

The National Survey on Drug Use and Health: 2019

Elinore F. McCance-Katz, MD, PhD
Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

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SAMHSA
Substance Abuse and Mental Health
Services Administration

National Survey on Drug Use and Health (NSDUH)

- NSDUH is a comprehensive household interview survey of substance use, substance use disorders, mental health, and the receipt of treatment services for these disorders in the United States.
- NSDUH is collected face-to-face by field interviewers who read less sensitive questions to respondents and transition respondents to audio computer assisted self-interviewing for sensitive items.
- NSDUH covers the civilian, noninstitutionalized population, aged 12 or older:
 - Includes: Households, college dorms, homeless in shelters, civilians on military bases
 - Excludes: Active military, long-term hospital residents, prison populations, homeless not in shelters
- Sample includes all 50 states and DC
- Approximately 67,500 persons are interviewed annually
- Data collected from January to December

How Do We Use NSDUH?

- Provides a window into the state of substance use and mental health issues in the United States
- Helps to guide policy directions in addressing:
 - problem substances
 - prevalence of mental illness
 - intersection of substance use and mental health issues
 - provides insights that can be studied in the context of data from other agencies to help in decision-making about what types of resources are needed and where resources should be directed

Mental Illness and Substance Use Disorders in America

PAST YEAR, 2019 NSDUH, 18+

Among those with a substance use disorder:

- 2 IN 5 (38.5% or 7.4M) struggled with illicit drugs
- 3 IN 4 (73.1% or 14.1M) struggled with alcohol use
- 1 IN 9 (11.5% or 2.2M) struggled with illicit drugs and alcohol

Among those with a mental illness:
1 IN 4 (25.5% or 13.1M) had a serious mental illness

7.7%
(19.3 MILLION)
People aged 18
or older had a
substance use
disorder (SUD)

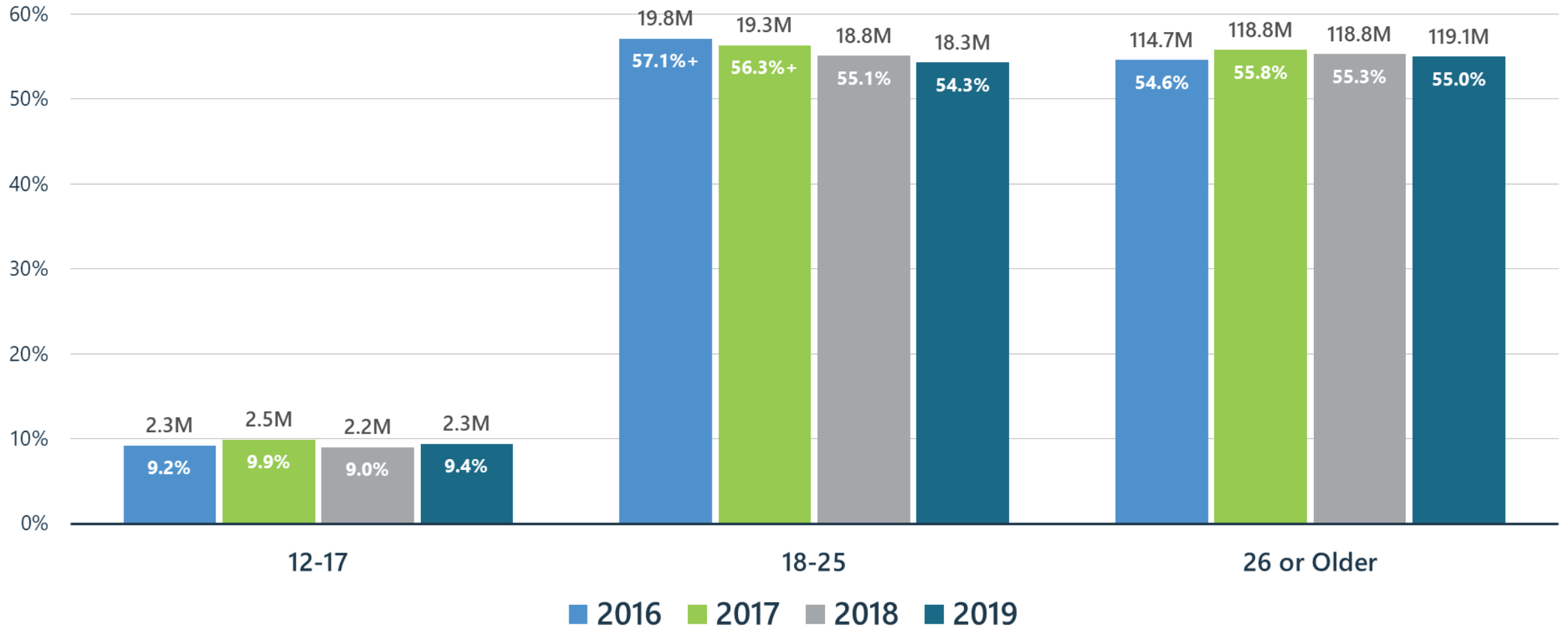
3.8%
(9.5 MILLION)
People 18 or older
had BOTH an SUD
and a mental
illness

20.6%
(51.5 MILLION)
People aged 18
or older had a
mental illness

In 2019, **61.2M** Americans had a mental illness and/or substance use disorder—an increase of 5.9% over 2018 composed entirely of increases in mental illness.

Alcohol Use

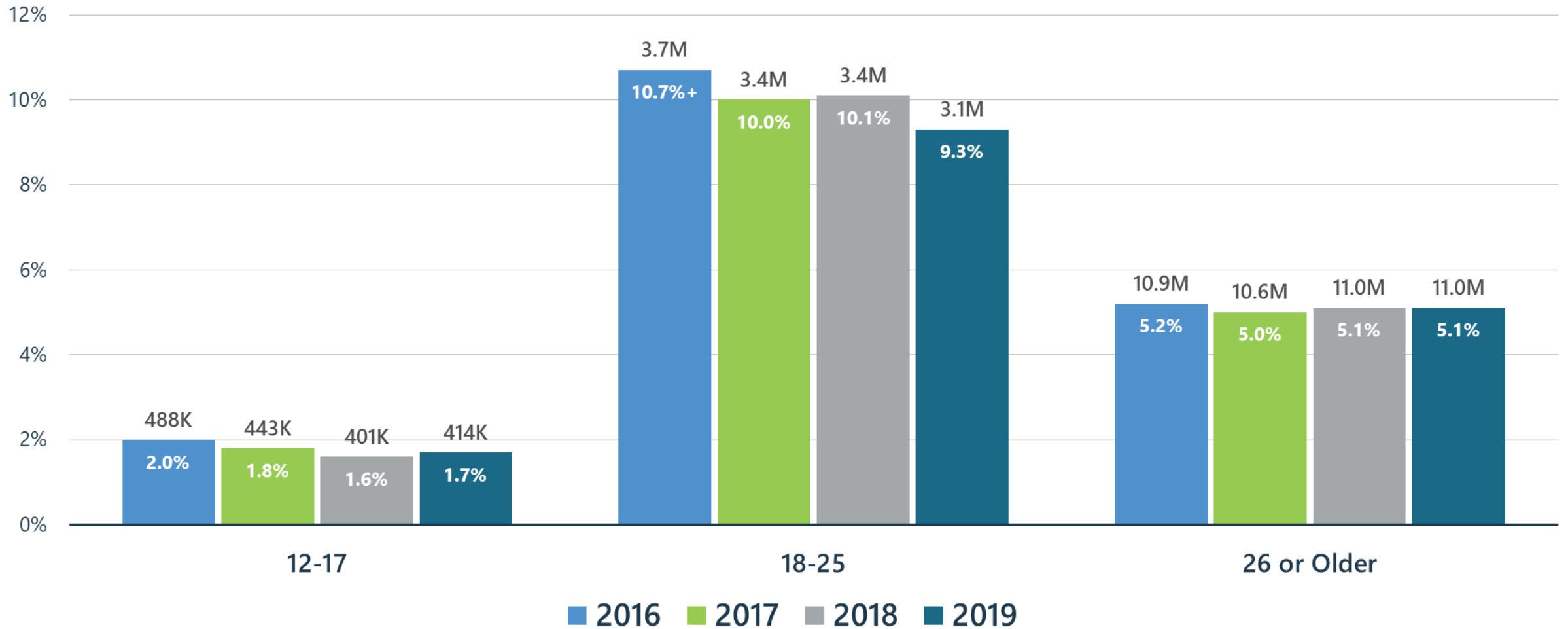
PAST MONTH, 2016-2019 NSDUH, 12+



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Alcohol Use Disorder

PAST YEAR, 2016-2019 NSDUH, 12+



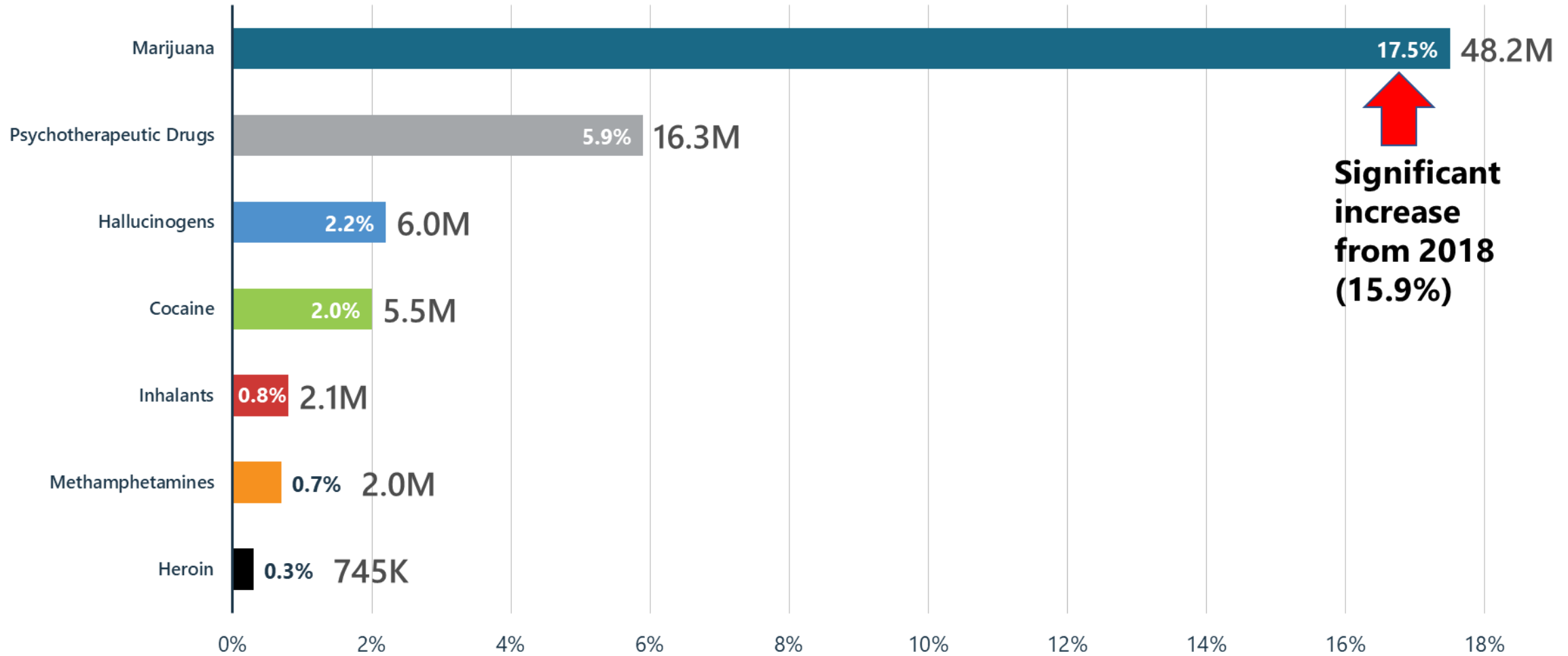
+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Summary: Alcohol Use in 2019

- Past month alcohol use and past year alcohol use disorder remained stable in all age groups during 2018-2019
- Alcohol use and Alcohol Use Disorder declined significantly in young adults from 2016 to 2019.
- SAMHSA will continue its prevention programs:
 - SAMHSA Prevention Technology Transfer Centers produce resources and materials related to alcohol misuse prevention
 - CSAP 'Talk They Hear You' focuses on underage drinking
 - CSAP requires Partnerships for Success grantees to emphasize underage drinking prevention
 - CSAT has promoted SBIRT for alcohol use in all programs including CJ, PPW, adolescent treatment, HIV and homeless programs
 - CSAT has funded SBIRT training in medical residencies and other healthcare practitioner programs which screen for hazardous alcohol use and use disorders

Illicit Drug Use: Major Concerns: Opioids, Marijuana, Methamphetamines

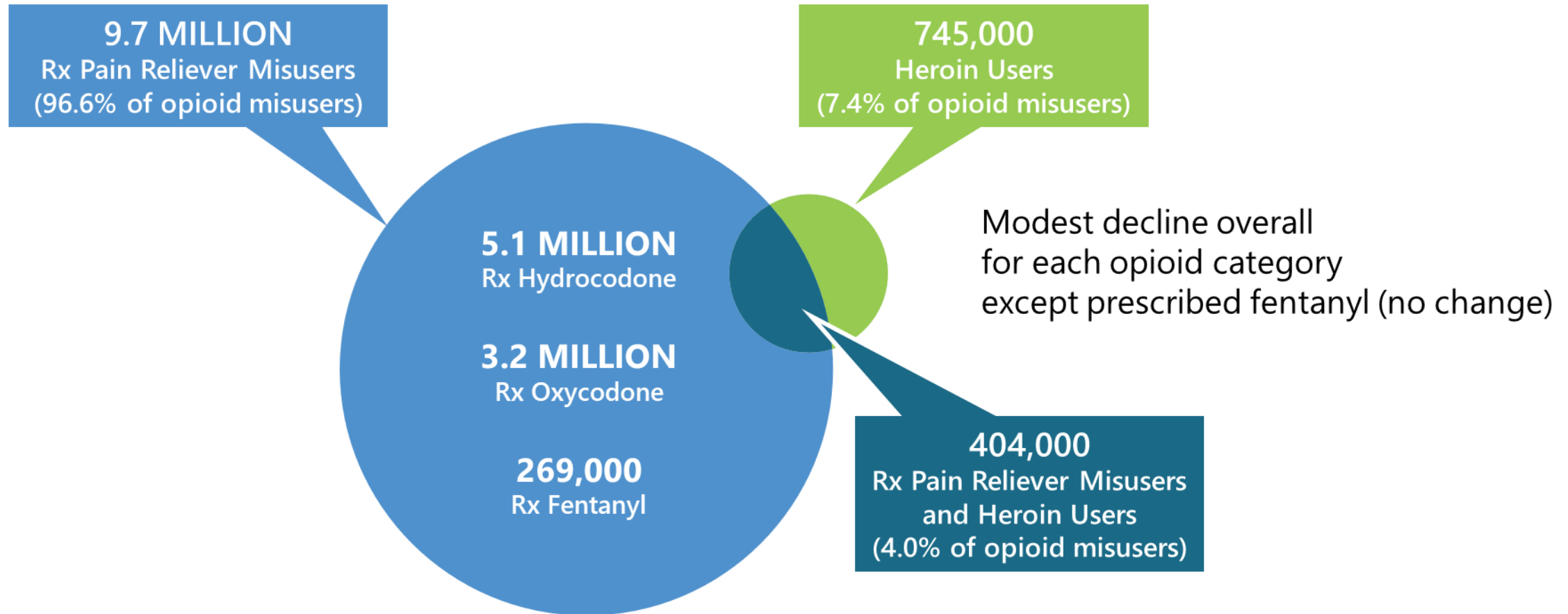
PAST YEAR, 2019 NSDUH, 12+



Progress on the Opioid Epidemic: Prescription Pain Reliever Misuse

PAST YEAR, 2019 NSDUH, 12+

10.1 MILLION PEOPLE WITH OPIOID MISUSE (3.7% OF TOTAL POPULATION)

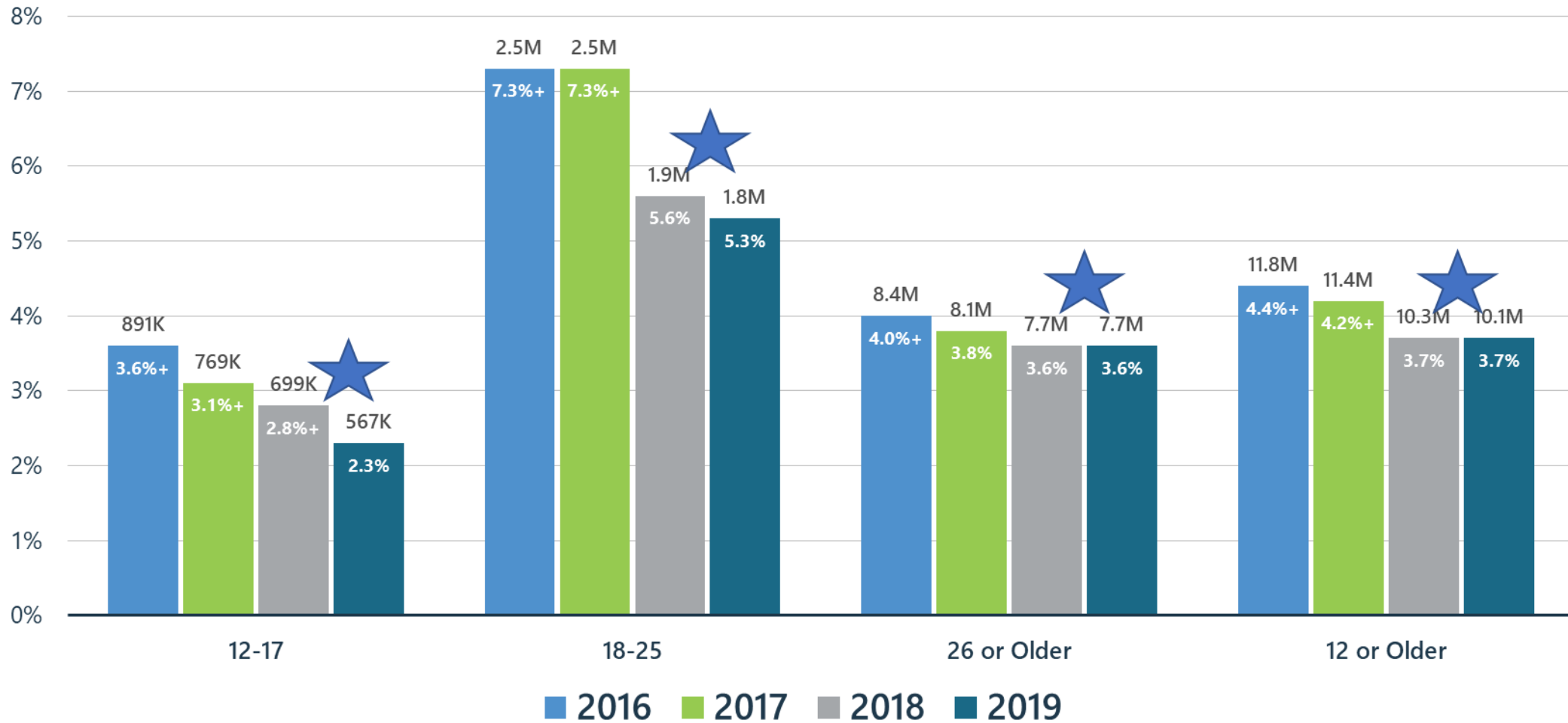


Rx = prescription.

