Key Substance Use and Mental Health Indicators in the United States:

Results from the 2023 National Survey on Drug Use and Health

SAMHSA

Substance Abuse and Mental Health Services Administration

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Foreword

The Substance Abuse and Mental Health Services Administration (SAMHSA) is committed to using data and evidence to fulfill the mission of promoting mental health, preventing substance misuse, and providing treatment and support to foster recovery while ensuring equitable access and better outcomes. The National Survey on Drug Use and Health (NSDUH) is a vital data tool that supports SAMHSA's mission and aligns with the agency's public health efforts to advance the behavioral health of the nation and improve the lives of individuals living with mental and substance use disorders and their families.

Key Substance Use and Mental Health Indicators in the United States: Results from the 2023 National Survey on Drug Use and Health is a comprehensive report providing a wide variety of the latest national indicators related to substance use, mental health, treatment, and recovery. Similarly, through the provision of key data, NSDUH in the last 2 years also has made notable changes to address the evolving needs of SAMHSA's diverse stakeholders. These changes have included the incorporation of key results by race or ethnicity, as well as the development of companion infographic-style reports and brief reports that highlight the behavioral health landscape in the United States. This 2023 report is accompanied by two user-friendly companion infographic-style reports: *2023 Companion Infographic Report: Results from the 2021, 2022, and 2023 National Surveys on Drug Use and Health*,[1] which provides a visual representation of selected measures for survey years 2021, 2022, and 2023, and *Behavioral Health by Race and Ethnicity: Results from the 2021-2023 National Surveys on Drug Use and Health*,[2] which presents comparisons of selected measures by racial or ethnic groups.

The 2023 Key Substance Use and Mental Health Indicators report and associated infographic-style reports can assist researchers, clinicians, policymakers, and the general public to better understand and improve the nation's behavioral health. The inclusion of estimates among people in racial or ethnic groups across several products also supports SAMHSA's commitment to its overarching guiding principle of equity, one of the four key principles behind SAMHSA's 2023-2026 Strategic Plan.[3] Most importantly, the 2023 Key Substance Use and Mental Health Indicators report will provide critical information to support SAMHSA's vision that people in the United States with, affected by, or at risk for, substance use or mental health challenges receive care, achieve well-being, and thrive.

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[1] Substance Abuse and Mental Health Services Administration. (2024). *2023 Companion infographic report: Results from the 2021, 2022, and 2023 National Surveys on Drug Use and Health* (SAMHSA Publication No. PEP24-07-020). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2021-2022-2023-nsduh-infographic

[2] Substance Abuse and Mental Health Services Administration. (2024). *Behavioral health by race and ethnicity: Results from the 2021-2023 National Surveys on Drug Use and Health* (SAMHSA Publication No. PEP24-07-022). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2021-2023-nsduh-race-ethnicity-infographic

[3] Substance Abuse and Mental Health Services Administration. (2023). *Strategic plan: Fiscal year 2023-2026* (SAMHSA Publication No. PEP23-06-00-002). National Mental Health and Substance Use Laboratory, Substance Use and Mental Health Services Administration. https://www.samhsa.gov/sites/default/files/samhsa-strategic-plan.pdf

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Introduction

Substance use and mental health issues have significant impacts on individuals, 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 the use of tobacco, alcohol, and other substances including illicit drugs; substance use disorders; receipt of substance use treatment; mental health issues; and receipt of mental health treatment 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. SAMHSA is steadfast in its efforts to advance the health of the nation while also promoting equity. Therefore, this report, based on 2023 NSDUH data, contains findings on key substance use and mental health indicators in the United States by race or ethnicity.

The 2021 to 2023 NSDUHs used multimode data collection, in which respondents completed the survey in person or via the web. Methodological investigations led to the conclusion that estimates based on multimode data collection in 2021 and subsequent years are not comparable with estimates from 2020 or prior years.[5]

Although estimates from 2021 to 2023 can be compared,[6] this report presents NSDUH estimates from 2023 only. *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* show comprehensive estimates related to substance use and mental health for 2022 and 2023.[7] The *2023 Companion Infographic Report: Results from the 2021, 2022, and 2023 National Surveys on Drug Use and Health* shows comparisons of selected estimates from 2021 to 2023.[8] *Behavioral Health by Race and Ethnicity: Results from the 2021-2023 National Surveys on Drug Use and Health* shows comparisons of selected estimates for racial or ethnic groups using pooled data from the 2021 to 2023 NSDUHs to increase the precision of estimates.[9]

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 2023

NSDUH employs a 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.[10] The 2023 NSDUH used multimode data collection throughout the year, in which respondents completed the survey in person or via the web. In-person data collection commenced after potential respondents first were given the opportunity to complete the survey via the web. Respondents could choose whether to complete screenings or interviews via the web or in person. Respondents also could transition between data collection modes for screening and interviewing (e.g., completing household screening via the web and the main interview in person).[11]

A full sample was available from all 4 quarters in 2023. Screening was completed for 198,246 addresses, and the final sample consisted of 67,679 completed interviews. Based on information from the household screenings, there were 14,305 interviews from adolescents aged 12 to 17 and 53,374 interviews from adults aged 18 or older.[12] Overall, 36.1 percent of interviews were completed via the web, and 63.9 percent were completed in person. Weighted response rates for household screening and for interviewing were 24.4 and 50.4 percent, respectively, for an overall response rate of 12.3 percent for people aged 12 or older. The weighted interview response rates were 46.1 percent for adolescents aged 12 to 17 and 50.9 percent for adults aged 18 or older.[13,14]

Further information about the 2023 NSDUH design and methods can be found in the *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* report at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions.[14]

Data Presentation and Interpretation

This report focuses on substance use and mental health indicators in the United States based on NSDUH data from 2023. 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.[15]

Estimates of substance use and related treatment are presented for people aged 12 or older, including adolescents and adults.[16] However, estimates of mental health issues are presented separately for adolescents aged 12 to 17 and adults aged 18 or older because only adults were asked questions to estimate any mental illness (AMI) or serious mental illness (SMI). Although adolescents and adults in 2023 were asked the same questions about treatment for mental health issues, estimates are also presented separately for adolescents and adults because estimates are available specifically for treatment among adults with AMI or SMI.

Appendices A and B contain tables of estimates by age group and by racial or ethnic group, respectively. Because some estimates in these appendix tables may not be found in the 2023 Detailed Tables, the appendices include standard errors for the associated estimates.[17]

Estimates that are presented for racial or ethnic groups are based on federal standards for reporting these data.[18] Definitions for racial and ethnic groups are provided in Appendix A of the 2023 Detailed Tables.[19] The racial and ethnic groups discussed in this report are mutually exclusive. People who were of Hispanic or Latino ethnicity could be of any race but are not included in the estimates for any of the racial categories. Estimates for people who were not of Hispanic or Latino ethnicity are reported by race. People reporting two or more races and who were not of Hispanic or Latino ethnicity are noted as "Two or More Races" in the 2023 Detailed Tables and as "Multiracial" in this report; the two terms are used interchangeably. People reporting their race as Black or African American are subsequently referred to as Black. People reporting their ethnicity as Hispanic or Latino are subsequently referred to as Hispanic.

In addition, estimates in this report have not been adjusted for differences in the underlying age distributions of people in racial or ethnic groups. If the occurrence of certain substance use or mental health outcomes differs by age, then differences in estimates between some racial or ethnic groups may reflect the younger age composition in some of these groups. Nevertheless, these unadjusted estimates reflect the actual occurrence of an outcome of interest and are useful for determining the specific need for services in a given population.

Statistical testing was performed for comparisons of estimates across age groups and among racial or ethnic groups according to procedures described in the 2023 Methodological Summary and Definitions report.[20] For consistency with the typical criteria for statistical testing in NSDUH, age group differences were considered statistically significant at the .05 level of significance. For testing among racial or ethnic groups, a more conservative level of .01 was used for considering differences to be statistically significant. Statistically significant differences resulting from these testing procedures are described using terms such as "higher," "lower," "more likely," or "less likely." Statements use terms such as "similar" or "the same" when a difference was not statistically significant. When estimates are presented without reference to differences across groups, statistical significance is not implied. If only a few comparisons were statistically significant for a given measure and the significant findings had no clear pattern, then comparisons across racial or ethnic groups may not be discussed for that particular measure. All tables in Appendix B include notes to indicate whether differences between estimates for racial or ethnic groups were statistically significant at the .01 level of significance.

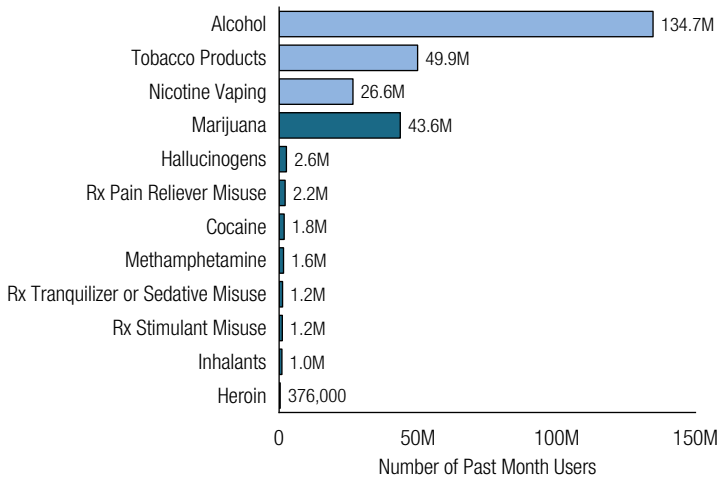
General Substance Use in the Past Month

This section provides an overview of estimates according to whether respondents aged 12 or older reported using tobacco products or vaping nicotine, reported using alcohol, or reported using illicit drugs in the 30 days before the NSDUH interview (i.e., in the past month, also referred to as "current use"). Additional information on tobacco product use, nicotine vaping, alcohol use, and illicit drug use is provided in other sections of this report.[17]

Past month tobacco use includes any use of these 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 vaporize (i.e., vape) nicotine. 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 or cannabis products (including smoking, vaping, and other modes of use), 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 Misuse of Prescription Psychotherapeutic Drugs section for the definition of "misuse.")

Among people aged 12 or older in 2023, 59.0 percent (or 167.2 million people) used tobacco, vaped nicotine, used alcohol, or used an illicit drug in the past month; 47.5 percent (or 134.7 million people) drank alcohol in the past month; 17.6 percent (or 49.9 million people) used a tobacco product in the past month; 9.4 percent (or 26.6 million people) vaped nicotine in the past month; and 16.8 percent (or 47.7 million people) used an illicit drug in the past month (Figure 1 and Table A.1B). Estimates for tobacco use, nicotine vaping, alcohol use, or illicit drug use are not mutually exclusive because respondents could have used more than one type of substance (e.g., tobacco products and alcohol) in the past month.

Figure 1. Past Month Substance Use: Among People Aged 12 or Older; 2023



Rx = prescription.

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

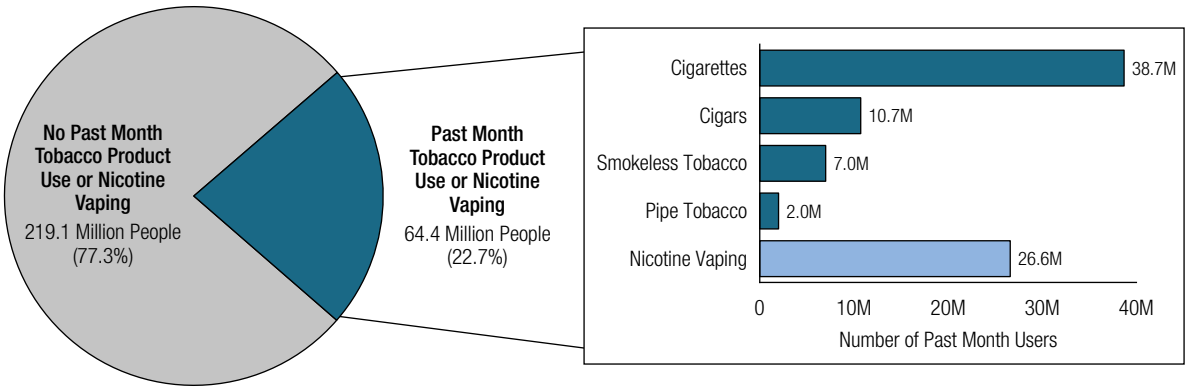
As noted in the section on General Substance Use in the Past Month, past month tobacco use in NSDUH includes any use of these tobacco products: cigarettes, smokeless tobacco (such as snuff, dip, chewing tobacco, or snus), cigars, and pipe tobacco. Past month nicotine vaping refers to the use of an e-cigarette or other vaping device to vape nicotine. 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). The estimates for nicotine vaping in 2023 may be compared with those from the 2022 NSDUH. However, because the nicotine vaping questions were modified for 2022, estimates from 2022 and 2023 should not be compared with estimates from 2021.[21]

The following sections present the overall estimates first, then by age group. Estimates among racial or ethnic groups are presented for selected measures.[15]

Among people aged 12 or older in 2023, 22.7 percent (or 64.4 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 (30.0 percent or 10.2 million people), followed by adults aged 26 or older (23.4 percent or 52.3 million people), then by adolescents aged 12 to 17 (7.4 percent or 1.9 million people).

Among current nicotine product users in 2023, the use of specific nicotine products varied by age group. An estimated 74.9 percent of adolescents aged 12 to 17 who used nicotine products in the past month only vaped nicotine products

Figure 2. Past Month Tobacco Product Use or Nicotine Vaping: Among People Aged 12 or Older; 2023



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.

compared with 47.6 percent of young adults aged 18 to 25 and only 15.7 percent of adults aged 26 or older who used nicotine products in the past month (Figure 3 and Table A.2B). In contrast, 68.2 percent of adults aged 26 or older who used nicotine products in the past month used only tobacco products compared with 19.6 percent of young adults aged 18 to 25 and 8.6 percent of adolescents aged 12 to 17 who used nicotine products in the past month.

By Race/Ethnicity

Among people aged 12 or older in 2023, the percentage of people who used tobacco products or vaped nicotine in the past month was higher among American Indian or Alaska Native (34.0 percent) or Multiracial people (30.6 percent) than among White (24.7 percent), Black (24.2 percent), Hispanic (17.9 percent), or Asian people (10.3 percent) (Figure 4 and Table B.1B). The percentage also was higher among White or Black people than among Hispanic people. The percentage of people who used tobacco products or vaped nicotine in the past month was lowest among Asian people compared with people in other racial or ethnic groups. The percentage of people who used tobacco products or vaped nicotine in the past month could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

Among current nicotine product users aged 12 or older in 2023, Black people were more likely to have used only tobacco products in the past month (69.9 percent) compared with White (57.7 percent), Hispanic (54.4 percent), or Multiracial people (54.3 percent) (Table B.2B). Estimates of only using tobacco products among current nicotine product users could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

Among current nicotine product users aged 12 or older in 2023, Hispanic (26.4 percent) or White people (22.7 percent) were more likely to have only vaped nicotine products in the past month compared with Black people (17.5 percent) (Table B.2B). Estimates of only vaping nicotine products in the past month among current nicotine product users could not be calculated with sufficient precision for American Indian or Alaska Native or Native Hawaiian or Other Pacific Islander people.[15]

Tobacco Product Use

In 2023, of the 49.9 million current (i.e., past month) tobacco users aged 12 or older (Figure 1), the majority were current cigarette smokers (38.7 million; Figure 2). This pattern matches historical usage patterns.[22,23] Additionally, 10.7 million people aged 12 or older were current cigar smokers, 7.0 million people were current smokeless tobacco users, and 2.0 million people were current pipe tobacco smokers.

Among people aged 12 or older in 2023 who used any tobacco product in the past month (regardless of whether they vaped nicotine), 64.1 percent smoked cigarettes but did not use other tobacco products, 13.4 percent smoked

Figure 3. Type of Past Month Tobacco Product Use or Nicotine Vaping: Among Past Month Nicotine Product Users Aged 12 or Older; 2023

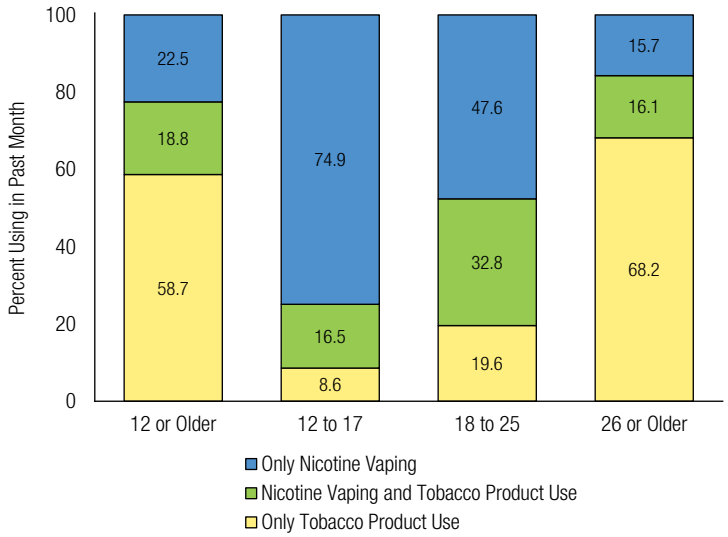
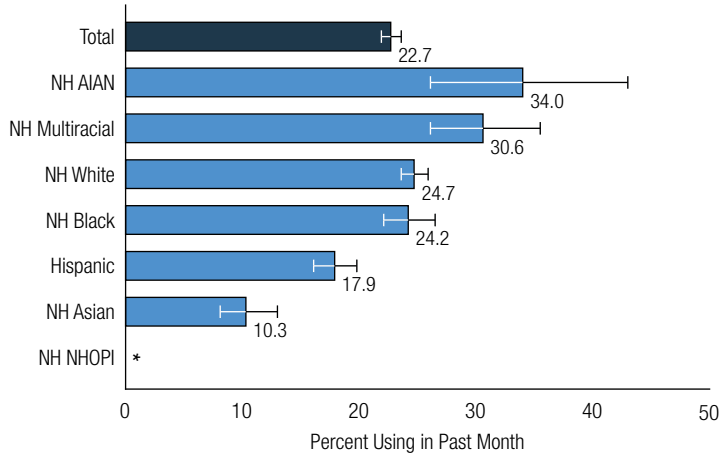


Figure 4. Past Month Tobacco Product Use or Nicotine Vaping: Among People Aged 12 or Older; by Race/Ethnicity, 2023



* Low precision; no estimate reported.

AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.

Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

cigarettes and used some other type of tobacco product, and 22.4 percent used only noncigarette tobacco products (i.e., other tobacco products but not cigarettes) (Table A.3B). The percentage for the use of only cigarettes was higher among adults aged 26 or older (66.2 percent) or adolescents aged 12 to 17 (59.1 percent) who used tobacco products in the past month than among young adults aged 18 to 25 (48.0 percent). Overall, 71.3 percent of adolescents and 67.5 percent 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.[24]

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 smokeless tobacco, cigars, and pipe tobacco in the past month among people aged 12 or older and by age group can be found in Table A.1B.

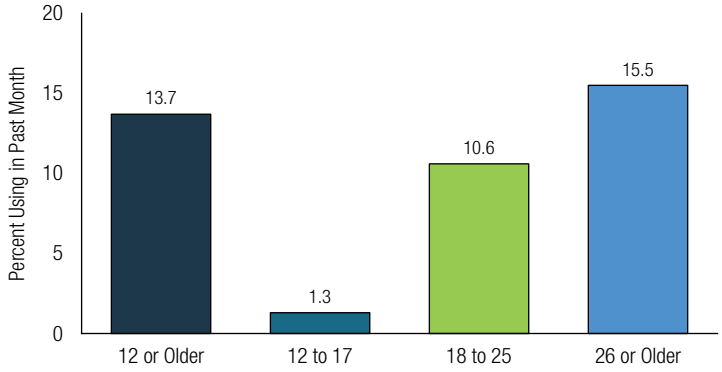
Cigarette Use

Among people aged 12 or older in 2023, 13.7 percent (or 38.7 million people) smoked cigarettes in the past month (Figures 2 and 5 and Table A.1B). The percentage of people who smoked cigarettes in the past month was highest among adults aged 26 or older (15.5 percent or 34.7 million people), followed by young adults aged 18 to 25 (10.6 percent or 3.6 million people), then by adolescents aged 12 to 17 (1.3 percent or 344,000 people).

By Race/Ethnicity

Among people aged 12 or older in 2023, the percentage of people who were past month cigarette smokers was higher among American Indian or Alaska Native people (23.4 percent) than among Black (15.0 percent), White (14.6 percent), Hispanic (10.9 percent), or Asian people (6.7 percent) (Table B.1B). Hispanic people also were less likely than Multiracial (18.9 percent), Black, or White people and were more likely than Asian people to have smoked cigarettes in the past month. The percentage of people who smoked cigarettes in the past month was lowest among Asian people compared with people in other racial or ethnic groups. Estimates of past month cigarette smoking could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

Figure 5. Past Month Cigarette Use: Among People Aged 12 or Older; 2023



Daily Cigarette Use

Among the 38.7 million current cigarette smokers aged 12 or older in 2023 (see the section on Cigarette Use), 22.8 million people (or 58.9 percent) were daily cigarette smokers (Table A.1B). The percentage of people who were daily cigarette smokers among current cigarette smokers was highest among adults aged 26 or older (62.9 percent or 21.8 million people), followed by young adults aged 18 to 25 (25.4 percent or 920,000 people). Estimates for daily cigarette smoking could not be calculated with sufficient precision for adolescents aged 12 to 17.[15]

Among the 22.8 million daily cigarette smokers aged 12 or older in 2023, 9.0 million people (or 39.6 percent) smoked one or more packs of cigarettes per day (Table A.1B). Among daily cigarette smokers, adults aged 26 or older were more likely than young adults aged 18 to 25 to have smoked one or more packs of cigarettes per day (40.3 vs. 23.3 percent). Estimates for smoking one or more packs of cigarettes per day could not be calculated with sufficient precision for adolescent daily smokers aged 12 to 17.[15]

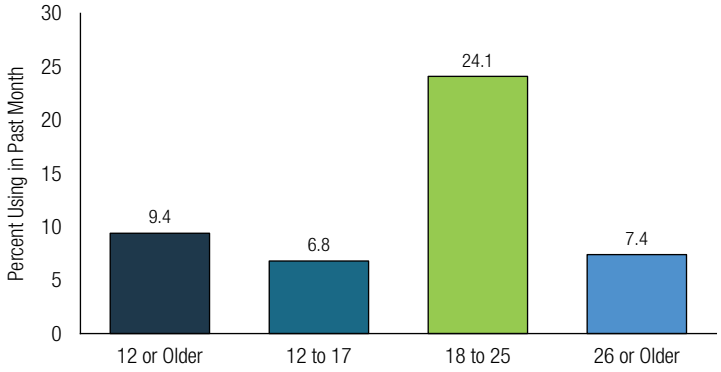
Nicotine Vaping

In 2023, 26.6 million people aged 12 or older (or 9.4 percent) used an e-cigarette or other vaping device to vape nicotine in the past month (Figures 2 and 6 and Table A.1B). The percentage of people who vaped nicotine was higher among young adults aged 18 to 25 (24.1 percent or 8.2 million people) than among adults aged 26 or older (7.4 percent or 16.6 million people) or adolescents aged 12 to 17 (6.8 percent or 1.8 million people).

By Race/Ethnicity

Among people aged 12 or older in 2023, American Indian or Alaska Native (14.3 percent), Multiracial (14.0 percent), or White people (10.5 percent) were more likely to have used an e-cigarette or other vaping device to vape nicotine in the past month compared with Hispanic (8.2 percent), Black (7.3 percent), or Asian people (4.3 percent) (Table B.1B).

Figure 6. Past Month Nicotine Vaping: Among People Aged 12 or Older; 2023



The percentage of people who used an e-cigarette or other vaping device to vape nicotine in the past month was lowest among Asian people compared with people in other racial or ethnic groups. Estimates of past month cigarette smoking could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

Underage Tobacco Use or Nicotine Vaping

Legislation in December 2019 raised the federal minimum age for sale of tobacco products (along with e-cigarettes) from 18 to 21 years.[25] All 50 states and the District of Columbia prohibit the sale of tobacco products to people younger than 21.

Among people aged 12 to 20 in 2023, 13.2 percent (or 5.0 million people) used tobacco products or used an e-cigarette or other vaping device to vape nicotine in the past month (Table A.1B). Among people in this age group, 11.7 percent (or 4.5 million people) vaped nicotine, and 4.8 percent (or 1.8 million people) used tobacco products, including 3.3 percent (or 1.2 million people) who smoked cigarettes in the past month.

By Race/Ethnicity

Among people aged 12 to 20 in 2023, White people (15.7 percent) were more likely to have used tobacco products or to have vaped nicotine in the past month compared with underage Black (12.0 percent), Hispanic (10.2 percent), or Asian people (4.8 percent) (Table B.3B). Underage Asian people were less likely to have used tobacco products or to have vaped nicotine in the past month compared with underage people in other racial or ethnic groups.

These findings among underage people are similar for nicotine vaping and tobacco product use individually. White people aged 12 to 20 in 2023 were more likely to have vaped nicotine in the past month (14.2 percent) compared with underage Black (9.9 percent), Hispanic (9.2 percent), or Asian people (4.4 percent). Underage Asian people were less likely to have vaped nicotine in the past month compared with underage people in other racial or ethnic groups. Similarly, White people aged 12 to 20 in 2023 were more likely to have used tobacco products in the past month (5.6 percent) compared with underage Hispanic (3.5 percent) or Asian people (1.5 percent) (Table B.3B). Also, White people aged 12 to 20 in 2023 were more likely to have used cigarettes in the past month (4.0 percent) compared with underage Hispanic (2.4 percent), Black (2.3 percent), or Asian people (0.9 percent). These estimates among underage people could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

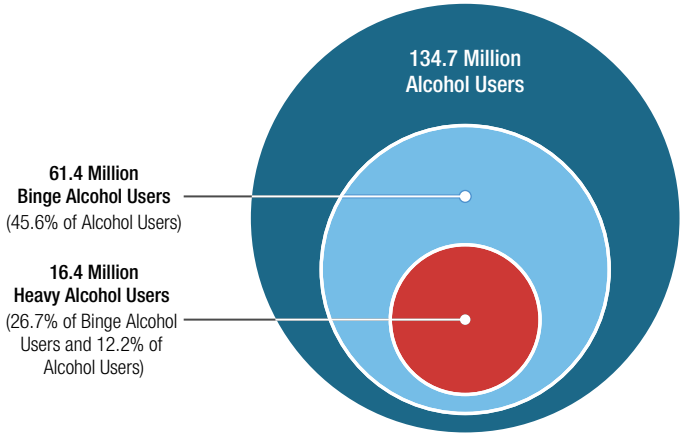
Alcohol Use in the Past Month

As noted in the section on General Substance Use in the Past Month, the 2023 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. In the 2023 NSDUH, binge drinking for males was defined as drinking five or more drinks[26] on the same occasion on at least 1 day in the past 30 days. Binge drinking for females was defined as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days. This definition of binge alcohol use is consistent with federal definitions.[27] Heavy alcohol use was defined as binge drinking on 5 or more days in the past 30 days based on the thresholds previously described for males and females.

The following sections present the overall estimates first, then by age group. Estimates among racial or ethnic groups are presented for selected measures in this section.[15]

Among the 134.7 million current alcohol users aged 12 or older in 2023, 61.4 million people (or 45.6 percent) were past month binge drinkers (Figure 7). Among past month binge drinkers, 16.4 million people were past month heavy drinkers. The 16.4 million heavy drinkers represent 26.7 percent of current binge drinkers and 12.2 percent of current alcohol users.[24]

Figure 7. Past Month Alcohol Use, Past Month Binge Alcohol Use, or Past Month Heavy Alcohol Use: Among People Aged 12 or Older; 2023

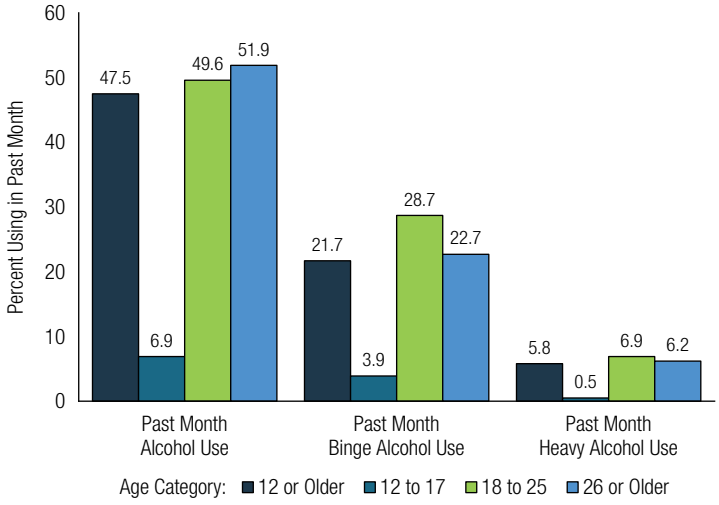


Note: Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion on at least 1 day in the past 30 days. Heavy Alcohol Use is defined as binge drinking on the same occasion on 5 or more days in the past 30 days; all heavy alcohol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

Any Alcohol Use

Among people aged 12 or older in 2023, 47.5 percent (or 134.7 million people) drank alcohol in the past month (Figures 7 and 8 and Table A.1B). The percentage was highest among adults aged 26 or older (51.9 percent or 116.1 million people), followed by young adults aged 18 to 25 (49.6 percent or 16.9 million people). The percentage was lowest among adolescents aged 12 to 17 (6.9 percent or 1.8 million people).

Figure 8. Past Month Alcohol Use, Past Month Binge Alcohol Use, or Past Month Heavy Alcohol Use: Among People Aged 12 or Older; 2023



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.

By Race/Ethnicity

Among people aged 12 or older in 2023, 52.3 percent of White people drank alcohol in the past month (Table B.4B). This percentage was higher than the percentages of people in other racial or ethnic groups. Multiracial (46.5 percent), Black (42.5 percent), or Hispanic people (41.2 percent) had a higher estimate of past month alcohol use compared with Asian (32.5 percent) or American Indian or Alaska Native people (30.0 percent). The estimate of current alcohol use could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

Binge Alcohol Use

Among people aged 12 or older in 2023, 21.7 percent (or 61.4 million people) were binge drinkers in the past month (Figures 7 and 8 and Table A.1B). The percentage was highest among young adults aged 18 to 25 (28.7 percent or 9.8 million people), followed by adults aged 26 or older (22.7 percent or 50.6 million people). The percentage was lowest among adolescents aged 12 to 17 (3.9 percent or 1.0 million people).

By Race/Ethnicity

Among people aged 12 or older in 2023, Asian people (10.7 percent) were less likely to have been binge drinkers in the past month compared with people in other racial or ethnic groups (Figure 9 and Table B.4B). Estimates of binge drinking in the past month did not differ significantly among people in the other racial or ethnic groups. The estimate of binge drinking in the past month could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

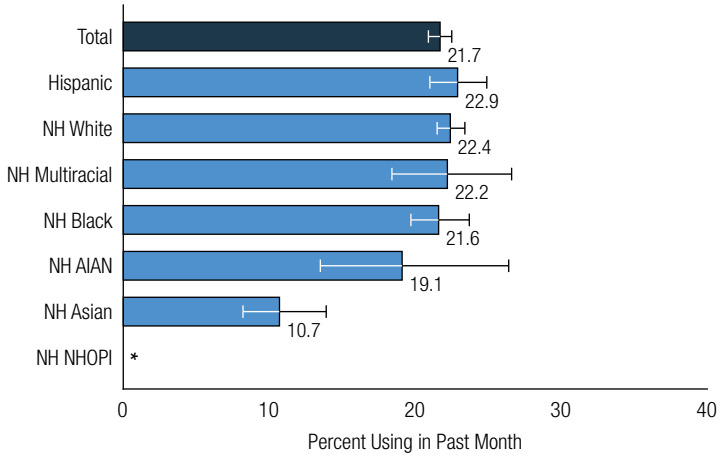
Heavy Alcohol Use

Among people aged 12 or older in 2023, 5.8 percent (or 16.4 million people) were heavy alcohol users in the past month (Figures 7 and 8 and Table A.1B). The percentages were higher among young adults aged 18 to 25 (6.9 percent or 2.4 million people) or adults aged 26 or older (6.2 percent or 13.9 million people) than among adolescents aged 12 to 17 (0.5 percent or 141,000 people).

By Race/Ethnicity

Among people aged 12 or older in 2023, White people were more likely to have been heavy alcohol users in the past month (6.7 percent) compared with Black (4.7 percent), Hispanic (4.5 percent), or Asian people (2.0 percent) (Figure 10 and Table B.4B). Asian people were less likely to

Figure 9. Past Month Binge Alcohol Use: Among People Aged 12 or Older; by Race/Ethnicity, 2023



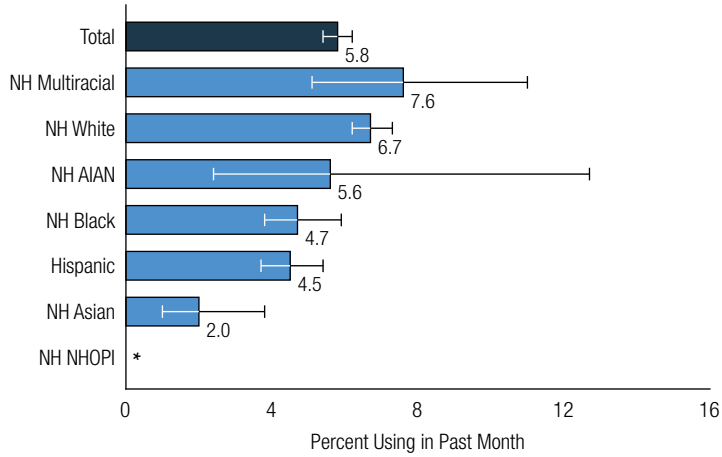
* Low precision; no estimate reported.

AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.

Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

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.

Figure 10. Past Month Heavy Alcohol Use: Among People Aged 12 or Older; by Race/Ethnicity, 2023



* Low precision; no estimate reported.

AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.

Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

Note: Heavy Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion on 5 or more days in the past 30 days.

have been heavy alcohol users in the past month compared with people in most other racial or ethnic groups. The estimate of current heavy alcohol use could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

Underage Alcohol Use

In 2023, 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).[28] Most states also prohibited underage consumption (i.e., consumption of alcoholic beverages prior to the age of 21).[29] Among people aged 12 to 20 in 2023, 14.6 percent (or 5.6 million people) were past month alcohol users (Table A.1B). Estimates of binge alcohol use and heavy alcohol use in the past month among underage people were 8.6 percent (or 3.3 million people) and 1.7 percent (or 663,000 people), respectively.

By Race/Ethnicity

Among people aged 12 to 20 in 2023, White people were more likely than Hispanic, Black, Asian, or American Indian or Alaska Native people to have been past month alcohol users or binge drinkers. Underage Asian people were less likely to have been past month alcohol users or binge drinkers compared with underage people in most other racial or ethnic groups. Underage Asian people were also less likely to have been heavy alcohol users compared with underage White or Hispanic people.

For alcohol use, for example, 17.9 percent of White people aged 12 to 20 in 2023 drank alcohol in the past month compared with 12.5 percent of underage Hispanic people, 10.6 percent of underage Black people, 7.6 percent of underage Asian people, and 5.8 percent of underage American Indian or Alaska Native people (Table B.5B). Underage American Indian or Alaska Native people or Asian people also were less likely than underage Multiracial (16.4 percent) or Hispanic people to have been past month alcohol users.

In addition, 10.7 percent of White people aged 12 to 20 in 2023 were past month binge drinkers compared with 7.7 percent of underage Hispanic people, 5.9 percent of underage Black people, 4.3 percent of underage American Indian or Alaska Native people, and 2.3 percent of underage Asian people (Table B.5B). Underage Asian people were less likely to have been past month binge drinkers compared with underage people in most other racial or ethnic groups.

For heavy alcohol use among people aged 12 to 20 in 2023, 2.2 percent of White people were past month heavy alcohol users (Table B.5B). This percentage was higher than the percentages of Black (0.6 percent) or Asian people (0.2 percent) in this age group. Underage Asian people were

less likely than underage Hispanic people (1.4 percent) to have been heavy alcohol users in the past month.

The estimates of current alcohol use, binge drinking, and heavy alcohol use among underage people could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

Marijuana Use and Marijuana Vaping in the Past Month

The 2023 NSDUH questionnaire included questions to assess the different ways that people use marijuana. Respondents who reported using marijuana in the past month or past year were asked to report ways they used marijuana in these time periods, such as smoking, vaping, and eating. The 2023 NSDUH questionnaire also included questions about the use of cannabidiol (CBD) or hemp products and the use of marijuana or cannabis products that were recommended by a doctor or other health professional (i.e., medical marijuana use); however, presentation of these estimates is beyond the scope of this report. Additional information about the use of CBD can be found in Section 8 of the 2023 Detailed Tables.[19]

By the end of 2023, more than half of the U.S. population lived in states that had legalized marijuana use for adults aged 21 or older.[30] This section presents estimates for any marijuana use in the past month regardless of the mode of use, as well as estimates specifically for marijuana vaping. Estimates for additional modes of marijuana use in the past year are discussed in the Marijuana Use section.

In 2023, 15.4 percent of people aged 12 or older (or 43.6 million people) used marijuana in the past month, including 5.6 percent (or 15.8 million people) who vaped marijuana in that period (Table A.1B). The percentage of people who used marijuana in the past month was highest among young adults aged 18 to 25 (25.2 percent or 8.6 million people), followed by adults aged 26 or older (15.0 percent or 33.5 million people), then by adolescents aged 12 to 17 (6.0 percent or 1.6 million people). The percentage of people who vaped marijuana in the past month was also highest among young adults aged 18 to 25 (12.6 percent or 4.3 million people), followed by adults aged 26 or older (4.7 percent or 10.5 million people), then by adolescents aged 12 to 17 (3.7 percent or 959,000 people).

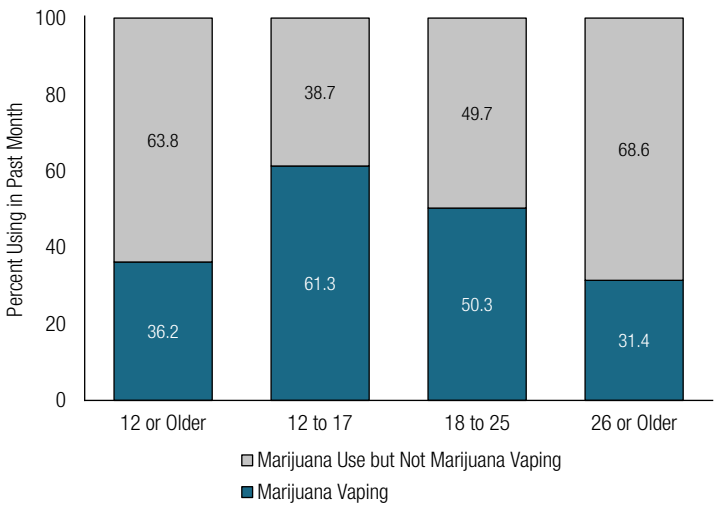
About 1 in 3 current marijuana users aged 12 or older in 2023 (36.2 percent) vaped marijuana in the past month (Figure 11 and Table A.4B). The percentage for marijuana vaping in the past month among current marijuana users was highest among adolescents aged 12 to 17 (61.3 percent), followed by young adults aged 18 to 25 (50.3 percent), then by adults aged 26 or older (31.4 percent).

By Race/Ethnicity

Among people aged 12 or older in 2023, Multiracial people were more likely to have used marijuana in the past month (24.2 percent) compared with people in other racial or ethnic groups, except for American Indian or Alaska Native people (25.2 percent) (Table B.6B). Asian people were less likely to have used marijuana in the past month (5.8 percent) compared with people in other racial or ethnic groups. The percentage of people who were past month marijuana users was also lower among Hispanic people (12.4 percent) than among American Indian or Alaska Native, Multiracial, Black (18.1 percent), or White people (16.3 percent).

In 2023, Multiracial people were more likely to have vaped marijuana in the past month (10.1 percent) compared with people in other racial or ethnic groups, except for American Indian or Alaska Native people (5.7 percent). Asian or Black people were less likely to have vaped marijuana in the past month (2.0 and 3.5 percent, respectively) compared with White (6.3 percent) or Hispanic people (5.3 percent) (Table B.6B). The percentages of people who used marijuana or who vaped marijuana in the past month could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

Figure 11. Type of Past Month Marijuana Use: Among Past Month Marijuana Users Aged 12 or Older; 2023



Among current marijuana users aged 12 or older in 2023, about a third or more of Hispanic (42.5 percent), Multiracial (41.6 percent), White (38.4 percent), or Asian people (35.4 percent) vaped marijuana in the past month (Table B.6B). Black people who were current marijuana users (19.4 percent) were less likely than people in other racial or ethnic groups to have vaped marijuana in the past month. The percentage of current marijuana users who vaped marijuana in the past month could not be calculated with sufficient precision for American Indian or Alaska Native or Native Hawaiian or Other Pacific Islander people.[15]

Underage Marijuana Use

In 2023, possession of marijuana by people younger than 21 was illegal in all 50 states, even if use was legal for adults aged 21 or older.[31] Among people aged 12 to 20 in 2023, 11.3 percent (or 4.3 million people) used marijuana in the past month (Table A.1B). An estimated 6.5 percent of underage people (or 2.5 million people) vaped marijuana in the past month.

By Race/Ethnicity

Among people aged 12 to 20 in 2023, Multiracial people were more likely to have used marijuana in the past month (17.9 percent) compared with underage people in most other racial or ethnic groups, except for underage Black people (12.5 percent). The percentages of underage people who used marijuana in the past month were lower among Asian (4.7 percent) or American Indian or Alaska Native people (6.0 percent) compared with Multiracial, Black, White (12.1 percent), or Hispanic people (10.1 percent) (Table B.7B). The percentage of current underage marijuana users in the past month could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

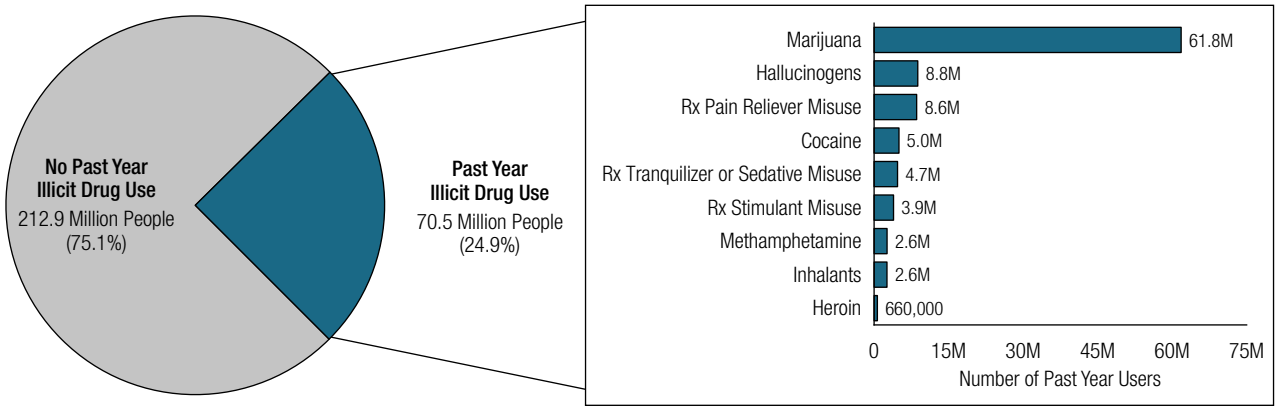
Illicit Drug Use in the Past Year

Past year illicit drug use includes any use of marijuana or cannabis products (including smoking, vaping, and other modes of use), cocaine (including crack), heroin, hallucinogens, inhalants, and methamphetamine, as well as misuse of prescription stimulants, tranquilizers or sedatives (e.g., benzodiazepines),[32] or pain relievers (see the section on the Misuse of Prescription Psychotherapeutic Drugs for the definition of "misuse"). This report presents estimates of past year illicit drug use (rather than past month use) because of low prevalence estimates for some illicit drugs (e.g., heroin). Moreover, the 2023 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).

The following sections present the overall estimates first, then by age group. Estimates among racial or ethnic groups are presented for selected measures.[15]

Among people aged 12 or older in 2023, 70.5 million people used illicit drugs in the past year (Figure 12). The most commonly used illicit drug in the past year was marijuana, which was used by 61.8 million people. In the past year, 8.8 million people used hallucinogens, and 8.6 million people misused prescription pain relievers. Smaller numbers of people were past year users or misusers of the other illicit drugs shown in Figure 12.[33]

Figure 12. Past Year Illicit Drug Use: Among People Aged 12 or Older; 2023



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.

Any Illicit Drug Use

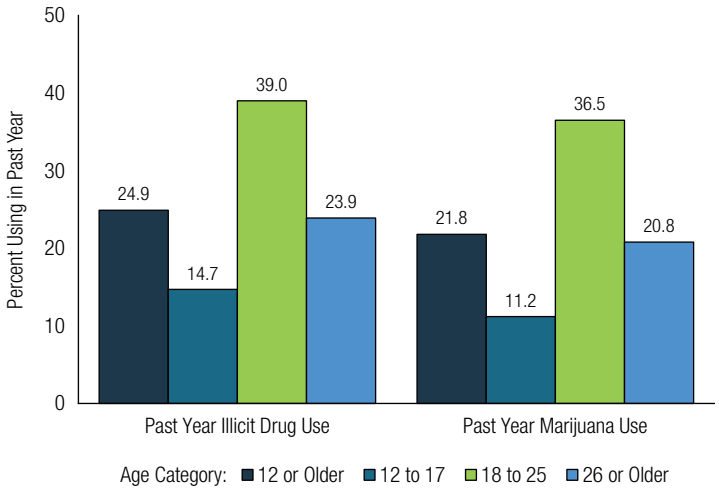
Among people aged 12 or older in 2023, 24.9 percent (or 70.5 million people) used illicit drugs in the past year (Figures 12 and 13 and Table A.5B). The percentage was highest among young adults aged 18 to 25 (39.0 percent or 13.3 million people), followed by adults aged 26 or older (23.9 percent or 53.5 million people), then by adolescents aged 12 to 17 (14.7 percent or 3.8 million people).

By Race/Ethnicity

The percentage of people aged 12 or older in 2023 who used illicit drugs in the past year was higher among American Indian or Alaska Native (36.7 percent) or Multiracial people (36.2 percent) than among White (26.1 percent), Hispanic (21.6 percent), or Asian people (12.4 percent) (Figure 14 and Table B.8B). The percentage also was higher among Multiracial people than among Black people (27.7 percent). Black or White people were more likely to have used illicit drugs in the past year compared with Hispanic people.

Asian people were less likely to have used illicit drugs in the past year compared with people in other racial or ethnic groups. Estimates for illicit drug use in the past year did not differ significantly among Black or White people. The estimate of illicit drug use in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

Figure 13. Past Year Illicit Drug Use or Past Year Marijuana Use: Among People Aged 12 or Older; 2023



Marijuana Use

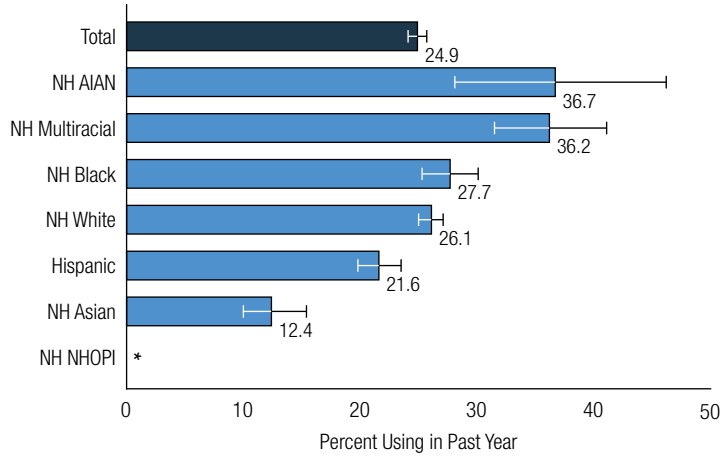
Any Marijuana Use

In 2023, 21.8 percent of people aged 12 or older (or 61.8 million people) used marijuana in the past year regardless of mode (Figures 12 and 13 and Table A.5B). The percentage was highest among young adults aged 18 to 25 (36.5 percent or 12.4 million people), followed by adults aged 26 or older (20.8 percent or 46.5 million people), then by adolescents aged 12 to 17 (11.2 percent or 2.9 million people).

By Race/Ethnicity

In 2023, the percentage of people aged 12 or older who used marijuana in the past year was higher among Multiracial people (32.9 percent) than among Black (24.5 percent), White (23.1 percent), Hispanic (18.2 percent), or Asian people (10.0 percent) (Figure 15 and Table B.8B). American Indian or Alaska Native people (30.2 percent) were also more likely to have used marijuana in the past year compared with Hispanic or Asian people. Asian people were less likely to have used marijuana in the past year compared with people in other racial or ethnic groups. Black or White people were more likely to have used marijuana in the past year compared with Hispanic people. Estimates for marijuana use in the past year did not differ among Black or White people. The estimate of marijuana use in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

Figure 14. Past Year Illicit Drug Use: Among People Aged 12 or Older; by Race/Ethnicity, 2023

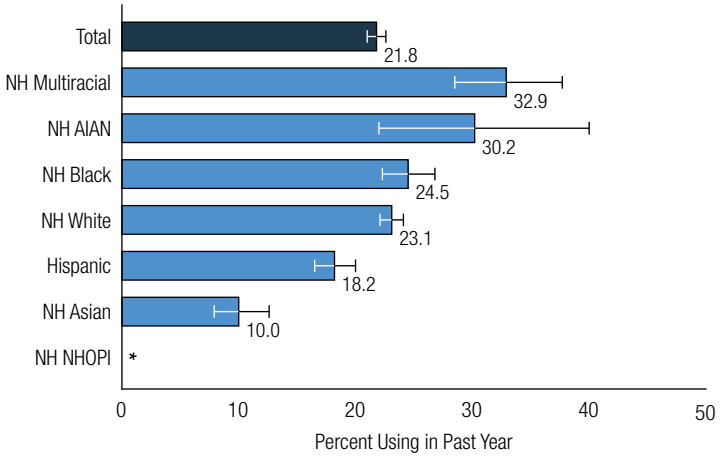


* Low precision; no estimate reported.

AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.

Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

Figure 15. Past Year Marijuana Use: Among People Aged 12 or Older; by Race/Ethnicity, 2023



* Low precision; no estimate reported.

AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.

Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

Modes of Marijuana Use

As noted previously for marijuana use in the past month, the 2023 NSDUH questionnaire included questions to assess the variety of methods that people use to consume marijuana or other cannabis products. Estimates for the use of CBD or hemp products are not included in this report. Respondents who reported using marijuana in the past year or past month were asked to report whether they used marijuana in any of the following ways in that period:

- smoking;
- vaping;
- dabbing waxes, shatter, or concentrates;
- eating or drinking;
- putting drops, strips, lozenges, or sprays in their mouth or under their tongue;
- applying lotion, cream, or patches to their skin;
- taking pills; or
- using it in some other way.

