chapter 3 of the 2019 National Survey on Drug Use and Health: Methodological Summary and Definitions).

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

^a The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

¹ Prescription psychotherapeutic subtypes were revised in 2016; one effect was the comparability of cocaine products between 2015 and later years.

² Illicit Drugs Other Than Marijuana excludes respondents who used only marijuana but includes those who used marijuana in addition to other illicit drugs.

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

Table 7.41A Past Year Initiation of Substance Use among Persons Aged 12 to 17: Numbers in Thousands, 2002-2019

Substance	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
ILLICIT DRUGS																		
Marijuana	1,373	1,219	1,252	1,139 ^a	1,194 ^a	1,168 ^a	1,248	1,343	1,274	1,375	1,255	1,200 ^a	1,203	1,169 ^a	1,197 ^a	1,204	1,339	1,351
Cocaine	310 ^a	282 ^a	274 ^a	286 ^a	260 ^a	254 ^a	196 ^a	145 ^a	156 ^a	146 ^a	120 ^a	94	117 ^a	112 ^a	107 ^a	98 ^a	74	59
Crack	86 ^a	76 ^a	42 ^a	32 ^a	41 ^a	52 ^a	17	18	14	19	18	10	11	*	6	9	4	11
Heroin	39	25	31	18	24	16	29	19	23	38	21	21	13	11	8	9	7	*
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	340	319	344	234	281
LSD	180	96 ^a	99 ^a	105 ^a	76 ^a	97 ^a	147 ^a	106 ^a	100 ^a	123 ^a	125 ^a	122 ^a	165	206	160	188	142 ^a	205
PCP	77 ^a	59 ^a	43 ^a	55 ^a	43 ^a	38 ^a	37 ^a	26	22	29	45 ^a	19	17	34	12	13	5	16
Ecstasy	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	168	143	146	105	116
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	349	262 ^a	289 ^a	308	381
Methamphetamine	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	24	16	27	31	25
Misuse of Psychotherapeutics ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Pain Relievers ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	415 ^a	423 ^a	316	310	245
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	276	244	217	181	238
Tranquilizers or Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	210	228	223	215	185
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	46	55 ^a	34	36	23
Benzodiazepines	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Opioids	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Illicit Drugs Other Than Marijuana ²	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
CIGARETTES	1,187 ^a	1,226 ^a	1,294 ^a	1,303 ^a	1,333 ^a	1,198 ^a	1,288 ^a	1,273 ^a	1,205 ^a	1,165 ^a	1,032 ^a	932 ^a	838 ^a	823 ^a	723 ^a	604	571	541
Daily Cigarette Use	403 ^a	439 ^a	417 ^a	334 ^a	386 ^a	333 ^a	277 ^a	313 ^a	286 ^a	268 ^a	197 ^a	209 ^a	165 ^a	119 ^a	105	86	63	74
SMOKELESS TOBACCO	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	460 ^a	353	397	307	337
CIGARS	1,113 ^a	1,163 ^a	1,246 ^a	1,270 ^a	1,217 ^a	1,145 ^a	1,120 ^a	1,085 ^a	940 ^a	969 ^a	849 ^a	730 ^a	797 ^a	671 ^a	575 ^a	599 ^a	493	442
ALCOHOL	2,588 ^a	2,593 ^a	2,743 ^a	2,749 ^a	2,706 ^a	2,698 ^a	2,568 ^a	2,662 ^a	2,476 ^a	2,622 ^a	2,448	2,417	2,335	2,358	2,293	2,332	2,380	2,259

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Some 2006 to 2010 estimates may differ from previously published estimates due to updates (see Section 3.3.5 in Chapter 3 of the 2019 National Survey on Drug Use and Health: Methodological Summary and Definitions).

NOTE: Methodological limitations preclude the estimation of past year initiates for aggregate substance use categories having at least one prescription psychotherapeutic, including categories for overall illicit drugs, misuse of psychotherapeutics, tranquilizers or sedatives, opioids, and illicit drugs other than marijuana (see Section 3.4.2 in Chapter 3 of the 2019 National Survey on Drug Use and Health: Methodological Summary and Definitions).

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

^a The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

¹ Prescription psychotherapeutic subtypes were revised in 2016; one effect was the comparability of codeine products between 2015 and later years.

² Illicit Drugs Other Than Marijuana excludes respondents who used only marijuana but includes those who used marijuana in addition to other illicit drugs.

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

Table 7.43A Past Year Initiation of Substance Use among Persons Aged 18 to 25: Numbers in Thousands, 2002-2019

Substance	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
ILLICIT DRUGS																		
Marijuana	733 ^a	666 ^a	714 ^a	723 ^a	742 ^a	787 ^a	817 ^a	988 ^a	918 ^a	1,060 ^a	966 ^a	1,017 ^a	1,094	1,048 ^a	1,013 ^a	1,304	1,197	nr
Cocaine	594 ^a	576	592 ^a	498	570	541	426	397	372 ^a	467	443	432	501	663 ^a	766 ^a	729 ^a	616 ^a	476
Crack	100 ^a	109 ^a	120 ^a	142 ^a	132 ^a	88 ^a	91 ^a	62 ^a	39 ^a	40 ^a	49 ^a	25	54 ^a	37	48 ^a	21	36	17
Heroin	66 ^a	42 ^a	46 ^a	57 ^a	56 ^a	70 ^a	58 ^a	83 ^a	83 ^a	100 ^a	95 ^a	66 ^a	75 ^a	57 ^a	82 ^a	46	35	19
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	670	725	683	632	681
LSD	142 ^a	98 ^a	112 ^a	114 ^a	162 ^a	171 ^a	235 ^a	228 ^a	261 ^a	222 ^a	264 ^a	312 ^a	371	387	567	487	468	460
PCP	46 ^a	41 ^a	49 ^a	22	27	19	16	17	24	18	28	13	24	8	9	9	8	15
Ecstasy	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	531	460	507	460	448
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	188	184	212	210	250
Methamphetamine	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	91	79	95	68	63
Misuse of Psychotherapeutics ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nr	nr	nr	nr	nr
Pain Relievers ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	596 ^a	585 ^a	465	464	404
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	600 ^a	617 ^a	581 ^a	517 ^a	364
Tranquilizers or Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nr	nr	nr	nr	nr
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	489 ^a	617 ^a	473 ^a	434 ^a	329
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	86 ^a	75	51	73	39
Benzodiazepines	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Opioids	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nr	nr	nr	nr	nr
Illicit Drugs Other Than Marijuana ²	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nr	nr	nr	nr	nr
CIGARETTES	641 ^a	659 ^a	765 ^a	848	1,041	989	1,076	1,147 ^a	1,120 ^a	1,156 ^a	1,204 ^a	1,031	1,181 ^a	1,050	978	1,151 ^a	1,141 ^a	964
Daily Cigarette Use	447 ^a	474 ^a	566 ^a	493 ^a	554 ^a	566 ^a	549 ^a	618 ^a	599 ^a	525 ^a	488 ^a	505 ^a	479 ^a	403 ^a	363 ^a	393 ^a	353 ^a	235
SMOKELESS TOBACCO	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	517	452	398	414	424
CIGARS	1,031	1,055	1,199	1,332 ^a	1,275	1,379 ^a	1,277	1,417 ^a	1,388 ^a	1,238	1,291	1,334 ^a	1,311	1,281	1,226	1,118	1,246	1,154
ALCOHOL	1,230 ^a	1,430 ^a	1,484 ^a	1,421 ^a	1,612 ^a	1,741 ^a	1,706 ^a	1,775 ^a	2,008 ^a	1,971 ^a	1,945 ^a	2,056 ^a	2,225	2,203	2,191	2,440	2,436	2,415

