

Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health



SAMHSA
Substance Abuse and Mental Health
Services Administration

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Summary

The National Survey on Drug Use and Health (NSDUH) underwent some major methodological changes for 2020, including a shift to web-based interviewing in Quarter 4 (i.e., October to December). In addition, 2020 marked the first year in which substance use disorders (SUDs) were evaluated using criteria defined in the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5), as opposed to criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV). Additional changes were made to the questionnaire itself. Therefore, care must be taken when attempting to disentangle the effects on estimates due to real changes in the population (e.g., the coronavirus disease 2019 [COVID-19] pandemic and other events) from the effects of these methodological changes.

Substance Use

- Among people aged 12 or older in 2020, 58.7 percent (or 162.5 million people) used tobacco, alcohol, or an illicit drug in the past month (also defined as “current use”), including 50.0 percent (or 138.5 million people) who drank alcohol, 18.7 percent (or 51.7 million people) who used a tobacco product, and 13.5 percent (or 37.3 million people) who used an illicit drug.

Tobacco Product Use or Nicotine Vaping

- Among people aged 12 or older in 2020, 20.7 percent (or 57.3 million people) used tobacco products or used an e-cigarette or other vaping device to vape nicotine in the past month.
- Among people in 2020 who used tobacco products or vaped nicotine in the past month (i.e., nicotine product users), the use of specific nicotine products varied by age group. Nearly two thirds of adolescents aged 12 to 17 who used nicotine products in the past month (63.1 percent) vaped nicotine but did not use tobacco products. Among adults aged 26 or older who used nicotine products in the past month, however, 88.9 percent used only tobacco products.

- Among people aged 12 or older in 2020 who used any tobacco product in the past month (regardless of whether they vaped nicotine), 65.3 percent smoked cigarettes but did not use other tobacco products, 14.8 percent smoked cigarettes and used some other type of tobacco product, and 19.9 percent used only noncigarette tobacco products (i.e., other tobacco products but not cigarettes).
- In 2020, 10.4 million people aged 12 or older (or 3.8 percent) used an e-cigarette or other vaping device to vape nicotine in the past month. The percentage of people who vaped nicotine was highest among young adults aged 18 to 25 (11.7 percent or 3.9 million people), followed by adolescents aged 12 to 17 (5.1 percent or 1.3 million people), then by adults aged 26 or older (2.4 percent or 5.2 million people).
- Among people aged 12 to 20 in 2020, 11.8 percent (or 4.4 million people) used tobacco products or used an e-cigarette or other vaping device to vape nicotine in the past month. Among people in this age group, 7.7 percent (or 2.9 million people) vaped nicotine, 6.7 percent (or 2.5 million people) used tobacco products, and 4.1 percent (or 1.5 million people) smoked cigarettes in the past month.

Alcohol Use

- Among people aged 12 or older in 2020, 22.2 percent (or 61.6 million people) were binge alcohol users in the past month. The percentage was highest among young adults aged 18 to 25 (31.4 percent or 10.5 million people), followed by adults aged 26 or older (22.9 percent or 50.0 million people), then by adolescents aged 12 to 17 (4.1 percent or 1.0 million people).
- Among the 138.5 million current alcohol users aged 12 or older in 2020, 61.6 million people (or 44.4 percent) were past month binge drinkers. Among past month binge drinkers, 17.7 million people (28.8 percent of current binge drinkers and 12.8 percent of current alcohol users) were past month heavy drinkers.
- Among people aged 12 to 20 in 2020, 16.1 percent (or 6.0 million people) were past month alcohol users. Estimates of binge alcohol use and heavy alcohol use in the past month among underage people were 9.2 percent (or 3.4 million people) and 1.8 percent (or 669,000 people), respectively.

Illicit Drug Use

- Among people aged 12 or older in 2020, 21.4 percent (or 59.3 million people) used illicit drugs in the past year.
- In 2020, marijuana was the most commonly used illicit drug, with 17.9 percent of people aged 12 or older (or 49.6 million people) using it in the past year. The percentage was highest among young adults aged 18 to 25 (34.5 percent or 11.6 million people), followed by adults aged 26 or older (16.3 percent or 35.5 million people), then by adolescents aged 12 to 17 (10.1 percent or 2.5 million people).
- Among people aged 12 or older in 2020, 3.7 percent (or 10.3 million people) misused central nervous system (CNS) stimulants in the past year. Among the 10.3 million people who misused CNS stimulants in the past year, about one third used only cocaine (32.4 percent of CNS stimulant misusers or 3.3 million people), about one third misused only prescription stimulants (32.3 percent of CNS stimulant misusers or 3.3 million people), and about 1 in 7 used only methamphetamine (14.4 percent of CNS stimulant misusers or 1.5 million people). An estimated 353,000 people used or misused all three CNS stimulants in the past year (3.4 percent of CNS stimulant misusers).
- Among people aged 12 or older in 2020, 3.4 percent (or 9.5 million people) misused opioids (heroin or prescription pain relievers) in the past year. Among the 9.5 million people who misused opioids in the past year, 9.3 million people misused prescription pain relievers compared with 902,000 people who used heroin.
- Among people aged 12 or older in 2020, 3.3 percent (or 9.3 million people) misused prescription pain relievers in the past year. The percentage was highest among young adults aged 18 to 25 (4.1 percent or 1.4 million people), followed by adults aged 26 or older (3.4 percent or 7.5 million people), then by adolescents aged 12 to 17 (1.6 percent or 396,000 people).
- In 2020, 2.6 percent of people aged 12 or older (or 7.1 million people) used hallucinogens in the past year. The percentage among young adults aged 18 to 25 (7.3 percent or 2.4 million people) was higher than the percentages among adolescents aged 12 to 17 (1.5 percent or 370,000 people) or adults aged 26 or older (2.0 percent or 4.3 million people).

Initiation of Substance Use

- Among people aged 12 or older in 2020, 1.3 million people initiated cigarette smoking in the past year (i.e., never smoked cigarettes before the past 12 months). The vast majority of people (approximately 90 percent of past year initiates) tried cigarettes for the first time by age 25. Corresponding numbers of initiates of cigarette smoking by age group were 385,000 adolescents aged 12 to 17, 752,000 young adults aged 18 to 25, and 127,000 adults aged 26 or older.
- Among people aged 12 or older in 2020, 4.1 million people initiated alcohol use in the past year, not counting sips from another person's drink. Consistent with the pattern for initiation of cigarette smoking, relatively few people started to use alcohol after age 25. Corresponding numbers for initiation of alcohol use by age group were 1.8 million adolescents aged 12 to 17, 2.1 million young adults aged 18 to 25, and 176,000 adults aged 26 or older.
- Among people aged 12 or older in 2020, 2.8 million people initiated marijuana use in the past year, including 1.0 million adolescents aged 12 to 17, 1.1 million young adults aged 18 to 25, and 664,000 adults aged 26 or older. Consistent with the pattern for cigarette smoking and alcohol use, most people started using marijuana before age 26.
- Among people aged 12 or older in 2020, 1.2 million people initiated prescription pain reliever misuse in the past year. Unlike initiates of cigarette, alcohol, and marijuana use, nearly two thirds of past year initiates tried prescription pain relievers for the first time after age 25 (i.e., 774,000 adults aged 26 or older who initiated prescription pain reliever misuse).

Perceived Risk from Substance Use

- Among people aged 12 or older in 2020, 70.7 percent of people perceived great risk of harm from smoking one or more packs of cigarettes a day, and 68.7 percent perceived great risk from having four or five alcoholic drinks nearly every day. Percentages of people who perceived great risk from cocaine or heroin use once or twice a week were 84.7 and 93.2 percent, respectively. In contrast, about one fourth of people (27.4 percent) perceived great risk from smoking marijuana once or twice a week.

- Adults aged 26 or older were more likely than adolescents aged 12 to 17 or young adults aged 18 to 25 to perceive great risk of harm from smoking one or more packs of cigarettes per day or to perceive great risk of harm from daily binge drinking.
- Young adults aged 18 to 25 in 2020 were less likely than adolescents aged 12 to 17 or adults aged 26 or older to perceive great risk of harm from smoking marijuana weekly.

Substance Use Disorders in the Past Year

- As stated previously, the 2020 survey marked the first year in which SUDs were assessed using the criteria defined in DSM-5 instead of criteria specified in DSM-IV. This change from DSM-IV to DSM-5 criteria for assessing SUDs led to breaks in the comparability of 2020 SUD estimates with estimates from prior years.
- In 2020, 40.3 million people aged 12 or older (or 14.5 percent) had an SUD in the past year, including 28.3 million who had alcohol use disorder, 18.4 million who had an illicit drug use disorder, and 6.5 million people who had both alcohol use disorder and an illicit drug use disorder.
- In 2020, the percentage of people aged 12 or older with an alcohol use disorder was highest among young adults aged 18 to 25 (15.6 percent or 5.2 million people), followed by adults aged 26 or older (10.3 percent or 22.4 million people), then by adolescents aged 12 to 17 (2.8 percent or 712,000 people). Young adults also were more likely than adolescents or adults aged 26 or older to have had at least one illicit drug use disorder in the past year.

Major Depressive Episode

- Among adolescents aged 12 to 17 in 2020, 17.0 percent (or 4.1 million people) had a past year major depressive episode (MDE), and 12.0 percent (or 2.9 million people) had a past year MDE with severe impairment.

- Among adults aged 18 or older in 2020, 8.4 percent (or 21.0 million people) had a past year MDE, and 6.0 percent (or 14.8 million people) had a past year MDE with severe impairment. Percentages for past year MDE and MDE with severe impairment were highest among young adults aged 18 to 25, followed by adults aged 26 to 49, then by adults aged 50 or older. Among young adults, 17.0 percent (or 5.6 million people) had a past year MDE, and 12.1 percent (or 4.0 million people) had a past year MDE with severe impairment.

Mental Illness among Adults

- Among adults aged 18 or older in 2020, 21.0 percent (or 52.9 million people) had any mental illness (AMI) and 5.6 percent (or 14.2 million people) had serious mental illness (SMI) in the past year.
- Percentages of adults in 2020 with AMI or SMI in the past year were highest among young adults aged 18 to 25, followed by adults aged 26 to 49, then by adults aged 50 or older. Among young adults, 30.6 percent (or 10.2 million people) had AMI, and 9.7 percent (or 3.3 million people) had SMI in the past year.

Co-Occurring Mental Health Issues and Substance Use Disorder

- Among adolescents aged 12 to 17 in 2020, 20.9 percent (or 5.1 million people) had either an SUD or an MDE in the past year, 14.4 percent (or 3.5 million people) had an MDE but not an SUD, 3.7 percent (or 900,000 people) had an SUD but not an MDE, and 2.7 percent (or 644,000 people) had both an MDE and an SUD in the past year.
- Among adults aged 18 or older in 2020, 29.3 percent (or 73.8 million people) had either AMI or an SUD in the past year, 14.2 percent (or 35.9 million people) had AMI but not an SUD, 8.3 percent (or 20.9 million people) had an SUD but not AMI, and 6.7 percent (or 17.0 million people) had both AMI and an SUD.
- Among adults aged 18 or older in 2020, 18.4 percent (or 46.5 million people) had either SMI or an SUD in the past year, 3.4 percent (or 8.5 million people) had SMI but not an SUD, 12.8 percent (or 32.3 million people) had an SUD but not SMI, and 2.2 percent (or 5.7 million people) had both SMI and an SUD.

Substance Use among People with Mental Health Issues

- Among adolescents aged 12 to 17 in 2020, those with a past year MDE were more likely than adolescents without a past year MDE to be past year illicit drug users (28.6 vs. 10.7 percent) or past year marijuana users (22.0 vs. 7.9 percent). Adolescents with a past year MDE also were more likely than those without a past year MDE to be past month binge alcohol users (6.2 vs. 3.8 percent). In addition, adolescents with a past year MDE were more likely than those without a past year MDE to use tobacco products or vape nicotine in the past month (12.9 vs. 5.1 percent).
- Among adults aged 18 or older in 2020, those with SMI or AMI in the past year were more likely than those with no mental illness in the past year to be past year users of illicit drugs (47.8 percent for adults with SMI and 39.8 percent for adults with AMI vs. 17.0 percent for adults with no mental illness), past year users of marijuana (39.2 and 32.8 percent vs. 14.6 percent), or past year misusers of opioids (i.e., heroin users or misusers of prescription pain relievers) (11.6 and 8.1 percent vs. 2.3 percent).
- Adults aged 18 or older in 2020 with SMI or AMI in the past year were more likely than adults with no mental illness in the past year to be past month binge alcohol users (30.9 and 28.5 percent vs. 22.8 percent) and to use tobacco products or vape nicotine in the past month (37.4 and 30.9 percent vs. 19.6 percent).

Suicidal Thoughts and Behavior

- Among adults aged 18 or older in 2020, 4.9 percent (or 12.2 million people) had serious thoughts of suicide, 1.3 percent (or 3.2 million people) made a suicide plan, and 0.5 percent (or 1.2 million people) attempted suicide in the past year.
- Among young adults aged 18 to 25 in 2020, 11.3 percent (or 3.8 million people) had serious thoughts of suicide, 4.0 percent (or 1.3 million people) made a suicide plan, and 1.9 percent (or 627,000 people) attempted suicide in the past year.
- Among adolescents aged 12 to 17 in 2020, 12.0 percent (or 3.0 million people) had serious thoughts of suicide, 5.3 percent (or 1.3 million people) made a suicide plan, and 2.5 percent (or 629,000 people) attempted suicide in the past year.

Substance Use Treatment

- People were 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 facility in the past year. Among people aged 12 or older in 2020, 14.9 percent (or 41.1 million people) needed substance use treatment in the past year.
- Among people aged 12 or older in 2020, 1.4 percent (or 4.0 million people) received any substance use treatment in the past year, and 1.0 percent (or 2.7 million people) received substance use treatment at a specialty facility in the past year.
- Among the 38.4 million people aged 12 or older in 2020 with an SUD in the past year who did not receive treatment at a specialty facility, 97.5 percent (or 37.5 million people) did not feel that they needed treatment, 1.9 percent (or 737,000 people) felt that they needed treatment but did not make an effort to get treatment, and 0.5 percent (or 211,000 people) felt that they needed treatment and made an effort to get treatment.

Treatment for Depression

- Among the 4.1 million adolescents aged 12 to 17 in 2020 who had a past year MDE, 41.6 percent (or 1.7 million people) received treatment for depression in the past year.
- Among the 21.0 million adults aged 18 or older in 2020 who had a past year MDE, 66.0 percent (or 13.8 million people) received treatment for depression in the past year.

Mental Health Services

- In 2020, 17.3 percent of adolescents aged 12 to 17 (or 4.2 million people) received mental health services in a specialty setting, including 16.6 percent (or 4.1 million people) who received mental health treatment in an outpatient setting and 2.1 percent (or 510,000 people) who received mental health treatment in an inpatient setting.
- In 2020, 16.9 percent of adults aged 18 or older (or 41.4 million people) received inpatient or outpatient mental health services or took prescription medication in the past year for a mental health issue, including 0.9 percent (or 2.2 million people) who received inpatient services, 8.8 percent (or 21.5 million people) who received outpatient services, and 13.8 percent (or 33.8 million people) who took prescription medication.

- Among the 52.9 million adults aged 18 or older in 2020 with AMI in the past year, 46.2 percent (or 24.3 million people) received inpatient or outpatient mental health services or took prescription medication in the past year for a mental health issue. However, among the 14.2 million adults aged 18 or older in 2020 with SMI in the past year, 35.5 percent (or 5.0 million people) did not receive any of these services in the past year.

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

- Among the 52.9 million adults aged 18 or older in 2020 with AMI in the past year, 30.5 percent (or 16.1 million people) perceived an unmet need for mental health services in the past year.
- Among the 14.2 million adults aged 18 or older in 2020 with SMI in the past year, 49.7 percent (or 7.0 million people) perceived an unmet need for mental health services in the past year.

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

- Among the 644,000 adolescents aged 12 to 17 in 2020 with a co-occurring SUD and an MDE in the past year, 69.0 percent (or 438,000 people) received either substance use treatment at a specialty facility or mental health services in the past year, 66.8 percent (or 424,000 people) received only mental health services, and 0.9 percent (or 6,000 people) received both substance use treatment at a specialty facility and mental health services.
- Among the 17.0 million adults aged 18 or older in 2020 with a co-occurring SUD and AMI in the past year, 50.5 percent (or 8.5 million people) received either substance use treatment at a specialty facility or mental health services in the past year, including 42.3 percent (or 7.2 million people) who received only mental health services, 2.5 percent (or 423,000 people) who received only substance use treatment at a specialty facility, and 5.7 percent (or 960,000 people) who received both substance use treatment at a specialty facility and mental health services.

- Among the 5.7 million adults aged 18 or older in 2020 who had a co-occurring SUD and SMI in the past year, 66.4 percent (or 3.7 million people) received either substance use treatment at a specialty facility or mental health services in the past year, including 55.4 percent (or 3.1 million people) who received only mental health services, 1.6 percent (or 89,000 people) who received only substance use treatment at a specialty facility, and 9.3 percent (or 529,000 people) who received both substance use treatment at a specialty facility and mental health services.

Substance Use, Mental Health Issues, and the COVID-19 Pandemic

- In Quarter 4 of 2020, most adolescents aged 12 to 17 perceived at least some negative effect of the COVID-19 pandemic on their mental health, including about 1 in 5 (18.3 percent or 4.5 million people) who perceived that the COVID-19 pandemic negatively affected their mental health “quite a bit or a lot.” Adolescents who had a past year MDE or a past year MDE with severe impairment were more likely than those without a past year MDE to perceive that the COVID-19 pandemic negatively affected their mental health “quite a bit or a lot.”
- Similar to adolescents, most adults aged 18 or older in Quarter 4 of 2020 perceived at least some negative effect of the COVID-19 pandemic on their mental health, including about 1 in 5 (18.3 percent or 45.2 million people) who perceived that the COVID-19 pandemic negatively affected their mental health “quite a bit or a lot.” Adults with AMI or SMI in the past year were more likely than those who did not have mental illness in the past year to perceive that the COVID-19 pandemic negatively affected their mental health “quite a bit or a lot.”

- Among people aged 12 or older in Quarter 4 of 2020 who drank alcohol in the past year, most perceived that they drank “about the same” amount as they did before the COVID-19 pandemic began (59.4 percent or 100.0 million people), but 15.4 percent (or 25.9 million people) perceived that they drank “a little more or much more.” The percentage of young adult alcohol users aged 18 to 25 who perceived that they drank “a little more or much more” than they did before the COVID-19 pandemic began (18.2 percent or 3.7 million people) was higher than the corresponding percentage among adults aged 26 or older who used alcohol in the past year (15.0 percent or 21.8 million people).
- Among people aged 12 or older in Quarter 4 of 2020 who used drugs other than alcohol in the past year, more than half (57.5 percent or 60.6 million people) perceived that they used these drugs “about the same” as they did before the COVID-19 pandemic began, but 10.3 percent (or 10.9 million people) perceived that they used these drugs “a little more or much more.” The percentage of past year users of drugs other than alcohol who perceived that they used these drugs “a little more or much more” than they did before the COVID-19 pandemic was higher among adolescents aged 12 to 17 (15.2 percent or 665,000 people) and young adults aged 18 to 25 (18.7 percent or 2.5 million people) than among adults aged 26 or older (8.8 percent or 7.7 million people).
- Among people aged 12 or older in Quarter 4 of 2020, nearly 1 in 3 (31.3 percent or 84.6 million people) had medical appointments moved from in person to telehealth, and more than 1 in 4 (29.4 percent or 79.4 million people) experienced delays or cancellations in medical appointments or preventive services. About 1 in 11 people (8.9 percent or 23.9 million people) experienced delays in getting prescriptions, and 1 in 20 (5.6 percent or 15.1 million people) were unable to access needed medical care resulting in a perceived moderate or severe impact on health.
- Among adults aged 18 or older in Quarter 4 of 2020 who received mental health services in the past year, more than half (58.3 percent or 26.6 million people) had appointments moved from in person to telehealth, more than 1 in 3 (38.7 percent or 17.7 million people) experienced delays or cancellations in appointments, about 1 in 6 (16.0 percent or 7.3 million people) experienced delays in getting prescriptions, and about 1 in 10 (10.7 percent or 4.9 million people) were unable to access needed care resulting in a perceived moderate to severe impact on health.

Introduction

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

Based on 2020 and earlier NSDUH data, this report contains findings on key substance use and mental health indicators in the United States. The 2020 NSDUH detailed tables showing comprehensive substance use and mental health-related estimates are available separately at <https://www.samhsa.gov/data/>.⁵

Survey Background

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

Data Collection in the First Quarter of 2020

NSDUH employs a stratified multistage area probability sample designed to be representative of both the nation as a whole and for each of the 50 states and the District of Columbia. The 2020 NSDUH target sample of 67,500 people was allocated across three age groups, with 25 percent allocated to adolescents aged 12 to 17, 25 percent allocated to young adults aged 18 to 25, and 50 percent allocated to adults aged 26 or older.⁶

From January to March 2020 (i.e., the first quarter of 2020), NSDUH was a face-to-face household interview survey conducted in two phases: the screening phase and the interview phase. Interviewers conducted a screening of a sampled household with an adult resident (aged 18 or older)

in order to determine whether zero, one, or two household residents aged 12 or older should be selected for the interview. NSDUH collected in-person data using audio computer-assisted self-interviewing (ACASI), in which respondents read or listened to the questions on headphones and entered their answers directly into a NSDUH laptop computer. ACASI was designed for accurate reporting of information by providing respondents with a highly private and confidential mode for responding to questions about illicit drug use, mental health issues, and other sensitive behaviors. For certain sections of the survey, in-person NSDUH interviews also used computer-assisted personal interviewing (CAPI), in which interviewers read less sensitive questions to respondents and entered the respondents' answers into a NSDUH laptop computer.

From January to March 2020, screening was completed at 35,304 addresses, and 15,628 completed interviews were obtained, including 3,936 interviews from adolescents aged 12 to 17 and 11,692 interviews from adults aged 18 or older. Weighted response rates for household screening and for interviewing were 67.8 and 63.2 percent, respectively, for an overall response rate of 42.9 percent for people aged 12 or older. The weighted interview response rates were 70.5 percent for adolescents and 62.5 percent for adults.⁷ In-person data collection was suspended on March 16, 2020, because of the coronavirus disease 2019 (COVID-19) pandemic.

Changes to Data Collection Methods Because of the COVID-19 Pandemic

To protect the safety of field staff and survey participants during the COVID-19 pandemic, SAMHSA decided to suspend in-person NSDUH data collection on March 16, 2020. With administrative approval, a small-scale data collection effort was conducted from July 16 to 22, 2020, to assess the feasibility of safely resuming in-person data collection. The small-scale data collection effort was conducted in selected counties of two states where data collection was deemed safe based on state- and county-level COVID-19 metrics collected by Johns Hopkins University.⁸ For the remainder of 2020, however, it became clear that conventional in-person data collection would be severely limited due to the COVID-19 pandemic.

To reduce the impact on NSDUH data collection due to the COVID-19 pandemic, SAMHSA approved the addition of web-based data collection on September 11, 2020. In Quarter 4 of 2020 (i.e., October to December), web-based screening and interviewing became the primary forms of NSDUH data collection. Conventional in-person data

collection was carried out wherever it was considered safe to do so based on county- and state-level COVID-19 metrics.⁶

In July 2020 for a small number of interviews, and principally in October to December 2020, screening was completed for 55,633 addresses, and 20,656 completed interviews were obtained, including 2,401 interviews from adolescents aged 12 to 17 and 18,255 interviews from adults aged 18 or older. Weighted response rates for household screening and for interviewing were 11.1 and 59.5 percent, respectively, for an overall response rate of 6.6 percent for people aged 12 or older. The weighted interview response rates were 25.6 percent for adolescents and 62.9 percent for adults.⁷ Approximately 93 percent of these interviews were completed via the web because of limitations on where it was considered safe to conduct interviews in person.

Altogether for 2020, then, screening was completed for 90,937 addresses, and the final sample consisted of 36,284 completed interviews. There were 6,337 interviews from adolescents aged 12 to 17 and 29,947 interviews from adults aged 18 or older. Weighted response rates for household screening and for interviewing were 25.7 and 60.4 percent, respectively, for an overall response rate of 15.5 percent for people aged 12 or older. The weighted interview response rates were 36.8 percent for adolescents and 62.8 percent for adults.^{7,9}

Further information about the 2020 NSDUH design and methods can be found on the web at <https://www.samhsa.gov/data/>.¹⁰

Data Presentation and Interpretation

This report focuses on substance use and mental health indicators in the United States based on NSDUH data from 2020 and earlier years.¹¹ Estimates of substance use and related treatment are presented for people aged 12 or older, including adolescents and adults.¹² However, estimates of mental health issues and mental health service use are presented separately for adolescents aged 12 to 17 and adults aged 18 or older because the two groups completed different sets of questions regarding mental health and mental health service utilization. All estimates (e.g., percentages and numbers) presented in the report are derived from survey data that are subject to sampling errors and have met the criteria for statistical precision.¹³

Presentation of National Estimates for 2020

Appendix A contains special tables of estimates, including estimates not found in the 2020 NSDUH detailed tables.

Because some estimates in Appendix A may not be found in the detailed tables, Appendix A's tables include standard errors for the associated estimates.¹⁴

The COVID-19 pandemic has made 2020 a unique year within the history of NSDUH. Estimates for most measures have been calculated using data from Quarters 1 and 4 of 2020. As mentioned previously, except for a very brief data collection effort that tested increased safety measures in July, no data were collected in Quarters 2 and 3 (i.e., April to September). The difference in data collection methods between Quarter 1 and Quarter 4 affected the procedures for weighting the 2020 data to produce national estimates.⁶

With the introduction of web-based interviewing, data processing took into account the potential effects of survey mode¹⁵ on responses.¹⁰ In addition, questions were developed to assess the specific effects of the COVID-19 pandemic on respondents. Because these questions were asked of respondents only in Quarter 4, only data from Quarter 4 are available for these estimates. Sections of the report indicate when estimates use data from Quarter 4 only. Otherwise, the default for the report is to present estimates using data from Quarters 1 and 4.¹⁶

Interpretation of Estimates for 2020

NSDUH underwent some major methodological changes for 2020. As noted previously, the COVID-19 pandemic necessitated the introduction of web-based interviewing. In addition, 2020 marked the first year in which SUDs were evaluated using criteria defined in the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5),¹⁷ as opposed to criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV).¹⁸ There were additional changes to the questionnaire itself (e.g., new questions about vaping and the use of synthetic marijuana or synthetic stimulants, additional questions to measure SUDs based on the DSM-5 criteria, new questions in Quarter 4 to assess the impact of COVID-19 on people's lives). Finally, there was a significant gap in data collection that might have missed seasonality effects on some estimates. Therefore, care must be taken when attempting to disentangle the effects on estimates due to real changes in the population (e.g., the COVID-19 pandemic, other events) from these methodological changes.

Researchers have raised concerns that the COVID-19 pandemic could have negative effects on substance use and mental health outcomes.^{19,20,21} However, the methodological changes for the 2020 NSDUH also can affect the 2020

estimates. Therefore, direct comparison of NSDUH estimates in 2020 with those from prior years can be misleading. An additional caveat is that events in the United States related to the COVID-19 pandemic were not the only ones in 2020 that could have affected people’s substance use and mental health. To that end, NSDUH estimates principally *describe* conditions in the population but may not *explain* the reasons behind the estimates.

Statistical tests for comparisons are presented in this report where appropriate. Of note, statistical testing was performed for comparisons of estimates across age groups within 2020.²² In these instances, statistically significant differences resulting from this testing are described using terms such as “higher” or “lower.” Statements use terms such as “similar” or “the same” when a difference was not statistically significant. However, the methodological changes in 2020 because of the COVID-19 pandemic have created major challenges for survey researchers and other data users in interpreting estimates from the 2020 NSDUH. Particular caution must be taken for multiyear trend analysis and the comparison of the results from 2020 with those from any prior survey years. Efforts were made to present the results by defining measures for 2020 consistently with measures in previous years wherever possible. Meanwhile, efforts were also made to point out the uniqueness of 2020 and the need for caution when making comparisons.

General Substance Use in the Past Month

This section provides an overview of estimates according to whether respondents aged 12 or older reported using nicotine products (using tobacco products or nicotine vaping), alcohol, or illicit drugs in the 30 days before the NSDUH interview (i.e., in the past month, also referred to as “current use”). Due to the very small amount of data that are available from April to September 2020, caution must be taken when interpreting estimates of substance use in the past month. Additional information on the use of tobacco products, alcohol, and illicit drugs is provided in other sections of this report.¹⁴

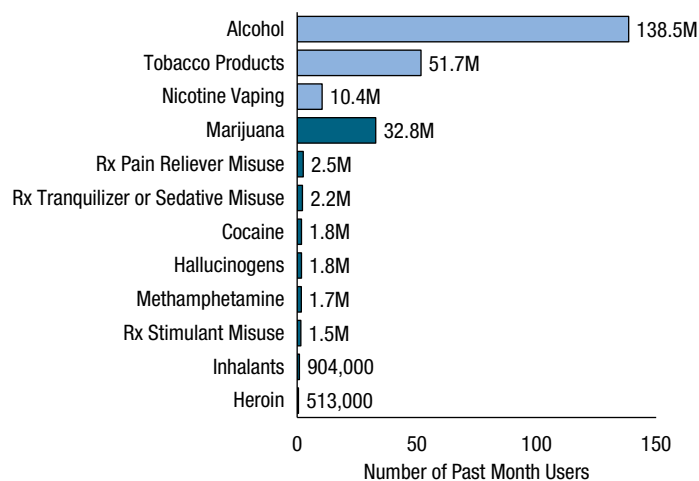
Past month tobacco use includes any use of the four tobacco products in NSDUH: cigarettes, smokeless tobacco (such as snuff, dip, chewing tobacco, or snus), cigars, and pipe tobacco. Past month nicotine vaping refers to the use of an e-cigarette or other vaping device to vape nicotine or tobacco. Past month alcohol use refers to having more than a sip or two of any type of alcoholic drink (e.g., a

can or a bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it). Past month illicit drug use includes any use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, as well as misuse of prescription stimulants, tranquilizers or sedatives (e.g., benzodiazepines), or pain relievers. (See the section on the [Misuse of Psychotherapeutic Drugs](#) for the definition of “misuse.”)

Tables in Appendix A also include estimates of past month use for the following other substances: gamma hydroxybutyrate (GHB), the misuse of nonprescription cold and cough medicine, kratom, synthetic marijuana (fake weed, K2, or Spice), and synthetic stimulants (“bath salts” or flakka). Estimates for the use or misuse of these other substances are discussed later in the report for the past year (rather than the past month) because of low prevalence estimates in the past month for many of these substances.

Among people aged 12 or older in 2020, 58.7 percent (or 162.5 million people) used tobacco, alcohol, or an illicit drug in the past month, 50.0 percent (or 138.5 million people) drank alcohol in the past month, 18.7 percent (or 51.7 million people) used a tobacco product in the past month, and 13.5 percent (or 37.3 million people) used an illicit drug in the past month (Figure 1 and Table A.1B). Estimates for tobacco, alcohol, or illicit drugs are not mutually exclusive because respondents could have used more than one type of substance (e.g., tobacco products and alcohol) in the past month.

Figure 1. Past Month General Substance Use and Nicotine Vaping: Among People Aged 12 or Older; 2020



Rx = prescription.

Note: General Substance Use includes any illicit drug, alcohol, and tobacco product use. Tobacco products are defined as cigarettes, smokeless tobacco, cigars, and pipe tobacco.

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

Tobacco Use or Nicotine Vaping in the Past Month

Before 2020, NSDUH assessed tobacco use but did not include questions on nicotine vaping. However, recent increases in nicotine vaping have resulted in changes in adolescent tobacco use. Findings from the 2019 National Youth Tobacco Survey (NYTS) and the 2019 Monitoring the Future (MTF) study indicated increases in nicotine vaping.^{23,24,25} NYTS data indicate that e-cigarettes have been the most commonly used nicotine product among youths since 2014, including in 2020, and that e-cigarette use has reached epidemic proportions among youths.²⁵ In addition, vaping of nicotine products among adolescents has been identified as a risk factor for future cigarette use,²⁴ which may affect long-term cigarette use trends. However, the 2020 MTF study found similar estimates between 2019 and 2020 in nicotine vaping in the past month among 8th, 10th, and 12th graders.²⁶ The 2020 NYTS also indicated a reversal of previous trends, with e-cigarette use among adolescents declining from 2019 to 2020 and returning to levels similar to those in 2018. Nevertheless, e-cigarette use remained the most common form of nicotine product use among adolescents in the 2020 NYTS. Despite the decline in e-cigarette use between 2019 and 2020, NYTS researchers stressed the need for continued effort to sustain this apparent progress.²⁷ An issue with the MTF and NYTS data for 2020 is that sample sizes were smaller in 2020. School closures in the spring in response to the COVID-19 pandemic led to the early conclusion of data collection for both surveys.^{26,27}

The 2020 NSDUH included questions to assess the use of nicotine vaping in both adolescents and adults. As noted previously, however, caution must be taken when

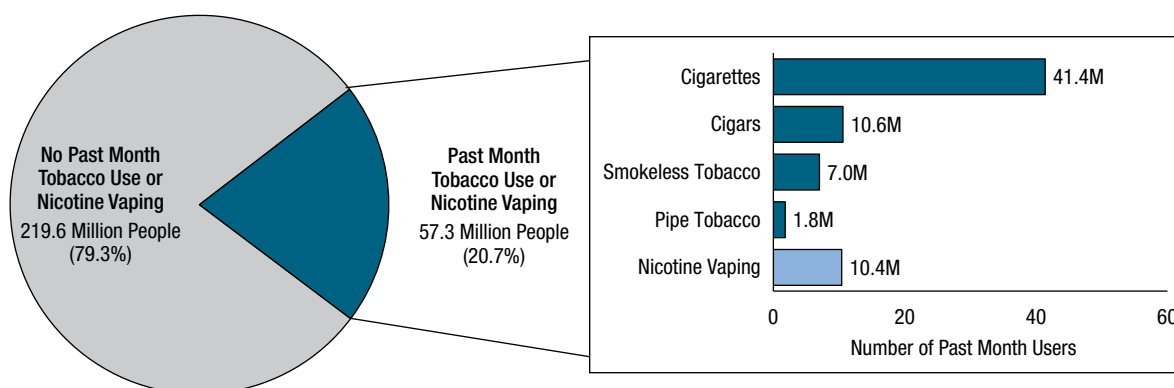
interpreting estimates in this section due to the very small amount of data that are available from April to September.

As noted in the section on [General Substance Use in the Past Month](#), past month tobacco use in NSDUH includes any use of four tobacco products: cigarettes, smokeless tobacco (such as snuff, dip, chewing tobacco, or snus), cigars, and pipe tobacco. Past month nicotine vaping refers to the use of an e-cigarette or other vaping device to vape nicotine or tobacco. Aggregate estimates for the past month use of tobacco or nicotine vaping (also referred to as current use of nicotine products) are presented for people who used any of these tobacco products or vaped nicotine in the past month (or both).

Among people aged 12 or older in 2020, 20.7 percent (or 57.3 million people) used tobacco products or vaped nicotine in the past month ([Figure 2](#) and [Table A.1B](#)). The percentage of people who used tobacco products or vaped nicotine in the past month was highest among young adults aged 18 to 25 (25.1 percent or 8.4 million people), followed by adults aged 26 or older (21.6 percent or 47.2 million people), then by adolescents aged 12 to 17 (6.5 percent or 1.6 million people) ([Tables A.2B](#) to [A.4B](#)).

Among current nicotine product users, the use of specific nicotine products varied by age group. Nearly two thirds of adolescents aged 12 to 17 who used nicotine products in the past month (63.1 percent) vaped nicotine but did not use tobacco products ([Table A.5B](#)). An additional 15.7 percent of adolescents who used nicotine products in the past month vaped nicotine and used tobacco products. About half of young adults aged 18 to 25 who used nicotine products in the past month (53.4 percent) used tobacco products but did not vape nicotine, 23.6 percent vaped nicotine but did not use tobacco products, and 22.9 percent vaped nicotine

Figure 2. Past Month Tobacco Use and Nicotine Vaping: Among People Aged 12 or Older; 2020



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

and used tobacco products. Among adults aged 26 or older who used nicotine products in the past month, however, 88.9 percent used only tobacco products.

Tobacco Product Use

In 2020, of the 51.7 million current (i.e., past month) tobacco users (Figure 1), the majority were current cigarette smokers (41.4 million; Figure 2). This pattern has been the case historically.²⁸ Additionally, 10.6 million people were current cigar smokers, 7.0 million people were current smokeless tobacco users, and 1.8 million people were current pipe tobacco smokers.

Among people aged 12 or older in 2020 who used any tobacco product in the past month (regardless of whether they vaped nicotine), 65.3 percent smoked cigarettes but did not use other tobacco products, 14.8 percent smoked cigarettes and used some other type of tobacco product, and 19.9 percent used only noncigarette tobacco products (i.e., other tobacco products but not cigarettes) (Table A.6B). Among adults who used tobacco products in the past month, adults aged 26 or older were more likely than young adults aged 18 to 25 to have used only cigarettes in the past month (68.0 vs. 49.3 percent). However, the majority of young adults who were past month tobacco users smoked cigarettes, either as the only tobacco product they used or in addition to other tobacco products. Estimates among adolescents aged 12 to 17 who used tobacco products in the past month could not be calculated with sufficient precision for the use of only cigarettes or the use of only noncigarette tobacco products.

The remainder of this section on tobacco use focuses on cigarette smoking because most current tobacco users aged 12 or older were cigarette smokers. Information on the use of cigars, pipe tobacco, and smokeless tobacco in the past month among people aged 12 or older and by age group can be found in Tables A.1B to A.4B in Appendix A.

Cigarette Use

Among people aged 12 or older in 2020, 15.0 percent (or 41.4 million people) smoked cigarettes in the past month (Figure 3). The percentage of people who smoked cigarettes in the past month was highest among adults aged 26 or older (16.7 percent or 36.4 million people), followed by young adults aged 18 to 25 (13.9 percent or 4.7 million people), then by adolescents aged 12 to 17 (1.4 percent or 350,000 people).

Daily Cigarette Use

Among the 41.4 million current cigarette smokers aged 12 or older in 2020 (see the section on Cigarette Use),

24.9 million people (or 60.1 percent) were daily cigarette smokers (Figure 4), and 9.4 million people (or 37.8 percent) smoked 16 or more cigarettes per day (i.e., approximately one pack or more per day). Among current cigarette smokers, adults aged 26 or older were more likely than young adults aged 18 to 25 to be daily smokers (64.1 vs. 33.1 percent) (Tables A.3B and A.4B).

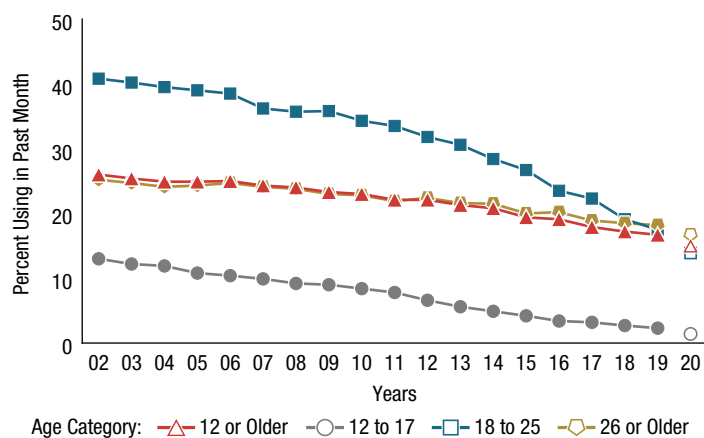
Nicotine Vaping

In 2020, 10.4 million people aged 12 or older (or 3.8 percent) used an e-cigarette or other vaping device to vape nicotine in the past month (Figures 2 and 5). The percentage of people who vaped nicotine was highest among young adults aged 18 to 25 (11.7 percent or 3.9 million people), followed by adolescents aged 12 to 17 (5.1 percent or 1.3 million people), then by adults aged 26 or older (2.4 percent or 5.2 million people).

Underage Tobacco Use or Nicotine Vaping

Legislation in December 2019 amending the Federal Food, Drug, and Cosmetic Act raised the federal minimum age for sale of tobacco products (including e-cigarettes) from

Figure 3. Past Month Cigarette Use: Among People Aged 12 or Older; 2002-2020



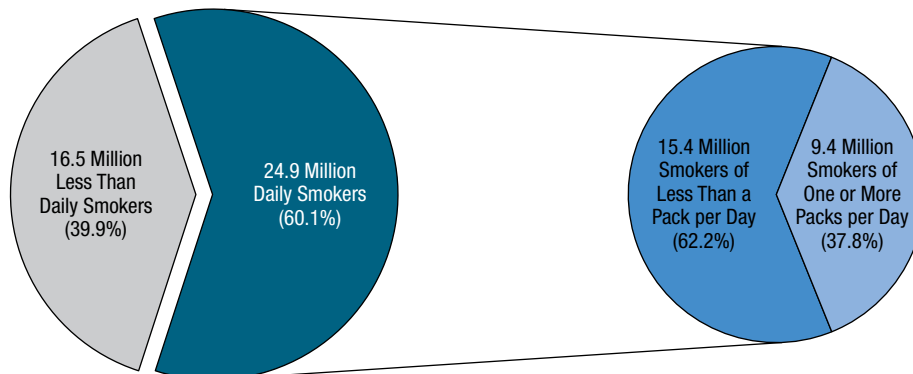
Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 3 Table. Past Month Cigarette Use: Among People Aged 12 or Older; 2002-2020

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
≥12	26.0	25.4	24.9	24.9	25.0	24.3	24.0	23.3	23.0	22.1	22.1	21.3	20.8	19.4	19.1	17.9	17.2	16.7	15.0
12-17	13.0	12.2	11.9	10.8	10.4	9.9	9.2	9.0	8.4	7.8	6.6	5.6	4.9	4.2	3.4	3.2	2.7	2.3	1.4
18-25	40.8	40.2	39.5	39.0	38.5	36.2	35.7	35.8	34.3	33.5	31.8	30.6	28.4	26.7	23.5	22.3	19.1	17.5	13.9
≥26	25.2	24.7	24.1	24.3	24.7	24.1	23.8	23.0	22.8	21.9	22.4	21.6	21.5	20.0	20.2	18.9	18.5	18.2	16.7

Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 4. Daily Cigarette Use: Among Past Month Cigarette Smokers Aged 12 or Older; Smoking of One or More Packs of Cigarettes per Day: Among Current Daily Smokers; 2020

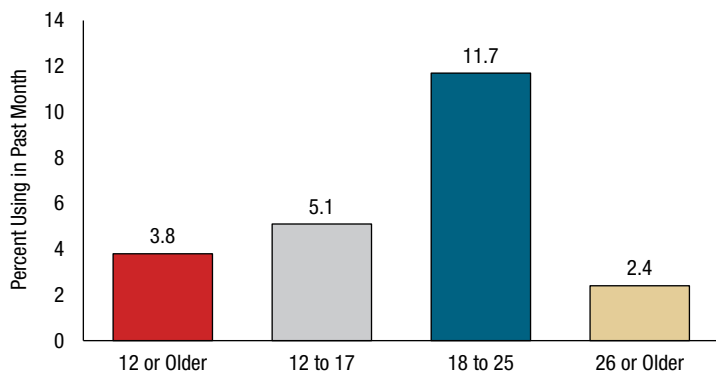


Note: Current daily smokers with unknown data about the number of cigarettes smoked per day were excluded from the pie chart on the right.

18 to 21 years.²⁹ All 50 states and the District of Columbia now prohibit the sale of tobacco products to people younger than 21.

Among people aged 12 to 20, 11.8 percent (or 4.4 million people) used tobacco products or used an e-cigarette or other vaping device to vape nicotine (Table A.7B). Among people in this age group, 7.7 percent (or 2.9 million people) vaped nicotine, 6.7 percent (or 2.5 million people) used tobacco products, and 4.1 percent (or 1.5 million people) smoked cigarettes in the past month.

Figure 5. Past Month Nicotine Vaping: Among People Aged 12 or Older; 2020



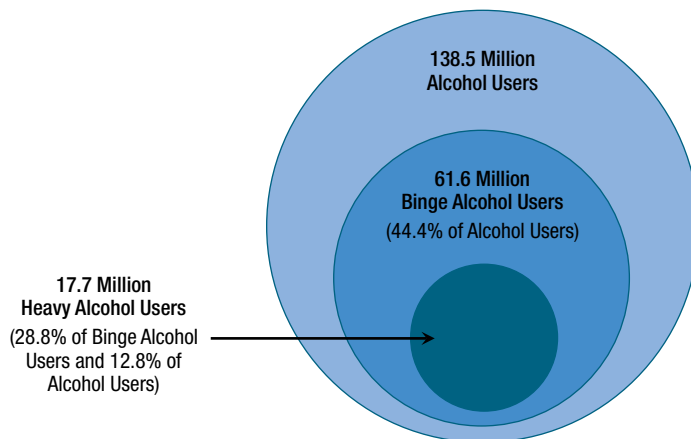
Alcohol Use in the Past Month

As noted in the section on [General Substance Use in the Past Month](#), the 2020 NSDUH asked respondents aged 12 or older about their alcohol use in the 30 days before the interview. In addition to asking about any alcohol use, NSDUH collected information on past month binge alcohol use and heavy alcohol use. Binge drinking for males was defined as drinking five or more drinks³⁰ on the same occasion on at least 1 day

in the past 30 days, which has remained unchanged from the threshold prior to 2015. Since 2015, binge alcohol use for females has been defined as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days.³¹ This definition of binge alcohol use is consistent with federal definitions.³² Heavy alcohol use was defined as binge drinking on 5 or more days in the past 30 days based on the thresholds described previously for males and females. Also, as noted previously, caution must be taken when interpreting estimates of alcohol use in the past month due to the very small amount of data that are available from April to September.

Among the 138.5 million current alcohol users aged 12 or older in 2020, 61.6 million people (or 44.4 percent) were past month binge drinkers (Figure 6). Among past month

Figure 6. Current, Binge, and Heavy Alcohol Use: Among People Aged 12 or Older; 2020



Note: Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion on at least 1 day in the past 30 days. Heavy Alcohol Use is defined as binge drinking on the same occasion on 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.

binge drinkers, 17.7 million people (28.8 percent of current binge drinkers and 12.8 percent of current alcohol users) were past month heavy drinkers.³³

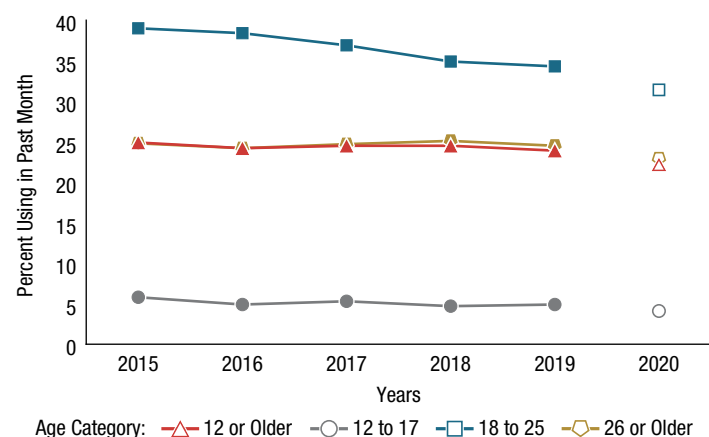
Any Alcohol Use

Among people aged 12 or older in 2020, 50.0 percent (or 138.5 million people) drank alcohol in the past month (Figure 6 and Table A.1B). The percentage was highest among adults aged 26 or older (54.6 percent or 119.2 million people), followed by young adults aged 18 to 25 (51.5 percent or 17.3 million people), then by adolescents aged 12 to 17 (8.2 percent or 2.1 million people) (Tables A.2B to A.4B).

Binge Alcohol Use

Among people aged 12 or older in 2020, 22.2 percent (or 61.6 million people) were binge alcohol users in the past month (Figures 6 and 7). The percentage was highest among young adults aged 18 to 25 (31.4 percent or 10.5 million people), followed by adults aged 26 or older (22.9 percent or 50.0 million people), then by adolescents aged 12 to 17 (4.1 percent or 1.0 million people).

Figure 7. Past Month Binge Alcohol Use: Among People Aged 12 or Older; 2015-2020



Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 7 Table. Past Month Binge Alcohol Use: Among People Aged 12 or Older; 2015-2020

Age	2015	2016	2017	2018	2019	2020
12 or Older	24.9	24.2	24.5	24.5	23.9	22.2
12 to 17	5.8	4.9	5.3	4.7	4.9	4.1
18 to 25	39.0	38.4	36.9	34.9	34.3	31.4
26 or Older	24.8	24.2	24.7	25.1	24.5	22.9

Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

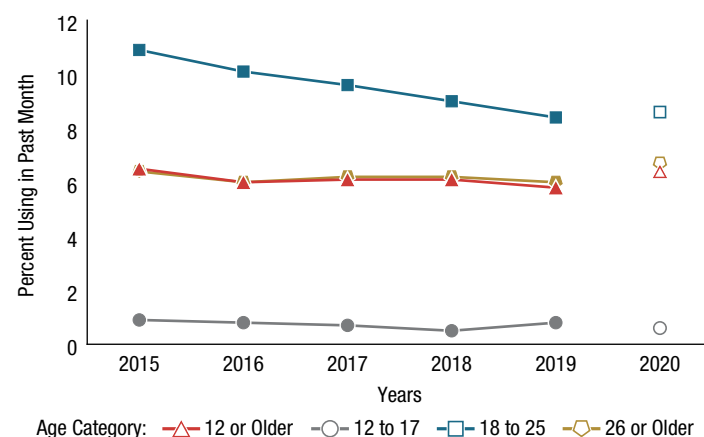
Heavy Alcohol Use

Among people aged 12 or older in 2020, 6.4 percent (or 17.7 million people) were heavy alcohol users in the past month (Figures 6 and 8). The percentage was highest among young adults aged 18 to 25 (8.6 percent or 2.9 million people), followed by adults aged 26 or older (6.7 percent or 14.7 million people), then by adolescents aged 12 to 17 (0.6 percent or 140,000 people).

Underage Alcohol Use

As of 2020, all 50 states and the District of Columbia prohibited the possession of alcoholic beverages by people younger than 21 (although some states may have had exceptions). Most states also prohibited underage consumption (i.e., consumption of alcoholic beverages prior to the age of 21).³⁴ Among people aged 12 to 20 in 2020, 16.1 percent (or 6.0 million people) were past month alcohol users (Table A.7B). Estimates of binge alcohol use and heavy alcohol use in the past month among underage people were 9.2 percent (or 3.4 million people) and 1.8 percent (or 669,000 people), respectively.

Figure 8. Past Month Heavy Alcohol Use: Among People Aged 12 or Older; 2015-2020



Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 8 Table. Past Month Heavy Alcohol Use: Among People Aged 12 or Older; 2015-2020

Age	2015	2016	2017	2018	2019	2020
12 or Older	6.5	6.0	6.1	6.1	5.8	6.4
12 to 17	0.9	0.8	0.7	0.5	0.8	0.6
18 to 25	10.9	10.1	9.6	9.0	8.4	8.6
26 or Older	6.4	6.0	6.2	6.2	6.0	6.7

Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Illicit Drug Use in the Past Year

The 2020 NSDUH obtained illicit drug use information for the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and methamphetamine, as well as for the misuse of prescription stimulants, tranquilizers, sedatives,³⁵ and pain relievers (see the section on the [Misuse of Psychotherapeutic Drugs](#) for the definition of “misuse”). This report presents estimates of past year (rather than past month) illicit drug use because of low prevalence estimates for some illicit drugs (e.g., heroin). Moreover, the 2020 NSDUH collected only past year (rather than past month) data on the misuse of benzodiazepines and specific subtypes of prescription pain relievers (e.g., fentanyl products).

Among people aged 12 or older in 2020, 59.3 million people used illicit drugs in the past year (Figure 9). The most commonly used illicit drug in the past year was marijuana, which was used by 49.6 million people. The second most common type of illicit drug use in the past year was the misuse of prescription pain relievers, which were misused by 9.3 million people. Smaller numbers of people were past year users of other illicit drugs, as shown in Figure 9.³⁶

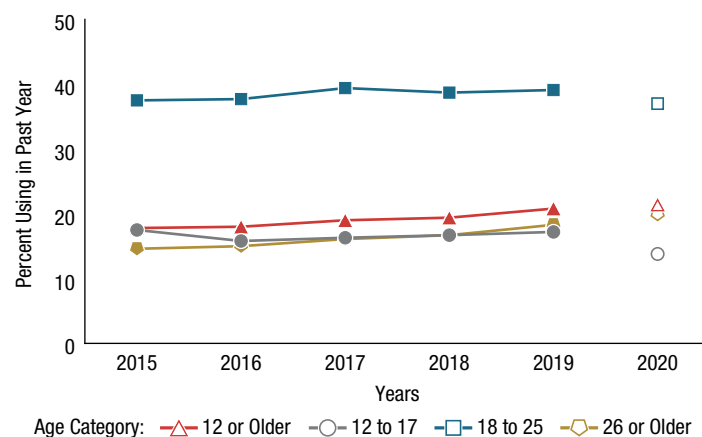
Any Illicit Drug Use

Among people aged 12 or older in 2020, 21.4 percent (or 59.3 million people) used illicit drugs in the past year (Figures 9 and 10). The percentage was highest among young adults aged 18 to 25 (37.0 percent or 12.4 million people), followed by adults aged 26 or older (19.9 percent or 43.4 million people), then by adolescents aged 12 to 17 (13.8 percent or 3.4 million people).

Marijuana Use

In 2020, 17.9 percent of people aged 12 or older (or 49.6 million people) used marijuana in the past year (Figures 9 and 11). The percentage was highest among young adults aged 18 to 25 (34.5 percent or 11.6 million

Figure 10. Past Year Illicit Drug Use: Among People Aged 12 or Older; 2015-2020



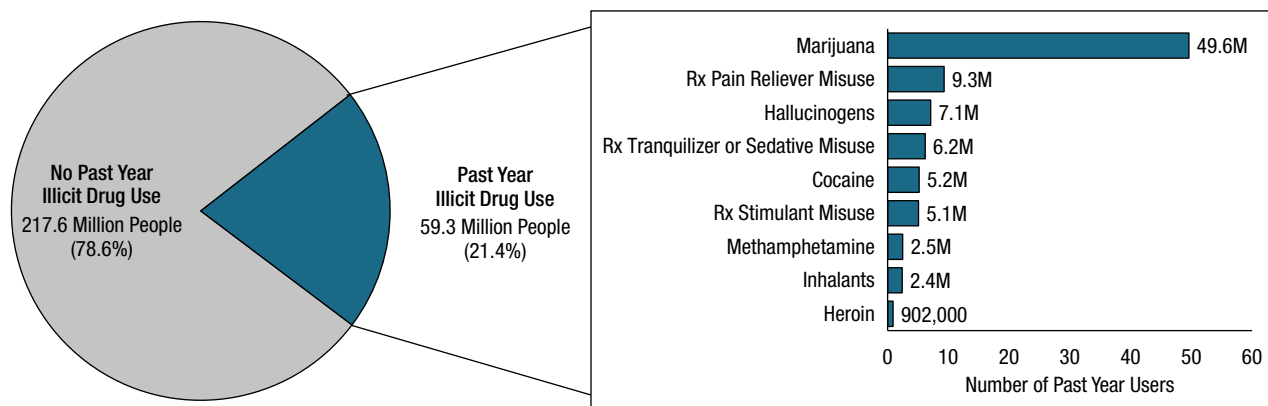
Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 10 Table. Past Year Illicit Drug Use: Among People Aged 12 or Older; 2015-2020

Age	2015	2016	2017	2018	2019	2020
12 or Older	17.8	18.0	19.0	19.4	20.8	21.4
12 to 17	17.5	15.8	16.3	16.7	17.2	13.8
18 to 25	37.5	37.7	39.4	38.7	39.1	37.0
26 or Older	14.6	15.0	16.1	16.7	18.3	19.9

Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 9. Past Year Illicit Drug Use: Among People Aged 12 or Older; 2020



Rx = prescription.

