



Behavioral Health Barometer

United States, 2014



Substance Abuse and Mental Health Services Administration

SAMHSA

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Acknowledgments

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FOREWORD



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

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

This national report, along with a Behavioral Health Barometer for each State and the District of Columbia, will be published on a regular basis as part of SAMHSA’s larger behavioral health quality improvement approach.

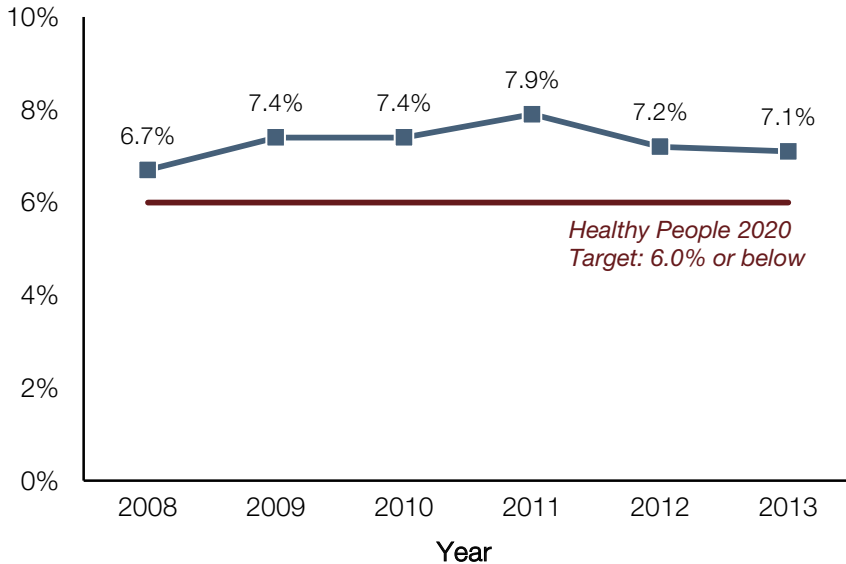
Pamela S. Hyde, JD, Administrator
Substance Abuse and Mental Health Services Administration

YOUTH SUBSTANCE USE

MARIJUANA USE



Past-Month Marijuana Use Among Adolescents Aged 12–17 (2008–2013)¹

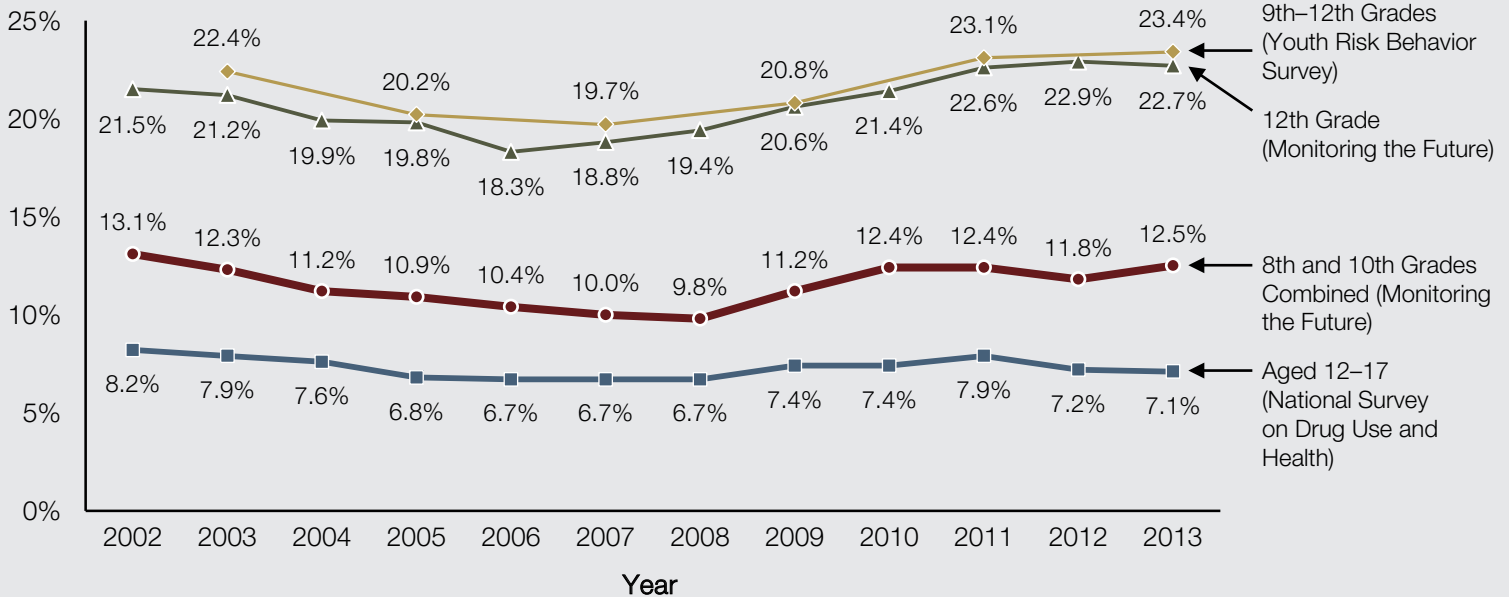


In the United States, the percentage of adolescents aged 12 to 17 who have used marijuana in the month prior to being surveyed increased from 2008 to 2011, then decreased in 2012 and 2013. This percentage has been above the Healthy People 2020 target of 6.0% since 2008.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008 to 2013.

Past-Month Marijuana Use Among Adolescents, by National Survey (2002–2013)

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



Statistical tests (t-tests) have been conducted for all statements appearing in the text on this page of the report that compare estimates between years or subgroups of the population. Unless explicitly stated that a difference is not statistically significant, all statements that describe differences are significant at the .05 level.

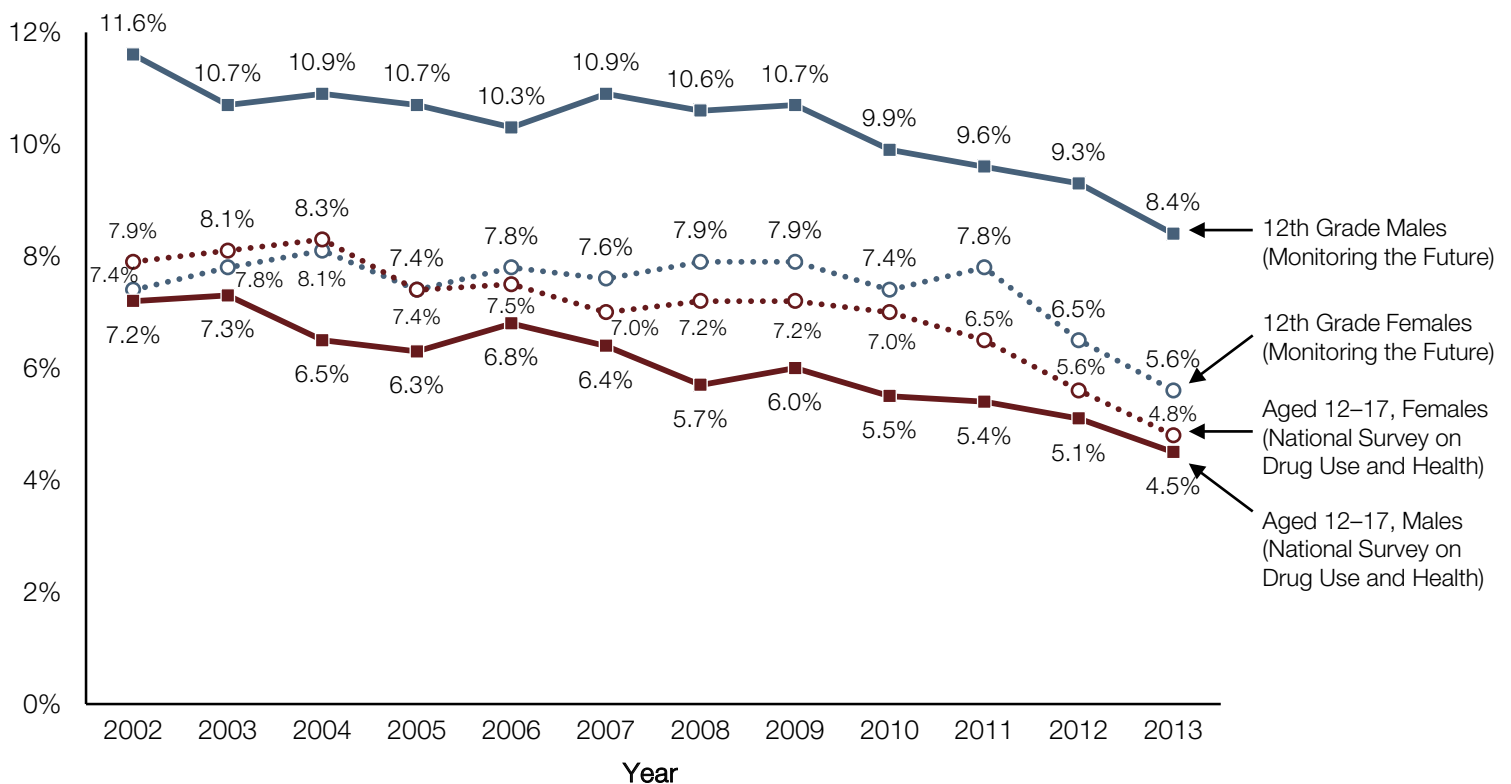
YOUTH SUBSTANCE USE

NONMEDICAL PAIN RELIEVER USE



Past-Year Nonmedical Pain Reliever Use Among Adolescents, by National Survey and Gender (2002–2013)²

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



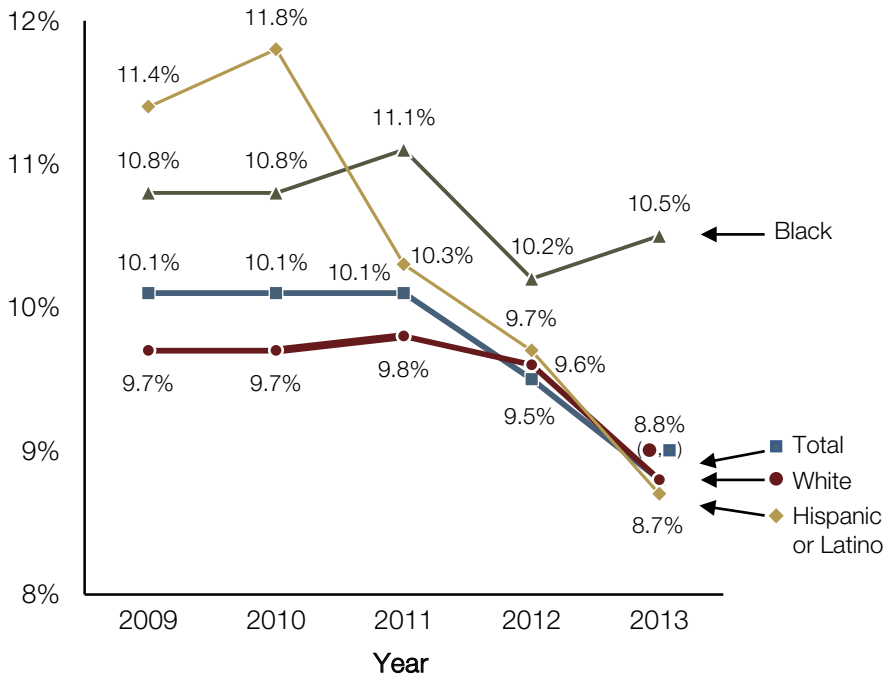
In NSDUH, the percentage of adolescents aged 12–17 with past year nonmedical use of pain relievers tended to be higher for females than males, and in MTF this percentage among 12th graders tended to be higher for males than for females. The different age groups used for these estimates (all adolescents aged 12 to 17 in NSDUH and just 12th graders for MTF) are likely the reason for these different data patterns.

