

# The National Survey on Drug Use and Health: 2018

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**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# National Survey on Drug Use and Health (NSDUH)

- NSDUH is a comprehensive household interview survey of substance use, substance use disorders, mental health, and the receipt of treatment services for these disorders in the United States.
- NSDUH is collected face-to-face by field interviewers who read less sensitive questions to respondents and transition respondents to audio computer assisted self-interviewing for sensitive items.
- NSDUH covers the civilian, noninstitutionalized population, aged 12 or older:
  - Includes: Households, college dorms, homeless in shelters, civilians on military bases
  - Excludes: Active military, long-term hospital residents, prison populations, homeless not in shelters
- Sample includes all 50 states and DC
- Approximately 67,500 persons are interviewed annually
- Data collected from January to December

# How Do We Use NSDUH?

- Provides a window into the state of substance use and mental health issues in the United States
- Helps to guide policy directions:
  - problem substances
  - prevalence of mental illness
  - intersection of substance use and mental health issues
  - provides insights that can be studied in the context of data from other agencies to help in decision-making about what types of resources are needed and where resources should be directed

# NSDUH 2017 Highlights

- Opioids epidemic:
  - New users of heroin significantly decreased relative to 2016
  - Significant decreases in pain reliever misuse were observed for all ages
  - Downward trend in heroin users
  - Estimated 2.1M with opioid use disorder
- Marijuana:
  - Significant increases in use by young adults (18-25 y.o.): past month and daily/near daily use; with significant increases in use by young adult women
  - Pregnant women using substances in greater numbers including significant increases in daily or near daily marijuana use
  - Frequent marijuana use was associated with opioid misuse, heavy alcohol use, and depression in youth 12-17 and young adults 18-25
- Young adults had increasing rates of serious mental illness, major depression, and suicidality
- Co-occurring substance use and mental disorders are common
- Major gaps in treatment received by affected individuals

# SAMHSA's Response to 2016-17 NSDUH Findings

- **2018: Launch of new approach to technical assistance and training**
- **Previous focus on technical assistance to grantees expanded to national approach**
  - ***Establishment of Clinical Support System for Serious Mental Illness***
    - National practitioner training efforts
    - Focus on appropriate use and monitoring of psychotropic medications
    - Use of clozapine in treatment refractory schizophrenia
    - Assisted outpatient treatment
  - ***Establishment of a regional system of Technology Transfer Centers throughout the U.S.***
    - Substance Abuse Prevention Technology Transfer Centers
    - Addiction Technology Transfer Centers
    - Mental Health Technology Transfer Centers with supplements for school-based services
      - Training and technical assistance tailored to needs of HHS regions
    - Native American/Alaska Native, Hispanic/Latino focus centers
  - ***Establishment of new national training/technical assistance programs***
    - State Targeted Response/State Opioid Response TA/T Program-over 1000 requests met
    - Privacy Technology Transfer Center addressing confidentiality and information sharing related to HIPAA and 42CFR
    - Eating Disorders Technology Transfer Center

# SAMHSA's Response to NSDUH Findings

- Established PCSS-Universities to embed DATA waiver training in pre-graduate education for physicians, nurse practitioners and physician assistants
- Expanded training and technical assistance on opioids issues in rural America through supplements to USDA Cooperative Extension programs
- Re-established the Drug Abuse Warning Network (DAWN)
- Expanded the Suicide Prevention Lifeline network
- Public targeted messaging based on areas of concern identified in NSDUH: marijuana, methamphetamine, suicide prevention

# Mental Illness and Substance Use Disorders in America

PAST YEAR, 2018 NSDUH, 18+

## Among those with a substance use disorder:

- 3 IN 8 (38.3% or 7.4M)** struggled with illicit drugs
- 3 IN 4 (74.5% or 14.4M)** struggled with alcohol use
- 1 IN 8 (12.9% or 2.5M)** struggled with illicit drugs and alcohol

## Among those with a mental illness:

- 1 IN 4 (23.9% or 11.4M)** had a serious mental illness

**7.8%**  
**(19.3 MILLION)**  
People aged 18  
or older had a  
substance use  
disorder (SUD)

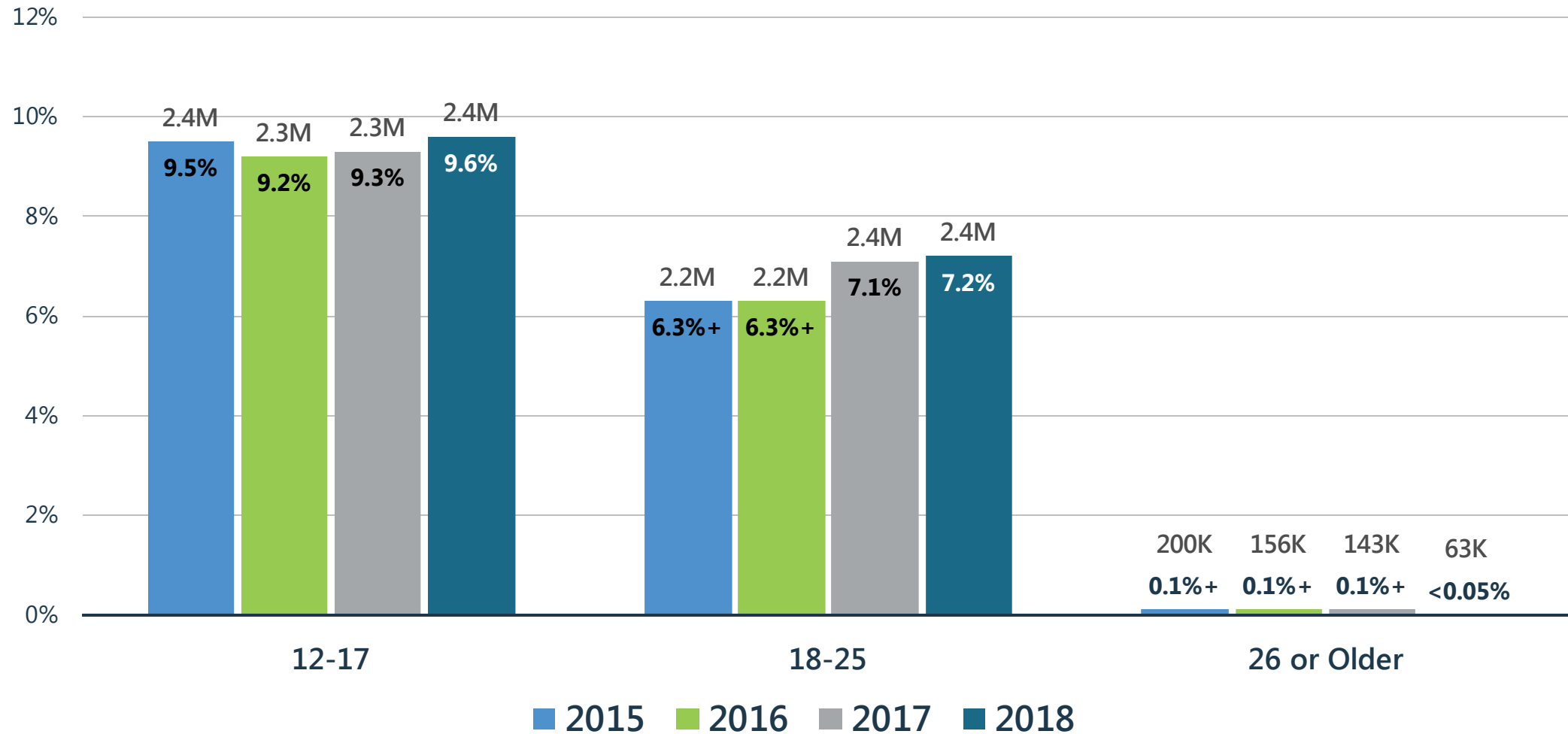
**3.7%**  
**(9.2 MILLION)**  
People 18+ had  
BOTH an SUD and  
a mental illness

**19.1%**  
**(47.6 MILLION)**  
People aged 18  
or older had a  
mental illness

In 2018, **57.8M** Americans had a mental and/or substance use disorder.

# Alcohol Initiates

PAST YEAR, 2015-2018 NSDUH, 12+

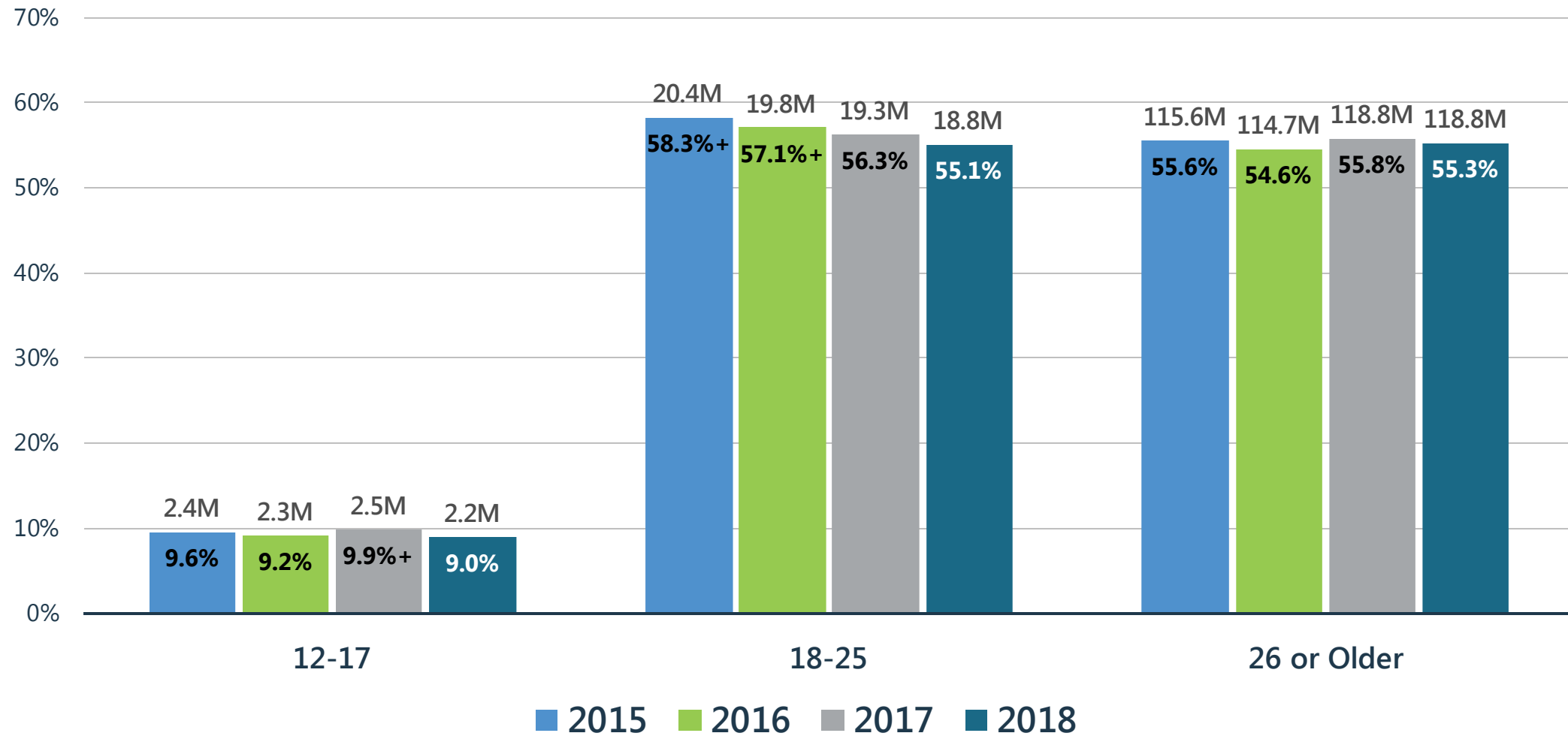


+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.



# Alcohol Use

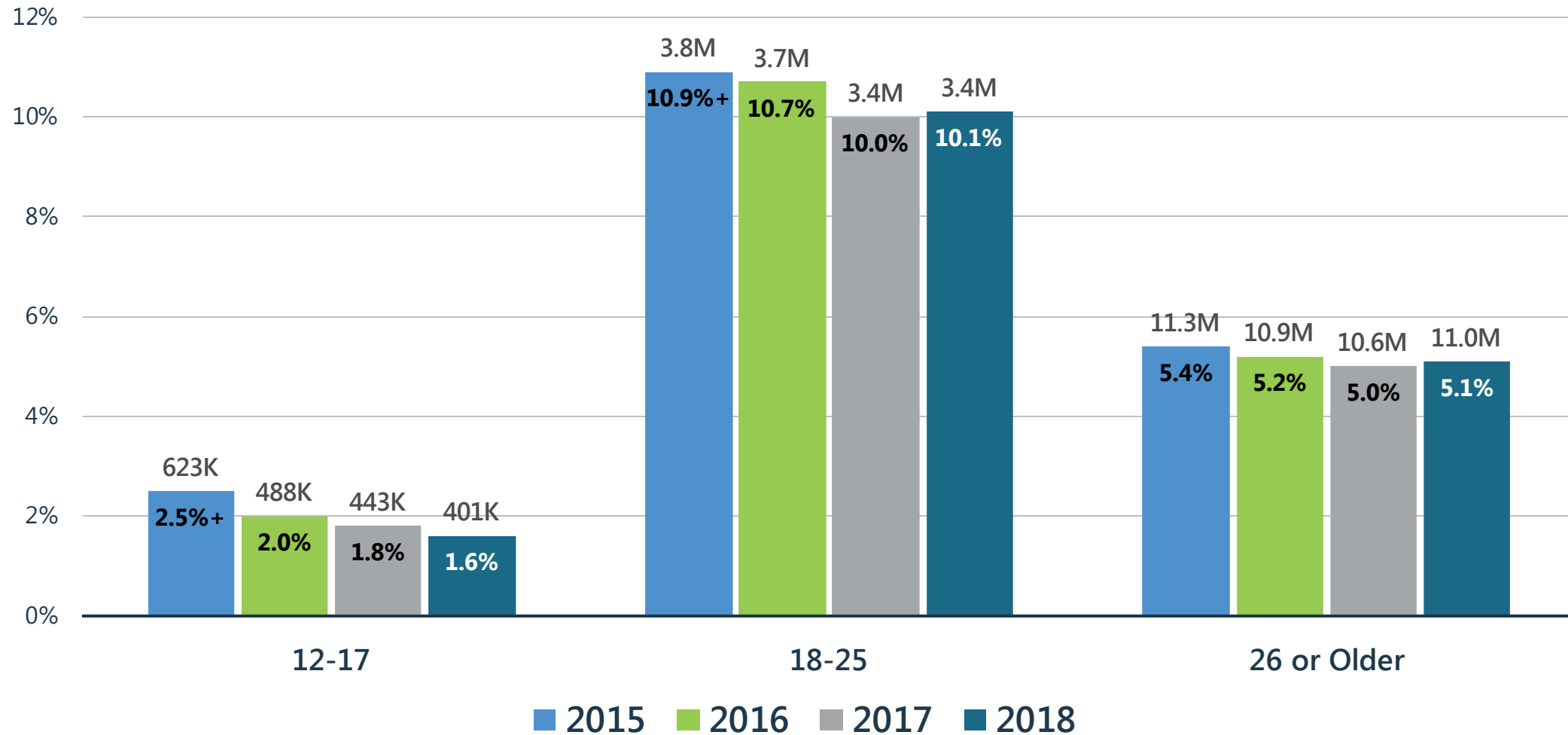
PAST MONTH, 2015-2018 NSDUH, 12+



+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Alcohol Use Disorder

PAST YEAR, 2015-2018 NSDUH, 12+

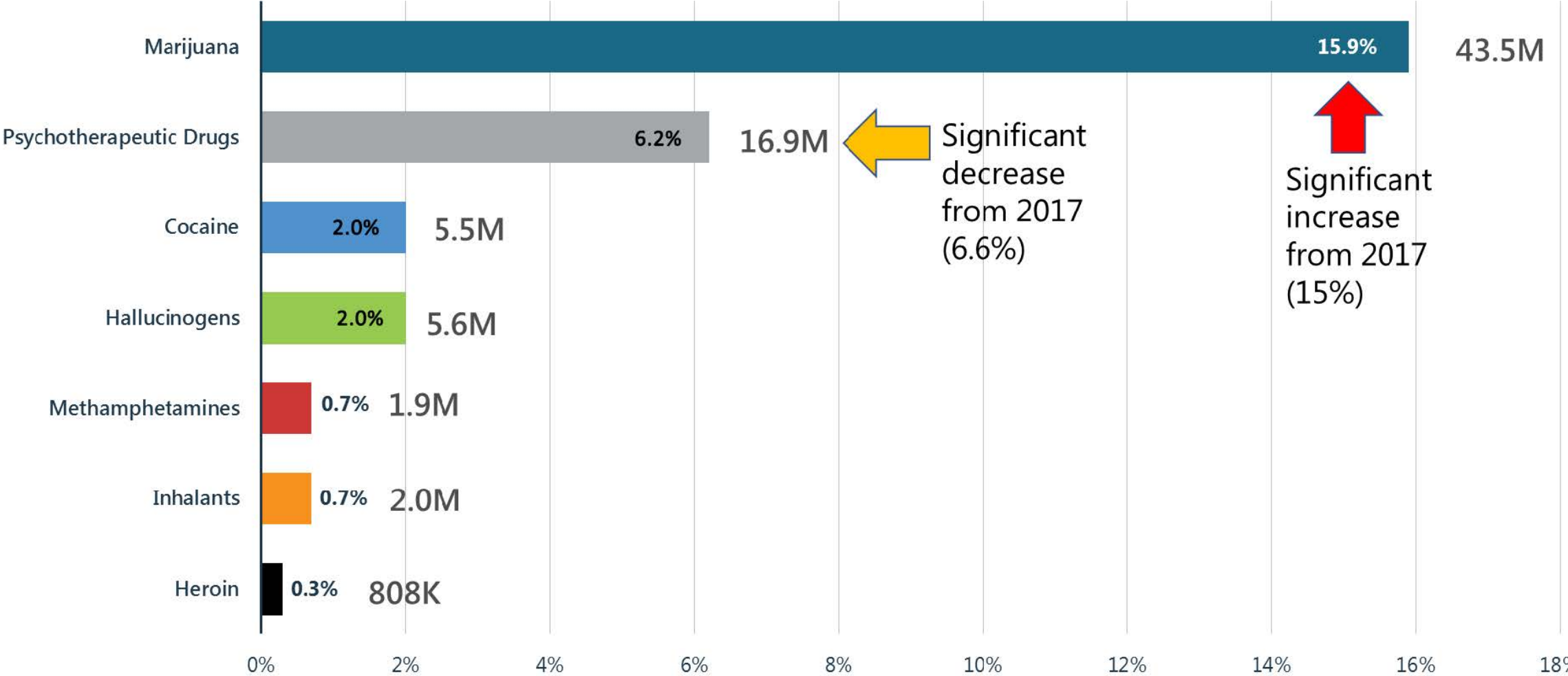


+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Summary: Alcohol Use in 2018

- No change in alcohol initiation rate among youths since 2015
- Lower rates of Alcohol Use Disorder among youth and young adults compared to 2015
- **SAMHSA efforts on reductions in alcohol use in children/youth/transition age youth:**
- CSAP DFC program prioritizes alcohol use and has reported a 27% reduction in use in middle-school and a 23% reduction in use by high school students
- SAMHSA Prevention Technology Transfer Centers produce resources and materials related to alcohol misuse prevention
- CSAP 'Talk They Hear You' focuses on underage drinking
- CSAP requires Partnerships for Success grantees to emphasize underage drinking prevention
- CSAT has promoted SBIRT for alcohol use in all programs including CJ, PPW, adolescent treatment, HIV and homeless programs
- CSAT has funded SBIRT training in medical residencies and other healthcare practitioner programs which screen for hazardous alcohol use and use disorders

