

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# National Trends in Substance Use, Misuse, and Disorders

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Director, Center for Substance Abuse Treatment  
Substance Abuse and Mental Health Services Administration  
U.S. Department of Health & Human Services

**CCSME: Building Community Response  
to the Opioid Crisis  
March 1<sup>st</sup>, 2017**



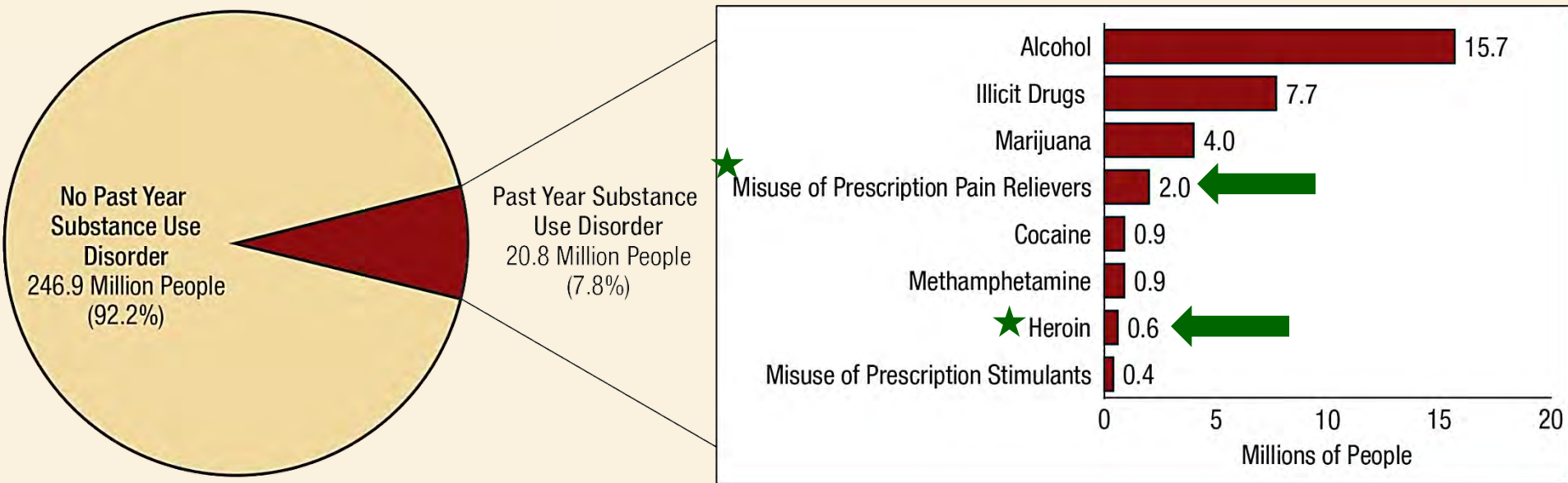


# CURRENT LANDSCAPE AND TRENDS



<https://www.flickr.com/photos/brokentaco/2781330996/>

# NUMBERS OF PEOPLE AGED 12 OR OLDER WITH A PAST YEAR SUBSTANCE USE DISORDER

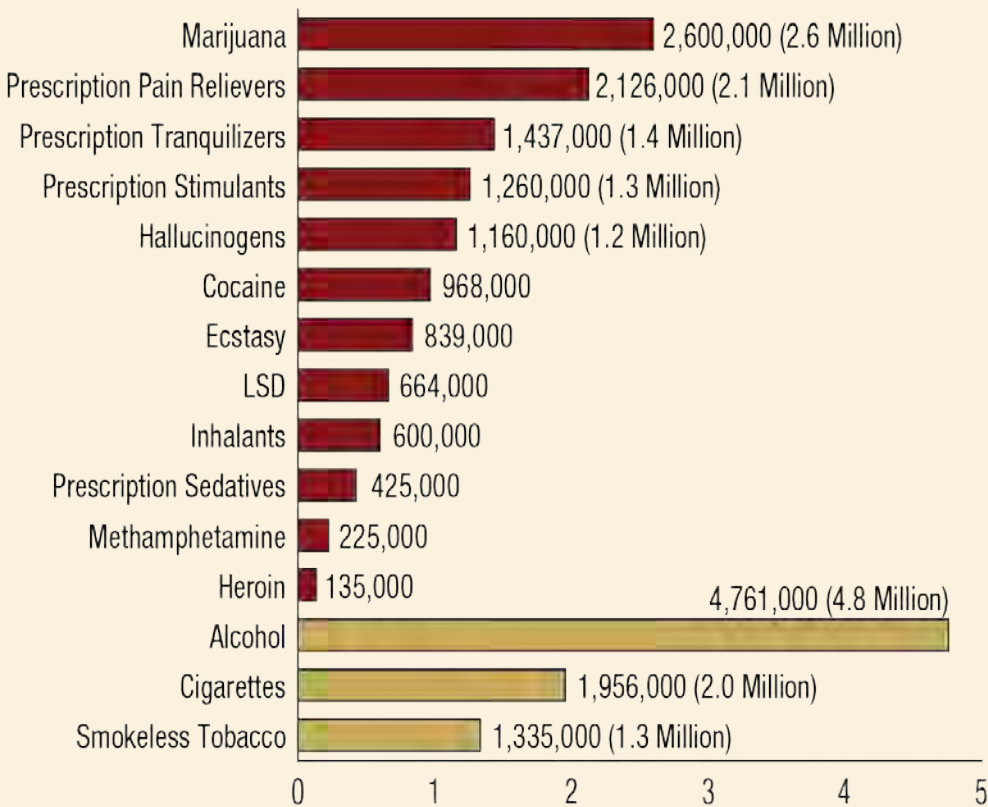


Note: Estimated numbers of people refer to people aged 12 or older in the civilian, noninstitutionalized population in the United States. The numbers do not sum to the total population of the United States because the population for NSDUH does not include people aged 11 years old or younger, people with no fixed household address (e.g., homeless or transient people not in shelters), active-duty military personnel, and residents of institutional group quarters, such as correctional facilities, nursing homes, mental institutions, and long-term care hospitals.

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

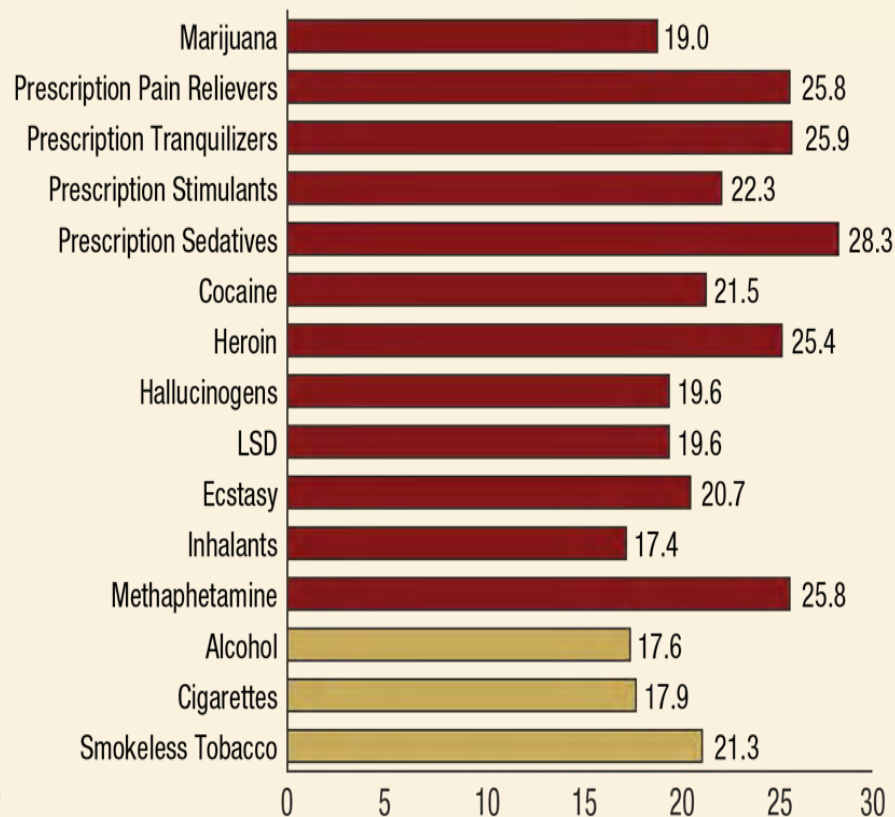
# UNDERSTANDING LIFETIME TRAJECTORIES

## PAST YEAR INITIATES



LSD = lysergic acid diethylamide.

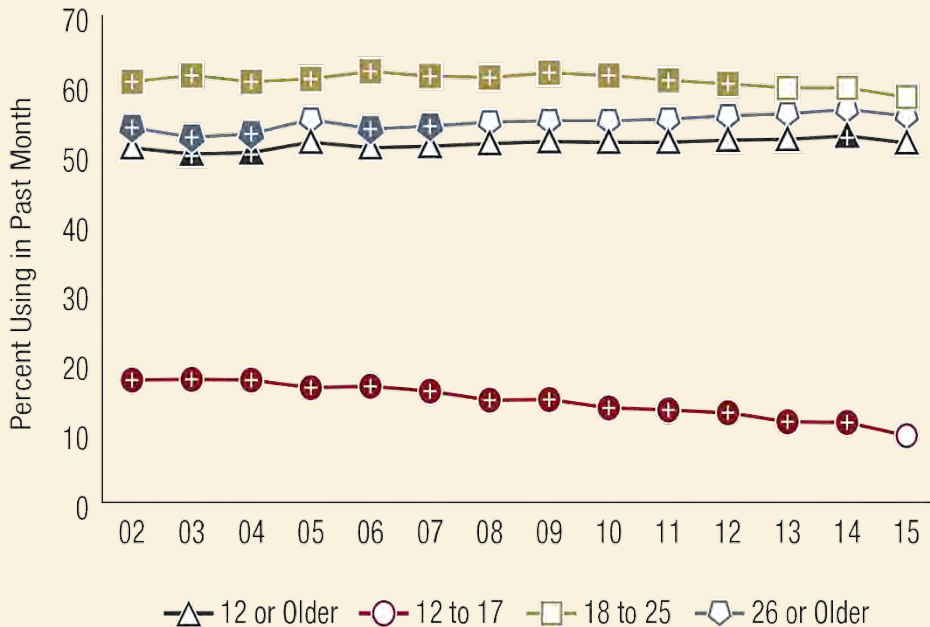
## MEAN AGE AT FIRST USE



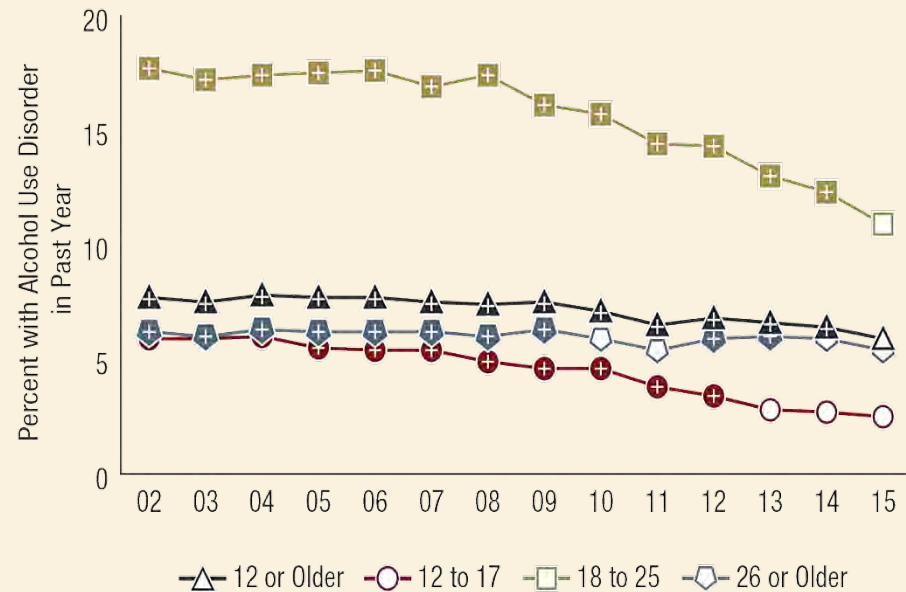
Note: The term "first misuse" applies to the misuse of prescription pain relievers, tranquilizers, stimulants, and sedatives.

# PAST MONTH ALCOHOL USE/DISORDER AMONG PEOPLE AGE $\geq 12$

## ALCOHOL USE PAST MONTH



## ALCOHOL USE DISORDER PAST YEAR



+ Difference between this estimate and the 2015 estimate is statistically significant at the .05 level.



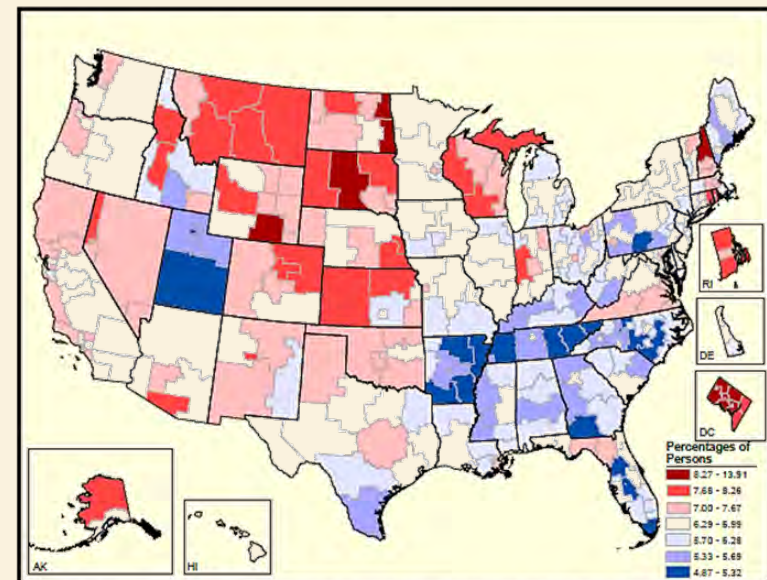
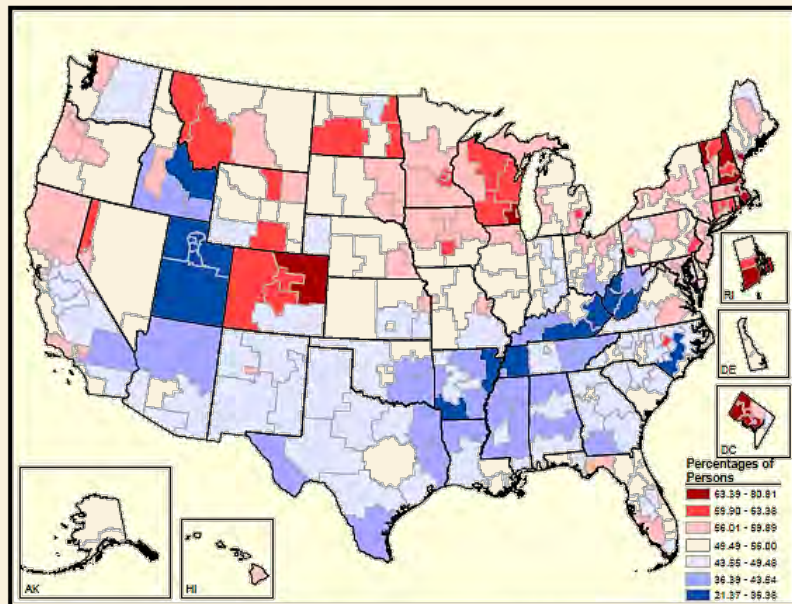
# GEOGRAPHIC DISTRIBUTION: ALCOHOL USE/DISORDER AGE ≥ 12

## ALCOHOL USE PAST MONTH

## ALCOHOL USE DISORDER PAST YEAR

Figure 9 *Alcohol Use in the Past Month* among Individuals Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs

Figure 17 *Alcohol Dependence or Abuse in the Past Year* among Individuals Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs



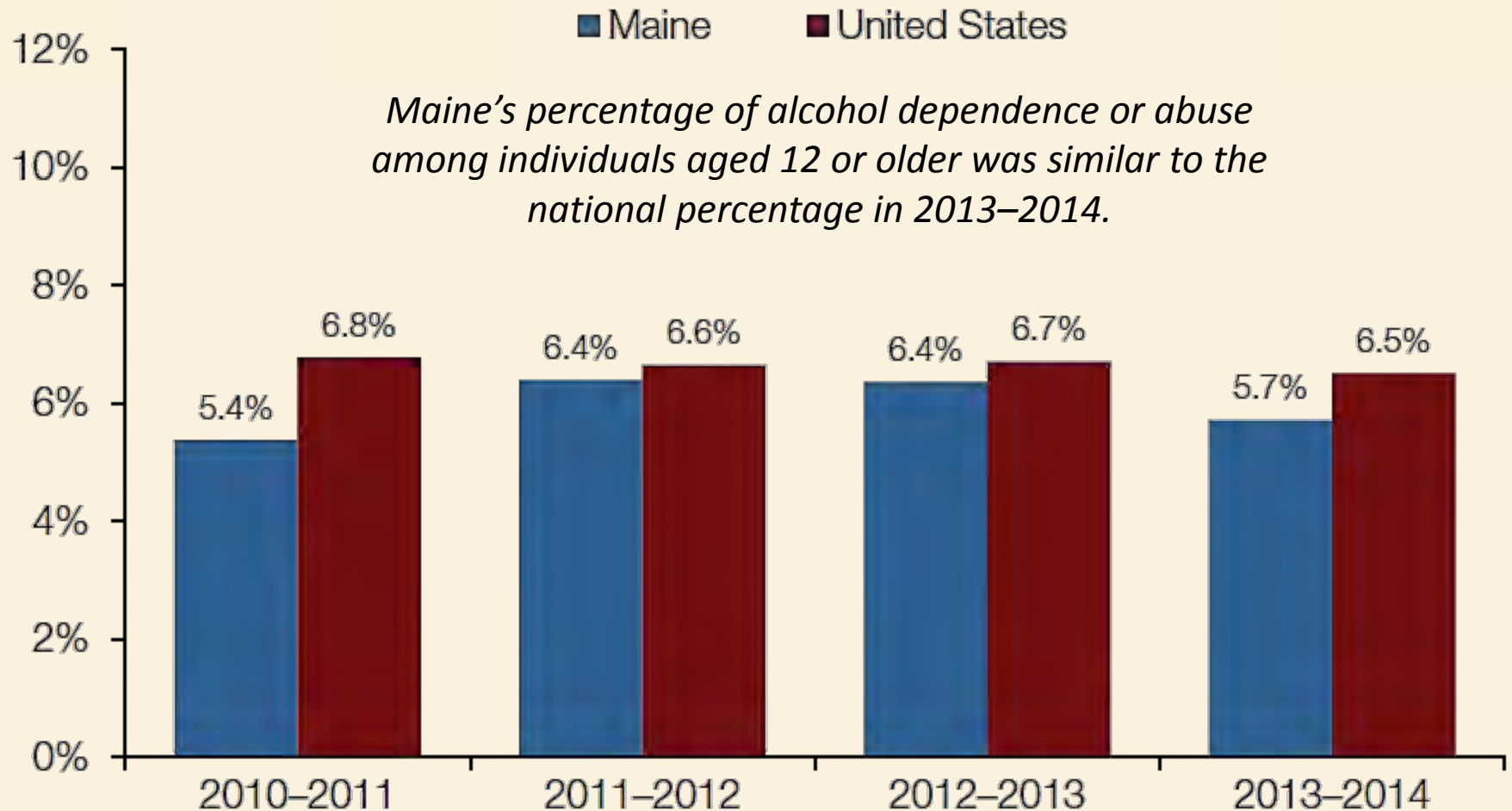
NOTE: For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at <http://www.samhsa.gov/data/>.

