NO. ___

IN THE SUPREME COURT OF THE UNITED STATES

TYLER DENBY,

Petitioner,

vs.

UNITED STATES OF AMERICA,

Respondent.

On Petition for Writ of Certiorari to the

Eighth Circuit Court of Appeals

APPENDIX TO WRIT OF CERTIORARI

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United States Court of Appeals
For the Eighth Circuit

No. 24-3483

United States of America

Plaintiff - Appellee

v

Tyler Denby

Defendant - Appellant

Appeal from United States District Court
for the District of Nebraska

Submitted: November 18, 2025
Filed: July 17, 2026

Before BENTON, GRASZ, and STRAS, Circuit Judges.

GRASZ, Circuit Judge.

Law enforcement in Alliance, Nebraska, stopped Tyler Denby after receiving a report that he had threatened a local resident. As Denby sat in his vehicle, an officer saw a marijuana pipe in his pocket, prompting a search of Denby's vehicle and person. In the vehicle, investigators discovered electronic devices, children's effects, and a collection of girls' underwear, so they obtained a search warrant for several SD cards found on Denby's person. They observed child pornography on

APPENDIX A

Appellate Case: 24-3483 Page: 1 Date Filed: 07/17/2026 Entry ID: 5662161

the SD cards, and Denby later confessed to possessing the child pornography and transporting it across state lines. At trial, a jury convicted Denby of transporting child pornography and possessing prepubescent child pornography, after which the district court[1] sentenced him to 262 months of imprisonment. Denby appeals, and we affirm.

I. Background

Two Alliance Police Department officers, Officer Dani Campbell and Sergeant James Grumbles, began investigating a report from two callers that an individual armed with a knife had harassed them before driving off. Later that day, Box Butte County Sheriff Tammy Mowry was driving by a gas station in Alliance when someone waved her down to report that "he was in an altercation with an individual" who was "threatening him." Mowry relayed the incident to the Alliance Police Department before approaching the individual and identifying him as Denby. While waiting for Alliance officers to respond, she casually conversed with Denby as he sat in his car. Within a few minutes, Campbell and Grumbles arrived at the scene because they heard Denby's description over the radio and matched it with the one given by the two callers earlier in the day. At that point, Mowry asked for Denby's car keys, and he gave them to her. Campbell then noticed a marijuana pipe in Denby's pocket and decided to search his vehicle and person.

During the search, officers found cell phones, camcorders, flash drives, SD cards, a laptop, a teddy bear with a blonde hair on it, a child's bracelet, and a pillowcase containing a collection of stained children's panties and training bras. Upon finding the girls' underwear, Campbell read Denby his *Miranda* rights and inquired about the underwear. Denby responded that he had a panty fetish. Denby's mother later arrived, informed officers that Denby had a traumatic brain injury, and requested that they take him to the hospital for a mental evaluation. At the hospital,

[1]The Honorable Susan M. Bazis, United States District Judge for the District of Nebraska.

Denby behaved irrationally, referencing conspiracy theories, making lewd remarks, and exhibiting paranoia that his urine would be collected without his knowledge. In Denby's hospital records, staff noted that he was found with "items concerning for child abuse/pornography," and so no psychiatric facilities would take him due to "his pending child pornography allegation." Eventually, Alliance Investigator David LaDuke came to speak with Denby at the hospital. However, Denby told LaDuke, "I plead the Fifth," so LaDuke left.

Later that evening, LaDuke learned from an investigator in Montana that two 14-year-old girls had separately accused Denby of drugging and raping them in 2020. LaDuke then applied for a warrant to search Denby's electronic devices and storage media. In the warrant affidavit, LaDuke included the Montana rape allegations, stating that one 14-year-old "positively identified Denby as being the individual who had raped her" and the other "reported . . . that she had been drugged and raped by Denby." After obtaining the warrant, LaDuke discovered child pornography on several of Denby's SD cards.

Several months later, Denby submitted a request from jail to speak with Mowry, Grumbles, and LaDuke. LaDuke and Grumbles then visited Denby, who told them he wanted to work as a confidential informant. During the conversation, LaDuke Mirandized Denby and eventually asked him about his involvement with child pornography. Denby then gave a detailed confession in which he also claimed that he was obtaining child pornography "samples" so he could report the sellers to law enforcement. LaDuke later initiated a second interview to ask Denby if he transported child pornography across state lines. After being Mirandized again, Denby confessed.

Just before the pretrial motion deadline, Denby moved to suppress all the evidence found in his car and his confessions, but the district court denied the motion after a hearing. Fifteen months later, Denby moved to reopen the suppression

hearing based on newly acquired evidence, but a magistrate judge[2] denied that motion as untimely and futile. With trial on the horizon, Denby then moved in limine to exclude — among other things — evidence of the girls' underwear, his panty fetish, the teddy bear, the bracelet, and the Montana rape accusations. The district court denied his motion as to the underwear, but it excluded the other evidence. At trial, Denby also objected to evidence of the cell phones, camcorders, and laptop found in his car by cross-referencing his previous motions, but the district court overruled those objections. Following Denby's conviction, the district court sentenced him to the bottom of the Guidelines range, noting his mental health issues but finding that he failed to accept responsibility and was "at high risk to re-offend." Denby now appeals his conviction and sentence.

II. Analysis

On appeal, Denby challenges (1) the district court's failure to evaluate, sua sponte, his competency to stand trial; (2) his counsels' failure to move for a competency evaluation; (3) the denial of his pretrial motion to suppress the evidence from his vehicle and his custodial statements; (4) the denial of his motion to reopen the suppression hearing; (5) the admission of certain evidence at trial; and (6) the substantive reasonableness of his sentence. These issues broadly revolve around four topics: Denby's competency, suppression motion, evidentiary objections, and sentence. We address each in turn.

A. Competency

Denby first argues the district court should have ordered a competency evaluation for him on its own motion. We review the district court's "decision not to hold a competency hearing or order a competency evaluation for an abuse of discretion." *United States v. Luscombe*, 950 F.3d 1021, 1027 (8th Cir. 2020). Since

[2]The Honorable Jacqueline M. DeLuca, United States Magistrate Judge for the District of Nebraska.

convicting an incompetent person violates due process, a "defendant must be competent at all stages of [the] prosecution, including sentencing." *United States v. Casteel*, 717 F.3d 635, 640–41 (8th Cir. 2013) (quoting *United States v. Rickert,* 685 F.3d 760, 765 (8th Cir. 2012)). "A defendant is mentally incompetent to proceed with trial or sentencing 'if a preponderance of the evidence indicates that he is unable to understand the nature and consequences of the proceedings against him or to assist properly in his defense.'" *United States v. Barraza*, 982 F.3d 1106, 1112–13 (8th Cir. 2020) (quoting *United States v. Whittington*, 586 F.3d 613, 618 (8th Cir. 2009)).

If "there is reasonable cause to believe" a defendant is incompetent, a district court must order a competency hearing on its own motion. 18 U.S.C. § 4241(a); *see also United States v. Turner*, 644 F.3d 713, 724–25 (8th Cir. 2011). To meet this obligation, "a district court should pay attention to any irrational behavior, the defendant's demeanor during trial, available medical evaluations, and whether trial counsel questioned the defendant's competency." *Turner*, 644 F.3d at 725. Depending on the totality of the circumstances, incoherent or delusional behavior may sometimes raise sufficient doubt about a defendant's competence — especially when the nature of such behavior is confirmed by a psychologist's opinion. *See, e.g.*, *Reynolds v. Norris*, 86 F.3d 796, 802 (8th Cir. 1996). But "mental illness and cognitive impairment are not synonymous with incompetence, . . . and a mental deficiency or bizarre, volatile, and irrational behavior does not necessarily make a defendant incompetent to stand trial." *United States v. Dahl*, 807 F.3d 900, 904 (8th Cir. 2015) (cleaned up); *see also, e.g.*, *Turner*, 644 F.3d at 725–26 (holding "bizarre or irrational" behavior not a sign of incompetence when schizophrenic defendant also remained polite, invoked Federal Rule of Evidence 615 at trial, used cross-examination beneficially, and tried to appeal to jurors' consciences).

Denby claims the district court had reasonable cause to doubt his competence because it knew that he had a traumatic brain injury; was previously suicidal; exhibited bizarre, paranoid behavior at the hospital; and was fixated on government corruption, conspiracy theories, and working undercover. We disagree. Despite his brain injury and bizarre behavior, Denby's coherent and rational participation in his

criminal proceedings evidenced his understanding of their nature and consequences. To start, Denby showed his understanding of the proceedings by mailing several pro se letters to the district court in which he demanded more discovery and contested the credibility of the evidence against him. He also mailed the district court a seven-page motion requesting a new attorney and detailing a litany of complaints about his previous attorneys' allegedly lackluster communication and failure to show him discovery materials.

Further, Denby had multiple, coherent conversations on the record throughout the proceedings. At a hearing on his motions in limine, Denby again expressed dissatisfaction with a previous attorney's communication regarding his motion to suppress. And he complained that he did not know he could testify at his suppression hearing until he learned about it by reading the law. Denby also engaged in two cogent discussions with the district court at trial. First, he spoke with the district court because he wanted his attorney to ask questions about his panty fetish despite his own successful motion in limine to exclude it. When the district court asked Denby if he wanted to open the door to this evidence, he reasoned that doing so would undercut the government's theory that the stained girls' underwear found in his car was previously worn by children. Second, he spoke with the district court about the possibility of testifying. Though Denby initially wanted to testify in hopes of getting the jury to forgive and acquit him despite his guilt, he decided against it after conferring with counsel.

This rational and coherent behavior during the proceedings did not provide reasonable cause to believe Denby was incompetent. His desire for more discovery shows he was aware of the nature of the proceedings. His directions to his counsel on what strategies to pursue and what questions to ask — along with his ability to learn the law — show he could assist in his defense. And his discussions with the district court show he was thinking strategically at trial by weighing the costs and benefits of asking certain questions or testifying in his own defense. As a result, the district court did not abuse its discretion by not ordering a competency evaluation.

Denby also argues his counsel was ineffective in failing to request a competency hearing for him. "We review claims of ineffective assistance of counsel on direct appeal only in exceptional cases" where "the relevant factual record has been fully developed, a failure to consider the claim on direct appeal would constitute a plain miscarriage of justice, or the alleged error of trial counsel is readily apparent." *United States v. Smart*, 60 F.4th 1084, 1097 (8th Cir. 2023) (cleaned up). Denby's ineffective-assistance claim is not exceptional: The district court has not passed on it; Denby may still raise it in a 28 U.S.C. § 2255 motion; and the alleged error is not readily apparent given our determination that no reasonable cause existed for the district court to believe Denby was incompetent. *See United States v. Oliver*, 950 F.3d 556, 566 (8th Cir. 2020).

B. Suppression Motion

Denby next makes several arguments related to his motion to suppress, which the district court denied. "In evaluating the denial of a motion to suppress, we review the district court's legal conclusions de novo and factual findings for clear error." *United States v. Cardinale*, 147 F.4th 853, 857 (8th Cir. 2025) (quoting *United States v. Milk*, 66 F.4th 1121, 1130 (8th Cir. 2023)).

First, Denby contends the district court should have suppressed the evidence found in his vehicle because Sheriff Mowry stopped him without reasonable suspicion when she took his keys. We disagree. Reasonable suspicion to warrant an investigatory stop "arises when, based on the totality of the circumstances, the detaining officer had a particularized and objective basis for suspecting criminal wrongdoing." *District of Columbia v. R.W.*, 146 S. Ct. 1069, 1071 (2026) (cleaned up). Mowry stopped Denby after she was waved down by someone who told her that "he was in an altercation with" Denby and that Denby was "threatening him." This report gave Mowry a particularized and objective basis to suspect that Denby had violated Nebraska law. *See* Neb. Rev. Stat. §§ 28-310(1)(b), -311.01(1)(a) (criminalizing menacing or terroristic threats); *see also State v. Bryant*, 971 N.W.2d 146, 151–52 (Neb. 2022). Thus, no unlawful seizure occurred.

Second, Denby argues the district court should have suppressed his custodial statements because he did not validly waive his *Miranda* rights. A valid *Miranda* waiver must be "made voluntarily, knowingly and intelligently." *United States v. Pierson*, 73 F.4th 582, 590 (8th Cir. 2023) (quoting *Miranda v. Arizona*, 384 U.S. 436, 444 (1966)). "A waiver is 'knowing and intelligent' where it is made with full awareness of both the nature of the right being abandoned and the consequences of abandoning the right." *Id.* (quoting *Thai v. Mapes*, 412 F.3d 970, 977 (8th Cir. 2005)). It is also "'voluntary' where the court can determine that the waiver was a product of the suspect's free and deliberate choice, and not the product of intimidation, coercion, or deception." *Id.* (quoting *Thai*, 412 F.3d at 977). Though Denby asserts he "was suffering from a severe mental illness and was suicidal," his *Miranda* waivers were valid.

For one, Denby does not dispute the district court's findings that he appeared coherent, unimpaired, articulate, and responsive during both of his interviews. More importantly, Denby demonstrated an understanding of his rights when he invoked them by telling LaDuke, "I plead the Fifth," on the day of his arrest after Campbell had Mirandized him. *See United States v. Makes Room For Them*, 49 F.3d 410, 415 (8th Cir. 1995) (implying invocation of *Miranda* rights shows an understanding of the rights). So when Denby stated he understood his rights in both interviews and then answered questions, he waived his rights knowingly and intelligently. Moreover, the district court found — and Denby does not dispute — that LaDuke and Grumbles conversed with Denby in a conversational and professional tone, making no promises or threats during either interview. Under these circumstances, Denby waived his rights voluntarily. *See Pierson*, 73 F.4th at 590.

Third, Denby challenges the denial of his untimely motion to reopen the suppression hearing. We review for abuse of discretion. *United States v. Harris*, 64 F.4th 999, 1003 (8th Cir. 2023). The standard applicable to a motion to reopen a suppression hearing "is not established in this circuit." *United States v. Laws*, 819 F.3d 388, 396 (8th Cir. 2016). Instead, we have repeatedly considered two standards in conjunction without choosing between them: (1) whether the movant can justify

the failure to present the new evidence earlier and (2) whether the new evidence would have changed the result of the hearing. *E.g.*, *id.*; *see also Harris*, 64 F.4th at 1003. But these standards also correlate, respectively, to the showings of cause and prejudice required when a movant files an untimely pretrial motion. *Compare Laws*, 819 F.3d at 396, *with United States v. Mayer*, 63 F.4th 680, 683 (8th Cir. 2023), *and* Fed. R. Crim. P. 12(c)(3). So when a motion to reopen a suppression hearing is untimely, the movant must meet both standards. *See Laws*, 819 F.3d at 396; *Mayer*, 63 F.4th at 683; *see also United States v. Pittman*, 816 F.3d 419, 424 (6th Cir. 2016) (treating motion to reopen suppression hearing as subject to pretrial motion deadline).

Denby has shown neither cause nor prejudice. Regarding cause, Denby moved to reopen the suppression hearing 15 months after the pretrial motion deadline based on newly acquired police reports from Yellowstone County, Montana, and hospital records from the day of his arrest. He now argues the delay was justified because he did not obtain the police reports sooner. But this argument does nothing to explain Denby's delay with respect to the hospital records. And information about the Montana rape investigations was placed into LaDuke's search-warrant affidavit filed the day of Denby's arrest. So Denby knew about the possible existence of the police reports before the suppression hearing, and he offers no argument as to why he failed to seek them before the hearing or for 15 months after it.

With respect to prejudice, Denby made two claims regarding the new evidence, but neither would have changed the outcome of the suppression hearing. Pointing to the Montana police reports, Denby first argued the reports contradicted LaDuke's search warrant affidavit; namely, its assertion that two minors in Montana had identified Denby as raping them. But according to the reports, both minors identified Denby by his name and Snapchat username and by describing his home and pets. So the reports did not contradict LaDuke's affidavit. As for his second claim, Denby supposed the police must have searched his electronics before LaDuke obtained a warrant because the hospital records mentioned "his pending child

pornography allegation." But Campbell and Grumbles came to suspect Denby of possessing child pornography at the scene of his arrest. Indeed, they voiced these suspicions shortly after finding the girls' underwear, camcorders, and children's effects in Denby's car. Given the untimeliness and futility of Denby's motion to reopen the suppression hearing, the magistrate judge did not abuse her discretion in denying it.

C. Evidentiary Objections

Denby further contests the admission of certain evidence at trial. "We review the district court's admission of evidence for abuse of discretion," reversing only "when an improper evidentiary ruling affected the defendant's substantial rights or had more than a slight influence on the verdict." *United States v. Azure*, 164 F.4th 688, 695 (8th Cir. 2026) (first quoting *United States v. Lamm*, 5 F.4th 942, 946 (8th Cir. 2021); and then quoting *United States v. Perez*, 61 F.4th 623, 626 (8th Cir. 2023)).

First, Denby argues the district court improperly admitted the girls' underwear found in his car because it was irrelevant to possessing child pornography and showed only his propensity to do so. Evidence of a "crime, wrong, or act," Fed. R. Evid. 404(b)(1), may be either intrinsic or extrinsic to the charged offense. *United States v. Vaca*, 38 F.4th 718, 720–21 (8th Cir. 2022). Such evidence "is generally admissible so long as it is intrinsic or being offered for a non-propensity purpose . . . ." *United States v. Grady*, 88 F.4th 1246, 1258 (8th Cir. 2023). In other words, extrinsic evidence cannot be admitted "solely to prove the defendant's propensity to commit criminal acts." *United States v. Marr*, 176 F.4th 1065, 1073 (8th Cir. 2026) (cleaned up); *see also* Fed. R. Evid. 404(b)(1)–(2). But it "may be admissible for another purpose, such as proving motive, opportunity, intent, preparation, plan, knowledge, identity, absence of mistake, or lack of accident." Fed. R. Evid. 404(b)(2).

Though the district court determined the underwear was admissible as either intrinsic or extrinsic evidence, it provided a Rule 404(b)(2) limiting instruction. So we need not consider whether the underwear was intrinsic because we conclude it was properly admitted under Rule 404(b)(2). Denby's possession of stained children's panties and training bras permits an inference that he derived sexual gratification from them. *See United States v. Bartunek*, 969 F.3d 860, 862–63 (8th Cir. 2020). This inference made the underwear "relevant to establish a motive for possessing child pornography," *United States v. Fechner*, 952 F.3d 954, 961 (8th Cir. 2020); *accord Bartunek*, 969 F.3d at 863, and to refute his claim to police that he was only collecting the files as "samples" with the hope of reporting the vendors to law enforcement. Because the underwear was relevant for non-propensity purposes, the district court did not abuse its discretion in admitting it.[3]

Second, Denby contends the district court should have excluded the cell phones, camcorders, and laptop found in his car as irrelevant. But Denby objected to this evidence at trial only by cross-referencing his previous motion to suppress and motions in limine. Even though he moved to suppress the electronic devices, Denby never objected in limine to their relevance. Accordingly, we review for plain error, which requires Denby to show an "(1) error, (2) that is plain, (3) that affects his substantial rights, and (4) that seriously affects the fairness, integrity, or public reputation of judicial proceedings." *United States v. Aguirre*, 170 F.4th 695, 700 (8th Cir. 2026) (cleaned up). We need not consider the merits of Denby's challenge because it cannot survive the third prong of plain error review, under which Denby must show "a reasonable probability that, but for the error, the outcome of the proceeding would have been different." *United States v. Simmons*, 70 F.4th 1086, 1091 (8th Cir. 2023) (quoting *Molina-Martinez v. United States*, 578 U.S. 189, 194 (2016)). The evidence against Denby — which included the sexually explicit

[3]Denby objected below that the underwear would be unduly prejudicial, *see* Fed. R. Evid. 403, but he did not brief this argument on appeal. So we consider it abandoned. *See Etheridge v. United States*, 241 F.3d 619, 622 (8th Cir. 2001) ("Claims not argued in the briefs are deemed abandoned on appeal.").

material found on his SD cards and his highly detailed confessions — was overwhelming. Excluding the electronic devices would not have changed the outcome of the trial, so the district court did not plainly err in admitting them.

D. Sentence

Finally, Denby challenges the substantive reasonableness of his bottom-of-the-Guidelines sentence. We review for abuse of discretion and "presume a sentence within the advisory Guidelines range is substantively reasonable." *United States v. Hollow Horn Bear*, 144 F.4th 1105, 1110 (8th Cir. 2025). Denby claims the district court did not consider his brain injury or mental-health issues, but the record belies that allegation. And while Denby also disagrees with the weight placed on his failure to take responsibility, "disagreement with how the district court weighed the various sentencing factors, alone, is not enough to show an abuse of discretion." *United States v. Spratt*, 141 F.4th 931, 939 (8th Cir. 2025). As a result, Denby has not called into question the presumptive reasonableness of his sentence.

III. Conclusion

We affirm the district court's judgment.

AO 245B(Rev. 09/19) Judgment in a Criminal Case

UNITED STATES DISTRICT COURT

for the
District of Nebraska

UNITED STATES OF AMERICA v. TYLER DENBY	**JUDGMENT IN A CRIMINAL CASE** Case Number: 4:22CR3027-001 USM Number: 92713-509 Seth W. Morris Defendant's Attorney

THE DEFENDANT:

☐ pleaded guilty to count(s)

☐ pleaded nolo contendere to count(s)_ which was accepted by the court.

☒ was found guilty on counts I and II of the Indictment after a plea of not guilty.

The defendant is adjudicated guilty of these offenses:

Title & Section& Nature of Offense	Offense Ended	Count
18:2252(a)(1) TRANSPORT OF CHILD PORNOGRAPHY	July 30, 2021	I
18:2252(a)(4)(B) POSSESSION OF CHILD PORNOGRAPHY	July 30, 2021	II

The defendant is sentenced as provided in pages 2 through 9 of this judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

☐ The defendant has been found not guilty on count(s)

☐ Count(s) dismissed on the motion of the United States.

IT IS ORDERED that the defendant shall notify the United States Attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs and special assessments imposed by this judgment are fully paid. If ordered to pay restitution, the defendant shall notify the court and United States attorney of any material change in the defendant's economic circumstances.

November 21, 2024
Date of Imposition of Sentence:

s/ Susan M. Bazis
United States District Judge

November 22, 2024
Date

APPENDIX B

DEFENDANT: TYLER DENBY
CASE NUMBER: 4:22CR3027-001

IMPRISONMENT

The defendant is hereby committed to the custody of the United States Bureau of Prisons to be imprisoned for a term of **one hundred seventy-three (173) months** on Count I and **eighty-nine (89) months** on Count II to run **consecutively.**

☒The Court makes the following recommendations to the Bureau of Prisons:

1. That the defendant be allowed to participate in the Residential Drug Treatment Program or any similar drug treatment program available.
2. That the defendant be incarcerated in a federal facility in Colorado (FCI-Englewood).
3. Defendant should be given credit for time served.
4. That the defendant participate in a Sex Offender Treatment Program.
5. That the defendant be allowed to participate in vocational and educational training while incarcerated.
6. That the defendant be provided mental health programming.

☒The defendant is remanded to the custody of the United States Marshal.

☐The defendant shall surrender to the United States Marshal for this district:

☐ at

☐ as notified by the United States Marshal.

☐The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons:

☐ before 2 p.m. on

☐ as notified by the United States Marshal.

☐ as notified by the Probation or Pretrial Services Office.

RETURN

I have executed this judgment as follows:

Defendant was delivered on _____ to _____ at _____, with a certified copy of this judgment.

_____
UNITED STATES MARSHAL

BY: _____
DEPUTY UNITED STATES MARSHAL

DEFENDANT: TYLER DENBY
CASE NUMBER: 4:22CR3027-001

SUPERVISED RELEASE

Upon release from imprisonment, the defendant shall be on supervised release for a term of **10 years** on Count I and **10 years** on Count II to run **concurrently.**

MANDATORY CONDITIONS

1. You must not commit another federal, state or local crime.
2. You must not unlawfully possess a controlled substance.
3. You must refrain from any unlawful use of a controlled substance. You must submit to one drug test within 15 days of release from imprisonment and at least two periodic drug tests thereafter, as determined by the court.
   ☐ The above drug testing condition is suspended, based on the court's determination that you pose a low risk of future substance abuse. *(check if applicable)*
4. ☐ You must make restitution in accordance with 18 U.S.C. §§ 3663 and 3663A or any other statute authorizing a sentence of restitution. *(check if applicable)*
5. ☒You must cooperate in the collection of DNA as directed by the probation officer. *(check if applicable)*
6. ☒You must comply with the requirements of the Sex Offender Registration and Notification Act (34 U.S.C. § 20901, et seq.) as directed by the probation officer, the Bureau of Prisons, or any state sex offender registration agency in the location where you reside, work, are a student, or were convicted of a qualifying offense. *(check if applicable)*
7. ☐You must participate in an approved program for domestic violence. (*check if applicable*)

You must comply with the standard conditions that have been adopted by this court as well as with any other conditions on the attached page.

STANDARD CONDITIONS OF SUPERVISION

As part of your supervised release, you must comply with the following standard conditions of supervision. These conditions are imposed because they establish the basic expectations for your behavior while on supervision and identify the minimum tools needed by probation officers to keep informed, report to the court about, and bring about improvements in your conduct and condition.

1. You must report to the probation office in the federal judicial district where you are authorized to reside within 72 hours of your release from imprisonment, unless the probation officer instructs you to report to a different probation office or within a different time frame.
2. After initially reporting to the probation office, you will receive instructions from the court or the probation officer about how and when you must report to the probation officer, and you must report to the probation officer as instructed.
3. You must not knowingly leave the federal judicial district where you are authorized to reside without first getting permission from the court or the probation officer.
4. You must answer truthfully the questions asked by your probation officer.
5. You must live at a place approved by the probation officer. If you plan to change where you live or anything about your living arrangements (such as the people you live with), you must notify the probation officer at least 10 days before the change. If notifying the probation officer in advance is not possible due to unanticipated circumstances, you must notify the probation officer within 72 hours of becoming aware of a change or expected change.
6. You must allow the probation officer to visit you at any time at your home or elsewhere, and you must permit the probation officer to take any items prohibited by the conditions of your supervision that he or she observes in plain view.
7. You must work full time (at least 30 hours per week) at a lawful type of employment, unless the probation officer excuses you from doing so. If you do not have full-time employment you must try to find full-time employment, unless the probation officer excuses you from doing so. If you plan to change where you work or anything about your work (such as your position or your job responsibilities), you must notify the probation officer at least 10 days before the change. If notifying the probation officer at least 10 days in advance is not possible due to unanticipated

circumstances, you must notify the probation officer within 72 hours of becoming aware of a change or expected change.

8. You must not communicate or interact with someone you know is engaged in criminal activity. If you know someone has been convicted of a felony, you must not knowingly communicate or interact with that person without first getting the permission of the probation officer.
9. If you are arrested or questioned by a law enforcement officer, you must notify the probation officer within 72 hours.
10. You must not own, possess, or have access to a firearm, ammunition, destructive device, or dangerous weapon (i.e., anything that was designed, or was modified for, the specific purpose of causing bodily injury or death to another person such as nunchakus or tasers).
11. You must not act or make any agreement with a law enforcement agency to act as a confidential human source or informant without first getting the permission of the court.
12. If the probation officer determines that you pose a risk to another person (including an organization), the probation officer may require you to notify the person about the risk and you must comply with that instruction. The probation officer may contact the person and confirm that you have notified the person about the risk.
13. You must follow the instructions of the probation officer related to the conditions of supervision.

U.S. Probation Office Use Only

A U.S. probation officer has instructed me on the conditions specified by the court and has provided me with a written copy of this judgment containing these conditions. For further information regarding these conditions, see Overview of Probation and Supervised Release Conditions, available at: www.uscourts.gov.

Defendant's Signature _____ Date _____

SPECIAL CONDITIONS OF SUPERVISION

a. You must not purchase or possess, use, distribute, or administer any alcohol, just the same as any other narcotic or controlled substance.

c. You must attend, pay for and successfully complete any diagnostic evaluations, treatment or counseling programs, or approved support groups (e.g., AA/NA) for alcohol and/or controlled substance abuse, as directed by the probation officer.

f. You must attend, successfully complete, and pay for any mental health diagnostic evaluations and treatment or counseling programs as directed by the probation officer.

n. You must provide the probation officer with access to any requested financial information.

aa. You must provide the probation officer with truthful and complete information regarding all computer hardware, software, electronic services, and data storage media to which you have access.

bb. You must cooperate with the U.S. Probation Office's Computer Monitoring Program, as directed by the probation officer. Cooperation shall include, but not be limited to, identifying computer systems, Internet capable devices, and/or similar electronic devices you have access to, and allowing the installation of monitoring software/hardware on said devices. You and/or the probation officer must inform all parties that access a monitored computer, or similar electronic device, that the device is subject to monitoring. You may be limited to possessing only one personal Internet capable device, to facilitate the probation officer's ability to effectively monitor your Internet related activities, including, but not limited to, email correspondence, Internet usage history, and chat conversations. You must not remove, tamper with, reverse engineer, or in any way circumvent installed software. You must also permit random examinations of said computer systems, Internet capable devices, and similar electronic devices, and related computer peripherals, such as CD's and other media, under your control. You must pay the costs of monitoring.

ii. You must submit your person, residence, property, office, vehicle, papers, computer, other electronic communication or data storage devices or media, and effects to a search conducted by a probation officer at any time; failure to submit to a search may be grounds for revocation; You must warn any other residents that the premises and any shared devices may be subject to searches pursuant to this condition.

jj. You must not use or have installed any programs specifically and solely designed to encrypt data, files, folders, or volumes on any media. Also, you must not install or use any program for the purpose of "wiping," deleting or cleaning any media device.

ll. You must have no contact, nor reside with children under the age of 18, including your own children, unless approved in advance by the probation officer in consultation with the treatment providers. You must report all contact with children to the probation officer and the treatment provider. Should you have contact with a child, you are required to immediately remove yourself from the situation and notify your probation officer within 24 hours of this contact.

mm. You must not loiter near schools, school yards, parks, arcades, playgrounds, amusement parks, or other places used primarily by children under the age of 18 unless approved in advance by the probation officer.

nn. You must not associate with or have any contact with convicted sex offenders unless in a therapeutic setting and with the permission of the probation officer.

oo. You are restricted from engaging in any occupation, business, or profession, including volunteer work, where you have access to children under the age of 18, without prior approval of the probation officer. Acceptable employment shall include a stable verifiable work location and the probation officer must be granted access to the work site.

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pp. You must have all residences and employment pre-approved by the probation officer ten (10) days prior to moving or changing employment. You must comply with any residency restriction ordinances in the city where you reside.

qq. You must consent to third party disclosure to any employer, or potential employer, concerning any computer-related restrictions that are imposed upon you unless excused by the probation officer.

rr. You must undergo a sex offense-specific evaluation and participate in a sex offender treatment and/or mental health treatment program approved by the probation officer. You must abide by all rules, requirements, and conditions of the sex offender treatment program(s), including submission to polygraph testing. You must sign releases of information to allow all professionals involved in your treatment and monitoring to communicate and share documentation. You must pay for these services as directed by the probation officer.

ss. You must submit to an initial polygraph examination and subsequent maintenance testing, at intervals to be determined by the probation officer, to assist in treatment, planning, and case monitoring. You must pay for these services as directed by the probation officer.

tt. You must not possess, view, or otherwise use material including videos, magazines, photographs, computer generated depictions, or any other forms that depict sexually explicit conduct involving children or adults, as defined in 18 U.S.C. § 2256.

zz. You must report to the Supervision Unit of the U.S. Probation Office for the District of Nebraska between the hours of 8:00 a.m. and 4:30 p.m., 100 Centennial Mall North, 530 U.S. Courthouse, Lincoln, Nebraska, (402)437-1920, within seventy-two (72) hours of being placed on probation or release from confinement and, thereafter, as directed by the probation officer.

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CRIMINAL MONETARY PENALTIES

The defendant must pay the total criminal monetary penalties in accordance with the schedule of payments set forth in this judgment.

	Assessment	Restitution	Fine	AVAA Assessment*	JVTA Assessment**
TOTALS	$200.00			None imposed—for the reasons stated in court.	Court finds indigency and declines to apply the additional JVTA assessment

☐ The determination of restitution is deferred until . An *Amended Judgment in a Criminal Case (AO245C)* will be entered after such determination.

☐ The defendant must make restitution (including community restitution) to the following payees in the amount listed below.

If the defendant makes a partial payment, each payee shall receive an approximately proportioned payment, unless specified otherwise in the priority order or percentage payment column below. However, pursuant to 18 U.S.C. § 3664(i), all nonfederal victims must be paid before the United States is paid.

Name of Payee	Total Loss***	Restitution Ordered	Priority or Percentage
Totals			

☐ Restitution amount ordered pursuant to plea agreement $

☐ The defendant must pay interest on restitution and a fine of more than $2,500, unless the restitution or fine is paid in full before the fifteenth day after the date of the judgment, pursuant to 18 U.S.C. § 3612(f). All of the payment options on Sheet 6 may be subject to penalties for delinquency and default, pursuant to 18 U.S.C. § 3612(g).

☐ The court determined that the defendant does not have the ability to pay interest and it is ordered that:

☐ the interest requirement is waived for the ☐ fine ☐ restitution

☐ the interest requirement for the ☐ fine ☐ restitution is modified as follows:

*Amy, Vicky, and Andy Child Pornography Victim Assistance Act of 2018, Pub. L. No. 115-299
**Justice for Victims of Trafficking Act of 2015, Pub. L. No. 114-22.
*** Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994, but before April 23, 1996.

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SCHEDULE OF PAYMENTS

Having assessed the defendant's ability to pay, payment of the total criminal monetary penalties is due as follows:

A ☒ Lump sum payment of $200.00 due immediately, balance due
☐ not later than _____, or
☒ in accordance with ☐ C, ☐ D, ☐ E, or ☒ F below; or

B ☐ Payment to begin immediately (may be combined with ☐ C, ☐ D, or ☐ F below); or

C ☐ Payment in equal _____ *(e.g., weekly, monthly, quarterly)* installments of $ _____ over a period of _____ *(e.g., months or years)*, to commence _____ *(e.g., 30 or 60 days)* after the date of this judgment; or

D ☐ Payment in equal _____ *(e.g., weekly, monthly, quarterly)* installments of $ _____ over a period of _____ *(e.g., months or years)*, to commence _____ *(e.g., 30 or 60 days)* after release from imprisonment to a term of supervision; or

E ☐ Payment during the term of supervised release will commence within _____ *(e.g., 30 or 60 days)* after release from imprisonment. The court will set the payment plan based on an assessment of the defendant's ability to pay at that time; or

F ☒ Special instructions regarding the payment of criminal monetary penalties:
The criminal monetary penalty is due in full on the date of the judgment. The defendant is obligated to pay said sum immediately if he or she has the capacity to do so. The United States may institute civil collection proceedings at any time to satisfy all or any portion of the criminal monetary penalty.

Without limiting the foregoing, and following release from prison, the defendant shall make payments to satisfy the criminal monetary penalty in the following manner: (a) monthly installments of $100 or 5% of the defendant's gross income, whichever is greater; (b) the first payment shall commence 30 days following the defendant's discharge from incarceration, and continue until the criminal monetary penalty is paid in full; and (c) the defendant shall be responsible for providing proof of payment to the probation officer as directed.

All financial penalty payments are to be made to the Clerk of the U. S. District Court, 111 S. 18th Plaza, Suite 1152, Omaha, NE 68102-1322.

Unless the court has expressly ordered otherwise, if this judgment imposes imprisonment, payment of criminal monetary penalties is due during the period of imprisonment. All criminal monetary penalties, except those payments made through the Federal Bureau of Prisons' Inmate Financial Responsibility Program, are made to the clerk of the court.

The defendant shall receive credit for all payments previously made toward any criminal monetary penalties imposed.

☐ Joint and Several

Case Number Defendant and Co-Defendant Names *(including defendant number)*	Total Amount	Joint and Several Amount	Corresponding Payee, if appropriate

☐ The defendant shall pay the cost of prosecution.

☐ The defendant shall pay the following court cost(s): _____

☐ The defendant shall forfeit the defendant's interest in the following property to the United States:

Payments shall be applied in the following order: (1) assessment, (2) restitution principal, (3) restitution interest, (4) AVAA assessment, (5) principal, (6) fine interest, (7) community restitution, (8) JVTA assessment, (9) penalties, and (10) costs, including cost of prosecution and court costs.

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CASE NUMBER: 4:22CR3027-001

CLERK'S OFFICE USE ONLY:

ECF DOCUMENT

I hereby attest and certify this is a printed copy of a document which was electronically filed with the United States District Court for the District of Nebraska.

Date Filed:_____

DENISE M. LUCKS, CLERK

By _____Deputy Clerk

UNITED STATES COURT OF APPEALS
FOR THE EIGHTH CIRCUIT

No. 24-3483

United States of America

Appellee

v.

Tyler Denby

Appellant

Appeal from U.S. District Court for the District of Nebraska - Lincoln
(4:22-cr-03027-SMB-1)

ORDER

The petition for rehearing en banc is denied. The petition for rehearing by the panel is also denied.

August 20, 2026

Order Entered at the Direction of the Court:
Clerk, U.S. Court of Appeals, Eighth Circuit.

/s/ Susan E. Bindler

APPENDIX C

Appellate Case: 24-3483 Page: 1 Date Filed: 08/20/2026 Entry ID: 5674107

Key Substance Use and Mental Health Indicators in the United States:
Results from the 2025 National Survey on Drug Use and Health

APPENDIX D



SAMHSA
Substance Abuse and Mental Health Services Administration

Key Substance Use and Mental Health Indicators in the United States:
Results from the 2025 National Survey on Drug Use and Health

Key Substance Use and Mental Health Indicators in the United States: Results from the 2025 National Survey on Drug Use and Health was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) under contract number 75S20322C00001 with SAMHSA, U.S. Department of Health and Human Services (HHS). Elizabeth Crane served as Contracting Officer's Representative, and Carlos Graham served as Alternate Contracting Officer's Representative.

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Originating Office

Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20857.

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Substance Abuse and Mental Health Services Administration
Center for Behavioral Health Statistics and Quality

Publication Number PEP26-07-010, NSDUH Series H-61
Released 2026

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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 2025 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 2025 for those estimates that can be compared for at least 4 years. *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables* also show comprehensive estimates related to substance use and mental health for 2024 and 2025 and selected estimates for 2021 to 2025.[5] The *2025 Companion Infographic Report: Results from the 2021 to 2025 National Surveys on Drug Use and Health* shows selected estimates from 2021 to 2025.[6]

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 homeless and not in shelters), military personnel on active duty, and residents of institutional group settings, such as jails, nursing homes, mental health institutions, and long-term care 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.[7] The 2025 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).[8]

A full sample was available from all 4 quarters in 2025. Screening was completed for 180,506 addresses, and the final sample consisted of 60,447 completed interviews. Based on information from the household screenings, there were 10,933 interviews from adolescents aged 12 to 17 and 49,514 interviews from adults aged 18 or older.[9] Overall, 44.3 percent of interviews were completed via the web, and 55.7 percent were completed in person. Weighted response rates for household screening and for interviewing were 15.8 and 53.8 percent, respectively, for an overall response rate of 8.5 percent for people aged 12 or older. The weighted interview response rates were 39.3 percent for adolescents and 55.2 percent for adults.[10,11]

Further information about the 2025 NSDUH design and methods can be found in the *2025 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* report.[11]

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 2025. 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.[12] In addition, the analysis weights for 2021 were adjusted to allow estimates for 2021 to be compared with those in later survey years.[7] 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.[13] 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 2025 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 2025 NSDUH Detailed Tables, the appendix tables include standard errors for the associated estimates.[14]

Statistical tests were conducted for comparisons discussed in this report according to procedures described in the 2025 Methodological Summary and Definitions report.[15] Based on results of linear tests of trends involving 4 or more years of data, the report summarizes whether an outcome of interest showed a statistically significant change from the baseline year (e.g., 2021) through 2025. 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," or "decreased." 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.

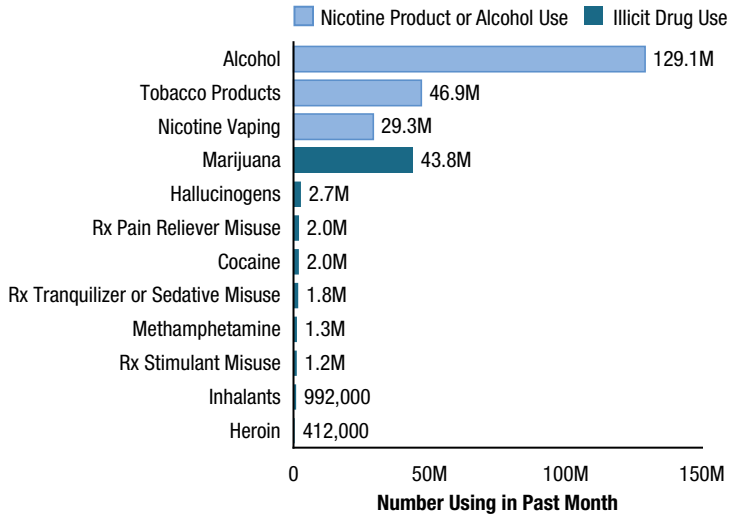
General Substance Use in the Past Month

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.[14]

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 2025, 56.0 percent (or 162.8 million people) used tobacco, vaped nicotine, used alcohol, or used an illicit drug in the past month; 44.4 percent (or 129.1 million people) drank alcohol in the past month; 16.2 percent (or 46.9 million people) used a tobacco product in the past month; 10.1 percent (or 29.3 million people) vaped nicotine in the past month; and 16.4 percent (or 47.5 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 people 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; 2025



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.

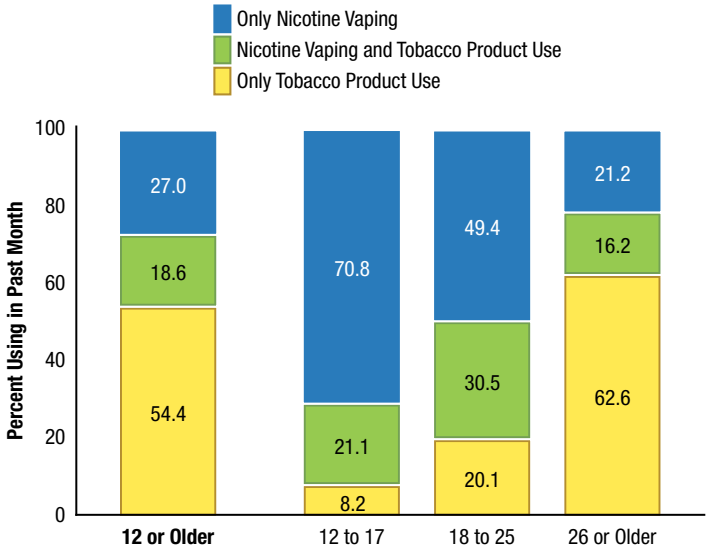
Nicotine Product Use in the Past Month

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 (i.e., current) nicotine product use are presented for people who used any of these tobacco products or vaped nicotine (or both) in the past month. The estimates for nicotine vaping in 2025 may be compared with those from the 2022 to 2024 NSDUHs. However, because the nicotine vaping questions were modified for 2022, estimates from 2022 to 2025 should not be compared with estimates from 2021.[16] Estimates for nicotine product use and nicotine vaping in 2022 to 2024 may differ from previously published estimates because of updates to nicotine vaping measures.[17]

Among people aged 12 or older in 2025, 22.1 percent (or 64.2 million people) used nicotine products in the past month (Figure 2 and Table A.1B), including 36.1 million people who smoked cigarettes and 29.3 million people who vaped nicotine. Smaller numbers of people used cigars, smokeless tobacco, or pipe tobacco in the past month.

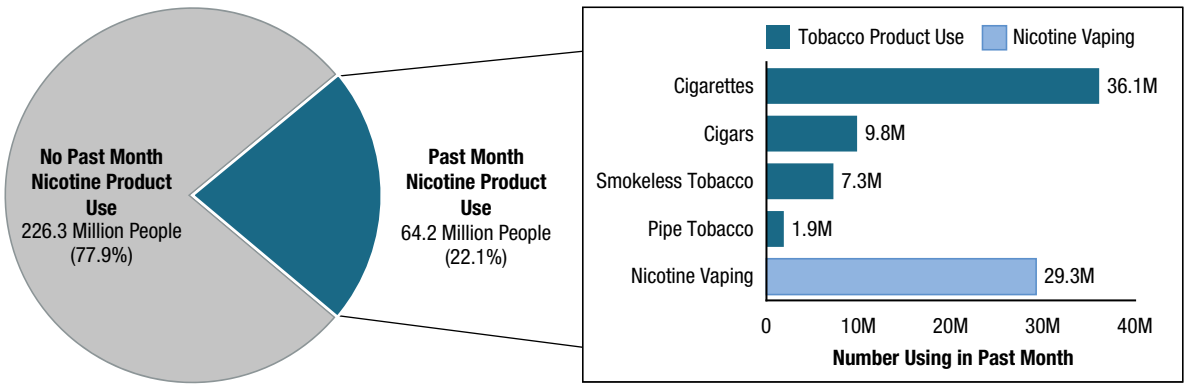
Among people aged 12 or older in 2025 who used nicotine products in the past month, 54.4 percent used only tobacco products, and 27.0 percent only vaped nicotine products (Figure 3 and Table A.2B). Among people who used nicotine products in the past month, the percentage who only vaped nicotine was highest among adolescents aged 12 to 17 (70.8 percent), followed by young adults aged 18 to 25 (49.4 percent), then by adults aged 26 or older (21.2 percent). In contrast, almost two thirds of adults aged 26 or older who used nicotine products in the past month used only tobacco products (62.6 percent), compared with 20.1 percent of young adults and 8.2 percent of adolescents who used nicotine products in that period.

Figure 3. Type of Past Month Nicotine Product Use: Among Past Month Nicotine Product Users Aged 12 or Older; 2025



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

Figure 2. Past Month Nicotine Product Use: Among People Aged 12 or Older; 2025



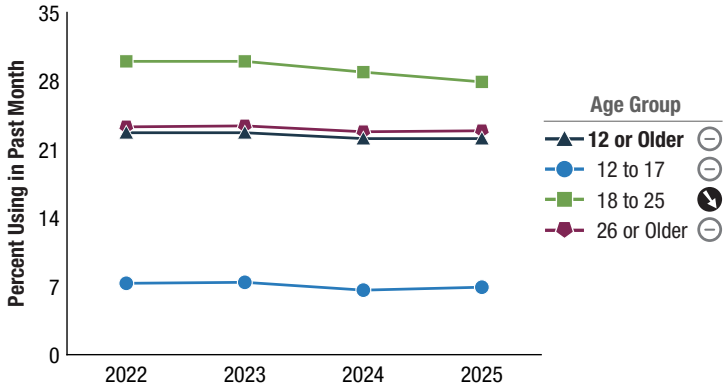
Note: The estimated numbers of current users of different nicotine products are not mutually exclusive because people could have used more than one type of nicotine product in the past month.

Any Nicotine Product Use

The percentage of people aged 12 or older who used nicotine products in the past month showed no change from 2022 to 2025 (Figure 4 and Table A.3B).[17] Among adolescents aged 12 to 17 and adults aged 26 or older, the percentages who used nicotine products in the past month also showed no change from 2022 to 2025 (Tables A.4B and A.6B). However, the percentage of young adults aged 18 to 25 who used nicotine products in the past month decreased from 30.0 percent (or 10.4 million people) in 2022 to 27.9 percent (or 10.1 million people) in 2025 (Table A.5B).

In 2025, the percentage of people who used nicotine products in the past month was highest among young adults aged 18 to 25 (27.9 percent or 10.1 million people), followed by adults aged 26 or older (22.9 percent or 52.4 million people), then by adolescents aged 12 to 17 (6.9 percent or 1.8 million people) (Figure 4 and Table A.1B).

Figure 4. Past Month Nicotine Product Use: Among People Aged 12 or Older; 2022-2025



Note: Some 2022-2024 estimates may differ from previously published estimates due to updates to the editing procedures for nicotine vaping.

Figure 4 Table. Past Month Nicotine Product Use: Among People Aged 12 or Older; Percentages, 2022-2025

Age Group	2022	2023	2024	2025	Trend
12 or Older	22.7	22.7	22.1	22.1	No Change
12 to 17	7.3	7.4	6.6	6.9	No Change
18 to 25	30.0	30.0	28.9	27.9	**Decreased**
26 or Older	23.3	23.4	22.8	22.9	No Change

Note: Some 2022-2024 estimates may differ from previously published estimates due to updates to the editing procedures for nicotine vaping.

Tobacco Product Use

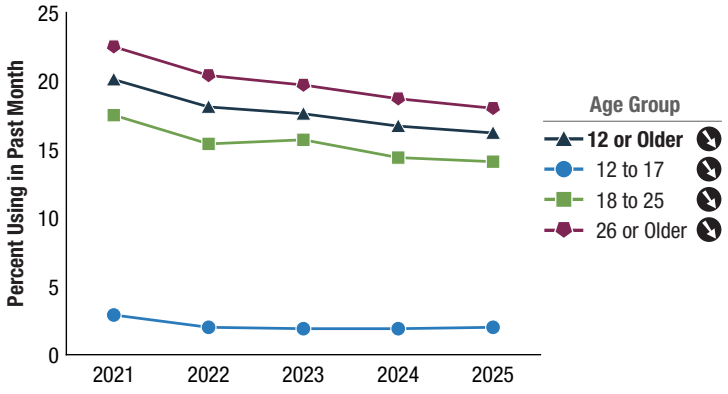
Among people aged 12 or older, the percentage who used tobacco products in the past month decreased from 20.1 percent (or 56.2 million people) in 2021 to 16.2 percent (or 46.9 million people) in 2025 (Figure 5 and Table A.3B). Percentages also decreased from 2021 to 2025 for people in each age group (Tables A.4B, A.5B, and A.6B). For example, the percentage of adults aged 26 or older who used tobacco products in the past month decreased from 22.5 percent (or 49.6 million people) in 2021 to 18.0 percent (or 41.3 million people) in 2025.

In 2025, the percentage of people who used tobacco products in the past month was highest among adults aged 26 or older (18.0 percent or 41.3 million people), followed by young adults aged 18 to 25 (14.1 percent or 5.1 million people), then by adolescents aged 12 to 17 (2.0 percent or 513,000 people) (Figure 5 and Table A.1B).

Among people aged 12 or older in 2025 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:

- 63.5 percent smoked cigarettes but did not use other tobacco products,
- 13.4 percent smoked cigarettes and used some other type of tobacco product, and
- 23.0 percent used only other tobacco products but not cigarettes (Table A.7B).

Figure 5. Past Month Tobacco Product Use: Among People Aged 12 or Older; 2021-2025



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 Tobacco Product Use: Among People Aged 12 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	20.1	18.1	17.6	16.7	16.2	**Decreased**
12 to 17	2.9	2.0	1.9	1.9	2.0	**Decreased**
18 to 25	17.5	15.4	15.7	14.4	14.1	**Decreased**
26 or Older	22.5	20.4	19.7	18.7	18.0	**Decreased**

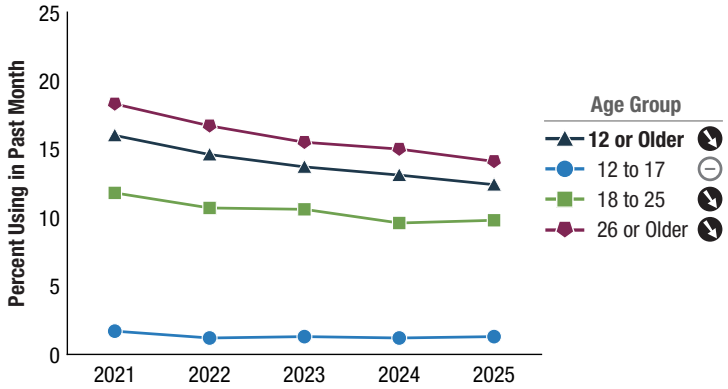
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

The remainder of this section on tobacco use focuses on cigarette smoking, because most current tobacco users aged 12 or older were cigarette smokers (i.e., 36.1 million of the 46.9 million current tobacco users aged 12 or older). 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 Tables A.1B, A.3B, A.4B, A.5B, and A.6B.

Cigarette Use

Among people aged 12 or older, the percentage who smoked cigarettes in the past month decreased from 16.0 percent (or 44.8 million people) in 2021 to 12.4 percent (or 36.1 million people) in 2025 (Figure 6 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 decreased from 2021 to 2025 (Tables A.5B and A.6B). For example, the percentage of adults aged 26 or older who smoked cigarettes in the past month decreased from 18.3 percent (or 40.4 million people) in 2021 to 14.1 percent (or 32.2 million people) in 2025. Among adolescents aged 12 to 17, the percentage who smoked cigarettes in the past month showed no change from 2021 to 2025 (Table A.4B).

Figure 6. Past Month Cigarette Use: Among People Aged 12 or Older; 2021-2025



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

Figure 6 Table. Past Month Cigarette Use: Among People Aged 12 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	16.0	14.6	13.7	13.1	12.4	**Decreased**
12 to 17	1.7	1.2	1.3	1.2	1.3	No Change
18 to 25	11.8	10.7	10.6	9.6	9.8	**Decreased**
26 or Older	18.3	16.7	15.5	15.0	14.1	**Decreased**

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

In 2025, the percentage of people who smoked cigarettes in the past month was highest among adults aged 26 or older (14.1 percent or 32.2 million people), followed by young adults aged 18 to 25 (9.8 percent or 3.5 million people), then by adolescents aged 12 to 17 (1.3 percent or 340,000 people) (Figure 6 and Table A.1B).

Daily Cigarette Use

Among the 36.1 million current cigarette smokers aged 12 or older in 2025 (see the section on Cigarette Use), 19.9 million people (or 55.1 percent) were daily cigarette smokers (Table A.3B). Among people aged 12 or older, the percentage of current cigarette smokers who were daily cigarette smokers decreased from 61.5 percent (or 27.5 million people) in 2021 to 55.1 percent (or 19.9 million people) in 2025. Among young adults aged 18 to 25 and adults aged 26 or older who were current smokers, the percentage who smoked cigarettes daily also decreased from 2021 to 2025 (Tables A.5B and A.6B). The trend for daily cigarette smoking among adolescents aged 12 to 17 who were current cigarette smokers was not tested because estimates in some years could not be calculated with sufficient precision (Table A.4B).[12]

Among current cigarette smokers in 2025, the percentage who smoked cigarettes daily was highest among adults aged 26 or older (60.4 percent), followed by young adults aged 18 to 25 (12.4 percent), then by adolescents aged 12 to 17 (1.9 percent) (Table A.1B). In 2025, 35.8 percent of current daily cigarette smokers (or 7.1 million people) smoked one or more packs of cigarettes per day (Table A.3B). The percentage of current daily cigarette smokers who smoked one or more packs of cigarettes per day was higher among adults aged 26 or older (36.2 percent or 7.0 million people) than among young adults aged 18 to 25 (17.1 percent or 74,000 people) (Tables A.5B and A.6B). The estimate in 2025 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).[12]

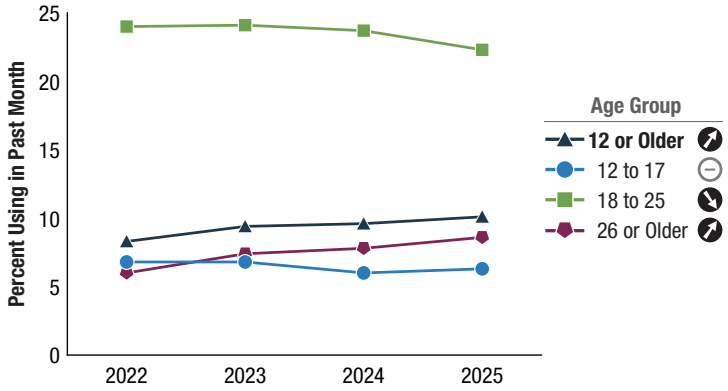
Nicotine Vaping

The percentage of people aged 12 or older who vaped nicotine in the past month increased from 8.3 percent (or 23.5 million people) in 2022 to 10.1 percent (or 29.3 million people) in 2025 (Figure 7 and Table A.3B).[17] Among adults aged 26 or older, the percentage who vaped nicotine in the past month also increased from 6.0 percent

(or 13.4 million people) in 2022 to 8.6 percent (or 19.6 million people) in 2025 (Table A.6B). The percentages among young adults aged 18 to 25 who vaped nicotine in the past month decreased from 24.0 percent (or 8.4 million people) in 2022 to 22.3 percent (or 8.0 million people) in 2025 (Table A.5B). Among adolescents aged 12 to 17, the percentage who vaped nicotine in the past month showed no change from 2022 to 2025 (Table A.4B).

In 2025, the percentage of people who vaped nicotine in the past month was highest among young adults aged 18 to 25 (22.3 percent or 8.0 million people), followed by adults aged 26 or older (8.6 percent or 19.6 million people), then by adolescents aged 12 to 17 (6.3 percent or 1.6 million people) (Figure 7 and Table A.1B).

Figure 7. Past Month Nicotine Vaping: Among People Aged 12 or Older; 2022-2025



Note: Some 2022-2024 estimates may differ from previously published estimates due to updates to the editing procedures for this measure.

Figure 7 Table. Past Month Nicotine Vaping: Among People Aged 12 or Older; Percentages, 2022-2025

Age Group	2022	2023	2024	2025	Trend
12 or Older	8.3	9.4	9.6	10.1	**Increased**
12 to 17	6.8	6.8	6.0	6.3	No Change
18 to 25	24.0	24.1	23.7	22.3	**Decreased**
26 or Older	6.0	7.4	7.8	8.6	**Increased**

Note: Some 2022-2024 estimates may differ from previously published estimates due to updates to the editing procedures for this measure.

Underage Nicotine Product Use

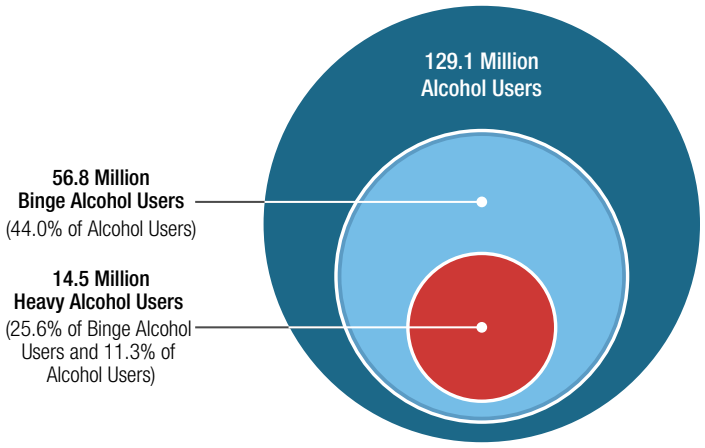
The percentage of underage people aged 12 to 20 who used nicotine products in the past month decreased from 13.4 percent (or 5.2 million people) in 2022 to 12.1 percent (or 4.8 million people) in 2025 (Table A.8B).[17] In 2025, underage people aged 12 to 20 were more likely to have vaped nicotine (10.6 percent or 4.2 million people) than to have used other types of nicotine products in the past month. In comparison, 3.4 percent of underage people smoked cigarettes in the past month. Smaller percentages of underage people smoked cigars, used smokeless tobacco, or smoked pipe tobacco 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, including binge alcohol use and heavy alcohol use in that period. Binge drinking for males was defined as drinking five or more drinks[18] 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.[19] 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 129.1 million current alcohol users aged 12 or older in 2025, 56.8 million people (or 44.0 percent) were past month binge drinkers (Figure 8). Among past month binge drinkers, 14.5 million people were past month heavy drinkers. The 14.5 million heavy drinkers represent 25.6 percent of current binge drinkers and 11.3 percent of current alcohol users.

Figure 8. Alcohol Use, Binge Alcohol Use, or Heavy Alcohol Use in the Past Month: Among People Aged 12 or Older; 2025



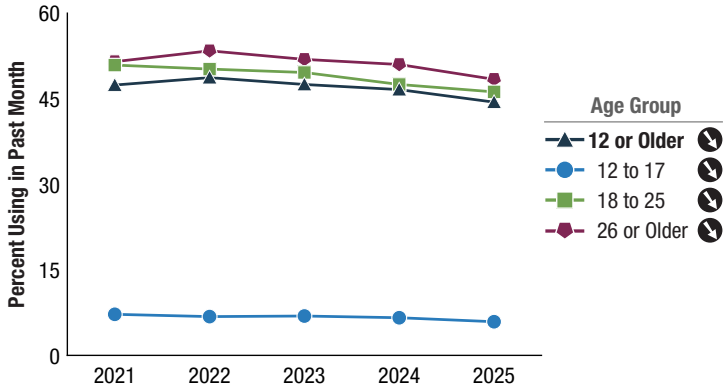
Note: Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion on at least 1 day in the past 30 days. Heavy Alcohol Use is defined as binge drinking on the same occasion on 5 or more days in the past 30 days; all heavy alcohol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

Any Alcohol Use

Among people aged 12 or older, the percentage who used alcohol in the past month decreased from 47.4 percent (or 132.5 million people) in 2021 to 44.4 percent (or 129.1 million people) in 2025 (Figure 9 and Table A.3B). Percentages also decreased from 2021 to 2025 for people in each age group (Tables A.4B, A.5B, and A.6B). For example, the percentage of young adults aged 18 to 25 who used alcohol in the past month decreased from 50.9 percent (or 17.0 million people) in 2021 to 46.2 percent (or 16.7 million people) in 2025.