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Some 2006 to 2010 estimates may differ from previously published estimates due to updates (see Section 3.3.5 in Chapter 3 of the 2019 National Survey on Drug Use and Health: Methodological Summary and Definitions).

NOTE: Methodological limitations preclude the estimation of past year initiates for aggregate substance use categories having at least one prescription psychotherapeutic, including categories for overall illicit drugs, misuse of psychotherapeutics, tranquilizers or sedatives, opioids, and illicit drugs other than marijuana (see Section 3.4.2 in Chapter 3 of the 2019 National Survey on Drug Use and Health: Methodological Summary and Definitions).

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

^a The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

¹ Prescription psychotherapeutic subtypes were revised in 2016; one effect was the comparability of codeine products between 2015 and later years.

² Illicit Drugs Other Than Marijuana excludes respondents who used only marijuana but includes those who used marijuana in addition to other illicit drugs.

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

Table 7.44A Past Year Initiation of Substance Use among Persons Aged 26 or Older: Numbers in Thousands, 2002-2019

Substance	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
ILLICIT DRUGS																		
Marijuana	90 ^a	88 ^a	176 ^a	252 ^a	126 ^a	134 ^a	159 ^a	49 ^a	247 ^b	182 ^a	177 ^b	210 ^a	271 ^a	383 ^a	372 ^a	525 ^a	525 ^a	887
Cocaine	127	128	133	87	147	112	102	81	114	56 ^a	76	75	148	193	213	210	184	135
Crack	151	83	53	55	70	212 ^a	101	15	30	17	17	23	44	*	34	52	61	63
Heroin	12	25	40	33	9	20	28	85	37	40	40	82	124 ^a	68	80	26	75	31
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	150	134 ^a	167	250	259
LSD	16 ^a	*	24 ^a	24 ^a	28 ^a	*	18 ^a	*	20 ^b	13 ^a	33 ^a	48 ^a	50 ^a	71 ^a	117	120	169	219
PCP	*	*	14	*	*	*	*	*	*	*	17	*	*	*	22	*	*	*
Ecstasy	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	141	154	134	157	180
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	62	80	75	58	99
Methamphetamine	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	110	97	73	106	96
Misuse of Psychotherapeutics ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Pain Relievers ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Tranquilizers or Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Benzodiazepines	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Opioids	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Illicit Drugs Other Than Marijuana ²	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
CIGARETTES	111	98	63	131	83	45	89	124	78	73	101	108	144	84	81	142	113	90
Daily Cigarette Use	166	150	118	137	109	84 ^a	119	204	77 ^b	85	92	99	113	100	152	130	80 ^a	180
SMOKELESS TOBACCO	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	358	352	218	197	280
CIGARS	714	518	614	747 ^b	570	555	521	644	622	593	524	706	489	617	558	622	535	518
ALCOHOL	124	60 ^a	169	105 ^a	60 ^b	112	193	124	191	106	196	85 ^a	95 ^a	200	156	143	63 ^a	205

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Some 2006 to 2010 estimates may differ from previously published estimates due to updates (see Section 3.3.5 in Chapter 3 of the 2019 National Survey on Drug Use and Health: Methodological Summary and Definitions).

NOTE: Methodological limitations preclude the estimation of past year initiates for aggregate substance use categories having at least one prescription psychotherapeutic, including categories for overall illicit drugs, misuse of psychotherapeutics, tranquilizers or sedatives, opioids, and illicit drugs other than marijuana (see Section 3.4.2 in Chapter 3 of the 2019 National Survey on Drug Use and Health: Methodological Summary and Definitions).

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

^a The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

¹ Prescription psychotherapeutic subtypes were revised in 2016; one effect was the comparability of codeine products between 2015 and later years.

² Illicit Drugs Other Than Marijuana excludes respondents who used only marijuana but includes those who used marijuana in addition to other illicit drugs.

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

Table 7.46B Substance Use Disorder for Specific Substances in Past Year among Persons Aged 12 or Older: Percentages, 2002-2019

Substance Use Disorder	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
ILLICIT DRUGS																		
Marijuana	1.8	1.8	1.9	1.7	1.7	1.6	1.7	1.7	1.8	1.6	1.7	1.6	nc	2.9	2.7 ^a	2.8 ^a	3.0	3.0
Cocaine	0.6 ^a	0.6 ^a	0.7 ^a	0.6 ^a	0.7 ^a	0.6 ^a	0.6 ^a	0.4	0.4	0.3	0.4	0.3	1.6 ^a	1.5 ^a	1.5 ^a	1.5 ^a	1.6	1.8
Heroin	0.1 ^a	0.1 ^a	0.1	0.1 ^a	0.1	0.1 ^a	0.1	0.1	0.1	0.2	0.2	0.2	0.2 ^a	0.2 ^a	0.2 ^a	0.2 ^a	0.2	0.4
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.1	0.1	0.1	0.1	0.1
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.0	0.0	0.0	0.0	0.0
Methamphetamine	--	--	--	--	--	--	--	--	--	--	--	--	--	0.3	0.3 ^a	0.4	0.4	0.4
Misuse of Psychotherapeutics	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.0 ^a	0.9 ^a	0.9	0.9	0.8
Pain Relievers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.8 ^a	0.7 ^a	0.6 ^a	0.6	0.5
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.2	0.2	0.2	0.2	0.2
Tranquilizers or Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.3	0.3	0.3	0.3	0.2
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.3	0.2	0.3	0.2	0.2
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.1	0.1	0.1	0.0	0.1
Benzodiazepines	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Opioids	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.9 ^a	0.8 ^a	0.8 ^a	0.7 ^a	0.6
Illicit Drugs Other Than Marijuana ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.7 ^a	1.5	1.6	1.6	1.5
ALCOHOL	7.7 ^a	7.5 ^a	7.8 ^a	7.7 ^a	7.7 ^a	7.5 ^a	7.4 ^a	7.5 ^a	7.1 ^a	6.5 ^a	6.8 ^a	6.6 ^a	6.4 ^a	5.9 ^a	5.6	5.3	5.4	5.3
BOTH ILLICIT DRUGS AND ALCOHOL	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.0	0.9	0.9	1.0	0.9
ILLICIT DRUGS OR ALCOHOL	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	7.8	7.5	7.2	7.4	7.4
ILLICIT DRUGS ONLY	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.9 ^a	1.9 ^a	1.9 ^a	2.0	2.1
ALCOHOL ONLY	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	4.9 ^a	4.7 ^a	4.5	4.4	4.4