NOTE: For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at <http://www.samhsa.gov/data/>.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

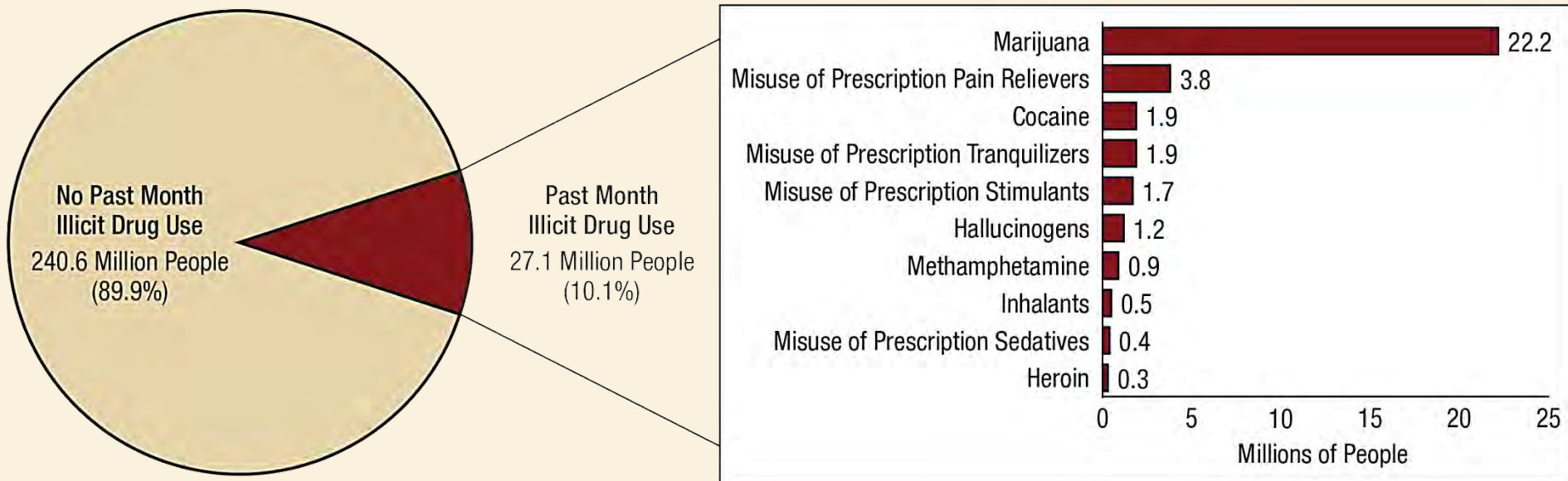
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

# PAST YEAR ALCOHOL DEPENDENCE/ABUSE IN PEOPLE $\geq$ 12 IN MAINE AND THE U.S.





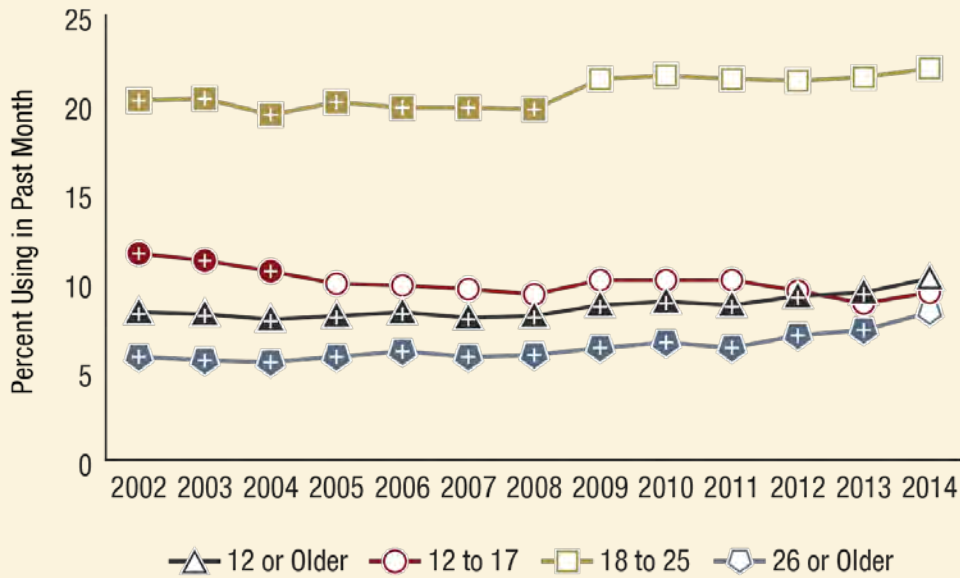
# NUMBERS OF PAST MONTH ILLICIT DRUG USERS AMONG PEOPLE AGE $\geq$ 12 IN 2015



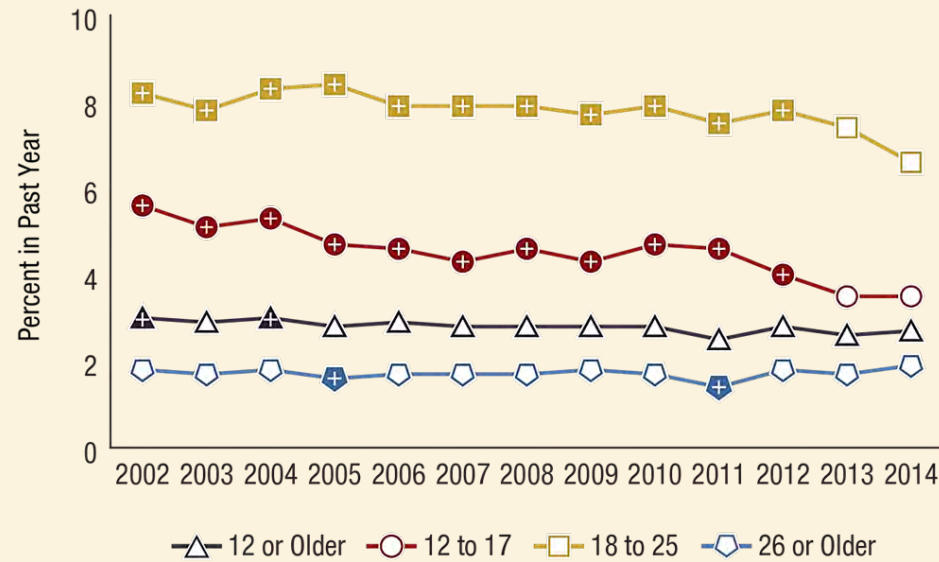
Note: The estimated numbers of current users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past month.

# ILLICIT DRUG USE/USE DISORDER AGE $\geq$ 12

## ILLICIT DRUG USE PAST MONTH



## ILLICIT DRUG USE DISORDER PAST YEAR



NSDUH DATA

+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

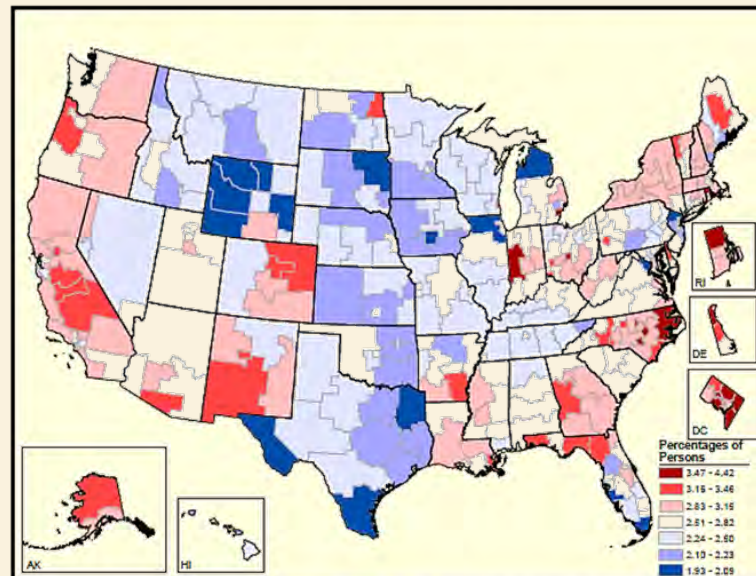
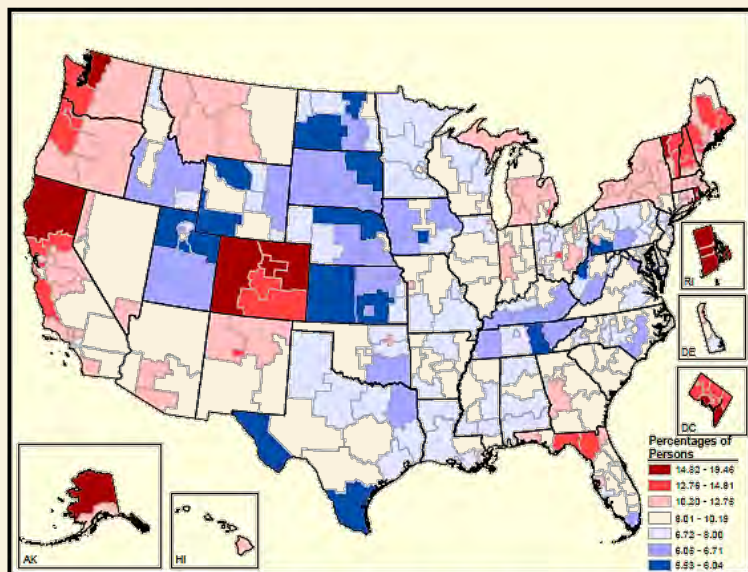
# GEOGRAPHIC DISTRIBUTION: ILLICIT DRUG USE/DISORDER AGE ≥ 12

## ILLICIT DRUG USE PAST MONTH

## ILLICIT DRUG USE DISORDER PAST YEAR

Figure 1 *Illicit Drug Use in the Past Month* among Individuals Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs

Figure 19 *Illicit Drug Dependence or Abuse in the Past Year* among Individuals Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs



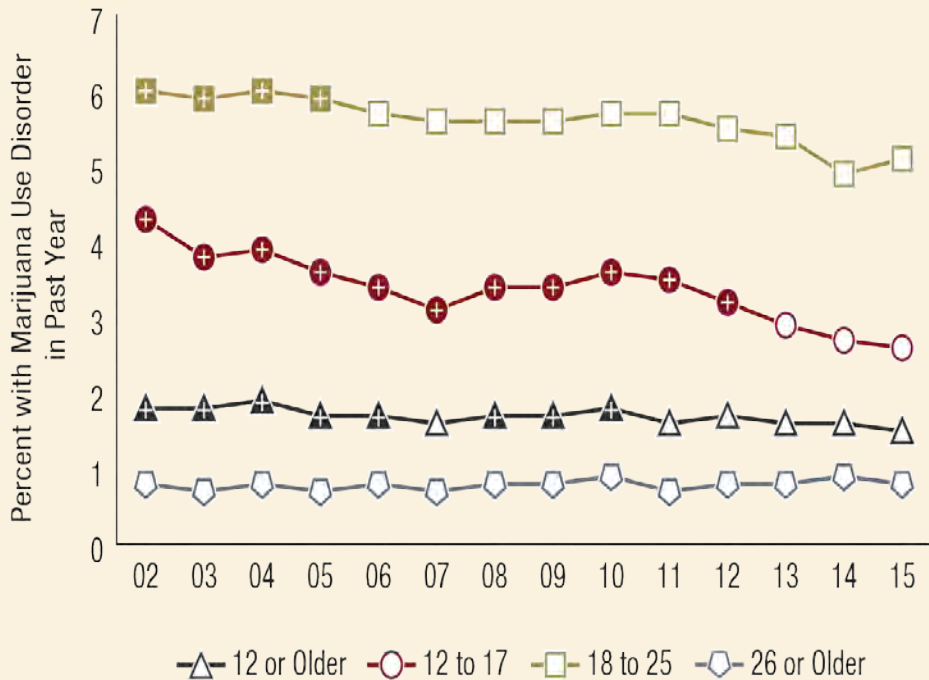
NOTE: For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at <http://www.samhsa.gov/data/>.  
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

NOTE: For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at <http://www.samhsa.gov/data/>.  
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

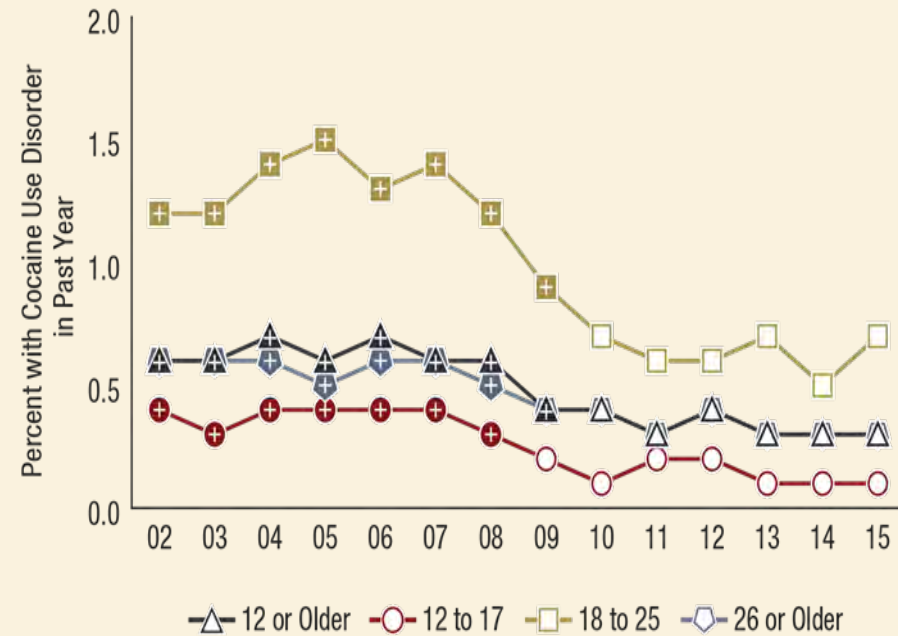


# MARIJUANA & COCAINE USE DISORDERS IN PEOPLE ≥ 12

## MARIJUANA USE DISORDER PAST YEAR



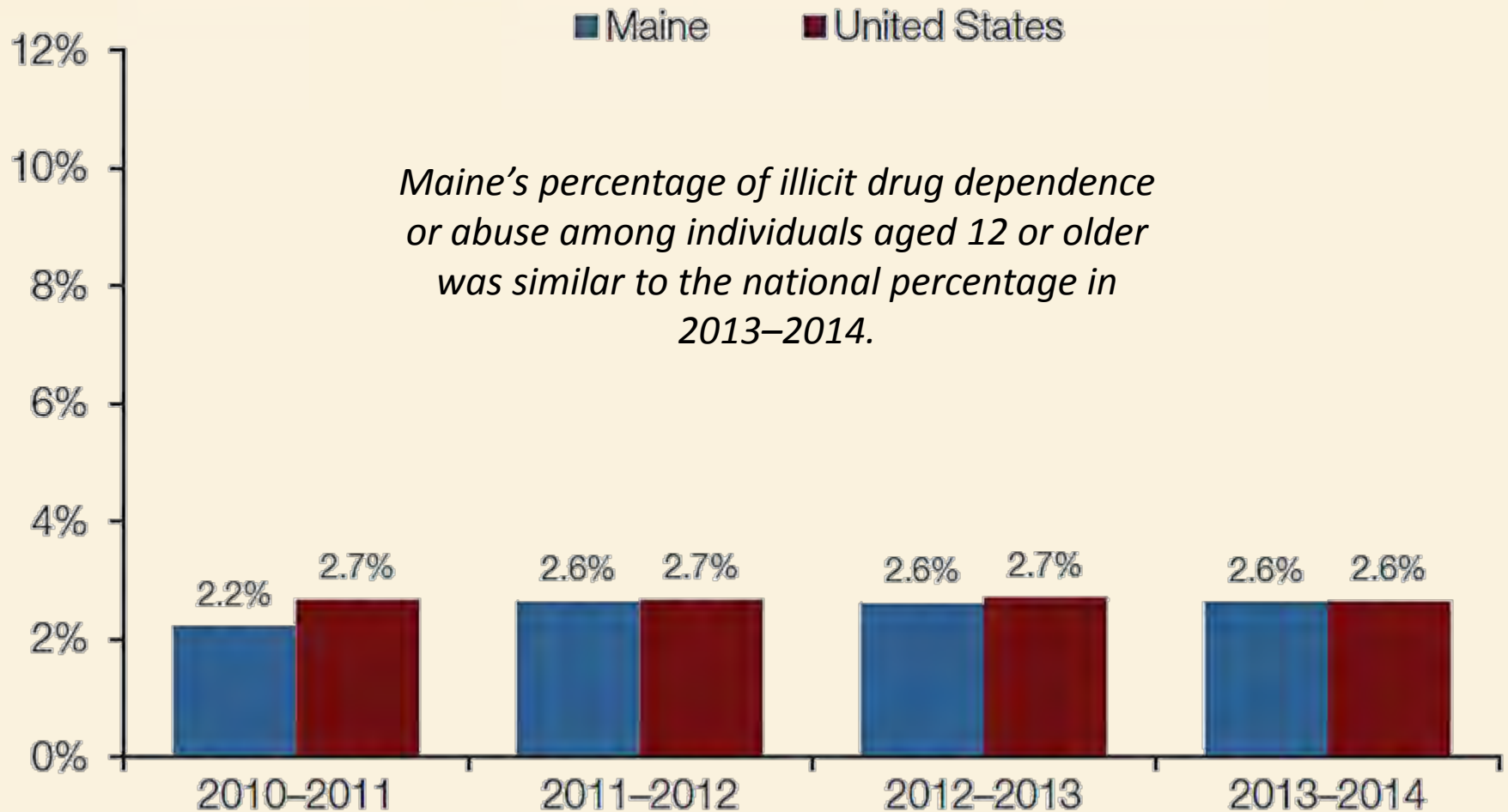
## COCAINE USE DISORDER PAST YEAR



NSDUH 2015 DATA

+ Difference between this estimate and the 2015 estimate is statistically significant at the .05 level.

