Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
National Trends in Substance Use, Misuse, and Disorders

Kimberly Johnson, PhD
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 1st, 2017
CURRENT LANDSCAPE AND TRENDS

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

- Marijuana: 2,600,000 (2.6 Million)
- Prescription Pain Relievers: 2,126,000 (2.1 Million)
- Prescription Tranquilizers: 1,437,000 (1.4 Million)
- Prescription Stimulants: 1,260,000 (1.3 Million)
- Hallucinogens: 1,160,000 (1.2 Million)
- Cocaine: 968,000
- Ecstasy: 839,000
- LSD: 664,000
- Inhalants: 600,000
- Prescription Sedatives: 425,000
- Methamphetamine: 225,000
- Heroin: 135,000
- Alcohol: 4,761,000 (4.8 Million)
- Cigarettes: 1,956,000 (2.0 Million)
- Smokeless Tobacco: 1,335,000 (1.3 Million)

MEAN AGE AT FIRST USE

- Marijuana: 19.0
- Prescription Pain Relievers: 25.8
- Prescription Tranquilizers: 25.9
- Prescription Stimulants: 22.3
- Prescription Sedatives: 28.3
- Cocaine: 21.5
- Heroin: 25.4
- Hallucinogens: 19.6
- LSD: 19.6
- Ecstasy: 20.7
- Inhalants: 17.4
- Methamphetamine: 25.8
- Alcohol: 17.6
- Cigarettes: 17.9
- Smokeless Tobacco: 21.3

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

NSDUH 2015 DATA

LSD = lysergic acid diethylamide.
Difference between this estimate and the 2015 estimate is statistically significant at the .05 level.

+ 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

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/
Maine’s percentage of alcohol dependence or abuse among individuals aged 12 or older was similar to the national percentage in 2013–2014.
NUMBERS OF PAST MONTH ILLICIT DRUG USERS AMONG PEOPLE AGE ≥ 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.
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 10  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/


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/

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

NSDUH 2015 DATA

+ Difference between this estimate and the 2015 estimate is statistically significant at the .05 level.
Maine’s percentage of illicit drug dependence or abuse among individuals aged 12 or older was similar to the national percentage in 2013–2014.
SNAPSHOT: OPIOID USE/DISORDER
PRESCRIPTION PSYCHOTHERAPEUTIC USERS/MISUSERS PEOPLE ≥ 12 IN 2015

NSDUH 2015 DATA
PRESCRIPTION PSYCHOTHERAPEUTICS SUD IN PEOPLE > 12

NSDUH 2015 DATA
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

Percent with Pain Reliever Use Disorder in Past Year

- 12 or Older: 0.8
- 12 to 17: 0.5
- 18 to 25: 1.2
- 26 or Older: 0.7

NSDUH 2015 DATA
TRENDS IN PAIN RELIEVER USE & DISORDERS IN PEOPLE ≥ 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.

NSDUH 2014 data
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/.
MISUSE OF SELECTED PAIN RELIEVER SUBTYPES IN THE PAST YEAR IN PEOPLE > 12

NSDUH 2015 DATA
REASONS FOR *MISUSE* OF PRESCRIPTION PAIN RELIEVERS IN PEOPLE ≥ 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.

NSDUH 2015 data
SOURCE OF PAIN RELIEVERS FOR PEOPLE > 12 WHO MISUSED PAIN RELIEVERS

Prescriptions from More Than One Doctor (1.7%)
Stole from Doctor's Office, Clinic, Hospital, or Pharmacy (0.7%)

Prescription from One Doctor (34.0%)

Got through Prescription(s) or Stole from a Health Care Provider 36.4%

Some Other Way 4.9%
Bought from Drug Dealer or Other Stranger 4.9%

Given by, Bought from, or Took from a Friend or Relative 53.7%
From Friend or Relative for Free (40.5%)
Bought from Friend or Relative (9.4%)
Took from Friend or Relative without Asking (3.8%)

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 > 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.

NSDUH 2015 DATA
PAIN RELIEVER MISUSE & HEROIN USE IN PEOPLE > 12 IN THE PAST YEAR

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

11.9 Million

- 12.5 Million Pain Reliever Misusers
- 598,000 Pain Reliever Misusers and Heroin Users (4.8% of Pain Reliever Misusers and 72.1% of Heroin Users)
- 231,000 Heroin Users, No Pain Reliever Misuse (27.9% of Heroin Users)
- 828,000 Heroin Users

NSDUH 2015 DATA
NATIONAL OPIOID DEATHS, 1999-2015

https://www.washingtonpost.com
CDC data
OPIOID DEATHS BY STATE IN 2015

https://www.washingtonpost.com
CDC data

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

Maine overdose deaths soared nearly 40 percent last year, to record 378
MAINE: DRUG OVERDOSE DEATHS (1)

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Both Fentanyl and Heroin</th>
<th>Fentanyl Not Heroin</th>
<th>Heroin Not Fentanyl</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>1</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>2011</td>
<td>0</td>
<td>15</td>
<td>7</td>
</tr>
<tr>
<td>2012</td>
<td>0</td>
<td>10</td>
<td>28</td>
</tr>
<tr>
<td>2013</td>
<td>1</td>
<td>9</td>
<td>33</td>
</tr>
<tr>
<td>2014</td>
<td>11</td>
<td>31</td>
<td>46</td>
</tr>
<tr>
<td>2015</td>
<td>37</td>
<td>55</td>
<td>70</td>
</tr>
<tr>
<td>2016</td>
<td>76</td>
<td>119</td>
<td>48</td>
</tr>
</tbody>
</table>
NATIONAL DISCONNECT: OPIOID TREATMENT & FOLLOW-UP SERVICES

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

http://store.samhsa.gov/shin/content//SMA11-4636CLIN/SMA11-4636CLIN.pdf
LINKAGES

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

https://commons.wikimedia.org/wiki/File:Innards_of_a_G._Seifer_t_mechanical_gold_watch_-b.jpg
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.

