



Behavioral Health Barometer

United States, 2015



Substance Abuse and Mental Health Services Administration

SAMHSA

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ACKNOWLEDGMENTS

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ORIGINATING OFFICE

Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Rockville, MD 20857.

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FOREWORD



The Substance Abuse and Mental Health Services Administration (SAMHSA), an operating division within the U.S. Department of Health and Human Services (HHS), is charged with reducing the impact of substance abuse and mental illness on America’s communities. SAMHSA is pursuing this mission at a time of significant change. Health care reform has been enacted, bringing sweeping changes to how the United States delivers, pays for, and monitors health care. Simultaneously, state budgets are shrinking, and fiscal restraint is a top priority.

This is the third edition of the *Behavioral Health Barometer: United States*, one of a series of national and state reports that provide a snapshot of behavioral health in the United States. The reports present a set of substance use and mental health indicators as measured through the National Survey on Drug Use and Health, sponsored by SAMHSA. This array of indicators provides a unique overview of the nation’s behavioral health at a point in time as well as a mechanism for tracking change and trends over time. As new data become available, indicators highlighted in these reports will be updated to reflect the current state of the science and incorporate new measures of interest. The Behavioral Health Barometers will provide critical information to a variety of audiences in support of SAMHSA’s mission of reducing the impact of substance abuse and mental illness on America’s communities.

Behavioral Health Barometers for the nation and for all 50 states and the District of Columbia are published on a regular basis as part of SAMHSA’s larger behavioral health quality improvement approach.

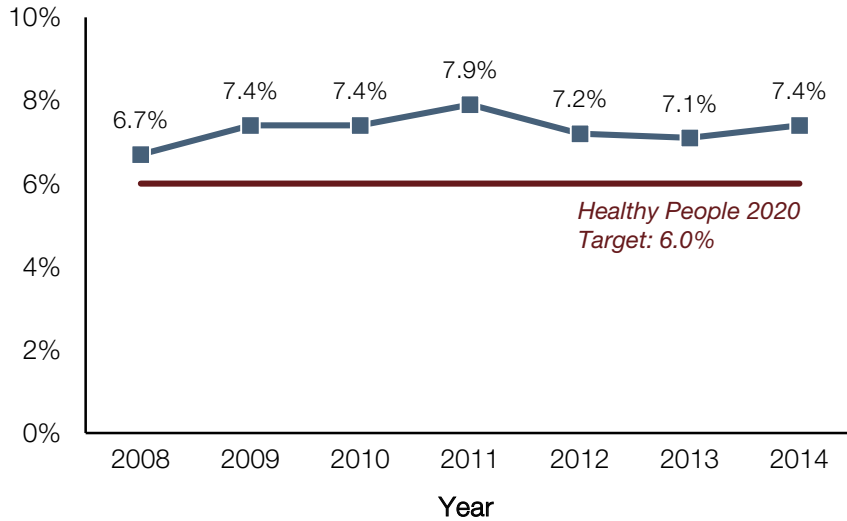
Kana Enomoto, Acting Administrator
Substance Abuse and Mental Health Services Administration

YOUTH SUBSTANCE USE

MARIJUANA USE



Past Month Marijuana Use Among Adolescents Aged 12–17 in the United States (2008–2014)¹

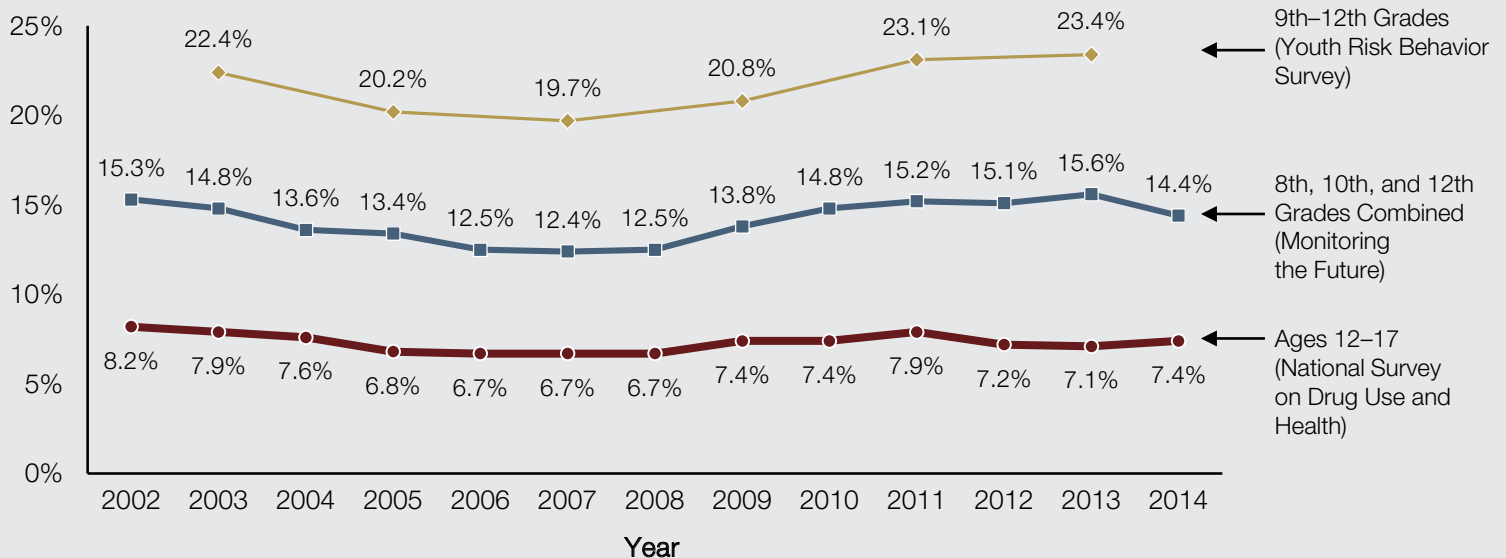


The percentage of adolescents aged 12–17 in the United States who used marijuana in the month prior to being surveyed increased from 2008 to 2011, then decreased in 2012 and 2013. The 2014 percentage was not significantly different from any year from 2008 to 2013. This percentage has been above the Healthy People 2020 target of 6.0% since 2008.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2008–2014.

Past Month Marijuana Use Among Adolescents in the United States, by National Survey (2002–2014)

Despite differences in methods between surveys, data from the National Survey on Drug Use and Health (NSDUH), Monitoring the Future (MTF), and the Youth Risk Behavior Survey (YRBS) generally show that the percentage of adolescents in the United States who used marijuana decreased from the early 2000s to the mid- to late-2000s and then increased gradually in more recent years. The percentage for MTF decreased significantly from 2013 to 2014.



Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2002–2014; National Institute on Drug Abuse, Monitoring the Future, University of Michigan, 2002–2014; Centers for Disease Control and Prevention, Youth Risk Behavior Surveys, 2003, 2005, 2007, 2009, 2011, and 2013.

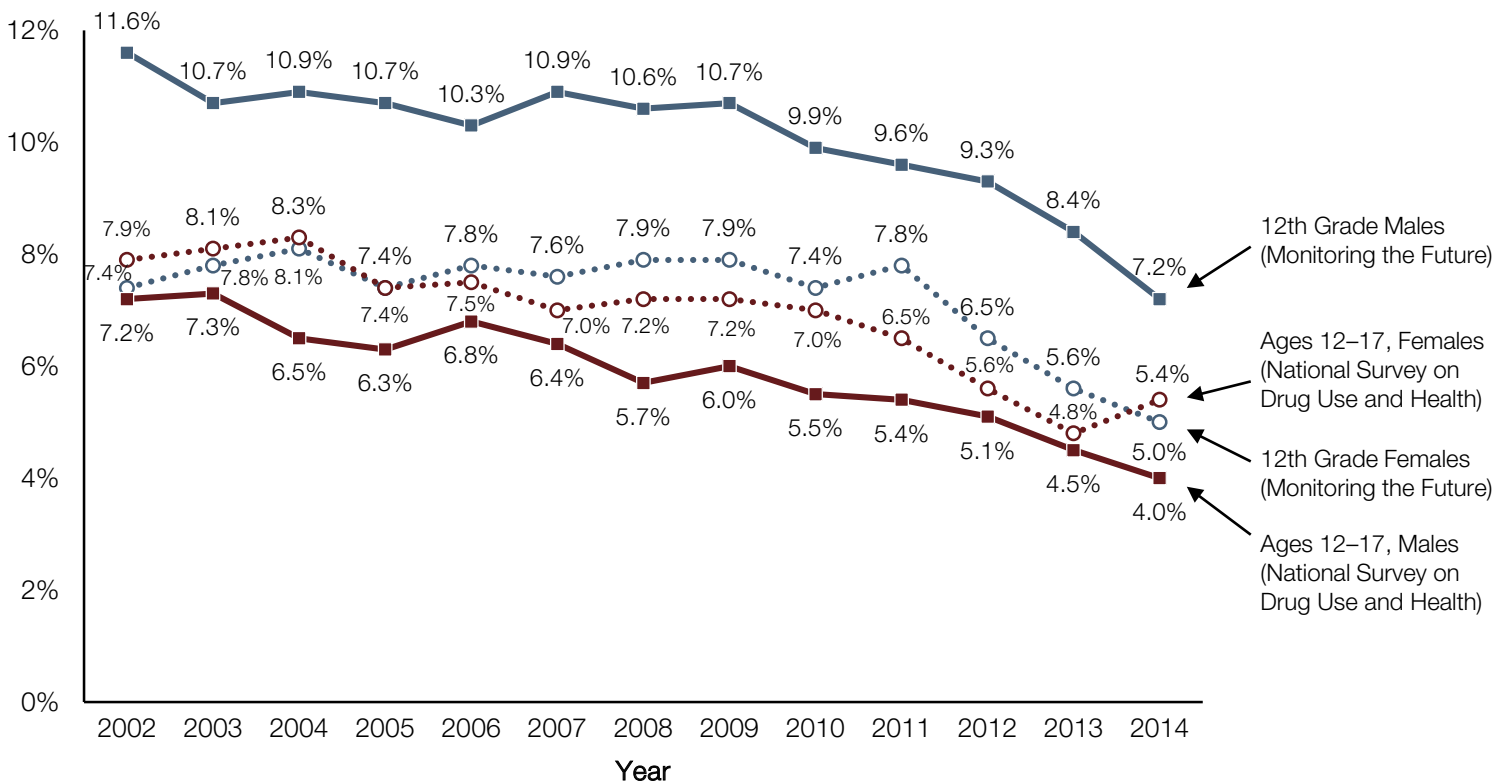
YOUTH SUBSTANCE USE

NONMEDICAL USE OF PAIN RELIEVERS



Past Year Nonmedical Use of Pain Relievers Among Adolescents in the United States, by National Survey and Gender (2002–2014)²

Data on adolescents aged 12–17 in the United States from NSDUH and on 12th graders from MTF generally show a decrease from 2002 to 2014 in past year nonmedical use of pain relievers for both males and females.



NSDUH data show that the percentage of adolescents aged 12–17 in the United States who reported past year nonmedical use of pain relievers tended to be higher for females than for males. MTF data show that this percentage among 12th graders tended to be higher for males than for females. The likely reason for these different data patterns is the difference in age groups used for these estimates (NSDUH estimates are for all adolescents aged 12–17; MTF estimates are only for 12th graders).