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

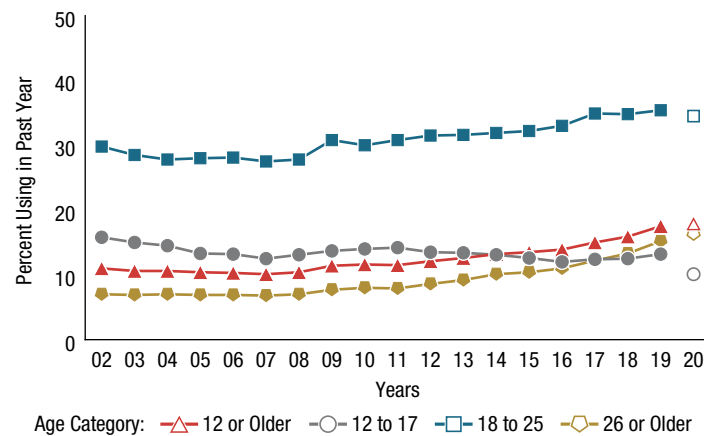
people), followed by adults aged 26 or older (16.3 percent or 35.5 million people), then by adolescents aged 12 to 17 (10.1 percent or 2.5 million people).

Cocaine Use

Cocaine use includes the use of crack cocaine. Estimates of crack use are presented separately as well. Among people aged 12 or older in 2020, 1.9 percent (or 5.2 million people) used cocaine in the past year (Figure 9 and Table A.12B). The percentage was highest among young adults aged 18 to 25 (4.3 percent or 1.4 million people), followed by adults aged 26 or older (1.7 percent or 3.6 million people), then by adolescents aged 12 to 17 (0.3 percent or 84,000 people) (Tables A.13B to A.15B).

In 2020, an estimated 0.2 percent of people aged 12 or older (or 657,000 people) used crack in the past year. The percentage was lowest among adolescents aged 12 to 17 (less than 0.1 percent or 2,000 people). This percentage increased with age (0.1 percent of young adults aged 18 to 25 or 49,000 people; 0.3 percent of adults aged 26 or older or 606,000 people).

Figure 11. Past Year Marijuana Use: Among People Aged 12 or Older; 2002-2020



Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 11 Table. Past Year Marijuana Use: Among People Aged 12 or Older; 2002-2020

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
≥12	11.0	10.6	10.6	10.4	10.3	10.1	10.4	11.4	11.5	12.1	12.6	13.2	13.5	13.9	15.0	15.9	17.5	17.9	17.9
12-17	15.8	15.0	14.5	13.3	13.2	12.5	13.1	13.7	14.0	14.2	13.5	13.4	13.1	12.6	12.0	12.4	12.5	13.2	10.1
18-25	29.8	28.5	27.8	28.0	28.1	27.5	27.8	30.8	30.0	30.8	31.5	31.6	31.9	32.2	33.0	34.9	34.8	35.4	34.5
≥26	7.0	6.9	7.0	6.9	6.9	6.8	7.0	7.7	8.0	7.9	8.6	9.2	10.1	10.4	11.0	12.2	13.3	15.2	16.3

Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Heroin Use

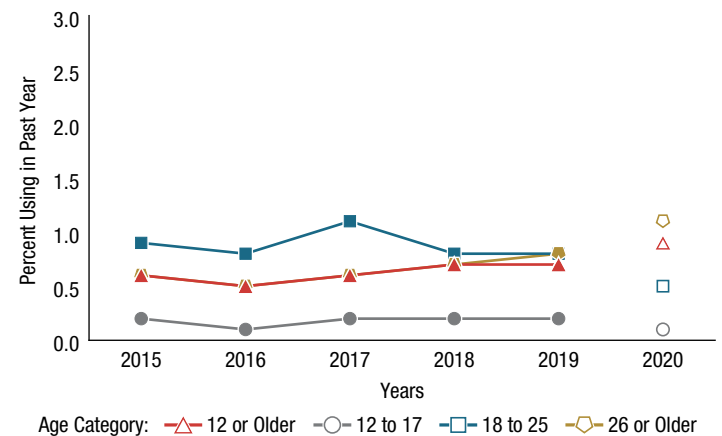
Among people aged 12 or older in 2020, 0.3 percent (or 902,000 people) used heroin in the past year (Figure 9 and Table A.12B). Estimates of past year heroin use were 0.2 percent (or 62,000 people) among young adults aged 18 to 25 and 0.4 percent (or 840,000 people) among adults aged 26 or older (Tables A.14B and A.15B). Estimates of past year heroin use among adolescents aged 12 to 17 could not be calculated with sufficient precision (Table A.13B).

Methamphetamine Use

Although methamphetamine is legally available by prescription (Desoxyn®), most methamphetamine used in the United States is produced and distributed illicitly rather than through the pharmaceutical industry. Therefore, the 2015 to 2020 NSDUHs have included separate sections for methamphetamine use and the use and misuse of prescription stimulants.

Among people aged 12 or older in 2020, 0.9 percent (or 2.5 million people) used methamphetamine in the past year (Figures 9 and 12). Adolescents aged 12 to 17 had the lowest

Figure 12. Past Year Methamphetamine Use: Among People Aged 12 or Older; 2015-2020



Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 12 Table. Past Year Methamphetamine Use: Among People Aged 12 or Older; 2015-2020

Age	2015	2016	2017	2018	2019	2020
12 or Older	0.6	0.5	0.6	0.7	0.7	0.9
12 to 17	0.2	0.1	0.2	0.2	0.2	0.1
18 to 25	0.9	0.8	1.1	0.8	0.8	0.5
26 or Older	0.6	0.5	0.6	0.7	0.8	1.1

Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

estimate of past year methamphetamine use (0.1 percent or 21,000 people). Percentages increased with age (0.5 percent of young adults aged 18 to 25 or 171,000 people; 1.1 percent of adults aged 26 or older or 2.4 million people).

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*.³⁷ In 2020, 2.6 percent of people aged 12 or older (or 7.1 million people) used hallucinogens in the past year (Figures 9 and 13). The percentage among young adults aged 18 to 25 (7.3 percent or 2.4 million people) was higher than the percentages among adolescents aged 12 to 17 (1.5 percent or 370,000 people) or adults aged 26 or older (2.0 percent or 4.3 million people).

Inhalant Use

Inhalants include volatile solvents (e.g., paint thinners and removers, dry cleaning fluids, degreasers, gasoline, glues, shoe

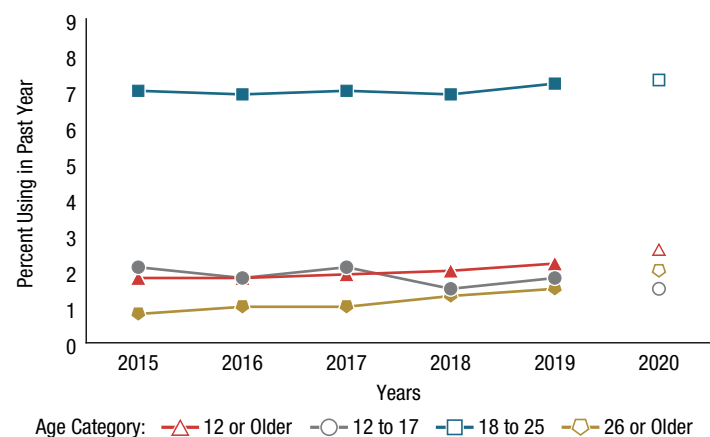
polish, correction fluids, felt-tip markers), aerosols (e.g., spray paints, deodorant and hair sprays, fabric protector sprays, computer keyboard cleaner), gases (e.g., ether, halothane, nitrous oxide, butane, propane), and nitrites (e.g., amyl nitrite, “poppers,” locker room deodorizers, “rush”). NSDUH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

Among people aged 12 or older in 2020, 0.9 percent (or 2.4 million people) used inhalants in the past year (Figures 9 and 14). Unlike other illicit drug use estimates, the percentage was highest among adolescents aged 12 to 17 (2.7 percent or 683,000 people). Percentages decreased with age (1.5 percent of young adults aged 18 to 25 or 507,000 people; 0.5 percent of adults aged 26 or older or 1.2 million people).

Misuse of Psychotherapeutic Drugs

The 2020 NSDUH assessed the use and misuse of psychotherapeutic drugs currently or recently available by prescription in the United States, including prescription stimulants, tranquilizers or sedatives (e.g., benzodiazepines),

Figure 13. Past Year Hallucinogen Use: Among People Aged 12 or Older; 2015-2020



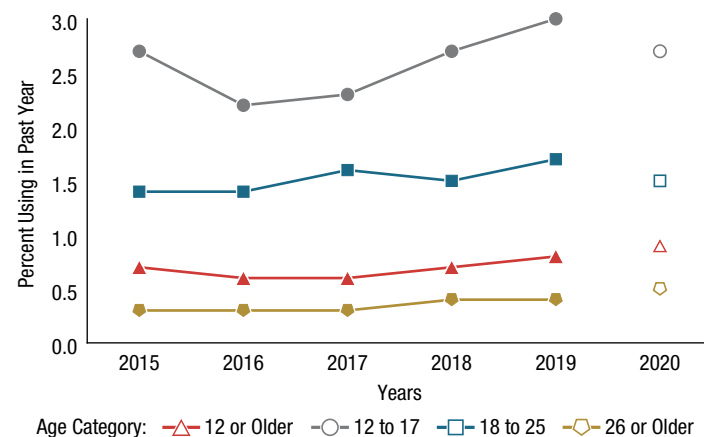
Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 13 Table. Past Year Hallucinogen Use: Among People Aged 12 or Older; 2015-2020

Age	2015	2016	2017	2018	2019	2020
12 or Older	1.8	1.8	1.9	2.0	2.2	2.6
12 to 17	2.1	1.8	2.1	1.5	1.8	1.5
18 to 25	7.0	6.9	7.0	6.9	7.2	7.3
26 or Older	0.8	1.0	1.0	1.3	1.5	2.0

Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 14. Past Year Inhalant Use: Among People Aged 12 or Older; 2015-2020



Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 14 Table. Past Year Inhalant Use: Among People Aged 12 or Older; 2015-2020

Age	2015	2016	2017	2018	2019	2020
12 or Older	0.7	0.6	0.6	0.7	0.8	0.9
12 to 17	2.7	2.2	2.3	2.7	3.0	2.7
18 to 25	1.4	1.4	1.6	1.5	1.7	1.5
26 or Older	0.3	0.3	0.3	0.4	0.4	0.5

Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

and pain relievers. In NSDUH, misuse of prescription drugs was defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told to take a drug; or use in any other way not directed by a doctor. Misuse of over-the-counter (OTC) drugs was not included.

Among people aged 12 or older in 2020, 5.8 percent (or 16.1 million people) misused prescription psychotherapeutic drugs in the past year (Table A.12B). The percentage was highest among young adults aged 18 to 25 (9.5 percent or 3.2 million people), followed by adults aged 26 or older (5.6 percent or 12.2 million people), then by adolescents aged 12 to 17 (2.8 percent or 688,000 people) (Tables A.13B to A.15B).

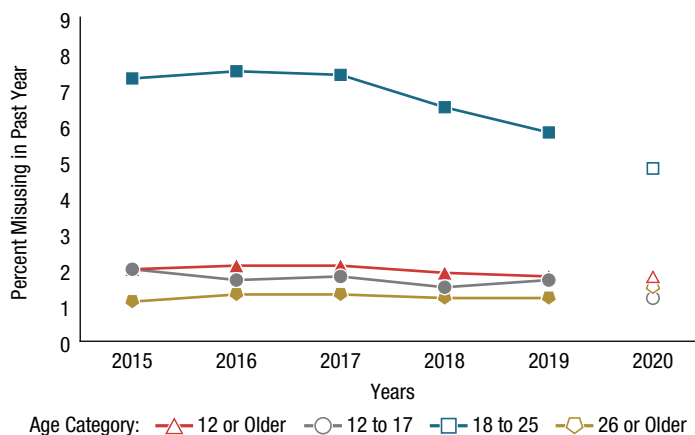
Of the prescription drugs presented in this report, prescription pain relievers were the most commonly misused by people aged 12 or older. The 16.1 million people in 2020 who misused prescription psychotherapeutic drugs in the past year included 9.3 million people who misused prescription pain relievers, 6.2 million people who misused prescription tranquilizers or sedatives (including 4.8 million past year misusers of benzodiazepines), and 5.1 million people who misused prescription stimulants (Figure 9).

Stimulant Misuse

The 2020 NSDUH assessed the misuse of prescription stimulants in the following categories: amphetamine products, methylphenidate products, anorectic (weight-loss) stimulants, Provigil®, or any other prescription stimulant. The amphetamine and methylphenidate products included in the NSDUH questionnaire are primarily prescribed for the treatment of attention-deficit/hyperactivity disorder (ADHD). Since 2015, methamphetamine has not been included as a prescription stimulant, unless respondents specified the prescription form of methamphetamine (Desoxyn®) as some other stimulant they had misused in the past year.³⁸

Among people aged 12 or older in 2020, 1.8 percent (or 5.1 million people) misused prescription stimulants in the past year (Figures 9 and 15). The percentage was higher among young adults aged 18 to 25 (4.8 percent or 1.6 million people) than among adolescents aged 12 to 17 (1.2 percent or 288,000 people) or adults aged 26 or older (1.5 percent or 3.2 million people).

Figure 15. Past Year Prescription Stimulant Misuse: Among People Aged 12 or Older; 2015-2020



Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 15 Table. Past Year Prescription Stimulant Misuse: Among People Aged 12 or Older; 2015-2020

Age	2015	2016	2017	2018	2019	2020
12 or Older	2.0	2.1	2.1	1.9	1.8	1.8
12 to 17	2.0	1.7	1.8	1.5	1.7	1.2
18 to 25	7.3	7.5	7.4	6.5	5.8	4.8
26 or Older	1.1	1.3	1.3	1.2	1.2	1.5

Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Tranquilizer or Sedative Misuse

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

Among people aged 12 or older in 2020, 2.2 percent (or 6.2 million people) misused tranquilizers or sedatives in the past year (Figure 9 and Table A.12B). The percentage was highest among young adults aged 18 to 25 (3.7 percent or 1.2 million people), followed by adults aged 26 or older (2.2 percent or 4.7 million people), then by adolescents aged 12 to 17 (0.9 percent or 226,000 people) (Tables A.13B to A.15B).

Benzodiazepine Misuse

Prescription benzodiazepines are a subcategory of drugs that may be prescribed either as tranquilizers for the relief of anxiety or as sedatives for the relief of insomnia. Benzodiazepines prescribed as tranquilizers are typically metabolized more slowly than benzodiazepines prescribed as sedatives.³⁹ Nevertheless, benzodiazepines are chemically similar, regardless of whether they are prescribed as tranquilizers or sedatives.

Among people aged 12 or older in 2020, 1.7 percent (or 4.8 million people) misused prescription benzodiazepines in the past year (Table A.12B). The percentage was highest among young adults aged 18 to 25 (3.3 percent or 1.1 million people), followed by adults aged 26 or older (1.6 percent or 3.5 million people), then by adolescents aged 12 to 17 (0.6 percent or 157,000 people) (Tables A.13B to A.15B).

Pain Reliever Misuse

The 2020 NSDUH assessed the misuse of prescription pain relievers in the following categories: products containing hydrocodone, oxycodone, tramadol, codeine, morphine, prescription fentanyl,⁴⁰ buprenorphine, oxycodone, and hydromorphone, as well as Demerol®, methadone, or any other prescription pain reliever. This section provides estimates of the misuse of any prescription pain reliever and specific subtypes of prescription pain relievers, the main reason for the most recent misuse of prescription pain relievers, and where people obtained the prescription pain relievers that they most recently misused in the past year.

Among people aged 12 or older in 2020, 3.3 percent (or 9.3 million people) misused prescription pain relievers in the past year (Figures 9 and 16). The percentage was highest among young adults aged 18 to 25 (4.1 percent or 1.4 million people), followed by adults aged 26 or older (3.4 percent or 7.5 million people), then by adolescents aged 12 to 17 (1.6 percent or 396,000 people).

Misuse of Subtypes of Pain Relievers

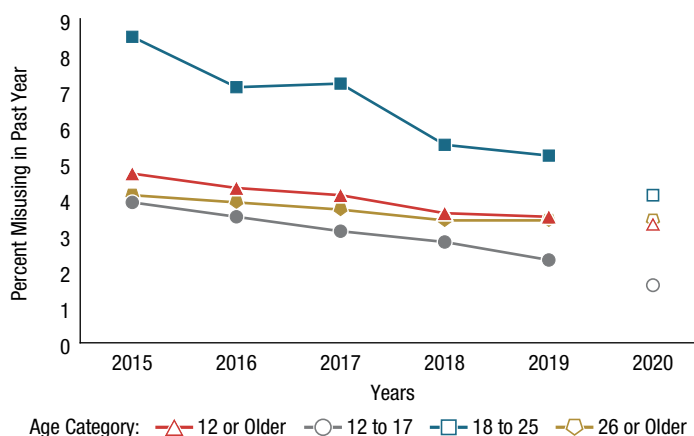
The 2020 NSDUH asked respondents to identify specific prescription pain relievers they used in the past year, then asked whether they misused those pain relievers in the past year. The specific pain relievers people misused in the past year were categorized into subtypes, such as hydrocodone products. For example, respondents who reported misusing

the pain relievers Vicodin® or hydrocodone were classified as misusers of hydrocodone products.

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

Among people aged 12 or older in 2020, 1.7 percent (or 4.7 million people) misused hydrocodone products in the past year (Figure 17). Hydrocodone products were the most commonly misused subtype of prescription pain relievers for 2020, including Vicodin®, Lortab®, Norco®, Zohydro® ER, and generic hydrocodone. In addition, 1.1 percent (or 3.2 million people) misused oxycodone products in the past year, including OxyContin®, Percocet®, Percodan®, Roxicodone®, and generic oxycodone. Also, 0.2 percent of people aged 12 or older (or 690,000 people) misused buprenorphine products in the past year.

Figure 16. Past Year Prescription Pain Reliever Misuse: Among People Aged 12 or Older; 2015-2020



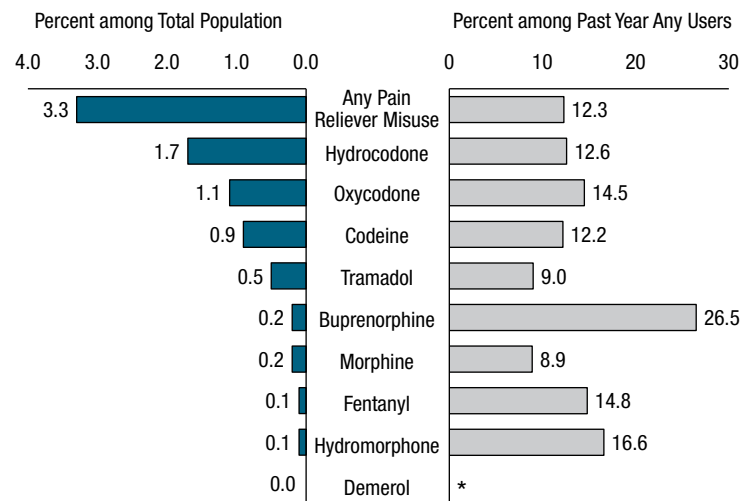
Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 16 Table. Past Year Prescription Pain Reliever Misuse: Among People Aged 12 or Older; 2015-2020

Age	2015	2016	2017	2018	2019	2020
12 or Older	4.7	4.3	4.1	3.6	3.5	3.3
12 to 17	3.9	3.5	3.1	2.8	2.3	1.6
18 to 25	8.5	7.1	7.2	5.5	5.2	4.1
26 or Older	4.1	3.9	3.7	3.4	3.4	3.4

Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 17. Past Year Prescription Pain Reliever Misuse: Among People Aged 12 or Older; by Selected Pain Reliever Subtype, 2020



* Low precision; no estimate reported.

An estimated 0.1 percent of people aged 12 or older (or 356,000 people) misused prescription fentanyl products. Because NSDUH respondents were asked only about the misuse of prescription forms of fentanyl, estimates of fentanyl misuse for 2020 may underrepresent people who used illicitly manufactured fentanyl (IMF) from clandestine laboratories (i.e., as opposed to the misuse of diverted prescription fentanyl produced by the pharmaceutical industry) and may not include those who used IMF mixed with heroin or sold as heroin (but contained only IMF).

Although prescription pain reliever misuse was the second most common form of illicit drug use for 2020 (Figure 9), most past year users of prescription pain relievers did not misuse them in the past year (Figure 17). For example, among past year users of hydrocodone products, 12.6 percent misused them in the past year. Among past year users of buprenorphine products, 26.5 percent misused them. Stated another way, almost three fourths of past year users of buprenorphine products did *not* misuse them in that period.

Main Reasons for the Last Misuse of Pain Relievers

Respondents in the 2020 NSDUH who reported prescription pain reliever misuse in the past year were asked to report the reasons for misusing the last prescription pain

reliever they misused. Respondents who reported more than one reason for misusing the last prescription pain reliever were asked to report their main reason for misusing it.

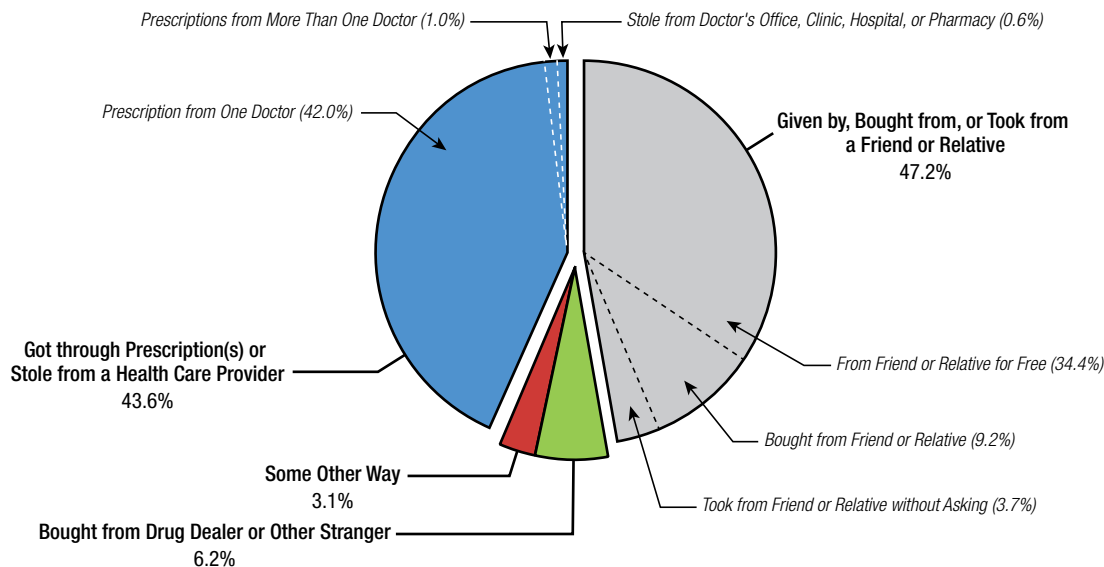
Among people aged 12 or older in 2020 who misused prescription pain relievers in the past year, the most common main reason for their last misuse of a pain reliever was to relieve physical pain (64.6 percent) (Table A.16B). Based on the NSDUH definition, use without a prescription of one's own or overuse of prescribed medication (e.g., use at a higher dosage or more often than prescribed) are both classified as misuse even if the use was for the purpose of pain relief.

Other common main reasons for misuse were to feel good or get high (11.3 percent) and to relax or relieve tension (8.1 percent). Less common main reasons among past year misusers of pain relievers included to help with feelings or emotions (5.6 percent), to help with sleep (4.5 percent), because they were "hooked" or needed to have the drug (2.3 percent), to experiment or see what the drug was like (1.4 percent), and to increase or decrease the effects of other drugs (0.9 percent).

Source of the Last Pain Reliever That Was Misused

Among people aged 12 or older in 2020 who misused prescription pain relievers in the past year, the most common source for the last pain reliever they misused was from a friend or relative in some way (i.e., being given them, buying them, or taking them without asking) (Figure 18). A little less than half (47.2 percent) of people who misused pain relievers in the past year obtained the pain relievers the last time from a friend or relative in some way. Specifically, 34.4 percent of people who misused pain relievers in the past year obtained pain relievers the last time by getting them from a friend or relative for free, 9.2 percent bought their last pain reliever from a friend or relative, and 3.7 percent took their last pain reliever from a friend or relative without asking. About two fifths of people who misused pain relievers in the past year (43.6 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 (42.0 percent). About 1 in 16 people who misused pain relievers in the past year (6.2 percent) bought the last pain reliever they misused from a drug dealer or other stranger.

Figure 18. Source Where Pain Relievers Were Obtained for Most Recent Misuse: Among People Aged 12 or Older Who Misused Pain Relievers in the Past Year; 2020



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

Note: Respondents with unknown data for the Source for Most Recent Misuse or who reported Some Other Way but did not specify a valid way were excluded.
Note: The percentages do not add to 100 percent due to rounding.

Opioid Misuse

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

Among people aged 12 or older in 2020, 3.4 percent (or 9.5 million people) misused opioids in the past year (Figure 19 and Table A.12B). The percentage was highest among young adults aged 18 to 25 (4.1 percent or 1.4 million people), followed by adults aged 26 or older (3.5 percent or 7.7 million people), then by adolescents aged 12 to 17 (1.6 percent or 396,000 people) (Tables A.13B to A.15B).

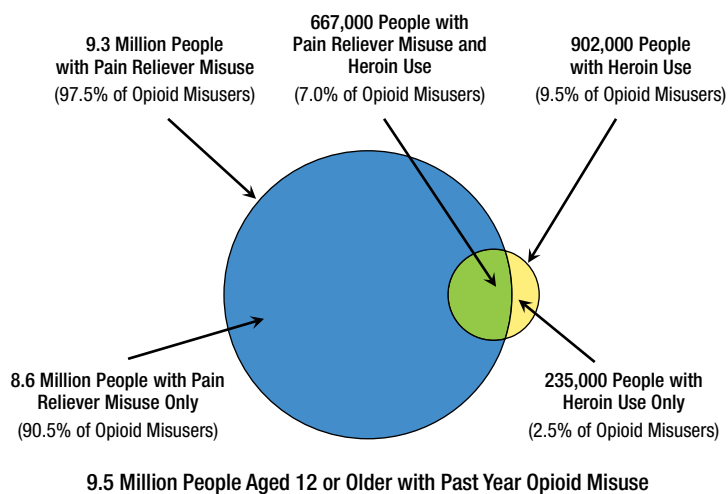
The vast majority of people who misused opioids in the past year misused prescription pain relievers (Figure 19). Specifically, 9.3 million people aged 12 or older misused prescription pain relievers in the past year compared with 902,000 people who used heroin. In 2020, the majority of the 9.3 million misusers of prescription pain relievers misused only prescription pain relievers in the past year (8.6 million people), but they had not used heroin. An estimated 667,000 people misused prescription pain

relievers and used heroin in the past year, and 235,000 people had used heroin in the past year but had not misused prescription pain relievers.

Central Nervous System Stimulant Misuse

Central nervous system (CNS) stimulants are a group of drugs that include cocaine, methamphetamine, and prescription stimulants. These drugs act in similar ways to stimulate the brain. They produce stimulant effects, such

Figure 19. Past Year Opioid Misuse: Among People Aged 12 or Older; 2020

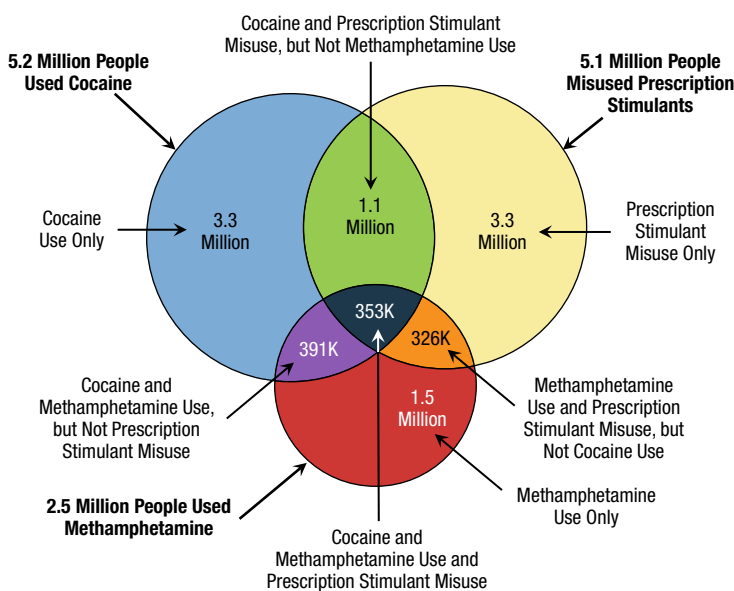


as increased alertness, wakefulness, or energy. They also can produce physical side effects of rapid or irregular heartbeat or increased blood pressure and body temperature.^{41,42,43} In this report, CNS stimulant misuse includes the use of cocaine or methamphetamine or the misuse of prescription stimulants.

Among people aged 12 or older in 2020, 3.7 percent (or 10.3 million people) misused CNS stimulants in the past year (Figure 20 and Table A.12B). The percentage was highest among young adults aged 18 to 25 (7.7 percent or 2.6 million people), followed by adults aged 26 or older (3.4 percent or 7.4 million people), then by adolescents aged 12 to 17 (1.4 percent or 346,000 people) (Tables A.13B to A.15B).

Of the 10.3 million people in 2020 who misused CNS stimulants in the past year, 353,000 used or misused all three CNS stimulants in the past year (3.4 percent of people who misused CNS stimulants) (Figure 20).¹³ About one third of people who misused CNS stimulants in the past year used only cocaine (32.4 percent of CNS stimulant misusers or 3.3 million people), about one third misused only prescription stimulants (32.3 percent of CNS stimulant misusers or 3.3 million people), and about 1 in 7 used only methamphetamine (14.4 percent of CNS stimulant misusers or 1.5 million people). In addition to the 353,000 people who used or misused all three CNS stimulants in the past year, 1.1 million people used cocaine and misused prescription stimulants but did not use methamphetamine

Figure 20. Past Year Central Nervous System (CNS) Stimulant Misuse: Among People Aged 12 or Older; 2020



(10.5 percent of CNS stimulant misusers), 391,000 used cocaine and methamphetamine but did not misuse prescription stimulants (3.8 percent of CNS stimulant misusers), and 326,000 used methamphetamine and misused prescription stimulants but did not use cocaine (3.2 percent of CNS stimulant misusers).

Other Substance Use in the Past Year

The 2020 NSDUH obtained information for the use and misuse of additional substances that can produce mind-altering effects. Not including these substances in estimates from prior years has allowed the creation of consistent illicit drug use measures over time. These substances include GHB, the misuse of nonprescription cold and cough medicine, kratom, synthetic marijuana (fake weed, K2, or Spice), and synthetic stimulants (“bath salts” or flakka). The 2020 NSDUH marks the first time that information was collected on the use of synthetic cannabinoids (referred to in the NSDUH questionnaire as “synthetic marijuana”) and synthetic cathinones (referred to in the questionnaire as “synthetic stimulants”).

GHB Use

Gamma hydroxybutyrate (GHB, also called “G,” “Georgia Home Boy,” “Grievous Bodily Harm,” or “Liquid G,”) is a CNS depressant. GHB can produce hallucinations, euphoria, drowsiness, decreased anxiety, and excited and aggressive behavior. It also is addictive. GHB that is not produced as a pharmaceutical product with approval from the U.S. Food and Drug Administration is classified as a Schedule I controlled substance in the United States.^{44,45}

Among people aged 12 or older in 2020, 0.1 percent (or 183,000 people) used GHB in the past year (Table A.8B). In addition, 0.1 percent each of young adults aged 18 to 25 and adults aged 26 or older used GHB in the past year (Tables A.10B and A.11B). Corresponding estimated numbers of people who used GHB in the past year were 24,000 young adults and 158,000 adults aged 26 or older. Estimates for adolescents aged 12 to 17 could not be calculated with sufficient precision (Table A.9B).

Nonprescription Cough and Cold Medicine Misuse

The cough suppressant dextromethorphan (DXM) is found in many cough and cold medicines. These medicines are available without a prescription (i.e., OTC) in the United States and are generally considered safe when used

appropriately. When taken in large amounts, however, DXM can produce hallucinations or dissociative, “out-of-body” experiences. These effects are similar to those caused by the hallucinogens PCP and ketamine. Other drugs found in OTC cough and cold medicines also can have psychoactive effects. For example, the OTC antihistamine diphenhydramine (found in the brand-name drug Benadryl®) can produce sedative side effects, such as drowsiness.⁴⁶ The OTC decongestant phenylephrine (found in the brand-name drug Sudafed PE®) can produce stimulant side effects, such as nervousness and sleeplessness.⁴⁷

The 2020 NSDUH questionnaire asked respondents aged 12 or older about their use of nonprescription cough or cold medicines in the past 12 months for the purpose of getting high (i.e., “misuse”). Respondents who reported that they used nonprescription (i.e., OTC) cough or cold medicines to get high in the past 12 months could specify the names of up to five OTC medicines that they had misused.

Among people aged 12 or older in 2020, 0.9 percent (or 2.4 million people) misused nonprescription cough and cold medicines in the past year (Table A.8B). Similar percentages of people in each age group misused cough and cold medicines in the past year (0.9 percent of adolescents aged 12 to 17, 1.2 percent of young adults aged 18 to 25, and 0.8 percent of adults aged 26 or older) (Tables A.9B to A.11B). Corresponding estimated numbers of people who misused cough and cold medicines in the past year were 223,000 adolescents, 389,000 young adults, and 1.8 million adults aged 26 or older.

Kratom Use

Kratom is an herbal extract from the leaves of the *Mitragyna speciosa* tree that is native to Southeast Asia. The leaves contain chemicals with mind-altering effects. Kratom can come in forms such as powders, pills, or leaves.^{48,49} The 2020 NSDUH asked respondents aged 12 or older about their use of kratom in the 12 months before the interview.

Among people aged 12 or older in 2020, 0.8 percent (or 2.1 million people) used kratom in the past year (Table A.8B). The percentage was lower among adolescents aged 12 to 17 (0.2 percent or 48,000 people) than among young adults aged 18 to 25 (0.9 percent or 286,000 people) or adults aged 26 or older (0.8 percent or 1.8 million people) (Tables A.9B to A.11B).

Synthetic Marijuana Use

Synthetic cannabinoids are human-made chemicals that are similar to chemicals found in the marijuana plant. For this reason, these drugs are sometimes called “synthetic marijuana” or “fake weed.” They can be contained in plant material that is later smoked. They are also sold as liquids to be vaporized (i.e., vaped) and inhaled in e-cigarettes and other devices.^{44,50} Several synthetic cannabinoids have been categorized as Schedule I controlled substances.⁴⁵

For simplicity, the 2020 NSDUH questionnaire asked respondents about their use of “synthetic marijuana” and included the slang terms “fake weed,” “K2,” and “Spice.” The 2020 NSDUH asked respondents aged 12 or older about their use of synthetic marijuana or fake weed in the 12 months before the interview.

Among people aged 12 or older in 2020, 0.4 percent (or 1.1 million people) used synthetic marijuana in the past year (Table A.8B). The percentage was lower among adults aged 26 or older (0.3 percent or 546,000 people) than among adolescents aged 12 to 17 (0.8 percent or 207,000 people) or young adults aged 18 to 25 (0.9 percent or 313,000 people) (Tables A.9B to A.11B).

Synthetic Stimulant Use

Synthetic cathinones are human-made CNS stimulants that are chemically related to cathinone, a substance found in the khat plant. These substances can be marketed as “bath salts” or “flakka.”^{44,51} Several synthetic cathinones have been categorized as Schedule I controlled substances.⁴⁵

For simplicity, the 2020 NSDUH questionnaire asked respondents about their use of “synthetic stimulants” and included the slang terms “bath salts” and “flakka.” The 2020 NSDUH asked respondents aged 12 or older about their use of synthetic stimulants, also called “bath salts” or flakka, in the 12 months before the interview.

Among people aged 12 or older in 2020, less than 0.1 percent (or 118,000 people) used synthetic stimulants in the past year (Table A.8B). Similar percentages of people in each age group used synthetic stimulants (less than 0.1 percent each of adolescents aged 12 to 17 and adults aged 26 or older; 0.1 percent of young adults aged 18 to 25) (Tables A.9B to A.11B). In each age group, 75,000 or fewer people used synthetic stimulants.

Initiation of Substance Use

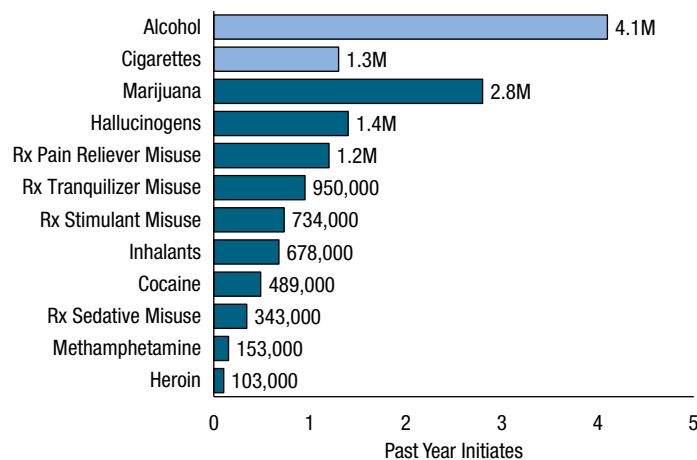
The 2020 NSDUH included questions to measure the initiation of substance use, that is, use of particular substances for the first time during a person's lifetime.⁵² This report presents the estimated number of recent substance use initiates or prescription drug misuse initiates.⁵³ Recent initiates were substance users or prescription drug misusers who reported first using or misusing, respectively, a particular substance in the 12 months before the NSDUH interview.^{14,54,55}

In particular, this report presents estimates for past year initiation of heroin use, prescription pain reliever misuse, prescription tranquilizer misuse, and prescription sedative misuse, separately. The report does not present estimates for past year initiation of any opioid (heroin or prescription pain reliever) misuse, any illicit drug use (including prescription drug misuse), and any prescription tranquilizer or sedative misuse because respondents who underreported lifetime (but not past year) misuse of prescription drugs might not truly be past year initiates of the use or misuse of any drug in these aggregate categories.⁵⁶ Estimates for the past year initiation of benzodiazepine misuse are not presented because some benzodiazepines in NSDUH were included as tranquilizers, and others were included as sedatives.⁵⁷

Because only limited data were collected from April to September 2020, this report does not present estimates for 2020 for the average numbers of initiates per day. In prior years, these averages were calculated by dividing the total number of past year initiates by 365 days and assumed generally continuous data collection across the entire 12 months. Estimates from the 2020 NSDUH for the average number of initiates per day also could be misleading because 2020 included periods when people in certain states and localities were under increased restrictions to contain the spread of COVID-19. These periods of restrictions could have changed the opportunities to initiate substance use among members of certain subgroups.

[Figure 21](#) provides an overview of the numbers of people aged 12 or older in 2020 who were past year initiates for the substances discussed in this section. In the past 12 months, 4.1 million people initiated alcohol use and 1.3 million people tried a cigarette for the first time in their lifetime.⁵⁸ There also were 2.8 million new marijuana users, 1.4 million new hallucinogen users, 1.2 million new misusers of prescription pain relievers, 950,000 new misusers of prescription tranquilizers, and 734,000 new misusers of prescription stimulants.

Figure 21. Past Year Initiates of Substances: Among People Aged 12 or Older; 2020



Rx = prescription.

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

Initiation of Cigarette Use

Among people aged 12 or older in 2020, 1.3 million people initiated cigarette smoking in the past year (i.e., never smoked cigarettes before the past 12 months) ([Figure 21](#)). Relatively few people (approximately 10 percent of past year initiates) tried cigarettes for the first time after age 25. Corresponding numbers of initiates of cigarette smoking by age group were 385,000 adolescents aged 12 to 17, 752,000 young adults aged 18 to 25, and 127,000 adults aged 26 or older ([Tables A.19A](#) to [A.21A](#)).

Initiation of Alcohol Use

Among people aged 12 or older in 2020, 4.1 million people initiated alcohol use in the past year, not counting sips from another person's drink ([Figure 22](#)). Among young adults aged 18 to 25 in 2020, 2.1 million people initiated alcohol use in the past year. Corresponding numbers for initiation of alcohol use for adolescents aged 12 to 17 and adults aged 26 or older were 1.8 million people and 176,000 people, respectively ([Table A.21A](#)). Consistent with the pattern of cigarette smoking initiation, relatively few people in 2020 started to use alcohol after age 25.

Initiation of Marijuana Use

Among people aged 12 or older in 2020, 2.8 million people initiated marijuana use in the past year ([Figure 23](#)). Among adolescents aged 12 to 17, 1.0 million people initiated marijuana use in the past year. Corresponding numbers for young adults aged 18 to 25 and adults aged 26 or older

were 1.1 million people and 664,000 people, respectively (Table A.21A). Unlike people who initiated cigarette or alcohol use, almost 25 percent of people in 2020 who initiated marijuana use in the past year were aged 26 or older.

Initiation of Cocaine Use

Among people aged 12 or older in 2020, 489,000 people initiated cocaine use in the past year (Figure 21).⁵⁹ Approximately 70 percent of past year initiates tried cocaine for the first time between ages 18 and 25. Among young adults aged 18 to 25, 341,000 people initiated cocaine use (Table A.20A). Corresponding numbers of initiates for adolescents aged 12 to 17 and adults aged 26 or older were 82,000 people and 66,000 people, respectively (Tables A.19A and A.21A).

Initiation of Heroin Use

Among people aged 12 or older in 2020, 103,000 people initiated heroin use in the past year (Figure 21). Among adolescents aged 12 to 17, the number of people who initiated heroin use in the past year was not reported due to

low statistical precision (Table A.19A). Nearly 90 percent of past year initiates in 2020 tried heroin for the first time after age 25. Among young adults aged 18 to 25, 12,000 people initiated heroin use in the past year (Table A.20A). Among adults aged 26 or older, 91,000 people initiated heroin use in the past year (Table A.21A).

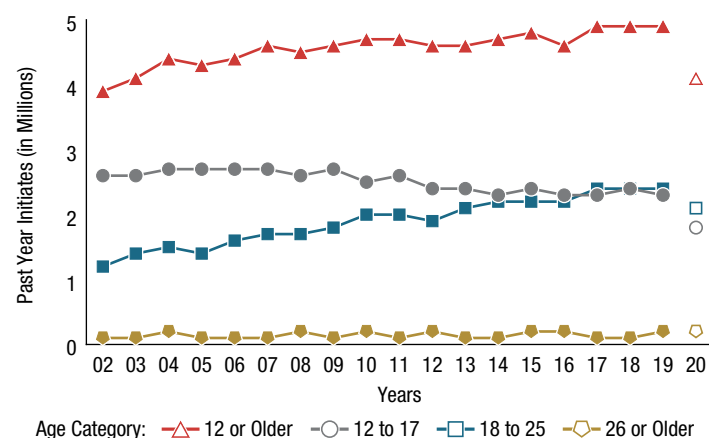
Initiation of Methamphetamine Use

Among people aged 12 or older in 2020, 153,000 people initiated methamphetamine use in the past year (Figure 21). Relative to people in other age groups, few adolescents aged 12 to 17 initiated methamphetamine use in the past year. Numbers of initiates of methamphetamine use by age group were 6,000 adolescents aged 12 to 17, 51,000 young adults aged 18 to 25, and 97,000 adults aged 26 or older (Tables A.19A to A.21A).

Initiation of Hallucinogen Use

Among people aged 12 or older in 2020, 1.4 million people initiated hallucinogen use in the past year (Figure 21).⁵⁹ Corresponding numbers of initiates of hallucinogen use by

Figure 22. Past Year Alcohol Initiates: Among People Aged 12 or Older; 2002-2020



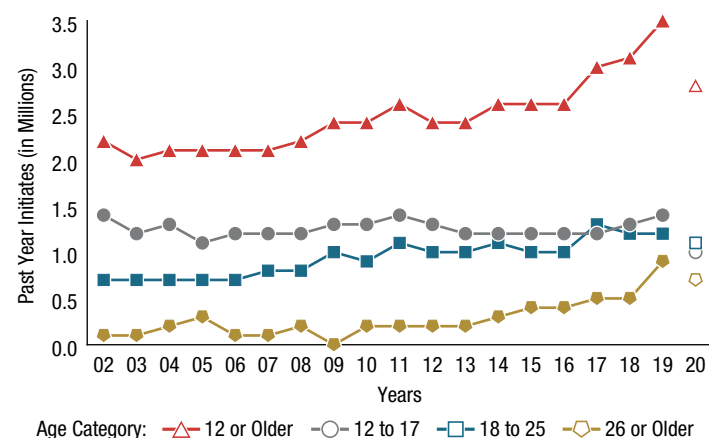
Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 22 Table. Past Year Alcohol Initiates: Among People Aged 12 or Older (in Millions); 2002-2020

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
≥12	3.9	4.1	4.4	4.3	4.4	4.6	4.5	4.6	4.7	4.7	4.6	4.6	4.7	4.8	4.6	4.9	4.9	4.9	4.1
12-17	2.6	2.6	2.7	2.7	2.7	2.7	2.6	2.7	2.5	2.6	2.4	2.4	2.3	2.4	2.3	2.3	2.4	2.3	1.8
18-25	1.2	1.4	1.5	1.4	1.6	1.7	1.7	1.8	2.0	2.0	1.9	2.1	2.2	2.2	2.2	2.4	2.4	2.4	2.1
≥26	0.1	0.1	0.2	0.1	0.1	0.1	0.2	0.1	0.2	0.1	0.2	0.1	0.1	0.2	0.2	0.1	0.1	0.2	0.2

Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 23. Past Year Marijuana Initiates: Among People Aged 12 or Older; 2002-2020



Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 23 Table. Past Year Marijuana Initiates: Among People Aged 12 or Older (in Millions); 2002-2020

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
≥12	2.2	2.0	2.1	2.1	2.1	2.1	2.2	2.4	2.4	2.6	2.4	2.4	2.6	2.6	2.6	3.0	3.1	3.5	2.8
12-17	1.4	1.2	1.3	1.1	1.2	1.2	1.2	1.3	1.3	1.4	1.3	1.2	1.2	1.2	1.2	1.2	1.3	1.4	1.0
18-25	0.7	0.7	0.7	0.7	0.7	0.8	0.8	1.0	0.9	1.1	1.0	1.0	1.1	1.0	1.0	1.3	1.2	1.2	1.1
≥26	0.1	0.1	0.2	0.3	0.1	0.1	0.2	0.0	0.2	0.2	0.2	0.2	0.3	0.4	0.4	0.5	0.5	0.9	0.7

Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

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

age group were 251,000 adolescents aged 12 to 17, 785,000 young adults aged 18 to 25, and 376,000 adults aged 26 or older (Tables A.19A to A.21A).

Initiation of Inhalant Use

Among people aged 12 or older in 2020, 678,000 people initiated inhalant use in the past year (Figure 21). About half of past year initiates tried inhalants for the first time between age 12 and 17. Numbers of initiates of inhalant use by age group were 360,000 adolescents aged 12 to 17, 201,000 young adults aged 18 to 25, and 117,000 adults aged 26 or older (Tables A.19A to A.21A).

Initiation of Prescription Stimulant Misuse

Among people aged 12 or older in 2020, 734,000 initiated prescription stimulant misuse in the past year (Figure 21). Among adults aged 26 or older, 324,000 people initiated prescription stimulant misuse in the past year (Table A.21A). Corresponding numbers for young adults aged 18 to 25 and adolescents aged 12 to 17 were 294,000 people and 116,000 people, respectively (Tables A.19A and A.20A).

Initiation of Prescription Tranquilizer or Sedative Misuse

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

Initiation of Prescription Tranquilizer Misuse

Among people aged 12 or older in 2020, 950,000 people initiated prescription tranquilizer misuse in the past year (Figure 21). Among adults aged 26 or older, 557,000 people initiated prescription tranquilizer misuse (Table A.21A). Among young adults aged 18 to 25 and adolescents aged 12 to 17, 290,000 and 103,000 people initiated prescription tranquilizer misuse in the past year, respectively (Tables A.19A and A.20A).

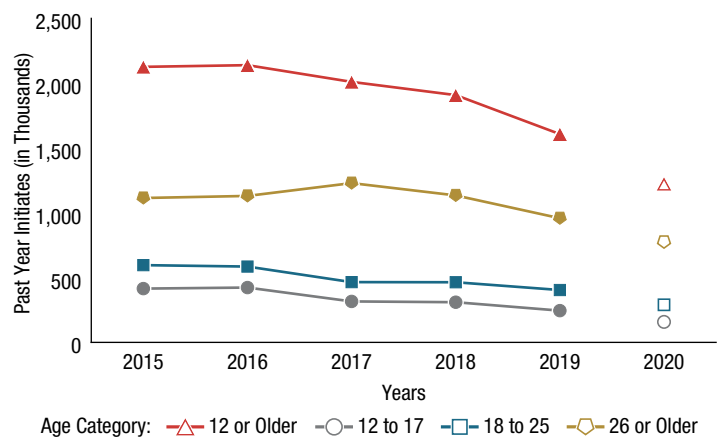
Initiation of Prescription Sedative Misuse

Among people aged 12 or older in 2020, 343,000 people initiated prescription sedative misuse (Figure 21). Nearly three fourths of past year initiates tried prescription sedatives for the first time after age 25. Corresponding numbers of initiates of prescription sedative misuse by age group were 18,000 adolescents aged 12 to 17, 77,000 young adults aged 18 to 25, and 249,000 adults aged 26 or older (Tables A.19A to A.21A).

Initiation of Prescription Pain Reliever Misuse

Among people aged 12 or older in 2020, 1.2 million people initiated prescription pain reliever misuse in the past year (Figure 24). Nearly two thirds of past year initiates tried prescription pain relievers for the first time after age 25. Among adults aged 26 or older, 774,000 people initiated prescription pain reliever misuse. Among young adults aged 18 to 25 and adolescents aged 12 to 17, the numbers of people who initiated prescription pain reliever misuse in the past year were 290,000 people and 158,000 people, respectively.

Figure 24. Past Year Prescription Pain Reliever Misuse Initiates: Among People Aged 12 or Older; 2015-2020



Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 24 Table. Past Year Prescription Pain Reliever Misuse Initiates: Among People Aged 12 or Older; 2015-2020

Age	2015	2016	2017	2018	2019	2020
12 or Older	2,126	2,139	2,010	1,908	1,607	1,223
12 to 17	415	423	316	310	245	158
18 to 25	596	585	465	464	404	290
26 or Older	1,114	1,130	1,229	1,134	958	774

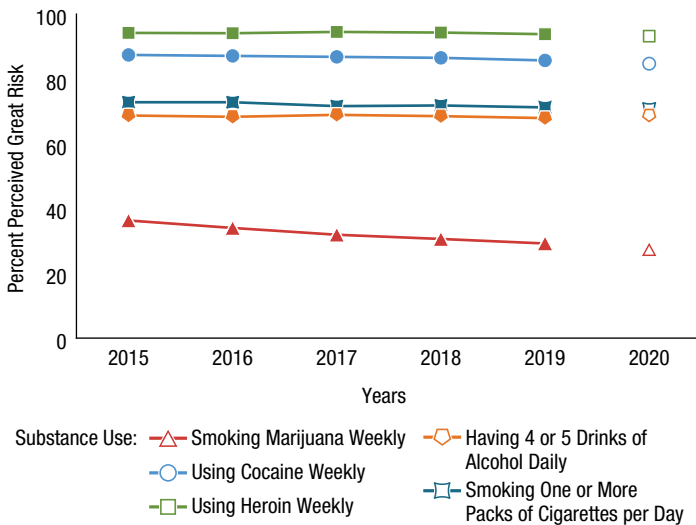
Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Perceived Risk from Substance Use

One factor that can influence whether people will use tobacco, alcohol, or illicit drugs is the extent to which they believe that using these substances might cause harm. In 2020, NSDUH respondents were asked how much they thought people risk harming themselves physically and in other ways when they use various substances in certain amounts or frequencies. Response choices for these items were “great risk,” “moderate risk,” “slight risk,” or “no risk.” Depending on the substance, respondents were asked about their perceived risk of harm from using a substance daily or using a substance once or twice a week (i.e., weekly use).

Figure 25 presents the percentages of people aged 12 or older in 2015 to 2020 who perceived great risk of harm from the use of various substances. Risk perceptions across substances are not compared because of variations in the quantity and frequency of use across these substances.⁶⁰ The 2020

Figure 25. Perceived Great Risk from Substance Use: Among People Aged 12 or Older; 2015-2020



Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 25 Table. Perceived Great Risk from Substance Use: Among People Aged 12 or Older; 2015-2020

Substance Use	2015	2016	2017	2018	2019	2020
Smoking Marijuana Once or Twice a Week	36.3	34.0	31.9	30.6	29.2	27.4
Using Cocaine Once or Twice a Week	87.4	87.1	86.8	86.5	85.7	84.7
Using Heroin Once or Twice a Week	94.2	94.1	94.5	94.3	93.8	93.2
Having 4 or 5 Drinks of Alcohol Nearly Every Day	68.7	68.3	68.9	68.5	67.9	68.7
Smoking One or More Packs of Cigarettes per Day	72.8	72.8	71.6	71.8	71.2	70.7

Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

NSDUH detailed tables include additional measures of risk perceptions from substance use.

Among people aged 12 or older in 2020, 70.7 percent of people perceived great risk of harm from smoking one or more packs of cigarettes a day, and 68.7 percent perceived great risk from having four or five alcoholic drinks nearly every day. (For brevity, this level of alcohol consumption on a single day is subsequently referred to as “daily binge drinking.”) Percentages of people who perceived great risk from cocaine or heroin use once or twice a week were 84.7 and 93.2 percent, respectively. In contrast, about one fourth of people (27.4 percent) perceived great risk from smoking marijuana once or twice a week.

In 2020, perceptions of great risk of harm from substance use varied by substance and age. For example, adults aged 26 or older were more likely than adolescents aged 12 to 17 or young adults aged 18 to 25 to perceive great risk of harm from smoking one or more packs of cigarettes per day or to perceive great risk of harm from daily binge drinking (Tables A.23B to A.25B).

