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

Results from the 2024 National Survey on Drug Use and Health

SAMHSA

Substance Abuse and Mental Health Services Administration

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Introduction

Substance use and mental health conditions have significant impacts on individuals, families, communities, and societies.[1,2,3] 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 conditions; 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.

Historically, NSDUH collected data via in-person interviews; however, the 2021 to 2024 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.[4]

This report examines changes in substance use and mental health estimates from 2021 to 2024 for those estimates that can be compared for all 4 years. *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* also show comprehensive estimates related to substance use and mental health for 2023 and 2024 and selected estimates for 2021 to 2024.[5] The *2024 Companion Infographic: Results from the 2021-2024 National Surveys on Drug Use and Health* shows selected estimates from 2021 to 2024.[6] SAMHSA will also produce a series of reports using pooled data from the 2022 to 2024 NSDUHs to examine in greater depth the associations between characteristics of selected population subgroups and substance use and mental health indicators.[7]

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, halfway houses). The survey excludes people with no fixed address (e.g., people who are experiencing homelessness 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 facilities.

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.[8] The 2024 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).[9]

A full sample was available from all 4 quarters in 2024. Screening was completed for 203,743 addresses, and the final sample consisted of 70,241 completed interviews. Based on information from the household screenings, there were 14,013 interviews from adolescents aged 12 to 17 and 56,228 interviews from adults aged 18 or older.[10] Overall, 39.8 percent of interviews were completed via the web, and 60.2 percent were completed in person. Weighted response rates for household screening and for interviewing were 21.9 and 51.5 percent, respectively, for an overall response rate of 11.3 percent for people aged 12 or older. The weighted interview response rates were 45.3 percent for adolescents and 52.2 percent for adults.[11,12]

Further information about the 2024 NSDUH design and methods can be found in the *2024 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* report.[12]

Data Presentation and Interpretation

This report focuses on substance use and mental health indicators in the United States based on NSDUH data from 2021 to 2024. All estimates (e.g., percentages and numbers) presented in the report are derived from survey data that are subject to sampling errors and have met the criteria for statistical precision.[13] In addition, the analysis weights for 2021 were adjusted to allow estimates for 2021 to be compared with those in later survey years.[8] Consequently, estimates for 2021 in this report may differ from previously published estimates.

Estimates of substance use, substance use disorders, and related treatment are presented for people aged 12 or older, including adolescents and adults.[14] However, estimates of mental health conditions 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 2024 were asked the same questions about treatment for mental health conditions, estimates are also presented separately for adolescents and adults because estimates are available specifically for treatment among adults with AMI or SMI.

Appendix A contains tables of estimates by age group. Because some estimates in these appendix tables may not be found in the 2024 NSDUH Detailed Tables, the appendix tables include standard errors for the associated estimates.[15]

Statistical tests were conducted for comparisons discussed in this report according to procedures described in the 2024 Methodological Summary and Definitions report.[16] Based on results of linear tests of trends involving 4 years of data, the report summarizes whether an outcome of interest showed a statistically significant change from 2021 through 2024. Linear trend testing indicates whether estimates have decreased, increased, or showed no change over the period of interest. Statistically significant differences are described using terms such as "higher," "lower," "more likely," "less likely," "increased," "decreased," or "declined." Statements use terms such as "similar," "did not change," or "showed no change" when a difference was not statistically significant. When estimates are presented without reference to differences across years or groups, statistical significance is not implied.

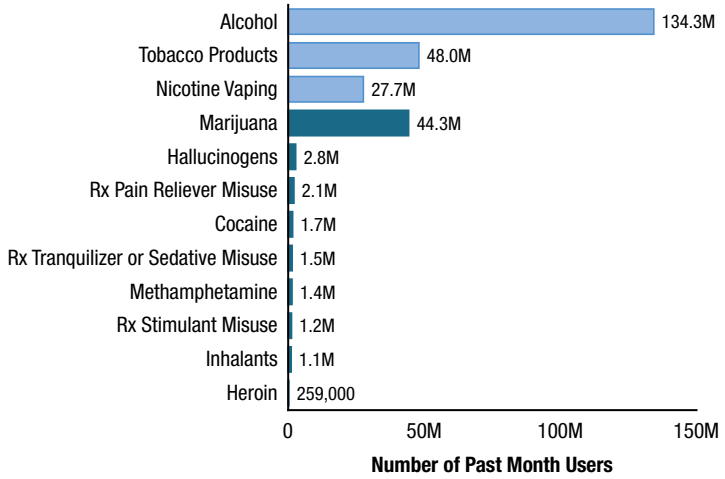
General Substance Use in the Past Month

This section provides an overview of estimates according to whether respondents aged 12 or older reported using nicotine products (i.e., tobacco products or vaping nicotine with e-cigarettes or other vaping devices), 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, including prescription drug misuse, is provided in other sections of this report.[15]

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 or hard seltzer, a glass of wine or a wine cooler, a shot of liquor, or a 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 2024, 58.3 percent (or 168.0 million people) used tobacco, vaped nicotine, used alcohol, or used an illicit drug in the past month; 46.6 percent (or 134.3 million people) drank alcohol in the past month; 16.7 percent (or 48.0 million people) used a tobacco product in the past month; 9.6 percent (or 27.7 million people) vaped nicotine in the past month; and 16.7 percent (or 48.2 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; 2024



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

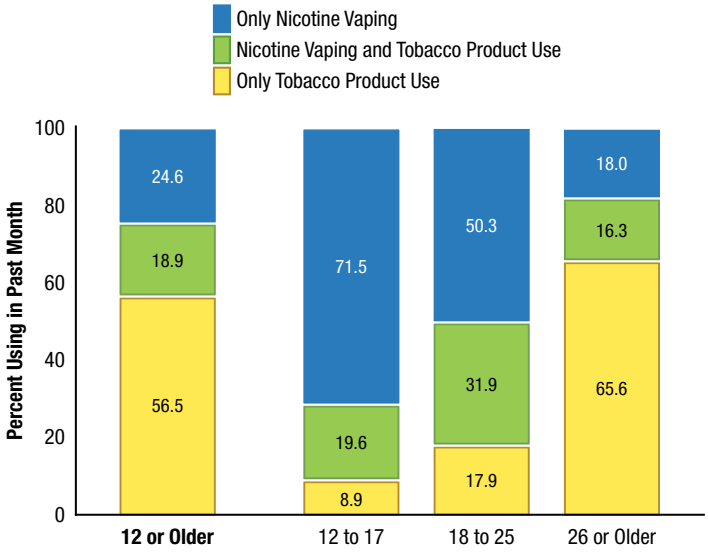
As noted in the section on General Substance Use in the Past Month, past month tobacco use in NSDUH includes any use of these tobacco products: cigarettes, smokeless tobacco (such as snuff, dip, chewing tobacco, or snus), cigars, and pipe tobacco. Past month nicotine vaping refers to the use of an e-cigarette or other vaping device to vape nicotine. Aggregate estimates for past month tobacco use 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 2024 may be compared with those from the 2022 and 2023 NSDUHs. However, because the nicotine vaping questions were modified for 2022, estimates from 2022 to 2024 should not be compared with estimates from 2021.[17]

Among people aged 12 or older in 2024, 22.1 percent (or 63.7 million people) used tobacco products or vaped nicotine in the past month (Figure 2 and Table A.1B). Among people aged 12 or older who used nicotine products in the past month, 56.5 percent used only tobacco products, and 24.6 percent only vaped nicotine products (Figure 3 and Table A.2B). An estimated 71.5 percent of adolescents aged 12 to 17 who used nicotine products in the past month only vaped nicotine products, as did 50.3 percent of young adults aged 18 to 25 and 18.0 percent of adults aged 26 or older who used nicotine products in the past month. Among adults aged 26 or older who used nicotine products in the past month, 65.6 percent used only tobacco products. Corresponding percentages for the use of only tobacco products were 17.9 percent of young adults and 8.9 percent of adolescents who used nicotine products in the past month.

Tobacco Product Use

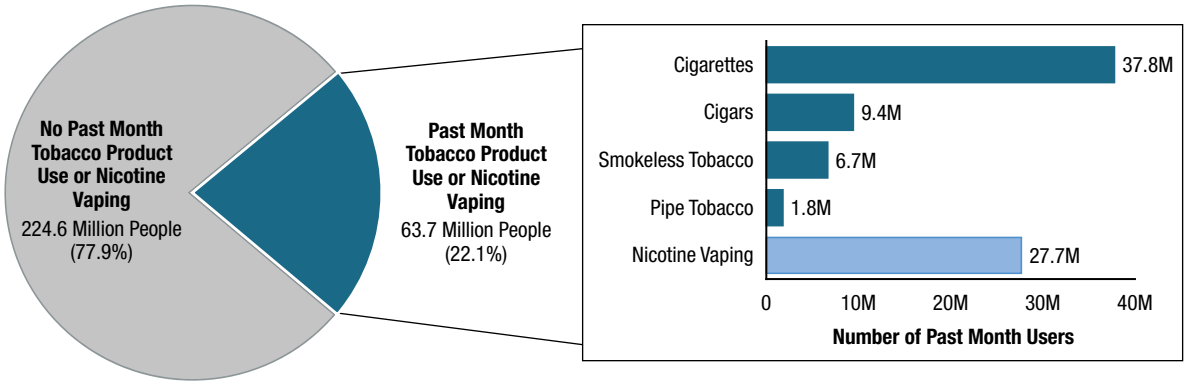
Among people aged 12 or older, the percentage who used tobacco products in the past month declined from 20.1 percent (or 56.2 million people) in 2021 to 16.7 percent (or 48.0 million people) in 2024 (Figure 4 and Table A.3B). Percentages also declined from 2021 to 2024 for people in each age group (Tables A.4B to A.6B). For example, the

Figure 3. Type of Past Month Tobacco Product Use or Nicotine Vaping: Among Past Month Nicotine Product Users Aged 12 or Older; 2024



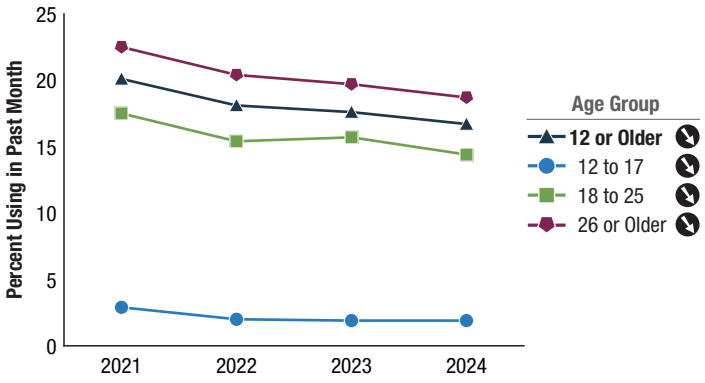
Note: The percentages may not add to 100 percent due to rounding.

Figure 2. Past Month Tobacco Product Use or Nicotine Vaping: Among People Aged 12 or Older; 2024



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.

Figure 4. Past Month Tobacco Product Use: Among People Aged 12 or Older; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 4 Table. Past Month Tobacco Product Use: Among People Aged 12 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
12 or Older	20.1	18.1	17.6	16.7	**Decreased**
12 to 17	2.9	2.0	1.9	1.9	**Decreased**
18 to 25	17.5	15.4	15.7	14.4	**Decreased**
26 or Older	22.5	20.4	19.7	18.7	**Decreased**

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

percentage of adults aged 26 or older who used tobacco products in the past month declined from 22.5 percent (or 49.6 million people) in 2021 to 18.7 percent (or 42.5 million people) in 2024.

In 2024, of the 48.0 million current (i.e., past month) tobacco users aged 12 or older (Figure 1), the majority were current cigarette smokers (37.8 million people; Figure 2). This pattern matches historical usage patterns.[18,19] Additionally, 9.4 million people aged 12 or older were current cigar smokers, 6.7 million people were current smokeless tobacco users, and 1.8 million people were current pipe tobacco smokers. Among people aged 12 or older in 2024 who used any tobacco product in the past month (regardless of whether they vaped nicotine), the following percentages of people used different types of tobacco products:

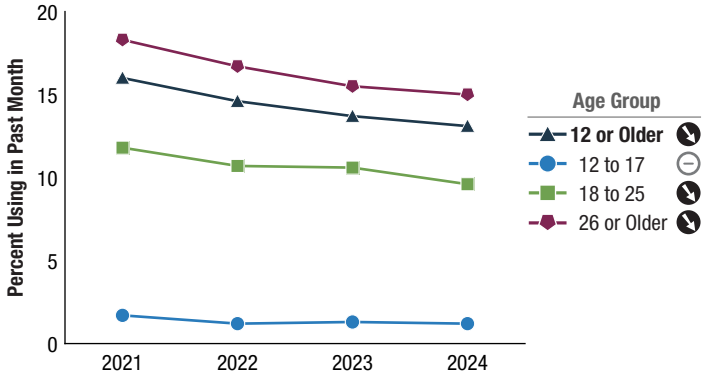
- 66.1 percent smoked cigarettes but did not use other tobacco products,
- 12.5 percent smoked cigarettes and used some other type of tobacco product, and
- 21.3 percent used only noncigarette tobacco products (i.e., other tobacco products but not cigarettes) (Table A.7B).

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, the percentage who smoked cigarettes in the past month declined from 16.0 percent (or 44.8 million people) in 2021 to 13.1 percent (or 37.8 million people) in 2024 (Figure 5 and Table A.3B). Among young adults aged 18 to 25 and adults aged 26 or older, the percentages who smoked cigarettes in the past month also declined from 2021 to 2024 (Tables A.5B and A.6B). For example, the percentage of adults aged 26 or older who smoked cigarettes in the past month declined from 18.3 percent (or 40.4 million people) in 2021 to 15.0 percent (or 34.1 million people) in 2024. Among adolescents aged 12 to 17, the percentage who smoked cigarettes in the past month showed no change between 2021 and 2024. In 2024, 1.2 percent of adolescents (or 320,000 people) smoked cigarettes in the past month (Table A.4B).

Figure 5. Past Month Cigarette Use: Among People Aged 12 or Older; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 5 Table. Past Month Cigarette Use: Among People Aged 12 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
12 or Older	16.0	14.6	13.7	13.1	**Decreased**
12 to 17	1.7	1.2	1.3	1.2	No Change
18 to 25	11.8	10.7	10.6	9.6	**Decreased**
26 or Older	18.3	16.7	15.5	15.0	**Decreased**

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Daily Cigarette Use

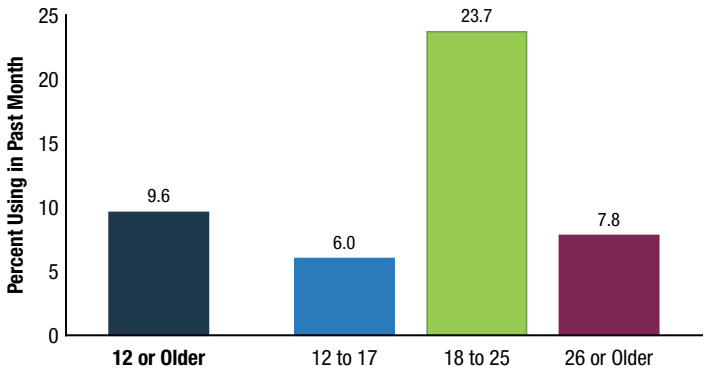
Among the 37.8 million current cigarette smokers aged 12 or older in 2024 (see the section on Cigarette Use), 22.3 million people (or 59.0 percent) were daily cigarette smokers (Table A.1B). An estimated 3.8 percent of current cigarette smokers aged 12 to 17 (or 12,000 people) were daily smokers. About one fifth of current cigarette smokers aged 18 to 25 (19.5 percent or 655,000 people) and about three fifths of current cigarette smokers aged 26 or older (63.3 percent or 21.6 million people) were daily smokers.

The percentage of current daily cigarette smokers aged 12 or older who smoked one or more packs of cigarettes per day declined from 42.4 percent (or 11.6 million people) in 2021 to 37.7 percent (or 8.4 million people) in 2024 (Table A.3B). The percentage among young adults aged 18 to 25 showed no change between 2021 and 2024 (16.8 percent or 110,000 people in 2024) (Table A.5B). The percentage among adults aged 26 or older declined from 43.3 percent (or 11.4 million people) in 2021 to 38.4 percent (or 8.3 million people) in 2024 (Table A.6B). The estimates in 2021 to 2024 for smoking one or more packs of cigarettes per day in the past month among current daily smokers aged 12 to 17 could not be calculated with sufficient precision (Table A.4B).[13]

Nicotine Vaping

In 2024, 27.7 million people aged 12 or older (or 9.6 percent) used an e-cigarette or other vaping device to vape nicotine in the past month (Figures 2 and 6 and Table A.1B). Percentages of people who vaped nicotine ranged from 6.0 percent of adolescents aged 12 to 17 (or 1.6 million people) to 23.7 percent of young adults aged 18 to 25 (or 8.3 million people). An estimated 7.8 percent of adults aged 26 or older (or 17.8 million people) vaped nicotine in the past month.

Figure 6. Past Month Nicotine Vaping: Among People Aged 12 or Older; 2024



Underage Tobacco Use or Nicotine Vaping

Among people aged 12 to 20 in 2024, 11.7 percent (or 4.5 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, 10.4 percent (or 4.0 million people) vaped nicotine, and 4.3 percent (or 1.7 million people) used tobacco products, including 3.0 percent (or 1.2 million people) who smoked cigarettes in the past month.

Alcohol Use in the Past Month

As noted in the section on General Substance Use in the Past Month, NSDUH asked respondents aged 12 or older about their alcohol use in the 30 days before the interview. In addition to asking about any alcohol use, NSDUH collected information on past month binge alcohol use and heavy alcohol use. Binge drinking for males was defined as drinking five or more drinks[20] 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.[21] 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.

Among the 134.3 million current alcohol users aged 12 or older in 2024, 57.9 million people (or 43.1 percent) were past month binge drinkers (Figure 7). Among past month binge drinkers, 14.5 million people were past month heavy drinkers. The 14.5 million heavy drinkers represent 25.1 percent of current binge drinkers and 10.8 percent of current alcohol users.[22]

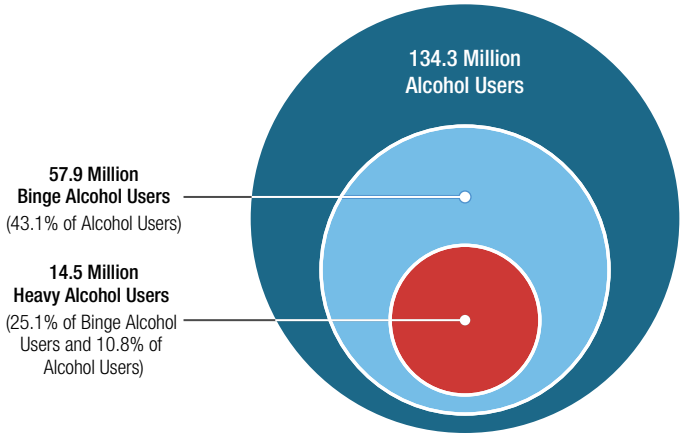
Any Alcohol Use

Among people aged 12 or older, the percentage who used alcohol in the past month showed no change from 2021 to 2024 (Figure 8 and Table A.3B). In 2024, 46.6 percent of people aged 12 or older (or 134.3 million people) used alcohol in the past month. Percentages also showed no change from 2021 to 2024 for adolescents aged 12 to 17 and adults aged 26 or older (Tables A.4B and A.6B). In 2024, 6.6 percent of adolescents (or 1.7 million people) used alcohol in the past month. Among young adults aged 18 to 25, the percentage who used alcohol in the past month declined from 50.9 percent (or 17.0 million people) in 2021 to 47.5 percent (or 16.6 million people) in 2024 (Table A.5B).

Binge Alcohol Use

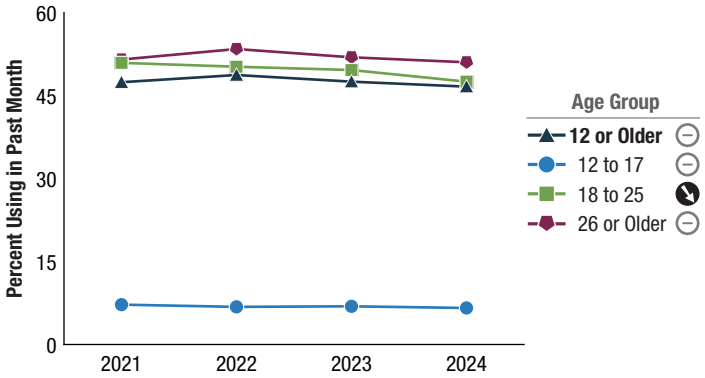
Among people aged 12 or older, the percentage who engaged in binge drinking in the past month declined from 21.7 percent (or 60.6 million people) in 2021 to 20.1 percent (or 57.9 million people) in 2024 (Figure 9 and Table A.3B). Percentages also declined from 2021 to 2024 among young adults aged 18 to 25 and adults aged 26 or older (Tables A.5B and A.6B). For example, the percentage of young adults who engaged in binge drinking declined from 30.0 percent (or 10.0 million people) in 2021 to 26.7 percent (or 9.3 million people) in 2024. Among adolescents aged 12 to 17, the percentage who engaged in binge drinking in the past month showed no change from 2021 to 2024. In 2024, 3.5 percent of adolescents (or 900,000 people) engaged in binge drinking in the past month (Table A.4B).

Figure 7. Alcohol Use, Binge Alcohol Use, or Heavy Alcohol Use in the Past Month: Among People Aged 12 or Older; 2024



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.

Figure 8. Past Month Alcohol Use: Among People Aged 12 or Older; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 8 Table. Past Month Alcohol Use: Among People Aged 12 or Older; Percentages, 2021-2024

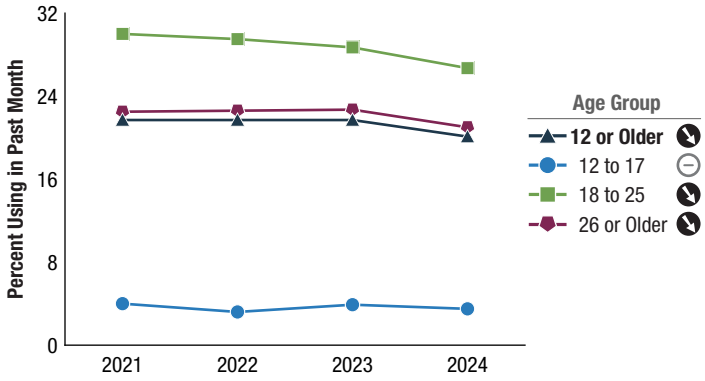
Age Group	2021	2022	2023	2024	Trend
12 or Older	47.4	48.7	47.5	46.6	No Change
12 to 17	7.2	6.8	6.9	6.6	No Change
18 to 25	50.9	50.2	49.6	47.5	**Decreased**
26 or Older	51.5	53.4	51.9	51.0	No Change

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Heavy Alcohol Use

Among people aged 12 or older, the percentage who were heavy alcohol users in the past month declined from 5.7 percent (or 16.1 million people) in 2021 to 5.0 percent (or 14.5 million people) in 2024 (Figure 10 and Table A.3B). Percentages also declined from 2021 to 2024 among young adults aged 18 to 25 and adults aged 26 or older (Tables A.5B and A.6B). For example, the percentage of young adults who were heavy alcohol users declined from

Figure 9. Past Month Binge Alcohol Use: Among People Aged 12 or Older; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

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 9 Table. Past Month Binge Alcohol Use: Among People Aged 12 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
12 or Older	21.7	21.7	21.7	20.1	**Decreased**
12 to 17	4.0	3.2	3.9	3.5	No Change
18 to 25	30.0	29.5	28.7	26.7	**Decreased**
26 or Older	22.5	22.6	22.7	21.0	**Decreased**

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

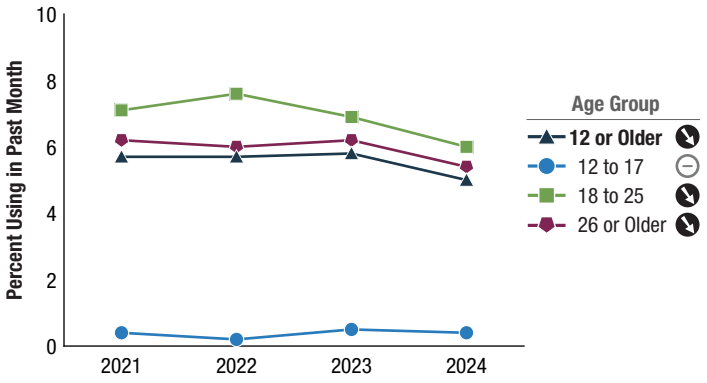
Note: Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion on at least 1 day in the past 30 days.

7.1 percent (or 2.4 million people) in 2021 to 6.0 percent (or 2.1 million people) in 2024. Among adolescents aged 12 to 17, the percentage who were heavy alcohol users in the past month showed no change from 2021 to 2024. In 2024, 0.4 percent of adolescents (or 98,000 people) were heavy alcohol users in the past month (Table A.4B).

Underage Alcohol Use

The percentage of people aged 12 to 20 who used alcohol in the past month declined from 15.6 percent (or 6.1 million people) in 2021 to 13.3 percent (or 5.1 million people) in 2024 (Figure 11 and Table A.8B). However, percentages for binge and heavy alcohol use in the past month among underage people showed no change from 2021 to 2024. In 2024, 7.6 percent of underage people (or 2.9 million people) engaged in binge drinking in the past month, and 1.5 percent (or 576,000 people) were heavy alcohol users in that period.

Figure 10. Past Month Heavy Alcohol Use: Among People Aged 12 or Older; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Note: Heavy Alcohol Use is defined as binge drinking on the same occasion on 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users. (Binge 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.)

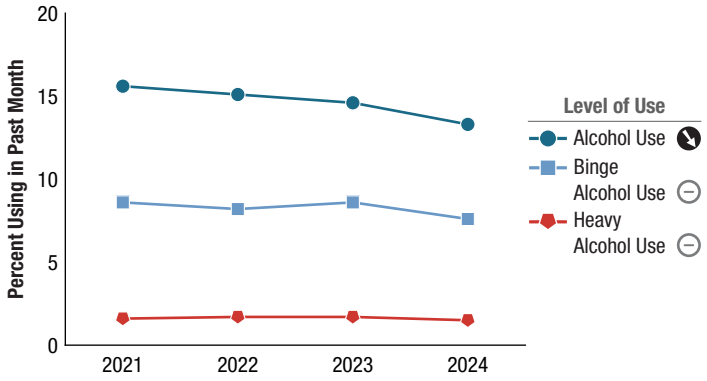
Figure 10 Table. Past Month Heavy Alcohol Use: Among People Aged 12 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
12 or Older	5.7	5.7	5.8	5.0	**Decreased**
12 to 17	0.4	0.2	0.5	0.4	No Change
18 to 25	7.1	7.6	6.9	6.0	**Decreased**
26 or Older	6.2	6.0	6.2	5.4	**Decreased**

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Note: Heavy Alcohol Use is defined as binge drinking on the same occasion on 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users. (Binge 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 11. Underage Alcohol Use, Binge Alcohol Use, or Heavy Alcohol Use in the Past Month: Among People Aged 12 to 20; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

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.

Figure 11 Table. Underage Alcohol Use, Binge Alcohol Use, or Heavy Alcohol Use in the Past Month: Among People Aged 12 to 20; Percentages, 2021-2024

Level of Use	2021	2022	2023	2024	Trend
Alcohol Use	15.6	15.1	14.6	13.3	**Decreased**
Binge Alcohol Use	8.6	8.2	8.6	7.6	No Change
Heavy Alcohol Use	1.6	1.7	1.7	1.5	No Change

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

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.

Marijuana Use and Marijuana Vaping in the Past Month

The NSDUH questionnaires from 2022 to 2024 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. These NSDUH questionnaires 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 2024 Detailed Tables.[23]

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.

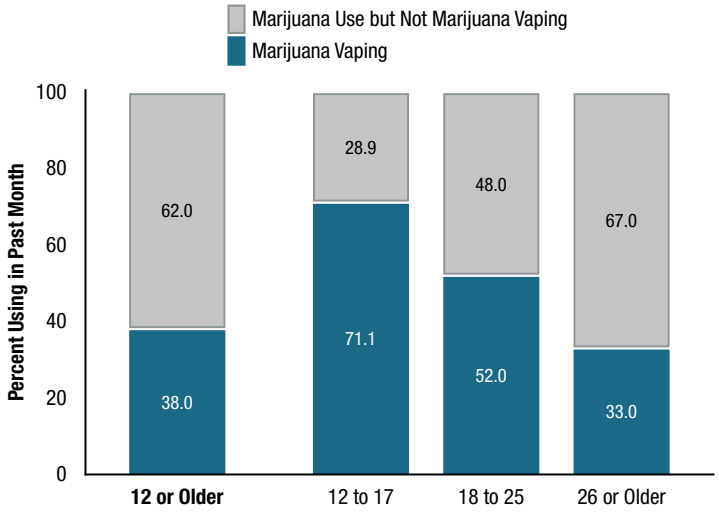
Among people aged 12 or older, the percentage who used marijuana in the past month increased from 13.2 percent (or 37.0 million people) in 2021 to 15.4 percent (or 44.3 million people) in 2024 (Table A.3B). The percentage also increased among adults aged 26 or older, from 12.3 percent (or 27.1 million people) in 2021 to 15.1 percent (or 34.3 million people) in 2024 (Table A.6B). However, percentages showed no change from 2021 to 2024 for adolescents aged 12 to 17 and young adults aged 18 to 25 (Tables A.4B and A.5B). In 2024, about 1 in 20 adolescents (6.0 percent or 1.6 million people) and about 1 in 4 young adults (24.1 percent or 8.4 million people) used marijuana in the past month.

About two fifths of current marijuana users aged 12 or older in 2024 (38.0 percent) vaped marijuana in the past month (Figure 12 and Table A.9B). Percentages for marijuana vaping in the past month among current marijuana users ranged from about one third of adults aged 26 or older (33.0 percent) to about three fourths of adolescents aged 12 to 17 (71.1 percent). About half of young adults aged 18 to 25 who used marijuana in the past month (52.0 percent) vaped it.

Underage Marijuana Use

The percentage of underage people aged 12 to 20 who used marijuana in the past month showed no change from 2021 to 2024. In 2024, 10.5 percent of underage people (or 4.0 million people) used marijuana in the past month (Table A.8B), and 6.6 percent (or 2.5 million people) vaped marijuana in that period (Table A.1B).

Figure 12. Type of Past Month Marijuana Use: Among Past Month Marijuana Users Aged 12 or Older; 2024



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),[24] or pain relievers (see the section on the Misuse of Prescription Psychotherapeutic Drugs for the definition of "misuse"). Misuse of prescription pain relievers includes the misuse of pain relievers that are classified as prescription opioids and pain relievers that are not opioids. Misuse of prescription opioids reflects misuse of the subset of prescription pain relievers that were classified as prescription opioids.

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 2024 NSDUH collected only past year (rather than past month) data on the misuse of benzodiazepines and specific subtypes of prescription pain relievers (e.g., fentanyl products).

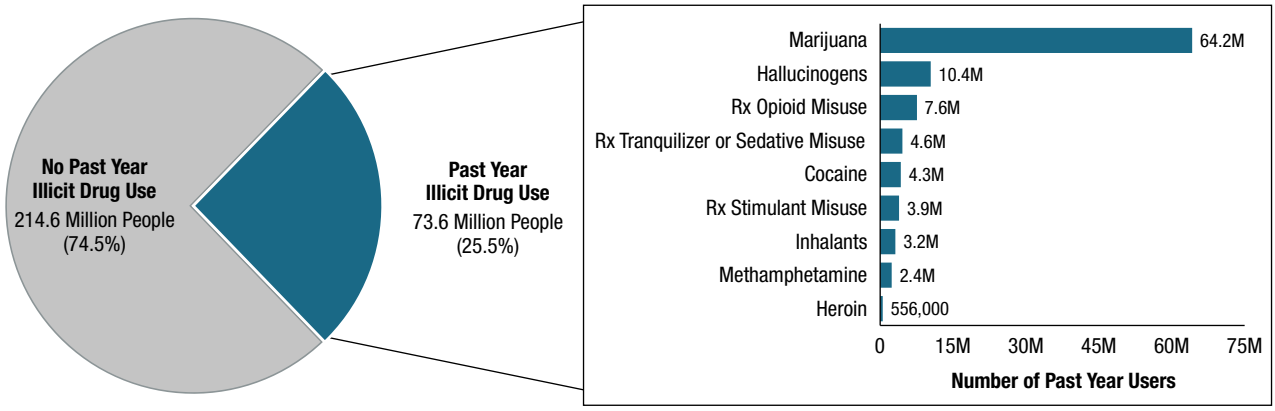
Among people aged 12 or older in 2024, 73.6 million people used illicit drugs in the past year (Figure 13). The most commonly used illicit drug in the past year was marijuana, which was used by 64.2 million people. In the past year, 10.4 million people used hallucinogens, and 7.6 million people misused prescription opioids (shown as "Rx Opioid Misuse" in the figure). Smaller numbers of people were past year users or misusers of the other illicit drugs shown in Figure 13.[25]

Any Illicit Drug Use

Among people aged 12 or older, the percentage who used illicit drugs in the past year increased from 22.2 percent (or 62.0 million people) in 2021 to 25.5 percent (or 73.6 million people) in 2024 (Figure 14 and Table A.10B). This increase is largely tied to the increase in marijuana use in the past year (see the next section on Marijuana Use).

The percentage of people who used illicit drugs in the past year also increased among adults aged 26 or older, from 20.5 percent (or 45.2 million people) in 2021 to 24.8 percent (or 56.4 million people) in 2024 (Figure 14 and Table A.13B). Percentages showed no change from 2021 to 2024 for adolescents aged 12 to 17 and young adults aged 18 to 25 (Tables A.11B and A.12B). Nevertheless, in 2024, more than 1 in 10 adolescents (15.1 percent or 3.9 million people) and nearly 2 in 5 young adults (38.1 percent or 13.3 million people) used illicit drugs in the past year.

Figure 13. Past Year Illicit Drug Use: Among People Aged 12 or Older; 2024



Rx = prescription.

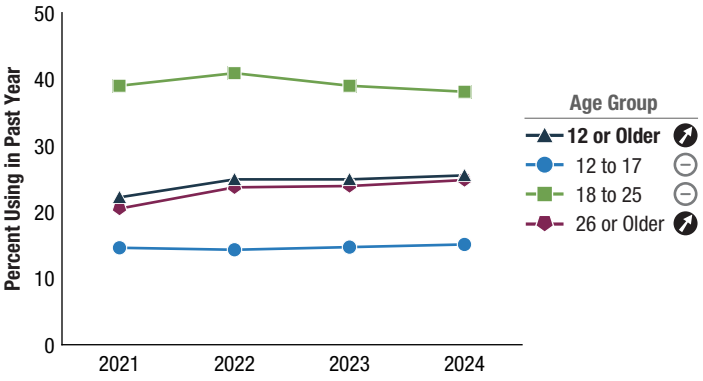
Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.

Marijuana Use

Any Marijuana Use

Among people aged 12 or older, the percentage who used marijuana in the past year increased from 19.0 percent (or 53.2 million people) in 2021 to 22.3 percent (or 64.2 million people) in 2024 (Figure 15 and Table A.10B). The percentage also increased among adults aged 26 or older, from 17.3 percent (or 38.2 million people) in 2021 to 21.7 percent (or 49.3 million people) in 2024 (Table A.13B). Percentages showed no change from 2021 to 2024 for adolescents aged 12 to 17 and young adults aged 18 to 25 (Tables A.11B and A.12B). In 2024, about 1 in 10 adolescents (10.4 percent or 2.7 million people) and about one third of young adults (35.0 percent or 12.2 million people) used marijuana in the past year.

Figure 14. Past Year Illicit Drug Use: Among People Aged 12 or Older; 2021-2024



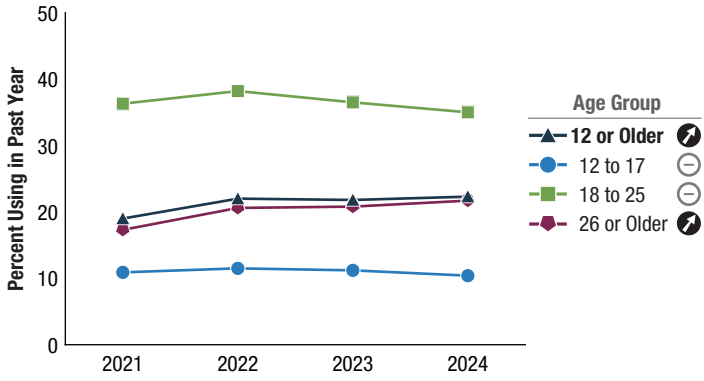
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 14 Table. Past Year Illicit Drug Use: Among People Aged 12 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
12 or Older	22.2	24.9	24.9	25.5	**Increased**
12 to 17	14.6	14.3	14.7	15.1	No Change
18 to 25	39.0	40.9	39.0	38.1	No Change
26 or Older	20.5	23.7	23.9	24.8	**Increased**

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 15. Past Year Marijuana Use: Among People Aged 12 or Older; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 15 Table. Past Year Marijuana Use: Among People Aged 12 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
12 or Older	19.0	22.0	21.8	22.3	**Increased**
12 to 17	10.9	11.5	11.2	10.4	No Change
18 to 25	36.3	38.2	36.5	35.0	No Change
26 or Older	17.3	20.6	20.8	21.7	**Increased**

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Modes of Marijuana Use

As noted previously for marijuana use in the past month, the NSDUH questionnaires from 2022 to 2024 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:

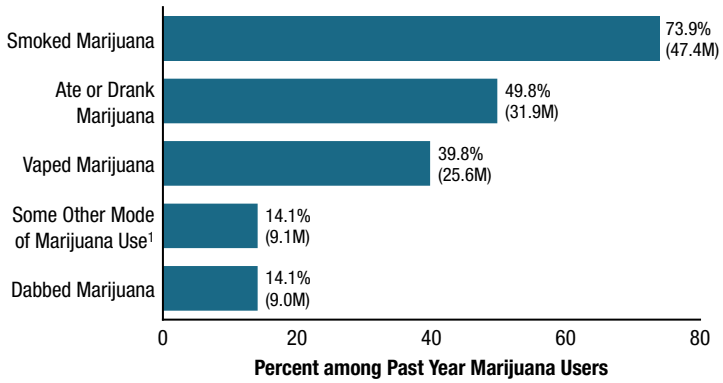
- smoking;
- vaping;
- dabbing waxes, shatter, or concentrates;
- eating or drinking;
- putting drops, strips, lozenges, or sprays in their mouth or under their tongue;
- applying lotion, cream, or patches to their skin;
- taking pills; or
- using it in some other way.

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 2024 who used marijuana in the past year, the most common mode of marijuana use was smoking (73.9 percent or 47.4 million people), followed by eating or drinking (49.8 percent or 31.9 million people); vaping (39.8 percent or 25.6 million people); dabbing waxes, shatter, or concentrates (14.1 percent or 9.0 million people); applying lotion, cream, or patches to the skin (8.6 percent or 5.5 million people); putting drops, strips, lozenges, or sprays in the mouth or under the tongue (4.6 percent or 2.9 million people); taking pills (2.6 percent or 1.7 million people); and some other way (0.8 percent or 499,000 people) (Figure 16 and Table A.14B).

Smoking also was the most common mode of marijuana use in 2024 among young adults aged 18 to 25 and adults aged 26 or older who used marijuana in the past year (Table A.14B). Among people in these adult age groups who used marijuana in the past year, 83.4 percent of young adults and 71.5 percent of adults aged 26 or older smoked marijuana. However, smoking (75.0 percent) and vaping (72.2 percent) were the two most common modes of marijuana use in 2024 among adolescents aged 12 to 17 who used marijuana in the past year.

Figure 16. Mode of Past Year Marijuana Use: Among People Aged 12 or Older Who Used Marijuana in the Past Year; 2024



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.

Other common modes of marijuana use in 2024 among past year marijuana users varied by age group. Among adolescents aged 12 to 17 who used marijuana in the past year, about two fifths (39.1 percent) ate or drank marijuana, followed by about one sixth who dabbed waxes, shatter, or concentrates (17.0 percent). Among young adults aged 18 to 25 who used marijuana in the past year, more than half vaped marijuana (56.5 percent), followed by about half who ate or drank it (49.7 percent), then by those who dabbed waxes, shatter, or concentrates (24.2 percent). Among adults aged 26 or older who were past year marijuana users, about half (50.3 percent) ate or drank it, followed by about one third (33.9 percent) who vaped it, then by 11.4 percent who dabbed waxes, shatter, or concentrates. Other modes of marijuana use were less common across all three age groups.

Cocaine Use

Cocaine use includes the use of crack cocaine. Among people aged 12 or older, the percentage who used cocaine in the past year declined slightly from 1.7 percent (or 4.8 million people) in 2021 to 1.5 percent (or 4.3 million people) in 2024 (Figure 17 and Table A.10B). The percentage also declined among young adults aged 18 to 25, from 3.7 percent (or 1.2 million people) in 2021 to 2.3 percent (or 811,000 people) in 2024 (Table A.12B). However,

the percentage among adolescents aged 12 to 17 increased slightly, from 0.1 percent (or 35,000 people) in 2021 to 0.3 percent (or 72,000 people) in 2024 (Table A.11B). The percentage showed no change from 2021 to 2024 for adults aged 26 or older (Table A.13B). In 2024, 1.5 percent of adults aged 26 or older (or 3.4 million people) used cocaine in the past year.

Heroin Use

Among people aged 12 or older in 2024, 0.2 percent (or 556,000 people) used heroin in the past year (Figure 13 and Table A.10B). Percentages of people who used heroin ranged from less than 0.1 percent of adolescents aged 12 to 17 (or 10,000 people) to 0.2 percent of adults aged 26 or older (or 495,000 people) (Tables A.11B and A.13B). An estimated 0.1 percent of young adults aged 18 to 25 (or 51,000 people) used heroin in the past year (Table A.12B).

Methamphetamine Use

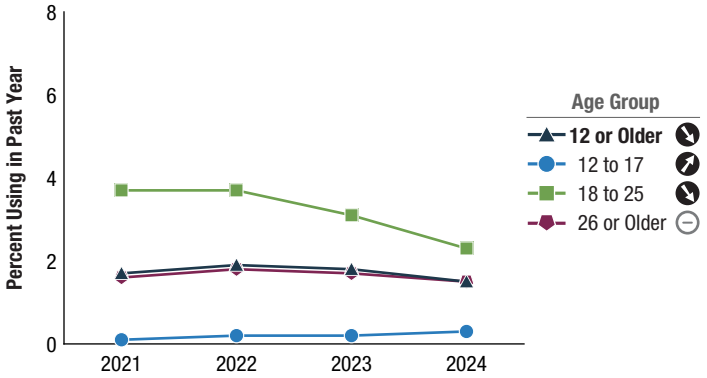
Although methamphetamine is legally available by prescription (Desoxyn®), most methamphetamine used in the United States is produced and distributed illicitly rather than through the pharmaceutical industry. Therefore, the NSDUH questionnaire since 2015 has included separate sections for methamphetamine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

Among people aged 12 or older, the percentage who used methamphetamine in the past year showed no change from 2021 to 2024 (Figure 18 and Table A.10B). In 2024, 0.8 percent of people aged 12 or older (or 2.4 million people) used methamphetamine in the past year. Percentages also showed no change from 2021 to 2024 for each age group. In 2024, percentages ranged from 0.2 percent of adolescents aged 12 to 17 (or 57,000 people) to 1.0 percent of adults aged 26 or older (or 2.2 million people) (Tables A.11B and A.13B). An estimated 0.5 percent of young adults aged 18 to 25 in 2024 (or 161,000 people) used methamphetamine in the past year (Table A.12B).