In 2025, the percentage of people who used alcohol in the past month was higher among adults aged 26 or older (48.4 percent or 110.9 million people) than among young adults aged 18 to 25 (46.2 percent or 16.7 million people). The percentage was lowest among adolescents aged 12 to 17 (5.9 percent or 1.5 million people) (Figure 9 and Table A.1B).

Figure 9. Past Month Alcohol Use: Among People Aged 12 or Older; 2021-2025



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

Figure 9 Table. Past Month Alcohol Use: Among People Aged 12 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	47.4	48.7	47.5	46.6	44.4	**Decreased**
12 to 17	7.2	6.8	6.9	6.6	5.9	**Decreased**
18 to 25	50.9	50.2	49.6	47.5	46.2	**Decreased**
26 or Older	51.5	53.4	51.9	51.0	48.4	**Decreased**

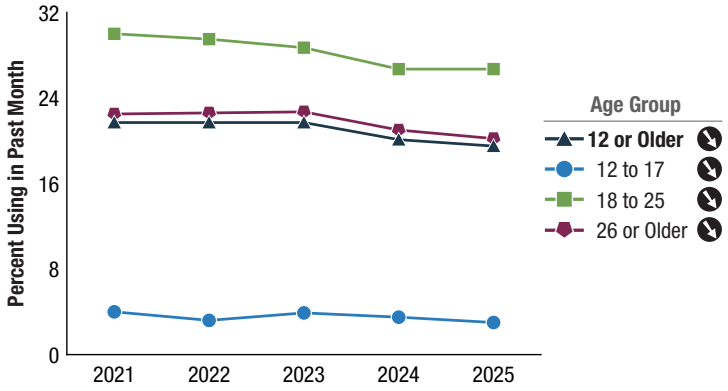
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Binge Alcohol Use

Among people aged 12 or older, the percentage who engaged in binge drinking in the past month decreased from 21.7 percent (or 60.6 million people) in 2021 to 19.5 percent (or 56.8 million people) in 2025 (Figure 10 and Table A.3B). Percentages also decreased from 2021 to 2025 for people in each age group (Tables A.4B, A.5B, and A.6B). For example, the percentage of young adults aged 18 to 25 who engaged in binge drinking in the past month decreased from 30.0 percent (or 10.0 million people) in 2021 to 26.7 percent (or 9.6 million people) in 2025.

In 2025, the percentage of people who engaged in binge drinking in the past month was higher among young adults aged 18 to 25 (26.7 percent or 9.6 million people) than among adults aged 26 or older (20.2 percent or 46.4 million people). The percentage was lowest among adolescents aged 12 to 17 (3.0 percent or 753,000 people) (Figure 10 and Table A.1B).

Figure 10. Past Month Binge Alcohol Use: Among People Aged 12 or Older; 2021-2025



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 10 Table. Past Month Binge Alcohol Use: Among People Aged 12 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	21.7	21.7	21.7	20.1	19.5	**Decreased**
12 to 17	4.0	3.2	3.9	3.5	3.0	**Decreased**
18 to 25	30.0	29.5	28.7	26.7	26.7	**Decreased**
26 or Older	22.5	22.6	22.7	21.0	20.2	**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.

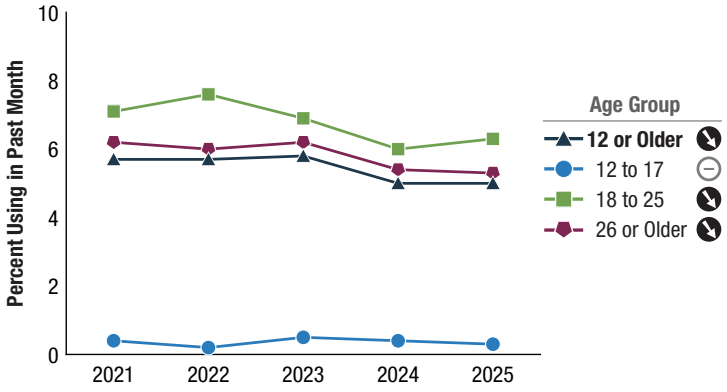
Heavy Alcohol Use

Among people aged 12 or older, the percentage who were heavy alcohol users in the past month decreased from 5.7 percent (or 16.1 million people) in 2021 to 5.0 percent (or 14.5 million people) in 2025 (Figure 11 and Table A.3B). Among young adults aged 18 to 25 and adults aged 26 or older, the percentages who were heavy alcohol

users in the past month also decreased from 2021 to 2025 (Tables A.5B and A.6B). For example, the percentage of young adults aged 18 to 25 who were heavy alcohol users in the past month decreased from 7.1 percent (or 2.4 million people) in 2021 to 6.3 percent (or 2.3 million people) in 2025. Among adolescents aged 12 to 17, the percentage who were heavy alcohol users in the past month showed no change from 2021 to 2025 (Table A.4B).

In 2025, the percentage of people who were heavy alcohol users was higher among young adults aged 18 to 25 (6.3 percent or 2.3 million people) than among adults aged 26 or older (5.3 percent or 12.2 million people). The percentage was lowest among adolescents aged 12 to 17 (0.3 percent or 81,000 people) (Figure 11 and Table A.1B).

Figure 11. Past Month Heavy Alcohol Use: Among People Aged 12 or Older; 2021-2025



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 Table. Past Month Heavy Alcohol Use: Among People Aged 12 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	5.7	5.7	5.8	5.0	5.0	**Decreased**
12 to 17	0.4	0.2	0.5	0.4	0.3	No Change
18 to 25	7.1	7.6	6.9	6.0	6.3	**Decreased**
26 or Older	6.2	6.0	6.2	5.4	5.3	**Decreased**

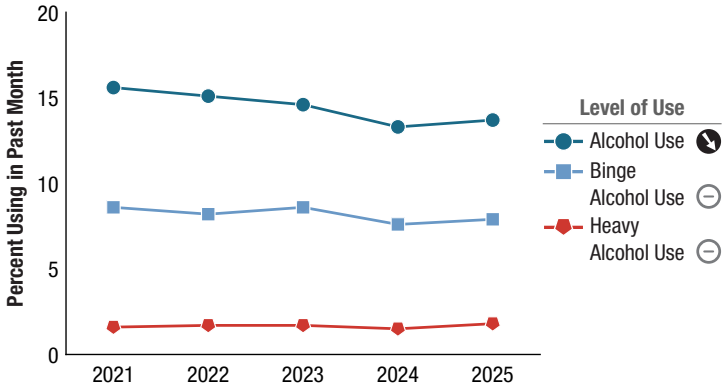
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

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.)

Underage Alcohol Use

The percentage of people aged 12 to 20 who used alcohol in the past month decreased from 15.6 percent (or 6.1 million people) in 2021 to 13.7 percent (or 5.4 million people) in 2025 (Figure 12 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 2025. In 2025, 7.9 percent of underage people (or 3.1 million people) engaged in binge drinking in the past month, and 1.8 percent (or 701,000 people) were heavy alcohol users in that period.

Figure 12. Underage Alcohol Use, Binge Alcohol Use, or Heavy Alcohol Use in the Past Month: Among People Aged 12 to 20; 2021-2025



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 12 Table. Underage Alcohol Use, Binge Alcohol Use, or Heavy Alcohol Use in the Past Month: Among People Aged 12 to 20; Percentages, 2021-2025

Level of Use	2021	2022	2023	2024	2025	Trend
Alcohol Use	15.6	15.1	14.6	13.3	13.7	**Decreased**
Binge Alcohol Use	8.6	8.2	8.6	7.6	7.9	No Change
Heavy Alcohol Use	1.6	1.7	1.7	1.5	1.8	No Change

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

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 2025 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 2025 Detailed Tables.[20]

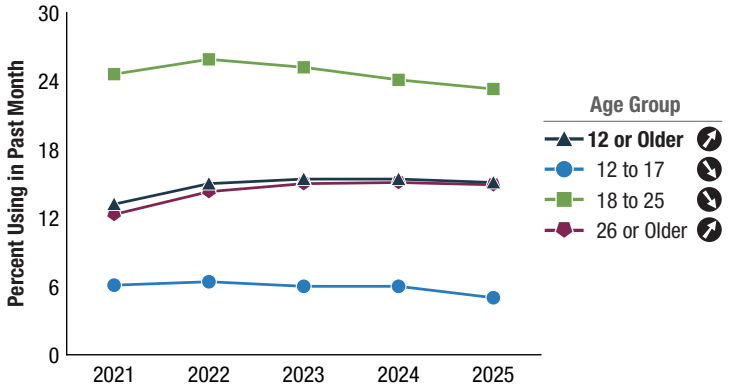
This section presents estimates for any marijuana use in the past month regardless of the mode of use, as well as estimates specifically for marijuana vaping. Estimates for additional modes of marijuana use in the past year are discussed in the Marijuana Use section.

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 15.1 percent (or 43.8 million people) in 2025 (Figure 13 and Table A.3B). Among adults aged 26 or older, the percentage who used marijuana in the past month also increased from 2021 to 2025 (Table A.6B). However, the percentages among adolescents aged 12 to 17 and young adults aged 18 to 25 who used marijuana in the past month decreased from 2021 to 2025 (Tables A.4B and A.5B). For example, the percentage of adolescents who used marijuana in the past month decreased from 6.1 percent (or 1.6 million people) in 2021 to 5.0 percent (or 1.3 million people) in 2025.

In 2025, the percentage of people who used marijuana in the past month was highest among young adults aged 18 to 25 (23.3 percent or 8.4 million people), followed by adults aged 26 or older (14.9 percent or 34.1 million people), then by adolescents aged 12 to 17 (5.0 percent or 1.3 million people) (Figure 13 and Table A.1B).

About two fifths (37.1 percent) of current marijuana users aged 12 or older in 2025 vaped marijuana in the past month (Figure 14 and Table A.9B). Among people in 2025 who used marijuana in the past month, the percentage who vaped it was highest among adolescents aged 12 to 17 (69.8 percent or 893,000 people), followed by young adults aged 18 to 25 (54.3 percent or 4.6 million people), then by adults aged 26 or older (31.6 percent or 10.8 million people).

Figure 13. Past Month Marijuana Use: Among People Aged 12 or Older; 2021-2025



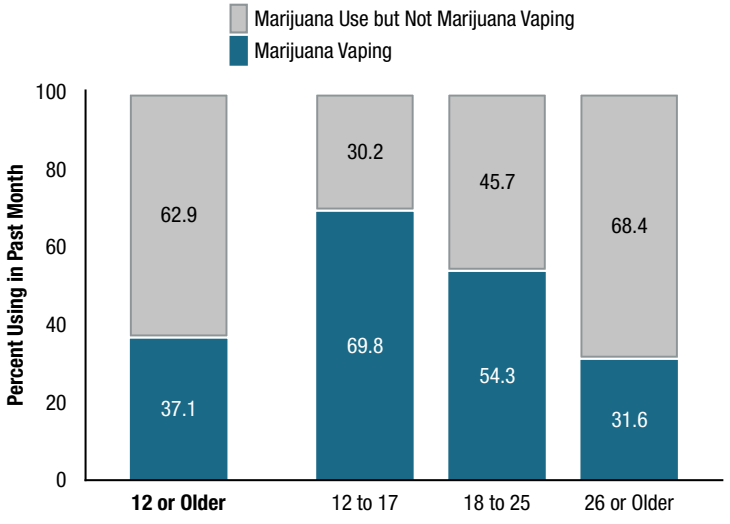
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 13 Table. Past Month Marijuana Use: Among People Aged 12 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	13.2	15.0	15.4	15.4	15.1	**Increased**
12 to 17	6.1	6.4	6.0	6.0	5.0	**Decreased**
18 to 25	24.6	25.9	25.2	24.1	23.3	**Decreased**
26 or Older	12.3	14.3	15.0	15.1	14.9	**Increased**

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

Figure 14. Type of Past Month Marijuana Use: Among Past Month Marijuana Users Aged 12 or Older; 2025



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),[21] 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 2025 NSDUH collected only past year (rather than past month) data on the misuse of benzodiazepines and specific subtypes of prescription pain relievers (e.g., hydrocodone products).

Among people aged 12 or older in 2025, 69.8 million people used illicit drugs in the past year (Figure 15). The most commonly used illicit drug in the past year was marijuana, which was used by 61.6 million people. In the past year, 9.1 million people used hallucinogens, and 6.9 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 15.[22]

Any Illicit Drug Use

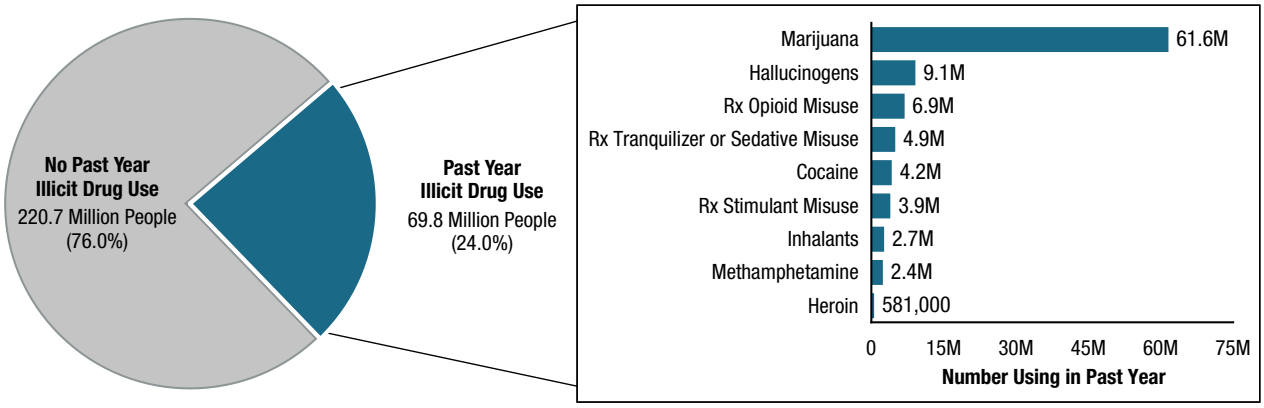
Among people aged 12 or older, the percentage who used illicit drugs in the past year increased from 22.2 percent (or 62.0 million people) in 2021 to 24.0 percent (or 69.8 million people) in 2025 (Figure 16 and Table A.10B). This increase is largely tied to the increase in marijuana use in the past year (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 23.5 percent (or 53.8 million people) in 2025 (Figure 16 and Table A.13B). Percentages decreased from 2021 to 2025 for adolescents aged 12 to 17 and young adults aged 18 to 25 (Tables A.11B and A.12B). For example, the percentage of adolescents aged 12 to 17 who used illicit drugs in the past year decreased from 14.6 percent (or 3.8 million people) in 2021 to 11.2 percent (or 2.9 million people) in 2025.

Because the question wording for inhalants changed for 2025 (see the Inhalant Use section), trends also were evaluated for the use of illicit drugs in the past year excluding inhalants. Those trends were the same as the trends described previously for any use of illicit drugs that included inhalants. Therefore, the change to the questions for inhalants in 2025 was assumed not to have affected overall trends for any illicit drug use in the past year.

In 2025, the percentage of people who used illicit drugs in the past year was highest among young adults aged 18 to 25 (36.3 percent or 13.1 million people), followed by adults aged 26 or older (23.5 percent or 53.8 million people), then by adolescents aged 12 to 17 (11.2 percent or 2.9 million people) (Figure 16 and Tables A.11B, A.12B, and A.13B).

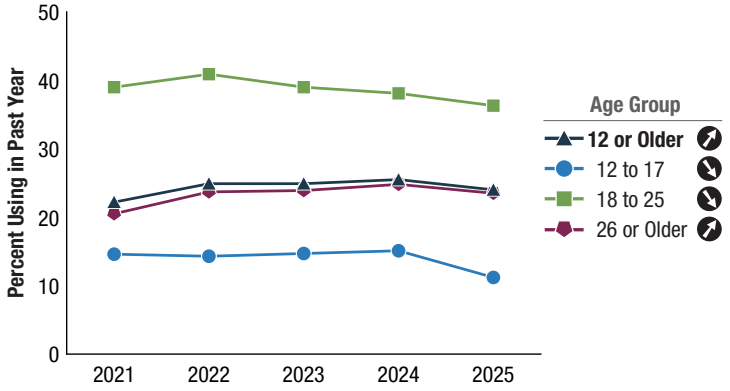
Figure 15. Past Year Illicit Drug Use: Among People Aged 12 or Older; 2025



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.

Figure 16. Past Year Illicit Drug Use: Among People Aged 12 or Older; 2021-2025



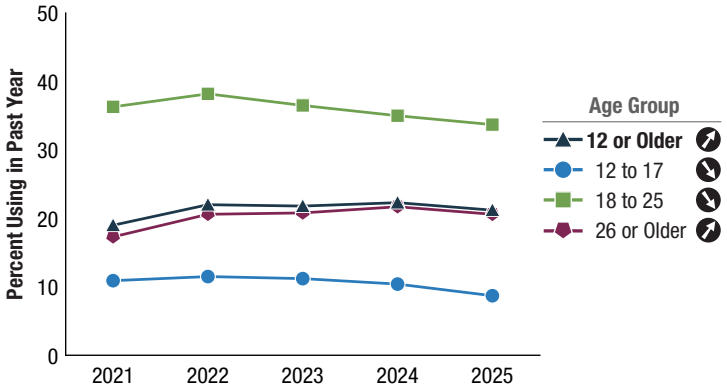
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 16 Table. Past Year Illicit Drug Use: Among People Aged 12 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	22.2	24.9	24.9	25.5	24.0	**Increased**
12 to 17	14.6	14.3	14.7	15.1	11.2	**Decreased**
18 to 25	39.0	40.9	39.0	38.1	36.3	**Decreased**
26 or Older	20.5	23.7	23.9	24.8	23.5	**Increased**

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

Figure 17. Past Year Marijuana Use: Among People Aged 12 or Older; 2021-2025



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 Marijuana Use: Among People Aged 12 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	19.0	22.0	21.8	22.3	21.2	**Increased**
12 to 17	10.9	11.5	11.2	10.4	8.7	**Decreased**
18 to 25	36.3	38.2	36.5	35.0	33.7	**Decreased**
26 or Older	17.3	20.6	20.8	21.7	20.6	**Increased**

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

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 21.2 percent (or 61.6 million people) in 2025 (Figure 17 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 20.6 percent (or 47.2 million people) in 2025 (Table A.13B). Percentages decreased from 2021 to 2025 for both adolescents aged 12 to 17 and young adults aged 18 to 25 (Tables A.11B and A.12B). For example, the percentage of adolescents aged 12 to 17 who used marijuana in the past year decreased from 10.9 percent (or 2.8 million people) in 2021 to 8.7 percent (or 2.2 million people) in 2025.

In 2025, the percentage of people who used marijuana in the past year was highest among young adults aged 18 to 25 (33.7 percent or 12.2 million people), followed by adults aged 26 or older (20.6 percent or 47.2 million people), then by adolescents aged 12 to 17 (8.7 percent or 2.2 million people) (Figure 17 and Tables A.11B, A.12B, and A.13B).

Modes of Marijuana Use

As noted previously for marijuana use in the past month, the NSDUH questionnaires from 2022 to 2025 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. The NSDUH questionnaire presented the following modes of marijuana use to respondents who reported using marijuana in the past year or past month:

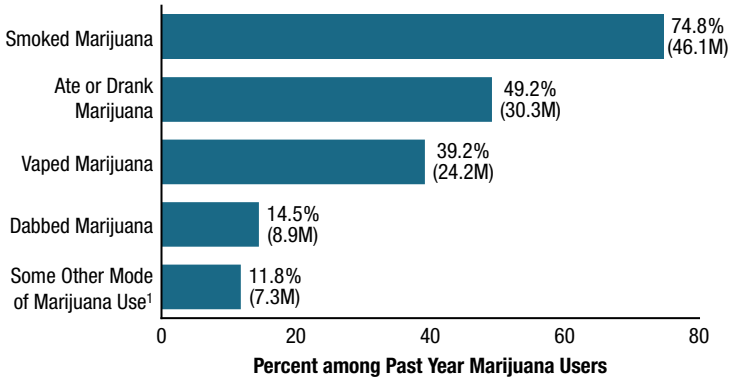
- smoking;
- vaping;
- dabbing waxes, shatter, or concentrates;
- eating or drinking;
- putting drops, strips, lozenges, or sprays in their mouth or under their tongue;
- applying lotion, cream, or patches to their skin;
- taking pills; or
- using it in some other way.

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 2025 who used marijuana in the past year, the most common mode of marijuana use was smoking (74.8 percent or 46.1 million people), followed by eating or drinking (49.2 percent or 30.3 million people); vaping (39.2 percent or 24.2 million people); and dabbing waxes, shatter, or concentrates (14.5 percent or 8.9 million people) (Figure 18 and Table A.14B). Smaller percentages and numbers of people who used marijuana in the past year used it in other ways.

Figure 18. Mode of Past Year Marijuana Use: Among People Aged 12 or Older Who Used Marijuana in the Past Year; 2025



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.

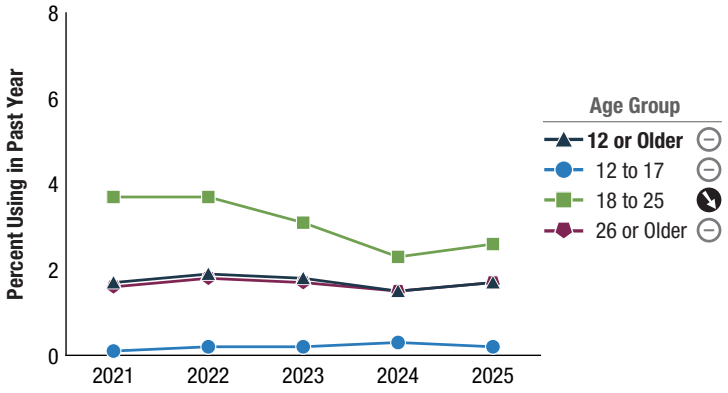
Smoking also was the most common mode of marijuana use in 2025 among young adults aged 18 to 25 and adults aged 26 or older who used marijuana in the past year (Table A.14B). Among people in these adult age groups who used marijuana in the past year, 82.7 percent of young adults and 72.6 percent of adults aged 26 or older smoked marijuana. However, smoking (79.5 percent) and vaping (74.0 percent) were the two most common modes of marijuana use in 2025 among adolescents aged 12 to 17 who used marijuana in the past year.

Other common modes of marijuana use in 2025 among past year marijuana users varied by age group (Table A.14B). Among adolescents aged 12 to 17 who used marijuana in the past year, about two fifths (36.6 percent) ate or drank marijuana, followed by about one sixth who dabbed waxes, shatter, or concentrates (16.8 percent). Among young adults aged 18 to 25 who used marijuana in the past year, more than half vaped marijuana (57.4 percent), followed by about half who ate or drank it (46.5 percent), then by about one fourth (23.1 percent) who dabbed waxes, shatter, or concentrates. Among adults aged 26 or older who were past year marijuana users, about half (50.5 percent) ate or drank it, followed by about one third (32.9 percent) who vaped it, then by about one eighth (12.1 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 showed no change from 2021 to 2025 (Figure 19 and Table A.10B). In 2025, 1.7 percent of people aged 12 or older (or 4.9 million people) used cocaine in the past year. Percentages also showed no change from 2021 to 2025 for adolescents aged 12 to 17 and adults aged 26 or older (Tables A.11B and A.13B). However, the percentage among young adults aged 18 to 25 decreased from 3.7 percent (or 1.2 million people) in 2021 to 2.6 percent (or 950,000 people) in 2025 (Table A.12B).

Figure 19. Past Year Cocaine Use: Among People Aged 12 or Older; 2021-2025



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 Cocaine Use: Among People Aged 12 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	1.7	1.9	1.8	1.5	1.7	No Change
12 to 17	0.1	0.2	0.2	0.3	0.2	No Change
18 to 25	3.7	3.7	3.1	2.3	2.6	**Decreased**
26 or Older	1.6	1.8	1.7	1.5	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.

In 2025, the percentage of people who used cocaine in the past year was highest among young adults aged 18 to 25 (2.6 percent or 950,000 people), followed by adults aged 26 or older (1.7 percent or 3.9 million people), then by adolescents aged 12 to 17 (0.2 percent or 57,000 people) (Figure 19 and Tables A.11B, A.12B, and A.13B).

Heroin Use

Among people aged 12 or older in 2025, 0.2 percent (or 581,000 people) used heroin in the past year (Figure 15 and Table A.10B). The percentage of people in 2025 who used heroin in the past year was higher among adults aged 26 or older (0.3 percent or 574,000 people) than among young adults aged 18 to 25 (less than 0.1 percent or 6,000 people) and adolescents aged 12 to 17 (less than 0.1 percent or fewer than 1,000 people) (Tables A.11B, A.12B, and A.13B).

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 2021 to 2025 NSDUH questionnaire includes separate sections for methamphetamine use and the use and misuse of prescription stimulants.

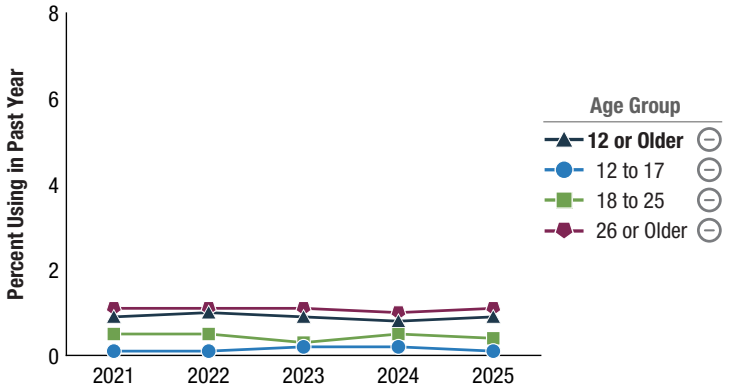
Among people aged 12 or older, the percentage who used methamphetamine in the past year showed no change from 2021 to 2025 (Figure 20 and Table A.10B). In 2025, 0.9 percent of people aged 12 or older (or 2.7 million people) used methamphetamine in the past year. Percentages also showed no change from 2021 to 2025 for each age group (Tables A.11B, A.12B, and A.13B).

In 2025, the percentage of people who used methamphetamine in the past year was highest among adults aged 26 or older (1.1 percent or 2.5 million people), followed by young adults aged 18 to 25 (0.4 percent or 145,000 people), then by adolescents aged 12 to 17 (0.1 percent or 32,000 people) (Figure 20 and Tables A.11B, A.12B, and A.13B).

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*.[23] Beginning in 2025, the NSDUH questionnaire included

Figure 20. Past Year Methamphetamine Use: Among People Aged 12 or Older; 2021-2025



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

Figure 20 Table. Past Year Methamphetamine Use: Among People Aged 12 or Older; Percentages, 2021-2025

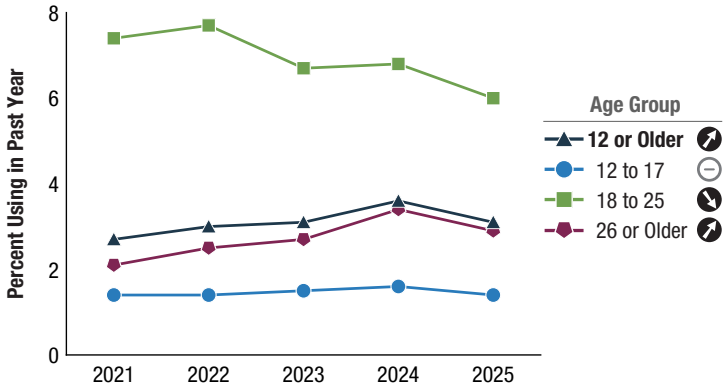
Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	0.9	1.0	0.9	0.8	0.9	No Change
12 to 17	0.1	0.1	0.2	0.2	0.1	No Change
18 to 25	0.5	0.5	0.3	0.5	0.4	No Change
26 or Older	1.1	1.1	1.1	1.0	1.1	No Change

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

questions about the most recent use of each of these specific hallucinogens, in addition to the most recent use of any hallucinogen.[24] Preliminary analysis of 2025 NSDUH data suggested that questionnaire changes for hallucinogens 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 2025. Estimates for the use of specific hallucinogens (e.g., LSD, psilocybin, Ecstasy) can be found in the 2025 Detailed Tables.[20]

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 3.1 percent (or 9.1 million people) in 2025 (Figure 21 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 2.9 percent (or 6.6 million people) in 2025 (Table A.13B). The percentage decreased among young adults aged 18 to 25, from 7.4 percent (or 2.5 million people) in 2021 to 6.0 percent (or 2.2 million people) in 2025 (Table A.12B). Percentages showed no change from 2021 to 2025 for adolescents aged 12 to 17 (Table A.11B).

Figure 21. Past Year Hallucinogen Use: Among People Aged 12 or Older; 2021-2025



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 Hallucinogen Use: Among People Aged 12 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	2.7	3.0	3.1	3.6	3.1	**Increased**
12 to 17	1.4	1.4	1.5	1.6	1.4	No Change
18 to 25	7.4	7.7	6.7	6.8	6.0	**Decreased**
26 or Older	2.1	2.5	2.7	3.4	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.

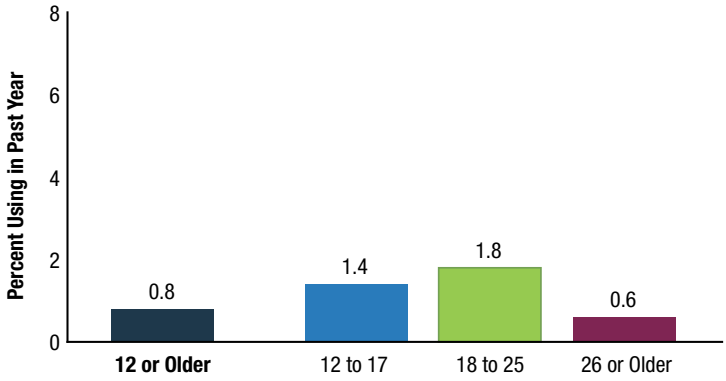
In 2025, the percentage of people who used hallucinogens in the past year was highest among young adults aged 18 to 25 (6.0 percent or 2.2 million people), followed by adults aged 26 or older (2.9 percent or 6.6 million people), then by adolescents aged 12 to 17 (1.4 percent or 360,000 people) (Figure 21 and Tables A.11B, A.12B, and A.13B).

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 odorizers, Rush). As in prior years, NSDUH respondents in 2025 were instructed not to include accidental inhalation of a substance. For the 2025 NSDUH, respondents were asked to report the use of inhalants "to get high" instead of "for fun or to get high." 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 2025.

In 2025, 0.8 percent of people aged 12 or older (or 2.4 million people) used inhalants in the past year (Figure 22 and Table A.10B). The percentage of people who used inhalants in the past year was lower among adults aged 26 or older (0.6 percent or 1.4 million people) than among young adults aged 18 to 25 (1.8 percent or 636,000 people) or adolescents aged 12 to 17 (1.4 percent or 360,000 people) (Tables A.11B, A.12B, and A.13B).

Figure 22. Past Year Inhalant Use: Among People Aged 12 or Older; 2025



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 Opioid Misuse, NSDUH respondents were asked about their misuse of prescription pain relievers, but the specific pain relievers in the NSDUH 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.

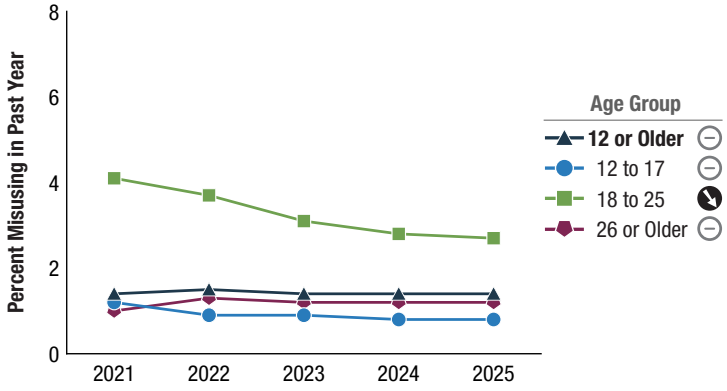
Of the prescription drugs presented in Figure 15, prescription opioids were the most commonly misused prescription drug by people aged 12 or older. The 12.8 million people in 2025 who misused prescription psychotherapeutic drugs in the past year included 6.9 million people who misused prescription opioids, 4.2 million people who misused prescription tranquilizers or sedatives, and 3.9 million people who misused prescription stimulants.

Prescription Stimulant Misuse

The 2021 to 2025 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.[25]

Among people aged 12 or older, the percentage who misused prescription stimulants in the past year showed no change from 2021 to 2025 (Figure 23 and Table A.10B). In 2025, 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 2025 for adolescents aged 12 to 17 and adults aged 26 or older (Tables A.11B and A.13B). Among young adults aged 18 to 25, however, the percentage who misused prescription stimulants in the past year decreased from 4.1 percent (or 1.4 million people) in 2021 to 2.7 percent (or 978,000 people) in 2025 (Table A.12B).

Figure 23. Past Year Prescription Stimulant Misuse: Among People Aged 12 or Older; 2021-2025



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

Figure 23 Table. Past Year Prescription Stimulant Misuse: Among People Aged 12 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	1.4	1.5	1.4	1.4	1.4	No Change
12 to 17	1.2	0.9	0.9	0.8	0.8	No Change
18 to 25	4.1	3.7	3.1	2.8	2.7	**Decreased**
26 or Older	1.0	1.3	1.2	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.

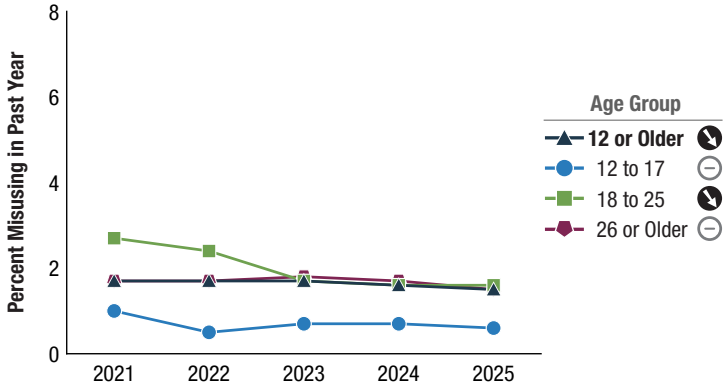
In 2025, the percentage of people who misused prescription stimulants in the past year was highest among young adults aged 18 to 25 (2.7 percent or 978,000 people), followed by adults aged 26 or older (1.2 percent or 2.7 million people), then by adolescents aged 12 to 17 (0.8 percent or 216,000 people) (Figure 23 and Tables A.11B, A.12B, and A.13B).

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 decreased from 1.7 percent (or 4.8 million people) in 2021 to 1.5 percent (or 4.2 million people) in 2025 (Figure 24

Figure 24. Past Year Prescription Tranquilizer or Sedative Misuse: Among People Aged 12 or Older; 2021-2025



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 Tranquilizer or Sedative Misuse: Among People Aged 12 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	1.7	1.7	1.7	1.6	1.5	**Decreased**
12 to 17	1.0	0.5	0.7	0.7	0.6	No Change
18 to 25	2.7	2.4	1.7	1.6	1.6	**Decreased**
26 or Older	1.7	1.7	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.

and Table A.10B). Among young adults aged 18 to 25, the percentage who misused prescription tranquilizers or sedatives in the past year also decreased from 2.7 percent (or 916,000 people) in 2021 to 1.6 percent (or 582,000 people) in 2025 (Table A.12B). However, the percentages for adolescents aged 12 to 17 and adults aged 26 or older who misused prescription tranquilizers or sedatives in the past year showed no change from 2021 to 2025 (Tables A.11B and A.13B).

In 2025, the percentage of people who misused prescription tranquilizers or sedatives in the past year was lower among adolescents aged 12 to 17 (0.6 percent or 141,000 people) than among young adults aged 18 to 25 (1.6 percent or 582,000 people) or adults aged 26 or older (1.5 percent or 3.5 million people) (Figure 24 and Tables A.11B, A.12B, and A.13B).

Prescription Opioid Misuse

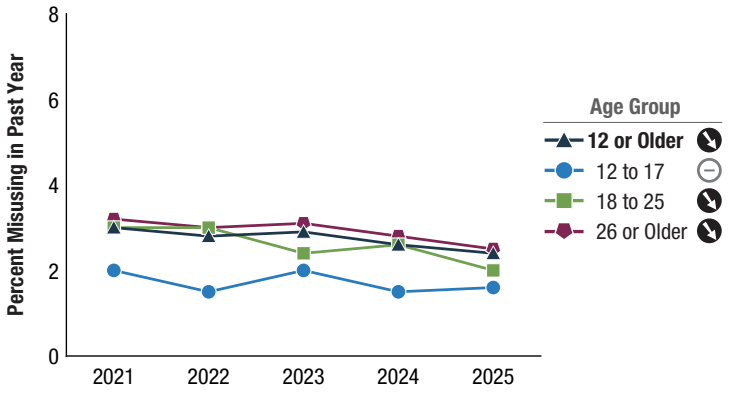
The 2021 to 2025 NSDUHs assessed the misuse of prescription pain relievers in the following categories: products containing hydrocodone, oxycodone, tramadol, codeine, morphine, prescription fentanyl,[26] buprenorphine, oxymorphone, and hydromorphone, as well as Demerol®, methadone, or any other prescription 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."

This section provides estimates for the misuse of prescription opioids, including specific subtypes of prescription opioids. Of an estimated 7.2 million people aged 12 or older in 2025 who misused prescription pain relievers in the past year, 6.9 million people misused prescription opioids, or approximately 96 percent of the people who misused prescription pain relievers.[20] 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 decreased from 3.0 percent (or 8.5 million people) in 2021 to 2.4 percent (or 6.9 million people) in 2025 (Figure 25 and Table A.10B). The percentages among young adults aged 18 to 25 and adults aged 26 or older who misused prescription opioids in the past year also decreased from 2021 to 2025 (Tables A.12B and A.13B). For example, the percentage of young adults aged 18 to 25 who misused prescription opioids in the past year decreased from 3.0 percent (or 989,000 people) in 2021 to 2.0 percent (or 733,000 people) in 2025. Among adolescents aged 12 to 17, the percentage who misused prescription opioids in the past year showed no change from 2021 to 2025 (Table A.11B).

In 2025, the percentage of people who misused prescription opioids in the past year was higher among adults aged 26 or older (2.5 percent or 5.7 million people) than among young adults aged 18 to 25 (2.0 percent or 733,000 people) or adolescents aged 12 to 17 (1.6 percent or 402,000 people) (Figure 25 and Tables A.11B, A.12B, and A.13B).

Figure 25. Past Year Prescription Opioid Misuse: Among People Aged 12 or Older; 2021-2025



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

Figure 25 Table. Past Year Prescription Opioid Misuse: Among People Aged 12 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	3.0	2.8	2.9	2.6	2.4	**Decreased**
12 to 17	2.0	1.5	2.0	1.5	1.6	No Change
18 to 25	3.0	3.0	2.4	2.6	2.0	**Decreased**
26 or Older	3.2	3.0	3.1	2.8	2.5	**Decreased**

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

Misuse of Subtypes of Prescription Opioids

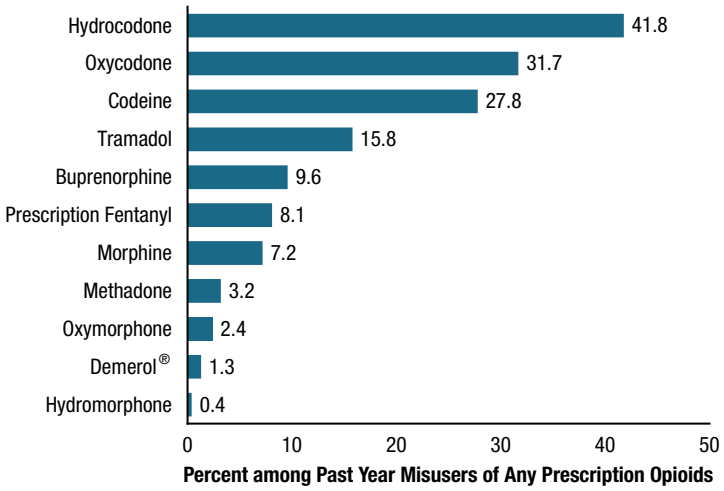
The 2025 NSDUH asked respondents to identify specific prescription pain relievers they used in the past year, then asked whether they misused those prescription pain relievers in the past year. As noted previously, the specific pain relievers in the NSDUH questionnaire were prescription opioids. These 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.

This section presents two ways of examining the misuse of subtypes of prescription opioids in 2025. 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 6.9 million people aged 12 or older in 2025 who misused prescription opioids in the past year, 41.8 percent (or 2.8 million people) misused hydrocodone products in the past year (Figures 15 and 26 and Table A.15B). In addition, 31.7 percent (or 2.1 million people) of past year misusers of prescription opioids misused oxycodone products in the past year, including OxyContin®, Percocet®, Percodan®, Roxicodone®, and generic oxycodone. More than 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 (27.8 percent or 1.9 million people). These products also have been commonly prescribed opioids.[27]

Although hydrocodone products were the most commonly misused prescription opioid subtype in the past year, 8.6 percent of people aged 12 or older in 2025 who used hydrocodone products for any reason in the past year misused them in that period (Figure 27 and Table A.15B).

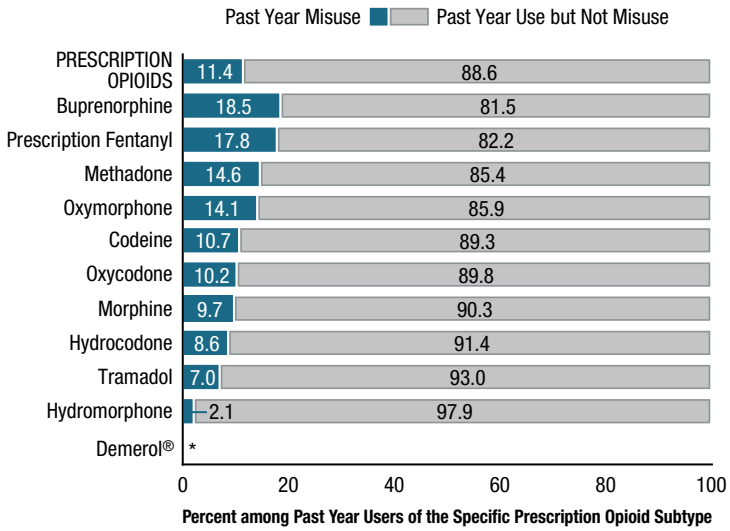
Figure 26. Past Year Prescription Opioid Subtype Misuse: Among People Aged 12 or Older Who Misused Any Prescription Opioid in the Past Year; 2025



Note: Respondents could indicate misuse of prescription opioids in multiple subtypes; thus, these response categories are not mutually exclusive.

Among people aged 12 or older in 2025 who used buprenorphine products for any reason in the past year, 18.5 percent misused them and 81.5 percent did not (Figure 27 and Table A.15B). Stated another way, about four fifths of past year buprenorphine users did *not* misuse it in that period. Data from the 2015 to 2019 NSDUHs indicated that adults aged 18 or older who misused buprenorphine products were more likely to have used them without a prescription of their own compared with adults who misused prescription opioids other than buprenorphine products.[28]

Figure 27. Past Year Prescription Opioid Subtype Misuse: Among People Aged 12 or Older Who Were Past Year Users of Specific Prescription Opioid Subtypes; 2025



* Low precision; no estimate reported.

Note: Respondents could indicate misuse of prescription opioids in multiple subtypes; thus, these response categories are not mutually exclusive.

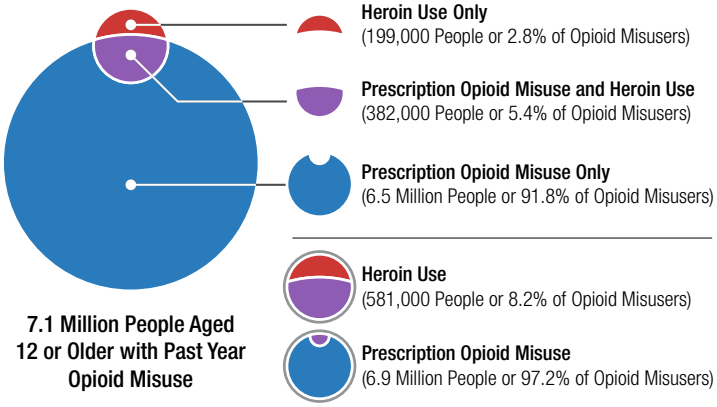
Opioid Misuse

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 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 reported only the misuse of other prescription pain relievers, and the other 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 2025 Detailed Tables.[20]

Among people aged 12 or older in 2025, 2.4 percent (or 7.1 million people) misused opioids in the past year (Figure 28 and Table A.10B). The vast majority of these people who misused opioids in the past year misused prescription opioids (Table A.16AB), but they did not use heroin. Specifically, 6.9 million people misused prescription opioids in the past year, of whom 6.5 million people did not use heroin. An estimated 382,000 people misused prescription opioids and used heroin in the past year.

Figure 28. Type of Past Year Opioid Misuse: Among Past Year Opioid Misusers Aged 12 or Older; 2025

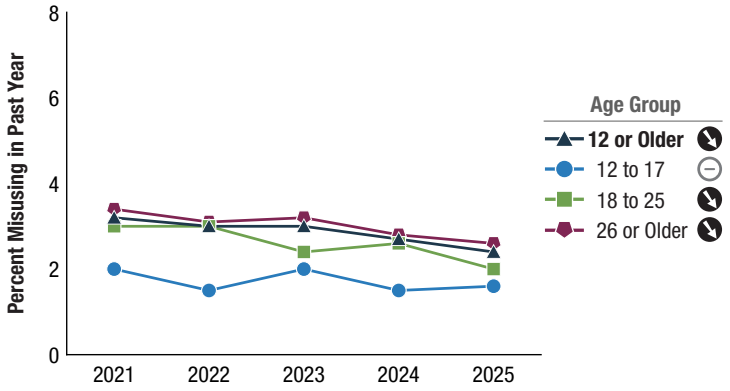


Note: These estimates do not include illegally made fentanyl.
Note: The numbers for the interior pieces may not add to the number for the whole circle due to rounding.

Among people aged 12 or older, the percentage who misused opioids in the past year decreased from 3.2 percent (or 9.1 million people) in 2021 to 2.4 percent (or 7.1 million people) in 2025 (Figure 29 and Table A.10B). The percentages of young adults aged 18 to 25 and adults aged 26 or older who misused opioids in the past year also decreased from 2021 to 2025 (Tables A.12B and A.13B). For example, the percentage of young adults aged 18 to 25 who misused opioids in the past year decreased from 3.0 percent (or 1.0 million people) in 2021 to 2.0 percent (or 736,000 people) in 2025. Among adolescents aged 12 to 17, the percentage who misused opioids in the past year showed no change from 2021 to 2025 (Table A.11B).

In 2025, the percentage of people who misused opioids in the past year was higher among adults aged 26 or older (2.6 percent or 5.9 million people) than among young adults aged 18 to 25 (2.0 percent or 736,000 people) or adolescents aged 12 to 17 (1.6 percent or 403,000 people) (Figure 29 and Tables A.11B, A.12B, and A.13B).

Figure 29. Past Year Opioid Misuse: Among People Aged 12 or Older; 2021-2025



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

Figure 29 Table. Past Year Opioid Misuse: Among People Aged 12 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	3.2	3.0	3.0	2.7	2.4	**Decreased**
12 to 17	2.0	1.5	2.0	1.5	1.6	No Change
18 to 25	3.0	3.0	2.4	2.6	2.0	**Decreased**
26 or Older	3.4	3.1	3.2	2.8	2.6	**Decreased**

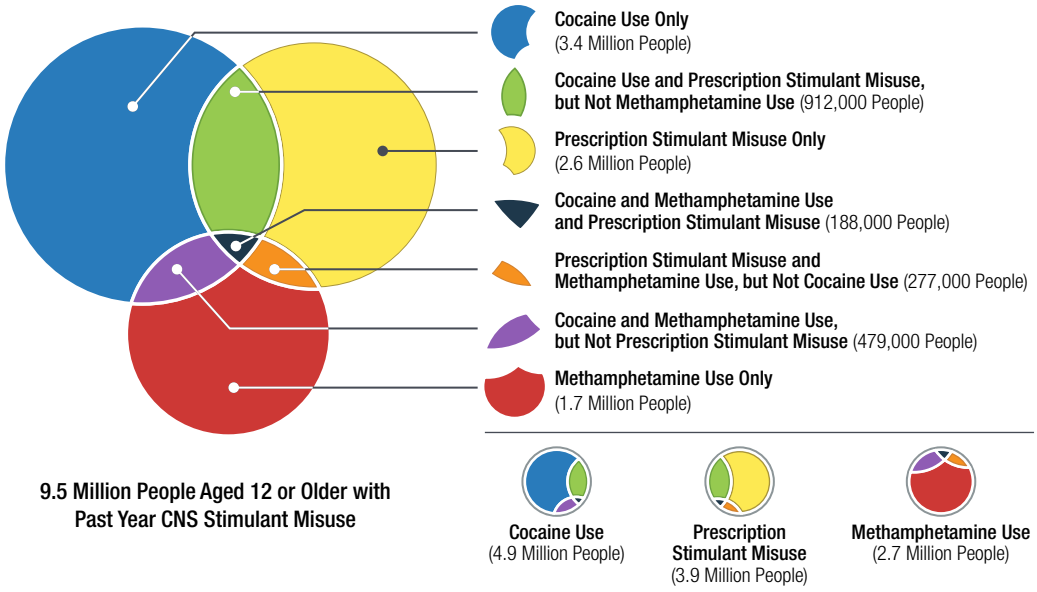
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.
Note: Estimates include the use of heroin or the misuse of prescription opioids in the past year. Estimates for 2021-2023 may differ from previously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

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.[29,30,31] In this report, CNS stimulant misuse includes the use of cocaine or methamphetamine or the misuse of prescription stimulants.

Of the 9.5 million people aged 12 or older in 2025 who misused CNS stimulants in the past year, most (7.6 million people) misused only one type of CNS stimulant, including 3.4 million people who used cocaine only, 2.6 million who misused prescription stimulants only, and 1.7 million people who used methamphetamine only (Figure 30 and Table A.17AB).[32] An estimated 188,000 people used or misused all three CNS stimulants in the past year (2.0 percent of people who misused CNS stimulants).

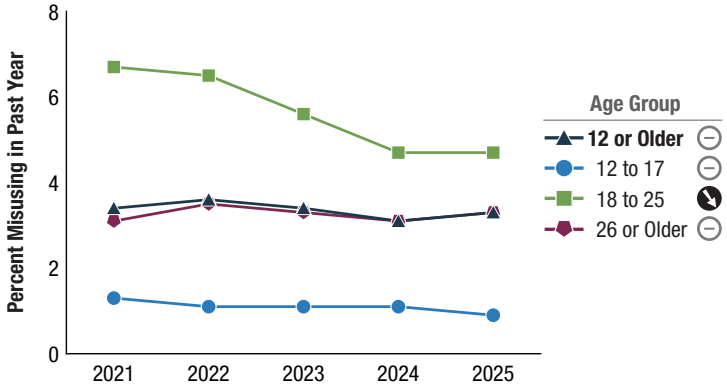
Figure 30. Past Year Central Nervous System (CNS) Stimulant Misuse: Among People Aged 12 or Older; 2025



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 2025 (Figure 31 and Table A.10B).

Figure 31. Past Year Central Nervous System Stimulant Misuse: Among People Aged 12 or Older; 2021-2025



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

Figure 31 Table. Past Year Central Nervous System Stimulant Misuse: Among People Aged 12 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	3.4	3.6	3.4	3.1	3.3	No Change
12 to 17	1.3	1.1	1.1	1.1	0.9	No Change
18 to 25	6.7	6.5	5.6	4.7	4.7	**Decreased**
26 or Older	3.1	3.5	3.3	3.1	3.3	No Change

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

In 2025, 3.3 percent of people aged 12 or older (or 9.5 million people) misused CNS stimulants in the past year. Percentages also showed no change from 2021 to 2025 for adolescents aged 12 to 17 and adults aged 26 or older (Tables A.11B and A.13B). Among young adults aged 18 to 25, however, the percentage who misused CNS stimulants in the past year decreased from 6.7 percent (or 2.2 million people) in 2021 to 4.7 percent (or 1.7 million people) in 2025 (Table A.12B).

In 2025, the percentage of people who misused CNS stimulants in the past year was highest among young adults aged 18 to 25 (4.7 percent or 1.7 million people), followed by adults aged 26 or older (3.3 percent or 7.6 million people), then by adolescents aged 12 to 17 (0.9 percent or 241,000 people) (Figure 31 and Tables A.11B, A.12B, and A.13B).

Illegally Made Fentanyl Use

The use of IMF is of particular interest because of its involvement in fatal overdoses in the past decade.[33,34,35] 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.[36] In 2024, most people who misused any fentanyl product had used IMF; misuse of fentanyl products includes misuse of prescription forms of fentanyl or use of IMF.[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 IMF, 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. 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, the percentage who used IMF in the past year showed no change from 2021 to 2025 (Table A.18B). In 2025, 0.3 percent of people aged 12 or older (or 768,000 people) used IMF in the past year. Percentages also showed no change from 2021 to 2025 for each age group.

In 2025, the percentage of people who used IMF in the past year did not differ significantly by age group. Percentages ranged from 0.1 percent (or 34,000 people) among adolescents aged 12 to 17 to 0.3 percent (or 676,000 people) among adults aged 26 or older. An estimated 0.2 percent of young adults aged 18 to 25 (57,000 people) used IMF in the past year (Table A.18B).

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.[42] 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.[43,44,45] 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 five substances with the largest numbers of people aged 12 or older in 2025 who initiated use in the past year: alcohol use, nicotine vaping, marijuana use, cigar use, and cigarette 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.

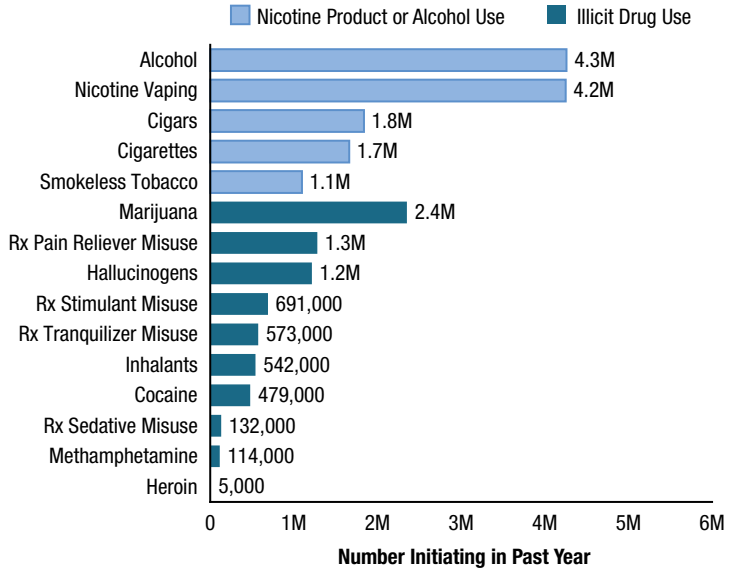
These relationships are especially important to consider for the aggregate measure for the initiation of misuse of prescription psychotherapeutic drugs. There is potential for respondents to underreport lifetime (but not past year) misuse of prescription drugs.[46] This potential for underreporting could 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 (CNS) stimulant misuse (cocaine, methamphetamine, or prescription stimulants) or any illicit drug use (including prescription drug misuse).[47]

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 alcohol or nicotine products is useful for estimating whether past year initiation of use occurred before age 21 or at age 21 or older.

Figure 32 and Table A.19A provide an overview of the numbers of people aged 12 or older in 2025 who were past year initiates of the use or misuse of the substances discussed in this section. In the past 12 months, 4.3 million people used alcohol for the first time, 4.2 million people vaped nicotine for the first time, 2.4 million people used marijuana for the first time, 1.8 million people tried cigars for the first time, and 1.7 million people tried a cigarette for the first time. Smaller numbers of people initiated the use or misuse of other substances shown in Figure 32.

Figure 32. Past Year Initiates of Substances: Among People Aged 12 or Older; 2025

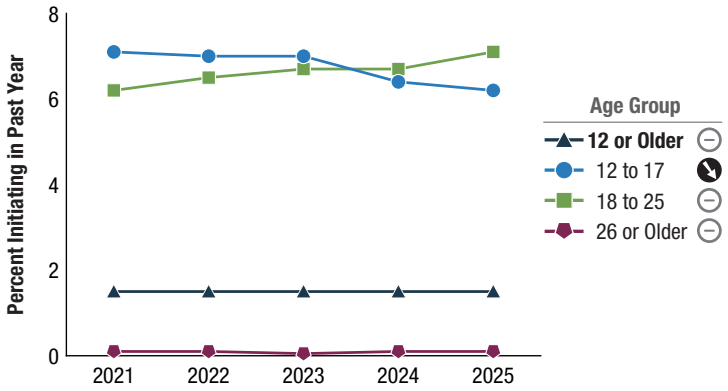


Rx = prescription.

Initiation of Alcohol Use

Among people aged 12 or older, the percentage who initiated alcohol use in the past year—meaning they had never had more than a sip or two from a drink before the past 12 months—showed no change from 2021 to 2025 (Figure 33 and Table A.20B). In 2025, 1.5 percent of people aged 12 or older (or 4.3 million people) initiated alcohol use in the past year. Percentages also showed no change from 2021 to 2025 for young adults aged 18 to 25 and adults aged 26 or older (Tables A.22B and A.23B). Among adolescents aged 12 to 17, however, the percentage who initiated alcohol use in the past year decreased from 7.1 percent (or 1.8 million people) in 2021 to 6.2 percent (or 1.6 million people) in 2025 (Table A.21B).

Figure 33. Past Year Alcohol Use Initiates: Among People Aged 12 or Older; 2021-2025



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

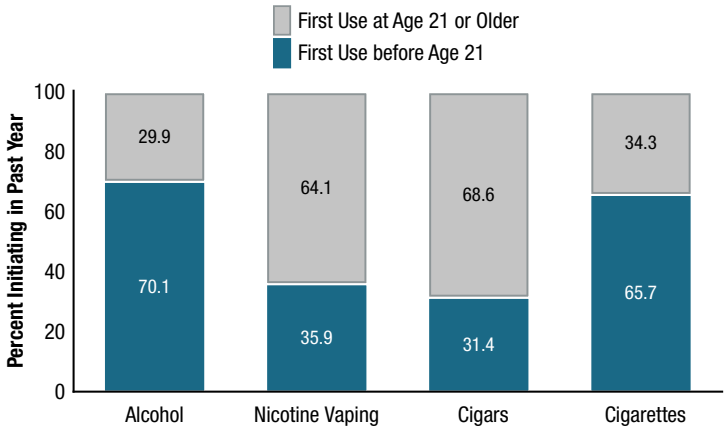
Figure 33 Table. Past Year Alcohol Use Initiates: Among People Aged 12 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	1.5	1.5	1.5	1.5	1.5	No Change
12 to 17	7.1	7.0	7.0	6.4	6.2	**Decreased**
18 to 25	6.2	6.5	6.7	6.7	7.1	No Change
26 or Older	0.1	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.

In 2025, the percentages of people who initiated alcohol use in the past year were higher among young adults aged 18 to 25 (7.1 percent or 2.6 million people) or adolescents aged 12 to 17 (6.2 percent or 1.6 million people) than among adults aged 26 or older (0.1 percent or 117,000 people) (Figure 33 and Tables A.21B, A.22B, and A.23B). Approximately 7 in 10 of the 4.3 million people in 2025 who initiated alcohol use in the past year did so before age 21 (70.1 percent or 3.0 million people) (Figure 34 and Table A.24AB).

Figure 34. 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; 2025



Initiation of Nicotine Vaping

Among people aged 12 or older, the percentage who initiated nicotine vaping in the past year—meaning they had never vaped nicotine before the past 12 months—decreased from 2.1 percent (or 5.9 million people) in 2022 to 1.5 percent (or 4.2 million people) in 2025 (Figure 35 and Table A.20B). Percentages also decreased from 2022 to 2025 for people in each age group (Tables A.21B, A.22B, and A.23B). For example, the percentage of young adults aged 18 to 25 who first vaped nicotine in the past year decreased from 4.1 percent (or 1.4 million people) in 2022 to 2.7 percent (or 982,000 people) in 2025. Note that estimates in 2022 to 2024 for the initiation of nicotine vaping in the past year may differ from previously published estimates because of updates to nicotine vaping measures.[17]

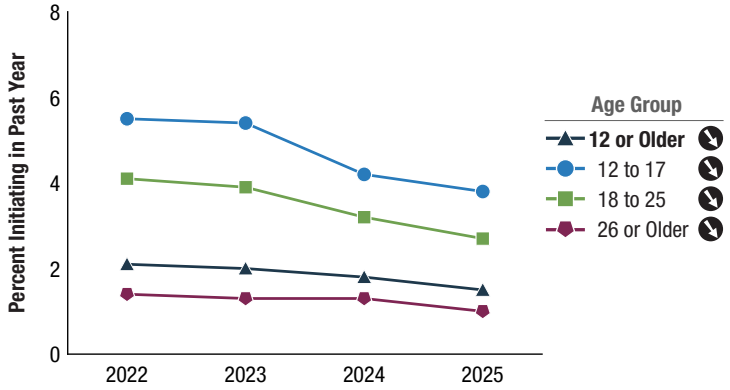
In 2025, the percentage of people who initiated nicotine vaping in the past year was highest among adolescents aged 12 to 17 (3.8 percent or 968,000 people), followed by young adults aged 18 to 25 (2.7 percent or 982,000 people), then by adults aged 26 or older (1.0 percent or 2.3 million people) (Figure 35 and Tables A.21B, A.22B, and A.23B). Among the 4.2 million people who initiated nicotine vaping in the past year, about one third (35.9 percent or 1.5 million people) did so before age 21, and about two thirds (64.1 percent or 2.7 million people) did so at age 21 or older (Figure 34 and Table A.24AB).