# PAST YEAR ILLICIT DRUG DEPENDENCE/ABUSE IN PEOPLE $\geq$ 12 IN MAINE AND THE U.S.

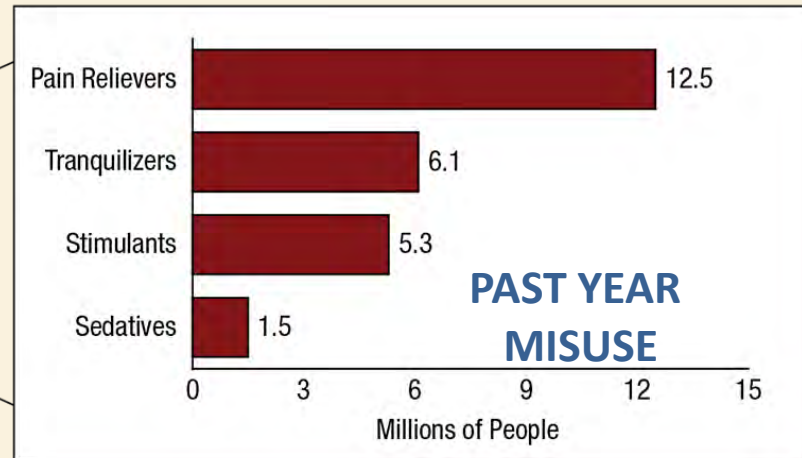
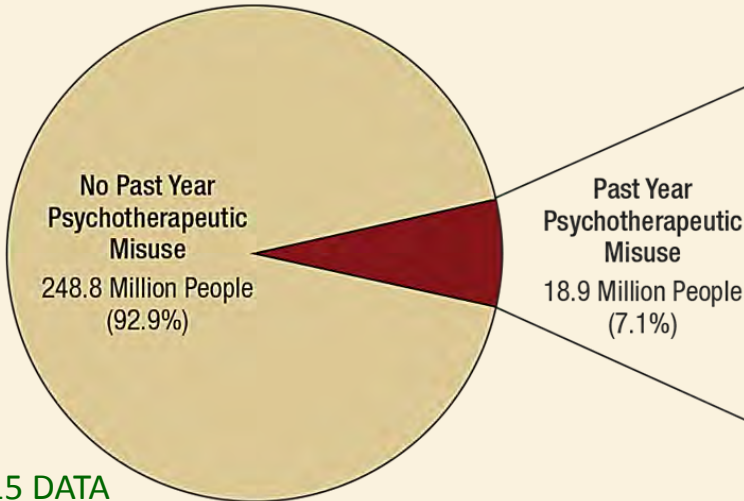
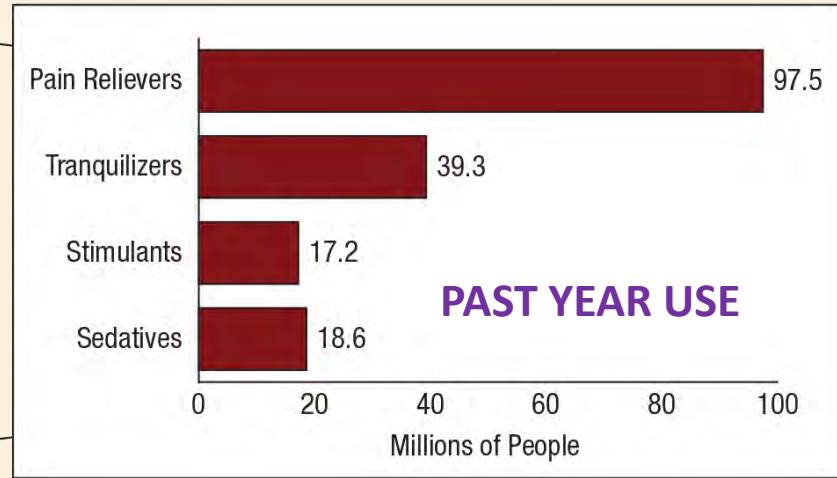
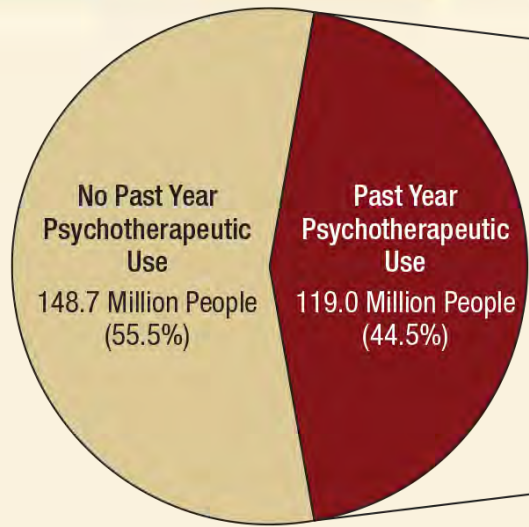


# SNAPSHOT: OPIOID USE/DISORDER

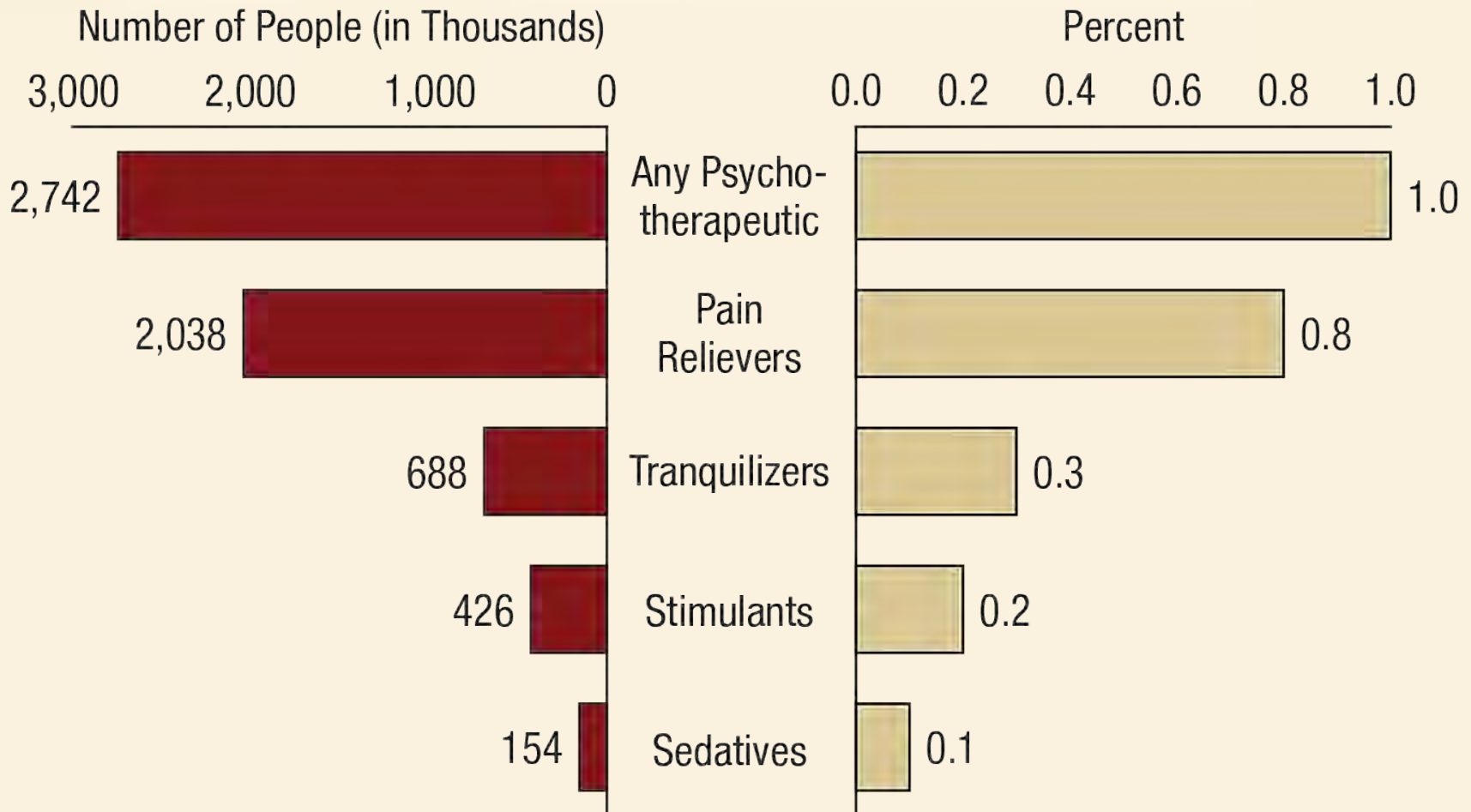




# PRESCRIPTION PSYCHOTHERAPEUTIC USERS/MISUSERS PEOPLE $\geq$ 12 IN 2015

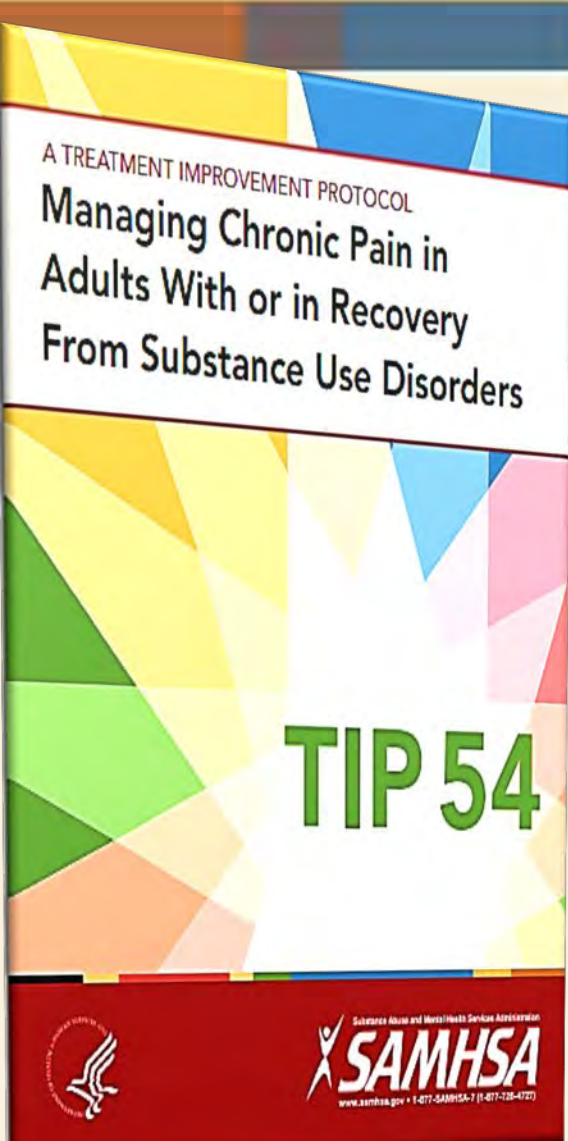


# PRESCRIPTION PSYCHOTHERAPEUTICS *SUD* IN PEOPLE $\geq 12$



PAST YEAR

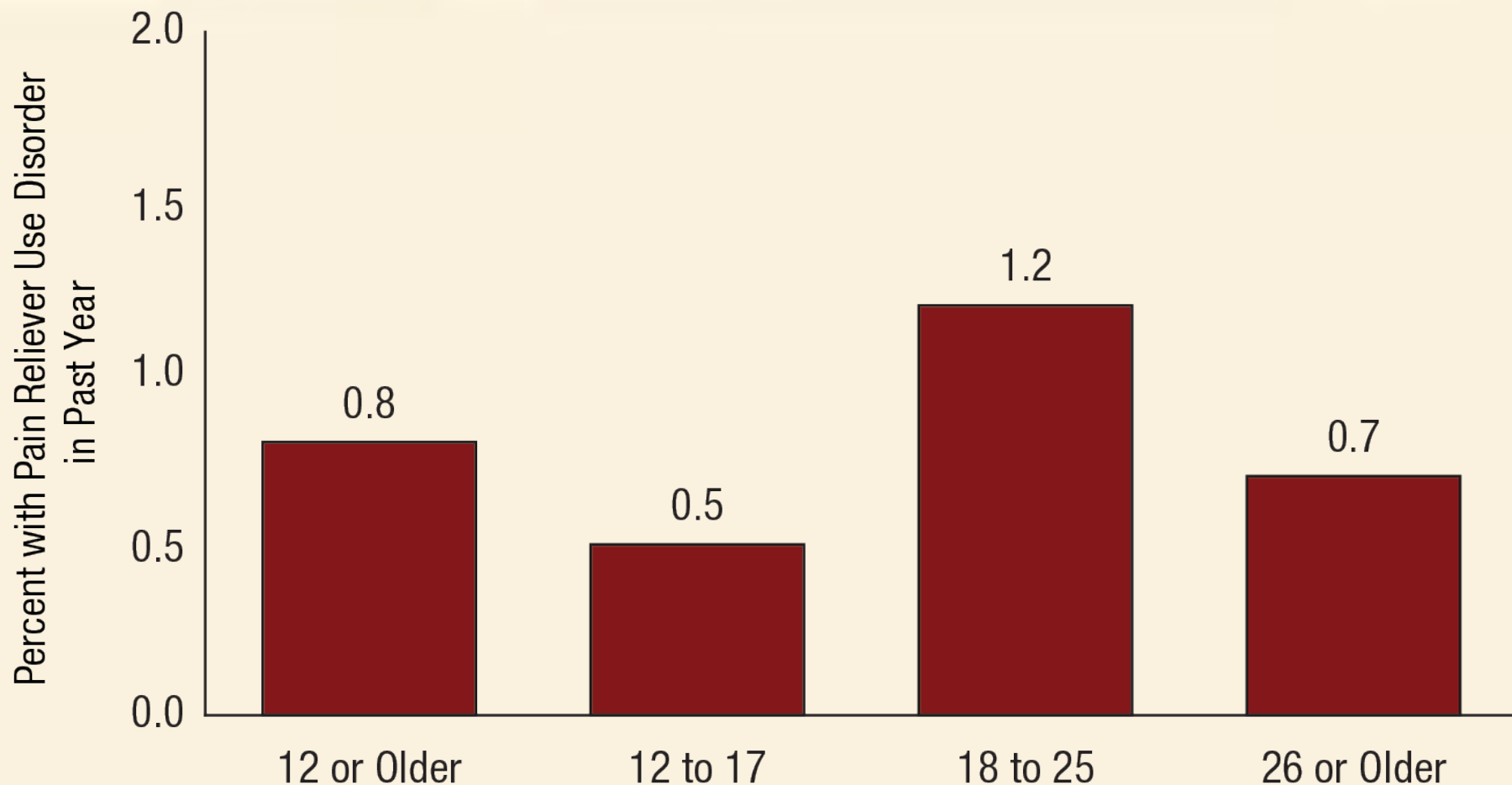
# CHRONIC PAIN AND SUDs



- 32% of individuals with chronic pain (CP) estimated to have addictive disorders.
- 29-60% of people with opioid addictions report CP.
- CP & addiction are dynamic conditions that can fluctuate in intensity over time.
- Both require multimodal interventions; and treatment for one may impede or conflict with treatment for the other.
- Both have serious consequences if left untreated.

