



Recovery from Substance Use and Mental Health Problems Among Adults in the United States

SAMHSA
Substance Abuse and Mental Health
Services Administration

Acknowledgments

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I. ABSTRACT

This brief report presents self-reports of recovery among adults aged 18 and older in the United States who thought they ever had a problem with their use of drugs or alcohol and/or mental health. Recovery for substance use or mental health problems differed by age, family income, education, marital status, and importance of religious beliefs. Adults who participated in at least one government assistance program, had a lower level of education, or had a lower family income relative to the federal poverty level tended to have a higher prevalence of substance use recovery, but a lower prevalence of mental health recovery. The percentage of adults in mental health recovery tended to be higher among those who were insured, had better overall health, were heterosexual, or were never arrested or booked for breaking the law. Further, the percentage of adults in recovery tended to be lower among those with past-year serious psychological distress, substance use disorder (SUD), co-occurring mental illness and SUD, alcohol use, marijuana use, or cocaine use. Substance use recovery was more prevalent among adults who received lifetime or past-year substance use treatment. Similarly, mental health recovery was more prevalent among adults who received past-year mental health treatment. These findings provide a clearer characterization of the factors associated with recovery among adults and how future efforts can foster a whole-health approach to sustain recovery from mental health and substance use conditions.

II. INTRODUCTION

Substance use and mental health conditions impact individuals from all walks of life, and across all age groups. While these conditions are common, recurrent, and often serious, they are preventable and treatable; and many individuals do recover. In 2022, the Substance Abuse and Mental Health Services Administration (SAMHSA) reaffirmed its definition of *recovery* as “a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential” (SAMHSA, 2012). The process of recovery is highly personal and occurs via many pathways. It may include clinical treatment, medications, faith-based approaches, peer support, family support, self-care, and other approaches. A better understanding of those who self-identify as in recovery, particularly during the COVID-19 pandemic, is crucial if data-driven efforts are to foster recovery through expanded access to treatment and recovery services. This report summarizes perceived recovery, hereafter referred to as “recovery,” among U.S. adults. The following sections present the prevalence of substance use and mental health recovery among adults who perceived that they ever had a problem with their substance use or mental health, stratified by population characteristics related to sociodemographic factors, substance use, SUD, mental health, and treatment.

III. METHODS

Data Source

The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by SAMHSA, an agency within the U.S. Department of Health and Human Services. NSDUH's data collection protocol was approved by the U.S. Office of Management and Budget and the institutional review board at Research Triangle Institute International. Informed consent was obtained from each NSDUH participant.

NSDUH collects information from residents of households and noninstitutional group quarters (e.g., shelters, rooming houses) and from civilians living on military bases. The

survey excludes unhoused people who do not use shelters, military personnel on active duty, and residents of institutional group quarters, such as jails and hospitals. The 2021 NSDUH used multimode data collection, in which respondents completed the survey via the web or in person in eligible locations. The weighted household screening response rate was 22.2%, and the weighted interview response rate was 46.2% for 2021. Additional details about the NSDUH methods are provided in the 2021 Methodological Summary and Definitions report (Center for Behavioral Health Statistics and Quality [CBHSQ], 2022).

A total of 69,850 respondents aged 12 or older completed the survey in person or via the web in 2021. This brief report utilized the 2021 NSDUH restricted-use file to examine data from adults aged 18 years and older who reported that they ever had a problem with their drug use, alcohol use, or mental health.

IV. MEASURES

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 thought 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 who reported that they 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 problem. Additional measures were created to demonstrate the presence of a perceived substance use and/or mental health problem and recovery from a substance use and/or mental health problem.