YOUTH SUBSTANCE USE

ILLCIT DRUG USE



Past-Month Illicit Drug Use Among Adolescents Aged 12–17, by Race/Ethnicity (2009–2013)³



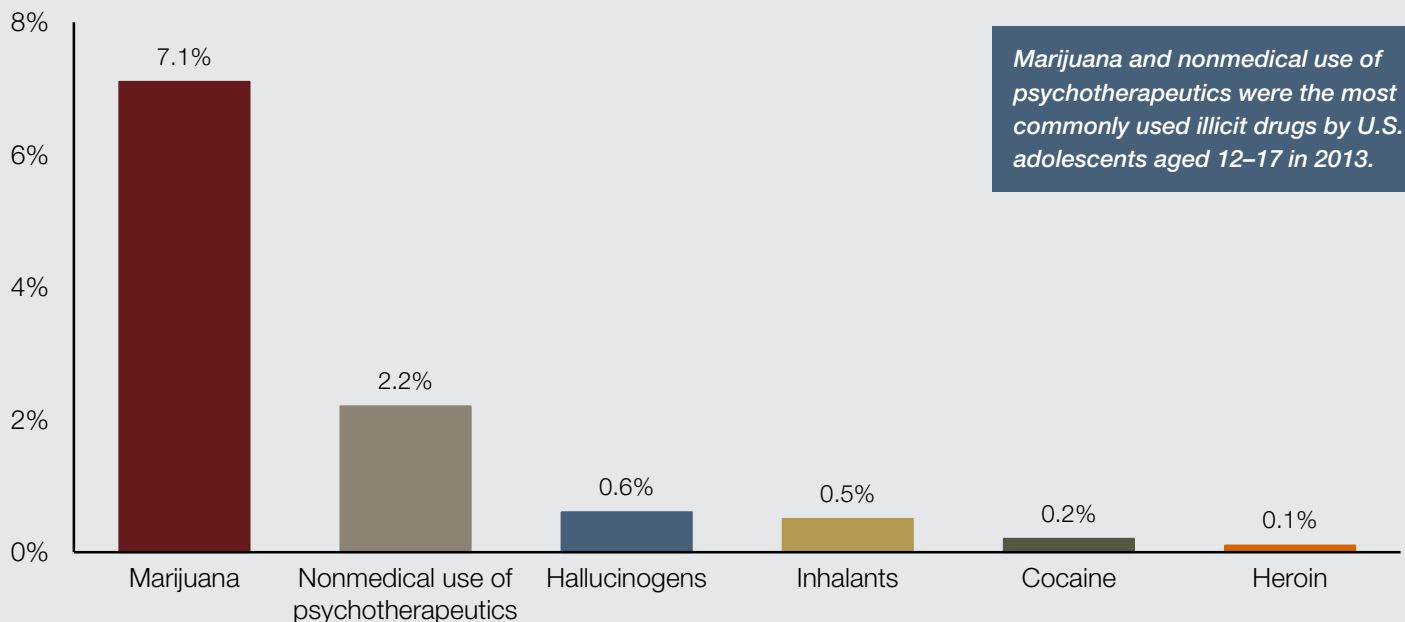
8.8%

In the United States, 8.8% of adolescents aged 12–17 (an estimated 2.2 million adolescents) in 2013 reported using illicit drugs within the month prior to being surveyed.

The percentage of U.S. adolescents using illicit drugs decreased from 10.1% in 2009 to 8.8% in 2013. During this time there were significant decreases for white and Hispanic adolescents but not for black adolescents.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009 to 2013.

Past-Month Illicit Drug Use Among Adolescents Aged 12–17 (2013)



Marijuana and nonmedical use of psychotherapeutics were the most commonly used illicit drugs by U.S. adolescents aged 12–17 in 2013.

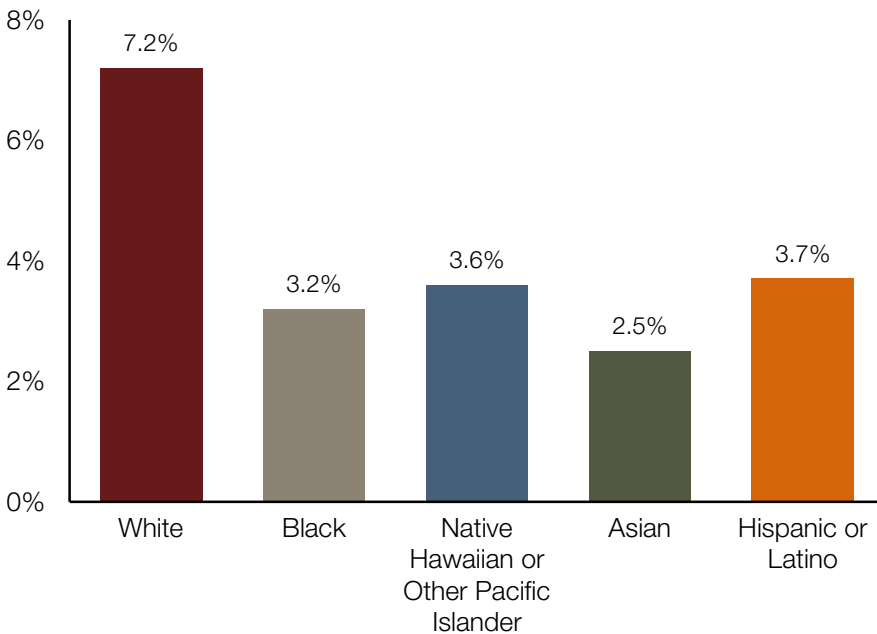
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

YOUTH SUBSTANCE USE

CIGARETTE USE



Past-Month Cigarette Use Among Adolescents Aged 12–17, by Race/Ethnicity (2013)⁴



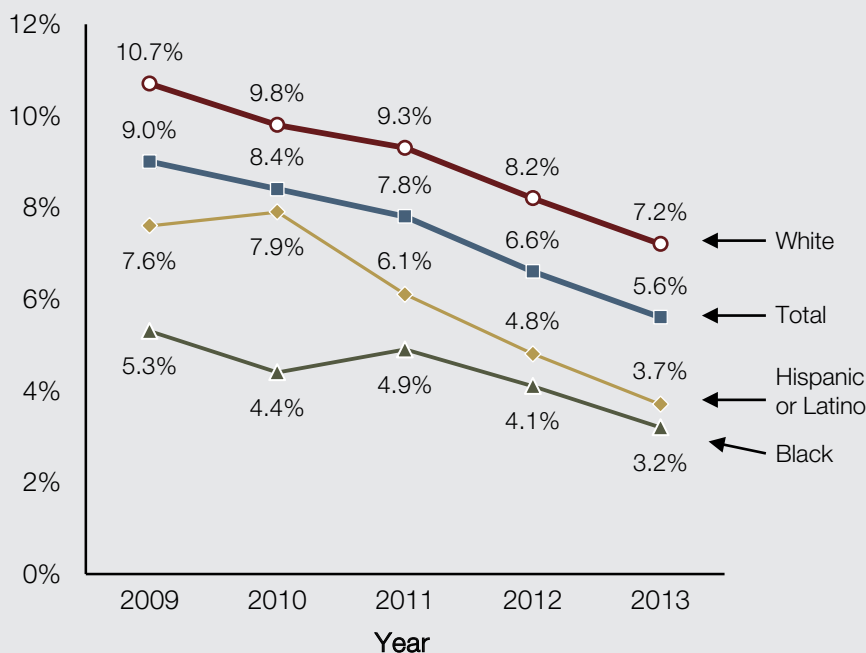
5.6%

In the United States, 5.6% of adolescents aged 12–17 (an estimated 1.4 million adolescents) in 2013 reported using cigarettes within the month prior to being surveyed.

In 2013, white adolescents had a higher percentage of cigarette use (7.2%) than blacks, Native Hawaiian or other Pacific Islanders, Asians, or Hispanics.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Past-Month Cigarette Use Among Adolescents Aged 12–17, by Race/Ethnicity (2009–2013)³



In 2013, the percentage of cigarette use was higher among adolescents who lived in nonmetropolitan areas (8.4%) than adolescents who lived in metropolitan areas (5.1%).

From 2009 to 2013, the percentage of U.S. adolescents using cigarettes decreased from 9.0% to 5.6%. There were significant decreases for whites, blacks, and Hispanics.

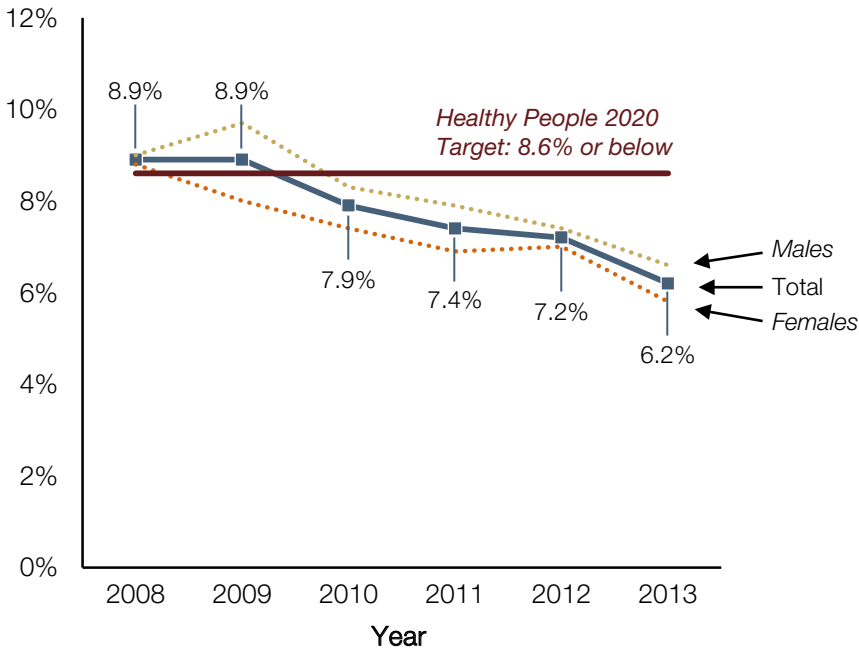
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009 to 2013.