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2002–2014; National Institute on Drug Abuse, Monitoring the Future, University of Michigan, 2002–2014

YOUTH SUBSTANCE USE

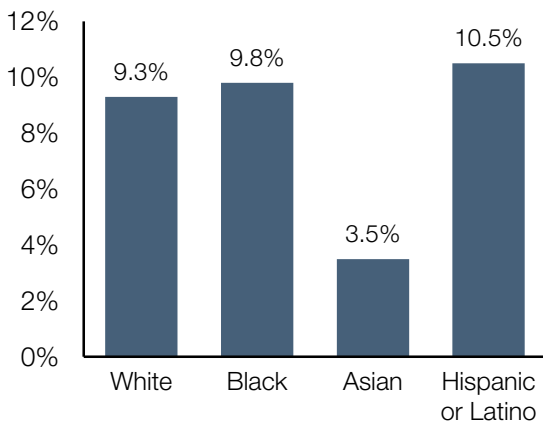
ILLCIT DRUG USE



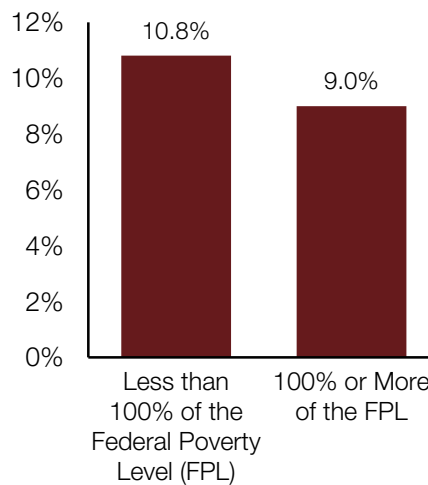
Past Month Illicit Drug Use Among Adolescents Aged 12–17 in the United States, by Race/Ethnicity and Poverty Status (2014)^{3,4}

In 2014, Asian adolescents aged 12–17 in the United States had a lower percentage of past month illicit drug use than White, Black, or Hispanic adolescents.

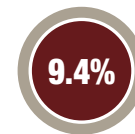
In 2014, adolescents aged 12–17 in the United States living in households whose income was less than 100% of the Federal Poverty Level (FPL) had a higher percentage of past month illicit drug use than adolescents living in households whose income was 100% or more of the FPL.



Race/Ethnicity



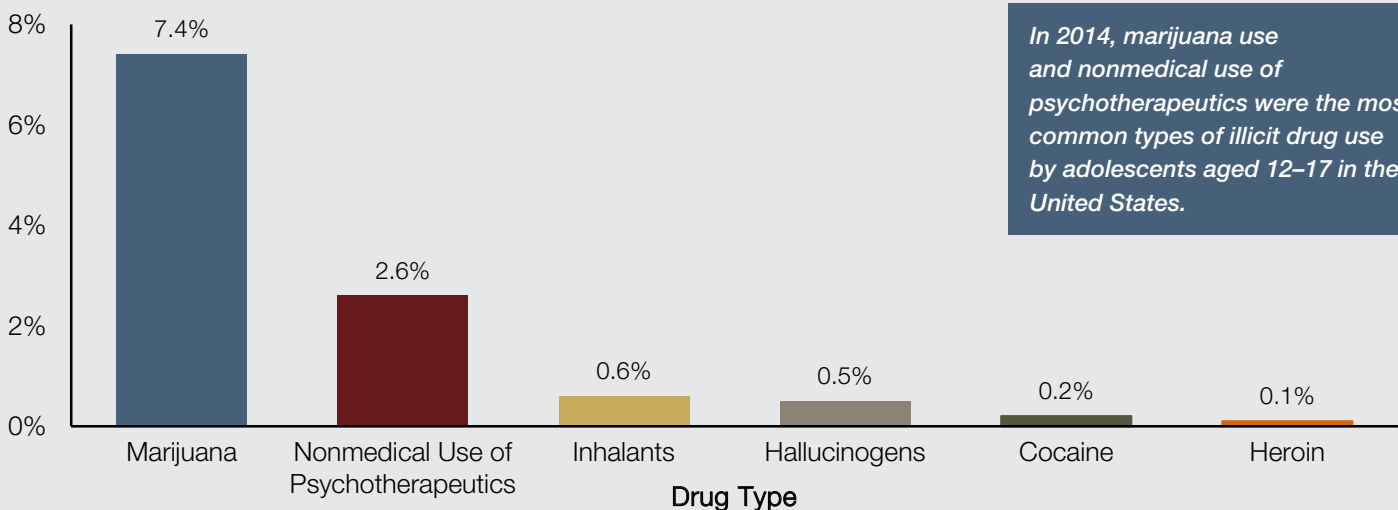
Poverty Status



In 2014, 9.4% of adolescents aged 12–17 in the United States (an estimated 2.3 million adolescents) used illicit drugs in the month prior to being surveyed. From 2013 to 2014, this percentage increased for Hispanics (from 8.7% to 10.5%) but did not change significantly for Whites, Blacks, or Asians.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

Past Month Illicit Drug Use Among Adolescents Aged 12–17 in the United States, by Drug Type (2014)



In 2014, marijuana use and nonmedical use of psychotherapeutics were the most common types of illicit drug use by adolescents aged 12–17 in the United States.

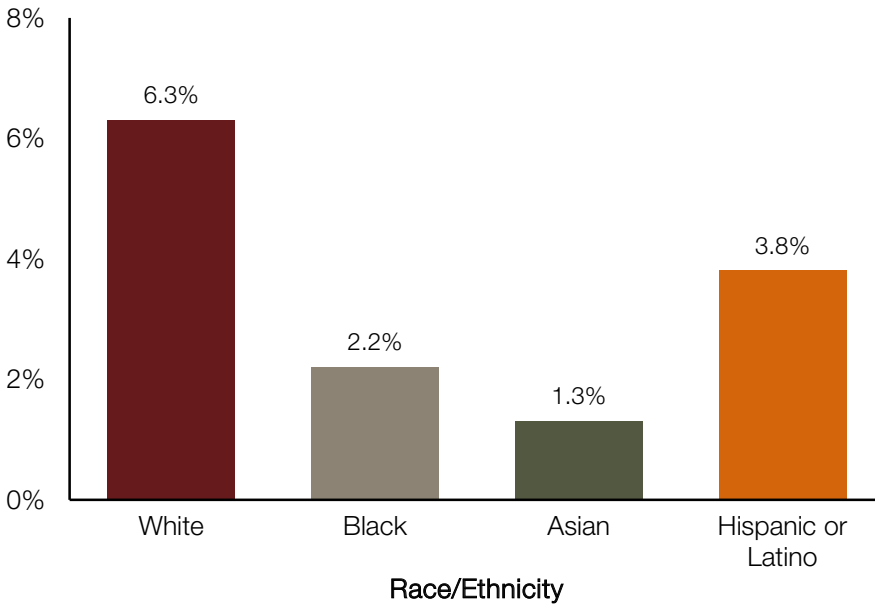
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

YOUTH SUBSTANCE USE

CIGARETTE USE



Past Month Cigarette Use Among Adolescents Aged 12–17 in the United States, by Race/Ethnicity (2014)³



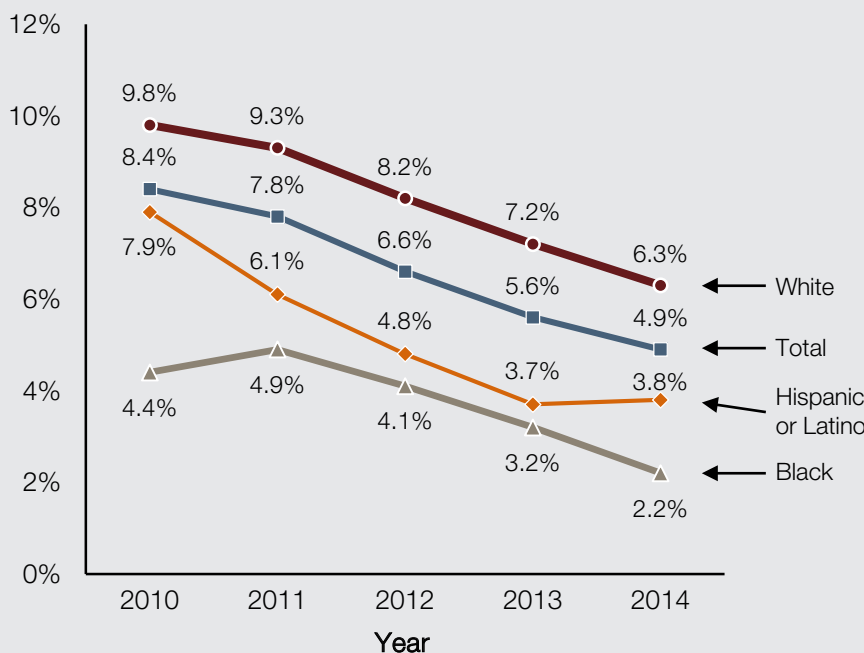
4.9%

In 2014, 4.9% of adolescents aged 12–17 in the United States (an estimated 1.2 million adolescents) used cigarettes in the month prior to being surveyed.

In 2014, White adolescents aged 12–17 in the United States had a higher percentage of cigarette use than Black, Asian, or Hispanic adolescents.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

Past Month Cigarette Use Among Adolescents Aged 12–17 in the United States, by Race/Ethnicity (2010–2014)⁵



From 2010 to 2014, the percentage of past month cigarette use among adolescents aged 12–17 in the United States decreased from 8.4% to 4.9%. There were significant decreases for White, Black, and Hispanic adolescents during the same time period.

In 2014, the percentage of past month cigarette use was higher among adolescents aged 12–17 in the United States living in nonmetropolitan areas (7.9%) than among adolescents living in metropolitan areas (4.3%). This percentage was higher among adolescents living in households whose income was less than 100% of the FPL (6.3%) than among adolescents living in households whose income was 100% or more of the FPL (4.4%).

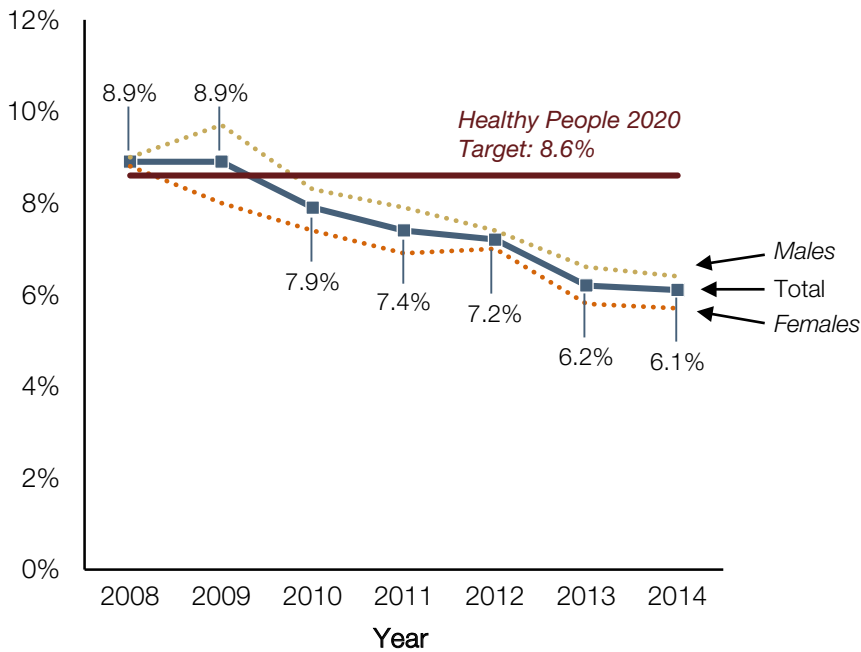
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2014.