Additionally, NSDUH collected information on:

- Sociodemographic characteristics: Sex, age, race and ethnicity, health insurance coverage, participation in a government assistance program, family income relative to the federal poverty level, marital status, sexual identity, veteran status, educational attainment, employment status.
- Other social determinants of health: Overall health, importance of religion, criminal justice system involvement.
- Perceived COVID-19 pandemic impact: Mental health, amount of alcohol or drug use.
- Substances used in the past year: Tobacco, alcohol, marijuana, cocaine, hallucinogens, prescription pain relievers, prescription tranquilizers, prescription sedatives, prescription stimulants.
- SUD in the past year, using diagnostic criteria from the *Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition)*.
- Treatment for illicit drug or alcohol use in the past year.
- Mental health in the past year: Serious thoughts of suicide, psychological distress, mental illness.
- Mental health treatment in the past year.

V. STATISTICAL ANALYSIS

Recovery was examined among respondents aged 18 years and older who perceived that they ever had a substance use or mental health problem. Prevalence estimates of recovery from substance use or mental health problems were stratified by population characteristics (i.e., sociodemographic characteristics, other social determinants of health, perceived COVID-19 impact, substances used, SUD, SUD treatment, mental health, mental health treatment). Descriptive analyses using Pearson's chi-square test examined whether the prevalence of recovery differed by population characteristics. For each analysis, a 2-tailed *p* value of less than 0.05 was considered statistically significant. In cases where overall chi-square tests identified significant differences in the prevalence of recovery between multiple levels of a variable (for example, across the five age groups), observed patterns based on the prevalence estimates were examined. Statistical tests for trends or pairwise comparisons were not conducted to formally assess which groups had higher or lower recovery prevalence. SUDAAN 11.0.4 was used for all data analyses to account for NSDUH's complex sample design and sample weights. Unreliable estimates were not published in accordance with NSDUH suppression criteria (CBHSQ, 2022).

VI. RESULTS

In 2021, 70.0 million adults aged 18 or older perceived that they ever had a substance use and/or mental health problem, 72.1% (or 50.2 million) of whom considered themselves to be in recovery or to have recovered from their substance use and/or mental health problem. For substance use specifically, of the 29.0 million adults who perceived that they ever had a substance use problem, 72.2% (or 20.9 million) considered themselves to be in recovery or to have recovered from their drug or alcohol use problem. For mental health, of the 58.7 million adults who perceived they ever had a mental health problem, 66.5% (or 38.8 million) considered themselves to be in recovery or to have recovered from their mental health problem.

VII. SOCIODEMOGRAPHIC CHARACTERISTICS

Among adults with perceived substance use and/or mental health problems, the percentage who were in recovery differed by age, marital status, poverty level, participation in at least one government assistance program, and education. Adults who participated in at least one government assistance program, had lower levels of education, or had a lower family income relative to the federal poverty level were generally more likely to be in substance use recovery, but less likely to be in mental health recovery. Additionally, mental health recovery tended to be more common among adults who were insured or heterosexual. While not statistically significant, recovery from substance use problems was more often reported among veterans.

VIII. OTHER SOCIAL DETERMINANTS OF HEALTH

The percentage of adults in recovery from substance use and/or mental health problems significantly differed by importance of religious beliefs. In general, the prevalence of recovery tended to increase with the level of importance that adults placed on their religious beliefs. Additionally, the percentage of adults who were in mental health recovery

significantly differed by their perceived overall health and whether they were arrested or booked for breaking the law. Mental health recovery tended to be more common among adults with higher levels of perceived overall health and among those who had never been arrested or booked.

IX. PERCEIVED COVID-19 PANDEMIC IMPACT

Among adults who used alcohol or drugs in the past year, the prevalence of substance use recovery significantly differed depending on the extent to which they perceived that the COVID-19 pandemic impacted their substance use. Similarly, the prevalence of mental health recovery significantly differed depending on the extent to which adults perceived that the COVID-19 pandemic negatively impacted their mental health. Among adults who used alcohol or drugs in the past year, substance use recovery was generally more common among those who reported that they used alcohol or drugs less than they did before the pandemic. Similarly, mental health recovery tended to be less common among adults who perceived that the pandemic negatively affected their health “quite a bit” or “a lot.”