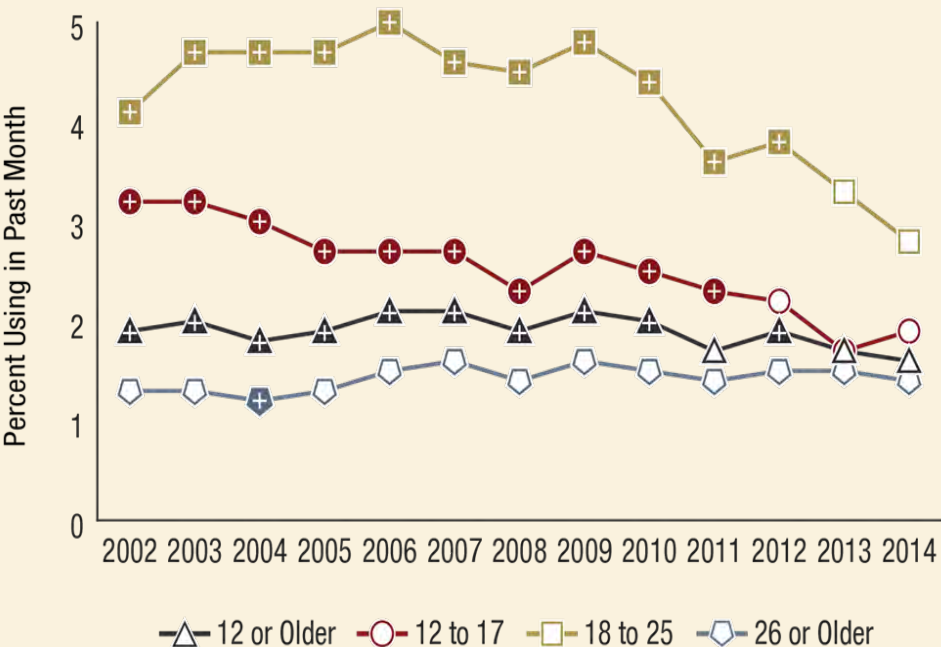


# PAIN RELIEVER USE DISORDER BY AGE

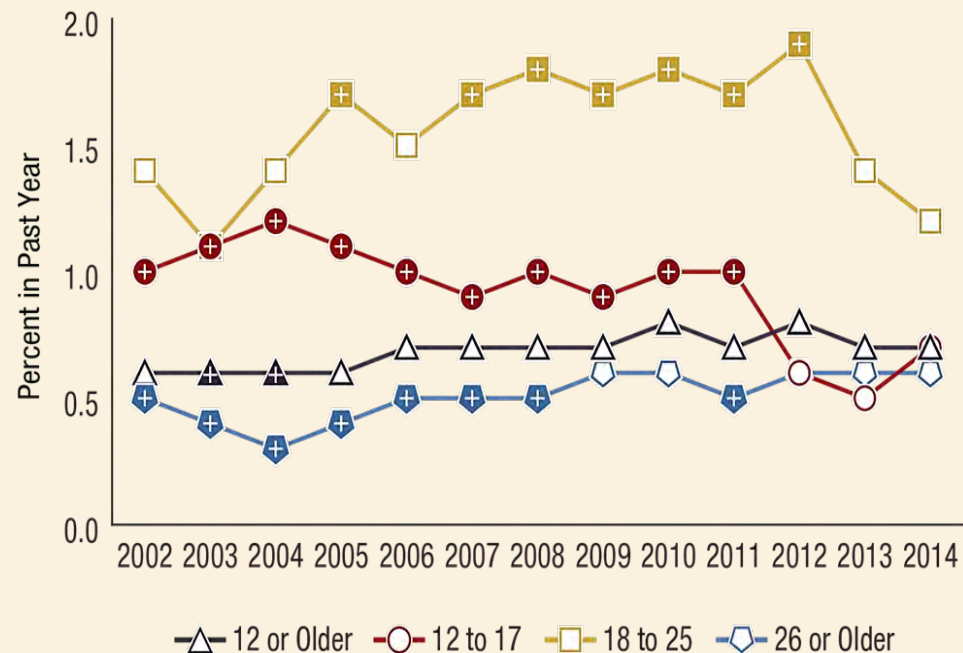


# TRENDS IN PAIN RELIEVER USE & DISORDERS IN PEOPLE $\geq 12$

## NONMEDICAL USE OF PAIN RELIEVERS IN PAST MONTH



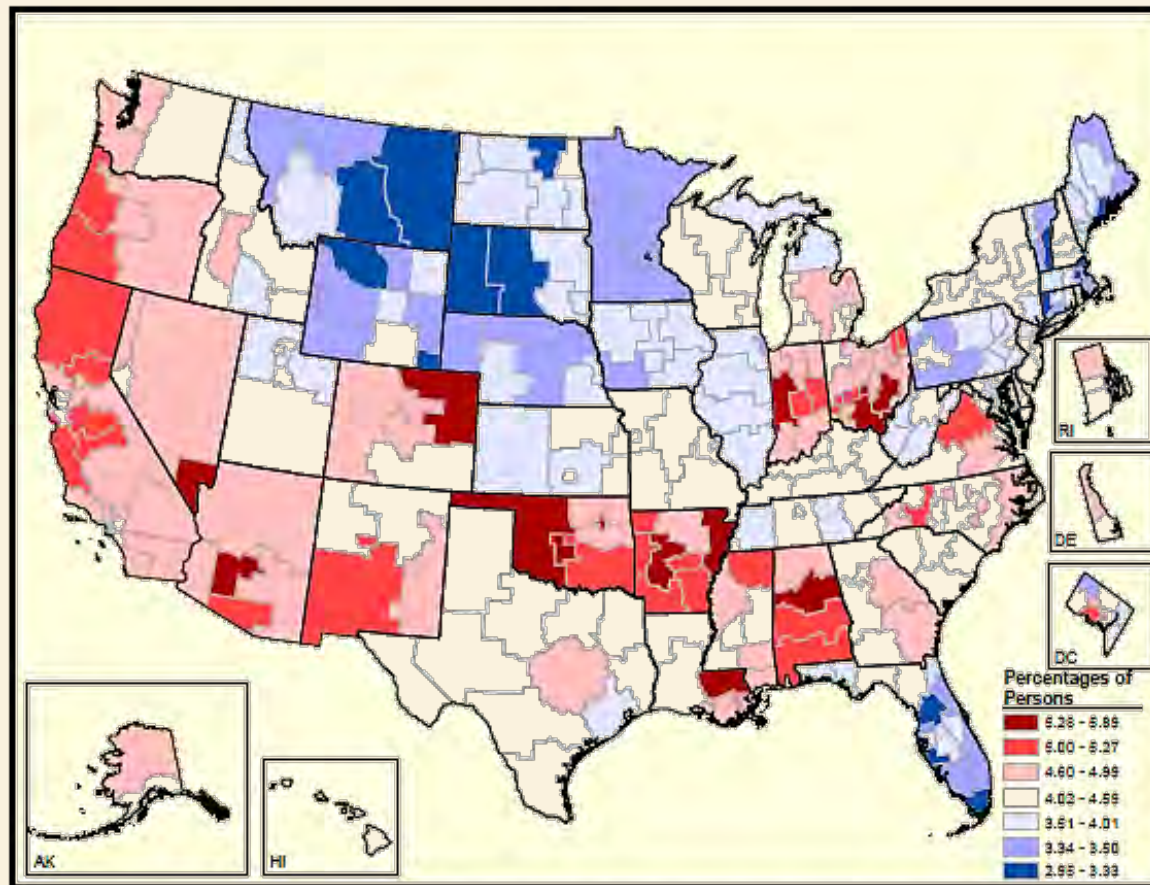
## PAIN RELIEVER USE DISORDER IN THE PAST YEAR



(+): Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

# GEOGRAPHIC DISTRIBUTION: NONMEDICAL USE OF PAIN RELIEVERS IN THE PAST YEAR

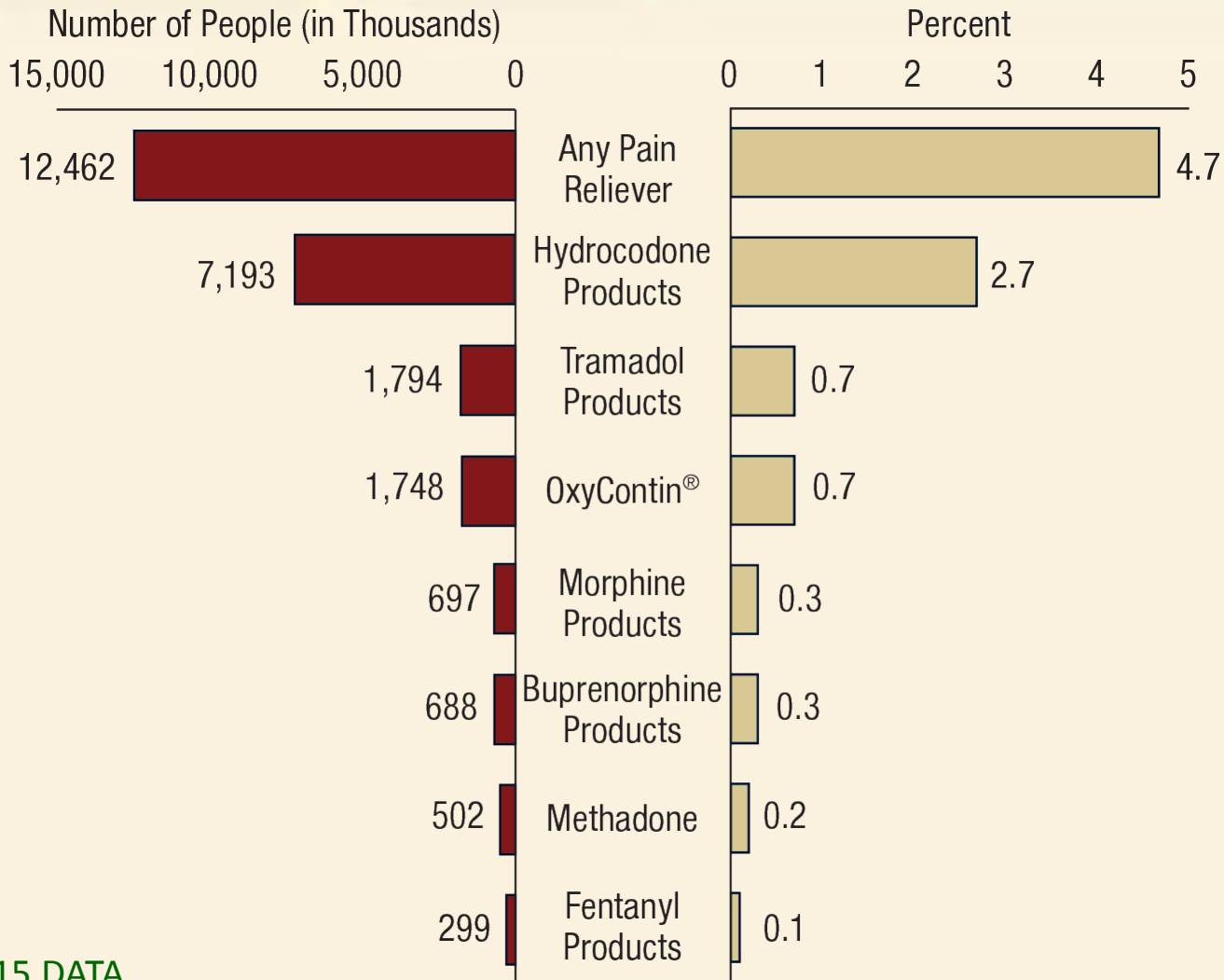
Figure 8 *Nonmedical Use of Pain Relievers in the Past Year among Individuals Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs*



NOTE: For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at <http://www.samhsa.gov/data/>.

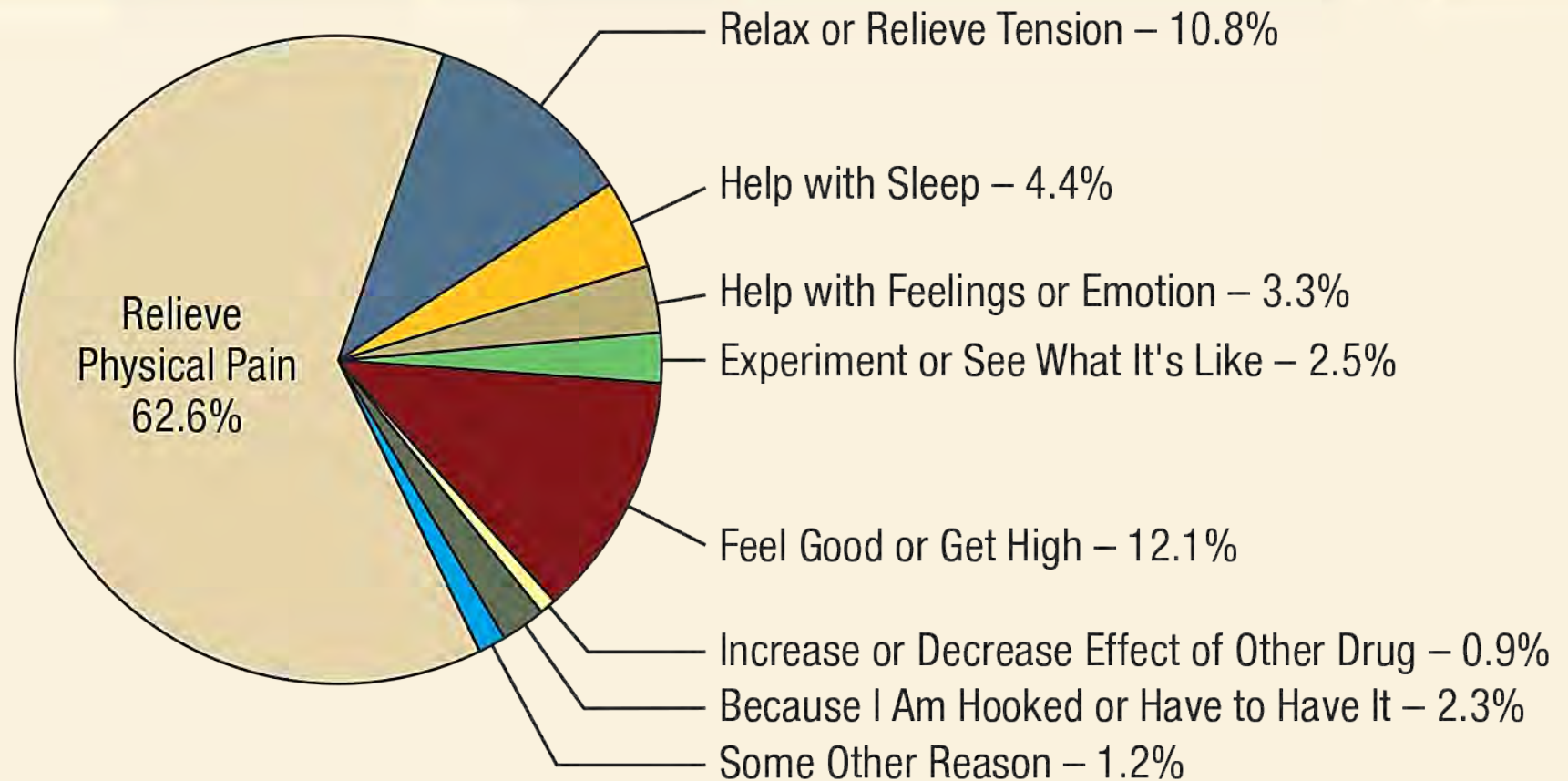
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

# MISUSE OF SELECTED PAIN RELIEVER SUBTYPES IN THE PAST YEAR IN PEOPLE $\geq 12$





# REASONS FOR *MISUSE* OF PRESCRIPTION PAIN RELIEVERS IN PEOPLE $\geq 12$

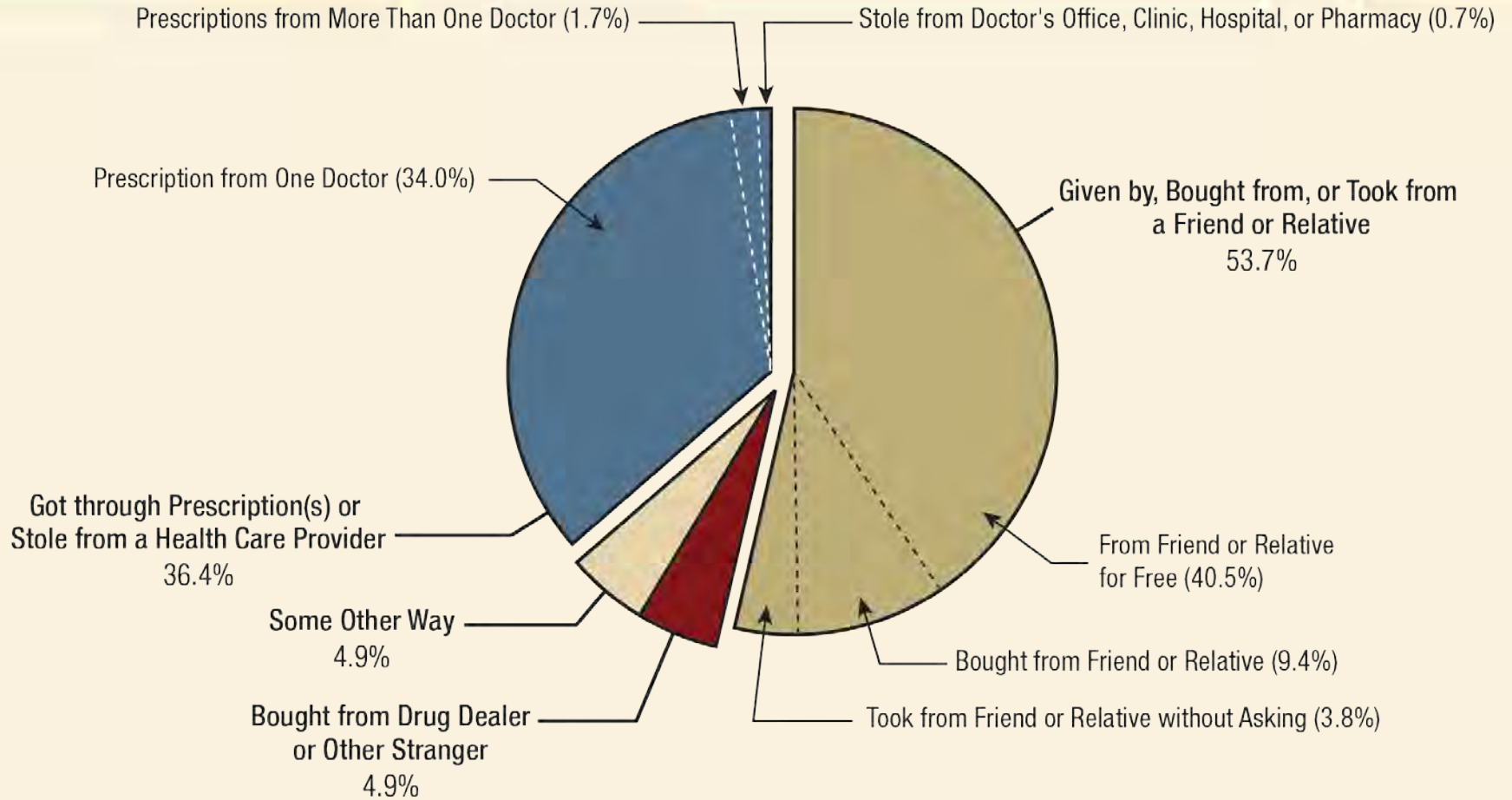


**12.5 Million People Aged 12 or Older Who Misused Pain Relievers in the Past Year**

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

Note: Respondents with unknown information for their main reason for misuse were excluded.

# SOURCE OF PAIN RELIEVERS FOR PEOPLE $\geq 12$ WHO MISUSED PAIN RELIEVERS



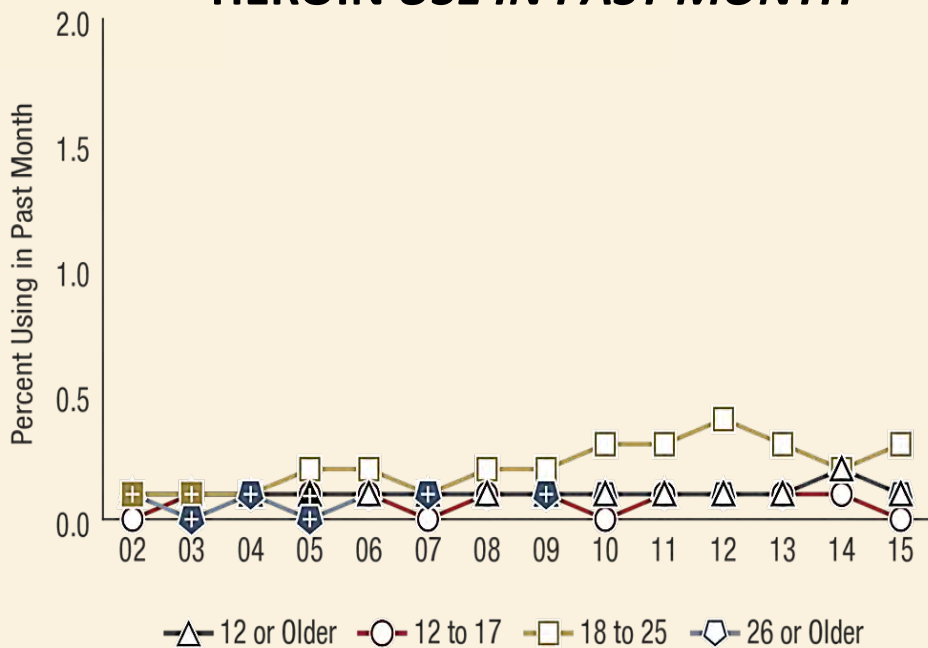
12.5 Million People Aged 12 or Older Who Misused Pain Relievers in the Past Year

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

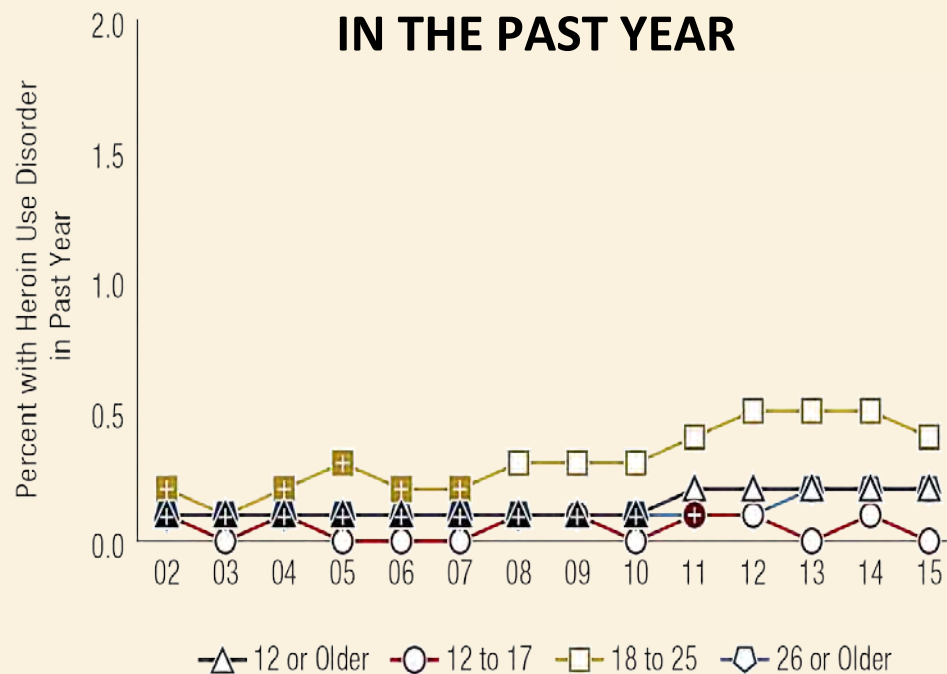
Note: Respondents with unknown data for the Source for Most Recent Misuse or who reported Some Other Way but did not specify a valid way were excluded.

# TRENDS IN HEROIN USE & DISORDERS IN PEOPLE $\geq 12$

## HEROIN USE IN PAST MONTH

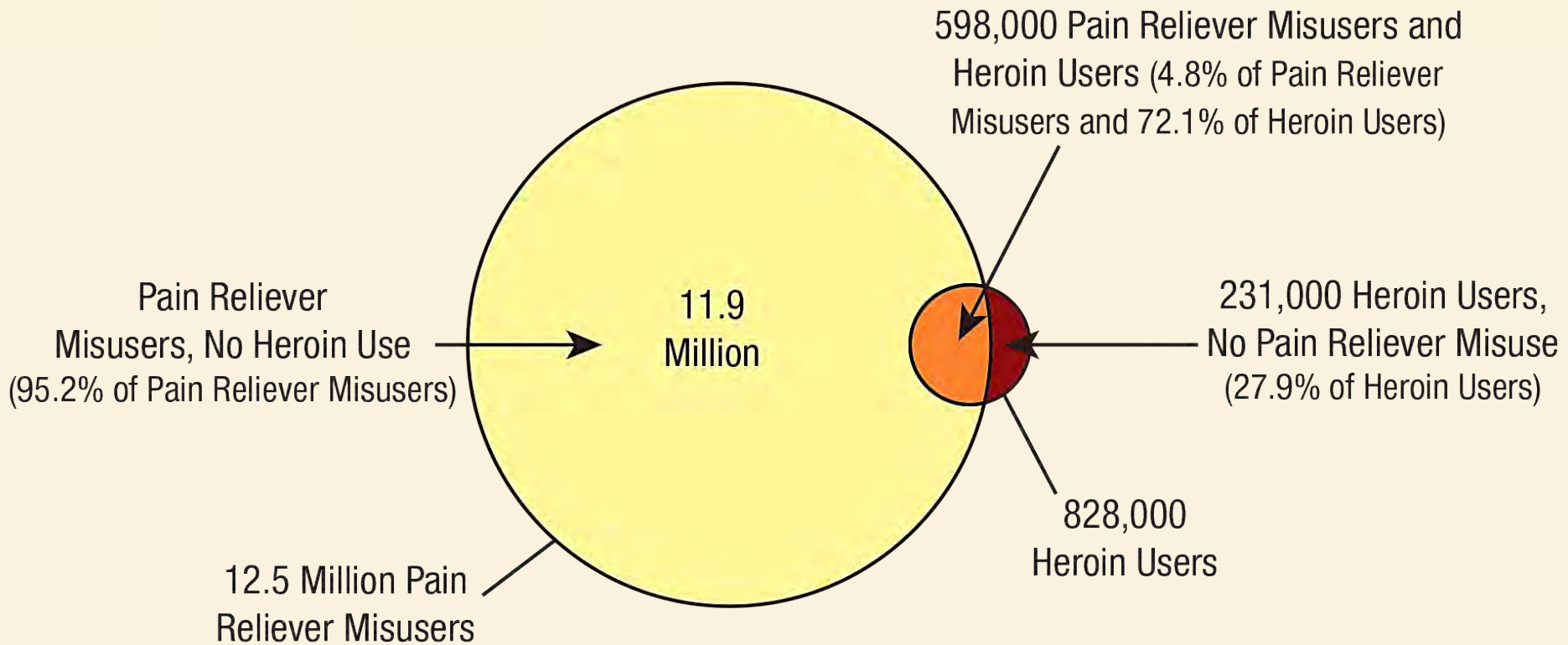


## HEROIN USE DISORDER IN THE PAST YEAR



(+): Difference between this estimate and the 2015 estimate is statistically significant at the .05 level.

# PAIN RELIEVER MISUSE & HEROIN USE IN PEOPLE $\geq 12$ IN THE PAST YEAR



Note: The circle for the number of heroin users is not to scale.