Opioid misuse is defined as heroin use or prescription pain reliever misuse.

Opioid Misuse

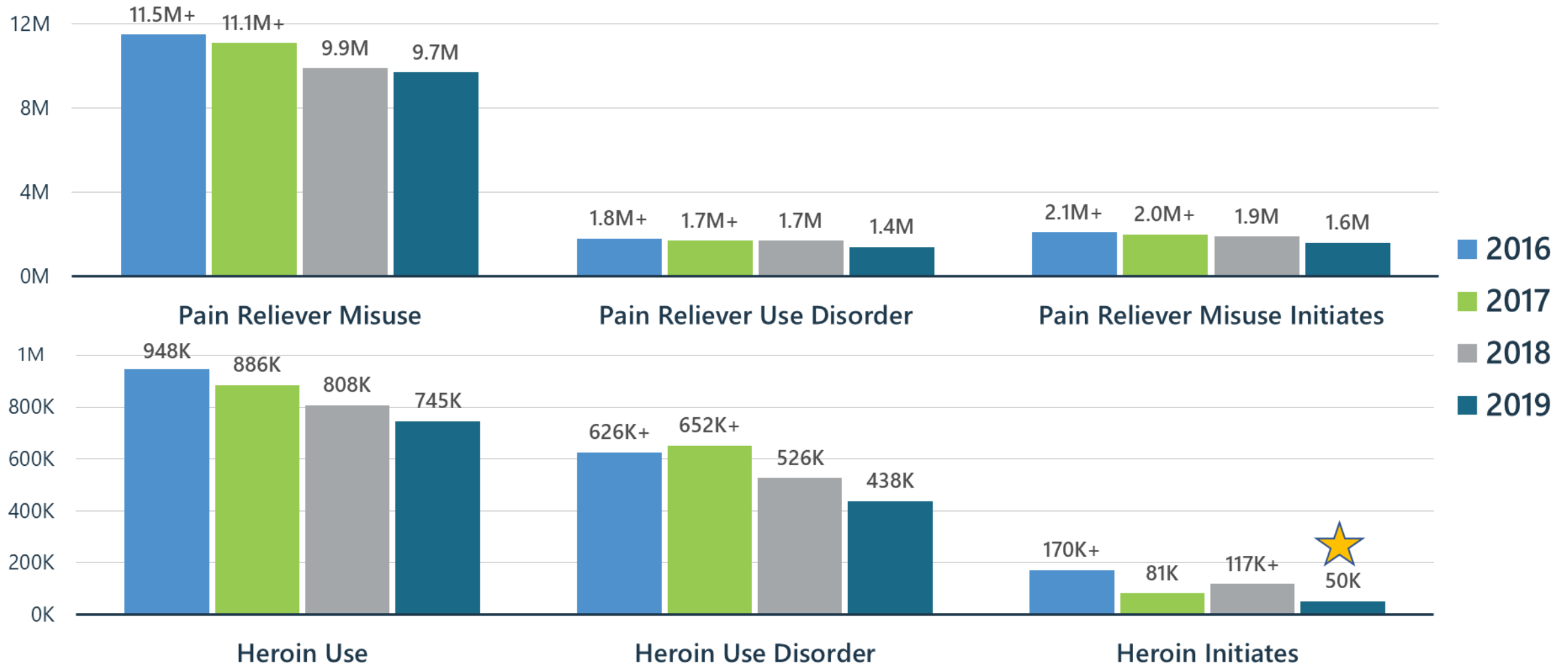
PAST YEAR, 2016-2019 NSDUH, 12+



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Prescription Pain Reliever Misuse and Heroin Use

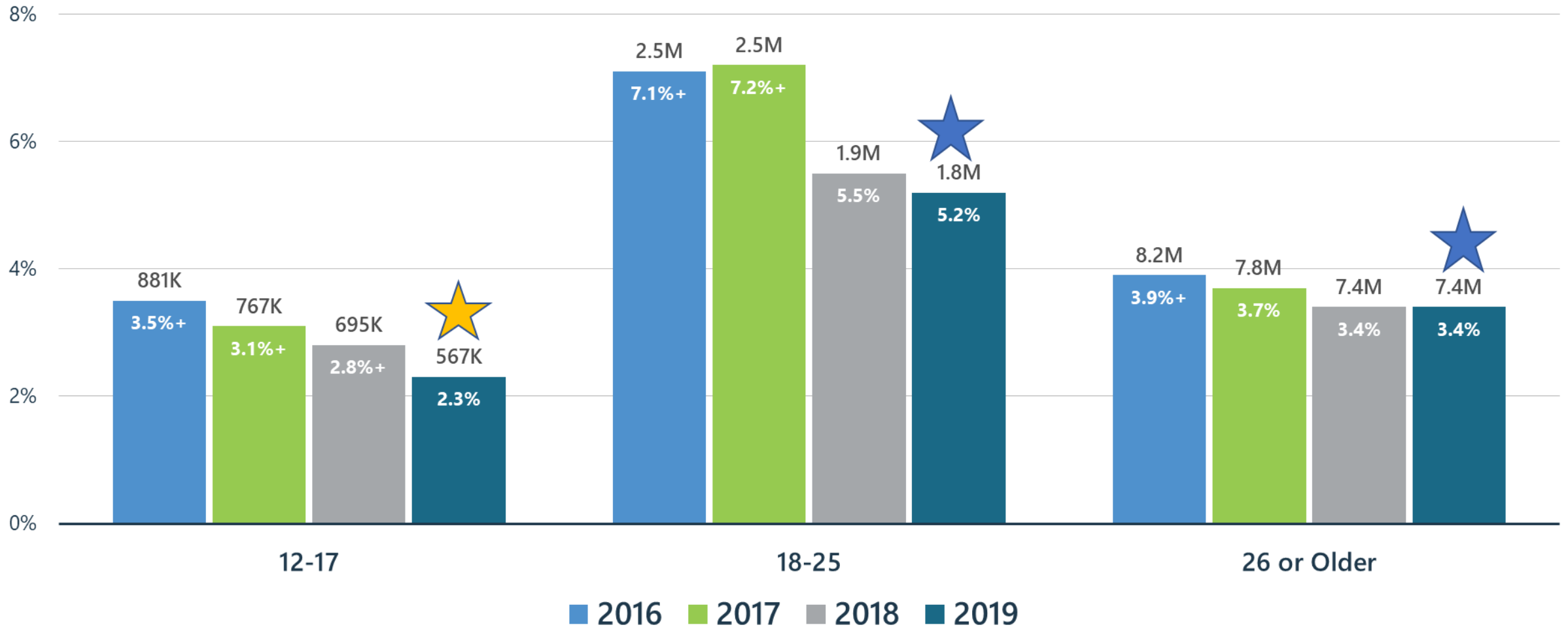
PAST YEAR, 2016-2019 NSDUH, 12+



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Prescription Pain Reliever Misuse

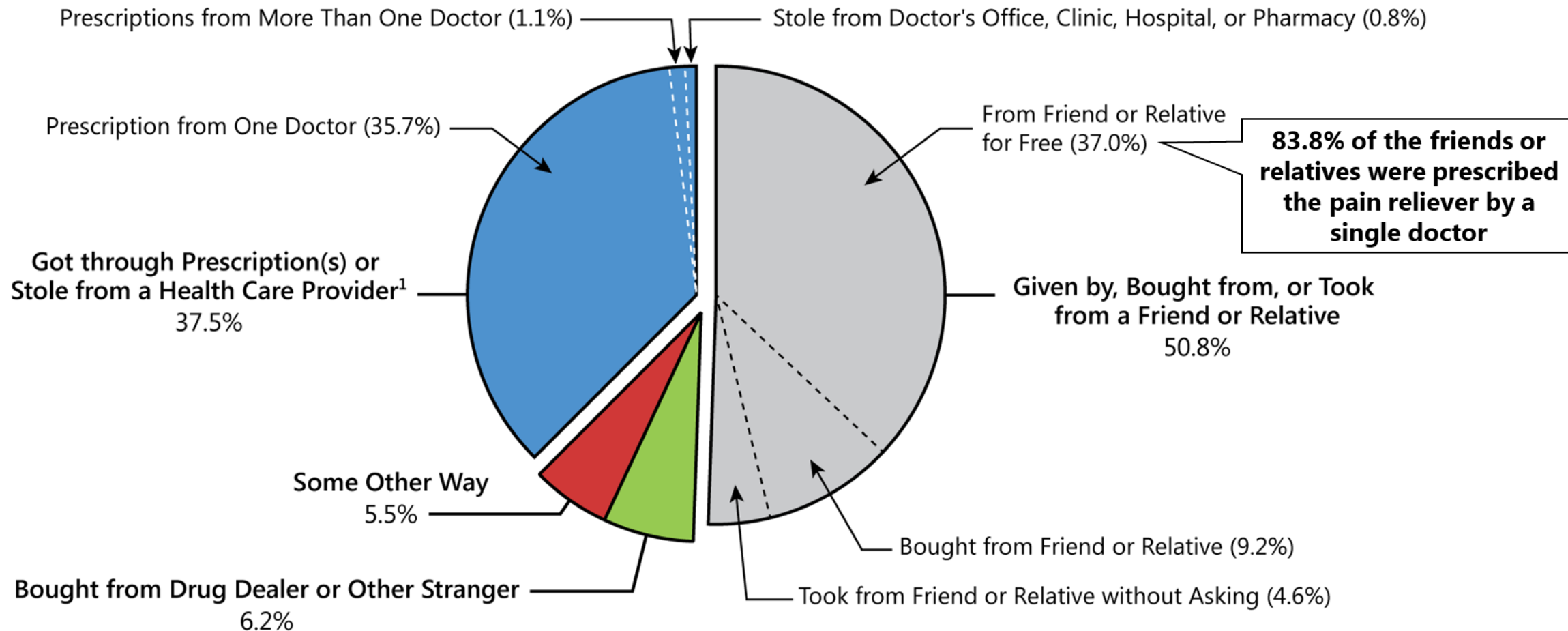
PAST YEAR, 2016-2019 NSDUH, 12+



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Sources Where Pain Relievers Were Obtained for Most Recent Misuse among People Who Misused Prescription Pain Relievers

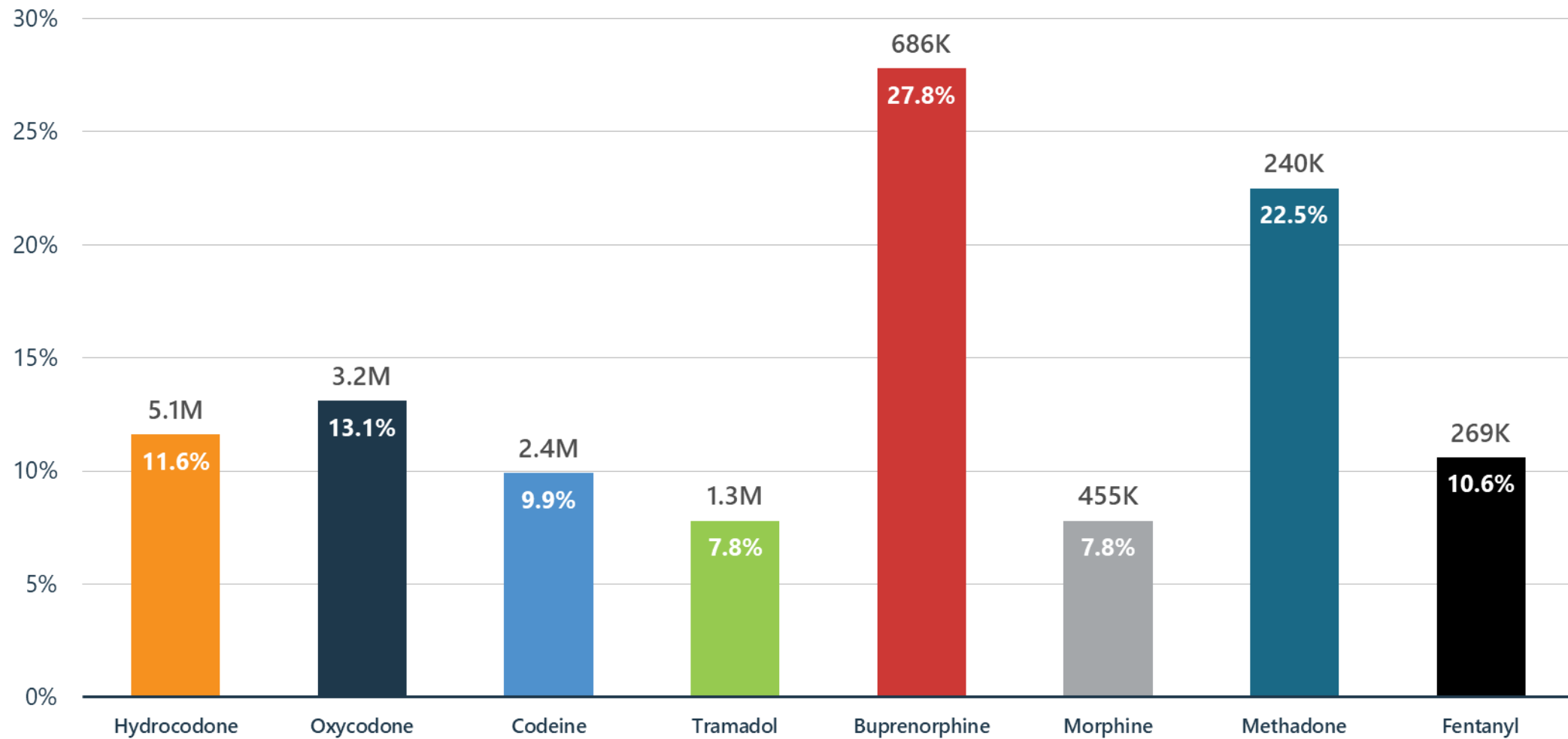
PAST YEAR, 2019 NSDUH, 12+



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

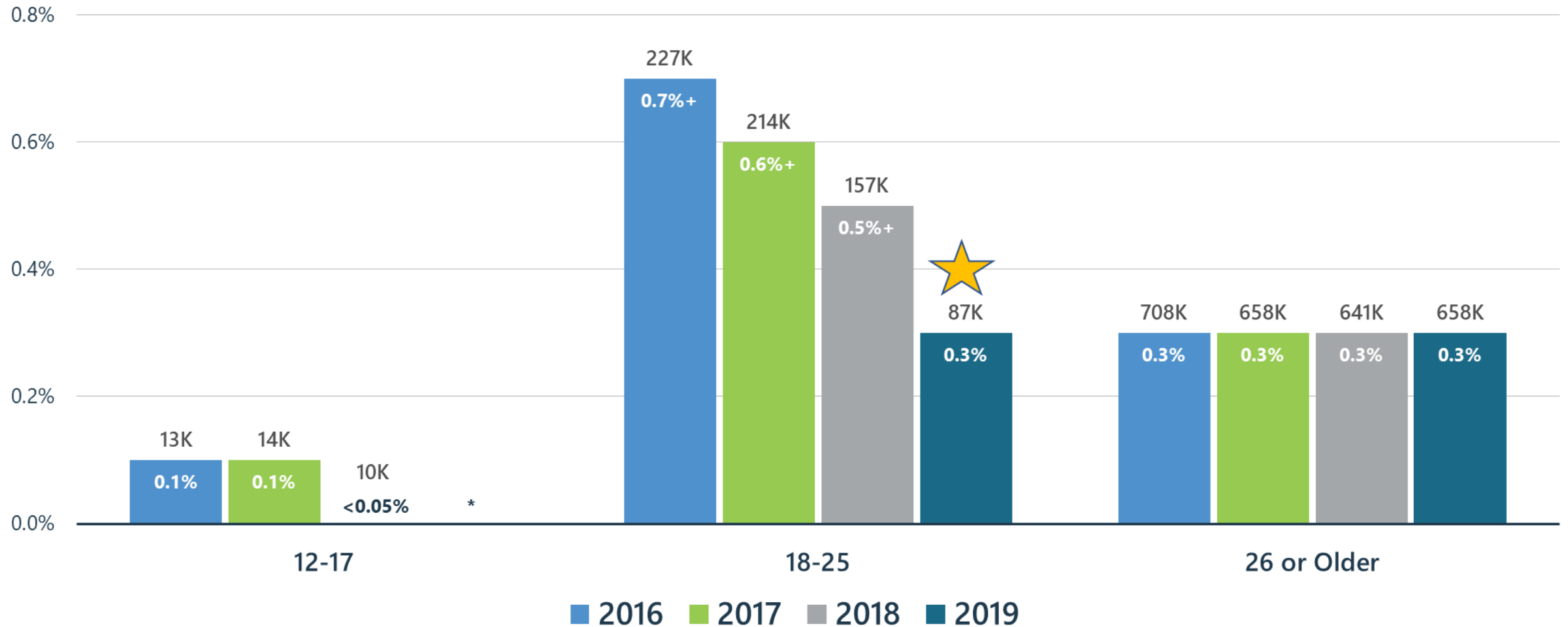
Misuse of Prescription Opioid Subtypes

PAST YEAR, 2019 NSDUH, 12+ SUBTYPE USERS



Heroin Use: Continuing to Decline in 18-25 y.o.

PAST YEAR, 2016-2019 NSDUH, 12+

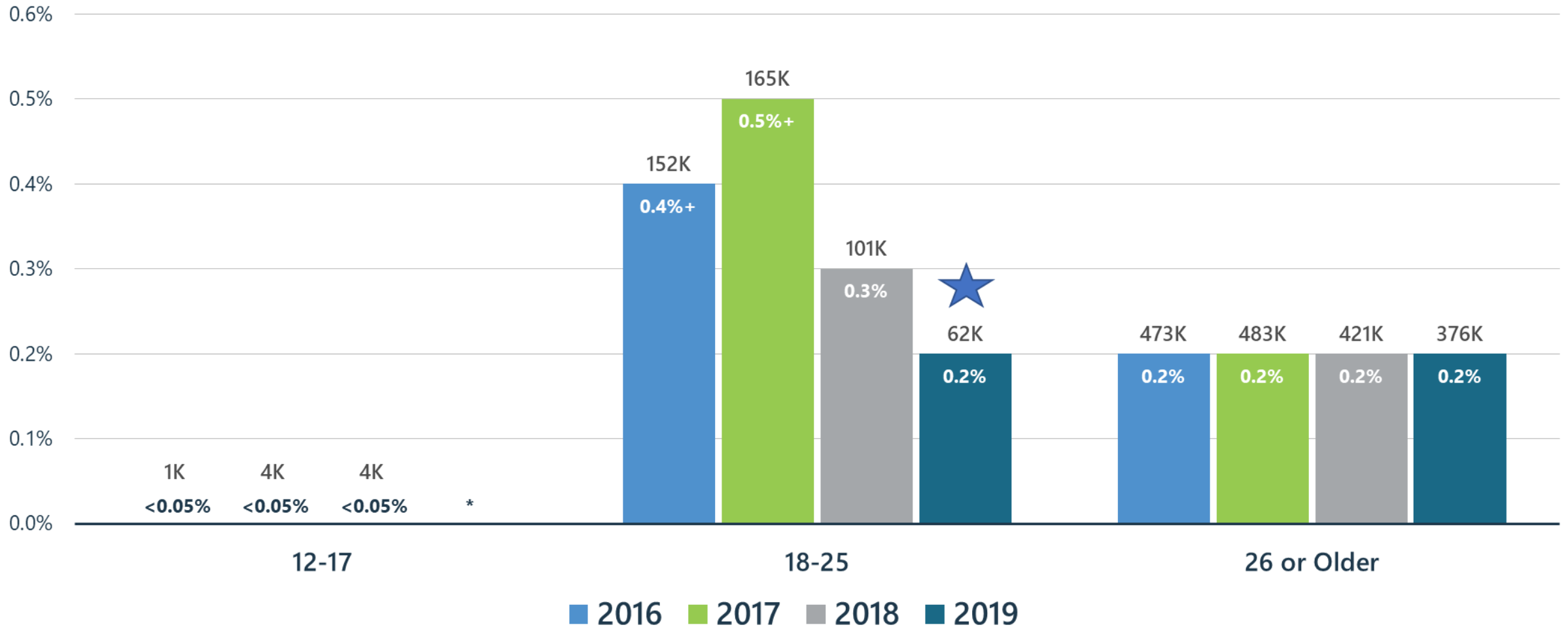


* Estimate not shown due to low precision.