Initiation of Marijuana Use

Among people aged 12 or older, the percentage of people who initiated marijuana use in the past year decreased from 1.0 percent (or 2.7 million people) in 2021 to 0.8 percent (or 2.4 million people) in 2025 (Figure 36 and Table A.20B). The percentage of adolescents aged 12 to 17 who initiated marijuana use in the past year also decreased from 3.5 percent (or 913,000 people) in 2021 to 2.4 percent (or 615,000 people) in 2025 (Table A.21B). Percentages showed no change from 2021 to 2025 for young adults aged 18 to 25 and adults aged 26 or older (Tables A.22B and A.23B).

In 2025, the percentage of people who initiated marijuana use in the past year was highest among young adults aged 18 to 25 (3.2 percent or 1.1 million people), followed by adolescents aged 12 to 17 (2.4 percent or 615,000 people), then by adults aged 26 or older (0.3 percent or 593,000 people) (Figure 36 and Tables A.21B, A.22B, and A.23B).

Figure 35. Past Year Nicotine Vaping Initiates: Among People Aged 12 or Older; 2022-2025



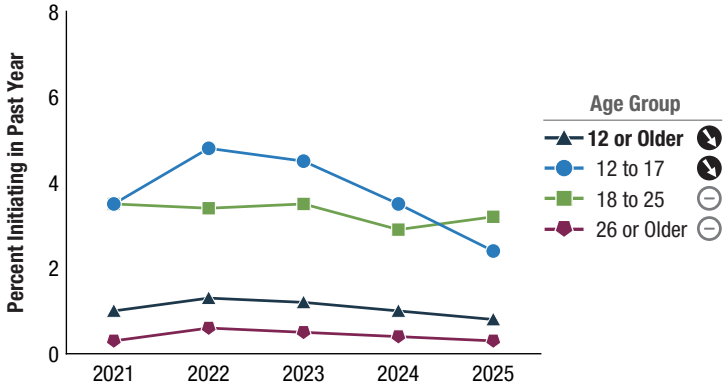
Note: Some 2022-2024 estimates may differ from previously published estimates due to updates to the editing procedures for this measure.

Figure 35 Table. Past Year Nicotine Vaping Initiates: Among People Aged 12 or Older; Percentages, 2022-2025

Age Group	2022	2023	2024	2025	Trend
12 or Older	2.1	2.0	1.8	1.5	**Decreased**
12 to 17	5.5	5.4	4.2	3.8	**Decreased**
18 to 25	4.1	3.9	3.2	2.7	**Decreased**
26 or Older	1.4	1.3	1.3	1.0	**Decreased**

Note: Some 2022-2024 estimates may differ from previously published estimates due to updates to the editing procedures for this measure.

Figure 36. Past Year Marijuana Use Initiates: Among People Aged 12 or Older; 2021-2025



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 Marijuana Use Initiates: Among People Aged 12 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	1.0	1.3	1.2	1.0	0.8	**Decreased**
12 to 17	3.5	4.8	4.5	3.5	2.4	**Decreased**
18 to 25	3.5	3.4	3.5	2.9	3.2	No Change
26 or Older	0.3	0.6	0.5	0.4	0.3	No Change

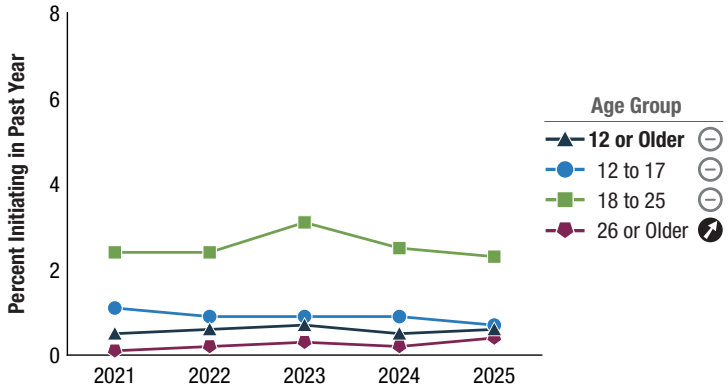
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Initiation of Cigar Use

Among people aged 12 or older, the percentage who initiated cigar use in the past year showed no change from 2021 to 2025 (Figure 37 and Table A.20B). Percentages also showed no change from 2021 to 2025 for adolescents aged 12 to 17 and young adults aged 18 to 25 (Tables A.21B and A.22B). Among adults aged 26 or older, the percentage who initiated cigar use in the past year increased from 0.1 percent (or 315,000 people) in 2021 to 0.4 percent (or 829,000 people) in 2025 (Table A.23B).

In 2025, the percentage of people who initiated cigar use in the past year was highest among young adults aged 18 to 25 (2.3 percent or 823,000 people), followed by adolescents aged 12 to 17 (0.7 percent or 185,000 people), then by adults aged 26 or older (0.4 percent or 829,000 people) (Figure 37 and Tables A.21B, A.22B, and A.23B). About two thirds of the 1.8 million people who initiated cigar use in the past year did so at age 21 or older (68.6 percent or 1.3 million people) (Figure 34 and Table A.24AB).

Figure 37. Past Year Cigar Use Initiates: Among People Aged 12 or Older; 2021-2025



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 Cigar Use Initiates: Among People Aged 12 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	0.5	0.6	0.7	0.5	0.6	No Change
12 to 17	1.1	0.9	0.9	0.9	0.7	No Change
18 to 25	2.4	2.4	3.1	2.5	2.3	No Change
26 or Older	0.1	0.2	0.3	0.2	0.4	**Increased**

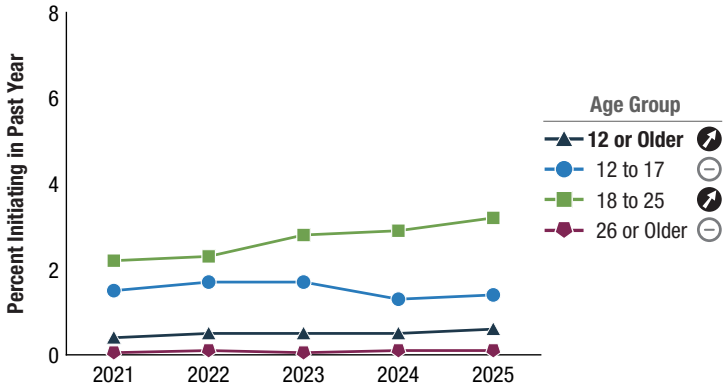
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Initiation of Cigarette Use

Among people aged 12 or older, the percentage who initiated cigarette use in the past year increased from 0.4 percent (or 1.2 million people) in 2021 to 0.6 percent (or 1.7 million people) in 2025 (Figure 38 and Table A.20B). The percentage also increased among young adults aged 18 to 25, from 2.2 percent (or 736,000 people) in 2021 to 3.2 percent (or 1.1 million people) in 2025 (Table A.22B). Percentages showed no change from 2021 to 2025 for adolescents aged 12 to 17 and adults aged 26 or older (Tables A.21B and A.23B).

In 2025, the percentage of people who initiated cigarette use in the past year was highest among young adults aged 18 to 25 (3.2 percent or 1.1 million people), followed by 1.4 percent of adolescents aged 12 to 17 (or 363,000 people), then by 0.1 percent of adults aged 26 or older (or 152,000 people) (Figure 38 and Tables A.21B, A.22B, and A.23B). Nearly two thirds of the 1.7 million people who initiated cigarette use in the past year did so before age 21 (65.7 percent or 1.1 million people) (Figure 34 and Table A.24AB).

Figure 38. Past Year Cigarette Use Initiates: Among People Aged 12 or Older; 2021-2025



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 Cigarette Use Initiates: Among People Aged 12 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	0.4	0.5	0.5	0.5	0.6	**Increased**
12 to 17	1.5	1.7	1.7	1.3	1.4	No Change
18 to 25	2.2	2.3	2.8	2.9	3.2	**Increased**
26 or Older	<0.1	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.

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), such as health problems; disability; or 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).[48,49] 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 2025 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 Illegally Made Fentanyl Use section, however, the estimate of IMF use in the past year among people aged 12 or older was low in 2025 (0.3 percent or 768,000 people). 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 2025 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 2025 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.[50]
    b. The substance or a related substance is used to get over or avoid withdrawal symptoms.[51]

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

Table 1. DSM-5 SUD Criteria for Substances and Types of Use in the 2025 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 2025 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.

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.[52]

Substances and types of use or misuse that are included in selected SUD measures in the 2025 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.[53]
- Alcohol use disorder includes only data from past year users of alcohol.[53]
- Drug use disorder includes data from past year users of marijuana,[53] 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.

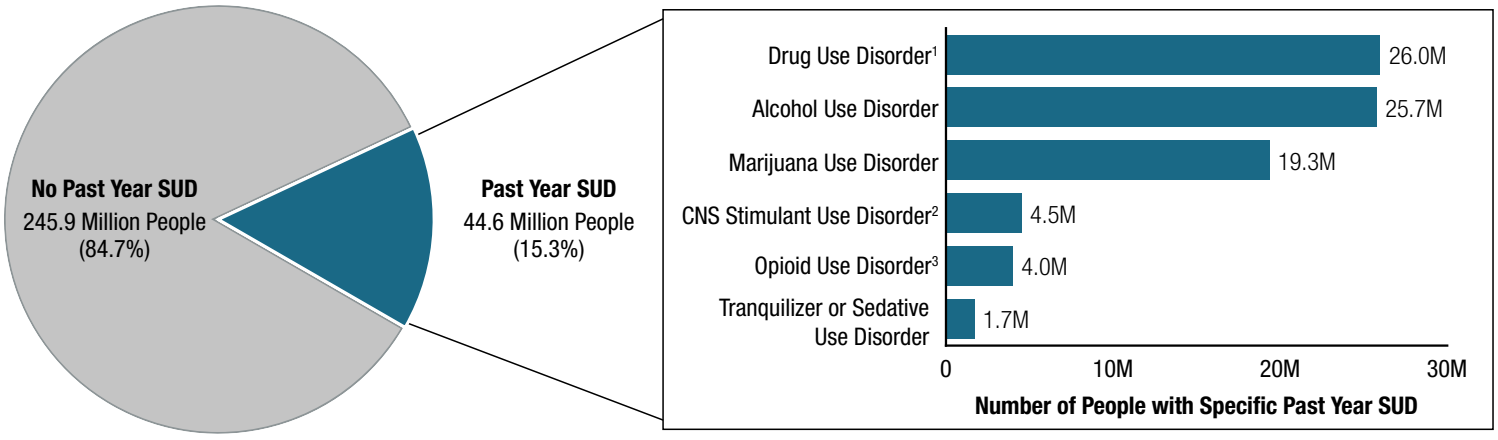
In addition, NSDUH asked respondents about SUD symptoms that respondents specifically attributed to their use in the past year of cocaine, heroin, methamphetamine, prescription pain relievers, prescription tranquilizers, prescription stimulants, and prescription sedatives. However, DSM-5 groups these 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).

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 2025, 44.6 million people aged 12 or older (or 15.3 percent of the population) had an SUD in the past year, including 25.7 million people who had an alcohol use disorder and 26.0 million people who had a drug use disorder (Figure 39 and Tables A.25AB and A.26B). People

Figure 39. Past Year Substance Use Disorder (SUD): Among People Aged 12 or Older; 2025



CNS = central nervous system.

Note: The estimated numbers of people with SUDs are not mutually exclusive because people could have an SUD 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 3 for more information about opioid use disorder.

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

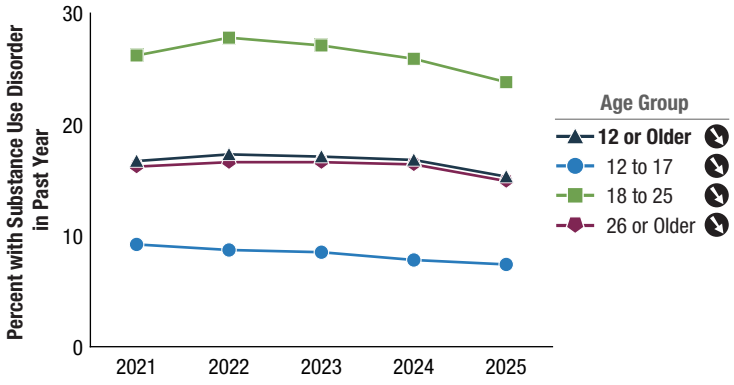
[3] Includes data from all past year users of heroin or prescription opioids. Respondents were not included if they used only nonopioid pain relievers.

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 7.1 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 decreased from 16.7 percent (or 46.8 million people) in 2021 to 15.3 percent (or 44.6 million people) in 2025 (Figure 40 and Table A.26B). Percentages also decreased from 2021 to 2025 for each age group (Tables A.27B, A.28B, and A.29B). For example, the percentage of young adults aged 18 to 25 who had a past year SUD decreased from 26.2 percent (or 8.8 million people) in 2021 to 23.8 percent (or 8.6 million people) in 2025.

In 2025, the percentage of people who had a past year SUD was highest among young adults aged 18 to 25 (23.8 percent or 8.6 million people), followed by adults aged 26 or older (14.9 percent or 34.1 million people), then by adolescents aged 12 to 17 (7.4 percent or 1.9 million people) (Figure 40 and Tables A.27B, A.28B, and A.29B).

Figure 40. Past Year Substance Use Disorder: Among People Aged 12 or Older; 2021-2025



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 Substance Use Disorder: Among People Aged 12 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	16.7	17.3	17.1	16.8	15.3	**Decreased**
12 to 17	9.2	8.7	8.5	7.8	7.4	**Decreased**
18 to 25	26.2	27.8	27.1	25.9	23.8	**Decreased**
26 or Older	16.2	16.6	16.6	16.4	14.9	**Decreased**

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

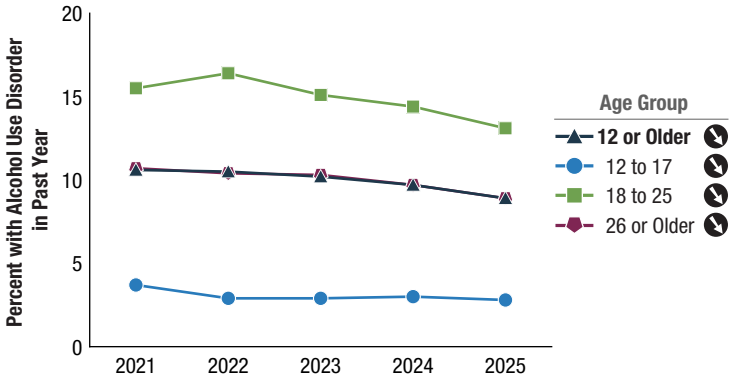
Alcohol Use Disorder

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 2025 Methodological Summary and Definitions report.[11]

Among people aged 12 or older, the percentage who had a past year alcohol use disorder decreased from 10.6 percent (or 29.7 million people) in 2021 to 8.9 percent (or 25.7 million people) in 2025 (Figure 41 and Table A.26B). Percentages also decreased from 2021 to 2025 for each age group (Tables A.27B, A.28B, and A.29B). For example, the percentage of young adults aged 18 to 25 who had a past year alcohol use disorder decreased from 15.5 percent (or 5.2 million people) in 2021 to 13.1 percent (or 4.7 million people) in 2025.

In 2025, the percentage of people who had a past year alcohol use disorder was highest among young adults aged 18 to 25 (13.1 percent or 4.7 million people), followed by adults aged 26 or older (8.9 percent or 20.3 million people), then by adolescents aged 12 to 17 (2.8 percent or 710,000 people) (Figure 41 and Tables A.27B, A.28B, and A.29B).

Figure 41. Past Year Alcohol Use Disorder: Among People Aged 12 or Older; 2021-2025



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

Figure 41 Table. Alcohol Use Disorder in the Past Year: Among People Aged 12 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	10.6	10.5	10.2	9.7	8.9	**Decreased**
12 to 17	3.7	2.9	2.9	3.0	2.8	**Decreased**
18 to 25	15.5	16.4	15.1	14.4	13.1	**Decreased**
26 or Older	10.7	10.4	10.3	9.7	8.9	**Decreased**

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

Drug Use Disorder

This section presents overall estimates for drug use disorder, then provides estimates for selected specific drugs. As discussed previously, drug use disorder was defined as meeting DSM-5 SUD criteria for one or more of the following drugs that were used in the past year: marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, or prescription psychotherapeutic drugs (i.e., stimulants, tranquilizers or sedatives, and pain relievers). Measures for prescription drug use disorders for 2025 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 2025 Methodological Summary and Definitions report.[11]

Among people aged 12 or older, the percentage who had a past year drug use disorder showed no change from 2021 to 2025. In 2025, 8.9 percent of people aged 12 or older (or 26.0 million people) had a past year drug use disorder (Figure 42 and Table A.26B). Percentages for young adults aged 18 to 25 and adults aged 26 or older also showed no change from 2021 to 2025 (Tables A.28B and A.29B). Among adolescents aged 12 to 17, the percentage who had a past year drug use disorder decreased from 7.3 percent (or 1.9 million people) in 2021 to 5.9 percent (or 1.5 million people) in 2025 (Table A.27B).

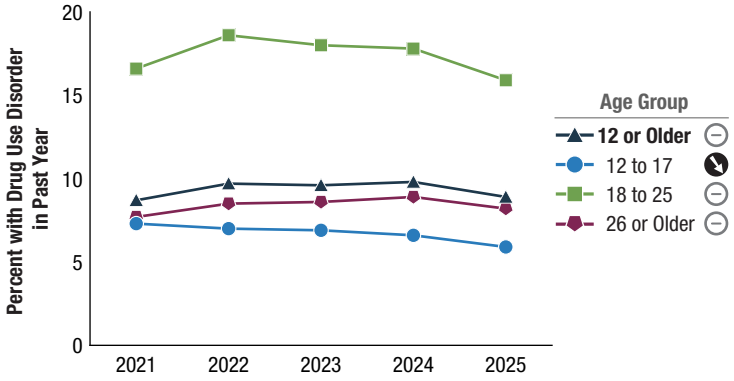
In 2025, the percentage of people who had a past year drug use disorder was highest among young adults aged 18 to 25 (15.9 percent or 5.7 million people), followed by adults aged 26 or older (8.2 percent or 18.7 million people), then by adolescents aged 12 to 17 (5.9 percent or 1.5 million people) (Figure 42 and Tables A.27B, A.28B, and A.29B).

Marijuana (Cannabis) Use Disorder

Among people aged 12 or older, the percentage who had a past year marijuana (cannabis) use disorder increased from 6.0 percent (or 16.7 million people) in 2021 to 6.7 percent (or 19.3 million people) in 2025 (Figure 43 and Table A.26B). 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 5.7 percent (or 13.1 million people) in 2025 (Table A.29B). Percentages showed no change from 2021 to 2025 for adolescents aged 12 to 17 and young adults aged 18 to 25 (Tables A.27B and A.28B).

In 2025, the percentage of people who had a past year marijuana use disorder was highest among young adults aged

Figure 42. Past Year Drug Use Disorder: Among People Aged 12 or Older; 2021-2025



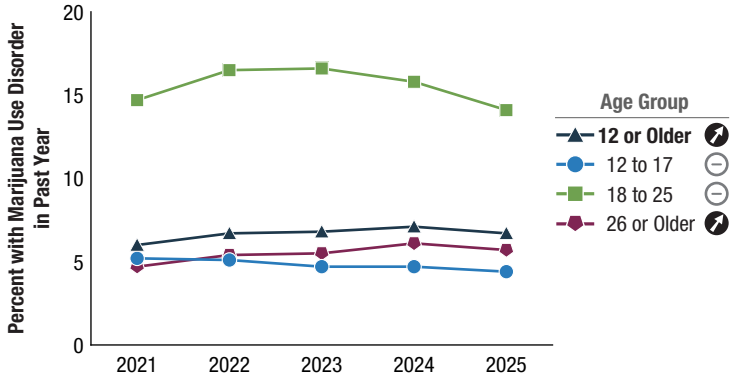
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 42 Table. Past Year Drug Use Disorder: Among People Aged 12 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	8.7	9.7	9.6	9.8	8.9	No Change
12 to 17	7.3	7.0	6.9	6.6	5.9	**Decreased**
18 to 25	16.6	18.6	18.0	17.8	15.9	No Change
26 or Older	7.7	8.5	8.6	8.9	8.2	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 43. Past Year Marijuana Use Disorder: Among People Aged 12 or Older; 2021-2025



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

Figure 43 Table. Past Year Marijuana Use Disorder: Among People Aged 12 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	6.0	6.7	6.8	7.1	6.7	**Increased**
12 to 17	5.2	5.1	4.7	4.7	4.4	No Change
18 to 25	14.7	16.5	16.6	15.8	14.1	No Change
26 or Older	4.7	5.4	5.5	6.1	5.7	**Increased**

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

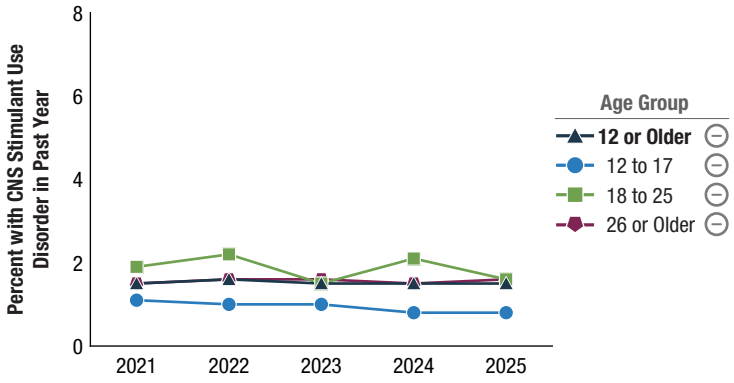
18 to 25 (14.1 percent or 5.1 million people), followed by adults aged 26 or older (5.7 percent or 13.1 million people), then by adolescents aged 12 to 17 (4.4 percent or 1.1 million people) (Figure 43 and Tables A.27B, A.28B, and A.29B).

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 2025 (Figure 44 and Table A.26B). In 2025, 1.5 percent of people aged 12 or older (or 4.5 million people) had a past year CNS stimulant use disorder.

Figure 44. Past Year Central Nervous System (CNS) Stimulant Use Disorder: Among People Aged 12 or Older; 2021-2025



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

Figure 44 Table. Past Year Central Nervous System (CNS) Stimulant Use Disorder: Among People Aged 12 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	1.5	1.6	1.5	1.5	1.5	⊖ No Change
12 to 17	1.1	1.0	1.0	0.8	0.8	⊖ No Change
18 to 25	1.9	2.2	1.5	2.1	1.6	⊖ No Change
26 or Older	1.5	1.6	1.6	1.5	1.6	⊖ No Change

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

Percentages also showed no change from 2021 to 2025 for each age group (Tables A.27B, A.28B, and A.29B).

In 2025, the percentage of people who had a past year CNS stimulant use disorder was higher among young adults aged 18 to 25 and adults aged 26 or older (1.6 percent for each age group, or 591,000 young adults and 3.7 million adults aged 26 or older) than among adolescents aged 12 to 17 (0.8 percent or 213,000 people) (Figure 44 and Tables A.27B, A.28B, and A.29B).

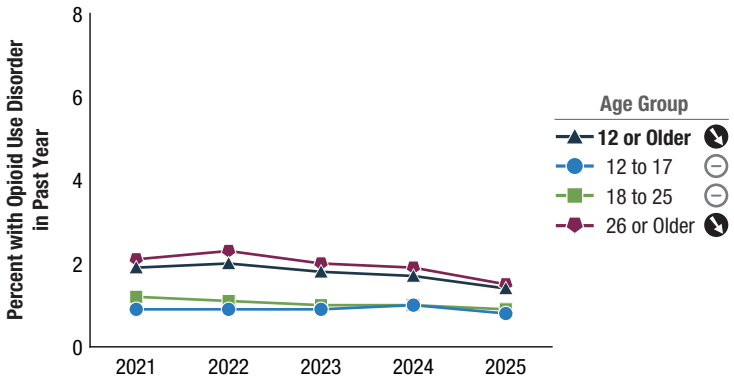
Opioid Use Disorder

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 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. Additionally, questions about the use of IMF were asked in the 2025 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. However, fewer than 30 respondents in 2025 reported use of IMF in the past year but did not report use of heroin or any use of prescription opioids in that period.

Among people aged 12 or older, the percentage who had a past year opioid use disorder decreased from 1.9 percent (or 5.2 million people) in 2021 to 1.4 percent (or 4.0 million people) in 2025 (Figure 45 and Table A.26B). The percentage of people who had a past year opioid use disorder also decreased among adults aged 26 or older, from 2.1 percent (or 4.6 million people) in 2021 to 1.5 percent (or 3.4 million people) in 2025 (Table A.29B). Percentages showed no change from 2021 to 2025 for adolescents aged 12 to 17 and young adults aged 18 to 25 (Tables A.27B and A.28B).

In 2025, the percentage of people who had a past year opioid use disorder was higher among adults aged 26 or older (1.5 percent or 3.4 million people) than among young adults

Figure 45. Past Year Opioid Use Disorder: Among People Aged 12 or Older; 2021-2025



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

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.

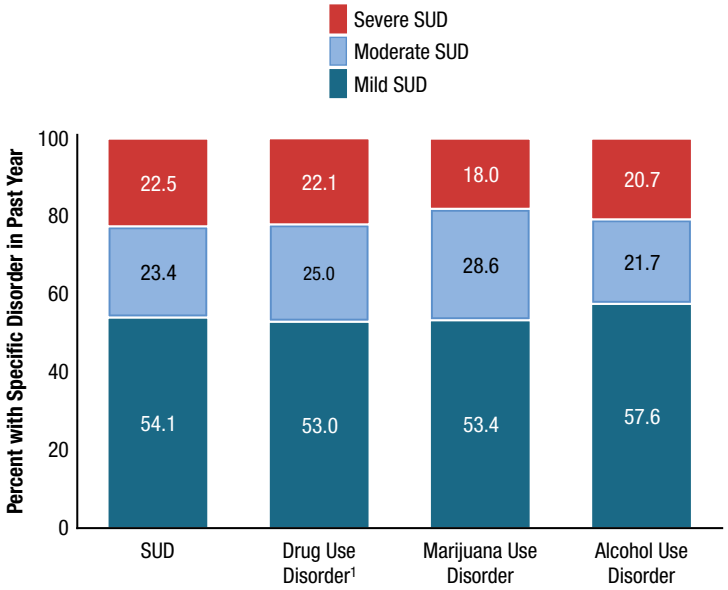
Figure 45 Table. Past Year Opioid Use Disorder: Among People Aged 12 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
12 or Older	1.9	2.0	1.8	1.7	1.4	**Decreased**
12 to 17	0.9	0.9	0.9	1.0	0.8	No Change
18 to 25	1.2	1.1	1.0	1.0	0.9	No Change
26 or Older	2.1	2.3	2.0	1.9	1.5	**Decreased**

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

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.

Figure 46. Substance Use Disorder (SUD) Severity Level for Specific Substances in the Past Year: Among People Aged 12 or Older with a Specific SUD; 2025



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).

aged 18 to 25 (0.9 percent or 337,000 people) or adolescents aged 12 to 17 (0.8 percent or 207,000 people) (Figure 45 and Tables A.27B, A.28B, and A.29B).

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 46 and Table A.30B for severity levels among people aged 12 or older in 2025 who had a past year SUD, drug use disorder, marijuana use disorder, or alcohol use disorder include the following:

- Among the 44.6 million people aged 12 or older who had a past year SUD (Figure 39 and Table A.25AB), most (54.1 percent) had a mild disorder, and about 1 in 5 (22.5 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 did not differ significantly by age group and ranged from 22.0 percent among adults aged 26 or older to 25.1 percent among adolescents aged 12 to 17.
- The percentages for severity among people aged 12 or older who had a past year drug use disorder followed a general pattern similar to that for any SUD in that period.
  - Among the 26.0 million people aged 12 or older who had a drug use disorder (Figure 39 and Table A.25AB), most (53.0 percent) had a mild disorder, and about 1 in 5 (22.1 percent) had a severe disorder.

  - Among people with a past year drug use disorder, percentages who had a severe disorder were higher among adolescents aged 12 to 17 (28.1 percent) and young adults aged 18 to 25 (25.3 percent) than among adults aged 26 or older (20.6 percent).

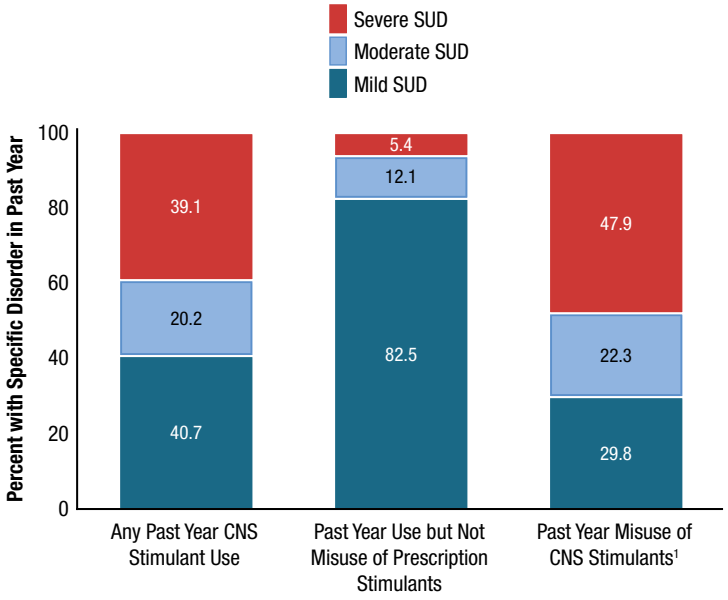
- The percentages for severity among people who had a marijuana use disorder in the past year followed a general pattern similar to that for any SUD among people aged 12 or older, young adults aged 18 to 25, and adults aged 26 or older.
  - Among the 19.3 million people aged 12 or older who had a marijuana use disorder (Figure 39), most (53.4 percent) had a mild disorder, and about 1 in 6 (18.0 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 one third (35.7 percent) had a mild disorder, and one third (33.4 percent) had a severe disorder.
  - Among all people who had a marijuana use disorder, the percentage who had a severe disorder was highest among adolescents aged 12 to 17 (33.4 percent), followed by young adults aged 18 to 25 (25.3 percent), then by adults aged 26 or older (13.8 percent).
- The percentages for severity among people aged 12 or older who had a past year alcohol use disorder followed a general pattern similar to that for any SUD in that period.
  - Among the 25.7 million people aged 12 or older with a past year alcohol use disorder (Figure 39 and Table A.25AB), most (57.6 percent) had a mild disorder, compared with about 1 in 5 (20.7 percent) who had a severe disorder.
  - Among people with a past year alcohol use disorder, percentages who had a severe disorder did not differ significantly by age group and ranged from 14.5 percent among adolescents aged 12 to 17 to 21.6 percent among adults aged 26 or older.

In summary, the majority of people aged 12 or older who had an SUD, a drug use disorder, 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 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 4.5 million people aged 12 or older in 2025 who had a CNS stimulant use disorder in the past year (Figure 39), about 2 in 5 (40.7 percent) had a mild disorder, and about 2 in 5 (39.1 percent) had a severe disorder (Figure 47 and Table A.31B).

Figure 47. 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; 2025



SUD = substance use disorder.

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.

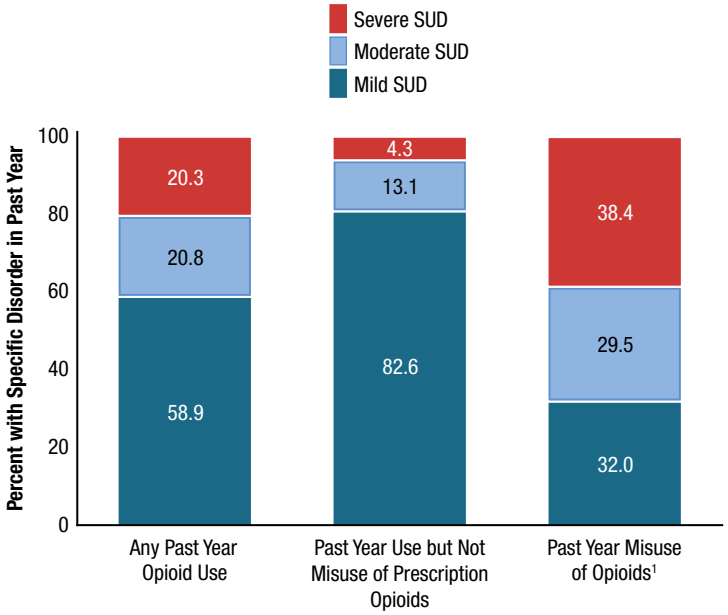
- Among people who had a CNS stimulant use disorder in the past year that was due to their misuse of CNS stimulants in the past year (i.e., use of cocaine or methamphetamine[54] or misuse of prescription stimulants), 29.8 percent had a mild disorder, and about half (47.9 percent) had a severe disorder (Table A.31B).

- 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, 82.5 percent had a mild disorder, and 5.4 percent had a severe disorder (Table A.31B).

Among the estimated 4.0 million people aged 12 or older in 2025 who had an opioid use disorder in the past year (Figure 39), about 3 in 5 (58.9 percent) had a mild disorder, and about 1 in 5 (20.3 percent) had a severe disorder (Figure 48 and Table A.31B).

- 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[54] or misuse of prescription opioids), 32.0 percent had a mild disorder, and 38.4 percent had a severe disorder (Table A.31B).
- In comparison, among people whose opioid use disorder was due only to their use but not misuse of prescription opioids in the past year, 82.6 percent had a mild disorder, and 4.3 percent had a severe disorder (Table A.31B).

Figure 48. Opioid Use Disorder Severity Level in the Past Year: Among People Aged 12 or Older with an Opioid Use Disorder; 2025



SUD = substance use disorder.

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.

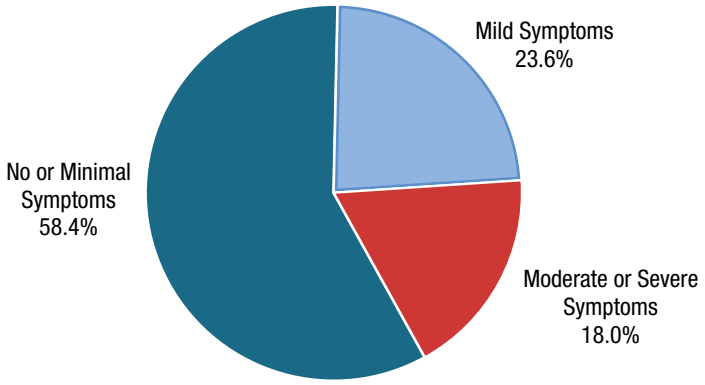
Symptoms of Generalized Anxiety Disorder in the Past 2 Weeks

The seven-item GAD-7 scale has been included in the NSDUH questionnaire since 2024 for adolescents aged 12 to 17 and adults aged 18 or older. The GAD-7 is a validated self-report measure that is used to screen for generalized anxiety disorder (GAD) and assess the severity of symptoms of GAD in the past 2 weeks.[55] Although the GAD-7 captures recent symptoms, it does not estimate the prevalence of GAD because diagnostic criteria for GAD require a longer pattern of symptoms and impairment.[48] Symptoms assessed in the GAD-7 questions 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. As shown in Table 2, GAD-7 scores range 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.[56]

Symptoms of Anxiety among Adolescents

Among adolescents aged 12 to 17 in 2025, about 1 in 5 (18.0 percent or 4.6 million people) had moderate or severe symptoms of GAD, including 10.6 percent (or 2.7 million people) who had moderate symptoms and 7.4 percent (or 1.9 million people) who had severe symptoms (Figure 49 and Table A.32B). The majority of adolescents (58.4 percent or 14.9 million people) had no or minimal symptoms, and the remainder had mild symptoms (23.6 percent or about 6.0 million people).

Figure 49. Generalized Anxiety Disorder (GAD) Symptom Severity in the Past 2 Weeks: Among Adolescents Aged 12 to 17; 2025



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.

Table 2. GAD-7 Questions, Response Categories, and Score Classification

GAD-7 Questions Over the last 2 weeks, how often have you been bothered by...	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge?	0	1	2	3
2. Not being able to stop or control worrying?	0	1	2	3
3. Worrying too much about different things?	0	1	2	3
4. Having trouble relaxing?	0	1	2	3
5. Being so restless that it is hard to sit still?	0	1	2	3
6. Becoming easily annoyed or irritable?	0	1	2	3
7. Feeling afraid as if something awful might happen?	0	1	2	3
TOTAL SCORE				

GAD-7 Score

- **0 to 4** No or minimal symptoms
- **5 to 9** Mild symptoms
- **10 to 14** Moderate symptoms
- **15 to 21** Severe symptoms

GAD-7 = seven-item screener for generalized anxiety disorder (GAD) and severity of symptoms of GAD.

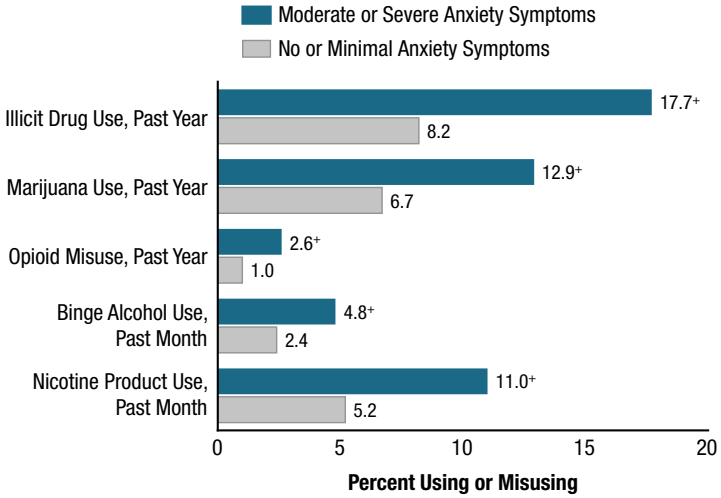
Note: Numbers ranging from 0 to 3 for each question are for scoring purposes. Response choices in the questionnaire ranged from 1 (Not at all) to 4 (Nearly every day).

Note: All respondents who had missing data for the individual GAD-7 questions had their responses statistically imputed. Thus, there were no missing values for the variables associated with the GAD-7 questions that were used in analysis.

Substance Use among Adolescents with Moderate or Severe Anxiety Symptoms

In 2025, 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 used illicit drugs in the past year (17.7 vs. 8.2 percent), used marijuana in the past year (12.9 vs. 6.7 percent), or misused opioids (i.e., used heroin or misused prescription opioids) in the past year (2.6 vs. 1.0 percent) (Figure 50 and Table A.33B). Adolescents who had moderate or severe symptoms were more likely than those with no or minimal symptoms to have engaged in binge alcohol use in the past month (4.8 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 nicotine products in the past month (11.0 vs. 5.2 percent). Adolescents with moderate or severe symptoms of anxiety also were more likely than those with no or minimal symptoms to have used most of the other substances in the past year or past month that are shown in Table A.33B.

Figure 50. Past Year or Past Month Substance Use: Among Adolescents Aged 12 to 17; by Severity of Anxiety Symptoms in the Past 2 Weeks, 2025



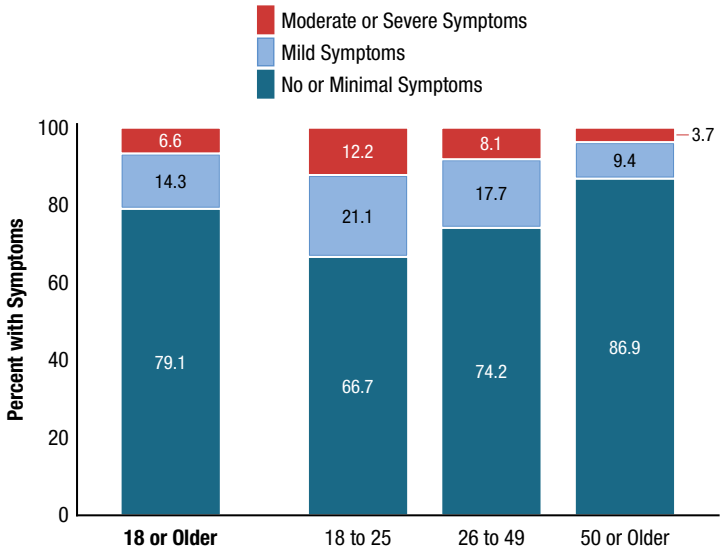
+ Difference between this estimate and the estimate for adolescents with no or minimal anxiety symptoms is statistically significant at the .05 level.

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.

Symptoms of Anxiety among Adults

Among adults aged 18 or older in 2025, 6.6 percent (or 17.5 million people) had moderate or severe symptoms of GAD in the past 2 weeks, including 4.2 percent (or 11.2 million people) who had moderate symptoms and 2.4 percent (or 6.3 million people) who had severe symptoms (Figure 51 and Table A.34B). About 8 in 10 adults (79.1 percent or 209.6 million people) had no or minimal symptoms, and the remainder had mild symptoms (14.3 percent or about 37.9 million people).

Figure 51. Generalized Anxiety Disorder (GAD) Symptom Severity in the Past 2 Weeks: Among Adults Aged 18 or Older; 2025



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.

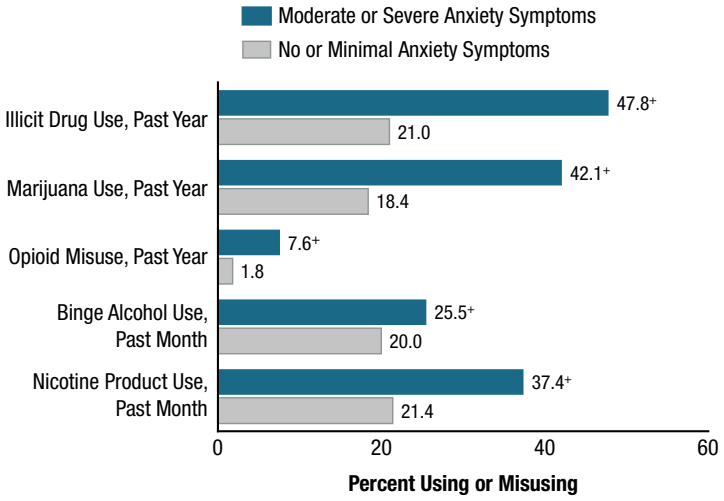
In 2025, the percentage of adults who had moderate or severe symptoms was highest among young adults aged 18 to 25 (12.2 percent or 4.4 million people), followed by adults aged 26 to 49 (8.1 percent or 8.5 million people), then by adults aged 50 or older (3.7 percent or 4.6 million people) (Figure 51 and Table A.34B).

Substance Use among Adults with Moderate or Severe Anxiety Symptoms

In 2025, 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 used illicit drugs in the past year (47.8 vs. 21.0 percent), used marijuana in the past year (42.1 vs. 18.4 percent), or misused opioids (i.e., used heroin or misused prescription opioids) in the past year (7.6 vs. 1.8 percent) (Figure 52 and Table A.35B). Adults who had moderate or severe symptoms were more likely than those with no or minimal symptoms to have engaged in binge alcohol use in the past month (25.5 vs. 20.0 percent). In addition, adults with moderate or severe symptoms were more likely than those with no or minimal symptoms to have used nicotine products in the past month (37.4 vs. 21.4 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 used most of the other substances in the past year or past month that are shown in Table A.35B. For example, 5.0 percent of adults (or 875,000 people) with moderate or severe symptoms of anxiety misused prescription tranquilizers or sedatives in the past year, compared with 1.0 percent of adults (or 2.0 million people) with no or minimal symptoms.

Figure 52. Past Year or Past Month Substance Use: Among Adults Aged 18 or Older; by Severity of Anxiety Symptoms, 2025



+ 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.

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 the DSM-5, which requires the presence of five or more symptoms during the same 2-week period.[48] 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.[14,57,58]

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.

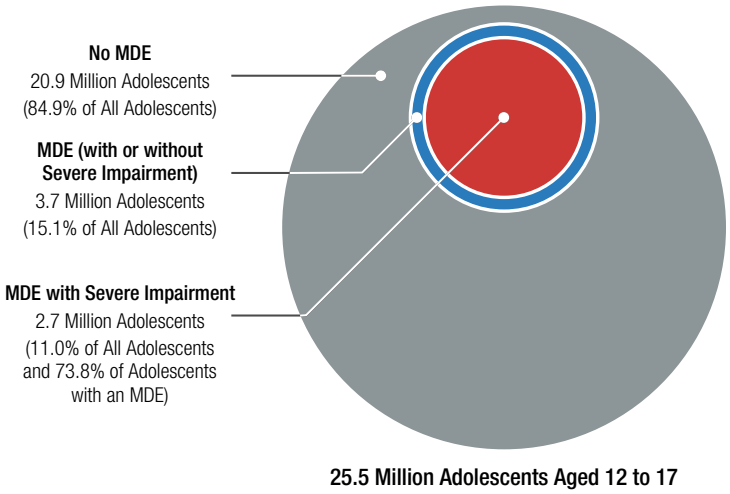
Web-based interviewing affected the number of adult respondents aged 18 or older in 2025 who provided usable information on their substance use[59] but did not complete the mental health or later questions (i.e., "break-offs"). To reduce the potential for bias, missing data for measures of MDE and MDE with severe impairment among adults aged 18 or older were statistically imputed for 2021 to 2025.[60]

MDE and MDE with Severe Impairment among Adolescents

Among adolescents aged 12 to 17 in 2025, 15.1 percent (or 3.7 million people) had a past year MDE (Figure 53 and Table A.36B). An estimated 11.0 percent of adolescents in 2025 (or 2.7 million people) had a past year MDE with

severe impairment. Among adolescents who had a past year MDE, about three fourths (73.8 percent) had an MDE with severe impairment.

Figure 53. Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year: Among Adolescents Aged 12 to 17; 2025



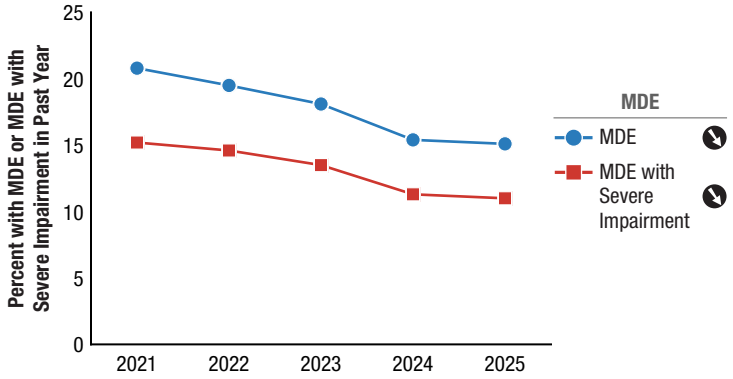
Note: Adolescent respondents with unknown MDE data were excluded; therefore, the sum of the interior pieces may not add to the whole.

Among adolescents aged 12 to 17, the percentage who had a past year MDE decreased from 20.8 percent (or 5.2 million people) in 2021 to 15.1 percent (or 3.7 million people) in 2025 (Figure 54 and Table A.36B). Similarly, the percentage of adolescents who had a past year MDE with severe impairment decreased from 15.2 percent (or 3.8 million people) in 2021 to 11.0 percent (or 2.7 million people) in 2025.

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 substance use disorder (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 2025, 20.1 percent (or 5.0 million people) had either an MDE or an SUD in the past year (Figure 55 and Table A.37AB). Among the 1.9 million adolescents who had an SUD in the past year, about one third (604,000 people) also had a past

Figure 54. Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year: Among Adolescents Aged 12 to 17; 2021-2025



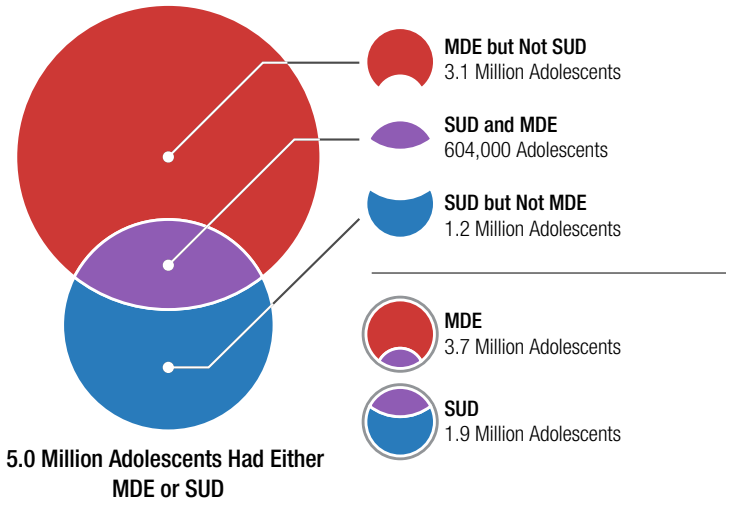
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 54 Table. Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year: Among Adolescents Aged 12 to 17; Percentages, 2021-2025

MDE	2021	2022	2023	2024	2025	Trend
MDE	20.8	19.5	18.1	15.4	15.1	Decreased
MDE with Severe Impairment	15.2	14.6	13.5	11.3	11.0	Decreased

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

Figure 55. Past Year Major Depressive Episode (MDE) or Substance Use Disorder (SUD): Among Adolescents Aged 12 to 17; 2025

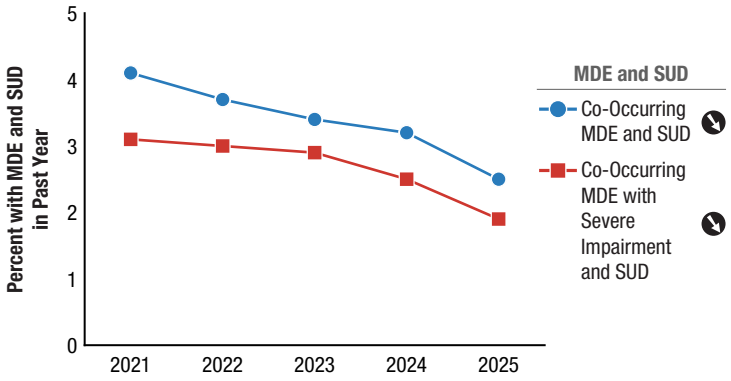


Note: Adolescent respondents with unknown MDE data were excluded; therefore, the sum of the interior pieces may not add to the whole.

year MDE. Among the 3.7 million adolescents who had a past year MDE, however, most (3.1 million people) did not have an SUD because most adolescents did not use alcohol or drugs in the past year and therefore did not have an SUD.

Among adolescents aged 12 to 17, the percentage who had an MDE and SUD in the past year decreased from 4.1 percent (or 1.0 million people) in 2021 to 2.5 percent (or 604,000 people) in 2025 (Figure 56 and Table A.38B). The percentage of adolescents who had an MDE with severe impairment and an SUD in the past year also decreased from 3.1 percent (or 781,000 people) in 2021 to 1.9 percent of adolescents (or 467,000 people) in 2025.

Figure 56. 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; 2021-2025



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

Figure 56 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, 2021-2025

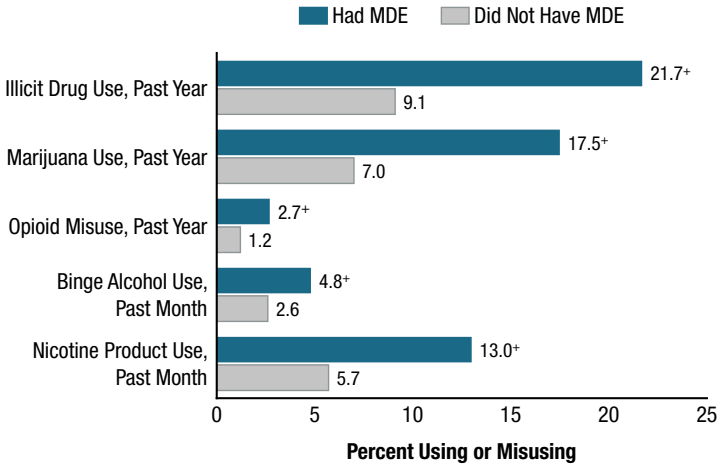
MDE and SUD	2021	2022	2023	2024	2025	Trend
Co-Occurring MDE and SUD	4.1	3.7	3.4	3.2	2.5	Decreased
Co-Occurring MDE with Severe Impairment and SUD	3.1	3.0	2.9	2.5	1.9	Decreased

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

Substance Use among Adolescents with an MDE

In 2025, 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 used illicit drugs in the past year (21.7 vs. 9.1 percent), used marijuana in the past year (17.5 vs. 7.0 percent), or misused opioids (i.e., used heroin or misused prescription opioids) in the past year (2.7 vs. 1.2 percent) (Figure 57 and Table A.39B). Adolescents with a past year MDE also were more likely than those without a past year MDE to have engaged in binge alcohol use in the past month (4.8 vs. 2.6 percent) or to have used nicotine products in the past month (13.0 vs. 5.7 percent). In addition, adolescents with a past year MDE were more likely than those without a past year MDE to have used most of the other substances in the past year or past month that are shown in Table A.39B.

Figure 57. Past Year or Past Month Substance Use: Among Adolescents Aged 12 to 17; by Past Year Major Depressive Episode (MDE) Status, 2025



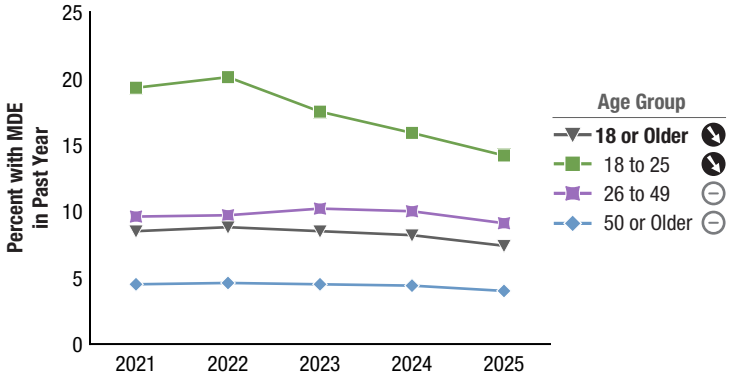
+ Difference between this estimate and the estimate for adolescents without MDE is statistically significant at the .05 level.

Note: Adolescent respondents with unknown MDE data were excluded.

MDE and MDE with Severe Impairment among Adults

Among adults aged 18 or older, the percentage who had a past year MDE decreased from 8.5 percent (or 21.6 million people) in 2021 to 7.4 percent (or 19.7 million people) in 2025 (Figure 58 and Table A.40B). In addition, among young adults aged 18 to 25, the percentage who had a past year MDE decreased from 19.3 percent (or 6.4 million people) in 2021 to 14.2 percent (or 5.1 million people) in 2025. Among adults aged 26 to 49 and adults aged 50 or older, however, the percentages who had a past year MDE showed no change from 2021 to 2025. In 2025, the percentage of adults aged 18 or older who had a past year MDE was highest among young adults aged 18 to 25

Figure 58. Major Depressive Episode (MDE) in the Past Year: Among Adults Aged 18 or Older; 2021-2025



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. Major Depressive Episode (MDE) in the Past Year: Among Adults Aged 18 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
18 or Older	8.5	8.8	8.5	8.2	7.4	**Decreased**
18 to 25	19.3	20.1	17.5	15.9	14.2	**Decreased**
26 to 49	9.6	9.7	10.2	10.0	9.1	No Change
50 or Older	4.5	4.6	4.5	4.4	4.0	No Change

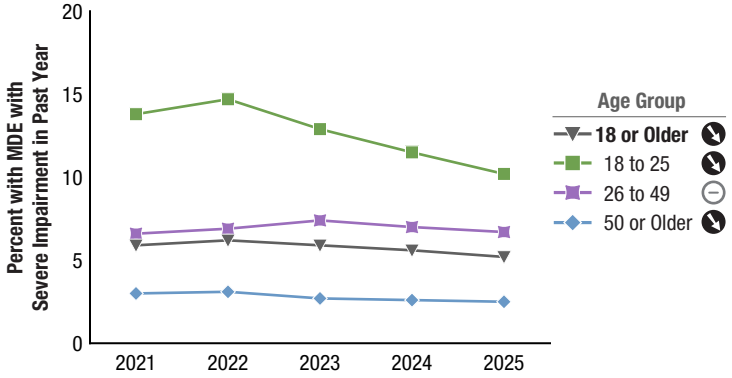
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

(14.2 percent or 5.1 million people), followed by adults aged 26 to 49 (9.1 percent or 9.6 million people), then by adults aged 50 or older (4.0 percent or 4.9 million people).

The percentage of adults aged 18 or older who had a past year MDE with severe impairment also decreased from 5.9 percent (or 14.9 million people) in 2021 to 5.2 percent (or 13.8 million people) in 2025 (Figure 59 and Table A.40B). Among young adults aged 18 to 25 and adults aged 50 or older, the percentages who had a past year MDE with severe impairment also decreased from 2021 to 2025. For example, the percentage of young adults who had a past year MDE with severe impairment decreased from 13.8 percent (or 4.6 million people) in 2021 to 10.2 percent (or 3.7 million people) in 2025. Among adults aged 26 to 49, the percentages who had a past year MDE with severe impairment showed no change from 2021 to 2025.

In 2025, the percentage of adults aged 18 or older who had a past year MDE with severe impairment was highest among young adults aged 18 to 25 (10.2 percent or 3.7 million people), followed by adults aged 26 to 49 (6.7 percent or 7.0 million people), then by adults aged 50 or older (2.5 percent or 3.1 million people) (Figure 59 and Table A.40B).

Figure 59. Major Depressive Episode (MDE) with Severe Impairment in the Past Year: Among Adults Aged 18 or Older; 2021-2025



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. Major Depressive Episode (MDE) with Severe Impairment in the Past Year: Among Adults Aged 18 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
18 or Older	5.9	6.2	5.9	5.6	5.2	**Decreased**
18 to 25	13.8	14.7	12.9	11.5	10.2	**Decreased**
26 to 49	6.6	6.9	7.4	7.0	6.7	No Change
50 or Older	3.0	3.1	2.7	2.6	2.5	**Decreased**

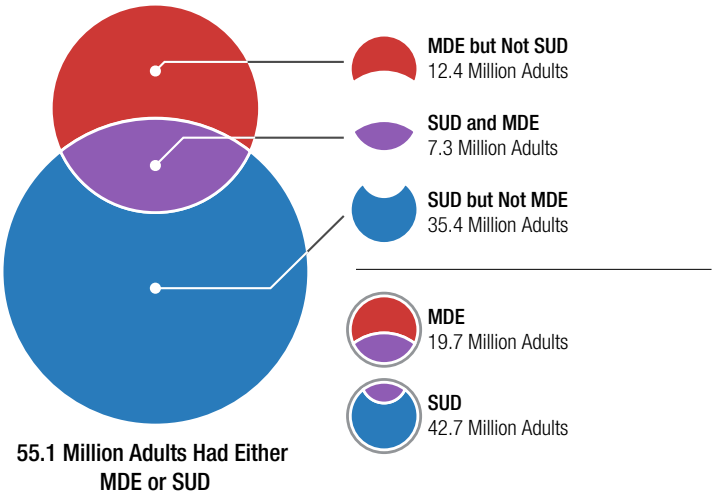
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Co-Occurring MDE and SUD among Adults

NSDUH provides information on whether adults aged 18 or older 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 adults aged 18 or older in 2025, 20.8 percent (or 55.1 million people) had either an MDE or an SUD in the past year, including 2.8 percent (or 7.3 million people) who had an MDE and an SUD in the past year (Figure 60 and Tables A.41A and A.41B). The percentage of adults aged 18 or older who had either an MDE or an SUD in the past year was highest among young adults aged 18 to 25 (32.2 percent or 11.6 million people), followed by adults aged 26 to 49 (25.7 percent or 27.1 million people), then by adults aged 50 or older (13.2 percent or 16.3 million people).

Among the 42.7 million adults aged 18 or older in 2025 who had an SUD in the past year (Figure 60), most (35.4 million people) did not have a past year MDE (Table A.41A). Likewise, among the 19.7 million adults who had a past year MDE, most (12.4 million people) did not have a past year SUD.

Figure 60. Past Year Major Depressive Episode (MDE) or Substance Use Disorder (SUD): Among Adults Aged 18 or Older; 2025

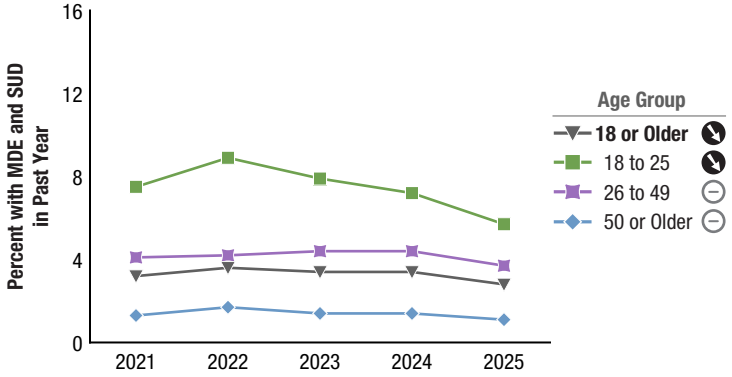


Among adults aged 18 or older, the percentage who had an MDE and an SUD in the past year decreased from 3.2 percent (or 8.2 million people) in 2021 to 2.8 percent (or 7.3 million people) in 2025 (Figure 61 and Table A.42B). The percentage of young adults aged 18 to 25 who had an MDE and an SUD in the past year also decreased from 7.5 percent (or 2.5 million people) in 2021 to 5.7 percent (or 2.1 million people) in 2025. The percentages of adults aged 26 to 49 or aged 50 or older who had an MDE and an SUD in the past year showed no change from 2021 to 2025.