Young adults aged 18 to 25 in 2020 were less likely than adolescents aged 12 to 17 or adults aged 26 or older to perceive great risk of harm from smoking marijuana weekly. Research has identified associations among adults between decreases in perceptions of great risk of harm from smoking marijuana weekly and increases in marijuana use.^{61,62} Nevertheless, people can experience adverse effects from marijuana use, such as marijuana use disorder or injury resulting from operating a motor vehicle while impaired by marijuana.^{63,64} Therefore, it is necessary to educate young adults about adverse effects of marijuana use.

Finally, adolescents aged 12 to 17 in 2020 were less likely than young adults aged 18 to 25 or adults aged 26 or older to perceive great risk from using heroin or cocaine weekly. Additional data on finer age group categories that can be found in the 2020 detailed tables (available at <https://www.samhsa.gov/data/>) indicate that the lower likelihood of adolescents than adults to perceive great risk of harm from cocaine and heroin use may be attributable to a general lack of knowledge about these substances among adolescents because younger adolescents aged 12 or 13 tended to have lower perceptions of the risk of harm compared with older adolescents or adults. Thus, age-specific communications are imperative from a public health perspective to help people fully understand important harms associated with the use of specific substances.

Substance Use Disorders in the Past Year

Substance use disorders (SUDs) are characterized by impairment caused by the recurrent use of alcohol or other drugs (or both), including health problems, disability, and failure to meet major responsibilities at work, school, or home. The 2020 NSDUH included a series of questions to estimate the percentage of the population aged 12 or older who had at least one SUD in the past 12 months (subsequently referred to as “an SUD” or “a past year SUD,” except when “SUDs” refer to more than one substance, such as SUDs for the misuse of specific prescription drugs). The SUD questions assess the presence of an SUD in the past 12 months based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5).^{17,65} Respondents were asked SUD questions for any alcohol or illicit drugs they used in the 12 months prior to the survey. Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and methamphetamine, as well as the misuse of prescription stimulants, tranquilizers or sedatives (e.g., benzodiazepines), and pain relievers.¹⁴

The 2020 NSDUH marked the first year in which SUDs were assessed using the DSM-5 criteria as opposed to the DSM-IV criteria.^{18,66,67} In DSM-IV, the criteria are grouped into the diagnoses of dependence and abuse. Respondents were categorized as having an SUD if they met either of the following: (1) the presence of three or more of the diagnostic criteria of dependence for a given substance or substance class (e.g., prescription tranquilizers), or (2) they met one or more criteria of abuse for that substance or substance class. Although DSM-5 assesses many of the same criteria as DSM-IV, it does not include the diagnoses of dependence and abuse. A DSM-5 SUD diagnosis requires the presence of two or more of the following criteria (as measured in the 2020 NSDUH) in a 12-month period:

1. The substance is often taken in larger amounts or over a longer period than intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control substance use.
3. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
4. There is a craving, or a strong desire or urge, to use the substance.

5. There is recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
6. There is continued substance use despite having persistent or recurrent social or interpersonal problems caused by or exacerbated by the effects of the substance.
7. Important social, occupational, or recreational activities are given up or reduced because of substance use.
8. There is recurrent substance use in situations in which it is physically hazardous.
9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
10. There is a need for markedly increased amounts of the substance to achieve intoxication or the desired effect, or markedly diminished effect with continued use of the same amount of the substance (i.e., tolerance).
11. There are a required number of withdrawal symptoms that occur when substance use is cut back or stopped following a period of prolonged use.⁶⁸ (Hallucinogen use disorder and inhalant use disorder do not have a withdrawal syndrome associated with discontinued use. Therefore, withdrawal is not a criterion of either of these two disorders.)

Questions were added to the 2020 NSDUH questionnaire to assess craving, marijuana withdrawal, and tranquilizer withdrawal. Craving and marijuana withdrawal were not assessed in prior surveys because they are not part of the DSM-IV SUD criteria. Although tranquilizer withdrawal is part of the DSM-IV criteria, this symptom had not been assessed in prior NSDUHs because some substances previously included in the questionnaire that were classified as tranquilizers do not have a withdrawal component.

This change from DSM-IV to DSM-5 criteria for assessing SUDs led to breaks in the comparability of 2020 SUD estimates with estimates from prior years. Consequently, this section presents SUD estimates for 2020 only. Readers are cautioned that apparent differences between 2020 SUD estimates based on DSM-5 criteria and published SUD estimates from prior years based on DSM-IV criteria could

reflect changes in definitions and measurement rather than real changes in SUD in the population.

For example, Goldstein and colleagues demonstrated the lack of concordance between estimates of SUD derived using the DSM-IV criteria and those derived using the DSM-5 criteria.⁶⁹ Using data from the National Epidemiologic Survey on Alcohol and Related Conditions-III (NESARC-III) that were scored using both the DSM-IV and DSM-5 criteria, the authors found that the past year prevalence estimates for DSM-5 alcohol use disorder, sedative/ tranquilizer use disorder, opioid use disorder, and heroin use disorder were higher than the corresponding DSM-IV prevalence estimates for those disorders. Conversely, the past year prevalence estimates for cannabis use disorder, cocaine use disorder, and stimulant use disorder were lower than the respective DSM-IV estimates for those disorders.

In 2020, 40.3 million people aged 12 or older (or 14.5 percent of this population) had an SUD in the past year, including 28.3 million who had alcohol use disorder and 18.4 million who had an illicit drug use disorder (Figures 26 and 27).

Among the 28.3 million people with past year alcohol use disorder, 21.9 million had alcohol use disorder but not an illicit drug use disorder. Among the 18.4 million people with a past year illicit drug use disorder, 11.9 million had an illicit drug use disorder but not alcohol use disorder. Among people with a past year SUD, 16.0 percent (or 6.5 million people) had

both alcohol use disorder and an illicit drug use disorder in the past year (Figure 28).³³

The percentage of people in 2020 with a past year SUD differed by age group. The percentage was highest among young adults aged 18 to 25 (24.4 percent or 8.2 million people), followed by adults aged 26 or older (14.0 percent or 30.5 million people), then by adolescents aged 12 to 17 (6.3 percent or 1.6 million people) (Figure 26).

Alcohol Use Disorder

Respondents who used alcohol on 6 or more days in the past 12 months were classified as having alcohol use disorder if they met two or more of the DSM-5 criteria for alcohol use disorder. Relevant criteria for alcohol use disorder can be found in a glossary of key definitions for the 2020 NSDUH.¹⁰

Among people aged 12 or older in 2020, 10.2 percent (28.3 million people) had a past year alcohol use disorder (Figures 26 and 27). The percentage of people who had past year alcohol use disorder was highest among young adults aged 18 to 25 (15.6 percent or 5.2 million people), followed by adults aged 26 or older (10.3 percent or 22.4 million people), then by adolescents aged 12 to 17 (2.8 percent or 712,000 people). Age group differences in the percentage of people with alcohol use disorder in the past year were consistent with the age group differences in the 2020 detailed tables for alcohol use in the past year⁷⁰ and differences described previously for binge and heavy alcohol use in the past month.

Illicit Drug Use Disorder

This section presents overall estimates for illicit drug use disorder, then provides SUD estimates for selected specific illicit drugs. Illicit drug use disorder was defined as meeting DSM-5 SUD criteria for one or more of the following illicit drugs: marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, or prescription psychotherapeutic drugs that were misused (i.e., stimulants, tranquilizers or sedatives, and pain relievers).⁷¹ Respondents were classified as having an opioid use disorder if they met DSM-5 criteria for heroin use disorder or prescription pain reliever use disorder (or both). Respondents were classified as having a central nervous system (CNS) stimulant use disorder if they met DSM-5 criteria for cocaine use disorder,

Figure 26. Substance Use Disorder, Alcohol Use Disorder, and Illicit Drug Use Disorder in the Past Year: Among People Aged 12 or Older; 2020

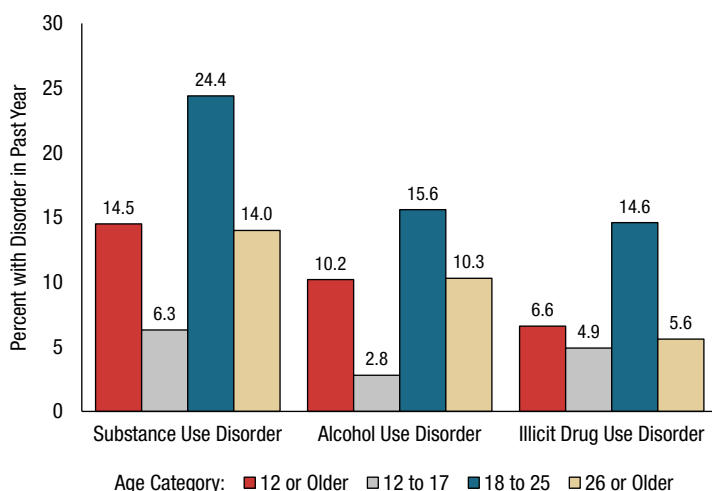
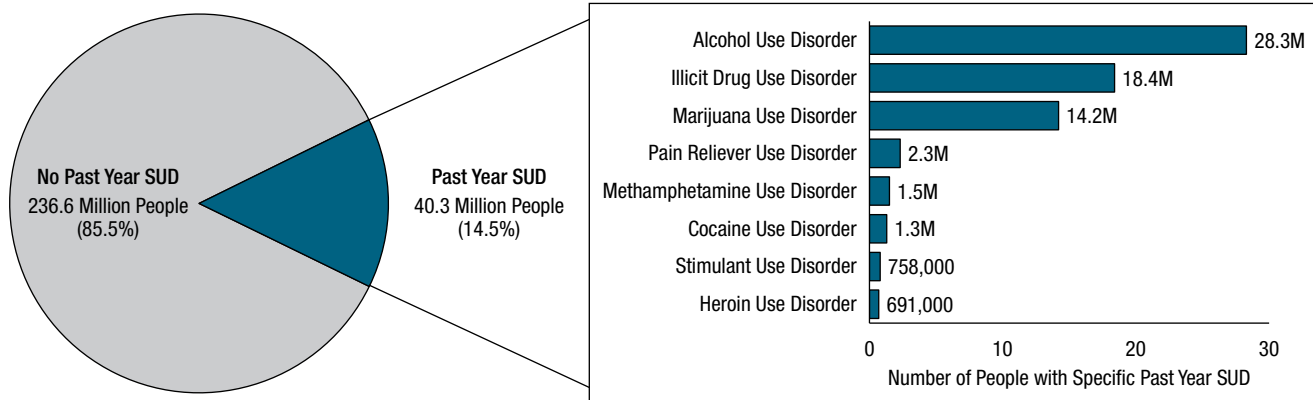


Figure 27. People Aged 12 or Older with a Past Year Substance Use Disorder (SUD); 2020

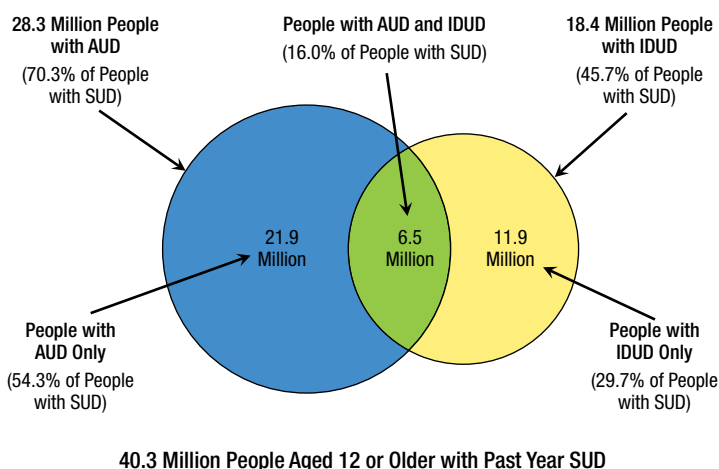


Note: The estimated numbers of people with substance use disorders are not mutually exclusive because people could have use disorders for more than one substance.

methamphetamine use disorder, or prescription stimulant use disorder (or more than one of these disorders). Relevant definitions for SUDs for specific illicit drugs can be found in a glossary of key definitions for the 2020 NSDUH.¹⁰

Among people aged 12 or older in 2020, 6.6 percent (or 18.4 million people) had at least one illicit drug use disorder in the past year (Figures 26 and 27). The percentage of young adults aged 18 to 25 (14.6 percent or 4.9 million people) was higher than the percentages of adolescents aged 12 to 17 (4.9 percent or 1.2 million people) or adults aged 26 or older (5.6 percent or 12.3 million people). The higher percentage of young adults with at least one illicit drug use disorder was consistent with the higher percentage among this age group for illicit drug use in the past year.

Figure 28. Alcohol Use Disorder (AUD) and Illicit Drug Use Disorder (IDUD) in the Past Year: Among People Aged 12 or Older with a Past Year Substance Use Disorder (SUD); 2020



Marijuana Use Disorder

Among people aged 12 or older in 2020, 5.1 percent (or 14.2 million people) had a marijuana use disorder in the past year (Figures 27 and 29). The percentage of young adults aged 18 to 25 (13.5 percent or 4.5 million people) was higher than the percentages of adolescents aged 12 to 17 (4.1 percent or 1.0 million people) or adults aged 26 or older (4.0 percent or 8.7 million people). The higher percentage of young adults with a marijuana use disorder was consistent with the higher percentage among this age group for marijuana use in the past year.

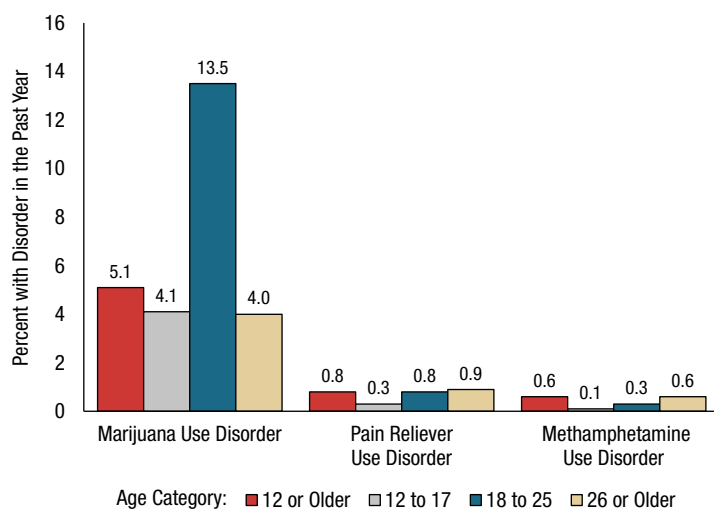
Cocaine Use Disorder

Among people aged 12 or older in 2020, 0.5 percent (or 1.3 million people) had a cocaine use disorder in the past year (Figure 27 and Table A.26B). The percentage of adolescents aged 12 to 17 (0.1 percent or 28,000 people) was lower than the percentages of young adults aged 18 to 25 (0.7 percent or 234,000 people) or adults aged 26 or older (0.5 percent or 1.0 million people).

Heroin Use Disorder

Among people aged 12 or older in 2020, 0.2 percent (or 691,000 people) had a heroin use disorder in the past year (Figure 27 and Table A.26B). Estimates for adolescents aged 12 to 17 who had a heroin use disorder in the past year could not be calculated with sufficient precision. Among young adults aged 18 to 25 in 2020, 0.1 percent (or 40,000 people) had a heroin use disorder in the past year. Among adults aged 26 or older in 2020, 0.3 percent (or 652,000 people) had a heroin use disorder in the past year.

Figure 29. Marijuana Use Disorder, Pain Reliever Use Disorder, and Methamphetamine Use Disorder in the Past Year: Among People Aged 12 or Older; 2020



Methamphetamine Use Disorder

Among people aged 12 or older in 2020, 0.6 percent (or 1.5 million people) had a methamphetamine use disorder in the past year (Figures 27 and 29). The percentage of people who had a methamphetamine use disorder in the past year was highest among adults aged 26 or older (0.6 percent or 1.4 million people), followed by young adults aged 18 to 25 (0.3 percent or 95,000 people), then by adolescents aged 12 to 17 (0.1 percent or 21,000 people). Age group differences in the percentage of people with a methamphetamine use disorder in the past year were consistent with the age group differences described previously for methamphetamine use in the past year.

Prescription Stimulant Use Disorder

Among people aged 12 or older in 2020, 0.3 percent (or 758,000 people) had a prescription stimulant use disorder in the past year (Figure 27 and Table A.26B). Among adolescents aged 12 to 17 in 2020, 0.2 percent (or 43,000 people) had a prescription stimulant use disorder in the past year. Among young adults aged 18 to 25 in 2020, 0.4 percent (or 141,000 people) had a prescription stimulant use disorder in the past year. Among adults aged 26 or older in 2020, 0.3 percent (or 574,000 people) had a prescription stimulant use disorder in the past year.

Prescription Tranquilizer Use Disorder or Sedative Use Disorder

Among people aged 12 or older in 2020, 0.4 percent (or 1.2 million people) had a prescription tranquilizer use disorder or sedative use disorder in the past year (Table A.26B). The percentage of young adults aged 18 to 25 (0.7 percent or 235,000 people) was higher than the percentages of adolescents aged 12 to 17 (0.3 percent or 73,000 people) or adults aged 26 or older (0.4 percent or 845,000 people). The higher percentage of young adults with a prescription tranquilizer use disorder or sedative use disorder was consistent with the higher percentage among this age group for prescription tranquilizer or sedative misuse in the past year.

Prescription Pain Reliever Use Disorder

Among people aged 12 or older in 2020, 0.8 percent (or 2.3 million people) had a prescription pain reliever use disorder in the past year (Figures 27 and 29). The percentage of adolescents aged 12 to 17 (0.3 percent or 80,000 people) was lower than the percentages of young adults aged 18 to 25 (0.8 percent or 269,000 people) or adults aged 26 or older (0.9 percent or 2.0 million people).

Opioid Use Disorder

Among people aged 12 or older in 2020, 1.0 percent (or 2.7 million people) had an opioid use disorder in the past year (Table A.26B). The percentage of adolescents aged 12 to 17 (0.3 percent or 80,000 people) was lower than the percentages of young adults aged 18 to 25 (0.9 percent or 286,000 people) or adults aged 26 or older (1.1 percent or 2.3 million people).

Central Nervous System Stimulant Use Disorder

Among people aged 12 or older in 2020, 1.1 percent (or 3.2 million people) had a CNS stimulant use disorder in the past year (Table A.26B). The percentage of adolescents aged 12 to 17 (0.4 percent or 88,000 people) was lower than the percentages of young adults aged 18 to 25 (1.3 percent or 423,000 people) or adults aged 26 or older (1.2 percent or 2.7 million people).

Major Depressive Episode in the Past Year

In the 2020 NSDUH, respondents were classified as having had a major depressive episode (MDE) in the past 12 months if (1) they had at least one period of 2 weeks or longer in the past year when for most of the day nearly every day, they felt depressed, or lost interest or pleasure in daily activities; and (2) they also had problems with sleeping, eating, energy, concentration, self-worth, or having recurrent thoughts of death or recurrent suicidal ideation. The MDE questions are based on diagnostic criteria from the DSM-5, which require the presence of five or more symptoms during the same 2-week period.¹⁷ The wording for some depression questions asked of adolescent respondents aged 12 to 17 differed from the wording for similar questions asked of adult respondents aged 18 or older. Therefore, the MDE estimates for adults and youths are not directly comparable and are presented separately.^{14,72,73}

The 2020 NSDUH also collected data on whether an MDE in the past year caused respondents to experience severe impairment in four major life activities or role domains. These domains were defined separately for youths aged 12 to 17 and adults aged 18 or older to reflect the different roles associated with the two age groups. Adolescents were classified as having an MDE with severe impairment if their depression caused severe problems with their ability to do chores at home, do well at work or school, get along with their family, or have a social life.⁷⁴ Adults were classified as having an MDE with severe impairment if their depression caused severe problems with their ability to manage at home or work, have relationships with others, or have a social life.⁷⁵

As noted in the section titled [Changes to Data Collection Methods Because of the COVID-19 Pandemic](#), Quarter 4 of 2020 (i.e., October to December) marked the first time that NSDUH used web-based interviewing. However, the number of adult web respondents in Quarter 4 who provided usable information on their substance use⁷⁶ but did not complete the mental health or later questions (i.e., “break-offs”) raised concerns about the 2020 mental health estimates for adults. Specifically, mental health estimates for adults could be biased⁷⁷ if the characteristics of adult respondents who broke off the interview without completing the mental health questions differed from the characteristics of respondents who completed these questions. To reduce the potential for bias, a set of break-off analysis weights was developed for estimates of adults’ mental health data for 2020, including the estimates for MDE among adults.⁷⁸

MDE and MDE with Severe Impairment among Adolescents

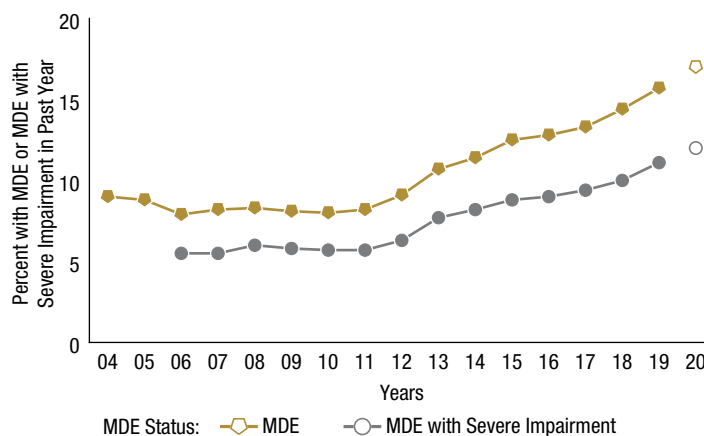
Among adolescents aged 12 to 17 in 2020, 17.0 percent (or 4.1 million people) had a past year MDE (Figure 30). An estimated 12.0 percent of adolescents (or 2.9 million people) in 2020 had a past year MDE with severe impairment.

MDE and MDE with Severe Impairment among Adults

Among adults aged 18 or older in 2020, 8.4 percent (or 21.0 million people) had a past year MDE (Table A.28B). The percentage was highest among young adults aged 18 to 25 (17.0 percent or 5.6 million people), followed by adults aged 26 to 49 (9.1 percent or 9.2 million people), then by adults aged 50 or older (5.4 percent or 6.2 million people).

An estimated 6.0 percent of adults aged 18 or older (or 14.8 million people) in 2020 had a past year MDE with severe impairment (Figure 31). The percentage was highest among young adults aged 18 to 25 (12.1 percent or 4.0 million people), followed by adults aged 26 to 49 (6.5 percent or 6.5 million people), then by adults aged 50 or older (3.8 percent or 4.4 million people).

Figure 30. Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year: Among Youths Aged 12 to 17; 2004-2020



Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

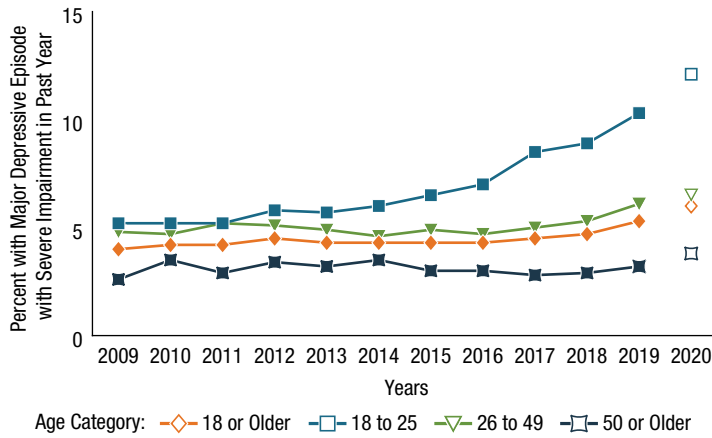
Figure 30 Table. Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year: Among Youths Aged 12 to 17; 2004-2020

MDE Status	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
MDE	9.0	8.8	7.9	8.2	8.3	8.1	8.0	8.2	9.1	10.7	11.4	12.5	12.8	13.3	14.4	15.7	17.0
MDE with Severe Impairment	N/A	N/A	5.5	5.5	6.0	5.8	5.7	5.7	6.3	7.7	8.2	8.8	9.0	9.4	10.0	11.1	12.0

N/A = not available.

Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 31. Major Depressive Episode with Severe Impairment in the Past Year: Among Adults Aged 18 or Older; 2009-2020



Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 31 Table. Major Depressive Episode with Severe Impairment in the Past Year: Among Adults Aged 18 or Older; 2009-2020

Age	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
18 or Older	4.0	4.2	4.2	4.5	4.3	4.3	4.3	4.3	4.5	4.7	5.3	6.0
18 to 25	5.2	5.2	5.2	5.8	5.7	6.0	6.5	7.0	8.5	8.9	10.3	12.1
26 to 49	4.8	4.7	5.2	5.1	4.9	4.6	4.9	4.7	5.0	5.3	6.1	6.5
50 or Older	2.6	3.5	2.9	3.4	3.2	3.5	3.0	3.0	2.8	2.9	3.2	3.8

Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Any Mental Illness among Adults in the Past Year

The 2020 NSDUH provided estimates of any mental illness (AMI) and serious mental illness (SMI) for adults aged 18 or older. Adults aged 18 or older were classified as having AMI if they had any mental, behavioral, or emotional disorder in the past year of sufficient duration to meet DSM-IV criteria (excluding developmental disorders and SUDs).^{18,79} Adults who were classified as having AMI were classified as having SMI if they had any mental, behavioral, or emotional disorder that substantially interfered with or limited one or more major life activities. Statistical prediction models that were developed using clinical interview data from a subset of NSDUH adult respondents in 2008 to 2012 were used to classify whether respondents in the 2008 to 2020 adult samples had AMI or SMI in the past year.⁸⁰

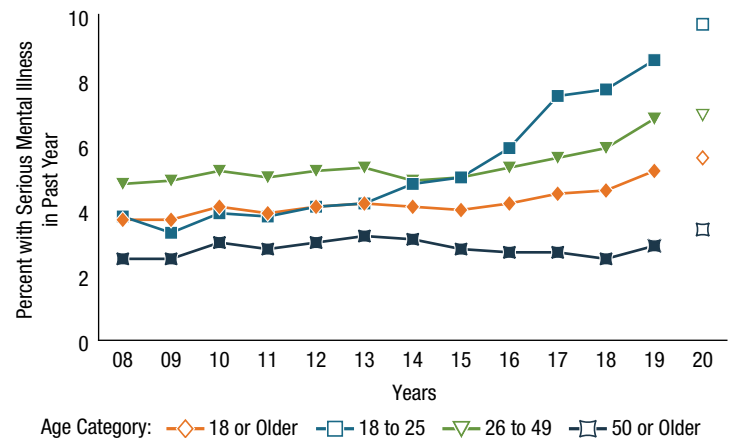
As noted previously, a set of break-off analysis weights was developed for adults' mental health data for 2020. Estimates of AMI and SMI for 2020 used these break-off analysis weights.

Among adults aged 18 or older in 2020, 21.0 percent (or 52.9 million people) had AMI in the past year (Table A.29B). The percentage was highest among young adults aged 18 to 25 (30.6 percent or 10.2 million people), followed by adults aged 26 to 49 (25.3 percent or 25.7 million people), then by adults aged 50 or older (14.5 percent or 16.9 million people).

Serious Mental Illness among Adults in the Past Year

Among adults aged 18 or older in 2020, 5.6 percent (or 14.2 million people) had SMI in the past year (Figure 32). Consistent with the age group pattern for AMI, the percentage of adults with SMI was highest among young adults aged 18 to 25 (9.7 percent or 3.3 million people), followed by adults aged 26 to 49 (6.9 percent or 7.0 million people), then by adults aged 50 or older (3.4 percent or 4.0 million people).

Figure 32. Serious Mental Illness in the Past Year: Among Adults Aged 18 or Older; 2008-2020



Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 32 Table. Serious Mental Illness in the Past Year: Among Adults Aged 18 or Older; 2008-2020

Age	08	09	10	11	12	13	14	15	16	17	18	19	20
18 or Older	3.7	3.7	4.1	3.9	4.1	4.2	4.1	4.0	4.2	4.5	4.6	5.2	5.6
18 to 25	3.8	3.3	3.9	3.8	4.1	4.2	4.8	5.0	5.9	7.5	7.7	8.6	9.7
26 to 49	4.8	4.9	5.2	5.0	5.2	5.3	4.9	5.0	5.3	5.6	5.9	6.8	6.9
50 or Older	2.5	2.5	3.0	2.8	3.0	3.2	3.1	2.8	2.7	2.7	2.5	2.9	3.4

Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

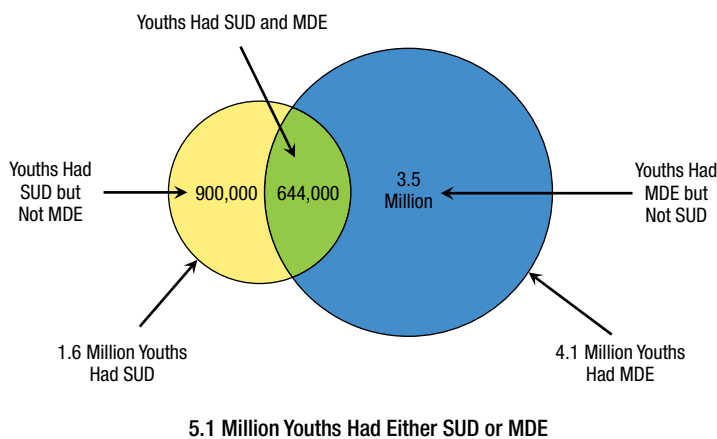
Co-Occurring MDE and SUD among Adolescents

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

As noted previously, the 2020 NSDUH marked the first year in which SUDs were evaluated based on DSM-5 criteria as opposed to DSM-IV criteria.^{17,18} The [Substance Use Disorders in the Past Year](#) section in this report briefly describes the DSM-5 criteria and highlights key differences between the DSM-5 and DSM-IV criteria. The breaks in the comparability of 2020 SUD estimates with estimates from prior years also affected the comparability of 2020 estimates with previous years' estimates for co-occurring MDE and SUD among adolescents. Consequently, estimates of co-occurring MDE and SUD among adolescents are presented for 2020 only.

Among adolescents aged 12 to 17 in 2020, 20.9 percent (or 5.1 million people) had either an SUD or an MDE in the past year, 14.4 percent (or 3.5 million people) had an MDE but not an SUD, 3.7 percent (or 900,000 people) had an SUD but not an MDE, and 2.7 percent (or 644,000 people) had both an MDE and an SUD in the past year ([Figure 33](#) and [Table A.30AB](#)).

Figure 33. Past Year Substance Use Disorder (SUD) and Major Depressive Episode (MDE): Among Youths Aged 12 to 17; 2020



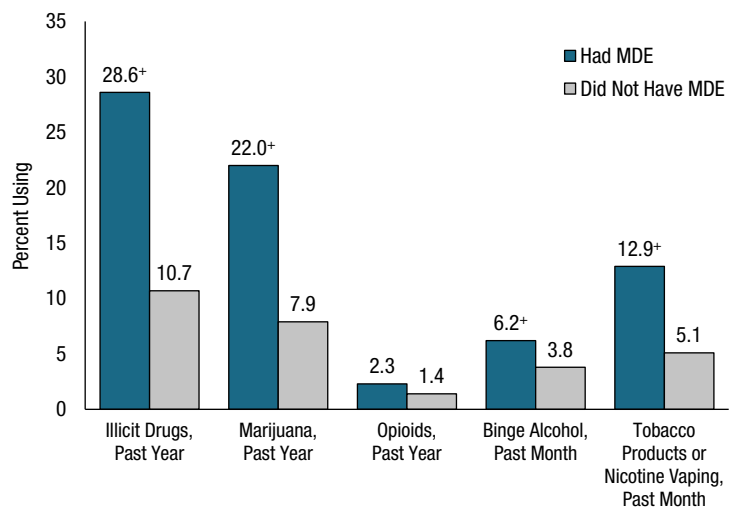
Note: Youth respondents with unknown MDE data were excluded.

In addition, among adolescents aged 12 to 17 in 2020, 1.8 percent (or 447,000 people) had both an MDE with severe impairment and an SUD in the past year.

Substance Use among Adolescents with MDE

Adolescents aged 12 to 17 who had a past year MDE were more likely to use some substances in the past year or past month compared with their counterparts who did not have an MDE in the past year. In 2020, adolescents with a past year MDE were more likely than adolescents without a past year MDE to be past year illicit drug users (28.6 vs. 10.7 percent) or past year marijuana users (22.0 vs. 7.9 percent) ([Figure 34](#)). Adolescents with a past year MDE also were more likely than those without a past year MDE to be past month binge alcohol users (6.2 vs. 3.8 percent). Adolescents with a past year MDE also were more likely than those without a past year MDE to use tobacco products or vape nicotine in the past month (12.9 vs. 5.1 percent).

Figure 34. Substance Use: Among Youths Aged 12 to 17; by Past Year Major Depressive Episode (MDE) Status, 2020



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

Note: Youth respondents with unknown MDE data were excluded.

Co-Occurring Mental Health Issues and SUD among Adults

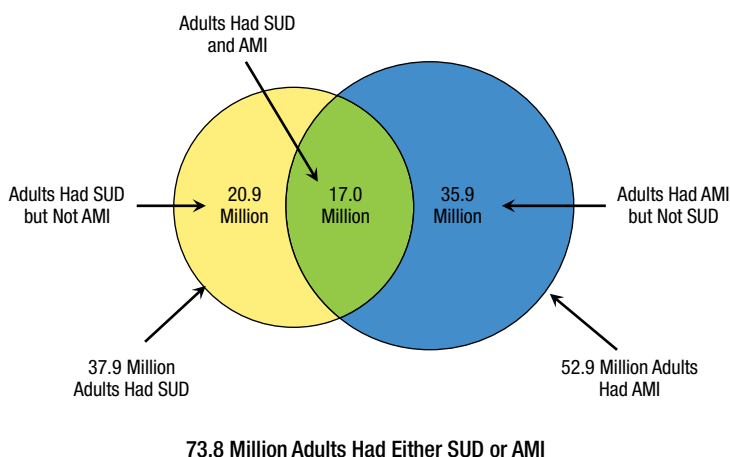
Among adults aged 18 or older, having AMI and an SUD in the past year is referred to as having co-occurring AMI and SUD. Adults having SMI and an SUD in the past year are referred to as having co-occurring SMI and SUD. However, the order of the onset of SUDs relative to the onset of mental disorders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

As noted previously, the 2020 NSDUH marked the first year in which SUDs were evaluated based on DSM-5 criteria as opposed to DSM-IV criteria.^{17,18} The [Substance Use Disorders in the Past Year](#) section in this report briefly describes the DSM-5 criteria and highlights key differences between the DSM-5 and DSM-IV criteria. The breaks in the comparability of 2020 SUD estimates with estimates from prior years also affected the comparability of 2020 estimates of co-occurring mental health issues and SUD among adults. Consequently, estimates of co-occurring mental health issues and SUD among adults are presented for 2020 only.

Co-Occurring AMI and SUD

Among adults aged 18 or older in 2020, 29.3 percent (or 73.8 million people) had either AMI or an SUD in the past year, 14.2 percent (or 35.9 million people) had AMI but not an SUD, 8.3 percent (or 20.9 million people) had an SUD but not AMI, and 6.7 percent (or 17.0 million people) had both AMI and an SUD ([Figure 35](#) and [Table A.32B](#)).

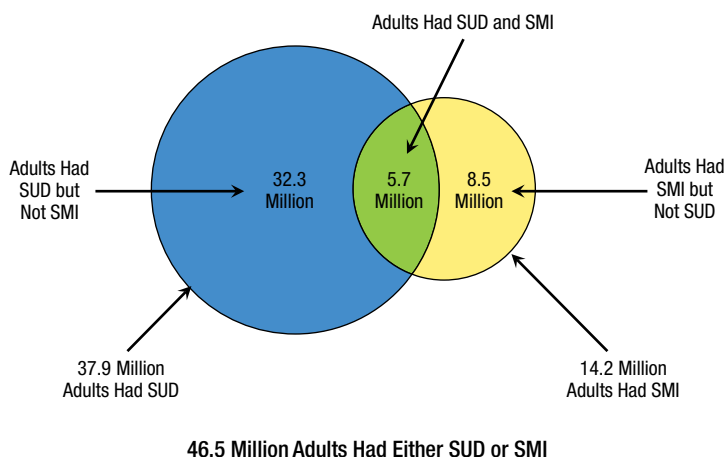
Figure 35. Past Year Substance Use Disorder (SUD) and Any Mental Illness (AMI): Among Adults Aged 18 or Older; 2020



Co-Occurring SMI and SUD

Among adults aged 18 or older in 2020, 18.4 percent (or 46.5 million people) had either SMI or an SUD in the past year, 3.4 percent (or 8.5 million people) had SMI but not an SUD, 12.8 percent (or 32.3 million people) had an SUD but not SMI, and 2.2 percent (or 5.7 million people) had both SMI and an SUD ([Figure 36](#) and [Table A.32B](#)).

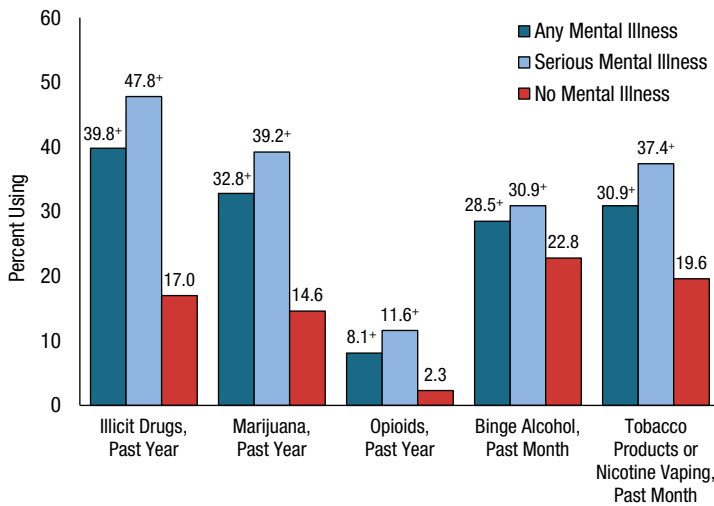
Figure 36. Past Year Substance Use Disorder (SUD) and Serious Mental Illness (SMI): Among Adults Aged 18 or Older; 2020



Substance Use among Adults, by Mental Illness Status

This section discusses how the prevalence of substance use among adults aged 18 or older differed based on past year mental illness status. Among adults aged 18 or older in 2020, those with SMI or AMI in the past year were more likely than those without mental illness in the past year to be past year users of illicit drugs (47.8 percent for SMI and 39.8 percent for AMI vs. 17.0 percent for adults with no mental illness), past year users of marijuana (39.2 and 32.8 percent vs. 14.6 percent), or past year misusers of opioids (i.e., heroin users or misusers of prescription pain relievers) (11.6 and 8.1 percent vs. 2.3 percent). In addition, adults with SMI or AMI were more likely than adults with no mental illness in the past year to be past month binge alcohol users (30.9 and 28.5 percent vs. 22.8 percent). Adults with SMI or AMI were more likely to use tobacco products or vape nicotine in the past month than adults with no mental illness in the past year (37.4 and 30.9 percent vs. 19.6 percent) ([Figure 37](#)).

Figure 37. Substance Use: Among Adults Aged 18 or Older; by Mental Illness Status, 2020



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

Suicidal Thoughts and Behaviors among Adults

Suicide is a leading cause of death and an important public health problem in the United States.⁸¹ It is a tragedy for all involved—the people and their families, friends, neighbors, colleagues, and communities. Provisional data from the National Vital Statistics System indicate that in 2020, 44,834 people in the United States died by suicide.⁸² Moreover, suicide rates increased in most states between 1999 and 2016, including increases by more than 30 percent in 25 states over this period.⁸³ Furthermore, suicide rates continued to increase nationally from 2016 to 2018.^{84,85} More than 90 percent of deaths by suicide in 2018 and 2019 were among adults aged 20 or older.⁸⁶ However, people who die by suicide represent a fraction of those who consider or attempt suicide.⁸⁷ 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.⁸⁸

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

Serious Thoughts of Suicide among Adults

Among adults aged 18 or older in 2020, 4.9 percent (or 12.2 million people) had serious thoughts of suicide in the past year (Figures 38 and 39). The percentage was highest among young adults aged 18 to 25 (11.3 percent or 3.8 million people), followed by adults aged 26 to 49 (5.3 percent or 5.3 million people), then by adults aged 50 or older (2.7 percent or 3.1 million people).

Suicide Plans among Adults

Among adults aged 18 or older in 2020, 1.3 percent (or 3.2 million people) made a suicide plan in the past year (Figures 38 and 39). The percentage was highest among young adults aged 18 to 25 (4.0 percent or 1.3 million people), followed by adults aged 26 to 49 (1.3 percent or 1.4 million people), then by adults aged 50 or older (0.4 percent or 519,000 people).

Suicide Attempts among Adults

Among adults aged 18 or older in 2020, 0.5 percent (or 1.2 million people) attempted suicide in the past 12 months (Figures 38 and 39). The percentage was highest among young adults aged 18 to 25 (1.9 percent or 627,000 people), followed by adults aged 26 to 49 (0.4 percent or 452,000 people), then by adults aged 50 or older (0.1 percent or 124,000 people).

Suicidal Thoughts and Behaviors among Adults Because of COVID-19

During the COVID-19 pandemic, people with mental illness may experience worsening mental health problems

Figure 38. Adults Aged 18 or Older with Serious Thoughts of Suicide, Suicide Plans, or Suicide Attempts in the Past Year; 2020

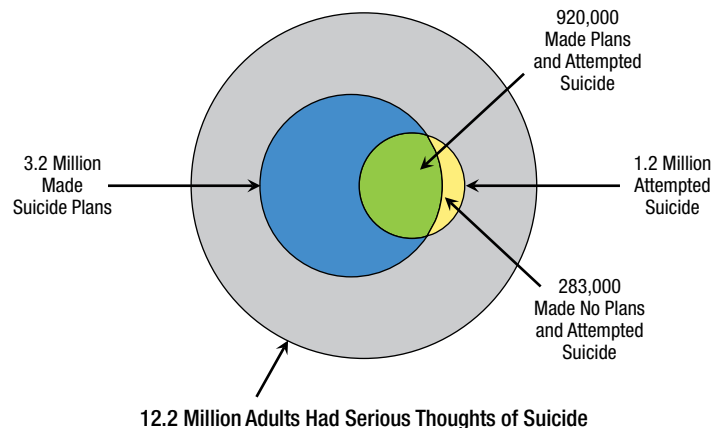
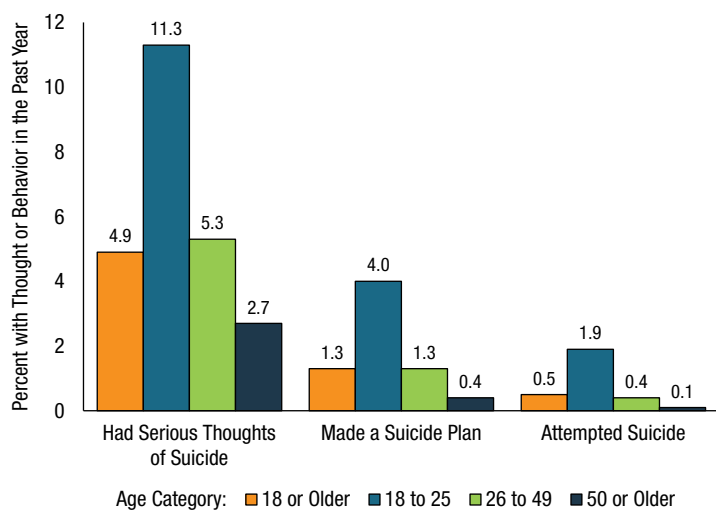


Figure 39. Had Serious Thoughts of Suicide, Made a Suicide Plan, or Attempted Suicide in the Past Year: Among Adults Aged 18 or Older; 2020



and associated symptoms, such as thoughts of suicide. Other people may develop new mental health problems, such as depression, anxiety, or posttraumatic stress disorder, all of which are associated with increased suicide risk.⁸⁹

To better understand the potential impact of the COVID-19 pandemic on suicidal thoughts and behaviors among adults in the United States, new questions were added to the NSDUH questionnaire for Quarter 4 of 2020. Therefore, estimates are limited to data that were collected from adult respondents from October to December 2020. If adult respondents reported that they thought seriously about trying to kill themselves in the past 12 months, they were asked if they had these suicidal thoughts because of the COVID-19 pandemic. Adult respondents who reported plans to kill themselves or who tried to kill themselves were also asked if they made these plans or tried to kill themselves because of the COVID-19 pandemic.

Among adults aged 18 or older in 2020 who had serious thoughts of suicide in the past year, 21.1 percent (or 2.5 million people) had serious thoughts of suicide because of the COVID-19 pandemic. Among adults who made a suicide plan in the past year, 8.5 percent (or 266,000 people) made a suicide plan because of the COVID-19 pandemic (Table A.35B).

Among adults in 2020 who had serious thoughts of suicide in the past year, similar percentages of young adults aged 18 to 25 and adults aged 26 to 49 had serious thoughts of suicide because of the COVID-19 pandemic (22.6 percent

or 802,000 young adults aged 18 to 25 and 19.1 percent or 1.0 million adults aged 26 to 49). Corresponding estimates of adults aged 50 or older with serious thoughts of suicide because of the COVID-19 pandemic are not presented due to low statistical precision.¹³

Suicidal Thoughts and Behaviors among Adolescents

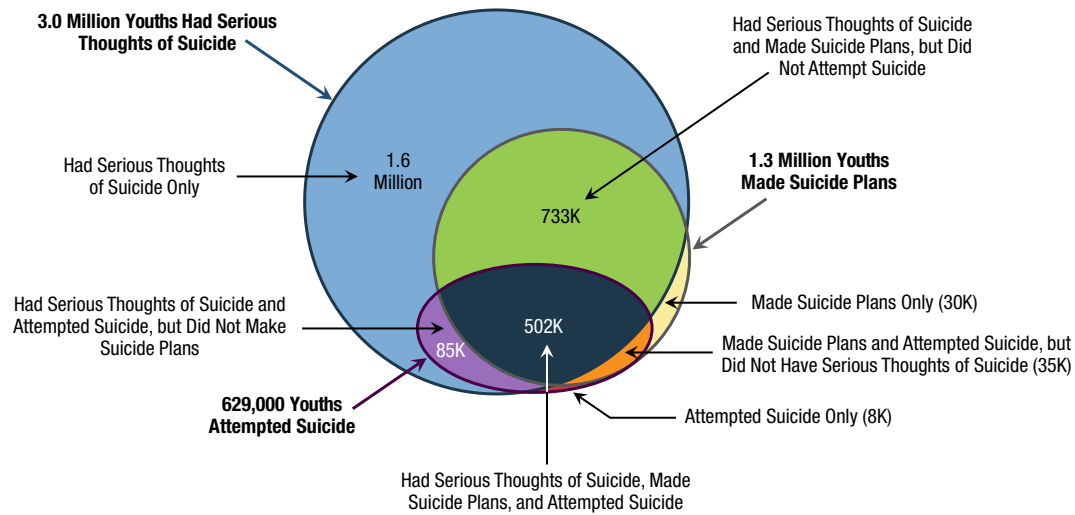
Trends in suicide attempts and deaths by suicide have been increasing among adolescents.^{90,91} These trends in suicidal behaviors among adolescents are major public health concerns in the United States.^{92,93} Vulnerable adolescent populations exposed to adverse childhood experiences (ACEs) are at greater risk of suicide and related behaviors.^{94,95,96} In the midst of the COVID-19 pandemic, preliminary data suggest a rise in suicide-related emergency department visits, particularly among adolescents.⁹⁷

To better understand suicidal thoughts and behaviors among adolescents, new questions were added to the NSDUH questionnaire for Quarter 4 of 2020. Therefore, estimates are limited to data that were collected from adolescent respondents from October to December 2020. In Quarter 4, adolescent respondents were asked if they seriously thought about trying to kill themselves, if they made plans to kill themselves, and if they had tried to kill themselves in the past 12 months. Unlike the questions for adults, the questions for adolescent respondents included the response options “I’m not sure” and “I don’t want to answer.”

The new follow-up questions were such that if adolescent respondents reported that they thought seriously about trying to kill themselves in the past 12 months, they were asked if they had these suicidal thoughts because of the COVID-19 pandemic. Adolescent respondents who reported plans to kill themselves or who tried to kill themselves were also asked if they had these plans or tried to kill themselves because of the COVID-19 pandemic. Due to low statistical precision, however, estimates are not presented for suicidal thoughts and behaviors because of the COVID-19 pandemic among all adolescents who reported suicidal thoughts and behaviors.¹³

Among adolescents aged 12 to 17 in 2020, 12.0 percent (or 3.0 million people) had serious thoughts of suicide, 5.3 percent (or 1.3 million people) made a suicide plan, and 2.5 percent (or 629,000 people) attempted suicide in the past year (Figure 40 and Table A.36B).

Figure 40. Youths Aged 12 to 17 with Serious Thoughts of Suicide, Suicide Plans, or Suicide Attempts in the Past Year; 2020



3.0 Million Youths Aged 12 to 17 Had Serious Thoughts of Suicide, Made Suicide Plans, or Attempted Suicide in the Past Year

Substance Use Treatment in the Past Year

Substance use treatment is intended to help people address problems associated with their use of alcohol or illicit drugs (i.e., not counting tobacco use), including medical problems associated with the use of alcohol or illicit drugs.⁹⁸ The 2020 NSDUH provided two principal measures related to substance use treatment in the past year: (a) the need for substance use treatment and (b) the receipt of substance use treatment. The survey also collected information on the types of settings where people received treatment and issues associated with people needing substance use treatment but not receiving it.¹⁴

As noted in the [Substance Use Disorders in the Past Year](#) section, the change from DSM-IV¹⁸ to DSM-5¹⁷ criteria for estimating SUD led to breaks in the comparability of 2020 SUD estimates with estimates from prior years; therefore, data prior to 2020 are not shown. Also, because some estimates for substance use treatment (e.g., need for substance use treatment) are based on whether people had an SUD in the past year, this report presents substance use treatment estimates for 2020 only.

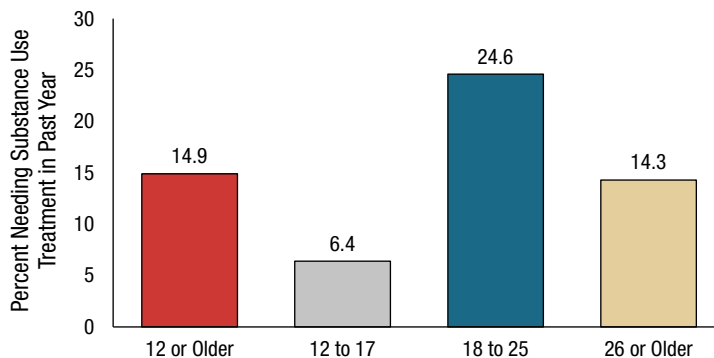
Before the COVID-19 pandemic, substance use treatment was typically delivered in person. The COVID-19 pandemic required changes in substance use treatment to include expansion of virtual treatments. To support this need, regulations for opioid treatment were relaxed for take-home medications and requirements for in-person treatment.^{99,100} Although reimbursement for some virtual behavioral

health services was allowed before 2020, reimbursement for additional virtual services (including substance use treatment) was expanded during the COVID-19 pandemic, including reimbursement for services delivered over the phone (i.e., using only audio).¹⁰¹ Virtual substance use treatment has been shown to be effective^{102,103} and has been proposed as an alternative to in-person services for some time, particularly in instances where access to such services is limited.¹⁰⁴ In light of these changes to substance use treatment delivery and reimbursement, questions were added to the 2020 NSDUH questionnaire for Quarter 4 (i.e., October to December) to assess the use of virtual substance use treatment services. The [Receipt of Virtual \(Telehealth\) Services for Substance Use Treatment](#) section presents estimates from Quarter 4 on the receipt of virtual services for substance use treatment.

Need for Substance Use Treatment

SAMHSA classifies people as having a need for substance use treatment if they had an SUD in the past year or if they received substance use treatment at a specialty facility¹⁰⁵ in the past year (regardless of whether they had an SUD).^{106,107} Among people aged 12 or older in 2020, 14.9 percent (or 41.1 million people) needed substance use treatment in the past year ([Figure 41](#) and [Table A.38AB](#)). Consistent with SUD data, the percentage of people needing substance use treatment was highest among young adults aged 18 to 25 (24.6 percent or 8.2 million people), followed by adults aged 26 or older (14.3 percent or 31.3 million people), then by adolescents aged 12 to 17 (6.4 percent or 1.6 million people).

Figure 41. Need for Substance Use Treatment in the Past Year: Among People Aged 12 or Older; 2020



Receipt of Substance Use Treatment

NSDUH respondents who used alcohol or illicit drugs in their lifetime were asked whether they ever received substance use treatment, and those who received substance use treatment in their lifetime were asked whether they received treatment in the 12 months prior to the survey interview (i.e., in the past year). Receipt of any substance use treatment includes substance use treatment received in the past year at any location, such as a hospital (inpatient), rehabilitation facility (outpatient or inpatient), mental health center, emergency room, private doctor’s office, prison or jail, or self-help group (e.g., Alcoholics Anonymous or Narcotics Anonymous). Also, respondents in Quarter 4 of 2020 who reported receiving substance use treatment in the past year were asked if they received professional counseling, medication, or treatment in the past 12 months for their alcohol or drug use over the phone, by e-mail, or through video calling (i.e., virtual or telehealth services).

The 2020 NSDUH also collected information on the receipt of substance use treatment at a specialty facility. Substance use treatment at a specialty facility is included in the estimates of any substance use treatment because a subset of the treatment locations was categorized as specialty facilities. Receipt of substance use treatment at a specialty facility was defined as substance use treatment received by a respondent at a hospital (only as an inpatient), a drug or alcohol rehabilitation facility (as an inpatient or outpatient), or a mental health center. Substance use treatment at a specialty facility did not include virtual services that Quarter 4 respondents reported receiving. Substance use treatment at a specialty facility also excluded self-help groups (regardless of when data were collected).

Receipt of Any Substance Use Treatment

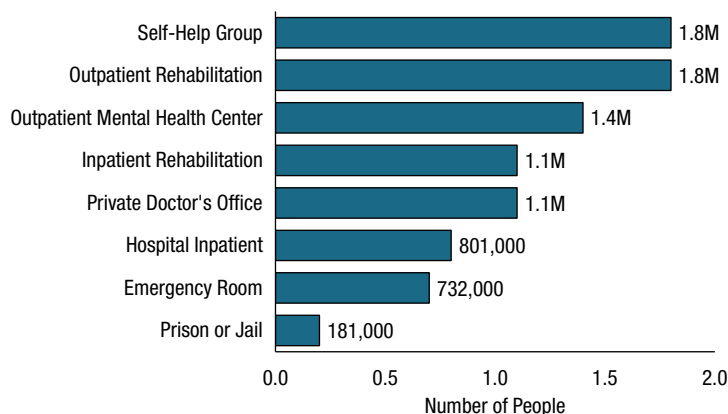
Among people aged 12 or older in 2020, 1.4 percent (or 4.0 million people) received any substance use treatment in the past year (Table A.38AB). An estimated 1.8 million people aged 12 or older received substance use treatment in the past year at a self-help group, 1.8 million received treatment at a rehabilitation facility as an outpatient, 1.4 million received treatment at a mental health center as an outpatient, 1.1 million received treatment at a rehabilitation facility as an inpatient, and 1.1 million received treatment at a private doctor’s office (Figure 42). Smaller numbers of people received treatment at a hospital as an inpatient, in an emergency room, or in a prison or jail.

