

Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health



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Table of Contents

Summary	1	Initiation of Hallucinogen Use.....	26
Introduction	5	Initiation of Inhalant Use.....	26
Survey Background	5	Initiation of Methamphetamine Use.....	26
Data Presentation and Interpretation	5	Perceived Risk from Substance Use	26
Tobacco Use in the Past Month	6	Perceived Risk from Smoking a Pack or More of Cigarettes Daily	27
Cigarette Use	7	Perceived Risk from Binge Alcohol Use	27
Daily Cigarette Use.....	8	Perceived Risk from Marijuana Use.....	27
Alcohol Use in the Past Month	9	Perceived Risk from Cocaine Use	28
Any Alcohol Use	10	Perceived Risk from Heroin Use.....	28
Binge Alcohol Use.....	11	Substance Use Disorders in the Past Year	28
Heavy Alcohol Use	11	Alcohol Use Disorder	29
Underage Alcohol Use.....	11	Illicit Drug Use Disorder.....	30
Illicit Drug Use in the Past Month	12	Marijuana Use Disorder.....	30
Any Illicit Drug Use	12	Pain Reliever Use Disorder	31
Marijuana Use.....	13	Tranquilizer Use Disorder	32
Misuse of Psychotherapeutic Drugs	14	Stimulant Use Disorder	32
Pain Reliever Misuse	14	Cocaine Use Disorder	32
Tranquilizer Misuse.....	15	Heroin Use Disorder.....	33
Stimulant Misuse.....	15	Methamphetamine Use Disorder.....	34
Sedative Misuse.....	15	Opioid Use Disorder	34
Cocaine Use.....	16	Substance Use Disorder (Alcohol or Illicit Drugs).....	34
Heroin Use	16	Major Depressive Episode in the Past Year	35
Hallucinogen Use.....	17	MDE and MDE with Severe Impairment among Adolescents	36
Inhalant Use.....	17	MDE and MDE with Severe Impairment among Adults.....	36
Methamphetamine Use.....	18	Mental Illness among Adults in the Past Year	38
Opioid Misuse in the Past Year	18	Mental Illness among All Adults	38
Past Year Opioid Misuse.....	18	Co-Occurring Substance Use and Mental Health Issues	40
Past Year Heroin Use	19	Co-Occurring MDE and Substance Use among Adolescents.....	40
Past Year Pain Reliever Misuse	20	Co-Occurring Mental Health Issues and Substance Use	
Misuse of Subtypes of Pain Relievers.....	20	Disorders among Adults	41
Main Reasons for the Last Misuse of Pain Relievers.....	20	Suicidal Thoughts and Behavior among Adults	43
Source of the Last Pain Reliever That Was Misused	21	Serious Thoughts of Suicide	44
Initiation of Substance Use	21	Suicide Plans	44
Initiation of Cigarette Use	22	Suicide Attempts	45
Initiation of Alcohol Use.....	23	Substance Use Treatment in the Past Year	45
Initiation of Marijuana Use.....	23	Need for Substance Use Treatment.....	46
Initiation of Prescription Pain Reliever Misuse.....	24	Receipt of Substance Use Treatment.....	46
Initiation of Prescription Tranquilizer Misuse	24	Perceived Need for Substance Use Treatment.....	47
Initiation of Prescription Stimulant Misuse	24	Reasons for Not Receiving Specialty Substance Use Treatment.....	48
Initiation of Prescription Sedative Misuse.....	25	Mental Health Service Use in the Past Year	49
Initiation of Cocaine Use.....	25	Treatment for Depression among Adolescents	49
Initiation of Heroin Use.....	25	Treatment for Depression among Adults.....	49

[Any Mental Health Service Use among All Adolescents.....50](#)
[Any Mental Health Service Use among All Adults51](#)
[Any Mental Health Service Use among Adults with Mental Illness.....52](#)
[Perceived Unmet Need for Mental Health Services among Adults.....53](#)

[Receipt of Services for Co-Occurring Substance Use](#)

[Disorder and Mental Health Issues56](#)

[Receipt of Services among Adolescents with
Co-Occurring MDE and a Substance Use Disorder56](#)
[Receipt of Services among Adults with Co-Occurring
Mental Illness and a Substance Use Disorder57](#)

[Endnotes.....59](#)

**[Appendix A: Supplemental Tables of Estimates for Key
Substance Use and Mental Health Indicators in the
United States A-1](#)**

Summary

This report summarizes key findings from the 2017 National Survey on Drug Use and Health (NSDUH) for national indicators of substance use and mental health among people aged 12 years old or older in the civilian, noninstitutionalized population of the United States. Results are provided for the overall category of individuals aged 12 or older and by age subgroups. The NSDUH questionnaire underwent a partial redesign in 2015 to improve the quality of the NSDUH data and to address the changing needs of policymakers and researchers. For measures that started a new baseline in 2015 due to this partial redesign, estimates are discussed only for 2017. Trends are provided for some of the estimates that were unaffected by the 2015 partial redesign.

Tobacco Use

In 2017, an estimated 48.7 million people aged 12 or older were current cigarette smokers, including 27.8 million people who were daily cigarette smokers and 11.4 million people who smoked approximately a pack or more of cigarettes per day. Although fewer than 1 in 6 people aged 12 or older were current cigarette smokers, cigarette use generally declined between 2002 and 2017 across all age groups.

Alcohol Use

NSDUH collects information on past month alcohol use, binge alcohol use, and heavy alcohol use. For men, binge alcohol use is defined in NSDUH as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. For women, binge drinking is defined as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days. Heavy alcohol use is defined as binge drinking on 5 or more days in the past 30 days.

In 2017, about 140.6 million Americans aged 12 or older were current alcohol users, 66.6 million were binge drinkers in the past month, and 16.7 million were heavy drinkers in the past month. About 7.4 million underage people aged 12 to 20 drank alcohol in the past month, which represents 1 in 5 individuals aged 12 to 20. About 1 in 8 underage individuals were binge drinkers in the past month. The percentage of underage drinkers in 2017 was lower than the percentages in 2002 through 2014, but it was similar to the percentages in 2015 and 2016.

Illicit Drug Use

In 2017, 30.5 million people aged 12 or older used an illicit drug in the past 30 days (i.e., current use), which corresponds to about 1 in 9 Americans (11.2 percent). About 1 in 4 young adults aged 18 to 25 were current illicit drug users. Regardless of age, the estimates of current illicit drug use for 2017 were driven primarily by marijuana use and the misuse of prescription pain relievers. Among the 30.5 million people aged 12 or older who were current illicit drug users, 26.0 million were current marijuana users and 3.2 million were current misusers of prescription pain relievers. Smaller numbers of people were current users of cocaine, hallucinogens, methamphetamine, inhalants, or heroin or were current misusers of prescription tranquilizers, stimulants, or sedatives.

The percentage of people aged 12 or older who were current marijuana users in 2017 was higher than the percentages in 2002 to 2016. The increase in marijuana use reflects increases in marijuana use among young adults aged 18 to 25 and adults aged 26 or older. Marijuana use among adolescents aged 12 to 17 was lower in 2017 than in most years from 2009 to 2014.

NSDUH also allows for estimation of opioid misuse, which is the use of heroin or the misuse of prescription pain relievers. In 2017, an estimated 11.4 million people misused opioids in the past year, including 11.1 million pain reliever misusers and 886,000 heroin users. Among people aged 12 or older who misused pain relievers in the past year, about 6 out of 10 people indicated that the main reason they misused pain relievers the last time they misused them was to relieve physical pain (62.6 percent), and about half (53.1 percent) obtained the last pain reliever they misused from a friend or relative.

Substance Use Initiation

In 2017, the substances with the largest number of recent (i.e., past year) initiates of use were alcohol (4.9 million new users), marijuana (3.0 million new users), prescription pain relievers (2.0 million new misusers), and cigarettes (1.9 million new users). The number of marijuana initiates aged 12 or older in 2017 was higher than the numbers in 2002 to 2016. For cigarettes, the number of initiates in 2017 was lower than the numbers in most years from 2004 to 2014, but it was similar to the numbers in 2015 and 2016.

Perceived Risk from Substance Use

Although more than 4 out of 5 people aged 12 or older in 2017 perceived great risk of harm from weekly use of cocaine or heroin, about one third of people perceived great risk of harm from weekly marijuana use. In 2017, about 2 out of 3 individuals aged 12 or older perceived great risk from having four or five drinks of alcohol nearly every day, and nearly 3 out of 4 individuals (71.6 percent) perceived great risk from smoking one or more packs of cigarettes per day.

Substance Use Disorders

In 2017, approximately 19.7 million people aged 12 or older had a substance use disorder (SUD) related to their use of alcohol or illicit drugs in the past year, including 14.5 million people who had an alcohol use disorder and 7.5 million people who had an illicit drug use disorder.¹ The most common illicit drug use disorder was for marijuana (4.1 million people). An estimated 2.1 million people had an opioid use disorder, which includes 1.7 million people with a prescription pain reliever use disorder and 0.7 million people with a heroin use disorder.

Major Depressive Episode

In 2017, 13.3 percent of adolescents aged 12 to 17 (3.2 million adolescents) and 13.1 percent of young adults aged 18 to 25 (4.4 million) had a major depressive episode (MDE) during the past year.² The percentage of adolescents in 2017 who had a past year MDE was higher than the percentages in 2004 to 2014, and the percentage of young adults in 2017 who had a past year MDE was higher than the percentages in 2005 to 2016. In contrast, the percentages of adults aged 26 to 49 and those aged 50 or older in 2017 with a past year MDE were similar to the percentages in most or all years from 2005 to 2016.

¹ People who met the criteria for dependence or abuse for alcohol or illicit drugs in the past 12 months based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV), were defined as having an SUD. See the following reference: American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (DSM-IV) (4th ed.). Washington, DC: Author.

² People who met the criteria for MDE based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5), were defined as having an MDE. See the following reference: American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (DSM-5) (5th ed.). Arlington, VA: Author.

Mental Illness among Adults

In 2017, an estimated 46.6 million adults aged 18 or older (18.9 percent) had any mental illness (AMI) in the past year. An estimated 11.2 million adults in the nation had a serious mental illness (SMI) in the past year, representing 4.5 percent of all U.S. adults.³ The percentage of adults in 2017 with AMI was similar to the percentage in 2016, but it was higher than the percentages in all but 3 years from 2008 to 2015. The percentage of adults in 2017 with SMI was higher than the percentages in most prior years. Percentages of young adults aged 18 to 25 in 2017 who had AMI or SMI were greater than the corresponding percentages in each year from 2008 to 2016.

Co-Occurring MDE and Substance Use among Adolescents

In 2017, the percentage of adolescents aged 12 to 17 who used illicit drugs in the past year was higher among those with a past year MDE than it was among those without a past year MDE (29.3 vs. 14.3 percent). An estimated 345,000 adolescents (1.4 percent of all adolescents) had an SUD and an MDE in the past year.

Co-Occurring Mental Illness and Substance Use Disorders among Adults

An estimated 8.5 million adults aged 18 or older (3.4 percent of all adults) had both AMI and at least one SUD in the past year, and 3.1 million adults (1.3 percent of all adults) had co-occurring SMI and an SUD in the past year.

Suicidal Thoughts and Behavior among Adults

In 2017, an estimated 10.6 million adults aged 18 or older had thought seriously about trying to kill themselves (4.3 percent of adults), 3.2 million had made suicide plans (1.3 percent), and 1.4 million made nonfatal suicide attempts (0.6 percent). The percentage of adults aged 18 or older in 2017 who had serious thoughts of suicide was higher than the percentages in 2008 to 2014, but it was similar to the percentages in 2015 and 2016. The percentage of young adults aged 18 to 25 in 2017 with serious thoughts

³ Adults with AMI were defined as having any mental, behavioral, or emotional disorder in the past year that met DSM-IV criteria (excluding developmental disorders and SUDs). Adults with AMI were defined as having SMI if they had any mental, behavioral, or emotional disorder that substantially interfered with or limited one or more major life activities. See footnote 1 for the reference for the DSM-IV criteria.

of suicide was higher than in 2008 to 2016. In contrast, the percentages of adults in 2017 who had serious thoughts of suicide were similar to those in most years from 2008 to 2016 for adults aged 26 to 49 and for those aged 50 or older.

Substance Use Treatment

In 2017, an estimated 20.7 million people aged 12 or older needed substance use treatment. This translates to about 1 in 13 people who needed treatment. Among young adults aged 18 to 25, however, about 1 in 7 people needed treatment. For NSDUH, people are defined as needing substance use treatment if they had an SUD in the past year or if they received substance use treatment at a specialty facility in the past year.⁴

In 2017, 1.5 percent of people aged 12 or older (4.0 million people) received any substance use treatment in the past year, and 0.9 percent (2.5 million) received substance use treatment at a specialty facility. About 1 in 8 people aged 12 or older who needed substance use treatment received treatment at a specialty facility in the past year (12.2 percent).

In 2017, among the estimated 18.2 million people aged 12 or older who needed substance use treatment but did not receive specialty treatment in the past year, about 1.0 million perceived they had a need for substance use treatment. About 2 in 5 people who perceived a need for treatment but did not receive treatment at a specialty facility were not ready to stop using, and about 1 in 3 had no health care coverage and were not able to afford the cost.

Treatment for Depression

Among the 3.2 million adolescents and 4.4 million young adults in 2017 who had a past year MDE, 1.3 million adolescents (41.5 percent) and 2.2 million young adults (50.7 percent) received treatment for depression. The percentages of adolescents and young adults in 2017 with a past year MDE who received treatment for their depression were similar to the percentages in most prior years.

Mental Health Service Use among Adults

In 2017, an estimated 36.4 million adults aged 18 or older (14.8 percent of adults) received mental health care during the past 12 months. Among the 46.6 million adults with AMI, 19.8 million (42.6 percent) received mental health services in the past year. About 7.5 million of the 11.2 million adults with past year SMI (66.7 percent) received mental health services in the past year. The percentages of adults with AMI or SMI who received mental health care in 2017 were similar to the corresponding percentages in most years from 2008 to 2016.

In 2017, an estimated 13.5 million adults aged 18 or older had a perceived unmet need for mental health care at any time in the past year, including 11.1 million adults with past year AMI and 4.9 million adults with past year SMI. The percentages of adults overall in 2017 and those with AMI who perceived an unmet need for mental health care in the past year were higher than the percentages in most prior years from 2008 to 2016. The percentage of adults in 2017 with SMI who perceived an unmet need for mental health care in the past year was higher than the percentages in most years from 2013 to 2016. In 2017, about 2 out of 5 adults with AMI (44.6 percent) and half of those with SMI (52.5 percent) who perceived an unmet need for mental health services did not receive services because they could not afford the cost of care.

Receipt of Services among Those with Co-Occurring Mental Illness and Substance Use

Among adolescents who had a co-occurring MDE and an SUD in the past year, 62.7 percent received either substance use treatment at a specialty facility or mental health services in the past year. About half of the adults with co-occurring AMI and an SUD in the past year did not receive either mental health care or specialty substance use treatment, and about 1 in 3 adults with co-occurring SMI and an SUD did not receive either type of care.

⁴ Specialty treatment 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.

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Introduction

Substance use and mental health issues affect millions of adolescents and adults in the United States and contribute heavily to the burden of disease.^{1,2,3} The National Survey on Drug Use and Health (NSDUH) is the primary source for statistical information on illicit drug use, alcohol use, substance use disorders (SUDs), and mental health issues for the civilian, noninstitutionalized population of the United States. Information on mental health and substance use allows the Substance Abuse and Mental Health Services Administration (SAMHSA) and other policymakers to gauge progress toward improving the health of the nation.

This report summarizes findings for key substance use and mental health indicators from the 2017 National Survey on Drug Use and Health (NSDUH).

This report contains the first set of findings from the 2017 NSDUH for key substance use and mental health indicators in the United States. Comprehensive 2017 NSDUH detailed tables that show additional substance use and mental health-related outcomes, including data for various subpopulations covered in NSDUH, are available separately at <https://www.samhsa.gov/data/>.⁴

Survey Background

NSDUH is an annual survey of the civilian, noninstitutionalized population of the United States aged 12 years old or older.⁵ The survey is sponsored by SAMHSA within the U.S. Department of Health and Human Services (HHS). The survey covers residents of households and individuals 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., homeless people 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 that is designed to be representative of both the nation as a whole and for each of the 50 states and the District of Columbia. The 2017 NSDUH annual target sample size of 67,500 interviews was distributed 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. From 2002 through 2013, the NSDUH sample was allocated equally across these three age groups. Although the sample design changed in 2014, NSDUH had the same total target sample size per year of 67,500 interviews between 2002 and 2017.⁶

NSDUH is a face-to-face household interview survey that is conducted in two phases: the screening phase and the interview phase. The interviewer conducts a screening of the sampled household with an adult resident (aged 18 or older) in order to determine whether zero, one, or two residents aged 12 or older should be selected for the interview.⁷ 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, 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
68,032 completed interviews from
2017 NSDUH respondents aged 12 or older.*

In 2017, screening was completed at 138,061 addresses, and 68,032 completed interviews were obtained, including 17,033 interviews from adolescents aged 12 to 17 and 50,999 interviews from adults aged 18 or older. Weighted response rates for household screening and for interviewing were 75.1 and 67.1 percent, respectively, for an overall response rate of 50.4 percent for people aged 12 or older. The weighted interview response rates were 75.1 percent for adolescents and 66.3 percent for adults.⁸ Further details about the 2017 NSDUH design and methods can be found on the web at <https://www.samhsa.gov/data/>.⁹

Data Presentation and Interpretation

This report focuses on substance use and mental health in the United States based on NSDUH data from 2017 and earlier years.¹⁰ Estimates of substance use and substance use treatment are presented for individuals aged 12 or older, adolescents, and adults.¹¹ However, estimates of

mental health issues and mental health service use are not presented jointly for individuals aged 12 or older. Rather, these estimates are presented separately for adolescents aged 12 to 17 and adults aged 18 or older because adolescents and adults 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 NSDUH survey data that are subject to sampling errors. The estimates have met the criteria for statistical precision. Estimates that do not meet these criteria have been suppressed and are not shown.¹²

One of NSDUH's strengths is the stability in the sample and survey designs. 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 NSDUH content to address changes in society and emerging issues. Consequently, the NSDUH questionnaire underwent a partial redesign in 2015 to improve the quality of the NSDUH data and to address the changing needs of policymakers and researchers with regard to substance use and mental health issues. New baselines were started in 2015 for estimates that were affected by changes to the 2015 NSDUH questionnaire.^{13,14,15}

Trends are presented in this report for estimates from the 2017 NSDUH that are assumed to have remained comparable with estimates from 2016 and prior years.^{14,15} All trends that are presented in the report compare 2017 estimates with estimates from 3 or more prior years. When new baselines started in 2015 (e.g., substance use treatment), estimates are discussed only for 2017.¹⁶ Most trend analyses focus on percentages because the percentages take into account any changes in the size of the total population and facilitate the comparison of estimates across years.¹⁷ However, trend analyses for the initiation of substance use focus on the *number* of people who initiated substance use in the past year rather than on percentages. Therefore, care should be taken in interpreting increases over time in the estimated number of past year initiates because some of these increases could reflect growth in the size of the population.

Analyses of trends in this report focus on long-term trends in substance use and mental health issues.

Statistical tests also have been conducted for comparisons that appear in the text of the report. Statistically significant differences are described using terms such as “higher,”

“lower,” “increased,” or “decreased.” Statements use terms such as “similar,” “remained steady,” or “stable” when a difference is not statistically significant. Analyses of long-term trends in this report summarize whether the 2017 estimates are different from or similar to estimates in most or all previous years,¹⁸ while minimizing discussion of anomalous differences between any 2 years that can occur due to these estimates being based on samples.¹⁹ Graphics and tables contain estimates that support the majority of statements in this report. For example, supplementary tables of estimates and standard errors are included in Appendix A. In some situations, estimates may be drawn only from the NSDUH detailed tables or from additional data analyses and are not presented in the appendix tables.

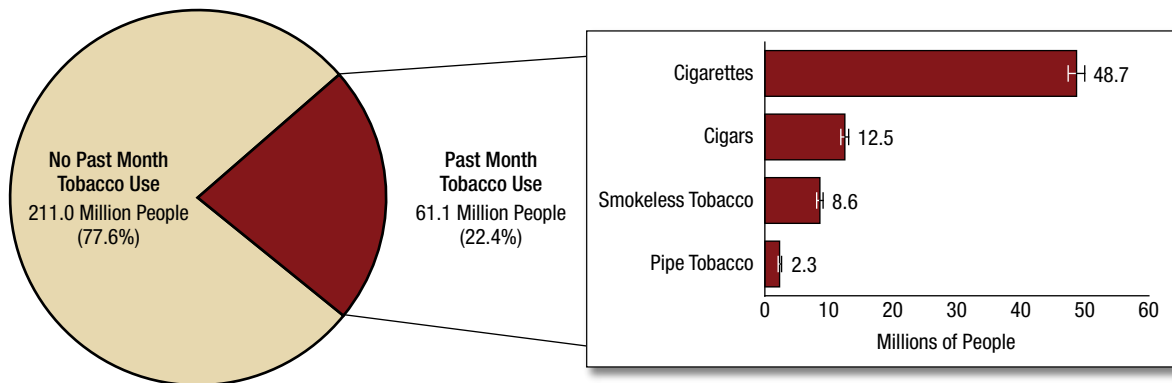
Tobacco Use in the Past Month

NSDUH data can be used not only to estimate the percentage of individuals who currently use tobacco products, but also to monitor changes in tobacco use over time. NSDUH asks respondents aged 12 or older about their tobacco use in the 30 days before the interview. Tobacco products include cigarettes, smokeless tobacco (such as snuff, dip, chewing tobacco, or “snus”), cigars, and pipe tobacco. Cigarette use is defined as smoking “part or all of a cigarette.” A discussion of the estimates for daily cigarette smoking follows a presentation of the estimates for any cigarette smoking in the past month.

The majority of the 61.1 million current (i.e., past month) tobacco users in 2017 were current cigarette smokers (Figure 1), as has been the case historically.²⁰ Specifically, 48.7 million people aged 12 or older in 2017 were current cigarette smokers, 12.5 million people were current cigar smokers, 8.6 million people were current users of smokeless tobacco, and 2.3 million people currently smoked pipe tobacco.

Among current users of any tobacco product who were aged 12 or older, 65.2 percent smoked cigarettes but did not use other tobacco products, 14.6 percent smoked cigarettes and used some other type of tobacco product, and 20.3 percent used other tobacco products but not cigarettes (Table A.5B). This same pattern was observed in 2017 among young adults aged 18 to 25 and adults aged 26 or older, with most current tobacco users smoking only cigarettes. Specifically, more than half of young adults (53.2 percent) and more than two thirds of adults aged 26 or older (68.3 percent) who were current tobacco users smoked only cigarettes in

Figure 1. Numbers of Past Month Tobacco Users among People Aged 12 or Older: 2017



Note: Estimated numbers of people refer to people aged 12 or older in the civilian, noninstitutionalized population in the United States. The numbers do not sum to the total population of the United States because the population for NSDUH does not include people aged 11 years or younger, people with no fixed household address (e.g., homeless or transient people not in shelters), active-duty military personnel, and residents of institutional group quarters, such as correctional facilities, nursing homes, mental institutions, and long-term care hospitals.

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.

the past month. Among young adults and adults aged 26 or older who were current users of tobacco products, about one fifth did not smoke cigarettes (23.2 and 19.3 percent, respectively). In contrast, among adolescents who were current tobacco users, 35.3 percent used tobacco products other than cigarettes but did not smoke cigarettes. In addition, 29.3 percent of adolescents and 23.5 percent of young adults who were current tobacco users smoked cigarettes and used other tobacco products. Among adults aged 26 or older who were current tobacco users, about 1 in 8 (12.4 percent) were current cigarette smokers and current users of other tobacco products.

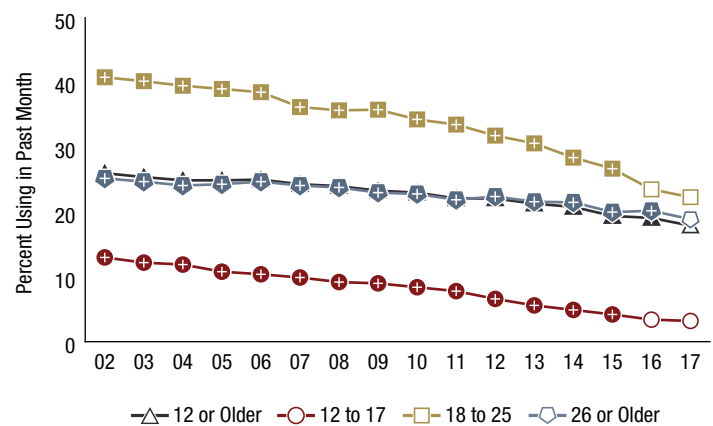
The remainder of this section on tobacco use focuses on cigarette smoking because most current tobacco users were cigarette smokers. More information on the use of cigars, pipe tobacco, and smokeless tobacco in the past month can be found in [Tables A.1B](#) to [A.4B](#).

Cigarette Use

As noted previously, an estimated 48.7 million people aged 12 or older in 2017 were current cigarette smokers ([Figure 1](#)). This number of current cigarette smokers corresponds to 17.9 percent of the population ([Figure 2](#)). The percentage of people aged 12 or older who smoked cigarettes in the past month was lower in 2017 than in 2002 to 2016. Stated another way, fewer than 1 in 6 people aged 12 or older in 2017 were current cigarette smokers. In comparison, about 1 in 4 people aged 12 or older were current cigarette smokers in 2002 to 2008 (ranging from 24.0 to 26.0 percent). Although cigarette smoking

has declined, some of this decline may reflect the use of electronic vaporizing devices for delivering nicotine, such as e-cigarettes. Future research on both cigarette use and e-cigarette use is needed to continue monitoring these developments; however, NSDUH does not currently ask separate questions about e-cigarette use.

Figure 2. Past Month Cigarette Use among People Aged 12 or Older, by Age Group: Percentages, 2002-2017



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 2 Table. Past Month Cigarette Use among People Aged 12 or Older, by Age Group: Percentages, 2002-2017

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
≥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
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
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
≥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

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Aged 12 to 17

In 2017, 787,000 adolescents aged 12 to 17 smoked cigarettes in the past month. This number of adolescents who were current cigarette smokers represents 3.2 percent of adolescents (Figure 2). The percentage of adolescents who were past month cigarette smokers declined from 13.0 percent in 2002 (or about 1 in 8 adolescents) to 3.2 percent in 2017 (or fewer than 1 in 30). The percentage of adolescents who were current cigarette smokers in 2017 was lower than the percentages in each year from 2002 to 2015, but it was similar to the percentage in 2016.

Aged 18 to 25

Among young adults aged 18 to 25 in 2017, 7.7 million individuals smoked cigarettes in the past month. This number of young adults who were current cigarette smokers represents about one fifth of young adults (22.3 percent) (Figure 2). The percentage of young adults who were current cigarette smokers in 2017 was lower than the percentages in 2002 to 2015, but it was similar to the percentage in 2016.

Aged 26 or Older

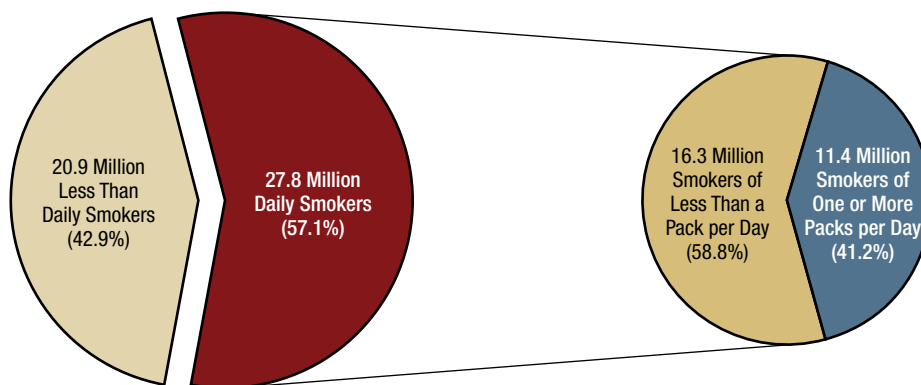
In 2017, 40.3 million adults aged 26 or older smoked cigarettes in the past month. Stated another way, about 1 in 5 adults aged 26 or older (18.9 percent) were current cigarette smokers in 2017 (Figure 2). The 2017 estimate for current cigarette smoking among adults 26 or older was lower than the estimates from 2002 to 2016.

Daily Cigarette Use

Among the 48.7 million current cigarette smokers aged 12 or older in 2017, 27.8 million were daily cigarette smokers. The 27.8 million daily smokers represent 57.1 percent of current cigarette smokers (Figure 3). Thus, nearly three fifths of current cigarette smokers in 2017 smoked cigarettes daily. The percentage of current smokers aged 12 or older in 2017 who smoked cigarettes daily was lower than the percentages in 2002 to 2013, but it was similar to the percentages in 2014 to 2016 (Table 1).

Among the 27.8 million daily smokers aged 12 or older in 2017, 11.4 million smoked 16 or more cigarettes per

Figure 3. 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: 2017



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

Table 1. Daily Cigarette Use among Past Month Cigarette Smokers Aged 12 or Older, by Age Group: Percentages, 2002-2017

Age Group	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
12 or Older	63.4 ⁺	62.9 ⁺	62.3 ⁺	63.0 ⁺	62.3 ⁺	61.3 ⁺	61.5 ⁺	61.0 ⁺	59.5 ⁺	60.7 ⁺	60.7 ⁺	59.6 ⁺	58.8	58.1	57.9	57.1
12 to 17	31.8 ⁺	29.7 ⁺	27.6 ⁺	25.8 ⁺	26.5 ⁺	26.4 ⁺	22.3 ⁺	23.0 ⁺	22.5 ⁺	22.7 ⁺	22.0 ⁺	19.4 ⁺	24.1 ⁺	20.0 ⁺	15.0	12.2
18 to 25	51.8 ⁺	52.7 ⁺	51.6 ⁺	50.1 ⁺	48.8 ⁺	49.2 ⁺	47.8 ⁺	45.3 ⁺	45.8 ⁺	45.3 ⁺	45.1 ⁺	43.1 ⁺	43.0 ⁺	42.0 ⁺	39.9	38.4
26 or Older	68.8 ⁺	68.0 ⁺	67.8 ⁺	68.9 ⁺	67.9 ⁺	66.3 ⁺	67.0 ⁺	67.2 ⁺	64.8 ⁺	66.5 ⁺	66.0 ⁺	64.9 ⁺	63.3	62.7	62.2	61.5

⁺ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

day (i.e., approximately one pack or more per day). Stated another way, about 2 out of 5 daily smokers (41.2 percent) smoked a pack or more of cigarettes per day (Figures 3 and 4). The percentage of daily smokers aged 12 or older who smoked one or more packs of cigarettes per day was lower in 2017 than the percentages in 2002 to 2011, but it was similar to the percentages in 2012 to 2016.

Aged 12 to 17

In 2017, about 96,000 adolescents aged 12 to 17 smoked cigarettes every day in the past month. This number corresponds to about 1 in 8 adolescent current smokers (12.2 percent) (Table 1). The 2017 percentage was lower than the percentages in 2002 to 2015, but it was similar to the percentage in 2016. The percentage of adolescent daily smokers who smoked one or more packs of cigarettes per day was not reported for 2017 due to low precision.

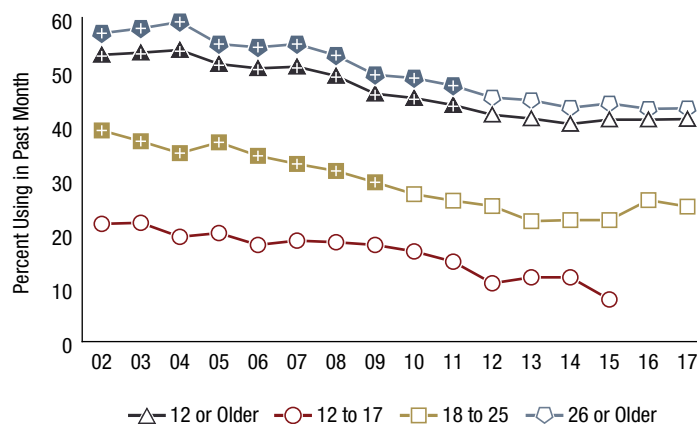
Aged 18 to 25

About 2.9 million young adults aged 18 to 25 in 2017 were daily cigarette smokers in the past month, or 38.4 percent of young adults who were current cigarette smokers (Table 1). Thus, nearly 2 in 5 young adults in 2017 who were current cigarette users smoked cigarettes daily. The percentage of young adult current smokers in 2017 who smoked cigarettes daily was lower than the percentages in 2002 to 2015, but it was similar to the percentage in 2016. The percentage of young adult daily smokers in 2017 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 2016 (Figure 4).

Aged 26 or Older

In 2017, about 24.8 million adults aged 26 or older smoked cigarettes every day in the past month, which represents 61.5 percent of the adults aged 26 or older who were current smokers (Table 1). The percentage of current smokers aged 26 or older in 2017 who smoked cigarettes every day was lower than the percentages in 2002 to 2013, but it was similar to the percentages in 2014 to 2016. Despite the decline since 2002, when nearly 70 percent of current smokers aged 26 or older were daily smokers, about three fifths of current smokers in this age group in 2017 were daily smokers. Among daily smokers aged 26 or older, the percentage in 2017 who smoked one or more packs of cigarettes per day (43.2 percent) was lower than in 2002 to 2011. However, the percentage was stable between 2012 and 2017 (Figure 4).

Figure 4. Smokers of One or More Packs of Cigarettes per Day among Past Month Daily Cigarette Smokers Aged 12 or Older, by Age Group: Percentages, 2002-2017



* Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 4 Table. Smokers of One or More Packs of Cigarettes per Day among Past Month Daily Cigarette Smokers Aged 12 or Older, by Age Group: Percentages, 2002-2017

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
≥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
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
≥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

* Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

* Low precision; no estimate reported.

Alcohol Use in the Past Month

NSDUH asks respondents aged 12 or older about their alcohol use in the 30 days before the interview. Current alcohol use is defined as any use of alcohol in the past 30 days. In addition to asking about any alcohol use, NSDUH collects information on binge alcohol use and heavy alcohol use. Until the 2015 NSDUH, the threshold for binge drinking was defined the same for males and females. Consistent with federal definitions²¹ and other federal data collections, the NSDUH definition for binge alcohol use since 2015 differs for males and females. Binge drinking for males is defined as drinking five or more drinks²² on the same occasion on at least 1 day in the past 30 days, which is unchanged from the threshold prior to 2015. Since 2015, binge alcohol use for females has been defined as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days. Heavy alcohol use is defined as binge drinking on 5 or more days in the past 30 days based on the thresholds that were described previously for males and females.

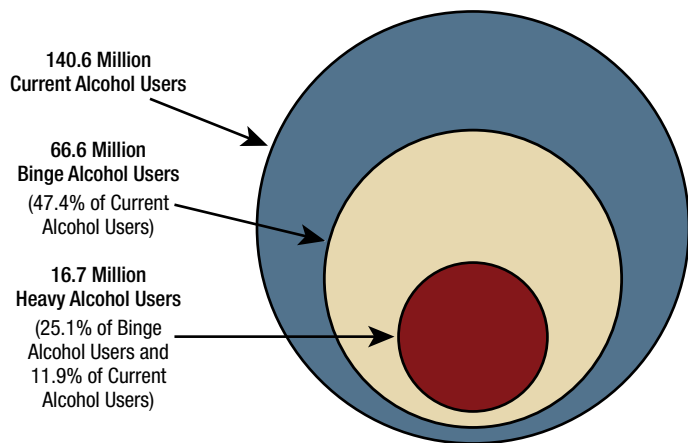
Any alcohol use, binge drinking, and heavy drinking are not mutually exclusive categories of use; heavy use is included in estimates of binge and current use, and binge use is included in estimates of current use (Figure 5). Because of the 2015 changes to the definition of binge alcohol use in NSDUH, estimates of past month binge and heavy alcohol use in 2017 are not comparable with estimates prior to 2015. Therefore, estimates of binge and heavy alcohol use are presented in this report only for 2017.²³

In 2017, 140.6 million Americans aged 12 or older were current alcohol users, 66.6 million were binge drinkers in the past month, and 16.7 million were heavy drinkers in the past month (Figure 5). Thus, nearly half of current alcohol users were binge drinkers (47.4 percent), and 1 in 8 current alcohol users were heavy drinkers (11.9 percent). Among binge drinkers, about 1 in 4 (25.1 percent) were heavy drinkers.²⁴

Any Alcohol Use

The 140.6 million current alcohol users aged 12 or older in 2017 (Figure 5) correspond to alcohol use in the past month by slightly more than half (51.7 percent) of people aged 12 or older (Figure 6). The 2017 estimate of past month alcohol use was similar to the estimates in most years between 2005 and 2015, but it was higher than the estimate in 2016 (50.7 percent).

Figure 5. Current, Binge, and Heavy Alcohol Use among People Aged 12 or Older: 2017



Note: Since 2015, the threshold for determining binge alcohol use for males is consuming five or more drinks on an occasion and for females is consuming four or more drinks on an occasion.

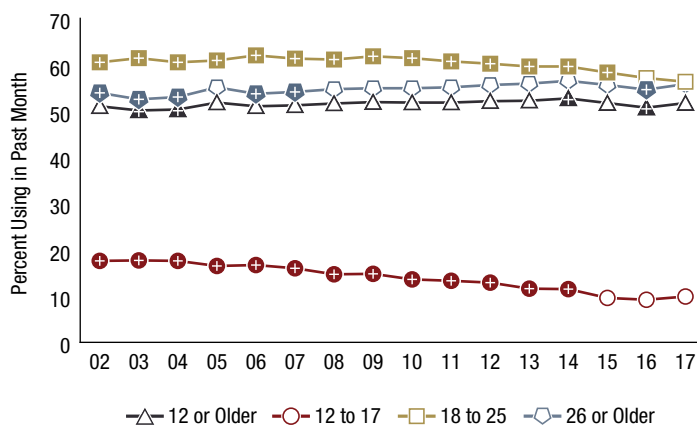
Aged 12 to 17

An estimated 9.9 percent of adolescents aged 12 to 17 in 2017 were current alcohol users (Figure 6), which corresponds to 2.5 million adolescents who drank alcohol in the past month. The percentage of adolescents who were current alcohol users in 2017 was lower than the percentages in 2002 through 2014, but it was similar to the percentages in 2015 and 2016. Although the estimate of current alcohol use among adolescents decreased between 2002 and 2017, about 1 in 10 adolescents were current alcohol users in 2017.

Aged 18 to 25

In 2017, 56.3 percent of young adults aged 18 to 25 were current alcohol users (Figure 6), which corresponds to about 19.3 million young adults. The percentage of young adults in 2017 who drank alcohol in the past month was similar to the percentage in 2016. Although the 2017 estimate was lower than the estimates in 2002 through 2015, more than half of young adults were current alcohol users in each year between 2002 and 2017 (ranging from 56.3 to 62.0 percent).

Figure 6. Past Month Alcohol Use among People Aged 12 or Older, by Age Group: Percentages, 2002-2017



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 6 Table. Past Month Alcohol Use among People Aged 12 or Older, by Age Group: Percentages, 2002-2017

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
≥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
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
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
≥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

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

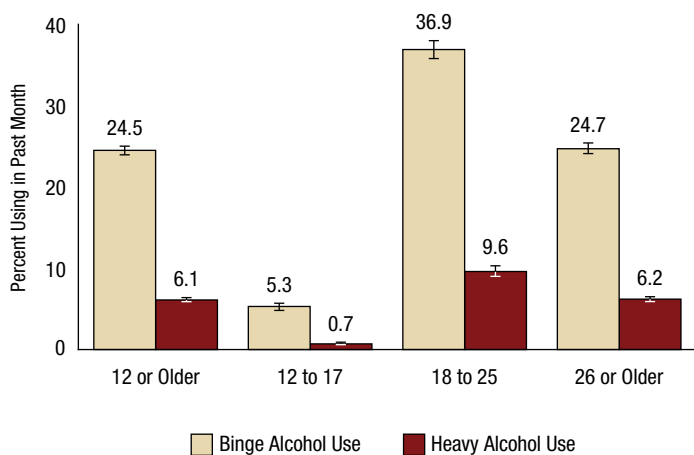
Aged 26 or Older

More than half of adults aged 26 or older in 2017 (55.8 percent) were current alcohol users (Figure 6). This percentage corresponds to about 118.8 million adults in this age group who drank alcohol in the past month. The percentage of adults aged 26 or older in 2017 who were current alcohol users was similar to the percentages in 2008 to 2015, but it was higher than the percentage in 2016 (54.6 percent). In each year between 2002 and 2017, slightly more than half of adults aged 26 or older were current alcohol users (ranging from 52.5 to 56.5 percent).

Binge Alcohol Use

In 2017, about 1 in 4 people aged 12 or older (24.5 percent) were current binge alcohol users (Figure 7). This percentage corresponds to about 66.6 million binge drinkers who were aged 12 or older (Figure 5). About 1.3 million adolescents aged 12 to 17 were past month binge drinkers, which corresponds to 5.3 percent of adolescents. Thus, about 1 in 20 adolescents aged 12 to 17 in 2017 were current binge drinkers. An estimated 36.9 percent of young adults aged 18 to 25 were binge drinkers in the past month, which corresponds to about 12.7 million young adults. Stated another way, more than a third of young adults in 2017 were current binge drinkers. About a quarter (24.7 percent) of adults aged 26 or older were current binge drinkers. This percentage corresponds to about 52.7 million adults in this age group who were binge drinkers.

Figure 7. Past Month Binge and Heavy Alcohol Use among People Aged 12 or Older, by Age Group: Percentages, 2017



Note: Since 2015, the threshold for determining binge alcohol use for males is consuming five or more drinks on an occasion and for females is consuming four or more drinks on an occasion.

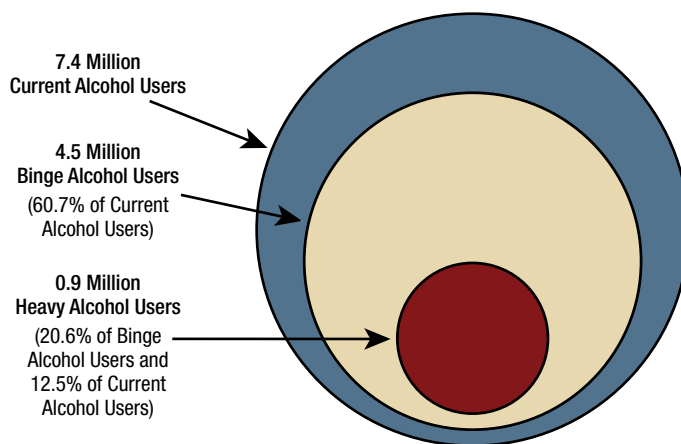
Heavy Alcohol Use

An estimated 16.7 million people aged 12 or older in 2017 who were heavy alcohol users in the past month (Figure 5), which represents 6.1 percent of the population aged 12 or older (Figure 7). In 2017, 174,000 adolescents aged 12 to 17 were current heavy drinkers. Stated another way, about 1 out of 140 adolescents (0.7 percent) engaged in binge drinking on 5 or more days in the past 30 days. About 1 out of every 10 young adults aged 18 to 25 (9.6 percent) were current heavy alcohol drinkers. This percentage corresponds to 3.3 million young adults who engaged in heavy drinking in the past month. An estimated 6.2 percent of adults aged 26 or older in 2017 were current heavy drinkers. This percentage corresponds to about 13.2 million adults aged 26 or older who engaged in heavy drinking in the past month.

Underage Alcohol Use

All 50 states and the District of Columbia currently prohibit the possession of alcoholic beverages by individuals younger than 21, and most prohibit underage consumption (i.e., consumption of alcoholic beverages prior to the age of 21).²⁵ In 2017, about 7.4 million people aged 12 to 20 drank alcohol in the past month, including 4.5 million who were binge drinkers and 932,000 who were heavy drinkers (Figure 8). Thus, about three fifths of underage current alcohol users (60.7 percent) were binge drinkers, and about 1 in 8 were heavy drinkers (12.5 percent). About one fifth of underage binge drinkers (20.6 percent) were heavy drinkers.²⁴

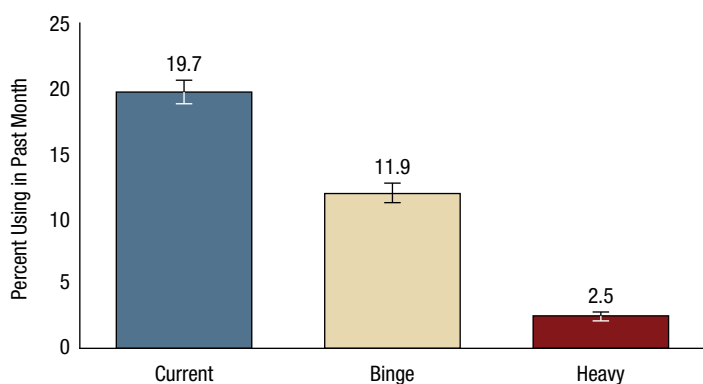
Figure 8. Current, Binge, and Heavy Alcohol Use among People Aged 12 to 20: 2017



Note: Since 2015, the threshold for determining binge alcohol use for males is consuming five or more drinks on an occasion and for females is consuming four or more drinks on an occasion.

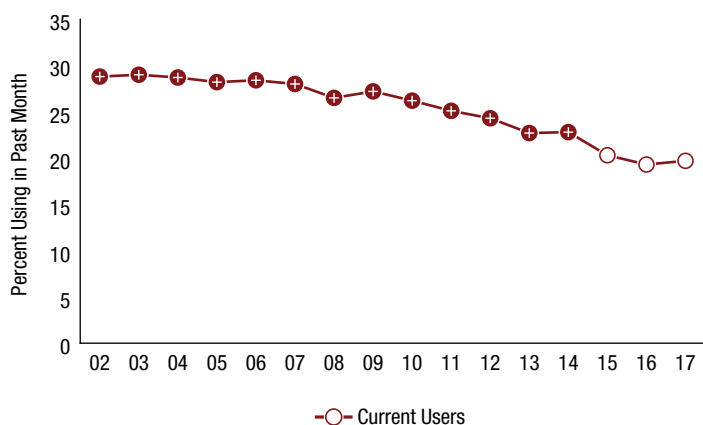
The estimate of 7.4 million underage people in 2017 who were current alcohol users represents 19.7 percent of 12 to 20 year olds (Figure 9). Among people aged 12 to 20 in 2017, 11.9 percent were binge drinkers, and 2.5 percent were heavy drinkers. The percentage of underage individuals who were current alcohol users in 2017 was lower than the percentages in 2002 through 2014, but it was similar to the percentages in 2015 and 2016 (Figure 10). Despite these declines over time, about 1 in 5 individuals aged 12 to 20 in 2017 drank alcohol in the past month.

Figure 9. Current, Binge, and Heavy Alcohol Use among People Aged 12 to 20: Percentages, 2017



Note: Since 2015, the threshold for determining binge alcohol use for males is consuming five or more drinks on an occasion and for females is consuming four or more drinks on an occasion.

Figure 10. Current Alcohol Use among People Aged 12 to 20: Percentages, 2002-2017



* Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 10 Table. Current Alcohol Use among People Aged 12 to 20: Percentages, 2002-2017

Use	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
Current	28.8*	29.0*	28.7*	28.2*	28.4*	28.0*	26.5*	27.2*	26.2*	25.1*	24.3*	22.7*	22.8*	20.3	19.3	19.7

* Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Illicit Drug Use in the Past Month

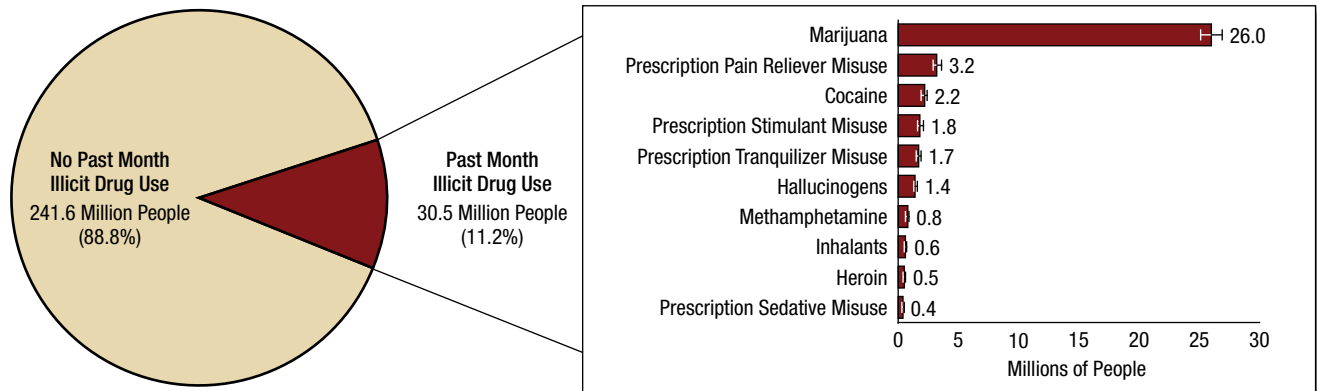
NSDUH obtains information on 10 categories of illicit drugs: marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and methamphetamine, as well as the misuse of prescription pain relievers, tranquilizers, stimulants, and sedatives (see the section on the misuse of psychotherapeutic drugs for the definition of misuse). Estimates of “illicit drug use” reported from NSDUH reflect the data from these 10 drug categories. Because of changes in measurement in 2015 for 7 of the 10 illicit drug categories—hallucinogens, inhalants, methamphetamine, and the misuse of prescription pain relievers, tranquilizers, stimulants, and sedatives—estimates of use of any illicit drug and these 7 illicit drug categories in 2017 are not comparable with estimates prior to 2015. This report also describes the misuse of opioids in the past year (e.g., the misuse of prescription pain relievers or the use of heroin) in a later section.²⁶

In 2017, an estimated 30.5 million Americans aged 12 or older were current illicit drug users, meaning that they had used an illicit drug in the past month (Figure 11). The most commonly used illicit drug in the past month was marijuana, which was used by 26.0 million people aged 12 or older. The second most common type of illicit drug use in the United States was the misuse of prescription pain relievers by an estimated 3.2 million people in the past month. Smaller numbers of people were current users of the other illicit drugs, as shown in Figure 11.²⁷

Any Illicit Drug Use

The estimated 30.5 million people aged 12 or older who were current illicit drug users in 2017 represent 11.2 percent of the population aged 12 or older (Figures 11 and 12). Stated another way, 1 in 9 individuals aged 12 or older in the United States used illicit drugs in the past month. Approximately 2.0 million adolescents aged 12 to 17 in 2017 were current users of illicit drugs, which represents 7.9 percent of adolescents. Approximately 1 in 4 young adults aged 18 to 25 (24.2 percent) were current users of illicit drugs in 2017. This percentage corresponds to about 8.3 million young adults who were current users of illicit drugs. An estimated 9.5 percent of adults aged 26 or older were current users of illicit drugs, or about 20.2 million adults in this age group.

Figure 11. Numbers of Past Month Illicit Drug Users among People Aged 12 or Older: 2017



Note: Estimated numbers of people refer to people aged 12 or older in the civilian, noninstitutionalized population in the United States. The numbers do not sum to the total population of the United States because the population for NSDUH does not include people aged 11 years or younger, people with no fixed household address (e.g., homeless or transient people not in shelters), active-duty military personnel, and residents of institutional group quarters, such as correctional facilities, nursing homes, mental institutions, and long-term care hospitals.
Note: The estimated numbers of current users of different illicit drugs are not mutually exclusive because people could have used or misused more than one type of illicit drug in the past month.