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

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^a The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

¹ Illicit Drugs Other Than Marijuana excludes respondents who used only marijuana but includes those who used marijuana in addition to other illicit drugs.

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

Table 7.47B Substance Use Disorder for Specific Substances in Past Year among Persons Aged 12 to 17: Percentages, 2002-2019

Substance Use Disorder	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
ILLICIT DRUGS	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Marijuana	4.3 ^a	3.8 ^a	3.9 ^a	3.6 ^a	3.4 ^a	3.1	3.4 ^a	3.4 ^a	3.6 ^a	3.5 ^a	3.2	2.9	2.7	2.6	3.2	3.0 ^b	2.7 ^a	3.6
Cocaine	0.4 ^a	0.3 ^a	0.4 ^a	0.4 ^a	0.4 ^a	0.4 ^a	0.3 ^a	0.2 ^a	0.1 ^a	0.2 ^a	0.2 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.0	2.8
Heroin	0.1	0.0	0.1	0.0	0.0	0.0	0.1	0.1	0.0	0.1	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.3	0.2	0.2	0.2
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.2	0.1 ^a	0.1 ^a	0.3
Methamphetamine	--	--	--	--	--	--	--	--	--	--	--	--	--	--	0.0	0.1	0.1	0.1
Misuse of Psychotherapeutics	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.9	0.8	0.7	0.8
Pain Relievers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.6 ^a	0.4	0.4	0.3
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.2	0.2	0.2	0.3
Tranquilizers or Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.4	0.3	0.3	0.4
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.3	0.3	0.2	0.3
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.1	0.0	0.0	0.1
Benzodiazepines	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Optioids	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.6 ^a	0.4	0.4	0.3
Illicit Drugs Other Than Marijuana ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.2	1.1	1.0	1.1
ALCOHOL	5.9 ^a	5.9 ^a	6.0 ^a	5.5 ^a	5.4 ^a	5.4 ^a	4.9 ^a	4.6 ^a	4.6 ^a	3.8 ^a	3.4 ^a	2.8 ^a	2.7 ^a	2.5 ^a	2.0	1.8	1.6	1.7
BOTH ILLICIT DRUGS AND ALCOHOL	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.9	0.8	0.7	0.8
ILLICIT DRUGS OR ALCOHOL	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	5.0	4.3	4.0	3.7 ^a	4.5
ILLICIT DRUGS ONLY	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	2.5	2.3 ^a	2.2 ^a	2.1 ^a	2.8
ALCOHOL ONLY	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.5 ^a	1.1	1.0	0.9	0.9

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Some 2006 to 2010 estimates may differ from previously published estimates due to updates (see Section 3.3.5 in Chapter 3 of the 2019 National Survey on Drug Use and Health: Methodological Summary and Definitions).

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

^a The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

¹ Illicit Drugs Other Than Marijuana excludes respondents who used only marijuana but includes those who used marijuana in addition to other illicit drugs.

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

200406

Table 7.49B Substance Use Disorder for Specific Substances in Past Year among Persons Aged 18 to 25: Percentages, 2002-2019

Substance Use Disorder	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
ILLICIT DRUGS																		
Marijuana	6.0	5.9	6.0	5.9	5.7	5.6	5.6	5.6	5.7	5.7	5.5	5.4	4.9 ^a	5.1 ^a	5.0 ^a	5.2	5.9	5.8
Cocaine	1.2 ^a	1.2 ^a	1.4 ^a	1.5 ^a	1.3 ^a	1.4 ^a	1.2 ^a	0.9	0.7	0.6	0.6	0.7	0.5	0.7	0.6	0.7	0.6	0.7
Heroin	0.2	0.1	0.2	0.3	0.2	0.2	0.3	0.3 ^a	0.3 ^a	0.4 ^a	0.5 ^a	0.5 ^a	0.5 ^a	0.4 ^a	0.4 ^a	0.5 ^a	0.3	0.2
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.3	0.5	0.4	0.4	0.4
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.0	0.0	0.1	0.1	0.1
Methamphetamine	--	--	--	--	--	--	--	--	--	--	--	--	--	0.4	0.4	0.5	0.4	0.4
Misuse of Psychotherapeutics	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	2.0 ^a	1.6	1.9 ^a	1.6	1.3
Pain Relievers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.2 ^a	0.8 ^a	1.0 ^a	0.7	0.6
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.5	0.5	0.5	0.5	0.6
Tranquilizers or Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.7 ^a	0.6	0.8 ^a	0.7	0.5
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.7 ^a	0.5	0.8 ^a	0.7 ^a	0.4
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.1	0.1	0.1	0.0	0.1
Benzodiazepines	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Opioids	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.5 ^a	1.1 ^a	1.3 ^a	0.9 ^a	0.7
Illicit Drugs Other Than Marijuana ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	3.1 ^a	2.7	3.0 ^a	2.7	2.3
ALCOHOL	17.7 ^a	17.2 ^a	17.4 ^a	17.5 ^a	17.6 ^a	16.9 ^a	17.4 ^a	16.1 ^a	15.7 ^a	14.4 ^a	14.3 ^a	13.0 ^a	12.3 ^a	10.9 ^a	10.7 ^a	10.0	10.1	9.3
BOTH ILLICIT DRUGS AND ALCOHOL	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	2.9	2.5	2.6	2.7	2.6
ILLICIT DRUGS OR ALCOHOL	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	15.3 ^a	15.1 ^a	14.8	15.0	14.1
ILLICIT DRUGS ONLY	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	4.3	4.5	4.8	5.0	4.9
ALCOHOL ONLY	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	8.0 ^a	8.1 ^a	7.5 ^a	7.4 ^a	6.7

* = low precision; -- = not available; nc = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Some 2006 to 2010 estimates may differ from previously published estimates due to updates (see Section 3.3.5 in Chapter 3 of the 2019 National Survey on Drug Use and Health: Methodological Summary and Definitions).