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Heroin-Related Opioid Use Disorder

PAST YEAR, 2016-2019 NSDUH, 12+

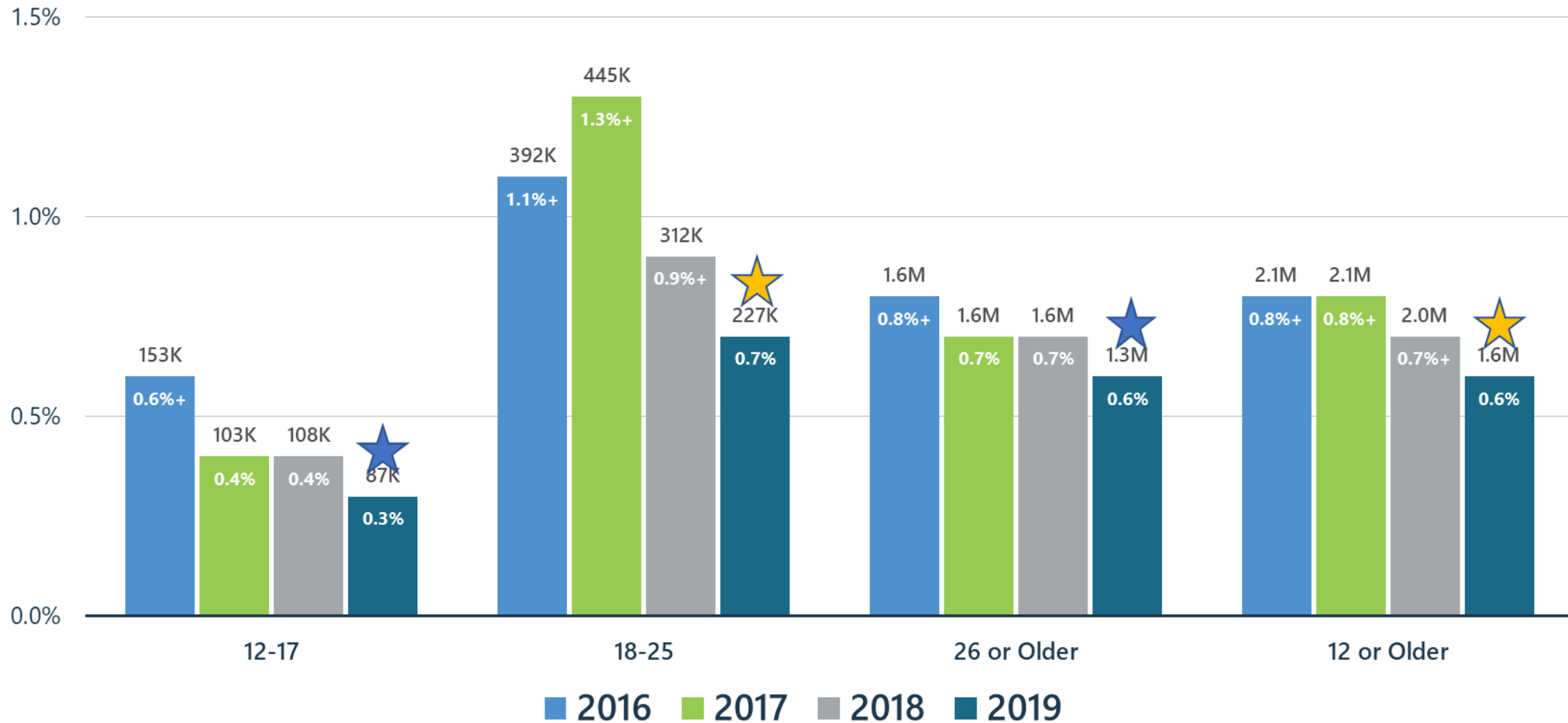


* Estimate not shown due to low precision.

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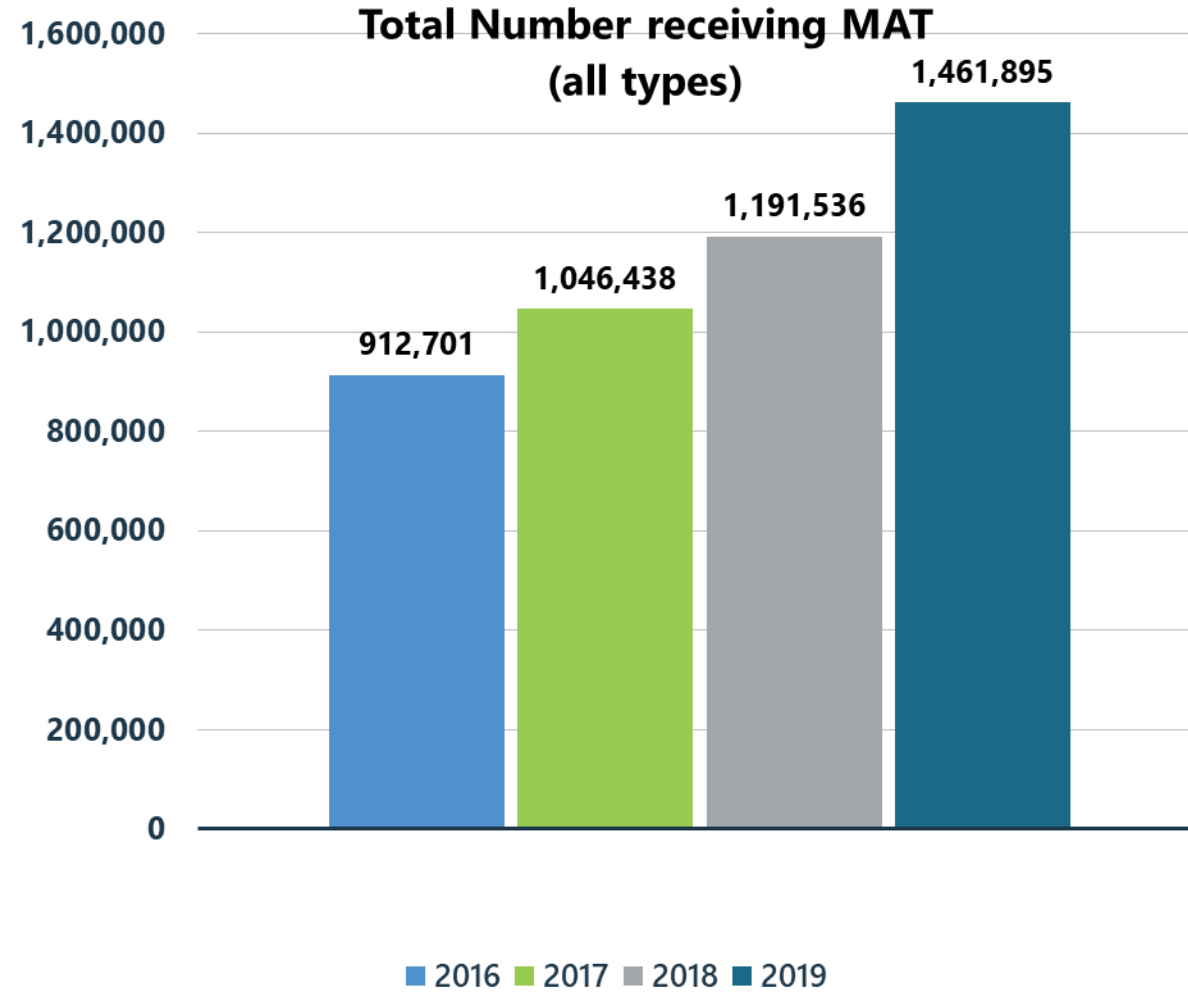
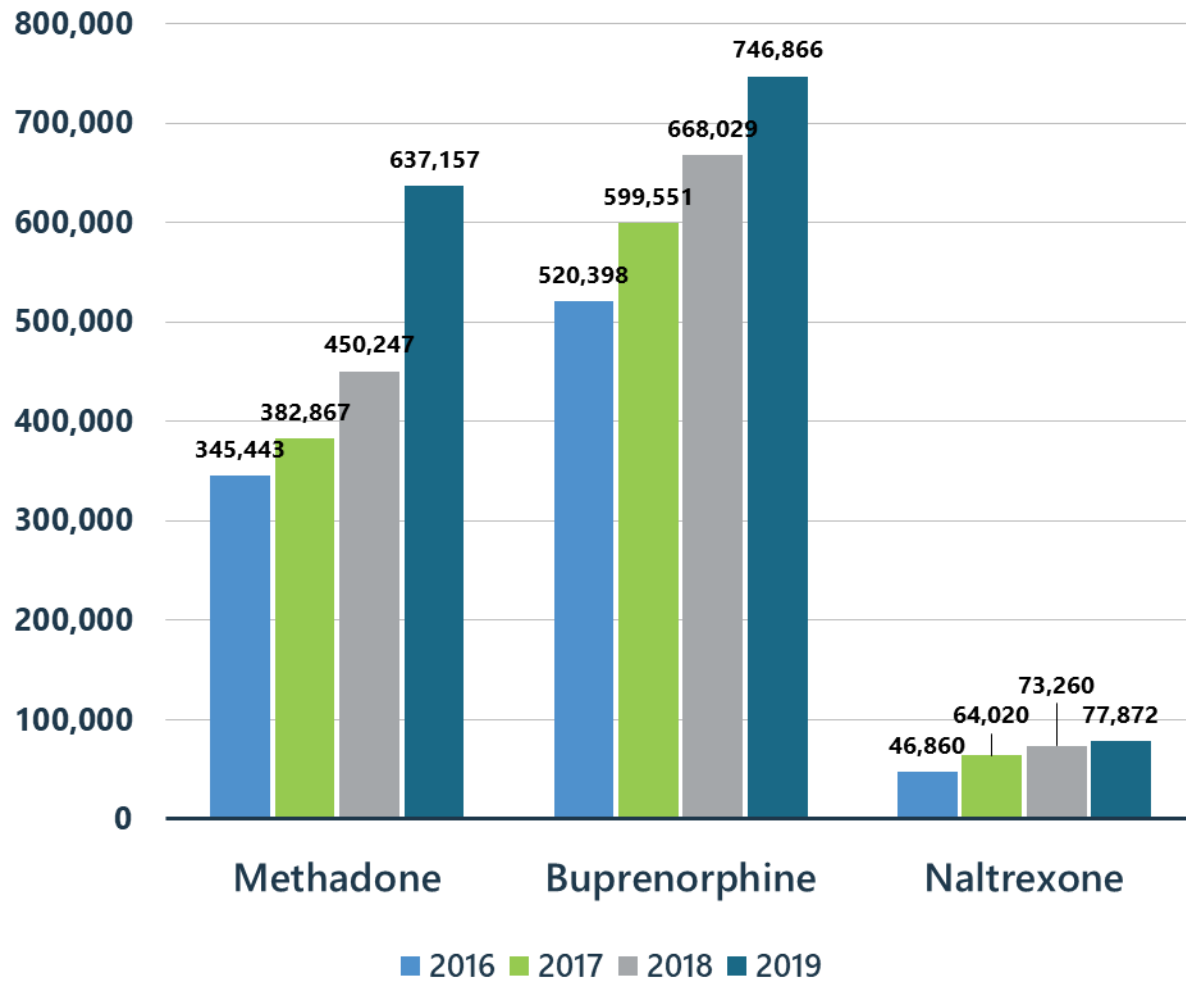
Opioid Use Disorder

PAST YEAR, 2016-2019 NSDUH, 12+



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Treatment Gains: Number of Individuals Receiving Pharmacotherapy for Opioid Use Disorder (MAT)



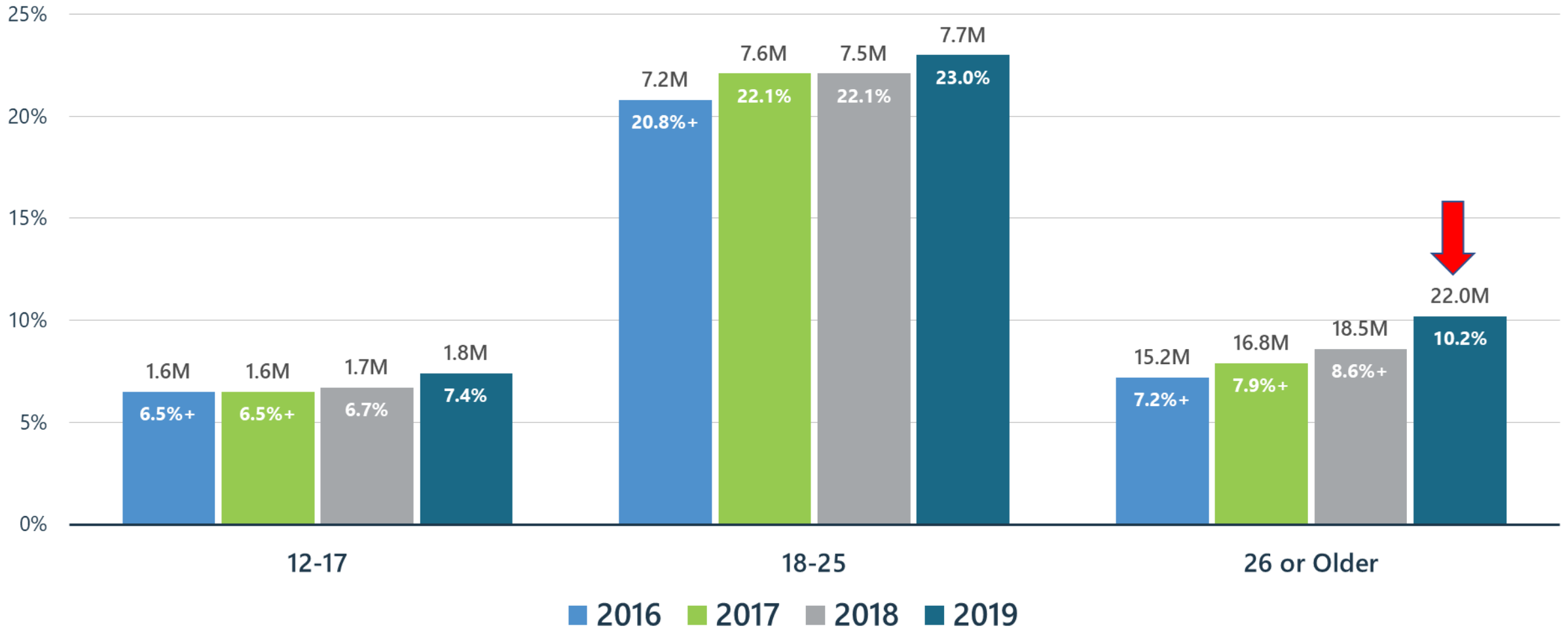
Summary: Opioid Misuse in the United States in 2019 Compared to 2018

- Opioid use disorder decreased significantly from 2.0M to 1.6M. Efforts to increase access to Medication-Assisted Treatment, psychosocial and community recovery supports have had a positive effect.
- Among those aged 12+, opioid misuse decreased significantly from 2017 and for those 12-17, opioid misuse decreased significantly from 2018.
- Pain reliever misuse decreased significantly from 2018 for those 12-17 years of age and continues trending downward for 18-25 year olds.
- Heroin initiation decreased significantly with a 57% decline from 2018.
- Heroin use among 18-25 year olds decreased significantly from 2018.
- Despite gains opioid overdose deaths increased in 2019 by approximately 4.6% underscoring the risks of potent illicit synthetic opioids and need to continue to engage people in treatment/recovery services.
- Buprenorphine continues to be the opioid with the highest percentage of users acknowledging misuse of the medication.

Other Illicit Substances

Past Month Marijuana Use for All Age Groups

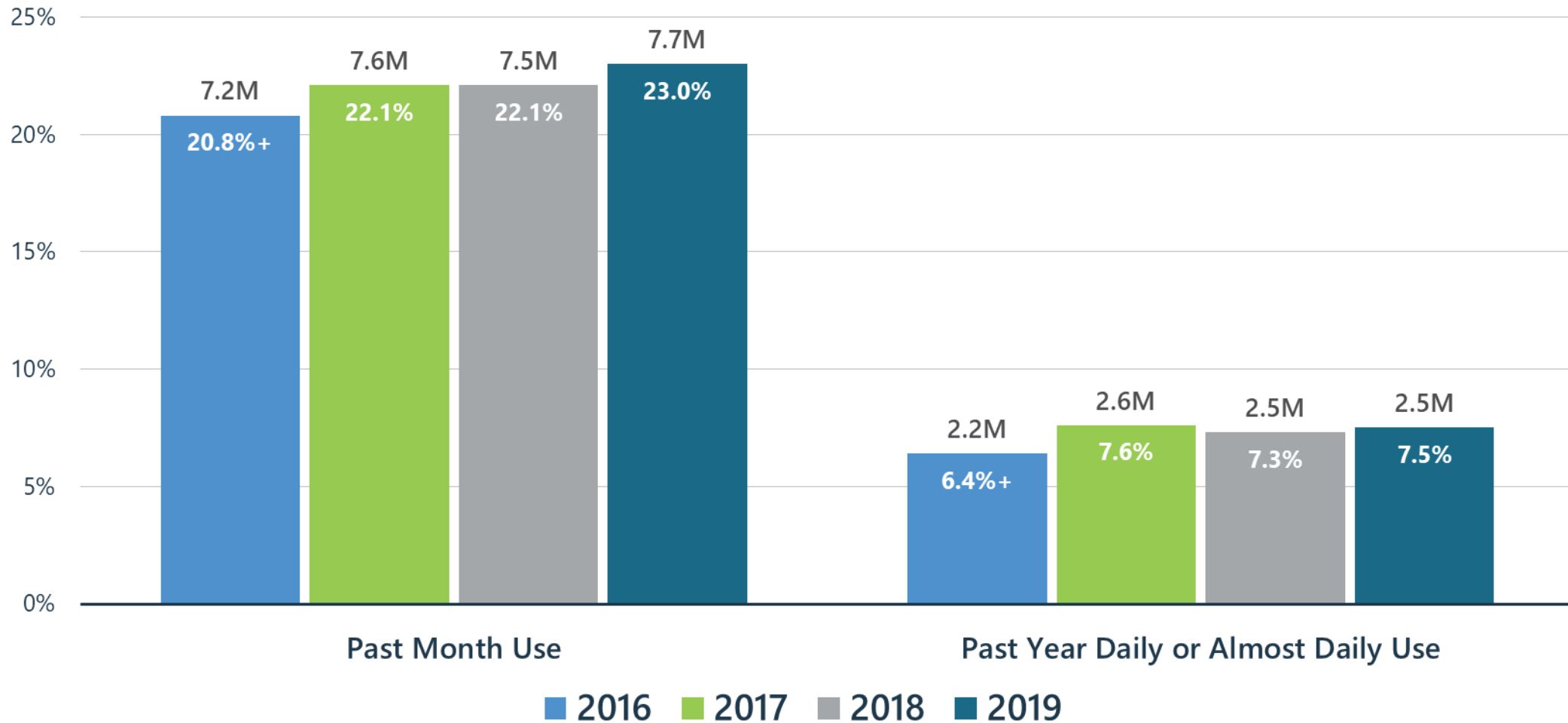
PAST MONTH, 2016-2019 NSDUH, 12+



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Marijuana Use among Young Adults (18-25 y.o.)

