

THE 2023 NEW JERSEY HOUSEHOLD SURVEY ON DRUG USE AND HEALTH

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EXECUTIVE SUMMARY

Project Overview

The 2023 New Jersey Household Survey on Drug Use and Health was commissioned by the Division of Mental Health and Addiction Services (DMHAS), to monitor changing substance use and mental health trends in New Jersey adults. Data were collected from a stratified, random sample of 22,200 respondents online and by telephone from October 2022 to August 2023. The survey was administered by the Department of Psychiatry, Rutgers-Robert Wood Johnson Medical School. Data collection was conducted by the survey research firm, SSRS.

Survey Highlights

Alcohol and Illicit Drug Use

- 56% of adults drank alcohol in the past 30 days, rising from 54% in 2020; 3% drank heavily and 10% binge drank.
- 26% of residents used one or more illicit drugs other than cannabis in their lifetime, 6% used illicit drugs in the last 12 months, and 3%, in the last 30 days.
- Opioid pain medication misuse in the last 12 months more than doubled since 2020 (from 0.9% to 2.2%), reversing a steady downward trend since 2016 (3.5%), which coincided with 2017 regulations limiting opioid prescribing.

Cannabis Use

- 19.5% of New Jersey adults used cannabis in the past year, rising from 17.3% in 2020.
- The size of the increase in 2023 was consistent with the steady rise in use since 2016 and did not reflect a substantial change in use patterns since the start of legal recreational sales in 2022.
- Young adults experienced a decrease in past-year cannabis use between 2020 and 2023, with rates dropping in 18–25-year-olds (34.8% to 30.5%) and 26-34 year olds (35.1% to 31.7%). The statewide increase in use was largely driven by older adults aged 35-49 (17.8% to 22.2%) and 50+ (9.2% to 11.6%).

Substance Abuse/Dependence

- 5.1% of NJ adults met DSM-IV diagnostic criteria for abuse or dependence on drugs and/or alcohol, continuing a decline from 7.5% in 2019 and 6.5% in 2020. Between 2020 and 2023, decreases in abuse/dependence occurred for both alcohol (from 4.2% to 3.6%) and drugs (from 3.0% to 1.9%).
- Between 2020 and 2023, the largest decreases occurred in young adults aged 18-25 (10.1% to 7.6%), males (10.0% to 6.2%) and African Americans (9.5% to 5.4%).

Nicotine Use

- 8% of adults smoked cigarettes in the last month, continuing a long downward trend since 1998, when 20% smoked.
- The largest decrease in current smoking was in young adults 18-25 (from 32% in 2003 to 4% in 2023).
- However, since 2016, rates of past-year e-cigarette use rose dramatically in 18-25 year olds (from 13.8% to 21.8%), despite modest increases in past 12-month e-cigarette use overall (from 5.2% to 8.1%).

Survey Highlights

Mental Health and Co-Occurring Disorders

- 11% of NJ residents screened positive for anxiety, 9% for depression, and 9% for moderate/severe psychological distress. 23% reported a history of at least one psychiatric diagnosis.
- Residents with psychological distress were more likely than others to meet DSM-IV criteria for alcohol disorders (10% vs. 3%), drug disorders (7% vs. 1%) and co-occurring alcohol/drug disorders (2% vs. <1%).

Addiction and Mental Health Treatment in Past 12 Months

- Rates of addiction treatment among symptomatic adults continued to rise from a low of 4.3% in 2019 to 8.7% in 2023.
- Adults with alcohol problems only had the lowest past year treatment rates (7% vs. 13% with a drug problem only and 11% with both).
- Mental health treatment was more accessible than substance abuse treatment (44% vs. 9% of symptomatic adults received treatment).

MAJOR FINDINGS

The 2023 New Jersey Survey of Drug Use and Health (NJSDUH) was conducted between October 2022 and August 2023, and collected detailed information on substance use/abuse, mental health and treatment as well as on medical and recreational cannabis use, nicotine use and gambling. Because this survey closely followed the onset of the COVID-19 pandemic, the 2023 survey also included questions on the pandemic-related experiences of New Jersey residents. Further, due to the start of legal recreational cannabis sales in New Jersey in April 2022, this report no longer classifies cannabis as an illicit substance (except when comparing New Jersey illicit drug use trends to those in the nation, since national estimates continue to include cannabis). Additionally, for the first time in the history of the NJSDUH, the majority of data collection was conducted online. As a result, our sample size of 22,200 significantly exceeds the sample sizes of previous New Jersey surveys. This has allowed us to make generalizations about population subgroups who were underrepresented in past surveys, especially individuals identifying as gender minority (individuals whose gender identity, such as man or woman, differs from their sex assigned at birth). While our sampling method was designed to produce a representative sample of New Jersey residents, it is possible that respondents taking the online survey may have differed demographically or in other ways, from those responding to previous, telephone-based surveys. While all data has been weighted to reflect the basic demographic characteristics of New Jersey residents, other attributes, such as differences in computer literacy, and factors associated with computer literacy, such as educational background or type of employment, may have nevertheless affected survey responses.

Substance Abuse and Dependence

- **PREVALENCE BY SUBSTANCE TYPE.** Survey data from 2023 indicate that 5.1% of New Jersey adults met diagnostic criteria¹ for abuse or dependence on drugs² and/or alcohol, including 3.7% who were substance dependent. Among those with positive screens, 3.2% abused or were dependent on alcohol only, 1.5% on drugs only and 0.4% on both alcohol and drugs.
- **GENDER, RACE/ETHNICITY AND AGE.** While males were somewhat more likely than females to abuse or be dependent on substances in the past year (6.2% vs. 3.9%), adults identifying as gender minority were two to three times as likely as their counterparts to meet criteria for substance abuse or dependence (14.2%). Rates of abuse/dependence ranged from 5.3%-5.5% across all racial/ethnic groups except Asians, who had the lowest rate of all groups (2.0%). Persons aged 21-25 and 26-34 had the highest prevalence of past-year abuse or dependence (8.6% and 8.7%, respectively) and adults aged 50 or older, the lowest (3.0%).
- **NEW JERSEY COUNTY TRENDS.** Rates of abuse or dependence on alcohol and/or drugs ranged from 3.3% to 6.6% across all New Jersey counties. Monmouth (6.6%) and Mercer (6.6%) counties had the highest rates, followed by Camden (6.4%) and Cape May (6.3%) counties. The lowest rates of abuse/dependence were found in Middlesex (3.3%), Salem (3.4%), Union (3.7%) and Somerset (3.8%) counties.
- **NEW JERSEY TIME TRENDS: 2016-2023.** Rates of substance abuse/dependence in New Jersey began declining after 2019 and continued decreasing through 2023. After increasing from 6.4% in 2016 to 7.4% in 2018 and 7.5% in 2019, rates of abuse/dependence then fell to 6.5% in 2020 and, in 2023, had their most substantial reduction to 5.1%. Much of the decrease since 2019 has been attributable to reductions in alcohol abuse/dependence, which fell from a high of 5.7% in 2019 to 4.2% in 2020 and 3.6% in 2023. However, there was also a notable drop in drug abuse/dependence in 2023, with 2016-2020 rates remaining consistently at about 3% and then falling to 1.9% in 2023.

¹ The clinical symptoms are defined in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV).

² For the purpose of calculating abuse or dependence, "drugs" included misuse of prescription drugs, use of street drugs, such as cocaine and heroin, and use of cannabis. The term "illicit drugs" used elsewhere in this report no longer includes cannabis, however, because of its legalization in New Jersey in 2022.

Alcohol: Patterns of Use

- **PREVALENCE OF CONSUMPTION.** Survey data showed that most residents (85%) had at least one drink of alcohol in their lifetime, including 72% who consumed alcohol in the past year and 56% who drank in the past 30 days.
- **GENDER, AGE, RACE/ETHNICITY AND EDUCATION.** Among the most notable trends in current alcohol consumption was the low rate of current use in young adults, aged 18-20, of whom only 22% reported past 30-day alcohol use. In contrast, rates in other age groups ranged from 55% to 62%. By race/ethnicity, Whites had substantially higher rates of past 30-day alcohol use (64%) than other racial/ethnic groups (range: 43%-47%). Differences in past 30-day drinking were less pronounced by gender, being reported by 58% of males, 54% of females, and 50% of gender minority residents. Past 30-day drinking increased substantially with educational status, rising from 32% of adults having less than a high school education to 65% of college graduates.
- **FREQUENCY AND AMOUNTS.** Among residents who drank alcohol in the last 30 days, 87% drank on fifteen days a month or fewer and 13% drank on 16-30 days, including 3% who drank daily. On days they drank, about 71% had two drinks or less; however, 21% drank an average of 3-4 drinks and 8% averaged 5 or more drinks.
- **PROBLEM DRINKING.** About 3% of all adults reported heavy drinking³ and 10% reported binge drinking⁴ in the last 30 days. However, among current drinkers, 6% drank heavily and 18% had engaged in binge drinking in the past month.
- **AGE OF ONSET.** Among residents who ever drank alcohol, more than half (51%) reported having their first alcoholic drink before the age of 18 and 17% drank before age 15. Only 22% of drinkers first drank alcohol on or after age 21.
- **NEW JERSEY COUNTY TRENDS.** Across all New Jersey counties, alcohol use in the past 12 months ranged from 64% to 81% and use in the last 30 days, from 47% to 66%. Hunterdon and Sussex counties had the highest rates of both past-year (81% and 78%, respectively) and past 30-day (66% and 63%, respectively) alcohol use. Cumberland and Essex Counties had the lowest rates of past-year alcohol use (64% and 65%, respectively), while past 30-day use was lowest in Cumberland and Atlantic (47% and 48%, respectively).

³ Five or more drinks (males) or four or more drinks (females) on the same occasion on at least 5 days in the past 30 days.

⁴ Five or more drinks (males) or four or more drinks (females) on the same occasion on at least 1 day in the past 30 days.

- **NEW JERSEY TIME TRENDS:1998-2023.** Following a steady decline between 1998 and 2016 in past 30-day and past 12-month alcohol use, rates of both 30-day and past-year alcohol use began increasing after 2016 and continued to increase through 2023. Statewide, past 30-day use rose from 50% in 2016 to 54% in 2018 and 56% in 2023. Similarly, rates of past-year alcohol use rose from 66% in 2016 to 70% in 2020 and 72% in 2023. The only population group in which there was a notable decrease in alcohol use, however, was young adults aged 18-25, who saw a 10-percentage point drop in past 30-day use (from 50% to 40%) between 2020 and 2023.
- **NATIONAL COMPARISONS.** New Jersey residents reported drinking rates comparable to, or exceeding, their national counterparts for: lifetime use (85% and 84%, respectively), past 12 months use (72% vs. 67%) and use in the past 30 days (56% vs. 53%). However, New Jersey residents were less likely to report heavy drinking (3% vs. 6%) and binge drinking (10% vs. 24%) compared to the nation (SAMHSA, 2023).

Cannabis: Patterns of Use

- **OVERALL PREVALANCE.** Statewide, 44% of all residents reported using cannabis in their lifetime, 20% had used in the last 12 months and 13%, in the last 30 days.
- **GENDER, AGE, RACE/ETHNICITY.** Residents who identify as gender minority were substantially more likely than those identifying as male or female to have used cannabis in the last 12 months (34% vs. 22% and 17%, respectively). By age, adults in the oldest age group (50+) had the lowest rate of past 12-month cannabis use (12%) while those aged 21-25 and 26-34, had the highest (33% and 32%, respectively). Cannabis was used in the last 12 months by 22% of adults aged 35-49 and 26% of those aged 18-20. By race/ethnicity, past 12-month cannabis use was similar among Whites, African Americans and Hispanics (19%-21%) and lowest among Asians (11%).
- **AGE OF ONSET.** Among lifetime cannabis users, almost half (48%) first used cannabis before the age of 18, including 13% who initiated use under age 15 and 35% who first used between the ages of 15 and 17. An additional 28% initiated use between the ages 18 and 20. Only 24% started using cannabis at age 21 or older.
- **CONCURRENT SUBSTANCE USE.** Compared to adults who did not use cannabis in the last 12 months, recent cannabis users were significantly more likely to have: drunk alcohol in the last 30 days (76% vs. 51%), to have drunk heavily (14% vs. 4%), to be current smokers (15% vs 6%) and to have used one or more illicit drugs in the last 12 months (18% vs. 3%).

- **MEDICAL CANNABIS PROGRAM (MCP).** Two percent of all adults, 11% of recent cannabis users (those using in the past 12 months) and 14% of current users (those using in the past 30 days) were enrolled in New Jersey’s Medical Cannabis Program (MCP). An additional 3% of all adults plan to enroll in the MCP in the following year, as do 13% of recent cannabis users and 18% of current users.
- **DEMOGRAPHIC CHARACTERISTICS OF MCP PARTICIPANTS.** Among past 12-month cannabis users, MCP participation increased steadily by age, rising from 5% of recent users aged 18-20 to 15% of those aged 65 and older. By gender, adults identifying as gender minority were almost twice as likely as males and females (18% vs. 11% and 10%, respectively) to be MCP participants. By race/ethnicity, Asians had the lowest MCP participation rate among recent cannabis users (2% vs. 10%-12% of other racial/ethnic groups). Not surprisingly, MCP participation varied substantially by employment/disability status, with 28% of recent cannabis users who were disabled being MCP participants, compared to 9%-12% of those who were currently working, unemployed but looking for work or retired.
- **LEGALIZATION OF RECREATIONAL USE AND CANNABIS INITIATION.** Just under 3% of all New Jersey residents, and 6% of all lifetime cannabis users, used cannabis for the first time after the start of legal recreational sales in April 2022. Although most residents who had not yet used cannabis said they were not at all likely to buy it despite legalization (87%), 4% thought it likely they would purchase cannabis in the future. An additional 10% felt a future purchase was “not too likely.” By age, those likely to purchase cannabis in the future ranged from 8% of 18-20- and 21–24-year-olds, to 2% of those aged 50 and older.
- **CHARACTERISTICS OF NEW CANNABIS USERS.** Young adults under age 25 were more likely to have first used cannabis after legalization than adults over age 25 (16% vs. 7%). Similarly, those identifying as gender minority were more likely to have initiated cannabis use post-legalization than males or females (7% vs. 3% each of males and females). Hispanics (4%) and Asians (3%) were somewhat more likely to have first used after legalization than Whites or African Americans (2% each).
- **NEW JERSEY COUNTY TRENDS.** Past-year cannabis use ranged from 15% to 26% across all New Jersey counties. The three counties with the highest rates of past-year cannabis use were Sussex (26%), Cape May (25%) and Camden (24%), while the counties with the lowest rates of past-year use were Union and Middlesex (15% each) and Bergen and Somerset (17% each).
- **NEW JERSEY TIME TRENDS: 2016-2023.** Past-year cannabis use has steadily increased in each survey year since 2016; however, the increase between 2020 and 2023 was no larger than prior increases and did not reflect substantial changes in cannabis use as a result of

legalization. Thus, cannabis use rose by about 2 percentage points, from 14.9% to 17.3%, between 2019 and 2020, and again by 2 percentage points to 19.5% in 2023. Further, the increase in cannabis use since 2020 was driven primarily by New Jersey residents in the older, rather than younger, age groups. Between 2020 and 2023, cannabis use jumped from 17.8% to 22.2% in those aged 35-49, and from 9.2% to 11.6% in those 50 and older. In the younger age groups, however, cannabis use fell between 2020 and 2023 from 34.8% to 30.5% among 18–25-year-olds, and from 35.1% to 31.7% among those aged 26-34. Other populations experiencing an increase in use between 2020 and 2023 included females (14.2% to 17.1%), African Americans (13.9% to 21.1%) and Whites (16.0% to 21.1%).

- **NATIONAL COMPARISONS.** Overall, New Jersey had a lower rate of past-year cannabis use than the nation as a whole (20% vs. 23%). While national rates exceeded state rates in both younger and older adults, the discrepancy was especially pronounced in younger adults aged 18-25 (31% vs. 38%). Among adults aged 26 or older, 18% of New Jersey residents used cannabis vs. 21% of their national counterparts (SAMHSA, 2023).

Illicit Drugs: Patterns of Use

- **OVERALL PREVALENCE.** Approximately 26% of residents reported using one or more illicit drugs other than cannabis in their lifetime. Six percent reported use of one or more illicit drugs in the last 12 months, and 3%, in the last 30 days.
- **PREVALENCE BY DRUG TYPE.** The four most frequently reported drugs with respect to lifetime use were cocaine (13%), hallucinogens⁵ (10%), prescription pain medication misuse (9%), and prescription tranquilizer misuse (8%). Club drugs⁶ were used by 7% of residents and prescription stimulants by 5%. Methamphetamines, prescription sedatives, synthetic marijuana and heroin were used by 4% or fewer of residents. In the past 12 months, prescription pain medication was the drug most frequently misused (2.2%). Past year use of all other drugs was reported by 1.6% or fewer of all residents.

⁵ LSD, PCP, peyote, Salvia Divinorum or mescaline.

⁶ Ecstasy, Molly, MDMA or GHB.

- **GENDER.** Prevalence and type of illicit drug use varied markedly by gender. Those identifying as gender minority far exceeded males and females in both lifetime use (42% vs. 28% for males and 23% for females) and past 12-month use (21% vs. 7% for males and 6% for females). Among residents who used drugs in the past 12 months, gender-based discrepancies were especially pronounced with respect to recent use of hallucinogens (71% vs. 25% of males and 13% of females); however, gender minority residents exceeded their gender counterparts in recent use of all other drug types as well.
- **AGE.** Adults aged 26-34 had the highest lifetime and past 12-month illicit drug use (29% and 10%, respectively) of all age groups. Young adults aged 18-20 had the lowest lifetime use (12% vs. 20%-27% in other age groups), while those aged 50 and older had the lowest past 12-month use (4% vs. 7%-9% in other age groups). Among those who used illicit drugs in the past 12-months, pain medication was the most commonly misused drug in the older age groups (48% of those aged 50+ vs. 13% of those aged 18-25), and hallucinogens, the most commonly misused drug in the younger age groups (41% of 18–25-year-olds vs. 6% of those aged 50+).
- **RACE/ETHNICITY.** Asians reported the lowest rates of both lifetime and past 12-month use (10% and 3%, respectively), while Whites had the highest lifetime use (30%) and Hispanics, the highest past 12-month use (8%). Prescription pain medications were the most frequently reported drug type by all groups, ranging in prevalence from 26% of Asians to 37% of Whites. However, Hispanics and Whites were more likely than Asians and African Americans to misuse prescription tranquilizers (29%-30% vs. 7%-10%, respectively) and African Americans were most likely to use cocaine (29% vs. 10%-18%).
- **AGE OF ONSET.** Of the four illicit drugs with the highest rates of lifetime use in New Jersey – cocaine, prescription pain medications, prescription tranquilizers and hallucinogens – hallucinogens had the earliest age of initiation. Thus, 82% of lifetime hallucinogen users initiated use before the age of 21, including 37% who first used before age 17. While 61% of cocaine users initiated use before age 21, only 16% did so before age 17. Prescription tranquilizer and pain medication misuse tended to be initiated at somewhat older ages, with 56% initiating tranquilizer misuse after age 21, including 23% after age 35. About 50% first misused prescription pain medications after age 21, including 19% after age 35.
- **POLY-DRUG USE.** Among all residents, approximately 15% used multiple drugs in their lifetime and 2% of all residents used multiple drugs in the last 12 months. Among poly-drug users, the most frequently misused drugs in the last 12 months were prescription pain medications (50%), prescription tranquilizers (40%) and cocaine (36%).
- **NEW JERSEY COUNTY TRENDS.** Past year illicit drug use ranged from 4% to 8% across all New Jersey counties. The lowest rates were found in Somerset and Hunterdon

counties (4% each), and the highest, in Sussex, Cumberland and Hudson (approximately 8% each).

- **NEW JERSEY TIME TRENDS: 2016-2023.** Past year illicit drug use (excluding cannabis) declined somewhat between 2016 and 2020 (from 6% to 5%), before increasing back to 6% in 2023. Misuse of opioid pain medication, which became more tightly regulated in NJ in 2017, fell from 3.5% in 2016 to 0.9% in 2020, but increased to 2.2% in 2023.
- **NATIONAL COMPARISONS.** Because rates of illicit drug use published in the National Survey on Drug Use and Health treat cannabis as an illicit drug, we include cannabis as an illicit drug for national comparison purposes only. New Jersey residents reported lower rates of illicit drug use in their lifetimes than Americans nationwide (48% vs. 54%), as well as lower rates of past year (22% vs. 26%) and past 30-day use (15% vs. 17%). New Jersey had slightly lower or equivalent rates of use for each type of drug in the past year compared to the nation, including any illicit drug excluding cannabis (6% vs. 9%), psychotherapeutics (4% vs. 5%), hallucinogens (1% vs. 3%), and cocaine (1% vs. 2%) (SAMHSA, 2023).

Mental Health and Co-Occurring Disorders

- **PREVALENCE.** More than 23% of residents reported at least one psychiatric diagnosis in their lifetime, including 15% who were diagnosed with depression, 13% with anxiety and 4% with PTSD. Two percent or less received a lifetime diagnosis of bipolar disorder, obsessive-compulsive disorder, any eating disorder and schizoaffective disorder. With respect to current mental health problems, 11% screened positive for anxiety, 9% for depression, and 9% for moderate/severe psychological distress on the brief version of the Patient Health Questionnaire (PHQ-4).
- **GENDER, RACE/ETHNICITY, AGE.** Residents identifying as gender minority had the highest rate of any prior mental health diagnosis (62% vs. 28% for females and 18% for males) and were more likely than males or females to screen positive for current psychological distress (40% vs. 7% and 10%, respectively) and past year suicidal ideation (19% vs. 4% of males and females). By age, mental health problems tended to decrease with increasing age. Thus, current psychological distress decreased from 20% of 18–25-year-olds to 5% of those 50+ and past-year suicidal ideation, from 12% of 18–25-year-olds to 2% of those 50 and older. By race/ethnicity, Whites were the most likely to have a prior been mental health diagnosis (27% vs. 11%-21% of other groups), although current measures of psychological distress and suicidal ideation did not vary markedly across racial/ethnic groups.

- **INCOME.** Poor mental health status was inversely associated with income. Compared to those earning \$100,000+ annually, for example, those in the lowest income group (<\$25,000) had the greatest prevalence of a prior mental health diagnosis (31% vs. 22%), current psychological distress (16% vs. 6%) and suicidal ideation in the past year (6% vs. 3%).
- **CO-OCCURRING SUBSTANCE USE.** Current psychological distress was highly associated with the concurrent use of substances. Compared to those with normal/mild distress, those with moderate/severe distress, were more likely to be current smokers (15% vs. 7%) and current cannabis users (26% vs. 12%). They were also more likely than those with normal/mild distress to binge drink (16% vs. 10%), drink heavily (6% vs. 3%), and to have used illicit substances in the past year, including both misusing prescription medications (11% vs. 4%) and illicit drugs other than prescription medications (10% vs. 2%).
- **CO-OCCURRING SUBSTANCE ABUSE AND DEPENDENCE.** Residents with moderate/severe psychological distress were also more likely than those with normal/mild stress to meet DSM-IV criteria for alcohol abuse or dependence (10% vs. 3%), drug abuse or dependence (7% vs. 1%) and for co-occurring alcohol and drug abuse/dependence (2% vs. <1%).
- **NEW JERSEY COUNTY TRENDS.** Residents with moderate/severe psychological distress ranged from a low of 6% to a high of 12% within all NJ counties. Adults with the highest levels of psychological distress resided in Ocean (12%), Gloucester (12%), and Hudson (11%) counties, whereas residents of Hunterdon and Bergen counties reported lower rates of psychological distress (6% each).

Treatment Access: Substance Abuse/Dependence and Mental Health

- **TREATMENT PREVALENCE.** Mental health treatment was substantially more prevalent in the population as a whole and more accessible to symptomatic adults than addiction treatment. Thus, 30% of NJ adults reported receiving mental health treatment in their lifetimes and 16% reported treatment in the past 12 months. In comparison, 4% reported receiving formal lifetime addiction treatment in their lifetimes and <1%, addiction treatment in the past year. Among currently symptomatic adults, 44% of those with mental health symptoms received past-year treatment vs. only 9% of those with symptoms of substance abuse or dependence.
- **ADDICTION TREATMENT BY SUBSTANCE OF ABUSE.** Residents with alcohol problems were substantially less likely to have received formal addiction treatment than

those with drug problems. Thus, 16% of residents having an alcohol problem only had ever been treated and only 7% had been treated in the last 12 months. In contrast, 30% of those with a drug problem only and 30% with both a drug and alcohol problem had received lifetime treatment and 13% and 11%, respectively, had been treated in the last year.

- **GENDER, AGE, AND RACE/ETHNICITY.** Among symptomatic adults, the greatest disparities in access to both addiction and mental health treatment existed with respect to race/ethnicity. Among those needing addiction treatment, African Americans had greater treatment access in the last 12 months (18%) than Whites (8%), Hispanics (4%) or Asians (0%). Among those with mental health symptoms, however, Whites (53%) had substantially greater access than African Americans (40%), Hispanics (34%) or Asians (26%). By age, young adults 18-25 were the least likely to have accessed past 12-month addiction treatment (3% vs. 8% - 11% of older adults) and had somewhat lower rates of mental health access (41% vs. 42% - 48%). By gender, males and females had similar access to addiction treatment (10% and 8%, respectively) but no adults identifying as gender minority reported addiction treatment access. In contrast, gender minority adults and females had greater access to mental health treatment than males (48% and 46%, respectively vs. 41%).
- **NEW JERSEY COUNTY TRENDS.** For New Jersey residents in need of addiction and/or mental health treatment, Ocean County was among the top 4 counties with the highest treatment rates for both addiction (23%) and mental health (64%). Other counties with high addiction treatment rates included Cumberland (28%), Cape May (23%) and Hunterdon (23%). Other counties with high mental health treatment rates included Burlington (61%), Camden (55%) and Mercer (53%).

Hudson County, in contrast, was among the 4 counties with the lowest treatment rates for those needing addiction (5%) or mental health (36%) treatment. Other counties with low addiction treatment rates for those in need included Somerset (3%), Bergen (7%) and Union (7%). Other counties with low mental health treatment rates included Atlantic (33%), Cumberland (33%) and Middlesex (36%).

- **NEW JERSEY TIME TRENDS: 2016-2023 - ADDICTION TREATMENT.** Past-year rates of addiction treatment among adults with symptoms fell from 10% and 11% in 2016 and 2018, respectively, to 4% in 2019. Treatment rates then rose again to 6% in 2020 and continued rising to 9% in 2023.

Nicotine Use: Tobacco Cigarettes and E-Cigarettes

- **PREVALENCE.** Among all residents, the prevalence of lifetime cigarette smoking was substantially higher than lifetime use of e-cigarettes (31% vs. 14%); however, rates of recent and current use were comparable, with 10% and 8% reporting past 12-month smoking and vaping, respectively, and 8% and 5% reporting past 30-day smoking and vaping, respectively.
- **GENDER, AGE, RACE/ETHNICITY.** Adults identifying as gender minority were substantially more likely than males or females to be current smokers⁷ (17% vs. 9% and 7%, respectively) but used e-cigarettes at approximately the same rate (7% vs. 6% and 4%, respectively). By age, rates of tobacco cigarette smoking were substantially lower in younger adults than older adults (2% and 4% of 18-20- and 21–25-year-olds, respectively vs. 8%-10% of older adults); however, younger adults were substantially more likely than older adults to vape e-cigarettes (11% of 18-20 year olds and 16% of 21-25-year-olds vs. 2%-5% of adults aged 35 and over). By race/ethnicity, African Americans had the highest rate of current smoking (11% vs. 5%-8% of other race/ethnicities); however, rates of current e-cigarette use did not differ substantially across racial/ethnic groups (4%-7%).
- **FREQUENCY, QUANTITY AND SEVERITY OF NICOTINE USE.** Among current tobacco cigarette and e-cigarette users, 60% smoked daily and 46% vaped daily. About 18% of current smokers smoked a pack of cigarettes or more a day. On a measure of nicotine dependence based on time to first nicotine use after awakening, vapers were more likely than smokers to show dependence, with 25% of vapers vs. 16% of smokers using nicotine within 5 minutes of waking up.
- **AGE OF ONSET OF TOBACCO CIGARETTE AND E-CIGARETTE USE.** Overall, tobacco cigarette smoking was initiated at much earlier ages than use of e-cigarettes. Thus, more than 70% of cigarette smokers first smoked before age 18, with 31% first smoking before age 15. In contrast, most e-cigarette users (53%) initiated use after age 26, with only 3% first vaping before age 15. The more recent introduction of e-cigarettes to the U.S market relative to tobacco cigarettes likely partially explains the later age of initiation of these products.
- **NEW JERSEY TRENDS: 2016-2023.** Tobacco cigarette smoking has steadily declined in New Jersey, with current (past 30-day) smoking dropping from 20% in 1998 to 16% in 2016 and 8% in 2023. In contrast, any lifetime e-cigarette use rose from 7% in 2016 to 14% in 2023; however, recent and current use stabilized between 2018 and 2023, remaining at 8% for past 12-month use and 5% for past 30-day use. The most notable decrease in cigarette

⁷ Current smokers are defined as those who smoked cigarettes within the last 30 days.

smoking occurred in the youngest adults aged 18-25. In 2003, this group had the highest rate of current smoking of all age groups (32%) and, by 2023, the lowest (4%). In contrast, rates of recent e-cigarette use in young adults 18-25 rose from 14% to 23% between 2016 and 2018, though remained stable at 22% in 2023.

- **NATIONAL COMPARISONS.** New Jersey rates of tobacco cigarette use remained well below national rates with respect to lifetime (31% vs. 56%), past 12-month (10% vs. 19%) and past 30-day (8% vs. 16%) smoking. Similarly, rates of New Jersey e-cigarette use were much lower than national rates regarding lifetime (14% vs. 24%), past 12-month (8% vs. 12%) and past 30-day (5% vs. 9%) use.

Gambling

- **PREVALENCE.** Among all NJ residents, 63% engaged in some form of gambling in the last 12 months, including 55% of residents who played the lottery, 21% who gambled in a casino, 13% who played betting games not online (bingo, cards, horse racing, sports), and 11% who gambled on the internet.
- **FREQUENCY.** Slightly more than 37% of all residents reported no gambling in the last year. About 42% gambled less than once a month and 15% gambled at least once a month or more, but not weekly. About 3% gambled about once a week (frequent gamblers) and 3% at least twice a week (heavy gamblers).
- **GENDER, AGE AND RACE/ETHNICITY.** Adults who gambled at least weekly were somewhat more likely to be male (9%), over age 50 (9%), high school graduates only (9%) and retired/disabled (10%).
- **GAMBLING AND SUBSTANCE USE.** Frequent and heavy gambling were associated with substance use. Thus 10% of frequent gamblers and 12% of heavy gamblers smoked cigarettes daily compared to 3% of non-gamblers. Similarly, frequent and heavy gamblers were more likely than non-gamblers to drink heavily (6% and 14%, respectively, vs. 2%), engage in illicit drug use (10% and 15%, respectively, vs. 5%) and to have used cannabis in the last 12 months (23% and 33%, respectively, vs. 15%).

Effects of the COVID-19 Pandemic

- **VACCINATION, HOSPITALIZATION AND MORTALITY.** The majority of NJ adults had been vaccinated for COVID-19 (87%) and 2% had been hospitalized for COVID-19. About 19% of New Jersey adults personally knew someone who died from COVID-19.

- **COVID-19 RELATED STRESSORS.** Nearly one-third (33%) of NJ residents reported experiencing one or more life stressors as a result of the COVID-19 pandemic, including 21% who lost work or pay, 12% who had problems obtaining food, 11% who had problems paying their rent/mortgage, 7% who had problems obtaining physical health care and 4% who were unable to obtain mental health care.
- **DEMOGRAPHICS OF ADULTS WITH COVID-19 RELATED STRESSORS.** The prevalence of COVID-19-related stressors varied widely by gender, age, race/ethnicity and income. By gender, gender minority residents were significantly more likely to report one or more stressors (53%) than males (31%) or females (34%). Race/ethnicity was also a risk factor, with Hispanics (42%) and African Americans (35%) being more likely than Whites (30%) or Asians (25%) to report one or more problems. By age, adults at the youngest and oldest ends of the age spectrum were the least likely to report pandemic-related problems (31% of 18–20-year-olds and 27% of 50+ year olds vs. 36%–43% of middle-aged adults). There was an inverse relationship between household income and pandemic-related stressors, with the proportion with stressors decreasing steadily from 43% of those in the lowest income groups (<\$25,000 and \$25,000–\$49,999) to 23% among those earning \$100,000 or more.
- **COVID-19 STRESSORS, MENTAL HEALTH AND SUBSTANCE USE.** Overall, residents felt the pandemic more negatively affected their mental health than their physical health, with 61% reporting adverse mental health effects of the pandemic and 46%, negative physical health effects. Residents also reported increasing their use of substances as a result of the pandemic, with 14% increasing alcohol use, 8%, cannabis use, and 6%, use of nicotine. Adults reporting one or more pandemic-related stressors were substantially more likely than those with no stressors to screen positive for anxiety (20% vs. 7%), depression (15% vs. 6%), suicidal ideation (7% vs. 2%), alcohol abuse/dependence (6% vs. 3%) and drug abuse/dependence (3% vs. 1%).

CHAPTER 1

INTRODUCTION AND BACKGROUND

A. PROJECT OVERVIEW

Legal and normative changes in the social frameworks surrounding substance use, such as the legalization of recreational cannabis in New Jersey, the institution of regulations surrounding opioid prescribing and the increasing availability of e-cigarettes, create ongoing challenges to the effective implementation of substance use planning, policy creation and resource allocation. As social trends in substance use continue to evolve, accurate measurements of need, demand, cost, and availability of resources are increasingly important. To better meet these policy needs, the Division of Mental Health and Addiction Services (DMHAS) commissioned Rutgers University to conduct the 2023 New Jersey Survey on Drug Use and Health (NJSDUH). This survey was designed to monitor changing substance use trends, assess the mental health status of New Jersey residents and examine the need for, and access to, substance abuse and mental health treatment. Information obtained from this survey will be utilized by DMHAS to promote an integrated and rational approach to resource allocation for prevention, early intervention, treatment, and recovery support services.

The current survey is the latest in a series of statewide surveys conducted since 1998 examining the substance use and mental health status of New Jersey residents. While all prior surveys were administered by telephone, the 2023 survey is the first of its kind to utilize both telephone and online survey methods, resulting in a vastly expanded sample size of 22,200 respondents, making this the largest NJSDUH to date. Questions in the current survey remained similar to previous surveys so that, with some exceptions, trends in substance use, abuse and dependence could be monitored over time. The survey is modeled on a comparable national survey, the National Survey on Drug Use and Health, (NSDUH) (Substance Abuse and Mental Health Administration, 2023) so that New Jersey findings can be compared with those of the nation as a whole.

In addition to providing state-level estimates of substance abuse/dependence and treatment need, the 2023 NJSDUH collected detailed information on tobacco use, vaping of e-cigarettes, gambling and the mental health status of New Jersey adults. It also included expanded information on cannabis use in New Jersey, given the recent legalization of recreational cannabis in New Jersey, as well as questions on the impact of COVID-19 on the material welfare, substance use and mental health of New Jersey residents.

The current study was funded by DMHAS and administered by the Department of Psychiatry, Robert Wood Johnson Medical School at Rutgers, the State University of New Jersey (Rutgers-RWJ). Rutgers-RWJ collected the survey data through a contract with SSRS, a professional survey research firm experienced in telephone and other survey techniques for collecting health and human services data on behalf of governmental and academic organizations. Rutgers-RWJ conducted the data analysis and prepared the final report.

B. SURVEY OBJECTIVES

The 2023 NJSDUH included eight main objectives, namely to:

1. Assess the level of use of alcohol, cannabis, tobacco and illicit drugs and estimate the need and demand for treatment services statewide and by county.
2. Study correlates of substance use, abuse or dependence to help planners and policy makers make informed decisions regarding future interventions.
3. Examine New Jersey time trends in the use of alcohol, illicit drugs and tobacco by comparing 2023 study findings with those of prior New Jersey surveys.
4. Compare the use and abuse of substances to comparable national estimates from the 2022 National Survey of Drug Use and Health (Substance Abuse and Mental Health Administration, 2023).
5. Create statewide and county-level estimates of substance abuse and dependence.
6. Assess barriers to accessing treatment services in the state.
7. Assess the prevalence of probable mental health problems in state residents, the level of co-occurrence of mental health and substance use disorders and the access to mental health treatment of those with mental health and co-occurring disorders.
8. Describe the prevalence of tobacco use and gambling in New Jersey adult residents.

C. DATA COLLECTION METHODOLOGIES: TELEPHONE VS. INTERNET-BASED

Previous implementations of the NJSDUH involved telephone-based interviewer-administered surveys conducted via both landlines and cell phones. While telephone surveys have proven cost-effective for social science research in the past, studies show that the proliferation of cell phones and cell phone-only households have resulted in increased survey costs and lower participation rates, given that cell phone respondents may be sampled who are otherwise engaged in activities like driving or shopping that interfere with survey participation (Link et al., 2007). Studies also show serious limitations in the reliability and validity of information on sensitive (illegal or socially unacceptable) behaviors obtained via telephone compared to information obtained through self-administered surveys or in-person interviews (Singh & Sagar, 2021), a concern especially applicable to surveys of substance use behaviors (Johnson, Hougland & Clayton, 1989). Studies also suggest that sampling methodologies used in telephone surveys which select households through random digit dialing, may produce samples that are less likely to use illicit drugs than address-based samples drawn to include households with no telephones (Aquilino, 1994; Belinfante, 2000).

Since COVID-19, researchers have shown a growing interest in using internet-based data collection methods (Akintunde et al., 2021). While initially instituted to meet pandemic-related distancing requirements, this mode of data collection offers a cost-effective, efficient means of data collection (Hlatshwako et al., 2021), reaching potentially broader target audiences and providing rapid results that allow for more timely responses to evolving public health needs (Singh & Sagar, 2021). Online surveys also have the advantage of being self-administered, an administration mode found to increase the reporting of sensitive behaviors, like substance use and other sensitive behaviors measured in this survey (Gorfinkel et al., 2024; Singh & Sagar, 2021).

D. SUMMARY OF THE RESEARCH METHODOLOGY

D1. Overview

The present survey capitalized on recent changes in survey research methodologies by employing a multimodal survey approach that utilized both telephone and internet-based survey methods. Through a contract with the survey research firm, SSRS, data for the 2023 New Jersey Statewide Household Survey was collected via internet-based, landline- and cell phone-based questionnaires. The representativeness of the sample was promoted through use of an address-based sampling design (ABS) based on an address file maintained by the US Postal Service. Final data for the 2023 NJSDUH includes a total of 22,200 interviews with New Jersey adults completed between October 13, 2022, and August 16, 2023. Approximately 92% of these surveys were completed online. A general description of the design, execution and analysis of the survey are discussed below, with a more detailed description of the survey methodology provided in the full Methodological Report in Appendix A.

D2. The Sample

The target population for this study was New Jersey adult residents (18 years old or above) residing in private households. Excluded were populations living in institutional residences (such as college dormitories, residential treatment settings, jails and prisons, etc.) as well as individuals who were homeless. All statements made in this report thus refer to the population or subpopulation of New Jersey householders.

A representative sample of the target population was obtained by utilizing a full probability-based sampling frame, the United States Postal Service (USPS) Computerized Delivery Sequence File (CDSF). The CDSF is a computerized file that contains information on all delivery addresses serviced by the USPS. To account for the expected lower response among harder-to-reach demographic groups such as African Americans, Hispanics, and those with lower educational attainment, the study employed a stratified design that sampled Black/African American and Hispanic Census Block Groups (CBGs) at a slightly higher rate within each NJ county. Samples were drawn to achieve approximately equal numbers of survey completions per county with the goal of obtaining sufficient sample sizes in each county to generate county-level drug and alcohol prevalence rates. Demographic information on all 22,200 survey participants, including information on health status and health insurance, is presented in Chapter 2 of this report.

D3. Participant Recruitment

Study recruitment was fielded in five waves. In the first recruitment wave, study invitation letters were mailed to an equal number of randomly selected addresses, stratified by race/ethnicity, gender and age, from each county drawn from the CDSF address file. Samples for subsequent waves were drawn following an evaluation of sample performance after each wave. This responsive sample design accounted for nonresponse from the prior waves when drawing the sample for subsequent waves, thus ensuring collection of the desired number of completes for each county, while optimizing the racial/ethnic distribution of completes by county.

In each survey wave, households were sent an invitation letter, printed in English and Spanish, which contained the URL for the online survey and a toll-free call-in number for those preferring to respond by telephone. All letters included \$1.25 as a non-contingent cash incentive (to better ensure householders opened the letters) along with information about the survey and the opportunity to receive a \$15 incentive for survey completion. Non-responders to the initial invitation letter received follow-up postcards, letters and telephone calls at set intervals until study participation for each wave of invitations had been optimized. One person per household was randomly selected by SSRS for survey participation.

D4. Survey Administration

As noted above, the survey was designed as multi-modal, meaning data could be collected either via an online, self-administered survey or by a live interviewer-administered survey conducted by telephone. Respondents selecting the telephone option either called into a dedicated toll-free

number or were called by an interviewer on a phone number matched to the address-based file. The survey was offered in English and Spanish, with translation of study materials provided by a professional translation service. Below is a description of procedures followed for each mode of administration.

Online Data Collection

Online data collection was implemented via a study-specific website that housed background information about, and FAQs for the study. The study website was available in English and Spanish. On the survey's landing page, respondents were welcomed to the survey and provided with information about the purpose of the survey, instructions for completion and contact information for questions or technical support. After entering a previously provided password, participants were directed to the questionnaire itself. Respondents could suspend the survey at any point and resume later from the point where they suspended. At the end of the survey, respondents were given the choice of an Amazon gift code or a Virtual Visa electronic gift card as appreciation for their survey participation.

Telephone Data Collection

Individuals preferring to complete the survey by telephone called the toll-free number provided in the invitation letters and reminders. Alternatively, potential participants who had not responded to the mailed invitations/reminders were called by SSRS interviewers and provided with the opportunity to take the survey at that time or another time of their choosing. Telephone interviewers were available to take call-ins between 9AM and 12AM Eastern Time Monday-Friday, and 12PM and 8PM Eastern Time on Saturday and Sunday. All interviews were completed in English or Spanish by trained interviewers using a Computer Assisted Telephone Interview (CATI) system. Telephone survey respondents were mailed a check as a token of appreciation for their survey participation.

D5. Weighting and Margins of Error

To ensure representativeness of the sample, sampling weights were computed for each county and for the state as a whole based on 1-year estimates and public-use micro data from the Census Bureau's 2021 American Community Survey (United States Census Bureau, 2023). Weights were also adjusted to account for the random selection of one adult within each sampled household.

The margin of error for the state sample as a whole is ± 1.0 percentage points, meaning that in 95 out of every 100 samples drawn, estimated proportions will be no more than 1.0 percentage point away from their true values in the population. Margins of error for the counties, however, are larger, ranging from ± 3.6 to ± 4.5 . A list of margins of error for each county is included the full Methodological Report in Appendix A.

D6. Survey Instrument and Survey Topic Areas

The survey questions were modified from the National Survey of Drug Use and Health (Substance Abuse and Mental Health Administration, 2023), but also included questions added by DMHAS in consultation with Rutgers-RWJ and SSRS. Supplemental questions include barriers to substance abuse treatment, expanded questions on use of medicinal and recreational cannabis, use of vaporizers for e-cigarette smoking, gambling, mental health and the effects of COVID-19 on the mental and behavioral health and material well-being of New Jersey residents.

The specific topics included in the 2023 NJSDUH survey are:

- Lifetime experiences with use of nicotine-containing products, including e-cigarettes
- Lifetime experiences with alcohol use
- Lifetime experiences with non-medical use of drugs
- Informal use of cannabis for medicinal and/or recreational purposes
- Treatment history for substance use and barriers to treatment
- Desired treatment services
- Mental health status, including screening outcomes for depression, anxiety and post-traumatic stress disorder (PTSD)
- Co-morbid mental health and substance abuse problems
- Treatment history for mental health problems
- Gambling experiences
- Effect of COVID-19 on NJ residents' mental and behavioral health and material well-being
- Basic demographic information, including health insurance information

E. LIMITATIONS OF THE DATA

Studies suggest that the mode of administration may affect how participants respond to survey questions, a phenomenon known as the measurement effect (Jäckle et al., 2010). In self-administered surveys, which were completed by 92% of current survey respondents, such factors as the participants' level of engagement or understanding of the questions may affect survey results (Determann et al., 2017, Norman et al., 2010, Saloniki et al., 2019). Accuracy of responses to the online survey may have also been affected by the respondent's level of computer literacy. Because all prior NJSDUH administrations were completed by telephone, it is possible that measurement effects may have influenced the comparability of data obtained across survey years in response to the same survey questions.

Further, the emphasis on internet-based administration may have biased the sample in favor of computer/cell phone ownership and computer literacy, with individuals having these characteristics also differing on other characteristics, such as substance use. As a result, individuals who use drugs, or engage in other behaviors measured in this survey, may be under- (or over-) represented among survey participants relative to the larger population.

F. REPORT ORGANIZATION

This report is organized into thirteen chapters. Following the Introduction in Chapter 1, Chapter 2 provides background characteristics of all study participants. Chapters 3 and 4 examine usage of alcohol and both illicit and non-medical use of psychotherapeutic or over-the-counter drugs, respectively, with a focus on frequency, quantity and age of first use of these substances. Chapter 5 provides statewide estimates of alcohol and drug treatment need and demand, examines past experiences with alcohol and/or drug treatment and describes barriers to substance abuse treatment. Chapter 6 reports the prevalence of medical and recreational cannabis use and the relationship of cannabis use to mental and physical health and to the use of other substances. Chapter 7 explores usage of nicotine, with a particular focus on cigarette use as well as use of e-cigarettes. Chapter 8 provides information on gambling behaviors in the past 12 months, including lotteries, casino gambling and internet gambling, and explores associations between gambling behavior, and substance abuse. Chapter 9 explores the prevalence of mental health disorders in New Jersey adults, with a particular focus on depression, anxiety and current psychological distress. This chapter also reports on the prevalence of co-occurring mental health and substance use disorders and access to mental health treatment. Chapter 10 reports on New Jersey residents' experiences during the COVID-19 pandemic, including vaccinations, illness histories and hospitalizations, social and economic challenges associated with the pandemic and pandemic-related changes in substance use and mental health. Chapter 11 includes information on substance use trends by county. Chapter 12 compares findings on substance use from the 1998, 2003, 2009, 2016, 2018-2020 New Jersey Household Surveys and also compares findings on substance use in the current survey to the findings from the 2022 National Survey of Drug Use and Health (Substance Abuse and Mental Health Administration, 2023) Finally, Chapter 13 draws conclusions and describes policy implications from findings of the current survey.