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*.[26] In addition to being asked to report when they last used any hallucinogen, NSDUH respondents in 2021 to 2023 who reported that they used LSD, PCP, Ecstasy, ketamine, DMT/AMT/"Foxy," or *Salvia divinorum* in their lifetime

Figure 17. Past Year Cocaine Use: Among People Aged 12 or Older; 2021-2024



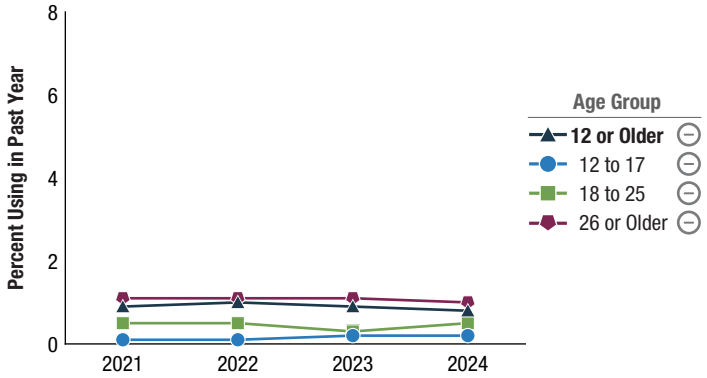
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 17 Table. Past Year Cocaine Use: Among People Aged 12 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
12 or Older	1.7	1.9	1.8	1.5	**Decreased**
12 to 17	0.1	0.2	0.2	0.3	**Increased**
18 to 25	3.7	3.7	3.1	2.3	**Decreased**
26 or Older	1.6	1.8	1.7	1.5	No Change

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 18. Past Year Methamphetamine Use: Among People Aged 12 or Older; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 18 Table. Past Year Methamphetamine Use: Among People Aged 12 or Older; Percentages, 2021-2024

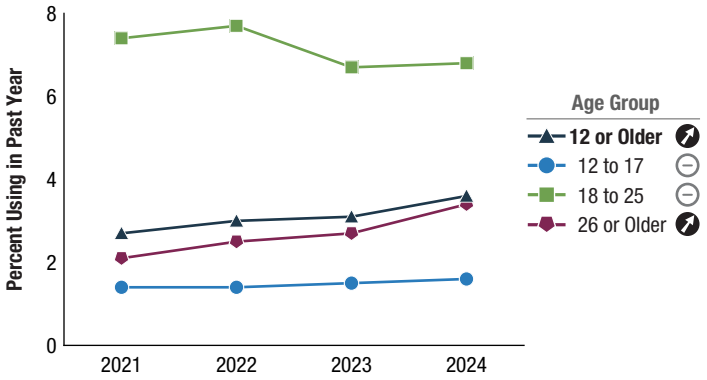
Age Group	2021	2022	2023	2024	Trend
12 or Older	0.9	1.0	0.9	0.8	No Change
12 to 17	0.1	0.1	0.2	0.2	No Change
18 to 25	0.5	0.5	0.3	0.5	No Change
26 or Older	1.1	1.1	1.1	1.0	No Change

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

were asked when they last used these specific hallucinogens. Beginning in 2024, respondents who reported the lifetime use of psilocybin mushrooms were asked to report when they last used them, along with the most recent use of the other specific hallucinogens mentioned previously. Preliminary analysis of 2024 NSDUH data suggested that the addition of this new question for the most recent use of psilocybin mushrooms did not affect the comparability of the estimates for the use of hallucinogens in the past year. Therefore, this report presents trends in the past year use of hallucinogens for 2021 to 2024.

Among people aged 12 or older, the percentage who used hallucinogens in the past year increased from 2.7 percent (or 7.6 million people) in 2021 to 3.6 percent (or 10.4 million people) in 2024 (Figure 19 and Table A.10B). The percentage also increased among adults aged 26 or older, from 2.1 percent (or 4.7 million people) in 2021 to 3.4 percent (or 7.7 million people) in 2024 (Table A.13B). Percentages showed no change from 2021 to 2024 for adolescents aged 12 to 17 and young adults aged 18 to 25 (Tables A.11B and A.12B). In 2024, 1.6 percent of adolescents (or 405,000 people) and 6.8 percent of young adults (or 2.4 million people) used hallucinogens in the past year.

Figure 19. Past Year Hallucinogen Use: Among People Aged 12 or Older; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 19 Table. Past Year Hallucinogen Use: Among People Aged 12 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
12 or Older	2.7	3.0	3.1	3.6	**Increased**
12 to 17	1.4	1.4	1.5	1.6	No Change
18 to 25	7.4	7.7	6.7	6.8	No Change
26 or Older	2.1	2.5	2.7	3.4	**Increased**

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Inhalant Use

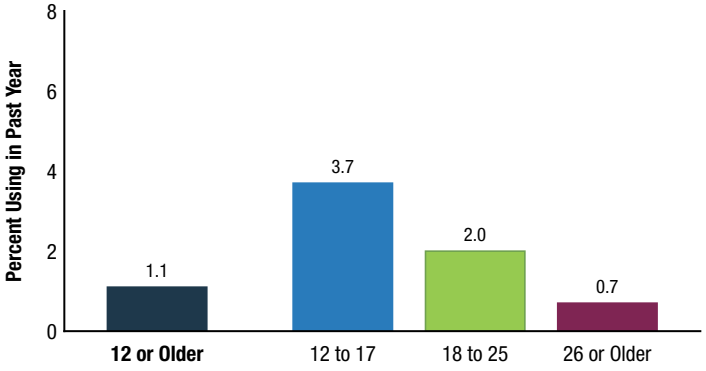
Inhalants include volatile solvents (e.g., paint thinners and removers, dry cleaning fluids, degreasers, gasoline, glues, shoe polish, correction fluids, felt-tip markers), aerosols (e.g., spray paints, deodorant and hair sprays, fabric protector sprays, computer keyboard cleaner), gases (e.g., ether, halothane, nitrous oxide, butane, propane), and nitrites (e.g., amyl nitrite, "poppers," locker room deodorizers, "rush"). For the 2024 NSDUH, respondents were asked to report the use of inhalants "for fun or to get high" instead of "for kicks or to get high." As in prior years, NSDUH respondents in 2024 were instructed not to include accidental inhalation of a substance. This change in the questionnaire wording appeared to have affected the reporting of the use of inhalants in the past year, especially among adolescent respondents aged 12 to 17. Therefore, estimates for the use of inhalants in the past year are presented only for 2024.

In 2024, 1.1 percent of people aged 12 or older (or 3.2 million people) used inhalants in the past year (Figure 20 and Table A.10B). Percentages of people who used inhalants in the past year ranged from 0.7 percent of adults aged 26 or older (or 1.5 million people) (Table A.13B) to 3.7 percent of adolescents aged 12 to 17 (or 967,000 people) (Table A.11B). An estimated 2.0 percent of young adults aged 18 to 25 (or 690,000 people) used inhalants in the past year (Table A.12B).

Misuse of Prescription Psychotherapeutic Drugs

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; as discussed in the section on Prescription Pain Reliever Misuse, the specific pain relievers in the NSDUH

Figure 20. Past Year Inhalant Use: Among People Aged 12 or Older; 2024



questionnaire are opioid 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 Figure 13, prescription opioids were the most commonly misused prescription drug by people aged 12 or older. The 13.8 million people in 2024 who misused prescription psychotherapeutic drugs in the past year included 7.6 million people who misused prescription opioids, 4.6 million people who misused prescription tranquilizers or sedatives, and 3.9 million people who misused prescription stimulants.

Prescription Stimulant Misuse

The 2021 to 2024 NSDUHs 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.[27]

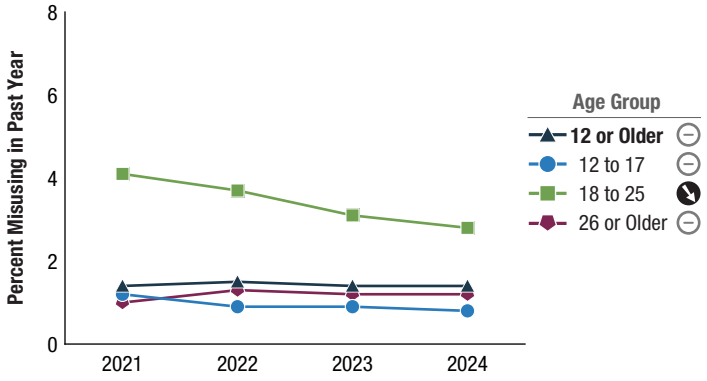
Among people aged 12 or older, the percentage who misused prescription stimulants in the past year showed no change from 2021 to 2024 (Figure 21 and Table A.10B). In 2024, 1.4 percent of people aged 12 or older (or 3.9 million people) misused prescription stimulants in the past year. Percentages also showed no change from 2021 to 2024 for adolescents aged 12 to 17 and adults aged 26 or older (Tables A.11B and A.13B). In 2024, 0.8 percent of adolescents (or 203,000 people) and 1.2 percent of adults aged 26 or older (or 2.7 million people) misused prescription stimulants in the past year. Among young adults aged 18 to 25, however, the percentage who misused prescription stimulants in the past year declined from 4.1 percent (or 1.4 million people) in 2021 to 2.8 percent (or 973,000 people) in 2024 (Table A.12B).

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, the percentage who misused prescription tranquilizers or sedatives in the past year showed no change from 2021 to 2024 (Figure 22 and Table A.10B). In 2024, 1.6 percent of people aged 12 or older (or 4.6 million people) misused prescription tranquilizers or sedatives in the past year. Percentages also showed no change from 2021 to 2024 for adolescents aged 12 to 17 and adults aged 26 or older (Tables A.11B and A.13B). In 2024, 0.7 percent of adolescents (or 172,000 people) and 1.7 percent of adults aged 26 or older (or 3.8 million people) misused prescription tranquilizers or sedatives in the past year. Among young adults aged 18 to 25, however, the percentage who misused prescription tranquilizers or sedatives in the past year declined from 2.7 percent (or

Figure 21. Past Year Prescription Stimulant Misuse: Among People Aged 12 or Older; 2021-2024



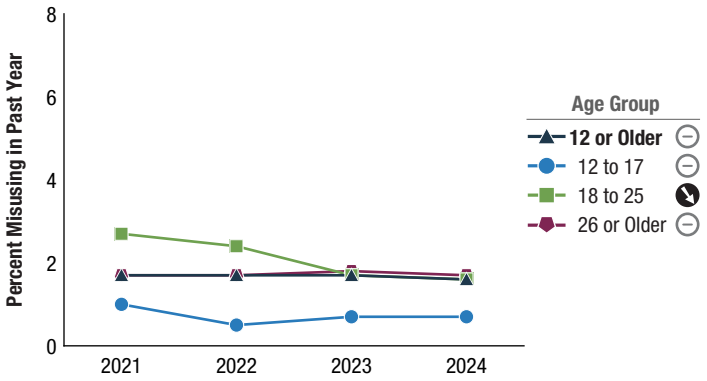
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 21 Table. Past Year Prescription Stimulant Misuse: Among People Aged 12 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
12 or Older	1.4	1.5	1.4	1.4	No Change
12 to 17	1.2	0.9	0.9	0.8	No Change
18 to 25	4.1	3.7	3.1	2.8	**Decreased**
26 or Older	1.0	1.3	1.2	1.2	No Change

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 22. Past Year Prescription Tranquilizer or Sedative Misuse: Among People Aged 12 or Older; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 22 Table. Past Year Prescription Tranquilizer or Sedative Misuse: Among People Aged 12 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
12 or Older	1.7	1.7	1.7	1.6	No Change
12 to 17	1.0	0.5	0.7	0.7	No Change
18 to 25	2.7	2.4	1.7	1.6	**Decreased**
26 or Older	1.7	1.7	1.8	1.7	No Change

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

916,000 people) in 2021 to 1.6 percent (or 571,000 people) in 2024 (Table A.12B).

Prescription Pain Reliever Misuse

The 2021 to 2024 NSDUHs assessed the misuse of prescription pain relievers in the following categories: products containing hydrocodone, oxycodone, tramadol, codeine, morphine, prescription fentanyl,[28] buprenorphine, oxymorphone, and hydromorphone, as well as Demerol®, methadone, or any other prescription pain reliever. Except for any other prescription pain reliever, the pain relievers mentioned in the preceding sentence are opioids that are available by prescription in the United States, subsequently referred to as "prescription opioids" (see the section on Prescription Opioid Misuse for more information).

This section provides estimates of the misuse of any prescription pain reliever, main reasons 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. This section also provides estimates for the misuse of prescription opioids, including specific subtypes of prescription opioids.

Among people aged 12 or older, the percentage who misused prescription pain relievers in the past year showed no change from 2021 to 2024 (Table A.10B). In 2024, 2.8 percent of people aged 12 or older (or 8.0 million people) misused prescription pain relievers in the past year. Percentages also showed no change from 2021 to 2024 for each age group. In 2024, percentages ranged from 1.6 percent of adolescents aged 12 to 17 (or 425,000 people) to 2.9 percent of adults aged 26 or older (or 6.6 million people) (Tables A.11B and A.13B). An estimated 2.7 percent of young adults aged 18 to 25 in 2024 (or 955,000 people) misused prescription pain relievers in the past year (Table A.12B).

Main Reasons for the Last Misuse of Prescription Pain Relievers

Respondents in the 2024 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 2024 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 (70.1 percent) (Table A.15B). 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, 9.1 percent of people aged 12 or older in 2024 who misused prescription pain relievers in the past year misused a prescription pain reliever the last time to feel good or get high, and 7.5 percent misused a prescription pain reliever the last time to relax or relieve tension. Other main reasons for the last misuse were because people were "hooked" or needed to have the drug (3.1 percent), to help with sleep (3.0 percent), to help with feelings or emotions (2.3 percent), to experiment or see what the drug was like (2.1 percent), and to increase or decrease the effects of other drugs (1.3 percent) (Table A.15B).

Source of the Last Prescription Pain Reliever That Was Misused

Among people aged 12 or older in 2024 who misused prescription pain relievers in the past year, 42.3 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 43.7 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 (40.5 percent) (Figure 23 and Table A.16B).

An estimated 31.3 percent of people aged 12 or older in 2024 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, 6.9 percent bought their last pain reliever from a friend or relative, and 4.0 percent took their last pain reliever from a friend or relative without asking. About 1 in 13 people who misused pain relievers in the past year (7.6 percent) bought the last pain reliever they misused from a drug dealer or other stranger. An estimated 1.3 percent of people who misused prescription pain relievers in the past year stole them from a doctor's office, clinic, hospital, or pharmacy.

Prescription Opioid Misuse

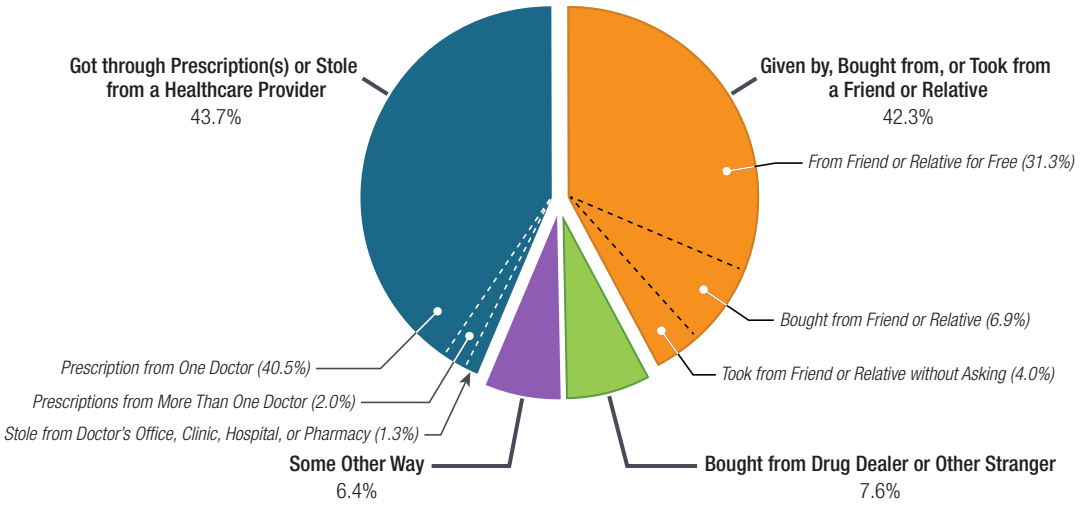
Of the 8.0 million people aged 12 or older in 2024 who misused prescription pain relievers in the past year, 7.6 million people misused prescription opioids, or approximately 95 percent of the people who misused prescription pain relievers.[22] Respondents were not counted as having misused prescription opioids in the past year if they reported the misuse of only other prescription pain relievers, and the other prescription pain relievers they misused in the past year were all nonopioids.

The percentage of people aged 12 or older who misused prescription opioids in the past year declined from 3.0 percent (or 8.5 million people) in 2021 to 2.6 percent (or 7.6 million people) in 2024 (Figure 24 and Table A.10B). For each age group, however, no change was detected between 2021 and 2024. In 2024, percentages ranged from 1.5 percent of adolescents aged 12 to 17 (or 395,000 people) to 2.8 percent of adults aged 26 or older (or 6.3 million people) (Tables A.11B and A.13B). An estimated 2.6 percent of young adults aged 18 to 25 in 2024 (or 897,000 people) misused prescription opioids in the past year (Table A.12B).

Misuse of Subtypes of Prescription Opioids

The 2024 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. As noted previously, the specific pain relievers in the NSDUH questionnaire were prescription opioids. These specific prescription opioids that people misused in the past year were categorized into subtypes. For example, respondents who reported misusing Vicodin® or hydrocodone were classified as misusers of hydrocodone products.

Figure 23. 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; 2024

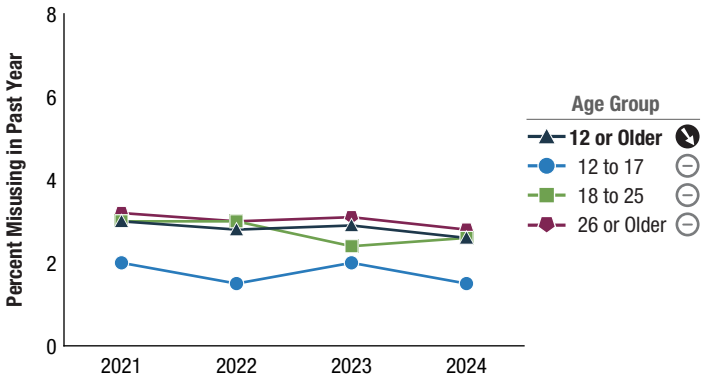


8.0 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

Note: The percentages for the subdivisions may not add to the percentage for the whole division due to rounding.

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.

Figure 24. Past Year Prescription Opioid Misuse: Among People Aged 12 or Older; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 24 Table. Past Year Prescription Opioid Misuse: Among People Aged 12 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
12 or Older	3.0	2.8	2.9	2.6	**Decreased**
12 to 17	2.0	1.5	2.0	1.5	No Change
18 to 25	3.0	3.0	2.4	2.6	No Change
26 or Older	3.2	3.0	3.1	2.8	No Change

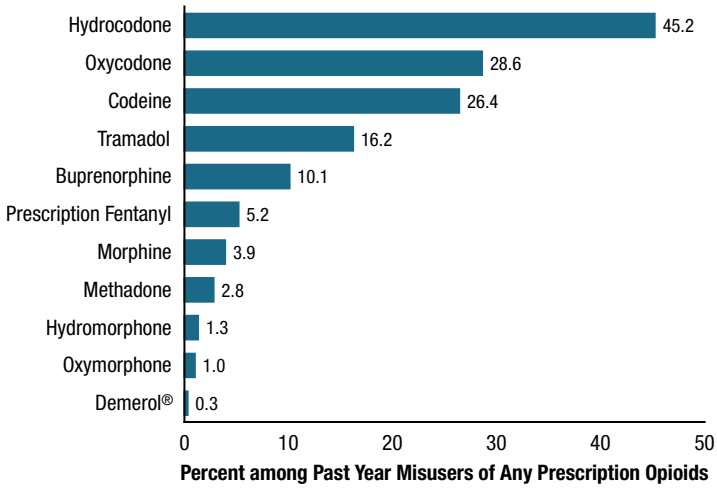
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

This section presents two ways of examining the misuse of subtypes of prescription opioids in 2024. First, it presents estimates of the misuse of subtypes among people aged 12 or older who misused any prescription opioid in the past year. Then, it presents estimates of the misuse of subtypes of prescription opioids among people who used that opioid 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 7.6 million people aged 12 or older in 2024 who misused prescription opioids in the past year, 45.2 percent (or 3.4 million people) misused hydrocodone products in the past year (Figures 13 and 25 and Table A.17B). In addition, 28.6 percent of past year misusers of prescription opioids (or 2.1 million people) misused oxycodone products in the past year, including OxyContin®, Percocet®, Percodan®, Roxicodone®, and generic oxycodone. About 1 in 4 people aged 12 or older who misused prescription opioids in the past year were misusers of codeine products in the past year (26.4 percent or 2.0 million people). These products also have been commonly prescribed opioids.[29]

Although hydrocodone products were the most commonly misused prescription opioid subtype in the past year, 9.8 percent of people aged 12 or older in 2024 who used

Figure 25. Past Year Prescription Opioid Subtype Misuse: Among People Aged 12 or Older Who Misused Any Prescription Opioid in the Past Year; 2024

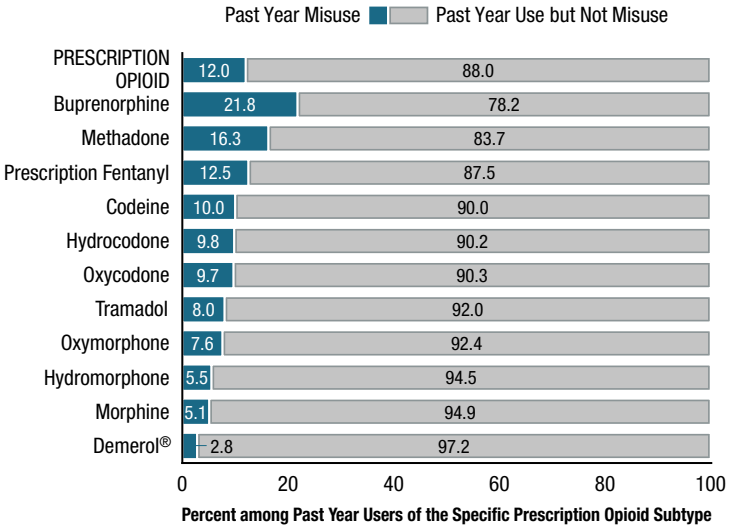


hydrocodone products for any reason in the past year misused them in that period (Figure 26 and Table A.17B). Among people who used buprenorphine products for any reason in the past year, 21.8 percent misused them, and 78.2 percent did not. Stated another way, almost four fifths of past year buprenorphine users did *not* misuse their medication in that period.

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®), codeine, and

Figure 26. Past Year Prescription Opioid Subtype Misuse: Among People Aged 12 or Older Who Were Past Year Users of Specific Prescription Opioid Subtypes; 2024



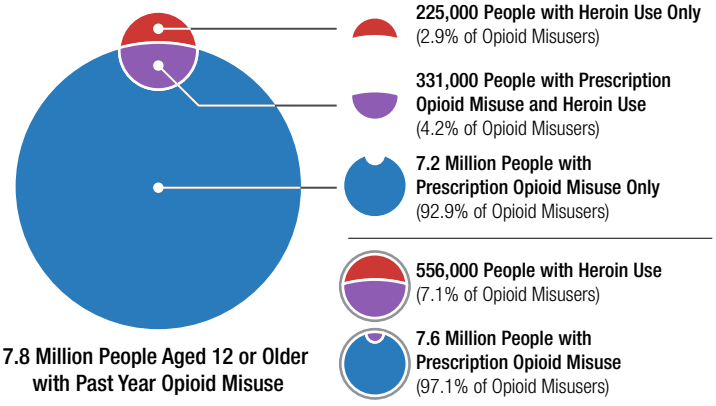
morphine. In this report, opioid misuse includes the misuse of prescription opioids or the use of heroin. Respondents were not counted as having misused opioids in the past year if they did not use heroin, they reported the misuse of only other prescription pain relievers, and the other prescription pain relievers they misused in the past year were all nonopioids.

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 2024 Detailed Tables.[23]

Among people aged 12 or older in 2024, 2.7 percent (or 7.8 million people) misused opioids in the past year (Figure 27 and Table A.10B). The vast majority of these people who misused opioids in the past year misused prescription opioids (Table A.18AB), but they did not use heroin. Specifically, 7.6 million people misused prescription opioids in the past year, of whom 7.2 million people did not use heroin. An estimated 331,000 people misused prescription opioids and used heroin in the past year.

Among people aged 12 or older, the percentage who misused opioids in the past year declined from 3.2 percent (or 9.1 million people) in 2021 to 2.7 percent (or 7.8 million people) in 2024 (Figure 28 and Table A.10B). The percentage of adults aged 26 or older who misused opioids in the past year also declined from 3.4 percent (or 7.5 million people) in 2021 to 2.8 percent (or 6.5 million people) in 2024 (Table A.13B). Percentages showed no change from 2021 to 2024 for adolescents aged 12 to 17 and young adults aged 18 to 25 (Tables A.11B and A.12B). In 2024, 1.5 percent of adolescents (or 400,000 people) and 2.6 percent of young adults (or 925,000 people) misused opioids in the past year.

Figure 27. Type of Past Year Opioid Misuse: Among Past Year Opioid Misusers Aged 12 or Older; 2024



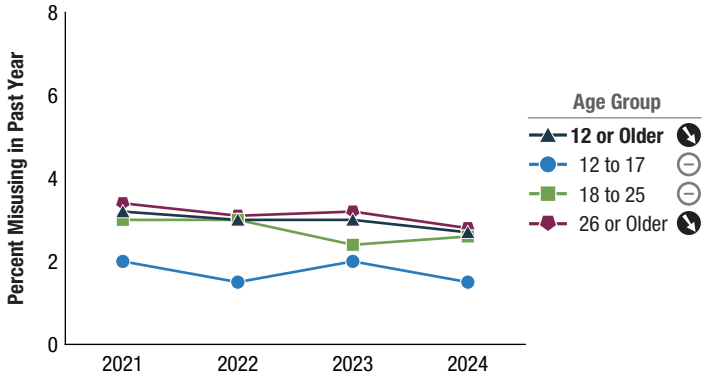
Note: These estimates do not include illegally made fentanyl.

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.[30,31,32] In this report, CNS stimulant misuse includes the use of cocaine or methamphetamine or the misuse of prescription stimulants.

Of the 9.0 million people aged 12 or older in 2024 who misused CNS stimulants in the past year, most (7.7 million people) misused only one type of CNS stimulant, including 3.0 million people who used cocaine only, 3.0 million who misused prescription stimulants only, and 1.6 million people who used methamphetamine only (Figure 29 and Table A.19AB).[33] An estimated 147,000 people used or misused all three CNS stimulants in the past year (1.6 percent of people who misused CNS stimulants).

Figure 28. Past Year Opioid Misuse: Among People Aged 12 or Older; 2021-2024



Note: Estimates include the use of heroin or the misuse of prescription opioids in the past year. Estimates for 2021-2023 may differ from previously published estimates because they do not include the misuse of only nonopioid pain relievers.

Note: Estimates for 2021 use the updated 2021 analysis weights to facilitate between-year comparisons.

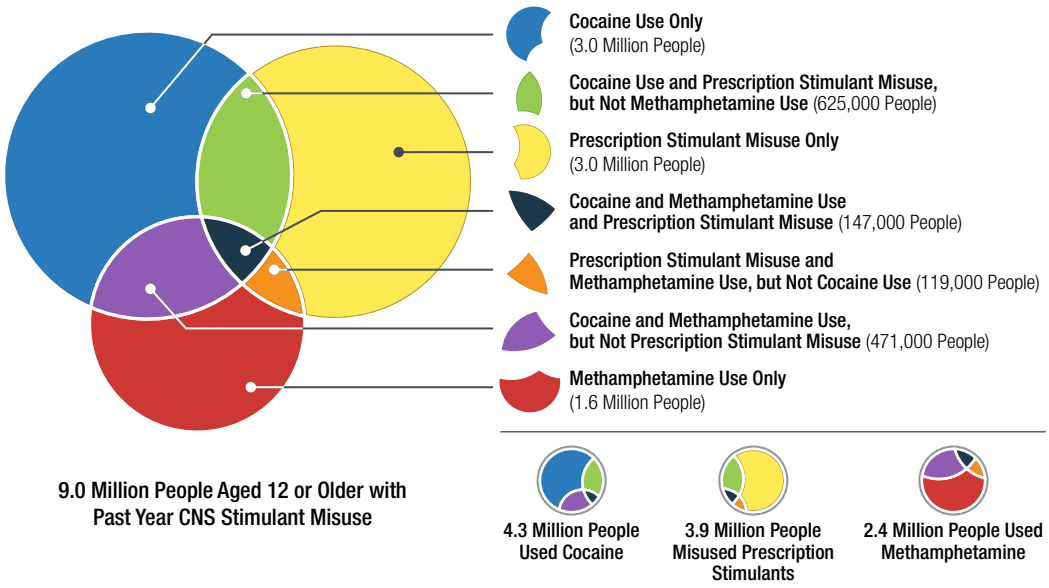
Figure 28 Table. Past Year Opioid Misuse: Among People Aged 12 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
12 or Older	3.2	3.0	3.0	2.7	**Decreased**
12 to 17	2.0	1.5	2.0	1.5	No Change
18 to 25	3.0	3.0	2.4	2.6	No Change
26 or Older	3.4	3.1	3.2	2.8	**Decreased**

Note: Estimates include the use of heroin or the misuse of prescription opioids in the past year. Estimates for 2021-2023 may differ from previously published estimates because they do not include the misuse of only nonopioid pain relievers.

Note: Estimates for 2021 use the updated 2021 analysis weights to facilitate between-year comparisons.

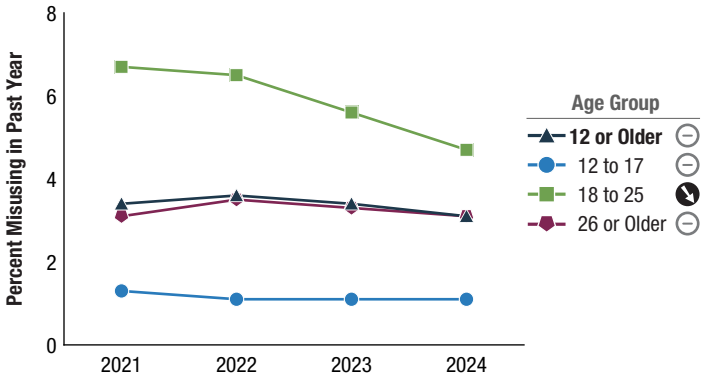
Figure 29. Past Year Central Nervous System (CNS) Stimulant Misuse: Among People Aged 12 or Older; 2024



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

Among people aged 12 or older, the percentage who misused CNS stimulants in the past year showed no change from 2021 to 2024 (Figure 30 and Table A.10B). In 2024, 3.1 percent of people aged 12 or older (or 9.0 million people) misused CNS stimulants in the past year. Percentages also showed no change from 2021 to 2024 for adolescents aged 12 to 17 and adults aged 26 or older (Tables A.11B and A.13B). In 2024, 1.1 percent of adolescents (or 293,000 people) and 3.1 percent of adults aged 26 or older (or 7.1 million people) misused CNS stimulants in the past year. Among young adults aged 18 to 25, however, the percentage who misused CNS stimulants in the past year declined from 6.7 percent (or 2.2 million people) in 2021 to 4.7 percent (or 1.6 million people) in 2024 (Table A.12B).

Figure 30. Past Year Central Nervous System Stimulant Misuse: Among People Aged 12 or Older; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 30 Table. Past Year Central Nervous System Stimulant Misuse: Among People Aged 12 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
12 or Older	3.4	3.6	3.4	3.1	No Change
12 to 17	1.3	1.1	1.1	1.1	No Change
18 to 25	6.7	6.5	5.6	4.7	**Decreased**
26 or Older	3.1	3.5	3.3	3.1	No Change

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Fentanyl Misuse, Including Illegally Made Fentanyl

Fentanyl misuse, particularly the use of IMF, is of particular interest because of IMF's involvement in fatal overdoses in the past decade.[34,35,36] Although the number of drug overdose deaths overall and the number involving IMF or fentanyl analogues such as carfentanil started to decline in the United States in late 2023, overdose deaths remain high.[37]

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 that are made to look like commonly misused prescription

opioids. Some people who use IMF are not aware they are doing so.[38,39,40,41] 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.[42,43,44]

Among people aged 12 or older in 2024, 0.3 percent (or 816,000 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.20B). Corresponding estimated numbers of people who misused fentanyl in the past year were 41,000 adolescents, 119,000 young adults, and 656,000 adults aged 26 or older.

Among people aged 12 or older in 2024 who misused any prescription opioid in the past year, only 5.2 percent misused prescription fentanyl (Table A.17B). Among people who used prescription fentanyl for any reason in the past year, 12.5 percent misused it and 87.5 percent did not.

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 2024, 0.2 percent (or 668,000 people) used IMF in the past year, including 0.1 percent of adolescents aged 12 to 17, 0.3 percent of young adults aged 18 to 25, and 0.2 percent of adults aged 26 or older (Table A.20B). Corresponding estimated numbers of people who used IMF in the past year were 38,000 adolescents, 99,000 young adults, and 531,000 adults aged 26 or older.

Initiation of Substance Use

NSDUH included questions to measure the initiation of substance use, that is, the first use of particular substances during a person's lifetime.[45] This report presents estimates for people aged 12 or older who initiated the use or misuse of a particular substance in the 12 months before the NSDUH interview.[46,47,48] See the section on the Misuse of Prescription Psychotherapeutic Drugs for the definition of "misuse" of prescription drugs.

This report highlights estimates and trends for past year initiation of the three substances with the largest numbers of people aged 12 or older in 2024 who initiated use in the past year: nicotine vaping, alcohol use, and marijuana use. Estimates for 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.[49] This potential for underreporting could affect the accuracy of aggregate initiation estimates that include prescription psychotherapeutics, such as initiation of the use of any illicit drug. Therefore, this report does not present estimates for past year initiation that include prescription psychotherapeutics, such as central nervous system stimulant misuse (cocaine, methamphetamine, or prescription stimulants) or any illicit drug use (including prescription drug misuse).[50]

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 31 and Table A.21A provide an overview of the numbers of people aged 12 or older in 2024 who were past year initiates of the use or misuse of the substances discussed in this section. In the past 12 months, 5.4 million people vaped nicotine for the first time, 4.2 million people

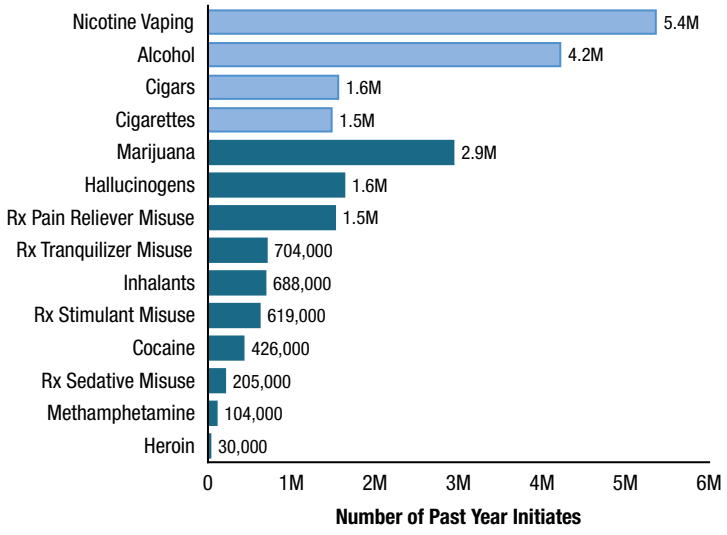
initiated alcohol use, 1.6 million people tried cigars for the first time, and 1.5 million people tried a cigarette for the first time. There were also 2.9 million new marijuana users, 1.6 million new hallucinogen users, and 1.5 million new misusers of prescription pain relievers. Estimated numbers of people who initiated the use of cigars, cigarettes, or hallucinogens or the misuse of prescription pain relievers in the past year were not significantly different from one another. Fewer than 1 million people initiated the use or misuse of other substances shown in Figure 31.

Initiation of Nicotine Vaping

Among people aged 12 or older in 2024, 1.9 percent (or 5.4 million people) initiated nicotine vaping in the past year, meaning they had never vaped nicotine before the past 12 months (Figure 31 and Tables A.21A and A.22B). In 2024, 4.4 percent of adolescents aged 12 to 17 (or 1.1 million people), 3.3 percent of young adults aged 18 to 25 (or 1.2 million people), and 1.3 percent of adults aged 26 or older (or 3.1 million people) initiated nicotine vaping in the past year (Tables A.23B, A.24B, and A.25B).

More than half of all people in 2024 who initiated nicotine vaping in the past year were aged 26 or older (Table A.21A). About two thirds (65.5 percent) of the 5.4 million people in 2024 who initiated nicotine vaping in the past year did so at age 21 or older (3.5 million people) compared with 34.5 percent (or 1.8 million people) who did so before age 21 (Figure 32 and Table A.26AB).

Figure 31. Past Year Initiates of Substances: Among People Aged 12 or Older; 2024



Rx = prescription.

Initiation of Alcohol Use

Among people aged 12 or older, the percentage who initiated alcohol use in the past year showed no change from 2021 to 2024 (Figure 33 and Table A.22B). In 2024, 1.5 percent of people aged 12 or older (or 4.2 million people) initiated alcohol use in the past year. Percentages also showed no change from 2021 to 2024 for each age group. In 2024, percentages ranged from 0.1 percent of adults aged 26 or older (or 210,000 people) to 6.7 percent of young adults aged 18 to 25 (or 2.4 million people) (Tables A.25B and A.24B). An estimated 6.4 percent of adolescents aged 12 to 17 in 2024 (or 1.7 million people) initiated alcohol use in the past year (Table A.23B).

Relatively few people in 2024 used alcohol for the first time after age 25 (Table A.21A). Also, approximately 7 in 10 of the 4.2 million people in 2024 who initiated alcohol use in the past year did so before age 21 (70.7 percent or 3.0 million people) (Figure 32 and Table A.26AB).

Initiation of Marijuana Use

Among people aged 12 or older, the percentage who initiated marijuana use in the past year showed no change from 2021 to 2024 (Figure 34 and Table A.22B). In 2024, 1.0 percent of people aged 12 or older (or 2.9 million people) initiated marijuana use in the past year. Percentages also showed no change from 2021 to 2024 for each age group. In 2024, percentages ranged from 0.4 percent of adults aged 26 or older (or 1.0 million people) to 3.5 percent of adolescents

Figure 32. 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; 2024

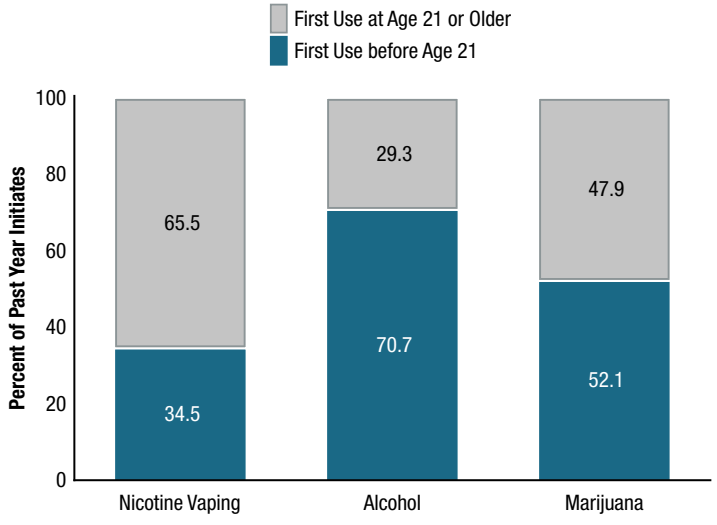
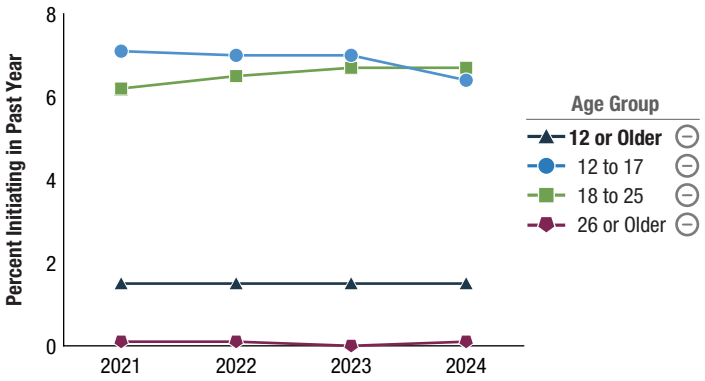


Figure 33. Past Year Alcohol Use Initiates: Among People Aged 12 or Older; 2021-2024



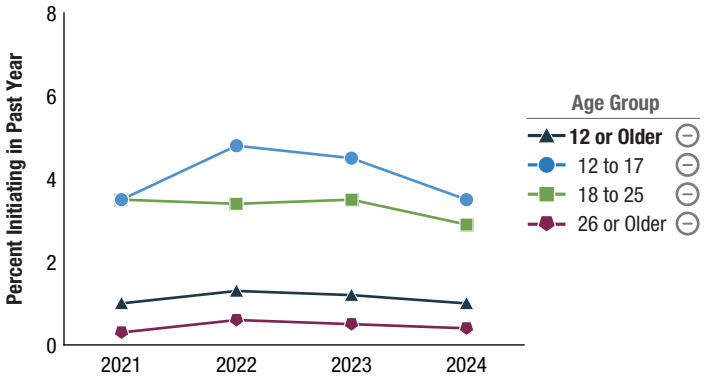
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 33 Table. Past Year Alcohol Use Initiates: Among People Aged 12 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
12 or Older	1.5	1.5	1.5	1.5	No Change
12 to 17	7.1	7.0	7.0	6.4	No Change
18 to 25	6.2	6.5	6.7	6.7	No Change
26 or Older	0.1	0.1	<0.1	0.1	No Change

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 34. Past Year Marijuana Use Initiates: Among People Aged 12 or Older; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 34 Table. Past Year Marijuana Use Initiates: Among People Aged 12 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
12 or Older	1.0	1.3	1.2	1.0	No Change
12 to 17	3.5	4.8	4.5	3.5	No Change
18 to 25	3.5	3.4	3.5	2.9	No Change
26 or Older	0.3	0.6	0.5	0.4	No Change

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

aged 12 to 17 (or 912,000 people) (Tables A.25B and A.23B). An estimated 2.9 percent of young adults aged 18 to 25 in 2024 (or 1.0 million people) initiated marijuana use in the past year (Table A.24B).

Unlike people who initiated alcohol use, more than one third of people in 2024 who initiated marijuana use in the past year were aged 26 or older (Table A.21A). More than half of the 2.9 million people in 2024 who initiated marijuana use in the past year did so before age 21 (52.1 percent or 1.5 million people) (Figure 32 and Table A.26AB).

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. NSDUH has 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).[51,52] Respondents were asked about their SUD symptoms 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. 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 2024 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. Beginning with the 2024 NSDUH, however, respondents were not counted as having an opioid use disorder if the prescription pain relievers they reported using in the past year were not opioids, and they did not use heroin in the past year.

In addition, questions about the use of illegally made fentanyl (IMF) have appeared after SUD questions in the NSDUH questionnaire since 2022. 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 2024 (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. Fewer than 15 respondents in 2024 reported using IMF in the past year but did not report using alcohol or other drugs in the past year.

DSM-5 includes the following SUD criteria (as measured in the 2024 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.[53]
    b. The substance or a related substance is used to get over or avoid withdrawal symptoms.[54]

Table 1 shows how these 11 DSM-5 SUD criteria apply to substances in NSDUH. For prescription opioids, 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 for a given substance in the 12-month period before the interview. NSDUH does not measure whether respondents met criteria for an SUD prior to the past 12 months. Thus, some respondents could have received treatment for SUDs that occurred more than 12 months before the interview, but they did not have active SUD symptoms in the past 12 months.

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 an SUD 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 an SUD 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 an SUD 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.[55]

Substances and types of use or misuse that are included in selected SUD measures in the 2024 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.[56]
- Alcohol use disorder includes only data from past year users of alcohol.[56]
- Drug use disorder includes data from past year users of marijuana,[56] 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.

In addition, NSDUH asked respondents about SUD symptoms that respondents specifically attributed to their use in the past year of cocaine, heroin, methamphetamine, prescription pain relievers, prescription tranquilizers, prescription stimulants, and prescription sedatives. However, DSM-5 groups these substances into a smaller set of categories for classifying people as having SUDs.

- Cocaine, methamphetamine, and prescription stimulants are included in an overall category for stimulants (referred to in NSDUH as CNS stimulants to differentiate between stimulants that are available by prescription and those that are not).
- Heroin and prescription pain relievers that are opioids are included in an overall category for opioids.
- Prescription tranquilizers and sedatives are included in an overall category for sedatives, hypnotics, and anxiolytics (referred to in NSDUH as prescription tranquilizer or sedative use disorder).