X. SUBSTANCE USE IN THE PAST YEAR

Adults who had an SUD in the past year were significantly less likely to be in recovery. The prevalence of substance use recovery was lower among adults who used alcohol, marijuana, cocaine, or a hallucinogen in the past year, while the prevalence of mental health recovery was lower among adults who used tobacco, alcohol, marijuana, cocaine, or prescription tranquilizers in the past year. While not statistically significant, the percentage of adults in recovery from substance use and/or mental health problems was lower among those who used prescription stimulants in the past year.

XI. SUBSTANCE USE TREATMENT IN THE PAST YEAR

The prevalence of recovery from substance use was higher among adults who had ever received substance use treatment in their lifetime or in the past year. While not statistically significant, the prevalence of recovery from mental health problems was higher among adults who had received substance use treatment in the past year. The percentage of adults in recovery from either substance use or mental health problems was lower among those who needed treatment for substance use and did not receive treatment in the past year.

XII. MENTAL HEALTH IN THE PAST YEAR

The percentage of adults in recovery from either substance use or mental health problems was significantly lower among those who had experienced serious psychological distress, mental illness, or comorbid mental illness and SUD in the past year. The percentage of adults in recovery from mental health problems was also lower among those who had serious thoughts of suicide in the past year.

XIII. MENTAL HEALTH TREATMENT IN THE PAST YEAR

The percentage of adults in mental health recovery was significantly higher among those who received any mental health treatment in the past year, including inpatient, outpatient, prescription, or virtual care. The percentage of adults in recovery from either substance use or mental health problems was also lower among those who felt that they needed mental health treatment but did not receive it in the past year.

The Appendix summarizes the prevalence of recovery, stratified by population characteristics.

XIV. DISCUSSION

An estimated 72.1% of adults who considered themselves to have ever had substance use and/or mental health problems reported that they were in recovery from such problems. Recovery for substance use or mental health problems differed by age, family income, education, marital status, and importance of religious beliefs. Adults who participated in at least one government assistance program, had a lower level of education, or had a lower family income relative to the federal poverty level tended to have a higher prevalence of substance use recovery, but lower prevalence of mental health recovery. The percentage of adults in mental health recovery tended to be higher among those who were insured, had better overall health, were heterosexual, or were never arrested or booked for breaking the law. Furthermore, the prevalence of recovery was lower among adults with past-year substance use, SUD, and serious psychological distress. Such findings are largely consistent with previous work (Jones et al., 2020; Kelly et al., 2017; Salzer et al., 2018).

These data reveal that recovery, from the perspective of those impacted by mental health and substance use conditions, is real and possible for the majority, and that there are many adults in the U.S. who identify as being in recovery. Recovery is also clearly supported by a range of factors, including social, spiritual, and somatic, thus calling for a whole-health approach to facilitating recovery.

Notably, these results demonstrated that individuals who received mental health treatment in the past year were more likely to self-identify as being in recovery from a mental health problem, and people who received substance use treatment in the past year were more likely to self-identify as being in recovery from a substance use problem. Those individuals were also less likely to need but not receive substance use treatment, or to perceive unmet need for and not receive mental health treatment. These findings highlight the importance of treatment and recovery-oriented systems of care so that when individuals with mental health and/or substance use problems seek help, they are met with the knowledge and belief that anyone can recover, and that they can successfully manage their conditions.

During the COVID-19 pandemic, adverse mental health symptoms and substance use increased due to factors such as worry and stress over the coronavirus, social isolation, and economic downturns (Czeisler et al., 2020; Haydon & Salvatore, 2022; Panchal et al., 2020). However, adults who reported that COVID-19 had stronger detrimental effects on their mental health or substance use were less likely to be in mental health or substance use recovery, respectively. This finding suggests that those in recovery may exhibit higher resilience, and as a result, experience reduced impact from COVID-19 due to their ability

to adapt, cope, and maintain healthier habits. This emphasizes resilience being a key component of recovery. Recovery is characterized by continual growth and improvement in one's health and wellness while managing setbacks, which are a natural part of life.