# Illicit Drug Use: Marijuana Most Used Drug

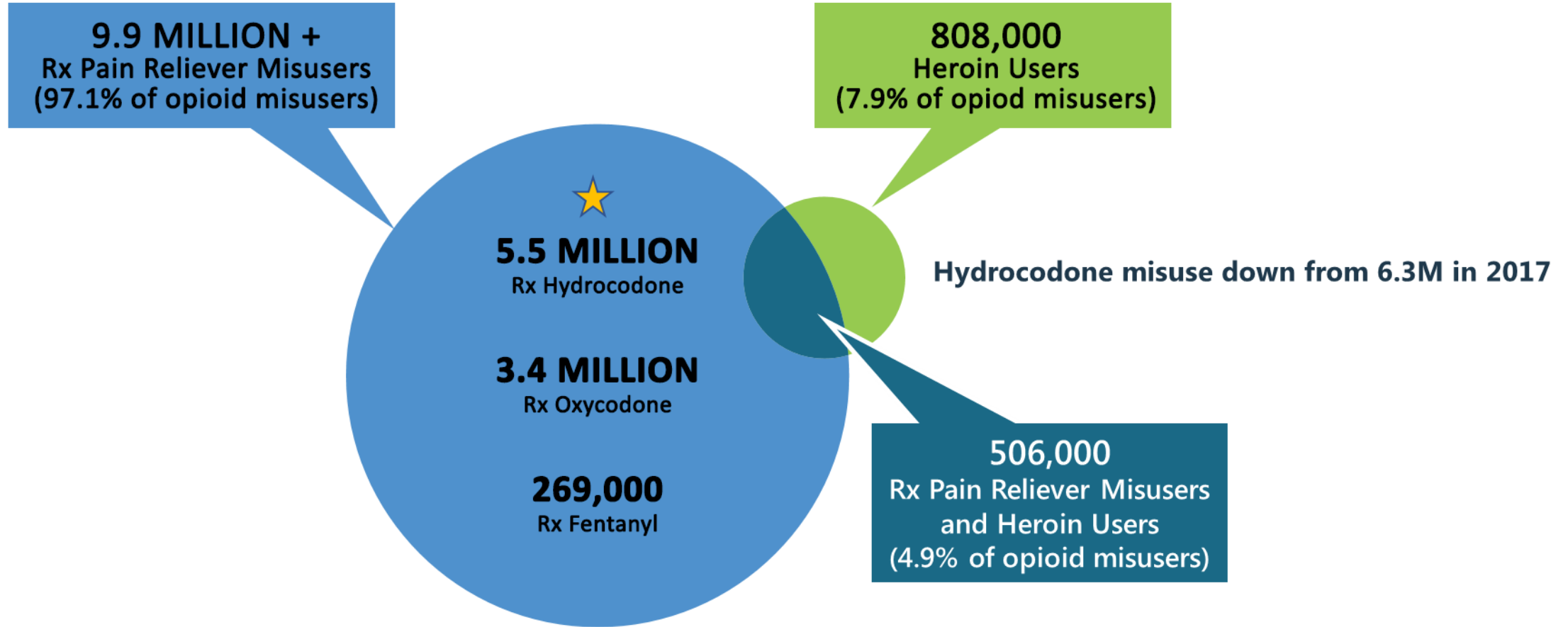


# Opioids' Grip Lessening: Prescription Pain Reliever Misuse

PAST YEAR, 2018 NSDUH, 12+

★ Significant decrease from 11.4M opioid misusers in 2017

10.3 MILLION PEOPLE WITH OPIOID MISUSE (3.7% OF TOTAL POPULATION)

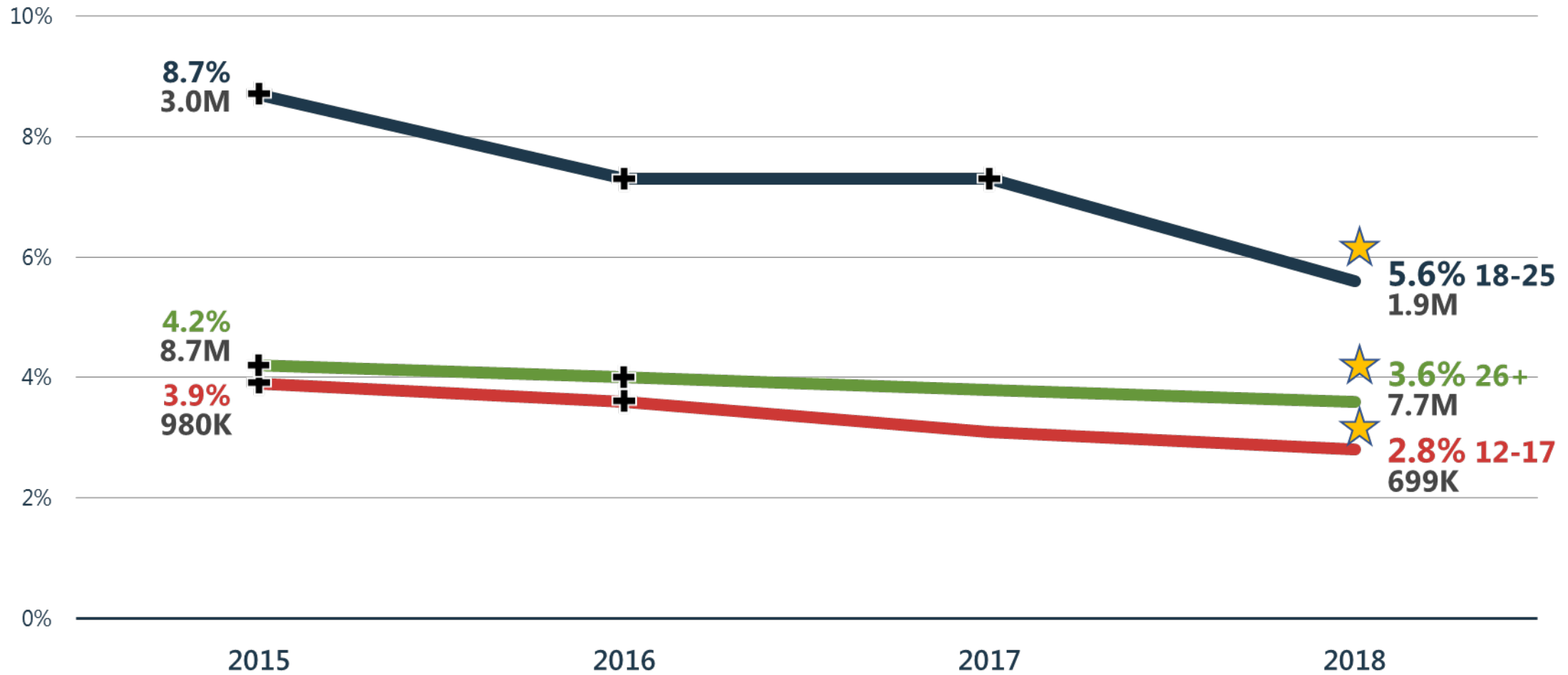


Rx = prescription.  
Opioid misuse is defined as heroin use or prescription pain reliever misuse.

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

# Opioid Misuse

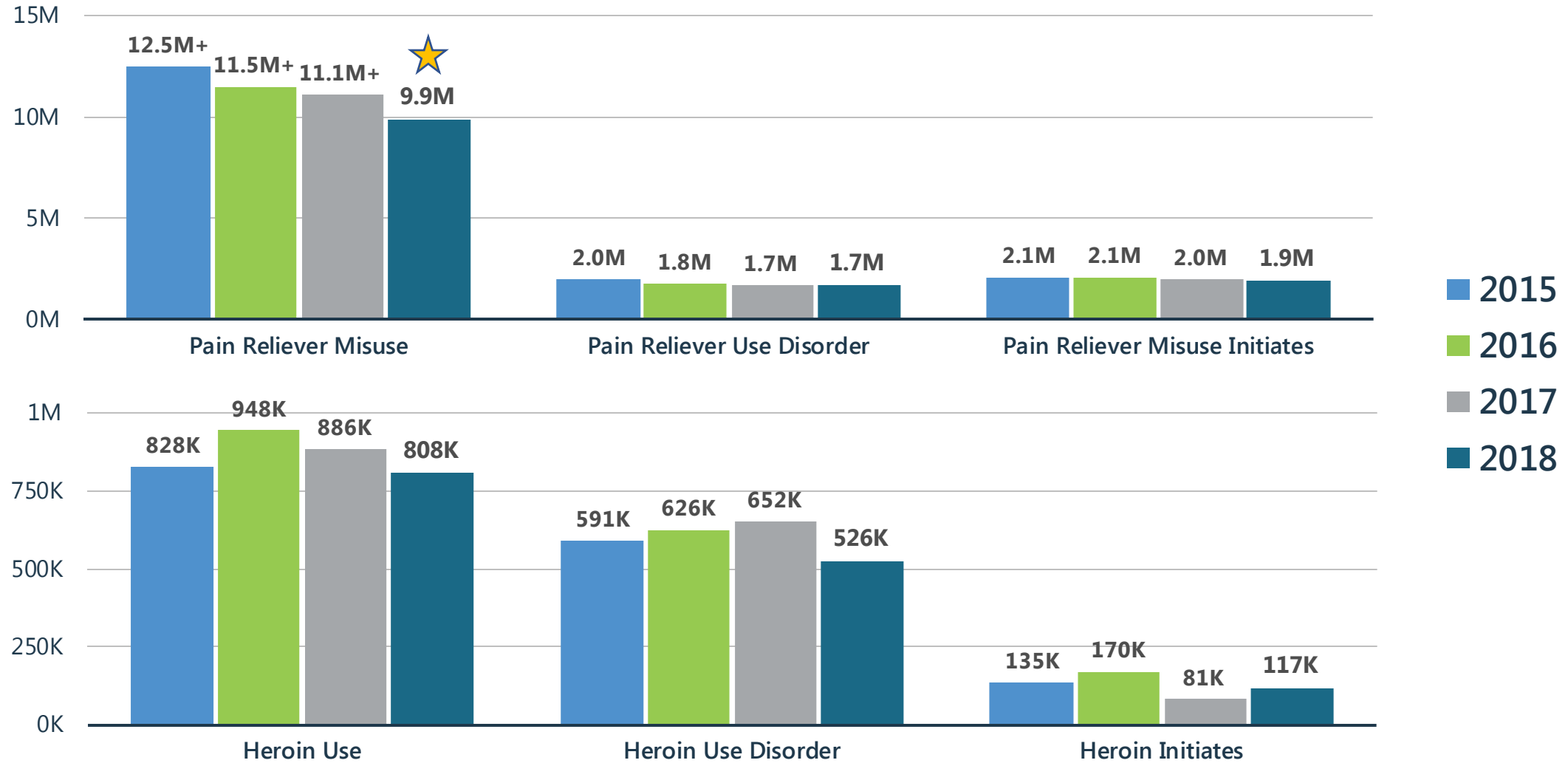
PAST YEAR, 2015-2018 NSDUH, 12+



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# Prescription Pain Reliever Misuse and Heroin Use

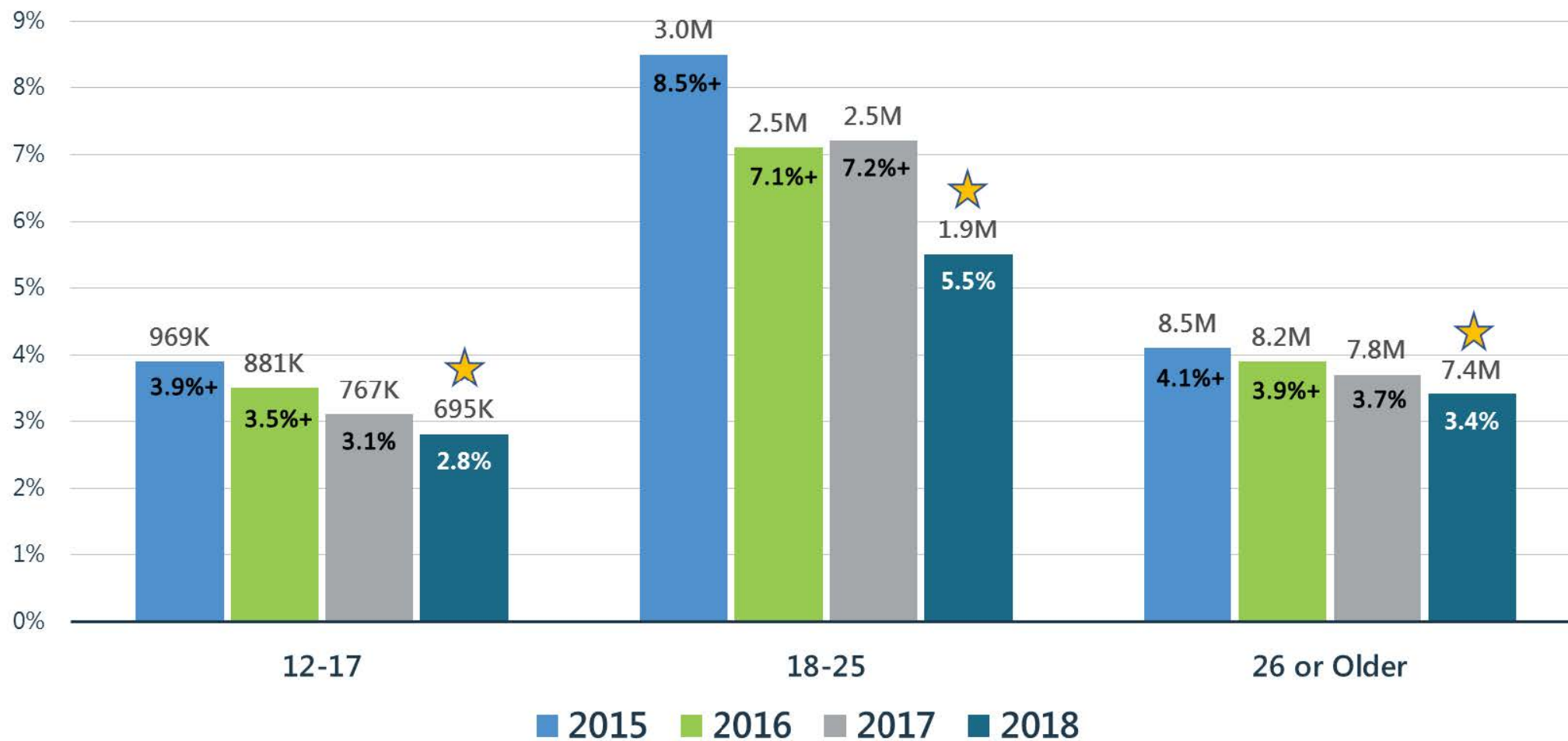
PAST YEAR, 2015-2018 NSDUH, 12+



+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Prescription Pain Reliever Misuse

PAST YEAR, 2015-2018 NSDUH, 12+

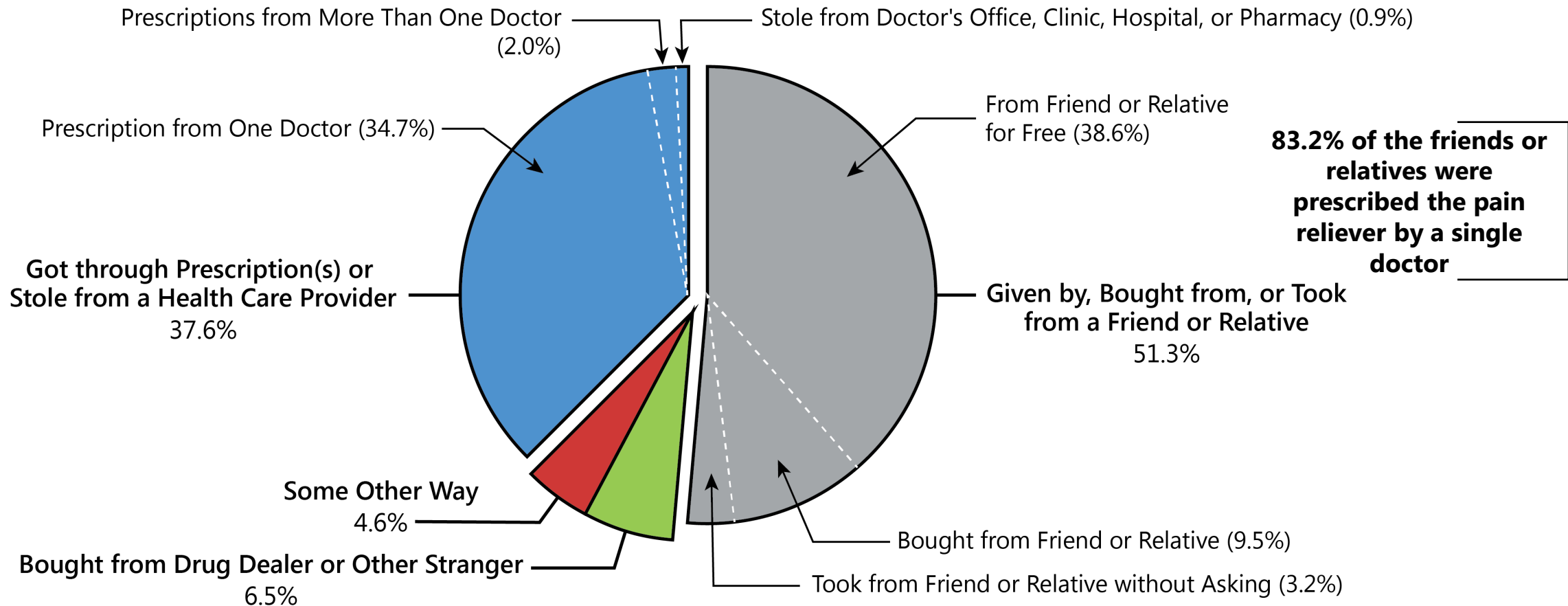


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# Sources Where Pain Relievers Were Obtained for Most Recent Misuse among People Who Misused Prescription Pain Relievers

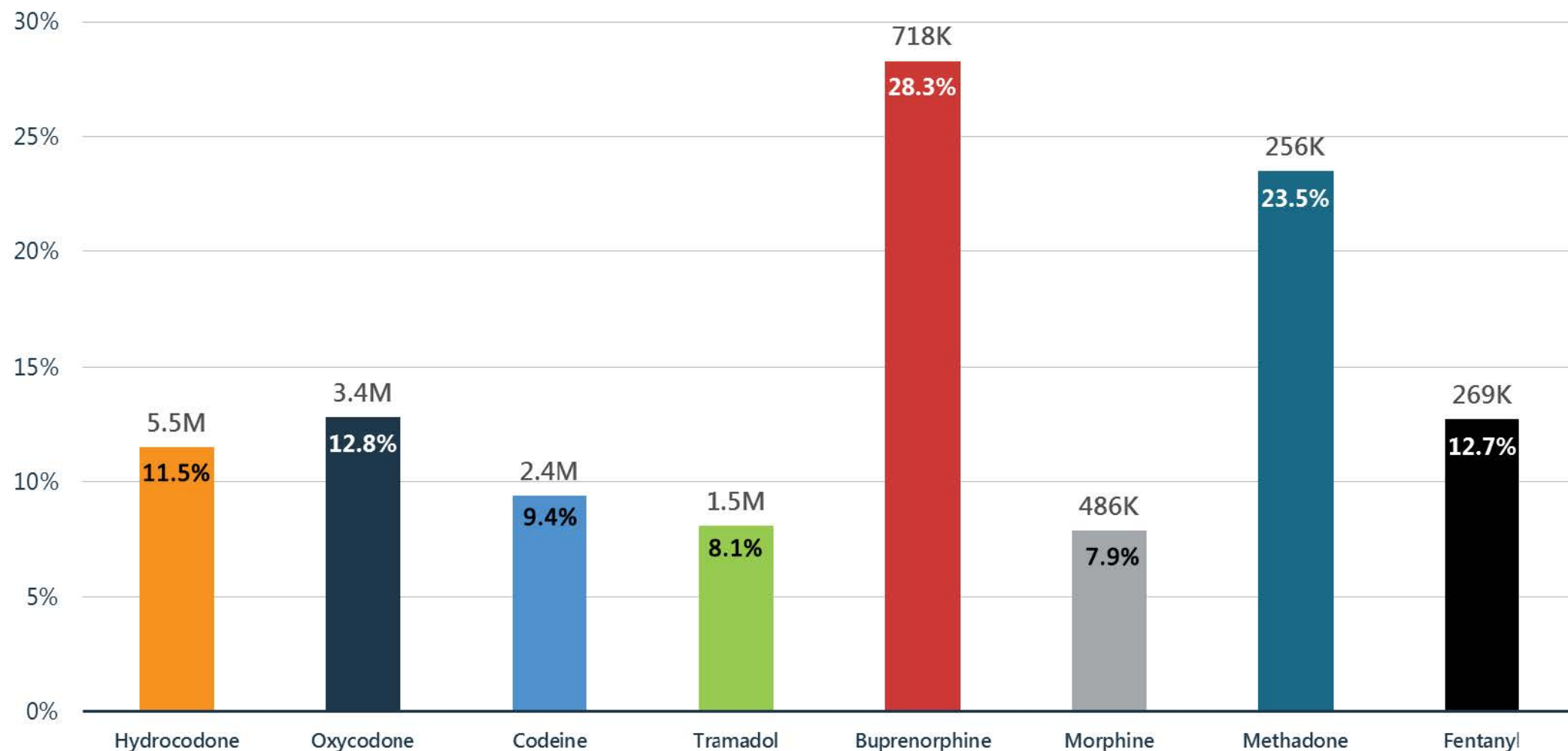
PAST YEAR, 2018 NSDUH, 12+



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

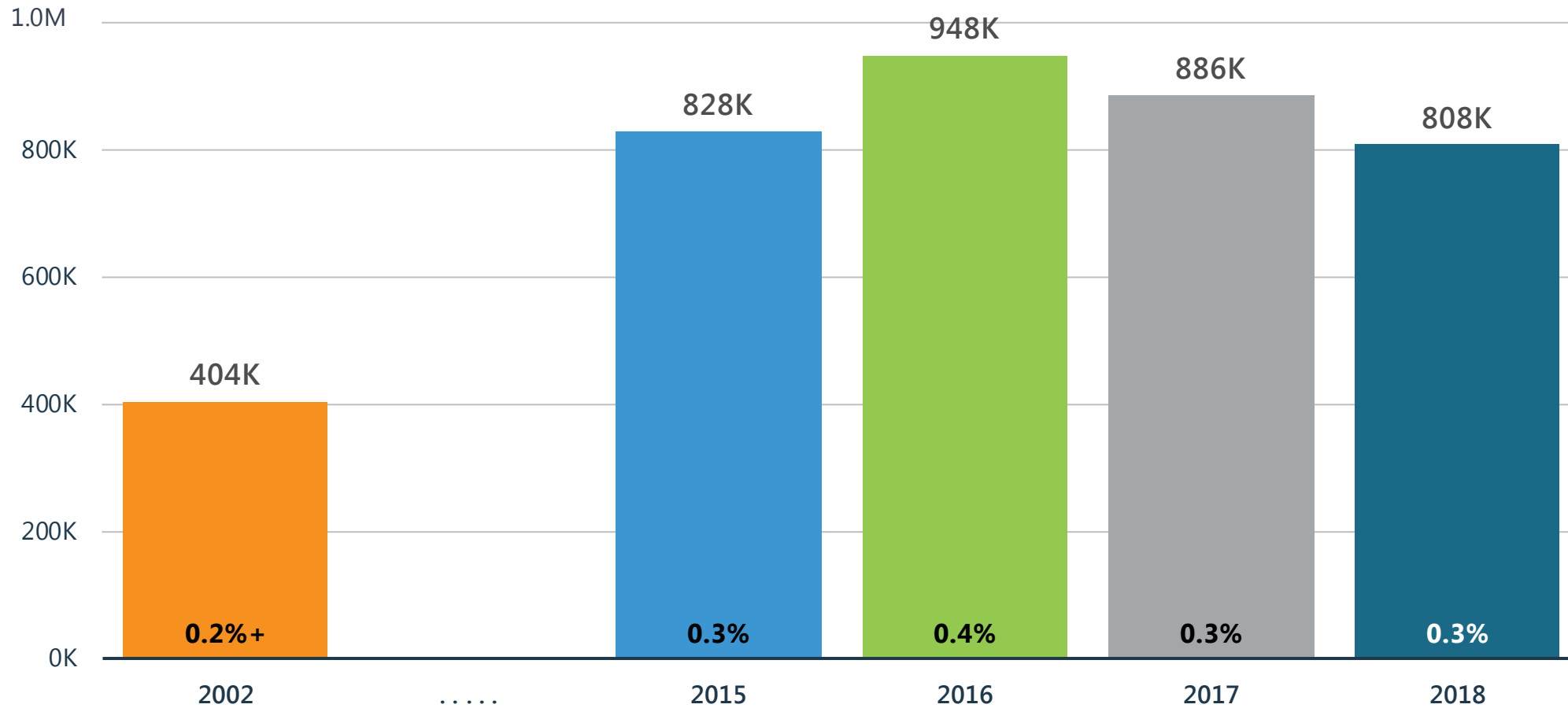
# Misuse of Prescription Opioid Subtypes