YOUTH SUBSTANCE USE

BINGE ALCOHOL USE



Past Month Binge Alcohol Use Among Adolescents Aged 12–17 in the United States, by Gender (2008–2014)^{1,6}



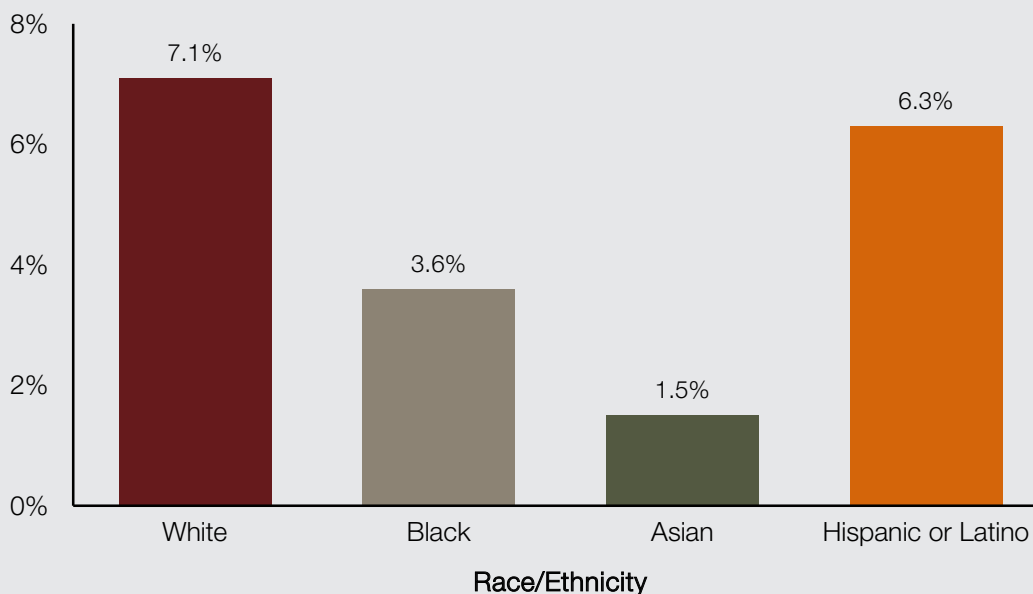
6.1%

In 2014, 6.1% of adolescents aged 12–17 in the United States (an estimated 1.5 million adolescents) reported binge alcohol use in the month prior to being surveyed, a decrease from 8.9% in 2008. This percentage has been below the Healthy People 2020 target of 8.6% since 2010.

The percentage of binge alcohol use among adolescents aged 12–17 in the United States decreased from 2008 to 2014 for both male and female adolescents.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2008–2014.

Past Month Binge Alcohol Use Among Adolescents Aged 12–17 in the United States, by Race/Ethnicity (2014)³



In 2014, the percentage of past month binge alcohol use among adolescents aged 12–17 in the United States was higher for White and Hispanic adolescents than for Black or Asian adolescents.

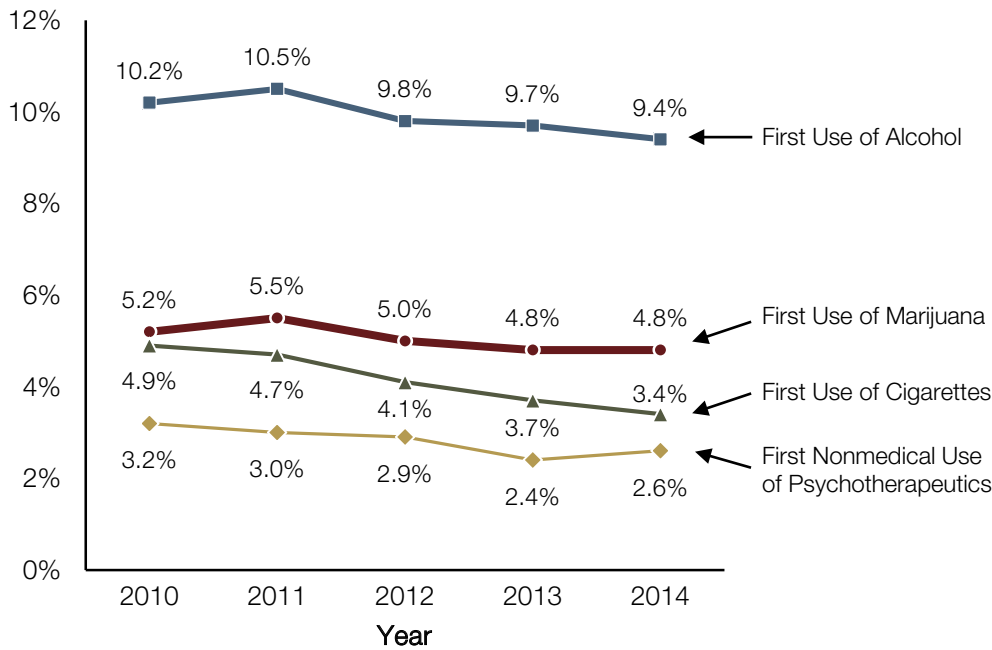
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

YOUTH SUBSTANCE USE

SUBSTANCE USE INITIATION



Past Year Initiation (First Use) of Selected Substances Among Adolescents Aged 12–17 in the United States (2010–2014)

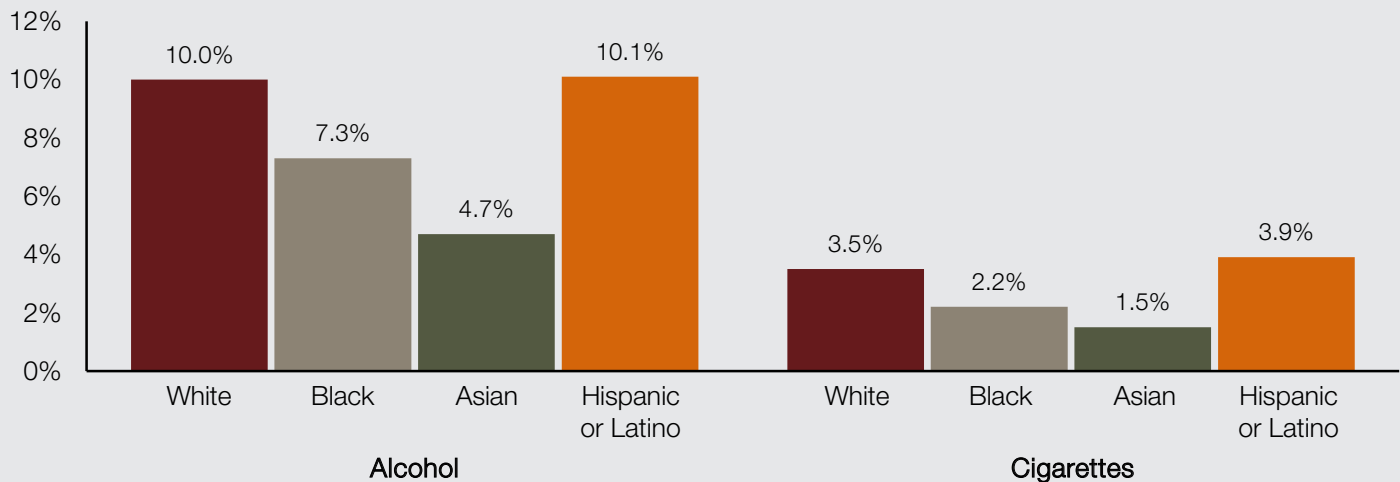


The percentage of adolescents aged 12–17 in the United States who initiated alcohol use, cigarette use, and nonmedical use of psychotherapeutics (i.e., used the substance for the first time in the year prior to being surveyed) decreased from 2010 to 2014, and the percentage who initiated marijuana use in the past year decreased from 2011 to 2014. In 2014, nearly 1 in 10 adolescents (9.4%) used alcohol for the first time in the past year.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2014.

Past Year Initiation (First Use) of Selected Substances Among Adolescents Aged 12–17 in the United States, by Substance Type and Race/Ethnicity (2014)³

In 2014, White and Hispanic adolescents aged 12–17 in the United States were more likely than Black or Asian adolescents to have initiated alcohol use or cigarette use in the past year. There were no significant differences among racial/ethnic groups in past year initiation of marijuana use or nonmedical use of psychotherapeutics.



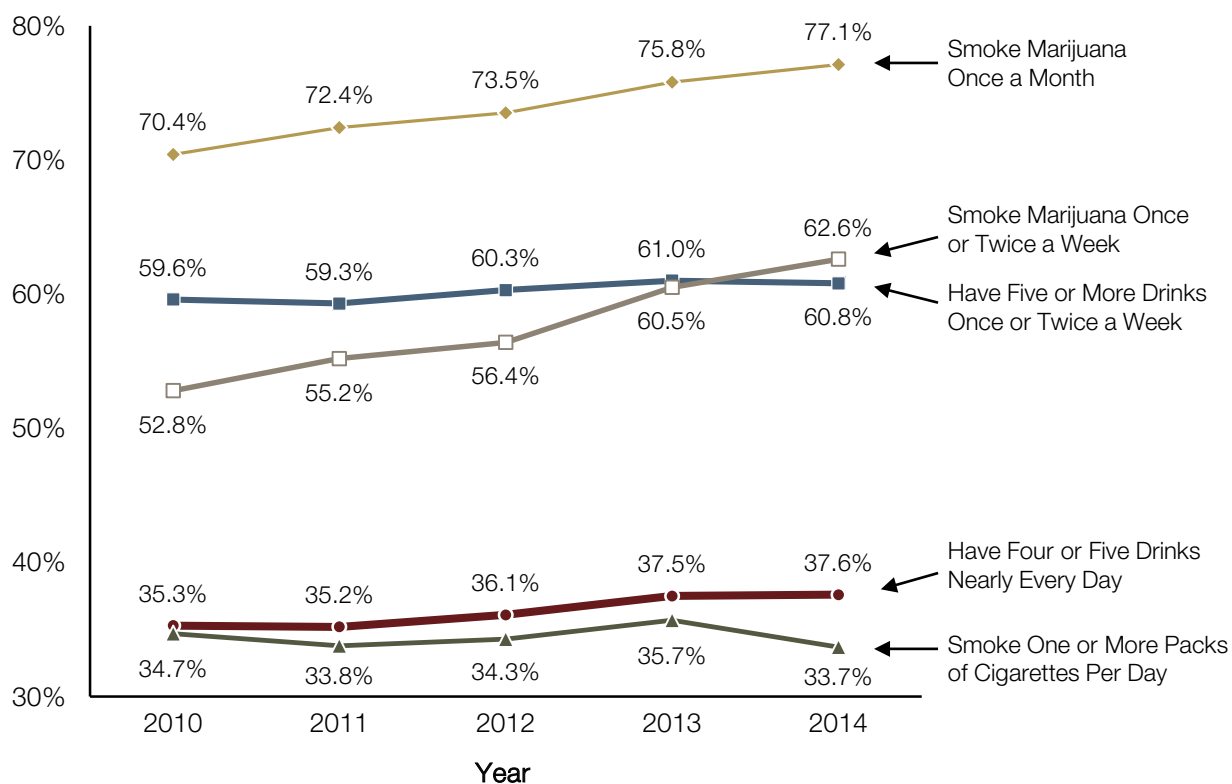
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

YOUTH SUBSTANCE USE RISK PERCEPTIONS



Adolescents Aged 12–17 in the United States Who Perceived No Great Risk From the Use of Selected Substances (2010–2014)⁷

In 2014, a majority of adolescents aged 12–17 in the United States perceived no great risk from monthly or weekly marijuana use or from having five or more drinks once or twice a week. In 2014, about one in three adolescents perceived no great risk from smoking one or more packs of cigarettes per day or from having four or five drinks nearly every day.