Table 1. DSM-5 SUD Criteria for Substances and Types of Use in the 2024 NSDUH

Criterion[1]	Alcohol	Marijuana	Cocaine[2]	Heroin[3]	Hallucinogens	Inhalants	Methamphetamine[2]	Rx Opioids, Use but Not Misuse[3]	Rx Opioids, Misuse[3]	Rx Tranquilizers, Use but Not Misuse[4]	Rx Tranquilizers, Misuse[4]	Rx Stimulants, Use but Not Misuse[2]	Rx Stimulants, Misuse[2]	Rx Sedatives, Use but Not Misuse[4]	Rx Sedatives, Misuse[4]
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[5]	●	●	●	●	–	–	●	–	●	–	●	–	●	–	●
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; Rx = prescription; SUD = substance use disorder.

[1] The criterion wording is based on the 2024 NSDUH questions.

[2] These substances contribute to central nervous system stimulant use disorder.

[3] These substances contribute to opioid use disorder.

[4] These substances contribute to Rx tranquilizer or Rx sedative use disorder.

[5] Withdrawal symptoms and requirements differ by substance.

Therefore, this report does not focus on SUDs arising from the use of specific substances, such as heroin or prescription opioids. Rather, the report focuses on estimates for CNS stimulant use disorder, opioid use disorder, and prescription tranquilizer or sedative use disorder that align with DSM-5 categories.

In 2024, 48.4 million people aged 12 or older (or 16.8 percent of the population) had an SUD in the past year, including 27.9 million people who had an alcohol use disorder and 28.2 million people who had a drug use disorder (Figure 35 and Table A.27AB). 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 (16.0 percent or 7.7 million people) had both an alcohol use disorder and a drug use disorder in the past year.

Among people aged 12 or older, the percentage who had a past year SUD showed no change from 2021 to 2024 (Figure 36 and Table A.28B). In 2024, 16.8 percent of people aged 12 or older (or 48.4 million people) had a past year SUD. Percentages also showed no change from 2021 to 2024 for young adults aged 18 to 25 and adults aged 26 or older. In 2024, 25.9 percent of young adults (or 9.1 million people) and 16.4 percent of adults aged 26 or older (or 37.3 million people) had a past year SUD (Tables A.30B and A.31B). Among adolescents aged 12 to 17, percentages declined from 9.2 percent (or 2.4 million people) in 2021 to 7.8 percent (or 2.0 million people) in 2024 (Table A.29B).

Alcohol Use Disorder

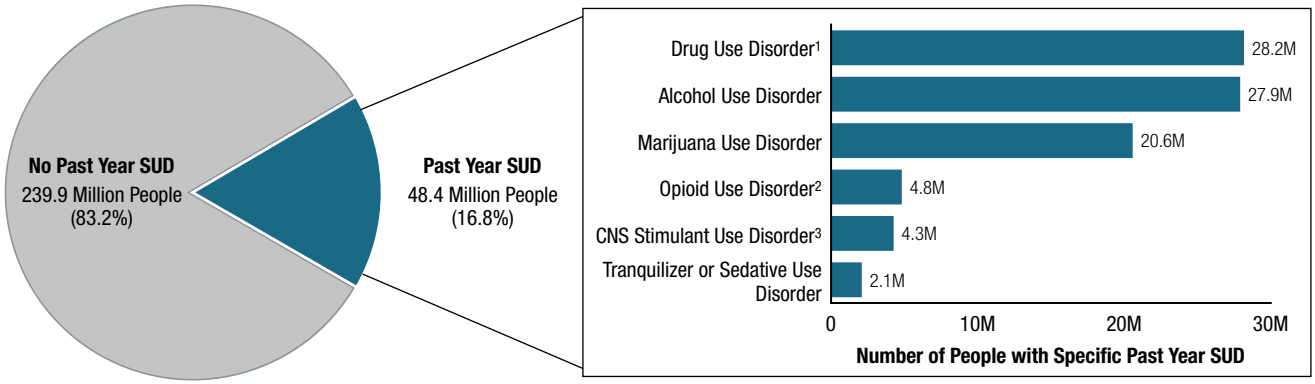
Respondents who used alcohol on 6 or more days in the past 12 months were classified as having an alcohol use disorder if they met two or more of the DSM-5 criteria for alcohol use disorder. Relevant criteria for alcohol use disorder can be found in the 2024 Methodological Summary and Definitions report.[12]

Among people aged 12 or older, the percentage who had a past year alcohol use disorder declined from 10.6 percent (or 29.7 million people) in 2021 to 9.7 percent (or 27.9 million people) in 2024 (Figure 37 and Table A.28B). Among young adults aged 18 to 25 and adults aged 26 or older, the percentages who had a past year alcohol use disorder also declined from 2021 to 2024 (Tables A.30B and A.31B). For example, the percentage of young adults who had a past year alcohol use disorder declined from 15.5 percent (or 5.2 million people) in 2021 to 14.4 percent (or 5.0 million people) in 2024. Among adolescents aged 12 to 17, the percentage who had a past year alcohol use disorder showed no change between 2021 and 2024. In 2024, 3.0 percent of adolescents (or 775,000 people) had a past year alcohol use disorder (Table A.29B).

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,

Figure 35. Past Year Substance Use Disorder (SUD): Among People Aged 12 or Older; 2024



CNS = central nervous system.

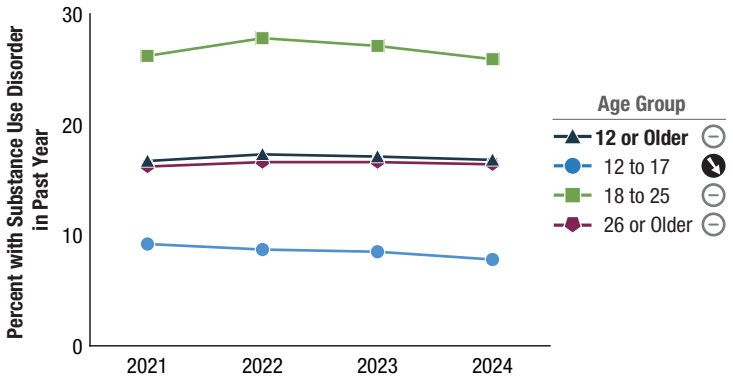
Note: The estimated numbers of people with SUDs are not mutually exclusive because people could have use disorders for more than one substance.

[1] Includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, or prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives). See footnote 2 for more information about opioid use disorder.

[2] Includes data from all past year users of heroin or prescription opioids. Respondents were not included if they used only nonopioid pain relievers and did not use heroin in the past year.

[3] Includes data from all past year users of cocaine, methamphetamine, or prescription stimulants.

Figure 36. Past Year Substance Use Disorder: Among People Aged 12 or Older; 2021-2024



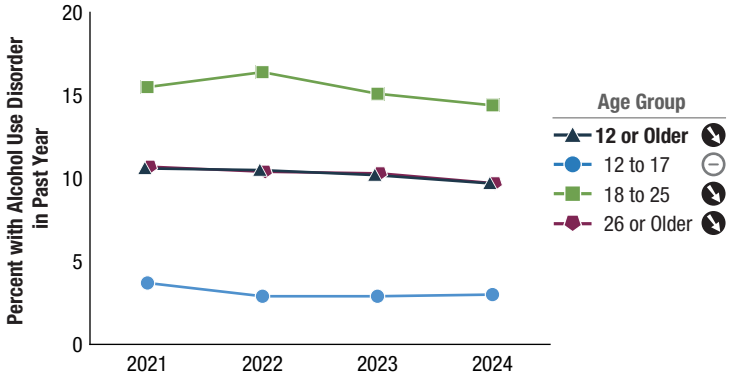
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 36 Table. Past Year Substance Use Disorder: Among People Aged 12 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
12 or Older	16.7	17.3	17.1	16.8	No Change
12 to 17	9.2	8.7	8.5	7.8	**Decreased**
18 to 25	26.2	27.8	27.1	25.9	No Change
26 or Older	16.2	16.6	16.6	16.4	No Change

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 37. Past Year Alcohol Use Disorder: Among People Aged 12 or Older; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 37 Table. Past Year Alcohol Use Disorder: Among People Aged 12 or Older; Percentages, 2021-2024

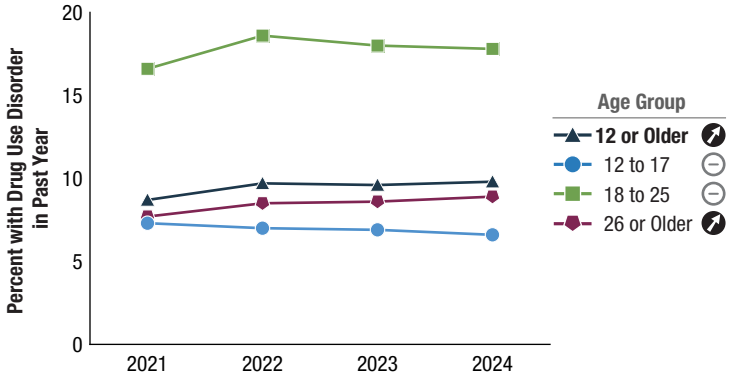
Age Group	2021	2022	2023	2024	Trend
12 or Older	10.6	10.5	10.2	9.7	**Decreased**
12 to 17	3.7	2.9	2.9	3.0	No Change
18 to 25	15.5	16.4	15.1	14.4	**Decreased**
26 or Older	10.7	10.4	10.3	9.7	**Decreased**

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

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 2024 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 2024 Methodological Summary and Definitions report.[12]

Among people aged 12 or older, the percentage who had a past year drug use disorder increased from 8.7 percent (or 24.5 million people) in 2021 to 9.8 percent (or 28.2 million people) in 2024 (Figure 38 and Table A.28B). The percentage of people who had a past year drug use disorder also increased among adults aged 26 or older, from 7.7 percent (or 17.0 million people) in 2021 to 8.9 percent (or 20.3 million people) in 2024 (Table A.31B). Percentages showed no change from 2021 to 2024 for adolescents aged 12 to 17 and young adults aged 18 to 25 (Tables A.29B and A.30B). In 2024, 6.6 percent of adolescents (or 1.7 million people) and 17.8 percent of young adults (or 6.2 million people) had a past year drug use disorder.

Figure 38. Past Year Drug Use Disorder: Among People Aged 12 or Older; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 38 Table. Past Year Drug Use Disorder: Among People Aged 12 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
12 or Older	8.7	9.7	9.6	9.8	**Increased**
12 to 17	7.3	7.0	6.9	6.6	No Change
18 to 25	16.6	18.6	18.0	17.8	No Change
26 or Older	7.7	8.5	8.6	8.9	**Increased**

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Marijuana (Cannabis) Use Disorder

The trends for past year marijuana (cannabis) use disorder follow the same pattern as the trends for past year drug use disorder. Among people aged 12 or older, the percentage who had a past year marijuana use disorder increased from 6.0 percent (or 16.7 million people) in 2021 to 7.1 percent (or 20.6 million people) in 2024 (Figure 39 and Table A.28B). The percentage of people who had a past year marijuana use disorder also increased among adults aged 26 or older, from 4.7 percent (or 10.4 million people) in 2021 to 6.1 percent (or 13.8 million people) in 2024 (Table A.31B). Percentages showed no change from 2021 to 2024 for adolescents aged 12 to 17 and young adults aged 18 to 25 (Tables A.29B and A.30B). In 2024, 4.7 percent of adolescents (or 1.2 million people) and 15.8 percent of young adults (or 5.5 million people) had a past year marijuana use disorder.

Central Nervous System Stimulant Use Disorder

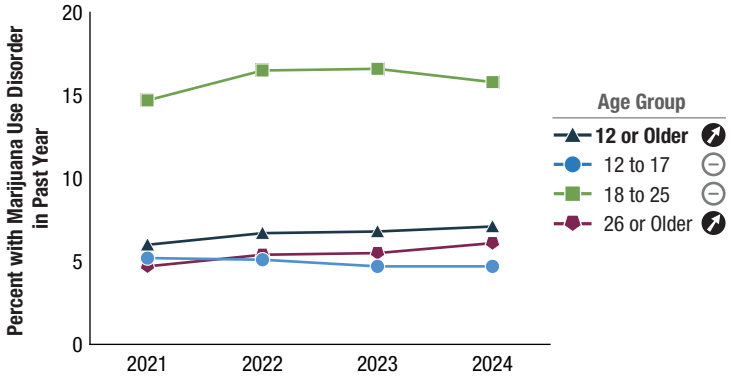
Central nervous system (CNS) stimulant use disorder included data from people who used cocaine, methamphetamine, or prescription stimulants in the past year. NSDUH respondents were counted as having a CNS stimulant use disorder if they met two or more of the DSM-5 criteria shown in Table 1 for cocaine, methamphetamine, or prescription stimulants in the past year, including situations in which respondents met SUD criteria for more than one of these substances. Respondents were not counted as having a CNS stimulant use disorder if they did not meet the full SUD criteria individually for cocaine, methamphetamine, or prescription stimulants.

Among people aged 12 or older, the percentage who had a past year CNS stimulant use disorder showed no change from 2021 to 2024 (Figure 40 and Table A.28B). In 2024, 1.5 percent of people aged 12 or older (or 4.3 million people) had a past year CNS stimulant use disorder. Percentages also showed no change from 2021 to 2024 for each age group. In 2024, percentages ranged from 0.8 percent of adolescents aged 12 to 17 (or 210,000 people) to 2.1 percent of young adults aged 18 to 25 (or 722,000 people) (Tables A.29B and A.30B). An estimated 1.5 percent of adults aged 26 or older in 2024 (or 3.3 million people) had a past year CNS stimulant use disorder (Table A.31B).

Opioid Use Disorder

Opioid use disorder included data from people who used heroin or prescription opioids in the past year. NSDUH respondents were counted as having an opioid use disorder

Figure 39. Past Year Marijuana Use Disorder: Among People Aged 12 or Older; 2021-2024



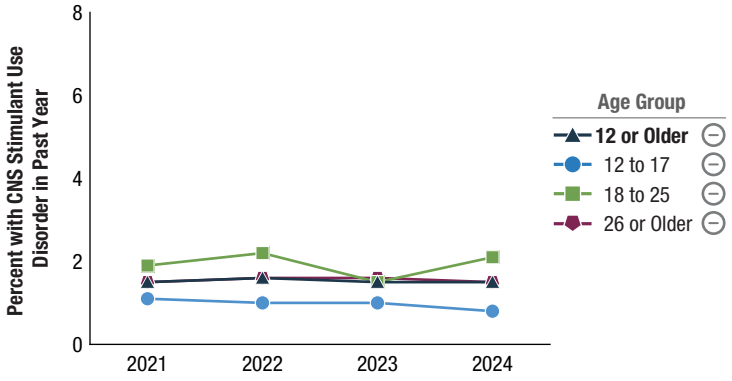
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 39 Table. Past Year Marijuana Use Disorder: Among People Aged 12 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
12 or Older	6.0	6.7	6.8	7.1	**Increased**
12 to 17	5.2	5.1	4.7	4.7	No Change
18 to 25	14.7	16.5	16.6	15.8	No Change
26 or Older	4.7	5.4	5.5	6.1	**Increased**

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 40. Past Year Central Nervous System (CNS) Stimulant Use Disorder: Among People Aged 12 or Older; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 40 Table. Past Year Central Nervous System (CNS) Stimulant Use Disorder: Among People Aged 12 or Older; Percentages, 2021-2024

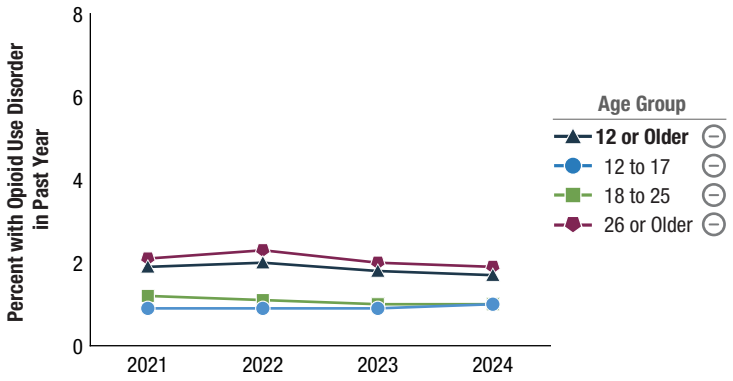
Age Group	2021	2022	2023	2024	Trend
12 or Older	1.5	1.6	1.5	1.5	No Change
12 to 17	1.1	1.0	1.0	0.8	No Change
18 to 25	1.9	2.2	1.5	2.1	No Change
26 or Older	1.5	1.6	1.6	1.5	No Change

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

if they met two or more of the DSM-5 criteria shown in Table 1 for heroin or prescription opioids in the past year, including situations in which respondents met SUD criteria for both substances. Respondents were not counted as having an opioid use disorder if they did not meet the full SUD criteria individually for heroin or prescription opioids. As noted previously, respondents also were not counted as having an opioid use disorder if the prescription pain relievers they reported using in the past year were not opioids, and they did not use heroin in the past year. In addition, questions about the use of IMF were asked in the 2024 NSDUH following the SUD questions; hence, the opioid use disorder estimates do not capture symptoms that arose solely from the use of IMF in the past year.

Among people aged 12 or older, the percentage who had a past year opioid use disorder showed no change from 2021 to 2024 (Figure 41 and Table A.28B). In 2024, 1.7 percent of people aged 12 or older (or 4.8 million people) had a past year opioid use disorder. Percentages also showed no change from 2021 to 2024 for each age group. In 2024, percentages ranged from 1.0 percent of adolescents aged 12 to 17 (or 267,000 people) and 1.0 percent of young adults aged 18 to 25 (or 335,000 people) to 1.9 percent of adults aged 26 or older (or 4.2 million people) (Tables A.29B, A.30B, and A.31B).

Figure 41. Past Year Opioid Use Disorder: Among People Aged 12 or Older; 2021-2024



Note: Estimates for 2021-2023 may differ from previously published estimates for opioid use disorder because they do not include the use of only nonopioid pain relievers.

Note: Estimates for 2021 use the updated 2021 analysis weights to facilitate between-year comparisons.

Figure 41 Table. Past Year Opioid Use Disorder: Among People Aged 12 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
12 or Older	1.9	2.0	1.8	1.7	No Change
12 to 17	0.9	0.9	0.9	1.0	No Change
18 to 25	1.2	1.1	1.0	1.0	No Change
26 or Older	2.1	2.3	2.0	1.9	No Change

Note: Estimates for 2021-2023 may differ from previously published estimates for opioid use disorder because they do not include the use of only nonopioid pain relievers.

Note: Estimates for 2021 use the updated 2021 analysis weights to facilitate between-year comparisons.

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.

Highlights from Figure 42 and Table A.32B for severity levels among people aged 12 or older in 2024 who had a past year SUD, drug use disorder, marijuana use disorder, or alcohol use disorder include the following:

- Among the 48.4 million people aged 12 or older who had a past year SUD (Figure 35), most (55.8 percent) had a mild disorder, and about 1 in 5 (21.3 percent) had a severe disorder. A similar pattern occurred among each age group. Percentages of people with a past year SUD who had a severe disorder ranged from 20.4 percent among adults aged 26 or older to 26.4 percent among adolescents aged 12 to 17.
- The percentages for severity among people who had a past year drug use disorder followed a general pattern similar to that for any SUD in that period. Among the 28.2 million people aged 12 or older who had a drug use disorder (Figure 35), most (55.0 percent) had a mild disorder, and about 1 in 5 (20.6 percent) had a severe disorder. Percentages of people with a past year drug use disorder who had a severe disorder ranged from 18.7 percent among adults aged 26 or older to 26.7 percent among adolescents aged 12 to 17.
- The percentages for severity among people who had a marijuana use disorder in the past year followed a general pattern similar to that for any SUD among people aged 12 or older, young adults aged 18 to 25, and adults aged 26 or older. Among the 20.6 million people aged 12 or older who had a marijuana use disorder (Figure 35), most (54.4 percent) had a mild disorder, and about 1 in 6 (17.7 percent) had a severe disorder. A slightly different pattern occurred among

adolescents aged 12 to 17. Among adolescents who had a marijuana use disorder, about a third (35.9 percent) had a mild disorder, and a third (33.9 percent) had a severe disorder.

- The percentages for severity among people who had a past year alcohol use disorder followed a general pattern similar to that for any SUD in that period. Among the 27.9 million people aged 12 or older with a past year alcohol use disorder (Figure 35), most (59.4 percent) had a mild disorder compared with about 1 in 5 (19.2 percent) who had a severe disorder. Among people with a past year alcohol use disorder, percentages who had a severe disorder ranged from 17.5 percent among young adults aged 18 to 25 to 19.6 percent among adults aged 26 or older.

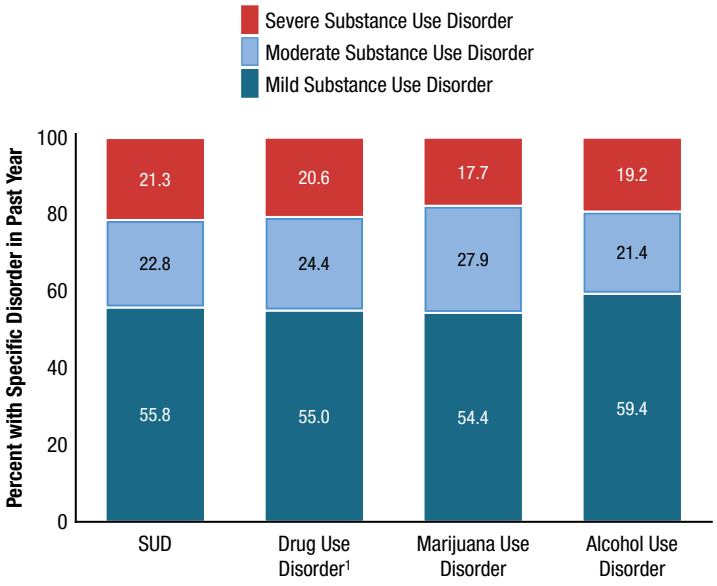
In summary, the majority of people aged 12 or older who had an alcohol use disorder or a marijuana use disorder had a mild disorder, and only about 1 in 5 people with these disorders had a severe disorder. These patterns for alcohol use disorder and marijuana use disorder differ from those described next for people with a CNS stimulant use disorder due to their misuse of CNS stimulants and for people with an opioid use disorder due to their misuse of opioids.

Among the estimated 4.3 million people aged 12 or older in 2024 who had a CNS stimulant use disorder in the past year (Figure 35), about 2 in 5 (37.8 percent) had a severe disorder, and about 2 in 5 (41.8 percent) had a mild disorder (Figure 43 and Table A.33B).

- Among people who had a CNS stimulant use disorder in the past year that was due to their misuse of CNS stimulants in the past year (i.e., use of cocaine or methamphetamine[57] or misuse of prescription stimulants), 28.5 percent had a mild disorder, and about half (48.3 percent) had a severe disorder.
- In comparison, among people whose CNS stimulant use disorder was due only to their use but not misuse of prescription stimulants in the past year, 83.0 percent had a mild disorder, and 5.1 percent had a severe disorder.

Among the estimated 4.8 million people aged 12 or older in 2024 who had an opioid use disorder in the past year, about one fifth (19.3 percent) had a severe disorder,

Figure 42. Substance Use Disorder (SUD) Severity Level for Specific Substances in the Past Year: Among People Aged 12 or Older with a Specific SUD; 2024

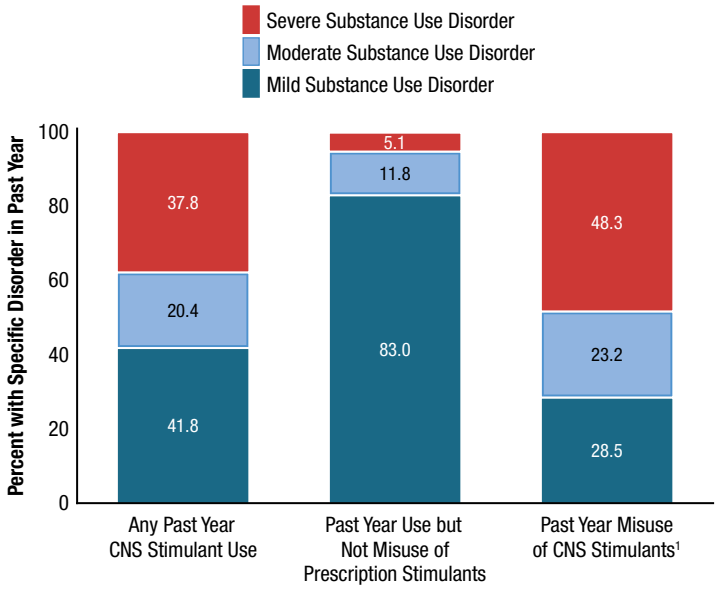


Note: The percentages may not add to 100 percent due to rounding.

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.

[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).

Figure 43. Central Nervous System (CNS) Stimulant Use Disorder Severity Level in the Past Year: Among People Aged 12 or Older with a CNS Stimulant Use Disorder; 2024



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

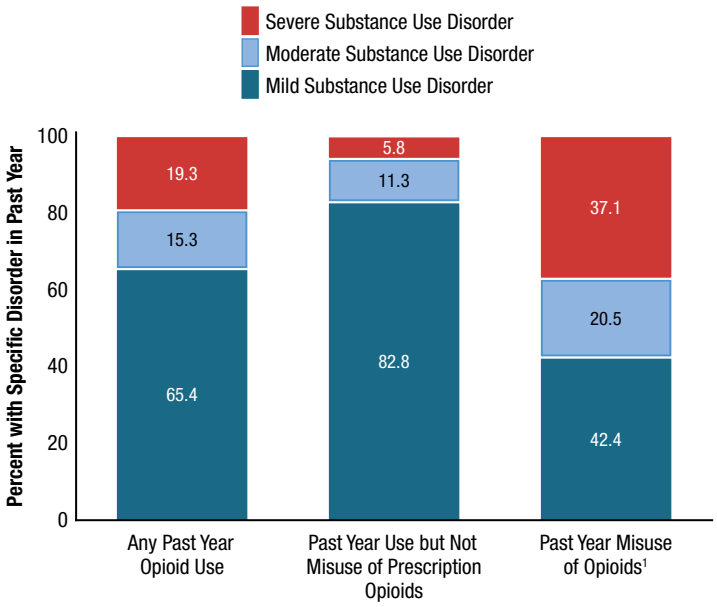
Note: As shown in Table 1, the number of criteria for CNS stimulant use disorder differed for people who misused prescription stimulants in the past year or who used but did not misuse them. Regardless of the total number of criteria used for classifying people as having a prescription stimulant use 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.

[1] Past Year Misuse of CNS Stimulants is defined as the use of cocaine or methamphetamine or the misuse of prescription stimulants.

and about two thirds (65.4 percent) had a mild disorder (Figure 44 and Table A.33B).

- Among people who had an opioid use disorder in the past year that was due to their misuse of opioids in the past year (i.e., use of heroin[57] or misuse of prescription opioids), 42.4 percent had a mild disorder, and 37.1 percent had a severe disorder.
- In comparison, among people whose opioid use disorder was due only to their use but not misuse of prescription opioids in the past year, 82.8 percent had a mild disorder, and 5.8 percent had a severe disorder.

Figure 44. Opioid Use Disorder Severity Level in the Past Year: Among People Aged 12 or Older with an Opioid Use Disorder; 2024



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

Note: As shown in Table 1, the number of criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, for opioid use disorder differed for people who misused prescription opioids 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 an opioid 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.

[1] Past Year Misuse of Opioids is defined as the use of heroin or the misuse of prescription opioids.

Symptoms of Generalized Anxiety Disorder in the Past 2 Weeks

The seven-item generalized anxiety disorder (GAD-7) scale was added to the 2024 NSDUH questionnaire for adolescents aged 12 to 17 and adults aged 18 or older. The GAD-7 is a validated self-report measure to screen for GAD and assess symptoms of GAD in the past 2 weeks.[58,59] Symptoms of GAD include feeling nervous or on edge, excessively worrying about different things, having difficulty controlling thoughts of worry, having trouble relaxing, being restless, feeling irritable, and feeling that something awful might happen. GAD-7 scores ranged from 0 to 21, with higher scores indicating greater symptom severity. NSDUH respondents with scores of 0 to 4 were classified as having no or minimal symptoms of GAD, 5 to 9 as having mild symptoms, 10 to 14 as having moderate symptoms, and 15 to 21 as having severe symptoms.[58,60]

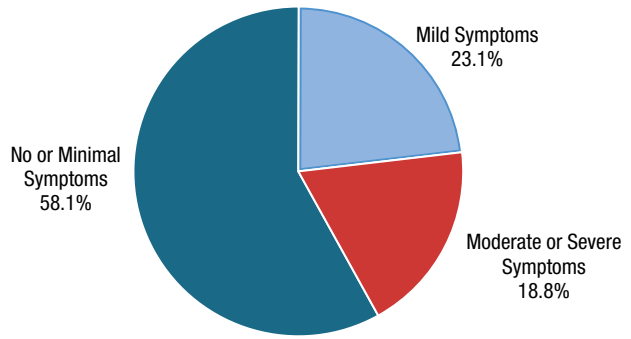
Symptoms of Anxiety among Adolescents

Among adolescents aged 12 to 17 in 2024, about 1 in 5 (18.8 percent or 4.9 million people) had moderate or severe symptoms of GAD, including 10.6 percent (or 2.7 million people) who had moderate symptoms and 8.2 percent (or 2.1 million people) who had severe symptoms (Figure 45 and Table A.34B).[61] About 1 in 4 adolescents (23.1 percent or 6.0 million people) had mild symptoms, and about 6 in 10 (58.1 percent or 15.1 million people) had no or minimal symptoms.

Symptoms of Anxiety among Adults

Among adults aged 18 or older in 2024, 7.4 percent (or 19.4 million people) had moderate or severe symptoms of GAD, including 4.7 percent (or 12.2 million people) who had moderate symptoms and 2.7 percent (or 7.1 million people) who had severe symptoms (Figure 46 and Table A.35B).[61] In addition, 14.3 percent of adults (or 37.5 million people) had mild symptoms. About 8 in 10 adults (78.3 percent or 205.5 million people) had no or minimal symptoms.

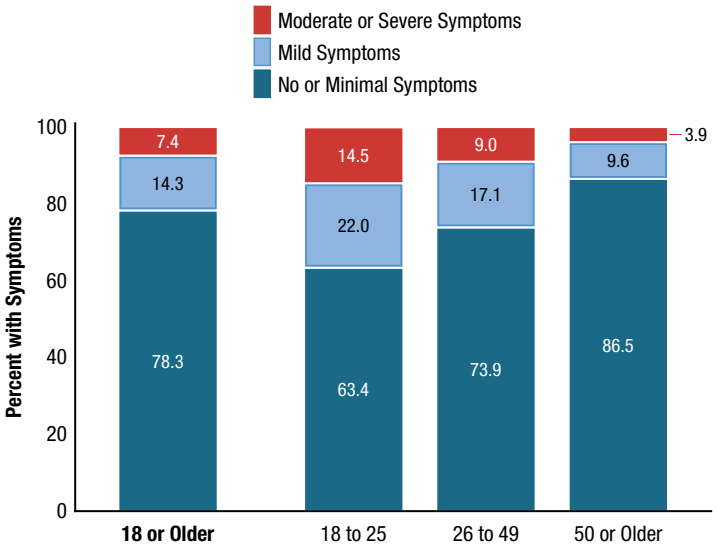
Figure 45. Generalized Anxiety Disorder Symptom Severity in the Past 2 Weeks: Among Adolescents Aged 12 to 17; 2024



Note: Generalized anxiety disorder (GAD) symptom severity is based on the GAD-7 scale. GAD-7 scores indicate the following: 0 to 4 = no or minimal symptoms of GAD, 5 to 9 = mild symptoms, 10 to 14 = moderate symptoms, 15 to 21 = severe symptoms. The Moderate or Severe category includes respondents with a GAD-7 score of 10 or greater.

Percentages of adults who had moderate or severe symptoms ranged from 3.9 percent (or 4.8 million people) among adults aged 50 or older to 14.5 percent (or 5.1 million people) among young adults aged 18 to 25 (Figure 46 and Table A.35B). An estimated 9.0 percent of adults aged 26 to 49 (or 9.5 million people) had moderate or severe symptoms.

Figure 46. Generalized Anxiety Disorder Symptom Severity in the Past 2 Weeks: Among Adults Aged 18 or Older; 2024



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

Note: Generalized anxiety disorder (GAD) symptom severity is based on the GAD-7 scale. GAD-7 scores indicate the following: 0 to 4 = no or minimal symptoms of GAD, 5 to 9 = mild symptoms, 10 to 14 = moderate symptoms, 15 to 21 = severe symptoms. The Moderate or Severe category includes respondents with a GAD-7 score of 10 or greater.

Major Depressive Episode in the Past Year

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.[51] 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 and adults are not directly comparable and are presented separately.[15,62,63]

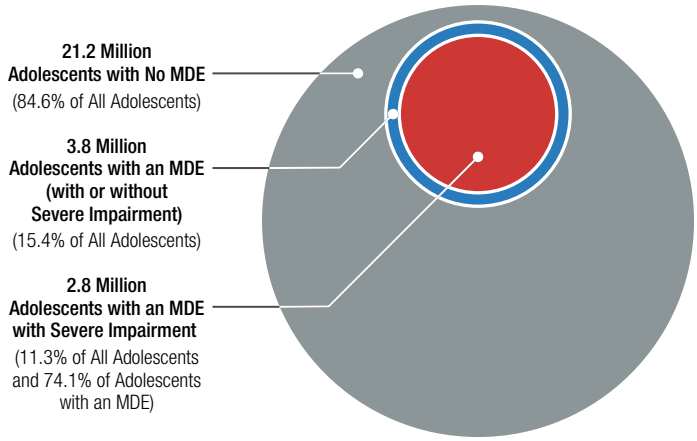
NSDUH also collected data on whether an MDE in the past year caused respondents to experience severe impairment in four major life activities or role domains. These domains were defined separately for adolescents aged 12 to 17 and adults aged 18 or older to reflect the different roles associated with the two age groups. Adolescents 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 2024 who provided usable information on their substance use[64] 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 2021 to 2024.[65]

MDE and MDE with Severe Impairment among Adolescents

Among adolescents aged 12 to 17 in 2024, 15.4 percent (or 3.8 million people) had a past year MDE (Figure 47 and Table A.36B). An estimated 11.3 percent of adolescents in 2024 (or 2.8 million people) had a past year MDE with severe impairment.

Figure 47. Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year: Among Adolescents Aged 12 to 17; 2024



Note: Adolescent respondents with unknown MDE data were excluded; therefore, the sum of the interior pieces may not add to the whole.

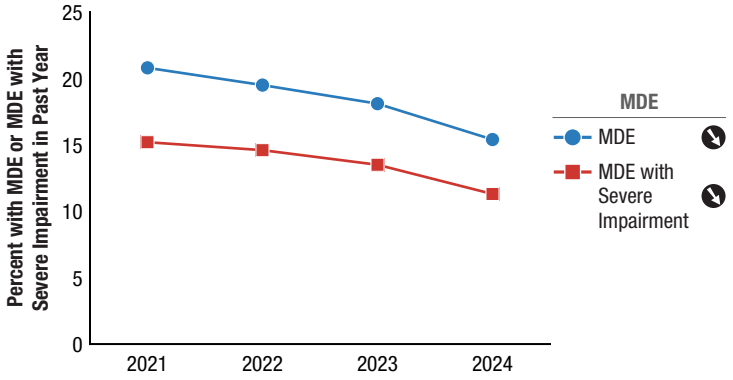
Among adolescents aged 12 to 17, the percentage who had a past year MDE declined from 20.8 percent (or 5.2 million people) in 2021 to 15.4 percent (or 3.8 million people) in 2024 (Figure 48 and Table A.36B). Similarly, the percentage of adolescents who had a past year MDE with severe impairment declined from 15.2 percent (or 3.8 million people) in 2021 to 11.3 percent (or 2.8 million people) in 2024.

MDE and MDE with Severe Impairment among Adults

Among adults aged 18 or older, the percentage who had a past year MDE showed no change from 2021 to 2024 (Figure 49 and Table A.37B). In 2024, 8.2 percent of adults aged 18 or older (or 21.4 million people) had a past year MDE. Among adults aged 26 to 49 and adults aged 50 or older, the percentages who had a past year MDE also showed no change from 2021 to 2024. In 2024, 1 in 10 adults aged 26 to 49 (10.0 percent or 10.5 million people) had a past year MDE. Among young adults aged 18 to 25, however, the percentage who had a past year MDE declined from 19.3 percent (or 6.4 million people) in 2021 to 15.9 percent (or 5.5 million people) in 2024.

The percentage of adults aged 18 or older who had a past year MDE with severe impairment also showed no change from 2021 to 2024 (Figure 50 and Table A.37B). In 2024, 5.6 percent of adults aged 18 or older (or 14.7 million people) had a past year MDE with severe impairment. Among adults aged 26 to 49 and adults aged 50 or older, the percentages who had a past year MDE with severe impairment also showed no change from 2021 to 2024. In 2024, 7.0 percent of adults aged 26 to 49 (or 7.4 million people) had a past year MDE with severe impairment. Among young adults aged 18 to 25, however, the percentage who had a past year MDE with severe impairment declined from 13.8 percent (or 4.6 million people) in 2021 to 11.5 percent (or 4.0 million people) in 2024.

Figure 48. Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year: Among Adolescents Aged 12 to 17; 2021-2024



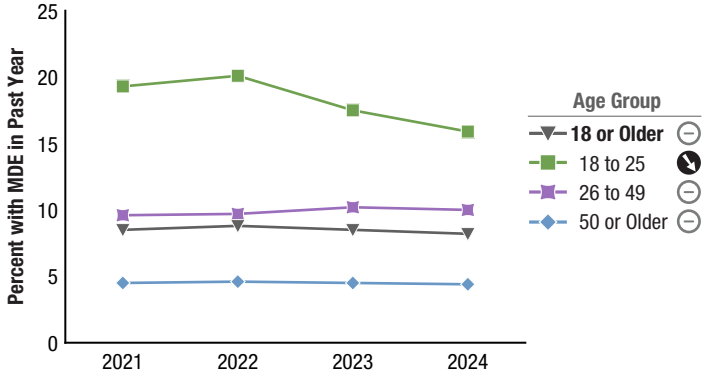
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 48 Table. Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year: Among Adolescents Aged 12 to 17; Percentages, 2021-2024

MDE	2021	2022	2023	2024	Trend
MDE	20.8	19.5	18.1	15.4	Decreased
MDE with Severe Impairment	15.2	14.6	13.5	11.3	Decreased

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 49. Major Depressive Episode (MDE) in the Past Year: Among Adults Aged 18 or Older; 2021-2024



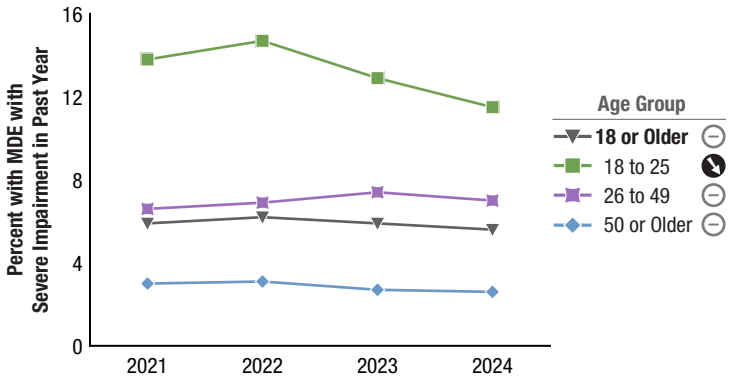
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 49 Table. Major Depressive Episode (MDE) in the Past Year: Among Adults Aged 18 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
18 or Older	8.5	8.8	8.5	8.2	No Change
18 to 25	19.3	20.1	17.5	15.9	**Decreased**
26 to 49	9.6	9.7	10.2	10.0	No Change
50 or Older	4.5	4.6	4.5	4.4	No Change

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 50. Major Depressive Episode (MDE) with Severe Impairment in the Past Year: Among Adults Aged 18 or Older; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 50 Table. Major Depressive Episode (MDE) with Severe Impairment in the Past Year: Among Adults Aged 18 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
18 or Older	5.9	6.2	5.9	5.6	No Change
18 to 25	13.8	14.7	12.9	11.5	**Decreased**
26 to 49	6.6	6.9	7.4	7.0	No Change
50 or Older	3.0	3.1	2.7	2.6	No Change

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

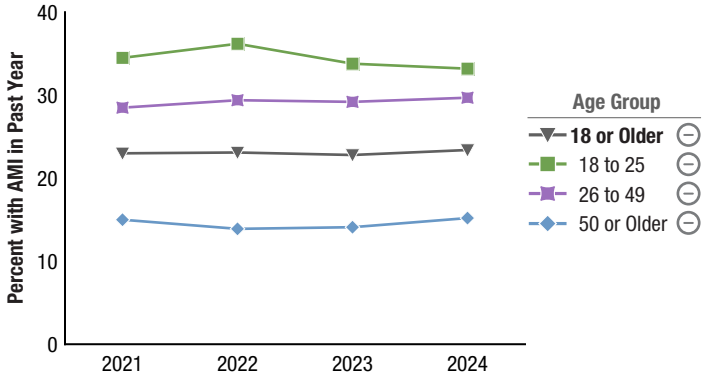
Any Mental Illness among Adults in the Past Year

NSDUH provides 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 substance use disorders (SUDs).[66,67] A new mental health calibration study is in progress that includes clinical interviews based on DSM-5 criteria.[51]

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 adult samples for 2021 to 2024 had AMI or SMI in the past year. Source variables were statistically imputed for the prediction models used to estimate AMI or SMI.[65]

Among adults aged 18 or older, the percentage who had AMI in the past year showed no change from 2021 to 2024 (Figure 51 and Table A.38B). In 2024, 23.4 percent of adults aged 18 or older (or 61.5 million people) had AMI in the past year. Percentages of adults in each age group who had AMI in the past year also showed no change from 2021 to 2024. In 2024, about one third of young adults aged 18 to 25 (33.2 percent or 11.6 million people) had AMI in the past year.

Figure 51. Any Mental Illness (AMI) in the Past Year: Among Adults Aged 18 or Older; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 51 Table. Any Mental Illness (AMI) in the Past Year: Among Adults Aged 18 or Older; Percentages, 2021-2024

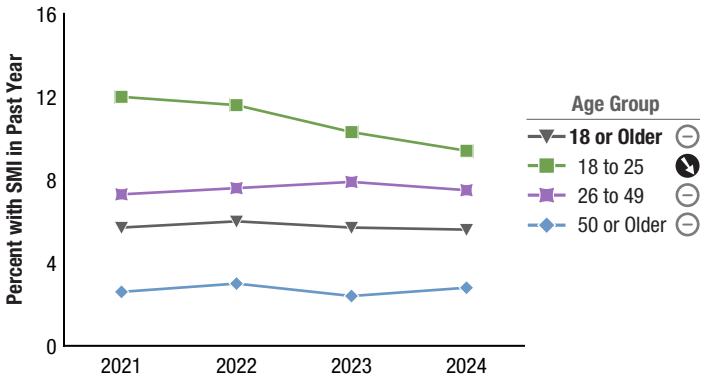
Age Group	2021	2022	2023	2024	Trend
18 or Older	23.0	23.1	22.8	23.4	No Change
18 to 25	34.5	36.2	33.8	33.2	No Change
26 to 49	28.5	29.4	29.2	29.7	No Change
50 or Older	15.0	13.9	14.1	15.2	No Change

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Serious Mental Illness among Adults in the Past Year

Among adults aged 18 or older, the percentage who had SMI in the past year showed no change from 2021 to 2024 (Figure 52 and Table A.38B). In 2024, 5.6 percent of adults aged 18 or older (or 14.6 million people) had SMI in the past year. Among adults aged 26 to 49 and adults aged 50 or older, the percentages who had SMI in the past year also showed no change from 2021 to 2024. In 2024, 7.5 percent of adults aged 26 to 49 (or 7.9 million people) had SMI in the past year. Among young adults aged 18 to 25, however, the percentage who had SMI in the past year declined from 12.0 percent (or 4.0 million people) in 2021 to 9.4 percent (or 3.3 million people) in 2024.