YOUTH SUBSTANCE USE

BINGE ALCOHOL USE



Past-Month Binge Alcohol Use among Adolescents Aged 12–17, by Gender (2008–2013)¹



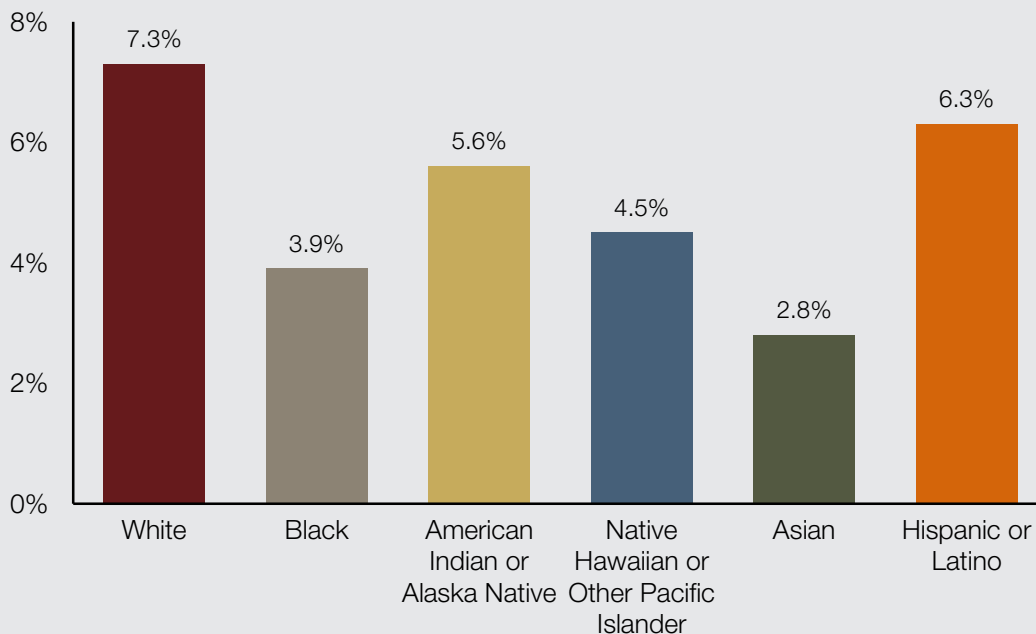
6.2%

In 2013, 6.2% of U.S. adolescents (an estimated 1.6 million adolescents) were binge alcohol users in the month prior to being surveyed, a decrease from 8.9% in 2008. This percentage has been below the Healthy People 2020 target since 2010.

The percentage of binge drinking among adolescents decreased from 2008 to 2013 for both males and females.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008 to 2013.

Past-Month Binge Alcohol Use Among Adolescents Aged 12–17, by Race/Ethnicity (2013)



Among U.S. adolescents, higher percentages of whites and Hispanics engaged in past-month binge drinking than did blacks or Asians.

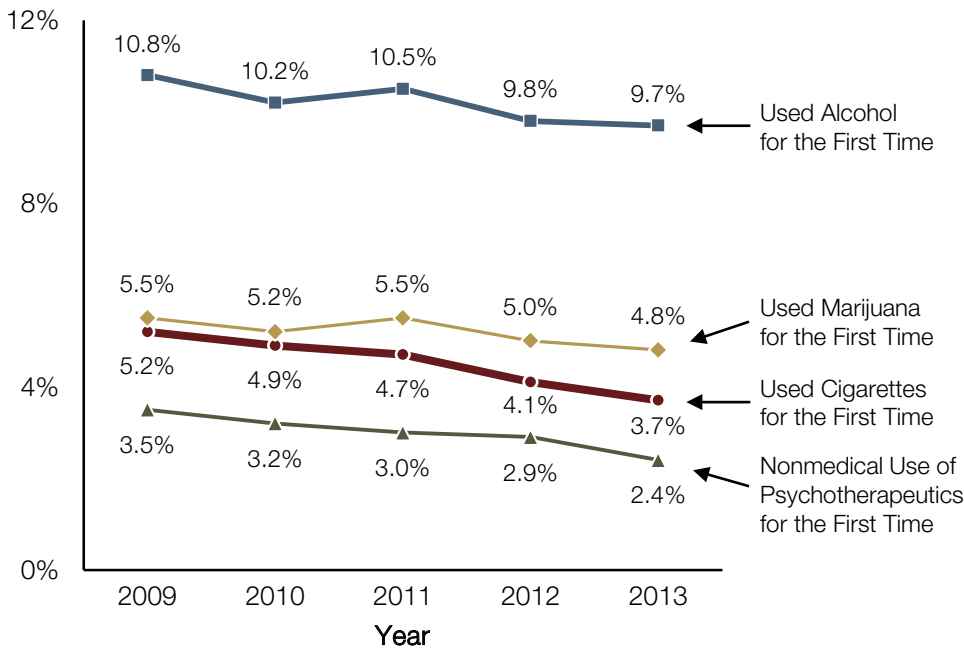
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

YOUTH SUBSTANCE USE

INITIATION OF SUBSTANCE USE



Past-Year Initiation of Selected Substances Among Adolescents Aged 12–17 (2009–2013)

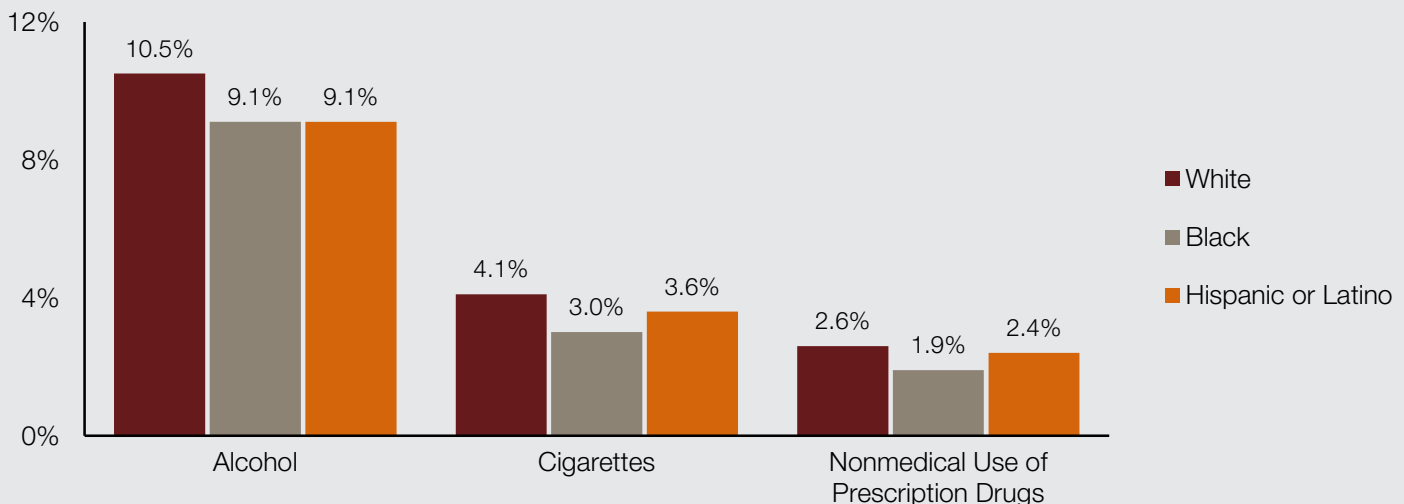


The percentage of U.S. adolescents who were past-year initiates of alcohol use, cigarette use, nonmedical use of psychotherapeutics, or marijuana use (i.e., used the substance for the first time in the year prior to being surveyed) decreased from 2009 to 2013. In 2013, nearly 1 in 10 adolescents (9.7%) used alcohol for the first time in the past year.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009 to 2013.

Past-Year Initiation of Selected Substances Among Adolescents Aged 12–17, by Race/Ethnicity (2013)⁶

Among U.S. adolescents in 2013, whites were more likely than Hispanics to have initiated alcohol use in the past year and were more likely than blacks to have initiated cigarette use or nonmedical use of psychotherapeutics in the past year. There were no differences between racial/ethnic groups in past-year initiation of marijuana use.



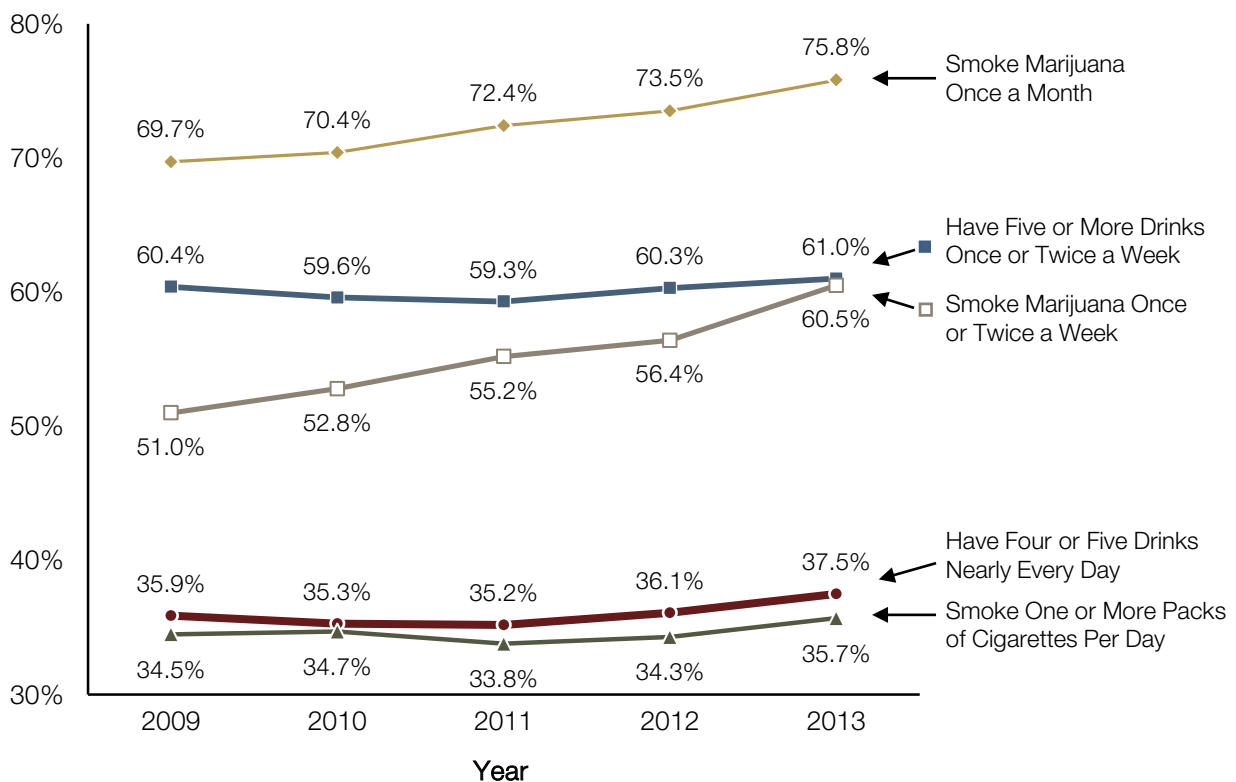
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

YOUTH SUBSTANCE USE RISK PERCEPTIONS



Adolescents Aged 12–17 Who Perceived No Great Risk From the Use of Selected Substances (2009–2013)

In 2013, a majority of U.S. adolescents did not perceive great risk from monthly or weekly marijuana use or from having five or more drinks once or twice a week. Fewer adolescents did not perceive great risk from smoking one or more packs of cigarettes per day or having four or five drinks nearly every day.



The percentage of adolescents who perceived no great risk from monthly or weekly marijuana use increased from 2009 to 2013.