Marijuana Use

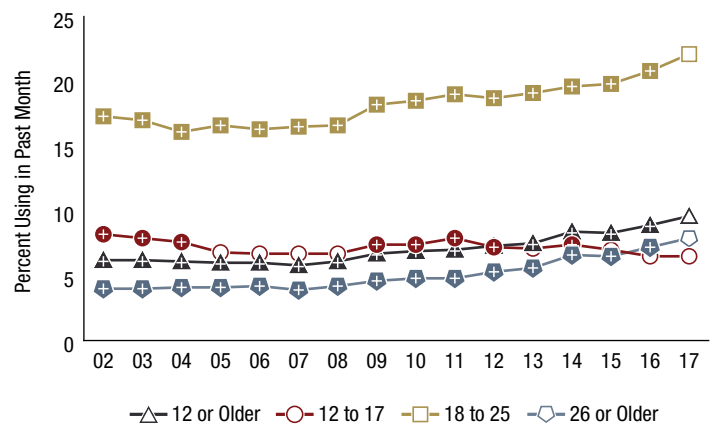
As noted in the illicit drug use section, an estimated 26.0 million Americans aged 12 or older in 2017 were current users of marijuana (Figure 11). This number of past month marijuana users corresponds to 9.6 percent of the population aged 12 or older (Figure 13). The percentage of people aged 12 or older who were current marijuana users in 2017 was higher than the percentages from 2002 to 2016. This increase in marijuana use among people aged 12 or older reflects increases in marijuana use among both young adults aged 18 to 25 and adults aged 26 or older.

Aged 12 to 17

In 2017, 6.5 percent of adolescents aged 12 to 17 were current users of marijuana (Figure 13). This means that

approximately 1.6 million adolescents used marijuana in the past month. The percentage of adolescents in 2017 who were current marijuana users was lower than the percentages in most years from 2009 to 2014, but it was similar to the percentages in 2015 and 2016.

Figure 13. Past Month Marijuana Use among People Aged 12 or Older, by Age Group: Percentages, 2002-2017



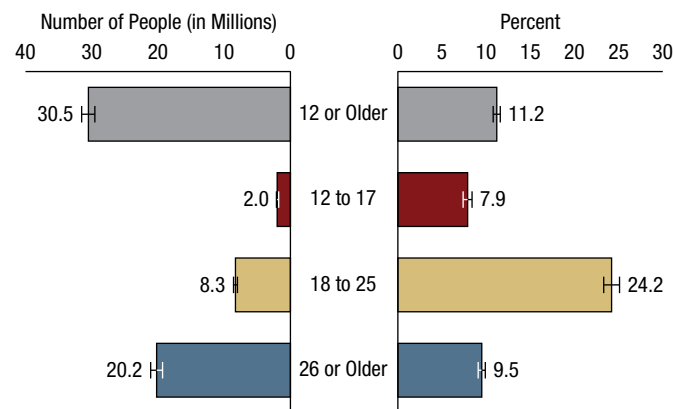
* Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 13 Table. Past Month Marijuana Use among People Aged 12 or Older, by Age Group: Percentages, 2002-2017

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
≥12	6.2*	6.2*	6.1*	6.0*	6.0*	5.8*	6.1*	6.7*	6.9*	7.0*	7.3*	7.5*	8.4*	8.3*	8.9*	9.6
12-17	8.2*	7.9*	7.6*	6.8	6.7	6.7	7.4*	7.4*	7.9*	7.2*	7.1	7.4*	7.0	6.5	6.5	6.5
18-25	17.3*	17.0*	16.1*	16.6*	16.3*	16.5*	16.6*	18.2*	18.5*	19.0*	18.7*	19.1*	19.6*	19.8*	20.8*	22.1
≥26	4.0*	4.0*	4.1*	4.1*	4.2*	3.9*	4.2*	4.6*	4.8*	4.8*	5.3*	5.6*	6.6*	6.5*	7.2*	7.9

* Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 12. Past Month Illicit Drug Use among People Aged 12 or Older, by Age Group: 2017



Aged 18 to 25

In 2017, about 1 in 5 young adults aged 18 to 25 (22.1 percent) were current users of marijuana (Figure 13). This means that 7.6 million young adults used marijuana in the past month. The percentage of young adults who were current marijuana users in 2017 was higher than the percentages between 2002 and 2016.

Aged 26 or Older

In 2017, 7.9 percent of adults aged 26 or older were current users of marijuana (Figure 13), which represents about 16.8 million adults in this age group. The percentage of adults aged 26 or older who were current marijuana users in 2017 was higher than the percentages in 2002 to 2016.

Misuse of Psychotherapeutic Drugs

NSDUH collects data on four categories of prescription drugs (pain relievers, tranquilizers, stimulants, and sedatives) covering specific medications that currently are or have been available by prescription. NSDUH respondents are asked to report misuse of these drugs, 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 is not included. NSDUH reports combine the four prescription drug groups into a category referred to as “psychotherapeutics.” Because the NDSUH prescription drug measures were revised in 2015, the 2017 estimates of

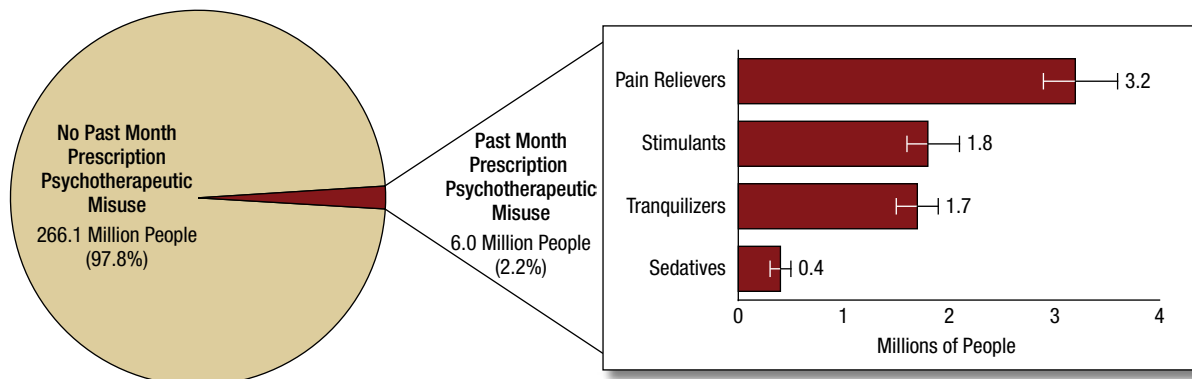
prescription drug misuse are not comparable with estimates prior to 2015.

In this section, a summary of current misuse of any prescription psychotherapeutic drug is presented first, followed by sections on the current misuse of pain relievers, tranquilizers, stimulants, and sedatives. In 2017, an estimated 6.0 million Americans aged 12 or older misused psychotherapeutic drugs at least once in the past month, which represents 2.2 percent of the population aged 12 or older (Figure 14). Of the four categories of prescription drugs that are presented in this report, prescription pain relievers were the most commonly misused by people aged 12 or older. The 6.0 million people aged 12 or older who misused prescription psychotherapeutic drugs in the past month included 3.2 million who misused prescription pain relievers in that period. Approximately 1.7 million people aged 12 or older misused prescription tranquilizers in the past month. An estimated 1.8 million people aged 12 or older misused prescription stimulants, and 352,000 (0.4 million) misused prescription sedatives in the past month.

Pain Reliever Misuse

Several prescription drugs are grouped under the category of prescription pain relievers in NSDUH. These include hydrocodone products, oxycodone products, tramadol products, codeine products, morphine products, fentanyl products, buprenorphine products, oxymorphone products, Demerol®, hydromorphone products, methadone, or any other prescription pain reliever.²⁶

Figure 14. Numbers of Past Month Prescription Psychotherapeutic Misusers among People Aged 12 or Older: 2017



Note: Estimated numbers of people refer to people aged 12 or older in the civilian, noninstitutionalized population in the United States. The numbers do not sum to the total population of the United States because the population for NSDUH does not include people aged 11 years or younger, people with no fixed household address (e.g., homeless or transient people not in shelters), active-duty military personnel, and residents of institutional group quarters, such as correctional facilities, nursing homes, mental institutions, and long-term care hospitals.

Note: The estimated numbers of past month misusers of different prescription psychotherapeutics are not mutually exclusive because people could have misused more than one type of prescription psychotherapeutic in the past month.

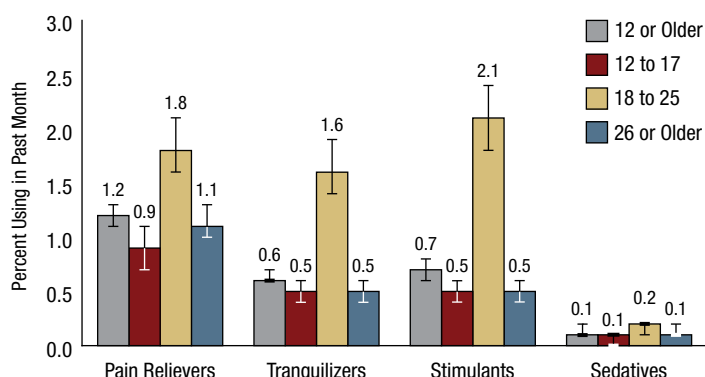
The estimated 3.2 million people aged 12 or older in 2017 described previously who were current misusers of pain relievers represents 1.2 percent of the population aged 12 or older (Figures 14 and 15). In 2017, an estimated 214,000 adolescents aged 12 to 17 were current misusers of pain relievers, which corresponds to 0.9 percent of adolescents (Figure 15). An estimated 634,000 young adults aged 18 to 25 misused pain relievers in the past month, which represents 1.8 percent of young adults. An estimated 2.4 million adults aged 26 or older were current misusers of pain relievers, which corresponds to 1.1 percent of adults aged 26 or older.

Tranquilizer Misuse

Several prescription drugs are grouped under the category of prescription tranquilizers in NSDUH. These include benzodiazepine tranquilizers (including alprazolam products, lorazepam products, clonazepam products, or diazepam products), muscle relaxants, or any other prescription tranquilizer.

The estimate of 1.7 million people aged 12 or older in 2017 that was described previously who were current misusers of tranquilizers represents 0.6 percent of people aged 12 or older (Figures 14 and 15). In 2017, an estimated 128,000 adolescents aged 12 to 17 were current misusers of tranquilizers, which represents 0.5 percent of adolescents (Figure 15). An estimated 552,000 young adults aged 18 to 25 misused tranquilizers in the past month, which represents 1.6 percent of young adults. An estimated 1.0 million adults aged 26 or older were current misusers of tranquilizers, which corresponds to 0.5 percent of adults in this age group.

Figure 15. Past Month Prescription Psychotherapeutic Misuse among People Aged 12 or Older, by Age Group: Percentages, 2017



Stimulant Misuse

Several prescription drugs are grouped under the category of prescription stimulants in NSDUH. These include amphetamine products, methylphenidate products, anorectic (weight-loss) stimulants, Provigil®, or any other prescription stimulant. The amphetamine and methylphenidate products that are 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 (Desoxyn®) as some other stimulant that they had misused in the past year.²⁸

The estimate of 1.8 million people aged 12 or older in 2017 that was described previously who were current misusers of stimulants represents 0.7 percent of people aged 12 or older (Figures 14 and 15). In 2017, about 123,000 adolescents aged 12 to 17 were current misusers of stimulants, corresponding to about 0.5 percent of adolescents (Figure 15). There were about 715,000 young adults aged 18 to 25 who misused stimulants in the past month, which corresponds to about 2.1 percent of young adults. An estimated 1.0 million adults aged 26 or older were current misusers of stimulants, which represents 0.5 percent of this age group.

Sedative Misuse

Several prescription drugs are grouped under the category of prescription sedatives in NSDUH. These include zolpidem products, eszopiclone products, zaleplon products, benzodiazepine sedatives (including flurazepam, temazepam products, or triazolam products), barbiturates, or any other prescription sedative.

The estimate of 352,000 people aged 12 or older in 2017 that was described previously who were current misusers of sedatives rounds to the 0.4 million people shown in Figure 14. This number represents 0.1 percent of the population aged 12 or older (Figure 15). There were an estimated 19,000 adolescents in 2017 who were current misusers of sedatives (0.1 percent of adolescents). An estimated 52,000 young adults aged 18 to 25 misused sedatives in the past month (0.2 percent of young adults). An estimated 281,000 adults aged 26 or older were current misusers of sedatives (0.1 percent of adults aged 26 or older).

Cocaine Use

In this report, estimates of the use of cocaine include use of crack cocaine. Estimates also are presented separately for crack use. In 2017, an estimated 2.2 million people aged 12 or older were current users of cocaine (Figure 11), including about 473,000 current users of crack. These numbers correspond to about 0.8 percent of the population aged 12 or older who were current users of cocaine (Figure 16) and 0.2 percent who were current users of crack (Table A.7B). The 2017 estimate for current cocaine use was higher than the estimates in 2009 to 2014, but it was similar to the estimates in 2015 and 2016. The 2017 estimate of current cocaine use showed no clear pattern of differences compared with estimates in 2002 to 2008. The 2017 estimate of current crack use was similar to the estimates in most years from 2002 to 2016.

Aged 12 to 17

There were 26,000 adolescents aged 12 to 17 who were current users of cocaine in 2017. This number represents 0.1 percent of adolescents (Figure 16). The 2017 estimate for current cocaine use among adolescents was similar to the

estimates between 2012 and 2016, but the 2017 estimate was lower than the estimates in 2002 to 2011. There was not sufficient precision to report the estimate of crack use among adolescents in 2017.

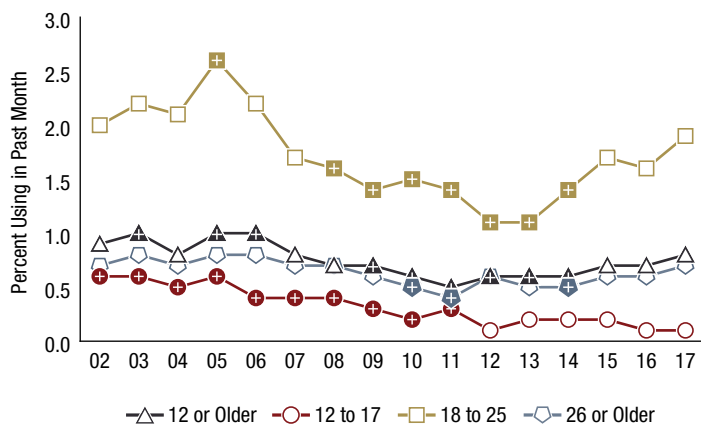
Aged 18 to 25

An estimated 1.9 percent of young adults aged 18 to 25 were current users of cocaine in 2017 (Figure 16), and 0.1 percent used crack in the past month (Table A.9B). These percentages represent 665,000 young adults who used cocaine, including 24,000 who used crack. The 2017 percentage of young adults who were current cocaine users was higher than the percentages in 2008 through 2014, and it was similar to the percentages in 2015 and 2016. The estimate of current crack use among young adults in 2017 was lower than estimates in most years between 2002 and 2010, but it was similar to the estimates in 2011 to 2016.

Aged 26 or Older

In 2017, 0.7 percent of adults aged 26 or older were current users of cocaine (Figure 16), and 0.2 percent used crack in the past month (Table A.10B). These percentages represent 1.5 million adults aged 26 or older who currently used cocaine, including 448,000 who currently used crack. The 2017 estimates of current cocaine use and current crack use among adults aged 26 or older were similar to the estimates in most years between 2002 and 2016.

Figure 16. Past Month Cocaine Use among People Aged 12 or Older, by Age Group: Percentages, 2002-2017



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 16 Table. Past Month Cocaine Use among People Aged 12 or Older, by Age Group: Percentages, 2002-2017

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
≥12	0.9	1.0*	0.8	1.0*	1.0*	0.8	0.7	0.7*	0.6*	0.5*	0.6*	0.6*	0.6*	0.7	0.7	0.8
12-17	0.6*	0.6*	0.5*	0.6*	0.4*	0.4*	0.4*	0.3*	0.2*	0.3*	0.1	0.2	0.2	0.2	0.1	0.1
18-25	2.0	2.2	2.1	2.6*	2.2	1.7	1.6*	1.4*	1.5*	1.4*	1.1*	1.1*	1.4*	1.7	1.6	1.9
≥26	0.7	0.8	0.7	0.8	0.8	0.7	0.7	0.6	0.5*	0.4*	0.6	0.5	0.5*	0.6	0.6	0.7

* Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Heroin Use

About 494,000 people aged 12 or older were current heroin users in 2017, which rounds to the 0.5 million people shown in Figure 11. This number corresponds to about 0.2 percent of the population aged 12 or older (Table A.7B).

The percentage of current heroin users aged 12 or older in 2017 was slightly higher than the percentages in most years between 2002 and 2015, but it was similar to the percentage in 2016. Even when there was a statistically significant difference between the 2017 estimate and estimates in prior years, however, the estimates ranged between 0.1 and 0.2 percent.

Aged 12 to 17

In 2017, less than 0.1 percent of adolescents aged 12 to 17 were current heroin users (Table A.8B), or about 2,000 adolescents. The 2017 estimate of heroin use in the past month among adolescents was either lower than or similar to the estimates in 2002 to 2016. Even when there

was a statistically significant difference between the 2017 estimate and estimates in prior years, however, the estimates in any given year were 0.1 percent or less.

Aged 18 to 25

Among young adults aged 18 to 25 in 2017, 0.3 percent were current heroin users (Table A.9B). This percentage represents 102,000 young adults who were current users of heroin. The percentage of young adults in 2017 who were current heroin users was higher than the percentages in most years between 2002 through 2007, but it was similar to the percentages in 2008 through 2016.

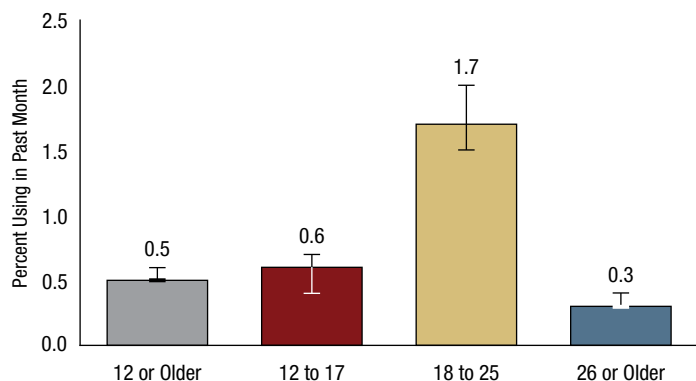
Aged 26 or Older

In 2017, 0.2 percent of adults aged 26 or older were current heroin users (Table A.10B). This percentage represents 390,000 adults aged 26 or older who were current users of heroin. The percentage of adults aged 26 or older in 2017 who were current heroin users (0.2 percent) was higher than the percentages for most years between 2002 and 2015 (ranging from less than 0.1 to 0.2 percent), but it was similar to the percentage in 2016.

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*.²⁹ In 2015, the NSDUH estimate of any hallucinogen use was expanded to include the use of ketamine, DMT/AMT/“Foxy,” and *Salvia divinorum*. “Molly” also was added as a term for Ecstasy. Because of these changes in 2015, the 2017 estimates of hallucinogen use are not comparable with estimates prior to 2015.

Figure 17. Past Month Hallucinogen Use among People Aged 12 or Older, by Age Group: Percentages, 2017



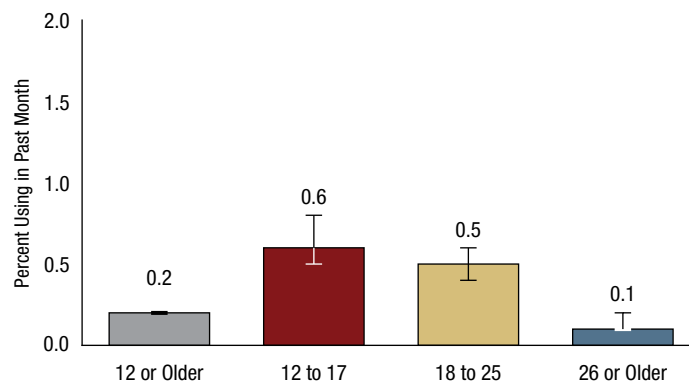
In 2017, an estimated 1.4 million people aged 12 or older were current users of hallucinogens (Figure 11), representing 0.5 percent of the population aged 12 or older (Figure 17). An estimated 143,000 adolescents aged 12 to 17 were current users of hallucinogens, or 0.6 percent of adolescents. An estimated 1.7 percent of young adults aged 18 to 25 were current users of hallucinogens, which represents 594,000 young adults who used hallucinogens. An estimated 0.3 percent of adults aged 26 or older were current users of hallucinogens, which represents 701,000 individuals in this age group who were current users of hallucinogens.

Inhalant Use

Inhalants include a variety of substances, such as nitrous oxide, amyl nitrite, cleaning fluids, gasoline, spray paint, computer keyboard cleaner, other aerosol sprays, felt-tip pens, and glue. Respondents are asked to report the use of inhalants to get high but not to include accidental inhalation of a substance. In 2015, the NSDUH estimate of inhalant use was expanded to include the use of felt-tip pens or computer keyboard cleaner to get high. Because of this 2015 change, the 2017 estimates of inhalant use are not comparable with estimates prior to 2015.

In 2017, approximately 556,000 people aged 12 or older were current users of inhalants, which rounds to the estimate of 0.6 million people shown in Figure 11. This number represents 0.2 percent of the population aged 12 or older (Figure 18). Current use of inhalants in 2017 was more common among adolescents aged 12 to 17 and among young adults aged 18 to 25 than among adults aged 26 or older. In 2017, 0.6 percent of adolescents, 0.5 percent of young adults aged 18 to 25, and 0.1 percent of adults aged 26 or older were current users of inhalants. About 153,000

Figure 18. Past Month Inhalant Use among People Aged 12 or Older, by Age Group: Percentages, 2017



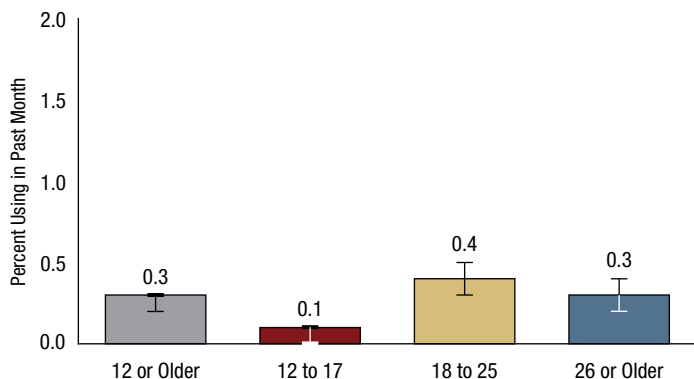
adolescents, 168,000 young adults, and 235,000 adults aged 26 or older were current users of inhalants; the number of adults aged 26 or older who were current users of inhalants reflects the larger number of people in this age group.

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 that is used in the United States is produced and distributed illicitly rather than through the pharmaceutical industry. Therefore, for 2015, a new set of questions specific to methamphetamine use was created and administered separately from the questions about the misuse of prescription stimulants. Because of these 2015 changes, the 2017 estimates of methamphetamine use are not comparable with estimates prior to 2015.

In 2017, approximately 774,000 people aged 12 or older were current users of methamphetamine, which rounds to the estimate of 0.8 million people shown in [Figure 11](#). This number represents 0.3 percent of the population aged 12 or older ([Figure 19](#)). About 16,000 adolescents aged 12 to 17 were current methamphetamine users. This number corresponds to 0.1 percent of adolescents being current methamphetamine users. There were about 151,000 young adults aged 18 to 25 who used methamphetamine in the past month, which corresponds to about 0.4 percent of young adults. An estimated 607,000 adults aged 26 or older used methamphetamine, which represents 0.3 percent of adults in this age group.

Figure 19. Past Month Methamphetamine Use among People Aged 12 or Older, by Age Group: Percentages, 2017



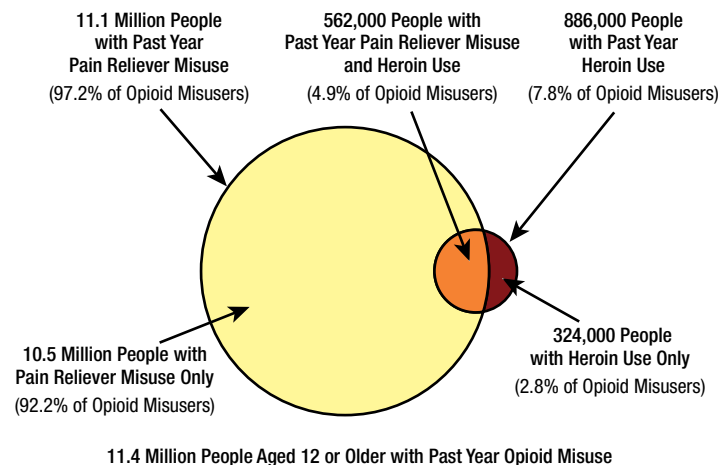
Opioid Misuse in the Past Year

Opioids are a group of chemically similar drugs that include heroin and prescription pain relievers, 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 specify that they misused other pain relievers that are not opioids.²⁶ In 2017, there were 11.4 million past year opioid misusers aged 12 or older in the United States, the vast majority of whom misused prescription pain relievers ([Figure 20](#)). Specifically, 11.1 million people aged 12 or older in 2017 misused prescription pain relievers in the past year compared with 886,000 people who used heroin. The majority of prescription pain reliever misusers had misused only prescription pain relievers in the past year but had not used heroin (10.5 million). Approximately 562,000 people had misused prescription pain relievers and used heroin in the past year. About 324,000 people used heroin in the past year but had not misused prescription pain relievers. Although 5.1 percent of prescription pain reliever misusers also used heroin in the past year, 63.5 percent of heroin users also misused pain relievers in the past year.²⁴

Past Year Opioid Misuse

This section presents additional 2017 estimates for past year opioid misuse, heroin use, and pain reliever misuse. Because most opioid misuse involves the misuse of prescription pain

Figure 20. Past Year Opioid Misuse among People Aged 12 or Older: 2017



Note: Opioid misuse is defined as heroin use or prescription pain reliever misuse.
Note: The percentages do not add to 100 percent due to rounding.

relievers, this section also provides further details on the misuse of pain relievers in the past year. Specifically, 2017 estimates are presented for the subtypes of prescription pain relievers that people misused, where people obtained the prescription pain relievers that they most recently misused, and the main reason for the most recent misuse of prescription pain relievers in the past year.

As noted previously, approximately 11.4 million people aged 12 or older in 2017 misused opioids in the past year (Figures 20 and 21). This number represents 4.2 percent of the population aged 12 or older. About 769,000 adolescents aged 12 to 17 misused opioids in the past year, which rounds to the estimate of 0.8 million people shown in Figure 21. This number corresponds to 3.1 percent of adolescents who misused opioids in the past year. About 2.5 million young adults aged 18 to 25 misused opioids in the past year, which corresponds to about 7.3 percent of young adults. An estimated 8.1 million adults aged 26 or older misused opioids in the past year, which represents 3.8 percent of adults in this age group.

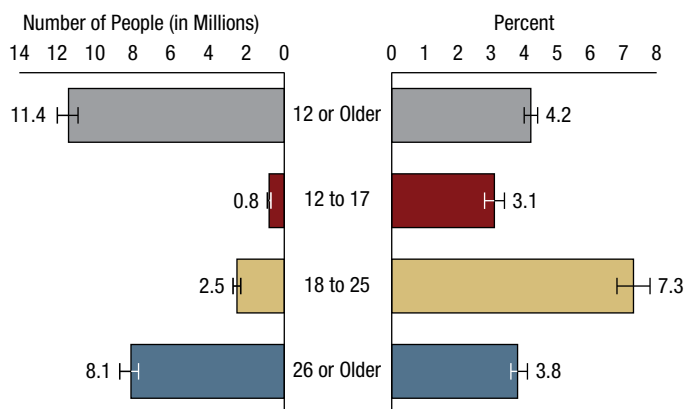
Past Year Heroin Use

As noted previously, an estimated 886,000 people aged 12 or older in 2017 used heroin in the past year (Figure 20). The estimate of past year heroin use in 2017 (0.3 percent) was higher than the estimates for most years between 2002 and 2011, but it was similar to the estimates in 2012 to 2015 (Figure 22).

Aged 12 to 17

In 2017, 0.1 percent of adolescents aged 12 to 17 were past year heroin users (Figure 22). This percentage represents

Figure 21. Past Year Opioid Misuse among People Aged 12 or Older, by Age Group: 2017



Note: Opioid misuse is defined as heroin use or prescription pain reliever misuse.

14,000 adolescents who used heroin in the past year. The percentage of adolescents in 2017 who were past year heroin users was similar to or slightly lower than the percentages in 2002 through 2016.

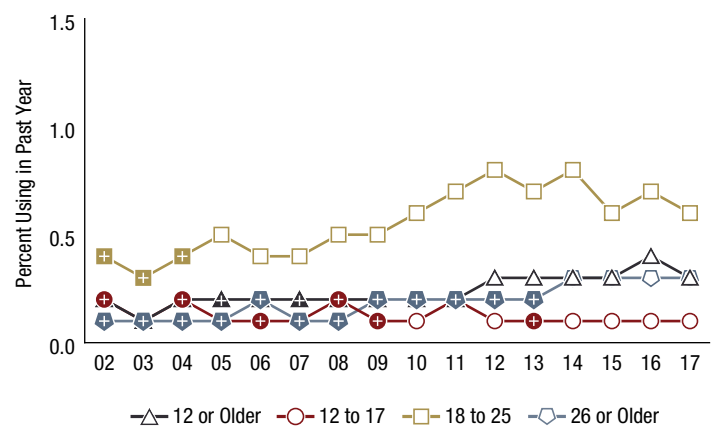
Aged 18 to 25

Among young adults aged 18 to 25 in 2017, 0.6 percent were past year heroin users (Figure 22). This percentage represents 214,000 young adults who used heroin in the past year. The percentage of young adults in 2017 who were past year heroin users was similar to the percentages between 2005 and 2016 (ranging from 0.4 to 0.8 percent), but it was slightly higher than the percentages in 2002 through 2004 (ranging from 0.3 to 0.4 percent).

Aged 26 or Older

In 2017, 0.3 percent of adults aged 26 or older were past year heroin users (Figure 22). This percentage represents 658,000 adults aged 26 or older who used heroin in the past year. The percentage of adults aged 26 or older in 2017 who were past year heroin users was similar to the percentages in 2014 to 2016, but it was slightly higher than the percentages in all years from 2002 to 2013.

Figure 22. Past Year Heroin Use among People Aged 12 or Older, by Age Group: Percentages, 2002-2017



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 22 Table. Past Year Heroin Use among People Aged 12 or Older, by Age Group: Percentages, 2002-2017

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
≥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
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
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
≥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

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Past Year Pain Reliever Misuse

As noted previously, approximately 11.1 million people in 2017 misused prescription pain relievers in the past year (Figure 20), representing 4.1 percent of the population aged 12 or older (Figure 23). Among youths aged 12 to 17, 3.1 percent misused prescription pain relievers, corresponding to 767,000 youths, which rounds to the estimate of 0.8 million shown in Figure 23. There were about 2.5 million young adults aged 18 to 25 who misused pain relievers in the past year, which corresponds to about 7.2 percent of young adults. An estimated 7.8 million adults aged 26 or older misused pain relievers in the past year, which represents 3.7 percent of adults in this age group.

Misuse of Subtypes of Pain Relievers

NSDUH asked respondents in 2017 to identify the specific prescription pain relievers that they used in the past year. For each specific pain reliever that respondents reported using in the past 12 months, respondents were asked whether they misused that pain reliever in that period. The specific pain relievers that individuals misused in the past year were categorized into subtypes, such as hydrocodone products. For example, respondents who reported the misuse of the pain relievers Vicodin® or hydrocodone were classified as misusers of hydrocodone products. This section presents estimates of the subtypes of pain relievers that were misused by individuals aged 12 or older.

In 2017, hydrocodone products were the most commonly misused subtype of prescription pain relievers, including Vicodin®, Lortab®, Norco®, Zohydro® ER, and generic hydrocodone (Figure 24). An estimated 6.3 million people aged 12 or older misused these products in the past year,

representing 2.3 percent of the population. An estimated 3.7 million people misused oxycodone products in the past year; this number represents 1.4 percent of people aged 12 or older. Oxycodone products include OxyContin®, Percocet®, Percodan®, Roxicodone®, and generic oxycodone. An estimated 0.3 percent of people aged 12 or older misused buprenorphine products in the past year, which represents 766,000 people. About 261,000 people aged 12 or older (0.1 percent) misused methadone.

There were 245,000 people in 2017 who misused prescription fentanyl products, representing 0.1 percent of the population (Figure 24). Because NSDUH respondents were asked about the misuse of only prescription forms of fentanyl, however, this estimate for fentanyl misuse may underrepresent people who misused fentanyl that was illicitly manufactured in clandestine laboratories³⁰ (i.e., as opposed to the misuse of diverted fentanyl that was produced by the pharmaceutical industry). This estimate of fentanyl misuse also may not include people who misused illicitly manufactured fentanyl that was mixed with heroin or sold as heroin (but contained only illicitly manufactured fentanyl).

Main Reasons for the Last Misuse of Pain Relievers

Respondents in the 2017 NSDUH who reported prescription pain reliever misuse in the past year were asked to recall the last prescription pain reliever that they misused in the past year. Respondents were then asked to report their reasons for misusing this prescription pain reliever that last time. Respondents who reported more than one reason for misusing the last prescription pain reliever were asked to report the main

Figure 23. Past Year Prescription Pain Reliever Misuse among People Aged 12 or Older, by Age Group: 2017

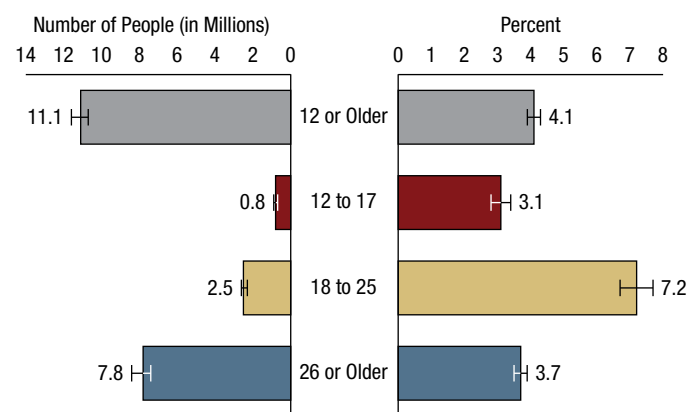
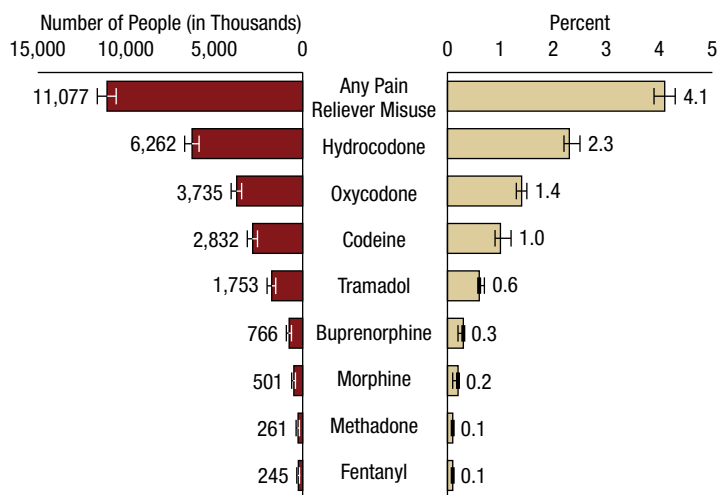


Figure 24. Past Year Misuse of Prescription Pain Reliever Subtypes among People Aged 12 or Older: 2017



Note: The figure does not show all pain reliever subtypes from the NSDUH questionnaire.

reason for pain reliever misuse. If respondents reported only one reason for misusing their last prescription pain reliever, then that reason was their main reason for pain reliever misuse.

Among people aged 12 or older in 2017 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 (62.6 percent) (Figure 25). According to the NSDUH definition, use without a prescription of one's own or use at a higher dosage or more often than prescribed are both classified as misuse even if it was for the purpose of pain relief. Other common reasons were to feel good or get high (13.2 percent) and to relax or relieve tension (8.4 percent). Less common reasons among past year misusers of pain relievers included to help with sleep (5.4 percent), to help with feelings or emotions (3.6 percent), to experiment or see what the drug was like (2.8 percent), because they were "hooked" or needed to have the drug (2.2 percent), and to increase or decrease the effects of other drugs (0.7 percent). Some other reason was the main reason for misuse among 1.0 percent of past year misusers of pain relievers.

Source of the Last Pain Reliever That Was Misused

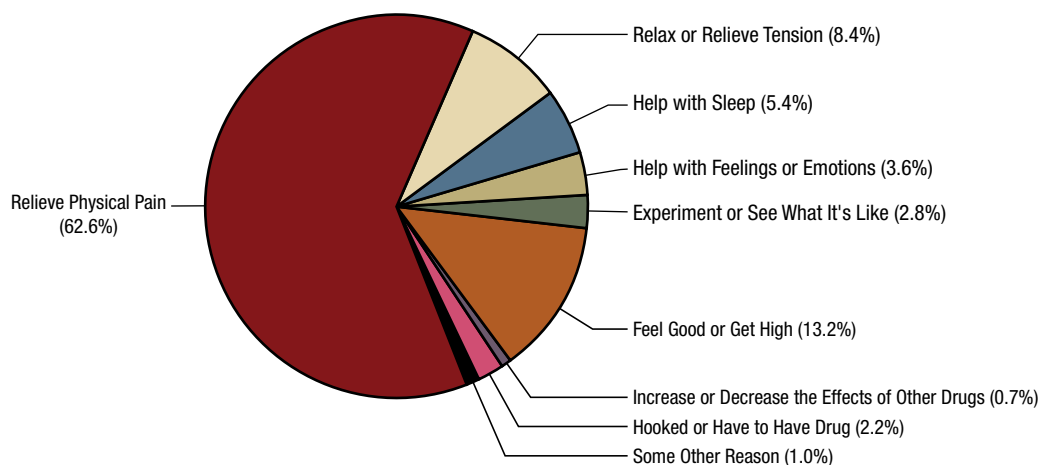
Among people aged 12 or older in 2017 who misused prescription pain relievers in the past year, the most common source for the last pain reliever they misused was from a friend or relative (Figure 26). More than half (53.1 percent) of people who misused pain relievers in the past year obtained the pain relievers the last time from a friend or relative.

Specifically, 38.5 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, 10.6 percent bought their last pain reliever from a friend or relative, and 4.0 percent took their last pain reliever from a friend or relative without asking. About one third of people who misused pain relievers in the past year (36.6 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 (34.6 percent). About 1 in 18 people who misused pain relievers in the past year (5.7 percent) bought the last pain reliever they misused from a drug dealer or other stranger.

Initiation of Substance Use

NSDUH includes questions that measure the initiation of substance use, that is, the first use of particular substances.³¹ This report presents estimates of the number of recent substance use initiates or prescription drug misuse initiates.³² Recent initiates were defined as substance users or prescription drug misusers who reported first using or misusing, respectively, a particular substance in the prior 12 months.^{33,34} 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 B.4.2 of the 2017 NSDUH's methodological summary and definitions report.¹⁴

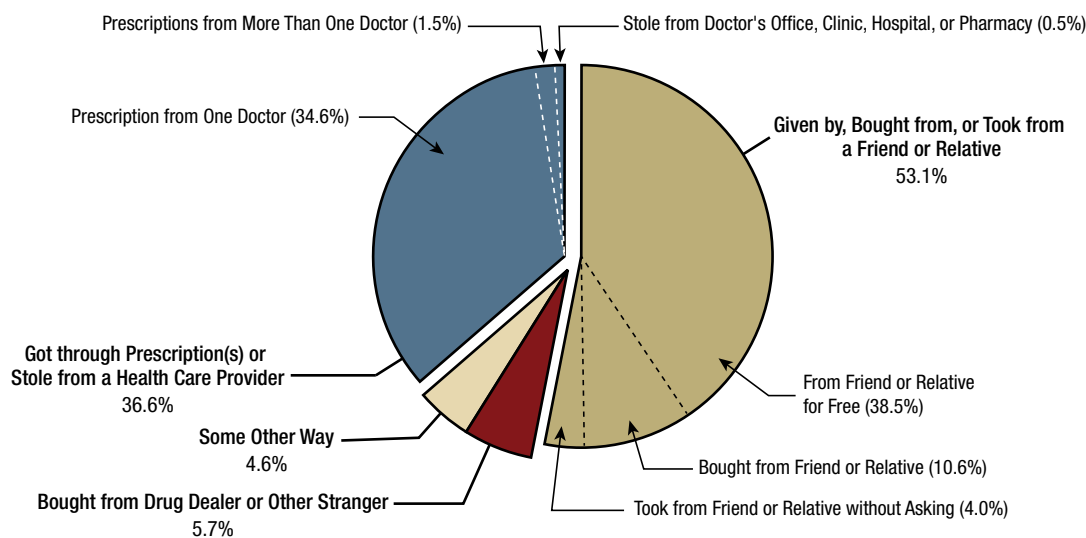
Figure 25. Main Reason for the Most Recent Prescription Pain Reliever Misuse among People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year: Percentages, 2017



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

Note: The percentages do not add to 100 percent due to rounding.

Figure 26. Source Where Pain Relievers Were Obtained for Most Recent Misuse among People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year: Percentages, 2017



11.1 Million People Aged 12 or Older Who Misused Prescription 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.

Unlike previous sections, this section focuses on the *numbers* of people who were recent initiates (e.g., the number of people aged 12 or older who were recent initiates of marijuana use) rather than on percentages. However, care should be taken in interpreting increases over time in the estimated number of past year initiates because some of these increases could reflect growth in the size of the population over time. Because of changes to the 2015 NSDUH questionnaire, initiation estimates for prescription drugs (i.e., pain relievers, tranquilizers, stimulants, and sedatives), methamphetamine, hallucinogens, inhalants, and smokeless tobacco are shown only for 2017; estimates in 2017 for the numbers of past year initiates for these substances are not comparable with estimates prior to 2015.

Figure 27 provides an overview of the numbers of individuals aged 12 or older in 2017 who were past year initiates for the substances that are discussed in this section. The illicit drugs in 2017 with the largest number of recent initiates were marijuana (3.0 million new users), prescription pain relievers (2.0 million new misusers), prescription tranquilizers (1.4 million new misusers), hallucinogens (1.2 million new users), prescription stimulants (1.2 million new misusers), and cocaine (1.0 million new users). In addition, there were 4.9 million new users of alcohol and 1.9 million people who tried a cigarette for the first time in the past year.³⁵

Initiation of Cigarette Use

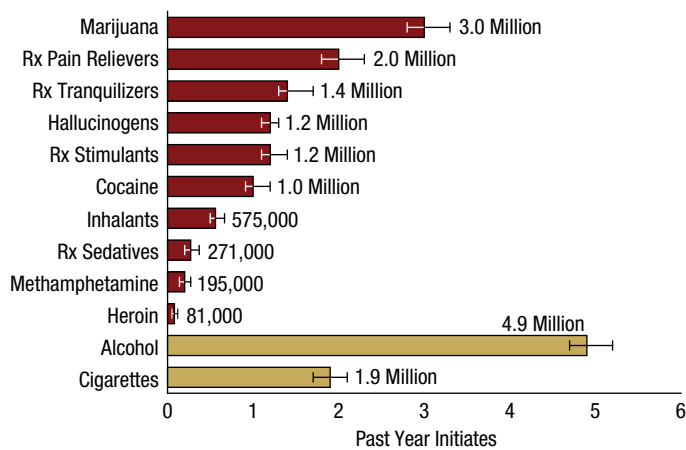
In 2017, about 1.9 million people aged 12 or older smoked part or all of a cigarette for the first time in the past 12 months (Figure 27). This number averages to about 5,200 people each day who initiated cigarette smoking (Table A.19A). The total number of initiates of cigarette smoking who were aged 12 or older in 2017 was lower than the numbers in most years from 2004 to 2014, but it was similar to the numbers in 2015 and 2016 (Table A.15A).

By Age Group

In 2017, an estimated 604,000 adolescents aged 12 to 17 smoked part or all of a cigarette for the first time in the past year (Table A.16A). This number of recent initiates among adolescents averages to approximately 1,700 adolescents each day who initiated cigarette smoking (Table A.19A). Also, 1.2 million young adults aged 18 to 25 initiated cigarette use in the past year (Table A.17A), which translates to about 3,200 young adults who initiated cigarette use each day. An estimated 142,000 adults aged 26 or older initiated cigarette use in the past year (Table A.18A).

Among adolescents aged 12 to 17 in 2017, the number of recent initiates of any cigarette smoking was lower than the numbers in each year between 2002 and 2016 (Table A.16A). About 1.2 million to 1.3 million adolescents each year from 2002 to 2011 initiated cigarette smoking in the past year. The number of initiates among adolescents

Figure 27. Numbers of Past Year Initiates of Substances among People Aged 12 or Older: 2017



Rx = prescription.

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

decreased to 1.0 million in 2012 and to fewer than 1.0 million in subsequent years.

Among young adults aged 18 to 25 in 2017, the number of recent initiates of any cigarette smoking was higher than the numbers in 2016 and most years from 2002 to 2007. The number in 2017 was similar to the numbers in 2008 to 2015 (Table A.17A). The number of recent cigarette initiates who were aged 26 or older in 2017 was similar to the numbers in most years from 2002 to 2016 (Table A.18A). These data for cigarette initiation show a consistent pattern over time that relatively few people try cigarettes for the first time after age 25.

Initiation of Alcohol Use

About 4.9 million people aged 12 or older in 2017 used alcohol for the first time in the past year, not counting sips from another person's drink (Figure 27). This number averages to approximately 13,500 initiates per day (Table A.19A). The total number of past year initiates aged 12 or older in 2017 for alcohol use was higher than the numbers in 2002 to 2009, but it was similar to the numbers in most years from 2010 to 2016 (Table A.15A).

By Age Group

In 2017, an estimated 2.3 million adolescents aged 12 to 17 used alcohol for the first time in the past year (Table A.16A), which averages to approximately 6,400 adolescents each day who initiated alcohol use (Table A.19A). Also, 2.4 million young adults aged 18 to 25 (Table A.17A) and 143,000

adults aged 26 or older (Table A.18A) in 2017 initiated alcohol use in the past year.

The number of adolescents aged 12 to 17 in 2017 who recently initiated alcohol use was lower than the numbers in most years from 2002 to 2011, but it was similar to the numbers in 2012 to 2016 (Table A.16A). Among young adults aged 18 to 25, the number of recent initiates in 2017 was higher than the numbers in most years from 2002 to 2016 (Table A.17A). For adults aged 26 or older, the number of initiates in 2017 was similar to the numbers in all years from 2002 to 2016 (Table A.18A). As was the case with cigarette initiation, these data show a consistent pattern that relatively few people start to use alcohol after age 25.

Initiation of Marijuana Use

In 2017, about 3.0 million people aged 12 or older used marijuana for the first time in the past 12 months (Figures 27 and 28). This number averages to about 8,300 new marijuana users each day (Table A.19A). The 2017 estimate for the number of past year initiates for marijuana was higher than the estimates in 2002 to 2016.

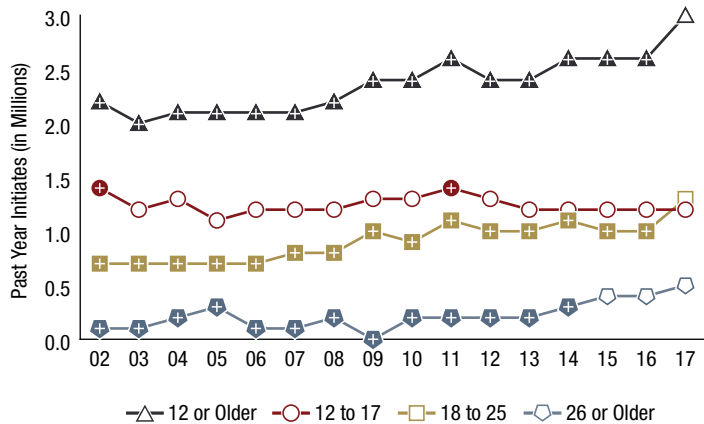
By Age Group

In 2017, an estimated 1.2 million adolescents aged 12 to 17 used marijuana for the first time in the past year (Figure 28), which translates to approximately 3,300 adolescents each day who initiated marijuana use (Table A.19A). About 1.1 million to 1.4 million adolescents per year in 2002 to 2016 were recent marijuana initiates. The 2017 estimate was similar to the estimates in most years from 2002 to 2016.

In 2017, 1.3 million young adults aged 18 to 25 initiated marijuana use in the past year (Figure 28), or an average of about 3,600 recent initiates per day in this age group (Table A.19A). The 2017 estimate for the number of young adults who initiated marijuana use in the past year was higher than the estimates in all years from 2002 to 2016.

An estimated 525,000 adults aged 26 or older in 2017 initiated marijuana use in the past year, which rounds to the estimate of 0.5 million initiates in this age group in Figure 28. This number averages to about 1,400 recent initiates per day in this age group (Table A.19A). The number of recent marijuana initiates in this age group in 2017 was higher than the numbers of initiates in all years from 2002 to 2014, but it was similar to the numbers in 2015 and 2016. Consistent with the pattern for cigarette and alcohol use, the majority of people in 2017 who initiated marijuana use in the past year were aged 12 to 25.

Figure 28. Past Year Marijuana Initiates among People Aged 12 or Older, by Age Group (in Millions): 2002-2017



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 28 Table. Past Year Marijuana Initiates among People Aged 12 or Older, by Age Group (in Millions): 2002-2017

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
≥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
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
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
≥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

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.
Note: Estimates of less than 0.1 million round to 0.0 million when shown to the nearest tenth of a million.

Initiation of Prescription Pain Reliever Misuse

The 2017 NSDUH questionnaire includes questions about the first misuse of prescription pain relievers. Because a new baseline was established in 2015, the 2017 NSDUH estimates of the initiation of prescription pain reliever misuse are not comparable with estimates prior to 2015.

In 2017, the number of recent initiates of prescription pain reliever misuse (2.0 million) was the second highest among the illicit drugs, after the number of marijuana initiates (Figure 27). The number of people aged 12 or older who misused prescription pain relievers for the first time in the past year averages to about 5,500 initiates per day (Table A.19A).

In 2017, approximately 316,000 adolescents aged 12 to 17 misused prescription pain relievers for the first time in the past year (Table A.16A). This number averages to approximately 900 adolescents each day who initiated prescription pain reliever misuse (Table A.19A). An estimated 465,000 young adults aged 18 to 25 and 1.2 million adults aged 26 or older initiated prescription

pain reliever misuse in the past year (Tables A.17A and A.18A, respectively). These numbers average to about 1,300 young adults and about 3,400 adults aged 26 or older each day who initiated prescription pain reliever misuse. Unlike the patterns for cigarette, alcohol, and marijuana use, the majority of the people in 2017 who initiated prescription pain reliever misuse were aged 26 or older.

Initiation of Prescription Tranquilizer Misuse

The 2017 NSDUH questionnaire includes questions about the first misuse of prescription tranquilizers. Because a new baseline was established in 2015, the 2017 NSDUH estimates of the initiation of prescription tranquilizer misuse are not comparable with estimates prior to 2015.

About 1.4 million people aged 12 or older in 2017 misused prescription tranquilizers for the first time in the past year (Figure 27). This number averages to about 4,000 initiates per day (Table A.19A).