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

^a The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

¹ Illicit Drugs Other Than Marijuana excludes respondents who used only marijuana but includes those who used marijuana in addition to other illicit drugs.

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

Table 7.50B Substance Use Disorder for Specific Substances in Past Year among Persons Aged 26 or Older: Percentages, 2002-2019

Substance Use Disorder	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
ILLICIT DRUGS																		
Marijuana	0.8 ^a	0.7 ^a	0.8	0.7 ^a	0.8 ^a	0.7 ^a	0.8 ^a	0.8	0.9	0.7 ^a	0.8 ^a	0.8 ^a	0.9	0.8 ^a	2.0 ^b	2.0	2.2	2.3
Cocaine	0.6 ^a	0.6 ^a	0.6 ^a	0.5 ^a	0.6 ^a	0.6 ^a	0.5 ^a	0.4	0.4	0.3	0.4	0.3	0.3	0.3	0.3	0.3	0.4	0.3
Heroin	0.1 ^a	0.1 ^a	0.1 ^a	0.1 ^a	0.1	0.1 ^a	0.1 ^a	0.1	0.1	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.0	0.1	0.1	0.0	0.1
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.0	0.0	0.0	0.0	0.0
Methamphetamine	--	--	--	--	--	--	--	--	--	--	--	--	--	0.3	0.3 ^a	0.4	0.4	0.4
Misuse of Psychotherapeutics	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.9 ^a	0.8	0.8	0.8	0.7
Pain Relievers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.7 ^a	0.6	0.6	0.6	0.5
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.1	0.1	0.2	0.2	0.1
Tranquilizers or Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.2	0.2	0.2	0.2	0.2
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.2	0.2	0.2	0.2	0.2
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.1	0.1	0.1	0.0	0.1
Benzodiazepines	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Opioids	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.8 ^a	0.8 ^a	0.7	0.7	0.6
Illicit Drugs Other Than Marijuana ¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.5	1.3	1.4	1.5	1.4
ALCOHOL	6.2 ^a	6.0 ^a	6.3 ^a	6.2 ^a	6.2 ^a	6.2 ^a	6.0 ^a	6.3 ^a	5.9 ^a	5.4	5.9 ^a	6.0 ^a	5.9 ^a	5.4	5.2	5.0	5.1	5.1
BOTH ILLICIT DRUGS AND ALCOHOL	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	0.7	0.6	0.6	0.7	0.6
ILLICIT DRUGS OR ALCOHOL	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	6.9	6.6	6.4	6.6	6.7
ILLICIT DRUGS ONLY	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	1.4	1.4 ^a	1.4 ^a	1.5	1.6
ALCOHOL ONLY	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	4.8	4.6	4.4	4.4	4.4

* = low precision; -- = not available; nc = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Some 2006 to 2010 estimates may differ from previously published estimates due to updates (see Section 3.3.5 in Chapter 3 of the 2019 National Survey on Drug Use and Health: Methodological Summary and Definitions).

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

^a The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

¹ Illicit Drugs Other Than Marijuana excludes respondents who used only marijuana but includes those who used marijuana in addition to other illicit drugs.

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

200414

Table 7.67B Detailed Reasons for Not Receiving Substance Use Treatment in Past Year among Persons Aged 12 or Older Classified as Needing But Not Receiving Substance Use Treatment at a Specialty Facility and Who Perceived a Need for Substance Use Treatment in Past Year: Percentages, 2015-2019

Reason for Not Receiving Substance Use Treatment ¹	2015	2016	2017	2018	2019
TOTAL POPULATION	100.0	100.0	100.0	100.0	100.0
No Health Care Coverage and Could Not Afford Cost	30.0	26.4	30.3	32.5 ^a	20.9
Had Health Care Coverage But Did Not Cover Treatment or Did Not Cover Full Cost	4.6	11.5	10.5	10.4	4.6
No Transportation/Programs Too Far Away or Hours Inconvenient	11.8	7.2	6.7	7.6	7.3
Did Not Find Program That Offered Type of Treatment That Was Wanted	10.8	14.2	9.0	11.0	14.7
Not Ready to Stop Using	40.3	37.7	39.7	38.4	39.9
No Openings in a Program	4.5	3.1	5.0	5.3	5.2
Did Not Know Where to Go for Treatment	12.5 ^a	18.6	10.9 ^a	21.1	23.8
Might Cause Neighbors/Community to Have Negative Opinion	8.3 ^a	13.2	17.2	14.9	17.2
Might Have Negative Effect on Job	16.1	11.5	20.5	16.0	16.8
Did Not Feel Need for Treatment at the Time	7.3	3.7	12.3	5.3	6.4
Could Handle the Problem Without Treatment	8.2	8.9	12.6	11.1	11.7
Treatment Would Not Help	3.3	2.1	3.9	3.8	4.6
Did Not Have Time	8.9	4.8	7.9	7.0	8.5
Did Not Want Others to Find Out	9.6	4.6	7.1	6.2	7.6
Some Other Reason	2.1	1.4	3.0	4.4	4.2

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Respondents were classified as needing substance use treatment if they met the DSM-IV criteria for an illicit drug or alcohol use disorder or received treatment for illicit drug or alcohol use at a specialty facility (i.e., drug and alcohol rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center).

NOTE: Perceived Need for Substance Use Treatment includes persons who did not receive but felt they needed illicit drug or alcohol use treatment, as well as persons who received treatment at a location other than a specialty facility but felt they needed additional treatment.

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

^a The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

¹ Respondents could indicate multiple reasons for not receiving treatment; thus, these response categories are not mutually exclusive.