Figure 52. Serious Mental Illness (SMI) in the Past Year: Among Adults Aged 18 or Older; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 52 Table. Serious Mental Illness (SMI) in the Past Year: Among Adults Aged 18 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
18 or Older	5.7	6.0	5.7	5.6	No Change
18 to 25	12.0	11.6	10.3	9.4	**Decreased**
26 to 49	7.3	7.6	7.9	7.5	No Change
50 or Older	2.6	3.0	2.4	2.8	No Change

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

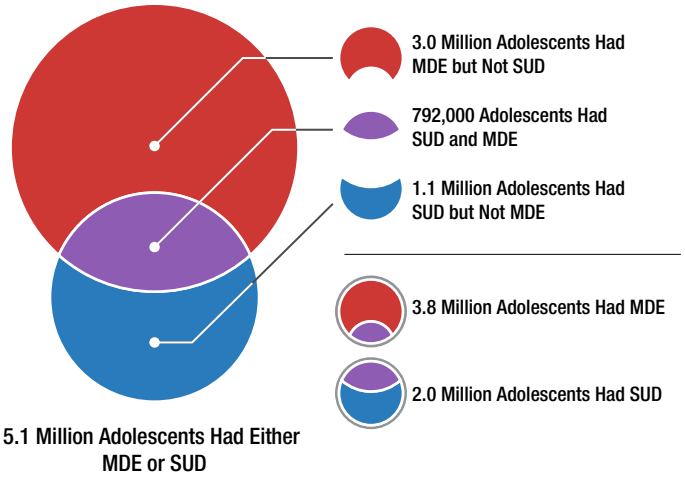
Co-Occurring MDE and SUD among Adolescents

NSDUH provides 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, NSDUH does not capture information to 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 2024, 20.2 percent (or 5.1 million people) had either an MDE or an SUD in the past year (Figure 53 and Table A.39AB). Among the 3.8 million adolescents who had a past year MDE, most (3.0 million people) did not have an SUD.[22] Of adolescents who had an SUD in the past year (2.0 million people), however, about two fifths (792,000 people) also had a past year MDE.[22]

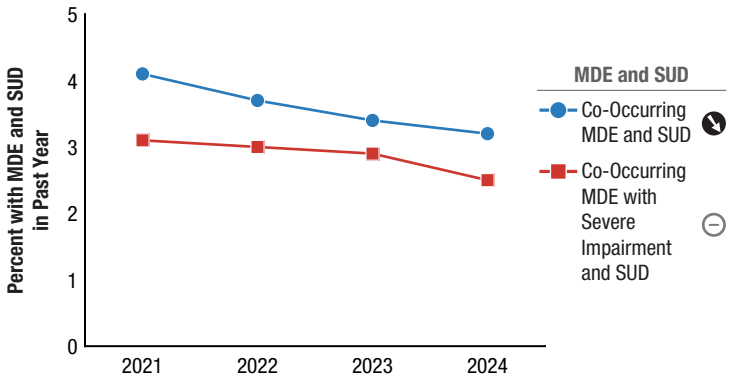
Among adolescents aged 12 to 17, the percentage who had an MDE and an SUD in the past year declined from 4.1 percent (or 1.0 million people) in 2021 to 3.2 percent (or 792,000 people) in 2024 (Figure 54 and Table A.40B). The percentage of adolescents who had an MDE with severe impairment and an SUD in the past year showed no change from 2021 to 2024. In 2024, 2.5 percent of adolescents (or 632,000 people) had an MDE with severe impairment and an SUD in the past year.

Figure 53. Past Year Substance Use Disorder (SUD) or Major Depressive Episode (MDE): Among Adolescents Aged 12 to 17; 2024



Note: Adolescent respondents with unknown MDE data were excluded; therefore, the sum of the interior pieces may not add to the whole.

Figure 54. Co-Occurring Past Year Major Depressive Episode (MDE) and Substance Use Disorder (SUD) or Co-Occurring Past Year MDE with Severe Impairment and SUD: Among Adolescents Aged 12 to 17; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 54 Table. Co-Occurring Past Year Major Depressive Episode (MDE) and Substance Use Disorder (SUD) or Co-Occurring Past Year MDE with Severe Impairment and SUD: Among Adolescents Aged 12 to 17; Percentages, 2021-2024

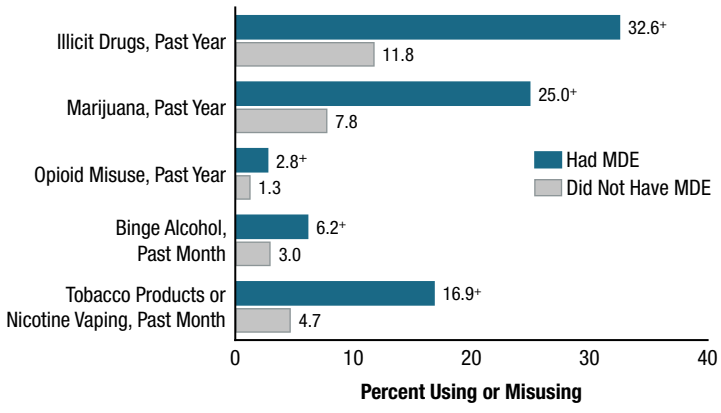
MDE and SUD	2021	2022	2023	2024	Trend
Co-Occurring MDE and SUD	4.1	3.7	3.4	3.2	**Decreased**
Co-Occurring MDE with Severe Impairment and SUD	3.1	3.0	2.9	2.5	No Change

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Substance Use among Adolescents with MDE

In 2024, 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 with a past year MDE were more likely than adolescents without a past year MDE to have been past year illicit drug users (32.6 vs. 11.8 percent), past year marijuana users (25.0 vs. 7.8 percent), or past year misusers of opioids (i.e., heroin users or misusers of prescription opioids) (2.8 vs. 1.3 percent) (Figure 55 and Table A.41B). Adolescents with a past year MDE also were more likely than those without a past year MDE to have been past month binge alcohol users (6.2 vs. 3.0 percent). In addition, adolescents 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 (16.9 vs. 4.7 percent). Adolescents 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.41B.

Figure 55. Past Year or Past Month Substance Use: Among Adolescents Aged 12 to 17; by Past Year Major Depressive Episode (MDE) Status, 2024



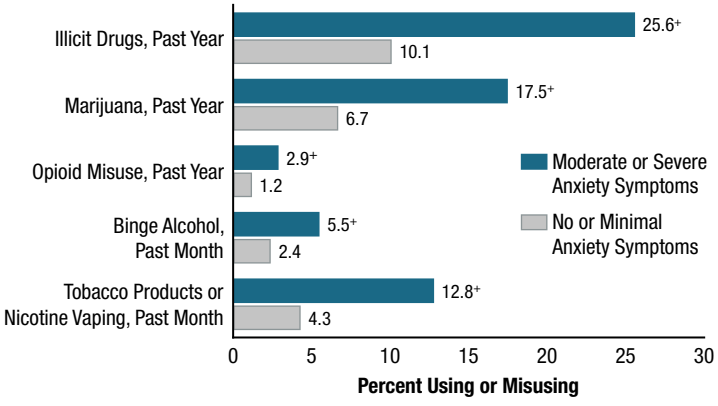
+ Difference between this estimate and the estimate for adolescents without MDE is statistically significant at the .05 level.

Note: Adolescent respondents with unknown MDE data were excluded.

Substance Use among Adolescents with Moderate or Severe Anxiety Symptoms

In 2024, adolescents aged 12 to 17 who had moderate or severe symptoms of anxiety in the past 2 weeks were more likely to have used some substances in the past year or past month compared with their counterparts who had no or minimal symptoms in the past 2 weeks. Adolescents with moderate or severe symptoms were more likely than adolescents with no or minimal symptoms to have been past year illicit drug users (25.6 vs. 10.1 percent), past year marijuana users (17.5 vs. 6.7 percent), or past year misusers of opioids (i.e., heroin users or misusers of prescription opioids) (2.9 vs. 1.2 percent) (Figure 56 and Table A.42B). Adolescents who had moderate or severe symptoms were more likely than those with no or minimal symptoms to have been past month binge alcohol users (5.5 vs. 2.4 percent). In addition, adolescents with moderate or severe symptoms were more likely than those with no or minimal symptoms of anxiety to have used tobacco products or to have vaped nicotine in the past month (12.8 vs. 4.3 percent). Adolescents with moderate or severe symptoms of anxiety also were more likely than those with no or minimal symptoms to have been past year or past month users of most of the other substances shown in Table A.42B. For example, 1.7 percent of adolescents with moderate or severe symptoms misused prescription tranquilizers or sedatives in the past year compared with 0.2 percent of adolescents with no or minimal symptoms; tranquilizers are commonly prescribed to relieve anxiety.

Figure 56. Past Year or Past Month Substance Use: Among Adolescents Aged 12 to 17; by Severity of Anxiety Symptoms in the Past 2 Weeks, 2024



+ Difference between this estimate and the estimate for adolescents with no or minimal anxiety symptoms is statistically significant at the .05 level.

Note: Generalized anxiety disorder (GAD) symptom severity is based on the GAD-7 scale. GAD-7 scores indicate the following: 0 to 4 = no or minimal symptoms of GAD, 5 to 9 = mild symptoms, 10 to 14 = moderate symptoms, 15 to 21 = severe symptoms. The Moderate or Severe category includes respondents with a GAD-7 score of 10 or greater.

Co-Occurring Mental Illness and SUD among Adults

NSDUH provides 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, statistical prediction models for classifying whether adult respondents had AMI or SMI in the past year cannot establish whether adults met criteria for AMI or SMI and an SUD at the same point in time during the past 12 months.

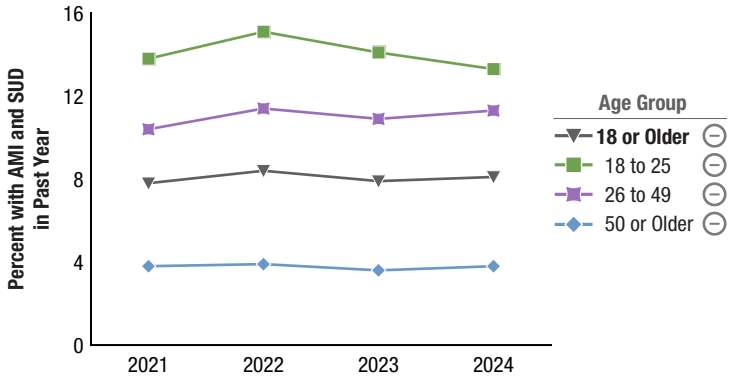
Co-Occurring AMI and SUD

Among adults aged 18 or older in 2024, 33.0 percent (or 86.6 million people) had either AMI or an SUD in the past year (Figure 57 and Tables A.43A and A.43B). Among the 61.5 million adults with AMI, about one third (21.2 million people) had an SUD.[22] However, the 21.2 million adults who had both AMI and an SUD represent slightly less than half of the 46.3 million adults who had an SUD in the past year.[22]

Nearly half of young adults aged 18 to 25 in 2024 had either AMI or an SUD in the past year (45.8 percent or 16.0 million people) (Tables A.43A and A.43B). In addition, 40.6 percent of adults aged 26 to 49 (or 43.0 million people) and 22.7 percent of adults aged 50 or older (or 27.6 million people) had either AMI or an SUD in the past year.

Among adults aged 18 or older, the percentage who had AMI and an SUD in the past year showed no change from 2021 to 2024 (Figure 58 and Table A.44B). In 2024, 8.1 percent of adults aged 18 or older (or 21.2 million people) had AMI and an SUD in the past year. Percentages of adults in each age group who had AMI and an SUD in the past year also showed no change from 2021 to 2024. In 2024, 13.3 percent of young adults aged 18 to 25 (or 4.7 million people) had AMI and an SUD in the past year.

Figure 58. Co-Occurring Past Year Any Mental Illness (AMI) and Substance Use Disorder (SUD): Among Adults Aged 18 or Older; 2021-2024



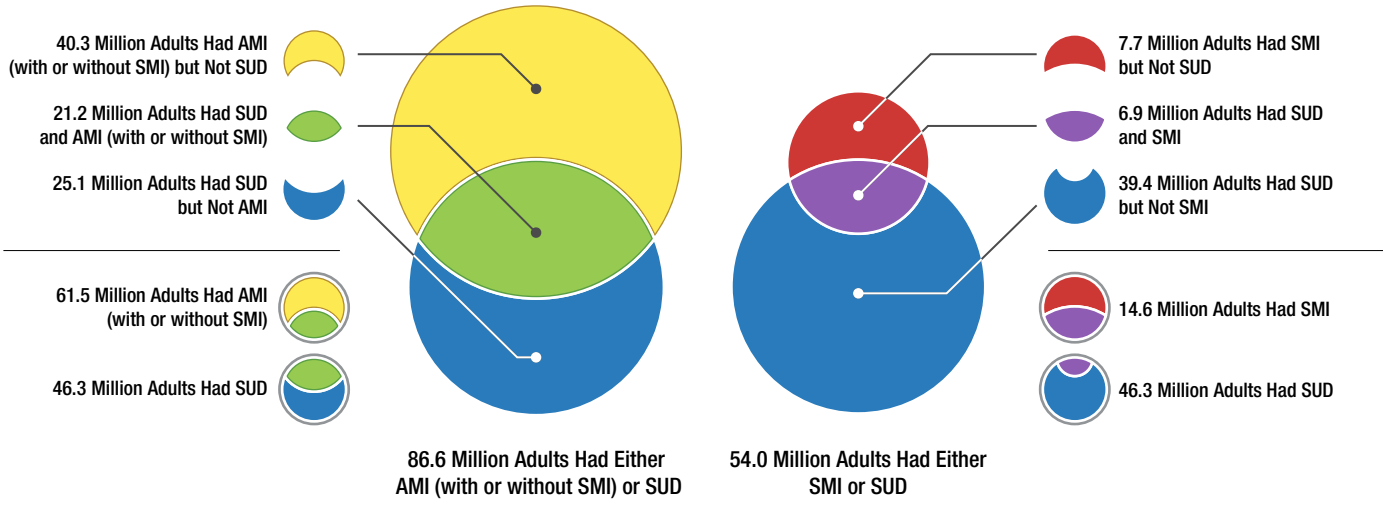
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 58 Table. Co-Occurring Past Year Any Mental Illness (AMI) and Substance Use Disorder (SUD): Among Adults Aged 18 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
18 or Older	7.8	8.4	7.9	8.1	No Change
18 to 25	13.8	15.1	14.1	13.3	No Change
26 to 49	10.4	11.4	10.9	11.3	No Change
50 or Older	3.8	3.9	3.6	3.8	No Change

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 57. Any Mental Illness (AMI), Serious Mental Illness (SMI), or Substance Use Disorder (SUD) in the Past Year: Among Adults Aged 18 or Older; 2024



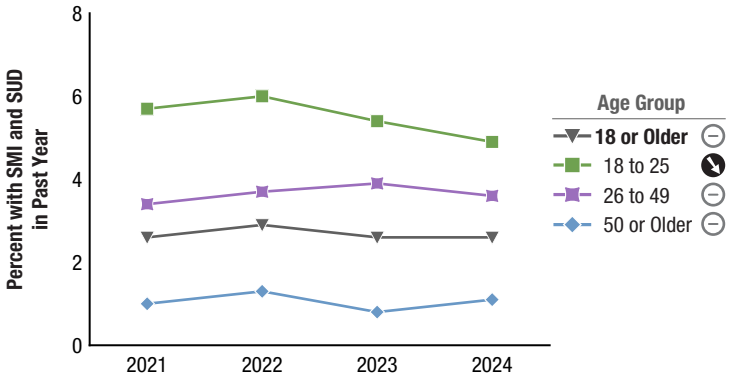
Co-Occurring SMI and SUD

Among adults aged 18 or older in 2024, 20.6 percent (or 54.0 million people) had either SMI or an SUD in the past year (Figure 57 and Tables A.43A and A.43B). Among the 46.3 million adults who had an SUD in the past year, most (39.4 million people) did not have SMI.[22] Among the 14.6 million adults who had SMI, however, nearly half (6.9 million people) also had an SUD.[22]

Approximately 3 in 10 young adults aged 18 to 25 in 2024 had either SMI or an SUD in the past year (30.5 percent or 10.6 million people) (Tables A.43A and A.43B). In addition, about one fourth of adults aged 26 to 49 (26.0 percent or 27.6 million people) and about one eighth of adults aged 50 or older (13.0 percent or 15.9 million people) had SMI or an SUD in the past year.

Among adults aged 18 or older, the percentage who had SMI and an SUD in the past year showed no change from 2021 to 2024 (Figure 59 and Table A.44B). In 2024, 2.6 percent of adults aged 18 or older (or 6.9 million people) had SMI and an SUD in the past year. Among adults aged 26 to 49 and adults aged 50 or older, the percentages who had SMI and an SUD in the past year also showed no change from 2021 to 2024. In 2024, 3.6 percent of adults aged 26 to 49 (or 3.8 million people) had SMI and an SUD in the past year. Among young adults aged 18 to 25, however, the percentage who had SMI and an SUD in the past year declined from 5.7 percent (or 1.9 million people) in 2021 to 4.9 percent (or 1.7 million people) in 2024.

Figure 59. Co-Occurring Past Year Serious Mental Illness (SMI) and Substance Use Disorder (SUD): Among Adults Aged 18 or Older; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 59 Table. Co-Occurring Past Year Serious Mental Illness (SMI) and Substance Use Disorder (SUD): Among Adults Aged 18 or Older; Percentages, 2021-2024

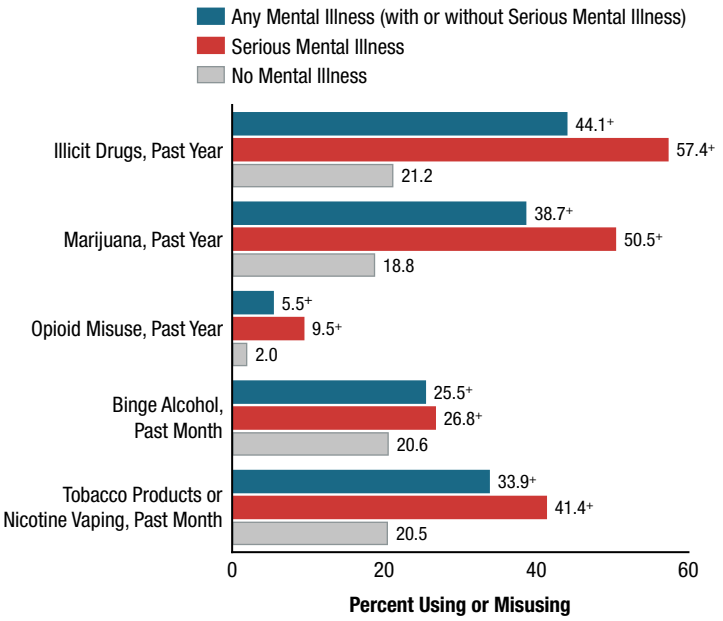
Age Group	2021	2022	2023	2024	Trend
18 or Older	2.6	2.9	2.6	2.6	No Change
18 to 25	5.7	6.0	5.4	4.9	**Decreased**
26 to 49	3.4	3.7	3.9	3.6	No Change
50 or Older	1.0	1.3	0.8	1.1	No Change

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

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 2024, 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 (57.4 percent for SMI and 44.1 percent for AMI vs. 21.2 percent for adults with no mental illness), past year users of marijuana (50.5 and 38.7 percent vs. 18.8 percent), or past year misusers of opioids (i.e., heroin users or misusers of prescription opioids) (9.5 and 5.5 percent vs. 2.0 percent) (Figure 60 and Table A.45B).

Figure 60. Past Year or Past Month Substance Use: Among Adults Aged 18 or Older; by Level of Mental Illness, 2024



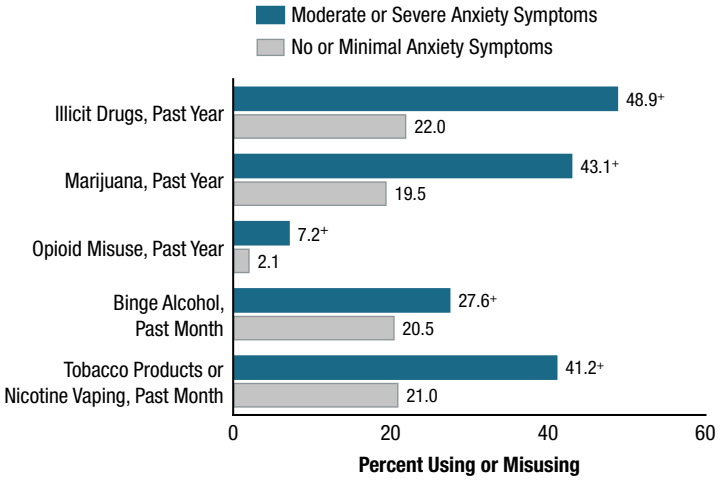
+ Difference between this estimate and the estimate for adults aged 18 or older without mental illness is statistically significant at the .05 level.

In addition, adults aged 18 or older in 2024 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 (26.8 and 25.5 percent vs. 20.6 percent) (Figure 60). Adults with SMI or AMI were more likely to have used tobacco products or to have vaped nicotine in the past month than adults with no mental illness in the past year (41.4 and 33.9 percent vs. 20.5 percent). Adults 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.45B.

Substance Use among Adults with Moderate or Severe Anxiety Symptoms

In 2024, adults aged 18 or older who had moderate or severe symptoms of anxiety in the past 2 weeks were more likely to have used some substances in the past year or past month compared with their counterparts who had no or minimal symptoms. Adults with moderate or severe symptoms were more likely than adults with no or minimal symptoms to have been past year illicit drug users (48.9 vs. 22.0 percent), past year marijuana users (43.1 vs. 19.5 percent), or past year misusers of opioids (i.e., heroin users or misusers of prescription opioids) (7.2 vs. 2.1 percent) (Figure 61 and Table A.46B). Adults who had moderate or severe symptoms were more likely than those with no or minimal symptoms to have been past month binge alcohol users (27.6 vs. 20.5 percent). In addition, adults with moderate or severe symptoms were more likely than those with no or minimal symptoms to have used tobacco products or to have vaped nicotine in the past month (41.2 vs. 21.0 percent). Adults with moderate or severe symptoms also were more likely than those with no or minimal symptoms of anxiety in the past 2 weeks to have been past year or past month users of most of the other substances shown in Table A.46B. For example, 5.7 percent of adults with moderate or severe symptoms of anxiety misused prescription tranquilizers or sedatives in the past year compared with 1.1 percent of adults with no or minimal symptoms; tranquilizers are commonly prescribed to relieve anxiety.

Figure 61. Past Year or Past Month Substance Use: Among Adults Aged 18 or Older; by Severity of Anxiety Symptoms, 2024



+ Difference between this estimate and the estimate for adults with no or minimal anxiety symptoms is statistically significant at the .05 level.

Note: Generalized anxiety disorder (GAD) symptom severity is based on the GAD-7 scale. GAD-7 scores indicate the following: 0 to 4 = no or minimal symptoms of GAD, 5 to 9 = mild symptoms, 10 to 14 = moderate symptoms, 15 to 21 = severe symptoms. The Moderate or Severe category includes respondents with a GAD-7 score of 10 or greater.

Suicidal Thoughts and Behaviors among Adults

Suicide is a leading cause of death and an important public health problem in the United States.[68,69] Data from the National Vital Statistics System (NVSS) indicated that in 2023, 49,246 people in the United States died by suicide. This number was slightly lower than the 49,414 deaths by suicide in 2022, but it was greater than the numbers in 2018 to 2021.[70]

In the United States, one person dies by suicide every 11 minutes.[71] In 2023, 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 among the top five leading causes of death among people aged 35 to 54.[69] However, people who die by suicide represent a fraction of those who consider or attempt suicide.[72] 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.[73] Moreover, 1 in 5 people who make a nonfatal suicide attempt will make a future attempt.[74]

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.

In 2024, 14.3 million adults aged 18 or older (5.5 percent) had serious thoughts of suicide in the past year, 4.6 million (1.8 percent) made a suicide plan, and 2.2 million (0.8 percent) attempted suicide (Figure 62 and Table A.47AB). An estimated 1.7 million adults (0.6 percent) had serious thoughts of suicide, made a suicide plan, and attempted suicide in the past year. Additional highlights from Figure 62 include the following:

- Among the 14.3 million adults aged 18 or older who had serious thoughts of suicide in the past year, most (9.8 million adults) had serious thoughts of suicide only.
- Among the 4.6 million adults aged 18 or older who made a suicide plan in the past year, over one third attempted suicide (i.e., 1.7 million adults had serious thoughts of suicide, made a suicide plan, and attempted suicide, in addition to 113,000 adults 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 but did occur (i.e., 155,000 adults).

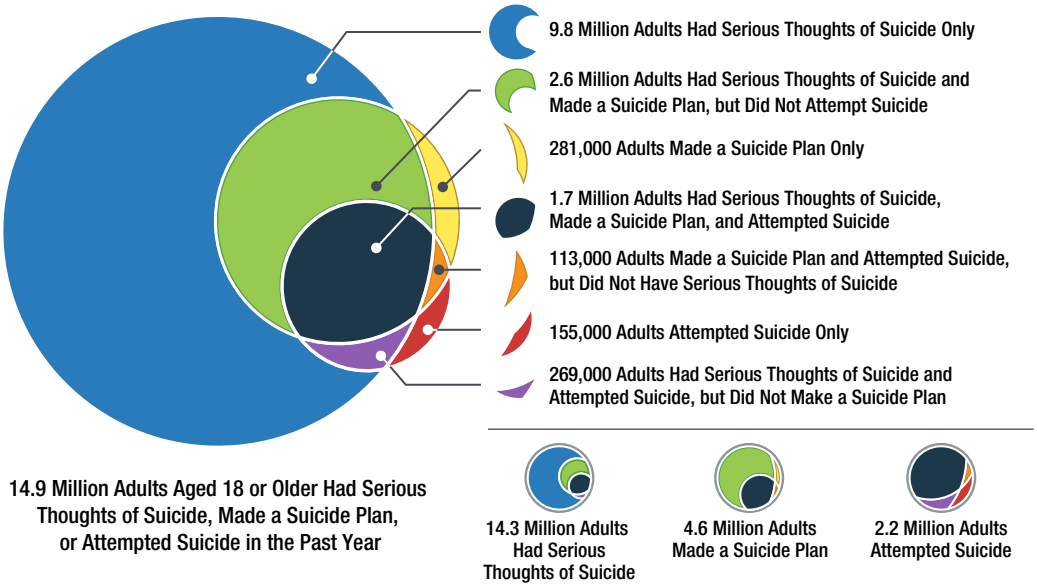
Serious Thoughts of Suicide among Adults

Among adults aged 18 or older, the percentage who had serious thoughts of suicide in the past year showed no change from 2021 to 2024 (Figure 63 and Table A.48B). In 2024, 5.5 percent of adults aged 18 or older (or 14.3 million people) had serious thoughts of suicide in the past year. Among adults aged 26 to 49, the percentage who had serious thoughts of suicide in the past year also showed no change from 2021 to 2024. In 2024, 6.1 percent of adults aged 26 to 49 (or 6.4 million people) had serious thoughts of suicide in the past year. Among young adults aged 18 to 25, the percentage who had serious thoughts of suicide in the past year declined from 13.4 percent (or 4.5 million people) in 2021 to 12.6 percent (or 4.4 million people) in 2024. Among adults aged 50 or older, the percentage who had serious thoughts of suicide in the past year increased from 2.0 percent (or 2.4 million people) in 2021 to 2.9 percent (or 3.5 million people) in 2024.

Suicide Plans among Adults

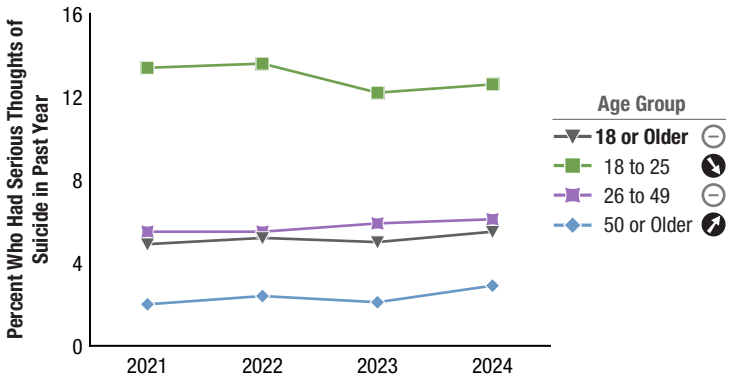
Among adults aged 18 or older, the percentage who had made any suicide plans in the past year increased from 1.4 percent (or 3.6 million people) in 2021 to 1.8 percent (or 4.6 million people) in 2024 (Figure 64 and Table A.48B). Percentages also increased from 2021 to 2024 among adults aged 26 to 49 and adults aged 50 or older. For example, the percentage of adults aged 50 or older who made a suicide plan in the past year increased from 0.3 percent (or 405,000 people) in 2021 to 1.1 percent (or 1.3 million people) in 2024. Among young adults aged 18 to 25, the percentage who made a suicide plan in the past year declined from 5.2 percent (or 1.7 million people) in 2021 to 4.2 percent (or 1.5 million people) in 2024.

Figure 62. Adults Aged 18 or Older Who Had Serious Thoughts of Suicide, Made a Suicide Plan, or Attempted Suicide in the Past Year; 2024



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

Figure 63. Had Serious Thoughts of Suicide in the Past Year: Among Adults Aged 18 or Older; 2021-2024



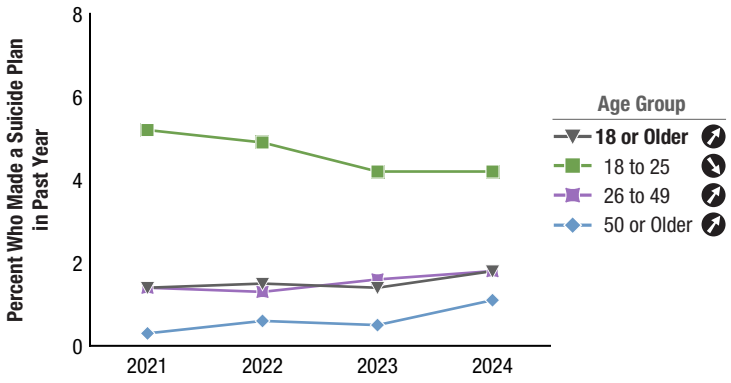
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 63 Table. Had Serious Thoughts of Suicide in the Past Year: Among Adults Aged 18 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
18 or Older	4.9	5.2	5.0	5.5	No Change
18 to 25	13.4	13.6	12.2	12.6	**Decreased**
26 to 49	5.5	5.5	5.9	6.1	No Change
50 or Older	2.0	2.4	2.1	2.9	**Increased**

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 64. Made a Suicide Plan in the Past Year: Among Adults Aged 18 or Older; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 64 Table. Made a Suicide Plan in the Past Year: Among Adults Aged 18 or Older; Percentages, 2021-2024

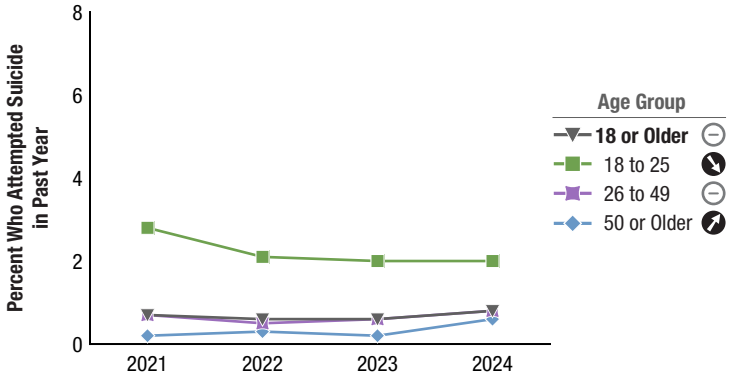
Age Group	2021	2022	2023	2024	Trend
18 or Older	1.4	1.5	1.4	1.8	**Increased**
18 to 25	5.2	4.9	4.2	4.2	**Decreased**
26 to 49	1.4	1.3	1.6	1.8	**Increased**
50 or Older	0.3	0.6	0.5	1.1	**Increased**

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Suicide Attempts among Adults

Among adults aged 18 or older, the percentage who attempted suicide in the past year showed no change from 2021 to 2024 (Figure 65 and Table A.48B). In 2024, 0.8 percent of adults aged 18 or older (or 2.2 million people) attempted suicide in the past year. Among adults aged 26 to 49, the percentage who attempted suicide in the past year also showed no change from 2021 to 2024. In 2024, 0.8 percent of adults aged 26 to 49 (or 818,000 people) attempted suicide in the past year. Among young adults aged 18 to 25, the percentage who had attempted suicide in the past year declined from 2.8 percent (or 947,000 people) in 2021 to 2.0 percent (or 682,000 people) in 2024. Among adults aged 50 or older, the percentage who attempted suicide in the past year increased from 0.2 percent (or 188,000 people) in 2021 to 0.6 percent (or 703,000 people) in 2024.

Figure 65. Attempted Suicide in the Past Year: Among Adults Aged 18 or Older; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 65 Table. Attempted Suicide in the Past Year: Among Adults Aged 18 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
18 or Older	0.7	0.6	0.6	0.8	No Change
18 to 25	2.8	2.1	2.0	2.0	**Decreased**
26 to 49	0.7	0.5	0.6	0.8	No Change
50 or Older	0.2	0.3	0.2	0.6	**Increased**

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Suicidal Thoughts and Behaviors among Adolescents

Trends in suicidal thoughts and behaviors have been increasing among adolescents[75,76,77,78] and remain a major public health concern in the United States.[79] In 2022, suicide was the second leading cause of death among adolescents aged 10 to 14.[70] In addition, 20 percent of high school students in 2023 seriously considered attempting suicide.[78] Generally speaking, adolescent populations exposed to adverse childhood experiences (ACEs) are at particular risk of suicide and related behaviors.[80,81,82]

Questions were included in the 2021 to 2024 NSDUHs to better understand suicidal thoughts and behaviors among adolescents aged 12 to 17. Adolescent respondents were asked if they seriously thought about trying to kill themselves, if they made plans to kill themselves, and if they had tried to kill themselves in the past 12 months. Unlike the questions for adults, the questions for adolescent respondents included the response options "I'm not sure" and "I don't want to answer."

In 2024, 2.6 million adolescents aged 12 to 17 (10.1 percent) had serious thoughts of suicide in the past year, 1.2 million (4.6 percent) made a suicide plan, and 700,000 (2.7 percent) attempted suicide (Figure 66 and Table A.49AB). An estimated 537,000 adolescents (2.1 percent) had serious thoughts of suicide, made a suicide plan, and attempted suicide in the past year. Additional highlights from Figure 66 include the following:

- About two fifths of the 2.6 million adolescents aged 12 to 17 who had serious thoughts of suicide in the past year also made a suicide plan or attempted suicide, or both.[22]
- Among the 1.2 million adolescents aged 12 to 17 who made a suicide plan, 623,000 adolescents did not attempt suicide (525,000 who made a suicide plan and had serious thoughts of suicide but did not attempt suicide and 98,000 who made a suicide plan only). An estimated 563,000 adolescents who made a suicide plan also attempted suicide (537,000 who made a suicide plan, had serious thoughts of suicide, and attempted suicide and 26,000 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., 63,000 adolescents).

Serious Thoughts of Suicide among Adolescents

Among adolescents aged 12 to 17 in 2024, 10.1 percent (or 2.6 million people) had serious thoughts of suicide in the past year (Figure 67 and Table A.50B). However, 6.7 percent of adolescents in 2024 (or 1.7 million people)

Figure 66. Adolescents Aged 12 to 17 Who Had Serious Thoughts of Suicide, Made a Suicide Plan, or Attempted Suicide in the Past Year; 2024

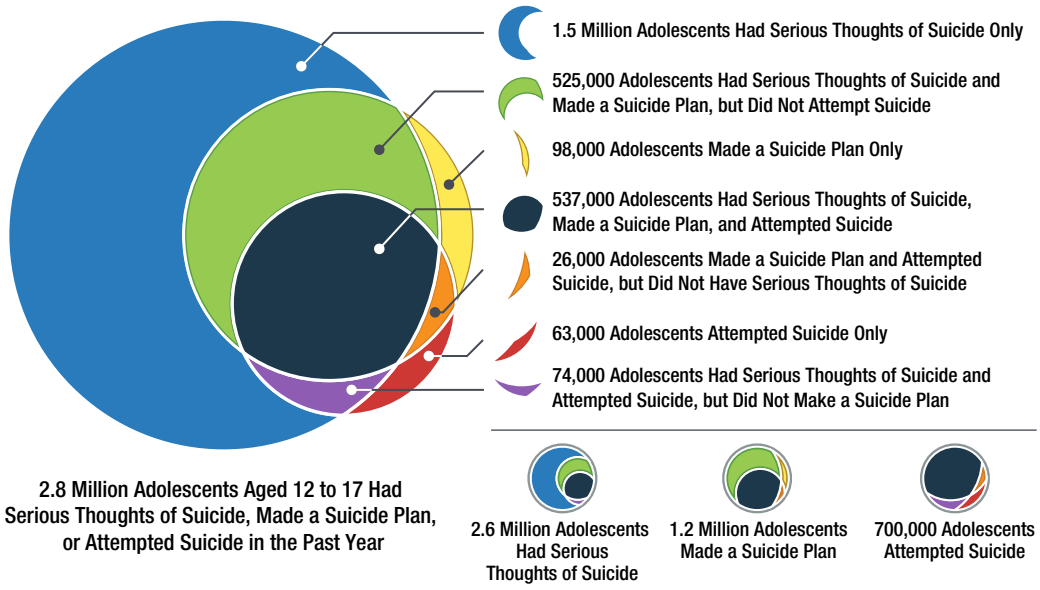
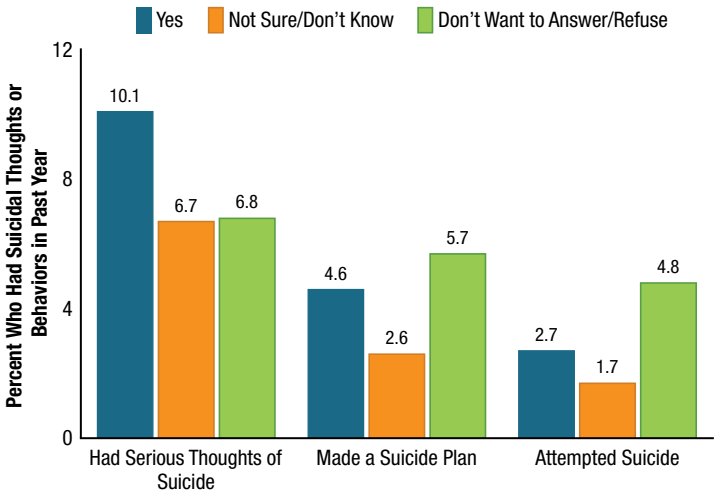


Figure 67. Had Serious Thoughts of Suicide, Made a Suicide Plan, or Attempted Suicide in the Past Year: Among Adolescents Aged 12 to 17; 2024



were unsure or did not know whether they had serious thoughts of suicide, and 6.8 percent (or 1.8 million people) did not want to report whether they had these thoughts. These response options in 2024 correspond to approximately 13.5 percent of adolescents overall (or 3.5 million people). Therefore, estimates of adolescents who had serious thoughts of suicide in the past year are likely to be conservative. This information suggests that some adolescents could have had these thoughts but did not feel comfortable disclosing that information.

Among adolescents aged 12 to 17, the percentage who had serious thoughts of suicide in the past year declined from 12.9 percent (or 3.4 million people) in 2021 to 10.1 percent (or 2.6 million people) in 2024 (Figure 68 and Table A.51B).

Suicide Plans among Adolescents

In 2024, 4.6 percent of adolescents aged 12 to 17 (or 1.2 million people) made a suicide plan in the past year (Figure 67 and Table A.50B). Adolescent respondents who reported that they were not sure or did not know whether they made a suicide plan corresponded to a population estimate of 2.6 percent (or 668,000 people). Adolescent respondents who did not want to report whether they made a suicide plan corresponded to a population estimate of 5.7 percent (or 1.5 million people). Therefore, estimates of adolescents who made a suicide plan in the past year are likely to be conservative.

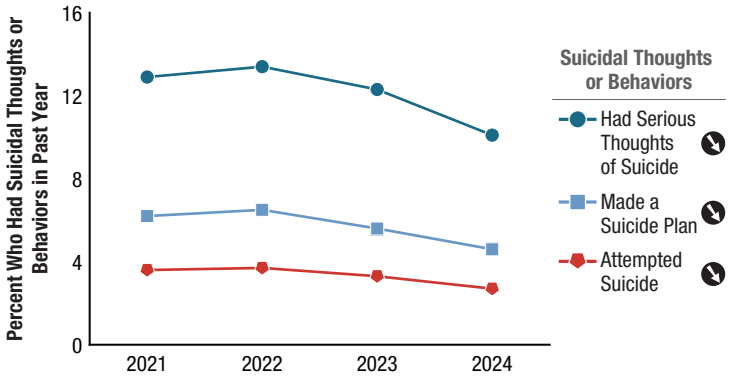
Among adolescents aged 12 to 17, the percentage who had made a suicide plan in the past year declined from 6.2 percent (or 1.6 million people) in 2021 to 4.6 percent (or 1.2 million people) in 2024 (Figure 68 and Table A.51B).

Suicide Attempts among Adolescents

In 2024, 2.7 percent of adolescents aged 12 to 17 (or 700,000 people) attempted suicide in the past year (Figure 67 and Table A.50B). Adolescent respondents who reported that they were not sure or did not know whether they attempted suicide corresponded to a population estimate of 1.7 percent (or 431,000 people). Adolescent respondents who did not want to report whether they attempted suicide corresponded to a population estimate of 4.8 percent (or 1.2 million people). Therefore, estimates of adolescents who attempted suicide in the past year are likely to be conservative.

Among adolescents aged 12 to 17, the percentage who attempted suicide in the past year declined from 3.6 percent (or 940,000 people) in 2021 to 2.7 percent (or 700,000 people) in 2024 (Figure 68 and Table A.51B).

Figure 68. Had Serious Thoughts of Suicide, Made a Suicide Plan, or Attempted Suicide in the Past Year: Among Adolescents Aged 12 to 17; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 68 Table. Had Serious Thoughts of Suicide, Made a Suicide Plan, or Attempted Suicide in the Past Year: Among Adolescents Aged 12 to 17; Percentages, 2021-2024

Suicidal Thoughts or Behaviors	2021	2022	2023	2024	Trend
Had Serious Thoughts of Suicide	12.9	13.4	12.3	10.1	Decreased
Made a Suicide Plan	6.2	6.5	5.6	4.6	Decreased
Attempted Suicide	3.6	3.7	3.3	2.7	Decreased

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

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.[83] NSDUH provides 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.[15]

This report presents estimates for the receipt of substance use treatment only for 2024 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*[84] summarizes key changes that were made to the substance use treatment questions in 2022. For the 2024 NSDUH, additional changes were made to the questions for the receipt of substance use treatment in inpatient or outpatient locations.[85] For these reasons, 4 years of data are not available to assess trends in the receipt of substance use treatment.

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;[86] in an outpatient location;[87] via telehealth; or in a prison, jail, or juvenile detention center. People also were classified as having received substance use treatment if they received prescription medication to reduce or stop their use of alcohol or to reduce or stop their use of heroin or prescription pain relievers. Respondents who used heroin or prescription pain relievers in their lifetime were shown a list of medications that are prescribed to treat opioid use disorder. For this reason, respondents who used prescription pain relievers but not heroin in their lifetime and who reported receiving prescription medications in the past year to reduce or stop their use of drugs were assumed to have received medication for the use of opioids.[88]

Since 2022, NSDUH also has 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 withdrawal management services. A question about treatment with overdose reversal medicine such as Narcan® or naloxone was added to the 2024 NSDUH questionnaire. These other services were not classified as "substance use treatment."[89]

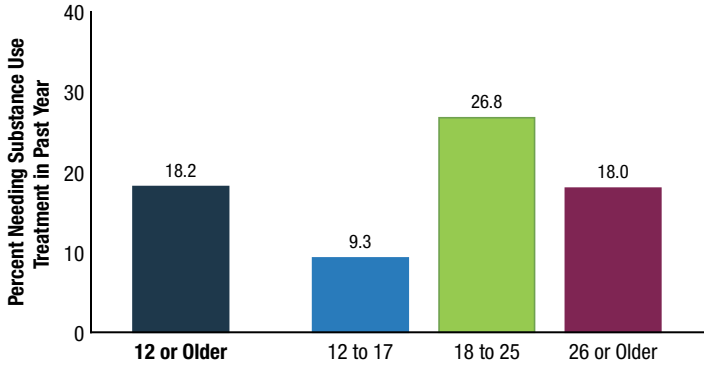
Need for Substance Use Treatment

People 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. As noted in the Substance Use Disorders in the Past Year section, NSDUH did not measure whether respondents met criteria for an SUD more than 12 months before the interview. Therefore, the definition of the need for substance use treatment took into account that people may not have met criteria for an SUD in the past year because they were receiving treatment.