Approximately 223,000 adolescents aged 12 to 17, 473,000 young adults aged 18 to 25, and 749,000 adults aged 26 or older in 2017 misused prescription tranquilizers for the first time in the past year (Tables A.16A, A.17A, and A.18A, respectively). Thus, about 600 adolescents, 1,300 young adults, and 2,100 adults aged 26 or older each day initiated prescription tranquilizer misuse (Table A.19A).

Initiation of Prescription Stimulant Misuse

The 2017 NSDUH questionnaire includes questions about the first misuse of prescription stimulants. Because a new baseline was established in 2015, the 2017 NSDUH estimates of the initiation of prescription stimulant misuse are not comparable with estimates prior to 2015.

In 2017, approximately 1.2 million people aged 12 or older misused prescription stimulants for the first time in the past year (Figure 27). This estimated number of initiates averages to about 3,300 initiates per day for prescription stimulant misuse (Table A.19A).

Approximately 217,000 adolescents aged 12 to 17, 581,000 young adults aged 18 to 25, and 394,000 adults aged 26 or older in 2017 misused prescription stimulants for the first time in the past year (Tables A.16A, A.17A, and A.18A, respectively). Thus, in 2017, about 600 adolescents, 1,600 young adults, and 1,100 adults aged 26 or older each day initiated prescription stimulant misuse (Table A.19A).

Initiation of Prescription Sedative Misuse

The 2017 NSDUH questionnaire includes questions about the first misuse of prescription sedatives. Because a new baseline was established in 2015, the 2017 NSDUH estimates of the initiation of prescription sedative misuse are not comparable with estimates prior to 2015.

In 2017, approximately 271,000 people aged 12 or older misused prescription sedatives for the first time in the past year (Figure 27). This estimated number of initiates averages to about 740 initiates per day for prescription sedative misuse (Table A.19A).

In 2017, approximately 34,000 adolescents aged 12 to 17, 51,000 young adults aged 18 to 25, and 186,000 adults aged 26 or older misused prescription sedatives for the first time in the past year (Tables A.16A, A.17A, and A.18A, respectively). Thus, about 90 adolescents, 140 young adults, and 510 adults aged 26 or older each day initiated prescription sedative misuse (Table A.19A).

Initiation of Cocaine Use

In 2017, 1.0 million people aged 12 or older used cocaine for the first time in the past year (Figures 27 and 29). This number averages to approximately 2,800 cocaine initiates per day (Table A.19A). The number of past year initiates in 2017 for cocaine use was higher than the estimated numbers in 2008 to 2014, but it was similar to the numbers in 2015 and 2016.³⁶ This increase in the number of past year cocaine initiates in recent years indicates a need to monitor trends in cocaine initiation to assess whether the annual numbers of initiates in future years will stabilize at the level in 2015 to 2017, show further increases, or again decrease to levels similar to those in 2008 to 2014.

By Age Group

In 2017, an estimated 98,000 adolescents aged 12 to 17 used cocaine for the first time in the past year (Figure 29). Among adolescents in 2017, the number of cocaine initiates was lower than the numbers in all years from 2002 to 2011, but it was similar to the numbers in 2012 to 2016.

Also in 2017, 729,000 young adults aged 18 to 25 and 210,000 adults aged 26 or older initiated cocaine use in the past year (Figure 29). The number of young adults who initiated cocaine use each day averages to about 2,000 young adults (Table A.19A). Among young adults in 2017, the total number of cocaine initiates was higher than the numbers in each year from 2002 to 2014, but it did not

differ significantly from the numbers in 2015 and 2016. Among adults aged 26 or older in 2017, the number of cocaine initiates was higher than the numbers in most years from 2005 to 2013, but it was similar to the numbers in 2014 to 2016 and in 2002 to 2004.

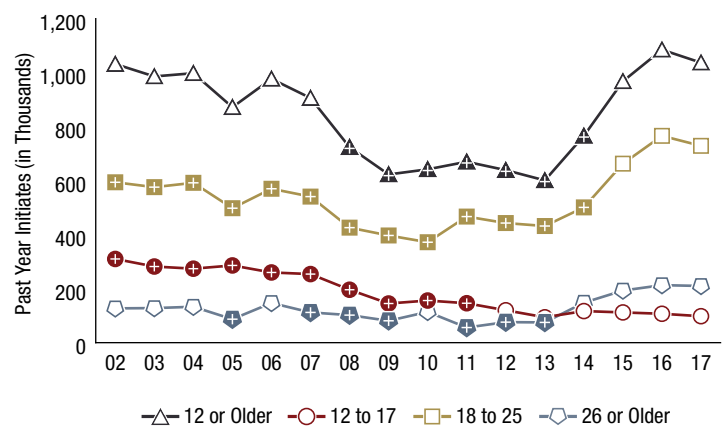
Initiation of Heroin Use

In 2017, 81,000 people aged 12 or older used heroin for the first time in the past year (Figures 27 and 30). On average, this represents about 220 people each day who initiated heroin use (Table A.19A). Among people aged 12 or older in 2017, the number of past year heroin initiates was lower than the numbers in most years from 2009 to 2016, but it was similar to the numbers of recent heroin initiates in 2002 to 2008.

By Age Group

In 2017, an estimated 9,000 adolescents aged 12 to 17, 46,000 young adults aged 18 to 25, and 26,000 adults aged 26 or older used heroin for the first time in the past year (Figure 30). The number of adolescents in 2017 who were recent heroin initiates was similar to the numbers in most years between 2005 and 2016, but it was lower than the

Figure 29. Past Year Cocaine Initiates among People Aged 12 or Older, by Age Group (in Thousands): 2002-2017



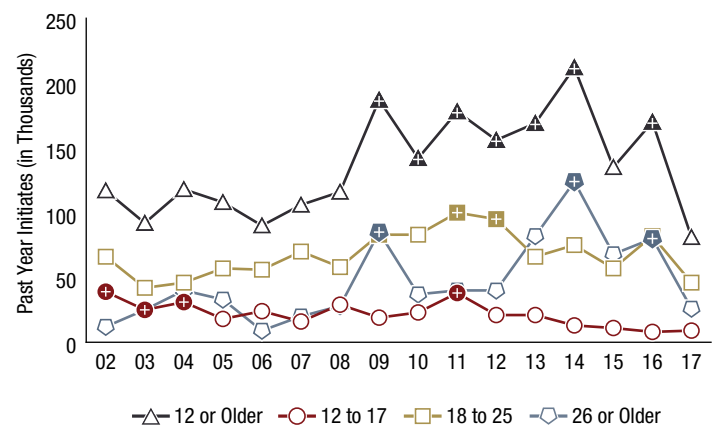
+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 29 Table. Past Year Cocaine Initiates among People Aged 12 or Older, by Age Group (in Thousands): 2002-2017

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

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 30. Past Year Heroin Initiates among People Aged 12 or Older, by Age Group (in Thousands): 2002-2017



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 30 Table. Past Year Heroin Initiates among People Aged 12 or Older, by Age Group (in Thousands): 2002-2017

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

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

numbers in 2002 to 2004. The number of young adults aged 18 to 25 in 2017 who were past year heroin initiates was similar to the numbers in most years from 2002 to 2016, although the number in 2017 was lower than the numbers in 2009, 2011, and 2012. Among adults aged 26 or older in 2017, the number of past year heroin initiates was similar to the numbers in most years from 2002 to 2015, but it was lower than the estimate in 2016. Caution is advised in interpreting the fluctuations in the numbers of heroin initiates in single years because the relatively small numbers of recent initiates per year can contribute to these fluctuations.³⁷

Initiation of Hallucinogen Use

Because a new baseline was established in 2015, the 2017 NSDUH estimates of hallucinogen use initiation are not comparable with estimates prior to 2015. In 2017, 1.2 million people aged 12 or older used hallucinogens for the first time in the past year (Figure 27).³⁸ This number averages to about 3,300 new hallucinogen users each day (Table A.19A). An estimated 344,000 adolescents aged 12 to 17, 683,000 young adults aged 18 to 25, and 167,000 adults

aged 26 or older used hallucinogens for the first time in the past year (Tables A.16A, A.17A, and A.18A, respectively).

Initiation of Inhalant Use

Because a new baseline was established in 2015, the 2017 NSDUH estimates of inhalant initiation are not comparable with estimates prior to 2015. In 2017, 575,000 people aged 12 or older had used inhalants for the first time in the past 12 months (Figure 27), which averages to about 1,600 people per day who initiated inhalant use (Table A.19A).

In 2017, inhalants were more commonly used by adolescents aged 12 to 17 and by young adults aged 18 to 25 than by adults aged 26 or older, which is reflected in the number of inhalant initiates by age group. An estimated 289,000 adolescents used inhalants for the first time in the past year (Table A.16A). This number averages to approximately 790 adolescents each day who initiated inhalant use (Table A.19A). There were 212,000 young adults aged 18 to 25 who initiated inhalant use in the past year (Table A.17A), or an average of 580 young adults each day who initiated inhalant use. An estimated 75,000 adults aged 26 or older used inhalants for the first time in the past year (Table A.18A), or an average of about 210 initiates per day in this age group.

Initiation of Methamphetamine Use

Because of changes in the NSDUH questionnaire, estimates of methamphetamine initiation in 2017 are not comparable with estimates prior to 2015. In 2017, 195,000 people aged 12 or older initiated methamphetamine use in the past year (Figure 27), which averages to about 530 people per day who initiated methamphetamine use (Table A.19A). An estimated 27,000 adolescents aged 12 to 17, 95,000 young adults aged 18 to 25, and 73,000 adults aged 26 or older used methamphetamine for the first time in the past year (Tables A.16A, A.17A, and A.18A, respectively).

Perceived Risk from Substance Use

One factor that can influence whether individuals will use tobacco, alcohol, or illicit drugs is the extent to which they believe that using these substances might cause them harm. In 2017, 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 trying the substance, using it daily, using it once a month (subsequently referred to as monthly use), or using it once or twice a week (subsequently referred to as weekly use). Only estimates from 2017 are presented for estimates of the perceived risk of harm because a new baseline was established in 2015 for these estimates.

Figure 31 presents the percentages of people aged 12 or older in 2017 who perceived great risk of harm from the use of various substances. In this report, risk perceptions across substances are not compared because there are variations in the quantity and frequency of use across these substances.³⁹

Perceived Risk from Smoking a Pack or More of Cigarettes Daily

In 2017, 71.6 percent of people aged 12 or older perceived great risk of harm from smoking one or more packs of cigarettes per day (Figure 31). Perceptions of risk varied by age, with adults aged 26 or older (73.0 percent) being more likely than adolescents aged 12 to 17 (67.2 percent) and young adults aged 18 to 25 (66.6 percent) to perceive great risk from smoking one or more packs of cigarettes per day (Table A.20B). Nevertheless, about two thirds or more of people in each age group perceived great risk from smoking a pack or more of cigarettes per day.

Perceived Risk from Binge Alcohol Use

In 2017, about 2 out of 3 individuals aged 12 or older (68.9 percent) perceived great risk of harm from having four or five drinks of alcohol nearly every day (Figure 31).

Less than half of individuals aged 12 or older (44.6 percent) perceived great risk from having five or more drinks of alcohol once or twice a week. For brevity, these levels of alcohol consumption on a single day are subsequently referred to as “binge drinking” in this section.^{22,23}

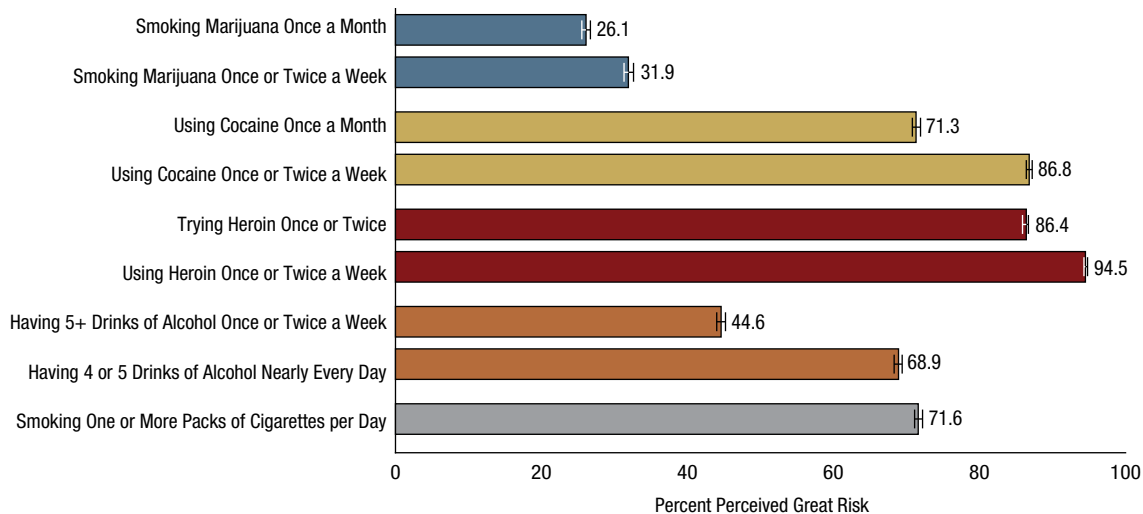
Perceptions of risk from binge alcohol use varied by age in 2017. Percentages of people who perceived great risk of harm from weekly binge drinking were lowest among young adults aged 18 to 25 (37.9 percent), followed by adolescents aged 12 to 17 (43.6 percent), then by adults aged 26 or older (45.8 percent) (Table A.20B). Similarly, young adults were least likely to perceive great risk from binge drinking nearly every day (63.2 percent), followed by adolescents (65.2 percent), then by adults aged 26 or older (70.2 percent).

Perceived Risk from Marijuana Use

In 2017, about one fourth of people aged 12 or older (26.1 percent) perceived great risk of harm from smoking marijuana once a month (Figure 31). About one third of people aged 12 or older (31.9 percent) perceived great risk from smoking marijuana once or twice a week.

Perceptions of risk of harm from smoking marijuana varied by age in 2017, with young adults aged 18 to 25 being less likely than adolescents aged 12 to 17 or adults aged 26 or older to perceive great risk from smoking marijuana monthly or weekly (Table A.20B). About one fourth of adolescents aged 12 to 17 (24.4 percent) perceived great risk of harm from smoking marijuana monthly, and about 2 in 5

Figure 31. Perceived Great Risk from Substance Use among People Aged 12 or Older: Percentages, 2017



adolescents perceived great risk from smoking marijuana weekly (37.7 percent). An estimated 12.3 percent of young adults aged 18 to 25 perceived great risk from smoking marijuana monthly, and 15.4 percent perceived great risk from smoking marijuana weekly. Among adults aged 26 or older, 28.5 percent perceived great risk from smoking marijuana monthly, and 34.0 percent perceived great risk from smoking marijuana weekly.

Perceived Risk from Cocaine Use

In 2017, most individuals aged 12 or older perceived great risk of harm from using cocaine either once a month or once or twice a week (Figure 31). An estimated 71.3 percent of individuals aged 12 or older perceived great risk of harm from monthly cocaine use, and 86.8 percent perceived great risk of harm from weekly use of this drug.

Perceptions of risk of harm varied by age in 2017, with adolescents aged 12 to 17 being less likely than young adults aged 18 to 25 or adults aged 26 or older to perceive great risk from using cocaine either monthly or weekly (Table A.20B). More than half of adolescents perceived great risk of harm from monthly cocaine use (55.6 percent), and about 4 out of 5 adolescents (80.1 percent) perceived great risk from weekly cocaine use. Nearly 2 out of 3 young adults aged 18 to 25 perceived great risk from monthly cocaine use (63.0 percent), and more than 4 out of 5 perceived great risk from weekly cocaine use (83.3 percent). About 3 out of 4 adults aged 26 or older perceived great risk from monthly cocaine use (74.5 percent), and 88.2 percent perceived great risk from weekly cocaine use. Additional data on finer age group categories that can be found in the 2017 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 use may reflect a general lack of knowledge about cocaine among adolescents, as younger adolescents aged 12 or 13 tended to have lower perceptions of the risk of harm compared with older adolescents or adults.

Perceived Risk from Heroin Use

In 2017, most individuals aged 12 or older perceived great risk of harm from trying heroin once or twice or from using heroin weekly (Figure 31). An estimated 86.4 percent of individuals aged 12 or older perceived great risk of harm from trying heroin once or twice, and 94.5 percent perceived great risk of harm from weekly use.

Perceptions of risk varied by age group in 2017, with adolescents aged 12 to 17 being less likely than young adults aged 18 to 25 or adults aged 26 or older to perceive great risk from trying heroin once or twice or using it weekly (Table A.20B). The lower perceptions of the risk of harm from heroin use among adolescents relative to older age groups were most evident in the percentage who perceived great risk of harm from trying heroin once or twice. About two thirds of adolescents aged 12 to 17 perceived great risk from trying heroin once or twice (66.3 percent). In comparison, 82.6 percent of young adults aged 18 to 25 and 89.3 percent of adults aged 26 or older perceived great risk from trying heroin once or twice. An estimated 84.0 percent of adolescents perceived great risk from weekly heroin use compared with 93.9 percent of young adults and 95.8 percent of adults aged 26 or older.

As with risk perceptions for cocaine use, estimates from the 2017 detailed tables indicate that younger adolescents aged 12 or 13 were less likely than older adolescents or adults to perceive great risk from heroin use. Thus, the lower likelihood of adolescents than adults to perceive great risk of harm from heroin use may be attributable to a general lack of knowledge about heroin among adolescents, especially among younger adolescents.

Substance Use Disorders in the Past Year

Substance use disorders (SUDs) represent clinically significant 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. NSDUH includes 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” refers to more than one substance, such as SUDs for the misuse of prescription drugs). Respondents were asked SUD questions if they previously reported use in the past 12 months of alcohol or illicit drugs. Illicit drugs include marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and the misuse of prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, and sedatives). These SUD questions classify people as having an SUD in the past 12 months and are based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV).^{40,41}

Because of changes that were described previously to the questions for the misuse of prescription drugs, use of methamphetamine, and use of hallucinogens and inhalants, the 2017 estimates for overall SUD (i.e., for alcohol or illicit drugs), any illicit drug use disorder, and SUDs for the misuse of prescription drugs are not comparable with the estimates from years prior to 2015.⁴² The questions did not change for identifying past year users of alcohol, marijuana, cocaine, and heroin. Therefore, estimates of SUDs for these substances in 2017 remained comparable with estimates from earlier years.

This section presents SUD estimates for the most common disorders among the population aged 12 or older. Less common SUD estimates are not discussed in this report (e.g., inhalant use disorder) but are available in [Tables A.21B](#) through [A.24B](#).

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 defined as having dependence if they met three or more of the following seven dependence criteria:

1. spent a lot of time engaging in activities related to alcohol use,
2. used alcohol in greater quantities or for a longer time than intended,
3. developed tolerance,
4. made unsuccessful attempts to cut down on use,
5. continued use despite physical health or emotional problems associated with alcohol use,
6. reduced or eliminated participation in other activities because of alcohol use, and
7. experienced withdrawal symptoms when cutting back or stopping use.

Respondents who used alcohol on 6 or more days in the past 12 months and did not meet criteria for alcohol dependence were defined as having abuse if they reported one or more of the following:

1. problems at work, home, and school because of alcohol use;
2. regularly using alcohol and then doing something physically dangerous;
3. repeated trouble with the law because of alcohol use; and

4. continued use of alcohol despite problems with family or friends.

An estimated 14.5 million people aged 12 or older in 2017 had an alcohol use disorder, which represents 5.3 percent of people aged 12 or older ([Figure 32](#)), or about 1 in 19 people aged 12 or older. The percentage of people aged 12 or older in 2017 with an alcohol use disorder was lower than the percentages in 2002 to 2015, but it was similar to the percentage in 2016.

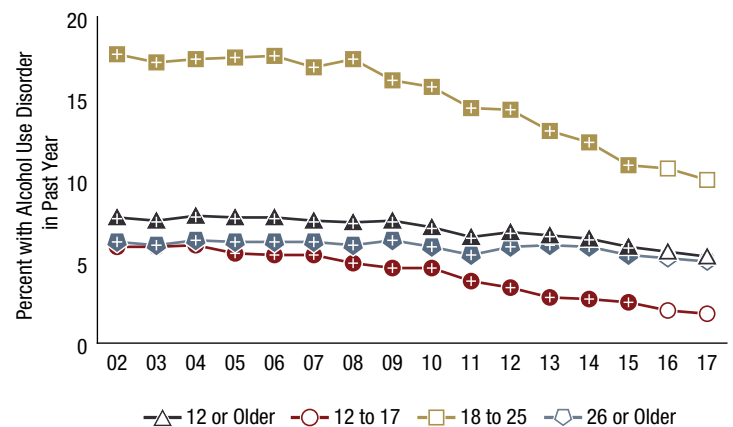
Aged 12 to 17

An estimated 443,000 adolescents aged 12 to 17 in 2017 had a past year alcohol use disorder, or 1.8 percent of adolescents ([Figure 32](#)). The percentage of adolescents in 2017 with an alcohol use disorder was lower than the percentages in 2002 to 2015, but it was similar to the percentage in 2016.

Aged 18 to 25

Approximately 3.4 million young adults aged 18 to 25 in 2017 had an alcohol use disorder in the past year. This number of young adults with an alcohol use disorder represents 10.0 percent of young adults ([Figure 32](#)). The percentage of young adults in 2017 with an alcohol use

Figure 32. Alcohol Use Disorder in the Past Year among People Aged 12 or Older, by Age Group: Percentages, 2002-2017



* Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 32 Table. Alcohol Use Disorder in the Past Year among People Aged 12 or Older, by Age Group: Percentages, 2002-2017

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
≥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
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
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
≥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

* Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

disorder was lower than the percentages in 2002 to 2015, but it was similar to the percentage in 2016. Nevertheless, 1 in 10 young adults in 2017 had an alcohol use disorder.

Aged 26 or Older

In 2017, approximately 10.6 million adults aged 26 or older had an alcohol use disorder in the past year, which represents 5.0 percent of the adults in this age group (Figure 32). The percentage of adults aged 26 or older in 2017 with an alcohol use disorder was lower than the percentages in 2002 to 2015, but it was similar to the percentage in 2016.

Illicit Drug Use Disorder

This section presents overall estimates for illicit drug use disorder and then provides SUD estimates for selected specific illicit drugs. Illicit drug use disorder is 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., pain relievers, tranquilizers, stimulants, and sedatives).⁴³ There are seven possible dependence criteria for specific illicit drugs:

1. spent a lot of time engaging in activities related to use of the drug,
2. used the drug in greater quantities or for a longer time than intended,
3. developed tolerance to the drug,
4. made unsuccessful attempts to cut down on use of the drug,
5. continued to use the drug despite physical health or emotional problems associated with use,
6. reduced or eliminated participation in other activities because of use of the drug, and
7. experienced withdrawal symptoms when respondents cut back or stopped using the drug.

For most illicit drugs, dependence is defined as meeting three or more of these seven criteria. However, experiencing withdrawal symptoms is not included as a criterion for some illicit drugs based on DSM-IV criteria. For these substances, dependence is defined as meeting three or more of the first six criteria.

Respondents who used (or misused) a specific illicit drug in the past 12 months and did not meet the dependence criteria

for that drug were defined as having abuse for that drug if they reported one or more of the following:

1. problems at work, home, and school because of use of the drug;
2. regularly using the drug and then doing something physically dangerous;
3. repeated trouble with the law because of use of the drug; and
4. continued use of the drug despite problems with family or friends.

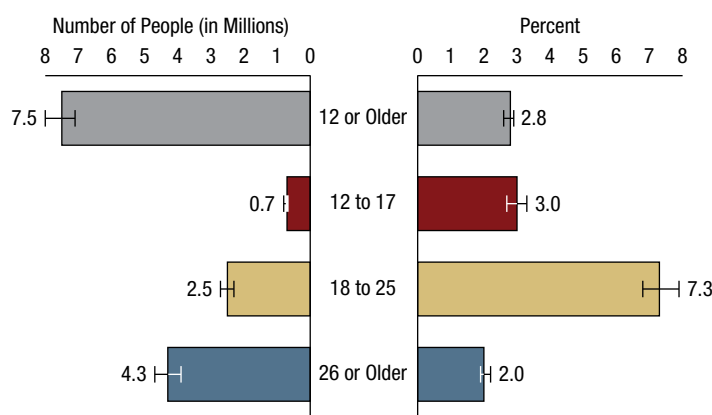
Application of these criteria is discussed briefly in the respective SUD sections for specific illicit drugs. Detailed definitions for SUDs for specific illicit drugs also can be found in a glossary of key definitions for the 2017 NSDUH.²

In 2017, an estimated 7.5 million people aged 12 or older had at least one illicit drug use disorder (Figure 33). This number represents 2.8 percent of people aged 12 or older. An estimated 3.0 percent of adolescents aged 12 to 17 had an illicit drug use disorder, or about 741,000 adolescents. Approximately 2.5 million young adults aged 18 to 25 had an illicit drug use disorder in the past year, which represents 7.3 percent of young adults. Approximately 4.3 million adults aged 26 or older had an illicit drug use disorder in the past year, which represents 2.0 percent of adults in this age group.

Marijuana Use Disorder

Marijuana use disorder occurs when someone experiences clinically significant impairment caused by the recurrent use of marijuana, including health problems, persistent or increasing use, and failure to meet major responsibilities at work, school, or home. NSDUH respondents who used

Figure 33. Illicit Drug Use Disorder in the Past Year among People Aged 12 or Older, by Age Group: 2017



marijuana on 6 or more days in the past 12 months were categorized as having a marijuana use disorder if they met the DSM-IV criteria for either dependence or abuse for marijuana. Dependence and abuse criteria for illicit drugs (including marijuana) were described previously.

Approximately 4.1 million people aged 12 or older in 2017 had a marijuana use disorder in the past year, which represents 1.5 percent of people aged 12 or older (Figure 34). The percentage of the population aged 12 or older in 2017 with a marijuana use disorder was lower than the percentages in most years between 2002 and 2010, and it was similar to the percentages from 2011 to 2016.

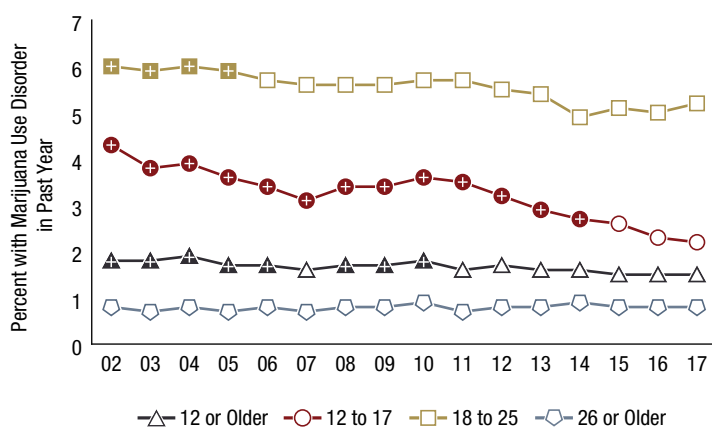
Aged 12 to 17

In 2017, 2.2 percent of adolescents aged 12 to 17 had a marijuana use disorder in the past year (Figure 34), or about 557,000 adolescents. The percentage of adolescents in 2017 with a marijuana use disorder was lower than the percentages in 2002 to 2014, but it was similar to the percentages in 2015 and 2016.

Aged 18 to 25

Approximately 1.8 million young adults aged 18 to 25 in 2017 had a marijuana use disorder in the past year, or

Figure 34. Marijuana Use Disorder in the Past Year among People Aged 12 or Older, by Age Group: Percentages, 2002-2017



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 34 Table. Marijuana Use Disorder in the Past Year among People Aged 12 or Older, by Age Group: Percentages, 2002-2017

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
≥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
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
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
≥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

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

5.2 percent of young adults (Figure 34). The percentage of young adults in 2017 with a marijuana use disorder was lower than the percentages in 2002 through 2005, but it was similar to the percentages in all years from 2006 to 2016.

Aged 26 or Older

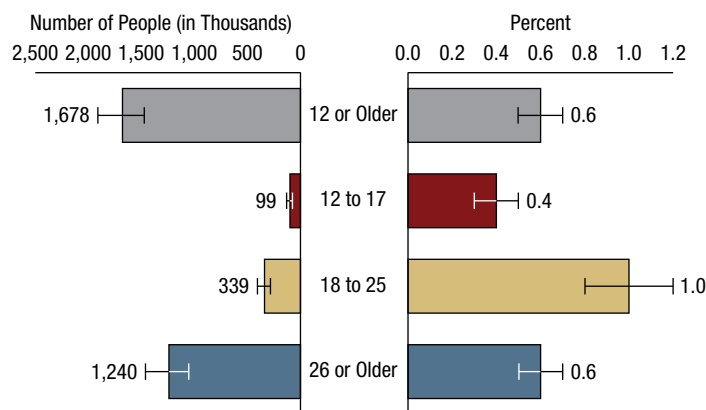
In 2017, approximately 1.7 million adults aged 26 or older had a marijuana use disorder in the past year, or 0.8 percent of adults in this age group (Figure 34). The 2017 percentage of adults aged 26 or older with a marijuana use disorder was similar to the percentages in all years between 2002 and 2016.

Pain Reliever Use Disorder

Pain reliever use disorder occurs when someone experiences clinically significant impairment caused by the recurrent use of pain relievers, including health problems, physical withdrawal, persistent or increasing use, and failure to meet major responsibilities at work, school, or home. NSDUH respondents who misused pain relievers in the past 12 months were categorized as having a pain reliever use disorder if they met the DSM-IV criteria for either dependence or abuse for pain relievers. Dependence and abuse criteria for illicit drugs (including misused pain relievers) were described previously.

In 2017, an estimated 1.7 million people aged 12 or older had a pain reliever use disorder, which corresponds to 0.6 percent of people aged 12 or older (Figure 35). An estimated 0.4 percent of adolescents aged 12 to 17 had a pain reliever use disorder in the past year, which represents about 99,000 adolescents. Approximately 339,000 young adults aged 18 to 25 and 1.2 million adults aged 26 or older had a pain reliever

Figure 35. Pain Reliever Use Disorder in the Past Year among People Aged 12 or Older, by Age Group: 2017



use disorder in the past year. These numbers of adults with a pain reliever use disorder correspond to 1.0 percent of young adults and 0.6 percent of adults aged 26 or older.

Tranquilizer Use Disorder

Tranquilizer use disorder occurs when someone experiences clinically significant impairment caused by the recurrent use of tranquilizers, including health problems, persistent or increasing use, and failure to meet major responsibilities at work, school, or home. NSDUH respondents who misused tranquilizers in the past 12 months were categorized as having a tranquilizer use disorder if they met the DSM-IV criteria for either dependence or abuse for tranquilizers. Dependence and abuse criteria for illicit drugs (including misused tranquilizers) were described previously.

In 2017, an estimated 739,000 people aged 12 or older had a tranquilizer use disorder. This number represents 0.3 percent of people aged 12 or older (Table A.21B). An estimated 0.3 percent of adolescents aged 12 to 17 had a tranquilizer use disorder in the past year (Table A.22B), which represents about 80,000 adolescents. Approximately 278,000 young adults aged 18 to 25 and 380,000 adults aged 26 or older had a tranquilizer use disorder in the past year. These numbers correspond to 0.8 percent of young adults (Table A.23B) and 0.2 percent of adults aged 26 or older (Table A.24B).

Stimulant Use Disorder

Stimulant use disorder occurs when someone experiences clinically significant impairment caused by the recurrent use of prescription stimulants, including health problems, persistent or increasing use, and failure to meet major responsibilities at work, school, or home. NSDUH respondents who misused stimulants in the past 12 months were categorized as having a stimulant use disorder if they met the DSM-IV criteria for either dependence or abuse for stimulants. Dependence and abuse criteria for illicit drugs (including misused stimulants) were described previously. Respondents who met criteria for methamphetamine use disorder were not classified as having a stimulant use disorder unless they also met the criteria for stimulant use disorder based on their misuse of prescription stimulants.

In 2017, an estimated 572,000 people aged 12 or older had a stimulant use disorder in the past year. This number of people with a stimulant use disorder represents 0.2 percent of people aged 12 or older (Table A.21B). An estimated 0.2 percent of adolescents aged 12 to 17 had a stimulant use

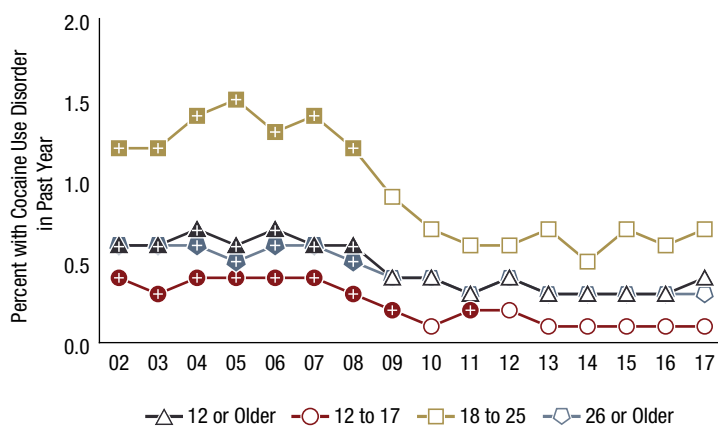
disorder in the past year (Table A.22B), which represents about 62,000 adolescents. Approximately 187,000 young adults aged 18 to 25 and 323,000 adults aged 26 or older had a stimulant use disorder in the past year. These numbers correspond to 0.5 percent of young adults (Table A.23B) and 0.2 percent of adults aged 26 or older (Table A.24B).

Cocaine Use Disorder

Cocaine use disorder occurs when someone experiences clinically significant impairment caused by the recurrent use of cocaine, including health problems, physical withdrawal, persistent or increasing use, and failure to meet major responsibilities at work, school, or home. NSDUH respondents who used cocaine or crack in the past 12 months were categorized as having a cocaine use disorder if they met the DSM-IV criteria for either dependence or abuse for cocaine. Dependence and abuse criteria for illicit drugs (including cocaine) were described previously.

About 966,000 people aged 12 or older in 2017 had a cocaine use disorder in the past year. This number of people with a cocaine use disorder represents 0.4 percent of the population aged 12 or older (Figure 36). The percentage of

Figure 36. Cocaine Use Disorder in the Past Year among People Aged 12 or Older, by Age Group: Percentages, 2002-2017



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 36 Table. Cocaine Use Disorder in the Past Year among People Aged 12 or Older, by Age Group: Percentages, 2002-2017

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
≥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
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
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
≥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

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

the population aged 12 or older in 2017 with a cocaine use disorder was similar to the percentages in 2009 to 2016, but it was lower than the percentages from 2002 to 2008.

Aged 12 to 17

An estimated 0.1 percent of adolescents aged 12 to 17 in 2017 had a cocaine use disorder in the past year (Figure 36), or about 19,000 adolescents. The percentage of adolescents in 2017 with a cocaine use disorder was lower than the percentages in most years from 2002 to 2011, but it was similar to the percentages from 2012 to 2016.

Aged 18 to 25

Approximately 243,000 young adults aged 18 to 25 in 2017 had a cocaine use disorder in the past year. This number represents 0.7 percent of young adults (Figure 36). The percentage of young adults in 2017 with a cocaine use disorder was lower than the percentages in 2002 to 2008, but it was similar to the percentages from 2009 to 2016.

Aged 26 or Older

In 2017, approximately 703,000 adults aged 26 or older had a cocaine use disorder in the past year, which represents 0.3 percent of adults in this age group (Figure 36). The percentage of adults aged 26 or older in 2017 with a cocaine use disorder was lower than the percentages from 2002 to 2008, but it remained steady when compared with the percentages in all years between 2009 and 2016.

Heroin Use Disorder

Heroin use disorder occurs when someone experiences clinically significant impairment caused by the recurrent use of heroin, including health problems, physical withdrawal, persistent or increasing use, and failure to meet major responsibilities at work, school, or home. NSDUH respondents who used heroin in the past 12 months were categorized as having a heroin use disorder if they met the DSM-IV criteria for either dependence or abuse for heroin. Dependence and abuse criteria for illicit drugs (including heroin) were described previously.

About 652,000 people aged 12 or older in 2017 had a heroin use disorder. This number of people with a heroin use disorder represents 0.2 percent of people aged 12 or older (Figure 37). The percentage of people aged 12 or older in 2017 with a heroin use disorder was higher than the percentages in 2002 to 2011, but it was similar to the percentages from 2012 to 2016. Although there are significant differences, all percentages from 2002 to 2017 were 0.2 percent or less.

Aged 12 to 17

Less than 0.1 percent of adolescents aged 12 to 17 in 2017 had a heroin use disorder in the past year (Figure 37), which corresponds to about 4,000 adolescents. The percentage of adolescents in 2017 with a heroin use disorder was similar to the estimates in most years from 2002 to 2016.

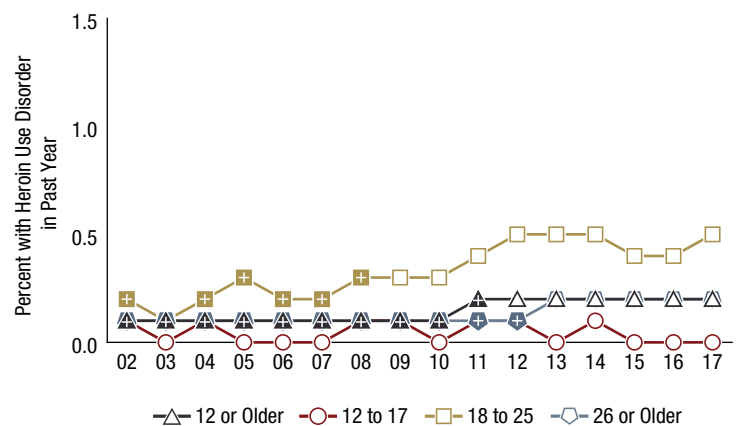
Aged 18 to 25

Approximately 165,000 young adults aged 18 to 25 in 2017 had a heroin use disorder in the past year, which represents 0.5 percent of young adults (Figure 37). The percentage of young adults in 2017 with a heroin use disorder was greater than the percentages in 2002 to 2008, but it was similar to the percentages from 2009 to 2016.

Aged 26 or Older

In 2017, approximately 483,000 adults aged 26 or older had a heroin use disorder in the past year, which represents 0.2 percent of adults in this age group (Figure 37). Between 2002 and 2017, 0.1 to 0.2 percent of adults aged 26 or older had a heroin use disorder in the past year. The 2017 estimate was higher than the estimates in 2002 to 2012, but it remained steady when compared with the percentages between 2013 and 2016.

Figure 37. Heroin Use Disorder in the Past Year among People Aged 12 or Older, by Age Group: Percentages, 2002-2017



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 37 Table. Heroin Use Disorder in the Past Year among People Aged 12 or Older, by Age Group: Percentages, 2002-2017

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
≥12	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
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
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
≥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

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Note: Estimates of less than 0.1 percent round to 0.0 percent when shown to the nearest tenth of a percent.

Methamphetamine Use Disorder

Respondents were asked questions about SUD symptoms that they attributed specifically to their use of methamphetamine. Methamphetamine use disorder does not include stimulant use disorder based on the misuse of prescription stimulants because, starting in 2015, these concepts were measured and reported separately.

Methamphetamine use disorder occurs when someone experiences clinically significant impairment caused by the recurrent use of methamphetamine, including health problems, physical withdrawal, persistent or increasing use, and failure to meet major responsibilities at work, school, or home. NSDUH respondents who used methamphetamine in the past 12 months were categorized as having a methamphetamine use disorder if they met the DSM-IV criteria for either dependence or abuse for methamphetamine. Dependence and abuse criteria for illicit drugs (including methamphetamine) were described previously.

In 2017, an estimated 964,000 people aged 12 or older had a methamphetamine use disorder. This number represents about 0.4 percent of people aged 12 or older (Table A.21B). An estimated 0.1 percent of adolescents aged 12 to 17 had a methamphetamine use disorder in the past year (Table A.22B), which represents about 24,000 adolescents. Approximately 188,000 young adults aged 18 to 25 and 751,000 adults aged 26 or older had a methamphetamine use disorder in the past year. These numbers of adults with a methamphetamine use disorder in the past year correspond to 0.5 percent of young adults aged 18 to 25 (Table A.23B) and 0.4 percent of adults aged 26 or older (Table A.24B).

Opioid Use Disorder

Misuse of opioids include two categories of drugs: the use of heroin and the misuse of prescription pain relievers. NSDUH collects dependence and abuse information for these two categories of drugs. A respondent was classified as having an opioid use disorder if he or she met DSM-IV criteria for heroin use disorder or pain reliever use disorder, as described previously.

In 2017, an estimated 2.1 million people aged 12 or older had an opioid use disorder, or 0.8 percent of people aged 12 or older (Figure 38). An estimated 0.4 percent of adolescents aged 12 to 17 had an opioid use disorder in the past year, which represents about 103,000 adolescents. About 445,000

young adults aged 18 to 25 had an opioid use disorder in the past year. This number corresponds to 1.3 percent of young adults. An estimated 1.6 million adults aged 26 or older had an opioid use disorder, which corresponds to 0.7 percent of adults in this age group.

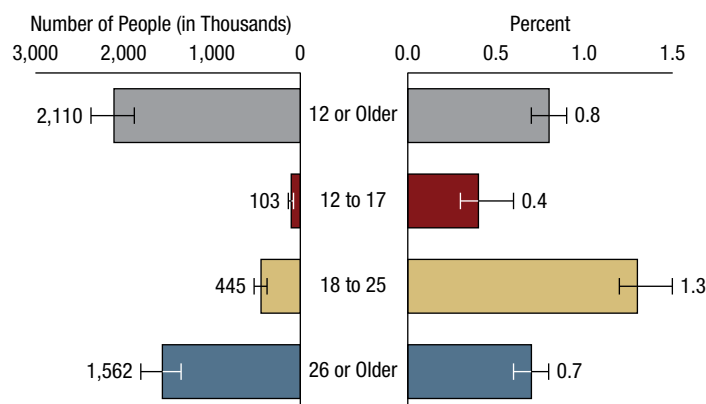
Substance Use Disorder (Alcohol or Illicit Drugs)

NSDUH's overall estimates of SUD include people who met the DSM-IV criteria for either dependence or abuse for alcohol or illicit drugs. In 2017, approximately 19.7 million people aged 12 or older had an SUD in the past year, including 14.5 million people who had an alcohol use disorder and 7.5 million people who had an illicit drug use disorder (Figure 39). Among the 7.5 million people aged 12 or older who had an illicit drug use disorder, the most common disorders were for marijuana (4.1 million people) and misuse of prescription pain relievers (1.7 million people).

The estimated 14.5 million people aged 12 or older in 2017 who had an alcohol use disorder in the past year represent nearly 3 out of 4 people who had an SUD (73.6 percent) (Figure 40).²⁴ The 7.5 million people who had an illicit drug use disorder represent about 2 out of 5 people who had an SUD (38.3 percent). An estimated 2.3 million people had both an alcohol use disorder and an illicit drug use disorder in the past year, or about 1 in 8 people who had a past year SUD (11.9 percent).

In 2017, the 19.7 million people with a past year SUD represented 7.2 percent of people aged 12 or older

Figure 38. Opioid Use Disorder in the Past Year among People Aged 12 or Older, by Age Group: 2017



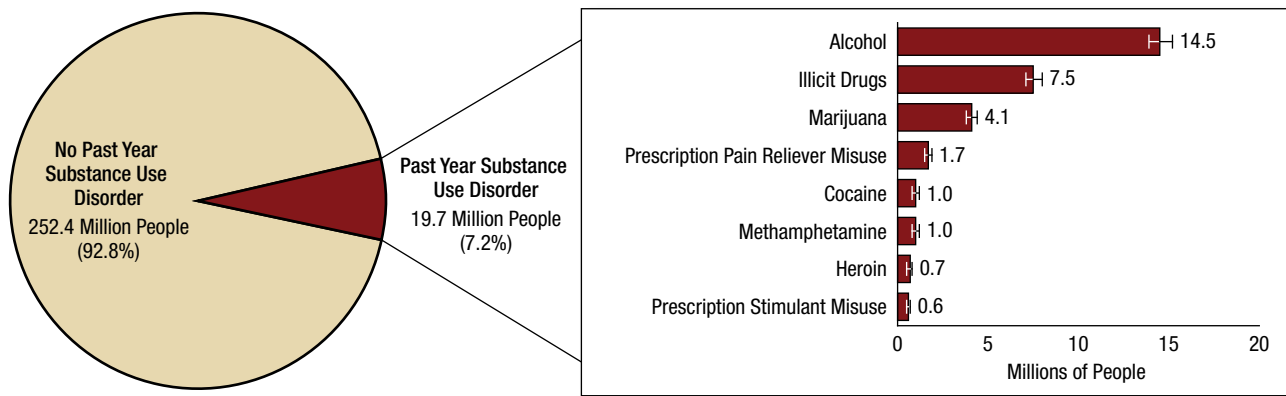
Note: Opioid use disorder is defined as meeting DSM-IV criteria for heroin use disorder or pain reliever use disorder in the past 12 months.

(Figure 41). This percentage of people who had an SUD corresponds to about 1 in 14 people aged 12 or older. An estimated 992,000 adolescents aged 12 to 17 had an SUD, which represents 4.0 percent of adolescents. An estimated 5.1 million young adults aged 18 to 25 had an SUD. This number represents 14.8 percent of young adults. An estimated 13.6 million adults aged 26 or older had an SUD, which represents 6.4 percent of adults in this age group. Stated another way, about 1 in 25 adolescents, 1 in 7 young adults, and 1 in 16 adults aged 26 or older had an SUD in the past year.

Major Depressive Episode in the Past Year

Mental disorders, such as major depressive episode (MDE), are characterized by changes in mood, thought, or behavior. They can make carrying out daily activities difficult and can impair an individual's ability to work or function in school, interact with family, and fulfill other major life functions. Adults aged 18 or older and adolescents aged 12 to 17 were defined as having had at least one MDE in the past 12 months (subsequently referred to as "an MDE" or "a past year MDE") if they had a period of 2 weeks or longer in that period when they experienced a depressed mood or loss

Figure 39. Numbers of People Aged 12 or Older with a Past Year Substance Use Disorder: 2017



Note: Estimated numbers of people refer to people aged 12 or older in the civilian, noninstitutionalized population in the United States. The numbers do not sum to the total population of the United States because the population for NSDUH does not include people aged 11 years or younger, people with no fixed household address (e.g., homeless or transient people not in shelters), active-duty military personnel, and residents of institutional group quarters, such as correctional facilities, nursing homes, mental institutions, and long-term care hospitals.

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.

Figure 40. Alcohol Use Disorder and Illicit Drug Use Disorder in the Past Year among People Aged 12 or Older with a Past Year Substance Use Disorder (SUD): 2017

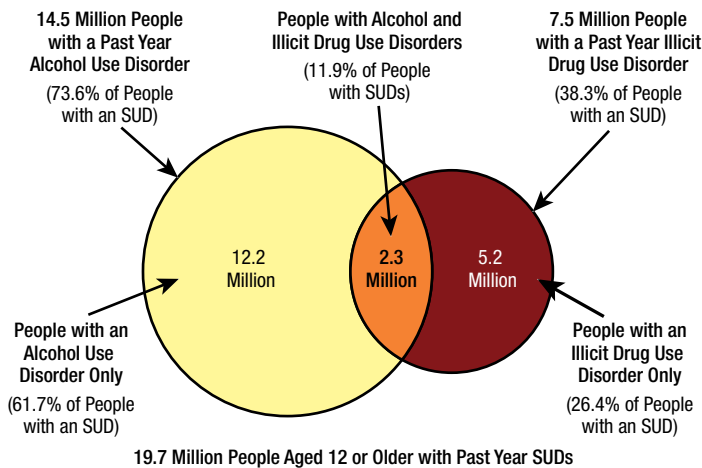
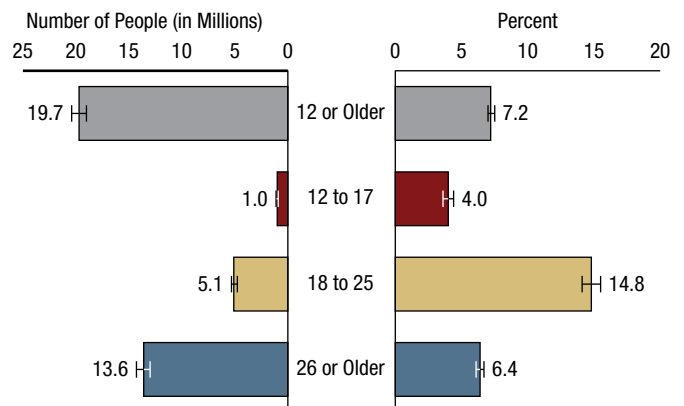


Figure 41. Substance Use Disorder in the Past Year among People Aged 12 or Older, by Age Group: 2017



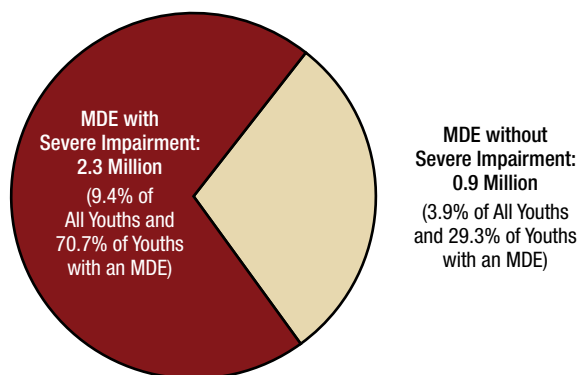
of interest or pleasure in daily activities, and they had at least some additional symptoms, such as problems with sleep, eating, energy, concentration, or self-worth. MDE questions are based on diagnostic criteria from DSM-5.⁴⁴ Some of the wordings of depression questions for adolescents and adults differed slightly to make the questions more developmentally appropriate for adolescents. Therefore, the adult and youth estimates for MDE are not directly comparable and are presented separately.⁴⁵

NSDUH also collects data on impairment in four major life activities or role domains because of an MDE in the past year. These domains are defined separately for adults and youths to reflect the different roles associated with the two age groups. Adults were defined as having an MDE with severe impairment if their depression caused severe problems with their ability to manage at home, manage well at work, have relationships with others, or have a social life.⁴⁶ Adolescents were defined 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.⁴⁷

MDE and MDE with Severe Impairment among Adolescents

In 2017, 13.3 percent of adolescents aged 12 to 17 (3.2 million adolescents) had an MDE in the past year, and 9.4 percent of adolescents (2.3 million adolescents) had a past year MDE with severe impairment (Figure 42). Thus, adolescents in 2017 who had an MDE with severe impairment represented more than two thirds (70.7 percent) of adolescents who had a past year MDE.^{24,48}

Figure 42. Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year among Youths Aged 12 to 17: 2017



3.2 Million Youths with a Past Year MDE (13.3% of All Youths)

Note: Youth respondents with unknown past year MDE data or unknown impairment data were excluded.

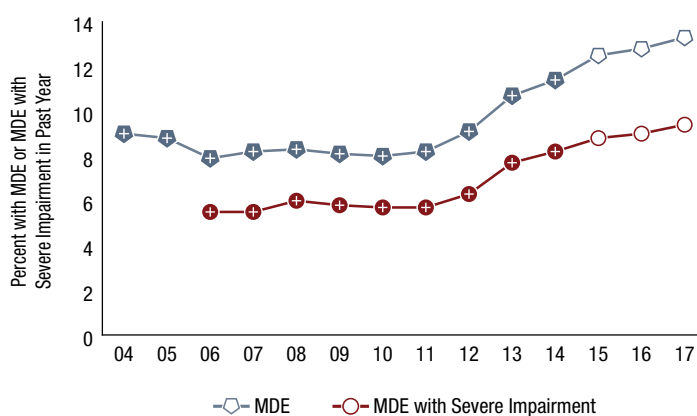
The percentage of adolescents aged 12 to 17 in 2017 who had a past year MDE was higher than the percentages in 2004 to 2014, but it was similar to the estimates in 2015 and 2016 (Figure 43). The percentage of adolescents in 2017 who had a past year MDE with severe impairment was higher than the percentages in 2006 to 2014, which ranged from 5.5 to 8.2 percent. However, the 2017 estimate for MDE with severe impairment among adolescents was similar to the estimates in 2015 and 2016.