It is important to implement policies that leverage the positive aspects of protective factors among individuals in recovery to promote their overall well-being and successful reintegration into society. Some policy recommendations, grouped in the four dimensions that SAMHSA identifies as supporting recovery, include:

● Health

- Primary Health Care – Expand access to affordable, high-quality health care, including health insurance coverage.
- Mental Health and Substance Use Treatment Accessibility: Improve access to affordable and high-quality mental health and substance use treatment services to ensure early intervention and ongoing support for those in recovery.
- Resiliency: Recognize and build on the strengths and capacities of individuals, families, and communities to overcome challenges and thrive.

● Home

- Affordable Housing Initiatives: Create affordable housing options—including supported housing and recovery housing—to support individuals in recovery, fostering a sense of community and social support.

● Purpose

- Supportive Employment Programs: Implement initiatives that promote job opportunities and vocational training for individuals in recovery, helping them access stable employment and higher incomes.
- Collegiate Recovery: Expand efforts to provide campus-based supports to assist individuals to attain higher education.
- Financial Counseling and Education: Offer financial literacy programs to help individuals in recovery manage their income effectively and build financial stability.

● Community

- Community Outreach and Support Networks: Establish community-based support networks and peer-led programs that provide social support and mentorship to individuals in recovery.
- Anti-Discrimination and Stigma Reduction Efforts: Develop campaigns to combat stigma surrounding mental health and substance use, fostering a more inclusive society that supports individuals' reintegration into the workforce and society.
- Spirituality: Engage faith communities in supporting people in recovery.
- Equity: Provide focused efforts to expand recovery opportunities to under-served and under-resourced populations, including people of color, LGBTQI+ populations, and others.

- Criminal Justice Diversion: Implement alternatives to arrest and incarceration.
- Family Support Services: Provide resources for families of individuals in recovery, acknowledging the vital role they play in providing social support.

The current report leverages SAMHSA's NSDUH data to characterize recovery from substance use and mental health problems more clearly. Through this effort, SAMHSA can better achieve its vision that people with, affected by, or at risk for mental health and substance use conditions receive care, achieve well-being, and thrive.

XV. REFERENCES

- Center for Behavioral Health Statistics and Quality. (2022). 2021 National Survey on Drug Use and Health: Methodological summary and definitions. Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>
- Czeisler, M. É., Lane, R. I., Petrosky, E., et al. (2020). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic—United States, June 24–30, 2020. *Morbidity and Mortality Weekly Report*, 69(32), 1049.
- Haydon, K. C., & Salvatore, J. E. (2022). A prospective study of mental health, well-being, and substance use during the initial COVID-19 pandemic surge. *Clinical Psychological Science*, 10(1), 58–73.
- Jones, C. M., Noonan, R. K., & Compton, W. M. (2020). Prevalence and correlates of ever having a substance use problem and substance use recovery status among adults in the United States, 2018. *Drug and Alcohol Dependence*, 214, 108169.
- Kelly, J. F., Bergman, B., Hoepfner, B. B., Vilsaint, C., & White, W. L. (2017). Prevalence and pathways of recovery from drug and alcohol problems in the United States population: Implications for practice, research, and policy. *Drug and Alcohol Dependence*, 181, 162–169.
- Panchal, N., Kamal, R., Orgera, K., Rudowitz, R., & Cox, C. (2020). The implications of COVID-19 for mental health and substance use. Kaiser Family Foundation.
- Salzer, M. S., Brusilovskiy, E., & Townley, G. (2018). National estimates of recovery-remission from serious mental illness. *Psychiatric Services*, 69(5), 523–528.
- Substance Abuse and Mental Health Services Administration (2012). SAMHSA's working definition of recovery. Substance Abuse and Mental Health Services Administration. <https://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF>

XVI. APPENDIX: PERCEIVED RECOVERY FROM SUBSTANCE USE AND/OR MENTAL HEALTH PROBLEMS AMONG ADULTS WITH PERCEIVED SUBSTANCE USE AND/OR MENTAL HEALTH PROBLEMS