Most chapters include tables and charts presenting demographic breakdowns of substance use behaviors and mental health status - that is, the different frequencies of responses given by various sub-groups of the population regarding their substance use and mental health status. Typically, these differences are reported by gender, age, race/ethnicity, education, income, marital status and employment status. When comparing responses of sub-groups of the population, readers must note that the number of study participants in some groups is small which results in larger standard error estimates and wider confidence intervals for the resulting percentages. All data presented in tables and charts in this report are based on the weighted state sample or, for county-level data, the weighted county samples.

This report is accompanied by appendices providing more detailed information about the 2023 NJSDUH survey. A detailed description of the survey methodology, including study weighting process and margins of error for each individual county, is presented in Appendix A. The full study survey instrument, which contains all survey questions asked in the online and telephone-administered surveys, is provided in Appendix B.

CHAPTER 2

PROFILE OF STUDY PARTICIPANTS: DEMOGRAPHIC CHARACTERISTICS AND HEALTH INSURANCE COVERAGE

A. INTRODUCTION

In Chapter 2, we provide a profile of the 22,200 New Jersey residents who responded to the 2023 Household Survey. In addition to reporting on the demographic characteristics of survey respondents, we provide information on their self-perceived health status and medical insurance coverage. Questions on health insurance focused on general access to medical insurance coverage, as well as types of public and private insurance carried.

Questions also focused on insurance-related barriers to obtaining needed healthcare, such as high copays or denial of coverage for certain medical conditions. Finally, we assessed the types of medical treatment for which respondents reported insurance barriers, including treatment for a physical health condition, mental health treatment and/or substance abuse treatment.

In this report, respondents were asked to describe their gender/sexual identity and were given the option to reply “other” if they identified as something other than the sex they were assigned at birth (male or female). We refer to respondents who checked “other” as “gender minority,” which may include people who identify as transgender, non-binary, agender or other forms of gender-expansive identity. Due to the large sample size of this report, we are now able to better characterize these individuals with respect to the topics covered in this survey.

B. DEMOGRAPHIC CHARACTERISTICS

Table 2-1 presents an overview of the demographic characteristics of survey participants. As region, gender, age, and race/ethnicity were part of the weighting scheme utilized in this study, the proportion of survey respondents in each demographic category closely matches the U.S. Census information for New Jersey as reported in the 2021 American Communities Survey (US Census Bureau, 2023).

The data show that:

- Females constituted 52% of the sample and males, 48%. Less than 1% of the sample identified as gender minority.
- Twelve percent of survey respondents were 18 to 25 years old, and 40% were between the ages of 26 and 49. Close to half the sample (48%) were aged 50 or older.

Table 2- 1: Demographic Characteristics of New Jersey Adult Survey Respondents

Demographics		New Jersey Weighted Sample* (n=22,200)
<i>Gender</i>	Female	51.8
	Male	47.5
	Gender Minority	0.7
<i>Age</i>	18-25	11.8
	26-34	15.4
	35-49	24.7
	50 and older	48.1
<i>Race/Ethnicity</i>	White	55.5
	African American	13.0
	Hispanic	19.6
	Asian	10.9
	Other Ethnicity	1.0
<i>Nativity</i>	Foreign Born	30.6
	Born in United States	69.4
<i>Education</i>	Less than high school	6.2
	High school graduate	27.3
	Some college	24.7
	College graduate or higher	41.8
<i>Employment Status</i>	Employed full time	52.3
	Employed part time	14.9
	Unemployed – looking	9.1
	Unemployed – other (retired, disabled, student, homemaker)	23.7
<i>Household Income</i>	Under \$25,000	12.1
	\$25-49,999	17.4
	\$50-79,999	18.0
	\$80-99,999	13.6
	\$100,000 and over	38.9
<i>Marital Status</i>	Married or living as	61.0
	Never married	24.6
	Divorced/Separated	9.5
	Widowed	4.9
<i>Number of Adults in Household</i>	One	15.7
	Two	49.7
	Three	21.6
	Four or more	13.0

- By race/ethnicity, 56% of respondents were White, 13% were African American, 20% Hispanic, 11% Asian and 1% listed another or multiple ethnicities.

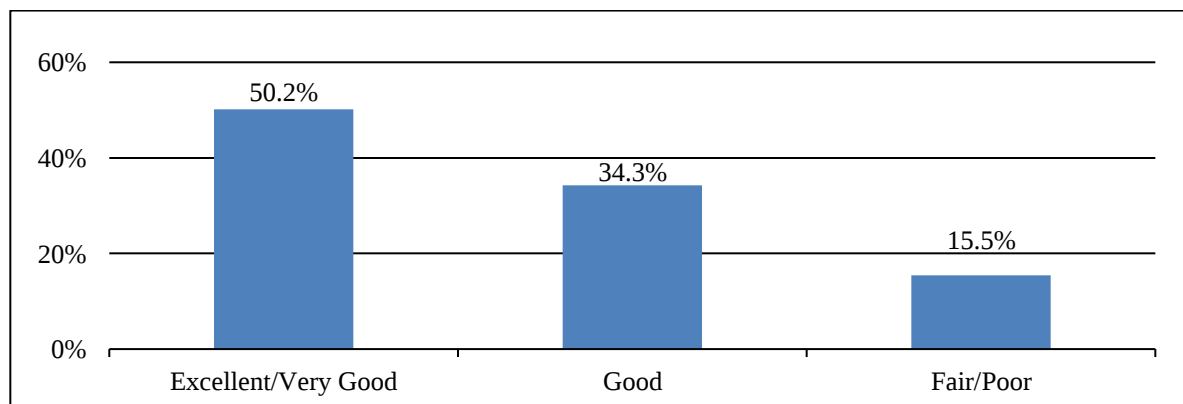
- Nearly 31% of respondents reported being born in a country outside of the US.
- Ninety-four percent of respondents had a high school education or better, including 27% who were high school graduates, 25% who had some college education and 42% who were college graduates or better.
- Approximately 52% of respondents were working full-time. Fifteen percent had part-time jobs, 9% were unemployed but looking for work and 24% were retired, disabled, homemakers, or students.
- About 12% of respondents reported annual household incomes under \$25,000. Seventeen percent earned between \$25,000 and \$49,999, 18%, between \$50,000 and \$79,999 and 14%, between \$80,000 and \$99,999. Thirty-nine percent of respondents earned \$100,000 or more annually.
- About 61% of respondents were married or living with a partner as married. Twenty-five percent were never married and 15% were divorced, separated or widowed.
- Fifty percent of respondents lived in two-adult households, 22% in three-adult households, and 13% in a household containing four or more adults.
- About 16% of residents lived in households with one adult.

C. PHYSICAL HEALTH STATUS AND MEDICAL INSURANCE COVERAGE

C1. Self-Reported Physical Health Status (*Figure 2-1*)

- Overall, most respondents reported being in good health, with 50% rating their health as excellent or very good and 34% reporting their health as good.
- Only 16% of adults rated their health as fair or poor.

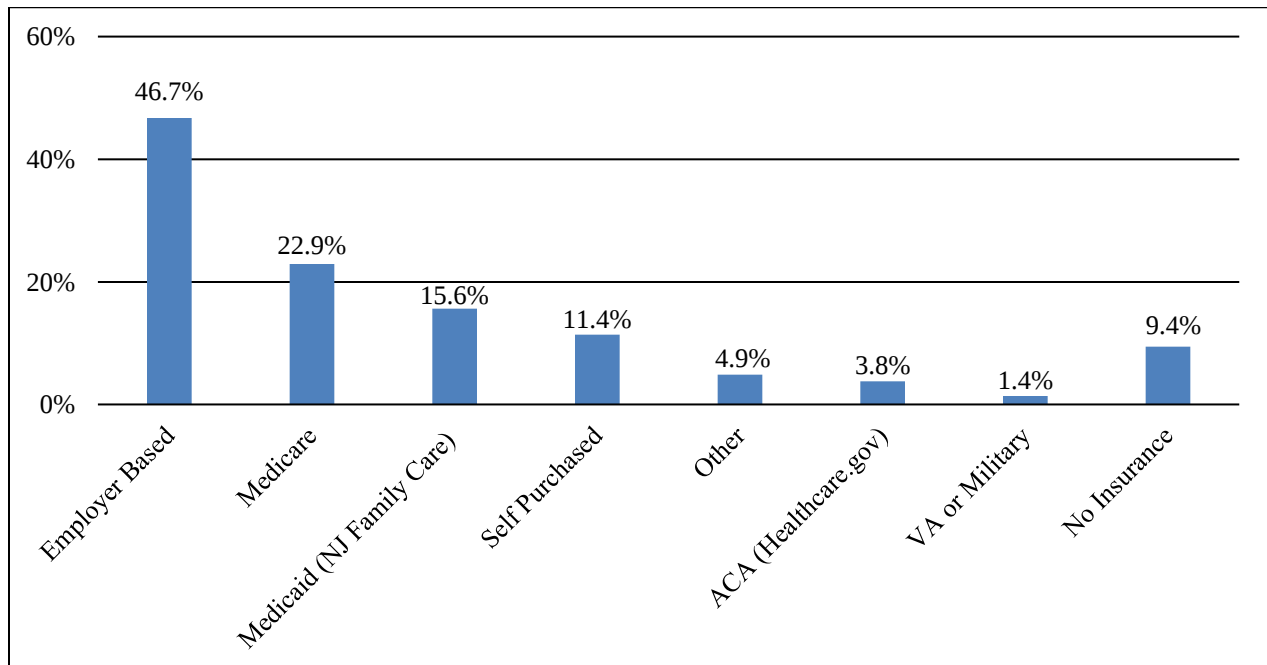
Figure 2- 1: Self-Reported Physical Health Status: All NJ Adults



C2. Medical Insurance Coverage (*Figure 2-2*)

- Most adults reported having private insurance coverage, including insurance paid by an employer (47%), self-purchased insurance (11%) and insurance obtained through the Affordable Care Act (ACA) (Healthcare.gov or Obamacare) (4%).
- Residents also reported having various forms of public insurance, including Medicare (23%), NJ Family Care (the Medicaid expansion) (16%), and military insurance (less than 2%).
- About 9% of all participants reported having no health insurance, while 5% of respondents reported having some other type of insurance.

Figure 2- 2: Sources of Health Insurance*: All NJ Adults

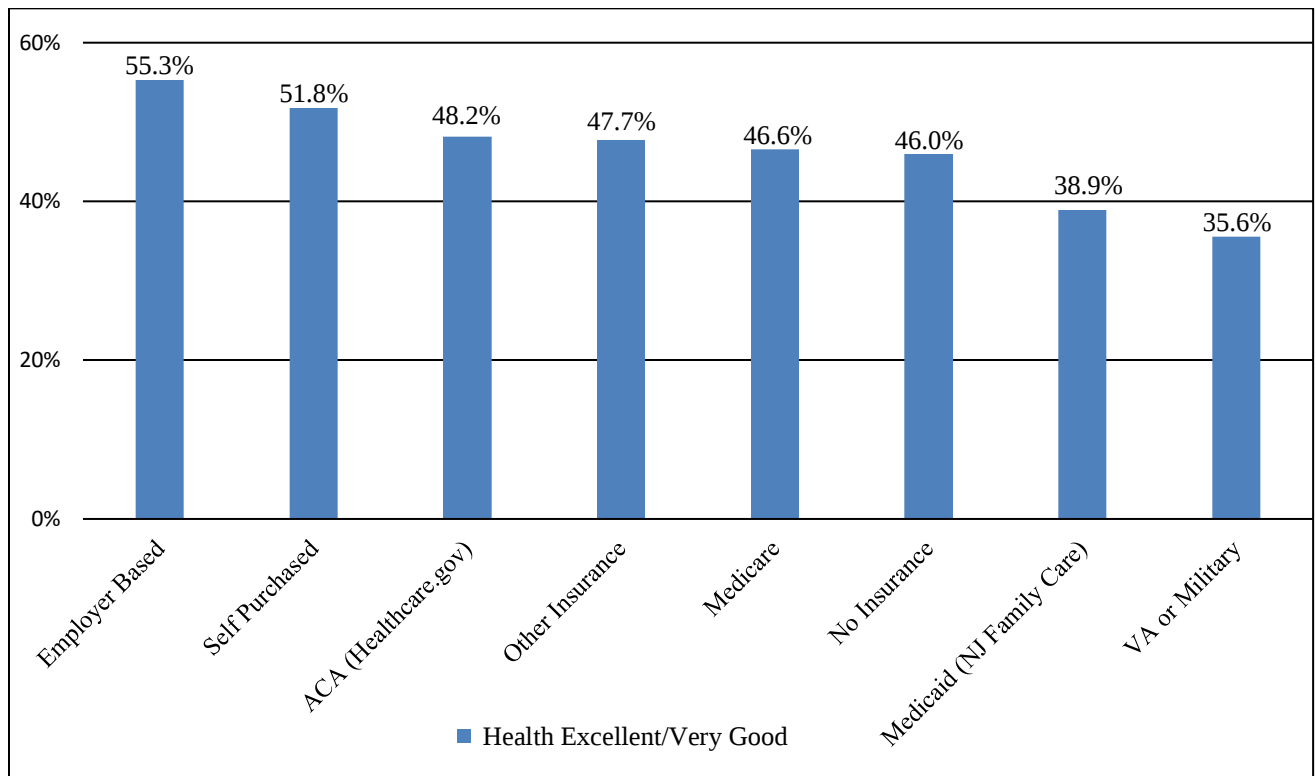


*Percentages do not add up to 100% because respondents often carried more than one type of insurance.

Physical Health Status by Type of Health Insurance (Figure 2-3)

- Adults with Medicaid and VA/Military Insurance were the least likely of all insurance groups to report being in very good/excellent health (39% and 36%, respectively).
- Adults with employer-based or self-purchased insurance had the highest proportions in very good/excellent health (55% and 52%, respectively).
- Among adults in the other insurance categories, including those with Medicare, ACA-purchased insurance and those with no insurance, the proportions reporting very good/excellent health ranged from 46% to 48%.

Figure 2- 3: Self-Reported “Excellent/Very Good” Health Status by Type of Health Insurance: All NJ Adults

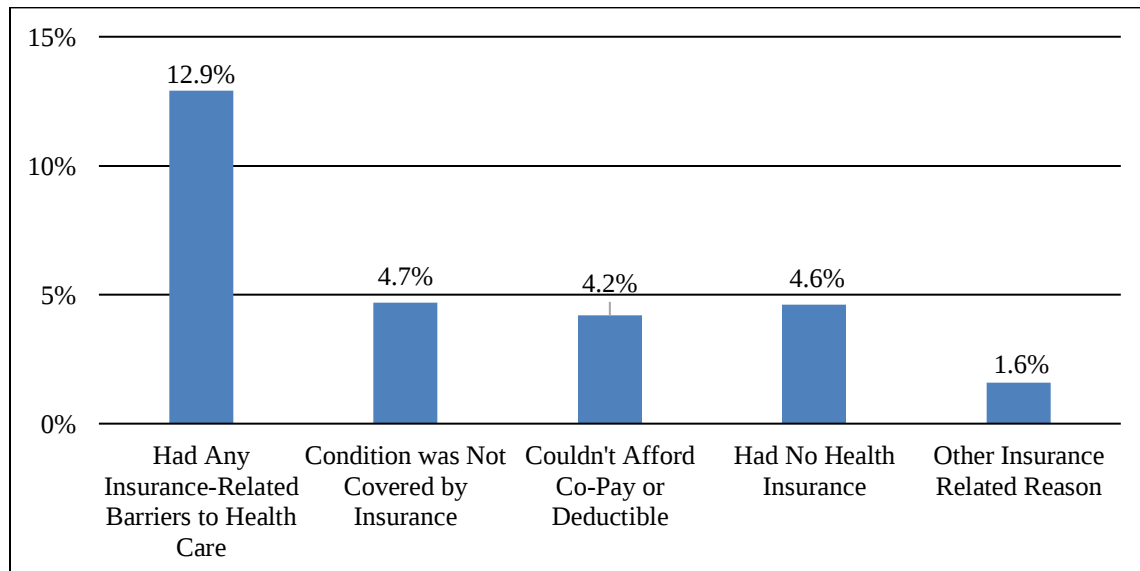


C3. Insurance-Related Barriers to Health Care Access (*Figure 2-4*)

Types of Barriers Encountered

- About 13% of respondents reported being unable to obtain some of the health care they needed in the past 12 months due to problems with insurance coverage.
- Reasons for loss of care included having a medical condition that was not covered by health insurance (5%), being unable to afford the co-pay, or deductible (4%) and having no health insurance (5%).
- Less than 2% of respondents reported other insurance-related barriers to obtaining needed medical care.

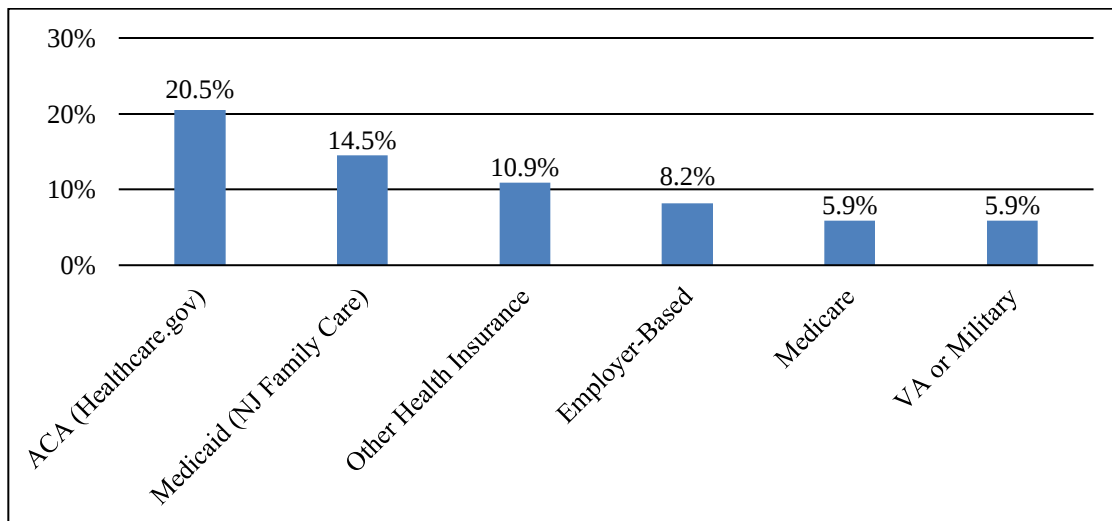
Figure 2- 4: Proportion of NJ Adults Who Lacked Needed Health Care in the Last 12 Months Due to Insurance-Related Barriers, by Type of Barrier



Healthcare Inaccessibility by Type of Insurance (Figure 2-5)

- Significant differences existed across health insurance types in the proportion of residents who reported problems obtaining needed care.
- Residents with insurance through the ACA were the most likely of all covered residents to report being unable to obtain needed care (21%), followed by residents covered by NJ Family Care (15%).
- About 11% of those reporting “other” health insurance and 8% of those with employer-based insurance plans reported being unable to obtain needed healthcare.
- Residents with Medicare and VA/Other military insurance were the least likely to report healthcare access problems (about 6% with each insurance type).

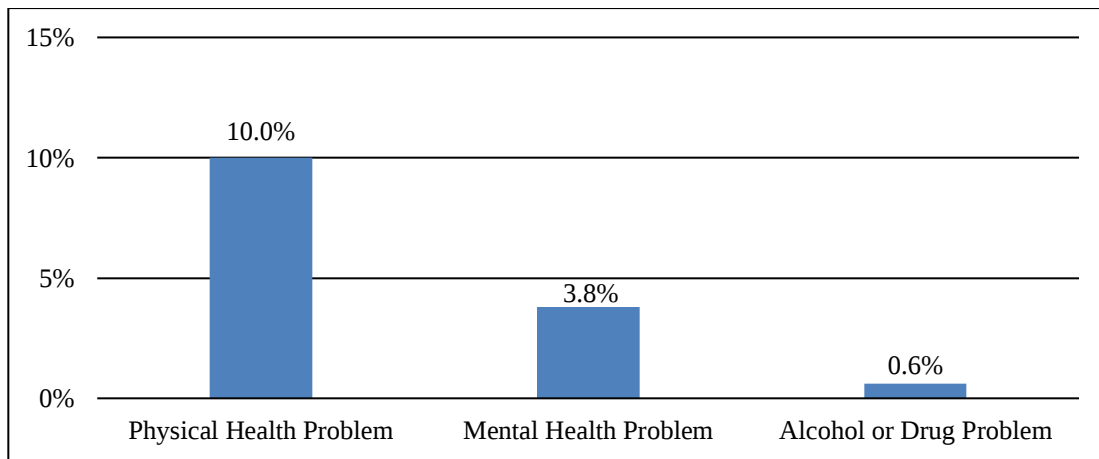
Figure 2- 5: Proportion of Insured NJ Adults Who Lacked Health Care Access in the Last 12 Months, by Insurance Type



Healthcare Inaccessibility, by Type of Health Problem (Figure 2-6)

- In terms of the types of health care for which residents were unable to obtain care, 10% were unable to obtain care for a physical health problem, 4% for a mental health problem and less than 1%, for a substance abuse problem.
- The lower proportions of residents encountering access problems for mental health and substance abuse treatment, however, may primarily reflect the lower demand for these services.

Figure 2- 6: Proportion of NJ Adults Who Lacked Health Care Access in the Last 12 Months, By Type of Health Problem



CHAPTER 3

ALCOHOL

A. INTRODUCTION

This chapter provides information on the use of alcohol, including current and lifetime prevalence of alcohol use, trends in age of first alcohol use, the frequency and quantity of alcohol consumed, and characteristics of current, heavy and binge drinkers. For this report the following definitions are used:

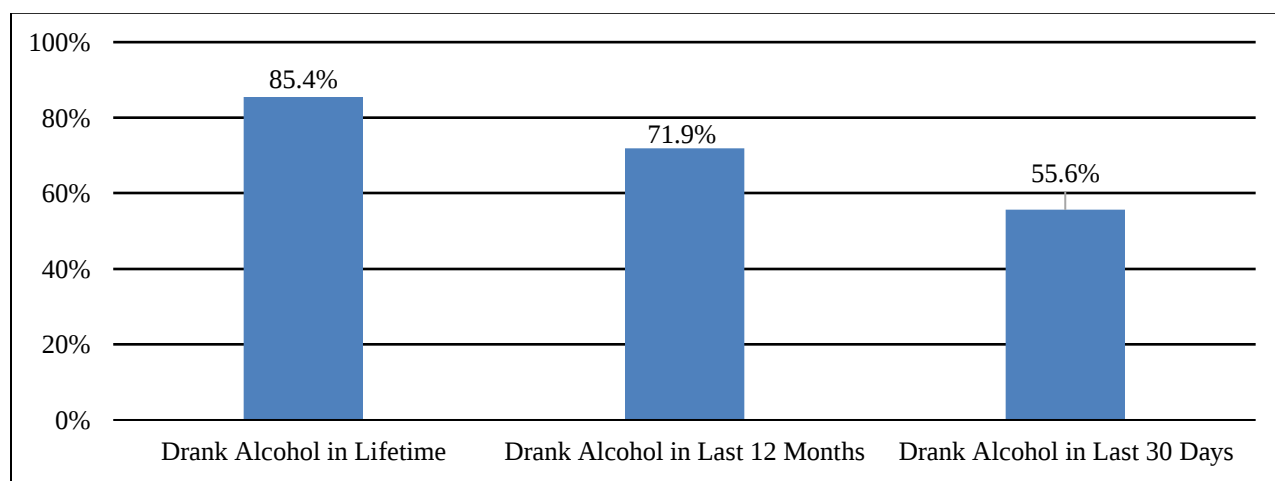
Lifetime Use:	At least one alcoholic drink in lifetime.
Current Use:	At least one alcoholic drink in the last 30 days.
Binge Drinking:	Five or more alcoholic drinks (males) or four or more alcoholic drinks (females) on the same occasion on at least one day in the past month.
Heavy Use:	Five or more alcoholic drinks (males) or four or more alcoholic drinks (females) on the same occasion on at least 5 days in the past 30 days.

B. ALCOHOL USE: NEW JERSEY ADULTS

B1. Prevalence and Time Frames (*Figure 3-1*)

- Most adults (85%) had at least one drink of alcohol in their life, including 72% who consumed alcohol in the past year and 56% who drank in the past 30 days.

Figure 3- 1: Alcohol Consumption: All NJ Adults



C. CURRENT DRINKERS

C1. Demographic Characteristics: Current Drinkers (*Table 3-1*)

Gender, Age and Race/Ethnicity

- Males were more likely than females to be current drinkers (58% vs. 54%).
- About half (50%) of residents who identified as gender minority reported current drinking.
- The lowest rate of current drinking was reported by residents aged 18-20 (22%). Among those at or above the legal drinking age of 21, current drinking ranged from 55% to 62%.
- White residents had the highest rate of current drinking of all racial/ethnic groups (64%), followed by Hispanics (47%), African Americans (44%) and Asians (43%).

Marital Status

- Residents who were married were the most likely to have drunk alcohol in the last 30 days (61%).
- Among the other marital groups, past 30-day alcohol use was reported by 50% of those who were separated or divorced, and about 46% of both the never married and those who were widowed.

Education

- The highest rate of current drinking was reported by residents who were college graduates or higher (65%), with rates declining steadily as education level decreased. Thus, current drinking was reported by 57% of residents with some college education, 46% of high school graduates, and less than 32% of residents with less than a high school education.

Employment Status and Income

- The highest rate of current drinking was reported by residents who were employed full-time (63%), followed by part-time employees (52%) and those who were retired or disabled (48%)
- Unemployed residents were the least likely to report alcohol use during the last 30 days (41%).

- Past 30-day alcohol use peaked among residents in the highest income bracket and declined steadily as income decreased. Thus, 69% of residents making \$100,000+ reported past 30-day alcohol use, compared to 52% of mid-range earners (\$50,000-\$79,999) and 33% of residents in the lowest income bracket (less than \$25,000 annually).

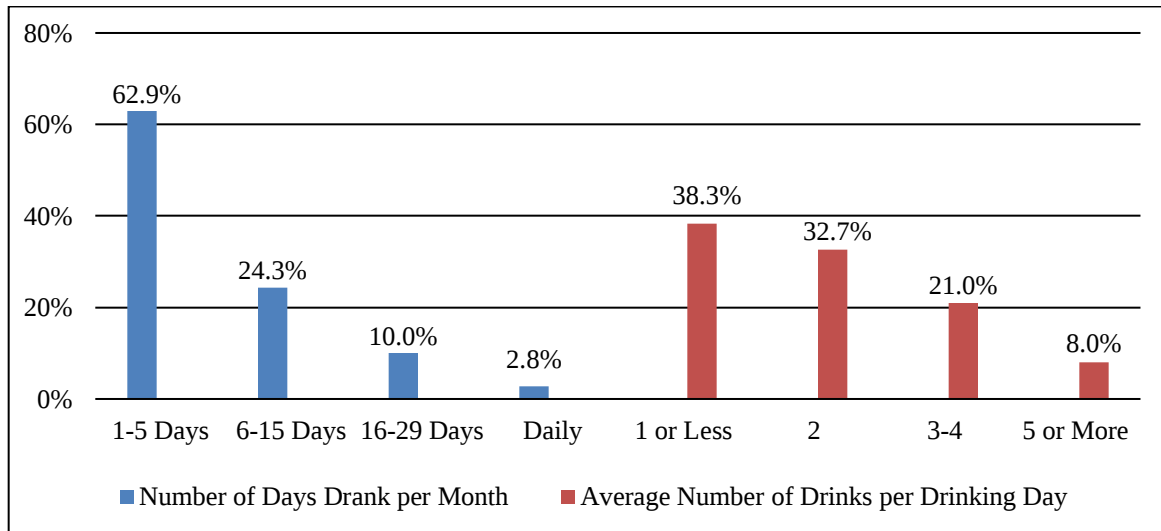
Table 3- 1: Characteristics of Current Drinkers

Demographics		New Jersey Adults Who Drank in Last 30 Days (%)
New Jersey Adults (n=22,200)		55.6%
<i>Gender</i>	Male (n=10544)	58.0
	Female (n=11505)	53.5
	Gender Minority (n=147)	49.7
<i>Age</i>	18-20 (n=1237)	21.7
	21-25 (n=1107)	55.1
	26-34 (n=3688)	61.5
	35-49 (n=5489)	58.4
	50+ (n=10671)	56.1
<i>Race/Ethnicity</i>	White (n=12252)	64.3
	African American (n=2874)	43.8
	Hispanic (n=4331)	47.0
	Asian (n=2399)	42.8
<i>Marital Status</i>	Married (n=13477)	61.3
	Never Married (n=5439)	46.0
	Divorced/Sep. (n=2107)	50.3
	Widowed (n=1089)	45.6
<i>Education</i>	Less than H.S. (n=1382)	32.3
	H.S. Grad (n=6048)	45.7
	Some College (n=5475)	56.5
	College Grad + (n=9257)	65.2
<i>Employment Status</i>	Employed FT (n=11462)	63.3
	Employed PT (n=3259)	51.5
	Unemployed (n=1999)	41.3
	Retired/Disabled (n=4016)	47.5
<i>Income</i>	Under \$25,000 (n=2611)	32.8
	\$25,000-49,999 (n=3748)	44.5
	\$50,000-79,999 (n=3888)	51.9
	\$80,000-99,999 (n=2935)	58.2
	\$100,000 and over (n=8409)	69.1

C2. Frequency and Quantity of Alcohol Use: Current Drinkers (Figure 3-2)

- Among adults who drank alcohol in the last 30 days, 87% drank on fifteen days a month or fewer and 13% drank on 16-30 days, including 3% who drank daily.

Figure 3- 2: Frequency and Quantity of Alcohol Use in Last 30 Days: Current Drinkers



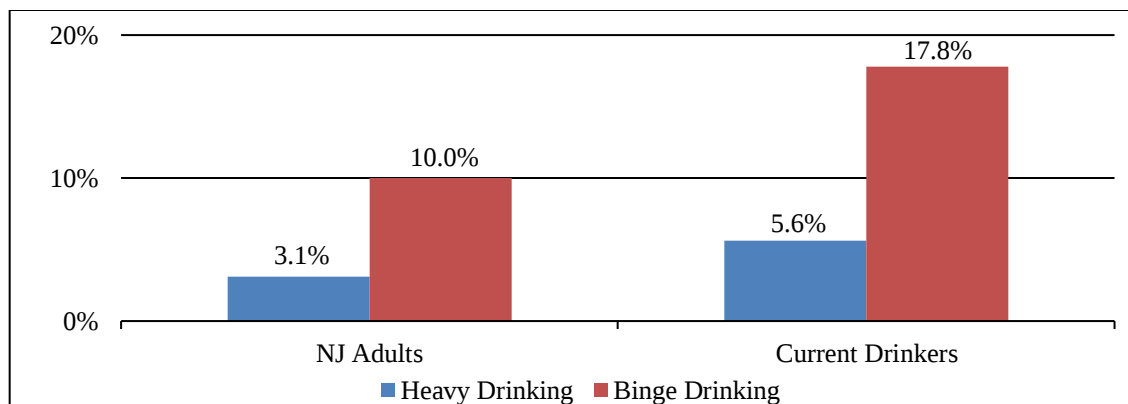
- On the days they drank, about 38% of adults reported having only one drink or less, 33% reported having two drinks, 21%, three to four drinks and 8%, five drinks or more.

D. PROBLEM DRINKERS: HEAVY AND BINGE DRINKING

D1. Prevalence of Heavy and Binge Drinking (Figure 3-3)

- Approximately 3% of all adults and 6% of current drinkers reported drinking heavily in the last 30 days.
- Binge drinking was reported by 10% of all adults and 18% of current drinkers.

Figure 3- 3: Prevalence of Heavy and Binge Drinking in the Past 30 Days: All NJ Adults and Current Drinkers



D2. Demographic Characteristics of Heavy and Binge Drinkers: Current Drinkers

This section examines the characteristics of current drinkers who reported binge drinking and heavy alcohol use in the last 30 days.

Gender, Age, Race/Ethnicity (Table 3-2)

- Residents identifying as gender minority had substantially higher rates of heavy and binge drinking than residents identifying as male or female.
- Among gender minorities, 39% binge drank and 14% drank heavily in the last 30 days.
- In contrast, binge drinking was reported by 20% of males and 16% of females, and heavy drinking, by 7% of males and 5% of females.

Table 3- 2: Prevalence of Heavy and Binge Drinking in the Last 30 Days by Gender, Age, and Race/Ethnicity: Current Drinkers

Demographics			Problem Drinking (%)	
			Binge Drinking	Heavy Drinking
New Jersey Current Drinkers (n=12,344)			17.8	5.6
<i>Gender</i>	Male (n=6113)		19.5	6.6
	Female (n=6157)		15.9	4.5
	Gender Minority (n=73)		38.9	13.9
<i>Age</i>	18-20 (n=269)		25.7	7.1
	21-25 (n=610)		26.9	5.4
	26-34 (n=2267)		25.2	6.9
	35-49 (n=3204)		20.9	7.0
	50+ (n=5990)		12.1	4.3
<i>Race/Ethnicity</i>	White (n=7872)		18.2	6.2
	African American (n=1259)		12.0	3.8
	Hispanic (n=2035)		22.7	6.5
	Asian (n=1027)		11.8	2.1

- By age, residents under age 50 were more likely to binge drink and drink heavily than adults aged 50 or older. Thus, binge drinking was reported by 12% of residents aged 50 and older, compared to 21% to 27% of the younger age groups.
- Similarly, heavy drinking was reported by 4% of adults aged 50+ and 5%-7% of younger residents
- By race/ethnicity, rates of binge and heavy drinking were highest among Hispanics (23% and 7%, respectively), followed by Whites (18% and 6%, respectively).

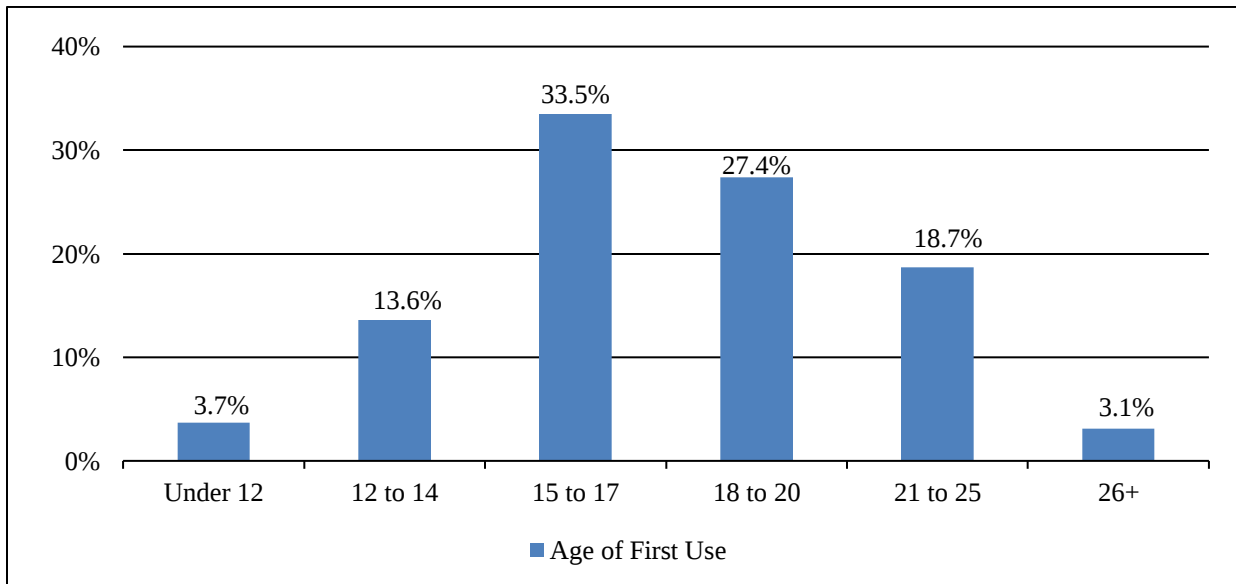
- African Americans and Asians had similar rates of binge drinking (12%), although rates of heavy drinking among African Americans were slightly higher than among Asians (4% vs 2%).

E. AGE OF FIRST ALCOHOL USE AND CHARACTERISTICS OF EARLY DRINKERS

E1. Age of First Use (*Figure 3-4*)

- Among lifetime drinkers, more than half (51%) reported having their first drink before the age of 18, including 17% who drank before age 15.
- About 27% had their first drink between the ages of 18 and 20. Only 22% of lifetime drinkers first drank alcohol on or after age 21.

Figure 3- 4: Age of First Alcohol Use: Lifetime Drinkers

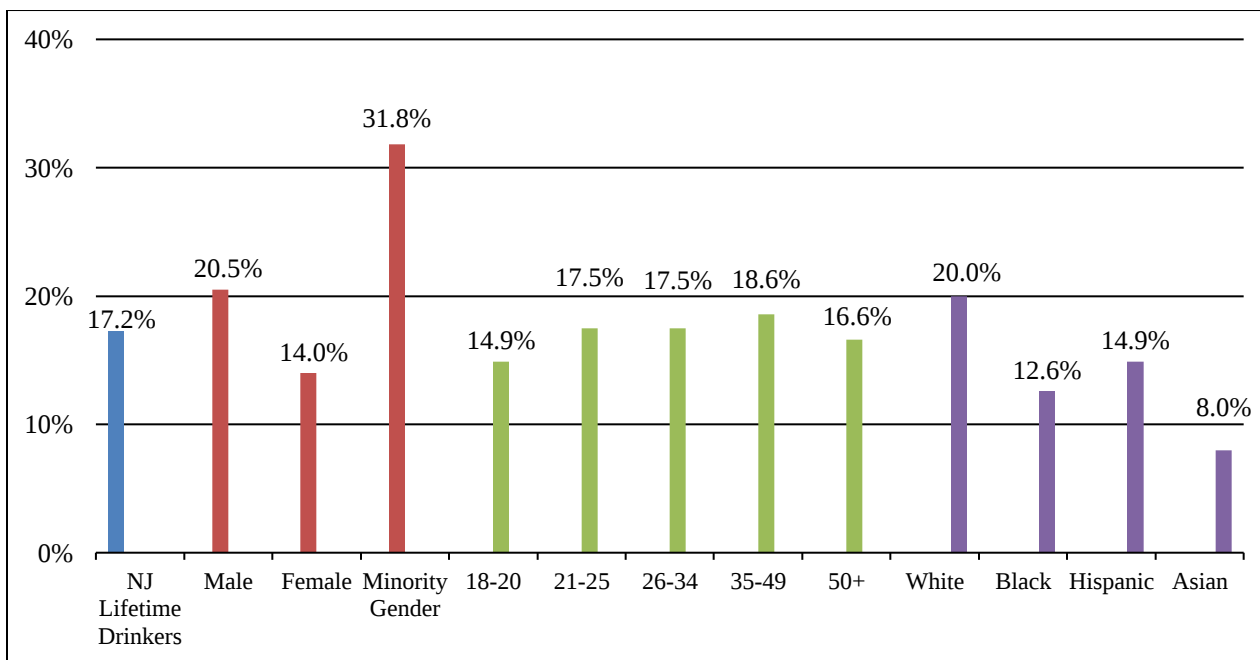


E2. Demographic Characteristics of Early Alcohol Users Before Age 15 (Figure 3-5)

Gender, Age and Race/Ethnicity

- Among all adults who drank in their lifetimes, those who identified as gender minority were the most likely to have initiated alcohol use before the age of 15 (32% vs. 21% of males and 14% of females).
- By age, the youngest cohort of drinkers aged 18-20 was somewhat less likely than older drinkers to report initiating early alcohol use (15% of 18–20-year-olds vs. 18% - 19% of those aged 21-49 and 17% of those 50+).
- Early drinking was more prevalent among White residents (20%) than among African Americans (13%), Hispanics (15%) and Asians (8%).

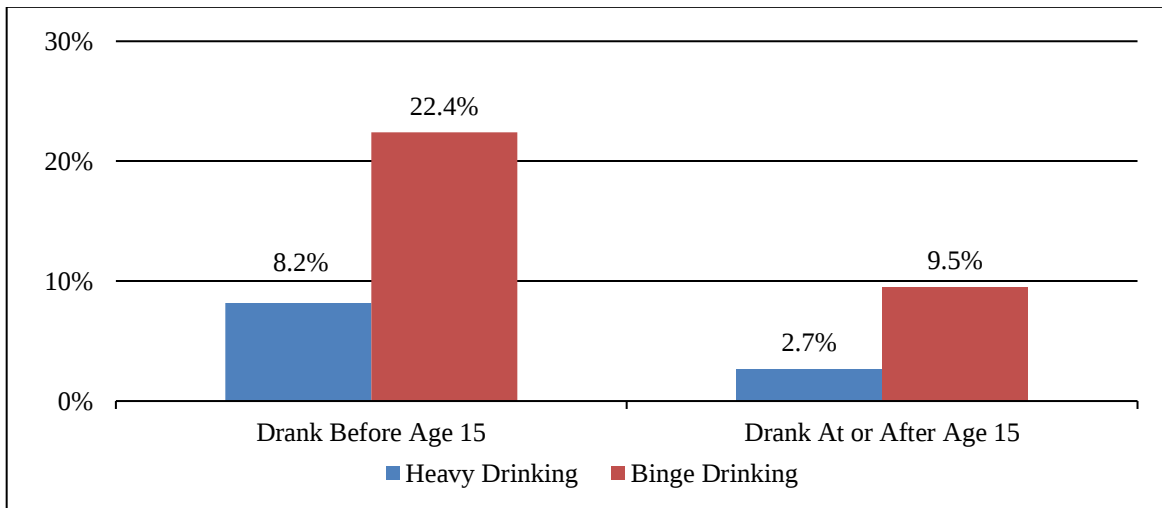
Figure 3- 5: Prevalence of Early Alcohol Use (Before Age 15) by Gender, Age, and Race/Ethnicity: Lifetime Drinkers



E3. Relationship between early alcohol use (before age 15) and alcohol misuse (*Figure 3-6*)

- Heavy alcohol use and binge drinking were highly associated with the early initiation of alcohol use.
- Among those who first drank before age 15, 8% used alcohol heavily and 22% reported binge drinking. In contrast, among those who first drank on or after age 15, only 3% engaged in heavy drinking and 10% in binge drinking.

Figure 3- 6: Past 30-Day Heavy and Binge Drinking by Age of First Alcohol Use: Lifetime Drinkers



CHAPTER 4

ILLCIT DRUG USE

A. INTRODUCTION

This chapter presents an overview of the prevalence of illicit drug use and the characteristics of people who use illicit drugs. The survey measured use of the following drugs: cocaine, heroin, methamphetamine, hallucinogens, such as PCP or LSD, synthetic marijuana and club drugs, such as ecstasy. The survey also measured the misuse of psychotherapeutic drugs, defined as drugs available through a medical prescription but used in ways not prescribed, such as using more than prescribed, using for reasons other than prescribed, using someone else's prescription, etc. Over-the-counter medications and the legitimate, prescribed use of any of these substances are not included. Psychotherapeutic drugs include stimulants, opioid pain relievers, sedatives or sleeping pills, and tranquilizers. While prescription stimulants may contain amphetamine-type substances, we include methamphetamine in a separate drug category to reflect its use in non-prescription form. The drugs examined in this survey, including the "psychotherapeutic" category, are consistent with those assessed in the NSDUH (SAMHSA, 2023).

Previously, cannabis had been included in the Illicit Drug Use chapter of the NJSDUH. However, given its recent legalization for recreational use in New Jersey on February 22, 2021 (Marijuana Policy Project, 2023), we no longer treat cannabis as an illicit drug. Instead, we describe cannabis use in a separate chapter of this report (Chapter 6: Cannabis). *Note that because cannabis is no longer treated as an illicit drug, calculations of proportions and numbers of New Jersey adults who use illicit drugs will be substantially lower in this report than in previous reports.*

We do continue to treat a class of drugs called "synthetic marijuana," as an illicit substance, however. Synthetic marijuana is comprised of a variety of synthetic, psychoactive "designer" substances created to mimic the effects of THC, the main component of cannabis. These synthetic drugs can be sprayed on plant material for smoking or liquified for the purposes of vaping and have been found to have potentially more toxic effects than cannabis (United States Drug Enforcement Administration, 2022).