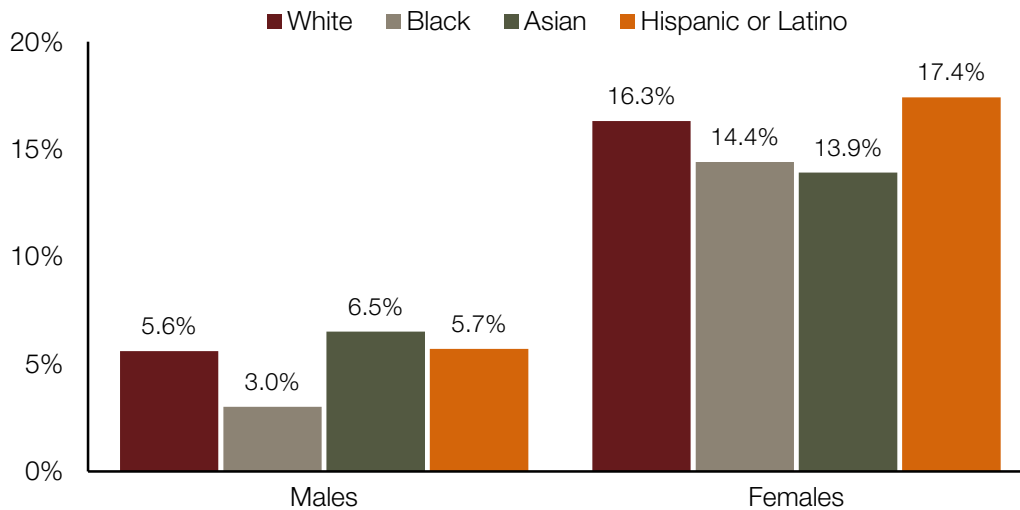
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009 to 2013.

YOUTH MENTAL HEALTH AND TREATMENT

DEPRESSION



Past-Year Major Depressive Episode (MDE) Among Adolescents Aged 12–17, by Race/Ethnicity and Gender (2013)^{5,6}



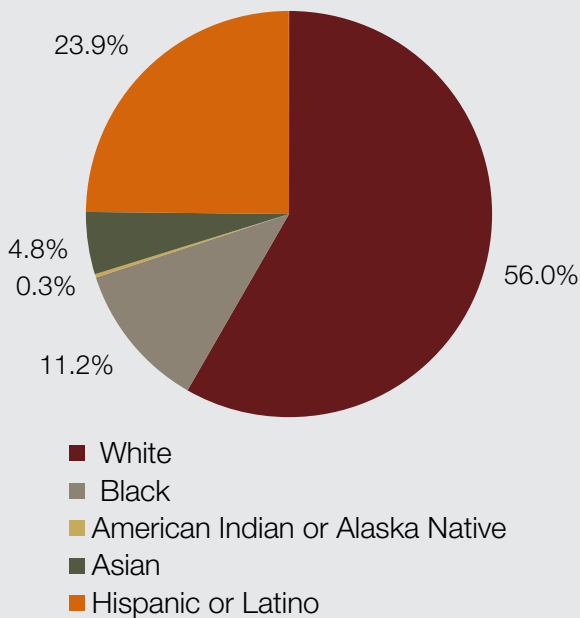
10.7%

In the United States, 10.7% of adolescents aged 12–17 (an estimated 2.6 million adolescents) in 2013 had at least one MDE within the year prior to being surveyed.

The percentage of MDE among U.S. adolescents in 2013 was about 3 times higher among females (16.2%) than among males (5.3%).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

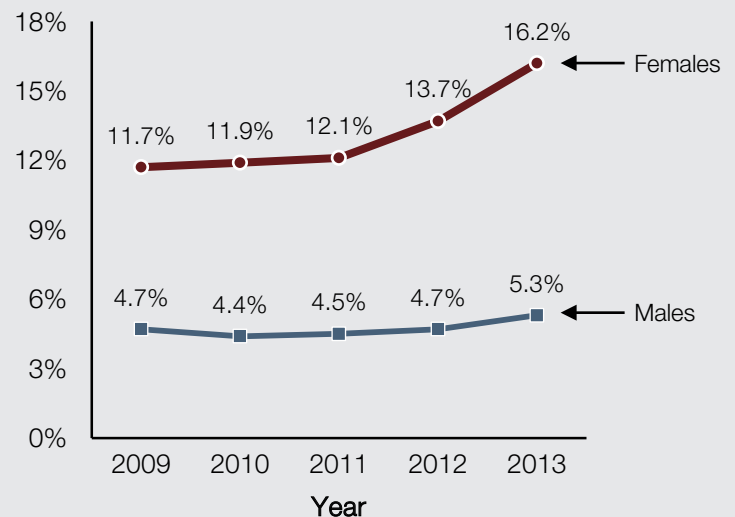
Race/Ethnicity of Adolescents Aged 12–17 With Past-Year Major Depressive Episode (MDE) (2013)^{7,8}



2.6 Million Adolescents With MDE

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Past-Year Major Depressive Episode (MDE) Among Adolescents Aged 12–17, by Gender (2009–2013)⁵



16.2%

The percentage of MDE among female adolescents increased from 11.7% in 2009 to 16.2% in 2013. There was not a significant change for male adolescents in this time.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009 to 2013.

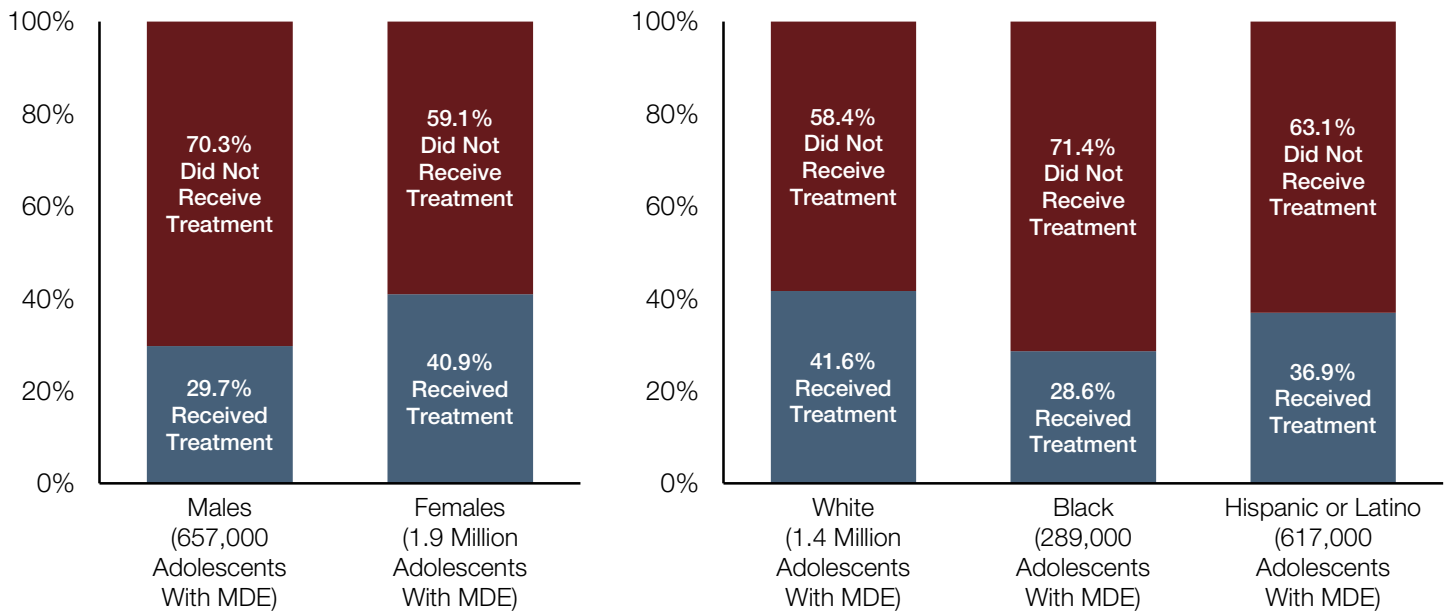
YOUTH MENTAL HEALTH AND TREATMENT

TREATMENT FOR DEPRESSION



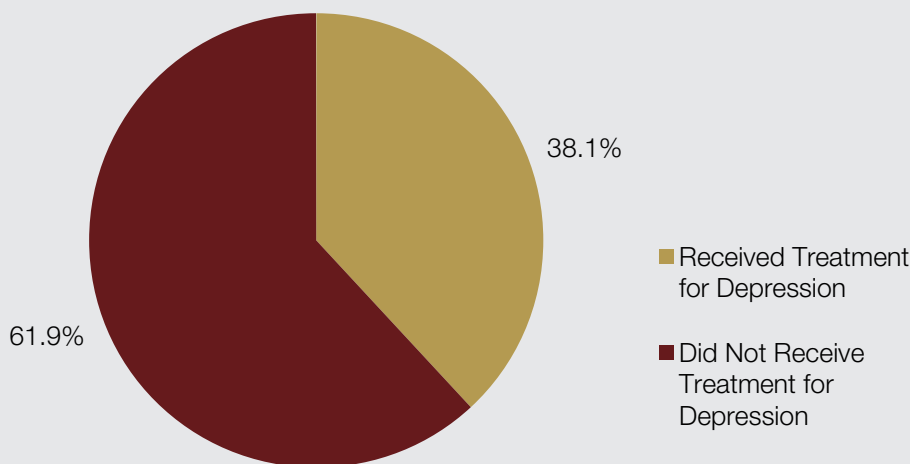
Past-Year Depression Treatment Among Adolescents Aged 12–17 With MDE, by Demographic Characteristics (2013)^{3,9}

In 2013, among U.S. adolescents who reported having an MDE within the year prior to being surveyed, a higher percentage of females (40.9%) than males (29.7%) received treatment for their depression.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Past-Year Depression Treatment Among Adolescents Aged 12–17 With MDE (2013)⁹



2.6 Million Adolescents With MDE

38.1%

In the United States, 38.1% of adolescents aged 12–17 with MDE (an estimated 977,000 adolescents) in 2013 received treatment for depression within the year prior to being surveyed. This percentage has not changed significantly since 2009.