	Perceived Ever Had Substance Use or Mental Health Problems N = 70,033 (In Thousands)	In Recovery from Drug or Alcohol Use Problems		In Recovery from Mental Health Problems		In Recovery from Drug/Alcohol or Mental Health Problems	
		Yes n = 20,936 (In Thousands)		Yes n = 38,787 (In Thousands)		Yes n = 50,172 (In Thousands)	
		%	p	%	p	%	p
		72.2		66.5		72.1	
Sociodemographics							
<i>Gender</i>			0.74		0.35		0.95
Male	32,129	72.0		65.7		72.0	
Female	37,905	72.7		67.1		72.1	
<i>Age Groups</i>			<.01		<.01		<.01
18–25 Years	12,787	67.0		63.0		66.5	
26–34 Years	14,312	73.4		63.9		69.9	
35–49 Years	18,914	69.9		66.2		72.7	
50–64 Years	15,542	70.7		67.5		72.3	
65 or Older	8,478	81.1		78.5		82.5	
<i>Race/Ethnicity</i>			0.47		0.55		0.53
Non-Hispanic White	50,337	73.5		66.9		72.8	
Non-Hispanic Black/ African American	6,335	69.2		63.6		69.4	
Non-Hispanic American Indian or Alaska Native	490	*1		*		*	
Non-Hispanic Native Hawaiian or Other Pacific Islander	*	*		*		*	
Non-Hispanic Asian	2,177	*		71.1		71.5	
Non-Hispanic More Than One Race	1,868	*		61.7		71.6	
Hispanic or Latino	8,644	67.6		66.2		70.2	
<i>Health Insurance Coverage</i>			0.07		<.01		<.01
No Health Insurance	6,448	66.0		58.0		63.9	
Any Health Insurance	63,586	73.0		67.3		72.9	
<i>Participated in at Least 1 Government Assistance Program</i>			<.01		<.01		0.63
Yes	16,262	78.0		62.0		72.7	
No	53,771	70.3		67.9		71.9	
<i>Poverty Level¹</i>			0.04		<.01		0.42
Living in Poverty	10,862	77.0		60.9		70.9	
Income Up to 2X Federal Poverty Threshold	13,599	74.9		62.9		71.0	
Income More Than 2X Federal Poverty Threshold	45,545	70.3		69.0		72.7	

¹ * = low precision.

	Perceived Ever Had Substance Use or Mental Health Problems	In Recovery from Drug or Alcohol Use Problems		In Recovery from Mental Health Problems		In Recovery from Drug/Alcohol or Mental Health Problems	
	N = 70,033 (In Thousands)	Yes n = 20,936 (In Thousands)		Yes n = 38,787 (In Thousands)		Yes n = 50,172 (In Thousands)	
		%	p	%	p	%	p
		72.2		66.5		72.1	
<i>Marital Status</i>			<0.01		<.01		<.01
Married	26,686	74.5		70.1		74.3	
Widowed	2,536	*		73.6		77.6	
Divorced or Separated	12,312	75.7		69.0		76.7	
Never Been Married	28,500	67.2		62.1		67.5	
<i>Sexual Identity</i>			0.13		<.01		<0.01
Heterosexual	57,749	72.3		68.0		73.0	
Lesbian or Gay	3,227	66.2		61.2		67.6	
Bisexual	8,304	76.2		59.9		68.3	
<i>Ever Been in the U.S. Armed Services</i>			0.09		0.81		0.23
Yes	5,459	77.2		65.8		74.9	
No	64,564	71.6		66.5		71.8	
<i>Education</i>			0.03		<.01		0.71
Less Than High School	5,574	77.2		60.5		71.4	
High School Graduate	15,486	73.0		63.6		70.9	
Some College/Associate Degree	24,767	73.8		65.7		72.2	
College Graduate	24,207	67.8		70.1		72.9	
<i>Employment Status in the Past Week</i>			0.12		0.25		0.36
Employed Full Time	32,329	71.0		67.1		71.7	
Employed Part Time	10,794	68.0		67.6		70.3	
Unemployed	4,450	71.4		61.1		71.5	
Other ²	22,460	75.7		66.1		73.6	
Other Social Determinants of Health							
<i>Overall Health</i>			0.42		<.01		<.01
Excellent	8,496	73.6		76.8		77.2	
Very Good	23,608	69.9		70.9		74.1	
Good	24,434	73.5		66.3		72.7	
Fair/Poor	13,438	73.0		53.0		64.2	
<i>My Religious Beliefs Are Important</i>			<.01		<.01		<.01
Strongly Disagree	18,176	68.5		62.2		68.2	
Disagree	13,218	67.3		61.2		66.4	
Agree	20,724	71.9		67.3		72.6	
Strongly Agree	17,404	81.0		74.4		80.1	