Because the percentage of survey respondents who acknowledged using any illicit drugs in the last 30 days was low, the analyses primarily focus on those who reported using illicit drugs in their lifetime and in the last 12 months. The following definitions are used in this chapter:

Current Users:	One or more illicit drugs in the last 30 days
Recent Users:	One or more illicit drugs in the last 12 months
Lifetime Users:	One or more illicit drugs in lifetime

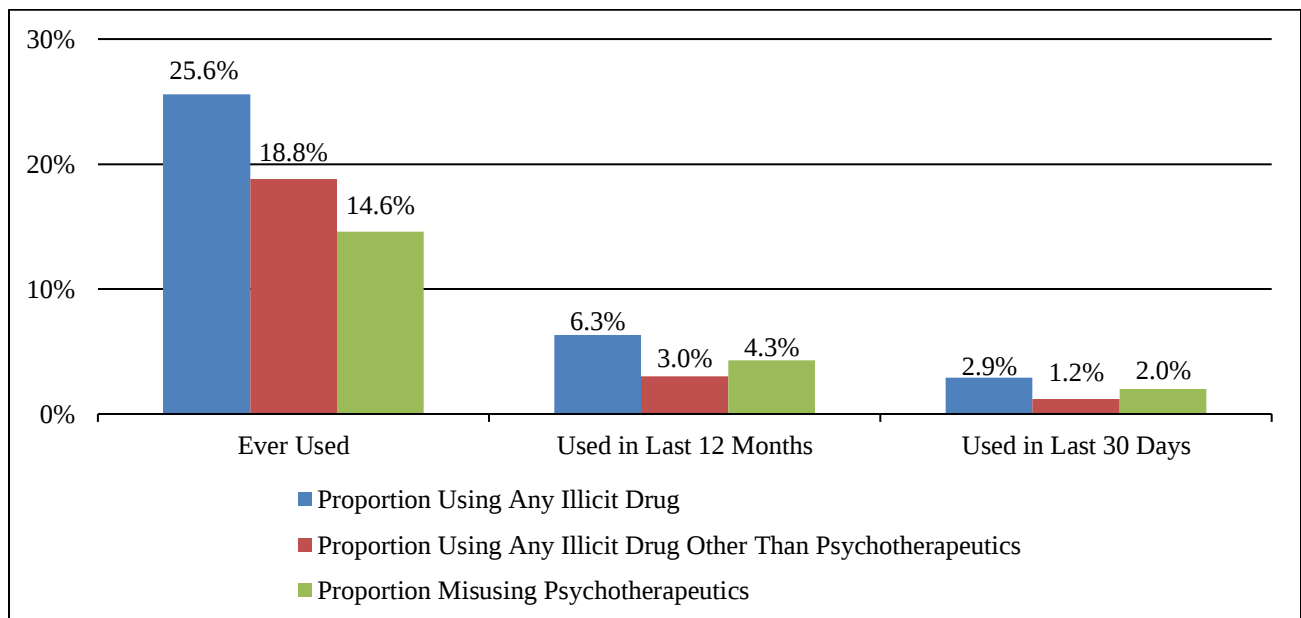
Multiple Drug Users:	Used two or more types of illicit drugs during the same time span, including lifetime, last 12 months or last 30 days.
Single Drug User:	Used one type of drug during the same time span (lifetime, past 12 months, or past 30 days).

B. PREVALENCE OF ILLICIT DRUG USE

B1. Prevalence of Illicit Drug Use and Timeframes of Use (*Figure 4-1*)

- Among New Jersey residents, 26% of adults used one or more illicit drugs in their lifetime (lifetime users), 6% used in the last 12 months (recent users) and 3%, in the last 30 days (current users).
- By broad classes of drugs, adults were more likely to report lifetime use of illicit drugs exclusive of psychotherapeutics than they were to report lifetime psychotherapeutic misuse (19% vs. 15% respectively).
- However, in terms of recent and current use, psychotherapeutic drug misuse slightly exceeded non-psychotherapeutic drug misuse in the past 12 months (4% vs. 3%, respectively) and last 30 days (2% vs. 1%).

Figure 4- 1: Proportion of NJ Residents Reporting Illicit Drug Use, by Class of Drugs and Time Frame of Use: All NJ Adults



B2. Estimates of Illicit Drug Use in the New Jersey Population, by Timeframes *(Table 4-1)*

- Based on the size of the New Jersey adult population according to estimates from the United States Census Bureau Estimates (U.S. Census Bureau, 2023) (Table 4-1), these percentages translate into 2,370,995 New Jersey residents who used one or more illicit drugs at some time in their lives, 583,487 who used one or more illicit drugs in the last 12 months, and 268,589 who used one or more illicit drugs in the last 30 days.

Table 4- 1: Resident Adult Population Estimates for Any Illicit Drug Use*

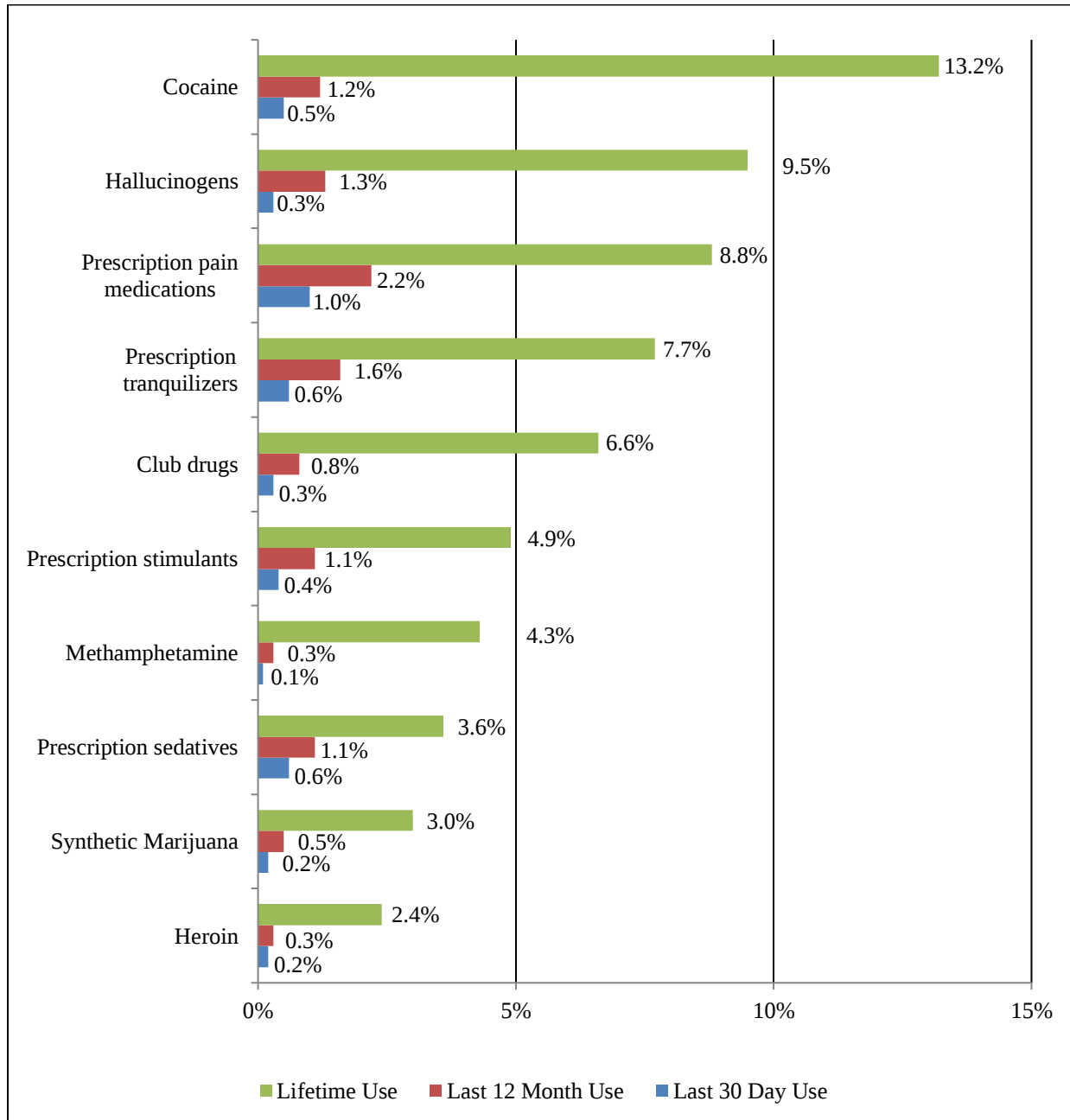
TOTAL NEW JERSEY RESIDENT ADULTS, 2022	n = 9,261,699
RESIDENTS REPORTING EVER (LIFETIME) ILLICIT DRUG USE	n = 2,370,995
RESIDENTS REPORTING PAST YEAR ILLICIT DRUG USE	n = 583,487
RESIDENTS REPORTING PAST 30 DAY ILLICIT DRUG USE	n = 268,589

*Not including use of cannabis

B3. Prevalence of Specific Drugs Used and Timeframes for Use *(Figure 4-2)*

- In terms of lifetime prevalence, the most commonly reported illicit drug was cocaine (13%), followed by: hallucinogens (10%), prescription pain medication (9%), prescription tranquilizers (8%) and club drugs (7%).
- Prescription stimulants, sedatives, methamphetamine, and synthetic marijuana were used by 3%-5% of adults in their lifetimes. Only 2% of New Jersey adults had ever used heroin.
- Prescription pain medications and prescription tranquilizers were the drugs most frequently misused in the past year (about 2% each). All other drugs were used by 1% of adults or fewer in the past 12 months or 30 days.

Figure 4- 2: Use of Illicit Drugs, by Drug Type and Time Frame of Use: NJ Adults



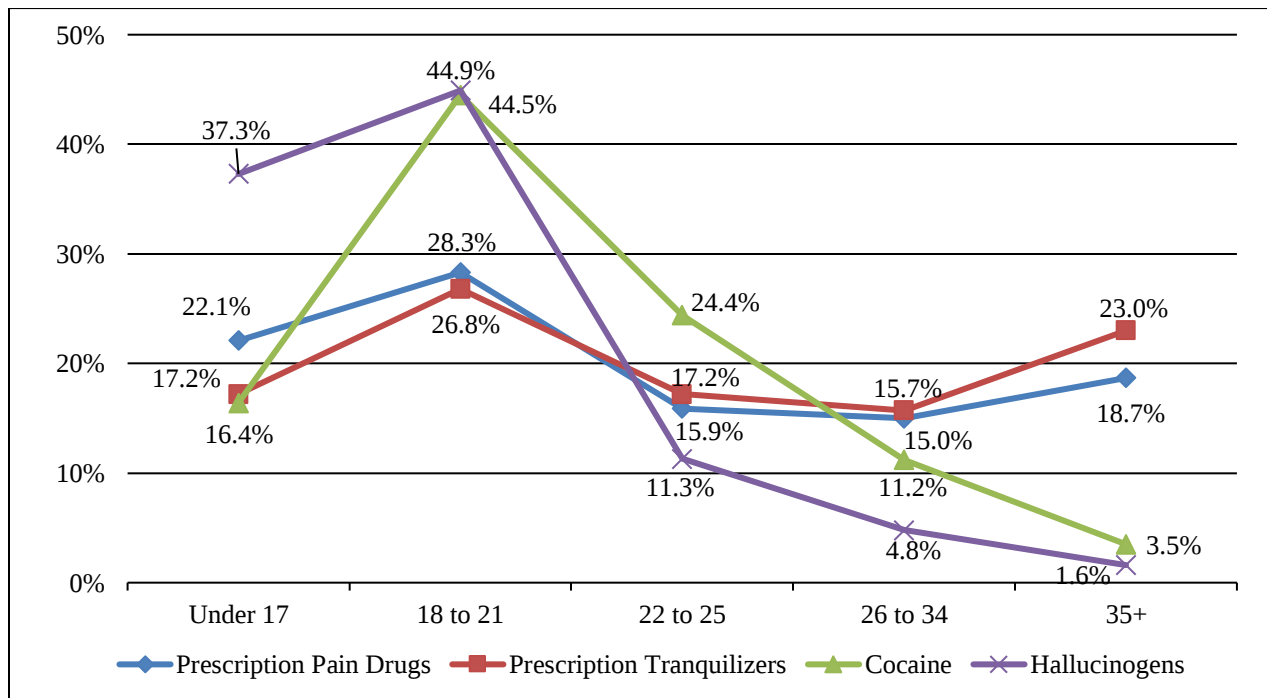
B4. Age of First Drug Use: Lifetime Drug Users

This section reports the age of first use of the four drugs with the highest prevalence of lifetime misuse: prescription pain medications, prescription tranquilizers, cocaine and hallucinogens.

Age of First Use (Figure 4-3)

- Hallucinogens were the most likely of all drugs to have been initiated before the age of 18 (37%), followed by non-prescribed pain medication (22%), non-prescribed tranquilizers (17%) and cocaine (16%).
- Peak age of initiation for all four drugs was 18-21. Initiation at this age was 45% for both hallucinogens and cocaine, 28% for prescription pain medication and 27%, prescription tranquilizers.
- After age 21, the percentage of respondents who initiated hallucinogens and cocaine steadily decreased, with only 4% of lifetime cocaine users and 2% of lifetime hallucinogen users reporting initiation of these drugs at ages 35 or older.
- In contrast, the percentage of respondents who first misused prescription tranquilizers and pain medication leveled off between the ages of 22 and 34, and then increased among those 35 and older. Thus, among those who misused prescription pain medication and tranquilizers, 19% and 23%, respectively, reported initiating misuse at age 35 or older.

Figure 4- 3: Age of First Use of Selected Drugs*: Lifetime Users of Each Drug Type



*The four types of illicit drugs with the highest rates of lifetime use.

B5. Demographic Characteristics of Lifetime and Recent Users of Illicit Drugs: NJ Adults (Table 4-2)

This section examines selected demographic characteristics of lifetime and recent users of any illicit drugs.

Table 4- 2: Illicit Drug Use in Lifetime and Last 12 Months by Selected Demographic Characteristics: All NJ Adults

Demographics			Use of at Least One Illicit Drug (%)	
			Lifetime	Last 12 Months
New Jersey Total Population (n=22,200)			25.6	6.3
<i>Gender</i>	Male (n=10544)		28.2	6.8
	Female (n=11504)		23.0	5.6
	Gender Minority (n=147)		41.5	21.1
<i>Race/Ethnicity</i>	White (n=12252)		30.4	6.1
	African American (n=2874)		21.5	6.5
	Hispanic (n=4330)		23.3	8.4
	Asian (n=2399)		9.6	3.0
<i>Age</i>	18-20 (n=1237)		12.4	7.9
	21-25 (n=1107)		20.4	9.4
	26-34 (n=3687)		28.6	9.8
	35-49 (n=5489)		27.0	6.6
	50+ (n=10670)		26.0	4.4
<i>Marital Status</i>	Married (n=13478)		25.6	5.2
	Never Married (n=5439)		24.9	9.1
	Divorced/Sep. (n=2106)		31.7	7.4
	Widowed (n=1088)		17.4	3.3
<i>Education</i>	< High School (n=1382)		25.9	10.9
	High School Grad (n=6048)		26.3	6.9
	Some College (n=5475)		27.7	6.6
	College Grad + (n=9256)		23.9	5.0
<i>Employment Status</i>	Full-time (n=11462)		26.8	6.3
	Part-time (n=3259)		24.7	6.5
	Unemployed (n=1999)		27.4	11.0
	Retired/Disabled (n=4016)		24.0	4.8
<i>Income</i>	Less than \$25,000 (n=2611)		26.1	10.1
	\$25,000-\$49,999 (n=3748)		23.9	6.6
	\$50,000-\$79,999 (n=3888)		25.5	7.3
	\$80,000-\$99,999 (n=2935)		26.3	6.0
	\$100,000+ (n=8409)		26.9	4.9

Gender

- Males were somewhat more likely than females to have used at least one illicit drug in their lifetimes (28% vs. 23%) and in the last 12 months (7% vs. 6%).
- However, lifetime and recent illicit drug use was significantly higher among adults who identified as gender minority, with 42% reporting lifetime use and 21% recent use.

Race/Ethnicity

- By race/ethnicity, Whites reported the highest prevalence of lifetime use of illicit substances (30%) and Asians, the lowest (10%). Lifetime use was reported by 23% of Hispanics and 22% of African Americans.
- There was less racial/ethnic variability with respect to recent use, however, with rates ranging from a low of 3% among Asians to 6%-8% of Whites, African Americans and Hispanics.

Age

- The lowest prevalence of lifetime use was found among the youngest adults aged 18-20 (13%), with rates of lifetime use ranging from 20%-29% in the older age groups.
- The prevalence of recent use, however, was lowest among those aged 50 and older (4%), with rates of recent use ranging from 7%-10% in the younger age groups.

Marital Status

- When illicit drug use was examined by marital status, widowed residents had the lowest rate of lifetime use (17%) and those who were divorced or separated, the highest (32%). Rates of lifetime use in married and never married residents were 26% and 25%, respectively.
- Widowed residents also had the lowest rate of recent use (3%) of all marital groups and residents who were never married, the highest (9%). Recent use was reported by 7% of divorced/separated adults and 5% of those who were married.

Education

- By education status, the highest rate of lifetime illicit drug use was found among those with some college education (28%) and the lowest, among college graduates (24%). High school graduates and adults with less than a high school education reported similar rates of lifetime illicit drug use (26% for both groups).

- With respect to recent use, adults with less than a high school education were more likely than their counterparts to have used illicit drugs in the past 12 months (11% vs. 5%-7% of those in higher educational groups).

Employment Status

- Lifetime use of illicit drugs did not vary substantially by employment status, with lifetime use ranging from 27% of full-time workers and the unemployed to 24%-25% of the retired/disabled and part-time workers, respectively.
- In terms of recent use, rates were highest among the unemployed (11%). In contrast, recent use was reported by only 5% of the retired/disabled and 6%-7% of full-time and part-time workers, respectively.

Income

- Prevalence of lifetime illicit drug use was also comparable among all income groups, ranging from 24% to 27%.
- Recent illicit drug use, however, was inversely related to income, ranging from a high of 10% among those earning less than \$25,000 per year to 5% among those earning \$100,000 or more.

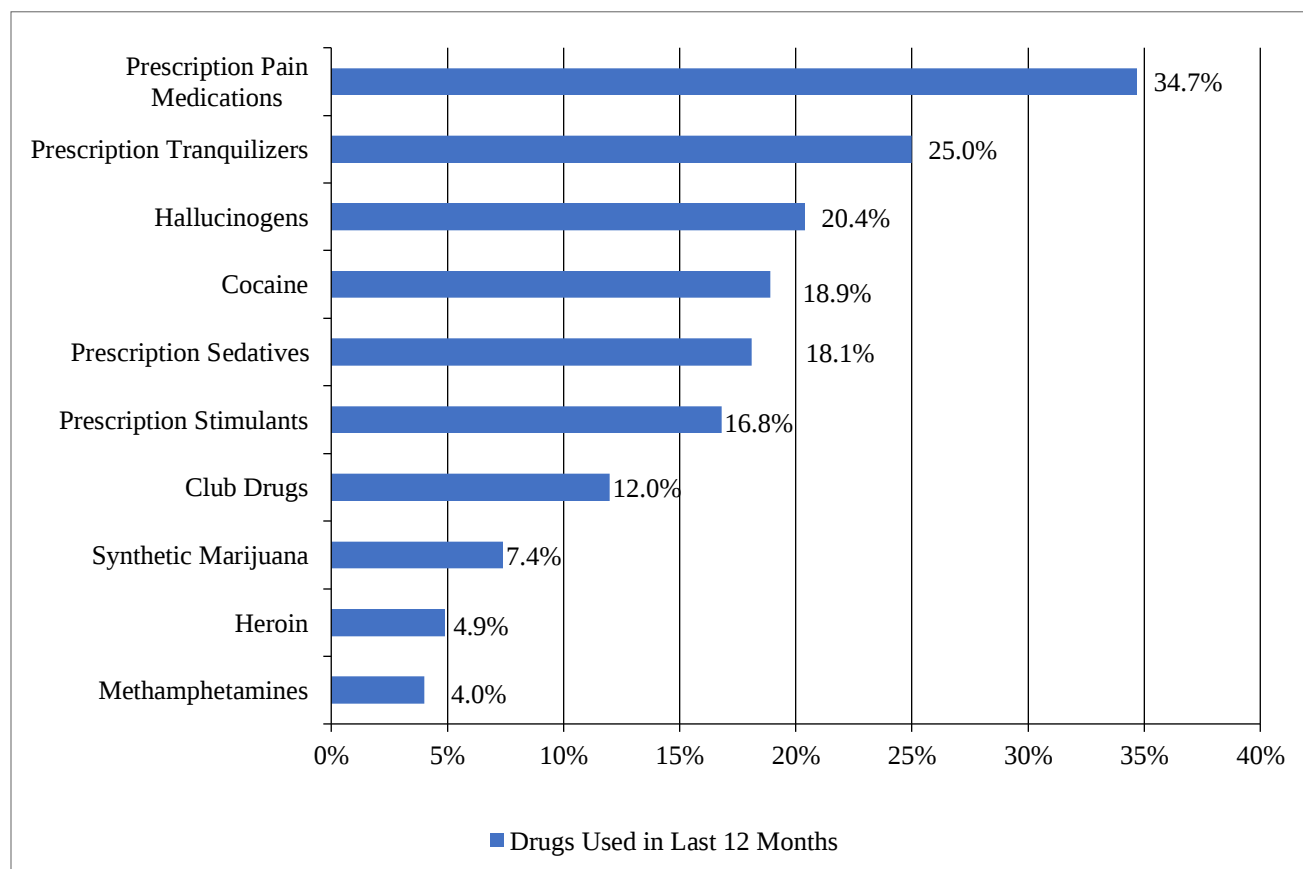
C. RECENT ILLICIT DRUG USERS: TYPES OF ILLICIT DRUGS USED AND DEMOGRAPHIC CHARACTERISTICS, BY DRUG TYPE

In this section, we focus on drug use patterns of the approximately 6% of New Jersey residents who used illicit drugs in the last 12 months.

C1. Type and Prevalence of Illicit Drugs Used in the Last Twelve Months (*Figure 4-4*)

- Among adults who reported using illicit drugs in the last 12 months, prescription pain medication were, by far, the most frequently misused drug, reported by 35% of recent illicit drug users.
- Next in frequency were prescription tranquilizers, reported by a quarter (25%) of all recent drug users, followed by hallucinogens (20%), cocaine (19%), prescription sedatives (18%) and prescription stimulants (17%).
- Use of club drugs was reported by 12% of recent users and synthetic marijuana, by 7%.
- The least frequently used drugs among recent drug users were heroin (5%) and methamphetamine (4%).

Figure 4- 4: Illicit Drugs Used in Last 12 Months by Category of Drug: All NJ Adults Who Used Illicit Drugs in the Last 12 Months

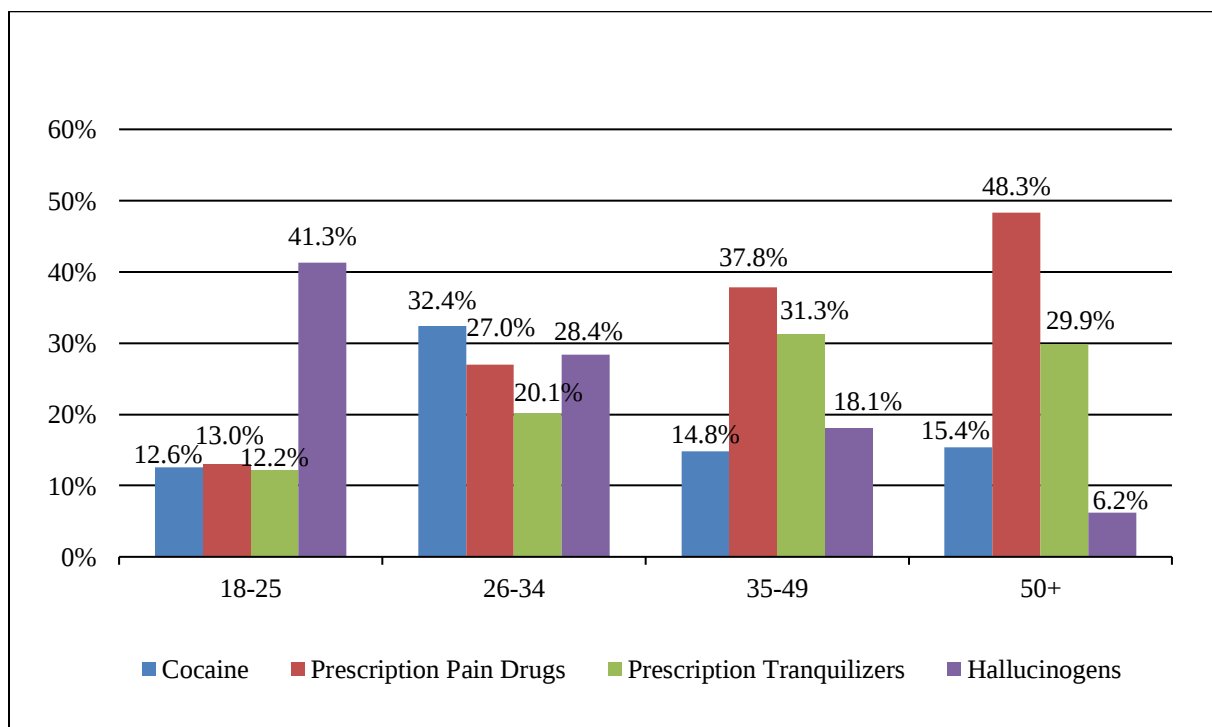


C2. Demographic Characteristics of Residents Who Used the Four Most Frequently Used Illicit Drugs in the Past Year

Age (Figure 4-5)

- Among residents who used illicit drugs in the past year, rates of past-year prescription pain medication misuse increased steadily by age. Thus, 13% of recent users aged 18-25 reported misusing prescription pain medication in the last year, followed by 27% of 26–34-year-olds, 38% of 35-49-year-olds and 48% of adults aged 50 or older.
- Similarly, the prevalence of prescription tranquilizer misuse also increased by age, although rates of use stabilized after age 34. Thus, about 12% of recent illicit drug users 18-25 years old and 20% of those aged 26-34 reported misuse of prescription tranquilizers. After age 34, rates remained stable, with 31% of 35-39-year-olds, and 30% of recent drug users 50 or older reporting prescription tranquilizer misuse.
- In contrast, use of hallucinogens decreased steadily with age, peaking at 41% in the youngest group aged 18-25 and steadily declining to 6% among those aged 50 or older.
- Cocaine use, in contrast, was most prevalent in those aged 26-34 (32%) but showed minimal variability across the other age groups (13%-15%).

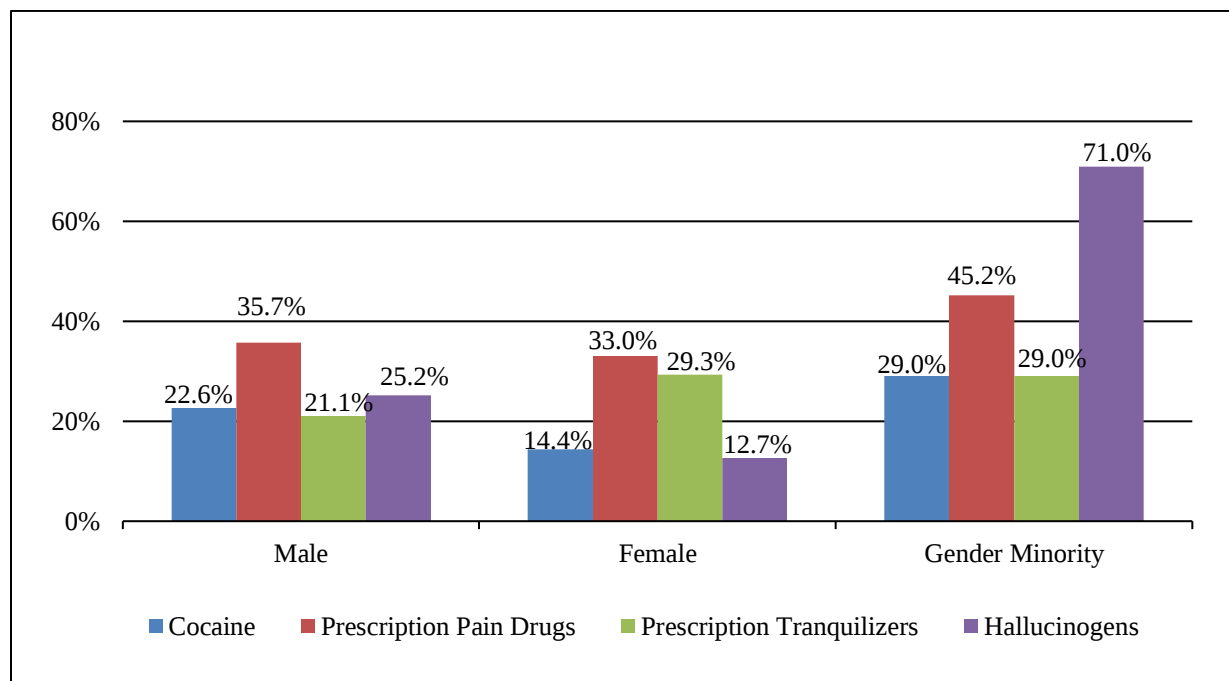
Figure 4- 5: Types of Illicit Drugs Used in the Last 12 Months by Current Age: Adults Who Used Any Illicit Drug in the Last 12 Months



Gender (Figure 4-6)

- By gender, recent illicit drug users who identified as gender minority, were more likely than their counterparts to report using three of the four most frequently used illicit drugs.
- Hallucinogens were, by far, the most frequently used drug by gender minority residents in the past year (71% vs. 13% of females and 25% of males).
- Prescription pain medication were also reported by substantially more gender minority residents (45%) than females (33%) or males (36%).
- Similarly, past-year cocaine use was higher among gender minority residents (29%), than among females (14%) or males (23%).
- Rates of recent prescription tranquilizer use, however, were comparable among gender minority and female residents (29%), and somewhat lower among males (21%).

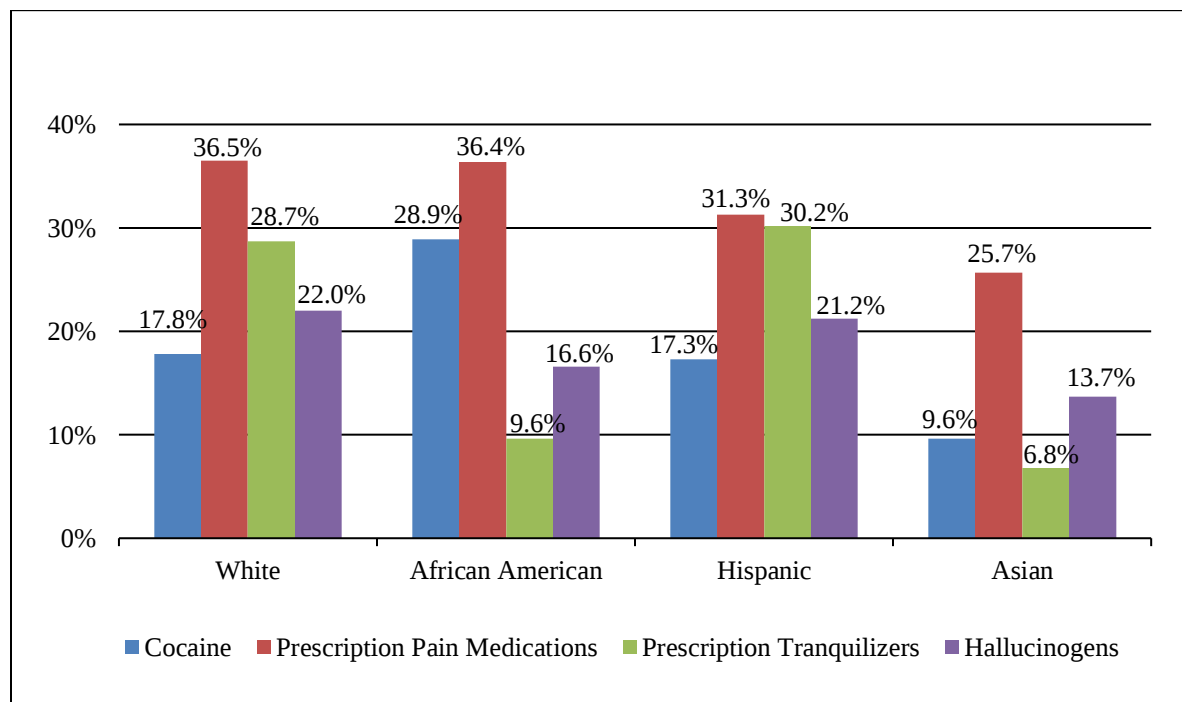
Figure 4- 6: Types of Illicit Drugs Used in the Last 12 Months by Sex: Adults Who Used Any Illicit Drug in the Last 12 Months



Race/Ethnicity (Figure 4-7)

- Overall, Asians were the least likely to have used any of the four most commonly reported drug types of all racial/ethnic groups. Among the other racial/ethnic groups, frequency of use varied by category of drug.
- Prescription pain medications were the most frequently reported drug of abuse by all racial/ethnic groups, misused by than 37% of Whites, 36% of African Americans, 31% of Hispanics and 26% of Asians.
- Whites and Hispanics had similar rates of use of the other three drug types, with 29% and 30%, respectively, misusing prescription tranquilizers, 22% and 21%, respectively, using hallucinogens, and 18% and 17%, respectively, using cocaine.
- Among African Americans, cocaine was the second most frequently used drug (29%), followed by hallucinogens (16%) and prescription tranquilizers (9.6%).
- Among Asians, hallucinogens were the second most frequently used drug (14%), followed by cocaine (10%) and prescription tranquilizers (7%).

Figure 4- 7: Types of Illicit Drugs Used in the Last 12 Months by Race/Ethnicity: Adults Who Used Any Illicit Drug in the Last 12 Months

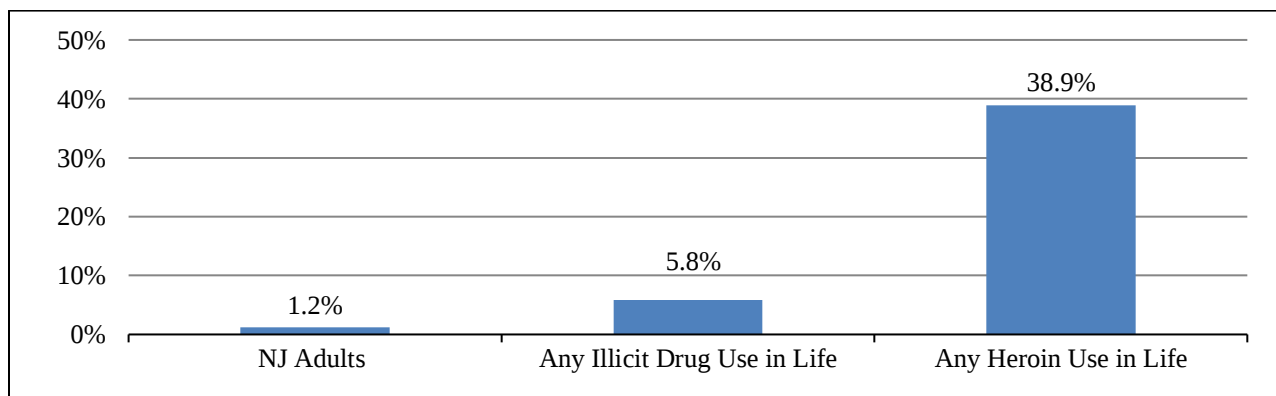


D. DRUG INJECTION

D1. Prevalence of Lifetime Drug Injection: Adult New Jersey Population, Residents with Any Lifetime Drug Use and Residents Who Ever Used Heroin (*Figure 4-8*)

- Slightly more than 1% of all New Jersey adults and nearly 6% of lifetime users of any illicit drugs, reported injecting a drug to get high in their lifetime.
- Among adults who ever used heroin, however, 39% reported injecting drugs at least once in their life.

Figure 4- 8: Lifetime Drug Injection: All NJ Adults and Adults with Lifetime Drug Use and Lifetime Heroin Use

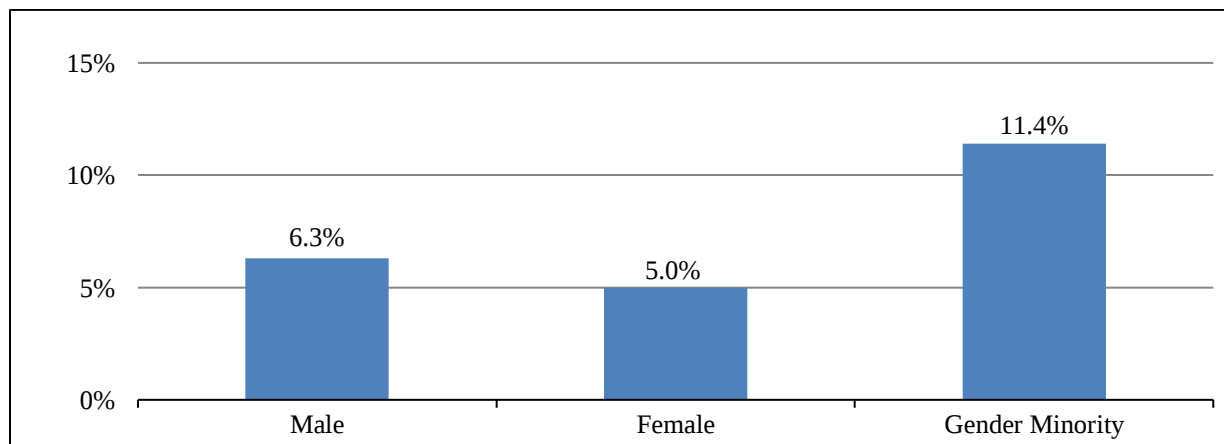


D2. Characteristics of Residents Who Ever Injected Drugs: Residents with Lifetime Illicit Drug Use

Gender (Figure 4-9)

- By gender, those identifying as gender minority were about twice as likely to report lifetime injection drug use (11%) as males (6%) and females (5%).

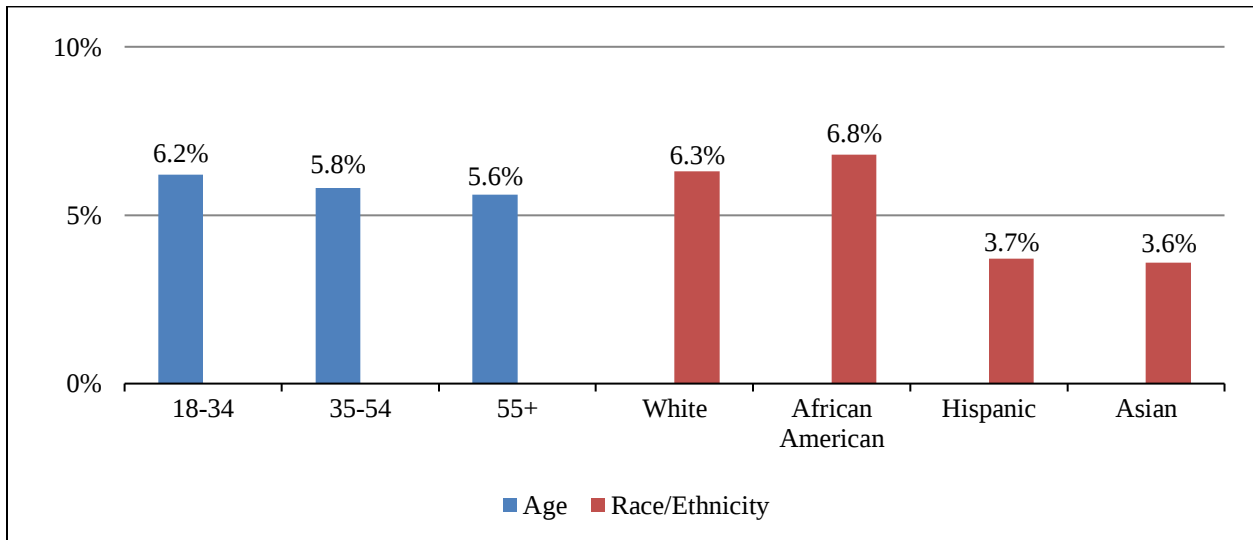
Figure 4- 9: Proportion of Lifetime Illicit Drug Users Who Ever Injected Drugs, by Gender



Age and Race/Ethnicity (Figure 4-10)

- Among lifetime drug users, rates of drug injection were comparable across the lifespan, with about 6% of those in all age groups having injected drugs in their lifetime.
- By race/ethnicity, 7% of African Americans, 6% of Whites and 4% of Hispanics and Asians reported any lifetime drug injection.

Figure 4- 10: Proportion of Lifetime Illicit Drug Users Who Ever Injected Drugs, by Age and Race/Ethnicity



E. MULTIPLE DRUG USE

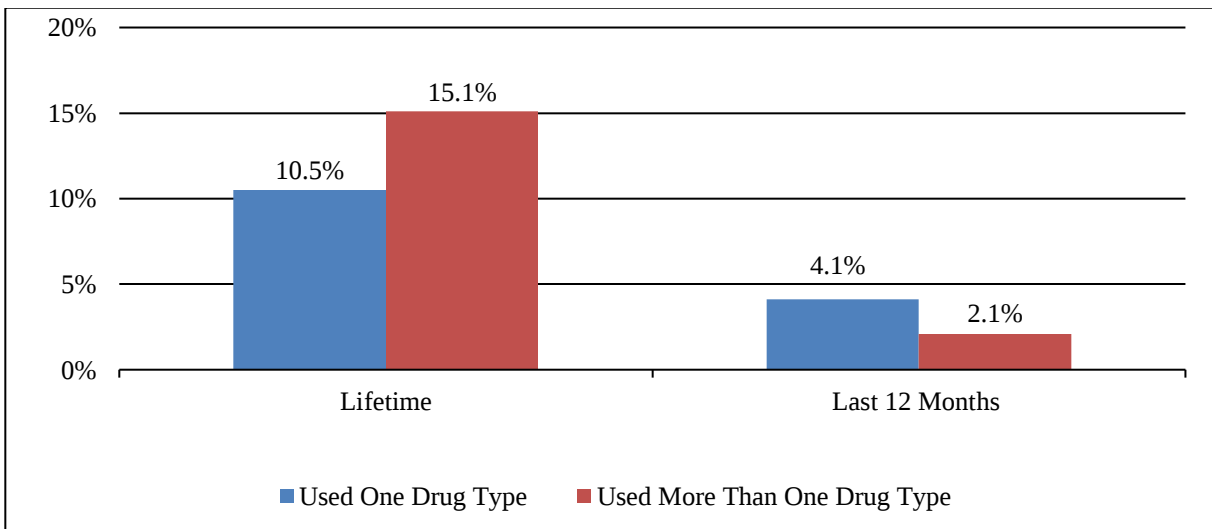
In this section we examine the proportion of New Jersey residents who report using more than one type of illicit drug within the same time span, e.g. within their lifetimes, within the same year or within the last 30 days.

E1. Prevalence of Multiple Drug Use and Types of Drugs Used

Prevalence of Multiple Drug Use (Figure 4-11)

- With respect to lifetime use, approximately 15% of all NJ residents used multiple drugs in their lifetime and about 11% used only one type of drug.
- In the last 12 months, 2% of residents reported multiple drug use and 4%, use of one type of drug only.

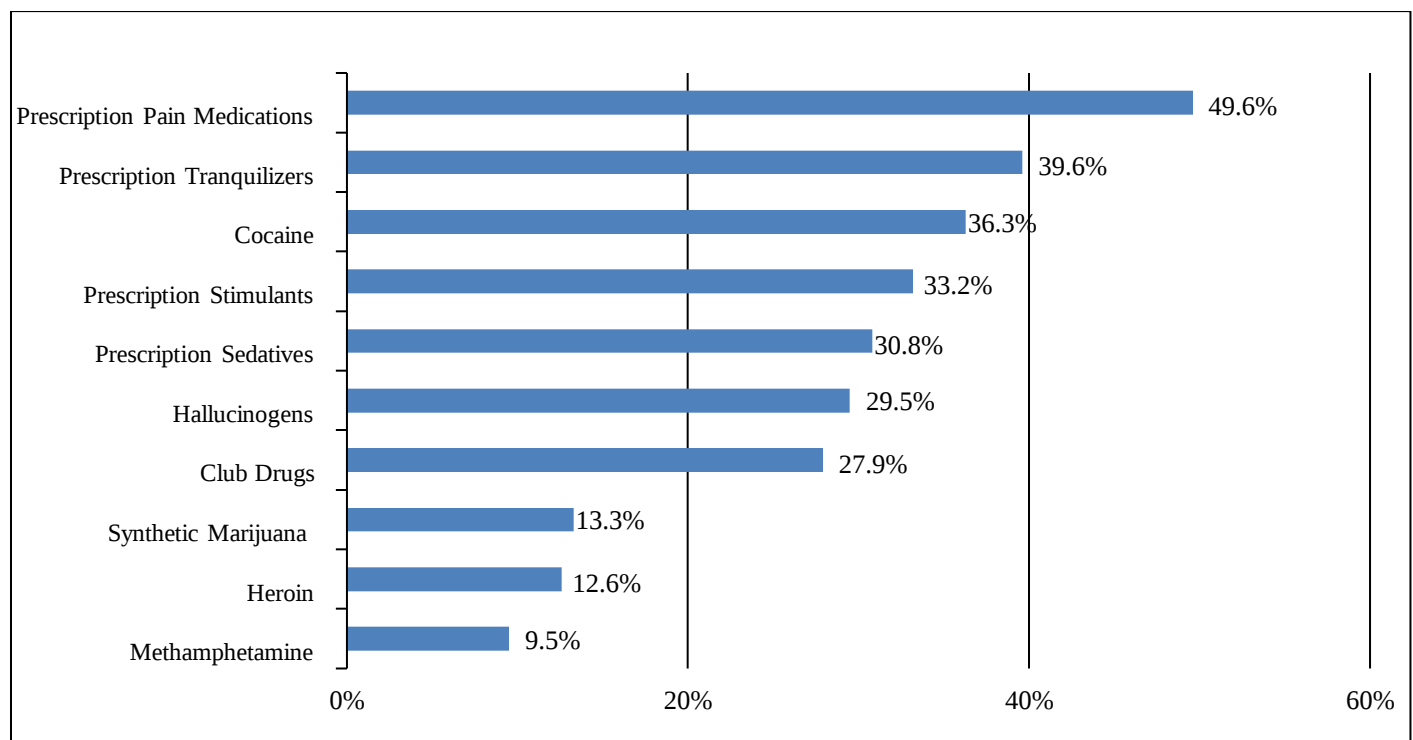
Figure 4- 11: Multiple Illicit Drug Use in Lifetime and in Last 12 Months: All NJ Adults



Types of Illicit Drugs Used by Multiple Drug Users in the Last 12 Months (Figure 4-12)

- Psychotherapeutics were among the top 5 most frequently used drugs by multiple drug users in the last 12 months.
- First in prevalence was prescription pain medication, used by close to 50% of multiple drug users, followed by prescription tranquilizers, reported by 40%. Prescription stimulants and prescription sedatives were 4th and 5th in prevalence, reported by 33% and 31% of multiple users, respectively.
- Cocaine was the only non- psychotherapeutic drug in the top 5 drugs most frequently used by multiple users, with 36% of multiple users reporting cocaine use in the last 12 months.
- Hallucinogens and club drugs were next in prevalence of use, with 30% and 28%, respectively, reporting use in the last 12 months.
- Past 12-month use of synthetic marijuana and heroin were reported by 13% of multiple drug users and methamphetamines, by 10%

Figure 4- 12: Drugs Used by Adults Who Used Multiple Drugs in the Last 12 Months

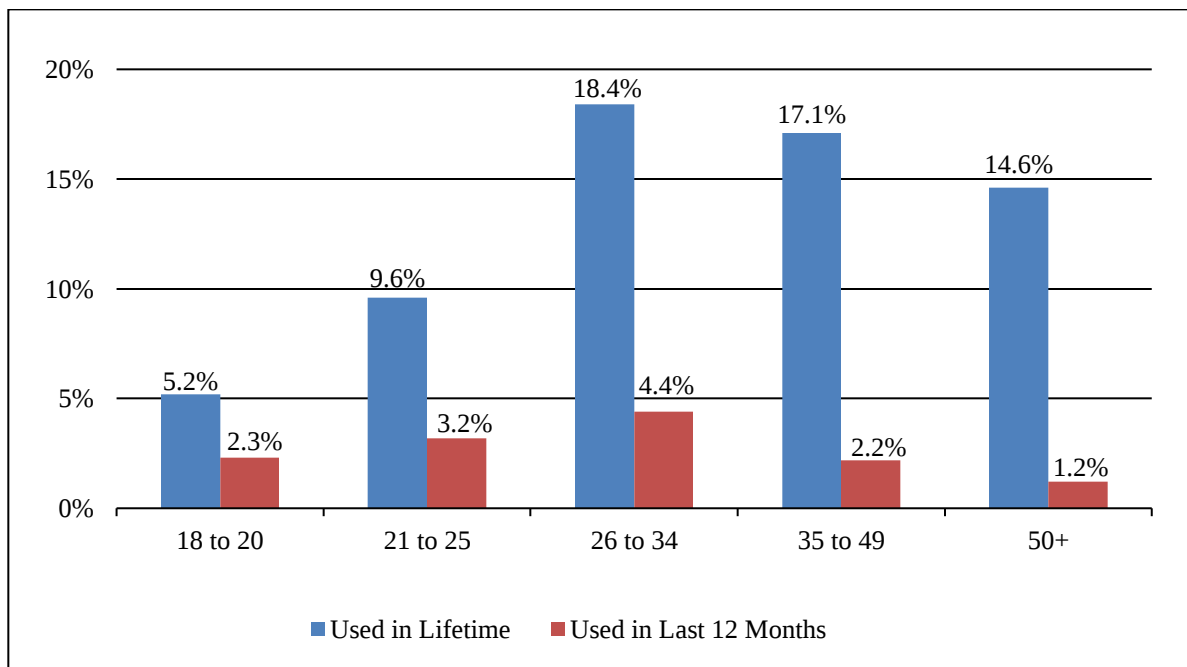


E2. Characteristics of Residents Who Used Multiple Drugs: Age, Gender and Race/Ethnicity

Age (Figure 4-13)

- By age, lifetime multiple illicit drug use was most prevalent among those aged 26-34 (18%) and 35-49 (17%). It was least prevalent among those aged 18-20 (5%). About 10% of 21- to 25-year-olds and 15% of adults aged 50 years or older reported lifetime multiple illicit drug use.
- Past 12-month multiple drug use was also reported most frequently by adults aged 26 to 34 (4%) as well as by those aged 21-25 (3%). Rates of past-year multiple drug use in other age groups ranged from 1% to 2%.