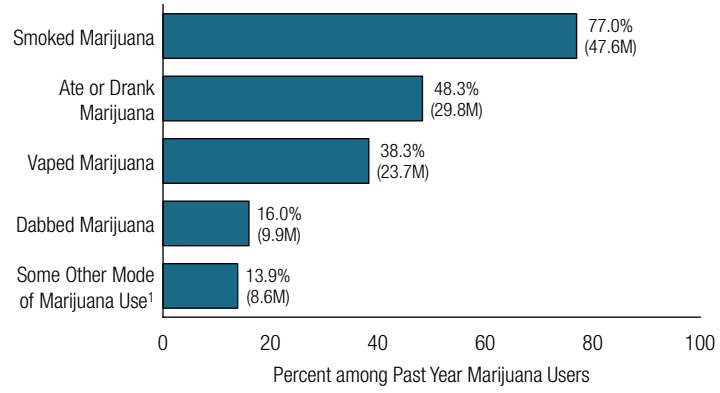
Respondents could report that they used marijuana in more than one way in the past year or past month. For example, respondents could report that they smoked marijuana and vaped it in the past year. Also, if respondents did not report a particular mode of use (e.g., vaping) in the past year but reported it as a mode of use for the past month, then these respondents were inferred to have used marijuana in that specific way in the past year.

Among people aged 12 or older in 2023 who used marijuana in the past year, the most common mode of marijuana use was smoking (77.0 percent or 47.6 million people), followed by eating or drinking (48.3 percent or 29.8 million people); vaping (38.3 percent or 23.7 million people); dabbing waxes, shatter, or concentrates (16.0 percent or 9.9 million people); applying lotion, cream, or patches to the skin (7.8 percent or 4.8 million people); putting drops, strips, lozenges, or sprays in the mouth or under the tongue (5.5 percent or 3.4 million people); taking pills (3.3 percent or 2.0 million people); and some other way (0.7 percent or 443,000 people) (Figure 16 and Table A.6B).[24]

Smoking was the most common mode of marijuana use across age groups. Among people in 2023 who used marijuana in the past year, 84.4 percent of young adults aged 18 to 25, 79.3 percent of adolescents aged 12 to 17, and 74.9 percent of adults aged 26 or older smoked marijuana.

Other common modes of marijuana use in 2023 among past year marijuana users varied by age group. Among adolescents aged 12 to 17 who used marijuana in the past year, about two thirds (63.4 percent) vaped marijuana, followed by about three eighths (38.5 percent) who ate or drank marijuana, then by about one sixth who dabbed waxes, shatter, or concentrates (16.9 percent). Among young adults aged 18 to 25 who used marijuana in the past year, about half vaped marijuana (52.2 percent) or ate or drank it (49.9 percent), followed by those who dabbed waxes, shatter, or concentrates (27.9 percent). Among adults aged 26 or

Figure 16. Modes of Past Year Marijuana Use: Among People Aged 12 or Older Who Used Marijuana in the Past Year; 2023



Note: Respondents could indicate multiple modes of marijuana use; thus, these response categories are not mutually exclusive.

[1] Includes applying lotion, cream, or patches to skin; putting drops, strips, lozenges, or sprays in mouth or under tongue; taking pills; or some other way not already listed in this figure.

older who were past year marijuana users, 48.5 percent ate or drank it, followed by 33.0 percent who vaped it, then by 12.8 percent who dabbed waxes, shatter, or concentrates. Other modes of marijuana use were less common across all three age groups.

By Race/Ethnicity

Among people aged 12 or older in 2023 who used marijuana in the past year, smoking was the most common mode of use across most racial or ethnic groups (Table B.9B). For Black or White people, eating or drinking was the second most common mode, followed by vaping, then by dabbing waxes, shatter, or concentrates. For Multiracial or Hispanic people, eating or drinking and vaping were the second most common modes, followed by dabbing waxes, shatter, or concentrates.

Percentages of past year marijuana users aged 12 or older in 2023 who smoked marijuana ranged from 63.3 percent of Asian people to 88.1 percent of Black people (Table B.9B). Asian people who used marijuana in the past year were less likely to have smoked it compared with past year Black, Multiracial (84.1 percent), or Hispanic marijuana users (79.7 percent). White people who used marijuana in the past year also were less likely to have smoked it (73.9 percent) compared with past year Black, Multiracial, or Hispanic marijuana users. Hispanic people who used marijuana in the past year also were less likely to have smoked it compared with past year Black marijuana users.

About half or more of past year Asian, White, or Multiracial marijuana users aged 12 or older in 2023 ate or drank marijuana in the past year (54.0, 51.6, and 50.4 percent, respectively) (Table B.9B). In comparison, only about one third of past year Black marijuana users ate or drank marijuana (35.7 percent). In addition, White people who used marijuana in the past year were more likely than their Hispanic counterparts to have eaten or drunk it (45.5 percent).

An estimated 22.4 percent of black people aged 12 or older in 2023 who used marijuana in the past year vaped it (Table B.9B). This percentage was lower than the percentages among past year Hispanic (43.5 percent), Multiracial (40.8 percent), White (40.4 percent), or Asian marijuana users (39.5 percent).

As noted previously, lower percentages of past year marijuana users in 2023 dabbed waxes, shatter, or concentrates; percentages for this mode of use among past year marijuana users ranged from 9.0 percent of Black people to 20.8 percent of Multiracial people. Black or Asian marijuana users (9.6 percent) were less likely than Multiracial, Hispanic (19.7 percent), or White marijuana users (16.5 percent) to have dabbed waxes, shatter, or concentrates.

The estimates for all modes of marijuana use in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people who used marijuana in the past year. Estimates for smoking, eating or drinking, and vaping marijuana in the past year also could not be calculated with sufficient precision among American Indian or Alaska Native people who used marijuana in the past year.[15]

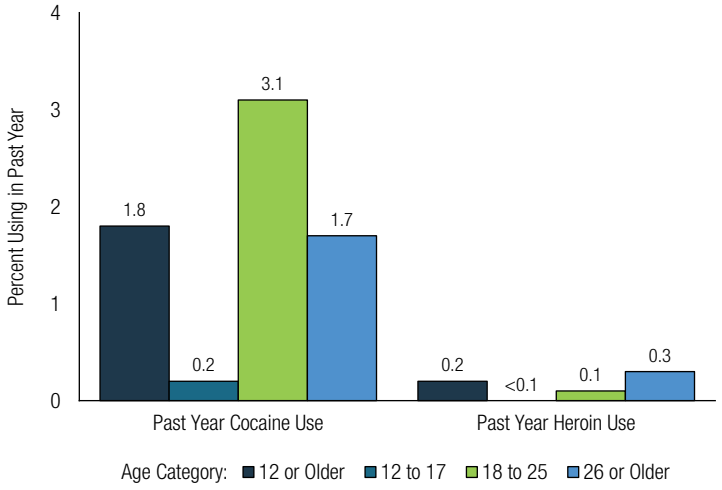
Cocaine Use

Cocaine use includes the use of crack. Among people aged 12 or older in 2023, 1.8 percent (or 5.0 million people) used cocaine in the past year (Figures 12 and 17 and Table A.5B). The percentage was highest among young adults aged 18 to 25 (3.1 percent or 1.0 million people), followed by adults aged 26 or older (1.7 percent or 3.9 million people), then by adolescents aged 12 to 17 (0.2 percent or 63,000 people).

By Race/Ethnicity

In 2023, cocaine use in the past year among people aged 12 or older did not differ significantly among racial or ethnic groups (Table B.8B). Percentages ranged from 0.7 percent among Asian people to 2.1 percent among Multiracial people. The estimate of cocaine use in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

Figure 17. Past Year Cocaine Use or Past Year Heroin Use: Among People Aged 12 or Older; 2023



Heroin Use

Among people aged 12 or older in 2023, 0.2 percent (or 660,000 people) used heroin in the past year (Figures 12 and 17 and Table A.5B). The percentage was highest among adults aged 26 or older (0.3 percent or 629,000 people), followed by young adults aged 18 to 25 (0.1 percent or 27,000 people), then by adolescents aged 12 to 17 (less than 0.1 percent or 4,000 people).

Methamphetamine Use

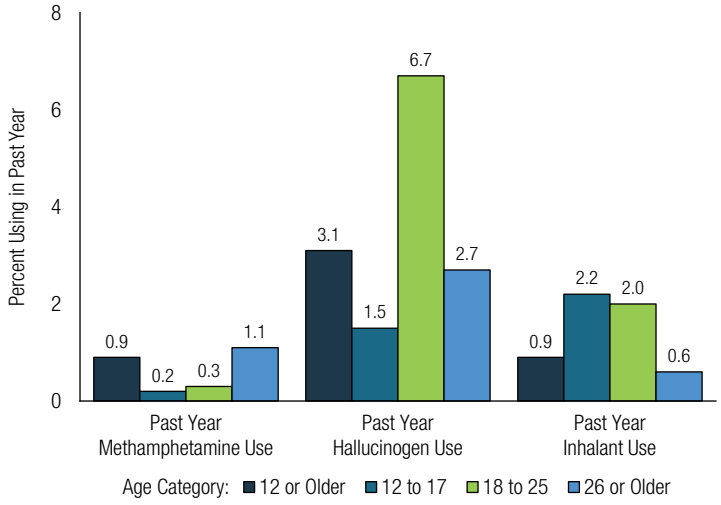
Although methamphetamine is legally available by prescription (Desoxyn®), most methamphetamine used in the United States is produced and distributed illicitly rather than through the pharmaceutical industry. Therefore, the 2023 NSDUH questionnaire included separate sections for methamphetamine use and the use and misuse of prescription stimulants.

Among people aged 12 or older in 2023, 0.9 percent (or 2.6 million people) used methamphetamine in the past year (Figures 12 and 18 and Table A.5B). The percentage among adults aged 26 or older (1.1 percent or 2.5 million people) was higher than the percentages among young adults aged 18 to 25 (0.3 percent or 108,000 people) or adolescents aged 12 to 17 (0.2 percent or 40,000 people).

By Race/Ethnicity

Among people aged 12 or older in 2023, there were few differences in past year methamphetamine use among racial or ethnic groups. Percentages ranged from 0.2 percent among Asian people to 4.3 percent among American Indian or Alaska Native people (Table B.10B). The estimate of methamphetamine use in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

Figure 18. Past Year Methamphetamine Use, Past Year Hallucinogen Use, or Past Year Inhalant Use: Among People Aged 12 or Older; 2023



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*.[34] In 2023, 3.1 percent of people aged 12 or older (or 8.8 million people) used hallucinogens in the past year (Figures 12 and 18 and Table A.5B). The percentage was highest among young adults aged 18 to 25 (6.7 percent or 2.3 million people), followed by adults aged 26 or older (2.7 percent or 6.1 million people), then by adolescents aged 12 to 17 (1.5 percent or 387,000 people).

By Race/Ethnicity

The percentage of people aged 12 or older in 2023 who used hallucinogens in the past year was lowest among Native Hawaiian or Other Pacific Islander people (0.4 percent) than among people in most other racial or ethnic groups (Table B.10B).

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 2023, 0.9 percent (or 2.6 million people) used inhalants in the past year (Figures 12 and 18 and Table A.5B). The percentage of people who used inhalants in the past year was similar among adolescents aged 12 to 17 (2.2 percent or 564,000 people) and young adults aged 18 to 25 (2.0 percent or 694,000 people). A lower percentage of adults aged 26 or older used inhalants in the past year (0.6 percent or 1.3 million people).

By Race/Ethnicity

Among people aged 12 or older in 2023, inhalant use in the past year did not differ significantly among racial or ethnic groups. Percentages ranged from 0.2 percent among Native Hawaiian or Other Pacific Islander people to 1.2 percent among Multiracial people (Table B.10B).

Misuse of Prescription Psychotherapeutic Drugs

The 2023 NSDUH assessed the use and misuse of psychotherapeutic drugs currently or recently available by prescription in the United States, including prescription stimulants, tranquilizers or sedatives (e.g., benzodiazepines), and pain relievers. In NSDUH, misuse of prescription drugs was defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told to take a drug; or use in any other way not directed by a doctor. Misuse of over-the-counter drugs was not included.

Of the prescription drugs presented in this report, prescription pain relievers were the most commonly misused prescription drug by people aged 12 or older. The 14.4 million people in 2023 who misused prescription psychotherapeutic drugs in the past year included 8.6 million people who misused prescription pain relievers, 4.7 million people who misused prescription tranquilizers or sedatives, and 3.9 million people who misused prescription stimulants (Figure 12).

Prescription Stimulant Misuse

The 2023 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). Methamphetamine is not 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.[35]

Among people aged 12 or older in 2023, 1.4 percent (or 3.9 million people) misused prescription stimulants in the past year (Figures 12 and 19 and Table A.5B). The percentage was highest among young adults aged 18 to 25 (3.1 percent or 1.1 million people), followed by adults aged 26 or older (1.2 percent or 2.6 million people), then by adolescents aged 12 to 17 (0.9 percent or 230,000 people).

By Race/Ethnicity

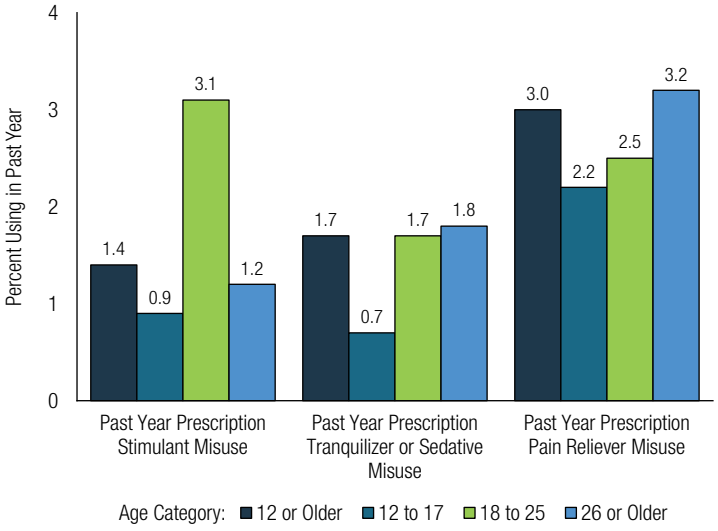
The percentage of people aged 12 or older in 2023 who misused prescription stimulants in the past year was higher among White people (1.7 percent) than among Hispanic (0.9 percent), Asian (0.8 percent), Black (0.8 percent), or Native Hawaiian or Other Pacific Islander people (0.4 percent) (Table B.11B).

Prescription 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, temazepam products, or triazolam products), barbiturates, or any other prescription sedative.

Among people aged 12 or older in 2023, 1.7 percent (or 4.7 million people) misused prescription tranquilizers or sedatives in the past year (Figures 12 and 19 and Table A.5B). The percentage was lower among adolescents aged 12 to 17 (0.7 percent or 173,000 people) than among adults aged 26 or older (1.8 percent or 4.0 million people) or young adults aged 18 to 25 (1.7 percent or 576,000 people).

Figure 19. Past Year Prescription Stimulant Misuse, Past Year Prescription Tranquilizer or Sedative Misuse, or Past Year Prescription Pain Reliever Misuse: Among People Aged 12 or Older; 2023



By Race/Ethnicity

The percentage of people aged 12 or older in 2023 who misused prescription tranquilizers or sedatives in the past year was higher among Multiracial (2.2 percent) or White people (1.9 percent) than among American Indian or Alaska Native (0.7 percent) or Asian people (0.7 percent) (Table B.11B). The percentage among White people was also higher than the percentage among Black people (1.1 percent). The percentage of people who misused prescription tranquilizers or sedatives in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

Prescription Pain Reliever Misuse

The 2023 NSDUH assessed the misuse of prescription pain relievers in the following categories: products containing hydrocodone, oxycodone, tramadol, codeine, morphine, prescription fentanyl,[36] buprenorphine, oxymorphone, 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 2023, 3.0 percent (or 8.6 million people) misused prescription pain relievers in the past year (Figures 12 and 19 and Table A.5B). The percentage was higher among adults aged 26 or older (3.2 percent or 7.2 million people) than among young adults aged 18 to 25 (2.5 percent or 841,000 people) or adolescents aged 12 to 17 (2.2 percent or 570,000 people).

By Race/Ethnicity

Among people aged 12 or older in 2023, prescription pain reliever misuse in the past year did not differ significantly among racial or ethnic groups. Percentages ranged from 1.7 percent among Asian people to 5.7 percent among American Indian or Alaska Native people (Table B.12B).

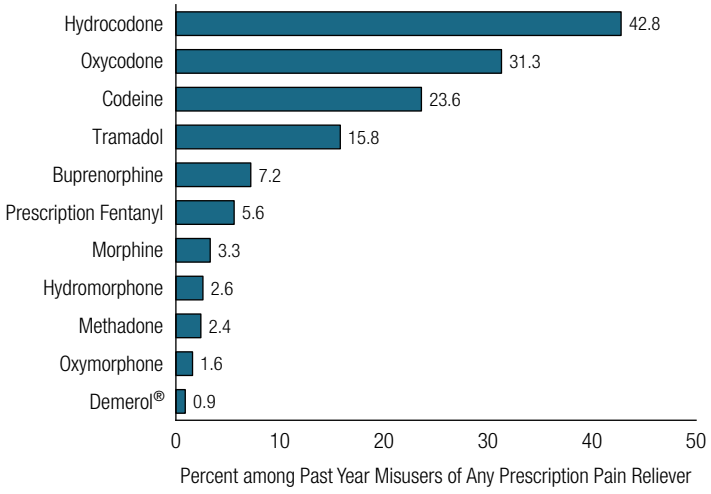
Misuse of Subtypes of Prescription Pain Relievers

The 2023 NSDUH asked respondents to identify specific prescription pain relievers they used in the past year, then asked whether they misused those prescription pain relievers in the past year. The specific prescription pain relievers people misused in the past year were categorized into subtypes. For example, respondents who reported misusing the prescription pain relievers Vicodin® or hydrocodone were classified as misusers of hydrocodone products.

This section presents two ways of examining the misuse of subtypes of prescription pain relievers. First, it presents estimates of the misuse of subtypes among people aged 12 or older who misused any prescription pain reliever in the past year. Then, it presents estimates of the misuse of subtypes of prescription pain relievers among people who used that subtype for any reason in the past year (i.e., not necessarily misuse). See the Misuse of Prescription Psychotherapeutic Drugs section for the definition of misuse.

Among the 8.6 million people aged 12 or older in 2023 who misused prescription pain relievers in the past year, 42.8 percent (or 3.6 million people) misused hydrocodone products in the past year (Figures 12 and 20 and Table A.7B). Hydrocodone products, including Vicodin®, Lortab®, Norco®, and generic hydrocodone, have traditionally been the most commonly prescribed opioids and therefore could be more readily available for misuse.[37,38] Consistent with these prescribing practices, hydrocodone products were the most commonly misused subtype of prescription pain relievers for 2023. In addition, 31.3 percent of past year misusers of prescription pain relievers (or 2.6 million people) misused oxycodone products in the past year, including OxyContin®, Percocet®, Percodan®, Roxicodone®, and generic oxycodone. Nearly 1 in 4 people aged 12 or older who misused prescription pain relievers in the past year were

Figure 20. Past Year Prescription Pain Reliever Subtype Misuse: Among People Aged 12 or Older Who Misused Any Prescription Pain Reliever in the Past Year; 2023



misusers of codeine products in the past year (23.6 percent or 2.0 million people). These products also have been commonly prescribed opioids.[38]

Most people aged 12 or older in 2023 who used prescription pain relievers for any reason in the past year did not misuse them in that period (Figure 21 and Table A.7B). Although hydrocodone products were the most commonly misused prescription pain reliever subtype in the past year, 10.7 percent of people who used hydrocodone products for any reason in the past year misused them in that period. Among people who used buprenorphine products for any reason in the past year, 20.4 percent misused them, and 79.6 percent did not. Stated another way, almost four fifths of past year buprenorphine users did *not* misuse them in that period.

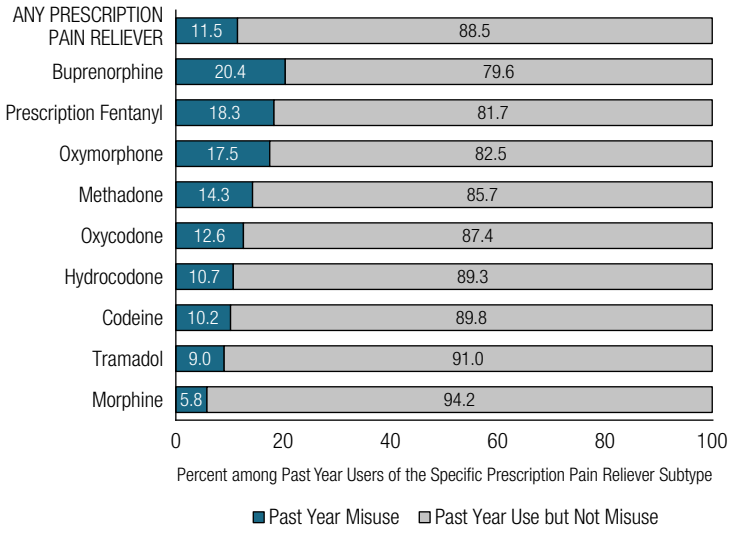
Main Reasons for the Last Misuse of Prescription Pain Relievers

Respondents in the 2023 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 2023 who misused prescription pain relievers in the past year, the most common main reason for their last misuse of a prescription pain reliever was to relieve physical pain (70.9 percent) (Table A.8B). 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.

In addition, 8.1 percent of people aged 12 or older in 2023 who misused prescription pain relievers in the past year misused a prescription pain reliever the last time to feel good or get high, and 7.6 percent misused a prescription pain reliever the last time to relax or relieve tension. Other main reasons for the last misuse were to help with sleep (3.7 percent), to help with feelings or emotions (3.1 percent), to experiment or see what the drug was like (2.3 percent), because people were "hooked" or needed to have the drug (2.1 percent), and to increase or decrease the effects of other drugs (0.7 percent) (Table A.8B).

Figure 21. Past Year Prescription Pain Reliever Subtype Misuse: Among All Past Year Users of Prescription Pain Reliever Subtypes Aged 12 or Older; 2023



Note: Estimates for Demerol® and hydromorphone are not shown due to low precision.

Source of the Last Prescription Pain Reliever That Was Misused

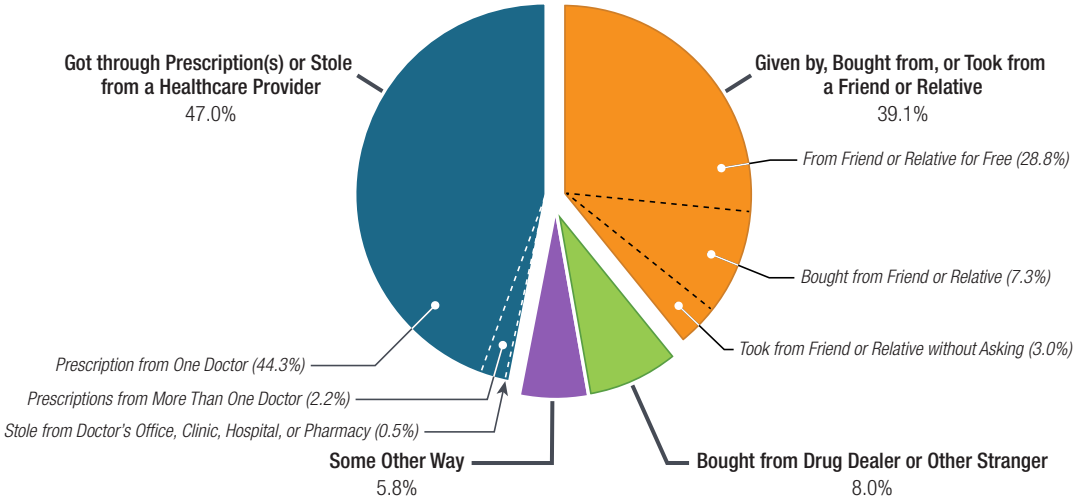
Among people aged 12 or older in 2023 who misused prescription pain relievers in the past year, 39.1 percent obtained the pain relievers the last time from a friend or relative in some way (i.e., being given them, buying them, or taking them without asking), and 47.0 percent obtained pain relievers the last time through prescription(s) or stole pain relievers from a healthcare provider, typically getting the pain relievers through a prescription from one doctor (44.3 percent) (Figure 22 and Table A.9B).

An estimated 28.8 percent of people aged 12 or older in 2023 who misused prescription pain relievers in the past year obtained pain relievers the last time by getting them from a friend or relative for free, 7.3 percent bought their last pain reliever from a friend or relative, and 3.0 percent took their last pain reliever from a friend or relative without asking. About 1 in 12 people who misused pain relievers in the past year (8.0 percent) bought the last pain reliever they misused from a drug dealer or other stranger. An estimated 0.5 percent of people who misused prescription pain relievers in the past year stole them from a doctor's office, clinic, hospital, or pharmacy.

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

Figure 22. 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; 2023



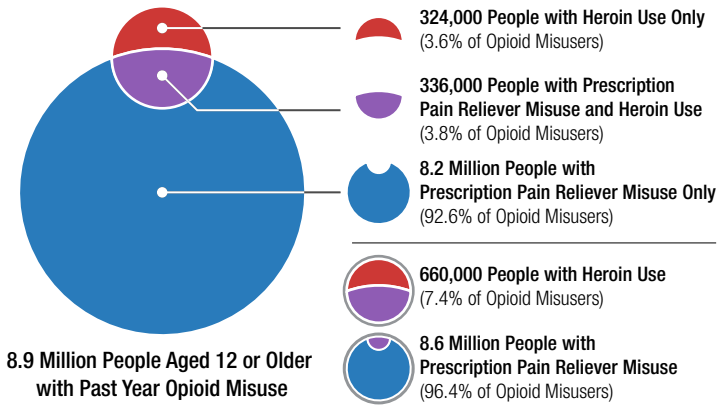
8.6 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

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

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. In this report, opioid misuse does not include use of illegally made fentanyl (IMF). For additional information on estimates of opioid misuse that do include use of IMF, see Section 1 of the 2023 Detailed Tables.[19]

Among people aged 12 or older in 2023, 3.1 percent (or 8.9 million people) misused opioids in the past year (Figure 23 and Table A.5B). Similar to the misuse of prescription pain relievers in the past year, the percentage of people who misused opioids in the past year was higher among adults aged 26 or older (3.3 percent or 7.5 million people) than among young adults aged 18 to 25 (2.5 percent or 846,000 people) or adolescents aged 12 to 17 (2.2 percent or 574,000 people).

Figure 23. Type of Past Year Opioid Misuse: Among Past Year Opioid Misusers Aged 12 or Older; 2023



Note: These estimates do not include illegally made fentanyl.

The vast majority of the 8.9 million people aged 12 or older in 2023 who misused opioids in the past year misused prescription pain relievers (Figure 23 and Table A.10AB), but they did not use heroin. Specifically, 8.6 million people misused prescription pain relievers in the past year, of whom 8.2 million people did not use heroin. An estimated 336,000 people misused prescription pain relievers and used heroin in the past year.

By Race/Ethnicity

Among people aged 12 or older in 2023, opioid misuse in the past year did not differ significantly among racial or ethnic groups. Percentages ranged from 1.7 percent among Asian people to 5.9 percent among American Indian or Alaska Native people (Table B.12B).

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 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.[39,40,41] 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 2023, 3.4 percent (or 9.7 million people) misused CNS stimulants in the past year (Figure 24 and Table A.5B). The percentage was highest among young adults aged 18 to 25 (5.6 percent or 1.9 million people), followed by adults aged 26 or older (3.3 percent or 7.5 million people), then by adolescents aged 12 to 17 (1.1 percent or 285,000 people).

Of the 9.7 million people aged 12 or older in 2023 who misused CNS stimulants in the past year, most (7.9 million people) misused only one type of CNS stimulant, including 3.5 million people who used cocaine only, 2.8 million who misused prescription stimulants only, and 1.7 million people who used methamphetamine only (Figure 24 and Table A.11AB).[42] An estimated 182,000 people used or misused all three CNS stimulants in the past year (1.9 percent of people who misused CNS stimulants).

By Race/Ethnicity

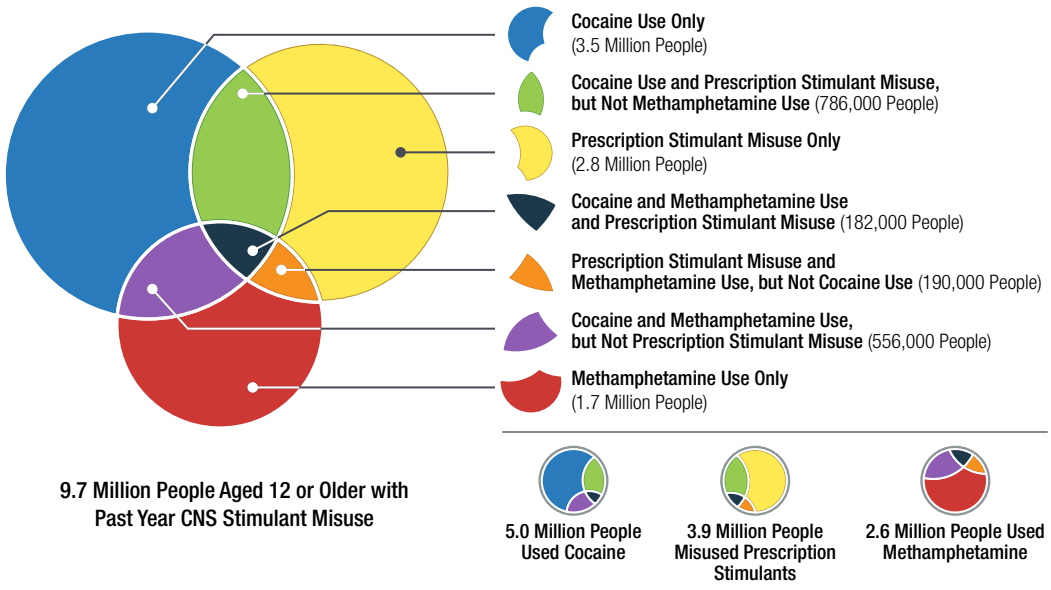
The percentage of people aged 12 or older in 2023 who misused CNS stimulants in the past year was lower among Asian people (1.4 percent) than among people in most other racial or ethnic groups (Table B.12B). The percentage of people who misused CNS stimulants in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

Fentanyl Misuse, Including Illegally Made Fentanyl (IMF)

Fentanyl misuse, particularly the use of IMF, has been of growing interest because of IMF's involvement in increases in fatal overdoses involving opioids.[43,44,45] Fentanyl is 50 to 100 times stronger than morphine. Therefore, the risks for overdose or other adverse effects are substantially increased when people use fentanyl, especially among people whose bodies are not accustomed to the effects of opioids. IMF is sometimes present in products that are sold as heroin or in counterfeit prescription drugs. However, people who use IMF are often not aware they are doing so.[46,47,48,49] The physical appearance or taste of a product or the purchase of drugs from a known source are not reliable indicators of whether they contain IMF. A drug product's physical effects can be a better but not completely reliable indicator of whether the product contains IMF, especially if people have had substantial experience using opioids such as heroin. As IMF becomes increasingly present in the drug supply, people who regularly use drugs are becoming more aware of its presence and have shown interest in using fentanyl test strips to test their drugs for fentanyl.[50,51]

Among people aged 12 or older in 2023, 0.3 percent (or 828,000 people) misused fentanyl in the past year, including 0.2 percent of adolescents aged 12 to 17, 0.3 percent of young adults aged 18 to 25, and 0.3 percent of adults aged 26 or older (Table A.12B). Corresponding estimated numbers of people who misused fentanyl in the past year

Figure 24. Past Year Central Nervous System (CNS) Stimulant Misuse: Among People Aged 12 or Older; 2023



were 50,000 adolescents aged 12 to 17, 110,000 young adults aged 18 to 25, and 668,000 adults aged 26 or older.

Among people in 2023 who misused any prescription pain reliever in the past year, only 7.4 percent misused fentanyl. Among people who used fentanyl for any reason in the past year, 28.6 percent misused it and 71.4 percent did not.[24]

IMF Use

Because people who used IMF may have been unaware that they used it, caution must be taken in interpreting estimates of IMF use; these estimates are almost certainly an underestimate of true IMF use.

Among people aged 12 or older in 2023, 0.2 percent (or 627,000 people) used IMF in the past year, including 0.1 percent of adolescents aged 12 to 17, 0.2 percent of young adults aged 18 to 25, and 0.2 percent of adults aged 26 or older (Table A.12B). Corresponding estimated numbers of people who used IMF in the past year were 36,000 adolescents aged 12 to 17, 78,000 young adults aged 18 to 25, and 513,000 adults aged 26 or older.

Initiation of Substance Use

The 2023 NSDUH included questions to measure the initiation of substance use, that is, the first use of particular substances during a person's lifetime.[52] This report presents the estimated numbers 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.[17,54,55] See the section on the Misuse of Prescription Psychotherapeutic Drugs for the definition of "misuse" of prescription drugs.

This report highlights estimates for past year initiation of the four substances with the largest numbers of people aged 12 or older who initiated use in the past year: nicotine vaping, alcohol use, marijuana use, and cigar smoking. Estimates of initiation of the use or misuse of additional substances are also presented in figures and tables.

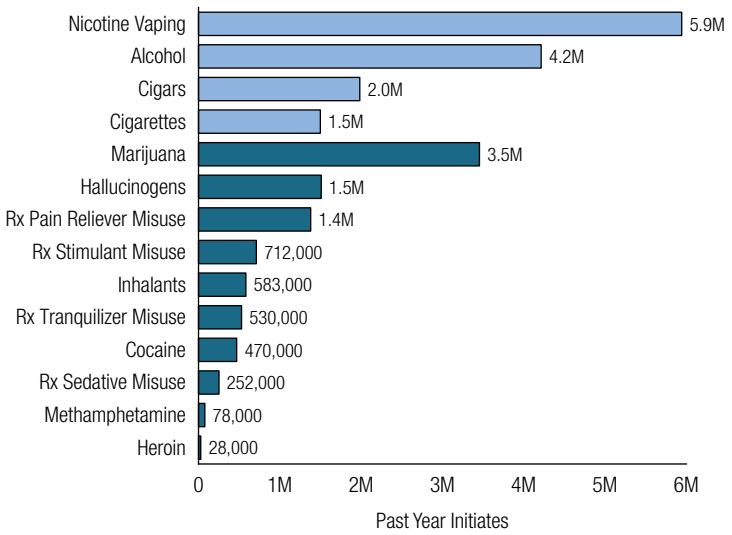
It is important to note the relationship between an aggregate measure of substance use (i.e., a measure including a group of substances) and the individual drugs that make up that aggregate measure. For example, crack (an individual drug) is a form of cocaine (a combined measure including crack and other forms of cocaine). If a person first used crack in the past year but first used other forms of cocaine more than 12 months ago, that person would be a past year initiate of crack use but would not be a past year initiate of cocaine use.

These relationships are especially important to consider for the aggregate measure for the initiation of misuse of prescription psychotherapeutic drugs. There is potential for respondents to underreport lifetime (but not past year) misuse of prescription drugs.[56] This potential for underreporting could affect the accuracy of aggregate initiation estimates that include prescription psychotherapeutics, such as initiation of opioid misuse or initiation of the use of any illicit drug. Therefore, this report does not present estimates for past year initiation of any opioid misuse (heroin or prescription pain relievers), central nervous system stimulant misuse (cocaine, methamphetamine, or prescription stimulants), any illicit drug use (including prescription drug misuse), and the aggregate measure of any prescription tranquilizer or sedative misuse.[57]

In addition, NSDUH respondents are asked how old they were when they first used or misused a substance. Respondents who first used (or misused) a substance in the past year would need to recall only whether this event happened at their current age or at the age that was 1 year less than their current age. Information on the age when past year initiates first used a substance is useful for estimating whether past year initiation of use occurred before age 21 or at age 21 or older.

Figure 25 and Table A.13A provide an overview of the numbers of people aged 12 or older in 2023 who were past year initiates of the use or misuse of the substances discussed in this section. In the past 12 months, 5.9 million

Figure 25. Past Year Initiates of Substances: Among People Aged 12 or Older; 2023



Rx = prescription.

people vaped nicotine for the first time, 4.2 million people initiated alcohol use, 3.5 million people used marijuana for the first time, and 2.0 million people tried cigars for the first time.

Initiation of Nicotine Vaping

Among people aged 12 or older in 2023, 5.9 million people initiated nicotine vaping in the past year, meaning they had never vaped nicotine before the past 12 months (Figures 25 and 26 and Table A.13A). Approximately half of all people who initiated nicotine vaping in the past year were aged 26 or older. In 2023, 1.5 million adolescents aged 12 to 17, 1.4 million young adults aged 18 to 25, and 3.1 million adults aged 26 or older initiated nicotine vaping in the past year. About two thirds (62.5 percent) of the 5.9 million people in 2023 who initiated nicotine vaping in the past year did so at age 21 or older (3.7 million people) compared with 37.5 percent (or 2.2 million people) who did so before age 21 (Figure 27 and Table A.14AB).

Initiation of Alcohol Use

Among people aged 12 or older in 2023, 4.2 million people initiated alcohol use in the past year, not counting a sip or two from a drink (Figures 25 and 26 and Table A.13A). Among young adults aged 18 to 25 in 2023, 2.3 million people initiated alcohol use in the past year. In addition, 1.8 million adolescents aged 12 to 17 and 109,000 adults aged 26 or older initiated alcohol use in the past year. Relatively few people in 2023 used alcohol for the first time after age 25. Also, nearly three fourths of the 4.2 million people in 2023 who initiated alcohol use in the past year did so before age 21 (73.4 percent or 3.1 million people) (Figure 27 and Table A.14AB).

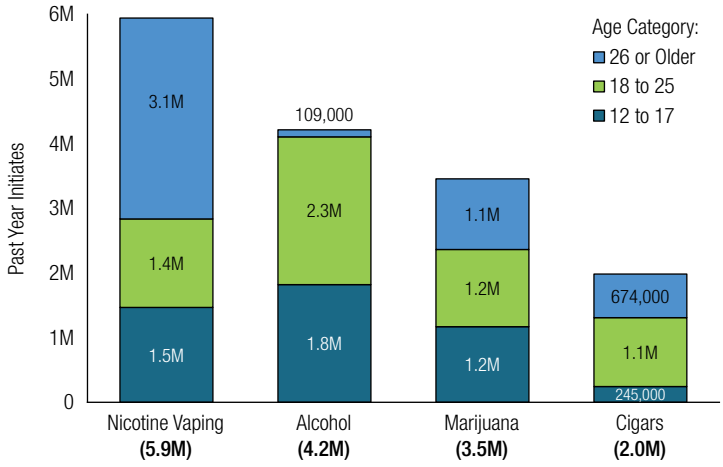
Initiation of Marijuana Use

Among people aged 12 or older in 2023, 3.5 million people initiated marijuana use in any way in the past year (Figures 25 and 26 and Table A.13A). In 2023, 1.2 million adolescents aged 12 to 17, 1.2 million young adults aged 18 to 25, and 1.1 million adults aged 26 or older initiated marijuana use in the past year. Unlike people who initiated alcohol use, nearly one third of people in 2023 who initiated marijuana use in the past year were aged 26 or older. More than half of the 3.5 million people in 2023 who initiated marijuana use in the past year did so before age 21 (54.5 percent or 1.9 million people) (Figure 27 and Table A.14AB).

Initiation of Cigar Smoking

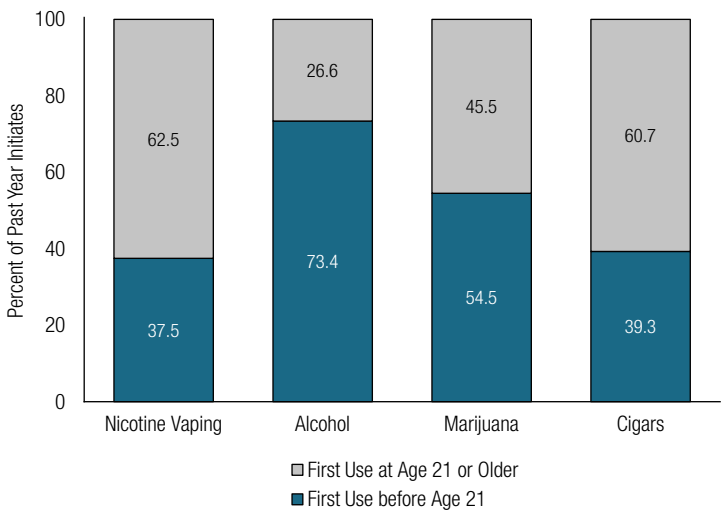
Among people aged 12 or older in 2023, 2.0 million people initiated cigar smoking in the past year (Figures 25 and 26 and Table A.13A). Young adults aged 18 to 25 comprised more than half of the population who initiated cigar smoking in 2023 (1.1 million people). In addition, 245,000 adolescents aged 12 to 17 and 674,000 adults aged 26 or older initiated cigar smoking in the past year. Almost two fifths of the 2.0 million people in 2023 who initiated cigar smoking in the past year did so before age 21 (39.3 percent or 779,000 people) (Figure 27 and Table A.14AB).

Figure 26. Past Year Nicotine Vaping, Alcohol, Marijuana, or Cigar Initiates: Among People Aged 12 or Older; 2023



Note: The number in parentheses below each category label shows the total number of past year initiates aged 12 or older for that category. The numbers for the age categories may not add to the number in parentheses due to rounding.

Figure 27. Initiation of Use before Age 21 and at Age 21 or Older: Among People Aged 12 or Older Who Were Past Year Initiates of the Substance; 2023



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 2023 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"). 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).[58,59] Respondents were asked SUD questions for any alcohol or drugs they used in the 12 months prior to the survey. Drugs include marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, and *any* use of prescription stimulants, tranquilizers or sedatives (e.g., benzodiazepines), and pain relievers.[17] The DSM-5 SUD criteria for prescription drugs apply to people who used prescription drugs for any reason in the past year. Therefore, NSDUH respondents in 2023 who reported *any* use of prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives) in the past year (i.e., not just misuse of prescription drugs) were asked the respective SUD questions for that category of prescription drugs.

In addition, questions about the use of illegally made fentanyl (IMF) appear after SUD questions in the 2023 NSDUH questionnaire. For this reason, overall SUD, drug use disorder, and opioid use disorder measures do not capture disorders arising solely from the use of IMF. As discussed in the IMF Use section, however, the estimate of IMF use in the past year among people aged 12 or older was low in 2023 (0.2 percent). For data from people who used IMF in the past year to affect SUD estimates in NSDUH, respondents would need to have used only IMF or to have attributed their SUD symptoms to IMF and not to their use of other substances. Only 1.7 percent of respondents who used IMF in the past year did not use alcohol or other drugs in the past year.[24]

DSM-5 includes the following SUD criteria (as measured in the 2023 NSDUH):

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. For substances other than hallucinogens and inhalants that have a withdrawal criterion, there are two components of withdrawal symptoms, either of which meet the overall criterion for withdrawal symptoms:
    a. There is a required number of withdrawal symptoms that occur when substance use is cut back or stopped following a period of prolonged use.[60]
    b. The substance or a related substance is used to get over or avoid withdrawal symptoms.[61]

Table 1 shows how these 11 DSM-5 SUD criteria apply to substances in NSDUH. For prescription pain relievers, tranquilizers, stimulants, and sedatives, Table 1 also shows how these criteria apply if respondents misused prescription drugs or if they simply used but did not misuse prescription drugs in the past year. For consistency with the DSM-5 criteria, NSDUH respondents were classified as having an SUD in the past year if they met two or more of the applicable criteria in the 12-month period before the interview.

Table 1. DSM-5 SUD Criteria for Substances and Types of Use in the 2023 NSDUH

Criterion[1]	Alcohol	Marijuana	Cocaine	Heroin	Hallucinogens	Inhalants	Methamphetamine	Pain Relievers, Use But Not Misuse	Pain Relievers, Misuse	Tranquilizers, Use But Not Misuse	Tranquilizers, Misuse	Stimulants, Use But Not Misuse	Stimulants, Misuse	Sedatives, Use But Not Misuse	Sedatives, Misuse
1: Substance is often taken in larger amounts, longer than intended	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
2: Unsuccessful efforts to cut down/control use	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
3: A great deal of time is spent obtaining, using, recovering	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
4: Craving/strong urge to use	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
5: Recurrent use resulting in failure to fulfill major role obligations at work/school/home	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
6: Continued use despite social problems	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
7: Important social/occupational/recreational activities given up or reduced because of use	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
8: Recurrent use in physically hazardous situations	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
9: Continued use despite physical, psychological problems	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
10: Increased amount of substance is needed to achieve same effect	●	●	●	●	●	●	●	–	●	–	●	–	●	–	●
11a: Withdrawal symptoms[2]	●	●	●	●	–	–	●	–	●	–	●	–	●	–	●
11b: The same or related substance is taken to avoid withdrawal symptoms	●	●	●	●	–	–	●	–	●	–	●	–	●	–	●

● = criterion applies; — = criterion does not apply.

DSM-5 = *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition; SUD = substance use disorder.

[1] The criterion wording is based on the 2023 NSDUH questions.

[2] Withdrawal symptoms and requirements differ by substance.

For alcohol, marijuana, cocaine, heroin, and methamphetamine in Table 1, respondents were classified as having an SUD in the past year if they met 2 or more of the 11 criteria in the 12-month period before the interview. However, respondents were classified as having a hallucinogen use disorder or an inhalant use disorder if they met 2 or more of the first 10 criteria in the past 12 months; the withdrawal criterion does not apply to hallucinogens and inhalants.

For the use or misuse of prescription drugs in Table 1, the number of applicable DSM-5 criteria for classifying respondents as having a prescription drug use disorder depends on whether respondents misused prescription drugs, or they used prescription drugs in the past year, but they did *not* misuse them. If respondents misused prescription drugs in the past year, they were classified as having a prescription drug use disorder if they met 2 or more of the 11 criteria shown in Table 1. However, if respondents used prescription drugs in the past year but did not misuse them, they were classified as having a prescription drug use disorder if they met two or more of the first *nine* criteria shown in Table 1. Criteria 10 (tolerance) and 11 (withdrawal) do not apply to respondents who used but did not misuse these prescription drugs in the past year; tolerance and withdrawal can occur as normal physiological adaptations when people use these prescription drugs appropriately under medical supervision.[62]

Substances and types of use or misuse that are included in selected SUD measures in the 2023 NSDUH are as follows:

- Any SUD in the past year includes data from past year users of alcohol, marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and methamphetamine, and *any* past year users of prescription psychotherapeutic drugs.[63]

- Alcohol use disorder includes only data from past year users of alcohol.[63]
- Drug use disorder includes data from past year users of marijuana,[63] cocaine, heroin, hallucinogens, inhalants, and methamphetamine, and *any* past year users of prescription psychotherapeutic drugs. It does not include people who had only an alcohol use disorder in the past year.

The following sections present the overall estimates first, then by age group. Estimates among racial or ethnic groups are presented for selected measures. Most SUD estimates that are presented in this section could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

In 2023, 48.5 million people aged 12 or older (or 17.1 percent of the population) had an SUD in the past year, including 28.9 million people who had an alcohol use disorder and 27.2 million people who had a drug use disorder (Figures 28, 29, and 30 and Tables A.15B and A.16AB). People who had an SUD in the past year tended to have an alcohol use disorder only or a drug use disorder only. About 1 in 6 people with a past year SUD (15.6 percent or 7.5 million people) had both an alcohol use disorder and a drug use disorder in the past year.

The percentage of people aged 12 or older in 2023 with a past year SUD differed by age group. The percentage was highest among young adults aged 18 to 25 (27.1 percent or 9.2 million people), followed by adults aged 26 or older (16.6 percent or 37.0 million people), then by adolescents aged 12 to 17 (8.5 percent or 2.2 million people) (Figure 30 and Table A.15B).

By Race/Ethnicity

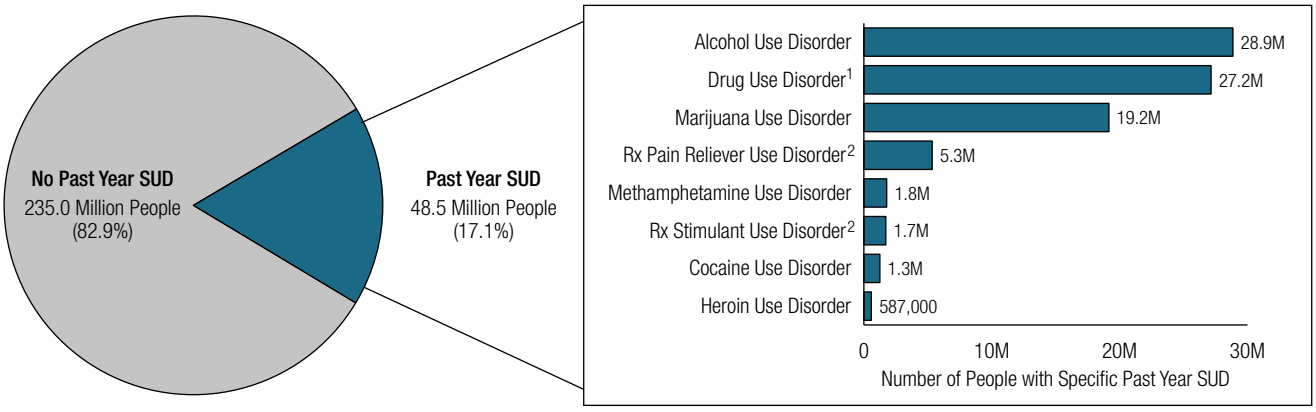
The percentage of people aged 12 or older in 2023 with a past year SUD was higher among American Indian or Alaska Native (25.3 percent), Multiracial (24.3 percent), or White people (17.8 percent) compared with Hispanic (15.7 percent) or Asian people (9.2 percent) (Figure 31 and Table B.13B). Multiracial people were also more likely than White or Black people (17.6 percent) to have had a past year SUD. Asian people were less likely to have had a past year SUD than people in other racial or ethnic groups. The percentage of people aged 12 or older in 2023 with a past year SUD could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

Alcohol Use Disorder

Respondents who used alcohol on 6 or more days in the past 12 months were classified as having an 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 the 2023 Methodological Summary and Definitions report.[14]

Among people aged 12 or older in 2023, 10.2 percent (or 28.9 million people) had a past year alcohol use disorder (Figures 28, 29, and 30 and Table A.15B). The percentage of people who had a past year alcohol use disorder was highest among young adults aged 18 to 25 (15.1 percent

Figure 28. Past Year Substance Use Disorder (SUD): Among People Aged 12 or Older; 2023



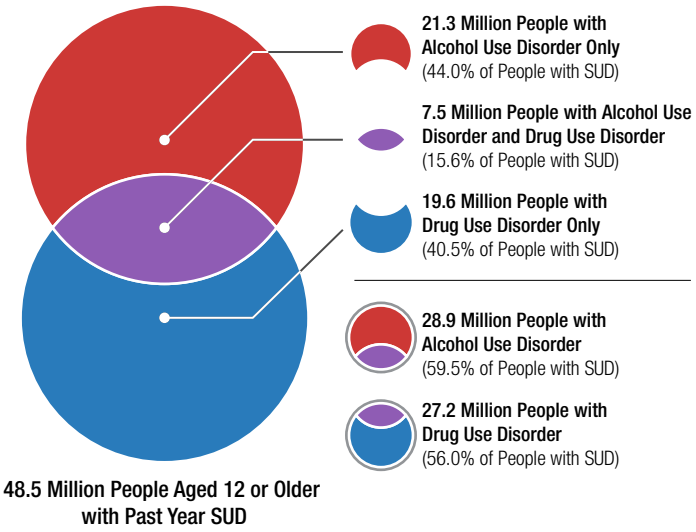
Rx = prescription.