²Other employment includes students, people keeping house or caring for children full time, people who are retired or disabled, or other people not in the labor force.

	Perceived Ever Had Substance Use or Mental Health Problems	In Recovery from Drug or Alcohol Use Problems		In Recovery from Mental Health Problems		In Recovery from Drug/Alcohol or Mental Health Problems	
	N = 70,033 (In Thousands)	Yes n = 20,936 (In Thousands)		Yes n = 38,787 (In Thousands)		Yes n = 50,172 (In Thousands)	
		%	p	%	p	%	p
		72.2		66.5		72.1	
<i>Ever Arrested and Booked for Breaking the Law</i>			0.15		<.01		0.14
Yes	18,104	73.9		61.7		73.7	
No	51,770	70.9		67.7		71.5	
Perceived COVID-19 Impact							
<i>Perception of How COVID-19 Negatively Affected Mental Health</i>			0.02		<.01		<.01
Not at All	12,156	76.0		68.6		74.0	
A Little or Some	36,616	73.1		69.9		74.5	
Quite a Bit or a Lot	20,727	67.6		60.2		66.8	
<i>Perception of How COVID-19 Negatively Affected Amount of Alcohol Drank³</i>			<.01		0.37		<.01
Used Alcohol a Little Less or Much Less Than Before the Pandemic	13,486	81.1		66.2		74.3	
Used Alcohol About the Same as Before the Pandemic	25,628	65.9		65.5		69.5	
Used Alcohol a Little More or Much More Than Before the Pandemic	10,947	49.6		63.2		64.5	
<i>Perception of How COVID-19 Negatively Affected Drug Use⁴</i>			0.02		0.04		0.10
Used Drugs a Little Less or Much Less Than Before the Pandemic	12,488	75.2		63.5		72.8	
Used Drugs About the Same as Before the Pandemic	23,193	70.7		64.7		70.8	
Used Drugs a Little More or Much More Than Before the Pandemic	6,211	63.1		58.6		67.4	
Substance Use in the Past Year							
<i>Drug or Alcohol Use Disorder</i>			<.01		<.01		<.01
No	46,303	84.6		70.4		74.9	
Yes	23,730	60.1		58.6		66.6	
<i>Tobacco Use</i>			0.127		<0.01		0.78
No	45,885	73.9		68.3		72.2	
Yes	24,149	70.6		62.7		71.8	

³Among past-year alcohol users only.

⁴Among past-year drug users only.