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

Table 8.34B Detailed Reasons for Not Receiving Mental Health Services in Past Year among Persons Aged 18 or Older with Past Year Any Mental Illness and a Perceived Unmet Need for Mental Health Services in Past Year, by Receipt of Past Year Mental Health Services: Percentages, 2018 and 2019

Reason Did Not Receive Mental Health Services ¹	MENTAL HEALTH SERVICES ³					
	Total ²		Received		Not Received	
	2018	2019	2018	2019	2018	2019
TOTAL POPULATION	100.0	100.0	100.0	100.0	100.0	100.0
Could Not Afford Cost	40.7	43.3	37.1 ^a	42.9	45.2	43.9
Might Cause Neighbors/Community to Have Negative Opinion	11.0	10.6	10.0	9.4	12.3	12.0
Might Have Negative Effect on Job	10.4	10.0	10.1	8.7	10.9	11.7
Health Insurance Does Not Cover Any Mental Health Services	8.0	7.8	7.1	7.0	8.9	8.8
Health Insurance Does Not Pay Enough for Mental Health Services	16.6	15.9	17.0	16.9	16.0	14.7
Did Not Know Where to Go for Services	25.2	25.0	21.9	18.7	29.3	33.1
Concerned about Confidentiality	9.3	9.6	7.0	8.1	12.1	11.7
Concerned about Being Committed/Having to Take Medicine	14.1	14.2	14.0	13.8	14.1	14.8
Did Not Feel Need for Treatment at the Time	10.2	9.3	9.8	9.5	10.8	9.1
Thought Could Handle the Problem Without Treatment	25.7	26.5	22.6	23.5	29.6	30.5
Treatment Would Not Help	12.0	12.8	12.4	12.8	11.5	12.8
Did Not Have Time	20.8	21.3	20.4	22.2	21.3	20.0
Did Not Want Others to Find Out	7.9	7.5	5.5	5.7	10.9	9.9
No Transportation/Inconvenient	5.6	6.3	7.2	7.6	3.7	4.7
Some Other Reason ⁴	11.8	11.6	12.7	13.8	10.7	8.8

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Any Mental Illness (AMI) aligns with DSM-IV criteria and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

NOTE: Perception of unmet need was asked of all respondents regardless of their mental health. Respondents with unknown perception of unmet need information were excluded.

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

^a The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

¹ Respondents could indicate multiple reasons for not receiving mental health services; thus, these response categories are not mutually exclusive.

² The Total column includes respondents with unknown mental health services information.

³ Mental Health Services for adults includes inpatient treatment/counseling, outpatient treatment/counseling, or use of prescription medication for problems with emotions, nerves, or mental health. Respondents with unknown mental health service information were excluded.

⁴ Respondents with unknown or invalid responses to the other-specify question on Some Other Reason for Not Receiving Mental Health Services were classified as not having received treatment/counseling for Some Other Reason.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2018 and 2019.

200413

Table 8.35B Detailed Reasons for Not Receiving Mental Health Services in Past Year among Persons Aged 18 or Older with Past Year Serious Mental Illness and a Perceived Unmet Need for Mental Health Services in Past Year, by Receipt of Past Year Mental Health Services: Percentages, 2018 and 2019

Reason Did Not Receive Mental Health Services ¹	MENTAL HEALTH SERVICES ³								
	Total ²			Received			Not Received		
	2018	2019	2018	2019	2018	2019	2018	2019	
TOTAL POPULATION	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Could Not Afford Cost	46.1	46.9	41.2	44.6	54.7	51.8	54.7	51.8	
Might Cause Neighbors/Community to Have Negative Opinion	13.1	11.5	12.3	10.8	14.4	12.9	14.4	12.9	
Might Have Negative Effect on Job	13.1	12.5	12.8	10.5	13.6	16.6	13.6	16.6	
Health Insurance Does Not Cover Any Mental Health Services	9.7	7.6	9.4	6.5	10.3	9.8	10.3	9.8	
Health Insurance Does Not Pay Enough for Mental Health Services	19.1	17.1	19.0	17.1	19.1	17.0	19.1	17.0	
Did Not Know Where to Go for Services	26.8	24.8	24.0	19.0	31.6	36.8	31.6	36.8	
Concerned about Confidentiality	12.1	11.8	9.5	9.3	16.7	16.9	16.7	16.9	
Concerned about Being Committed/Having to Take Medicine	20.5	19.9	19.2	18.2	22.5	23.4	22.5	23.4	
Did Not Feel Need for Treatment at the Time	9.3	8.1	9.3	7.9	9.2	8.5	9.2	8.5	
Thought Could Handle the Problem Without Treatment	22.2	23.7	20.4	22.0	25.4	27.3	25.4	27.3	
Treatment Would Not Help	13.2	13.5	12.6	13.5	14.4	13.6	14.4	13.6	
Did Not Have Time	18.6	19.0	18.8	19.2	18.2	18.5	18.2	18.5	
Did Not Want Others to Find Out	8.9	7.2	6.5	6.2	13.2	9.3	13.2	9.3	
No Transportation/Inconvenient	8.0	7.4	9.8	7.8	5.0	6.6	5.0	6.6	
Some Other Reason ⁴	12.6	14.0	13.5	15.2	10.9	11.5	10.9	11.5	

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Serious Mental Illness (SMI) aligns with DSM-IV criteria and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of SMI are a subset of estimates of any mental illness (AMI) because SMI is limited to persons with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

NOTE: Perception of unmet need was asked of all respondents regardless of their mental health. Respondents with unknown perception of unmet need information were excluded.

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

¹ The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

² Respondents could indicate multiple reasons for not receiving mental health services; thus, these response categories are not mutually exclusive.

³ The Total column includes respondents with unknown mental health services information.

⁴ Mental Health Services for adults includes inpatient treatment/counseling, outpatient treatment/counseling, or use of prescription medication for problems with emotions, nerves, or mental health. Respondents with unknown mental health service information were excluded.

⁵ Respondents with unknown or invalid responses to the other-specify question on Some Other Reason for Not Receiving Mental Health Services were classified as not having received treatment/counseling for Some Other Reason.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2018 and 2019.