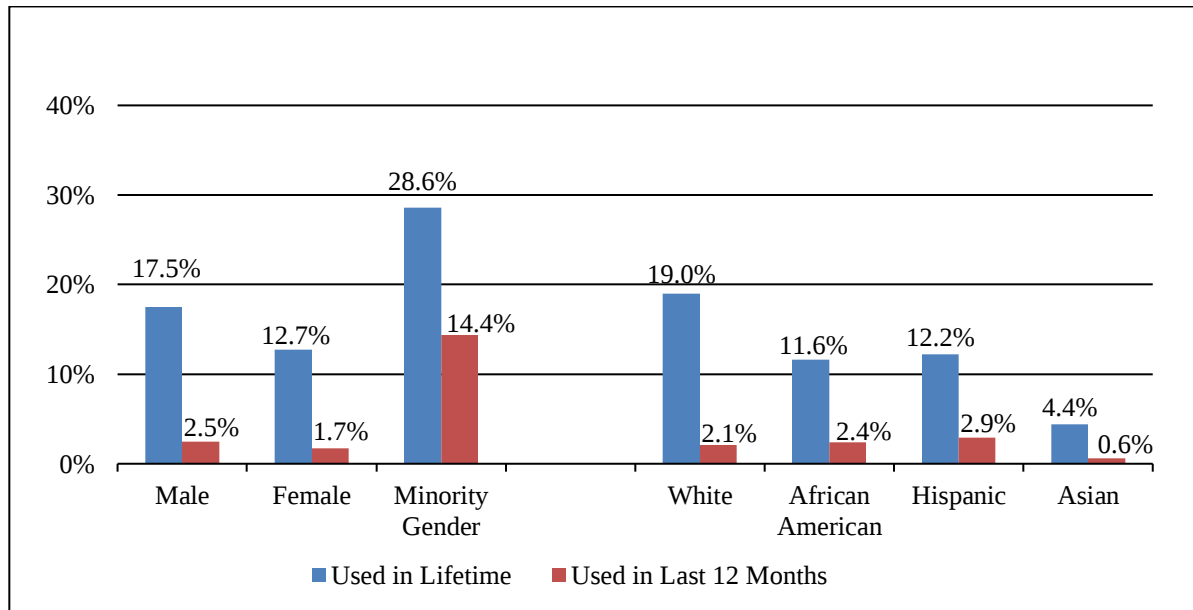
Figure 4- 13: Use of Multiple Illicit Drugs, by Age: All NJ Adults



Gender and Race/Ethnicity (Figure 4-14)

- Adults identifying as gender minority were significantly more likely than their counterparts to have used multiple illicit drugs in their lifetimes (29% vs. 18% of males and 13% of females).
- Gender minority adults were also substantially more likely to have used multiple drugs in the last 12 months (14% vs. 2% for males and females).

Figure 4- 14: Use of Multiple Illicit Drugs by Gender and Race/Ethnicity: All NJ Adults



- With respect to race/ethnicity, the highest prevalence of lifetime multiple drug use was found among White adults (19%) and the lowest, among Asian (4%). About 12% of both African Americans and Hispanics reported multiple drug use in their lives.
- Three percent or less of Whites, African Americans, Hispanics and Asians reported using multiple illicit drugs in the past year.

CHAPTER 5

SUBSTANCE ABUSE, DEPENDENCE AND TREATMENT ACCESS

A. INTRODUCTION

This chapter presents information on the prevalence of alcohol and drug abuse/dependence in the New Jersey population. We explore the extent to which recent users of alcohol, tobacco cigarettes, and cannabis meet criteria for substance abuse or dependence. This chapter also examines the association between early use (before age 18) of alcohol, tobacco and cannabis and the subsequent development of substance abuse or dependence. It describes patterns of addiction treatment utilization, including levels of treatment need, demand and access among those in need, population differences in access, types of treatment obtained, and payment sources. Dependence on alcohol and drugs was assessed using questions based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) (American Psychiatric Association, 1994). Dependence questions measure such behaviors as continued use in the face of medical and mental health problems, tolerance, withdrawal, and attempts to cut down or refrain from use. Questions pertaining to abuse relate to problems experienced in the workplace, at home or school, conflicts with family or other social relationships, and legal difficulties relating to substance use. Thus, questions pertaining to dependence reflect a higher level of problem severity than those pertaining to abuse. Persons were classified as only abusing a substance if they met the aforementioned standards of abuse but did not also meet the criteria for dependence. Classification of substance abuse or dependence was made if the person met the appropriate criteria for alcohol and/or at least one drug.

The following definitions are used in this chapter:

- Formal Treatment: All interventions, other than self-help groups (e.g., Alcoholics Anonymous or Narcotics Anonymous), including hospital inpatient, detoxification, residential and outpatient rehabilitation programs. Formal treatment can be provided by substance abuse treatment agencies, mental health clinics, private therapists, prison treatment programs, and private MD's.
- Treatment Need: Respondents were considered to have treatment need if they: a) met the criteria for abuse of, or dependence on, alcohol or drugs in the last 12 months; OR b) received formal treatment for a substance abuse problem in the last 12 months but did not meet survey criteria for abuse/dependence.
- Treatment Demand: Respondents were considered to "demand" or want treatment if they: a) wanted treatment in the last 12 months but did not receive it; OR b)

received treatment in the past 12 months but wanted more than they received; OR c) received all the treatment they wanted.

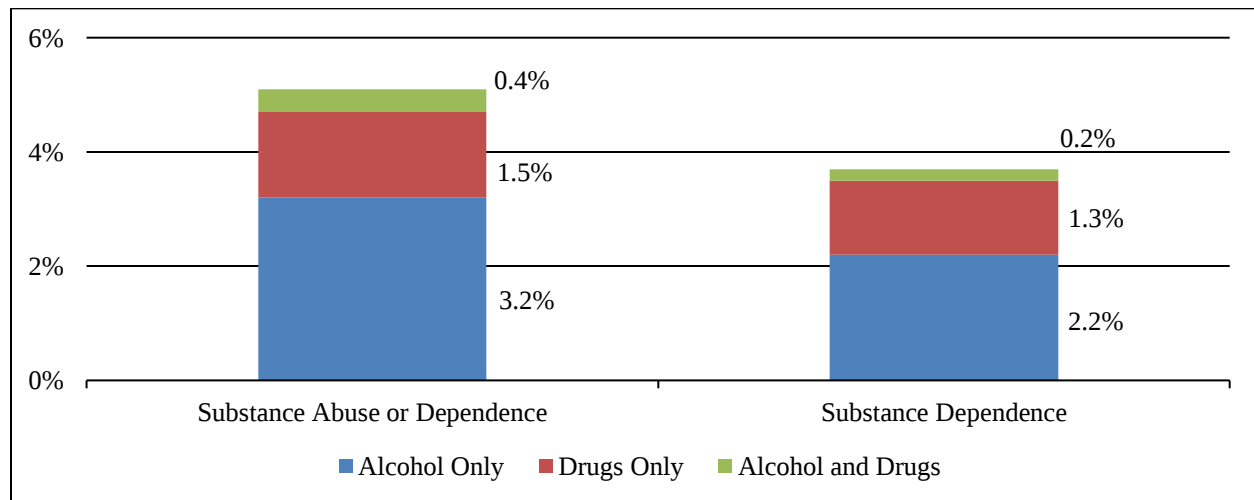
Unmet Demand: Respondents were considered to have unmet demand if they: a) wanted treatment in the last 12 months but did not receive it; OR b) received treatment in the past 12 months but wanted more than they received.

B. PREVALENCE OF ABUSE AND DEPENDENCE: NEW JERSEY POPULATION

B1. Rates of Abuse/Dependence by Type of Substance Problem (*Figure 5-1*)

- In the last 12 months, 5.1% of New Jersey adults met screening criteria for substance abuse or dependence, with almost 4% meeting criteria for substance dependence.
- Among those who met the criteria for substance abuse or dependence, 3.2% had problems with alcohol alone, 1.5% with drugs alone, and 0.4% with both.
- Among those who met the criteria for substance dependence, 2.2% were dependent on alcohol alone, nearly 1.3% were dependent on drugs alone, and only 0.2% were dependent on both.

Figure 5- 1: Substance Abuse and Dependence in the Last 12 Months: All NJ Adults



**B2. Estimated Size of New Jersey Population with Substance Abuse or Dependence
(Table 5-1)**

- Based on the size of the New Jersey adult population according to estimates from 2022 U.S. Census Bureau data (U.S. Census Bureau, 2023) these percentages translate into 296,374 New Jersey residents with alcohol abuse/dependence, 138,925 with drug abuse/dependence, and 37,046 with both alcohol and drug abuse/dependence.
- This accounts for an estimated total of 469,345 New Jersey adults with substance abuse and/or dependence.

Table 5- 1: Resident Adult Population Estimates for Substance Abuse and Dependence in the Last 12 Months

TOTAL NEW JERSEY RESIDENT ADULTS, 2022	n = 9,261,699
RESIDENTS REPORTING ALCOHOL ABUSE/DEPENDENCE	n = 296,374
RESIDENTS REPORTING DRUG ABUSE/DEPENDENCE	n = 138,925
RESIDENTS REPORTING ALCOHOL & DRUG ABUSE/DEPENDENCE	n = 37,046
TOTAL	n= 469,345

**C. CHARACTERISTICS OF NEW JERSEY ADULTS WHO MET CRITERIA FOR
SUBSTANCE ABUSE OR DEPENDENCE, OVERALL AND BY SUBSTANCE TYPE**

C1. Demographic Characteristics of Adults with Substance Abuse/Dependence (Table 5-2)

Gender

- Residents identifying as gender minority were the most likely of all population groups to meet criteria for substance abuse or dependence, with 14% screening positive for abuse/dependence. In comparison, abuse/dependence was found in 6% of males and 4% of females.

Age

- By age, the highest rate of substance abuse/dependence was found in adults aged 21-25 and 26-34 (9% in both groups). About 7% of those aged 18-20, and 3% of adults 50 and older, screened positive for abuse/dependence.

Table 5- 2: Characteristics of NJ Adults Who Met Criteria for Substance Abuse or Dependence

Demographics		Proportion of New Jersey Population Meeting Criteria for Substance Abuse or Dependence (%)
New Jersey Total Population (n=22200)		5.1
<i>Gender</i>	Male (n=10544)	6.2
	Female (n=11505)	3.9
	Gender Minority (n=148)	14.2
<i>Age</i>	18-20 (n=1236)	6.8
	21-25 (n=1107)	8.6
	26-34 (n=3687)	8.7
	35-49 (n=5489)	5.7
	50+ (n=10671)	3.0
<i>Race/Ethnicity</i>	White (n=12252)	5.5
	African American (n=2874)	5.4
	Hispanic (n=4330)	5.3
	Asian (n=2399)	2.0
<i>Marital Status</i>	Married (n=13477)	3.9
	Never Married (n=5438)	8.5
	Divorced/Separated (n=2107)	4.9
	Widowed (n=1089)	2.7
<i>Education</i>	Less than H.S. (n=1382)	6.7
	H.S. Grad. (n=6048)	5.1
	Some College (n=5476)	5.2
	College Grad + (n=9257)	4.8
<i>Employment Status</i>	Employed FT (n=11462)	5.3
	Employed PT (n=3259)	5.7
	Unemployed (n=2000)	9.0
	Retired/Disabled (n=4016)	2.9
<i>Income</i>	Under \$25,000 (n=2611)	6.7
	\$25,000-49,999 (n=3747)	5.3
	\$50,000-79,999 (n=3888)	5.2
	\$80,000-99,999 (n=2935)	4.3
	\$100,000 + (n=8409)	5.0

Race/Ethnicity

- By race/ethnicity, there was a similar need for treatment among Whites (6%), African Americans (5%), and Hispanics (5%). Asians had the lowest need for treatment of all racial/ethnic groups (2%).

Marital Status

- The rate of substance abuse/dependence was highest among the never married (9%). Four percent of married adults and 3% of the widowed screened positive for abuse/dependence. About 5% of adults who were divorced/separated screened positive for substance abuse/dependence.

Education

- By education status, adults with less than a high school education had the highest rate of abuse/dependence (7%). Rates of abuse/dependence averaged about 5% in the other educational groups.

Employment Status

- By employment status, the rate of substance abuse/dependence was highest among adults who were unemployed (9%) and lowest among those who were retired (3%). Among residents working full-time or part-time, abuse/dependence rates were 5% and 6%, respectively.

Income

- By income, those earning \$25,000 or below were the most likely to screen positive for abuse/dependence (7%). Rates of abuse/dependence in the higher income groups averaged 4%-5%.

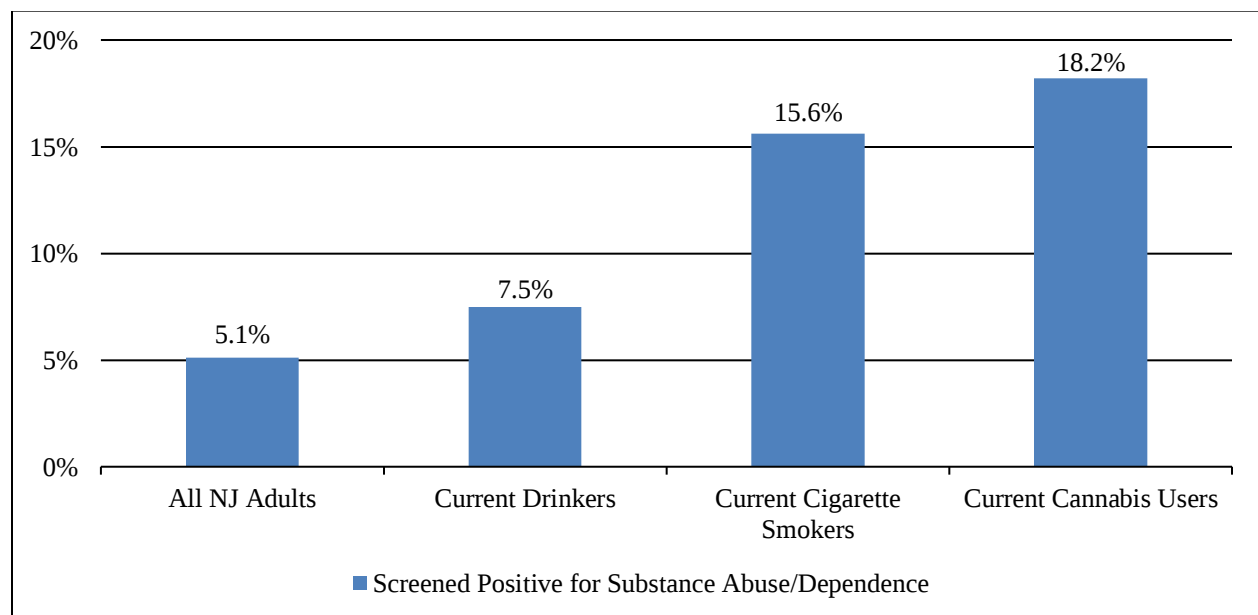
D. SUBSTANCE ABUSE/DEPENDENCE AMONG SMOKERS, DRINKERS, AND CANNABIS USERS

This section examines the prevalence of substance abuse/dependence among New Jersey adults who use alcohol, cigarettes and cannabis.

D1. Prevalence of Substance Abuse/Dependence among Current (Past 30-Day) Alcohol Users, Cigarette Smokers and Cannabis Users (*Figure 5-2*)

- Current cannabis users and cigarette smokers were the most likely of all user groups to meet diagnostic criteria for abuse or dependence on alcohol or drugs in the past year (18% and 16%, respectively).
- Current alcohol users met criteria for substance abuse or dependence at approximately half the rate as cannabis users and smokers (8%).

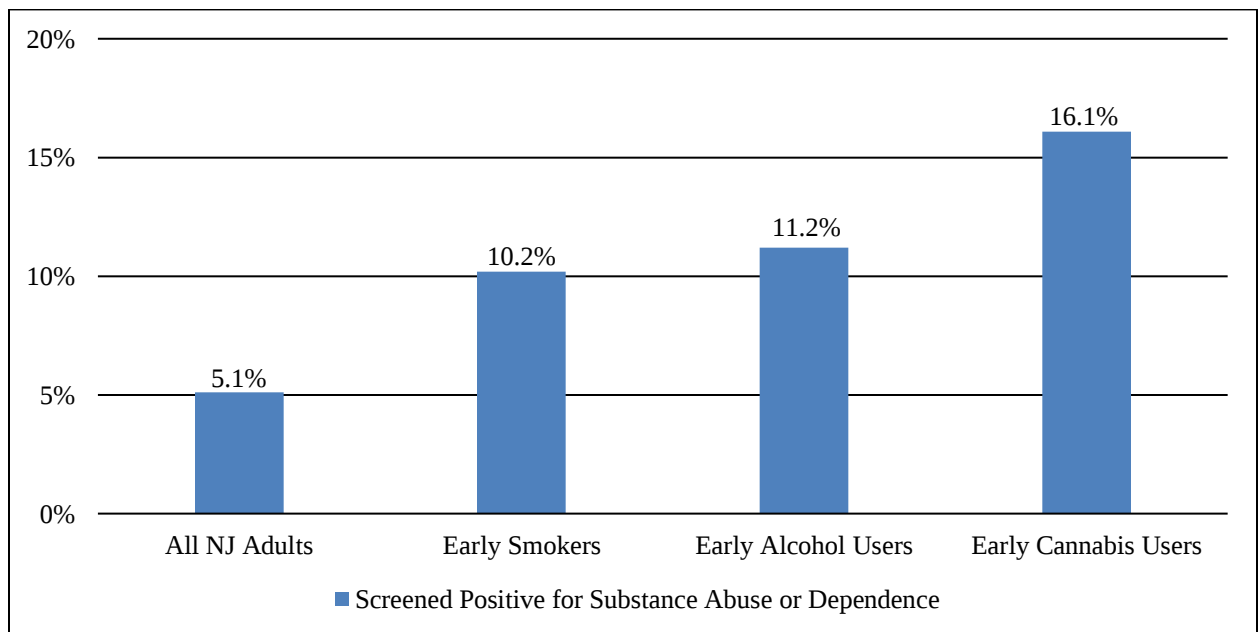
Figure 5- 2: Proportion of Adults with Substance Abuse/Dependence by Use of Other Substances: All NJ Adults and Current Users of Alcohol, Cigarettes and Cannabis



D2. Prevalence of Substance Abuse/Dependence by Age of First Use of Alcohol, Tobacco Cigarettes and Cannabis (*Figure 5-3*)

- Early initiation into substance use, by age 15 or younger, substantially increased the risk for current substance abuse and dependence.
- The risk for current abuse/dependence on any substance was most pronounced among adults who first used cannabis before age 16 (16%).
- The risk of abuse/dependence among early smokers and drinkers was 10% and 11%, respectively, approximately twice the rate for the population as a whole.

Figure 5- 3: Rates of Substance Abuse and Dependence: All NJ Adults and Early Initiators (Age 15 or Younger) of Cigarettes, Alcohol and Cannabis

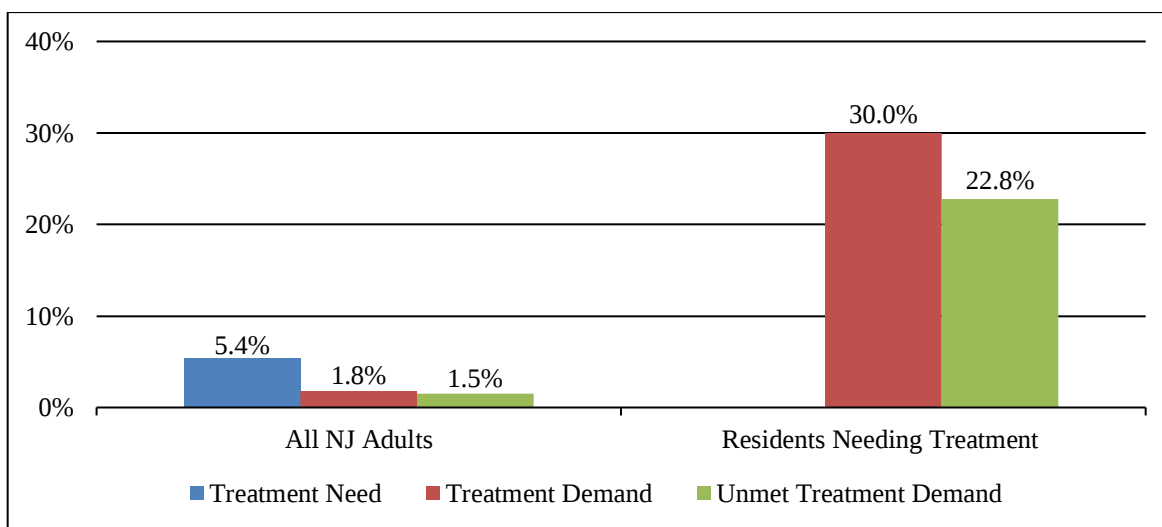


E. SUBSTANCE ABUSE TREATMENT NEED, DEMAND AND UNMET DEMAND IN THE LAST 12 MONTHS

E1. New Jersey Population and Adults Needing Treatment (*Figure 5-4*)

- In the general NJ population, 5.4% of adults needed treatment in the past 12 months, indicating they either met criteria for substance abuse or dependence or had received addiction treatment in the last 12 months.
- Only 1.8% of all NJ adults reported a demand for treatment, with 1.5% reporting they were unable to obtain any or all the treatment they wanted (unmet demand).
- Among the approximately 5% of adults who needed treatment, treatment demand and unmet demand were considerably higher, with 30% wanting substance abuse treatment in the last year and 23% reporting either not receiving any treatment, or not receiving all the treatment they wanted.

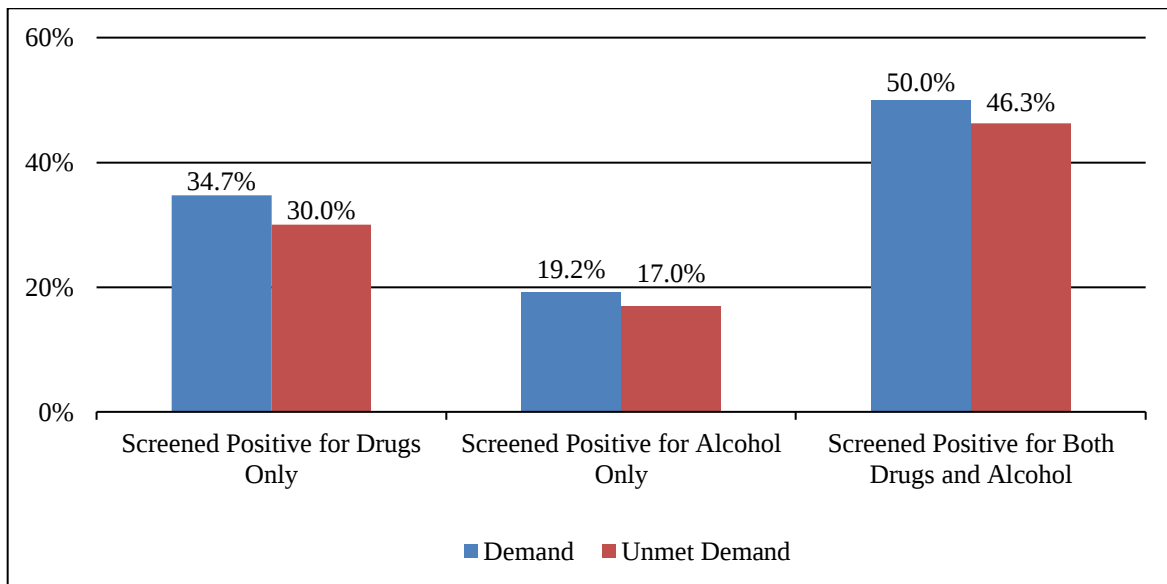
Figure 5- 4: Demand and Unmet Demand for Substance Abuse Treatment in the Last 12 Months: All NJ Adults and Adults Needing Treatment



E2. Demand and Unmet Demand by Type of Substance Abuse Problem *(Figure 5-5)*

- Adults needing treatment for both an alcohol and drug use problem had the highest demand and unmet demand for treatment of all those in need.
- Thus, 50% reported a desire for treatment in the past year and 46% reported that they failed to receive any or all the treatment they wanted. Only 4% of those with a drug and alcohol problem, received all the treatment they needed (the difference between demand and unmet demand).
- Those needing treatment for drug use only reported the next highest levels of demand (35%) and unmet demand (30%) for treatment. Only 5% of those with drug problems received all the treatment they wanted.
- Although adults with alcohol use problems represented the largest class of individuals with substance abuse or dependence, they were the least likely of all those in need to demand (19%) or report an unmet demand (17%) for treatment.

Figure 5- 5: Demand and Unmet Demand for Substance Abuse Treatment in the Last 12 Months by Type of Addiction Problem

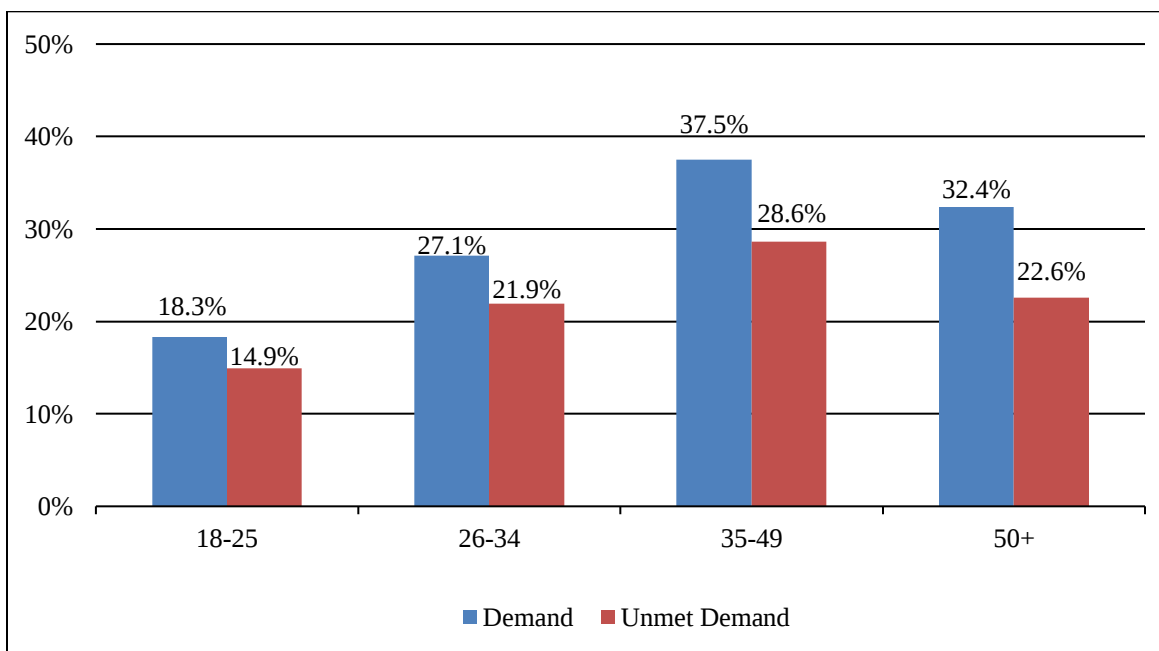


E3. Demand and Unmet Demand by Selected Demographic Characteristics

Age (Figure 5-6)

- Adults aged 35 and older reported higher rates of treatment demand and unmet demand than younger adults. Adults aged 35-49 had the highest rate of both demand (38%) and unmet demand (29%), followed by those aged 50 and older (32% and 23%, respectively).
- The lowest demand and unmet demand for treatment was found among adults aged 18-20 (18% and 15%, respectively).

Figure 5- 6: Demand and Unmet Demand by Age: NJ Adults Needing Treatment



Gender (Table 5-3)

- Although residents identifying as gender minority had the highest rates of substance abuse or dependence of all population groups, they had the lowest rate of treatment demand (5%). Similarly, the same proportion (5%) of gender minority adults reported unmet treatment demand, indicating that few or no adults with a demand for treatment in this gender group received all the treatment they wanted.
- Rates of treatment demand and unmet demand were similar among males and females, averaging 30% and 22%, respectively, among females and 31% and 24%, respectively, among males.

Race/Ethnicity (Table 5-3)

- African Americans had the highest demand for treatment of all racial/ethnic groups (48% vs. 28% for Whites, 28% for Hispanics and 10% for Asians).
- Unmet demand for treatment was also highest among African Americans (37% vs. 21% for Whites, 24% for Hispanics and 10% for Asians).
- Although Asians had the lowest demand for treatment of all racial/ethnic groups, they were the only group in which the proportion of unmet demand was comparable to the proportion of demand, indicating that most Asians who wanted treatment failed to access the amount of treatment they wanted.

Table 5- 3: Treatment Demand and Unmet Demand by Gender and Race/Ethnicity: All NJ Adults Needing Treatment

Demographics		Treatment Demand (%)	Unmet Treatment Demand (%)
All NJ Adults Needing Treatment (n=1193)		30.0	22.8
<i>Gender</i>	Male (n=689)	30.9	24.1
	Female (n=484)	29.8	21.5
	Gender Minority (n=20)	5.0	5.0
<i>Race/Ethnicity</i>	White (n=718)	27.7	20.5
	African American (n=165)	47.9	37.0
	Hispanic (n=242)	28.1	24.0
	Asian (n=49)	10.2	10.2
<i>Education</i>	Less than high school (n=100)	40.0	28.7
	High school grad (n=327)	39.8	31.5
	Some college (n=303)	30.0	22.4
	College grad + (n=461)	20.8	15.4

Education Status (Table 5-3)

- Rates of treatment demand were highest among residents with less education and lowest among those with higher degrees. Thus, 40% of residents with less than a high school education and 40% of those with a high school diploma reported treatment demand, compared to 21% of college graduates or higher.

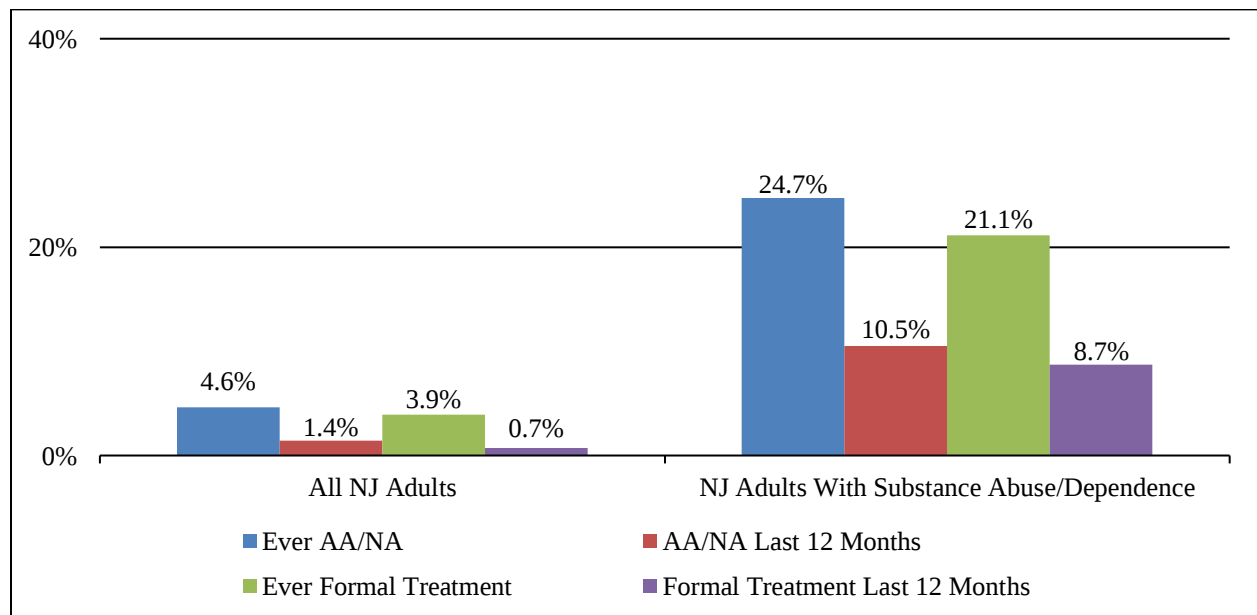
- Similarly, unmet treatment demand was highest among residents with a high school education or less (ranging from 29% to 32%), and lowest among those who graduated college or received a higher degree (15%).

F. TREATMENT ACCESS AND UTILIZATION PATTERNS

F1. Prevalence of Treatment: All New Jersey Adults and Adults Screening Positive for Abuse/Dependence (*Figure 5-7*)

- Rates of self-help group attendance and formal treatment were similar among New Jersey adults. Among all residents, lifetime self-help group attendance was 5% and enrollment in formal treatment, 4%. Similarly, among adults who screened positive for substance abuse or dependence, rates of lifetime self-help group attendance and formal treatment were 25% and 21%, respectively.
- In the past 12 months, only 1% or fewer of all New Jersey residents had attended self-help groups or enrolled in formal treatment. Among adults needing treatment, however, 11% had attended self-help groups and 9%, formal treatment.

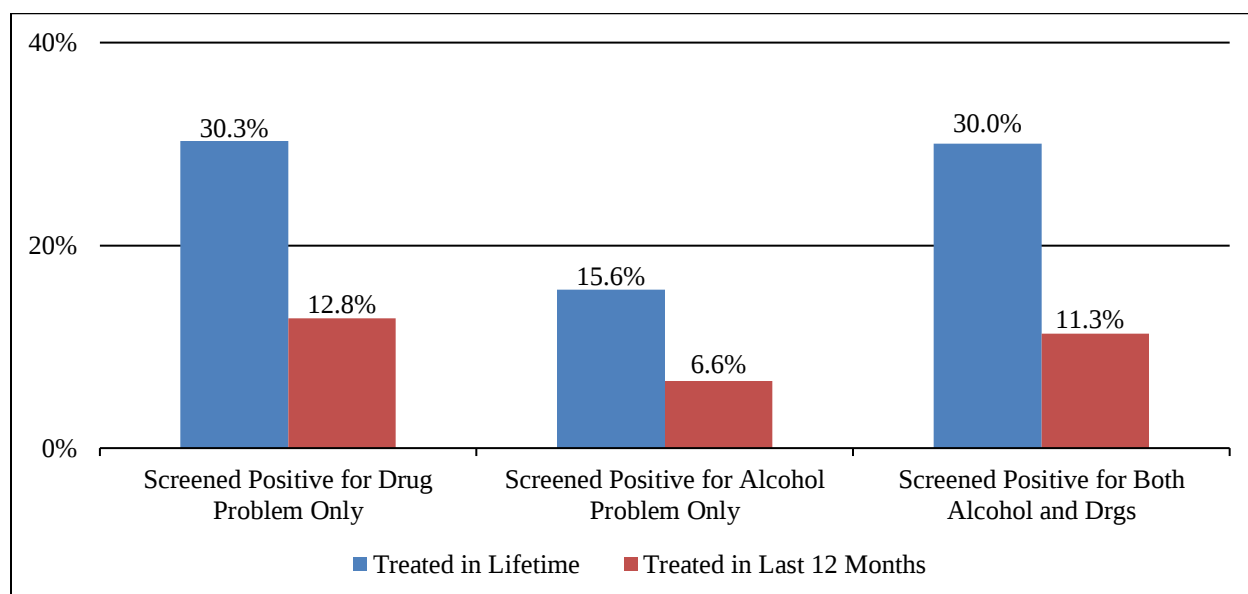
Figure 5- 7: Lifetime and Past Year Receipt of AA/NA or Formal Treatment: All NJ Adults and Adults Screening Positive for Substance Abuse or Dependence



F2. Formal Treatment Access by Type of Problem (*Figure 5-8*)

- Among adults needing treatment in the past year, those with an alcohol problem only were substantially less likely to have accessed substance abuse treatment in their lifetime or in the last year than those with drug problems or both alcohol and drug problems.
- Thus, 16% of those with alcohol problems alone had accessed lifetime treatment and 7% had been treated in the last 12 months. In contrast, 30% of those with drug problems alone and 30% with both alcohol and drug problems accessed lifetime treatment and 13% and 11%, respectively, accessed treatment in the last 12 months.

Figure 5- 8: Receipt of Formal Treatment in Lifetime and Last 12 Months by Type of Substance Problem: NJ Adults Screening Positive for Abuse/Dependence



F3. Formal Treatment Access in Past 12 Months by Demographic Characteristics: NJ Adults Screening Positive for Substance Abuse or Dependence (*Figure 5-9*)

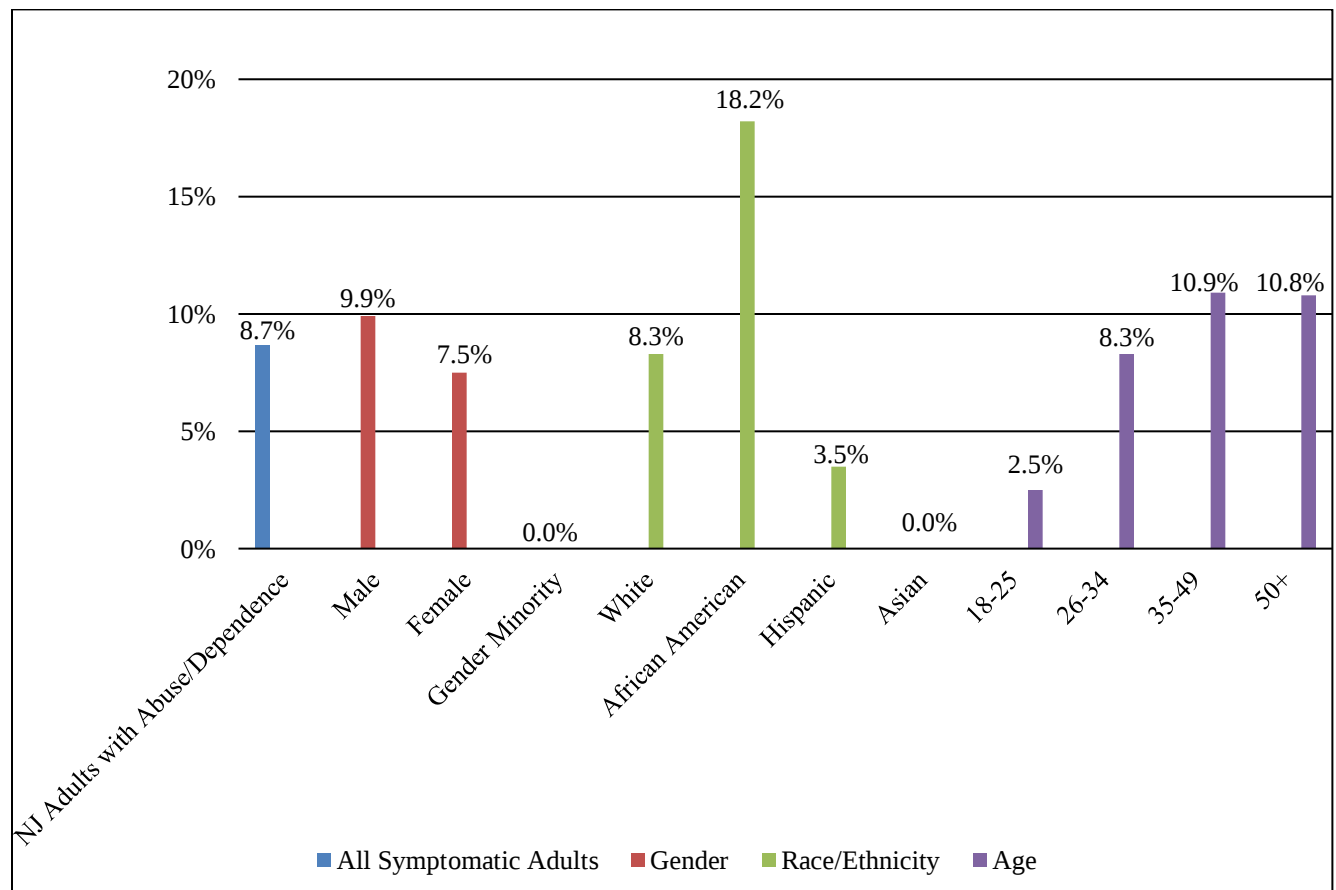
Gender

- By gender, residents identifying as gender minority had the lowest past-year access to treatment of all population groups with symptoms of abuse/dependence, with 0% reporting any substance abuse treatment in the last 12 months (or in their lifetimes). Past year treatment was reported by 10% of males and 8% of females.

Race/Ethnicity

- African Americans were the most likely to have received formal treatment for substance abuse/dependence of all racial/ethnic groups (18%), followed by Whites (8%), and Hispanics (4%). No Asians reported receiving treatment in the past year.

Figure 5- 9: Receipt of Formal Treatment in Last 12 Months by Gender, Age and Race/Ethnicity: NJ Adults Who Screened Positive for Substance Abuse/Dependence



Age

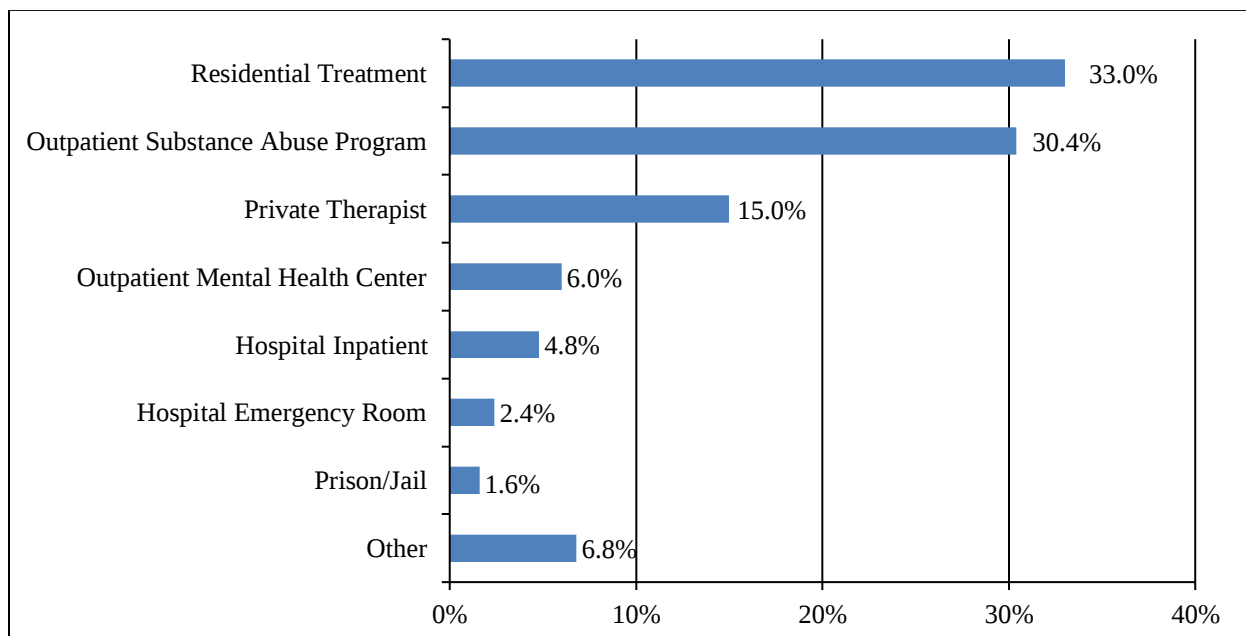
- By age, younger residents aged 18-25 had substantially lower access to treatment in the past year than older residents (3% vs. 8% for 26–34-year-olds and 11% for both 35–49-year-olds and those 50 and older).