	Perceived Ever Had Substance Use or Mental Health Problems N = 70,033 (In Thousands)	In Recovery from Drug or Alcohol Use Problems		In Recovery from Mental Health Problems		In Recovery from Drug/Alcohol or Mental Health Problems	
		Yes n = 20,936 (In Thousands)	% p	Yes n = 38,787 (In Thousands)	% p	Yes n = 50,172 (In Thousands)	% p
			72.2		66.5		72.1
<i>Alcohol Use</i>			<.01		<0.01		<.01
No	18,886	87.5		70.4		78.7	
Yes	51,147	65.3		65.2		69.6	
<i>Marijuana Use</i>			<.01		<.01		<.01
No	45,102	75.5		69.4		73.8	
Yes	24,932	67.9		61.4		69.1	
<i>Cocaine Use</i>			<.01		0.01		0.06
No	67,108	73.3		67.0		72.3	
Yes	2,926	59.6		55.2		66.5	
<i>Hallucinogen Use</i>			<.01		0.20		0.04
No	65,528	73.3		66.7		72.4	
Yes	4,505	61.2		63.7		67.7	
<i>Prescription Pain Reliever Use</i>			0.01		0.25		0.04
No	46,338	70.0		67.1		71.1	
Yes	23,695	75.5		65.3		73.9	
<i>Prescription Tranquilizer Use</i>			0.27		0.05		0.38
No	54,610	71.6		67.3		71.8	
Yes	15,424	74.4		63.9		73.1	
<i>Prescription Stimulant Use</i>			0.70		0.29		0.82
No	62,231	72.4		66.8		72.1	
Yes	7,803	71.3		64.6		71.7	
<i>Prescription Sedative Use</i>			0.25		0.62		0.13
No	63,863	71.9		66.6		71.8	
Yes	6,171	75.9		65.3		75.1	
Substance Use Treatment							
<i>Received Treatment at Any Location for Illicit Drug or Alcohol Use in Lifetime</i>			<.01		0.25		<.01
No	57,535	67.3		66.1		69.7	
Yes	12,498	79.9		68.7		83.0	
<i>Received Treatment at Any Location for Illicit Drug or Alcohol Use in Past Year</i>			<.01		0.05		<.01
No	66,820	71.0		66.2		71.4	
Yes	3,214	83.1		72.9		86.4	

	Perceived Ever Had Substance Use or Mental Health Problems	In Recovery from Drug or Alcohol Use Problems		In Recovery from Mental Health Problems		In Recovery from Drug/Alcohol or Mental Health Problems	
	N = 70,033 (In Thousands)	Yes n = 20,936 (In Thousands)		Yes n = 38,787 (In Thousands)		Yes n = 50,172 (In Thousands)	
		%	p	%	p	%	p
		72.2		66.5		72.1	
<i>Needed Treatment for Substance Use but Did Not Receive Treatment in a Specialty Facility in Past Year⁵</i>			<.01		<.01		<.01
No	49,609	84.3		69.9		75.2	
Yes	20,425	55.6		58.0		64.4	
Mental Health Status							
<i>Serious Thoughts of Suicide in Past Year</i>			0.13		<.01		<.01
No	59,869	72.8		69.8		74.3	
Yes	10,165	67.9		50.2		59.3	
<i>Past-Year Serious Psychological Distress Indicator</i>			<0.01		<.01		<.01
No	43,894	74.2		75.3		77.6	
Yes	26,139	67.4		54.8		62.9	
<i>Mental Illness (MI) Category in Past Year</i>			0.41		<.01		<.01
No Past-Year MI	30,617	73.9		79.8		79.1	
Past-Year Mild MI	14,800	69.8		67.6		72.1	
Past-Year Moderate MI	11,680	69.5		58.2		65.4	
Past-Year Serious MI	12,937	71.9		50.4		61.4	
<i>Comorbid MI and SUD in Past Year</i>			<.01		<.01		<.01
Yes	15,454	63.1		53.4		65.9	
No	54,580	76.2		70.7		73.8	
Mental Health Treatment							
<i>Received Inpatient, Outpatient, Prescription, or Virtual Mental Health Treatment in Past Year</i>			0.78		<.01		<.01
Yes	32,757	71.9		68.5		74.2	
No	37,118	72.5		64.2		70.3	
<i>Perceived Unmet Need/ Did Not Receive Mental Health Treatment in Past Year</i>			<.01		<.01		<.01
Yes	16,883	66.1		49.3		59.1	
No	52,985	73.8		73.2		76.2	

⁵Specialty facilities for substance use treatment include hospitals (inpatient only), rehabilitation facilities (inpatient or outpatient), or mental health centers.



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SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

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