From 2010 to 2014, the percentage of adolescents aged 12–17 in the United States who perceived no great risk from monthly or weekly marijuana use increased, as did the percentage of adolescents who perceived no great risk from having four or five drinks nearly every day. During the same time period, there were no significant changes in the perceived risk from having five or more drinks nearly every day or smoking one or more packs of cigarettes per day.

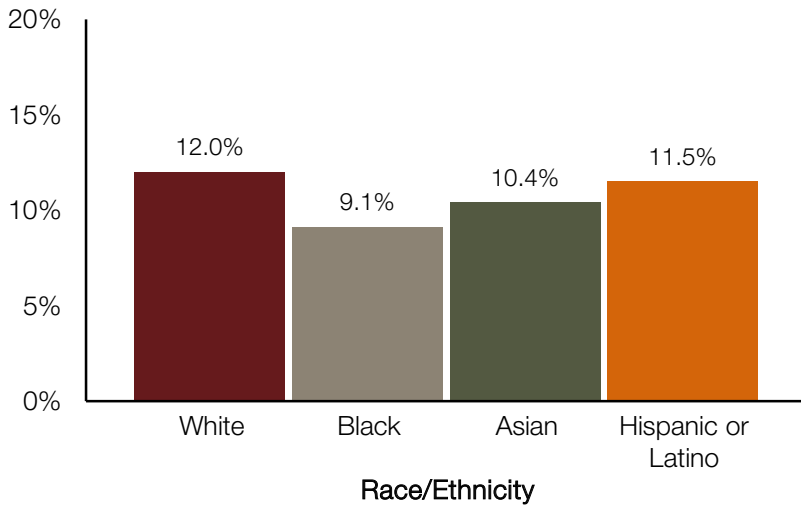
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2014.

YOUTH MENTAL HEALTH AND TREATMENT

DEPRESSION



Past Year Major Depressive Episode (MDE) Among Adolescents Aged 12–17 in the United States, by Race/Ethnicity (2014)^{3,8}



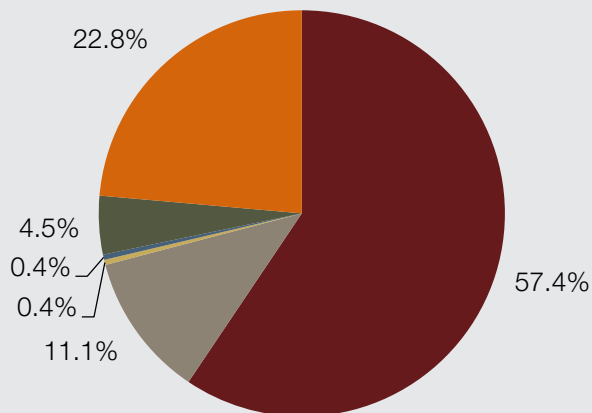
11.4%

In 2014, 11.4% of adolescents aged 12–17 in the United States (an estimated 2.8 million adolescents) had at least one major depressive episode (MDE) in the year prior to being surveyed. This percentage was higher for White and Hispanic adolescents than for Black adolescents.

In 2014, the percentage of MDE among adolescents aged 12–17 in the United States was about 3 times higher for female adolescents (17.3%) than for male adolescents (5.7%).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

Race/Ethnicity of Adolescents Aged 12–17 in the United States with Past Year Major Depressive Episode (MDE) (2014)⁹

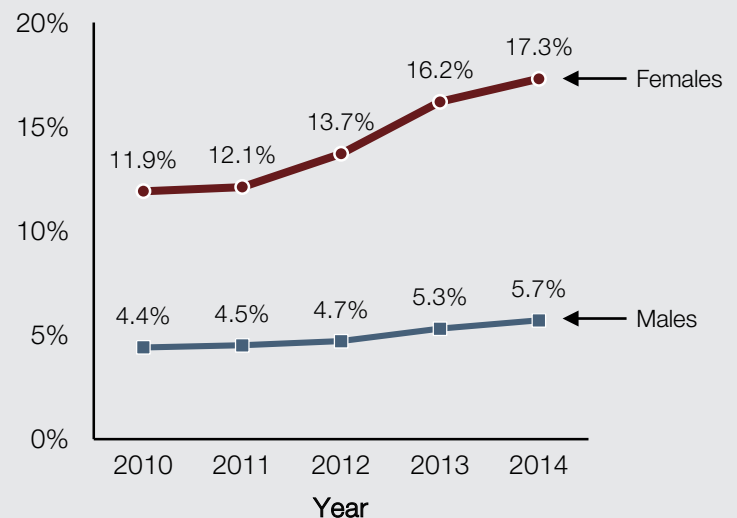


2.8 million adolescents with MDE

- White
- Black
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Asian
- Hispanic or Latino

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

Past Year Major Depressive Episode (MDE) Among Adolescents Aged 12–17 in the United States, by Gender (2010–2014)⁸



From 2010 to 2014, the percentage of MDE among adolescents aged 12–17 in the United States increased for both male and female adolescents.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2014.

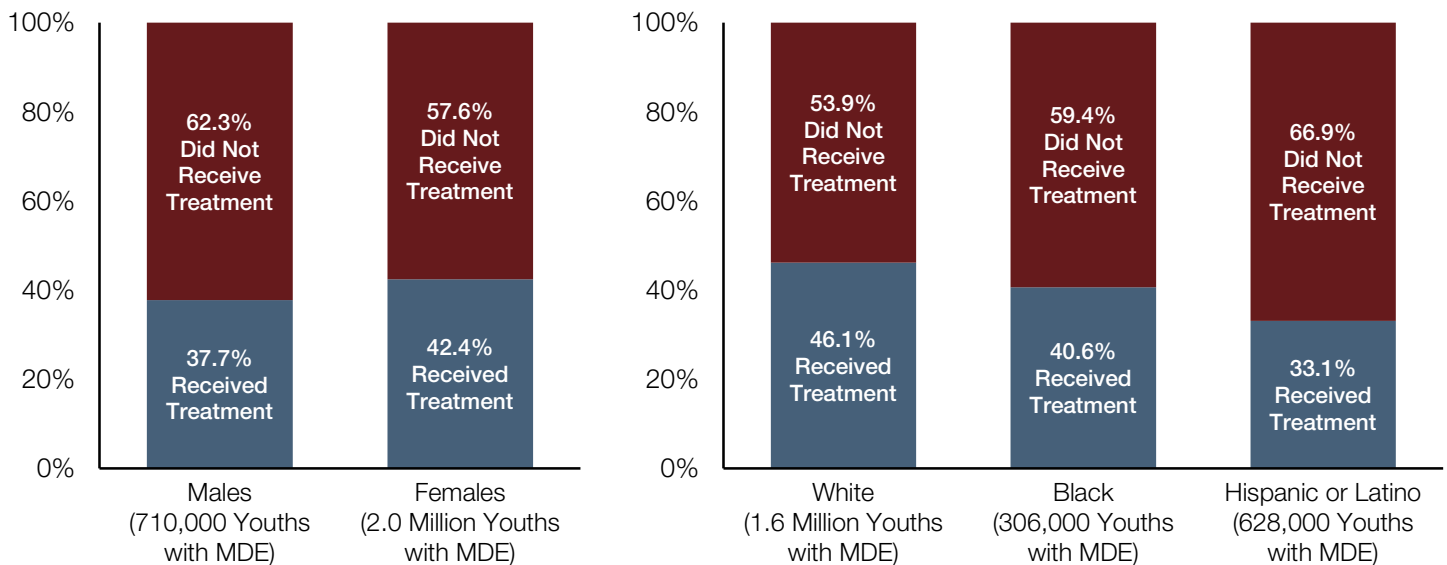
YOUTH MENTAL HEALTH AND TREATMENT

TREATMENT FOR DEPRESSION



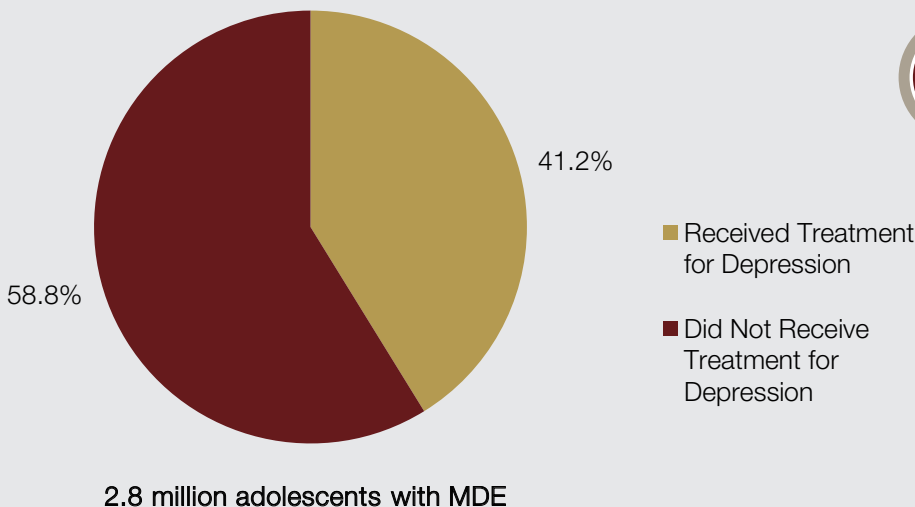
Past Year Treatment for Depression Among Adolescents Aged 12–17 with Major Depressive Episode (MDE) in the United States, by Gender and Race/Ethnicity (2014)^{5,10}

In 2014, among adolescents aged 12–17 in the United States with MDE in the year prior to being surveyed, a higher percentage of White adolescents (46.1%) received treatment for their depression than did Hispanic adolescents (33.1%). There was no statistically significant difference between male and female adolescents with past year MDE in receipt of treatment for depression.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

Past Year Treatment for Depression Among Adolescents Aged 12–17 with Major Depressive Episode (MDE) in the United States (2014)¹⁰



41.2%

In 2014, 41.2% of adolescents aged 12–17 in the United States with past year MDE (an estimated 1.1 million adolescents) received treatment for depression in the year prior to being surveyed. This percentage was higher than the percentage in 2012 (37.0%) but not significantly different from any other year from 2010 to 2013.