F4. Treatment Types and Outcomes

Treatment Types (Figure 5-10)

- Residential treatment (33%) and outpatient substance use disorder treatment programs (30%) were the most frequently reported treatment settings attended by residents who had received substance abuse treatment in their lifetimes.
- Fifteen percent reported receiving substance use disorder treatment from a private therapist and 6%, in an outpatient mental health clinic.
- Five percent received treatment in a hospital inpatient setting, 2% in a hospital emergency room and less than 2% in prison or jail.

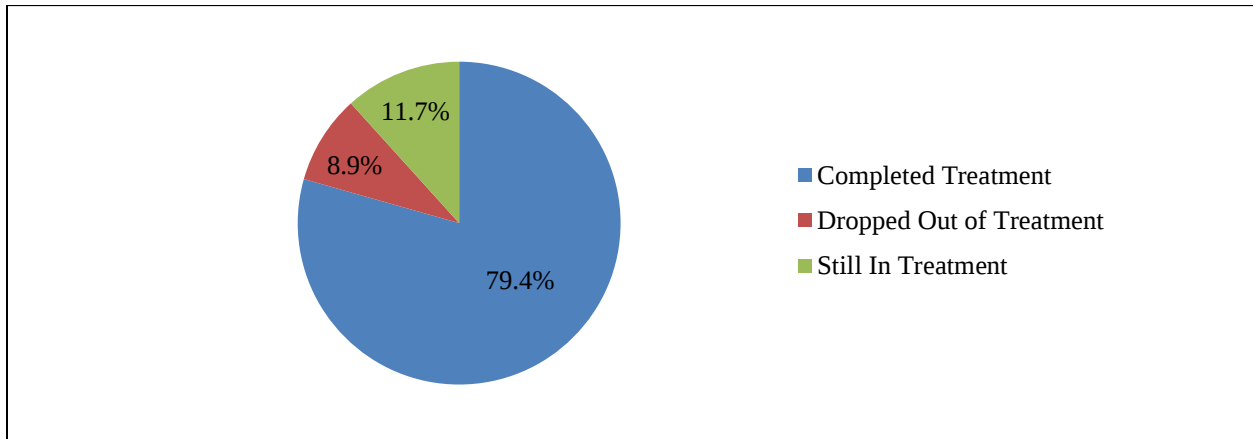
Figure 5- 10: Setting of Last Treatment Episode: NJ Adults Who Ever Received Substance Abuse Treatment



Treatment Outcomes (Figure 5-11)

- Among adults treated in their lifetimes, 79% reported that they had successfully completed their last episode of treatment, 12% were still in treatment and 9% had dropped out of treatment prior to completion.

Figure 5- 11: Outcome of Last Treatment Episode: NJ Adults Who Ever Received Treatment



F5. Barriers to Treatment (*Figure 5-12*)

- The greatest barrier to accessing or continuing to stay in treatment, reported by 72% of respondents needing treatment in the past year, was the belief that they could manage the problem on their own.
- The second most frequently mentioned barrier was respondents' not being ready to stop using substances (57%).

Figure 5- 12: Barriers to Treatment Among NJ Adults Reporting a Need for Treatment in the Last 12 Months^{1,2}



¹These questions were asked of residents who both received and did not receive treatment in the last 12 months, since those receiving treatment also encounter barriers that interfere with ease of access.

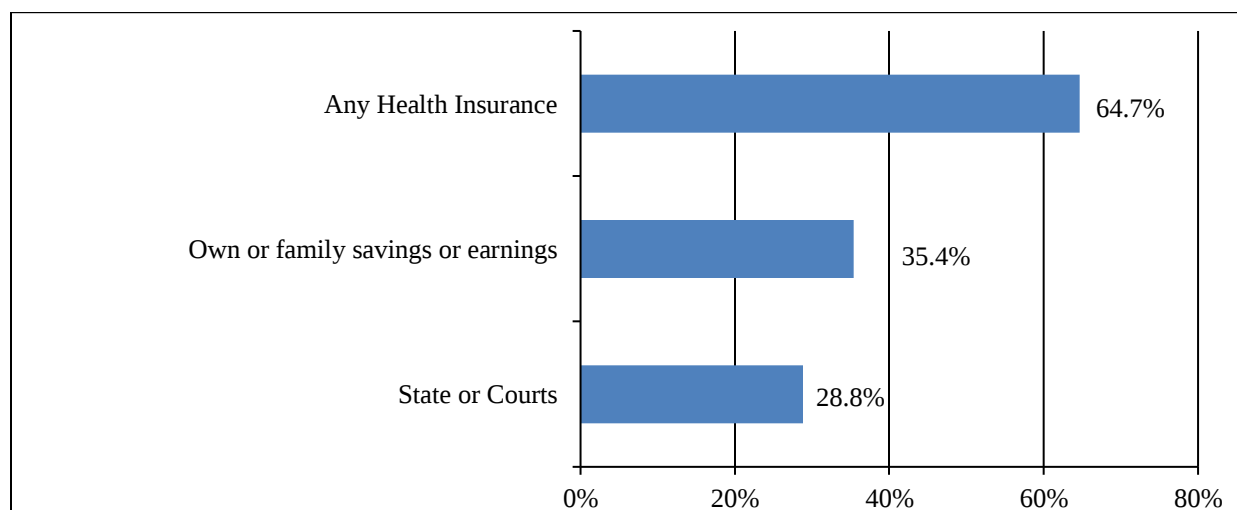
²Respondents could mention more than one barrier, so results do not sum to 100%.

- Cost (53%) and time (49%) constraints were important barriers to treatment for many adults needing treatment, as were concerns that others, like friends and family, would learn of their substance abuse problem (47%).
- Other important barriers included not being able to find the right treatment (40%), believing that treatment would not be helpful (39%), believing one's substance use was not a problem (38%), inconvenient program hours (34%), confidentiality concerns (34%) and lengthy waiting lists (30%).
- Prior negative treatment experiences (28%), lack of transportation (22%) and fear of legal consequences of treatment (18%) were among the remaining barriers cited by adults needing treatment.

F6. Treatment Payment Sources: Most Recent Treatment Episode (*Figure 5-13*)

- Among adults treated in their lifetimes, 65% reported that their last treatment episode was paid for by some form of health insurance, either private, such as employer-based, or public, such as Medicaid or Medicare.
- Thirty-five percent of respondents reported paying for their last treatment episode with personal or family savings or earnings, and 29% reported that treatment was paid for by the courts.

Figure 5- 13: Sources of Payment for Most Recent Episode of Treatment: NJ Adults Who Ever Received Treatment*



*Results do not add up to 100% since respondents could mention more than one payment source.

CHAPTER 6

CANNABIS USE

Cannabis use in the United States has risen dramatically in the last 5 years as individual states have legalized its use for medical and/or recreational purposes. In New Jersey, cannabis was legalized for medical use in 2010 and for recreational use in 2021. Legal recreational sales began in April 2022, allowing any adult 21 years or older to access cannabis in multiple legal venues throughout the state. According to the New Jersey Cannabis Regulatory Commission (NJCRC), as of February 14, 2024, the state had 102 licensed dispensaries dedicated to the sale of medical and recreational cannabis products and, since the start of recreational sales in 2022, cannabis sales have totaled \$1.3 billion (State of New Jersey, 2024).

This is the first New Jersey Household survey that has collected data on cannabis use since legalization of recreational use. Although cannabis remains an illegal drug on the federal level, its rapidly shifting legal status at the state level, and the broad and increasing numbers of people who use cannabis, suggests the need for a more comprehensive assessment of the drug and a careful monitoring of its changing prevalence and patterns of use.

For these reasons, we are including Cannabis as a separate chapter in this report. In this chapter, we provide detailed information on the current prevalence of medical and recreational use in New Jersey, examining characteristics of users of medical and recreational cannabis and the relationship of cannabis use to mental and physical health and to the use of other substances. This chapter also examines trends in use before and after legalization, looking as well at intentions of current non-cannabis users to start using cannabis now that it is legalized.

The following definitions are used in this chapter:

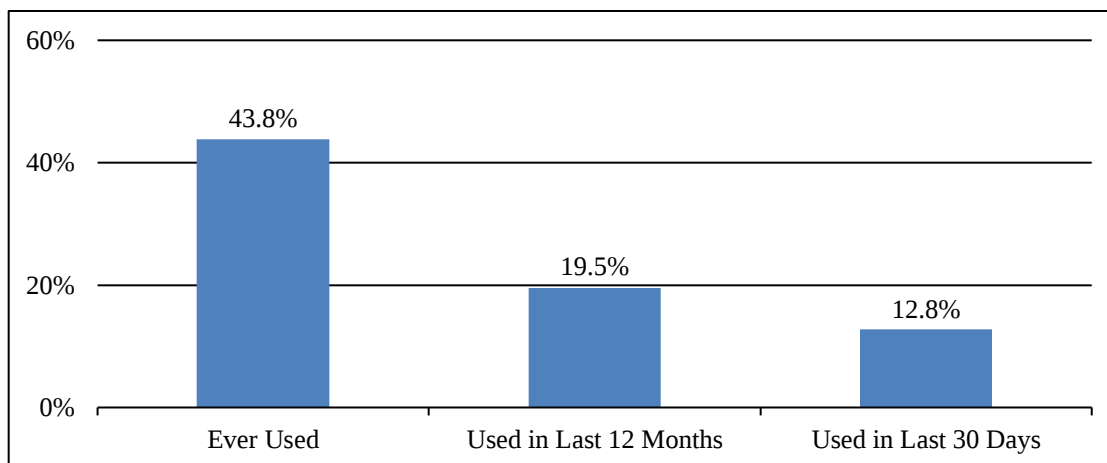
Current Users:	Used cannabis in the last 30 days
Recent Users:	Used cannabis in the last 12 months
Lifetime Users:	Used cannabis in lifetime

A. PREVALENCE OF CANNABIS USE, AGE OF FIRST USE AND DEMOGRAPHIC CHARACTERISTICS OF RESIDENTS WHO USE CANNABIS

A1. Prevalence of Use (*Figure 6-1*)

- Among all New Jersey adults, 44% reported using cannabis in their lifetime, 20% used cannabis in the last 12 months and 13%, in the last 30 days.

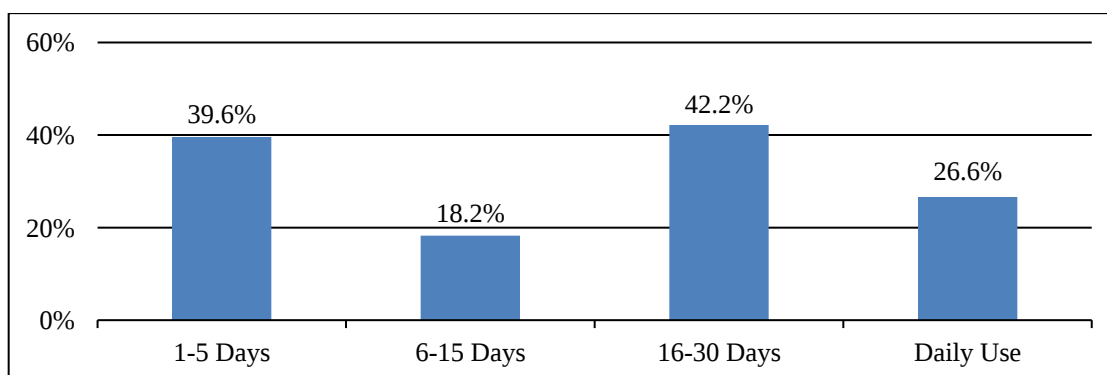
Figure 6- 1: Proportion of NJ Adults Who Used Cannabis by Time Frames of Use: All NJ Adults



A2. Frequency of Use (*Figure 6-2*)

- Among residents who used cannabis in the last 30 days, 40% used cannabis only sporadically, between 1 to 5 days in the month. An additional 18% used cannabis from 6 to 15 days of the month.
- A plurality (42%) used cannabis on 16 to 30 days during the past month, with 26% of past-month cannabis users reporting daily use.

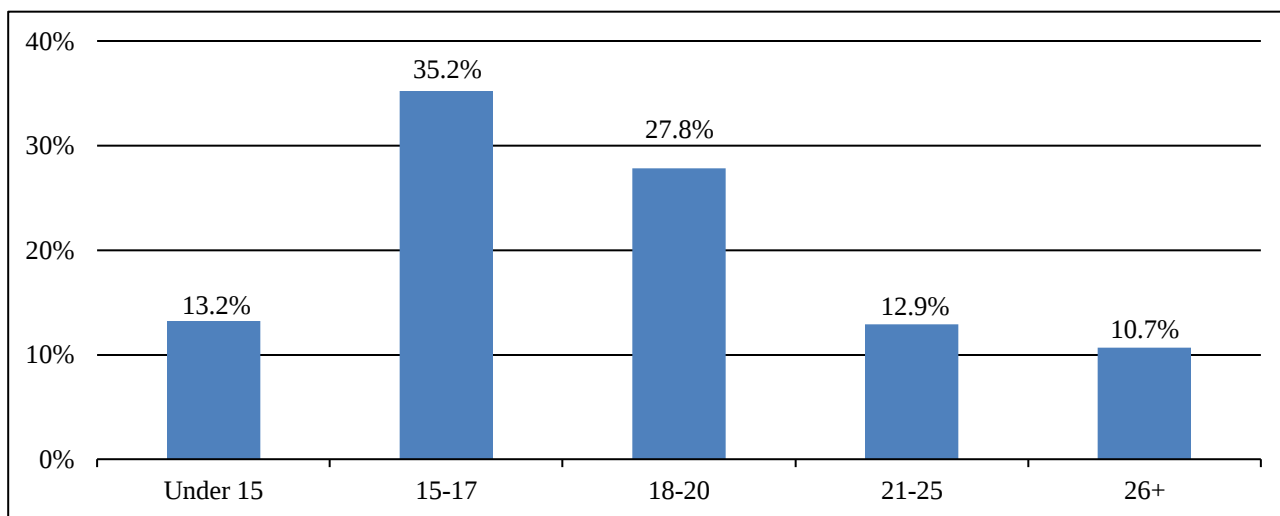
Figure 6- 2: Number of Days of Cannabis Use in the Last Month: All NJ Adults Who Used Cannabis in the Last Month



A3. Age of First Use (*Figure 6-3*)

- Altogether, nearly half (48%) of all lifetime cannabis users initiated use before the age of 17, including 13% who first used cannabis when they were 14 or younger and 35% who first used between the ages 15 and 17.

Figure 6- 3: Age of First Cannabis Use: Lifetime Cannabis Users



- Twenty-eight percent of lifetime users first used between the ages of 18 and 20 and 13%, between ages 21 and 25.
- Only 11% of lifetime users first tried cannabis at age 26 or older.

A4. Demographic Characteristics: Lifetime and Recent Cannabis Users (*Table 6-1*)

Gender

- New Jersey residents who self-identified as gender minority were substantially more likely than males or females to report lifetime and past 12-month use of cannabis.
- Thus, 53% of gender minority residents used cannabis in their lifetimes, compared to 47% of males and 41% of females.
- Similarly, 34% of gender minority residents used cannabis in the last 12 months, compared to 22% of males and 17% of females.

Race/Ethnicity

- By race/ethnicity, White residents reported the highest prevalence of lifetime cannabis use (53%), followed by African Americans (41%), Hispanics (35%) and Asians (20%).
- In contrast, the prevalence of cannabis use in the last 12 months was similar among all racial/ethnic groups except Asians, with 21% of Whites and African Americans and 19% of Hispanics reporting recent cannabis use compared to 11% of Asians.

Table 6- 1: Characteristics of NJ Adults Who Used Cannabis in Their Lifetimes and in the Last 12 Months: All NJ Adults

Demographics			Cannabis Use (%)	
			Lifetime Use	Last 12 Months
New Jersey Total Population (n=22,200)			43.8	19.5
<i>Gender</i>	Male	(n=10544)	47.0	22.0
	Female	(n=11504)	40.8	17.1
	Gender Minority	(n=148)	53.4	34.0
<i>Race/Ethnicity</i>	White	(n=12252)	52.5	21.1
	African American	(n=2874)	40.6	21.1
	Hispanic	(n=4330)	34.8	18.9
	Asian	(n=2399)	20.0	10.5
<i>Age</i>	18-20	(n=1237)	30.8	26.1
	21-25	(n=1107)	48.1	33.0
	26-34	(n=3687)	51.7	32.2
	35-49	(n=5489)	43.0	22.2
	50+	(n=10670)	42.6	11.6
<i>Marital Status</i>	Married	(n=13478)	44.0	17.2
	Never Married	(n=5439)	46.1	28.3
	Divorced/Sep.	(n=2106)	46.3	18.2
	Widowed	(n=1088)	27.6	8.0
<i>Education</i>	< High School	(n=1382)	30.7	17.3
	High School Grad	(n=6048)	39.9	17.9
	Some College	(n=5475)	49.2	22.4
	College Grad +	(n=9256)	45.3	19.3
<i>Employment Status</i>	Full-time	(n=11462)	46.0	21.4
	Part-time	(n=3259)	45.3	20.9
	Unemployed	(n=1999)	42.8	25.7
	Retired/Disabled	(n=4016)	40.1	11.9
<i>Income</i>	Less than \$25,000	(n=2611)	35.9	18.3
	\$25,000-\$49,999	(n=3748)	37.1	19.5
	\$50,000-\$79,999	(n=3888)	43.9	20.9
	\$80,000-\$99,999	(n=2935)	46.3	18.8
	\$100,000+	(n=8409)	49.3	20.3

Age

- By age, lifetime cannabis use was substantially lower among younger residents aged 18-20 (31%) than among older adults, with lifetime use in the older age groups ranging from a high of 52% among 26–34-year-olds to 48% among 21–25-year-olds and 43% among residents aged 35–49 and 50 and over.
- In the last 12 months, the lowest levels of cannabis use were found in the oldest group of adults aged 50 and older (12%). Recent use gradually increased with decreasing age, rising to 22% in adults 35-49, 32% in those aged 26-34, and 33% in 21–25-year-olds. Recent use then dropped in the youngest 18-20 age group to 26%.

Marital Status

- In terms of marital status, residents who were never married or divorced had the highest rates of lifetime cannabis use (46% each), followed by married residents (44%). Adults who were widowed had the lowest rate of lifetime cannabis use (28%).
- Never married adults also had the highest rate of recent cannabis use (28%), followed by those who were divorced/separated and married (18% and 17%, respectively). Only 8% of widowed residents reported recent cannabis use.

Education

- Residents with some college education had the highest rates of both lifetime and recent cannabis use (49% and 22%) followed by those with a college education or higher (45% and 19%).
- High school graduates were more likely to have ever used cannabis in their lifetimes than those with less than a high school education (40% and 31%, respectively), but both groups reported a similar frequency of past year cannabis use (18% and 17%, respectively).

Employment Status

- By employment status, residents employed full-time had the highest rates of lifetime cannabis use (46%) followed by part-time employees (45%), the unemployed (43%) and those who are retired or disabled (40%).

- In contrast, residents who were unemployed had the highest rate of recent cannabis use (26%). Rates of recent cannabis use were similar among full-time and part-time employees (21% each) and lowest among residents who were retired or disabled (12%).

Income

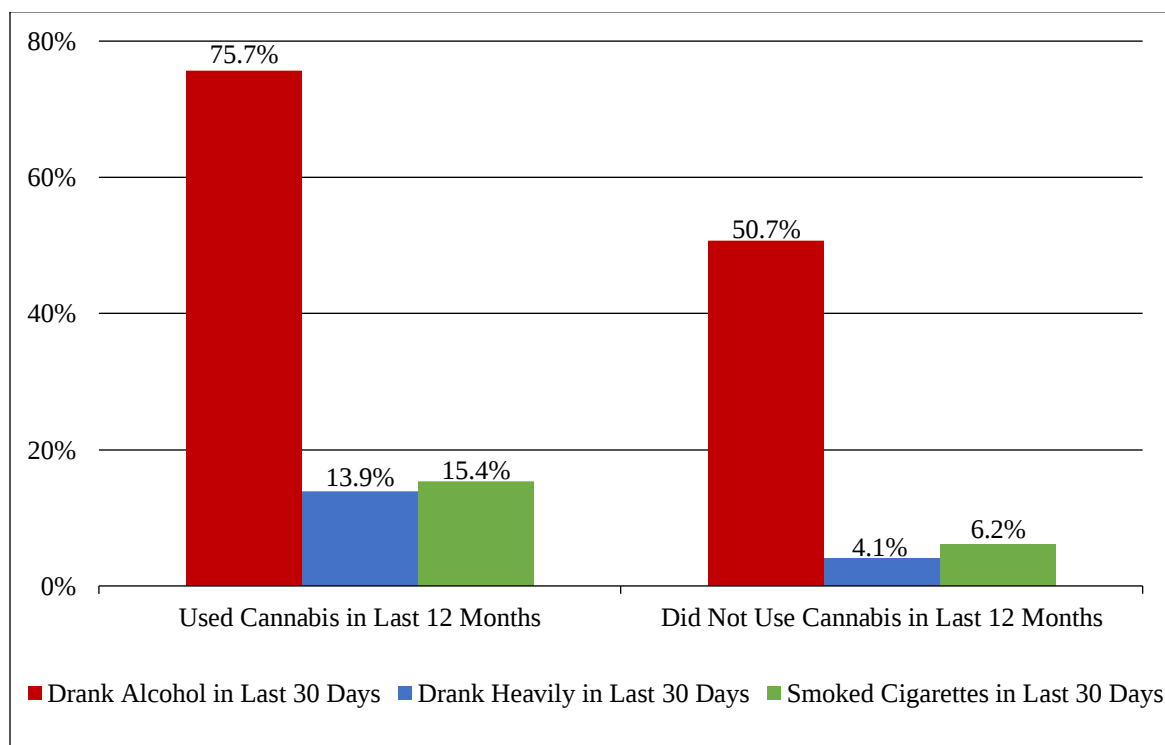
- Rates of lifetime cannabis use were highly related to income level, with rates of use increasing directly with increases in income. Thus, lifetime cannabis use increased from a low of 36% among adults making less than \$25,000 to a high of 49% of adults in the highest income bracket (\$100,000+).
- Past year cannabis use, however, was similar across all income groups, ranging from 18% to 21%.

B. CANNABIS USE AND THE USE OF ALCOHOL, NICOTINE AND ILLICIT DRUGS

B1. Cannabis Use and the Use of Alcohol and Nicotine (*Figure 6-4*)

- Adults who use cannabis are more likely than non-users to also use alcohol and nicotine products.
- Past 30-day alcohol use was reported by 76% of recent cannabis users vs. 51% of other residents. Recent cannabis users were also more than three times as likely as others to have engaged in heavy drinking in the last 30 days (14% vs. 4%).
- Similarly, nicotine cigarette use was substantially more prevalent among recent cannabis users than other residents (15% vs. 6%).

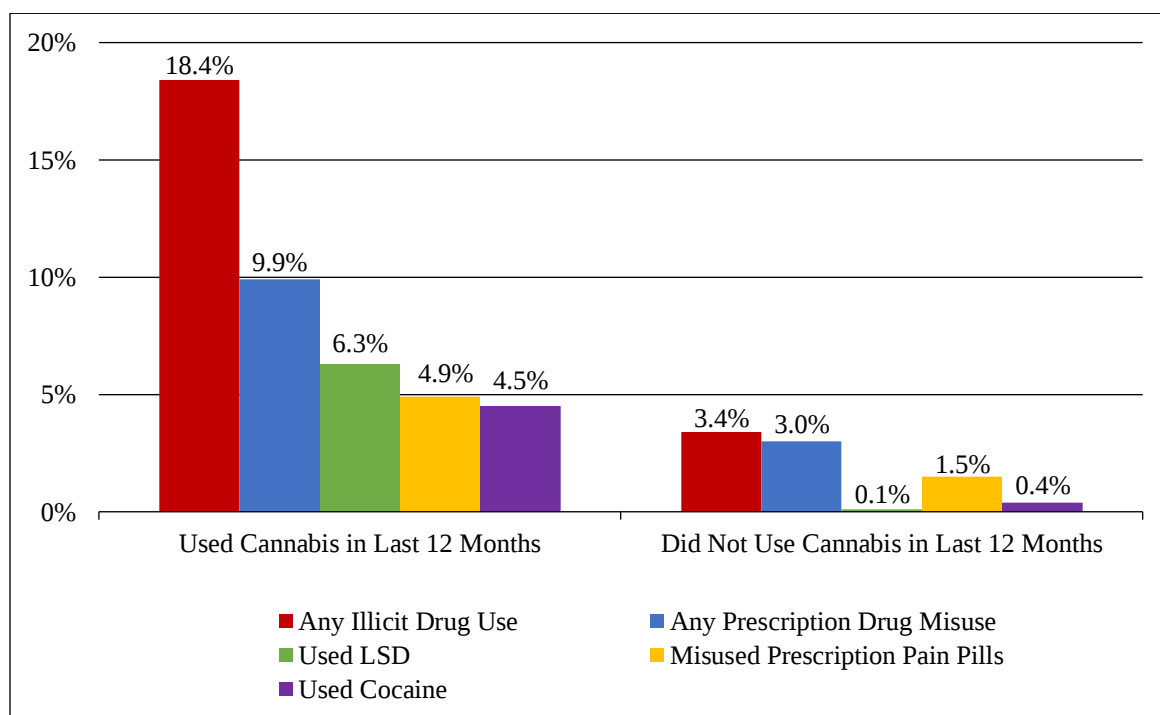
Figure 6- 4: Past 30-Day Use of Alcohol and Cigarettes by NJ Adults According to Their Use or Non-Use of Cannabis in the Past 12 Months: All NJ Adults



B2. Cannabis Use and the Use of Illicit Drugs (*Figure 6-5*)

- Recent cannabis users were about 6 times as likely as other residents to have used any illicit drug in the last 12 months, including any hard street drug like heroin or cocaine or any psychotherapeutic drug without a prescription (18% vs. 3%).
- Misuse of psychotherapeutic drugs as a class was more than 3 times higher among recent cannabis users than others (10% vs. 3%).
- Among the specific types of drugs that were most frequently misused, LSD and other hallucinogens were used by 6% of recent cannabis users vs. 0.1% of others. Similarly, 5% of recent cannabis users vs. 1.5% of others misused prescription pain medication, and 5% of recent cannabis users vs. 0.4% of others used cocaine.

Figure 6- 5: Past 12-Month Use of Illicit Drugs by NJ Adults According to Their Use or Non-Use of Cannabis in the Past 12 Months: All NJ Adults

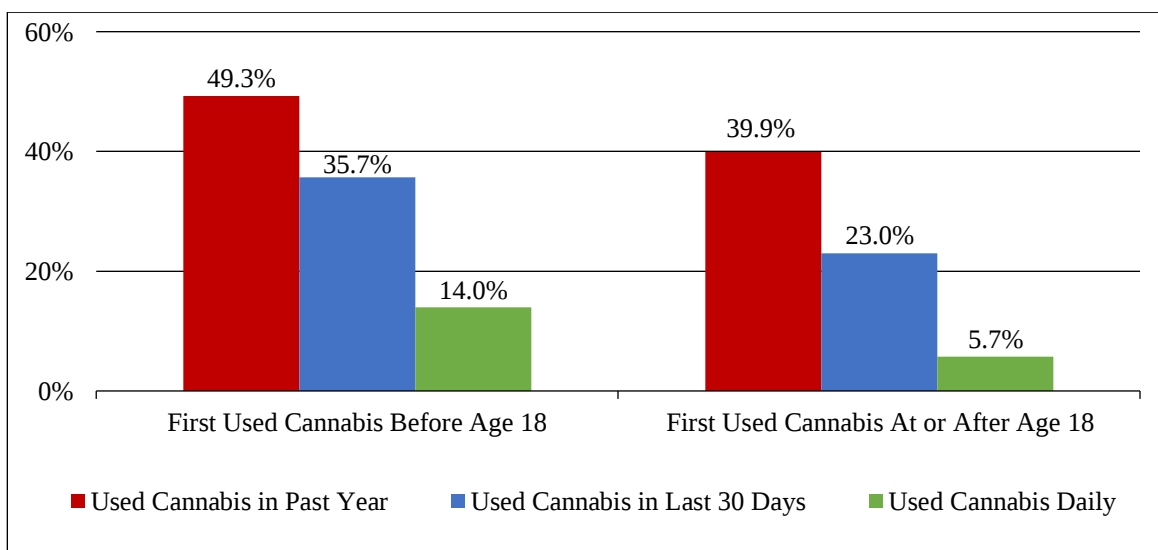


C. RELATIONSHIP OF AGE OF FIRST CANNABIS USE TO CANNABIS USE PATTERNS AND USE OF OTHER SUBSTANCES

C1. Cannabis Use Patterns: Recency and Frequency of Cannabis Use (*Figure 6-6*)

- Cannabis users who first used cannabis before the age of 18 (early cannabis users) were substantially more likely to have used cannabis in the last 12 months and last 30 days than those initiating use at age 18 or older. Early cannabis users also used cannabis more frequently than those initiating use later.
- Among early cannabis initiators, nearly half (49%) used cannabis in the last 12 months compared to 40% of later initiators. Similarly, 36% of early initiators vs. 23% of later initiators used cannabis in the last 30 days.
- Early initiators were more than twice as likely as later initiators to have used cannabis daily in the last 30 days (14% vs. 6%).

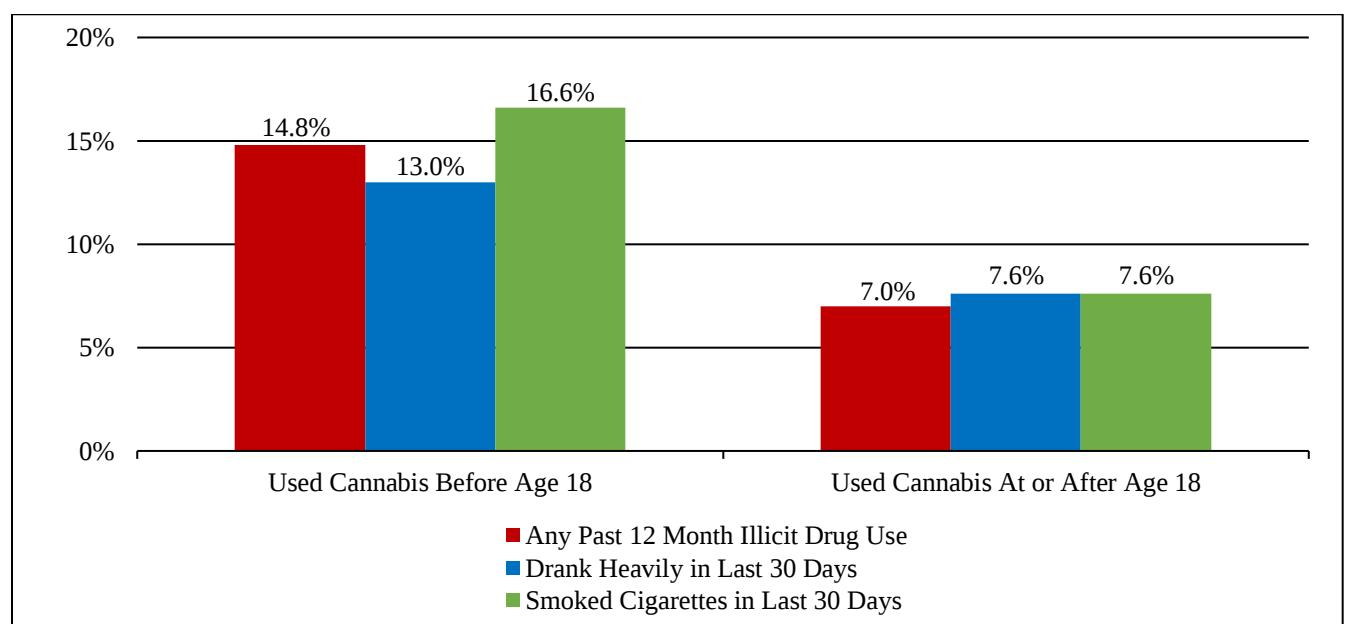
Figure 6- 6: Recency and Frequency of Cannabis Use, by Age of First Use: Lifetime Cannabis Users



C2. Illicit Drug Use, Heavy Drinking and Cigarette Use (*Figure 6-7*)

- Residents who initiated cannabis use before the age of 18 were substantially more likely than later initiators to have used one or more illicit drugs in the last 12 months (15% vs. 7%).
- In the last 30 days, early cannabis initiators were more likely than later initiators to have engaged in heavy drinking (13% vs. 8%) and to have smoked cigarettes (17% vs. 8%).

Figure 6- 7: Illicit Drug Use, Heavy Drinking and Cigarette Use, by Age of First Cannabis Use: Lifetime Cannabis Users



D. TRENDS IN RECREATIONAL CANNABIS USE

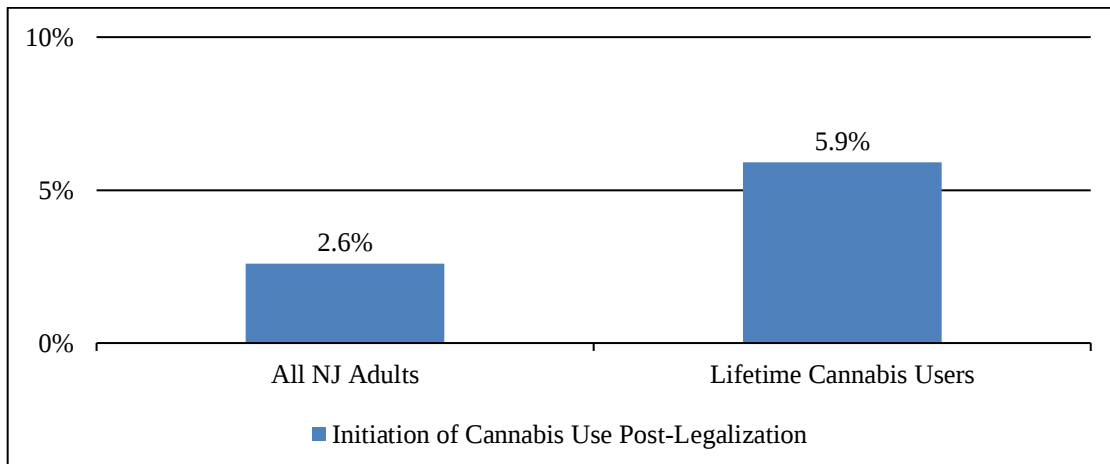
This section explores cannabis use attitudes and behaviors of New Jersey residents following the start of legal recreational sales in April 2022. Interviewing for this survey began in October 2022 and extended through August 2023, thus capturing a timeframe extending from 6 to 16 months following the start of legal recreational sales.

D1. Recreational Cannabis Use Pre- and Post-Legalization: Rates of Initiation Post-Legalization and Demographic Characteristics of New Users

Rates of Cannabis Use Initiation Post-Legalization (Figure 6-8)

- Among all New Jersey residents, nearly 3% used cannabis for the first time after the start of legal recreational sales in April 2022.
- Among NJ residents who had ever used cannabis, 6% first used cannabis after legalization.

Figure 6- 8: Initiation of Recreational Cannabis Use Relative to Legalization for Recreational Use: All NJ Adults and Lifetime Cannabis Users

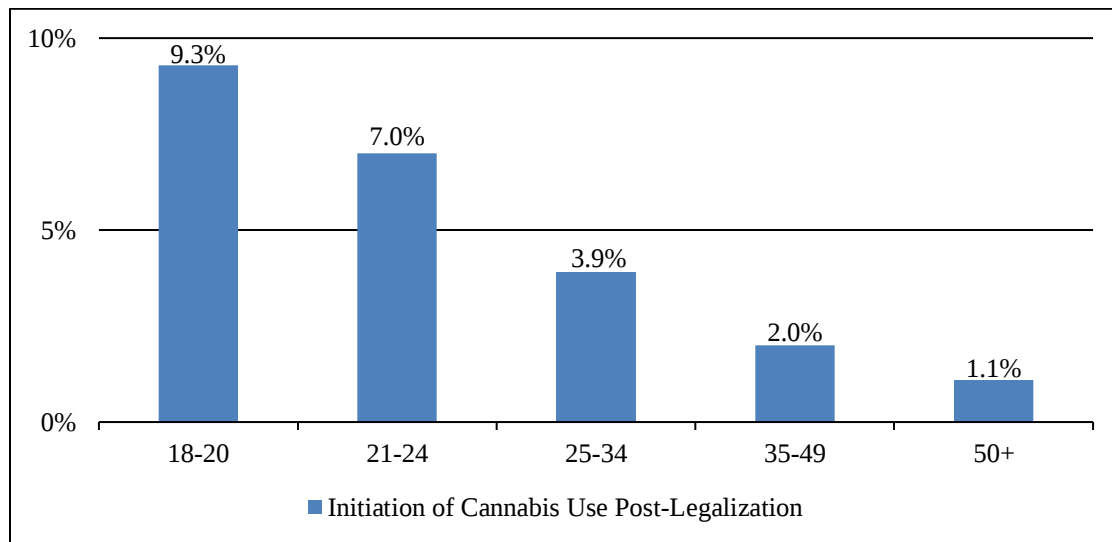


D2. Demographic Characteristics of New Cannabis Users Post-Legalization: Age, Gender and Race/Ethnicity

Age (Figure 6-9)

- Altogether, 16% of all residents under the age of 25 first used cannabis after legalization, including 9% of 18–20-year-olds and 7% of 21–24-year-olds.
- In contrast, approximately 7% of all residents aged 25 and over initiated cannabis use following legalization, including 4% of 25–34-year-olds, 2% of 35–49-year-olds and 1% of those aged 50+.

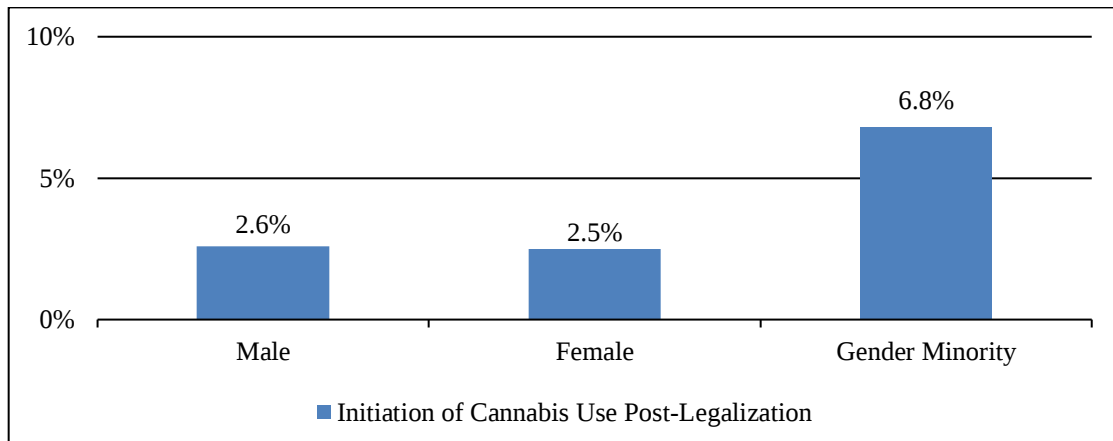
Figure 6- 9: Proportion of NJ Adults Who Initiated Cannabis Use Post-Legalization, by Age: All NJ Adults



Gender (Figure 6-10)

- By gender, residents identifying as gender minority were more than twice as likely as those identifying as male or female to initiate recreational use following legalization.
- Thus, 7% of gender minority residents vs. about 3% each of males and females first used cannabis after the start of legal recreational sales.

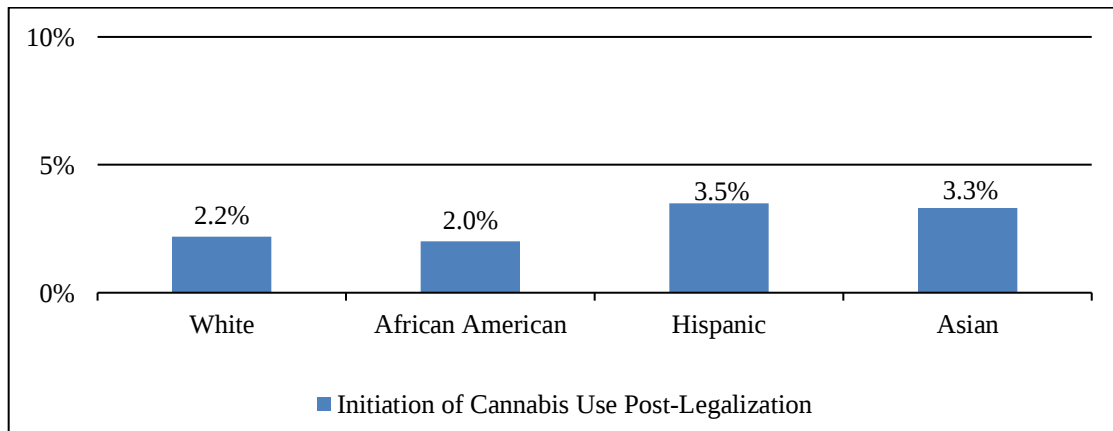
Figure 6- 10: Proportion of NJ Adults Who Initiated Cannabis Use Post-Legalization, by Gender: All NJ Adults



Race/Ethnicity (Figure 6-11)

- By race/ethnicity, a somewhat higher proportion of Hispanics (3.5%) and Asians (3.3%) initiated cannabis use post-legalization than did Whites (2.2%) or African Americans (2.0%).

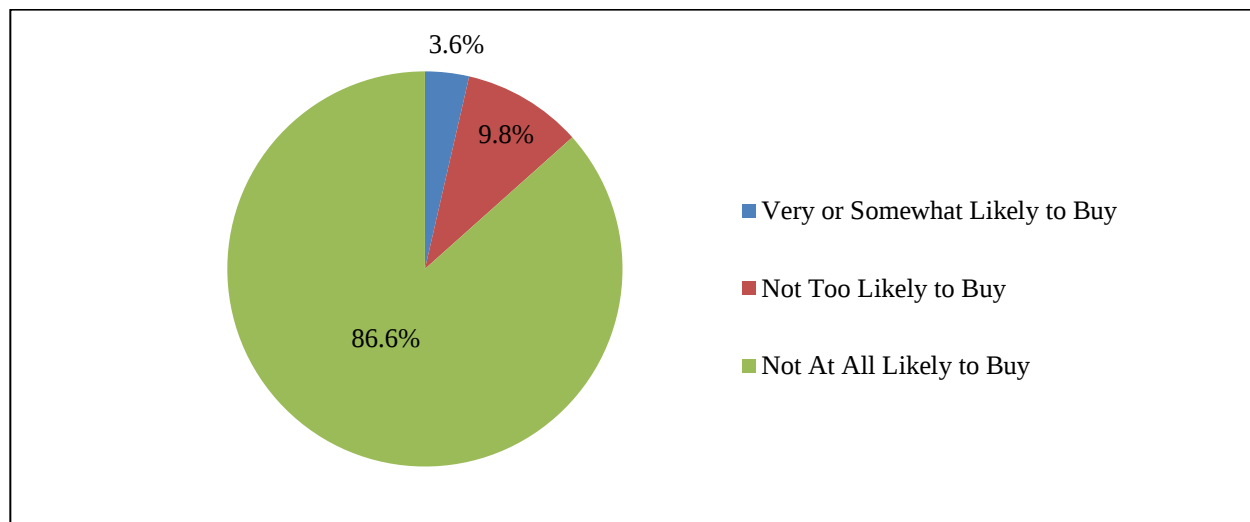
Figure 6- 11: Proportion of NJ Adults Who Initiated Cannabis Use Post-Legalization, by Race/Ethnicity: All NJ Adults



D3. Intentions Regarding Future Purchase of Cannabis Post-Legalization Among Residents Who Have Never Used Cannabis (*Figure 6-12*)

- Among residents who had never used cannabis at the time of the survey, the majority (87%) reported they were “not at all likely,” and about 10% said they were “not too likely,” to purchase cannabis despite its legalization.
- Less than 4% of all residents who had never used cannabis said they were “very” or “somewhat likely” to purchase cannabis now that it was legalized for recreational use.

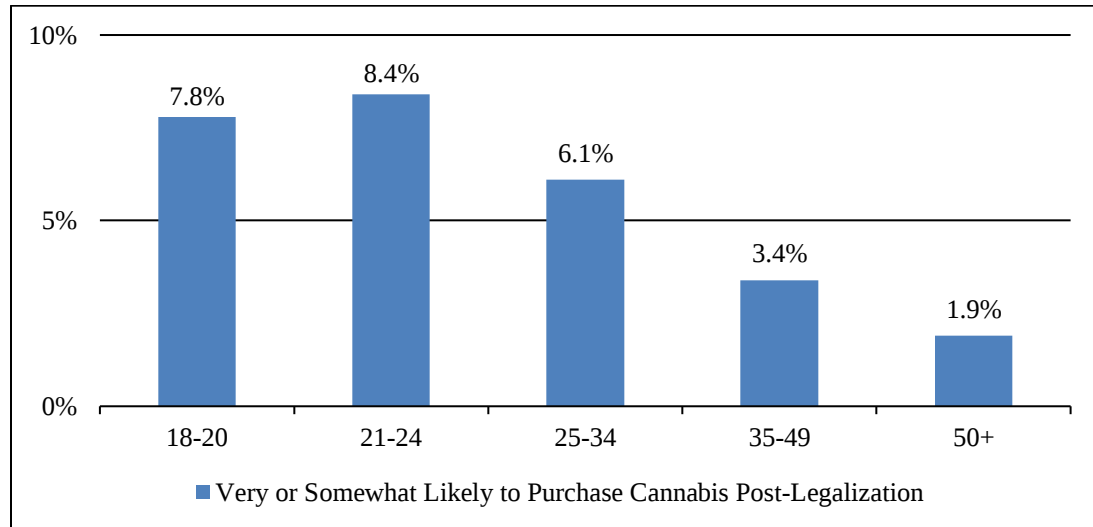
Figure 6- 12: Intentions Regarding Purchase of Cannabis Post-Legalization: NJ Adults Who Have Never Used Cannabis



Association of Age with Future Intentions to Purchase Cannabis (Figure 6-13)

- Among residents who had never used cannabis, those under 25 were substantially more likely than older residents to report being “somewhat” or “very” likely to buy cannabis in the future now that it is legalized.
- About 16% of those under age 25, including about 8% each of residents aged 18-20 and 21-24, reported some likelihood of purchasing cannabis in the future, now that it is legalized.