200407

Table 10.25B Receipt of Mental Health Services in Past Year among Persons Aged 18 or Older with Past Year Any Mental Illness and a Perceived Unmet Need for Mental Health Services in Past Year, by Age Group: Percentages, 2008-2019

Receipt of Mental Health Services/Age Group	2008 ¹	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
RECEIVED MENTAL HEALTH SERVICES												
18-25	57.9	55.1	59.9	57.9	57.9	60.1	59.7	59.2	57.5	55.2	55.6	56.2
26 or Older	44.7	43.3	47.6	46.3	48.0	47.0	49.9	47.3	48.8	49.5	45.7	46.9
26-49	61.7	57.9	63.2	61.1	60.5	63.8	62.5	63.2	60.7	57.4	59.9	60.3
50 or Older	58.6	56.7	63.0 ^a	56.8	56.0	61.5	56.3	59.7	56.9	55.9	55.8	57.5
DID NOT RECEIVE MENTAL HEALTH SERVICES												
18-25	71.9	61.2	63.6	72.6	71.1	69.2	74.6	71.3	69.8	60.8	70.8	68.9
26 or Older	42.1	44.9	40.1	42.1	42.1	39.9	40.3	40.8	42.5	44.8	44.4	43.8
26-49	55.3	56.7	52.4	53.7	52.0	53.0	50.1	52.7	51.2	50.5	54.3	53.1
50 or Older	38.3	42.1	36.8	38.9	39.5	36.2	37.5	36.8	39.3	42.6	40.1	39.7
	41.4	43.3	37.0 ^a	43.2	44.0	38.5	43.7	40.3	43.1	44.1	44.2	42.5
	28.1	38.8	36.4	27.4	28.9	30.8	25.4	28.7	30.2	39.2	29.2	31.1

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Some 2008 to 2010 estimates may differ from previously published estimates due to updates (see Section 3.3.5 in Chapter 3 of the *2019 National Survey on Drug Use and Health: Methodological Summary and Definitions*).

NOTE: Mental Health Services for adults includes inpatient treatment/counseling, outpatient treatment/counseling, or use of prescription medication for problems with emotions, nerves, or mental health. Respondents with unknown mental health service information were excluded.

NOTE: Any Mental Illness (AMI) aligns with DSM-IV criteria and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. AMI estimates from 2008 to 2011 may differ from previously published estimates due to revised estimation procedures. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

NOTE: Perception of unmet need was asked of all respondents regardless of their mental health. Respondents with unknown perception of unmet need information were excluded.

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

^a The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

¹ The measures used to estimate mental illness in 2008 partially differ from the measures used in subsequent years; however, methodological analysis indicated that the estimates are comparable. For details, see Section 3.4.7 in Chapter 3 of the *2019 National Survey on Drug Use and Health: Methodological Summary and Definitions*.

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

200407

Table 10.26B Receipt of Mental Health Services in Past Year among Persons Aged 18 or Older with Past Year Serious Mental Illness and a Perceived Unmet Need for Mental Health Services in Past Year, by Age Group: Percentages, 2008-2019

Receipt of Mental Health Services/Age Group	2008 ¹	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
RECEIVED MENTAL HEALTH SERVICES	69.9	70.3	72.1	68.2	65.8	67.3	68.5	69.3	66.5	67.4	63.9	67.2
18-25	50.9	52.5	57.7	56.5	58.2	56.4	59.4	56.7	55.8	59.2	53.0	56.8
26 or Older	73.8	73.4	75.3	70.9	67.5	69.9	71.0	73.2	70.3	70.7	68.6	71.4
26-49	72.6	67.2	73.2	66.2	63.7	70.4	65.9	69.3	68.0	67.6	66.0	68.1
50 or Older	*	*	*	*	*	*	80.7	*	*	78.8	*	80.5
DID NOT RECEIVE MENTAL HEALTH SERVICES												
18-25	30.1	29.7	27.9	31.8	34.2	32.7	31.5	30.7	33.5	32.6	36.1	32.8
26 or Older	49.1	47.5	42.3	43.5	41.8	43.6	40.6	43.3	44.2	40.8	47.0	43.2
26-49	26.2	26.6	24.7	29.1	32.5	30.1	29.0	26.8	29.7	29.3	31.4	28.6
50 or Older	27.4	32.8	26.8	33.8	36.3	29.6	34.1	30.7	32.0	32.4	34.0	31.9
	*	*	*	*	*	*	19.3	*	*	21.2	*	19.5

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Some 2008 to 2010 estimates may differ from previously published estimates due to updates (see Section 3.3.5 in Chapter 3 of the *2019 National Survey on Drug Use and Health: Methodological Summary and Definitions*).

NOTE: Mental Health Services for adults includes inpatient treatment/counseling, outpatient treatment/counseling, or use of prescription medication for problems with emotions, nerves, or mental health. Respondents with unknown mental health service information were excluded.

NOTE: Serious Mental Illness (SMI) aligns with DSM-IV criteria and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of SMI are a subset of estimates of any mental illness (AMI) because SMI is limited to persons with AMI that resulted in serious functional impairment. SMI estimates from 2008 to 2011 may differ from previously published estimates due to revised estimation procedures. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

NOTE: Perception of unmet need was asked of all respondents regardless of their mental health. Respondents with unknown perception of unmet need information were excluded.

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

^a The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

¹ The measures used to estimate mental illness in 2008 partially differ from the measures used in subsequent years; however, methodological analysis indicated that the estimates are comparable. For details, see Section 3.4.7 in Chapter 3 of the *2019 National Survey on Drug Use and Health: Methodological Summary and Definitions*.

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

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Table 10.27B Receipt of Substance Use Treatment at a Specialty Facility and/or Mental Health Services in Past Year among Persons Aged 18 or Older with Past Year Co-Occurring Substance Use Disorder and Level of Mental Illness: Percentages, 2015-2019

	2015	2016	2017	2018	2019
Co-Occurring Substance Use Disorder (SUD) and Level of Mental Illness/Receipt of Substance Use Treatment (SU Tx) and Mental Health (MH) Services					
SUD and Any Mental Illness					
Received SU Tx at a Specialty Facility OR MH Services	48.0	48.1	51.0	51.4	48.6
Received SU Tx at a Specialty Facility BUT NOT MH Services	4.4 ^a	2.9	4.4 ^a	3.3	1.9
Received MH Services BUT NOT SU Tx at a Specialty Facility	36.7	38.2	38.2	41.0	38.7
Received SU Tx at a Specialty Facility AND MH Services	6.8	6.9	8.3	7.0	7.8
Received NEITHER SU Tx at a Specialty Facility NOR MH Services	52.0	51.9	49.0	48.6	51.4
SUD and Serious Mental Illness					
Received SU Tx at a Specialty Facility OR MH Services	62.6	65.6	64.0	69.5	66.6
Received SU Tx at a Specialty Facility BUT NOT MH Services	4.2	2.3	2.6	2.7	1.9
Received MH Services BUT NOT SU Tx at a Specialty Facility	47.4	51.2	49.6	55.9	52.0
Received SU Tx at a Specialty Facility AND MH Services	11.0	12.0	11.8	10.9	12.7
Received NEITHER SU Tx at a Specialty Facility NOR MH Services	37.4	34.4	36.0	30.5	33.4
SUD and Any Mental Illness Excluding Serious Mental Illness					
Received SU Tx at a Specialty Facility OR MH Services	42.1	39.8	43.6 ^a	41.8	37.7
Received SU Tx at a Specialty Facility BUT NOT MH Services	4.4 ^a	3.2	5.4 ^a	3.6	1.9
Received MH Services BUT NOT SU Tx at a Specialty Facility	32.4	32.0	31.7	33.1	30.7
Received SU Tx at a Specialty Facility AND MH Services	5.2	4.6	6.3	5.0	4.9
Received NEITHER SU Tx at a Specialty Facility NOR MH Services	57.9	60.2	56.4 ^a	58.2	62.3

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Specialty facilities for substance use treatment include hospitals (inpatient only), rehabilitation facilities (inpatient or outpatient), or mental health centers.