In 2025, the percentage of adults aged 18 or older who had an MDE and an SUD in the past year was highest among young adults aged 18 to 25 (5.7 percent or 2.1 million people), followed by adults aged 26 to 49 (3.7 percent or 3.9 million people), then by adults aged 50 or older (1.1 percent or 1.3 million people) (Figure 61 and Table A.42B).

The percentage of adults who had an MDE with severe impairment and an SUD in the past year decreased from 2.5 percent (or 6.4 million people) in 2021 to 2.1 percent (or 5.5 million people) in 2025. The percentage of adults who had an MDE with severe impairment and an SUD in the past year also decreased from 2021 to 2025 for young adults aged 18 to 25 and adults aged 50 or older. For example, the percentage of young adults aged 18 to 25 who had an MDE and an SUD in the past year decreased from 5.7 percent (or 1.9 million people) in 2021 to 4.4 percent (or 1.6 million people) in 2025. Among adults aged 26 to 49, the percentages showed no change from 2021 to 2025 (Table A.42B).

Figure 61. Co-Occurring Past Year Major Depressive Episode (MDE) and Substance Use Disorder (SUD): Among Adults Aged 18 or Older; 2021-2025



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

Figure 61 Table. Co-Occurring Past Year Major Depressive Episode (MDE) and Substance Use Disorder (SUD): Among Adults Aged 18 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
18 or Older	3.2	3.6	3.4	3.4	2.8	**Decreased**
18 to 25	7.5	8.9	7.9	7.2	5.7	**Decreased**
26 to 49	4.1	4.2	4.4	4.4	3.7	No Change
50 or Older	1.3	1.7	1.4	1.4	1.1	No Change

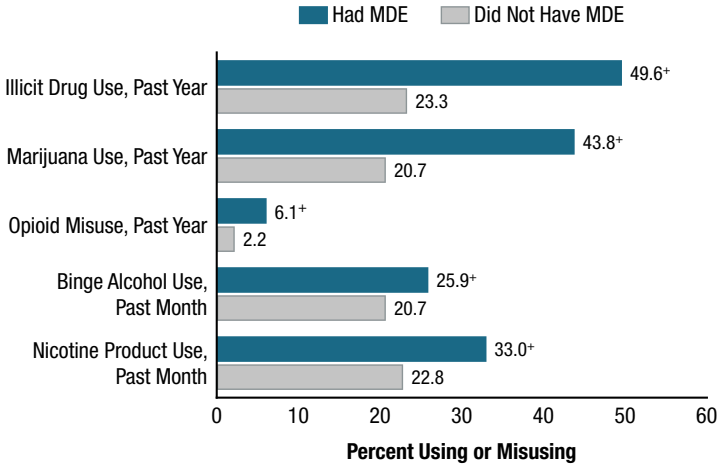
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

In 2025, the percentage of adults in 2025 who had an MDE with severe impairment and an SUD in the past year was highest among young adults aged 18 to 25 (4.4 percent or 1.6 million people), followed by adults aged 26 to 49 (2.9 percent or 3.0 million people), then by adults aged 50 or older (0.7 percent or 891,000 people) (Table A.42B).

Substance Use among Adults with an MDE

In 2025, adults aged 18 or older 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. Adults with a past year MDE were more likely than adults without a past year MDE to have used illicit drugs in the past year (49.6 vs. 23.3 percent), used marijuana in the past year (43.8 vs. 20.7 percent), or misused opioids (i.e., used heroin or misused prescription opioids) in the past year (6.1 vs. 2.2 percent) (Figure 62 and Table A.43B). Adults with a past year MDE also were more likely than those without a past year MDE to have engaged in binge alcohol use in the past month (25.9 vs. 20.7 percent). In addition, adults with a past year MDE were more likely than those without a past year MDE to have used nicotine products in the past month

Figure 62. Past Year or Past Month Substance Use: Among Adults Aged 18 or Older; by Past Year Major Depressive Episode (MDE) Status, 2025



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

(33.0 vs. 22.8 percent). Adults with a past year MDE also were more likely than those without a past year MDE to have used most of the other substances in the past year or past month that are shown in Table A.43B.

Any or Serious Mental Illness among Adults in the Past Year

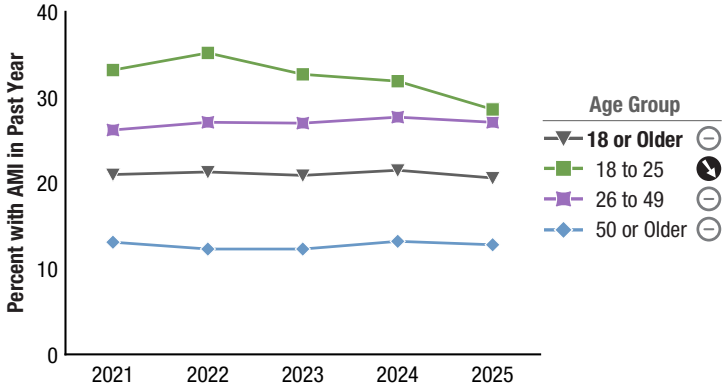
NSDUH provides estimates of any mental illness (AMI) and serious mental illness (SMI) for adults aged 18 or older. Beginning with the 2025 NSDUH, adults aged 18 or older were classified as having AMI if they had any mental, behavioral, or emotional disorder in the past year of sufficient duration to meet criteria from the DSM-5, excluding developmental disorders and SUDs.[61] The Mental Illness Calibration Study (MICS) was conducted as part of the 2023 and 2024 NSDUHs and included clinical interviews to assess whether adult respondents met clinical criteria for specific mental disorders based on DSM-5 criteria. The MICS was used to develop model-based estimates to predict whether adults in 2021 to 2025 had AMI or SMI according to DSM-5 criteria. Consequently, estimates of AMI and SMI in 2021 to 2024 that are presented in this report may differ from previously published estimates, which were developed using the previous Mental Health Surveillance Study in 2007 to 2012 based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV).[62,63]

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.[64] Statistical prediction models that were developed using the MICS clinical interview data from a subset of NSDUH adult respondents aged 18 or older in 2023 and 2024 were used to classify whether respondents in the adult samples for 2021 to 2025 had AMI or SMI in the past year. Source variables were statistically imputed for the prediction models used to estimate AMI or SMI.[65]

Any Mental Illness among Adults

Among adults aged 18 or older, the percentage who had AMI in the past year showed no change from 2021 to 2025 (Figure 63 and Table A.44B). In 2025, 20.6 percent of adults aged 18 or older (or 54.6 million people) had AMI in the past year. Percentages of adults aged 26 to 49 or 50 or older who had AMI in the past year also showed no change from 2021 to 2025. The percentage of young adults aged 18 to 25 who had AMI in the past year decreased from 33.2 percent (or 11.1 million people) in 2021 to 28.6 percent (or 10.3 million people) in 2025.

Figure 63. Any Mental Illness (AMI) in the Past Year: Among Adults Aged 18 or Older; 2021-2025



Note: Some 2021-2024 estimates may differ from previously published estimates due to updates that were made to the mental illness model beginning in 2025.

Figure 63 Table. Any Mental Illness (AMI) in the Past Year: Among Adults Aged 18 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
18 or Older	21.0	21.3	20.9	21.5	20.6	No Change
18 to 25	33.2	35.2	32.7	31.9	28.6	**Decreased**
26 to 49	26.2	27.1	27.0	27.7	27.1	No Change
50 or Older	13.1	12.3	12.3	13.2	12.8	No Change

Note: Some 2021-2024 estimates may differ from previously published estimates due to updates that were made to the mental illness model beginning in 2025.

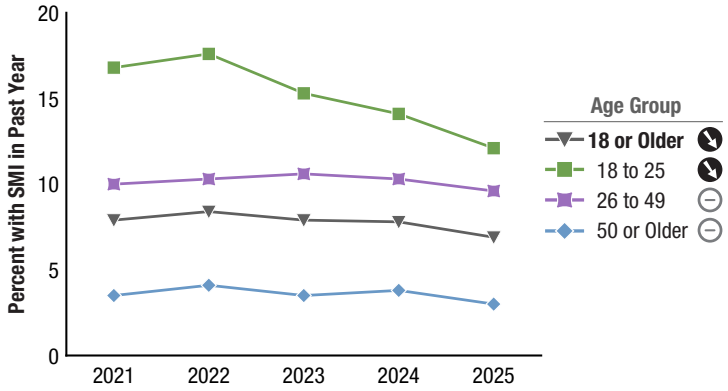
In 2025, the percentage of adults aged 18 or older who had AMI in the past year was highest among young adults aged 18 to 25 (28.6 percent or 10.3 million people), followed by adults aged 26 to 49 (27.1 percent or 28.5 million people), then by adults aged 50 or older (12.8 percent or 15.8 million people) (Figure 63 and Table A.44B).

Serious Mental Illness among Adults

Among adults aged 18 or older, the percentage who had SMI in the past year decreased from 7.9 percent (or 20.1 million people) in 2021 to 6.9 percent (or 18.2 million people) in 2025 (Figure 64 and Table A.44B). Among young adults aged 18 to 25, the percentage who had SMI in the past year also decreased from 16.8 percent (or 5.6 million people) in 2021 to 12.1 percent (or 4.4 million people) in 2025. Among adults aged 26 to 49 and adults aged 50 or older, however, the percentages who had SMI in the past year showed no change from 2021 to 2025.

In 2025, the percentage of adults aged 18 or older who had SMI in the past year was highest among young adults aged 18 to 25 (12.1 percent or 4.4 million people), followed by adults aged 26 to 49 (9.6 percent or 10.1 million people), then by adults aged 50 or older (3.0 percent or 3.7 million people) (Figure 64 and Table A.44B).

Figure 64. Serious Mental Illness (SMI) in the Past Year: Among Adults Aged 18 or Older; 2021-2025



Note: Some 2021-2024 estimates may differ from previously published estimates due to updates that were made to the mental illness model beginning in 2025.

Figure 64 Table. Serious Mental Illness (SMI) in the Past Year: Among Adults Aged 18 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
18 or Older	7.9	8.4	7.9	7.8	6.9	**Decreased**
18 to 25	16.8	17.6	15.3	14.1	12.1	**Decreased**
26 to 49	10.0	10.3	10.6	10.3	9.6	No Change
50 or Older	3.5	4.1	3.5	3.8	3.0	No Change

Note: Some 2021-2024 estimates may differ from previously published estimates due to updates that were made to the mental illness model beginning in 2025.

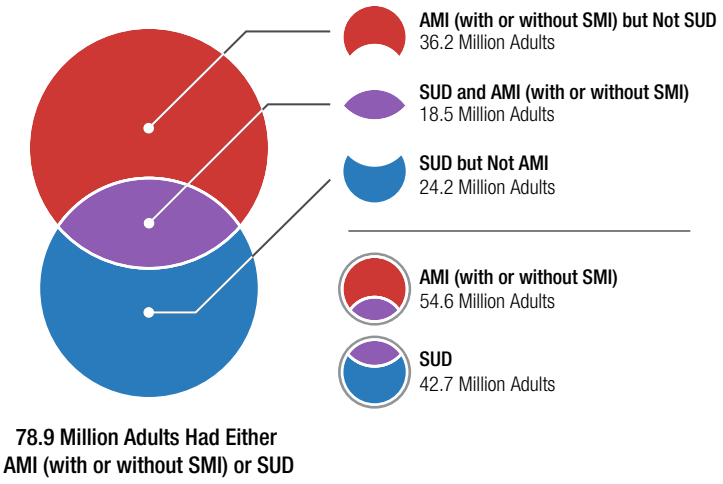
Co-Occurring Mental Illness and SUD among Adults

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 2025, 29.8 percent (or 78.9 million people) had either AMI or an SUD in the past year (Figure 65 and Tables A.45A and A.45B). Among the 42.7 million adults who had an SUD in the past year, about two fifths also had AMI (18.5 million people) in the past year. The 18.5 million adults who had AMI and an SUD in the past year also represent about one third of the 54.6 million adults who had AMI.

Figure 65. Any Mental Illness (AMI) or Substance Use Disorder (SUD) in the Past Year: Among Adults Aged 18 or Older; 2025



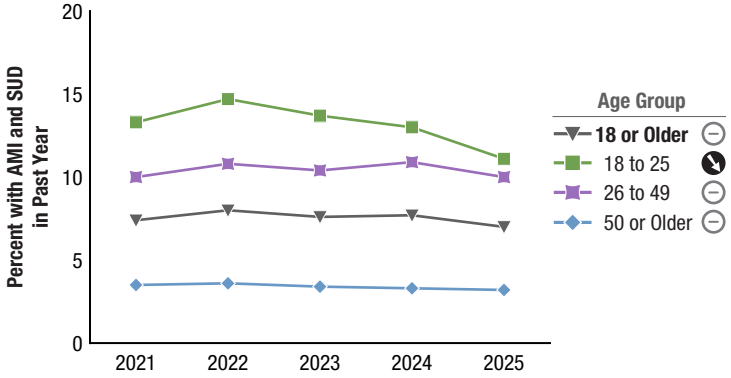
In 2025, the percentage of adults aged 18 or older who had AMI or an SUD in the past year was highest among young adults aged 18 to 25 (41.2 percent or 14.9 million people), followed by adults aged 26 to 49 (37.4 percent or 39.4 million people), then by adults aged 50 or older (19.9 percent or 24.6 million people) (Tables A.45A and A.45B).

Among adults aged 18 or older, the percentage who had AMI and an SUD in the past year showed no change from 2021 to 2025 (Figure 66 and Table A.46B). In 2025, 7.0 percent of adults (or 18.5 million people) had AMI and an SUD in the past year. Percentages of adults aged 26 to 49

and 50 or older who had AMI and an SUD in the past year also showed no change from 2021 to 2025. Among young adults aged 18 to 25, however, the percentage who had AMI and an SUD in the past year decreased from 13.3 percent (or 4.4 million people) in 2021 to 11.1 percent (or 4.0 million people) in 2025.

The percentage of adults aged 18 or older in 2025 who had AMI and an SUD in the past year was highest among young adults aged 18 to 25 (11.1 percent or 4.0 million people), followed by adults aged 26 to 49 (10.0 percent or 10.5 million people), then by adults aged 50 or older (3.2 percent or 3.9 million people) (Figure 66 and Table A.46B).

Figure 66. Co-Occurring Past Year Any Mental Illness (AMI) and Substance Use Disorder (SUD): Among Adults Aged 18 or Older; 2021-2025



Note: Some 2021-2024 estimates may differ from previously published estimates due to updates that were made to the mental illness model beginning in 2025.

Figure 66 Table. Co-Occurring Past Year Any Mental Illness (AMI) and Substance Use Disorder (SUD): Among Adults Aged 18 or Older; Percentages, 2021-2025

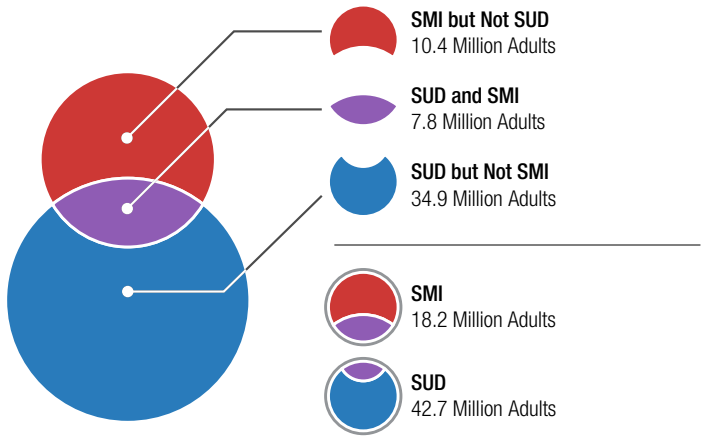
Age Group	2021	2022	2023	2024	2025	Trend
18 or Older	7.4	8.0	7.6	7.7	7.0	No Change
18 to 25	13.3	14.7	13.7	13.0	11.1	**Decreased**
26 to 49	10.0	10.8	10.4	10.9	10.0	No Change
50 or Older	3.5	3.6	3.4	3.3	3.2	No Change

Note: Some 2021-2024 estimates may differ from previously published estimates due to updates that were made to the mental illness model beginning in 2025.

Co-Occurring SMI and SUD

Among adults aged 18 or older in 2025, 20.0 percent (or 53.1 million people) had either SMI or an SUD in the past year (Figure 67 and Tables A.45A and A.45B). Among the 18.2 million adults who had SMI, about two fifths (7.8 million people) also had an SUD. Among the 42.7 million adults who had an SUD in the past year, however, most (34.9 million people) did not have SMI.

Figure 67. Serious Mental Illness (SMI) or Substance Use Disorder (SUD) in the Past Year: Among Adults Aged 18 or Older; 2025

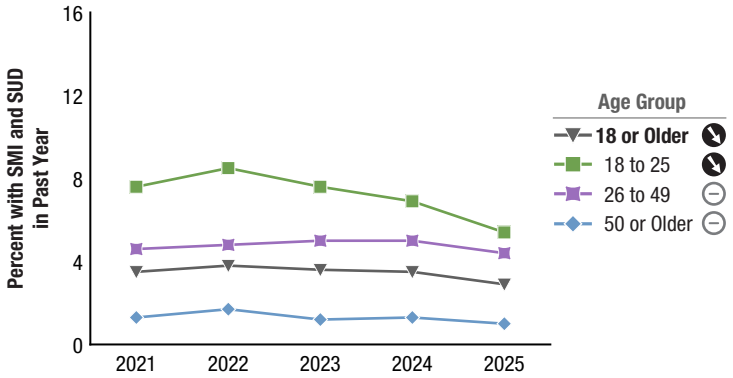


In 2025, the percentage of adults aged 18 or older who had either SMI or an SUD in the past year was highest among young adults aged 18 to 25 (30.5 percent or 11.0 million people), followed by adults aged 26 to 49 (25.6 percent or 26.9 million people), then by adults aged 50 or older (12.3 percent or 15.2 million people) (Tables A.45A and A.45B).

Among adults aged 18 or older, the percentage who had SMI and an SUD in the past year decreased from 3.5 percent (or 8.8 million people) in 2021 to 2.9 percent (or 7.8 million people) in 2025 (Figure 68 and Table A.46B). Among young adults aged 18 to 25, the percentage who had SMI and an SUD in the past year also decreased from 7.6 percent (or 2.5 million people) in 2021 to 5.4 percent (or 2.0 million people) in 2025. However, among adults aged 26 to 49 and adults aged 50 or older, the percentages who had SMI and an SUD in the past year showed no change from 2021 to 2025.

In 2025, the percentage of adults aged 18 or older who had SMI and an SUD in the past year was highest among young adults aged 18 to 25 (5.4 percent or 2.0 million people), followed by adults aged 26 to 49 (4.4 percent or 4.6 million people), then by adults aged 50 or older (1.0 percent or 1.2 million people) (Figure 68 and Table A.46B).

Figure 68. Co-Occurring Past Year Serious Mental Illness (SMI) and Substance Use Disorder (SUD): Among Adults Aged 18 or Older; 2021-2025



Note: Some 2021-2024 estimates may differ from previously published estimates due to updates that were made to the mental illness model beginning in 2025.

Figure 68 Table. Co-Occurring Past Year Serious Mental Illness (SMI) and Substance Use Disorder (SUD): Among Adults Aged 18 or Older; Percentages, 2021-2025

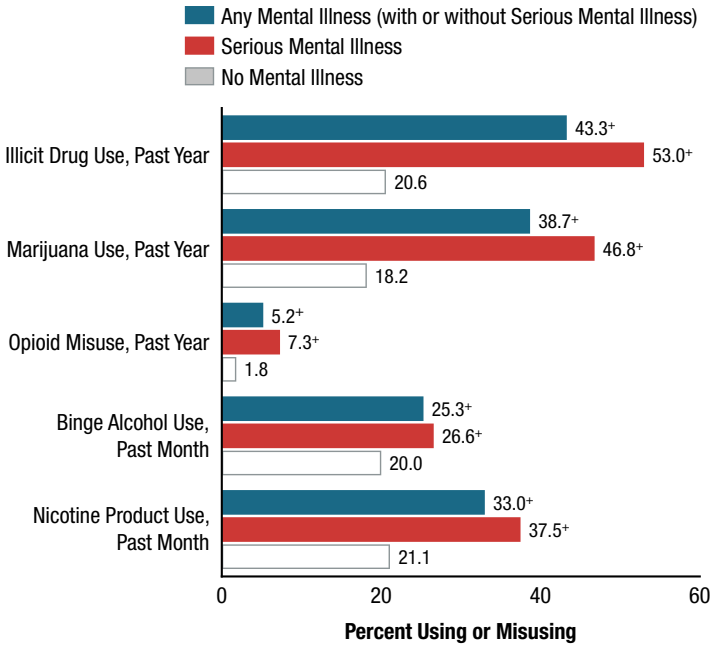
Age Group	2021	2022	2023	2024	2025	Trend
18 or Older	3.5	3.8	3.6	3.5	2.9	**Decreased**
18 to 25	7.6	8.5	7.6	6.9	5.4	**Decreased**
26 to 49	4.6	4.8	5.0	5.0	4.4	No Change
50 or Older	1.3	1.7	1.2	1.3	1.0	No Change

Note: Some 2021-2024 estimates may differ from previously published estimates due to updates that were made to the mental illness model beginning in 2025.

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. In 2025, about one fourth of adults aged 18 or older (25.3 percent or 66.9 million people) used illicit drugs in the past year (Table A.47B). Among adults aged 18 or older in 2025, those with SMI or AMI in the past year were more likely than those without mental illness in the past year to have used illicit drugs in the past year (53.0 percent for SMI and 43.3 percent for AMI vs. 20.6 percent for adults with no mental illness), used marijuana in the past year (46.8 and 38.7 percent vs. 18.2 percent), or misused opioids (i.e., used heroin or misused prescription opioids) in the past year (7.3 and 5.2 percent vs. 1.8 percent) (Figure 69).

Figure 69. Past Year or Past Month Substance Use: Among Adults Aged 18 or Older; by Level of Mental Illness, 2025



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

In addition, adults aged 18 or older in 2025 with SMI or AMI in the past year were more likely than adults aged 18 or older with no mental illness in the past year to have engaged in binge alcohol use in the past month (26.6 and 25.3 percent vs. 20.0 percent) (Figure 69 and Table A.47B). Adults with SMI or AMI in the past year were more likely to have used nicotine products in the past month than adults with no mental illness in the past year (37.5 and 33.0 percent vs. 21.1 percent). Adults with SMI or AMI in the past year also were more likely than those without mental illness in the past year to have used the other substances in the past year or past month that are shown in Table A.47B.

Suicidal Thoughts and Behaviors among Adults

Suicide is a leading cause of death and an important public health problem in the United States.[66,67] Data from the National Vital Statistics System (NVSS) indicated that in 2024, 48,824 people in the United States died by suicide. This number was slightly lower than the 49,316 deaths by suicide in 2023, but it was greater than the numbers in 2018 to 2021.[68]

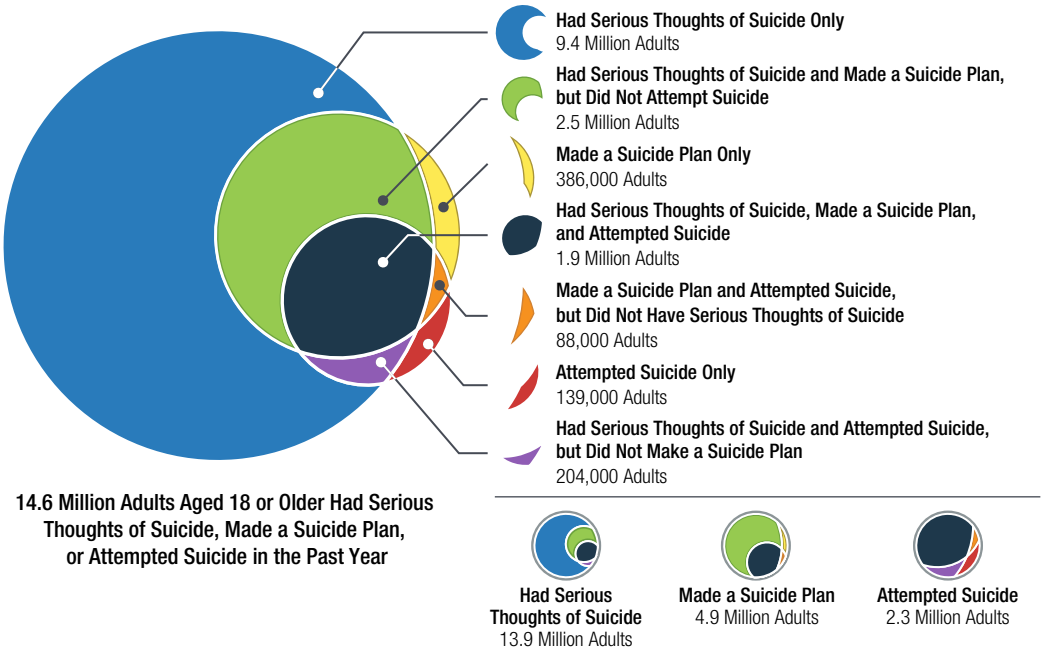
In the United States, one person dies by suicide every 11 minutes.[69] In 2024, suicide replaced coronavirus disease 2019 (COVID-19) as the 10th leading cause of death among people of all ages in the United States, moving from the 11th leading cause of death in 2023. Suicide was the second leading cause of death in 2024 among people aged 10 to 34 and was among the top five leading causes of death among people aged 35 to 54.[67] However, people who die by suicide represent a fraction of those who consider or attempt suicide. In 2023, for example, nearly 47,700 adults aged 18 or older died by suicide, compared with 1.5 million adults in the civilian, noninstitutionalized population who were estimated to have made a nonfatal suicide attempt,[70] or about 31 nonfatal suicide attempts for every death by suicide among adults.[71] Moreover, 1 in 5 people who make a nonfatal suicide attempt will make a future attempt.[72]

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 2025, 13.9 million adults aged 18 or older (5.3 percent) had serious thoughts of suicide in the past year, 4.9 million (1.8 percent) made a suicide plan, and 2.3 million (0.9 percent) attempted suicide (Figure 70 and Table A.48AB). An estimated 1.9 million adults (0.7 percent) had serious thoughts of suicide, made a suicide plan, and attempted suicide in the past year. Additional highlights from Figure 70 include the following:

- Among the 13.9 million adults aged 18 or older who had serious thoughts of suicide in the past year, most (9.4 million adults) had serious thoughts of suicide only.

Figure 70. Adults Aged 18 or Older Who Had Serious Thoughts of Suicide, Made a Suicide Plan, or Attempted Suicide in the Past Year; 2025



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

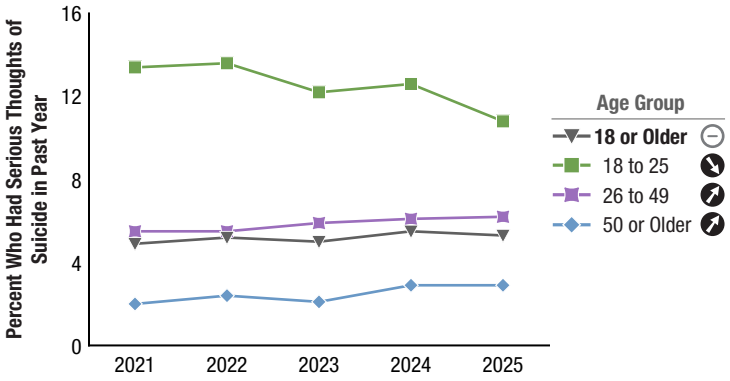
- Among the 4.9 million adults aged 18 or older who made a suicide plan in the past year, about two fifths attempted suicide (i.e., 1.9 million adults had serious thoughts of suicide, made a suicide plan, and attempted suicide, in addition to 88,000 adults who made a suicide plan and attempted suicide 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 was estimated to have occurred (i.e., 139,000 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 2025 (Figure 71 and Table A.49B). In 2025, 5.3 percent of adults aged 18 or older (or 13.9 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 decreased from 13.4 percent (or 4.5 million people) in 2021 to 10.8 percent (or 3.9 million people) in 2025. However, the percentages of adults who had serious thoughts of suicide in the past year increased from 5.5 percent (or 5.6 million people) in 2021 to 6.2 percent (or 6.5 million people) in 2025 among adults aged 26 to 49 and from 2.0 percent (or 2.4 million people) in 2021 to 2.9 percent (or 3.5 million people) in 2025 among adults aged 50 or older.

In 2025, the percentage of adults aged 18 or older who had serious thoughts of suicide in the past year was highest among young adults aged 18 to 25 (10.8 percent or 3.9 million people), followed by adults aged 26 to 49 (6.2 percent or 6.5 million people), then by adults aged 50 or older (2.9 percent or 3.5 million people) (Figure 71 and Table A.49B).

Figure 71. Had Serious Thoughts of Suicide in the Past Year: Among Adults Aged 18 or Older; 2021-2025



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

Figure 71 Table. Had Serious Thoughts of Suicide in the Past Year: Among Adults Aged 18 or Older; Percentages, 2021-2025

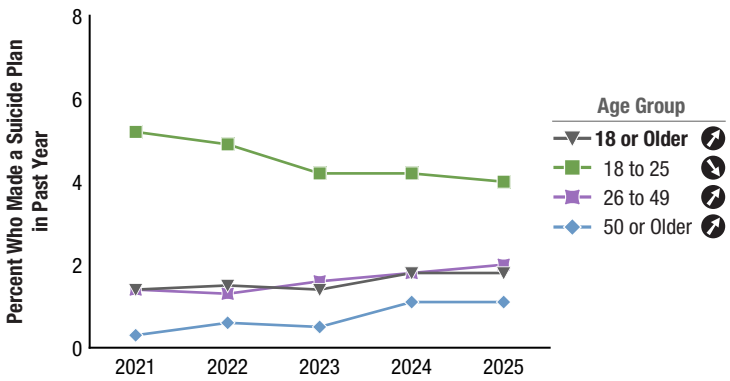
Age Group	2021	2022	2023	2024	2025	Trend
18 or Older	4.9	5.2	5.0	5.5	5.3	No Change
18 to 25	13.4	13.6	12.2	12.6	10.8	**Decreased**
26 to 49	5.5	5.5	5.9	6.1	6.2	**Increased**
50 or Older	2.0	2.4	2.1	2.9	2.9	**Increased**

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

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 4.9 million people) in 2025 (Figure 72 and Table A.49B). Percentages also increased from 2021 to 2025 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 2025. Among young adults aged 18 to 25, the percentage who made a suicide plan in the past year

Figure 72. Made a Suicide Plan in the Past Year: Among Adults Aged 18 or Older; 2021-2025



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

Figure 72 Table. Made a Suicide Plan in the Past Year: Among Adults Aged 18 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
18 or Older	1.4	1.5	1.4	1.8	1.8	**Increased**
18 to 25	5.2	4.9	4.2	4.2	4.0	**Decreased**
26 to 49	1.4	1.3	1.6	1.8	2.0	**Increased**
50 or Older	0.3	0.6	0.5	1.1	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.

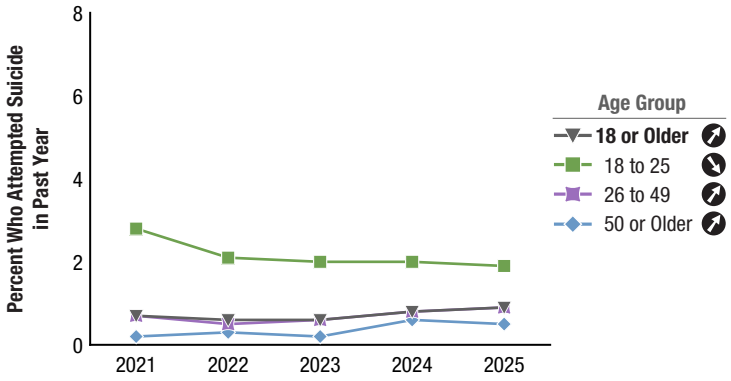
decreased from 5.2 percent (or 1.7 million people) in 2021 to 4.0 percent (or 1.4 million people) in 2025.

In 2025, the percentage of adults aged 18 or older who made a suicide plan in the past year was highest among young adults aged 18 to 25 (4.0 percent or 1.4 million people), followed by adults aged 26 to 49 (2.0 percent or 2.1 million people), then by adults aged 50 or older (1.1 percent or 1.3 million people) (Figure 72 and Table A.49B).

Suicide Attempts among Adults

Among adults aged 18 or older, the percentage who attempted suicide in the past year increased from 0.7 percent (or 1.8 million people) in 2021 to 0.9 percent (or 2.3 million people) in 2025 (Figure 73 and Table A.49B). Among adults aged 26 to 49 and adults aged 50 or older, the percentages who attempted suicide in the past year also increased from 2021 to 2025. Among adults aged 50 or older, for example, the percentage who attempted suicide in the past year increased from 0.2 percent (or 188,000 people) in 2021 to 0.5 percent (or 656,000 people) in 2025. Among young adults aged 18 to 25, the percentage who attempted suicide in the past year decreased from 2.8 percent (or 947,000 people) in 2021 to 1.9 percent (or 672,000 people) in 2025.

Figure 73. Attempted Suicide in the Past Year: Among Adults Aged 18 or Older; 2021-2025



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

Figure 73 Table. Attempted Suicide in the Past Year: Among Adults Aged 18 or Older; Percentages, 2021-2025

Age Group	2021	2022	2023	2024	2025	Trend
18 or Older	0.7	0.6	0.6	0.8	0.9	**Increased**
18 to 25	2.8	2.1	2.0	2.0	1.9	**Decreased**
26 to 49	0.7	0.5	0.6	0.8	0.9	**Increased**
50 or Older	0.2	0.3	0.2	0.6	0.5	**Increased**

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

In 2025, the percentage of adults aged 18 or older who attempted suicide in the past year was highest among young adults aged 18 to 25 (1.9 percent or 672,000 people), followed by adults aged 26 to 49 (0.9 percent or 956,000 people), then by adults aged 50 or older (0.5 percent or 656,000 people) (Figure 73 and Table A.49B).

Suicidal Thoughts and Behaviors among Adolescents

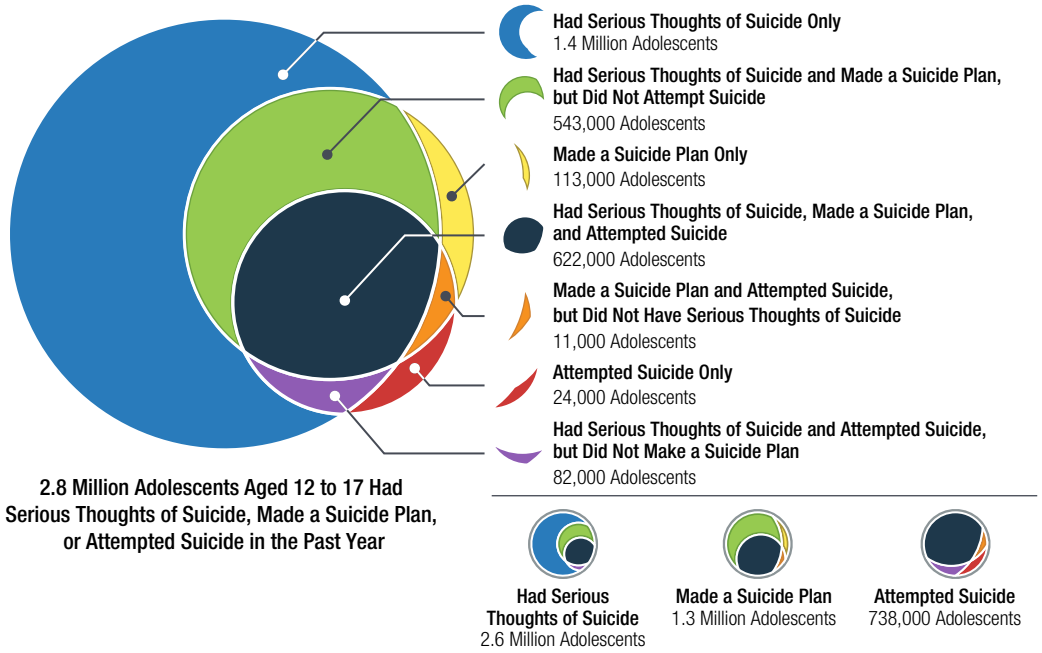
Trends in suicidal thoughts and behaviors have been increasing among adolescents[73,74,75,76] and remain a major public health concern in the United States.[77] In 2024, suicide was the second leading cause of death among adolescents aged 10 to 14.[67] In addition, 1 in 5 high school students in 2023 seriously considered attempting suicide, 1 in 6 made a suicide plan, and nearly 1 in 10 attempted suicide in the past year.[76] Generally speaking, adolescent populations exposed to adverse childhood experiences (ACEs) are at particular risk of suicide and related behaviors.[78,79]

Questions were included in the 2021 to 2025 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 2025, 2.6 million adolescents aged 12 to 17 (10.3 percent) had serious thoughts of suicide in the past year, 1.3 million (5.1 percent) made a suicide plan, and 738,000 (2.9 percent) attempted suicide (Figure 74 and Table A.50AB). An estimated 622,000 adolescents (2.4 percent) had serious thoughts of suicide, made a suicide plan, and attempted suicide in the past year. Additional highlights from Figure 74 include the following:

- Nearly half 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.

Figure 74. Adolescents Aged 12 to 17 Who Had Serious Thoughts of Suicide, Made a Suicide Plan, or Attempted Suicide in the Past Year; 2025



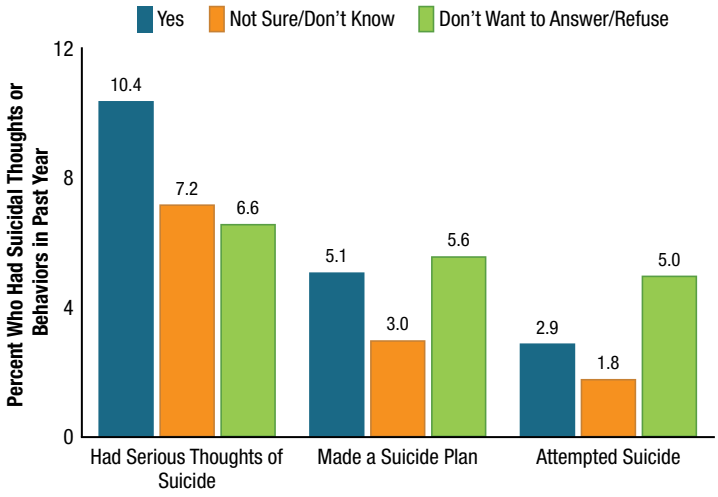
Note: The numbers for the interior pieces may not add to the number for the whole circle due to rounding.

- Among the 1.3 million adolescents aged 12 to 17 who made a suicide plan, 656,000 adolescents did not attempt suicide (543,000 made a suicide plan and had serious thoughts of suicide but did not attempt suicide, and 113,000 made a suicide plan only). An estimated 633,000 adolescents who made a suicide plan also attempted suicide (622,000 made a suicide plan, had serious thoughts of suicide, and attempted suicide, and 11,000 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 was estimated to have occurred (i.e., 24,000 adolescents).

Serious Thoughts of Suicide among Adolescents

Among adolescents aged 12 to 17 in 2025, 10.4 percent (or 2.6 million people) had serious thoughts of suicide in the past year (Figures 74 and 75 and Table A.51B). However, 7.2 percent of adolescents in 2025 (or 1.8 million people) were unsure or did not know whether they had serious thoughts of suicide, and 6.6 percent (or 1.7 million people) did not want to report whether they had these thoughts. These response options in 2025 correspond to approximately 13.8 percent of adolescents overall (or 3.5 million people).

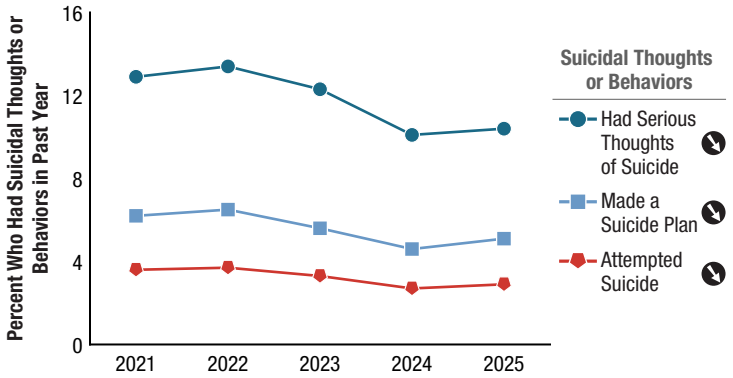
Figure 75. Had Serious Thoughts of Suicide, Made a Suicide Plan, or Attempted Suicide in the Past Year: Among Adolescents Aged 12 to 17; 2025



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 decreased from 12.9 percent (or 3.4 million people) in 2021 to 10.4 percent (or 2.6 million people) in 2025 (Figure 76 and Table A.52B).

Figure 76. Had Serious Thoughts of Suicide, Made a Suicide Plan, or Attempted Suicide in the Past Year: Among Adolescents Aged 12 to 17; 2021-2025



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

Figure 76 Table. Had Serious Thoughts of Suicide, Made a Suicide Plan, or Attempted Suicide in the Past Year: Among Adolescents Aged 12 to 17; Percentages, 2021-2025

Suicidal Thoughts or Behaviors	2021	2022	2023	2024	2025	Trend
Had Serious Thoughts of Suicide	12.9	13.4	12.3	10.1	10.4	Decreased
Made a Suicide Plan	6.2	6.5	5.6	4.6	5.1	Decreased
Attempted Suicide	3.6	3.7	3.3	2.7	2.9	Decreased

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

Suicide Plans among Adolescents

In 2025, 5.1 percent of adolescents aged 12 to 17 (or 1.3 million people) made a suicide plan in the past year (Figures 74 and 76 and Table A.51B). 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 3.0 percent (or 762,000 people). Adolescent respondents who did not want to report whether they made a suicide plan corresponded to a population estimate of 5.6 percent (or 1.4 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 decreased from 6.2 percent (or 1.6 million people) in 2021 to 5.1 percent (or 1.3 million people) in 2025 (Figure 76 and Table A.52B).

Suicide Attempts among Adolescents

In 2025, 2.9 percent of adolescents aged 12 to 17 (or 738,000 people) attempted suicide in the past year (Figures 74 and 76 and Table A.51B). Adolescent respondents who reported that they were not sure or did not know whether they attempted suicide corresponded to a population estimate of 1.8 percent (or 463,000 people). Adolescent respondents who did not want to report whether they attempted suicide corresponded to a population estimate of 5.0 percent (or 1.3 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 decreased from 3.6 percent (or 940,000 people) in 2021 to 2.9 percent (or 738,000 people) in 2025 (Figure 76 and Table A.52B).

Nonsuicidal Self-Harm among Adolescents

Nonsuicidal self-harm, also referred to as nonsuicidal self-injury, describes deliberate, self-inflicted damage to one's body tissue without suicidal intent, most commonly through behaviors such as cutting, scratching, burning, or hitting oneself.[80] Lifetime prevalence estimates range from 10 to 23 percent, with onset typically occurring between the ages of 12 and 14. Nonsuicidal self-harm is an important risk factor for suicidal behavior, with previous longitudinal research indicating that it predicts concurrent and future suicide attempts. Moreover, more than half of adolescents who engaged in these behaviors had a history of suicide attempts. These behaviors occur across demographic groups and are more commonly reported among adolescents than adults.[80]

Beginning in 2025, NSDUH added an item to assess nonsuicidal self-harm among adolescents aged 12 to 17. Respondents were asked whether, during the past 12 months, they intentionally harmed themselves without trying to kill themselves, such as by cutting, burning, or bruising themselves. In addition to the standard "Yes" and "No" response options, adolescents could select "I'm not sure" or "I don't want to answer" when answering the question.

In 2025, 11.2 percent of adolescents aged 12 to 17 (or 2.8 million people) engaged in nonsuicidal self-harm in the past year (Table A.53B). However, 2.9 percent of adolescents in 2025 (or 735,000 people) were unsure or did not know whether they had intentionally harmed themselves without

trying to kill themselves, and 5.6 percent (or 1.4 million people) did not want to report whether they had engaged in these behaviors. These response options in 2025 correspond to approximately 8.5 percent of adolescents overall (or 2.2 million people). Therefore, these 2025 estimates of adolescents who engaged in nonsuicidal self-harm in the past year are likely to be conservative.

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, including medical problems associated with the use of alcohol or drugs.[81] 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.[14]

This report presents estimates for the receipt of substance use treatment only for 2025 because of changes to the questionnaire during the 2024 NSDUH for the receipt of substance use treatment in inpatient or outpatient locations.[82,83] Consequently, 4 years of comparable 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;[84] in an outpatient location;[85] 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.[86]

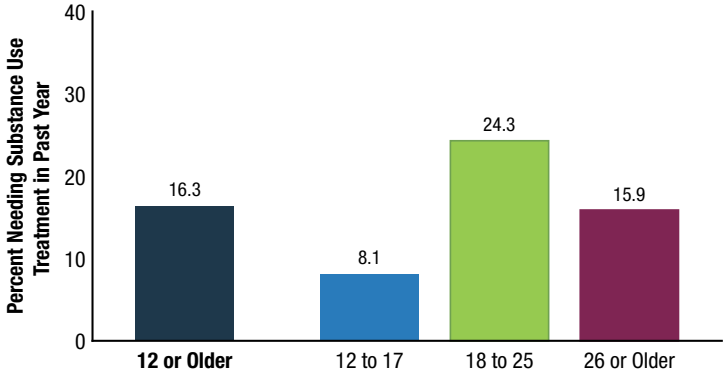
Since 2022, NSDUH also has collected information on the receipt of other services, such as support services from a support group or from a peer support specialist or recovery coach, services in an emergency room or department, or withdrawal management services. A question about treatment with overdose reversal medicine such as Narcan® or naloxone was added to the 2024 NSDUH questionnaire. These other services were not classified as "substance use treatment."[87]

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, 16.3 percent of people aged 12 or older in 2025 (or 47.2 million people) needed substance use treatment in the past year (Figure 77 and Table A.54AB). The 47.2 million people who needed substance use treatment included 44.6 million people who had an SUD in the past year and 2.7 million people who did not have an SUD in the past year but who received substance use treatment in the past year.

Figure 77. Need for Substance Use Treatment in the Past Year: Among People Aged 12 or Older; 2025



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.

In 2025, the percentage of people needing substance use treatment was highest among young adults aged 18 to 25 (24.3 percent or 8.8 million people), followed by adults aged 26 or older (15.9 percent or 36.4 million people), then by adolescents aged 12 to 17 (8.1 percent or 2.1 million people) (Figure 77 and Table A.54AB).

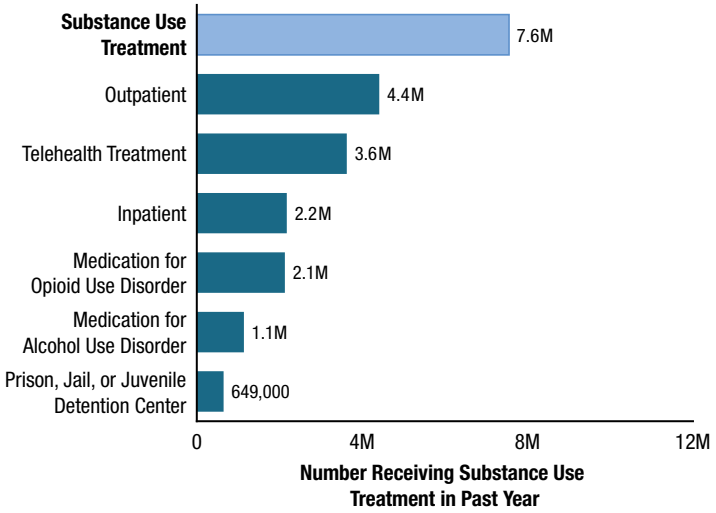
Receipt of Substance Use Treatment

NSDUH respondents in 2025 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 was defined previously. Note that 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 2025, 2.6 percent (or 7.6 million people) received substance use treatment in the past year (Figure 78 and Table A.55AB). An estimated 4.4 million people aged 12 or older (or 1.5 percent) received outpatient substance use treatment. Of the 4.4 million people who received outpatient substance use treatment, most (4.1 million people or 92.2 percent)[88] received treatment in an outpatient setting other than a general medical clinic or doctor's office. Additionally, 1.2 percent (or 3.6 million people) received treatment via telehealth. Smaller numbers of people received other treatment shown in Figure 78.

In 2025, the percentage of adults aged 26 or older who received substance use treatment in the past year (2.7 percent or 6.2 million people) was higher than the percentage among adolescents aged 12 to 17 (1.8 percent or 470,000 people) (Table A.54AB). An estimated 2.3 percent of young adults aged 18 to 25 (or 845,000 people) received substance use treatment in the past year.

Figure 78. Types and Locations of Substance Use Treatment Received in the Past Year: Among People Aged 12 or Older; 2025



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.

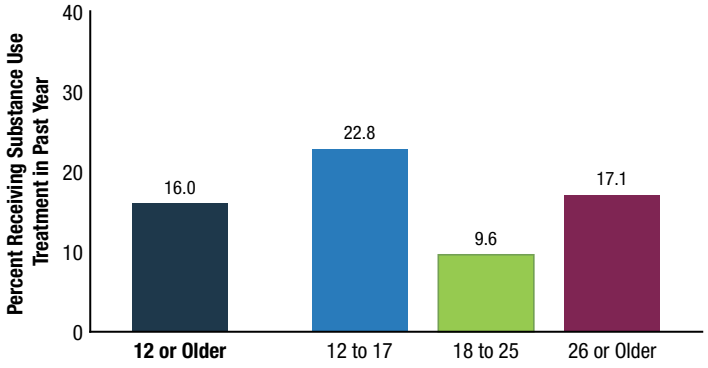
Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication for alcohol use disorder or opioid use disorder; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

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 2025 who were classified as needing substance use treatment in the past year, about 1 in 6 (16.0 percent or 7.6 million people) received substance use treatment in the past year (Figure 79 and Table A.54AB). Among people in different age groups in 2025 who needed substance use treatment in the past year, young adults aged 18 to 25 (9.6 percent or 845,000 people) were least likely to have received substance use treatment in the past year, followed by adults aged 26 or older (17.1 percent or 6.2 million people), then by adolescents aged 12 to 17 (22.8 percent or 470,000 people).

Figure 79. Received Substance Use Treatment in the Past Year: Among People Aged 12 or Older Who Needed Substance Use Treatment in the Past Year; 2025



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.

An estimated 1.1 percent of people aged 12 or older in 2025 who did not have an SUD in the past year (or 2.7 million people) received substance use treatment in the past year (Table A.54AB). 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.

Among the estimated 44.6 million people aged 12 or older in 2025 who had an SUD in the past year (Figure 39), 11.0 percent (or 4.9 million people) (Table A.54AB) received substance use treatment in the past year, and 89.0 percent (or 39.7 million people) did *not* receive substance use treatment in the past year.

Among people who needed substance use treatment because they had an SUD in the past year, the percentage who received treatment was lowest among people with a mild SUD (4.1 percent or 980,000 people), followed by people with a moderate SUD (9.7 percent or 1.0 million people), then by people with a severe SUD (28.9 percent or 2.9 million people) (Table A.54AB). Although the percentage who received substance use treatment was highest among people with a severe SUD, nearly three fourths of this group did *not* receive 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 2025, 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 the drugs listed in the questionnaire are approved for treating opioid use disorder, 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 for their use of prescription opioids.

Medications for Alcohol Use Disorder

Among people aged 12 or older in 2025, 0.4 percent (or 1.1 million people) received MAUD in the past year (Table A.55AB). Among the 25.7 million people aged 12 or older with a past year alcohol use disorder (see the section on Alcohol Use Disorder), 2.6 percent (or 679,000 people) received MAUD in the past year.

Medications for Opioid Use Disorder

Among people aged 12 or older in 2025, 0.7 percent (or 2.1 million people) received MOUD in the past year (Table A.55AB). Among the 4.0 million people aged 12 or older with a past year opioid use disorder (see the section on Opioid Use Disorder), 15.7 percent (or 623,000 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 2025 who had an SUD in the past year, 5.7 percent (or 2.5 million people) received substance use treatment via telehealth in the past year (Table A.56AB). Percentages of people with an SUD in the past year who received substance use treatment via telehealth in the past year ranged from 3.6 percent of young adults aged 18 to 25 (or 308,000 people) to 8.9 percent of adolescents aged 12 to 17 (or 167,000 people). An estimated 6.0 percent of adults aged 26 or older who had an SUD in the past year (or 2.1 million 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 2025 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, withdrawal management services, or treatment with overdose reversal medicine such as Narcan® or naloxone. NSDUH does not classify these other services as "substance use treatment."

However, people could have received both substance use treatment and other services in the past year for their use of alcohol or drugs. Therefore, this section presents estimates for the following:

- any receipt of other services,
- receipt of substance use treatment and other services, and
- receipt of other services but not substance use treatment.

Any Receipt of Other Services for Substance Use among All People Aged 12 or Older

In 2025, 2.7 percent of people aged 12 or older (or 7.9 million people) received other services in the past year for their use of alcohol or drugs (Table A.57AB), including 1.5 percent (or 4.5 million people) who received both substance use treatment and other services and 1.2 percent (or 3.4 million people) who received other services but not substance use treatment. Among the estimated 7.9 million people who received other services, more than half (56.4 percent) also received substance use treatment, and the remainder (43.6 percent) received only other services.

Any Receipt of Other Services for Substance Use among People with a Substance Use Disorder

Among the estimated 44.6 million people aged 12 or older in 2025 who had an SUD in the past year (Figure 39), 9.6 percent (or 4.3 million people) received other services in the past year for their use of alcohol or drugs (Table A.57AB), including 6.9 percent (or 3.1 million people) who received both substance use treatment and other services and 2.6 percent (or 1.2 million people) who received other services but not substance use treatment. Among the estimated 4.3 million people who had an SUD and received other services, about three fourths (72.5 percent) also received substance use treatment, and about one fourth (27.5 percent) received only other services.

Receipt of Specific Other Services for Substance Use among People with a Substance Use Disorder

Among people aged 12 or older in 2025 who had an SUD in the past year, estimates for the receipt of specific other services in the past year to help them with their use of alcohol or drugs were as follows:

- 6.4 percent (or 2.9 million people) participated in a support group,
- 3.5 percent (or 1.6 million people) received services from a peer support specialist or recovery coach,
- 2.8 percent (or 1.3 million people) were seen in an emergency room,
- 2.2 percent (or 989,000 people) received withdrawal management services, and
- 0.9 percent (or 406,000 people) received overdose reversal medicine (Tables A.58A and A.58B).

Among people aged 12 or older in 2025 who had an SUD in the past year, most of those who received withdrawal management services or received services from a peer support specialist or recovery coach also received substance use treatment (97.3 and 92.4 percent, respectively) (Table A.58B). In addition, about three fourths of those who participated in a support group (72.8 percent) or were seen in an emergency room (72.7 percent) received substance use treatment. The percentages of people with an SUD who received overdose reversal medicine and did or did not receive substance use treatment could not be calculated with sufficient precision.[12]

No Receipt of Treatment or Other Services for Substance Use among People with a Substance Use Disorder

Previous sections discussed whether people received substance use treatment or other services in the past year for their alcohol or drug use. This section complements the information in those other sections by presenting estimates for people who had an SUD in the past year but received neither substance use treatment nor other services.

Among the estimated 44.6 million people aged 12 or older in 2025 who had an SUD in the past year (Figure 39), 86.4 percent (or 38.5 million people) received neither substance use treatment nor other services to help with their substance use (Table A.59AB). In each age group, about 80 percent or more of people who had an SUD received neither treatment nor other services for their substance use. Young adults aged 18 to 25 were most likely not to have received treatment or other services (90.6 percent or 7.8 million people), followed by adults aged 26 or older (85.7 percent or 29.2 million people), then by adolescents aged 12 to 17 (80.5 percent or 1.5 million people).

As discussed in the next section on the perceived unmet need for substance use treatment, people who had an SUD but received neither substance use treatment nor other services could perceive an unmet need for *any* professional counseling, medication, or other treatment for their alcohol or drug use but would not have a perceived unmet need for *additional* help.

Perceived Unmet Need for Substance Use Treatment

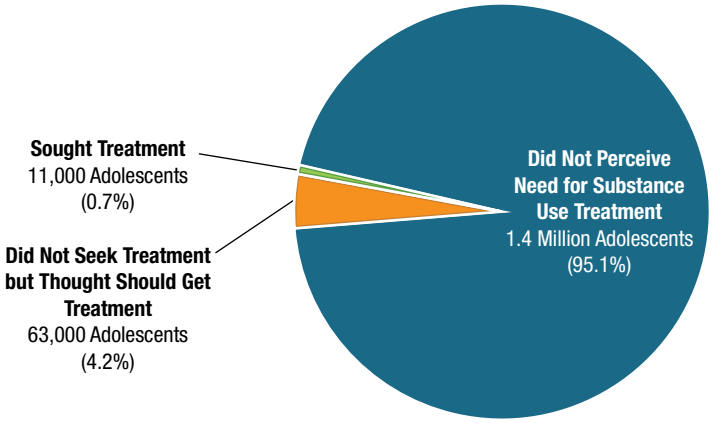
NSDUH respondents in 2025 who used alcohol or drugs in their lifetime and did not receive substance use treatment in the past year (i.e., inpatient or outpatient treatment; MAUD or MOUD; telehealth treatment; or treatment in a prison, jail, or juvenile detention center) were asked whether they sought professional counseling, medication, or other treatment in the past year 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)[87,89] but not substance use treatment were 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; these respondents 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 1.6 million adolescents aged 12 to 17 in 2025 who had an SUD in the past year and did not receive substance use treatment, 95.1 percent (or 1.4 million people) did not perceive that they needed treatment (Figure 80 and Table A.60AB). That is, they did not seek treatment and did not think they should get it. The estimated 4.9 percent of adolescents with an SUD in the past year who did not receive treatment but had a perceived unmet need for treatment corresponds to 74,000 people and includes 0.7 percent (or 11,000 people) who sought treatment and 4.2 percent (or 63,000 people) who did not seek treatment but thought they should get it.

Figure 80. 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; 2025



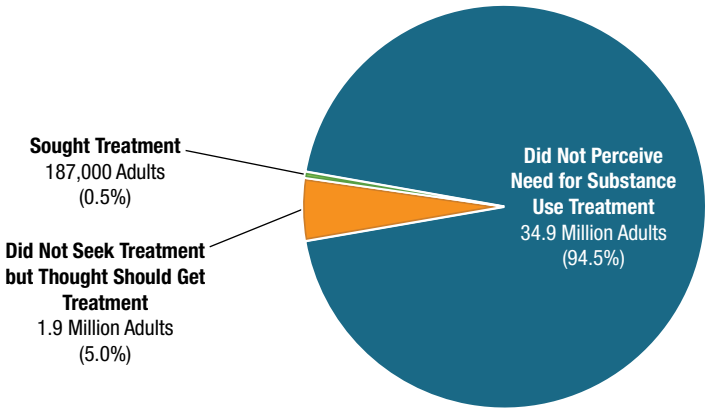
1.6 Million Adolescents with a Substance Use Disorder Who Did Not Receive Substance Use Treatment

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.

Perceived Unmet Need for Substance Use Treatment among Adults

Among the 38.1 million adults aged 18 or older in 2025 who had an SUD in the past year and did not receive substance use treatment, 94.5 percent (or 34.9 million people) did not perceive that they needed treatment (Figure 81 and Table A.60AB). That is, they did not seek treatment and did not think they should get it. The estimated 5.5 percent of adults with an SUD in the past year who did not receive treatment but had a perceived unmet need for treatment corresponds to 2.0 million people and includes 0.5 percent (or 187,000 people) who sought treatment and 5.0 percent (or 1.9 million people) who did not seek treatment but thought they should get it.

Figure 81. 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; 2025



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.

Reasons for Not Receiving Substance Use Treatment

In 2025, questions about reasons for people not receiving substance use treatment were asked only of respondents who reported receiving no treatment in the past year[89] 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. If respondents received other services but not treatment to help with their substance use, they were asked whether these were reasons for them not getting additional professional counseling, medication, or other treatment for their alcohol or drug use. Respondents could report more than one reason for not seeking or getting treatment (or additional treatment).

As noted in previous sections, among people who were classified as having an SUD in the past year and who did not receive substance use treatment in the past year, only 4.9 percent of adolescents aged 12 to 17 and 5.5 percent of adults aged 18 or older perceived an unmet need for treatment (Table A.60AB). 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.

This section presents estimates only among adults aged 18 or older because estimates among adolescents aged 12 to 17 could not be calculated with sufficient precision.[12] Additionally, even if adolescent and adult respondents were asked the same questions about why they did not receive substance use treatment, adolescent respondents may not have sufficient knowledge to report whether health insurance coverage or cost were important reasons for them not receiving treatment.

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

Among adults aged 18 or older in 2025 with a past year SUD who perceived an unmet need for treatment, the following were the four 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 (82.5 percent),
- not being ready to stop or cut back on using alcohol or drugs (68.4 percent),
- not being ready to start treatment (67.7 percent), and
- not having enough time for treatment (54.3 percent) (Table A.61B).