# NATIONAL OPIOID DEATHS, 1999-2015

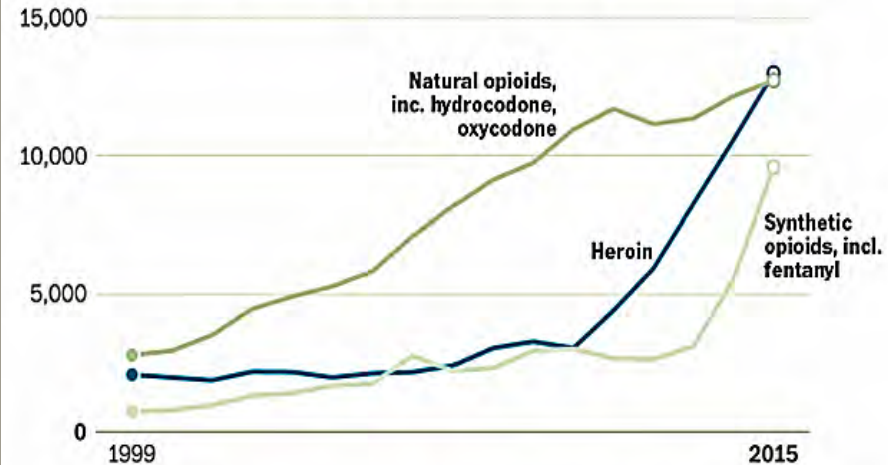
### Opioid overdose deaths surge in 2015



Source: CDC WONDER

WASHINGTON POST

### Heroin, fentanyl deaths rise sharply in 2015



Source: CDC WONDER

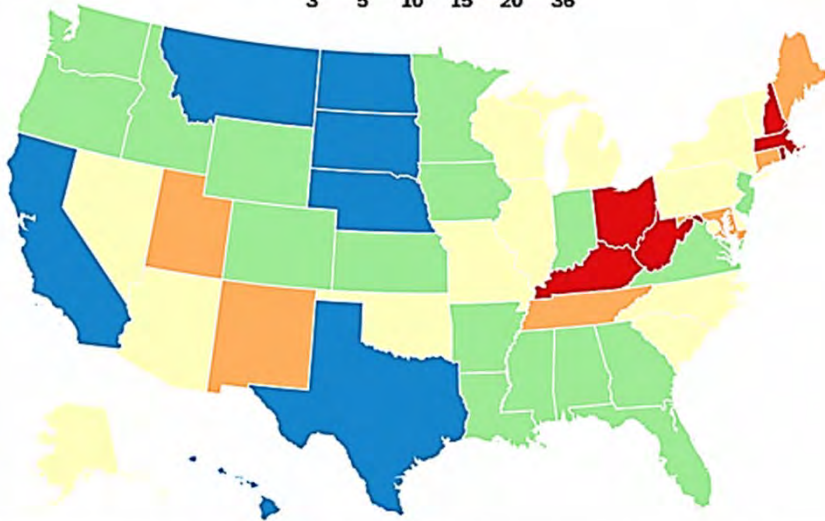
WASHINGTON POST

<https://www.washingtonpost.com>  
CDC data

# OPIOID DEATHS BY STATE IN 2015

## Opioid deaths in 2015

Age-adjusted death rates (per 100,000) for overdose deaths from all opioid drugs

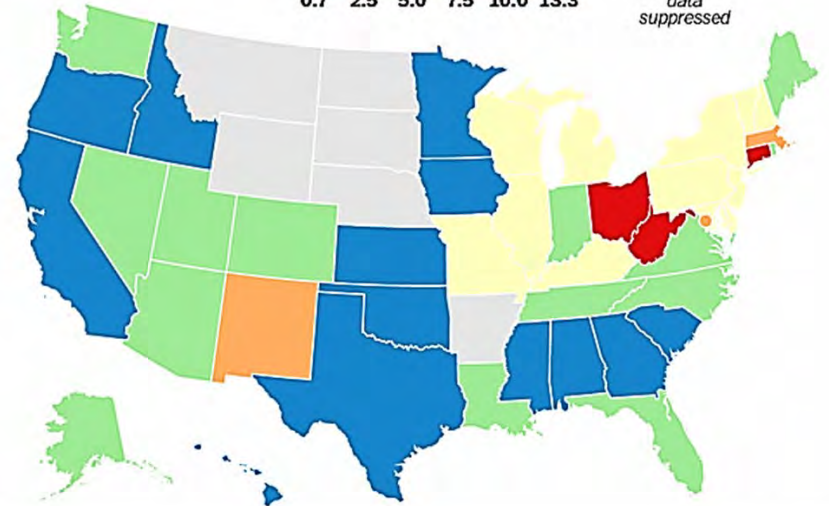


WAPO.ST/WONKBLOG

Source: CDC WONDER

## Heroin deaths in 2015

Age-adjusted heroin overdose death rate (per 100,000)



WAPO.ST/WONKBLOG

Source: CDC WONDER

<https://www.washingtonpost.com>  
CDC data

# DANGEROUS COMBINATIONS

September 23, 2016

CDC A-Z INDEX ▾

## Morbidity and Mortality Weekly Report (MMWR)

CDC > MMWR

*Notes from the Field: Fentanyl-Fentanyl Overdose Events Caused by Smoking Cocaine – British Columbia, Canada, July 15–18, 2016*

Weekly / September 23, 2016 / 65(37);1015–1016

Sections ☰

The Washington

September 23, 2016

Morning Mix

## As overdoses surge, two accused of selling deadly heroin laced with elephant tranquilizer

Portland Press Herald

What are you looking for? 🔍

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NEWS Posted February 2 | Updated February 3

INCREASE FONT SIZE A+

## Maine overdose deaths soared nearly 40 percent last year, to record 378

Opioid drugs such as fentanyl and heroin caused most of the fatalities in 2016, the fifth straight year of increases in 'a heartbreaking statistic.'

BY MEGAN DOYLE STAFF WRITER

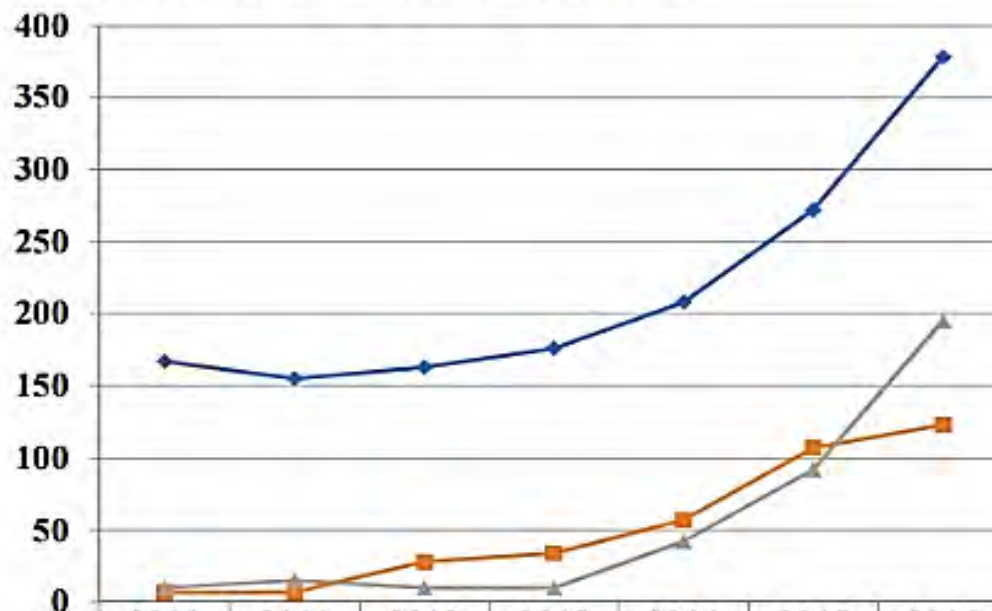


Follow:



# MAINE: DRUG OVERDOSE DEATHS (1)

## 2010-2016 Maine Drug Deaths



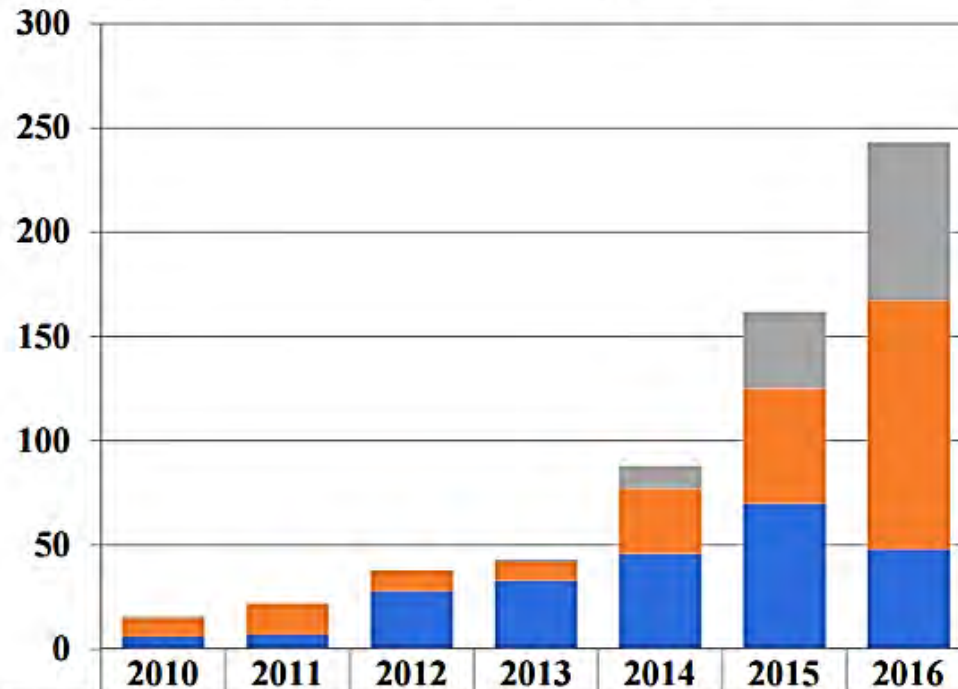
	2010	2011	2012	2013	2014	2015	2016
◆ Total Drug Deaths	167	155	163	176	208	272	378
■ Total Heroin Deaths	7	7	28	34	57	107	123
▲ Total Fentanyl Deaths	10	15	10	10	42	92	195

Data from the Office of the Maine Chief Medical Examiner and Marcella Sorg of the University of Maine.



# MAINE: DRUG OVERDOSE DEATHS (2)

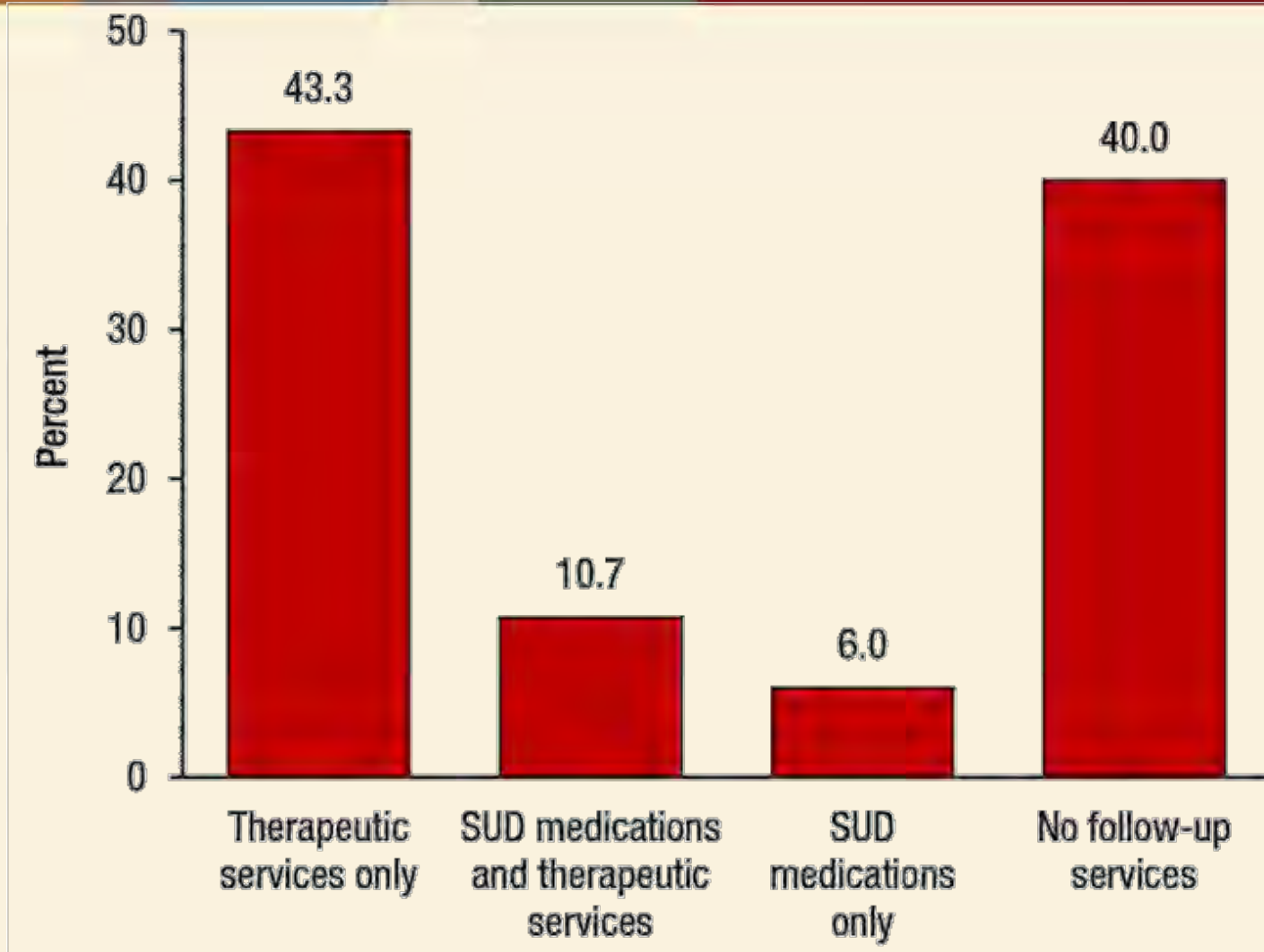
## 2010-2016 Maine Heroin and Fentanyl Deaths



■ Both Fentanyl and Heroin	1	0	0	1	11	37	76
■ Fentanyl Not Heroin	9	15	10	9	31	55	119
■ Heroin Not Fentanyl	6	7	28	33	46	70	48

PRELIMINARY DRUG DEATH REPORT, MAINE 2016. Dr. Marcella H. Sorg.  
Margaret Chase Smith Policy Center, University of Maine

# NATIONAL DISCONNECT: OPIOID TREATMENT & FOLLOW-UP SERVICES



# TOBACCO REMAINS A MAJOR HEALTH THREAT



- Smoking tobacco can cause more deaths among clients in SUD treatment than the alcohol or drug misuse that brought them to treatment:
- Seminal 11-year retrospective cohort study of people who had been in addictions treatment found that 51% of deaths were tobacco-related
  - This rate was 2X that found in the general population and nearly 1.5X the rate of death by other addiction-related causes

# LINKAGES

- Trauma
- Social determinants
- Stressors
- Genetics
- Neurological
- Physiological
- General health
- Mental health
- And others...



[https://commons.wikimedia.org/wiki/File:Innards\\_of\\_a\\_G.\\_Seifert\\_mechanical\\_gold\\_watch\\_-\\_b.jpg](https://commons.wikimedia.org/wiki/File:Innards_of_a_G._Seifert_mechanical_gold_watch_-_b.jpg)



# SUD AND MH CONDITIONS

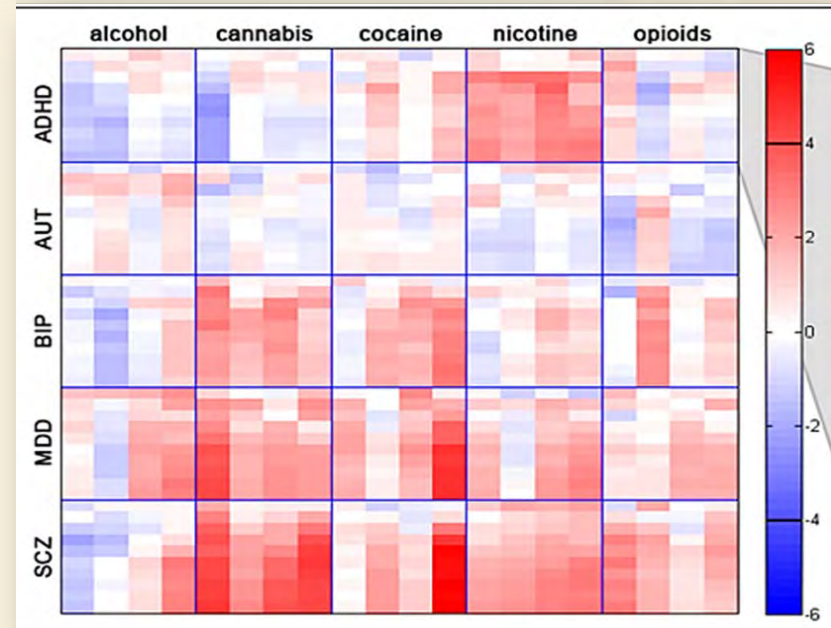
- Individuals with co-occurring SUD/MH conditions experience more adverse outcomes than those with stand-alone MI or SUD , including more frequent relapse and hospitalization, premature death, higher rate of infectious diseases, unemployment, homelessness, and incarcerations.
- Individuals undergoing treatment for alcohol use disorder who have a co-occurring anxiety disorder (AnxD) relapse to drinking at a substantially higher rate than do those with no co-occurring AnxD.

# MI & SUD NEUROLOGICAL & GENETIC LINKAGES



Areas identified as common sites of gray matter loss across MDD, SUDs, and several other categories of psychiatric disorders.

Dunlop K et al. 2016. Ann. N.Y. Acad. Sci.

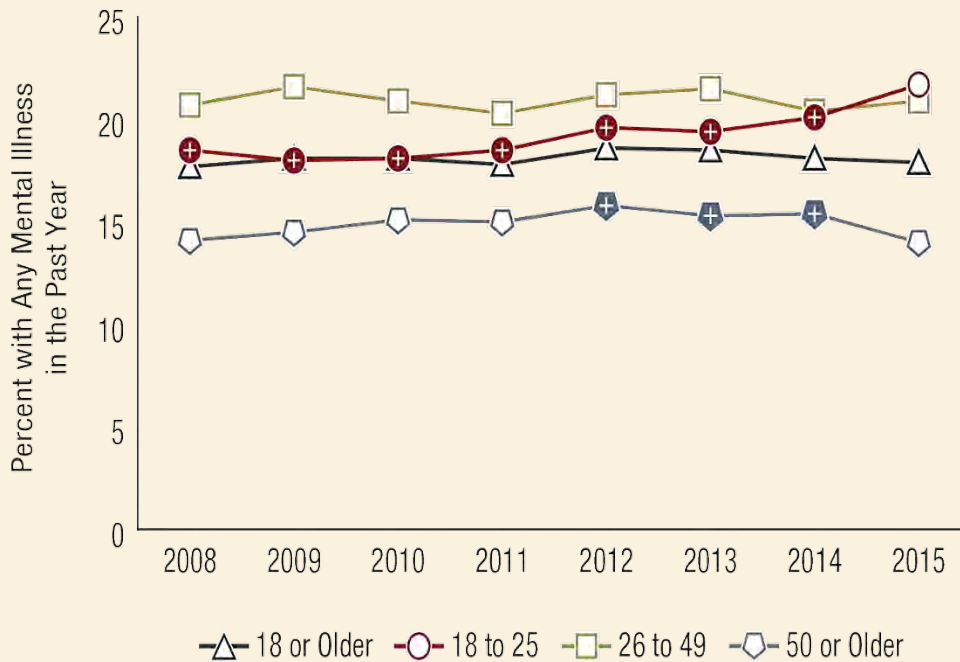


Associations between individual substance involvement and polygenic risk scores (PRS) for five major psychiatric disorders.