In 2020, 1.6 percent of adults aged 26 or older (or 3.4 million people) and 1.3 percent of young adults aged 18 to 25 (or 445,000 people) received any substance use treatment in the past year. These percentages were higher than the corresponding percentage among adolescents aged 12 to 17 (0.7 percent or 169,000 people).

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

Among people aged 12 or older in 2020 with a past year SUD, 6.5 percent (or 2.6 million people) received any substance use treatment in the past year (Figure 43 and Table A.38AB). Percentages were similar among age groups: 7.6 percent of adolescents aged 12 to 17, 4.4 percent of young adults aged 18 to 25, and 7.0 percent of adults aged 26 or older with a past year SUD. Corresponding numbers of people with a past year SUD who received any substance use

Figure 42. Locations Where Substance Use Treatment in the Past Year Was Received: Among People Aged 12 or Older; 2020



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

treatment in the past year were 120,000 adolescents, 363,000 young adults, and 2.1 million adults aged 26 or older.

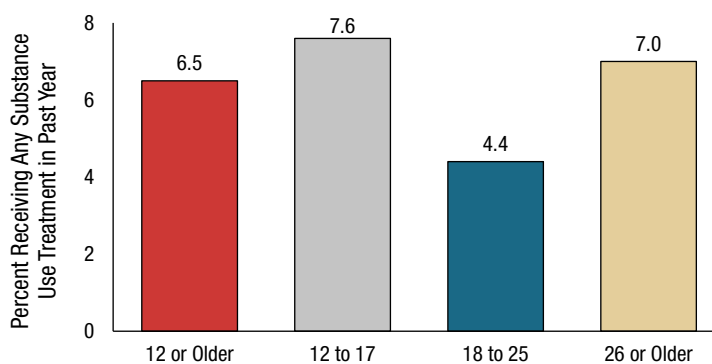
Receipt of Substance Use Treatment at a Specialty Facility

Among people aged 12 or older in 2020, 1.0 percent (or 2.7 million people) received substance use treatment at a specialty facility in the past year (Table A.38AB). Among adolescents aged 12 to 17, 0.2 percent (or 55,000 people) received substance use treatment at a specialty facility in the past year. This percentage among adolescents was somewhat lower than corresponding percentages for young adults aged 18 to 25 (0.9 percent or 301,000 people) and for adults aged 26 or older (1.1 percent or 2.3 million people). As noted previously, however, adolescents were less likely than young adults or adults aged 26 or older to need substance use treatment in the past year.

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

Among the 41.1 million people aged 12 or older in 2020 who needed substance use treatment in the past year, 6.5 percent (or 2.7 million people) received substance use treatment at a specialty facility in the past year (Figure 44 and Table A.38AB). Adults aged 26 or older who needed substance use treatment in the past year were more likely than their counterparts aged 12 to 17 or aged 18 to 25 to have received substance use treatment at a specialty facility in the past year. Among the 31.3 million adults aged 26 or older in 2020 who needed substance use treatment in the past year, 7.4 percent (or 2.3 million people) received substance use treatment at a specialty facility in the past year.

Figure 43. Received Any Substance Use Treatment in the Past Year: Among People Aged 12 or Older Who Had a Substance Use Disorder in the Past Year; 2020



In comparison, among the 1.6 million adolescents aged 12 to 17 in 2020 who needed substance use treatment in the past year, 3.5 percent (or 55,000 people) received substance use treatment at a specialty facility in the past year. Among the 8.2 million young adults aged 18 to 25 in 2020 who needed substance use treatment in the past year, 3.7 percent (or 301,000 people) received substance use treatment at a specialty facility in the past year.

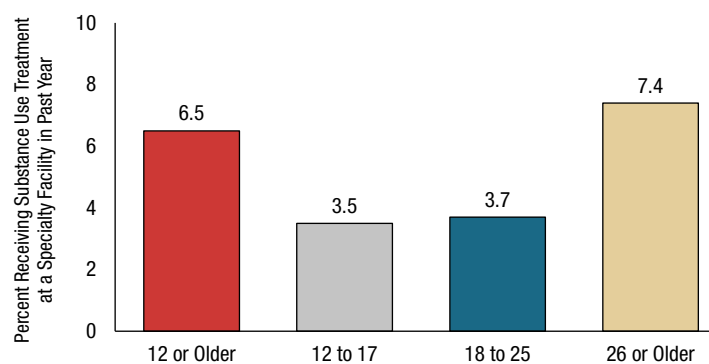
Receipt of Virtual (Telehealth) Services for Substance Use Treatment

Among people aged 12 or older in Quarter 4 of 2020 who received substance use treatment in the past year, 58.0 percent (or 2.2 million people) received virtual (i.e., telehealth) services for substance use treatment (Table A.39AB). In addition, 58.4 percent of adults aged 26 or older in Quarter 4 who received substance use treatment in the past year (or 1.9 million people) received virtual substance use services. Estimates for adolescents aged 12 to 17 and for young adults aged 18 to 25 who received substance use treatment in the past year could not be calculated with sufficient precision.

Perceived Need for Substance Use Treatment

NSDUH respondents were classified as having a perceived need for substance use treatment (i.e., treatment for problems related to their use of alcohol or illicit drugs) if they indicated that they felt they needed substance use treatment in the past year. Respondents may have a perceived need for substance use treatment, regardless of whether they had an SUD in the past year. In this report,

Figure 44. Received Substance Use Treatment at a Specialty Facility in the Past Year: Among People Aged 12 or Older Who Needed Substance Use Treatment in the Past Year; 2020



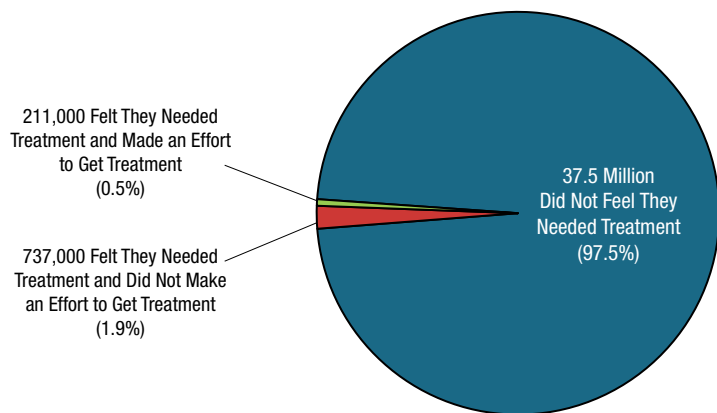
estimates for the perceived need for substance use treatment are discussed only among people aged 12 or older who were classified as having an SUD in the past year¹⁰⁸ but did not receive substance use treatment at a specialty facility.^{106,107}

Among the 38.4 million people aged 12 or older in 2020 with an SUD in the past year who did not receive substance use treatment at a specialty facility, 97.5 percent (or 37.5 million people) did not feel they needed treatment, 1.9 percent (or 737,000 people) felt they needed treatment but did not make an effort to get treatment, and 0.5 percent (or 211,000 people) felt they needed treatment and made an effort to get treatment (Figure 45 and Table A.40AB).¹⁰⁹ Similar patterns were observed by age group. For example, among people in different age groups in 2020 with a past year SUD who did not receive substance use treatment at a specialty facility, 98.4 percent of adolescents aged 12 to 17 (or 1.5 million people), 98.1 percent of young adults aged 18 to 25 (or 7.8 million people), and 97.3 percent of adults aged 26 or older (or 28.2 million people) did not feel they needed treatment.

Reasons for Not Receiving Substance Use Treatment

NSDUH respondents who did not receive substance use treatment in the past 12 months but felt they needed treatment were asked to report the reasons for not receiving treatment.¹¹⁰ As noted in the previous section, among people aged 12 or older in 2020 who were classified as having

Figure 45. Perceived Need for Substance Use Treatment: Among People Aged 12 or Older with a Past Year Substance Use Disorder (SUD) Who Did Not Receive Substance Use Treatment at a Specialty Facility in the Past Year; 2020



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

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

an SUD and did not receive substance use treatment at a specialty facility, only 2.5 percent perceived that they needed treatment.¹⁰⁹ For people who perceived a need for treatment, information on common reasons for not receiving substance use treatment is important for identifying and addressing barriers to treatment receipt.

Among people aged 12 or older in 2020 with a past year SUD who did not receive treatment at a specialty facility and perceived a need for treatment, the following were common reasons for not receiving substance use treatment:

- having no health care coverage and not being able to afford the cost of treatment (19.1 percent),
- not finding a program that offered the type of treatment they wanted (14.4 percent), and
- being concerned that getting treatment might cause their neighbors or community to have a negative opinion of them (11.9 percent) (Table A.44B).

Medication-Assisted Treatment for Alcohol Use or Opioid Misuse

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

Medication-Assisted Treatment for Alcohol Use

Among the 28.3 million people aged 12 or older in 2020 with a past year alcohol use disorder, 1.0 percent (or 292,000 people) received MAT in the past year for their alcohol use (Table A.45AB). Among the 2.1 million people aged 12 or older in 2020 who received alcohol use treatment at any location in the past year¹¹¹ (regardless of whether

they had a past year alcohol use disorder), 17.2 percent (or 362,000 people) received MAT in the past year for alcohol use. Estimates in 2020 for people who received MAT in the past year for alcohol use among those with a past year alcohol use disorder and who received alcohol use treatment at any location in the past year could not be calculated with sufficient precision.

Medication-Assisted Treatment for Opioid Misuse

Among the 2.6 million people aged 12 or older in 2020 who received illicit drug use treatment (i.e., not necessarily for opioid misuse) in the past year, 30.5 percent (or 798,000 people) received MAT in the past year for opioid misuse (Table A.46AB). Among the 2.5 million people aged 12 or older with a past year opioid use disorder, 11.2 percent (or 278,000 people) received MAT in the past year for opioid misuse.¹¹¹

Mental Health Service Use in the Past Year

The 2020 NSDUH included questions to estimate the use of mental health services in the United States among the adolescent and adult populations. In addition to estimating the use of mental health services among the overall adolescent and adult populations, these questions allowed for the estimation of the use of mental health services among adolescents and adults with mental health issues (i.e., MDE, AMI, and SMI).¹⁴

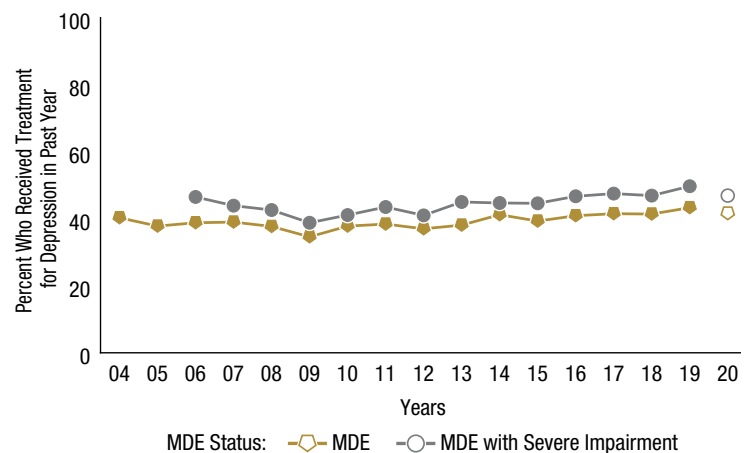
Similar to its effect on substance use treatment, the COVID-19 pandemic has affected the availability of services and the modes of mental health service delivery. Even before then, virtual (i.e., telehealth) mental health care has been proposed as an alternative to in-person mental health services as a means to increase access, particularly in areas where services are limited.¹¹² Mental health care delivered virtually has been shown to be effective.¹¹³ In light of these changes to the delivery of mental health services, questions were added to the 2020 NSDUH questionnaire for Quarter 4 (i.e., October to December) to assess the use of virtual mental health services. The following subsections present estimates of the receipt of virtual mental health services: [Receipt of Virtual \(Telehealth\) Mental Health Services among Adolescents](#), [Receipt of Virtual \(Telehealth\) Mental Health Services among Adults](#), [Receipt of Virtual \(Telehealth\) Mental Health Services among Adults with AMI](#), and [Receipt of Virtual \(Telehealth\) Mental Health Services among Adults with 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 were classified as having received treatment for their depression in the past year if they reported seeing or talking to a health professional or taking prescription medication for their depression in that period.¹¹⁴

Among the 4.1 million adolescents aged 12 to 17 in 2020 who had a past year MDE, 41.6 percent (or 1.7 million people) received treatment for depression in the past year (Figure 46). Among the 2.9 million adolescents in 2020 who had a past year MDE with severe impairment, 46.9 percent (or 1.4 million people) received treatment for depression in the past year. Stated another way, however, most adolescents in 2020 who had a past year MDE or an MDE with severe impairment did not receive treatment for depression in the past year.

Figure 46. Received Treatment in the Past Year for Depression: Among Youths Aged 12 to 17 with a Past Year Major Depressive Episode (MDE) or MDE with Severe Impairment; 2004-2020



Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 46 Table. Received Treatment in the Past Year for Depression: Among Youths Aged 12 to 17 with a Past Year Major Depressive Episode (MDE) or MDE with Severe Impairment; 2004-2020

MDE Status	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
MDE	40.3	37.8	38.8	39.0	37.7	34.6	37.8	38.4	37.0	38.1	41.2	39.3	40.9	41.5	41.4	43.3	41.6
MDE with Severe Impairment	N/A	N/A	46.5	43.9	42.6	38.8	41.1	43.5	41.0	45.0	44.7	44.6	46.7	47.5	46.9	49.7	46.9

N/A = not available.

Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Treatment for Depression among Adults

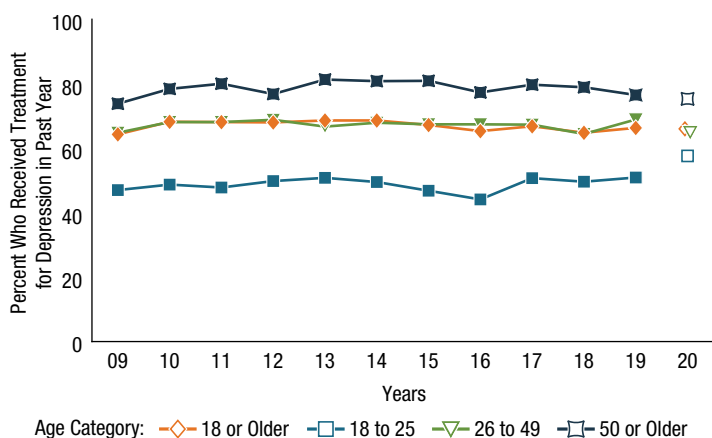
Adults aged 18 or older who had met the criteria for having a past year MDE were asked whether they had received treatment for their depression in the past year. Adults were classified as having received treatment for their depression in the past year if they reported seeing or talking to a health professional or taking prescription medication for their depression in that period.¹¹⁴

Among the 21.0 million adults aged 18 or older in 2020 who had a past year MDE, 66.0 percent (or 13.8 million people) received treatment for depression in the past year (Figure 47). Among the 14.8 million adults aged 18 or older in 2020 who had a past year MDE with severe impairment, 71.0 percent (or 10.5 million people) received treatment for depression in the past year (Table A.48B).

The percentage of adults in 2020 with a past year MDE or a past year MDE with severe impairment who received treatment for depression in the past year increased with

age. Specifically, the percentage of adults with a past year MDE who received treatment for depression in the past year was highest among adults aged 50 or older (75.3 percent or 4.7 million people out of 6.2 million people with an MDE), followed by adults aged 26 to 49 (64.8 percent or 5.9 million people out of 9.2 million people with an MDE), then by young adults aged 18 to 25 (57.6 percent or 3.2 million people out of 5.6 million people with an MDE). Similarly, the percentage of adults in 2020 with a past year MDE with severe impairment who received treatment for depression in the past year was highest among adults aged 50 or older (80.9 percent or 3.5 million people out of 4.4 million people with an MDE with severe impairment), followed by adults aged 26 to 49 (68.7 percent or 4.5 million people out of 6.5 million people with an MDE with severe impairment), then by young adults (63.8 percent or 2.5 million people out of 4.0 million people with an MDE with severe impairment).

Figure 47. Received Treatment in the Past Year for Depression: Among Adults Aged 18 or Older with a Past Year Major Depressive Episode; 2009-2020



Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 47 Table. Received Treatment in the Past Year for Depression: Among Adults Aged 18 or Older with a Past Year Major Depressive Episode; 2009-2020

Age	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
18 or Older	64.3	68.2	68.1	68.0	68.6	68.6	67.2	65.3	66.8	64.8	66.3	66.0
18 to 25	47.0	48.7	47.8	49.8	50.8	49.5	46.8	44.1	50.7	49.6	50.9	57.6
26 to 49	64.8	68.1	68.8	66.7	67.9	67.4	67.4	67.3	67.3	64.4	68.9	64.8
50 or Older	73.8	78.4	80.0	76.8	81.3	80.8	80.9	77.3	79.7	78.9	76.5	75.3

Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Mental Health Service Use among Adolescents

In addition to asking adolescents aged 12 to 17 about treatment for depression, the 2020 NSDUH included questions for adolescents that asked about the receipt of any service for emotional or behavioral problems (i.e., not just depression) not caused by substance use. The youth mental health service utilization section of the interview asked respondents aged 12 to 17 whether they received any treatment or counseling within the 12 months prior to the interview for problems with emotions or behavior in the following settings: (a) *specialty mental health settings*,¹¹⁵ (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).¹¹⁶

Also, adolescents in Quarter 4 of 2020 (i.e., October to December) were asked new questions on the receipt of any professional counseling, medication, or treatment in the past 12 months for their mental health, emotions, or behavior over the phone, by e-mail, or through video calling (i.e., virtual or telehealth services). Virtual mental health

services were categorized separately from the mental health settings described in the preceding paragraph.

Receipt of Mental Health Services in Specialty and Nonspecialty Settings among Adolescents

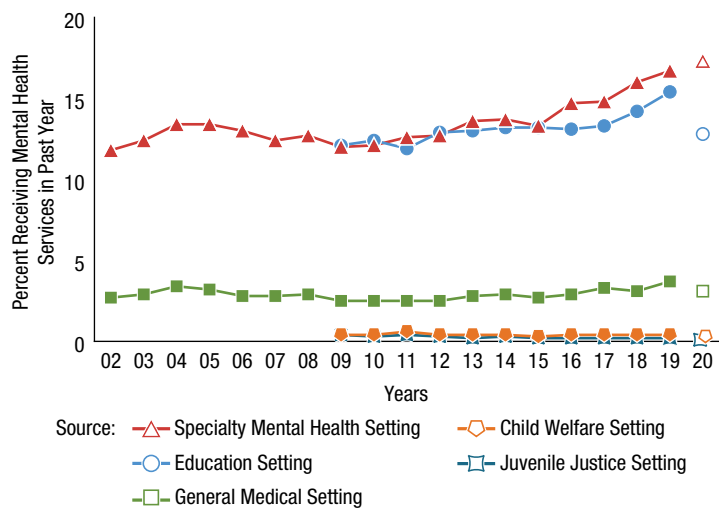
In 2020, 17.3 percent of adolescents aged 12 to 17 (or 4.2 million people) received mental health services in a specialty setting, including 16.6 percent (or 4.1 million people) who received mental health treatment in an outpatient setting and 2.1 percent (or 510,000 people) who received mental health treatment in an inpatient setting (Figure 48 and Table A.49B). An estimated 15.0 percent of adolescents (or 3.7 million people) received mental health services in a nonspecialty setting, including 12.8 percent (or 3.1 million people) who received mental health services in an educational setting (such as from a school social worker,

school psychologist, or school counselor, or as part of a special school or program), 3.1 percent (or 762,000 people) who received mental health services in a general medicine setting, 0.3 percent (or 66,000 people) who received mental health services in a child welfare setting, and 0.1 percent (or 22,000 people) who received mental health services in a juvenile justice setting.⁵ Additionally, 6.9 percent of adolescents received mental health services in a combination of specialty and nonspecialty settings.³³

Receipt of Virtual (Telehealth) Mental Health Services among Adolescents

In Quarter 4 of 2020, 10.1 percent of adolescents aged 12 to 17 received mental health services as virtual (i.e., telehealth) services (Table A.50B). This percentage corresponds to 2.5 million adolescents.

Figure 48. Sources of Mental Health Services in the Past Year: Among Youths Aged 12 to 17; 2002-2020



Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 48 Table. Sources of Mental Health Services in the Past Year: Among Youths Aged 12 to 17; 2002-2020

Source	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
Specialty Mental Health Setting	11.8	12.4	13.4	13.4	13.0	12.4	12.7	12.0	12.1	12.6	12.7	13.6	13.7	13.3	14.7	14.8	16.0	16.7	17.3
Education Setting	N/A	N/A	N/A	N/A	N/A	N/A	N/A	12.1	12.4	11.9	12.9	13.0	13.2	13.2	13.1	13.3	14.2	15.4	12.8
General Medical Setting	2.7	2.9	3.4	3.2	2.8	2.8	2.9	2.5	2.5	2.5	2.5	2.8	2.9	2.7	2.9	3.3	3.1	3.7	3.1
Child Welfare Setting	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.4	0.4	0.6	0.4	0.4	0.4	0.3	0.4	0.4	0.4	0.4	0.3
Juvenile Justice Setting	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.4	0.3	0.4	0.3	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.1

N/A = not available.

Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Mental Health Service Use among Adults

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

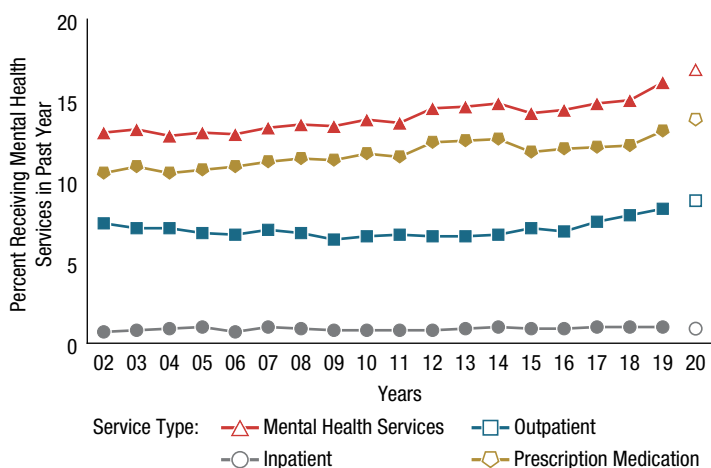
Also, adults in Quarter 4 of 2020 (i.e., October to December) were asked if they received any professional counseling, medication, or treatment for their mental health, emotions, or behavior over the phone, by e-mail, or through video calling in the past 12 months (i.e., virtual or telehealth services). Virtual mental health services were categorized separately from services in inpatient or outpatient settings or the receipt of prescription medication.

Receipt of Inpatient or Outpatient Mental Health Services or Prescription Medication among Adults

In 2020, 16.9 percent of adults aged 18 or older (or 41.4 million people) received inpatient or outpatient mental

health services or took prescription medication in the past year for a mental health issue, including 0.9 percent (or 2.2 million people) who received inpatient services, 8.8 percent (or 21.5 million people) who received outpatient services, and 13.8 percent (or 33.8 million people) who took prescription medication (Figure 49). Adults aged 50 or older were less likely than young adults aged 18 to 25 or adults aged 26 to 49 to have received any of these mental health services in the past year (Table A.51B). Specifically, 15.0 percent of adults aged 50 or older (or 17.1 million people) received any of these mental health services compared with 19.5 percent of young adults (or 6.3 million people) and 18.3 percent of adults aged 26 to 49 (or 18.0 million people).

Figure 49. Type of Mental Health Services Received in the Past Year: Among Adults Aged 18 or Older; 2002-2020



Note: Mental Health Services include any combination of inpatient or outpatient services or receipt of prescription medication.

Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 49 Table. Type of Mental Health Services Received in the Past Year: Among Adults Aged 18 or Older; 2002-2020

Service Type	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
Mental Health Services	13.0	13.2	12.8	13.0	12.9	13.3	13.5	13.4	13.8	13.6	14.5	14.6	14.8	14.2	14.4	14.8	15.0	16.1	16.9
Inpatient	0.7	0.8	0.9	1.0	0.7	1.0	0.9	0.8	0.8	0.8	0.8	0.9	1.0	0.9	0.9	1.0	1.0	1.0	0.9
Outpatient	7.4	7.1	7.1	6.8	6.7	7.0	6.8	6.4	6.6	6.7	6.6	6.6	6.7	7.1	6.9	7.5	7.9	8.3	8.8
Prescription Medication	10.5	10.9	10.5	10.7	10.9	11.2	11.4	11.3	11.7	11.5	12.4	12.5	12.6	11.8	12.0	12.1	12.2	13.1	13.8

Note: Mental Health Services include any combination of inpatient or outpatient services or receipt of prescription medication.

Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Receipt of Virtual (Telehealth) Mental Health Services among Adults

In 2020, 11.0 percent of adults aged 18 or older (or 26.3 million people) received virtual (i.e., telehealth) services in the past year for a mental health issue (Table A.52B).¹¹¹ Adults aged 50 or older were less likely than young adults aged 18 to 25 or adults aged 26 to 49 to have received virtual mental health services in the past year. Specifically, 7.8 percent of adults aged 50 or older (or 8.8 million people) received virtual mental health services in the past year compared with 14.9 percent of young adults (or 4.8 million people) and 13.4 percent of adults aged 26 to 49 (or 12.8 million people).

Mental Health Service Use among Adults with AMI

Receipt of Inpatient or Outpatient Mental Health Services or Prescription Medication among Adults with AMI

Among the 52.9 million adults aged 18 or older in 2020 with AMI in the past year, 46.2 percent (or 24.3 million people) received inpatient or outpatient mental health services or took prescription medication to treat a mental health condition in the past year (Figure 50). Young adults aged 18 to 25 with AMI were less likely than adults aged 26 to 49 or adults aged 50 or older with AMI to receive any of these services in the past year. An estimated 42.1 percent of young adults with AMI in the past year (or 4.3 million people) received any of these mental health services in the past year compared with 46.6 percent of adults aged 26 to 49 with AMI (or 11.9 million people) and 48.0 percent of adults aged 50 or older with AMI (or 8.1 million people).

Receipt of Virtual (Telehealth) Mental Health Services among Adults with AMI

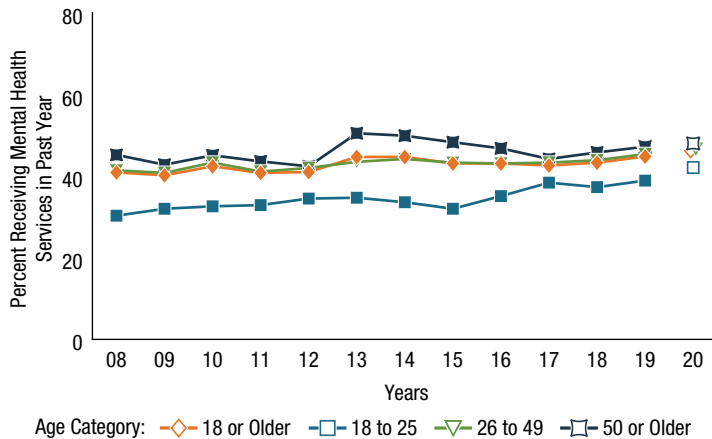
In 2020, 33.7 percent of adults aged 18 or older with AMI in the past year (or 18.5 million people) received virtual (i.e., telehealth) mental health services in the past year (Table A.54B). In each age group, similar percentages of adults with AMI received virtual mental health services in the past year (35.9 percent of young adults aged 18 to 25, 34.9 percent of adults aged 26 to 49, and 30.9 percent of adults aged 50 or older).

Mental Health Service Use among Adults with SMI

Receipt of Inpatient or Outpatient Mental Health Services or Prescription Medication among Adults with SMI

Among the 14.2 million adults aged 18 or older in 2020 with SMI in the past year, 64.5 percent (or 9.1 million people) received inpatient or outpatient mental health services or took prescription medication to treat a mental health condition in the past year (Figure 51). As with adults with AMI, young adults aged 18 to 25 with SMI in the past year were less likely than adults aged 26 to 49 or adults aged 50 or older with SMI to receive any of these services in the past year. Specifically, 57.6 percent of young adults with SMI (or 1.9 million people) received any of these mental health services in the past year compared with 63.0 percent of adults aged 26 to 49 with SMI (or 4.4 million people)

Figure 50. Mental Health Services Received in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness in the Past Year; 2008-2020



Note: Mental Health Services include any combination of inpatient or outpatient services or receipt of prescription medication.

Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 50 Table. Mental Health Services Received in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness in the Past Year; 2008-2020

Age	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
18 or Older	40.9	40.2	42.4	40.8	41.0	44.7	44.7	43.1	43.1	42.6	43.3	44.8	46.2
18 to 25	30.3	32.0	32.6	32.9	34.5	34.7	33.6	32.0	35.1	38.4	37.3	38.9	42.1
26 to 49	41.4	40.8	43.3	41.1	42.0	43.5	44.2	43.3	43.1	43.3	43.9	45.4	46.6
50 or Older	45.2	42.8	45.1	43.6	42.4	50.5	49.9	48.3	46.8	44.2	45.8	47.2	48.0

Note: Mental Health Services include any combination of inpatient or outpatient services or receipt of prescription medication.

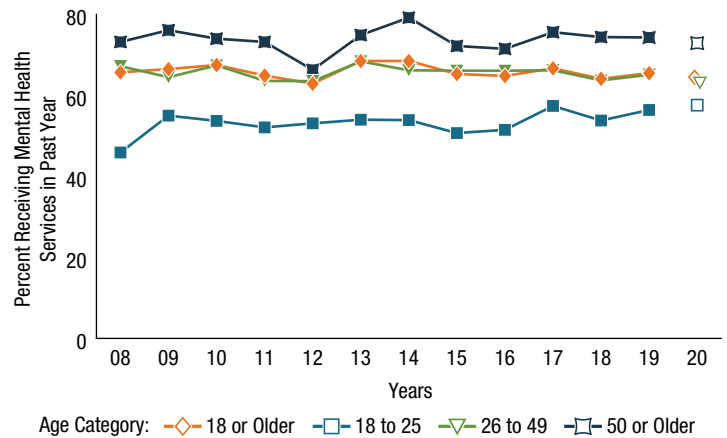
Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

and 72.9 percent of adults aged 50 or older with SMI (or 2.9 million people). Adults aged 50 or older with SMI also were more likely than those aged 26 to 49 with SMI to have received any of these mental health services in the past year.

Receipt of Virtual (Telehealth) Mental Health Services among Adults with SMI

In 2020, 49.8 percent of adults aged 18 or older with SMI in the past year (or 7.2 million people) received virtual (i.e., telehealth) mental health services in the past year (Table A.56B). Similar percentages of young adults aged 18 to 25 (49.3 percent) and adults aged 26 to 49 (50.3 percent) with SMI received virtual mental health services in the past year. Estimates for adults aged 50 or older with an SMI in the past year could not be calculated with sufficient precision.

Figure 51. Mental Health Services Received in the Past Year: Among Adults Aged 18 or Older with Serious Mental Illness in the Past Year; 2008-2020



Note: Mental Health Services include any combination of inpatient or outpatient services or receipt of prescription medication.

Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 51 Table. Mental Health Services Received in the Past Year: Among Adults Aged 18 or Older with Serious Mental Illness in the Past Year; 2008-2020

Age	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
18 or Older	65.7	66.5	67.5	64.9	62.9	68.5	68.5	65.3	64.8	66.7	64.1	65.5	65.5
18 to 25	45.9	55.0	53.7	52.1	53.1	54.0	53.9	50.7	51.5	57.4	53.8	56.4	57.6
26 to 49	67.2	64.5	67.4	63.6	63.5	68.4	66.2	66.1	66.1	66.2	63.7	65.1	63.0
50 or Older	73.2	76.1	74.0	73.2	66.3	74.9	79.2	72.2	71.5	75.6	74.4	74.3	72.9

Note: Mental Health Services include any combination of inpatient or outpatient services or receipt of prescription medication.

Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

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

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

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

Perceived Unmet Need for Mental Health Services among Adults with AMI

Among the 52.9 million adults aged 18 or older in 2020 with AMI in the past year, 30.5 percent (or 16.1 million people) perceived an unmet need for mental health services in the past year (Figure 52). Among these 16.1 million adults with AMI and a perceived unmet need for mental health services, 48.0 percent (or 7.7 million people) did not receive any mental health services in the past year (Table A.58B).

The percentage of adults in 2020 with AMI in the past year who had a perceived unmet need for mental health services was highest among young adults aged 18 to 25 (47.1 percent or 4.8 million people), followed by adults aged 26 to 49 (30.5 percent or 7.8 million people), then by adults aged 50 or older (20.3 percent or 3.4 million people) (Figure 52). Thus, nearly half of young adults with AMI had a perceived unmet need for mental health services. Percentages of adults in 2020 with AMI and a perceived unmet need for mental health services who did not receive any mental health services were similar across age groups (Table A.58B).

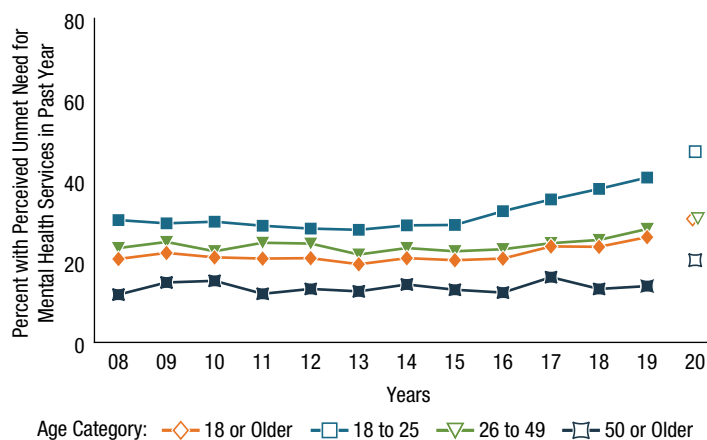
Perceived Unmet Need for Mental Health Services among Adults with SMI

Among the 14.2 million adults aged 18 or older in 2020 with SMI in the past year, 49.7 percent (or 7.0 million

people) perceived an unmet need for mental health services in the past year (Figure 53). Among these 7.0 million adults with SMI and a perceived unmet need for mental health services, 37.6 percent (or 2.6 million people) did not receive any mental health services in the past year (Table A.58B).

The percentage of adults in 2020 with SMI in the past year who had a perceived unmet need for mental health services was highest among young adults aged 18 to 25 (63.4 percent or 2.1 million people), followed by adults aged 26 to 49 (48.0 percent or 3.3 million people), then by adults aged 50 or older (41.4 percent or 1.6 million people) (Figure 53). Thus, nearly two thirds of young adults with SMI had a perceived unmet need for mental health services. Furthermore, nearly half of adults aged 26 to 49 with SMI and about 2 in 5 adults aged 50 or older with SMI had a perceived unmet need for mental health services. Similar percentages of young adults and adults aged 26 to 49 with SMI had a perceived unmet need for mental health services and did not receive any mental health services (Table A.58B). Estimates for adults aged 50 or older with SMI

Figure 52. Perceived Unmet Need for Mental Health Services in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness in the Past Year; 2008-2020



Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 52 Table. Perceived Unmet Need for Mental Health Services in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness in the Past Year; 2008-2020

Age	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
18 or Older	20.6	22.1	21.0	20.7	20.8	19.3	20.8	20.3	20.7	23.7	23.6	26.0	30.5
18 to 25	30.2	29.4	29.8	28.8	28.1	27.8	28.9	29.0	32.4	35.3	37.9	40.7	47.1
26 to 49	23.3	24.8	22.5	24.6	24.4	21.7	23.3	22.5	23.0	24.5	25.3	28.0	30.5
50 or Older	11.8	14.8	15.2	12.0	13.2	12.6	14.3	13.0	12.3	16.1	13.2	13.9	20.3

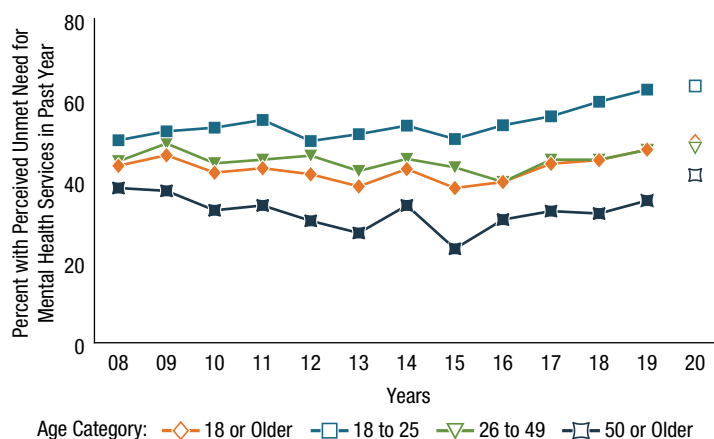
Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

and a perceived unmet need who did not receive any mental health services could not be calculated with sufficient precision.

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

Among adults aged 18 or older in 2020 who had mental illness in the past year and a perceived unmet need for mental health services but did not receive services in the past year, the most common reason for not receiving services was they could not afford the cost of care (44.9 percent for these adults with AMI and 49.5 percent for these adults with SMI) (Table A.59B). Other common reasons for not receiving services included not knowing where to go for services (32.7 percent for these adults with AMI and 33.5 percent for these adults with SMI) and believing they could handle the problem without treatment (29.7 percent for these adults with AMI and 25.0 percent for these adults with SMI). In addition, 25.9 percent of these adults with SMI were concerned about being committed to a psychiatric hospital or having to take medication.

Figure 53. Perceived Unmet Need for Mental Health Services in the Past Year: Among Adults Aged 18 or Older with Serious Mental Illness in the Past Year; 2008-2020



Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 53 Table. Perceived Unmet Need for Mental Health Services in the Past Year: Among Adults Aged 18 or Older with Serious Mental Illness in the Past Year; 2008-2020

Age	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
18 or Older	43.7	46.3	42.0	43.1	41.6	38.6	42.9	38.2	39.7	44.2	45.1	47.7	49.7
18 to 25	50.0	52.2	53.1	55.0	49.8	51.5	53.6	50.3	53.7	55.9	59.5	62.5	63.4
26 to 49	44.8	49.2	44.3	45.2	46.2	42.4	45.4	43.3	39.7	45.2	45.2	47.6	48.0
50 or Older	38.2	37.5	32.7	33.9	30.1	27.1	33.9	23.2	30.4	32.5	31.9	35.1	41.4

Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

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

The relationship between SUDs and mental disorders is known to be bidirectional. The presence of a mental disorder may contribute to the development or exacerbation of an SUD. Likewise, the presence of an SUD may contribute to the development or exacerbation of a mental disorder. The combined presence of SUDs and mental disorders (hereafter referred to as co-occurring disorders) results in more profound functional impairment; worse treatment outcomes; higher morbidity and mortality; increased treatment costs; and higher risk for homelessness, incarceration, and suicide than if people had only one of these disorders but not both.^{117,118,119} Current treatment guidelines recommend that people with co-occurring disorders receive treatment for both disorders.^{120,121,122}

This section presents estimates of the receipt of services among adolescents and adults with co-occurring SUD and mental health issues. Estimates for the receipt of virtual (i.e., telehealth) services among adolescents and adults with co-occurring SUD and mental health issues are presented separately from estimates for the receipt of other services because data on the receipt of virtual services were only added during Quarter 4 (i.e., October to December 2020).

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

Among the 644,000 adolescents aged 12 to 17 in 2020 with a co-occurring SUD and an MDE in the past year, 69.0 percent (or 438,000 people) received either substance use treatment at a specialty facility or mental health services in the past year, 66.8 percent (or 424,000 people) received only mental health services, and 0.9 percent (or 6,000 people) received both substance use treatment at a specialty facility and mental health services (Table A.60B).

Receipt of Services among Adults with Co-Occurring SUD and AMI

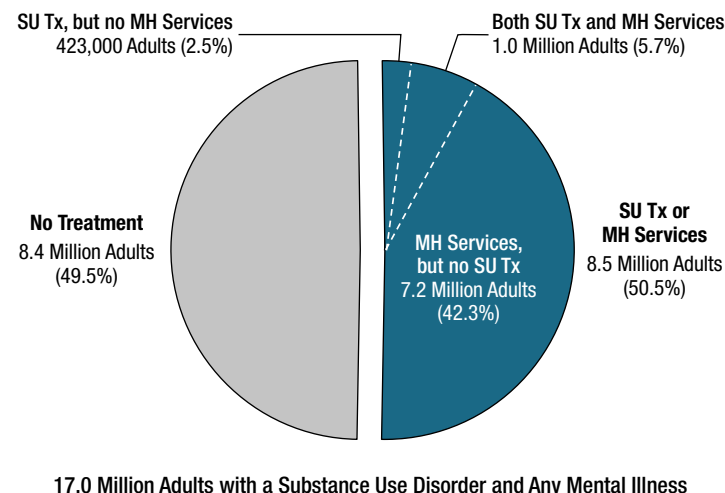
Among the 17.0 million adults aged 18 or older in 2020 with a co-occurring SUD and AMI in the past year, 50.5 percent (or 8.5 million people) received either substance use treatment at a specialty facility or mental health services in the past year, and 49.5 percent (or 8.4 million people) received neither service (Figure 54). Stated another way, nearly half of adults with a co-occurring SUD and AMI did not receive substance use treatment at a specialty facility

or mental health services for either condition. In addition, 42.3 percent of adults with a co-occurring SUD and AMI (or 7.2 million people) received only mental health services, 2.5 percent (or 423,000 people) received only substance use treatment at a specialty facility, and 5.7 percent (or 960,000 people) received both substance use treatment at a specialty facility and mental health services.

Among adults aged 18 or older in 2020 with a co-occurring SUD and AMI in the past year, adults aged 50 or older were more likely than young adults aged 18 to 25 or adults aged 26 to 49 to have received either substance use treatment at a specialty facility or mental health services in the past year. Specifically, 63.0 percent of adults aged 50 or older with a co-occurring SUD and AMI (or 2.3 million people) received either service compared with 44.9 percent of young adults (or 1.8 million people) and 48.1 percent of adults aged 26 to 49 (or 4.4 million people) with a co-occurring SUD and AMI.

In addition, young adults aged 18 to 25 in 2020 with a co-occurring SUD and AMI in the past year were less likely than corresponding adults in older age groups to have received both substance use treatment at a specialty facility and mental health services in the past year. An estimated 2.6 percent of young adults (or 104,000 people) with a

Figure 54. Receipt of Substance Use Treatment at a Specialty Facility and Mental Health Services in the Past Year: Among Adults Aged 18 or Older with Past Year Substance Use Disorder and Any Mental Illness; 2020



Note: Mental Health Services include any combination of inpatient or outpatient services or receipt of prescription medication.

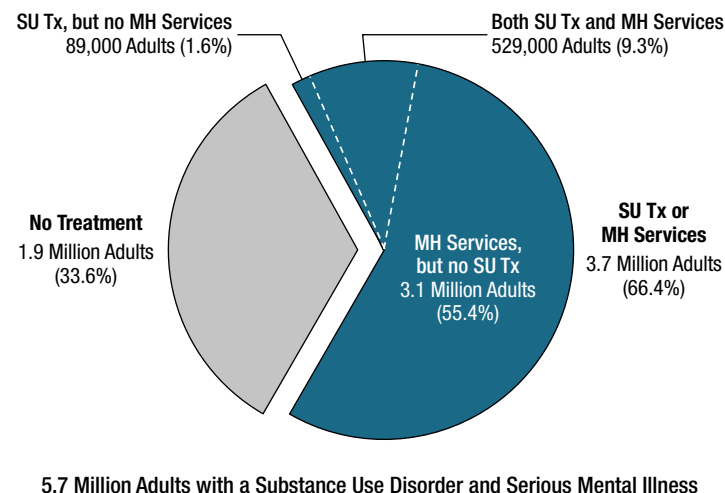
MH = mental health; SU Tx = substance use treatment.

co-occurring SUD and AMI in the past year received both services in the past year compared with 6.0 percent of adults aged 26 to 49 (or 560,000 people) and 8.2 percent of adults aged 50 or older (or 296,000 people) with a co-occurring SUD and AMI (Table A.62B).

Receipt of Services among Adults with Co-Occurring SUD and SMI

Among the 5.7 million adults aged 18 or older in 2020 with a co-occurring SUD and SMI in the past year, 66.4 percent (or 3.7 million people) received either substance use treatment at a specialty facility or mental health services in the past year, and 33.6 percent (or 1.9 million people) received neither service (Figure 55). Stated another way, about one third of adults with a co-occurring SUD and SMI (representing nearly 2 million people) did not receive substance use treatment at a specialty facility or mental health services for either condition. In addition, 55.4 percent of adults with a co-occurring SUD and SMI (or 3.1 million people) received only mental health services, 1.6 percent (or 89,000 people) received only substance use treatment at a specialty facility, and 9.3 percent (or 529,000 people) received both substance use treatment at a specialty facility and mental health services.

Figure 55. Receipt of Substance Use Treatment at a Specialty Facility and Mental Health Services in the Past Year: Among Adults Aged 18 or Older with Past Year Substance Use Disorder and Serious Mental Illness; 2020



Note: Mental Health Services include any combination of inpatient or outpatient services or receipt of prescription medication.

MH = mental health; SU Tx = substance use treatment.

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

Perceived Recovery

Since 2018, respondents aged 18 or older have been asked whether they thought they ever had a problem with their use of alcohol or other drugs or whether they ever had a problem with their mental health. Respondents who reported that they ever had a problem with their alcohol or other drug use were asked whether they considered themselves (at the time they were interviewed) to be in recovery or to have recovered from their alcohol or other drug use problem. Similarly, respondents aged 18 or older who reported that they had a problem with their mental health were asked whether they considered themselves (at the time they were interviewed) to be in recovery or to have recovered from their mental health issue.

Among adults aged 18 or older in 2020, 11.6 percent (or 29.2 million people) perceived that they ever had a problem with their use of alcohol or other drugs (Table A.64B). As noted in prior sections of this report, young adults aged 18 to 25 in 2020 tended to be more likely than adults aged 26 or older to be binge alcohol users in the past month, to have used illicit drugs in the past year, or to have had an SUD in the past year. However, only 7.5 percent of young adults (or 2.5 million people) perceived that they ever had a problem with their use of alcohol or other drugs compared with 12.3 percent of adults aged 26 or older (or 26.7 million people).

Among the 29.2 million adults in 2020 who perceived that they ever had a substance use problem, 72.5 percent (or 21.0 million people) considered themselves to be in recovery or to have recovered from their alcohol or other drug use problem (Table A.65B). Adults aged 26 or older who perceived that they ever had a substance use problem were more likely than corresponding young adults aged 18 to 25 to consider themselves to be in recovery or to have recovered from their substance use problem. About three fourths of adults aged 26 or older who perceived that they ever had a substance use problem considered themselves to be in recovery or to have recovered (73.4 percent or 19.5 million people) compared with about two thirds of young adults who perceived that they ever had a substance use problem (63.4 percent or 1.6 million people).

In 2020, 22.0 percent of adults aged 18 or older (or 55.0 million people) perceived that they ever had a problem with their mental health (Table A.64B). Young adults aged 18 to 25 were more likely than adults aged 26 or older to perceive that they ever had a problem with their mental health (34.7 percent of young adults or 11.5 million people vs. 20.0 percent of adults aged 26 or older or 43.5 million people).

Among the 55.0 million adults in 2020 who perceived that they ever had a problem with their mental health, 65.9 percent (or 35.8 million people) considered themselves to be in recovery or to have recovered from their mental health issue (Table A.65B). Young adults aged 18 to 25 who perceived that they ever had a problem with their mental health were somewhat less likely than corresponding adults aged 26 or older to consider themselves to be in recovery or to have recovered from their mental health issue (61.8 percent of young adults or 7.1 million people vs. 66.9 percent of adults aged 26 or older or 28.8 million people).

Substance Use, Mental Health Issues, and the COVID-19 Pandemic

The COVID-19 pandemic and the requisite measures taken to combat it created challenges in the everyday lives of Americans. To describe effects of the COVID-19 pandemic on people's substance use, mental health, and other parts of their lives, SAMHSA added questions to the 2020 NSDUH for Quarter 4 (i.e., October to December). These questions asked respondents to describe how the COVID-19 pandemic affected their mental health; substance use; financial security; housing; and access to substance use treatment, mental health services, and medical care. This section provides an overview of estimates of the effect of the COVID-19 pandemic on substance use and mental health issues according to how NSDUH respondents aged 12 or older answered these questions during Quarter 4.¹⁴

Data from most of these questions reflect respondents' subjective *perceptions* of how their lives changed during the COVID-19 pandemic. The questions concerning mental health and substance use asked respondents to rate the effects of the COVID-19 pandemic on their mental or emotional health using a scale of responses ("not at all," "a little," "some," "quite a bit," or "a lot"). Similarly, respondents were asked how much the COVID-19 pandemic affected their substance use, with responses for using a substance "much less," "a little less," "about the same," "a little more," or "a lot more" than they did before the COVID-19 pandemic began.

However, there are no objective indicators to define the categories on these subjective measures. For example, one respondent could define the same negative effects on mental health as having "some" negative effect, and another respondent could define these effects as negatively affecting their mental health "quite a bit." Similarly, one

respondent could define the same change in substance use as “much less,” and another respondent could define the change as “a little less.” Also, these are sensitive questions, and some respondents may have given responses they felt were more socially desirable. Some respondents may have been reluctant to report increased mental health issues, and some respondents whose substance use increased during the COVID-19 pandemic might have been reluctant to report that they were using substances more than they did before the COVID-19 pandemic began.

An additional consideration is that data from the Centers for Disease Control and Prevention showed three peaks in the number of new COVID-19 cases in the United States in 2020: (1) in March and April, (2) in July, and (3) in late November and December.¹²³ Therefore, these NSDUH data from Quarter 4 could depend on the period(s) of the COVID-19 pandemic respondents recalled when answering the questions.

Perceived Negative Effects on Mental Health Because of the COVID-19 Pandemic

As mentioned previously, respondents were asked to rate the COVID-19 pandemic’s negative effect on their mental health on a scale ranging from “not at all” to “a lot.” To facilitate analysis, responses were collapsed into three categories: “not at all,” “a little or some,” and “quite a bit or a lot.” As also noted previously, the resulting data reflect respondents’ subjective perceptions and are not objective indicators of mental health issues. In addition, asking respondents how much (if at all) the COVID-19 pandemic negatively affected their mental health presupposes that the COVID-19 pandemic had a negative effect. Respondents were not offered a choice to indicate improvement in mental health (for whatever reason) since the COVID-19 pandemic began.

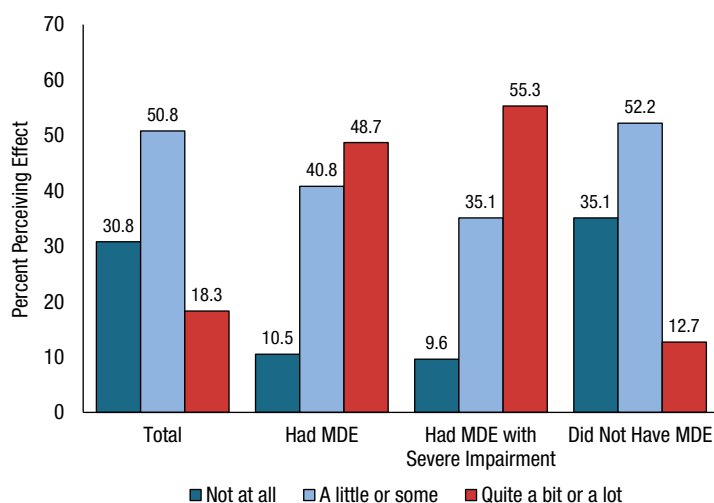
Perceived Negative Effects on Mental Health Because of the COVID-19 Pandemic among Adolescents Aged 12 to 17

In Quarter 4 of 2020, most adolescents aged 12 to 17 perceived a negative effect of the COVID-19 pandemic on their mental health. About 1 in 5 adolescents (18.3 percent or 4.5 million people) perceived that the COVID-19 pandemic negatively affected their mental health “quite a bit or a lot,” and an additional 50.8 percent (or 12.5 million people) perceived “a little or some” negative effect on their mental health (Figure 56). About 1 in 3 adolescents (30.8 percent or 7.6 million people) perceived no negative effect on their mental health because of the COVID-19 pandemic.

Adolescents aged 12 to 17 who had a past year MDE or a past year MDE with severe impairment were more likely than those without a past year MDE to perceive that the COVID-19 pandemic negatively affected their mental health “quite a bit or a lot.” Among adolescents with a past year MDE, nearly half (48.7 percent or 1.9 million people) perceived that the COVID-19 pandemic negatively affected their mental health “quite a bit or a lot,” as did more than half of adolescents who had a past year MDE with severe impairment (55.3 percent or 1.5 million people). In comparison, 12.7 percent of adolescents without a past year MDE (or 2.6 million people) perceived this level of a negative effect on their mental health because of the COVID-19 pandemic. For adolescents who had a past year MDE or a past year MDE with severe impairment, however, it is not known from these data whether they had an MDE before the COVID-19 pandemic or a new MDE that began during the COVID-19 pandemic.

In addition, about half of adolescents who did not have a past year MDE (52.2 percent or 10.6 million people), 40.8 percent (or 1.5 million people) of adolescents with a past year MDE, and 35.1 percent (or 944,000 people) of adolescents with a past year MDE with severe impairment perceived that the COVID-19 pandemic negatively affected their mental health “a little or some.” It is unclear whether these negative effects were temporary or longer lasting. Even if adolescents did not have a past year MDE, some of them could have needed mental health services during the COVID-19 pandemic.

Figure 56. Perceived COVID-19 Pandemic Negative Effect on Emotional or Mental Health: Among Youths Aged 12 to 17; by Past Year Major Depressive Episode (MDE) Status, Quarter 4, 2020



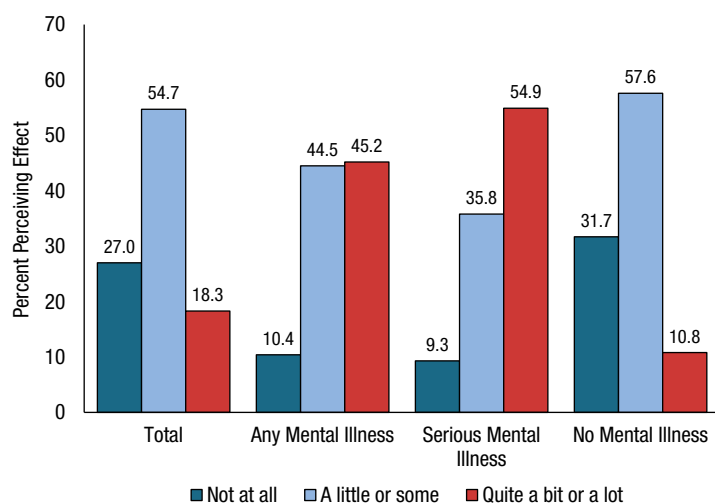
Note: The percentages do not add to 100 percent due to rounding.