Based on this definition, 18.2 percent of people aged 12 or older in 2024 (or 52.6 million people) needed substance use treatment in the past year (Figure 69 and Table A.52AB). The 52.6 million people who needed substance use treatment included 48.4 million people who had an SUD in the past year and 4.2 million people who did not have an SUD in the past year but who received substance use treatment in the past year.[22]

Percentages of people needing substance use treatment ranged from 9.3 percent of adolescents aged 12 to 17 (or 2.4 million people) to 26.8 percent of young adults aged 18 to 25 (or 9.3 million people). An estimated 18.0 percent of adults aged 26 or older (or 40.8 million people) needed substance use treatment.

Figure 69. Need for Substance Use Treatment in the Past Year: Among People Aged 12 or Older; 2024



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

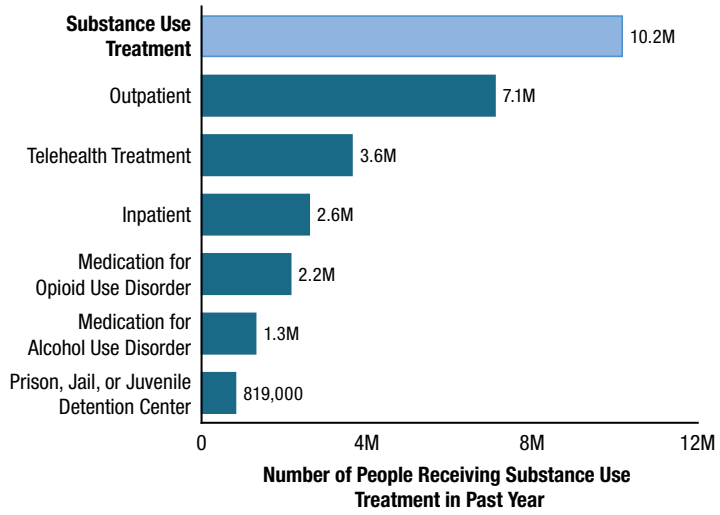
NSDUH respondents in 2024 who used alcohol or drugs in their lifetime were asked substance use treatment questions. Most questions asked whether respondents received professional counseling, medication, or other treatment for their alcohol or drug use in specific locations in the 12 months prior to the 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 prescription medication to reduce or stop their use of alcohol or drugs. 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;[86] in an outpatient location;[87] via telehealth; or in a prison, jail, or juvenile detention center, or the receipt of medications for alcohol use or opioid use.[90] 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.

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, withdrawal management services, or treatment with overdose reversal medicine.

Among people aged 12 or older in 2024, 3.5 percent (or 10.2 million people) received substance use treatment in the past year (Figure 70 and Table A.53AB). An estimated 7.1 million people aged 12 or older (or 2.5 percent) received outpatient substance use treatment. Of the 7.1 million people who received outpatient substance use treatment, most (6.1 million people or 86.2 percent)[22] received treatment in an outpatient setting other than a general medical clinic or doctor's office. Additionally, 1.3 percent (or 3.6 million people) received treatment via telehealth; 0.9 percent (or 2.6 million people) received inpatient treatment; 0.7 percent (or 2.2 million people) received medication for opioid use disorder (MOUD); 0.5 percent (or 1.3 million people) received medication for alcohol use disorder (MAUD); and 0.3 percent (or 819,000 people) received treatment in a prison, jail, or juvenile detention center.

In 2024, 2.8 percent of adolescents aged 12 to 17 (or 732,000 people), 3.0 percent of young adults aged 18 to 25 (or 1.1 million people), and 3.7 percent of adults aged 26 or older (or 8.4 million people) received substance use treatment in the past year (Table A.52AB).

Figure 70. Types and Locations of Substance Use Treatment Received in the Past Year: Among People Aged 12 or Older; 2024



Note: Types of substance use treatment 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 for alcohol use disorder or opioid use disorder; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

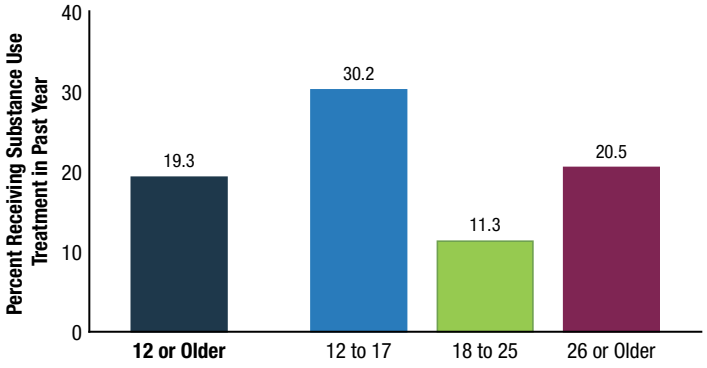
Note: Because respondents who used prescription pain relievers or heroin in their lifetime were shown a list of medications that are prescribed to treat opioid use disorder, respondents who used prescription pain relievers but not heroin in their lifetime and who reported use of these medications were assumed to have received medication for opioid use disorder.

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 2024 who were classified as needing substance use treatment in the past year, about 1 in 5 (19.3 percent or 10.2 million people) received substance use treatment in the past year (Figure 71 and Table A.52AB). Among people who needed substance use treatment in the past year, percentages who received treatment ranged from 11.3 percent of young adults aged 18 to 25 (or 1.1 million people) to 30.2 percent of adolescents aged 12 to 17 (or 732,000 people). Among adults aged 26 or older who needed substance use treatment, 20.5 percent (or 8.4 million people) received treatment.

An estimated 1.8 percent of people aged 12 or older in 2024 who did not have an SUD in the past year (or 4.2 million people) received substance use treatment in the past year (Table A.52AB). As noted previously, these people 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.

Figure 71. Received Substance Use Treatment in the Past Year: Among People Aged 12 or Older Who Needed Substance Use Treatment in the Past Year; 2024



Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication for alcohol use disorder or opioid use disorder; 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.

The 48.4 million people aged 12 or older in 2024 who were classified as needing substance use treatment because they had an SUD in the past year (Figure 35) included people who did or did not receive treatment. Among these people aged 12 or older who had an SUD in the past year, 12.3 percent (or 5.9 million people) (Table A.52AB) received substance use treatment in the past year, and 87.7 percent (or 42.4 million people) did *not* receive substance use treatment in the past year.[22]

Among people aged 12 or older in 2024 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 (6.4 percent or 1.7 million people) (Table A.52AB). People with a moderate SUD (11.8 percent or 1.3 million people) also were less likely than people with a severe SUD (27.9 percent or 2.9 million people) to have received substance use treatment in the past year.

Medications for Alcohol Use Disorder or Opioid Use Disorder

Prescription medications are approved by the U.S. Food and Drug Administration for the treatment of alcohol use disorder or opioid use disorder. These medications are often used in combination with counseling and other behavioral therapies to provide a whole-patient approach to the treatment of these disorders. This section uses the terms "medication for alcohol use disorder (MAUD)" and "medication for opioid use disorder (MOUD)" to discuss treatment with these medications. However, MAUD and MOUD do *not* include the use of medications that are prescribed to manage withdrawal symptoms or administered to stop a drug overdose. Also, NSDUH respondents may have met criteria for an alcohol use disorder or an opioid use disorder more than 12 months before the interview, but they were not classified as having a disorder in the past year because they were receiving MAUD or MOUD.

In 2024, 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 use of these medications for alcohol use differed from the use of medications to stop an overdose. Examples of medications shown to respondents that are prescribed as a part of MAUD 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 MOUD 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 use of these medications for drug use differed from the use of medications to stop an overdose. Examples of medications shown to respondents that are prescribed as a part of MOUD 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®). Because of this list of drugs in the questionnaire, respondents who used prescription pain relievers but not heroin in their lifetime and who reported receiving prescription medication in the past year to help reduce or stop their use of drugs were assumed to have received MOUD.

Medications for Alcohol Use Disorder

As noted previously, 0.5 percent of people aged 12 or older in 2024 (or 1.3 million people) received MAUD in the past year (Table A.53AB). Among the 27.9 million people aged 12 or older with a past year alcohol use

disorder (Figure 35 and Table A.27AB), 2.5 percent (or 697,000 people) received MAUD in the past year.

Medications for Opioid Use Disorder

As noted previously, 0.7 percent of people aged 12 or older in 2024 (or 2.2 million people) received MOUD in the past year (Table A.53AB). Among the 4.8 million people aged 12 or older with a past year opioid use disorder (see the section on Opioid Use Disorder), 17.0 percent (or 818,000 people) received MOUD in the past year.

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

Among people aged 12 or older in 2024 who had an SUD in the past year, 5.4 percent (or 2.6 million people) received substance use treatment via telehealth (Table A.54AB). Percentages of people with an SUD who received substance use treatment via telehealth ranged from 3.6 percent of young adults aged 18 to 25 (or 323,000 people) to 6.0 percent of adults aged 26 or older (or 2.2 million people). An estimated 3.8 percent of adolescents aged 12 to 17 who had an SUD (or 77,000 people) received substance use treatment via telehealth.

Receipt of Other Services for Substance Use

As noted previously, in addition to collecting information on substance use treatment, the 2024 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 withdrawal management services. Beginning in 2024, other services also included treatment with overdose reversal medicine such as Narcan® or naloxone. These other services were not classified as "substance use treatment."

Estimates in 2024 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 6.1 million people) participated in a support group,
- 0.8 percent (or 2.2 million people) received services from a peer support specialist or recovery coach,
- 0.6 percent (or 1.8 million people) received overdose reversal medicine,
- 0.6 percent (or 1.7 million people) were seen in an emergency room, and
- 0.3 percent (or 955,000 people) received withdrawal management services (Table A.53AB).

Perceived Unmet Need for Substance Use Treatment

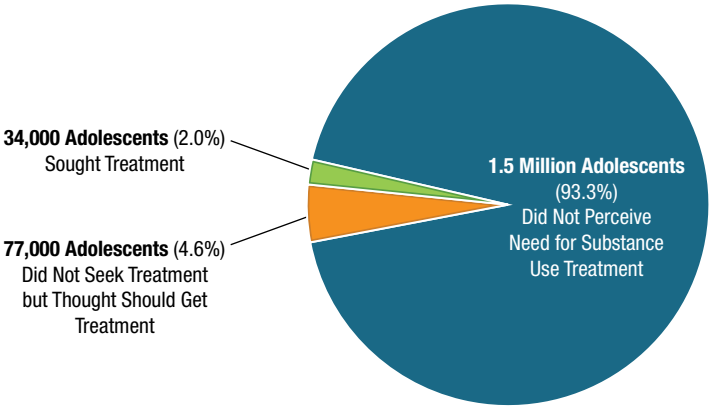
NSDUH respondents in 2024 who used alcohol or drugs in their lifetime and did not receive substance use treatment in the past year (i.e., inpatient or outpatient treatment; MAUD or MOUD; telehealth treatment; or treatment in a prison, jail, or juvenile detention center) were asked whether they sought 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 withdrawal management services)[89,91] 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 1.7 million adolescents aged 12 to 17 in 2024 who had an SUD in the past year and did not receive substance use treatment, 93.3 percent (or 1.5 million people) did not perceive that they needed treatment (Figure 72 and Table A.55AB). That is, they did not seek treatment and did not think they should get it. An estimated 6.7 percent of adolescents with an SUD in the past year who did not receive treatment (or 111,000 people) either sought treatment or did not seek treatment but thought they should get it. This percentage includes 2.0 percent of adolescents (or 34,000 people) who sought treatment and 4.6 percent of adolescents (or 77,000 people) who did not seek treatment but thought they should get it.[92]

Figure 72. 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; 2024

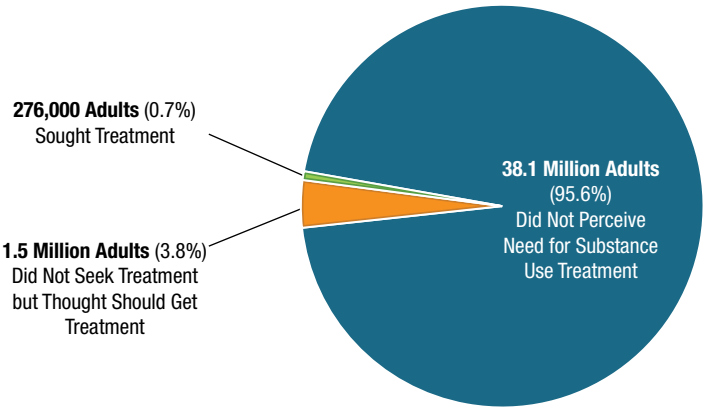


1.7 Million Adolescents with a Substance Use Disorder Who Did Not Receive Substance Use Treatment

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; therefore, the sum of the interior pieces does not add to the whole.

Figure 73. 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; 2024



40.7 Million Adults 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: Adults with unknown information for perceptions of need for substance use treatment were excluded; therefore, the sum of the interior pieces does not add to the whole.

Perceived Unmet Need for Substance Use Treatment among Adults

Among the 40.7 million adults aged 18 or older in 2024 who had an SUD in the past year and did not receive substance use treatment, 95.6 percent (or 38.1 million people) did not perceive that they needed treatment (Figure 73 and Table A.55AB). That is, they did not seek treatment and did not think they should get it. An estimated 4.4 percent of adults with an SUD in the past year who did not receive treatment (or 1.8 million people) either sought treatment or did not seek treatment but thought they should get it. This percentage includes 0.7 percent of adults (or 276,000 people) who sought treatment and 3.8 percent of adults (or 1.5 million people) who did not seek treatment but thought they should get it.[93]

Reasons for Not Receiving Substance Use Treatment

In 2024, 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 withdrawal management services)[91] 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. However, respondents could report more than one reason for not seeking or getting treatment.

As noted in previous sections, among people who were classified as having an SUD in the past year and did not receive substance use treatment in the past year, only 6.7 percent of adolescents aged 12 to 17 and 4.4 percent of adults aged 18 or older perceived an unmet need for treatment (Table A.55AB). 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. Additionally, 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.[13] 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 2024 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 (75.5 percent),
- not being ready to start treatment (65.0 percent), and
- not being ready to stop or cut back on using alcohol or drugs (59.5 percent) (Table A.56B).

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:

- thinking that treatment would cost too much (45.3 percent);
- being worried about what people would think or say if they got treatment (43.2 percent);
- not having enough time for treatment (41.3 percent);
- not knowing how or where to get treatment (38.9 percent);
- not being able to find a treatment program or healthcare professional they wanted to go to (35.8 percent);
- thinking bad things would happen if people knew they were in treatment, such as losing their job, home, or children (34.4 percent);
- being worried that information would not be kept private (33.0 percent); and
- not having health insurance coverage for treatment (32.4 percent) (Table A.56B).

Mental Health Treatment in the Past Year

NSDUH includes 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 allow 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 allow 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.[15]

Because the mental health treatment questions underwent considerable revision for the 2022 NSDUH, estimates from the 2022 to 2024 NSDUHs 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*[84] 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 and 2024 NSDUHs. For the 2024 NSDUH, additional changes were made to the questions for the receipt of mental health treatment in inpatient or outpatient locations.[94] Because of the questionnaire changes in 2022 and 2024, 4 years of data are not available to assess trends in the receipt of mental health treatment.

Since 2022, NSDUH also has 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."[95]

In sections that present estimates for adolescents aged 12 to 17, estimates are presented for all adolescents. For sections for adults, estimates are presented for adults aged 18 or older and among adult age groups. 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 2024 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

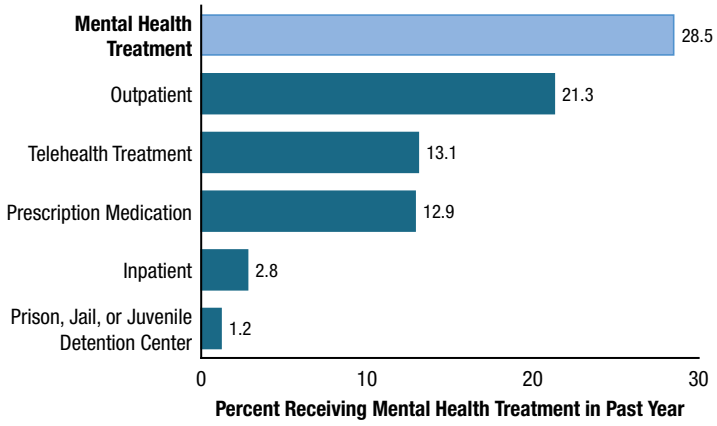
were asked whether they received professional counseling, medication, or other treatment for their mental health in an inpatient location;[96] in an outpatient location;[97] via telehealth; or in a prison, jail, or juvenile detention center in the 12 months prior to the survey interview (i.e., in the 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 2024, 28.5 percent of adolescents aged 12 to 17 (or 7.4 million people) received mental health treatment (Figure 74 and Table A.57B). Percentages of adolescents who received specific types of mental health treatment in the past year ranged from 1.2 percent (or 312,000 people) who received mental health treatment in a prison, jail, or juvenile detention center to 21.3 percent (or 5.5 million people) who received mental health treatment in an outpatient setting. An estimated 13.1 percent of adolescents (or 3.4 million people) received mental health treatment via telehealth.

Figure 74. Types and Locations of Mental Health Treatment in the Past Year: Among Adolescents Aged 12 to 17; 2024



Note: Types of mental health treatment 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.

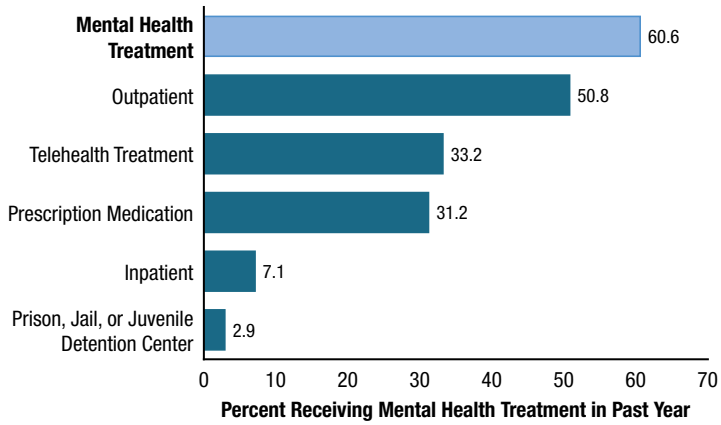
Receipt of Mental Health Treatment among Adolescents with an MDE

As noted in the section on MDE and MDE with Severe Impairment among Adolescents, an estimated 3.8 million adolescents aged 12 to 17 in 2024 had a past year MDE. Of these adolescents with a past year MDE, 60.6 percent (or 2.3 million people) received mental health treatment in the past year (Figure 75 and Table A.57B). Percentages of adolescents in 2024 with an MDE in the past year who received specific types of mental health treatment in the past year ranged from 2.9 percent (or 112,000 people) who received mental health treatment in a prison, jail, or juvenile detention center to 50.8 percent (or 2.0 million people) who received mental health treatment in an outpatient setting. An estimated 33.2 percent of adolescents with an MDE in the past year (or 1.3 million people) received mental health treatment via telehealth. However, about 40 percent of adolescents with a past year MDE (or 1.5 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.58AB).[22]

Receipt of Other Services among Adolescents to Help with Mental Health

As noted previously, in addition to collecting information on mental health treatment, the 2024 NSDUH collected

Figure 75. Types and Locations of Mental Health Treatment in the Past Year: Among Adolescents Aged 12 to 17 with a Past Year Major Depressive Episode (MDE); 2024



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

Note: Types of mental health treatment 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.

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 2024, 6.7 percent of adolescents aged 12 to 17 (or 1.7 million people) received other services in the past year from a support group to help with their mental health, 3.1 percent (or 793,000 people) received services from a peer support specialist or recovery coach, and 2.6 percent (or 684,000 people) received services in an emergency room (Table A.57B). Among the 3.8 million adolescents with a past year MDE (Figure 47), 14.9 percent (or 571,000 people) received other services in the past year from a support group, 9.1 percent (or 351,000 people) received services from a peer support specialist or recovery coach, and 7.3 percent (or 281,000 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 2024 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 2024 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, 1.5 million adolescents aged 12 to 17 in 2024 had a past year MDE and did not receive mental health treatment in the past year (Table A.58AB). Of these 1.5 million adolescents, 42.4 percent (or 637,000 people) perceived an unmet need for mental health treatment, including 8.1 percent (or 123,000 people) who sought treatment and 34.2 percent (or 513,000 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 2024 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 637,000 adolescents aged 12 to 17 in 2024 with a past year MDE who perceived an unmet need for mental health treatment (Table A.58AB), 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 (90.5 percent) (Table A.59B). 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 (70.5 percent),
- being worried that information they shared would not be kept private (64.9 percent),
- not thinking treatment would help them (58.7 percent),
- thinking no one would care if they got better (56.9 percent),
- afraid of being committed to a hospital or forced into treatment against their will (53.7 percent), and
- not knowing how or where to get treatment (51.2 percent).

Mental Health Treatment among Adults

Adult respondents aged 18 or older in 2024 were asked whether they received professional counseling, medication, or other treatment for their mental health in an inpatient

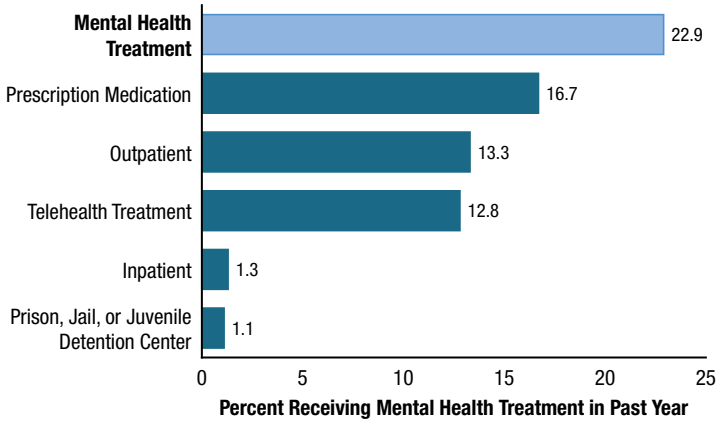
location;[96] in an outpatient location;[97] via telehealth; or in a prison, jail, or juvenile detention center in the 12 months prior to the survey interview (i.e., in the past year). Respondents also were asked if they took medication in the past year that was prescribed to help with their mental health. 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.

Receipt of Mental Health Treatment among All Adults

In 2024, 22.9 percent of adults aged 18 or older (or 60.1 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 76 and Table A.60B). Percentages of adults aged 18 or older who received specific types of mental health treatment in the past year ranged from 1.1 percent (or 2.9 million people) who received mental health treatment in a prison, jail, or juvenile detention center to 16.7 percent (or 43.8 million people) who took prescription medication. An estimated 12.8 percent of adults (or 33.4 million people) received mental health treatment via telehealth.

Figure 76. Types and Locations of Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older; 2024



Note: Types of mental health treatment 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.

Percentages of adults in 2024 who received any mental health treatment in the past year ranged from 19.1 percent of adults aged 50 or older (or 23.2 million people) to 26.4 percent of adults aged 26 to 49 (or 27.9 million people) (Table A.60B). An estimated 25.7 percent of young adults aged 18 to 25 (or 9.0 million people) received any mental health treatment in the past year.

Receipt of Mental Health Treatment among Adults with an MDE

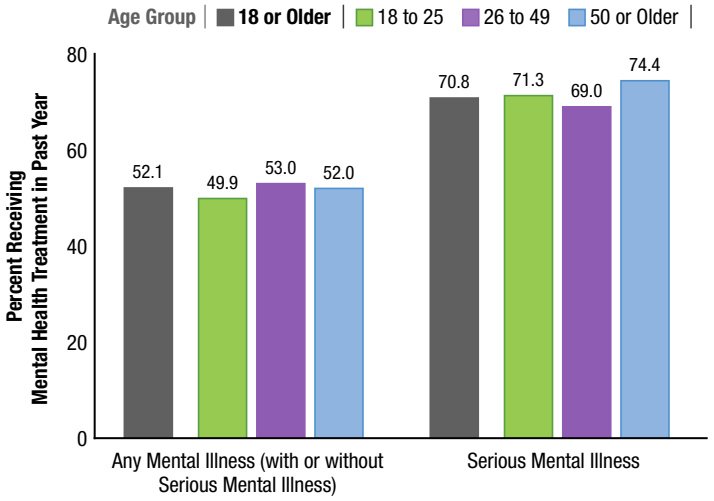
As noted in the section on MDE and MDE with Severe Impairment among Adults, an estimated 21.4 million adults aged 18 or older in 2024 had a past year MDE. Of these adults with a past year MDE, 64.4 percent (or 13.8 million people) received any of the following types of mental health treatment in the 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.61B). Percentages of adults aged 18 or older in 2024 with an MDE in the past year who received specific types of mental health treatment in the past year ranged from 4.0 percent (or 859,000 people) who received mental health treatment in a prison, jail, or juvenile detention center to 50.9 percent (or 10.9 million people) who took prescription medication. An estimated 42.4 percent of adults with an MDE in the past year (or 9.1 million people) received mental health treatment via telehealth.

Percentages of adults in 2024 with an MDE in the past year who received any mental health treatment in the past year ranged from 61.4 percent of young adults aged 18 to 25 (or 3.4 million people) to 69.6 percent of adults aged 50 or older (or 3.7 million people) (Table A.61B). An estimated 63.3 percent of adults aged 26 to 49 with a past year MDE (or 6.7 million people) received any mental health treatment.

Receipt of Mental Health Treatment among Adults with AMI

Among the 61.5 million adults aged 18 or older in 2024 with AMI in the past year (Figure 57), 52.1 percent (or 32.0 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 77 and Table A.62B). Percentages

Figure 77. 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; 2024



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.

of adults aged 18 or older in 2024 with AMI in the past year who received specific types of mental health treatment in the past year ranged from 2.9 percent (or 1.8 million people) who received mental health treatment in a prison, jail, or juvenile detention center to 39.9 percent (or 24.5 million people) who took prescription medication. An estimated 32.6 percent of adults with AMI in the past year (or 20.1 million people) received mental health treatment via telehealth.

As noted previously, about half of adults aged 18 or older in 2024 who had AMI in the past year received any of these types of treatment in the past year (Figure 77 and Table A.62B). Percentages of adults with AMI who received any mental health treatment in the past year ranged from 49.9 percent of young adults aged 18 to 25 (or 5.8 million people) to 53.0 percent of adults aged 26 to 49 (or 16.7 million people). An estimated 52.0 percent of adults aged 50 or older with AMI (or 9.6 million people) received any mental health treatment.

Receipt of Mental Health Treatment among Adults with SMI

Among the 14.6 million adults aged 18 or older in 2024 with SMI in the past year (Figure 57), 70.8 percent (or 10.3 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 77 and Table A.63B). Percentages of adults aged 18 or older in 2024 with SMI in the past year who received specific types of mental health treatment in the past year ranged from 4.8 percent (or 699,000 people) who received mental health treatment in a prison, jail, or juvenile detention center to 57.7 percent (or 8.4 million people) who took prescription medication. An estimated 48.3 percent of adults with SMI in the past year (or 7.1 million people) received mental health treatment via telehealth.

In 2024, more than two thirds of adults in each age group who had SMI in the past year received mental health treatment in the past year (Figure 77 and Table A.63B). Percentages of adults with SMI in the past year who received any mental health treatment in the past year ranged from 69.0 percent of adults aged 26 to 49 (or 5.5 million people) to 74.4 percent of adults aged 50 or older (or 2.5 million people). An estimated 71.3 percent of young adults aged 18 to 25 (or 2.3 million people) with SMI in the past year received any mental health treatment.

Receipt of Other Services among Adults to Help with Mental Health

As noted previously, the 2024 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 2024, 3.6 percent of adults aged 18 or older (or 9.5 million people) received other services in the past year from a support group to help with their mental health, 1.6 percent (or 4.1 million people) received services from a peer support specialist or recovery coach, and 1.2 percent (or 3.1 million people) received services in an emergency room (Table A.64B).

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

- 11.7 percent (or 2.5 million people) from a support group,
- 6.4 percent (or 1.4 million people) from a peer support specialist or recovery coach, and
- 5.3 percent (or 1.1 million people) in an emergency room.

The following percentages and estimated numbers of adults aged 18 or older in 2024 with AMI in the past year received other services in the past year:

- 9.5 percent (or 5.8 million people) from a support group,
- 4.5 percent (or 2.8 million people) from a peer support specialist or recovery coach, and
- 3.7 percent (or 2.3 million people) in an emergency room.

The following percentages and estimated numbers of adults aged 18 or older in 2024 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,
- 8.2 percent (or 1.2 million people) from a peer support specialist or recovery coach, and
- 7.6 percent (or 1.1 million people) in an emergency room.

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

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 2024 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.

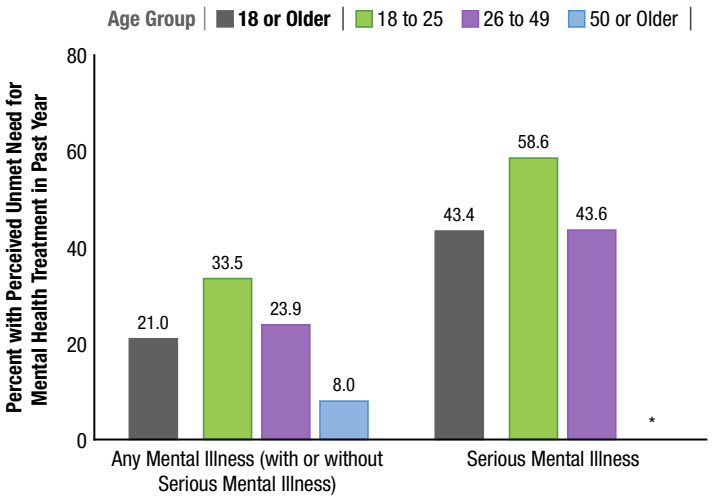
Perceived Unmet Need for Mental Health Treatment among Adults with a Past Year MDE

As noted in the section on MDE and MDE with Severe Impairment among Adults, an estimated 21.4 million adults aged 18 or older in 2024 had a past year MDE. Of these adults with a past year MDE, just over one third (7.6 million people) did not receive mental health treatment in the past year (Table A.65A). Among these 7.6 million adults with a past year MDE who did not receive mental health treatment, 33.5 percent (or 2.5 million people) perceived an unmet need for mental health treatment in the past year (Table A.65B). Percentages of adults in 2024 with a past year MDE who did not receive treatment and who had a perceived unmet need for treatment ranged from 19.7 percent among adults aged 50 or older (or 315,000 people) to 44.3 percent among young adults aged 18 to 25 (or 933,000 people). An estimated 33.3 percent of adults aged 26 to 49 (or 1.3 million people) with a past year MDE who did not receive mental health treatment in the past year perceived an unmet need for mental health treatment.

Perceived Unmet Need for Mental Health Treatment among Adults with AMI

Of the 61.5 million adults aged 18 or older in 2024 who had AMI in the past year (Figure 57), slightly less than half (29.5 million people) did not receive mental health treatment in the past year (Table A.66A). Among these 29.5 million adults with AMI in the past year who did not receive mental health treatment, 21.0 percent (or 6.1 million people) perceived an unmet need for mental health treatment in the past year (Figure 78 and Tables A.66A and A.66B). Percentages of adults in 2024 with AMI in the past year who did not receive treatment and who had a perceived unmet need for mental health treatment ranged from 8.0 percent among adults aged 50 or older (or 689,000 people) to 33.5 percent among young adults aged 18 to 25 (or 1.9 million people). An estimated 23.9 percent of adults aged 26 to 49 (or 3.5 million people) with AMI in the past year who did not receive mental health treatment in the past year perceived an unmet need for mental health treatment.

Figure 78. 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; 2024



* 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.

Perceived Unmet Need for Mental Health Treatment among Adults with SMI

Of the 14.6 million adults aged 18 or older in 2024 who had SMI in the past year (Figure 57), about 3 in 10 (4.3 million people) did not receive mental health treatment in the past year (Table A.67A). Among these 4.3 million adults with SMI in the past year who did not receive mental health treatment, 43.4 percent (or 1.8 million people) perceived an unmet need for mental health treatment in the past year (Figure 78 and Tables A.67A and A.67B). Percentages of adults in 2024 with SMI in the past year who did not receive treatment and who had a perceived unmet need for mental health treatment were 43.6 percent among adults aged 26 to 49 (or 1.1 million people) and 58.6 percent among young adults aged 18 to 25 (or 540,000 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.[13]

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

Among adults aged 18 or older in 2024 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 (71.0 percent) (Table A.68B). The second most common reason for not receiving treatment was thinking treatment would cost too much (65.2 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 knowing how or where to get treatment (49.2 percent),
- not being ready to start treatment (48.1 percent),
- not having enough time for treatment (47.9 percent), and
- not finding a treatment program or a healthcare professional they wanted to go to (45.0 percent).

In addition, Table 6.36B in the 2024 Detailed Tables contains estimates for adults who had SMI in the past year and had a perceived unmet need for mental health treatment.[23] Common reasons for not getting mental health treatment among adults who had SMI and a perceived unmet need for treatment were generally similar to those among adults who had AMI and a perceived unmet need for treatment.

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

The relationship between SUDs and mental disorders is known to be bidirectional.[98] 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.[99,100,101] Current treatment guidelines often recommend that people with co-occurring disorders receive treatment for both disorders.[102,103,104]

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 conditions and SUDs. Estimates are first presented for whether people with co-occurring mental health conditions and an SUD received any treatment for their use of alcohol or drugs or their mental health, or if people received no treatment. If people with co-occurring mental health conditions and an SUD received treatment for either their substance use or their mental health conditions, 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.

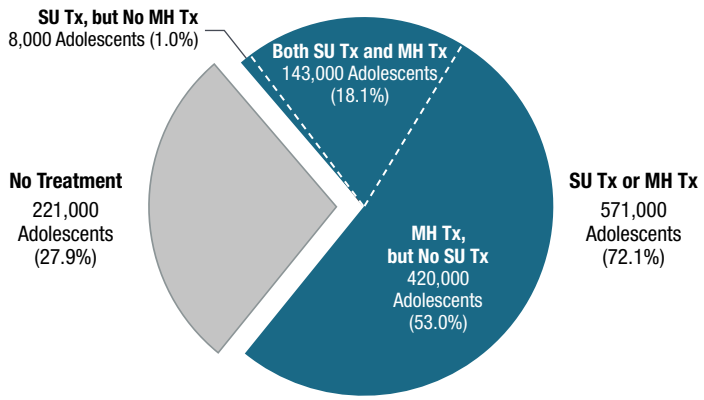
Estimates for adults aged 18 or older are presented overall and by age group.

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

Among the 792,000 adolescents aged 12 to 17 in 2024 with a co-occurring MDE and an SUD in the past year (Figures 53 and 79 and Table A.39AB), 72.1 percent (or 571,000 people) received either substance use treatment or mental health treatment in the past year, and 27.9 percent (or 221,000 people) received neither type of treatment (Table A.69B). Stated another way, about 3 in 10 adolescents with a co-occurring MDE and an SUD in the past year did not receive treatment for either condition. An estimated 53.0 percent of adolescents with a co-occurring MDE and an SUD in the past year (or 420,000 people) received only mental health treatment, 1.0 percent (or 8,000 people) received only substance use treatment, and 18.1 percent (or 143,000 people) received both substance use treatment and mental health treatment.

Among the 571,000 adolescents aged 12 to 17 in 2024 with a co-occurring MDE and an SUD who received either substance use treatment or mental health treatment in the past year (Figure 79), most received only mental health treatment (73.6 percent).[22] An estimated 1.4 percent of these adolescents received only substance use treatment, and 25.1 percent received both types of treatment.[22]

Figure 79. 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); 2024



792,000 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; medications for alcohol use disorder or opioid use disorder; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

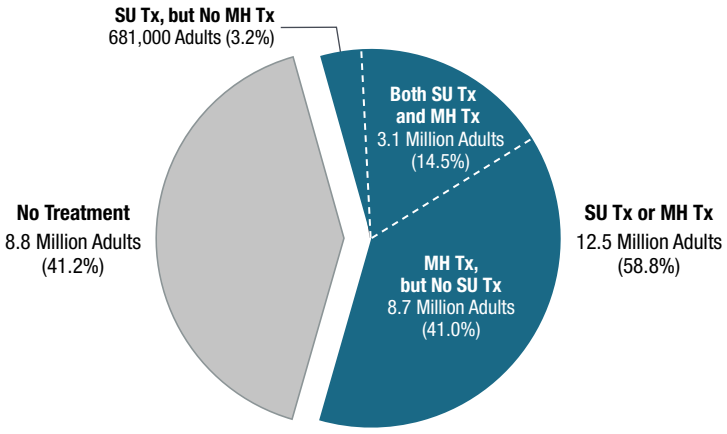
Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

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

Among the 21.2 million adults aged 18 or older in 2024 with co-occurring AMI and an SUD in the past year (Figures 57 and 80 and Table A.43A), 58.8 percent (or 12.5 million people) received either substance use treatment or mental health treatment in the past year, and 41.2 percent (or 8.8 million people) received neither type of treatment (Table A.70B). 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 41.0 percent of adults aged 18 or older with co-occurring AMI and an SUD in the past year (or 8.7 million people) received only mental health treatment, 3.2 percent (or 681,000 people) received only substance use treatment, and 14.5 percent (or 3.1 million people) received both types of treatment.

Among the 12.5 million adults aged 18 or older in 2024 with co-occurring AMI and an SUD who received either substance use treatment or mental health treatment in the past year (Figure 80), most received only mental health treatment (69.8 percent).[22] An estimated 5.5 percent

Figure 80. 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; 2024



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

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

Note: The numbers and percentages for the subdivisions may not add to the percentage for the whole division due to rounding.

Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medications for alcohol use disorder or opioid use disorder; 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.

of these adults aged 18 or older received only substance use treatment, and 24.8 percent received both types of treatment.[22]

Percentages of adults aged 18 or older in 2024 with co-occurring AMI and an SUD in the past year who received either substance use treatment or mental health treatment in the past year ranged from 56.1 percent of young adults aged 18 to 25 (or 2.6 million people) to 60.0 percent of adults aged 50 or older (or 2.8 million people) (Table A.70B). An estimated 59.3 percent of adults aged 26 to 49 with co-occurring AMI and an SUD in the past year (or 7.1 million people) received either type of treatment.

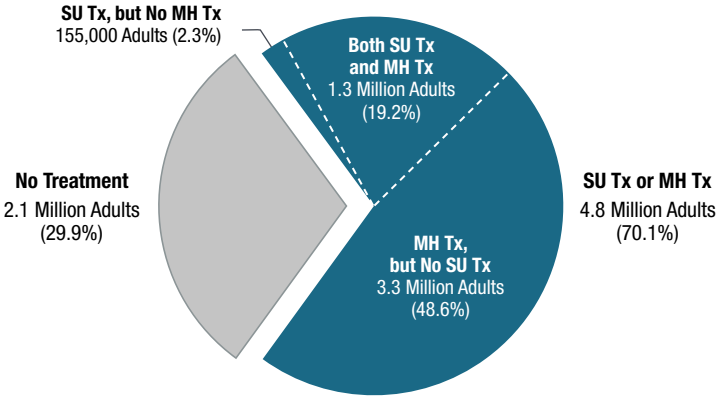
Receipt of Treatment among Adults with Co-Occurring SMI and an SUD

Among the 6.9 million adults aged 18 or older in 2024 with co-occurring SMI and an SUD in the past year (Figures 57 and 81 and Table A.43A), 70.1 percent (or 4.8 million people) received either substance use treatment or mental health treatment in the past year, and 29.9 percent (or 2.1 million people) received neither type of treatment (Table A.70B). Stated another way, 3 in 10 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 48.6 percent of adults aged 18 or older with co-occurring SMI and an SUD in the past year (or 3.3 million people) received only mental health treatment, 2.3 percent (or 155,000 people) received only substance use treatment, and 19.2 percent (or 1.3 million people) received both types of treatment.

Among the 4.8 million adults aged 18 or older in 2024 with co-occurring SMI and an SUD who received either substance use treatment or mental health treatment in the past year (Figure 81), most received only mental health treatment (69.4 percent).[22] An estimated 3.2 percent of these adults aged 18 or older received only substance use treatment, and 27.4 percent received both types of treatment.[22]

Among adults aged 18 or older in 2024 with co-occurring SMI and an SUD in the past year, 72.6 percent of young adults aged 18 to 25 (or 1.2 million people) and 71.0 percent of adults aged 26 to 49 (or 2.7 million people) received either substance use treatment or mental health treatment in the past year (Table A.70B). 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.[13]

Figure 81. 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; 2024



6.9 Million Adults with a Substance Use Disorder and Serious 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; medications for alcohol use disorder or opioid use disorder; 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.

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 ever 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 2024, 12.2 percent (or 31.7 million people) perceived that they ever had a problem with their use of drugs or alcohol (Table A.71B). Among the 31.7 million adults in 2024 who perceived that they ever had a substance use problem, 74.3 percent (or 23.5 million people) considered themselves to be in recovery or to have recovered from their drug or alcohol use problem (Table A.72B).

In 2024, 8.2 percent of young adults aged 18 to 25 (or 2.8 million people) and 12.8 percent of adults aged 26 or older (or 28.9 million people) perceived that they ever had a problem with their use of drugs or alcohol (Table A.71B). Among adults who perceived that they ever had a problem with their use of drugs or alcohol, about two thirds of young adults (67.5 percent or 1.9 million people) and three fourths of adults aged 26 or older (75.0 percent or 21.6 million people) considered themselves to be in recovery or to have recovered (Table A.72B).

In 2024, 26.1 percent of adults aged 18 or older (or 67.8 million people) perceived that they ever had a problem with their mental health (Table A.71B). Among the 67.8 million adults in 2024 who perceived that they ever had a problem with their mental health, 66.9 percent (or 45.0 million people) considered themselves to be in recovery or to have recovered from their mental health issue (Table A.72B).

In 2024, 38.2 percent of young adults aged 18 to 25 (or 13.2 million people) and 24.2 percent of adults aged 26 or older (or 54.6 million people) perceived that they ever had a problem with their mental health (Table A.71B). Among adults who perceived that they ever had a problem with their mental health, 63.4 percent of young adults (or 8.3 million people) and 67.7 percent of adults aged 26 or older (or 36.7 million people) considered themselves to be in recovery or to have recovered from their mental health issue (Table A.72B).

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. Bitsko, R. H., Claussen, A. H., Lichstein, J., Black, L. I., Jones, S. E., Danielson, M. L., Hoenig, J. M., Davis Jack, S. P., Brody, D. J., Gyawali, S., Maenner, M. J., Warner, M., Holland, K. M., Perou, R., Crosby, A. E., Blumberg, S. J., Avenevoli, S., Kaminski, J. W., & Ghandour, R. M. (2022). Mental health surveillance among children – United States, 2013-2019. *MMWR Supplements*, *71*(2), 1-42. https://doi.org/10.15585/mmwr.su7102a1

3. Global Burden of Diseases, Injuries, and Risk Factors Study 2021 U.S. Burden of Disease Collaborators. (2024). The burden of diseases, injuries, and risk factors by state in the USA, 1990-2021: A systematic analysis for the Global Burden of Disease Study 2021. *Lancet*, *404*, 2314-2340. https://doi.org/10.1016/s0140-6736(24)01446-6

4. 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

5. This report occasionally presents estimated numbers of people with a specific characteristic (e.g., estimated numbers of substance users). Some of these estimated numbers are not included in figures or tables in this report but may be found in the 2024 Detailed Tables.

6. Substance Abuse and Mental Health Services Administration. (2025). *2024 Companion infographic: Results from the 2021-2024 National Surveys on Drug Use and Health* (SAMHSA Publication No. PEP25-07-006). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases

7. Reports in this series will be available on the NSDUH National Releases web page.

8. Details about the sample design, weighting, and interviewing results for the 2024 NSDUH (and prior years, where applicable) are provided in Sections 2.1, 2.3.4, and 3.3.1 of CBHSQ (2025). In particular, Table 2.1 in CBHSQ (2025) 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. (2025). *2024 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology

9. Details about the multimode data collection procedures for the 2024 NSDUH are provided in Section 2.2.1 of CBHSQ (2025). See the following reference: Center for Behavioral Health Statistics and Quality. (2025). *2024 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology

10. 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 (13,985 adolescents and 56,256 adults).