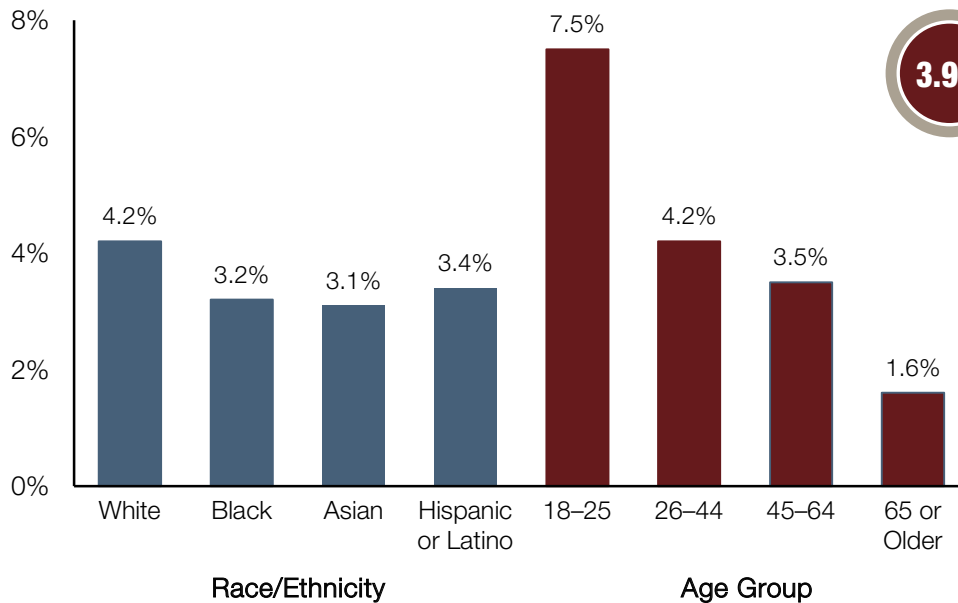
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

ADULT MENTAL HEALTH AND TREATMENT

THOUGHTS OF SUICIDE



Past Year Serious Thoughts of Suicide Among Adults Aged 18 or Older in the United States, by Race/Ethnicity and Age Group (2014)^{3,11}



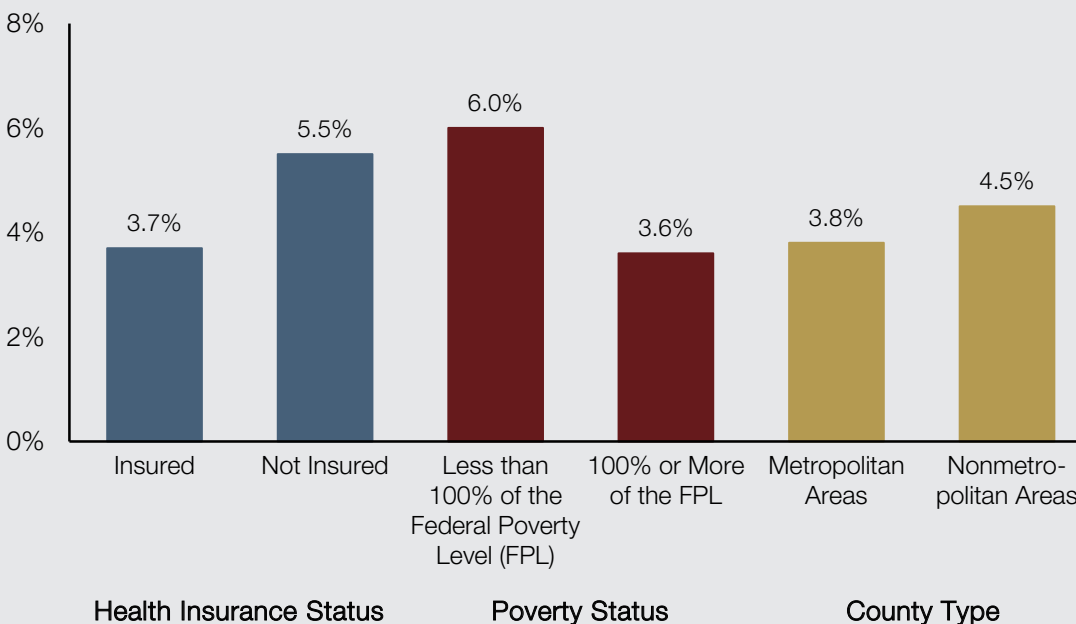
3.9%

In 2014, 3.9% of adults aged 18 or older in the United States (an estimated 9.4 million adults) had serious thoughts of suicide in the year prior to being surveyed.

In 2014, the percentage of adults aged 18 or older in the United States who had past year serious thoughts of suicide was higher for Whites than for Blacks, Asians, or Hispanics. The percentage with past year serious thoughts of suicide was highest among adults aged 18-25 and lowest among adults aged 65 or older.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

Past Year Serious Thoughts of Suicide Among Adults Aged 18 or Older in the United States, by Health Insurance Status, Poverty Status, and County Type (2014)^{4,11}



In 2014, the percentage of adults aged 18 or older in the United States who had serious thoughts of suicide in the year prior to being surveyed was higher among those without health insurance, those living in households whose income was less than 100% of the FPL, and those living in nonmetropolitan areas.

The percentage of adults aged 18 or older in the United States who had past year serious thoughts of suicide did not change significantly from 2010 to 2014.

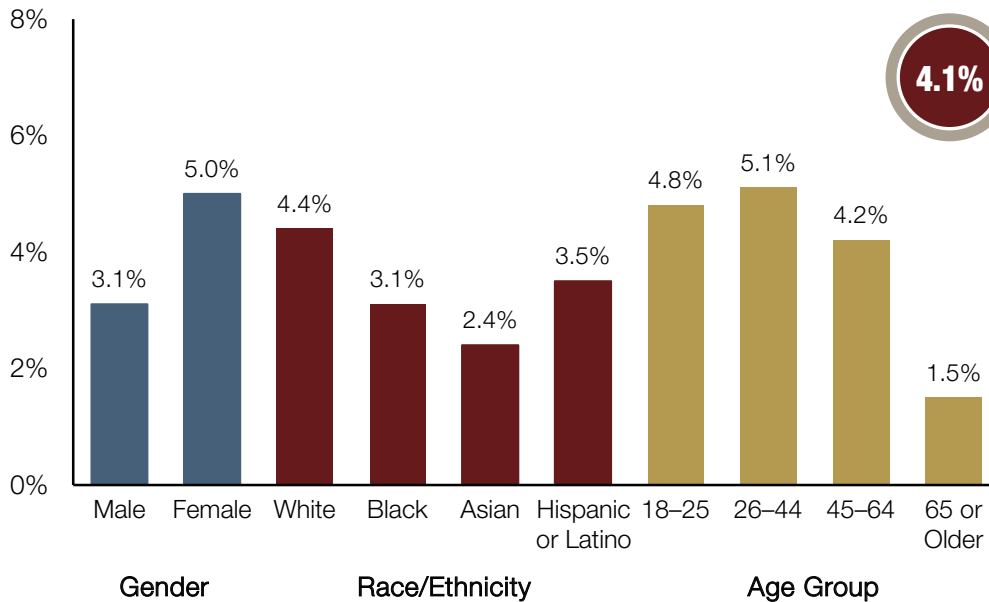
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

ADULT MENTAL HEALTH AND TREATMENT

SERIOUS MENTAL ILLNESS



Past Year Serious Mental Illness (SMI) Among Adults Aged 18 or Older in the United States, by Gender, Race/Ethnicity, and Age Group (2014)^{3,12}

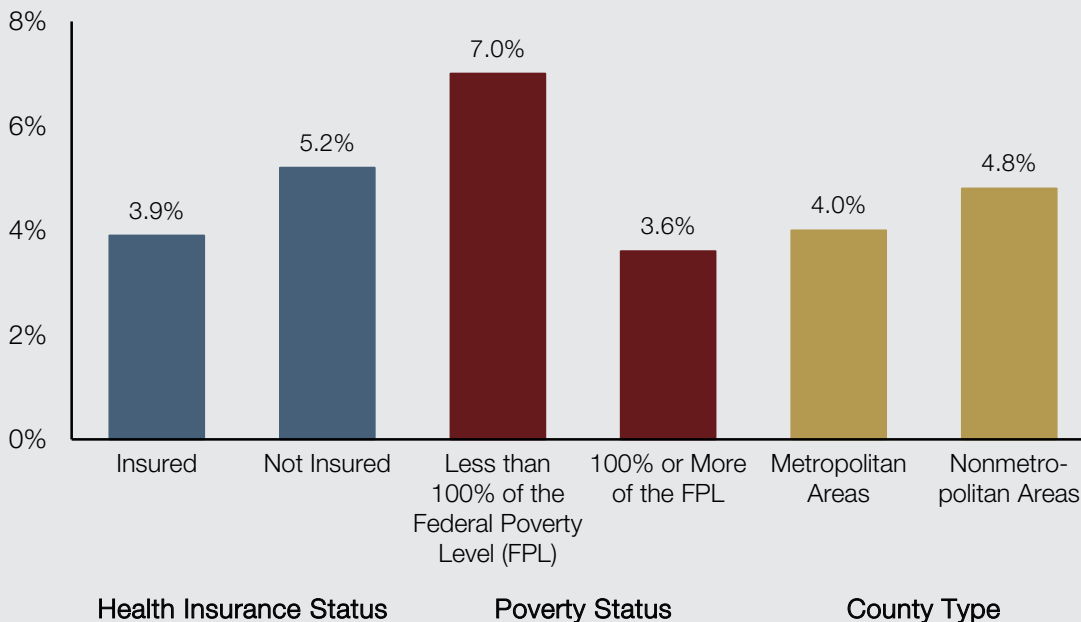


In 2014, 4.1% of adults aged 18 or older in the United States (an estimated 9.8 million adults) had a serious mental illness (SMI) in the year prior to being surveyed. This percentage did not change significantly from 2010 to 2014.