Figure 6- 13: Intentions to Purchase Cannabis Post-Legalization, by Age: NJ Adults Who Have Never Used Cannabis



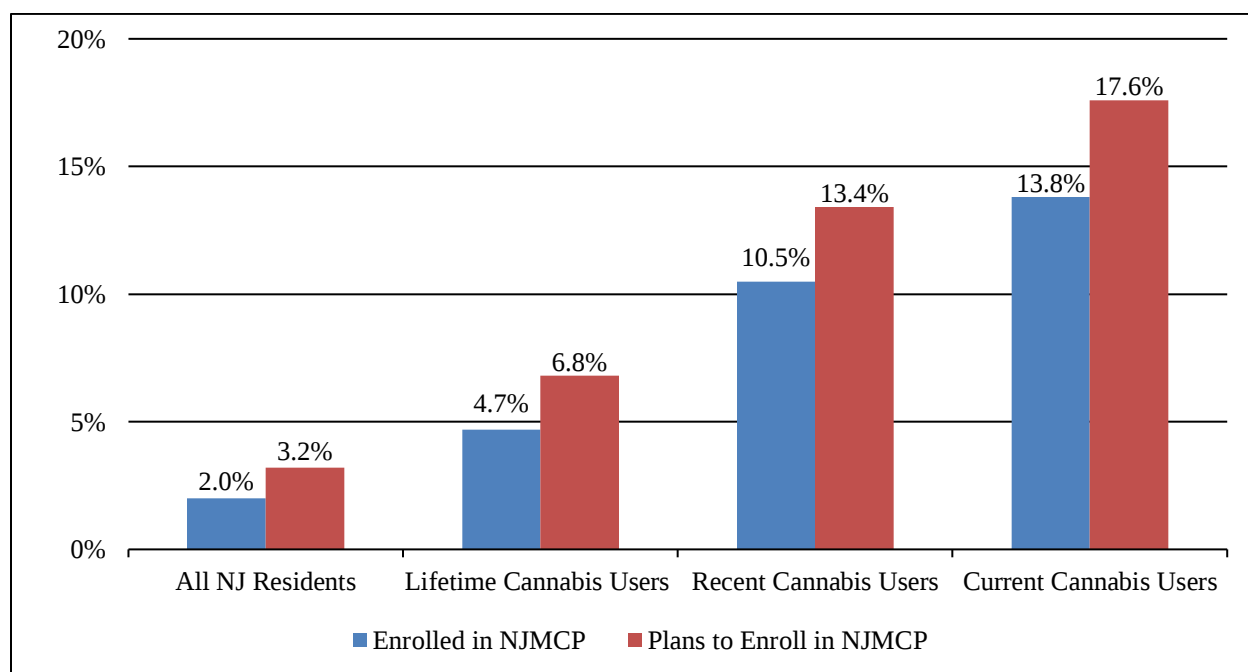
- Residents aged 25-34 were almost as likely as the younger two age groups to report future intentions to purchase cannabis (6%).
- However, the likelihood of future cannabis purchases decreased after age 34, with about 3% of those 35-49 and 2% of those 50 and older intending to purchase cannabis in the future.

E. TRENDS IN MEDICAL CANNABIS USE

E1. Current and Expected Enrollment in the New Jersey Medical Cannabis Program (NJMCP) (Figure 6-14)

- Two percent of all NJ residents were currently enrolled in the New Jersey Medical Cannabis Program (NJMCP) in the last year and more than 3% planned to enroll within the next 12 months.
- Among lifetime cannabis users, close to 5% were enrolled in the NJMCP and about 7% planned to enroll in the coming year.
- Nearly 11% of recent users and 14% of current users were NJMCP enrollees, while 13% of recent users and 18% of current users planned to enroll in the coming year.

Figure 6- 14: Current and Expected Enrollment in the NJ Medicinal Cannabis Program (NJMCP): All NJ Adults and Lifetime and Recent Cannabis Users

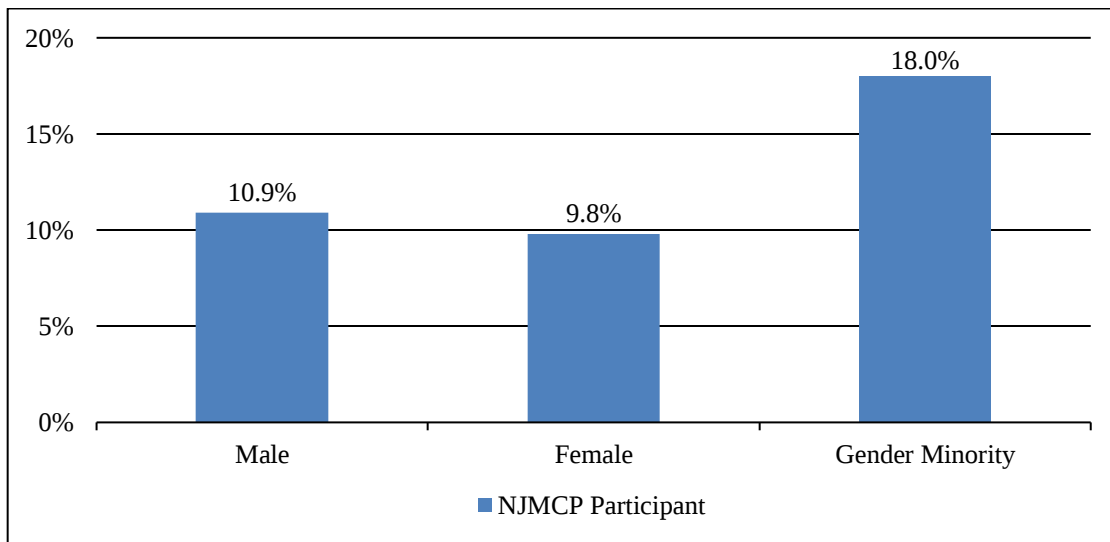


E2. Demographic Characteristics of Current NJMCP Enrollees: All Recent Cannabis Users

Gender (Figure 6-15)

- By gender, the highest rate of NJMCP enrollment was reported by residents identifying as gender minority (18%).
- Males and females had similar rates of NJMCP participation (11% and 10%, respectively).

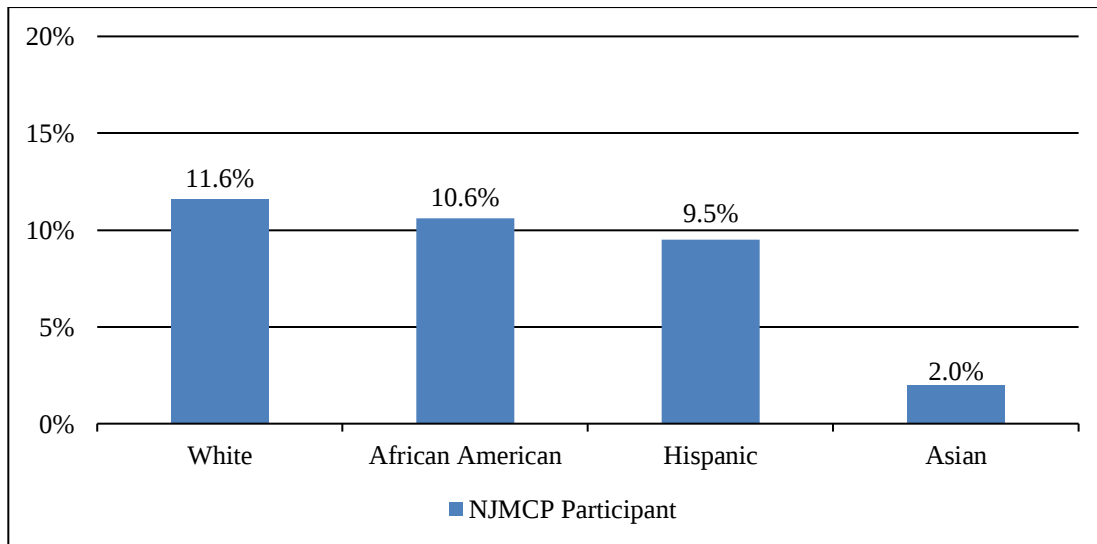
Figure 6- 15: NJMCP Enrollment by Gender: NJ Adults Who Used Cannabis in the Last 12 Months



Race/Ethnicity (Figure 6-16)

- Asian residents had substantially lower rates of NJMCP participation than residents of other races/ethnicities, with only 2% of Asians reporting NJCMP enrollment.
- Rates of NJMCP participation among residents of other races/ethnicities were comparable, including 12% of Whites, 11% of African Americans and 10% of Hispanics.

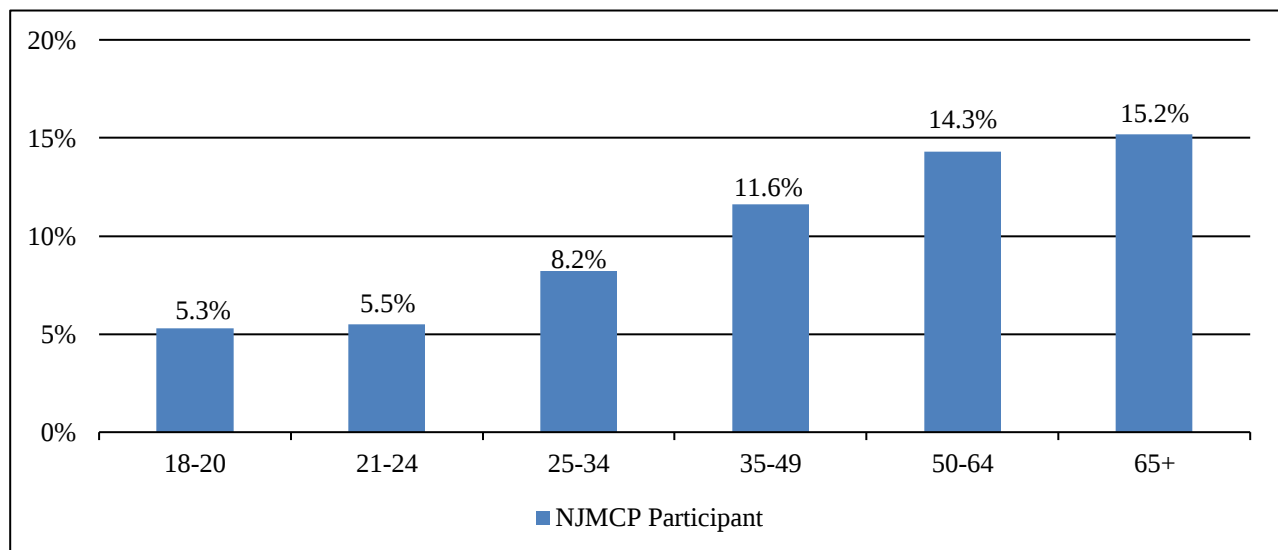
Figure 6- 16: NJMCP Enrollment by Race/Ethnicity: NJ Adults Who Used Cannabis in the Last 12 Months



Age (Figure 6-17)

- Rates of NJMCP enrollment increased directly with increases in age.
- Among recent cannabis users, about 5% each of 18- to 20-year-olds and 21- to 24-year-olds were enrolled in the NJMCP.
- After age 24, enrollment rates rose steadily with increasing age, peaking at 14% among 50–64-year-olds and 15% among those 65 and older, about triple the rate found in the youngest age group.

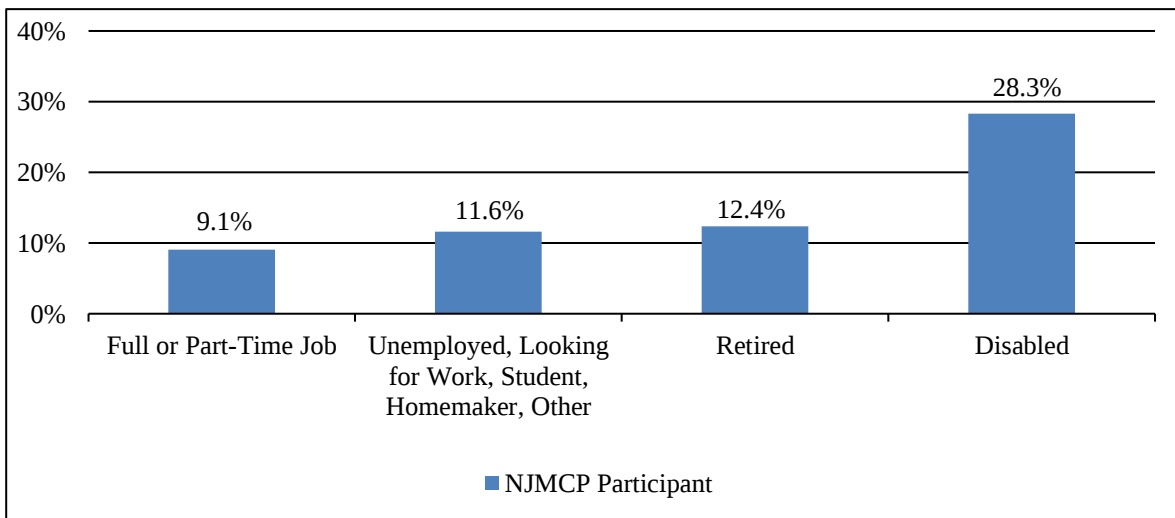
Figure 6- 17: NJMCP Enrollment by Current Age: NJ Adults Who Used Cannabis in the Last 12 Months



Employment (Figure 6-18)

- Among recent cannabis users, enrollment rates were highest among those reporting a disability, with 28% of disabled residents being enrolled in the NJMCP.
- In terms of other employment categories, NJMCP enrolment rates were 12% among the retired and unemployed, and 9% among those working full or part-time.

Figure 6- 18: NJMCP Enrollment by Employment Status: NJ Adults Who Used Cannabis in the Last 12 Months

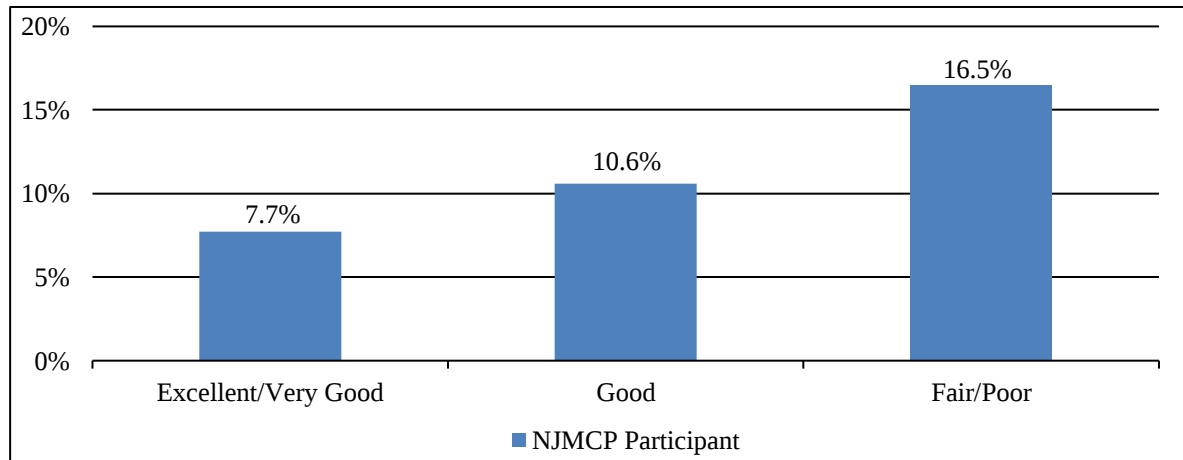


E3. Medicinal Cannabis Use and Physical and Mental Health Status

Physical Health Status (Figure 6-19)

- Among adults who used cannabis in the last 12 months, use of cannabis for medicinal purposes was associated with poorer perceived physical health.
- Among recent cannabis users who reported excellent or very good health, 8% reported past year NJMCP participation. This proportion increased to 11% for those in good health, and to 17% among those reporting their health was fair or poor.

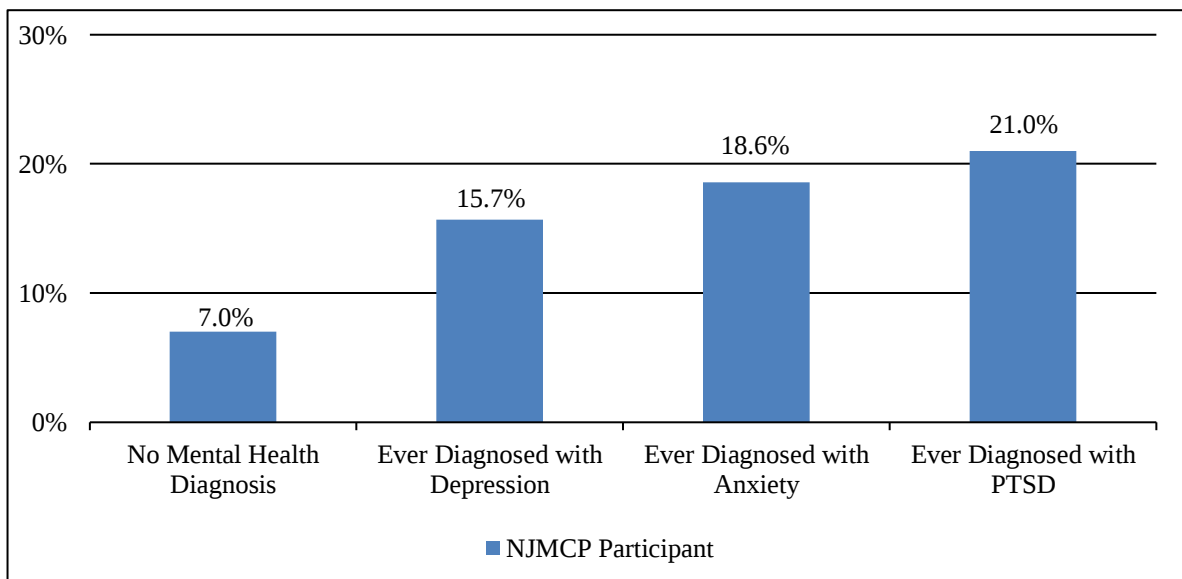
Figure 6- 19: NJMCP Enrollment by Physical Health Status: NJ Adults Who Used Cannabis in the Last 12 Months



Mental Health Status (Figure 6-20)

- There was a strong association between NJMCP participation and having a history of mental health problems. Recent cannabis users previously diagnosed with a mental health problem were two to three times more likely to be enrolled in the NJMCP than those with no mental health diagnoses.
- NJMCP participation was highest among cannabis users who were ever diagnosed with PTSD (21%), followed by those with anxiety (19%) and depression (16%).
- Only 7% of residents with no prior mental health diagnoses were participating in the NJMCP.

Figure 6- 20: NJMCP Enrollment by Mental Health Status: NJ Adults Who Used Cannabis in the Last 12 Months



CHAPTER 7

NICOTINE

A. INTRODUCTION

The focus of this chapter is on the use of nicotine products, including both tobacco cigarettes and electronic cigarettes (E-Cigarettes). The Federal Drug Administration classifies E-Cigarettes, along with vaporizers, vape pens, hookah pens and e-pipes, as Electronic Nicotine Delivery Systems (ENDS). These products contain a liquid containing nicotine, as well as flavorings and other ingredients, which the user inhales as an aerosol. Although some e-cigarettes contain ingredients other than nicotine, the questions in this survey focused only on e-cigarettes with nicotine.

The chapter presents an overview of the use of all nicotine products in the previous year. It then provides more specific information on the timeframes during which New Jersey adults have smoked tobacco and used electronic cigarettes, their frequency and quantity of use, the demographic characteristics of tobacco smokers and electronic cigarette users. Also examined in this chapter are the age of first tobacco and e-cigarette use as well as the relationship between current frequency and quantity of tobacco use and the age of first tobacco use. For the purpose of this report, the following definitions are used to define tobacco cigarette smokers and amount smoked:

Lifetime Smoker:	Smoked 100 or more cigarettes in lifetime.
Current Smoker:	Smoked at least one cigarette in the last 30 days.
Daily Smoker:	Smoked at least one cigarette per day in the last 30 days.
Heavy Smoker:	Smoked a pack per day or more every day in the last 30 days.
Half a pack:	6 to 15 cigarettes per day
One pack:	16 to 25 cigarettes per day
One and a half packs:	26 to 35 cigarettes per day
Two or more packs:	More than 35 cigarettes per day

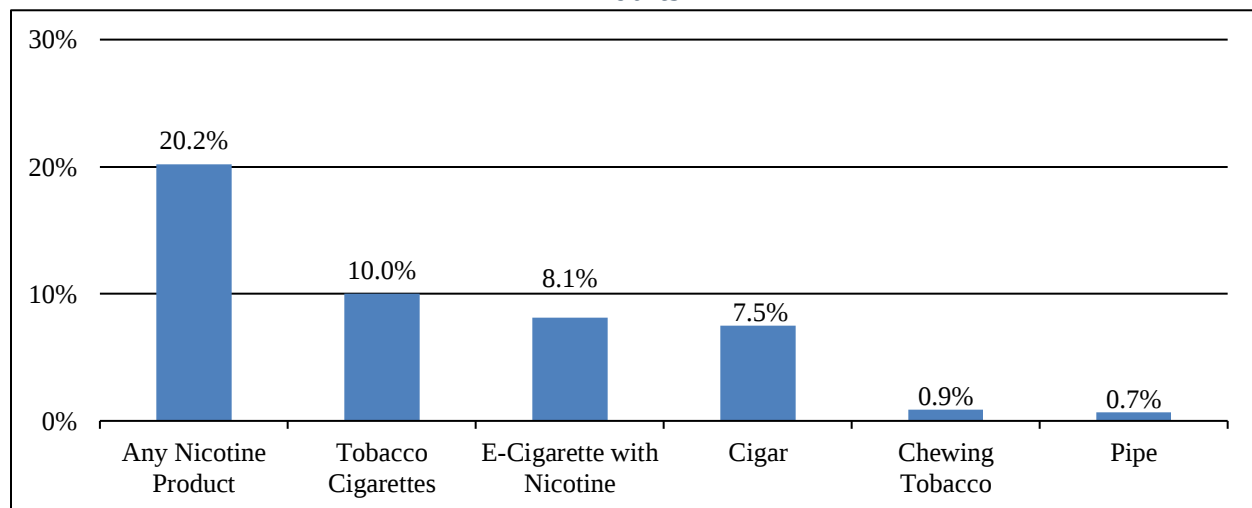
With respect to e-cigarettes, users are considered to have used daily, in the last 30 days and in their lifetimes if they used at least one e-cigarette during each of those time periods. We do not specify a definition of heavy use for e-cigarettes.

B. PREVALENCE, FREQUENCY AND TIME FRAMES OF USE OF NICOTINE PRODUCTS, BY NEW JERSEY ADULTS

B1. Nicotine Products Used in Past Year: All New Jersey Adults (*Figure 7-1*)

- About 20% of all New Jersey adults had used a nicotine product in the previous 12 months.
- Tobacco cigarettes were the most frequently used product, with 10% reporting their use in the last year. E-cigarettes, however, were a close second, reported by 8% of adults. Slightly less than 8% of residents smoked cigars and less than 1% used chewing tobacco and/or smoked a pipe.

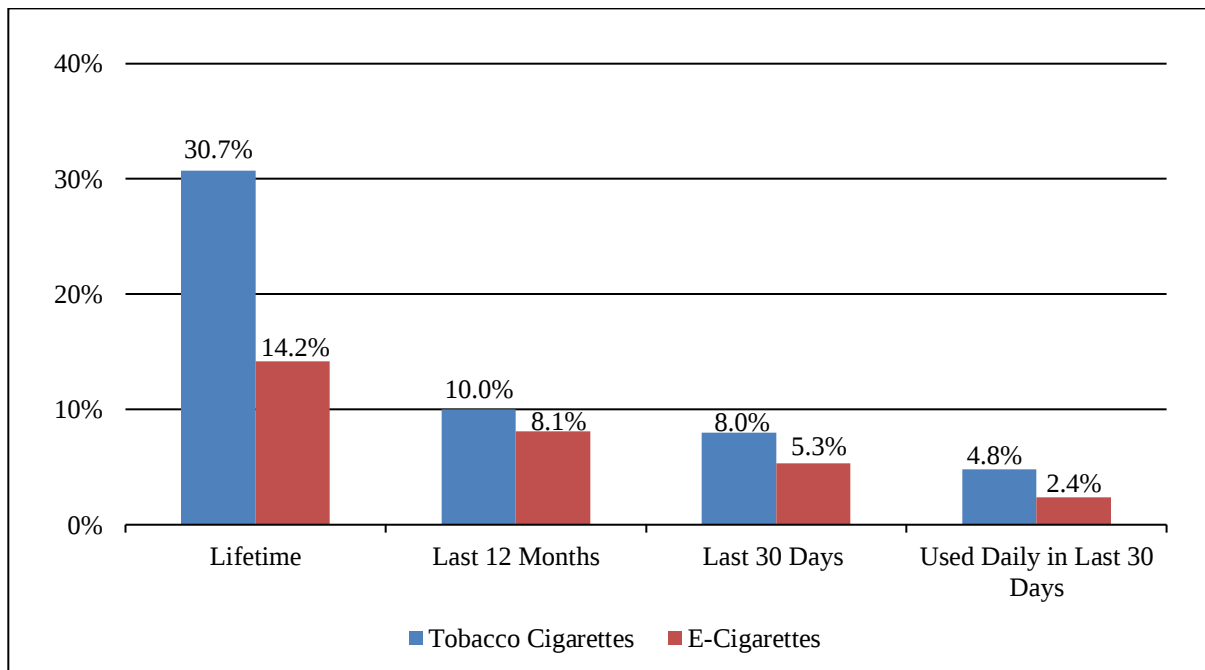
Figure 7- 1: Use of Nicotine Products in the Last 12 Months, by Type of Product: All NJ Adults



B2. Time Frames and Frequency of Tobacco Cigarette and E-Cigarette Use: All New Jersey Adults (Figure 7-2)

- Among New Jersey adults, 31% had smoked at least 100 cigarettes in their lifetimes. Only 10% had smoked in the last year, however, and 8% in the last 30 days.
- About 5% of all adults smoked cigarettes daily and only 1% smoked heavily (not shown).
- Among all NJ adults, 14% used at least one e-cigarette in their lifetime, 8% used e-cigarettes in the last 12 months, and 5%, in the last 30 days. Only 2% of residents used e-cigarettes daily.

Figure 7- 2: Time Frame and Frequency of Nicotine Cigarette and E-Cigarette Use: All NJ Adults



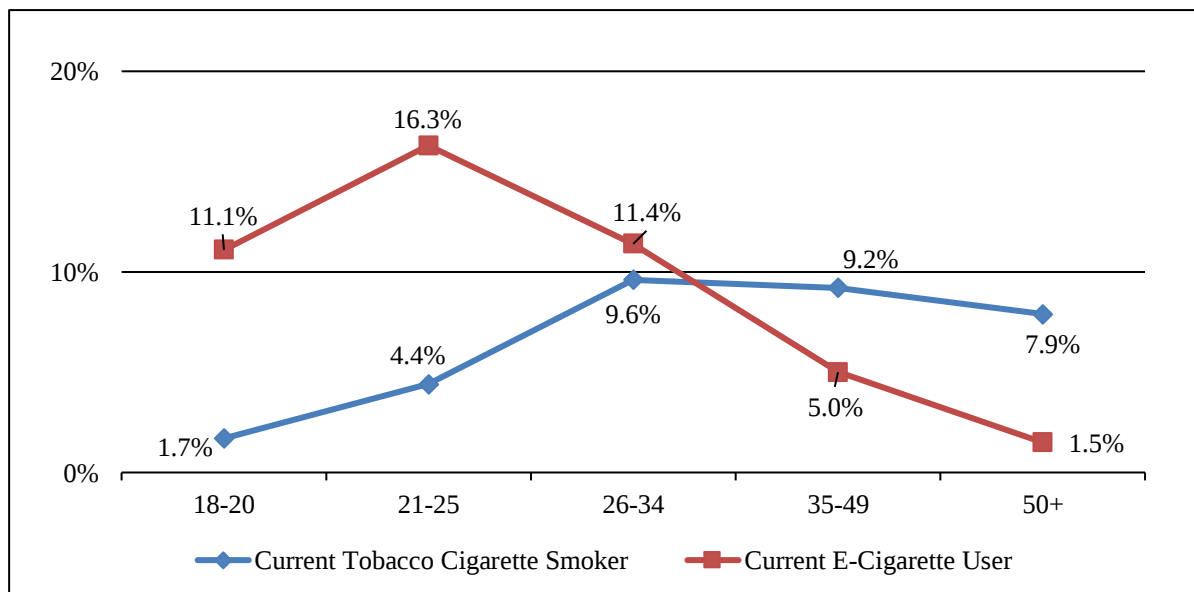
C. CURRENT SMOKERS AND CURRENT USERS OF E-CIGARETTES: DEMOGRAPHIC CHARACTERISTICS AND PATTERNS OF USE

C1. Demographic Characteristics of Current Users of Tobacco Cigarettes and E-Cigarettes

Age (Figure 7-3)

- In general, younger adults had substantially lower rates of tobacco cigarette smoking than older adults but used e-cigarettes at substantially higher rates. Overall, the proportion of young adults who vaped was significantly higher than the proportion of older adults who smoked cigarettes.
- The lowest rate of current smoking was found among adults aged 18-20 (2%) and the second lowest, among those 21 to 25 (4%). In contrast, current smoking was reported by 10% of 26–34-year-olds, 9% of 35- to 49-year-olds and 8% of adults aged 50 or older.
- In terms of e-cigarette use, however, most adults who vaped nicotine were under the age of 34. Thus, current vaping was reported by 11% of 18–20-year-olds, 16% of 21–25-year-olds and 11% of 26–34-year-olds. In contrast, only 5% of residents aged 35-49 and 2% of residents aged 50 and older currently used e-cigarettes.

Figure 7- 3: Prevalence of Current Cigarette Smoking and E-Cigarette Use, by Age: All NJ Adults



Gender, Race/Ethnicity (Table 7-1)

- Residents identifying as gender minority were two to three times more likely than males or females to be current smokers (17% vs. 9% and 7%, respectively). However, gender minority adults were only slightly more likely than males and females to currently use e-cigarettes (7% vs. 6% and 4%, respectively).
- By race/ethnicity, the highest rate of current smoking was found among African Americans (11%) and the lowest, among Asians (5%). Current smoking was reported by 8% of Whites and 7% of Hispanics. Asians also had the lowest rate of current e-cigarette use (4%). Among other adults, e-cigarette use ranged from 7% among Hispanics to 5% among Whites and African Americans and 4% of Asians.

Table 7- 1: Characteristics of Current Cigarette Smokers and E-Cigarette Users

Demographics			Current Smokers (%)	Current E-Cigarette Users (%)
New Jersey Total Population (n=22200)			8.0	5.3
<i>Gender</i>	Male	(n=10544)	9.4	6.2
	Female	(n=11505)	6.6	4.4
	Gender Minority	(n=147)	17.0	6.8
<i>Race/Ethnicity</i>	White	(n=12252)	8.2	4.8
	African American	(n=2875)	11.0	5.3
	Hispanic	(n=4331)	7.4	7.3
	Asian	(n=2399)	5.0	4.3
<i>Marital Status</i>	Married	(n=13477)	6.5	3.5
	Never Married	(n=5438)	9.9	11.0
	Divorced/Sep.	(n=2106)	12.2	3.8
	Widowed	(n=1089)	9.0	1.2
<i>Education</i>	Less than H.S.	(n=1382)	14.0	8.2
	H.S. Grad.	(n=6048)	12.3	6.5
	Some College	(n=5476)	8.3	6.9
	College Grad +	(n=9256)	4.1	3.1
<i>Employment Status</i>	Employed Full-Time	(n=11462)	7.5	5.8
	Employed Part-time	(n=3259)	6.4	5.6
	Unemployed	(n=1999)	14.1	10.3
	Retired/Disabled	(n=4015)	8.0	2.4
<i>Income</i>	Under \$25,000	(n=2612)	17.3	7.9
	\$25,000-49,999	(n=3748)	11.3	7.2
	\$50,000-79,999	(n=3888)	7.9	6.4
	\$80,000-99,999	(n=2935)	5.9	4.9
	\$100,000 and over	(n=8409)	4.7	3.5

Marital Status and Education (Table 7-1)

- In terms of marital status, adults who were divorced or separated had the highest rate of current cigarette smoking (12%) and those who were married, the lowest (7%). Smoking rates were 10% among those who were never married and 9% among widows/widowers.
- Rates of current e-cigarette use, in contrast, peaked among the never married (11%) and were lowest among the widowed (1%). About 4% each of those who were married and those who were divorced/separated currently used e-cigarettes.
- Level of education had an inverse association with current cigarette smoking, with smoking rates decreasing as education levels increased. Thus, college graduates were the least likely of all educational groups to be current smokers (4%) and those with less than a high school education, the most likely (14%). Rates of current smoking were 12% among high school graduates and 8% among those with some college.
- A similar, though less pronounced trend by education status was also found with respect to current e-cigarette use, with college educated adults having the lowest rates of use (3%) and those with less than a high school education, the highest (8%). About 7% each of high school graduates and those with some college education were current vapers.

Employment and Income (Table 7-1)

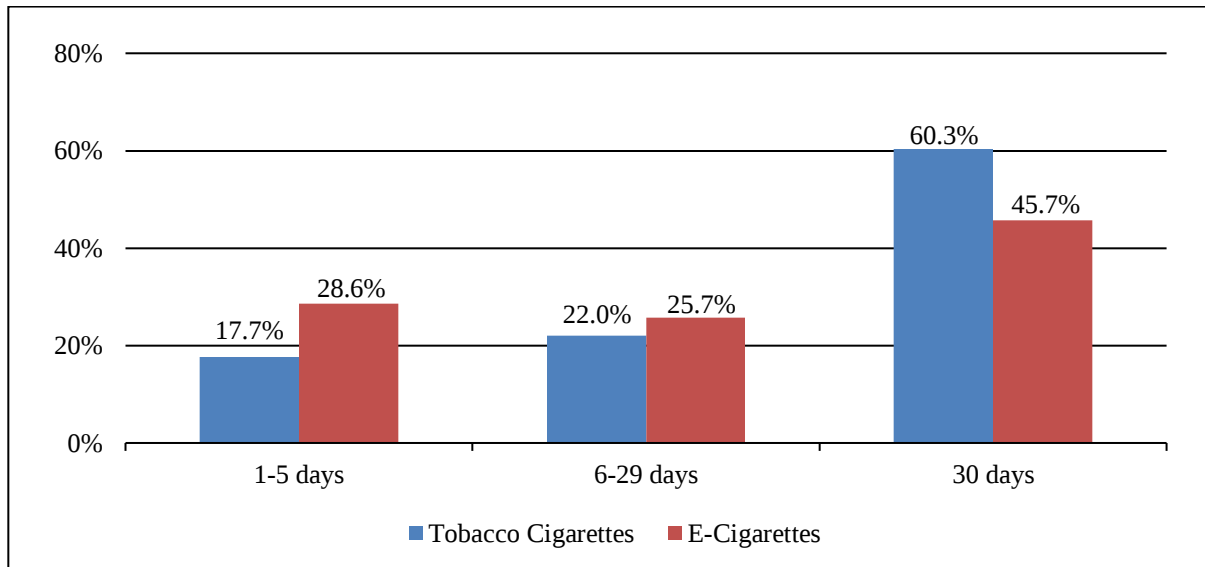
- By employment status, unemployed residents had the highest rates of both current cigarette smoking (14%) and vaping (10%). While retired residents had the lowest vaping rate (2%), they were second to the unemployed in rates of cigarette smoking (8%). Among those who were employed full-time, under 8% smoked cigarettes and about 6% vaped e-cigarettes, and among part-time workers, 6% smoked cigarettes and used e-cigarettes.
- Rates of both current smoking and e-cigarette use had a direct, inverse relationship to income, with those in the highest income groups reporting the lowest smoking (5%) and vaping (4%) rates and those in the lowest income group, the highest (17% and 8%, respectively).

C2. Patterns of Use of Tobacco Cigarettes and E-Cigarettes: Frequency of Use, Quantity of Use and Time to First Use After Awakening

Frequency of Use in Last Month (Figure 7-4)

- Current smokers were more likely than current vapers to report daily nicotine use (60% vs. 46%), and vapers were more likely than smokers to have used nicotine on only 1-5 days in the last month (29% vs. 18%). Twenty-two percent smoked cigarettes and 26% vaped on 6 to 29 days of the month.

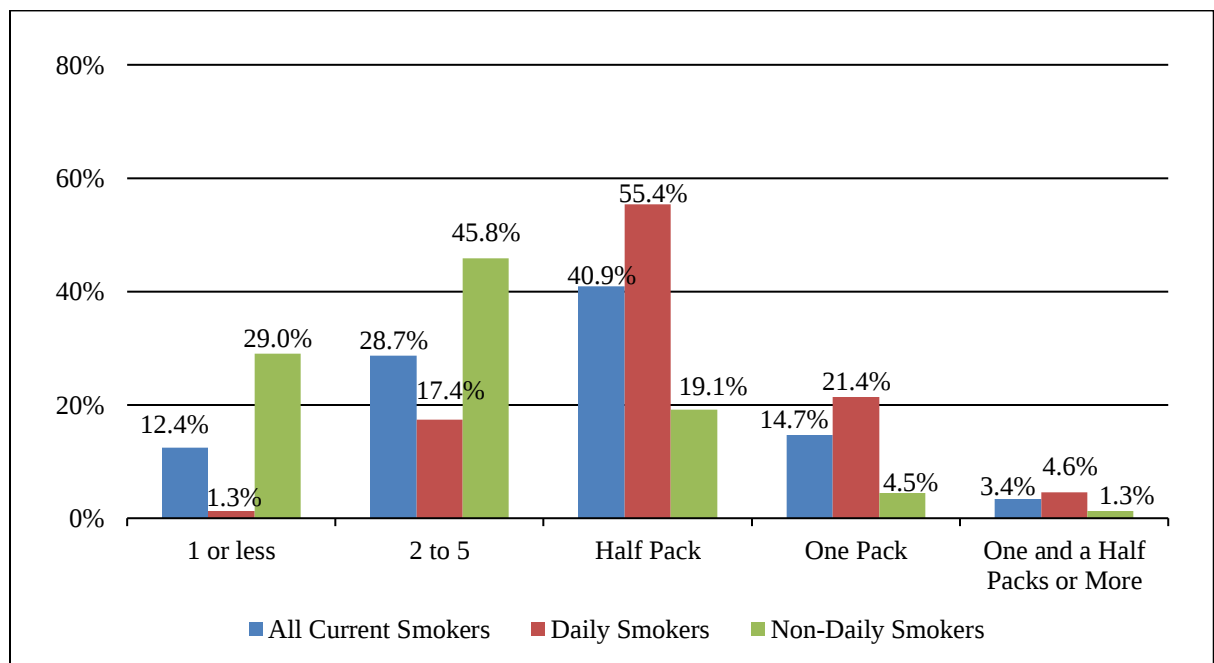
Figure 7- 4: Frequency of Tobacco Cigarette and E-Cigarette Use in the Last 30 Days: Current NJ Smokers and E-Cigarette Users



Quantity of Use by Number of Days Smoked: Tobacco Cigarettes (Figure 7-5)

- Overall, most current smokers (82%) smoked a half a pack per day or less on days they smoked.
- Daily smokers, however, smoked substantially larger quantities of cigarettes on days they smoked than non-daily smokers.
- Approximately 55% of daily smokers smoked a half pack of cigarettes a day, 21% smoked a pack a day and 5% smoked 1 ½ packs or more. In contrast, on days they smoked, only 19% of non-daily smokers smoked half a pack, 5% smoked a pack and only 1% smoked 1 ½ packs or more.
- The vast majority of non-daily smokers (75%) smoked under 6 cigarettes a day on days they smoked, compared to only 19% of daily smokers.
- About 15% of current smokers were heavy smokers, having smoked a pack of cigarettes or more every day in the past 30 days (not shown).

Figure 7- 5: Quantity of Cigarettes Smoked: All Current Smokers and Daily vs. Non-Daily Smokers

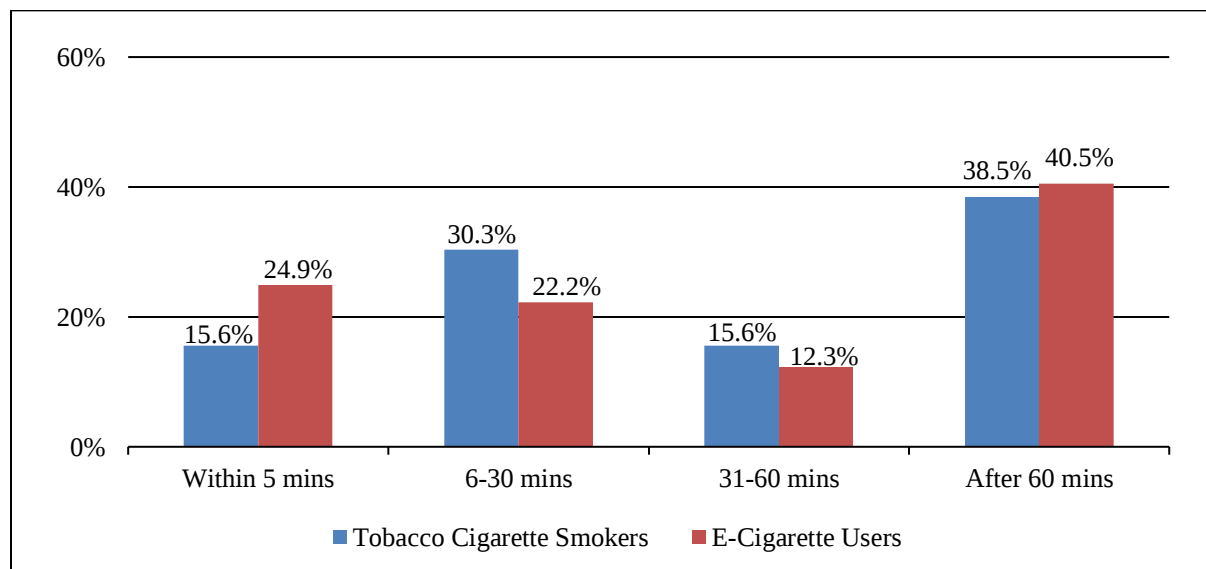


Time to First Cigarette and E-Cigarette Use After Awakening (Figure 7-6)

Time to first cigarette after waking up in the morning has been used as a measure of smoking severity, acting as a marker of nicotine addiction, risk of relapse and the probability of adverse physical health effects (Heatherton et al., 1989). While traditionally measuring severity among tobacco smokers, it has been increasingly applied to e-cigarette users as well (Vogul et al., 2020).

- E-cigarettes users were substantially more likely to vape nicotine within five minutes of awakening than smokers (25% vs. 16%).
- Smokers and e-cigarette users, however, were about equally likely to smoke or vape within thirty minutes (e.g. 1 – 30 minutes) of awakening (46% and 47%, respectively).

Figure 7- 6: Minutes to First Nicotine Use After Awakening: Current NJ Tobacco Smokers and E-Cigarette Users



Demographic Characteristics of Smokers and E-Cigarette Users Who Use Nicotine Within 5 Minutes of Awakening (Table 7-2)

- Females were somewhat more likely than males to both smoke (18% vs. 13%) and vape (26% vs. 24%) within 5 minutes of awakening.
- Adults identifying as gender minority, however, were substantially more likely than others to smoke cigarettes in the first 5 minutes after waking up (35%) and substantially less likely to vape within the first 5 minutes (18%).

Table 7- 2: Selected Demographics of Current Cigarette Smokers and E-Cigarette Users Who Smoke/Vape Within 5 Minutes of Awakening

Demographics		% Smoking within 5 Minutes		% Vaping within 5 Minutes	
All Current Smokers/Vapers		n=1773	15.6	n=1172	24.9
<i>Gender</i>	Male	n=988	13.4	n=651	24.2
	Female	n=760	17.9	n=511	26.1
	Gender Minority	n=25	34.6	n=10	18.2
<i>Age</i>	18-20	n=21	0.0	n=137	22.6
	21-25	n=49	10.0	n=180	24.3
	26-34	n=354	10.2	n=419	27.8
	35-49	n=506	19.3	n=276	26.1
	50+	n=842	16.4	n=159	17.7
<i>Race/ Ethnicity</i>	White	n=1000	16.1	n=589	28.2
	African American	n=315	19.7	n=151	17.3
	Hispanic	n=319	12.6	n=314	23.9
	Asian	n=121	9.1	n=102	19.8

- By age, adults 35 and older were more likely than younger adults to smoke cigarettes within the first 5 minutes of waking (19% of 35–49-year-olds and 16% of those 50 and older). In contrast, 10% of those 21-25 and 26-34, and 0% of 18–20-year-olds smoked their first cigarette within 5 minutes.
- However, younger adults under age 50 were more likely than those 50 and older to vape e-cigarettes within 5 minutes of awakening (18% of those 50 and older vs. 23%-28% of those aged 18-49).

- By race/ethnicity, African Americans were the most likely to smoke cigarettes within the first 5 minutes (20%), followed by Whites (16%), Hispanics (13%) and Asians (9%).
- Whites, however, were the most likely to vape nicotine within 5 minutes of awakening (28%), followed by Hispanics (24%), Asians (20%) and African Americans (17%).