PAST YEAR, 2018 NSDUH, 12+ SUBTYPE USERS



# Heroin Use Climbed Through 2016; Now Declining

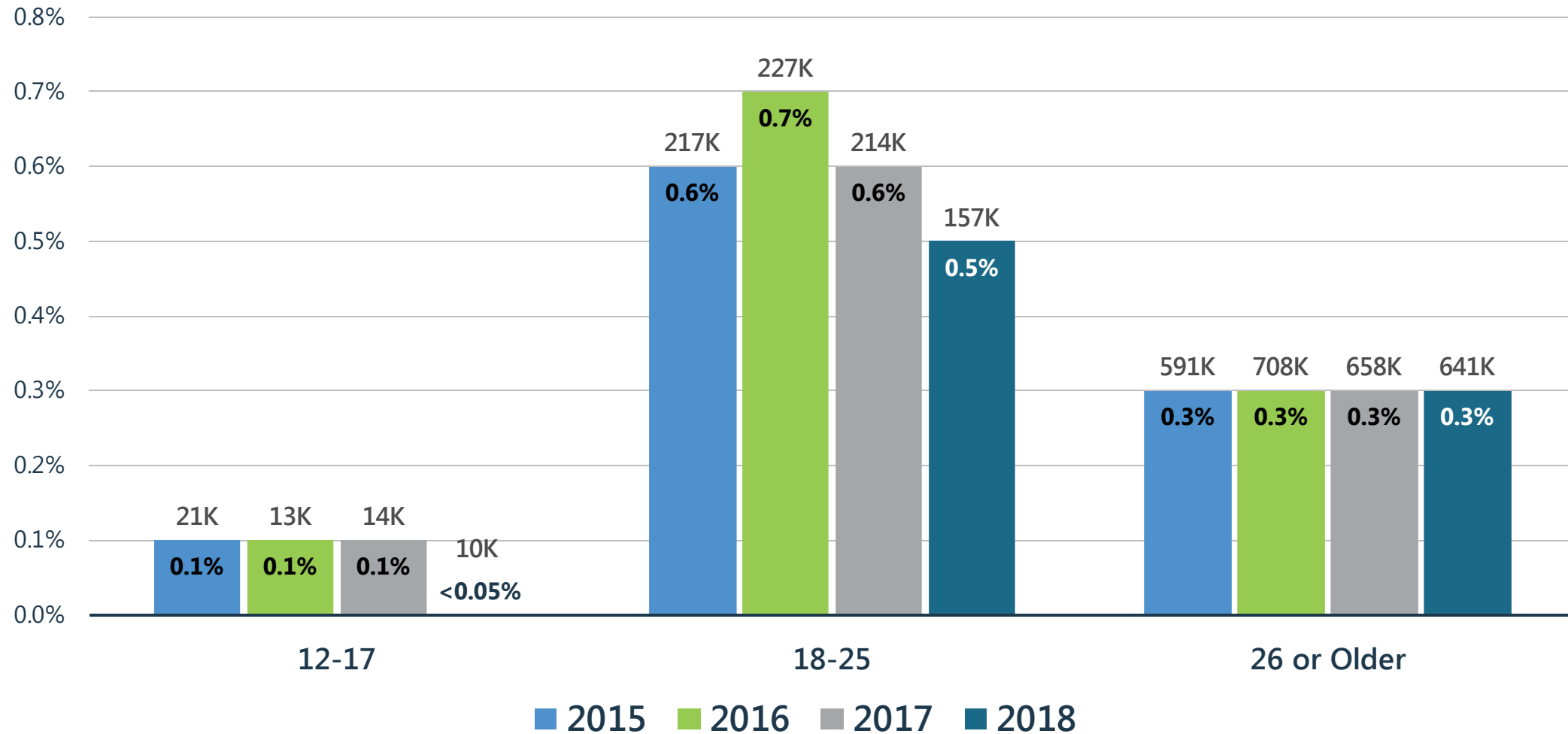
PAST YEAR, 2002 AND 2015-2018 NSDUH, 12+



+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Heroin Use: Declining in 18-25 y.o.

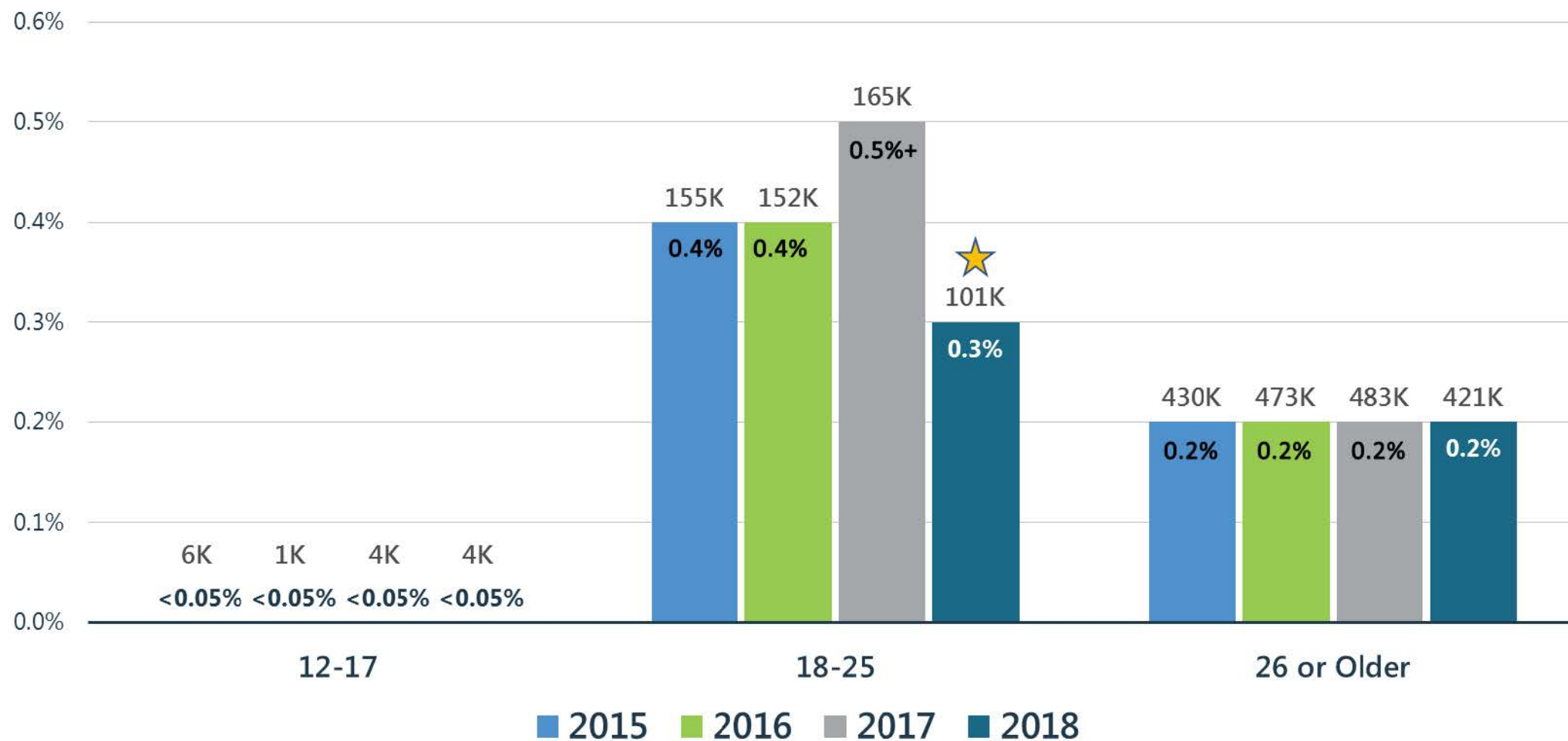
PAST YEAR, 2015-2018 NSDUH, 12+



No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

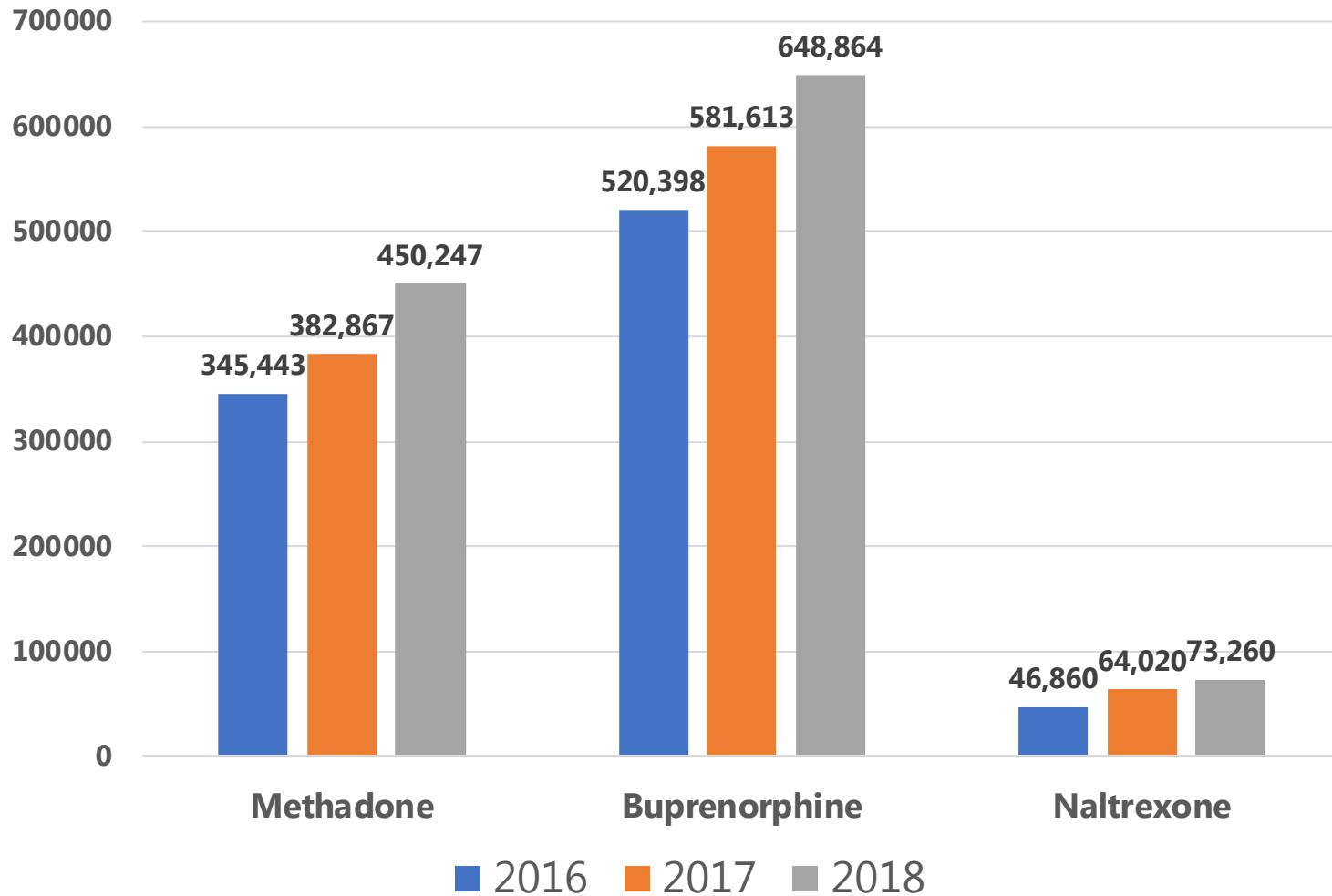
# Heroin-Related Opioid Use Disorder

PAST YEAR, 2015-2018 NSDUH, 12+

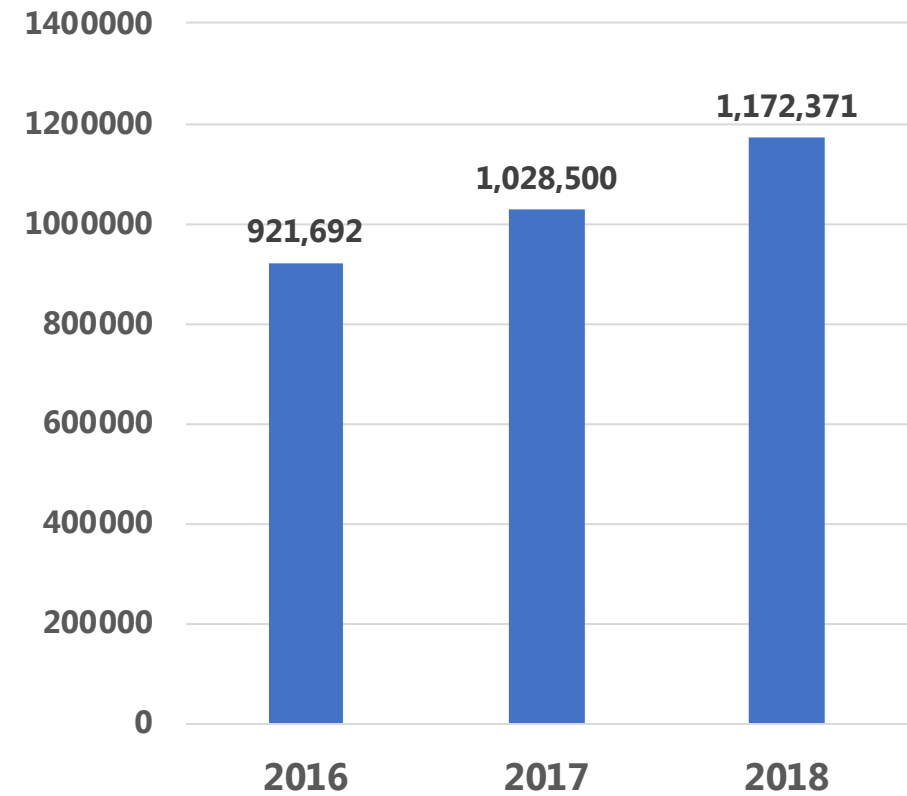


+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Treatment Gains: Number of Individuals Receiving Pharmacotherapy for Opioid Use Disorder (MAT)



### Total Number receiving MAT (all types)



# Summary: Opioid Use in the United States in 2018

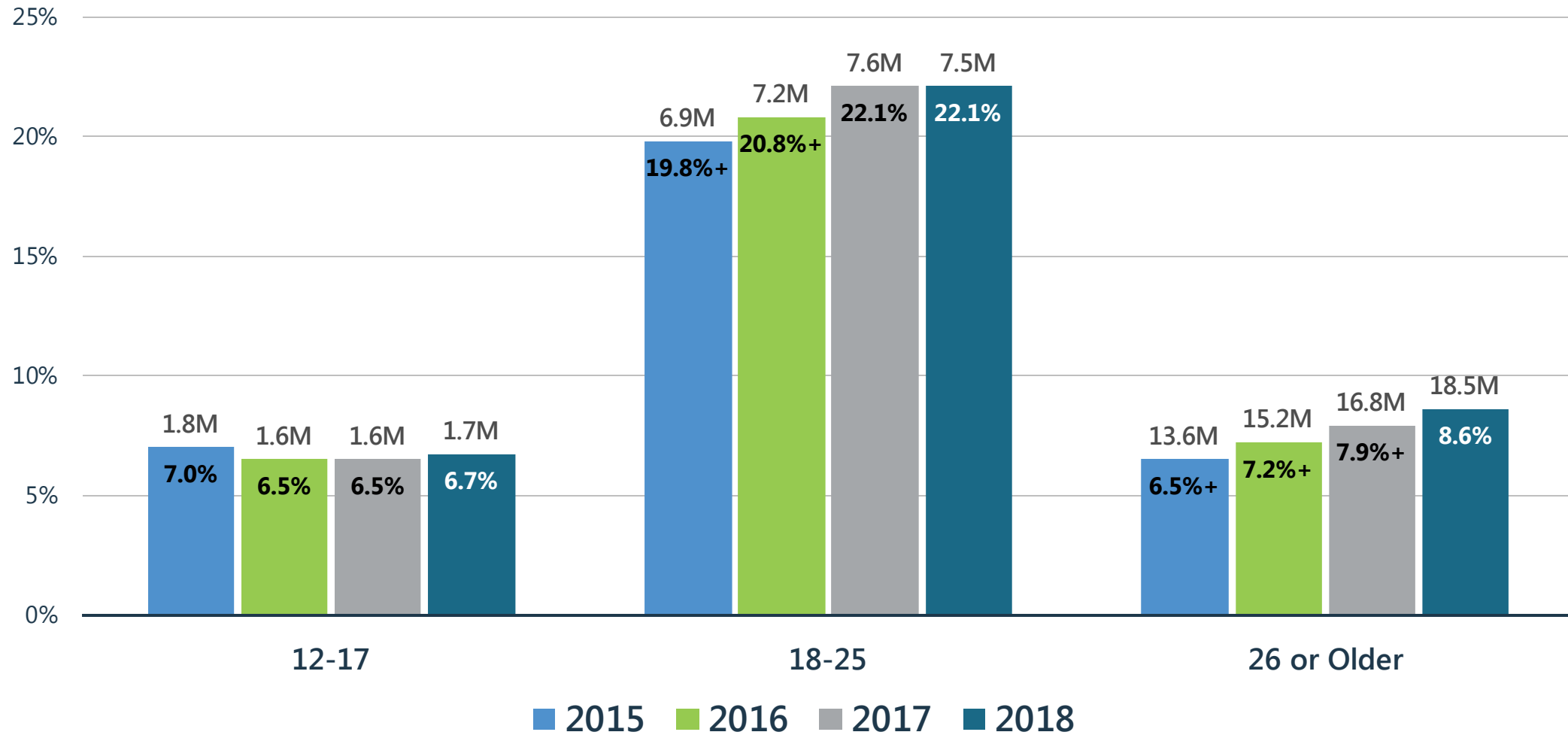
- **Significant decrease in prescription opioid misuse across all age groups**
  - Majority continue to obtain from friends/relatives and from healthcare provider/prescriber underscoring the need for ongoing education of practitioners, appropriate pain management, and partnership with states to monitor opioid analgesic prescribing
- Buprenorphine continues to have a high rate of misuse relative to other prescribed opioids
- Decline in overall heroin use from 2016-2018 with some differences among age groups
  - Decline in young adult (18-25y.o.) heroin use is responsible for the overall downward trend
- Heroin Use Disorder
  - Young adult heroin use disorder decreased significantly compared to 2017 and was steady in adults 26 and older
- Total with OUD decreased from 2.1M in 2017 to 2.0M in 2018
- Increased use of medication assisted treatment (MAT)