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

[1] Includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

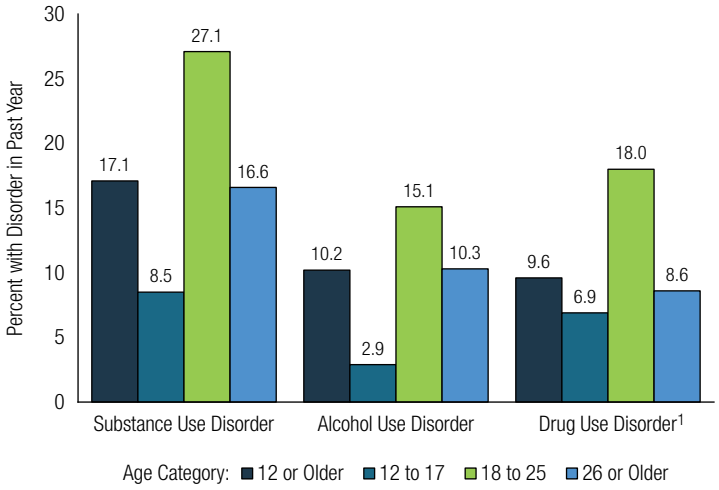
[2] Includes data from all past year users of the specific prescription drug.

Figure 29. Alcohol Use Disorder or Drug Use Disorder in the Past Year: Among People Aged 12 or Older with a Past Year Substance Use Disorder (SUD); 2023



Note: Drug Use Disorder includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

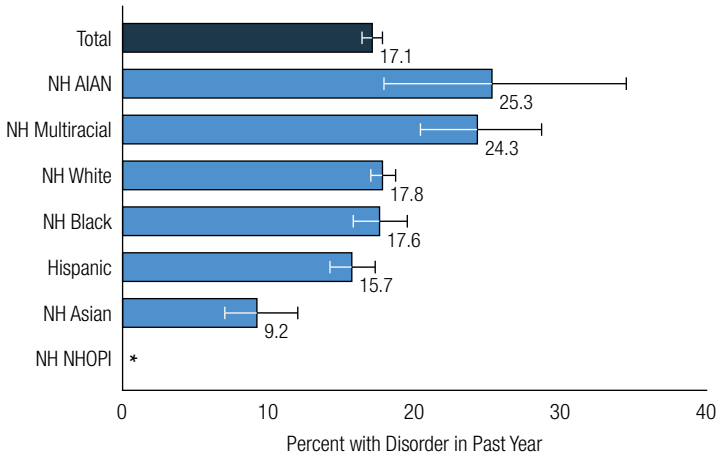
Figure 30. Substance Use Disorder, Alcohol Use Disorder, or Drug Use Disorder in the Past Year: Among People Aged 12 or Older; 2023



[1] Includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

or 5.1 million people), followed by adults aged 26 or older (10.3 percent or 23.0 million people), then by adolescents aged 12 to 17 (2.9 percent or 757,000 people). Age group differences in the percentage of people with an alcohol use disorder in the past year were consistent with the age group differences described previously for binge alcohol use in the past month (see the Alcohol Use in the Past Month section).

Figure 31. Past Year Substance Use Disorder: Among People Aged 12 or Older; by Race/Ethnicity, 2023



* Low precision; no estimate reported.

AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.

Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

By Race/Ethnicity

The percentage of people aged 12 or older in 2023 who had a past year alcohol use disorder was higher among Multiracial people (13.6 percent) than among Black (9.6 percent), Hispanic (9.2 percent), or Asian people (5.7 percent) (Table B.13B). Asian people were less likely to have had a past year alcohol use disorder than people in most other racial or ethnic groups.

Drug Use Disorder

This section presents overall estimates for drug use disorder, then provides estimates for selected specific drugs. As discussed previously, drug use disorder was defined as meeting DSM-5 SUD criteria for one or more of the following drugs that were used in the past year: marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, or prescription psychotherapeutic drugs (i.e., stimulants, tranquilizers or sedatives, and pain relievers). Measures for prescription drug use disorders for 2023 were based on data from *all* past year users of prescription drugs, not just misusers. Relevant SUD definitions and criteria for specific drugs can be found in Table 1 and in the 2023 Methodological Summary and Definitions report.[14]

Among people aged 12 or older in 2023, 9.6 percent (or 27.2 million people) had at least one drug use disorder in

the past year (Figures 28, 29, and 30 and Table A.15B). The percentage of people with a past year drug use disorder was highest among young adults aged 18 to 25 (18.0 percent or 6.1 million people), followed by adults aged 26 or older (8.6 percent or 19.3 million people), then by adolescents aged 12 to 17 (6.9 percent or 1.8 million people).

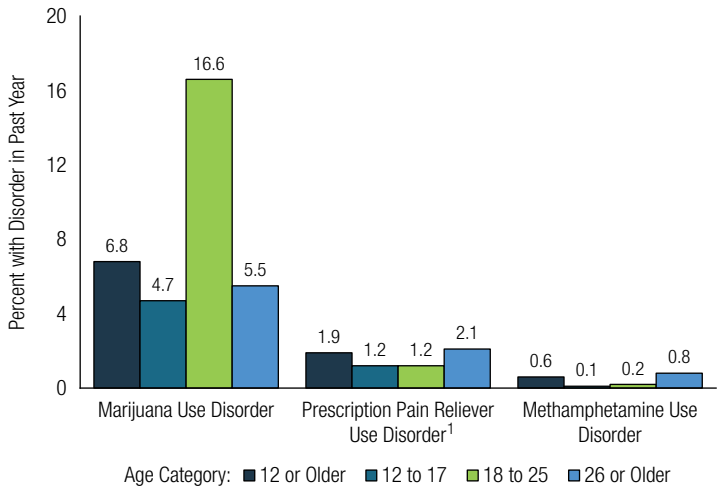
By Race/Ethnicity

The percentage of people aged 12 or older in 2023 who had a past year drug use disorder was higher among American Indian or Alaska Native (19.7 percent), Multiracial (15.1 percent), or Black people (11.4 percent) than among White (9.6 percent), Hispanic (8.8 percent), or Asian people (4.4 percent) (Table B.13B). The percentage was also higher among American Indian or Alaska Native people than among Black people. Asian people were less likely to have had a past year drug use disorder compared with people in other racial or ethnic groups. The percentage of people aged 12 or older in 2023 who had a past year drug use disorder could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

Marijuana Use Disorder

Among people aged 12 or older in 2023, 6.8 percent (or 19.2 million people) had a marijuana use disorder in the past year (Figures 28 and 32 and Table A.15B). The percentage of people with a past year marijuana use disorder was highest among young adults aged 18 to 25 (16.6 percent or 5.6 million people), followed by adults aged 26 or older (5.5 percent or 12.3 million people), then by adolescents aged 12 to 17 (4.7 percent or 1.2 million people).

Figure 32. Marijuana Use Disorder, Prescription Pain Reliever Use Disorder, or Methamphetamine Use Disorder in the Past Year: Among People Aged 12 or Older; 2023



[1] Includes data from all past year users of prescription pain relievers.

The higher percentage of young adults aged 18 to 25 with a marijuana use disorder was consistent with the higher percentage among this age group for marijuana use in the past year (see the Marijuana Use section).

By Race/Ethnicity

In 2023, the percentage of people aged 12 or older who had a past year marijuana use disorder was higher among Multiracial people (12.6 percent) than among Black (8.7 percent), White (6.7 percent), Hispanic (6.2 percent), or Asian people (2.1 percent) (Table B.13B). Black people were also more likely than White, Hispanic, or Asian people to have had a past year marijuana use disorder. Asian people were less likely to have had a past year marijuana use disorder compared with people in other racial or ethnic groups. The percentage of people aged 12 or older in 2023 with a past year marijuana use disorder could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

Cocaine Use Disorder

Among people aged 12 or older in 2023, 0.4 percent (or 1.3 million people) had a cocaine use disorder in the past year (Figure 28 and Table A.15B). The percentage of adolescents aged 12 to 17 (0.2 percent or 45,000 people) with a cocaine use disorder was lower than the percentages of young adults aged 18 to 25 (0.6 percent or 189,000 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 2023, 0.2 percent (or 587,000 people) had a heroin use disorder in the past year (Figure 28 and Table A.15B). The percentage of people with a heroin use disorder in the past year was higher among adults aged 26 or older (0.3 percent or 570,000 people) than among young adults aged 18 to 25 (less than 0.1 percent or 17,000 people). The percentage of people in 2023 with a past year heroin use disorder could not be calculated with sufficient precision for adolescents aged 12 to 17.[15]

Methamphetamine Use Disorder

Among people aged 12 or older in 2023, 0.6 percent (or 1.8 million people) had a methamphetamine use disorder in the past year (Figures 28 and 32 and Table A.15B). The

percentage of people with a methamphetamine use disorder in the past year was highest among adults aged 26 or older (0.8 percent or 1.7 million people). Similar percentages of young adults aged 18 to 25 (0.2 percent or 71,000 people) and adolescents aged 12 to 17 (0.1 percent or 23,000 people) had a past year methamphetamine use disorder.

Prescription Pain Reliever Use Disorder

Among people aged 12 or older in 2023, 1.9 percent (or 5.3 million people) had a prescription pain reliever use disorder in the past year (Figures 28 and 32 and Table A.15B). The percentage of adults aged 26 or older (2.1 percent or 4.6 million people) with a prescription pain reliever use disorder was higher than the percentages of adolescents aged 12 to 17 (1.2 percent or 316,000 people) or young adults aged 18 to 25 (1.2 percent or 392,000 people).

By Race/Ethnicity

Percentages of people aged 12 or older in 2023 who had a past year prescription pain reliever use disorder ranged from 1.6 percent of Multiracial people to 3.6 percent of American Indian or Alaska Native people (Table B.14B). Percentages did not differ significantly among racial or ethnic groups. The percentage of people aged 12 or older in 2023 with a past year prescription pain reliever use disorder could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

Opioid Use Disorder

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). For 2023, opioid use disorder included prescription pain reliever use disorder among all past year users of prescription pain relievers. Opioid use disorder estimates for 2023 included data from both past year heroin users and past year prescription pain reliever users. As previously indicated, questions about the use of IMF were asked in the 2023 NSDUH following the SUD questions; hence, the opioid use disorder estimates do not capture symptoms that arose solely from the use of IMF.

Among people aged 12 or older in 2023, 2.0 percent (or 5.7 million people) had an opioid use disorder in the past year (Table A.15B). Consistent with the estimates for prescription pain reliever use disorder, the percentage of adults aged 26 or older (2.2 percent or 5.0 million people) with an opioid use disorder was higher than the percentages of adolescents aged 12 to 17 (1.2 percent or 316,000 people) or young adults aged 18 to 25 (1.2 percent or 396,000 people).

By Race/Ethnicity

Following a pattern similar to that for prescription pain reliever use disorder, percentages of people aged 12 or older in 2023 who had a past year opioid use disorder ranged from 1.7 percent each among Asian or Multiracial people to 3.8 percent of American Indian or Alaska Native people (Table B.14B). Percentages for opioid use disorder did not differ significantly among racial or ethnic groups. The percentage of people aged 12 or older in 2023 with a past year opioid use disorder could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

Central Nervous System Stimulant Use Disorder

Respondents were classified as having a central nervous system (CNS) stimulant use disorder if they met DSM-5 criteria for cocaine use disorder, methamphetamine use disorder, or prescription stimulant use disorder (or more than one of these disorders).

Among people aged 12 or older in 2023, 1.5 percent (or 4.3 million people) had a CNS stimulant use disorder in the past year (Table A.15B). The percentage of people with a CNS stimulant use disorder was lowest among adolescents aged 12 to 17 (1.0 percent or 268,000 people) compared with adults aged 26 or older (1.6 percent or 3.5 million people) or young adults aged 18 to 25 (1.5 percent or 525,000 people).

By Race/Ethnicity

There were few differences by racial or ethnic group in the percentage of people aged 12 or older in 2023 who had a past year CNS stimulant use disorder. Percentages ranged from 0.4 percent among Asian people to 5.5 percent among American Indian or Alaska Native people. Asian people were less likely to have had a past year CNS stimulant use disorder than Multiracial (1.8 percent), White (1.7 percent), or Hispanic people (1.3 percent) (Table B.14B). The percentage of people who had a past year CNS stimulant use disorder could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

Substance Use Disorder Severity

The DSM-5 SUD criteria include a severity level classification. People who meet two or three criteria are considered to have a "mild" disorder, those who meet four

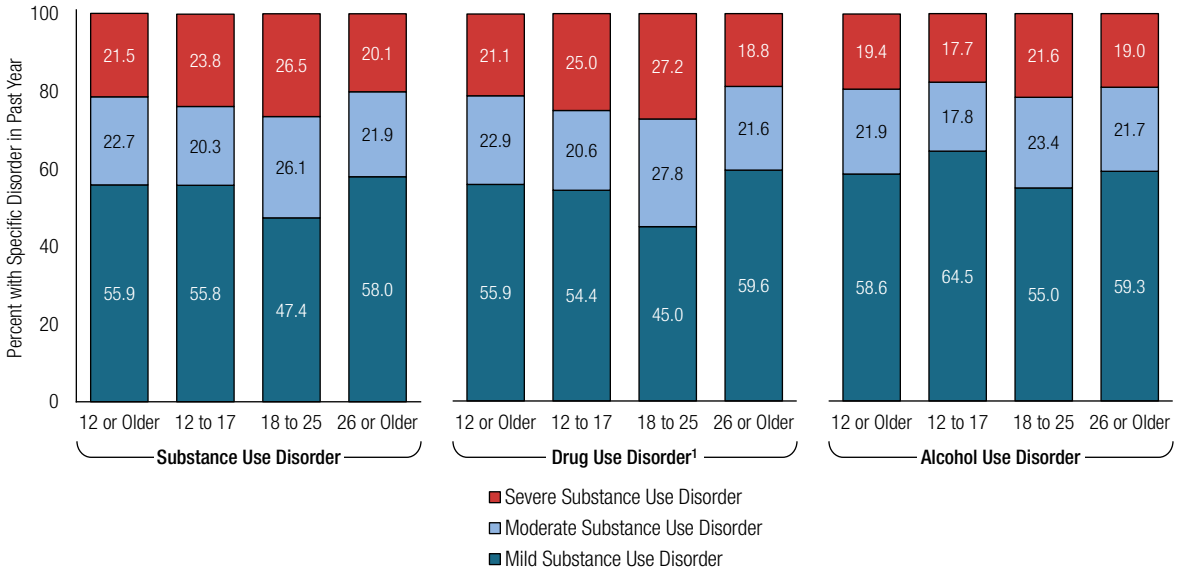
or five criteria are considered to have a "moderate" disorder, and those who meet six or more criteria are considered to have a "severe" disorder. For SUD measures that were aggregated across more than one substance (e.g., any SUD, drug use disorder), mild SUD meant that people had only mild SUDs. Moderate SUD meant that people had at least one moderate SUD but did not have severe SUDs. Severe SUD meant that people had a severe SUD for at least one substance.

Table A.17B presents estimates for SUD severity among people aged 12 or older in 2023 who had specific SUDs in the past year. Some SUD severity estimates could not be calculated with sufficient precision. Table A.18B also presents SUD severity estimates by age group for any SUD, drug use disorder, marijuana use disorder, and alcohol use disorder. Severity estimates by age group for other SUDs could not be calculated with sufficient precision.[15]

Highlights from Figures 33 and 34 and from Tables A.17B and A.18B for severity levels among people aged 12 or older in 2023 with a past year SUD, drug use disorder, marijuana use disorder, and alcohol use disorder include the following:

- Among the 48.5 million people aged 12 or older with a past year SUD (Figure 28), most (55.9 percent) had a mild disorder compared with about 1 in 5 (21.5 percent) who had a severe disorder. The percentage of people with a past year SUD who had a severe disorder was higher among young adults aged 18 to 25 (26.5 percent) than among adults aged 26 or older (20.1 percent) but was similar to the percentage among adolescents aged 12 to 17 (23.8 percent).
- Among the 27.2 million people aged 12 or older with a past year drug use disorder (Figure 28), most (55.9 percent) had a mild disorder. The percentage of people with a past year drug use disorder who had a severe disorder was higher among young adults aged 18 to 25 (27.2 percent) or adolescents aged 12 to 17 (25.0 percent) than among adults aged 26 or older (18.8 percent).
- Among the 19.2 million people aged 12 or older with a past year marijuana use disorder (Figure 28), most (55.4 percent) had a mild disorder compared with only 18.0 percent who had a severe disorder. Among people with a past year marijuana use disorder, adolescents aged 12 to 17 (32.1 percent) and young adults aged 18 to 25 (26.1 percent) were about twice as likely as adults aged 26 or older (12.9 percent) to have had a severe disorder.
- Among the 28.9 million people aged 12 or older with a past year alcohol use disorder (Figure 28), most (58.6 percent) had a mild disorder compared with about 1 in 5 (19.4 percent) who had a severe disorder. Among

Figure 33. Severity Level for Substance Use Disorder, Drug Use Disorder, or Alcohol Use Disorder in the Past Year: Among People Aged 12 or Older with a Specific Substance Use Disorder; 2023



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

[1] Includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

people with a past year alcohol use disorder, percentages of those with a severe disorder were similar among young adults aged 18 to 25 (21.6 percent), adults aged 26 or older (19.0 percent), and adolescents aged 12 to 17 (17.7 percent).

Highlights from Figure 34 and Table A.17B for severity levels among people aged 12 or older in 2023 with a past year cocaine use disorder or methamphetamine use disorder include the following:

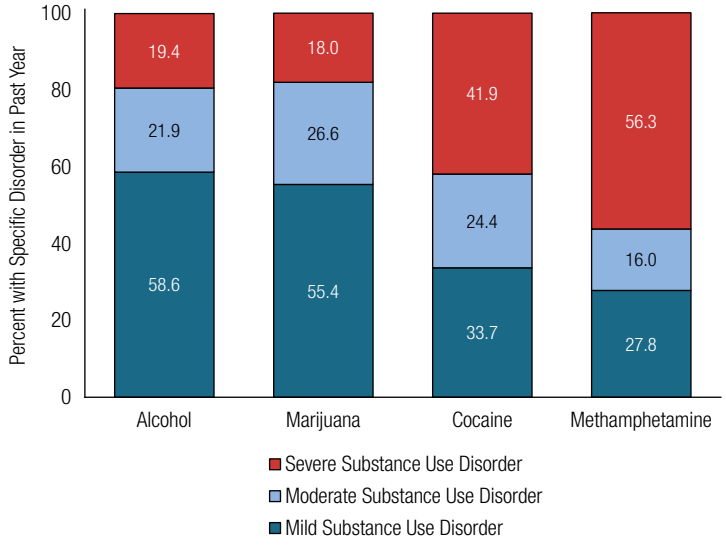
- Among the 1.3 million people with a past year cocaine use disorder (Figure 28), severe disorder (41.9 percent) was more common than moderate disorder (24.4 percent).
- Over half of the 1.8 million people with a past year methamphetamine use disorder (Figure 28) had a severe disorder (56.3 percent).

Table A.17B also presents prescription drug use disorder estimates according to whether people aged 12 or older in 2023 had a disorder due to any use of prescription drugs, use (but not misuse) of prescription drugs, or misuse of prescription drugs in the past year. Most of the estimates for the severity of sedative use disorder could not be calculated with sufficient precision.[15]

Highlights from Figure 35 and Table A.17B for severity levels among people aged 12 or older in 2023 with a prescription pain reliever use disorder include the following:

- Among the 5.3 million people with a prescription pain reliever use disorder in the past year (i.e., based on any past year use of prescription pain relievers) (Figure 28), more than two thirds (70.9 percent) had a mild disorder compared with about one eighth (13.1 percent) who had a severe disorder.
- This pattern was even more pronounced among people who used but did not misuse prescription pain relievers and had a prescription pain reliever use disorder. Specifically, 83.9 percent of people in this group had a mild disorder compared with only 2.3 percent who had a severe disorder.
- Among people aged 12 or older who misused prescription pain relievers and had a prescription pain reliever use disorder, 51.2 percent had a mild disorder and 29.6 percent had a severe disorder.

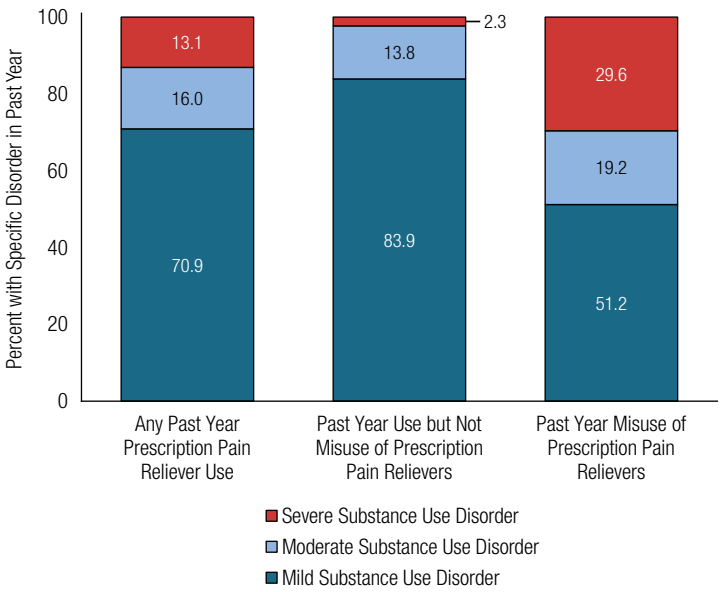
Figure 34. Substance Use Disorder Severity Level for Specific Substances in the Past Year: Among People Aged 12 or Older with a Specific Substance Use Disorder; 2023



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

Note: There are 11 criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, that apply to these substances. People who meet two or three criteria are considered to have a "mild" disorder, those who meet four or five criteria are considered to have a "moderate" disorder, and those who meet six or more criteria are considered to have a "severe" disorder.

Figure 35. Prescription Pain Reliever Use Disorder Severity Level in the Past Year: Among People Aged 12 or Older with a Prescription Pain Reliever Use Disorder; 2023



Note: As shown in Table 1, the number of criteria for prescription pain reliever use disorder differed for people who misused prescription pain relievers in the past year or who used but did not misuse them. Regardless of the total number of criteria used for classifying people as having a prescription pain reliever use disorder, people who meet two or three criteria are considered to have a "mild" disorder, those who meet four or five criteria are considered to have a "moderate" disorder, and those who meet six or more criteria are considered to have a "severe" disorder.

Major Depressive Episode in the Past Year

In the 2023 NSDUH, respondents were classified as having had a major depressive episode (MDE) in the past 12 months if (1) they had at least one period of 2 weeks or longer in the past year when, for most of the day nearly every day, they felt depressed or lost interest or pleasure in daily activities; and (2) they also had problems with sleeping, eating, energy, concentration, self-worth, or having recurrent thoughts of death or recurrent suicidal ideation. The MDE questions are based on diagnostic criteria from DSM-5, which require the presence of five or more symptoms during the same 2-week period.[58] 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 adolescents aged 12 to 17 and adults aged 18 or older are not directly comparable and are presented separately.[17,64,65]

The 2023 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 adolescents aged 12 to 17 and adults aged 18 or older to reflect the different roles associated with the two age groups. Adolescents aged 12 to 17 were classified as having an MDE with severe impairment if their depression caused severe problems with their ability to (1) do chores at home, (2) do well at work or school, (3) get along with their family, or (4) have a social life. Adults aged 18 or older were classified as having an MDE with severe impairment if their depression caused severe problems with their ability to (1) manage tasks at home, (2) manage tasks at work, (3) have relationships with others, or (4) have a social life.

Web-based interviewing affected the number of adult respondents aged 18 or older in 2023 who provided usable information on their substance use[66] but did not complete the mental health or later questions (i.e., "break-offs"). To reduce the potential for bias, missing data for measures of MDE and MDE with severe impairment among adults aged 18 or older were statistically imputed for 2023.[67]

In sections that present estimates for MDE in the past year among adolescents aged 12 to 17, estimates are first presented for all adolescents, followed by estimates among racial or ethnic groups. In sections that present estimates for MDE in the past year among adults aged 18 or older, estimates are first presented for all adults, followed by estimates by age group, then by racial or ethnic groups. Estimates among racial or ethnic groups of adolescents or adults are presented for selected measures.[15]

MDE and MDE with Severe Impairment among Adolescents

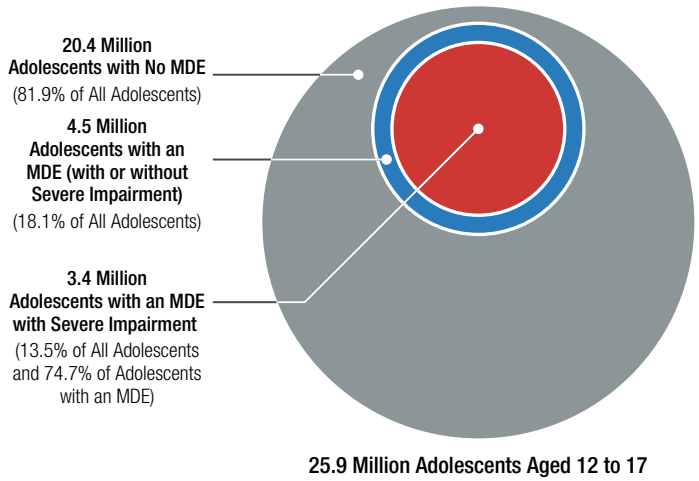
Among adolescents aged 12 to 17 in 2023, 18.1 percent (or 4.5 million people) had a past year MDE (Figure 36 and Table A.19B). An estimated 13.5 percent of adolescents aged 12 to 17 (or 3.4 million people) in 2023 had a past year MDE with severe impairment.

By Race/Ethnicity

Percentages of adolescents aged 12 to 17 in 2023 who had a past year MDE were higher among Multiracial (24.4 percent) or White adolescents (19.6 percent) compared with Asian (13.7 percent) or Black adolescents (13.3 percent) (Figure 37 and Table B.15B). Hispanic adolescents (18.0 percent) were more likely to have had a past year MDE compared with Black adolescents. Estimates for a past year MDE could not be calculated with sufficient precision for American Indian or Alaska Native adolescents or Native Hawaiian or Other Pacific Islander adolescents.[15]

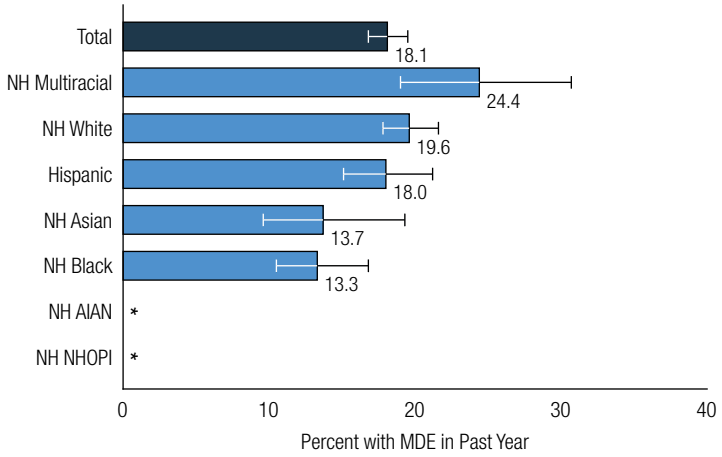
Similarly, estimates for adolescents with a past year MDE with severe impairment were higher among Multiracial (19.6 percent) or White adolescents (14.7 percent) compared with Black (10.0 percent), Asian (9.1 percent), or American Indian or Alaska Native adolescents (8.2 percent) (Table B.15B). The estimate for a past year MDE with severe impairment could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adolescents.[15]

Figure 36. Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year: Among Adolescents Aged 12 to 17; 2023



Note: Adolescent respondents with unknown MDE data were excluded.

Figure 37. Major Depressive Episode (MDE) in the Past Year: Among Adolescents Aged 12 to 17; by Race/Ethnicity, 2023



* Low precision; no estimate reported.

AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.

Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

Note: Adolescent respondents with unknown MDE data were excluded.

MDE and MDE with Severe Impairment among Adults

Among adults aged 18 or older in 2023, 8.5 percent (or 21.9 million people) had a past year MDE (Figure 38 and Table A.20B). The percentage was highest among young adults aged 18 to 25 (17.5 percent or 6.0 million people), followed by adults aged 26 to 49 (10.2 percent or 10.6 million people), then by adults aged 50 or older (4.5 percent or 5.4 million people).

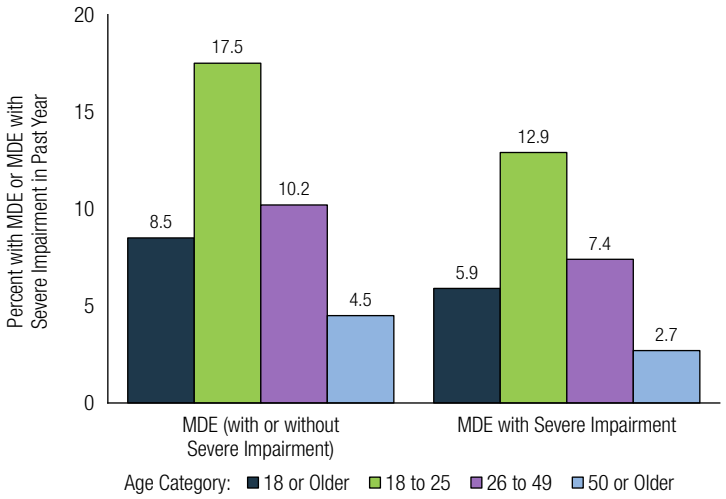
An estimated 5.9 percent of adults aged 18 or older (or 15.3 million people) in 2023 had a past year MDE with severe impairment (Figure 38 and Table A.20B). The percentage was highest among young adults aged 18 to 25 (12.9 percent or 4.4 million people), followed by adults aged 26 to 49 (7.4 percent or 7.6 million people), then by adults aged 50 or older (2.7 percent or 3.3 million people).

By Race/Ethnicity

Among adults aged 18 or older in 2023, Multiracial adults (16.9 percent) were more likely to have had an MDE in the past year compared with White (9.1 percent), Hispanic (8.3 percent), Black (6.5 percent), Asian (4.8 percent), or American Indian or Alaska Native adults (4.2 percent) (Table B.16B). White or Hispanic adults also were more likely to have had a past year MDE compared with Black, Asian, or American Indian or Alaska Native adults. The estimate for a past year MDE could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adults.[15]

Differences among racial or ethnic groups were also observed for a past year MDE with severe impairment among adults. Among adults aged 18 or older in 2023, Multiracial adults (13.9 percent) were more likely to have had a past year MDE with severe impairment compared with White (6.3 percent), Hispanic (5.7 percent), Black (4.4 percent), Asian (3.8 percent), or American Indian or Alaska Native adults (2.5 percent) (Table B.16B). White adults were more likely to have had a past year MDE with severe impairment compared with Black, Asian, or American Indian or Alaska Native adults. Hispanic adults also were more likely to have had a past year MDE with severe impairment compared with American Indian or Alaska Native adults. The estimate for a past year MDE with severe impairment could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adults.[15]

Figure 38. Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year: Among Adults Aged 18 or Older; 2023



Any Mental Illness among Adults in the Past Year

The 2023 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 criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV), excluding developmental disorders and SUDs.[68,69] Adults aged 18 or older who were classified

as having AMI were further 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 aged 18 or older between 2008 and 2012 were used to classify whether respondents in the 2023 adult sample had AMI or SMI in the past year. For 2023, source variables were statistically imputed for the prediction models used to estimate AMI or SMI.[67]

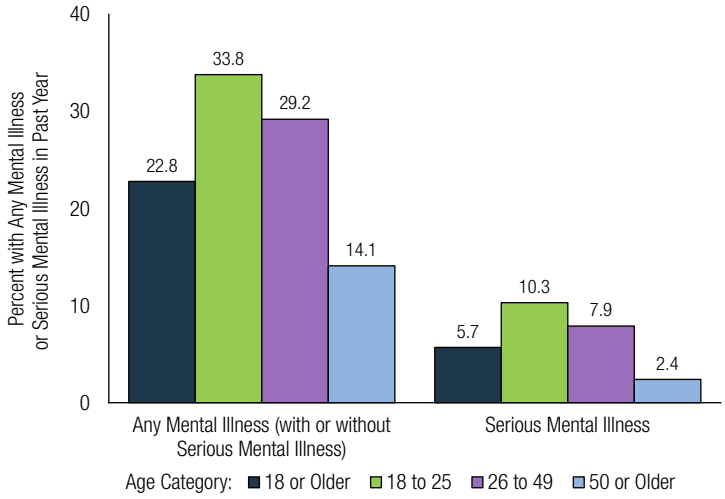
In sections that present estimates for AMI or SMI in the past year among adults aged 18 or older, estimates are first presented for all adults, followed by estimates among age groups, then by racial or ethnic groups. Estimates among racial or ethnic groups are presented for selected measures.[15]

Among adults aged 18 or older in 2023, 22.8 percent (or 58.7 million people) had AMI in the past year (Figure 39 and Table A.21B). The percentage was highest among young adults aged 18 to 25 (33.8 percent or 11.5 million people), followed by adults aged 26 to 49 (29.2 percent or 30.3 million people), then by adults aged 50 or older (14.1 percent or 16.9 million people).

By Race/Ethnicity

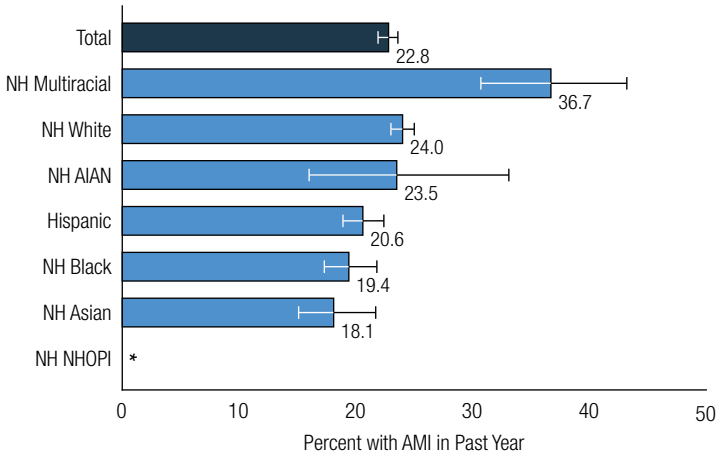
Among adults aged 18 or older in 2023, Multiracial adults (36.7 percent) were more likely to have had AMI in the past year compared with White (24.0 percent), American Indian or Alaska Native (23.5 percent), Hispanic (20.6 percent), Black (19.4 percent), or Asian adults

Figure 39. Any Mental Illness or Serious Mental Illness in the Past Year: Among Adults Aged 18 or Older; 2023



(18.1 percent) (Figure 40 and Table B.17B). The percentage of adults with AMI in the past year was also higher among White adults than among Hispanic, Black, or Asian adults. The estimate of AMI in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adults.[15]

Figure 40. Any Mental Illness (AMI) in the Past Year: Among Adults Aged 18 or Older; by Race/Ethnicity, 2023



* Low precision; no estimate reported.

AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.

Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

Serious Mental Illness among Adults in the Past Year

Among adults aged 18 or older in 2023, 5.7 percent (or 14.6 million people) had SMI in the past year (Figure 39 and Table A.21B). Consistent with the age group pattern for AMI, the percentage of adults aged 18 or older with SMI was highest among young adults aged 18 to 25 (10.3 percent or 3.5 million people), followed by adults aged 26 to 49 (7.9 percent or 8.2 million people), then by adults aged 50 or older (2.4 percent or 2.9 million people).

By Race/Ethnicity

Among adults aged 18 or older in 2023, Multiracial adults (14.0 percent) were more likely to have had SMI in the past year compared with White (6.1 percent), Hispanic (5.5 percent), Black (3.7 percent), American Indian or Alaska Native (3.3 percent), or Asian adults (2.9 percent) (Table B.17B). The percentage of adults with SMI in the past year was also higher among White or Hispanic adults

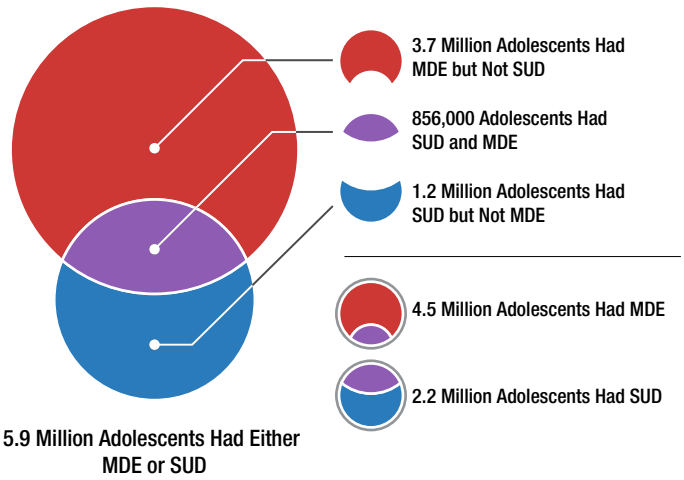
than among Black, American Indian or Alaska Native, or Asian adults. The estimate of SMI in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adults.[15]

Co-Occurring MDE and SUD among Adolescents

The 2023 NSDUH provided information on whether adolescents aged 12 to 17 had both a past year MDE and a past year SUD (i.e., drug use disorder, alcohol use disorder, or both). However, the order of the onset of an SUD relative to the onset of an MDE among adolescents aged 12 to 17 cannot be established based on the NSDUH data (i.e., whether the onset of an SUD preceded the onset of an MDE, or vice versa). NSDUH also did not measure whether criteria for an MDE and an SUD were met at the same point in time during the past 12 months.

Among adolescents aged 12 to 17 in 2023, 23.4 percent (or 5.9 million people) had either an MDE or an SUD in the past year (Figure 41 and Table A.22AB). Among the 4.5 million adolescents who had a past year MDE, most (3.7 million people) did not have an SUD.[24] Of adolescents who had an SUD in the past year (2.2 million people), however, slightly less than half (856,000 people) also had a past year MDE.[24]

Figure 41. Past Year Major Depressive Episode (MDE) or Substance Use Disorder (SUD): Among Adolescents Aged 12 to 17; 2023



Note: Adolescent respondents with unknown MDE data were excluded.

Note: The numbers for the interior pieces may not add to the number for the whole circle due to rounding.

Among adolescents aged 12 to 17 in 2023, 2.9 percent (or 717,000 people) had both an MDE with severe impairment and an SUD in the past year (Table A.22AB).

By Race/Ethnicity

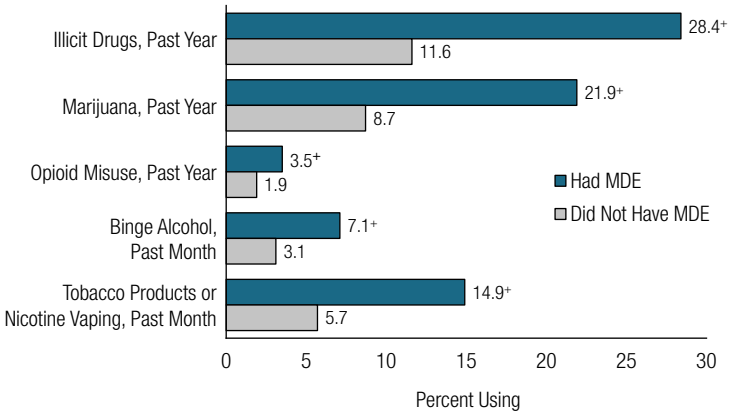
The percentage of adolescents aged 12 to 17 in 2023 with either an MDE or an SUD in the past year was higher among Multiracial (30.4 percent), Hispanic (24.8 percent), or White adolescents (24.2 percent) than among Black (18.8 percent) or Asian adolescents (16.9 percent) (Table B.18B). The estimate for the presence of either an MDE or an SUD in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adolescents.[15]

In 2023, less than 6 percent of adolescents aged 12 to 17 in racial or ethnic groups had both an MDE and an SUD in the past year (Table B.18B). Nevertheless, Asian adolescents (1.0 percent) were less likely to have had both an MDE and an SUD in the past year compared with Multiracial (5.1 percent), White (4.0 percent), or Hispanic adolescents (3.4 percent). The estimate for the presence of both an MDE and an SUD in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adolescents.[15]

Substance Use among Adolescents with MDE

In 2023, adolescents aged 12 to 17 who had a past year MDE were more likely to have used some substances in the past year or past month compared with their counterparts who did not have an MDE in the past year. Adolescents aged 12 to 17 with a past year MDE were more likely than adolescents aged 12 to 17 without a past year MDE to have been past year illicit drug users (28.4 vs. 11.6 percent), past year marijuana users (21.9 vs. 8.7 percent), or past year misusers of opioids (i.e., heroin users or misusers of prescription pain relievers) (3.5 vs. 1.9 percent) (Figure 42 and Table A.23B). Adolescents aged 12 to 17 with a past year MDE also were more likely than those without a past year MDE to have been past month binge alcohol users (7.1 vs. 3.1 percent). In addition, adolescents aged 12 to 17 with a past year MDE were more likely than those without a past year MDE to have used tobacco products or to have vaped nicotine in the past month (14.9 vs. 5.7 percent). Adolescents aged 12 to 17 with a past year MDE also were more likely than those without a past year MDE to have been past year or past month users of most of the other substances shown in Table A.23B.

Figure 42. Past Year or Past Month Substance Use: Among Adolescents Aged 12 to 17; by Past Year Major Depressive Episode (MDE) Status, 2023



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

Note: Adolescent respondents with unknown MDE data were excluded.

Co-Occurring Mental Illness and SUD among Adults

The 2023 NSDUH provided information on whether adults aged 18 or older who had an SUD in the past year could also be classified as having AMI or SMI in the past year. However, the order of the onset of SUDs relative to the onset of mental disorders cannot be established based on the NSDUH data (i.e., whether the onset of SUDs preceded the onset of mental disorders, or vice versa). Statistical prediction models for classifying whether respondents in the 2023 adult sample had AMI or SMI in the past year also cannot establish whether adults met criteria for AMI or SMI and an SUD at the same point in time during the past 12 months.

The following sections for adults aged 18 or older present the overall estimates first, then by age group. Estimates among racial or ethnic groups are presented for selected measures.[15]

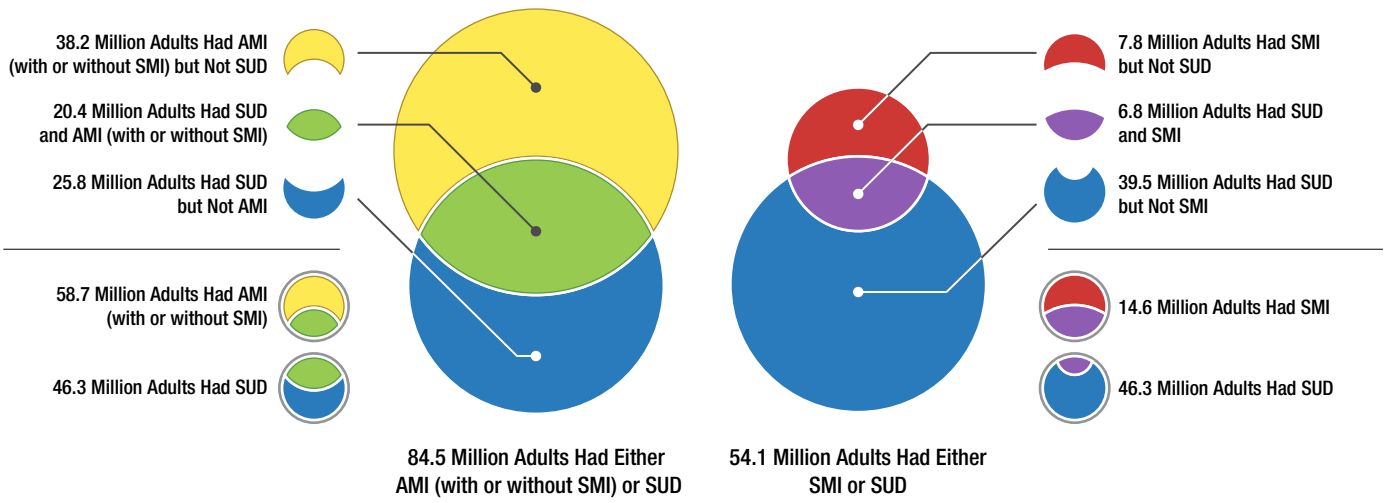
Co-Occurring AMI and SUD

Among adults aged 18 or older in 2023, 32.8 percent (or 84.5 million people) had either AMI or an SUD in the past year (Figure 43 and Tables A.24A and A.24B). Among the 58.7 million adults with AMI, about one third (20.4 million people) had an SUD.[24] However, the 20.4 million adults who had both AMI and an SUD represents slightly less than half of the 46.3 million adults who had an SUD in the past year.[24]

Nearly half of young adults aged 18 to 25 in 2023 had either AMI or an SUD in the past year (46.9 percent or 16.0 million people) (Tables A.24A and A.24B). This percentage was higher than the percentages for AMI or an SUD in the past year among adults aged 26 to 49 (40.8 percent or 42.2 million people) or adults aged 50 or older (21.9 percent or 26.3 million people). Adults aged 26 to 49 also were more likely than adults aged 50 or older to have had AMI or an SUD in the past year.

The percentage of adults aged 18 or older in 2023 who had both AMI and an SUD in the past year was highest among young adults aged 18 to 25 (14.1 percent or 4.8 million people) (Tables A.24A and A.24B). The percentage of adults

Figure 43. Any Mental Illness (AMI), Serious Mental Illness (SMI), or Substance Use Disorder (SUD) in the Past Year: Among Adults Aged 18 or Older; 2023



Note: The numbers for the interior pieces may not add to the number for the whole circle due to rounding.

aged 26 to 49 with both AMI and an SUD (10.9 percent or 11.3 million people) also was higher than the percentage among adults aged 50 or older (3.6 percent or 4.3 million people).

By Race/Ethnicity

The percentage of adults aged 18 or older in 2023 who had either AMI or an SUD in the past year was higher among Multiracial adults (50.0 percent) than among White (34.2 percent), Black (30.5 percent), Hispanic (30.0 percent), or Asian adults (24.3 percent) (Table B.19B). Asian adults were less likely to have had either AMI or an SUD in the past year compared with adults in other racial or ethnic groups. The estimate of either AMI or an SUD in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adults.[15]

Similar patterns among racial or ethnic groups were observed for the percentages of adults aged 18 or older who had both AMI and an SUD in the past year. The percentage of adults aged 18 or older in 2023 who had both AMI and an SUD in the past year was higher among Multiracial adults (13.3 percent) than among White (8.4 percent), Black (7.8 percent), Hispanic (7.1 percent), or Asian adults (3.5 percent) (Table B.19B). Asian adults were less likely to have had both AMI and an SUD in the past year compared with adults in other racial or ethnic groups. The estimate of both AMI and an SUD in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adults.[15]

Co-Occurring SMI and SUD

Among adults aged 18 or older in 2023, 21.0 percent (or 54.1 million people) had either SMI or an SUD in the past year (Figure 43 and Tables A.24A and A.24B). Among the 46.3 million adults who had an SUD in the past year, most (39.5 million people) did not have SMI.[24] Among the 14.6 million adults who had SMI, however, nearly half (6.8 million people) also had an SUD.[24]

Nearly one third of young adults aged 18 to 25 in 2023 had either SMI or an SUD in the past year (32.1 percent or 10.9 million people) (Tables A.24A and A.24B). This percentage was higher than the percentages for SMI or an SUD in the past year among adults aged 26 to 49 (26.5 percent or 27.4 million people) or adults aged 50 or older (13.1 percent or 15.7 million people). Adults aged 26 to 49 also were more likely than adults aged 50 or older to have had SMI or an SUD in the past year.

The percentage of adults aged 18 or older in 2023 who had both SMI and an SUD in the past year was highest among young adults aged 18 to 25 (5.4 percent or 1.8 million people) (Tables A.24A and A.24B). The percentage of adults aged 26 to 49 with both SMI and an SUD (3.9 percent or 4.1 million people) also was higher than the percentage among adults aged 50 or older (0.8 percent or 919,000 people).

By Race/Ethnicity

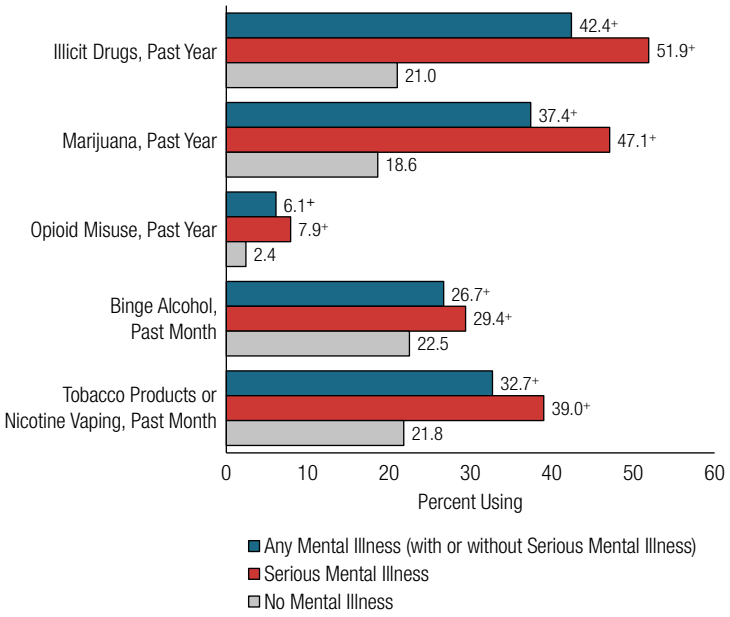
The percentage of adults aged 18 or older in 2023 who had either SMI or an SUD in the past year was higher among Multiracial adults (34.1 percent) than among White (21.9 percent), Black (20.5 percent), Hispanic (19.5 percent), or Asian adults (11.8 percent) (Table B.20B). Asian adults were less likely to have had either SMI or an SUD in the past year compared with adults in other racial or ethnic groups. The estimate of either SMI or an SUD in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adults.[15]

Multiracial adults (6.5 percent) aged 18 or older in 2023 were more likely to have had both SMI and an SUD in the past year compared with White (2.9 percent), Hispanic (2.5 percent), Black (2.0 percent), American Indian or Alaska Native (1.3 percent), or Asian adults (0.8 percent) (Table B.20B). Asian adults were less likely to have had both SMI and an SUD in the past year compared with adults in most other racial or ethnic groups. The estimate of having both SMI and an SUD in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adults.[15]

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 2023, those with SMI or AMI in the past year were more likely than those without mental illness in the past year to have been past year users of illicit drugs (51.9 percent for SMI and 42.4 percent for AMI vs. 21.0 percent for adults with no mental illness), past year users of marijuana (47.1 and 37.4 percent vs. 18.6 percent), or past year misusers of opioids (i.e., heroin users or misusers of prescription pain relievers) (7.9 and 6.1 percent vs. 2.4 percent) (Figure 44 and Table A.25B).