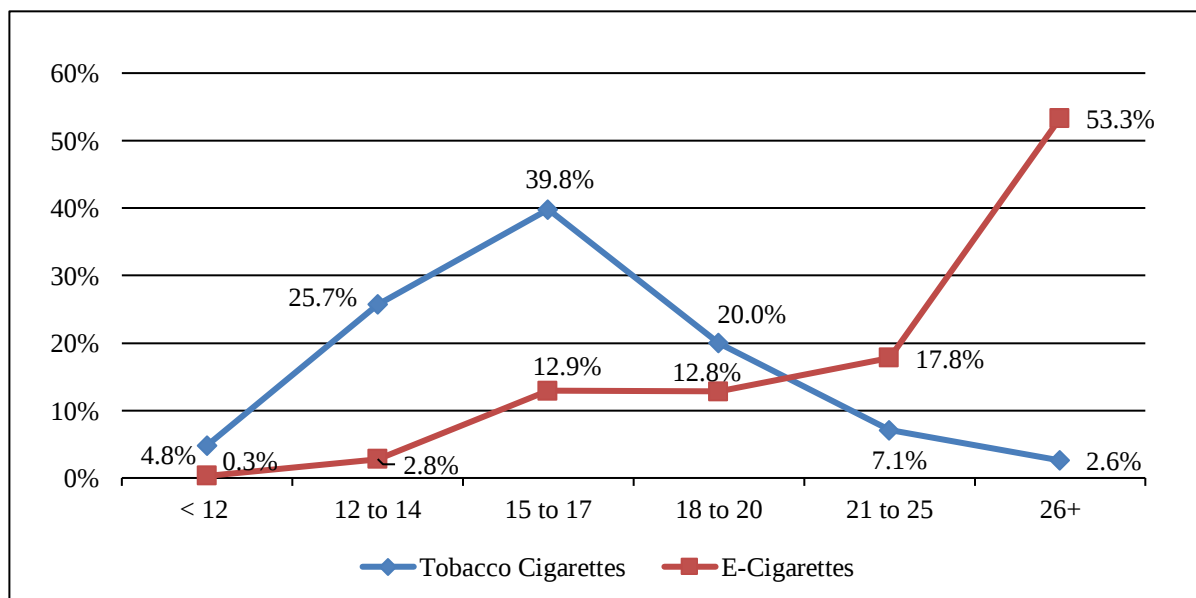
D. AGE OF FIRST USE OF TOBACCO AND E-CIGARETTES AND RELATIONSHIP TO CURRENT PATTERNS OF SMOKING BEHAVIOR

In this section we examine the age of first use of both tobacco cigarettes and e-cigarettes. We further examine characteristics of early tobacco cigarette users and relationships between early tobacco cigarette use (before age 15) and subsequent smoking behavior. We look only at early tobacco cigarette use because most users of e-cigarettes first used well after the age of 15.

D1. Age of First Use (*Figure 7-7*)

- Altogether, more than 30% of New Jersey adults who ever smoked cigarettes initiated cigarette use before the age of 15 and a full 70% first smoked before the age of 18. About 20% of lifetime smokers first smoked between the ages of 18 and 20, and only 10% first smoked after age 20.
- In contrast, most e-cigarette users first vaped an e-cigarette at age 21 or older (71%), with 53% first vaping at age 26 or older. Only 3% of e-cigarette users-initiated use before age 15.

Figure 7- 7: Initiation of Tobacco Cigarette Use and E-Cigarette Use by Age: Lifetime Tobacco Smokers and Lifetime E-Cigarette Users



D2. Demographic Characteristics of Early Cigarette Smokers (*Figure 7-3*)

- Although females were somewhat more likely to be early smokers than males (32% vs. 29%), adults identifying as gender minority had the highest rate of early smoking (41%).
- By age, smoking before the age of 15 was most prevalent among lifetime smokers currently aged 21-25 (37%) and least prevalent among smokers now aged 18-20 (16%). Early smoking was reported by 31% of adults aged 50 and older, 29% of 35–49-year-olds, and 31% of those aged 26-34.
- By race/ethnicity, White smokers were substantially more likely to be early smokers (34%) than African Americans (24%), Hispanics (26%) or Asians (11%).

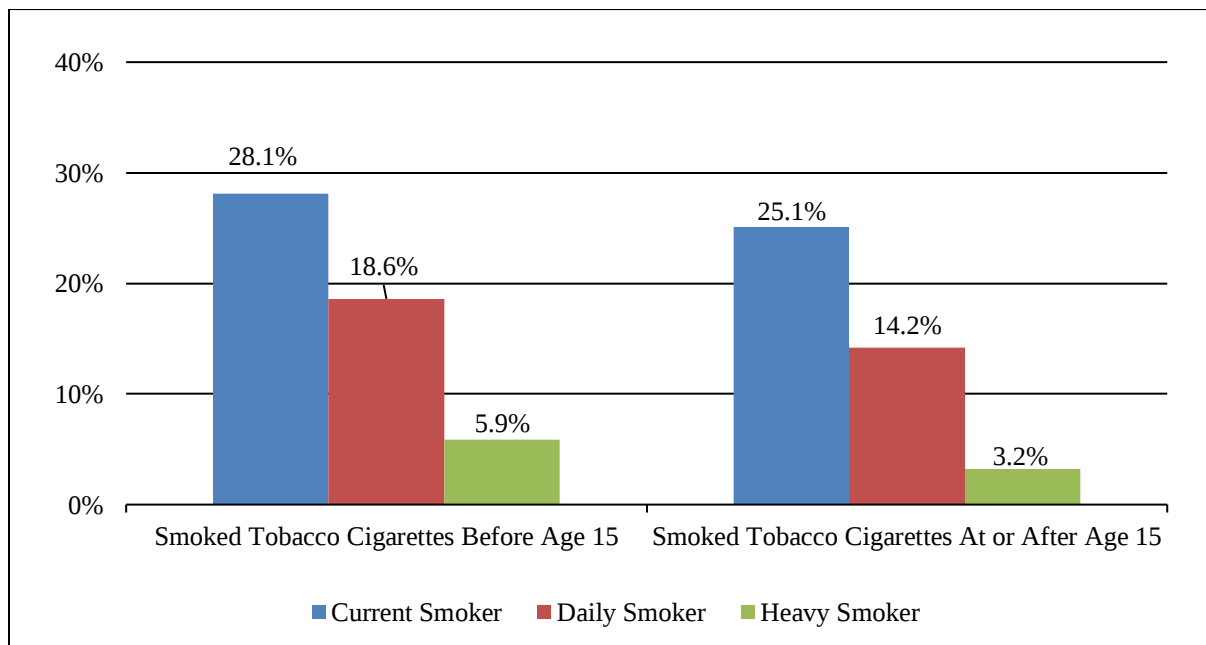
Table 7- 3: Prevalence of Early Smoking (before Age 15) by Gender, Race/Ethnicity and Current Age: Lifetime Smokers

Demographics			Early Smokers (Before Age 15) (%)
New Jersey Lifetime Smokers (n=6824)			30.5
<i>Gender</i>	Male	(n=3576)	28.9
	Female	(n=3201)	32.0
	Gender Minority	(n=46)	41.3
<i>Age</i>	18-20	(n=37)	16.2
	21-25	(n=120)	36.7
	26-34	(n=783)	31.4
	35-49	(n=1645)	29.4
	50+	(n=4234)	30.7
<i>Race/Ethnicity</i>	White	(n=4654)	33.7
	African American	(n=734)	23.9
	Hispanic	(n=978)	26.4
	Asian	(n=368)	10.9

D3. Relationships between Early Tobacco Cigarette Use and Frequency and Quantity of Current Smoking: Lifetime Cigarette Smokers (*Figure 7-8*)

- Overall, rates of current, daily and heavy smoking were somewhat higher among lifetime smokers who initiated smoking before age 15 compared to later initiators. Thus, 28% of adults who initiated smoking before age 15 currently smoked cigarettes compared to 25% who initiated smoking at age 15 or older.
- Similarly, early initiators were more likely than later initiators to smoke daily (19% vs. 14%) and heavily (6% vs. 3%).

Figure 7- 8: Frequency and Quantity of Current Tobacco Cigarette Smoking by Age of First Tobacco Cigarette Use: Lifetime Tobacco Smokers

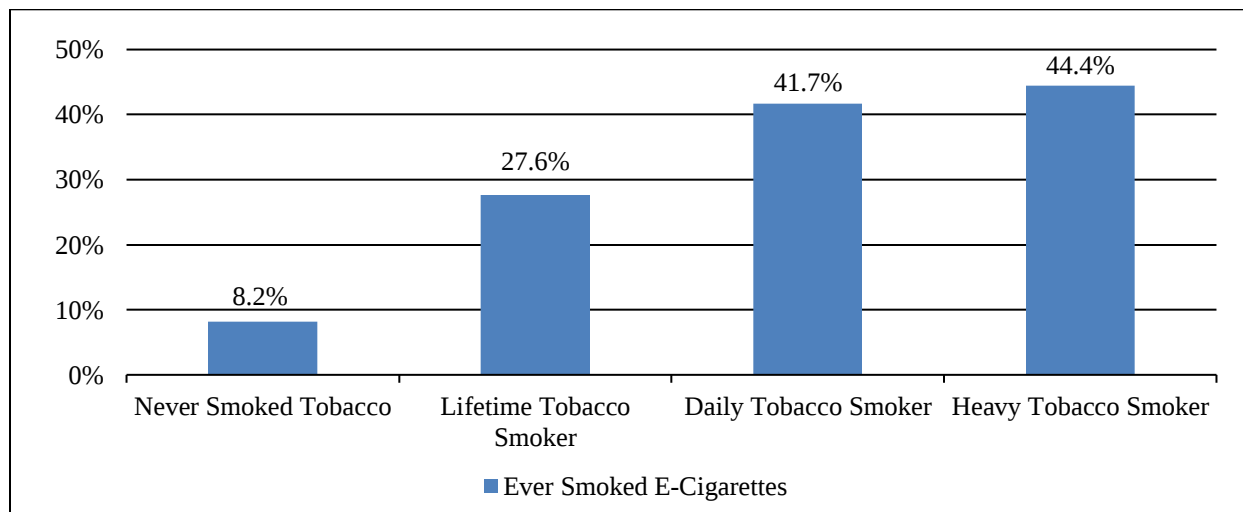


E. RELATIONSHIPS BETWEEN TOBACCO CIGARETTE SMOKING AND E-CIGARETTE USE

E1. Recency and Quantity of Tobacco Cigarette Use and Lifetime Use of E-Cigarettes (Figure 7-9)

- In general, adults who never smoked tobacco cigarettes were substantially less likely to have ever vaped an e-cigarette than were lifetime smokers. Thus, only 8% of those who never smoked had vaped an e-cigarette compared to 28% of lifetime smokers.
- E-cigarette use increased with tobacco smoking intensity, with vaping reported by 42% of daily smokers and 44% of heavy smokers.

Figure 7- 9: Lifetime Use of E-Cigarettes, by Tobacco Smoking Status: All NJ Adults



CHAPTER 8

GAMBLING

A. INTRODUCTION

This chapter presents information on the prevalence of gambling among New Jersey adults and examines relationships between gambling and the use of tobacco, alcohol, cannabis and illicit drugs. It also examines relationships between gambling frequency and mental health status. The survey questioned state residents about the type and frequency of gambling they engaged in during the past 12 months. For this report, we define frequent gambling as any type of gambling that occurs 52 times or more in the previous year (or, about once a week) and heavy gambling as gambling occurring 104 times or more (or, about twice a week) in the previous year. These definitions are consistent with those of national studies of gambling behavior (Welte et al., 2006).

Frequent Gambling: Gambling 52 times or more (weekly) in the past 12 months.

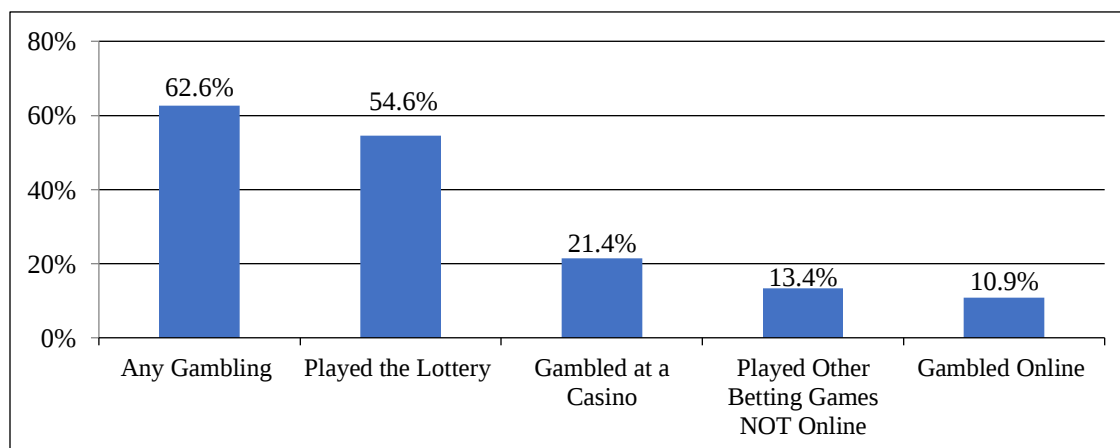
Heavy Gambling: Gambling occurring 104 times or more (twice weekly) in the past 12 months.

B. PREVALENCE AND FREQUENCY OF GAMBLING IN THE PAST YEAR

B1. Prevalence (*Figure 8-1*)

- About 63% of New Jersey adults engaged in some form of gambling in the last 12 months.
- The most frequently reported type of gambling was playing the lottery, with 55% of adults having bought at least one lottery ticket in the last year.

Figure 8- 1: Proportion of NJ Adults Who Gambled in the Last 12 Months, by Type of Gambling

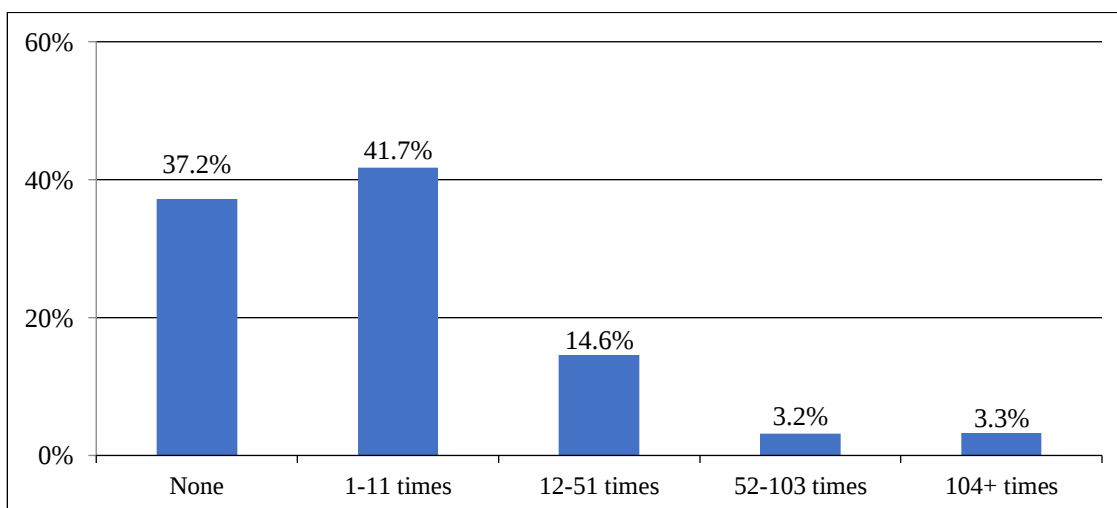


- Approximately 21% of New Jersey adults reported gambling at a casino and 13% reported playing other betting games that were not online, including bingo, cards and in-person betting on horse racing or other sports.
- About 11% of adults reported gambling online, including internet casinos and online sports betting.

B2. Frequency (*Figure 8-2*)

- Thirty-seven percent of New Jersey adults reported no gambling in the last 12 months.
- About 42% of adults gambled less than 12 times in the past year (less than once per month).
- About 15% of all adults gambled at least once a month or more, but less than once a week (12 to 51 times). Slightly more than 3% gambled from 52 to 103 times, or at least once a week but less than twice weekly (frequent gamblers), and another 3% reported gambling 104 times or more, or about twice a week or more (heavy gamblers).

Figure 8- 2: Frequency of Any Gambling in the Last 12 Months: All NJ Adults



C. DEMOGRAPHIC CHARACTERISTICS OF GAMBLERS AND FREQUENT GAMBLERS

Gender (Table 8-1)

- By gender, males were more likely than females or residents identifying as gender minority to have gambled in the past year (66% vs. 60% and 42%, respectively). Males were also more likely than females or those who are gender minority to be frequent or heavy gamblers (9% vs. 4% and 6%, respectively).

Table 8- 1: Demographic Characteristics of All Gamblers and Frequent or Heavy Gamblers (52+ Times) in the Last 12 Months: All NJ Adults

Demographics			Adults Who Engaged in Any Form of Gambling (%)	Frequent or Heavy Gamblers (%)
New Jersey Total Population (n=22,200)			62.6	6.4
<i>Gender</i>	Male	(n=10544)	66.1	9.1
	Female	(n=11504)	59.7	3.9
	Gender Minority	(n=147)	42.2	6.1
<i>Age</i>	18-20	(n=1237)	33.5	0.6
	21-25	(n=1107)	49.4	4.0
	26-34	(n=3687)	57.9	4.3
	35-49	(n=5489)	61.7	5.2
	50+	(n=10671)	69.4	8.7
<i>Race/Ethnicity</i>	White	(n=12252)	68.3	8.2
	African American	(n=2874)	60.1	6.6
	Hispanic	(n=4331)	56.5	3.5
	Asian	(n=2399)	49.1	2.4
<i>Marital Status</i>	Married	(n=13478)	66.1	6.7
	Never Married	(n=5439)	53.0	5.2
	Divorced/Sep.	(n=2106)	66.8	6.7
	Widowed	(n=1089)	61.5	7.9
<i>Education</i>	Less than H.S.	(n=1381)	53.0	5.1
	H.S. Grad.	(n=6048)	62.3	8.7
	Some College	(n=5476)	65.7	6.8
	College Grad +	(n=9256)	62.5	4.8
<i>Employment Status</i>	Employed Full-Time	(n=11462)	67.5	6.4
	Employed Part-time	(n=3259)	55.4	4.3
	Unemployed	(n=1999)	51.1	5.6
	Retired/Disabled	(n=4016)	64.7	9.5
<i>Income</i>	Under \$25,000	(n=2611)	50.7	5.2
	\$25,000-49,999	(n=3748)	56.7	5.8
	\$50,000-79,999	(n=3888)	60.3	6.7
	\$80,000-99,999	(n=2935)	66.2	7.4
	\$100,000 and over	(n=8408)	69.1	6.7

Age (Table 8-1)

- By age, those in the youngest age group were the least likely of all age groups to gamble or gamble frequently/heavily, with about 34% of 18- to 20-year-olds reporting any gambling in the previous year and less than 1% reporting frequent or heavy gambling.
- In contrast, residents in the two oldest aged groups were most likely to report gambling and gambling frequently/heavily. More than two-thirds of residents aged 50 and older (69%) and 62% of those aged 35-49 reported any gambling in the past year, with 9% and 5%, respectively, reporting frequent or heavy gambling. Any gambling was reported by 49% and 58% of those aged 21-25 and 26-34, respectively, and frequent/heavy gambling, by 4% in each of these age groups.

Race/Ethnicity (Table 8-1)

- White residents were the most likely of all racial/ethnic groups to have gambled in the last year (68%) and to have gambled frequently or heavily (8%), followed by African Americans (60% and 7%, respectively). Approximately 57% of Hispanics reported gambling in the last year, with 4% reported frequent or heavy gambling. Asians were the least likely of all racial/ethnic groups to report any gambling (49%) or frequent/heavy gambling (2%) in the last year.

Marital Status (Table 8-1)

- Married and separated/divorced adults were the most likely of all marital groups to have gambled in the previous year (66% and 67%, respectively), followed by widows/widowers (62%). Adults who were never married were the least likely to report past-year gambling (53%).
- There were few differences in frequent/heavy gambling across marital groups. Thus, heavy gambling was reported by 8% of widows/widowers, 7% of the married and separated/divorced and 5% of those who were never married.

Education Status (Table 8-1)

- By education status, adults with less than a high school education were the least likely to gamble of all educational groups (53%). The highest rate of past-year gambling was reported by adults with some college education (66%), followed by college graduates (63%) and high school graduates (62%).

- Frequent/heavy gambling, however, was less variable across educational groups, reported by 8% of high school graduates, 7% of adults with some college and 5% of both college graduates and adults with less than a high school education.

Employment Status (Table 8-1)

- Gambling frequency also varied by employment status, with residents employed full time and retirees reporting the highest prevalence of gambling (68% and 65%, respectively) and those who were unemployed or working part-time, the lowest (51% and 55%, respectively).
- Frequent/heavy gambling showed some association with employment status, with adults who were retired/disabled being the most likely to report frequent/heavy gambling (10%), followed by 6% of both full-time workers and the unemployed and 4% of part-time workers.

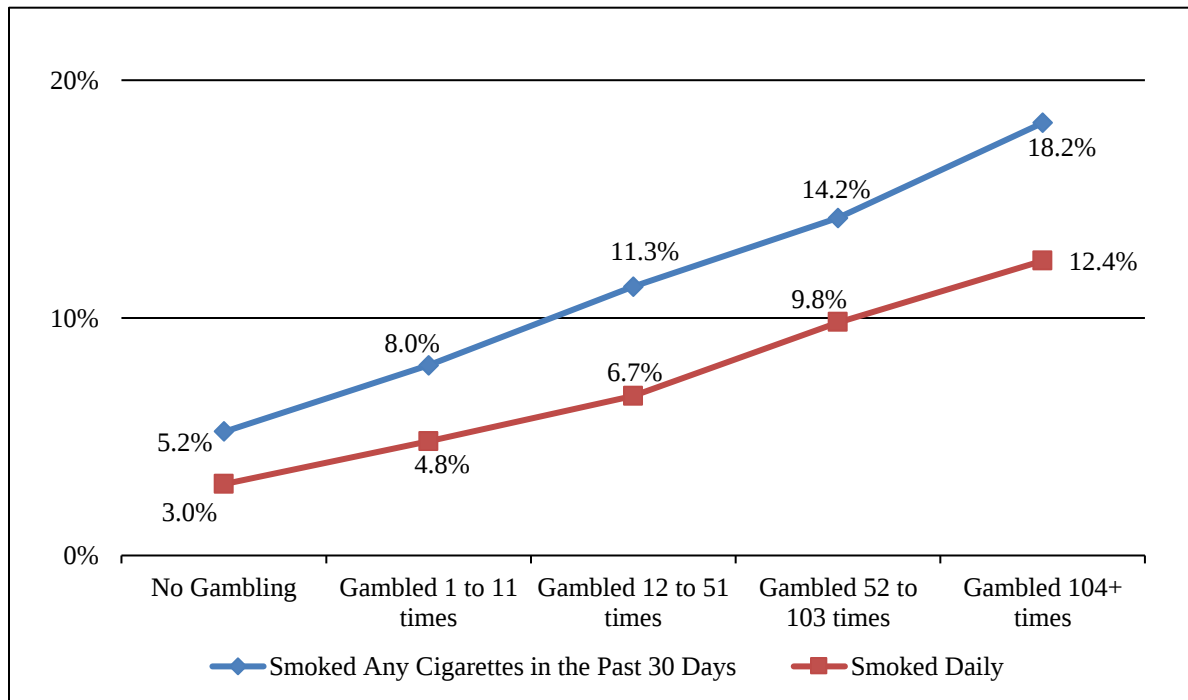
Income Status (Table 8-1)

- Gambling was highly associated with income level, with those having household incomes between \$80,000-\$99,999 and \$100,000 or more being the most likely to engage in any gambling (66% and 69%, respectively), and those with incomes under \$25,000, the least likely (51%). About 57% of those earning \$50,000- \$79,999 and 60% of those earning \$25,000-\$49,999 reported any gambling in the previous year.
- While higher income was associated with a greater likelihood of any gambling in the past year, income was not as strongly related to frequent/heavy gambling. Thus, frequent/heavy gambling ranged from 5% of those earning less than \$25,000 to 7% of those earning \$50,000 or more.

D. FREQUENCY OF GAMBLING AND CIGARETTE SMOKING

- Overall, the prevalence of any cigarette smoking, and daily smoking increased steadily with the frequency of gambling (Figure 8-3).
- Among adults who did not gamble in the past year, 5% smoked cigarettes and 3% smoked daily.
- In contrast, among frequent gamblers (52-103 times/year), 14% smoked cigarettes in the past 30 days and 10% smoked daily. Among heavy gamblers (104+ times/year), 18% smoked cigarettes, and 12% smoked daily.

Figure 8- 3: Past 30-Day Cigarette Smoking by Frequency of Gambling in the Last 12 Months: All NJ Adults

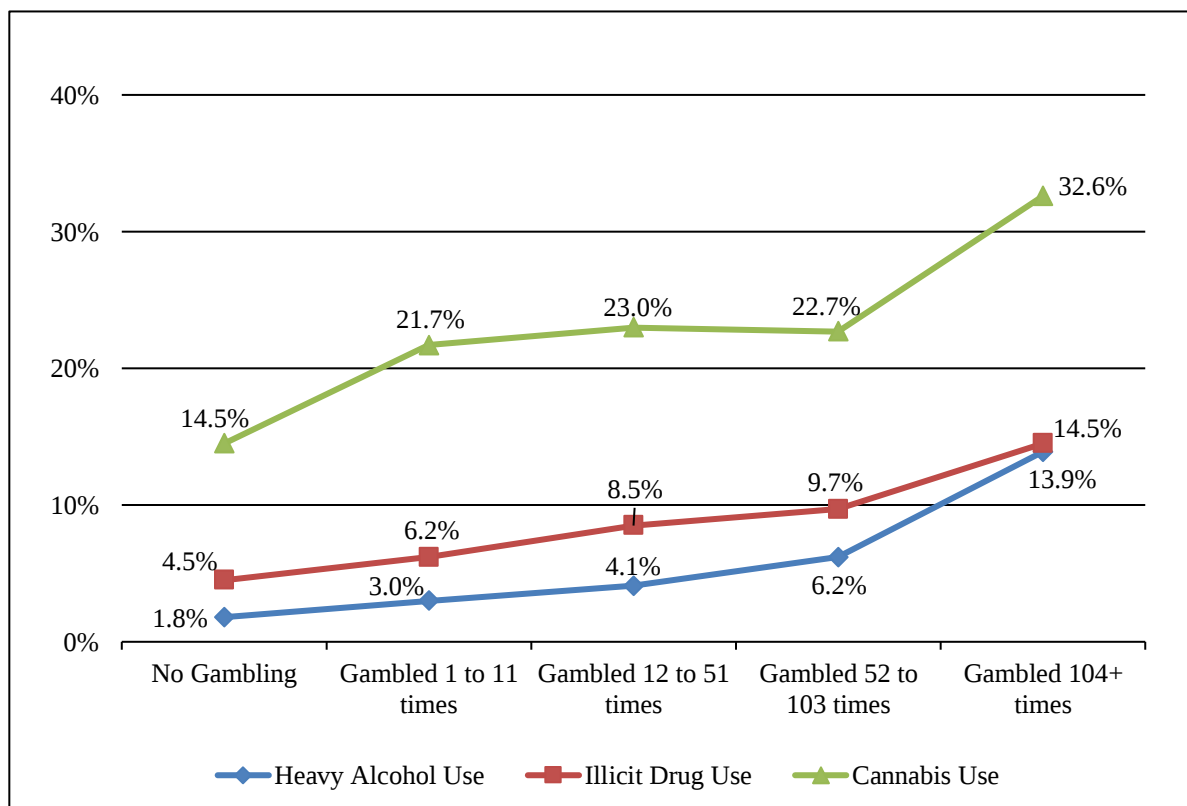


E. ASSOCIATIONS BETWEEN GAMBLING FREQUENCY AND SUBSTANCE USE, ABUSE AND DEPENDENCE

E1. Substance Use: Heavy Drinking and Past 12-Month Cannabis and Illicit Drug Use (Figure 8-4)

- In general, heavy alcohol use, cannabis use, and illicit drug use increased directly with increases in the frequency of gambling.
- Among heavy gamblers (104+ times/year), the rate of heavy drinking in the past 30 days was seven times that of non-gamblers (14% vs. 2%). Similarly, heavy drinking doubled from 3% among the lowest frequency gamblers (1-11 times) to 6% among frequent gamblers (52-103 times/year).

Figure 8- 4: Past 30-Day Heavy Alcohol Use and Past 12 Month Cannabis and Illicit Drug Use by Frequency of Gambling in the Last 12 Months: All NJ Adults

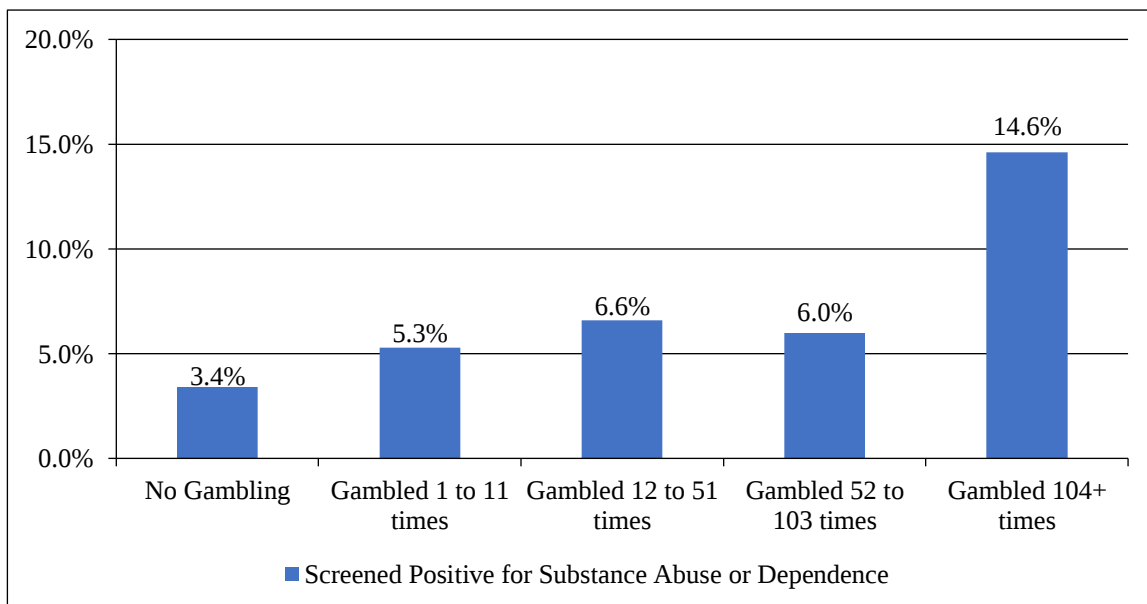


- A similar pattern was found for illicit drug use, which tripled from 5% among non-gamblers to 15% among heavy gamblers. Similarly, illicit drug use rose from 6% of residents who gambled between 1 to 11 times a year to 10% of frequent gamblers.
- While cannabis use doubled from 15% of non-gamblers to 33% of heavy gamblers, rates of cannabis use among gamblers who did not gamble heavily remained stable, at 22%-23%, regardless of gambling frequency.

E2. Substance Abuse and Dependence (*Figure 8-5*)

- While any gambling was associated with an increased risk of substance abuse/dependence (3% of non-gamblers vs. 5% of occasional gamblers), the proportion of heavy gamblers with substance abuse/dependence (15%) was five times that of non-gamblers.
- Among gamblers who did not gamble heavily, however, rates of substance abuse/dependence ranged from 5%-7%.

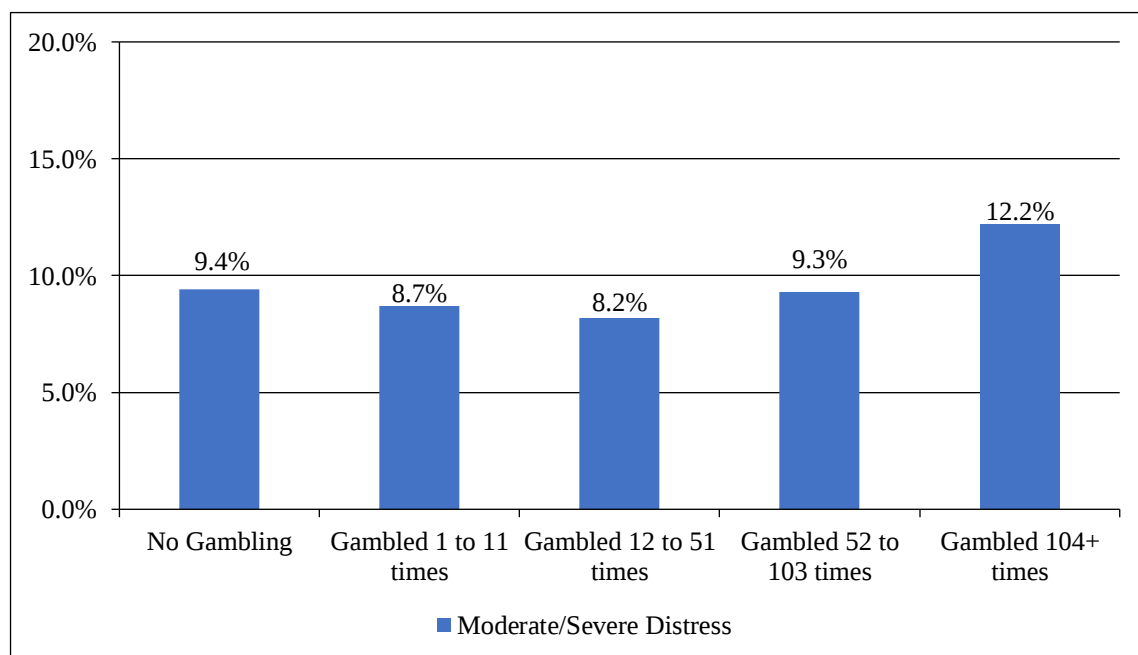
Figure 8- 5: Proportion of Adults Screening Positive for Substance Abuse or Dependence by Frequency of Gambling in the Last 12 Months: All NJ Adults



F. ASSOCIATION BETWEEN GAMBLING FREQUENCY AND CURRENT MENTAL HEALTH STATUS

- Gambling frequency was not closely associated with current mental health status.
- Psychological distress was elevated only among heavy gamblers, with 12% meeting screening criteria for moderate or severe distress on the Patient Health Questionnaire-4 (PHQ-4).
- In contrast, among non-gamblers and gamblers who did not gamble heavily, rates of distress ranged from 8%-9%.

Figure 8- 6: Proportion of Adults with a Moderate/Severe Psychological Distress Score on the PHQ-4 by Frequency of Gambling in the Last 12 Months: All NJ Adults



CHAPTER 9

MENTAL HEALTH AND CO-OCCURRING DISORDERS

A. INTRODUCTION

This chapter examines the mental health status and access to mental health treatment of New Jersey adults. Survey questions included items from an ultra-brief, 4-item mental health screening tool for anxiety and depression that was developed from the Patient Health Questionnaire (PHQ), a 16-question assessment instrument used in primary care settings to screen for mental health disorders (Spitzer et al., 1999). Commonly referred to as the PHQ-4, the 4-item scale includes a 2-item depression scale (PHQ-2) and a 2-item anxiety scale (General Anxiety Disorder Scale-2, or GAD-2). A total score summed across the 4 items yields a general measure of psychological distress. Studies have found the PHQ-4 reliably and validly measures anxiety and depression in both clinical and general populations (Löwe et al., 2010). In addition to screening for current mental health disorders, the survey included questions asking about prior lifetime mental health diagnoses and mental health treatment histories. The survey also included questions about suicidal ideation and attempts.

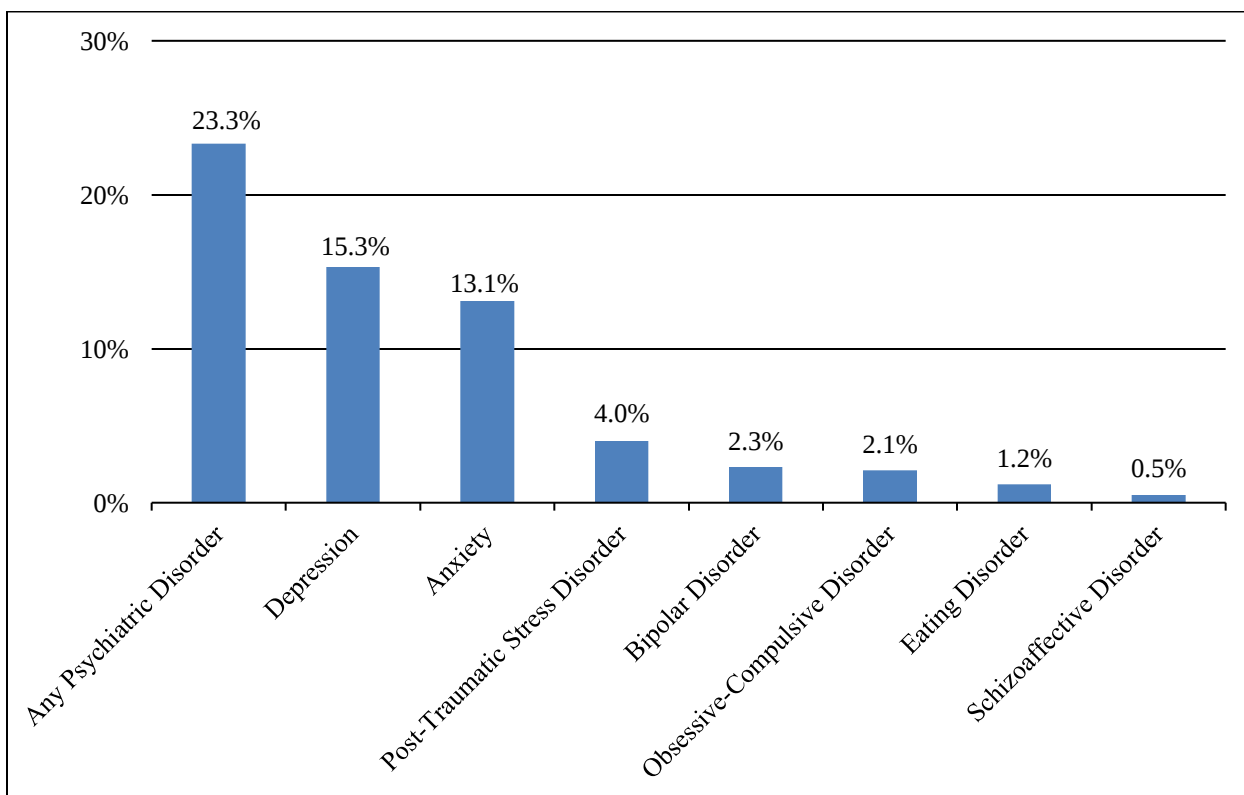
In this chapter, we report on the prevalence of mental health disorders in New Jersey adults. We also describe the demographic characteristics of adults who screen positive for mental health disorders, relationships between mental health problems and the use of alcohol, drugs and nicotine, the extent to which New Jersey adults gained access to mental health treatment when needed and demographic disparities in mental health treatment access.

B. PREVALENCE OF, AND FACTORS ASSOCIATED WITH, PSYCHOLOGICAL DISORDERS IN NJ ADULTS

B1. Prevalence of Lifetime Diagnoses of Psychiatric Disorders (*Figure 9-1*)

- More than 23% of New Jersey residents reported being diagnosed with one or more mental health conditions in their lifetimes.
- The most frequent diagnoses were depression (15%) and anxiety (13%).
- Post-traumatic stress disorder (PTSD) was diagnosed in 4% of residents.
- Other disorders, diagnosed in 2% or fewer of residents included bipolar disorder, obsessive-compulsive disorder, eating disorders and schizoaffective disorders.

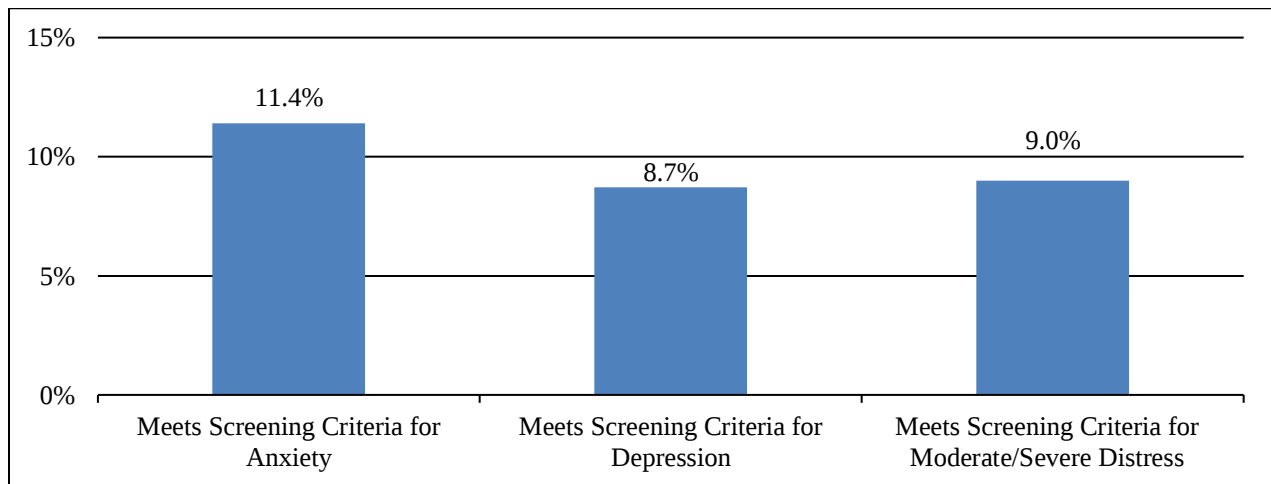
Figure 9- 1: Proportion of NJ Adults Diagnosed by a Medical Professional with a Psychiatric Disorder in Their Lifetimes, by Diagnosis: All NJ Adults



B2. Prevalence of Positive Screens on the PHQ-4 for Current Anxiety, Depression and Psychological Distress (Figure 9-2)

- With respect to current mental health problems, 11% of residents screened positive for anxiety, and 9% for depression, in the last two weeks.
- Nine percent of residents screened positive for moderate or severe psychological distress.

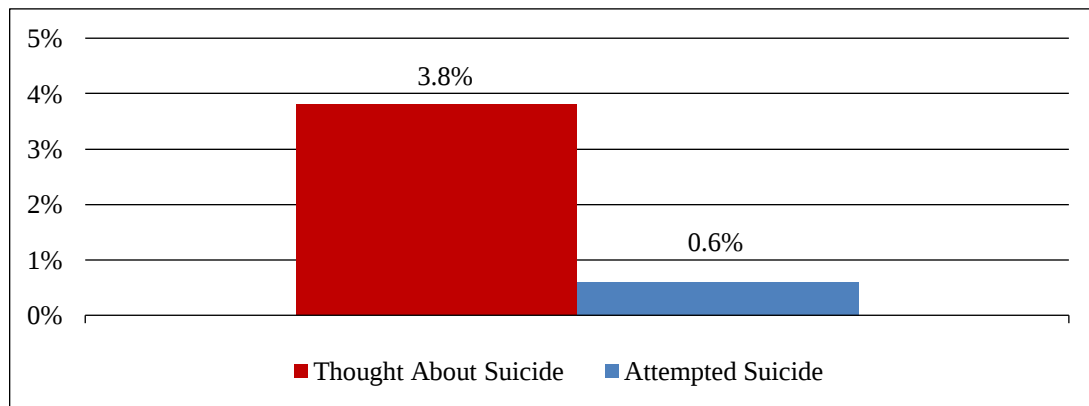
Figure 9- 2: Proportion of NJ Adults with Positive Screens on the PHQ-4 for Anxiety, Depression and Moderate/Severe Psychological Distress in the Last Two Weeks



B3. Prevalence of Suicide Ideation and Attempts in the Last 12 Months (Figure 9-3)

- Suicide ideation and attempts were reported by a small proportion of residents in the last 12 months.
- Almost 4% of residents had thoughts of ending their lives in the past year and less than 1% had made an actual attempt.

Figure 9- 3: Suicide Ideation and Attempt in the Last 12 Months: All NJ Adults

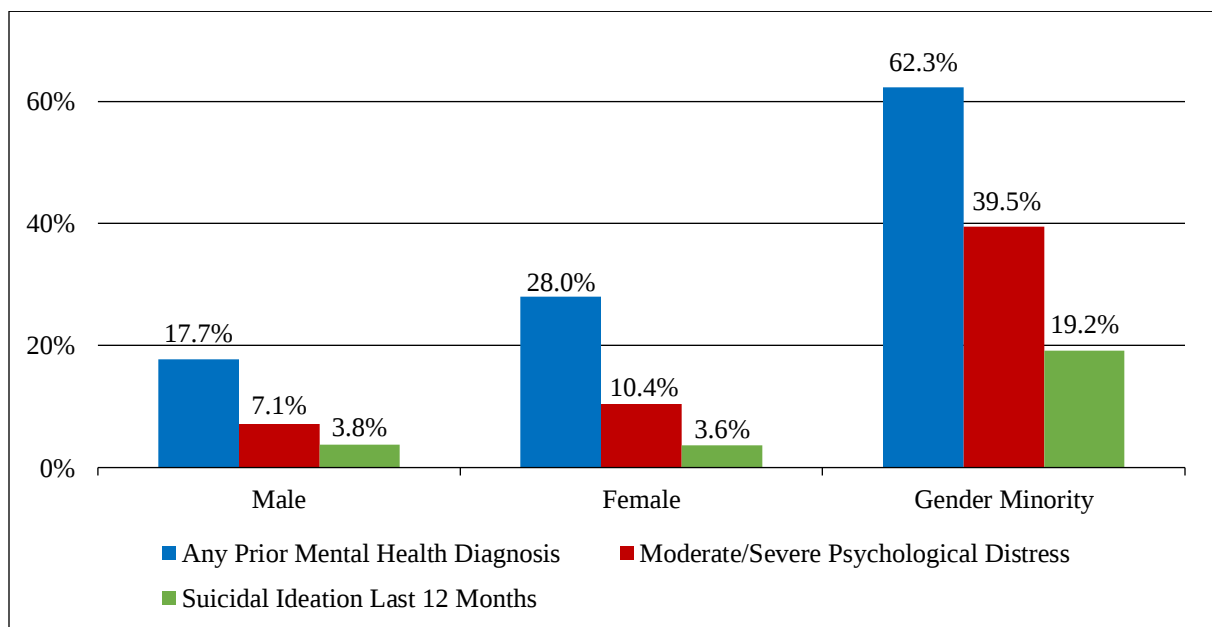


B4. Mental Health Status by Demographic Characteristics of NJ Adults

Gender (Figure 9-4)

- Residents who identified as gender minority had significant mental health issues compared to adults identifying as male or female. Thus, 62% of gender minority adults reported a history of at least one prior mental health diagnosis, compared to 28% of females and 18% of males.
- Gender minority adults were also substantially more likely to report current moderate or severe psychological distress (40%) compared to females (10%) and males (7%).
- Suicidal ideation was also more prevalent in gender minority adults, with 19% reporting ideation in the last year, compared to 4% of both males and females.