# Other Illicit Substances



# Marijuana Use

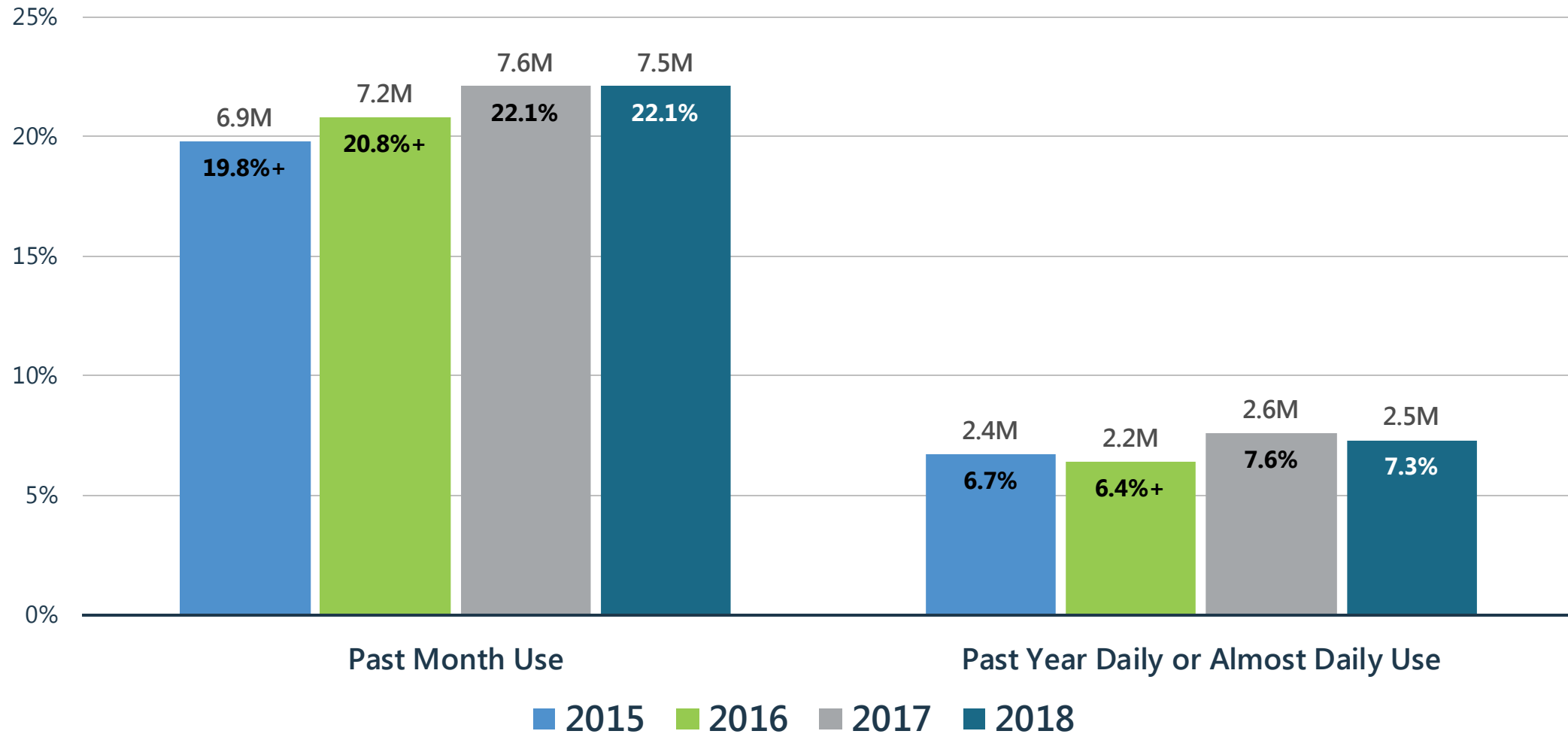
PAST MONTH, 2015-2018 NSDUH, 12+



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# Marijuana Use among Young Adults (18-25 y.o.)

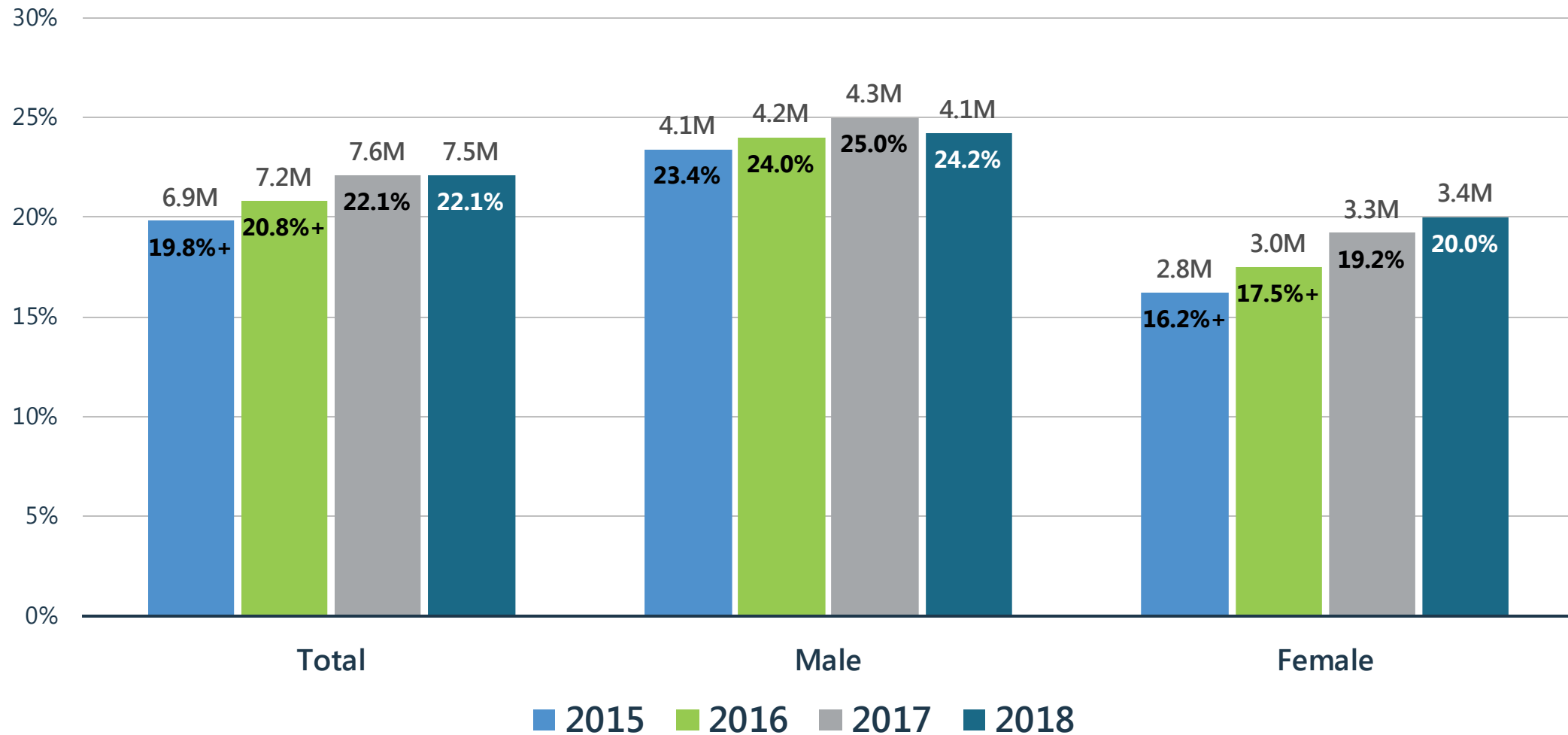
PAST MONTH/YEAR, 2015-2018 NSDUH, 18-25



+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Marijuana Use among Young Adult Men and Women (18-25 y.o.)

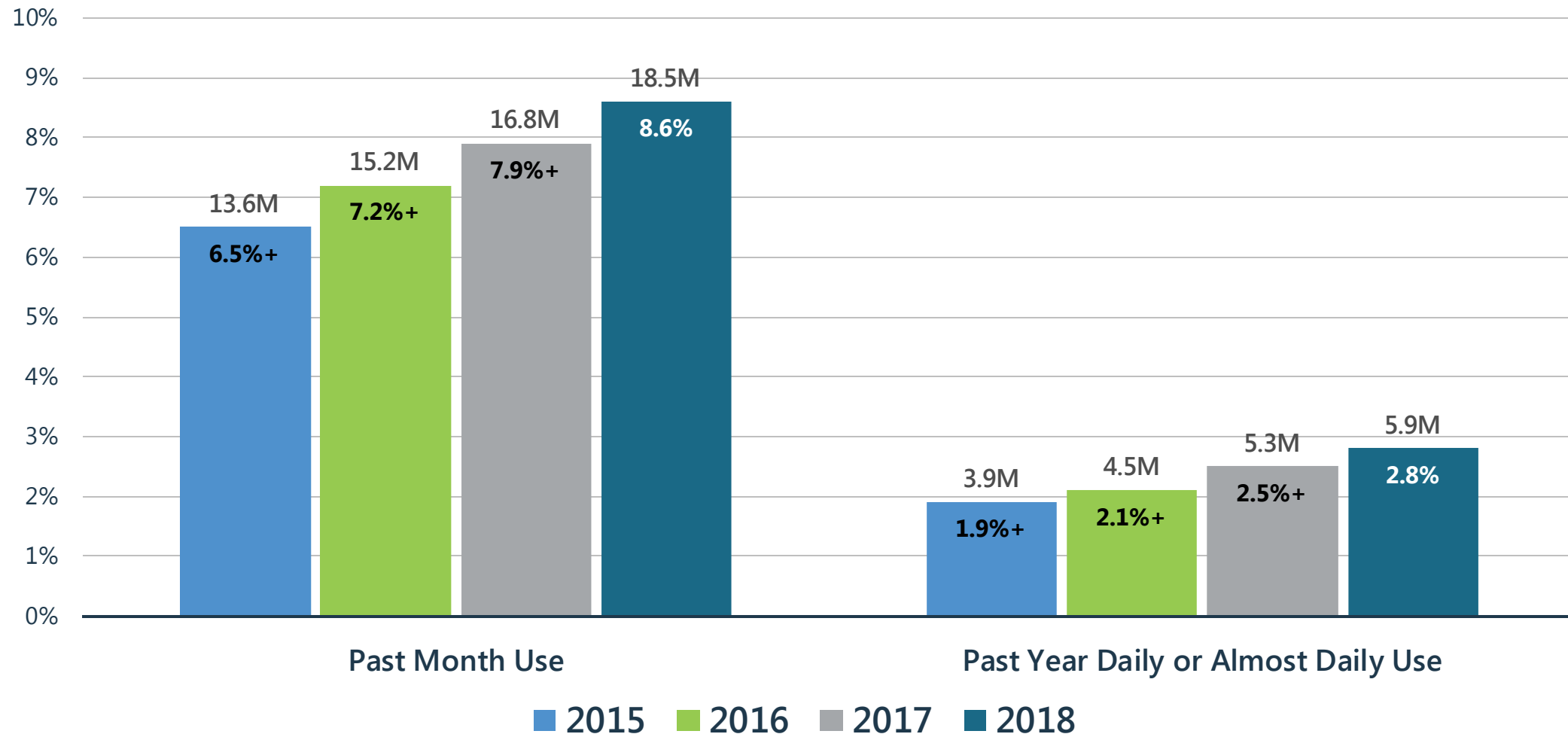
PAST MONTH, 2015-2018 NSDUH, 18-25



+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Significant Increase in Marijuana Use among Adults 26+

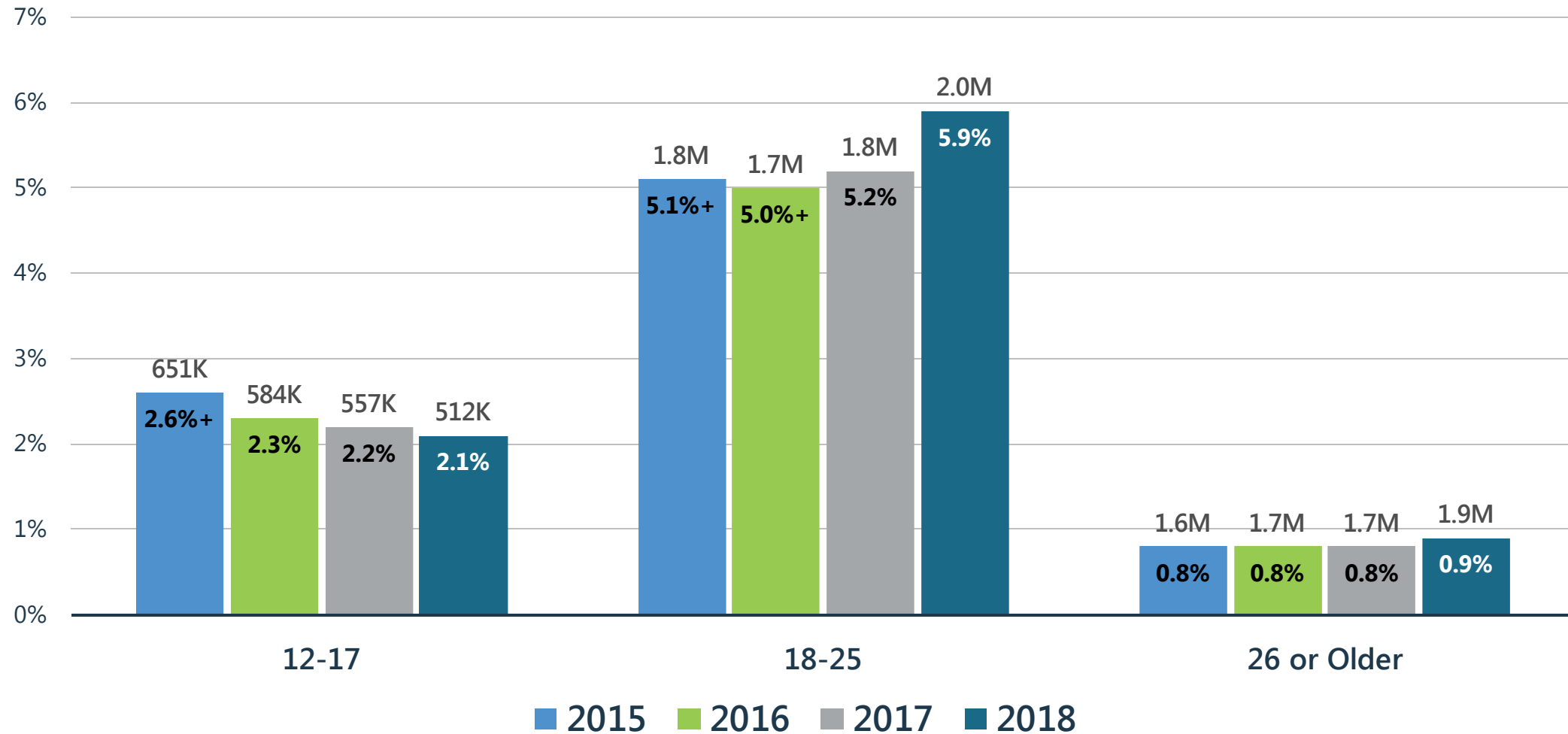
PAST MONTH/YEAR, 2015-2018 NSDUH, 26+



+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Marijuana Use Disorder

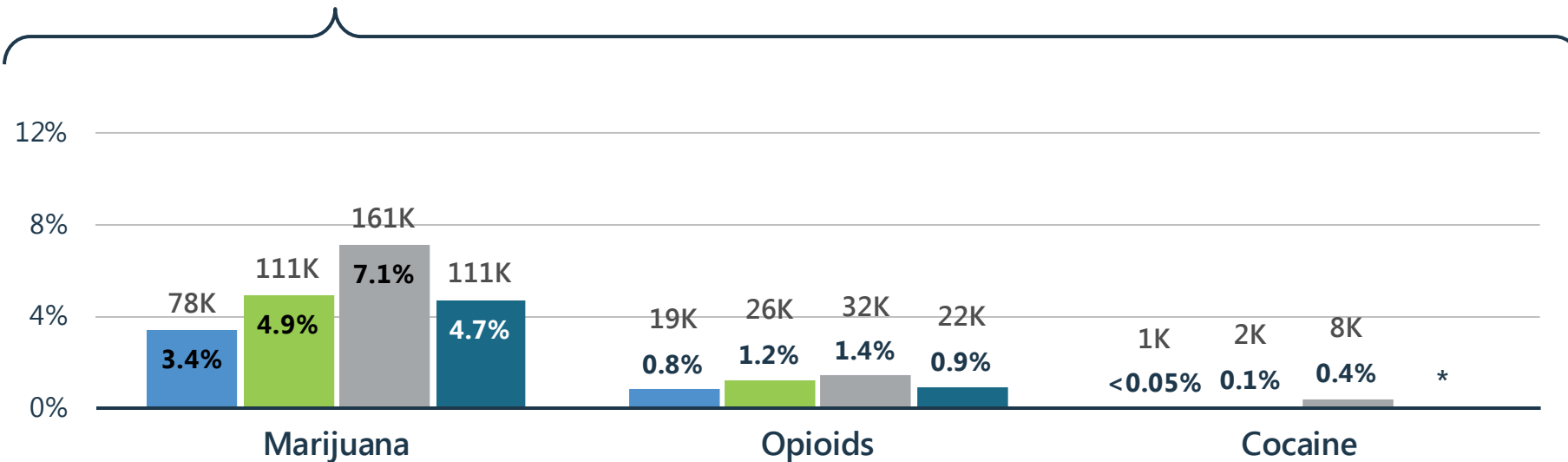
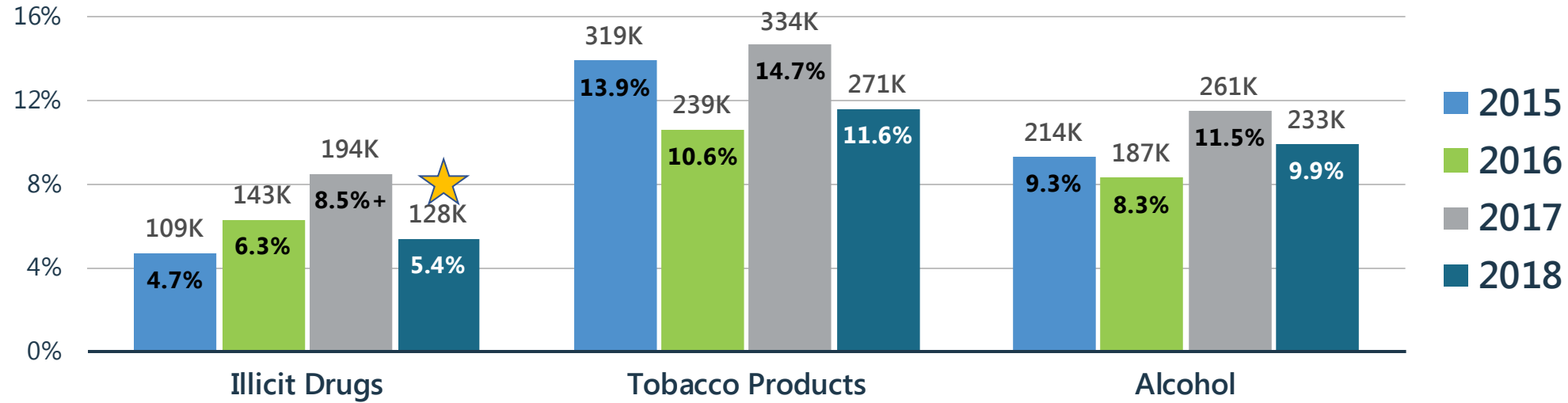
PAST YEAR, 2015-2018 NSDUH, 12+



+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Past Month Substance Use among Pregnant Women

PAST MONTH, 2015-2018 NSDUH, 15-44

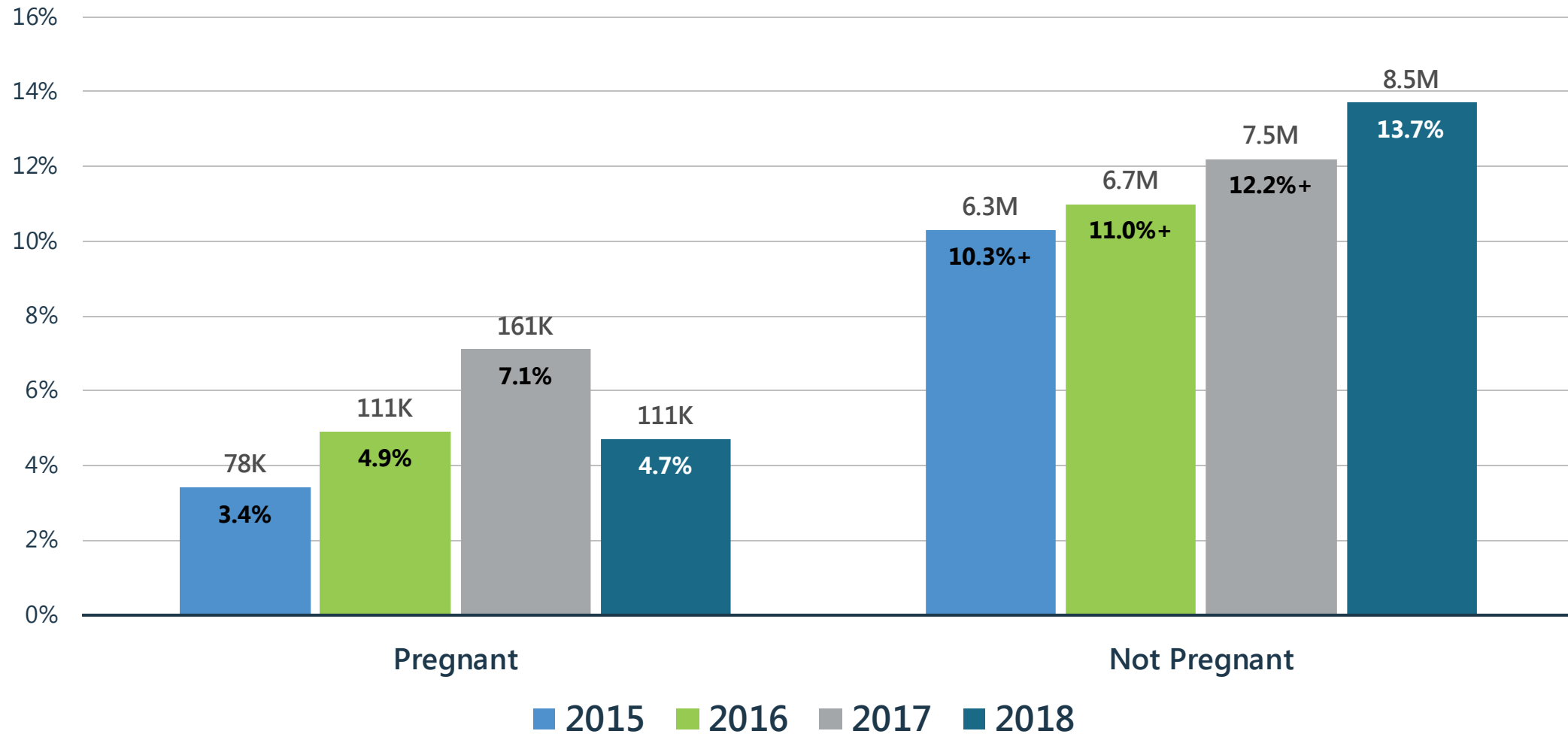


\* Estimate not shown due to low precision.