In 2014, the percentage of adults aged 18 or older in the United States with past year SMI was higher for females than for males and was higher for Whites than for Blacks, Asians, or Hispanics. The percentage with past year SMI was lower for adults aged 65 or older than for other adult age groups.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

Past Year Serious Mental Illness (SMI) Among Adults Aged 18 or Older in the United States, by Health Insurance Status, Poverty Status, and County Type (2014)^{4,12}



In 2014, the percentage of adults aged 18 or older in the United States with past year SMI was higher among those without health insurance, those living in households whose income was less than 100% of the FPL, and those living in nonmetropolitan areas.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

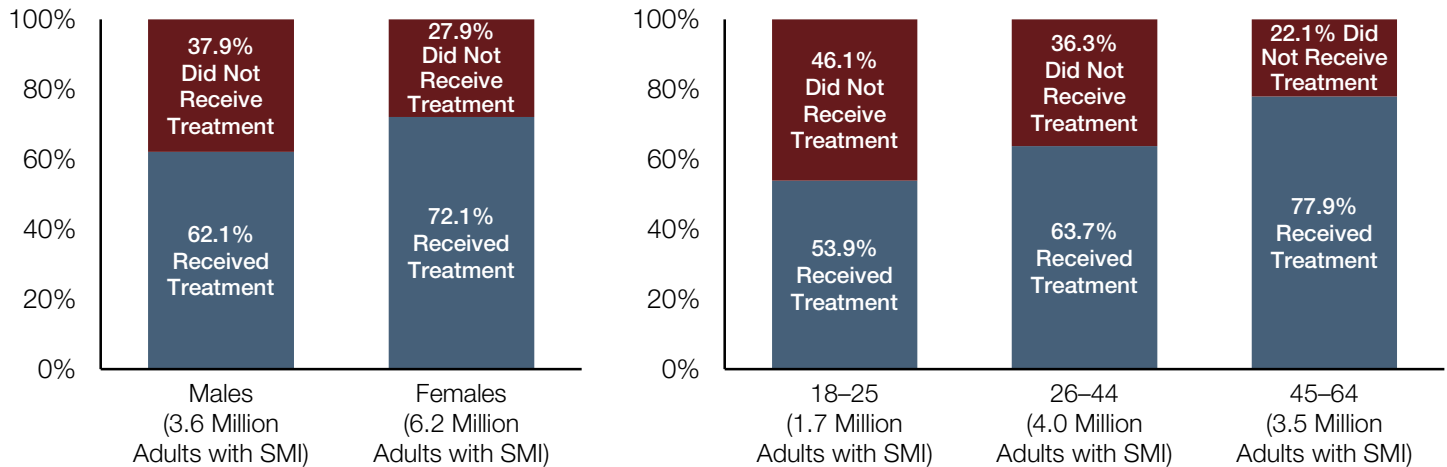
ADULT MENTAL HEALTH AND TREATMENT

TREATMENT FOR SERIOUS MENTAL ILLNESS



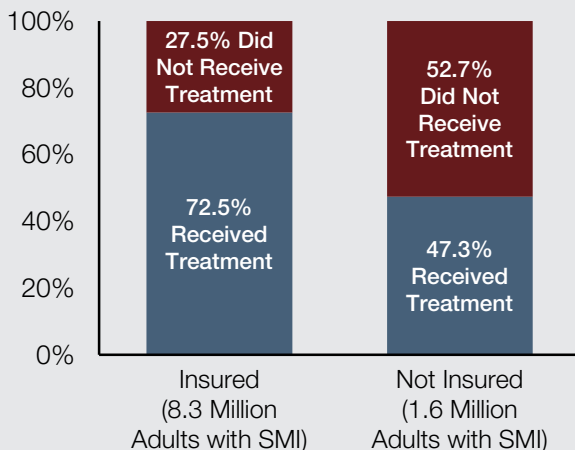
Past Year Mental Health Treatment/Counseling Among Adults Aged 18 or Older with Serious Mental Illness (SMI) in the United States, by Gender and Age Group (2014)^{12,13,14}

In 2014, among adults aged 18 or older in the United States with SMI, males were less likely to have received mental health treatment/counseling than females, and those aged 18–25 were less likely to have received mental health treatment/counseling than those aged 26–44 or those aged 45–64.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

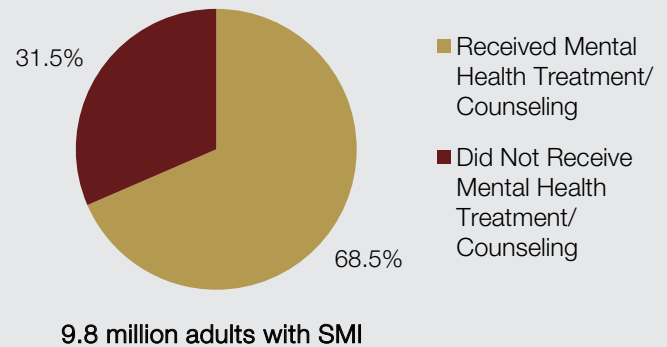
Past Year Mental Health Treatment/Counseling Among Adults Aged 18 or Older with Serious Mental Illness (SMI) in the United States, by Health Insurance Status (2014)^{12,14}



In 2014, among adults aged 18 or older in the United States with SMI, those without health insurance were less likely to have received mental health treatment/counseling.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

Past Year Mental Health Treatment/Counseling Among Adults Aged 18 or Older with Serious Mental Illness (SMI) in the United States (2014)^{12,14}



68.5% In 2014, 68.5% of adults aged 18 or older in the United States with SMI (an estimated 6.7 million adults) received mental health treatment/counseling in the year prior to being surveyed. This percentage is higher than the percentage in 2012 (62.9%) but not significantly different from any other year from 2010 to 2013.

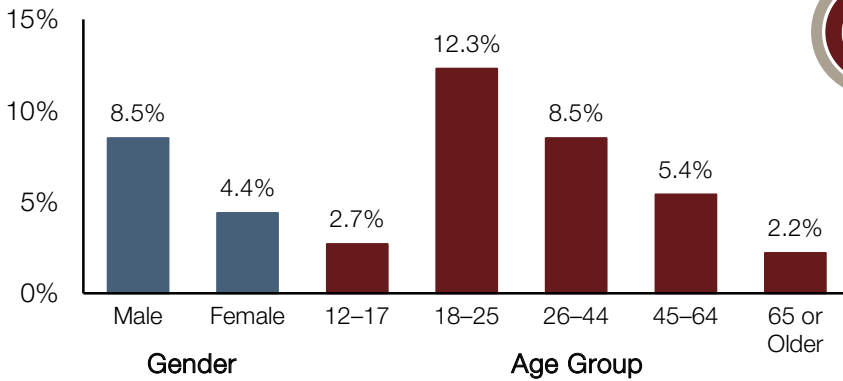
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

SUBSTANCE USE

ALCOHOL DEPENDENCE OR ABUSE



Past Year Alcohol Dependence or Abuse Among Individuals Aged 12 or Older in the United States, by Gender and Age Group (2014)



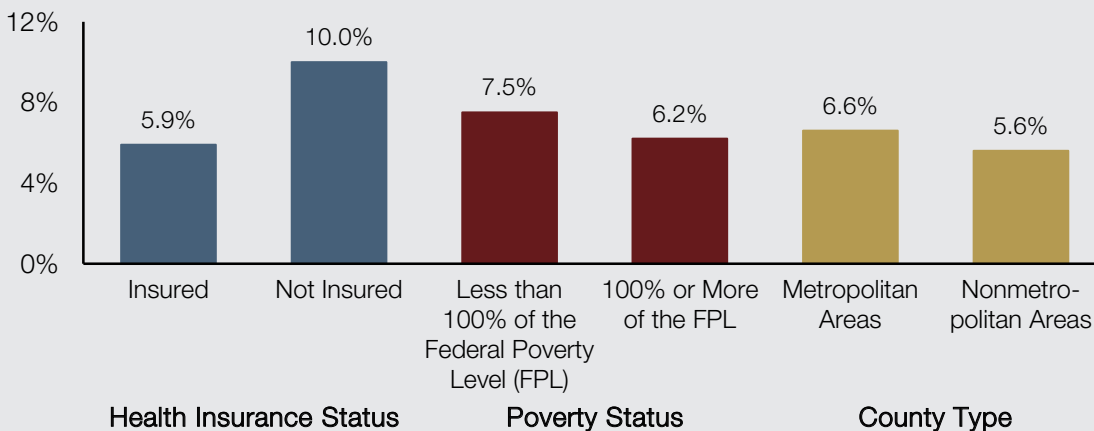
6.4%

In 2014, 6.4% of individuals aged 12 or older in the United States (an estimated 17.0 million individuals) were dependent on or abused alcohol in the year prior to being surveyed.

In 2014, the percentage of individuals aged 12 or older in the United States with past year alcohol dependence or abuse was higher for males than for females, and this percentage was higher for young adults aged 18-25 than for the other age groups.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

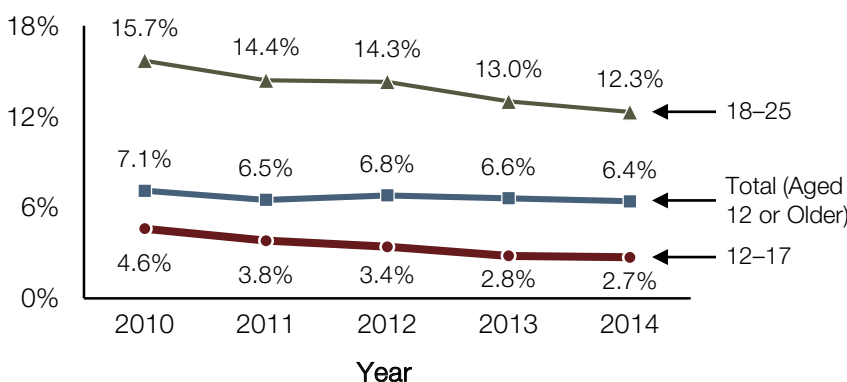
Past Year Alcohol Dependence or Abuse Among Individuals Aged 12 or Older in the United States, by Health Insurance Status, Poverty Status, and County Type (2014)⁴



In 2014, the percentage of individuals aged 12 or older in the United States with past year alcohol dependence or abuse was higher among those without health insurance, those living in households whose income was less than 100% of the FPL, and those living in metropolitan areas.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

Past Year Alcohol Dependence or Abuse Among Individuals Aged 12 or Older in the United States, by Age Group (2010-2014)¹⁵



From 2010 to 2014, the percentage of adults aged 12 or older in the United States with past year alcohol dependence or abuse decreased from 7.1% to 6.4%. This decrease was found for adolescents aged 12-17 and for young adults aged 18-25 but not for those in older age groups.

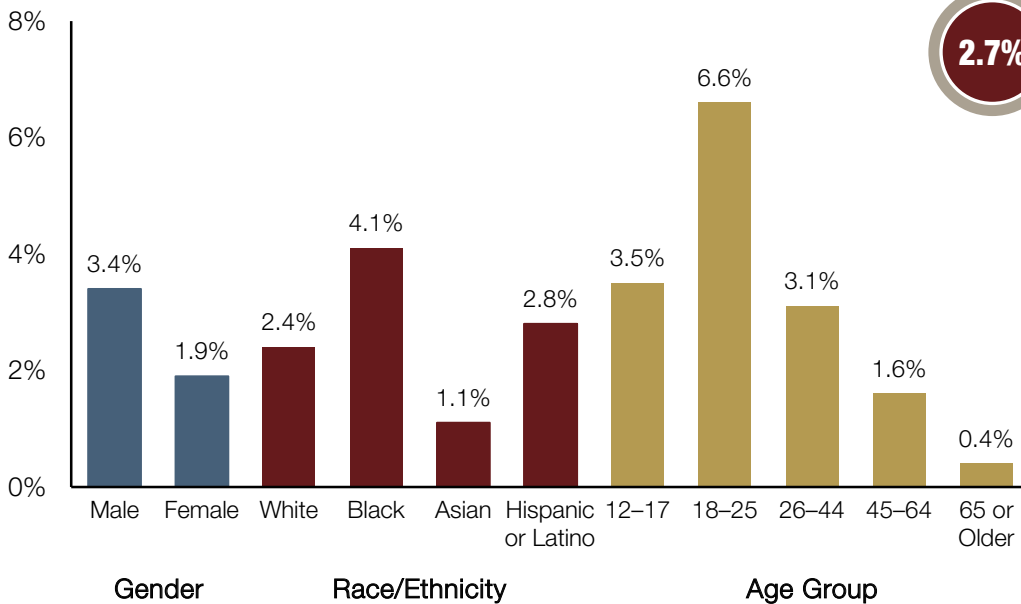
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010-2014.