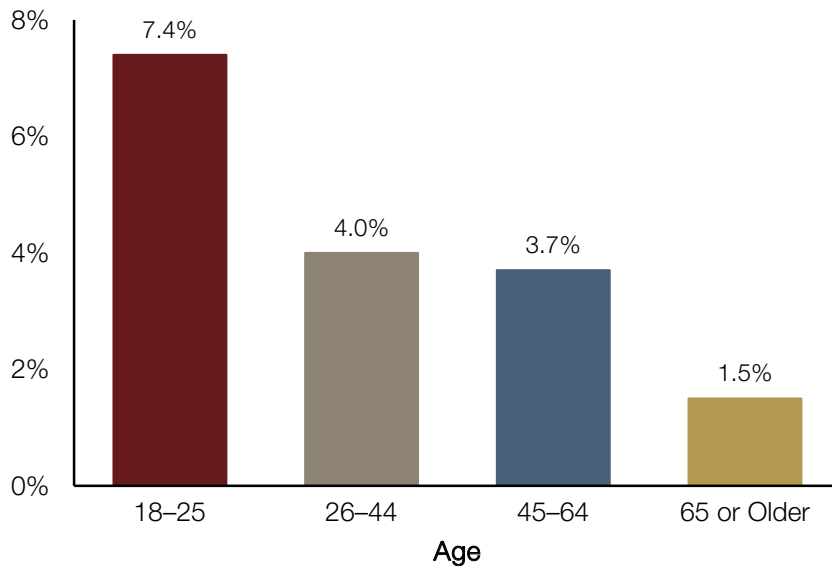
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

ADULT MENTAL HEALTH AND TREATMENT

THOUGHTS OF SUICIDE



Past-Year Serious Thoughts of Suicide Among Adults Aged 18 or Older, by Age (2013)¹⁰

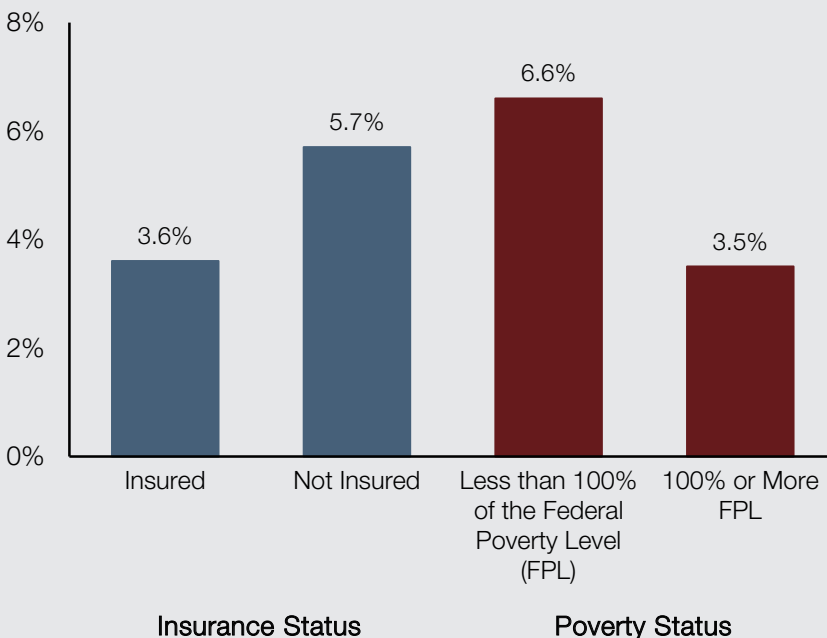


3.9%

In the United States, 3.9% of adults (an estimated 9.3 million individuals) in 2013 reported having serious thoughts of suicide within the year prior to being surveyed.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Past-Year Serious Thoughts of Suicide Among Adults Aged 18 or Older, by Health Insurance Status and Poverty Status (2013)^{10,11}



In 2013, the percentage of adults who had serious thoughts of suicide was higher among those without health insurance and among those living in households whose income was less than 100% of the Federal Poverty Level (FPL). There were no differences in suicidal thoughts between adults who lived in metropolitan areas and those who lived in nonmetropolitan areas.

The percentage of U.S. adults reporting suicidal thoughts did not change significantly from 2009 to 2013.

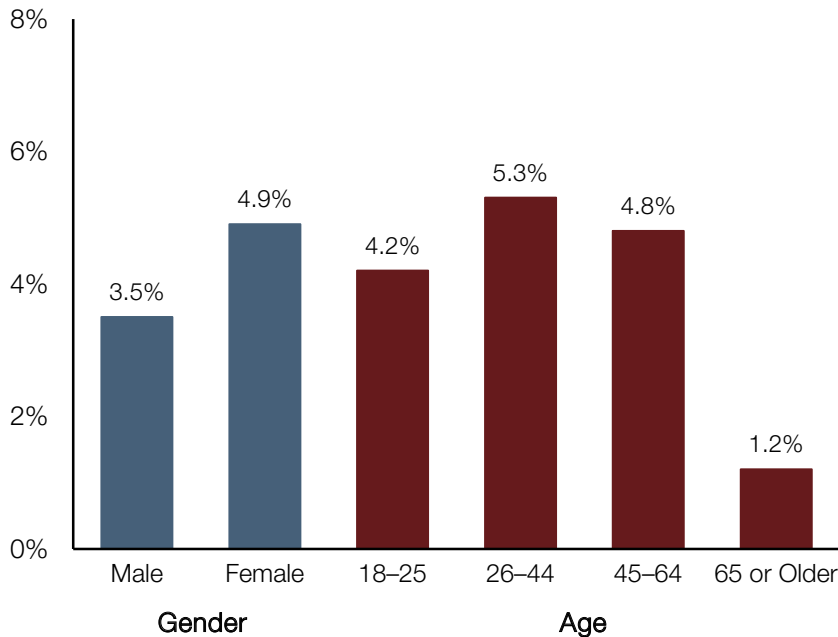
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

ADULT MENTAL HEALTH AND TREATMENT

SERIOUS MENTAL ILLNESS



Past-Year Serious Mental Illness Among Adults Aged 18 or Older, by Gender and Age Group (2013)¹²

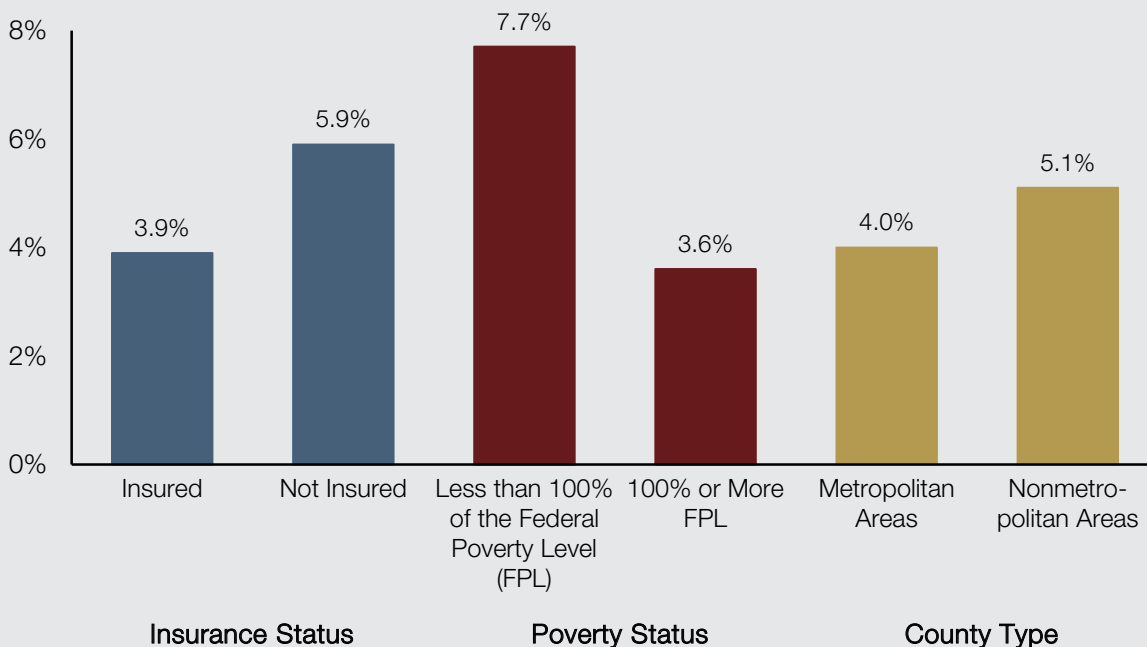


In 2013, 4.2% of U.S. adults (an estimated 10.0 million individuals) reported having serious mental illness (SMI) within the year prior to being surveyed. This was an increase from 3.7% in 2009.

In 2013, adults aged 65 or older had the lowest percentage of SMI among adult age groups, and females had a higher percentage of SMI than males.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Past-Year Serious Mental Illness Among Adults Aged 18 or Older, by Health Insurance Status, Poverty Status, and County Type (2013)¹¹



Among U.S. adults, the percentages of past year SMI were higher among those without health insurance, those living in houses with income that was less than 100% of the FPL, and those living in nonmetropolitan areas.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

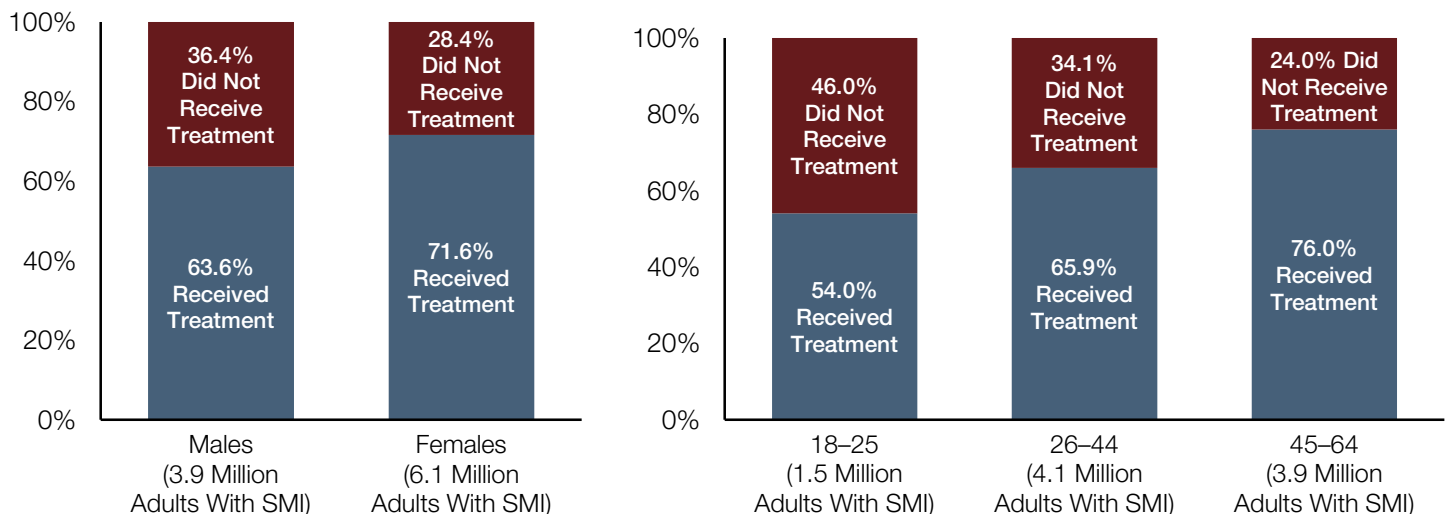
ADULT MENTAL HEALTH AND TREATMENT

TREATMENT FOR SERIOUS MENTAL ILLNESS



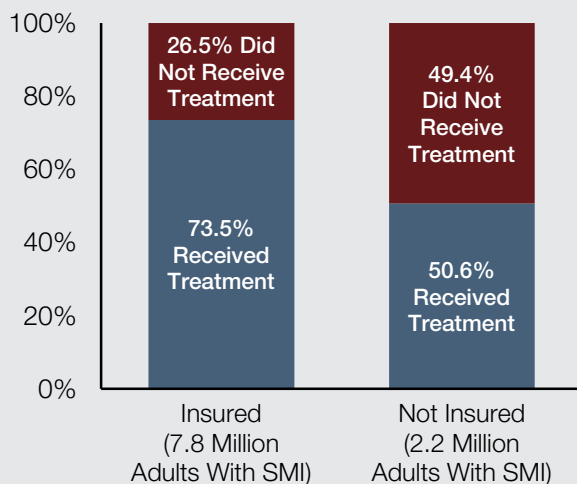
Past-Year Mental Health Treatment/Counseling Among Adults Aged 18 or Older With SMI, by Demographic Characteristics (2013)^{12,13,14}

Among U.S. adults with SMI in 2013, males were less likely to receive mental health treatment than females, and those aged 18–25 were less likely to receive mental health treatment than older age groups.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

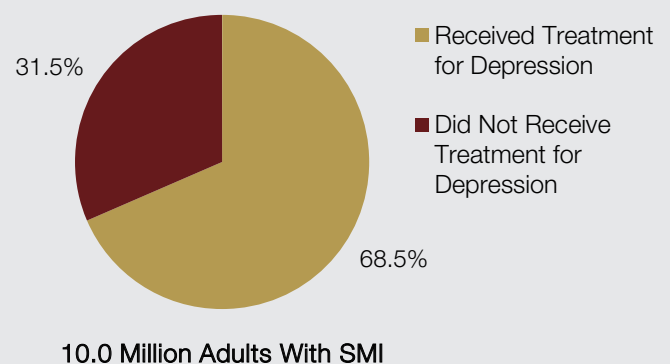
Past-Year Mental Health Treatment/Counseling Among Adults Aged 18 or Older With SMI, by Health Insurance Status (2013)^{12,14}



In the U.S., adults with SMI were less likely to receive mental health treatment if they did not have health insurance.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Past-Year Mental Health Treatment/Counseling Among Adults Aged 18 or Older With SMI (2013)^{12,14}



68.5% In the United States, 68.5% of adults with SMI (an estimated 6.9 million adults) in 2013 received treatment for depression within the year prior to being surveyed. This percentage is higher than the percentage in 2012 (62.9%) but similar to the percentage in 2009 (66.5%).