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Marijuana Use among Women by Pregnancy Status

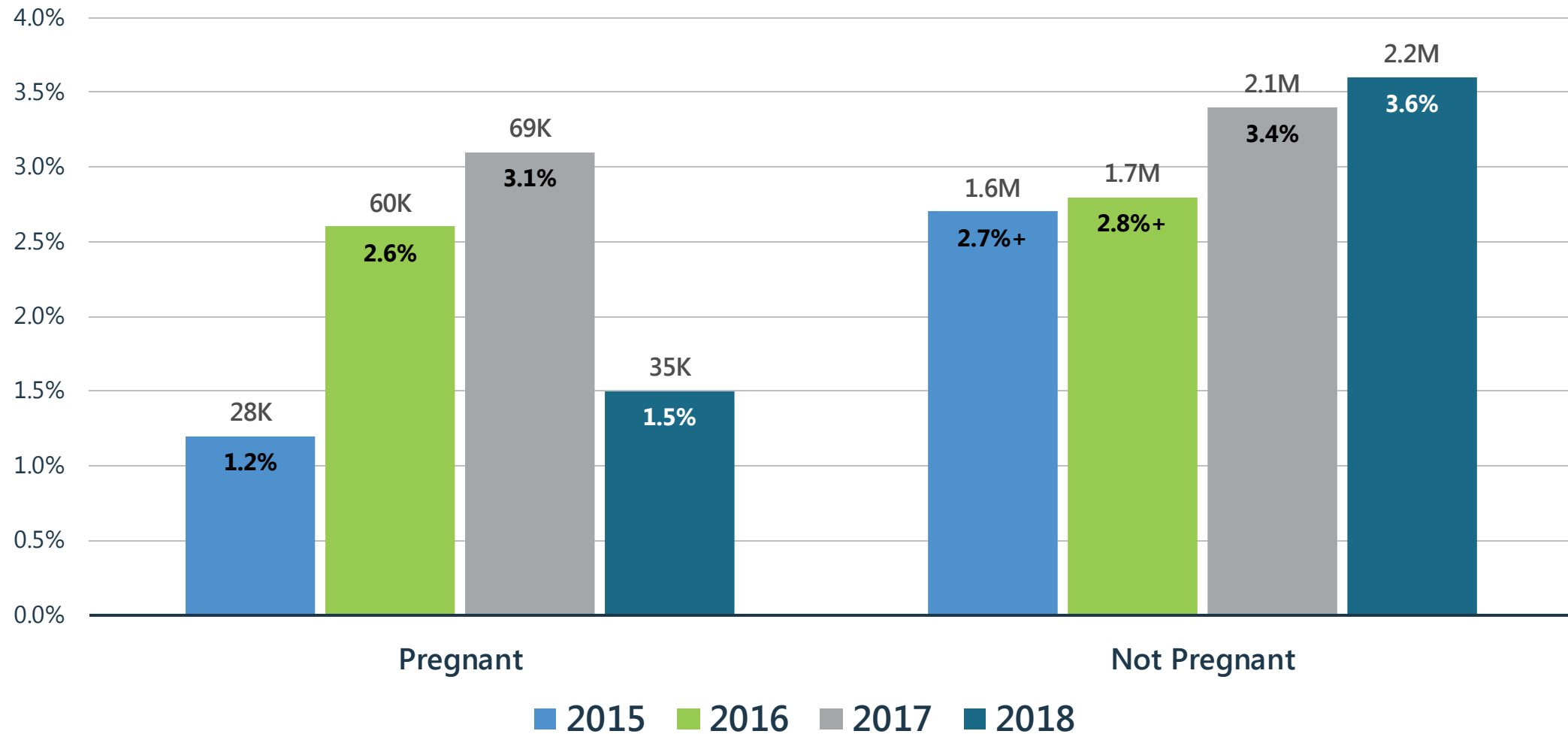
PAST MONTH, 2015-2018 NSDUH, 15-44



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# Daily or Almost Daily Marijuana Use Among Women by Pregnancy Status

PAST YEAR, 2015-2018 NSDUH, 15-44



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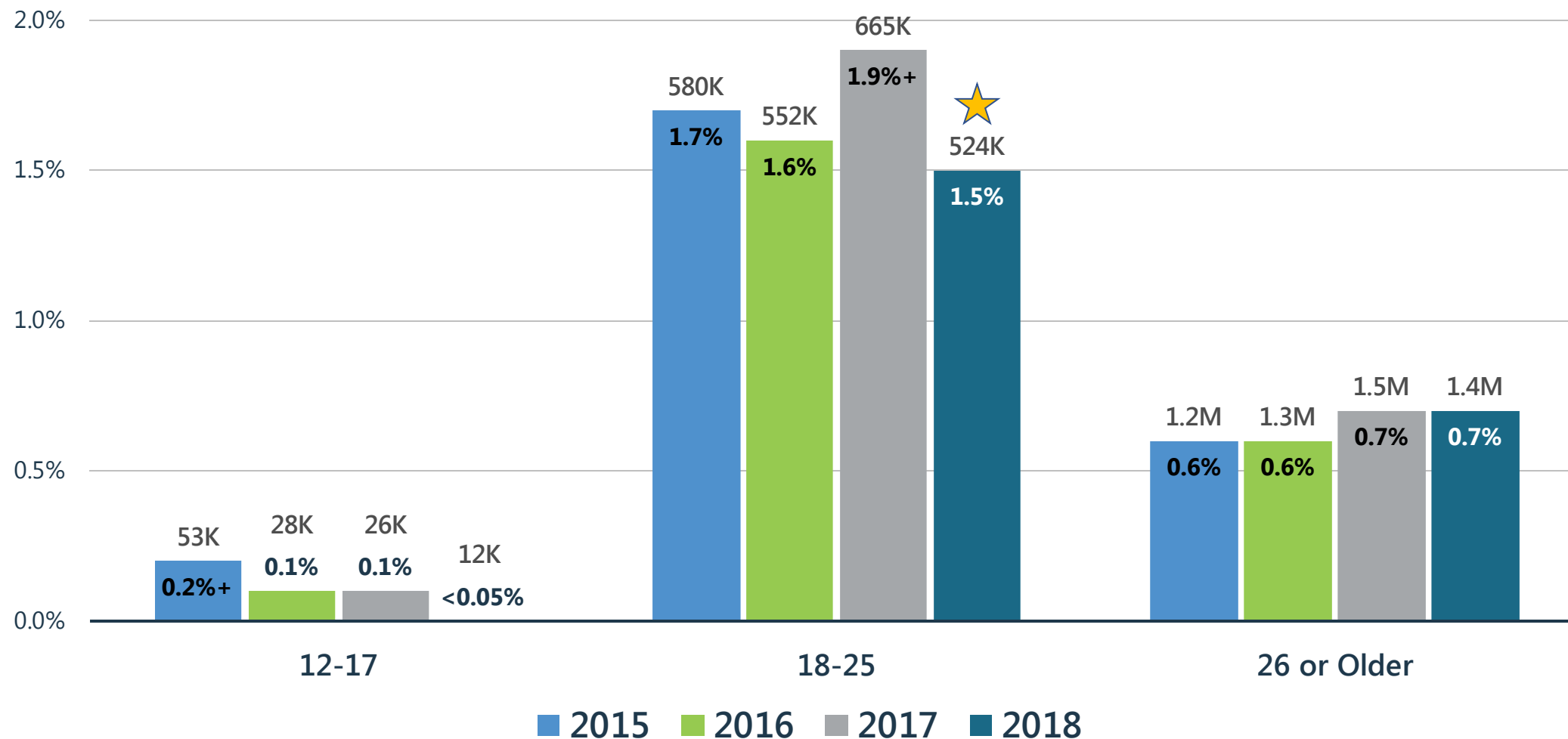
# Substance Use in Pregnancy: Trends in the Right Direction

**2017: Showed a startling increase in substance use and particularly marijuana use in pregnancy:** may be associated with fetal growth restriction, stillbirth, and preterm birth; may cause problems with neurological development, resulting in hyperactivity, poor cognitive function *(Metz TD and Stickrath EH, 2015)*

- SAMHSA/HHS made strong efforts to address this situation in an effort to improve the health and mothers and their babies:
- Public awareness efforts: information sharing with stakeholders and the public
- Launch of SAMHSA.gov/marijuana
- Launch of Substance Abuse Prevention Technology Transfer Centers with a focus on marijuana and other substance use in pregnancy
- Expansion of treatment programs for pregnant/post partum parenting women: both residential and outpatient through CARA
- Publication of Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder
- Publication of Healthy Pregnancy/Healthy Baby Factsheets for women and their families
- Use of STR and SOR funding for opioid use disorder in pregnancy and prevention interventions
- Joint article from Assistant Secretary for Mental Health and Substance Use and Surgeon General addressing treatment of opioid use disorder in pregnancy

# Cocaine Use: Significant Decline among Young Adults (18-25 y.o.)

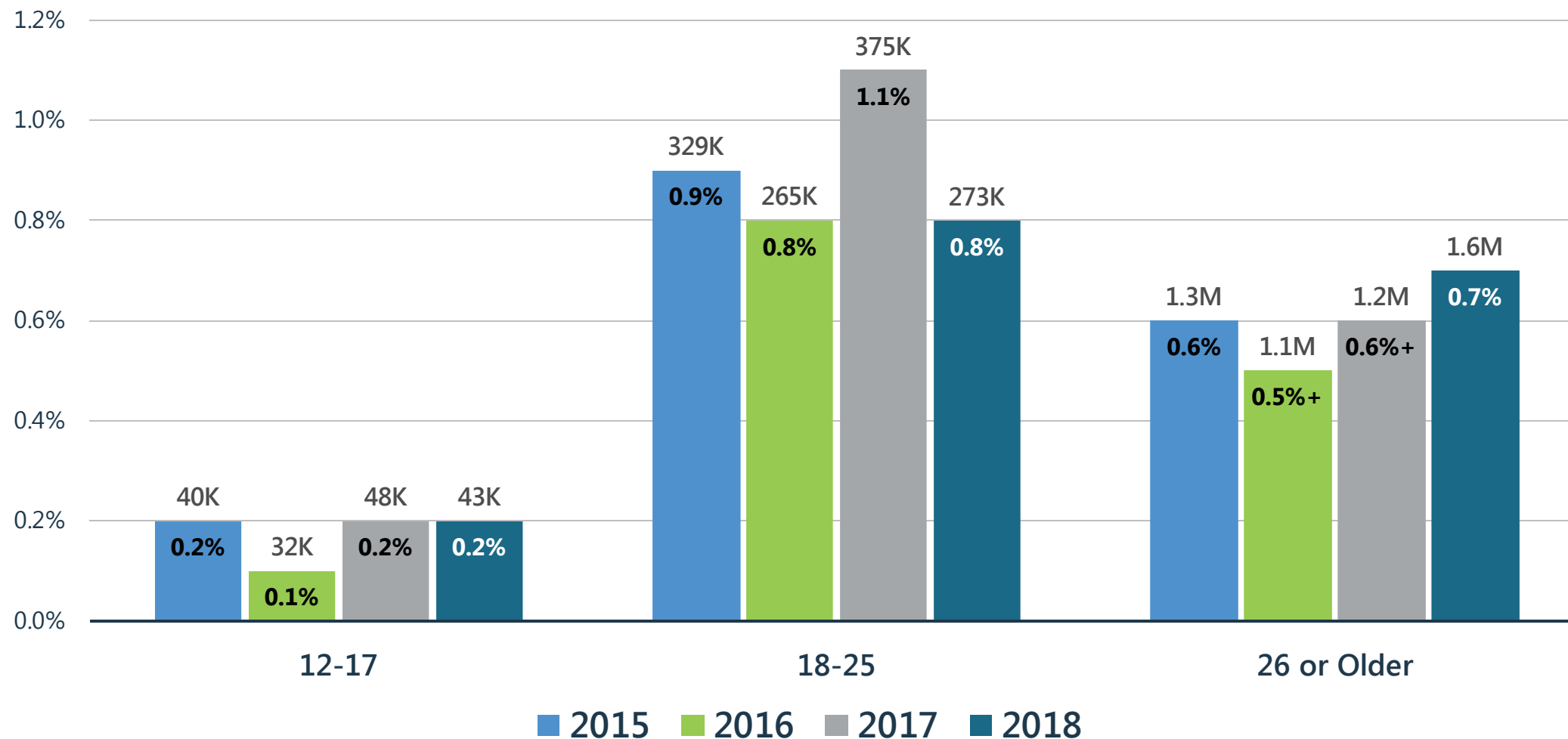
PAST MONTH, 2015-2018 NSDUH, 12+



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# Methamphetamine Use: Significant Increase in Adults $\geq 26$ y.o.

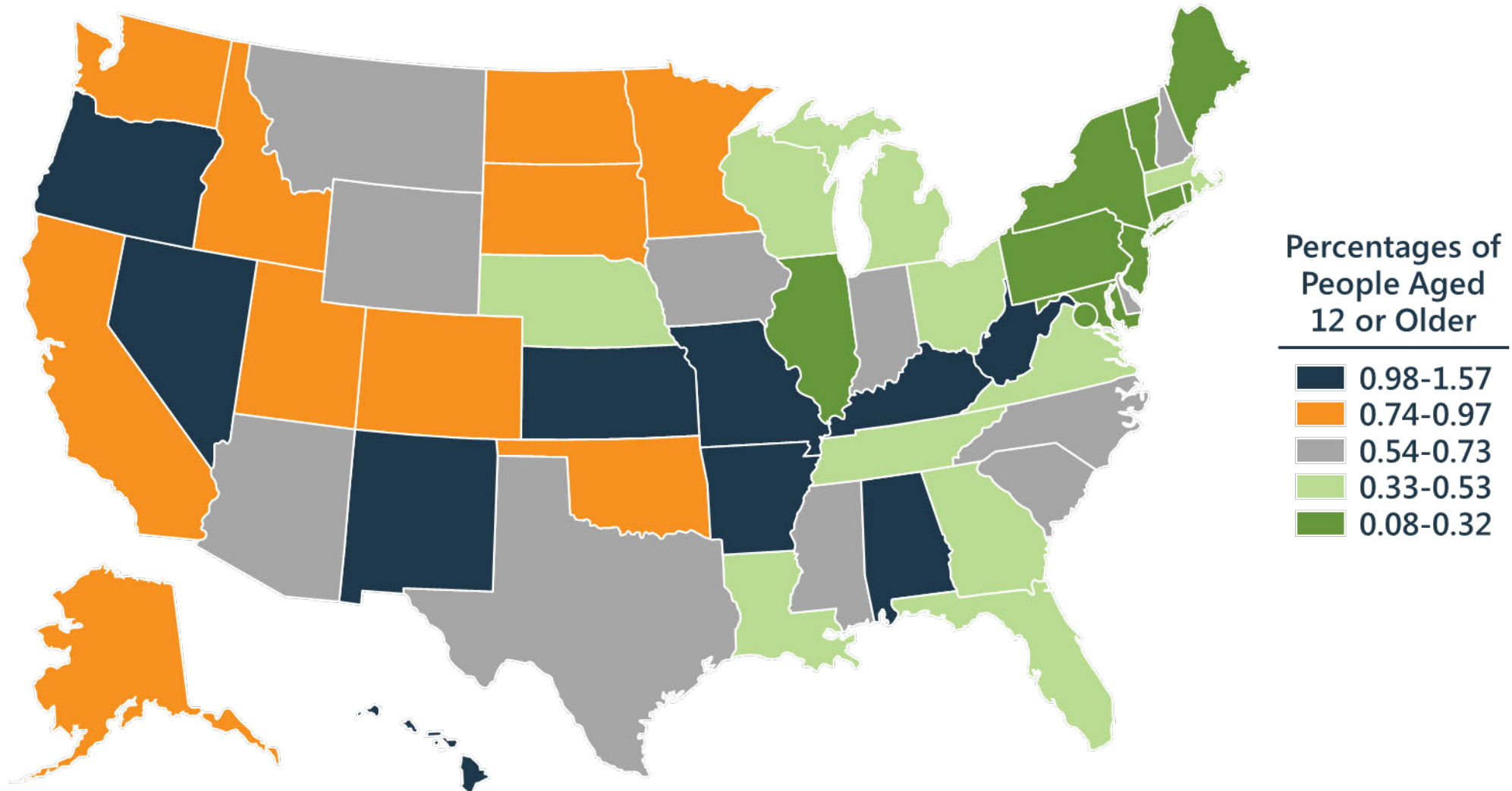
PAST YEAR, 2015-2018 NSDUH, 12+



+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Methamphetamine Use by State

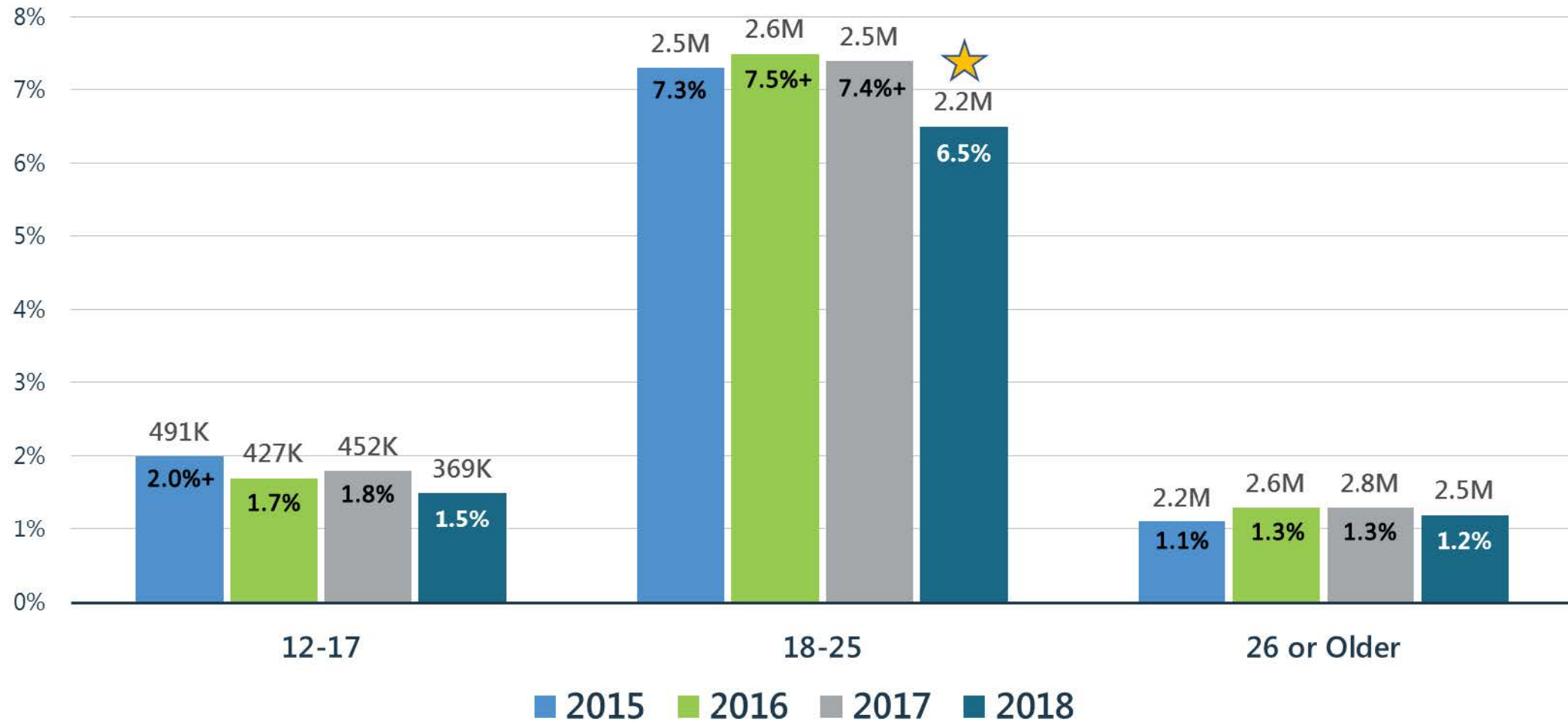
PAST YEAR, POOLED 2016-2017 NSDUH, 12+



Differences in colors across states do not indicate significant differences in estimates.