SUBSTANCE USE

ILLCIT DRUG DEPENDENCE OR ABUSE



Past Year Illicit Drug Dependence or Abuse Among Individuals Aged 12 or Older in the United States, by Gender, Race/Ethnicity, and Age Group (2014)³



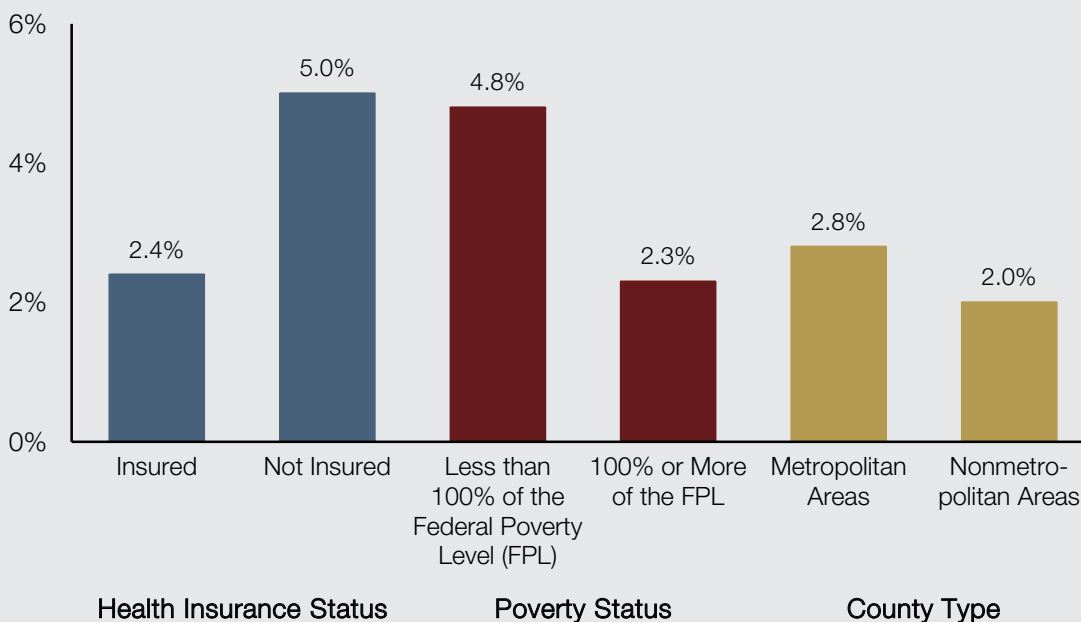
2.7%

In 2014, 2.7% of individuals aged 12 or older in the United States (an estimated 7.1 million individuals) were dependent on or abused illicit drugs in the year prior to being surveyed. This percentage has not changed significantly since 2010.

In 2014, the percentage of individuals aged 12 or older in the United States with past year illicit drug dependence or abuse was higher for males than for females and higher for Blacks than for Whites, Asians, or Hispanics. This percentage was higher for young adults aged 18-25 than for the other age groups.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

Past Year Illicit Drug Dependence or Abuse Among Individuals Aged 12 or Older in the United States, by Health Insurance Status, Poverty Status, and County Type (2014)⁴



In 2014, the percentage of individuals aged 12 or older in the United States with past year illicit drug dependence or abuse was higher among those without health insurance, those living in households whose income was less than 100% of the FPL, and those living in metropolitan areas.

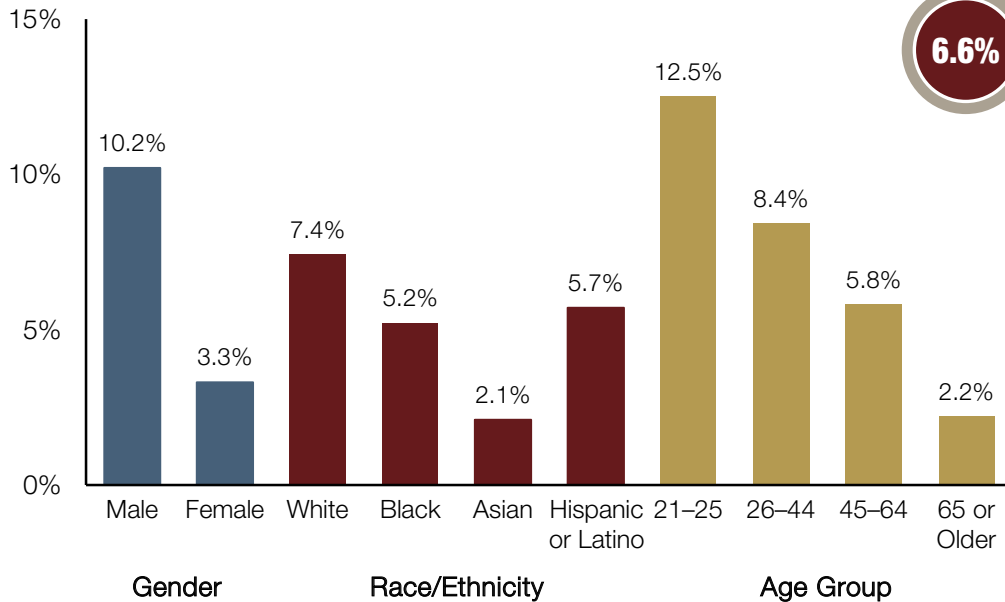
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

SUBSTANCE USE

HEAVY ALCOHOL USE



Past Month Heavy Alcohol Use Among Adults Aged 21 or Older in the United States, by Gender, Race/Ethnicity, and Age Group (2014)³



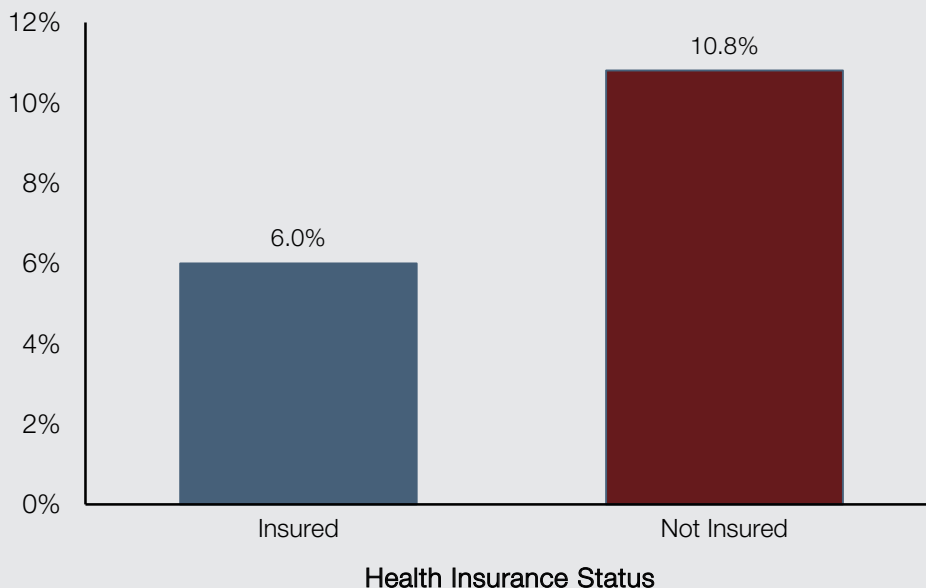
6.6%

In 2014, 6.6% of individuals aged 21 or older in the United States (an estimated 15.0 million individuals) reported heavy alcohol use in the month prior to being surveyed. This percentage has not changed significantly since 2010.

In 2014, the percentage of adults aged 21 or older in the United States who reported past month heavy alcohol use was higher for males than for females and higher for Whites than for Blacks, Asians, or Hispanics. This percentage was higher for young adults aged 21–25 than for the older age groups.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

Past Month Heavy Alcohol Use Among Adults Aged 21 or Older in the United States, by Health Insurance Status (2014)



In 2014, the percentage of adults aged 21 or older in the United States who reported past month heavy alcohol use was higher for those without health insurance than for those with health insurance.

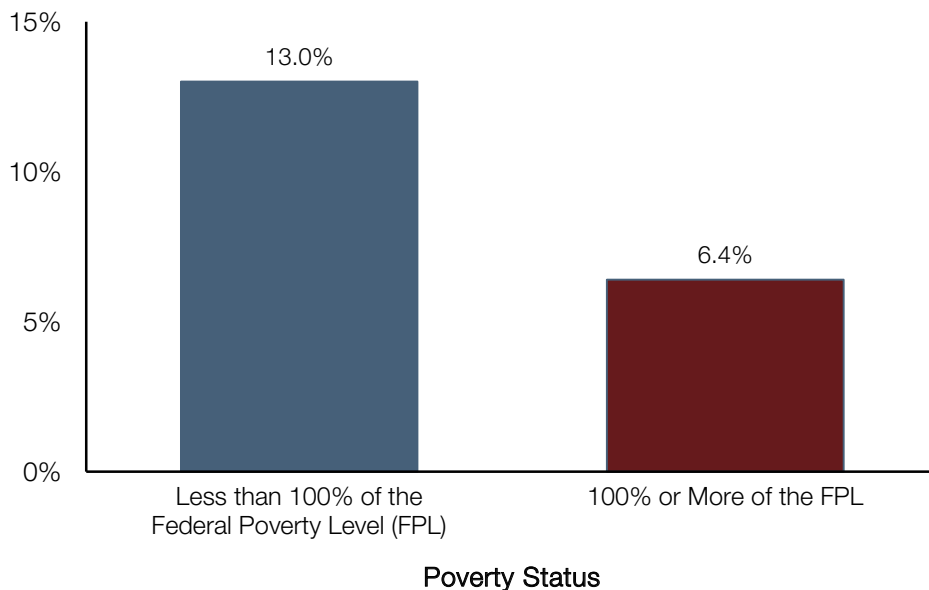
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

SUBSTANCE USE TREATMENT

ALCOHOL



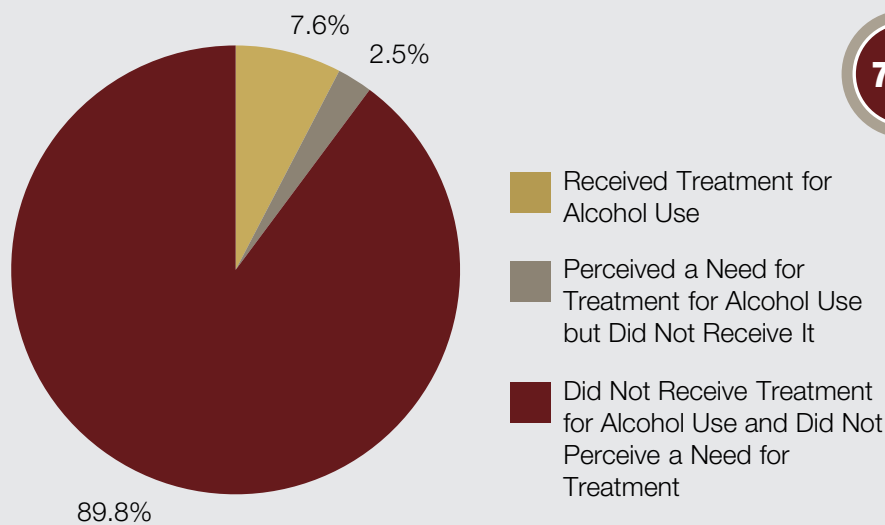
Past Year Treatment for Alcohol Use Among Individuals Aged 12 or Older with Alcohol Dependence or Abuse in the United States, by Poverty Status (2014)⁴



In 2014, the percentage of individuals aged 12 or older in the United States with past year alcohol dependence or abuse who received treatment for alcohol use was higher for those living in households whose income was less than 100% of the FPL than for those living in households whose income was 100% or more of the FPL.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

Past Year Treatment for Alcohol Use and Perception of Treatment Need Among Individuals Aged 12 or Older with Alcohol Dependence or Abuse in the United States (2014)



7.6%

In 2014, 7.6% of individuals aged 12 or older in the United States with alcohol dependence or abuse (an estimated 1.3 million individuals) received treatment for their alcohol use in the year prior to being surveyed. About 9 in 10 individuals (89.8%) with alcohol dependence or abuse did not perceive a need for treatment for their alcohol use.