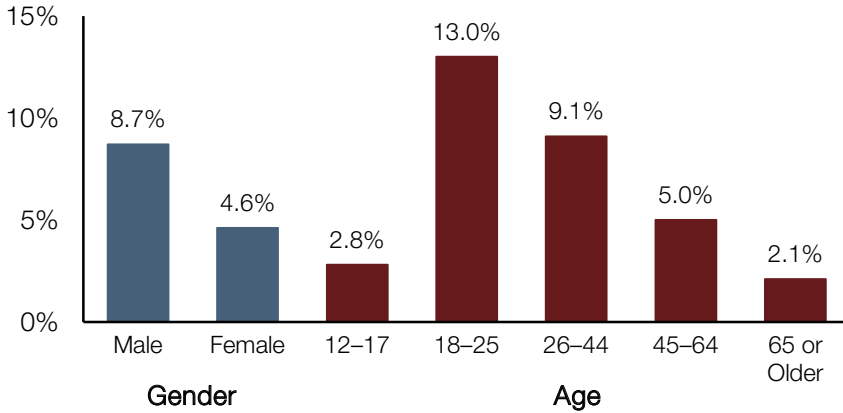
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

SUBSTANCE USE

ALCOHOL DEPENDENCE OR ABUSE



Past-Year Alcohol Dependence or Abuse Among Individuals Aged 12 or Older, by Gender and Age (2013)



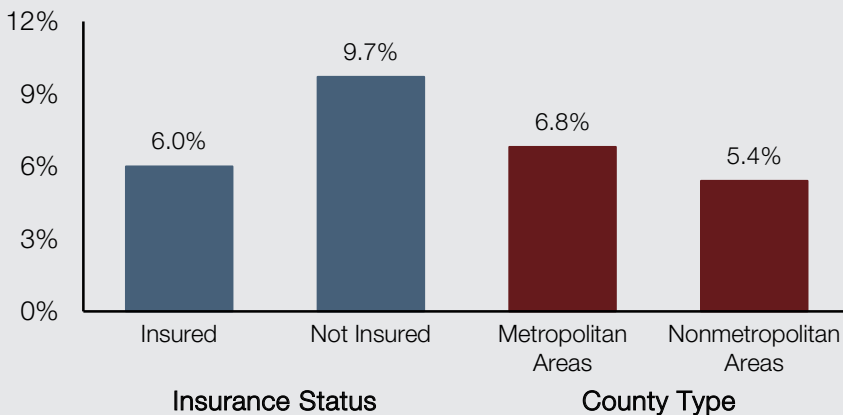
In 2013, young adults aged 18–25 had the highest percentage of alcohol dependence or abuse (13.0%) among individuals aged 12 or older, and the percentage was higher for males (8.7%) than females (4.6%).



In the United States, 6.6% of persons aged 12 or older (an estimated 17.3 million individuals) in 2013 were dependent on or abused alcohol within the year prior to being surveyed.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

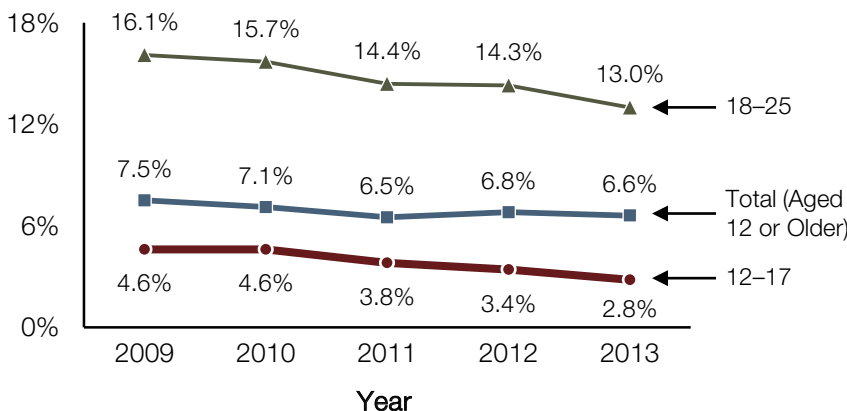
Past-Year Alcohol Dependence or Abuse Among Individuals Aged 12 or Older, by County Type and Health Insurance Status (2013)



In 2013, percentages of alcohol dependence or abuse were higher among those who lived in metropolitan areas and among those without health insurance.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Past-Year Alcohol Dependence or Abuse Among Individuals Aged 12 or Older, by Age (2009–2013)¹⁵



The percentage of alcohol dependence or abuse decreased from 7.5% in 2009 to 6.6% in 2013. This decrease was found for adolescents aged 12–17 and young adults aged 18–25 but not for those in older age groups.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009 to 2013.

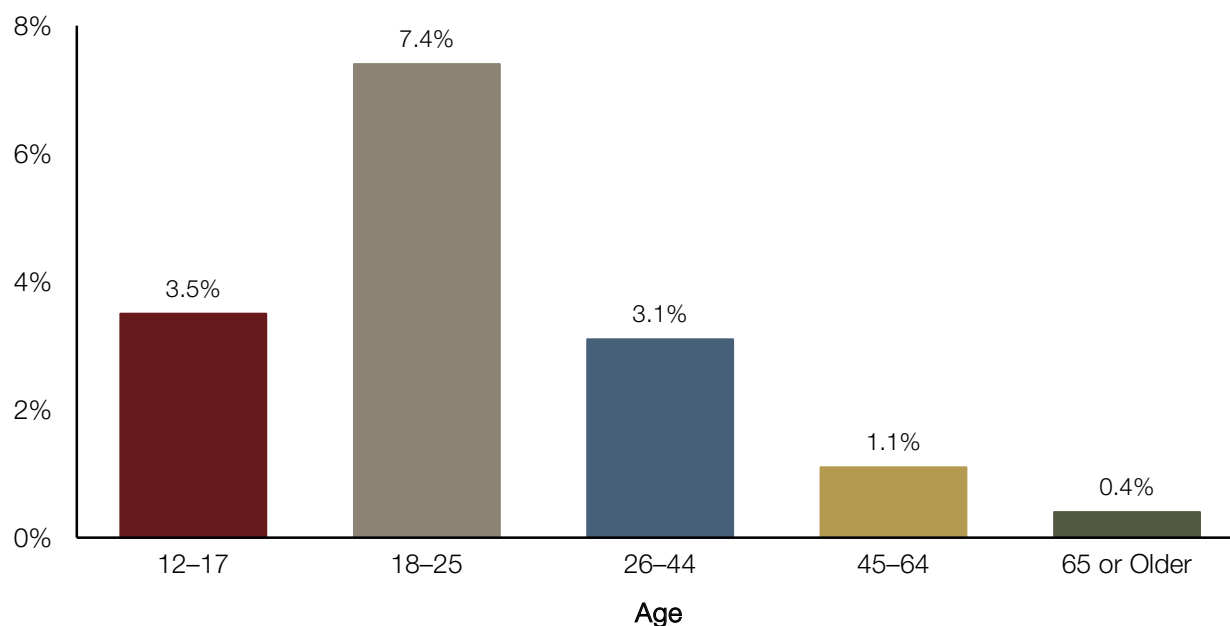
SUBSTANCE USE

ILLCIT DRUG DEPENDENCE OR ABUSE



Past-Year Illicit Drug Dependence or Abuse Among Individuals Aged 12 or Older, by Age (2013)

In 2013, young adults aged 18–25 had the highest percentage of illicit drug dependence or abuse (7.4%) among persons 12 or older.



2.6%

In the United States, 2.6% of individuals aged 12 or older (an estimated 6.9 million individuals) in 2013 were dependent on or abused illicit drugs within the year prior to being surveyed. This percentage has not changed significantly since 2009.

In 2013, illicit drug dependence or abuse was more prevalent among males (3.4%) than among females (1.9%).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

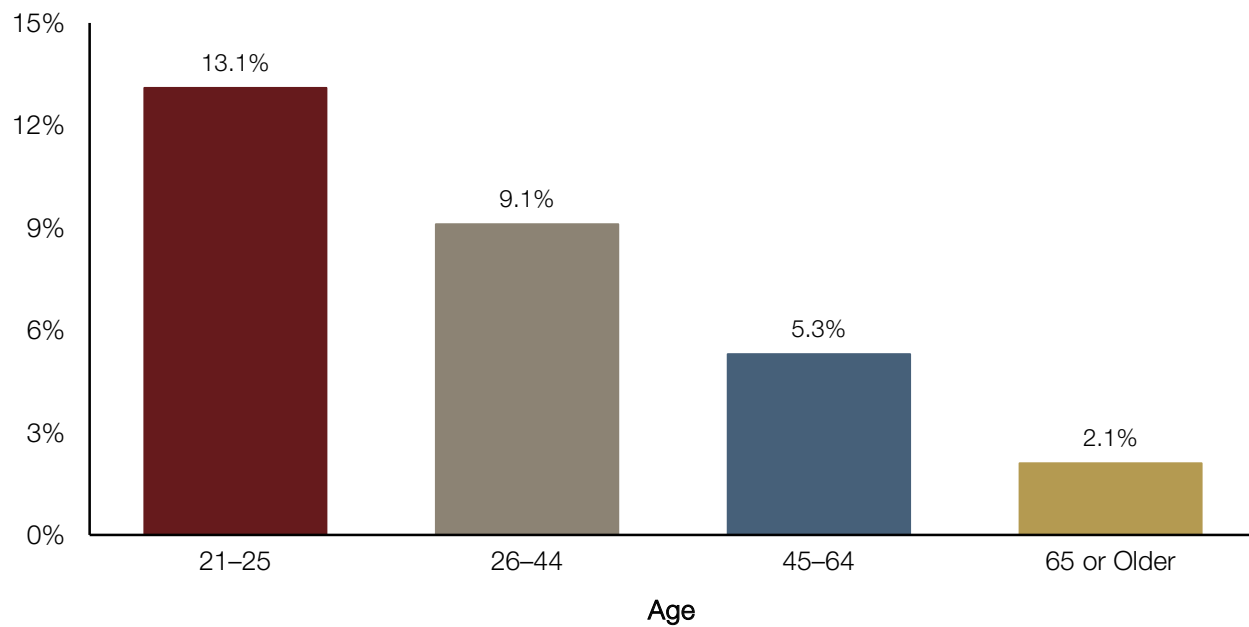
SUBSTANCE USE

HEAVY ALCOHOL USE



Past-Month Heavy Alcohol Use Among Adults Aged 21 or Older, by Age (2013)

In 2013, young adults aged 21–25 had the highest percentage of heavy alcohol use among adults aged 21 or older.