NOTE: Mental Health Services for adults includes inpatient treatment/counseling, outpatient treatment/counseling, or use of prescription medication for problems with emotions, nerves, or mental health. Respondents with unknown mental health service information were excluded.

NOTE: Mental Illness aligns with DSM-IV criteria and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of serious mental illness (SMI) are a subset of estimates of any mental illness (AMI) because SMI is limited to persons with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

^a The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

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

Table 10.28B Receipt of Substance Use Treatment at a Specialty Facility and/or Mental Health Services in Past Year among Persons Aged 18 to 25 with Past Year Co-Occurring Substance Use Disorder and Level of Mental Illness: Percentages, 2015-2019

Co-Occurring Substance Use Disorder (SUD) and Level of Mental Illness/Receipt of Substance Use Treatment (SU Tx) and Mental Health (MH) Services	2015	2016	2017	2018	2019
SUD and Any Mental Illness					
Received SU Tx at a Specialty Facility OR MH Services	35.2 ^a	42.0	46.7	43.8	43.3
Received SU Tx at a Specialty Facility BUT NOT MH Services	3.1 ^a	3.1 ^a	3.5 ^a	2.0	1.4
Received MH Services BUT NOT SU Tx at a Specialty Facility	26.5 ^a	35.1	36.9	37.9	36.7
Received SU Tx at a Specialty Facility AND MH Services	5.4	3.8	6.3	3.7	5.0
Received NEITHER SU Tx at a Specialty Facility NOR MH Services	64.8 ^a	58.0	53.3	56.2	56.7
SUD and Serious Mental Illness					
Received SU Tx at a Specialty Facility OR MH Services	53.1	55.7	59.2	60.1	60.5
Received SU Tx at a Specialty Facility BUT NOT MH Services	2.2	2.3	1.4	1.5	2.0
Received MH Services BUT NOT SU Tx at a Specialty Facility	41.6 ^a	49.6	48.7	52.8	51.4
Received SU Tx at a Specialty Facility AND MH Services	9.3	3.8	9.1	5.8	7.0
Received NEITHER SU Tx at a Specialty Facility NOR MH Services	46.9	44.3	40.8	39.9	39.5
SUD and Any Mental Illness Excluding Serious Mental Illness					
Received SU Tx at a Specialty Facility OR MH Services	27.9	35.0	38.4	34.5	33.1
Received SU Tx at a Specialty Facility BUT NOT MH Services	3.5 ^a	3.5 ^a	4.9 ^a	2.3	1.0
Received MH Services BUT NOT SU Tx at a Specialty Facility	20.3 ^a	27.7	29.0	29.5	28.0
Received SU Tx at a Specialty Facility AND MH Services	3.8	3.7	4.4	2.5	3.9
Received NEITHER SU Tx at a Specialty Facility NOR MH Services	72.1	65.0	61.6	65.5	66.9

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Specialty facilities for substance use treatment include hospitals (inpatient only), rehabilitation facilities (inpatient or outpatient), or mental health centers.

NOTE: Mental Health Services for adults includes inpatient treatment/counseling, outpatient treatment/counseling, or use of prescription medication for problems with emotions, nerves, or mental health. Respondents with unknown mental health service information were excluded.

NOTE: Mental Illness aligns with DSM-IV criteria and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of serious mental illness (SMI) are a subset of estimates of any mental illness (AMI) because SMI is limited to persons with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

^a The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

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

Table 10.29B Receipt of Substance Use Treatment at a Specialty Facility and/or Mental Health Services in Past Year among Persons Aged 26 or Older with Past Year Co-Occurring Substance Use Disorder and Level of Mental Illness: Percentages, 2015-2019

Co-Occurring Substance Use Disorder (SUD) and Level of Mental Illness/Receipt of Substance Use Treatment (SU Tx) and Mental Health (MH) Services	2015	2016	2017	2018	2019
SUD and Any Mental Illness					
Received SU Tx at a Specialty Facility OR MH Services	52.4	50.2	52.6	54.1	50.5
Received SU Tx at a Specialty Facility BUT NOT MH Services	4.8 ^a	2.8	4.7 ^a	3.8	2.1
Received MH Services BUT NOT SU Tx at a Specialty Facility	40.2	39.2	38.7	42.1	39.5
Received SU Tx at a Specialty Facility AND MH Services	7.3	8.1	9.0	8.2	8.8
Received NEITHER SU Tx at a Specialty Facility NOR MH Services	47.6	49.8	47.4	45.9	49.5
SUD and Serious Mental Illness					
Received SU Tx at a Specialty Facility OR MH Services	65.8	69.4	66.1	73.1	68.9
Received SU Tx at a Specialty Facility BUT NOT MH Services	5.0	2.3	3.1	3.1	1.9
Received MH Services BUT NOT SU Tx at a Specialty Facility	49.4	51.8	50.0	57.1	52.2
Received SU Tx at a Specialty Facility AND MH Services	11.5	15.1	13.0	12.9	14.8
Received NEITHER SU Tx at a Specialty Facility NOR MH Services	34.2	30.6	33.9	26.9	31.1
SUD and Any Mental Illness Excluding Serious Mental Illness					
Received SU Tx at a Specialty Facility OR MH Services	46.9 ^a	41.4	45.4	44.4	39.4
Received SU Tx at a Specialty Facility BUT NOT MH Services	4.8 ^a	3.0	5.6 ^a	4.1	2.3
Received MH Services BUT NOT SU Tx at a Specialty Facility	36.5	33.5	32.7	34.4	31.7
Received SU Tx at a Specialty Facility AND MH Services	5.6	4.9	6.9	5.8	5.2
Received NEITHER SU Tx at a Specialty Facility NOR MH Services	53.1 ^a	58.6	54.6	55.6	60.6

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Specialty facilities for substance use treatment include hospitals (inpatient only), rehabilitation facilities (inpatient or outpatient), or mental health centers.