Figure 44. Past Year or Past Month Substance Use: Among Adults Aged 18 or Older; by Level of Mental Illness, 2023



+ Difference between this estimate and the estimate for adults aged 18 or older without mental illness is statistically significant at the .05 level.

In addition, adults aged 18 or older in 2023 with SMI or AMI were more likely than adults aged 18 or older with no mental illness in the past year to have been past month binge alcohol users (29.4 and 26.7 percent vs. 22.5 percent). Adults aged 18 or older with SMI or AMI were more likely to have used tobacco products or to have vaped nicotine in the past month than adults aged 18 or older with no mental illness in the past year (39.0 and 32.7 percent vs. 21.8 percent). Adults aged 18 or older with SMI or AMI in the past year also were more likely than those without mental illness to have been past year or past month users of the other substances shown in Table A.25B.

Suicidal Thoughts and Behaviors among Adults

Suicide is a leading cause of death and an important public health problem in the United States.[70,71] It is a tragedy for all involved—those who die by suicide and their families, friends, neighbors, colleagues, and communities. Provisional data from the National Vital Statistics System (NVSS) indicated that in 2022, 49,449 people in the United States died by suicide; this number was 3 percent higher than the 48,183 deaths by suicide in 2021 and the highest number ever recorded in the United States.[71]

In the United States, one person dies by suicide every 11 minutes.[72] In 2021, suicide was the 11th leading cause of death among people of all ages in the United States, the second leading cause of death among people aged 10 to 34, and the fifth leading cause among people aged 35 to 54.[70] However, people who die by suicide represent a fraction of those who consider or attempt suicide.[73] Out of every 31 adults aged 18 or older in 2008 to 2011 in the United States who attempted suicide in the past 12 months, there was 1 death by suicide.[74] Moreover, 1 in 5 people who make a nonfatal suicide attempt will make a future attempt.[75]

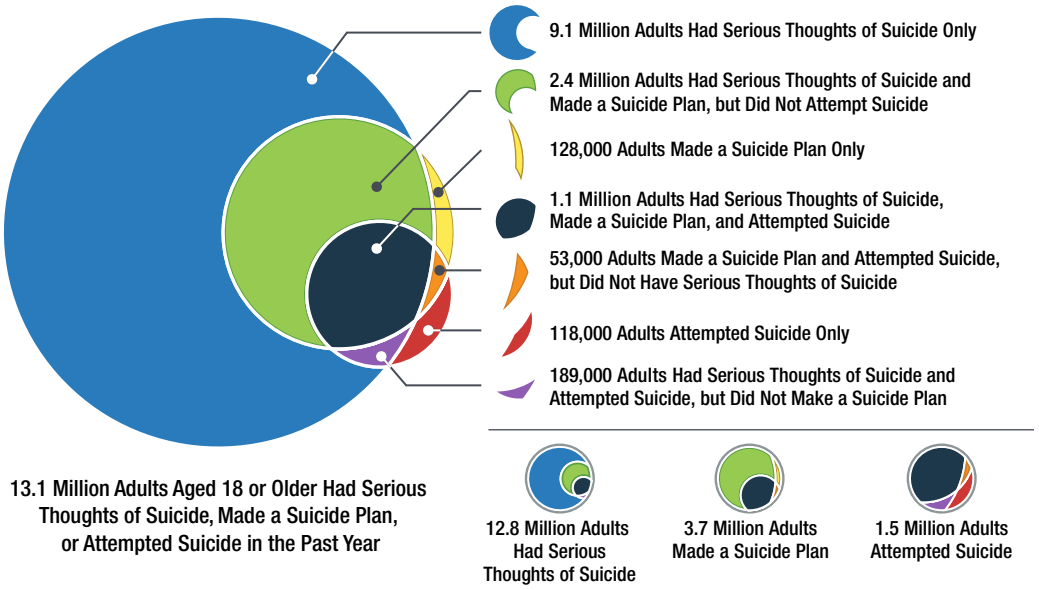
In 2023, NSDUH respondents aged 18 or older were asked if at any time during the past 12 months they had thought seriously about trying to kill themselves (serious thoughts of suicide). Adults aged 18 or older also were asked whether they made a plan to kill themselves (suicide plan) or tried to kill themselves (suicide attempt) in the past 12 months, regardless of whether they had serious thoughts of suicide in that period. This information helps guide suicide prevention programs and clinical intervention efforts.

The following sections for adults aged 18 or older present the overall estimates first, then by age group. Estimates among racial or ethnic groups are presented for selected measures.[15]

In 2023, 12.8 million adults aged 18 or older (5.0 percent) had serious thoughts of suicide in the past year, 3.7 million (1.4 percent) made suicide plans, and 1.5 million (0.6 percent) attempted suicide (Figure 45 and Tables A.26B and A.27AB). An estimated 1.1 million adults aged 18 or older (0.4 percent) had serious thoughts of suicide, made suicide plans, and attempted suicide in the past year. Additional highlights from Figure 45 include the following:

- Among the 12.8 million adults aged 18 or older who had serious thoughts of suicide in the past year, most (9.1 million adults) had serious thoughts of suicide only.
- Among the 3.7 million adults aged 18 or older who made suicide plans in the past year, about one third attempted suicide (i.e., 1.1 million adults had serious thoughts of suicide, made suicide plans, and attempted suicide, in addition to 53,000 adults who made suicide plans and attempted suicide but did not have serious thoughts of suicide).
- Attempting suicide without first having serious thoughts of suicide or making a suicide plan was relatively uncommon but did occur (i.e., 118,000 adults).

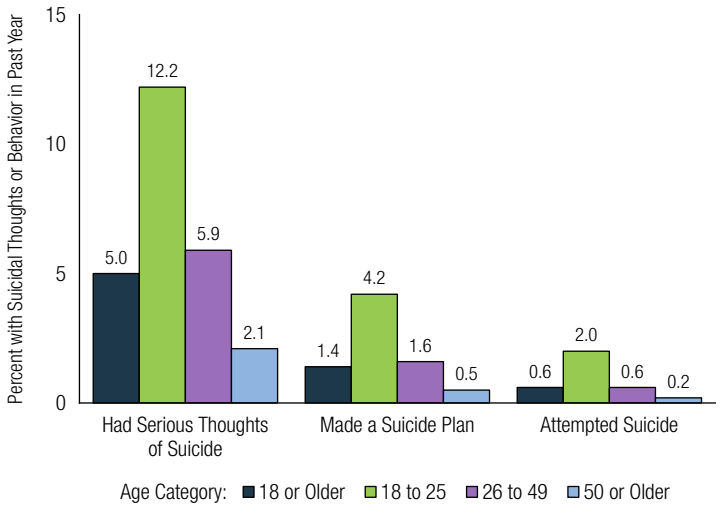
Figure 45. Adults Aged 18 or Older Who Had Serious Thoughts of Suicide, Made a Suicide Plan, or Attempted Suicide in the Past Year; 2023



Serious Thoughts of Suicide among Adults

Among adults aged 18 or older in 2023, 5.0 percent (or 12.8 million people) had serious thoughts of suicide in the past year (Figures 45 and 46 and Tables A.26B and A.27AB). The percentage was highest among young adults aged 18 to 25 (12.2 percent or 4.2 million people), followed by adults aged 26 to 49 (5.9 percent or 6.1 million people), then by adults aged 50 or older (2.1 percent or 2.6 million people).

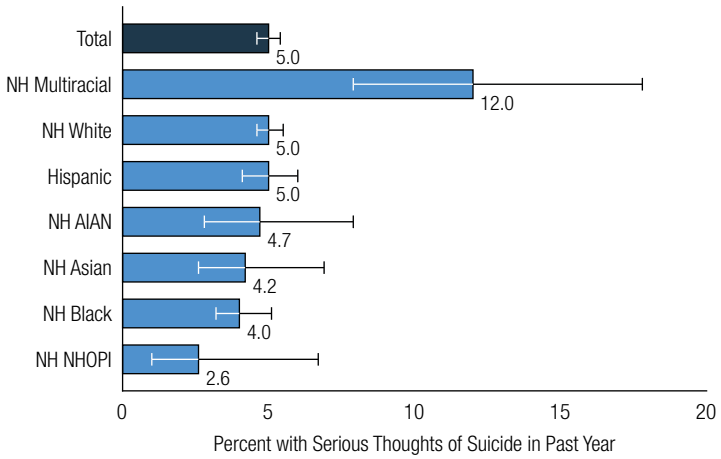
Figure 46. Had Serious Thoughts of Suicide, Made a Suicide Plan, or Attempted Suicide in the Past Year: Among Adults Aged 18 or Older; 2023



By Race/Ethnicity

The percentage of adults aged 18 or older in 2023 who had serious thoughts of suicide in the past year was higher among Multiracial adults (12.0 percent) than among adults in all other racial or ethnic groups (Figure 47 and Table B.21B). Remaining estimates did not differ significantly among racial or ethnic groups and ranged from 2.6 percent of Native Hawaiian or Other Pacific Islander adults to 5.0 percent among either White or Hispanic adults.

Figure 47. Had Serious Thoughts of Suicide in the Past Year: Among Adults Aged 18 or Older; by Race/Ethnicity, 2023



AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.

Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

Suicide Plans among Adults

Among adults aged 18 or older in 2023, 1.4 percent (or 3.7 million people) made a suicide plan in the past year (Figures 45 and 46 and Tables A.26B and A.27AB). The percentage was highest among young adults aged 18 to 25 (4.2 percent or 1.4 million people), followed by adults aged 26 to 49 (1.6 percent or 1.7 million people), then by adults aged 50 or older (0.5 percent or 611,000 people).

By Race/Ethnicity

Percentages of adults aged 18 or older in 2023 who made a suicide plan in the past year ranged from 1.0 percent of Asian adults to 2.7 percent of Multiracial adults (Table B.21B). The percentage of adults who made a suicide plan in the past year did not differ significantly among racial or ethnic groups.

Suicide Attempts among Adults

Among adults aged 18 or older in 2023, 0.6 percent (or 1.5 million people) attempted suicide in the past year (Figures 45 and 46 and Tables A.26B and A.27AB). The percentage was highest among young adults aged 18 to 25 (2.0 percent or 675,000 people), followed by adults aged 26 to 49 (0.6 percent or 584,000 people), then by adults aged 50 or older (0.2 percent or 199,000 people).

By Race/Ethnicity

Percentages of adults aged 18 or older in 2023 who attempted suicide in the past year ranged from 0.5 percent among either Asian or White adults to 1.3 percent among either American Indian or Alaska Native or Multiracial adults (Table B.21B). The percentage of adults who attempted suicide in the past year did not differ significantly among racial or ethnic groups.

Suicidal Thoughts and Behaviors among Adolescents

Trends in suicide attempts and deaths by suicide have been increasing among adolescents[76,77,78] and remain a major public health concern in the United States.[79,80] In 2021, suicide was the second leading cause of death among adolescents aged 10 to 14.[81] In addition, 22 percent of high school students in 2021 seriously considered attempting suicide.[80] Generally speaking, vulnerable adolescent populations exposed to adverse childhood experiences (ACEs) are at particular risk of suicide and related behaviors.[82,83,84]

Questions were included in the 2023 NSDUH to better understand suicidal thoughts and behaviors among adolescents aged 12 to 17. Adolescent respondents aged 12 to 17 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 aged 12 to 17 included the response options "I'm not sure" and "I don't want to answer."

The following sections present the overall estimates for adolescents aged 12 to 17. Estimates among racial or ethnic groups are presented for selected measures.[15]

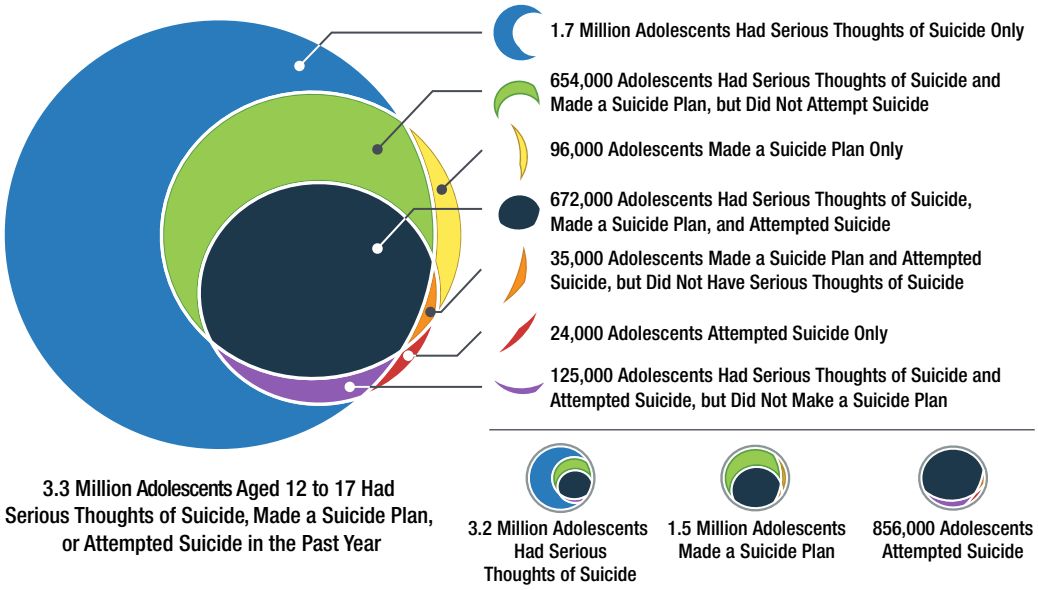
In 2023, 3.2 million adolescents aged 12 to 17 (12.3 percent) had serious thoughts of suicide in the past year, 1.5 million (5.6 percent) made suicide plans, and 856,000 (3.3 percent) attempted suicide (Figure 48 and Tables A.28B and A.29AB). An estimated 672,000 adolescents aged 12 to 17 (2.6 percent) had serious thoughts of suicide, made suicide plans, and attempted suicide in the past year. Additional highlights from Figure 48 include the following:

- Nearly half of the 3.2 million adolescents aged 12 to 17 who had serious thoughts of suicide in the past year also made suicide plans or attempted suicide, or both.[24]
- Among the 1.5 million adolescents aged 12 to 17 who made suicide plans, 750,000 adolescents did not attempt suicide (654,000 who made a suicide plan and had serious thoughts of suicide but did not attempt suicide and 96,000 who made a suicide plan only), while 707,000 adolescents did attempt suicide (672,000 who made a suicide plan, had serious thoughts of suicide, and attempted suicide and 35,000 who made a suicide plan and attempted suicide but did not have serious thoughts of suicide).
- Attempting suicide without first having serious thoughts of suicide or making a suicide plan was relatively uncommon among adolescents aged 12 to 17 but did occur (i.e., 24,000 adolescents).

Serious Thoughts of Suicide among Adolescents

Among adolescents aged 12 to 17 in 2023, 12.3 percent (or 3.2 million people) had serious thoughts of suicide in the past year (Figures 48 and 49 and Tables A.28B and A.29AB). In addition, there were adolescents aged 12 to 17 who (a) were unsure or did not know about whether they had serious thoughts of suicide (8.0 percent or 2.1 million people), or (b) did not want to report whether they had

Figure 48. Adolescents Aged 12 to 17 Who Had Serious Thoughts of Suicide, Made a Suicide Plan, or Attempted Suicide in the Past Year; 2023



these thoughts (6.6 percent or 1.7 million people). These response options correspond to approximately 14.6 percent of adolescents overall (or 3.8 million people). Therefore, the estimate of 12.3 percent of adolescents aged 12 to 17 who had serious thoughts of suicide in the past year is likely to be conservative. This information suggests that some adolescents aged 12 to 17 could have had these thoughts but did not feel comfortable disclosing that information.

By Race/Ethnicity

In 2023, Multiracial adolescents (17.5 percent) aged 12 to 17 were more likely than Hispanic (12.0 percent), Asian (10.5 percent), or Black adolescents (9.9 percent) to have had serious thoughts of suicide in the past year (Table B.22B). White adolescents (13.1 percent) were also more likely than Black adolescents to have had serious thoughts of suicide in the past year. Estimates of serious thoughts of suicide in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adolescents.[15]

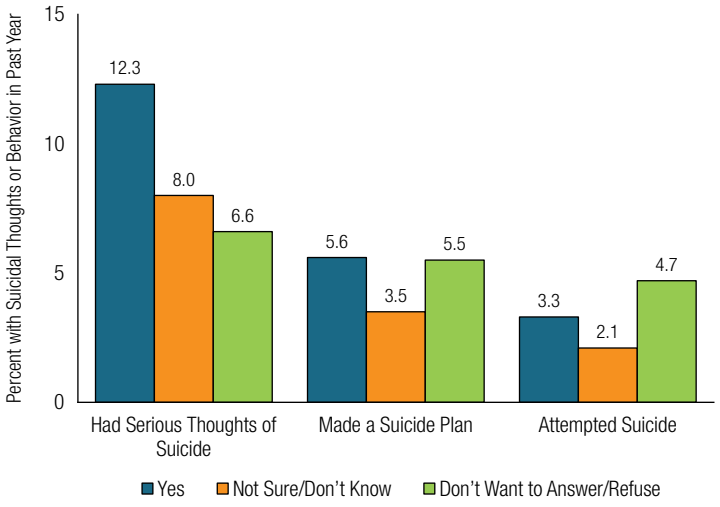
Suicide Plans among Adolescents

An estimated 5.6 percent of adolescents aged 12 to 17 in 2023 (or 1.5 million people) made a suicide plan in the past year (Figures 48 and 49 and Tables A.28B and A.29AB). Adolescent respondents aged 12 to 17 who reported that they were not sure or did not know whether they made a suicide plan correspond to a population estimate of 3.5 percent (or 908,000 people). Adolescent respondents aged 12 to 17 who did not want to report whether they made a suicide plan correspond to a population estimate of 5.5 percent (or 1.4 million people). Therefore, the estimate of 5.6 percent of adolescents aged 12 to 17 who made a suicide plan in the past year is likely to be conservative.

By Race/Ethnicity

Percentages of adolescents aged 12 to 17 in 2023 who made suicide plans in the past year did not differ significantly among racial or ethnic groups. Percentages of adolescents

Figure 49. Had Serious Thoughts of Suicide, Made a Suicide Plan, or Attempted Suicide in the Past Year: Among Adolescents Aged 12 to 17; 2023



who made a suicide plan in the past year ranged from 4.2 percent of American Indian or Alaska Native adolescents to 8.3 percent of Multiracial adolescents (Table B.22B). Estimates of suicide plans in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adolescents.[15]

Suicide Attempts among Adolescents

An estimated 3.3 percent of adolescents aged 12 to 17 in 2023 (or 856,000 people) attempted suicide in the past year (Figures 48 and 49 and Tables A.28B and A.29AB). Adolescent respondents aged 12 to 17 who reported that they were not sure or did not know whether they attempted suicide correspond to a population estimate of 2.1 percent (or 533,000 people). Adolescent respondents aged 12 to 17 who did not want to report whether they attempted suicide correspond to a population estimate of 4.7 percent (or 1.2 million people). Therefore, the estimate of 3.3 percent of adolescents aged 12 to 17 who attempted suicide in the past year is likely to be conservative.

By Race/Ethnicity

Percentages of adolescents aged 12 to 17 in 2023 who attempted suicide in the past year did not differ significantly among racial or ethnic groups. Percentages of adolescents who attempted suicide in the past year ranged from 3.0 percent of Asian adolescents to 4.3 percent of Multiracial adolescents (Table B.22B). Estimates of suicide attempts in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adolescents.[15]

Substance Use Treatment in the Past Year

Substance use treatment is intended to help people address problems associated with their use of alcohol or drugs not counting tobacco or nicotine use, including medical problems associated with the use of alcohol or drugs.[85] The 2023 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 barriers associated with people needing substance use treatment but not receiving it.[17]

The 2023 estimates for the receipt of substance use treatment should not be compared with estimates prior to the 2022 NSDUH because the substance use treatment questions underwent considerable revision for the 2022 NSDUH. These revisions were intended to better reflect contemporary changes in the delivery of treatment services.

The report titled *Key Substance Use and Mental Health Indicators in the United States: Results from the 2022 National Survey on Drug Use and Health*[86] summarizes key changes that were made to the substance use treatment questions in 2022. These revised substance use treatment questions continued to be asked in the 2023 NSDUH.

People were classified as having received substance use treatment if they received treatment in the past year for the use of alcohol or drugs in an inpatient location;[87] in an outpatient location;[88] via telehealth; or in a prison, jail, or juvenile detention center. People also were classified as having received substance use treatment if they received medication-assisted treatment (MAT) for their use of alcohol or opioids.

The 2023 NSDUH also collected information on the receipt of other services, such as support services from a support group or from a peer support specialist or recovery coach, services in an emergency room or department, or detoxification or withdrawal support services. These other services were not classified as "substance use treatment." However, they were included in a separate aggregate measure created to cover the receipt of substance use treatment or other services.

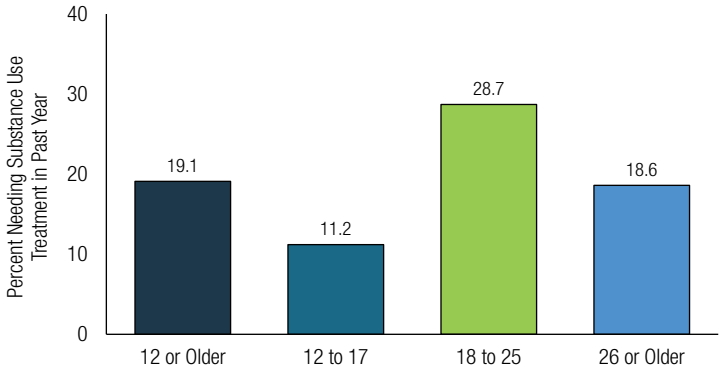
The following sections present the overall estimates first, then by age group. Estimates among racial or ethnic groups are presented for selected measures.[15]

Need for Substance Use Treatment

As defined previously, people in 2023 were classified as needing substance use treatment in the past year if they had an SUD or if they received substance use treatment in the past year. The definition of the need for substance use treatment took into account that people may not have had an SUD in the past year because they were receiving treatment.

Based on this definition, 19.1 percent of people aged 12 or older in 2023 (or 54.2 million people) needed substance use treatment in the past year (Figure 50 and Table A.30AB). Consistent with data on the presence of an SUD in the past year (Figure 30 and Table A.15B), the percentage of people needing substance use treatment was highest among young adults aged 18 to 25 (28.7 percent or 9.8 million people), followed by adults aged 26 or older (18.6 percent or 41.5 million people), then by adolescents aged 12 to 17 (11.2 percent or 2.9 million people).

Figure 50. Need for Substance Use Treatment in the Past Year: Among People Aged 12 or Older; 2023

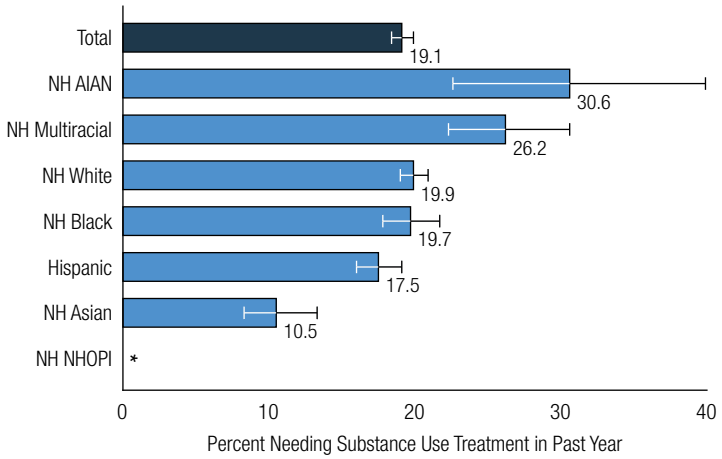


Note: Need for Substance Use Treatment is defined as having a substance use disorder in the past year or receiving substance use treatment in the past year.

By Race/Ethnicity

The percentage of people aged 12 or older in 2023 who needed substance use treatment in the past year was higher among American Indian or Alaska Native (30.6 percent) or Multiracial people (26.2 percent) compared with White (19.9 percent), Black (19.7 percent), Hispanic (17.5 percent), or Asian people (10.5 percent) (Figure 51 and Table B.23B). This percentage was lower among Asian people than among people in other racial or ethnic groups. The estimate for the need for substance use treatment in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

Figure 51. Need for Substance Use Treatment in the Past Year: Among People Aged 12 or Older; by Race/Ethnicity, 2023



* Low precision; no estimate reported.

AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.

Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

Note: Need for Substance Use Treatment is defined as having a substance use disorder in the past year or receiving substance use treatment in the past year.

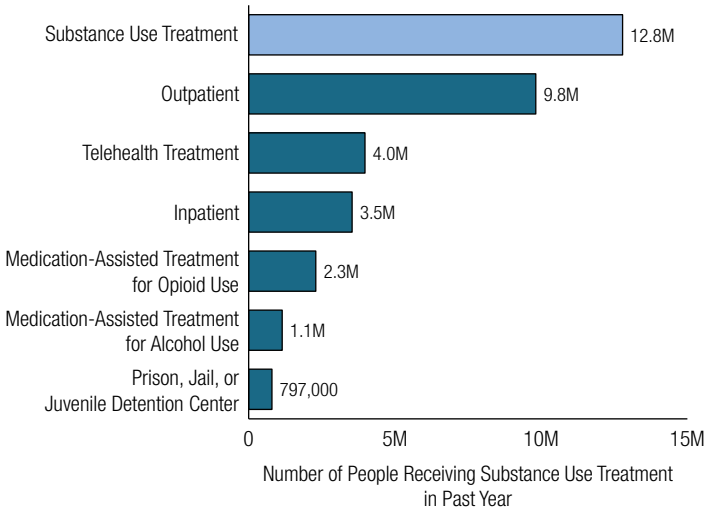
Receipt of Substance Use Treatment

NSDUH respondents in 2023 who used alcohol or drugs in their lifetime were asked substance use treatment questions. Most questions asked whether respondents received professional counseling, medication, or other treatment for their alcohol or drug use in specific locations in the 12 months prior to the survey interview (i.e., in the past year). Respondents also were asked if they received treatment in the past 12 months via telehealth or if they received MAT. Receipt of substance use treatment includes the receipt of treatment in the past year for the use of alcohol or drugs in an inpatient location;[87] in an outpatient location;[88] via telehealth; or in a prison, jail, or juvenile detention center, or the receipt of MAT for alcohol use or opioid use. Locations or types of substance use treatment are not mutually exclusive. For example, people could have received substance use treatment in an outpatient setting and in an inpatient setting. In this section, the focus of comparisons by age group or by racial or ethnic group is on the groups that were less likely to have received substance use treatment in the past year.

As noted previously, the following other services were not classified as "substance use treatment": support services from a support group or from a peer support specialist or recovery coach, services in an emergency room, or detoxification or withdrawal support services.

Among people aged 12 or older in 2023, 4.5 percent (or 12.8 million people) received substance use treatment in the past year (Figure 52 and Tables A.30AB and A.31AB). An estimated 9.8 million people aged 12 or older (or 3.5 percent) received outpatient substance use treatment. Of the 9.8 million people who received outpatient substance use treatment, most (8.1 million people or 82.6 percent)[24] received treatment in an outpatient setting other than a general medical clinic or doctor's office. Additionally, 1.4 percent (or 4.0 million people) received treatment via telehealth; 1.2 percent (or 3.5 million people) received inpatient treatment; 0.8 percent (or 2.3 million people) received MAT for opioid use; 0.4 percent (or 1.1 million people) received MAT for alcohol use; and 0.3 percent (or 797,000 people) received treatment in a prison, jail, or juvenile detention center.

Figure 52. Types and Locations of Substance Use Treatment Received in the Past Year: Among People Aged 12 or Older; 2023



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

Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

In 2023, the percentages of people aged 12 or older who received substance use treatment in the past year did not vary by age group. An estimated 4.4 percent of adolescents aged 12 to 17 (or 1.1 million people), 4.5 percent of adults aged 26 or older (or 10.0 million people), and 4.7 percent of young adults aged 18 to 25 (or 1.6 million people) received substance use treatment in the past year (Table A.30AB).

By Race/Ethnicity

As for the need for substance use treatment, the percentage of people aged 12 or older in 2023 who received substance use treatment in the past year was lower among Asian people (2.2 percent) than among people in other racial or ethnic groups (Table B.23B). Percentages among people in racial or ethnic groups other than Asian people ranged from 3.7 percent among Black people to 9.5 percent among American Indian or Alaska Native people. The estimate for the receipt of substance use treatment in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

Receipt of Substance Use Treatment among People Who Were Classified as Needing Substance Use Treatment in the Past Year

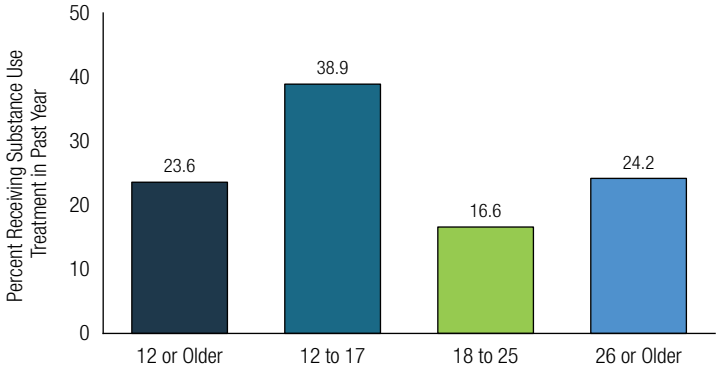
Among people aged 12 or older in 2023 who were classified as needing substance use treatment in the past year, about 1 in 4 (23.6 percent or 12.8 million people) received substance use treatment in the past year (Figure 53 and Table A.30AB). Among people who needed substance use treatment in the past year, young adults aged 18 to 25 were less likely to have received treatment (16.6 percent or 1.6 million people) than people in other age groups. Adults aged 26 or older who needed substance use treatment also were less likely to have received treatment (24.2 percent or 10.0 million people) compared with adolescents aged 12 to 17 who needed treatment (38.9 percent or 1.1 million people).

Among the 48.5 million people aged 12 or older in 2023 who had an SUD in the past year and were therefore classified as needing substance use treatment (Figure 28), 14.6 percent (or 7.1 million people) (Table A.30AB) received substance use treatment in the past year, and 85.4 percent (or 41.4 million people) did *not* receive substance use treatment in the past year.[24]

Among people aged 12 or older in 2023 who needed substance use treatment because they had an SUD in the past year, percentages of people who received substance use treatment in the past year increased as the level of SUD severity increased. Specifically, people with a mild SUD in the past year were least likely to have received substance use treatment in the past year (7.8 percent or 2.1 million people) (Table A.30AB). People with a moderate SUD (13.6 percent or 1.5 million people) also were less likely than people with a severe SUD (33.2 percent or 3.5 million people) to have received substance use treatment in the past year.

In addition, 2.4 percent of people aged 12 or older who did not have an SUD in the past year (or 5.7 million people) received substance use treatment in the past year (Table A.30AB).

Figure 53. Received Substance Use Treatment in the Past Year: Among People Aged 12 or Older Who Needed Substance Use Treatment in the Past Year; 2023



Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Note: Need for Substance Use Treatment is defined as having a substance use disorder in the past year or receiving substance use treatment in the past year.

These people also were classified as needing substance use treatment and included people who may have had an SUD in the past year had they not been receiving treatment.

By Race/Ethnicity

In 2023, there were no significant differences by racial or ethnic group in the percentages of people aged 12 or older who received substance use treatment in the past year among people who needed substance use treatment in that period. Percentages ranged from 18.9 percent of Black people to 25.3 percent of Hispanic people who needed substance use treatment (Table B.23B). Estimates for the receipt of substance use treatment in the past year among people who were classified as needing treatment could not be calculated with sufficient precision for American Indian or Alaska Native people or Native Hawaiian or Other Pacific Islander people.[15]

Medication-Assisted Treatment for Alcohol Use or Opioid Use

The use of medications prescribed by a doctor to help people reduce or stop their use of alcohol or opioids is known as medication-assisted treatment (MAT). Specific drugs are approved for use as a part of MAT. MAT does *not* include the use of medications that are prescribed to manage withdrawal symptoms or administered to stop a drug overdose.

In 2023, NSDUH respondents aged 12 or older who reported lifetime alcohol use were asked to report whether they used medication in the past year that was prescribed to them to help reduce or stop their use of alcohol. Respondents also were informed that MAT for alcohol use was different from medications given to stop an overdose. Examples of medications shown to respondents that are prescribed as a part of MAT for alcohol use included acamprosate (also known as Campral®), disulfiram (also known as Antabuse®), naltrexone pills (also known as ReVia® or Trexan®), and injectable naltrexone (also known as Vivitrol®).

Questions on MAT for opioid use were asked of respondents aged 12 or older who reported ever using heroin or prescription pain relievers. These respondents were asked whether they used medication in the past year that was prescribed to them to help reduce or stop their drug use. Respondents also were informed that MAT for drug use was different from medications given to stop an overdose. Examples of medications shown to respondents that are prescribed as a part of MAT for opioid use included methadone, buprenorphine or buprenorphine-naloxone pills or film taken by mouth (also known as Suboxone®, Zubsolv®, Bunavail®, or Subutex®), injectable buprenorphine (also known as Sublocade®), buprenorphine implants (also known as Probuphine®), naltrexone pills (also known as ReVia® or Trexan®), and injectable naltrexone (also known as Vivitrol®).

Medication-Assisted Treatment for Alcohol Use

As noted previously, 0.4 percent of people aged 12 or older in 2023 (or 1.1 million people) received MAT in the past year for their alcohol use (Table A.31AB). Among the 28.9 million people aged 12 or older with a past year alcohol use disorder (Figure 28 and Table A.16AB), 1.9 percent (or 554,000 people) received MAT in the past year for their alcohol use.

Medication-Assisted Treatment for Opioid Use

As noted previously, 0.8 percent of people aged 12 or older in 2023 (or 2.3 million people) received MAT in the past year for their opioid use (Table A.31AB). Among the 5.7 million people aged 12 or older with a past year opioid use disorder (see the section on Opioid Use Disorder), 18.0 percent (or 1.0 million people) received MAT in the past year for their opioid use.

Receipt of Substance Use Treatment via Telehealth among People with a Substance Use Disorder

Before the COVID-19 pandemic, substance use treatment was typically delivered in person. The COVID-19 pandemic required changes in substance use treatment delivery to include expansion of treatment via telehealth. Although the COVID-19 public health emergency ended in May 2023, regulations have been extended to the end of 2024 to allow the prescribing of controlled medications via telehealth encounters for maintenance and withdrawal management among people with a history of opioid use disorder.[89]

Substance use treatment via telehealth has been shown to be effective[90,91,92] and has been used as an alternative mode to in-person treatment for some time, particularly in instances where access to in-person treatment is limited.[93] National Survey of Substance Abuse Treatment Services (N-SSATS) and National Mental Health Services Survey (N-MHSS) data available in SAMHSA's Behavioral Health Treatment Services Locator indicated that the availability of outpatient substance use treatment services delivered via telehealth increased by 143 percent between January 2020 and January 2021. By January 2021, more than half of outpatient substance use treatment facilities were offering telehealth services.[94]

Among people aged 12 or older in 2023 who had an SUD in the past year, 6.2 percent (or 3.0 million people) received substance use treatment via telehealth (Table A.32AB). Among adults aged 26 or older who had an SUD in the past year, 6.7 percent (or 2.5 million people) received treatment via telehealth. This percentage was higher than the corresponding percentages among adolescents aged 12 to 17 who had an SUD (4.7 percent or 102,000 people) or young adults aged 18 to 25 who had an SUD (4.4 percent or 409,000 people).

By Race/Ethnicity

In 2023, receipt of substance use treatment via telehealth among people aged 12 or older with an SUD in the past year did not differ significantly among racial or ethnic groups. Percentages for the receipt of treatment via telehealth among people with an SUD in the past year ranged from 3.1 percent among Asian people to 6.7 percent each among Hispanic or White people (Table B.24B). Estimates for the receipt of treatment via telehealth among people with a past year SUD could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.[15]

Receipt of Other Services for Substance Use

As noted previously, in addition to collecting information on substance use treatment, the 2023 NSDUH collected information on the receipt of other services for people's use of alcohol or drugs. These other services include support services from a support group or from a peer support specialist or recovery coach, services in an emergency room, or detoxification or withdrawal support services. These other services were not classified as "substance use treatment."

Estimates in 2023 for the receipt of other services in the past year to help people aged 12 or older with their use of alcohol or drugs were as follows:

- 2.1 percent (or 5.8 million people) participated in a support group,
- 0.8 percent (or 2.3 million people) received services from a peer support specialist or recovery coach,
- 0.7 percent (or 1.9 million people) were seen in an emergency room, and
- 0.4 percent (or 1.2 million people) received detoxification or withdrawal support services (Table A.31AB).

Perceived Unmet Need for Substance Use Treatment

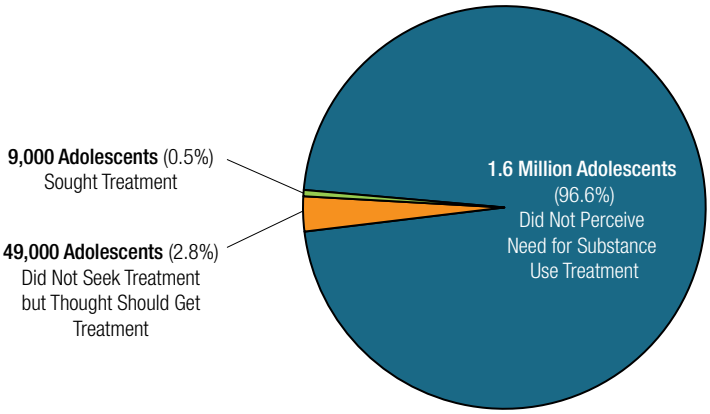
NSDUH respondents in 2023 who used alcohol or drugs in their lifetime and did not receive substance use treatment in the past year (i.e., inpatient or outpatient treatment; MAT; telehealth treatment; or treatment in a prison, jail, or juvenile detention center) were asked whether they sought professional counseling, medication, or other treatment for their alcohol or drug use. Those who did not report seeking treatment were asked whether they thought they should get treatment. Respondents who did not receive substance use treatment in the past year but sought or thought they should get treatment were classified as having a perceived unmet need for treatment. Respondents who received other services (i.e., support services from a support group or from a peer support specialist or recovery coach, services in an emergency room, or detoxification or withdrawal support services) but not substance use treatment and who sought or thought they should get additional professional counseling, medication, or other treatment in the past 12 months for their use of alcohol or drugs also were classified as having a perceived unmet need for treatment.

This section presents estimates separately for the perceived unmet need for substance use treatment among adolescents aged 12 to 17 and among adults aged 18 or older. Factors affecting the perception of need for substance use treatment, including how people interpret whether they sought substance use treatment, could differ for adolescents and adults, even if adolescent and adult respondents were asked the same questions about perceived unmet need.

Perceived Unmet Need for Substance Use Treatment among Adolescents

Among the 1.8 million adolescents aged 12 to 17 in 2023 who had an SUD in the past year and did not receive substance use treatment, 96.6 percent (or 1.6 million people) did not perceive that they needed treatment (Figure 54 and Table A.33AB). That is, they did not seek treatment and did not think they should get it. An estimated 3.4 percent of adolescents with an SUD in the past year who did not receive treatment (or 58,000 people) either sought treatment or did not seek treatment but thought they should get it. This percentage includes 0.5 percent of adolescents in this group (or 9,000 people) who sought treatment and 2.8 percent of adolescents (or 49,000 people) who did not seek treatment but thought they should get it.[25]

Figure 54. Perceptions of Need for Substance Use Treatment: Among Adolescents Aged 12 to 17 with a Past Year Substance Use Disorder Who Did Not Receive Substance Use Treatment in the Past Year; 2023

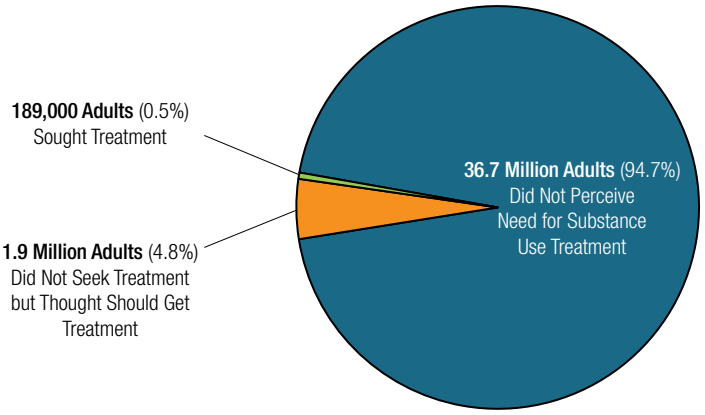


1.8 Million Adolescents with a Substance Use Disorder Who Did Not Receive Substance Use Treatment

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

Note: Adolescents with unknown information for perceptions of need for substance use treatment were excluded.

Figure 55. Perceptions of Need for Substance Use Treatment: Among Adults Aged 18 or Older with a Past Year Substance Use Disorder Who Did Not Receive Substance Use Treatment in the Past Year; 2023



39.6 Million Adults with a Substance Use Disorder Who Did Not Receive Substance Use Treatment

Note: Adults with unknown information for perceptions of need for substance use treatment were excluded.

Perceived Unmet Need for Substance Use Treatment among Adults

Among the 39.6 million adults aged 18 or older in 2023 who had an SUD in the past year and did not receive substance use treatment, 94.7 percent (or 36.7 million people) did not perceive that they needed treatment (Figure 55 and Table A.33AB). That is, they did not seek treatment and did not think they should get it. An estimated 5.3 percent of adults with an SUD in the past year who did not receive treatment (or 2.0 million people) either sought treatment or did not seek treatment but thought they should get it. This percentage includes 0.5 percent of adults in this group (or 189,000 people) who sought treatment and 4.8 percent of adults (or 1.9 million people) who did not seek treatment but thought they should get it.

By Race/Ethnicity

Among adults aged 18 or older in 2023 who had an SUD in the past year and did not receive substance use treatment in the past year, similar percentages of people across racial or ethnic groups did not perceive that they needed substance use treatment. These percentages ranged from 91.6 percent of Multiracial adults to 97.1 percent of Hispanic adults (Table B.25B). Estimates for adults with an SUD who did not receive substance use treatment and did not perceive that they needed it could not be calculated with sufficient precision for Asian adults or Native Hawaiian or Other Pacific Islander adults.[15]

Reasons for Not Receiving Substance Use Treatment

In 2023, questions about reasons for people not receiving substance use treatment were asked only of respondents who reported receiving no treatment in the past year (although they may have received other services from a support group or from a peer support specialist or recovery coach, services in an emergency room, or detoxification or withdrawal support services) and who reported either seeking treatment or thinking they should get treatment. For each reason for not receiving treatment, respondents were asked whether that reason was "one of the reasons" or "not one of the reasons" they did not seek or get treatment.

As noted in previous sections, among people who were classified as having an SUD and did not receive substance use treatment in the past year, only 3.4 percent of adolescents aged 12 to 17 and 5.3 percent of adults aged 18 or older perceived an unmet need for treatment (Table A.33AB). For people who perceived an unmet need for treatment, information on common reasons for not receiving substance use treatment is important for identifying and addressing barriers to the receipt of treatment.

Reasons for people not receiving substance use treatment that are reported by NSDUH respondents are likely to vary by age, even if adolescent and adult respondents were asked the same questions. For example, adolescent respondents aged 12 to 17 may not have sufficient knowledge to report whether health insurance coverage or cost were important reasons for them not receiving substance use treatment. Reasons for adolescents not receiving substance use treatment if they had a perceived unmet need for treatment are not presented because estimates could not be calculated with sufficient precision.[15] Therefore, this section presents estimates only among adults aged 18 or older.

Reasons for Not Receiving Substance Use Treatment among Adults Aged 18 or Older

Among adults aged 18 or older in 2023 with a past year SUD who perceived an unmet need for treatment, the following were the three most common reasons for not receiving substance use treatment:

- thinking they should have been able to handle their alcohol or drug use on their own (74.1 percent),
- not being ready to start treatment (65.6 percent), and
- not being ready to stop or cut back on using alcohol or drugs (60.1 percent) (Table A.34B).

Percentages for additional reasons were not necessarily significantly different from one another. Therefore, ranking of these reasons should not be assumed. Nevertheless, the following were additional common reasons for not receiving substance use treatment:

- being worried about what people would think or say if they got treatment (43.9 percent);
- thinking that treatment would cost too much (42.4 percent);
- not having enough time for treatment (41.0 percent);
- not knowing how or where to get treatment (38.7 percent);
- being worried that information would not be kept private (34.8 percent);
- thinking bad things would happen if people knew they were in treatment, such as losing their job, home, or children (33.5 percent); and
- having health insurance that would not pay enough of the costs for treatment (31.9 percent) (Table A.34B).

Mental Health Treatment in the Past Year

The 2023 NSDUH included questions to estimate the receipt of treatment in the United States to help people with their mental health, emotions, or behavior. Questions apply to the receipt of mental health treatment among the adolescent and adult populations. These questions allowed for the estimation of mental health treatment among adolescents aged 12 to 17 overall and among adolescents with a past year MDE. These questions also allowed for the estimation of mental health treatment among adults aged 18 or older overall and among adults with an MDE, AMI, or SMI in the past year.[17]

Because the mental health treatment questions underwent considerable revision for the 2022 NSDUH, 2023 estimates for the receipt of mental health treatment should not be compared with estimates prior to the 2022 NSDUH. These revisions were intended to better reflect contemporary changes in the delivery of mental health treatment services. This revised section also was restructured to parallel the changes to questions for the receipt of substance use treatment.

The report titled *Key Substance Use and Mental Health Indicators in the United States: Results from the 2022 National Survey on Drug Use and Health*[86] summarizes key changes that were made to the mental health treatment questions in 2022. These revised mental health treatment questions continued to be asked in the 2023 NSDUH.

The 2023 NSDUH also collected information on the receipt of other services, such as support services from a support group or from a peer support specialist or recovery coach, or services in an emergency room or department. These other services were not classified as "mental health treatment." However, they were included in a separate aggregate measure created to cover the receipt of mental health treatment or other services.

Similar to its effect on substance use treatment, the COVID-19 pandemic affected the availability of services and the modes of mental health service delivery. Even before the COVID-19 pandemic, the use of telehealth for mental health treatment was proposed as an alternative to in-person treatment as a means to increase availability and access, particularly in areas where services are limited or there are barriers to treatment (e.g., issues in transportation).[96,97] Mental health treatment delivered via telehealth has been shown to be effective.[98,99] N-SSATS and N-MHSS data

available in SAMHSA's Behavioral Health Treatment Services Locator indicated that the availability of telehealth for mental health treatment increased by 77 percent between January 2020 and January 2021. By January 2021, more than two thirds of outpatient mental health facilities were offering treatment via telehealth.[94] Analysis of a longitudinal database of outpatient mental health facilities indicated that more than four fifths of these facilities offered telehealth services by September 2022.[100]

In sections that present estimates for adolescents aged 12 to 17, estimates are presented for all adolescents. Estimates are not presented among racial or ethnic groups of adolescents because the relatively smaller sample of adolescents affects the conclusions that can be reached for the receipt of mental health treatment by racial or ethnic group. In sections that present estimates for adults aged 18 or older, estimates are first presented by age group, followed where applicable by estimates among racial or ethnic groups.[15] For adolescents and adults, locations or types of mental health treatment are not mutually exclusive. For example, people could have received mental health treatment in an outpatient setting and taken prescription medication in the past year for their mental health.

Mental Health Treatment among Adolescents

The 2023 NSDUH included questions for adolescents aged 12 to 17 that asked about the receipt of professional counseling, medication, or other treatment they may have received for their mental health. Adolescent respondents aged 12 to 17 were asked whether they received professional counseling, medication, or other treatment for their mental health in an inpatient location;[101] in an outpatient location;[102] via telehealth; or in a prison, jail, or juvenile detention center in the 12 months prior to the survey interview (i.e., in the past year). Respondents also were asked if they took medication in the past year that was prescribed to help with their mental health. Adolescent respondents who reported receiving any of these types of treatment were classified as having received mental health treatment in the past year.

This section first presents estimates for the receipt of mental health treatment in the past year among all adolescents aged 12 to 17, followed by estimates for the receipt of mental health treatment among adolescents who had an MDE in the past year. Measures for AMI or SMI were not created for adolescents.

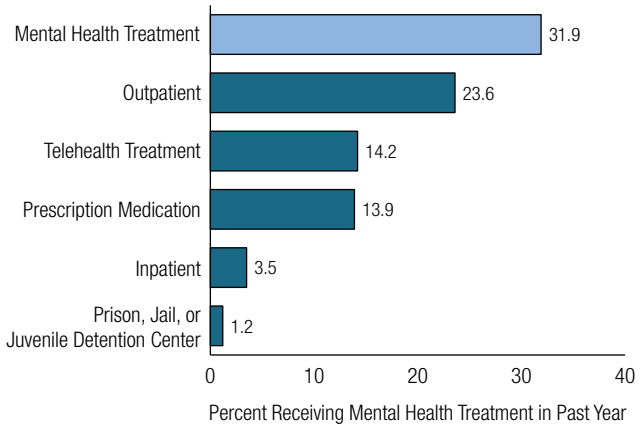
Receipt of Mental Health Treatment among All Adolescents

In 2023, 31.9 percent of adolescents aged 12 to 17 (or 8.3 million people) received mental health treatment (Figure 56 and Table A.35B). Percentages of adolescents aged 12 to 17 who received specific types of mental health treatment in the past year ranged from 1.2 percent (or 314,000 people) who received mental health treatment in a prison, jail, or juvenile detention center to 23.6 percent (or 6.1 million people) who received mental health treatment in an outpatient setting. An estimated 14.2 percent of adolescents (or 3.7 million people) received mental health treatment via telehealth.

Receipt of Mental Health Treatment among Adolescents with an MDE

As noted in the section on MDE and MDE with Severe Impairment among Adolescents, an estimated 4.5 million adolescents aged 12 to 17 in 2023 had a past year MDE. Of these adolescents with a past year MDE, 59.8 percent (or 2.7 million people) received mental health treatment in the past year (Figure 57 and Table A.35B). Percentages of adolescents in 2023 with an MDE in the past year who received specific types of mental health treatment in the past year ranged from 1.9 percent (or 85,000 people) who received mental health treatment in a prison, jail, or juvenile detention center to 49.1 percent (or 2.2 million people) who received mental health treatment in an outpatient setting.

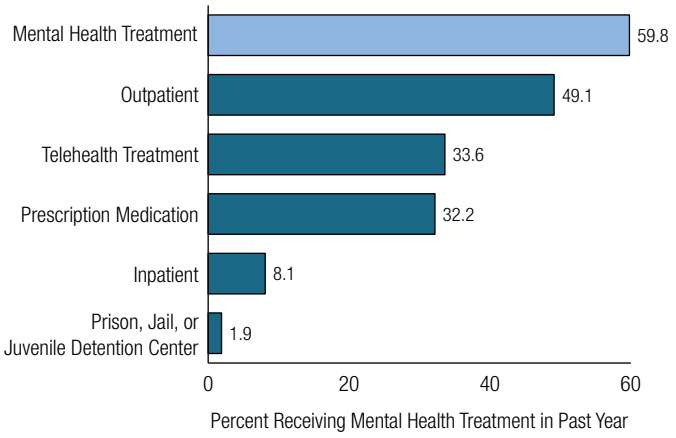
Figure 56. Types and Locations of Mental Health Treatment Received in the Past Year: Among Adolescents Aged 12 to 17; 2023



Note: Types and locations where people received mental health treatment are not mutually exclusive because respondents could report that they received treatment in more than one setting in the past year.

Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Figure 57. Types and Locations of Mental Health Treatment Received in the Past Year: Among Adolescents Aged 12 to 17 with a Past Year Major Depressive Episode (MDE); 2023



Note: Adolescents with unknown past year MDE data were excluded.

Note: Types and locations where people received mental health treatment are not mutually exclusive because respondents could report that they received treatment in more than one setting in the past year.

Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

An estimated 33.6 percent of adolescents with an MDE in the past year (or 1.5 million people) received mental health treatment via telehealth. However, about 40 percent of adolescents with a past year MDE (or 1.8 million people) did *not* receive mental health treatment in the past year, including those who did not receive outpatient mental health treatment through a school health or counseling center (Table A.36AB).[24]

Receipt of Other Services among Adolescents to Help with Mental Health

As noted previously, in addition to collecting information on mental health treatment, the 2023 NSDUH collected information on the receipt of other services to help people with their mental health. These other services include support services from a support group or from a peer support specialist or recovery coach, or services in an emergency room. These other services were not classified as "mental health treatment."

In 2023, 7.4 percent of adolescents aged 12 to 17 (or 1.9 million people) received other services in the past year from a support group to help with their mental health, 3.2 percent (or 820,000 people) received services from a peer support specialist or recovery coach, and 2.7 percent (or 706,000 people) received services in an emergency room (Table A.35B). Among the 4.5 million adolescents aged 12 to 17 with a past year MDE (Figure 36), 15.0 percent (or 677,000 people) received other services in the past year from a support group, 9.2 percent (or 416,000 people) received services from a peer support specialist or recovery coach, and 7.9 percent (or 357,000 people) received services in an emergency room.

Perceived Unmet Need for Mental Health Treatment among Adolescents with a Past Year MDE

This section discusses estimates of perceived unmet need for mental health treatment among adolescents aged 12 to 17 with an MDE in the past year who did not receive mental health treatment in the past year. Adolescents in 2023 who did not receive mental health treatment in the past year were asked whether they sought treatment or thought they should get treatment for their mental health. These questions were asked only if adolescents did not report receipt of any mental health treatment as defined previously.

Adolescent NSDUH respondents aged 12 to 17 in 2023 were classified as having a perceived unmet need for mental health treatment if they did not receive mental health treatment in the past year, but they sought treatment or thought they should get treatment in the past 12 months to help with their mental health. Respondents also were classified as having a perceived unmet need for mental health treatment if they received other services in the past 12 months to help with their mental health but not mental health treatment, and they sought or thought they should get additional professional counseling, medication, or other treatment for their mental health.

As noted previously, 1.8 million adolescents aged 12 to 17 in 2023 had a past year MDE and did not receive mental health treatment in the past year (Table A.36AB). Of these 1.8 million adolescents, 41.5 percent (or 749,000 people) perceived an unmet need for mental health treatment, including 7.7 percent (or 139,000 people) who sought treatment and 33.8 percent (or 609,000 people) who did not seek treatment but thought they should get it.

Reasons for Not Receiving Mental Health Treatment among Adolescents with a Past Year MDE and a Perceived Unmet Need

Adolescents aged 12 to 17 in 2023 who had a perceived unmet need for mental health treatment in the past year were asked to report their reasons for not receiving treatment. These questions on reasons for not receiving treatment were the same for adolescents and for adults aged

18 or older. However, reasons for not receiving treatment could differ between adolescents and adults who had a perceived unmet need for treatment; therefore, these reasons are presented separately for adolescents and adults.

Among the 749,000 adolescents aged 12 to 17 in 2023 with a past year MDE who perceived an unmet need for mental health treatment (Table A.36AB), the most common reason for not receiving treatment was that they thought they should have been able to handle their mental health, emotions, or behavior on their own (85.3 percent) (Table A.37B). Percentages for additional reasons were not necessarily significantly different from one another. Therefore, ranking of these reasons should not be assumed. Nevertheless, the following were additional common reasons for not receiving treatment among adolescents with a past year MDE and a perceived unmet need for mental health treatment:

- being worried about what people would think or say if they got treatment (58.9 percent),
- being worried that information they shared would not be kept private (58.2 percent),
- not thinking treatment would help them (51.6 percent),
- not knowing how or where to get treatment (51.0 percent), and
- thinking no one would care if they got better (47.6 percent).

Mental Health Treatment among Adults

Adult respondents aged 18 or older in 2023 were asked whether they received professional counseling, medication, or other treatment for their mental health in an inpatient location;[101] in an outpatient location;[102] via telehealth; or in a prison, jail, or juvenile detention center in the 12 months prior to the survey interview (i.e., in the past year). Respondents also were asked if they took medication in the past year that was prescribed to help with their mental health. Adult respondents who reported receiving any of these types of treatment were classified as having received mental health treatment in the past year.

This section first presents estimates for the receipt of mental health treatment in the past year among all adults aged 18 or older, followed by estimates for the receipt of mental health treatment among adults who had an MDE, AMI, or SMI in the past year. Estimates are also presented for the receipt of mental health treatment among adults by age group.

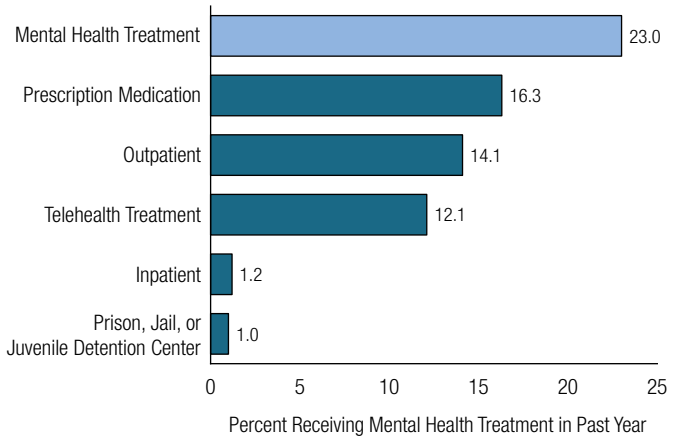
Estimates for selected measures among adults are presented by racial or ethnic groups. The focus of comparisons by age group or by racial or ethnic groups often is on the groups that were less likely to have received mental health treatment in the past year. For the receipt of inpatient mental health treatment, however, the focus is on people in the groups that were *more* likely to have received inpatient treatment, where the severity of people's mental disorders would require close monitoring by mental health and other health professionals.

Receipt of Mental Health Treatment among All Adults

In 2023, 23.0 percent of adults aged 18 or older (or 59.2 million people) received any of the following types of mental health treatment in the past year: inpatient or outpatient mental health treatment; prescription medication to help with mental health; treatment via telehealth; or treatment in a prison, jail, or juvenile detention center (Figure 58 and Table A.38B). Percentages of adults aged 18 or older who received specific types of mental health treatment in the past year ranged from 1.0 percent (or 2.5 million people) who received mental health treatment in a prison, jail, or juvenile detention center to 16.3 percent (or 41.9 million people) who took prescription medication. An estimated 12.1 percent of adults (or 31.3 million people) received mental health treatment via telehealth.

Adults aged 50 or older in 2023 were less likely than young adults aged 18 to 25 or adults aged 26 to 49 to have received any of these types of mental health treatment in

Figure 58. Types and Locations of Mental Health Treatment Received in the Past Year: Among Adults Aged 18 or Older; 2023



Note: Types and locations where people received mental health treatment are not mutually exclusive because respondents could report that they received treatment in more than one setting in the past year.

Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

the past year. Specifically, 18.9 percent of adults aged 50 or older (or 22.7 million people) received any of these types of mental health treatment compared with 27.4 percent of young adults aged 18 to 25 (or 9.3 million people) and 26.3 percent of adults aged 26 to 49 (or 27.2 million people) (Table A.38B).

In 2023, adults aged 50 or older also were less likely than adults in other age groups to have received mental health treatment via telehealth, to have received outpatient mental health treatment, or to have taken prescription medication for their mental health (Table A.38B). For example, 7.3 percent of adults aged 50 or older (or 8.8 million people) received treatment via telehealth in the past year compared with 17.0 percent of young adults aged 18 to 25 (or 5.8 million people) and 16.1 percent of adults aged 26 to 49 (or 16.7 million people).

Percentages in 2023 did not differ between young adults aged 18 to 25 and adults aged 26 to 49 for the receipt of any mental health treatment in the past year. However, young adults aged 18 to 25 were more likely than adults aged 26 to 49 to have received inpatient mental health treatment but less likely to have taken prescription medication to help with their mental health (Table A.38B).

By Race/Ethnicity

Among adults aged 18 or older in 2023, Asian (13.5 percent) or Black adults (15.1 percent) were less likely than Multiracial (30.8 percent), White (27.0 percent), or American Indian or Alaska Native adults (25.5 percent) to have received any of the five types of mental health treatment in the past year (Table B.26B). Hispanic adults (17.0 percent) were also less likely than Multiracial or White adults to have received any of these types of mental health treatment in the past year. The percentage of adults who received any mental health treatment in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adults.[15]

In 2023, Asian, Black, or Hispanic adults aged 18 or older were less likely than White or Multiracial adults to have received mental health treatment via telehealth, to have received outpatient mental health treatment, or to have taken prescription medication for their mental health (Table B.26B). Asian or Black adults also were less likely than American Indian or Alaska Native adults to have received outpatient mental health treatment. Table B.26B presents additional differences in the receipt of specific types of mental health treatment among adults in racial or ethnic groups. The percentage of adults who received specific types of mental health treatment in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adults.[15]

Receipt of Mental Health Treatment among Adults with an MDE

As noted in the section on MDE and MDE with Severe Impairment among Adults, an estimated 21.9 million adults aged 18 or older in 2023 had a past year MDE. Of these adults with a past year MDE, 66.7 percent (or 14.6 million people) received any of the following types of mental health treatment in the past year: inpatient or outpatient mental health treatment; prescription medication to help with mental health; treatment via telehealth; or treatment in a prison, jail, or juvenile detention center (Table A.39B). Percentages of adults aged 18 or older in 2023 with an MDE in the past year who received specific types of mental health treatment in the past year ranged from 3.7 percent (or 807,000 people) who received mental health treatment in a prison, jail, or juvenile detention center to 52.5 percent (or 11.5 million people) who took prescription medication. An estimated 45.0 percent of adults with an MDE in the past year (or 9.8 million people) received mental health treatment via telehealth.

Young adults aged 18 to 25 in 2023 with an MDE in the past year were less likely than adults aged 26 to 49 or adults aged 50 or older to have received any of these types of mental health treatment in the past year. Specifically, 58.8 percent of young adults aged 18 to 25 with a past year MDE (or 3.5 million people) received any of these types of mental health treatment compared with 70.0 percent of their counterparts aged 26 to 49 (or 7.4 million people) and 69.0 percent of those aged 50 or older (or 3.7 million people) (Table A.39B).

By Race/Ethnicity

Among adults aged 18 or older in 2023 who had an MDE in the past year, Black (58.4 percent) or Hispanic adults (58.8 percent) were less likely than White adults (71.1 percent) to have received any of these types of mental health treatment in the past year (Table B.27B). Percentages of adults with a past year MDE who received any of these types of mental health treatment could not be calculated with sufficient precision for American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander adults.[15]

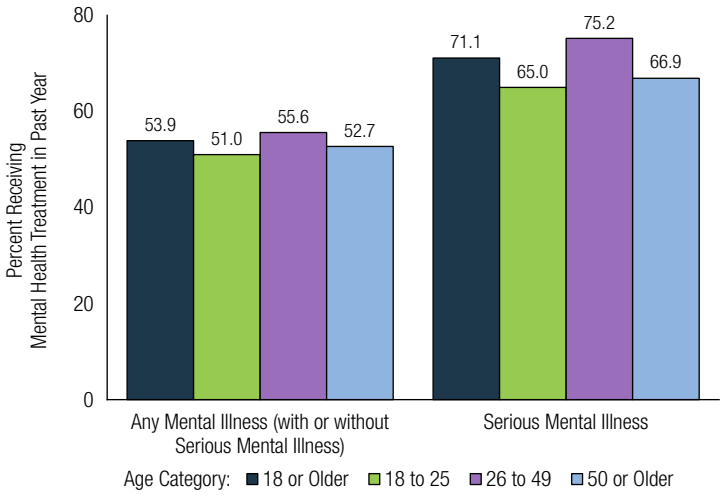
Consistent with the pattern for the receipt of any mental health treatment, Black or Hispanic adults aged 18 or older in 2023 with a past year MDE were less likely than White adults with a past year MDE to have received outpatient mental health treatment or to have taken prescription medication to help with their mental health (Table B.27B). For example, 41.6 percent of Black adults and 42.8 percent of Hispanic adults with a past year MDE received outpatient mental health treatment in the past year compared with 54.4 percent of White adults with a past year MDE. In addition, Asian adults (25.8 percent) in 2023 with a past year MDE were less likely than Multiracial (48.5 percent), White (47.0 percent), or Hispanic adults (43.8 percent) with a past year MDE to have received mental health treatment via telehealth in the past year. There were no statistically significant differences in 2023 by racial or ethnic groups among adults with a past year MDE for the receipt of inpatient mental health treatment or treatment in a prison, jail, or juvenile detention center.

Receipt of Mental Health Treatment among Adults with AMI

Among the 58.7 million adults aged 18 or older in 2023 with AMI in the past year (Figure 43), 53.9 percent (or 31.6 million people) received any of the following types of mental health treatment in the past year: inpatient or outpatient mental health treatment; taking prescription medication to help with their mental health; treatment via telehealth; or treatment in a prison, jail, or juvenile detention center (Figure 59 and Table A.40B). Percentages of adults aged 18 or older in 2023 with AMI in the past year who received specific types of mental health treatment in the past year ranged from 2.9 percent (or 1.7 million people) who received mental health treatment in a prison, jail, or juvenile detention center to 40.4 percent (or 23.7 million people) who took prescription medication. An estimated 33.7 percent of adults with AMI in the past year (or 19.7 million people) received mental health treatment via telehealth.

Among adults aged 18 or older in 2023 who had AMI in the past year, young adults aged 18 to 25 were less likely to have received any of these types of treatment in the past year (51.0 percent or 5.9 million people) compared with adults aged 26 to 49 (55.6 percent or 16.8 million people) (Figure 59 and Table A.40B). Percentages for the receipt of any mental health treatment among adults with AMI did not differ significantly between adults aged 50 or older (52.7 percent or 8.9 million people) and young adults aged 18 to 25 or adults aged 26 to 49.

Figure 59. Mental Health Treatment Received in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness or Serious Mental Illness in the Past Year; 2023



Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Percentages of adults aged 18 or older in 2023 with AMI in the past year who received specific types of mental health treatment in the past year varied by age group. For example, the percentage of young adults aged 18 to 25 with AMI in the past year who took prescription medication to help with their mental health (34.5 percent or 4.0 million people) was lower than the percentages among their counterparts aged 26 to 49 (41.9 percent or 12.7 million people) or aged 50 or older (41.8 percent or 7.1 million people) (Table A.40B). In addition, the percentage of adults with AMI in the past year who received mental health treatment via telehealth was lowest among adults aged 50 or older (25.7 percent or 4.3 million people), followed by young adults aged 18 to 25 (34.0 percent or 3.9 million people), then by adults aged 26 to 49 (38.0 percent or 11.5 million people). Adults aged 50 or older (35.1 percent or 5.9 million people) with AMI in the past year also were less likely than adults aged 26 to 49 (39.2 percent or 11.9 million people) with AMI in the past year to have received outpatient mental health treatment.

In contrast, young adults aged 18 to 25 in 2023 with AMI in the past year were more likely than adults aged 26 to 49 with AMI to have received inpatient mental health treatment (4.3 vs. 3.2 percent) (Table A.40B). Corresponding numbers of adults with AMI in these age groups who received inpatient mental health treatment were 498,000 young adults and 953,000 adults aged 26 to 49. In addition,

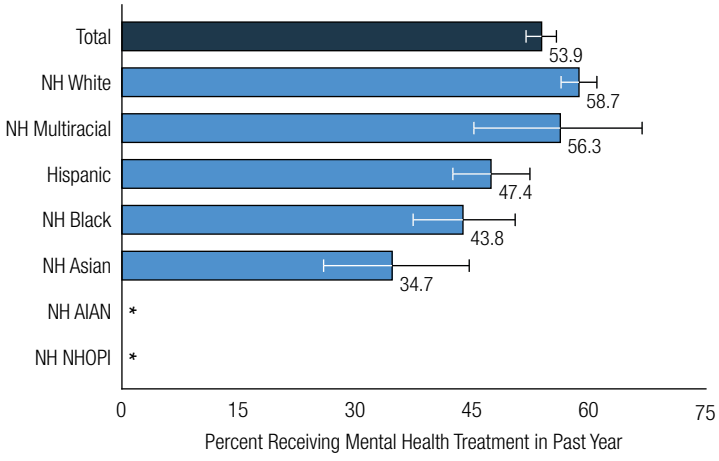
the percentage of adults with AMI in the past year who received mental health treatment in a prison, jail, or juvenile detention center was highest among adults aged 50 or older (4.4 percent or 735,000 people), followed by adults aged 26 to 49 (2.6 percent or 785,000 people), then by young adults aged 18 to 25 (1.6 percent or 181,000 people).

By Race/Ethnicity

Among adults aged 18 or older in 2023 who had AMI in the past year, Asian (34.7 percent), Black (43.8 percent), or Hispanic adults (47.4 percent) were less likely than White adults (58.7 percent) to have received any of these types of mental health treatment in the past year (Figure 60 and Table B.28B). In addition, Asian adults with AMI were less likely than Multiracial (56.3 percent) or Hispanic adults with AMI to have received any of these types of mental health treatment in the past year. Percentages for the receipt of any of these types of mental health treatment in the past year among adults with AMI in the past year could not be calculated with sufficient precision for American Indian or Alaska Native or Native Hawaiian or Other Pacific Islander adults.[15]

Asian adults aged 18 or older in 2023 with AMI in the past year were less likely than White or Multiracial adults with AMI to have received outpatient mental health treatment, to have taken prescription medication to help with their mental health, or to have received mental health treatment via telehealth in the past year (Table B.28B). For example, 26.8 percent of Asian adults with AMI received outpatient mental health treatment compared with 43.9 percent of Multiracial adults with AMI and 40.7 percent of White adults with AMI.

Figure 60. Mental Health Treatment Received in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness in the Past Year; by Race/Ethnicity, 2023



* Low precision; no estimate reported.

AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.

Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

In addition, Black or Hispanic adults aged 18 or older in 2023 with AMI were less likely than White adults with AMI to have received outpatient mental health treatment in the past year or to have taken prescription medication to help with their mental health (Table B.28B). Black adults with AMI were also less likely than Multiracial adults with AMI to have received outpatient mental health treatment or to have taken prescription medication to help with their mental health. Table B.28B presents additional differences among racial or ethnic groups in the receipt of specific types of mental health treatment among adults aged 18 or older with AMI in the past year. Percentages for the receipt of specific types of mental health treatment in the past year among adults with AMI in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adults. Also, percentages for the receipt of outpatient mental health and for taking prescription medication to help with mental health could not be calculated with sufficient precision for American Indian or Alaska Native adults.[15]

Receipt of Mental Health Treatment among Adults with SMI

Among the 14.6 million adults aged 18 or older in 2023 with SMI in the past year (Figure 43), 71.1 percent (or 10.4 million people) received any of the following types of mental health treatment in the past year: inpatient or outpatient mental health treatment; prescription medication to help with mental health; treatment via telehealth; or treatment in a prison, jail, or juvenile detention center (Figure 59 and Table A.41B). Percentages of adults aged 18 or older in 2023 with SMI in the past year who received specific types of mental health treatment in the past year ranged from 3.9 percent (or 563,000 people) who received mental health treatment in a prison, jail, or juvenile detention center to 59.8 percent (or 8.7 million people) who took prescription medication. An estimated 49.4 percent of adults with SMI in the past year (or 7.2 million people) received mental health treatment via telehealth.

In 2023, about two thirds or more of adults in each age group who had SMI in the past year received mental health

treatment in the past year (Figure 59 and Table A.41B). However, the percentage of adults with SMI in the past year who received any mental health treatment in the past year was lower among young adults aged 18 to 25 (65.0 percent or 2.3 million people) compared with adults aged 26 to 49 (75.2 percent or 6.2 million people). The percentage of adults aged 50 or older with SMI in the past year who received any mental health treatment in the past year was 66.9 percent (or 1.9 million people); this percentage did not differ significantly from the percentages among young adults or adults aged 26 or older with SMI.

Young adults aged 18 to 25 (49.9 percent or 1.8 million people) in 2023 with SMI in the past year were less likely than adults aged 26 to 49 (64.1 percent or 5.3 million people) or adults aged 50 or older (60.0 percent or 1.7 million people) with SMI to have taken prescription medication in the past year to help with their mental health (Table A.41B).

In 2023, young adults aged 18 to 25 and adults aged 50 or older with SMI in the past year also were less likely than adults aged 26 to 49 with SMI to have received mental health treatment via telehealth in the past year (Table A.41B). For example, 45.0 percent of young adults with SMI (or 1.6 million people) and 39.8 percent of adults aged 50 or older with SMI (or 1.1 million people) received mental health treatment via telehealth compared with 54.6 percent of adults aged 26 to 49 with SMI (or 4.5 million people).

Young adults aged 18 to 25 in 2023 with SMI were less likely than adults with SMI in other age groups to have received mental health treatment in a prison, jail, or juvenile detention center in the past year. Percentages and estimated numbers of adults with SMI in each age group were relatively small. Specifically, 7.7 percent of adults aged 50 or older with SMI (or 221,000 people) and 3.6 percent of adults aged 26 to 49 with SMI (or 293,000 people) received mental health treatment in a prison, jail, or juvenile detention center in the past year compared with 1.4 percent of young adults aged 18 to 25 with SMI (or 49,000 people).[24]

Differences by age group in 2023 for the receipt of inpatient mental health treatment were not statistically significant for adults with SMI in the past year.

By Race/Ethnicity

Among adults aged 18 or older in 2023 with SMI in the past year, Black adults (56.4 percent) were less likely than White adults (74.9 percent) to have received any mental health treatment in the past year (Table B.29B). Percentages for the receipt of any mental health treatment in the past year among adults with SMI could not be calculated with sufficient precision for American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, or Multiracial adults.[15]

There were few differences by racial or ethnic group in the types of mental health treatment received in the past year among adults with SMI in 2023. Black (39.4 percent) or Hispanic adults (51.9 percent) with SMI were less likely than White adults with SMI (65.2 percent) to have taken prescription medication to help with their mental health.

Asian adults with SMI (less than 0.1 percent) were less likely than White (3.8 percent) or Black adults (2.8 percent) with SMI to have received mental health treatment in a prison, jail, or juvenile detention center. Multiracial adults with SMI (1.1 percent) also were less likely than White adults with SMI to have received mental health treatment in a prison, jail, or juvenile detention center. Differences by racial or ethnic group in 2023 for the receipt of inpatient mental health treatment, outpatient mental health treatment, or mental health treatment via telehealth were not significantly different for adults with SMI in the past year.

Percentages for the receipt of mental health treatment in the past year among adults with SMI in the past year could not be calculated with sufficient precision for American Indian or Alaska Native or Native Hawaiian or Other Pacific Islander adults. Except for the receipt of treatment as an inpatient and receipt of treatment in a prison, jail, or juvenile detention center, estimates for the receipt of treatment among adults with SMI also could not be calculated with sufficient precision for Multiracial adults. Except for the receipt of treatment in a prison, jail, or juvenile detention center, estimates for the receipt of treatment among adults with SMI also could not be calculated with sufficient precision for Asian adults.[15]

Receipt of Other Services among Adults to Help with Mental Health

As noted previously, the 2023 NSDUH also collected information on the receipt of other services to help people with their mental health, such as support services from a support group or from a peer support specialist or recovery coach, or services in an emergency room. These other services were not classified as "mental health treatment."

In 2023, 3.4 percent of adults aged 18 or older (or 8.8 million people) received other services in the past year from a support group to help with their mental health, 1.5 percent (or 3.7 million people) received services from a peer support specialist or recovery coach, and 1.0 percent (or 2.5 million people) received services in an emergency room (Table A.42B). The following percentages and estimated numbers of adults aged 18 or older with a past year MDE received other services in the past year:

- 13.5 percent (or 2.9 million people) from a support group,
- 6.7 percent (or 1.5 million people) from a peer support specialist or recovery coach, and
- 5.6 percent (or 1.2 million people) in an emergency room.

The following percentages and estimated numbers of adults aged 18 or older in 2023 with AMI in the past year received other services in the past year:

- 9.8 percent (or 5.7 million people) from a support group,
- 4.5 percent (or 2.7 million people) from a peer support specialist or recovery coach, and
- 3.3 percent (or 1.9 million people) in an emergency room.[24]

The following percentages and estimated numbers of adults aged 18 or older in 2023 with SMI in the past year received other services in the past year:

- 15.8 percent (or 2.3 million people) from a support group,
- 8.6 percent (or 1.3 million people) from a peer support specialist or recovery coach, and
- 7.7 percent (or 1.1 million people) in an emergency room.[24]

Perceived Unmet Need for Mental Health Treatment among Adults with Mental Health Issues

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

Adults who did not receive mental health treatment in the past year were asked whether they sought treatment or thought they should get treatment for their mental health. These questions were asked only if adults did not report any receipt of inpatient or outpatient mental health treatment; use of prescription medication to help with mental health; treatment via telehealth; or treatment in a prison, jail, or juvenile detention center.

Adult NSDUH respondents aged 18 or older in 2023 were classified as having a perceived unmet need for mental health treatment if they did not receive mental health treatment in the past year, but they sought treatment or thought they should get treatment in the past 12 months to help with their mental health. Respondents also were classified as having a perceived unmet need for mental health treatment if they received other services in the past 12 months to help with their mental health but not mental health treatment, and they sought or thought they should get additional professional counseling, medication, or other treatment for their mental health.

Perceived Unmet Need for Mental Health Treatment among Adults with a Past Year MDE

As noted in the section on MDE and MDE with Severe Impairment among Adults, an estimated 21.9 million adults aged 18 or older in 2023 had a past year MDE. Of these adults with a past year MDE, about one third (7.3 million people) did not receive mental health treatment in the past year (Table A.43A). Among these 7.3 million adults with a past year MDE who did not receive mental health treatment, 37.1 percent (or 2.7 million people) perceived an unmet need for mental health treatment in the past year (Table A.43B). The percentage of adults in 2023 with a past year MDE who did not receive treatment and who had a perceived unmet need for treatment was highest among young adults aged 18 to 25 (48.3 percent or 1.2 million people), followed by adults aged 26 to 49 (36.7 percent or 1.1 million people), then by adults aged 50 or older (21.0 percent or 337,000 people).

Perceived Unmet Need for Mental Health Treatment among Adults with AMI

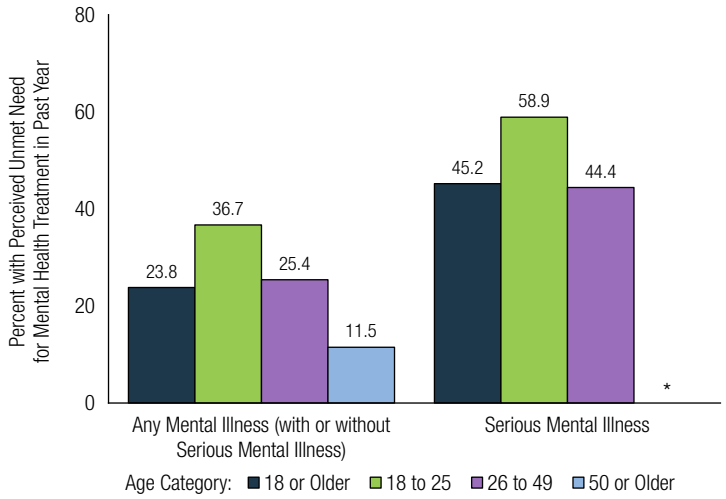
Of the 58.7 million adults aged 18 or older in 2023 who had AMI in the past year (Figure 43), slightly less than half (27.1 million people) did not receive mental health treatment in the past year (Table A.44A). Among these 27.1 million adults with AMI in the past year who did not

receive mental health treatment, 23.8 percent (or 6.2 million people) perceived an unmet need for mental health treatment in the past year (Figure 61 and Tables A.44A and A.44B). The percentage of adults in 2023 with AMI in the past year who did not receive treatment and who had a perceived unmet need for mental health treatment was highest among young adults aged 18 to 25 (36.7 percent or 2.0 million people), followed by adults aged 26 to 49 (25.4 percent or 3.3 million people), then by adults aged 50 or older (11.5 percent or 864,000 people).

Perceived Unmet Need for Mental Health Treatment among Adults with SMI

Of the 14.6 million adults aged 18 or older in 2023 who had SMI in the past year (Figure 43), about 3 in 10 (4.2 million people) did not receive mental health treatment in the past year (Table A.45A). Among these 4.2 million adults with SMI in the past year who did not receive mental health treatment, 45.2 percent (or 1.9 million people) perceived an unmet need for mental health treatment in the past year (Figure 61 and Tables A.45A and A.45B). The percentage of adults in 2023 with SMI in the past year who did not receive treatment and who had a perceived unmet need for mental health treatment was higher among young adults aged 18 to 25 (58.9 percent or 724,000 people) compared with adults aged 26 to 49 (44.4 percent or 900,000 people). Estimates among adults with SMI who did not receive treatment and who had a perceived unmet need for mental health treatment could not be calculated with sufficient precision for adults aged 50 or older.[15]

Figure 61. Perceived Unmet Need for Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness or Serious Mental Illness in the Past Year Who Did Not Receive Mental Health Treatment; 2023



* Low precision; no estimate reported.

Note: Adults with unknown information for perceptions of need for mental health treatment were excluded.

Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Reasons for Not Receiving Mental Health Treatment among Adults with AMI and a Perceived Unmet Need

Among adults aged 18 or older in 2023 who had AMI in the past year and a perceived unmet need for mental health treatment in the past year, the most common reason for not receiving treatment was that they thought they should have been able to handle their mental health, emotions, or behavior on their own (70.5 percent) (Table A.46B). The second most common reason for not receiving treatment was thinking treatment would cost too much (59.8 percent).

Percentages for additional reasons were not necessarily significantly different from one another. Therefore, ranking of these reasons should not be assumed. Nevertheless, the following were additional common reasons for not receiving treatment among adults with AMI in the past year and a perceived unmet need for mental health treatment:

- not being ready to start treatment (50.6 percent),
- not knowing how or where to get treatment (48.6 percent), and
- not having enough time for treatment (47.0 percent).

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

The relationship between SUDs and mental disorders is known to be bidirectional.[103] 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.[104,105,106] Current treatment guidelines often recommend that people with co-occurring disorders receive treatment for both disorders.[107,108,109]

This section presents estimates of the receipt of treatment among adolescents aged 12 to 17 and adults aged 18 or older with co-occurring mental health issues and SUDs. Estimates are first presented for whether people with co-occurring mental health issues and an SUD received any treatment for their substance use (i.e., their use of alcohol or drugs) or to help them with their mental health (i.e., mental health treatment), or if people received no treatment. If people with co-occurring mental health issues and an SUD received treatment for either their substance use or their mental health issues, estimates are presented for the following:

- mental health treatment but not substance use treatment,
- substance use treatment but not mental health treatment, or
- both substance use treatment and mental health treatment.

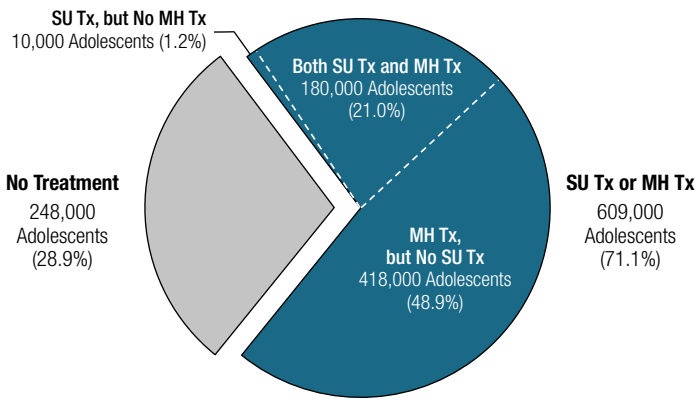
Estimates for adults aged 18 or older are presented overall and by age group.

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

Among the 856,000 adolescents aged 12 to 17 in 2023 with a co-occurring MDE and an SUD in the past year (Figures 41 and 62 and Table A.22AB), 71.1 percent (or 609,000 people) received either substance use treatment or mental health treatment in the past year, and 28.9 percent (or 248,000 people) received neither type of treatment (Table A.47B). Stated another way, about 3 in 10 adolescents aged 12 to 17 with a co-occurring MDE and an SUD in the past year did not receive treatment for either condition. An estimated 48.9 percent of adolescents aged 12 to 17 with a co-occurring MDE and an SUD in the past year (or 418,000 people) received only mental health treatment, 1.2 percent (or 10,000 people) received only substance use treatment, and 21.0 percent (or 180,000 people) received both substance use treatment and mental health treatment.

Among the 609,000 adolescents aged 12 to 17 in 2023 with a co-occurring MDE and an SUD who received either substance use treatment or mental health treatment in the past year (Figure 62), most received only mental health treatment (68.8 percent).[24] An estimated 1.7 percent of these adolescents received only substance use treatment, and 29.5 percent received both types of treatment.[24]

Figure 62. Receipt of Substance Use Treatment or Mental Health Treatment in the Past Year: Among Adolescents Aged 12 to 17 with Past Year Substance Use Disorder and Major Depressive Episode (MDE); 2023



856,000 Adolescents with a Substance Use Disorder and MDE

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

Note: Adolescents with unknown past year MDE data were excluded.

Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Note: The numbers for the interior pieces may not add to the number for the whole due to rounding.

Receipt of Treatment among Adults with Co-Occurring AMI and an SUD

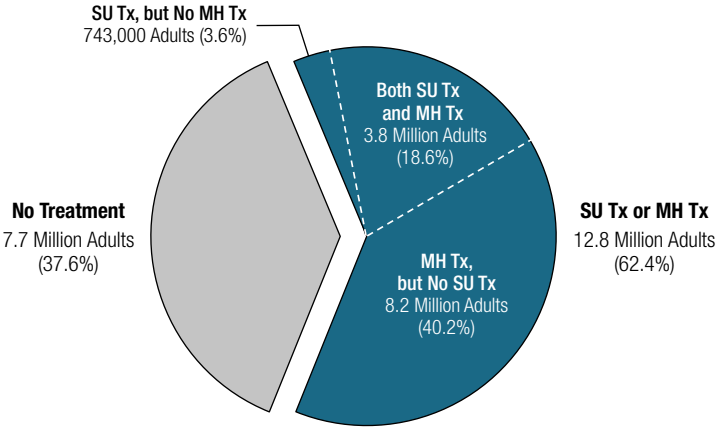
Among the 20.4 million adults aged 18 or older in 2023 with co-occurring AMI and an SUD in the past year (Figures 43 and 63 and Table A.24A), 62.4 percent (or 12.8 million people) received either substance use treatment or mental health treatment in the past year, and 37.6 percent (or 7.7 million people) received neither type of treatment (Table A.48B). Stated another way, about 2 in 5 adults aged 18 or older with co-occurring AMI and an SUD in the past year did not receive treatment for either condition. An estimated 40.2 percent of adults aged 18 or older with co-occurring AMI and an SUD in the past year (or 8.2 million people) received only mental health treatment, 3.6 percent (or 743,000 people) received only substance use treatment, and 18.6 percent (or 3.8 million people) received both types of treatment.

Among the 12.8 million adults aged 18 or older in 2023 with co-occurring AMI and an SUD who received either substance use treatment or mental health treatment in the past year (Figure 63), most received only mental health

treatment (64.4 percent).[24] An estimated 5.8 percent of these adults aged 18 or older received only substance use treatment, and 29.7 percent received both types of treatment.[24]

Among adults aged 18 or older in 2023 with co-occurring AMI and an SUD in the past year, young adults aged 18 to 25 were less likely than adults aged 50 or older or adults aged 26 to 49 to have received either substance use treatment or mental health treatment in the past year (Table A.48B). Specifically, 56.2 percent of young adults aged 18 to 25 with co-occurring AMI and an SUD in the past year (or 2.7 million people) received either substance use treatment or mental health treatment in the past year compared with 67.4 percent of adults aged 50 or older with co-occurring AMI and an SUD in the past year (or 2.9 million people) or 63.1 percent of adults aged 26 to 49 with co-occurring AMI and an SUD in the past year (or 7.2 million people). Percentages for receiving either type of treatment in the past year among adults with co-occurring AMI and an SUD in the past year did not differ significantly between adults aged 26 to 49 and adults aged 50 or older.

Figure 63. Receipt of Substance Use Treatment or Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Past Year Substance Use Disorder and Any Mental Illness; 2023



20.4 Million Adults with a Substance Use Disorder and Any Mental Illness

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

Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

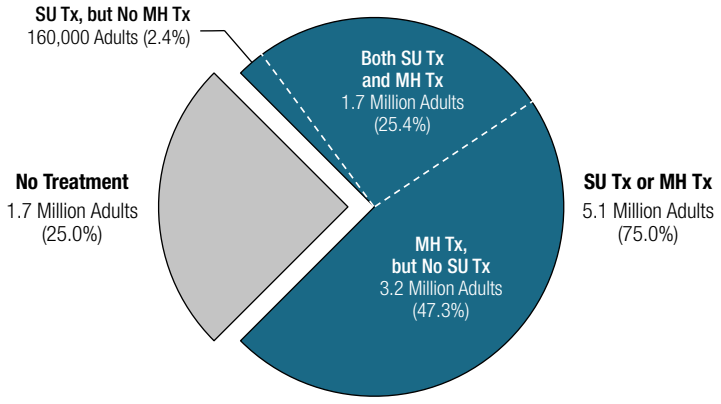
Note: The numbers for the interior pieces may not add to the number for the whole due to rounding.

Receipt of Treatment among Adults with Co-Occurring SMI and an SUD

Among the 6.8 million adults aged 18 or older in 2023 with co-occurring SMI and an SUD in the past year (Figure 43 and Table A.24A), 75.0 percent (or 5.1 million people) received either substance use treatment or mental health treatment in the past year, and 25.0 percent (or 1.7 million people) received neither type of treatment (Figure 64 and Table A.48B). Stated another way, 1 in 4 adults aged 18 or older with co-occurring SMI and an SUD in the past year did not receive treatment for either condition. An estimated 47.3 percent of adults aged 18 or older with co-occurring SMI and an SUD in the past year (or 3.2 million people) received only mental health treatment, 2.4 percent (or 160,000 people) received only substance use treatment, and 25.4 percent (or 1.7 million people) received both types of treatment.

Among the 5.1 million adults aged 18 or older in 2023 with co-occurring SMI and an SUD who received either substance use treatment or mental health treatment in the past year (Figure 64), most received only mental health treatment (63.0 percent).[24] An estimated 3.1 percent of these adults aged 18 or older received only substance use treatment, and 33.9 percent received both types of treatment.[24]

Figure 64. Receipt of Substance Use Treatment or Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Past Year Substance Use Disorder and Serious Mental Illness; 2023



6.8 Million Adults with a Substance Use Disorder and Serious Mental Illness

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

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

Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Among adults aged 18 or older in 2023 with co-occurring SMI and an SUD in the past year, young adults aged 18 to 25 were less likely than adults aged 26 to 49 to have received either substance use treatment or mental health treatment in the past year (Table A.48B). Specifically, 67.0 percent of young adults aged 18 to 25 with co-occurring SMI and an SUD in the past year (or 1.2 million people) received either substance use treatment or mental health treatment in the past year compared with 78.3 percent of adults aged 26 to 49 with co-occurring SMI and an SUD in the past year (or 3.2 million people). Percentages could not be calculated with sufficient precision for adults aged 50 or older with co-occurring SMI and an SUD in the past year.[15]

Recovery

Respondents aged 18 or older were asked whether they thought they ever had a problem with their use of drugs or alcohol or whether they ever had a problem with their mental health. Respondents who reported that they ever had a problem with their drug or alcohol use were asked whether they considered themselves (at the time they were interviewed) to be in recovery or to have recovered from their drug or alcohol 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 2023, 12.0 percent (or 30.5 million people) perceived that they ever had a problem with their use of drugs or alcohol (Table A.49B). Young adults aged 18 to 25 were less likely than adults aged 26 or older to perceive that they ever had a problem with their use of drugs or alcohol (8.2 vs. 12.5 percent). These percentages correspond to 2.8 million young adults aged 18 to 25 and 27.7 million adults aged 26 or older who perceived that they ever had a problem with their use of drugs or alcohol. These findings contrast with the findings noted in prior sections of this report that young adults aged 18 to 25 in 2023 tended to be more likely than adults aged 26 or older to have been 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.

Among the 30.5 million adults aged 18 or older in 2023 who perceived that they ever had a substance use problem, 73.1 percent (or 22.2 million people) considered themselves to be in recovery or to have recovered from their drug or alcohol use problem (Table A.50B). 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 (73.9 percent or 20.4 million people) compared with about two thirds of young adults aged 18 to 25 who perceived that they ever had a substance use problem (65.1 percent or 1.8 million people).

In 2023, 25.3 percent of adults aged 18 or older (or 64.4 million people) perceived that they ever had a problem with their mental health (Table A.49B). 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 (40.3 percent of young adults aged 18 to 25 or 13.6 million people vs. 23.0 percent of adults aged 26 or older or 50.8 million people).

Among the 64.4 million adults aged 18 or older in 2023 who perceived that they ever had a problem with their mental health, 66.6 percent (or 42.7 million people) considered themselves to be in recovery or to have recovered from their mental health issue (Table A.50B). Young adults aged 18 to 25 who perceived that they ever had a problem with their mental health were 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 (64.6 percent of young adults aged 18 to 25 or 8.7 million people vs. 67.1 percent of adults aged 26 or older or 34.0 million people).

By Race/Ethnicity

The percentage of adults aged 18 or older in 2023 who perceived that they ever had a problem with their use of drugs or alcohol was higher among Multiracial (19.8 percent), American Indian or Alaska Native (18.6 percent), or White adults (14.7 percent) than among adults in most other racial or ethnic groups (Table B.30B). Asian adults (3.9 percent) were less likely to perceive that they ever had a problem with their use of drugs or alcohol compared with adults in all other racial or ethnic groups. Percentages of adults who perceived that they ever had a problem with their use of drugs or alcohol could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adults.[15]

However, among adults aged 18 or older in 2023 who perceived that they ever had a substance use problem, there were no differences among Hispanic (76.9 percent), White (72.8 percent), or Black adults (71.8 percent) who considered themselves to be in recovery or to have recovered from their drug or alcohol use problem (Table B.31B). Percentages of adults who perceived that they ever had a problem with their substance use and considered themselves to be in recovery from their substance use problem could not be calculated with sufficient precision for American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, or Multiracial adults.[15]

The percentage of adults aged 18 or older in 2023 who perceived that they ever had a problem with their mental health was highest among Multiracial adults (38.4 percent) compared with adults in most other racial or ethnic groups. White (29.3 percent) or American Indian or Alaska Native adults (27.8 percent) were more likely to perceive that they ever had a problem with their mental health than Black (16.1 percent) or Asian adults (15.6 percent) (Table B.30B). Percentages of adults who perceived that they ever had a problem with their mental health could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adults.[15]

However, among adults aged 18 or older in 2023 who perceived that they ever had a problem with their mental health, there were no statistically significant differences in the percentages of Asian, Black, Hispanic, Multiracial, or White adults who considered themselves to be in recovery or to have recovered from their mental health issue. Percentages of adults in these racial or ethnic groups who ever had a problem with their mental health but considered themselves to be in recovery or to have recovered from their mental health issue ranged from 56.3 percent of Multiracial adults to 68.9 percent of Hispanic adults (Table B.31B). Percentages of adults who perceived that they ever had a problem with their mental health and considered themselves to be in recovery from their mental health issue could not be calculated with sufficient precision for American Indian or Alaska Native or Native Hawaiian or Other Pacific Islander adults.[15]

Endnotes

1. Hasin, D. S., & Grant, B. F. (2015). The National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) Waves 1 and 2: Review and summary of findings. *Social Psychiatry and Psychiatric Epidemiology*, *50*, 1609-1640. https://doi.org/10.1007/s00127-015-1088-0
2. World Health Organization. (2021). *Comprehensive mental health action plan 2013-2030*. https://www.who.int/publications/i/item/9789240031029
3. Reeves, W. C., Strine, T. W., Pratt, L. A., Thompson, W., Ahluwalia, I., Dhingra, S. S., McKnight-Eily, L. R., Harrison, L., D'Angelo, D. V., Williams, L., Morrow, B., Gould, D., & Safran, M. A. (2011). Mental illness surveillance among adults in the United States. *Morbidity and Mortality Weekly Report CDC Surveillance Summaries*, *60*(Suppl. 3), 1-29. https://www.cdc.gov/mmwr/preview/mmwrhtml/su6003a1.htm
4. Murray, C. J. L., & Lopez, A. D. (2013). Measuring the global burden of disease. *New England Journal of Medicine*, *369*, 448-457. https://doi.org/10.1056/nejmra1201534
5. Chapter 6 of CBHSQ (2022) discusses these methodological investigations for the 2021 NSDUH in greater detail. See the following reference: Center for Behavioral Health Statistics and Quality. (2022). *2021 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions
6. To further facilitate comparison of estimates between 2021 and 2022, revised analysis weights were produced for 2021 that incorporated additional adjustments for the proportions of interviews in 2021 that were completed via the web or in person. Estimates for 2021 in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* were based on these updated weights and may differ from previously published estimates in 2021 national reports and tables. Additionally, as a result of this reweight, previously published estimates in national reports and tables from the 2021 NSDUH should not be compared with 2022 or 2023 estimates. Instead, 2021 estimates that are available in the 2022 Detailed Tables should be used for comparison with 2022 and 2023 data. Sections 2.3.4.3 and 3.3.3 in CBHSQ (2023) provide more information on the updated weights and revised estimates for 2021 to account for data collection mode. See the following reference: Center for Behavioral Health Statistics and Quality. (2023). *2022 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions
7. 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 this report but may be found in the 2023 Detailed Tables.
8. Substance Abuse and Mental Health Services Administration. (2024). *2023 Companion infographic report: Results from the 2021, 2022, and 2023 National Surveys on Drug Use and Health* (SAMHSA Publication No. PEP24-07-020). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2021-2022-2023-nsduh-infographic

9. Substance Abuse and Mental Health Services Administration. (2024). *Behavioral health by race and ethnicity: Results from the 2021-2023 National Surveys on Drug Use and Health* (SAMHSA Publication No. PEP24-07-022). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2021-2023-nsduh-race-ethnicity-infographic

10. Details about the sample design, weighting, and interviewing results for the 2023 NSDUH are provided in Sections 2.1, 2.3.4, and 3.3.1 of CBHSQ (2024). In particular, Table 2.1 in CBHSQ (2024) provides sample design information on the targeted numbers of completed interviews by age group. See the following reference: Center for Behavioral Health Statistics and Quality. (2024). *2023 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions

11. Details about the multimode data collection procedures for the 2023 NSDUH are provided in Section 2.2.1 of CBHSQ (2024). See the following reference: Center for Behavioral Health Statistics and Quality. (2024). *2023 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions

12. Ages reported in household screenings were used in the response rate calculations. Numbers of adolescent respondents aged 12 to 17 and adult respondents aged 18 or older changed slightly based on final ages from the interview data (14,279 adolescents and 53,400 adults).

13. Overall response rates are not calculated for adolescents or adults because the screening response rate is not specific to age groups.

14. Center for Behavioral Health Statistics and Quality. (2024). *2023 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions

15. 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. (2024). *2023 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions

16. 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.

17. See the following reference for population estimates cited in this report that do not appear in the report figures or the appendix tables: Center for Behavioral Health Statistics and Quality. (2024). *2023 National Survey on Drug Use and Health: Detailed tables*. https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables

18. Office of Management and Budget. (1997, October 30). Revisions to the standards for the classification of federal data on race and ethnicity. *Federal Register*, *62*(210), 58782-58790. https://www.govinfo.gov/content/pkg/FR-1997-10-30/pdf/97-28653.pdf

19. Center for Behavioral Health Statistics and Quality. (2024). *2023 National Survey on Drug Use and Health: Detailed tables*. https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables

20. See Section 3.2.3 in the following reference: Center for Behavioral Health Statistics and Quality. (2024). *2023 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions

21. For more information on the change to the nicotine vaping questions for 2022, see Section 3.4.11 in the following reference: Center for Behavioral Health Statistics and Quality. (2023). *2022 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions

22. 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). https://www.samhsa.gov/data/report/results-2013-national-survey-drug-use-and-health-summary-national-findings

23. Center for Behavioral Health Statistics and Quality. (2020). *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health* (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). https://www.samhsa.gov/data/report/2019-nsduh-annual-national-report

24. These estimates (or selected estimates being cited) were calculated from special analyses but are not included in the appendix tables or in the 2023 Detailed Tables.

25. U.S. Food and Drug Administration. (2021). *Rules, regulations and guidance*. https://www.fda.gov/tobacco-products/products-guidance-regulations/rules-regulations-and-guidance

26. In the 2023 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.

27. 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 percent or higher, or 0.08 grams per deciliter (g/dL) or higher. For a typical adult, this pattern corresponds to consuming four or more drinks for women and five or more drinks for men in about 2 hours. See the following reference: National Institute on Alcohol Abuse and Alcoholism. (2023). *Drinking levels defined*. https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking

28. Alcohol Policy Information System, National Institute on Alcohol Abuse and Alcoholism. (2023). *Possession/consumption/internal possession of alcohol*. https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/possessionconsumptioninternal-possession-of-alcohol/42

29. Alcohol Policy Information System, National Institute on Alcohol Abuse and Alcoholism. (n.d.). *Highlight on underage drinking*. https://alcoholpolicy.niaaa.nih.gov/underage-drinking

30. Meko, T., & Blanco, A. (2023, November 8). More than half of Americans live in places where recreational marijuana is legal. *The Washington Post*. https://www.washingtonpost.com/politics/2023/legal-weed-states-map/

31. Alcohol Policy Information System, National Institute on Alcohol Abuse and Alcoholism. (n.d.). *Cannabis policy topics: Recreational use of cannabis: Volume 1*. https://alcoholpolicy.niaaa.nih.gov/cannabis-policy-topics/recreational-use-of-cannabis-volume-1/104

32. The 2023 NSDUH questionnaire included separate sections for prescription tranquilizer misuse and prescription sedative misuse. Data from these sections were combined to produce aggregate estimates for the misuse of any prescription tranquilizer or sedative.

33. 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.

34. 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. (2024). *Results from the 2023 National Survey on Drug Use and Health: Detailed tables*. https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables

35. Desoxyn® was mentioned only rarely in 2023 (for fewer than five respondents) as some other stimulant. Desoxyn® is grouped with the other amphetamines because it is chemically similar to other prescription amphetamines (e.g., Adderall®).

36. Examples of forms of fentanyl presented to NSDUH respondents in the pain relievers section of the interview are available by prescription.