In the United States, 6.7% of persons aged 21 or older (an estimated 15.1 million individuals) in 2013 reported heavy alcohol use within the month prior to being surveyed. This percentage has not changed significantly since 2009.

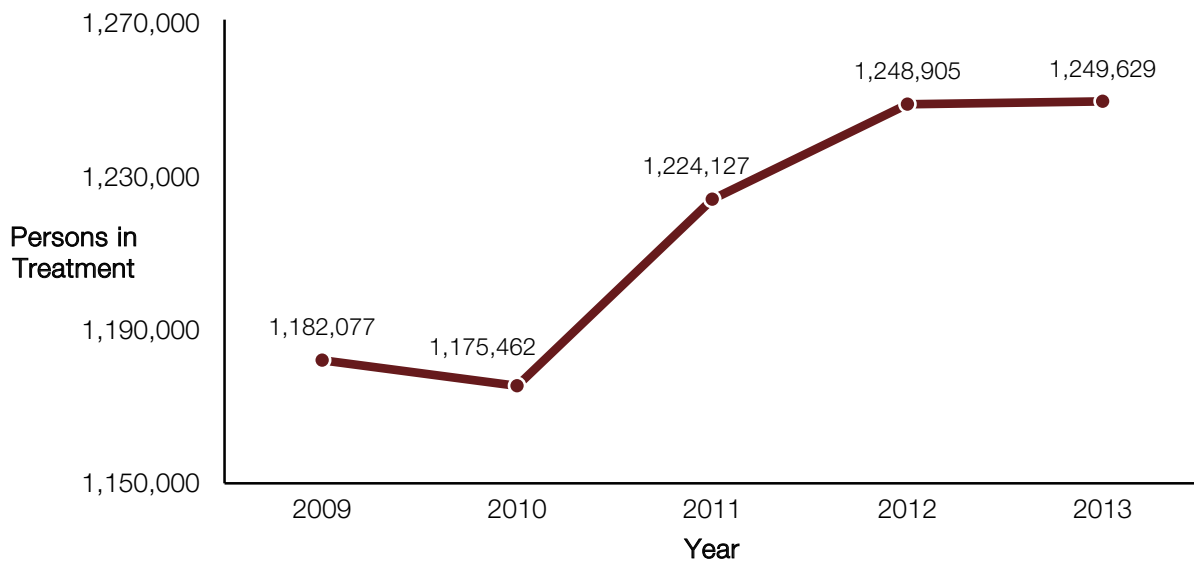
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

SUBSTANCE USE TREATMENT ENROLLMENT AND TREATMENT FOCUS



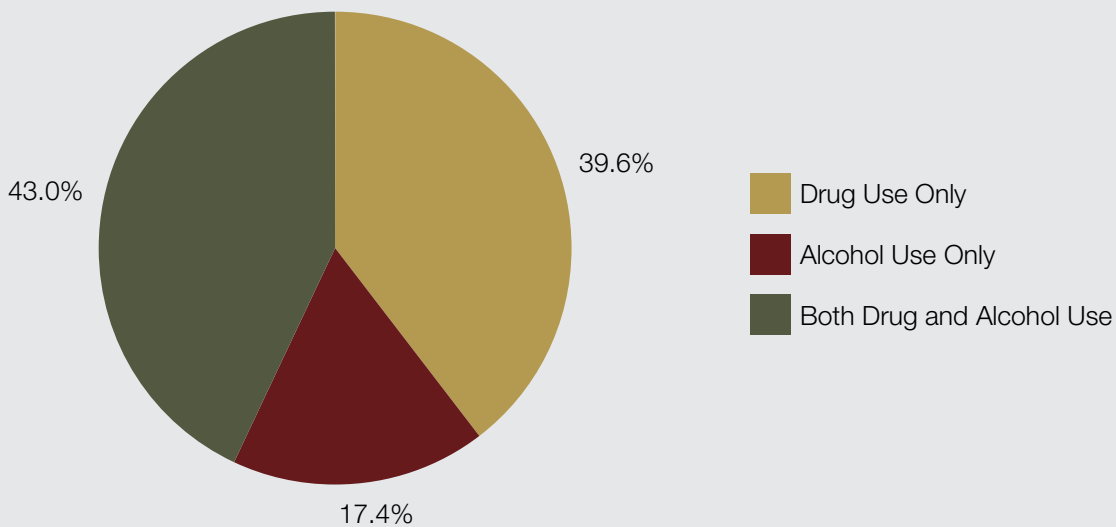
Enrollment in Substance Use Treatment: Single-Day Counts (2009–2013)¹⁶

In 2013, in a single-day count, 1.25 million persons in the United States were enrolled in substance use treatment—an increase from 1.18 million persons in 2009.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey of Substance Abuse Treatment Services, 2009 to 2013.

Substances Used among Persons Enrolled in Substance Use Treatment: Single-Day Count (2013)^{16,17}



1,249,629 People in Substance Use Treatment in a Single-Day Count

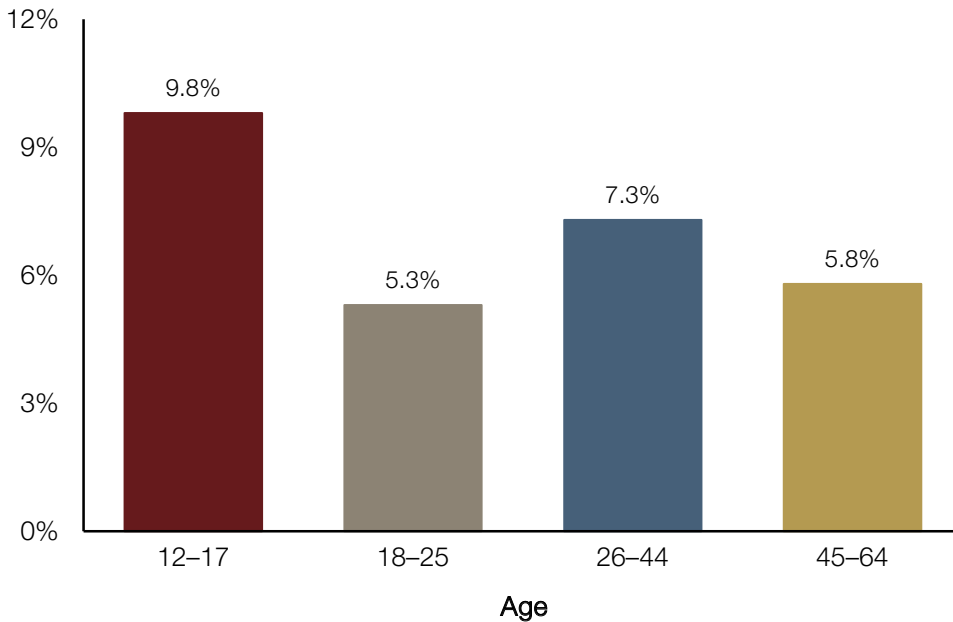
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey of Substance Abuse Treatment Services, 2013.

SUBSTANCE USE TREATMENT

ALCOHOL



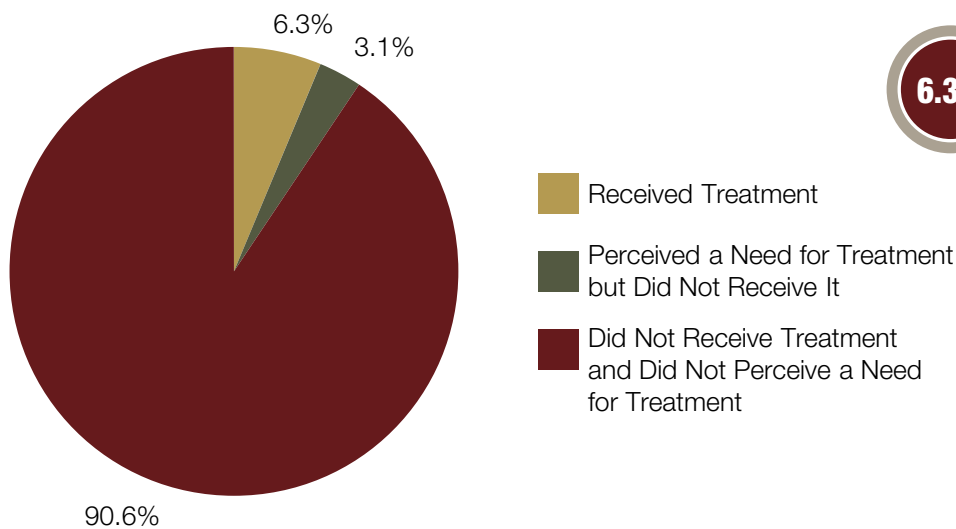
Past-Year Treatment for Alcohol Use Among Individuals Aged 12 or Older With Alcohol Dependence or Abuse, by Age (2013)



In 2013, adolescents aged 12-17 with alcohol dependence or abuse had a higher percentage of treatment for alcohol use than young adults aged 18-25.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Past-Year Treatment for Alcohol Use and Perception of Treatment Need Among Individuals Aged 12 or Older With Alcohol Dependence or Abuse (2013)



6.3%

In the United States, only 6.3% of individuals aged 12 or older with alcohol dependence or abuse (an estimated 1.1 million individuals) in 2013 received treatment for their alcohol use within the year prior to being surveyed. More than 9 out of 10 individuals with alcohol dependence or abuse did not perceive a need for treatment for their alcohol use.

There were not significant differences in the receipt of alcohol treatment by health insurance status, poverty status, or metropolitan versus nonmetropolitan areas.