MDE and MDE with Severe Impairment among Adults

In 2017, 7.1 percent of adults aged 18 or older (17.3 million adults) had at least one MDE in the past year, and 4.5 percent of adults (11.0 million adults) had an MDE with severe impairment in the past year (Figure 44). Adults in 2017 who had an MDE with severe impairment represented nearly two thirds (63.8 percent) of adults who had a past year MDE.^{24,48}

The percentage of adults aged 18 or older in 2017 who had a past year MDE was similar to the percentages in most years from 2010 to 2016 (Figure 45). The percentage of adults in 2017 with a past year MDE with severe impairment was similar to the percentages in most years between 2009 and 2016 (Figure 46).

Figure 43. Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year among Youths Aged 12 to 17: Percentages, 2004-2017



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 43 Table. Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year among Youths Aged 12 to 17: Percentages, 2004-2017

MDE Status	04	05	06	07	08	09	10	11	12	13	14	15	16	17
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
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

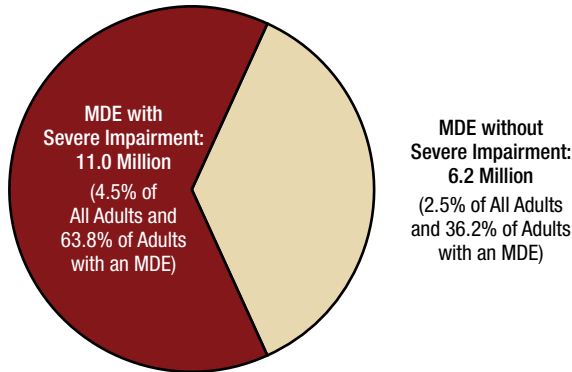
N/A = not available.

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Aged 18 to 25

In 2017, an estimated 4.4 million young adults aged 18 to 25 had a past year MDE, or 13.1 percent of young adults (Figure 45). The percentage of young adults with a past year MDE was greater in 2017 than in the years from 2005 to 2016.

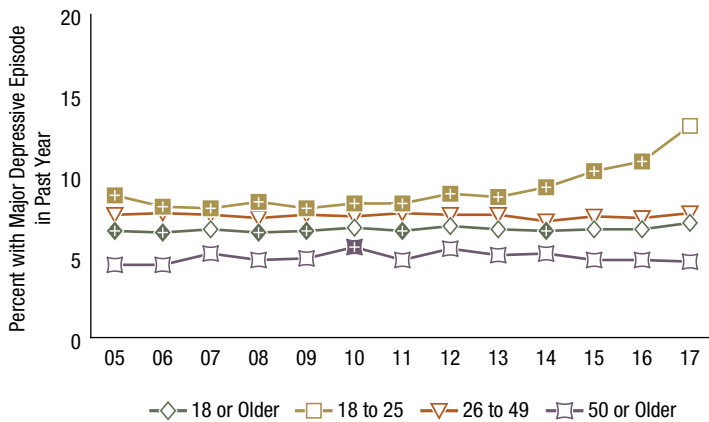
Figure 44. Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year among Adults Aged 18 or Older: 2017



17.3 Million Adults with a Past Year MDE (7.1% of All Adults)

Note: Adult respondents with unknown past year MDE data or unknown impairment data were excluded.

Figure 45. Major Depressive Episode in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2005-2017



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 45 Table. Major Depressive Episode in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2005-2017

Age Group	05	06	07	08	09	10	11	12	13	14	15	16	17
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
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
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
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

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

An estimated 2.9 million young adults aged 18 to 25 in 2017 had a past year MDE with severe impairment, or 8.5 percent of young adults (Figure 46). The percentage of young adults with a past year MDE with severe impairment was greater in 2017 than in 2009 to 2016.

Aged 26 to 49

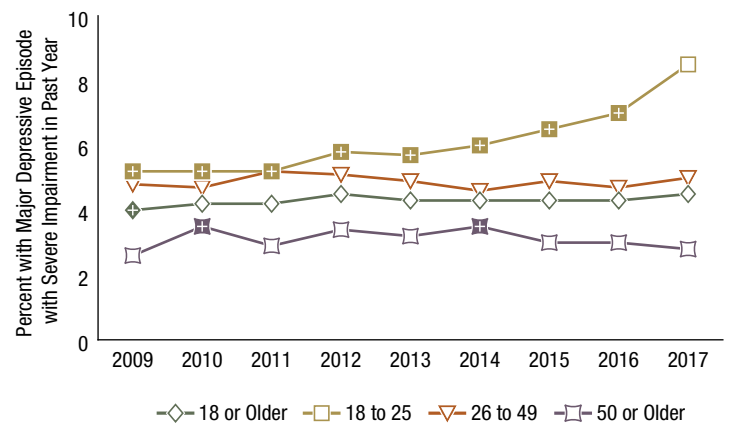
In 2017, an estimated 7.6 million adults aged 26 to 49 had a past year MDE, or 7.7 percent of adults in this age group (Figure 45). The percentage of adults aged 26 to 49 in 2017 who had a past year MDE was similar to the corresponding percentages in 2005 to 2016.

An estimated 5.0 million adults aged 26 to 49 in 2017 had a past year MDE with severe impairment, or 5.0 percent of adults in this age group (Figure 46). The percentage of adults aged 26 to 49 in 2017 who had a past year MDE with severe impairment was similar to the percentages in 2009 to 2016.

Aged 50 or Older

In 2017, an estimated 5.2 million adults aged 50 or older had a past year MDE, or 4.7 percent of adults in this age group (Figure 45). The percentage of adults aged 50 or

Figure 46. Major Depressive Episode with Severe Impairment in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2009-2017



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 46 Table. Major Depressive Episode with Severe Impairment in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2009-2017

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

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

older in 2017 who had a past year MDE was similar to the corresponding percentages in most years from 2005 to 2016.

An estimated 3.1 million adults aged 50 or older in 2017 had a past year MDE with severe impairment, or 2.8 percent of adults in this age group (Figure 46). The percentage of adults aged 50 or older in 2017 who had a past year MDE with severe impairment was similar to the percentages in most years from 2009 to 2016.

Mental Illness among Adults in the Past Year

NSDUH provides estimates of any mental illness (AMI) and serious mental illness (SMI) for adults aged 18 or older.⁴⁹ Except for MDE, NSDUH does not include questions or methods for estimating the occurrence of mental disorders among adolescents. Therefore, NSDUH does not include any measure for adolescents that is equivalent to AMI or SMI for adults.

Adults with AMI were defined as having any mental, behavioral, or emotional disorder in the past year that met DSM-IV criteria (excluding developmental disorders and SUDs).^{40,50} Adults with AMI were defined as having SMI if they had any mental, behavioral, or emotional disorder that substantially interfered with or limited one or more major life activities. AMI and SMI are not mutually exclusive categories; adults with SMI are included in estimates of adults with AMI. Adults with AMI who do not meet the criteria for having SMI are categorized as having AMI excluding SMI. This section includes past year estimates of adults with AMI, SMI, and AMI excluding SMI.

Mental Illness among All Adults

In 2017, an estimated 46.6 million adults aged 18 or older had AMI in the past year (Figure 47). This number represents 18.9 percent of adults in the United States. An estimated 11.2 million adults in the nation had SMI in the past year, and 35.4 million adults had AMI excluding SMI in the past year. The number of adults with SMI represents 4.5 percent of adults, and the number of adults with AMI excluding SMI represents 14.3 percent of adults. Among adults with AMI in the past year, 24.0 percent had SMI, and 76.0 percent did not have SMI.^{24,51,52}

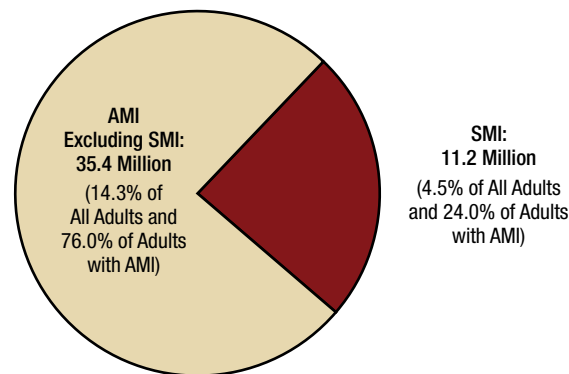
The percentage of adults in 2017 with AMI was similar to the percentage in 2016, but it was higher than percentages in all but 3 years from 2008 to 2015 (Figure 48). The percentage of adults in 2017 with SMI was higher than percentages in most years from 2008 to 2016. In contrast,

the percentage of adults in 2017 who had AMI excluding SMI was similar to the percentages from 2008 to 2016 (Figures 49 and 50).

Aged 18 to 25

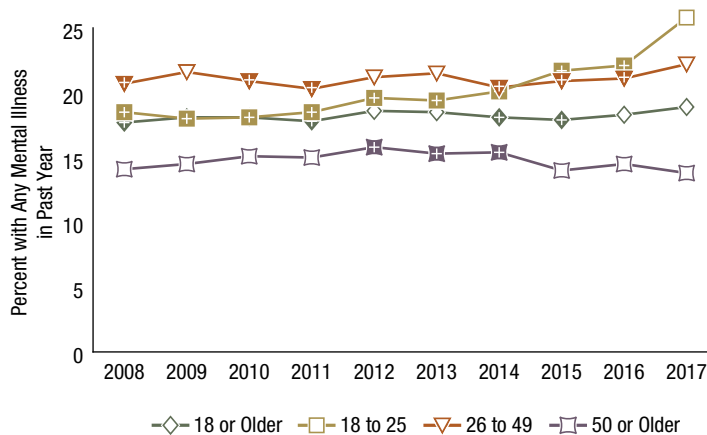
In 2017, an estimated 8.8 million young adults aged 18 to 25 (25.8 percent) had AMI in the past year (Figure 48).

Figure 47. Any Mental Illness (AMI), Serious Mental Illness (SMI), and AMI Excluding SMI in the Past Year among Adults Aged 18 or Older: 2017



46.6 Million Adults with AMI in the Past Year (18.9% of All Adults)

Figure 48. Any Mental Illness in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2017



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 48 Table. Any Mental Illness in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2017

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

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

An estimated 2.6 million young adults (7.5 percent) had SMI in the past year (Figure 49). An estimated 6.3 million young adults (18.3 percent) had AMI excluding SMI in the past year (Figure 50).

Percentages of young adults aged 18 to 25 in 2017 who had AMI, SMI, or AMI excluding SMI were greater than the corresponding percentages in each year from 2008 to 2016. For example, the percentages of young adults with AMI ranged from 18.0 to 22.1 percent in 2008 to 2016 compared with 25.8 percent of young adults in 2017.

Aged 26 to 49

In 2017, 22.3 million adults aged 26 to 49 (22.2 percent) had AMI in the past year (Figure 48), and an estimated 5.6 million adults aged 26 to 49 (5.6 percent) had SMI in the past year (Figure 49). An estimated 16.7 million adults aged 26 to 49 (16.6 percent) had AMI excluding SMI in the past year (Figure 50).

The 2017 estimate of AMI among adults aged 26 to 49 was higher than the estimates between 2014 and 2016, but it was similar to the estimates in 2012 and 2013. The estimate

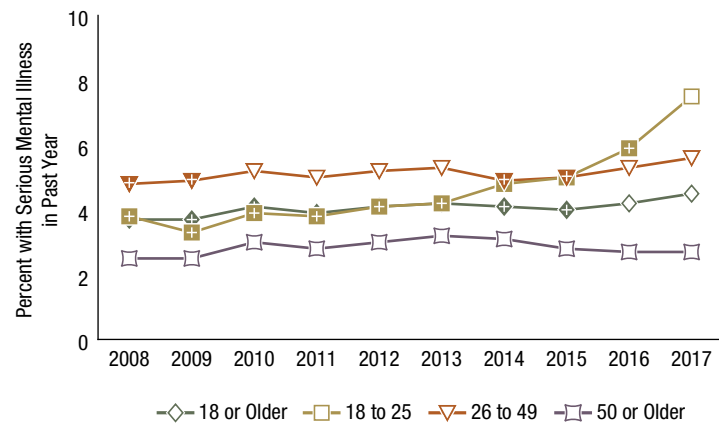
of SMI among adults aged 26 to 49 in 2017 was higher than the estimates in 2014 and 2015, but it was similar to the estimates in 2010 to 2013 and in 2016. The estimate of AMI excluding SMI among adults aged 26 to 49 in 2017 was higher than the estimates in 2014 and 2016, but it was similar to the estimates in most years between 2008 and 2013 and in 2015.

Aged 50 or Older

In 2017, an estimated 15.5 million adults aged 50 or older (13.8 percent) had AMI in the past year (Figure 48), and an estimated 3.0 million adults aged 50 or older (2.7 percent) had SMI in the past year (Figure 49). An estimated 12.5 million adults aged 50 or older (11.1 percent) had AMI excluding SMI in the past year (Figure 50).

The 2017 estimate of AMI among adults aged 50 or older was similar to estimates in 2015 and 2016, but it was lower than the estimates in 2012 to 2014. The percentages of adults aged 50 or older in 2017 with past year SMI and with past year AMI excluding SMI were similar to the percentages in most or all years from 2008 to 2016.

Figure 49. Serious Mental Illness in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2017



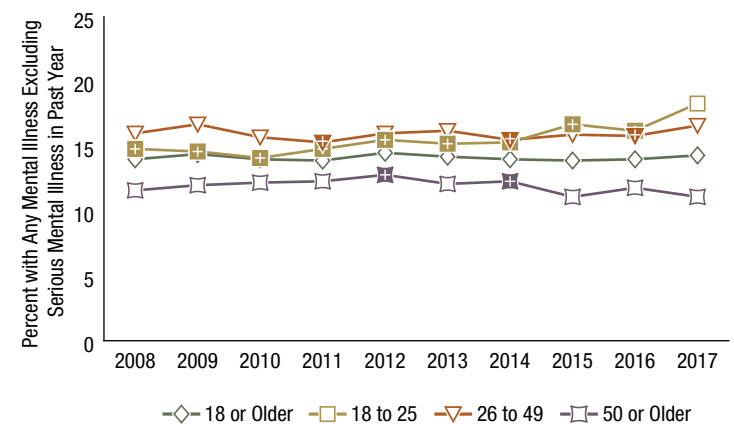
+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 49 Table. Serious Mental Illness in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2017

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

* Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 50. Any Mental Illness Excluding Serious Mental Illness in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2017



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 50 Table. Any Mental Illness Excluding Serious Mental Illness in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2017

Age Group	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
18 or Older	14.0	14.4	14.0	13.9	14.5	14.2	14.0	13.9	14.0	14.3
18 to 25	14.8*	14.6*	14.1*	14.8*	15.5*	15.2*	15.3*	16.7*	16.2*	18.3
26 to 49	16.0	16.7	15.7	15.3*	16.0	16.2	15.5*	15.9	15.8*	16.6
50 or Older	11.6	12.0	12.2	12.3	12.8*	12.1	12.3*	11.1	11.8	11.1

* Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Co-Occurring Substance Use and Mental Health Issues

Individuals with both a mental health issue (i.e., MDE, AMI, SMI) and an SUD (i.e., illicit drug use disorder or alcohol use disorder) in the past year are defined as having a co-occurring mental health issue and an SUD. This section summarizes the co-occurrence of mental health and substance use issues in the population overall, the prevalence of substance use issues among those who have a mental health issue, and the prevalence of a mental health issue among those with a substance use issue. Estimates are presented separately for adults aged 18 or older and youths aged 12 to 17 due to the differences in the measurement of mental health issues across these age groups. Also, the order of onset of SUDs and symptoms of mental disorders cannot be established in the NSDUH data for adolescents or adults (e.g., whether the onset of SUDs preceded the onset of symptoms of mental disorders, or vice versa).

Co-Occurring MDE and Substance Use among Adolescents

This section describes co-occurring MDE and substance use and co-occurring MDE and SUDs among adolescents aged 12 to 17. Estimates of co-occurring MDE and SUDs are presented among all adolescents. Additionally, this section presents estimates of having a past year MDE among adolescents with SUDs. This section also presents estimates of substance use and SUDs among adolescents with an MDE. Because of the 2015 changes that affected the SUD estimates, the 2017 estimates of co-occurring MDE and SUD are not comparable with estimates from years prior to 2015.

An estimated 345,000 adolescents aged 12 to 17 in 2017 had an SUD and an MDE in the past year. This number represents 1.4 percent of adolescents in the United States (Figure 51). An estimated 276,000 adolescents in 2017 (1.1 percent of adolescents) had an SUD and an MDE with severe impairment in the past year.

MDE among Adolescents with a Substance Use Disorder

The 345,000 adolescents in 2017 who had a co-occurring MDE and an SUD in the past year represent about one third (35.9 percent) of the 992,000 adolescents who had a past year SUD (Figure 52 and Table A.29B). Among adolescents without a past year SUD, 12.3 percent (2.9 million adolescents) had an MDE in the past year.

Substance Use and Substance Use Disorders among Adolescents with MDE

Estimates of illicit drug use among adolescents that were previously described in this report focused on use in the past month (i.e., current use). Because MDE estimates are for the past year, however, this section focuses mainly on co-occurring MDE and substance use in the past year among adolescents. In 2017, the percentage of adolescents aged 12 to 17 who used illicit drugs in the past year was higher among those with a past year MDE than it was among those without a past year MDE (29.3 vs. 14.3 percent) (Figure 53). Youths in 2017 who had a past year MDE were more likely than those without an MDE to be users of marijuana, misusers of prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, and sedatives), users of inhalants, and users of hallucinogens in the past year.

Figure 51. Past Year Substance Use Disorder (SUD) and Major Depressive Episode (MDE) Status among Youths Aged 12 to 17: Percentages, 2017

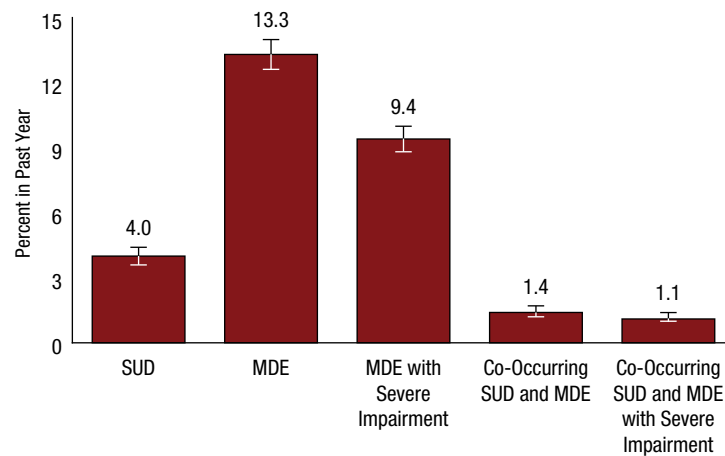
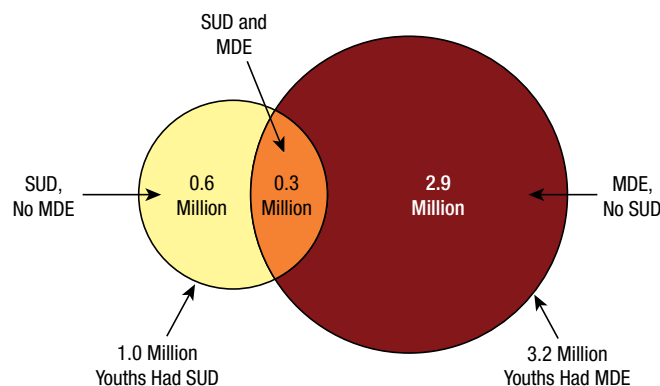


Figure 52. Past Year Substance Use Disorder (SUD) and Major Depressive Episode (MDE) among Youths Aged 12 to 17: Numbers in Millions, 2017



Note: Youth respondents with unknown MDE data were excluded.

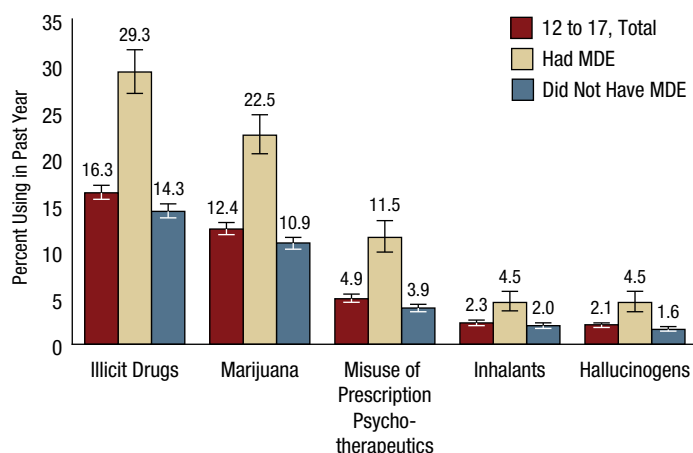
Unlike the illicit drug use estimates described previously, NSDUH estimates of daily cigarette smoking and heavy alcohol use are available only for the past month. Among adolescents aged 12 to 17 in 2017, 0.8 percent of those with a past year MDE were daily cigarette smokers in the past month compared with 0.3 percent of those without a past year MDE (Table A.30B). In addition, 1.2 percent of adolescents aged 12 to 17 with a past year MDE were heavy alcohol drinkers in the past month compared with 0.6 percent of those without a past year MDE.

Among the 3.2 million adolescents aged 12 to 17 in 2017 who had a past year MDE, 10.7 percent of adolescents (345,000 adolescents) had a past year SUD. In contrast, 2.9 percent of adolescents without a past year MDE (615,000 adolescents) had an SUD in the past year (Figure 52 and Table A.29B).

Co-Occurring Mental Health Issues and Substance Use Disorders among Adults

As noted previously, adults who had both a mental disorder and an SUD in the past year are referred to as having co-occurring disorders. Because NSDUH data allow estimates to be made for the presence of a mental disorder (as defined by AMI and SMI) and SUDs for adults, percentages of adults with co-occurring disorders can be estimated. This section presents findings on mental disorders (i.e., AMI and SMI) that co-occurred with SUDs (i.e., alcohol use disorder or illicit drug use disorder) among adults aged 18 or older in the United States. Because of the 2015 changes that affected SUD estimates, the 2017

Figure 53. Past Year Illicit Drug Use among Youths Aged 12 to 17, by Past Year Major Depressive Episode (MDE) Status: Percentages, 2017



estimates of co-occurring mental disorders and SUDs among adults are not comparable with estimates prior to 2015.

Co-Occurring Mental Health Issues and Substance Use Disorders among All Adults

As noted previously, 46.6 million adults aged 18 or older in 2017 had AMI in the past year, including 11.2 million who had SMI. In addition, 18.7 million adults had a past year SUD.

Among adults in 2017, 8.5 million had both AMI and an SUD (Figure 54) in the past year, which corresponds to 3.4 percent of adults (Table A.31B). An estimated 3.1 million adults aged 18 or older had co-occurring SMI and an SUD in the past year (Figure 55), which corresponds to 1.3 percent of adults.

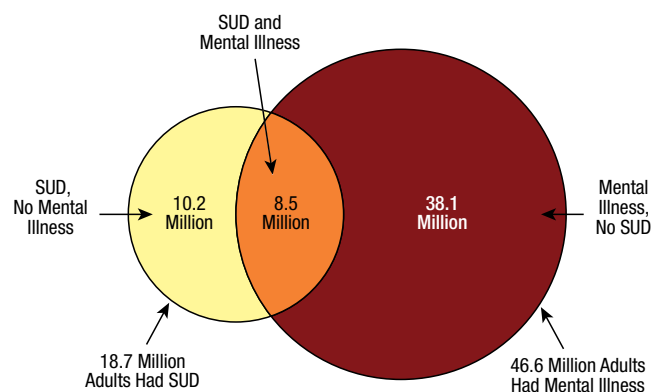
Aged 18 to 25

In 2017, 8.8 million young adults aged 18 to 25 had AMI in the past year, and 5.1 million had a past year SUD. Among young adults, 2.4 million had both AMI and an SUD in the past year. This corresponds to 6.9 percent of young adults (Table A.31B). An estimated 947,000 young adults had co-occurring SMI and an SUD in the past year, which corresponds to 2.8 percent of young adults.

Aged 26 to 49

In 2017, 22.3 million adults aged 26 to 49 had AMI in the past year, and 9.1 million had a past year SUD. Among adults aged 26 to 49, 4.4 million had both AMI and an SUD in the past year. This corresponds to 4.4 percent of adults in this age group (Table A.31B). An estimated 1.6 million adults aged 26 to 49 had co-occurring SMI and an SUD in the past year, which corresponds to 1.6 percent of adults in this age group.

Figure 54. Past Year Substance Use Disorder (SUD) and Mental Illness among Adults Aged 18 or Older: Numbers in Millions, 2017



Aged 50 or Older

In 2017, 15.5 million adults aged 50 or older had AMI in the past year, and 4.6 million had a past year SUD. Among adults aged 50 or older, 1.8 million had both AMI and an SUD in the past year. This corresponds to 1.6 percent of adults in this age group (Table A.31B). An estimated 562,000 adults aged 50 or older had co-occurring SMI and an SUD in the past year, which corresponds to 0.5 percent of adults in this age group.

Mental Illness among Adults with a Substance Use Disorder

In 2017, among the 18.7 million adults with a past year SUD, 8.5 million (45.6 percent) had AMI in the past year (Figure 54 and Table A.32B). In contrast, among adults without a past year SUD, 16.7 percent (38.1 million adults) had AMI in the past year.

Among the 18.7 million adults in 2017 who had a past year SUD, 3.1 million (16.5 percent) also had SMI in the past year (Figure 55 and Table A.32B). In contrast, among adults without a past year SUD, 3.5 percent (8.1 million adults) had SMI in the past year.

Aged 18 to 25

In 2017, among the 5.1 million young adults aged 18 to 25 with a past year SUD, 2.4 million (46.8 percent) had AMI in the past year (Table A.32B). In contrast, among young adults without a past year SUD, 22.1 percent (6.5 million adults) had AMI in the past year.

Among the 5.1 million young adults aged 18 to 25 with a past year SUD, 947,000 (18.6 percent) had SMI in the

past year. In contrast, among young adults without a past year SUD, 5.5 percent (1.6 million adults) had SMI in the past year.

Aged 26 to 49

Among the 9.1 million adults aged 26 to 49 in 2017 with a past year SUD, 4.4 million (48.1 percent) had AMI in the past year (Table A.32B). Among adults aged 26 to 49 without a past year SUD, 19.6 percent (17.9 million adults) had AMI in the past year.

Among the 9.1 million adults aged 26 to 49 with a past year SUD, 1.6 million (17.5 percent) had SMI in the past year. Among adults aged 26 to 49 without a past year SUD, 4.4 percent (4.0 million adults) had SMI in the past year.

Aged 50 or Older

Among the 4.6 million adults aged 50 or older in 2017 with a past year SUD, 1.8 million (39.1 percent) had AMI in the past year (Table A.32B). Among adults aged 50 or older without a past year SUD, 12.7 percent (13.7 million adults) had AMI in the past year.

Among the 4.6 million adults aged 50 or older with a past year SUD, 562,000 (12.3 percent) had SMI in the past year. Among adults aged 50 or older without a past year SUD, 2.3 percent (2.5 million adults) had SMI in the past year.

Substance Use Disorders among Adults with Mental Illness

In 2017, among the 46.6 million adults who had AMI in the past year, 8.5 million (18.3 percent) had an SUD in the past year (Figures 54 and 56). In contrast, 5.1 percent of adults who did not have past year AMI (10.2 million adults) met the criteria for an SUD (Table A.33B and

Figure 55. Past Year Substance Use Disorder (SUD) and Serious Mental Illness (SMI) among Adults Aged 18 or Older: Numbers in Millions, 2017

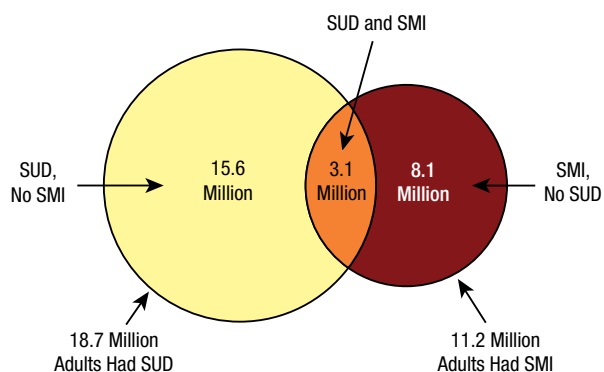


Figure 56. Past Year Substance Use Disorder among Adults Aged 18 or Older with Any Mental Illness in the Past Year, by Age Group: Percentages, 2017

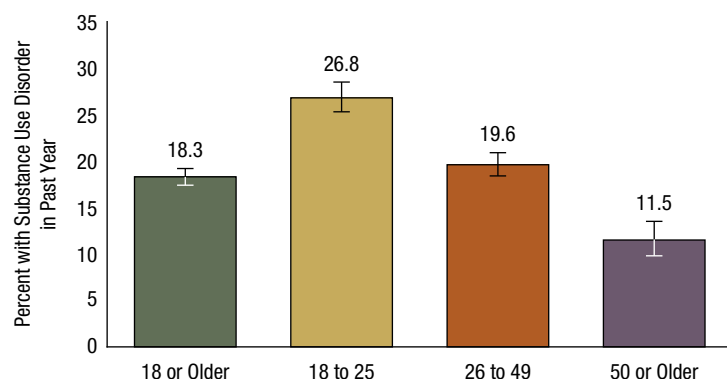


Figure 54). Among the 11.2 million adults who had SMI in the past year, 3.1 million (27.6 percent) had an SUD in the past year (Figure 57).

Aged 18 to 25

In 2017, about 2.4 million young adults aged 18 to 25 with AMI had a past year SUD. That is, 26.8 percent of young adults with AMI had an SUD in the past year (Figure 56). In contrast, 10.6 percent of young adults who did not have past year AMI (2.7 million adults) met the criteria for an SUD (Table A.33B). Among young adults with SMI in the past year, about 947,000 (36.9 percent) had an SUD (Figure 57).

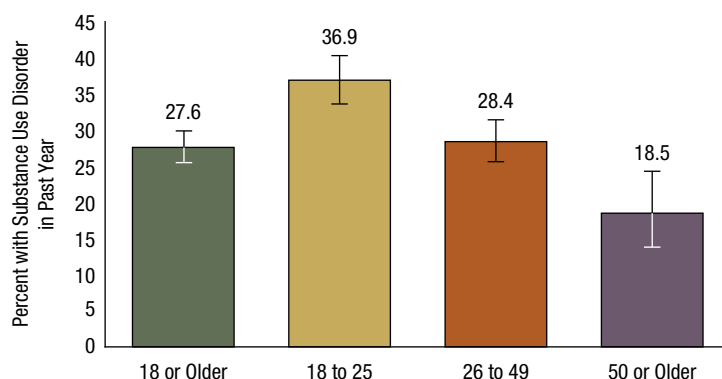
Aged 26 to 49

Among adults aged 26 to 49 in 2017 with AMI, about 4.4 million had an SUD. That is, 19.6 percent of adults aged 26 to 49 with AMI had an SUD in the past year (Figure 56). In contrast, 6.0 percent of adults aged 26 to 49 who did not have past year AMI (4.7 million adults) met the criteria for an SUD (Table A.33B). Among adults aged 26 to 49 with SMI, about 1.6 million (28.4 percent) had an SUD (Figure 57).

Aged 50 or Older

In 2017, about 1.8 million adults aged 50 or older with AMI had an SUD. That is, 11.5 percent of adults aged 50 or older with AMI had an SUD in the past year (Figure 56). In contrast, 2.9 percent of adults aged 50 or older who did not have past year AMI (2.8 million adults) met the criteria for an SUD (Table A.33B). Among adults aged 50 or older with SMI, 562,000 (18.5 percent) had an SUD (Figure 57).

Figure 57. Past Year Substance Use Disorder among Adults Aged 18 or Older with Serious Mental Illness in the Past Year, by Age Group: Percentages, 2017



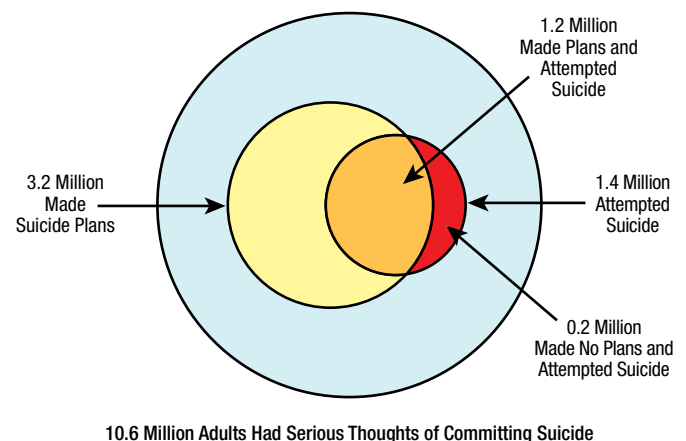
Suicidal Thoughts and Behavior among Adults

Suicide is an important public health problem in the United States and a tragedy for all involved—the individuals and their families, friends, neighbors, colleagues, and communities. In 2016, nearly 45,000 people in the United States died from suicide. In addition, suicide rates increased in most states between 1999 and 2016, including increases by more than 30 percent in 25 states over this period.⁵³ However, individuals who die from suicide represent a fraction of those who consider or attempt suicide.⁵⁴ 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.⁵⁵ Individuals are likely to have thought about suicide before attempting suicide. NSDUH has collected information on past year suicidal thoughts and behavior among adults aged 18 or older in the United States since 2008. Information from NSDUH on adults who have seriously thought about suicide or have made suicide plans or attempts can be useful to policymakers and service providers in gauging the size of the adult population at a high level of risk for suicide and in tracking changes in the size of this population over time.

NSDUH respondents aged 18 or older were asked if at any time during the past 12 months they had thought seriously about trying to kill themselves. Adults who had serious thoughts of suicide in the past 12 months were asked whether they made a plan to kill themselves or tried to kill themselves in that period.

In 2017, 10.6 million adults aged 18 or older (4.3 percent) had thought seriously about trying to kill themselves (Figures 58 and 59). Of the 10.6 million adults who had

Figure 58. Suicidal Thoughts, Plans, and Attempts in the Past Year among Adults Aged 18 or Older: Numbers in Millions, 2017



serious thoughts of suicide, 3.2 million had made suicide plans, and 1.4 million made a nonfatal suicide attempt. Among the 1.4 million adults aged 18 or older who attempted suicide in the past year, 1.2 million made suicide plans, and 0.2 million did not make suicide plans.⁵⁶ Stated another way, about 1 in 3 adults who had serious thoughts of suicide made suicide plans, and about 1 in 8 adults who had serious thoughts of suicide made a suicide attempt.²⁴

Serious Thoughts of Suicide

The estimated 10.6 million adults aged 18 or older in 2017 who had serious thoughts of suicide in the past year (Figure 58) represent 4.3 percent of adults aged 18 or older (Figure 59). The percentage of adults aged 18 or older in 2017 who had serious thoughts of suicide was higher than the percentages in 2008 to 2014, but it was similar to the percentages in 2015 and 2016.

Aged 18 to 25

An estimated 3.6 million young adults aged 18 to 25 in 2017 had serious thoughts of suicide in the past year, which represents 10.5 percent of young adults (Figure 59). The

percentage of young adults who had serious thoughts of suicide was higher in 2017 than in 2008 to 2016.

Aged 26 to 49

In 2017, 4.3 million adults aged 26 to 49 had serious thoughts of suicide in the past year, or 4.3 percent of adults in this age group (Figure 59). The percentage of adults aged 26 to 49 who had serious thoughts of suicide was similar in most years between 2008 and 2017.

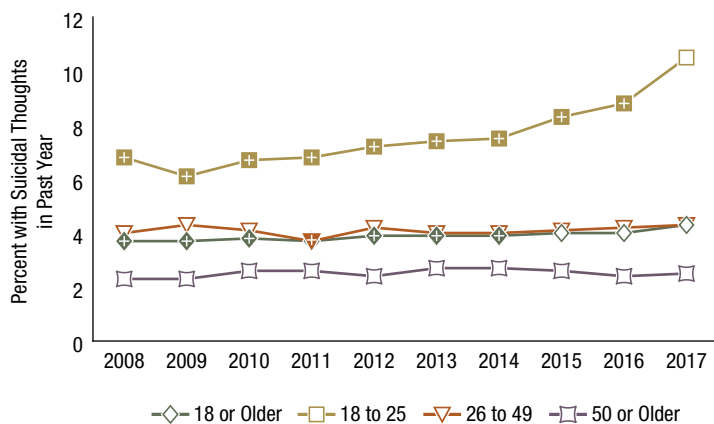
Aged 50 or Older

In 2017, 2.8 million adults aged 50 or older had serious thoughts of suicide in the past year, which represents 2.5 percent of adults in this age group (Figure 59). The percentage of adults aged 50 or older who had serious thoughts of suicide was similar from 2008 to 2017.

Suicide Plans

The estimated 3.2 million adults in 2017 who made suicide plans in the past year (Figure 58) represent 1.3 percent of adults aged 18 or older (Figure 60). The percentage of adults aged 18 or older in 2017 who made suicide plans was higher than in all but 2 years between 2008 and 2016.

Figure 59. Suicidal Thoughts in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2017



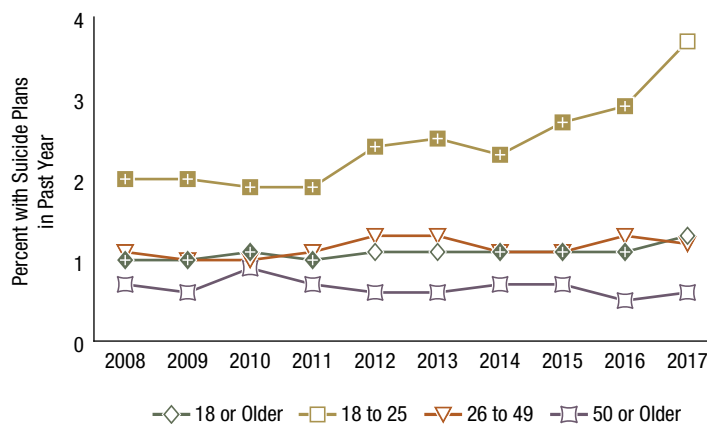
+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 59 Table. Suicidal Thoughts in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2017

Age Group	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
18 or Older	3.7 ⁺	3.7 ⁺	3.8 ⁺	3.7 ⁺	3.9 ⁺	3.9 ⁺	3.9 ⁺	4.0	4.0	4.3
18 to 25	6.8 ⁺	6.1 ⁺	6.7 ⁺	6.8 ⁺	7.2 ⁺	7.4 ⁺	7.5 ⁺	8.3 ⁺	8.8 ⁺	10.5
26 to 49	4.0	4.3	4.1	3.7 ⁺	4.2	4.0	4.0	4.1	4.2	4.3
50 or Older	2.3	2.3	2.6	2.6	2.4	2.7	2.7	2.6	2.4	2.5

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 60. Suicide Plans in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2017



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 60 Table. Suicide Plans in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2017

Age Group	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
18 or Older	1.0 ⁺	1.0 ⁺	1.1 ⁺	1.0 ⁺	1.1	1.1	1.1 ⁺	1.1 ⁺	1.1 ⁺	1.3
18 to 25	2.0 ⁺	2.0 ⁺	1.9 ⁺	1.9 ⁺	2.4 ⁺	2.5 ⁺	2.3 ⁺	2.7 ⁺	2.9 ⁺	3.7
26 to 49	1.1	1.0	1.0	1.1	1.3	1.3	1.1	1.1	1.3	1.2
50 or Older	0.7	0.6	0.9	0.7	0.6	0.6	0.7	0.7	0.5	0.6

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Aged 18 to 25

In 2017, about 1.3 million young adults aged 18 to 25 made suicide plans in the past year, which corresponds to 3.7 percent of young adults (Figure 60). The percentage of young adults in 2017 who made suicide plans was higher than the percentages in 2008 to 2016.

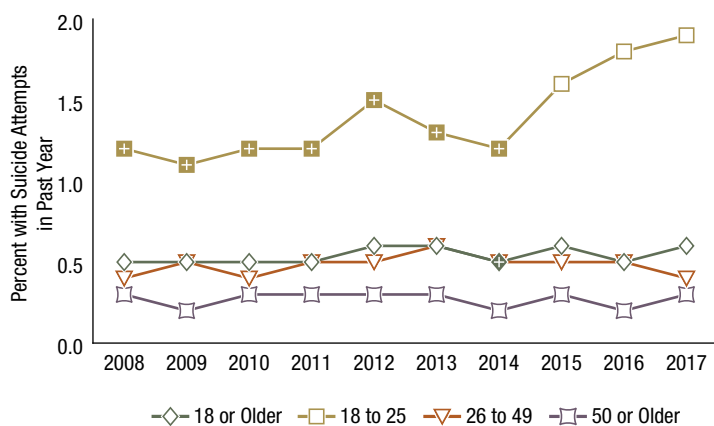
Aged 26 to 49

In 2017, about 1.2 million adults aged 26 to 49 made suicide plans in the past year, which represents 1.2 percent of adults in this age group (Figure 60). The percentage of adults in this age group in 2017 who made suicide plans in the past year was similar to the percentages in 2008 through 2016.

Aged 50 or Older

In 2017, about 700,000 adults aged 50 or older made suicide plans in the past year, which represents 0.6 percent of adults aged 50 or older (Figure 60). The percentage of adults in this age group in 2017 who made suicide plans in the past year was similar to the percentages in 2008 to 2016.

Figure 61. Suicide Attempts in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2017



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 61 Table. Suicide Attempts in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2017

Age Group	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
18 or Older	0.5	0.5	0.5	0.5	0.6	0.6	0.5 ⁺	0.6	0.5	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
26 to 49	0.4	0.5	0.4	0.5	0.5	0.6	0.5	0.5	0.5	0.4
50 or Older	0.3	0.2	0.3	0.3	0.3	0.3	0.2	0.3	0.2	0.3

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Suicide Attempts

The estimated 1.4 million adults aged 18 or older in 2017 who attempted suicide in the past year (with or without first making suicide plans) (Figure 58) represent 0.6 percent of all adults (Figure 61). The percentage of adults aged 18 or older in 2017 who attempted suicide was similar to the percentages in most years between 2008 and 2016.

Aged 18 to 25

In 2017, about 648,000 young adults aged 18 to 25 attempted suicide in the past year. This number represents 1.9 percent of young adults (Figure 61). The percentage of young adults who attempted suicide was higher in 2017 than in 2008 to 2014, but it was similar to the percentages in 2015 and 2016.

Aged 26 to 49

In 2017, about 435,000 adults aged 26 to 49 attempted suicide in the past year, which represents 0.4 percent of adults in this age group (Figure 61). The percentages of adults aged 26 to 49 who attempted suicide in the past year were stable from 2008 to 2017.

Aged 50 or Older

In 2017, about 304,000 adults aged 50 or older attempted suicide in the past year, which represents 0.3 percent of adults in that age group (Figure 61). The percentages of adults aged 50 or older who attempted suicide in the past year were stable from 2008 to 2017.

Substance Use Treatment in the Past Year

Substance use treatment services are intended to help people address problems associated with their substance use. NSDUH provides two measures related to substance use treatment: (a) the need for substance use treatment and (b) the receipt of substance use treatment. NSDUH also collects information on the types of settings where people received treatment, and whether people needed substance use treatment but did not receive it. In addition, NSDUH collects information about people who did not receive treatment but felt that they needed it and why they did not get treatment. The substance use treatment estimates in this section are presented for 2017 but are not considered to be comparable with estimates prior to 2015 because changes in the measurement of substance use may have affected the group of respondents who were asked the substance use treatment questions. Also, estimates of the need for

substance use treatment in 2017 are not comparable with estimates prior to 2015 because of the noncomparability of several SUD estimates in 2017 with those prior to 2015.

Need for Substance Use Treatment

NSDUH includes questions that are used to identify people who needed substance use treatment (i.e., treatment for problems related to the use of alcohol or illicit drugs) in the past year. For this report, people are classified as needing substance use treatment if they had an SUD in the past year or if they received substance use treatment at a specialty facility⁵⁷ in the past year.^{58,59}

In 2017, an estimated 20.7 million people aged 12 or older needed substance use treatment. Stated another way, about 1 in 13 people aged 12 or older (7.6 percent) needed substance use treatment (Figure 62). About 1.0 million adolescents aged 12 to 17 needed treatment for a substance use problem in the past year, representing 4.1 percent of adolescents, or about 1 in 24 adolescents. About 5.2 million young adults aged 18 to 25 needed treatment for a substance use problem in the past year, representing 15.1 percent of young adults. Stated another way, about 1 in 7 young adults needed substance use treatment. About 14.5 million adults aged 26 or older needed substance use treatment in the past year. This number represents 6.8 percent of adults aged 26 or older, or about 1 in 15 adults in this age group.

Receipt of Substance Use Treatment

NSDUH respondents who used alcohol or illicit drugs in their lifetime are asked whether they ever received substance use treatment, and those who received substance use treatment

in their lifetime are asked whether they received treatment in the 12 months prior to the survey interview (i.e., the past year). As mentioned earlier, substance use treatment refers to treatment or counseling received for alcohol or illicit drug use or for medical problems associated with the use of alcohol or illicit drugs. NSDUH collects information on the receipt of any substance use treatment and the receipt of substance use treatment at a specialty facility. The categories of any substance use treatment and treatment at a specialty facility are not mutually exclusive categories; substance use treatment at a specialty facility is included in estimates of any substance use treatment. Receipt of any substance use treatment includes treatment that was 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 a self-help group (e.g., such as Alcoholics Anonymous or Narcotics Anonymous). Receipt of substance use treatment at a specialty facility is defined as substance use treatment that a respondent received at a hospital (only as an inpatient), a drug or alcohol rehabilitation facility (as an inpatient or outpatient), or a mental health center. People could report receiving treatment at more than one location. This section presents estimates of the receipt of any substance use treatment among all people aged 12 or older, receipt of specialty substance use treatment among people aged 12 or older, and receipt of specialty substance use treatment among people aged 12 or older who needed substance use treatment in the past year.

In 2017, approximately 4.0 million people aged 12 or older received any substance use treatment in the past year, or 1.5 percent of people aged 12 or older (Figure 63).

Figure 62. Need for Substance Use Treatment in the Past Year among People Aged 12 or Older, by Age Group: 2017

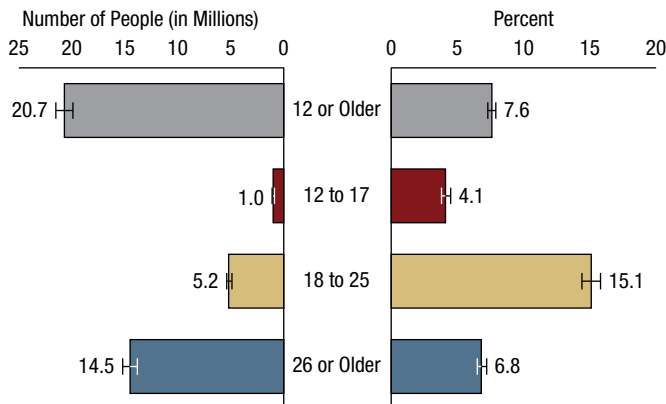
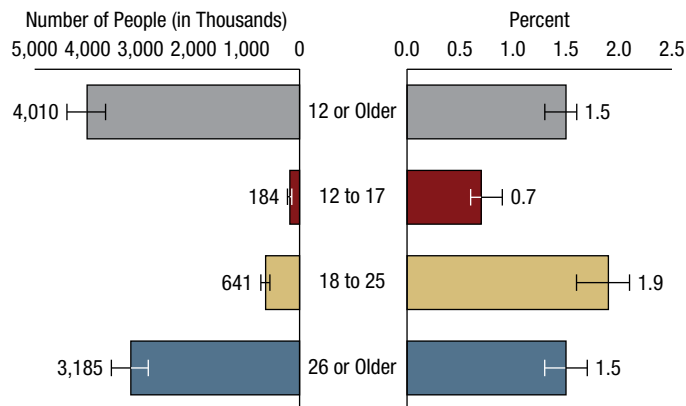


Figure 63. Received Any Substance Use Treatment in the Past Year among People Aged 12 or Older, by Age Group: 2017



Among adolescents aged 12 to 17, 184,000 received any substance use treatment in the past year, or 0.7 percent of adolescents. An estimated 641,000 young adults aged 18 to 25 received any substance use treatment in the past year; this number represents 1.9 percent of young adults receiving any substance use treatment. About 3.2 million adults aged 26 or older received any substance use treatment in the past year, or 1.5 percent of adults in this age group.

Approximately 2.5 million people aged 12 or older in 2017 received substance use treatment at a specialty facility, or 0.9 percent of the population aged 12 or older (Figure 64). Among adolescents aged 12 to 17, 91,000 (0.4 percent) received substance use treatment at a specialty facility. An estimated 441,000 young adults aged 18 to 25 received substance use treatment at a specialty facility; this number represents 1.3 percent of young adults receiving substance use treatment at a specialty facility. About 2.0 million adults aged 26 or older received substance use treatment at a specialty facility in the past year, or 0.9 percent of adults in this age group.

The estimated 2.5 million people aged 12 or older in 2017 who received substance use treatment at a specialty facility in the past year also represents 12.2 percent of the people who needed treatment (Figure 65). Among people in specific age groups who needed substance use treatment, 8.8 percent of adolescents aged 12 to 17, 8.5 percent of young adults aged 18 to 25, and 13.8 percent of adults aged 26 or older received substance use treatment at a specialty facility in the past year. These percentages represent 91,000 adolescents, 441,000 young adults, and 2.0 million adults aged 26 or

older who needed substance use treatment and received treatment at a specialty facility in the past year.