Nam, E., Matejkowski, J. & Lee, S. Psychiatr Q (2016); J.J. Anker et al. / Drug and Alcohol Dependence 159 (2016) 93–100
Areas identified as common sites of gray matter loss across MDD, SUDs, and several other categories of psychiatric disorders.


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

AMI and SMI in the Past Year in Adults ≥ 18 or Older

+ 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

SMI IN THE PAST YEAR

NSDUH 2012-2014
Maine’s percentage of past year serious mental illness (SMI) among adults aged 18 or older was higher than the national percentage in 2013–2014.
PAST YEAR SUBSTANCE USE DISORDER (SUD) & MENTAL ILLNESS AMONG ADULTS ≥18

- 2015 NSDUH

- SUD and Mental Illness: 8.1 Million
- SUD, No Mental Illness: 11.5 Million
- Mental Illness, No SUD: 35.4 Million
- 19.6 Million Adults Had SUD
- 43.4 Million Adults Had Mental Illness
PAST YEAR SUD & SERIOUS MENTAL ILLNESS (SMI) AMONG ADULTS ≥18

19.6 Million Adults Had SUD

2.3 Million Adults Had SMI

7.4 Million Adults Had SMI

SUD and SMI

9.8 Million Adults Had SMI

SUD, No SMI

SMI, No SUD

2015 NSDUH
PAST YEAR SUBSTANCE DEPENDENCE & SMI AMONG ADULTS >18

11.7 Million Adults Dependence
9.8 Million Adults SMI
7.9 Million SMI Only
1.9 Million Dependence Only

1.9 M Dependence & SMI

Dependence per DSM IV

2015 NSDUH
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

* 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

* 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.

Hughes et al. 2016. Prescription drug use and misuse in the United States: Results from the 2015 National Survey on Drug Use and Health. NSDUH Data Review
TREATMENT
ONLY 19% OF MAINERS WHO MET DIAGNOSTIC CRITERIA RECEIVED 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.

SAMHSA Behavioral Health Barometer: Maine, 2015.
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

309,000 Felt They Needed Treatment and Did Make an Effort to Get Treatment (1.7%)

554,000 Felt They Needed Treatment and Did Not Make an Effort to Get Treatment (3.1%)

17.3 Million Did Not Feel They Needed Treatment (95.2%)

18.1 Million Adults Needed but Did Not Receive Substance Use Treatment
19.6 MILLION ADULTS WITH AN SUD DID NOT RECEIVE TREATMENT

- 19.6 Million Adults Had an SUD
- 3.5 Million Adults Received Substance Use Treatment
- 2.1 Million Adults Had an SUD and Received Substance Use Treatment

2015 NSDUH
ADULTS WHO RECEIVED ANY SUBSTANCE USE TREATMENT

Number of Adults (in Thousands)

<table>
<thead>
<tr>
<th></th>
<th>4,000</th>
<th>3,000</th>
<th>2,000</th>
<th>1,000</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 or Older</td>
<td>3,481</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 to 25</td>
<td></td>
<td></td>
<td></td>
<td>669</td>
<td></td>
</tr>
<tr>
<td>26 or Older</td>
<td>2,812</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Percent

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 or Older</td>
<td></td>
<td>1.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 to 25</td>
<td></td>
<td></td>
<td>1.9</td>
<td></td>
</tr>
<tr>
<td>26 or Older</td>
<td></td>
<td></td>
<td></td>
<td>1.4</td>
</tr>
</tbody>
</table>

2015 NSDUH
ADULTS WHO RECEIVED SUBSTANCE USE TREATMENT AT A SPECIALTY FACILITY

Number of Adults (in Thousands)

<table>
<thead>
<tr>
<th>Group</th>
<th>Count (in Thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 or Older</td>
<td>2,266</td>
</tr>
<tr>
<td>18 to 25</td>
<td>417</td>
</tr>
<tr>
<td>26 or Older</td>
<td>1,849</td>
</tr>
</tbody>
</table>

Percent

- 18 or Older: 0.9%
- 18 to 25: 1.2%
- 26 or Older: 0.9%
SUBSTANCES FOR WHICH LAST OR CURRENT TREATMENT WAS RECEIVED IN ADULTS

2015 NSDUH
3.5 Million Adults Received Substance Use Treatment in the Past Year

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

1 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

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

- Not Ready to Stop Using: 40.7%
- No Health Care Coverage and Could Not Afford Cost: 30.6%
- Might Have Negative Effect on Job: 16.4%
- Did Not Know Where to Go for Treatment: 12.6%

Top Reasons for Not Receiving MH services

- Could Not Afford Cost: 43.6%
- Thought Could Handle the Problem without Treatment: 30.6%
- Did Not Know Where to Go for Services: 26.9%
- Did Not Have Time: 20.5%
NATIONAL TRENDS

THANK YOU!
Kimberly.Johnson@samhsa.hhs.gov