NOTE: Mental Health Services for adults includes inpatient treatment/counseling, outpatient treatment/counseling, or use of prescription medication for problems with emotions, nerves, or mental health. Respondents with unknown mental health service information were excluded.

NOTE: Mental Illness aligns with DSM-IV criteria and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of serious mental illness (SMI) are a subset of estimates of any mental illness (AMI) because SMI is limited to persons with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

^a The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

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

Table 10.35B Received Treatment for Depression in Past Year among Persons Aged 18 or Older with Past Year Major Depressive Episode with Severe Impairment, by Demographic Characteristics: Percentages, 2009-2019

Demographic Characteristic	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
TOTAL	71.5	72.9	73.7	73.1	76.4 ^a	73.7	72.7	72.2	72.1	68.6 ^a	72.2
AGE GROUP											
18-25	51.2 ^a	53.9	54.2	55.5	56.8	55.3	52.0	51.3 ^a	57.1	53.7	56.4
26 or Older	76.4	77.2	78.1	77.2	81.1	78.4	78.4	78.4	77.4	73.8 ^a	77.8
26-49	72.4	74.2	74.1	73.7	74.4	72.3	72.0	74.3	71.8	68.0 ^a	74.4
50 or Older	84.4	81.4	85.0	82.4	90.8 ^a	85.9	87.9	84.1	86.4	83.1	83.6
GENDER											
Male	64.2	64.6	68.8 ^a	65.4	68.0	64.8	64.1	65.2	63.8	61.4	61.8
Female	75.4	77.7	76.2	77.6	81.5	78.3	77.1	75.7	76.4	72.4 ^a	78.0
HISPANIC ORIGIN AND RACE											
Not Hispanic or Latino	73.4	73.6	75.2	74.6	79.1 ^a	74.4	73.3	74.4	73.4	69.9 ^a	73.1
White	75.6	76.8	78.0	76.1	80.8 ^a	76.4	75.9	76.9	75.9	72.2	75.6
Black or African American	60.4	58.4	66.2	66.3	73.7	60.2	59.5	67.7	67.1	64.3	64.1
AIAN	*	*	*	*	*	*	*	*	*	*	*
NHOPI	*	*	*	*	*	*	*	*	*	*	*
Asian	*	*	*	*	*	*	*	*	*	*	*
Two or More Races	*	*	*	*	*	82.4 ^a	*	*	71.6	*	63.0
Hispanic or Latino	56.0	68.2	59.7	65.0	60.6	69.2	67.1	58.4	61.4	59.6	66.9

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Some 2009 to 2010 estimates may differ from previously published estimates due to updates (see Section 3.3.5 in Chapter 3 of the 2019 National Survey on Drug Use and Health: *Methodological Summary and Definitions*).

NOTE: Respondents with unknown past year treatment for depression data were excluded.

NOTE: Respondents with unknown past year Major Depressive Episode (MDE) data were excluded.

NOTE: Respondents with unknown impairment data were excluded.

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

^a The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009-2019.

Table 11.14B Received Substance Use Treatment at a Specialty Facility and/or Mental Health Services (Specialty or Nonspecialty) in Past Year among Persons Aged 12 to 17, by Past Year Substance Use Disorder and Major Depressive Episode (MDE) and MDE with Severe Impairment Status: Percentages, 2015-2019

Substance Use Disorder (SUD) Status/MDE Status/Receipt of Substance Use Treatment (SU Tx) and Mental Health (MH) Services	2015	2016	2017	2018	2019
SUD and MDE					
Received SU Tx at a Specialty Facility OR MH Services	63.1	71.9	62.7	65.7	66.3
Received SU Tx at a Specialty Facility BUT NOT MH Services	*	1.5	*	0.8	2.4
Received MH Services BUT NOT SU Tx at a Specialty Facility	59.4	65.8	56.8	59.5	62.5
Received SU Tx at a Specialty Facility AND MH Services	3.8	4.6 ^a	5.9 ^a	5.4 ^a	1.3
Received NEITHER SU Tx at a Specialty Facility NOR MH Services	36.9	28.1	37.3	34.3	33.7
SUD and MDE with Severe Impairment					
Received SU Tx at a Specialty Facility OR MH Services	66.7	74.8	65.6	72.1	68.0
Received SU Tx at a Specialty Facility BUT NOT MH Services	*	1.8	*	1.0	*
Received MH Services BUT NOT SU Tx at a Specialty Facility	62.4	67.5	58.2	66.4	64.4
Received SU Tx at a Specialty Facility AND MH Services	4.3	5.5 ^a	7.4 ^a	4.7	1.6
Received NEITHER SU Tx at a Specialty Facility NOR MH Services	33.3	25.2	34.4	27.9	32.0
SUD and No MDE					
Received SU Tx at a Specialty Facility OR MH Services	33.0	37.1	37.4	33.8	34.1
Received SU Tx at a Specialty Facility BUT NOT MH Services	1.3	3.5	1.2	2.4	1.5
Received MH Services BUT NOT SU Tx at a Specialty Facility	29.2	30.5	32.7	28.4	29.5
Received SU Tx at a Specialty Facility AND MH Services	2.4	3.1	3.3	2.8	2.8
Received NEITHER SU Tx at a Specialty Facility NOR MH Services	67.0	62.9	62.6	66.2	65.9
MDE and No SUD					
Received SU Tx at a Specialty Facility OR MH Services	48.0 ^a	52.6	54.6	49.8	53.2
Received SU Tx at a Specialty Facility BUT NOT MH Services	0.0	0.0	*	*	0.0
Received MH Services BUT NOT SU Tx at a Specialty Facility	47.7 ^a	52.6	54.4	49.7	53.1
Received SU Tx at a Specialty Facility AND MH Services	0.3	0.0	0.2	0.1	0.0
Received NEITHER SU Tx at a Specialty Facility NOR MH Services	52.0 ^a	47.4	45.4	50.2	46.8

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Specialty facilities for substance use treatment include hospitals (inpatient only), rehabilitation facilities (inpatient or outpatient), or mental health centers.

NOTE: Mental health services for persons aged 12 to 17 includes treatment/counseling for emotional or behavioral problems not caused by drug or alcohol use. Respondents with unknown mental health service information were excluded.

NOTE: Respondents with unknown past year Major Depressive Episode (MDE) data were excluded.

NOTE: Respondents with unknown impairment data were excluded.

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

^a The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

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

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