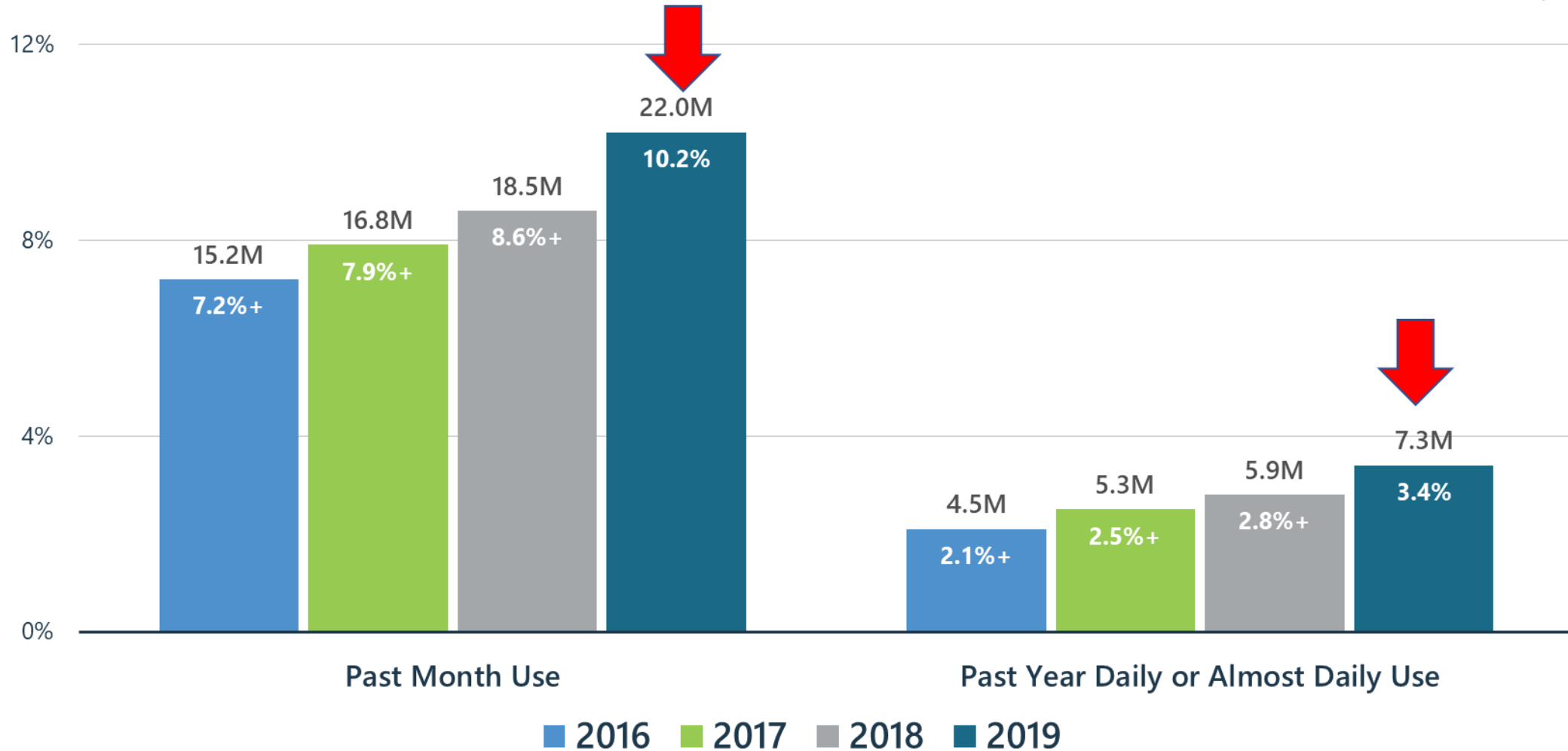
PAST MONTH/YEAR, 2016-2019 NSDUH, 18-25



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Significant Increase in Marijuana Use among Adults 26+

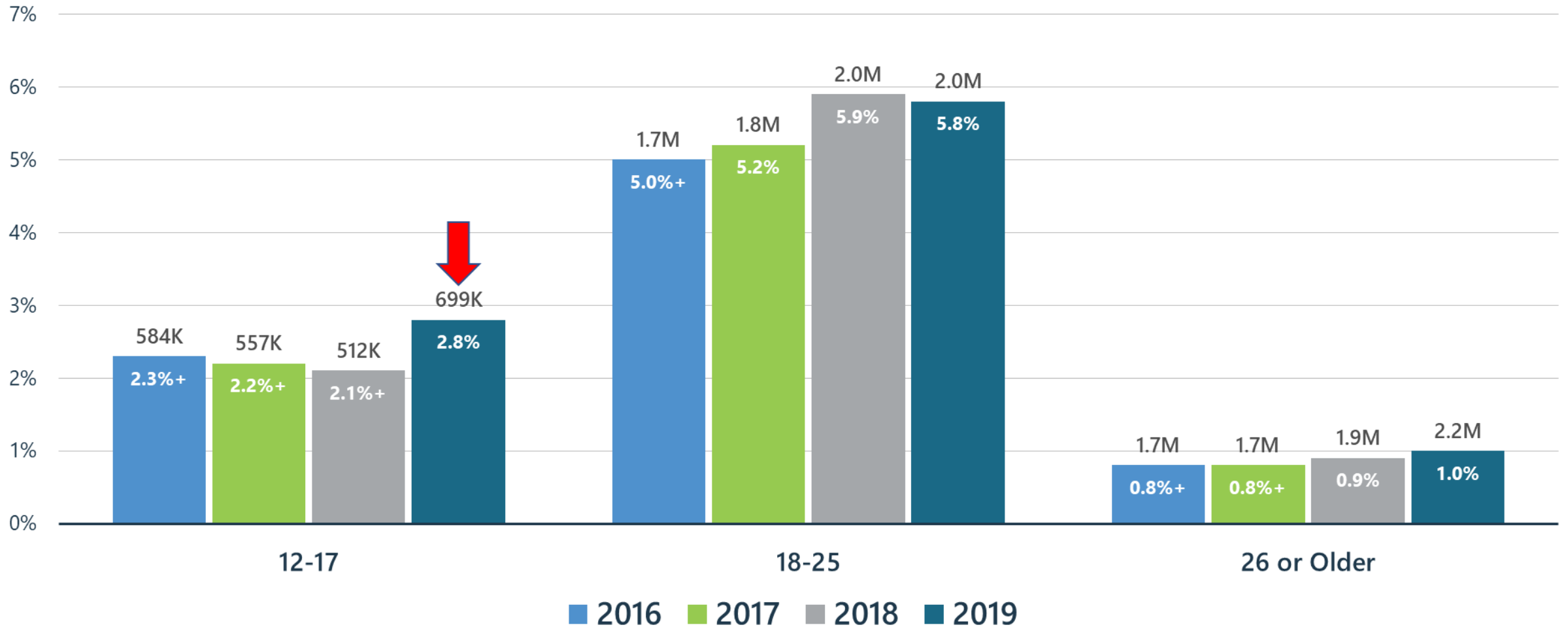
PAST MONTH/YEAR, 2016-2019 NSDUH, 26+



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Marijuana Use Disorder: Significant Increase for 12-17 y.o.

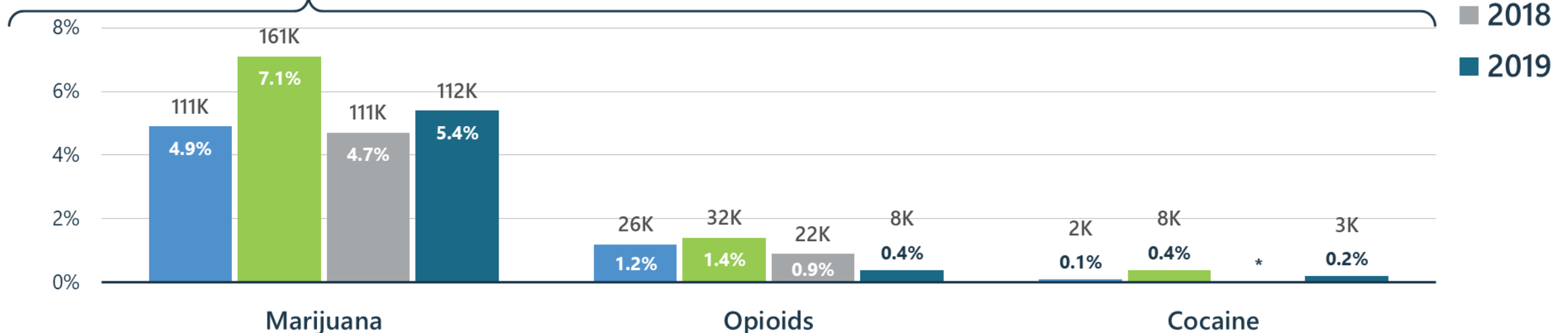
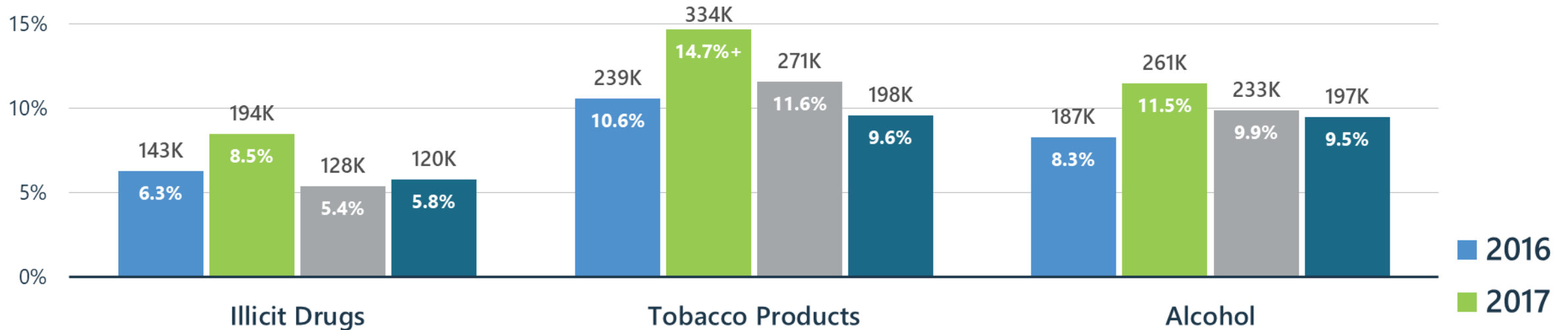
PAST YEAR, 2016-2019 NSDUH, 12+



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Past Month Substance Use among Pregnant Women

PAST MONTH, 2015-2019 NSDUH, 15-44



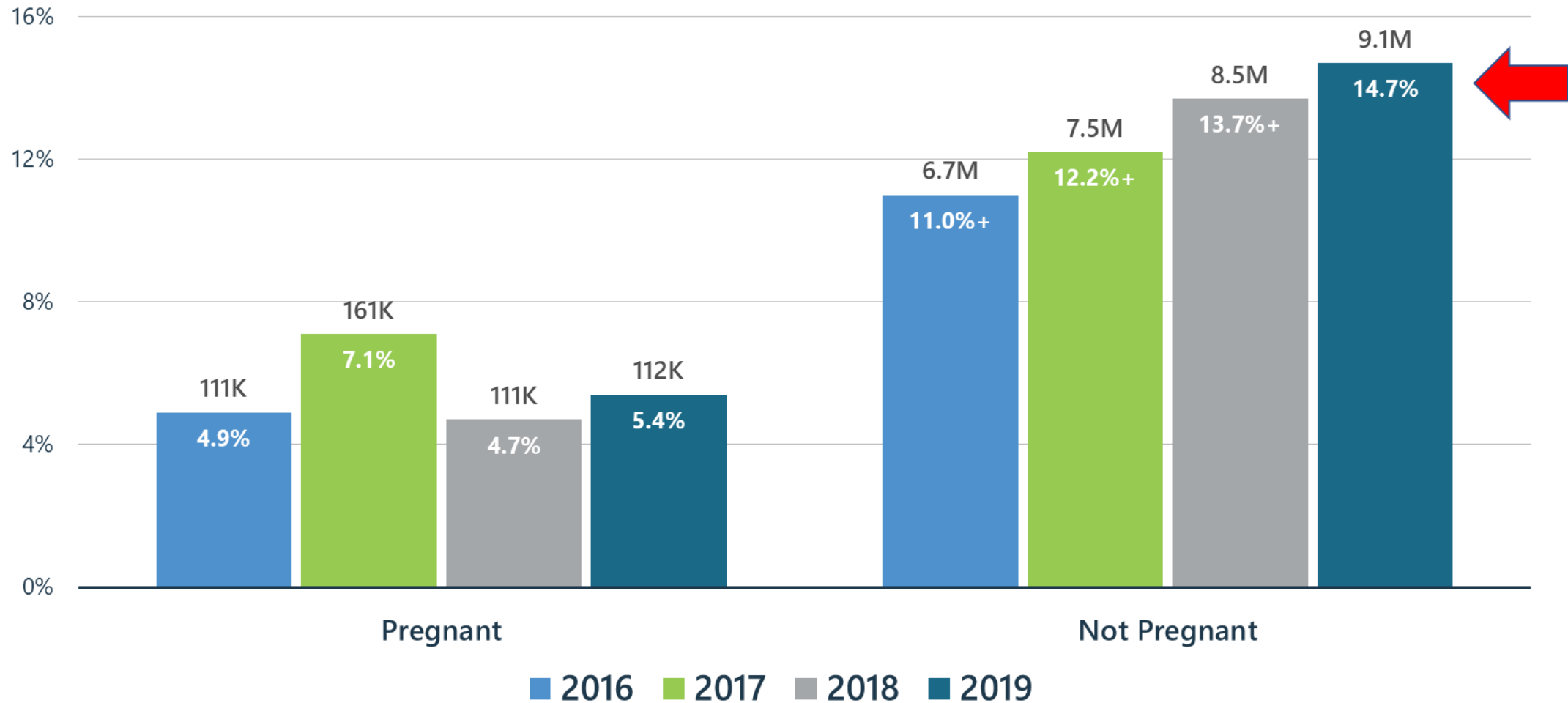
* Estimate not shown due to low precision.

Tobacco products are defined as cigarettes, smokeless tobacco, cigars, and pipe tobacco.

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

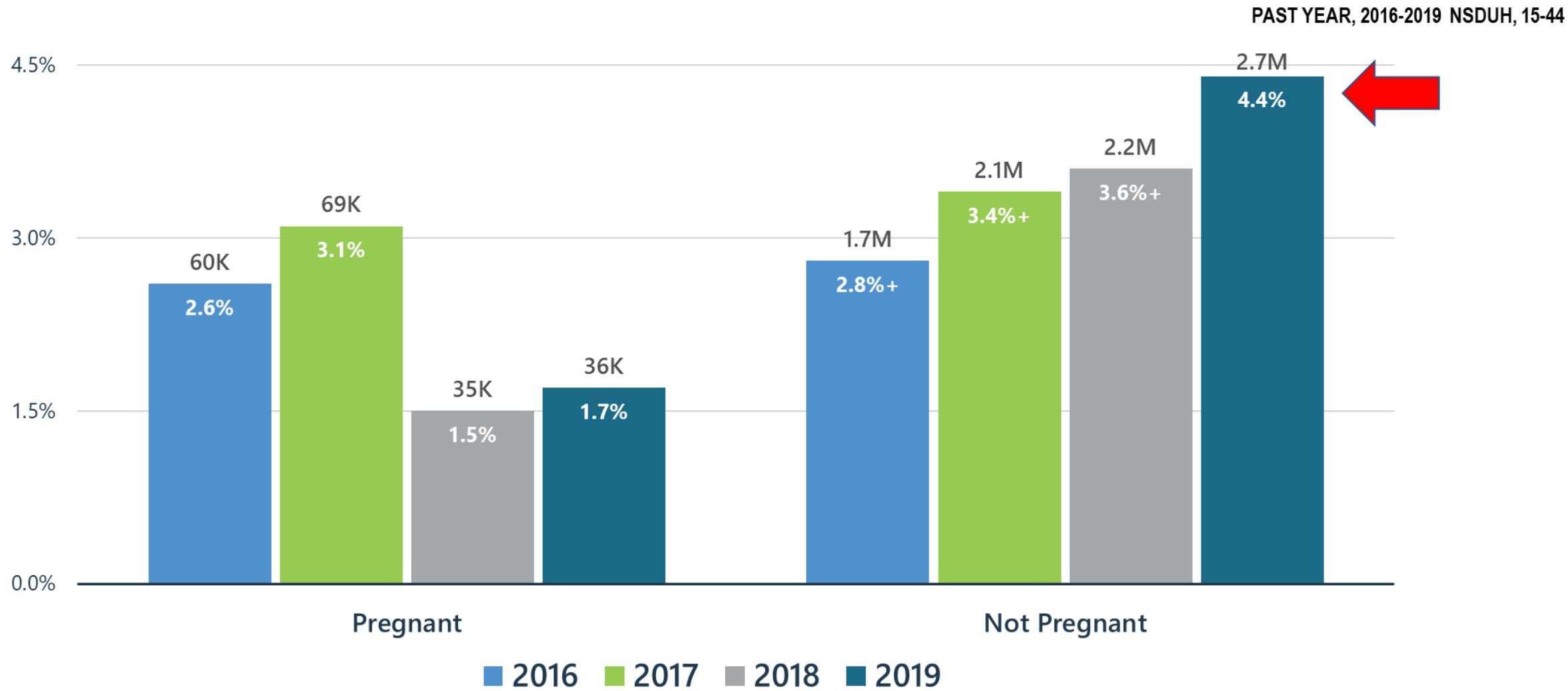
Marijuana Use among Women by Pregnancy Status

PAST MONTH, 2016-2019 NSDUH, 15-44



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Daily or Almost Daily Marijuana Use among Women by Pregnancy Status



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Past Year Substance Use and Mental Health Issues among Pregnant Women Aged 15 to 44 by Marijuana Use Status

PAST YEAR, 2019 NSDUH, 15-44

Substance	No Past Year Marijuana Use		Any Past Year Marijuana Use	
	Number (Thousands)	Percentage	Number (Thousands)	Percentage
Cocaine	4+	0.3+	29	8.5
Crack	1	0.1	*	*
Heroin	1	0.1	*	*
Hallucinogens	2+	0.1+	28	8.3
LSD	*	*	17	5.2
PCP	*	*	0	0.1
Ecstasy	2	0.1	5	1.5
Inhalants	*	*	*	*
Methamphetamine	*	*	18	5.5
Misuse of Psychotherapeutics	48	2.7+	89	26.7
Pain Relievers	24	1.4+	60	17.9
Stimulants	6+	0.3+	38	11.5
Tranquilizers or Sedatives	20	1.2+	42	12.5
Tranquilizers	19	1.1+	42	12.5
Sedatives	1	0.1	*	*
Benzodiazepines	19	1.1+	40	12.1
Opioids	25	1.5+	60	17.9
Illicit Drugs Other than Marijuana	51+	2.9+	101	30.3
ALCOHOL (PAST MONTH)	105	6.1+	91	27.3
Binge Alcohol Use	54	3.1+	46	13.7
Heavy Alcohol Use	*	*	6	1.7
MENTAL HEALTH STATUS				
SUICIDAL BEHAVIORS				
Suicidal Thoughts	56	3.3+	45	14.0
Suicide Plans	11	0.7+	23	7.3
Suicide Attempts	13	0.8	17	5.4
Serious Mental Illness	55	3.2+	46	14.3
Major Depressive Episode (MDE)	111+	6.6	44	14.0
MDE with Severe Impairment	73+	4.3	24	7.6

+ Difference between this estimate and the estimate for people with past year marijuana use is statistically significant at the .05 level.