Perceived Need for Substance Use Treatment

NSDUH respondents are defined 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 needing treatment but who did not receive *specialty* treatment for their use of alcohol or illicit drugs. As described previously, people are defined as needing substance use treatment if they had an SUD in the past year or if they received substance use treatment at a specialty facility⁶⁰ in the past year.^{58,59}

In 2017, among the estimated 18.2 million people aged 12 or older who needed substance use treatment but did not receive specialty treatment in the past year, about 1.0 million perceived a need for treatment for their use of illicit drugs or alcohol (Figure 66). The estimated 1.0 million people who perceived a need for substance use treatment correspond to about 5.7 percent of people aged 12 or older who needed treatment but did not receive specialty substance use treatment in the past year. Thus, the large majority (94.3 percent) of people aged 12 or older who needed substance use treatment but did not receive specialty treatment did not think that they needed treatment in the past 12 months for their substance use.²⁴

Figure 64. Received Specialty Substance Use Treatment in the Past Year among People Aged 12 or Older, by Age Group: 2017

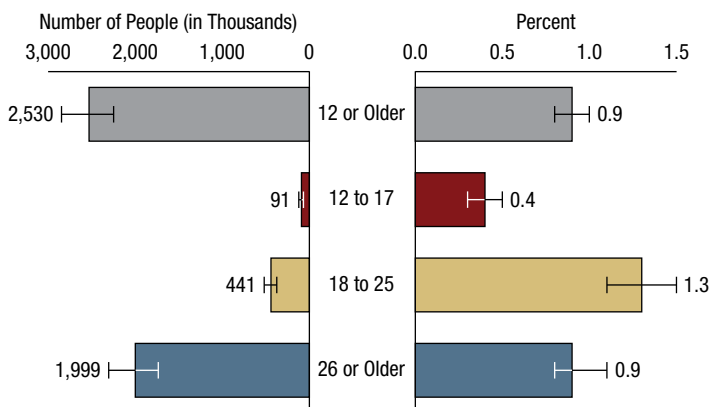


Figure 65. Received Specialty Substance Use Treatment in the Past Year among People Aged 12 or Older Who Needed Substance Use Treatment in the Past Year, by Age Group: 2017

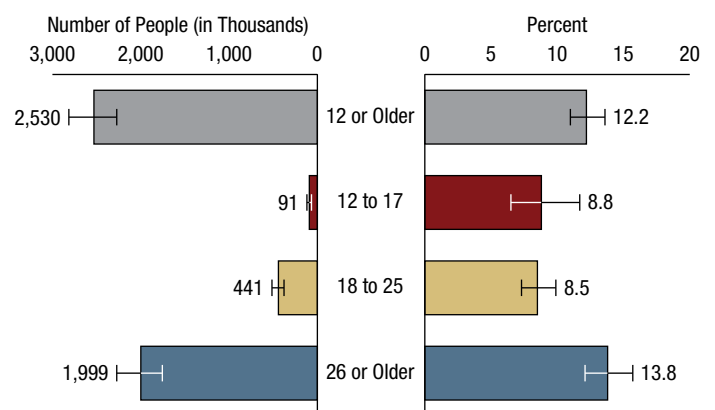
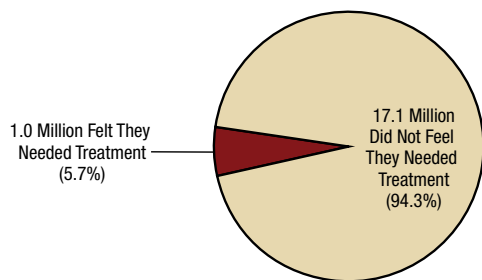


Figure 66. Perceived Need for Substance Use Treatment among People Aged 12 or Older Who Needed but Did Not Receive Specialty Substance Use Treatment in the Past Year: 2017



18.2 Million People Needed but Did Not Receive Specialty Substance Use Treatment

By Age Group

Most adolescents in 2017 who needed treatment for their use of illicit drugs or alcohol but did not receive specialty treatment did not perceive a need for treatment. Among the estimated 942,000 adolescents in 2017 who needed substance use treatment but did not receive treatment at a specialty facility in the past year, about 18,000 perceived a need for treatment for their illicit drug or alcohol use (Table A.40A). This number of adolescents who perceived a need for substance use treatment represents 1.9 percent of adolescents who needed but did not receive specialty treatment in the past year.

Most young adults aged 18 to 25 in 2017 who needed treatment for their use of illicit drugs or alcohol but did not receive specialty treatment did not perceive a need for treatment. Among the estimated 4.7 million young adults in 2017 who needed substance use treatment but did not receive treatment at a specialty facility in the past year, about 181,000 perceived a need for treatment for their illicit drug or alcohol use (Table A.40A). This number of young adults who perceived a need for substance use treatment represents 3.8 percent of young adults who needed treatment but did not receive specialty treatment in the past year.

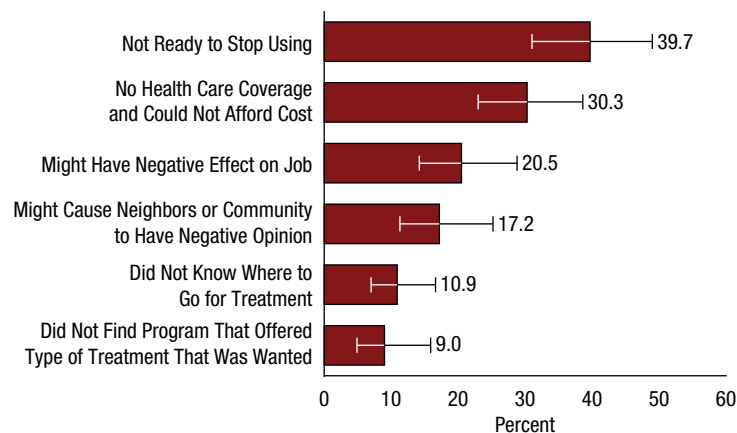
In 2017, the estimated 12.5 million adults aged 26 or older who needed substance use treatment but did not receive specialty treatment in the past year include approximately 834,000 adults in this age group who perceived a need for treatment for their illicit drug or alcohol use (Table A.40A). This number of adults aged 26 or older who perceived a need for substance use treatment represents 6.7 percent of adults in this age group who needed treatment but did not receive specialty treatment.

Reasons for Not Receiving Specialty Substance Use Treatment

NSDUH respondents who did not receive substance use treatment in the past 12 months but felt that they needed treatment were asked to report the reasons for not receiving treatment. As noted in the previous section, 94.3 percent of people aged 12 or older in 2017 who were classified as needing substance use treatment (i.e., either had an SUD or received specialty substance use treatment) but did not receive specialty substance use treatment did not think that they needed treatment. Information on common reasons for not receiving substance use treatment despite perceiving a need for treatment is important for identifying and addressing barriers to treatment receipt.

In 2017, common reasons for not receiving substance use treatment among people aged 12 or older who perceived a need for treatment but did not receive treatment at a specialty facility were not being ready to stop using (39.7 percent) or having no health care coverage and not being able to afford the cost of treatment (30.3 percent) (Figure 67). Stated another way, about 2 in 5 people who perceived a need for treatment but did not receive treatment at a specialty facility were not ready to stop using, and about 1 in 3 had no health care coverage and were not able to afford the cost. About 1 in 5 people who perceived a need for treatment but did not receive treatment at a specialty facility felt that getting treatment would have a negative effect on their job (20.5 percent), and 17.2 percent felt that getting treatment would cause their neighbors or community to have a negative opinion of them.

Figure 67. Reasons for Not Receiving Substance Use Treatment in the Past Year among People Aged 12 or Older Who Felt They Needed Treatment in the Past Year: Percentages, 2017



Note: Respondents could indicate multiple reasons for not receiving substance use treatment; thus, these response categories are not mutually exclusive.

Mental Health Service Use in the Past Year

NSDUH includes 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 allow 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 defined as having received treatment for their depression in the past year.⁶¹ Estimates of treatment for depression among adolescents are presented for 2004 to 2017 among adolescents with MDE and for 2006 to 2017 among adolescents with MDE with severe impairment.

Of the 3.2 million adolescents in 2017 with a past year MDE, an estimated 1.3 million adolescents received treatment for depression. Stated another way, 41.5 percent of youths who had a past year MDE received treatment for depression (Figure 68). The 2017 percentage was similar to the percentages in most years from 2004 to 2016.

In 2017, about 1.1 million adolescents who had a past year MDE with severe impairment received treatment for depression, or 47.5 percent of youths who had a past year MDE with severe impairment. The percentage of adolescents in 2017 with an MDE with severe impairment who received treatment for depression was similar to the percentages in most years from 2011 to 2016.

Treatment for Depression among Adults

Adults 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 is defined as seeing or talking to a health professional or other professional or using prescription medication for depression in the past year.⁶¹ Estimates of treatment for depression among adults are presented for 2009 to 2017 for adults with an MDE and adults with an MDE with severe impairment.

Of the 17.3 million adults aged 18 or older in 2017 who had a past year MDE, 11.5 million received treatment for

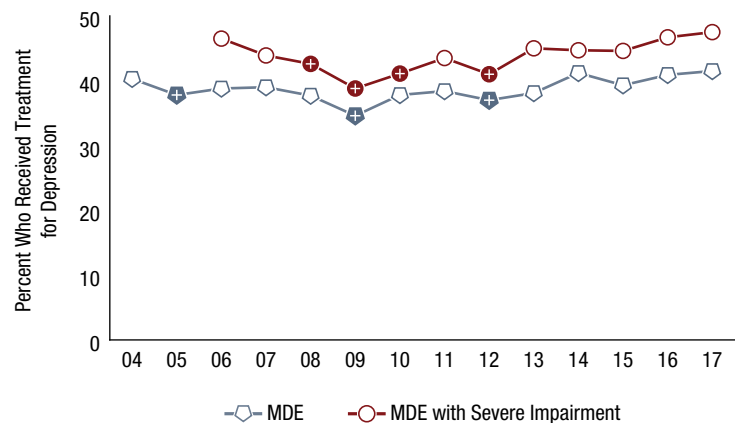
depression, or 66.8 percent of adults who had a past year MDE (Figure 69). The percentage of adults in 2017 with a past year MDE who received treatment for depression was similar to the percentages in 2009 to 2016.

Among the 11.0 million adults in 2017 who had a past year MDE with severe impairment, 7.9 million received treatment for depression, or 72.1 percent of adults with a past year MDE with severe impairment. The percentage of adults in 2017 with an MDE with severe impairment who received treatment for depression was similar to the percentages in most years from 2009 to 2016.

Aged 18 to 25

Of the 4.4 million young adults aged 18 to 25 with a past year MDE, about 2.2 million received treatment for depression in the past year, or 50.7 percent of young adults with a past year MDE (Table A.43B). The percentage of young adults in 2017 with a past year MDE who received treatment for depression was similar to the percentages in 2009 to 2015, but it was greater than the percentage in 2016.

Figure 68. 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: Percentages, 2004-2017



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

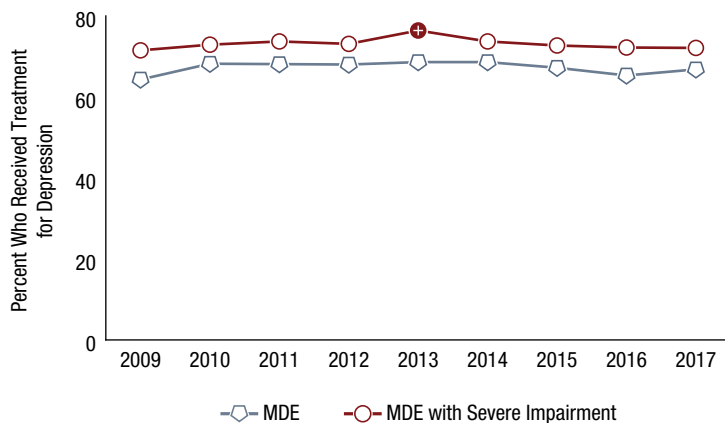
Figure 68 Table. Received Treatment in the Past Year for Depression among Youths Aged 12 to 17 with a Past Year Major Depressive Episode (MDE) or MDE with Severe Impairment: Percentages, 2004-2017

MDE Status	04	05	06	07	08	09	10	11	12	13	14	15	16	17
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
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

N/A = not available.

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 69. Received Treatment in the Past Year for Depression among Adults Aged 18 or Older with a Past Year Major Depressive Episode (MDE) or MDE with Severe Impairment: Percentages, 2009-2017



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 69 Table. Received Treatment in the Past Year for Depression among Adults Aged 18 or Older with a Past Year Major Depressive Episode (MDE) or MDE with Severe Impairment: Percentages, 2009-2017

MDE Status	2009	2010	2011	2012	2013	2014	2015	2016	2017
MDE	64.3	68.2	68.1	68.0	68.6	68.6	67.2	65.3	66.8
MDE with Severe Impairment	71.5	72.9	73.7	73.1	76.4*	73.7	72.7	72.2	72.1

* Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

In 2017, 1.6 million of the young adults aged 18 to 25 with a past year MDE with severe impairment received treatment for depression in the past year, or slightly less than three fifths of these young adults (57.1 percent). The percentage of young adults in 2017 with an MDE with severe impairment who received treatment for depression was greater than the percentage in 2016, but it was similar to the percentages in most years from 2009 to 2015.

Aged 26 to 49

In 2017, about 5.1 million of the 7.6 million adults aged 26 to 49 with a past year MDE received treatment for depression in the past year, or about two thirds of the adults in this age group who had a past year MDE (67.3 percent) (Table A.43B). The percentage of adults aged 26 to 49 in 2017 with a past year MDE who received treatment for depression was similar to the percentages in 2009 to 2016.

In 2017, 3.6 million adults aged 26 to 49 with a past year MDE with severe impairment received treatment for depression in the past year, or 71.8 percent of adults in this age group who had a past year MDE with severe impairment.

The percentage of adults in this age group in 2017 with an MDE with severe impairment who received treatment for depression was similar to the percentages in 2009 to 2016.

Aged 50 or Older

Of the 5.2 million adults aged 50 or older in 2017 who had a past year MDE, about 4.2 million received treatment for depression in the past year. The percentage of adults aged 50 or older in 2017 with an MDE who received treatment for depression (79.7 percent) was similar to the percentages in 2009 to 2016 (Table A.43B).

In 2017, 2.7 million of the 3.1 million adults aged 50 or older with a past year MDE with severe impairment received treatment for depression in the past year, or 86.4 percent of adults in this age group with a past year MDE with severe impairment. The percentage of adults in this age group in 2017 with an MDE with severe impairment who received treatment for depression was similar to the percentages in 2009 to 2016.

Any Mental Health Service Use among All Adolescents

In addition to asking youths aged 12 to 17 about treatment for depression, NSDUH includes questions for adolescents that ask about any receipt of services for emotional and behavioral problems (i.e., not just depression) that were not caused by substance use. The youth mental health service utilization section of the interview asks 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*; (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).

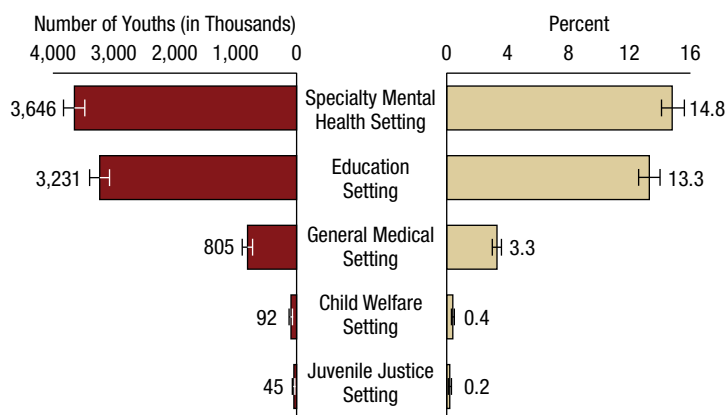
As noted previously, the NSDUH interview does not include questions or methods for estimating the occurrence of mental disorders among adolescents other than whether adolescents had an MDE. Therefore, NSDUH does not include measures for adolescents that are equivalent to AMI or SMI for adults. Consequently, this section focuses on mental health care among all adolescents.

In 2017, the following numbers and percentages of adolescents aged 12 to 17 received mental health services in the past 12 months in specific settings for problems with emotions or behaviors (Figure 70):

- 3.6 million adolescents (14.8 percent) received mental health services in a specialty mental health setting (inpatient or outpatient care),
- 3.2 million adolescents (13.3 percent) received mental health services in an education setting,
- 805,000 adolescents (3.3 percent) received mental health services in a general medical setting,
- 92,000 adolescents (0.4 percent) received mental health services in a child welfare setting, and
- 45,000 adolescents (0.2 percent) received mental health services in a juvenile justice setting.

The percentage of adolescents in 2017 who received mental health services in a specialty mental health setting in the past 12 months (14.8 percent) was higher than the percentages in 2009 to 2015, which ranged from 12.0 to 13.7 percent, but it was similar to the percentage in 2016 (Figure 71). The percentages of youths aged 12 to 17 in 2017 who received mental health services in an education setting (13.3 percent), a child welfare setting (0.4 percent), and a juvenile justice setting (0.2 percent) were similar to the corresponding percentages between 2013 and 2016. In contrast, the percentage of adolescents in 2017 who received mental health services in a general medical setting (3.3 percent) was higher than the percentages in most years from 2009 to 2016.

Figure 70. Sources of Mental Health Services in the Past Year among Youths Aged 12 to 17: 2017

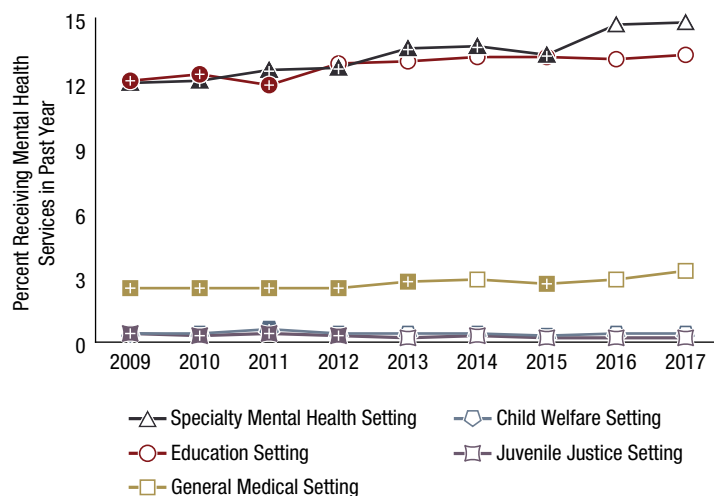


Note: Mental health service for youths aged 12 to 17 is defined as having received treatment/counseling for emotional or behavioral problems not caused by substance use.

Any Mental Health Service Use among All Adults

Adults are 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 adults are asked these questions about their use of mental health services (i.e., not just those with mental illness). Respondents are asked not to include treatment for their use of alcohol or illicit drugs. Unlike questions about treatment for depression that were discussed previously, general questions for the receipt of treatment or counseling for mental health issues among adults do 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 service use.” This section compares the 2017 estimates of mental health service use with estimates from 2002 to 2016 for the entire adult population.

Figure 71. Sources of Mental Health Services in the Past Year among Youths Aged 12 to 17: Percentages, 2009-2017



* Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.
Note: Mental health service for youths aged 12 to 17 is defined as having received treatment/counseling for emotional or behavioral problems not caused by substance use.

Figure 71 Table. Sources of Mental Health Services in the Past Year among Youths Aged 12 to 17: Percentages, 2009-2017

Source	2009	2010	2011	2012	2013	2014	2015	2016	2017
Specialty Mental Health Setting	12.0*	12.1*	12.6*	12.7*	13.6*	13.7*	13.3*	14.7	14.8
Education Setting	12.1*	12.4*	11.9*	12.9	13.0	13.2	13.2	13.1	13.3
General Medical Setting	2.5*	2.5*	2.5*	2.5*	2.8*	2.9	2.7*	2.9	3.3
Child Welfare Setting	0.4	0.4	0.6*	0.4	0.4	0.4	0.3	0.4	0.4
Juvenile Justice Setting	0.4*	0.3*	0.4*	0.3*	0.2	0.3	0.2	0.2	0.2

* Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

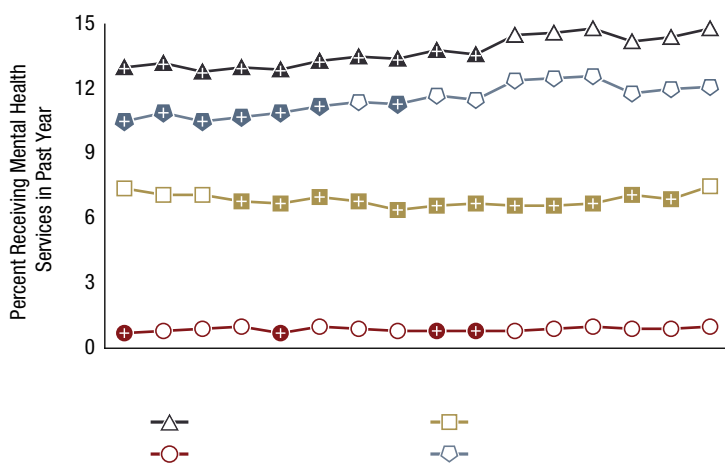
Note: Mental health service for youths aged 12 to 17 is defined as having received treatment/counseling for emotional or behavioral problems not caused by substance use.

In 2017, an estimated 36.4 million adults aged 18 or older received mental health services during the past 12 months. This number represents 14.8 percent of adults, or about 1 in 7 adults (Figure 72). The estimate of 14.8 percent of adults in 2017 who received mental health services in the past 12 months was greater than the estimates in all years between 2002 and 2011, but it was similar to the estimates in 2012 to 2016.

Aged 18 to 25

In 2017, 5.1 million young adults aged 18 to 25 used mental health services in the past year. This number of young adults who received mental health services in the past year represents 14.9 percent of young adults (Table A.45B). The percentage of young adults in 2017 who received mental health services in the past year was higher than the percentages in 2002 to 2016.

Figure 72. Type of Mental Health Services Received in the Past Year among Adults Aged 18 or Older: Percentages, 2002-2017



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.
Note: Mental health service is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health.

Figure 72 Table. Type of Mental Health Services Received in the Past Year among Adults Aged 18 or Older: Percentages, 2002-2017

Service Type	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
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
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
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
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

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.
Note: Mental health service is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health.

Aged 26 to 49

In 2017, 15.7 million adults aged 26 to 49 used mental health services in the past year. This number represents 15.7 percent of adults aged 26 to 49 (Table A.45B). The 2017 estimate of the receipt of mental health services among adults in this age group was higher than estimates from 2002 to 2009, but it was similar to the estimates in all years from 2010 to 2016.

Aged 50 or Older

In 2017, 15.6 million adults aged 50 or older used mental health services in the past year. This number represents 14.0 percent of adults aged 50 or older (Table A.45B). The 2017 estimate of the receipt of mental health services among adults in this age group was higher than the estimates in 2002 to 2006, but it was similar to the estimates in most years from 2007 to 2016.

Any Mental Health Service Use among Adults with Mental Illness

NSDUH data may also be used to assess mental health service use among adults with AMI or SMI. In 2017, among the 46.6 million adults with AMI, 19.8 million (42.6 percent) received mental health services in the past year (Figure 73). About 7.5 million of the 11.2 million adults with past year SMI (66.7 percent) received mental health services in the past year (Figure 74).

The percentage of adults in 2017 with AMI who received mental health care in the past year (42.6 percent) was similar to the percentages in most years from 2008 to 2016 (Figure 73). The percentage of adults in 2017 with SMI who received mental health services in the past year (66.7 percent) also was similar to the estimates in 2008 to 2016 (Figure 74). In any given year, about two thirds of adults with past year SMI received mental health services in the past year. Stated another way, however, about one third of adults with SMI in any given year did *not* receive mental health services.

Aged 18 to 25

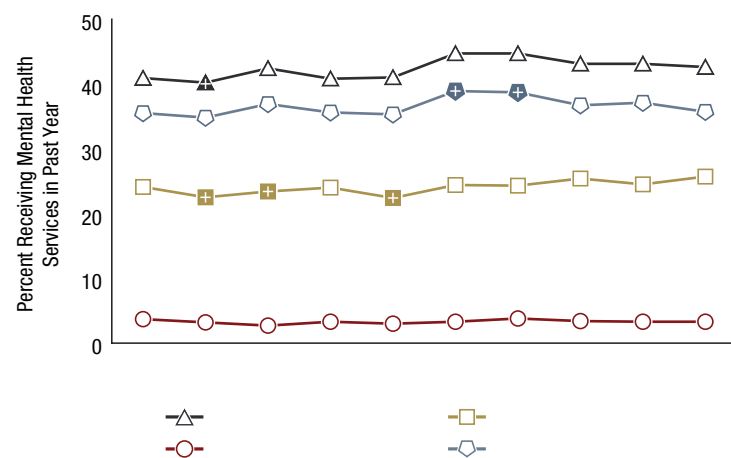
In 2017, 3.4 million young adults aged 18 to 25 with AMI used mental health services in the past year, including 1.5 million young adults with SMI. These numbers of young adults who used mental health services represent 38.4 percent of young adults with AMI in the past year and 57.4 percent of those with SMI (Table A.46B). The percentage of young adults in 2017 with AMI who received

mental health care was higher than the percentages between 2008 and 2016. The percentage of young adults in 2017 with SMI who received mental health services in the past year was similar to the percentages in 2009 to 2014, but it was higher than the percentages in 2008, 2015, and 2016.

Aged 26 to 49

In 2017, 9.6 million adults aged 26 to 49 with AMI used mental health services in the past year, including 3.7 million adults in this age group with SMI. These numbers of adults in this age group who received mental health services in the past year correspond to 43.3 percent of those with AMI and 66.2 percent of those with SMI (Table A.46B). The percentage of adults aged 26 to 49 in 2017 with AMI who received mental health care in the past year was similar to the percentages from 2008 to 2016. The percentage of adults aged 26 to 49 with SMI who received mental health services in the past year also remained steady from 2008 to 2017.

Figure 73. Type of Mental Health Services Received in the Past Year among Adults Aged 18 or Older with Any Mental Illness in the Past Year: Percentages, 2008-2017



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.
Note: Mental health service is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health.

Figure 73 Table. Type of Mental Health Services Received in the Past Year among Adults Aged 18 or Older with Any Mental Illness in the Past Year: Percentages, 2008-2017

Service Type	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Any Mental Health Services	40.9	40.2 ⁺	42.4	40.8	41.0	44.7	44.7	43.1	43.1	42.6
Inpatient	3.7	3.2	2.7	3.3	3.0	3.3	3.8	3.4	3.3	3.3
Outpatient	24.1	22.5 ⁺	23.4 ⁺	24.0	22.4 ⁺	24.4	24.3	25.4	24.5	25.7
Prescription Medication	35.5	34.8	36.9	35.6	35.3	38.9 ⁺	38.7 ⁺	36.7	37.1	35.7

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.
Note: Mental health service is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health.

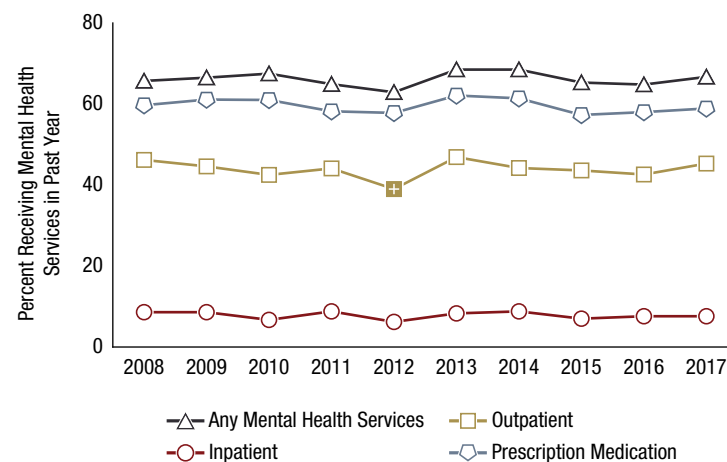
Aged 50 or Older

In 2017, 6.8 million adults aged 50 or older with AMI used mental health services in the past year, including 2.3 million adults in this age group with SMI. These numbers of adults aged 50 or older who used mental health services represent 44.2 percent of those with AMI and three fourths of those with SMI (75.6 percent) (Table A.46B). The percentage of adults aged 50 or older in 2017 with AMI who received mental health care in the past year was similar to the percentages in most years from 2008 to 2016. The percentage of adults aged 50 or older with SMI who received mental health services in the past year also remained steady from 2008 to 2017.

Perceived Unmet Need for Mental Health Services among Adults

This section discusses estimates of the perceived unmet need for mental health services among adults aged 18 or older and

Figure 74. Type of Mental Health Services Received in the Past Year among Adults Aged 18 or Older with Serious Mental Illness in the Past Year: Percentages, 2008-2017



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.
Note: Mental health service is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health.

Figure 74 Table. Type of Mental Health Services Received in the Past Year among Adults Aged 18 or Older with Serious Mental Illness in the Past Year: Percentages, 2008-2017

Service Type	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Any Mental Health Services	65.7	66.5	67.5	64.9	62.9	68.5	68.5	65.3	64.8	66.7
Inpatient	8.6	8.6	6.7	8.8	6.2	8.3	8.8	7.0	7.6	7.6
Outpatient	46.2	44.6	42.5	44.1	39.0 ⁺	46.9	44.2	43.6	42.6	45.3
Prescription Medication	59.7	61.1	61.0	58.2	57.8	62.1	61.4	57.3	58.0	58.9

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.
Note: Mental health service is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health.

reasons for not receiving these services among adults with a perceived unmet need. Estimates of the perceived unmet need for mental health services are presented for adults aged 18 or older overall and among adults with AMI or SMI.

In contrast to how perceived unmet need for substance use treatment is estimated (see the earlier section on the perceived need for substance use treatment), perceived unmet need for mental health services is estimated from a question that asks all adults 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; all adults are asked this question, regardless of whether they had AMI in the past year or whether they received any mental health services in the past 12 months. Therefore, this measure for the perceived unmet need for mental health services includes adults who may have received some type of mental health care in the past 12 months. Adults who received mental health services in the past 12 months could have felt an unmet need for services before or after they received services.

Perceived Unmet Need for Mental Health Services among All Adults

In 2017, an estimated 13.5 million adults aged 18 or older had a perceived unmet need for mental health care at any time in the past year, including 6.5 million adults who did not receive any mental health services in the past year (Table A.47A). The 13.5 million adults who perceived an unmet need for mental health care represent 5.5 percent of all adults (Figure 75). The 6.5 million adults who had a perceived unmet need for mental health services and did not receive any mental health services in the past year represent 48.0 percent of adults with a perceived unmet need for mental health care (Table A.48B).

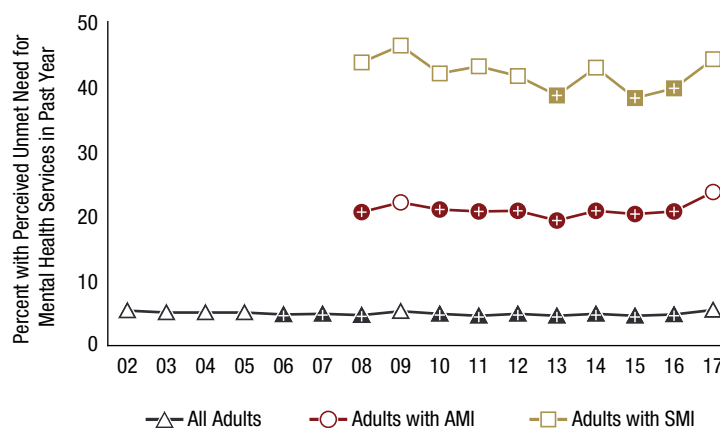
Among the 13.5 million adults in 2017 who perceived an unmet need for mental health care in the past year, about 3.9 million were young adults aged 18 to 25, 6.5 million were aged 26 to 49, and 3.1 million were aged 50 or older (Table A.47A). These numbers of adults who perceived an unmet need for mental health care at any time in the past year represent 11.4 percent of young adults, 6.5 percent of adults aged 26 to 49, and 2.7 percent of adults aged 50 or older (Table A.47B). In addition, 2.1 million young adults, 3.1 million adults aged 26 to 49, and 1.3 million adults aged 50 or older perceived an unmet need for mental health services but did not receive any services in the past year. These numbers of adults who did not receive any services

in the past year represent 54.2 percent of young adults, 47.5 percent of adults aged 26 to 49, and 41.0 percent of those aged 50 or older who had a perceived unmet need for mental health care (Table A.48B).

The percentage of adults in 2017 who perceived an unmet need for mental health care in the past year (5.5 percent) was higher than the percentages in most years from 2006 to 2016, but it was similar to the percentages in 2002 to 2005 (Figure 75). Stated another way, about 1 in 20 adults in the general population each year perceived an unmet need for mental health care. These percentages represent at least 10.5 million adults each year who perceived an unmet need for mental health care (Table A.47A).

Among young adults aged 18 to 25 in 2017, the percentage of those with a perceived unmet need (11.4 percent) was higher than the percentages in all years from 2002 to 2016 (Table A.47B). In 2002 to 2017, from 7.4 to 11.4 percent of young adults had a perceived unmet need for mental health care. Among adults aged 26 to 49, the percentage of adults

Figure 75. Perceived Unmet Need for Mental Health Services in the Past Year among Adults Aged 18 or Older, by Mental Illness Status: Percentages, 2002-2017



AMI = any mental illness; SMI = serious mental illness.

* Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Figure 75 Table. Perceived Unmet Need for Mental Health Services in the Past Year among Adults Aged 18 or Older, by Mental Illness Status: Percentages, 2002-2017

MI Status	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
All Adults	5.4	5.1	5.1	5.1	4.8*	4.9*	4.7*	5.3	4.9*	4.6*	4.9*	4.6*	4.9*	4.6*	4.8*	5.5
Adults with AMI	N/A	N/A	N/A	N/A	N/A	N/A	20.6*	22.1	21.0*	20.7*	20.8*	19.3*	20.8*	20.3*	20.7*	23.7
Adults with SMI	N/A	N/A	N/A	N/A	N/A	N/A	43.7	46.3	42.0	43.1	41.6	38.6*	42.9	38.2*	39.7*	44.2

AMI = any mental illness; MI = mental illness; N/A = not available; SMI = serious mental illness.

* Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

in 2017 with a perceived unmet need (6.5 percent) was similar to the percentages in most years from 2002 to 2016. The percentage of adults aged 50 or older in 2017 with a perceived unmet need for mental health care (2.7 percent) also was similar to the percentages in most years between 2002 and 2016.

Perceived Unmet Need for Mental Health Services among Adults with AMI

In 2017, approximately 11.1 million adults aged 18 or older with past year AMI perceived an unmet need for mental health care in the past year ([Table A.47A](#)), including 4.9 million adults with AMI who did not receive any mental health services in the past year. About 1 in 4 adults with past year AMI (23.7 percent) perceived an unmet need for mental health care in the past year ([Figure 75](#)). Among adults with a perceived unmet need and past year AMI, 44.8 percent did not receive any mental health services in the past year ([Table A.48B](#)).

Among the 11.1 million adults in 2017 with past year AMI who perceived an unmet need for mental health care in the past year, about 3.1 million were young adults aged 18 to 25, 5.4 million were aged 26 to 49, and 2.5 million were aged 50 or older ([Table A.47A](#)). These numbers of adults with AMI who perceived an unmet need for mental health care correspond to 35.3 percent of young adults, 24.5 percent of adults aged 26 to 49, and 16.1 percent of those aged 50 or older ([Table A.47B](#)).

In 2017, about half of the 3.1 million young adults with AMI who perceived an unmet need for mental health care did not receive any mental health services in the past year (1.6 million young adults with AMI, or 50.5 percent) ([Table A.48B](#)).⁶³ Among adults aged 26 to 49 with AMI who had a perceived unmet need for mental health care, 44.1 percent (2.4 million adults) did not receive any mental health services in the past year. Among adults aged 50 or older with AMI who had a perceived unmet need for mental health care, 39.2 percent (976,000 adults) did not receive any mental health services in the past year.

The estimate of 23.7 percent of adults aged 18 or older in 2017 with past year AMI who perceived an unmet need for mental health care in that period was higher than the percentages in most years from 2008 to 2016 ([Figure 75](#)). Among young adults aged 18 to 25 with past year AMI, the percentage in 2017 who perceived an unmet need for mental health services (35.3 percent) was higher than the percentages in all years from 2008 to 2016 (ranging from

27.8 to 32.4 percent) ([Table A.47B](#)). In contrast, among adults aged 26 to 49, the percentages of adults with AMI who perceived an unmet need for mental health services remained steady between 2008 and 2017. For example, the percentage of adults aged 26 to 49 with AMI who perceived an unmet need for mental health services ranged from 21.7 to 24.8 percent. Among adults aged 50 or older with past year AMI, the percentage in 2017 who perceived an unmet need for mental health services was higher than the percentages in most years from 2011 to 2016.

Perceived Unmet Need for Mental Health Services among Adults with SMI

In 2017, about 4.9 million adults with past year SMI perceived an unmet need for mental health care in the past year ([Table A.47A](#)), including 1.6 million adults with SMI who did not receive any mental health services in the past year. Nearly 2 out of 5 adults with SMI (44.2 percent) perceived an unmet need for mental health services in the past year ([Figure 75](#)). About one third of adults with a perceived unmet need and past year SMI (32.6 percent) did not receive any mental health services in the past year ([Table A.48B](#)).

Among adults in 2017 with past year SMI, an estimated 1.4 million young adults aged 18 to 25, 2.5 million adults aged 26 to 49, and 989,000 adults aged 50 or older perceived an unmet need for mental health care in the past year ([Table A.47A](#)). About 40.8 percent (582,000) of the 1.4 million young adults with SMI who perceived an unmet need for mental health services, 32.4 percent (814,000) of the 2.5 million adults aged 26 to 49 with SMI who perceived an unmet need for mental health services, and 21.2 percent (210,000) of the 989,000 adults aged 50 or older with SMI who perceived an unmet need for mental health care in the past year did not receive any mental health services ([Table A.48B](#)).

The percentage of adults aged 18 or older in 2017 with SMI who perceived an unmet need for mental health services (44.2 percent) was higher than the percentages in 2015 and 2016, but it was similar to the percentages in most years between 2008 and 2014 ([Figure 75](#)). For young adults aged 18 to 25 with SMI, the 2017 estimate of the perceived unmet need for mental health services was greater than the estimate in 2008, but it was similar to the estimates in most years from 2009 to 2016 ([Table A.47B](#)). Among adults with SMI who were aged 26 to 49 or aged 50 or older, the 2017

estimates of the perceived unmet need for mental health services also were similar to the estimates in most years from 2008 to 2016. Each year, about 1 in 2 young adults with SMI, about 2 out of 5 adults aged 26 to 49 with SMI, and 3 out of 10 adults aged 50 or older with SMI perceived an unmet need for mental health services.

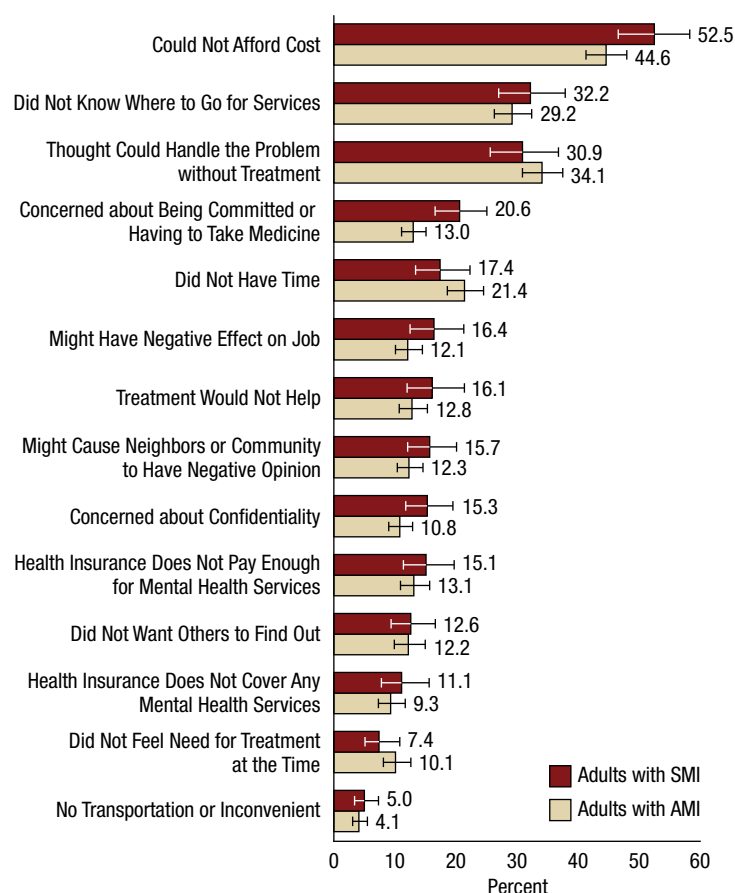
Reasons for Not Receiving Mental Health Services among Adults with Mental Illness with a Perceived Unmet Need

Among adults in 2017 with AMI in the past year and among those with SMI in the past year who had a perceived unmet need for mental health services but who did not receive services in the past year, the most common reason for not receiving services was that these adults could not afford the cost of care (Figure 76). About 2 out of 5 adults

with AMI (44.6 percent) and half of those with SMI (52.5 percent) who perceived an unmet need for mental health services did not receive services because they could not afford the cost of care.

Other reasons for not receiving mental health care among adults with mental illness included not knowing where to go for services and believing that they could handle the problem without treatment (Figure 76). In 2017, among adults with AMI who had a perceived unmet need for mental health care and did not receive services in the past year, 34.1 percent believed at the time that they could handle the problem without treatment, and 29.2 percent did not know where to go for services. Among corresponding adults with SMI, 30.9 percent believed at the time they could handle the problem without treatment, and 32.2 percent did not know where to go for services. In addition, 21.4 percent of adults with AMI who had a perceived unmet need for mental health care and did not receive mental health services in the past year did not have the time to go for care. Among adults with SMI who had a perceived unmet need and did not receive mental health services in the past year, 20.6 percent were concerned about being committed to a psychiatric hospital or having to take medication.

Figure 76. Reasons for Not Receiving Mental Health Services in the Past Year among Adults Aged 18 or Older with a Perceived Unmet Need for Mental Health Services Who Did Not Receive Mental Health Services, by Mental Illness Status: Percentages, 2017



AMI = any mental illness; SMI = serious mental illness.

Note: Respondents could indicate multiple reasons for not receiving mental health services; thus, these response categories are not mutually exclusive.

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

People with co-occurring SUD and mental health issues may receive services to help with either or both of these issues. This section presents estimates of receipt of services among adolescents and adults with co-occurring SUD and mental health issues.

Receipt of Services among Adolescents with Co-Occurring MDE and a Substance Use Disorder

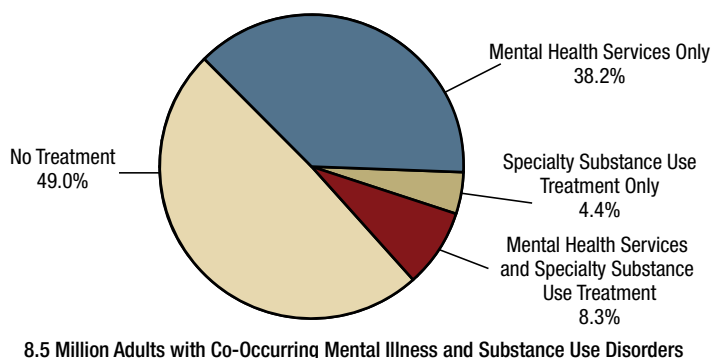
This section presents data from the 2017 NSDUH on the receipt of mental health care or specialty substance use treatment among adolescents aged 12 to 17 who had a co-occurring MDE and an SUD. Because of the 2015 questionnaire changes for substance use and SUD that were described previously, the 2017 NSDUH estimates of the receipt of services among adolescents with a co-occurring MDE and an SUD are not comparable with estimates prior to 2015.

Among the 345,000 adolescents in 2017 who had a co-occurring MDE and an SUD in the past year, 216,000 received either substance use treatment at a specialty facility or mental health services in the past year. This number of adolescents who received mental health care or specialty substance use treatment corresponds to 62.7 percent of adolescents who had a co-occurring MDE and an SUD (Table A.50B). Stated another way, more than a third of adolescents with both an MDE and an SUD in the past year did not receive either type of service. Among adolescents in 2017 with a co-occurring MDE and an SUD, 5.9 percent received both mental health care and specialty substance use treatment, and 56.8 percent received only mental health care. The percentage of adolescents with a co-occurring MDE and an SUD who received only specialty substance use treatment is not shown because of low precision.

Receipt of Services among Adults with Co-Occurring Mental Illness and a Substance Use Disorder

This section presents data on the receipt of mental health services or specialty substance use treatment among adults with an SUD who have co-occurring AMI or co-occurring SMI. Because of the 2015 questionnaire changes for substance use and SUDs that were described previously, the 2017 NSDUH estimates of the receipt of services among

Figure 77. Receipt of Mental Health Services and Specialty Substance Use Treatment in the Past Year among Adults Aged 18 or Older with Past Year Mental Illness and Substance Use Disorders: Percentages, 2017



Note: Mental health service is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Specialty substance use treatment refers to treatment at a hospital (inpatient only), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use.

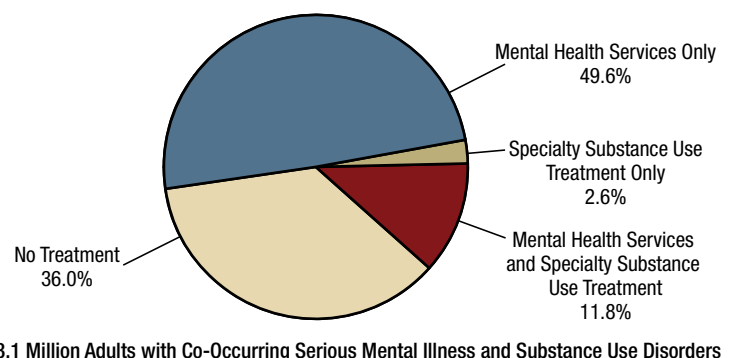
Note: The percentages do not add to 100 percent due to rounding.

adults with co-occurring mental disorders and SUDs are not comparable with estimates prior to 2015.

Among the 8.5 million adults with co-occurring AMI and an SUD in the past year, 51.0 percent received either substance use treatment at a specialty facility⁶⁴ or mental health care in the past year (Figure 77). In other words, about half of the adults with co-occurring AMI and an SUD in the past year did not receive either type of service.⁶⁵ An estimated 8.3 percent of adults with these co-occurring disorders received both mental health care and specialty substance use treatment, 38.2 percent received only mental health care, and 4.4 percent received only specialty substance use treatment.

Among the 3.1 million adults who had co-occurring SMI and an SUD in the past year, 64.0 percent received either substance use treatment at a specialty facility or mental health care in the past year (Figure 78). Stated another way, about 1 in 3 adults with co-occurring SMI and an SUD did not receive either type of care in the past year. Among adults with co-occurring SMI and an SUD, 11.8 percent received both mental health care and specialty substance use treatment, 49.6 percent received only mental health care, and 2.6 percent received only specialty substance use treatment.

Figure 78. Receipt of Mental Health Services and Specialty Substance Use Treatment in the Past Year among Adults Aged 18 or Older with Past Year Serious Mental Illness and Substance Use Disorders: Percentages, 2017



Note: Mental health service is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Specialty substance use treatment refers to treatment at a hospital (inpatient only), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use.

Aged 18 to 25

Among young adults aged 18 to 25 in 2017 who had co-occurring AMI and an SUD in the past year, 46.7 percent received substance use treatment at a specialty facility or mental health care in the past year ([Table A.51B](#)). Among young adults who had co-occurring AMI and an SUD, 36.9 percent received only mental health care, 6.3 percent received both mental health care and specialty substance use treatment, and 3.5 percent received only specialty substance use treatment in the past year. Among young adults in 2017 with co-occurring SMI and an SUD, 59.2 percent received either mental health care or specialty substance treatment, 9.1 percent received both mental health care and specialty substance use treatment, 48.7 percent received only mental health care, and 1.4 percent received only specialty substance use treatment in the past year.

Aged 26 to 49

Among adults aged 26 to 49 in 2017 who had co-occurring AMI and an SUD in the past year, 52.6 percent received mental health care or substance use treatment at a specialty facility in the past year ([Table A.51B](#)). Among adults in this age group who had co-occurring AMI and an SUD, 38.1 percent received only mental health care, 9.4 percent

received both mental health care and specialty substance use treatment, and 4.9 percent received only specialty substance use treatment in the past year. Among adults aged 26 to 49 with co-occurring SMI and an SUD, 65.4 percent received either mental health care or specialty substance treatment, 14.6 percent received both mental health care and specialty substance use treatment, 47.4 percent received only mental health care, and 3.4 percent received only specialty substance use treatment in the past year.

Aged 50 or Older

Among adults aged 50 or older in 2017 who had co-occurring AMI and an SUD in the past year, 52.6 percent received mental health care or substance use treatment at a specialty facility in the past year ([Table A.51B](#)). Among adults in this age group who had co-occurring AMI and an SUD, 40.2 percent received only mental health care, 8.1 percent received both mental health care and specialty substance use treatment, and 4.3 percent received only specialty substance use treatment in the past year. Estimates for the receipt of services among adults aged 50 or older with co-occurring SMI and an SUD were not reported because of low precision.¹²

Endnotes

1. World Health Organization. (2013). *Mental health action plan 2013–2020*. Retrieved from http://www.who.int/mental_health/publications/action_plan/en/
2. 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>
3. 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>
4. 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 2017 NSDUH available at <https://www.samhsa.gov/data/>.
5. In this report, terms such as “Americans,” “people in this country,” “general population,” or similar terms are used broadly to refer to the civilian, noninstitutionalized population that is covered by NSDUH. Although some people in the general population of the United States are outside of the civilian, noninstitutionalized population, information from the 2010 census suggests that the civilian, noninstitutionalized population includes at least 97 percent of the total U.S. population. See the following reference: Lofquist, D., Lugaila, T., O’Connell, M., & Feliz, S. (2012, April). *Households and families: 2010* (C2010BR-14, 2010 Census Briefs). Retrieved from <https://www.census.gov/prod/cen2010/briefs/c2010br-14.pdf>
6. Details about the sample design, weighting, and interviewing results for the 2017 NSDUH are provided in Sections A.1, A.3.4, and B.3.1 of CBHSQ (2018). In particular, Tables A.1 and A.2 in CBHSQ (2018) provide sample design information on the targeted numbers of completed interviews by state and by age group, respectively. See the following reference: Center for Behavioral Health Statistics and Quality. (2018). *2017 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
7. The screening procedure involves listing all household members in order to determine whether zero, one, or two individuals aged 12 or older should be selected for the interview.
8. Overall response rates are not calculated for adolescents or adults because the screening response rate is not specific to age groups.
9. Center for Behavioral Health Statistics and Quality. (2018). *2017 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
10. Trend data are presented for 2002 to 2017. The 2002 to 2017 estimates are not comparable with estimates from prior surveys. 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). Retrieved from <https://www.samhsa.gov/data/>
11. 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 that are consistent with population totals obtained from the U.S. Census Bureau based on the most recently available decennial census.
12. For a discussion of the criteria for suppressing (i.e., not publishing) unreliable estimates, see Section B.2.2 in CBHSQ (2018). See the following reference: Center for Behavioral Health Statistics and Quality. (2018). *2017 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
13. Center for Behavioral Health Statistics and Quality. (2016). *2015 National Survey on Drug Use and Health: Summary of the effects of the 2015 NSDUH questionnaire redesign: Implications for data users*. Retrieved from <https://www.samhsa.gov/data/>
14. Center for Behavioral Health Statistics and Quality. (2015, August). *National Survey on Drug Use and Health: 2014 and 2015 redesign changes*. Retrieved from <https://www.samhsa.gov/data/>
15. Details about the questionnaire changes for 2015 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/>
16. Some tables in Appendix A present estimates for 2015 to 2017 and statistical comparisons between estimates in 2017 and those in 2015 or 2016 for measures that started new baselines in 2015. However, these statistical comparisons are not discussed in this report because comparisons with estimates in 2017 are not available for 3 prior years.
17. If the number of people in the population with a characteristic of interest has increased (e.g., the number of substance users) simply because the size of the overall population has increased, then the percentages will control for the increases both in the number of people with the characteristic of interest and the total number of people in the population.
18. The term “most years” is used when the 2017 estimate is either similar to or significantly different from the estimates in the majority of prior years. However, estimates may not follow the overall pattern in up to 3 nonsequential years for estimates that are available in 2002 to 2017 and in up to 2 nonsequential years for mental health estimates that are available in 2008 (or 2009) to 2017.
19. Anomalous differences between 2 years of data usually “correct” themselves with 1 or 2 additional years of data.
20. 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/>
21. 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. (2016). *Drinking levels defined*. Retrieved from <https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking>

22. In NSDUH, a “drink” is 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 only had a sip or two from a drink are not considered to be alcohol consumption.
23. 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 2017 for binge and heavy alcohol use among males are available in the 2017 NSDUH detailed tables at <https://www.samhsa.gov/data/>.
24. These estimates were calculated from data in the figure being referenced but are not included in the appendix tables or in the 2017 detailed tables.
25. Alcohol Policy Information System, National Institute on Alcohol Abuse and Alcoholism. (2015, December 23). *State profiles of underage drinking laws*. Retrieved from <https://alcoholpolicy.niaaa.nih.gov/underage-drinking/state-profiles>
26. Although all questions for specific pain relievers in the NSDUH questionnaire ask about opioid pain relievers, respondents could specify that they misused other pain relievers that are not opioids. In 2015 to 2017, however, at least 97 percent of individuals in each year who misused prescription pain relievers in the past year misused a prescription opioid pain reliever. For more information on this topic, see Section C.1.2 in CBHSQ (2018). See the following reference: Center for Behavioral Health Statistics and Quality. (2018). *2017 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
27. 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.
28. Desoxyn® was mentioned only rarely as some other stimulant in 2017. Because Desoxyn® is chemically similar to other prescription amphetamines (e.g., Adderall®), it was grouped with the other amphetamines for 2017.
29. 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 Section D of CBHSQ (2018). See the following reference: Center for Behavioral Health Statistics and Quality. (2018). *2017 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
30. Rudd, R. A., Aleshire, N., Zibbell, J. E., & Gladden, R. M. (2016). Increases in drug and opioid overdose deaths—United States, 2000–2014. *Morbidity and Mortality Weekly Report*, 64(50-51), 1378-1382. <https://doi.org/10.1111/ajt.13776>
31. To measure initiation for most substances, NSDUH respondents who reported that 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 that 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.
32. 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.
33. 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 for substances other than prescription psychotherapeutic drugs reported their first use within 12 months of the interview date.
34. Assessing whether respondents in the 2017 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 2017 were asked questions about initiation of misuse only for the specific prescription drugs that 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 that they initiated misuse in the past 12 months for all of the specific prescription drugs in a given category that 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 defined as being past year initiates for the misuse of any prescription drug in the overall category. This answer meant that respondents had never misused any prescription drug in that category more than 12 months prior to the interview date.
35. Numbers in [Figure 27](#) 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.
36. Past year initiates of crack cocaine use were counted as past year initiates for cocaine only if they had not previously used cocaine in any form.