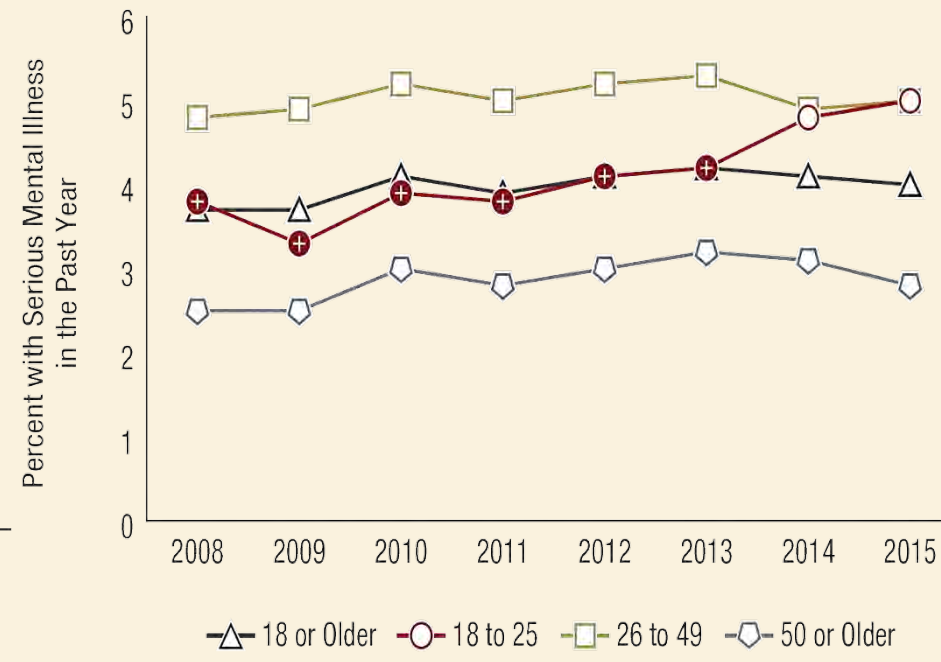
Carey CE et al. 2016. Front. Genet. 7:1 .

# AMI and SMI in the Past Year in Adults $\geq 18$ or Older

## AMI IN THE PAST YEAR



## SMI IN THE PAST YEAR

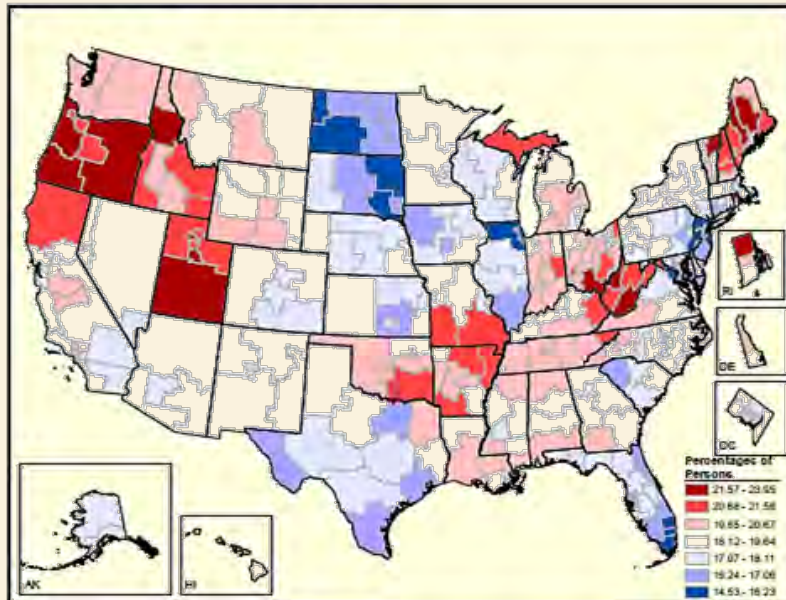


+ Difference between this estimate and the 2015 estimate is statistically significant at the .05 level.

# GEOGRAPHIC DISTRIBUTION: AMI & SMI PAST YEAR

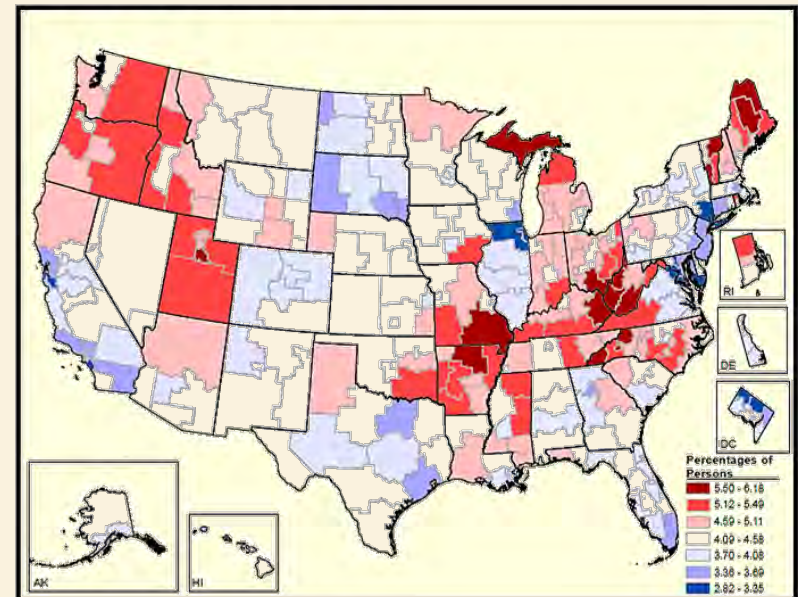
## AMI IN THE PAST YEAR

*Any Mental Illness in the Past Year among Adults Aged 18 or Older, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs*



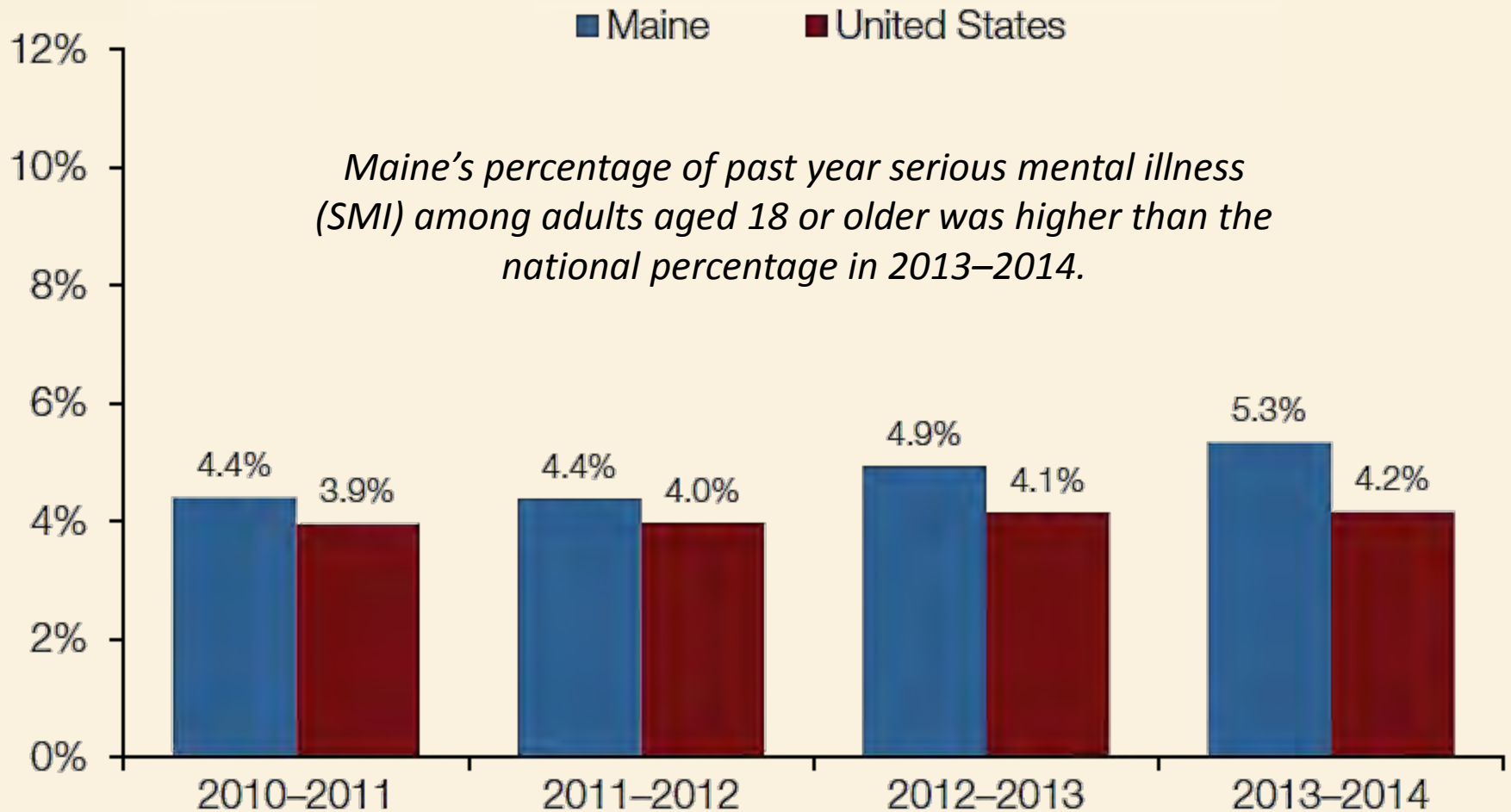
## SMI IN THE PAST YEAR

*Serious Mental Illness in the Past Year among Adults Aged 18 or Older, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs*

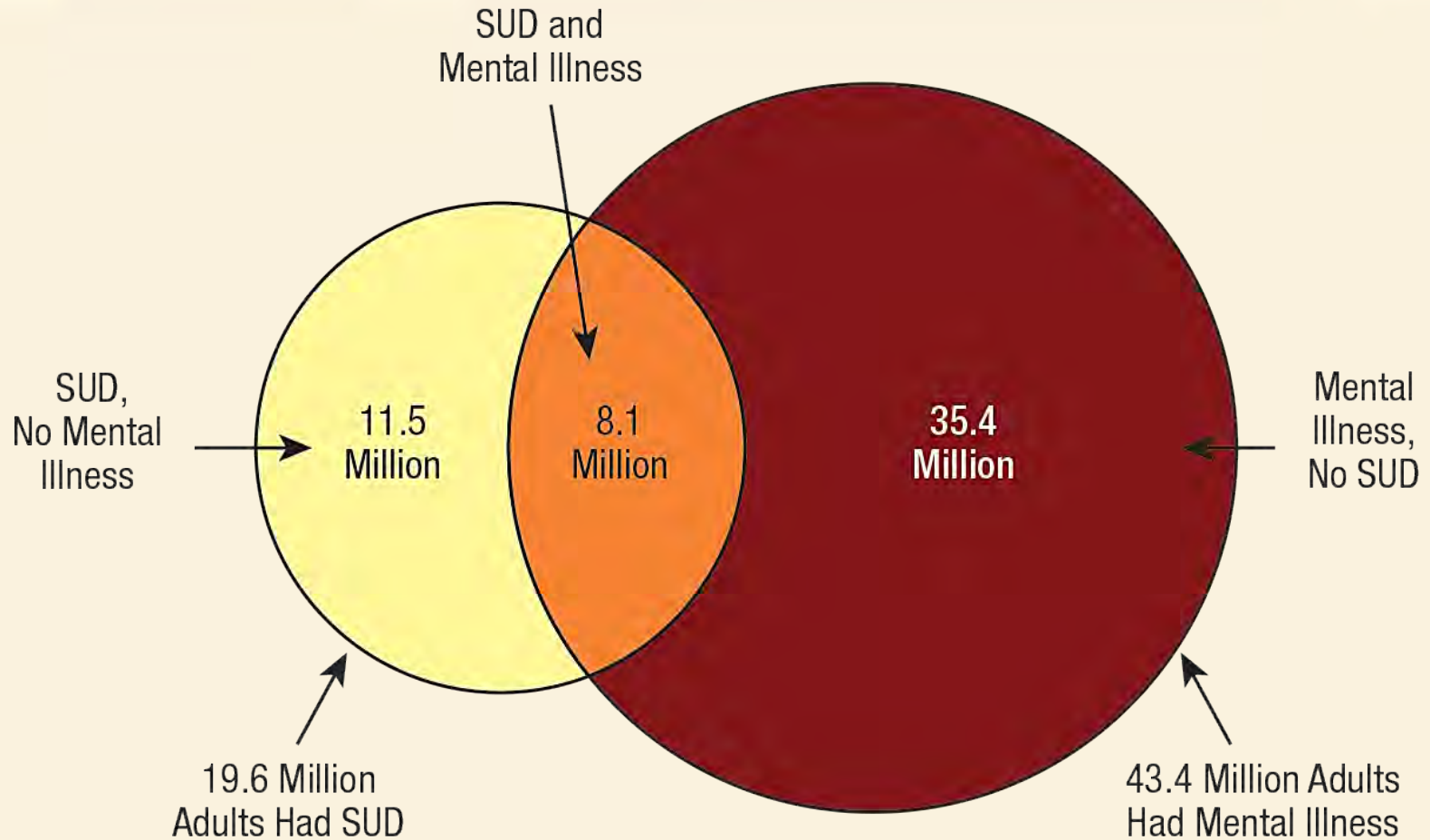




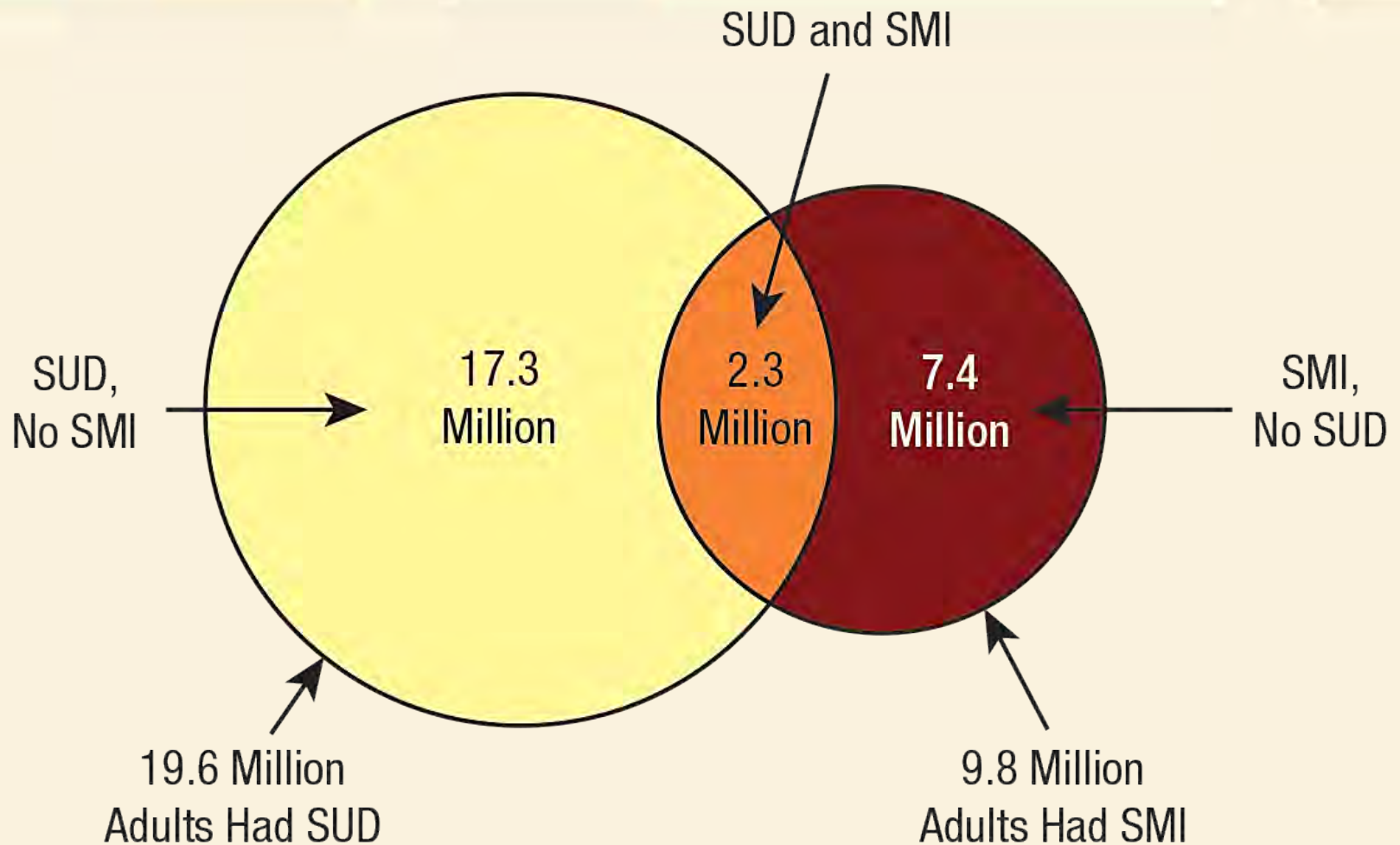
# SMI IN PEOPLE $\geq$ 12 IN MAINE AND THE U.S.