Perceived Negative Effects on Mental Health Because of the COVID-19 Pandemic among Adults Aged 18 or Older

Similar to adolescents, most adults aged 18 or older in Quarter 4 of 2020 perceived a negative effect of the COVID-19 pandemic on their mental health. About 1 in 5 adults (18.3 percent or 45.2 million people) perceived that the COVID-19 pandemic negatively affected their mental health “quite a bit or a lot,” and another 54.7 percent (or 135.2 million people) perceived “a little or some” negative effect on their mental health (Figure 57). However, slightly more than 1 in 4 adults (27.0 percent or 66.8 million people) perceived no negative effect on their mental health because of the COVID-19 pandemic. Because these data were collected in Quarter 4, these estimates might not reflect temporary negative effects on mental health that occurred early in the COVID-19 pandemic.

In Quarter 4 of 2020, adults aged 18 or older with AMI or SMI in the past year were more likely than those who did not have mental illness in the past year to perceive that the COVID-19 pandemic negatively affected their mental health “quite a bit or a lot.” Among adults with AMI in the past year, 45.2 percent (or 24.3 million people) perceived the COVID-19 pandemic to have negatively affected their mental health “quite a bit or a lot,” as did more than half of adults with SMI in the past year (54.9 percent or 7.9 million people). In comparison, about 1 in 10 adults with no mental illness in the past year (10.8 percent or 20.9 million people) perceived the COVID-19 pandemic to have negatively affected their mental health “quite a bit or a lot.”

Figure 57. Perceived COVID-19 Pandemic Negative Effect on Emotional or Mental Health: Among Adults Aged 18 or Older; by Past Year Mental Illness Status, Quarter 4, 2020



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

However, it is not known from these data whether adults had pre-existing AMI or SMI that they perceived to have worsened or whether they had AMI or SMI for the first time during the COVID-19 pandemic. Nevertheless, these data indicate the need for adults with AMI and SMI to receive mental health services during the COVID-19 pandemic.

Perceived Effects on Substance Use Because of the COVID-19 Pandemic

Stressors and feelings of social isolation during the COVID-19 pandemic could have negatively affected Americans’ substance use. In many states, establishments that sold alcohol for off-premises consumption (e.g., liquor stores, grocery stores) remained open as “essential businesses” during periods when stay-at-home orders were in effect. During the COVID-19 pandemic, some states also changed laws to allow “to-go” drinks from bars and restaurants and loosened restrictions on home delivery of alcohol.¹²⁴ Czeisler and colleagues reported estimates from June 2020 showing certain groups of adults started to use substances or increased their substance use to cope with the COVID-19 pandemic.²¹ Other studies conducted in May and June 2020 also showed at least short-term increases in alcohol consumption, especially among some population subgroups.^{125,126}

However, individuals also could have decreased their substance use in the short or long term in response to the COVID-19 pandemic. For example, data from Europe indicated some temporary decreases in substance use during the COVID-19 pandemic due to disruptions in illicit drug markets, but these reductions began to disappear as social distancing measures were eased.¹²⁷ Adolescents and college-aged young adults living at home may have had fewer opportunities to use substances regardless of their desire or intent to use them. It does not appear that respondents in the study by Czeisler and colleagues were asked whether they reduced their substance use or stopped using specific substances during the COVID-19 pandemic.²¹ Therefore, a more complete picture of how people’s substance use changed during the COVID-19 pandemic also would include information on people who reduced their substance use.

As mentioned previously, new questions in Quarter 4 of the 2020 NSDUH asked respondents to rate how the COVID-19 pandemic affected their use of alcohol and other drugs. Respondents who used alcohol or other drugs in the past 12 months could report substance use ranging from “much less” to “a lot more” than use before the COVID-19

pandemic. Respondents answered separate questions about effects of the COVID-19 pandemic on their alcohol and other drug use. To facilitate analysis, responses were collapsed into three categories: “a little less or much less,” “about the same,” and “a little more or much more.”¹²⁸

Perceived Effects on Alcohol Use

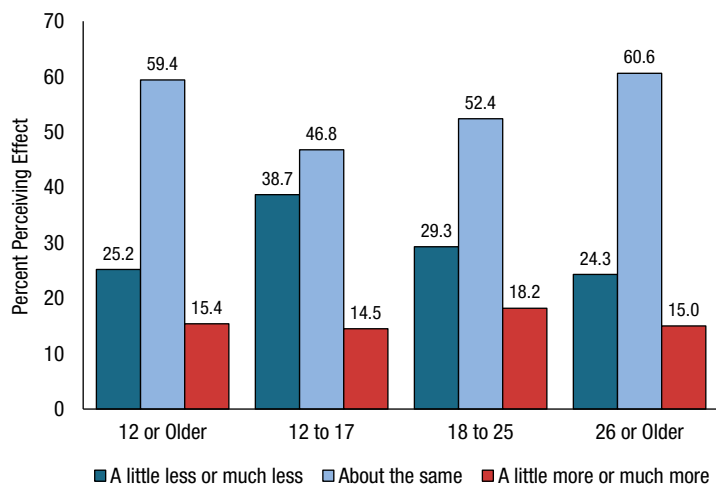
Among people aged 12 or older in Quarter 4 of 2020 who drank alcohol in the past year, most perceived that they drank “about the same” amount as they did before the COVID-19 pandemic began (59.4 percent or 100.0 million people) (Figure 58). In addition, 25.2 percent of past year alcohol users (or 42.5 million people) perceived that they drank “a little less or much less” alcohol than they did before the COVID-19 pandemic began, and 15.4 percent (or 25.9 million people) perceived that they drank “a little more or much more” than they did before. Because these data were collected in Quarter 4, these estimates might not reflect temporary increases in alcohol consumption early in the COVID-19 pandemic that were followed by a return to a pattern of alcohol use that was about the same as it was before the COVID-19 pandemic began.

About 1 in 5 young adults aged 18 to 25 in Quarter 4 of 2020 who drank alcohol in the past year (18.2 percent or 3.7 million people) perceived that they drank “a little more or much more” than they did before the COVID-19 pandemic began. The percentage of young adult alcohol users who perceived that they drank “a little more or much

more” than they did before the COVID-19 pandemic was higher than the corresponding percentage among past year alcohol users aged 26 or older (15.0 percent or 21.8 million people). In addition, 14.5 percent of adolescents aged 12 to 17 who drank alcohol in the past year (or 491,000 people) perceived that they drank “a little more or much more” than they did before the COVID-19 pandemic began. People who were drinking more than they did before the COVID-19 pandemic began might not return to their earlier patterns of alcohol consumption, or their level of alcohol use could decrease over time.

In Quarter 4 of 2020, 38.7 percent of adolescents aged 12 to 17 (or 1.3 million people) and 29.3 percent of young adults aged 18 to 25 (or 5.9 million people) who drank alcohol in the past year perceived that they were drinking “a little less or much less” than they did before the COVID-19 pandemic began. These percentages were higher than the corresponding percentage among adults aged 26 or older who used alcohol in the past year (24.3 percent or 35.3 million people). It is unknown whether people who were drinking less than they did before the COVID-19 pandemic began will return to their earlier patterns of alcohol consumption. For example, college-age young adults who were living with their parents during the COVID-19 pandemic could resume their earlier patterns of alcohol consumption once they return to their campus environment, and adolescents may increase their drinking as opportunities increase for unsupervised social activities.

Figure 58. Perceived COVID-19 Pandemic Effect on Alcohol Use: Among Past Year Alcohol Users Aged 12 or Older; Quarter 4, 2020

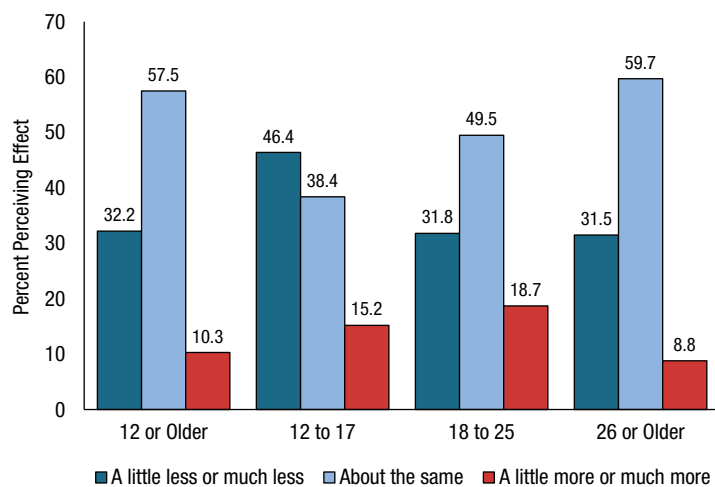


Note: The percentages do not add to 100 percent due to rounding.

Perceived Effects on the Use of Drugs Other than Alcohol

Among people aged 12 or older in Quarter 4 of 2020 who used drugs other than alcohol in the past year,¹²⁸ about 1 in 3 (32.2 percent or 33.9 million people) perceived that they used these drugs “a little less or much less” than they did before the COVID-19 pandemic began, and more than half (57.5 percent or 60.6 million people) perceived that they used these drugs “about the same” as they did before the COVID-19 pandemic began (Figure 59). An estimated 10.3 percent of past year users of drugs other than alcohol (or 10.9 million people) perceived that they used these drugs “a little more or much more” during the COVID-19 pandemic than they did before. It is not known, however, whether people who reduced or increased their use of these drugs will return to their earlier levels of use over time.

Figure 59. Perceived COVID-19 Pandemic Effect on Drug Use: Among Past Year Users of Drugs Other than Alcohol Aged 12 or Older; Quarter 4, 2020



Note: Use of drugs other than alcohol included the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine in the past year or any use (i.e., not necessarily misuse) of prescription pain relievers, tranquilizers, stimulants, or sedatives in the past year. Drugs other than alcohol did not include tobacco products or nicotine vaping.

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

In Quarter 4 of 2020, nearly half of adolescents aged 12 to 17 who used drugs other than alcohol in the past year (46.4 percent or 2.0 million people) perceived that they used these drugs “a little less or much less” than they did before the COVID-19 pandemic began. This percentage among adolescents was higher than the corresponding percentages among young adults aged 18 to 25 (31.8 percent or 4.2 million people) and those aged 26 or older (31.5 percent or 27.7 million people) who used these drugs. As previously noted in relation to perceived reductions in alcohol use, these adolescents could increase their use of other drugs as they have more opportunities to engage in social activities with peers.

Adolescents and young adults in Quarter 4 of 2020 who used drugs other than alcohol in the past year were more likely than their counterparts aged 26 or older to perceive that they used these drugs “a little more or much more” than they did before the COVID-19 pandemic. Specifically, 15.2 percent of adolescents (or 665,000 people) and 18.7 percent of young adults (or 2.5 million people) perceived that they used these drugs “a little more or much more” than they did before the COVID-19 pandemic began. In comparison, 8.8 percent of adults aged 26 or older who used drugs other than alcohol in the past year (or 7.7 million people) perceived that they used these drugs “a little more or much more” than they did before the COVID-19 pandemic

began. It is unknown, however, whether these will be short- or long-term increases in other drug use that persist beyond the COVID-19 pandemic. Further, because the data were collected in Quarter 4 of 2020, there may have been additional short-term increases in other drug use earlier in 2020 that are not reflected in these data.

Perceived Effects on Access to Services Because of the COVID-19 Pandemic

The COVID-19 pandemic could have affected access to substance use treatment, mental health services, and medical care in different ways. In response to the COVID-19 pandemic, for example, healthcare providers (including behavioral healthcare providers) turned to virtual (i.e., telehealth) services (i.e., delivery of healthcare services over the phone or Internet) as a means of delivering services while also limiting in-person contact that could spread COVID-19.¹²⁹ As discussed in the section [Substance Use Treatment in the Past Year](#), reimbursement for virtual services was expanded during the COVID-19 pandemic, including reimbursement for services delivered over the phone (i.e., using only audio).

To assess the various effects of the COVID-19 pandemic on access to behavioral health and medical services, NSDUH respondents in Quarter 4 were asked if they experienced the following because of the COVID-19 pandemic: (1) appointments moved from in-person to telehealth format, (2) delays or cancellations in appointments, (3) delays in getting prescriptions, and (4) inability to access needed care resulting in moderate to severe impact on health. Respondents were asked separately about each of these situations in relation to their access to substance use treatment, mental health treatment, and medical care because of the COVID-19 pandemic.

Access to Substance Use Treatment

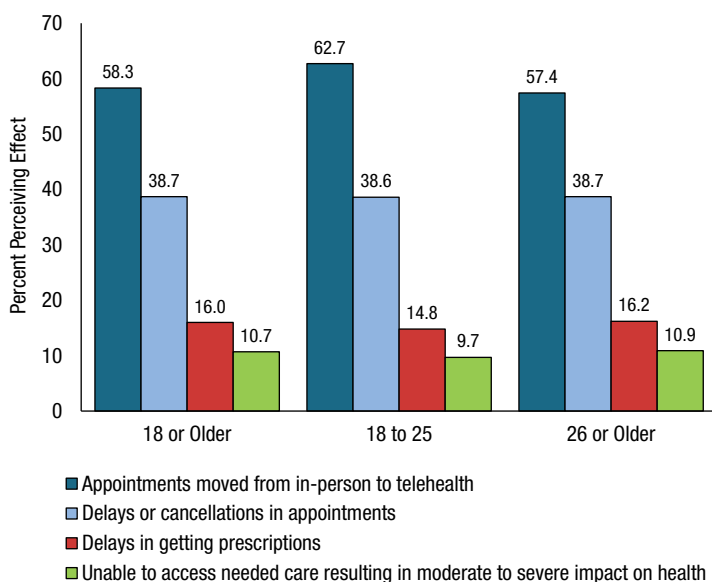
As noted previously, people were asked whether they experienced the following in their access to substance use treatment because of the COVID-19 pandemic: (1) appointments moved from in-person to telehealth format, (2) delays or cancellations in appointments, (3) delays in getting prescriptions, and (4) inability to access needed care resulting in moderate to severe impact on health. For people in Quarter 4 of 2020 who received substance use treatment in the past year, several estimates of perceived changes in

access to substance use treatment because of the COVID-19 pandemic could not be calculated with sufficient precision. In addition, 97.5 percent of people aged 12 or older in 2020 with a past year SUD who did not receive substance use treatment at a specialty facility in the past year did not think that they needed substance use treatment. The COVID-19 pandemic's effect on access to substance use treatment would not be relevant to people who did not feel that they needed those services. For these reasons, this section of the report does not present findings from Quarter 4 of 2020 on specific effects of the COVID-19 pandemic on people's access to substance use treatment.

Access to Mental Health Services

Among adults aged 18 or older in Quarter 4 of 2020 who received mental health services in the past year, more than half (58.3 percent or 26.6 million people) had appointments moved from in person to telehealth, and 1 in 3 (38.7 percent or 17.7 million people) experienced delays or cancellations in appointments (Figure 60). The finding that more than half of adults aged 18 or older who received mental health services in the past year had appointments moved from in person to telehealth likely reflects the use of virtual (i.e., telehealth) services to continue delivering mental health services and the expansion of reimbursement for virtual services.

Figure 60. Perceived COVID-19 Pandemic Effect on Mental Health Services: Among Adults Aged 18 or Older Who Received Services; Quarter 4, 2020



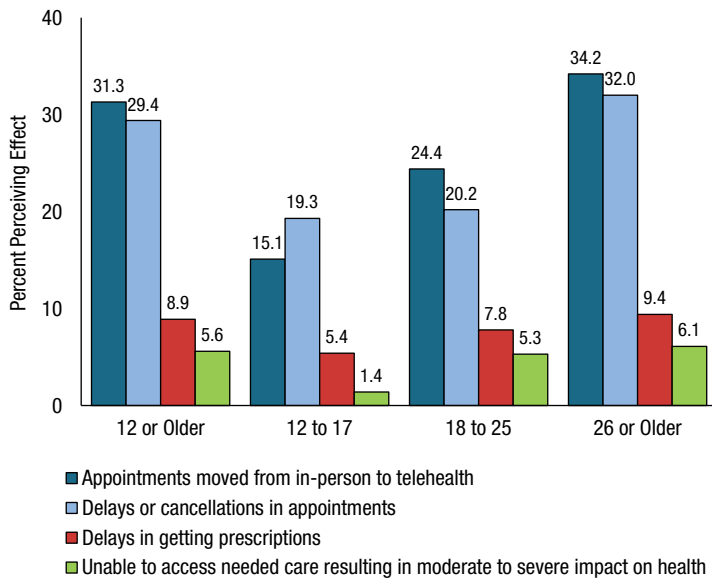
In addition, about 1 in 6 adults aged 18 or older in 2020 who received mental health services in the past year (16.0 percent or 7.3 million people) experienced delays in getting prescriptions, and 1 in 10 (10.7 percent or 4.9 million people) were unable to access needed care resulting in a perceived moderate to severe impact on health. That 4.9 million adults perceived their health to have been negatively affected because they were unable to access needed mental health services is an important indicator of adverse impacts of changes in access to these services during the COVID-19 pandemic.

These patterns were consistent among adult age groups. Among adults aged 18 or older in Quarter 4 of 2020 who received mental health services in the past year, for example, 62.7 percent of young adults aged 18 to 25 (or 4.6 million people) and 57.4 percent of adults aged 26 or older (or 22.0 million people) had appointments moved from in person to telehealth. An estimated 9.7 percent of young adults (or 715,000 people) and 10.9 percent of adults aged 26 or older (or 4.2 million people) who received mental health services in the past year were unable to access needed care resulting in a perceived moderate to severe impact on health.

Access to Medical Services

Among people aged 12 or older in Quarter 4 of 2020, nearly 1 in 3 (31.3 percent or 84.6 million people) had medical appointments moved from in person to telehealth, and more than 1 in 4 (29.4 percent or 79.4 million people) experienced delays or cancellations in medical appointments or preventive services (Figure 61). About 1 in 11 people (8.9 percent or 23.9 million people) experienced delays in getting prescriptions, and 1 in 20 (5.6 percent or 15.1 million people) were unable to access needed medical care resulting in a perceived moderate to severe impact on health. That 15.1 million people whose health was negatively affected because they were unable to access needed medical care is particularly concerning. Issues discussed previously regarding access to mental health services also would apply if people's in-person medical appointments were moved to telehealth or if people experienced delays or cancellations in their medical appointments during the COVID-19 pandemic.

Figure 61. Perceived COVID-19 Pandemic Effect on Access to Medical Care: Among People Aged 12 or Older; Quarter 4, 2020



Adults aged 26 or older in 2020 (regardless of quarter) were more likely than adolescents and young adults to have had two or more outpatient medical visits in the past year.³³ Therefore, perceptions of whether the COVID-19 pandemic affected people’s access to medical care would be especially relevant to adults aged 26 or older. Among adults aged 26 or older in Quarter 4 of 2020, 34.2 percent (or 72.9 million people) had medical appointments moved from in person to telehealth, 32.0 percent (or 68.2 million people) experienced delays or cancellations in medical appointments or preventive services, 9.4 percent (or 20.1 million people) experienced delays in getting prescriptions, and 6.1 percent (or 13.0 million people) were unable to access needed medical care resulting in a perceived moderate to severe impact on health.

Endnotes

1. Hasin, D. S., & Grant, B. F. (2015). The National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) Waves 1 and 2: Review and summary of findings. *Social Psychiatry and Psychiatric Epidemiology*, 50, 1609-1640. <https://doi.org/10.1007/s00127-015-1088-0>
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4. Murray, C. J. L., & Lopez, A. D. (2013). Measuring the global burden of disease. *New England Journal of Medicine*, 369, 448-457. <https://doi.org/10.1056/nejmra1201534>
5. This report occasionally presents estimated numbers of people with a specific characteristic (e.g., estimated numbers of substance users). Some of these estimated numbers are not included in figures or tables in the report but may be found in the detailed tables for the 2020 NSDUH available at <https://www.samhsa.gov/data/>.
6. Details about the sample design, weighting, and interviewing results for the 2020 NSDUH are provided in Sections 2.1, 2.3.4, and 3.3.1 of CBHSQ (2021), including changes to the sample design and weighting procedures because of the COVID-19 pandemic. In particular, Tables 2.1 and 2.2 in CBHSQ (2021) 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. (2021). *2020 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
7. Overall response rates are not calculated for adolescents or adults because the screening response rate is not specific to age groups.
8. Center for Systems Science and Engineering, Johns Hopkins University. (2021). *Coronavirus resource center: Global map: COVID-19 dashboard*. Retrieved from <https://coronavirus.jhu.edu/map.html>
9. Although the 2020 NSDUH sample size was smaller than the target sample size of 67,500 completed interviews, relatively few estimates in this report did not meet the criteria for publication due to low statistical precision. Numbers of final respondents in different age groups also were sufficiently large to detect statistically significant differences for several estimates presented in this report. For discussion of the criteria for suppressing (i.e., not publishing) unreliable estimates and for testing for statistical significance, see Sections 3.2.2 and 3.2.3 in the following reference: Center for Behavioral Health Statistics and Quality. (2021). *2020 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
10. Center for Behavioral Health Statistics and Quality. (2021). *2020 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
11. For methodological reasons, the 2020 NSDUH estimates in this report are not comparable with NSDUH data collected prior to 2002. For more details, see Appendix C in the following report for the 2004 NSDUH: Office of Applied Studies. (2005). *Results from the 2004 National Survey on Drug Use and Health: National findings* (HHS Publication No. SMA 05-4062, NSDUH Series H-28). Rockville, MD: Substance Abuse and Mental Health Services Administration.
12. Estimates presented in this report have been weighted to reflect characteristics of the civilian, noninstitutionalized population aged 12 or older in the United States. The calculation of NSDUH weights for analysis includes a step that yields weights consistent with population totals obtained from the U.S. Census Bureau based on the most recently available decennial census.
13. For a discussion of the criteria for suppressing (i.e., not publishing) unreliable estimates, see Section 3.2.2 in the following reference: Center for Behavioral Health Statistics and Quality. (2021). *2020 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
14. Please refer to the 2020 NSDUH detailed tables (available at <https://www.samhsa.gov/data/>) for population estimates cited in this report that do not appear in the report figures, their accompanying data tables, or the appendix tables.
15. Survey modes included data collection in person or through the web.
16. Chapters 3 and 6 of CBHSQ (2021) discuss data quality issues for NSDUH in greater detail. See the following reference: Center for Behavioral Health Statistics and Quality. (2021). *2020 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
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22. For information on the statistical testing procedures for the 2020 NSDUH, see Section 3.2.3 in the following reference: Center for Behavioral Health Statistics and Quality. (2021). *2020 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>





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27. Gentzke, A. S., Wang, T. W., Jamal, A., Park-Lee, E., Ren, C., Cullen, K. A., & Neff, L. (2020). Tobacco product use among middle and high school students — United States, 2020. *Morbidity and Mortality Weekly Report*, 69, 1882-1888. <https://doi.org/10.15585/mmwr.mm6950a1>
28. See the following reference: Center for Behavioral Health Statistics and Quality. (2014). *Results from the 2013 National Survey on Drug Use and Health: Summary of national findings* (HHS Publication No. SMA 14-4863, NSDUH Series H-48). Retrieved from <https://www.samhsa.gov/data/>
29. U.S. Food and Drug Administration. (2021). *Tobacco 21*. Retrieved from <https://www.fda.gov/tobacco-products/retail-sales-tobacco-products/tobacco-21>
30. In the 2020 NSDUH, a “drink” was defined as a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. Times when respondents had only a sip or two from a drink were not considered to be alcohol consumption.
31. 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 2020 for binge and heavy alcohol use among males are available in the 2020 NSDUH detailed tables at <https://www.samhsa.gov/data/>.
32. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as a pattern of drinking that brings blood alcohol concentration (BAC) levels to 0.08 grams per deciliter (g/dL). This typically occurs after four drinks for women and five drinks for men in about 2 hours. See the following two references:
- National Institute on Alcohol Abuse and Alcoholism. (2004, Winter). NIAAA council approves definition of binge drinking. *NIAAA Newsletter*, 3, 3. Retrieved from https://pubs.niaaa.nih.gov/publications/Newsletter/winter2004/Newsletter_Number3.pdf
- National Institute on Alcohol Abuse and Alcoholism. (2019). *Drinking levels defined*. Retrieved from <https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking>
33. These estimates were calculated from special analyses but are not included in the appendix tables or in the 2020 detailed tables.
34. Alcohol Policy Information System, National Institute on Alcohol Abuse and Alcoholism. (n.d.). *Highlight on underage drinking*. Retrieved from <https://alcoholpolicy.niaaa.nih.gov/underage-drinking>
35. The 2020 NSDUH questionnaire included separate sections for tranquilizer misuse and sedative misuse. Data from these sections were combined to produce aggregate estimates for the misuse of any tranquilizer or sedative.
36. 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.
37. LSD = lysergic acid diethylamide; PCP = phencyclidine; MDMA = methylenedioxy-methamphetamine; DMT = dimethyltryptamine; AMT = alpha-methyltryptamine; Foxy = N, N-diisopropyl-5-methoxytryptamine (5-MeO-DIPT). Definitions for these hallucinogens also are included in Appendix A of the following reference: Center for Behavioral Health Statistics and Quality. (2021). *2020 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
38. Desoxyn® was not mentioned in 2020 as some other stimulant and has been mentioned only rarely in some years since 2015. Because Desoxyn® is chemically similar to other prescription amphetamines (e.g., Adderall®), it was grouped with the other amphetamines.
39. For example, the product label for Xanax®, which is prescribed as a tranquilizer, indicates the drug has an average half-life of 11.2 hours (i.e., the length of time for half of the dosage of the drug to be metabolized), with a range of 6.3 to 26.9 hours in healthy adults. In comparison, the product label for Halcion®, a benzodiazepine prescribed as a sedative, has a short half-life in the range of 1.5 to 5.5 hours. Product label information for these drugs is available on the U.S. Food and Drug Administration’s Center for Drug Evaluation and Research website at <https://www.fda.gov/drugs/>.
40. Examples of forms of fentanyl presented to NSDUH respondents are available by prescription. NSDUH respondents were not asked about the use of fentanyl illicitly manufactured in clandestine laboratories.
41. National Institute on Drug Abuse. (2021, April). *DrugFacts: Cocaine*. Retrieved from <https://www.drugabuse.gov/publications/finder/t/160/drugfacts>
42. National Institute on Drug Abuse. (2019, May). *DrugFacts: Methamphetamine*. Retrieved from <https://www.drugabuse.gov/publications/finder/t/160/drugfacts>
43. National Institute on Drug Abuse. (2018, June). *DrugFacts: Prescription stimulants*. Retrieved from <https://www.drugabuse.gov/publications/finder/t/160/drugfacts>
44. Drug Enforcement Administration. (2020). *Drugs of abuse, a DEA resource guide: 2020 edition*. Retrieved from <https://www.dea.gov/>

45. Schedule I controlled substances have no currently accepted medical use and have a high potential for abuse. See the following reference: Drug Enforcement Administration. (2020). *Drugs of abuse, a DEA resource guide: 2020 edition*. Retrieved from <https://www.dea.gov/>
46. U.S. National Library of Medicine. (2021). *Diphenhydramine*. Retrieved from <https://medlineplus.gov/druginformation.html>
47. U.S. National Library of Medicine. (2021). *Phenylephrine*. Retrieved from <https://medlineplus.gov/druginformation.html>
48. National Institute on Drug Abuse. (2019, April). *DrugFacts: Kratom*. Retrieved from <https://www.drugabuse.gov/publications/finder/t/160/drugfacts>
49. Although kratom is not scheduled nationally as a controlled substance, the Drug Enforcement Administration includes kratom as a drug of concern because it poses risks to people who use it. However, some states may prohibit the possession and use of kratom. See the following reference: Drug Enforcement Administration. (2020). *Drugs of abuse, a DEA resource guide: 2020 edition*. Retrieved from <https://www.dea.gov/>
50. National Institute on Drug Abuse. (2020, June). *DrugFacts: Synthetic cannabinoids (K2/Spice)*. Retrieved from <https://www.drugabuse.gov/publications/finder/t/160/drugfacts>
51. National Institute on Drug Abuse. (2020, July). *DrugFacts: Synthetic cathinones (bath salts)*. Retrieved from <https://www.drugabuse.gov/publications/finder/t/160/drugfacts>
52. To measure initiation for most substances, NSDUH respondents who reported they ever used a particular substance were asked to report their age when they first used it. To measure initiation of prescription drug misuse (i.e., misuse of pain relievers, tranquilizers, stimulants, and sedatives), NSDUH respondents who reported they misused a particular prescription drug in the past 12 months were asked to report their age when they first misused it. Respondents who reported first use (or misuse in the case of prescription drugs) of a substance within a year of their current age also were asked to report the year and month when they first used (or misused) it.
53. 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.
54. For substances other than prescription psychotherapeutic drugs, respondents who had ever used the substance (e.g., marijuana) were asked to report when they first used the substance, and respondents who reported first use within a year of their current age were asked to report the year and month when they first used it. Thus, past year initiates of the use of substances other than prescription psychotherapeutic drugs reported their first use within 12 months of the interview date.
55. Assessing whether respondents in the 2020 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 2020 were asked questions about initiation of misuse only for the specific prescription drugs they misused in the past 12 months, including their age when they first misused a drug and (if the first misuse occurred within a year of the current age) the year and month of first misuse for that drug. Respondents who reported they initiated misuse in the past 12 months for all of the specific prescription drugs in a given category they misused in that period were asked a follow-up question to establish whether they had ever misused prescription drugs in that category more than 12 months before being interviewed. Respondents who answered this follow-up question as “no” were classified as being past year initiates of the misuse of any prescription drug in the overall category. This answer meant respondents had never misused any prescription drug in that category more than 12 months prior to the interview date.
56. Section 3.4.2 in the following reference discusses the potential since 2015 for NSDUH respondents to underreport lifetime (but not past year) misuse of prescription psychotherapeutic drugs: Center for Behavioral Health Statistics and Quality. (2021). *2020 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
57. More information about the methods for measuring and estimating the initiation of substance use and prescription drug misuse in NSDUH can be found in Section 3.4.2 of the following reference: Center for Behavioral Health Statistics and Quality. (2021). *2020 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
58. Numbers in [Figure 21](#) 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.
59. Past year initiates of crack cocaine use are counted as past year initiates of cocaine use only if they initiated any use of cocaine in the past year. Likewise, past year initiates of LSD, PCP, or Ecstasy use are counted as past year initiates of hallucinogen use only if respondents had previously not used other hallucinogens.
60. Survey questions for the perceived risk from using different substances vary in terms of the frequency (e.g., use once or twice a week, use nearly every day or daily) and quantity of use (e.g., having five or more drinks of alcohol, any use of marijuana, cocaine, or heroin), making comparisons difficult for perceptions of risk from using different substances.
61. Compton, W. M., Han, B., Jones, C. M., Blanco, C., & Hughes, A. (2016). Marijuana use and use disorders in adults in the USA, 2002-14: Analysis of annual cross-sectional surveys. *Lancet Psychiatry*, 3, 954-964. [https://doi.org/10.1016/S2215-0366\(16\)30208-5](https://doi.org/10.1016/S2215-0366(16)30208-5)

62. Because of the cross-sectional nature of NSDUH data (i.e., reports of perceived risk and substance use made at a single point in time instead of from the same individuals over multiple points in time), causal connections cannot be made between perceptions of risk and substance use.
63. Volkow, N. D., Baler, R. D., Compton, W. M., & Weiss, S. R. B. (2014). Adverse health effects of marijuana use. *New England Journal of Medicine*, 370, 2219-2227. <https://doi.org/10.1056/NEJMra1402309>
64. National Academies of Sciences, Engineering, and Medicine. (2017). *The health effects of cannabis and cannabinoids: The current state of evidence and recommendations for research*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24625>
65. For more information about the DSM-5 criteria for SUDs, see Section 3.4.3 and the definitions for abuse and dependence in Appendix A of the following reference: Center for Behavioral Health Statistics and Quality. (2021). *2020 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
66. The DSM-IV criteria for SUDs include separate criteria for dependence or abuse. People who met the criteria for abuse for a given substance (e.g., alcohol) did not meet the criteria for dependence for that substance. For more information, see Section 3.4.3 and the definitions for abuse and dependence in Appendix A of the following reference: Center for Behavioral Health Statistics and Quality. (2020). *2019 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
67. A Clinical Validation Study (CVS) was conducted in early 2020 to assess NSDUH SUD questions that were revised to be consistent with the DSM-5 criteria. For more information on the CVS, see Section 3.4.3.4 in the following reference: Center for Behavioral Health Statistics and Quality. (2021). *2020 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
68. For alcohol, for example, withdrawal symptoms include (but are not limited to) trouble sleeping, hands trembling, hallucinations (seeing, feeling, or hearing things that were not really there), or feeling anxious.
69. Goldstein, R. B., Chou, S. P., Smith, S. M., Jung, J., Zhang, H., Saha, T. D., Pickering, R. P., Ruan, W. J., Huang, B., & Grant, B. F. (2015). Nosologic comparisons of DSM-IV and DSM-5 alcohol and drug use disorders: Results from the National Epidemiologic Survey on Alcohol and Related Conditions-III. *Journal of Studies on Alcohol and Drugs*, 76(3), 378-388. <https://doi.org/10.15288/jsad.2015.76.378>
70. Center for Behavioral Health Statistics and Quality. (2021). *2020 National Survey on Drug Use and Health: Detailed tables*. Retrieved from <https://www.samhsa.gov/data/>
71. 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.
72. Adolescents were first asked whether they ever had a period in their lifetime lasting several days or longer when any of the following was true for most of the day: (a) feeling sad, empty, or depressed; (b) feeling very discouraged or hopeless about how things were going in their lives; or (c) losing interest and becoming bored with most things they usually enjoy. Adolescents who reported any of these problems were asked further questions about their experience with the nine symptoms of MDE in their lifetime. Adolescents were classified as having an MDE in their lifetime if they experienced at least five of the nine symptoms in the same 2-week period in their lifetime; at least one of the symptoms needed to be having a depressed mood or loss of interest or pleasure in activities that had been enjoyable. Adolescents who reported gaining weight without trying were asked if their weight gain occurred because they were growing; this question was not asked of adult respondents. Adolescent respondents who had a lifetime MDE were asked if they had a period of 2 weeks or longer in the past 12 months when they felt depressed or lost interest or pleasure in previously enjoyable activities, and they reported having some of their other MDE symptoms. These adolescents were classified as having a past year MDE.
73. Adults were first asked whether they ever had a period in their lifetime lasting several days or longer when any of the following was true for most of the day: (a) feeling sad, empty, or depressed; (b) feeling discouraged about how things were going in their lives; or (c) losing interest in most things they usually enjoy. Adults who reported any of these problems were asked further questions about their experience with the nine symptoms of MDE in their lifetime. Adults were classified as having an MDE in their lifetime if they experienced at least five of the nine symptoms in the same 2-week period in their lifetime; at least one of the symptoms needed to be having a depressed mood or loss of interest or pleasure in activities that had been enjoyable. Adult respondents who had a lifetime MDE were asked if they had a period of 2 weeks or longer in the past 12 months when they felt depressed or lost interest or pleasure in previously enjoyable activities, and they reported having some of their other MDE symptoms. These adults were classified as having a past year MDE. Data on MDE in the past year for adults have been available in NSDUH since 2005.
74. Questions measuring adolescents' impairment in carrying out life activities because of MDE were added to the survey in 2006.
75. Data on MDE with severe impairment for adults have been available since 2009.
76. Details about the criteria for defining a NSDUH interview as usable are provided in Section 2.3.1 of CBHSQ (2021). See the following reference: Center for Behavioral Health Statistics and Quality. (2021). *2020 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
77. Bias refers to error in estimates that does not occur at random.
78. Details about the break-off analysis weights are provided in Sections 2.3.4, 3.4.7, and 6.2.2 of CBHSQ (2021). See the following reference: Center for Behavioral Health Statistics and Quality. (2021). *2020 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>

79. Follow-up clinical interviews for classifying whether adults had a mental, behavioral, or emotional disorder in the past year used the Structured Clinical Interview for the DSM-IV-TR Axis I Disorders, Research Version, Non-patient Edition (SCID-I/NP). 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.
80. Information on the definitions and estimation methods for the mental illness estimates is provided in Section 3.4.7 and Appendix A of CBHSQ (2021). See the following reference: Center for Behavioral Health Statistics and Quality. (2021). *2020 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
81. Hedegaard, H., Curtin, S. C., & Warner, M. (2021, February). *Suicide mortality in the United States, 1999–2019* (NCHS Data Brief No. 398). Retrieved from <https://www.cdc.gov/nchs/products/databriefs.htm>
82. Ahmad, F. B., & Anderson, R. N. (2021). The leading causes of death in the US for 2020. *JAMA*, *325*, 1829-1830. <https://doi.org/10.1001/jama.2021.5469>
83. Stone, D. M., Simon, T. R., Fowler, K. A., Kegler, S. R., Yuan, K., Holland, K. M., Ivey-Stephenson, A. Z., & Crosby, A. E. (2018, June 8). *Vital Signs: Trends in state suicide rates — United States, 1999–2016 and circumstances contributing to suicide — 27 states, 2015. Morbidity and Mortality Weekly Report*, *67*(22), 617-624. <https://doi.org/10.15585/mmwr.mm6722a1>
84. Murphy, S. L., Xu, J., Kochanek, K. D., & Arias, E. (2018, November). *Mortality in the United States, 2017* (NCHS Data Brief No. 328). Retrieved from <https://www.cdc.gov/nchs/products/databriefs.htm>
85. Xu, J., Murphy, S. L., Kochanek, K. D., & Arias, E. (2020, January). *Mortality in the United States, 2018* (NCHS Data Brief No. 355). Retrieved from <https://www.cdc.gov/nchs/products/databriefs.htm>
86. Data are from the Centers for Disease Control and Prevention WONDER (Wide-ranging ONline Data for Epidemiologic Research) Multiple Cause of Death database, 2018-2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. See the following reference: Centers for Disease Control and Prevention, National Center for Health Statistics. (2020). *Underlying cause of death 2018–2019*. Retrieved from <https://wonder.cdc.gov/ucd-icd10-expanded.html>
87. Crosby, A. E., Han, B., Ortega, L. A. G., Parks, S. E., & Gfroerer, J. (2011, October 21). Suicidal thoughts and behaviors among adults aged ≥18 years—United States, 2008–2009. *Morbidity and Mortality Weekly Report Surveillance Summaries*, *60*(SS13), 1-22. Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/ss6013a1.htm>
88. 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>
89. Gunnell, D., Appleby, L., Arensman, E., Hawton, K., John, A., Kapur, N., Khan, M., O'Connor, R. C., Pirkis, J., & COVID-19 Suicide Prevention Research Collaboration. (2020). Suicide risk and prevention during the COVID-19 pandemic. *Lancet Psychiatry*, *7*, 468-471. [https://doi.org/10.1016/S2215-0366\(20\)30171-1](https://doi.org/10.1016/S2215-0366(20)30171-1)
90. Wang, J., Sumner, S. A., Simon, T. R., Crosby, A. E., Annor, F. B., Gaylor, E., Xu, L., & Holland, K. M. (2020). Trends in the incidence and lethality of suicidal acts in the United States, 2006 to 2015. *JAMA Psychiatry*, *77*, 684-693. <https://doi.org/10.1001/jamapsychiatry.2020.0596>
91. Miron, O., Yu, K.-H., Wilf-Miron, R., & Kohane, I. S. (2019). Suicide rates among adolescents and young adults in the United States, 2000–2017. *JAMA*, *321*, 2362-2364. <https://doi.org/10.1001/jama.2019.5054>
92. Mojtabai, R., & Olfson, M. (2020). National trends in mental health care for US adolescents. *JAMA Psychiatry*, *77*, 703-714. <https://doi.org/10.1001/jamapsychiatry.2020.0279>
93. Mojtabai, R., Olfson, M., & Han, B. (2016). National trends in the prevalence and treatment of depression in adolescents and young adults. *Pediatrics*, *138*(6), e20161878. <https://doi.org/10.1542/peds.2016-1878>
94. Examples of ACEs include abuse, neglect, and negative family interactions. ACEs can occur anytime from birth to age 17.
95. Thompson, M. P., Kingree, J. B., & Lamis, D. (2019). Associations of adverse childhood experiences and suicidal behaviors in adulthood in a US nationally representative sample. *Child: Care, Health and Development*, *45*(1), 121-128. <https://doi.org/10.1111/cch.12617>
96. Dube, S. R., Anda, R. F., Felitti, V. J., Chapman, D. P., Williamson, D. F., & Giles, W. H. (2001). Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: Findings from the Adverse Childhood Experiences Study. *JAMA*, *286*(24), 3089-3096. <https://doi.org/10.1001/jama.286.24.3089>
97. Yard, E., Radhakrishnan, L., Ballesteros, M. F., Sheppard, M., Gates, A., Stein, Z., Hartnett, K., Kite-Powell, A., Rodgers, L., Adjemian, J., Ehlman, D. C., Holland, K., Idaikkadar, N., Ivey-Stephenson, A., Martinez, P., Law, R., & Stone, D. M. (2021). Emergency department visits for suspected suicide attempts among persons aged 12–25 years before and during the COVID-19 pandemic — United States, January 2019–May 2021. *Morbidity and Mortality Weekly Report*, *70*(24), 888-894. <https://doi.org/10.15585/mmwr.mm7024e1>
98. Respondents were eligible to be asked the substance use treatment questions if they reported lifetime use of alcohol, marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, or the lifetime misuse of prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives). Respondents who were lifetime users of tobacco products or other substances (e.g., kratom) but who did not report lifetime use or misuse of the substances mentioned in the previous sentence were not asked the substance use treatment questions.
99. Substance Abuse and Mental Health Services Administration. (2020). *Opioid treatment program (OTP) guidance*. Retrieved from <https://www.samhsa.gov/sites/default/files/otp-guidance-20200316.pdf>
100. Drug Enforcement Administration. (2020). *Use of telephone evaluations to initiate buprenorphine prescribing*. Retrieved on June 8, 2021, from <https://www.deadiversion.usdoj.gov/>
101. U.S. Department of Health and Human Services. (2021). *Best practice guide: Telehealth for behavioral health care: Billing for telebehavioral health*. Retrieved on June 18, 2021, from <https://telehealth.hhs.gov/providers/telehealth-for-behavioral-health/billing-for-telebehavioral-health/>

102. Lin, L., Casteel, D., Shigekawa, E., Weyrich, M. S., Roby, D. H., & McMenamin, S. B. (2019). Telemedicine-delivered treatment interventions for substance use disorders: A systematic review. *Journal of Substance Abuse Treatment, 101*, 38-49. <https://doi.org/10.1016/j.jsat.2019.03.007>
103. Fiacco, L., Pearson, B. L., & Jordan, R. (2021). Telemedicine works for treating substance use disorder: The STAR clinic experience during COVID-19. *Journal of Substance Abuse Treatment, 125*. <https://doi.org/10.1016/j.jsat.2021.108312>
104. Benavides-Vaello, S., Strode, A., & Sheeran, B. C. (2013). Using technology in the delivery of mental health and substance abuse treatment in rural communities: A review. *Journal of Behavioral Health Services & Research, 40*, 111-120. <https://doi.org/10.1007/s11414-012-9299-6>
105. Substance use treatment at a specialty facility refers to substance use treatment at a hospital (only as an inpatient), a drug or alcohol rehabilitation facility (as an inpatient or outpatient), or a mental health center. This NSDUH definition historically has not considered emergency rooms, private doctors' offices, prisons or jails, and self-help groups to be specialty facilities for the receipt of substance use treatment.
106. The NSDUH definition of the need for treatment does not explicitly indicate the need for treatment at a specialty facility. People with an SUD in the past year can be considered to need some form of assistance for their problems with substance use. For more information about the DSM-5 criteria for having an SUD, see Section 3.4.3 and the definition for SUD in Appendix A of CBHSQ (2021). See the following references:
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (DSM-5) (5th ed.). Arlington, VA: Author.
- Center for Behavioral Health Statistics and Quality. (2021). *2020 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
107. There were 40.3 million people aged 12 or older in 2020 with an SUD in the past year. Approximately 98 percent of the people in 2020 who needed treatment for a substance use problem were classified as such because they had an SUD in the past year, regardless of whether they received substance use treatment at a specialty facility.
108. As per the definition of the need for substance use treatment, people with an SUD were classified as needing substance use treatment.
109. Due to rounding, estimated numbers and percentages of people in [Figure 45](#) who made an effort or did not make an effort to get substance use treatment do not sum to the total number of people who needed substance use treatment, did not receive specialty treatment in the past year, and perceived a need for treatment.
110. Respondents in Quarter 4 of 2020 who did not report receiving substance use treatment in the past year were not asked if they received telehealth services as substance use treatment. Therefore, reasons for not receiving treatment from Quarter 4 can include reasons for not receiving telehealth services.
111. Reported estimates in this section may differ slightly from corresponding estimates in the 2020 detailed tables because the estimates in this section used a special break-off analysis weight for adult respondents who did not complete the interview. For more information about this break-off analysis weight, see Section 2.3.4 in the following reference: Center for Behavioral Health Statistics and Quality. (2021). *2020 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <https://www.samhsa.gov/data/>
112. Waugh, M., Voyles, D., & Thomas, M. R. (2015). Telepsychiatry: Benefits and costs in a changing health-care environment. *International Review of Psychiatry, 27*, 558-568. <https://doi.org/10.3109/09540261.2015.1091291>
113. Reay, R. E., Looi, J. C. L., & Keightley, P. (2020). Telehealth mental health services during COVID-19: Summary of evidence and clinical practice. *Australasian Psychiatry, 28*, 514-516. <https://doi.org/10.1177/1039856220943032>
114. 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.
115. 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.
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**Appendix A: Special Tables of Estimates for Substance Use and Mental Health Indicators
in the United States**

Table A.1B Types of Illicit Drug, Tobacco Product, Alcohol, and Other Substance Use in the Past Month: Among People Aged 12 or Older

Substance	2002	2003	2004	2005	2006	2007	2008	2009
GENERAL SUBSTANCE USE								
Illicit Drugs, Tobacco Products, or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc
Illicit Drugs or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc
Tobacco Products or Alcohol	61.0 (0.40)	60.1 (0.38)	59.6 (0.40)	61.1 (0.39)	60.7 (0.39)	60.5 (0.37)	60.6 (0.38)	60.6
ILLCIT DRUGS								
TOBACCO PRODUCTS OR NICOTINE VAPING								
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
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
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
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
Smokeless Tobacco	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
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
Nicotine Vaping	--	--	--	--	--	--	--	--
ALCOHOL								
Binge Alcohol Use	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
Heavy Alcohol Use	nc	nc	nc	nc	nc	nc	nc	nc
OTHER SUBSTANCE USE								
GHB	--	--	--	--	0.0 (0.01)	0.0 (0.00)	0.0 (0.01)	0.0
Nonprescription Cough or Cold Medicine	--	--	--	--	0.2 (0.02)	0.2 (0.02)	0.2 (0.02)	0.2
Kratom	--	--	--	--	--	--	--	--
Synthetic Marijuana (Fake Weed, K2, Spice)	--	--	--	--	--	--	--	--
Synthetic Stimulants ("Bath Salts," Flakka)	--	--	--	--	--	--	--	--

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

Table A.1B Types of Illicit Drug, Tobacco Product, Alcohol, and Other Substance Use in the Past Month: Among People Aged 12 or Older

Substance	2012	2013	2014	2015	2016	2017	2018	2019
GENERAL SUBSTANCE USE								
Illicit Drugs, Tobacco Products, or Alcohol	nc	nc	nc	60.9 (0.30)	60.2 (0.30)	60.7 (0.32)	60.2 (0.35)	60.1
Illicit Drugs or Alcohol	nc	nc	nc	54.1 (0.31)	53.4 (0.32)	54.3 (0.33)	53.9 (0.36)	54.2
Tobacco Products or Alcohol	61.0 (0.37)	60.6 (0.39)	61.0 (0.31)	59.8 (0.30)	58.9 (0.30)	59.4 (0.32)	58.8 (0.35)	58.3
ILLCIT DRUGS								
TOBACCO PRODUCTS OR NICOTINE VAPING								
Tobacco Products	26.7 (0.34)	25.5 (0.32)	25.2 (0.28)	23.9 (0.26)	23.5 (0.27)	22.4 (0.26)	21.5 (0.27)	21.1
Cigarettes	22.1 (0.32)	21.3 (0.30)	20.8 (0.26)	19.4 (0.25)	19.1 (0.25)	17.9 (0.25)	17.2 (0.25)	16.7
Daily Cigarette Smoking ¹	60.7 (0.71)	59.6 (0.73)	58.8 (0.59)	58.1 (0.64)	57.9 (0.66)	57.1 (0.69)	58.2 (0.71)	58.4
Smoked 1+ Packs of Cigarettes per Day ²	42.0 (0.94)	41.3 (1.00)	40.3 (0.83)	41.1 (0.87)	41.1 (0.89)	41.2 (0.92)	39.6 (0.94)	40.5
Smokeless Tobacco	nc	nc	nc	3.4 (0.11)	3.3 (0.10)	3.2 (0.09)	2.9 (0.09)	3.1
Cigars	5.2 (0.15)	4.7 (0.14)	4.5 (0.11)	4.7 (0.12)	4.6 (0.11)	4.6 (0.11)	4.5 (0.12)	4.3
Pipe Tobacco	1.0 (0.07)	0.9 (0.06)	0.8 (0.05)	0.8 (0.05)	0.8 (0.05)	0.9 (0.05)	0.8 (0.04)	0.7
Nicotine Vaping	--	--	--	--	--	--	--	--
ALCOHOL								
Binge Alcohol Use	52.1 (0.39)	52.2 (0.41)	52.7 (0.33)	51.7 (0.32)	50.7 (0.31)	51.7 (0.33)	51.1 (0.37)	50.8
Heavy Alcohol Use	nc	nc	nc	24.9 (0.27)	24.2 (0.26)	24.5 (0.27)	24.5 (0.26)	23.9
OTHER SUBSTANCE USE								
Kratom	nc	nc	nc	6.5 (0.14)	6.0 (0.14)	6.1 (0.13)	6.1 (0.14)	5.8
GHB	0.0 (0.01)	0.0 (0.01)	0.0 (0.01)	0.0 (0.01)	0.0 (0.00)	*	0.0 (0.00)	0.0
Nonprescription Cough or Cold Medicine	0.2 (0.03)	0.2 (0.03)	0.1 (0.02)	0.2 (0.02)	0.2 (0.02)	0.2 (0.03)	0.2 (0.03)	0.3
Synthetic Marijuana (Fake Weed, K2, Spice)	--	--	--	--	--	--	--	0.3
Synthetic Stimulants ("Bath Salts," Flakka)	--	--	--	--	--	--	--	0.3

* = low precision; -- = not available; nc = not comparable due to methodological changes.

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

NOTE: Estimates in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 detailed tables.

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

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.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2019 and Quarters 1 and 4, 2020.

Table A.2B Types of Illicit Drug, Tobacco Product, Alcohol, and Other Substance Use in the Past Month: Among Adolescents Aged 12 to 17

Substance	2002	2003	2004	2005	2006	2007	2008	2009
GENERAL SUBSTANCE USE								
Illicit Drugs, Tobacco Products, or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc
Illicit Drugs or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc
Tobacco Products or Alcohol	24.0 (0.38)	23.6 (0.38)	23.4 (0.35)	22.0 (0.37)	21.8 (0.37)	21.1 (0.38)	19.7 (0.35)	19.7
ILLCIT DRUGS								
TOBACCO PRODUCTS OR NICOTINE VAPING								
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
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
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
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
Smokeless Tobacco	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
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
Nicotine Vaping	--	--	--	--	--	--	--	--
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
Binge Alcohol Use	nc	nc	nc	nc	nc	nc	nc	nc
Heavy Alcohol Use	nc	nc	nc	nc	nc	nc	nc	nc
OTHER SUBSTANCE USE								
GHB	--	--	--	--	0.0 (0.01)	0.0 (0.01)	0.0 (0.00)	0.0
Nonprescription Cough or Cold Medicine	--	--	--	--	0.5 (0.05)	0.5 (0.06)	0.4 (0.05)	0.4
Kratom	--	--	--	--	--	--	--	--
Synthetic Marijuana (Fake Weed, K2, Spice)	--	--	--	--	--	--	--	--
Synthetic Stimulants ("Bath Salts," Flakka)	--	--	--	--	--	--	--	--

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

Table A.2B Types of Illicit Drug, Tobacco Product, Alcohol, and Other Substance Use in the Past Month: Among Adolescents Aged 12 to 17

Substance	2012	2013	2014	2015	2016	2017	2018	2019
GENERAL SUBSTANCE USE								
Illicit Drugs, Tobacco Products, or Alcohol	nc	nc	nc	15.6 (0.37)	14.7 (0.36)	15.1 (0.37)	14.2 (0.34)	15.0 (0.34)
Illicit Drugs or Alcohol	nc	nc	nc	14.2 (0.35)	13.2 (0.35)	13.8 (0.35)	13.2 (0.35)	14.1 (0.35)
Tobacco Products or Alcohol	16.5 (0.34)	15.1 (0.33)	14.6 (0.35)	12.4 (0.33)	11.8 (0.33)	12.0 (0.34)	11.0 (0.32)	11.2 (0.32)
ILLCIT DRUGS								
TOBACCO PRODUCTS OR NICOTINE VAPING								
Tobacco Products	8.6 (0.25)	7.8 (0.24)	7.0 (0.25)	6.0 (0.23)	5.3 (0.21)	4.9 (0.21)	4.2 (0.19)	3.8 (0.19)
Cigarettes	6.6 (0.22)	5.6 (0.20)	4.9 (0.21)	4.2 (0.20)	3.4 (0.18)	3.2 (0.17)	2.7 (0.16)	2.3 (0.16)
Daily Cigarette Smoking ¹	22.0 (1.33)	19.4 (1.35)	24.1 (1.89)	20.0 (1.84)	15.0 (1.64)	12.2 (1.64)	14.7 (2.04)	13.2 (2.04)
Smoked 1+ Packs of Cigarettes per Day ²	10.8 (1.88)	11.9 (2.47)	11.9 (2.52)	7.8 (2.51)	* (*)	* (*)	* (*)	* (*)
Smokeless Tobacco	nc	nc	nc	1.5 (0.10)	1.4 (0.11)	1.3 (0.10)	1.1 (0.10)	1.0 (0.10)
Cigars	2.6 (0.13)	2.3 (0.13)	2.1 (0.13)	2.1 (0.14)	1.8 (0.12)	1.9 (0.13)	1.7 (0.13)	1.4 (0.13)
Pipe Tobacco	0.7 (0.07)	0.6 (0.07)	0.7 (0.08)	0.3 (0.06)	0.5 (0.06)	0.4 (0.07)	0.3 (0.06)	0.3 (0.06)
Nicotine Vaping	--	--	--	--	--	--	--	--
ALCOHOL								
Binge Alcohol Use	12.9 (0.31)	11.6 (0.29)	11.5 (0.33)	9.6 (0.29)	9.2 (0.30)	9.9 (0.30)	9.0 (0.29)	9.4 (0.29)
Heavy Alcohol Use	nc	nc	nc	5.8 (0.23)	4.9 (0.22)	5.3 (0.22)	4.7 (0.22)	4.9 (0.22)
OTHER SUBSTANCE USE								
Kratom	nc	nc	nc	0.9 (0.10)	0.8 (0.09)	0.7 (0.08)	0.5 (0.07)	0.8 (0.07)
GHB	0.0 (0.02)	*	(*)	*	(*)	*	(*)	0.0 (0.0)
Nonprescription Cough or Cold Medicine	0.4 (0.06)	0.3 (0.05)	0.2 (0.04)	0.3 (0.06)	0.3 (0.06)	0.3 (0.05)	0.3 (0.05)	0.2 (0.05)
Synthetic Marijuana (Fake Weed, K2, Spice)	--	--	--	--	--	--	--	0.1 (0.01)
Synthetic Stimulants ("Bath Salts," Flakka)	--	--	--	--	--	--	--	--

* = low precision; -- = not available; nc = not comparable due to methodological changes.