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

12. Center for Behavioral Health Statistics and Quality. (2025). *2024 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology

13. For a discussion of the criteria for suppressing (i.e., not publishing) unreliable estimates, see Section 3.2.2 in the following reference: Center for Behavioral Health Statistics and Quality. (2025). *2024 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology

14. 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.

15. 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. (2025). *2024 National Survey on Drug Use and Health: Detailed tables*. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases

16. See Section 3.2.3 in the following reference: Center for Behavioral Health Statistics and Quality. (2025). *2024 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology

17. 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

18. 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

19. 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

20. In the 2024 NSDUH, a "drink" was defined as a can or bottle of beer or hard seltzer, a glass of wine or a wine cooler, a shot of liquor, or a drink with liquor in it. Times when respondents had only a sip or two from a drink were not considered to be alcohol consumption.

21. 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. (2025). *Alcohol's effects on health*. https://www.niaaa.nih.gov/alcohols-effects-health/alcohol-drinking-patterns

22. These estimates (or selected estimates being cited) were calculated from special analyses but are not included in the appendix tables or in the 2024 Detailed Tables.

23. Center for Behavioral Health Statistics and Quality. (2025). *2024 National Survey on Drug Use and Health: Detailed tables*. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases

24. The 2024 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.

25. 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.

26. 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. (2025). *Results from the 2024 National Survey on Drug Use and Health: Detailed tables*. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases

27. No respondents in 2024 specified Desoxyn® as some other stimulant they misused, and it has been mentioned only rarely as a stimulant in other years. Desoxyn® is grouped with the other amphetamines because it is chemically similar to other prescription amphetamines (e.g., Adderall®).

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

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

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

31. National Institute on Drug Abuse. (2024, November). *Methamphetamine*. https://nida.nih.gov/research-topics/methamphetamine

32. National Institute on Drug Abuse. (2023, 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

33. Individual estimated numbers of people who used cocaine only, misused prescription stimulants only, or used methamphetamine only sum to more than 7.7 million people because of rounding.

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

35. 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

36. 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

37. Tanz, L. J., Stewart, A., Gladden, R. M., Ko, J. Y., Owens, L., & O'Donnell, J. (2024). Detection of illegally manufactured fentanyls and carfentanil in drug overdose deaths—United States, 2021–2024. *Morbidity and Mortality Weekly Report*, *73*(48), 1099-1105. https://www.cdc.gov/mmwr/volumes/73/wr/pdfs/mm7348a2-H.pdf

38. 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

39. 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

40. 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

41. 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

42. 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

43. 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

44. Perdue, T., Carlson, R., Daniulaityte, R., Silverstein, S. M., Bluthenthal, R. N., Valdez, A., & Cepeda, A. (2024). Characterizing prescription opioid, heroin, and fentanyl initiation trajectories: A qualitative study. *Social Science & Medicine*, *340*, 116441. https://doi.org/10.1016/j.socscimed.2023.116441

45. 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.

46. 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.

47. 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.

48. Assessing whether respondents in the 2024 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 2024 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.

49. Field testing in 2012 and 2013 for the prescription drug questions in the 2024 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

50. 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 3.4.6 of the following reference: Center for Behavioral Health Statistics and Quality. (2025). *2024 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology

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

52. For more information about the DSM-5 criteria for SUDs, see Section 3.4.7 in the following reference: Center for Behavioral Health Statistics and Quality. (2025). *2024 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology

53. For alcohol, for example, withdrawal symptoms include (but are not limited to) trouble sleeping, hands trembling, hallucinations (seeing, feeling, or hearing things that are not really there), or feeling anxious.

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

55. 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

56. NSDUH respondents in 2024 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.

57. Estimates in 2024 for CNS stimulant use disorder and opioid use disorder include data from a small number of respondents (fewer than 10 each) who reported in a later section of the interview that they used methamphetamine with a needle in the past 12 months or that they smoked, sniffed, or used heroin with a needle in the past year despite having previously reported that they last used these substances more than 12 months ago. For more information, see Section 3.4.7 in the following reference: Center for Behavioral Health Statistics and Quality. (2025). *2024 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology

58. Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine*, *166*(10), 1092-1097. https://doi.org/10.1001/archinte.166.10.1092

59. Mossman, S. A., Luft, M. J., Schroeder, H. K., Varney, S. T., Fleck, D. E., Barzman, D. H., Gilman, R., DelBello, M. P., & Strawn, J. R. (2017). The Generalized Anxiety Disorder 7-item (GAD-7) scale in adolescents with generalized anxiety disorder: Signal detection and validation. *Annals of Clinical Psychiatry*, *29*(4), 227-234A.

60. Terlizzi, E. P., & Villarroel, M. A. (2020). *Symptoms of generalized anxiety disorder among adults: United States, 2019* (NCHS Data Brief No. 378). National Center for Health Statistics. https://www.cdc.gov/nchs/products/databriefs/db378.htm

61. Estimated numbers of people who were classified as having moderate symptoms of GAD or who were classified as having severe symptoms sum to less than the estimated total number of people with moderate or severe symptoms because of rounding.

62. 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.

63. 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.

64. Details about the criteria for defining a NSDUH interview as usable are provided in Section 2.3.1 of CBHSQ (2025). See the following reference: Center for Behavioral Health Statistics and Quality. (2025). *2024 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology

65. Details about imputation procedures, including imputation of adult MDE data, are provided in Sections 2.3.3 and 3.4.12 of CBHSQ (2025). See the following reference: Center for Behavioral Health Statistics and Quality. (2025). *2024 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology

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

67. 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.

68. 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

69. U.S. Centers for Disease Control and Prevention. (n.d.). *Web-based Injury Statistics Query and Reporting System: WISQARS leading causes of death visualization tool*. https://wisqars.cdc.gov/lcd/?o=LCD&y1=2023&y2=2023&ct=15&cc=ALL&g=00&s=0&r=0&ry=2&e=0&ar=lcd1age&at=groups&ag=lcd1age&a1=0&a2=199

70. U.S. Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database, released in 2025. Data are from the final Multiple Cause of Death Files, 2018-2022, and from provisional data for 2023-2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Retrieved March 31, 2025, from https://wonder.cdc.gov/mcd-icd10-provisional.html

71. U.S. Centers for Disease Control and Prevention. (2025, March). *Suicide prevention: Suicide data and statistics*. https://www.cdc.gov/suicide/facts/data.html

72. 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

73. 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

74. 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

75. 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*(7), 684-693. https://doi.org/10.1001/jamapsychiatry.2020.0596

76. 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*(23), 2362-2364. https://doi.org/10.1001/jama.2019.5054

77. 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

78. U.S. Centers for Disease Control and Prevention. (2024). *Youth Risk Behavior Survey data summary & trends report: 2013–2023*. https://www.cdc.gov/yrbs/dstr/index.html

79. Mojtabai, R., & Olfson, M. (2020). National trends in mental health care for US adolescents. *JAMA Psychiatry*, *77*(7), 703-714. https://doi.org/10.1001/jamapsychiatry.2020.0279

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

81. 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

82. 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

83. 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.

84. 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

85. Details about the changes to the inpatient and outpatient substance use treatment questions for the 2024 NSDUH are provided in Section 3.4.8 of CBHSQ (2025). See the following reference: Center for Behavioral Health Statistics and Quality. (2025). *2024 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology

86. 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.

87. 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.

88. Question TXDRRX in the NSDUH questionnaire asks about the use of prescription medication to cut back or stop the use of "drugs," but respondents were not asked TXDRRX unless they reported using heroin or prescription pain relievers in their lifetime. Because NSDUH respondents are asked this question if they reported using prescription pain relievers in their lifetime, respondents who used only nonopioid prescription pain relievers in their lifetime cannot be identified. As noted in the text, however, the drugs listed in TXDRRX are prescribed for the treatment of opioid use disorder.

89. For more information about other services not being classified as "substance use treatment," see Section 3.4.8 in the following reference: Center for Behavioral Health Statistics and Quality. (2025). *2024 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology

90. As noted previously, respondents who used prescription pain relievers but not heroin in their lifetime and who reported receiving prescription medication in the past year to cut back or stop their use of drugs were assumed to have received medication for opioid use disorder.

91. Respondents in 2024 who did not receive substance use treatment and received overdose reversal medicine but did not receive support services from a support group or from a peer support specialist or recovery coach, services in an emergency room, or withdrawal management services were not asked if they 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.

92. Percentages of adolescents with an SUD who did not receive treatment but sought treatment or thought they should get it sum to less than 6.7 percent because of rounding.

93. Percentages of adults with an SUD who did not receive treatment but sought treatment or thought they should get it sum to greater than 4.4 percent because of rounding.

94. Details about the changes to the mental health treatment questions for the 2024 NSDUH are provided in Section 3.4.10 of CBHSQ (2025). See the following reference: Center for Behavioral Health Statistics and Quality. (2025). *2024 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology

95. For more information about other services not being classified as "mental health treatment," see Section 3.4.10 in the following reference: Center for Behavioral Health Statistics and Quality. (2025). *2024 National Survey on Drug Use and Health: Methodological summary and definitions*. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology

96. 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.

97. 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.

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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, 2024

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]	58.3	(0.39)	13.3	(0.47)	58.9	(0.69)	63.3	(0.47)	22.2	(0.52)
TOBACCO PRODUCT USE OR NICOTINE VAPING[1,2]	22.1	(0.32)	6.6	(0.30)	28.9	(0.61)	22.8	(0.39)	11.7	(0.38)
Tobacco Products[1]	16.7	(0.29)	1.9	(0.17)	14.4	(0.44)	18.7	(0.36)	4.3	(0.23)
Cigarettes	13.1	(0.27)	1.2	(0.14)	9.6	(0.37)	15.0	(0.33)	3.0	(0.20)
Daily Cigarette Smoking[5]	59.0	(1.02)	3.8	(1.37)	19.5	(1.52)	63.3	(1.10)	11.1	(1.84)
Smoked 1+ Packs of Cigarettes per Day[6]	37.7	(1.35)	*	(*)	16.8	(2.93)	38.4	(1.39)	*	(*)
Smokeless Tobacco	2.3	(0.11)	0.5	(0.08)	3.3	(0.20)	2.4	(0.13)	0.9	(0.10)
Cigars	3.3	(0.13)	0.5	(0.09)	4.9	(0.27)	3.3	(0.15)	1.3	(0.13)
Pipe Tobacco	0.6	(0.06)	0.1	(0.03)	0.9	(0.12)	0.6	(0.07)	0.3	(0.08)
Nicotine Vaping[2]	9.6	(0.19)	6.0	(0.29)	23.7	(0.58)	7.8	(0.21)	10.4	(0.36)
ALCOHOL	46.6	(0.40)	6.6	(0.36)	47.5	(0.72)	51.0	(0.48)	13.3	(0.44)
Binge Alcohol Use	20.1	(0.29)	3.5	(0.22)	26.7	(0.63)	21.0	(0.35)	7.6	(0.33)
Heavy Alcohol Use	5.0	(0.16)	0.4	(0.06)	6.0	(0.28)	5.4	(0.20)	1.5	(0.14)
ILLICIT DRUGS[3,4]	16.7	(0.29)	7.5	(0.37)	25.4	(0.57)	16.4	(0.35)	11.9	(0.39)
Marijuana	15.4	(0.28)	6.0	(0.32)	24.1	(0.56)	15.1	(0.33)	10.5	(0.36)
Marijuana Vaping[7]	5.8	(0.16)	4.3	(0.28)	12.6	(0.43)	5.0	(0.19)	6.6	(0.28)

* 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 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

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, 2024

Nicotine Product Use[1]	12 or Older		12 to 17		18 to 25		26 or Older	
Only Nicotine Vaping[2]	24.6	(0.57)	71.5	(2.14)	50.3	(1.19)	18.0	(0.60)
Nicotine Vaping and Tobacco Products[2,3]	18.9	(0.51)	19.6	(1.88)	31.9	(1.12)	16.3	(0.58)
Nicotine Vaping and Only Cigarettes[2]	11.3	(0.41)	10.0	(1.53)	15.3	(0.84)	10.6	(0.47)
Nicotine Vaping, Cigarettes, and Noncigarette Tobacco Products[2,4]	4.0	(0.24)	4.4	(0.99)	8.3	(0.63)	3.2	(0.27)
Nicotine Vaping and Only Noncigarette Tobacco Products[2,4]	3.6	(0.24)	5.3	(0.96)	8.3	(0.67)	2.6	(0.26)
Only Tobacco Products[3]	56.5	(0.70)	8.9	(1.33)	17.9	(0.88)	65.6	(0.77)

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 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.3B Use of Selected Substances in the Past Month: Among People Aged 12 or Older; 2021-2024

Substance	2021		2022		2023		2024		Trend
TOBACCO PRODUCTS	20.1	(0.38)	18.1	(0.35)	17.6	(0.30)	16.7	(0.29)	Decreased
Cigarettes	16.0	(0.36)	14.6	(0.32)	13.7	(0.28)	13.1	(0.27)	Decreased
Daily Cigarette Smoking[1]	61.5	(1.02)	58.7	(1.01)	58.9	(0.98)	59.0	(1.02)	No Change
Smoked 1+ Packs of Cigarettes per Day[2]	42.4	(1.46)	39.8	(1.33)	39.6	(1.33)	37.7	(1.35)	Decreased
Smokeless Tobacco	2.7	(0.14)	2.2	(0.11)	2.5	(0.12)	2.3	(0.11)	No Change
Cigars	3.7	(0.16)	3.7	(0.14)	3.8	(0.14)	3.3	(0.13)	Decreased
Pipe Tobacco	0.7	(0.06)	0.6	(0.06)	0.7	(0.06)	0.6	(0.06)	No Change
ALCOHOL	47.4	(0.44)	48.7	(0.42)	47.5	(0.42)	46.6	(0.40)	No Change
Binge Alcohol Use	21.7	(0.34)	21.7	(0.31)	21.7	(0.30)	20.1	(0.29)	Decreased
Heavy Alcohol Use	5.7	(0.20)	5.7	(0.16)	5.8	(0.16)	5.0	(0.16)	Decreased
MARIJUANA	13.2	(0.30)	15.0	(0.28)	15.4	(0.28)	15.4	(0.28)	Increased

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2024 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2024 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2024 at the .05 level;
Not Tested = trend testing was not conducted because estimates were suppressed for 1 or more years, or 4 years of comparable data were not available.

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons. For details, see the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions.

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

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021-2024.

Table A.4B Use of Selected Substances in the Past Month: Among Adolescents Aged 12 to 17; 2021-2024

Substance	2021		2022		2023		2024		Trend
TOBACCO PRODUCTS	2.9	(0.29)	2.0	(0.18)	1.9	(0.17)	1.9	(0.17)	Decreased
Cigarettes	1.7	(0.22)	1.2	(0.15)	1.3	(0.15)	1.2	(0.14)	No Change
Daily Cigarette Smoking[1]	*	(*)	3.1	(1.30)	*	(*)	3.8	(1.37)	Not Tested
Smoked 1+ Packs of Cigarettes per Day[2]	*	(*)	*	(*)	*	(*)	*	(*)	Not Tested
Smokeless Tobacco	0.6	(0.12)	0.2	(0.05)	0.3	(0.06)	0.5	(0.08)	No Change
Cigars	0.8	(0.16)	0.7	(0.10)	0.4	(0.07)	0.5	(0.09)	No Change
Pipe Tobacco	0.3	(0.08)	0.2	(0.07)	0.2	(0.05)	0.1	(0.03)	No Change
ALCOHOL	7.2	(0.44)	6.8	(0.32)	6.9	(0.37)	6.6	(0.36)	No Change
Binge Alcohol Use	4.0	(0.33)	3.2	(0.22)	3.9	(0.29)	3.5	(0.22)	No Change
Heavy Alcohol Use	0.4	(0.11)	0.2	(0.05)	0.5	(0.10)	0.4	(0.06)	No Change
MARIJUANA	6.1	(0.39)	6.4	(0.32)	6.0	(0.32)	6.0	(0.32)	No Change

* Low precision; no estimate reported.

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2024 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2024 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2024 at the .05 level;
Not Tested = trend testing was not conducted because estimates were suppressed for 1 or more years, or 4 years of comparable data were not available.

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons. For details, see the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions.

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

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021-2024.

Table A.5B Use of Selected Substances in the Past Month: Among Young Adults Aged 18 to 25; 2021-2024

Substance	2021		2022		2023		2024		Trend
TOBACCO PRODUCTS	17.5	(0.56)	15.4	(0.48)	15.7	(0.47)	14.4	(0.44)	Decreased
Cigarettes	11.8	(0.47)	10.7	(0.42)	10.6	(0.39)	9.6	(0.37)	Decreased
Daily Cigarette Smoking[1]	27.0	(1.76)	26.7	(1.75)	25.4	(1.64)	19.5	(1.52)	Decreased
Smoked 1+ Packs of Cigarettes per Day[2]	23.3	(2.74)	17.5	(2.62)	23.3	(2.64)	16.8	(2.93)	No Change
Smokeless Tobacco	3.0	(0.22)	2.4	(0.19)	2.8	(0.21)	3.3	(0.20)	No Change
Cigars	5.6	(0.34)	5.3	(0.31)	5.3	(0.28)	4.9	(0.27)	No Change
Pipe Tobacco	1.1	(0.15)	1.1	(0.13)	1.1	(0.14)	0.9	(0.12)	No Change
ALCOHOL	50.9	(0.81)	50.2	(0.76)	49.6	(0.77)	47.5	(0.72)	Decreased
Binge Alcohol Use	30.0	(0.76)	29.5	(0.63)	28.7	(0.64)	26.7	(0.63)	Decreased
Heavy Alcohol Use	7.1	(0.39)	7.6	(0.37)	6.9	(0.35)	6.0	(0.28)	Decreased
MARIJUANA	24.6	(0.71)	25.9	(0.64)	25.2	(0.58)	24.1	(0.56)	No Change

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2024 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2024 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2024 at the .05 level;
Not Tested = trend testing was not conducted because estimates were suppressed for 1 or more years, or 4 years of comparable data were not available.

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons. For details, see the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions.

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

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021-2024.

Table A.6B Use of Selected Substances in the Past Month: Among Adults Aged 26 or Older; 2021-2024

Substance	2021		2022		2023		2024		Trend
TOBACCO PRODUCTS	22.5	(0.46)	20.4	(0.43)	19.7	(0.37)	18.7	(0.36)	Decreased
Cigarettes	18.3	(0.43)	16.7	(0.39)	15.5	(0.35)	15.0	(0.33)	Decreased
Daily Cigarette Smoking[1]	65.3	(1.09)	62.4	(1.10)	62.9	(1.03)	63.3	(1.10)	No Change
Smoked 1+ Packs of Cigarettes per Day[2]	43.3	(1.51)	40.8	(1.37)	40.3	(1.38)	38.4	(1.39)	Decreased
Smokeless Tobacco	2.9	(0.17)	2.4	(0.13)	2.7	(0.15)	2.4	(0.13)	Decreased
Cigars	3.8	(0.19)	3.8	(0.16)	3.9	(0.17)	3.3	(0.15)	No Change
Pipe Tobacco	0.7	(0.08)	0.6	(0.08)	0.7	(0.08)	0.6	(0.07)	No Change
ALCOHOL	51.5	(0.53)	53.4	(0.51)	51.9	(0.50)	51.0	(0.48)	No Change
Binge Alcohol Use	22.5	(0.40)	22.6	(0.36)	22.7	(0.36)	21.0	(0.35)	Decreased
Heavy Alcohol Use	6.2	(0.24)	6.0	(0.19)	6.2	(0.20)	5.4	(0.20)	Decreased
MARIJUANA	12.3	(0.34)	14.3	(0.32)	15.0	(0.32)	15.1	(0.33)	Increased

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2024 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2024 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2024 at the .05 level;
Not Tested = trend testing was not conducted because estimates were suppressed for 1 or more years, or 4 years of comparable data were not available.

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons. For details, see the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions.

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

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021-2024.

Table A.7B Type of Tobacco Product Use in the Past Month: Among Past Month Tobacco Product Users Aged 12 or Older; by Age Group, 2024

Tobacco Product Use[1]	12 or Older		12 to 17		18 to 25		26 or Older	
Only Cigarettes	66.1	(0.85)	47.5	(4.65)	45.3	(1.60)	68.8	(0.92)
Cigarettes and Noncigarette Tobacco Products[2]	12.5	(0.59)	18.1	(3.47)	21.5	(1.30)	11.4	(0.64)
Only Noncigarette Tobacco Products[2]	21.3	(0.70)	34.4	(4.39)	33.2	(1.49)	19.8	(0.75)

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.8B Alcohol or Marijuana Use in the Past Month: Among People Aged 12 to 20; 2021-2024

Substance	2021		2022		2023		2024		Trend
ALCOHOL	15.6	(0.50)	15.1	(0.45)	14.6	(0.49)	13.3	(0.44)	Decreased
Binge Alcohol Use	8.6	(0.40)	8.2	(0.36)	8.6	(0.38)	7.6	(0.33)	No Change
Heavy Alcohol Use	1.6	(0.17)	1.7	(0.18)	1.7	(0.17)	1.5	(0.14)	No Change
MARIJUANA	10.8	(0.44)	11.8	(0.39)	11.3	(0.40)	10.5	(0.36)	No Change

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2024 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2024 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2024 at the .05 level;
Not Tested = trend testing was not conducted because estimates were suppressed for 1 or more years, or 4 years of comparable data were not available.

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons. For details, see the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021-2024.

Table A.9B Type of Marijuana Use in the Past Month: Among Past Month Marijuana Users Aged 12 or Older; by Age Group, 2024

Marijuana Use	12 or Older		12 to 17		18 to 25		26 or Older	
Marijuana Vaping[1]	38.0	(0.80)	71.1	(2.43)	52.0	(1.26)	33.0	(0.99)
Marijuana Use but Not Marijuana Vaping[1]	62.0	(0.80)	28.9	(2.43)	48.0	(1.26)	67.0	(0.99)

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: The 2024 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, 2024.

Table A.10B Type of Illicit Drug Use in the Past Year: Among People Aged 12 or Older; 2021-2024

Drug	2021		2022		2023		2024		Trend
ILLICIT DRUGS[1]	22.2	(0.36)	24.9	(0.35)	24.9	(0.32)	25.5	(0.35)	Increased
Marijuana	19.0	(0.36)	22.0	(0.33)	21.8	(0.31)	22.3	(0.34)	Increased
Cocaine	1.7	(0.09)	1.9	(0.10)	1.8	(0.09)	1.5	(0.08)	Decreased
Crack	0.4	(0.05)	0.3	(0.04)	0.4	(0.05)	0.3	(0.04)	No Change
Heroin	0.4	(0.05)	0.4	(0.04)	0.2	(0.03)	0.2	(0.03)	Decreased
Hallucinogens	2.7	(0.12)	3.0	(0.12)	3.1	(0.10)	3.6	(0.13)	Increased
LSD	0.9	(0.06)	0.8	(0.06)	0.6	(0.04)	0.6	(0.05)	Decreased
PCP	0.1	(0.03)	0.1	(0.03)	<0.1	(0.02)	<0.1	(0.01)	No Change
Ecstasy	0.8	(0.06)	0.7	(0.05)	0.8	(0.06)	0.7	(0.05)	No Change
Psilocybin		--		--		--	2.7	(0.11)	Not Tested
Inhalants[2]		--		--		--	1.1	(0.06)	Not Tested
Methamphetamine	0.9	(0.09)	1.0	(0.08)	0.9	(0.07)	0.8	(0.06)	No Change
Misuse of Prescription Psychotherapeutics	5.2	(0.18)	5.0	(0.15)	5.1	(0.15)	4.8	(0.14)	No Change
Pain Relievers	3.2	(0.14)	3.0	(0.12)	3.0	(0.12)	2.8	(0.11)	No Change
Prescription Opioids[3]	3.0	(0.14)	2.8	(0.11)	2.9	(0.11)	2.6	(0.11)	Decreased
Stimulants	1.4	(0.08)	1.5	(0.07)	1.4	(0.07)	1.4	(0.07)	No Change
Tranquilizers or Sedatives	1.7	(0.09)	1.7	(0.09)	1.7	(0.09)	1.6	(0.09)	No Change
Tranquilizers	1.5	(0.09)	1.5	(0.08)	1.4	(0.08)	1.3	(0.08)	No Change
Sedatives	0.3	(0.03)	0.3	(0.04)	0.4	(0.05)	0.3	(0.04)	No Change
Benzodiazepines	1.4	(0.08)	1.3	(0.08)	1.3	(0.08)	1.2	(0.07)	Decreased
Misuse of Opioids[1,4]	3.2	(0.15)	3.0	(0.12)	3.0	(0.12)	2.7	(0.11)	Decreased
Misuse of Central Nervous System Stimulants	3.4	(0.14)	3.6	(0.13)	3.4	(0.13)	3.1	(0.11)	No Change

-- Not available or not comparable with the estimate in 2024 due to methodological or questionnaire changes.

LSD = lysergic acid diethylamide; PCP = phencyclidine.

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2024 at the .05 level; Increased = the linear trend test showed a statistically significant increase from 2021 to 2024 at the .05 level; No Change = the linear trend test showed no statistically significant change from 2021 to 2024 at the .05 level; Not Tested = trend testing was not conducted because estimates were suppressed for 1 or more years, or 4 years of comparable data were not available.

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons. For details, see the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions.

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

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

[2] Changes were made to the inhalant questions in 2024. See Chapter 3 of the 2024 Methodological Summary and Definitions at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology for details.

[3] Respondents who reported the misuse of only nonopioid pain relievers were not counted as having misused prescription opioids.

[4] Estimates include the use of heroin or the misuse of prescription opioids in the past year. Estimates for 2021-2023 may differ from previously published estimates because they do not include the misuse of only nonopioid pain relievers.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021-2024.

Table A.11B Type of Illicit Drug Use in the Past Year: Among Adolescents Aged 12 to 17; 2021-2024

Drug	2021		2022		2023		2024		Trend
ILLICIT DRUGS[1]	14.6	(0.58)	14.3	(0.45)	14.7	(0.46)	15.1	(0.51)	No Change
Marijuana	10.9	(0.51)	11.5	(0.42)	11.2	(0.41)	10.4	(0.41)	No Change
Cocaine	0.1	(0.04)	0.2	(0.05)	0.2	(0.06)	0.3	(0.07)	Increased
Crack	<0.1	(0.01)	<0.1	(<0.01)	<0.1	(0.02)	<0.1	(0.02)	No Change
Heroin	<0.1	(<0.01)	<0.1	(0.01)	<0.1	(0.02)	<0.1	(0.02)	No Change
Hallucinogens	1.4	(0.18)	1.4	(0.14)	1.5	(0.16)	1.6	(0.16)	No Change
LSD	1.0	(0.16)	0.7	(0.09)	0.6	(0.10)	0.4	(0.09)	Decreased
PCP	0.1	(0.04)	0.1	(0.03)	0.1	(0.05)	<0.1	(<0.01)	No Change
Ecstasy	0.4	(0.08)	0.2	(0.07)	0.3	(0.06)	0.2	(0.06)	No Change
Psilocybin		--		--		--	1.2	(0.14)	Not Tested
Inhalants[2]		--		--		--	3.7	(0.26)	Not Tested
Methamphetamine	0.1	(0.05)	0.1	(0.02)	0.2	(0.07)	0.2	(0.09)	No Change
Misuse of Prescription Psychotherapeutics	3.5	(0.32)	2.5	(0.19)	3.0	(0.23)	2.5	(0.20)	Decreased
Pain Relievers	2.1	(0.24)	1.6	(0.14)	2.2	(0.21)	1.6	(0.17)	No Change
Prescription Opioids[3]	2.0	(0.23)	1.5	(0.14)	2.0	(0.19)	1.5	(0.15)	No Change
Stimulants	1.2	(0.16)	0.9	(0.12)	0.9	(0.12)	0.8	(0.12)	No Change
Tranquilizers or Sedatives	1.0	(0.20)	0.5	(0.08)	0.7	(0.10)	0.7	(0.10)	No Change
Tranquilizers	0.8	(0.20)	0.4	(0.07)	0.5	(0.07)	0.5	(0.09)	No Change
Sedatives	0.2	(0.05)	0.1	(0.04)	0.3	(0.07)	0.2	(0.07)	No Change
Benzodiazepines	0.8	(0.19)	0.4	(0.07)	0.4	(0.07)	0.4	(0.08)	No Change
Misuse of Opioids[1,4]	2.0	(0.23)	1.5	(0.14)	2.0	(0.19)	1.5	(0.15)	No Change
Misuse of Central Nervous System Stimulants	1.3	(0.16)	1.1	(0.13)	1.1	(0.14)	1.1	(0.16)	No Change

-- Not available or not comparable with the estimate in 2024 due to methodological or questionnaire changes.
LSD = lysergic acid diethylamide; PCP = phencyclidine.
Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2024 at the .05 level; Increased = the linear trend test showed a statistically significant increase from 2021 to 2024 at the .05 level; No Change = the linear trend test showed no statistically significant change from 2021 to 2024 at the .05 level; Not Tested = trend testing was not conducted because estimates were suppressed for 1 or more years, or 4 years of comparable data were not available.
NOTE: Estimates shown are percentages with standard errors included in parentheses.
NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.
NOTE: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons. For details, see the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions.
NOTE: Estimates that round to 0.0 percent are presented as <0.1.
NOTE: Standard errors that round to 0.00 percent are presented as <0.01.
[1] These estimates do not include illegally made fentanyl.
[2] Changes were made to the inhalant questions in 2024. See Chapter 3 of the 2024 Methodological Summary and Definitions at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology for details.
[3] Respondents who reported the misuse of only nonopioid pain relievers were not counted as having misused prescription opioids.
[4] Estimates include the use of heroin or the misuse of prescription opioids in the past year. Estimates for 2021-2023 may differ from previously published estimates because they do not include the misuse of only nonopioid pain relievers.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021-2024.

Table A.12B Type of Illicit Drug Use in the Past Year: Among Young Adults Aged 18 to 25; 2021-2024

Drug	2021		2022		2023		2024		Trend
ILLICIT DRUGS[1]	39.0	(0.77)	40.9	(0.71)	39.0	(0.69)	38.1	(0.65)	No Change
Marijuana	36.3	(0.76)	38.2	(0.71)	36.5	(0.70)	35.0	(0.64)	No Change
Cocaine	3.7	(0.33)	3.7	(0.26)	3.1	(0.25)	2.3	(0.18)	Decreased
Crack	0.2	(0.09)	0.1	(0.04)	0.2	(0.06)	0.1	(0.04)	No Change
Heroin	0.2	(0.05)	0.2	(0.04)	0.1	(0.02)	0.1	(0.04)	No Change
Hallucinogens	7.4	(0.40)	7.7	(0.36)	6.7	(0.33)	6.8	(0.33)	No Change
LSD	3.2	(0.27)	2.6	(0.20)	1.5	(0.14)	1.1	(0.13)	Decreased
PCP	0.2	(0.07)	<0.1	(0.01)	<0.1	(<0.01)	0.1	(0.03)	No Change
Ecstasy	2.1	(0.21)	1.8	(0.18)	1.5	(0.18)	1.2	(0.14)	Decreased
Psilocybin		--		--		--	5.4	(0.30)	Not Tested
Inhalants[2]		--		--		--	2.0	(0.17)	Not Tested
Methamphetamine	0.5	(0.12)	0.5	(0.09)	0.3	(0.06)	0.5	(0.08)	No Change
Misuse of Prescription Psychotherapeutics	7.9	(0.40)	7.3	(0.35)	6.0	(0.30)	5.8	(0.31)	Decreased
Pain Relievers	3.1	(0.26)	3.2	(0.22)	2.5	(0.19)	2.7	(0.24)	No Change
Prescription Opioids[3]	3.0	(0.25)	3.0	(0.21)	2.4	(0.17)	2.6	(0.23)	No Change
Stimulants	4.1	(0.31)	3.7	(0.26)	3.1	(0.23)	2.8	(0.21)	Decreased
Tranquilizers or Sedatives	2.7	(0.24)	2.4	(0.19)	1.7	(0.14)	1.6	(0.16)	Decreased
Tranquilizers	2.6	(0.23)	2.2	(0.18)	1.5	(0.13)	1.5	(0.15)	Decreased
Sedatives	0.4	(0.08)	0.3	(0.06)	0.3	(0.06)	0.2	(0.05)	Decreased
Benzodiazepines	2.5	(0.23)	2.1	(0.18)	1.4	(0.13)	1.4	(0.14)	Decreased
Misuse of Opioids[1,4]	3.0	(0.25)	3.0	(0.21)	2.4	(0.17)	2.6	(0.23)	No Change
Misuse of Central Nervous System Stimulants	6.7	(0.40)	6.5	(0.35)	5.6	(0.33)	4.7	(0.26)	Decreased

-- Not available or not comparable with the estimate in 2024 due to methodological or questionnaire changes.
LSD = lysergic acid diethylamide; PCP = phencyclidine.
Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2024 at the .05 level; Increased = the linear trend test showed a statistically significant increase from 2021 to 2024 at the .05 level; No Change = the linear trend test showed no statistically significant change from 2021 to 2024 at the .05 level; Not Tested = trend testing was not conducted because estimates were suppressed for 1 or more years, or 4 years of comparable data were not available.
NOTE: Estimates shown are percentages with standard errors included in parentheses.
NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.
NOTE: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons. For details, see the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions.
NOTE: Estimates that round to 0.0 percent are presented as <0.1.
NOTE: Standard errors that round to 0.00 percent are presented as <0.01.
[1] These estimates do not include illegally made fentanyl.
[2] Changes were made to the inhalant questions in 2024. See Chapter 3 of the 2024 Methodological Summary and Definitions at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology for details.
[3] Respondents who reported the misuse of only nonopioid pain relievers were not counted as having misused prescription opioids.
[4] Estimates include the use of heroin or the misuse of prescription opioids in the past year. Estimates for 2021-2023 may differ from previously published estimates because they do not include the misuse of only nonopioid pain relievers.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021-2024.

Table A.13B Type of Illicit Drug Use in the Past Year: Among Adults Aged 26 or Older; 2021-2024

Drug	2021		2022		2023		2024		Trend
ILLICIT DRUGS[1]	20.5	(0.42)	23.7	(0.41)	23.9	(0.37)	24.8	(0.42)	Increased
Marijuana	17.3	(0.40)	20.6	(0.39)	20.8	(0.35)	21.7	(0.40)	Increased
Cocaine	1.6	(0.10)	1.8	(0.11)	1.7	(0.11)	1.5	(0.09)	No Change
Crack	0.4	(0.06)	0.4	(0.05)	0.4	(0.06)	0.3	(0.05)	No Change
Heroin	0.5	(0.06)	0.4	(0.05)	0.3	(0.04)	0.2	(0.04)	Decreased
Hallucinogens	2.1	(0.13)	2.5	(0.13)	2.7	(0.12)	3.4	(0.16)	Increased
LSD	0.6	(0.06)	0.6	(0.06)	0.5	(0.05)	0.5	(0.06)	No Change
PCP	0.1	(0.03)	0.1	(0.03)	0.1	(0.02)	<0.1	(0.01)	No Change
Ecstasy	0.6	(0.07)	0.6	(0.06)	0.7	(0.07)	0.7	(0.05)	No Change
Psilocybin		--		--		--	2.5	(0.14)	Not Tested
Inhalants[2]		--		--		--	0.7	(0.06)	Not Tested
Methamphetamine	1.1	(0.11)	1.1	(0.10)	1.1	(0.09)	1.0	(0.08)	No Change
Misuse of Prescription Psychotherapeutics	5.0	(0.21)	5.0	(0.17)	5.2	(0.18)	4.9	(0.17)	No Change
Pain Relievers	3.3	(0.18)	3.1	(0.14)	3.2	(0.14)	2.9	(0.14)	No Change
Prescription Opioids[3]	3.2	(0.17)	3.0	(0.14)	3.1	(0.14)	2.8	(0.13)	No Change
Stimulants	1.0	(0.08)	1.3	(0.08)	1.2	(0.08)	1.2	(0.08)	No Change
Tranquilizers or Sedatives	1.7	(0.11)	1.7	(0.11)	1.8	(0.11)	1.7	(0.10)	No Change
Tranquilizers	1.5	(0.10)	1.5	(0.10)	1.5	(0.10)	1.4	(0.09)	No Change
Sedatives	0.3	(0.04)	0.4	(0.05)	0.4	(0.07)	0.3	(0.05)	No Change
Benzodiazepines	1.3	(0.10)	1.3	(0.09)	1.4	(0.10)	1.2	(0.09)	No Change
Misuse of Opioids[1,4]	3.4	(0.18)	3.1	(0.14)	3.2	(0.14)	2.8	(0.13)	Decreased
Misuse of Central Nervous System Stimulants	3.1	(0.15)	3.5	(0.16)	3.3	(0.15)	3.1	(0.14)	No Change

-- Not available or not comparable with the estimate in 2024 due to methodological or questionnaire changes.

LSD = lysergic acid diethylamide; PCP = phencyclidine.

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2024 at the .05 level; Increased = the linear trend test showed a statistically significant increase from 2021 to 2024 at the .05 level; No Change = the linear trend test showed no statistically significant change from 2021 to 2024 at the .05 level; Not Tested = trend testing was not conducted because estimates were suppressed for 1 or more years, or 4 years of comparable data were not available.

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons. For details, see the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions.

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

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

[2] Changes were made to the inhalant questions in 2024. See Chapter 3 of the 2024 Methodological Summary and Definitions at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology for details.

[3] Respondents who reported the misuse of only nonopioid pain relievers were not counted as having misused prescription opioids.

[4] Estimates include the use of heroin or the misuse of prescription opioids in the past year. Estimates for 2021-2023 may differ from previously published estimates because they do not include the misuse of only nonopioid pain relievers.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021-2024.

Table A.14B Mode of Marijuana Use in the Past Year: Among Past Year Marijuana Users Aged 12 or Older; by Age Group, 2024

Mode of Marijuana Use	12 or Older		12 to 17		18 to 25		26 or Older	
Smoking	73.9	(0.67)	75.0	(1.84)	83.4	(0.81)	71.5	(0.82)
Vaping[1]	39.8	(0.69)	72.2	(1.69)	56.5	(1.08)	33.9	(0.84)
Dabbing Waxes, Shatter, or Concentrates	14.1	(0.45)	17.0	(1.44)	24.2	(0.95)	11.4	(0.51)
Eating or Drinking	49.8	(0.71)	39.1	(1.93)	49.7	(1.07)	50.3	(0.88)
Applying Lotion, Cream, or Patches to Skin	8.6	(0.44)	4.0	(0.76)	5.3	(0.51)	9.6	(0.55)
Putting Drops, Strips, Lozenges, or Sprays in Mouth or under Tongue	4.6	(0.27)	2.9	(0.66)	3.1	(0.36)	5.0	(0.35)
Taking Pills	2.6	(0.21)	3.0	(0.72)	2.1	(0.31)	2.7	(0.25)
Some Other Way[2]	0.8	(0.14)	2.2	(0.50)	0.5	(0.15)	0.8	(0.17)

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.15B Main Reason for the Last Episode of Misuse: Among People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year; 2024

Main Reason for Misuse	Past Year Misusers of Prescription Pain Relievers	
Relieve Physical Pain	70.1	(1.82)
Relax or Relieve Tension	7.5	(1.00)
Help with Sleep	3.0	(0.58)
Help with Feelings or Emotions	2.3	(0.43)
Experiment or See What It's Like	2.1	(0.66)
Feel Good or Get High	9.1	(1.03)
Increase or Decrease Effect of Other Drug	1.3	(0.54)
Because I Am Hooked or Have to Have It	3.1	(0.61)
Some Other Reason	1.6	(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 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.16B 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; 2024

Source for Most Recent Misuse	Past Year Misusers of Prescription Pain Relievers	
GOT THROUGH PRESCRIPTION(S) OR STOLE FROM A HEALTHCARE PROVIDER	43.7	(2.14)
Prescription from One Doctor	40.5	(2.12)
Prescriptions from More Than One Doctor	2.0	(0.43)
Stole from Doctor's Office, Clinic, Hospital, or Pharmacy	1.3	(0.52)
GIVEN BY, BOUGHT FROM, OR TOOK FROM A FRIEND OR RELATIVE	42.3	(2.14)
From Friend or Relative for Free	31.3	(1.97)
Bought from Friend or Relative	6.9	(1.08)
Took from Friend or Relative without Asking	4.0	(0.80)
BOUGHT FROM DRUG DEALER OR OTHER STRANGER	7.6	(0.95)
SOME OTHER WAY[1]	6.4	(1.69)

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 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.17B Misuse of Specific Prescription Opioid Subtypes in the Past Year: Among People Aged 12 or Older, among Past Year Misusers of Prescription Opioids Aged 12 or Older, and among All Past Year Users of Prescription Opioid Subtypes Aged 12 or Older; 2024

Prescription Opioid Subtype	Past Year Misuse among People Aged 12 or Older		Past Year Misuse among Past Year Misusers of Prescription Opioids[1]		Past Year Misuse among All Past Year Users of Specific Prescription Opioid Subtypes	
Hydrocodone Products	1.2	(0.07)	45.2	(2.11)	9.8	(0.58)
Oxycodone Products	0.7	(0.06)	28.6	(1.96)	9.7	(0.80)
Tramadol Products	0.4	(0.04)	16.2	(1.52)	8.0	(0.78)
Codeine Products	0.7	(0.05)	26.4	(1.71)	10.0	(0.71)
Morphine Products	0.1	(0.02)	3.9	(0.69)	5.1	(0.90)
Fentanyl Products[2]	0.1	(0.02)	5.2	(0.87)	12.5	(2.14)
Buprenorphine Products	0.3	(0.03)	10.1	(1.25)	21.8	(2.48)
Oxymorphone Products	<0.1	(0.01)	1.0	(0.26)	7.6	(2.17)
Demerol®	<0.1	(<0.01)	0.3	(0.15)	2.8	(1.27)
Hydromorphone Products	<0.1	(0.01)	1.3	(0.30)	5.5	(1.33)
Methadone	0.1	(0.02)	2.8	(0.88)	16.3	(4.57)

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

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

NOTE: Standard errors that round to 0.00 percent are presented as <0.01.

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

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

[1] People who misused any prescription opioid include data from respondents who reported opioid subtypes other than those in the questionnaire.

[2] 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, 2024.