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

- being worried about what people would think or say if they got treatment (41.4 percent);

- not knowing how or where to get treatment (40.5 percent);
- thinking that treatment would cost too much (39.2 percent);
- thinking bad things would happen if people knew they were in treatment, such as losing their job, home, or children (34.9 percent);
- not being able to find a treatment program or healthcare professional they wanted to go to (32.7 percent);
- thinking treatment would not help them (31.5 percent); and
- not having enough health insurance coverage to pay for the costs of treatment (30.4 percent) (Table A.61B).

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.[14]

This report presents estimates for the receipt of mental health treatment only for 2025 because of changes to the questionnaire during the 2024 NSDUH for the receipt of mental health treatment in inpatient or outpatient locations.[90,91] Consequently, 4 years of comparable 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."[92]

In sections that present estimates for adolescents aged 12 to 17, estimates are presented for all adolescents. For sections for adults aged 18 or older, estimates are presented for all adults and among adults aged 18 to 25, 26 to 49, or 50 or older. 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 2025 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;[93] in an outpatient location;[94] 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.

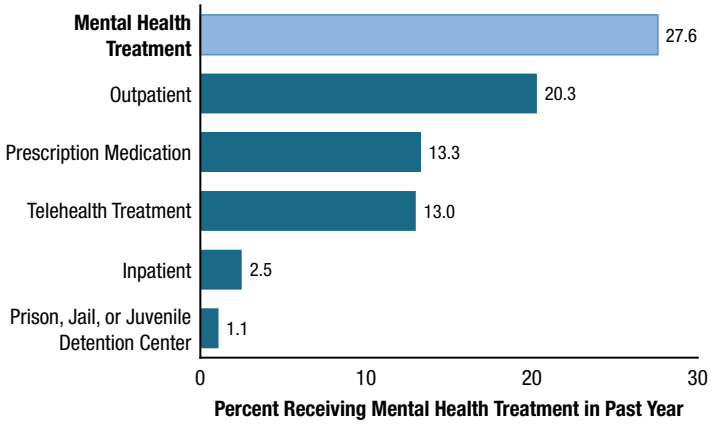
Receipt of Mental Health Treatment among All Adolescents

In 2025, 27.6 percent of adolescents aged 12 to 17 (or 7.0 million people) received mental health treatment in the past year (Figure 82 and Table A.62B). An estimated 20.3 percent of adolescents (or 5.2 million people) received mental health treatment in an outpatient setting, 13.3 percent (or 3.4 million people) took prescription medication to help with their mental health, and 13.0 percent (or 3.3 million people) received mental health treatment via telehealth. Smaller percentages of adolescents received mental health treatment in the other locations shown in Figure 82.

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 3.7 million adolescents aged 12 to 17 in 2025 had a past year MDE. Of these adolescents with a past year MDE, 57.7 percent (or 2.1 million people) received mental health treatment in the past year (Figure 83 and Table A.62B), including 48.4 percent (or 1.8 million people) who received mental health treatment in an outpatient setting, 32.8 percent (or

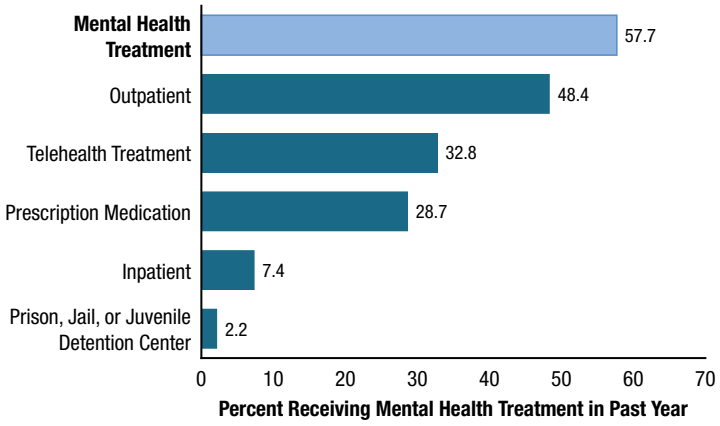
Figure 82. Types and Locations of Mental Health Treatment in the Past Year: Among Adolescents Aged 12 to 17; 2025



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.

Figure 83. 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); 2025



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.

1.2 million people) who received mental health treatment via telehealth, and 28.7 percent (or 1.1 million people) who took prescription medication to help with their mental health. However, about 42.3 percent of adolescents with a past year MDE (or 1.6 million people) did *not* receive mental health treatment in the past year (Table A.63AB).

Receipt of Other Services among Adolescents to Help with Mental Health

As noted previously, in addition to collecting information on mental health treatment, the 2025 NSDUH collected information on the receipt of other services to help people with their mental health. These other services include support services from a support group or from a peer support specialist or recovery coach, or services in an emergency room. These other services were not classified as "mental health treatment."

However, adolescents could have received mental health treatment and other services in the past year to help with their mental health. Therefore, this section presents estimates for the following:

- any receipt of other services,
- receipt of mental health treatment and other services, and
- receipt of other services but not mental health treatment.

Any Receipt of Other Services for Mental Health among All Adolescents Aged 12 to 17

In 2025, 9.8 percent of adolescents aged 12 to 17 (or 2.5 million people) received other services in the past year for their mental health (Table A.64AB), including 7.5 percent (or 1.9 million people) who received mental health treatment and other services and 2.3 percent (or 597,000 people) who received other services but not mental health treatment. Among the estimated 2.5 million adolescents who received other services, therefore, about three fourths (76.1 percent) also received mental health treatment, and about one fourth (23.9 percent) received only other services.

Any Receipt of Other Services for Mental Health among Adolescents with a Past Year MDE

Among the estimated 3.7 million adolescents aged 12 to 17 in 2025 who had an MDE in the past year (see the section on MDE and MDE with Severe Impairment among Adolescents), 22.2 percent (or 822,000 people) received other services in the past year to help with their mental health (Table A.64AB), including 20.1 percent (or 744,000 people) who received mental health treatment and other services and 2.1 percent (or 78,000 people) who received other services but not mental health treatment. Among the estimated 822,000 adolescents who had an

MDE and received other services, therefore, the vast majority (90.5 percent) also received mental health treatment, and 9.5 percent received only other services.

Receipt of Specific Other Services for Mental Health among Adolescents with a Past Year MDE

Among adolescents aged 12 to 17 in 2025 who had an MDE in the past year, estimates for the receipt of specific other services in the past year to help them with their mental health were as follows:

- 16.3 percent (or 603,000 people) participated in a support group,
- 7.9 percent (or 292,000 people) received services from a peer support specialist or recovery coach, and
- 6.2 percent (or 231,000 people) were seen in an emergency room (Tables A.65A and A.65B).

Among the 822,000 adolescents aged 12 to 17 in 2025 who had an MDE and received specific other services in the past year, the vast majority (744,000 people) also received mental health treatment in that period (Table A.64AB). For example, among the 231,000 adolescents who had an MDE and were seen in an emergency room in the past year, 99.4 percent (or 229,000 people) also received mental health treatment (Tables A.65A and A.65B).

No Receipt of Treatment or Other Services for Mental Health among Adolescents with a Past Year MDE

Previous sections discussed whether adolescents aged 12 to 17 received mental health treatment or other services in the past year to help with their mental health. This section complements the information in those other sections by presenting estimates for adolescents who had an MDE in the past year but received neither mental health treatment nor other services. Among the estimated 3.7 million adolescents aged 12 to 17 in 2025 who had an MDE in the past year (see the section on MDE and MDE with Severe Impairment among Adolescents), 40.2 percent (or 1.5 million people) received neither mental health treatment nor other services to help with their mental health (Table A.66AB).

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 2025 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 2025 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, 1.6 million adolescents aged 12 to 17 in 2025 had a past year MDE and did not receive mental health treatment in the past year (Table A.63AB). Of these 1.6 million adolescents, 41.7 percent (or 651,000 people) perceived an unmet need for mental health treatment, including 6.8 percent (or 107,000 people) who sought treatment and 34.8 percent (or 544,000 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 2025 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 651,000 adolescents aged 12 to 17 in 2025 with a past year MDE who perceived an unmet need for mental health treatment (Table A.63AB), 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 (87.4 percent) (Table A.67B). 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 (62.8 percent),
- being worried that information they shared would not be kept private (57.2 percent),
- not thinking treatment would help them (53.9 percent),
- not knowing how or where to get treatment (43.2 percent),
- thinking their family, friends, or religious group would not like it if they got treatment (41.7 percent),
- thinking no one would care if they got better (41.4 percent), and
- not being ready to start treatment (41.1 percent).

Mental Health Treatment among Adults

Adult respondents aged 18 or older in 2025 were asked whether they received professional counseling, medication, or other treatment for their mental health in an inpatient location;[93] in an outpatient location;[94] 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.

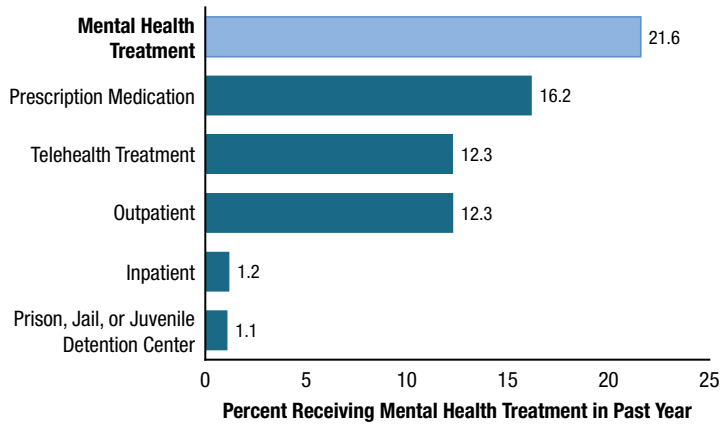
This section first presents estimates for the receipt of mental health treatment in the past year among all adults aged 18 or older, followed by estimates for the receipt of mental health treatment among adults who had an MDE, AMI, or SMI in the past year. Estimates are also presented for the receipt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

Receipt of Mental Health Treatment among All Adults

In 2025, 21.6 percent of adults aged 18 or older (or 57.3 million people) received any of the types of mental health treatment in the past year that were described previously (Figure 84 and Table A.68B). An estimated 16.2 percent of adults (or 43.1 million people) took prescription medication to help with their mental health, and equal percentages received mental health treatment in an outpatient setting and received treatment via telehealth (both 12.3 percent or 32.6 million people). Smaller percentages of adults received mental health treatment in the other locations shown in Figure 84.

The percentage of adults in 2025 who received any mental health treatment in the past year was lower among adults aged 50 or older (17.1 percent or 21.2 million people) than among young adults aged 18 to 25 (24.5 percent or 8.8 million people) or adults aged 26 to 49 (25.9 percent or 27.3 million people) (Table A.68B).

Figure 84. Types and Locations of Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older; 2025



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 Adults with an MDE

As noted in the section on MDE and MDE with Severe Impairment among Adults, an estimated 19.7 million adults aged 18 or older in 2025 had a past year MDE. Of these adults with a past year MDE, 65.9 percent (or 13.0 million people) received any of the types of mental health treatment in the past year that were described previously (Table A.69B). Among adults who had an MDE in the past year, 51.7 percent (or 10.2 million people) took prescription medication to help with their mental health, 47.6 percent (or 9.4 million people) received mental health treatment in an outpatient setting, and 44.7 percent (or 8.8 million people) received mental health treatment via telehealth. However, about one third of adults who had an MDE in the past year did not receive any mental health treatment in that period.

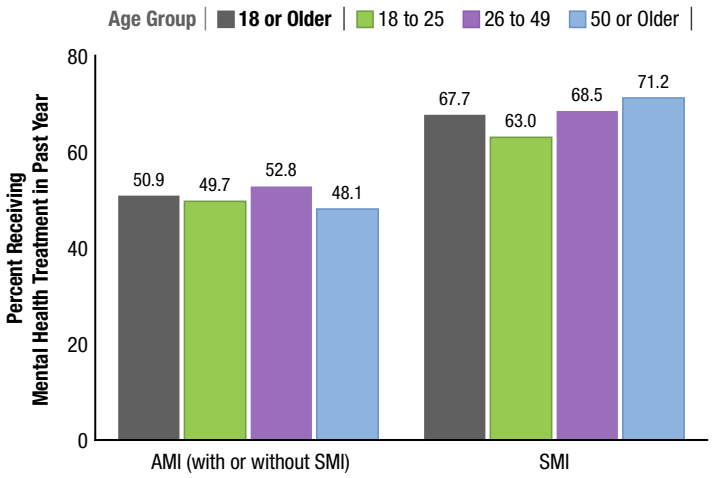
In 2025, about three fifths of young adults aged 18 to 25 with an MDE in the past year received any mental health treatment in the past year (59.1 percent or 3.0 million people) (Table A.69B). In comparison, 68.6 percent of adults aged 26 to 49 (or 6.6 million people) and 67.6 percent of adults aged 50 or older (or 3.3 million people) with a past year MDE received any mental health treatment in the past year.

Receipt of Mental Health Treatment among Adults with AMI

Among the 54.6 million adults aged 18 or older in 2025 with AMI in the past year (Figure 65), 50.9 percent (or 27.8 million people) received any of the types of mental health treatment in the past year that were described previously (Figure 85 and Table A.70B). Among adults who had AMI in the past year, 39.5 percent (or 21.6 million people) took prescription medication to help with their mental health, 34.2 percent (or 18.7 million people) received outpatient mental health treatment, and 32.8 percent (or 17.9 million people) received mental health treatment via telehealth. However, nearly half of adults who had AMI did not receive any mental health treatment in the past year.

As noted previously, about half of adults aged 18 or older in 2025 who had AMI in the past year received any of these types of treatment in the past year (Figure 85 and Table A.70B). Percentages of adults with AMI who received any mental health treatment in the past year did not differ significantly by age group and ranged from 48.1 percent of adults aged 50 or older (or 7.6 million people) to 52.8 percent of adults aged 26 to 49 (or 15.0 million people). An estimated 49.7 percent of young adults aged 18 to 25 (or 5.1 million people) with AMI received any mental health treatment.

Figure 85. Mental Health Treatment Received in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness (AMI) or Serious Mental Illness (SMI) in the Past Year; 2025



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 Adults with SMI

Among the 18.2 million adults aged 18 or older in 2025 with SMI in the past year (Figure 67), 67.7 percent (or 12.3 million people) received any of the types of mental health treatment in the past year that were mentioned previously (Figure 85 and Table A.71B). Among adults who had SMI in the past year, 54.1 percent (or 9.8 million people) took prescription medication to help with their mental health, 50.1 percent (or 9.1 million people) received outpatient mental health treatment, and 46.0 percent (or 8.4 million people) received mental health treatment via telehealth. In addition, 7.9 percent of adults who had SMI (or 1.4 million people) received inpatient mental health treatment. However, about 30 percent of adults who had SMI did not receive any mental health treatment in the past year.

Among adults aged 18 or older in 2025 who had SMI in the past year, the percentage who received mental health treatment in the past year was lower among young adults aged 18 to 25 (63.0 percent or 2.8 million people) than among adults aged 26 to 49 (68.5 percent or 6.9 million people) or adults aged 50 or older (71.2 percent or 2.6 million people) (Figure 85 and Table A.71B).

Receipt of Other Services among Adults to Help with Mental Health

As noted previously, the 2025 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."

However, adults could have received mental health treatment and other services in the past year to help with their mental health. Therefore, this section presents estimates for the following:

- any receipt of other services,
- receipt of mental health treatment and other services, and
- receipt of other services but not mental health treatment.

Any Receipt of Other Services for Mental Health among All Adults Aged 18 or Older

In 2025, 5.8 percent of adults aged 18 or older (or 15.5 million people) received other services in the past year to help with their mental health (Table A.72AB), including 4.1 percent (or 10.9 million people) who received mental health treatment and other services and 1.7 percent (or 4.6 million people) who received other services but not mental health treatment. Among the estimated 15.5 million adults who received other services, therefore, about 7 in 10 (70.6 percent) also received mental health treatment, and about 3 in 10 (29.4 percent) received only other services.

Any Receipt of Other Services for Mental Health among Adults with a Past Year MDE

Among the estimated 19.7 million adults aged 18 or older in 2025 who had an MDE in the past year (see the section on MDE and MDE with Severe Impairment among Adults), 18.7 percent (or 3.7 million people) received other services in the past year to help with their mental health (Table A.72AB), including 17.3 percent (or 3.4 million people) who received mental health treatment and other services and 1.4 percent (or 284,000 people) who received other services but not mental health treatment. Among the estimated 3.7 million adults who had an MDE and received other services, therefore, about 12 in 13 (92.3 percent) also received mental health treatment, and about 1 in 13 (7.7 percent) received only other services.

Any Receipt of Other Services for Mental Health among Adults with AMI

As noted in the section on Any Mental Illness among Adults, among the estimated 54.6 million adults aged 18 or older in 2025 with AMI in the past year, 14.9 percent (or 8.1 million people) received other services in the past year to help with their mental health (Table A.72AB), including 12.4 percent (or 6.8 million people) who received mental health treatment and other services and 2.4 percent (or 1.3 million people) who received other services but not mental health treatment. Among the estimated 8.1 million adults with AMI and who received other services, therefore, about 5 in 6 (83.6 percent) also received mental health treatment, and about 1 in 6 (16.4 percent) received only other services.

Any Receipt of Other Services for Mental Health among Adults with SMI

As noted in the section on Serious Mental Illness among Adults, among the estimated 18.2 million adults aged 18 or older in 2025 with SMI in the past year, 21.1 percent (or 3.8 million people) received other services in the past year to help with their mental health (Table A.72AB), including 19.7 percent (or 3.6 million people) who received mental health treatment and other services and 1.4 percent (or 247,000 people) who received other services but not mental health treatment. Among the estimated 3.8 million adults with SMI who received other services, therefore, about 19 in 20 (93.6 percent) also received mental health treatment, and about 1 in 20 (6.4 percent) received only other services.

Receipt of Specific Other Services for Mental Health among Adults with a Past Year MDE

Among adults aged 18 or older in 2025 who had an MDE in the past year, estimates for the receipt of specific other services in the past year to help them with their mental health were as follows:

- 14.2 percent (or 2.8 million people) participated in a support group,
- 6.1 percent (or 1.2 million people) were seen in an emergency room, and
- 5.2 percent (or 1.0 million people) received services from a peer support specialist or recovery coach (Tables A.73A and A.73B).

Among adults aged 18 or older who had a past year MDE and participated in a support group, received services from a peer support specialist or recovery coach, or were seen in an emergency room in the past year, the vast majority also received mental health treatment in that period (91.7, 95.1, and 95.6 percent, respectively) (Table A.73B).

Receipt of Specific Other Services for Mental Health among Adults with AMI

Among adults aged 18 or older in 2025 with AMI in the past year, estimates for the receipt of specific other services in the past year to help them with their mental health were as follows:

- 11.5 percent (or 6.3 million people) participated in a support group,
- 4.6 percent (or 2.5 million people) received services from a peer support specialist or recovery coach, and
- 4.3 percent (or 2.4 million people) were seen in an emergency room (Tables A.73A and A.73B).

Most adults aged 18 or older in 2025 with AMI in the past year who participated in a support group, received services from a peer support specialist or recovery coach, or were seen in an emergency room in the past year also received mental health treatment in that period (82.0, 96.3, and 83.7 percent, respectively) (Table A.73B).

Receipt of Specific Other Services for Mental Health among Adults with SMI

Among adults aged 18 or older in 2025 with SMI in the past year, estimates for the receipt of specific other services in the past year to help them with their mental health were as follows:

- 16.0 percent (or 2.9 million people) participated in a support group,
- 8.1 percent (or 1.5 million people) were seen in an emergency room, and
- 6.2 percent (or 1.1 million people) received services from a peer support specialist or recovery coach (Tables A.73A and A.73B).

The vast majority of adults aged 18 or older in 2025 with SMI in the past year who participated in a support group, received services from a peer support specialist or recovery coach, or were seen in an emergency room in the past year also received mental health treatment in that period (93.9, 96.1, and 92.9 percent, respectively) (Table A.73B).

No Receipt of Treatment or Other Services for Mental Health among Adults with a Past Year MDE

Previous sections discussed whether adults received mental health treatment or other services in the past year to help with their mental health. This section complements the information in those other sections by presenting estimates for adults who had an MDE in the past year but received neither mental health treatment nor other services. Among the estimated 19.7 million adults aged 18 or older in 2025 who had an MDE in the past year (see the section on MDE and MDE with Severe Impairment among Adults), about a third (32.7 percent or 6.4 million people) received neither mental health treatment nor other services in the past year to help with their mental health (Table A.74AB). In each age group, about 30 percent or more of adults who had an MDE received neither treatment nor other services for their mental health.

No Receipt of Treatment or Other Services for Mental Health among Adults with AMI

Previous sections discussed whether adults received mental health treatment or other services in the past year to help with their mental health. This section complements the information in those other sections by presenting estimates for adults with AMI in the past year but who received neither mental health treatment nor other services. Among the estimated 54.6 million adults aged 18 or older in 2025 with AMI in the past year (as noted in the section on Any Mental Illness among Adults), about half (46.7 percent or 25.5 million people) received neither mental health treatment nor other services in the past year to help with their mental health (Table A.74AB). In each age group, about 45 percent or more of adults with AMI received neither treatment nor other services for their mental health.

No Receipt of Treatment or Other Services for Mental Health among Adults with SMI

Previous sections discussed whether adults received mental health treatment or other services in the past year for their mental health. This section complements the information in those other sections by presenting estimates for adults with SMI in the past year but who received neither mental health treatment nor other services. Among the estimated 18.2 million adults aged 18 or older in 2025 with SMI in the past year (see the section on Serious Mental Illness among Adults), about a third (31.0 percent or 5.6 million people) received neither mental health treatment nor other

services in the past year to help with their mental health (Table A.74AB). In each age group, about 30 percent or more of people with SMI received neither treatment nor other services for their mental health.

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 2025 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.

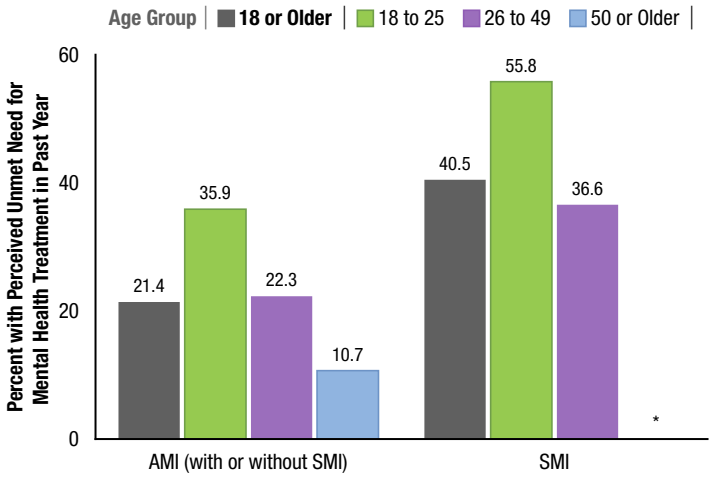
Perceived Unmet Need for Mental Health Treatment among Adults with a Past Year MDE

As noted in the section on MDE and MDE with Severe Impairment among Adults, an estimated 19.7 million adults aged 18 or older in 2025 had a past year MDE. Of these adults with a past year MDE, about one third (or 6.7 million people) did not receive mental health treatment in the past year (Table A.75A). Among these 6.7 million adults with a past year MDE who did not receive mental health treatment, 36.9 percent (or 2.4 million people) perceived an unmet need for mental health treatment in the past year (Table A.75B). The percentage of adults in 2025 with a past year MDE who did not receive mental health treatment in the past year and who had a perceived unmet need for treatment was higher among young adults aged 18 to 25 (48.1 percent or 989,000 people) than among adults aged 26 to 49 (35.5 percent or 1.0 million people) or adults aged 50 or older (24.7 percent or 385,000 people).

Perceived Unmet Need for Mental Health Treatment among Adults with AMI

Of the 54.6 million adults aged 18 or older in 2025 who had AMI in the past year (Figure 65), slightly less than half (26.9 million people) did not receive mental health treatment in the past year (Table A.76A). Among these 26.9 million adults with AMI in the past year who did not receive mental health treatment, 21.4 percent (or 5.6 million people) perceived an unmet need for mental health treatment in the past year (Figure 86 and Table A.76B). The percentage of adults in 2025 with AMI in the past year who did not receive treatment in the past year and who had a perceived unmet need for mental health treatment was highest among young adults aged 18 to 25 (35.9 percent or 1.8 million people), followed by adults aged 26 to 49 (22.3 percent or 2.9 million people), then by adults aged 50 or older (10.7 percent or 857,000 people).

Figure 86. Perceived Unmet Need for Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness (AMI) or Serious Mental Illness (SMI) in the Past Year Who Did Not Receive Mental Health Treatment; 2025



* 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 18.2 million adults aged 18 or older in 2025 who had SMI in the past year (Figure 67), about one third (5.9 million people) did not receive mental health treatment in the past year (Table A.77A). Among these 5.9 million adults with SMI in the past year who did not receive mental health treatment, 40.5 percent (or 2.3 million people) perceived an unmet need for mental health treatment in the past year (Figure 86 and Table A.77B). Percentages of adults in 2025 with SMI in the past year who did not receive mental health treatment and who had a perceived unmet need for treatment were 55.8 percent among young adults aged 18 to 25 (or 889,000 people) and 36.6 percent among adults aged 26 to 49 (or 1.1 million 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.[12]

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

Among adults aged 18 or older in 2025 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 (72.9 percent) (Table A.78B). The second most common reason for not receiving treatment was thinking treatment would cost too much (61.4 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 having enough time for treatment (48.3 percent),
- not being ready to start treatment (47.7 percent),
- not knowing how or where to get treatment (44.9 percent),
- not finding a treatment program or a healthcare professional they wanted to go to (43.2 percent),
- health insurance not paying enough of the costs for treatment (40.3 percent), and
- not having health insurance coverage for mental health treatment (39.0 percent).

In addition, Table 6.40B in the 2025 Detailed Tables contains estimates for adults who had SMI in the past year and had a perceived unmet need for mental health treatment.[20] 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.[95] 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.[95,96,97,98,99] Current treatment guidelines often recommend that people with co-occurring disorders receive treatment for both disorders.[95,98,99]

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.

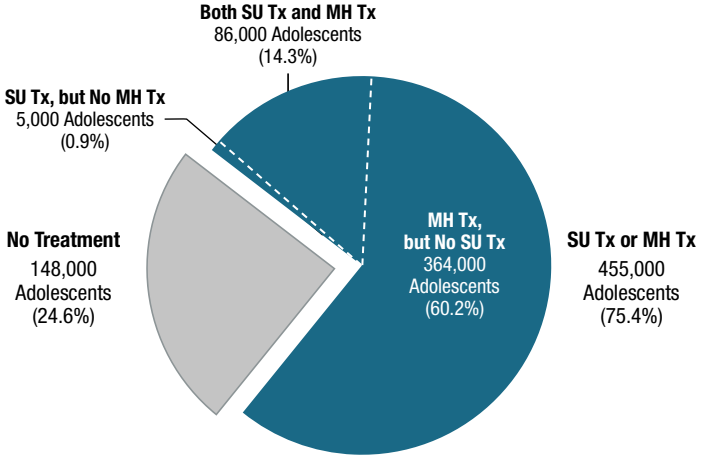
Estimates for adults aged 18 or older are presented overall and by age group.

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

Among the 604,000 adolescents aged 12 to 17 in 2025 with a co-occurring MDE and an SUD in the past year (Figure 87), 75.4 percent (or 455,000 people) received either substance use treatment or mental health treatment in the past year (Table A.79B). However, about 1 in 4 adolescents with a co-occurring MDE and an SUD in the past year (24.6 percent or 148,000 people) did not receive treatment for either condition. An estimated 60.2 percent of adolescents with a co-occurring MDE and an SUD in the past year (or 364,000 people) received only mental health treatment, and 14.3 percent (or 86,000 people) received both substance use treatment and mental health treatment. A smaller percentage received only substance use treatment.

Among the 455,000 adolescents aged 12 to 17 in 2025 with a co-occurring MDE and an SUD who received either substance use treatment or mental health treatment in the past year (Figure 87), most received only mental health treatment (79.9 percent), and 18.9 percent received both types of treatment.[88] The remainder received only substance use treatment.[88]

Figure 87. 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 (SUD) and Major Depressive Episode (MDE); 2025



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

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

Note: The numbers for the subdivisions may not add to the number 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.

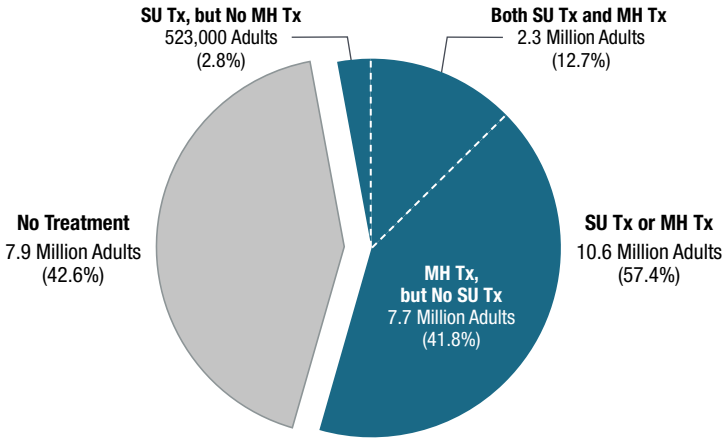
Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

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

Among the 18.5 million adults aged 18 or older in 2025 with co-occurring AMI and an SUD in the past year (Figure 88), 57.4 percent (or 10.6 million people) received either substance use treatment or mental health treatment in the past year (Table A.80B). However, about 2 in 5 adults aged 18 or older with co-occurring AMI and an SUD in the past year (42.6 percent or 7.9 million people) did not receive treatment for either condition. An estimated 41.8 percent of adults aged 18 or older with co-occurring AMI and an SUD in the past year (or 7.7 million people) received only mental health treatment, and 12.7 percent (or 2.3 million people) received both types of treatment. A smaller percentage received only substance use treatment.

Among the 10.6 million adults aged 18 or older in 2025 with co-occurring AMI and an SUD who received either substance use treatment or mental health treatment in the past year (Figure 88), most received only mental health treatment (72.9 percent), and 22.1 percent received both types of treatment.[88] The remainder received only substance use treatment.[88]

Figure 88. 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 (SUD) and Any Mental Illness (AMI); 2025



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.

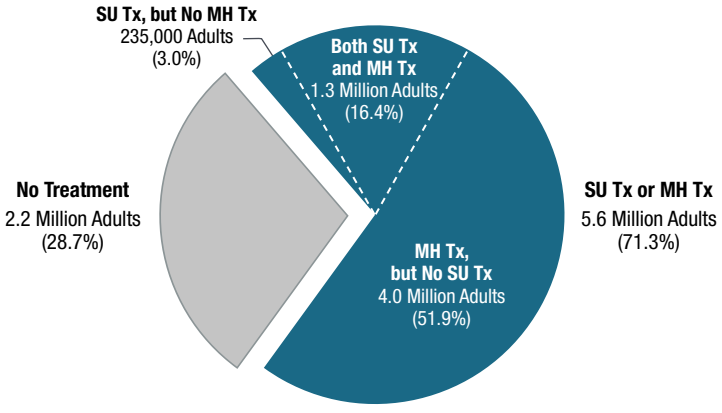
Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Percentages of adults aged 18 or older in 2025 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 55.7 percent of adults aged 50 or older (or 2.2 million people) to 58.5 percent of adults aged 26 to 49 (or 6.1 million people) (Table A.80B). An estimated 56.1 percent of young adults aged 18 to 25 with co-occurring AMI and an SUD in the past year (or 2.3 million people) received either type of treatment.

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

Among the 7.8 million adults aged 18 or older in 2025 with co-occurring SMI and an SUD in the past year (Figure 89), 71.3 percent (or 5.6 million people) received either substance use treatment or mental health treatment in the past year (Table A.80B). However, about 3 in 10 adults aged 18 or older with co-occurring SMI and an SUD in the past year (28.7 percent or 2.2 million people) did not receive treatment for either condition. An estimated 51.9 percent of adults aged 18 or older with co-occurring SMI and an SUD in the past year (or 4.0 million people) received only mental health treatment, and 16.4 percent (or 1.3 million people) received both types of treatment. A smaller percentage received only substance use treatment.

Figure 89. 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 (SUD) and Serious Mental Illness (SMI); 2025



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

Note: The numbers for the subdivisions may not add to the number 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.

Among the 5.6 million adults aged 18 or older in 2025 with co-occurring SMI and an SUD who received either substance use treatment or mental health treatment in the past year (Figure 89), most received only mental health treatment (72.7 percent), and 23.1 percent received both types of treatment.[88] The remainder received only substance use treatment.[88]

Among adults aged 18 or older in 2025 with co-occurring SMI and an SUD in the past year, 65.5 percent of young adults aged 18 to 25 (or 1.3 million people) and 73.8 percent of adults aged 26 to 49 (or 3.4 million people) received either substance use treatment or mental health treatment in the past year (Table A.80B). 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.[12]

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 2025, 11.6 percent (or 30.6 million people) perceived that they ever had a problem with their use of drugs or alcohol (Table A.81B). Among the 30.6 million adults in 2025 who perceived that they ever had a substance use problem, 73.0 percent (or 22.3 million people) considered themselves to be in recovery or to have recovered from their drug or alcohol use problem (Table A.82B).

In 2025, 8.0 percent of young adults aged 18 to 25 (or 2.9 million people) and 12.2 percent of adults aged 26 or older (or 27.7 million people) perceived that they ever had a problem with their use of drugs or alcohol (Table A.81B).

Among adults who perceived that they ever had a problem with their use of drugs or alcohol, about two thirds of young adults (63.4 percent or 1.8 million people) and about three fourths of adults aged 26 or older (74.0 percent or 20.5 million people) considered themselves to be in recovery or to have recovered from their drug or alcohol use problem (Table A.82B).

In 2025, 24.3 percent of adults aged 18 or older (or 63.8 million people) perceived that they ever had a problem with their mental health (Table A.81B). Among the 63.8 million adults in 2025 who perceived that they ever had a problem with their mental health, 69.4 percent (or 44.1 million people) considered themselves to be in recovery or to have recovered from their mental health issue (Table A.82B).

In 2025, 35.5 percent of young adults aged 18 to 25 (or 12.7 million people) and 22.5 percent of adults aged 26 or older (or 51.1 million people) perceived that they ever had a problem with their mental health (Table A.81B). Among adults who perceived that they ever had a problem with their mental health, 66.4 percent of young adults (or 8.4 million people) and 70.2 percent of adults aged 26 or older (or 35.7 million people) considered themselves to be in recovery or to have recovered from their mental health issue (Table A.82B).

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 2025 Detailed Tables. See the following reference: Center for Behavioral Health Statistics and Quality. (2026). *2025 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

6. Center for Behavioral Health Statistics and Quality. (2026). *2025 Companion infographic report: Results from the 2021 to 2025 National Surveys on Drug Use and Health* (SAMHSA Publication No. PEP26-07-011). https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases

7. Details about the sample design, weighting, and interviewing results for the 2025 NSDUH (and prior years, where applicable) are provided in Sections 2.1, 2.3.4, and 3.3.1 of CBHSQ (2026). In particular, Table 2.1 in CBHSQ (2026) 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. (2026). *2025 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

8. Details about the multimode data collection procedures for the 2025 NSDUH are provided in Section 2.2.1 of CBHSQ (2026). See the following reference: Center for Behavioral Health Statistics and Quality. (2026). *2025 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. 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 (10,898 adolescents and 49,549 adults).

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

11. Center for Behavioral Health Statistics and Quality. (2026). *2025 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

12. 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. (2026). *2025 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. 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.

14. 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. (2026). *2025 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

15. See Section 3.2.3 in the following reference: Center for Behavioral Health Statistics and Quality. (2026). *2025 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

16. 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

17. For more information on updates to the procedures for estimating nicotine vaping in 2022 to 2024, see Section 3.4.4 in the following reference: Center for Behavioral Health Statistics and Quality. (2026). *2025 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

18. In the 2025 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.

19. 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. (2026). *Alcohol's effects on health*. https://www.niaaa.nih.gov/alcohols-effects-health/alcohol-drinking-patterns

20. Center for Behavioral Health Statistics and Quality. (2026). *2025 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

21. The 2025 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.

22. 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.

23. 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. (2026). *Results from the 2025 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. In the 2021 to 2023 NSDUHs, respondents who reported that they used LSD, PCP, Ecstasy, ketamine, DMT/AMT/"Foxy," or *Salvia divinorum* in their lifetime were asked when they last used these specific hallucinogens. In addition to questions about the most recent use of these hallucinogens, a recency question has been included for psilocybin since 2024. Recency questions were added for peyote and mescaline in 2025.

25. No respondents in 2025 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®).

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

27. U.S. Centers for Disease Control and Prevention. (2025, June). *Basics about prescription opioids*. https://www.cdc.gov/rx-awareness/information/index.html

28. Han, B., Jones, C. M., Einstein, E. B., & Compton, W. M. (2021). Trends in and characteristics of buprenorphine misuse among adults in the US. *JAMA Network Open, 4*(10), e2129409. https://doi.org/10.1001/jamanetworkopen.2021.29409

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

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

31. 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

32. Individual estimated numbers of people who used cocaine only, misused prescription stimulants only, or used methamphetamine only sum to more than 7.6 million people because of rounding.

33. U.S. Centers for Disease Control and Prevention. (2025, June). *Understanding the opioid overdose epidemic*. https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html

34. 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

35. 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

36. 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

37. Center for Behavioral Health Statistics and Quality. (2025). *Key substance use and mental health indicators in the United States: Results from the 2024 National Survey on Drug Use and Health* (HHS Publication No. PEP25-07-007, NSDUH Series H-60). https://www.samhsa.gov/data/report/2024-nsduh-annual-national-report

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. 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.

43. 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.

44. 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.

45. Assessing whether respondents in the 2025 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 2025 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.

46. Field testing in 2012 and 2013 for the prescription drug questions in the 2025 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

47. 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 3.4.7 of the following reference: Center for Behavioral Health Statistics and Quality. (2026). *2025 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

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

49. For more information about the DSM-5 criteria for SUDs, see Section 3.4.8 in the following reference: Center for Behavioral Health Statistics and Quality. (2026). *2025 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

50. 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.

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

52. 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

53. NSDUH respondents in 2025 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.

54. Estimates in 2025 for CNS stimulant use disorder and opioid use disorder include data from a small number of respondents (fewer than 15 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 3.4.6 in the following reference: Center for Behavioral Health Statistics and Quality. (2026). *2025 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

55. 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

56. 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

57. 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.

58. 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.

59. Details about the criteria for defining a NSDUH interview as usable are provided in Section 2.3.1 of CBHSQ (2026). See the following reference: Center for Behavioral Health Statistics and Quality. (2026). *2025 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

60. Details about imputation procedures, including imputation of adult MDE data, are provided in Sections 2.3.3 and 3.4.13 of CBHSQ (2026). See the following reference: Center for Behavioral Health Statistics and Quality. (2026). *2025 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

61. 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-5, Research Version, (SCID-5-RV). See the following reference: First, M. B., Williams, J. B. W., Karg, R. S., & Spitzer, R. L. (2015). *Structured clinical interview for DSM-5—research version* (SCID-5 for DSM-5, Research Version; SCID-5-RV). American Psychiatric Association.

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

63. For more information on the MICS and creation of estimates for AMI and SMI based on DSM-5 criteria, see Section 3.4.10 in the following reference: Center for Behavioral Health Statistics and Quality. (2026). *2025 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

64. Clinical interviewers in the MICS assessed respondents' level of functional impairment according to the Global Assessment of Functioning (GAF) scale. A GAF score of 50 or lower was considered to indicate severe or worse impairment because of a mental disorder. See the following reference: Endicott, J., Spitzer, R. L., Fleiss, J. L., & Cohen, J. (1976). The Global Assessment Scale: A procedure for measuring overall severity of psychiatric disturbance. *Archives of General Psychiatry, 33*, 766-771. https://doi.org/10.1001/archpsyc.1976.01770060086012

65. Details about imputation procedures, including imputation of source variables for predicting AMI or SMI among adults, are provided in Sections 2.3.3 and 3.4.10 of CBHSQ (2026). See the following reference: Center for Behavioral Health Statistics and Quality. (2026). *2025 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. 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

67. U.S. Centers for Disease Control and Prevention. (2024). *Web-based Injury Statistics Query and Reporting System: WISQARS leading causes of death visualization tool*. https://wisqars.cdc.gov/lcd/?o=LCD&y1=2024&y2=2024&ct=10&cc=ALL&g=00&s=0&r=0&ry=2&e=0&ar=lcd1age&at=groups&ag=lcd1age&a1=0&a2=199

68. Xu, J., Murphy, S. L., Kochanek, K. D., & Arias, E. (2026). *Mortality in the United States, 2024* (NCHS Data Brief No. 548). National Center for Health Statistics. https://www.cdc.gov/nchs/products/databriefs/db548.htm

69. U.S. Centers for Disease Control and Prevention. (2026, May). *Suicide prevention: Suicide data and statistics*. https://www.cdc.gov/suicide/data/index.html

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 2026. Data are from the final Multiple Cause of Death Files, 2018-2024, and from provisional data for years 2025 and later, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Retrieved March 11, 2026, from https://wonder.cdc.gov/mcd-icd10-provisional.html

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

72. 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

73. 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

74. 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

75. 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

76. 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

77. 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

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

79. Swedo, E. A., Pampati, S., Anderson, K. N., Thorne, E., McKinnon, I. I., Brener, N. D., Stinson, J., Mpofu, J. J., & Holditch Niolon, P. (2024). Adverse childhood experiences and health conditions and risk behaviors among high school students — Youth Risk Behavior Survey, United States, 2023. *Morbidity and Mortality Weekly Report Supplement, 73*(Suppl. 4), 39-49. https://doi.org/10.15585/mmwr.su7304a5

80. Apicella, M., Pontillo, M., Maglio, G., Di Vincenzo, C., Della Santa, G., Andracchio, E., & Vicari, S. (2025). Non-suicidal self-injury in adolescents: A clinician's guide to understanding the phenomenon, diagnostic challenges, and evidence-based treatments. *Frontiers in Psychiatry, 16*, 1605508. https://doi.org/10.3389/fpsyt.2025.1605508

81. 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. Thus, substance use treatment questions in NSDUH do not cover treatment for the use of nicotine products.

82. 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/report/2024-methodological-summary-and-definitions

83. Details about the recent redesign of the substance use treatment questions for the 2022 NSDUH are provided in CBHSQ (2023). See the following reference: 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

84. 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.

85. 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.

86. 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.

87. For more information about other services not being classified as "substance use treatment," see Section 3.4.9 in the following reference: Center for Behavioral Health Statistics and Quality. (2026). *2025 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

88. These estimates (or selected estimates being cited) were calculated from special analyses but are not included in the appendix tables or in the 2025 Detailed Tables.

89. Respondents in 2025 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.

90. 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/report/2024-methodological-summary-and-definitions

91. Details about the recent redesign of the mental health treatment questions for the 2022 NSDUH are provided in CBHSQ (2023). See the following reference: 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

92. For more information about other services not being classified as "mental health treatment," see Section 3.4.11 in the following reference: Center for Behavioral Health Statistics and Quality. (2026). *2025 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

93. 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.

94. 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, 2025

Substance	12 or Older		12 to 17		18 to 25		26 or Older	
GENERAL SUBSTANCE USE								
Nicotine Products, Alcohol, or Illicit Drugs[1,2,3,4]	56.0	(0.41)	11.9	(0.47)	57.2	(0.80)	60.8	(0.50)
NICOTINE PRODUCTS[1,2]	22.1	(0.34)	6.9	(0.37)	27.9	(0.69)	22.9	(0.41)
Tobacco Products[1]	16.2	(0.30)	2.0	(0.21)	14.1	(0.49)	18.0	(0.37)
Cigarettes	12.4	(0.27)	1.3	(0.19)	9.8	(0.42)	14.1	(0.34)
Daily Cigarette Smoking[5]	55.1	(1.09)	1.9	(1.17)	12.4	(1.13)	60.4	(1.17)
Smoked 1+ Packs of Cigarettes per Day[6]	35.8	(1.54)	*	(*)	17.1	(3.77)	36.2	(1.58)
Smokeless Tobacco	2.5	(0.11)	0.4	(0.08)	3.4	(0.27)	2.6	(0.13)
Cigars	3.4	(0.14)	0.5	(0.09)	3.8	(0.23)	3.6	(0.17)
Pipe Tobacco	0.6	(0.06)	0.2	(0.05)	0.7	(0.12)	0.7	(0.07)
Nicotine Vaping[2]	10.1	(0.23)	6.3	(0.36)	22.3	(0.63)	8.6	(0.25)
ALCOHOL	44.4	(0.43)	5.9	(0.34)	46.2	(0.86)	48.4	(0.52)
Binge Alcohol Use	19.5	(0.32)	3.0	(0.23)	26.7	(0.79)	20.2	(0.37)
Heavy Alcohol Use	5.0	(0.17)	0.3	(0.07)	6.3	(0.36)	5.3	(0.20)
ILLICIT DRUGS[3,4]	16.4	(0.30)	5.8	(0.34)	24.4	(0.66)	16.3	(0.35)
Marijuana	15.1	(0.29)	5.0	(0.32)	23.3	(0.66)	14.9	(0.34)
Marijuana Vaping[7]	5.6	(0.16)	3.5	(0.28)	12.7	(0.49)	4.7	(0.18)

* 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.

[1] Nicotine product use includes use of tobacco products (cigarettes, smokeless tobacco [such as snuff, dip, chewing tobacco, or snus], cigars, or pipe tobacco) or nicotine vaping. Use of tobacco products 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, 2025.

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, 2025

Nicotine Product Use[1]	12 or Older		12 to 17		18 to 25		26 or Older	
Only Nicotine Vaping[2]	27.0	(0.67)	70.8	(2.49)	49.4	(1.28)	21.2	(0.72)
Nicotine Vaping and Tobacco Products[2,3]	18.6	(0.60)	21.1	(2.29)	30.5	(1.16)	16.2	(0.66)
Nicotine Vaping and Only Cigarettes[2]	11.0	(0.46)	10.8	(1.77)	17.0	(0.96)	9.9	(0.50)
Nicotine Vaping, Cigarettes, and Other Tobacco Products[2,4]	4.3	(0.30)	4.3	(1.02)	6.8	(0.55)	3.8	(0.35)
Nicotine Vaping and Only Other Tobacco Products[2,4]	3.3	(0.22)	6.0	(1.19)	6.7	(0.59)	2.6	(0.24)
Only Tobacco Products[3]	54.4	(0.83)	8.2	(1.31)	20.1	(1.11)	62.6	(0.92)

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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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] Other 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, 2025.

Table A.3B Use of Selected Substances in the Past Month: Among People Aged 12 or Older; 2021-2025

Substance	2021		2022		2023		2024		2025		Trend
NICOTINE PRODUCTS[1,2]	--		22.7	(0.37)	22.7	(0.32)	22.1	(0.32)	22.1	(0.34)	No Change
Tobacco Products	20.1	(0.38)	18.1	(0.35)	17.6	(0.30)	16.7	(0.29)	16.2	(0.30)	Decreased
Cigarettes	16.0	(0.36)	14.6	(0.32)	13.7	(0.28)	13.1	(0.27)	12.4	(0.27)	Decreased
Daily Cigarette Smoking[3]	61.5	(1.02)	58.7	(1.01)	58.9	(0.98)	59.0	(1.02)	55.1	(1.09)	Decreased
Smoked 1+ Packs of Cigarettes per Day[4]	42.4	(1.46)	39.8	(1.33)	39.6	(1.33)	37.7	(1.35)	35.8	(1.54)	Decreased
Smokeless Tobacco	2.7	(0.14)	2.2	(0.11)	2.5	(0.12)	2.3	(0.11)	2.5	(0.11)	No Change
Cigars	3.7	(0.16)	3.7	(0.14)	3.8	(0.14)	3.3	(0.13)	3.4	(0.14)	Decreased
Pipe Tobacco	0.7	(0.06)	0.6	(0.06)	0.7	(0.06)	0.6	(0.06)	0.6	(0.06)	No Change
Nicotine Vaping[1,2]	--		8.3	(0.18)	9.4	(0.20)	9.6	(0.19)	10.1	(0.23)	Increased
ALCOHOL	47.4	(0.44)	48.7	(0.42)	47.5	(0.42)	46.6	(0.40)	44.4	(0.43)	Decreased
Binge Alcohol Use	21.7	(0.34)	21.7	(0.31)	21.7	(0.30)	20.1	(0.29)	19.5	(0.32)	Decreased
Heavy Alcohol Use	5.7	(0.20)	5.7	(0.16)	5.8	(0.16)	5.0	(0.16)	5.0	(0.17)	Decreased
MARIJUANA	13.2	(0.30)	15.0	(0.28)	15.4	(0.28)	15.4	(0.28)	15.1	(0.29)	Increased

-- Not available or not comparable with the estimate in 2022-2025 due to methodological or questionnaire changes.

Decreased = the linear trend test showed a statistically significant decrease from the baseline year to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from the baseline year to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from the baseline year to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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*.

[1] The baseline year for this measure is 2022.

[2] Estimates for 2022 to 2024 may differ from previously published estimates because of updates to nicotine vaping measures. See Chapter 3 of the 2025 Methodological Summary and Definitions for details.

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

[4] 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, 2021-2025.

Table A.4B Use of Selected Substances in the Past Month: Among Adolescents Aged 12 to 17; 2021-2025

Substance	2021	2022	2023	2024	2025	Trend
NICOTINE PRODUCTS[1,2]	--	7.3 (0.34)	7.4 (0.33)	6.6 (0.30)	6.9 (0.37)	No Change
Tobacco Products	2.9 (0.29)	2.0 (0.18)	1.9 (0.17)	1.9 (0.17)	2.0 (0.21)	Decreased
Cigarettes	1.7 (0.22)	1.2 (0.15)	1.3 (0.15)	1.2 (0.14)	1.3 (0.19)	No Change
Daily Cigarette Smoking[3]	* (*)	3.1 (1.30)	* (*)	3.8 (1.37)	1.9 (1.17)	Not Tested
Smoked 1+ Packs of Cigarettes per Day[4]	* (*)	* (*)	* (*)	* (*)	* (*)	Not Tested
Smokeless Tobacco	0.6 (0.12)	0.2 (0.05)	0.3 (0.06)	0.5 (0.08)	0.4 (0.08)	No Change
Cigars	0.8 (0.16)	0.7 (0.10)	0.4 (0.07)	0.5 (0.09)	0.5 (0.09)	No Change
Pipe Tobacco	0.3 (0.08)	0.2 (0.07)	0.2 (0.05)	0.1 (0.03)	0.2 (0.05)	No Change
Nicotine Vaping[1,2]	--	6.8 (0.33)	6.8 (0.32)	6.0 (0.29)	6.3 (0.36)	No Change
ALCOHOL	7.2 (0.44)	6.8 (0.32)	6.9 (0.37)	6.6 (0.36)	5.9 (0.34)	Decreased
Binge Alcohol Use	4.0 (0.33)	3.2 (0.22)	3.9 (0.29)	3.5 (0.22)	3.0 (0.23)	Decreased
Heavy Alcohol Use	0.4 (0.11)	0.2 (0.05)	0.5 (0.10)	0.4 (0.06)	0.3 (0.07)	No Change
MARIJUANA	6.1 (0.39)	6.4 (0.32)	6.0 (0.32)	6.0 (0.32)	5.0 (0.32)	Decreased

* Low precision; no estimate reported.

-- Not available or not comparable with the estimate in 2022-2025 due to methodological or questionnaire changes.

Decreased = the linear trend test showed a statistically significant decrease from the baseline year to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from the baseline year to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from the baseline year to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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*.

[1] The baseline year for this measure is 2022.

[2] Estimates for 2022 to 2024 may differ from previously published estimates because of updates to nicotine vaping measures. See Chapter 3 of the 2025 Methodological Summary and Definitions for details.

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

[4] 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, 2021-2025.

Table A.5B Use of Selected Substances in the Past Month: Among Young Adults Aged 18 to 25; 2021-2025

Substance	2021	2022	2023	2024	2025	Trend
NICOTINE PRODUCTS[1,2]	--	30.0 (0.62)	30.0 (0.62)	28.9 (0.61)	27.9 (0.69)	Decreased
Tobacco Products	17.5 (0.56)	15.4 (0.48)	15.7 (0.47)	14.4 (0.44)	14.1 (0.49)	Decreased
Cigarettes	11.8 (0.47)	10.7 (0.42)	10.6 (0.39)	9.6 (0.37)	9.8 (0.42)	Decreased
Daily Cigarette Smoking[3]	27.0 (1.76)	26.7 (1.75)	25.4 (1.64)	19.5 (1.52)	12.4 (1.13)	Decreased
Smoked 1+ Packs of Cigarettes per Day[4]	23.3 (2.74)	17.5 (2.62)	23.3 (2.64)	16.8 (2.93)	17.1 (3.77)	No Change
Smokeless Tobacco	3.0 (0.22)	2.4 (0.19)	2.8 (0.21)	3.3 (0.20)	3.4 (0.27)	Increased
Cigars	5.6 (0.34)	5.3 (0.31)	5.3 (0.28)	4.9 (0.27)	3.8 (0.23)	Decreased
Pipe Tobacco	1.1 (0.15)	1.1 (0.13)	1.1 (0.14)	0.9 (0.12)	0.7 (0.12)	Decreased
Nicotine Vaping[1,2]	--	24.0 (0.57)	24.1 (0.59)	23.7 (0.57)	22.3 (0.63)	Decreased
ALCOHOL	50.9 (0.81)	50.2 (0.76)	49.6 (0.77)	47.5 (0.72)	46.2 (0.86)	Decreased
Binge Alcohol Use	30.0 (0.76)	29.5 (0.63)	28.7 (0.64)	26.7 (0.63)	26.7 (0.79)	Decreased
Heavy Alcohol Use	7.1 (0.39)	7.6 (0.37)	6.9 (0.35)	6.0 (0.28)	6.3 (0.36)	Decreased
MARIJUANA	24.6 (0.71)	25.9 (0.64)	25.2 (0.58)	24.1 (0.56)	23.3 (0.66)	Decreased

-- Not available or not comparable with the estimate in 2022-2025 due to methodological or questionnaire changes.

Decreased = the linear trend test showed a statistically significant decrease from the baseline year to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from the baseline year to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from the baseline year to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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*.

[1] The baseline year for this measure is 2022.

[2] Estimates for 2022 to 2024 may differ from previously published estimates because of updates to nicotine vaping measures. See Chapter 3 of the 2025 Methodological Summary and Definitions for details.

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

[4] 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, 2021-2025.

Table A.6B Use of Selected Substances in the Past Month: Among Adults Aged 26 or Older; 2021-2025

Substance	2021	2022	2023	2024	2025	Trend
NICOTINE PRODUCTS[1,2]	--	23.3 (0.44)	23.4 (0.39)	22.8 (0.39)	22.9 (0.41)	No Change
Tobacco Products	22.5 (0.46)	20.4 (0.43)	19.7 (0.37)	18.7 (0.36)	18.0 (0.37)	Decreased
Cigarettes	18.3 (0.43)	16.7 (0.39)	15.5 (0.35)	15.0 (0.33)	14.1 (0.34)	Decreased
Daily Cigarette Smoking[3]	65.3 (1.09)	62.4 (1.10)	62.9 (1.03)	63.3 (1.10)	60.4 (1.17)	Decreased
Smoked 1+ Packs of Cigarettes per Day[4]	43.3 (1.51)	40.8 (1.37)	40.3 (1.38)	38.4 (1.39)	36.2 (1.58)	Decreased
Smokeless Tobacco	2.9 (0.17)	2.4 (0.13)	2.7 (0.15)	2.4 (0.13)	2.6 (0.13)	No Change
Cigars	3.8 (0.19)	3.8 (0.16)	3.9 (0.17)	3.3 (0.15)	3.6 (0.17)	No Change
Pipe Tobacco	0.7 (0.08)	0.6 (0.08)	0.7 (0.08)	0.6 (0.07)	0.7 (0.07)	No Change
Nicotine Vaping[1,2]	--	6.0 (0.20)	7.4 (0.21)	7.8 (0.21)	8.6 (0.25)	Increased
ALCOHOL	51.5 (0.53)	53.4 (0.51)	51.9 (0.50)	51.0 (0.48)	48.4 (0.52)	Decreased
Binge Alcohol Use	22.5 (0.40)	22.6 (0.36)	22.7 (0.36)	21.0 (0.35)	20.2 (0.37)	Decreased
Heavy Alcohol Use	6.2 (0.24)	6.0 (0.19)	6.2 (0.20)	5.4 (0.20)	5.3 (0.20)	Decreased
MARIJUANA	12.3 (0.34)	14.3 (0.32)	15.0 (0.32)	15.1 (0.33)	14.9 (0.34)	Increased

-- Not available or not comparable with the estimate in 2022-2025 due to methodological or questionnaire changes.

Decreased = the linear trend test showed a statistically significant decrease from the baseline year to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from the baseline year to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from the baseline year to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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*.

[1] The baseline year for this measure is 2022.

[2] Estimates for 2022 to 2024 may differ from previously published estimates because of updates to nicotine vaping measures. See Chapter 3 of the 2025 Methodological Summary and Definitions for details.

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

[4] 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, 2021-2025.

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, 2025

Tobacco Product Use[1]	12 or Older		12 to 17		18 to 25		26 or Older	
Only Cigarettes	63.5	(0.92)	49.6	(4.79)	50.5	(1.81)	65.3	(1.01)
Cigarettes and Other Tobacco Products[2]	13.4	(0.61)	16.8	(3.92)	18.6	(1.27)	12.8	(0.68)
Only Other Tobacco Products[2]	23.0	(0.82)	33.6	(4.58)	30.9	(1.70)	22.0	(0.89)

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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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] Other 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, 2025.

Table A.8B Use of Selected Substances in the Past Month: Among People Aged 12 to 20; 2021-2025

Substance	2021		2022		2023		2024		2025		Trend
NICOTINE PRODUCTS[1,2]	--		13.4	(0.41)	13.1	(0.42)	11.7	(0.38)	12.1	(0.42)	Decreased
Tobacco Products	5.7	(0.29)	5.0	(0.28)	4.8	(0.28)	4.3	(0.23)	5.0	(0.28)	Decreased
Cigarettes	3.6	(0.24)	3.1	(0.22)	3.3	(0.21)	3.0	(0.20)	3.4	(0.24)	No Change
Daily Cigarette Smoking[3]	19.4	(3.05)	16.5	(2.67)	14.2	(1.96)	11.1	(1.84)	5.8	(1.22)	Decreased
Smoked 1+ Packs of Cigarettes per Day[4]	11.0	(3.43)	*	(*)	14.2	(4.41)	*	(*)	*	(*)	Not Tested
Smokeless Tobacco	1.0	(0.12)	0.8	(0.11)	0.8	(0.11)	0.9	(0.10)	1.0	(0.12)	No Change
Cigars	1.9	(0.19)	1.9	(0.17)	1.5	(0.14)	1.3	(0.13)	1.3	(0.12)	Decreased
Pipe Tobacco	0.5	(0.08)	0.4	(0.08)	0.5	(0.11)	0.3	(0.08)	0.3	(0.06)	Decreased
Nicotine Vaping[1,2]	--		12.2	(0.39)	11.7	(0.40)	10.5	(0.36)	10.6	(0.38)	Decreased
ALCOHOL	15.6	(0.50)	15.1	(0.45)	14.6	(0.49)	13.3	(0.44)	13.7	(0.53)	Decreased
Binge Alcohol Use	8.6	(0.40)	8.2	(0.36)	8.6	(0.38)	7.6	(0.33)	7.9	(0.40)	No Change
Heavy Alcohol Use	1.6	(0.17)	1.7	(0.18)	1.7	(0.17)	1.5	(0.14)	1.8	(0.17)	No Change

* Low precision; no estimate reported.

-- Not available or not comparable with the estimate in 2022-2025 due to methodological or questionnaire changes.

Decreased = the linear trend test showed a statistically significant decrease from the baseline year to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from the baseline year to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from the baseline year to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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*.

[1] The baseline year for this measure is 2022.

[2] Estimates for 2022 to 2024 may differ from previously published estimates because of updates to nicotine vaping measures. See Chapter 3 of the 2025 Methodological Summary and Definitions for details.

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

[4] 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, 2021-2025.

Table A.9B Type of Marijuana Use in the Past Month: Among Past Month Marijuana Users Aged 12 or Older; by Age Group, 2025

Marijuana Use	12 or Older		12 to 17		18 to 25		26 or Older	
Marijuana Vaping[1]	37.1	(0.84)	69.8	(2.63)	54.3	(1.44)	31.6	(0.98)
Marijuana Use but Not Marijuana Vaping[1]	62.9	(0.84)	30.2	(2.63)	45.7	(1.44)	68.4	(0.98)

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.

NOTE: The 2025 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, 2025.