37. Drug Enforcement Administration. (2019, October). *Hydrocodone*. https://www.deadiversion.usdoj.gov/drug_chem_info/hydrocodone.pdf

38. Centers for Disease Control and Prevention. (2024, February). *Basics about prescription opioids*. https://www.cdc.gov/rx-awareness/information/index.html

39. National Institute on Drug Abuse. (2024, March). *Cocaine*. https://nida.nih.gov/research-topics/cocaine

40. National Institute on Drug Abuse. (2023, February). *Methamphetamine research report: Overview.* https://nida.nih.gov/publications/research-reports/methamphetamine/overview

41. National Institute on Drug Abuse. (2020, June). *Misuse of prescription drugs research report: What classes of prescription drugs are commonly misused?* https://nida.nih.gov/publications/research-reports/misuse-prescription-drugs/what-classes-prescription-drugs-are-commonly-misused

42. Individual estimated numbers of people who used cocaine only, misused prescription stimulants only, or used methamphetamine only sum to more than 7.9 million people because of rounding.

43. Centers for Disease Control and Prevention. (2024, April). *Understanding the opioid overdose epidemic*. https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html

44. Spencer, M. R., Warner, M., Cisewski, J. A., Miniño, A., Dodds, D., Perera, J., & Ahmad, F. B. (2023, May). *Estimates of drug overdose deaths involving fentanyl, methamphetamine, cocaine, heroin, and oxycodone: United States, 2021*. Vital Statistics Rapid Release (Report No. 27). National Center for Health Statistics. https://doi.org/10.15620/cdc:125504

45. Zibbell, J. E., Aldridge, A., Grabenauer, M., Heller, D., Duhart Clarke, S., Pressley, D., & Smiley-McDonald, H. (2023). Associations between opioid overdose deaths and drugs confiscated by law enforcement and submitted to crime laboratories for analysis, United States, 2014–2019: An observational study. *The Lancet Regional Health–Americas*, *25*. https://doi.org/10.1016/j.lana.2023.100569

46. Carroll, J. J., Marshall, B. D. L., Rich, J. D., & Green, T. C. (2017). Exposure to fentanyl-contaminated heroin and overdose risk among illicit opioid users in Rhode Island: A mixed methods study. *International Journal of Drug Policy*, *46*, 136-145. https://doi.org/10.1016/j.drugpo.2017.05.023

47. Macmadu, A., Carroll, J. J., Hadland, S. E., Green, T. C., & Marshall, B. D. L. (2017). Prevalence and correlates of fentanyl-contaminated heroin exposure among young adults who use prescription opioids non-medically. *Addictive Behaviors*, *68*, 35-38. https://doi.org/10.1016/j.addbeh.2017.01.014

48. McKnight, C., & Des Jarlais, D. C. (2018). Being "hooked up" during a sharp increase in the availability of illicitly manufactured fentanyl: Adaptations of drug using practices among people who use drugs (PWUD) in New York City. *International Journal of Drug Policy*, *60*, 82-88. https://doi.org/10.1016/j.drugpo.2018.08.004

49. Stevens, C., Li, T., Ton, E., Zou, J., Douglas, E., & Jones, P. (2021). Longitudinal opioid surveillance project involving toxicologic analysis of postmortem specimens from 9 counties in Michigan suggests the discovery of new high-intensity drug trafficking areas. *American Journal of Forensic Medicine and Pathology*, *42*(3), 216-224. https://doi.org/10.1097/PAF.0000000000000675

50. Weicker, N. P., Owczarzak, J., Urquhart, G., Park, J. N., Rouhani, S., Ling, R., Morris, M., & Sherman, S. G. (2020). Agency in the fentanyl era: Exploring the utility of fentanyl test strips in an opaque drug market. *International Journal of Drug Policy*, *84*, 102900. https://doi.org/10.1016/j.drugpo.2020.102900

51. LaForge, K., Stack, E., Shin, S., Pope, J., Larsen, J. E., Leichtling, G., Leahy, J. M., Seaman, A., Hoover, D., Byers, M., Barrie, C., Chisholm, L., & Korthuis, P. T. (2022). Knowledge, attitudes, and behaviors related to the fentanyl-adulterated drug supply among people who use drugs in Oregon. *Journal of Substance Abuse Treatment*, *141*, 108849. https://doi.org/10.1016/j.jsat.2022.108849

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 prescription pain relievers, prescription tranquilizers, prescription stimulants, and prescription 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). 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 2023 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®, or generic hydrocodone). Respondents in 2023 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. Field testing in 2012 and 2013 for the prescription drug questions in the 2023 NSDUH questionnaire indicated a higher prevalence of the past year misuse of prescription drugs but a lower prevalence of lifetime misuse compared with the main survey questionnaire at the time. The conclusion was that the emphasis on the past year misuse of prescription drugs can result in underreporting of lifetime misuse of prescription drugs. For more information, see the following references:

    Center for Behavioral Health Statistics and Quality. (2014). *National Survey on Drug Use and Health: 2012 Questionnaire Field Test final report*. https://www.samhsa.gov/data/report/nsduh-2012-questionnaire-field-test-report

    Center for Behavioral Health Statistics and Quality. (2014). *National Survey on Drug Use and Health: 2013 Dress Rehearsal final report.* https://www.samhsa.gov/data/report/nsduh-2013-dress-rehearsal-final-report

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. (2024). *2023 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions

58. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

59. For more information about the DSM-5 criteria for SUDs, see Section 3.4.3 in the following reference: Center for Behavioral Health Statistics and Quality. (2024). *2023 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions

60. 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.

61. For alcohol use disorder, for example, this criterion involves the use of alcohol, sedatives, or tranquilizers to get over or avoid alcohol withdrawal symptoms.

62. Hasin, D. S., O'Brien, C. P., Auriacombe, M., Borges, G., Bucholz, K., Budney, A., Compton, W. M., Crowley, T., Ling, W., Petry, N. M., Schuckit, M., & Grant, B. F. (2013). DSM-5 criteria for substance use disorders: Recommendations and rationale. *American Journal of Psychiatry*, *170*(8), 834-851. https://doi.org/10.1176/appi.ajp.2013.12060782

63. NSDUH respondents in 2023 were asked the respective questions for alcohol use disorder or marijuana use disorder if they reported use of these substances on 6 or more days in the past year. Respondents were asked the respective SUD questions for cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs if they reported any use in the past year.

64. 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.

65. 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.

66. Details about the criteria for defining a NSDUH interview as usable are provided in Section 2.3.1 of CBHSQ (2024). See the following reference: Center for Behavioral Health Statistics and Quality. (2024). *2023 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions

67. Details about imputation procedures, including imputation of adult MDE data, are provided in Sections 2.3.3 and 3.4.8 of CBHSQ (2024). See the following reference: Center for Behavioral Health Statistics and Quality. (2024). *2023 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions

68. American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.).

69. 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 State Psychiatric Institute, Biometrics Research. A new mental health calibration study is in progress that includes clinical interviews based on DSM-5 criteria.

70. Garnett, M. F., & Curtin, S. C. (2023). *Suicide mortality in the United States, 2001–2021* (NCHS Data Brief No. 464). https://www.cdc.gov/nchs//data/databriefs/db464.pdf

71. Curtin, S. C., Garnett, M. F., & Ahmad, F. B. (2023). *Provisional estimates of suicide by demographic characteristics: United States, 2022*. Vital Statistics Rapid Release (Report No. 34). National Center for Health Statistics. https://doi.org/10.15620/cdc:133702

72. Centers for Disease Control and Prevention. (2023). *Suicide prevention: Facts about suicide*. https://www.cdc.gov/suicide/facts/index.html

73. 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. https://www.cdc.gov/mmwr/preview/mmwrhtml/ss6013a1.htm

74. 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

75. de la Torre-Luque, A., Pemau, A., Ayad-Ahmed, W., Borges, G., Fernandez-Sevillano, J., Garrido-Torres, N., Garrido-Sanchez, L., Garriga, M., Gonzalez-Ortega, I., Gonzalez-Pinto, A., Grande, I., Guinovart, M., Hernandez-Calle, D., Jimenez-Treviño, L., Lopez-Sola, C., Mediavilla, R., Perez-Aranda, A., Ruiz-Veguilla, M., Seijo-Zazo, E., ... & SURVIVE Consortium. (2023). Risk of suicide attempt repetition after an index attempt: A systematic review and meta-analysis. *General Hospital Psychiatry*, *81*, 51-56. https://doi.org/10.1016/j.genhosppsych.2023.01.007

76. 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

77. 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

78. Curtin, S. C. (2020, September). State suicide rates among adolescents and young adults aged 10–24: United States, 2000–2018. *National Vital Statistics Reports*, *69*(11). https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr-69-11-508.pdf

79. 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

80. Centers for Disease Control and Prevention. (2023). *Youth Risk Behavior Survey: Data summary & trends report: 2011–2021*. https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf

81. Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2022 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2022, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Retrieved May 9, 2024, from https://wonder.cdc.gov/mcd-icd10-expanded.html

82. Examples of ACEs include abuse, neglect, and negative family interactions. ACEs can occur anytime from birth to age 17.

83. 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

84. 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

85. 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.

86. Center for Behavioral Health Statistics and Quality. (2023). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report

87. Inpatient treatment locations were places where people stayed overnight or longer to receive treatment for their alcohol or drug use. Locations included hospitals where people stayed as inpatients, residential drug or alcohol rehabilitation or treatment centers, residential mental health treatment centers, or some other place where people stayed overnight or longer to receive treatment.

88. Outpatient treatment locations were places where people received treatment for their alcohol or drug use without needing to stay overnight. Locations included outpatient drug or alcohol rehabilitation or treatment centers; outpatient mental health treatment centers; the office of a therapist, psychologist, psychiatrist, or substance use treatment professional; general medical clinics or doctor's offices; hospitals where people received treatment as outpatients; school health or counseling centers; or some other place where people received treatment as outpatients.

89. Department of Justice. (2023, October 10). Second temporary extension of COVID-19 telemedicine flexibilities for prescription of controlled medications. *Federal Register*, *88*(194), 69879-69883. https://www.govinfo.gov/content/pkg/FR-2023-10-10/pdf/2023-22406.pdf

90. 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

91. 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

92. Weintraub, E., Seneviratne, C., Anane, J., Coble, K., Magidson, J., Kattakuzhy, S., Greenblatt, A., Welsh, C., Pappas, A., Ross, T. L., & Belcher, A. M. (2021). Mobile telemedicine for buprenorphine treatment in rural populations with opioid use disorder. *JAMA Network Open*, *4*(8), e2118487. https://doi.org/10.1001/jamanetworkopen.2021.18487

93. Substance Abuse and Mental Health Services Administration. (2021). *Telehealth for the treatment of serious mental illness and substance use disorders* (SAMHSA Publication No. PEP21-06-02-001). National Mental Health and Substance Use Policy Laboratory. https://store.samhsa.gov/sites/default/files/pep21-06-02-001.pdf

94. Cantor, J., McBain, R. K., Kofner, A., Hanson, R., Stein, B. D., & Yu, H. (2022). Telehealth adoption by mental health and substance use disorder treatment facilities in the COVID-19 pandemic. *Psychiatric Services*, *73*(4), 411-417. https://doi.org/10.1176/appi.ps.202100191

95. Percentages of adolescents with an SUD who did not receive treatment but sought treatment or thought they should get it sum to less than 3.4 percent because of rounding.

96. 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

97. Spivak, S., Spivak, A., Cullen, B., Meuchel, J., Johnston, D., Chernow, R., Green, C., & Mojtabai, R. (2019). Telepsychiatry use in U.S. mental health facilities, 2010–2017. *Psychiatric Services*, *71*(2), 121-127. https://doi.org/10.1176/appi.ps.201900261

98. 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

99. Guaiana, G., Mastrangelo, J., Hendrikx, S., & Barbui, C. (2021). A systematic review of the use of telepsychiatry in depression. *Community Mental Health Journal*, *57*, 93-100. https://doi.org/10.1007/s10597-020-00724-2

100. McBain, R. K., Schuler, M. S., Qureshi, N., Matthews, S., Kofner, A., Breslau, J., & Cantor, J. H. (2023). Expansion of telehealth availability for mental health care after state-level policy changes from 2019 to 2022. *JAMA Network Open*, *6*(6), e2318045. https://doi.org/10.1001/jamanetworkopen.2023.18045

101. Inpatient treatment locations were places where people stayed overnight or longer to receive mental health treatment. Locations included hospitals where people stayed as inpatients, residential mental health treatment centers, residential drug or alcohol rehabilitation or treatment centers, or some other place where people stayed overnight or longer to receive treatment.

102. Outpatient treatment locations were places where people received mental health treatment without needing to stay overnight. Locations included outpatient mental health treatment centers; outpatient drug or alcohol rehabilitation or treatment centers; the office of a therapist, psychologist, psychiatrist, or substance use treatment professional; general medical clinics or doctor's offices; hospitals where people received treatment as outpatients; school health or counseling centers; or some other place where people received treatment as outpatients.

103. Lai, H. M., Cleary, M., Sitharthan, T., & Hunt, G. E. (2015). Prevalence of comorbid substance use, anxiety and mood disorders in epidemiological surveys, 1990-2014: A systematic review and meta-analysis. *Drug and Alcohol Dependence*, *154*, 1-13. https://doi.org/10.1016/j.drugalcdep.2015.05.031

104. Compton, W. M., Thomas, Y. F., Stinson, F. S., & Grant, B. F. (2007). Prevalence, correlates, disability, and comorbidity of DSM-IV drug abuse and dependence in the United States: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Archives of General Psychiatry*, *64*, 566-576. https://doi.org/10.1001/archpsyc.64.5.566

105. Mojtabai, R., Chen, L.-Y., Kaufmann, C. N., & Crum, R. M. (2014). Comparing barriers to mental health treatment and substance use disorder treatment among individuals with comorbid major depression and substance use disorders. *Journal of Substance Abuse Treatment*, *46*, 268-273. https://doi.org/10.1016/j.jsat.2013.07.012

106. Hartz, S. M., Pato, C. N., Medeiros, H., Cavazos-Rehg, P., Sobell, J. L., Knowles, J. A., Bierut, L. J., & Pato, M. T. (2014). Comorbidity of severe psychotic disorders with measures of substance use. *JAMA Psychiatry*, *71*, 248-254. https://doi.org/10.1001/jamapsychiatry.2013.3726

107. Watkins, K. E., Hunter, S. B., Burnam, M. A., Pincus, H. A., & Nicholson, G. (2005). Review of treatment recommendations for persons with a co-occurring affective or anxiety and substance use disorder. *Psychiatric Services*, *56*, 913-926. https://doi.org/10.1176/appi.ps.56.8.913

108. Pettinati, H. M., O'Brien, C. P., & Dundon, W. D. (2013). Current status of co-occurring mood and substance use disorders: A new therapeutic target. *American Journal of Psychiatry*, *170*, 23-30. https://doi.org/10.1176/appi.ajp.2012.12010112

109. Han, B., Compton, W. M., Blanco, C., & Colpe, L. J. (2017). Prevalence, treatment, and unmet treatment needs of US adults with mental health and substance use disorders. *Health Affairs (Millwood)*, *36*, 1739-1747. https://doi.org/10.1377/hlthaff.2017.0584

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

Table A.1B Tobacco Product Use or Nicotine Vaping, Alcohol Use, or Illicit Drug Use in the Past Month: Among People Aged 12 or Older; by Age Group, 2023

Substance	12 or Older		12 to 17		18 to 25		26 or Older		12 to 20	
GENERAL SUBSTANCE USE										
Tobacco Product Use or Nicotine Vaping, Alcohol, or Illicit Drugs[1,2,3,4]	59.0	(0.40)	14.0	(0.48)	61.4	(0.72)	63.8	(0.48)	23.9	(0.57)
TOBACCO PRODUCT USE OR NICOTINE VAPING[1,2]	22.7	(0.32)	7.4	(0.33)	30.0	(0.62)	23.4	(0.39)	13.2	(0.42)
Tobacco Products[1]	17.6	(0.30)	1.9	(0.17)	15.7	(0.47)	19.7	(0.37)	4.8	(0.28)
Cigarettes	13.7	(0.28)	1.3	(0.15)	10.6	(0.39)	15.5	(0.35)	3.3	(0.21)
Daily Cigarette Smoking[5]	58.9	(0.98)	*	(*)	25.4	(1.64)	62.9	(1.03)	14.2	(1.96)
Smoked 1+ Packs of Cigarettes per Day[6]	39.6	(1.33)	*	(*)	23.3	(2.64)	40.3	(1.38)	*	(*)
Smokeless Tobacco	2.5	(0.12)	0.3	(0.06)	2.8	(0.21)	2.7	(0.15)	0.8	(0.11)
Cigars	3.8	(0.14)	0.4	(0.07)	5.3	(0.28)	3.9	(0.17)	1.5	(0.14)
Pipe Tobacco	0.7	(0.06)	0.2	(0.05)	1.1	(0.14)	0.7	(0.08)	0.5	(0.11)
Nicotine Vaping[2]	9.4	(0.19)	6.8	(0.32)	24.1	(0.59)	7.4	(0.21)	11.7	(0.40)
ALCOHOL	47.5	(0.42)	6.9	(0.37)	49.6	(0.77)	51.9	(0.50)	14.6	(0.49)
Binge Alcohol Use	21.7	(0.30)	3.9	(0.29)	28.7	(0.64)	22.7	(0.36)	8.6	(0.38)
Heavy Alcohol Use	5.8	(0.16)	0.5	(0.10)	6.9	(0.35)	6.2	(0.20)	1.7	(0.17)
ILLICIT DRUGS[3,4]	16.8	(0.29)	7.2	(0.35)	26.2	(0.59)	16.5	(0.34)	12.3	(0.41)
Marijuana	15.4	(0.28)	6.0	(0.32)	25.2	(0.58)	15.0	(0.32)	11.3	(0.40)
Marijuana Vaping[7]	5.6	(0.14)	3.7	(0.26)	12.6	(0.42)	4.7	(0.16)	6.5	(0.30)

* Low precision; no estimate reported.

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

[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 nicotine vaping because people could have used a vaping device to vape nicotine-containing products other than tobacco.

[2] Nicotine vaping refers to using an e-cigarette or other vaping device to vape nicotine or tobacco.

[3] Illicit Drug Use includes the misuse of prescription psychotherapeutics (pain relievers, tranquilizers, stimulants, or sedatives) or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine.

[4] These estimates do not include illegally made fentanyl.

[5] Percentages for daily cigarette smoking are among past month cigarette smokers.

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

[7] Marijuana vaping refers to using vape pens, dab pens, tabletop vaporizers, or portable vaporizers to vape marijuana.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.2B Type of Nicotine Product Use in the Past Month: Among Past Month Nicotine Product Users Aged 12 or Older; by Age Group, 2023

Nicotine Product Use[1]	12 or Older		12 to 17		18 to 25		26 or Older	
Only Nicotine Vaping[2]	22.5	(0.55)	74.9	(1.99)	47.6	(1.15)	15.7	(0.60)
Nicotine Vaping and Tobacco Products[2,3]	18.8	(0.52)	16.5	(1.62)	32.8	(1.01)	16.1	(0.59)
Nicotine Vaping and Only Cigarettes[2]	11.5	(0.42)	10.3	(1.34)	16.6	(0.81)	10.5	(0.48)
Nicotine Vaping, Cigarettes, and Noncigarette Tobacco Products[2,4]	4.0	(0.25)	2.4	(0.65)	7.4	(0.52)	3.4	(0.29)
Nicotine Vaping and Only Noncigarette Tobacco Products[2,4]	3.3	(0.23)	3.8	(0.78)	8.9	(0.70)	2.2	(0.23)
Only Tobacco Products[3]	58.7	(0.70)	8.6	(1.42)	19.6	(0.91)	68.2	(0.76)

NOTE: Estimates shown are percentages with standard errors included in parentheses. Percentages for Only Nicotine Vaping, Nicotine Vaping and Tobacco Products, and Only Tobacco Products in an age group category may not add to 100 percent due to rounding.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

[1] Nicotine product use refers to using tobacco or nicotine vaping.

[2] Nicotine vaping refers to using 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 nicotine vaping because people could have 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, 2023.

Table A.3B Type of Tobacco Product Use in the Past Month: Among Past Month Tobacco Product Users Aged 12 or Older; by Age Group, 2023

Tobacco Product Use[1]	12 or Older		12 to 17		18 to 25		26 or Older	
Only Cigarettes	64.1	(0.89)	59.1	(4.28)	48.0	(1.56)	66.2	(0.98)
Cigarettes and Noncigarette Tobacco Products[2]	13.4	(0.56)	12.2	(3.07)	19.5	(1.19)	12.7	(0.62)
Only Noncigarette Tobacco Products[2]	22.4	(0.75)	28.7	(3.90)	32.5	(1.50)	21.2	(0.83)

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

[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 nicotine vaping because people could have 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, 2023.

Table A.4B Type of Marijuana Use in the Past Month: Among Past Month Marijuana Users Aged 12 or Older; by Age Group, 2023

Marijuana Use	12 or Older		12 to 17		18 to 25		26 or Older	
Marijuana Vaping[1]	36.2	(0.78)	61.3	(2.58)	50.3	(1.20)	31.4	(0.93)
Marijuana Use but Not Marijuana Vaping[1]	63.8	(0.78)	38.7	(2.58)	49.7	(1.20)	68.6	(0.93)

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: The 2023 NSDUH collected data on the variety of methods that people used to consume marijuana in the past month. Estimates shown focus on whether marijuana vaping was a method of past month consumption among past month marijuana users.

[1] Marijuana vaping refers to using vape pens, dab pens, tabletop vaporizers, or portable vaporizers to vape marijuana.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.5B Types of Illicit Drug Use in the Past Year: Among People Aged 12 or Older; by Age Group, 2023

Drug	12 or Older		12 to 17		18 to 25		26 or Older	
ILLICIT DRUGS[1]	24.9	(0.32)	14.7	(0.46)	39.0	(0.69)	23.9	(0.37)
Marijuana	21.8	(0.31)	11.2	(0.41)	36.5	(0.70)	20.8	(0.35)
Cocaine	1.8	(0.09)	0.2	(0.06)	3.1	(0.25)	1.7	(0.11)
Crack	0.4	(0.05)	<0.1	(0.02)	0.2	(0.06)	0.4	(0.06)
Heroin	0.2	(0.03)	<0.1	(0.02)	0.1	(0.02)	0.3	(0.04)
Hallucinogens	3.1	(0.10)	1.5	(0.16)	6.7	(0.33)	2.7	(0.12)
LSD	0.6	(0.04)	0.6	(0.10)	1.5	(0.14)	0.5	(0.05)
PCP	<0.1	(0.02)	0.1	(0.05)	*	(*)	0.1	(0.02)
Ecstasy	0.8	(0.06)	0.3	(0.06)	1.5	(0.18)	0.7	(0.07)
Inhalants	0.9	(0.06)	2.2	(0.21)	2.0	(0.19)	0.6	(0.06)
Methamphetamine	0.9	(0.07)	0.2	(0.07)	0.3	(0.06)	1.1	(0.09)
Misuse of Prescription Psychotherapeutics	5.1	(0.15)	3.0	(0.23)	6.0	(0.30)	5.2	(0.18)
Pain Relievers	3.0	(0.12)	2.2	(0.21)	2.5	(0.19)	3.2	(0.14)
Stimulants	1.4	(0.07)	0.9	(0.12)	3.1	(0.23)	1.2	(0.08)
Tranquilizers or Sedatives	1.7	(0.09)	0.7	(0.10)	1.7	(0.14)	1.8	(0.11)
Tranquilizers	1.4	(0.08)	0.5	(0.07)	1.5	(0.13)	1.5	(0.10)
Sedatives	0.4	(0.05)	0.3	(0.07)	0.3	(0.06)	0.4	(0.07)
Benzodiazepines	1.3	(0.08)	0.4	(0.07)	1.4	(0.13)	1.4	(0.10)
Misuse of Opioids[1]	3.1	(0.12)	2.2	(0.21)	2.5	(0.19)	3.3	(0.15)
Misuse of Central Nervous System Stimulants	3.4	(0.13)	1.1	(0.14)	5.6	(0.33)	3.3	(0.15)

* Low precision; no estimate reported.

LSD = lysergic acid diethylamide; PCP = phencyclidine.

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Estimates that round to 0.0 percent are presented as <0.1.

[1] These estimates do not include illegally made fentanyl.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.6B Mode of Marijuana Use in the Past Year: Among Past Year Marijuana Users Aged 12 or Older; by Age Group, 2023

Mode of Marijuana Use	12 or Older		12 to 17		18 to 25		26 or Older	
Smoking	77.0	(0.62)	79.3	(1.45)	84.4	(0.82)	74.9	(0.78)
Vaping[1]	38.3	(0.66)	63.4	(2.00)	52.2	(0.99)	33.0	(0.81)
Dabbing Waxes, Shatter, or Concentrates	16.0	(0.46)	16.9	(1.32)	27.9	(0.92)	12.8	(0.53)
Eating or Drinking	48.3	(0.78)	38.5	(1.95)	49.9	(1.04)	48.5	(0.95)
Applying Lotion, Cream, or Patches to Skin	7.8	(0.36)	4.9	(0.89)	6.0	(0.50)	8.4	(0.46)
Putting Drops, Strips, Lozenges, or Sprays in Mouth or under Tongue	5.5	(0.32)	1.0	(0.29)	3.5	(0.36)	6.3	(0.42)
Taking Pills	3.3	(0.27)	1.5	(0.41)	2.3	(0.32)	3.6	(0.34)
Some Other Way[2]	0.7	(0.11)	1.0	(0.27)	0.9	(0.20)	0.6	(0.13)

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Respondents could indicate multiple modes of marijuana use; thus, these response categories are not mutually exclusive.

[1] Marijuana vaping refers to using vape pens, dab pens, tabletop vaporizers, or portable vaporizers to vape marijuana.

[2] 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, 2023.

Table A.7B Misuse of Prescription Pain Reliever Subtypes in the Past Year: Among People Aged 12 or Older, Among Past Year Misusers of Prescription Pain Relievers Aged 12 or Older, and Among All Past Year Users of Prescription Pain Reliever Subtypes Aged 12 or Older; Percentages, 2023

Prescription Pain Reliever Subtype	Past Year Misuse among People Aged 12 or Older		Misuse in the Past Year among Past Year Misusers of Prescription Pain Relievers		Misuse in the Past Year among All Past Year Users of Prescription Pain Reliever Subtypes	
ANY PRESCRIPTION PAIN RELIEVER	3.0	(0.12)	100.0	(0.00)	11.5	(0.43)
Hydrocodone Products	1.3	(0.08)	42.8	(2.03)	10.7	(0.65)
Oxycodone Products	0.9	(0.06)	31.3	(1.73)	12.6	(0.81)
Tramadol Products	0.5	(0.05)	15.8	(1.63)	9.0	(0.95)
Codeine Products	0.7	(0.05)	23.6	(1.60)	10.2	(0.74)
Morphine Products	0.1	(0.02)	3.3	(0.56)	5.8	(0.98)
Fentanyl Products[1]	0.2	(0.02)	5.6	(0.78)	18.3	(2.40)
Buprenorphine Products	0.2	(0.03)	7.2	(1.06)	20.4	(2.81)
Oxymorphone Products	<0.1	(0.01)	1.6	(0.39)	17.5	(4.14)
Demerol®	<0.1	(0.01)	0.9	(0.47)	*	(*)
Hydromorphone Products	0.1	(0.03)	2.6	(0.88)	*	(*)
Methadone	0.1	(0.02)	2.4	(0.54)	14.3	(3.10)

* Low precision; no estimate reported.

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Estimates that round to 0.0 percent are presented as <0.1.

NOTE: Percentages for misuse in the past year among people aged 12 or older and among past year misusers of prescription pain relievers are not mutually exclusive because people could have misused prescription pain relievers in more than one subtype.

NOTE: Respondents with unknown prescription drug subtype information were excluded from the respective analyses.

[1] Estimates in this row do not include use of only illegally made fentanyl.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.8B Main Reason for the Last Episode of Misuse: Among People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year; 2023

Main Reason for Misuse	Past Year Misusers of Prescription Pain Relievers	
Relieve Physical Pain	70.9	(1.84)
Relax or Relieve Tension	7.6	(1.04)
Help with Sleep	3.7	(0.91)
Help with Feelings or Emotions	3.1	(0.56)
Experiment or See What It's Like	2.3	(0.58)
Feel Good or Get High	8.1	(1.09)
Increase or Decrease Effect of Other Drug	0.7	(0.36)
Because I Am Hooked or Have to Have It	2.1	(0.45)
Some Other Reason	1.5	(0.40)

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 *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.9B 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; 2023

Source for Most Recent Misuse	Past Year Misusers of Prescription Pain Relievers	
GOT THROUGH PRESCRIPTION(S) OR STOLE FROM A HEALTHCARE PROVIDER	47.0	(1.96)
Prescription from One Doctor	44.3	(2.01)
Prescriptions from More Than One Doctor	2.2	(0.66)
Stole from Doctor's Office, Clinic, Hospital, or Pharmacy	0.5	(0.26)
GIVEN BY, BOUGHT FROM, OR TOOK FROM A FRIEND OR RELATIVE	39.1	(1.86)
From Friend or Relative for Free	28.8	(1.75)
Bought from Friend or Relative	7.3	(0.93)
Took from Friend or Relative without Asking	3.0	(0.60)
BOUGHT FROM DRUG DEALER OR OTHER STRANGER	8.0	(0.93)
SOME OTHER WAY[1]	5.8	(1.20)

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

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

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.10AB Type of Opioid Misuse in the Past Year: Among Past Year Opioid Misusers Aged 12 or Older; 2023

Opioid Misuse	Number in Thousands[1]		Percentage[2]	
Opioid Misuse	8,902	(358)	100.0	(0.00)
Prescription Pain Reliever Misuse	8,578	(351)	96.4	(0.67)
Heroin Use	660	(84)	7.4	(0.92)
Prescription Pain Reliever Misuse but Not Heroin Use	8,242	(347)	92.6	(0.92)
Heroin Use but Not Prescription Pain Reliever Misuse	324	(61)	3.6	(0.67)
Prescription Pain Reliever Misuse and Heroin Use	336	(59)	3.8	(0.66)

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: These estimates do not include illegally made fentanyl.

[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, 2023.

Table A.11AB Type of Central Nervous System (CNS) Stimulant Misuse in the Past Year: Among Past Year CNS Stimulant Misusers Aged 12 or Older; 2023

CNS Stimulant Misuse	Number in Thousands[1]		Percentage[2]	
CNS Stimulant Misuse	9,659	(375)	100.0	(0.00)
Cocaine Use	5,012	(268)	51.9	(1.85)
Methamphetamine Use	2,621	(217)	27.1	(1.77)
Prescription Stimulant Misuse	3,922	(197)	40.6	(1.66)
USED OR MISUSED ONLY ONE TYPE OF CNS STIMULANT				
Cocaine Use (No Methamphetamine Use or Prescription Stimulant Misuse)	3,488	(216)	36.1	(1.75)
Methamphetamine Use (No Cocaine Use or Prescription Stimulant Misuse)	1,693	(180)	17.5	(1.62)
Prescription Stimulant Misuse (No Cocaine Use or Methamphetamine Use)	2,764	(159)	28.6	(1.52)
USED OR MISUSED TWO TYPES OF CNS STIMULANTS				
Cocaine Use and Methamphetamine Use (No Prescription Stimulant Misuse)	556	(95)	5.8	(0.94)
Cocaine Use and Prescription Stimulant Misuse (No Methamphetamine Use)	786	(98)	8.1	(0.96)
Methamphetamine Use and Prescription Stimulant Misuse (No Cocaine Use)	190	(42)	2.0	(0.43)
USED OR MISUSED ALL THREE TYPES OF CNS STIMULANTS (Cocaine Use, Methamphetamine Use, and Prescription Stimulant Misuse)	182	(44)	1.9	(0.45)

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 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, 2023.

Table A.12B Fentanyl Misuse in the Past Year: Among People Aged 12 or Older; by Age Group, 2023

Type of Fentanyl Misuse	12 or Older		12 to 17		18 to 25		26 or Older	
Any Misuse of Fentanyl[1]	0.3	(0.03)	0.2	(0.06)	0.3	(0.06)	0.3	(0.04)
Illegally Made Fentanyl	0.2	(0.02)	0.1	(0.05)	0.2	(0.05)	0.2	(0.03)

NOTE: Estimates shown are percentages with standard errors included in parentheses.
NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.
[1] Misuse of fentanyl includes use of illegally made fentanyl or misuse of prescription fentanyl in the past year.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.13A Past Year Initiation of Specific Substance Use: Among People Aged 12 or Older; by Age Group, 2023

Substance	12 or Older		12 to 17		18 to 25		26 or Older	
ILLICIT DRUGS		nr		nr		nr		nr
Marijuana	3,456	(162)	1,169	(73)	1,195	(80)	1,092	(127)
Cocaine	470	(63)	23	(7)	260	(36)	187	(51)
Crack	79	(27)	4	(4)	32	(17)	42	(21)
Heroin	28	(11)	4	(4)	7	(4)	17	(9)
Hallucinogens	1,510	(95)	248	(32)	635	(54)	627	(75)
LSD	364	(47)	101	(20)	143	(26)	120	(35)
PCP	24	(17)	8	(6)	*	(*)	16	(16)
Ecstasy	507	(68)	61	(15)	233	(47)	213	(47)
Inhalants	583	(63)	211	(30)	235	(33)	137	(46)
Methamphetamine	78	(23)	15	(9)	13	(5)	50	(21)
Misuse of Prescription Psychotherapeutics		nr		nr		nr		nr
Pain Relievers	1,380	(122)	210	(26)	191	(28)	979	(119)
Stimulants	712	(77)	91	(19)	277	(44)	344	(59)
Tranquilizers or Sedatives		nr		nr		nr		nr
Tranquilizers	530	(67)	42	(11)	123	(23)	366	(63)
Sedatives	252	(65)	41	(16)	23	(8)	188	(63)
TOBACCO PRODUCT USE OR NICOTINE VAPING		nr		nr		nr		nr
Cigarettes	1,499	(95)	452	(47)	945	(73)	103	(29)
Daily Cigarette Smoking	322	(56)	22	(7)	198	(31)	102	(43)
Smokeless Tobacco	860	(94)	109	(20)	473	(66)	278	(64)
Cigars	1,984	(153)	245	(36)	1,065	(79)	674	(126)
Nicotine Vaping	5,942	(228)	1,467	(81)	1,369	(86)	3,106	(201)
ALCOHOL	4,214	(165)	1,821	(91)	2,284	(116)	109	(38)

* Low precision; no estimate reported.
LSD = lysergic acid diethylamide; nr = not reported due to measurement issues; PCP = phencyclidine.
NOTE: Estimates shown are numbers in thousands with standard errors included in parentheses.
NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.14AB First Use before Age 21 or at Age 21 or Older: Nicotine Vaping, Alcohol, Marijuana, or Cigars: Among People Aged 12 or Older Who Initiated Use of Specific Substances in the Past Year; 2023

Substance	Number of Past Year Initiates[1]		Percentage of Past Year Initiates[2]	
Nicotine Vaping				
First Use before Age 21	2,229	(112)	37.5	(1.80)
First Use at Age 21 or Older	3,713	(211)	62.5	(1.80)
Alcohol				
First Use before Age 21	3,093	(148)	73.4	(1.73)
First Use at Age 21 or Older	1,121	(85)	26.6	(1.73)
Marijuana				
First Use before Age 21	1,882	(102)	54.5	(2.43)
First Use at Age 21 or Older	1,574	(133)	45.5	(2.43)
Cigars				
First Use before Age 21	779	(69)	39.3	(3.30)
First Use at Age 21 or Older	1,204	(134)	60.7	(3.30)

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 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, 2023.

Table A.15B Substance Use Disorder for Specific Substances in the Past Year: Among People Aged 12 or Older; by Age Group, 2023

Disorder	12 or Older		12 to 17		18 to 25		26 or Older	
SUBSTANCE USE DISORDER	17.1	(0.27)	8.5	(0.37)	27.1	(0.59)	16.6	(0.31)
DRUGS	9.6	(0.22)	6.9	(0.34)	18.0	(0.52)	8.6	(0.25)
Marijuana	6.8	(0.18)	4.7	(0.28)	16.6	(0.50)	5.5	(0.20)
Cocaine	0.4	(0.04)	0.2	(0.06)	0.6	(0.08)	0.5	(0.05)
Heroin	0.2	(0.03)	*	(*)	<0.1	(0.02)	0.3	(0.04)
Hallucinogens	0.2	(0.02)	0.2	(0.05)	0.4	(0.07)	0.1	(0.02)
Inhalants	0.1	(0.02)	0.3	(0.07)	0.1	(0.03)	0.1	(0.02)
Methamphetamine	0.6	(0.06)	0.1	(0.04)	0.2	(0.05)	0.8	(0.08)
Prescription Psychotherapeutics	2.8	(0.12)	2.3	(0.19)	2.3	(0.17)	2.9	(0.14)
Pain Relievers	1.9	(0.11)	1.2	(0.14)	1.2	(0.14)	2.1	(0.13)
Stimulants	0.6	(0.05)	0.9	(0.13)	0.9	(0.11)	0.5	(0.05)
Tranquilizers or Sedatives	0.8	(0.06)	0.5	(0.09)	0.7	(0.10)	0.8	(0.07)
Tranquilizers	0.6	(0.05)	0.3	(0.07)	0.5	(0.09)	0.7	(0.06)
Sedatives	0.3	(0.04)	0.3	(0.06)	0.2	(0.05)	0.3	(0.05)
Opioids	2.0	(0.11)	1.2	(0.14)	1.2	(0.14)	2.2	(0.13)
Central Nervous System Stimulants	1.5	(0.09)	1.0	(0.14)	1.5	(0.13)	1.6	(0.10)
ALCOHOL	10.2	(0.20)	2.9	(0.23)	15.1	(0.48)	10.3	(0.24)
BOTH DRUGS AND ALCOHOL	2.7	(0.11)	1.3	(0.14)	5.9	(0.30)	2.3	(0.12)
DRUGS ONLY (NO ALCOHOL USE DISORDER)	6.9	(0.18)	5.5	(0.32)	12.1	(0.43)	6.3	(0.20)
ALCOHOL ONLY (NO DRUG USE DISORDER)	7.5	(0.18)	1.6	(0.18)	9.2	(0.37)	8.0	(0.22)

* Low precision; no estimate reported.

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Estimates that round to 0.0 percent are presented as <0.1.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details on who was eligible to receive questions on substance use disorder.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.16AB Type of Substance Use Disorder in the Past Year: Among People Aged 12 or Older with a Past Year Substance Use Disorder; 2023

Type of Substance Use Disorder	Number in Thousands[1]		Percentage[2]	
SUBSTANCE USE DISORDER	48,464	(1,002)	100.0	(0.00)
Drugs	27,153	(730)	56.0	(0.85)
Alcohol	28,859	(663)	59.5	(0.79)
Both Drugs and Alcohol	7,549	(307)	15.6	(0.56)
Drugs Only (No Alcohol Use Disorder)	19,604	(593)	40.5	(0.79)
Alcohol Only (No Drug Use Disorder)	21,311	(571)	44.0	(0.85)

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details on who was eligible to receive questions on substance use disorder.

[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, 2023.

Table A.17B Substance Use Disorder Severity Level for Specific Substances in the Past Year: Among People Aged 12 or Older with a Specific Substance Use Disorder; 2023

Disorder	Any Substance Use Disorder		Mild Substance Use Disorder		Moderate Substance Use Disorder		Severe Substance Use Disorder	
SUBSTANCE USE DISORDER	17.1	(0.27)	55.9	(0.77)	22.7	(0.66)	21.5	(0.63)
DRUGS	9.6	(0.22)	55.9	(0.96)	22.9	(0.84)	21.1	(0.82)
Marijuana	6.8	(0.18)	55.4	(1.02)	26.6	(0.96)	18.0	(0.82)
Cocaine	0.4	(0.04)	33.7	(4.47)	24.4	(4.28)	41.9	(4.87)
Heroin	0.2	(0.03)	*	(*)	*	(*)	*	(*)
Hallucinogens	0.2	(0.02)	*	(*)	*	(*)	5.1	(1.52)
Inhalants	0.1	(0.02)	*	(*)	*	(*)	*	(*)
Methamphetamine	0.6	(0.06)	27.8	(4.42)	16.0	(3.70)	56.3	(5.00)
Any Use of Prescription Pain Relievers	1.9	(0.11)	70.9	(2.54)	16.0	(2.32)	13.1	(1.54)
Use but Not Misuse of Prescription Pain Relievers	1.1	(0.09)	83.9	(3.36)	13.8	(3.34)	2.3	(0.68)
Misuse of Prescription Pain Relievers	0.7	(0.06)	51.2	(3.78)	19.2	(2.99)	29.6	(3.35)
Any Use of Prescription Stimulants	0.6	(0.05)	72.1	(2.96)	15.5	(2.39)	12.4	(1.97)
Use but Not Misuse of Prescription Stimulants	0.4	(0.04)	86.3	(2.48)	10.2	(2.09)	3.5	(1.19)
Misuse of Prescription Stimulants	0.2	(0.03)	51.1	(4.99)	23.4	(4.43)	25.5	(4.16)
Any Use of Prescription Tranquilizers	0.6	(0.05)	63.1	(3.75)	21.2	(3.24)	15.7	(2.67)
Use but Not Misuse of Prescription Tranquilizers	0.4	(0.04)	76.9	(4.56)	15.6	(3.96)	7.5	(2.80)
Misuse of Prescription Tranquilizers	0.2	(0.02)	41.0	(5.19)	30.3	(5.31)	28.7	(5.03)
Any Use of Prescription Sedatives	0.3	(0.04)	70.6	(5.45)	15.9	(4.12)	13.5	(4.11)
Use but Not Misuse of Prescription Sedatives	0.2	(0.04)	*	(*)	*	(*)	*	(*)
Misuse of Prescription Sedatives	0.1	(0.01)	*	(*)	*	(*)	*	(*)
ALCOHOL	10.2	(0.20)	58.6	(1.00)	21.9	(0.86)	19.4	(0.83)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Percentages may not add to 100 percent due to rounding. Estimates for mild, moderate, and severe substance use disorder are row percentages among people who had any disorder for that substance.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details on who was eligible to receive questions on substance use disorder.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.18B Substance Use Disorder Severity Level for Any Substance Use Disorder, Drug Use Disorder, Marijuana Use Disorder, or Alcohol Use Disorder in the Past Year: Among People Aged 12 or Older with a Specific Substance Use Disorder, by Age Group; 2023

Age Group and Disorder	Any Substance Use Disorder		Mild Substance Use Disorder		Moderate Substance Use Disorder		Severe Substance Use Disorder	
TOTAL								
Substance Use Disorder	17.1	(0.27)	55.9	(0.77)	22.7	(0.66)	21.5	(0.63)
Drug Use Disorder	9.6	(0.22)	55.9	(0.96)	22.9	(0.84)	21.1	(0.82)
Marijuana Use Disorder	6.8	(0.18)	55.4	(1.02)	26.6	(0.96)	18.0	(0.82)
Alcohol Use Disorder	10.2	(0.20)	58.6	(1.00)	21.9	(0.86)	19.4	(0.83)
AGED 12 TO 17								
Substance Use Disorder	8.5	(0.37)	55.8	(2.18)	20.3	(1.63)	23.8	(1.83)
Drug Use Disorder	6.9	(0.34)	54.4	(2.41)	20.6	(1.89)	25.0	(2.07)
Marijuana Use Disorder	4.7	(0.28)	44.7	(2.94)	23.2	(2.22)	32.1	(2.73)
Alcohol Use Disorder	2.9	(0.23)	64.5	(3.27)	17.8	(2.55)	17.7	(2.65)
AGED 18 TO 25								
Substance Use Disorder	27.1	(0.59)	47.4	(1.19)	26.1	(1.04)	26.5	(1.04)
Drug Use Disorder	18.0	(0.52)	45.0	(1.46)	27.8	(1.28)	27.2	(1.34)
Marijuana Use Disorder	16.6	(0.50)	44.5	(1.54)	29.4	(1.38)	26.1	(1.41)
Alcohol Use Disorder	15.1	(0.48)	55.0	(1.59)	23.4	(1.35)	21.6	(1.28)
AGED 26 OR OLDER								
Substance Use Disorder	16.6	(0.31)	58.0	(0.97)	21.9	(0.82)	20.1	(0.77)
Drug Use Disorder	8.6	(0.25)	59.6	(1.31)	21.6	(1.11)	18.8	(1.05)
Marijuana Use Disorder	5.5	(0.20)	61.5	(1.49)	25.6	(1.38)	12.9	(1.00)
Alcohol Use Disorder	10.3	(0.24)	59.3	(1.19)	21.7	(1.04)	19.0	(0.98)

NOTE: Estimates shown are percentages with standard errors included in parentheses. Percentages may not add to 100 percent due to rounding. Estimates for mild, moderate, and severe substance use disorder are row percentages among people who had any disorder for that substance.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details on who was eligible to receive questions on substance use disorder.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.19B Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year: Among Adolescents Aged 12 to 17; 2023

MDE	12 to 17	
MDE	18.1	(0.52)
MDE with Severe Impairment[1]	13.5	(0.48)

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. Respondents with unknown past year MDE data were excluded.

[1] 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 severity level of role impairment across four domains: (1) chores at home, (2) school or work, (3) close relationships with family, and (4) social life. Ratings greater than or equal to 7 on a scale of 0 to 10 in any of the role domains were considered severe impairment. Respondents with unknown impairment data were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.20B Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2023

MDE	18 or Older		18 to 25		26 to 49		50 or Older	
MDE	8.5	(0.20)	17.5	(0.51)	10.2	(0.29)	4.5	(0.29)
MDE with Severe Impairment[1]	5.9	(0.17)	12.9	(0.44)	7.4	(0.26)	2.7	(0.24)

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

[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 level of role impairment across four domains: (1) home management, (2) work, (3) close relationships with others, and (4) social life. Ratings greater than or equal to 7 on a scale of 0 to 10 in any of the role domains were considered severe impairment.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.21B Level of Mental Illness in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2023

Mental Illness	18 or Older		18 to 25		26 to 49		50 or Older	
Any Mental Illness	22.8	(0.33)	33.8	(0.64)	29.2	(0.46)	14.1	(0.48)
Serious Mental Illness	5.7	(0.16)	10.3	(0.39)	7.9	(0.26)	2.4	(0.22)

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Mental illness aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of serious mental illness (SMI) are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic criteria.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.22AB Substance Use Disorder (SUD) or Major Depressive Episode (MDE) in the Past Year: Among Adolescents Aged 12 to 17; 2023

SUD or MDE	Number in Thousands[1]		Percentage[2]	
SUD or MDE	5,852	(145)	23.4	(0.58)
SUD but No MDE[3]	1,229	(76)	4.9	(0.31)
MDE but No SUD[3]	3,660	(118)	14.7	(0.47)
Co-Occurring SUD and MDE[3]	856	(57)	3.4	(0.23)
Co-Occurring SUD and MDE with Severe Impairment[4]	717	(53)	2.9	(0.21)

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5). See the *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details on who was eligible to receive questions on substance use disorder.

NOTE: MDE estimates are based on criteria from DSM-5, which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

[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 with unknown past year MDE data were excluded.

[4] 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 severity level of role impairment across four domains: (1) chores at home, (2) school or work, (3) close relationships with family, and (4) social life. Ratings greater than or equal to 7 on a scale of 0 to 10 in any of the role domains were considered severe impairment. Respondents with unknown impairment data were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.23B Substance Use in the Past Year or Past Month: Among Adolescents Aged 12 to 17; by Past Year Major Depressive Episode (MDE), 2023

Period/Substance	12 to 17[1]		MDE		No MDE	
PAST YEAR USE						
Illicit Drugs[2]	14.7	(0.46)	28.4	(1.39)	11.6	(0.48)
Marijuana	11.2	(0.41)	21.9	(1.23)	8.7	(0.43)
Cocaine	0.2	(0.06)	0.6	(0.27)	0.1	(0.04)
Heroin	<0.1	(0.02)	*	(*)	*	(*)
Hallucinogens	1.5	(0.16)	3.3	(0.59)	1.0	(0.13)
Inhalants	2.2	(0.21)	5.1	(0.80)	1.5	(0.19)
Methamphetamine	0.2	(0.07)	0.4	(0.21)	0.1	(0.07)
Misuse of Prescription Psychotherapeutics	3.0	(0.23)	6.2	(0.73)	2.4	(0.23)
Pain Relievers	2.2	(0.21)	3.5	(0.61)	1.9	(0.22)
Stimulants	0.9	(0.12)	2.7	(0.57)	0.5	(0.09)
Tranquilizers or Sedatives	0.7	(0.10)	2.0	(0.35)	0.4	(0.09)
Misuse of Opioids[2]	2.2	(0.21)	3.5	(0.61)	1.9	(0.22)
Misuse of Central Nervous System Stimulants	1.1	(0.14)	2.9	(0.57)	0.7	(0.12)
PAST MONTH USE						
Tobacco Product Use or Nicotine Vaping[3,4]	7.4	(0.33)	14.9	(1.05)	5.7	(0.34)
Tobacco Products[3]	1.9	(0.17)	3.0	(0.46)	1.5	(0.18)
Cigarettes	1.3	(0.15)	2.5	(0.44)	1.0	(0.15)
Nicotine Vaping[4]	6.8	(0.32)	14.2	(1.03)	5.1	(0.33)
Alcohol	6.9	(0.37)	13.0	(1.09)	5.6	(0.39)
Binge Alcohol Use	3.9	(0.29)	7.1	(0.81)	3.1	(0.30)
Heavy Alcohol Use	0.5	(0.10)	0.4	(0.14)	0.5	(0.12)
Marijuana	6.0	(0.32)	12.4	(0.92)	4.5	(0.31)
Marijuana Vaping[5]	3.7	(0.26)	8.4	(0.77)	2.6	(0.24)

* Low precision; no estimate reported.

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Estimates that round to 0.0 percent are presented as <0.1.

NOTE: MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

[1] Estimates are for all adolescents aged 12 to 17, including those with unknown past year MDE data.

[2] These estimates do not include illegally made fentanyl.

[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 nicotine vaping because people could have used a vaping device to vape nicotine-containing products other than tobacco.

[4] Nicotine vaping refers to using an e-cigarette or other vaping device to vape nicotine or tobacco.

[5] Marijuana vaping refers to using vape pens, dab pens, tabletop vaporizers, or portable vaporizers to vape marijuana.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.24A Substance Use Disorder (SUD) or Level of Mental Illness in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2023

SUD/Level of Mental Illness	18 or Older		18 to 25		26 to 49		50 or Older	
SUD or AMI	84,489	(985)	15,952	(227)	42,229	(526)	26,308	(713)
SUD but No AMI	25,832	(593)	4,437	(152)	11,965	(329)	9,430	(456)
AMI but No SUD	38,217	(666)	6,724	(172)	18,933	(381)	12,560	(490)
Co-Occurring SUD and AMI	20,440	(509)	4,791	(165)	11,331	(320)	4,319	(311)
SUD or SMI	54,063	(842)	10,919	(210)	27,435	(466)	15,709	(573)
SUD but No SMI	39,463	(708)	7,400	(184)	19,233	(403)	12,830	(520)
SMI but No SUD	7,791	(317)	1,691	(96)	4,140	(183)	1,961	(233)
Co-Occurring SUD and SMI	6,809	(268)	1,828	(99)	4,062	(203)	919	(133)

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

NOTE: Estimates shown are numbers in thousands with standard errors included in parentheses. Numbers may not add to totals due to rounding.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details on who was eligible to receive questions on substance use disorder.