# Misuse of Prescription Stimulants

PAST YEAR, 2015-2018 NSDUH, 12+

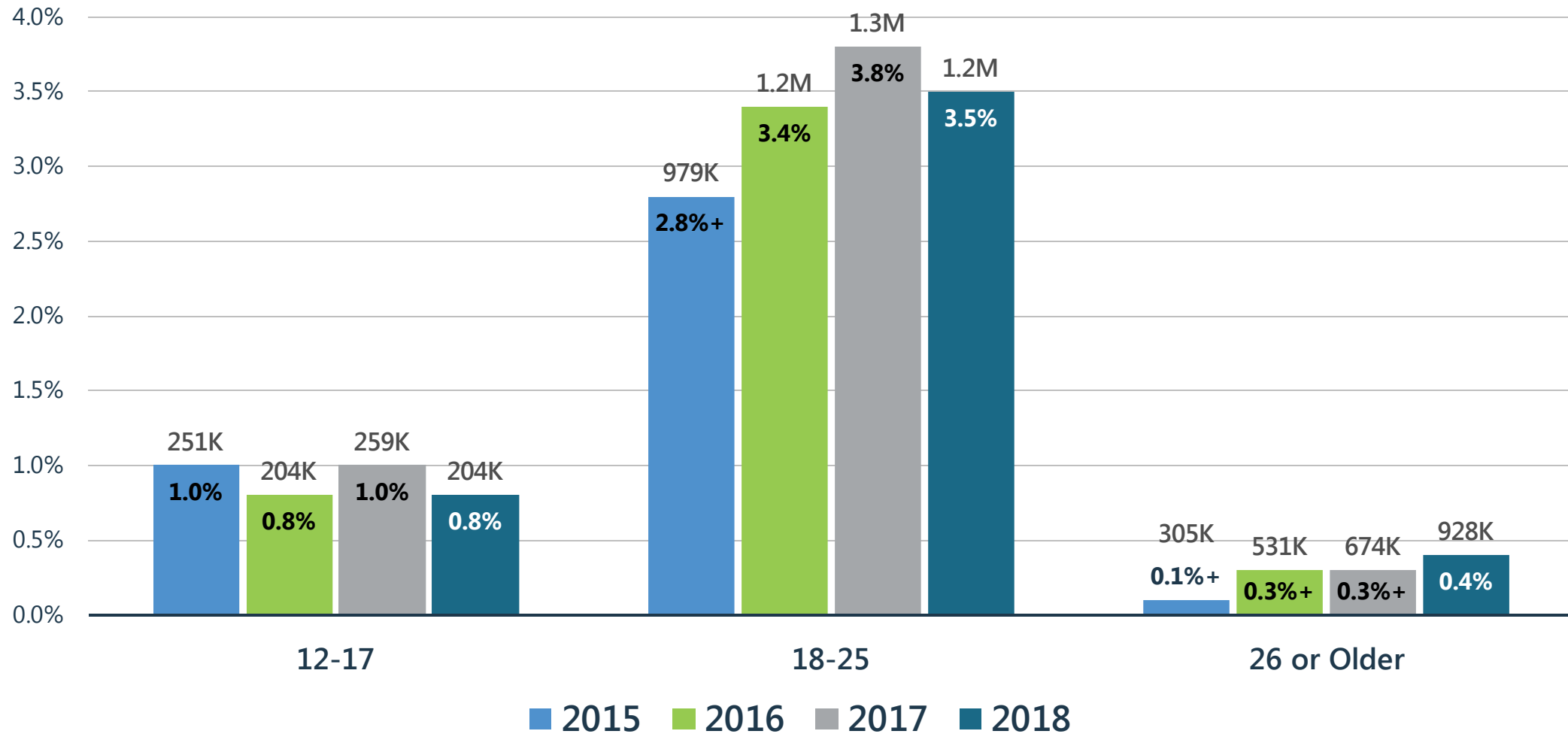


SOURCE: See forthcoming 2018 Detailed Table 7.5, 7.11, and 7.14 for more information.

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Hallucinogen Use: LSD

PAST YEAR, 2015-2018 NSDUH, 12+



Estimates represent past year use of LSD (lysergic acid diethylamide), a type of hallucinogen.

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Summary: Other Substance Use in the United States in 2018

- Marijuana: no changes in youth use, but significant increases in adults over age 26
- Significant increase observed in marijuana use disorder in 18-25 y.o.
- Marked declines in illicit drug use by pregnant women, particularly marijuana
- Declines in cocaine use in adolescents and young adults
- Decline in methamphetamine use in young adults 18-25 y.o., but significant increases in methamphetamine use in adults  $\geq 26$  y.o.
- Significant decline in prescription stimulant abuse in 18-25 y.o.
- Decline in hallucinogen use in adolescents and young adults (18-25 y.o.), but significant increases in adult ( $\geq 26$  y.o.) use

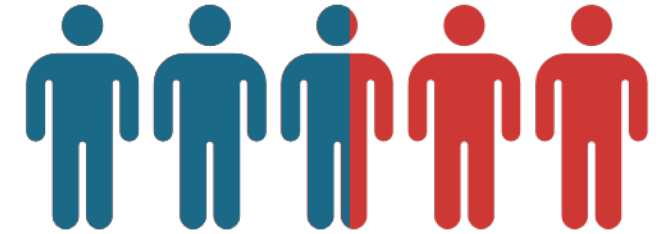
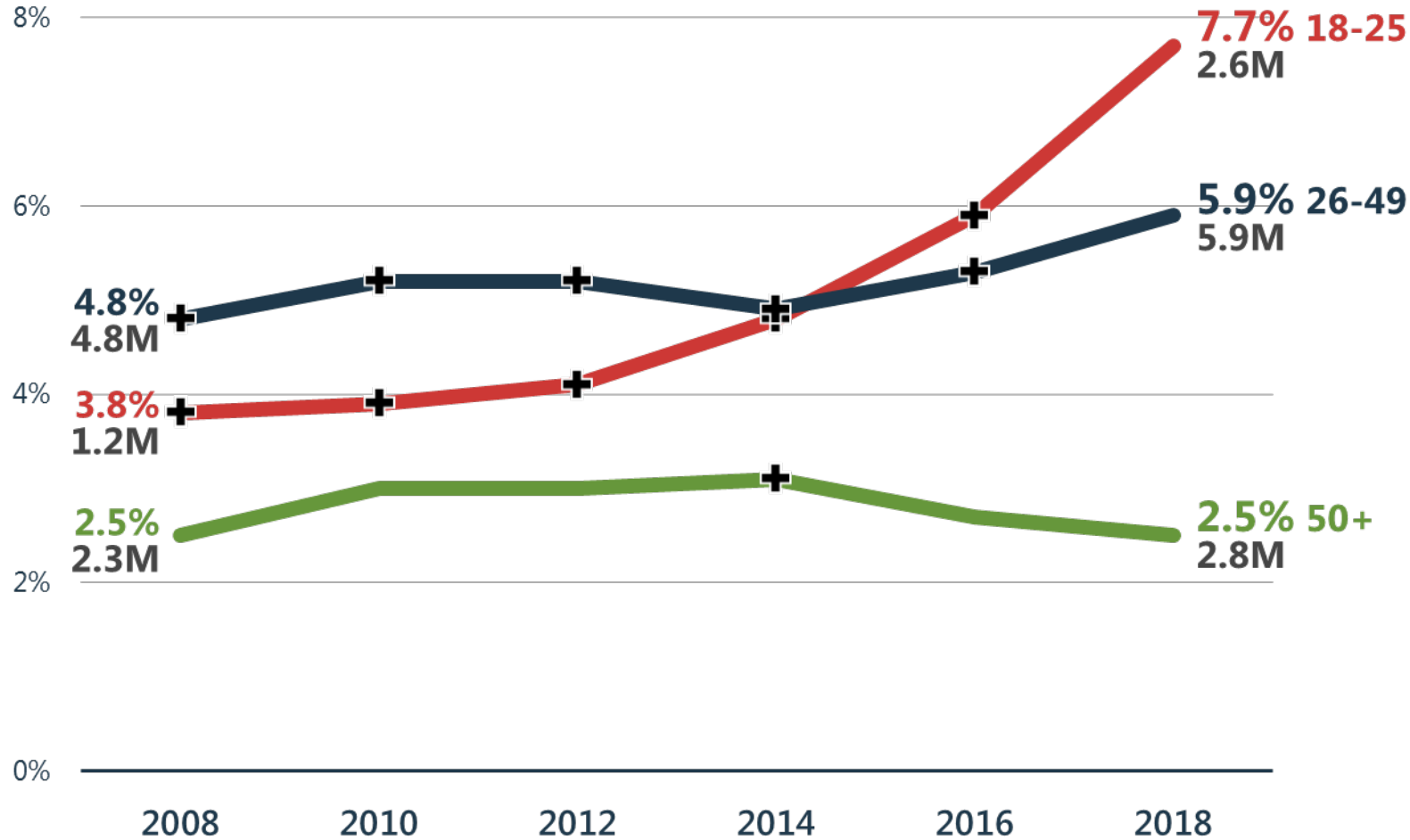
**PREVENTION WORKS!**

# Mental Health



# Serious Mental Illness (SMI) Rising among Young Adults (18-25 y.o.) and Adults (26-49 y.o.)

PAST YEAR, 2008-2018 NSDUH, 18+



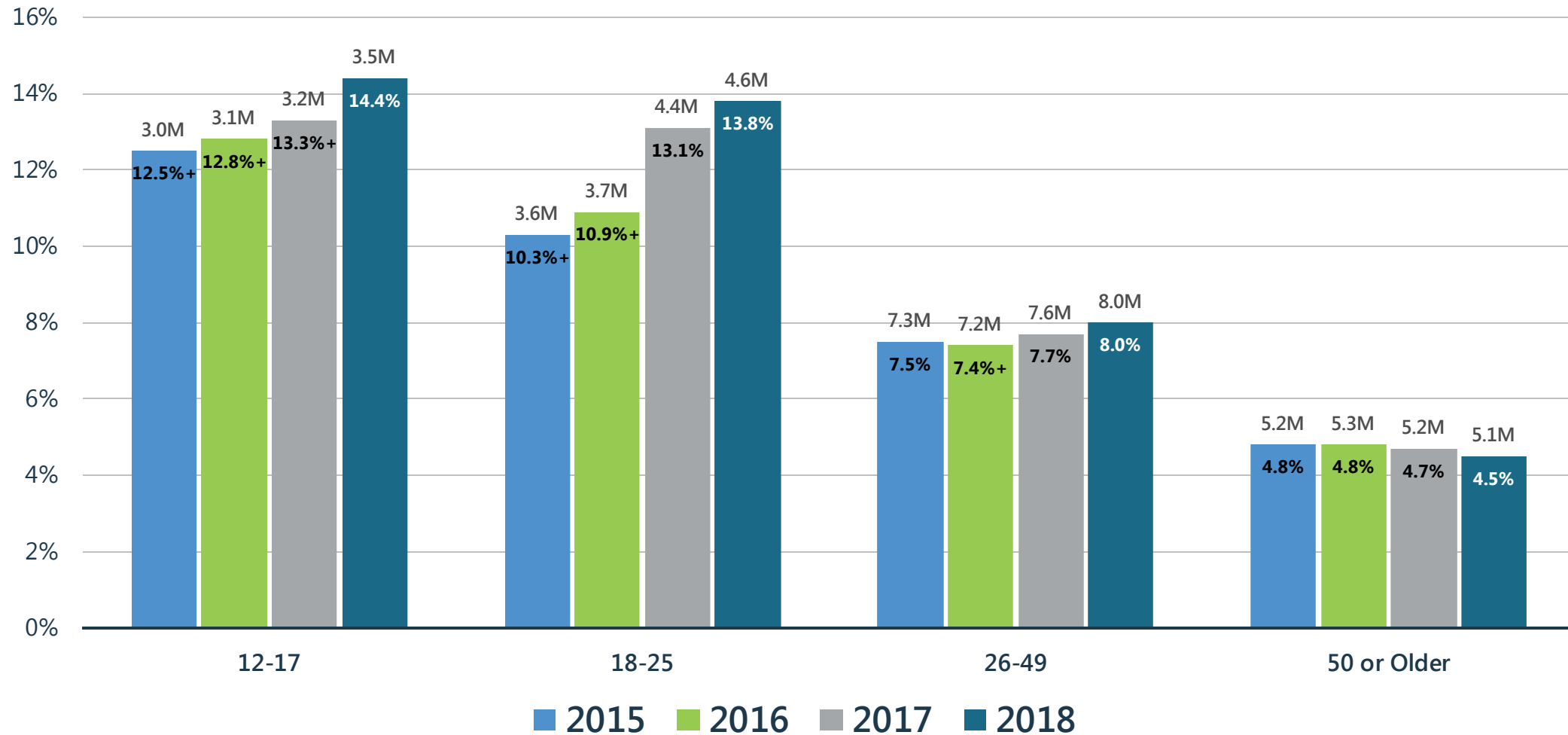
**53.8%**  
**1.4 MILLION YOUNG ADULTS WITH SMI RECEIVED TREATMENT IN 2018**  
**46.2% got NO treatment**

**63.7%**  
**3.8M adults (26-49 y.o.) with SMI received treatment;**  
**36.3% got NO treatment**

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Major Depressive Episodes

PAST YEAR, 2015-2018 NSDUH, 12+

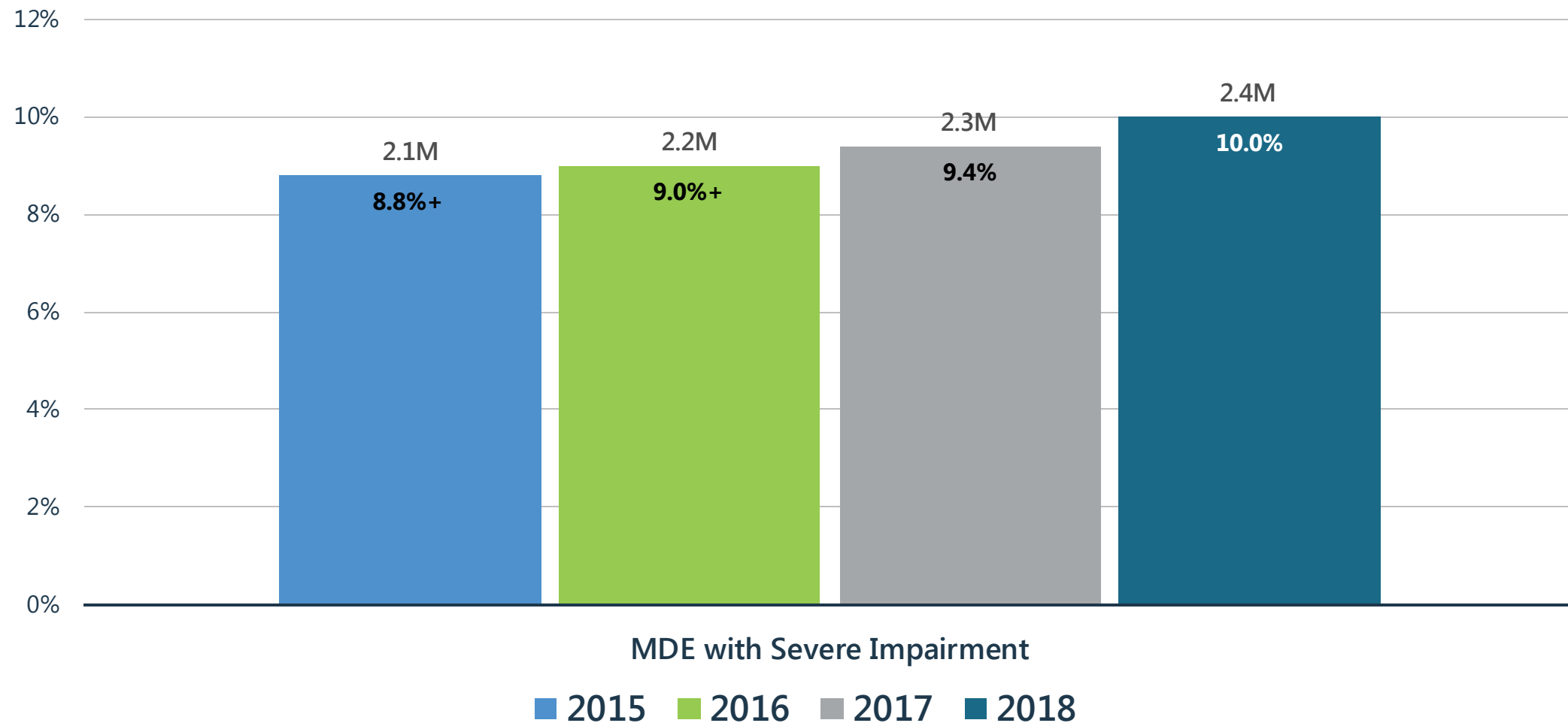


+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

Note: The adult and youth MDE estimates are not directly comparable.

# Major Depressive Episodes with Severe Impairment among Adolescents

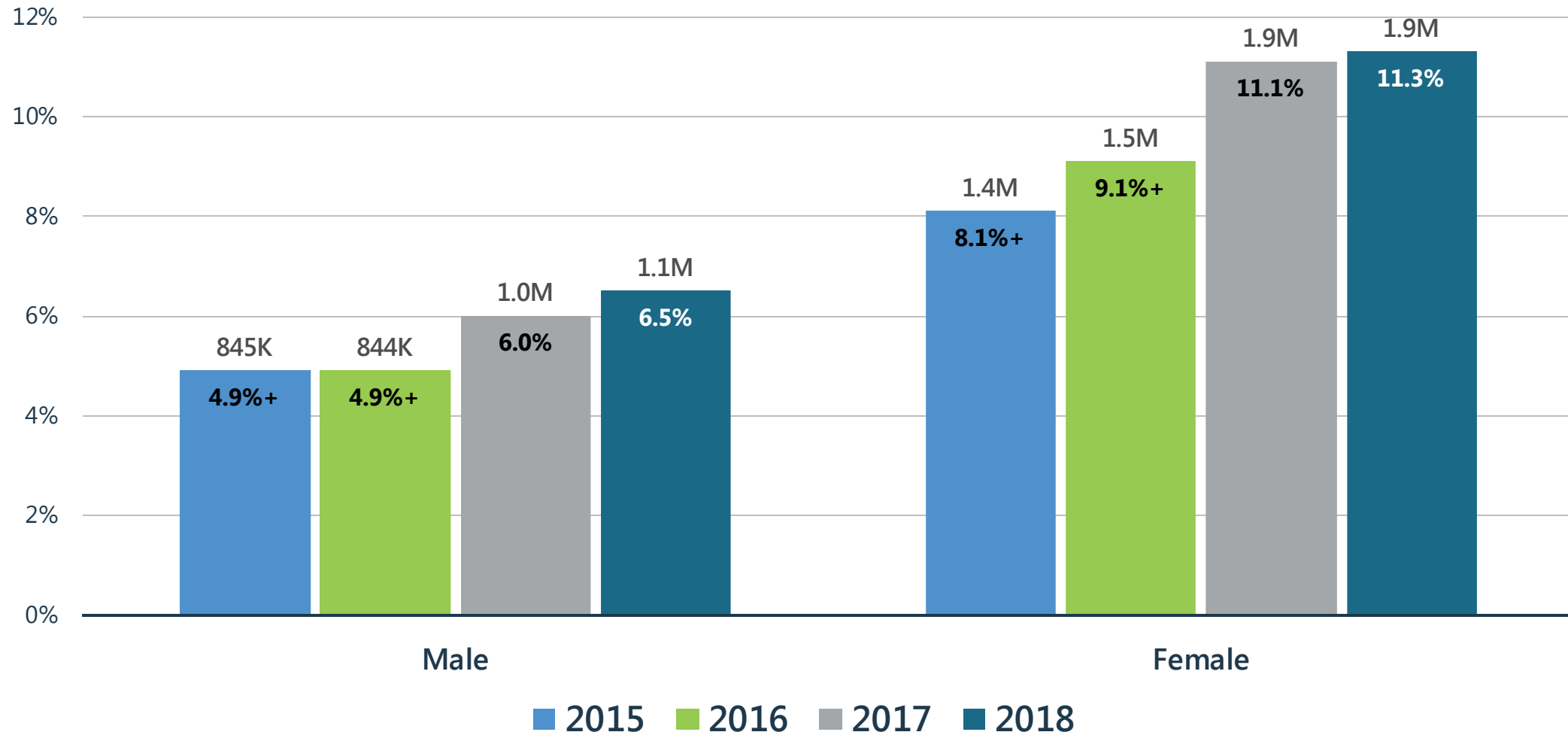
PAST YEAR, 2015-2018 NSDUH, 12-17



+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Major Depressive Episodes with Severe Impairment among Young Adults (18-25 y.o.)