Table A.10B Type of Illicit Drug Use in the Past Year: Among People Aged 12 or Older; 2021-2025

Drug	2021		2022		2023		2024		2025		Trend
ILLICIT DRUGS[1]	22.2	(0.36)	24.9	(0.35)	24.9	(0.32)	25.5	(0.35)	24.0	(0.35)	Increased
Marijuana	19.0	(0.36)	22.0	(0.33)	21.8	(0.31)	22.3	(0.34)	21.2	(0.33)	Increased
Cocaine	1.7	(0.09)	1.9	(0.10)	1.8	(0.09)	1.5	(0.08)	1.7	(0.10)	No Change
Crack	0.4	(0.05)	0.3	(0.04)	0.4	(0.05)	0.3	(0.04)	0.3	(0.05)	No Change
Heroin	0.4	(0.05)	0.4	(0.04)	0.2	(0.03)	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)	3.1	(0.13)	Increased
Inhalants[2]	--		--		--		--		0.8	(0.07)	Not Tested
Methamphetamine	0.9	(0.09)	1.0	(0.08)	0.9	(0.07)	0.8	(0.06)	0.9	(0.08)	No Change
Misuse of Prescription Psychotherapeutics	5.2	(0.18)	5.0	(0.15)	5.1	(0.15)	4.8	(0.14)	4.4	(0.15)	Decreased
Pain Relievers	3.2	(0.14)	3.0	(0.12)	3.0	(0.12)	2.8	(0.11)	2.5	(0.12)	Decreased
Prescription Opioids[3]	3.0	(0.14)	2.8	(0.11)	2.9	(0.11)	2.6	(0.11)	2.4	(0.11)	Decreased
Stimulants	1.4	(0.08)	1.5	(0.07)	1.4	(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)	1.5	(0.10)	Decreased
Tranquilizers	1.5	(0.09)	1.5	(0.08)	1.4	(0.08)	1.3	(0.08)	1.3	(0.09)	Decreased
Sedatives	0.3	(0.03)	0.3	(0.04)	0.4	(0.05)	0.3	(0.04)	0.3	(0.06)	No Change
Benzodiazepines	1.4	(0.08)	1.3	(0.08)	1.3	(0.08)	1.2	(0.07)	1.1	(0.08)	Decreased
Misuse of Opioids[1,4]	3.2	(0.15)	3.0	(0.12)	3.0	(0.12)	2.7	(0.11)	2.4	(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)	3.3	(0.14)	No Change

-- Not available or not comparable with the estimate in 2025 due to methodological or questionnaire changes.

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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*.

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

[2] Changes were made to the inhalant questions in 2025. See Chapter 3 of the 2025 Methodological Summary and Definitions 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, 2021-2025.

Table A.11B Type of Illicit Drug Use in the Past Year: Among Adolescents Aged 12 to 17; 2021-2025

Drug	2021		2022		2023		2024		2025		Trend
ILLICIT DRUGS[1]	14.6	(0.58)	14.3	(0.45)	14.7	(0.46)	15.1	(0.51)	11.2	(0.46)	Decreased
Marijuana	10.9	(0.51)	11.5	(0.42)	11.2	(0.41)	10.4	(0.41)	8.7	(0.42)	Decreased
Cocaine	0.1	(0.04)	0.2	(0.05)	0.2	(0.06)	0.3	(0.07)	0.2	(0.07)	No Change
Crack	<0.1	(0.01)	<0.1	(<0.01)	<0.1	(0.02)	<0.1	(0.02)	<0.1	(0.03)	No Change
Heroin	<0.1	(<0.01)	<0.1	(0.01)	<0.1	(0.02)	<0.1	(0.02)	<0.1	(<0.01)	No Change
Hallucinogens	1.4	(0.18)	1.4	(0.14)	1.5	(0.16)	1.6	(0.16)	1.4	(0.19)	No Change
Inhalants[2]	--		--		--		--		1.4	(0.16)	Not Tested
Methamphetamine	0.1	(0.05)	0.1	(0.02)	0.2	(0.07)	0.2	(0.09)	0.1	(0.06)	No Change
Misuse of Prescription Psychotherapeutics	3.5	(0.32)	2.5	(0.19)	3.0	(0.23)	2.5	(0.20)	2.4	(0.22)	Decreased
Pain Relievers	2.1	(0.24)	1.6	(0.14)	2.2	(0.21)	1.6	(0.17)	1.7	(0.19)	No Change
Prescription Opioids[3]	2.0	(0.23)	1.5	(0.14)	2.0	(0.19)	1.5	(0.15)	1.6	(0.19)	No Change
Stimulants	1.2	(0.16)	0.9	(0.12)	0.9	(0.12)	0.8	(0.12)	0.8	(0.13)	No Change
Tranquilizers or Sedatives	1.0	(0.20)	0.5	(0.08)	0.7	(0.10)	0.7	(0.10)	0.6	(0.12)	No Change
Tranquilizers	0.8	(0.20)	0.4	(0.07)	0.5	(0.07)	0.5	(0.09)	0.5	(0.11)	No Change
Sedatives	0.2	(0.05)	0.1	(0.04)	0.3	(0.07)	0.2	(0.07)	0.1	(0.04)	No Change
Benzodiazepines	0.8	(0.19)	0.4	(0.07)	0.4	(0.07)	0.4	(0.08)	0.5	(0.11)	No Change
Misuse of Opioids[1,4]	2.0	(0.23)	1.5	(0.14)	2.0	(0.19)	1.5	(0.15)	1.6	(0.19)	No Change
Misuse of Central Nervous System Stimulants	1.3	(0.16)	1.1	(0.13)	1.1	(0.14)	1.1	(0.16)	0.9	(0.14)	No Change

-- Not available or not comparable with the estimate in 2025 due to methodological or questionnaire changes.

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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*.

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 2025. See Chapter 3 of the 2025 Methodological Summary and Definitions 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, 2021-2025.

Table A.12B Type of Illicit Drug Use in the Past Year: Among Young Adults Aged 18 to 25; 2021-2025

Drug	2021		2022		2023		2024		2025		Trend
ILLICIT DRUGS[1]	39.0	(0.77)	40.9	(0.71)	39.0	(0.69)	38.1	(0.65)	36.3	(0.77)	Decreased
Marijuana	36.3	(0.76)	38.2	(0.71)	36.5	(0.70)	35.0	(0.64)	33.7	(0.74)	Decreased
Cocaine	3.7	(0.33)	3.7	(0.26)	3.1	(0.25)	2.3	(0.18)	2.6	(0.24)	Decreased
Crack	0.2	(0.09)	0.1	(0.04)	0.2	(0.06)	0.1	(0.04)	0.1	(0.02)	No Change
Heroin	0.2	(0.05)	0.2	(0.04)	0.1	(0.02)	0.1	(0.04)	<0.1	(0.01)	Decreased
Hallucinogens	7.4	(0.40)	7.7	(0.36)	6.7	(0.33)	6.8	(0.33)	6.0	(0.37)	Decreased
Inhalants[2]	--		--		--		--		1.8	(0.24)	Not Tested
Methamphetamine	0.5	(0.12)	0.5	(0.09)	0.3	(0.06)	0.5	(0.08)	0.4	(0.10)	No Change
Misuse of Prescription Psychotherapeutics	7.9	(0.40)	7.3	(0.35)	6.0	(0.30)	5.8	(0.31)	5.3	(0.30)	Decreased
Pain Relievers	3.1	(0.26)	3.2	(0.22)	2.5	(0.19)	2.7	(0.24)	2.1	(0.20)	Decreased
Prescription Opioids[3]	3.0	(0.25)	3.0	(0.21)	2.4	(0.17)	2.6	(0.23)	2.0	(0.20)	Decreased
Stimulants	4.1	(0.31)	3.7	(0.26)	3.1	(0.23)	2.8	(0.21)	2.7	(0.25)	Decreased
Tranquilizers or Sedatives	2.7	(0.24)	2.4	(0.19)	1.7	(0.14)	1.6	(0.16)	1.6	(0.17)	Decreased
Tranquilizers	2.6	(0.23)	2.2	(0.18)	1.5	(0.13)	1.5	(0.15)	1.4	(0.17)	Decreased
Sedatives	0.4	(0.08)	0.3	(0.06)	0.3	(0.06)	0.2	(0.05)	0.3	(0.08)	No Change
Benzodiazepines	2.5	(0.23)	2.1	(0.18)	1.4	(0.13)	1.4	(0.14)	1.3	(0.16)	Decreased
Misuse of Opioids[1,4]	3.0	(0.25)	3.0	(0.21)	2.4	(0.17)	2.6	(0.23)	2.0	(0.20)	Decreased
Misuse of Central Nervous System Stimulants	6.7	(0.40)	6.5	(0.35)	5.6	(0.33)	4.7	(0.26)	4.7	(0.32)	Decreased

-- Not available or not comparable with the estimate in 2025 due to methodological or questionnaire changes.

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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*.

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 2025. See Chapter 3 of the 2025 Methodological Summary and Definitions 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, 2021-2025.

Table A.13B Type of Illicit Drug Use in the Past Year: Among Adults Aged 26 or Older; 2021-2025

Drug	2021		2022		2023		2024		2025		Trend
ILLICIT DRUGS[1]	20.5	(0.42)	23.7	(0.41)	23.9	(0.37)	24.8	(0.42)	23.5	(0.41)	Increased
Marijuana	17.3	(0.40)	20.6	(0.39)	20.8	(0.35)	21.7	(0.40)	20.6	(0.39)	Increased
Cocaine	1.6	(0.10)	1.8	(0.11)	1.7	(0.11)	1.5	(0.09)	1.7	(0.12)	No Change
Crack	0.4	(0.06)	0.4	(0.05)	0.4	(0.06)	0.3	(0.05)	0.4	(0.06)	No Change
Heroin	0.5	(0.06)	0.4	(0.05)	0.3	(0.04)	0.2	(0.04)	0.3	(0.04)	Decreased
Hallucinogens	2.1	(0.13)	2.5	(0.13)	2.7	(0.12)	3.4	(0.16)	2.9	(0.14)	Increased
Inhalants[2]	--		--		--		--		0.6	(0.07)	Not Tested
Methamphetamine	1.1	(0.11)	1.1	(0.10)	1.1	(0.09)	1.0	(0.08)	1.1	(0.10)	No Change
Misuse of Prescription Psychotherapeutics	5.0	(0.21)	5.0	(0.17)	5.2	(0.18)	4.9	(0.17)	4.5	(0.19)	No Change
Pain Relievers	3.3	(0.18)	3.1	(0.14)	3.2	(0.14)	2.9	(0.14)	2.6	(0.14)	Decreased
Prescription Opioids[3]	3.2	(0.17)	3.0	(0.14)	3.1	(0.14)	2.8	(0.13)	2.5	(0.14)	Decreased
Stimulants	1.0	(0.08)	1.3	(0.08)	1.2	(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)	1.5	(0.12)	No Change
Tranquilizers	1.5	(0.10)	1.5	(0.10)	1.5	(0.10)	1.4	(0.09)	1.3	(0.11)	No Change
Sedatives	0.3	(0.04)	0.4	(0.05)	0.4	(0.07)	0.3	(0.05)	0.4	(0.07)	No Change
Benzodiazepines	1.3	(0.10)	1.3	(0.09)	1.4	(0.10)	1.2	(0.09)	1.2	(0.10)	No Change
Misuse of Opioids[1,4]	3.4	(0.18)	3.1	(0.14)	3.2	(0.14)	2.8	(0.13)	2.6	(0.14)	Decreased
Misuse of Central Nervous System Stimulants	3.1	(0.15)	3.5	(0.16)	3.3	(0.15)	3.1	(0.14)	3.3	(0.16)	No Change

-- Not available or not comparable with the estimate in 2025 due to methodological or questionnaire changes.

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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*.

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

[2] Changes were made to the inhalant questions in 2025. See Chapter 3 of the 2025 Methodological Summary and Definitions 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, 2021-2025.

Table A.14B Mode of Marijuana Use in the Past Year: Among Past Year Marijuana Users Aged 12 or Older; by Age Group, 2025

Mode of Marijuana Use	12 or Older		12 to 17		18 to 25		26 or Older	
Smoking	74.8	(0.69)	79.5	(2.01)	82.7	(0.93)	72.6	(0.87)
Vaping[1]	39.2	(0.70)	74.0	(2.02)	57.4	(1.17)	32.9	(0.82)
Dabbing Waxes, Shatter, or Concentrates	14.5	(0.52)	16.8	(1.56)	23.1	(1.04)	12.1	(0.58)
Eating or Drinking	49.2	(0.80)	36.6	(2.32)	46.5	(1.24)	50.5	(0.99)
Applying Lotion, Cream, or Patches to Skin	7.0	(0.42)	2.4	(0.75)	3.6	(0.43)	8.1	(0.53)
Putting Drops, Strips, Lozenges, or Sprays in Mouth or under Tongue	4.3	(0.30)	2.1	(0.69)	2.6	(0.33)	4.9	(0.38)
Taking Pills	2.2	(0.24)	3.2	(1.02)	1.4	(0.21)	2.4	(0.31)
Some Other Way[2]	0.8	(0.16)	3.2	(1.11)	0.5	(0.22)	0.8	(0.20)

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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, 2025.

Table A.15B 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; 2025

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	1.0	(0.07)	41.8	(2.55)	8.6	(0.62)
Oxycodone Products	0.7	(0.07)	31.7	(2.51)	10.2	(0.93)
Tramadol Products	0.4	(0.05)	15.8	(1.87)	7.0	(0.84)
Codeine Products	0.7	(0.05)	27.8	(2.07)	10.7	(0.88)
Morphine Products	0.2	(0.04)	7.2	(1.55)	9.7	(2.06)
Fentanyl Products[2]	0.2	(0.04)	8.1	(1.52)	17.8	(3.21)
Buprenorphine Products	0.2	(0.03)	9.6	(1.37)	18.5	(2.49)
Oxymorphone Products	0.1	(0.02)	2.4	(0.78)	14.1	(4.48)
Demerol®	<0.1	(0.01)	1.3	(0.62)	*	(*)
Hydromorphone Products	<0.1	(<0.01)	0.4	(0.14)	2.1	(0.72)
Methadone	0.1	(0.02)	3.2	(0.90)	14.6	(3.95)

* 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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] Misuse of prescription opioids includes 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, 2025.

Table A.16AB Type of Opioid Misuse in the Past Year: Among Past Year Opioid Misusers Aged 12 or Older; 2025

Opioid Misuse	Number in Thousands[1]		Percentage[2]	
Opioid Misuse	7,080	(344)	100.0	(0.00)
Prescription Opioid Misuse	6,881	(341)	97.2	(0.63)
Heroin Use	581	(97)	8.2	(1.33)
Prescription Opioid Misuse but Not Heroin Use	6,499	(332)	91.8	(1.33)
Heroin Use but Not Prescription Opioid Misuse	199	(45)	2.8	(0.63)
Prescription Opioid Misuse and Heroin Use	382	(84)	5.4	(1.15)

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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, 2025.

Table A.17AB Type of Central Nervous System (CNS) Stimulant Misuse in the Past Year: Among Past Year CNS Stimulant Misusers Aged 12 or Older; 2025

CNS Stimulant Misuse	Number in Thousands[1]		Percentage[2]	
CNS Stimulant Misuse	9,486	(425)	100.0	(0.00)
Cocaine Use	4,937	(300)	52.0	(2.08)
Methamphetamine Use	2,653	(236)	28.0	(2.01)
Prescription Stimulant Misuse	3,940	(221)	41.5	(1.96)
USED OR MISUSED ONLY ONE TYPE OF CNS STIMULANT				
Cocaine Use (No Methamphetamine Use or Prescription Stimulant Misuse)	3,358	(252)	35.4	(1.98)
Methamphetamine Use (No Cocaine Use or Prescription Stimulant Misuse)	1,709	(204)	18.0	(1.86)
Prescription Stimulant Misuse (No Cocaine Use or Methamphetamine Use)	2,563	(175)	27.0	(1.67)
USED OR MISUSED TWO TYPES OF CNS STIMULANTS				
Cocaine Use and Methamphetamine Use (No Prescription Stimulant Misuse)	479	(82)	5.0	(0.84)
Cocaine Use and Prescription Stimulant Misuse (No Methamphetamine Use)	912	(105)	9.6	(1.06)
Methamphetamine Use and Prescription Stimulant Misuse (No Cocaine Use)	277	(59)	2.9	(0.62)
USED OR MISUSED ALL THREE TYPES OF CNS STIMULANTS (Cocaine Use, Methamphetamine Use, and Prescription Stimulant Misuse)	188	(46)	2.0	(0.48)

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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, 2025.

Table A.18B Illegally Made Fentanyl Use in the Past Year: Among People Aged 12 or Older; by Age Group, 2022-2025

Illegally Made Fentanyl	2022		2023		2024		2025		Trend
ILLEGALLY MADE FENTANYL, 12 OR OLDER	0.2	(0.03)	0.2	(0.02)	0.2	(0.03)	0.3	(0.04)	No Change
12 to 17	0.1	(0.03)	0.1	(0.05)	0.1	(0.06)	0.1	(0.06)	No Change
18 to 25	0.1	(0.04)	0.2	(0.05)	0.3	(0.07)	0.2	(0.04)	No Change
26 or Older	0.3	(0.04)	0.2	(0.03)	0.2	(0.04)	0.3	(0.06)	No Change

Decreased = the linear trend test showed a statistically significant decrease from 2022 to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2022 to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2022 to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022-2025.

Table A.19A Initiation of Specific Substance Use in the Past Year: Among People Aged 12 or Older; by Age Group, 2025

Substance	12 or Older		12 to 17		18 to 25		26 or Older	
ILLICIT DRUGS	nr		nr		nr		nr	
Marijuana	2,352	(134)	615	(56)	1,143	(94)	593	(78)
Cocaine	479	(72)	41	(18)	234	(40)	203	(54)
Crack	62	(25)	9	(9)	6	(5)	46	(22)
Heroin	5	(3)	<1	(<1)	1	(1)	3	(3)
Hallucinogens	1,216	(118)	204	(36)	520	(66)	491	(95)
Inhalants	542	(69)	194	(28)	306	(59)	42	(23)
Methamphetamine	114	(32)	16	(10)	11	(4)	87	(30)
Misuse of Prescription Psychotherapeutics	nr		nr		nr		nr	
Pain Relievers	1,280	(144)	164	(30)	190	(29)	926	(140)
Stimulants	691	(76)	95	(22)	272	(44)	324	(58)
Tranquilizers or Sedatives	nr		nr		nr		nr	
Tranquilizers	573	(87)	36	(13)	98	(22)	439	(83)
Sedatives	132	(50)	11	(5)	47	(19)	74	(46)
NICOTINE PRODUCTS	nr		nr		nr		nr	
Cigarettes	1,661	(120)	363	(44)	1,146	(97)	152	(52)
Daily Cigarette Smoking	233	(40)	37	(14)	107	(20)	90	(32)
Smokeless Tobacco	1,097	(102)	116	(19)	591	(79)	390	(59)
Cigars	1,837	(156)	185	(25)	823	(75)	829	(133)
Nicotine Vaping	4,249	(231)	968	(73)	982	(84)	2,299	(203)
ALCOHOL	4,258	(192)	1,590	(95)	2,551	(146)	117	(44)

nr = not reported due to measurement issues.
NOTE: Estimates shown are numbers in thousands with standard errors included in parentheses.
NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.
NOTE: Estimates that round to 0 are presented as <1.
NOTE: Standard errors that round to 0 are presented as <1.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2025.

Table A.20B Initiation of Specific Substance Use in the Past Year: Among People Aged 12 or Older; 2021-2025

Substance	2021		2022		2023		2024		2025		Trend
ILLICIT DRUGS	nr		nr		nr		nr		nr		nr
Marijuana	1.0	(0.06)	1.3	(0.07)	1.2	(0.06)	1.0	(0.05)	0.8	(0.05)	Decreased
Cocaine	0.2	(0.03)	0.2	(0.02)	0.2	(0.02)	0.1	(0.02)	0.2	(0.02)	No Change
Heroin	<0.1	(<0.01)	<0.1	(0.01)	<0.1	(<0.01)	<0.1	(<0.01)	<0.1	(<0.01)	Decreased
Hallucinogens	0.5	(0.04)	0.5	(0.04)	0.5	(0.03)	0.6	(0.04)	0.4	(0.04)	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)	<0.1	(0.01)	No Change
Misuse of Prescription Psychotherapeutics	nr		nr		nr		nr		nr		nr
Pain Relievers	0.6	(0.07)	0.5	(0.04)	0.5	(0.04)	0.5	(0.04)	0.4	(0.05)	No Change
Stimulants	0.3	(0.03)	0.3	(0.03)	0.3	(0.03)	0.2	(0.02)	0.2	(0.03)	No Change
Tranquilizers	0.3	(0.05)	0.3	(0.03)	0.2	(0.02)	0.2	(0.03)	0.2	(0.03)	Decreased
Sedatives	0.1	(0.02)	0.1	(0.01)	0.1	(0.02)	0.1	(0.02)	<0.1	(0.02)	No Change
NICOTINE PRODUCTS	nr		nr		nr		nr		nr		nr
Cigarettes	0.4	(0.04)	0.5	(0.03)	0.5	(0.03)	0.5	(0.03)	0.6	(0.04)	Increased
Daily Cigarette Smoking	0.1	(0.03)	0.1	(0.01)	0.1	(0.02)	0.1	(0.01)	0.1	(0.01)	No Change
Smokeless Tobacco	0.2	(0.03)	0.2	(0.02)	0.3	(0.03)	0.4	(0.03)	0.4	(0.03)	Increased
Cigars	0.5	(0.04)	0.6	(0.05)	0.7	(0.05)	0.5	(0.04)	0.6	(0.05)	No Change
Nicotine Vaping[1,2]	--		2.1	(0.09)	2.0	(0.08)	1.8	(0.08)	1.5	(0.08)	Decreased
ALCOHOL	1.5	(0.06)	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 2025 due to methodological or questionnaire changes; nr = not reported due to measurement issues.

Decreased = the linear trend test showed a statistically significant decrease from the baseline year to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from the baseline year to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from the baseline year to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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*.

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] The baseline year for this measure is 2022.

[2] Estimates for 2022 to 2024 may differ from previously published estimates because of updates to nicotine vaping measures. See Chapter 3 of the 2025 Methodological Summary and Definitions for details.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021-2025.

Table A.21B Initiation of Specific Substance Use in the Past Year: Among Adolescents Aged 12 to 17; 2021-2025

Substance	2021		2022		2023		2024		2025		Trend
ILLICIT DRUGS	nr		nr		nr		nr		nr		nr
Marijuana	3.5	(0.28)	4.8	(0.28)	4.5	(0.28)	3.5	(0.26)	2.4	(0.22)	Decreased
Cocaine	0.1	(0.03)	0.1	(0.05)	0.1	(0.03)	0.1	(0.04)	0.2	(0.07)	No Change
Heroin	<0.1	(<0.01)	*	(*)	<0.1	(0.02)	<0.1	(0.02)	<0.1	(<0.01)	Not Tested
Hallucinogens	0.8	(0.14)	0.9	(0.12)	1.0	(0.12)	0.9	(0.13)	0.8	(0.14)	No Change
Inhalants	--		--		--		--		0.8	(0.11)	Not Tested
Methamphetamine	0.1	(0.04)	<0.1	(0.02)	0.1	(0.03)	0.1	(0.02)	0.1	(0.04)	No Change
Misuse of Prescription Psychotherapeutics	nr		nr		nr		nr		nr		nr
Pain Relievers	0.6	(0.14)	0.7	(0.10)	0.8	(0.10)	0.6	(0.10)	0.6	(0.12)	No Change
Stimulants	0.6	(0.12)	0.4	(0.09)	0.4	(0.07)	0.2	(0.05)	0.4	(0.08)	Decreased
Tranquilizers	0.3	(0.08)	0.2	(0.05)	0.2	(0.04)	0.2	(0.06)	0.1	(0.05)	No Change
Sedatives	0.1	(0.03)	0.1	(0.04)	0.2	(0.06)	0.1	(0.02)	<0.1	(0.02)	No Change
NICOTINE PRODUCTS	nr		nr		nr		nr		nr		nr
Cigarettes	1.5	(0.22)	1.7	(0.18)	1.7	(0.18)	1.3	(0.13)	1.4	(0.17)	No Change
Daily Cigarette Smoking	0.1	(0.05)	0.1	(0.04)	0.1	(0.03)	0.1	(0.04)	0.1	(0.05)	No Change
Smokeless Tobacco	0.5	(0.10)	0.4	(0.08)	0.4	(0.08)	0.7	(0.11)	0.5	(0.08)	No Change
Cigars	1.1	(0.19)	0.9	(0.11)	0.9	(0.14)	0.9	(0.12)	0.7	(0.10)	No Change
Nicotine Vaping[1,2]	--		5.5	(0.30)	5.4	(0.31)	4.2	(0.26)	3.8	(0.28)	Decreased
ALCOHOL	7.1	(0.38)	7.0	(0.35)	7.0	(0.35)	6.4	(0.32)	6.2	(0.34)	Decreased

* Low precision; no estimate reported; -- Not available or not comparable with the estimate in 2025 due to methodological or questionnaire changes; nr = not reported due to measurement issues.

Decreased = the linear trend test showed a statistically significant decrease from the baseline year to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from the baseline year to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from the baseline year to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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*.

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] The baseline year for this measure is 2022.

[2] Estimates for 2022 to 2024 may differ from previously published estimates because of updates to nicotine vaping measures. See Chapter 3 of the 2025 Methodological Summary and Definitions for details.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021-2025.

Table A.22B Initiation of Specific Substance Use in the Past Year: Among Young Adults Aged 18 to 25; 2021-2025

Substance	2021	2022	2023	2024	2025	Trend
ILLICIT DRUGS	nr	nr	nr	nr	nr	nr
Marijuana	3.5 (0.28)	3.4 (0.24)	3.5 (0.23)	2.9 (0.21)	3.2 (0.25)	No Change
Cocaine	0.8 (0.15)	1.1 (0.15)	0.8 (0.11)	0.8 (0.12)	0.6 (0.11)	No Change
Heroin	<0.1 (0.02)	0.1 (0.03)	<0.1 (0.01)	0.1 (0.02)	<0.1 (<0.01)	No Change
Hallucinogens	2.2 (0.22)	2.0 (0.18)	1.9 (0.16)	1.7 (0.16)	1.4 (0.18)	Decreased
Inhalants	--	--	--	--	0.8 (0.16)	Not Tested
Methamphetamine	0.1 (0.02)	0.2 (0.07)	<0.1 (0.01)	0.1 (0.04)	<0.1 (0.01)	No Change
Misuse of Prescription Psychotherapeutics	nr	nr	nr	nr	nr	nr
Pain Relievers	0.8 (0.13)	0.8 (0.12)	0.6 (0.08)	0.7 (0.12)	0.5 (0.08)	No Change
Stimulants	1.0 (0.16)	0.8 (0.12)	0.8 (0.13)	0.7 (0.10)	0.8 (0.12)	No Change
Tranquilizers	0.7 (0.11)	0.5 (0.09)	0.4 (0.07)	0.3 (0.07)	0.3 (0.06)	Decreased
Sedatives	0.1 (0.05)	0.1 (0.03)	0.1 (0.02)	<0.1 (0.03)	0.1 (0.05)	No Change
NICOTINE PRODUCTS	nr	nr	nr	nr	nr	nr
Cigarettes	2.2 (0.23)	2.3 (0.19)	2.8 (0.22)	2.9 (0.21)	3.2 (0.25)	Increased
Daily Cigarette Smoking	0.4 (0.09)	0.5 (0.09)	0.6 (0.09)	0.5 (0.10)	0.3 (0.05)	No Change
Smokeless Tobacco	0.6 (0.14)	0.7 (0.11)	1.4 (0.19)	1.4 (0.15)	1.6 (0.21)	Increased
Cigars	2.4 (0.23)	2.4 (0.19)	3.1 (0.23)	2.5 (0.20)	2.3 (0.20)	No Change
Nicotine Vaping[1,2]	--	4.1 (0.24)	3.9 (0.25)	3.2 (0.24)	2.7 (0.23)	Decreased
ALCOHOL	6.2 (0.36)	6.5 (0.30)	6.7 (0.34)	6.7 (0.33)	7.1 (0.37)	No Change

-- Not available or not comparable with the estimate in 2025 due to methodological or questionnaire changes; nr = not reported due to measurement issues.

Decreased = the linear trend test showed a statistically significant decrease from the baseline year to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from the baseline year to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from the baseline year to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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*.

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] The baseline year for this measure is 2022.

[2] Estimates for 2022 to 2024 may differ from previously published estimates because of updates to nicotine vaping measures. See Chapter 3 of the 2025 Methodological Summary and Definitions for details.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021-2025.

Table A.23B Initiation of Specific Substance Use in the Past Year: Among Adults Aged 26 or Older; 2021-2025

Substance	2021		2022		2023		2024		2025		Trend
ILLICIT DRUGS	nr		nr		nr		nr		nr		nr
Marijuana	0.3	(0.05)	0.6	(0.07)	0.5	(0.06)	0.4	(0.05)	0.3	(0.03)	No Change
Cocaine	0.1	(0.02)	<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)	*	(*)	<0.1	(<0.01)	Not Tested
Hallucinogens	0.2	(0.03)	0.2	(0.04)	0.3	(0.03)	0.4	(0.05)	0.2	(0.04)	No Change
Inhalants	--		--		--		--		<0.1	(0.01)	Not Tested
Methamphetamine	<0.1	(0.01)	<0.1	(0.03)	<0.1	(0.01)	<0.1	(0.01)	<0.1	(0.01)	No Change
Misuse of Prescription Psychotherapeutics	nr		nr		nr		nr		nr		nr
Pain Relievers	0.6	(0.09)	0.4	(0.05)	0.4	(0.05)	0.5	(0.05)	0.4	(0.06)	No Change
Stimulants	0.1	(0.03)	0.2	(0.03)	0.2	(0.03)	0.1	(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)	0.2	(0.04)	No Change
Sedatives	0.1	(0.02)	<0.1	(0.01)	0.1	(0.03)	0.1	(0.02)	<0.1	(0.02)	No Change
NICOTINE PRODUCTS	nr		nr		nr		nr		nr		nr
Cigarettes	<0.1	(0.02)	0.1	(0.02)	<0.1	(0.01)	0.1	(0.02)	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)	<0.1	(0.01)	No Change
Smokeless Tobacco	0.1	(0.02)	0.1	(0.02)	0.1	(0.03)	0.2	(0.02)	0.2	(0.03)	Increased
Cigars	0.1	(0.03)	0.2	(0.05)	0.3	(0.06)	0.2	(0.03)	0.4	(0.06)	Increased
Nicotine Vaping[1,2]	--		1.4	(0.10)	1.3	(0.09)	1.3	(0.08)	1.0	(0.09)	Decreased
ALCOHOL	0.1	(0.03)	0.1	(0.02)	<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 2025 due to methodological or questionnaire changes; nr = not reported due to measurement issues.

Decreased = the linear trend test showed a statistically significant decrease from the baseline year to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from the baseline year to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from the baseline year to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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*.

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] The baseline year for this measure is 2022.

[2] Estimates for 2022 to 2024 may differ from previously published estimates because of updates to nicotine vaping measures. See Chapter 3 of the 2025 Methodological Summary and Definitions for details.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021-2025.

Table A.24AB First Use before Age 21 or at Age 21 or Older: Alcohol, Nicotine Vaping, Cigars, or Cigarettes: Among People Aged 12 or Older Who Initiated Use of Specific Substances in the Past Year; 2025

Substance	Number of Past Year Initiates[1]		Percentage of Past Year Initiates[2]	
ALCOHOL	4,258	(192)	100.0	(0.00)
First Use before Age 21	2,987	(142)	70.1	(2.01)
First Use at Age 21 or Older	1,271	(113)	29.9	(2.01)
NICOTINE VAPING	4,249	(231)	100.0	(0.00)
First Use before Age 21	1,527	(99)	35.9	(2.40)
First Use at Age 21 or Older	2,722	(213)	64.1	(2.40)
CIGARS	1,837	(156)	100.0	(0.00)
First Use before Age 21	576	(58)	31.4	(3.24)
First Use at Age 21 or Older	1,261	(144)	68.6	(3.24)
CIGARETTES	1,661	(120)	100.0	(0.00)
First Use before Age 21	1,091	(93)	65.7	(3.36)
First Use at Age 21 or Older	570	(72)	34.3	(3.36)

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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, 2025.

Table A.25AB Type of Substance Use Disorder in the Past Year: Among People Aged 12 or Older with a Past Year Substance Use Disorder; 2025

Type of Substance Use Disorder	Number in Thousands[1]		Percentage[2]	
SUBSTANCE USE DISORDER	44,576	(992)	100.0	(0.00)
Drugs	25,969	(723)	58.3	(0.94)
Alcohol	25,746	(690)	57.8	(0.93)
Both Drugs and Alcohol	7,139	(314)	16.0	(0.62)
Drugs Only (No Alcohol Use Disorder)	18,830	(603)	42.2	(0.93)
Alcohol Only (No Drug Use Disorder)	18,607	(580)	41.7	(0.94)

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2025 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* for details on who was eligible to receive questions on substance use disorder.

[1] Estimates shown are numbers in thousands with standard errors included in parentheses.

[2] Estimates shown are percentages with standard errors included in parentheses.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2025.

Table A.26B Substance Use Disorder for Specific Substances in the Past Year: Among People Aged 12 or Older; 2021-2025

Disorder	2021		2022		2023		2024		2025		Trend
SUBSTANCE USE DISORDER	16.7	(0.30)	17.3	(0.27)	17.1	(0.27)	16.8	(0.28)	15.3	(0.28)	Decreased
DRUGS	8.7	(0.22)	9.7	(0.22)	9.6	(0.22)	9.8	(0.23)	8.9	(0.22)	No Change
Marijuana (Cannabis)	6.0	(0.18)	6.7	(0.17)	6.8	(0.18)	7.1	(0.19)	6.7	(0.18)	Increased
Central Nervous System Stimulants	1.5	(0.09)	1.6	(0.09)	1.5	(0.09)	1.5	(0.08)	1.5	(0.09)	No Change
Cocaine	0.5	(0.06)	0.5	(0.05)	0.4	(0.04)	0.4	(0.04)	0.5	(0.05)	No Change
Methamphetamine	0.6	(0.06)	0.6	(0.07)	0.6	(0.06)	0.5	(0.05)	0.6	(0.06)	No Change
Prescription Stimulants	0.5	(0.04)	0.6	(0.05)	0.6	(0.05)	0.6	(0.04)	0.6	(0.05)	No Change
Opioids[1]	1.9	(0.10)	2.0	(0.12)	1.8	(0.10)	1.7	(0.10)	1.4	(0.09)	Decreased
Heroin	0.4	(0.05)	0.3	(0.04)	0.2	(0.03)	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)	1.3	(0.08)	Decreased
Prescription Tranquilizers or Sedatives	0.8	(0.07)	0.8	(0.07)	0.8	(0.06)	0.7	(0.06)	0.6	(0.06)	Decreased
Prescription Tranquilizers	0.6	(0.06)	0.6	(0.06)	0.6	(0.05)	0.5	(0.05)	0.5	(0.06)	Decreased
Prescription Sedatives	0.3	(0.05)	0.3	(0.04)	0.3	(0.04)	0.3	(0.04)	0.2	(0.02)	Decreased
Hallucinogens	0.2	(0.03)	0.2	(0.03)	0.2	(0.02)	0.2	(0.02)	0.2	(0.03)	No Change
Inhalants	0.1	(0.02)	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)	8.9	(0.21)	Decreased

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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*.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the 2025 Methodological Summary and Definitions 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, 2021-2025.

Table A.27B Substance Use Disorder for Specific Substances in the Past Year: Among Adolescents Aged 12 to 17; 2021-2025

Disorder	2021		2022		2023		2024		2025		Trend
SUBSTANCE USE DISORDER	9.2	(0.48)	8.7	(0.39)	8.5	(0.37)	7.8	(0.35)	7.4	(0.39)	Decreased
DRUGS	7.3	(0.42)	7.0	(0.35)	6.9	(0.34)	6.6	(0.33)	5.9	(0.36)	Decreased
Marijuana (Cannabis)	5.2	(0.38)	5.1	(0.29)	4.7	(0.28)	4.7	(0.28)	4.4	(0.32)	No Change
Central Nervous System Stimulants	1.1	(0.17)	1.0	(0.12)	1.0	(0.14)	0.8	(0.12)	0.8	(0.11)	No Change
Cocaine	<0.1	(0.02)	<0.1	(0.01)	0.2	(0.06)	0.1	(0.02)	<0.1	(0.02)	No Change
Methamphetamine	0.1	(0.04)	<0.1	(0.01)	0.1	(0.04)	<0.1	(0.03)	<0.1	(0.01)	No Change
Prescription Stimulants	1.0	(0.17)	1.0	(0.12)	0.9	(0.13)	0.7	(0.12)	0.8	(0.11)	No Change
Opioids[1]	0.9	(0.14)	0.9	(0.11)	0.9	(0.10)	1.0	(0.13)	0.8	(0.13)	No Change
Heroin	<0.1	(<0.01)	<0.1	(0.01)	*	(*)	<0.1	(0.02)	<0.1	(<0.01)	Not Tested
Prescription Opioids	0.9	(0.14)	0.9	(0.11)	0.9	(0.10)	1.0	(0.13)	0.8	(0.13)	No Change
Prescription Tranquilizers or Sedatives	0.5	(0.10)	0.5	(0.10)	0.5	(0.09)	0.5	(0.09)	0.2	(0.06)	Decreased
Prescription Tranquilizers	0.4	(0.09)	0.3	(0.06)	0.3	(0.07)	0.3	(0.08)	0.1	(0.03)	Decreased
Prescription Sedatives	0.2	(0.06)	0.2	(0.08)	0.3	(0.06)	0.2	(0.05)	0.2	(0.05)	No Change
Hallucinogens	0.2	(0.06)	0.3	(0.07)	0.2	(0.05)	0.3	(0.08)	0.3	(0.08)	No Change
Inhalants	0.4	(0.09)	0.3	(0.08)	0.3	(0.07)	0.3	(0.08)	0.4	(0.08)	No Change
ALCOHOL	3.7	(0.31)	2.9	(0.22)	2.9	(0.23)	3.0	(0.23)	2.8	(0.23)	Decreased

* Low precision; no estimate reported.

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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*.

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 2025 Methodological Summary and Definitions 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, 2021-2025.

Table A.28B Substance Use Disorder for Specific Substances in the Past Year: Among Young Adults Aged 18 to 25; 2021-2025

Disorder	2021		2022		2023		2024		2025		Trend
SUBSTANCE USE DISORDER	26.2	(0.68)	27.8	(0.66)	27.1	(0.59)	25.9	(0.55)	23.8	(0.63)	Decreased
DRUGS	16.6	(0.57)	18.6	(0.54)	18.0	(0.52)	17.8	(0.50)	15.9	(0.52)	No Change
Marijuana (Cannabis)	14.7	(0.56)	16.5	(0.52)	16.6	(0.50)	15.8	(0.48)	14.1	(0.50)	No Change
Central Nervous System Stimulants	1.9	(0.19)	2.2	(0.20)	1.5	(0.13)	2.1	(0.18)	1.6	(0.17)	No Change
Cocaine	0.8	(0.14)	0.8	(0.11)	0.6	(0.08)	0.8	(0.11)	0.6	(0.10)	No Change
Methamphetamine	0.4	(0.10)	0.2	(0.04)	0.2	(0.05)	0.3	(0.06)	0.2	(0.08)	No Change
Prescription Stimulants	1.2	(0.14)	1.4	(0.16)	0.9	(0.11)	1.2	(0.13)	1.0	(0.13)	No Change
Opioids[1]	1.2	(0.16)	1.1	(0.13)	1.0	(0.13)	1.0	(0.12)	0.9	(0.13)	No Change
Heroin	0.2	(0.06)	0.1	(0.03)	<0.1	(0.02)	0.1	(0.03)	<0.1	(0.01)	Decreased
Prescription Opioids	1.1	(0.16)	1.1	(0.13)	1.0	(0.13)	0.9	(0.11)	0.9	(0.13)	No Change
Prescription Tranquilizers or Sedatives	0.9	(0.14)	0.8	(0.10)	0.7	(0.10)	0.7	(0.09)	0.7	(0.12)	No Change
Prescription Tranquilizers	0.7	(0.12)	0.7	(0.09)	0.5	(0.09)	0.6	(0.08)	0.5	(0.11)	No Change
Prescription Sedatives	0.3	(0.08)	0.2	(0.06)	0.2	(0.05)	0.3	(0.06)	0.2	(0.06)	No Change
Hallucinogens	0.6	(0.11)	0.7	(0.11)	0.4	(0.07)	0.3	(0.06)	0.4	(0.07)	Decreased
Inhalants	0.3	(0.09)	0.3	(0.08)	0.1	(0.03)	0.2	(0.06)	0.1	(0.03)	No Change
ALCOHOL	15.5	(0.54)	16.4	(0.52)	15.1	(0.48)	14.4	(0.43)	13.1	(0.49)	Decreased

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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*.

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 2025 Methodological Summary and Definitions 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, 2021-2025.

Table A.29B Substance Use Disorder for Specific Substances in the Past Year: Among Adults Aged 26 or Older; 2021-2025

Disorder	2021		2022		2023		2024		2025		Trend
SUBSTANCE USE DISORDER	16.2	(0.35)	16.6	(0.32)	16.6	(0.31)	16.4	(0.33)	14.9	(0.33)	Decreased
DRUGS	7.7	(0.26)	8.5	(0.27)	8.6	(0.25)	8.9	(0.27)	8.2	(0.26)	No Change
Marijuana (Cannabis)	4.7	(0.20)	5.4	(0.19)	5.5	(0.20)	6.1	(0.21)	5.7	(0.21)	Increased
Central Nervous System Stimulants	1.5	(0.11)	1.6	(0.11)	1.6	(0.10)	1.5	(0.09)	1.6	(0.12)	No Change
Cocaine	0.5	(0.07)	0.5	(0.06)	0.5	(0.05)	0.4	(0.05)	0.5	(0.06)	No Change
Methamphetamine	0.7	(0.08)	0.8	(0.08)	0.8	(0.08)	0.6	(0.07)	0.8	(0.08)	No Change
Prescription Stimulants	0.4	(0.05)	0.5	(0.05)	0.5	(0.05)	0.5	(0.05)	0.5	(0.06)	No Change
Opioids[1]	2.1	(0.13)	2.3	(0.15)	2.0	(0.12)	1.9	(0.12)	1.5	(0.11)	Decreased
Heroin	0.4	(0.06)	0.4	(0.05)	0.3	(0.04)	0.2	(0.03)	0.2	(0.04)	Decreased
Prescription Opioids	1.8	(0.12)	2.1	(0.14)	1.9	(0.12)	1.8	(0.12)	1.4	(0.10)	Decreased
Prescription Tranquilizers or Sedatives	0.8	(0.08)	0.9	(0.08)	0.8	(0.07)	0.8	(0.07)	0.6	(0.08)	Decreased
Prescription Tranquilizers	0.6	(0.07)	0.7	(0.07)	0.7	(0.06)	0.5	(0.06)	0.5	(0.07)	No Change
Prescription Sedatives	0.3	(0.06)	0.3	(0.04)	0.3	(0.05)	0.3	(0.05)	0.2	(0.03)	Decreased
Hallucinogens	0.1	(0.03)	0.1	(0.03)	0.1	(0.02)	0.1	(0.02)	0.1	(0.03)	No Change
Inhalants	0.1	(0.02)	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)	8.9	(0.25)	Decreased

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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*.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the 2025 Methodological Summary and Definitions 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, 2021-2025.

Table A.30B 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; 2025

Age Group and Disorder	Any Substance Use Disorder		Mild Substance Use Disorder		Moderate Substance Use Disorder		Severe Substance Use Disorder	
TOTAL								
Any Substance	15.3	(0.28)	54.1	(0.88)	23.4	(0.74)	22.5	(0.76)
Drugs	8.9	(0.22)	53.0	(1.15)	25.0	(0.98)	22.1	(0.94)
Marijuana (Cannabis)	6.7	(0.18)	53.4	(1.31)	28.6	(1.11)	18.0	(0.96)
Alcohol	8.9	(0.21)	57.6	(1.23)	21.7	(1.05)	20.7	(0.99)
12 TO 17								
Any Substance	7.4	(0.39)	49.4	(2.66)	25.5	(2.23)	25.1	(2.25)
Drugs	5.9	(0.36)	46.4	(3.03)	25.4	(2.53)	28.1	(2.66)
Marijuana (Cannabis)	4.4	(0.32)	35.7	(3.43)	31.0	(3.12)	33.4	(3.27)
Alcohol	2.8	(0.23)	59.5	(4.07)	26.0	(3.86)	14.5	(2.71)
18 TO 25								
Any Substance	23.8	(0.63)	49.0	(1.38)	26.9	(1.23)	24.1	(1.18)
Drugs	15.9	(0.52)	45.7	(1.62)	29.1	(1.56)	25.3	(1.38)
Marijuana (Cannabis)	14.1	(0.50)	43.9	(1.76)	30.8	(1.68)	25.3	(1.53)
Alcohol	13.1	(0.49)	60.5	(1.91)	22.0	(1.52)	17.5	(1.45)
26 OR OLDER								
Any Substance	14.9	(0.33)	55.6	(1.09)	22.4	(0.94)	22.0	(0.93)
Drugs	8.2	(0.26)	55.7	(1.52)	23.7	(1.28)	20.6	(1.19)
Marijuana (Cannabis)	5.7	(0.21)	58.6	(1.77)	27.6	(1.52)	13.8	(1.15)
Alcohol	8.9	(0.25)	56.9	(1.50)	21.5	(1.28)	21.6	(1.23)

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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2025 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* for details on who was eligible to receive questions on substance use disorder.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2025.

Table A.31B Substance Use Disorder Severity Level for Specific Substances in the Past Year: Among People Aged 12 or Older with a Specific Substance Use Disorder; 2025

Disorder	Any Substance Use Disorder		Mild Substance Use Disorder		Moderate Substance Use Disorder		Severe Substance Use Disorder	
SUBSTANCE USE DISORDER	15.3	(0.28)	54.1	(0.88)	23.4	(0.74)	22.5	(0.76)
DRUGS	8.9	(0.22)	53.0	(1.15)	25.0	(0.98)	22.1	(0.94)
Marijuana (Cannabis)	6.7	(0.18)	53.4	(1.31)	28.6	(1.11)	18.0	(0.96)
Central Nervous System Stimulants	1.5	(0.09)	40.7	(2.80)	20.2	(2.65)	39.1	(2.89)
Cocaine Use, Methamphetamine Use, or Prescription Stimulant Misuse	1.2	(0.09)	29.8	(2.94)	22.3	(3.21)	47.9	(3.41)
Use but Not Misuse of Prescription Stimulants Only	0.3	(0.03)	82.5	(3.65)	12.1	(2.99)	5.4	(2.23)
Opioids	1.4	(0.09)	58.9	(3.11)	20.8	(2.81)	20.3	(2.46)
Heroin Use or Prescription Opioid Misuse	0.6	(0.05)	32.0	(3.63)	29.5	(4.38)	38.4	(4.19)
Use but Not Misuse of Prescription Opioids Only	0.7	(0.07)	82.6	(3.82)	13.1	(3.65)	4.3	(1.69)
Prescription Tranquilizers or Sedatives	0.6	(0.06)	69.3	(4.67)	9.9	(1.93)	20.8	(4.51)
Prescription Tranquilizer or Sedative Misuse	0.3	(0.05)	*	(*)	13.2	(3.35)	*	(*)
Use but Not Misuse of Prescription Tranquilizers or Sedatives Only	0.3	(0.04)	84.5	(3.78)	6.2	(1.83)	9.3	(3.47)
Hallucinogens	0.2	(0.03)	*	(*)	*	(*)	*	(*)
Inhalants	0.1	(0.02)	*	(*)	*	(*)	*	(*)
ALCOHOL	8.9	(0.21)	57.6	(1.23)	21.7	(1.05)	20.7	(0.99)

* 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2025 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* for details on who was eligible to receive questions on substance use disorder.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2025.

Table A.32B Severity of Symptoms of Generalized Anxiety Disorder (GAD) in the Past 2 Weeks: Among Adolescents Aged 12 to 17; 2025

Severity	12 to 17	
No or Minimal	58.4	(0.70)
Mild	23.6	(0.64)
Moderate or Severe	18.0	(0.57)
Moderate	10.6	(0.47)
Severe	7.4	(0.36)

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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, 2025.

Table A.33B 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, 2025

Period/Substance	12 to 17[1]		Adolescents with Moderate or Severe Symptoms		Adolescents with No or Minimal Symptoms	
PAST YEAR USE						
Illicit Drugs[2]	11.2	(0.46)	17.7	(1.33)	8.2	(0.55)
Marijuana	8.7	(0.42)	12.9	(1.20)	6.7	(0.50)
Cocaine	0.2	(0.07)	0.3	(0.15)	0.1	(0.05)
Heroin	<0.1	(<0.01)	*	(*)	<0.1	(<0.01)
Hallucinogens	1.4	(0.19)	2.6	(0.61)	1.1	(0.20)
Inhalants[3]	1.4	(0.16)	3.2	(0.62)	0.8	(0.14)
Methamphetamine	0.1	(0.06)	0.3	(0.13)	*	(*)
Misuse of Prescription Psychotherapeutics	2.4	(0.22)	4.9	(0.69)	1.3	(0.21)
Pain Relievers	1.7	(0.19)	2.8	(0.54)	1.0	(0.19)
Prescription Opioids[4]	1.6	(0.19)	2.6	(0.53)	1.0	(0.19)
Stimulants	0.8	(0.13)	2.3	(0.50)	0.3	(0.10)
Tranquilizers or Sedatives	0.6	(0.12)	1.2	(0.31)	0.3	(0.11)
Misuse of Opioids[2,5]	1.6	(0.19)	2.6	(0.53)	1.0	(0.19)
Misuse of Central Nervous System Stimulants	0.9	(0.14)	2.4	(0.50)	0.3	(0.10)
PAST MONTH USE						
Nicotine Products[6,7]	6.9	(0.37)	11.0	(1.09)	5.2	(0.44)
Tobacco Products	2.0	(0.21)	3.3	(0.62)	1.4	(0.22)
Cigarettes	1.3	(0.19)	2.3	(0.56)	0.8	(0.17)
Nicotine Vaping[7]	6.3	(0.36)	10.2	(1.03)	4.8	(0.43)
Alcohol	5.9	(0.34)	8.9	(0.91)	4.8	(0.39)
Binge Alcohol Use	3.0	(0.23)	4.8	(0.66)	2.4	(0.30)
Heavy Alcohol Use	0.3	(0.07)	0.7	(0.25)	0.2	(0.07)
Marijuana	5.0	(0.32)	8.0	(0.99)	3.7	(0.34)
Marijuana Vaping[8]	3.5	(0.28)	5.7	(0.92)	2.5	(0.31)

* 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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: 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 2025. See Chapter 3 of the *2025 National Survey on Drug Use and Health: Methodological Summary and Definitions* 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.

[6] Nicotine product use includes use of tobacco products (cigarettes, smokeless tobacco [such as snuff, dip, chewing tobacco, or snus], cigars, or pipe tobacco) or nicotine vaping. Use of tobacco products 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, 2025.

Table A.34B Severity of Symptoms of Generalized Anxiety Disorder (GAD) in the Past 2 Weeks: Among Adults Aged 18 or Older; by Age Group; 2025

Severity	18 or Older		18 to 25		26 to 49		50 or Older	
No or Minimal	79.1	(0.35)	66.7	(0.67)	74.2	(0.52)	86.9	(0.50)
Mild	14.3	(0.29)	21.1	(0.59)	17.7	(0.45)	9.4	(0.41)
Moderate or Severe	6.6	(0.19)	12.2	(0.44)	8.1	(0.29)	3.7	(0.30)
Moderate	4.2	(0.15)	7.8	(0.37)	5.1	(0.22)	2.4	(0.22)
Severe	2.4	(0.12)	4.3	(0.25)	3.0	(0.18)	1.3	(0.19)

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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, 2025.

Table A.35B 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, 2025

Period/Substance	18 or Older[1]		Adults with Moderate or Severe Symptoms		Adults with No or Minimal Symptoms	
PAST YEAR USE						
Illicit Drugs[2]	25.3	(0.38)	47.8	(1.37)	21.0	(0.39)
Marijuana	22.4	(0.36)	42.1	(1.36)	18.4	(0.37)
Cocaine	1.8	(0.11)	5.0	(0.57)	1.3	(0.11)
Heroin	0.2	(0.04)	0.7	(0.23)	0.1	(0.03)
Hallucinogens	3.3	(0.14)	8.5	(0.70)	2.3	(0.12)
Inhalants[3]	0.8	(0.07)	2.4	(0.46)	0.5	(0.06)
Methamphetamine	1.0	(0.09)	3.1	(0.50)	0.6	(0.08)
Misuse of Prescription Psychotherapeutics	4.6	(0.17)	12.9	(0.90)	3.4	(0.17)
Pain Relievers	2.5	(0.13)	7.4	(0.73)	1.9	(0.13)
Prescription Opioids[4]	2.4	(0.12)	7.3	(0.73)	1.8	(0.13)
Stimulants	1.4	(0.08)	4.5	(0.49)	0.9	(0.07)
Tranquilizers or Sedatives	1.5	(0.11)	5.0	(0.56)	1.0	(0.10)
Misuse of Opioids[2,5]	2.5	(0.12)	7.6	(0.74)	1.8	(0.13)
Misuse of Central Nervous System Stimulants	3.5	(0.15)	9.4	(0.76)	2.5	(0.15)
PAST MONTH USE						
Nicotine Products[6,7]	23.6	(0.37)	37.4	(1.38)	21.4	(0.40)
Tobacco Products	17.5	(0.33)	27.2	(1.29)	16.2	(0.36)
Cigarettes	13.5	(0.30)	22.6	(1.25)	12.3	(0.32)
Nicotine Vaping[7]	10.4	(0.24)	21.2	(1.05)	8.6	(0.25)
Alcohol	48.1	(0.47)	50.3	(1.40)	47.5	(0.54)
Binge Alcohol Use	21.1	(0.35)	25.5	(1.14)	20.0	(0.39)
Heavy Alcohol Use	5.5	(0.18)	8.8	(0.82)	4.9	(0.20)
Marijuana	16.0	(0.32)	31.6	(1.33)	13.1	(0.33)
Marijuana Vaping[8]	5.8	(0.17)	15.2	(0.88)	4.1	(0.17)

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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] Estimates are for all adults aged 18 or older, 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 2025. See Chapter 3 of the *2025 National Survey on Drug Use and Health: Methodological Summary and Definitions* 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.

[6] Nicotine product use includes use of tobacco products (cigarettes, smokeless tobacco [such as snuff, dip, chewing tobacco, or snus], cigars, or pipe tobacco) or nicotine vaping. Use of tobacco products 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, 2025.

Table A.36B Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year: Among Adolescents Aged 12 to 17; 2021-2025

MDE	2021		2022		2023		2024		2025		Trend
MDE	20.8	(0.61)	19.5	(0.54)	18.1	(0.52)	15.4	(0.48)	15.1	(0.52)	Decreased
MDE with Severe Impairment[1]	15.2	(0.53)	14.6	(0.50)	13.5	(0.48)	11.3	(0.44)	11.0	(0.48)	Decreased

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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*.

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, 2021-2025.

Table A.37AB Substance Use Disorder (SUD) or Major Depressive Episode (MDE) in the Past Year: Among Adolescents Aged 12 to 17; 2025

SUD or MDE	Number in Thousands[1]		Percentage[2]	
SUD or MDE	4,979	(182)	20.1	(0.59)
SUD but No MDE[3]	1,176	(83)	4.8	(0.32)
MDE[3] but No SUD	3,102	(137)	12.6	(0.48)
Co-Occurring SUD and MDE[3]	604	(53)	2.5	(0.21)
Co-Occurring SUD and MDE with Severe Impairment[4]	467	(49)	1.9	(0.20)

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5). See the *2025 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* for details on who was eligible to receive questions on SUD.

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, 2025.

Table A.38B 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; 2021-2025

SUD and MDE	2021		2022		2023		2024		2025		Trend
Co-Occurring SUD and MDE	4.1	(0.32)	3.7	(0.25)	3.4	(0.23)	3.2	(0.25)	2.5	(0.21)	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)	1.9	(0.20)	Decreased

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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*.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5). See the 2025 Methodological Summary and Definitions for details on who was eligible to receive questions on SUD.

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, 2021-2025.

Table A.39B Substance Use in the Past Year or Past Month: Among Adolescents Aged 12 to 17; by Past Year Major Depressive Episode (MDE), 2025

Period/Substance	12 to 17[1]		MDE		No MDE	
PAST YEAR USE						
Illicit Drugs[2]	11.2	(0.46)	21.7	(1.45)	9.1	(0.49)
Marijuana	8.7	(0.42)	17.5	(1.33)	7.0	(0.43)
Cocaine	0.2	(0.07)	0.8	(0.30)	<0.1	(0.01)
Heroin	<0.1	(<0.01)	*	(*)	<0.1	(<0.01)
Hallucinogens	1.4	(0.19)	3.4	(0.76)	1.0	(0.17)
Inhalants[3]	1.4	(0.16)	3.3	(0.58)	1.0	(0.13)
Methamphetamine	0.1	(0.06)	0.3	(0.17)	<0.1	(<0.01)
Misuse of Prescription Psychotherapeutics	2.4	(0.22)	5.1	(0.75)	1.7	(0.21)
Pain Relievers	1.7	(0.19)	2.9	(0.58)	1.3	(0.18)
Prescription Opioids[4]	1.6	(0.19)	2.7	(0.56)	1.2	(0.18)
Stimulants	0.8	(0.13)	2.4	(0.50)	0.5	(0.11)
Tranquilizers or Sedatives	0.6	(0.12)	1.6	(0.40)	0.3	(0.09)
Misuse of Opioids[2,5]	1.6	(0.19)	2.7	(0.56)	1.2	(0.18)
Misuse of Central Nervous System Stimulants	0.9	(0.14)	2.6	(0.52)	0.5	(0.12)
PAST MONTH USE						
Nicotine Products[6,7]	6.9	(0.37)	13.0	(1.19)	5.7	(0.38)
Tobacco Products	2.0	(0.21)	3.8	(0.65)	1.7	(0.20)
Cigarettes	1.3	(0.19)	2.7	(0.57)	1.1	(0.17)
Nicotine Vaping[7]	6.3	(0.36)	11.9	(1.15)	5.2	(0.37)
Alcohol	5.9	(0.34)	10.6	(1.14)	5.1	(0.35)
Binge Alcohol Use	3.0	(0.23)	4.8	(0.77)	2.6	(0.24)
Heavy Alcohol Use	0.3	(0.07)	0.9	(0.29)	0.2	(0.06)
Marijuana	5.0	(0.32)	9.5	(0.99)	4.1	(0.32)
Marijuana Vaping[8]	3.5	(0.28)	7.4	(0.90)	2.6	(0.26)

* 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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: 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 2025. See Chapter 3 of the *2025 National Survey on Drug Use and Health: Methodological Summary and Definitions* 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.

[6] Nicotine product use includes use of tobacco products (cigarettes, smokeless tobacco [such as snuff, dip, chewing tobacco, or snus], cigars, or pipe tobacco) or nicotine vaping. Use of tobacco products 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, 2025.

Table A.40B Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2021-2025

MDE	2021		2022		2023		2024		2025		Trend
MDE, 18 OR OLDER	8.5	(0.22)	8.8	(0.20)	8.5	(0.20)	8.2	(0.18)	7.4	(0.20)	Decreased
18 to 25	19.3	(0.61)	20.1	(0.55)	17.5	(0.51)	15.9	(0.48)	14.2	(0.48)	Decreased
26 to 49	9.6	(0.33)	9.7	(0.31)	10.2	(0.29)	10.0	(0.30)	9.1	(0.32)	No Change
50 or Older	4.5	(0.29)	4.6	(0.30)	4.5	(0.29)	4.4	(0.28)	4.0	(0.26)	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)	5.2	(0.16)	Decreased
18 to 25	13.8	(0.53)	14.7	(0.51)	12.9	(0.44)	11.5	(0.41)	10.2	(0.42)	Decreased
26 to 49	6.6	(0.27)	6.9	(0.26)	7.4	(0.26)	7.0	(0.25)	6.7	(0.28)	No Change
50 or Older	3.0	(0.25)	3.1	(0.26)	2.7	(0.24)	2.6	(0.22)	2.5	(0.19)	Decreased

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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*.

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, 2021-2025.

Table A.41A Substance Use Disorder (SUD) or Major Depressive Episode (MDE) in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2025

SUD or MDE	18 or Older		18 to 25		26 to 49		50 or Older	
SUD or MDE	55,068	(1,133)	11,628	(352)	27,120	(672)	16,320	(681)
SUD but No MDE	35,395	(890)	6,511	(254)	17,506	(524)	11,377	(578)
MDE but No SUD	12,370	(451)	3,050	(142)	5,689	(274)	3,631	(289)
Co-Occurring SUD and MDE	7,304	(328)	2,066	(125)	3,925	(227)	1,313	(181)
Co-Occurring SUD and MDE with Severe Impairment[1]	5,497	(269)	1,600	(110)	3,007	(192)	891	(144)

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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2025 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* for details on who was eligible to receive questions on SUD.

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, 2025.

Table A.41B Substance Use Disorder (SUD) or Major Depressive Episode (MDE) in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2025

SUD or MDE	18 or Older		18 to 25		26 to 49		50 or Older	
SUD or MDE	20.8	(0.33)	32.2	(0.68)	25.7	(0.50)	13.2	(0.48)
SUD but No MDE	13.4	(0.28)	18.0	(0.56)	16.6	(0.43)	9.2	(0.43)
MDE but No SUD	4.7	(0.16)	8.5	(0.36)	5.4	(0.25)	2.9	(0.22)
Co-Occurring SUD and MDE	2.8	(0.12)	5.7	(0.33)	3.7	(0.20)	1.1	(0.15)
Co-Occurring SUD and MDE with Severe Impairment[1]	2.1	(0.10)	4.4	(0.29)	2.9	(0.17)	0.7	(0.12)

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2025 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* for details on who was eligible to receive questions on SUD.

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, 2025.