NOTE: Mental illness aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of SMI are a subset of estimates of AMI because SMI is limited to people with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic criteria.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.24B Substance Use Disorder (SUD) or Level of Mental Illness in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2023

SUD/Level of Mental Illness	18 or Older		18 to 25		26 to 49		50 or Older	
SUD or AMI	32.8	(0.38)	46.9	(0.67)	40.8	(0.51)	21.9	(0.59)
SUD but No AMI	10.0	(0.23)	13.0	(0.45)	11.6	(0.32)	7.9	(0.38)
AMI but No SUD	14.8	(0.26)	19.8	(0.51)	18.3	(0.37)	10.5	(0.41)
Co-Occurring SUD and AMI	7.9	(0.20)	14.1	(0.48)	10.9	(0.31)	3.6	(0.26)
SUD or SMI	21.0	(0.33)	32.1	(0.62)	26.5	(0.45)	13.1	(0.48)
SUD but No SMI	15.3	(0.27)	21.7	(0.54)	18.6	(0.39)	10.7	(0.43)
SMI but No SUD	3.0	(0.12)	5.0	(0.28)	4.0	(0.18)	1.6	(0.19)
Co-Occurring SUD and SMI	2.6	(0.10)	5.4	(0.29)	3.9	(0.20)	0.8	(0.11)

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

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details on who was eligible to receive questions on substance use disorder.

NOTE: Mental illness aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of SMI are a subset of estimates of AMI because SMI is limited to people with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic criteria.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.25B Substance Use in the Past Year or Past Month: Among Adults Aged 18 or Older; by Level of Mental Illness in the Past Year, 2023

Period/Substance	18 or Older		Any Mental Illness		Serious Mental Illness		No Mental Illness	
PAST YEAR USE								
Illicit Drugs[1]	25.9	(0.35)	42.4	(0.70)	51.9	(1.32)	21.0	(0.37)
Marijuana	22.9	(0.34)	37.4	(0.71)	47.1	(1.29)	18.6	(0.35)
Cocaine	1.9	(0.10)	4.2	(0.30)	5.8	(0.61)	1.3	(0.09)
Heroin	0.3	(0.03)	0.5	(0.09)	0.5	(0.13)	0.2	(0.03)
Hallucinogens	3.3	(0.11)	7.2	(0.33)	10.8	(0.72)	2.1	(0.10)
Inhalants	0.8	(0.06)	1.7	(0.17)	2.2	(0.37)	0.5	(0.06)
Methamphetamine	1.0	(0.08)	2.4	(0.24)	3.9	(0.59)	0.6	(0.08)
Misuse of Prescription Psychotherapeutics	5.3	(0.16)	11.0	(0.43)	14.3	(0.90)	3.6	(0.16)
Pain Relievers	3.1	(0.13)	5.9	(0.33)	7.9	(0.71)	2.3	(0.13)
Stimulants	1.4	(0.07)	3.6	(0.25)	5.2	(0.55)	0.8	(0.06)
Tranquilizers or Sedatives	1.8	(0.10)	4.4	(0.30)	6.3	(0.67)	1.0	(0.09)
Misuse of Opioids[1]	3.2	(0.13)	6.1	(0.33)	7.9	(0.71)	2.4	(0.13)
Misuse of Central Nervous System Stimulants	3.6	(0.14)	8.3	(0.39)	11.2	(0.85)	2.3	(0.13)
PAST MONTH USE								
Tobacco Product Use or Nicotine Vaping[2,3]	24.3	(0.35)	32.7	(0.71)	39.0	(1.39)	21.8	(0.39)
Tobacco Products[2]	19.2	(0.33)	24.4	(0.66)	28.3	(1.25)	17.7	(0.37)
Cigarettes	14.9	(0.30)	20.3	(0.62)	24.4	(1.19)	13.3	(0.33)
Nicotine Vaping[3]	9.6	(0.21)	17.2	(0.52)	23.6	(1.11)	7.4	(0.20)
Alcohol	51.6	(0.46)	53.5	(0.78)	57.5	(1.39)	51.1	(0.53)
Binge Alcohol Use	23.5	(0.33)	26.7	(0.60)	29.4	(1.28)	22.5	(0.38)
Heavy Alcohol Use	6.3	(0.18)	8.1	(0.37)	10.1	(0.80)	5.8	(0.20)
Marijuana	16.3	(0.30)	27.0	(0.64)	35.4	(1.21)	13.2	(0.31)
Marijuana Vaping[4]	5.8	(0.15)	12.1	(0.41)	19.4	(1.00)	3.9	(0.15)

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Mental illness aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of serious mental illness (SMI) are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic criteria.

[1] These estimates do not include illegally made fentanyl.

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

[3] Nicotine vaping refers to using an e-cigarette or other vaping device to vape nicotine or tobacco.

[4] Marijuana vaping refers to using vape pens, dab pens, tabletop vaporizers, or portable vaporizers to vape marijuana.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.26B Had Serious Thoughts of Suicide, Made Any Suicide Plans, or Attempted Suicide in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2023

Characteristic	Had Serious Thoughts of Suicide in the Past Year		Made Any Suicide Plans in the Past Year		Attempted Suicide in the Past Year	
TOTAL	5.0	(0.15)	1.4	(0.07)	0.6	(0.04)
AGE GROUP						
18 to 25	12.2	(0.41)	4.2	(0.24)	2.0	(0.16)
26 or Older	3.9	(0.16)	1.0	(0.08)	0.4	(0.05)
26 to 49	5.9	(0.23)	1.6	(0.13)	0.6	(0.07)
50 or Older	2.1	(0.21)	0.5	(0.09)	0.2	(0.06)

NOTE: Estimates shown are percentages with standard errors included in parentheses.
NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.27AB Overlap among Suicidal Thoughts and Behaviors in the Past Year: Among Adults Aged 18 or Older; 2023

Suicidal Thoughts/Behaviors in the Past Year	Number in Thousands[1]		Percentage[2]	
HAD SERIOUS THOUGHTS OF SUICIDE, MADE ANY SUICIDE PLANS, OR ATTEMPTED SUICIDE	13,120	(391)	5.1	(0.15)
Had Serious Thoughts of Suicide	12,821	(388)	5.0	(0.15)
Made Any Suicide Plans	3,704	(188)	1.4	(0.07)
Attempted Suicide	1,458	(116)	0.6	(0.04)
HAD ONE TYPE OF SUICIDAL THOUGHTS/BEHAVIOR				
Had Serious Thoughts of Suicide (Did Not Make Any Suicide Plans or Attempt Suicide)	9,109	(337)	3.5	(0.13)
Made Any Suicide Plans (Did Not Have Serious Thoughts of Suicide or Attempt Suicide)	128	(29)	<0.1	(0.01)
Attempted Suicide (Did Not Have Serious Thoughts of Suicide or Make Any Suicide Plans)	118	(42)	<0.1	(0.02)
HAD TWO TYPES OF SUICIDAL THOUGHTS/BEHAVIORS				
Had Serious Thoughts of Suicide and Made Any Suicide Plans (Did Not Attempt Suicide)	2,425	(145)	0.9	(0.06)
Had Serious Thoughts of Suicide and Attempted Suicide (Did Not Make Any Suicide Plans)	189	(30)	0.1	(0.01)
Made Any Suicide Plans and Attempted Suicide (Did Not Have Serious Thoughts of Suicide)	53	(27)	<0.1	(0.01)
HAD ALL THREE TYPES OF SUICIDAL THOUGHTS/BEHAVIORS (Had Serious Thoughts of Suicide, Made Any Suicide Plans, and Attempted Suicide)	1,098	(100)	0.4	(0.04)

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.
NOTE: Estimates that round to 0.0 percent are presented as <0.1.
[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, 2023.

Table A.28B Had Serious Thoughts of Suicide, Made Any Suicide Plans, or Attempted Suicide in the Past Year: Among Adolescents Aged 12 to 17; 2023

Suicidal Thoughts/Behavior	12 to 17	
HAD SERIOUS THOUGHTS OF SUICIDE IN THE PAST YEAR		
Yes	12.3	(0.47)
No	73.1	(0.59)
Not Sure/Don't Know	8.0	(0.38)
Don't Want to Answer/Refuse	6.6	(0.32)
MADE ANY SUICIDE PLANS IN THE PAST YEAR		
Yes	5.6	(0.32)
No	85.3	(0.46)
Not Sure/Don't Know	3.5	(0.24)
Don't Want to Answer/Refuse	5.5	(0.29)
ATTEMPTED SUICIDE IN THE PAST YEAR		
Yes	3.3	(0.23)
No	89.9	(0.39)
Not Sure/Don't Know	2.1	(0.18)
Don't Want to Answer/Refuse	4.7	(0.27)

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 *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Respondents with unknown information on suicidal thoughts and behaviors other than the categories shown in this table were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.29AB Overlap among Suicidal Thoughts and Behaviors in the Past Year: Among Adolescents Aged 12 to 17; 2023

Suicidal Thoughts/Behaviors in the Past Year	Number in Thousands[1]		Percentage[2]	
HAD SERIOUS THOUGHTS OF SUICIDE, MADE ANY SUICIDE PLANS, OR ATTEMPTED SUICIDE	3,344	(123)	12.9	(0.47)
Had Serious Thoughts of Suicide[3]	3,189	(121)	12.3	(0.47)
Made Any Suicide Plans[3]	1,457	(82)	5.6	(0.32)
Attempted Suicide[3]	856	(61)	3.3	(0.23)
HAD ONE TYPE OF SUICIDAL THOUGHTS/BEHAVIOR				
Had Serious Thoughts of Suicide (Did Not Make Any Suicide Plans or Attempt Suicide)	1,738	(90)	6.7	(0.35)
Made Any Suicide Plans (Did Not Have Serious Thoughts of Suicide or Attempt Suicide)	96	(19)	0.4	(0.07)
Attempted Suicide (Did Not Have Serious Thoughts of Suicide or Make Any Suicide Plans)	24	(8)	0.1	(0.03)
HAD TWO TYPES OF SUICIDAL THOUGHTS/BEHAVIORS				
Had Serious Thoughts of Suicide and Made Any Suicide Plans (Did Not Attempt Suicide)	654	(57)	2.5	(0.22)
Had Serious Thoughts of Suicide and Attempted Suicide (Did Not Make Any Suicide Plans)	125	(24)	0.5	(0.09)
Made Any Suicide Plans and Attempted Suicide (Did Not Have Serious Thoughts of Suicide)	35	(10)	0.1	(0.04)
HAD ALL THREE TYPES OF SUICIDAL THOUGHTS/BEHAVIORS (Had Serious Thoughts of Suicide, Made Any Suicide Plans, and Attempted Suicide)	672	(54)	2.6	(0.21)

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 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.

[3] Percentages and standard errors in these rows may differ slightly from the estimates for "yes" in Table A.28B because the denominator for this table includes all adolescents aged 12 to 17. Table A.28B excludes respondents with unknown information on suicidal thoughts and behaviors from the denominator.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.30AB Need for Substance Use Treatment or Receipt of Substance Use Treatment in the Past Year: Among People Aged 12 or Older; by Age Group, 2023

Needed/Received Substance Use Treatment	Aged 12 or Older, Number[1]		Percentage among People Aged 12 or Older[2]		Aged 12 to 17, Number[1]		Percentage among Adolescents Aged 12 to 17[2]		Aged 18 to 25, Number[1]		Percentage among Young Adults Aged 18 to 25[2]		Aged 26 or Older, Number[1]		Percentage among Adults Aged 26 or Older[2]	
Needed Substance Use Treatment[3]	54,186	(809)	19.1	(0.29)	2,897	(107)	11.2	(0.41)	9,756	(199)	28.7	(0.58)	41,534	(750)	18.6	(0.34)
Received Substance Use Treatment	12,786	(399)	4.5	(0.14)	1,127	(62)	4.4	(0.24)	1,615	(90)	4.7	(0.26)	10,044	(380)	4.5	(0.17)
Received Substance Use Treatment among People Who Needed Substance Use Treatment[3]	12,786	(439)	23.6	(0.64)	1,127	(63)	38.9	(1.83)	1,615	(98)	16.6	(0.85)	10,044	(408)	24.2	(0.79)
Received Substance Use Treatment among People Who Had an SUD in the Past Year[3,4,5]	7,064	(316)	14.6	(0.56)	423	(38)	19.3	(1.60)	1,087	(84)	11.8	(0.79)	5,555	(290)	15.0	(0.69)
Received Substance Use Treatment among People Who Had a Mild SUD in the Past Year[3,4,5]	2,113	(170)	7.8	(0.59)	145	(21)	11.9	(1.60)	274	(41)	6.3	(0.90)	1,694	(157)	7.9	(0.70)
Received Substance Use Treatment among People Who Had a Moderate SUD in the Past Year[3,4,5]	1,492	(127)	13.6	(1.07)	111	(20)	24.8	(3.90)	240	(38)	10.0	(1.43)	1,142	(121)	14.0	(1.40)
Received Substance Use Treatment among People Who Had a Severe SUD in the Past Year[3,4,5]	3,459	(215)	33.2	(1.69)	167	(25)	31.9	(4.03)	573	(56)	23.4	(1.98)	2,719	(205)	36.6	(2.21)
Received Substance Use Treatment among People without an SUD in the Past Year[4]	5,723	(281)	2.4	(0.11)	705	(49)	3.0	(0.21)	528	(51)	2.1	(0.20)	4,490	(268)	2.4	(0.14)

SUD = substance use disorder.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center. Substance use treatment questions are asked of respondents who used alcohol or drugs in their lifetime. These estimates include data from respondents who reported that they received any substance use treatment but did not report the substance for which they received treatment.

NOTE: The substance use treatment measures have added uncertainty because of the high proportion of respondents in the "substance unspecified" category for substance use treatment. See the *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details.

[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 *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5), criteria for an SUD or received treatment in the past year for their alcohol or drug use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

[4] SUD estimates are based on criteria from DSM-5. See the 2023 Methodological Summary and Definitions for details on who was eligible to receive questions on SUD.

[5] As indicated in footnote 3, people who had an SUD in the past year also needed substance use treatment.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.31AB Types and Locations of Substance Use Treatment or Other Services in the Past Year for Alcohol or Drug Use: Among People Aged 12 or Older; 2023

Type/Location of Treatment or Other Services[1]	Aged 12 or Older, Number[2]		Percentage among People Aged 12 or Older[3]	
SUBSTANCE USE TREATMENT[4]	12,786	(399)	4.5	(0.14)
Inpatient[4,5]	3,538	(223)	1.2	(0.08)
Outpatient[4,6]	9,816	(363)	3.5	(0.13)
Outpatient, Other Than General Medical Clinic or Doctor's Office[4,6]	8,107	(332)	2.9	(0.12)
Medication-Assisted Treatment for Alcohol Use[7]	1,146	(129)	0.4	(0.05)
Among Those with an Alcohol Use Disorder[8]	554	(71)	1.9	(0.24)
Medication-Assisted Treatment for Opioid Use[7]	2,296	(183)	0.8	(0.06)
Among Those with an Opioid Use Disorder[8]	1,025	(130)	18.0	(2.10)
Telehealth Treatment[9]	3,979	(227)	1.4	(0.08)
Prison, Jail, or Juvenile Detention Center	797	(102)	0.3	(0.04)
OTHER SERVICES				
Support Group	5,848	(289)	2.1	(0.10)
Peer Support Specialist or Recovery Coach	2,254	(173)	0.8	(0.06)
Emergency Room/Department	1,854	(148)	0.7	(0.05)
Detoxification/Withdrawal Support Services	1,169	(129)	0.4	(0.05)

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center. Substance use treatment questions are asked of respondents who used alcohol or drugs in their lifetime. These estimates include data from respondents who reported that they received any substance use treatment but did not report the substance for which they received treatment.

[1] Respondents could indicate multiple types/locations for receiving substance use treatment; thus, these response categories are not mutually exclusive.

[2] Estimates shown are numbers in thousands with standard errors included in parentheses.

[3] Estimates shown are percentages with standard errors included in parentheses.

[4] The substance use treatment measures have added uncertainty because of the high proportion of respondents in the "substance unspecified" category for substance use treatment. See the *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details.

[5] Inpatient treatment locations were places where people stayed overnight or longer to receive substance use treatment, including hospitals where people stayed as inpatients, residential drug or alcohol rehabilitation or treatment centers, residential mental health treatment centers, or some other place they stayed overnight or longer to receive treatment.

[6] Outpatient treatment locations were places where people received substance use treatment without needing to stay overnight, including drug or alcohol rehabilitation or treatment centers; mental health treatment centers; the office of a therapist, psychologist, psychiatrist, or substance use treatment professional; general medical clinics or doctor's offices; hospitals where people received treatment as outpatients; school health or counseling centers; or some other place where people received treatment as outpatients.

[7] Questions for the receipt of medication-assisted treatment were asked only if respondents reported lifetime use of alcohol or opioids (i.e., heroin or any use of prescription pain relievers).

[8] Alcohol use disorder estimates and opioid use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the 2023 Methodological Summary and Definitions for details on who was eligible to receive questions on alcohol use disorder and opioid use disorder.

[9] Respondents who reported that they received telehealth treatment (i.e., over the phone or through video) were not asked for the type or location of providers for the telehealth treatment they received.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.32AB Received Substance Use Treatment through Telehealth in the Past Year: Among People Aged 12 or Older and Among People Aged 12 or Older with a Past Year Substance Use Disorder; by Age Group, 2023

Received Substance Use Treatment through Telehealth	Aged 12 or Older, Number[1]		Percentage among People Aged 12 or Older[2]		Aged 12 to 17, Number[1]		Percentage among Adolescents Aged 12 to 17[2]		Aged 18 to 25, Number[1]		Percentage among Young Adults Aged 18 to 25[2]		Aged 26 or Older, Number[1]		Percentage among Adults Aged 26 or Older[2]	
Received Substance Use Treatment through Telehealth	3,979	(227)	1.4	(0.08)	158	(22)	0.6	(0.08)	469	(56)	1.4	(0.16)	3,352	(218)	1.5	(0.10)
Received Substance Use Treatment through Telehealth among People with a Substance Use Disorder[3]	3,007	(205)	6.2	(0.40)	102	(19)	4.7	(0.86)	409	(55)	4.4	(0.57)	2,495	(195)	6.7	(0.51)

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Respondents who reported that they received telehealth treatment (i.e., over the phone or through video) were not asked for the type or location of providers for the telehealth treatment they received.

[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] Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details on who was eligible to receive questions on substance use disorder.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.33AB Perceptions of Need for Substance Use Treatment in the Past Year: Among People Aged 12 or Older with a Past Year Substance Use Disorder Who Did Not Receive Substance Use Treatment; by Age Group, 2023

Perceived Unmet Need for Substance Use Treatment	Aged 12 to 17, Number[1]		Percentage among Adolescents Aged 12 to 17[2]		Aged 18 or Older, Number[1]		Percentage among Adults Aged 18 or Older[2]	
Past Year Substance Use Disorder and Did Not Receive Substance Use Treatment	1,769	(99)	100.0	(0.00)	39,631	(861)	100.0	(0.00)
Any Perceived Unmet Need[3]	58	(14)	3.4	(0.84)	2,048	(167)	5.3	(0.41)
Sought Treatment[3]	9	(8)	0.5	(0.46)	189	(49)	0.5	(0.13)
Did Not Seek Treatment but Thought Should Get Treatment[3]	49	(12)	2.8	(0.71)	1,858	(161)	4.8	(0.40)
Did Not Perceive Need for Substance Use Treatment[3]	1,646	(97)	96.6	(0.84)	36,659	(814)	94.7	(0.41)

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center. Substance use treatment questions are asked of respondents who used alcohol or drugs in their lifetime. These estimates include data from respondents who reported that they received any substance use treatment but did not report the substance for which they received treatment.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details on who was eligible to receive questions on substance use disorder.

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

[2] Estimates shown are percentages with standard errors included in parentheses. Percentages may not add to totals due to rounding.

[3] Respondents with unknown information for perceptions of need for substance use treatment were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.34B Detailed Reasons for Not Receiving Substance Use Treatment in the Past Year: Among People Aged 12 or Older with a Past Year Substance Use Disorder and a Perceived Unmet Need for Substance Use Treatment in the Past Year; by Age Group, 2023

Reason for Not Receiving Substance Use Treatment[1]	Aged 12 to 17		Aged 18 or Older	
Thought It Would Cost Too Much	*	(*)	42.4	(4.17)
Did Not Have Health Insurance Coverage for Alcohol or Drug Use Treatment	*	(*)	29.7	(3.71)
Health Insurance Would Not Pay Enough of Costs for Treatment	*	(*)	31.9	(4.06)
Did Not Know How or Where to Get Treatment	*	(*)	38.7	(3.68)
Could Not Find Treatment Program or Healthcare Professional They Wanted to Go to	*	(*)	28.7	(3.57)
No Openings in Treatment Program or with Healthcare Professional They Wanted to Go to	*	(*)	14.5	(3.08)
Had Problems with Things Like Transportation, Childcare, or Getting Appointments at Times That Worked for Them	*	(*)	22.6	(3.29)
Did Not Have Enough Time for Treatment	*	(*)	41.0	(3.87)
Worried That Information Would Not Be Kept Private	*	(*)	34.8	(3.51)
Worried about What People Would Think or Say if They Got Treatment	*	(*)	43.9	(3.86)
Thought That if People Knew They Were in Treatment, Bad Things Would Happen, Like Losing Their Job, Home, or Children	*	(*)	33.5	(3.78)
Not Ready to Start Treatment	*	(*)	65.6	(4.03)
Not Ready to Stop or Cut Back Using Alcohol or Drugs	*	(*)	60.1	(4.06)
Thought They Should Have Been Able to Handle Their Alcohol or Drug Use on Their Own	*	(*)	74.1	(4.16)
Thought Their Family, Friends, or Religious Group Would Not Like It if They Got Treatment	*	(*)	18.0	(3.15)
Thought They Would Be Forced to Stay in Rehab or Treatment against Their Will	*	(*)	24.1	(3.35)
Did Not Think Treatment Would Help Them	*	(*)	26.2	(3.35)
Thought No One Would Care if They Got Better	*	(*)	18.3	(2.79)

* Low precision; no estimate reported.

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center. Substance use treatment questions are asked of respondents who used alcohol or drugs in their lifetime. These estimates include data from respondents who reported that they received any substance use treatment but did not report the substance for which they received treatment.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details on who was eligible to receive questions on substance use disorder.

NOTE: Respondents with a perceived unmet need did not receive substance use treatment in the past year.

NOTE: Respondents with unknown information for perceived unmet need for substance use treatment were excluded.

[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, 2023.

Table A.35B Types and Locations of Mental Health Treatment in the Past Year or Other Services in the Past Year to Help with Mental Health: Among Adolescents Aged 12 to 17 and Adolescents Aged 12 to 17 with a Major Depressive Episode (MDE) or an MDE with Severe Impairment in the Past Year; 2023

Type/Location of Treatment or Other Services	12 to 17		MDE[1]		MDE with Severe Impairment[1,2]	
MENTAL HEALTH TREATMENT[3]	31.9	(0.64)	59.8	(1.57)	63.6	(1.84)
Inpatient[4]	3.5	(0.23)	8.1	(0.85)	9.3	(1.06)
Outpatient[5]	23.6	(0.58)	49.1	(1.61)	52.4	(1.95)
Office of a Therapist, Psychologist, Psychiatrist, or Mental Health Professional	13.5	(0.50)	34.1	(1.61)	37.0	(1.88)
General Medical Clinic or Doctor's Office	9.8	(0.40)	20.3	(1.36)	22.4	(1.63)
School Health or Counseling Center	13.0	(0.43)	30.0	(1.55)	31.6	(1.89)
Prescription Medication	13.9	(0.49)	32.2	(1.56)	36.1	(1.88)
Telehealth Treatment[6]	14.2	(0.47)	33.6	(1.48)	37.4	(1.73)
Prison, Jail, or Juvenile Detention Center	1.2	(0.15)	1.9	(0.48)	2.3	(0.63)
OTHER SERVICES						
Support Group	7.4	(0.32)	15.0	(1.04)	17.0	(1.31)
Peer Support Specialist or Recovery Coach	3.2	(0.22)	9.2	(0.88)	10.0	(1.03)
Emergency Room/Department	2.7	(0.21)	7.9	(0.80)	9.4	(1.02)

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Respondents could indicate multiple treatment or other service types/locations; thus, these response categories are not mutually exclusive.

[1] MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. Respondents with unknown information for past year MDE or past year MDE with severe impairment were excluded.

[2] 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 severity level of role impairment across four domains: (1) chores at home, (2) school or work, (3) close relationships with family, and (4) social life. Ratings greater than or equal to 7 on a scale from 0 to 10 in any of the role domains were considered severe impairment. Respondents with unknown impairment data were excluded.

[3] Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

[4] Inpatient treatment locations were places where people stayed overnight or longer to receive mental health treatment, including hospitals where people stayed as inpatients, residential mental health treatment centers, residential drug or alcohol rehabilitation or treatment centers, or some other place where people stayed overnight or longer to receive treatment.

[5] Outpatient treatment locations were places where people received mental health treatment without needing to stay overnight, including outpatient mental health treatment centers; outpatient drug or alcohol rehabilitation or treatment centers; the office of a therapist, psychologist, psychiatrist, or mental health professional; general medical clinics or doctor's offices; hospitals where people received treatment as outpatients; school health or counseling centers; or some other place where people received treatment as outpatients.

[6] Respondents who reported that they received telehealth treatment (i.e., over the phone or through video) were not asked for the type or location of providers for the telehealth treatment they received.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.36AB Perceived Unmet Need for Mental Health Treatment in the Past Year: Among Adolescents Aged 12 to 17 with a Past Year Major Depressive Episode (MDE) Who Did Not Receive Mental Health Treatment; 2023

Perceived Unmet Need for Mental Health Treatment	Aged 12 to 17, Number[1]		Percentage among Adolescents Aged 12 to 17[2]	
Past Year MDE and Did Not Receive Mental Health Treatment	1,814	(96)	100.0	(0.00)
Any Perceived Unmet Need[3]	749	(59)	41.5	(2.41)
Sought Treatment[3]	139	(23)	7.7	(1.21)
Did Not Seek Treatment but Thought Should Get Treatment[3]	609	(54)	33.8	(2.37)
Did Not Perceive Need for Mental Health Treatment[3]	1,055	(71)	58.5	(2.41)

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. Respondents with unknown past year MDE data were excluded.

[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 with unknown information for perceptions of need for mental health treatment were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.37B Detailed Reasons for Not Receiving Mental Health Treatment in the Past Year: Among Adolescents Aged 12 to 17 with a Past Year Major Depressive Episode (MDE) and a Perceived Unmet Need for Treatment in the Past Year; 2023

Reason for Not Receiving Mental Health Treatment[1]	MDE	
Thought It Would Cost Too Much	39.4	(3.59)
Did Not Have Health Insurance Coverage for Mental Health Treatment	12.1	(2.51)
Health Insurance Would Not Pay Enough of Costs for Treatment	12.2	(2.89)
Did Not Know How or Where to Get Treatment	51.0	(3.73)
Could Not Find Treatment Program or Healthcare Professional They Wanted to Go to	26.8	(3.44)
No Openings in Treatment Program or with Healthcare Professional They Wanted to Go to	9.5	(2.04)
Had Problems with Things Like Transportation, Childcare, or Getting Appointments at Times That Worked for Them	21.4	(3.21)
Did Not Have Enough Time for Treatment	34.6	(3.93)
Worried That Information Would Not Be Kept Private	58.2	(3.71)
Worried about What People Would Think or Say if They Got Treatment	58.9	(3.74)
Thought That if People Knew They Were in Treatment, Bad Things Would Happen, Like Losing Their Job, Home, or Children	11.6	(2.28)
Not Ready to Start Treatment	44.0	(3.75)
Thought They Should Have Been Able to Handle Their Mental Health, Emotions, or Behavior on Their Own	85.3	(2.54)
Thought Their Family, Friends, or Religious Group Would Not Like It if They Got Treatment	45.5	(3.83)
Afraid of Being Committed to Hospital or Forced into Treatment against Their Will	46.2	(3.95)
Thought They Would Be Told They Needed to Take Medication	38.9	(3.97)
Did Not Think Treatment Would Help Them	51.6	(3.83)
Thought No One Would Care if They Got Better	47.6	(3.90)

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: Respondents with a perceived unmet need did not receive mental health treatment. Respondents with unknown past year perceived unmet need data were excluded.

NOTE: MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. Respondents with unknown past year MDE data were excluded.

[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, 2023.

Table A.38B Types and Locations of Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2023

Type/Location of Treatment	18 or Older		18 to 25		26 to 49		50 or Older	
MENTAL HEALTH TREATMENT[1]	23.0	(0.34)	27.4	(0.61)	26.3	(0.45)	18.9	(0.53)
Inpatient[2]	1.2	(0.08)	2.1	(0.16)	1.2	(0.11)	0.9	(0.14)
Outpatient[3]	14.1	(0.28)	18.0	(0.51)	17.0	(0.39)	10.6	(0.41)
Mental Health Treatment Center	2.9	(0.12)	3.6	(0.23)	3.4	(0.17)	2.2	(0.20)
Office of a Therapist, Psychologist, Psychiatrist, or Mental Health Professional	9.5	(0.22)	13.2	(0.45)	12.3	(0.34)	6.0	(0.32)
General Medical Clinic or Doctor's Office	7.2	(0.20)	8.3	(0.35)	8.3	(0.28)	6.0	(0.32)
Prescription Medication	16.3	(0.28)	17.3	(0.49)	18.5	(0.38)	14.1	(0.47)
Telehealth Treatment[4]	12.1	(0.24)	17.0	(0.53)	16.1	(0.37)	7.3	(0.35)
Prison, Jail, or Juvenile Detention Center	1.0	(0.08)	0.8	(0.10)	1.0	(0.10)	1.0	(0.15)

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Respondents could indicate multiple treatment types/locations; thus, these response categories are not mutually exclusive.

[1] Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

[2] Inpatient treatment locations were places where people stayed overnight or longer to receive mental health treatment, including hospitals where people stayed as inpatients, residential mental health treatment centers, residential drug or alcohol rehabilitation or treatment centers, or some other place where people stayed overnight or longer to receive treatment.

[3] Outpatient treatment locations were places where people received mental health treatment without needing to stay overnight, including outpatient mental health treatment centers; outpatient drug or alcohol rehabilitation or treatment centers; the office of a therapist, psychologist, psychiatrist, or mental health professional; general medical clinics or doctor's offices; hospitals where people received treatment as outpatients; school health or counseling centers; or some other place where people received treatment as outpatients.

[4] Respondents who reported that they received telehealth treatment (i.e., over the phone or through video) were not asked for the type or location of providers for the telehealth treatment they received.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.39B Types and Locations of Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with a Major Depressive Episode (MDE) in the Past Year; 2023

Type/Location of Treatment	18 or Older		18 to 25		26 to 49		50 or Older	
MENTAL HEALTH TREATMENT[1]	66.7	(1.02)	58.8	(1.54)	70.0	(1.32)	69.0	(2.79)
Inpatient[2]	5.6	(0.49)	5.7	(0.62)	5.8	(0.71)	4.8	(1.33)
Outpatient[3]	50.6	(1.15)	45.7	(1.63)	53.5	(1.44)	50.6	(3.03)
Mental Health Treatment Center	16.1	(0.91)	12.0	(1.02)	16.6	(1.12)	19.7	(2.50)
Office of a Therapist, Psychologist, Psychiatrist, or Mental Health Professional	39.6	(1.12)	36.1	(1.53)	42.5	(1.45)	37.7	(2.99)
General Medical Clinic or Doctor's Office	26.9	(0.96)	22.1	(1.27)	29.7	(1.30)	26.5	(2.71)
Prescription Medication	52.5	(1.08)	41.6	(1.47)	55.8	(1.45)	57.9	(2.97)
Telehealth Treatment[4]	45.0	(1.17)	40.9	(1.60)	49.7	(1.49)	40.1	(3.05)
Prison, Jail, or Juvenile Detention Center	3.7	(0.52)	1.2	(0.27)	3.2	(0.51)	7.3	(1.82)

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Respondents could indicate multiple treatment types/locations; thus, these response categories are not mutually exclusive.

NOTE: MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

[1] Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

[2] Inpatient treatment locations were places where people stayed overnight or longer to receive mental health treatment, including hospitals where people stayed as inpatients, residential mental health treatment centers, residential drug or alcohol rehabilitation or treatment centers, or some other place where people stayed overnight or longer to receive treatment.

[3] Outpatient treatment locations were places where people received mental health treatment without needing to stay overnight, including outpatient mental health treatment centers; outpatient drug or alcohol rehabilitation or treatment centers; the office of a therapist, psychologist, psychiatrist, or mental health professional; general medical clinics or doctor's offices; hospitals where people received treatment as outpatients; school health or counseling centers; or some other place where people received treatment as outpatients.

[4] Respondents who reported that they received telehealth treatment (i.e., over the phone or through video) were not asked for the type or location of providers for the telehealth treatment they received.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.40B Types and Locations of Mental Health Treatment Received in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness (AMI) in the Past Year; by Age Group, 2023

Type/Location of Treatment	18 or Older		18 to 25		26 to 49		50 or Older	
MENTAL HEALTH TREATMENT[1]	53.9	(0.75)	51.0	(1.10)	55.6	(0.91)	52.7	(1.82)
Inpatient[2]	3.6	(0.26)	4.3	(0.36)	3.2	(0.31)	3.8	(0.67)
Outpatient[3]	37.6	(0.72)	36.8	(1.07)	39.2	(0.86)	35.1	(1.69)
Mental Health Treatment Center	9.7	(0.43)	8.7	(0.60)	9.5	(0.48)	10.7	(1.13)
Office of a Therapist, Psychologist, Psychiatrist, or Mental Health Professional	27.9	(0.64)	28.7	(0.97)	30.4	(0.83)	23.0	(1.49)
General Medical Clinic or Doctor's Office	19.3	(0.56)	17.4	(0.85)	19.8	(0.73)	19.7	(1.36)
Prescription Medication	40.4	(0.71)	34.5	(1.04)	41.9	(0.86)	41.8	(1.81)
Telehealth Treatment[4]	33.7	(0.71)	34.0	(1.07)	38.0	(0.89)	25.7	(1.58)
Prison, Jail, or Juvenile Detention Center	2.9	(0.27)	1.6	(0.25)	2.6	(0.27)	4.4	(0.78)

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Respondents could indicate multiple treatment types/locations; thus, these response categories are not mutually exclusive.

NOTE: 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, behavioral, or emotional disorder, other than a developmental or substance use disorder. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic criteria.

[1] Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

[2] Inpatient treatment locations were places where people stayed overnight or longer to receive mental health treatment, including hospitals where people stayed as inpatients, residential mental health treatment centers, residential drug or alcohol rehabilitation or treatment centers, or some other place where people stayed overnight or longer to receive treatment.

[3] Outpatient treatment locations were places where people received mental health treatment without needing to stay overnight, including outpatient mental health treatment centers; outpatient drug or alcohol rehabilitation or treatment centers; the office of a therapist, psychologist, psychiatrist, or mental health professional; general medical clinics or doctor's offices; hospitals where people received treatment as outpatients; school health or counseling centers; or some other place where people received treatment as outpatients.

[4] Respondents who reported that they received telehealth treatment (i.e., over the phone or through video) were not asked for the type or location of providers for the telehealth treatment they received.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.41B Types and Locations of Mental Health Treatment Received in the Past Year: Among Adults Aged 18 or Older with Serious Mental Illness (SMI) in the Past Year; by Age Group, 2023

Type/Location of Treatment	18 or Older		18 to 25		26 to 49		50 or Older	
MENTAL HEALTH TREATMENT[1]	71.1	(1.28)	65.0	(1.90)	75.2	(1.43)	66.9	(4.38)
Inpatient[2]	6.9	(0.63)	8.1	(0.94)	6.8	(0.87)	5.6	(1.50)
Outpatient[3]	55.0	(1.42)	51.6	(1.97)	57.8	(1.65)	51.3	(4.54)
Mental Health Treatment Center	18.7	(1.07)	15.5	(1.45)	19.4	(1.33)	20.7	(3.58)
Office of a Therapist, Psychologist, Psychiatrist, or Mental Health Professional	44.0	(1.38)	41.2	(1.91)	47.2	(1.66)	38.6	(4.22)
General Medical Clinic or Doctor's Office	31.2	(1.25)	27.1	(1.81)	33.3	(1.58)	30.2	(3.98)
Prescription Medication	59.8	(1.33)	49.9	(1.91)	64.1	(1.52)	60.0	(4.46)
Telehealth Treatment[4]	49.4	(1.42)	45.0	(1.97)	54.6	(1.64)	39.8	(4.35)
Prison, Jail, or Juvenile Detention Center	3.9	(0.59)	1.4	(0.46)	3.6	(0.54)	7.7	(2.51)

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Respondents could indicate multiple treatment types/locations; thus, these response categories are not mutually exclusive.

NOTE: 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, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of SMI are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic criteria.

[1] Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

[2] Inpatient treatment locations were places where people stayed overnight or longer to receive mental health treatment, including hospitals where people stayed as inpatients, residential mental health treatment centers, residential drug or alcohol rehabilitation or treatment centers, or some other place where people stayed overnight or longer to receive treatment.

[3] Outpatient treatment locations were places where people received mental health treatment without needing to stay overnight, including outpatient mental health treatment centers; outpatient drug or alcohol rehabilitation or treatment centers; the office of a therapist, psychologist, psychiatrist, or mental health professional; general medical clinics or doctor's offices; hospitals where people received treatment as outpatients; school health or counseling centers; or some other place where people received treatment as outpatients.

[4] Respondents who reported that they received telehealth treatment (i.e., over the phone or through video) were not asked for the type or location of providers for the telehealth treatment they received.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.42B Types and Locations of Other Services in the Past Year to Help with Mental Health: Among Adults Aged 18 or Older, Adults Aged 18 or Older with Any Mental Illness (AMI) in the Past Year, Adults Aged 18 or Older with Serious Mental Illness (SMI) in the Past Year, and Adults Aged 18 or Older with a Past Year Major Depressive Episode (MDE); 2023

Type/Location of Other Services	TOTAL		AMI		SMI		MDE[1]	
OTHER SERVICES								
Support Group	3.4	(0.14)	9.8	(0.44)	15.8	(0.96)	13.5	(0.83)
Peer Support Specialist or Recovery Coach	1.5	(0.09)	4.5	(0.30)	8.6	(0.78)	6.7	(0.58)
Emergency Room/Department	1.0	(0.07)	3.3	(0.27)	7.7	(0.76)	5.6	(0.55)

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Respondents could indicate multiple types of other service types/locations; thus, these response categories are not mutually exclusive.

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 emotional disorder, other than a 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. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic criteria.

[1] MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.43A Perceived Unmet Need for Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with a Past Year Major Depressive Episode (MDE) Who Did Not Receive Mental Health Treatment; by Age Group, 2023

Perceived Unmet Need for Mental Health Treatment	18 or Older		18 to 25		26 to 49		50 or Older	
Past Year MDE and Did Not Receive Mental Health Treatment	7,290	(291)	2,450	(125)	3,172	(168)	1,667	(188)
Any Perceived Unmet Need[1]	2,657	(155)	1,171	(80)	1,149	(102)	337	(90)
Sought Treatment[1]	416	(56)	245	(39)	149	(35)	22	(16)
Did Not Seek Treatment but Thought Should Get Treatment[1]	2,241	(143)	925	(67)	1,001	(95)	*	(*)
Did Not Perceive Need for Mental Health Treatment[1]	4,504	(238)	1,252	(87)	1,984	(138)	1,268	(163)

* Low precision; no estimate reported.

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

[1] Respondents with unknown information for perceptions of need for mental health treatment were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.43B Perceived Unmet Need for Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with a Past Year Major Depressive Episode (MDE) Who Did Not Receive Mental Health Treatment; by Age Group, 2023

Perceived Unmet Need for Mental Health Treatment	18 or Older		18 to 25		26 to 49		50 or Older	
Past Year MDE and Did Not Receive Mental Health Treatment	100.0	(0.00)	100.0	(0.00)	100.0	(0.00)	100.0	(0.00)
Any Perceived Unmet Need[1]	37.1	(1.80)	48.3	(2.32)	36.7	(2.67)	21.0	(4.91)
Sought Treatment[1]	5.8	(0.77)	10.1	(1.51)	4.7	(1.08)	1.4	(0.98)
Did Not Seek Treatment but Thought Should Get Treatment[1]	31.3	(1.69)	38.2	(2.09)	31.9	(2.56)	*	(*)
Did Not Perceive Need for Mental Health Treatment[1]	62.9	(1.80)	51.7	(2.32)	63.3	(2.67)	79.0	(4.91)

* Low precision; no estimate reported.

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 *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

[1] Respondents with unknown information for perceptions of need for mental health treatment were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.44A Perceived Unmet Need for Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness (AMI) in the Past Year Who Did Not Receive Mental Health Treatment; by Age Group, 2023

Perceived Unmet Need for Mental Health Treatment	18 or Older		18 to 25		26 to 49		50 or Older	
Past Year AMI and Did Not Receive Mental Health Treatment	27,064	(683)	5,644	(194)	13,436	(397)	7,985	(447)
Any Perceived Unmet Need[1]	6,194	(250)	2,025	(109)	3,305	(183)	864	(141)
Sought Treatment[1]	889	(85)	410	(50)	414	(62)	65	(27)
Did Not Seek Treatment but Thought Should Get Treatment[1]	5,305	(232)	1,615	(93)	2,891	(169)	799	(138)
Did Not Perceive Need for Mental Health Treatment[1]	19,886	(593)	3,489	(146)	9,719	(337)	6,677	(407)

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: 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, behavioral, or emotional disorder, other than a developmental or substance use disorder. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic criteria.

[1] Respondents with unknown information for perceptions of need for mental health treatment were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.44B Perceived Unmet Need for Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness (AMI) in the Past Year Who Did Not Receive Mental Health Treatment; by Age Group, 2023

Perceived Unmet Need for Mental Health Treatment	18 or Older		18 to 25		26 to 49		50 or Older	
Past Year AMI and Did Not Receive Mental Health Treatment	100.0	(0.00)	100.0	(0.00)	100.0	(0.00)	100.0	(0.00)
Any Perceived Unmet Need[1]	23.8	(0.86)	36.7	(1.48)	25.4	(1.21)	11.5	(1.75)
Sought Treatment[1]	3.4	(0.32)	7.4	(0.85)	3.2	(0.46)	0.9	(0.36)
Did Not Seek Treatment but Thought Should Get Treatment[1]	20.3	(0.80)	29.3	(1.37)	22.2	(1.14)	10.6	(1.72)
Did Not Perceive Need for Mental Health Treatment[1]	76.2	(0.86)	63.3	(1.48)	74.6	(1.21)	88.5	(1.75)

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 *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: 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, behavioral, or emotional disorder, other than a developmental or substance use disorder. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic criteria.

[1] Respondents with unknown information for perceptions of need for mental health treatment were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.45A Perceived Unmet Need for Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Serious Mental Illness (SMI) in the Past Year Who Did Not Receive Mental Health Treatment; by Age Group, 2023

Perceived Unmet Need for Mental Health Treatment	18 or Older		18 to 25		26 to 49		50 or Older	
Past Year SMI and Did Not Receive Mental Health Treatment	4,219	(241)	1,232	(85)	2,034	(139)	*	(*)
Any Perceived Unmet Need[1]	1,890	(140)	724	(65)	900	(94)	*	(*)
Sought Treatment[1]	323	(52)	179	(35)	134	(36)	*	(*)
Did Not Seek Treatment but Thought Should Get Treatment[1]	1,567	(132)	545	(55)	765	(84)	*	(*)
Did Not Perceive Need for Mental Health Treatment[1]	2,294	(189)	504	(51)	1,129	(102)	*	(*)

* Low precision; no estimate reported.

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: 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, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of SMI are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic criteria.

[1] Respondents with unknown information for perceptions of need for mental health treatment were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.45B Perceived Unmet Need for Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Serious Mental Illness (SMI) in the Past Year Who Did Not Receive Mental Health Treatment; by Age Group, 2023

Perceived Unmet Need for Mental Health Treatment	18 or Older		18 to 25		26 to 49		50 or Older	
Past Year SMI and Did Not Receive Mental Health Treatment	100.0	(0.00)	100.0	(0.00)	100.0	(0.00)	*	(*)
Any Perceived Unmet Need[1]	45.2	(2.69)	58.9	(3.20)	44.4	(3.38)	*	(*)
Sought Treatment[1]	7.7	(1.23)	14.5	(2.62)	6.6	(1.70)	*	(*)
Did Not Seek Treatment but Thought Should Get Treatment[1]	37.5	(2.59)	44.4	(3.29)	37.7	(3.25)	*	(*)
Did Not Perceive Need for Mental Health Treatment[1]	54.8	(2.69)	41.1	(3.20)	55.6	(3.38)	*	(*)

* Low precision; no estimate reported.

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 *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: 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, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of SMI are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic criteria.

[1] Respondents with unknown information for perceptions of need for mental health treatment were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.46B Detailed Reasons for Not Receiving Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness (AMI) in the Past Year and a Perceived Unmet Need for Treatment in the Past Year; 2023

Reason for Not Receiving Mental Health Treatment[1]	AMI	
Thought It Would Cost Too Much	59.8	(1.88)
Did Not Have Health Insurance Coverage for Mental Health Treatment	35.7	(1.92)
Health Insurance Would Not Pay Enough of Costs for Treatment	39.8	(1.98)
Did Not Know How or Where to Get Treatment	48.6	(1.99)
Could Not Find Treatment Program or Healthcare Professional They Wanted to Go to	40.7	(2.01)
No Openings in Treatment Program or with Healthcare Professional They Wanted to Go to	16.5	(1.51)
Had Problems with Things Like Transportation, Childcare, or Getting Appointments at Times That Worked for Them	22.6	(1.77)
Did Not Have Enough Time for Treatment	47.0	(2.07)
Worried That Information Would Not Be Kept Private	22.5	(1.48)
Worried about What People Would Think or Say if They Got Treatment	26.7	(1.63)
Thought That if People Knew They Were in Treatment, Bad Things Would Happen, Like Losing Their Job, Home, or Children	13.2	(1.13)
Not Ready to Start Treatment	50.6	(2.05)
Thought They Should Have Been Able to Handle Their Mental Health, Emotions, or Behavior on Their Own	70.5	(1.99)
Thought Their Family, Friends, or Religious Group Would Not Like It if They Got Treatment	12.3	(1.07)
Afraid of Being Committed to Hospital or Forced into Treatment against Their Will	20.3	(1.37)
Thought They Would Be Told They Needed to Take Medication	36.2	(1.72)
Did Not Think Treatment Would Help Them	32.7	(1.89)
Thought No One Would Care if They Got Better	19.4	(1.45)

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: 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, behavioral, or emotional disorder, other than a developmental or substance use disorder. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic criteria.

NOTE: Respondents with unknown past year perceived unmet need data were excluded.

NOTE: Respondents with a perceived unmet need did not receive mental health treatment.

[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, 2023.

Table A.47B Received Substance Use Treatment or Mental Health Treatment in the Past Year: Among Adolescents Aged 12 to 17 with Past Year Substance Use Disorder (SUD) and Major Depressive Episode (MDE); 2023

Receipt of Treatment	Co-Occurring SUD and MDE	
No Substance Use Treatment OR Mental Health Treatment	28.9	(3.16)
Substance Use Treatment OR Mental Health Treatment	71.1	(3.16)
Substance Use Treatment BUT NOT Mental Health Treatment	1.2	(0.57)
Mental Health Treatment BUT NOT Substance Use Treatment	48.9	(3.47)
Both Substance Use Treatment AND Mental Health Treatment	21.0	(2.74)

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center. Substance use treatment questions are asked of respondents who used alcohol or drugs in their lifetime.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details on who was eligible to receive questions on substance use disorder.

NOTE: MDE estimates are based on criteria from the DSM-5, which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. Respondents with unknown past year MDE data were excluded.

NOTE: The substance use treatment measures have added uncertainty because of the high proportion of respondents in the "substance unspecified" category for substance use treatment. See the 2023 Methodological Summary and Definitions for details.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.48B Received Substance Use Treatment or Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with a Past Year Substance Use Disorder (SUD) and Any Mental Illness (AMI) or Serious Mental Illness (SMI) in the Past Year; by Age Group, 2023

Co-Occurring SUD, Level of Mental Illness, and Age Group	No Substance Use Treatment OR Mental Health Treatment		Substance Use Treatment OR Mental Health Treatment		Substance Use Treatment BUT NOT Mental Health Treatment		Mental Health Treatment BUT NOT Substance Use Treatment		Both Substance Use Treatment AND Mental Health Treatment	
Co-Occurring SUD and AMI										
18 or Older	37.6	(1.12)	62.4	(1.12)	3.6	(0.46)	40.2	(1.15)	18.6	(0.93)
18 to 25	43.8	(1.66)	56.2	(1.66)	2.8	(0.51)	39.5	(1.60)	13.9	(1.24)
26 to 49	36.9	(1.41)	63.1	(1.41)	3.6	(0.53)	40.4	(1.42)	19.1	(1.14)
50 or Older	32.6	(3.36)	67.4	(3.36)	4.8	(1.56)	40.4	(3.52)	22.2	(2.94)
Co-Occurring SUD and SMI										
18 or Older	25.0	(1.64)	75.0	(1.64)	2.4	(0.57)	47.3	(1.82)	25.4	(1.66)
18 to 25	33.0	(2.47)	67.0	(2.47)	1.9	(0.80)	47.7	(2.53)	17.4	(2.11)
26 to 49	21.7	(1.99)	78.3	(1.99)	2.5	(0.78)	47.7	(2.40)	28.1	(2.18)
50 or Older	*	(*)	*	(*)	*	(*)	*	(*)	*	(*)

* Low precision; no estimate reported.

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center. Substance use treatment questions are asked of respondents who used alcohol or drugs in their lifetime.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details on who was eligible to receive questions on substance use disorder.

NOTE: Mental illness aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of SMI are a subset of estimates of AMI because SMI is limited to people with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic criteria.

NOTE: The substance use treatment measures have added uncertainty because of the high proportion of respondents in the "substance unspecified" category for substance use treatment. See the 2023 Methodological Summary and Definitions for details.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table A.49B Perceived Ever Having Had a Substance Use Problem or a Mental Health Issue: Among Adults Aged 18 or Older; by Age Group, 2023

Characteristic	Ever Had a Substance Use Problem[1]		Ever Had a Mental Health Issue[2]	
TOTAL	12.0	(0.26)	25.3	(0.36)
AGE GROUP				
18 to 25	8.2	(0.34)	40.3	(0.69)
26 or Older	12.5	(0.29)	23.0	(0.39)

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

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 *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details.

[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, 2023.

Table A.50B Considered Themselves To Be in Recovery from a Substance Use Problem: Among Adults Aged 18 or Older Who Perceived Ever Having Had a Substance Use Problem and Considered Themselves To Be in Recovery from a Mental Health Issue among Adults Aged 18 or Older Who Perceived Ever Having Had a Mental Health Issue; by Age Group, 2023

Characteristic	Considered Themselves To Be in Recovery from a Substance Use Problem[1]		Considered Themselves To Be in Recovery from a Mental Health Issue[2]	
TOTAL	73.1	(0.97)	66.6	(0.62)
AGE GROUP				
18 to 25	65.1	(2.07)	64.6	(0.93)
26 or Older	73.9	(1.03)	67.1	(0.76)

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

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

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 *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details.