Table A.18AB Type of Opioid Misuse in the Past Year: Among Past Year Opioid Misusers Aged 12 or Older; 2024

Opioid Misuse	Number in Thousands[1]		Percentage[2]	
Opioid Misuse	7,795	(328)	100.0	(0.00)
Prescription Opioid Misuse	7,570	(321)	97.1	(0.63)
Heroin Use	556	(87)	7.1	(1.05)
Prescription Opioid Misuse but Not Heroin Use	7,240	(309)	92.9	(1.05)
Heroin Use but Not Prescription Opioid Misuse	225	(50)	2.9	(0.63)
Prescription Opioid Misuse and Heroin Use	331	(61)	4.2	(0.75)

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.19AB Type of Central Nervous System (CNS) Stimulant Misuse in the Past Year: Among Past Year CNS Stimulant Misusers Aged 12 or Older; 2024

CNS Stimulant Misuse	Number in Thousands[1]		Percentage[2]	
CNS Stimulant Misuse	9,031	(342)	100.0	(0.00)
Cocaine Use	4,257	(225)	47.1	(1.86)
Methamphetamine Use	2,384	(186)	26.4	(1.76)
Prescription Stimulant Misuse	3,899	(213)	43.2	(1.83)
USED OR MISUSED ONLY ONE TYPE OF CNS STIMULANT				
Cocaine Use (No Methamphetamine Use or Prescription Stimulant Misuse)	3,014	(193)	33.4	(1.71)
Methamphetamine Use (No Cocaine Use or Prescription Stimulant Misuse)	1,647	(167)	18.2	(1.67)
Prescription Stimulant Misuse (No Cocaine Use or Methamphetamine Use)	3,008	(191)	33.3	(1.70)
USED OR MISUSED TWO TYPES OF CNS STIMULANTS				
Cocaine Use and Methamphetamine Use (No Prescription Stimulant Misuse)	471	(70)	5.2	(0.75)
Cocaine Use and Prescription Stimulant Misuse (No Methamphetamine Use)	625	(76)	6.9	(0.83)
Methamphetamine Use and Prescription Stimulant Misuse (No Cocaine Use)	119	(28)	1.3	(0.31)
USED OR MISUSED ALL THREE TYPES OF CNS STIMULANTS (Cocaine Use, Methamphetamine Use, and Prescription Stimulant Misuse)	147	(36)	1.6	(0.40)

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.20B Fentanyl Misuse in the Past Year: Among People Aged 12 or Older; by Age Group, 2024

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	(0.07)	0.3	(0.04)
Illegally Made Fentanyl	0.2	(0.03)	0.1	(0.06)	0.3	(0.07)	0.2	(0.04)

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.21A Initiation of Specific Substance Use in the Past Year: Among People Aged 12 or Older; by Age Group, 2024

Substance	12 or Older		12 to 17		18 to 25		26 or Older	
ILLICIT DRUGS		nr		nr		nr		nr
Marijuana	2,939	(155)	912	(66)	1,023	(72)	1,004	(113)
Cocaine	426	(58)	33	(10)	273	(42)	120	(38)
Crack	63	(23)	6	(4)	8	(3)	49	(23)
Heroin	30	(10)	10	(6)	20	(8)	*	(*)
Hallucinogens	1,632	(126)	238	(33)	582	(58)	812	(107)
LSD	293	(40)	88	(22)	116	(26)	88	(26)
PCP	39	(20)	1	(1)	5	(3)	34	(19)
Ecstasy	377	(51)	26	(8)	146	(33)	205	(38)
Inhalants	688	(68)	264	(35)	283	(43)	141	(40)
Methamphetamine	104	(29)	14	(5)	23	(13)	66	(26)
Misuse of Prescription Psychotherapeutics		nr		nr		nr		nr
Pain Relievers	1,522	(128)	153	(26)	241	(42)	1,127	(121)
Stimulants	619	(70)	61	(14)	244	(36)	313	(59)
Tranquilizers or Sedatives		nr		nr		nr		nr
Tranquilizers	704	(83)	56	(15)	110	(23)	538	(78)
Sedatives	205	(50)	14	(6)	14	(10)	178	(49)
TOBACCO PRODUCT USE OR NICOTINE VAPING		nr		nr		nr		nr
Cigarettes	1,481	(93)	342	(34)	1,002	(75)	138	(38)
Daily Cigarette Smoking	237	(40)	35	(10)	161	(35)	41	(16)
Smokeless Tobacco	1,059	(85)	171	(28)	502	(52)	386	(56)
Cigars	1,560	(106)	224	(30)	867	(69)	469	(69)
Nicotine Vaping	5,362	(226)	1,144	(71)	1,154	(83)	3,063	(198)
ALCOHOL	4,218	(164)	1,651	(84)	2,356	(116)	210	(52)

* Low precision; no estimate reported; nr = not reported due to measurement issues.

LSD = lysergic acid diethylamide; 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 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2024.

Table A.22B Initiation of Specific Substance Use in the Past Year: Among People Aged 12 or Older; 2021-2024

Substance	2021		2022		2023		2024		Trend
ILLICIT DRUGS		nr		nr		nr		nr	nr
Marijuana	1.0	(0.06)	1.3	(0.07)	1.2	(0.06)	1.0	(0.05)	No Change
Cocaine	0.2	(0.03)	0.2	(0.02)	0.2	(0.02)	0.1	(0.02)	No Change
Heroin	<0.1	(<0.01)	<0.1	(0.01)	<0.1	(<0.01)	<0.1	(<0.01)	No Change
Hallucinogens	0.5	(0.04)	0.5	(0.04)	0.5	(0.03)	0.6	(0.04)	No Change
LSD	0.3	(0.03)	0.2	(0.02)	0.1	(0.02)	0.1	(0.01)	Decreased
PCP	<0.1	(0.03)	<0.1	(<0.01)	<0.1	(0.01)	<0.1	(0.01)	No Change
Ecstasy	0.2	(0.03)	0.1	(0.02)	0.2	(0.02)	0.1	(0.02)	No Change
Inhalants		--		--		--	0.2	(0.02)	Not Tested
Methamphetamine	<0.1	(0.01)	0.1	(0.02)	<0.1	(0.01)	<0.1	(0.01)	No Change
Misuse of Prescription Psychotherapeutics		nr		nr		nr		nr	nr
Pain Relievers	0.6	(0.07)	0.5	(0.04)	0.5	(0.04)	0.5	(0.04)	No Change
Stimulants	0.3	(0.03)	0.3	(0.03)	0.3	(0.03)	0.2	(0.02)	No Change
Tranquilizers	0.3	(0.05)	0.3	(0.03)	0.2	(0.02)	0.2	(0.03)	No Change
Sedatives	0.1	(0.02)	0.1	(0.01)	0.1	(0.02)	0.1	(0.02)	No Change
TOBACCO PRODUCT USE OR NICOTINE VAPING		nr		nr		nr		nr	nr
Cigarettes	0.4	(0.04)	0.5	(0.03)	0.5	(0.03)	0.5	(0.03)	No Change
Daily Cigarette Smoking	0.1	(0.03)	0.1	(0.01)	0.1	(0.02)	0.1	(0.01)	No Change
Smokeless Tobacco	0.2	(0.03)	0.2	(0.02)	0.3	(0.03)	0.4	(0.03)	Increased
Cigars	0.5	(0.04)	0.6	(0.05)	0.7	(0.05)	0.5	(0.04)	No Change
Nicotine Vaping		--	2.1	(0.09)	2.1	(0.08)	1.9	(0.08)	Not Tested
ALCOHOL	1.5	(0.06)	1.5	(0.06)	1.5	(0.06)	1.5	(0.06)	No Change

-- Not available or not comparable with the estimate in 2024 due to methodological or questionnaire changes; nr = not reported due to measurement issues.

LSD = lysergic acid diethylamide; PCP = phencyclidine.

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2024 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2024 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2024 at the .05 level;
Not Tested = trend testing was not conducted because estimates were suppressed for 1 or more years, or 4 years of comparable data were not available.

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons. For details, see the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions.

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

NOTE: Standard errors that round to 0.00 percent are presented as <0.01.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021-2024.

Table A.23B Initiation of Specific Substance Use in the Past Year: Among Adolescents Aged 12 to 17; 2021-2024

Substance	2021		2022		2023		2024		Trend
ILLICIT DRUGS		nr		nr		nr		nr	nr
Marijuana	3.5	(0.28)	4.8	(0.28)	4.5	(0.28)	3.5	(0.26)	No Change
Cocaine	0.1	(0.03)	0.1	(0.05)	0.1	(0.03)	0.1	(0.04)	No Change
Heroin	<0.1	(<0.01)	*	(*)	<0.1	(0.02)	<0.1	(0.02)	Not Tested
Hallucinogens	0.8	(0.14)	0.9	(0.12)	1.0	(0.12)	0.9	(0.13)	No Change
LSD	0.6	(0.13)	0.5	(0.08)	0.4	(0.08)	0.3	(0.08)	No Change
PCP	0.1	(0.03)	<0.1	(0.02)	<0.1	(0.02)	<0.1	(<0.01)	No Change
Ecstasy	0.2	(0.06)	0.2	(0.06)	0.2	(0.06)	0.1	(0.03)	No Change
Inhalants		--		--		--	1.0	(0.13)	Not Tested
Methamphetamine	0.1	(0.04)	<0.1	(0.02)	0.1	(0.03)	0.1	(0.02)	No Change
Misuse of Prescription Psychotherapeutics		nr		nr		nr		nr	nr
Pain Relievers	0.6	(0.14)	0.7	(0.10)	0.8	(0.10)	0.6	(0.10)	No Change
Stimulants	0.6	(0.12)	0.4	(0.09)	0.4	(0.07)	0.2	(0.05)	Decreased
Tranquilizers	0.3	(0.08)	0.2	(0.05)	0.2	(0.04)	0.2	(0.06)	No Change
Sedatives	0.1	(0.03)	0.1	(0.04)	0.2	(0.06)	0.1	(0.02)	No Change
TOBACCO PRODUCT USE OR NICOTINE VAPING		nr		nr		nr		nr	nr
Cigarettes	1.5	(0.22)	1.7	(0.18)	1.7	(0.18)	1.3	(0.13)	No Change
Daily Cigarette Smoking	0.1	(0.05)	0.1	(0.04)	0.1	(0.03)	0.1	(0.04)	No Change
Smokeless Tobacco	0.5	(0.10)	0.4	(0.08)	0.4	(0.08)	0.7	(0.11)	No Change
Cigars	1.1	(0.19)	0.9	(0.11)	0.9	(0.14)	0.9	(0.12)	No Change
Nicotine Vaping		--	5.7	(0.31)	5.7	(0.31)	4.4	(0.27)	Not Tested
ALCOHOL	7.1	(0.38)	7.0	(0.35)	7.0	(0.35)	6.4	(0.32)	No Change

* Low precision; no estimate reported; -- Not available or not comparable with the estimate in 2024 due to methodological or questionnaire changes; nr = not reported due to measurement issues.

LSD = lysergic acid diethylamide; PCP = phencyclidine.

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2024 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2024 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2024 at the .05 level;
Not Tested = trend testing was not conducted because estimates were suppressed for 1 or more years, or 4 years of comparable data were not available.

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons. For details, see the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions.

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

NOTE: Standard errors that round to 0.00 percent are presented as <0.01.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021-2024.

Table A.24B Initiation of Specific Substance Use in the Past Year: Among Young Adults Aged 18 to 25; 2021-2024

Substance	2021		2022		2023		2024		Trend
ILLICIT DRUGS		nr		nr		nr		nr	nr
Marijuana	3.5	(0.28)	3.4	(0.24)	3.5	(0.23)	2.9	(0.21)	No Change
Cocaine	0.8	(0.15)	1.1	(0.15)	0.8	(0.11)	0.8	(0.12)	No Change
Heroin	<0.1	(0.02)	0.1	(0.03)	<0.1	(0.01)	0.1	(0.02)	No Change
Hallucinogens	2.2	(0.22)	2.0	(0.18)	1.9	(0.16)	1.7	(0.16)	Decreased
LSD	1.2	(0.15)	0.6	(0.11)	0.4	(0.08)	0.3	(0.07)	Decreased
PCP	<0.1	(0.02)	<0.1	(0.01)	*	(*)	<0.1	(0.01)	Not Tested
Ecstasy	0.9	(0.14)	0.5	(0.08)	0.7	(0.14)	0.4	(0.10)	Decreased
Inhalants		--		--		--	0.8	(0.12)	Not Tested
Methamphetamine	0.1	(0.02)	0.2	(0.07)	<0.1	(0.01)	0.1	(0.04)	No Change
Misuse of Prescription Psychotherapeutics		nr		nr		nr		nr	nr
Pain Relievers	0.8	(0.13)	0.8	(0.12)	0.6	(0.08)	0.7	(0.12)	No Change
Stimulants	1.0	(0.16)	0.8	(0.12)	0.8	(0.13)	0.7	(0.10)	No Change
Tranquilizers	0.7	(0.11)	0.5	(0.09)	0.4	(0.07)	0.3	(0.07)	Decreased
Sedatives	0.1	(0.05)	0.1	(0.03)	0.1	(0.02)	<0.1	(0.03)	Decreased
TOBACCO PRODUCT USE OR NICOTINE VAPING		nr		nr		nr		nr	nr
Cigarettes	2.2	(0.23)	2.3	(0.19)	2.8	(0.22)	2.9	(0.21)	Increased
Daily Cigarette Smoking	0.4	(0.09)	0.5	(0.09)	0.6	(0.09)	0.5	(0.10)	No Change
Smokeless Tobacco	0.6	(0.14)	0.7	(0.11)	1.4	(0.19)	1.4	(0.15)	Increased
Cigars	2.4	(0.23)	2.4	(0.19)	3.1	(0.23)	2.5	(0.20)	No Change
Nicotine Vaping		--	4.2	(0.25)	4.0	(0.25)	3.3	(0.24)	Not Tested
ALCOHOL	6.2	(0.36)	6.5	(0.30)	6.7	(0.34)	6.7	(0.33)	No Change

* Low precision; no estimate reported; -- Not available or not comparable with the estimate in 2024 due to methodological or questionnaire changes; nr = not reported due to measurement issues.

LSD = lysergic acid diethylamide; PCP = phencyclidine.

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2024 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2024 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2024 at the .05 level;
Not Tested = trend testing was not conducted because estimates were suppressed for 1 or more years, or 4 years of comparable data were not available.

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons. For details, see the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions.

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021-2024.

Table A.25B Initiation of Specific Substance Use in the Past Year: Among Adults Aged 26 or Older; 2021-2024

Substance	2021		2022		2023		2024		Trend
ILLICIT DRUGS		nr		nr		nr		nr	nr
Marijuana	0.3	(0.05)	0.6	(0.07)	0.5	(0.06)	0.4	(0.05)	No Change
Cocaine	0.1	(0.02)	<0.1	(0.02)	0.1	(0.02)	0.1	(0.02)	No Change
Heroin	<0.1	(<0.01)	<0.1	(0.01)	<0.1	(<0.01)	*	(*)	Not Tested
Hallucinogens	0.2	(0.03)	0.2	(0.04)	0.3	(0.03)	0.4	(0.05)	Increased
LSD	0.1	(0.02)	0.1	(0.02)	0.1	(0.02)	<0.1	(0.01)	No Change
PCP	<0.1	(0.03)	<0.1	(<0.01)	<0.1	(0.01)	<0.1	(0.01)	No Change
Ecstasy	0.1	(0.03)	0.1	(0.02)	0.1	(0.02)	0.1	(0.02)	No Change
Inhalants		--		--		--	0.1	(0.02)	Not Tested
Methamphetamine	<0.1	(0.01)	<0.1	(0.03)	<0.1	(0.01)	<0.1	(0.01)	No Change
Misuse of Prescription Psychotherapeutics		nr		nr		nr		nr	nr
Pain Relievers	0.6	(0.09)	0.4	(0.05)	0.4	(0.05)	0.5	(0.05)	No Change
Stimulants	0.1	(0.03)	0.2	(0.03)	0.2	(0.03)	0.1	(0.03)	No Change
Tranquilizers	0.3	(0.05)	0.2	(0.04)	0.2	(0.03)	0.2	(0.03)	No Change
Sedatives	0.1	(0.02)	<0.1	(0.01)	0.1	(0.03)	0.1	(0.02)	No Change
TOBACCO PRODUCT USE OR NICOTINE VAPING		nr		nr		nr		nr	nr
Cigarettes	<0.1	(0.02)	0.1	(0.02)	<0.1	(0.01)	0.1	(0.02)	No Change
Daily Cigarette Smoking	0.1	(0.03)	<0.1	(0.01)	<0.1	(0.02)	<0.1	(0.01)	No Change
Smokeless Tobacco	0.1	(0.02)	0.1	(0.02)	0.1	(0.03)	0.2	(0.02)	Increased
Cigars	0.1	(0.03)	0.2	(0.05)	0.3	(0.06)	0.2	(0.03)	No Change
Nicotine Vaping		--	1.4	(0.10)	1.4	(0.09)	1.3	(0.09)	Not Tested
ALCOHOL	0.1	(0.03)	0.1	(0.02)	<0.1	(0.02)	0.1	(0.02)	No Change

* Low precision; no estimate reported; -- Not available or not comparable with the estimate in 2024 due to methodological or questionnaire changes; nr = not reported due to measurement issues.

LSD = lysergic acid diethylamide; PCP = phencyclidine.

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2024 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2024 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2024 at the .05 level;
Not Tested = trend testing was not conducted because estimates were suppressed for 1 or more years, or 4 years of comparable data were not available.

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons. For details, see the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions.

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

NOTE: Standard errors that round to 0.00 percent are presented as <0.01.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021-2024.

Table A.26AB First Use before Age 21 or at Age 21 or Older: Nicotine Vaping, Alcohol, Marijuana, Cigars, or Cigarettes: Among People Aged 12 or Older Who Initiated Use of Specific Substances in the Past Year; 2024

Substance	Number of Past Year Initiates[1]		Percentage of Past Year Initiates[2]	
Nicotine Vaping				
First Use before Age 21	1,850	(101)	34.5	(1.82)
First Use at Age 21 or Older	3,512	(210)	65.5	(1.82)
Alcohol				
First Use before Age 21	2,983	(134)	70.7	(1.69)
First Use at Age 21 or Older	1,235	(90)	29.3	(1.69)
Marijuana				
First Use before Age 21	1,531	(87)	52.1	(2.59)
First Use at Age 21 or Older	1,408	(127)	47.9	(2.59)
Cigars				
First Use before Age 21	629	(57)	40.3	(3.36)
First Use at Age 21 or Older	931	(95)	59.7	(3.36)
Cigarettes				
First Use before Age 21	950	(70)	64.1	(3.19)
First Use at Age 21 or Older	531	(62)	35.9	(3.19)

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.27AB Type of Substance Use Disorder in the Past Year: Among People Aged 12 or Older with a Past Year Substance Use Disorder; 2024

Type of Substance Use Disorder	Number in Thousands[1]		Percentage[2]	
SUBSTANCE USE DISORDER	48,351	(1,009)	100.0	(0.00)
Drugs	28,184	(741)	58.3	(0.88)
Alcohol	27,913	(666)	57.7	(0.80)
Both Drugs and Alcohol	7,746	(312)	16.0	(0.58)
Drugs Only (No Alcohol Use Disorder)	20,438	(606)	42.3	(0.80)
Alcohol Only (No Drug Use Disorder)	20,167	(582)	41.7	(0.88)

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2024 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology 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, 2024.

Table A.28B Substance Use Disorder for Specific Substances in the Past Year: Among People Aged 12 or Older; 2021-2024

Disorder	2021		2022		2023		2024		Trend
SUBSTANCE USE DISORDER	16.7	(0.30)	17.3	(0.27)	17.1	(0.27)	16.8	(0.28)	No Change
DRUGS	8.7	(0.22)	9.7	(0.22)	9.6	(0.22)	9.8	(0.23)	Increased
Marijuana (Cannabis)	6.0	(0.18)	6.7	(0.17)	6.8	(0.18)	7.1	(0.19)	Increased
Central Nervous System Stimulants	1.5	(0.09)	1.6	(0.09)	1.5	(0.09)	1.5	(0.08)	No Change
Cocaine	0.5	(0.06)	0.5	(0.05)	0.4	(0.04)	0.4	(0.04)	No Change
Methamphetamine	0.6	(0.06)	0.6	(0.07)	0.6	(0.06)	0.5	(0.05)	No Change
Prescription Stimulants	0.5	(0.04)	0.6	(0.05)	0.6	(0.05)	0.6	(0.04)	No Change
Opioids[1]	1.9	(0.10)	2.0	(0.12)	1.8	(0.10)	1.7	(0.10)	No Change
Heroin	0.4	(0.05)	0.3	(0.04)	0.2	(0.03)	0.2	(0.03)	Decreased
Prescription Opioids	1.7	(0.10)	1.8	(0.11)	1.7	(0.10)	1.6	(0.10)	No Change
Prescription Tranquilizers or Sedatives	0.8	(0.07)	0.8	(0.07)	0.8	(0.06)	0.7	(0.06)	No Change
Prescription Tranquilizers	0.6	(0.06)	0.6	(0.06)	0.6	(0.05)	0.5	(0.05)	No Change
Prescription Sedatives	0.3	(0.05)	0.3	(0.04)	0.3	(0.04)	0.3	(0.04)	No Change
Hallucinogens	0.2	(0.03)	0.2	(0.03)	0.2	(0.02)	0.2	(0.02)	No Change
Inhalants	0.1	(0.02)	0.1	(0.02)	0.1	(0.02)	0.1	(0.02)	No Change
ALCOHOL	10.6	(0.26)	10.5	(0.22)	10.2	(0.20)	9.7	(0.20)	Decreased

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2024 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2024 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2024 at the .05 level;
Not Tested = trend testing was not conducted because estimates were suppressed for 1 or more years, or 4 years of comparable data were not available.

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons. For details, see the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the 2024 Methodological Summary and Definitions at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology for details on who was eligible to receive questions on substance use disorder.

[1] Estimates for 2021-2023 may differ from previously published estimates for opioid use disorder because they do not include the use of only nonopioid pain relievers. Estimates for opioid use disorder also do not include illegally made fentanyl.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021-2024.

Table A.29B Substance Use Disorder for Specific Substances in the Past Year: Among Adolescents Aged 12 to 17; 2021-2024

Disorder	2021		2022		2023		2024		Trend
SUBSTANCE USE DISORDER	9.2	(0.48)	8.7	(0.39)	8.5	(0.37)	7.8	(0.35)	Decreased
DRUGS	7.3	(0.42)	7.0	(0.35)	6.9	(0.34)	6.6	(0.33)	No Change
Marijuana (Cannabis)	5.2	(0.38)	5.1	(0.29)	4.7	(0.28)	4.7	(0.28)	No Change
Central Nervous System Stimulants	1.1	(0.17)	1.0	(0.12)	1.0	(0.14)	0.8	(0.12)	No Change
Cocaine	<0.1	(0.02)	<0.1	(0.01)	0.2	(0.06)	0.1	(0.02)	Increased
Methamphetamine	0.1	(0.04)	<0.1	(0.01)	0.1	(0.04)	<0.1	(0.03)	No Change
Prescription Stimulants	1.0	(0.17)	1.0	(0.12)	0.9	(0.13)	0.7	(0.12)	No Change
Opioids[1]	0.9	(0.14)	0.9	(0.11)	0.9	(0.10)	1.0	(0.13)	No Change
Heroin	<0.1	(<0.01)	<0.1	(0.01)	*	(*)	<0.1	(0.02)	Not Tested
Prescription Opioids	0.9	(0.14)	0.9	(0.11)	0.9	(0.10)	1.0	(0.13)	No Change
Prescription Tranquilizers or Sedatives	0.5	(0.10)	0.5	(0.10)	0.5	(0.09)	0.5	(0.09)	No Change
Prescription Tranquilizers	0.4	(0.09)	0.3	(0.06)	0.3	(0.07)	0.3	(0.08)	No Change
Prescription Sedatives	0.2	(0.06)	0.2	(0.08)	0.3	(0.06)	0.2	(0.05)	No Change
Hallucinogens	0.2	(0.06)	0.3	(0.07)	0.2	(0.05)	0.3	(0.08)	No Change
Inhalants	0.4	(0.09)	0.3	(0.08)	0.3	(0.07)	0.3	(0.08)	No Change
ALCOHOL	3.7	(0.31)	2.9	(0.22)	2.9	(0.23)	3.0	(0.23)	No Change

* Low precision; no estimate reported.

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2024 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2024 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2024 at the .05 level;
Not Tested = trend testing was not conducted because estimates were suppressed for 1 or more years, or 4 years of comparable data were not available.

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons. For details, see the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions.

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

NOTE: Standard errors that round to 0.00 percent are presented as <0.01.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the 2024 Methodological Summary and Definitions at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology for details on who was eligible to receive questions on substance use disorder.

[1] Estimates for 2021-2023 may differ from previously published estimates for opioid use disorder because they do not include the use of only nonopioid pain relievers. Estimates for opioid use disorder also do not include illegally made fentanyl.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021-2024.

Table A.30B Substance Use Disorder for Specific Substances in the Past Year: Among Young Adults Aged 18 to 25; 2021-2024

Disorder	2021		2022		2023		2024		Trend
SUBSTANCE USE DISORDER	26.2	(0.68)	27.8	(0.66)	27.1	(0.59)	25.9	(0.55)	No Change
DRUGS	16.6	(0.57)	18.6	(0.54)	18.0	(0.52)	17.8	(0.50)	No Change
Marijuana (Cannabis)	14.7	(0.56)	16.5	(0.52)	16.6	(0.50)	15.8	(0.48)	No Change
Central Nervous System Stimulants	1.9	(0.19)	2.2	(0.20)	1.5	(0.13)	2.1	(0.18)	No Change
Cocaine	0.8	(0.14)	0.8	(0.11)	0.6	(0.08)	0.8	(0.11)	No Change
Methamphetamine	0.4	(0.10)	0.2	(0.04)	0.2	(0.05)	0.3	(0.06)	No Change
Prescription Stimulants	1.2	(0.14)	1.4	(0.16)	0.9	(0.11)	1.2	(0.13)	No Change
Opioids[1]	1.2	(0.16)	1.1	(0.13)	1.0	(0.13)	1.0	(0.12)	No Change
Heroin	0.2	(0.06)	0.1	(0.03)	<0.1	(0.02)	0.1	(0.03)	No Change
Prescription Opioids	1.1	(0.16)	1.1	(0.13)	1.0	(0.13)	0.9	(0.11)	No Change
Prescription Tranquilizers or Sedatives	0.9	(0.14)	0.8	(0.10)	0.7	(0.10)	0.7	(0.09)	No Change
Prescription Tranquilizers	0.7	(0.12)	0.7	(0.09)	0.5	(0.09)	0.6	(0.08)	No Change
Prescription Sedatives	0.3	(0.08)	0.2	(0.06)	0.2	(0.05)	0.3	(0.06)	No Change
Hallucinogens	0.6	(0.11)	0.7	(0.11)	0.4	(0.07)	0.3	(0.06)	Decreased
Inhalants	0.3	(0.09)	0.3	(0.08)	0.1	(0.03)	0.2	(0.06)	No Change
ALCOHOL	15.5	(0.54)	16.4	(0.52)	15.1	(0.48)	14.4	(0.43)	Decreased

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2024 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2024 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2024 at the .05 level;
Not Tested = trend testing was not conducted because estimates were suppressed for 1 or more years, or 4 years of comparable data were not available.

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons. For details, see the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions.

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 2024 Methodological Summary and Definitions at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology for details on who was eligible to receive questions on substance use disorder.

[1] Estimates for 2021-2023 may differ from previously published estimates for opioid use disorder because they do not include the use of only nonopioid pain relievers. Estimates for opioid use disorder also do not include illegally made fentanyl.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021-2024.

Table A.31B Substance Use Disorder for Specific Substances in the Past Year: Among Adults Aged 26 or Older; 2021-2024

Disorder	2021		2022		2023		2024		Trend
SUBSTANCE USE DISORDER	16.2	(0.35)	16.6	(0.32)	16.6	(0.31)	16.4	(0.33)	No Change
DRUGS	7.7	(0.26)	8.5	(0.27)	8.6	(0.25)	8.9	(0.27)	Increased
Marijuana (Cannabis)	4.7	(0.20)	5.4	(0.19)	5.5	(0.20)	6.1	(0.21)	Increased
Central Nervous System Stimulants	1.5	(0.11)	1.6	(0.11)	1.6	(0.10)	1.5	(0.09)	No Change
Cocaine	0.5	(0.07)	0.5	(0.06)	0.5	(0.05)	0.4	(0.05)	No Change
Methamphetamine	0.7	(0.08)	0.8	(0.08)	0.8	(0.08)	0.6	(0.07)	No Change
Prescription Stimulants	0.4	(0.05)	0.5	(0.05)	0.5	(0.05)	0.5	(0.05)	Increased
Opioids[1]	2.1	(0.13)	2.3	(0.15)	2.0	(0.12)	1.9	(0.12)	No Change
Heroin	0.4	(0.06)	0.4	(0.05)	0.3	(0.04)	0.2	(0.03)	Decreased
Prescription Opioids	1.8	(0.12)	2.1	(0.14)	1.9	(0.12)	1.8	(0.12)	No Change
Prescription Tranquilizers or Sedatives	0.8	(0.08)	0.9	(0.08)	0.8	(0.07)	0.8	(0.07)	No Change
Prescription Tranquilizers	0.6	(0.07)	0.7	(0.07)	0.7	(0.06)	0.5	(0.06)	No Change
Prescription Sedatives	0.3	(0.06)	0.3	(0.04)	0.3	(0.05)	0.3	(0.05)	No Change
Hallucinogens	0.1	(0.03)	0.1	(0.03)	0.1	(0.02)	0.1	(0.02)	No Change
Inhalants	0.1	(0.02)	0.1	(0.02)	0.1	(0.02)	0.1	(0.02)	No Change
ALCOHOL	10.7	(0.30)	10.4	(0.27)	10.3	(0.24)	9.7	(0.24)	Decreased

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2024 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2024 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2024 at the .05 level;
Not Tested = trend testing was not conducted because estimates were suppressed for 1 or more years, or 4 years of comparable data were not available.

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons. For details, see the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the 2024 Methodological Summary and Definitions at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology for details on who was eligible to receive questions on substance use disorder.

[1] Estimates for 2021-2023 may differ from previously published estimates for opioid use disorder because they do not include the use of only nonopioid pain relievers. Estimates for opioid use disorder also do not include illegally made fentanyl.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021-2024.

Table A.32B 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; 2024

Age Group and Disorder	Any Substance Use Disorder		Mild Substance Use Disorder		Moderate Substance Use Disorder		Severe Substance Use Disorder	
TOTAL								
Any Substance	16.8	(0.28)	55.8	(0.79)	22.8	(0.67)	21.3	(0.63)
Drugs	9.8	(0.23)	55.0	(1.04)	24.4	(0.87)	20.6	(0.83)
Marijuana (Cannabis)	7.1	(0.19)	54.4	(1.14)	27.9	(1.02)	17.7	(0.79)
Alcohol	9.7	(0.20)	59.4	(0.97)	21.4	(0.84)	19.2	(0.78)
12 TO 17								
Any Substance	7.8	(0.35)	49.0	(2.30)	24.5	(1.96)	26.4	(2.00)
Drugs	6.6	(0.33)	48.7	(2.56)	24.6	(2.17)	26.7	(2.19)
Marijuana (Cannabis)	4.7	(0.28)	35.9	(2.82)	30.2	(2.75)	33.9	(2.73)
Alcohol	3.0	(0.23)	52.3	(3.74)	28.4	(3.51)	19.3	(2.91)
18 TO 25								
Any Substance	25.9	(0.55)	49.0	(1.22)	26.8	(1.01)	24.2	(1.03)
Drugs	17.8	(0.50)	44.6	(1.44)	30.5	(1.37)	24.9	(1.22)
Marijuana (Cannabis)	15.8	(0.48)	43.6	(1.53)	32.5	(1.49)	23.9	(1.26)
Alcohol	14.4	(0.43)	61.1	(1.56)	21.4	(1.34)	17.5	(1.25)
26 OR OLDER								
Any Substance	16.4	(0.33)	57.9	(0.98)	21.8	(0.82)	20.4	(0.76)
Drugs	8.9	(0.27)	58.8	(1.35)	22.5	(1.11)	18.7	(1.07)
Marijuana (Cannabis)	6.1	(0.21)	60.3	(1.51)	25.9	(1.36)	13.8	(1.00)
Alcohol	9.7	(0.24)	59.2	(1.18)	21.2	(1.01)	19.6	(0.92)

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 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2024 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology 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, 2024.

Table A.33B Substance Use Disorder Severity Level for Specific Substances in the Past Year: Among People Aged 12 or Older with a Specific Substance Use Disorder; 2024

Disorder	Any Substance Use Disorder		Mild Substance Use Disorder		Moderate Substance Use Disorder		Severe Substance Use Disorder	
SUBSTANCE USE DISORDER	16.8	(0.28)	55.8	(0.79)	22.8	(0.67)	21.3	(0.63)
DRUGS	9.8	(0.23)	55.0	(1.04)	24.4	(0.87)	20.6	(0.83)
Marijuana (Cannabis)	7.1	(0.19)	54.4	(1.14)	27.9	(1.02)	17.7	(0.79)
Central Nervous System Stimulants	1.5	(0.08)	41.8	(2.44)	20.4	(1.95)	37.8	(2.69)
Cocaine Use, Methamphetamine Use, or Prescription Stimulant Misuse	1.1	(0.07)	28.5	(2.68)	23.2	(2.39)	48.3	(3.21)
Use but Not Misuse of Prescription Stimulants Only	0.4	(0.03)	83.0	(3.39)	11.8	(3.02)	5.1	(1.99)
Opioids	1.7	(0.10)	65.4	(2.70)	15.3	(2.03)	19.3	(2.19)
Heroin Use or Prescription Opioid Misuse	0.7	(0.05)	42.4	(3.55)	20.5	(3.32)	37.1	(3.48)
Use but Not Misuse of Prescription Opioids Only	1.0	(0.08)	82.8	(3.47)	11.3	(2.57)	5.8	(2.65)
Prescription Tranquilizers or Sedatives	0.7	(0.06)	67.1	(3.50)	14.7	(2.37)	18.2	(2.79)
Prescription Tranquilizer or Sedative Misuse	0.3	(0.04)	*	(*)	14.9	(3.14)	35.8	(5.57)
Use but Not Misuse of Prescription Tranquilizers or Sedatives Only	0.4	(0.04)	81.2	(3.57)	14.3	(3.32)	4.5	(1.44)
Hallucinogens	0.2	(0.02)	67.2	(6.33)	23.0	(5.62)	9.8	(3.43)
Inhalants	0.1	(0.02)	*	(*)	*	(*)	*	(*)
ALCOHOL	9.7	(0.20)	59.4	(0.97)	21.4	(0.84)	19.2	(0.78)

* 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 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2024 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology 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, 2024.

Table A.34B Severity of Symptoms of Generalized Anxiety Disorder (GAD) in the Past 2 Weeks: Among Adolescents Aged 12 to 17; 2024

Severity	12 to 17	
No or Minimal	58.1	(0.68)
Mild	23.1	(0.54)
Moderate or Severe	18.8	(0.53)
Moderate	10.6	(0.42)
Severe	8.2	(0.36)

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: GAD symptom severity is based on the GAD-7 scale. GAD-7 scores indicate the following: 0 to 4 = no or minimal symptoms of GAD, 5 to 9 = mild symptoms, 10 to 14 = moderate symptoms, 15 to 21 = severe symptoms. The Moderate or Severe category includes respondents with a GAD-7 score of 10 or greater.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2024.

Table A.35B Severity of Symptoms of Generalized Anxiety Disorder (GAD) in the Past 2 Weeks: Among Adults Aged 18 or Older; by Age Group; 2024

Severity	18 or Older		18 to 25		26 to 49		50 or Older	
No or Minimal	78.3	(0.31)	63.4	(0.66)	73.9	(0.44)	86.5	(0.46)
Mild	14.3	(0.26)	22.0	(0.55)	17.1	(0.37)	9.6	(0.38)
Moderate or Severe	7.4	(0.18)	14.5	(0.46)	9.0	(0.28)	3.9	(0.27)
Moderate	4.7	(0.14)	9.0	(0.36)	5.6	(0.22)	2.6	(0.23)
Severe	2.7	(0.11)	5.5	(0.28)	3.4	(0.17)	1.3	(0.16)

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: GAD symptom severity is based on the GAD-7 scale. GAD-7 scores indicate the following: 0 to 4 = no or minimal symptoms of GAD, 5 to 9 = mild symptoms, 10 to 14 = moderate symptoms, 15 to 21 = severe symptoms. The Moderate or Severe category includes respondents with a GAD-7 score of 10 or greater.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2024.

Table A.36B Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year: Among Adolescents Aged 12 to 17; 2021-2024

MDE	2021		2022		2023		2024		Trend
MDE	20.8	(0.61)	19.5	(0.54)	18.1	(0.52)	15.4	(0.48)	Decreased
MDE with Severe Impairment[1]	15.2	(0.53)	14.6	(0.50)	13.5	(0.48)	11.3	(0.44)	Decreased

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2024 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2024 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2024 at the .05 level;
Not Tested = trend testing was not conducted because estimates were suppressed for 1 or more years, or 4 years of comparable data were not available.

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons. For details, see the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions.

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, 2021-2024.

Table A.37B Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2021-2024

MDE	2021		2022		2023		2024		Trend
MDE, 18 OR OLDER	8.5	(0.22)	8.8	(0.20)	8.5	(0.20)	8.2	(0.18)	No Change
18 to 25	19.3	(0.61)	20.1	(0.55)	17.5	(0.51)	15.9	(0.48)	Decreased
26 to 49	9.6	(0.33)	9.7	(0.31)	10.2	(0.29)	10.0	(0.30)	No Change
50 or Older	4.5	(0.29)	4.6	(0.30)	4.5	(0.29)	4.4	(0.28)	No Change
MDE WITH SEVERE IMPAIRMENT,[1] 18 OR OLDER	5.9	(0.18)	6.2	(0.17)	5.9	(0.17)	5.6	(0.15)	No Change
18 to 25	13.8	(0.53)	14.7	(0.51)	12.9	(0.44)	11.5	(0.41)	Decreased
26 to 49	6.6	(0.27)	6.9	(0.26)	7.4	(0.26)	7.0	(0.25)	No Change
50 or Older	3.0	(0.25)	3.1	(0.26)	2.7	(0.24)	2.6	(0.22)	No Change

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2024 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2024 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2024 at the .05 level;
Not Tested = trend testing was not conducted because estimates were suppressed for 1 or more years, or 4 years of comparable data were not available.

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons. For details, see the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions.

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, 2021-2024.

Table A.38B Level of Mental Illness in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2021-2024

Mental Illness	2021		2022		2023		2024		Trend
ANY MENTAL ILLNESS, 18 OR OLDER	23.0	(0.37)	23.1	(0.34)	22.8	(0.33)	23.4	(0.31)	No Change
18 to 25	34.5	(0.74)	36.2	(0.66)	33.8	(0.64)	33.2	(0.67)	No Change
26 to 49	28.5	(0.52)	29.4	(0.51)	29.2	(0.46)	29.7	(0.47)	No Change
50 or Older	15.0	(0.55)	13.9	(0.50)	14.1	(0.48)	15.2	(0.49)	No Change
SERIOUS MENTAL ILLNESS, 18 OR OLDER	5.7	(0.18)	6.0	(0.17)	5.7	(0.16)	5.6	(0.16)	No Change
18 to 25	12.0	(0.49)	11.6	(0.44)	10.3	(0.39)	9.4	(0.38)	Decreased
26 to 49	7.3	(0.27)	7.6	(0.28)	7.9	(0.26)	7.5	(0.26)	No Change
50 or Older	2.6	(0.25)	3.0	(0.25)	2.4	(0.22)	2.8	(0.25)	No Change

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2024 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2024 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2024 at the .05 level;
Not Tested = trend testing was not conducted because estimates were suppressed for 1 or more years, or 4 years of comparable data were not available.

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons. For details, see the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions.

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, 2021-2024.

Table A.39AB Substance Use Disorder (SUD) or Major Depressive Episode (MDE) in the Past Year: Among Adolescents Aged 12 to 17; 2024

SUD or MDE	Number in Thousands[1]		Percentage[2]	
SUD or MDE	5,071	(132)	20.2	(0.53)
SUD but No MDE[3]	1,141	(64)	4.6	(0.26)
MDE[3] but No SUD	3,047	(107)	12.2	(0.43)
Co-Occurring SUD and MDE[3]	792	(61)	3.2	(0.25)
Co-Occurring SUD and MDE with Severe Impairment[4]	632	(54)	2.5	(0.21)

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5). See the *2024 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology 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, 2024.

Table A.40B Co-Occurring Substance Use Disorder (SUD) and Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year: Among Adolescents Aged 12 to 17; 2021-2024

SUD and MDE	2021		2022		2023		2024		Trend
Co-Occurring SUD and MDE	4.1	(0.32)	3.7	(0.25)	3.4	(0.23)	3.2	(0.25)	Decreased
Co-Occurring SUD and MDE with Severe Impairment[1]	3.1	(0.30)	3.0	(0.23)	2.9	(0.21)	2.5	(0.21)	No Change

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2024 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2024 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2024 at the .05 level;
Not Tested = trend testing was not conducted because estimates were suppressed for 1 or more years, or 4 years of comparable data were not available.

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons. For details, see the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5). See the 2024 Methodological Summary and Definitions at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology 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. 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, 2021-2024.

Table A.41B Substance Use in the Past Year or Past Month: Among Adolescents Aged 12 to 17; by Past Year Major Depressive Episode (MDE), 2024

Period/Substance	12 to 17[1]		MDE		No MDE	
PAST YEAR USE						
Illicit Drugs[2]	15.1	(0.51)	32.6	(1.60)	11.8	(0.49)
Marijuana	10.4	(0.41)	25.0	(1.53)	7.8	(0.37)
Cocaine	0.3	(0.07)	0.6	(0.22)	0.2	(0.07)
Heroin	<0.1	(0.02)	0.1	(0.11)	<0.1	(0.02)
Hallucinogens	1.6	(0.16)	4.0	(0.70)	1.2	(0.15)
Inhalants[3]	3.7	(0.26)	7.1	(0.90)	3.0	(0.26)
Methamphetamine	0.2	(0.09)	0.2	(0.11)	0.2	(0.11)
Misuse of Prescription Psychotherapeutics	2.5	(0.20)	5.6	(0.84)	1.9	(0.19)
Pain Relievers	1.6	(0.17)	3.2	(0.63)	1.4	(0.16)
Prescription Opioids[4]	1.5	(0.15)	2.7	(0.52)	1.3	(0.15)
Stimulants	0.8	(0.12)	1.7	(0.43)	0.6	(0.13)
Tranquilizers or Sedatives	0.7	(0.10)	2.4	(0.52)	0.4	(0.08)
Misuse of Opioids[2,5]	1.5	(0.15)	2.8	(0.53)	1.3	(0.15)
Misuse of Central Nervous System Stimulants	1.1	(0.16)	2.2	(0.47)	0.9	(0.18)
PAST MONTH USE						
Tobacco Product Use or Nicotine Vaping[6,7]	6.6	(0.30)	16.9	(1.28)	4.7	(0.27)
Tobacco Products[6]	1.9	(0.17)	4.2	(0.65)	1.5	(0.16)
Cigarettes	1.2	(0.14)	3.0	(0.56)	0.9	(0.14)
Nicotine Vaping[7]	6.0	(0.29)	15.8	(1.24)	4.2	(0.26)
Alcohol	6.6	(0.36)	12.4	(1.13)	5.7	(0.37)
Binge Alcohol Use	3.5	(0.22)	6.2	(0.75)	3.0	(0.24)
Heavy Alcohol Use	0.4	(0.06)	0.6	(0.18)	0.3	(0.07)
Marijuana	6.0	(0.32)	15.0	(1.33)	4.4	(0.28)
Marijuana Vaping[8]	4.3	(0.28)	11.4	(1.22)	3.0	(0.24)

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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] Changes were made to the inhalant questions in 2024. See Chapter 3 of the *2024 National Survey on Drug Use and Health: Methodological Summary and Definitions* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology for details.

[4] Respondents who reported the misuse of only nonopioid pain relievers were not counted as having misused prescription opioids.

[5] Estimates include the use of heroin or the misuse of prescription opioids in the past year. Estimates for 2021-2023 may differ from previously published estimates because they do not include the misuse of only nonopioid pain relievers.

[6] 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.

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

[8] 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, 2024.

Table A.42B Substance Use in the Past Year or Past Month: Among Adolescents Aged 12 to 17; by Severity of Symptoms of Generalized Anxiety Disorder (GAD) in the Past 2 Weeks, 2024

Period/Substance	12 to 17[1]		Adolescents with Moderate or Severe Symptoms		Adolescents with No or Minimal Symptoms	
PAST YEAR USE						
Illicit Drugs[2]	15.1	(0.51)	25.6	(1.34)	10.1	(0.52)
Marijuana	10.4	(0.41)	17.5	(1.12)	6.7	(0.43)
Cocaine	0.3	(0.07)	0.5	(0.24)	0.2	(0.07)
Heroin	<0.1	(0.02)	0.1	(0.09)	<0.1	(0.03)
Hallucinogens	1.6	(0.16)	2.8	(0.49)	0.9	(0.14)
Inhalants[3]	3.7	(0.26)	7.6	(0.84)	2.2	(0.23)
Methamphetamine	0.2	(0.09)	0.2	(0.08)	0.3	(0.16)
Misuse of Prescription Psychotherapeutics	2.5	(0.20)	4.8	(0.74)	1.6	(0.21)
Pain Relievers	1.6	(0.17)	3.1	(0.53)	1.3	(0.19)
Prescription Opioids[4]	1.5	(0.15)	2.8	(0.47)	1.2	(0.19)
Stimulants	0.8	(0.12)	1.5	(0.46)	0.4	(0.10)
Tranquilizers or Sedatives	0.7	(0.10)	1.7	(0.40)	0.2	(0.06)
Misuse of Opioids[2,5]	1.5	(0.15)	2.9	(0.48)	1.2	(0.19)
Misuse of Central Nervous System Stimulants	1.1	(0.16)	1.7	(0.46)	0.7	(0.19)
PAST MONTH USE						
Tobacco Product Use or Nicotine Vaping[6,7]	6.6	(0.30)	12.8	(0.96)	4.3	(0.33)
Tobacco Products[6]	1.9	(0.17)	2.8	(0.46)	1.6	(0.20)
Cigarettes	1.2	(0.14)	2.1	(0.43)	0.9	(0.14)
Nicotine Vaping[7]	6.0	(0.29)	12.2	(0.94)	3.7	(0.30)
Alcohol	6.6	(0.36)	10.3	(0.94)	4.5	(0.35)
Binge Alcohol Use	3.5	(0.22)	5.5	(0.67)	2.4	(0.25)
Heavy Alcohol Use	0.4	(0.06)	0.8	(0.23)	0.2	(0.07)
Marijuana	6.0	(0.32)	9.5	(0.88)	3.9	(0.34)
Marijuana Vaping[8]	4.3	(0.28)	7.7	(0.82)	2.7	(0.30)

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

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

NOTE: GAD symptom severity is based on the GAD-7 scale. GAD-7 scores indicate the following: 0 to 4 = no or minimal symptoms of GAD, 5 to 9 = mild symptoms, 10 to 14 = moderate symptoms, 15 to 21 = severe symptoms. The Moderate or Severe category includes respondents with a GAD-7 score of 10 or greater.