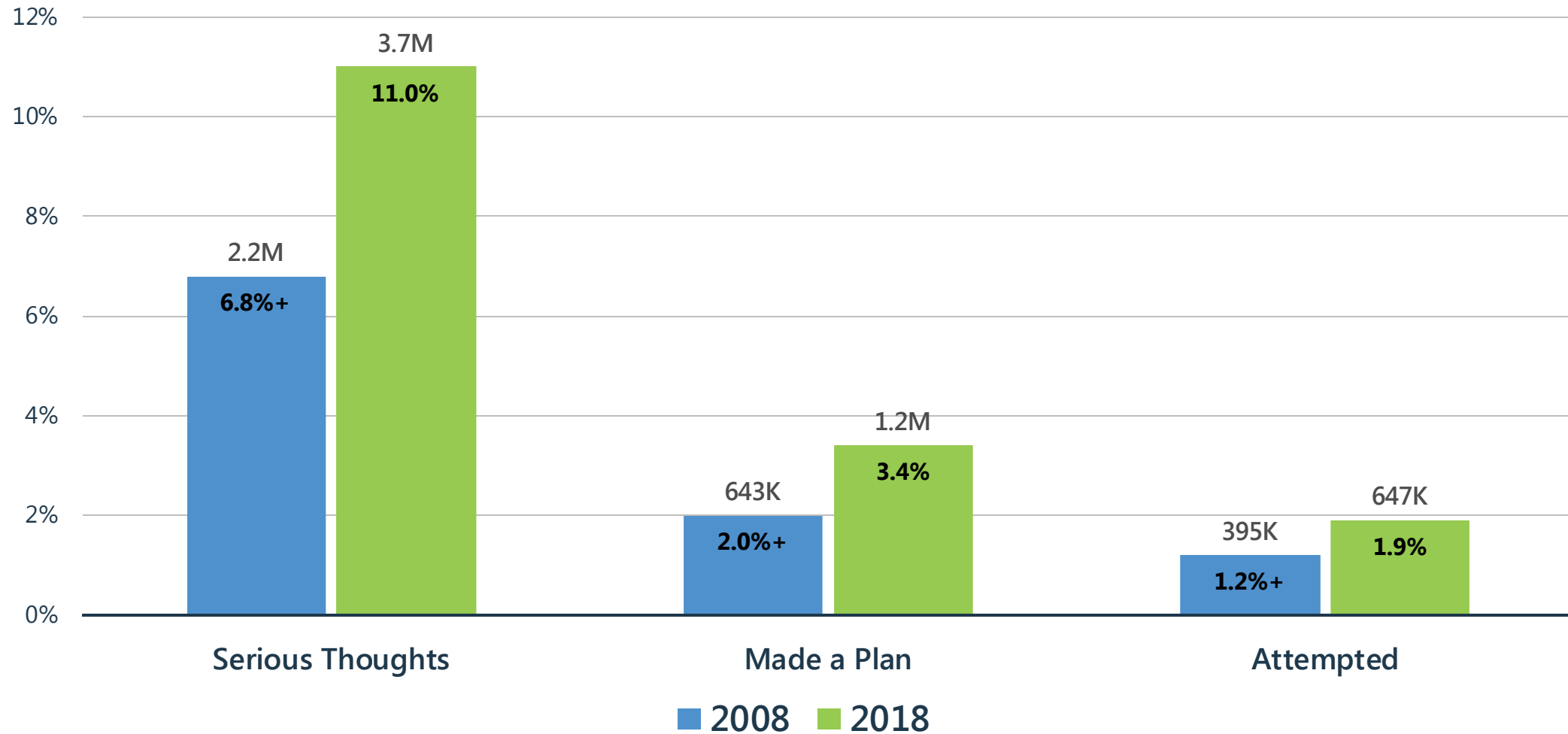
PAST YEAR, 2015-2018 NSDUH, 18-25



+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Suicidal Thoughts, Plans, and Attempts Increase for Young Adults (18-25 y.o)

PAST YEAR, 2008 and 2018 NSDUH, 18-25

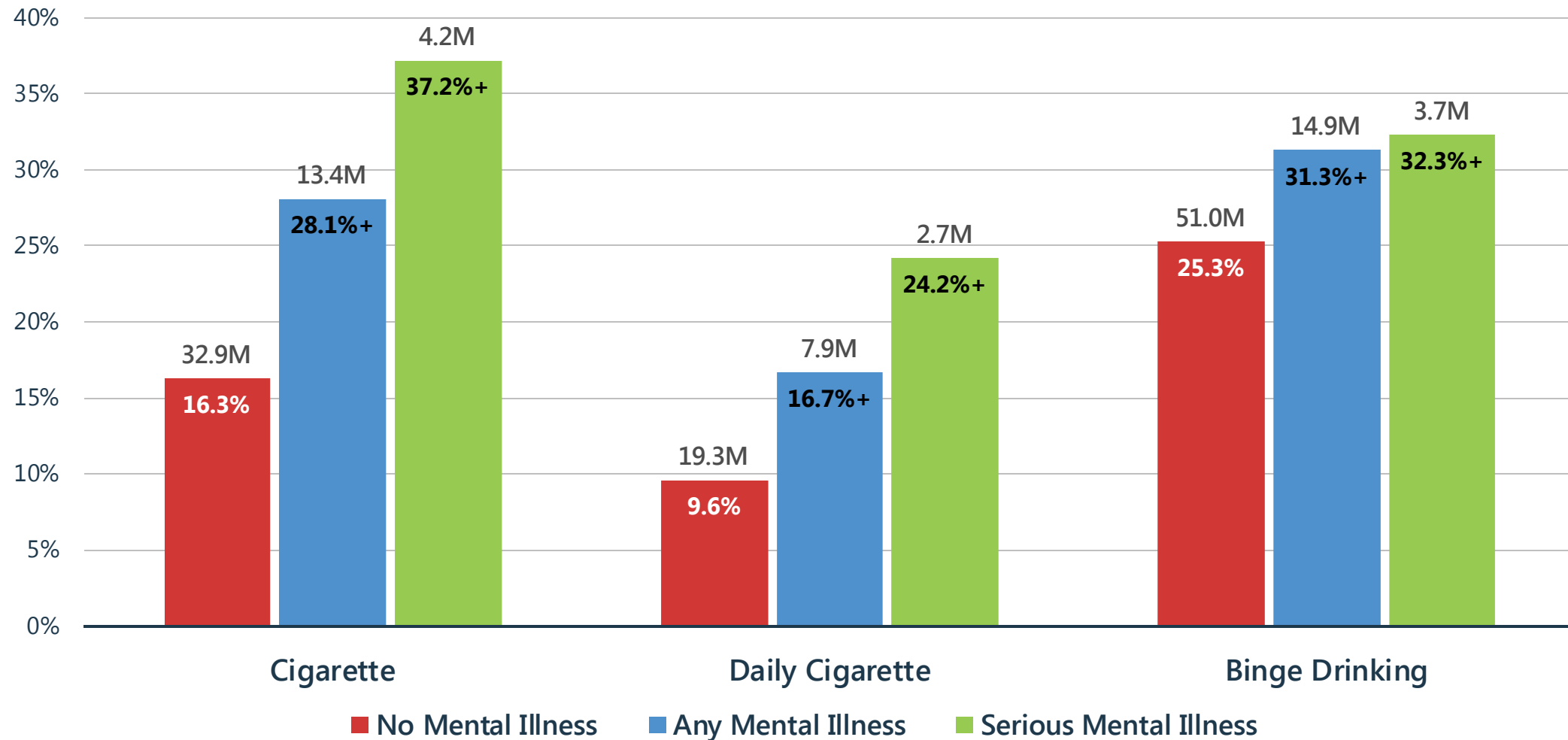


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# Co-Occurring Disorders

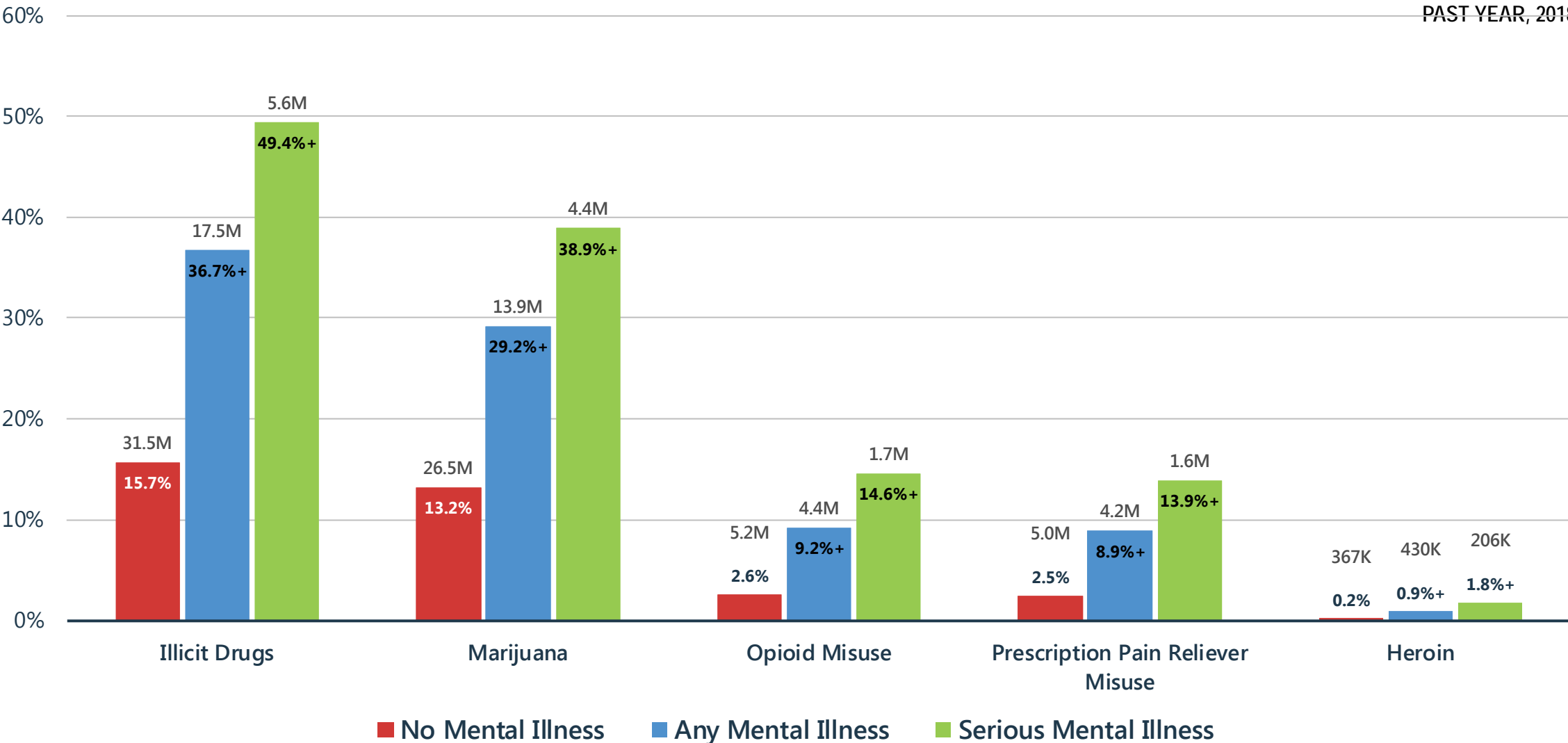
# Co-Occurring Issues: Substance Use Is More Frequent among Adults ( $\geq 18$ y.o.) with Mental Illness

PAST MONTH, 2018 NSDUH, 18+



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

# Co-Occurring Issues: Substance Use Is More Frequent among Adults ( $\geq 18$ y.o.) with Mental Illness



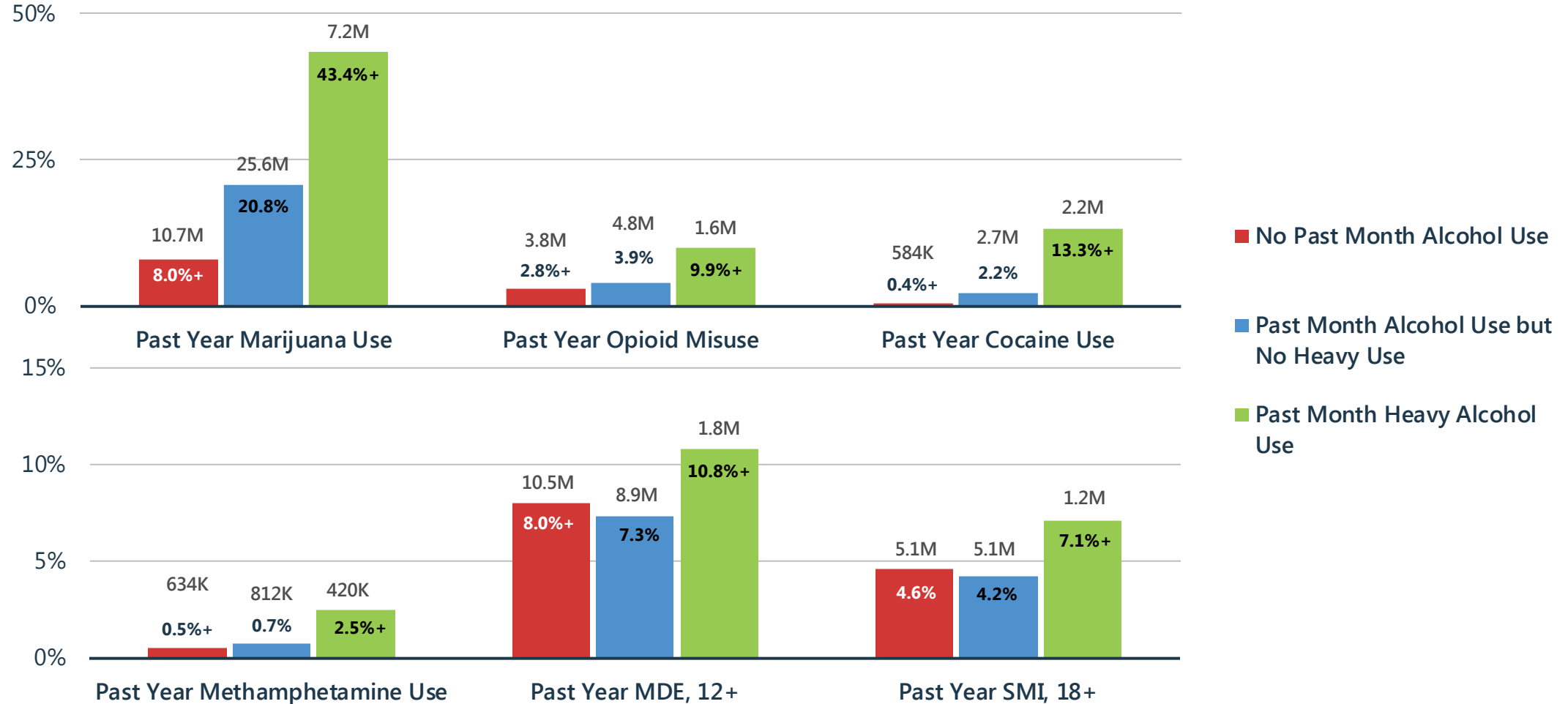
+ Difference between this estimate and the estimate for adults without mental illness is statistically significant at the .05 level.





# Alcohol Use Related to Other Substance Use, MDE and SMI

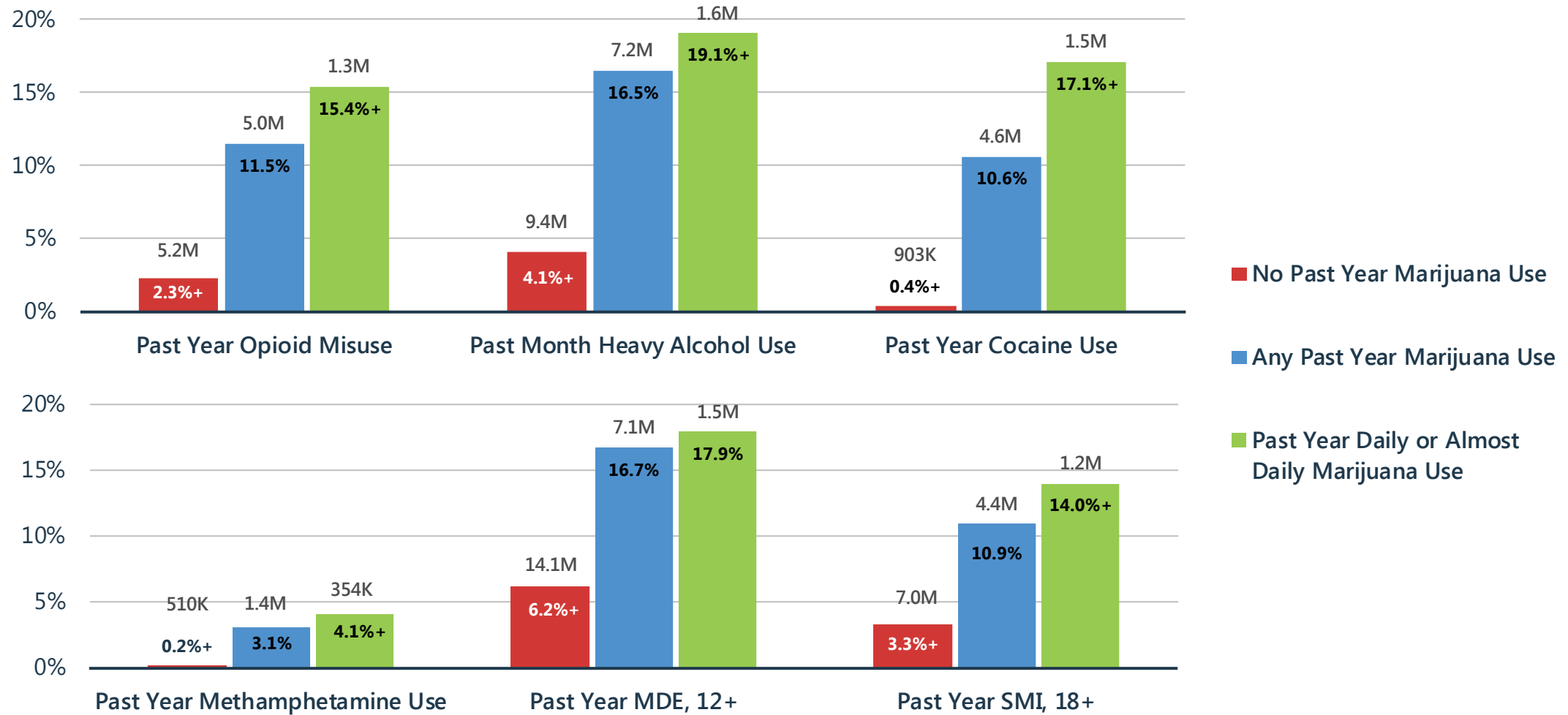
PAST YEAR/MONTH, 2018 NSDUH, 12+



+ Difference between this estimate and the estimate for people with past month use but not heavy alcohol use is statistically significant at the .05 level.