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

NOTE: Estimates in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 detailed tables.

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

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.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2019 and Quarters 1 and 4, 2020.

Table A.3B Types of Illicit Drug, Tobacco Product, Alcohol, and Other Substance Use in the Past Month: Among Young Adults Aged 18 to 24

Substance	2002	2003	2004	2005	2006	2007	2008	2009
GENERAL SUBSTANCE USE								
Illicit Drugs, Tobacco Products, or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc
Illicit Drugs or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc
Tobacco Products or Alcohol	70.3 (0.48)	70.7 (0.46)	70.2 (0.48)	70.1 (0.49)	71.0 (0.47)	69.9 (0.47)	69.7 (0.47)	70.4
ILLCIT DRUGS								
TOBACCO PRODUCTS OR NICOTINE VAPING								
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
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
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
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
Smokeless Tobacco	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
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
Nicotine Vaping	--	--	--	--	--	--	--	--
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
Binge Alcohol Use	nc	nc	nc	nc	nc	nc	nc	nc
Heavy Alcohol Use	nc	nc	nc	nc	nc	nc	nc	nc
OTHER SUBSTANCE USE								
GHB	--	--	--	--	0.0 (0.01)	0.1 (0.03)	0.0 (0.01)	0.0
Nonprescription Cough or Cold Medicine	--	--	--	--	0.3 (0.05)	0.4 (0.06)	0.3 (0.05)	0.4
Kratom	--	--	--	--	--	--	--	--
Synthetic Marijuana (Fake Weed, K2, Spice)	--	--	--	--	--	--	--	--
Synthetic Stimulants ("Bath Salts," Flakka)	--	--	--	--	--	--	--	--

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

Table A.3B Types of Illicit Drug, Tobacco Product, Alcohol, and Other Substance Use in the Past Month: Among Young Adults Aged 18 to 24

Substance	2012	2013	2014	2015	2016	2017	2018	2019
GENERAL SUBSTANCE USE								
Illicit Drugs, Tobacco Products, or Alcohol	nc	nc	nc	67.9 (0.49)	66.8 (0.51)	65.8 (0.56)	64.4 (0.52)	64.0
Illicit Drugs or Alcohol	nc	nc	nc	61.9 (0.52)	61.5 (0.53)	60.9 (0.59)	59.9 (0.55)	59.8
Tobacco Products or Alcohol	69.0 (0.46)	67.9 (0.49)	67.6 (0.53)	66.3 (0.49)	64.6 (0.52)	63.7 (0.56)	61.8 (0.53)	60.8
ILLCIT DRUGS	nc	nc	nc	22.3 (0.42)	23.2 (0.43)	24.2 (0.47)	23.9 (0.48)	24.9
TOBACCO PRODUCTS OR NICOTINE VAPING	--	--	--	--	--	--	--	--
Tobacco Products	38.1 (0.47)	37.0 (0.49)	35.0 (0.54)	33.0 (0.48)	30.0 (0.48)	29.1 (0.48)	25.8 (0.43)	24.3
Cigarettes	31.8 (0.47)	30.6 (0.46)	28.4 (0.53)	26.7 (0.46)	23.5 (0.47)	22.3 (0.44)	19.1 (0.39)	17.5
Daily Cigarette Smoking ¹	45.1 (0.88)	43.1 (0.83)	43.0 (0.91)	42.0 (1.02)	39.9 (1.03)	38.4 (1.02)	37.4 (1.11)	35.4
Smoked 1+ Packs of Cigarettes per Day ²	25.1 (0.90)	22.3 (0.90)	22.5 (1.16)	22.5 (1.11)	26.2 (1.42)	25.0 (1.45)	23.4 (1.49)	25.0
Smokeless Tobacco	nc	nc	nc	5.4 (0.22)	5.2 (0.22)	4.8 (0.21)	4.4 (0.19)	4.9
Cigars	10.7 (0.27)	10.0 (0.29)	9.7 (0.30)	8.9 (0.27)	8.8 (0.27)	9.1 (0.29)	8.6 (0.27)	7.7
Pipe Tobacco	1.8 (0.11)	2.2 (0.14)	1.9 (0.13)	1.8 (0.13)	1.7 (0.12)	1.6 (0.14)	1.8 (0.14)	1.2
Nicotine Vaping	--	--	--	--	--	--	--	--
ALCOHOL	60.2 (0.49)	59.6 (0.53)	59.6 (0.56)	58.3 (0.53)	57.1 (0.55)	56.3 (0.60)	55.1 (0.57)	54.3
Binge Alcohol Use	nc	nc	nc	39.0 (0.51)	38.4 (0.54)	36.9 (0.57)	34.9 (0.51)	34.3
Heavy Alcohol Use	nc	nc	nc	10.9 (0.33)	10.1 (0.32)	9.6 (0.34)	9.0 (0.34)	8.4
OTHER SUBSTANCE USE								
GHB	0.0 (0.02)	0.0 (0.01)	*	0.0 (0.01)	0.0 (0.02)	*	*	0.0
Nonprescription Cough or Cold Medicine	0.3 (0.07)	0.3 (0.05)	0.3 (0.06)	0.4 (0.06)	0.3 (0.06)	0.2 (0.04)	0.4 (0.07)	0.4
Kratom	--	--	--	--	--	--	--	0.5
Synthetic Marijuana (Fake Weed, K2, Spice)	--	--	--	--	--	--	--	--
Synthetic Stimulants ("Bath Salts," Flakka)	--	--	--	--	--	--	--	--

* = low precision; -- = not available; nc = not comparable due to methodological changes.

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

NOTE: Estimates in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 detailed tables.

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

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.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2019 and Quarters 1 and 4, 2020.

Table A.4B Types of Illicit Drug, Tobacco Product, Alcohol, and Other Substance Use in the Past Month: Among Adults Aged 26 or Older

Substance	2002	2003	2004	2005	2006	2007	2008	2009
GENERAL SUBSTANCE USE								
Illicit Drugs, Tobacco Products, or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc
Illicit Drugs or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc
Tobacco Products or Alcohol	64.5 (0.51)	63.2 (0.47)	62.7 (0.51)	64.9 (0.49)	64.2 (0.48)	64.1 (0.47)	64.3 (0.48)	64.1
ILLCIT DRUGS								
TOBACCO PRODUCTS OR NICOTINE VAPING								
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
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
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
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
Smokeless Tobacco	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
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
Nicotine Vaping	--	--	--	--	--	--	--	--
ALCOHOL								
Binge Alcohol Use	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
Heavy Alcohol Use	nc	nc	nc	nc	nc	nc	nc	nc
OTHER SUBSTANCE USE								
GHB	--	--	--	--	0.0 (0.01)	*	0.0 (0.01)	*
Nonprescription Cough or Cold Medicine	--	--	--	--	0.1 (0.02)	0.1 (0.02)	0.1 (0.03)	0.1
Kratom	--	--	--	--	--	--	--	--
Synthetic Marijuana (Fake Weed, K2, Spice)	--	--	--	--	--	--	--	--
Synthetic Stimulants ("Bath Salts," Flakka)	--	--	--	--	--	--	--	--

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

Table A.4B Types of Illicit Drug, Tobacco Product, Alcohol, and Other Substance Use in the Past Month: Among Adults Aged 26 or Older

Substance	2012	2013	2014	2015	2016	2017	2018	2019
GENERAL SUBSTANCE USE								
Illicit Drugs, Tobacco Products, or Alcohol	nc	nc	nc	65.2 (0.36)	64.5 (0.36)	65.3 (0.38)	64.9 (0.40)	64.6 (0.40)
Illicit Drugs or Alcohol	nc	nc	nc	57.6 (0.37)	56.8 (0.39)	58.0 (0.39)	57.6 (0.43)	57.9 (0.43)
Tobacco Products or Alcohol	65.1 (0.45)	65.0 (0.47)	65.5 (0.36)	64.4 (0.36)	63.5 (0.36)	64.3 (0.38)	63.9 (0.40)	63.3 (0.40)
ILLCIT DRUGS								
TOBACCO PRODUCTS OR NICOTINE VAPING								
Tobacco Products	--	--	--	--	--	--	--	--
Cigarettes	27.0 (0.42)	25.7 (0.40)	25.8 (0.33)	24.5 (0.32)	24.6 (0.33)	23.4 (0.31)	22.8 (0.33)	22.6 (0.33)
Daily Cigarette Smoking ¹	22.4 (0.40)	21.6 (0.38)	21.5 (0.32)	20.0 (0.31)	20.2 (0.31)	18.9 (0.30)	18.5 (0.30)	18.2 (0.30)
Smoked 1+ Packs of Cigarettes per Day ²	66.0 (0.85)	64.9 (0.88)	63.3 (0.72)	62.7 (0.76)	62.2 (0.75)	61.5 (0.79)	62.3 (0.79)	62.5 (0.79)
Smokeless Tobacco	45.2 (1.09)	44.7 (1.15)	43.3 (0.93)	44.1 (0.98)	43.1 (1.00)	43.2 (1.02)	41.4 (1.03)	42.0 (1.03)
Cigars	nc	nc	nc	3.2 (0.13)	3.1 (0.12)	3.1 (0.11)	2.9 (0.11)	3.1 (0.11)
Pipe Tobacco	4.5 (0.19)	4.1 (0.17)	3.9 (0.12)	4.3 (0.14)	4.2 (0.13)	4.2 (0.13)	4.1 (0.14)	4.0 (0.14)
Nicotine Vaping	0.9 (0.09)	0.7 (0.07)	0.7 (0.06)	0.8 (0.06)	0.7 (0.06)	0.8 (0.06)	0.7 (0.05)	0.7 (0.05)
ALCOHOL								
Binge Alcohol Use	--	--	--	--	--	--	--	--
Heavy Alcohol Use	55.6 (0.48)	55.9 (0.50)	56.5 (0.39)	55.6 (0.38)	54.6 (0.38)	55.8 (0.40)	55.3 (0.43)	55.0 (0.43)
OTHER SUBSTANCE USE								
GHB	nc	nc	nc	24.8 (0.32)	24.2 (0.32)	24.7 (0.32)	25.1 (0.31)	24.5 (0.31)
Nonprescription Cough or Cold Medicine	nc	nc	nc	6.4 (0.17)	6.0 (0.17)	6.2 (0.16)	6.2 (0.17)	6.0 (0.17)
Kratom	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 (0.01)
Synthetic Marijuana (Fake Weed, K2, Spice)	0.1 (0.03)	0.1 (0.04)	0.1 (0.02)	0.1 (0.02)	0.2 (0.03)	0.2 (0.04)	0.2 (0.03)	0.3 (0.03)
Synthetic Stimulants ("Bath Salts," Flakka)	--	--	--	--	--	--	--	0.3

* = low precision; -- = not available; nc = not comparable due to methodological changes.

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

NOTE: Estimates in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 detailed tables.

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

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.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2019 and Quarters 1 and 4, 2020.

Table A.5B Type of Nicotine Product Use: Among Past Month Nicotine Product Users Aged 12 or Older; by Age Group, 2020

Nicotine Product Use ¹	Total	12 to 17
Only Nicotine Vaping ²	9.7 (0.47)	63.1 (3.54)
Nicotine Vaping and Tobacco Products ^{2,3}	8.5 (0.48)	15.7 (2.24)
Nicotine Vaping and Only Cigarettes ²	4.7 (0.35)	7.7 (1.84)
Nicotine Vaping, Cigarettes, and Noncigarette Tobacco Products ^{2,4}	2.1 (0.25)	3.5 (0.95)
Nicotine Vaping and Only Noncigarette Tobacco Products ^{2,4}	1.7 (0.22)	4.4 (1.24)
Only Tobacco Products ³	81.8 (0.70)	21.2 (2.95)

NOTE: Estimates shown are percentages with standard errors included in parentheses. Percentages for only nicotine vaping, nicotine vaping and tobacco products, and only may not add to 100 percent due to rounding.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of t

¹ Nicotine product use refers to the use of tobacco or nicotine vaping.

² Nicotine vaping refers to the use of an e-cigarette or other vaping device to vape nicotine or tobacco.

³ Tobacco products include cigarettes, smokeless tobacco (such as snuff, dip, chewing tobacco, or snus), cigars, or pipe tobacco. Use of any tobacco product does not include used a vaping device to vape nicotine-containing products other than tobacco.

⁴ Noncigarette tobacco products include smokeless tobacco (such as snuff, dip, chewing tobacco, or snus), cigars, or pipe tobacco.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarters 1 and 4, 2020.

Table A.6B Type of Tobacco Product Use: Among Past Month Tobacco Users Aged 12 or Older; by Age Group, 2020

Tobacco Product Use ¹	Total	12 to 17
Only Cigarettes	65.3 (1.10)	* (*)
Cigarettes and Noncigarette Tobacco Products ²	14.8 (0.81)	22.7 (4.94)
Only Noncigarette Tobacco Products ²	19.9 (0.88)	* (*)

* = low precision.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Percentages in an age group category may not add to 100 percent due to rounding.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of t
¹ Tobacco products include cigarettes, smokeless tobacco (such as snuff, dip, chewing tobacco, or snus), cigars, or pipe tobacco. Use of any tobacco product does not include used a vaping device to vape nicotine-containing products other than tobacco.

² Noncigarette tobacco products include smokeless tobacco (such as snuff, dip, chewing tobacco, or snus), cigars, or pipe tobacco.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarters 1 and 4, 2020.

Table A.7B Nicotine Product¹ and Alcohol Use in the Past Month: Among People Aged 12 to 20; 2002-2020

Substance	2002	2003	2004	2005	2006	2007	2008	2009
TOBACCO PRODUCTS OR NICOTINE VAPING	--	--	--	--	--	--	--	--
Tobacco Products ²	24.7 (0.35)	23.9 (0.36)	23.8 (0.36)	22.8 (0.34)	22.5 (0.35)	21.6 (0.34)	21.3 (0.32)	21.6 (0.36)
Cigarettes	21.6 (0.33)	20.8 (0.34)	20.3 (0.34)	19.2 (0.32)	18.9 (0.33)	17.7 (0.32)	17.6 (0.30)	17.6 (0.33)
Nicotine Vaping ³	--	--	--	--	--	--	--	--
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)
Binge Alcohol Use	nc	nc	nc	nc	nc	nc	nc	nc
Heavy Alcohol Use	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 Nicotine Product¹ and Alcohol Use in the Past Month: Among People Aged 12 to 20; 2002-2020 (continued)

Substance	2012	2013	2014	2015	2016	2017	2018	2019
TOBACCO PRODUCTS OR NICOTINE VAPING	--	--	--	--	--	--	--	--
Tobacco Products ²	17.8 (0.35)	16.9 (0.33)	15.3 (0.34)	13.7 (0.33)	12.3 (0.31)	11.4 (0.30)	10.1 (0.27)	9.1 (0.27)
Cigarettes	14.1 (0.32)	13.0 (0.31)	11.5 (0.30)	10.2 (0.30)	8.6 (0.28)	8.0 (0.25)	6.8 (0.22)	6.0 (0.22)
Nicotine Vaping ³	--	--	--	--	--	--	--	--
ALCOHOL	24.3 (0.48)	22.7 (0.40)	22.8 (0.46)	20.3 (0.42)	19.3 (0.45)	19.7 (0.47)	18.8 (0.42)	18.5 (0.45)
Binge Alcohol Use	nc	nc	nc	13.4 (0.36)	12.1 (0.35)	11.9 (0.37)	11.4 (0.33)	11.1 (0.36)
Heavy Alcohol Use	nc	nc	nc	3.3 (0.20)	2.8 (0.17)	2.5 (0.18)	2.3 (0.16)	2.2 (0.14)

-- = not available; nc = not comparable due to methodological changes.

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

NOTE: Estimates in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for testing between 2020 and prior years was not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 detailed tables.

¹ Nicotine product use refers to the use of tobacco or nicotine vaping.

² Tobacco products include cigarettes, smokeless tobacco (such as snuff, dip, chewing tobacco, or snus), cigars, or pipe tobacco.

³ Nicotine vaping refers to the use of an e-cigarette or other vaping device to vape nicotine or tobacco.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2019 and Quarters 1 and 4, 2020.

Table A.8B Types of Illicit Drug, Tobacco Product, Alcohol, and Other Substance Use in the Past Year: Among People Aged 12 or Older;

Substance	2002	2003	2004	2005	2006	2007	2008	2009
GENERAL SUBSTANCE USE								
Illicit Drugs, Tobacco Products, or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc
Illicit Drugs or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc
Tobacco Products or Alcohol	72.5 (0.36)	71.5 (0.36)	71.1 (0.36)	72.8 (0.35)	72.2 (0.35)	71.8 (0.34)	72.0 (0.37)	72.3
ILLCIT DRUGS								
TOBACCO PRODUCTS OR NICOTINE VAPING								
Tobacco Products ¹	36.0 (0.38)	35.1 (0.35)	34.5 (0.34)	34.9 (0.36)	35.0 (0.36)	34.3 (0.35)	33.8 (0.37)	33.2
Cigarettes	30.3 (0.36)	29.4 (0.34)	29.1 (0.33)	29.1 (0.34)	29.1 (0.34)	28.5 (0.34)	28.1 (0.34)	27.5
Smokeless Tobacco	nc	nc	nc	nc	nc	nc	nc	nc
Cigars	11.0 (0.21)	10.7 (0.19)	10.8 (0.19)	11.1 (0.20)	10.9 (0.19)	10.8 (0.20)	10.5 (0.20)	10.6
Pipe Tobacco ¹	--	--	--	--	--	--	--	--
Nicotine Vaping	--	--	--	--	--	--	--	--
ALCOHOL								
OTHER SUBSTANCE USE								
GHB	66.1 (0.39)	65.0 (0.37)	65.1 (0.37)	66.5 (0.38)	66.0 (0.37)	65.8 (0.39)	66.0 (0.38)	66.8
Nonprescription Cough or Cold Medicine	--	--	--	--	0.1 (0.01)	0.0 (0.01)	0.0 (0.01)	0.0
Kratom	--	--	--	--	0.6 (0.04)	0.5 (0.03)	0.6 (0.04)	0.6
Synthetic Marijuana (Fake Weed, K2, Spice)	--	--	--	--	--	--	--	--
Synthetic Stimulants ("Bath Salts," Flakka)	--	--	--	--	--	--	--	--

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

Table A.8B Types of Illicit Drug, Tobacco Product, Alcohol, and Other Substance Use in the Past Year: Among People Aged 12 or Older;

Substance	2012	2013	2014	2015	2016	2017	2018	21
GENERAL SUBSTANCE USE								
Illicit Drugs, Tobacco Products, or Alcohol	nc	nc	nc	72.5 (0.28)	71.5 (0.29)	72.3 (0.31)	72.1 (0.31)	71.8
Illicit Drugs or Alcohol	nc	nc	nc	68.1 (0.29)	67.2 (0.31)	68.2 (0.33)	67.9 (0.34)	68.0
Tobacco Products or Alcohol	72.2 (0.34)	71.8 (0.36)	72.1 (0.30)	71.2 (0.28)	70.2 (0.29)	70.9 (0.31)	70.7 (0.31)	70.2
ILLCIT DRUGS								
TOBACCO PRODUCTS OR NICOTINE VAPING								
Tobacco Products ¹	--	--	--	--	--	--	--	--
Cigarettes	31.9 (0.36)	30.8 (0.33)	30.6 (0.29)	29.2 (0.28)	28.5 (0.28)	27.5 (0.28)	26.7 (0.29)	26.2
Smokeless Tobacco	26.1 (0.34)	25.3 (0.32)	24.8 (0.28)	23.1 (0.27)	22.7 (0.27)	21.5 (0.27)	21.0 (0.27)	20.2
Cigars	nc	nc	nc	4.7 (0.12)	4.4 (0.11)	4.3 (0.10)	4.0 (0.10)	4.2
Pipe Tobacco ¹	9.9 (0.20)	9.5 (0.19)	9.0 (0.15)	9.1 (0.16)	8.5 (0.14)	8.6 (0.15)	8.4 (0.16)	8.1
Nicotine Vaping	--	--	--	--	--	--	--	--
ALCOHOL								
OTHER SUBSTANCE USE								
GHB	0.1 (0.02)	0.0 (0.01)	0.1 (0.01)	0.1 (0.02)	0.0 (0.01)	0.0 (0.01)	0.0 (0.01)	0.1
Nonprescription Cough or Cold Medicine	0.5 (0.04)	0.6 (0.05)	0.5 (0.03)	0.6 (0.04)	0.6 (0.04)	0.6 (0.05)	0.6 (0.05)	0.7
Kratom	--	--	--	--	--	--	--	0.7
Synthetic Marijuana (Fake Weed, K2, Spice)	--	--	--	--	--	--	--	--
Synthetic Stimulants ("Bath Salts," Flakka)	--	--	--	--	--	--	--	--

-- = not available; nc = not comparable due to methodological changes.

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

NOTE: Estimates in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 detailed tables.

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

¹ Information about past year use of pipe tobacco was not collected. Tobacco product use in the past year excludes past year pipe tobacco use, but includes past month pipe tobacco use.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2019 and Quarters 1 and 4, 2020.

Table A.9B Types of Illicit Drug, Tobacco Product, Alcohol, and Other Substance Use in the Past Year: Among Adolescents Aged 12 to 17

Substance	2002	2003	2004	2005	2006	2007	2008	2009
GENERAL SUBSTANCE USE								
Illicit Drugs, Tobacco Products, or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc
Illicit Drugs or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc
Tobacco Products or Alcohol	39.9 (0.45)	39.2 (0.44)	38.6 (0.42)	37.9 (0.44)	37.4 (0.43)	36.2 (0.45)	35.1 (0.41)	35.0
ILLCIT DRUGS								
TOBACCO PRODUCTS OR NICOTINE VAPING								
Tobacco Products ¹	--	--	--	--	--	--	--	--
Cigarettes	23.6 (0.37)	22.5 (0.37)	22.1 (0.38)	21.2 (0.39)	20.9 (0.36)	19.8 (0.38)	19.1 (0.34)	19.5
Smokeless Tobacco	20.3 (0.35)	19.0 (0.36)	18.4 (0.35)	17.3 (0.36)	17.0 (0.35)	15.7 (0.34)	15.1 (0.32)	15.1
Cigars	nc	nc	nc	nc	nc	nc	nc	nc
Pipe Tobacco ¹	10.1 (0.26)	10.0 (0.26)	10.2 (0.27)	9.8 (0.27)	9.4 (0.25)	9.4 (0.26)	8.5 (0.24)	9.0
Nicotine Vaping	--	--	--	--	--	--	--	--
ALCOHOL								
OTHER SUBSTANCE USE								
GHB	34.6 (0.42)	34.3 (0.42)	33.9 (0.41)	33.3 (0.41)	33.0 (0.42)	31.9 (0.42)	31.0 (0.41)	30.5
Nonprescription Cough or Cold Medicine	--	--	--	--	0.1 (0.02)	0.0 (0.01)	0.0 (0.01)	0.1
Kratom	--	--	--	--	1.9 (0.12)	1.7 (0.12)	1.6 (0.10)	1.5
Synthetic Marijuana (Fake Weed, K2, Spice)	--	--	--	--	--	--	--	--
Synthetic Stimulants ("Bath Salts," Flakka)	--	--	--	--	--	--	--	--

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

Table A.9B Types of Illicit Drug, Tobacco Product, Alcohol, and Other Substance Use in the Past Year: Among Adolescents Aged 12 to 17

Substance	2012	2013	2014	2015	2016	2017	2018	21
GENERAL SUBSTANCE USE								
Illicit Drugs, Tobacco Products, or Alcohol	nc	nc	nc	29.9 (0.45)	28.7 (0.44)	29.0 (0.47)	28.2 (0.44)	28.6
Illicit Drugs or Alcohol	nc	nc	nc	28.3 (0.44)	26.8 (0.43)	27.6 (0.46)	26.9 (0.44)	27.4
Tobacco Products or Alcohol	29.7 (0.44)	28.2 (0.43)	27.2 (0.44)	25.5 (0.44)	24.5 (0.44)	24.4 (0.45)	23.2 (0.43)	23.4
ILLCIT DRUGS								
TOBACCO PRODUCTS OR NICOTINE VAPING								
Tobacco Products ¹	--	--	--	--	--	--	--	--
Cigarettes	15.2 (0.32)	13.9 (0.32)	12.7 (0.34)	11.6 (0.31)	10.5 (0.31)	9.7 (0.29)	8.3 (0.27)	8.3
Smokeless Tobacco	11.8 (0.29)	10.3 (0.27)	8.9 (0.29)	8.1 (0.27)	7.2 (0.26)	6.3 (0.24)	5.5 (0.23)	5.4
Cigars	6.8 (0.22)	5.7 (0.20)	5.7 (0.23)	5.1 (0.21)	4.4 (0.19)	4.6 (0.20)	3.7 (0.18)	2.5
Pipe Tobacco ¹	--	--	--	--	--	--	--	3.6
Nicotine Vaping	--	--	--	--	--	--	--	--
ALCOHOL								
OTHER SUBSTANCE USE								
GHB	0.1 (0.03)	0.0 (0.01)	0.0 (0.02)	0.0 (0.01)	0.0 (0.02)	0.0 (0.01)	0.0 (0.03)	0.0
Nonprescription Cough or Cold Medicine	1.3 (0.11)	1.1 (0.08)	1.1 (0.10)	1.0 (0.10)	1.0 (0.09)	1.0 (0.09)	1.0 (0.09)	0.9
Kratom	--	--	--	--	--	--	--	0.2
Synthetic Marijuana (Fake Weed, K2, Spice)	--	--	--	--	--	--	--	--
Synthetic Stimulants ("Bath Salts," Flakka)	--	--	--	--	--	--	--	--

* = low precision; -- = not available; nc = not comparable due to methodological changes.

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

NOTE: Estimates in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 detailed tables.

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

¹ Information about past year use of pipe tobacco was not collected. Tobacco product use in the past year excludes past year pipe tobacco use, but includes past month pipe tobacco use.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2019 and Quarters 1 and 4, 2020.

Table A.10B Types of Illicit Drug, Tobacco Product, Alcohol, and Other Substance Use in the Past Year: Among Young Adults Aged 18+

Substance	2002	2003	2004	2005	2006	2007	2008	2009
GENERAL SUBSTANCE USE								
Illicit Drugs, Tobacco Products, or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc
Illicit Drugs or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc
Tobacco Products or Alcohol	82.4 (0.38)	82.7 (0.36)	82.8 (0.41)	82.6 (0.40)	83.2 (0.38)	82.4 (0.41)	82.8 (0.40)	82.9
ILLCIT DRUGS								
TOBACCO PRODUCTS OR NICOTINE VAPING								
Tobacco Products ¹	--	--	--	--	--	--	--	--
Cigarettes	54.9 (0.50)	53.8 (0.48)	54.3 (0.50)	54.3 (0.48)	54.0 (0.49)	52.4 (0.49)	52.4 (0.50)	52.4
Smokeless Tobacco	49.0 (0.50)	47.6 (0.46)	47.5 (0.52)	47.2 (0.48)	47.0 (0.48)	45.2 (0.49)	45.1 (0.48)	45.3
Cigars	nc	nc	nc	nc	nc	nc	nc	nc
Pipe Tobacco ¹	22.7 (0.36)	22.7 (0.36)	24.0 (0.38)	24.2 (0.38)	24.2 (0.40)	23.7 (0.38)	23.1 (0.38)	23.5
Nicotine Vaping	--	--	--	--	--	--	--	--
ALCOHOL								
OTHER SUBSTANCE USE								
GHB	77.9 (0.41)	78.1 (0.41)	78.0 (0.44)	77.9 (0.43)	78.8 (0.43)	77.9 (0.45)	78.0 (0.44)	78.7
Nonprescription Cough or Cold Medicine	--	--	--	--	0.1 (0.03)	0.1 (0.03)	0.1 (0.02)	0.1
Kratom	--	--	--	--	1.6 (0.12)	1.5 (0.11)	1.4 (0.10)	1.4
Synthetic Marijuana (Fake Weed, K2, Spice)	--	--	--	--	--	--	--	--
Synthetic Stimulants ("Bath Salts," Flakka)	--	--	--	--	--	--	--	--

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

Table A.10B Types of Illicit Drug, Tobacco Product, Alcohol, and Other Substance Use in the Past Year: Among Young Adults Aged 18+

Substance	2012	2013	2014	2015	2016	2017	2018	21
GENERAL SUBSTANCE USE								
Illicit Drugs, Tobacco Products, or Alcohol	nc	nc	nc	81.5 (0.40)	79.9 (0.42)	79.9 (0.46)	78.5 (0.43)	77.9
Illicit Drugs or Alcohol	nc	nc	nc	78.2 (0.43)	77.0 (0.44)	77.0 (0.50)	76.1 (0.45)	75.2
Tobacco Products or Alcohol	81.8 (0.39)	81.3 (0.42)	80.8 (0.44)	80.0 (0.41)	78.6 (0.43)	78.2 (0.48)	76.7 (0.45)	75.9
ILICIT DRUGS								
TOBACCO PRODUCTS OR NICOTINE VAPING								
Tobacco Products ¹	--	--	--	--	--	--	--	--
Cigarettes	48.8 (0.47)	47.7 (0.51)	46.0 (0.55)	43.8 (0.52)	40.5 (0.52)	39.8 (0.51)	36.7 (0.47)	35.2
Smokeless Tobacco	41.0 (0.48)	39.5 (0.49)	37.7 (0.56)	35.0 (0.52)	31.7 (0.51)	31.0 (0.48)	27.9 (0.44)	25.8
Cigars	nc	nc	nc	9.0 (0.29)	8.0 (0.27)	7.7 (0.27)	7.1 (0.26)	7.7
Pipe Tobacco ¹	21.7 (0.39)	20.7 (0.41)	20.0 (0.43)	19.5 (0.40)	18.0 (0.40)	17.9 (0.38)	17.1 (0.39)	16.3
Nicotine Vaping	--	--	--	--	--	--	--	--
ALCOHOL								
OTHER SUBSTANCE USE								
GHB	77.4 (0.42)	76.8 (0.45)	76.5 (0.47)	75.5 (0.44)	74.4 (0.47)	74.0 (0.52)	73.1 (0.47)	72.0
Nonprescription Cough or Cold Medicine	0.1 (0.03)	0.1 (0.02)	0.1 (0.03)	0.1 (0.02)	0.1 (0.04)	0.1 (0.03)	0.0 (0.01)	0.1
Kratom	1.4 (0.12)	1.4 (0.11)	1.1 (0.10)	1.2 (0.10)	1.0 (0.10)	1.0 (0.09)	1.1 (0.10)	1.0
Synthetic Marijuana (Fake Weed, K2, Spice)	--	--	--	--	--	--	--	1.3
Synthetic Stimulants ("Bath Salts," Flakka)	--	--	--	--	--	--	--	--

-- = not available; nc = not comparable due to methodological changes.

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

NOTE: Estimates in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 detailed tables.

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

¹ Information about past year use of pipe tobacco was not collected. Tobacco product use in the past year excludes past year pipe tobacco use, but includes past month pipe tobacco use.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2019 and Quarters 1 and 4, 2020.

Table A.11B Types of Illicit Drug, Tobacco Product, Alcohol, and Other Substance Use in the Past Year: Among Adults Aged 26 or Older

Substance	2002	2003	2004	2005	2006	2007	2008	2009
GENERAL SUBSTANCE USE								
Illicit Drugs, Tobacco Products, or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc
Illicit Drugs or Alcohol	nc	nc	nc	nc	nc	nc	nc	nc
Tobacco Products or Alcohol	75.3 (0.46)	74.0 (0.45)	73.6 (0.47)	75.9 (0.45)	75.0 (0.43)	74.7 (0.43)	75.0 (0.46)	75.2
ILLCIT DRUGS								
TOBACCO PRODUCTS OR NICOTINE VAPING								
Tobacco Products ¹	34.5 (0.47)	33.5 (0.43)	32.8 (0.42)	33.4 (0.45)	33.6 (0.44)	33.1 (0.44)	32.6 (0.46)	31.6
Cigarettes	28.5 (0.44)	27.6 (0.42)	27.3 (0.40)	27.6 (0.41)	27.7 (0.42)	27.4 (0.42)	26.8 (0.43)	26.0
Smokeless Tobacco	nc	nc	nc	nc	nc	nc	nc	nc
Cigars	9.1 (0.26)	8.7 (0.24)	8.6 (0.23)	8.9 (0.24)	8.8 (0.23)	8.7 (0.24)	8.6 (0.24)	8.5
Pipe Tobacco ¹	--	--	--	--	--	--	--	--
Nicotine Vaping	--	--	--	--	--	--	--	--
ALCOHOL								
OTHER SUBSTANCE USE	68.4 (0.50)	67.0 (0.48)	67.2 (0.47)	69.0 (0.48)	68.3 (0.46)	68.2 (0.49)	68.5 (0.49)	69.3
GHB	--	--	--	--	0.0 (0.01)	0.0 (0.01)	0.0 (0.02)	0.0
Nonprescription Cough or Cold Medicine	--	--	--	--	0.3 (0.05)	0.2 (0.04)	0.3 (0.05)	0.3
Kratom	--	--	--	--	--	--	--	--
Synthetic Marijuana (Fake Weed, K2, Spice)	--	--	--	--	--	--	--	--
Synthetic Stimulants ("Bath Salts," Flakka)	--	--	--	--	--	--	--	--

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

Table A.11B Types of Illicit Drug, Tobacco Product, Alcohol, and Other Substance Use in the Past Year: Among Adults Aged 26 or Older

Substance	2012	2013	2014	2015	2016	2017	2018	21
GENERAL SUBSTANCE USE								
Illicit Drugs, Tobacco Products, or Alcohol	nc	nc	nc	76.1 (0.33)	75.2 (0.35)	76.1 (0.36)	76.2 (0.37)	75.8
Illicit Drugs or Alcohol	nc	nc	nc	71.2 (0.35)	70.3 (0.37)	71.5 (0.39)	71.4 (0.41)	71.5
Tobacco Products or Alcohol	75.9 (0.42)	75.5 (0.44)	76.1 (0.35)	75.1 (0.34)	74.2 (0.35)	75.1 (0.37)	75.3 (0.37)	74.7
ILLCIT DRUGS								
TOBACCO PRODUCTS OR NICOTINE VAPING								
Tobacco Products ¹	31.0 (0.44)	30.0 (0.42)	30.1 (0.35)	28.9 (0.34)	28.6 (0.34)	27.6 (0.33)	27.3 (0.35)	26.8
Cigarettes	25.3 (0.42)	24.6 (0.39)	24.6 (0.34)	22.9 (0.33)	23.1 (0.32)	21.7 (0.32)	21.7 (0.32)	21.0
Smokeless Tobacco	nc	nc	nc	4.1 (0.14)	4.0 (0.13)	3.9 (0.12)	3.7 (0.12)	3.8
Cigars	8.2 (0.24)	8.0 (0.23)	7.5 (0.17)	7.8 (0.19)	7.4 (0.17)	7.6 (0.17)	7.5 (0.18)	7.3
Pipe Tobacco ¹	--	--	--	--	--	--	--	--
Nicotine Vaping	--	--	--	--	--	--	--	--
ALCOHOL								
OTHER SUBSTANCE USE								
GHB	0.0 (0.02)	0.0 (0.02)	0.1 (0.01)	0.1 (0.02)	0.0 (0.01)	0.0 (0.01)	0.0 (0.01)	0.1
Nonprescription Cough or Cold Medicine	0.3 (0.04)	0.4 (0.06)	0.3 (0.04)	0.5 (0.05)	0.5 (0.05)	0.6 (0.06)	0.5 (0.05)	0.7
Kratom	--	--	--	--	--	--	--	0.7
Synthetic Marijuana (Fake Weed, K2, Spice)	--	--	--	--	--	--	--	--
Synthetic Stimulants ("Bath Salts," Flakka)	--	--	--	--	--	--	--	--

-- = not available; nc = not comparable due to methodological changes.

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

NOTE: Estimates in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 detailed tables.

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

¹ Information about past year use of pipe tobacco was not collected. Tobacco product use in the past year excludes past year pipe tobacco use, but includes past month pipe tobacco use.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2019 and Quarters 1 and 4, 2020.

Table A.12B Types of Illicit Drug Use in the Past Year: Among People Aged 12 or Older; 2002-2020

Drug	2002	2003	2004	2005	2006	2007	2008	2009
ILLICIT DRUGS								
Marijuana	11.0 (0.20)	10.6 (0.19)	10.6 (0.19)	10.4 (0.19)	10.3 (0.19)	10.1 (0.20)	10.4 (0.19)	11.4 (0.19)
Cocaine	2.5 (0.09)	2.5 (0.10)	2.4 (0.09)	2.3 (0.08)	2.5 (0.09)	2.3 (0.10)	2.1 (0.08)	1.9 (0.08)
Crack	0.7 (0.05)	0.6 (0.05)	0.5 (0.05)	0.6 (0.05)	0.6 (0.05)	0.6 (0.05)	0.4 (0.04)	0.4 (0.04)
Heroin	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 (0.02)
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc
LSD	0.4 (0.03)	0.2 (0.02)	0.2 (0.02)	0.2 (0.02)	0.3 (0.02)	0.3 (0.02)	0.3 (0.02)	0.3 (0.02)
PCP	0.1 (0.01)	0.1 (0.01)	0.1 (0.01)	0.1 (0.01)	0.1 (0.02)	0.1 (0.01)	0.0 (0.01)	0.0 (0.01)
Ecstasy	nc	nc	nc	nc	nc	nc	nc	nc
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc
Methamphetamine	nc	nc	nc	nc	nc	nc	nc	nc
Misuse of Psychotherapeutics	nc	nc	nc	nc	nc	nc	nc	nc
Pain Relievers	nc	nc	nc	nc	nc	nc	nc	nc
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc
Tranquilizers or Sedatives	nc	nc	nc	nc	nc	nc	nc	nc
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc
Benzodiazepines	nc	nc	nc	nc	nc	nc	nc	nc
Opioids	nc	nc	nc	nc	nc	nc	nc	nc
Central Nervous System Stimulants	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.12B Types of Illicit Drug Use in the Past Year: Among People Aged 12 or Older; 2002-2020 (continued)

Drug	2012	2013	2014	2015	2016	2017	2018	2019
ILLICIT DRUGS								
Marijuana	12.1 (0.21)	12.6 (0.22)	nc (0.20)	17.8 (0.23)	18.0 (0.23)	19.0 (0.24)	19.4 (0.26)	20.8 (0)
Cocaine	1.8 (0.08)	1.6 (0.07)	1.7 (0.07)	1.8 (0.07)	1.9 (0.07)	2.2 (0.08)	2.0 (0.07)	2.0 (0)
Crack	0.4 (0.04)	0.2 (0.03)	0.3 (0.03)	0.3 (0.03)	0.3 (0.03)	0.3 (0.04)	0.3 (0.03)	0.3 (0)
Heroin	0.3 (0.03)	0.3 (0.03)	0.3 (0.03)	0.3 (0.03)	0.4 (0.03)	0.3 (0.03)	0.3 (0.04)	0.3 (0)
Hallucinogens	nc	nc	nc	1.8 (0.07)	1.8 (0.07)	1.9 (0.07)	2.0 (0.08)	2.2 (0)
LSD	0.4 (0.03)	0.4 (0.03)	0.5 (0.03)	0.6 (0.03)	0.7 (0.04)	0.8 (0.04)	0.8 (0.04)	0.9 (0)
PCP	0.1 (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)	0.0 (0)
Ecstasy	nc	nc	nc	1.0 (0.05)	0.9 (0.05)	0.9 (0.04)	0.9 (0.05)	0.9 (0)
Inhalants	nc	nc	nc	0.7 (0.03)	0.6 (0.03)	0.6 (0.03)	0.7 (0.04)	0.8 (0)
Methamphetamine	nc	nc	nc	0.6 (0.04)	0.5 (0.04)	0.6 (0.04)	0.7 (0.04)	0.7 (0)
Misuse of Psychotherapeutics	nc	nc	nc	7.1 (0.14)	6.9 (0.14)	6.6 (0.13)	6.2 (0.14)	5.9 (0)
Pain Relievers	nc	nc	nc	4.7 (0.11)	4.3 (0.11)	4.1 (0.10)	3.6 (0.10)	3.5 (0)
Stimulants	nc	nc	nc	2.0 (0.07)	2.1 (0.07)	2.1 (0.07)	1.9 (0.06)	1.8 (0)
Tranquilizers or Sedatives	nc	nc	nc	2.6 (0.08)	2.6 (0.08)	2.5 (0.08)	2.4 (0.09)	2.1 (0)
Tranquilizers	nc	nc	nc	2.3 (0.08)	2.2 (0.08)	2.2 (0.08)	2.1 (0.08)	1.9 (0)
Sedatives	nc	nc	nc	0.6 (0.04)	0.6 (0.04)	0.5 (0.04)	0.4 (0.04)	0.4 (0)
Benzodiazepines	nc	nc	nc	2.1 (0.07)	2.1 (0.07)	2.1 (0.07)	2.0 (0.08)	1.8 (0)
Opioids	nc	nc	nc	4.7 (0.12)	4.4 (0.11)	4.2 (0.10)	3.7 (0.11)	3.7 (0)
Central Nervous System Stimulants	nc	nc	nc	3.7 (0.10)	3.7 (0.09)	4.0 (0.10)	3.7 (0.10)	3.7 (0)

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 in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for testing between 2020 and prior years was not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 det

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2019 and Quarters 1 and 4, 2020.

Table A.13B Types of Illicit Drug Use in the Past Year: Among Adolescents Aged 12 to 17; 2002-2020

Drug	2002	2003	2004	2005	2006	2007	2008	2009
ILLICIT DRUGS								
Marijuana	15.8 (0.32) nc	15.0 (0.31) nc	14.5 (0.31) nc	13.3 (0.30) nc	13.2 (0.31) nc	12.5 (0.30) nc	13.1 (0.29) nc	13.7 (0.29) nc
Cocaine	2.1 (0.13) nc	1.8 (0.11) nc	1.6 (0.11) nc	1.7 (0.11) nc	1.6 (0.11) nc	1.5 (0.11) nc	1.2 (0.10) nc	1.0 (0.10) nc
Crack	0.4 (0.06) nc	0.4 (0.05) nc	0.3 (0.04) nc	0.2 (0.04) nc	0.3 (0.05) nc	0.3 (0.04) nc	0.1 (0.03) nc	0.1 (0.03) nc
Heroin	0.2 (0.04) nc	0.1 (0.03) nc	0.2 (0.04) nc	0.1 (0.03) nc	0.1 (0.03) nc	0.1 (0.02) nc	0.2 (0.04) nc	0.1 (0.04) nc
Hallucinogens								
LSD	1.3 (0.10) nc	0.6 (0.06) nc	0.6 (0.07) nc	0.6 (0.07) nc	0.4 (0.05) nc	0.5 (0.06) nc	0.7 (0.07) nc	0.6 (0.07) nc
PCP	0.4 (0.05) nc	0.4 (0.05) nc	0.3 (0.05) nc	0.3 (0.06) nc	0.2 (0.04) nc	0.2 (0.04) nc	0.2 (0.04) nc	0.2 (0.04) nc
Ecstasy								
Inhalants								
Methamphetamine								
Misuse of Psychotherapeutics								
Pain Relievers								
Stimulants								
Tranquilizers or Sedatives								
Tranquilizers								
Sedatives								
Benzodiazepines								
Opioids								
Central Nervous System Stimulants								

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

Table A.13B Types of Illicit Drug Use in the Past Year: Among Adolescents Aged 12 to 17; 2002-2020 (continued)

Drug	2012	2013	2014	2015	2016	2017	2018	2019
ILLCIT DRUGS								
Marijuana	13.5 (0.30)	13.4 (0.31)	13.1 (0.33)	12.6 (0.32)	12.0 (0.31)	12.4 (0.33)	12.5 (0.33)	13.2 (0.33)
Cocaine	0.7 (0.08)	0.5 (0.06)	0.7 (0.09)	0.6 (0.08)	0.5 (0.07)	0.5 (0.06)	0.4 (0.07)	0.4 (0.07)
Crack	0.1 (0.03)	0.0 (0.02)	0.1 (0.03)	0.0 (0.01)	0.0 (0.02)	0.1 (0.03)	0.0 (0.01)	0.0 (0.01)
Heroin	0.1 (0.04)	0.1 (0.03)	0.1 (0.03)	0.1 (0.03)	0.1 (0.02)	0.1 (0.02)	0.0 (0.02)	*
Hallucinogens	nc	nc	nc	2.1 (0.15)	1.8 (0.13)	2.1 (0.14)	1.5 (0.13)	1.8 (0.13)
LSD	0.6 (0.07)	0.6 (0.06)	0.9 (0.10)	1.0 (0.10)	0.8 (0.08)	1.0 (0.09)	0.8 (0.09)	1.1 (0.11)
PCP	0.2 (0.04)	0.1 (0.03)	0.1 (0.03)	0.1 (0.04)	0.1 (0.02)	0.1 (0.03)	0.1 (0.02)	0.1 (0.02)
Ecstasy	nc	nc	nc	0.8 (0.09)	0.7 (0.08)	0.7 (0.08)	0.5 (0.08)	0.6 (0.07)
Inhalants	nc	nc	nc	2.7 (0.16)	2.2 (0.14)	2.3 (0.14)	2.7 (0.16)	3.0 (0.18)
Methamphetamine	nc	nc	nc	0.2 (0.04)	0.1 (0.03)	0.2 (0.04)	0.2 (0.04)	0.2 (0.04)
Misuse of Psychotherapeutics	nc	nc	nc	5.9 (0.23)	5.3 (0.21)	4.9 (0.21)	4.8 (0.22)	4.3 (0.17)
Pain Relievers	nc	nc	nc	3.9 (0.19)	3.5 (0.17)	3.1 (0.16)	2.8 (0.17)	2.3 (0.11)
Stimulants	nc	nc	nc	2.0 (0.14)	1.7 (0.14)	1.8 (0.14)	1.5 (0.11)	1.7 (0.11)
Tranquilizers or Sedatives	nc	nc	nc	1.8 (0.14)	1.9 (0.13)	2.0 (0.13)	1.8 (0.14)	1.8 (0.14)
Tranquilizers	nc	nc	nc	1.6 (0.13)	1.7 (0.13)	1.8 (0.13)	1.7 (0.13)	1.6 (0.11)
Sedatives	nc	nc	nc	0.4 (0.06)	0.4 (0.06)	0.3 (0.05)	0.3 (0.05)	0.3 (0.05)
Benzodiazepines	nc	nc	nc	1.5 (0.12)	1.7 (0.12)	1.8 (0.13)	1.6 (0.13)	1.5 (0.11)
Opioids	nc	nc	nc	3.9 (0.19)	3.6 (0.17)	3.1 (0.16)	2.8 (0.17)	2.3 (0.11)
Central Nervous System Stimulants	nc	nc	nc	2.4 (0.16)	2.1 (0.14)	2.2 (0.15)	1.9 (0.13)	2.0 (0.14)

* = low precision; 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 in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for testing between 2020 and prior years was not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 det

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2019 and Quarters 1 and 4, 2020.

Table A.14B Types of Illicit Drug Use in the Past Year: Among Young Adults Aged 18 to 25; 2002-2020

Drug	2002	2003	2004	2005	2006	2007	2008	2009
ILLICIT DRUGS								
Marijuana	29.8 (0.43) nc	28.5 (0.46) nc	27.8 (0.47) nc	28.0 (0.45) nc	28.1 (0.46) nc	27.5 (0.46) nc	27.8 (0.46) nc	30.8 (0.46) nc
Cocaine	6.7 (0.24) nc	6.6 (0.23) nc	6.6 (0.25) nc	6.9 (0.23) nc	6.9 (0.24) nc	6.4 (0.24) nc	5.6 (0.21) nc	5.3 (0.21) nc
Crack	0.9 (0.08) nc	0.9 (0.07) nc	0.8 (0.07) nc	1.0 (0.09) nc	0.9 (0.08) nc	0.8 (0.07) nc	0.7 (0.07) nc	0.5 (0.07) nc
Heroin	0.4 (0.05) nc	0.3 (0.04) nc	0.4 (0.05) nc	0.5 (0.06) nc	0.4 (0.06) nc	0.4 (0.06) nc	0.5 (0.06) nc	0.5 (0.06) nc
Hallucinogens								
LSD	1.8 (0.14) nc	1.1 (0.09) nc	1.0 (0.08) nc	1.0 (0.09) nc	1.2 (0.10) nc	1.1 (0.09) nc	1.5 (0.11) nc	1.6 (0.11) nc
PCP	0.3 (0.04) nc	0.4 (0.06) nc	0.3 (0.05) nc	0.2 (0.03) nc	0.2 (0.04) nc	0.2 (0.03) nc	0.1 (0.02) nc	0.1 (0.02) nc
Ecstasy								
Inhalants								
Methamphetamine								
Misuse of Psychotherapeutics								
Pain Relievers								
Stimulants								
Tranquilizers or Sedatives								
Tranquilizers								
Sedatives								
Benzodiazepines								
Opioids								
Central Nervous System Stimulants								

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

Table A.14B Types of Illicit Drug Use in the Past Year: Among Young Adults Aged 18 to 25; 2002-2020 (continued)

Drug	2012	2013	2014	2015	2016	2017	2018	2019
ILLCIT DRUGS								
Marijuana	31.5 (0.49)	31.6 (0.47)	31.9 (0.53)	32.2 (0.47)	33.0 (0.51)	34.9 (0.53)	34.8 (0.53)	35.4 (0)
Cocaine	4.6 (0.21)	4.4 (0.21)	4.6 (0.23)	5.4 (0.26)	5.6 (0.26)	6.2 (0.26)	5.8 (0.26)	5.3 (0)
Crack	0.4 (0.05)	0.3 (0.05)	0.4 (0.06)	0.3 (0.05)	0.3 (0.05)	0.3 (0.06)	0.3 (0.05)	0.2 (0)
Heroin	0.8 (0.08)	0.7 (0.08)	0.8 (0.09)	0.6 (0.08)	0.7 (0.08)	0.6 (0.08)	0.5 (0.07)	0.3 (0)
Hallucinogens	nc	nc	nc	7.0 (0.28)	6.9 (0.28)	7.0 (0.28)	6.9 (0.30)	7.2 (0)
LSD	1.8 (0.14)	2.0 (0.14)	2.3 (0.16)	2.8 (0.18)	3.4 (0.20)	3.8 (0.20)	3.5 (0.19)	3.6 (0)
PCP	0.2 (0.03)	0.1 (0.02)	0.1 (0.02)	0.1 (0.04)	0.0 (0.02)	0.1 (0.03)	0.0 (0.01)	0.1 (0)
Ecstasy	nc	nc	nc	4.1 (0.20)	3.5 (0.20)	3.5 (0.20)	3.1 (0.21)	3.2 (0)
Inhalants	nc	nc	nc	1.4 (0.12)	1.4 (0.14)	1.6 (0.13)	1.5 (0.13)	1.7 (0)
Methamphetamine	nc	nc	nc	0.9 (0.10)	0.8 (0.08)	1.1 (0.11)	0.8 (0.09)	0.8 (0)
Misuse of Psychotherapeutics	nc	nc	nc	15.3 (0.36)	14.5 (0.38)	14.4 (0.35)	12.3 (0.34)	11.5 (0)
Pain Relievers	nc	nc	nc	8.5 (0.26)	7.1 (0.27)	7.2 (0.26)	5.5 (0.21)	5.2 (0)
Stimulants	nc	nc	nc	7.3 (0.27)	7.5 (0.30)	7.4 (0.29)	6.5 (0.27)	5.8 (0)
Tranquilizers or Sedatives	nc	nc	nc	5.7 (0.23)	5.7 (0.24)	5.7 (0.24)	4.9 (0.21)	4.2 (0)
Tranquilizers	nc	nc	nc	5.4 (0.22)	5.3 (0.23)	5.5 (0.23)	4.6 (0.21)	3.9 (0)
Sedatives	nc	nc	nc	0.8 (0.08)	0.7 (0.09)	0.6 (0.07)	0.6 (0.07)	0.5 (0)
Benzodiazepines	nc	nc	nc	5.2 (0.22)	5.2 (0.23)	5.3 (0.23)	4.5 (0.21)	3.8 (0)
Opioids	nc	nc	nc	8.7 (0.27)	7.3 (0.27)	7.3 (0.26)	5.6 (0.21)	5.3 (0)
Central Nervous System Stimulants	nc	nc	nc	10.9 (0.36)	11.1 (0.36)	11.3 (0.33)	10.2 (0.34)	9.5 (0)

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 in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for testing between 2020 and prior years was not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 det

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2019 and Quarters 1 and 4, 2020.