17.3 Million People Aged 12 or Older With Past-Year Alcohol Dependence or Abuse

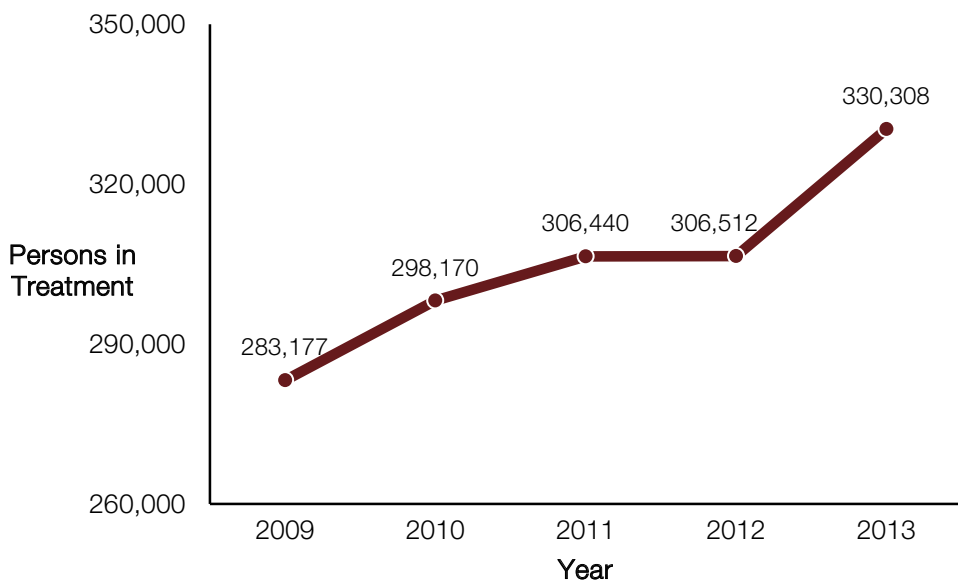
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

SUBSTANCE USE TREATMENT

OPIOIDS (MEDICATION-ASSISTED THERAPY)



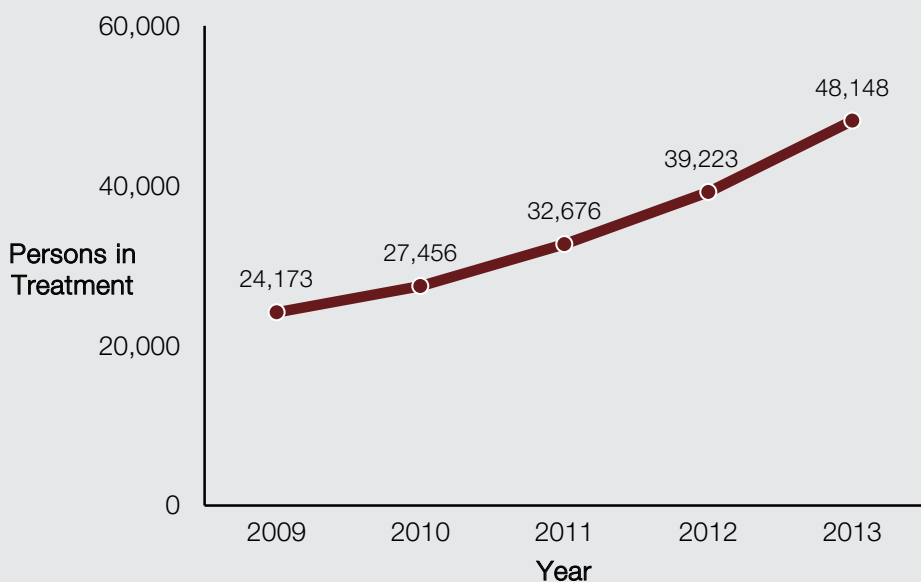
Persons in Substance Use Treatment in Opioid Treatment Programs (OTPs) Receiving Methadone: Single-Day Counts (2009–2013)^{16,18}



From 2009 to 2013, the number of persons in the United States who received methadone in OTPs as part of their substance use treatment increased by about 17%.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey of Substance Abuse Treatment Services, 2009 to 2013.

Persons in Substance Use Treatment Receiving Buprenorphine: Single-Day Counts (2009–2013)^{16,18,19}



100%

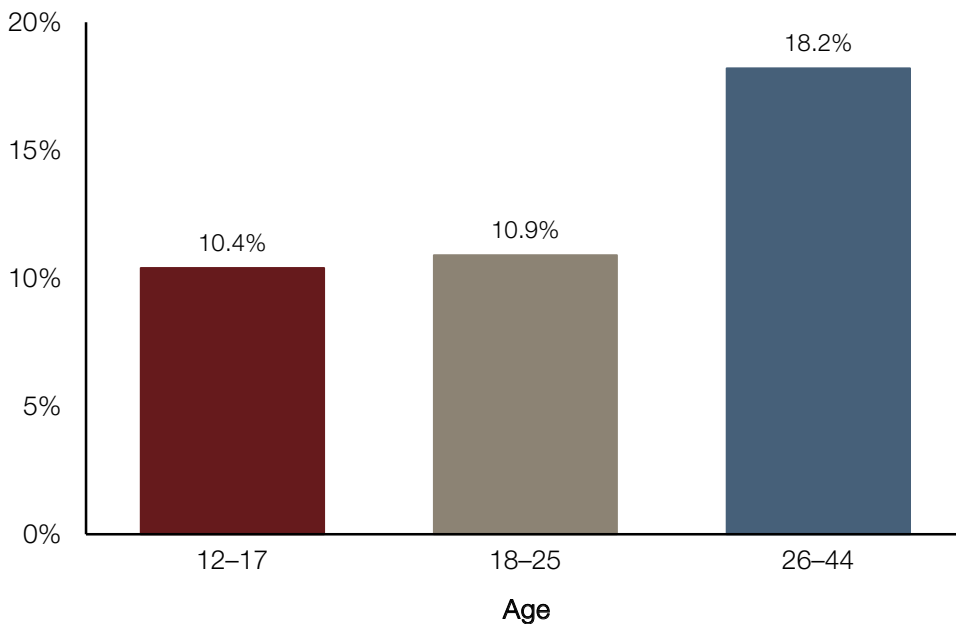
From 2009 to 2013, the number of persons in the United States who received buprenorphine as part of their substance use treatment almost doubled.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey of Substance Abuse Treatment Services, 2009 to 2013.

SUBSTANCE USE TREATMENT ILLICIT DRUGS



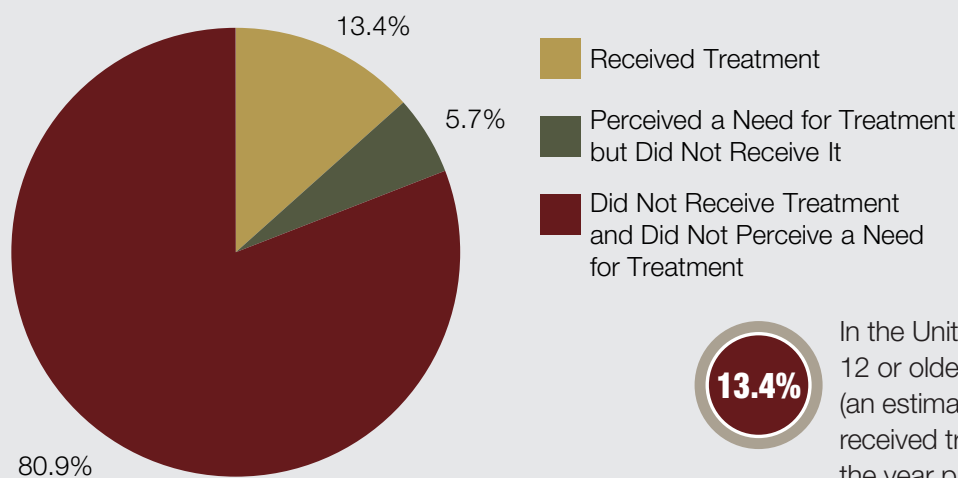
Past-Year Treatment for Illicit Drug Use Among Individuals Aged 12 or Older With Illicit Drug Dependence or Abuse, by Age (2013)²⁰



In 2013, adults aged 26-44 with illicit drug dependence or abuse had a higher percentage of treatment for illicit drug use than adolescents aged 12-17 or young adults aged 18-25.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Past-Year Treatment for Illicit Drug Use and Perception of Treatment Need Among Individuals Aged 12 or Older With Illicit Drug Dependence or Abuse (2013)



There were not significant differences in the receipt of treatment for illicit drug use by health insurance status, poverty status, or metropolitan versus nonmetropolitan areas.

13.4%

In the United States, 13.4% of persons aged 12 or older with illicit drug dependence or abuse (an estimated 917,000 individuals) in 2013 received treatment for their illicit drug use within the year prior to being surveyed. More than 8 out of 10 persons with illicit drug dependence or abuse did not perceive a need for treatment for their illicit drug use.

6.9 Million People Aged 12 or Older With Past-Year Illicit Drug Dependence or Abuse

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

FIGURE NOTES



- ¹ Healthy People 2020 was launched by the U.S. Department of Health and Human Services in 2010 and focuses on the nation’s 10-year goals and objectives for health promotion and disease prevention. Additional information is available at <http://www.healthypeople.gov/>.
- ² Monitoring the Future data are for “narcotics other than heroin.”
- ³ The categories of American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, and Asian were omitted due to low precision of data.
- ⁴ The category of American Indian or Alaska Native was omitted due to low precision of data.
- ⁵ Respondents with unknown past-year major depressive episode (MDE) data were excluded.
- ⁶ The categories of Native Hawaiian or other Pacific Islander and American Indian or Alaska Native were omitted due to low precision of data.
- ⁷ The category of Native Hawaiian or other Pacific Islander was omitted due to low precision of data.
- ⁸ The percentages in this chart do not sum to 100% because of the exclusion of Native Hawaiian or other Pacific Islanders as well as those who reported 2 or more races.
- ⁹ Respondents with unknown past-year MDE and treatment data were excluded.
- ¹⁰ Estimates were based only on responses to suicide items in the NSDUH mental health module. Respondents with unknown suicide information were excluded.
- ¹¹ Estimates based on poverty status are based on a definition of the Federal Poverty Level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau’s poverty thresholds. Respondents aged 18–22 who were living in a college dormitory were excluded.
- ¹² Estimates of serious mental illness (SMI) presented in this publication may differ from estimates in other publications as a result of revisions made to the NSDUH mental illness estimation models in 2013. Other NSDUH mental illness measures presented were not affected. For further information, see *NSDUH Short Report: Revised Estimates of Mental Illness From the National Survey on Drug Use and Health*, which is available on the SAMHSA Web site at <http://www.samhsa.gov/data/population-data-nsduh>.
- ¹³ The category of 65 or older was omitted due to low precision of data.

FIGURE NOTES



- ¹⁴ Respondents were not to include treatment for drug or alcohol use. Respondents with unknown treatment/counseling information were excluded. Estimates were based only on responses to items in the NSDUH Adult Mental Health Service Utilization module.
- ¹⁵ The categories of 26–44, 45–64, and 65 or older were omitted to simplify the presentation.
- ¹⁶ Single-day counts reflect the number of persons who were enrolled in substance use treatment on March 31, 2009; March 31, 2010; March 31, 2011; March 30, 2012; and March 29, 2013.
- ¹⁷ Enrollees whose substances were unknown were excluded.
- ¹⁸ These counts reflect only individuals who were receiving these specific medication-assisted therapies as part of their opioid treatment; they do not include counts of individuals who were receiving other types of treatment for their opioid use on the reference dates.
- ¹⁹ Physicians who obtain specialized training may prescribe buprenorphine. Some physicians are in private, office-based practices; others are affiliated with substance abuse treatment facilities or programs and may prescribe buprenorphine to clients at those facilities. Additionally, opioid treatment programs (OTPs) may also prescribe and/or dispense buprenorphine. The buprenorphine single-day counts include only those clients who received/were prescribed buprenorphine by physicians affiliated with substance abuse treatment facilities or OTPs; they do not include clients from private practice physicians.
- ²⁰ The categories of 45–64 and 65 or older were omitted due to low precision of data.

DEFINITIONS



Any mental illness (AMI) among adults aged 18 or older is defined as currently or at any time in the past year having had a diagnosable mental health, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Adults who had a diagnosable mental health, behavioral, or emotional disorder in the past year, regardless of their level of functional impairment, were defined as having any mental illness.

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

Dependence on or abuse of alcohol or illicit drugs is defined using DSM-IV criteria.

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

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

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

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

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

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

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

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

DEFINITIONS



Number of persons enrolled in substance use treatment refers to the number of clients in treatment at alcohol and drug abuse facilities (both public and private) throughout the 50 States, the District of Columbia, and other U.S. jurisdictions.

Serious mental illness (SMI) is defined as having a diagnosable mental health, behavioral, or emotional disorder, other than a substance use disorder, that met DSM-IV criteria and resulted in serious functional impairment.

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

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