[1] Respondents were asked if they considered themselves to be in recovery or to have recovered from a substance use problem only if they reported ever having a drug or alcohol use problem. Excluded were respondents with unknown information for ever having a substance use problem or for having considered to be in recovery from their substance use problem.

[2] Respondents were asked if they considered 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 having considered themselves to be in recovery from their mental health issue.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

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Appendix B: Special Tables of Race/Ethnicity Estimates for Substance Use and Mental Health Indicators in the United States

Table B.1B Use of Tobacco Products or Nicotine Vaping, Tobacco Products, Cigarettes, or Nicotine Vaping in the Past Month: Among People Aged 12 or Older; by Race/Ethnicity, 2023

Characteristic	Tobacco Product Use or Nicotine Vaping[1,2]		Tobacco Products[1]		Cigarettes		Nicotine Vaping[2]	
TOTAL	22.7	(0.32)	17.6	(0.30)	13.7	(0.28)	9.4	(0.19)
HISPANIC ORIGIN AND RACE								
Not Hispanic or Latino	23.8	(0.37)	18.6	(0.34)	14.3	(0.31)	9.7	(0.22)
American Indian or Alaska Native	34.0[bceg]	(3.28)	26.3[bg]	(3.04)	23.4[bceg]	(3.06)	14.3[bcg]	(2.22)
Asian	10.3[acefg]	(0.94)	8.0[acefg]	(0.86)	6.7[acefg]	(0.81)	4.3[acefg]	(0.55)
Black or African American	24.2[abfg]	(0.83)	20.0[bg]	(0.79)	15.0[abg]	(0.73)	7.3[abef]	(0.41)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)	*	(*)	*	(*)
White	24.7[abfg]	(0.44)	19.1[bfg]	(0.41)	14.6[abg]	(0.37)	10.5[bcfg]	(0.26)
Multiracial[3]	30.6[bceg]	(1.82)	24.1[beg]	(1.78)	18.9[bg]	(1.67)	14.0[bceg]	(1.21)
Hispanic or Latino[4]	17.9[abcef]	(0.71)	13.2[abcef]	(0.65)	10.9[abcef]	(0.62)	8.2[abef]	(0.43)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[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 nicotine vaping because people could have used a vaping device to vape nicotine-containing products other than tobacco.

[2] Nicotine vaping refers to using an e-cigarette or other vaping device to vape nicotine or tobacco.

[3] Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

[4] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.2B Type of Nicotine Product Use: Among Past Month Nicotine Product Users Aged 12 or Older; by Race/Ethnicity, 2023

Characteristic	Only Nicotine Vaping[1]		Nicotine Vaping and Tobacco Products[1,2]		Only Tobacco Products[2]	
TOTAL	22.5	(0.55)	18.8	(0.52)	58.7	(0.70)
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	21.9	(0.58)	18.7	(0.55)	59.4	(0.76)
American Indian or Alaska Native	*	(*)	19.4	(3.63)	58.0	(5.72)
Asian	21.7	(3.52)	19.8	(3.53)	58.5	(4.49)
Black or African American	17.5[eg]	(1.22)	12.6[efg]	(1.07)	69.9[efg]	(1.52)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)	*	(*)
White	22.7[c]	(0.69)	19.6[c]	(0.64)	57.7[c]	(0.90)
Multiracial[3]	21.2	(2.19)	24.5[c]	(3.04)	54.3[c]	(3.66)
Hispanic or Latino[4]	26.4[c]	(1.62)	19.2[c]	(1.50)	54.4[c]	(2.13)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical. Percentages in a racial or ethnic group may not add to 100 percent due to rounding.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Nicotine product use refers to using tobacco or nicotine vaping.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] Nicotine vaping refers to using an e-cigarette or other vaping device to vape nicotine or tobacco.

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

[3] Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

[4] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.3B Use of Tobacco Products or Nicotine Vaping, Tobacco Products, Cigarettes, or Nicotine Vaping in the Past Month: Among People Aged 12 to 20; by Race/Ethnicity, 2023

Characteristic	Tobacco Product Use or Nicotine Vaping[1,2]		Tobacco Products[1]		Cigarettes		Nicotine Vaping[2]	
TOTAL	13.2	(0.42)	4.8	(0.28)	3.3	(0.21)	11.7	(0.40)
HISPANIC ORIGIN AND RACE								
Not Hispanic or Latino	14.2	(0.49)	5.3	(0.34)	3.6	(0.25)	12.6	(0.45)
American Indian or Alaska Native	12.3[b]	(1.97)	5.8[b]	(1.36)	4.7[b]	(1.28)	10.1[b]	(1.74)
Asian	4.8[acefg]	(1.07)	1.5[acefg]	(0.51)	0.9[aefg]	(0.38)	4.4[acefg]	(1.02)
Black or African American	12.0[be]	(1.05)	5.2[b]	(0.73)	2.3[e]	(0.54)	9.9[be]	(0.97)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)	*	(*)	*	(*)
White	15.7[bcg]	(0.61)	5.6[bg]	(0.41)	4.0[bcg]	(0.29)	14.2[bcg]	(0.57)
Multiracial[3]	17.8[bg]	(2.29)	8.5[b]	(2.09)	6.5[b]	(2.03)	15.3[bg]	(2.09)
Hispanic or Latino[4]	10.2[bef]	(0.72)	3.5[be]	(0.43)	2.4[be]	(0.37)	9.2[bef]	(0.68)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[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 nicotine vaping because people could have used a vaping device to vape nicotine-containing products other than tobacco.

[2] Nicotine vaping refers to using an e-cigarette or other vaping device to vape nicotine or tobacco.

[3] Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

[4] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.4B Alcohol Use, Binge Alcohol Use, or Heavy Alcohol Use in the Past Month: Among People Aged 12 or Older; by Race/Ethnicity, 2023

Characteristic	Alcohol Use		Binge Alcohol Use		Heavy Alcohol Use	
TOTAL	47.5	(0.42)	21.7	(0.30)	5.8	(0.16)
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	49.0	(0.45)	21.4	(0.32)	6.1	(0.18)
American Indian or Alaska Native	30.0[cefg]	(3.11)	19.1[b]	(2.50)	5.6	(1.83)
Asian	32.5[cefg]	(1.53)	10.7[acefg]	(1.10)	2.0[cefg]	(0.50)
Black or African American	42.5[abe]	(1.04)	21.6[b]	(0.79)	4.7[be]	(0.40)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)	*	(*)
White	52.3[abcfg]	(0.51)	22.4[b]	(0.38)	6.7[bcg]	(0.22)
Multiracial[1]	46.5[abe]	(2.11)	22.2[b]	(1.59)	7.6[bg]	(1.12)
Hispanic or Latino[2]	41.2[abe]	(0.89)	22.9[b]	(0.75)	4.5[bef]	(0.34)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

[2] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.5B Alcohol Use, Binge Alcohol Use, or Heavy Alcohol Use in the Past Month: Among People Aged 12 to 20; by Race/Ethnicity, 2023

Characteristic	Alcohol Use		Binge Alcohol Use		Heavy Alcohol Use	
TOTAL	14.6	(0.49)	8.6	(0.38)	1.7	(0.17)
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	15.4	(0.55)	9.0	(0.44)	1.9	(0.20)
American Indian or Alaska Native	5.8[cefg]	(1.47)	4.3[e]	(1.39)	1.8	(0.98)
Asian	7.6[efg]	(1.57)	2.3[cefg]	(0.71)	0.2[eg]	(0.16)
Black or African American	10.6[ae]	(1.03)	5.9[be]	(0.76)	0.6[e]	(0.19)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)	*	(*)
White	17.9[abcg]	(0.71)	10.7[abcg]	(0.57)	2.2[bc]	(0.26)
Multiracial[1]	16.4[ab]	(2.05)	9.4[b]	(1.83)	4.7	(1.73)
Hispanic or Latino[2]	12.5[abe]	(0.85)	7.7[be]	(0.70)	1.4[b]	(0.29)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

[2] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.6B Marijuana Use and Marijuana Vaping in the Past Month: Among People Aged 12 or Older; Marijuana Vaping and Marijuana Use but Not Marijuana Vaping in the Past Month: Among Past Month Marijuana Users Aged 12 or Older; by Race/Ethnicity, 2023

Characteristic	Marijuana Use		Marijuana Vaping[1]		PAST MONTH MARIJUANA USERS			
					Marijuana Vaping[1,2]		Marijuana Use but Not Marijuana Vaping[1,2]	
TOTAL	15.4	(0.28)	5.6	(0.14)	36.2	(0.78)	63.8	(0.78)
HISPANIC ORIGIN AND RACE								
Not Hispanic or Latino	16.1	(0.31)	5.6	(0.15)	35.1	(0.82)	64.9	(0.82)
American Indian or Alaska Native	25.2[bg]	(3.54)	5.7[b]	(1.37)	*	(*)	*	(*)
Asian	5.8[acefg]	(0.65)	2.0[acefg]	(0.31)	35.4[c]	(4.99)	64.6[c]	(4.99)
Black or African American	18.1[bfg]	(0.78)	3.5[befg]	(0.29)	19.4[befg]	(1.52)	80.6[befg]	(1.52)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)	*	(*)	*	(*)
White	16.3[bfg]	(0.34)	6.3[bcf]	(0.19)	38.4[c]	(0.97)	61.6[c]	(0.97)
Multiracial[3]	24.2[bceg]	(1.63)	10.1[bceg]	(1.06)	41.6[c]	(3.32)	58.4[c]	(3.32)
Hispanic or Latino[4]	12.4[abcef]	(0.57)	5.3[bcf]	(0.36)	42.5[c]	(2.24)	57.5[c]	(2.24)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] Marijuana vaping refers to using vape pens, dab pens, tabletop vaporizers, or portable vaporizers to vape marijuana.

[2] The 2023 NSDUH collected data on the variety of methods that people used to consume marijuana in the past month. Estimates shown in these columns focus on whether marijuana vaping was a method of past month consumption among past month marijuana users.

[3] Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

[4] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.7B Marijuana Use and Marijuana Vaping in the Past Month: Among People Aged 12 to 20; by Race/Ethnicity, 2023

Characteristic	Marijuana Use		Marijuana Vaping[1]	
TOTAL	11.3	(0.40)	6.5	(0.30)
HISPANIC ORIGIN AND RACE				
Not Hispanic or Latino	11.7	(0.45)	6.7	(0.34)
American Indian or Alaska Native	6.0[cefg]	(1.30)	2.6[efg]	(0.62)
Asian	4.7[cefg]	(1.33)	2.8[efg]	(0.82)
Black or African American	12.5[ab]	(0.94)	4.7[ef]	(0.67)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)
White	12.1[abf]	(0.58)	7.5[abc]	(0.46)
Multiracial[2]	17.9[abeg]	(2.13)	10.4[abc]	(1.85)
Hispanic or Latino[3]	10.1[abf]	(0.75)	5.9[ab]	(0.58)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] Marijuana vaping refers to using vape pens, dab pens, tabletop vaporizers, or portable vaporizers to vape marijuana.

[2] Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

[3] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.8B Illicit Drug, Marijuana, Cocaine, or Crack Use in the Past Year: Among People Aged 12 or Older; by Race/Ethnicity, 2023

Characteristic	Illicit Drug Use[1,2]		Marijuana		Cocaine		Crack	
TOTAL	24.9	(0.32)	21.8	(0.31)	1.8	(0.09)	0.4	(0.05)
HISPANIC ORIGIN AND RACE								
Not Hispanic or Latino	25.6	(0.36)	22.6	(0.34)	1.7	(0.10)	0.4	(0.06)
American Indian or Alaska Native	36.7[beg]	(3.54)	30.2[bg]	(3.51)	1.8	(0.48)	0.8	(0.33)
Asian	12.4[acefg]	(1.05)	10.0[acefg]	(0.91)	0.7	(0.21)	*	(*)
Black or African American	27.7[bfg]	(0.93)	24.5[bfg]	(0.87)	1.4	(0.21)	0.7	(0.19)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)	*	(*)	*	(*)
White	26.1[abfg]	(0.40)	23.1[bfg]	(0.38)	1.9	(0.12)	0.3	(0.06)
Multiracial[3]	36.2[bceg]	(1.85)	32.9[bceg]	(1.78)	2.1	(0.41)	0.4	(0.18)
Hispanic or Latino[4]	21.6[abcef]	(0.72)	18.2[abcef]	(0.68)	2.0	(0.25)	0.2	(0.09)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] Illicit Drug Use includes the misuse of prescription psychotherapeutics (pain relievers, tranquilizers, stimulants, or sedatives) or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine.

[2] These estimates do not include illegally made fentanyl.

[3] Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

[4] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.9B Mode of Marijuana Use in the Past Year: Among Past Year Marijuana Users Aged 12 or Older; by Race/Ethnicity, 2023

Characteristic	Smoking		Vaping[1]		Dabbing Waxes, Shatter, or Concentrates		Eating or Drinking		Other[2]	
TOTAL	77.0	(0.62)	38.3	(0.66)	16.0	(0.46)	48.3	(0.78)	13.9	(0.50)
HISPANIC ORIGIN AND RACE										
Not Hispanic or Latino	76.5	(0.67)	37.4	(0.70)	15.4	(0.50)	48.8	(0.82)	13.8	(0.54)
American Indian or Alaska Native	*	(*)	*	(*)	19.5	(4.75)	*	(*)	*	(*)
Asian	63.3[cfg]	(4.47)	39.5[c]	(4.79)	9.6[efg]	(2.14)	54.0[c]	(5.28)	10.5	(3.15)
Black or African American	88.1[beg]	(1.47)	22.4[befg]	(1.45)	9.0[efg]	(0.94)	35.7[befg]	(1.84)	8.4[efg]	(1.15)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)	*	(*)	*	(*)	*	(*)
White	73.9[cfg]	(0.77)	40.4[c]	(0.79)	16.5[bc]	(0.58)	51.6[cg]	(0.92)	14.8[c]	(0.63)
Multiracial[3]	84.1[be]	(2.27)	40.8[c]	(2.89)	20.8[bc]	(2.38)	50.4[c]	(3.23)	15.8[c]	(2.11)
Hispanic or Latino[4]	79.7[bce]	(1.52)	43.5[c]	(1.82)	19.7[bc]	(1.32)	45.5[ce]	(1.90)	14.7[c]	(1.24)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Respondents could indicate multiple modes of marijuana use; thus, these response categories are not mutually exclusive.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] Marijuana vaping refers to using vape pens, dab pens, tabletop vaporizers, or portable vaporizers to vape marijuana.

[2] Other modes include applying lotion, cream, or patches to skin; putting drops, strips, lozenges, or sprays in mouth or under tongue; taking pills; or some other way. 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.

[3] Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

[4] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.10B Methamphetamine, Hallucinogen, or Inhalant Use in the Past Year: Among People Aged 12 or Older; by Race/Ethnicity, 2023

Characteristic	Methamphetamine		Hallucinogens		Inhalants	
TOTAL	0.9	(0.07)	3.1	(0.10)	0.9	(0.06)
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	0.9	(0.08)	3.2	(0.11)	0.9	(0.06)
American Indian or Alaska Native	4.3	(1.95)	4.0	(1.93)	0.5	(0.20)
Asian	0.2[eg]	(0.08)	2.0[def]	(0.33)	1.0	(0.26)
Black or African American	0.4[eg]	(0.12)	2.7[d]	(0.26)	0.8	(0.16)
Native Hawaiian or Other Pacific Islander	*	(*)	0.4[bcefg]	(0.33)	0.2	(0.11)
White	1.0[bc]	(0.10)	3.3[bd]	(0.13)	0.9	(0.07)
Multiracial[1]	1.0	(0.34)	4.3[bd]	(0.68)	1.2	(0.29)
Hispanic or Latino[2]	0.9[bc]	(0.17)	2.9[d]	(0.26)	1.0	(0.15)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

[2] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.11B Prescription Stimulant Misuse, Prescription Tranquilizer or Sedative Misuse, or Prescription Benzodiazepine Misuse in the Past Year: Among People Aged 12 or Older; by Race/Ethnicity, 2023

Characteristic	Prescription Stimulant Misuse		Prescription Tranquilizer or Sedative Misuse		Prescription Benzodiazepine Misuse	
TOTAL	1.4	(0.07)	1.7	(0.09)	1.3	(0.08)
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	1.5	(0.08)	1.7	(0.10)	1.3	(0.09)
American Indian or Alaska Native	1.2	(0.64)	0.7[ef]	(0.27)	0.6[e]	(0.26)
Asian	0.8[e]	(0.21)	0.7[ef]	(0.31)	0.7	(0.31)
Black or African American	0.8[e]	(0.16)	1.1[e]	(0.23)	0.7[e]	(0.16)
Native Hawaiian or Other Pacific Islander	0.4[e]	(0.33)	*	(*)	0.3[eg]	(0.30)
White	1.7[bcdg]	(0.09)	1.9[abc]	(0.12)	1.5[acd]	(0.11)
Multiracial[1]	1.4	(0.31)	2.2[ab]	(0.47)	1.5	(0.34)
Hispanic or Latino[2]	0.9[e]	(0.13)	1.5	(0.22)	1.3[d]	(0.21)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

[2] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.12B Prescription Pain Reliever Misuse, Opioid Misuse, or Central Nervous System Stimulant Misuse in the Past Year: Among People Aged 12 or Older; by Race/Ethnicity, 2023

Characteristic	Prescription Pain Reliever Misuse		Opioid Misuse[1]		Central Nervous System Stimulant Misuse	
TOTAL	3.0	(0.12)	3.1	(0.12)	3.4	(0.13)
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	3.0	(0.13)	3.1	(0.13)	3.5	(0.13)
American Indian or Alaska Native	5.7	(1.73)	5.9	(1.75)	6.4	(2.04)
Asian	1.7	(0.47)	1.7	(0.47)	1.4[efg]	(0.28)
Black or African American	3.7	(0.40)	3.8	(0.40)	2.3[e]	(0.27)
Native Hawaiian or Other Pacific Islander	3.5	(2.05)	4.8	(2.41)	*	(*)
White	3.0	(0.15)	3.1	(0.15)	3.8[bc]	(0.17)
Multiracial[2]	4.0	(0.84)	4.1	(0.84)	3.7[b]	(0.52)
Hispanic or Latino[3]	3.0	(0.28)	3.1	(0.31)	3.2[b]	(0.31)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] These estimates do not include illegally made fentanyl.

[2] Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

[3] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.13B Substance Use Disorder, Alcohol Use Disorder, Drug Use Disorder, or Marijuana Use Disorder in the Past Year: Among People Aged 12 or Older; by Race/Ethnicity, 2023

Characteristic	Substance Use Disorder		Alcohol Use Disorder		Drug Use Disorder		Marijuana Use Disorder	
TOTAL	17.1	(0.27)	10.2	(0.20)	9.6	(0.22)	6.8	(0.18)
HISPANIC ORIGIN AND RACE								
Not Hispanic or Latino	17.4	(0.30)	10.4	(0.23)	9.8	(0.24)	6.9	(0.20)
American Indian or Alaska Native	25.3[bg]	(3.21)	11.6	(2.51)	19.7[bceg]	(3.15)	12.9[b]	(2.83)
Asian	9.2[acefg]	(0.97)	5.7[cefg]	(0.68)	4.4[acefg]	(0.73)	2.1[acefg]	(0.35)
Black or African American	17.6[bf]	(0.72)	9.6[bf]	(0.53)	11.4[abeg]	(0.63)	8.7[befg]	(0.52)
Native Hawaiian or Other Pacific Islander	*	(*)	7.9	(2.50)	*	(*)	*	(*)
White	17.8[bfg]	(0.34)	11.0[bg]	(0.27)	9.6[abcf]	(0.26)	6.7[bcf]	(0.22)
Multiracial[1]	24.3[bceg]	(1.61)	13.6[bcg]	(1.32)	15.1[beg]	(1.31)	12.6[bceg]	(1.23)
Hispanic or Latino[2]	15.7[abef]	(0.59)	9.2[bef]	(0.46)	8.8[abcf]	(0.43)	6.2[bcf]	(0.33)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details on who was eligible to receive questions on substance use disorder.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

[2] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.14B Prescription Pain Reliever Use Disorder, Opioid Use Disorder, or Central Nervous System Stimulant Use Disorder in the Past Year: Among People Aged 12 or Older; by Race/Ethnicity, 2023

Characteristic	Prescription Pain Reliever Use Disorder		Opioid Use Disorder		Central Nervous System Stimulant Use Disorder	
TOTAL	1.9	(0.11)	2.0	(0.11)	1.5	(0.09)
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	1.9	(0.12)	2.0	(0.12)	1.6	(0.10)
American Indian or Alaska Native	3.6	(1.01)	3.8	(1.03)	5.5	(2.02)
Asian	1.7	(0.62)	1.7	(0.62)	0.4[efg]	(0.14)
Black or African American	2.1	(0.29)	2.2	(0.29)	1.1[e]	(0.22)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)	*	(*)
White	1.9	(0.12)	2.0	(0.12)	1.7[bc]	(0.12)
Multiracial[1]	1.6	(0.39)	1.7	(0.39)	1.8[b]	(0.37)
Hispanic or Latino[2]	1.7	(0.23)	1.8	(0.24)	1.3[b]	(0.19)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details on who was eligible to receive questions on substance use disorder.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

[2] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.15B Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year: Among Adolescents Aged 12 to 17; by Race/Ethnicity, 2023

Characteristic	MDE		MDE with Severe Impairment[1]	
TOTAL	18.1	(0.52)	13.5	(0.48)
HISPANIC ORIGIN AND RACE				
Not Hispanic or Latino	18.2	(0.56)	13.5	(0.53)
American Indian or Alaska Native	*	(*)	8.2[ef]	(2.20)
Asian	13.7[ef]	(1.87)	9.1[ef]	(1.55)
Black or African American	13.3[efg]	(1.20)	10.0[ef]	(0.96)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)
White	19.6[bc]	(0.72)	14.7[abc]	(0.70)
Multiracial[2]	24.4[bc]	(2.27)	19.6[abc]	(2.16)
Hispanic or Latino[3]	18.0[c]	(1.18)	13.3	(1.08)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. Respondents with unknown past year MDE data were excluded.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] 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 severity level of role impairment across four domains: (1) chores at home, (2) school or work, (3) close relationships with family, and (4) social life. Ratings greater than or equal to 7 on a scale of 0 to 10 in any of the role domains were considered severe impairment. Respondents with unknown impairment data were excluded.

[2] Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

[3] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.16B Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year: Among Adults Aged 18 or Older; by Race/Ethnicity, 2023

Characteristic	MDE		MDE with Severe Impairment[1]	
TOTAL	8.5	(0.20)	5.9	(0.17)
HISPANIC ORIGIN AND RACE				
Not Hispanic or Latino	8.6	(0.23)	6.0	(0.19)
American Indian or Alaska Native	4.2[efg]	(0.82)	2.5[efg]	(0.61)
Asian	4.8[efg]	(0.66)	3.8[ef]	(0.63)
Black or African American	6.5[efg]	(0.49)	4.4[ef]	(0.39)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)
White	9.1[abcf]	(0.26)	6.3[abcf]	(0.21)
Multiracial[2]	16.9[abceg]	(1.63)	13.9[abceg]	(1.51)
Hispanic or Latino[3]	8.3[abcf]	(0.47)	5.7[af]	(0.42)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[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 level of role impairment across four domains: (1) home management, (2) work, (3) close relationships with others, and (4) social life. Ratings greater than or equal to 7 on a scale of 0 to 10 in any of the role domains were considered severe impairment.

[2] Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

[3] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.17B Level of Mental Illness in the Past Year: Among Adults Aged 18 or Older; by Race/Ethnicity, 2023

Characteristic	Any Mental Illness		Serious Mental Illness	
TOTAL	22.8	(0.33)	5.7	(0.16)
HISPANIC ORIGIN AND RACE				
Not Hispanic or Latino	23.2	(0.36)	5.7	(0.18)
American Indian or Alaska Native	23.5[f]	(3.31)	3.3[efg]	(0.69)
Asian	18.1[ef]	(1.28)	2.9[efg]	(0.48)
Black or African American	19.4[ef]	(0.87)	3.7[efg]	(0.37)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)
White	24.0[bcfg]	(0.41)	6.1[abcf]	(0.20)
Multiracial[1]	36.7[abceg]	(2.43)	14.0[abceg]	(2.05)
Hispanic or Latino[2]	20.6[ef]	(0.67)	5.5[abcf]	(0.40)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Mental illness aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of serious mental illness (SMI) are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic criteria.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

[2] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.18B Substance Use Disorder (SUD) or Major Depressive Episode (MDE) in the Past Year: Among Adolescents Aged 12 to 17; by Race/Ethnicity, 2023

Characteristic	SUD or MDE		SUD but No MDE[1]		MDE but No SUD[1]		Co-Occurring SUD and MDE[1]		Co-Occurring SUD and MDE with Severe Impairment[2]	
TOTAL	23.4	(0.58)	4.9	(0.31)	14.7	(0.47)	3.4	(0.23)	2.9	(0.21)
HISPANIC ORIGIN AND RACE										
Not Hispanic or Latino	22.9	(0.62)	4.4	(0.30)	14.7	(0.51)	3.5	(0.27)	2.9	(0.25)
American Indian or Alaska Native	23.6	(4.97)	4.7	(1.51)	*	(*)	2.1	(0.76)	1.8	(0.70)
Asian	16.9[efg]	(2.29)	3.0	(1.14)	12.7	(1.83)	1.0[efg]	(0.51)	0.7[efg]	(0.35)
Black or African American	18.8[efg]	(1.32)	5.2	(0.66)	11.2[ef]	(1.07)	2.1[e]	(0.51)	1.7[e]	(0.44)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)	*	(*)	*	(*)	*	(*)
White	24.2[bc]	(0.80)	4.3	(0.36)	15.6[c]	(0.64)	4.0[bc]	(0.36)	3.5[bc]	(0.35)
Multiracial[3]	30.4[bc]	(2.48)	4.8	(0.91)	19.3[c]	(2.13)	5.1[b]	(1.05)	4.6[b]	(1.09)
Hispanic or Latino[4]	24.8[bc]	(1.36)	6.5	(0.81)	14.6	(1.05)	3.4[b]	(0.49)	2.7[b]	(0.45)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5). See the *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details on who was eligible to receive questions on substance use disorder.

NOTE: MDE estimates are based on criteria from DSM-5 , which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] Respondents with unknown past year MDE data were excluded.

[2] 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 severity level of role impairment across four domains: (1) chores at home, (2) school or work, (3) close relationships with family, and (4) social life. Ratings greater than or equal to 7 on a scale of 0 to 10 in any of the role domains were considered severe impairment. Respondents with unknown impairment data were excluded.

[3] Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

[4] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.19B Substance Use Disorder (SUD) or Any Mental Illness (AMI) in the Past Year: Among Adults Aged 18 or Older; by Race/Ethnicity, 2023

Characteristic	SUD or AMI		SUD but No AMI		AMI but No SUD		Co-Occurring SUD and AMI	
TOTAL	32.8	(0.38)	10.0	(0.23)	14.8	(0.26)	7.9	(0.20)
HISPANIC ORIGIN AND RACE								
Not Hispanic or Latino	33.4	(0.42)	10.2	(0.25)	15.1	(0.29)	8.1	(0.22)
American Indian or Alaska Native	41.1[bg]	(4.06)	17.6[b]	(3.15)	12.0[f]	(2.29)	11.5[b]	(2.57)
Asian	24.3[acefg]	(1.54)	6.2[acefg]	(0.88)	14.7[f]	(1.22)	3.5[acefg]	(0.57)
Black or African American	30.5[bef]	(0.99)	11.0[b]	(0.59)	11.7[ef]	(0.69)	7.8[bf]	(0.57)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)	*	(*)	*	(*)
White	34.2[bcfg]	(0.47)	10.2[b]	(0.29)	15.6[cfg]	(0.34)	8.4[bfg]	(0.24)
Multiracial[1]	50.0[bceg]	(2.41)	13.3[b]	(1.53)	23.4[abceg]	(2.32)	13.3[bceg]	(1.21)
Hispanic or Latino[2]	30.0[abef]	(0.78)	9.4[b]	(0.56)	13.5[ef]	(0.57)	7.1[bef]	(0.42)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details on who was eligible to receive questions on substance use disorder.

NOTE: AMI aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic criteria.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

[2] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.20B Substance Use Disorder (SUD) or Serious Mental Illness (SMI) in the Past Year: Among Adults Aged 18 or Older; by Race/Ethnicity, 2023

Characteristic	SUD or SMI		SUD but No SMI		SMI but No SUD		Co-Occurring SUD and SMI	
TOTAL	21.0	(0.33)	15.3	(0.27)	3.0	(0.12)	2.6	(0.10)
HISPANIC ORIGIN AND RACE								
Not Hispanic or Latino	21.3	(0.36)	15.6	(0.30)	3.0	(0.13)	2.7	(0.11)
American Indian or Alaska Native	31.1[bcg]	(3.92)	27.8[bceg]	(3.85)	2.0[f]	(0.57)	1.3[efg]	(0.38)
Asian	11.8[acefg]	(1.08)	8.9[acefg]	(1.01)	2.1[ef]	(0.34)	0.8[cefg]	(0.34)
Black or African American	20.5[abf]	(0.83)	16.7[abg]	(0.77)	1.7[efg]	(0.23)	2.0[bef]	(0.25)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)	1.2[ef]	(0.70)	*	(*)
White	21.9[bfg]	(0.40)	15.8[ab]	(0.35)	3.3[bcd]	(0.15)	2.9[abcf]	(0.13)
Multiracial[1]	34.1[bceg]	(2.28)	20.1[bg]	(1.69)	7.5[abcd]	(1.89)	6.5[abceg]	(0.99)
Hispanic or Latino[2]	19.5[abef]	(0.71)	14.0[abcf]	(0.62)	2.9[c]	(0.32)	2.5[abf]	(0.26)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details on who was eligible to receive questions on substance use disorder.

NOTE: SMI aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of SMI are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic criteria.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

[2] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.21B Had Serious Thoughts of Suicide, Made Any Suicide Plans, or Attempted Suicide in the Past Year: Among Adults Aged 18 or Older; by Race/Ethnicity, 2023

Characteristic	Had Serious Thoughts of Suicide in the Past Year		Made Any Suicide Plans in the Past Year		Attempted Suicide in the Past Year	
TOTAL	5.0	(0.15)	1.4	(0.07)	0.6	(0.04)
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	5.0	(0.16)	1.5	(0.08)	0.6	(0.04)
American Indian or Alaska Native	4.7[f]	(0.96)	1.8	(0.52)	1.3	(0.47)
Asian	4.2[f]	(0.81)	1.0	(0.27)	0.5	(0.18)
Black or African American	4.0[f]	(0.37)	1.5	(0.20)	0.8	(0.16)
Native Hawaiian or Other Pacific Islander	2.6[f]	(0.97)	1.4	(0.70)	1.0	(0.54)
White	5.0[f]	(0.18)	1.5	(0.09)	0.5	(0.05)
Multiracial[1]	12.0[abcdeg]	(1.89)	2.7	(0.51)	1.3	(0.32)
Hispanic or Latino[2]	5.0[f]	(0.36)	1.3	(0.20)	0.6	(0.15)

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

[2] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.22B Had Serious Thoughts of Suicide, Made Any Suicide Plans, or Attempted Suicide in the Past Year: Among Adolescents Aged 12 to 17; by Race/Ethnicity, 2023

Characteristic	Had Serious Thoughts of Suicide in the Past Year		Made Any Suicide Plans in the Past Year		Attempted Suicide in the Past Year	
TOTAL	12.3	(0.47)	5.6	(0.32)	3.3	(0.23)
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	12.5	(0.50)	5.5	(0.32)	3.3	(0.26)
American Indian or Alaska Native	12.8	(2.53)	4.2	(1.05)	3.8	(1.12)
Asian	10.5[f]	(1.64)	5.8	(1.24)	3.0	(1.00)
Black or African American	9.9[ef]	(1.03)	5.1	(0.74)	3.8	(0.61)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)	*	(*)
White	13.1[c]	(0.65)	5.3	(0.40)	3.1	(0.31)
Multiracial[1]	17.5[bcg]	(1.81)	8.3	(1.34)	4.3	(0.93)
Hispanic or Latino[2]	12.0[f]	(1.06)	6.1	(0.80)	3.3	(0.52)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Respondents who answered "Not Sure/Don't Know" or "Don't Want to Answer/Refuse" were included in the analysis.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

[2] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.23B Need for Substance Use Treatment or Receipt of Substance Use Treatment in the Past Year: Among People Aged 12 or Older; by Race/Ethnicity, 2023

Characteristic	Needed Substance Use Treatment[1]		Received Substance Use Treatment		Received Substance Use Treatment among People Who Needed Substance Use Treatment[1]	
TOTAL	19.1	(0.29)	4.5	(0.14)	23.6	(0.64)
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	19.5	(0.31)	4.5	(0.15)	23.3	(0.69)
American Indian or Alaska Native	30.6[bceg]	(3.38)	9.5[b]	(2.32)	*	(*)
Asian	10.5[acefg]	(0.97)	2.2[acefg]	(0.39)	20.8	(3.68)
Black or African American	19.7[abf]	(0.76)	3.7[be]	(0.33)	18.9	(1.57)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)	*	(*)
White	19.9[abfg]	(0.36)	4.8[bc]	(0.19)	24.2	(0.82)
Multiracial[2]	26.2[bceg]	(1.62)	5.7[b]	(0.78)	21.5	(2.68)
Hispanic or Latino[3]	17.5[abef]	(0.61)	4.4[b]	(0.35)	25.3	(1.74)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center. Substance use treatment questions are asked of respondents who used alcohol or drugs in their lifetime. These estimates include data from respondents who reported that they received any substance use treatment but did not report the substance for which they received treatment.

NOTE: The substance use treatment measures have added uncertainty because of the high proportion of respondents in the "substance unspecified" category for substance use treatment. See the *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details.

NOTE: Substance use disorder (SUD) estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5). See the 2023 Methodological Summary and Definitions for details on who was eligible to receive questions on SUD. People who had an SUD in the past year also needed substance use treatment.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] Respondents were classified as needing substance use treatment if they met the DSM-5 criteria for an SUD or received treatment in the past year for their alcohol or drug use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

[2] Multiracial refers to people (not of Hispanic or Latino ethnicity) reporting two or more races.

[3] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.24B Received Substance Use Treatment through Telehealth in the Past Year: Among People Aged 12 or Older with a Past Year Substance Use Disorder (SUD); by Race/Ethnicity, 2023

Characteristic	Received Substance Use Treatment through Telehealth among People with an SUD	
TOTAL	6.2	(0.40)
HISPANIC ORIGIN AND RACE		
Not Hispanic or Latino	6.1	(0.42)
American Indian or Alaska Native	4.7	(1.63)
Asian	3.1	(1.34)
Black or African American	3.9	(0.92)
Native Hawaiian or Other Pacific Islander	*	(*)
White	6.7	(0.49)
Multiracial[1]	6.2	(1.84)
Hispanic or Latino[2]	6.7	(1.24)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Respondents who reported that they received telehealth treatment (i.e., over the phone or through video) were not asked for the type or location of providers for the telehealth treatment they received.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details on who was eligible to receive questions on SUD.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] Multiracial refers to people (not of Hispanic or Latino ethnicity) reporting two or more races.

[2] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.25B Did Not Perceive Need for Substance Use Treatment in the Past Year: Among People Aged 12 or Older with a Past Year Substance Use Disorder Who Did Not Receive Substance Use Treatment; by Race/Ethnicity and Age Group, 2023

Characteristic	Did Not Perceive Need for Substance Use Treatment			
	Aged 12 to 17		Aged 18 or Older	
TOTAL	96.6	(0.84)	94.7	(0.41)
HISPANIC ORIGIN AND RACE				
Not Hispanic or Latino	96.4	(0.94)	94.3	(0.47)
American Indian or Alaska Native	*	(*)	92.8	(3.10)
Asian	*	(*)	*	(*)
Black or African American	*	(*)	96.4	(0.89)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)
White	96.3	(1.17)	94.1[g]	(0.54)
Multiracial[1]	*	(*)	91.6	(2.53)
Hispanic or Latino[2]	97.1	(1.67)	97.1[e]	(0.63)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center. Substance use treatment questions are asked of respondents who used alcohol or drugs in their lifetime. These estimates include data from respondents who reported that they received any substance use treatment but did not report the substance for which they received treatment.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details on who was eligible to receive questions on substance use disorder.

NOTE: Respondents with unknown information for perceptions of need for substance use treatment were excluded.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] Multiracial refers to people (not of Hispanic or Latino ethnicity) reporting two or more races.

[2] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.26B Types and Locations of Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older; by Race/Ethnicity, 2023

Characteristic	Mental Health Treatment		Inpatient[1]		Outpatient[2]		Prescription Medication		Telehealth Treatment[3]		Prison, Jail, or Juvenile Detention Center	
TOTAL	23.0	(0.34)	1.2	(0.08)	14.1	(0.28)	16.3	(0.28)	12.1	(0.24)	1.0	(0.08)
HISPANIC ORIGIN AND RACE												
Not Hispanic or Latino	24.2	(0.37)	1.1	(0.08)	14.9	(0.31)	17.6	(0.31)	12.7	(0.27)	1.0	(0.09)
American Indian or Alaska Native	25.5[bc]	(3.72)	4.5	(2.14)	19.8[bc]	(3.73)	15.3[b]	(3.04)	8.3[ef]	(1.59)	1.2	(0.43)
Asian	13.5[aef]	(1.21)	0.9	(0.32)	9.3[aef]	(1.05)	6.5[aefg]	(0.92)	6.8[efg]	(0.79)	0.7	(0.46)
Black or African American	15.1[aef]	(0.77)	1.5	(0.22)	9.8[aef]	(0.63)	7.7[efg]	(0.56)	8.6[ef]	(0.61)	0.8	(0.14)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)	*	(*)	*	(*)	*	(*)	*	(*)
White	27.0[bcg]	(0.42)	1.0	(0.10)	16.3[bcfg]	(0.36)	20.6[bcg]	(0.38)	14.0[abcg]	(0.32)	1.1	(0.11)
Multiracial[4]	30.8[bcg]	(2.12)	1.3	(0.37)	21.6[bceg]	(1.95)	21.5[bcg]	(1.97)	18.0[abcg]	(1.61)	1.4	(0.41)
Hispanic or Latino[5]	17.0[ef]	(0.71)	1.4	(0.22)	10.7[ef]	(0.55)	10.3[bcef]	(0.59)	9.6[bef]	(0.52)	0.9	(0.18)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: Respondents could indicate multiple treatment types/locations; thus, these response categories are not mutually exclusive.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] Inpatient locations were places where people stayed overnight or longer to receive mental health treatment, including hospitals where people stayed as inpatients, residential mental health treatment centers, residential drug or alcohol rehabilitation or treatment centers, or some other place where people stayed overnight or longer to receive treatment.

[2] Outpatient locations were places where people received mental health treatment without needing to stay overnight, including outpatient mental health treatment centers; outpatient drug or alcohol rehabilitation or treatment centers; the office of a therapist, psychologist, psychiatrist, or substance use treatment professional; general medical clinics or doctor's offices; hospitals where people received treatment as outpatients; school health or counseling centers; or some other place where people received treatment as outpatients.

[3] Respondents who reported that they received telehealth treatment (i.e., over the phone or through video) were not asked for the type or location of providers for the telehealth treatment they received.

[4] Multiracial refers to people (not of Hispanic or Latino ethnicity) reporting two or more races.

[5] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.27B Types and Locations of Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with a Major Depressive Episode (MDE) in the Past Year; by Race/Ethnicity, 2023

Characteristic	Mental Health Treatment		Inpatient[1]		Outpatient[2]		Prescription Medication		Telehealth Treatment[3]		Prison, Jail, or Juvenile Detention Center	
TOTAL	66.7	(1.02)	5.6	(0.49)	50.6	(1.15)	52.5	(1.08)	45.0	(1.17)	3.7	(0.52)
HISPANIC ORIGIN AND RACE												
Not Hispanic or Latino	68.3	(1.11)	5.0	(0.49)	52.3	(1.21)	54.5	(1.21)	45.2	(1.28)	3.5	(0.54)
American Indian or Alaska Native	*	(*)	*	(*)	*	(*)	*	(*)	*	(*)	*	(*)
Asian	*	(*)	2.0	(1.29)	*	(*)	*	(*)	25.8[efg]	(5.03)	*	(*)
Black or African American	58.4[e]	(3.59)	8.5	(2.12)	41.6[e]	(3.79)	35.9[e]	(3.67)	39.4	(3.75)	3.4	(1.35)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)	*	(*)	*	(*)	*	(*)	*	(*)
White	71.1[cg]	(1.23)	4.7	(0.51)	54.4[cg]	(1.35)	58.7[cg]	(1.32)	47.0[b]	(1.41)	3.9	(0.64)
Multiracial[4]	67.1	(4.48)	5.7	(1.94)	54.3	(4.91)	50.8	(5.00)	48.5[b]	(4.93)	1.0	(0.49)
Hispanic or Latino[5]	58.8[e]	(2.99)	8.2	(1.59)	42.8[e]	(3.12)	42.6[e]	(3.00)	43.8[b]	(3.07)	4.4	(1.70)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: Respondents could indicate multiple treatment types/locations; thus, these response categories are not mutually exclusive.

NOTE: MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] Inpatient treatment locations were places where people stayed overnight or longer to receive mental health treatment, including hospitals where people stayed as inpatients, residential mental health treatment centers, residential drug or alcohol rehabilitation or treatment centers, or some other place where people stayed overnight or longer to receive treatment.

[2] Outpatient treatment locations were places where people received mental health treatment without needing to stay overnight, including outpatient mental health treatment centers; outpatient drug or alcohol rehabilitation or treatment centers; the office of a therapist, psychologist, psychiatrist, or substance use treatment professional; general medical clinics or doctor's offices; hospitals where people received treatment as outpatients; school health or counseling centers; or some other place where people received treatment as outpatients.

[3] Respondents who reported that they received telehealth treatment (i.e., over the phone or through video) were not asked for the type or location of providers for the telehealth treatment they received.

[4] Multiracial refers to people (not of Hispanic or Latino ethnicity) reporting two or more races.

[5] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.28B Types and Locations of Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness (AMI) in the Past Year; by Race/Ethnicity, 2023

Characteristic	Mental Health Treatment		Inpatient[1]		Outpatient[2]		Prescription Medication		Telehealth Treatment[3]		Prison, Jail, or Juvenile Detention Center	
TOTAL	53.9	(0.75)	3.6	(0.26)	37.6	(0.72)	40.4	(0.71)	33.7	(0.71)	2.9	(0.27)
HISPANIC ORIGIN AND RACE												
Not Hispanic or Latino	55.1	(0.81)	3.2	(0.25)	38.5	(0.77)	42.1	(0.77)	34.1	(0.76)	2.9	(0.29)
American Indian or Alaska Native	*	(*)	5.1	(1.64)	*	(*)	*	(*)	20.5[ef]	(4.44)	3.1	(1.59)
Asian	34.7[efg]	(3.67)	2.2	(0.86)	26.8[ef]	(3.36)	19.7[efg]	(2.92)	21.4[efg]	(2.55)	1.2	(0.63)
Black or African American	43.8[e]	(2.54)	5.4	(0.98)	30.3[ef]	(2.26)	24.9[ef]	(2.07)	29.5[e]	(2.25)	2.7	(0.59)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)	*	(*)	*	(*)	*	(*)	*	(*)
White	58.7[bcg]	(0.88)	2.9[g]	(0.26)	40.7[bcg]	(0.89)	47.0[bcg]	(0.85)	35.9[abc]	(0.84)	3.0	(0.35)
Multiracial[4]	56.3[b]	(4.25)	2.9	(0.94)	43.9[bc]	(4.16)	42.3[bc]	(4.05)	36.0[ab]	(3.63)	3.2	(1.10)
Hispanic or Latino[5]	47.4[be]	(1.92)	5.4[e]	(0.92)	32.5[e]	(1.81)	31.4[be]	(1.73)	31.4[b]	(1.80)	3.1	(0.77)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: Respondents could indicate multiple treatment types/locations; thus, these response categories are not mutually exclusive.

NOTE: 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, behavioral, or emotional disorder, other than a developmental or substance use disorder. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic criteria.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] Inpatient treatment locations were places where people stayed overnight or longer to receive mental health treatment, including hospitals where people stayed as inpatients, residential mental health treatment centers, residential drug or alcohol rehabilitation or treatment centers, or some other place where people stayed overnight or longer to receive treatment.

[2] Outpatient treatment locations were places where people received mental health treatment without needing to stay overnight, including outpatient mental health treatment centers; outpatient drug or alcohol rehabilitation or treatment centers; the office of a therapist, psychologist, psychiatrist, or substance use treatment professional; general medical clinics or doctor's offices; hospitals where people received treatment as outpatients; school health or counseling centers; or some other place where people received treatment as outpatients.

[3] Respondents who reported that they received telehealth treatment (i.e., over the phone or through video) were not asked for the type or location of providers for the telehealth treatment they received.

[4] Multiracial refers to people (not of Hispanic or Latino ethnicity) reporting two or more races.

[5] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.29B Types and Locations of Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Serious Mental Illness (SMI) in the Past Year; by Race/Ethnicity, 2023

Characteristic	Mental Health Treatment		Inpatient[1]		Outpatient[2]		Prescription Medication		Telehealth Treatment[3]		Prison, Jail, or Juvenile Detention Center	
TOTAL	71.1	(1.28)	6.9	(0.63)	55.0	(1.42)	59.8	(1.33)	49.4	(1.42)	3.9	(0.59)
HISPANIC ORIGIN AND RACE												
Not Hispanic or Latino	72.4	(1.37)	6.6	(0.65)	56.5	(1.49)	61.5	(1.42)	50.0	(1.49)	3.4	(0.50)
American Indian or Alaska Native	*	(*)	*	(*)	*	(*)	*	(*)	*	(*)	*	(*)
Asian	*	(*)	*	(*)	*	(*)	*	(*)	*	(*)	<0.1[ce]	(0.04)
Black or African American	56.4[e]	(4.31)	9.8	(2.43)	44.1	(4.55)	39.4[e]	(3.98)	40.0	(3.95)	2.8[b]	(0.86)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)	*	(*)	*	(*)	*	(*)	*	(*)
White	74.9[c]	(1.44)	6.2	(0.68)	57.9	(1.59)	65.2[cg]	(1.51)	51.8	(1.59)	3.8[bf]	(0.61)
Multiracial[4]	*	(*)	6.9	(2.48)	*	(*)	*	(*)	*	(*)	1.1[e]	(0.54)
Hispanic or Latino[5]	64.6	(3.74)	8.1	(1.86)	47.8	(3.81)	51.9[e]	(3.95)	46.4	(3.76)	6.1	(2.51)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

NOTE: Estimates of 0.0 percent are presented as <0.1.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: Respondents could indicate multiple treatment types/locations; thus, these response categories are not mutually exclusive.

NOTE: 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, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of SMI are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic criteria.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] Inpatient treatment locations were places where people stayed overnight or longer to receive mental health treatment, including hospitals where people stayed as inpatients, residential mental health treatment centers, residential drug or alcohol rehabilitation or treatment centers, or some other place where people stayed overnight or longer to receive treatment.

[2] Outpatient treatment locations were places where people received mental health treatment without needing to stay overnight, including outpatient mental health treatment centers; outpatient drug or alcohol rehabilitation or treatment centers; the office of a therapist, psychologist, psychiatrist, or substance use treatment professional; general medical clinics or doctor's offices; hospitals where people received treatment as outpatients; school health or counseling centers; or some other place where people received treatment as outpatients.

[3] Respondents who reported that they received telehealth treatment (i.e., over the phone or through video) were not asked for the type or location of providers for the telehealth treatment they received.

[4] Multiracial refers to people (not of Hispanic or Latino ethnicity) reporting two or more races.

[5] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.30B Perceived Ever Having Had a Substance Use Problem or a Mental Health Issue: Among Adults Aged 18 or Older; by Race/Ethnicity, 2023

Characteristic	Ever Had a Substance Use Problem[1]		Ever Had a Mental Health Issue[2]	
TOTAL	12.0	(0.26)	25.3	(0.36)
HISPANIC ORIGIN AND RACE				
Not Hispanic or Latino	12.9	(0.29)	26.5	(0.39)
American Indian or Alaska Native	18.6[bcg]	(3.63)	27.8[bc]	(4.34)
Asian	3.9[acefg]	(0.74)	15.6[aef]	(1.25)
Black or African American	6.7[abef]	(0.62)	16.1[aefg]	(0.80)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)
White	14.7[bcg]	(0.34)	29.3[bcfg]	(0.45)
Multiracial[3]	19.8[bcg]	(2.02)	38.4[bceg]	(2.54)
Hispanic or Latino[4]	7.8[abef]	(0.54)	19.3[cef]	(0.74)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

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 *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[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.

[3] Multiracial refers to people (not of Hispanic or Latino ethnicity) reporting two or more races.

[4] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Table B.31B Considered Themselves To Be in Recovery from a Substance Use Problem: Among Adults Aged 18 or Older Who Perceived Ever Having Had a Substance Use Problem and Considered Themselves To Be in Recovery from a Mental Health Issue among Adults Aged 18 or Older Who Perceived Ever Having Had a Mental Health Issue; by Race/Ethnicity, 2023

Characteristic	Considered Themselves To Be in Recovery from a Substance Use Problem[1]		Considered Themselves To Be in Recovery from a Mental Health Issue[2]	
TOTAL	73.1	(0.97)	66.6	(0.62)
HISPANIC ORIGIN AND RACE				
Not Hispanic or Latino	72.6	(1.05)	66.3	(0.68)
American Indian or Alaska Native	*	(*)	*	(*)
Asian	*	(*)	64.5	(3.89)
Black or African American	71.8	(3.83)	60.2	(2.54)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)
White	72.8	(1.11)	67.5	(0.73)
Multiracial[3]	*	(*)	56.3	(4.71)
Hispanic or Latino[4]	76.9	(2.53)	68.9	(1.63)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Rounding may make the estimates appear identical.

NOTE: Additional estimates may be found in *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables. Measures and terms are defined in Appendix A of the 2023 Detailed Tables.

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 *2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions for details.

[a] The difference between this estimate and the estimate for American Indian or Alaska Native is statistically significant at the .01 level.

[b] The difference between this estimate and the estimate for Asian is statistically significant at the .01 level.

[c] The difference between this estimate and the estimate for Black is statistically significant at the .01 level.

[d] The difference between this estimate and the estimate for Native Hawaiian or Other Pacific Islander is statistically significant at the .01 level.

[e] The difference between this estimate and the estimate for White is statistically significant at the .01 level.

[f] The difference between this estimate and the estimate for Multiracial is statistically significant at the .01 level.

[g] The difference between this estimate and the estimate for Hispanic is statistically significant at the .01 level.

[1] Respondents were asked if they considered themselves to be in recovery or to have recovered from a substance use problem only if they reported ever having a drug or alcohol use problem. Excluded were respondents with unknown information for ever having a substance use problem or for having considered to be in recovery from their substance use problem.

[2] Respondents were asked if they considered 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 having considered to be in recovery from their mental health issue.

[3] Multiracial refers to people (not of Hispanic or Latino ethnicity) reporting two or more races.

[4] People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

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