Table A.42B Co-Occurring Substance Use Disorder (SUD) and Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2021-2025

SUD and MDE	2021		2022		2023		2024		2025		Trend
Co-Occurring SUD and MDE, 18 or Older	3.2	(0.13)	3.6	(0.13)	3.4	(0.13)	3.4	(0.13)	2.8	(0.12)	Decreased
18 to 25	7.5	(0.39)	8.9	(0.41)	7.9	(0.37)	7.2	(0.33)	5.7	(0.33)	Decreased
26 to 49	4.1	(0.21)	4.2	(0.20)	4.4	(0.20)	4.4	(0.21)	3.7	(0.20)	No Change
50 or Older	1.3	(0.18)	1.7	(0.18)	1.4	(0.17)	1.4	(0.18)	1.1	(0.15)	No Change
Co-Occurring SUD and MDE with Severe Impairment,[1] 18 or Older	2.5	(0.12)	2.8	(0.12)	2.6	(0.11)	2.5	(0.10)	2.1	(0.10)	Decreased
18 to 25	5.7	(0.34)	7.1	(0.38)	5.8	(0.32)	5.6	(0.28)	4.4	(0.29)	Decreased
26 to 49	3.2	(0.19)	3.1	(0.17)	3.3	(0.18)	3.3	(0.17)	2.9	(0.17)	No Change
50 or Older	1.0	(0.16)	1.3	(0.17)	1.0	(0.15)	0.9	(0.15)	0.7	(0.12)	Decreased

Decreased = the linear trend test showed a statistically significant decrease from baseline year to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from baseline year to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from baseline year to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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*.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5). See the 2025 Methodological Summary and Definitions for details on who was eligible to receive questions on SUD.

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] 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, 2021-2025.

Table A.43B Substance Use in the Past Year or Past Month: Among Adults Aged 18 or Older; by Past Year Major Depressive Episode (MDE), 2025

Period/Substance	18 or Older		MDE		No MDE	
PAST YEAR USE						
Illicit Drugs[1]	25.3	(0.38)	49.6	(1.37)	23.3	(0.38)
Marijuana	22.4	(0.36)	43.8	(1.37)	20.7	(0.36)
Cocaine	1.8	(0.11)	4.8	(0.57)	1.6	(0.11)
Heroin	0.2	(0.04)	0.5	(0.21)	0.2	(0.04)
Hallucinogens	3.3	(0.14)	9.9	(0.80)	2.8	(0.12)
Inhalants[2]	0.8	(0.07)	3.0	(0.53)	0.6	(0.06)
Methamphetamine	1.0	(0.09)	2.8	(0.46)	0.8	(0.08)
Misuse of Prescription Psychotherapeutics	4.6	(0.17)	12.0	(0.78)	4.0	(0.17)
Pain Relievers	2.5	(0.13)	6.2	(0.60)	2.3	(0.13)
Prescription Opioids[3]	2.4	(0.12)	5.9	(0.57)	2.2	(0.12)
Stimulants	1.4	(0.08)	4.5	(0.48)	1.2	(0.07)
Tranquilizers or Sedatives	1.5	(0.11)	5.2	(0.53)	1.3	(0.11)
Misuse of Opioids[1,4]	2.5	(0.12)	6.1	(0.58)	2.2	(0.12)
Misuse of Central Nervous System Stimulants	3.5	(0.15)	9.2	(0.74)	3.0	(0.15)
PAST MONTH USE						
Nicotine Product Use[5,6]	23.6	(0.37)	33.0	(1.16)	22.8	(0.38)
Tobacco Products	17.5	(0.33)	22.2	(1.03)	17.1	(0.34)
Cigarettes	13.5	(0.30)	19.0	(0.99)	13.1	(0.30)
Nicotine Vaping[6]	10.4	(0.24)	20.3	(0.93)	9.6	(0.25)
Alcohol	48.1	(0.47)	53.6	(1.29)	47.7	(0.48)
Binge Alcohol Use	21.1	(0.35)	25.9	(1.11)	20.7	(0.36)
Heavy Alcohol Use	5.5	(0.18)	7.8	(0.71)	5.3	(0.19)
Marijuana	16.0	(0.32)	31.2	(1.22)	14.8	(0.32)
Marijuana Vaping[7]	5.8	(0.17)	14.4	(0.78)	5.1	(0.17)

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.

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

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

[2] Changes were made to the inhalant questions in 2025. See Chapter 3 of the *2025 National Survey on Drug Use and Health: Methodological Summary and Definitions* 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.

[5] Nicotine product use includes use of tobacco products (cigarettes, smokeless tobacco [such as snuff, dip, chewing tobacco, or snus], cigars, or pipe tobacco) or nicotine vaping. Use of tobacco products 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, 2025.

Table A.44B Level of Mental Illness in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2021-2025

Mental Illness	2021		2022		2023		2024		2025		Trend
ANY MENTAL ILLNESS, 18 OR OLDER	21.0	(0.36)	21.3	(0.33)	20.9	(0.31)	21.5	(0.30)	20.6	(0.33)	No Change
18 to 25	33.2	(0.75)	35.2	(0.66)	32.7	(0.63)	31.9	(0.65)	28.6	(0.64)	Decreased
26 to 49	26.2	(0.51)	27.1	(0.50)	27.0	(0.43)	27.7	(0.46)	27.1	(0.51)	No Change
50 or Older	13.1	(0.52)	12.3	(0.49)	12.3	(0.46)	13.2	(0.47)	12.8	(0.48)	No Change
SERIOUS MENTAL ILLNESS, 18 OR OLDER	7.9	(0.21)	8.4	(0.21)	7.9	(0.20)	7.8	(0.18)	6.9	(0.18)	Decreased
18 to 25	16.8	(0.56)	17.6	(0.54)	15.3	(0.45)	14.1	(0.45)	12.1	(0.45)	Decreased
26 to 49	10.0	(0.32)	10.3	(0.35)	10.6	(0.30)	10.3	(0.31)	9.6	(0.32)	No Change
50 or Older	3.5	(0.28)	4.1	(0.30)	3.5	(0.27)	3.8	(0.28)	3.0	(0.22)	No Change

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.

NOTE: Some 2021-2024 estimates may differ from previously published estimates due to updates that were made to the mental illness model beginning in 2025. For details, see the *2025 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions*.

NOTE: Mental illness aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th 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, 2021-2025.

Table A.45A Substance Use Disorder (SUD) or Level of Mental Illness in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2025

SUD/Level of Mental Illness	18 or Older		18 to 25		26 to 49		50 or Older	
SUD or AMI	78,878	(1,454)	14,886	(431)	39,419	(845)	24,572	(879)
SUD but No AMI	24,246	(713)	4,556	(205)	10,927	(405)	8,764	(510)
AMI but No SUD	36,179	(892)	6,309	(245)	17,987	(502)	11,882	(610)
Co-Occurring SUD and AMI	18,452	(564)	4,022	(174)	10,505	(383)	3,926	(306)
SUD or SMI	53,096	(1,082)	10,997	(343)	26,930	(665)	15,170	(646)
SUD but No SMI	34,895	(858)	6,628	(258)	16,818	(503)	11,449	(571)
SMI but No SUD	10,397	(375)	2,419	(135)	5,498	(256)	2,480	(231)
Co-Occurring SUD and SMI	7,804	(345)	1,950	(118)	4,613	(247)	1,241	(173)

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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2025 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* for details on who was eligible to receive questions on SUD.

NOTE: Mental illness aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th 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, 2025.

Table A.45B Substance Use Disorder (SUD) or Level of Mental Illness in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2025

SUD/Level of Mental Illness	18 or Older		18 to 25		26 to 49		50 or Older	
SUD or AMI	29.8	(0.38)	41.2	(0.74)	37.4	(0.57)	19.9	(0.57)
SUD but No AMI	9.1	(0.24)	12.6	(0.48)	10.4	(0.35)	7.1	(0.38)
AMI but No SUD	13.6	(0.28)	17.5	(0.56)	17.1	(0.41)	9.6	(0.44)
Co-Occurring SUD and AMI	7.0	(0.19)	11.1	(0.42)	10.0	(0.33)	3.2	(0.24)
SUD or SMI	20.0	(0.32)	30.5	(0.67)	25.6	(0.50)	12.3	(0.46)
SUD but No SMI	13.2	(0.27)	18.4	(0.57)	16.0	(0.41)	9.3	(0.42)
SMI but No SUD	3.9	(0.14)	6.7	(0.35)	5.2	(0.24)	2.0	(0.18)
Co-Occurring SUD and SMI	2.9	(0.12)	5.4	(0.31)	4.4	(0.22)	1.0	(0.14)

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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the *2025 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* for details on who was eligible to receive questions on SUD.

NOTE: Mental illness aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th 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, 2025.

Table A.46B Co-Occurring Substance Use Disorder (SUD) and Level of Mental Illness in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2021-2025

SUD/Level of Mental Illness	2021		2022		2023		2024		2025		Trend
Co-Occurring SUD and AMI, 18 or Older	7.4	(0.21)	8.0	(0.19)	7.6	(0.19)	7.7	(0.20)	7.0	(0.19)	No Change
18 to 25	13.3	(0.52)	14.7	(0.49)	13.7	(0.48)	13.0	(0.43)	11.1	(0.42)	Decreased
26 to 49	10.0	(0.32)	10.8	(0.35)	10.4	(0.30)	10.9	(0.33)	10.0	(0.33)	No Change
50 or Older	3.5	(0.30)	3.6	(0.26)	3.4	(0.25)	3.3	(0.26)	3.2	(0.24)	No Change
Co-Occurring SUD and SMI, 18 or Older	3.5	(0.13)	3.8	(0.14)	3.6	(0.13)	3.5	(0.13)	2.9	(0.12)	Decreased
18 to 25	7.6	(0.39)	8.5	(0.36)	7.6	(0.34)	6.9	(0.31)	5.4	(0.31)	Decreased
26 to 49	4.6	(0.22)	4.8	(0.22)	5.0	(0.22)	5.0	(0.22)	4.4	(0.22)	No Change
50 or Older	1.3	(0.18)	1.7	(0.19)	1.2	(0.16)	1.3	(0.18)	1.0	(0.14)	No Change

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

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.

NOTE: Some 2021-2024 estimates may differ from previously published estimates due to updates that were made to the mental illness model beginning in 2025. For details, see the *2025 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions*.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. See the 2025 Methodological Summary and Definitions for details on who was eligible to receive questions on SUD.

NOTE: Mental illness aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th 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, 2021-2025.

Table A.47B Substance Use in the Past Year or Past Month: Among Adults Aged 18 or Older; by Level of Mental Illness in the Past Year, 2025

Period/Substance	18 or Older		Any Mental Illness		Serious Mental Illness		No Mental Illness	
PAST YEAR USE								
Illicit Drugs[1]	25.3	(0.38)	43.3	(0.81)	53.0	(1.36)	20.6	(0.39)
Marijuana	22.4	(0.36)	38.7	(0.80)	46.8	(1.36)	18.2	(0.37)
Cocaine	1.8	(0.11)	4.1	(0.31)	6.0	(0.62)	1.2	(0.11)
Heroin	0.2	(0.04)	0.6	(0.13)	0.7	(0.24)	0.1	(0.03)
Hallucinogens	3.3	(0.14)	7.6	(0.42)	11.5	(0.84)	2.2	(0.12)
Inhalants[2]	0.8	(0.07)	2.0	(0.25)	3.4	(0.58)	0.4	(0.06)
Methamphetamine	1.0	(0.09)	2.5	(0.27)	3.9	(0.58)	0.6	(0.08)
Misuse of Prescription Psychotherapeutics	4.6	(0.17)	9.8	(0.49)	13.9	(0.92)	3.3	(0.16)
Pain Relievers	2.5	(0.13)	5.2	(0.34)	7.1	(0.70)	1.9	(0.13)
Prescription Opioids[3]	2.4	(0.12)	5.1	(0.33)	7.0	(0.70)	1.8	(0.13)
Stimulants	1.4	(0.08)	3.5	(0.25)	5.4	(0.55)	0.9	(0.07)
Tranquilizers or Sedatives	1.5	(0.11)	4.0	(0.34)	6.1	(0.59)	0.9	(0.10)
Misuse of Opioids[1,4]	2.5	(0.12)	5.2	(0.33)	7.3	(0.71)	1.8	(0.13)
Misuse of Central Nervous System Stimulants	3.5	(0.15)	7.8	(0.42)	11.7	(0.88)	2.4	(0.14)
PAST MONTH USE								
Nicotine Products[5,6]	23.6	(0.37)	33.0	(0.83)	37.5	(1.24)	21.1	(0.40)
Tobacco Products	17.5	(0.33)	23.6	(0.75)	26.2	(1.14)	15.9	(0.36)
Cigarettes	13.5	(0.30)	19.6	(0.71)	22.3	(1.07)	11.9	(0.31)
Nicotine Vaping[6]	10.4	(0.24)	18.7	(0.60)	22.6	(1.00)	8.3	(0.24)
Alcohol	48.1	(0.47)	50.9	(0.85)	53.0	(1.38)	47.4	(0.52)
Binge Alcohol Use	21.1	(0.35)	25.3	(0.70)	26.6	(1.14)	20.0	(0.39)
Heavy Alcohol Use	5.5	(0.18)	7.5	(0.45)	8.9	(0.78)	4.9	(0.20)
Marijuana	16.0	(0.32)	28.3	(0.72)	34.6	(1.29)	12.8	(0.32)
Marijuana Vaping[7]	5.8	(0.17)	12.7	(0.48)	17.5	(0.93)	4.0	(0.16)

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.

NOTE: Mental illness aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th 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 2025. See Chapter 3 of the *2025 National Survey on Drug Use and Health: Methodological Summary and Definitions* 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.

[5] Nicotine product use includes use of tobacco products (cigarettes, smokeless tobacco [such as snuff, dip, chewing tobacco, or snus], cigars, or pipe tobacco) or nicotine vaping. Use of tobacco products 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, 2025.

Table A.48AB Suicidal Thoughts or Behaviors in the Past Year: Among Adults Aged 18 or Older; 2025

Suicidal Thoughts or Behavior	Number in Thousands[1]		Percentage[2]	
HAD SERIOUS THOUGHTS OF SUICIDE, MADE ANY SUICIDE PLANS, OR ATTEMPTED SUICIDE	14,559	(512)	5.5	(0.18)
Had Serious Thoughts of Suicide	13,946	(500)	5.3	(0.18)
Made Any Suicide Plans	4,855	(287)	1.8	(0.11)
Attempted Suicide	2,283	(204)	0.9	(0.08)
HAD ONE TYPE OF SUICIDAL THOUGHTS/BEHAVIOR				
Had Serious Thoughts of Suicide (Did Not Make Any Suicide Plans or Attempt Suicide)	9,360	(394)	3.5	(0.14)
Made Any Suicide Plans (Did Not Have Serious Thoughts of Suicide or Attempt Suicide)	386	(100)	0.1	(0.04)
Attempted Suicide (Did Not Have Serious Thoughts of Suicide or Make Any Suicide Plans)	139	(46)	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)	2,529	(188)	1.0	(0.07)
Had Serious Thoughts of Suicide and Attempted Suicide (Did Not Make Any Suicide Plans)	204	(40)	0.1	(0.02)
Made Any Suicide Plans and Attempted Suicide (Did Not Have Serious Thoughts of Suicide)	88	(30)	<0.1	(0.01)
HAD ALL THREE TYPES OF SUICIDAL THOUGHTS/BEHAVIORS (Had Serious Thoughts of Suicide, Made Any Suicide Plans, and Attempted Suicide)	1,852	(196)	0.7	(0.07)

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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, 2025.

Table A.49B 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, 2021-2025

Suicidal Thoughts or Behavior/Age Group	2021		2022		2023		2024		2025		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)	5.3	(0.18)	No Change
18 to 25	13.4	(0.49)	13.6	(0.46)	12.2	(0.41)	12.6	(0.44)	10.8	(0.43)	Decreased
26 to 49	5.5	(0.25)	5.5	(0.25)	5.9	(0.23)	6.1	(0.25)	6.2	(0.27)	Increased
50 or Older	2.0	(0.20)	2.4	(0.23)	2.1	(0.21)	2.9	(0.22)	2.9	(0.25)	Increased
MADE ANY SUICIDE PLANS, 18 OR OLDER	1.4	(0.08)	1.5	(0.07)	1.4	(0.07)	1.8	(0.10)	1.8	(0.11)	Increased
18 to 25	5.2	(0.37)	4.9	(0.27)	4.2	(0.24)	4.2	(0.24)	4.0	(0.26)	Decreased
26 to 49	1.4	(0.14)	1.3	(0.10)	1.6	(0.13)	1.8	(0.13)	2.0	(0.15)	Increased
50 or Older	0.3	(0.08)	0.6	(0.09)	0.5	(0.09)	1.1	(0.15)	1.1	(0.17)	Increased
ATTEMPTED SUICIDE, 18 OR OLDER	0.7	(0.06)	0.6	(0.05)	0.6	(0.04)	0.8	(0.07)	0.9	(0.08)	Increased
18 to 25	2.8	(0.29)	2.1	(0.17)	2.0	(0.16)	2.0	(0.16)	1.9	(0.18)	Decreased
26 to 49	0.7	(0.10)	0.5	(0.06)	0.6	(0.07)	0.8	(0.10)	0.9	(0.12)	Increased
50 or Older	0.2	(0.06)	0.3	(0.08)	0.2	(0.06)	0.6	(0.11)	0.5	(0.12)	Increased

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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*.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021-2025.

Table A.50AB Suicidal Thoughts or Behaviors in the Past Year: Among Adolescents Aged 12 to 17; 2025

Suicidal Thoughts or Behavior	Number in Thousands[1]		Percentage[2]	
HAD SERIOUS THOUGHTS OF SUICIDE, MADE ANY SUICIDE PLANS, OR ATTEMPTED SUICIDE	2,772	(128)	10.9	(0.45)
Had Serious Thoughts of Suicide[3]	2,625	(126)	10.3	(0.44)
Made Any Suicide Plans[3]	1,288	(87)	5.1	(0.33)
Attempted Suicide[3]	738	(66)	2.9	(0.25)
HAD ONE TYPE OF SUICIDAL THOUGHTS/BEHAVIOR				
Had Serious Thoughts of Suicide (Did Not Make Any Suicide Plans or Attempt Suicide)	1,378	(83)	5.4	(0.31)
Made Any Suicide Plans (Did Not Have Serious Thoughts of Suicide or Attempt Suicide)	113	(23)	0.4	(0.09)
Attempted Suicide (Did Not Have Serious Thoughts of Suicide or Make Any Suicide Plans)	24	(9)	0.1	(0.03)
HAD TWO TYPES OF SUICIDAL THOUGHTS/BEHAVIORS				
Had Serious Thoughts of Suicide and Made Any Suicide Plans (Did Not Attempt Suicide)	543	(54)	2.1	(0.21)
Had Serious Thoughts of Suicide and Attempted Suicide (Did Not Make Any Suicide Plans)	82	(19)	0.3	(0.07)
Made Any Suicide Plans and Attempted Suicide (Did Not Have Serious Thoughts of Suicide)	11	(4)	<0.1	(0.02)
HAD ALL THREE TYPES OF SUICIDAL THOUGHTS/BEHAVIORS (Had Serious Thoughts of Suicide, Made Any Suicide Plans, and Attempted Suicide)	622	(63)	2.4	(0.24)

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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.

[3] Percentages and standard errors in these rows may differ slightly from the estimates for "yes" in Table A.51B because the denominator for this table includes all adolescents aged 12 to 17. Table A.51B 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, 2025.

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; 2025

Suicidal Thoughts or Behavior	12 to 17	
HAD SERIOUS THOUGHTS OF SUICIDE		
Yes	10.4	(0.44)
No	75.9	(0.63)
Not Sure/Don't Know	7.2	(0.41)
Don't Want to Answer/Refuse	6.6	(0.38)
MADE ANY SUICIDE PLANS		
Yes	5.1	(0.33)
No	86.3	(0.49)
Not Sure/Don't Know	3.0	(0.25)
Don't Want to Answer/Refuse	5.6	(0.33)
ATTEMPTED SUICIDE		
Yes	2.9	(0.25)
No	90.3	(0.41)
Not Sure/Don't Know	1.8	(0.22)
Don't Want to Answer/Refuse	5.0	(0.29)

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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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, 2025.

Table A.52B Had Serious Thoughts of Suicide, Made Any Suicide Plans, or Attempted Suicide in the Past Year: Among Adolescents Aged 12 to 17; 2021-2025

Suicidal Thoughts or Behavior	2021		2022		2023		2024		2025		Trend
Had Serious Thoughts of Suicide	12.9	(0.49)	13.4	(0.44)	12.3	(0.47)	10.1	(0.40)	10.4	(0.44)	Decreased
Made Any Suicide Plans	6.2	(0.37)	6.5	(0.34)	5.6	(0.32)	4.6	(0.26)	5.1	(0.33)	Decreased
Attempted Suicide	3.6	(0.29)	3.7	(0.28)	3.3	(0.23)	2.7	(0.20)	2.9	(0.25)	Decreased

Decreased = the linear trend test showed a statistically significant decrease from 2021 to 2025 at the .05 level;
Increased = the linear trend test showed a statistically significant increase from 2021 to 2025 at the .05 level;
No Change = the linear trend test showed no statistically significant change from 2021 to 2025 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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*.

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, 2021-2025.

Table A.53B Engaged in Nonsuicidal Self-Harm in the Past Year: Among Adolescents Aged 12 to 17; 2025

Nonsuicidal Self-Harm	12 to 17	
Yes	11.2	(0.43)
No	80.3	(0.59)
Not Sure/Don't Know	2.9	(0.27)
Don't Want to Answer/Refuse	5.6	(0.34)

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.

NOTE: Respondents with unknown information on nonsuicidal self-harm 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, 2025.

Table A.54AB Need for Substance Use Treatment or Receipt of Substance Use Treatment in the Past Year: Among People Aged 12 or Older; by Age Group, 2025

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]	47,231	(1,009)	16.3	(0.28)	2,061	(117)	8.1	(0.42)	8,782	(302)	24.3	(0.63)	36,388	(900)	15.9	(0.33)
Received Substance Use Treatment	7,554	(376)	2.6	(0.12)	470	(62)	1.8	(0.24)	845	(77)	2.3	(0.21)	6,238	(365)	2.7	(0.15)
Received Substance Use Treatment among People Who Needed Substance Use Treatment[3]	7,554	(376)	16.0	(0.69)	470	(62)	22.8	(2.44)	845	(77)	9.6	(0.87)	6,238	(365)	17.1	(0.87)
Received Substance Use Treatment among People Who Had an SUD in the Past Year[3,4]	4,898	(309)	11.0	(0.61)	286	(46)	15.3	(2.15)	640	(69)	7.5	(0.79)	3,972	(298)	11.6	(0.77)
Received Substance Use Treatment among People Who Had a Mild SUD in the Past Year[3,4]	980	(143)	4.1	(0.57)	75	(24)	8.1	(2.46)	115	(27)	2.7	(0.63)	790	(138)	4.2	(0.69)
Received Substance Use Treatment among People Who Had a Moderate SUD in the Past Year[3,4]	1,017	(131)	9.7	(1.14)	78	(19)	16.2	(3.63)	117	(21)	5.1	(0.93)	823	(128)	10.7	(1.51)
Received Substance Use Treatment among People Who Had a Severe SUD in the Past Year[3,4]	2,901	(239)	28.9	(1.91)	134	(30)	28.5	(5.15)	408	(52)	19.8	(2.30)	2,359	(232)	31.5	(2.45)
Received Substance Use Treatment among People without an SUD in the Past Year[4]	2,655	(213)	1.1	(0.09)	184	(34)	0.8	(0.14)	205	(38)	0.7	(0.14)	2,266	(207)	1.2	(0.11)

SUD = substance use disorder.

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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.

[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 *2025 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* for details on who was eligible to receive questions on SUD.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2025.

Table A.55AB Types and Locations of Substance Use Treatment in the Past Year: Among People Aged 12 or Older; 2025

Type/Location of Treatment[1]	Aged 12 or Older, Number[2]		Percentage among People Aged 12 or Older[3]	
SUBSTANCE USE TREATMENT	7,554	(376)	2.6	(0.12)
Inpatient[4]	2,177	(194)	0.7	(0.07)
Outpatient[5]	4,416	(270)	1.5	(0.09)
Outpatient, Other Than General Medical Clinic or Doctor's Office[5]	4,073	(255)	1.4	(0.08)
Medications for Alcohol Use Disorder[6]	1,141	(126)	0.4	(0.04)
Among Those with an Alcohol Use Disorder[7]	679	(108)	2.6	(0.41)
Medications for Opioid Use Disorder[6]	2,132	(209)	0.7	(0.07)
Among Those with an Opioid Use Disorder[7]	623	(92)	15.7	(2.17)
Telehealth Treatment[8]	3,631	(260)	1.2	(0.09)
Prison, Jail, or Juvenile Detention Center	649	(107)	0.2	(0.04)

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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(s) 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] 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.

[5] 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.

[6] 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.

[7] 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 *2025 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* for details on who was eligible to receive questions on alcohol use disorder and opioid use disorder.

[8] 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, 2025.

Table A.56AB 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, 2025

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	3,631	(260)	1.2	(0.09)	238	(42)	0.9	(0.16)	374	(47)	1.0	(0.13)	3,019	(256)	1.3	(0.11)
Received Substance Use Treatment through Telehealth among People with a Substance Use Disorder[3]	2,526	(222)	5.7	(0.46)	167	(34)	8.9	(1.68)	308	(43)	3.6	(0.50)	2,052	(215)	6.0	(0.59)

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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 *2025 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* for details on who was eligible to receive questions on substance use disorder.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2025.

Table A.57AB Received Other Services in the Past Year to Help with Alcohol or Drug Use: Among People Aged 12 or Older or People Who Received Other Services and among People Aged 12 or Older with a Past Year Substance Use Disorder (SUD) or People with a Past Year SUD Who Received Other Services; 2025

Group/Services	Aged 12 or Older, Number[1]		Percentage among All People Aged 12 or Older[2]		Percentage among People Who Received Other Services[2]	
TOTAL AGED 12 OR OLDER						
Any Receipt of Other Services[3]	7,914	(407)	2.7	(0.13)	100.0	(0.00)
Received SUT and Other Services[4]	4,467	(305)	1.5	(0.10)	56.4	(2.56)
Received Other Services Only	3,447	(271)	1.2	(0.09)	43.6	(2.56)
PAST YEAR SUBSTANCE USE DISORDER, AGED 12 OR OLDER						
Any Receipt of Other Services[3]	4,265	(283)	9.6	(0.57)	100.0	(0.00)
Received SUT and Other Services[4]	3,093	(257)	6.9	(0.53)	72.5	(2.44)
Received Other Services Only	1,171	(109)	2.6	(0.24)	27.5	(2.44)

SUT = substance use treatment.

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.

NOTE: Other Services to help with alcohol or drug use include receiving 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.

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

[2] Estimates shown are percentages with standard errors included in parentheses. Percentages may not add to totals due to rounding.

[3] Any Receipt of Other Services is with or without the receipt of SUT.

[4] SUT 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. SUT 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 SUT but did not report the substance(s) for which they received treatment.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2025.

Table A.58A Received Specific Other Services in the Past Year to Help with Alcohol or Drug Use: Among People Aged 12 or Older or People Who Received Specific Other Services and among People Aged 12 or Older with a Past Year Substance Use Disorder (SUD) or People with a Past Year SUD Who Received Other Services; 2025

Group/Specific Other Service	Among All People Aged 12 or Older		Among People Who Received Specific Other Services			
	Any Receipt of Other Services[1]		Received SUT and the Specific Other Service[2]		Received the Specific Other Service but Not SUT	
TOTAL AGED 12 OR OLDER						
Support Group	5,749	(340)	3,155	(226)	2,594	(242)
Peer Support Specialist or Recovery Coach	2,261	(204)	2,003	(198)	258	(44)
Emergency Room/Department	1,718	(169)	1,100	(136)	619	(99)
Withdrawal Management Services	1,137	(154)	1,096	(154)	40	(13)
Overdose Reversal Medicine	668	(111)	*	(*)	*	(*)
PAST YEAR SUBSTANCE USE DISORDER, AGED 12 OR OLDER						
Support Group	2,866	(200)	2,086	(175)	780	(93)
Peer Support Specialist or Recovery Coach	1,559	(183)	1,441	(180)	118	(32)
Emergency Room/Department	1,258	(136)	915	(125)	343	(50)
Withdrawal Management Services	989	(149)	962	(149)	27	(9)
Overdose Reversal Medicine	406	(77)	*	(*)	*	(*)

* Low precision; no estimate reported.

SUT = substance use treatment.

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.

[1] Any Receipt of Other Services is with or without the receipt of SUT.

[2] SUT 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. SUT 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 SUT but did not report the substance(s) for which they received treatment.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2025.

Table A.58B Received Specific Other Services in the Past Year to Help with Alcohol or Drug Use: Among People Aged 12 or Older or People Who Received Specific Other Services and among People Aged 12 or Older with a Past Year Substance Use Disorder (SUD) or People with a Past Year SUD Who Received Other Services; 2025

Group/Specific Other Service	Among All People Aged 12 or Older		Among People Who Received Specific Other Services			
	Any Receipt of Other Services[1]		Received SUT and the Specific Other Service[2]		Received the Specific Other Service but Not SUT	
TOTAL AGED 12 OR OLDER						
Support Group	2.0	(0.11)	54.9	(2.83)	45.1	(2.83)
Peer Support Specialist or Recovery Coach	0.8	(0.07)	88.6	(1.98)	11.4	(1.98)
Emergency Room/Department	0.6	(0.06)	64.0	(4.63)	36.0	(4.63)
Withdrawal Management Services	0.4	(0.05)	96.5	(1.19)	3.5	(1.19)
Overdose Reversal Medicine	0.2	(0.04)	*	(*)	*	(*)
PAST YEAR SUBSTANCE USE DISORDER, AGED 12 OR OLDER						
Support Group	6.4	(0.42)	72.8	(2.88)	27.2	(2.88)
Peer Support Specialist or Recovery Coach	3.5	(0.39)	92.4	(2.09)	7.6	(2.09)
Emergency Room/Department	2.8	(0.30)	72.7	(3.89)	27.3	(3.89)
Withdrawal Management Services	2.2	(0.33)	97.3	(0.97)	2.7	(0.97)
Overdose Reversal Medicine	0.9	(0.17)	*	(*)	*	(*)

* Low precision; no estimate reported.

SUT = substance use treatment.

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.

[1] Any Receipt of Other Services is with or without the receipt of SUT.

[2] SUT 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. SUT 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 SUT but did not report the substance(s) for which they received treatment.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2025.

Table A.59AB Did Not Receive Substance Use Treatment or Other Services in the Past Year to Help with Alcohol or Drug Use: Among People Aged 12 or Older with a Past Year Substance Use Disorder; by Age Group: 2025

No Receipt of Substance Use Treatment or Other Services/Age Group	Aged 12 or Older, Number[1]		Percentage among People Aged 12 or Older[2]	
PAST YEAR SUBSTANCE USE DISORDER, AGED 12 OR OLDER	38,506	(872)	86.4	(0.65)
12 to 17	1,511	(90)	80.5	(2.37)
18 to 25	7,768	(291)	90.6	(0.82)
26 or Older	29,227	(774)	85.7	(0.81)

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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(s) for which they received treatment.

NOTE: Other Services to help with alcohol or drug use include receiving 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.

[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, 2025.

Table A.60AB Perceptions of Unmet 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, 2025

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	1,591	(93)	100.0	(0.00)	38,087	(870)	100.0	(0.00)
Any Perceived Unmet Need[3]	74	(18)	4.9	(1.11)	2,038	(174)	5.5	(0.45)
Sought Treatment[3]	11	(5)	0.7	(0.31)	187	(50)	0.5	(0.13)
Did Not Seek Treatment but Thought Should Get Treatment[3]	63	(17)	4.2	(1.07)	1,851	(167)	5.0	(0.43)
Did Not Perceive Need for Substance Use Treatment[3]	1,446	(86)	95.1	(1.11)	34,911	(817)	94.5	(0.45)

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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(s) 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 *2025 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* for details on who was eligible to receive questions on substance use disorder.

[1] Estimates shown are numbers in thousands with standard errors included in parentheses.

[2] Estimates shown are percentages with standard errors included in parentheses. Percentages may not add to totals due to rounding.

[3] Respondents with unknown information for perceptions of need for substance use treatment were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2025.

Table A.61B 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, 2025

Reason for Not Receiving Substance Use Treatment[1]	12 to 17		18 or Older	
Thought It Would Cost Too Much	*	(*)	39.2	(4.15)
Did Not Have Health Insurance Coverage for Alcohol or Drug Use Treatment	*	(*)	28.8	(4.05)
Health Insurance Would Not Pay Enough of Costs for Treatment	*	(*)	30.4	(4.18)
Did Not Know How or Where to Get Treatment	*	(*)	40.5	(4.16)
Could Not Find Treatment Program or Healthcare Professional They Wanted to Go to	*	(*)	32.7	(4.05)
No Openings in Treatment Program or with Healthcare Professional They Wanted to Go to	*	(*)	10.6	(2.64)
Had Problems with Things Like Transportation, Childcare, or Getting Appointments at Times That Worked for Them	*	(*)	21.5	(3.75)
Did Not Have Enough Time for Treatment	*	(*)	54.3	(4.23)
Worried That Information Would Not Be Kept Private	*	(*)	37.4	(4.62)
Worried about What People Would Think or Say if They Got Treatment	*	(*)	41.4	(4.49)
Thought That if People Knew They Were in Treatment, Bad Things Would Happen, Like Losing Their Job, Home, or Children	*	(*)	34.9	(4.42)
Not Ready to Start Treatment	*	(*)	67.7	(4.06)
Not Ready to Stop or Cut Back on Using Alcohol or Drugs	*	(*)	68.4	(3.88)
Thought They Should Have Been Able to Handle Their Alcohol or Drug Use on Their Own	*	(*)	82.5	(2.97)
Thought Their Family, Friends, or Religious Group Would Not Like It if They Got Treatment	*	(*)	13.2	(2.84)
Thought They Would Be Forced to Stay in Rehab or Treatment against Their Will	*	(*)	17.0	(2.81)
Did Not Think Treatment Would Help Them	*	(*)	31.5	(3.95)
Thought No One Would Care if They Got Better	*	(*)	17.3	(2.87)

* 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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(s) 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 *2025 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* for details on who was eligible to receive questions on substance use disorder.

NOTE: Respondents with a perceived unmet need did not receive substance use treatment in the past year.

NOTE: Respondents with unknown information for perceived unmet need for substance use treatment were excluded.

[1] Respondents could indicate multiple reasons for not receiving treatment; thus, these response categories are not mutually exclusive.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2025.

Table A.62B Types and Locations of Mental Health Treatment in the Past Year: 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; 2025

Type/Location of Treatment	12 to 17		MDE[1]		MDE with Severe Impairment[1,2]	
MENTAL HEALTH TREATMENT[3]	27.6	(0.70)	57.7	(1.99)	61.7	(2.28)
Inpatient[4]	2.5	(0.23)	7.4	(1.01)	9.5	(1.33)
Outpatient[5]	20.3	(0.61)	48.4	(1.92)	52.4	(2.28)
Office of a Therapist, Psychologist, Psychiatrist, or Mental Health Professional	14.0	(0.53)	36.9	(1.90)	40.7	(2.23)
General Medical Clinic or Doctor's Office	5.3	(0.32)	16.5	(1.50)	19.4	(1.86)
School Health or Counseling Center	11.4	(0.47)	31.6	(1.81)	35.8	(2.26)
Prescription Medication	13.3	(0.52)	28.7	(1.78)	32.0	(2.17)
Telehealth Treatment[6]	13.0	(0.58)	32.8	(1.92)	37.1	(2.31)
Prison, Jail, or Juvenile Detention Center	1.1	(0.17)	2.2	(0.64)	3.0	(0.87)

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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, 2025.

Table A.63AB 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; 2025

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	1,569	(95)	100.0	(0.00)
Any Perceived Unmet Need[3]	651	(63)	41.7	(3.04)
Sought Treatment[3]	107	(20)	6.8	(1.25)
Did Not Seek Treatment but Thought Should Get Treatment[3]	544	(58)	34.8	(2.95)
Did Not Perceive Need for Mental Health Treatment[3]	910	(72)	58.3	(3.04)

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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, 2025.

Table A.64AB Received Other Services in the Past Year to Help with Mental Health: Among Adolescents Aged 12 to 17 or Adolescents Who Received Other Services and among Adolescents Aged 12 to 17 with a Past Year Major Depressive Episode (MDE) or Adolescents with a Past Year MDE Who Received Other Services; 2025

Group/Services	Aged 12 to 17, Number[1]		Percentage among All Adolescents Aged 12 to 17[2]		Percentage among Adolescents Who Received Other Services[2]	
TOTAL AGED 12 TO 17						
Any Receipt of Other Services[3]	2,504	(127)	9.8	(0.46)	100.0	(0.00)
Received MHT and Other Services[4]	1,906	(108)	7.5	(0.40)	76.1	(2.03)
Received Other Services Only	597	(60)	2.3	(0.23)	23.9	(2.03)
PAST YEAR MDE, AGED 12 TO 17[5]						
Any Receipt of Other Services[3]	822	(68)	22.2	(1.60)	100.0	(0.00)
Received MHT and Other Services[4]	744	(67)	20.1	(1.60)	90.5	(2.31)
Received Other Services Only	78	(19)	2.1	(0.52)	9.5	(2.31)

MHT = mental health treatment.

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.

NOTE: Other Services to help with mental health include receiving support services from a support group or from a peer support specialist or recovery coach, or services in an emergency room.

[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] Any Receipt of Other Services is with or without the receipt of MHT.

[4] MHT 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.

[5] 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 were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2025.

Table A.65A Received Specific Other Services in the Past Year to Help with Mental Health: Among Adolescents Aged 12 to 17 or Adolescents Who Received Specific Other Services and among Adolescents Aged 12 to 17 with a Past Year Major Depressive Episode (MDE) or Adolescents with a Past Year MDE Who Received Other Services; 2025

Group/Specific Other Service	Among All Adolescents Aged 12 to 17		Among Adolescents Who Received Specific Other Services			
	Any Receipt of Other Services[1]		Received MHT and the Specific Other Service[2]		Received the Specific Other Service but Not MHT[2]	
TOTAL AGED 12 TO 17						
Support Group	1,883	(111)	1,379	(93)	504	(56)
Peer Support Specialist or Recovery Coach	679	(60)	587	(57)	92	(21)
Emergency Room/Department	576	(57)	524	(56)	52	(14)
PAST YEAR MDE, AGED 12 TO 17[3]						
Support Group	603	(59)	544	(58)	59	(18)
Peer Support Specialist or Recovery Coach	292	(39)	267	(39)	25	(9)
Emergency Room/Department	231	(34)	229	(34)	1	(1)

MHT = mental health treatment.

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.

[1] Any Receipt of Other Services is with or without the receipt of MHT.

[2] MHT 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.

[3] 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 were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2025.

Table A.65B Received Specific Other Services in the Past Year to Help with Mental Health: Among Adolescents Aged 12 to 17 or Adolescents Who Received Specific Other Services and among Adolescents Aged 12 to 17 with a Past Year Major Depressive Episode (MDE) or Adolescents with a Past Year MDE Who Received Other Services; 2025

Group/Specific Other Service	Among All Adolescents Aged 12 to 17		Among Adolescents Who Received Specific Other Services			
	Any Receipt of Other Services[1]		Received MHT and the Specific Other Service[2]		Received the Specific Other Service but Not MHT[2]	
TOTAL AGED 12 TO 17						
Support Group	7.4	(0.41)	73.2	(2.48)	26.8	(2.48)
Peer Support Specialist or Recovery Coach	2.7	(0.24)	86.4	(2.89)	13.6	(2.89)
Emergency Room/Department	2.3	(0.22)	90.9	(2.32)	9.1	(2.32)
PAST YEAR MDE, AGED 12 TO 17[3]						
Support Group	16.3	(1.47)	90.2	(2.87)	9.8	(2.87)
Peer Support Specialist or Recovery Coach	7.9	(1.03)	91.5	(3.08)	8.5	(3.08)
Emergency Room/Department	6.2	(0.86)	99.4	(0.39)	0.6	(0.39)

MHT = mental health treatment.

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.

[1] Any Receipt of Other Services is with or without the receipt of MHT.

[2] MHT 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.

[3] 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 were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2025.

Table A.66AB Did Not Receive Mental Health Treatment or Other Services in the Past Year to Help with Mental Health: Among Adolescents Aged 12 to 17 with a Past Year Major Depressive Episode (MDE): 2025

No Receipt of Mental Health Treatment or Other Services	Aged 12 to 17, Number[1]		Percentage among Adolescents Aged 12 to 17[2]	
PAST YEAR MDE, AGED 12 TO 17	1,491	(94)	40.2	(2.01)

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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: Other Services to help with mental health include receiving support services from a support group or from a peer support specialist or recovery coach, or services in an emergency room.

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 information for past year MDE 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.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2025.

Table A.67B 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; 2025

Reason for Not Receiving Mental Health Treatment[1]	MDE	
Thought It Would Cost Too Much	26.9	(3.82)
Did Not Have Health Insurance Coverage for Mental Health Treatment	10.7	(2.28)
Health Insurance Would Not Pay Enough of Costs for Treatment	9.0	(2.24)
Did Not Know How or Where to Get Treatment	43.2	(4.25)
Could Not Find Treatment Program or Healthcare Professional They Wanted to Go to	25.4	(3.91)
No Openings in Treatment Program or with Healthcare Professional They Wanted to Go to	7.0	(1.99)
Had Problems with Things Like Transportation, Childcare, or Getting Appointments at Times That Worked for Them	14.7	(2.78)
Did Not Have Enough Time for Treatment	24.3	(3.51)
Worried That Information Would Not Be Kept Private	57.2	(4.50)
Worried about What People Would Think or Say if They Got Treatment	62.8	(4.29)
Thought That if People Knew They Were in Treatment, Bad Things Would Happen, Like Losing Their Job, Home, or Children	10.8	(2.31)
Not Ready to Start Treatment	41.1	(4.20)
Thought They Should Have Been Able to Handle Their Mental Health, Emotions, or Behavior on Their Own	87.4	(2.95)
Thought Their Family, Friends, or Religious Group Would Not Like It if They Got Treatment	41.7	(4.62)
Afraid of Being Committed to Hospital or Forced into Treatment against Their Will	34.5	(3.93)
Thought They Would Be Told They Needed to Take Medication	34.4	(4.27)
Did Not Think Treatment Would Help Them	53.9	(4.70)
Thought No One Would Care if They Got Better	41.4	(4.54)

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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, 2025.

Table A.68B Types and Locations of Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2025

Type/Location of Treatment	18 or Older		18 to 25		26 to 49		50 or Older	
MENTAL HEALTH TREATMENT[1]	21.6	(0.36)	24.5	(0.57)	25.9	(0.53)	17.1	(0.55)
Inpatient[2]	1.2	(0.09)	2.0	(0.18)	1.5	(0.14)	0.7	(0.12)
Outpatient[3]	12.3	(0.27)	15.8	(0.51)	15.5	(0.42)	8.6	(0.41)
Mental Health Treatment Center	2.7	(0.14)	3.3	(0.22)	3.2	(0.20)	2.2	(0.25)
Office of a Therapist, Psychologist, Psychiatrist, or Mental Health Professional	9.6	(0.24)	12.8	(0.45)	12.5	(0.38)	6.2	(0.36)
General Medical Clinic or Doctor's Office	4.6	(0.16)	5.1	(0.28)	5.9	(0.25)	3.3	(0.25)
Prescription Medication	16.2	(0.32)	16.8	(0.52)	19.0	(0.46)	13.8	(0.50)
Telehealth Treatment[4]	12.3	(0.28)	15.1	(0.47)	16.4	(0.43)	8.0	(0.41)
Prison, Jail, or Juvenile Detention Center	1.1	(0.10)	0.6	(0.11)	1.2	(0.13)	1.1	(0.19)

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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, 2025.

Table A.69B 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); by Age Group, 2025

Type/Location of Treatment	18 or Older		18 to 25		26 to 49		50 or Older	
MENTAL HEALTH TREATMENT[1]	65.9	(1.20)	59.1	(1.72)	68.6	(1.48)	67.6	(3.15)
Inpatient[2]	6.2	(0.70)	6.8	(0.88)	6.7	(1.01)	4.8	(1.64)
Outpatient[3]	47.6	(1.25)	45.7	(1.70)	49.9	(1.66)	45.2	(3.34)
Mental Health Treatment Center	12.0	(0.85)	10.4	(1.01)	13.8	(1.37)	10.0	(1.83)
Office of a Therapist, Psychologist, Psychiatrist, or Mental Health Professional	38.9	(1.19)	39.3	(1.66)	43.1	(1.66)	30.2	(2.93)
General Medical Clinic or Doctor's Office	22.7	(1.14)	17.8	(1.33)	24.3	(1.46)	24.6	(2.99)
Prescription Medication	51.7	(1.26)	42.8	(1.78)	53.9	(1.60)	56.9	(3.37)
Telehealth Treatment[4]	44.7	(1.31)	41.9	(1.76)	50.7	(1.61)	36.0	(3.41)
Prison, Jail, or Juvenile Detention Center	2.5	(0.45)	0.7	(0.24)	2.6	(0.64)	4.2	(1.31)

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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, 2025.

Table A.70B 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, 2025

Type/Location of Treatment	18 or Older		18 to 25		26 to 49		50 or Older	
MENTAL HEALTH TREATMENT[1]	50.9	(0.84)	49.7	(1.26)	52.8	(1.07)	48.1	(1.99)
Inpatient[2]	4.0	(0.34)	4.7	(0.49)	4.3	(0.45)	3.1	(0.72)
Outpatient[3]	34.2	(0.78)	36.0	(1.24)	35.7	(1.02)	30.4	(1.83)
Mental Health Treatment Center	9.0	(0.49)	8.2	(0.62)	9.2	(0.65)	9.2	(1.18)
Office of a Therapist, Psychologist, Psychiatrist, or Mental Health Professional	27.6	(0.73)	30.3	(1.18)	29.6	(0.98)	22.2	(1.63)
General Medical Clinic or Doctor's Office	14.9	(0.58)	12.9	(0.79)	16.0	(0.74)	14.1	(1.32)
Prescription Medication	39.5	(0.83)	35.4	(1.25)	40.9	(1.03)	39.7	(1.97)
Telehealth Treatment[4]	32.8	(0.81)	33.2	(1.21)	36.1	(1.02)	26.6	(1.84)
Prison, Jail, or Juvenile Detention Center	2.6	(0.31)	0.9	(0.26)	2.5	(0.35)	4.0	(0.86)

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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 5th 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, 2025.

Table A.71B 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, 2025

Type/Location of Treatment	18 or Older		18 to 25		26 to 49		50 or Older	
MENTAL HEALTH TREATMENT[1]	67.7	(1.17)	63.0	(1.90)	68.5	(1.51)	71.2	(3.32)
Inpatient[2]	7.9	(0.80)	8.6	(1.04)	7.4	(0.97)	8.6	(2.55)
Outpatient[3]	50.1	(1.33)	49.2	(1.90)	50.6	(1.70)	49.7	(3.82)
Mental Health Treatment Center	13.9	(0.93)	12.9	(1.22)	14.5	(1.31)	13.3	(2.55)
Office of a Therapist, Psychologist, Psychiatrist, or Mental Health Professional	42.2	(1.30)	43.0	(1.86)	43.3	(1.66)	38.1	(3.71)
General Medical Clinic or Doctor's Office	24.4	(1.10)	20.5	(1.46)	25.5	(1.46)	25.8	(3.16)
Prescription Medication	54.1	(1.26)	46.9	(1.96)	55.5	(1.66)	58.4	(3.65)
Telehealth Treatment[4]	46.0	(1.33)	43.7	(1.94)	49.6	(1.64)	39.2	(3.86)
Prison, Jail, or Juvenile Detention Center	2.9	(0.51)	0.9	(0.32)	2.9	(0.65)	5.0	(1.68)

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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 5th 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, 2025.

Table A.72AB Received Other Services in the Past Year to Help with Mental Health: Among Adults Aged 18 or Older or Adults Who Received Other Services, among Adults Aged 18 or Older with a Past Year Major Depressive Episode (MDE) or Adults with a Past Year MDE Who Received Other Services, among Adults Aged 18 or Older with Any Mental Illness (AMI) in the Past Year or Adults with AMI in the Past Year Who Received Other Services, and among Adults Aged 18 or Older with Serious Mental Illness (SMI) in the Past Year or Adults with SMI in the Past Year Who Received Other Services; 2025

Group/Services	Aged 18 or Older, Number[1]		Percentage among Adults Aged 18 or Older[2]		Percentage among Adults Who Received Other Services[2]	
TOTAL AGED 18 OR OLDER						
Any Receipt of Other Services[3]	15,498	(562)	5.8	(0.19)	100.0	(0.00)
Received MHT and Other Services[4]	10,943	(449)	4.1	(0.16)	70.6	(1.61)
Received Other Services Only	4,555	(312)	1.7	(0.11)	29.4	(1.61)
PAST YEAR MDE, AGED 18 OR OLDER[5]						
Any Receipt of Other Services[3]	3,688	(230)	18.7	(1.01)	100.0	(0.00)
Received MHT and Other Services[4]	3,404	(217)	17.3	(0.97)	92.3	(1.78)
Received Other Services Only	284	(69)	1.4	(0.35)	7.7	(1.78)
AMI IN THE PAST YEAR, AGED 18 OR OLDER[6]						
Any Receipt of Other Services[3]	8,118	(385)	14.9	(0.62)	100.0	(0.00)
Received MHT and Other Services[4]	6,784	(341)	12.4	(0.56)	83.6	(1.95)
Received Other Services Only	1,333	(177)	2.4	(0.32)	16.4	(1.95)
SMI IN THE PAST YEAR, AGED 18 OR OLDER[6]						
Any Receipt of Other Services[3]	3,840	(231)	21.1	(1.08)	100.0	(0.00)
Received MHT and Other Services[4]	3,593	(227)	19.7	(1.08)	93.6	(1.11)
Received Other Services Only	247	(43)	1.4	(0.23)	6.4	(1.11)

MHT = mental health treatment.

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.

NOTE: Other Services to help with mental health include receiving support services from a support group or from a peer support specialist or recovery coach, or services in an emergency room.

[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] Any Receipt of Other Services is with or without the receipt of MHT.

[4] MHT 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.

[5] 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.

[6] Mental illness aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th 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, 2025.

Table A.73A Received Specific Other Services in the Past Year to Help with Mental Health: Among Adults Aged 18 or Older or Adults Who Received Specific Other Services, among Adults Aged 18 or Older with a Past Year Major Depressive Episode (MDE) or Adults with a Past Year MDE Who Received Other Services, among Adults Aged 18 or Older with Any Mental Illness (AMI) in the Past Year or Adults with AMI in the Past Year Who Received Other Services, and among Adults Aged 18 or Older with a Serious Mental Illness (SMI) in the Past Year or among Adults with SMI in the Past Year Who Received Other Services; 2025

Group/Specific Other Service	Among Adults Aged 18 or Older		Among Adults Who Received Specific Other Services			
	Any Receipt of Other Services[1]		Received MHT and the Specific Other Service[2]		Received the Specific Other Service but Not MHT[2]	
TOTAL AGED 18 OR OLDER						
Support Group	12,305	(498)	8,360	(387)	3,945	(289)
Peer Support Specialist or Recovery Coach	4,091	(279)	3,855	(266)	236	(59)
Emergency Room/Department	3,924	(253)	2,783	(212)	1,141	(136)
PAST YEAR MDE, AGED 18 OR OLDER[3]						
Support Group	2,788	(203)	2,556	(190)	232	(67)
Peer Support Specialist or Recovery Coach	1,029	(108)	979	(107)	50	(20)
Emergency Room/Department	1,198	(120)	1,145	(119)	53	(21)
AMI IN THE PAST YEAR, AGED 18 OR OLDER[4]						
Support Group	6,274	(339)	5,144	(294)	1,129	(171)
Peer Support Specialist or Recovery Coach	2,529	(219)	2,437	(216)	93	(33)
Emergency Room/Department	2,354	(172)	1,970	(160)	385	(64)
SMI IN THE PAST YEAR, AGED 18 OR OLDER[4]						
Support Group	2,916	(204)	2,737	(200)	178	(37)
Peer Support Specialist or Recovery Coach	1,128	(114)	1,084	(112)	44	(19)
Emergency Room/Department	1,479	(139)	1,373	(137)	105	(28)

MHT = mental health treatment.

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.

[1] Any Receipt of Other Services is with or without the receipt of MHT.

[2] MHT 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.

[3] 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.

[4] Mental illness aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th 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, 2025.

Table A.73B Received Specific Other Services in the Past Year to Help with Mental Health: Among Adults Aged 18 or Older or Adults Who Received Specific Other Services, among Adults Aged 18 or Older with a Past Year Major Depressive Episode (MDE) or Adults with a Past Year MDE Who Received Other Services, among Adults Aged 18 or Older with Any Mental Illness (AMI) in the Past Year or Adults with AMI in the Past Year Who Received Other Services, and among Adults Aged 18 or Older with a Serious Mental Illness (SMI) in the Past Year or among Adults with SMI in the Past Year Who Received Other Services; 2025

Group/Specific Other Service	Among Adults Aged 18 or Older		Among Adults Who Received Specific Other Services			
	Any Receipt of Other Services[1]		Received MHT and the Specific Other Service[2]		Received the Specific Other Service but Not MHT[2]	
TOTAL AGED 18 OR OLDER						
Support Group	4.6	(0.18)	67.9	(1.83)	32.1	(1.83)
Peer Support Specialist or Recovery Coach	1.5	(0.10)	94.2	(1.36)	5.8	(1.36)
Emergency Room/Department	1.5	(0.09)	70.9	(2.91)	29.1	(2.91)
PAST YEAR MDE, AGED 18 OR OLDER[3]						
Support Group	14.2	(0.93)	91.7	(2.27)	8.3	(2.27)
Peer Support Specialist or Recovery Coach	5.2	(0.53)	95.1	(1.87)	4.9	(1.87)
Emergency Room/Department	6.1	(0.58)	95.6	(1.72)	4.4	(1.72)
AMI IN THE PAST YEAR, AGED 18 OR OLDER[4]						
Support Group	11.5	(0.57)	82.0	(2.39)	18.0	(2.39)
Peer Support Specialist or Recovery Coach	4.6	(0.38)	96.3	(1.30)	3.7	(1.30)
Emergency Room/Department	4.3	(0.31)	83.7	(2.56)	16.3	(2.56)
SMI IN THE PAST YEAR, 18 OR OLDER[4]						
Support Group	16.0	(1.01)	93.9	(1.27)	6.1	(1.27)
Peer Support Specialist or Recovery Coach	6.2	(0.60)	96.1	(1.66)	3.9	(1.66)
Emergency Room/Department	8.1	(0.71)	92.9	(1.88)	7.1	(1.88)

MHT = mental health treatment.

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 Detailed Tables.

[1] Any Receipt of Other Services is with or without the receipt of MHT.

[2] MHT 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.

[3] 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.

[4] Mental illness aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th 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, 2025.

Table A.74AB Did Not Receive Mental Health Treatment or Other Services in the Past Year to Help with Mental Health: Among Adults Aged 18 or Older with a Past Year Major Depressive Episode (MDE), Any Mental Illness (AMI) in the Past Year, or Serious Mental Illness (SMI) in the Past Year; by Age Group: 2025

No Receipt of Mental Health Treatment or Other Services	Aged 18 or Older, Number[1]		Percentage among Adults Aged 18 or Older[2]	
PAST YEAR MDE, AGED 18 OR OLDER[3]	6,428	(287)	32.7	(1.18)
18 to 25	2,010	(119)	39.3	(1.75)
26 to 49	2,934	(176)	30.5	(1.45)
50 or Older	1,485	(172)	30.0	(3.05)
AMI IN THE PAST YEAR, AGED 18 OR OLDER[4]	25,517	(679)	46.7	(0.84)
18 to 25	4,973	(214)	48.1	(1.30)
26 to 49	12,790	(428)	44.9	(1.08)
50 or Older	7,754	(436)	49.0	(1.99)
SMI IN THE PAST YEAR, AGED 18 OR OLDER[4]	5,634	(252)	31.0	(1.16)
18 to 25	1,552	(106)	35.5	(1.92)
26 to 49	3,042	(176)	30.1	(1.48)
50 or Older	1,040	(144)	27.9	(3.30)

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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: Other Services to help with mental health include receiving support services from a support group or from a peer support specialist or recovery coach, or services in an emergency room.

[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] 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.

[4] Mental illness aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th 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, 2025.

Table A.75A 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, 2025

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	6,712	(297)	2,091	(118)	3,022	(179)	1,600	(182)
Any Perceived Unmet Need[1]	2,402	(166)	989	(81)	1,028	(100)	385	(106)
Sought Treatment[1]	328	(52)	124	(27)	174	(39)	30	(20)
Did Not Seek Treatment but Thought Should Get Treatment[1]	2,073	(159)	865	(75)	854	(88)	355	(105)
Did Not Perceive Need for Mental Health Treatment[1]	4,102	(232)	1,066	(85)	1,864	(141)	1,172	(150)

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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, 2025.

Table A.75B 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, 2025

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]	36.9	(2.03)	48.1	(2.90)	35.5	(2.82)	24.7	(5.77)
Sought Treatment[1]	5.0	(0.77)	6.0	(1.26)	6.0	(1.30)	1.9	(1.29)
Did Not Seek Treatment but Thought Should Get Treatment[1]	31.9	(2.04)	42.1	(2.78)	29.5	(2.61)	22.8	(5.73)
Did Not Perceive Need for Mental Health Treatment[1]	63.1	(2.03)	51.9	(2.90)	64.5	(2.82)	75.3	(5.77)

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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, 2025.

Table A.76A 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, 2025

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	26,850	(703)	5,196	(215)	13,457	(438)	8,197	(459)
Any Perceived Unmet Need[1]	5,613	(255)	1,833	(117)	2,924	(173)	857	(151)
Sought Treatment[1]	780	(83)	221	(35)	460	(79)	98	(36)
Did Not Seek Treatment but Thought Should Get Treatment[1]	4,834	(244)	1,611	(110)	2,463	(154)	759	(146)
Did Not Perceive Need for Mental Health Treatment[1]	20,642	(645)	3,270	(170)	10,187	(393)	7,185	(446)

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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 5th 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, 2025.

Table A.76B 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, 2025

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]	21.4	(0.92)	35.9	(1.84)	22.3	(1.22)	10.7	(1.82)
Sought Treatment[1]	3.0	(0.31)	4.3	(0.68)	3.5	(0.59)	1.2	(0.44)
Did Not Seek Treatment but Thought Should Get Treatment[1]	18.4	(0.90)	31.6	(1.75)	18.8	(1.11)	9.4	(1.77)
Did Not Perceive Need for Mental Health Treatment[1]	78.6	(0.92)	64.1	(1.84)	77.7	(1.22)	89.3	(1.82)

NOTE: Estimates shown are percentages with standard errors included in parentheses. Percentages may not add to totals due to rounding.

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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 5th 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, 2025.

Table A.77A 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, 2025

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	5,881	(257)	1,618	(106)	3,190	(182)	1,073	(145)
Any Perceived Unmet Need[1]	2,321	(152)	889	(77)	1,131	(96)	*	(*)
Sought Treatment[1]	362	(55)	129	(28)	196	(41)	36	(22)
Did Not Seek Treatment but Thought Should Get Treatment[1]	1,960	(141)	760	(71)	935	(85)	*	(*)
Did Not Perceive Need for Mental Health Treatment[1]	3,417	(213)	704	(74)	1,961	(154)	*	(*)

* 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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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 5th 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, 2025.

Table A.77B 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, 2025

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]	40.5	(2.23)	55.8	(3.35)	36.6	(2.79)	*	(*)
Sought Treatment[1]	6.3	(0.92)	8.1	(1.70)	6.3	(1.29)	3.4	(2.01)
Did Not Seek Treatment but Thought Should Get Treatment[1]	34.1	(2.14)	47.7	(3.22)	30.2	(2.55)	*	(*)
Did Not Perceive Need for Mental Health Treatment[1]	59.5	(2.23)	44.2	(3.35)	63.4	(2.79)	*	(*)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Percentages may not add to totals due to rounding.

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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 5th 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, 2025.

Table A.78B 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; 2025

Reason for Not Receiving Mental Health Treatment[1]	AMI	
Thought It Would Cost Too Much	61.4	(2.24)
Did Not Have Health Insurance Coverage for Mental Health Treatment	39.0	(2.21)
Health Insurance Would Not Pay Enough of the Costs for Treatment	40.3	(2.49)
Did Not Know How or Where to Get Treatment	44.9	(2.27)
Could Not Find Treatment Program or Healthcare Professional They Wanted to Go to	43.2	(2.37)
No Openings in Treatment Program or with Healthcare Professional They Wanted to Go to	15.5	(1.71)
Had Problems with Things Like Transportation, Childcare, or Getting Appointments at Times That Worked for Them	27.3	(1.84)
Did Not Have Enough Time for Treatment	48.3	(2.38)
Worried That Information Would Not Be Kept Private	24.5	(2.12)
Worried about What People Would Think or Say if They Got Treatment	26.3	(1.96)
Thought That if People Knew They Were in Treatment, Bad Things Would Happen, Like Losing Their Job, Home, or Children	11.7	(1.40)
Not Ready to Start Treatment	47.7	(2.36)
Thought They Should Have Been Able to Handle Their Mental Health, Emotions, or Behavior on Their Own	72.9	(2.30)
Thought Their Family, Friends, or Religious Group Would Not Like It if They Got Treatment	11.0	(1.13)
Afraid of Being Committed to Hospital or Forced into Treatment against Their Will	23.5	(1.83)
Thought They Would Be Told They Needed to Take Medication	34.9	(2.29)
Did Not Think Treatment Would Help Them	36.0	(2.14)
Thought No One Would Care if They Got Better	20.1	(1.71)

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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 5th 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, 2025.