In 2014, there were no significant differences in the receipt of alcohol treatment by health insurance status or metropolitan versus nonmetropolitan areas.

17.0 million individuals aged 12 or older with past year alcohol dependence or abuse

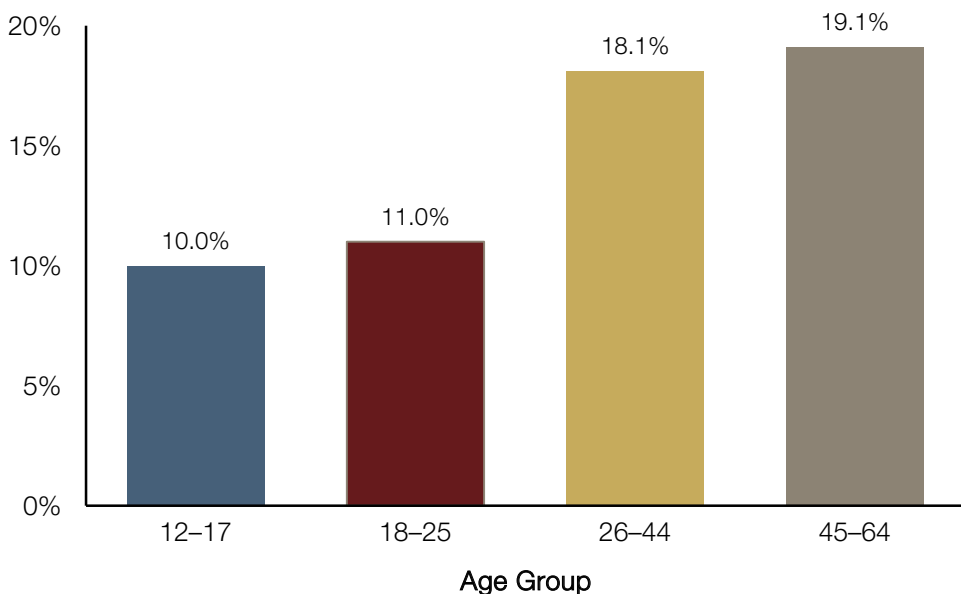
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

SUBSTANCE USE TREATMENT

ILLICIT DRUGS



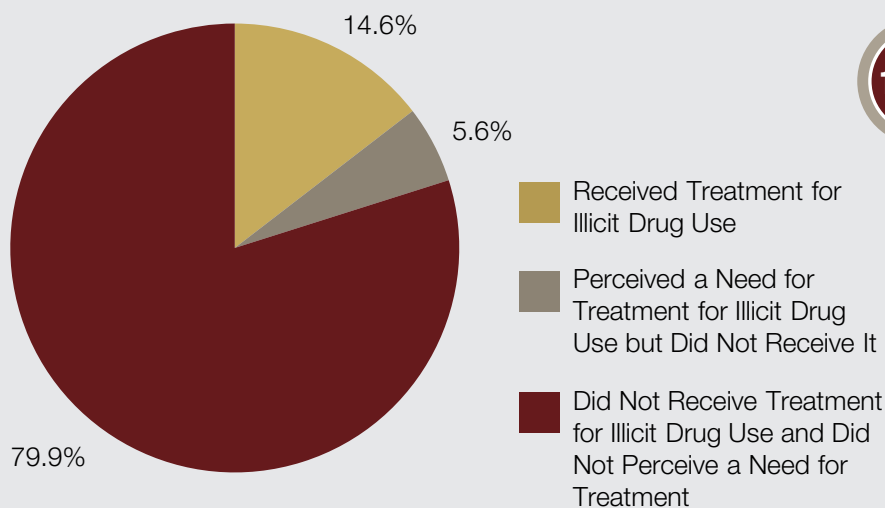
Past Year Treatment for Illicit Drug Use Among Individuals Aged 12 or Older with Illicit Drug Dependence or Abuse in the United States, by Age Group (2014)¹³



In 2014, the percentage of individuals aged 12 or older in the United States with past year illicit drug dependence or abuse who received treatment for their illicit drug use was higher for adults aged 26-44 and aged 45-64 than for adolescents aged 12-17 or young adults aged 18-25.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

Past Year Treatment for Illicit Drug Use and Perception of Treatment Need Among Individuals Aged 12 or Older with Illicit Drug Dependence or Abuse in the United States (2014)



7.1 million individuals aged 12 or older with past year illicit drug dependence or abuse

14.6%

In 2014, 14.6% of individuals aged 12 or older in the United States with illicit drug dependence or abuse (an estimated 1.0 million individuals) received treatment for their illicit drug use in the year prior to being surveyed. About 8 in 10 individuals (79.9%) with illicit drug dependence or abuse did not perceive a need for treatment for their illicit drug use.

In 2014, there were no significant differences in the receipt of treatment for illicit drug use by health insurance status, poverty status, or metropolitan versus nonmetropolitan areas.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

FIGURE NOTES



- ¹ Healthy People 2020 was launched by the U.S. Department of Health and Human Services in 2010 and focuses on the nation's 10-year goals and objectives for health promotion and disease prevention. Additional information is available at <http://www.healthypeople.gov/>.
- ² Monitoring the Future data are for “narcotics other than heroin.”
- ³ The categories of American Indian or Alaska Native and Native Hawaiian or other Pacific Islander were omitted either due to suppression from low precision of data or due to sample sizes being too small for reliable comparisons between these groups and other racial/ethnic groups.
- ⁴ Estimates based on poverty status are based on a definition of the Federal Poverty Level that incorporates information on family income, size, and composition and are calculated as a percentage of the U.S. Census Bureau's poverty thresholds. When estimates are presented for respondents aged 18 or older based on poverty status, respondents aged 18–22 who were living in a college dormitory were excluded.
- ⁵ The categories of American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, and Asian were omitted either due to suppression from low precision of data or due to sample sizes being too small for reliable comparisons between these groups and other racial/ethnic groups.
- ⁶ The Healthy People 2020 target of 8.6% was selected based on a baseline (2008) percentage of past month binge alcohol use among adolescents aged 12–17 of 9.5%, which is higher than the 2008 percentage presented in this figure (8.9%). The data presented in this figure are based on the National Survey on Drug Use and Health (NSDUH) definition of past month binge alcohol use, which is five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days for males and for females. The Healthy People 2020 target was based on a definition of five or more drinks on the same occasion for males and four or more drinks on the same occasion for females.
- ⁷ Risk perceptions were measured by asking respondents to assess the extent to which people risk harming themselves physically and in other ways when they use various illicit drugs, alcohol, and cigarettes with various levels of frequency. Response options were (1) no risk, (2) slight risk, (3) moderate risk, and (4) great risk. Respondents with unknown risk perception data were excluded.
- ⁸ Respondents with unknown past year major depressive episode (MDE) data were excluded.
- ⁹ The percentages in this chart do not sum to 100% because of the exclusion of those who reported two or more races.
- ¹⁰ Respondents with unknown past year MDE or unknown treatment data were excluded.

FIGURE NOTES



- ¹¹ Estimates were based only on responses to suicide items in the NSDUH Mental Health module. Respondents with unknown suicide information were excluded.
- ¹² Estimates of serious mental illness (SMI) presented in this publication may differ from estimates in other publications as a result of revisions made to the NSDUH mental illness estimation models in 2012. Other NSDUH mental health measures presented were not affected. The 2013 and 2014 Barometer reports include the revised SMI estimates. For further information, see *Revised Estimates of Mental Illness from the National Survey on Drug Use and Health*, which is available on the SAMHSA Web site at <http://www.samhsa.gov/data/sites/default/files/NSDUH148/NSDUH148/sr148-mental-illness-estimates.pdf>.
- ¹³ The category of 65 or older was omitted due to low precision of data.
- ¹⁴ Respondents were not to include treatment for drug or alcohol use. Respondents with unknown treatment/counseling information were excluded. Estimates were based only on responses to items in the NSDUH Adult Mental Health Service Utilization module.
- ¹⁵ The categories of 26–44, 45–64, and 65 or older were omitted to simplify the presentation.

DEFINITIONS



Binge alcohol use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.

Dependence on or abuse of alcohol or illicit drugs is defined using criteria specified within the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*.

Health insurance coverage is defined as having any type of coverage, including private insurance, Medicare, Medicaid, military health care coverage, or any other type of coverage.

Heavy alcohol use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days.

Illicit drugs is defined as marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically, based on data from original National Survey on Drug Use and Health (NSDUH) questions, not including methamphetamine use items added in 2005 and 2006.

Illicit drug use treatment and **alcohol use treatment** refer to treatment received in order to reduce or stop illicit drug or alcohol use or for medical problems associated with illicit drug or alcohol use. They include treatment received at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

Major depressive episode (MDE) is defined as in the DSM-IV, which specifies a period of at least 2 weeks in the past year when an individual experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

Mental health treatment/counseling is defined as having received inpatient or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health.

Metropolitan areas refer to counties that are part of a Metropolitan Statistical Area (MSA). Nonmetropolitan areas refer to counties that are outside of MSAs.

Nonmedical use of psychotherapeutics includes the nonmedical use of pain relievers, tranquilizers, stimulants, or sedatives and does not include over-the-counter drugs.

Serious mental illness (SMI) is defined by SAMHSA as adults aged 18 or older who currently or at any time in the past year have had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified within the DSM-IV that has resulted in serious functional impairment, which substantially interferes with or limits one or more major life activities.

Treatment for depression is defined as seeing or talking to a medical doctor or other professional or using prescription medication for depression in the past year.

SOURCES



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- The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The survey is the primary source of information on the use of illicit drugs, alcohol, and tobacco in the civilian, noninstitutionalized population of the United States aged 12 years or older, and also includes mental health issues and mental health service utilization for adolescents aged 12 to 17 and adults aged 18 or older. Conducted by the Federal Government since 1971, the survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence. The data used in this report are based on information obtained from approximately 67,500 individuals aged 12 or older per year in the United States. Additional information about NSDUH is available at <http://www.samhsa.gov/data/population-data-nsduh>.



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