Table A.15B Types of Illicit Drug Use in the Past Year: Among Adults Aged 26 or Older; 2002-2020

Drug	2002	2003	2004	2005	2006	2007	2008	2009
ILLICIT DRUGS								
Marijuana	7.0 (0.23) nc	6.9 (0.21) nc	7.0 (0.22) nc	6.9 (0.23) nc	6.9 (0.22) nc	6.8 (0.22) nc	7.0 (0.22) nc	7.7 (0.22) nc
Cocaine	1.8 (0.11) nc	1.9 (0.11) nc	1.7 (0.10) nc	1.5 (0.10) nc	1.8 (0.11) nc	1.7 (0.12) nc	1.6 (0.10) nc	1.4 (0.10) nc
Crack	0.7 (0.07) nc	0.6 (0.07) nc	0.5 (0.06) nc	0.5 (0.06) nc	0.6 (0.07) nc	0.6 (0.06) nc	0.4 (0.05) nc	0.4 (0.05) nc
Heroin	0.1 (0.03) nc	0.1 (0.02) nc	0.1 (0.03) nc	0.1 (0.02) nc	0.2 (0.04) nc	0.1 (0.03) nc	0.1 (0.03) nc	0.2 (0.03) nc
Hallucinogens								
LSD	0.1 (0.02) nc	0.0 (0.02) nc	0.1 (0.02) nc	0.0 (0.02) nc	0.1 (0.02) nc	0.1 (0.02) nc	0.1 (0.01) nc	0.1 (0.01) nc
PCP	0.0 (0.01) nc	0.0 (0.00) nc	0.0 (0.01) nc	0.0 (0.01) nc	0.0 (0.02) nc	0.0 (0.01) nc	* (*) nc	0.0 (*) nc
Ecstasy								
Inhalants								
Methamphetamine								
Misuse of Psychotherapeutics								
Pain Relievers								
Stimulants								
Tranquilizers or Sedatives								
Tranquilizers								
Sedatives								
Benzodiazepines								
Opioids								
Central Nervous System Stimulants								

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

Table A.15B Types of Illicit Drug Use in the Past Year: Among Adults Aged 26 or Older; 2002-2020 (continued)

Drug	2012	2013	2014	2015	2016	2017	2018	2019
ILLCIT DRUGS								
Marijuana	8.6 (0.24)	9.2 (0.26)	10.1 (0.22)	10.4 (0.22)	11.0 (0.23)	12.2 (0.24)	13.3 (0.28)	15.2 (0)
Cocaine	1.4 (0.10)	1.2 (0.08)	1.4 (0.08)	1.3 (0.08)	1.4 (0.07)	1.7 (0.09)	1.6 (0.08)	1.7 (0)
Crack	0.4 (0.05)	0.3 (0.04)	0.3 (0.04)	0.3 (0.04)	0.4 (0.04)	0.4 (0.05)	0.3 (0.04)	0.3 (0)
Heroin	0.2 (0.04)	0.2 (0.03)	0.3 (0.03)	0.3 (0.04)	0.3 (0.04)	0.3 (0.03)	0.3 (0.04)	0.3 (0)
Hallucinogens	nc	nc	nc	0.8 (0.06)	1.0 (0.07)	1.0 (0.06)	1.3 (0.08)	1.5 (0)
LSD	0.1 (0.03)	0.1 (0.03)	0.1 (0.02)	0.1 (0.02)	0.3 (0.03)	0.3 (0.04)	0.4 (0.04)	0.5 (0)
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)	0.0 (0)
Ecstasy	nc	nc	nc	0.5 (0.04)	0.5 (0.05)	0.5 (0.04)	0.6 (0.05)	0.6 (0)
Inhalants	nc	nc	nc	0.3 (0.04)	0.3 (0.03)	0.3 (0.04)	0.4 (0.04)	0.4 (0)
Methamphetamine	nc	nc	nc	0.6 (0.06)	0.5 (0.05)	0.6 (0.05)	0.7 (0.05)	0.8 (0)
Misuse of Psychotherapeutics	nc	nc	nc	5.8 (0.17)	5.9 (0.16)	5.6 (0.14)	5.3 (0.16)	5.3 (0)
Pain Relievers	nc	nc	nc	4.1 (0.14)	3.9 (0.13)	3.7 (0.12)	3.4 (0.13)	3.4 (0)
Stimulants	nc	nc	nc	1.1 (0.06)	1.3 (0.07)	1.3 (0.07)	1.2 (0.06)	1.2 (0)
Tranquilizers or Sedatives	nc	nc	nc	2.2 (0.10)	2.2 (0.10)	2.0 (0.09)	2.0 (0.10)	1.9 (0)
Tranquilizers	nc	nc	nc	1.8 (0.09)	1.8 (0.09)	1.7 (0.09)	1.7 (0.10)	1.6 (0)
Sedatives	nc	nc	nc	0.5 (0.05)	0.6 (0.05)	0.5 (0.05)	0.4 (0.04)	0.4 (0)
Benzodiazepines	nc	nc	nc	1.6 (0.08)	1.7 (0.08)	1.6 (0.08)	1.6 (0.09)	1.5 (0)
Opioids	nc	nc	nc	4.2 (0.14)	4.0 (0.13)	3.8 (0.12)	3.6 (0.13)	3.6 (0)
Central Nervous System Stimulants	nc	nc	nc	2.6 (0.11)	2.7 (0.10)	3.0 (0.12)	2.8 (0.10)	3.0 (0)

* = low precision; 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 in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for testing between 2020 and prior years was not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 det

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2019 and Quarters 1 and 4, 2020.

Table A.16B Main Reasons for the Last Episode of Misuse: Among People Aged 12 or Older Who Misused Prescription Pain Relievers in

Main Reason for Misuse	Past Year Mist
Relieve Physical Pain	64.6
Relax or Relieve Tension	8.1
Help with Sleep	4.5
Help with Feelings or Emotions	5.6
Experiment or See What It's Like	1.4
Feel Good or Get High	11.3
Increase or Decrease Effect of Other Drug	0.9
Because I Am Hooked or Have to Have It	2.3
Some Other Reason ¹	1.4

NOTE: Estimates shown are percentages with standard errors included in parentheses. Percentages may not add to 100 percent due to rounding.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix

NOTE: Respondents with unknown information for their main reason for misuse were excluded from the analysis, including respondents who reported some other write-in responses.

¹ 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”). Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarters 1 and 4, 2020.

Table A.17B Source Where Prescription Pain Relievers Were Obtained for Most Recent Misuse: Among People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year; 2020

Source for Most Recent Misuse	Past Year Mist
GOT THROUGH PRESCRIPTION(S) OR STOLE FROM A HEALTH CARE PROVIDER	43.6
Prescription from One Doctor	42.0
Prescriptions from More Than One Doctor	1.0
Stole from Doctor's Office, Clinic, Hospital, or Pharmacy	0.6
GIVEN BY, BOUGHT FROM, OR TOOK FROM A FRIEND OR RELATIVE	47.2
From Friend or Relative for Free	34.4
Bought from Friend or Relative	9.2
Took from Friend or Relative without Asking	3.7
BOUGHT FROM DRUG DEALER OR OTHER STRANGER	6.2
SOME OTHER WAY¹	3.1

NOTE: Estimates shown are percentages with standard errors included in parentheses. Estimates for specific sources may not add to the aggregate estimates for given source due to rounding.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A.17B. Respondents were asked to choose one of eight sources as their best answer. Respondents with unknown data on Source for Most Recent Misuse and response 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, Quarters 1 and 4, 2020.

Table A.18A Past Year Initiation of Specific Substance Use: Among People Aged 12 or Older; 2002-2020

Substance	2002	2003	2004	2005	2006	2007	2008	20
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
Cocaine	1,032 (61)	986 (56)	998 (65)	872 (50)	977 (60)	906 (57)	724 (52)	623
Crack	337 (44)	269 (36)	215 (29)	230 (30)	243 (31)	353 (72)	209 (34)	95
Heroin	117 (20)	92 (20)	118 (28)	108 (20)	90 (15)	106 (21)	116 (23)	187
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc
LSD	338 (30)	200 (20)	235 (25)	243 (29)	265 (32)	271 (23)	400 (31)	341
PCP	123 (15)	105 (14)	106 (20)	77 (13)	70 (13)	58 (11)	53 (10)	45
Ecstasy	nc	nc	nc	nc	nc	nc	nc	nc
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc
Methamphetamine	nc	nc	nc	nc	nc	nc	nc	nc
Misuse of Psychotherapeutics	nc	nc	nc	nc	nc	nc	nc	nc
Pain Relievers	nc	nc	nc	nc	nc	nc	nc	nc
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc
Tranquilizers or Sedatives	nc	nc	nc	nc	nc	nc	nc	nc
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc
CIGARETTES	1,940 (75)	1,983 (72)	2,122 (72)	2,282 (86)	2,456 (79)	2,231 (71)	2,453 (90)	2,545
Daily Cigarette Use	1,016 (64)	1,064 (58)	1,101 (55)	965 (58)	1,049 (54)	983 (52)	945 (57)	1,136
SMOKELESS TOBACCO	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
ALCOHOL	3,942 (101)	4,082 (104)	4,396 (127)	4,274 (108)	4,378 (107)	4,551 (111)	4,466 (116)	4,561

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 People Aged 12 or Older; 2002-2020 (continued)

Substance	2012	2013	2014	2015	2016	2017	2018	2019	2020
ILLICIT DRUGS									
Marijuana	2,398 (96)	2,427 (86)	2,568 (95)	2,600 (95)	2,582 (99)	3,033 (117)	3,061 (103)	nr	3,478
Cocaine	639 (48)	601 (47)	766 (57)	968 (68)	1,085 (73)	1,037 (69)	874 (67)	nr	671
Crack	84 (16)	58 (13)	109 (24)	37 (9)	88 (19)	83 (21)	101 (26)	nr	92
Heroin	156 (23)	169 (36)	212 (35)	135 (24)	170 (29)	81 (17)	117 (24)	nr	50
Hallucinogens	nc	nc	nc	1,160 (69)	1,178 (70)	1,194 (68)	1,116 (72)	nr	1,221
LSD	421 (41)	482 (40)	586 (48)	664 (45)	844 (62)	794 (51)	778 (60)	nr	883
PCP	90 (21)	32 (7)	41 (10)	42 (11)	43 (20)	23 (8)	14 (6)	nr	30
Ecstasy	nc	nc	nc	839 (62)	757 (55)	787 (56)	722 (58)	nr	744
Inhalants	nc	nc	nc	600 (44)	526 (43)	575 (42)	576 (45)	nr	730
Methamphetamine	nc	nc	nc	225 (37)	192 (32)	195 (31)	205 (31)	nr	184
Misuse of Psychotherapeutics	nc	nc	nc	nc	nc	nc	nc	nr	nr
Pain Relievers	nc	nc	nc	2,126 (115)	2,139 (119)	2,010 (119)	1,908 (121)	nr	1,607
Stimulants	nc	nc	nc	1,260 (80)	1,374 (89)	1,192 (76)	1,001 (64)	nr	901
Tranquilizers or Sedatives	nc	nc	nc	nc	nc	nc	nc	nr	nr
Tranquilizers	nc	nc	nc	1,437 (94)	1,374 (77)	1,446 (102)	1,210 (88)	nr	949
Sedatives	nc	nc	nc	425 (63)	294 (42)	271 (42)	251 (38)	nr	239
CIGARETTES	2,336 (89)	2,071 (81)	2,164 (90)	1,956 (77)	1,782 (77)	1,898 (80)	1,825 (89)	nr	1,595
Daily Cigarette Use	778 (53)	813 (52)	756 (51)	622 (45)	620 (54)	608 (47)	495 (43)	nr	488
SMOKELESS TOBACCO	nc	nc	nc	1,335 (75)	1,157 (86)	1,013 (61)	918 (66)	nr	1,041
CIGARS	2,664 (108)	2,770 (144)	2,597 (104)	2,569 (110)	2,359 (103)	2,338 (107)	2,274 (101)	nr	2,114
ALCOHOL	4,589 (130)	4,559 (113)	4,655 (127)	4,761 (126)	4,639 (126)	4,914 (136)	4,878 (129)	nr	4,879

LSD = lysergic acid diethylamide; nc = not comparable due to methodological changes; nr = not reported due to measurement issues; PCP = phenethylamine.

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

NOTE: Estimates in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 detailed tables.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2019 and Quarters 1 and 4, 2020.

Table A.19A Past Year Initiation of Specific Substance Use: Among Adolescents Aged 12 to 17; 2002-2020

Substance	2002	2003	2004	2005	2006	2007	2008	20
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
Cocaine	310 (24)	282 (22)	274 (23)	286 (23)	260 (22)	254 (22)	196 (20)	145
Crack	86 (13)	76 (11)	42 (9)	32 (7)	41 (8)	52 (10)	17 (5)	18
Heroin	39 (10)	25 (7)	31 (8)	18 (5)	24 (7)	16 (5)	29 (10)	19
Hallucinogens	nc	nc	nc	nc	nc	nc	nc	nc
LSD	180 (18)	96 (13)	99 (13)	105 (14)	76 (11)	97 (13)	147 (16)	106
PCP	77 (11)	59 (10)	43 (9)	55 (11)	43 (10)	38 (8)	37 (7)	26
Ecstasy	nc	nc	nc	nc	nc	nc	nc	nc
Inhalants	nc	nc	nc	nc	nc	nc	nc	nc
Methamphetamine	nc	nc	nc	nc	nc	nc	nc	nc
Misuse of Psychotherapeutics	nc	nc	nc	nc	nc	nc	nc	nc
Pain Relievers	nc	nc	nc	nc	nc	nc	nc	nc
Stimulants	nc	nc	nc	nc	nc	nc	nc	nc
Tranquilizers or Sedatives	nc	nc	nc	nc	nc	nc	nc	nc
Tranquilizers	nc	nc	nc	nc	nc	nc	nc	nc
Sedatives	nc	nc	nc	nc	nc	nc	nc	nc
CIGARETTES								
Daily Cigarette Use	1,187 (44)	1,226 (47)	1,294 (50)	1,303 (50)	1,333 (48)	1,198 (48)	1,288 (50)	1,273
SMOKELESS TOBACCO								
CIGARS	403 (27)	439 (27)	417 (32)	334 (24)	386 (27)	333 (23)	277 (23)	313
ALCOHOL								
	1,113 (40)	1,163 (46)	1,246 (48)	1,270 (47)	1,217 (42)	1,145 (44)	1,120 (43)	1,085
	2,588 (64)	2,593 (65)	2,743 (73)	2,749 (69)	2,706 (68)	2,698 (69)	2,568 (64)	2,662

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

Table A.19A Past Year Initiation of Specific Substance Use: Among Adolescents Aged 12 to 17; 2002-2020 (continued)

Substance	2012	2013	2014	2015	2016	2017	2018	2019	2020
ILLICIT DRUGS									
Marijuana	1,255 (49)	1,200 (46)	1,203 (52)	1,169 (50)	1,197 (50)	1,204 (52)	1,339 (56)	nr	1,351
Cocaine	120 (16)	94 (13)	117 (20)	112 (16)	107 (16)	98 (14)	74 (15)	59	59
Crack	18 (8)	10 (4)	11 (5)	*	6 (3)	9 (4)	4 (3)	11	11
Heroin	21 (7)	21 (6)	13 (7)	11 (4)	8 (3)	9 (4)	7 (4)	*	*
Hallucinogens	nc	nc	nc	340 (31)	319 (26)	344 (28)	234 (23)	281	281
LSD	125 (15)	122 (14)	165 (22)	206 (24)	160 (18)	188 (20)	142 (18)	205	205
PCP	45 (11)	19 (6)	17 (6)	34 (11)	12 (4)	13 (5)	5 (3)	16	16
Ecstasy	nc	nc	nc	168 (22)	143 (19)	146 (20)	105 (18)	116	116
Inhalants	nc	nc	nc	349 (27)	262 (23)	289 (25)	308 (29)	381	381
Methamphetamine	nc	nc	nc	24 (8)	16 (5)	27 (7)	31 (8)	25	25
Misuse of Psychotherapeutics	nc	nc	nc	nr	nr	nr	nr	nr	nr
Pain Relievers	nc	nc	nc	415 (32)	423 (30)	316 (29)	310 (28)	245	245
Stimulants	nc	nc	nc	276 (27)	244 (28)	217 (25)	181 (19)	238	238
Tranquilizers or Sedatives	nc	nc	nc	nr	nr	nr	nr	nr	nr
Tranquilizers	nc	nc	nc	210 (23)	228 (22)	223 (23)	215 (23)	185	185
Sedatives	nc	nc	nc	46 (11)	55 (11)	34 (9)	36 (10)	23	23
CIGARETTES	1,032 (43)	932 (41)	838 (44)	823 (43)	723 (42)	604 (37)	571 (38)	541	541
Daily Cigarette Use	197 (22)	209 (19)	165 (19)	119 (15)	105 (14)	86 (13)	63 (11)	74	74
SMOKELESS TOBACCO	nc	nc	nc	460 (29)	353 (28)	397 (29)	307 (25)	337	337
CIGARS	849 (38)	730 (36)	797 (41)	671 (37)	575 (34)	599 (35)	493 (31)	442	442
ALCOHOL	2,448 (72)	2,417 (67)	2,335 (67)	2,358 (75)	2,293 (71)	2,332 (66)	2,380 (76)	2,259	2,259

* = low precision; LSD = lysergic acid diethylamide; nc = not comparable due to methodological changes; nr = not reported due to measurement issues; PCP = phencyclidine.

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

NOTE: Estimates in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 detailed tables.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2019 and Quarters 1 and 4, 2020.

Table A.20A Past Year Initiation of Specific Substance Use: Among Young Adults Aged 18 to 25; 2002-2020

Substance	2002	2003	2004	2005	2006	2007	2008	20
ILLICIT DRUGS								
Marijuana	733 (37) nc	666 (37) nc	714 (45) nc	723 (45) nc	742 (46) nc	787 (45) nc	817 (49) nc	988
Cocaine	594 (42) nc	576 (36) nc	592 (41) nc	498 (35) nc	570 (40) nc	541 (38) nc	426 (33) nc	397
Crack	100 (15) nc	109 (15) nc	120 (17) nc	142 (21) nc	132 (18) nc	88 (15) nc	91 (15) nc	62
Heroin	66 (13) nc	42 (9) nc	46 (10) nc	57 (13) nc	56 (12) nc	70 (14) nc	58 (11) nc	83
Hallucinogens								
LSD	142 (18) nc	98 (14) nc	112 (16) nc	114 (16) nc	162 (22) nc	171 (18) nc	235 (23) nc	228
PCP	46 (11) nc	41 (9) nc	49 (14) nc	22 (6) nc	27 (8) nc	19 (7) nc	16 (6) nc	17
Ecstasy								
Inhalants								
Methamphetamine								
Misuse of Psychotherapeutics								
Pain Relievers								
Stimulants								
Tranquilizers or Sedatives								
Tranquilizers								
Sedatives								
CIGARETTES								
Daily Cigarette Use	641 (40) nc	659 (45) nc	765 (46) nc	848 (46) nc	1,041 (52) nc	989 (48) nc	1,076 (58) nc	1,147
	447 (31) nc	474 (35) nc	566 (36) nc	493 (33) nc	554 (36) nc	566 (38) nc	549 (35) nc	618
SMOKELESS TOBACCO								
CIGARS	1,031 (46) nc	1,055 (48) nc	1,199 (54) nc	1,332 (58) nc	1,275 (54) nc	1,379 (58) nc	1,277 (54) nc	1,417
ALCOHOL	1,230 (51) nc	1,430 (64) nc	1,484 (62) nc	1,421 (61) nc	1,612 (68) nc	1,741 (70) nc	1,706 (68) nc	1,775

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

Table A.20A Past Year Initiation of Specific Substance Use: Among Young Adults Aged 18 to 25; 2002-2020 (continued)

Substance	2012	2013	2014	2015	2016	2017	2018	2019	2020
ILLICIT DRUGS									
Marijuana	966 (57)	1,017 (54)	1,094 (62)	1,048 (57)	1,013 (58)	1,304 (73)	1,197 (64)	nr	1,240
Cocaine	443 (37)	432 (37)	501 (40)	663 (52)	766 (57)	729 (52)	616 (50)	476	476
Crack	49 (11)	25 (6)	54 (14)	37 (9)	48 (14)	21 (7)	36 (10)	17	17
Heroin	95 (16)	66 (13)	75 (15)	57 (12)	82 (19)	46 (13)	35 (10)	19	19
Hallucinogens	nc	nc	nc	670 (54)	725 (53)	683 (47)	632 (51)	681	681
LSD	264 (33)	312 (31)	371 (37)	387 (35)	567 (48)	487 (39)	468 (42)	460	460
PCP	28 (8)	13 (5)	24 (8)	8 (4)	9 (6)	9 (5)	8 (5)	15	15
Ecstasy	nc	nc	nc	531 (45)	460 (42)	507 (44)	460 (45)	448	448
Inhalants	nc	nc	nc	188 (25)	184 (26)	212 (25)	210 (27)	250	250
Methamphetamine	nc	nc	nc	91 (21)	79 (15)	95 (18)	68 (14)	63	63
Misuse of Psychotherapeutics	nc	nc	nc	nc	nc	nc	nc	nr	nr
Pain Relievers	nc	nc	nc	596 (43)	585 (50)	465 (40)	464 (36)	404	404
Stimulants	nc	nc	nc	600 (48)	617 (49)	581 (47)	517 (40)	364	364
Tranquilizers or Sedatives	nc	nc	nc	nc	nc	nc	nc	nr	nr
Tranquilizers	nc	nc	nc	489 (40)	617 (45)	473 (40)	434 (38)	329	329
Sedatives	nc	nc	nc	86 (16)	75 (18)	51 (12)	73 (16)	39	39
CIGARETTES	1,204 (65)	1,031 (57)	1,181 (72)	1,050 (58)	978 (61)	1,151 (61)	1,141 (65)	964	964
Daily Cigarette Use	488 (39)	505 (36)	479 (40)	403 (34)	363 (37)	393 (36)	353 (35)	235	235
SMOKELESS TOBACCO	nc	nc	nc	517 (43)	452 (39)	398 (34)	414 (38)	424	424
CIGARS	1,291 (61)	1,334 (61)	1,311 (67)	1,281 (67)	1,226 (68)	1,118 (64)	1,246 (64)	1,154	1,154
ALCOHOL	1,945 (77)	2,056 (76)	2,225 (86)	2,203 (78)	2,191 (86)	2,440 (95)	2,436 (86)	2,415	2,415

LSD = lysergic acid diethylamide; nc = not comparable due to methodological changes; nr = not reported due to measurement issues; PCP = phenylethylamine.

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

NOTE: Estimates in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 detailed tables.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2019 and Quarters 1 and 4, 2020.

Table A.21A Past Year Initiation of Specific Substance Use: Among Adults Aged 26 or Older; 2002-2020

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

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

Table A.21A Past Year Initiation of Specific Substance Use: Among Adults Aged 26 or Older; 2002-2020 (continued)

Substance	2012	2013	2014	2015	2016	2017	2018	2019	2020
ILLICIT DRUGS									
Marijuana	177 (53)	210 (44)	271 (45)	383 (55)	372 (53)	525 (68)	525 (61)	nr	887
Cocaine	76 (26)	75 (29)	148 (35)	193 (39)	213 (39)	210 (37)	184 (34)	135	135
Crack	17 (8)	23 (11)	44 (18)	*	34 (13)	52 (19)	61 (23)	63	63
Heroin	40 (15)	82 (32)	124 (31)	68 (20)	80 (21)	26 (11)	75 (22)	31	31
Hallucinogens	nc	nc	nc	150 (29)	134 (30)	167 (35)	250 (43)	259	259
LSD	33 (16)	48 (25)	50 (19)	71 (20)	117 (32)	120 (28)	169 (35)	219	219
PCP	17 (16)	*	*	*	22 (19)	*	*	*	*
Ecstasy	nc	nc	nc	141 (31)	154 (27)	134 (31)	157 (33)	180	180
Inhalants	nc	nc	nc	62 (20)	80 (25)	75 (27)	58 (19)	99	99
Methamphetamine	nc	nc	nc	110 (29)	97 (28)	73 (24)	106 (25)	96	96
Misuse of Psychotherapeutics	nc	nc	nc	nc	nc	nc	nc	nc	nc
Pain Relievers	nc	nc	nc	1,114 (101)	1,130 (102)	1,229 (111)	1,134 (109)	958	958
Stimulants	nc	nc	nc	384 (57)	513 (65)	394 (54)	302 (46)	299	299
Tranquilizers or Sedatives	nc	nc	nc	nc	nc	nc	nc	nc	nc
Tranquilizers	nc	nc	nc	738 (82)	530 (59)	749 (89)	560 (76)	435	435
Sedatives	nc	nc	nc	293 (61)	164 (37)	186 (39)	143 (33)	176	176
CIGARETTES									
Daily Cigarette Use	101 (28)	108 (32)	144 (29)	84 (20)	81 (20)	142 (29)	113 (29)	90	90
SMOKELESS TOBACCO									
CIGARS	92 (27)	99 (31)	113 (25)	100 (24)	152 (35)	130 (26)	80 (24)	180	180
ALCOHOL									
	524 (72)	706 (126)	489 (62)	617 (75)	558 (72)	622 (75)	535 (62)	518	518
	196 (56)	85 (26)	95 (37)	200 (48)	156 (44)	143 (38)	63 (16)	205	205

* = low precision; LSD = lysergic acid diethylamide; nc = not comparable due to methodological changes; nr = not reported due to measurement issues; PCP = phencyclidine.

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

NOTE: Estimates in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes not performed. See the 2020 *National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 detailed tables. Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2019 and Quarters 1 and 4, 2020.

Table A.22B Perceived Great Risk of Harm Associated with Selected Substance Use: Among People Aged 12 or Older, 2015-2020

Substance/Perceptions of Great Risk ¹	2015	2016	2017	2018	2019	2020
Cigarettes						
Smoke One or More Packs per Day	72.8 (0.27)	72.8 (0.27)	71.6 (0.27)	71.8 (0.27)	71.2 (0.27)	71.2
Marijuana						
Smoke Once a Month	29.1 (0.32)	27.7 (0.29)	26.1 (0.31)	25.0 (0.31)	23.8	23.8
Smoke Once or Twice a Week	36.3 (0.33)	34.0 (0.31)	31.9 (0.32)	30.6 (0.31)	29.2	29.2
Cocaine						
Use Once a Month	72.0 (0.27)	71.8 (0.27)	71.3 (0.29)	71.2 (0.29)	70.0	70.0
Use Once or Twice a Week	87.4 (0.19)	87.1 (0.19)	86.8 (0.21)	86.5 (0.21)	85.7	85.7
Heroin						
Try Once or Twice	85.2 (0.20)	85.6 (0.21)	86.4 (0.20)	86.2 (0.20)	85.2	85.2
Use Once or Twice a Week	94.2 (0.13)	94.1 (0.14)	94.5 (0.13)	94.3 (0.13)	93.8	93.8
Alcohol						
Have Four or Five Drinks Nearly Every Day	68.7 (0.27)	68.3 (0.29)	68.9 (0.28)	68.5 (0.28)	67.9	67.9

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

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the report.

¹ Respondents with unknown Perception of Great Risk data were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015-2019 and Quarters 1 and 4, 2020.

Table A.23B Perceived Great Risk of Harm Associated with Selected Substance Use: Among Adolescents Aged 12 to 17; 2015-2020

Substance/Perceptions of Great Risk ¹	2015	2016	2017	2018	2019	2020
Cigarettes						
Smoke One or More Packs per Day	68.2 (0.46)	69.3 (0.47)	67.2 (0.49)	65.3 (0.50)		65.0
Marijuana						
Smoke Once a Month	27.3 (0.44)	27.1 (0.47)	24.4 (0.43)	22.8 (0.41)		22.6
Smoke Once or Twice a Week	40.6 (0.52)	40.0 (0.53)	37.7 (0.53)	34.9 (0.49)		34.6
Cocaine						
Use Once a Month	56.7 (0.50)	56.4 (0.51)	55.6 (0.49)	54.2 (0.53)		53.9
Use Once or Twice a Week	80.2 (0.40)	80.6 (0.39)	80.1 (0.42)	79.6 (0.44)		78.7
Heroin						
Try Once or Twice	65.3 (0.51)	65.6 (0.47)	66.3 (0.47)	64.5 (0.52)		62.9
Use Once or Twice a Week	82.9 (0.38)	83.4 (0.38)	84.0 (0.39)	83.0 (0.39)		82.1
Alcohol						
Have Four or Five Drinks Nearly Every Day	64.1 (0.50)	65.5 (0.47)	65.2 (0.47)	64.4 (0.51)		63.5

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

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the report.

¹ Respondents with unknown Perception of Great Risk data were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015-2019 and Quarters 1 and 4, 2020.

Table A.24B Perceived Great Risk of Harm Associated with Selected Substance Use: Among Young Adults Aged 18 to 25; 2015-2020

Substance/Perceptions of Great Risk ¹	2015	2016	2017	2018	2019	2020
Cigarettes						
Smoke One or More Packs per Day	68.0 (0.43)	68.6 (0.46)	66.6 (0.50)	67.5 (0.46)	66.2	66.2
Marijuana						
Smoke Once a Month	15.2 (0.35)	13.5 (0.35)	12.3 (0.36)	12.0 (0.34)	11.8	11.8
Smoke Once or Twice a Week	19.1 (0.40)	17.2 (0.39)	15.4 (0.40)	15.4 (0.38)	15.0	15.0
Cocaine						
Use Once a Month	65.3 (0.51)	64.8 (0.51)	63.0 (0.53)	62.7 (0.56)	62.6	62.6
Use Once or Twice a Week	84.3 (0.36)	83.6 (0.38)	83.3 (0.37)	82.6 (0.39)	82.6	82.6
Heroin						
Try Once or Twice	82.6 (0.38)	83.0 (0.39)	82.6 (0.39)	82.5 (0.36)	82.4	82.4
Use Once or Twice a Week	94.0 (0.24)	93.5 (0.25)	93.9 (0.25)	93.3 (0.26)	93.3	93.3
Alcohol						
Have Four or Five Drinks Nearly Every Day	62.1 (0.47)	62.3 (0.46)	63.2 (0.50)	63.4 (0.49)	62.4	62.4

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

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the report.

¹ Respondents with unknown Perception of Great Risk data were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015-2019 and Quarters 1 and 4, 2020.

Table A.25B Perceived Great Risk of Harm Associated with Selected Substance Use: Among Adults Aged 26 or Older, 2015-2020

Substance/Perceptions of Great Risk ¹	2015	2016	2017	2018	2019	2020
Cigarettes						
Smoke One or More Packs per Day	74.2 (0.32)	73.9 (0.33)	73.0 (0.33)	73.2 (0.33)	72.7	72.7
Marijuana						
Smoke Once a Month	31.7 (0.40)	30.2 (0.36)	28.5 (0.38)	27.3 (0.38)	25.8	25.8
Smoke Once or Twice a Week	38.7 (0.40)	36.1 (0.38)	34.0 (0.39)	32.5 (0.38)	30.8	30.8
Cocaine						
Use Once a Month	75.0 (0.33)	74.7 (0.32)	74.5 (0.35)	74.5 (0.35)	73.0	73.0
Use Once or Twice a Week	88.8 (0.23)	88.4 (0.24)	88.2 (0.25)	87.9 (0.25)	86.9	86.9
Heroin						
Try Once or Twice	88.0 (0.24)	88.4 (0.24)	89.3 (0.24)	89.3 (0.23)	88.2	88.2
Use Once or Twice a Week	95.5 (0.16)	95.4 (0.16)	95.8 (0.16)	95.7 (0.15)	95.2	95.2
Alcohol						
Have Four or Five Drinks Nearly Every Day	70.4 (0.34)	69.6 (0.35)	70.2 (0.35)	69.7 (0.34)	69.3	69.3

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

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the report.

¹ Respondents with unknown Perception of Great Risk data were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015-2019 and Quarters 1 and 4, 2020.

Table A.26B Substance Use Disorder for Specific Substances in the Past Year: Among People Aged 12 or Older, by Age Group, 2020

Substance Use Disorder	Aged 12 or Older	Aged 12 to 17	Aged 18 to 25	Aj
ALCOHOL OR ILLICIT DRUGS¹				
ALCOHOL	14.5 (0.33)	6.3 (0.49)	24.4 (0.83)	14.0
ILLICIT DRUGS	10.2 (0.29)	2.8 (0.34)	15.6 (0.72)	10.3
Marijuana	6.6 (0.21)	4.9 (0.42)	14.6 (0.63)	5.6
Cocaine	5.1 (0.18)	4.1 (0.38)	13.5 (0.61)	4.0
Heroin	0.5 (0.06)	0.1 (0.06)	0.7 (0.13)	0.5
Hallucinogens	0.2 (0.05)	*	0.1 (*)	0.3
Inhalants	0.1 (0.02)	0.3 (0.08)	0.4 (0.09)	0.1
Methamphetamine	0.1 (0.02)	0.3 (0.14)	0.1 (0.06)	0.0
Misuse of Psychotherapeutics	0.6 (0.07)	0.1 (0.05)	0.3 (0.07)	0.6
Pain Relievers	1.3 (0.11)	0.6 (0.12)	1.6 (0.21)	1.3
Stimulants	0.8 (0.09)	0.3 (0.10)	0.8 (0.14)	0.9
Tranquilizers or Sedatives	0.3 (0.04)	0.2 (0.05)	0.4 (0.10)	0.3
Tranquilizers	0.4 (0.06)	0.3 (0.09)	0.7 (0.13)	0.4
Sedatives	0.3 (0.05)	0.3 (0.09)	0.6 (0.12)	0.3
Opioids	0.1 (0.04)	0.0 (0.02)	0.1 (0.06)	0.1
Central Nervous System Stimulants	1.0 (0.10)	0.3 (0.10)	0.9 (0.14)	1.1
BOTH ALCOHOL AND ILLICIT DRUGS	1.1 (0.10)	0.4 (0.09)	1.3 (0.18)	1.2
	2.3 (0.12)	1.4 (0.22)	5.7 (0.42)	1.9

* = low precision.

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

NOTE: Substance use disorder (SUD) estimates in 2020 are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. SUD and related and prior years of NSDUH because prior years' estimates were based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition. The 2 methodological changes for the 2020 NSDUH. Due to these changes, estimates are shown for 2020 only. See the *2020 National Survey on Drug Use and Health: Methodology* for details on these changes.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of this report.

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

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, Quarters 1 and 4, 2020.

Table A.27B Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year: Among Adolescents Aged 12 to 17; 2

MDE	2004	2005	2006	2007	2008	2009	2010	2011
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)
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)

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

Table A.27B Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year: Among Adolescents Aged 12 to 17; 2

MDE	2015	2016	2017	2018	2019	2020
MDE	12.5 (0.33)	12.8 (0.32)	13.3 (0.35)	14.4 (0.36)	15.7 (0.37)	17.0 (0.82)
MDE with Severe Impairment ¹	8.8 (0.28)	9.0 (0.27)	9.4 (0.31)	10.0 (0.29)	11.1 (0.32)	12.0 (0.66)

-- = not available.

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

NOTE: Respondents with unknown past year MDE data were excluded.

NOTE: Estimates in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological c significance testing between 2020 and prior years was not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definition*

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 NSDUH. Impairment is based on the Sheehan Disability Scale role domains, which measure the impact of a disorder on an adolescent's life. Impairment is defined as the highest severe impairment domain: (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. F were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2004-2019 and Quarters 1 and 4, 2020.

Table A.28B Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year: Among Adults Aged 18 or Older, by

MDE/Age Group	2005	2006	2007	2008	2009	2010	2011	2012
MDE								
18-25	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)
26-49	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)
50 or Older	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)
MDE with Severe Impairment¹								
18-25	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)
26-49	--	--	--	--	4.0 (0.14)	4.2 (0.15)	4.2 (0.15)	4.5 (0.15)
50 or Older	--	--	--	--	5.2 (0.20)	5.2 (0.21)	5.2 (0.20)	5.8 (0.21)
	--	--	--	--	4.8 (0.21)	4.7 (0.21)	5.2 (0.23)	5.1 (0.23)
	--	--	--	--	2.6 (0.23)	3.5 (0.28)	2.9 (0.24)	3.4 (0.28)

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

Table A.28B Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year: Among Adults Aged 18 or Older, by

MDE/Age Group	2016	2017	2018	2019	2020
MDE					
18-25	6.7 (0.15)	7.1 (0.16)	7.2 (0.15)	7.8 (0.16)	8.4 (0.27)
26-49	10.9 (0.31)	13.1 (0.34)	13.8 (0.34)	15.2 (0.37)	17.0 (0.69)
50 or Older	7.4 (0.21)	7.7 (0.23)	8.0 (0.23)	8.9 (0.22)	9.1 (0.36)
MDE with Severe Impairment¹					
18-25	4.8 (0.25)	4.7 (0.24)	4.5 (0.24)	4.7 (0.24)	5.4 (0.41)
26-49	4.3 (0.12)	4.5 (0.12)	4.7 (0.13)	5.3 (0.13)	6.0 (0.23)
50 or Older	7.0 (0.27)	8.5 (0.29)	8.9 (0.28)	10.3 (0.30)	12.1 (0.57)
	4.7 (0.16)	5.0 (0.18)	5.3 (0.19)	6.1 (0.18)	6.5 (0.32)
	3.0 (0.22)	2.8 (0.18)	2.9 (0.20)	3.2 (0.21)	3.8 (0.35)

-- = not available.

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

NOTE: Respondents with unknown past year MDE data were excluded.

NOTE: Estimates in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological c significance testing between 2020 and prior years was not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definition Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Estimates in this table for 2020 exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were adjusted for the re Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of t Impairment is based on the Sheehan Disability Scale role domains, which measure the impact of a disorder on an adult's life. Impairment is defined as the highest severity l (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 wil Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2005-2019 and Quarters 1 and 4, 2020.

Table A.29B Level of Mental Illness in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2008-2020

Mental Illness/Age Group	2008	2009	2010	2011	2012	2013	2014	2015
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)
18-25	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)
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)
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)
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)
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)
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)
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)

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

Table A.29B Level of Mental Illness in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2008-2020 (continued)

Mental Illness/Age Group	2018	2019	2020
AMI	19.1 (0.26)	20.6 (0.25)	21.0 (0.39)
18-25	26.3 (0.44)	29.4 (0.48)	30.6 (0.84)
26-49	22.5 (0.35)	25.0 (0.36)	25.3 (0.54)
50 or Older	14.0 (0.42)	14.1 (0.40)	14.5 (0.63)
SMI	4.6 (0.12)	5.2 (0.13)	5.6 (0.23)
18-25	7.7 (0.25)	8.6 (0.27)	9.7 (0.53)
26-49	5.9 (0.18)	6.8 (0.19)	6.9 (0.31)
50 or Older	2.5 (0.19)	2.9 (0.20)	3.4 (0.35)

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

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

NOTE: Estimates in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological c significance testing between 2020 and prior years was not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definition*

NOTE: Estimates in this table for 2020 exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were adjusted for the re *Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of t Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008-2019 and Quarters 1 and 4, 2020.

Table A.30AB Substance Use Disorder (SUD) and Major Depressive Episode (MDE) in the Past Year: Among Adolescents Aged 12 to 17

SUD or MDE Status	Number in Thousands ¹	
SUD or MDE	5,072	(218)
SUD but no MDE	900	(96)
MDE but no SUD	3,488	(186)
Co-Occurring SUD and MDE	644	(79)
Co-Occurring SUD and MDE with Severe Impairment ³	447	(60)

NOTE: Respondents with unknown past year MDE data were excluded.

NOTE: SUD estimates in 2020 are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. SUD and related estimates are not comparable to 2019 estimates because prior years' estimates were based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition. The 2020 estimates reflect 2020 NSDUH. Due to these changes, estimates are shown for 2020 only. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Details* for more information.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 NSDUH report.

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 Impairment is based on the Sheehan Disability Scale role domains, which measure the impact of a disorder on an adolescent's life. Impairment is defined as the highest severe domain: (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. Estimates with ratings ≥ 7 were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarters 1 and 4, 2020.

Table A.31B Substance Use in the Past Year and Past Month: Among Adolescents Aged 12 to 17; by Past Year Major Depressive Episode

Period/Substance	Total ¹	MDE
PAST YEAR USE		
Illicit Drugs	13.8 (0.67)	28.6 (2.27)
Marijuana	10.1 (0.57)	22.0 (2.11)
Cocaine	0.3 (0.10)	0.9 (0.42)
Heroin	* (*)	* (*)
Hallucinogens	1.5 (0.21)	3.7 (0.87)
Inhalants	2.7 (0.32)	7.0 (1.29)
Methamphetamine	0.1 (0.05)	* (*)
Misuse of Psychotherapeutics	2.8 (0.32)	5.5 (0.92)
Pain Relievers	1.6 (0.24)	2.3 (0.49)
Stimulants	1.2 (0.20)	2.8 (0.73)
Tranquilizers or Sedatives	0.9 (0.16)	2.6 (0.70)
Opioids	1.6 (0.24)	2.3 (0.49)
Central Nervous System Stimulants	1.4 (0.22)	3.4 (0.80)
PAST MONTH USE		
Cigarettes	1.4 (0.22)	2.7 (1.00)
Nicotine Vaping	5.1 (0.43)	11.2 (1.43)
Binge Alcohol Use	4.1 (0.42)	6.2 (0.96)
Heavy Alcohol Use	0.6 (0.15)	1.2 (0.59)

* = low precision.

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

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the report.

¹ Estimates in the Total column represent all adolescents aged 12 to 17, including those with unknown past year MDE data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarters 1 and 4, 2020.

Table A.32A Level of Mental Illness in the Past Year: Among Adults Aged 18 or Older; by Past Year Substance Use Disorder Status and

Level of Mental Illness/SUD Status	18 or Older	18 to 25	26 to 4
SUD or AMI	73,797 (1,120)	14,205 (320)	35,848
SUD but no AMI	20,938 (679)	3,967 (204)	10,172
AMI but no SUD	35,874 (836)	6,167 (237)	16,378
SUD and AMI	16,985 (597)	4,071 (200)	9,298
SUD or SMI	46,462 (977)	9,756 (295)	23,250
SUD but no SMI	32,262 (852)	6,498 (261)	16,269
SMI but no SUD	8,540 (455)	1,719 (132)	3,780
SUD and SMI	5,661 (317)	1,539 (113)	3,201

AMI = any mental illness; SMI = serious mental illness; SUD = substance use disorder.

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

NOTE: SUD estimates in 2020 are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. SUD and related estimates are not comparable because prior years' estimates were based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition. The 2020 estimates reflect additional NSDUH. Due to these changes, estimates are shown for 2020 only. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definition*.

NOTE: Estimates in this table exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were adjusted for the reduced sample size. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 NSDUH. Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarters 1 and 4, 2020.

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

Level of Mental Illness/SUD Status	18 or Older	18 to 25	26 to 4
SUD or AMI	29.3 (0.44)	42.4 (0.96)	35.3
SUD but no AMI	8.3 (0.27)	11.8 (0.61)	10.0
AMI but no SUD	14.2 (0.33)	18.4 (0.71)	16.1
SUD and AMI	6.7 (0.24)	12.2 (0.60)	9.2
SUD or SMI	18.4 (0.39)	29.1 (0.88)	22.9
SUD but no SMI	12.8 (0.34)	19.4 (0.78)	16.0
SMI but no SUD	3.4 (0.18)	5.1 (0.39)	3.7
SUD and SMI	2.2 (0.13)	4.6 (0.34)	3.2

AMI = any mental illness; SMI = serious mental illness; SUD = substance use disorder.

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

NOTE: SUD estimates in 2020 are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. SUD and related estimates are not comparable because prior years' estimates were based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition. The 2020 estimates reflect additional NSDUH. Due to these changes, estimates are shown for 2020 only. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definition*.

NOTE: Estimates in this table exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were adjusted for the reduced sample size. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 NSDUH. Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarters 1 and 4, 2020.

Table A.33B Substance Use in the Past Year and Past Month: Among Adults Aged 18 or Older; by Past Year Mental Illness Status, 2020

Period/Substance	Total	Any Mental Illness	Serious Mental Illness
PAST YEAR USE			
Illicit Drugs	21.8 (0.43)	39.8 (0.99)	47.8 (2.07)
Marijuana	18.4 (0.41)	32.8 (0.96)	39.2 (2.01)
Cocaine	2.0 (0.13)	4.4 (0.39)	7.2 (0.92)
Heroin	0.3 (0.06)	1.1 (0.26)	1.8 (0.47)
Hallucinogens	2.6 (0.15)	6.2 (0.42)	9.7 (0.95)
Inhalants	0.7 (0.07)	1.6 (0.21)	3.2 (0.58)
Methamphetamine	0.9 (0.11)	3.0 (0.42)	5.2 (1.09)
Misuse of Psychotherapeutics	6.0 (0.23)	13.9 (0.69)	18.6 (1.45)
Pain Relievers	3.4 (0.19)	7.8 (0.56)	11.1 (1.17)
Stimulants	1.9 (0.12)	4.2 (0.35)	6.1 (0.82)
Tranquilizers or Sedatives	2.4 (0.13)	7.1 (0.53)	10.6 (1.13)
Opioids	3.5 (0.19)	8.1 (0.56)	11.6 (1.19)
Central Nervous System Stimulants	3.9 (0.19)	8.8 (0.58)	13.9 (1.39)
PAST MONTH USE			
Cigarettes	16.3 (0.42)	23.1 (0.89)	27.5 (1.66)
Nicotine Vaping	3.7 (0.16)	7.7 (0.46)	12.7 (1.10)
Binge Alcohol Use	24.0 (0.45)	28.5 (0.96)	30.9 (1.82)
Heavy Alcohol Use	6.9 (0.25)	8.8 (0.59)	10.2 (1.05)

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

NOTE: Estimates in this table exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were adjusted for the reduced sample size of respondents who did not complete the questionnaire. The analysis weights and estimates were adjusted for the reduced sample size of respondents who did not complete the questionnaire. See the 2020 National Survey on Drug Use and Health for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 NSDUH. Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarters 1 and 4, 2020.

Table A.34B Had Serious Thoughts of Suicide, Made Any Suicide Plans, and Attempted Suicide in the Past Year: Among Adults Aged 18 Characteristics, 2020

Demographic Characteristic	Had Serious Thoughts of Suicide in the Past Year	Made Any Suicide Plans in the Past Year
TOTAL	4.9 (0.20)	1.3 (0.09)
AGE GROUP		
18-25	11.3 (0.56)	4.0 (0.32)
26 or Older	3.9 (0.21)	0.9 (0.09)
26-49	5.3 (0.28)	1.3 (0.16)
50 or Older	2.7 (0.28)	0.4 (0.10)
GENDER		
Male	4.5 (0.26)	1.2 (0.13)
Female	5.2 (0.27)	1.4 (0.13)
HISPANIC ORIGIN AND RACE		
Not Hispanic or Latino	5.0 (0.22)	1.3 (0.10)
White	5.3 (0.27)	1.4 (0.12)
Black or African American	3.4 (0.49)	1.1 (0.27)
American Indian or Alaska Native	5.6 (2.47)	1.8 (0.86)
Native Hawaiian or Other Pacific Islander	2.3 (1.15)	0.7 (0.54)
Asian	2.8 (0.49)	0.3 (0.12)
Two or More Races	11.0 (1.89)	3.3 (1.01)
Hispanic or Latino	4.2 (0.47)	1.2 (0.23)
EMPLOYMENT STATUS		
Full-Time	4.1 (0.24)	0.9 (0.10)
Part-Time	6.8 (0.59)	1.9 (0.28)
Unemployed	9.2 (1.13)	3.5 (0.73)
Other ¹	4.6 (0.37)	1.3 (0.16)

* = low precision.

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

NOTE: Estimates in this table exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were adjusted for the reduced sampling rate for the 2020 NSDUH. For more information, see *Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 NSDUH. Other Employment includes students, adults keeping house or caring for children full time, retired or disabled adults, or other adults not in the labor force.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarters 1 and 4, 2020.

**Table A.35B Had Serious Thoughts of Suicide, Made Any Suicide Plans, and Attempted Suicide Because of the COVID-19 Pandemic: An
Respective Suicidal Thoughts and Behaviors in the Past Year; by Demographic Characteristics, Quarter 4, 2020**

Demographic Characteristic	Had Serious Thoughts of Suicide Because of the COVID-19 Pandemic among All Adults Who Had Serious Thoughts of Suicide	Made Suicide Plans Because of the COVID-19 Pandemic among All Adults Who Made Any Suicide Plans	Beaus
TOTAL	21.1 (2.31)	8.5 (2.98)	
AGE GROUP			
18-25	22.6 (3.05)	8.2 (2.95)	
26 or Older	20.5 (3.04)	* (*)	
26-49	19.1 (3.03)	* (*)	
50 or Older	* (*)	* (*)	
GENDER			
Male	20.0 (3.22)	* (*)	
Female	21.9 (3.35)	* (*)	
HISPANIC ORIGIN AND RACE			
Not Hispanic or Latino	21.1 (2.49)	8.9 (3.34)	
White	20.1 (2.78)	* (*)	
Black or African American	* (*)	* (*)	
American Indian or Alaska Native	* (*)	* (*)	
Native Hawaiian or Other Pacific Islander	* (*)	* (*)	
Asian	* (*)	* (*)	
Two or More Races	* (*)	* (*)	
Hispanic or Latino	* (*)	* (*)	
EMPLOYMENT STATUS			
Full-Time	17.6 (2.90)	* (*)	
Part-Time	* (*)	* (*)	
Unemployed	* (*)	* (*)	
Other ¹	18.4 (4.47)	* (*)	

* = low precision; COVID-19 = coronavirus disease 2019.

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

NOTE: Respondents with unknown information on their suicide behaviors because of the COVID-19 pandemic were excluded.

NOTE: Estimates in this table exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were adjusted for the reduced sar
Drug Use and Health: Methodological Summary and Definitions for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of t
¹ Other Employment includes students, adults keeping house or caring for children full time, retired or disabled adults, or other adults not in the labor force.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarter 4, 2020.

Table A.36B Had Serious Thoughts of Suicide, Made Any Suicide Plans, and Attempted Suicide in the Past Year: Among Adolescents Ag

Suicidal Thoughts/Behavior	Total
HAD SERIOUS THOUGHTS OF SUICIDE	
Yes	12.0
No	74.8
Not Sure/Don't Know	7.1
Don't Want to Answer/Refuse	6.1
MADE SUICIDE PLANS	
Yes	5.3
No	87.9
Not Sure/Don't Know	2.9
Don't Want to Answer/Refuse	4.0
ATTEMPTED SUICIDE	
Yes	2.5
No	92.6
Not Sure/Don't Know	1.1
Don't Want to Answer/Refuse	3.8

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

NOTE: Respondents with unknown suicide data other than the categories shown in this table were excluded.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in tables.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarter 4, 2020.

Table A.37B Had Serious Thoughts of Suicide Because of the COVID-19 Pandemic: Among Adolescents Aged 12 to 17 Who Had Serious Year; Quarter 4, 2020

Characteristic	Total
Had Serious Thoughts of Suicide Because of the COVID-19 Pandemic among Adolescents Who Had Serious Thoughts of Suicide	

* = low precision; COVID-19 = coronavirus disease 2019.

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

NOTE: Respondents with unknown suicide data other than the categories shown in this table were excluded.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in tables.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarter 4, 2020.

Table A.38AB Need for Substance Use Treatment, Receipt of Substance Use Treatment, and Receipt of Substance Use Treatment at a Specialty Facility among People Aged 12 or Older; by Age Group, Quarters 1 and 4, 2020

Needed/Received Substance Use Treatment	Aged 12 or Older, Number ¹	Percentage among People Aged 12 or Older ²	Aged 12-17, Number ¹	Percentage among Adolescents Aged 12-17 ²	Aged 18-25, Number ¹	Percentage among Young Adults Aged 18-25 ²
Needed Substance Use Treatment ³	41,135 (926)	14.9 (0.33)	1,600 (123)	6.4 (0.49)	8,227 (280)	24.6 (0.83)
Received Any Substance Use Treatment ^{4,5}	4,009 (313)	1.4 (0.11)	169 (36)	0.7 (0.14)	445 (76)	1.3 (0.23)
Received Any Substance Use Treatment among People with a Past Year SUD ^{5,6}	2,630 (250)	6.5 (0.59)	120 (33)	7.6 (2.02)	363 (71)	4.4 (0.85)
Received Substance Use Treatment at a Specialty Facility ⁵	2,685 (259)	1.0 (0.09)	55 (21)	0.2 (0.08)	301 (67)	0.9 (0.20)
Received Substance Use Treatment at a Specialty Facility among People Who Needed Substance Use Treatment ^{3,4,5}	2,685 (259)	6.5 (0.60)	55 (21)	3.5 (1.28)	301 (68)	3.7 (0.81)

SUD = substance use disorder.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A.

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 an SUD as defined in the 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) for 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).

⁴ Received Substance Use Treatment includes treatment received at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, self-help group, or prison/jail.

⁵ Estimates include people who received treatment specifically for illicit drugs or alcohol, as well as people who received treatment for unspecified substance(s).

⁶ Substance use disorder is defined in the 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarters 1 and 4, 2020.

Table A.39AB Receipt of Virtual Treatment for Substance Use: Among People Who Received Any Substance Use Treatment in the Past Y

Received Virtual Treatment for Substance Use	Aged 12 or Older, Number ¹	Percentage among People Aged 12 or Older ²	Aged 12-17, Number ¹	Percentage among Adolescents Aged 12-17 ²	Aged 18-25, Number ¹	Percentage among Young Adults Aged 18-25 ²
Received Virtual Treatment for Substance Use	2,190 (276)	0.8 (0.10)	74 (43)	0.3 (0.17)	207 (65)	0.6 (0.19)
Received Virtual Treatment for Substance Use among People Who Received Any Substance Use Treatment	2,190 (279)	58.0 (4.58)	* (*)	* (*)	* (*)	* (*)

* = low precision.

NOTE: Estimates include people who received treatment specifically for illicit drugs or alcohol, as well as people who received treatment for unspecified substance

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix

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, Quarter 4, 2020.

Table A.40AB Perceived Need for Substance Use Treatment and Whether Made an Effort to Get Treatment in the Past Year: Among People Who Did Not Receive Substance Use Treatment at a Specialty Facility; by Age Group, Center, and Whether Made an Effort to Get Treatment

Perceived Need/Effort	Aged 12 or Older, Number ¹	Percentage among People Aged 12 or Older ²	Aged 12-17, Number ¹	Percentage among Adolescents Aged 12-17 ²	Aged 18-25, Number ¹	Percentage among Young Adults Aged 18-25 ²
Past Year Substance Use Disorder and Did Not Receive Substance Use Treatment at a Specialty Facility	38,449 (953)	100.0 (0.00)	1,544 (127)	100.0 (0.00)	7,926 (340)	100.0 (0.00)
Felt Need for Treatment	948 (139)	2.5 (0.36)	24 (13)	1.6 (0.85)	151 (32)	1.9 (0.40)
Felt Need and Made Effort to Get Treatment	211 (55)	0.5 (0.14)	4 (2)	0.2 (0.15)	46 (19)	0.6 (0.24)
Felt Need and Made No Effort to Get Treatment	737 (128)	1.9 (0.33)	21 (13)	1.3 (0.84)	105 (26)	1.3 (0.32)
Did Not Feel Need for Treatment	37,501 (944)	97.5 (0.36)	1,520 (127)	98.4 (0.85)	7,775 (338)	98.1 (0.40)

NOTE: Respondents were classified as needing substance use treatment if they met the criteria for a substance use disorder as defined in the 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders* or received treatment for illicit drug or alcohol use at a specialty facility (i.e., drug and alcohol rehabilitation facility [inpatient or outpatient], hospital, or community center).

NOTE: Substance use disorder is defined in the 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A.

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, Quarters 1 and 4, 2020.

Table A.41B Locations of Illicit Drug Use Treatment in the Past Year: Among People Aged 12 or Older Who Received Illicit Year; by Quarter, 2020

Location of Treatment ¹	Quarter 1	Quarter 4
RECEIVED ILLICIT DRUG USE TREATMENT		
Hospital - Inpatient	0.9 (0.14)	0.9 (0.11)
Rehabilitation Facility - Inpatient	* (*)	13.2 (3.87)
Rehabilitation Facility - Outpatient	* (*)	22.8 (4.95)
Mental Health Center - Outpatient	* (*)	60.2 (5.77)
Emergency Room	* (*)	45.0 (5.94)
Private Doctor's Office	22.9 (4.87)	11.8 (3.84)
Self-Help Group	* (*)	* (*)
Prison/Jail	1.8 (0.80)	* (*)
Virtual	na	56.2 (5.83)

* = low precision; na = not applicable.