Table A.79B 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); 2025

Receipt of Treatment	Co-Occurring SUD and MDE	
No Substance Use Treatment OR Mental Health Treatment	24.6	(3.38)
Substance Use Treatment OR Mental Health Treatment	75.4	(3.38)
Substance Use Treatment BUT NOT Mental Health Treatment	0.9	(0.65)
Mental Health Treatment BUT NOT Substance Use Treatment	60.2	(4.31)
Both Substance Use Treatment AND Mental Health Treatment	14.3	(3.38)

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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 *2025 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* for details on who was eligible to receive questions on substance use disorder.

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2025.

Table A.80B 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, 2025

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	42.6	(1.29)	57.4	(1.29)	2.8	(0.45)	41.8	(1.29)	12.7	(0.96)
18 to 25	43.9	(1.96)	56.1	(1.96)	1.6	(0.46)	44.6	(2.05)	9.9	(1.39)
26 to 49	41.5	(1.63)	58.5	(1.63)	3.4	(0.67)	41.9	(1.60)	13.2	(1.07)
50 or Older	44.3	(3.84)	55.7	(3.84)	2.5	(0.99)	39.0	(3.58)	14.2	(3.09)
CO-OCCURRING SUD AND SMI										
18 or Older	28.7	(1.71)	71.3	(1.71)	3.0	(0.78)	51.9	(1.93)	16.4	(1.57)
18 to 25	34.5	(2.91)	65.5	(2.91)	1.7	(0.73)	51.5	(3.03)	12.3	(1.90)
26 to 49	26.2	(2.02)	73.8	(2.02)	3.9	(1.22)	52.6	(2.37)	17.3	(1.79)
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 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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 *2025 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* for details on who was eligible to receive questions on substance use disorder.

NOTE: Mental illness aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th 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, 2025.

Table A.81B Perceived Ever Having Had a Substance Use Problem or a Mental Health Issue: Among Adults Aged 18 or Older; by Age Group, 2025

Characteristic	Ever Had a Substance Use Problem[1]		Ever Had a Mental Health Issue[2]	
TOTAL	11.6	(0.26)	24.3	(0.36)
AGE GROUP				
18 to 25	8.0	(0.36)	35.5	(0.66)
26 or Older	12.2	(0.30)	22.5	(0.39)

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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 *2025 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* for details.

[1] Respondents were excluded if they had missing data for ever having a problem with their drug or alcohol use.

[2] Respondents were excluded if they had missing data 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, 2025.

Table A.82B 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, 2025

Characteristic	Considered Themselves To Be in Recovery from a Substance Use Problem[1]		Considered Themselves To Be in Recovery from a Mental Health Issue[2]	
TOTAL	73.0	(0.97)	69.4	(0.68)
AGE GROUP				
18 to 25	63.4	(2.20)	66.4	(1.04)
26 or Older	74.0	(1.04)	70.2	(0.79)

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

NOTE: Additional estimates may be found in *Results from the 2025 National Survey on Drug Use and Health: Detailed Tables*. Measures and terms are defined in Appendix A of the 2025 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 *2025 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* for details.

[1] Respondents were asked if they considered themselves to be in recovery or to have recovered from a substance use problem only if they reported ever having a drug or alcohol use problem. Respondents were excluded if they had missing data for ever having a substance use problem or missing data for ever 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. Respondents were excluded if they had missing data for ever having a mental health issue or missing data for ever 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, 2025.

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SPECIAL REPORT

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Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12

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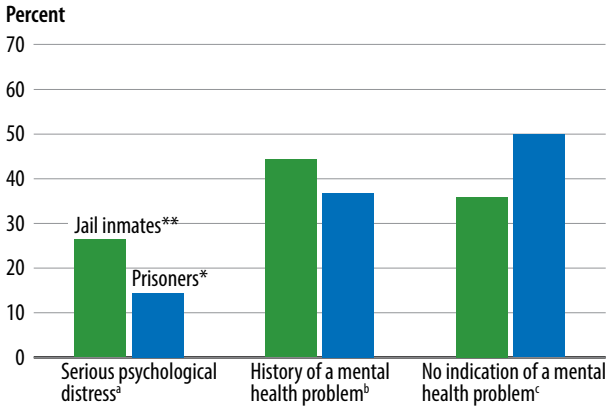
About 1 in 7 state and federal prisoners (14%) and 1 in 4 jail inmates (26%) reported experiences that met the threshold for serious psychological distress (SPD) in the 30 days prior to a survey that was conducted between February 2011 and May 2012 **(figure 1)**. Similarly, 37% of prisoners and 44% of jail inmates had been told in the past by a mental health professional that they had a mental disorder. Half of prisoners (50%) and a third of jail inmates (36%) either did not meet the threshold for SPD or had not been told they had a mental health disorder.

This report presents two prevalence estimates of mental health problems among state and federal prisoners and local jail inmates: met the threshold for SPD and told by a mental health professional as having a mental disorder. The Kessler 6 (K6) nonspecific psychological distress scale was used to assess SPD among prisoners and jail inmates in the 30 days prior to the survey. The estimates are from self-reported data and should not be interpreted as representing a clinical diagnosis of a mental disorder. (See *Measurement of mental health indicators* text box.) In this report, SPD in the past 30 days prior to the interview is defined as a current mental health problem. In this report having ever been told by a mental health professional as having a mental disorder is defined as having a history of a mental health problem.

FIGURE 1
Mental health status of prisoners and jail inmates, by type of mental health indicator, 2011–2012



Note: See appendix table 3 for percentages, standard errors, and significance tests.
*Comparison group.
**Difference with the comparison group is significant at the 95% confidence level.
[a]Includes inmates with a score of 13 or more on the K6 scale. See *Methodology*.
[b]Includes inmates who reported they had ever been told by a mental health professional they had a mental disorder.
[c]Includes inmates with a score of 7 or less on the K6 and who had never been told by a mental health professional they had a mental disorder.
Source: Bureau of Justice Statistics, National Inmate Survey, 2011–2012.

HIGHLIGHTS

- More jail inmates (26%) than prisoners (14%) met the threshold for serious psychological distress (SPD) in the past 30 days.
- Among those who had been told they had a mental disorder, the largest percentage of prisoners (24%) and jail inmates (31%) reported they had a major depressive disorder.
- More prisoners (14%) and jail inmates (26%) met the threshold for SPD in the past 30 days than the standardized general population (5%).
- Prescription medication was the most common treatment type for prisoners and jail inmates who met the threshold for SPD in the past 30 days.
- Fourteen percent of prisoners and 10% of jail inmates who met the threshold for SPD in the past 30 days were written up or charged with assault.
- A larger percentage of females in prison (20%) or jail (32%) than males in prison (14%) or jail (26%) met the threshold for SPD in the past 30 days.
- More white prisoners and jail inmates met the threshold for SPD in the past 30 days than black or Hispanic prisoners and jail inmates.
- Prisoners incarcerated for a violent crime (17%) were as likely as those incarcerated for a property crime (16%) to have met the threshold for SPD in the past 30 days.

This report examines the prevalence of the two mental health indicators by different time periods, demographics, criminal justice history, and current offenses. The percentage of inmates who had a mental health indicator and who received mental health treatment while incarcerated are also presented. Estimates are based on the Bureau of Justice Statistics' (BJS) 2011-12 National Inmate Survey (NIS-3). NIS-3 data were self-reported, and analyses include state and federal prisoners and local jail inmates.

To facilitate comparisons to the general population, data from the National Survey on Drug Use and Health (NSDUH) were standardized to match the prison population and the jail population by age, sex, race, and Hispanic origin (see *Methodology)*. In addition, the general population was divided into three groups based on self-reported involvement with the criminal justice system in the year prior to the interview: no involvement, under supervision (probation or parole), or arrested.

Measurement of mental health indicators

The 2011-12 National Inmate Survey (NIS-3) assessed the prevalence of serious psychological distress (SPD) in the 30 days prior to the interview and the percentage who had ever been told they had a mental disorder by a mental health professional. These two measures are used as indicators that an inmate likely has a current mental health problem or a history of a mental health problem. The estimates are from self-reported data and should not be interpreted as representing a clinical diagnosis of a mental disorder. Findings also should not be used to infer causation between an indicator of a mental health problem and incarceration, because the temporal relationship is unknown.

SPD – The Kessler 6 (K6) nonspecific psychological distress scale was used to assess those who met the threshold for SPD in the 30 days prior to the interview. The K6 is a six-question tool developed to screen for serious mental illness among adults age 18 or older in the general U.S. population, with a score of 13 or higher indicating SPD.[1] Inmates were asked how often during the 30 days prior to the interview they felt—

- nervous
- hopeless
- restless or fidgety
- so depressed that nothing could cheer them up
- everything was an effort
- worthless.

The response options were (1) all of the time, (2) most of the time, (3) some of the time, (4) a little of the time, and (5) none of the time. The responses were recoded from 4 to 0, with 4 assigned to "all of the time" and 0 assigned to "none of the time." A summary scale with a range of 0 to 24 was then produced by combining the responses from all six items. Inmates with a score of 13 or higher were considered to have SPD, inmates with a score of 8 to 12 were considered to have an anxiety disorder (not reported), and inmates with a score of 7 or fewer were considered to not have an indicator of a current mental health problem (see *Methodology*).

History of a mental health problem – This measure is based on the question, "Have you ever been told by a mental health professional, such as a psychiatrist or psychologist, that you had (1) manic depression, bipolar disorder, or mania; (2) a depressive disorder; (3) schizophrenia or another psychotic disorder; (4) post-traumatic stress disorder; (5) another anxiety disorder, such as panic disorder or obsessive compulsive disorder; (6) a personality disorder, such as antisocial or borderline personality; or (7) a mental or emotional condition other than those listed above?" Inmates who answered positively to this question were considered to have a history of a mental health problem.

The time period in which an inmate was told they had a mental disorder is unknown (e.g., told last week or last year). This measure is also affected by a person's access to professional mental health care. These two indicators are not mutually exclusive. An inmate could have met the threshold for SPD and a history of a mental health disorder. Relatedly, an inmate may have met the threshold for SPD, but not have ever been told by a mental health professional that they had a mental disorder. Or, they could have been told they had a mental disorder but did not meet the threshold for SPD.

Trends are not presented because prior inmate surveys did not include the K6 scale. In addition, prior BJS inmate surveys were collected with different modes (e.g., audio computer assisted self-interview versus computer-assisted personal interviewing). This could introduce bias when comparing prevalence estimates of mental health indicators across survey years.

[1]Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., Howes, M., Zaslavsky, A. M., et al. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry, 60*(2), 184–189. Kessler, R. C., Green, J. G., Gruber, M. J., Sampson, N. A., Bromet, E., Cuitan, M., Zaslavsky, A. M., et al. (2010). Screening for serious mental illness in the general population with the K6 screening scale: results from the WHO World Mental Health survey initiative. *International Journal of Methods in Psychiatric Research, 19*(Supp. 1), 4-22.

Prisoners and jail inmates were more likely to have ever been told they had a major depressive disorder than other mental disorders

Prisoners and jail inmates who had been told in the past by a mental health professional that they had a mental disorder were asked to specify the disorder. Nearly a quarter (24%) of the prisoners who had ever been told they had a mental disorder said they were told they had major depressive disorder, a larger percentage than any other mental disorder **(table 1)**. The second most common disorder reported by prisoners was bipolar disorder (18%). An estimated 13% of prisoners reported they were told they had post-traumatic stress disorder (PTSD) or a personality disorder, such as antisocial or borderline personality disorder. Less than 1 in 10 (9%) prisoners said they were told they had schizophrenia or another psychotic disorder.

Of those jail inmates with a history of a mental health problem, 31% had been told they had major depressive disorder, compared to being told they had bipolar disorder (25%), an anxiety disorder (18%), or PTSD (16%). With the exception of personality disorder, jail inmates were more likely than prisoners to have been told they had each type of mental disorder.

TABLE 1

Prevalence of mental health indicators among prisoners and jail inmates, by type of indicator, 2011–2012

Mental health indicator	Prisoners*	Jail inmates
No indication of a mental health problem[a]	49.9%	36.0%**
Current indicator of a mental health problem[b]		
Serious psychological distress[c]	14.5%	26.4%**
History of a mental health problem		
Ever told by mental health professional they had mental disorder	36.9%	44.3%**
Major depressive disorder	24.2	30.6**
Bipolar disorder	17.5	24.9**
Schizophrenia/other psychotic disorder	8.7	11.7**
Post-traumatic stress disorder	12.5	15.9**
Anxiety disorder[d]	11.7	18.4**
Personality disorder[e]	13.0	13.5

Note: See appendix table 4 for standard errors.

*Comparison group.

**Difference with the comparison group is significant at the 95% confidence level.

[a]Includes persons with a score of 7 or less on the K6 scale and who had never been told by a mental health professional they had a mental disorder.

[b]Current at time of the interview.

[c]Includes persons with a score of 13 or more on the K6 scale. See *Methodology*.

[d]Includes panic disorder and obsessive compulsive disorder, and excludes post-traumatic stress disorder.

[e]Includes antisocial and borderline personality disorder.

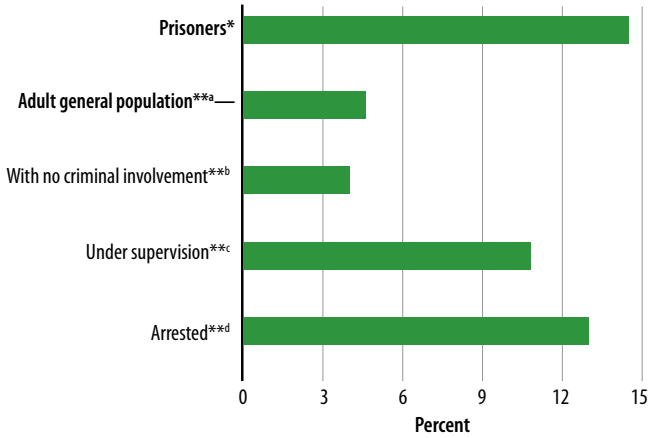
Source: Bureau of Justice Statistics, National Inmate Survey, 2011–2012.

Prisoners and jail inmates were three to five times as likely to have met the threshold for SPD as adults in the general U.S. population

The percentage of prisoners who met the threshold for SPD (14%) was more than three times that of adults in the standardized total U.S. general population (5%) or those in the standardized general U.S. population with no criminal involvement in the past year (4%) **(figure 2)**. However, the percentage of prisoners who met the threshold for SPD was almost the same as those in the standardized general population who had been arrested (13%) in the year prior to the interview.

FIGURE 2

Prisoners and adult general population who met the threshold for serious psychological distress, 2009–2012



Note: Includes persons with a score of 13 or more on the K6 scale. See *Methodology*. See appendix table 5 for percentages, standard errors, and significance tests.

*Comparison group.

**Difference with the comparison group is significant at the 95% confidence level.

[a]General population estimates were standardized to the prison population based on sex, race, Hispanic origin, and age.

[b]Includes respondents from the 2009–2012 NSDUH who indicated they had not been arrested or on probation or parole in the past 12 months.

[c]Includes respondents from the 2009–2012 NSDUH who indicated they had been on probation or parole in the past 12 months.

[d]Includes respondents from the 2009–2012 NSDUH who indicated they had been arrested in the past 12 months.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–2012; and Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2009–2012.

The percentage of jail inmates who met the threshold for SPD (26%) was five times higher than the percentage of adults who met the threshold for SPD in the total standardized general U.S. population (5%) or those in the standardized general population with no criminal involvement in the past year (4%) **(figure 3)**. The percentage of jail inmates who met the threshold for SPD was almost double the percentage of adults in the standardized general population who had SPD who were on probation or parole (11%) or who had been arrested in the past year (14%).

Female prisoners and jail inmates were more likely to have met the threshold for SPD than males

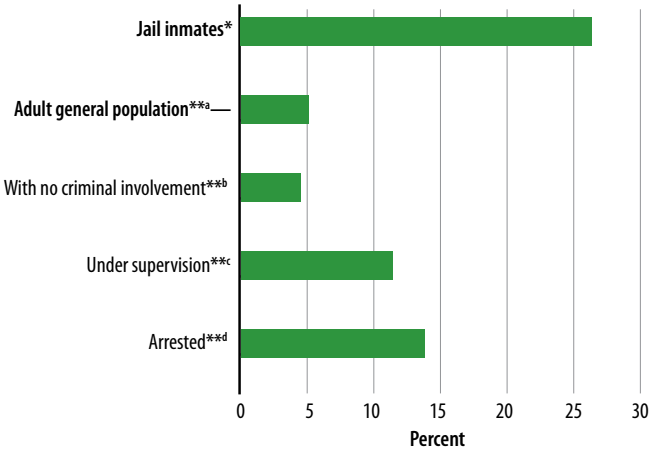
A larger percentage of female prisoners than male prisoners met the threshold for SPD or had been told by a mental health professional that they had a mental health disorder **(table 2)**. Among prisoners, 20% of females and 14% of males met the threshold for SPD. More females (66%) than males (35%) in prison also had a history of a mental health problem. Like prisoners, a larger percentage of female jail inmates (32%) met the threshold for SPD than male jail inmates (26%). Females in jail (68%) were also more likely to have been told they had a mental disorder than males in jail (41%).

Seventeen percent of white prisoners met the threshold for SPD, which was larger than the percentage of black (12%) and Hispanic (12%) prisoners with SPD. Inmates of other races (20%) were more likely than white prisoners to have met the threshold for SPD. White prisoners (50%) were also more likely than black prisoners (30%) to have ever been told they had a mental disorder. An estimated 48% of prisoners of other races had ever been told they had a mental disorder, which did not statistically differ from their white counterparts.

The pattern of SPD among jail inmates by race and Hispanic origin was also similar to that of prisoners. An estimated 31% of white jail inmates met the threshold for SPD, which was larger than the 22% of black jail inmates and 23% of Hispanic jail inmates. White (57%) jail inmates were also more likely than black (36%) or Hispanic (31%) jail inmates to have ever been told they had a mental disorder.

FIGURE 3

Jail inmates and adult general population who met the threshold for serious psychological distress, 2009–2012



Note: Includes persons with a score of 13 or more on the K6 scale. See *Methodology*. See appendix table 6 for percentages, standard errors, and significance tests.

*Comparison group.

**Difference with the comparison group is significant at the 95% confidence level.

[a]General population estimates were standardized to the jail population based sex, race, Hispanic origin, and age.

[b]Includes respondents from the 2009–2012 NSDUH who indicated they had not been arrested or on probation or parole in the past 12 months.

[c]Includes respondents from the 2009–2012 NSDUH who indicated they had been on probation or parole in the past 12 months.

[d]Includes respondents from the 2009–2012 NSDUH who indicated they had been arrested in the past 12 months.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–2012; and Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2009–2012.

TABLE 2

Prevalence of mental health indicators among prisoners and jail inmates, by demographic characteristics, 2011–2012

	Serious psychological distress[a]		History of a mental health problem[b]	
Characteristic	Prisoners	Jail inmates	Prisoners	Jail inmates
All inmates	14.5%	26.4%	36.9%	44.3%
Sex				
Male*	14.0%	25.5%	34.8%	40.8%
Female	20.5**	32.3**	65.8**	67.9**
Race/Hispanic origin[c]				
White*	17.3%	31.0%	50.5%	56.8%
Black	12.5**	22.3**	30.0**	36.2**
Hispanic	11.5**	23.2**	25.6**	31.3**
Other[d]	19.7**	31.5	47.9	55.8
Age				
18–24*	14.9%	26.3%	36.3%	42.3%
25–34	14.8	25.9	37.3	43.6
35–44	14.1	26.1	36.4	44.4**
45–54	15.1	28.8**	37.9	47.7**
55–64	13.1	25.2	37.3	50.4**
65 or older	9.5**	20.2	30.8**	39.9

Note: See appendix table 7 for standard errors.

*Comparison group.

**Difference with the comparison group is significant at the 95% confidence level.

[a]Includes inmates with a score of 13 or more on the K6 scale. See *Methodology*.

[b]Includes inmates who reported they had ever been told by a mental health professional they had a mental disorder.

[c]Excludes persons of Hispanic or Latino origin, unless specified.

[d]Includes American Indian or Alaska Natives; Asian, Native Hawaiian, or Other Pacific Islanders; and persons of two or more races.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–2012; and Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2009-2012.

Prisoners age 65 or older were less likely to have a mental health indicator, compared to other age groups

There was little variation in the prevalence estimates of mental health indicators among prisoners by age group. One in six (15%) prisoners ages 18 to 64 reported experiences that met the threshold for SPD (not shown). Prisoners age 65 or older (10%) were less likely than prisoners ages 18 to 24 (15%) to have met the threshold for SPD. Similarly, the percentage of prisoners who had ever been told they had a mental disorder also varied little across age groups. An estimated 37% of prisoners in each age category, from ages 18 to 64, reported ever being told they had a mental disorder. A smaller percentage of prisoners age 65 or older (31%) than prisoners ages 18 to 24 (36%) had ever been told they had a mental disorder.

Prevalence estimates of SPD among jail inmates varied somewhat by age. An estimated 26% of jail inmates ages 18 to 44 and ages 55 to 64 reported experiences that met the threshold for SPD. Jail inmates ages 45 to 54 (29%) were more likely to have met the threshold for SPD than those ages 18 to 24 (26%). Approximately 42% of jail inmates ages 18 to 24 met the threshold for SPD, compared to those ages 35 to 44 (44%), ages 45 to 54 (48%), and ages 55 to 64 (50%).

Prisoners who were married were less likely to have met the threshold for SPD than prisoners with other marital statuses

Married prisoners (12%) were less likely to have met the threshold for SPD than prisoners who were widowed (18%), divorced (15%), separated (16%), or never married (15%) **(table 3)**. Married prisoners (31%) were also less likely to have ever been told they had a mental disorder than prisoners with other marital statuses.

An estimated 28% of married jail inmates met the threshold for SPD, which was similar to the percentage of widowed (31%), divorced (28%), or separated (29%) jail inmates who met the threshold for SPD. However, the percentage of never married jail inmates who met the threshold for SPD (25%) was less than the percentage of married jail inmates who had SPD (28%).

Married jail inmates were the least likely to have ever been told they had a mental disorder (40%) when compared to inmates with other marital statuses. Approximately 58% of jail inmates who were widowed, 51% who were divorced, 50% who were separated, and 43% who were never married had ever been told they had a mental disorder.

Prisoners and jail inmates with a college degree were more likely than high school graduates to have a history of a mental health problem

An estimated 16% of prisoners with less than a high school education met the threshold for SPD. This was larger than the percentage who met the threshold for SPD and who were high school graduates (12%) or who had a college degree or more (13%). An estimated 38% of prisoners with less than a high school degree had ever been told they had a mental disorder, compared to 32% of those with a high school degree. However, prisoners with at least a college degree (41%) were more likely than those without a high school degree or equivalent (38%) to have been told they had a mental disorder.

Among jail inmates, 27% of those with less than a high school education met the threshold for SPD. This did not statistically differ from the percentage of jail inmates with some college education (26%). An estimated 45% of jail inmates with less than a high school degree had ever been told they had a mental disorder, compared to 39% with a high school degree or equivalent, 47% with some college, and 50% of those with a college degree or more.

TABLE 3
Indicators of a mental health problem among prisoners and jail inmates, by marital status and education, 2011–2012

	Serious psychological distress[a]		History of a mental health problem[b]	
Characteristic	Prisoners	Jail inmates	Prisoners	Jail inmates
All inmates	14.5%	26.4%	36.9%	44.3%
Marital status				
Married*	12.2%	28.3%	30.8%	39.8%
Widowed	18.4**	31.3	45.0**	58.2**
Divorced	15.4**	27.9	42.9**	51.2**
Separated[c]	15.8**	28.7	38.1**	49.6**
Never married	14.6**	25.0**	36.6**	43.0**
Education				
Less than high school*	15.6%	27.1%	37.5%	45.2%
High school graduate	12.1**	24.4**	32.1**	38.8**
Some college	13.9	26.4	39.3	47.2**
College degree or more	13.4**	28.2**	40.7**	49.8**

Note: See appendix table 8 for standard errors.

*Comparison group.

**Difference with the comparison group is significant at the 95% confidence level.

[a]Includes inmates with a score of 13 or more on the K6 scale. See *Methodology*.

[b]Includes inmates who reported they had ever been told by a mental health professional they had a mental disorder.

[c]For reasons other than incarceration.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–2012.

The percentage of prisoners incarcerated for a violent offense who met the threshold for SPD was similar to those incarcerated for a property offense who met the threshold for SPD

Prisoners incarcerated for a violent offense (17%) or a property crime (16%) were equally likely to have met the threshold for SPD (table 4). Likewise, the percentage of prisoners incarcerated for a violent offense who had a history of a mental health disorder (42%) was similar to the percentage of prisoners incarcerated for a property offense (41%) who had a mental health disorder. Prisoners incarcerated for a violent crime were more likely to have met the threshold for SPD than those incarcerated for a drug crime (10%), DWI/DUI (14%), or other public order offense (13%). Among prisoners with a history of a mental health problem, those incarcerated for a drug offense (27%), a DWI/DUI (32%), or other public order offense (36%) were less likely to have ever been told they had a mental disorder than prisoners incarcerated for a violent offense (42%).

TABLE 4

Indicators of a mental health problem among prisoners and jail inmates, by current offense, sentence status and length, and time served, 2011–2012

Offense and time served	Serious psychological distress[a]		History of a mental health problem[b]	
	Prisoners	Jail inmates	Prisoners	Jail inmates
Most serious offense				
Violent*	16.6%	29.2%	41.7%	47.9%
Property	15.6	27.1**	41.4	49.8
Drug	10.2**	24.6**	26.8**	39.8**
DWI/DUI	14.0**	23.5**	32.4**	37.9**
Other public order[c]	13.2**	25.9**	35.6**	45.4**
Sentence status				
Unsentenced*	:	23.3%	:	43.7%
Sentenced	:	29.3**	:	45.1
Sentence length[d]				
Less than 1 year*	14.9%	22.5%	35.7%	42.9%
1–4 years	13.0	22.4	35.9	45.6**
5 years or more	14.5	25.3**	37.3	44.7
Life sentence	17.4	:	38.9	:
Time served since admission to current facility				
Less than 1 month*	16.6%	29.3%	38.4%	43.9%
1–5 months	14.8	25.8**	37.0	45.2
6–11 months	15.2	23.3**	38.9	43.6
1–4 years	13.7**	23.6**	35.5	41.1
5 years or more	14.1	:	37.7	:

Note: See appendix table 9 for standard errors.

: Not calculated.

*Comparison group.

**Difference with the comparison group is significant at the 95% confidence level.

[a]Includes inmates with a score of 13 or more K6 scale. See *Methodology*.

[b]Includes inmates who reported they had ever been told by a mental health professional they had a mental disorder.

[c]Excludes DWI/DUI.

[d]Excluded unsentenced inmates.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–2012.

An estimated 29% of jail inmates incarcerated for a violent offense met the threshold for SPD. This was larger than the percentage of jail inmates incarcerated for a property offense (27%), a drug offense (25%), a DWI/DUI (24%), or other public order offense (26%). The percentage of jail inmates incarcerated for a violent crime who had ever been told they had a mental disorder (48%) did not statistically differ from the percentage of jail inmates incarcerated for a property offense (50%). However, this was higher than the percentage incarcerated for a drug (40%), DWI/DUI (38%), or other public order (45%) offense.

The percentage of prisoners who met the threshold for SPD did not differ by sentence length

Among sentenced prisoners, those sentenced to 1 to 4 years (13%), 5 years or more (14%), or a life sentence (17%) were as likely to have met the threshold for SPD as prisoners sentenced to less than 1 year (15%). There was no statistical difference across sentence length in the percentage of prisoners who reported they had ever been told they had a mental disorder (about 36% across sentence length categories).

Unsentenced jail inmates (23%) were less likely than sentenced jail inmates (29%) to have met the threshold for SPD. There was no statistical difference between the percentage of unsentenced (44%) and sentenced (45%) jail inmates who had ever been told they had a mental disorder. Compared to jail inmates with a sentence of less than 1 year (22%), those with a sentence of 5 years or more (25%) were more likely to have met the threshold for SPD.

The percentage of inmates who had ever been told they had a mental disorder did not differ by time served since admission

Among prisoners, 17% who had served less than 1 month since admission in the current facility met the threshold for SPD. This percentage was not statistically different than the percentage who had served 1 to 5 months (15%), 6 to 11 months (15%), or 5 years or more (14%). However, prisoners who had served 1 to 4 years (14%) were less likely to have met the threshold for SPD, compared to those with less than 1 month time served (17%). There was no difference by time served and the percentage of prisoners who had ever been told they had a mental disorder, averaging 37% across time served groups.

Jail inmates who had served less than 1 month were more likely to have met the threshold for SPD (29%) than inmates who had been in the current facility for 1 to 5 months (26%), 6 to 11 months (23%), or 1 to 4 years (24%) since admission. As was the case with prisoners, there was no difference by time served and the percentage of jail inmates who reported that they had been told they had a mental disorder (about 43%).

A larger percentage of prisoners and jail inmates with more than one arrest than those with one arrest had been told they had a mental disorder

Prisoners with more than one arrest were more likely to have a mental health indicator than prisoners with one arrest (table 5). Twelve percent of prisoners with one arrest met the threshold for SPD, compared to 14% of those with 2 to 3 arrests, 15% with 4 to 10 arrests, and 18% with 11 or more arrests. Prisoners with one arrest (27%) were less likely to have ever been told they had a mental disorder than all other prisoners. For example, among prisoners who reported 11 or more arrests in their lifetime, 49% had been told at some point that they had a mental disorder.

TABLE 5

Indicators of a mental health problem among prisoners and jail inmates, by criminal history, 2011–2012

	Serious psychological distress[a]		History of a mental health problem[b]	
Criminal history	Prisoners	Jail inmates[c]	Prisoners	Jail inmates[c]
Number of times arrested (lifetime)				
1 time*	12.1%	23.4%	27.0%	30.8%
2–3 times	13.5**	23.8	32.0**	36.7**
4–10 times	14.6**	23.2	39.6**	46.7**
11 times or more	18.1**	25.3	48.9**	55.9**
Total time in a correctional facility prior to current facility[d]				
None*	13.4%	24.6%	28.7%	35.1%
1–5 months	14.3	24.1	35.4**	41.0**
6–11 months	13.7	23.9	37.0**	45.4**
1–4 years	13.4	22.5**	37.8**	46.9**
5 years or more	16.5**	24.9	42.6**	54.0**

Note: See appendix table 10 for standard errors.

*Comparison group.

**Difference with the comparison group is significant at the 95% confidence level.

[a]Includes inmates with a score of 13 or more on the K6 scale. See *Methodology*.

[b]Includes inmates who reported they had ever been told by a mental health professional they had a mental disorder.

[c]Includes jail inmates who served 3 months or more since admission to current facility.

[d]Total time incarcerated as an adult or juvenile in a prison, jail, or other correctional facility prior to admission to the current facility.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–2012.

Unlike prisoners, the percentage of jail inmates who met the threshold for SPD did not increase with number of arrests. About 24% of jail inmates in each arrest category met the threshold for SPD. Like prisoners, jail inmates with multiple arrests were more likely to have been told they had a mental disorder. More than half (56%) of jail inmates who had been arrested 11 times or more had been told they had a mental disorder, compared to a third (31%) of jail inmates with one arrest.

Prisoners who spent 5 years or more previously incarcerated were more likely to have met the threshold for SPD than those with no prior time served

Total time incarcerated in a correctional facility includes the time spent as an adult or juvenile in a prison, jail, or other correctional facility prior to admission to the current facility. Among prisoners who met the threshold for SPD, there was no statistical difference between those with no prior incarceration time (13%) and those who spent up to 5 years incarcerated (an average of 14%). However, prisoners who spent 5 years or more total time in a prior correctional facility (17%) were more likely than those with no prior incarceration time (13%) to have met the threshold for SPD. Prisoners with no prior incarceration time were the least likely to have been told they had a mental disorder (29%). An estimated 37% of prisoners who were previously incarcerated for 6 to 11 months, 38% of those incarcerated for 1 to 4 years, and 43% of those incarcerated for 5 years or more had been told they had a mental disorder.

Twenty-five percent of jail inmates with no prior incarceration time met the threshold for SPD, which was more than the 22% of jail inmates incarcerated for 1 to 4 years. Jail inmates with no prior incarceration (35%) were less likely than inmates with any prior incarceration (41% to 54%) to have been told they had a mental disorder. More than half (54%) of jail inmates incarcerated for 5 years or more had been told they had a mental disorder.

Almost three-quarters of inmates who met the threshold for SPD had received mental health treatment in their lifetime

Approximately 3 in 4 prisoners (74%) and jail inmates (73%) who met the threshold for SPD said they had received mental health treatment in their lifetime (table 6). About 42% of prisoners and 43% of jail inmates who met the threshold for SPD said they had stayed overnight in a hospital, and about 62% said they had taken prescription medication during their lifetime for a mental health problem.

Of prisoners who had been told they had a mental disorder, 88% said they had received mental health treatment in their lifetime, including 45% had stayed overnight in a hospital, 76% had received prescription medicine, and 75% had received counseling or therapy. Among jail inmates, 90% of those who had ever been told they had a mental disorder received mental health treatment in their lifetimes, including 80% who had received prescription medication.

Prisoners who had a mental health indicator were more likely than similar jail inmates to have received treatment since admission to their current facility

More than half (54%) of prisoners who met the threshold for SPD had received mental health treatment since admission to the current facility, compared to a third (35%) of jail inmates. An estimated 46% of prisoners who met the threshold for SPD had received prescription medication, 42% had received counseling or therapy, and 34% had received prescription medication and counseling or therapy. Among jail inmates who met the threshold for SPD, 30% had received prescription medication, 18% had received counseling or therapy, and 13% had received prescription medication and counseling or therapy since admission.

Prisoners who had ever been told they had a mental disorder (63%) were more likely than jail inmates (44%) to have received treatment since admission. Among those with a mental health problem, a greater percentage of prisoners (49%) than jail inmates (24%) had received counseling or therapy. Likewise, a greater percentage of prisoners (39%) than jail inmates (18%) with a mental health problem had received a combination of counseling or therapy and prescription medication.

About a third of inmates with a mental health indicator were currently receiving treatment

Inmates who had a mental health indicator were also asked if they were currently receiving treatment for a mental health problem. An estimated 36% of prisoners and 30% jail inmates who met the threshold for SPD said they were receiving treatment for a mental health problem as of the time of the interview. There was no statistical difference between the percentage of prisoners and jail inmates who met the threshold for SPD and said they were currently receiving prescription medication (29% of prisoners and 26% of jail inmates). Jail inmates who met the threshold for SPD were half as likely to report receiving counseling or therapy (13%) as prisoners who met the threshold for SPD (26%).

TABLE 6

Mental health treatment received by prisoners and jail inmates with an indicator of a mental health problem, by type of indicator, time period, and treatment type, 2011–2012

	Serious psychological distress[a]		History of a mental health problem[b]	
Time period and treatment type	Prisoners*	Jail inmates	Prisoners*	Jail inmates
Ever received mental health treatment during lifetime	74.2%	72.7%	88.1%	90.3%**
Ever overnight hospital stay[c]	41.8	43.1	44.8	51.3**
Ever taken prescription medication	62.8	61.3	76.4	80.4**
Ever had counseling/therapy from trained professional[d]	60.9	54.9**	74.6	73.9
Mental health treatment since admission	54.3%	35.0%**	63.0%	44.5%**
Prescription medication	45.8	30.0**	52.6	38.3**
Counseling/therapy from trained professional[d]	42.2	17.8**	48.9	23.5**
Prescription medication and counseling/therapy	33.9	12.9**	38.7	17.5**
Currently treated for a mental health problem[e]	35.6%	29.7%**	37.0%	37.8%
Prescription medication	29.1	25.7	29.9	33.0
Counseling/therapy from trained professional[d]	25.8	12.6**	26.7	16.4**
Prescription medication and counseling/therapy	19.5	8.7**	19.7	11.8**

Note: See appendix table 11 for standard errors.

*Comparison group.

**Difference with the comparison group is significant at the 95% confidence level.

[a]Includes inmates with a score of 13 or more on the K6 scale. See *Methodology*.

[b]Includes inmates who reported they had ever been told by a mental health professional they had a mental disorder.

[c]Includes inmates who stayed overnight or longer in any type of hospital or other facility to receive treatment or counseling for any problems with their emotions, nerves, or mental health.

[d]Includes a psychiatrist, psychologist, social worker, or nurse.

[e]As of the time of the interview.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–2012.

Among inmates who had ever been told they had a mental disorder, 37% of prisoners and 38% of jail inmates said they were currently receiving treatment for a mental health problem. An estimated 30% of each group said they were currently taking prescription medication.

Prisoners and jail inmates who met the threshold for SPD were more likely than those without SPD to be written up or charged with an assault while incarcerated

Prisoners and jail inmates were asked if they had been written up or charged with assaulting an inmate, physically assaulting a correctional officer or staff, or verbally assaulting a correctional office or staff since admission to the current facility.[2] Compared to prisoners without an indicator of a mental health problem (4%), prisoners who met the threshold for SPD (14%), or who had ever been told they had a mental disorder (12%) were more likely to be written up or charged with a verbal or physical assault against a correctional officer, staff, or assault of another inmate **(table 7)**. Three percent of prisoners with no indicator of a mental health problem were written up or charged with assaulting another inmate, compared to 9% of prisoners who met the threshold for SPD and 7% of those who had been told they had a mental disorder.

Among jail inmates with no indicator of a mental health problem, 4% were written up or charged with assault. This group was less likely to be written up or charged with assault than jail inmates who met the threshold for SPD (10%) or who had been told they had a mental disorder (10%).

[2]Estimates derived from the 90% sample only. See *Methodology*.

TABLE 7

Prisoners and jail inmates written up or charged with assault, by mental health status, 2011–2012

	No indicator of mental health problem*[a]		Serious psychological distress[b]		History of a mental health problem[c]	
Type of assault	Prisoners	Jail inmates	Prisoners	Jail inmates	Prisoners	Jail inmates
Total	4.1%	4.2%	14.2%**	9.7%**	11.6%**	9.9%**
Verbal assault of correctional officer or other staff	1.6	1.6	6.8**	4.6**	5.7**	4.6**
Physical assault of correctional officer or other staff	0.4	0.4	2.8**	1.3**	1.9**	1.2**
Assault against another inmate	2.7	2.9	8.5**	6.2**	7.0**	6.6**

Note: Data comes from the 90% sample only. See *Methodology*. See appendix table 12 for standard errors.

*Comparison group.

**Difference with the comparison group is significant at the 95% confidence level.

[a]Includes inmates with a score of 7 or less on the K6 scale and who had never been told by a mental health professional they had a mental disorder.

[b]Includes inmates with a score of 13 or more on the K6 scale. See *Methodology*.

[c]Includes inmates who reported they had ever been told by a mental health professional they had a mental disorder.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–2012.

Methodology

The 2011-12 National Inmate Survey

The 2011-12 National Inmate Survey (NIS-3) was conducted in 233 state and federal prisons, 358 jails, and 15 special facilities (military, Indian country, and Immigration and Customs Enforcement (ICE) facilities) between February 2011 and May 2012. The data were collected by RTI International under a cooperative agreement with the Bureau of Justice Statistics (BJS).

The NIS-3 administered two questionnaires to inmates: a survey about sexual victimization and an alternative survey about mental and physical health, past drug and alcohol use, and treatment for substance abuse. Inmates were randomly assigned to receive one of the two questionnaires so that, at the time of the interview, the content of the survey remained unknown to facility staff and the interviewers.

A total of 106,532 inmates participated in NIS-3, receiving either the sexual victimization survey or the randomly assigned alternative survey. Combined, the surveys were administered to inmates in state and federal prisons (43,721), jails (61,351), military facilities (605), Indian country jails (192), and ICE facilities (663).

The interviews, which averaged 35 minutes in length, used computer-assisted personal interviewing (CAPI) and audio computer-assisted self-interviewing (ACASI) data collection methods. For approximately the first 2 minutes, interviewers conducted a personal interview using CAPI to obtain background information and the date of admission to the facility. For the remainder of the interview, inmates interacted with a computer-administered questionnaire using a touchscreen and synchronized audio instructions delivered via headphones. Respondents completed the ACASI portion of the interview in private, with the interviewer either leaving the room or moving away from the computer. The entire ACASI questionnaire (listed as the National Inmate Survey-3) is available on the BJS website.

A shorter paper questionnaire (PAPI) was made available for inmates who were unable to come to the private interviewing room or interact with the computer. The paper form was completed by 751 prisoners (1.9% of all prisoner interviews) and 264 jail inmates (0.5% of all jail inmate interviews). Those who completed the PAPI were not asked about their physical health, mental health, past drug and alcohol use, or treatment for substance abuse.

Additional information on the methodology for sample selection of facilities and inmates can be found in *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011–12* (NCJ 241399, BJS web, May 2013).

Mental health module

The analysis of the mental health module was restricted to adult prisoners or jail inmates. Juvenile inmates who were 16 or 17 years of age and inmates in military, Indian country, or ICE facilities were excluded from this report.

To determine whether inmates had an indicator of a current mental health problem, the NIS-3 included the Kessler 6 scale for nonspecific psychological distress (see *Measurement of mental health indicators* text box). The NIS-3 also included questions to assess whether or not an inmate had a history of a mental health problem, defined as having ever been told by a mental health professional that they had a mental disorder. The mental health indicator questions were contained in a mental health screener that was part of a mental health module.

Among inmates who received the sexual victimization survey (90% of inmates surveyed), all inmates received the mental health screener component. Respondents who completed the core sexual victimization survey in less than 35 minutes were eligible to receive the follow-up mental health component. Respondents who did not indicate a mental health problem legitimately skipped the items in the detailed follow up. Based on these threshold, within prisons 37,359 inmates received the mental health screener questions. Among those respondents, 84% (31,508 prisoners) were eligible to receive the detailed mental health follow-up items. Among jail respondents, 52,384 inmates received the mental health screener items. Among those, 92% (48,338 jail inmates) were eligible to receive the detailed mental health follow-up items.

Among inmates who received the alternative survey on mental and physical health, past drug and alcohol use, and treatment for substance abuse (10% of inmates surveyed), both mental health components were administered to prisoners and jail inmates. All 4,304 prisoners and 6,704 jail inmates who were randomized to the alternative survey received the full mental health module.

Nonresponse bias analysis

Bias occurs when the estimated prevalence of an outcome is different from the actual prevalence of the outcome for a given facility. One potential source of bias is nonresponse. For each survey in the NIS-3, a nonresponse bias analysis was conducted to determine whether inmates did not receive the mental health module due to it only being administered in ACASI. The PAPI respondents were found to have a higher prevalence of sexual victimization and more likely to reside in administrative segregation. These two conditions may be correlated to an inmate's mental health status. Given that the PAPI respondents made up 1.9% of prisoners and 0.5% of jail inmates, it was determined that a weight adjustment could reduce the potential bias due to PAPI respondents not receiving the mental health screener items.

Weighting and nonresponse adjustments

Responses from interviewed inmates were weighted to produce national-level estimates. Each interviewed inmate was assigned an initial weight corresponding to the inverse of the probability of selection within each sampled facility. A series of adjustment factors was applied to the initial weight to minimize potential bias due to nonresponse and to provide national estimates. For the analysis of the mental health module, these adjustments were one of two types:

1. adjustments to account for survey nonresponse
2. adjustments to account for survey mode nonresponse.

Methods to adjust for survey nonresponse are described in detail in *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011-12* (NCJ 241399, BJS web, December 2014). Bias could result if the PAPI respondents were different from the ACASI respondents. The adjustment for mode nonresponse included a calibration of the weights so that the weight from a PAPI respondent was assigned to an ACASI respondent with similar characteristics. Because both ACASI and PAPI respondents provided demographic and criminal history information, these data were used in weight adjustment. For each inmate, these adjustments were based on a generalized exponential model, developed by Folsom and Singh (2002), and applied to the sexual victimization survey respondents.[3]

The mode nonresponse adjustment maintained the bench marked totals designed to make national-level estimates for the total number of inmates age 18 or older who were held in jails at midyear 2011 or in prison at yearend 2011. These benchmark totals represented the estimated number of inmates by sex, from BJS's 2011 Annual Survey of Jails and 2011 National Prisoner Statistics. The national estimates for state prisons were 1,154,600 adult males and 83,400 adult females; for federal prisons, 190,600 adult males and 13,200 adult females; and for jails (with an average daily population of six or more inmates), 628,620 adult males, and 91,551 adult females.

After the adjustment for potential nonresponse bias, a final adjustment was conducted to combine the data from the sexual victimization survey and the alternative survey. For this adjustment, the weight for each responding inmate was multiplied by the probability of receiving the survey type received. In other words, the survey nonresponse and mode nonresponse adjusted weight for the ACASI respondents were multiplied by 0.90 and for respondents to the sexual victimization survey and alternative survey.

[3]Folsom, Jr., R. E., & Singh, A. C. (2002). The generalized exponential model for sampling weight calibration for extreme values, nonresponse, and poststratification. Proceedings of the American Statistical Association, Survey Research Methods Section, 598-603.

Comparison of estimates by NIS-3 survey type

Prior to producing estimates from the combined set of sexual victimization and alternative survey respondents, a comparison of key estimates was conducted. This was done to ensure that questions on sexual victimization did not alter how inmates responded to the mental health screener items, compared to inmates that were not asked about their sexual victimization status.

Using the analysis weights created for each survey, estimates were produced and tested to determine if they were significantly different. For all key estimates, the sexual victimization and alternative survey respondents had statistically similar estimates. Therefore, it was determined that the combined data could be used for all analyses.

Standard errors and tests of significance

As with any survey, the NIS-3 estimates are subject to error arising from their basis on a sample rather than a complete enumeration of the population of adult inmates in prisons and jails. For each mental health indicator, the estimated sampling error varies by the size of the estimate, number of completed interviews, and intra-cluster correlation of the outcome within facilities.

A common way to express this sampling variability is to construct a 95% confidence interval around each survey estimate. Typically, multiplying the standard error by 1.96 and then adding or subtracting the result from the estimate produces the confidence interval. This interval expresses the range of values that could result among 95% of the different samples that could be drawn.

To facilitate the analysis, rather than provide the detailed estimates for every standard error, differences in the estimates of sexual victimization for subgroups in this report have been tested and notated for significance at the 95% confidence level. For example, the difference in the percentage of female jail inmates who met the threshold for serious psychological distress (SPD) (32.3%) compared to male jail inmates (26.0%) is statistically significant at the 95% confidence level (table 2). In all tables providing detailed comparisons, statistically significant differences at the 95% confidence level or greater have been designated with two asterisks (**).

General population estimates

In the general population, prevalence rates of SPD in the past 30 days come from the National Survey on Drug Use and Health (NSDUH). The NSDUH is an annual nationwide survey that provides national and state-wide estimates on the use of tobacco products, alcohol, illicit drugs, and the prevalence of mental health problems among the general U.S. population. Respondents are randomly selected at the household level.[4] This sampling method is unlikely to capture persons who are homeless, in temporary shelters, transient or highly mobile, or in hospitals or residential rehabilitation or treatment centers—all populations who may have a higher risk for mental disorders, substance use disorders, or both.

To be most comparable to the inmate population included in the NIS-3, the survey years 2009 through 2012 of NSDUH were used in this analysis. While the NIS-3 reference period does not include 2009 or 2010, these years were included to increase the precision in the general population estimates. An analysis of the estimates of general population across the 4 years found that the mental health estimates did not change appreciably during this period. Therefore, including additional years of data to increase precision would not shift the study period estimates enough to alter any comparisons to the 2011-12 inmate population.

The NSDUH includes indicators that measure a person's self-reported past year criminal justice involvement. With this information, the total general population was split into three groups:

- persons not involved in the criminal justice system during the past 12 months
- those on probation or parole during the past 12 months
- those arrested in the past 12 months.

These groups are not mutually exclusive in that a person can be both on probation or parole and have been arrested in the past 12 months. It is assumed that persons in the general population on probation and parole or those arrested in the past 12 months are more similar to the inmate populations than those not involved with the criminal justice system during the past 12 months.

[4]SAMHSA. NSDUH - About the Survey. Retrieved on March 30, 2016 from https://nsduhweb.rti.org/respweb/project_description.html.

Standardization of general population estimates

When comparing two populations, differences found for some characteristics or conditions may be statistically different as a result of a true difference in the populations or due to basic demographics differences that are associated with the outcome of interest. Standardizing the estimates is one method to determine if these demographic differences are the sole cause for differences found in other characteristics or conditions.

Standardization of survey estimates consists of calibrating the survey weights for one population such that, for key demographic characteristics that are known for each population, the distributions are identical. This process was done using SUDAAN's PROC DESCRIPT procedure. The resulting estimates are not a representation of the standardized population by themselves (i.e., generalizations about the population cannot be made from standardized estimates), but are appropriate estimates for comparison with other populations of interest.

In this report, estimates were standardized for each of the four general population types (e.g., the total general population and three criminal justice involvement subgroups). For each general population type, estimates were standardized to the inmate populations' distribution by sex, race, Hispanic origin, and age. Because the inmate populations for prisoners and jail inmates differed, the general population was standardized separately to each inmate population (see appendix tables 1 and 2). Figure 2 includes standardized estimates to the prison population. Figure 3 includes standardized estimates to the jail population.

APPENDIX TABLE 1

Characteristics of prisoners and jail inmates, 2011–2012

Characteristic	Prisoners[a]* Number	Prisoners[a]* Percent	Jail inmates Number	Jail inmates Percent
All inmates	1,441,800	100%	720,200	100%
Sex				
Male	1,345,200	93.3%	628,600	87.3%**
Female	96,600	6.7	91,600	12.7**
Race/Hispanic origin[b]				
White	430,300	30.2%	242,600	34.1%**
Black	506,100	35.5	237,500	33.3
Hispanic	341,400	24.0	158,000	22.2
Other[c]	147,500	10.3	74,100	10.4
Age				
18–24	179,600	12.5%	186,000	25.8%**
25–34	458,500	31.8	251,100	34.9**
35–44	397,800	27.6	150,700	20.9**
45–54	281,800	19.5	102,400	14.2**
55–64	98,800	6.9	26,200	3.6**
65 or older	25,300	1.8	3,800	0.5**
Marital status				
Married	270,800	18.9%	134,900	18.9%
Widowed	26,400	1.8	11,600	1.6
Divorced	286,700	20.0	104,000	14.5**
Separated[d]	87,200	6.1	52,800	7.4**
Never married	761,100	53.1	412,000	57.6**
Education				
Less than high school	825,000	57.4%	382,300	53.4%**
High school graduate	283,400	19.7	166,900	23.3**
Some college	230,100	16.0	120,500	16.8
College degree or more	99,600	6.9	46,500	6.5

Note: See appendix table 2 for standard errors.

*Comparison group.

**Difference with the comparison group is significant at the 95% confidence level.

[a]Includes state and federal prisoners.

[b]Excludes persons of Hispanic origin, unless specified.

[c]Includes American Indian or Alaska Natives; Asian, Native Hawaiian, or Other Pacific Islanders; and persons of two or more races.

[d]For reasons other than incarceration.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–2012.

APPENDIX TABLE 2

Standard errors for appendix table 1: Characteristics of prisoners and jail inmates, 2011–2012

Characteristic	Prisoners Number	Prisoners Percent	Jail inmates Number	Jail inmates Percent
All inmates	79,900		32,800	
Sex				
Male	79,800	0.68%	29,500	0.74%
Female	8,600	0.68	6,500	0.74
Race				
White	27,300	1.08%	11,400	1.20%
Black	38,600	1.41	15,700	1.30
Hispanic	29,300	1.87	12,800	1.33
Other	10,700	0.39	3,700	0.34
Age				
18–24	13,300	0.72%	8,200	0.38%
25–34	25,300	0.61	11,300	0.41
35–44	25,800	0.47	7,300	0.29
45–54	17,800	0.60	6,100	0.33
55–64	7,500	0.33	1,600	0.14
65 or older	2,300	0.14	400	0.05
Marital status				
Married	15,800	0.78%	7,500	0.44%
Widowed	1,600	0.13	700	0.08
Divorced	19,600	0.59	5,100	0.34
Separated	5,100	0.24	3,000	0.18
Never married	47,400	1.05	18,600	0.62
Education				
Less than high school	46,800	0.82%	17,100	0.61%
High school graduate	17,500	0.53	8,000	0.41
Some college	15,100	0.44	6,700	0.37
College degree or more	6,200	0.25	3,000	0.22

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–2012.

APPENDIX TABLE 3

Percentages and standard errors for figure 1: Mental health status of prisoners and jail inmates, by type of mental health indicator, 2011–2012

Mental health indicators	Prisoners* Percent	Prisoners* Standard error	Jail inmates Percent	Jail inmates Standard error
Serious psychological distress	14.5%	0.46%	26.4%**	0.51%
History of a mental health problem	36.9	1.15	44.3**	0.79
No indication of a mental health problem	49.9	1.07	36.0**	0.62

*Comparison group.

**Difference with the comparison group is significant at the 95% confidence level.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–2012.

APPENDIX TABLE 4

Standard errors for table 1: Prevalence of mental health indicators among prisoners and jail inmates, by type of indicator, 2011–2012

Mental health indicators	Prisoners	Jail inmates
No indicator of a mental health problem	1.07%	0.62%
Current indicator of a mental health problem		
Serious psychological distress	0.46%	0.51%
History of a mental health problem		
Ever told by mental health professional they had mental disorder	1.15%	0.79%
Major depressive disorder	0.95	0.66
Bipolar disorder	0.75	0.62
Schizophrenia/other psychotic disorder	0.45	0.43
Post-traumatic stress disorder	0.60	0.45
Anxiety disorder	0.59	0.54
Personality disorder	0.48	0.32

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–2012.

APPENDIX TABLE 5.

Percentages and standard errors for figure 2: Prisoners and adult general population who met the threshold for serious psychological distress, 2009–2012

	Serious psychological distress	
Population	**Percent**	**Standard error**
Prisoners*	14.5%	0.46%
Adult general population	4.6**	0.15
With no criminal involvement	4.0**	0.14
Under supervision	10.8**	1.13
Arrested	13.0	1.12

*Comparison group.

**Difference with the comparison group is significant at the 95% confidence level.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12; Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2009–2012.

APPENDIX TABLE 6.

Percentages and standard errors for figure 3: Jail inmates and adult general population who met the threshold for serious psychological distress, 2009–2012

	Serious psychological distress	
Population	**Percent**	**Standard error**
Jail inmates*	26.4%	0.51%
Adult general population	5.1**	0.13
With no criminal involvement	4.5**	0.12
Under supervision	11.4**	0.82
Arrested	13.8**	0.90

*Comparison group.

**Difference with the comparison group is significant at the 95% confidence level.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12; Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2009–2012.

APPENDIX TABLE 7

Standard errors for table 2: Prevalence of mental health indicators among prisoners and jail inmates, by demographic characteristics, 2011–2012

	Serious psychological distress		History of a mental health problem	
Characteristic	**Prisoners**	**Jail inmates**	**Prisoners**	**Jail inmates**
All inmates	0.46%	0.51%	1.15%	0.79%
Sex				
Male	0.49%	0.51%	1.16%	0.77%
Female	1.03	0.89	1.84	1.25
Race/Hispanic origin				
White	0.61%	0.67%	1.26%	0.78%
Black	0.63	0.73	1.27	1.11
Hispanic	0.73	0.70	1.72	1.08
Other	0.99	1.09	1.68	1.23
Age				
18–24	0.99%	0.57%	1.66%	0.82%
25–34	0.64	0.68	1.27	0.96
35–44	0.65	0.80	1.32	1.07
45–54	0.81	0.90	1.47	1.05
55–64	0.87	1.61	1.40	1.79
65 or older	1.32	3.40	2.08	4.52

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–2012.

APPENDIX TABLE 8

Standard errors for table 3: Indicators of a mental health problem among prisoners and jail inmates, by marital status and education, 2011–2012

Selected characteristics	Serious psychological distress		History of a mental health problem	
	Prisoners	Jail inmates	Prisoners	Jail inmates
All inmates	0.46%	0.51%	1.15%	0.79%
Marital status				
Married	0.66%	0.94%	1.37%	1.14%
Widowed	1.97	2.44	2.44	2.77
Divorced	0.71	0.96	1.24	1.08
Separated	1.16	1.06	1.70	1.63
Never married	0.53	0.49	1.34	0.81
Education				
Less than high school	0.56%	0.61%	1.09%	0.83%
High school graduate	0.71	0.70	1.49	1.09
Some college	0.83	0.74	1.52	0.94
College degree or more	0.92	1.18	1.44	1.24

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–2012.

APPENDIX TABLE 9

Standard errors for table 4: Indicators of a mental health problem among prisoners and jail inmates, by current offense, sentence status and length, and time served, 2011–2012

Criminal justice status and history	Serious psychological distress		History of a mental health problem	
	Prisoners	Jail inmates	Prisoners	Jail inmates
Most serious offense				
Violent	0.52%	0.75%	1.18%	0.96%
Property	0.91	0.64	1.72	1.00
Drug	0.61	0.84	1.46	0.99
DWI/DUI	1.31	1.24	2.82	1.45
Other public order	0.97	0.91	2.08	1.14
Status				
Unsentenced	:	0.56%	:	0.90%
Sentenced	:	0.61	:	0.85
Sentence length				
Less than 1 year	1.47%	0.67%	2.77%	1.08%
1–4 years	0.77	0.81	1.71	1.28
5 years or more	0.44	1.12	1.10	1.52
Life sentence	1.01	4.84	1.78	4.43
Death sentence	7.90	10.31	7.18	11.34
Time served since admission to current facility				
Less than 1 month	1.16%	0.64%	2.11%	0.87%
1–5 months	0.76	0.59	1.43	0.91
6–11 months	0.86	0.76	1.37	1.16
1–4 years	0.57	1.30	1.51	1.83
5 years or more	0.76	3.87	1.37	5.05

: Not calculated.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–2012.

APPENDIX TABLE 10

Standard errors for table 5: Indicators of a mental health problem among prisoners and jail inmates, by criminal history, 2011–2012

Criminal history	Serious psychological distress		History of a mental health problem	
	Prisoners	Jail inmates	Prisoners	Jail inmates
Number of times arrested (lifetime)				
1 time	0.68%	1.34%	1.32%	1.82%
2–3 times	0.52	1.17	1.10	1.31
4–10 times	0.61	0.74	1.30	1.40
11 times or more	0.86	1.08	1.56	1.44
Total time in a correctional facility prior to current facility				
None	0.59%	0.90%	1.34%	1.42%
1–5 months	0.77	1.09	1.46	1.59
6–11 months	0.72	1.29	1.44	1.85
1–4 years	0.65	1.05	1.30	1.46
5 years or more	0.70	1.17	1.29	1.28

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–2012.

APPENDIX TABLE 11

Standard errors for table 6: Mental health treatment received by prisoners and jail inmates with an indicator of a mental health problem, by type of indicator, time period, and treatment type, 2011–2012

Time period and treatment type	Serious psychological distress		History of a mental health problem	
	Prisoners	Jail inmates	Prisoners	Jail inmates
Ever received mental health treatment during lifetime	1.25%	0.79%	0.56%	0.35%
Ever overnight hospital stay	1.21	0.84	0.85	0.61
Ever taken prescription medication	1.69	1.01	0.89	0.56
Ever had counseling/ therapy from trained professional	1.31	0.83	0.67	0.43
Mental health treatment since admission	1.71%	1.11%	1.36%	1.06%
Prescription medication	1.92	1.07	1.69	1.07
Counseling/therapy from trained professional	1.49	0.85	1.15	0.81
Prescription medication and counseling/therapy	1.61	0.75	1.33	0.75
Currently treated for a mental health problem	2.16%	1.07%	1.79%	1.07%
Prescription medication	1.92	1.04	1.56	1.07
Counseling/therapy from trained professional	1.73	0.61	1.44	0.64
Prescription medication and counseling/therapy	1.38	0.49	1.13	0.53

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–2012.

APPENDIX TABLE 12

Standard errors for table 7: Prisoners and jail inmates written up or charged with assaults, by mental health status, 2011–2012

	No indicator of a mental health problem		Serious psychological distress		History of a mental health problem	
Type of assault	**Prisoners**	**Jail inmates**	**Prisoners**	**Jail inmates**	**Prisoners**	**Jail inmates**
Total	0.31%	0.22%	0.79%	0.47%	0.55%	0.44%
Verbal assault of correctional officer or other staff	0.16	0.13	0.49	0.25	0.32	0.20
Physical assault of correctional officer or other staff	0.08	0.06	0.35	0.16	0.22	0.10
Assault against another inmate	0.23	0.18	0.56	0.39	0.46	0.35

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–2012.



The Bureau of Justice Statistics (BJS) of the U.S. Department of Justice is the principal federal agency responsible for measuring crime, criminal victimization, criminal offenders, victims of crime, correlates of crime, and the operation of criminal and civil justice systems at the federal, state, tribal, and local levels. BJS collects, analyzes, and disseminates reliable and valid statistics on crime and justice systems in the United States, supports improvements to state and local criminal justice information systems, and participates with national and international organizations to develop and recommend national standards for justice statistics. Jeri M. Murlow is acting director.

This report was written by Jennifer Bronson of BJS and Marcus Berzofsky of RTI International. Todd Minton verified the report.

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