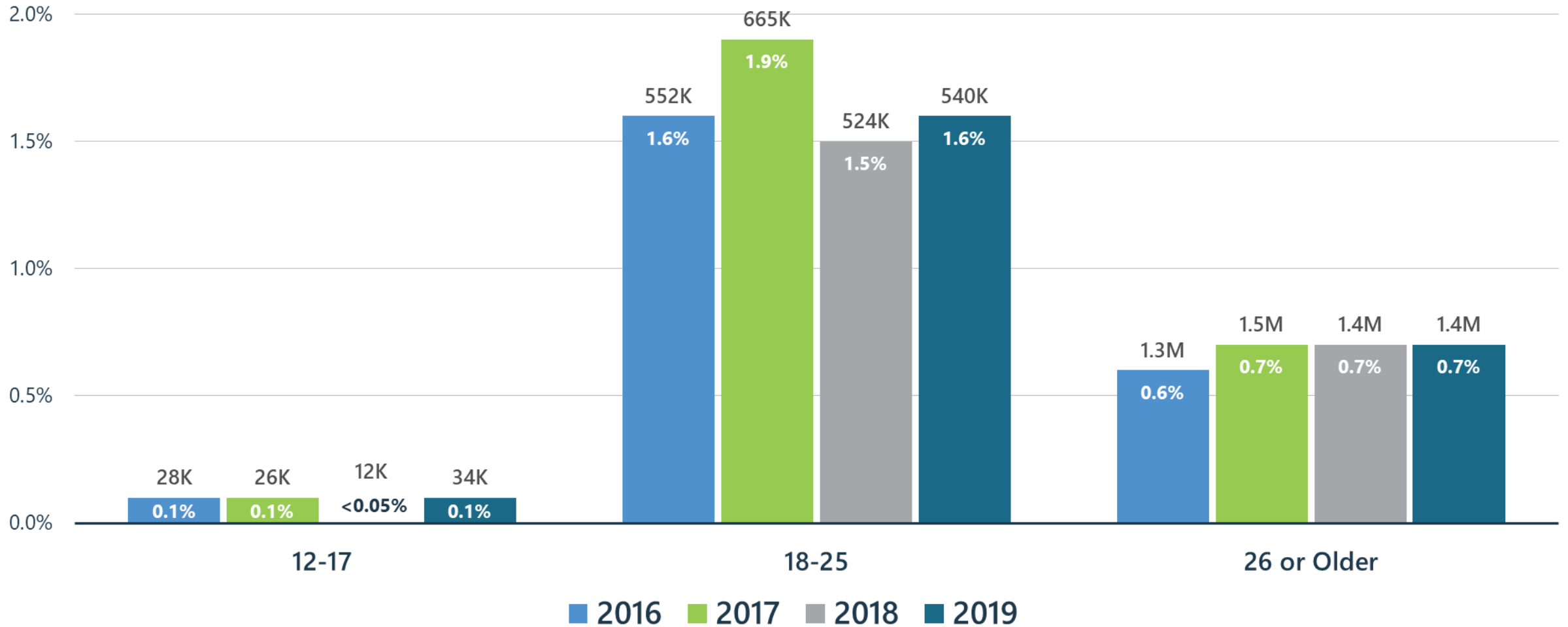
* Estimate not shown due to low precision.

Marijuana Use: Health Concerns

- Use during pregnancy may be associated with fetal growth restriction, stillbirth, preterm birth, and neonatal intensive care unit admission (Metz and Borgelt, 2018; Stickrath, 2019).
- Use linked to depression/suicide: adolescents (Roberts BA, 2019), veterans (Kimbrel et al., 2018)
- Use in adolescence is associated with increased risk for psychotic disorders in adulthood and is linked with suicidal ideation or behavior (D'Souza et al, 2016; McHugh et al, 2017).
- The risk for psychotic disorders increases with frequency of use, potency of the marijuana product, and as the age at first use decreases (NASEM, 2017).
- Use among adolescents is linked to a decline in IQ and is associated with educational drop out (Meier, 2012).
- Use has been linked to the development of drug use disorders including alcohol, tobacco and other illicit drugs (NASEM, 2017).
- Marijuana intoxication is an important cause of MVAs associated with injury and death—it is wrong to say that marijuana use never killed anyone (NASEM, 2017).
- Association between state laws allowing medical marijuana and opioid overdose mortality reversed direction from -21% (1999-2010) to +23% (1999-2017). (Shover, et al., 2019)
- Risk of subsequent prescription opioid misuse and use disorder was increased among people who reported marijuana use 5 years earlier (Olfson et al., 2017)

Cocaine Use

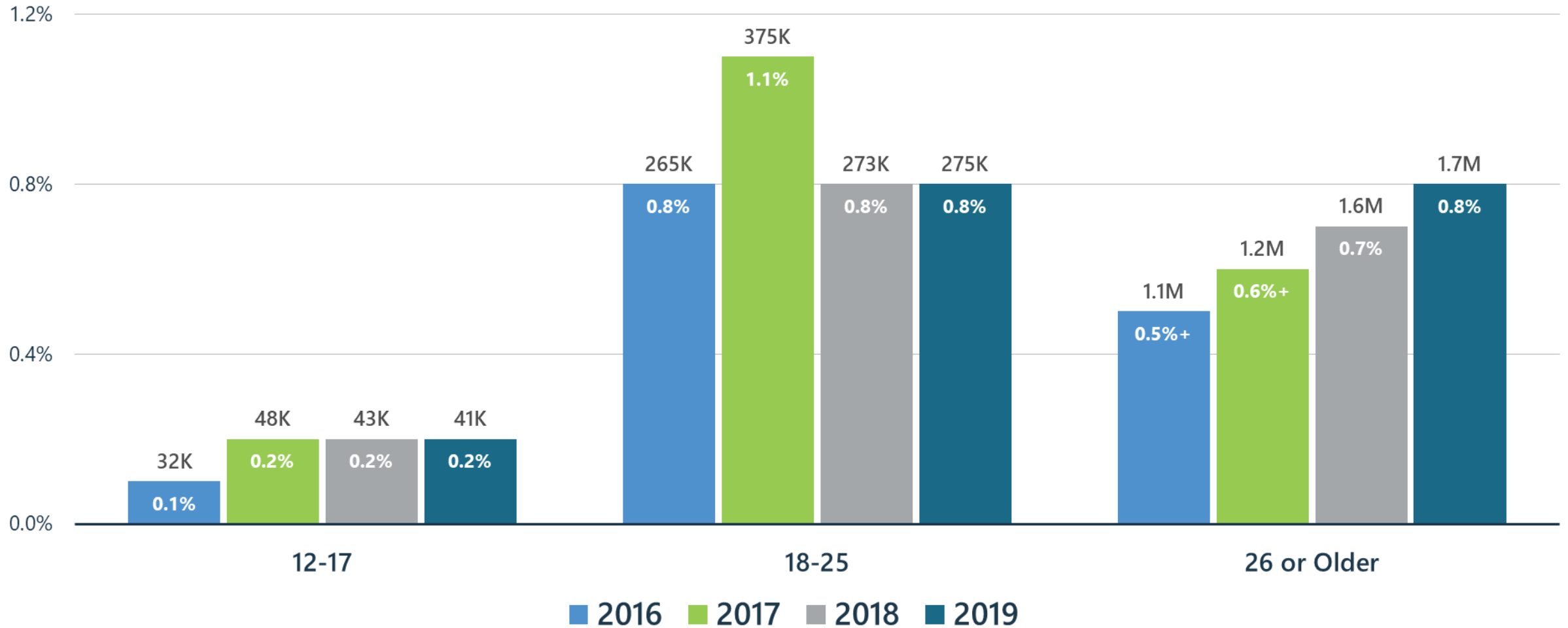
PAST MONTH, 2016-2019 NSDUH, 12+



No differences between prior year estimates and the 2019 estimates are statistically significant at the .05 level.

Methamphetamine Use

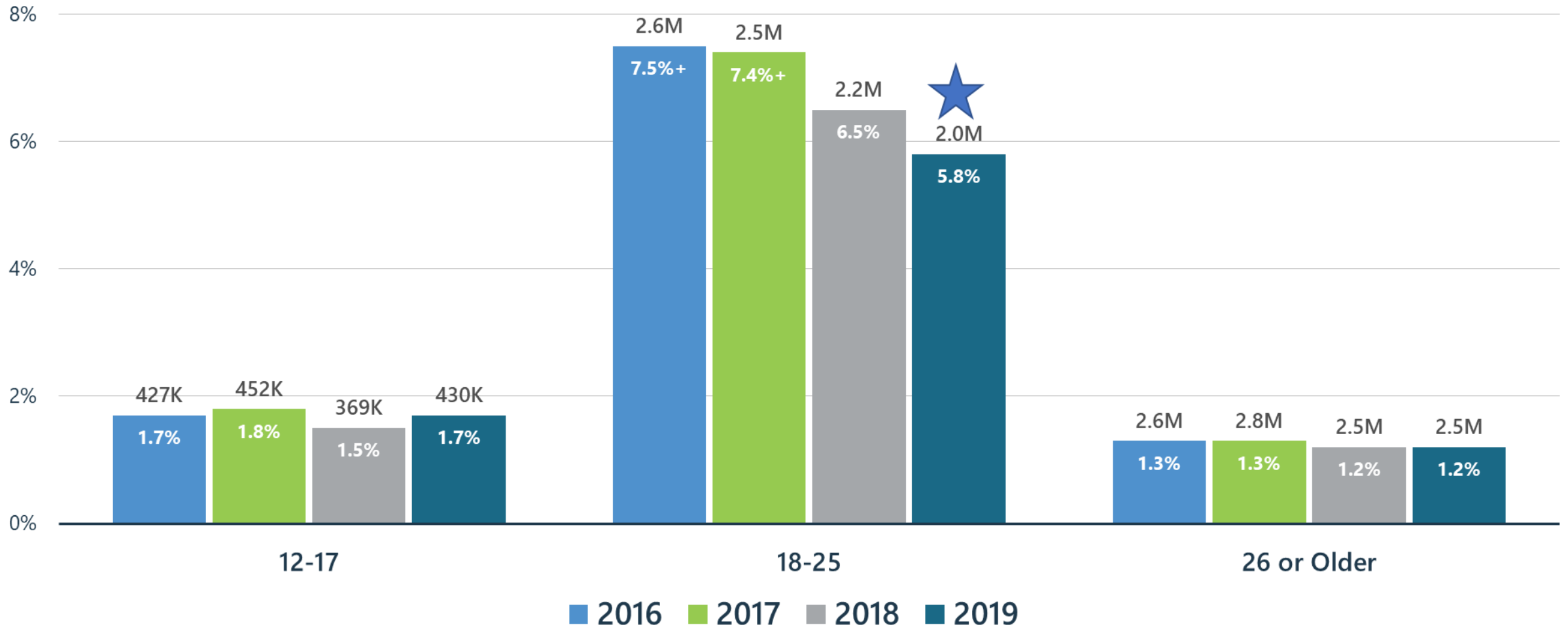
PAST YEAR, 2016-2019 NSDUH, 12+



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Misuse of Prescription Stimulants

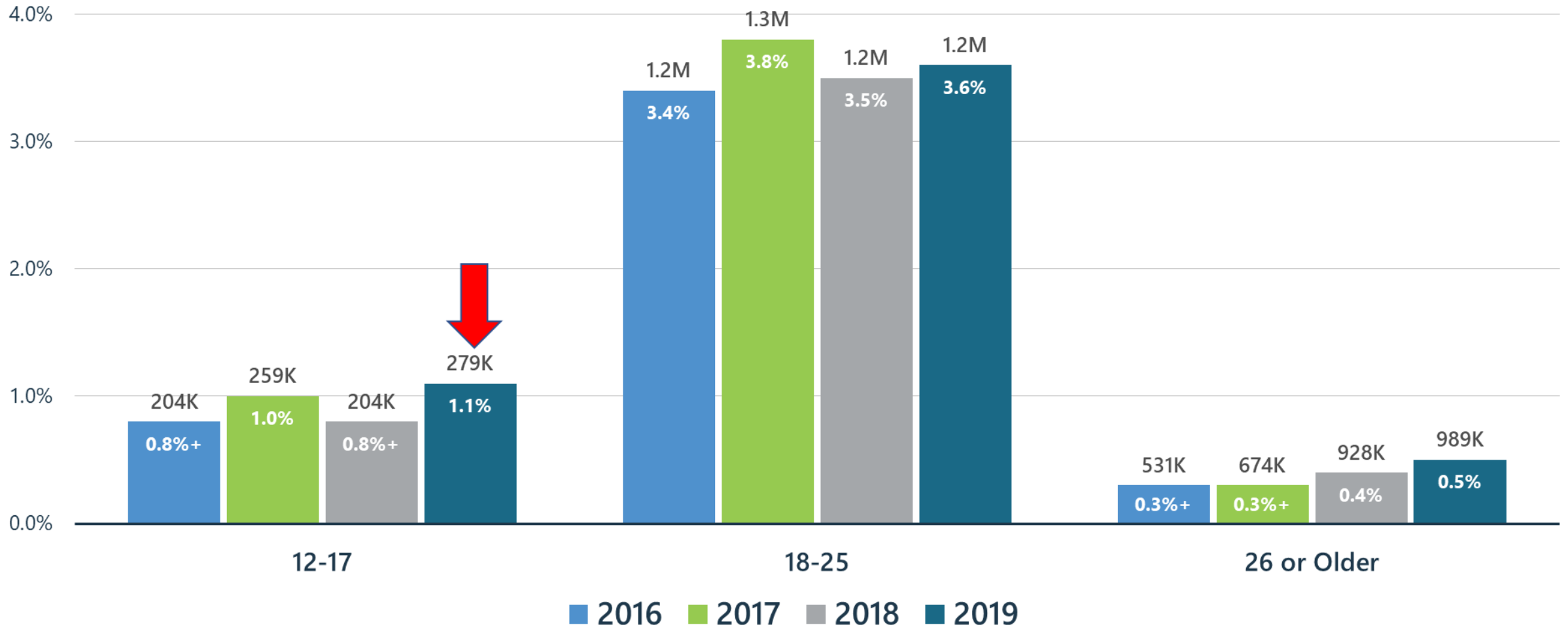
PAST YEAR, 2016-2019 NSDUH, 12+



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

LSD Use Among All Age Groups

PAST YEAR, 2016-2019 NSDUH, 12+



Estimates represent past year use of LSD (lysergic acid diethylamide), a type of hallucinogen.

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

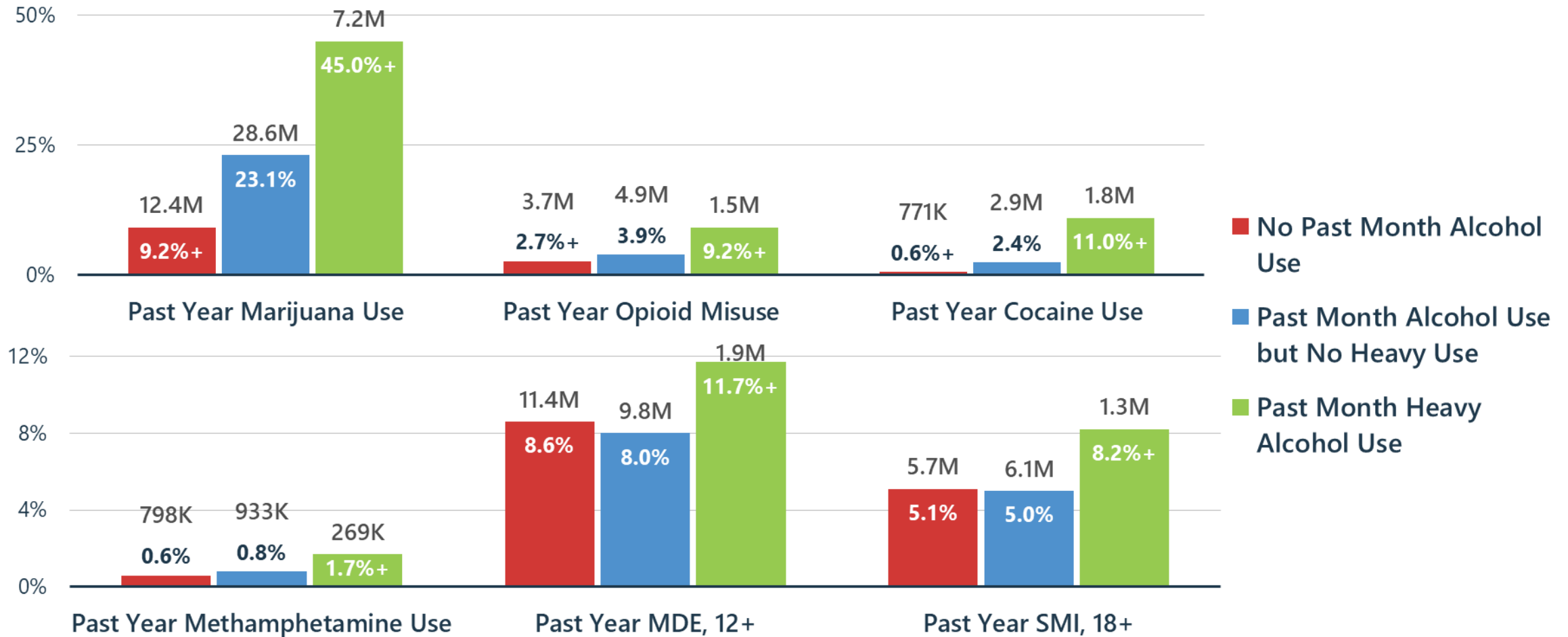
Summary: Other Substance Use in the United States in 2019 Compared to 2018

- Past month marijuana use and past year daily or almost daily marijuana use significantly increased in adults aged 26+
- Past year marijuana use disorder significantly increased in adolescents
- Non-significant increase in marijuana use by pregnant women; significant increases in marijuana use by women 15-44
- Alcohol and tobacco use trending downward in pregnant women; but any alcohol or tobacco use is hazardous in pregnancy
- No change in cocaine use in all age groups
- Upward trend in methamphetamine use and significantly increased over 2016-17 in adults 26 and older
- Prescription stimulant misuse trending downward in those 18-25 years old
- Past year LSD use significantly increased in adolescents; non-significant increases in LSD use in young adults and adults