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

NOTE: Received Illicit Drug Use Treatment includes treatment received at any location, such as a hospital (inpatient), rehabilitation mental health center, emergency room, private doctor's office, self-help group, prison/jail, or virtual. Questions on virtual sul in Quarter 4 of 2020.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures ar of the 2020 detailed tables.

¹ Respondents could indicate multiple locations for receiving illicit drug use treatment; thus, these response categories are not mutually Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarters 1 and 4, 2

Table A.42B Locations of Alcohol Use Treatment in the Past Year: Among People Aged 12 or Older Who Received Alcohol Use Treatment by Quarter, 2020

Location of Treatment ¹	Quarter 1	Quarter 4
RECEIVED ALCOHOL USE TREATMENT		
Hospital - Inpatient	0.7 * (*)	0.8 * (0.09) (*)
Rehabilitation Facility - Inpatient	* (*)	* (*)
Rehabilitation Facility - Outpatient	* (*)	* (*)
Mental Health Center - Outpatient	* (*)	29.6 (5.27)
Emergency Room	* (*)	* (*)
Private Doctor's Office	* (*)	* (*)
Self-Help Group	* (*)	* (*)
Prison/Jail	* (*)	3.0 (1.80)
Virtual	na	* (*)

* = low precision; na = not applicable.

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

NOTE: Received Alcohol Use Treatment includes treatment received at any location, such as a hospital (inpatient), rehabilitation facility, mental health center, emergency room, private doctor's office, self-help group, prison/jail, or virtual. Questions on virtual use are in Quarter 4 of 2020.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures are of the 2020 detailed tables.

¹ Respondents could indicate multiple locations for receiving alcohol use 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, Quarters 1 and 4, 2020.

Table A.43B Locations of Substance Use Treatment in the Past Year: Among People Aged 12 or Older Who Received Substance Use Treatment in the Past Year, by Quarter, 2020

Location of Treatment ¹	Quarter 1	Quarter 4
RECEIVED SUBSTANCE USE TREATMENT		
Hospital - Inpatient	1.5 (0.19)	1.4 (0.13)
Rehabilitation Facility - Inpatient	* (*)	19.2 (3.77)
Rehabilitation Facility - Outpatient	* (*)	27.6 (4.27)
Mental Health Center - Outpatient	35.1 (5.43)	55.3 (4.88)
Emergency Room	30.3 (5.37)	41.3 (4.54)
Private Doctor's Office	* (*)	16.7 (4.11)
Self-Help Group	20.6 (3.73)	32.6 (5.10)
Prison/Jail	40.4 (5.57)	52.2 (5.05)
Virtual	3.6 (1.57)	5.5 (2.44)
	na	58.0 (4.58)

* = low precision; na = not applicable.

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

NOTE: Received Substance Use Treatment includes treatment received at any location, such as a hospital (inpatient), rehabilitation facility, mental health center, emergency room, private doctor's office, self-help group, prison/jail, or virtual. Questions on virtual substance use treatment are asked only in Quarter 4 of 2020.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures are for the 2020 detailed tables.

¹ Respondents could indicate multiple locations for receiving substance use 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, Quarters 1 and 4, 2020.

Table A.44B Detailed Reasons for Not Receiving Substance Use Treatment in the Past Year: Among People Aged 12 or Older Classified as Substance Use Treatment at a Specialty Facility and Who Felt a Need for Treatment in the Past Year; Quarters 1 and 4, 2020

Reason for Not Receiving Substance Use Treatment ¹	
No Health Care Coverage and Could Not Afford Cost	1
Had Health Care Coverage but Did Not Cover Treatment or Did Not Cover Full Cost	
No Transportation/Programs Too Far Away/Hours Inconvenient	
Did Not Find a Program That Offered the Type of Treatment Wanted	1
Not Ready to Stop Using	
No Openings in a Program	
Did Not Know where to Go for Treatment	
Might Cause Neighbors/Community to Have Negative Opinion	1
Might Have Negative Effect on Job	
Did Not Feel Need for Treatment at the Time	
Could Handle the Problem without Treatment	
Treatment Would Not Help	
Did Not Have Time	
Did Not Want Others to Find Out	
Some Other Reason	

* = low precision.

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 a substance use disorder as defined in the 5th edition of *Manual of Mental Disorders* or received treatment for illicit drug or alcohol use at a specialty facility (i.e., drug and alcohol rehabilitation hospital [inpatient only], or mental health center).

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are detailed tables.

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, Quarters 1 and 4, 2020.

Table A.45AB Received Medication-Assisted Treatment for Alcohol Use in the Past Year: Among People Aged 12 or Older and among People by Receipt of Alcohol Use Treatment, Quarters 1 and 4, 2020

Characteristic	Number Who Received Medication-Assisted Treatment for Alcohol Use ¹	Percentage Who Received Medication-Assisted Treatment for Alcohol Use ²	Number Who Received Medication-Assisted Treatment for Alcohol Use among People with an Alcohol Use Disorder ¹
TOTAL			
Received Alcohol Use Treatment in the Past Year at Any Location	362 (105)	0.1 (0.04)	292 (98)
	362 (105)	17.2 (4.49)	* (*)

* = low precision.

NOTE: Medication-assisted treatment for alcohol use refers to medication prescribed by a doctor or other health professional to help reduce or stop alcohol use. Estimates in this table exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were calculated using the 2020 *National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in the detailed tables.

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, Quarters 1 and 4, 2020.

Table A.46AB Received Medication-Assisted Treatment for Opioid Misuse in the Past Year: Among People Aged 12 or Older and among People by Receipt of Opioid Use Treatment, Quarters 1 and 4, 2020

Characteristic	Number Who Received Medication-Assisted Treatment for Opioid Misuse ¹	Percentage Who Received Medication-Assisted Treatment for Opioid Misuse ²	Number Who Received Medication-Assisted Treatment for Opioid Misuse among People with an Opioid Use Disorder ¹
TOTAL			
Received Illicit Drug Use Treatment in the Past Year at Any Location	798 (130)	0.3 (0.05)	278 (54)
	798 (130)	30.5 (4.27)	* (*)

* = low precision.

NOTE: Medication-assisted treatment for opioid misuse refers to medication prescribed by a doctor or other health professional to help reduce or stop opioid use. Estimates in this table exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were calculated using the 2020 *National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in the detailed tables.

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, Quarters 1 and 4, 2020.

Table A.47B Receipt of Treatment for Depression in the Past Year: Among Adolescents Aged 12 to 17 with Major Depressive Episode (MDE) with Severe Impairment in the Past Year; 2004-2020

MDE	2004	2005	2006	2007	2008	2009	2010	2011
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)
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)

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

Table A.47B Receipt of Treatment for Depression in the Past Year: Among Adolescents Aged 12 to 17 with Major Depressive Episode (MDE) with Severe Impairment in the Past Year; 2004-2020 (continued)

MDE	2015	2016	2017	2018	2019	2020
MDE	39.3 (1.40)	40.9 (1.30)	41.5 (1.29)	41.4 (1.36)	43.3 (1.34)	41.6 (2.45)
MDE with Severe Impairment ¹	44.6 (1.63)	46.7 (1.58)	47.5 (1.57)	46.9 (1.65)	49.7 (1.63)	46.9 (2.69)

-- = 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.

NOTE: Estimates in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes in the 2020 National Survey on Drug Use and Health. See the 2020 National Survey on Drug Use and Health: Methodological Summary and Definition of Severe Impairment at <https://www.samhsa.gov/data/>.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 NSDUH. Impairment is based on the Sheehan Disability Scale role domains, which measure the impact of a disorder on an adolescent's life. Impairment is defined as the highest score on the Sheehan Disability Scale role 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. Estimates with standard errors in parentheses were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2004-2019 and Quarters 1 and 4, 2020.

Table A.48B Receipt of Treatment for Depression in the Past Year: Among Adults Aged 18 or Older with Major Depressive Episode (MD) in the Past Year; 2009-2020

MDE/Age Group	2009	2010	2011	2012	2013	2014	2015
MDE							
18-25	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 (1.03)
26-49	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 (1.64)
50 or Older	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)
MDE with Severe Impairment¹							
18-25	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 (2.04)
26-49	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 (1.19)
50 or Older	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 (2.02)
	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 (1.68)
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 (2.17)

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

Table A.48B Receipt of Treatment for Depression in the Past Year: Among Adults Aged 18 or Older with Major Depressive Episode (MD) in the Past Year; 2009-2020 (continued)

MDE/Age Group	2018	2019	2020
MDE			
18-25	64.8 (0.96)	66.3 (0.94)	66.0 (1.58)
26-49	49.6 (1.36)	50.9 (1.35)	57.6 (2.05)
50 or Older	64.4 (1.37)	68.9 (1.25)	64.8 (2.25)
	78.9 (2.18)	76.5 (2.34)	75.3 (3.64)
MDE with Severe Impairment¹			
18-25	68.6 (1.18)	72.2 (1.07)	71.0 (1.75)
26-49	53.7 (1.65)	56.4 (1.61)	63.8 (2.38)
50 or Older	68.0 (1.67)	74.4 (1.43)	68.7 (2.58)
	83.1 (2.43)	83.6 (2.55)	80.9 (3.95)

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.

NOTE: Estimates in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological c significance testing between 2020 and prior years was not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definition*

NOTE: Estimates in this table for 2020 exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were adjusted for the re *Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of t ¹ Impairment is based on the Sheehan Disability Scale role domains, which measure the impact of a disorder on an adult's life. Impairment is defined as the highest severity l (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 Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009-2019 and Quarters 1 and 4, 2020.

Table A.49B Sources of Mental Health Services in the Past Year: Among Adolescents Aged 12 to 17; 2002-2020

Source of Mental Health Service	2002	2003	2004	2005	2006	2007	2008	2009
Specialty Mental Health Service								
Outpatient	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)
Inpatient or Residential (Overnight or Longer Stay)	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)
Education¹	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)
General Medicine	nc	nc	nc	nc	nc	nc	nc	12.1 (0.30)
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)
Juvenile Justice								
Juvenile Detention Center, Prison, or Jail	--	--	--	--	--	--	--	0.4 (0.06)
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)

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

Table A.49B Sources of Mental Health Services in the Past Year: Among Adolescents Aged 12 to 17; 2002-2020 (continued)

Source of Mental Health Service	2013	2014	2015	2016	2017	2018	2019	2020
Specialty Mental Health Service								
Outpatient	13.6 (0.32)	13.7 (0.34)	13.3 (0.32)	14.7 (0.33)	14.8 (0.36)	16.0 (0.38)	16.7 (0.38)	17.3 (0.76)
Inpatient or Residential (Overnight or Longer Stay)	12.5 (0.31)	12.7 (0.33)	12.0 (0.31)	13.2 (0.32)	13.6 (0.35)	14.5 (0.36)	15.3 (0.38)	16.6 (0.76)
Education¹								
General Medicine	2.3 (0.14)	2.5 (0.15)	2.6 (0.15)	3.0 (0.16)	2.9 (0.16)	2.8 (0.16)	2.9 (0.15)	2.1 (0.28)
Pediatrician or Other Family Doctor	13.0 (0.32)	13.2 (0.33)	13.2 (0.34)	13.1 (0.33)	13.3 (0.34)	14.2 (0.35)	15.4 (0.37)	12.8 (0.61)
Juvenile Justice								
Juvenile Detention Center, Prison, or Jail	2.8 (0.15)	2.9 (0.15)	2.7 (0.16)	2.9 (0.15)	3.3 (0.17)	3.1 (0.17)	3.7 (0.18)	3.1 (0.29)
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)	0.4 (0.06)	0.4 (0.07)	0.3 (0.09)

-- = 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.

NOTE: Estimates in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes, significance testing between 2020 and prior years was not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary* at <https://www.samhsa.gov/data/>.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix 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-school 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 men Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2019 and Quarters 1 and 4, 2020.

Table A.50B Sources of Mental Health Services in the Past Year: Among Adolescents Aged 12 to 17; by Quarter, 2020

Source of Mental Health Service	Quarter 1
Specialty Mental Health Service	16.9 (0.79)
Outpatient	15.9 (0.79)
Inpatient or Residential (Overnight or Longer Stay)	2.9 (0.43)
Education¹	15.7 (0.84)
General Medicine	
Pediatrician or Other Family Doctor	3.4 (0.37)
Juvenile Justice	
Juvenile Detention Center, Prison, or Jail	0.2 (0.08)
Child Welfare	
Foster Care or Therapeutic Foster Care	0.4 (0.16)
Virtual²	na

* = low precision; na = not applicable.

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.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures are of the 2020 detailed tables.

¹ Respondents who did not report their school enrollment status, who reported not being enrolled in school in the past 12 months, or who were not asked about receipt of mental health services from this source; however, respondents who reported not being enrolled in school were classified as not having received mental health services from this source.

² Virtual mental health services for adolescents aged 12 to 17 include treatment/counseling for emotional or behavioral problems not classified as not having received mental health service information were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarters 1 and 4, 2020.

Table A.51B Type of Mental Health Services Received in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2002-2020

Mental Health Services ¹ /Age Group	2002	2003	2004	2005	2006	2007	2008	2009
MENTAL HEALTH SERVICES								
18-25	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)
26-49	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)
50 or Older	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)
INPATIENT	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)
18-25	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)
26-49	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)
50 or Older	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)
OUTPATIENT^{2,3}	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)
18-25	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)
26-49	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)
50 or Older	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)
PRESCRIPTION MEDICATION	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)
18-25	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)
26-49	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)
50 or Older	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)
	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)

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

Table A.51B Type of Mental Health Services Received in the Past Year: Among Adults Aged 18 or Older, by Age Group, 2002-2020 (conti

Mental Health Services ¹ /Age Group	2013	2014	2015	2016	2017	2018	2019	2020
MENTAL HEALTH SERVICES								
18-25	14.6 (0.28)	14.8 (0.23)	14.2 (0.23)	14.4 (0.23)	14.8 (0.25)	15.0 (0.24)	16.1 (0.24)	16.9 (0.36)
26-49	12.2 (0.32)	11.9 (0.34)	11.7 (0.31)	12.9 (0.34)	14.9 (0.39)	15.2 (0.36)	17.2 (0.39)	19.5 (0.68)
50 or Older	15.5 (0.40)	15.3 (0.28)	15.3 (0.29)	15.4 (0.29)	15.7 (0.30)	16.1 (0.29)	17.8 (0.32)	18.3 (0.49)
INPATIENT	14.6 (0.52)	15.4 (0.42)	13.9 (0.40)	14.0 (0.42)	14.0 (0.42)	14.0 (0.42)	14.4 (0.41)	15.0 (0.62)
18-25	0.9 (0.07)	1.0 (0.06)	0.9 (0.06)	0.9 (0.06)	1.0 (0.06)	1.0 (0.06)	1.0 (0.07)	0.9 (0.10)
26-49	1.3 (0.11)	1.2 (0.11)	1.4 (0.12)	1.5 (0.11)	1.5 (0.12)	1.6 (0.12)	1.7 (0.13)	1.4 (0.19)
50 or Older	1.0 (0.10)	1.0 (0.08)	0.9 (0.07)	1.0 (0.08)	0.9 (0.07)	1.0 (0.08)	0.9 (0.08)	1.0 (0.14)
OUTPATIENT^{2,3}	0.7 (0.11)	1.0 (0.12)	0.8 (0.11)	0.7 (0.10)	0.8 (0.10)	0.7 (0.10)	0.7 (0.11)	0.7 (0.16)
18-25	6.6 (0.21)	6.7 (0.16)	7.1 (0.17)	6.9 (0.16)	7.5 (0.18)	7.9 (0.18)	8.3 (0.19)	8.8 (0.27)
26-49	6.3 (0.22)	6.4 (0.25)	6.6 (0.24)	7.3 (0.26)	9.0 (0.29)	9.3 (0.30)	10.3 (0.33)	11.9 (0.54)
50 or Older	7.4 (0.29)	7.5 (0.20)	7.9 (0.22)	8.1 (0.22)	8.5 (0.22)	8.8 (0.23)	9.8 (0.25)	10.6 (0.40)
PRESCRIPTION MEDICATION	6.0 (0.37)	6.1 (0.29)	6.4 (0.29)	5.8 (0.27)	6.3 (0.30)	6.6 (0.30)	6.3 (0.30)	6.4 (0.43)
18-25	12.5 (0.27)	12.6 (0.21)	11.8 (0.21)	12.0 (0.21)	12.1 (0.22)	12.2 (0.22)	13.1 (0.22)	13.8 (0.33)
26-49	9.4 (0.27)	8.8 (0.30)	8.6 (0.27)	9.7 (0.30)	11.1 (0.33)	11.1 (0.30)	12.4 (0.34)	14.5 (0.62)
50 or Older	13.1 (0.37)	12.8 (0.26)	12.6 (0.26)	12.6 (0.26)	12.7 (0.27)	12.9 (0.27)	14.3 (0.27)	14.4 (0.45)
	12.9 (0.49)	13.5 (0.39)	12.0 (0.38)	12.3 (0.39)	11.8 (0.39)	11.8 (0.39)	12.3 (0.38)	13.1 (0.57)

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

NOTE: Estimates in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of method changes, significance testing between 2020 and prior years was not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions*.

NOTE: Some 2006 to 2010 estimates may differ from previously published estimates due to updates (see Chapter 3 of the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions*).

NOTE: Mental Health Services for adults includes inpatient treatment/counseling, outpatient treatment/counseling, or use of prescription medication for problems with unknown mental health service information were excluded. Questions on virtual services were added in Quarter 4 of 2020. Estimates in the 2020 National Survey on Drug Use and Health: *Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A.

¹ Respondents could indicate multiple service sources; thus, these response categories are not mutually exclusive.

² Because of revisions in 2004 to the logical editing of the outpatient mental health services data, these 2002 and 2003 estimates may differ from estimates published prior to the 2017.

³ Because of revisions in 2017 to the outpatient mental health service estimates, these 2010 to 2016 estimates may differ from estimates published prior to the 2017.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2019 and Quarters 1 and 4, 2020.

Table A.52B Received Mental Health Services Including Virtual Services in the Past Year: Among Adults Aged 18 or Older; by Age Group

Type of Mental Health Service	18 or Older		18-25		26-49	
	Quarter 1	Quarter 4	Quarter 1	Quarter 4	Quarter 1	Quarter 4
Mental Health Service or Virtual Service¹						
Inpatient	16.6 (0.53)	18.7 (0.52)	18.5 (0.96)	22.5 (0.97)	17.6 (0.68)	21.1 (0.73)
Outpatient	1.1 (0.17)	0.7 (0.10)	1.4 (0.28)	1.4 (0.27)	1.1 (0.20)	1.0 (0.19)
Prescription Medication	8.3 (0.40)	9.4 (0.38)	11.0 (0.80)	12.8 (0.77)	9.8 (0.56)	11.4 (0.56)
Virtual	13.3 (0.47)	14.3 (0.47)	12.9 (0.86)	16.1 (0.85)	13.8 (0.61)	15.1 (0.63)
	na	11.0 (0.40)	na	14.9 (0.83)	na	13.4 (0.59)

na = not applicable.

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

NOTE: Mental Health Services including Virtual Services for adults includes treatment/counseling for problems with emotions, nerves, or mental health. Respondents including virtual service information were excluded.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix 1. Questions on virtual services were added in Quarter 4 of 2020; therefore, the estimates for Quarter 1 do not include data from these questions.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarters 1 and 4, 2020.

Table A.53B Type of Mental Health Services Received in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness in the P;

Mental Health Services/ Age Group	2008	2009	2010	2011	2012	2013	2014	2
MENTAL HEALTH SERVICES								
18-25	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
26-49	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
50 or Older	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
INPATIENT								
18-25	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
26-49	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
50 or Older	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
OUTPATIENT²								
18-25	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
26-49	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
50 or Older	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
PRESCRIPTION MEDICATION								
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
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
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
PRESCRIPTION MEDICATION								
18-25	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
26-49	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
50 or Older	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
	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

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

Table A.53B Type of Mental Health Services Received in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness in the Past Year: (continued)

Mental Health Services/ Age Group	2018	2019	2020
MENTAL HEALTH SERVICES			
18-25	43.3 (0.68)	44.8 (0.65)	46.2 (1.04)
26-49	37.3 (0.87)	38.9 (0.90)	42.1 (1.51)
50 or Older	43.9 (0.82)	45.4 (0.78)	46.6 (1.34)
INPATIENT			
18-25	45.8 (1.61)	47.2 (1.58)	48.0 (2.38)
26-49	3.3 (0.23)	3.3 (0.25)	2.9 (0.33)
50 or Older	4.6 (0.36)	4.4 (0.38)	3.3 (0.55)
OUTPATIENT²			
18-25	3.3 (0.30)	2.9 (0.28)	3.4 (0.52)
26-49	2.6 (0.48)	3.1 (0.59)	2.1 (0.55)
50 or Older	26.1 (0.59)	27.1 (0.59)	28.5 (0.91)
PRESCRIPTION MEDICATION			
18-25	24.5 (0.80)	26.0 (0.82)	28.4 (1.33)
26-49	26.7 (0.73)	28.2 (0.70)	29.6 (1.12)
50 or Older	26.2 (1.33)	25.9 (1.42)	27.0 (2.12)
PRESCRIPTION MEDICATION			
18-25	36.2 (0.65)	36.7 (0.62)	38.8 (1.01)
26-49	28.6 (0.84)	28.8 (0.84)	32.4 (1.44)
50 or Older	36.6 (0.79)	37.3 (0.74)	38.2 (1.27)
	40.0 (1.55)	40.4 (1.52)	43.4 (2.36)

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

NOTE: Respondents with unknown mental health service information were excluded.

NOTE: Estimates in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for testing between 2020 and prior years was not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Estimates in this table for 2020 exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were adjusted for the reduced sample. See *Use and Health: Methodological Summary and Definitions* for details.

NOTE: Some 2008 to 2010 estimates may differ from previously published estimates due to updates (see Chapter 3 of the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details).

NOTE: Mental Health Services for adults includes inpatient treatment/counseling, outpatient treatment/counseling, or use of prescription medication for problems with emotions, nerve, or mental health service information were excluded. Questions on virtual services were added in Quarter 4 of 2020. Estimates in this table do not include data from these questions. See *Health, Methodological Summary and Definitions* for details.

NOTE: Any Mental Illness (AMI) aligns with criteria from the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* and is defined as having a diagnosable mental, developmental or substance use disorder. AMI estimates from 2008 to 2011 may differ from previously published estimates due to revised estimation procedures. These mental health services and are not direct measures of diagnostic status.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 detailed tables. 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 from estimates published prior to the 2017 NSDUH.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008-2019 and Quarters 1 and 4, 2020.

Table A.54B Received Mental Health Services Including Virtual Services in the Past Year: Among Adults Aged 18 or Older with Any Mental Health Service by Age Group and Quarter, 2020

Type of Mental Health Service	18 or Older		18-25		26-49		Total
	Quarter 1	Quarter 4	Quarter 1	Quarter 4	Quarter 1	Quarter 4	
Mental Health Service or Virtual Service¹	44.9	49.8	38.0	50.5	46.1	49.8	48.
Inpatient	3.0	2.9	2.7	3.9	3.5	3.2	2.
Outpatient	27.0	30.0	24.9	32.6	28.4	30.7	26.
Prescription Medication	37.4	40.0	28.4	37.1	37.6	38.8	43.
Virtual	na	33.7	na	35.9	na	34.9	(1.65)

na = not applicable.

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

NOTE: Estimates in this table exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were adjusted for the re-estimates in this table could differ from corresponding estimates in other tables that did not undergo sample size adjustments. See the *2020 National Survey Summary and Definitions* for details.

NOTE: Mental Health Services including Virtual Services for adults includes treatment/counseling for problems with emotions, nerves, or mental health. Respondents including virtual service information were excluded.

NOTE: Mental Illness aligns with criteria from the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* and is defined as having a diagnosable other than a developmental or substance use disorder. Estimates of serious mental illness (SMI) are a subset of estimates of any mental illness (AMI) because resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix 1. Questions on virtual services were added in Quarter 4 of 2020; therefore, the estimates for Quarter 1 do not include data from these questions.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarters 1 and 4, 2020.

Table A.55B Type of Mental Health Services Received in the Past Year: Among Adults Aged 18 or Older with Serious Mental Illness in the Past Year: 2008-2020

Mental Health Services/ Age Group	2008	2009	2010	2011	2012	2013	2014	2
MENTAL HEALTH SERVICES								
18-25	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
26-49	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
50 or Older	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
INPATIENT								
18-25	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
26-49	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
50 or Older	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
OUTPATIENT²								
18-25	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
26-49	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
50 or Older	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
PRESCRIPTION MEDICATION								
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
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
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
PRESCRIPTION MEDICATION								
18-25	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
26-49	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
50 or Older	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
	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

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

Table A.55B Type of Mental Health Services Received in the Past Year: Among Adults Aged 18 or Older with Serious Mental Illness in the 2008-2020 (continued)

Mental Health Services/ Age Group	2018	2019	2020
MENTAL HEALTH SERVICES			
18-25	64.1 (1.24)	65.5 (1.18)	64.5 (1.96)
26-49	53.8 (1.72)	56.4 (1.76)	57.6 (2.63)
50 or Older	63.7 (1.55)	65.1 (1.42)	63.0 (2.39)
INPATIENT			
18-25	74.4 (3.30)	74.3 (3.17)	72.9 (5.17)
26-49	7.3 (0.66)	7.4 (0.70)	6.5 (0.93)
50 or Older	9.4 (0.90)	9.0 (1.01)	6.8 (1.37)
OUTPATIENT²			
18-25	6.3 (0.79)	7.2 (0.83)	6.5 (1.30)
26-49	7.1 (1.97)	6.5 (1.95)	6.4 (2.08)
50 or Older	43.9 (1.29)	44.2 (1.24)	45.1 (1.97)
PRESCRIPTION MEDICATION			
18-25	37.5 (1.70)	39.6 (1.64)	39.2 (2.46)
26-49	42.5 (1.53)	45.1 (1.45)	44.0 (2.22)
50 or Older	52.7 (3.69)	46.4 (3.48)	52.0 (5.49)
2008-2010			
18-25	56.5 (1.31)	56.5 (1.23)	55.9 (2.05)
26-49	42.1 (1.71)	44.8 (1.76)	48.8 (2.70)
50 or Older	57.6 (1.64)	56.4 (1.46)	53.0 (2.42)
2011-2020			
18-25	67.5 (3.54)	66.7 (3.31)	66.8 (5.30)

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

NOTE: Respondents with unknown mental health service information were excluded.

NOTE: Estimates in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for testing between 2020 and prior years was not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Estimates in this table for 2020 exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were adjusted for the reduced sample. See *Use and Health: Methodological Summary and Definitions* for details.

NOTE: Some 2008 to 2010 estimates may differ from previously published estimates due to updates (see Chapter 3 of the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details).

NOTE: Mental Health Services for adults includes inpatient treatment/counseling, or use of prescription medication for problems with emotions, nervousness, or anxiety. Questions on virtual services were added in Quarter 4 of 2020. Estimates in this table do not include data from these questions.

NOTE: Mental health service information were excluded. Questions on virtual services were added in Quarter 4 of 2020. Estimates in this table do not include data from these questions. See *Health, Methodological Summary and Definitions* for details.

NOTE: Serious Mental Illness (SMI) aligns with criteria from the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* and is defined as having a diagnosable mental disorder or substance use disorder. Estimates of SMI are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious mental illness in 2008 to 2011 may differ from previously published estimates due to revised estimation procedures. These mental illness estimates are based on a predictive model and are not directly comparable to estimates from previous years.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 detailed tables. 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 from estimates published prior to the 2017 NSDUH. Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008-2019 and Quarters 1 and 4, 2020.

Table A.56B Received Mental Health Services Including Virtual Services in the Past Year: Among Adults Aged 18 or Older with Serious Mental Illness by Age Group and Quarter, 2020

Types of Mental Health Services	18 or Older		18-25		26-49		Q						
	Quarter 1	Quarter 4	Quarter 1	Quarter 4	Quarter 1	Quarter 4							
Mental Health Service or Virtual Service¹	65.0	(2.56)	66.7	(2.89)	53.6	(3.72)	64.3	(3.78)	62.2	(3.48)	67.0	(3.06)	*
Inpatient	6.5	(1.28)	6.6	(1.36)	5.9	(1.82)	7.9	(2.15)	7.0	(1.87)	6.0	(1.86)	*
Outpatient	44.0	(2.78)	46.1	(2.94)	34.9	(3.56)	44.1	(3.86)	41.3	(3.11)	46.6	(3.15)	*
Prescription Medication	56.0	(2.76)	55.8	(2.89)	43.7	(3.80)	54.5	(3.82)	52.9	(3.49)	53.1	(3.16)	*
Virtual	na		49.8	(2.77)	na		49.3	(3.70)	na		50.3	(3.05)	

* = low precision; na = not applicable.

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

NOTE: Estimates in this table exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were adjusted for the re-estimates in this table could differ from corresponding estimates in other tables that did not undergo sample size adjustments. See the *2020 National Survey Summary and Definitions* for details.

NOTE: Mental Health Services including Virtual Services for adults includes treatment/counseling for problems with emotions, nerves, or mental health. Respondents including virtual service information were excluded.

NOTE: Mental Illness aligns with criteria from the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* and is defined as having a diagnosable other than a developmental or substance use disorder. Estimates of serious mental illness (SMI) are a subset of estimates of any mental illness (AMI) because resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix 1. Questions on virtual services were added in Quarter 4 of 2020; therefore, the estimates for Quarter 1 do not include data from these questions.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarters 1 and 4, 2020.

Table A.57A Perceived Unmet Need for Mental Health Services in the Past Year: Among Adults Aged 18 or Older; by Level of Mental Ill

Level of Mental Illness/Age Group	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
AMI	8,173 (296)	9,092 (328)	8,680 (322)	8,541 (298)	9,092 (318)	8,422 (320)	9,037 (252)	8,798 (245)	9,239 (259)	11,052 (303)
18-25	1,839 (75)	1,773 (69)	1,826 (74)	1,829 (77)	1,898 (81)	1,870 (77)	2,021 (84)	2,184 (87)	2,464 (97)	3,114 (110)
26-49	4,805 (222)	5,300 (230)	4,633 (211)	4,910 (224)	5,064 (232)	4,551 (220)	4,654 (172)	4,631 (173)	4,797 (171)	5,446 (189)
50 or Older	1,529 (181)	2,019 (209)	2,222 (227)	1,802 (179)	2,130 (205)	2,001 (207)	2,362 (172)	1,983 (164)	1,978 (170)	2,492 (190)
SMI	3,642 (199)	3,874 (205)	3,910 (226)	3,883 (204)	3,973 (200)	3,858 (207)	4,205 (174)	3,713 (150)	4,104 (178)	4,939 (192)
18-25	617 (40)	587 (37)	706 (45)	712 (50)	709 (42)	756 (45)	900 (53)	878 (52)	1,091 (64)	1,431 (71)
26-49	2,133 (138)	2,386 (148)	2,271 (152)	2,235 (148)	2,335 (153)	2,201 (157)	2,179 (121)	2,118 (113)	2,088 (116)	2,520 (127)
50 or Older	891 (144)	901 (131)	933 (158)	936 (124)	928 (132)	902 (124)	1,127 (117)	717 (94)	926 (118)	989 (119)

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

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

NOTE: Estimates in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for testing between 2020 and prior years was not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Estimates in this table for 2020 exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were adjusted for the reduced sample and Health: *Methodological Summary and Definitions* for details.

NOTE: Some 2008 to 2010 estimates may differ from previously published estimates due to updates (see Chapter 3 of the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details).

NOTE: Perceived unmet need for mental health services is defined as a perceived need for treatment/counseling that was not received. Perception of unmet need questions were asked c

health status. Respondents with unknown perception of unmet need information were excluded.

NOTE: Mental Illness aligns with criteria from the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* and is defined as having a diagnosable mental, behavioral, developmental or substance use disorder. Estimates of SMI are a subset of estimates of AMI because SMI is limited to people with AMI that resulted in serious functional impa

2011 may differ from previously published estimates due to revised estimation procedures. These mental illness estimates are based on a predictive model and are not direct me

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 det

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008-2019 and Quarters 1 and 4, 2020.

Table A.57B Perceived Unmet Need for Mental Health Services in the Past Year: Among Adults Aged 18 or Older; by Level of Mental Illness

Level of Mental Illness/Age Group	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
AMI	20.6 (0.66)	22.1 (0.70)	21.0 (0.70)	20.7 (0.66)	20.8 (0.63)	19.3 (0.65)	20.8 (0.52)	20.3 (0.52)	20.7 (0.52)	23.7 (0.5)
18-25	30.2 (0.97)	29.4 (0.94)	29.8 (0.93)	28.8 (0.93)	28.1 (0.91)	27.8 (0.93)	28.9 (0.99)	29.0 (0.95)	32.4 (0.95)	35.3 (0.9)
26-49	23.3 (0.92)	24.8 (0.93)	22.5 (0.90)	24.6 (0.95)	24.4 (0.94)	21.7 (0.93)	23.3 (0.73)	22.5 (0.74)	23.0 (0.71)	24.5 (0.7)
50 or Older	11.8 (1.32)	14.8 (1.40)	15.2 (1.44)	12.0 (1.13)	13.2 (1.15)	12.6 (1.21)	14.3 (0.96)	13.0 (1.01)	12.3 (0.99)	16.1 (1.1)
SMI	43.7 (1.84)	46.3 (1.81)	42.0 (1.81)	43.1 (1.72)	41.6 (1.69)	38.6 (1.80)	42.9 (1.45)	38.2 (1.31)	39.7 (1.44)	44.2 (1.3)
18-25	50.0 (2.31)	52.2 (2.32)	53.1 (2.27)	55.0 (2.35)	49.8 (2.13)	51.5 (2.08)	53.6 (2.12)	50.3 (2.00)	53.7 (2.06)	55.9 (1.7)
26-49	44.8 (2.26)	49.2 (2.20)	44.3 (2.20)	45.2 (2.13)	46.2 (2.28)	42.4 (2.35)	45.4 (1.82)	43.3 (1.79)	39.7 (1.67)	45.2 (1.6)
50 or Older	38.2 (4.63)	37.5 (4.42)	32.7 (4.29)	33.9 (3.75)	30.1 (3.41)	27.1 (3.49)	33.9 (2.93)	23.2 (2.64)	30.4 (3.33)	32.5 (3.2)

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

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

NOTE: Estimates in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for testing between 2020 and prior years was not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Estimates in this table for 2020 exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were adjusted for the reduced sample and Health: *Methodological Summary and Definitions* for details.

NOTE: Some 2008 to 2010 estimates may differ from previously published estimates due to updates (see Chapter 3 of the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details).

NOTE: Perceived unmet need for mental health services is defined as a perceived need for treatment/counseling that was not received. Perception of unmet need questions were asked of health status. Respondents with unknown perception of unmet need information were excluded.

NOTE: Mental Illness aligns with criteria from the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* and is defined as having a diagnosable mental, behavioral, developmental or substance use disorder. Estimates of SMI are a subset of estimates of AMI because SMI is limited to people with AMI that resulted in serious functional impairment. 2011 may differ from previously published estimates due to revised estimation procedures. These mental illness estimates are based on a predictive model and are not direct measures. Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 detailed tables for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008-2019 and Quarters 1 and 4, 2020.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008-2019 and Quarters 1 and 4, 2020.

Table A.58B Did Not Receive Mental Health Services in the Past Year: Among Adults Aged 18 or Older with a Perceived Unmet Need for Past Year; by Past Year Level of Mental Illness and Age Group, 2008-2020

Level of Mental Illness/Age Group	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
AMI	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)
SMI	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; AMI = any mental illness; SMI = serious mental illness.

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

NOTE: Estimates in the 2020 column are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for testing between 2020 and prior years was not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Estimates in this table for 2020 exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were adjusted for the reduced sample. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Some 2008 to 2010 estimates may differ from previously published estimates due to updates (see Chapter 3 of the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details).

NOTE: Mental Health Services for adults includes inpatient treatment/counseling, outpatient treatment/counseling, or use of prescription medication for problems with emotions, nervous system, or mental health service information were excluded. Questions on virtual services were added in Quarter 4 of 2020. Estimates in this table do not include data from these questions. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Perceived unmet need for mental health services is defined as a perceived need for treatment/counseling that was not received. Perception of unmet need questions were asked about the respondent's current mental health status. Respondents with unknown perception of unmet need information were excluded.

NOTE: Mental Illness aligns with criteria from the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* and is defined as having a diagnosable mental, behavioral, or substance use disorder. Estimates of SMI are a subset of estimates of AMI because SMI is limited to people with AMI that resulted in serious functional impairment. Estimates of AMI in 2011 may differ from previously published estimates due to revised estimation procedures. These mental illness estimates are based on a predictive model and are not direct measures. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A of the 2020 Detailed Tables. See the *2020 National Survey on Drug Use and Health, 2008-2019 and Quarters 1 and 4, 2020*.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008-2019 and Quarters 1 and 4, 2020.

Table A.60B Received Substance Use Treatment at a Specialty Facility and/or Mental Health Services (Specialty or Nonspecialty) in the Past Year by Past Year Substance Use Disorder (SUD) Status and Major Depressive Episode (MDE) Status, 2020

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	69.0 (5.41)	* (*)	66.8 (5.41)	0.9 (0.9)
SUD and No MDE	39.9 (5.35)	* (*)	37.1 (5.28)	1.1 (1.1)
MDE and No SUD	48.7 (2.43)	* (*)	48.6 (2.43)	0.1 (0.1)
No SUD and No MDE	19.1 (0.90)	* (*)	19.1 (0.90)	0.0 (0.0)

* = low precision.

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

NOTE: SUD estimates in 2020 are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. SUD and related estimates are not included in the 2020 NSDUH because prior years' estimates were based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition. Due to these changes, the 2020 NSDUH estimates reflect additional methodological changes for the 2020 NSDUH. See the *2020 National Survey of Substance Use and Mental Health: Methodological Summary and Definitions* for details.

NOTE: Specialty facilities for substance use treatment include hospitals (inpatient only), rehabilitation facilities (inpatient or outpatient), or mental health centers. Mental Health Services for adolescents aged 12 to 17 includes treatment/counseling for emotional or behavioral problems not caused by drug or alcohol use. Questions on virtual services were added in Quarter 4 of 2020. Estimates in this table do not include data from the 2020 NSDUH. See the *2020 National Survey of Substance Use and Mental Health: Methodological Summary and Definitions* for details.

NOTE: Respondents with unknown past year MDE data were excluded.

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

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix A, SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarters 1 and 4, 2020.

Table A.61B Received Substance Use Treatment at a Specialty Facility and/or Mental Health Services (Specialty, Nonspecialty, or Virtual) Adolescents Aged 12 to 17; by Past Year Substance Use Disorder (SUD) Status and Major Depressive Episode (MDE) Status,

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 Treatment at a Specialty Facility AND Mental Health
SUD and MDE	* (*)	* (*)	* (*)	*
SUD and No MDE	* (*)	* (*)	* (*)	*
MDE and No SUD	53.0 (4.72)	* (*)	52.7 (4.72)	0.3
No SUD and No MDE	18.3 (1.48)	* (*)	18.2 (1.47)	0.1

* = low precision.

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

NOTE: SUD estimates in 2020 are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. SUD and related estimates are not of NSDUH because prior years' estimates were based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition. Because of the 2020 and prior years was not performed. The 2020 estimates reflect additional methodological changes for the 2020 NSDUH. See the *2020 National Survey Summary and Definitions* for details.

NOTE: Specialty facilities for substance use treatment include hospitals (inpatient only), rehabilitation facilities (inpatient or outpatient), or mental health centers. Mental Health Services for adolescents aged 12 to 17 includes treatment/counseling for emotional or behavioral problems not caused by drug or alcohol use health service information were excluded. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Respondents with unknown past year MDE data were excluded.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarter 4, 2020.

**Table A.62B Received Substance Use Treatment at a Specialty Facility and/or Mental Health Services (Inpatient, Outpatient, or Prescripti
Among Adults Aged 18 or Older; by Past Year Co-Occurring Substance Use Disorder and Level of Mental Illness and Age G**

Co-Occurring Substance Use Disorder (SUD) and 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 Substance Use Treatment at a Specialty Facility AND Mental Health Services
SUD and Any Mental Illness	50.5 (1.91)	2.5 (0.70)	42.3 (1.85)
18-25	44.9 (2.47)	1.8 (1.10)	40.5 (2.34)
26-49	48.1 (2.17)	2.4 (0.65)	39.6 (2.09)
50 or Older	63.0 (5.75)	*	51.3 (5.88)
SUD and Serious Mental Illness	66.4 (2.60)	1.6 (0.64)	55.4 (2.86)
18-25	59.6 (3.81)	0.3 (0.18)	54.9 (3.88)
26-49	64.0 (3.54)	2.6 (1.12)	51.1 (3.62)
50 or Older	*	*	*

* = low precision.

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

NOTE: Estimates in this table exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were adjusted for the re
Survey on Drug Use and Health: Methodological Summary and Definitions for details.

NOTE: SUD estimates in 2020 are based on criteria from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition. SUD and related estimates are nc
of NSDUH because prior years' estimates were based on criteria from the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV). T
methodological changes for the 2020 NSDUH. Due to these changes, significance testing between 2020 and prior years was not performed. See the 2020 N
Methodological Summary and Definitions for details.

NOTE: Specialty facilities for substance use treatment include hospitals (inpatient only), rehabilitation facilities (inpatient or outpatient), or mental health centers.
NOTE: Mental Health Services for adults includes inpatient treatment/counseling, outpatient treatment/counseling, or use of prescription medication for problems v
Respondents with unknown mental health service information were excluded. Questions on virtual services were added in Quarter 4 of 2020. Estimates in t
questions. See the 2020 National Survey on Drug Use and Health: Methodological Summary and Definitions for details.

NOTE: Mental Illness aligns with DSM-IV criteria and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or
serious mental illness (SMI) are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functi
estimates are based on a predictive model and are not direct measures of diagnostic status.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Append
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarters 1 and 4, 2020.

Table A.63B Received Substance Use Treatment at a Specialty Facility and/or Mental Health Services (Inpatient, Outpatient, Prescription Past Year: Among Adults Aged 18 or Older; by Past Year Co-Occurring Substance Use Disorder and Level of Mental Illness

Co-Occurring Substance Use Disorder (SUD) and Level of Mental Illness and 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
SUD and Any Mental Illness				
18-25	55.0 (2.58)	1.2 (0.49)	45.9 (2.55)	7.9 (1.43)
26-49	57.5 (3.82)	1.0 (0.77)	51.6 (3.82)	4.8 (1.77)
50 or Older	50.8 (2.87)	1.5 (0.80)	40.9 (2.71)	8.4 (1.85)
SUD and Serious Mental Illness				
18-25	* (3.61)	0.3 (0.24)	* (*)	* (*)
26-49	67.7 (5.23)	1.3 (0.79)	52.6 (3.79)	13.8 (3.25)
50 or Older	68.0 (4.71)	0.6 (0.38)	60.7 (5.55)	* (*)
	64.3 (*)	* (*)	47.2 (4.72)	15.4 (3.87)
	* (*)	* (*)	* (*)	* (*)

* = low precision.

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

NOTE: Estimates in this table exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were adjusted for the re-survey on Drug Use and Health: Methodological Summary and Definitions for details.

NOTE: SUD estimates in 2020 are based on criteria from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition. SUD and related estimates are not of NSDUH because prior years' estimates were based on criteria from the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV). I between 2020 and prior years was not performed. The 2020 estimates reflect additional methodological changes for the 2020 NSDUH. See the 2020 National Methodological Summary and Definitions for details.

NOTE: Specialty facilities for substance use treatment include hospitals (inpatient only), rehabilitation facilities (inpatient or outpatient), or mental health centers. NOTE: Mental Health Services for adults includes inpatient treatment/counseling, outpatient treatment/counseling, or use of prescription medication for problems with Respondents with unknown mental health service information were excluded. See the 2020 National Survey on Drug Use and Health: Methodological Summary

NOTE: Mental Illness aligns with DSM-IV criteria and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or serious mental illness (SMI) are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functional estimates are based on a predictive model and are not direct measures of diagnostic status.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are defined in Appendix Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarter 4, 2020.

Table A.64B Perceived Ever Having Had a Substance Use Problem or Mental Health Issue: Among Adults Aged 18 or Older; by Age Group

Characteristic	Ever Had a Substance Use Problem ¹ (2020)	Ever Had a Mental Health Issue ² (2020)
TOTAL	11.6 (0.34)	22.0
AGE		
18-25	7.5 (0.47)	34.7
26 or Older	12.3 (0.38)	20.0

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

NOTE: Estimates in this table exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were at the 2020 *National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUJ at <https://www.samhsa.gov/data/>. Measures and terms are detailed tables.

¹ Excluded were respondents with unknown information for ever having a problem with their drug or alcohol use.

² Excluded were respondents with unknown information for ever having a problem with their mental health.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarters 1 and 4, 2020.

Table A.65B Perceived Recovery from a Substance Use Problem: Among Adults Aged 18 or Older Who Perceived Ever Having a Substance Use Problem or a Mental Health Issue among Adults Aged 18 or Older Who Perceived Ever Having a Mental Health Issue; by Age Group

Characteristic	In Recovery from a Substance Use Problem ¹ (2020)	In Recovery from a Mental Health Issue ² (2020)
TOTAL	72.5 (1.25)	65.9
AGE		
18-25	63.4 (3.16)	61.8
26 or Older	73.4 (1.35)	66.9

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

NOTE: Estimates in this table exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were at the 2020 *National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUJ at <https://www.samhsa.gov/data/>. Measures and terms are detailed tables.

¹ Respondents were asked if they perceived themselves to be in recovery or to have recovered from a substance use problem only if they reported ever having a problem. Excluded were respondents with unknown information for ever having a substance use problem or for perceived recovery from their substance use problem.

² Respondents were asked if they perceived themselves to be in recovery or to have recovered from a mental health issue only if they reported ever having a mental health issue. Excluded were respondents with unknown information for ever having a mental health issue or for perceived recovery from their mental health issue.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarters 1 and 4, 2020.

Table A.66B Perceived COVID-19 Pandemic Negative Effect on Emotional or Mental Health: Among Adolescents Aged 12 to 17; by Past Year MDE (MDE) and MDE with Severe Impairment Status, Quarter 4, 2020

Perceived Negative Effect on Emotional or Mental Health	
PERCEPTION OF THE COVID-19 PANDEMIC'S NEGATIVE EFFECT ON EMOTIONAL OR MENTAL HEALTH AMONG TOTAL POPULATION	
Not at all	3
A little or some	5
Quite a bit or a lot	1
PERCEPTION OF THE COVID-19 PANDEMIC'S NEGATIVE EFFECT ON EMOTIONAL OR MENTAL HEALTH AMONG PEOPLE WITH PAST YEAR MDE¹	
Not at all	1
A little or some	4
Quite a bit or a lot	4
PERCEPTION OF THE COVID-19 PANDEMIC'S NEGATIVE EFFECT ON EMOTIONAL OR MENTAL HEALTH AMONG PEOPLE WITH PAST YEAR MDE WITH SEVERE IMPAIRMENT^{1,2}	
Not at all	3
A little or some	5
Quite a bit or a lot	
PERCEPTION OF THE COVID-19 PANDEMIC'S NEGATIVE EFFECT ON EMOTIONAL OR MENTAL HEALTH AMONG PEOPLE WITH NO PAST YEAR MDE¹	
Not at all	3
A little or some	5
Quite a bit or a lot	1

COVID-19 = coronavirus disease 2019.

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

NOTE: Respondents with unknown information on their perception of the COVID-19 pandemic's negative effect on their emotional or mental health are excluded.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are detailed in the detailed tables.

¹ Respondents with unknown past year MDE data were excluded.

² Respondents with unknown impairment data were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarter 4, 2020.

Table A.67B Perceived COVID-19 Pandemic Negative Effect on Emotional or Mental Health: Among Adults Aged 18 or Older; by Age Group, Quarter 4, 2020

Perceived Negative Effect on Emotional or Mental Health ¹	Aged 18 or Older	Aged 18-25	Aged 26-49
PERCEPTION OF THE COVID-19 PANDEMIC'S NEGATIVE EFFECT ON EMOTIONAL OR MENTAL HEALTH AMONG TOTAL POPULATION			
Not at all	27.0 (0.67)	28.4 (1.26)	25.7 (0.9)
A little or some	54.7 (0.71)	48.5 (1.28)	52.9 (0.9)
Quite a bit or a lot	18.3 (0.57)	23.2 (0.96)	21.4 (0.7)
PERCEPTION OF THE COVID-19 PANDEMIC'S NEGATIVE EFFECT ON EMOTIONAL OR MENTAL HEALTH AMONG PEOPLE WITH ANY MENTAL ILLNESS IN THE PAST YEAR			
Not at all	10.4 (0.94)	9.3 (1.24)	10.0 (1.1)
A little or some	44.5 (1.45)	42.3 (2.18)	44.5 (1.6)
Quite a bit or a lot	45.2 (1.49)	48.5 (2.14)	45.5 (1.7)
PERCEPTION OF THE COVID-19 PANDEMIC'S NEGATIVE EFFECT ON EMOTIONAL OR MENTAL HEALTH AMONG PEOPLE WITH SERIOUS MENTAL ILLNESS IN THE PAST YEAR			
Not at all	9.3 (1.55)	8.3 (1.74)	10.6 (2.3)
A little or some	35.8 (2.91)	38.9 (3.68)	34.8 (3.0)
Quite a bit or a lot	54.9 (2.93)	52.7 (3.82)	54.6 (3.1)
PERCEPTION OF THE COVID-19 PANDEMIC'S NEGATIVE EFFECT ON EMOTIONAL OR MENTAL HEALTH AMONG PEOPLE WITH NO MENTAL ILLNESS IN THE PAST YEAR			
Not at all	31.7 (0.80)	35.9 (1.58)	31.5 (1.1)
A little or some	57.6 (0.81)	50.9 (1.53)	56.0 (1.1)
Quite a bit or a lot	10.8 (0.54)	13.2 (0.96)	12.5 (0.7)

* = low precision; COVID-19 = coronavirus disease 2019.

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

NOTE: Estimates in this table exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were at the 2020 *National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are detailed tables.

¹ Respondents with unknown information on their perception of the COVID-19 pandemic's negative effect on their emotional or mental health were Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarter 4, 2020.

Table A.68B Perceived COVID-19 Pandemic Effect on Alcohol Use: Among Past Year Alcohol Users Aged 12 or Older; by Age Group, Qu

Demographic Characteristic	Used Alcohol a Little Less or Much Less than before the COVID-19 Pandemic	Used Alcohol about the Same as before the COVID-19 Pandemic	Used AI than
TOTAL	25.2 (0.77)	59.4 (0.84)	1
AGE GROUP			
12-17	38.7 (4.87)	46.8 (4.67)	1
18-25	29.3 (1.43)	52.4 (1.54)	1
26 or Older	24.3 (0.88)	60.6 (0.95)	1

COVID-19 = coronavirus disease 2019.

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

NOTE: Estimates in this table exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were at the 2020 *National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Respondents with unknown information on their perception of the COVID-19 pandemic's effect on their alcohol use were excluded.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUJH at <https://www.samhsa.gov/data/>. Measures and terms are detailed tables.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarter 4, 2020.

Table A.69B Perceived COVID-19 Pandemic Effect on Drug Use: Among Past Year Users of Drugs Other than Alcohol Aged 12 or Older;

Demographic Characteristic	Used Drugs a Little Less or Much Less than before the COVID-19 Pandemic	Used Drugs about the Same as before the COVID-19 Pandemic	Used D than
TOTAL	32.2 (1.13)	57.5 (1.14)	1
AGE GROUP			
12-17	46.4 (4.84)	38.4 (4.19)	1
18-25	31.8 (1.88)	49.5 (1.81)	1
26 or Older	31.5 (1.28)	59.7 (1.32)	1

COVID-19 = coronavirus disease 2019.

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

NOTE: Estimates in this table exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were at the 2020 *National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Respondents with unknown information on their perception of the COVID-19 pandemic's effect on their drug use were excluded.

NOTE: Drugs other than alcohol for these data include the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methan (i.e., not necessarily misuse) of prescription pain relievers, tranquilizers, stimulants, or sedatives in the past year.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUJH at <https://www.samhsa.gov/data/>. Measures and terms are detailed tables.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarter 4, 2020.

Table A.70B Perceived COVID-19 Pandemic Effect on Access to Mental Health Services: Among Adults Aged 18 or Older Who Received Virtual Services, by Age Group, Quarter 4, 2020

Perceived Effect on Access to Mental Health Services ^{1,2}	Aged 18 or Older	Aged 18-25	Aged 26 or Older	Aged 26-49
PERCEIVED EFFECT AMONG PEOPLE WHO RECEIVED MENTAL HEALTH SERVICES IN THE PAST YEAR (INCLUDING VIRTUAL SERVICES)³				
Appointments moved from in person to telehealth	58.3 (1.48)	62.7 (2.37)	57.4 (1.69)	63.7 (1.1)
Delays or cancellations in appointments	38.7 (1.44)	38.6 (2.40)	38.7 (1.69)	38.7 (1.1)
Delays in getting prescriptions	16.0 (1.19)	14.8 (1.60)	16.2 (1.39)	18.0 (1.1)
Unable to access needed care resulting in moderate to severe impact on health	10.7 (0.90)	9.7 (1.36)	10.9 (1.02)	13.7 (1.1)

COVID-19 = coronavirus disease 2019.

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

NOTE: Estimates in this table exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were at the 2020 *National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are detailed tables.

¹ Respondents could report that the questions about access to mental health services did not apply to them. Respondents who reported that the response were classified as not having experienced that effect.

² Respondents with unknown information on their perception of the COVID-19 pandemic's effect on mental health services were excluded.

³ Mental Health Services (Including Virtual Services) for adults includes inpatient treatment/counseling, outpatient treatment/counseling, virtual mental health services, prescription medication for problems with emotions, nerves, or mental health. Respondents with unknown mental health service information were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarter 4, 2020.

Table A.71B Perceived COVID-19 Pandemic Effect on Access to Medical Care: Among People Aged 12 or Older; by Age Group, Quarter

Perceived Effect on Access to Medical Care	Aged 12 or Older	Aged 12-17	Aged
PERCEIVED EFFECT AMONG TOTAL POPULATION^{1,2}			
Appointments moved from in person to telehealth	31.3 (0.66)	15.1 (1.28)	24.4
Delays or cancellations in appointments or preventive services	29.4 (0.62)	19.3 (1.31)	20.2
Delays in getting prescriptions	8.9 (0.42)	5.4 (0.84)	7.8
Unable to access needed care resulting in moderate to severe impact on health	5.6 (0.33)	1.4 (0.34)	5.3

COVID-19 = coronavirus disease 2019.

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

NOTE: Estimates in this table exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were at the 2020 *National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

NOTE: Additional estimates may be found in the detailed tables for the 2020 NSDUH at <https://www.samhsa.gov/data/>. Measures and terms are detailed tables.

¹ Respondents could report that the questions about access to medical care did not apply to them. Respondents who reported that the respective questions were classified as not having experienced that effect.

² Respondents with unknown information on their perception of the COVID-19 pandemic's effect on their medical care were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarter 4, 2020.

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