# PAST YEAR SUBSTANCE USE DISORDER (SUD) & MENTAL ILLNESS AMONG ADULTS $\geq 18$



# PAST YEAR SUD & SERIOUS MENTAL ILLNESS (SMI) AMONG ADULTS $\geq 18$

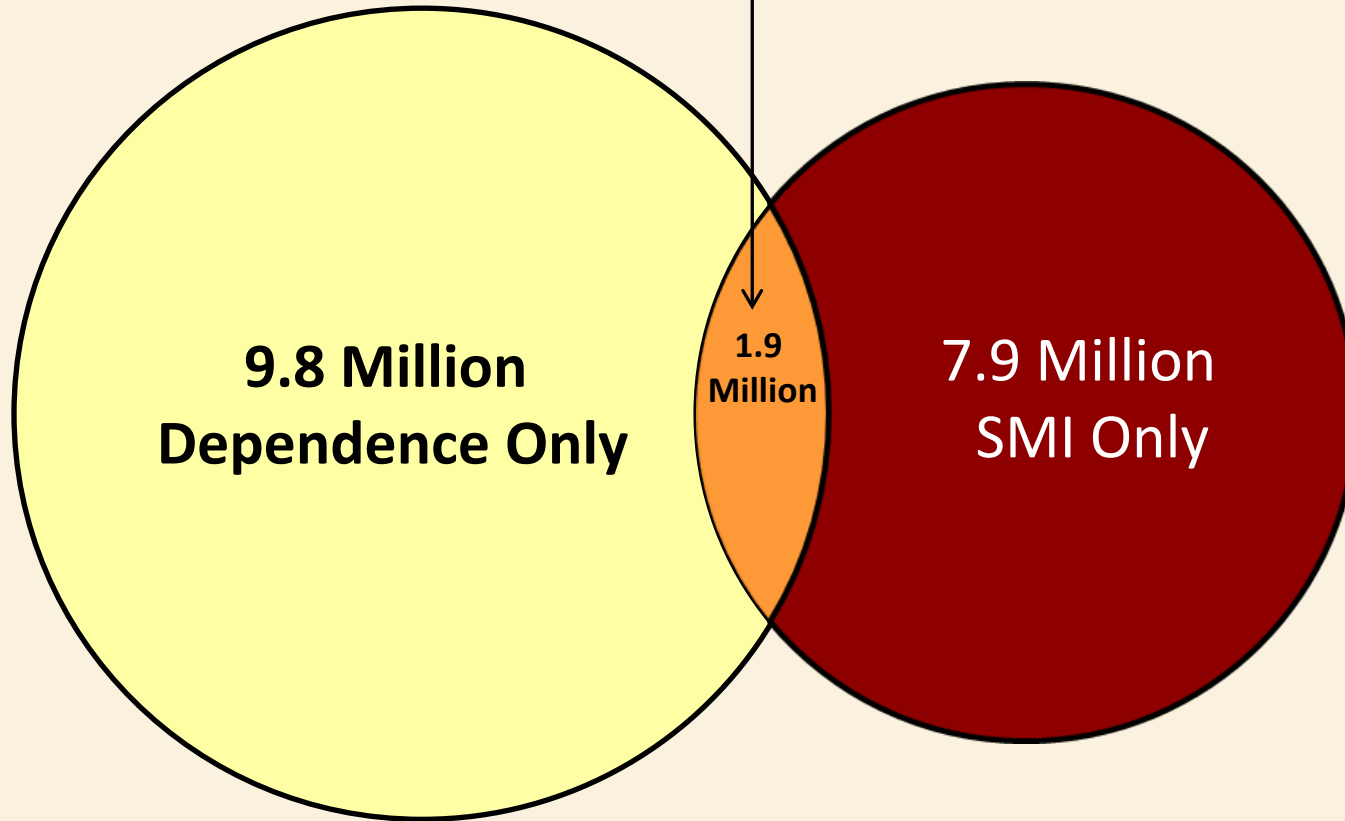


# PAST YEAR SUBSTANCE *DEPENDENCE* & SMI AMONG ADULTS >18



Dependence per DSM IV

**1.9 M Dependence & SMI**



**9.8 Million  
Dependence Only**

**1.9  
Million**

**7.9 Million  
SMI Only**

**11.7 Million Adults  
Dependence**

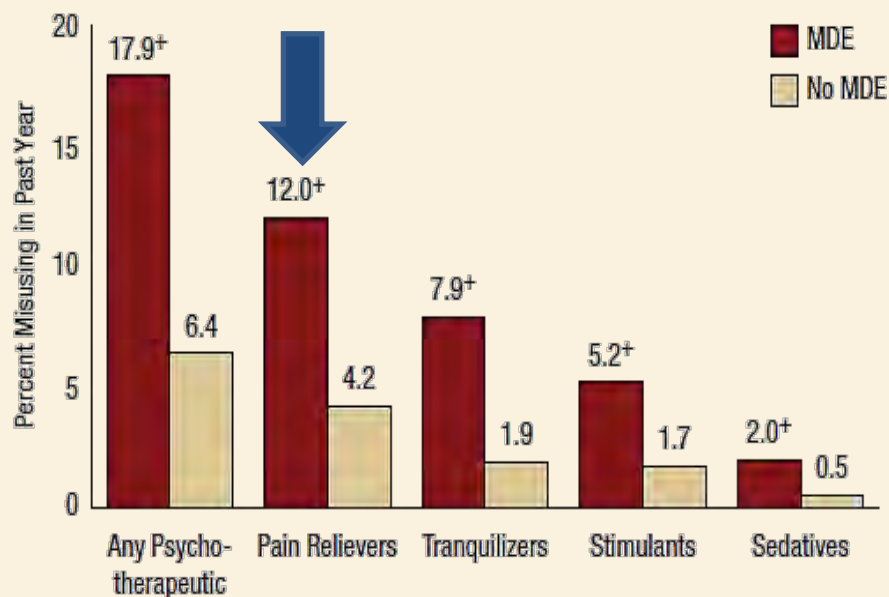
**9.8 Million Adults  
SMI**

2015 NSDUH



# PRESCRIPTION DRUGS AND MH CONDITIONS

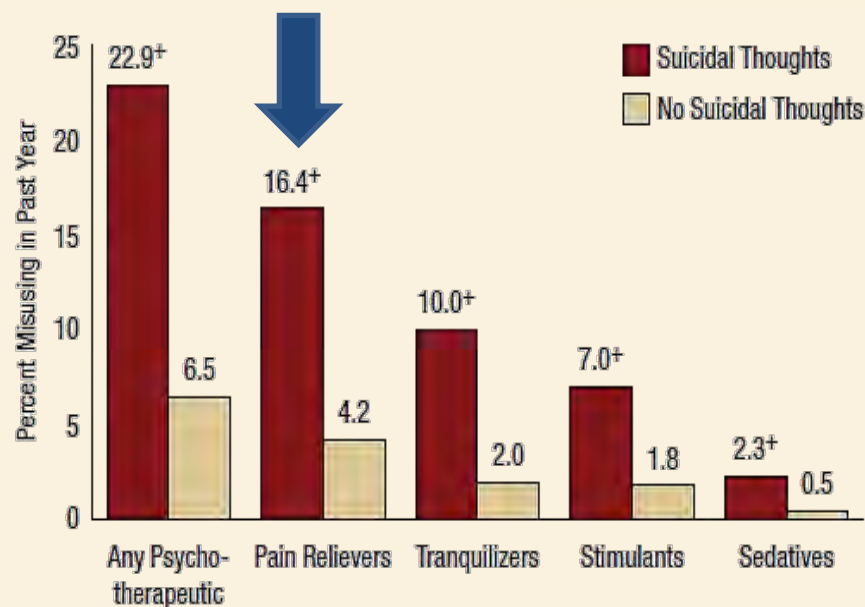
**Figure 16. Past Year Misuse of Prescription Psychotherapeutics among Adults Aged 18 or Older, by Drug Type and Past Year Major Depressive Episode (MDE) Status: Percentages, 2015**



<sup>+</sup> Difference between this estimate and the estimate for adults with no past year MDE is statistically significant at the .05 level.

Note: Adult respondents with unknown past year MDE data were excluded.

**Figure 18. Past Year Misuse of Prescription Psychotherapeutics among Adults Aged 18 or Older, by Drug Type and Past Year Suicidal Thoughts: Percentages, 2015**



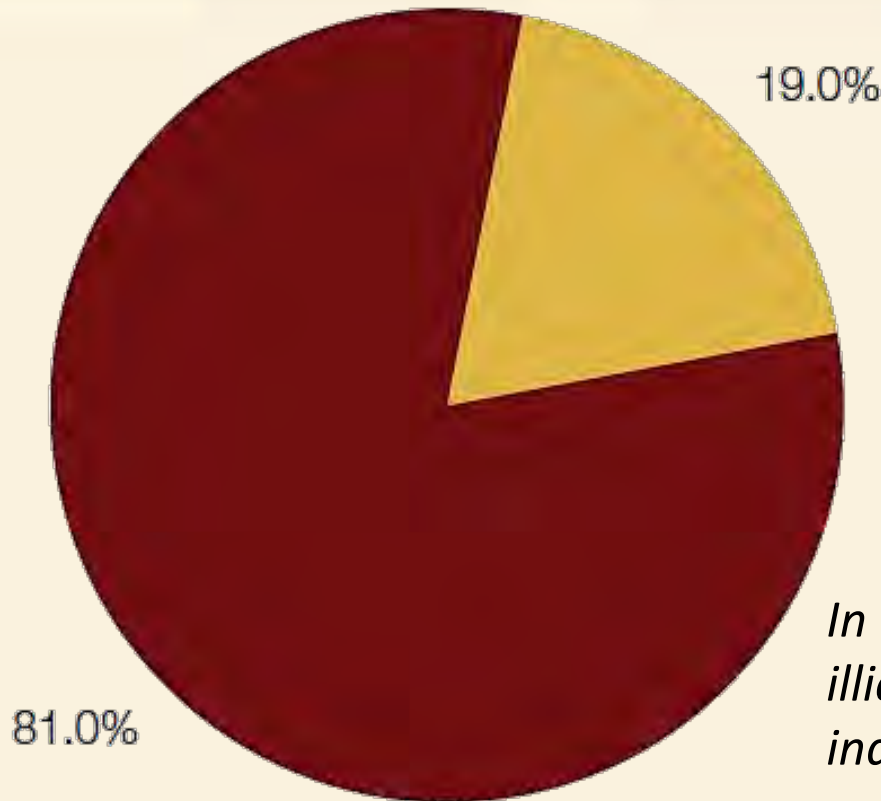
<sup>+</sup> Difference between this estimate and the estimate for adults with no Past Year suicidal thoughts is statistically significant at the .05 level.

Note: Adult respondents with unknown suicide information were excluded.

# TREATMENT



# ONLY 19% OF MAINERS WHO MET DIAGNOSTIC CRITERIA RECEIVED TREATMENT FOR ILLICIT DRUG USE



Annual Average, 2010–2014

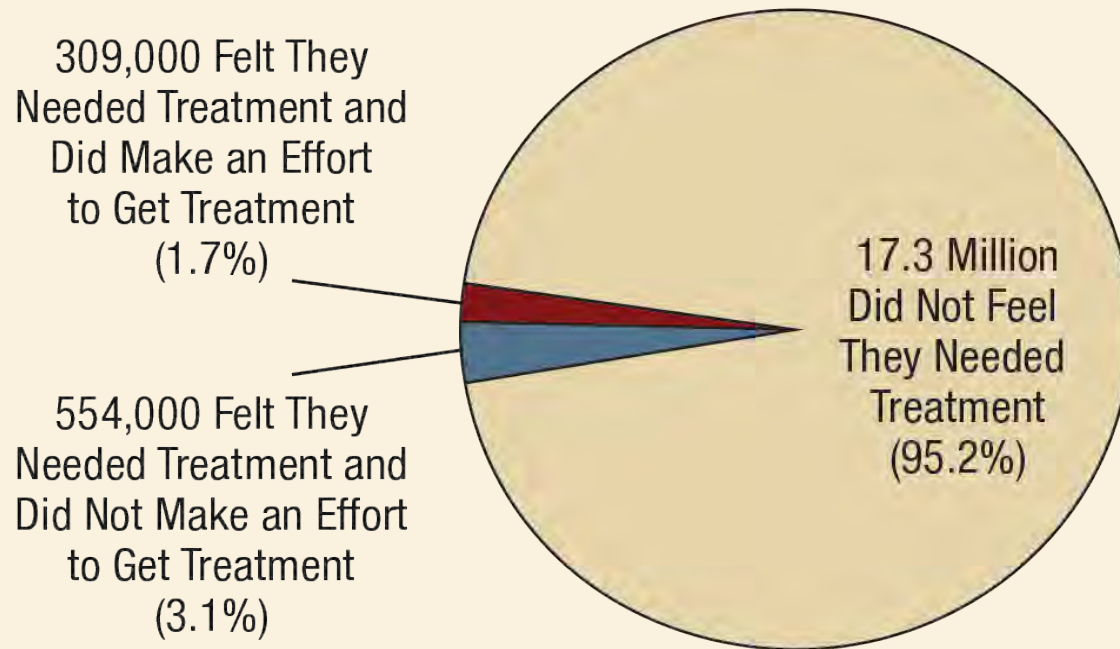
- Received Treatment for Illicit Drug Use
- Did Not Receive Treatment for Illicit Drug Use

*In Maine, among individuals aged 12 + with illicit drug dependence or abuse, about 5,000 individuals (19.0%) per year from 2010 to 2014 received treatment for their illicit drug use within the year prior to being surveyed.*



# 18.1 MILLION ADULTS NEEDED SUBSTANCE USE TREATMENT

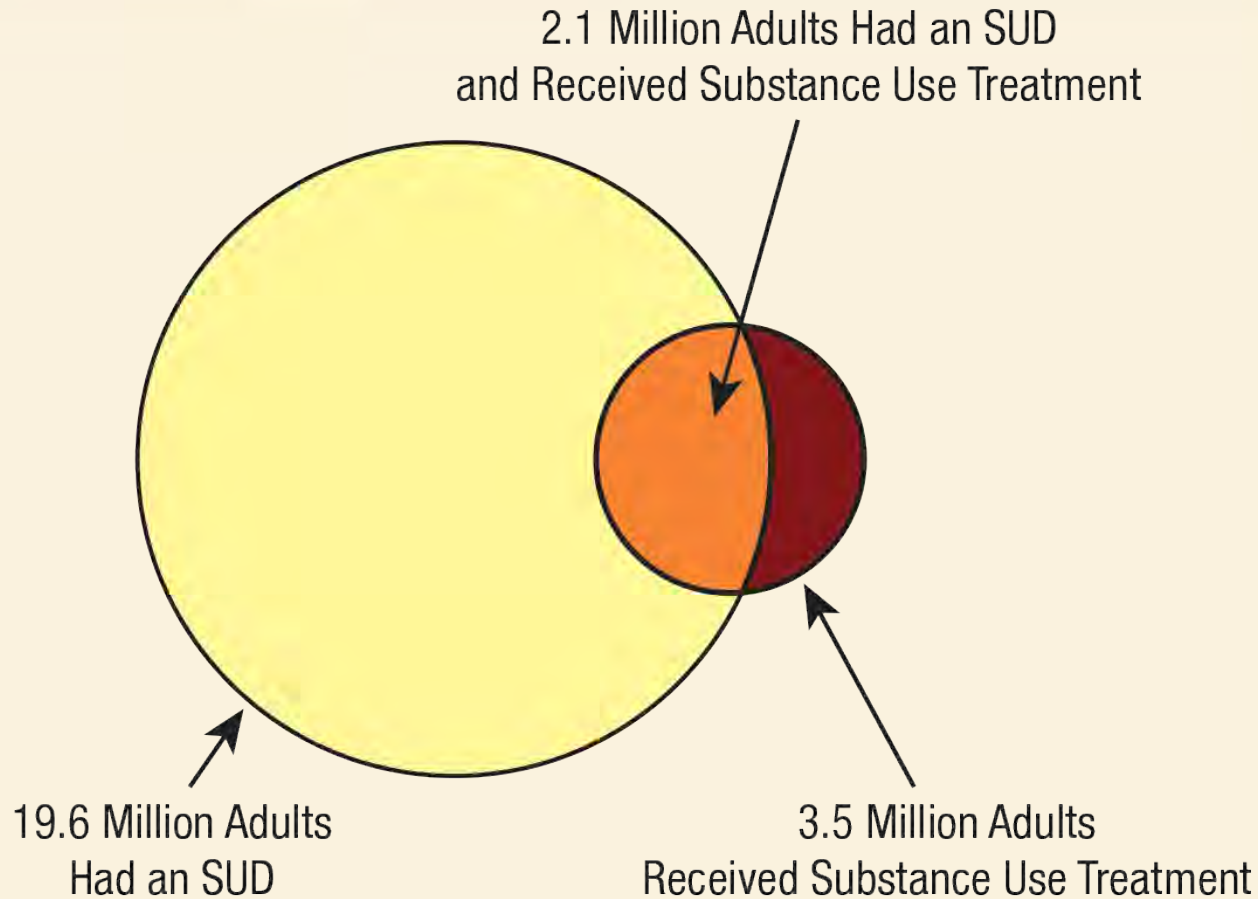
## Perceived Need for Substance Use Treatment among Adults ≥ 18 Who Needed Substance Use Treatment but Did Not Receive Substance Use Treatment in the Past Year



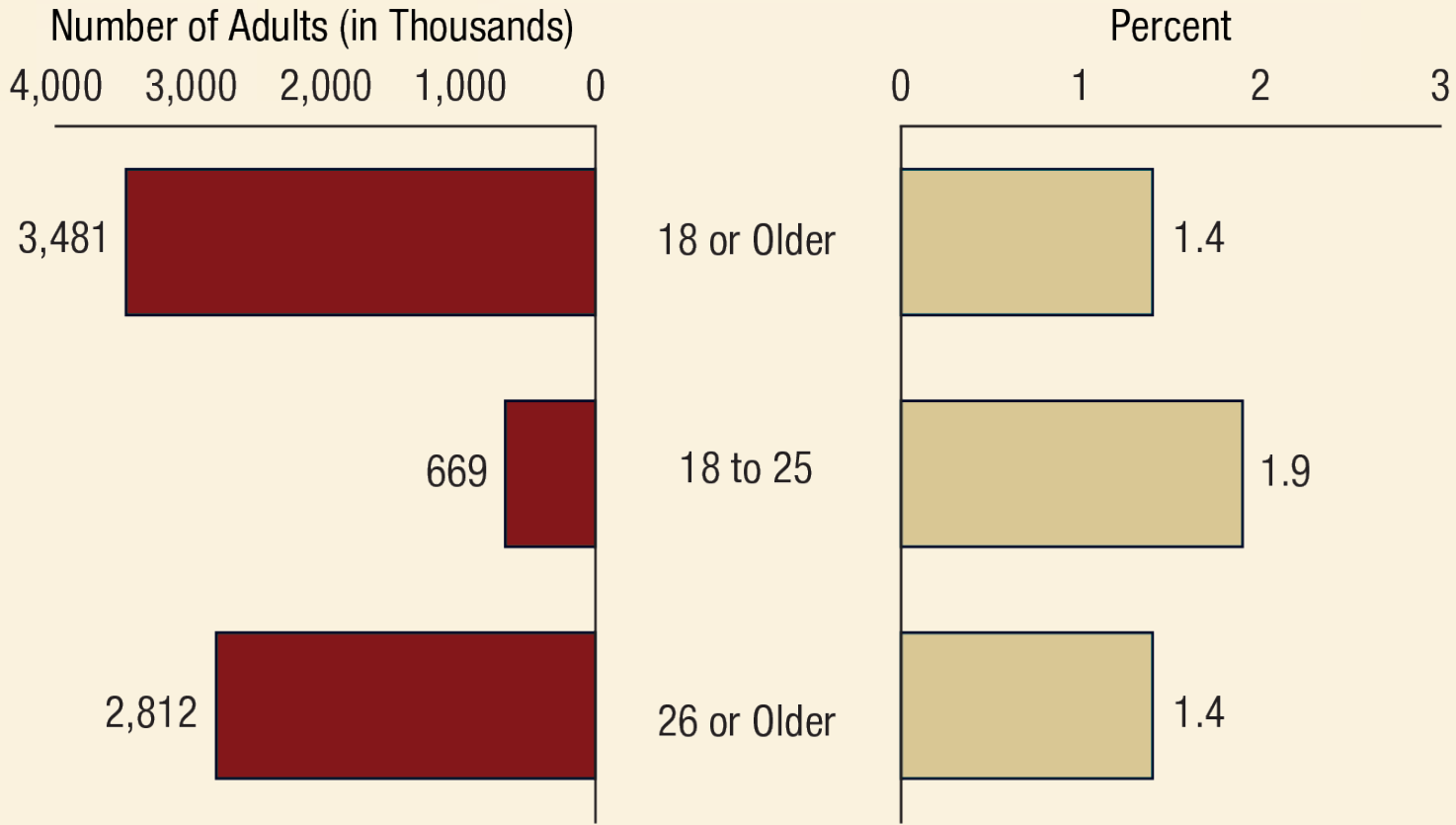
18.1 Million Adults Needed but Did Not Receive Substance Use Treatment