37. For more information, see Section B.2.3 of CBHSQ (2017). See 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/>
38. Past year initiates of LSD, PCP, or Ecstasy use are counted as past year initiates for hallucinogens only if respondents had previously not used other hallucinogens.
39. Survey questions for the perceived risk from using different substances vary in terms of the frequency (e.g., weekly or monthly use) and quantity of use (e.g., having five or more drinks of alcohol), making comparisons difficult for perceptions of risk from using different substances.
40. American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (DSM-IV) (4th ed.). Washington, DC: Author.
41. The DSM-IV criteria for SUDs include separate criteria for dependence or abuse. Individuals 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 B.4.3 and the definitions for abuse and dependence in Section D of CBHSQ (2018). See the following reference: Center for Behavioral Health Statistics and Quality. (2018). *2017 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
42. Changes to the questions for the use of hallucinogens and inhalants also affected the comparability of the estimates for hallucinogen use disorder and inhalant use disorder in 2017 with estimates prior to 2015, but estimates for these disorders in 2017 are not discussed in the SUD section of the report. Estimates for methamphetamine use disorder were not produced prior to questions on methamphetamine use disorder being added to the 2015 NSDUH questionnaire.
43. 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.
44. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (DSM-5) (5th ed.). Arlington, VA: Author.
45. 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 having an MDE in their lifetime, including whether they had at least five of 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 daily activities. Unlike questions for adults, adolescents who reported gaining weight without trying were asked if this occurred because they were growing. Those who had lifetime MDE were asked if they had a period of time in the past 12 months when they felt depressed or lost interest or pleasure in daily activities for 2 weeks or longer, and they reported that they had some of their other lifetime MDE symptoms in the past 12 months. These adolescents were defined as having past year MDE.
46. 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 having an MDE in their lifetime, including whether they had at least five of 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 daily activities. Those who had lifetime MDE were asked if they had a period of time in the past 12 months when they felt depressed or lost interest or pleasure in daily activities for 2 weeks or longer, and they reported that they had some of their other lifetime MDE symptoms in the past 12 months. These adults were defined as having past year MDE. Data on MDE in the past year for adults are available in NSDUH since 2005. Data on MDE with severe impairment for adults are available since 2009.
47. Questions measuring adolescents' impairment in carrying out life activities because of MDE were added to the survey in 2006.
48. Percentages shown in [Figure 42](#) and in [Figure 44](#) (which is discussed for adults in the next section of the report) may differ from percentages that are calculated from the estimated numbers of people because the estimated numbers are rounded. Also, respondents with unknown information for past year MDE or MDE with severe impairment were excluded.
49. In order to generate estimates of AMI and SMI in the United States, SAMHSA designed and implemented the Mental Health Surveillance Study (MHSS). Over the 5-year period from 2008 to 2012, a subsample of adults was selected from the main study to participate in a follow-up telephone interview that obtained a detailed mental health assessment administered by trained mental health clinicians. The MHSS interview used the Structured Clinical Interview for DSM-IV-TR Axis I Disorders, Research Version, Non-patient Edition (SCID-I/NP). A prediction model created from clinical interview data that were collected from 2008 to 2012 was applied to data from the 2008 to 2015 NSDUHs to produce estimates of AMI for the entire NSDUH adult sample in these years. See the following reference: First, M. B., Spitzer, R. L., Gibbon, M., & Williams, J. B. W. (2002). *Structured Clinical Interview for DSM-IV-TR Axis I Disorders, Research Version, Non-patient Edition (SCID-I/NP)*. New York, NY: New York State Psychiatric Institute, Biometrics Research.
50. A statistical model that predicts the likelihood of having mental illness was developed based on a subsample of adult NSDUH respondents from 2008 to 2012 who completed a clinical follow-up interview after the main NSDUH interview. The follow-up interviews consisted of detailed mental health assessments administered by trained mental health clinicians. Details about the definitions and estimation methods for mental illness estimates are provided in Section B.4.7 and Section D of CBHSQ (2018). See the following reference: Center for Behavioral Health Statistics and Quality. (2018). *2017 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
51. In this section, estimated numbers or percentages of adults with SMI and the corresponding estimates for adults who had AMI without SMI may not sum to the overall estimates for adults with AMI because of rounding.
52. Percentages shown in [Figure 47](#) may differ from percentages that are calculated from the estimated numbers of people because the estimated numbers are rounded.

53. 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). *Vital Signs: Trends in 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://www.cdc.gov/mmwr/volumes/67/wr/pdfs/mm6722a1-H.pdf>
54. 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(13), 1-22. Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/ss6013a1.htm>
55. 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>
56. The estimate for the number of adults aged 18 or older in 2017 who attempted suicide (regardless of whether they made a suicide plan) is presented in the 2017 detailed tables at <https://www.samhsa.gov/data/>. However, the estimates for the numbers of adults who attempted suicide and made a plan or who attempted suicide without making a plan were made specifically for this report and are not included in the 2017 detailed tables.
57. Specialty treatment 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 substance use treatment facilities.
58. 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, individuals 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 B.4.3 and the definitions for abuse and dependence in Section D of CBHSQ (2018). 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. (2018). *2017 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>

59. Because there were 19.7 million people aged 12 or older in 2017 with an SUD in the past year, about 95 percent of the people in 2017 who needed treatment for a substance use problem were defined as such because they had an SUD in the past year, regardless of whether they received substance use treatment at a specialty facility.
60. Specialty treatment 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 substance use treatment facilities.
61. 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.
62. 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.
63. Percentages that readers calculate from estimated numbers of adults with a perceived unmet need for mental health services may not agree with reported percentages because the estimated numbers are rounded to the nearest 0.1 million adults.
64. A specialty facility refers to a hospital (only as an inpatient), a drug or alcohol rehabilitation facility (as an inpatient or outpatient), or a mental health center.
65. Percentages for the receipt of specific types of services do not sum to the total percentage who received any type of service due to rounding.

Appendix A: Supplemental Tables of Estimates for Key Substance Use and Mental Health Indicators in the United States

Table A.1B Tobacco Product and Alcohol Use in the Past Month among Individuals Aged 12 or Older: 2002-2017

Substance	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
TOBACCO PRODUCTS	30.4* (0.35)	29.8* (0.34)	29.2* (0.33)	29.4* (0.35)	29.6* (0.35)	28.7* (0.34)	28.4* (0.35)	27.7* (0.33)	27.5* (0.34)	26.5* (0.33)	26.7* (0.34)
Cigarettes	26.0* (0.34)	25.4* (0.33)	24.9* (0.32)	24.9* (0.32)	25.0* (0.33)	24.3* (0.33)	24.0* (0.32)	23.3* (0.32)	23.0* (0.31)	22.1* (0.32)	22.1* (0.32)
Daily Cigarette Smoking ¹	63.4* (0.66)	62.9* (0.67)	62.3* (0.63)	63.0* (0.62)	62.3* (0.59)	61.3* (0.65)	61.5* (0.70)	61.0* (0.68)	59.5* (0.71)	60.7* (0.71)	60.7* (0.71)
Smoked 1+ Packs of Cigarettes per Day ²	53.1* (0.91)	53.5* (0.82)	54.0* (0.87)	51.4* (0.86)	50.6* (0.85)	50.9* (0.88)	49.2* (0.94)	45.9* (0.98)	45.1* (0.94)	43.8* (0.90)	42.0 (0.94)
Smokeless Tobacco	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Cigars	5.4* (0.15)	5.4* (0.14)	5.7* (0.13)	5.6* (0.15)	5.6* (0.14)	5.4* (0.14)	5.3* (0.15)	5.3* (0.14)	5.2* (0.14)	5.0* (0.14)	5.2* (0.15)
Pipe Tobacco	0.8 (0.07)	0.7* (0.06)	0.8 (0.06)	0.9 (0.06)	0.9 (0.07)	0.8 (0.07)	0.8 (0.06)	0.8 (0.06)	0.8 (0.06)	0.8 (0.06)	1.0 (0.07)
ALCOHOL	51.0 (0.42)	50.1* (0.39)	50.3* (0.40)	51.8 (0.40)	51.0 (0.39)	51.2 (0.41)	51.6 (0.39)	51.9 (0.38)	51.8 (0.39)	51.8 (0.39)	52.1 (0.39)
Binge Alcohol Use	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Heavy Alcohol Use	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.1B Tobacco Product and Alcohol Use in the Past Month among Individuals Aged 12 or Older: 2002-2017 (continued)

Substance	2013	2014	2015	2016	2017
TOBACCO PRODUCTS	25.5* (0.32)	25.2* (0.28)	23.9* (0.26)	23.5* (0.27)	22.4 (0.26)
Cigarettes	21.3* (0.30)	20.8* (0.26)	19.4* (0.25)	19.1* (0.25)	17.9 (0.25)
Daily Cigarette Smoking ¹	59.6* (0.73)	58.8 (0.59)	58.1 (0.64)	57.9 (0.66)	57.1 (0.69)
Smoked 1+ Packs of Cigarettes per Day ²	41.3 (1.00)	40.3 (0.83)	41.1 (0.87)	41.1 (0.89)	41.2 (0.92)
Smokeless Tobacco	nc	nc	3.4 (0.11)	3.3 (0.10)	3.2 (0.09)
Cigars	4.7 (0.14)	4.5 (0.11)	4.7 (0.12)	4.6 (0.11)	4.6 (0.11)
Pipe Tobacco	0.9 (0.06)	0.8 (0.05)	0.8 (0.05)	0.8 (0.05)	0.9 (0.05)
ALCOHOL	52.2 (0.41)	52.7* (0.33)	51.7 (0.32)	50.7* (0.31)	51.7 (0.33)
Binge Alcohol Use	nc	nc	24.9 (0.27)	24.2 (0.26)	24.5 (0.27)
Heavy Alcohol Use	nc	nc	6.5 (0.14)	6.0 (0.14)	6.1 (0.13)

nc = not comparable due to methodological changes.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

¹ Percentages for daily cigarette smoking are among past month cigarette smokers.

² Percentages for smoking one or more packs of cigarettes per day are among daily cigarette smokers in the past month. Respondents with missing data for the number of cigarettes smoked per day were excluded from the analysis.

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

Table A.2B Tobacco Product and Alcohol Use in the Past Month among Youths Aged 12 to 17: 2002-2017

Substance	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
TOBACCO PRODUCTS	15.2* (0.33)	14.4* (0.32)	14.4* (0.32)	13.1* (0.31)	12.9* (0.29)	12.4* (0.30)	11.5* (0.28)	11.8* (0.29)	10.7* (0.28)	10.0* (0.27)	8.6* (0.25)
Cigarettes	13.0* (0.30)	12.2* (0.29)	11.9* (0.30)	10.8* (0.28)	10.4* (0.26)	9.9* (0.27)	9.2* (0.25)	9.0* (0.26)	8.4* (0.26)	7.8* (0.24)	6.6* (0.22)
Daily Cigarette Smoking ¹	31.8* (1.03)	29.7* (1.06)	27.6* (1.13)	25.8* (1.12)	26.5* (1.19)	26.4* (1.16)	22.3* (1.11)	23.0* (1.17)	22.5* (1.29)	22.7* (1.28)	22.0* (1.33)
Smoked 1+ Packs of Cigarettes per Day ²	21.8 (1.61)	22.0 (1.68)	19.4 (1.80)	20.1 (1.87)	17.9 (1.94)	18.7 (2.14)	18.4 (2.08)	17.9 (2.12)	16.7 (2.24)	14.8 (1.97)	10.8 (1.88)
Smokeless Tobacco	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Cigars	4.5* (0.19)	4.5* (0.17)	4.8* (0.18)	4.2* (0.18)	4.1* (0.16)	4.3* (0.18)	3.8* (0.16)	4.0* (0.16)	3.2* (0.15)	3.4* (0.16)	2.6* (0.13)
Pipe Tobacco	0.6 (0.06)	0.6 (0.07)	0.7* (0.08)	0.6 (0.07)	0.7* (0.07)	0.7* (0.08)	0.7* (0.07)	0.9* (0.09)	0.6 (0.07)	0.7* (0.07)	0.7* (0.07)
ALCOHOL	17.6* (0.32)	17.7* (0.33)	17.6* (0.32)	16.5* (0.32)	16.7* (0.32)	16.0* (0.34)	14.7* (0.32)	14.8* (0.32)	13.6* (0.33)	13.3* (0.31)	12.9* (0.31)
Binge Alcohol Use	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Heavy Alcohol Use	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.2B Tobacco Product and Alcohol Use in the Past Month among Youths Aged 12 to 17: 2002-2017 (continued)

Substance	2013	2014	2015	2016	2017
TOBACCO PRODUCTS	7.8* (0.24)	7.0* (0.25)	6.0* (0.23)	5.3 (0.21)	4.9 (0.21)
Cigarettes	5.6* (0.20)	4.9* (0.21)	4.2* (0.20)	3.4 (0.18)	3.2 (0.17)
Daily Cigarette Smoking ¹	19.4* (1.35)	24.1* (1.89)	20.0* (1.84)	15.0 (1.64)	12.2 (1.64)
Smoked 1+ Packs of Cigarettes per Day ²	11.9 (2.47)	11.9 (2.52)	7.8 (2.51)	** (**)	** (**)
Smokeless Tobacco	nc	nc	1.5 (0.10)	1.4 (0.11)	1.3 (0.10)
Cigars	2.3* (0.13)	2.1 (0.13)	2.1 (0.14)	1.8 (0.12)	1.9 (0.13)
Pipe Tobacco	0.6 (0.07)	0.7* (0.08)	0.3 (0.06)	0.5 (0.06)	0.4 (0.07)
ALCOHOL	11.6* (0.29)	11.5* (0.33)	9.6 (0.29)	9.2 (0.30)	9.9 (0.30)
Binge Alcohol Use	nc	nc	5.8 (0.23)	4.9 (0.22)	5.3 (0.22)
Heavy Alcohol Use	nc	nc	0.9 (0.10)	0.8 (0.09)	0.7 (0.08)

**Low precision; no estimate reported; nc = not comparable due to methodological changes.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

¹ Percentages for daily cigarette smoking are among past month cigarette smokers.

² Percentages for smoking one or more packs of cigarettes per day are among daily cigarette smokers in the past month. Respondents with missing data for the number of cigarettes smoked per day were excluded from the analysis.

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

Table A.3B Tobacco Product and Alcohol Use in the Past Month among Young Adults Aged 18 to 25: 2002-2017

Substance	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
TOBACCO PRODUCTS	45.3* (0.48)	44.8* (0.48)	44.6* (0.50)	44.3* (0.48)	44.0* (0.49)	41.9* (0.50)	41.4* (0.47)	41.6* (0.50)	40.9* (0.49)	39.5* (0.49)	38.1* (0.47)
Cigarettes	40.8* (0.48)	40.2* (0.47)	39.5* (0.49)	39.0* (0.47)	38.5* (0.48)	36.2* (0.49)	35.7* (0.45)	35.8* (0.48)	34.3* (0.47)	33.5* (0.47)	31.8* (0.47)
Daily Cigarette Smoking ¹	51.8* (0.72)	52.7* (0.69)	51.6* (0.72)	50.1* (0.73)	48.8* (0.77)	49.2* (0.76)	47.8* (0.81)	45.3* (0.80)	45.8* (0.80)	45.3* (0.86)	45.1* (0.88)
Smoked 1+ Packs of Cigarettes per Day ²	39.1* (0.93)	37.1* (0.88)	34.9* (0.86)	36.9* (0.93)	34.4* (0.93)	32.9* (0.92)	31.6* (0.91)	29.5* (0.92)	27.3 (0.94)	26.1 (0.97)	25.1 (0.90)
Smokeless Tobacco	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Cigars	11.0* (0.27)	11.4* (0.26)	12.7* (0.30)	12.0* (0.28)	12.1* (0.29)	11.9* (0.28)	11.4* (0.29)	11.5* (0.29)	11.3* (0.30)	10.9* (0.29)	10.7* (0.27)
Pipe Tobacco	1.1* (0.08)	0.9* (0.08)	1.2* (0.09)	1.5 (0.11)	1.3 (0.10)	1.2* (0.10)	1.4 (0.10)	1.8 (0.12)	1.8 (0.12)	1.9 (0.14)	1.8 (0.11)
ALCOHOL	60.5* (0.53)	61.4* (0.50)	60.5* (0.51)	60.9* (0.51)	62.0* (0.51)	61.3* (0.52)	61.1* (0.49)	61.8* (0.52)	61.4* (0.50)	60.7* (0.54)	60.2* (0.49)
Binge Alcohol Use	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Heavy Alcohol Use	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.3B Tobacco Product and Alcohol Use in the Past Month among Young Adults Aged 18 to 25: 2002-2017 (continued)

Substance	2013	2014	2015	2016	2017
TOBACCO PRODUCTS	37.0* (0.49)	35.0* (0.54)	33.0* (0.48)	30.0 (0.48)	29.1 (0.48)
Cigarettes	30.6* (0.46)	28.4* (0.53)	26.7* (0.46)	23.5 (0.47)	22.3 (0.44)
Daily Cigarette Smoking ¹	43.1* (0.83)	43.0* (0.91)	42.0* (1.02)	39.9 (1.03)	38.4 (1.02)
Smoked 1+ Packs of Cigarettes per Day ²	22.3 (0.90)	22.5 (1.16)	22.5 (1.11)	26.2 (1.42)	25.0 (1.45)
Smokeless Tobacco	nc	nc	5.4* (0.22)	5.2 (0.22)	4.8 (0.21)
Cigars	10.0* (0.29)	9.7 (0.30)	8.9 (0.27)	8.8 (0.27)	9.1 (0.29)
Pipe Tobacco	2.2* (0.14)	1.9 (0.13)	1.8 (0.13)	1.7 (0.12)	1.6 (0.14)
ALCOHOL	59.6* (0.53)	59.6* (0.56)	58.3* (0.53)	57.1 (0.55)	56.3 (0.60)
Binge Alcohol Use	nc	nc	39.0* (0.51)	38.4 (0.54)	36.9 (0.57)
Heavy Alcohol Use	nc	nc	10.9* (0.33)	10.1 (0.32)	9.6 (0.34)

nc = not comparable due to methodological changes.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

¹ Percentages for daily cigarette smoking are among past month cigarette smokers.

² Percentages for smoking one or more packs of cigarettes per day are among daily cigarette smokers in the past month. Respondents with missing data for the number of cigarettes smoked per day were excluded from the analysis.

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

Table A.4B Tobacco Product and Alcohol Use in the Past Month among Adults Aged 26 or Older: 2002-2017

Substance	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
TOBACCO PRODUCTS	29.9* (0.44)	29.3* (0.41)	28.5* (0.41)	29.0* (0.43)	29.4* (0.43)	28.6* (0.42)	28.4* (0.44)	27.3* (0.40)	27.2* (0.42)	26.3* (0.41)	27.0* (0.42)
Cigarettes	25.2* (0.42)	24.7* (0.41)	24.1* (0.39)	24.3* (0.39)	24.7* (0.40)	24.1* (0.40)	23.8* (0.41)	23.0* (0.39)	22.8* (0.38)	21.9* (0.39)	22.4* (0.40)
Daily Cigarette Smoking ¹	68.8* (0.87)	68.0* (0.86)	67.8* (0.80)	68.9* (0.79)	67.9* (0.74)	66.3* (0.83)	67.0* (0.86)	67.2* (0.84)	64.8* (0.86)	66.5* (0.88)	66.0* (0.85)
Smoked 1+ Packs of Cigarettes per Day ²	57.1* (1.12)	58.0* (0.99)	59.2* (1.05)	55.1* (1.02)	54.5* (1.00)	55.1* (1.06)	53.0* (1.10)	49.4* (1.16)	48.8* (1.09)	47.4* (1.05)	45.2 (1.09)
Smokeless Tobacco	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Cigars	4.6 (0.18)	4.5 (0.18)	4.6 (0.17)	4.7* (0.18)	4.6 (0.18)	4.4 (0.16)	4.4 (0.18)	4.4 (0.18)	4.4 (0.17)	4.2 (0.18)	4.5 (0.19)
Pipe Tobacco	0.8 (0.09)	0.6 (0.07)	0.7 (0.08)	0.8 (0.08)	0.9 (0.09)	0.8 (0.09)	0.6 (0.07)	0.7 (0.07)	0.7 (0.07)	0.7 (0.07)	0.9 (0.09)
ALCOHOL	53.9* (0.53)	52.5* (0.49)	53.0* (0.51)	55.1 (0.51)	53.7* (0.49)	54.1* (0.52)	54.7 (0.50)	54.9 (0.48)	54.9 (0.48)	55.1 (0.49)	55.6 (0.48)
Binge Alcohol Use	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Heavy Alcohol Use	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.4B Tobacco Product and Alcohol Use in the Past Month among Adults Aged 26 or Older: 2002-2017 (continued)

Substance	2013	2014	2015	2016	2017
TOBACCO PRODUCTS	25.7* (0.40)	25.8* (0.33)	24.5* (0.32)	24.6* (0.33)	23.4 (0.31)
Cigarettes	21.6* (0.38)	21.5* (0.32)	20.0* (0.31)	20.2* (0.31)	18.9 (0.30)
Daily Cigarette Smoking ¹	64.9* (0.88)	63.3 (0.72)	62.7 (0.76)	62.2 (0.75)	61.5 (0.79)
Smoked 1+ Packs of Cigarettes per Day ²	44.7 (1.15)	43.3 (0.93)	44.1 (0.98)	43.1 (1.00)	43.2 (1.02)
Smokeless Tobacco	nc	nc	3.2 (0.13)	3.1 (0.12)	3.1 (0.11)
Cigars	4.1 (0.17)	3.9 (0.12)	4.3 (0.14)	4.2 (0.13)	4.2 (0.13)
Pipe Tobacco	0.7 (0.07)	0.7 (0.06)	0.8 (0.06)	0.7 (0.06)	0.8 (0.06)
ALCOHOL	55.9 (0.50)	56.5 (0.39)	55.6 (0.38)	54.6* (0.38)	55.8 (0.40)
Binge Alcohol Use	nc	nc	24.8 (0.32)	24.2 (0.32)	24.7 (0.32)
Heavy Alcohol Use	nc	nc	6.4 (0.17)	6.0 (0.17)	6.2 (0.16)

nc = not comparable due to methodological changes.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

¹ Percentages for daily cigarette smoking are among past month cigarette smokers.

² Percentages for smoking one or more packs of cigarettes per day are among daily cigarette smokers in the past month. Respondents with missing data for the number of cigarettes smoked per day were excluded from the analysis.

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

Table A.5B Type of Tobacco Product Use among Past Month Tobacco Users Aged 12 or Older, by Age Group: 2017

Tobacco Product Use	Total		12 to 17		18 to 25		26 or Older	
Only Cigarettes	65.2	(0.55)	35.4	(2.11)	53.2	(0.95)	68.3	(0.63)
Cigarettes and Some Other Type of Tobacco Product	14.6	(0.37)	29.3	(2.08)	23.5	(0.80)	12.4	(0.42)
Only Noncigarette Tobacco Products	20.3	(0.48)	35.3	(1.97)	23.2	(0.79)	19.3	(0.56)

NOTE: 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, 2017.

Table A.6B Alcohol Use in the Past Month among Individuals Aged 12 to 20: 2002-2017

Alcohol Use	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
ALCOHOL	28.8* (0.39)	29.0* (0.41)	28.7* (0.39)	28.2* (0.41)	28.4* (0.42)	28.0* (0.46)	26.5* (0.40)	27.2* (0.43)	26.2* (0.41)	25.1* (0.47)	24.3* (0.48)
Binge Alcohol Use	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Heavy Alcohol Use	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.6B Alcohol Use in the Past Month among Individuals Aged 12 to 20: 2002-2017 (continued)

Alcohol Use	2013	2014	2015	2016	2017
ALCOHOL	22.7* (0.40)	22.8* (0.46)	20.3 (0.42)	19.3 (0.45)	19.7 (0.47)
Binge Alcohol Use	nc	nc	13.4* (0.36)	12.1 (0.35)	11.9 (0.37)
Heavy Alcohol Use	nc	nc	3.3* (0.20)	2.8 (0.17)	2.5 (0.18)

nc = not comparable due to methodological changes.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

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

Table A.7B Types of Illicit Drug Use in the Past Month among Individuals Aged 12 or Older: 2002-2017

Drug	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
ILLCIT DRUGS	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Marijuana	6.2* (0.14)	6.2* (0.14)	6.1* (0.15)	6.0* (0.15)	6.0* (0.15)	5.8* (0.14)	6.1* (0.15)	6.7* (0.16)	6.9* (0.16)	7.0* (0.16)	7.3* (0.17)
Cocaine	0.9 (0.05)	1.0* (0.06)	0.8 (0.05)	1.0* (0.06)	1.0* (0.06)	0.8 (0.06)	0.7 (0.05)	0.7* (0.05)	0.6* (0.04)	0.5* (0.04)	0.6* (0.05)
Crack	0.2 (0.03)	0.3 (0.04)	0.2 (0.03)	0.3* (0.04)	0.3* (0.04)	0.2 (0.03)	0.1 (0.02)	0.2 (0.03)	0.1 (0.02)	0.1* (0.02)	0.2 (0.04)
Heroin	0.1* (0.02)	0.1* (0.01)	0.1* (0.02)	0.1* (0.01)	0.1 (0.03)	0.1* (0.02)	0.1* (0.02)	0.1* (0.01)	0.1* (0.02)	0.1* (0.02)	0.1 (0.02)
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
LSD	0.0* (0.01)	0.1* (0.01)	0.1* (0.01)	0.0* (0.01)	0.1* (0.01)	0.1* (0.01)	0.1* (0.01)	0.1* (0.01)	0.1* (0.01)	0.1* (0.01)	0.1* (0.01)
PCP	0.0 (0.01)	0.0 (0.01)	0.0 (0.01)	0.0 (0.01)	0.0 (0.00)	0.0 (0.01)	0.0 (0.00)	0.0 (0.01)	0.0 (0.01)	0.0 (0.00)	0.0 (0.00)
Ecstasy	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Methamphetamine	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Misuse of Psychotherapeutics	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Pain Relievers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Opioids (Heroin Use or Pain Reliever Misuse)	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.7B Types of Illicit Drug Use in the Past Month among Individuals Aged 12 or Older: 2002-2017 (continued)

Drug	2013	2014	2015	2016	2017
ILLICIT DRUGS	nc	nc	10.1* (0.17)	10.6* (0.18)	11.2 (0.19)
Marijuana	7.5* (0.17)	8.4* (0.16)	8.3* (0.15)	8.9* (0.16)	9.6 (0.18)
Cocaine	0.6* (0.05)	0.6* (0.04)	0.7 (0.05)	0.7 (0.04)	0.8 (0.05)
Crack	0.1 (0.02)	0.1 (0.02)	0.1 (0.02)	0.2 (0.02)	0.2 (0.03)
Heroin	0.1* (0.02)	0.2 (0.02)	0.1* (0.02)	0.2 (0.02)	0.2 (0.02)
Hallucinogens	nc	nc	0.5 (0.03)	0.5 (0.03)	0.5 (0.03)
LSD	0.1* (0.01)	0.1* (0.02)	0.1* (0.01)	0.1* (0.02)	0.2 (0.02)
PCP	0.0 (0.01)	** (**)	0.0 (0.00)	0.0 (0.00)	0.0 (0.01)
Ecstasy	nc	nc	0.2 (0.02)	0.2 (0.02)	0.2 (0.02)
Inhalants	nc	nc	0.2 (0.02)	0.2 (0.02)	0.2 (0.02)
Methamphetamine	nc	nc	0.3 (0.03)	0.2 (0.03)	0.3 (0.03)
Misuse of Psychotherapeutics	nc	nc	2.4 (0.08)	2.3 (0.08)	2.2 (0.08)
Pain Relievers	nc	nc	1.4* (0.06)	1.2 (0.06)	1.2 (0.06)
Tranquilizers	nc	nc	0.7 (0.04)	0.7 (0.04)	0.6 (0.04)
Stimulants	nc	nc	0.6 (0.04)	0.6 (0.04)	0.7 (0.04)
Sedatives	nc	nc	0.2 (0.02)	0.2 (0.03)	0.1 (0.02)
Opioids (Heroin Use or Pain Reliever Misuse)	nc	nc	1.5* (0.06)	1.4 (0.06)	1.3 (0.06)

**Low precision; no estimate reported; LSD = lysergic acid diethylamide; nc = not comparable due to methodological changes; PCP = phencyclidine.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Estimates of 0.0 percent round to less than 0.1 percent when shown to the nearest tenth of a percent.

NOTE: Misuse of prescription psychotherapeutics (i.e., pain relievers, tranquilizers, stimulants, and sedatives) is 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; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

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

Table A.8B Types of Illicit Drug Use in the Past Month among Youths Aged 12 to 17: 2002-2017

Drug	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
ILLCIT DRUGS	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Marijuana	8.2* (0.24)	7.9* (0.24)	7.6* (0.23)	6.8 (0.22)	6.7 (0.21)	6.7 (0.22)	6.7 (0.22)	7.4* (0.24)	7.4* (0.25)	7.9* (0.24)	7.2* (0.22)
Cocaine	0.6* (0.07)	0.6* (0.06)	0.5* (0.06)	0.6* (0.06)	0.4* (0.05)	0.4* (0.05)	0.4* (0.05)	0.3* (0.05)	0.2* (0.05)	0.3* (0.05)	0.1 (0.03)
Crack	0.1 (0.03)	0.1 (0.03)	0.1 (0.02)	0.1 (0.03)	0.0 (0.02)	0.1 (0.02)	0.0 (0.01)	0.0 (0.02)	0.0 (0.01)	0.0 (0.01)	** (**)
Heroin	0.0 (0.02)	0.1* (0.02)	0.1* (0.02)	0.1* (0.02)	0.1* (0.02)	0.0 (0.01)	0.1 (0.03)	0.1* (0.02)	0.0 (0.01)	0.1 (0.03)	** (**)
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
LSD	0.2 (0.05)	0.2 (0.04)	0.2 (0.03)	0.1 (0.03)	0.1 (0.03)	0.1 (0.03)	0.2 (0.04)	0.1 (0.03)	0.2 (0.04)	0.1 (0.03)	0.1* (0.02)
PCP	0.1* (0.02)	0.1* (0.02)	0.0 (0.02)	0.1 (0.02)	0.0 (0.02)	0.0 (0.02)	0.1 (0.02)	0.1 (0.02)	0.0 (0.01)	0.0 (0.01)	0.0 (0.01)
Ecstasy	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Methamphetamine	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Misuse of Psychotherapeutics	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Pain Relievers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Opioids (Heroin Use or Pain Reliever Misuse)	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.8B Types of Illicit Drug Use in the Past Month among Youths Aged 12 to 17: 2002-2017 (continued)

Drug	2013	2014	2015	2016	2017
ILLICIT DRUGS	nc	nc	8.8* (0.27)	7.9 (0.26)	7.9 (0.26)
Marijuana	7.1 (0.23)	7.4* (0.27)	7.0 (0.24)	6.5 (0.24)	6.5 (0.24)
Cocaine	0.2 (0.04)	0.2 (0.04)	0.2 (0.05)	0.1 (0.03)	0.1 (0.03)
Crack	0.0 (0.01)	0.0 (0.02)	0.0 (0.01)	0.0 (0.01)	** (**)
Heroin	0.1* (0.02)	0.1* (0.02)	0.0 (0.01)	0.0 (0.01)	0.0 (0.01)
Hallucinogens	nc	nc	0.5 (0.07)	0.5 (0.06)	0.6 (0.08)
LSD	0.2 (0.04)	0.3 (0.06)	0.2 (0.05)	0.2 (0.04)	0.2 (0.04)
PCP	0.0 (0.01)	0.0 (0.01)	0.0 (0.02)	0.0 (0.01)	0.0 (0.02)
Ecstasy	nc	nc	0.1 (0.04)	0.1 (0.03)	0.2 (0.04)
Inhalants	nc	nc	0.7 (0.08)	0.6 (0.07)	0.6 (0.07)
Methamphetamine	nc	nc	0.1 (0.02)	0.0 (0.01)	0.1 (0.02)
Misuse of Psychotherapeutics	nc	nc	2.0* (0.15)	1.6 (0.12)	1.5 (0.11)
Pain Relievers	nc	nc	1.1 (0.11)	1.0 (0.09)	0.9 (0.09)
Tranquilizers	nc	nc	0.7 (0.09)	0.5 (0.07)	0.5 (0.06)
Stimulants	nc	nc	0.5 (0.07)	0.4 (0.06)	0.5 (0.07)
Sedatives	nc	nc	0.1 (0.03)	0.1 (0.03)	0.1 (0.02)
Opioids (Heroin Use or Pain Reliever Misuse)	nc	nc	1.1 (0.11)	1.0 (0.09)	0.9 (0.09)

**Low precision; no estimate reported; LSD = lysergic acid diethylamide; nc = not comparable due to methodological changes; PCP = phencyclidine.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Estimates of 0.0 percent round to less than 0.1 percent when shown to the nearest tenth of a percent.

NOTE: Misuse of prescription psychotherapeutics (i.e., pain relievers, tranquilizers, stimulants, and sedatives) is 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; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

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

Table A.9B Types of Illicit Drug Use in the Past Month among Young Adults Aged 18 to 25: 2002-2017

Drug	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
ILLCIT DRUGS	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Marijuana	17.3* (0.36)	17.0* (0.37)	16.1* (0.37)	16.6* (0.37)	16.3* (0.35)	16.5* (0.37)	16.6* (0.37)	18.2* (0.38)	18.5* (0.38)	19.0* (0.39)	18.7* (0.39)
Cocaine	2.0 (0.12)	2.2 (0.13)	2.1 (0.13)	2.6* (0.15)	2.2 (0.13)	1.7 (0.12)	1.6* (0.12)	1.4* (0.11)	1.5* (0.11)	1.4* (0.12)	1.1* (0.09)
Crack	0.2* (0.03)	0.2* (0.04)	0.3* (0.04)	0.3* (0.05)	0.2* (0.04)	0.2* (0.03)	0.2* (0.03)	0.1 (0.03)	0.2* (0.05)	0.1 (0.02)	0.1 (0.03)
Heroin	0.1* (0.03)	0.1* (0.02)	0.1* (0.03)	0.2 (0.03)	0.2 (0.04)	0.1* (0.03)	0.2 (0.04)	0.2 (0.04)	0.3 (0.05)	0.3 (0.06)	0.4 (0.06)
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
LSD	0.1* (0.03)	0.2* (0.04)	0.3* (0.04)	0.2* (0.04)	0.2* (0.04)	0.2* (0.04)	0.3* (0.05)	0.3* (0.05)	0.3* (0.05)	0.3* (0.04)	0.3* (0.05)
PCP	0.0 (0.02)	0.1 (0.03)	0.1 (0.02)	0.0 (0.02)	0.0 (0.02)	0.0 (0.02)	0.0 (0.01)	0.0 (0.01)	0.0 (0.01)	0.0 (0.02)	0.0 (0.01)
Ecstasy	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Methamphetamine	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Misuse of Psychotherapeutics	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Pain Relievers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Opioids (Heroin Use or Pain Reliever Misuse)	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.9B Types of Illicit Drug Use in the Past Month among Young Adults Aged 18 to 25: 2002-2017 (continued)

Drug	2013	2014	2015	2016	2017
ILLCIT DRUGS	nc	nc	22.3* (0.42)	23.2 (0.43)	24.2 (0.47)
Marijuana	19.1* (0.39)	19.6* (0.45)	19.8* (0.40)	20.8* (0.42)	22.1 (0.46)
Cocaine	1.1* (0.10)	1.4* (0.11)	1.7 (0.14)	1.6 (0.13)	1.9 (0.14)
Crack	0.1 (0.03)	0.1 (0.03)	0.1 (0.04)	0.0 (0.02)	0.1 (0.02)
Heroin	0.3 (0.05)	0.2 (0.05)	0.3 (0.05)	0.3 (0.05)	0.3 (0.06)
Hallucinogens	nc	nc	1.8 (0.14)	1.9 (0.14)	1.7 (0.14)
LSD	0.3* (0.05)	0.3* (0.05)	0.6 (0.08)	0.6 (0.07)	0.8 (0.10)
PCP	0.0 (0.01)	0.0 (0.01)	0.0 (0.00)	** (**)	** (**)
Ecstasy	nc	nc	0.9 (0.10)	0.9 (0.10)	0.7 (0.09)
Inhalants	nc	nc	0.4 (0.06)	0.4 (0.07)	0.5 (0.06)
Methamphetamine	nc	nc	0.4 (0.07)	0.2* (0.04)	0.4 (0.08)
Misuse of Psychotherapeutics	nc	nc	5.1 (0.21)	4.6 (0.21)	4.5 (0.22)
Pain Relievers	nc	nc	2.4* (0.13)	1.8 (0.13)	1.8 (0.13)
Tranquilizers	nc	nc	1.7 (0.13)	1.5 (0.12)	1.6 (0.13)
Stimulants	nc	nc	2.2 (0.15)	2.2 (0.17)	2.1 (0.16)
Sedatives	nc	nc	0.2 (0.05)	0.1 (0.03)	0.2 (0.04)
Opioids (Heroin Use or Pain Reliever Misuse)	nc	nc	2.5* (0.14)	2.0 (0.14)	2.0 (0.16)

**Low precision; no estimate reported; LSD = lysergic acid diethylamide; nc = not comparable due to methodological changes; PCP = phencyclidine.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Estimates of 0.0 percent round to less than 0.1 percent when shown to the nearest tenth of a percent.

NOTE: Misuse of prescription psychotherapeutics (i.e., pain relievers, tranquilizers, stimulants, and sedatives) is 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; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

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

Table A.10B Types of Illicit Drug Use in the Past Month among Adults Aged 26 or Older: 2002-2017

Drug	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
ILLCIT DRUGS	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Marijuana	4.0* (0.16)	4.0* (0.16)	4.1* (0.17)	4.1* (0.17)	4.2* (0.17)	3.9* (0.16)	4.2* (0.18)	4.6* (0.18)	4.8* (0.19)	4.8* (0.19)	5.3* (0.20)
Cocaine	0.7 (0.07)	0.8 (0.08)	0.7 (0.06)	0.8 (0.07)	0.8 (0.08)	0.7 (0.08)	0.7 (0.06)	0.6 (0.07)	0.5* (0.05)	0.4* (0.05)	0.6 (0.07)
Crack	0.3 (0.04)	0.3 (0.05)	0.2 (0.03)	0.3 (0.05)	0.3 (0.05)	0.3 (0.04)	0.2 (0.03)	0.2 (0.04)	0.2 (0.03)	0.1* (0.02)	0.2 (0.05)
Heroin	0.1* (0.02)	0.0* (0.01)	0.1* (0.02)	0.0* (0.01)	0.1 (0.04)	0.1* (0.02)	0.1* (0.02)	0.1* (0.02)	0.1* (0.02)	0.1* (0.02)	0.1* (0.02)
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
LSD	0.0* (0.01)	0.0* (0.00)	0.0* (0.01)	0.0* (0.00)	0.0* (0.01)	0.0* (0.02)	** (**)	0.0* (0.01)	** (**)	0.0* (0.01)	0.0* (0.01)
PCP	0.0 (0.01)	** (**)	0.0 (0.01)	0.0 (0.01)	** (**)	0.0 (0.01)	** (**)	0.0 (0.01)	0.0 (0.01)	** (**)	0.0 (0.01)
Ecstasy	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Methamphetamine	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Misuse of Psychotherapeutics	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Pain Relievers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Opioids (Heroin Use or Pain Reliever Misuse)	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.10B Types of Illicit Drug Use in the Past Month among Adults Aged 26 or Older: 2002-2017 (continued)

Drug	2013	2014	2015	2016	2017
ILLCIT DRUGS	nc	nc	8.2* (0.19)	8.9* (0.21)	9.5 (0.22)
Marijuana	5.6* (0.20)	6.6* (0.18)	6.5* (0.17)	7.2* (0.19)	7.9 (0.20)
Cocaine	0.5 (0.06)	0.5* (0.05)	0.6 (0.06)	0.6 (0.05)	0.7 (0.06)
Crack	0.2 (0.03)	0.2 (0.03)	0.2 (0.03)	0.2 (0.03)	0.2 (0.03)
Heroin	0.1* (0.02)	0.2 (0.03)	0.1* (0.02)	0.2 (0.03)	0.2 (0.03)
Hallucinogens	nc	nc	0.2* (0.03)	0.3 (0.04)	0.3 (0.03)
LSD	0.0* (0.02)	0.1 (0.02)	0.0* (0.01)	0.1 (0.01)	0.1 (0.02)
PCP	0.0 (0.01)	** (**)	0.0 (0.00)	0.0 (0.00)	0.0 (0.01)
Ecstasy	nc	nc	0.1 (0.02)	0.1 (0.02)	0.1 (0.02)
Inhalants	nc	nc	0.1 (0.02)	0.2 (0.03)	0.1 (0.02)
Methamphetamine	nc	nc	0.4 (0.04)	0.3 (0.03)	0.3 (0.03)
Misuse of Psychotherapeutics	nc	nc	2.0 (0.09)	2.0 (0.09)	1.9 (0.09)
Pain Relievers	nc	nc	1.3 (0.07)	1.2 (0.07)	1.1 (0.07)
Tranquilizers	nc	nc	0.5 (0.05)	0.6 (0.05)	0.5 (0.04)
Stimulants	nc	nc	0.4 (0.04)	0.4 (0.04)	0.5 (0.04)
Sedatives	nc	nc	0.2 (0.03)	0.2 (0.03)	0.1 (0.02)
Opioids (Heroin Use or Pain Reliever Misuse)	nc	nc	1.3 (0.08)	1.3 (0.08)	1.2 (0.08)

**Low precision; no estimate reported; LSD = lysergic acid diethylamide; nc = not comparable due to methodological changes; PCP = phencyclidine.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Estimates of 0.0 percent round to less than 0.1 percent when shown to the nearest tenth of a percent.

NOTE: Misuse of prescription psychotherapeutics (i.e., pain relievers, tranquilizers, stimulants, and sedatives) is 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; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

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

Table A.11B Opioid Misuse in the Past Year among Individuals Aged 12 or Older, by Age Group: 2002-2017

Opioid Misuse Status/ Age Group	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
OPIOID MISUSE (HEROIN USE OR PAIN RELIEVER MISUSE)											
12-17	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
18-25	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
26 or Older	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
HEROIN USE	0.2* (0.02)	0.1* (0.02)	0.2* (0.02)	0.2* (0.02)	0.2* (0.03)	0.2* (0.02)	0.2* (0.02)	0.2* (0.03)	0.2 (0.03)	0.2* (0.03)	0.3 (0.03)
12-17	0.2* (0.04)	0.1* (0.03)	0.2* (0.04)	0.1* (0.03)	0.1* (0.03)	0.1 (0.02)	0.2* (0.04)	0.1* (0.03)	0.1 (0.03)	0.2* (0.05)	0.1 (0.04)
18-25	0.4* (0.05)	0.3* (0.04)	0.4* (0.05)	0.5 (0.06)	0.4 (0.06)	0.4 (0.06)	0.5 (0.06)	0.5 (0.06)	0.6 (0.07)	0.7 (0.07)	0.8 (0.08)
26 or Older	0.1* (0.03)	0.1* (0.02)	0.1* (0.03)	0.1* (0.02)	0.2* (0.04)	0.1* (0.03)	0.1* (0.03)	0.2* (0.04)	0.2* (0.04)	0.2* (0.03)	0.2* (0.04)
PAIN RELIEVER MISUSE											
12-17	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
18-25	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
26 or Older	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.11B Opioid Misuse in the Past Year among Individuals Aged 12 or Older, by Age Group: 2002-2017 (continued)

Opioid Misuse Status/ Age Group	2013	2014	2015	2016	2017
OPIOID MISUSE (HEROIN USE OR PAIN RELIEVER MISUSE)					
12-17	nc	nc	4.7* (0.12)	4.4 (0.11)	4.2 (0.10)
18-25	nc	nc	3.9* (0.19)	3.6* (0.17)	3.1 (0.16)
26 or Older	nc	nc	8.7* (0.27)	7.3 (0.27)	7.3 (0.26)
HEROIN USE	0.3 (0.03)	0.3 (0.03)	0.3 (0.03)	0.4 (0.03)	0.3 (0.03)
12-17	0.1* (0.03)	0.1 (0.03)	0.1 (0.03)	0.1 (0.02)	0.1 (0.02)
18-25	0.7 (0.08)	0.8 (0.09)	0.6 (0.08)	0.7 (0.08)	0.6 (0.08)
26 or Older	0.2* (0.03)	0.3 (0.03)	0.3 (0.04)	0.3 (0.04)	0.3 (0.03)
PAIN RELIEVER MISUSE					
12-17	nc	nc	4.7* (0.11)	4.3 (0.11)	4.1 (0.10)
18-25	nc	nc	3.9* (0.19)	3.5 (0.17)	3.1 (0.16)
26 or Older	nc	nc	8.5* (0.26)	7.1 (0.27)	7.2 (0.26)
26 or Older	nc	nc	4.1* (0.14)	3.9 (0.13)	3.7 (0.12)

nc = not comparable due to methodological changes.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

* The difference between this estimate and the 2017 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, 2002-2017.

Table A.12B Misuse of Pain Reliever Subtypes in the Past Year among Individuals Aged 12 or Older: 2017

Pain Reliever Subtype	Number ¹		Percentage ²	
MISUSE OF ANY PAIN RELIEVER³	11,077	(274)	4.1	(0.10)
Hydrocodone Products	6,262	(208)	2.3	(0.08)
Oxycodone Products	3,735	(153)	1.4	(0.06)
Tramadol Products	1,753	(125)	0.6	(0.05)
Codeine Products	2,832	(151)	1.0	(0.06)
Morphine Products	501	(54)	0.2	(0.02)
Fentanyl Products	245	(39)	0.1	(0.01)
Buprenorphine Products	766	(73)	0.3	(0.03)
Oxymorphone Products	332	(47)	0.1	(0.02)
Demerol [®]	116	(35)	0.0	(0.01)
Hydromorphone Products	244	(36)	0.1	(0.01)
Methadone	261	(46)	0.1	(0.02)
Any Other Prescription Pain Reliever ⁴	966	(80)	0.4	(0.03)

NOTE: Estimates of 0.0 percent round to less than 0.1 percent when shown to the nearest tenth of a percent.

¹ Estimates shown are numbers in thousands with standard errors included in parentheses.

² Estimates shown are percentages with standard errors included in parentheses.

³ Includes *hydrocodone products* (Vicodin[®], Lortab[®], Norco[®], Zohydro[®] ER, generic hydrocodone, or other similar products); *oxycodone products* (OxyContin[®], Percocet[®], Percodan[®], Roxicodone[®], generic oxycodone, or other similar products); *tramadol products* (Ultram[®], Ultram[®] ER, Ultracet[®], generic tramadol, generic extended-release tramadol, or other similar products); *codeine products* (Tylenol[®] with codeine 3 or 4, generic codeine pills, or other similar products); *morphine products* (Avinza[®], Kadian[®], MS Contin[®], generic morphine, generic extended-release morphine, or other similar products); *fentanyl products* (Duragesic[®], Fentora[®], generic fentanyl, or other similar products); *buprenorphine products* (Suboxone[®], generic buprenorphine, generic buprenorphine plus naloxone, or other similar products); *oxymorphone products* (Opana[®], Opana[®] ER, generic oxymorphone, generic extended-release oxymorphone, or other similar products); *meperidine products* (Demerol[®] or other similar products); *hydromorphone products* (Dilaudid[®] or generic hydromorphone, Exalgo[®] or generic extended-release hydromorphone, or other similar products); *methadone products* (methadone or other similar products); or any other prescription pain reliever. Over-the-counter drugs are not included.

⁴ Includes misuse of pain relievers containing other active ingredients. Reports of misuse of "any other prescription pain reliever" that correspond only to the specific pain reliever categories shown in the table are excluded from estimates for Any Other Prescription Pain Reliever and are included instead in the relevant pain reliever category.

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

Table A.13B Main Reasons for Pain Reliever Misuse for the Last Episode of Misuse among Individuals Aged 12 or Older Who Misused Pain Relievers in the Past Year: 2017

Main Reason for Misuse	Past Year Misusers of Pain Relievers	
Relieve Physical Pain	62.6	(1.19)
Relax or Relieve Tension	8.4	(0.69)
Help with Sleep	5.4	(0.66)
Help with Feelings or Emotions	3.6	(0.42)
Experiment or See What It's Like	2.8	(0.40)
Feel Good or Get High	13.2	(0.81)
Increase or Decrease Effect of Other Drug	0.7	(0.17)
Because I Am Hooked or Have to Have It	2.2	(0.36)
Some Other Reason	1.0	(0.22)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown information for their main 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: Responses to the Some Other Reason category for one drug type may fall into a response category that is asked only for another drug type (e.g., "to relieve physical pain" for tranquilizer misuse).

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

Table A.14B Source Where Pain Relievers Were Obtained for Most Recent Misuse among Individuals Aged 12 or Older Who Misused Pain Relievers in the Past Year: 2017

Source for Most Recent Misuse	Past Year Misusers of Pain Relievers	
GOT THROUGH PRESCRIPTION(S) OR STOLE FROM A HEALTH CARE PROVIDER	36.6	(1.32)
Prescription from One Doctor	34.6	(1.29)
Prescriptions from More Than One Doctor	1.5	(0.39)
Stole from Doctor's Office, Clinic, Hospital, or Pharmacy	0.5	(0.15)
GIVEN BY, BOUGHT FROM, OR TOOK FROM A FRIEND OR RELATIVE	53.1	(1.35)
From Friend or Relative for Free	38.5	(1.35)
Bought from Friend or Relative	10.6	(0.78)
Took from Friend or Relative without Asking	4.0	(0.43)
BOUGHT FROM DRUG DEALER OR OTHER STRANGER	5.7	(0.52)
SOME OTHER WAY¹	4.6	(0.70)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents were asked to choose one of eight sources as their best answer. Respondents with unknown data on Source for Most Recent Misuse and respondents with unknown or invalid responses to the corresponding other-specify questions were excluded from the analysis.