# Marijuana Use Related to Other Substance Use, MDE and SMI

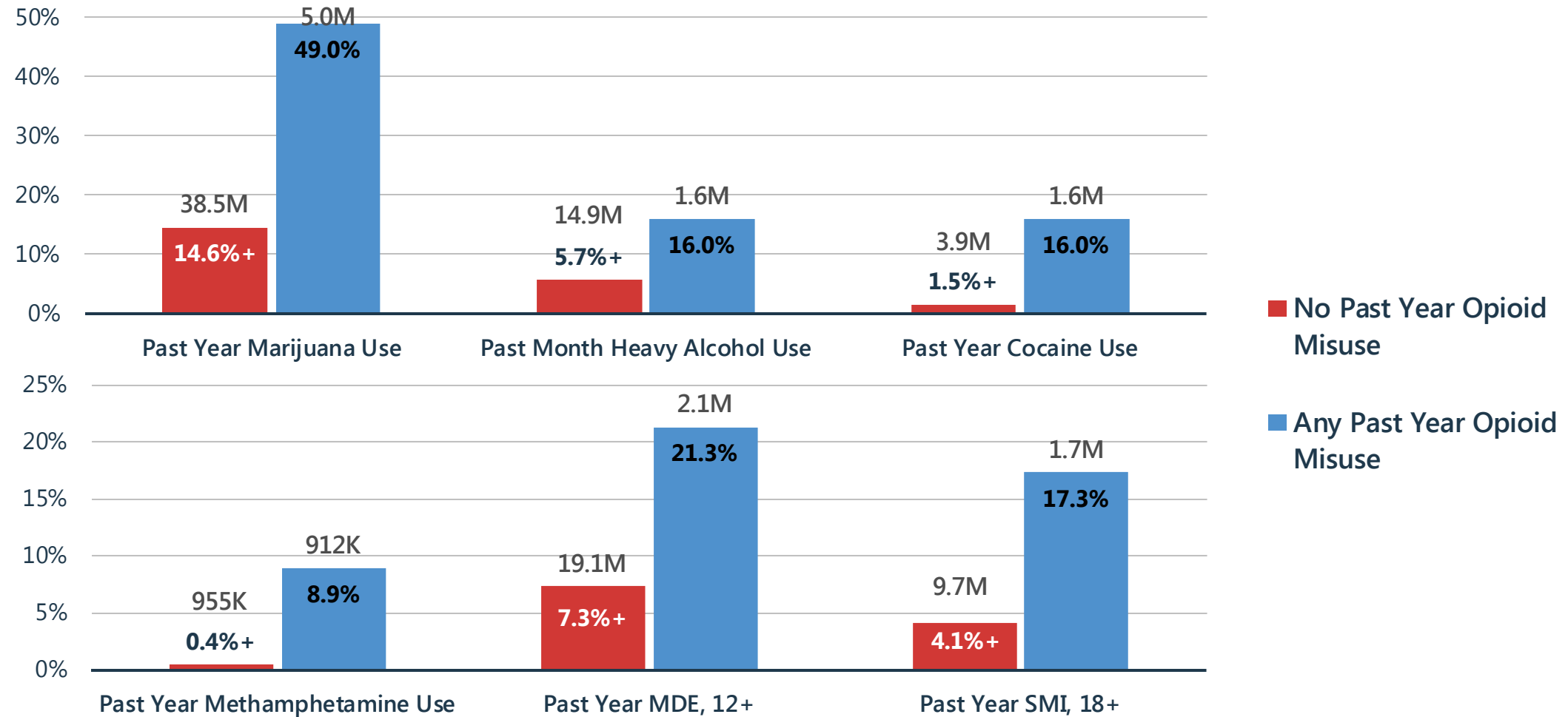
PAST YEAR/MONTH, 2018 NSDUH, 12+



+ Difference between this estimate and the estimate for people with past year marijuana use is statistically significant at the .05 level.

# Opioid Misuse Related to Other Substance Use, MDE and SMI

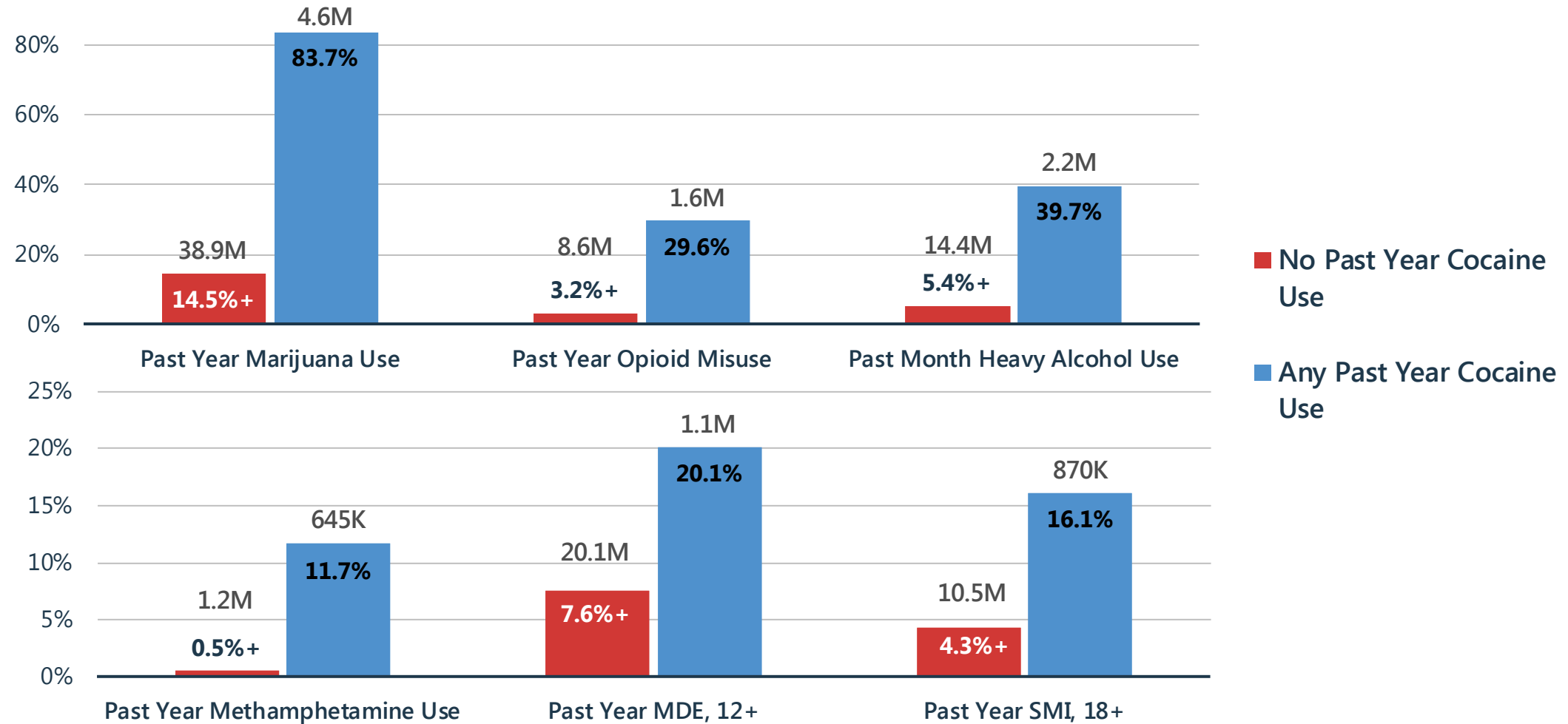
PAST YEAR/MONTH, 2018 NSDUH, 12+



+ Difference between this estimate and the estimate for people with past year opioid misuse is statistically significant at the .05 level.

# Cocaine Use Related to Other Substance Use, MDE and SMI

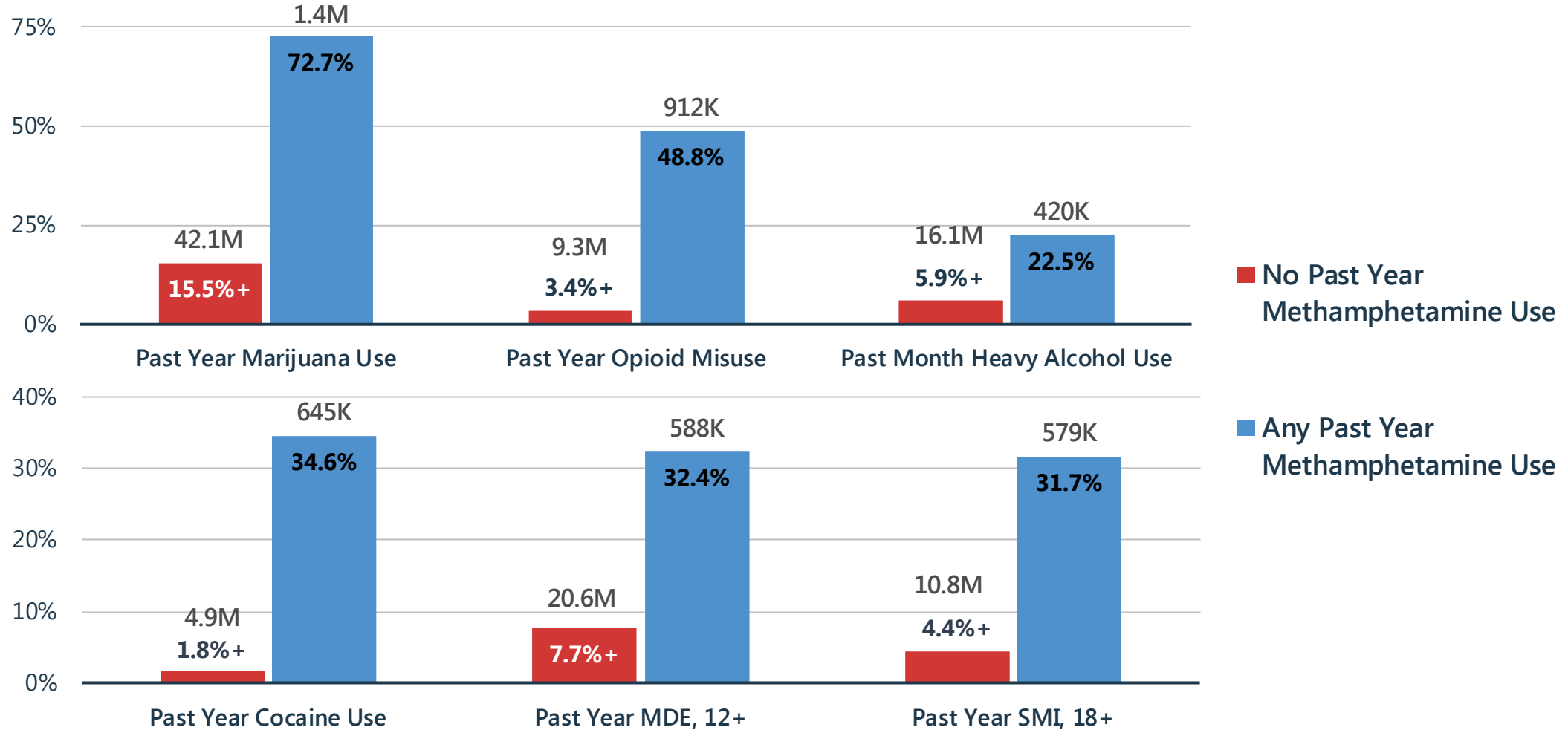
PAST YEAR/MONTH, 2018 NSDUH, 12+



+ Difference between this estimate and the estimate for people with past year cocaine use is statistically significant at the .05 level.

# Methamphetamine Use Related to Other Substance Use, MDE and SMI

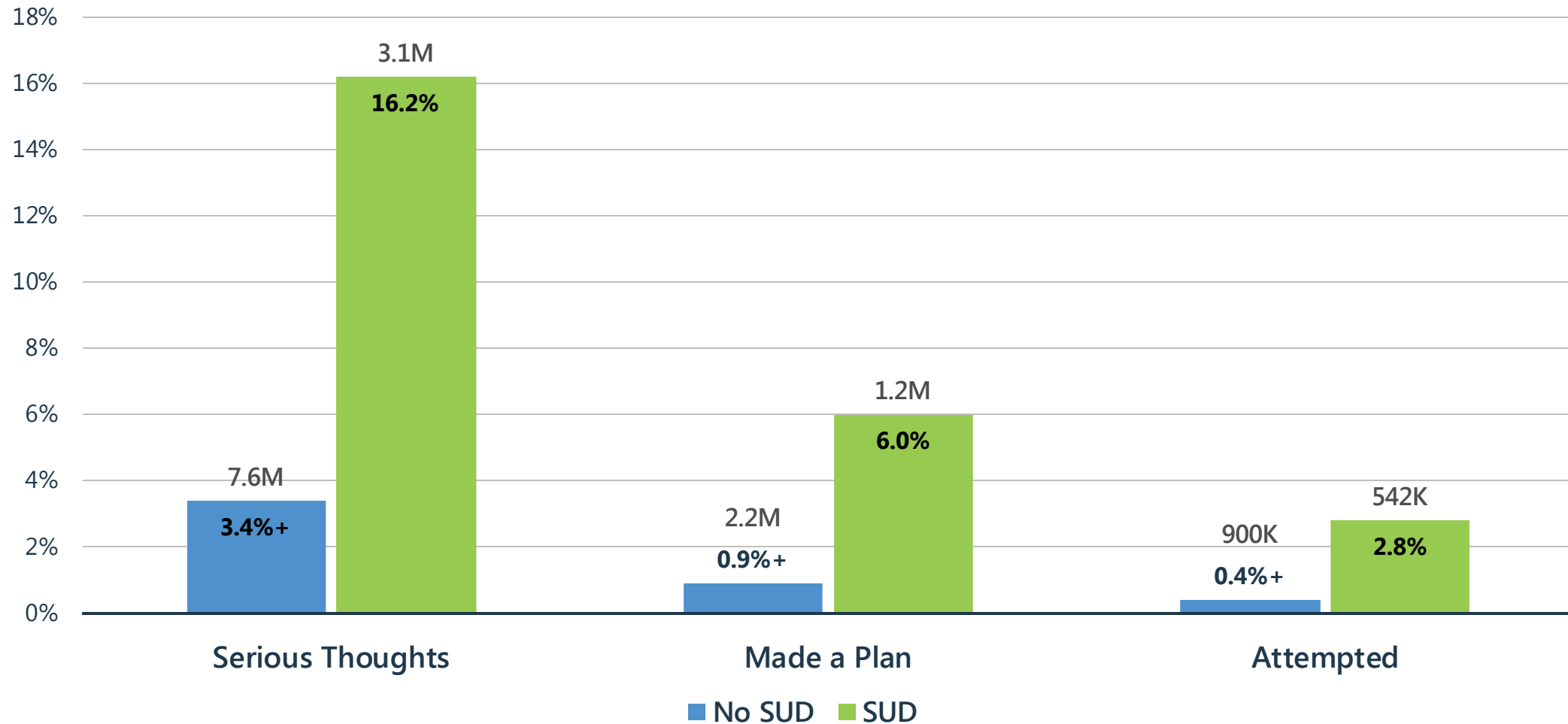
PAST YEAR/MONTH, 2018 NSDUH, 12+



+ Difference between this estimate and the estimate for people with past year methamphetamine use is statistically significant at the .05 level.

# Co-Occurring Substance Use Disorder (SUD) is Associated with Suicidal Thoughts, Plans, and Attempts among Adults $\geq 18$ y.o.

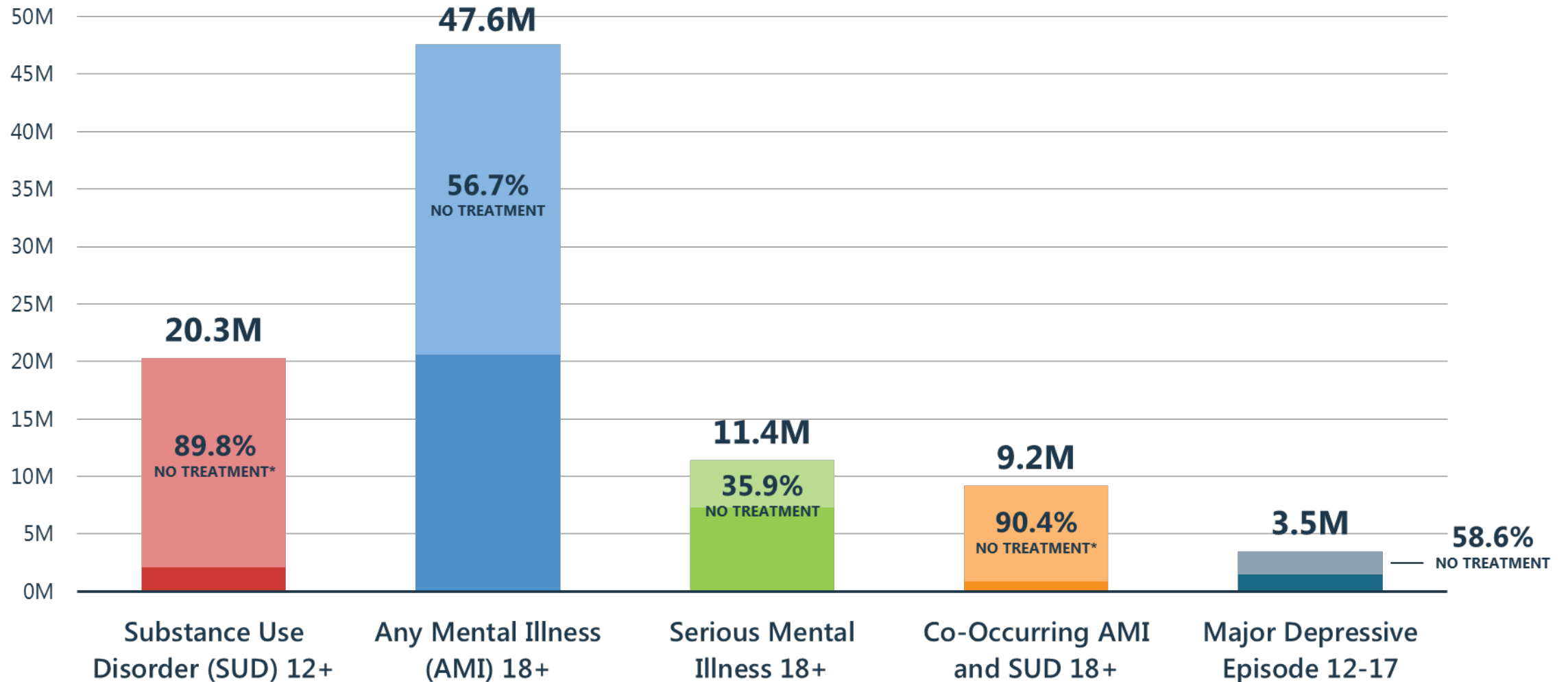
PAST YEAR, 2018 NSDUH, 18+



+ Difference between this estimate and the estimate for adults with SUD is statistically significant at the .05 level.

# Despite Consequences and Disease Burden, Treatment Gaps Remain Vast

PAST YEAR, 2018 NSDUH, 12+



\* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

# Summary: Mental Health Issues in the United States in 2018

- Serious mental illness increased in adults (18 and older)
- Significant increases in major depression and severe impairment associated with major depression were observed in adolescents (12-17 y.o.) and young adults (18-25 y.o.). These findings were higher than in adults  $\geq 26$ .
- Significant increases in suicidality were observed in 18-25 y.o.
- Co-occurring substance use and mental disorders are common.
- Use of one substance—alcohol or other illicit substances-- is strongly correlated with polysubstance use and with major depression and serious mental illness underscoring the need to screen for all substances as well as mental disorders when evaluating a person identifying a substance problem or a mental health issue, *and* to treat all co-occurring disorders
- Substance use disorders increase risk for suicidality.
- The large gap in treatment need continues.



# 2018: A Year of Some Progress, but Ongoing Need for Americans Living with Substance Use and Mental Health Issues Continues

- NSDUH reveals areas where we need to focus resources:
  - Continuing need to address the ongoing opioid epidemic
  - Rising rates of marijuana, methamphetamine particularly in adults ( $\geq 26$  y.o.)
  - Rising rates of major depression in adolescents and adults 18-49 y.o.
  - Substance use and mental disorders are closely linked: NSDUH tells us that illicit substance use increases risk for other hazardous substance use and mental illness
  - Mental illness is a risk factor for illicit substance use
  - Need for ongoing efforts in prevention of substance use disorders

# SAMHSA's Response

- **Workforce: Continue to address the need for clinicians to be prepared to assess and treat mental health issues and substance issues with national training and technical assistance programs**
- **Opioids**
- Continue work with states to address opioids crisis needs in terms of prevention, treatment, and community recovery resources
  - STR/SOR/TOR grants
  - Discretionary grants: pregnant/post partum parenting women/children/families, drug courts, first responder/prevention grants
  - Collaboration with HHS partners and other federal departments to expand resources to communities
- **Other substances:**
- Encourage use of block grant funds to address prevention/treatment needs
- Provide training and technical assistance on evidence-based psychosocial therapies
- **Connecting with the public: Importance of Prevention, Treatment, Community Supports**
- Public service messaging on substance use and mental health issues with focus on prevention
- <https://www.samhsa.gov/technology-transfer-centers-ttc>
- **Monitoring outcomes:**
- Through continuation of NSDUH, DAWN, and SAMHSA grant program evaluation
- **Making policy modifications as indicated**