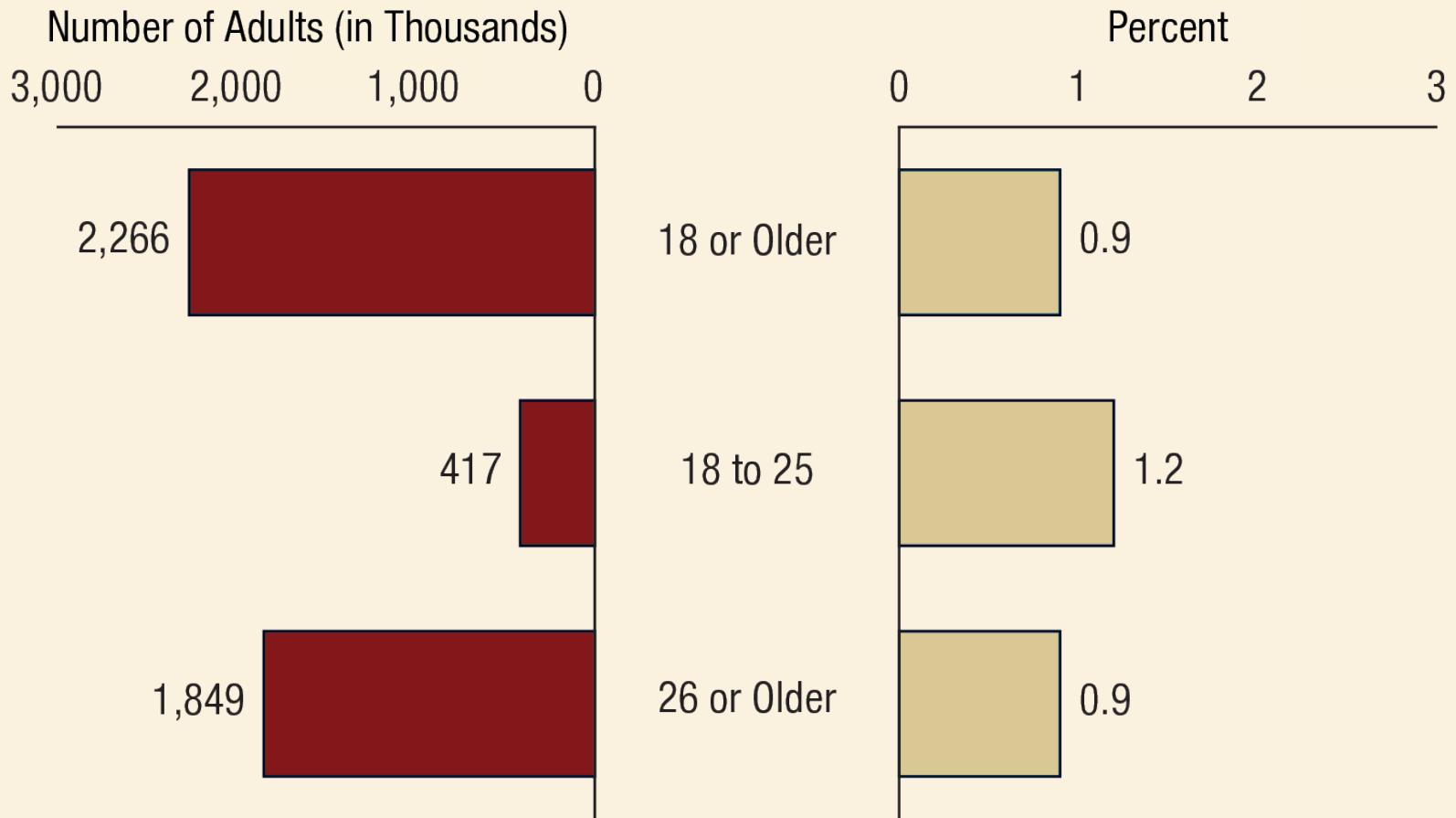
# 19.6 MILLION ADULTS WITH AN SUD *DID NOT* RECEIVE TREATMENT



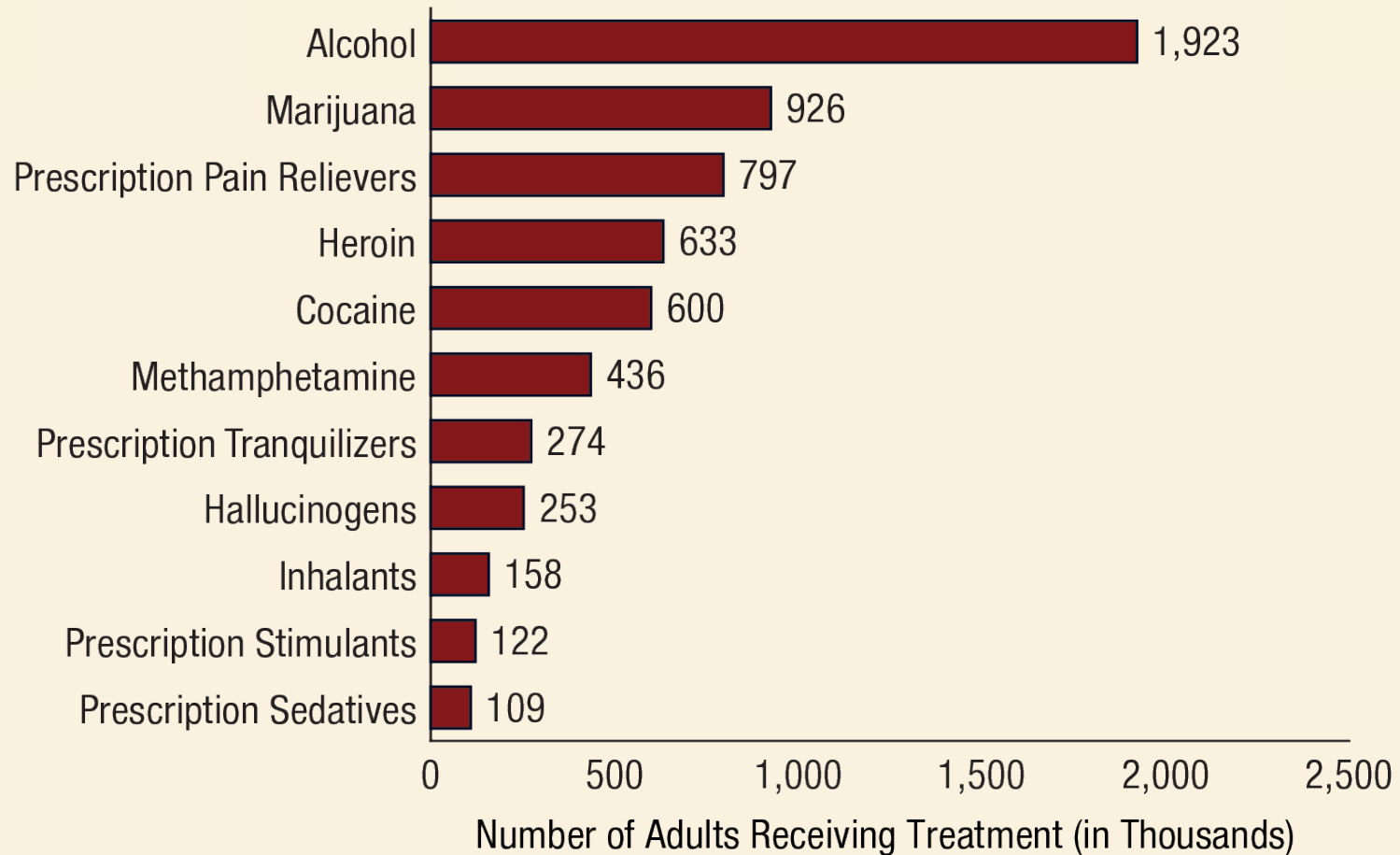
# ADULTS WHO RECEIVED ANY SUBSTANCE USE TREATMENT



# ADULTS WHO RECEIVED SUBSTANCE USE TREATMENT AT A SPECIALTY FACILITY

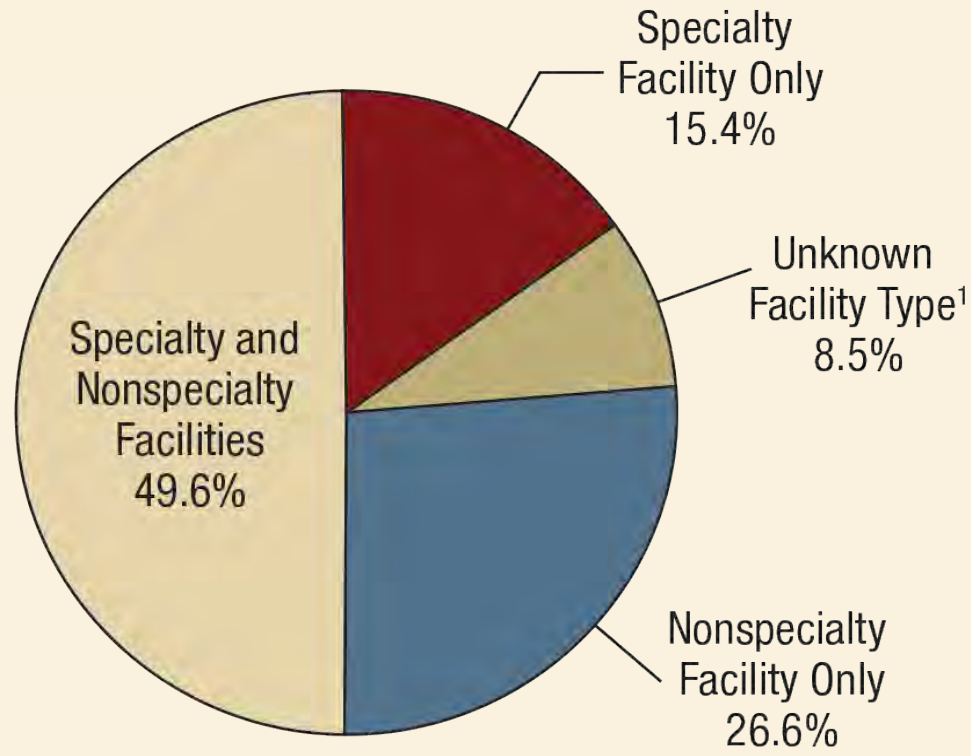


# SUBSTANCES FOR WHICH LAST OR CURRENT TREATMENT WAS RECEIVED IN ADULTS





# TYPE OF SUBSTANCE USE TREATMENT RECEIVED IN THE PAST YEAR IN ADULTS

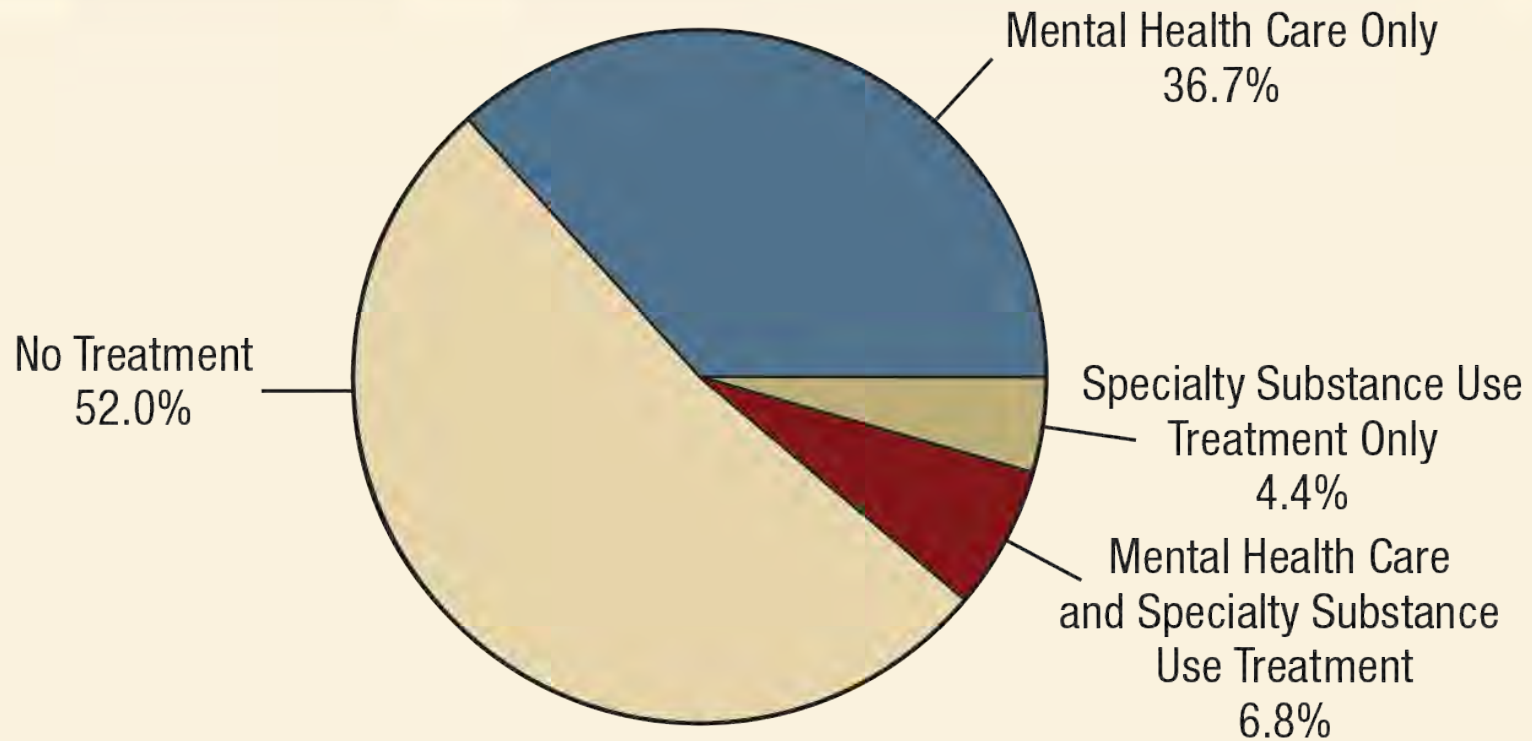


**3.5 Million Adults Received Substance Use Treatment in the Past Year**

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

<sup>1</sup> Unknown Facility Type includes all respondents with insufficient information to definitively classify in which facility type(s) they received treatment regardless of whether they received treatment for alcohol, illicit drugs, or both.

# RECEIPT OF BEHAVIORAL HEALTH CARE IN ADULTS WHO HAD AMI & SUD

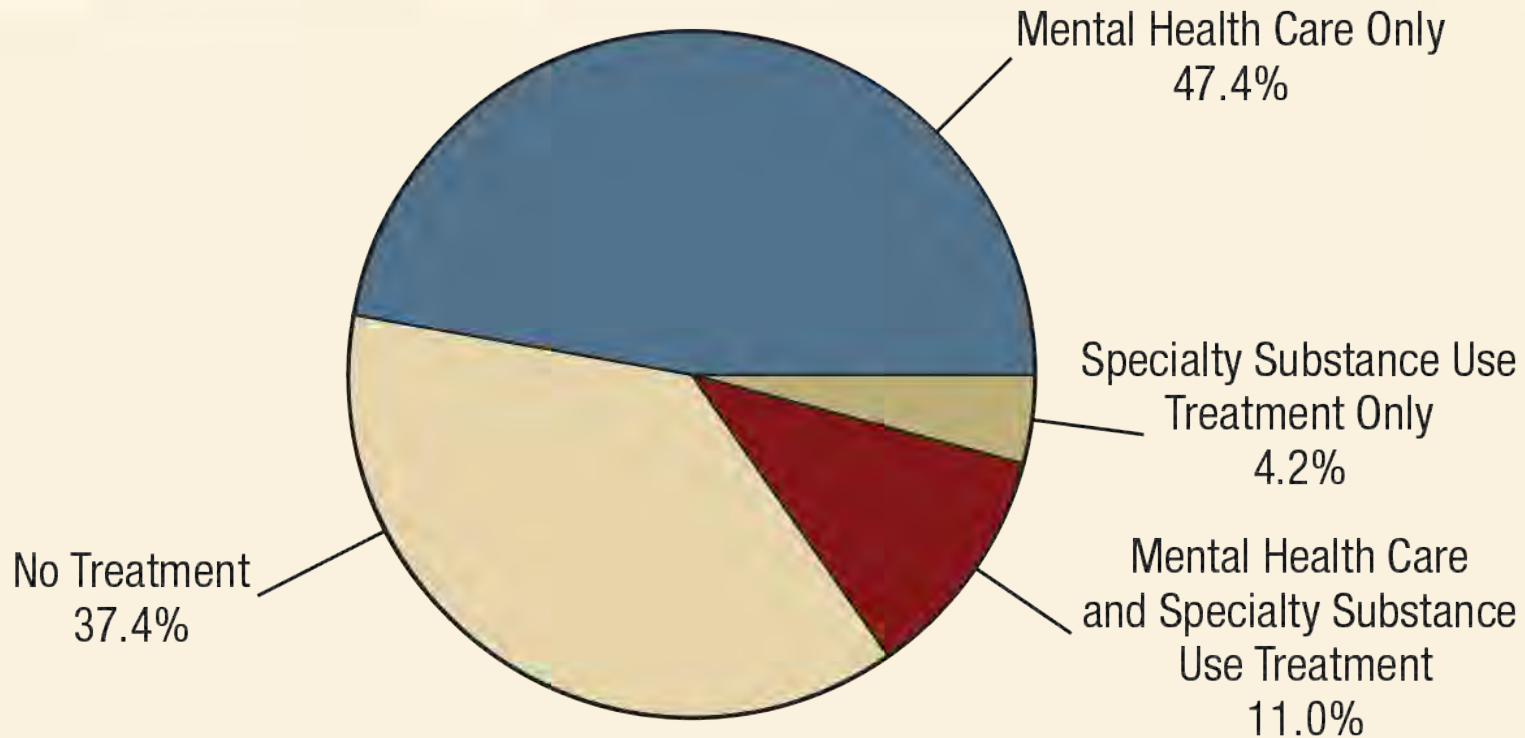


## 8.1 Million Adults with Co-Occurring Any Mental Illness and Substance Use Disorders

Note: Mental health care is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Specialty substance use treatment refers to treatment at a hospital (inpatient only), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use.

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

# RECEIPT OF BEHAVIORAL HEALTH CARE IN ADULTS WHO HAD SMI & SUD

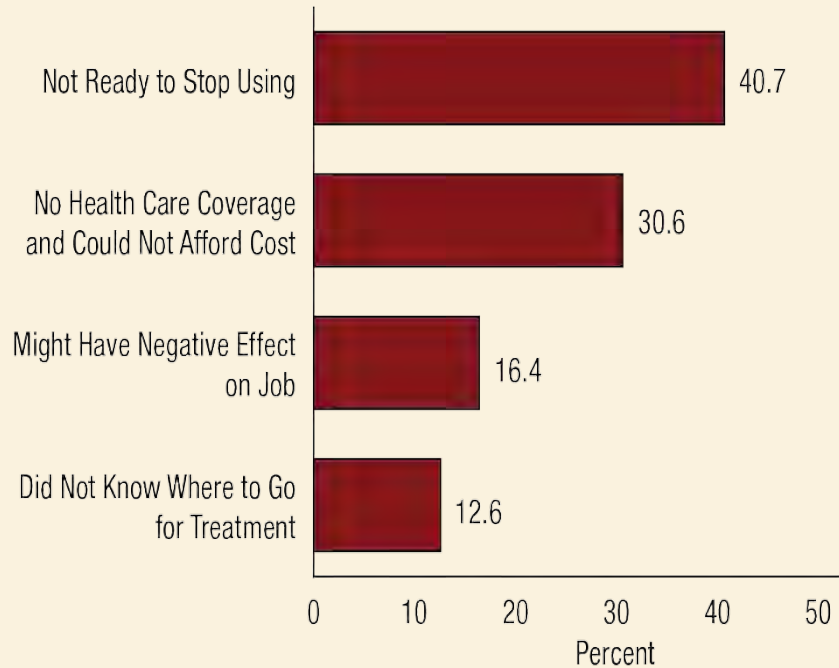


## 2.3 Million Adults with Co-Occurring Serious Mental Illness and Substance Use Disorders

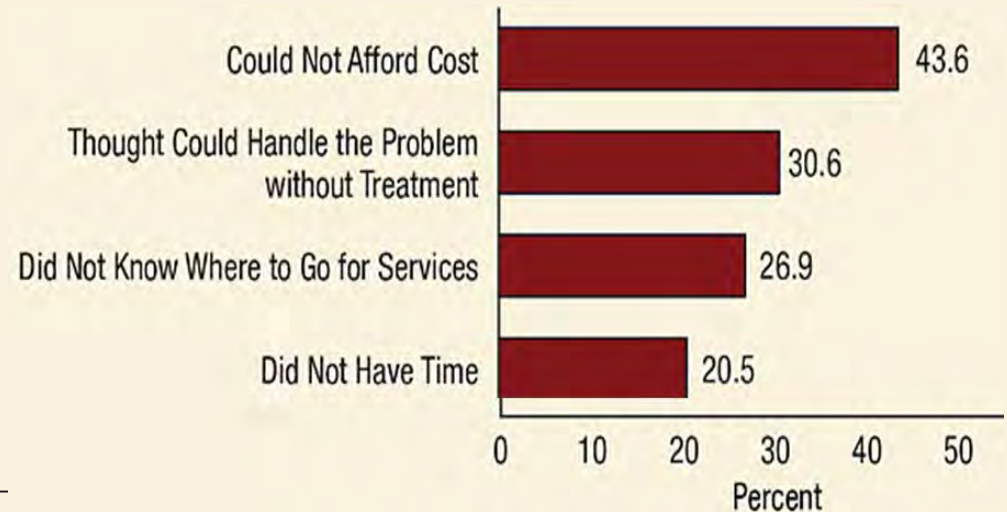
Note: Mental health care is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Specialty substance use treatment refers to treatment at a hospital (inpatient only), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use.

# ENGAGING THOSE IN NEED

## Top Reasons for Not Receiving Substance Use Treatment



## Top Reasons for Not Receiving MH services





# NATIONAL TRENDS

# THANK YOU!

Kimberly.Johnson@samhsa.hhs.gov

The screenshot displays the SAMHSA website interface. At the top right, there are navigation links for Home, Newsroom, Site Map, and Contact Us. Below these is a search bar for SAMHSA.gov with a dropdown menu for 'All SAMHSA' and 'Recovery Mo.', and a Search button. Social media icons for Facebook, Twitter, YouTube, and a Blog icon are also present. A dark red navigation bar contains links for Find Help & Treatment, Topics, Programs & Campaigns, Grants, Data, About Us, and Publications. Below this is a LOGIN | REGISTER section with icons for print, email, RSS, and a SHARE+ button. The main content area features a large banner for National Recovery Month with the text 'JOIN THE VOICES FOR RECOVERY STRENGTHEN FAMILIES AND COMMUNITIES' and an illustration of a community. To the right of the banner is a Twitter feed for @RecoveryMonth with a tweet about co-occurring disorders and homelessness, including a link to samhsagov.

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

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**JOIN THE VOICES FOR RECOVERY  
STRENGTHEN FAMILIES AND COMMUNITIES**

**National Recovery Month**  
Powerful Words - Together we do it! October - People Recovery  
SEPTEMBER 2017

**Twitter** Follow @recoverymonth

**Recovery Month**  
@RecoveryMonth

#DYK Co-occurring disorders are common among people experiencing #homelessness? Learn more via @samhsagov: [bit.ly/2gAbxDe](http://bit.ly/2gAbxDe)

**National Recovery Month**