¹ Some Other Way includes write-in responses not already listed in this table or responses with insufficient information that could allow them to be placed in another category.

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

Table A.15A Past Year Initiation of Specific Substance Use among Individuals Aged 12 or Older: 2002-2017

Substance	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
TOBACCO											
Cigarettes	1,940 (75)	1,983 (72)	2,122* (72)	2,282* (86)	2,456* (79)	2,231* (71)	2,453* (90)	2,545* (89)	2,403* (81)	2,394* (86)	2,336* (89)
Daily Cigarette Use	1,016* (64)	1,064* (58)	1,101* (55)	965* (58)	1,049* (54)	983* (52)	945* (57)	1,136* (66)	962* (57)	878* (55)	778* (53)
Smokeless Tobacco	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Cigars	2,858* (103)	2,736* (99)	3,058* (112)	3,349* (113)	3,061* (104)	3,078* (107)	2,918* (105)	3,146* (121)	2,950* (120)	2,800* (143)	2,664* (108)
ALCOHOL	3,942* (101)	4,082* (104)	4,396* (127)	4,274* (108)	4,378* (107)	4,551* (111)	4,466* (116)	4,561* (112)	4,675 (131)	4,699 (124)	4,589 (130)
ILLICIT DRUGS											
Marijuana	2,196* (70)	1,973* (70)	2,142* (81)	2,114* (121)	2,061* (79)	2,089* (77)	2,224* (89)	2,379* (79)	2,439* (93)	2,617* (97)	2,398* (96)
Cocaine	1,032 (61)	986 (56)	998 (65)	872 (50)	977 (60)	906 (57)	724* (52)	623* (47)	642* (57)	670* (48)	639* (48)
Crack	337* (44)	269* (36)	215* (29)	230* (30)	243* (31)	353* (72)	209* (34)	95 (15)	83 (20)	76 (14)	84 (16)
Heroin	117 (20)	92 (20)	118 (28)	108 (20)	90 (15)	106 (21)	116 (23)	187* (30)	142* (24)	178* (26)	156* (23)
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
LSD	338* (30)	200* (20)	235* (25)	243* (29)	265* (32)	271* (23)	400* (31)	341* (28)	381* (39)	358* (30)	421* (41)
PCP	123* (15)	105* (14)	106* (20)	77* (13)	70* (13)	58* (11)	53* (10)	45 (9)	46 (11)	48 (10)	90* (21)
Ecstasy	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Methamphetamine	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Misuse of Psychotherapeutics											
Pain Relievers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.15A Past Year Initiation of Specific Substance Use among Individuals Aged 12 or Older: 2002-2017 (continued)

Substance	2013	2014	2015	2016	2017
TOBACCO					
Cigarettes	2,071 (81)	2,164* (90)	1,956 (77)	1,782 (77)	1,898 (80)
Daily Cigarette Use	813* (52)	756* (51)	622 (45)	620 (54)	608 (47)
Smokeless Tobacco	nc	nc	1,335* (75)	1,157 (86)	1,013 (61)
Cigars	2,770* (144)	2,597 (104)	2,569 (110)	2,359 (103)	2,338 (107)
ALCOHOL	4,559* (113)	4,655 (127)	4,761 (126)	4,639 (126)	4,914 (136)
ILLICIT DRUGS					
Marijuana	2,427* (86)	2,568* (95)	2,600* (95)	2,582* (99)	3,033 (117)
Cocaine	601* (47)	766* (57)	968 (68)	1,085 (73)	1,037 (69)
Crack	58 (13)	109 (24)	37* (9)	88 (19)	83 (21)
Heroin	169* (36)	212* (35)	135 (24)	170* (29)	81 (17)
Hallucinogens	nc	nc	1,160 (69)	1,178 (70)	1,194 (68)
LSD	482* (40)	586* (48)	664 (45)	844 (62)	794 (51)
PCP	32 (7)	41 (10)	42 (11)	43 (20)	23 (8)
Ecstasy	nc	nc	839 (62)	757 (55)	787 (56)
Inhalants	nc	nc	600 (44)	526 (43)	575 (42)
Methamphetamine	nc	nc	225 (37)	192 (32)	195 (31)
Misuse of Psychotherapeutics					
Pain Relievers	nc	nc	2,126 (115)	2,139 (119)	2,010 (119)
Tranquilizers	nc	nc	1,437 (94)	1,374 (77)	1,446 (102)
Stimulants	nc	nc	1,260 (80)	1,374 (89)	1,192 (76)
Sedatives	nc	nc	425* (63)	294 (42)	271 (42)

LSD = lysergic acid diethylamide; nc = not comparable due to methodological changes; PCP = phencyclidine.

NOTE: Estimates shown are numbers in thousands with standard errors included in parentheses.

NOTE: Misuse of prescription psychotherapeutics (i.e., pain relievers, tranquilizers, stimulants, and sedatives) is 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; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

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

Table A.16A Past Year Initiation of Specific Substance Use among Youths Aged 12 to 17: 2002-2017

Substance	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
TOBACCO											
Cigarettes	1,187* (44)	1,226* (47)	1,294* (50)	1,303* (50)	1,333* (48)	1,198* (48)	1,288* (50)	1,273* (50)	1,205* (47)	1,165* (46)	1,032* (43)
Daily Cigarette Use	403* (27)	439* (27)	417* (32)	334* (24)	386* (27)	333* (23)	277* (23)	313* (24)	286* (24)	268* (22)	197* (22)
Smokeless Tobacco	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Cigars	1,113* (40)	1,163* (46)	1,246* (48)	1,270* (47)	1,217* (42)	1,145* (44)	1,120* (43)	1,085* (43)	940* (40)	969* (41)	849* (38)
ALCOHOL	2,588* (64)	2,593* (65)	2,743* (73)	2,749* (69)	2,706* (68)	2,698* (69)	2,568* (64)	2,662* (69)	2,476 (62)	2,622* (69)	2,448 (72)
ILLICIT DRUGS											
Marijuana	1,373* (50)	1,219 (45)	1,252 (45)	1,139 (44)	1,194 (48)	1,168 (45)	1,248 (49)	1,343 (49)	1,274 (51)	1,375* (53)	1,255 (49)
Cocaine	310* (24)	282* (22)	274* (23)	286* (23)	260* (22)	254* (22)	196* (20)	145* (17)	156* (18)	146* (16)	120 (16)
Crack	86* (13)	76* (11)	42* (9)	32* (7)	41* (8)	52* (10)	17 (5)	18 (5)	14 (4)	19 (5)	18 (8)
Heroin	39* (10)	25* (7)	31* (8)	18 (5)	24 (7)	16 (5)	29 (10)	19 (5)	23 (7)	38* (10)	21 (7)
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
LSD	180 (18)	96* (13)	99* (13)	105* (14)	76* (11)	97* (13)	147 (16)	106* (12)	100* (15)	123* (16)	125* (15)
PCP	77* (11)	59* (10)	43* (9)	55* (11)	43* (10)	38* (8)	37* (7)	26 (7)	22 (6)	29 (7)	45* (11)
Ecstasy	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Methamphetamine	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Misuse of Psychotherapeutics											
Pain Relievers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.16A Past Year Initiation of Specific Substance Use among Youths Aged 12 to 17: 2002-2017 (continued)

Substance	2013	2014	2015	2016	2017
TOBACCO					
Cigarettes	932* (41)	838* (44)	823* (43)	723* (42)	604 (37)
Daily Cigarette Use	209* (19)	165* (19)	119 (15)	105 (14)	86 (13)
Smokeless Tobacco	nc	nc	460 (29)	353 (28)	397 (29)
Cigars	730* (36)	797* (41)	671 (37)	575 (34)	599 (35)
ALCOHOL	2,417 (67)	2,335 (67)	2,358 (75)	2,293 (71)	2,332 (66)
ILLICIT DRUGS					
Marijuana	1,200 (46)	1,203 (52)	1,169 (50)	1,197 (50)	1,204 (52)
Cocaine	94 (13)	117 (20)	112 (16)	107 (16)	98 (14)
Crack	10 (4)	11 (5)	** (**)	6 (3)	9 (4)
Heroin	21 (6)	13 (7)	11 (4)	8 (3)	9 (4)
Hallucinogens	nc	nc	340 (31)	319 (26)	344 (28)
LSD	122* (14)	165 (22)	206 (24)	160 (18)	188 (20)
PCP	19 (6)	17 (6)	34 (11)	12 (4)	13 (5)
Ecstasy	nc	nc	168 (22)	143 (19)	146 (20)
Inhalants	nc	nc	349 (27)	262 (23)	289 (25)
Methamphetamine	nc	nc	24 (8)	16 (5)	27 (7)
Misuse of Psychotherapeutics					
Pain Relievers	nc	nc	415* (32)	423* (30)	316 (29)
Tranquilizers	nc	nc	210 (23)	228 (22)	223 (23)
Stimulants	nc	nc	276 (27)	244 (28)	217 (25)
Sedatives	nc	nc	46 (11)	55 (11)	34 (9)

**Low precision; no estimate reported; LSD = lysergic acid diethylamide; nc = not comparable due to methodological changes; PCP = phencyclidine.

NOTE: Estimates shown are numbers in thousands with standard errors included in parentheses.

NOTE: Misuse of prescription psychotherapeutics (i.e., pain relievers, tranquilizers, stimulants, and sedatives) is 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; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

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

Table A.17A Past Year Initiation of Specific Substance Use among Young Adults Aged 18 to 25: 2002-2017

Substance	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
TOBACCO											
Cigarettes	641* (40)	659* (45)	765* (46)	848* (46)	1,041 (52)	989* (48)	1,076 (58)	1,147 (60)	1,120 (54)	1,156 (59)	1,204 (65)
Daily Cigarette Use	447 (31)	474 (35)	566* (36)	493* (33)	554* (36)	566* (38)	549* (35)	618* (39)	599* (44)	525* (37)	488 (39)
Smokeless Tobacco	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Cigars	1,031 (46)	1,055 (48)	1,199 (54)	1,332* (58)	1,275 (54)	1,379* (58)	1,277 (54)	1,417* (61)	1,388* (66)	1,238 (58)	1,291* (61)
ALCOHOL	1,230* (51)	1,430* (64)	1,484* (62)	1,421* (61)	1,612* (68)	1,741* (70)	1,706* (68)	1,775* (66)	2,008* (79)	1,971* (80)	1,945* (77)
ILLICIT DRUGS											
Marijuana	733* (37)	666* (37)	714* (45)	723* (45)	742* (46)	787* (45)	817* (49)	988* (55)	918* (51)	1,060* (61)	966* (57)
Cocaine	594* (42)	576* (36)	592* (41)	498* (35)	570* (40)	541* (38)	426* (33)	397* (32)	372* (32)	467* (38)	443* (37)
Crack	100* (15)	109* (15)	120* (17)	142* (21)	132* (18)	88* (15)	91* (15)	62* (11)	39 (8)	40 (9)	49* (11)
Heroin	66 (13)	42 (9)	46 (10)	57 (13)	56 (12)	70 (14)	58 (11)	83* (13)	83 (15)	100* (17)	95* (16)
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
LSD	142* (18)	98* (14)	112* (16)	114* (16)	162* (22)	171* (18)	235* (23)	228* (25)	261* (33)	222* (23)	264* (33)
PCP	46* (11)	41* (9)	49* (14)	22 (6)	27 (8)	19 (7)	16 (6)	17 (6)	24 (9)	18 (8)	28 (8)
Ecstasy	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Methamphetamine	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Misuse of Psychotherapeutics											
Pain Relievers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.17A Past Year Initiation of Specific Substance Use among Young Adults Aged 18 to 25: 2002-2017 (continued)

Substance	2013	2014	2015	2016	2017
TOBACCO					
Cigarettes	1,031 (57)	1,181 (72)	1,050 (58)	978* (61)	1,151 (61)
Daily Cigarette Use	505* (36)	479 (40)	403 (34)	363 (37)	393 (36)
Smokeless Tobacco	nc	nc	517* (43)	452 (39)	398 (34)
Cigars	1,334* (61)	1,311* (67)	1,281 (67)	1,226 (68)	1,118 (64)
ALCOHOL	2,056* (76)	2,225 (86)	2,203 (78)	2,191* (86)	2,440 (95)
ILLCIT DRUGS					
Marijuana	1,017* (54)	1,094* (62)	1,048* (57)	1,013* (58)	1,304 (73)
Cocaine	432* (37)	501* (40)	663 (52)	766 (57)	729 (52)
Crack	25 (6)	54* (14)	37 (9)	48 (14)	21 (7)
Heroin	66 (13)	75 (15)	57 (12)	82 (19)	46 (13)
Hallucinogens	nc	nc	670 (54)	725 (53)	683 (47)
LSD	312* (31)	371* (37)	387 (35)	567 (48)	487 (39)
PCP	13 (5)	24 (8)	8 (4)	9 (6)	9 (5)
Ecstasy	nc	nc	531 (45)	460 (42)	507 (44)
Inhalants	nc	nc	188 (25)	184 (26)	212 (25)
Methamphetamine	nc	nc	91 (21)	79 (15)	95 (18)
Misuse of Psychotherapeutics					
Pain Relievers	nc	nc	596* (43)	585 (50)	465 (40)
Tranquilizers	nc	nc	489 (40)	617* (45)	473 (40)
Stimulants	nc	nc	600 (48)	617 (49)	581 (47)
Sedatives	nc	nc	86 (16)	75 (18)	51 (12)

LSD = lysergic acid diethylamide; nc = not comparable due to methodological changes; PCP = phencyclidine.

NOTE: Estimates shown are numbers in thousands with standard errors included in parentheses.

NOTE: Misuse of prescription psychotherapeutics (i.e., pain relievers, tranquilizers, stimulants, and sedatives) is 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; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

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

Table A.18A Past Year Initiation of Specific Substance Use among Adults Aged 26 or Older: 2002-2017

Substance	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
TOBACCO											
Cigarettes	111 (36)	98 (31)	63* (20)	131 (40)	83 (30)	45* (15)	89 (31)	124 (35)	78 (24)	73 (25)	101 (28)
Daily Cigarette Use	166 (48)	150 (39)	118 (29)	137 (42)	109 (33)	84 (23)	119 (37)	204 (49)	77 (23)	85 (32)	92 (27)
Smokeless Tobacco	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Cigars	714 (82)	518 (74)	614 (79)	747 (86)	570 (77)	555 (73)	521 (77)	644 (90)	622 (87)	593 (119)	524 (72)
ALCOHOL											
	124 (40)	60 (21)	169 (74)	105 (31)	60 (22)	112 (32)	193 (50)	124 (34)	191 (76)	106 (32)	196 (56)
ILLICIT DRUGS											
Marijuana	90* (25)	88* (30)	176* (47)	252* (97)	126* (33)	134* (37)	159* (45)	49* (15)	247* (60)	182* (49)	177* (53)
Cocaine	127 (33)	128 (36)	133 (39)	87* (23)	147 (38)	112* (32)	102* (34)	81* (28)	114 (41)	56* (22)	76* (26)
Crack	151* (38)	83 (31)	53 (21)	55 (19)	70 (24)	212* (69)	101 (30)	15 (10)	30 (18)	17 (9)	17 (8)
Heroin	12 (11)	25 (16)	40 (25)	33 (15)	9 (6)	20 (14)	28 (17)	85* (27)	37 (17)	40 (17)	40 (15)
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
LSD	16* (13)	** (**)	24* (15)	24* (19)	28* (19)	** (**)	18* (12)	** (**)	20* (15)	13* (8)	33* (16)
PCP	** (**)	** (**)	14 (10)	** (**)	** (**)	** (**)	** (**)	** (**)	** (**)	** (**)	17 (16)
Ecstasy	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Methamphetamine	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Misuse of Psychotherapeutics											
Pain Relievers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.18A Past Year Initiation of Specific Substance Use among Adults Aged 26 or Older: 2002-2017 (continued)

Substance	2013		2014		2015		2016		2017	
TOBACCO										
Cigarettes	108	(32)	144	(29)	84	(20)	81	(20)	142	(29)
Daily Cigarette Use	99	(31)	113	(25)	100	(24)	152	(35)	130	(26)
Smokeless Tobacco	nc		nc		358*	(53)	352	(72)	218	(41)
Cigars	706	(126)	489	(62)	617	(75)	558	(72)	622	(75)
ALCOHOL	85	(26)	95	(37)	200	(48)	156	(44)	143	(38)
ILLCIT DRUGS										
Marijuana	210*	(44)	271*	(45)	383	(55)	372	(53)	525	(68)
Cocaine	75*	(29)	148	(35)	193	(39)	213	(39)	210	(37)
Crack	23	(11)	44	(18)	**	(**)	34	(13)	52	(19)
Heroin	82	(32)	124*	(31)	68	(20)	80*	(21)	26	(11)
Hallucinogens	nc		nc		150	(29)	134	(30)	167	(35)
LSD	48	(25)	50*	(19)	71	(20)	117	(32)	120	(28)
PCP	**	(**)	**	(**)	**	(**)	22	(19)	**	(**)
Ecstasy	nc		nc		141	(31)	154	(27)	134	(31)
Inhalants	nc		nc		62	(20)	80	(25)	75	(27)
Methamphetamine	nc		nc		110	(29)	97	(28)	73	(24)
Misuse of Psychotherapeutics										
Pain Relievers	nc		nc		1,114	(101)	1,130	(102)	1,229	(111)
Tranquilizers	nc		nc		738	(82)	530*	(59)	749	(89)
Stimulants	nc		nc		384	(57)	513	(65)	394	(54)
Sedatives	nc		nc		293	(61)	164	(37)	186	(39)

**Low precision; no estimate reported; LSD = lysergic acid diethylamide; nc = not comparable due to methodological changes; PCP = phencyclidine.

NOTE: Estimates shown are numbers in thousands with standard errors included in parentheses.

NOTE: Misuse of prescription psychotherapeutics (i.e., pain relievers, tranquilizers, stimulants, and sedatives) is 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; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

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

Table A.19A Average Number of Initiates per Day among Individuals Aged 12 or Older, by Age Group: 2017

Substance	Aged 12 or Older		Aged 12 to 17		Aged 18 to 25		Aged 26 or Older	
TOBACCO								
Cigarettes	5,199	(220)	1,656	(101)	3,154	(168)	389	(79)
Daily Cigarette Use	1,666	(130)	235	(35)	1,076	(98)	355	(72)
Smokeless Tobacco	2,775	(168)	1,089	(80)	1,090	(94)	596	(113)
Cigars	6,406	(294)	1,640	(95)	3,062	(175)	1,703	(205)
ALCOHOL	13,464	(372)	6,388	(180)	6,684	(261)	392	(105)
ILLICIT DRUGS								
Marijuana	8,309	(321)	3,298	(142)	3,572	(199)	1,440	(186)
Cocaine	2,841	(189)	268	(37)	1,997	(142)	576	(102)
Crack	227	(56)	25	(12)	59	(20)	143	(51)
Heroin	223	(47)	25	(10)	126	(36)	71	(30)
Hallucinogens	3,270	(186)	942	(78)	1,872	(129)	457	(96)
LSD	2,175	(141)	515	(54)	1,333	(108)	328	(78)
PCP	63	(21)	34	(15)	**	(**)	**	(**)
Ecstasy	2,156	(154)	400	(54)	1,390	(121)	367	(84)
Inhalants	1,576	(115)	792	(68)	580	(70)	205	(74)
Methamphetamine	534	(85)	73	(18)	262	(51)	200	(66)
Misuse of Psychotherapeutics								
Pain Relievers	5,506	(326)	866	(78)	1,273	(109)	3,367	(305)
Tranquilizers	3,961	(279)	612	(62)	1,296	(110)	2,053	(244)
Stimulants	3,265	(209)	595	(68)	1,592	(129)	1,078	(149)
Sedatives	741	(116)	92	(26)	139	(32)	510	(108)

**Low precision; no estimate reported; LSD = lysergic acid diethylamide; PCP = phencyclidine.

NOTE: Estimates shown are unrounded averages with standard errors included in parentheses.

NOTE: Misuse of prescription psychotherapeutics (i.e., pain relievers, tranquilizers, stimulants, and sedatives) is 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; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

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

Table A.20B Perceived Great Risk of Harm Associated with Substance Use and Perceived Availability of Substances among Individuals Aged 12 or Older, by Age Group: 2017

Risk/Availability	Aged 12 or Older		Aged 12 to 17		Aged 18 to 25		Aged 26 or Older	
PERCEPTIONS OF GREAT RISK¹								
Marijuana								
Smoke Once a Month	26.1	(0.31)	24.4	(0.43)	12.3	(0.36)	28.5	(0.38)
Smoke Once or Twice a Week	31.9	(0.32)	37.7	(0.53)	15.4	(0.40)	34.0	(0.39)
Cocaine								
Use Once a Month	71.3	(0.29)	55.6	(0.49)	63.0	(0.53)	74.5	(0.35)
Use Once or Twice a Week	86.8	(0.21)	80.1	(0.42)	83.3	(0.37)	88.2	(0.25)
Heroin								
Try Once or Twice	86.4	(0.20)	66.3	(0.47)	82.6	(0.39)	89.3	(0.24)
Use Once or Twice a Week	94.5	(0.13)	84.0	(0.39)	93.9	(0.25)	95.8	(0.16)
LSD								
Try Once or Twice	68.2	(0.31)	49.6	(0.54)	51.8	(0.54)	72.9	(0.36)
Use Once or Twice a Week	82.7	(0.23)	70.4	(0.48)	71.7	(0.47)	85.9	(0.26)
Alcohol								
Have Four or Five Drinks Nearly Every Day	68.9	(0.28)	65.2	(0.47)	63.2	(0.50)	70.2	(0.35)
Have Five or More Drinks Once or Twice a Week	44.6	(0.31)	43.6	(0.50)	37.9	(0.52)	45.8	(0.38)
Cigarettes								
Smoke One or More Packs per Day	71.6	(0.27)	67.2	(0.49)	66.6	(0.50)	73.0	(0.33)
PERCEIVED AVAILABILITY²								
Fairly or Very Easy to Obtain								
Marijuana	61.0	(0.35)	46.1	(0.48)	74.6	(0.52)	60.5	(0.42)
Cocaine	22.4	(0.27)	12.8	(0.33)	26.8	(0.49)	22.8	(0.33)
Crack	18.7	(0.25)	11.3	(0.32)	15.8	(0.36)	20.1	(0.32)
Heroin	17.1	(0.24)	8.4	(0.28)	15.4	(0.38)	18.4	(0.30)
LSD	13.9	(0.22)	12.4	(0.34)	20.2	(0.44)	13.1	(0.27)
Approached in the Past Month by Someone Selling Drugs	5.7	(0.12)	10.9	(0.31)	14.2	(0.37)	3.7	(0.13)

LSD = lysergic acid diethylamide.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

¹ Respondents with unknown Perception of Great Risk data were excluded.

² Respondents with unknown Perceived Availability data were excluded.

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

Table A.21B Substance Use Disorder for Specific Substances in the Past Year among Individuals Aged 12 or Older: 2002-2017

Past Year Use Disorder	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
ALCOHOL	7.7* (0.18)	7.5* (0.16)	7.8* (0.17)	7.7* (0.16)	7.7* (0.17)	7.5* (0.17)	7.4* (0.16)	7.5* (0.17)	7.1* (0.16)	6.5* (0.15)	6.8* (0.16)
ILLCIT DRUGS	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Marijuana	1.8* (0.07)	1.8* (0.06)	1.9* (0.07)	1.7* (0.06)	1.7* (0.06)	1.6 (0.06)	1.7* (0.06)	1.7* (0.06)	1.8* (0.07)	1.6 (0.06)	1.7 (0.07)
Cocaine	0.6* (0.05)	0.6* (0.05)	0.7* (0.05)	0.6* (0.04)	0.7* (0.05)	0.6* (0.05)	0.6* (0.04)	0.4 (0.04)	0.4 (0.04)	0.3 (0.03)	0.4 (0.05)
Heroin	0.1* (0.02)	0.1* (0.02)	0.1* (0.02)	0.1* (0.01)	0.1* (0.03)	0.1* (0.02)	0.1* (0.02)	0.1* (0.03)	0.1* (0.02)	0.2* (0.02)	0.2 (0.03)
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Methamphetamine	--	--	--	--	--	--	--	--	--	--	--
Misuse of Psychotherapeutics	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Pain Relievers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Opioids (Heroin Use or Pain Reliever Misuse)	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
BOTH ALCOHOL AND ILLICIT DRUGS	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
ALCOHOL OR ILLICIT DRUGS¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.21B Substance Use Disorder for Specific Substances in the Past Year among Individuals Aged 12 or Older: 2002-2017 (continued)

Past Year Use Disorder	2013	2014	2015	2016	2017
ALCOHOL	6.6* (0.16)	6.4* (0.14)	5.9* (0.13)	5.6 (0.13)	5.3 (0.12)
ILLCIT DRUGS	nc	nc	2.9 (0.08)	2.7 (0.08)	2.8 (0.08)
Marijuana	1.6 (0.07)	1.6 (0.06)	1.5 (0.05)	1.5 (0.06)	1.5 (0.06)
Cocaine	0.3 (0.03)	0.3 (0.03)	0.3 (0.03)	0.3 (0.03)	0.4 (0.03)
Heroin	0.2 (0.02)	0.2 (0.02)	0.2 (0.02)	0.2 (0.02)	0.2 (0.02)
Hallucinogens	nc	nc	0.1 (0.01)	0.1 (0.02)	0.1 (0.01)
Inhalants	nc	nc	0.0 (0.01)	0.0 (0.01)	0.0 (0.01)
Methamphetamine	--	--	0.3 (0.03)	0.3* (0.02)	0.4 (0.03)
Misuse of Psychotherapeutics	nc	nc	1.0 (0.05)	0.9 (0.05)	0.9 (0.05)
Pain Relievers	nc	nc	0.8* (0.04)	0.7 (0.04)	0.6 (0.04)
Tranquilizers	nc	nc	0.3 (0.02)	0.2 (0.02)	0.3 (0.02)
Stimulants	nc	nc	0.2 (0.02)	0.2 (0.02)	0.2 (0.02)
Sedatives	nc	nc	0.1 (0.01)	0.1 (0.02)	0.1 (0.01)
Opioids (Heroin Use or Pain Reliever Misuse)	nc	nc	0.9 (0.05)	0.8 (0.05)	0.8 (0.05)
BOTH ALCOHOL AND ILLICIT DRUGS	nc	nc	1.0* (0.05)	0.9 (0.04)	0.9 (0.04)
ALCOHOL OR ILLICIT DRUGS¹	nc	nc	7.8* (0.15)	7.5 (0.15)	7.2 (0.14)

-- = not available; nc = not comparable due to methodological changes.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Estimates of 0.0 percent round to less than 0.1 percent when shown to the nearest tenth of a percent.

NOTE: Misuse of prescription psychotherapeutics (i.e., pain relievers, tranquilizers, stimulants, and sedatives) is 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; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

¹ The term "alcohol or illicit drugs" in this table corresponds to the term "substance use disorder" in the main body of the report.

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

Table A.22B Substance Use Disorder for Specific Substances in the Past Year among Youths Aged 12 to 17: 2002-2017

Past Year Use Disorder	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
ALCOHOL	5.9* (0.20)	5.9* (0.20)	6.0* (0.20)	5.5* (0.20)	5.4* (0.19)	5.4* (0.19)	4.9* (0.20)	4.6* (0.20)	4.6* (0.20)	3.8* (0.18)	3.4* (0.16)
ILLCIT DRUGS	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Marijuana	4.3* (0.18)	3.8* (0.15)	3.9* (0.16)	3.6* (0.16)	3.4* (0.16)	3.1* (0.14)	3.4* (0.16)	3.4* (0.16)	3.6* (0.16)	3.5* (0.16)	3.2* (0.16)
Cocaine	0.4* (0.07)	0.3* (0.05)	0.4* (0.05)	0.4* (0.05)	0.4* (0.05)	0.4* (0.05)	0.3* (0.05)	0.2* (0.04)	0.1 (0.03)	0.2* (0.04)	0.2 (0.04)
Heroin	0.1 (0.02)	0.0 (0.01)	0.1* (0.03)	0.0 (0.01)	0.0 (0.01)	0.0 (0.01)	0.1* (0.02)	0.1* (0.02)	0.0 (0.01)	0.1* (0.04)	0.1 (0.03)
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Methamphetamine	--	--	--	--	--	--	--	--	--	--	--
Misuse of Psychotherapeutics	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Pain Relievers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Opioids (Heroin Use or Pain Reliever Misuse)	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
BOTH ALCOHOL AND ILLICIT DRUGS	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
ALCOHOL OR ILLICIT DRUGS¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.22B Substance Use Disorder for Specific Substances in the Past Year among Youths Aged 12 to 17: 2002-2017 (continued)

Past Year Use Disorder	2013	2014	2015	2016	2017
ALCOHOL	2.8* (0.14)	2.7* (0.17)	2.5* (0.15)	2.0 (0.13)	1.8 (0.12)
ILLCIT DRUGS	nc	nc	3.4* (0.17)	3.2 (0.18)	3.0 (0.15)
Marijuana	2.9* (0.15)	2.7* (0.16)	2.6 (0.15)	2.3 (0.15)	2.2 (0.13)
Cocaine	0.1 (0.02)	0.1 (0.03)	0.1 (0.04)	0.1 (0.03)	0.1 (0.02)
Heroin	0.0 (0.02)	0.1 (0.03)	0.0 (0.01)	0.0 (0.00)	0.0 (0.01)
Hallucinogens	nc	nc	0.3 (0.06)	0.3 (0.05)	0.2 (0.04)
Inhalants	nc	nc	0.2* (0.04)	0.2* (0.04)	0.1 (0.03)
Methamphetamine	--	--	0.1 (0.03)	0.0 (0.02)	0.1 (0.03)
Misuse of Psychotherapeutics	nc	nc	0.9 (0.09)	0.9 (0.10)	0.8 (0.08)
Pain Relievers	nc	nc	0.5 (0.07)	0.6* (0.08)	0.4 (0.06)
Tranquilizers	nc	nc	0.3 (0.06)	0.3 (0.06)	0.3 (0.06)
Stimulants	nc	nc	0.2 (0.04)	0.2 (0.04)	0.2 (0.05)
Sedatives	nc	nc	0.1 (0.03)	0.1* (0.04)	0.0 (0.02)
Opioids (Heroin Use or Pain Reliever Misuse)	nc	nc	0.5 (0.07)	0.6* (0.08)	0.4 (0.06)
BOTH ALCOHOL AND ILLICIT DRUGS	nc	nc	1.0 (0.10)	0.9 (0.09)	0.8 (0.07)
ALCOHOL OR ILLICIT DRUGS¹	nc	nc	5.0* (0.20)	4.3 (0.20)	4.0 (0.18)

-- = not available; nc = not comparable due to methodological changes.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Estimates of 0.0 percent round to less than 0.1 percent when shown to the nearest tenth of a percent.

NOTE: Misuse of prescription psychotherapeutics (i.e., pain relievers, tranquilizers, stimulants, and sedatives) is 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; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

¹ The term "alcohol or illicit drugs" in this table corresponds to the term "substance use disorder" in the main body of the report.

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

Table A.23B Substance Use Disorder for Specific Substances in the Past Year among Young Adults Aged 18 to 25: 2002-2017

Past Year Use Disorder	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
ALCOHOL	17.7* (0.36)	17.2* (0.34)	17.4* (0.37)	17.5* (0.37)	17.6* (0.37)	16.9* (0.35)	17.4* (0.35)	16.1* (0.35)	15.7* (0.37)	14.4* (0.34)	14.3* (0.33)
ILLCIT DRUGS	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Marijuana	6.0* (0.20)	5.9* (0.20)	6.0* (0.23)	5.9* (0.22)	5.7 (0.21)	5.6 (0.21)	5.6 (0.22)	5.6 (0.22)	5.7 (0.22)	5.7 (0.21)	5.5 (0.23)
Cocaine	1.2* (0.09)	1.2* (0.09)	1.4* (0.10)	1.5* (0.10)	1.3* (0.10)	1.4* (0.10)	1.2* (0.10)	0.9 (0.08)	0.7 (0.08)	0.6 (0.07)	0.6 (0.08)
Heroin	0.2* (0.04)	0.1* (0.03)	0.2* (0.04)	0.3* (0.04)	0.2* (0.04)	0.2* (0.04)	0.3* (0.05)	0.3 (0.05)	0.3 (0.05)	0.4 (0.06)	0.5 (0.06)
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Methamphetamine	--	--	--	--	--	--	--	--	--	--	--
Misuse of Psychotherapeutics	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Pain Relievers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Opioids (Heroin Use or Pain Reliever Misuse)	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
BOTH ALCOHOL AND ILLICIT DRUGS	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
ALCOHOL OR ILLICIT DRUGS¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.23B Substance Use Disorder for Specific Substances in the Past Year among Young Adults Aged 18 to 25: 2002-2017 (continued)

Past Year Use Disorder	2013	2014	2015	2016	2017
ALCOHOL	13.0* (0.35)	12.3* (0.34)	10.9* (0.32)	10.7 (0.32)	10.0 (0.31)
ILLICIT DRUGS	nc	nc	7.2 (0.26)	7.0 (0.27)	7.3 (0.27)
Marijuana	5.4 (0.22)	4.9 (0.22)	5.1 (0.21)	5.0 (0.24)	5.2 (0.24)
Cocaine	0.7 (0.08)	0.5 (0.07)	0.7 (0.08)	0.6 (0.08)	0.7 (0.08)
Heroin	0.5 (0.07)	0.5 (0.07)	0.4 (0.06)	0.4 (0.06)	0.5 (0.07)
Hallucinogens	nc	nc	0.3 (0.05)	0.5 (0.07)	0.4 (0.06)
Inhalants	nc	nc	0.0 (0.02)	0.0 (0.01)	0.1 (0.03)
Methamphetamine	--	--	0.4 (0.07)	0.4 (0.06)	0.5 (0.08)
Misuse of Psychotherapeutics	nc	nc	2.0 (0.14)	1.6 (0.12)	1.9 (0.13)
Pain Relievers	nc	nc	1.2 (0.11)	0.8 (0.09)	1.0 (0.09)
Tranquilizers	nc	nc	0.7 (0.08)	0.5* (0.07)	0.8 (0.09)
Stimulants	nc	nc	0.5 (0.06)	0.5 (0.07)	0.5 (0.06)
Sedatives	nc	nc	0.1 (0.02)	0.1 (0.03)	0.1 (0.02)
Opioids (Heroin Use or Pain Reliever Misuse)	nc	nc	1.5 (0.12)	1.1 (0.10)	1.3 (0.11)
BOTH ALCOHOL AND ILLICIT DRUGS	nc	nc	2.9 (0.16)	2.5 (0.16)	2.6 (0.16)
ALCOHOL OR ILLICIT DRUGS¹	nc	nc	15.3 (0.37)	15.1 (0.37)	14.8 (0.36)

-- = not available; nc = not comparable due to methodological changes.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Estimates of 0.0 percent round to less than 0.1 percent when shown to the nearest tenth of a percent.

NOTE: Misuse of prescription psychotherapeutics (i.e., pain relievers, tranquilizers, stimulants, and sedatives) is 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; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

¹ The term "alcohol or illicit drugs" in this table corresponds to the term "substance use disorder" in the main body of the report.

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

Table A.24B Substance Use Disorder for Specific Substances in the Past Year among Adults Aged 26 or Older: 2002-2017

Past Year Use Disorder	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
ALCOHOL	6.2* (0.22)	6.0* (0.20)	6.3* (0.21)	6.2* (0.19)	6.2* (0.20)	6.2* (0.20)	6.0* (0.19)	6.3* (0.20)	5.9* (0.20)	5.4* (0.18)	5.9* (0.19)
ILLCIT DRUGS	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Marijuana	0.8 (0.07)	0.7 (0.06)	0.8 (0.07)	0.7 (0.06)	0.8 (0.07)	0.7 (0.07)	0.8 (0.06)	0.8 (0.07)	0.9 (0.08)	0.7 (0.06)	0.8 (0.07)
Cocaine	0.6* (0.06)	0.6* (0.06)	0.6* (0.06)	0.5* (0.05)	0.6* (0.07)	0.6* (0.06)	0.5* (0.05)	0.4 (0.05)	0.4 (0.05)	0.3 (0.04)	0.4 (0.06)
Heroin	0.1* (0.02)	0.1* (0.02)	0.1* (0.03)	0.1* (0.02)	0.1* (0.03)	0.1* (0.02)	0.1* (0.02)	0.1* (0.03)	0.1* (0.03)	0.1* (0.03)	0.1* (0.03)
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Methamphetamine	--	--	--	--	--	--	--	--	--	--	--
Misuse of Psychotherapeutics	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Pain Relievers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
Opioids (Heroin Use or Pain Reliever Misuse)	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
BOTH ALCOHOL AND ILLICIT DRUGS	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc
ALCOHOL OR ILLICIT DRUGS¹	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc	nc

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.24B Substance Use Disorder for Specific Substances in the Past Year among Adults Aged 26 or Older: 2002-2017 (continued)

Past Year Use Disorder	2013	2014	2015	2016	2017
ALCOHOL	6.0* (0.19)	5.9* (0.16)	5.4* (0.15)	5.2 (0.15)	5.0 (0.14)
ILLICIT DRUGS	nc	nc	2.1 (0.09)	2.0 (0.09)	2.0 (0.09)
Marijuana	0.8 (0.08)	0.9 (0.06)	0.8 (0.05)	0.8 (0.06)	0.8 (0.06)
Cocaine	0.3 (0.04)	0.3 (0.04)	0.3 (0.04)	0.3 (0.04)	0.3 (0.04)
Heroin	0.2 (0.03)	0.2 (0.03)	0.2 (0.03)	0.2 (0.03)	0.2 (0.03)
Hallucinogens	nc	nc	0.0 (0.01)	0.1 (0.01)	0.1 (0.01)
Inhalants	nc	nc	0.0 (0.01)	0.0 (0.01)	0.0 (0.01)
Methamphetamine	--	--	0.3 (0.04)	0.3 (0.03)	0.4 (0.04)
Misuse of Psychotherapeutics	nc	nc	0.9 (0.06)	0.8 (0.06)	0.8 (0.06)
Pain Relievers	nc	nc	0.7 (0.05)	0.6 (0.05)	0.6 (0.05)
Tranquilizers	nc	nc	0.2 (0.03)	0.2 (0.02)	0.2 (0.02)
Stimulants	nc	nc	0.1 (0.02)	0.1 (0.02)	0.2 (0.02)
Sedatives	nc	nc	0.1 (0.01)	0.1 (0.02)	0.1 (0.02)
Opioids (Heroin Use or Pain Reliever Misuse)	nc	nc	0.8 (0.06)	0.8 (0.06)	0.7 (0.05)
BOTH ALCOHOL AND ILLICIT DRUGS	nc	nc	0.7 (0.05)	0.6 (0.05)	0.6 (0.05)
ALCOHOL OR ILLICIT DRUGS¹	nc	nc	6.9 (0.17)	6.6 (0.17)	6.4 (0.16)

-- = not available; nc = not comparable due to methodological changes.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Estimates of 0.0 percent round to less than 0.1 percent when shown to the nearest tenth of a percent.

NOTE: Misuse of prescription psychotherapeutics (i.e., pain relievers, tranquilizers, stimulants, and sedatives) is 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; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

¹ The term "alcohol or illicit drugs" in this table corresponds to the term "substance use disorder" in the main body of the report.

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

Table A.25B Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year among Youths Aged 12 to 17: 2004-2017

MDE	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
MDE	9.0* (0.25)	8.8* (0.25)	7.9* (0.24)	8.2* (0.25)	8.3* (0.25)	8.1* (0.24)	8.0* (0.24)	8.2* (0.24)	9.1* (0.26)	10.7* (0.30)	11.4* (0.32)
MDE with Severe Impairment ¹	--	--	5.5* (0.20)	5.5* (0.20)	6.0* (0.22)	5.8* (0.20)	5.7* (0.20)	5.7* (0.19)	6.3* (0.22)	7.7* (0.26)	8.2* (0.27)

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.25B Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year among Youths Aged 12 to 17: 2004-2017 (continued)

MDE	2015	2016	2017
MDE	12.5 (0.33)	12.8 (0.32)	13.3 (0.35)
MDE with Severe Impairment ¹	8.8 (0.28)	9.0 (0.27)	9.4 (0.31)

-- = not available.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown past year MDE data were excluded.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

¹ Impairment is based on the Sheehan Disability Scale (SDS) role domains, which measure the impact of a disorder on a youth's life. Impairment is defined as the highest severity level of role impairment across four domains: (1) chores at home, (2) school or work, (3) close relationships with family, and (4) social life. Ratings ≥ 7 on a 0 to 10 scale were considered Severe Impairment. Respondents with unknown impairment data were excluded.

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

Table A.26B Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year among Adults Aged 18 or Older, by Age Group: 2005-2017

MDE/Age Group	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
MDE	6.6* (0.19)	6.5* (0.18)	6.7 (0.18)	6.5* (0.18)	6.6* (0.18)	6.8 (0.19)	6.6* (0.18)	6.9 (0.19)	6.7 (0.19)	6.6* (0.15)	6.7 (0.15)
18-25	8.8* (0.26)	8.1* (0.23)	8.0* (0.24)	8.4* (0.25)	8.0* (0.24)	8.3* (0.25)	8.3* (0.25)	8.9* (0.27)	8.7* (0.26)	9.3* (0.29)	10.3* (0.28)
26-49	7.6 (0.27)	7.7 (0.29)	7.6 (0.26)	7.4 (0.27)	7.6 (0.26)	7.5 (0.27)	7.7 (0.28)	7.6 (0.27)	7.6 (0.29)	7.2 (0.21)	7.5 (0.21)
50 or Older	4.5 (0.32)	4.5 (0.29)	5.2 (0.34)	4.8 (0.35)	4.9 (0.32)	5.6* (0.35)	4.8 (0.30)	5.5 (0.34)	5.1 (0.31)	5.2 (0.24)	4.8 (0.26)
MDE with Severe Impairment¹	--	--	--	--	4.0* (0.14)	4.2 (0.15)	4.2 (0.15)	4.5 (0.15)	4.3 (0.15)	4.3 (0.12)	4.3 (0.12)
18-25	--	--	--	--	5.2* (0.20)	5.2* (0.21)	5.2* (0.20)	5.8* (0.21)	5.7* (0.22)	6.0* (0.24)	6.5* (0.23)
26-49	--	--	--	--	4.8 (0.21)	4.7 (0.21)	5.2 (0.23)	5.1 (0.23)	4.9 (0.24)	4.6 (0.17)	4.9 (0.17)
50 or Older	--	--	--	--	2.6 (0.23)	3.5* (0.28)	2.9 (0.24)	3.4 (0.28)	3.2 (0.25)	3.5* (0.21)	3.0 (0.21)

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.26B Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year among Adults Aged 18 or Older, by Age Group: 2005-2017 (continued)

MDE/Age Group	2016	2017
MDE	6.7 (0.15)	7.1 (0.16)
18-25	10.9* (0.31)	13.1 (0.34)
26-49	7.4 (0.21)	7.7 (0.23)
50 or Older	4.8 (0.25)	4.7 (0.24)
MDE with Severe Impairment¹	4.3 (0.12)	4.5 (0.12)
18-25	7.0* (0.27)	8.5 (0.29)
26-49	4.7 (0.16)	5.0 (0.18)
50 or Older	3.0 (0.22)	2.8 (0.18)

-- = not available.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown past year MDE data were excluded.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

¹ Impairment is based on the Sheehan Disability Scale (SDS) role domains, which measure the impact of a disorder on an adult's life. Impairment is defined as the highest severity level of role impairment across four domains: (1) home management, (2) work, (3) close relationships with others, and (4) social life. Ratings ≥ 7 on a 0 to 10 scale were considered Severe Impairment. Respondents with unknown impairment data were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2005-2017.

Table A.27B Level of Mental Illness in the Past Year among Adults Aged 18 or Older, by Age Group: 2008-2017

Mental Illness/Age Group	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
AMI	17.7* (0.30)	18.1 (0.31)	18.1* (0.30)	17.8* (0.30)	18.6 (0.31)	18.5 (0.31)	18.1* (0.23)	17.9* (0.25)	18.3 (0.24)	18.9 (0.27)
18-25	18.5* (0.34)	18.0* (0.32)	18.1* (0.35)	18.5* (0.37)	19.6* (0.35)	19.4* (0.36)	20.1* (0.39)	21.7* (0.38)	22.1* (0.43)	25.8 (0.49)
26-49	20.7* (0.42)	21.6 (0.43)	20.9* (0.42)	20.3* (0.43)	21.2 (0.44)	21.5 (0.45)	20.4* (0.34)	20.9* (0.34)	21.1* (0.33)	22.2 (0.36)
50 or Older	14.1 (0.59)	14.5 (0.54)	15.1 (0.55)	15.0 (0.53)	15.8* (0.55)	15.3* (0.52)	15.4* (0.40)	14.0 (0.42)	14.5 (0.40)	13.8 (0.42)
SMI	3.7* (0.14)	3.7* (0.14)	4.1* (0.16)	3.9* (0.14)	4.1* (0.14)	4.2 (0.16)	4.1* (0.12)	4.0* (0.12)	4.2 (0.12)	4.5 (0.12)
18-25	3.8* (0.16)	3.3* (0.15)	3.9* (0.17)	3.8* (0.17)	4.1* (0.17)	4.2* (0.18)	4.8* (0.21)	5.0* (0.21)	5.9* (0.24)	7.5 (0.26)
26-49	4.8* (0.21)	4.9* (0.22)	5.2 (0.23)	5.0 (0.22)	5.2 (0.23)	5.3 (0.25)	4.9* (0.18)	5.0* (0.18)	5.3 (0.18)	5.6 (0.19)
50 or Older	2.5 (0.24)	2.5 (0.23)	3.0 (0.27)	2.8 (0.22)	3.0 (0.25)	3.2 (0.26)	3.1 (0.19)	2.8 (0.20)	2.7 (0.20)	2.7 (0.19)
AMI Excluding SMI	14.0 (0.27)	14.4 (0.27)	14.0 (0.27)	13.9 (0.26)	14.5 (0.28)	14.2 (0.27)	14.0 (0.21)	13.9 (0.22)	14.0 (0.21)	14.3 (0.24)
18-25	14.8* (0.31)	14.6* (0.29)	14.1* (0.31)	14.8* (0.33)	15.5* (0.33)	15.2* (0.33)	15.3* (0.35)	16.7* (0.36)	16.2* (0.36)	18.3 (0.43)
26-49	16.0 (0.38)	16.7 (0.38)	15.7 (0.37)	15.3* (0.37)	16.0 (0.38)	16.2 (0.40)	15.5* (0.29)	15.9 (0.30)	15.8* (0.29)	16.6 (0.32)
50 or Older	11.6 (0.54)	12.0 (0.50)	12.2 (0.49)	12.3 (0.48)	12.8* (0.50)	12.1 (0.48)	12.3* (0.37)	11.1 (0.37)	11.8 (0.37)	11.1 (0.38)

AMI = any mental illness; SMI = serious mental illness.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

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

Table A.28B Co-Occurring Substance Use Disorder (SUD) and Major Depressive Episode (MDE) and Co-Occurring SUD and MDE with Severe Impairment in the Past Year among Youths Aged 12 to 17: 2017

SUD and MDE	12 to 17	
SUD and MDE	1.4	(0.11)
SUD and MDE with Severe Impairment ¹	1.1	(0.10)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown past year MDE data were excluded.

¹ Impairment is based on the Sheehan Disability Scale (SDS) role domains, which measure the impact of a disorder on a youth's life. Impairment is defined as the highest severity level of role impairment across four domains:

(1) chores at home, (2) school or work, (3) close relationships with family, and (4) social life. Ratings ≥ 7 on a 0 to 10 scale were considered Severe Impairment. Respondents with unknown impairment data were excluded.

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

Table A.29B Substance Use Disorder (SUD) and Past Year Major Depressive Episode (MDE) among Youths Aged 12 to 17, by SUD and MDE Status: 2017

SUD or MDE	SUD		No SUD		MDE		No MDE	
SUD	100.0	(0.00)	da		10.7	(0.80)	2.9	(0.17)
MDE	35.9	(2.27)	12.3	(0.34)	100.0	(0.00)	da	

da = does not apply.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown past year MDE data were excluded.

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

Table A.30B Substance Use in the Past Year and Past Month among Youths Aged 12 to 17, by Past Year Major Depressive Episode (MDE): 2017

Period/Substance	Total¹		MDE		No MDE	
PAST YEAR USE						
Illicit Drugs	16.3	(0.37)	29.3	(1.19)	14.3	(0.37)
Marijuana	12.4	(0.33)	22.5	(1.09)	10.9	(0.34)
Cocaine	0.5	(0.06)	1.1	(0.24)	0.4	(0.06)
Crack	0.1	(0.03)	0.1	(0.05)	0.1	(0.03)
Heroin	0.1	(0.02)	0.2	(0.09)	0.0	(0.02)
Hallucinogens	2.1	(0.14)	4.5	(0.55)	1.6	(0.14)
LSD	1.0	(0.09)	2.2	(0.41)	0.8	(0.09)
PCP	0.1	(0.03)	0.4	(0.17)	0.0	(0.02)
Ecstasy	0.7	(0.08)	1.5	(0.31)	0.6	(0.08)
Inhalants	2.3	(0.14)	4.5	(0.53)	2.0	(0.14)
Methamphetamine	0.2	(0.04)	0.4	(0.15)	0.1	(0.04)
Misuse of Psychotherapeutics	4.9	(0.21)	11.5	(0.88)	3.9	(0.21)
Pain Relievers	3.1	(0.16)	6.5	(0.64)	2.5	(0.16)
Tranquilizers	1.8	(0.13)	5.1	(0.60)	1.3	(0.12)
Stimulants	1.8	(0.14)	4.9	(0.64)	1.3	(0.12)
Sedatives	0.3	(0.05)	0.7	(0.17)	0.2	(0.06)
Opioids (Heroin Use or Pain Reliever Misuse)	3.1	(0.16)	6.6	(0.64)	2.5	(0.16)
PAST MONTH USE						
Daily Cigarette Use	0.4	(0.05)	0.8	(0.23)	0.3	(0.05)
Heavy Alcohol Use	0.7	(0.08)	1.2	(0.27)	0.6	(0.08)

LSD = lysergic acid diethylamide; PCP = phencyclidine.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Estimates of 0.0 percent round to less than 0.1 percent when shown to the nearest tenth of a percent.

NOTE: Misuse of prescription psychotherapeutics (i.e., pain relievers, tranquilizers, stimulants, and sedatives) is 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; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

¹ Estimates in the Total column represent all youths aged 12 to 17, including those with unknown past year MDE information.

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

Table A.31B Co-Occurring Past Year Substance Use Disorder and Level of Mental Illness Status in the Past Year among Adults Aged 18 or Older, by Age Group: 2017

SUD and Level of Mental Illness Status	18 or Older		18 to 25		26 to 49		50 or Older	
SUD and AMI	3.4	(0.10)	6.9	(0.25)	4.4	(0.16)	1.6	(0.14)
SUD and SMI	1.3	(0.06)	2.8	(0.17)	1.6	(0.10)	0.5	(0.08)
SUD and AMI Excluding SMI	2.2	(0.08)	4.2	(0.19)	2.8	(0.13)	1.1	(0.12)

AMI = any mental illness; SMI = serious mental illness, SUD = substance use disorder.

NOTE: 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, 2017.