Polysubstance Use and Mental Illness

Alcohol Use Related to Other Substance Use, MDE and SMI

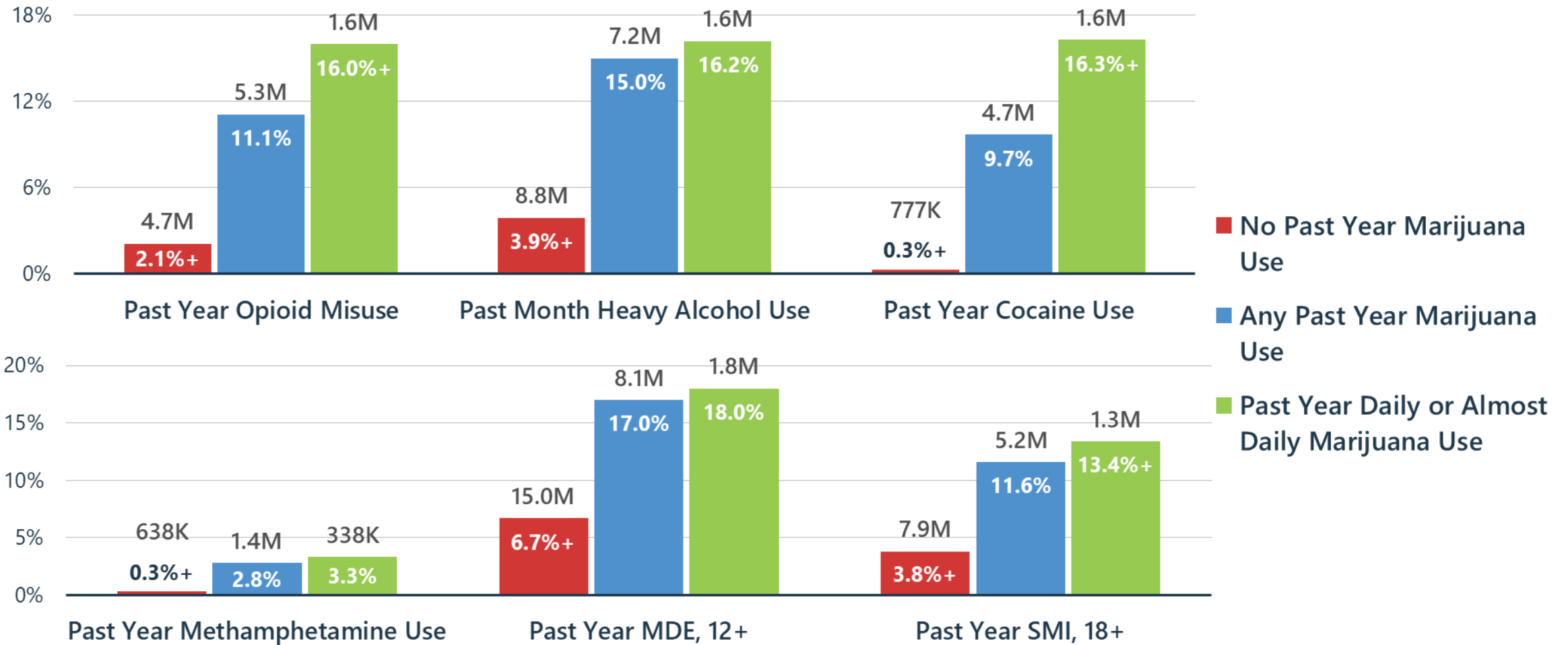
PAST YEAR/MONTH, 2019 NSDUH, 12+



+ Difference between this estimate and the estimate for people with past month use but not heavy alcohol use is statistically significant at the .05 level.

Marijuana Use Related to Other Substance Use, MDE and SMI

PAST YEAR/MONTH, 2019 NSDUH, 12+



+ Difference between this estimate and the estimate for people with past year marijuana use is statistically significant at the .05 level.

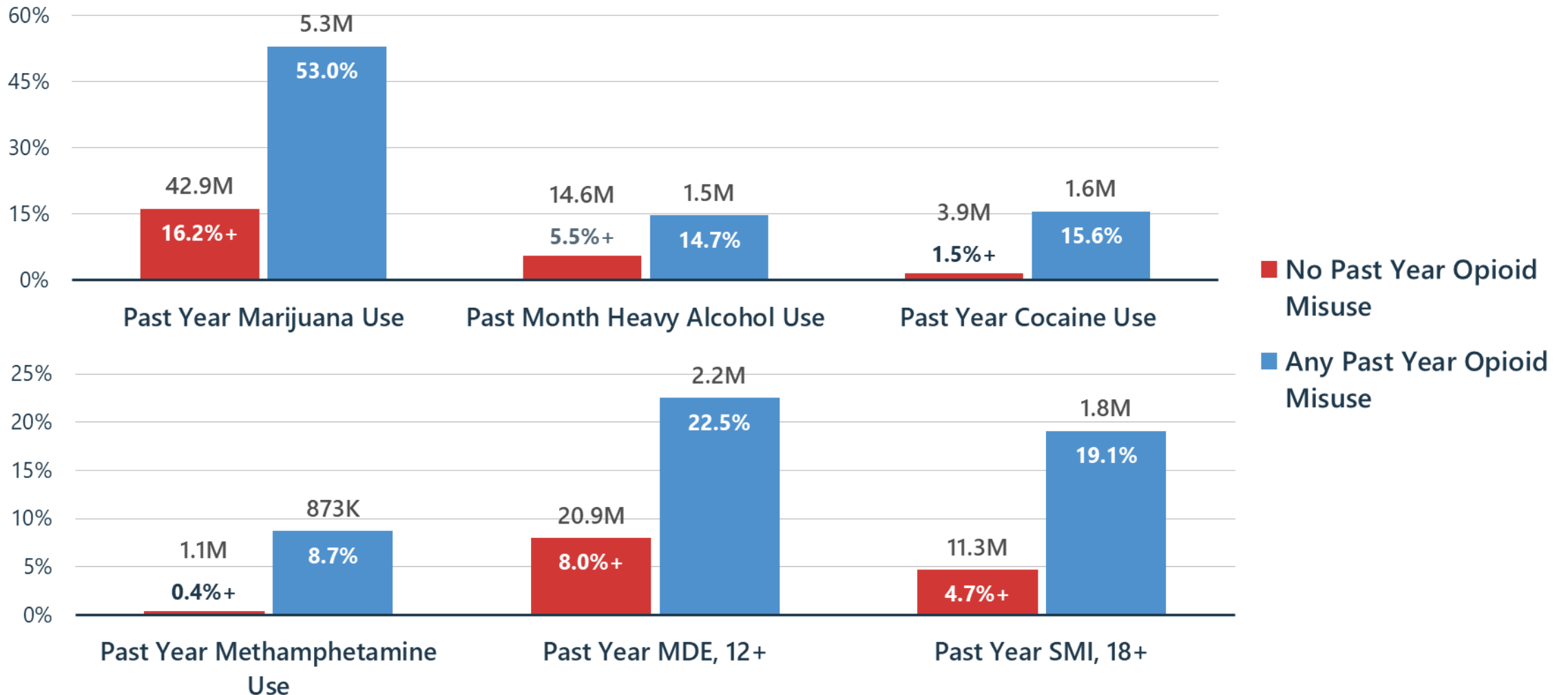
Comparison of Rates of Mental/Substance Use Disorders Associated with Marijuana Use: National vs. Colorado Data from the National Survey on Drug Use and Health (2019)

	National (%)	Colorado (%)	National vs. Colorado P-value
Past Month Marijuana Use (18-25 y)	23.0	37.0	0.0009
Past Year Daily Marijuana Use (18-25y)	7.5	14.8	0.0085
Past Month Marijuana Use (\geq 26y)	10.2	18.8	<0.0001
Substance Use Disorder (SUD) (18+)	7.7	10.9	0.0206
Co-occurring SUD and SMI (18+)	1.4	2.5	0.0430

Estimates for Colorado are direct single-year estimates for 2019 and will differ from model-based estimates using data from 2018 and 2019.

Opioid Misuse Related to Other Substance Use, MDE and SMI

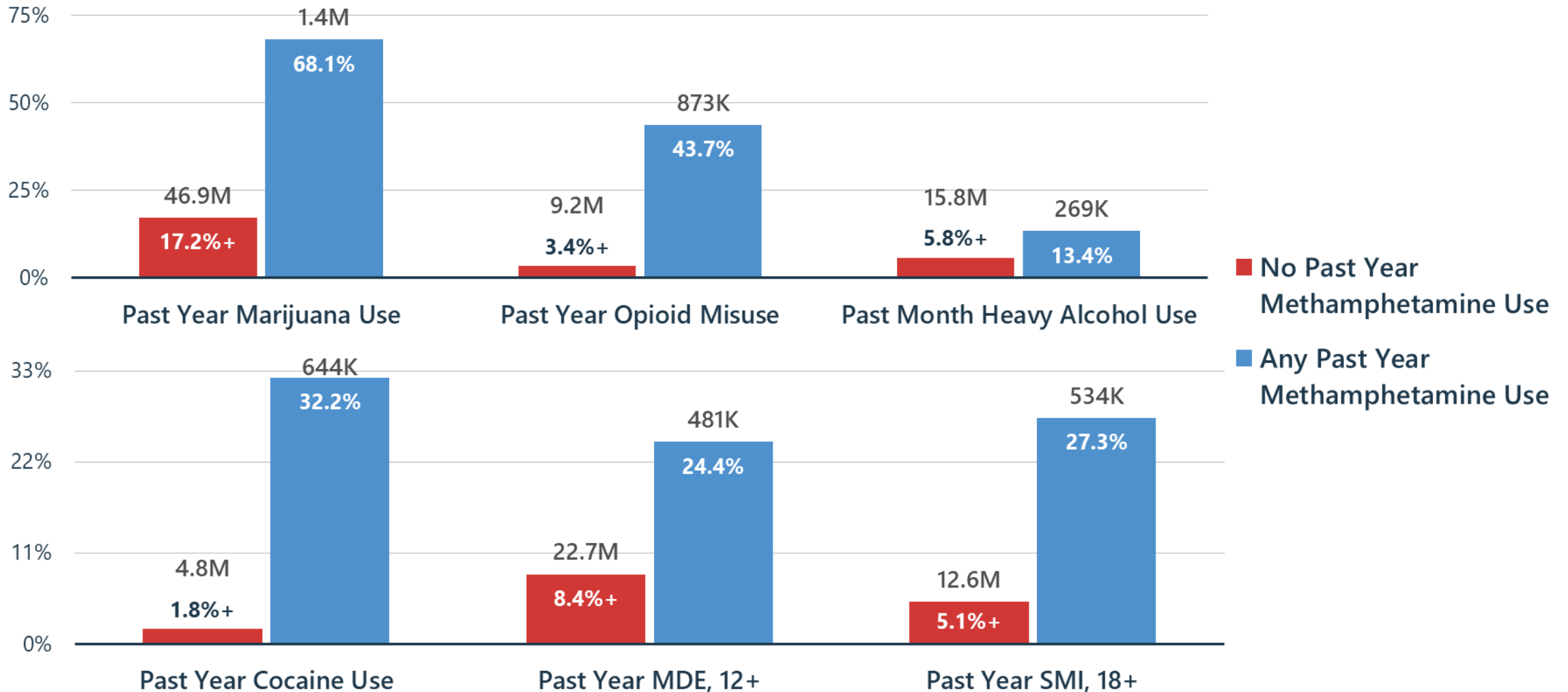
PAST YEAR/MONTH, 2019 NSDUH, 12+



+ Difference between this estimate and the estimate for people with past year opioid misuse is statistically significant at the .05 level.

Methamphetamine Use Related to Other Substance Use, MDE and SMI

PAST YEAR/MONTH, 2019 NSDUH, 12+



+ Difference between this estimate and the estimate for people with past year methamphetamine use is statistically significant at the .05 level.

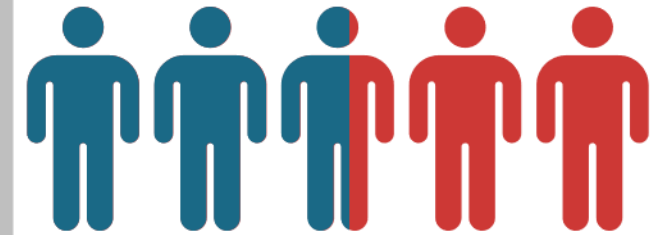
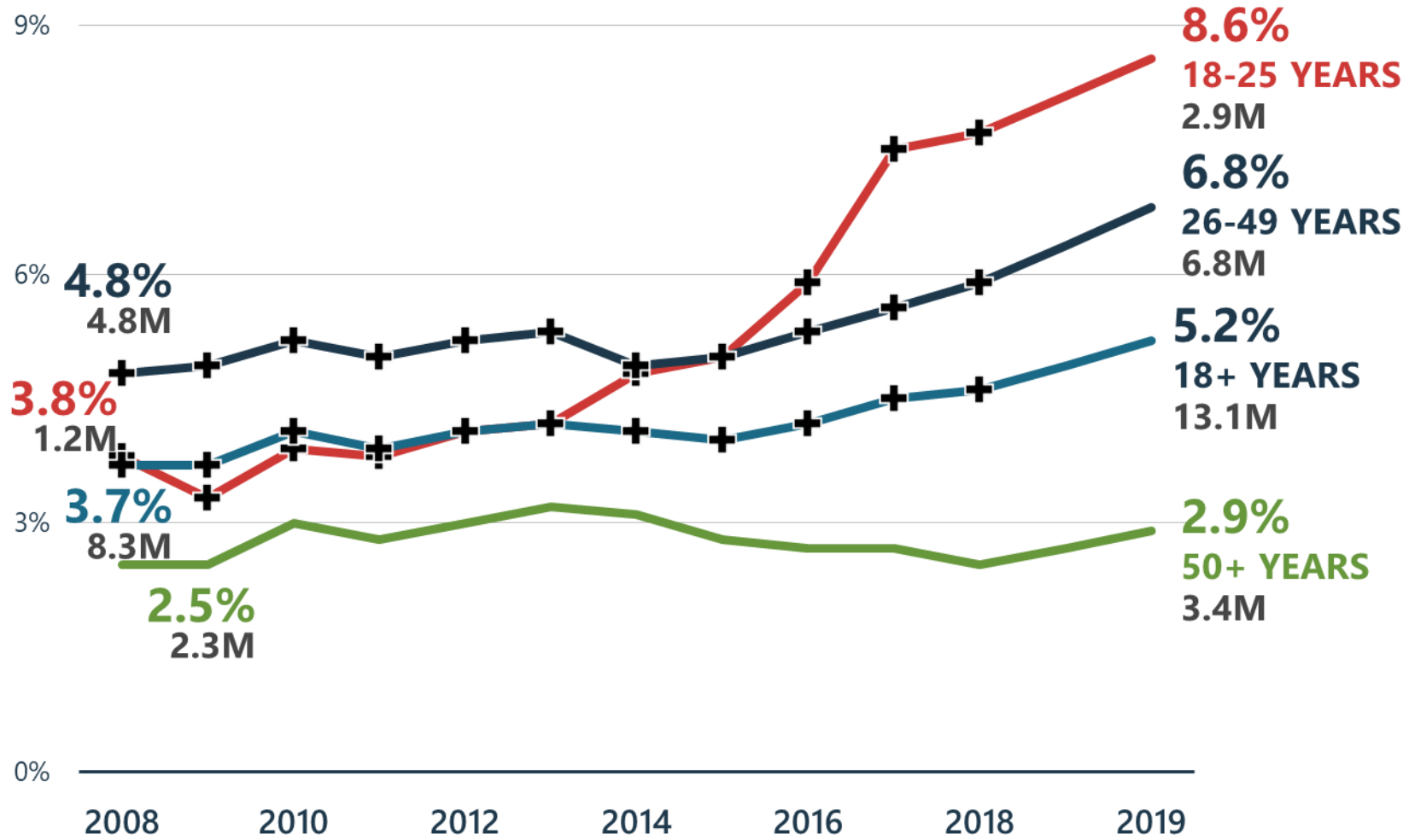
Summary

- Polysubstance use is common—if a person is having problems with one substance, they are likely using and may be having problems with other substances
- Treatment providers must screen for and treat all substance use disorders and problem substance use
- Association of substance misuse and mental illness is clear—we must all do a better job of helping Americans understand these relationships and risks

Mental Health

Serious Mental Illness (SMI) Increasing

PAST YEAR, 2008-2019 NSDUH, 18+



56.4%
1.6 MILLION YOUNG ADULTS WITH SMI RECEIVED TREATMENT IN 2019

43.6% got NO treatment

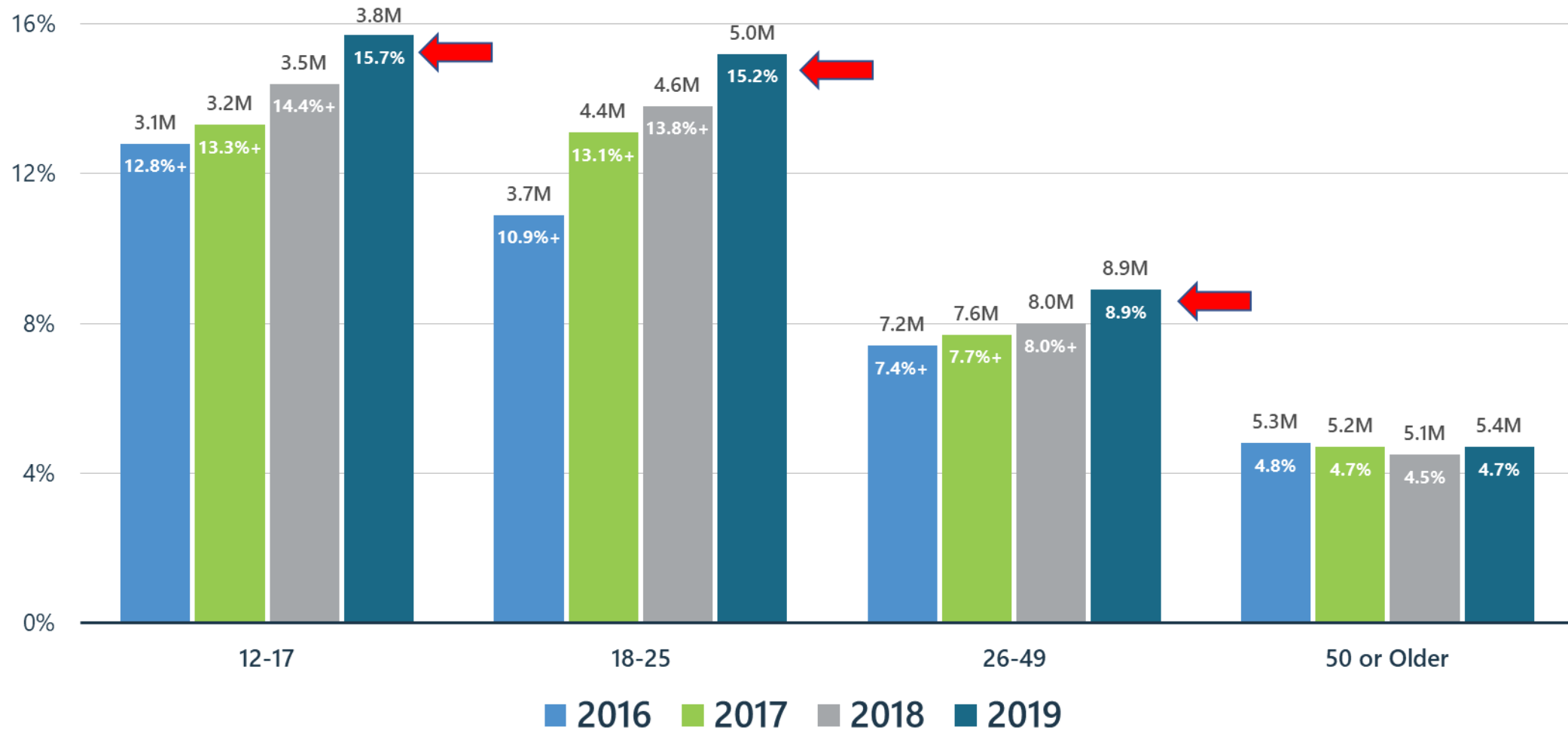
65.1%
4.5M ADULTS AGED 26-49 WITH SMI RECEIVED TREATMENT IN 2019

34.9% got NO treatment

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Major Depressive Episodes Increased for Those Under Age 50