[1] Estimates are for all adolescents aged 12 to 17, including those with mild GAD symptoms in the past 2 weeks.

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

[3] Changes were made to the inhalant questions in 2024. See Chapter 3 of the *2024 National Survey on Drug Use and Health: Methodological Summary and Definitions* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology for details.

[4] Respondents who reported the misuse of only nonopioid pain relievers were not counted as having misused prescription opioids.

[5] Estimates include the use of heroin or the misuse of prescription opioids in the past year. Estimates for 2021-2023 may differ from previously published estimates because they do not include the misuse of only nonopioid pain relievers.

[6] 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.

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

[8] 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, 2024.

Table A.43A Substance Use Disorder (SUD) or Level of Mental Illness in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2024

SUD/Level of Mental Illness	18 or Older		18 to 25		26 to 49		50 or Older	
SUD or AMI	86,611	(937)	16,020	(230)	42,963	(560)	27,629	(706)
SUD but No AMI	25,106	(583)	4,406	(146)	11,508	(347)	9,192	(433)
AMI but No SUD	40,284	(679)	6,963	(186)	19,494	(400)	13,827	(517)
Co-Occurring SUD and AMI	21,221	(536)	4,650	(152)	11,962	(349)	4,610	(330)
SUD or SMI	54,044	(830)	10,642	(205)	27,552	(509)	15,850	(583)
SUD but No SMI	39,445	(734)	7,360	(180)	19,622	(454)	12,464	(514)
SMI but No SUD	7,717	(297)	1,586	(97)	4,083	(199)	2,048	(210)
Co-Occurring SUD and SMI	6,882	(307)	1,696	(92)	3,848	(195)	1,338	(212)

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 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2024 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology 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, 2024.

Table A.43B Substance Use Disorder (SUD) or Level of Mental Illness in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2024

SUD/Level of Mental Illness	18 or Older		18 to 25		26 to 49		50 or Older	
SUD or AMI	33.0	(0.36)	45.8	(0.66)	40.6	(0.53)	22.7	(0.58)
SUD but No AMI	9.6	(0.22)	12.6	(0.42)	10.9	(0.33)	7.6	(0.36)
AMI but No SUD	15.4	(0.26)	19.9	(0.53)	18.4	(0.38)	11.4	(0.43)
Co-Occurring SUD and AMI	8.1	(0.20)	13.3	(0.44)	11.3	(0.33)	3.8	(0.27)
SUD or SMI	20.6	(0.32)	30.5	(0.59)	26.0	(0.48)	13.0	(0.48)
SUD but No SMI	15.0	(0.28)	21.1	(0.52)	18.5	(0.43)	10.3	(0.42)
SMI but No SUD	2.9	(0.11)	4.5	(0.28)	3.9	(0.19)	1.7	(0.17)
Co-Occurring SUD and SMI	2.6	(0.12)	4.9	(0.26)	3.6	(0.18)	1.1	(0.17)

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 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2024 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology 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, 2024.

Table A.44B Co-Occurring Substance Use Disorder (SUD) and Level of Mental Illness in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2021-2024

SUD/Level of Mental Illness	2021		2022		2023		2024		Trend
Co-Occurring SUD and AMI, 18 or Older	7.8	(0.21)	8.4	(0.19)	7.9	(0.20)	8.1	(0.20)	No Change
18 to 25	13.8	(0.53)	15.1	(0.50)	14.1	(0.48)	13.3	(0.44)	No Change
26 to 49	10.4	(0.33)	11.4	(0.36)	10.9	(0.31)	11.3	(0.33)	No Change
50 or Older	3.8	(0.30)	3.9	(0.26)	3.6	(0.26)	3.8	(0.27)	No Change
Co-Occurring SUD and SMI, 18 or Older	2.6	(0.12)	2.9	(0.12)	2.6	(0.10)	2.6	(0.12)	No Change
18 to 25	5.7	(0.35)	6.0	(0.31)	5.4	(0.29)	4.9	(0.26)	Decreased
26 to 49	3.4	(0.19)	3.7	(0.19)	3.9	(0.20)	3.6	(0.18)	No Change
50 or Older	1.0	(0.16)	1.3	(0.16)	0.8	(0.11)	1.1	(0.17)	No Change

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

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2024 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2024 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2024 at the .05 level;
Not Tested = trend testing was not conducted because estimates were suppressed for 1 or more years, or 4 years of comparable data were not available.

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons. For details, see the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the 2024 Methodological Summary and Definitions at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology 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, 2021-2024.

Table A.45B Substance Use in the Past Year or Past Month: Among Adults Aged 18 or Older; by Level of Mental Illness in the Past Year, 2024

Period/Substance	18 or Older		Any Mental Illness		Serious Mental Illness		No Mental Illness	
PAST YEAR USE								
Illicit Drugs[1]	26.6	(0.38)	44.1	(0.76)	57.4	(1.44)	21.2	(0.39)
Marijuana	23.4	(0.36)	38.7	(0.72)	50.5	(1.47)	18.8	(0.37)
Cocaine	1.6	(0.08)	3.7	(0.27)	5.6	(0.71)	1.0	(0.07)
Heroin	0.2	(0.03)	0.6	(0.11)	1.2	(0.33)	0.1	(0.02)
Hallucinogens	3.8	(0.15)	8.4	(0.40)	13.0	(1.11)	2.4	(0.13)
Inhalants[2]	0.8	(0.06)	2.0	(0.16)	3.1	(0.41)	0.5	(0.05)
Methamphetamine	0.9	(0.07)	2.2	(0.20)	4.0	(0.57)	0.5	(0.06)
Misuse of Prescription Psychotherapeutics	5.0	(0.16)	10.2	(0.47)	16.3	(1.26)	3.4	(0.15)
Pain Relievers	2.9	(0.12)	5.6	(0.36)	9.3	(1.03)	2.1	(0.12)
Prescription Opioids[3]	2.7	(0.12)	5.3	(0.35)	9.1	(1.03)	1.9	(0.12)
Stimulants	1.4	(0.08)	3.3	(0.25)	5.6	(0.72)	0.8	(0.07)
Tranquilizers or Sedatives	1.7	(0.09)	4.1	(0.29)	6.7	(0.72)	0.9	(0.09)
Misuse of Opioids[1,4]	2.8	(0.12)	5.5	(0.36)	9.5	(1.03)	2.0	(0.12)
Misuse of Central Nervous System Stimulants	3.3	(0.12)	7.5	(0.37)	12.3	(1.02)	2.1	(0.11)
PAST MONTH USE								
Tobacco Product Use or Nicotine Vaping[5,6]	23.6	(0.35)	33.9	(0.77)	41.4	(1.55)	20.5	(0.37)
Tobacco Products[5]	18.1	(0.32)	24.7	(0.71)	29.5	(1.45)	16.1	(0.34)
Cigarettes	14.3	(0.29)	20.0	(0.67)	24.3	(1.40)	12.5	(0.31)
Nicotine Vaping[6]	10.0	(0.21)	18.1	(0.53)	25.0	(1.15)	7.5	(0.20)
Alcohol	50.6	(0.43)	52.7	(0.75)	53.8	(1.45)	49.9	(0.49)
Binge Alcohol Use	21.7	(0.31)	25.5	(0.58)	26.8	(1.27)	20.6	(0.37)
Heavy Alcohol Use	5.5	(0.17)	7.4	(0.37)	8.5	(1.00)	4.9	(0.20)
Marijuana	16.3	(0.30)	27.7	(0.65)	36.9	(1.54)	12.8	(0.29)
Marijuana Vaping[7]	6.0	(0.17)	12.0	(0.43)	18.5	(1.10)	4.2	(0.16)

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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] Changes were made to the inhalant questions in 2024. See Chapter 3 of the *2024 National Survey on Drug Use and Health: Methodological Summary and Definitions* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology for details.

[3] Respondents who reported the misuse of only nonopioid pain relievers were not counted as having misused prescription opioids.

[4] Estimates include the use of heroin or the misuse of prescription opioids in the past year. Estimates for 2021-2023 may differ from previously published estimates because they do not include the misuse of only nonopioid pain relievers.

[5] 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.

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

[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, 2024.

Table A.46B Substance Use in the Past Year or Past Month: Among Adults Aged 18 or Older; by Severity of Symptoms of Generalized Anxiety Disorder (GAD) in the Past 2 Weeks, 2024

Period/Substance	18 or Older		Adults with Moderate or Severe Symptoms		Adults with No or Minimal Symptoms	
PAST YEAR USE						
Illicit Drugs[1]	26.6	(0.38)	48.9	(1.33)	22.0	(0.39)
Marijuana	23.4	(0.36)	43.1	(1.28)	19.5	(0.37)
Cocaine	1.6	(0.08)	4.6	(0.53)	1.2	(0.07)
Heroin	0.2	(0.03)	1.0	(0.22)	0.1	(0.02)
Hallucinogens	3.8	(0.15)	8.5	(0.67)	2.9	(0.15)
Inhalants[2]	0.8	(0.06)	2.4	(0.33)	0.5	(0.05)
Methamphetamine	0.9	(0.07)	3.7	(0.48)	0.6	(0.07)
Misuse of Prescription Psychotherapeutics	5.0	(0.16)	13.1	(0.88)	3.7	(0.17)
Pain Relievers	2.9	(0.12)	7.1	(0.59)	2.2	(0.13)
Prescription Opioids[3]	2.7	(0.12)	6.9	(0.59)	2.0	(0.12)
Stimulants	1.4	(0.08)	4.5	(0.57)	0.9	(0.07)
Tranquilizers or Sedatives	1.7	(0.09)	5.7	(0.55)	1.1	(0.09)
Misuse of Opioids[1,4]	2.8	(0.12)	7.2	(0.60)	2.1	(0.12)
Misuse of Central Nervous System Stimulants	3.3	(0.12)	9.8	(0.78)	2.3	(0.12)
PAST MONTH USE						
Tobacco Product Use or Nicotine Vaping[5,6]	23.6	(0.35)	41.2	(1.32)	21.0	(0.38)
Tobacco Products[5]	18.1	(0.32)	30.0	(1.27)	16.5	(0.35)
Cigarettes	14.3	(0.29)	24.8	(1.18)	12.9	(0.33)
Nicotine Vaping[6]	10.0	(0.21)	23.6	(1.00)	7.7	(0.20)
Alcohol	50.6	(0.43)	51.6	(1.23)	49.9	(0.48)
Binge Alcohol Use	21.7	(0.31)	27.6	(1.05)	20.5	(0.36)
Heavy Alcohol Use	5.5	(0.17)	8.4	(0.62)	4.9	(0.20)
Marijuana	16.3	(0.30)	32.0	(1.12)	13.3	(0.30)
Marijuana Vaping[7]	6.0	(0.17)	15.2	(0.81)	4.2	(0.16)

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: GAD symptom severity is based on the GAD-7 scale. GAD-7 scores indicate the following: 0 to 4 = no or minimal symptoms of GAD, 5 to 9 = mild symptoms, 10 to 14 = moderate symptoms, 15 to 21 = severe symptoms. The Moderate or Severe category includes respondents with a GAD-7 score of 10 or greater.

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

[2] Changes were made to the inhalant questions in 2024. See Chapter 3 of the *2024 National Survey on Drug Use and Health: Methodological Summary and Definitions* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology for details.

[3] Respondents who reported the misuse of only nonopioid pain relievers were not counted as having misused prescription opioids.

[4] Estimates include the use of heroin or the misuse of prescription opioids in the past year. Estimates for 2021-2023 may differ from previously published estimates because they do not include the misuse of only nonopioid pain relievers.

[5] 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.

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

[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, 2024.

Table A.47AB Suicidal Thoughts or Behaviors in the Past Year: Among Adults Aged 18 or Older; 2024

Suicidal Thoughts or Behavior	Number in Thousands[1]		Percentage[2]	
HAD SERIOUS THOUGHTS OF SUICIDE, MADE ANY SUICIDE PLANS, OR ATTEMPTED SUICIDE	14,888	(429)	5.7	(0.16)
Had Serious Thoughts of Suicide	14,339	(417)	5.5	(0.16)
Made Any Suicide Plans	4,639	(253)	1.8	(0.10)
Attempted Suicide	2,202	(176)	0.8	(0.07)
HAD ONE TYPE OF SUICIDAL THOUGHTS/BEHAVIOR				
Had Serious Thoughts of Suicide (Did Not Make Any Suicide Plans or Attempt Suicide)	9,825	(331)	3.7	(0.13)
Made Any Suicide Plans (Did Not Have Serious Thoughts of Suicide or Attempt Suicide)	281	(74)	0.1	(0.03)
Attempted Suicide (Did Not Have Serious Thoughts of Suicide or Make Any Suicide Plans)	155	(41)	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)	2,580	(171)	1.0	(0.07)
Had Serious Thoughts of Suicide and Attempted Suicide (Did Not Make Any Suicide Plans)	269	(69)	0.1	(0.03)
Made Any Suicide Plans and Attempted Suicide (Did Not Have Serious Thoughts of Suicide)	113	(39)	<0.1	(0.01)
HAD ALL THREE TYPES OF SUICIDAL THOUGHTS/BEHAVIORS (Had Serious Thoughts of Suicide, Made Any Suicide Plans, and Attempted Suicide)	1,665	(152)	0.6	(0.06)

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.48B 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, 2021-2024

Suicidal Thoughts or Behavior/Age Group	2021		2022		2023		2024		Trend
HAD SERIOUS THOUGHTS OF SUICIDE, 18 OR OLDER	4.9	(0.16)	5.2	(0.16)	5.0	(0.15)	5.5	(0.16)	No Change
18 to 25	13.4	(0.49)	13.6	(0.46)	12.2	(0.41)	12.6	(0.44)	Decreased
26 to 49	5.5	(0.25)	5.5	(0.25)	5.9	(0.23)	6.1	(0.25)	No Change
50 or Older	2.0	(0.20)	2.4	(0.23)	2.1	(0.21)	2.9	(0.22)	Increased
MADE ANY SUICIDE PLANS, 18 OR OLDER	1.4	(0.08)	1.5	(0.07)	1.4	(0.07)	1.8	(0.10)	Increased
18 to 25	5.2	(0.37)	4.9	(0.27)	4.2	(0.24)	4.2	(0.24)	Decreased
26 to 49	1.4	(0.14)	1.3	(0.10)	1.6	(0.13)	1.8	(0.13)	Increased
50 or Older	0.3	(0.08)	0.6	(0.09)	0.5	(0.09)	1.1	(0.15)	Increased
ATTEMPTED SUICIDE, 18 OR OLDER	0.7	(0.06)	0.6	(0.05)	0.6	(0.04)	0.8	(0.07)	No Change
18 to 25	2.8	(0.29)	2.1	(0.17)	2.0	(0.16)	2.0	(0.16)	Decreased
26 to 49	0.7	(0.10)	0.5	(0.06)	0.6	(0.07)	0.8	(0.10)	No Change
50 or Older	0.2	(0.06)	0.3	(0.08)	0.2	(0.06)	0.6	(0.11)	Increased

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2024 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2024 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2024 at the .05 level;
Not Tested = trend testing was not conducted because estimates were suppressed for 1 or more years, or 4 years of comparable data were not available.

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons. For details, see the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021-2024.

Table A.49AB Suicidal Thoughts or Behaviors in the Past Year: Among Adolescents Aged 12 to 17; 2024

Suicidal Thoughts or Behavior	Number in Thousands[1]		Percentage[2]	
HAD SERIOUS THOUGHTS OF SUICIDE, MADE ANY SUICIDE PLANS, OR ATTEMPTED SUICIDE	2,800	(107)	10.8	(0.41)
Had Serious Thoughts of Suicide[3]	2,613	(103)	10.1	(0.40)
Made Any Suicide Plans[3]	1,186	(66)	4.6	(0.26)
Attempted Suicide[3]	700	(53)	2.7	(0.20)
HAD ONE TYPE OF SUICIDAL THOUGHTS/BEHAVIOR				
Had Serious Thoughts of Suicide (Did Not Make Any Suicide Plans or Attempt Suicide)	1,477	(85)	5.7	(0.33)
Made Any Suicide Plans (Did Not Have Serious Thoughts of Suicide or Attempt Suicide)	98	(19)	0.4	(0.07)
Attempted Suicide (Did Not Have Serious Thoughts of Suicide or Make Any Suicide Plans)	63	(20)	0.2	(0.08)
HAD TWO TYPES OF SUICIDAL THOUGHTS/BEHAVIORS				
Had Serious Thoughts of Suicide and Made Any Suicide Plans (Did Not Attempt Suicide)	525	(45)	2.0	(0.17)
Had Serious Thoughts of Suicide and Attempted Suicide (Did Not Make Any Suicide Plans)	74	(16)	0.3	(0.06)
Made Any Suicide Plans and Attempted Suicide (Did Not Have Serious Thoughts of Suicide)	26	(9)	0.1	(0.04)
HAD ALL THREE TYPES OF SUICIDAL THOUGHTS/BEHAVIORS (Had Serious Thoughts of Suicide, Made Any Suicide Plans, and Attempted Suicide)	537	(45)	2.1	(0.17)

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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.50B because the denominator for this table includes all adolescents aged 12 to 17. Table A.50B 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, 2024.

Table A.50B Had Serious Thoughts of Suicide, Made Any Suicide Plans, or Attempted Suicide in the Past Year: Among Adolescents Aged 12 to 17; 2024

Suicidal Thoughts or Behavior	12 to 17	
HAD SERIOUS THOUGHTS OF SUICIDE		
Yes	10.1	(0.40)
No	76.4	(0.60)
Not Sure/Don't Know	6.7	(0.34)
Don't Want to Answer/Refuse	6.8	(0.35)
MADE ANY SUICIDE PLANS		
Yes	4.6	(0.26)
No	87.2	(0.43)
Not Sure/Don't Know	2.6	(0.21)
Don't Want to Answer/Refuse	5.7	(0.32)
ATTEMPTED SUICIDE		
Yes	2.7	(0.20)
No	90.8	(0.38)
Not Sure/Don't Know	1.7	(0.16)
Don't Want to Answer/Refuse	4.8	(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 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.51B Had Serious Thoughts of Suicide, Made Any Suicide Plans, or Attempted Suicide in the Past Year: Among Adolescents Aged 12 to 17; 2021-2024

Suicidal Thoughts or Behavior	2021		2022		2023		2024		Trend
Had Serious Thoughts of Suicide	12.9	(0.49)	13.4	(0.44)	12.3	(0.47)	10.1	(0.40)	Decreased
Made Any Suicide Plans	6.2	(0.37)	6.5	(0.34)	5.6	(0.32)	4.6	(0.26)	Decreased
Attempted Suicide	3.6	(0.29)	3.7	(0.28)	3.3	(0.23)	2.7	(0.20)	Decreased

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2024 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2024 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2024 at the .05 level;
Not Tested = trend testing was not conducted because estimates were suppressed for 1 or more years, or 4 years of comparable data were not available.

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons. For details, see the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions.

NOTE: Respondents with unknown information on suicidal thoughts and behaviors were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021-2024.

Table A.52AB Need for Substance Use Treatment or Receipt of Substance Use Treatment in the Past Year: Among People Aged 12 or Older; by Age Group, 2024

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]	52,599	(842)	18.2	(0.29)	2,426	(95)	9.3	(0.36)	9,349	(192)	26.8	(0.55)	40,824	(794)	18.0	(0.35)
Received Substance Use Treatment	10,174	(382)	3.5	(0.13)	732	(57)	2.8	(0.22)	1,059	(71)	3.0	(0.20)	8,383	(365)	3.7	(0.16)
Received Substance Use Treatment among People Who Needed Substance Use Treatment[3]	10,174	(399)	19.3	(0.64)	732	(59)	30.2	(2.07)	1,059	(72)	11.3	(0.73)	8,383	(380)	20.5	(0.78)
Received Substance Use Treatment among People Who Had an SUD in the Past Year[3,4,5]	5,926	(294)	12.3	(0.54)	330	(40)	16.3	(1.80)	766	(63)	8.5	(0.66)	4,830	(281)	13.0	(0.67)
Received Substance Use Treatment among People Who Had a Mild SUD in the Past Year[3,4,5]	1,742	(168)	6.4	(0.59)	85	(17)	8.5	(1.59)	151	(30)	3.4	(0.67)	1,506	(163)	7.0	(0.72)
Received Substance Use Treatment among People Who Had a Moderate SUD in the Past Year[3,4,5]	1,302	(150)	11.8	(1.26)	89	(22)	18.0	(3.96)	158	(25)	6.5	(1.01)	1,054	(145)	13.0	(1.65)
Received Substance Use Treatment among People Who Had a Severe SUD in the Past Year[3,4,5]	2,883	(179)	27.9	(1.39)	156	(25)	29.1	(4.18)	457	(45)	20.8	(1.88)	2,270	(170)	29.9	(1.82)
Received Substance Use Treatment among People without an SUD in the Past Year[4]	4,248	(252)	1.8	(0.10)	402	(42)	1.7	(0.17)	293	(36)	1.1	(0.14)	3,553	(243)	1.9	(0.13)

SUD = substance use disorder.

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medications for alcohol use disorder or opioid use disorder; 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 *2024 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology 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; medications for alcohol use disorder or opioid use disorder; 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 2024 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, 2024.

Table A.53AB 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; 2024

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]	10,174	(382)	3.5	(0.13)
Inpatient[4,5]	2,603	(160)	0.9	(0.06)
Outpatient[4,6]	7,096	(329)	2.5	(0.11)
Outpatient, Other Than General Medical Clinic or Doctor's Office[4,6]	6,118	(305)	2.1	(0.11)
Medications for Alcohol Use Disorder[7]	1,309	(141)	0.5	(0.05)
Among Those with an Alcohol Use Disorder[8]	697	(104)	2.5	(0.37)
Medications for Opioid Use Disorder[7]	2,155	(165)	0.7	(0.06)
Among Those with an Opioid Use Disorder[8]	818	(95)	17.0	(1.84)
Telehealth Treatment[9]	3,640	(221)	1.3	(0.08)
Prison, Jail, or Juvenile Detention Center	819	(119)	0.3	(0.04)
OTHER SERVICES				
Support Group	6,104	(317)	2.1	(0.11)
Peer Support Specialist or Recovery Coach	2,244	(177)	0.8	(0.06)
Emergency Room/Department	1,723	(146)	0.6	(0.05)
Withdrawal Management Services	955	(100)	0.3	(0.03)
Overdose Reversal Medicine (e.g., Narcan® or Naloxone)	1,753	(156)	0.6	(0.05)

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medications for alcohol use disorder or opioid use disorder; 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: People were assumed to have received medications for opioid use disorder if they used prescription pain relievers but not heroin in their lifetime.

[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 *2024 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology 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 medications for alcohol use disorder or opioid use disorder were asked only if respondents reported lifetime use of alcohol or lifetime use of heroin or prescription pain relievers, respectively.

[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 2024 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, 2024.

Table A.54AB 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, 2024

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	3,640	(221)	1.3	(0.08)	119	(22)	0.5	(0.09)	377	(44)	1.1	(0.13)	3,143	(213)	1.4	(0.09)
Received Substance Use Treatment through Telehealth among People with a Substance Use Disorder[3]	2,628	(185)	5.4	(0.37)	77	(18)	3.8	(0.89)	323	(41)	3.6	(0.45)	2,227	(179)	6.0	(0.45)

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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 *2024 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology 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, 2024.

Table A.55AB 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, 2024

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	1,694	(89)	100.0	(0.00)	40,731	(904)	100.0	(0.00)
Any Perceived Unmet Need[3]	111	(25)	6.7	(1.44)	1,774	(142)	4.4	(0.34)
Sought Treatment[3]	34	(13)	2.0	(0.76)	276	(73)	0.7	(0.18)
Did Not Seek Treatment but Thought Should Get Treatment[3]	77	(22)	4.6	(1.26)	1,498	(122)	3.8	(0.30)
Did Not Perceive Need for Substance Use Treatment[3]	1,537	(82)	93.3	(1.44)	38,106	(859)	95.6	(0.34)

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medications for alcohol use disorder or opioid use disorder; 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 *2024 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology 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, 2024.

Table A.56B 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, 2024

Reason for Not Receiving Substance Use Treatment[1]	12 to 17		18 or Older	
Thought It Would Cost Too Much	*	(*)	45.3	(3.88)
Did Not Have Health Insurance Coverage for Alcohol or Drug Use Treatment	*	(*)	32.4	(3.67)
Health Insurance Would Not Pay Enough of Costs for Treatment	*	(*)	25.7	(3.36)
Did Not Know How or Where to Get Treatment	*	(*)	38.9	(3.86)
Could Not Find Treatment Program or Healthcare Professional They Wanted to Go to	*	(*)	35.8	(4.09)
No Openings in Treatment Program or with Healthcare Professional They Wanted to Go to	*	(*)	7.6	(1.73)
Had Problems with Things Like Transportation, Childcare, or Getting Appointments at Times That Worked for Them	*	(*)	19.8	(2.56)
Did Not Have Enough Time for Treatment	*	(*)	41.3	(3.72)
Worried That Information Would Not Be Kept Private	*	(*)	33.0	(3.69)
Worried about What People Would Think or Say if They Got Treatment	*	(*)	43.2	(4.00)
Thought That if People Knew They Were in Treatment, Bad Things Would Happen, Like Losing Their Job, Home, or Children	*	(*)	34.4	(3.81)
Not Ready to Start Treatment	*	(*)	65.0	(3.63)
Not Ready to Stop or Cut Back on Using Alcohol or Drugs	*	(*)	59.5	(3.86)
Thought They Should Have Been Able to Handle Their Alcohol or Drug Use on Their Own	*	(*)	75.5	(3.54)
Thought Their Family, Friends, or Religious Group Would Not Like It if They Got Treatment	*	(*)	18.9	(3.69)
Thought They Would Be Forced to Stay in Rehab or Treatment against Their Will	*	(*)	18.0	(2.69)
Did Not Think Treatment Would Help Them	*	(*)	28.7	(3.93)
Thought No One Would Care if They Got Better	*	(*)	17.0	(2.81)

* 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 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medications for alcohol use disorder or opioid use disorder; 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 *2024 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology 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, 2024.

Table A.57B 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; 2024

Type/Location of Treatment or Other Services	12 to 17		MDE[1]		MDE with Severe Impairment[1,2]	
MENTAL HEALTH TREATMENT[3]	28.5	(0.58)	60.6	(1.57)	62.6	(1.80)
Inpatient[4]	2.8	(0.21)	7.1	(0.90)	8.0	(1.08)
Outpatient[5]	21.3	(0.51)	50.8	(1.64)	53.2	(1.90)
Office of a Therapist, Psychologist, Psychiatrist, or Mental Health Professional	13.5	(0.45)	37.0	(1.69)	39.2	(1.95)
General Medical Clinic or Doctor's Office	6.9	(0.34)	18.3	(1.35)	19.7	(1.52)
School Health or Counseling Center	11.3	(0.39)	29.8	(1.51)	32.6	(1.79)
Prescription Medication	12.9	(0.44)	31.2	(1.64)	32.2	(1.82)
Telehealth Treatment[6]	13.1	(0.47)	33.2	(1.65)	34.6	(1.89)
Prison, Jail, or Juvenile Detention Center	1.2	(0.14)	2.9	(0.68)	2.8	(0.69)
OTHER SERVICES						
Support Group	6.7	(0.33)	14.9	(1.25)	16.1	(1.46)
Peer Support Specialist or Recovery Coach	3.1	(0.20)	9.1	(0.92)	9.6	(1.10)
Emergency Room/Department	2.6	(0.21)	7.3	(0.90)	8.4	(1.08)

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.58AB 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; 2024

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	1,513	(81)	100.0	(0.00)
Any Perceived Unmet Need[3]	637	(50)	42.4	(2.35)
Sought Treatment[3]	123	(23)	8.1	(1.44)
Did Not Seek Treatment but Thought Should Get Treatment[3]	513	(45)	34.2	(2.28)
Did Not Perceive Need for Mental Health Treatment[3]	864	(57)	57.6	(2.35)

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.59B 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; 2024

Reason for Not Receiving Mental Health Treatment[1]	MDE	
Thought It Would Cost Too Much	39.1	(4.16)
Did Not Have Health Insurance Coverage for Mental Health Treatment	14.1	(3.37)
Health Insurance Would Not Pay Enough of Costs for Treatment	14.7	(3.61)
Did Not Know How or Where to Get Treatment	51.2	(3.88)
Could Not Find Treatment Program or Healthcare Professional They Wanted to Go to	28.6	(3.69)
No Openings in Treatment Program or with Healthcare Professional They Wanted to Go to	8.3	(2.04)
Had Problems with Things Like Transportation, Childcare, or Getting Appointments at Times That Worked for Them	22.6	(3.05)
Did Not Have Enough Time for Treatment	31.5	(3.50)
Worried That Information Would Not Be Kept Private	64.9	(3.64)
Worried about What People Would Think or Say if They Got Treatment	70.5	(3.32)
Thought That if People Knew They Were in Treatment, Bad Things Would Happen, Like Losing Their Job, Home, or Children	20.9	(3.70)
Not Ready to Start Treatment	45.7	(3.98)
Thought They Should Have Been Able to Handle Their Mental Health, Emotions, or Behavior on Their Own	90.5	(2.28)
Thought Their Family, Friends, or Religious Group Would Not Like It if They Got Treatment	49.4	(3.73)
Afraid of Being Committed to Hospital or Forced into Treatment against Their Will	53.7	(4.13)
Thought They Would Be Told They Needed to Take Medication	46.4	(4.03)
Did Not Think Treatment Would Help Them	58.7	(3.86)
Thought No One Would Care if They Got Better	56.9	(4.22)

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.60B Types and Locations of Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2024

Type/Location of Treatment	18 or Older		18 to 25		26 to 49		50 or Older	
MENTAL HEALTH TREATMENT[1]	22.9	(0.32)	25.7	(0.59)	26.4	(0.47)	19.1	(0.54)
Inpatient[2]	1.3	(0.08)	1.9	(0.16)	1.4	(0.12)	1.0	(0.13)
Outpatient[3]	13.3	(0.26)	16.6	(0.49)	16.0	(0.38)	10.1	(0.42)
Mental Health Treatment Center	2.9	(0.13)	3.6	(0.23)	3.2	(0.17)	2.5	(0.23)
Office of a Therapist, Psychologist, Psychiatrist, or Mental Health Professional	9.9	(0.23)	13.1	(0.45)	12.3	(0.34)	6.8	(0.38)
General Medical Clinic or Doctor's Office	5.9	(0.18)	6.2	(0.31)	7.1	(0.26)	4.8	(0.28)
Prescription Medication	16.7	(0.29)	17.4	(0.51)	18.8	(0.40)	14.7	(0.50)
Telehealth Treatment[4]	12.8	(0.26)	16.1	(0.49)	16.3	(0.39)	8.7	(0.40)
Prison, Jail, or Juvenile Detention Center	1.1	(0.08)	0.9	(0.10)	1.2	(0.11)	1.1	(0.14)

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.61B Types and Locations of Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with a Past Year Major Depressive Episode (MDE); 2024

Type/Location of Treatment	18 or Older		18 to 25		26 to 49		50 or Older	
MENTAL HEALTH TREATMENT[1]	64.4	(1.20)	61.4	(1.54)	63.3	(1.55)	69.6	(3.23)
Inpatient[2]	4.9	(0.44)	5.7	(0.62)	5.5	(0.73)	2.8	(0.74)
Outpatient[3]	46.4	(1.22)	46.2	(1.62)	47.0	(1.51)	45.2	(3.17)
Mental Health Treatment Center	12.6	(0.74)	11.3	(0.97)	12.6	(1.01)	13.8	(2.01)
Office of a Therapist, Psychologist, Psychiatrist, or Mental Health Professional	36.9	(1.12)	37.9	(1.52)	38.0	(1.44)	33.5	(3.04)
General Medical Clinic or Doctor's Office	22.7	(0.93)	20.5	(1.30)	24.6	(1.23)	21.2	(2.41)
Prescription Medication	50.9	(1.22)	44.2	(1.49)	50.0	(1.53)	59.5	(3.40)
Telehealth Treatment[4]	42.4	(1.15)	42.8	(1.53)	44.4	(1.59)	38.2	(3.15)
Prison, Jail, or Juvenile Detention Center	4.0	(0.57)	1.5	(0.33)	3.6	(0.67)	7.4	(1.86)

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.62B 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 Age Group, 2024

Type/Location of Treatment	18 or Older		18 to 25		26 to 49		50 or Older	
MENTAL HEALTH TREATMENT[1]	52.1	(0.76)	49.9	(1.07)	53.0	(0.95)	52.0	(1.83)
Inpatient[2]	3.6	(0.28)	4.4	(0.40)	3.0	(0.31)	4.3	(0.72)
Outpatient[3]	34.7	(0.71)	34.8	(1.07)	36.1	(0.85)	32.0	(1.63)
Mental Health Treatment Center	8.9	(0.41)	8.5	(0.61)	8.1	(0.48)	10.6	(1.07)
Office of a Therapist, Psychologist, Psychiatrist, or Mental Health Professional	27.0	(0.64)	28.5	(1.02)	28.9	(0.81)	23.0	(1.42)
General Medical Clinic or Doctor's Office	16.3	(0.55)	14.4	(0.78)	17.4	(0.69)	15.8	(1.24)
Prescription Medication	39.9	(0.77)	35.0	(1.06)	40.1	(0.94)	42.6	(1.86)
Telehealth Treatment[4]	32.6	(0.69)	34.0	(1.04)	35.2	(0.89)	27.3	(1.62)
Prison, Jail, or Juvenile Detention Center	2.9	(0.26)	1.6	(0.25)	2.8	(0.31)	4.1	(0.70)

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.63B 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 Age Group, 2024

Type/Location of Treatment	18 or Older		18 to 25		26 to 49		50 or Older	
MENTAL HEALTH TREATMENT[1]	70.8	(1.38)	71.3	(1.69)	69.0	(1.66)	74.4	(4.27)
Inpatient[2]	7.2	(0.71)	8.7	(1.09)	6.8	(0.91)	6.8	(1.96)
Outpatient[3]	53.3	(1.52)	54.8	(2.10)	53.4	(1.70)	51.7	(4.43)
Mental Health Treatment Center	17.1	(1.07)	16.6	(1.62)	16.7	(1.34)	18.6	(2.97)
Office of a Therapist, Psychologist, Psychiatrist, or Mental Health Professional	43.7	(1.39)	47.8	(2.15)	43.8	(1.66)	39.3	(4.04)
General Medical Clinic or Doctor's Office	28.1	(1.35)	25.0	(1.80)	29.3	(1.60)	28.2	(3.88)
Prescription Medication	57.7	(1.46)	53.7	(2.11)	56.1	(1.79)	65.5	(4.27)
Telehealth Treatment[4]	48.3	(1.47)	52.0	(2.05)	48.2	(1.80)	45.0	(4.36)
Prison, Jail, or Juvenile Detention Center	4.8	(0.75)	2.2	(0.52)	4.6	(0.82)	7.8	(2.63)

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.64B 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); 2024

Type/Location of Other Services	Total		AMI		SMI		MDE[1]	
OTHER SERVICES								
Support Group	3.6	(0.13)	9.5	(0.43)	15.8	(1.08)	11.7	(0.72)
Peer Support Specialist or Recovery Coach	1.6	(0.08)	4.5	(0.30)	8.2	(0.78)	6.4	(0.54)
Emergency Room/Department	1.2	(0.07)	3.7	(0.26)	7.6	(0.71)	5.3	(0.46)

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.65A 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, 2024

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	7,634	(320)	2,141	(115)	3,871	(206)	1,622	(207)
Any Perceived Unmet Need[1]	2,518	(150)	933	(71)	1,269	(112)	315	(69)
Sought Treatment[1]	417	(58)	184	(36)	204	(41)	29	(18)
Did Not Seek Treatment but Thought Should Get Treatment[1]	2,101	(136)	750	(61)	1,065	(101)	286	(67)
Did Not Perceive Need for Mental Health Treatment[1]	5,003	(275)	1,175	(86)	2,543	(169)	1,285	(195)

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.65B 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, 2024

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]	33.5	(1.77)	44.3	(2.51)	33.3	(2.42)	19.7	(4.22)
Sought Treatment[1]	5.5	(0.75)	8.7	(1.61)	5.3	(1.03)	1.8	(1.10)
Did Not Seek Treatment but Thought Should Get Treatment[1]	27.9	(1.66)	35.6	(2.40)	27.9	(2.30)	17.9	(4.07)
Did Not Perceive Need for Mental Health Treatment[1]	66.5	(1.77)	55.7	(2.51)	66.7	(2.42)	80.3	(4.22)

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 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.66A 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, 2024

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	29,459	(728)	5,814	(200)	14,793	(456)	8,852	(490)
Any Perceived Unmet Need[1]	6,059	(257)	1,908	(100)	3,462	(202)	689	(110)
Sought Treatment[1]	795	(74)	298	(41)	456	(62)	40	(19)
Did Not Seek Treatment but Thought Should Get Treatment[1]	5,257	(239)	1,609	(95)	2,999	(186)	649	(108)
Did Not Perceive Need for Mental Health Treatment[1]	22,732	(646)	3,791	(158)	11,026	(372)	7,916	(464)

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.66B 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, 2024

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]	21.0	(0.80)	33.5	(1.38)	23.9	(1.13)	8.0	(1.21)
Sought Treatment[1]	2.8	(0.26)	5.2	(0.71)	3.1	(0.41)	0.5	(0.22)
Did Not Seek Treatment but Thought Should Get Treatment[1]	18.3	(0.74)	28.2	(1.36)	20.7	(1.07)	7.5	(1.19)
Did Not Perceive Need for Mental Health Treatment[1]	79.0	(0.80)	66.5	(1.38)	76.1	(1.13)	92.0	(1.21)

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 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.67A 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, 2024

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	4,269	(244)	943	(67)	2,458	(157)	868	(173)
Any Perceived Unmet Need[1]	1,825	(135)	540	(53)	1,058	(104)	*	(*)
Sought Treatment[1]	263	(42)	122	(29)	140	(31)	1	(1)
Did Not Seek Treatment but Thought Should Get Treatment[1]	1,561	(128)	419	(46)	918	(97)	*	(*)
Did Not Perceive Need for Mental Health Treatment[1]	2,381	(208)	382	(39)	1,368	(121)	*	(*)

* 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 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.67B 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, 2024

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)	100.0	(0.00)
Any Perceived Unmet Need[1]	43.4	(2.88)	58.6	(3.40)	43.6	(3.28)	*	(*)
Sought Treatment[1]	6.2	(1.00)	13.1	(2.84)	5.8	(1.24)	0.2	(0.15)
Did Not Seek Treatment but Thought Should Get Treatment[1]	37.1	(2.72)	45.4	(3.68)	37.8	(3.20)	*	(*)
Did Not Perceive Need for Mental Health Treatment[1]	56.6	(2.88)	41.4	(3.40)	56.4	(3.28)	*	(*)

* 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 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.68B 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; 2024

Reason for Not Receiving Mental Health Treatment[1]	AMI	
Thought It Would Cost Too Much	65.2	(1.89)
Did Not Have Health Insurance Coverage for Mental Health Treatment	39.1	(2.03)
Health Insurance Would Not Pay Enough of Costs for Treatment	39.9	(2.00)
Did Not Know How or Where to Get Treatment	49.2	(1.96)
Could Not Find Treatment Program or Healthcare Professional They Wanted to Go to	45.0	(2.06)
No Openings in Treatment Program or with Healthcare Professional They Wanted to Go to	16.5	(1.57)
Had Problems with Things Like Transportation, Childcare, or Getting Appointments at Times That Worked for Them	26.4	(1.73)
Did Not Have Enough Time for Treatment	47.9	(1.95)
Worried That Information Would Not Be Kept Private	23.4	(1.85)
Worried about What People Would Think or Say if They Got Treatment	26.4	(1.73)
Thought That if People Knew They Were in Treatment, Bad Things Would Happen, Like Losing Their Job, Home, or Children	12.5	(1.32)
Not Ready to Start Treatment	48.1	(1.97)
Thought They Should Have Been Able to Handle Their Mental Health, Emotions, or Behavior on Their Own	71.0	(1.90)
Thought Their Family, Friends, or Religious Group Would Not Like It if They Got Treatment	13.4	(1.42)
Afraid of Being Committed to Hospital or Forced into Treatment against Their Will	19.6	(1.40)
Thought They Would Be Told They Needed to Take Medication	34.4	(1.92)
Did Not Think Treatment Would Help Them	36.9	(1.94)
Thought No One Would Care if They Got Better	17.5	(1.39)

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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, 2024.

Table A.69B 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); 2024

Receipt of Treatment	Co-Occurring SUD and MDE	
No Substance Use Treatment OR Mental Health Treatment	27.9	(3.49)
Substance Use Treatment OR Mental Health Treatment	72.1	(3.49)
Substance Use Treatment BUT NOT Mental Health Treatment	1.0	(0.69)
Mental Health Treatment BUT NOT Substance Use Treatment	53.0	(3.82)
Both Substance Use Treatment AND Mental Health Treatment	18.1	(2.92)

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medications for alcohol use disorder or opioid use disorder; 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 (DSM-5). See the *2024 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology 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 2024 Methodological Summary and Definitions for details.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2024.

Table A.70B 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, 2024

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	41.2	(1.16)	58.8	(1.16)	3.2	(0.40)	41.0	(1.20)	14.5	(0.84)
18 to 25	43.9	(1.61)	56.1	(1.61)	1.9	(0.44)	43.1	(1.69)	11.2	(1.11)
26 to 49	40.7	(1.43)	59.3	(1.43)	3.5	(0.49)	40.8	(1.46)	15.0	(1.00)
50 or Older	40.0	(3.77)	60.0	(3.77)	3.7	(1.27)	39.5	(3.48)	16.8	(2.71)
CO-OCCURRING SUD AND SMI										
18 or Older	29.9	(2.29)	70.1	(2.29)	2.3	(0.56)	48.6	(2.24)	19.2	(1.77)
18 to 25	27.4	(2.54)	72.6	(2.54)	0.4	(0.14)	57.6	(2.86)	14.6	(1.94)
26 to 49	29.0	(2.38)	71.0	(2.38)	2.7	(0.60)	47.8	(2.45)	20.5	(2.08)
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 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 Detailed Tables.

NOTE: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medications for alcohol use disorder or opioid use disorder; 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 *2024 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology 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 2024 Methodological Summary and Definitions for details.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2024.

Table A.71B Perceived Ever Having Had a Substance Use Problem or a Mental Health Issue: Among Adults Aged 18 or Older; by Age Group, 2024

Characteristic	Ever Had a Substance Use Problem[1]		Ever Had a Mental Health Issue[2]	
TOTAL	12.2	(0.27)	26.1	(0.35)
AGE GROUP				
18 to 25	8.2	(0.35)	38.2	(0.65)
26 or Older	12.8	(0.30)	24.2	(0.38)

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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 *2024 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology 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, 2024.

Table A.72B 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, 2024

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	74.3	(0.94)	66.9	(0.65)
AGE GROUP				
18 to 25	67.5	(1.98)	63.4	(0.93)
26 or Older	75.0	(1.02)	67.7	(0.77)

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

NOTE: Additional estimates may be found in *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases. Measures and terms are defined in Appendix A of the 2024 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 *2024 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/methodology 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, 2024.

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Center for Behavioral Health Statistics and Quality

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