Table A.32B Level of Mental Illness in the Past Year among Adults Aged 18 or Older, by Past Year Substance Use Disorder Status and Age Group: 2017

Level of Mental Illness/SUD Status	18 or Older		18 to 25		26 to 49		50 or Older	
AMI								
SUD	45.6	(1.02)	46.8	(1.37)	48.1	(1.32)	39.1	(2.72)
No SUD	16.7	(0.26)	22.1	(0.48)	19.6	(0.36)	12.7	(0.41)
SMI								
SUD	16.5	(0.76)	18.6	(1.04)	17.5	(1.03)	12.3	(1.96)
No SUD	3.5	(0.11)	5.5	(0.24)	4.4	(0.17)	2.3	(0.17)
AMI EXCLUDING SMI								
SUD	29.0	(0.88)	28.1	(1.16)	30.7	(1.18)	26.8	(2.45)
No SUD	13.1	(0.24)	16.6	(0.46)	15.2	(0.32)	10.4	(0.38)

AMI = any mental illness; SMI = serious mental illness, SUD = substance use disorder.

NOTE: 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, 2017.

Table A.33B Substance Use Disorder in the Past Year among Adults Aged 18 or Older, by Past Year Level of Mental Illness and Age Group: 2017

Level of Mental Illness	18 or Older		18 to 25		26 to 49		50 or Older	
AMI	18.3	(0.46)	26.8	(0.82)	19.6	(0.65)	11.5	(0.94)
SMI	27.6	(1.11)	36.9	(1.71)	28.4	(1.47)	18.5	(2.68)
AMI Excluding SMI	15.3	(0.50)	22.7	(0.98)	16.7	(0.70)	9.8	(0.98)
No Mental Illness	5.1	(0.14)	10.6	(0.38)	6.0	(0.23)	2.9	(0.20)

AMI = any mental illness; SMI = serious mental illness.

NOTE: 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, 2017.

Table A.34B Had Serious Thoughts of Suicide in the Past Year among Adults Aged 18 or Older, by Age Group: 2008-2017

Age Group	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
18 or Older	3.7* (0.13)	3.7* (0.13)	3.8* (0.14)	3.7* (0.13)	3.9* (0.13)	3.9* (0.14)	3.9* (0.12)	4.0 (0.12)	4.0 (0.11)	4.3 (0.12)
18-25	6.8* (0.23)	6.1* (0.20)	6.7* (0.22)	6.8* (0.25)	7.2* (0.23)	7.4* (0.24)	7.5* (0.25)	8.3* (0.26)	8.8* (0.28)	10.5 (0.32)
26-49	4.0 (0.19)	4.3 (0.20)	4.1 (0.20)	3.7* (0.17)	4.2 (0.21)	4.0 (0.21)	4.0 (0.17)	4.1 (0.17)	4.2 (0.16)	4.3 (0.16)
50 or Older	2.3 (0.23)	2.3 (0.23)	2.6 (0.22)	2.6 (0.23)	2.4 (0.21)	2.7 (0.26)	2.7 (0.18)	2.6 (0.19)	2.4 (0.17)	2.5 (0.19)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide information were excluded.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

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

Table A.35B Made Any Suicide Plans in the Past Year among Adults Aged 18 or Older, by Age Group: 2008-2017

Age Group	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
18 or Older	1.0* (0.07)	1.0* (0.07)	1.1* (0.07)	1.0* (0.07)	1.1 (0.07)	1.1 (0.07)	1.1* (0.06)	1.1* (0.06)	1.1* (0.05)	1.3 (0.06)
18-25	2.0* (0.12)	2.0* (0.12)	1.9* (0.12)	1.9* (0.13)	2.4* (0.14)	2.5* (0.14)	2.3* (0.14)	2.7* (0.16)	2.9* (0.16)	3.7 (0.20)
26-49	1.1 (0.10)	1.0 (0.10)	1.0 (0.09)	1.1 (0.10)	1.3 (0.12)	1.3 (0.12)	1.1 (0.09)	1.1 (0.08)	1.3 (0.09)	1.2 (0.09)
50 or Older	0.7 (0.12)	0.6 (0.12)	0.9 (0.14)	0.7 (0.11)	0.6 (0.10)	0.6 (0.09)	0.7 (0.09)	0.7 (0.09)	0.5 (0.07)	0.6 (0.08)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide information were excluded.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

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

Table A.36B Attempted Suicide in the Past Year among Adults Aged 18 or Older, by Age Group: 2008-2017

Age Group	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
18 or Older	0.5 (0.05)	0.5 (0.04)	0.5 (0.05)	0.5 (0.05)	0.6 (0.04)	0.6 (0.05)	0.5* (0.03)	0.6 (0.04)	0.5 (0.04)	0.6 (0.04)
18-25	1.2* (0.10)	1.1* (0.09)	1.2* (0.09)	1.2* (0.10)	1.5* (0.12)	1.3* (0.10)	1.2* (0.10)	1.6 (0.13)	1.8 (0.13)	1.9 (0.14)
26-49	0.4 (0.07)	0.5 (0.06)	0.4 (0.06)	0.5 (0.07)	0.5 (0.08)	0.6 (0.09)	0.5 (0.06)	0.5 (0.06)	0.5 (0.05)	0.4 (0.05)
50 or Older	0.3 (0.08)	0.2 (0.06)	0.3 (0.08)	0.3 (0.08)	0.3 (0.06)	0.3 (0.07)	0.2 (0.04)	0.3 (0.07)	0.2 (0.06)	0.3 (0.06)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide information were excluded.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

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

Table A.37B Suicidal Thoughts, Plans, and Attempts in the Past Year among Adults Aged 18 or Older: 2017

Suicidal Behavior	Aged 18 or Older, Number ¹		Percentage among Adults Aged 18 or Older ²	
Had Serious Thoughts of Suicide	10,642	(289)	4.3	(0.12)
Made Suicide Plans	3,195	(148)	1.3	(0.06)
Attempted Suicide	1,388	(97)	0.6	(0.04)
Made Suicide Plans	1,222	(94)	0.5	(0.04)
Did Not Make Suicide Plans	166	(29)	0.1	(0.01)

¹ Estimates shown are numbers in thousands with standard errors included in parentheses.

² Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide information were excluded.

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

Table A.38B Need for Substance Use Treatment and Receipt of Substance Use Treatment at a Specialty Facility in the Past Year among Individuals Aged 12 or Older, by Age Group: 2017

Needed/Received Substance Use Treatment	Aged 12 or Older, Number ¹		Percentage among Individuals Aged 12 or Older ²		Aged 12-17, Number ¹		Percentage among Youths Aged 12-17 ²		Aged 18-25, Number ¹		Percentage among Adults Aged 18-25 ²		Aged 26 or Older, Number ¹		Percentage among Adults Aged 26 or Older ²	
Needed Substance Use Treatment ³	20,707	(396)	7.6	(0.15)	1,033	(47)	4.1	(0.19)	5,170	(123)	15.1	(0.36)	14,504	(366)	6.8	(0.17)
Received Substance Use Treatment at a Specialty Facility among Individuals Who Needed Substance Use Treatment	2,530	(152)	12.2	(0.67)	91	(14)	8.8	(1.29)	441	(38)	8.5	(0.67)	1,999	(144)	13.8	(0.91)

¹ Estimates shown are numbers in thousands with standard errors included in parentheses.

² Estimates shown are percentages with standard errors included in parentheses.

³ Respondents were classified as needing substance use treatment if they met the criteria for a substance use disorder as defined in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) 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).

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

Table A.39A Received Substance Use Treatment at Any Treatment Location or at a Specialty Facility in the Past Year among Individuals Aged 12 or Older, by Age Group: 2017

Treatment Facility Type	Aged 12 or Older, Number ¹	Percentage among Individuals Aged 12 or Older ²	Aged 12-17, Number ¹	Percentage among Youths Aged 12-17 ²	Aged 18-25, Number ¹	Percentage among Adults Aged 18-25 ²	Aged 26 or Older, Number ¹	Percentage among Adults Aged 26 or Older ²
Any Treatment Location	4,010 (185)	1.5 (0.07)	184 (21)	0.7 (0.08)	641 (44)	1.9 (0.13)	3,185 (177)	1.5 (0.08)
Specialty Facility	2,530 (152)	0.9 (0.06)	91 (14)	0.4 (0.06)	441 (36)	1.3 (0.11)	1,999 (144)	0.9 (0.07)

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, 2017.

Table A.40A Perceived Need for Substance Use Treatment and Whether Made an Effort to Get Treatment in the Past Year among Individuals Aged 12 or Older Classified as Needing But Not Receiving Substance Use Treatment, by Age Group: 2017

Age Group	Felt Need for Treatment	Felt Need and Made Effort to Get Treatment	Felt Need and Made No Effort to Get Treatment	Did Not Feel Need for Treatment
12 or Older	1,033 (93)	495 (77)	538 (54)	17,143 (371)
12-17	18 (6)	8 (3)	11 (5)	924 (46)
18-25	181 (25)	69 (16)	112 (20)	4,549 (140)
26 or Older	834 (90)	418 (76)	416 (51)	11,670 (339)

NOTE: Estimates shown are numbers in thousands with standard errors included in parentheses.

NOTE: Respondents were classified as needing substance use treatment if they met the criteria for a substance use disorder as defined in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) or received treatment for illicit drug use or alcohol use at a specialty facility (i.e., drug and alcohol rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center).

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

Table A.41B Detailed Reasons for Not Receiving Substance Use Treatment in the Past Year among Individuals Aged 12 or Older Classified as Needing But Not Receiving Substance Use Treatment at a Specialty Facility and Who Felt a Need for Treatment in the Past Year: 2017

Reason for Not Receiving Substance Use Treatment ¹	Total	
No Health Care Coverage and Could Not Afford Cost	30.3	(4.00)
Had Health Care Coverage But Did Not Cover Treatment or Did Not Cover Full Cost	10.5	(2.70)
No Transportation/Programs Too Far Away/Hours Inconvenient	6.7	(1.75)
Did Not Find a Program that Offered the Type of Treatment Wanted	9.0	(2.70)
Not Ready to Stop Using	39.7	(4.63)
No Openings in a Program	5.0	(1.77)
Did Not Know Where to Go for Treatment	10.9	(2.41)
Might Cause Neighbors/Community to Have Negative Opinion	17.2	(3.51)
Might Have Negative Effect on Job	20.5	(3.73)
Did Not Feel Need for Treatment at the Time	12.3	(3.07)
Could Handle the Problem without Treatment	12.6	(2.86)
Treatment Would Not Help	3.9	(1.75)
Did Not Have Time	7.9	(2.20)
Did Not Want Others to Find Out	7.1	(2.12)
Some Other Reason	3.0	(1.16)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents were classified as needing substance use treatment if they met the criteria for substance use disorder as defined in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) or received treatment for substance use at a specialty facility (i.e., drug and alcohol rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center).

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, 2017.

Table A.42B Receipt of Treatment for Depression in the Past Year among Youths Aged 12 to 17 with Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year: 2004-2017

MDE	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
MDE	40.3 (1.38)	37.8* (1.42)	38.8 (1.60)	39.0 (1.52)	37.7 (1.48)	34.6* (1.52)	37.8 (1.51)	38.4 (1.47)	37.0* (1.34)	38.1 (1.35)	41.2 (1.42)
MDE with Severe Impairment ¹	--	--	46.5 (1.95)	43.9 (1.90)	42.6* (1.73)	38.8* (1.83)	41.1* (1.80)	43.5 (1.79)	41.0* (1.66)	45.0 (1.61)	44.7 (1.67)

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.42B Receipt of Treatment for Depression in the Past Year among Youths Aged 12 to 17 with Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year: 2004-2017 (continued)

MDE	2015	2016	2017
MDE	39.3 (1.40)	40.9 (1.30)	41.5 (1.29)
MDE with Severe Impairment ¹	44.6 (1.63)	46.7 (1.58)	47.5 (1.57)

-- = not available.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown past year depression treatment data and/or unknown past year MDE data were excluded.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

¹ Impairment is based on the Sheehan Disability Scale (SDS) role domains, which measure the impact of a disorder on a youth's life. Impairment is defined as the highest severity level of role impairment across four domains: (1) chores at home, (2) school or work, (3) close relationships with family, and (4) social life. Ratings ≥ 7 on a 0 to 10 scale were considered Severe Impairment. Respondents with unknown impairment data were excluded.

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

Table A.43B Receipt of Treatment for Depression in the Past Year among Adults Aged 18 or Older with Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year: 2009-2017

MDE/Age Group	2009	2010	2011	2012	2013	2014	2015	2016	2017
MDE	64.3 (1.31)	68.2 (1.25)	68.1 (1.24)	68.0 (1.24)	68.6 (1.22)	68.6 (1.03)	67.2 (1.08)	65.3 (1.09)	66.8 (1.01)
18-25	47.0 (1.57)	48.7 (1.57)	47.8 (1.64)	49.8 (1.52)	50.8 (1.50)	49.5 (1.64)	46.8 (1.58)	44.1* (1.45)	50.7 (1.40)
26-49	64.8 (1.72)	68.1 (1.69)	68.1 (1.74)	68.8 (1.75)	66.7 (1.80)	67.9 (1.36)	67.4 (1.36)	67.4 (1.35)	67.3 (1.36)
50 or Older	73.8 (2.83)	78.4 (2.55)	80.0 (2.50)	76.8 (2.52)	81.3 (2.64)	80.8 (2.04)	80.9 (2.32)	77.3 (2.23)	79.7 (2.15)
MDE with Severe Impairment¹	71.5 (1.49)	72.9 (1.47)	73.7 (1.44)	73.1 (1.47)	76.4* (1.36)	73.7 (1.19)	72.7 (1.22)	72.2 (1.23)	72.1 (1.13)
18-25	51.2* (1.95)	53.9 (1.94)	54.2 (2.08)	55.5 (1.89)	56.8 (1.80)	55.3 (2.02)	52.0 (1.98)	51.3* (1.75)	57.1 (1.82)
26-49	72.4 (1.97)	74.2 (1.89)	74.1 (1.96)	73.7 (2.14)	74.4 (2.12)	72.3 (1.68)	72.0 (1.63)	74.3 (1.52)	71.8 (1.62)
50 or Older	84.4 (3.20)	81.4 (3.01)	85.0 (3.00)	82.4 (2.91)	90.8 (2.48)	85.9 (2.17)	87.9 (2.26)	84.1 (2.57)	86.4 (2.18)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown past year depression treatment data and/or unknown past year MDE data were excluded.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

¹ Impairment is based on the Sheehan Disability Scale (SDS) role domains, which measure the impact of a disorder on an adult's life. Impairment is defined as the highest severity level of role impairment across four domains: (1) home management, (2) work, (3) close relationships with others, and (4) social life. Ratings ≥ 7 on a 0 to 10 scale were considered Severe Impairment. Respondents with unknown impairment data were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009-2017.

Table A.44B Sources of Mental Health Services in the Past Year among Youths Aged 12 to 17: 2002-2017

Source of Mental Health Service	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Specialty Mental Health Service	11.8* (0.28)	12.4* (0.28)	13.4* (0.31)	13.4* (0.30)	13.0* (0.29)	12.4* (0.31)	12.7* (0.29)	12.0* (0.30)	12.1* (0.30)	12.6* (0.31)	12.7* (0.28)
Outpatient	10.8* (0.27)	11.3* (0.27)	12.1* (0.30)	12.1* (0.29)	11.7* (0.29)	11.2* (0.29)	11.5* (0.29)	10.9* (0.29)	10.9* (0.28)	11.5* (0.30)	11.5* (0.27)
Inpatient or Residential (Overnight or Longer Stay)	2.1* (0.12)	2.2* (0.13)	2.5 (0.14)	2.5 (0.14)	2.4* (0.14)	2.3* (0.13)	2.2* (0.13)	2.1* (0.13)	2.2* (0.13)	2.1* (0.13)	2.2* (0.13)
Education¹	nc	nc	nc	nc	nc	nc	nc	12.1* (0.30)	12.4* (0.29)	11.9* (0.28)	12.9 (0.29)
General Medicine											
Pediatrician or Other Family Doctor	2.7* (0.13)	2.9 (0.15)	3.4 (0.15)	3.2 (0.17)	2.8* (0.14)	2.8* (0.14)	2.9 (0.14)	2.5* (0.14)	2.5* (0.14)	2.5* (0.14)	2.5* (0.13)
Juvenile Justice											
Juvenile Detention Center, Prison, or Jail ²	--	--	--	--	--	--	--	0.4* (0.06)	0.3* (0.05)	0.4* (0.06)	0.3* (0.05)
Child Welfare											
Foster Care or Therapeutic Foster Care	0.6* (0.06)	0.7* (0.08)	0.6* (0.07)	0.6* (0.07)	0.5 (0.07)	0.5 (0.05)	0.5 (0.06)	0.4 (0.05)	0.4 (0.06)	0.6* (0.07)	0.4 (0.05)

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.44B Sources of Mental Health Services in the Past Year among Youths Aged 12 to 17: 2002-2017 (continued)

Source of Mental Health Service	2013	2014	2015	2016	2017
Specialty Mental Health Service	13.6* (0.32)	13.7* (0.34)	13.3* (0.32)	14.7 (0.33)	14.8 (0.36)
Outpatient	12.5* (0.31)	12.7 (0.33)	12.0* (0.31)	13.2 (0.32)	13.6 (0.35)
Inpatient or Residential (Overnight or Longer Stay)	2.3* (0.14)	2.5 (0.15)	2.6 (0.15)	3.0 (0.16)	2.9 (0.16)
Education¹	13.0 (0.32)	13.2 (0.33)	13.2 (0.34)	13.1 (0.33)	13.3 (0.34)
General Medicine					
Pediatrician or Other Family Doctor	2.8* (0.15)	2.9 (0.15)	2.7* (0.16)	2.9 (0.15)	3.3 (0.17)
Juvenile Justice					
Juvenile Detention Center, Prison, or Jail ²	0.2 (0.04)	0.3 (0.05)	0.2 (0.04)	0.2 (0.05)	0.2 (0.04)
Child Welfare					
Foster Care or Therapeutic Foster Care	0.4 (0.05)	0.4 (0.06)	0.3 (0.05)	0.4 (0.07)	0.4 (0.06)

-- = not available; nc = not comparable due to methodological changes.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown receipt of mental health service information were excluded.

NOTE: Respondents could indicate multiple service sources; thus, these response categories are not mutually exclusive.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

¹ Respondents who did not report their school enrollment status, who reported not being enrolled in school in the past 12 months, or who reported being home-schooled were not asked about receipt of mental health services from this source; however, respondents who reported not being enrolled in school in the past 12 months were classified as not having received mental health services from this source.

² These services were often provided by psychiatrists, psychologists, social workers, or counselors who work for the court system.

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

Table A.45B Type of Mental Health Services Received in the Past Year among Adults Aged 18 or Older, by Age Group: 2002-2017

Mental Health Services¹/Age Group	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
ANY MENTAL HEALTH SERVICE	13.0* (0.27)	13.2* (0.26)	12.8* (0.26)	13.0* (0.26)	12.9* (0.26)	13.3* (0.27)	13.5* (0.29)	13.4* (0.27)	13.8* (0.27)	13.6* (0.26)	14.5 (0.28)
18-25	10.5* (0.25)	11.1* (0.28)	10.8* (0.26)	11.2* (0.27)	10.8* (0.28)	10.4* (0.28)	11.0* (0.28)	11.2* (0.27)	11.0* (0.27)	11.4* (0.30)	12.0* (0.29)
26-49	14.5* (0.36)	14.5* (0.35)	14.4* (0.34)	13.9* (0.34)	14.0* (0.37)	14.3* (0.35)	14.1* (0.34)	14.6* (0.36)	14.9 (0.37)	14.9 (0.36)	15.2 (0.38)
50 or Older	12.0* (0.54)	12.3* (0.53)	11.7* (0.51)	12.5* (0.53)	12.4* (0.48)	13.2 (0.53)	13.7 (0.57)	12.9 (0.52)	13.6 (0.52)	13.2 (0.47)	14.8 (0.51)
INPATIENT	0.7* (0.06)	0.8 (0.07)	0.9 (0.07)	1.0 (0.08)	0.7* (0.06)	1.0 (0.08)	0.9 (0.10)	0.8 (0.07)	0.8* (0.07)	0.8* (0.06)	0.8 (0.06)
18-25	0.9* (0.08)	1.0* (0.09)	1.2 (0.10)	1.1* (0.09)	1.1* (0.08)	1.1* (0.09)	1.1* (0.10)	1.1* (0.10)	1.0* (0.09)	1.1* (0.09)	1.1* (0.10)
26-49	0.8 (0.09)	0.9 (0.10)	0.8 (0.09)	0.9 (0.10)	0.8 (0.09)	1.1 (0.11)	0.8 (0.09)	1.0 (0.11)	0.8 (0.09)	0.8 (0.09)	0.7* (0.08)
50 or Older	0.5* (0.10)	0.7 (0.14)	0.9 (0.14)	1.0 (0.17)	0.5 (0.10)	0.7 (0.15)	0.9 (0.22)	0.6 (0.11)	0.7 (0.13)	0.7 (0.11)	0.8 (0.12)
OUTPATIENT²	7.4 (0.21)	7.1 (0.19)	7.1 (0.19)	6.8* (0.20)	6.7* (0.20)	7.0* (0.19)	6.8* (0.20)	6.4* (0.19)	6.6* (0.20)	6.7* (0.19)	6.6* (0.19)
18-25	6.7* (0.21)	6.6* (0.21)	6.2* (0.21)	6.4* (0.22)	5.9* (0.23)	5.6* (0.21)	5.9* (0.21)	6.1* (0.20)	5.7* (0.21)	6.2* (0.22)	6.5* (0.22)
26-49	8.9 (0.29)	8.7 (0.28)	8.6 (0.27)	7.8* (0.27)	7.6* (0.27)	8.0 (0.28)	7.9 (0.26)	7.5* (0.27)	7.8 (0.28)	7.8 (0.28)	7.6* (0.26)
50 or Older	5.7 (0.39)	5.3* (0.35)	5.6 (0.36)	5.9 (0.39)	6.0 (0.37)	6.3 (0.37)	6.0 (0.39)	5.3* (0.34)	5.7 (0.35)	5.7 (0.34)	5.7 (0.33)
PRESCRIPTION MEDICATION	10.5* (0.25)	10.9* (0.25)	10.5* (0.23)	10.7* (0.24)	10.9* (0.24)	11.2* (0.25)	11.4 (0.27)	11.3* (0.25)	11.7 (0.24)	11.5 (0.25)	12.4 (0.26)
18-25	7.5* (0.22)	8.3* (0.25)	8.1* (0.23)	8.3* (0.23)	8.0* (0.24)	8.0* (0.24)	8.1* (0.24)	8.5* (0.23)	8.4* (0.24)	8.8* (0.25)	9.0* (0.25)
26-49	11.4* (0.32)	11.9* (0.32)	11.7* (0.31)	11.4* (0.31)	11.7* (0.34)	11.8* (0.32)	11.7* (0.32)	12.3 (0.33)	12.5 (0.33)	12.3 (0.33)	13.0 (0.36)
50 or Older	10.5* (0.51)	10.9 (0.51)	10.1* (0.48)	10.8 (0.49)	11.0 (0.45)	11.7 (0.50)	12.2 (0.53)	11.3 (0.49)	12.0 (0.49)	11.8 (0.45)	12.9 (0.49)

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.45B Type of Mental Health Services Received in the Past Year among Adults Aged 18 or Older, by Age Group: 2002-2017 (continued)

Mental Health Services¹/Age Group	2013	2014	2015	2016	2017
ANY MENTAL HEALTH SERVICE	14.6 (0.28)	14.8 (0.23)	14.2 (0.23)	14.4 (0.23)	14.8 (0.25)
18-25	12.2* (0.32)	11.9* (0.34)	11.7* (0.31)	12.9* (0.34)	14.9 (0.39)
26-49	15.5 (0.40)	15.3 (0.28)	15.3 (0.29)	15.4 (0.29)	15.7 (0.30)
50 or Older	14.6 (0.52)	15.4* (0.42)	13.9 (0.40)	14.0 (0.42)	14.0 (0.42)
INPATIENT	0.9 (0.07)	1.0 (0.06)	0.9 (0.06)	0.9 (0.06)	1.0 (0.06)
18-25	1.3 (0.11)	1.2 (0.11)	1.4 (0.12)	1.5 (0.11)	1.5 (0.12)
26-49	1.0 (0.10)	1.0 (0.08)	0.9 (0.07)	1.0 (0.08)	0.9 (0.07)
50 or Older	0.7 (0.11)	1.0 (0.12)	0.8 (0.11)	0.7 (0.10)	0.8 (0.10)
OUTPATIENT²	6.6* (0.21)	6.7* (0.16)	7.1* (0.17)	6.9* (0.16)	7.5 (0.18)
18-25	6.3* (0.22)	6.4* (0.25)	6.6* (0.24)	7.3* (0.26)	9.0 (0.29)
26-49	7.4* (0.29)	7.5* (0.20)	7.9 (0.22)	8.1 (0.22)	8.5 (0.22)
50 or Older	6.0 (0.37)	6.1 (0.29)	6.4 (0.29)	5.8 (0.27)	6.3 (0.30)
PRESCRIPTION MEDICATION	12.5 (0.27)	12.6 (0.21)	11.8 (0.21)	12.0 (0.21)	12.1 (0.22)
18-25	9.4* (0.27)	8.8* (0.30)	8.6* (0.27)	9.7* (0.30)	11.1 (0.33)
26-49	13.1 (0.37)	12.8 (0.26)	12.6 (0.26)	12.6 (0.26)	12.7 (0.27)
50 or Older	12.9 (0.49)	13.5* (0.39)	12.0 (0.38)	12.3 (0.39)	11.8 (0.39)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown mental health service information were excluded.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

¹ Respondents could indicate multiple service sources; thus, these response categories are not mutually exclusive.

² Because of revisions in 2017 to the outpatient mental health service estimates, these 2010 to 2016 estimates may differ slightly from estimates published prior to the 2017 NSDUH.

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

Table A.46B Type of Mental Health Services Received in the Past Year among Adults Aged 18 or Older, by Past Year Level of Mental Illness and Age Group: 2008-2017

Level of Mental Illness/ Mental Health Services^{1/} Age Group	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
AMI										
Mental Health Services	40.9 (0.93)	40.2* (0.86)	42.4 (0.89)	40.8 (0.82)	41.0 (0.82)	44.7 (0.91)	44.7 (0.72)	43.1 (0.72)	43.1 (0.75)	42.6 (0.71)
18-25	30.3* (0.94)	32.0* (0.97)	32.6* (0.93)	32.9* (0.98)	34.5* (0.96)	34.7* (0.98)	33.6* (1.05)	32.0* (0.91)	35.1* (0.94)	38.4 (0.98)
26-49	41.4 (1.09)	40.8 (1.10)	43.3 (1.07)	41.1 (1.09)	42.0 (1.10)	43.5 (1.15)	44.2 (0.83)	43.3 (0.89)	43.1 (0.87)	43.3 (0.88)
50 or Older	45.2 (2.26)	42.8 (1.92)	45.1 (1.93)	43.6 (1.75)	42.4 (1.67)	50.5* (1.95)	49.9* (1.48)	48.3 (1.54)	46.8 (1.57)	44.2 (1.63)
Inpatient	3.7 (0.51)	3.2 (0.29)	2.7 (0.25)	3.3 (0.31)	3.0 (0.28)	3.3 (0.29)	3.8 (0.26)	3.4 (0.26)	3.3 (0.24)	3.3 (0.24)
18-25	3.5 (0.39)	4.1 (0.45)	3.3 (0.35)	3.9 (0.40)	3.8 (0.39)	4.2 (0.40)	3.7 (0.37)	4.3 (0.42)	4.6 (0.41)	4.2 (0.42)
26-49	2.9 (0.38)	3.7 (0.43)	2.8 (0.38)	2.9 (0.38)	2.3* (0.30)	3.3 (0.37)	3.7 (0.34)	3.1 (0.31)	3.4 (0.32)	3.3 (0.28)
50 or Older	5.2 (1.42)	2.1 (0.50)	2.1 (0.44)	3.5 (0.63)	3.6 (0.65)	2.9 (0.60)	3.9 (0.56)	3.5 (0.59)	2.7 (0.48)	3.0 (0.53)
Outpatient ²	24.1 (0.78)	22.5* (0.74)	23.4* (0.78)	24.0 (0.74)	22.4* (0.68)	24.4 (0.84)	24.3 (0.61)	25.4 (0.63)	24.5 (0.60)	25.7 (0.59)
18-25	18.9* (0.80)	20.3* (0.80)	19.9* (0.82)	20.9* (0.84)	21.9* (0.84)	21.0* (0.82)	21.3* (0.92)	20.6* (0.82)	22.8 (0.84)	24.9 (0.86)
26-49	26.0 (0.89)	23.6* (0.90)	24.9 (0.92)	25.1 (0.98)	23.6* (0.89)	24.3* (0.99)	25.8 (0.71)	26.1 (0.77)	26.0 (0.74)	26.9 (0.75)
50 or Older	23.5 (1.85)	21.9 (1.63)	22.8 (1.63)	23.8 (1.60)	21.0 (1.40)	26.1 (1.83)	23.9 (1.26)	27.0 (1.41)	23.4 (1.28)	24.4 (1.37)
Prescription Medication	35.5 (0.91)	34.8 (0.82)	36.9 (0.90)	35.6 (0.82)	35.3 (0.79)	38.9* (0.91)	38.7* (0.71)	36.7 (0.71)	37.1 (0.72)	35.7 (0.69)
18-25	23.3* (0.84)	25.3* (0.88)	25.5* (0.89)	25.3* (0.92)	26.8 (0.88)	27.2 (0.90)	25.5* (1.00)	24.3* (0.85)	27.2 (0.87)	29.1 (0.90)
26-49	35.9 (1.07)	35.3 (1.08)	37.7 (1.07)	35.6 (1.05)	37.1 (1.10)	37.7 (1.11)	38.0 (0.81)	36.4 (0.86)	36.7 (0.83)	36.1 (0.82)
50 or Older	40.8 (2.25)	38.1 (1.84)	40.7 (1.94)	39.8 (1.77)	36.7 (1.65)	45.5* (1.92)	45.3* (1.46)	43.2* (1.49)	42.2 (1.54)	38.8 (1.61)

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.46B Type of Mental Health Services Received in the Past Year among Adults Aged 18 or Older, by Past Year Level of Mental Illness and Age Group: 2008-2017
(continued)

Level of Mental Illness/ Mental Health Services ^{1/} Age Group	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
SMI										
Mental Health Services	65.7 (1.76)	66.5 (1.68)	67.5 (1.67)	64.9 (1.70)	62.9 (1.65)	68.5 (1.78)	68.5 (1.33)	65.3 (1.33)	64.8 (1.34)	66.7 (1.27)
18-25	45.9* (2.28)	55.0 (2.20)	53.7 (2.32)	52.1 (2.27)	53.1 (2.14)	54.0 (2.30)	53.9 (2.13)	50.7* (2.14)	51.5* (2.05)	57.4 (1.94)
26-49	67.2 (2.08)	64.5 (2.06)	67.4 (2.05)	63.6 (2.20)	63.5 (2.27)	68.4 (2.29)	66.2 (1.72)	66.1 (1.68)	66.1 (1.57)	66.2 (1.60)
50 or Older	73.2 (4.33)	76.1 (3.74)	74.0 (3.74)	73.2 (3.60)	66.3 (3.62)	74.9 (3.51)	79.2 (2.59)	72.2 (3.09)	71.5 (3.16)	75.6 (3.08)
Inpatient	8.6 (1.29)	8.6 (0.98)	6.7 (0.77)	8.8 (1.11)	6.2 (0.77)	8.3 (0.93)	8.8 (0.85)	7.0 (0.71)	7.6 (0.73)	7.6 (0.65)
18-25	7.9 (1.18)	11.4 (1.81)	8.1 (1.06)	8.0 (1.19)	8.5 (1.18)	10.3 (1.27)	8.2 (1.05)	8.9 (1.17)	8.8 (1.06)	8.6 (1.10)
26-49	6.9 (1.19)	9.7 (1.44)	7.0 (1.04)	8.0 (1.17)	4.8* (0.82)	8.4 (1.22)	8.0 (0.93)	7.3 (0.95)	8.1 (0.93)	8.3 (0.89)
50 or Older	12.4 (3.65)	4.9 (1.47)	5.5 (1.50)	10.8 (2.61)	7.3 (1.90)	7.3 (1.93)	10.2 (2.07)	5.5 (1.51)	6.0 (1.67)	5.6 (1.50)
Outpatient ²	46.2 (1.86)	44.6 (1.97)	42.5 (1.89)	44.1 (1.78)	39.0* (1.68)	46.9 (1.97)	44.2 (1.39)	43.6 (1.44)	42.6 (1.40)	45.3 (1.27)
18-25	33.0* (2.05)	38.6 (2.27)	36.2 (2.30)	37.2 (2.20)	35.8 (2.08)	37.3 (2.13)	39.2 (2.12)	36.0 (2.10)	36.8 (1.88)	39.3 (1.82)
26-49	48.2 (2.23)	43.8 (2.21)	42.9 (2.13)	42.8 (2.17)	40.3* (2.23)	47.1 (2.33)	43.8 (1.74)	44.8 (1.78)	44.8 (1.70)	46.7 (1.64)
50 or Older	49.0 (4.66)	49.0 (4.74)	44.6 (4.48)	49.6 (4.14)	38.2* (3.62)	50.7 (4.21)	47.3 (3.15)	46.0 (3.25)	42.6 (3.56)	47.8 (3.33)
Prescription Medication	59.7 (1.81)	61.1 (1.77)	61.0 (1.80)	58.2 (1.80)	57.8 (1.65)	62.1 (1.91)	61.4 (1.42)	57.3 (1.43)	58.0 (1.42)	58.9 (1.34)
18-25	35.9* (2.12)	43.4 (2.22)	44.0 (2.31)	41.0 (2.22)	45.5 (2.09)	46.2 (2.21)	42.4 (2.02)	40.0* (2.03)	41.1 (2.00)	45.7 (1.91)
26-49	60.1 (2.22)	59.5 (2.17)	61.2 (2.15)	57.2 (2.26)	58.7 (2.25)	60.7 (2.42)	60.1 (1.79)	58.2 (1.78)	59.1 (1.68)	58.5 (1.68)
50 or Older	71.5 (4.32)	72.6 (4.00)	68.4 (4.10)	68.1 (3.76)	61.9 (3.66)	71.3 (3.74)	72.9 (2.89)	65.6 (3.27)	67.4 (3.29)	70.7 (3.26)

AMI = any mental illness; SMI = serious mental illness.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown mental health service information were excluded.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

¹ Respondents could indicate multiple service sources; thus, these response categories are not mutually exclusive.

² Because of revisions in 2017 to the outpatient mental health service estimates, these 2010 to 2016 estimates may differ slightly from estimates published prior to the 2017 NSDUH.

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

Table A.47A Perceived Unmet Need for Mental Health Services in the Past Year among Adults Aged 18 or Older, by Level of Mental Illness and Age Group, Numbers in Thousands: 2002-2017

Level of Mental Illness/Age Group	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
TOTAL ADULTS	11,272* (330)	10,781* (317)	10,902* (348)	11,170* (360)	10,498* (328)	10,974* (330)	10,636* (322)	12,059* (373)	11,177* (358)	10,768* (338)	11,490* (354)
18-25	2,621* (75)	2,628* (76)	2,614* (75)	2,688* (73)	2,436* (77)	2,472* (75)	2,618* (84)	2,630* (79)	2,565* (80)	2,581* (85)	2,565* (79)
26-49	6,783 (251)	6,349 (236)	6,564 (250)	6,049 (230)	5,838* (233)	6,444 (238)	6,018 (234)	6,642 (245)	5,825* (234)	5,968 (246)	6,104 (238)
50 or Older	1,868* (202)	1,804* (186)	1,724* (204)	2,432 (243)	2,225* (216)	2,058* (209)	1,999* (206)	2,787 (268)	2,786 (247)	2,219* (196)	2,821 (241)
ANY MENTAL ILLNESS	--	--	--	--	--	--	8,173* (296)	9,092* (328)	8,680* (322)	8,541* (298)	9,092* (318)
18-25	--	--	--	--	--	--	1,839* (75)	1,773* (69)	1,826* (74)	1,829* (77)	1,898* (81)
26-49	--	--	--	--	--	--	4,805* (222)	5,300 (230)	4,633* (211)	4,910 (224)	5,064 (232)
50 or Older	--	--	--	--	--	--	1,529* (181)	2,019 (209)	2,222 (227)	1,802* (179)	2,130 (205)
SERIOUS MENTAL ILLNESS	--	--	--	--	--	--	3,642* (199)	3,874* (205)	3,910* (226)	3,883* (204)	3,973* (200)
18-25	--	--	--	--	--	--	617* (40)	587* (37)	706* (45)	712* (50)	709* (42)
26-49	--	--	--	--	--	--	2,133* (138)	2,386 (148)	2,271 (152)	2,235 (148)	2,335 (153)
50 or Older	--	--	--	--	--	--	891 (144)	901 (131)	933 (158)	936 (124)	928 (132)

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.47A Perceived Unmet Need for Mental Health Services in the Past Year among Adults Aged 18 or Older, by Level of Mental Illness and Age Group, Numbers in Thousands: 2002-2017 (continued)

Level of Mental Illness/Age Group	2013	2014	2015	2016	2017
TOTAL ADULTS	10,965* (356)	11,795* (292)	11,238* (281)	11,769* (291)	13,475 (338)
18-25	2,575* (85)	2,796* (95)	2,917* (95)	3,227* (105)	3,894 (114)
26-49	5,905* (244)	5,815* (188)	5,708* (181)	5,917* (182)	6,527 (200)
50 or Older	2,485 (227)	3,185 (198)	2,613 (189)	2,625 (194)	3,054 (214)
ANY MENTAL ILLNESS	8,422* (320)	9,037* (252)	8,798* (245)	9,239* (259)	11,052 (303)
18-25	1,870* (77)	2,021* (84)	2,184* (87)	2,464* (97)	3,114 (110)
26-49	4,551* (220)	4,654* (172)	4,631* (173)	4,797* (171)	5,446 (189)
50 or Older	2,001 (207)	2,362 (172)	1,983* (164)	1,978* (170)	2,492 (190)
SERIOUS MENTAL ILLNESS	3,858* (207)	4,205* (174)	3,713* (150)	4,104* (178)	4,939 (192)
18-25	756* (45)	900* (53)	878* (52)	1,091* (64)	1,431 (71)
26-49	2,201 (157)	2,179* (121)	2,118* (113)	2,088* (116)	2,520 (127)
50 or Older	902 (124)	1,127 (117)	717 (94)	926 (118)	989 (119)

-- not available.

NOTE: Estimates shown are numbers in thousands with standard errors included in parentheses.

NOTE: Respondents were excluded if information on their perception of unmet need was missing.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

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

Table A.47B Perceived Unmet Need for Mental Health Services in the Past Year among Adults Aged 18 or Older, by Level of Mental Illness and Age Group, Percentages: 2002-2017

Level of Mental Illness/Age Group	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
TOTAL ADULTS	5.4 (0.16)	5.1 (0.15)	5.1 (0.16)	5.1 (0.17)	4.8* (0.15)	4.9* (0.15)	4.7* (0.14)	5.3 (0.16)	4.9* (0.16)	4.6* (0.15)	4.9* (0.15)
18-25	8.5* (0.24)	8.3* (0.24)	8.1* (0.23)	8.3* (0.23)	7.5* (0.23)	7.6* (0.23)	8.0* (0.25)	7.9* (0.24)	7.6* (0.24)	7.6* (0.25)	7.4* (0.23)
26-49	6.8 (0.25)	6.4 (0.24)	6.6 (0.25)	6.1 (0.23)	5.8* (0.23)	6.5 (0.24)	6.0 (0.23)	6.7 (0.25)	5.9* (0.24)	6.1 (0.25)	6.2 (0.24)
50 or Older	2.4 (0.26)	2.2 (0.23)	2.1* (0.25)	2.9 (0.29)	2.5 (0.25)	2.3 (0.23)	2.2 (0.22)	3.0 (0.28)	2.9 (0.26)	2.2 (0.20)	2.8 (0.24)
ANY MENTAL ILLNESS	--	--	--	--	--	--	20.6* (0.66)	22.1 (0.70)	21.0* (0.70)	20.7* (0.66)	20.8* (0.63)
18-25	--	--	--	--	--	--	30.2* (0.97)	29.4* (0.94)	29.8* (0.93)	28.8* (0.93)	28.1* (0.91)
26-49	--	--	--	--	--	--	23.3 (0.92)	24.8 (0.93)	22.5 (0.90)	24.6 (0.95)	24.4 (0.94)
50 or Older	--	--	--	--	--	--	11.8* (1.32)	14.8 (1.40)	15.2 (1.44)	12.0* (1.13)	13.2 (1.15)
SERIOUS MENTAL ILLNESS	--	--	--	--	--	--	43.7 (1.84)	46.3 (1.81)	42.0 (1.81)	43.1 (1.72)	41.6 (1.69)
18-25	--	--	--	--	--	--	50.0* (2.31)	52.2 (2.32)	53.1 (2.27)	55.0 (2.35)	49.8* (2.13)
26-49	--	--	--	--	--	--	44.8 (2.26)	49.2 (2.20)	44.3 (2.20)	45.2 (2.13)	46.2 (2.28)
50 or Older	--	--	--	--	--	--	38.2 (4.63)	37.5 (4.42)	32.7 (4.29)	33.9 (3.75)	30.1 (3.41)

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.47B Perceived Unmet Need for Mental Health Services in the Past Year among Adults Aged 18 or Older, by Level of Mental Illness and Age Group, Percentages: 2002-2017 (continued)

Level of Mental Illness/Age Group	2013	2014	2015	2016	2017
TOTAL ADULTS	4.6* (0.15)	4.9* (0.12)	4.6* (0.12)	4.8* (0.12)	5.5 (0.14)
18-25	7.4* (0.24)	8.0* (0.27)	8.4* (0.27)	9.4* (0.31)	11.4 (0.34)
26-49	6.0 (0.25)	5.9* (0.19)	5.8* (0.18)	6.0 (0.18)	6.5 (0.20)
50 or Older	2.4 (0.22)	3.0 (0.19)	2.4 (0.17)	2.4 (0.18)	2.7 (0.19)
ANY MENTAL ILLNESS	19.3* (0.65)	20.8* (0.52)	20.3* (0.52)	20.7* (0.52)	23.7 (0.58)
18-25	27.8* (0.93)	28.9* (0.99)	29.0* (0.95)	32.4* (0.95)	35.3 (0.96)
26-49	21.7* (0.93)	23.3 (0.73)	22.5 (0.74)	23.0 (0.71)	24.5 (0.74)
50 or Older	12.6* (1.21)	14.3 (0.96)	13.0* (1.01)	12.3* (0.99)	16.1 (1.15)
SERIOUS MENTAL ILLNESS	38.6* (1.80)	42.9 (1.45)	38.2* (1.31)	39.7* (1.44)	44.2 (1.33)
18-25	51.5 (2.08)	53.6 (2.12)	50.3* (2.00)	53.7 (2.06)	55.9 (1.79)
26-49	42.4 (2.35)	45.4 (1.82)	43.3 (1.79)	39.7* (1.67)	45.2 (1.60)
50 or Older	27.1 (3.49)	33.9 (2.93)	23.2* (2.64)	30.4 (3.33)	32.5 (3.27)

-- not available.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents were excluded if information on their perception of unmet need was missing.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

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

Table A.48B Did Not Receive Mental Health Services in the Past Year among Adults Aged 18 or Older with a Perceived Unmet Need for Mental Health Services in the Past Year, by Past Year Level of Mental Illness and Age Group: 2008-2017

Level of Mental Illness/ Age Group	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
TOTAL ADULTS	48.9 (1.52)	50.5 (1.51)	46.6 (1.61)	45.4 (1.49)	47.1 (1.56)	46.3 (1.58)	45.2 (1.22)	46.1 (1.22)	46.9 (1.22)	48.0 (1.18)
18-25	60.5* (1.60)	61.1* (1.59)	58.1 (1.53)	58.2 (1.58)	57.7 (1.63)	57.4 (1.59)	56.0 (1.73)	56.3 (1.57)	56.4 (1.54)	54.2 (1.50)
26-49	46.6 (1.95)	47.4 (1.84)	43.8 (1.98)	45.3 (2.04)	47.9 (2.01)	45.4 (2.03)	47.8 (1.62)	44.8 (1.52)	46.2 (1.56)	47.5 (1.53)
50 or Older	40.3 (5.45)	47.9 (4.91)	41.9 (4.51)	30.8 (4.17)	35.8 (4.16)	37.0 (4.38)	30.9* (2.81)	37.7 (3.78)	37.0 (3.62)	41.0 (3.48)
ANY MENTAL ILLNESS	42.1 (1.65)	44.9 (1.66)	40.1* (1.82)	42.1 (1.65)	42.1 (1.72)	39.9* (1.77)	40.3* (1.43)	40.8* (1.38)	42.5 (1.29)	44.8 (1.28)
18-25	55.3 (1.92)	56.7* (1.98)	52.4 (1.85)	53.7 (1.86)	52.0 (1.96)	53.0 (1.92)	50.1 (2.01)	52.7 (1.94)	51.2 (1.78)	50.5 (1.66)
26-49	41.4 (2.17)	43.3 (2.05)	37.0* (2.16)	43.2 (2.23)	44.0 (2.28)	38.5* (2.25)	43.7 (1.87)	40.3 (1.71)	43.1 (1.69)	44.1 (1.70)
50 or Older	28.1 (5.05)	38.8 (5.05)	36.4 (4.88)	27.4* (4.49)	28.9 (4.38)	30.8 (4.70)	25.4* (3.19)	28.7 (4.00)	30.2 (3.71)	39.2 (3.80)
SERIOUS MENTAL ILLNESS	30.1 (2.39)	29.7 (2.21)	27.9 (2.32)	31.8 (2.31)	34.2 (2.57)	32.7 (2.49)	31.5 (2.01)	30.7 (1.81)	33.5 (1.78)	32.6 (1.67)
18-25	49.1* (3.21)	47.5 (3.28)	42.3 (3.12)	43.5 (3.01)	41.8 (3.11)	43.6 (3.11)	40.6 (2.95)	43.3 (3.05)	44.2 (2.65)	40.8 (2.41)
26-49	27.4 (2.93)	32.8 (2.88)	26.8 (2.86)	33.8 (3.00)	36.3 (3.44)	29.6 (3.41)	34.1 (2.52)	30.7 (2.33)	32.0 (2.34)	32.4 (2.24)
50 or Older	** (**)	** (**)	** (**)	** (**)	** (**)	** (**)	19.3 (4.32)	** (**)	** (**)	21.2 (4.76)

**Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown mental health service information and/or unknown perception of unmet need information were excluded.

* The difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

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

Table A.49B Detailed Reasons for Not Receiving Mental Health Services in the Past Year among Adults Aged 18 or Older with a Perceived Unmet Need for Mental Health Services Who Did Not Receive Mental Health Services in the Past Year, by Past Year Level of Mental Illness: 2017

Reason for Not Receiving Services¹	Total		Any Mental Illness		Serious Mental Illness	
Could Not Afford Cost	42.2	(1.54)	44.6	(1.73)	52.5	(3.00)
Might Cause Neighbors/Community to Have Negative Opinion	11.3	(0.91)	12.3	(1.06)	15.7	(2.01)
Might Have Negative Effect on Job	11.3	(1.05)	12.1	(1.12)	16.4	(2.25)
Health Insurance Does Not Cover Any Mental Health Service	8.7	(0.91)	9.3	(1.10)	11.1	(1.96)
Health Insurance Does Not Pay Enough for Mental Health Services	13.5	(1.09)	13.1	(1.22)	15.1	(2.12)
Did Not Know Where to Go for Services	27.6	(1.34)	29.2	(1.57)	32.2	(2.78)
Concerned about Counselor Not Keeping Information Confidential	10.2	(0.95)	10.8	(1.00)	15.3	(1.93)
Concerned about Being Committed to a Psychiatric Hospital or Having to Take Medicine	11.2	(0.84)	13.0	(1.01)	20.6	(2.16)
Did Not Feel Need for Treatment at the Time	10.8	(1.01)	10.1	(1.14)	7.4	(1.43)
Thought Could Handle the Problem without Treatment	34.3	(1.57)	34.1	(1.70)	30.9	(2.86)
Did Not Think Treatment Would Help	12.3	(1.06)	12.8	(1.16)	16.1	(2.38)
Did Not Have Time	22.8	(1.39)	21.4	(1.51)	17.4	(2.25)
Did Not Want Others to Find Out	11.2	(1.14)	12.2	(1.28)	12.6	(1.81)
No Transportation/Treatment Too Far Away/Hours Inconvenient	3.8	(0.51)	4.1	(0.61)	5.0	(1.00)
Some Other Reason ²	7.4	(0.84)	7.8	(1.01)	9.9	(1.60)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown reason for not receiving mental health service and/or unknown perception of unmet information were excluded.

¹ Respondents could indicate multiple reasons for not receiving mental health services; thus, these response categories are not mutually exclusive.

² 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 mental health services for Some Other Reason.

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

Table A.50B Received Substance Use Treatment at a Specialty Facility and/or Mental Health Services (Specialty or Nonspecialty) in the Past Year among Youths Aged 12 to 17, by Past Year Substance Use Disorder (SUD) Status and Major Depressive Episode (MDE) Status: 2017

Past Year SUD Status/MDE Status	Received Substance Use Treatment at a Specialty Facility OR Mental Health Services		Received Substance Use Treatment at a Specialty Facility but Not Mental Health Services		Received Mental Health Services but Not Substance Use Treatment at a Specialty Facility		Received Substance Use Treatment at a Specialty Facility AND Mental Health Services	
SUD and MDE	62.7	(3.65)	**	(**)	56.8	(3.71)	5.9	(1.66)
SUD and No MDE	37.4	(2.93)	1.2	(0.65)	32.7	(2.88)	3.3	(1.10)
MDE and No SUD	54.6	(1.43)	**	(**)	54.4	(1.42)	0.2	(0.15)
No SUD and No MDE	18.5	(0.41)	0.1	(0.03)	18.3	(0.41)	0.1	(0.03)

**Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown information on mental health service were excluded.

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

Table A.51B Received Substance Use Treatment at a Specialty Facility and/or Mental Health Services (Specialty or Nonspecialty) in the Past Year among Adults Aged 18 or Older with Past Year Substance Use Disorder, by Past Year Level of Mental Illness and Age Group: 2017

Level of Mental Illness/Age Group	Received Substance Use Treatment at a Specialty Facility OR Mental Health Services		Received Substance Use Treatment at a Specialty Facility but Not Mental Health Services		Received Mental Health Services but Not Substance Use Treatment at a Specialty Facility		Received Substance Use Treatment at a Specialty Facility AND Mental Health Services	
ANY MENTAL ILLNESS	51.0	(1.45)	4.4	(0.60)	38.2	(1.37)	8.3	(0.76)
18-25	46.7	(1.86)	3.5	(0.73)	36.9	(1.88)	6.3	(0.91)
26-49	52.6	(1.94)	4.9	(0.81)	38.1	(1.76)	9.4	(1.01)
50 or Older	52.6	(4.54)	4.3	(1.79)	40.2	(4.46)	8.1	(2.39)
SERIOUS MENTAL ILLNESS	64.0	(2.28)	2.6	(0.71)	49.6	(2.36)	11.8	(1.42)
18-25	59.2	(3.10)	1.4	(0.66)	48.7	(3.15)	9.1	(1.92)
26-49	65.4	(3.01)	3.4	(1.07)	47.4	(2.92)	14.6	(2.01)
50 or Older	**	(**)	**	(**)	**	(**)	**	(**)

**Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown mental health services information were excluded.

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

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