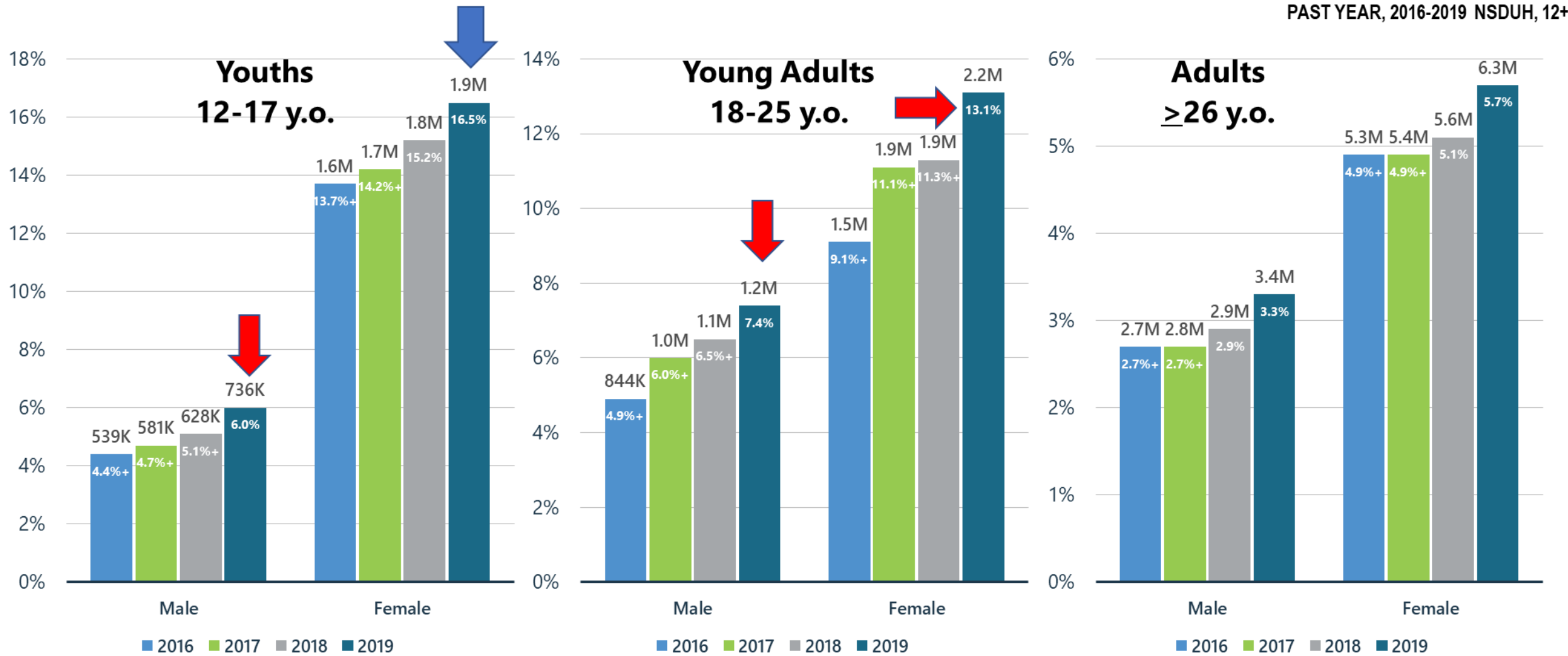
PAST YEAR, 2016-2019 NSDUH, 12+



Note: The adult and youth MDE estimates are not directly comparable.

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

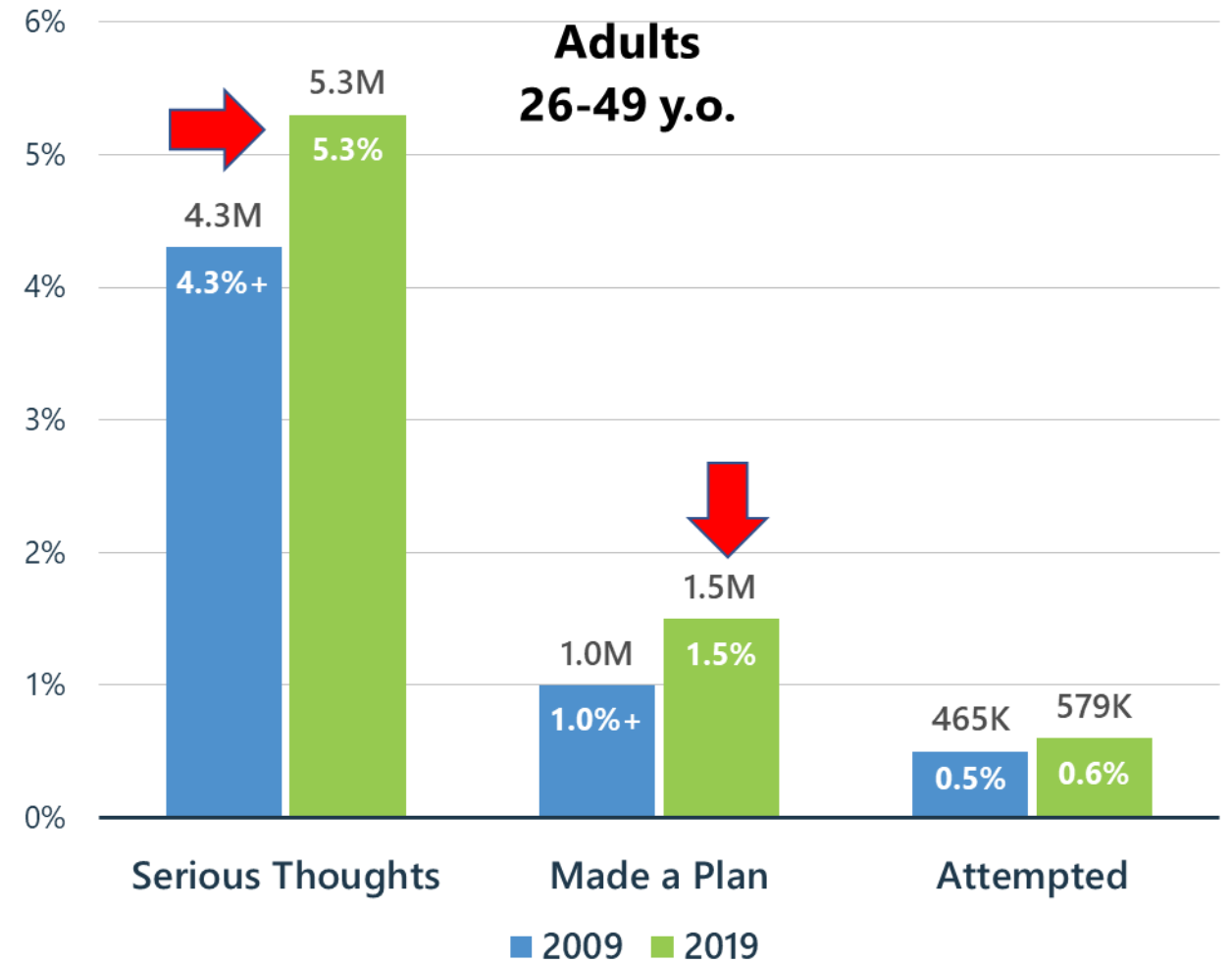
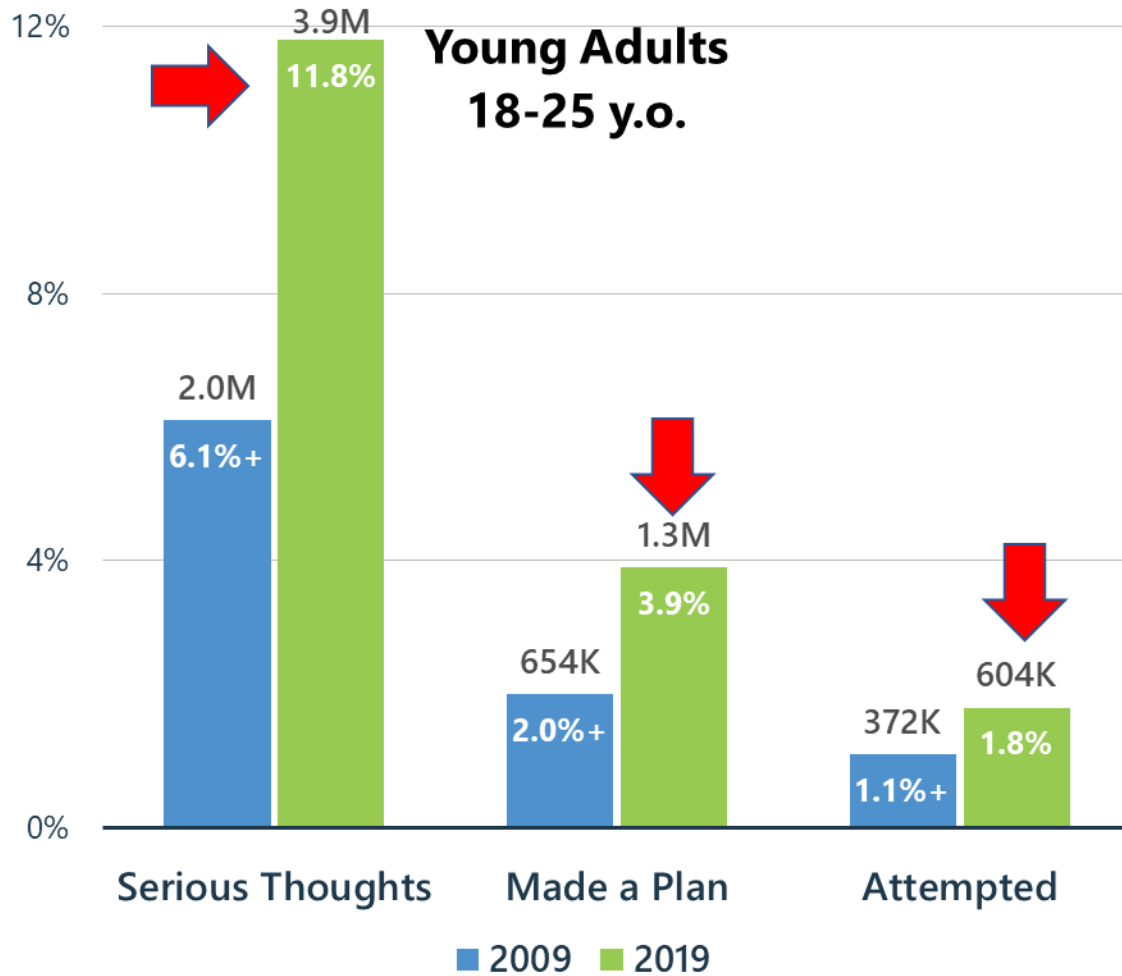
Major Depressive Episodes with Severe Impairment



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Suicidal Thoughts, Plans, and Attempts Increase for Young Adults (18-25 y.o.) and Adults (26-49 y.o.)

PAST YEAR, 2009 and 2019 NSDUH, 18-49

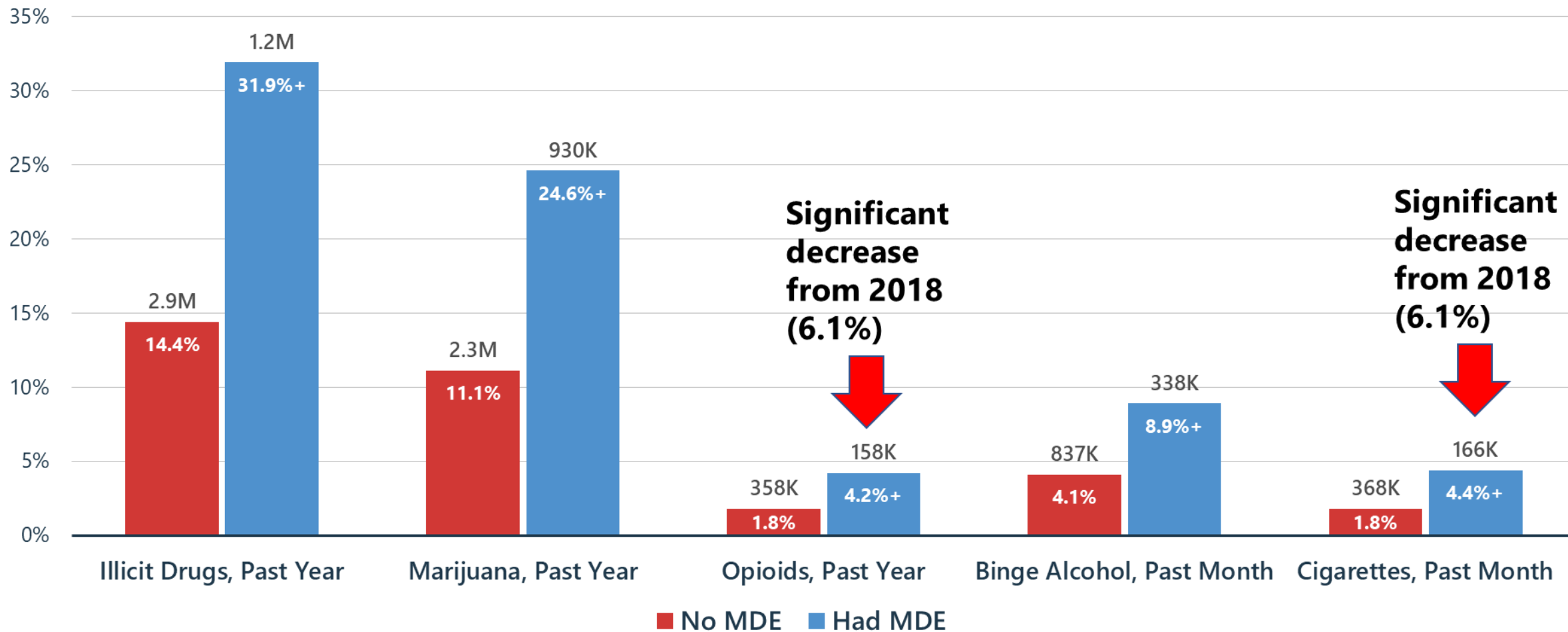


+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Co-Occurring Mental and Substance Use Disorders

Substance Use among Youths (12-17 y.o.) by Past Year Major Depressive Episode (MDE) status

PAST YEAR/MONTH, 2019 NSDUH, 18+



Significant decrease from 2018 (6.1%)

Significant decrease from 2018 (6.1%)

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

Co-Occurring Substance Use Disorder and Any Mental Illness in Adults

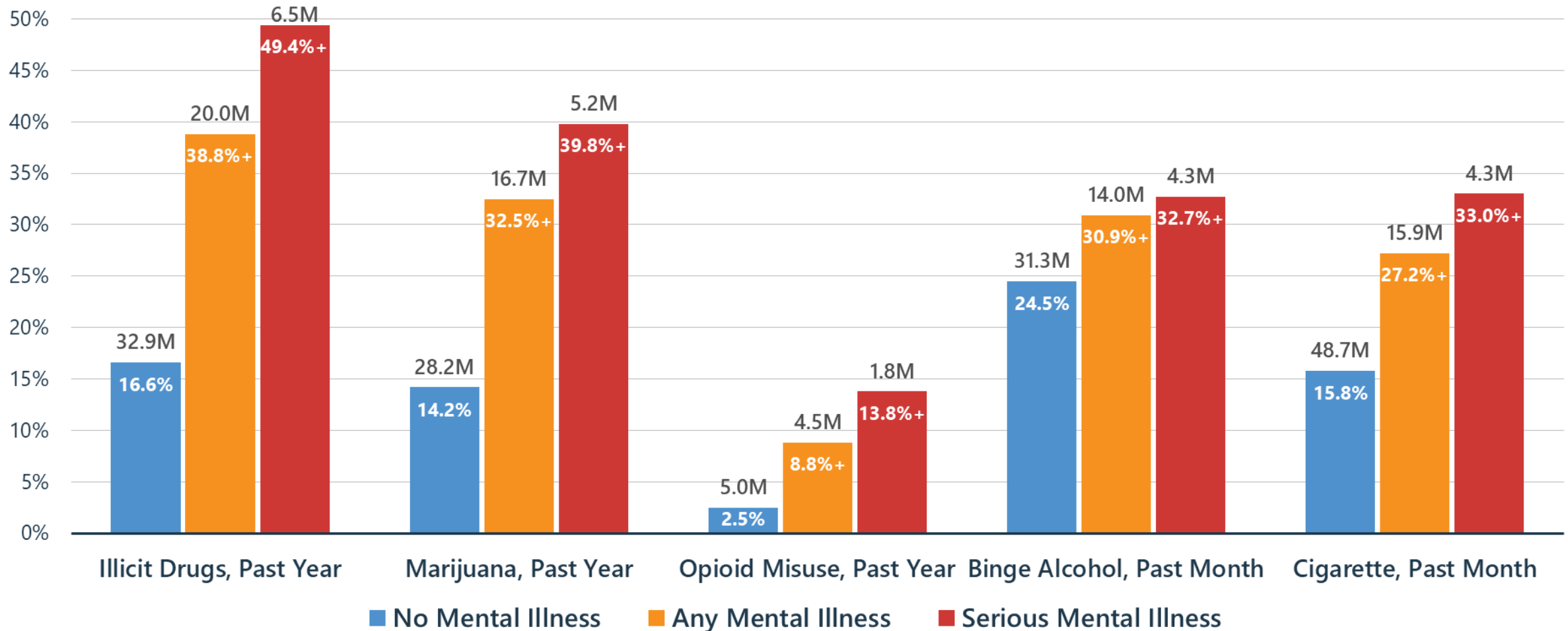
PAST YEAR, 2016-2019 NSDUH, 18+



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Co-Occurring Issues: Substance Use and Mental Illness among Adults

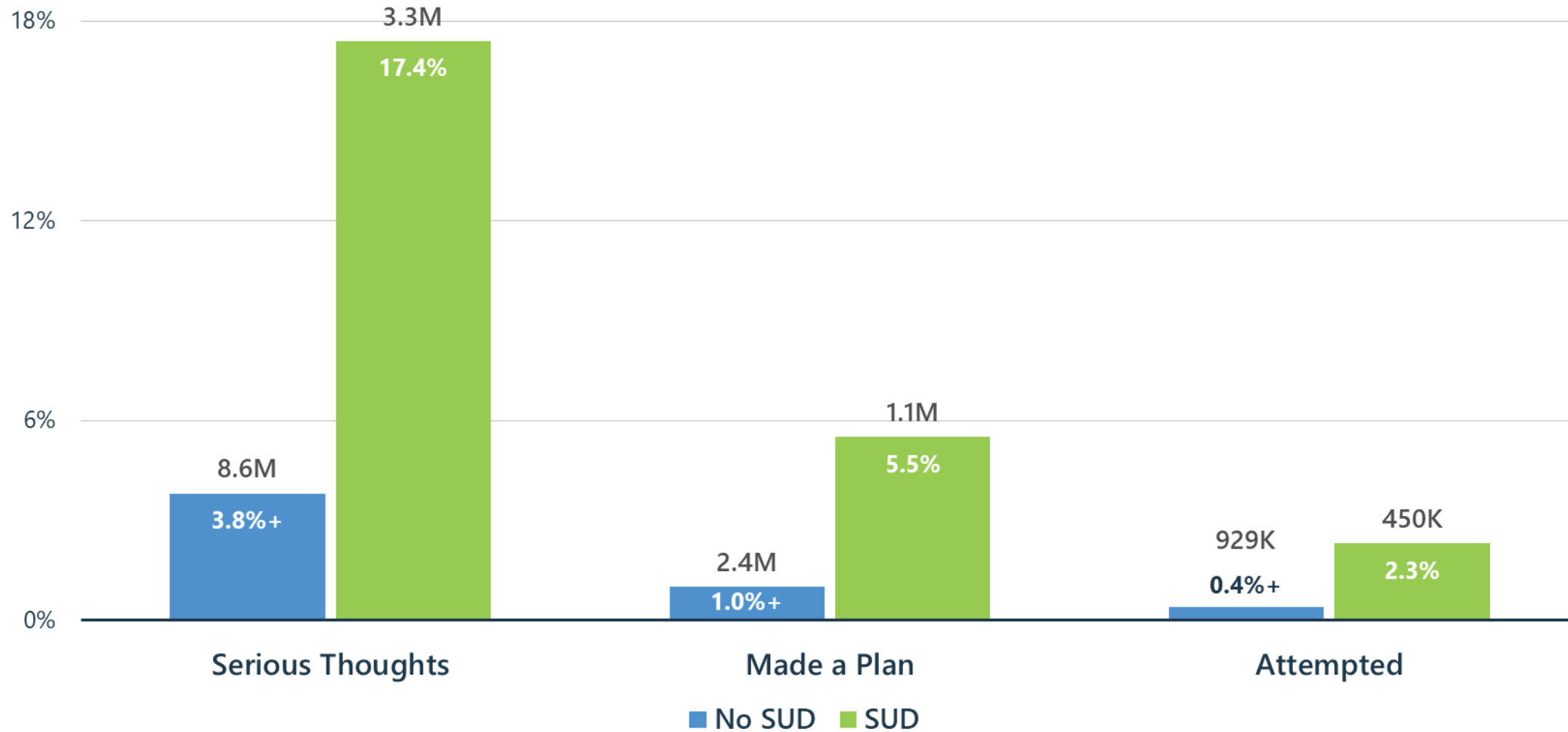
PAST YEAR/MONTH, 2019 NSDUH, 18+



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

Substance Use Disorder (SUD) is Associated with Suicidal Thoughts, Plans, and Attempts among Adults ≥ 18 y.o.

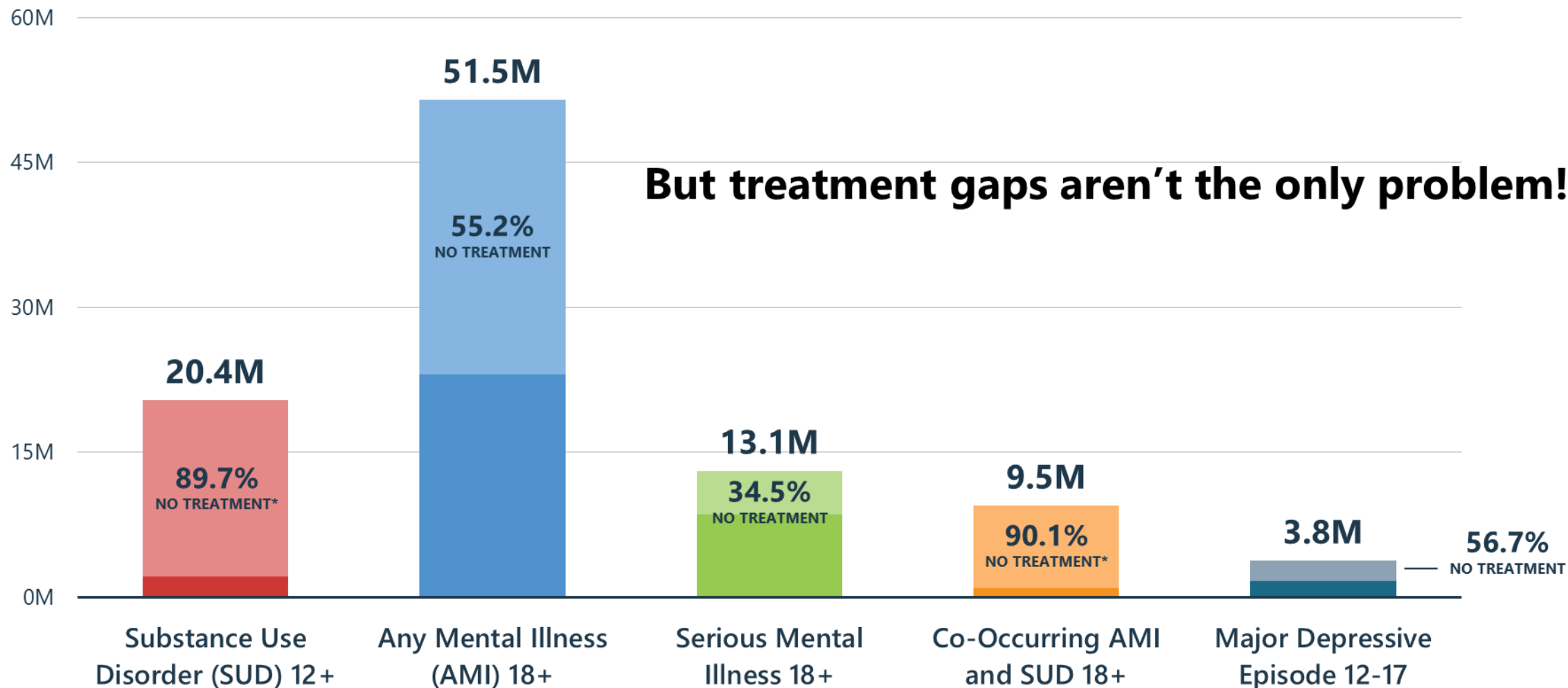
PAST YEAR, 2019 NSDUH, 18+



+ Difference between this estimate and the estimate for adults with SUD is statistically significant at the .05 level.

Mental and Substance Use Disorders: High Prevalence/Huge Treatment Gaps

PAST YEAR, 2019 NSDUH, 12+

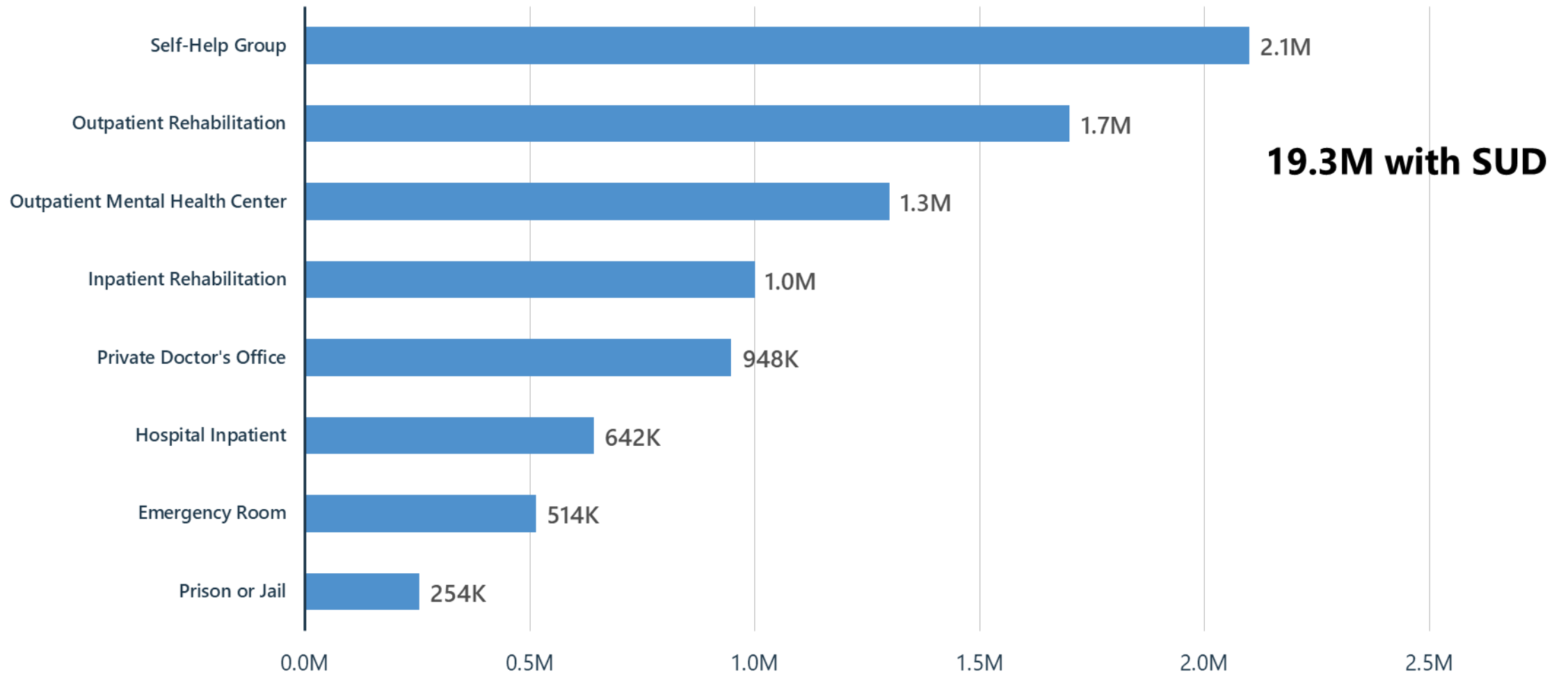


But treatment gaps aren't the only problem!

* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

Locations Where Substance Use Treatment Was Received

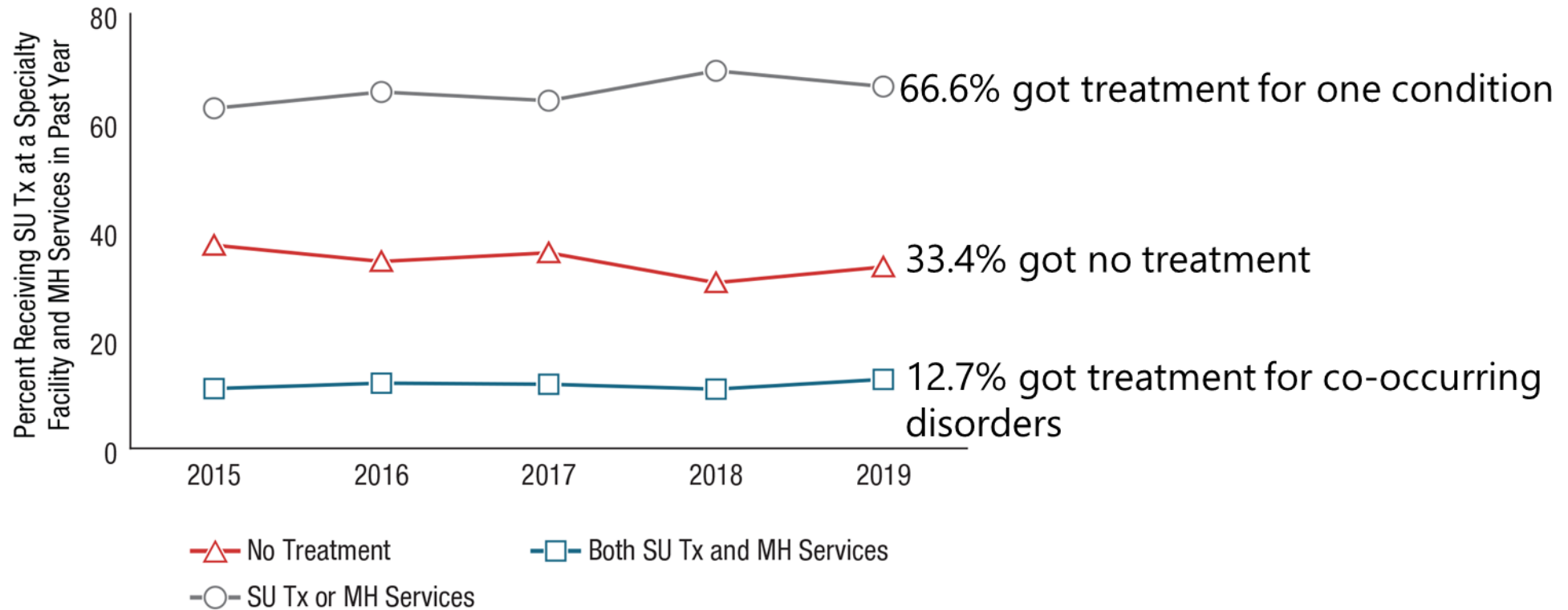
PAST YEAR, 2019 NSDUH, 12+



Locations where people received substance use treatment are not mutually exclusive because respondents could report that they received treatment in more than one location in the past year.

Receipt of Substance Use Treatment at a Specialty Facility and Mental Health Services in the Past Year among Adults Aged 18 or Older with Past Year Substance Use Disorder and Serious Mental Illness: 2015-2019

PAST YEAR, 2015-2019 NSDUH, 18+



Service Type	2015	2016	2017	2018	2019
No Treatment	37.4	34.4	36.0	30.5	33.4
Substance Use Treatment at a Specialty Facility or Mental Health Services	62.6	65.6	64.0	69.5	66.6
Both Substance Use Treatment at a Specialty Facility and Mental Health Services	11.0	12.0	11.8	10.9	12.7

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

Summary: Mental Health/Co-Occurring Issues in the United States in 2019

- Serious mental illness significantly increased in adults aged 18-49 y.o. between 2018 and 2019
- Major depressive episode significantly increased in all age groups (except for those aged 50+) between 2018 and 2019
- Major depressive episode with severe impairment significantly increased in adolescents and young adults (18-25 y.o.) between 2018 and 2019
- Suicidal thoughts and behaviors significantly increased in adults 18-49 y.o. between 2009 and 2019
- Co-occurring substance use and mental disorders are common. Adolescents have significantly increased rates of MDE/substance use and significant increases in mental disorders/SUDs are observed in adults 18-49 y.o.
- Adults with substance use disorders have significantly higher rates of suicidal thoughts and behaviors than those without such conditions
- Despite modest gains, the large gap in treatment need continues
- Those who do get treatment are not getting treatment for co-occurring disorders and most with co-occurring disorders get treatment for one disorder or no treatment at all

2019: A Year of Some Progress, Major Concerns

- NSDUH reveals areas where we need to focus resources:
 - Continuing need to address ongoing opioid epidemic to increase the gains seen
 - Marijuana use significantly increased in adults aged 26+
 - Marijuana use disorder significantly increased in adolescents
 - LSD use significantly increased in adolescents
 - Rising year over year serious mental illness in adults aged 18-49 y.o.
 - Rising year over year major depression in all age groups with increased suicidality
 - Polysubstance use is pervasive among substance users
 - Substance use and mental disorders are closely linked
 - Severe mental illness is a risk factor for hazardous alcohol use and illicit substance use
- **Needs in behavioral health are underscored: ongoing efforts in prevention of substance use disorders, improvement in substance use treatment rates and treatment for youth and adults with mental illness—and this needs to be in the context of treatment for co-occurring disorders**

How Does NSDUH Fit With Behavioral Health Needs Nationwide?

- NSDUH is a household survey
- Does not capture other populations with great mental health/substance use needs:
- Institutionalized populations:
 - Incarcerated
 - Hospitalized
 - Nursing homes
- Homeless populations
- Children under age 12

2019 data is all pre-COVID-19

- COVID-19 has brought:
 - Great fear of illness/death from the virus
 - Fear of resuming normal life activities for fear of infection
 - Neglect of one's own health/mental health needs for fear of infection
 - Loss of familiar daily structure
 - Isolation
 - New expectations: children at home 24/7, parents expected to become at home teachers
 - Unemployment—for millions this is expected to be permanent loss of a job as businesses fail and close
 - Stress of trying to find employment
 - Financial stress
 - Inability to get medical care and follow up because such care is deemed 'non-essential'
 - Increases in domestic violence and child abuse/neglect—home is not safe for millions
- Expect substantial increases in substance use disorders, mental illness, and suicidality in all age groups

We Are Already Seeing the Negative Mental Health Effects of COVID-19

- 1000% increase in calls to the Disaster Distress Helpline relative to same period in 2019
- Increases in proportion of ED visits related to suicide attempts in April and May relative to same time period in 2019—decreased in June as stay at home orders lifted and America began to open up again
- Increases in calls to domestic violence hotlines
- Reports of child abuse/increases in infant deaths attributed to injuries related to child abuse
- Increases in suicides in some areas
- Increases in opioid overdose deaths in some areas—as much as 25-50% increases over comparison 2019 time period—first responders in some areas concerned about administering nasal naloxone related to COVID-19
- Emergency housing for those leaving psychiatric hospitalization converted to COVID-quarantine space in some areas increasing homelessness for those with SMI
- Layoff of behavioral health staff/providers without financial reserves to survive long-term and unable to generate enough revenue to survive
- All of this portends major increases in mental/substance use disorder treatment and recovery service needs and potential loss of the staff and services to assist Americans experiencing these issues

Costs of Untreated Mental/Substance Use Disorders

- Cost of untreated SMI: \$300B/yr (NAMI); cost of drug/alcohol abuse: \$600B/yr (NIDA, 2018)
- Nearly \$1 Trillion in yearly costs in addition to the devastation of lives
- Loss of productivity
- Unemployment
- Disability
- Health Care Costs
- Criminal Justice Costs

All of these burdens will only increase with the addition of the stresses of COVID-19

What Can We Do Now?

- SAMHSA must use its resources to benefit as many as possible:
- Community based treatment and recovery services
- Build on the Certified Community Behavioral Health Clinic model
 - Crisis intervention services/suicide prevention resources
 - Integrated mental health, substance use, general medical services
 - Children's mental health services-linkages with schools
- Keep telemedicine/telehealth in place including use of telephone where audio/visual is not possible and pay for these services at same rate as face-to-face—no reduction in reimbursement because it is telemedicine
- Continue and expand as possible technical assistance and training to behavioral health providers—clinicians and peers

Address Safety Issues in BH Settings Related to COVID-19

- We must think outside the box:
- This means making treatment settings/community settings safe:
 - Observe social distancing
 - Masks need to become the norm
 - Providers should be ordering/storing PPE: masks/gloves/disinfectants/hand sanitizers
- Bring back behavioral health staff for face-to-face service provision and expand hours—evenings and weekends may need to become the norm so that smaller groups who can social distance can get needed in-person care
- Our patients and their families must feel confident that their loved ones can get necessary services safely—for the individual and for those they will come in contact with at home

It's Up to Us Now

- Let's work as hard as we can to make decision-makers understand mental health and substance use needs in America—pre and post-COVID-19
- Let's keep the virus in mind in planning and implementing our services so that we can safely deliver care, but we cannot ignore the overall health needs of the American people—that is not an option
- Let's work to meet the mental health/substance use needs of our people:
 - Restore our systems—mental health and substance use disorder services are 'essential services'
 - Expand our treatment and community recovery support systems permanently
 - Every American life is precious and every American death—regardless of the cause is a terrible loss