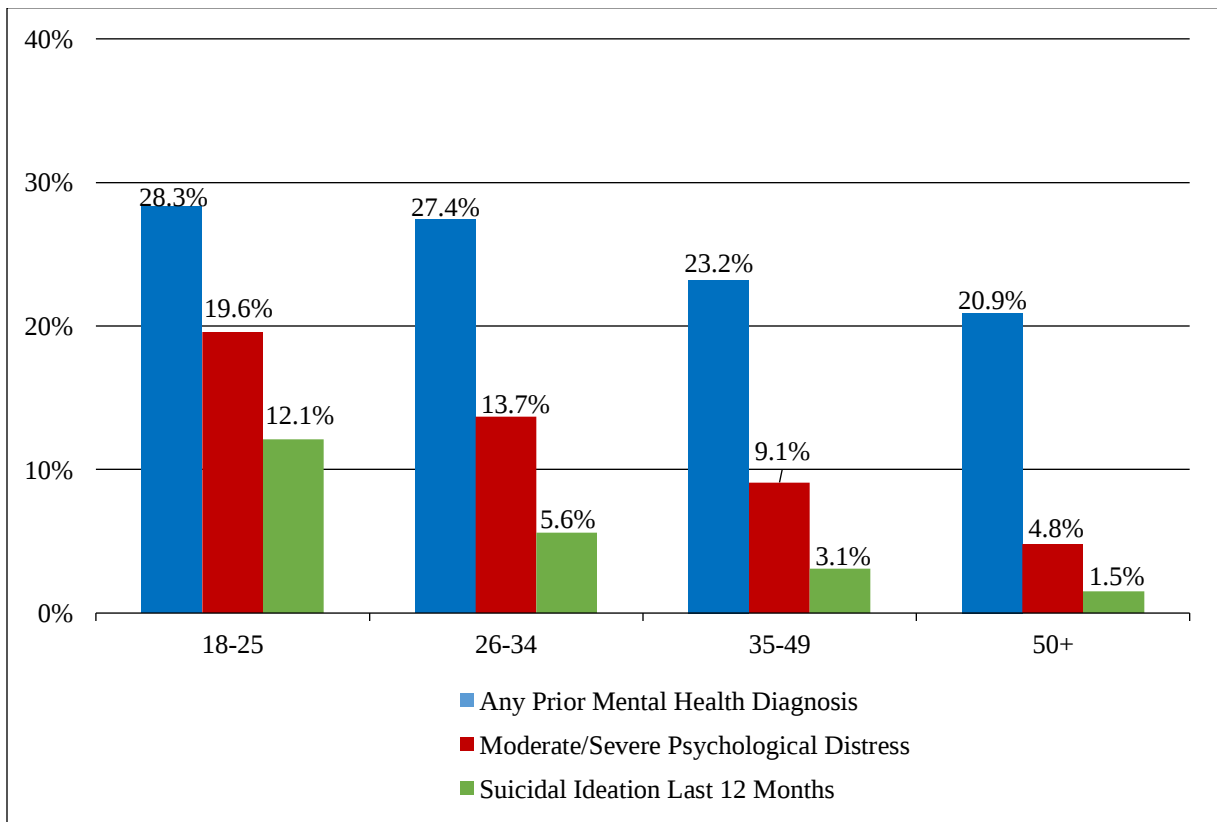
Figure 9- 4: Mental Health Status by Gender: All NJ Adults



Age (Figure 9-5)

- Mental health conditions were highly related to age, with younger adults being at greater risk of psychological problems than older adults.
- The greatest age disparities were found with respect to current psychological problems. Thus, 20% of those aged 18-25 screened positive for moderate/severe psychological distress on the PHQ-4, compared to 14% of 26–34-year-olds, 9% of 35–49-year-olds and 5% of those aged 50 and older.
- Similarly, the prevalence of suicidal ideation in the past 12 months was highest among adults aged 18-25 (12%), dropping to 6% among adults aged 26-34, 3% among 35–49-year-olds and less than 2% among residents 50 years and older.
- Age disparities with respect to past mental health diagnoses, however, were not as pronounced, with 28% of 18–25-year-olds and 27% of those aged 26-34, reporting a prior mental health diagnosis. The prevalence of prior diagnoses decreased to 23% among 35–49-year-olds, and 21% among those 50 and older.

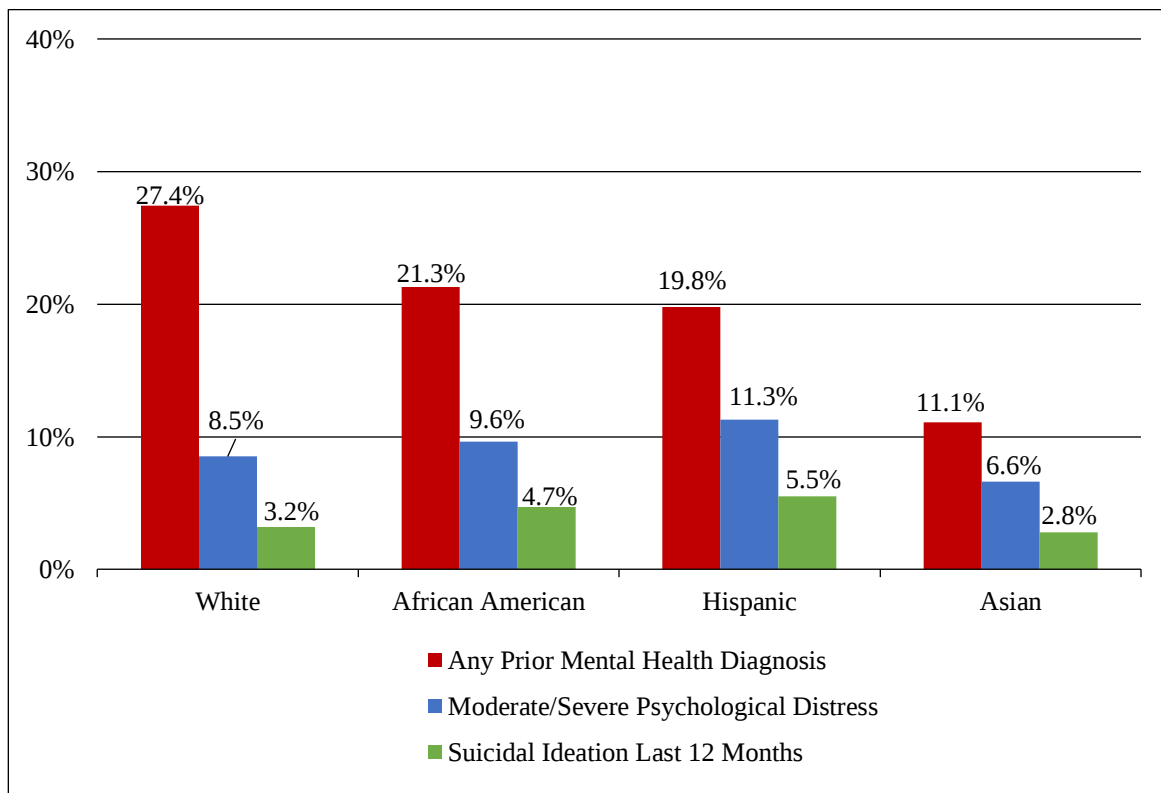
Figure 9- 5: Mental Health Status by Age: All NJ Adults



Race/Ethnicity (Figure 9-6)

- Although Whites were more likely than other race/ethnicities to report a prior mental health diagnosis, they were somewhat less likely than members of other race/ethnicities to report current distress.
- Thus, 27% of Whites had at least one diagnosed mental health condition, compared to 21% of African Americans, 20% of Hispanics and 11% of Asians.
- In terms of current psychological status, similar proportions of Hispanics (11%), African Americans (10%) and Whites (9%), and a somewhat smaller proportion of Asians (7%), screened positive for moderate or severe distress on the PHQ-4.
- Suicidal ideation was most prevalent among Hispanics (6%) and African Americans (5%), and less frequent among Whites and Asians (3% in both groups).

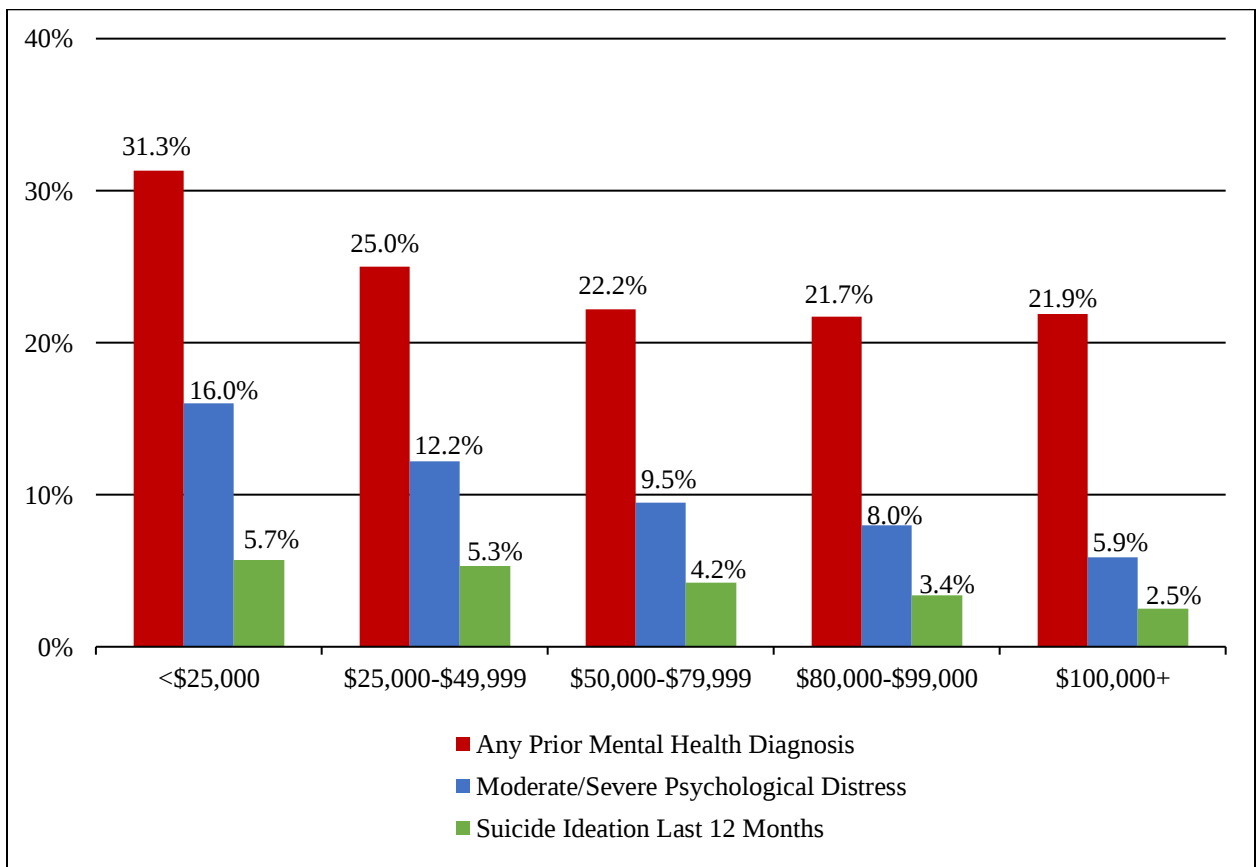
Figure 9- 6: Mental Health Status by Race/Ethnicity: All NJ Adults



Income (Figure 9-7)

- By income, the most substantial differences were found between those at the polar ends of the income scale, with the lowest wage earners having the highest rates of mental health problems and the highest wage earners, the lowest. Overall, mental health problems decreased steadily as income rose.
- With respect to mental health history, 31% of those earning less than \$25,000 a year had a prior mental health diagnosis compared to 22% of those making \$100,000 or more.
- Current moderate or severe psychological distress on the PHQ-4 was also most prevalent among lowest wage earners (16%) and least prevalent among those earning \$100,000 or more (6%).
- The lowest wage earners were also substantially more likely than those in the highest income group to report past-year suicidal ideation, with 6% of those earning under \$25,000 reporting ideation compared to 3% of wage earners making \$100,000 or more.

Figure 9- 7: Mental Health Status by Income: All NJ Adults

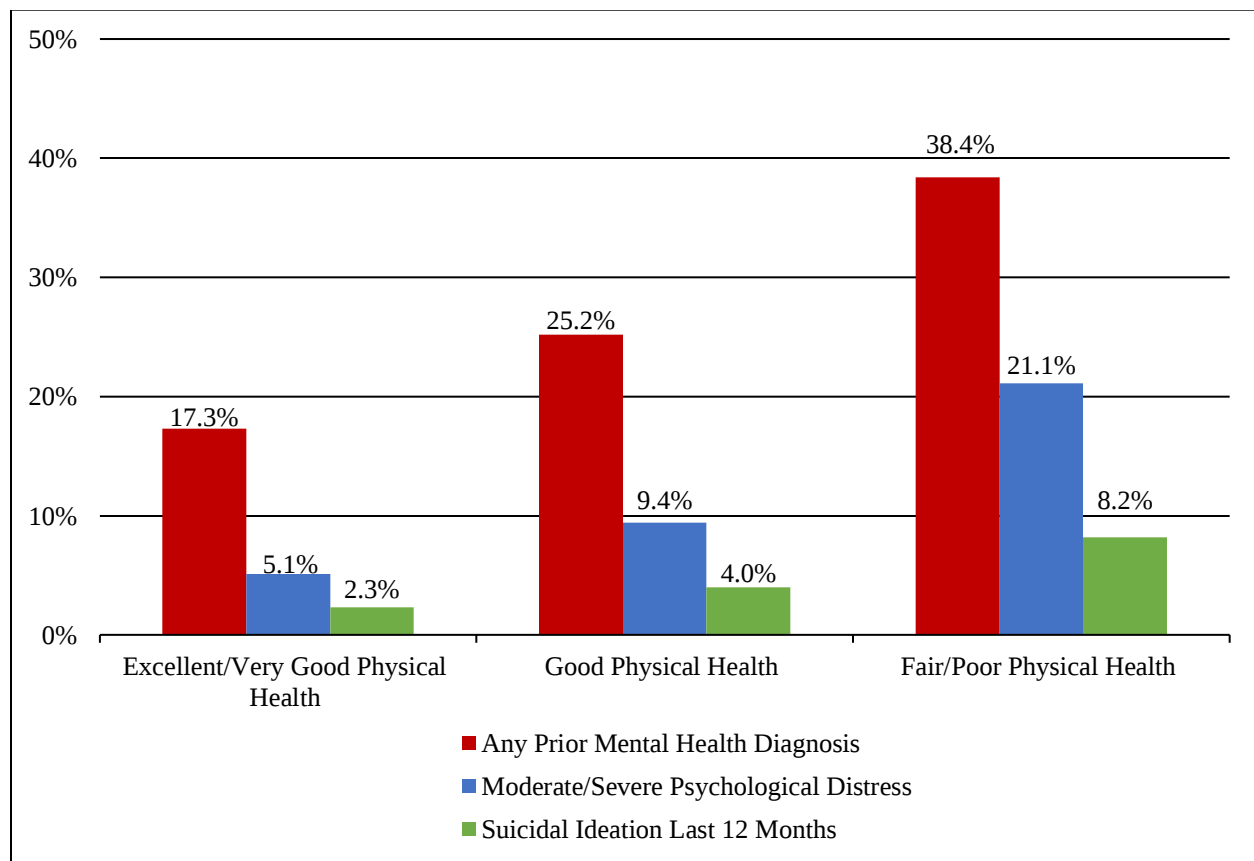


B5. Mental Health Status of NJ Adults According to Self-Rated Physical Health, and Health Insurance Status

Physical Health (Figure 9-8)

- Mental health status was also found to be related to physical health, with residents who rated their physical health as fair or poor being more likely to screen positive for mental health disorders than residents reporting good or excellent health.
- Having at least one mental health diagnosis was more likely among residents with fair/poor health (38%) than among those with good (25%) or excellent/very good (17%) health.
- Likewise, adults with fair/poor physical health were more likely than those with very good/excellent health to report suicidal ideation in the last 12 months (8% vs. 2%).

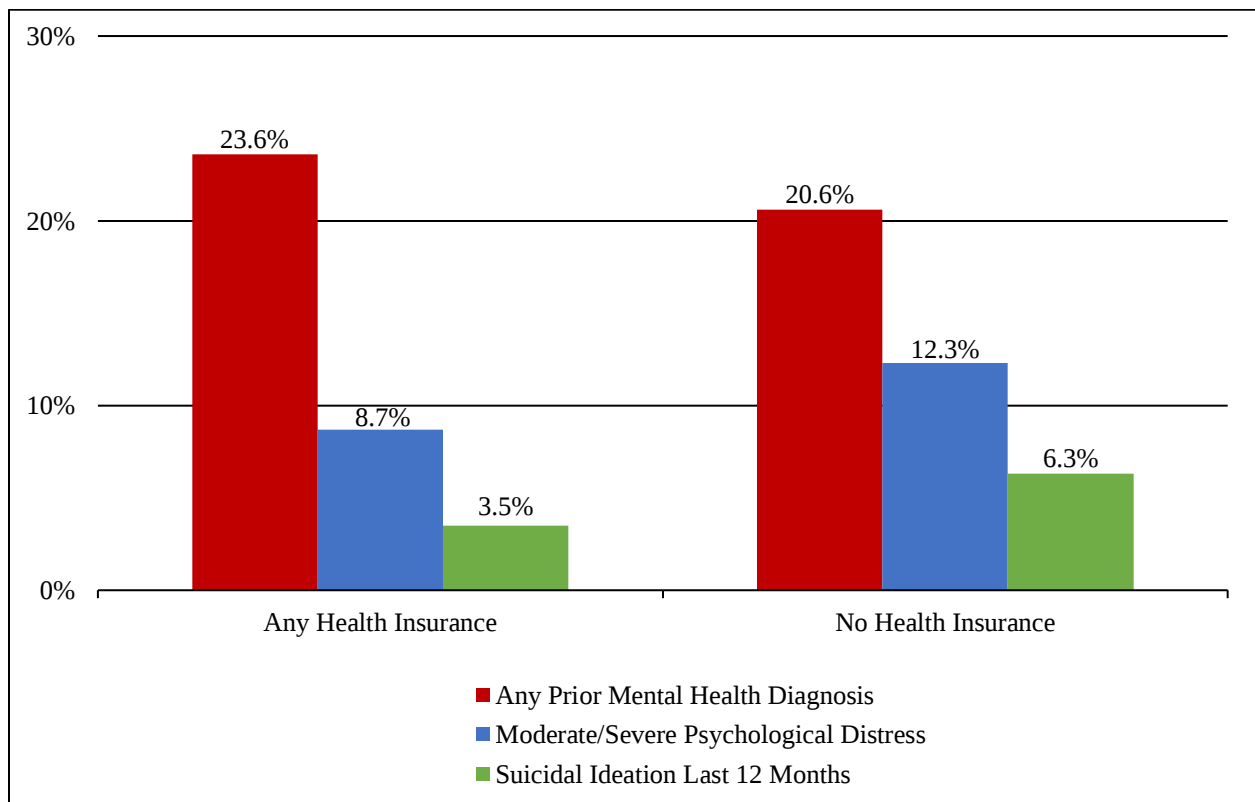
Figure 9- 8: Mental Health of NJ Adults by Self-Rated Physical Health Status: All NJ Adults



Health Insurance Status (Figure 9-9)

- While adults with health insurance were somewhat more likely than those without insurance to have a prior mental health diagnosis (24% vs. 21%), they were somewhat less likely than the uninsured to have current psychological distress.
- Thus, moderate or severe psychological distress on the PHQ-4 affected 12% of those with no health insurance and 9% of the insured. Similarly, 6% of the uninsured reported past 12-month suicidal ideation, compared to less than 4% of those with insurance.

Figure 9- 9: Mental Health of NJ Adults by Health Insurance Coverage: All NJ Adults



C. MENTAL HEALTH STATUS AND SUBSTANCE USE

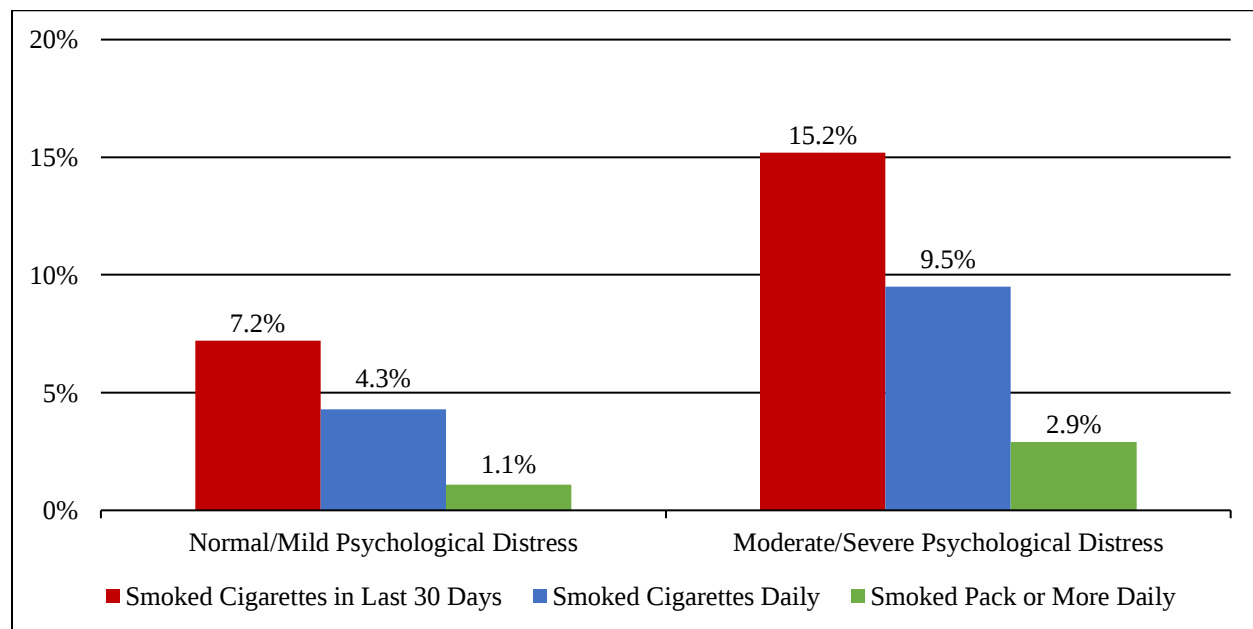
In this section we examine the relationship between current psychological distress and the use and abuse of licit and illicit substances, including alcohol, tobacco, cannabis and illicit drugs.

C1. Use of Tobacco, Alcohol and Cannabis Use

Cigarette Smoking (Figure 9-10)

- Overall, adults screening positive for moderate or severe psychological distress on the PHQ-4 were more likely to be recent, current, and heavy cigarette smokers than those with normal or mild distress.
- Among adults with normal or mild distress, 7% were current smokers, 4% smoked daily and 1% smoked a pack or more per day. In contrast, among those with moderate or severe distress, 15% were current smokers, 10% smoked daily and 3% smoked a pack or more per day.

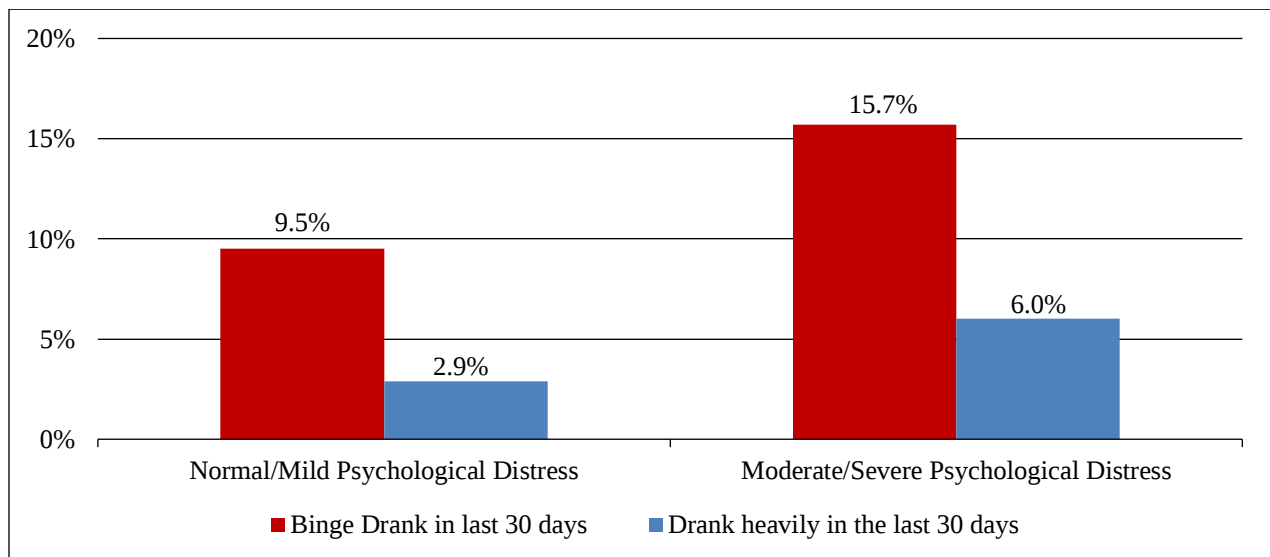
Figure 9- 10: Tobacco Cigarette Smoking by Psychological Distress Score on the PHQ-4: All NJ Adults



Alcohol Use (Figure 9-11)

- Rates of past 30-day alcohol use did not differ substantially according to psychological distress levels, with 56% of those with normal or mild distress and 53% of those with moderate or severe distress having used alcohol in the last month (not shown).
- Problem drinking, however, was more prevalent among those with higher levels of psychological distress. Thus, among residents with moderate or severe distress, 16% binge drank and 6% drank heavily in the last 30 days. In contrast, among those with normal or mild distress, 10% binge drank and 3% drank heavily in the last month.

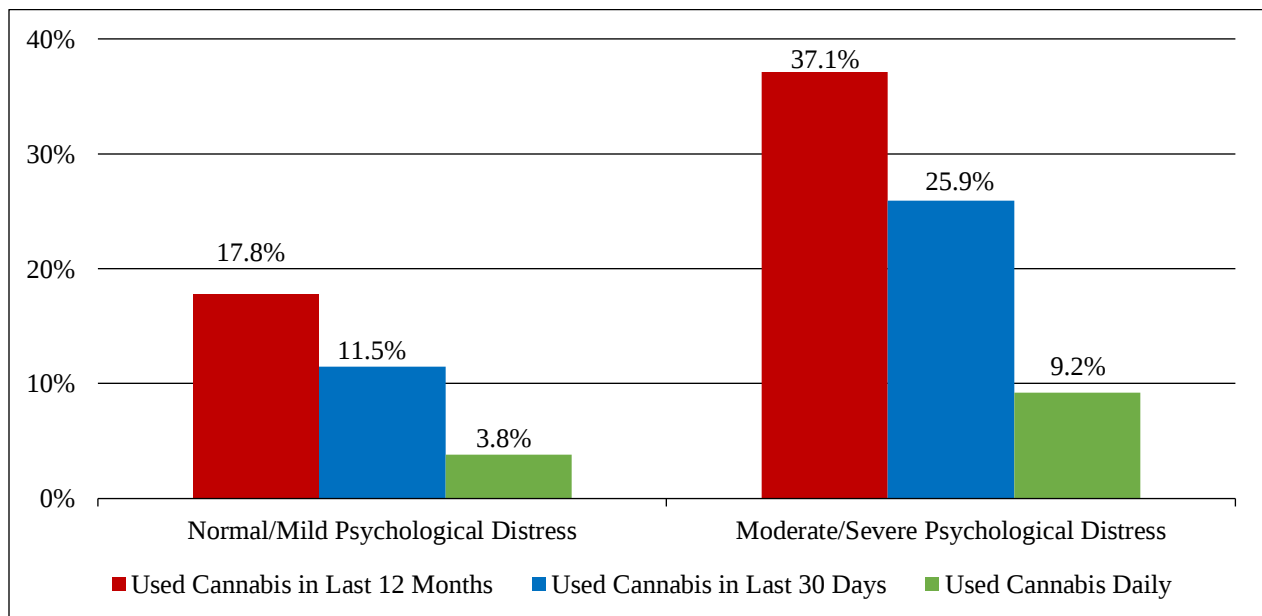
Figure 9- 11: Problem Alcohol Use by Psychological Distress Score on the PHQ-4: All NJ Adults



Cannabis Use (Figure 9-12)

- Adults with moderate or severe psychological distress had higher rates of cannabis use than individuals with normal or mild distress.
- Compared to adults with normal or mild distress, those with moderate or severe distress were more likely to have used cannabis in the last 12 months (37% vs. 18%) and in the last 30 days (26% vs. 12%). Adults in the higher stress group were also more likely to use cannabis daily (9% vs. 4%)

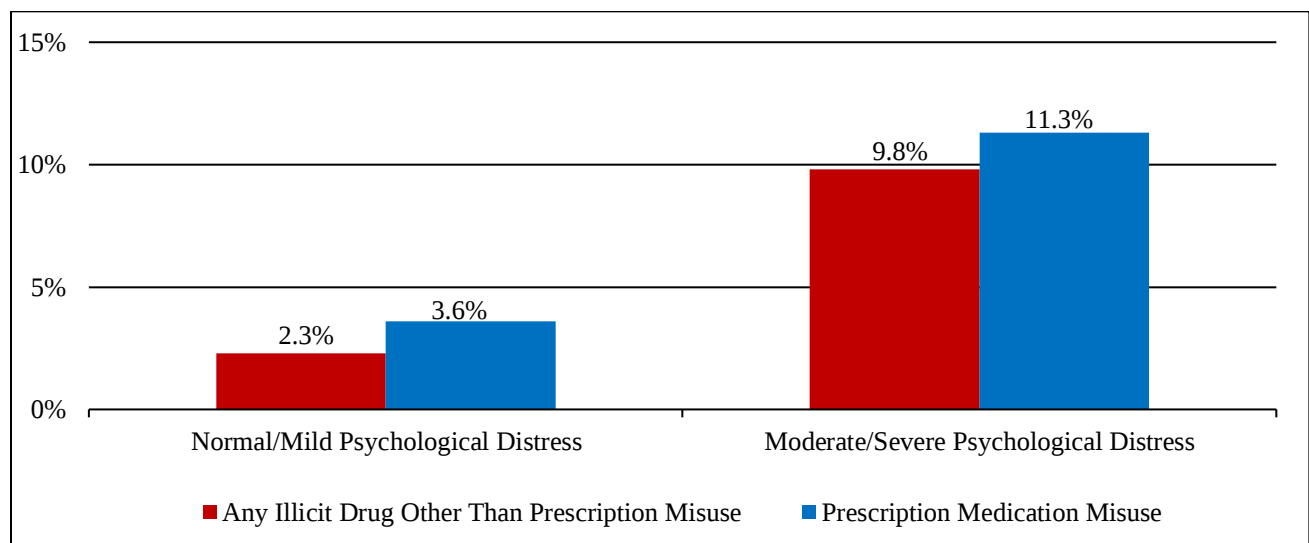
Figure 9- 12: Cannabis Use by Psychological Distress Score on the PHQ-4: All NJ Adults



C2. Use of Illicit Drugs (Figure 9-13)

- Notable differences in illicit drug use were also found by mental health status, with those screening positive for moderate or severe stress being more likely than others to misuse psychotherapeutic medications and to use other illicit drugs, such as heroin, cocaine, LSD and methamphetamines.
- Thus, misuse of psychotherapeutic medication in the past year was reported by 11% of those with moderate or severe psychological distress compared to 4% of those with normal or mild distress.
- Similarly, 10% of those with moderate or severe distress used illicit drugs in the last 12 months compared to 2% of those with normal or mild distress.

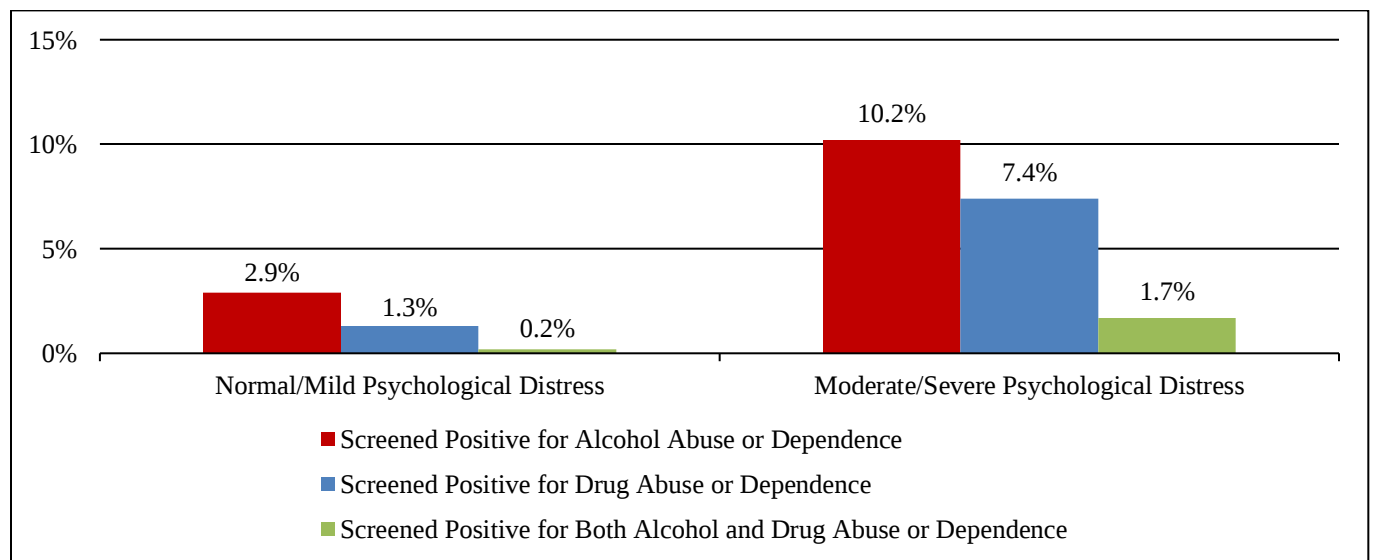
Figure 9- 13: Prescription Medication Misuse and Other Illicit Drug Use in the Last 12 Months by Psychological Distress Score on the PHQ-4: All NJ Adults



C3. Substance Abuse and Dependence (*Figure 9-14*)

- Adults with high levels of psychological distress were also substantially more likely than those with low distress levels to meet the criteria for drug and alcohol abuse or dependence.
- Adults with moderate or severe distress were more likely than those with normal or mild distress to screen positive for alcohol abuse or dependence (10% vs. 3%), drug abuse or dependence (7% vs. 1%) and for co-occurring alcohol and drug abuse/dependence (2% vs. <1%).

Figure 9- 14: Alcohol and Drug Abuse/Dependence in the Last 12 Months, by Psychological Distress Score on the PHQ-4: All NJ Adults



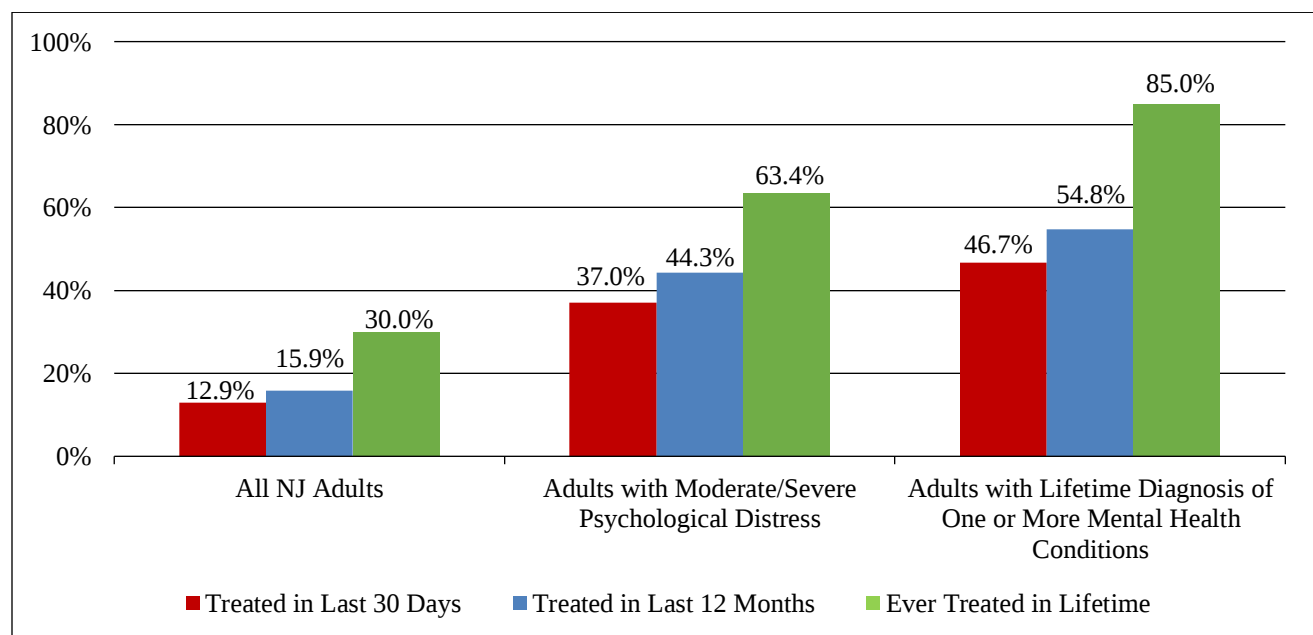
D. MENTAL HEALTH TREATMENT

This section examines treatment access among those with prior mental health diagnoses and those currently reporting moderate or severe distress. The section also examines demographic differences in treatment access in the past 12 months among those with current psychological distress.

D1. Mental Health Treatment Utilization in the Past 12 Months: All NJ Adults, Adults with Prior Mental Health Diagnoses, and Adults with Psychological Distress on the PHQ-4 (Figure 9-15)

- Although 30% of all NJ adults reported receiving some mental health treatment in their lifetimes, the proportion ever treated was highest among adults with a lifetime mental health diagnosis (85%), followed by adults with current moderate or severe distress (63%).
- Past 12-month and past 30-day treatment was also substantially higher among adults with a prior mental health diagnosis (55% and 47%, respectively) and those with current moderate or severe distress (44% and 37%, respectively) than in the population as a whole (16% and 13%, respectively).

Figure 9- 15: Receipt of Mental Health Treatment by Current Mental Health Screening Status and Lifetime Mental Health Diagnosis: All NJ Adults

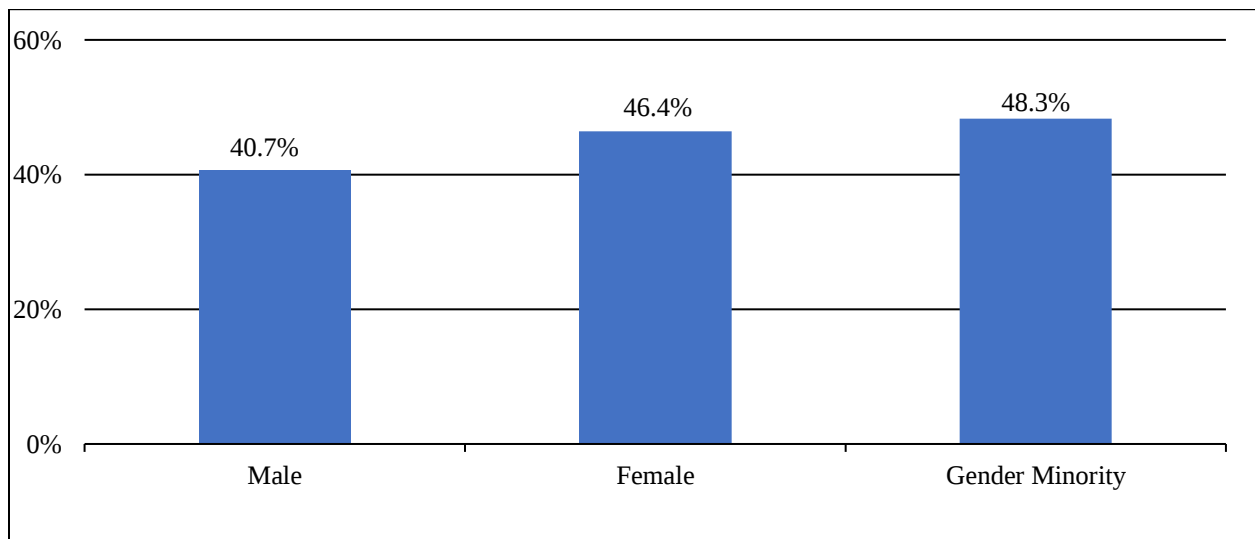


D2. Demographic Differences in Treatment Utilization in the Last 12 Months Among NJ Adults with Moderate or Severe Psychological Distress on the PHQ-4

Gender (Figure 9-16)

- With respect to gender, females (46%) and adults identifying as gender minority (48%) were more likely than males (41%) to have accessed treatment in the last year.

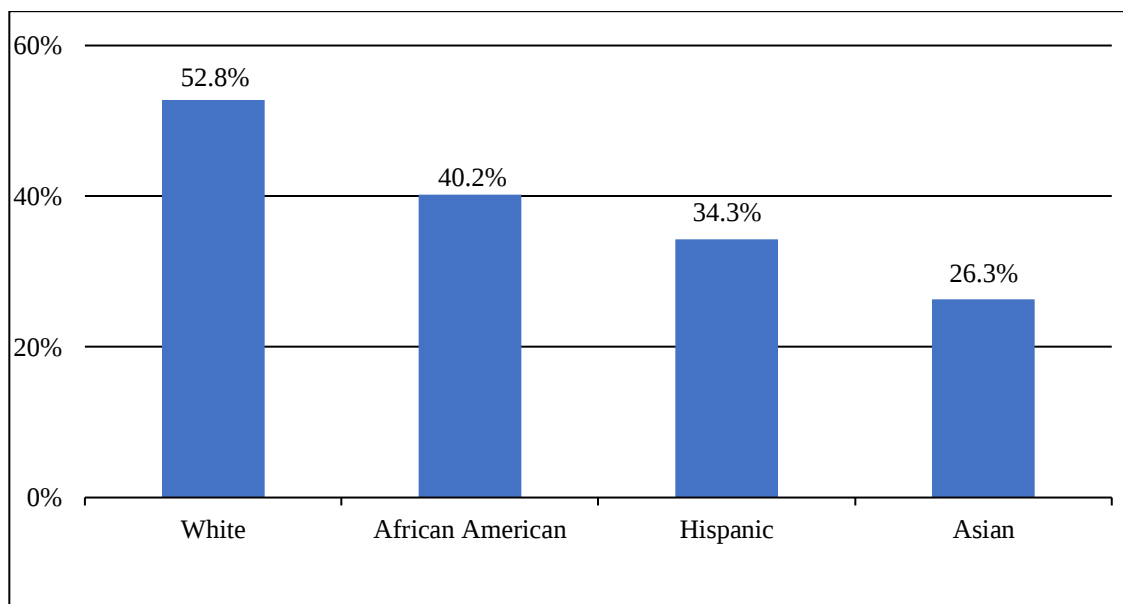
Figure 9- 16: Proportion of Adults Who Accessed Mental Health Treatment in the Last 12 Months, by Gender: NJ Adults with Moderate/Severe Psychological Distress on the PHQ-4



Race/Ethnicity (Figure 9-17)

- Access to treatment in the last 12 months was also related to race/ethnicity, with White adults reporting greater access than adults of minority race/ethnicity.
- Among adults experiencing moderate or severe psychological distress, 53% of White adults reported having accessed treatment in the past 12 months, compared to 40% of African Americans, 34% of Hispanics and 26% of Asians.

Figure 9- 17: Proportion of Adults Who Accessed Mental Health Treatment in the Last 12 Months, by Race/Ethnicity: NJ Adults with Moderate/Severe Psychological Distress on the PHQ-4



Age, Education, Employment and Income (Table 9-1)

- By age, adults aged 26-34 and 50 and older had the highest rates of treatment (48% and 47%, respectively). Rates among those aged 18-25 and 35 to 49 were 41% and 42%, respectively).
- Treatment access also varied by education status, with access increasing as level of education increased. Thus, treatment access among those with distress was reported by 35% of those with a high school degree or less, 49% of those with some college education and 51% of college graduates.

- By employment status, treatment access was highest among those who were retired or disabled (46%) followed by those working full-time (43%). Those who were unemployed or working part-time had similar rates of access (38% and 39%, respectively).
- Treatment access was also related to income, with the greatest treatment access reported by those earning \$100,000 or more (53%), and the lowest access, by those earning under \$25,000 (38%). Treatment access in the middle-income groups ranged from 41% to 45%.

Table 9- 1: Access to Mental Health Treatment in the Last 12 Months by Other Demographic Characteristics: NJ Adults with Moderate/Severe Psychological Distress on the PHQ-4

Demographics		Percent Treated in the Last 12 Months
<i>New Jersey Adults with Moderate/Severe Psychological Distress (n=1982)</i>		44.3
<i>Age</i>	18-25 (n=510)	41.1
	26-34 (n=464)	47.7
	35-49 (n=496)	42.3
	50+ (n=508)	46.5
<i>Education</i>	High School Grad or Less (n=771)	35.3
	Some College (n=563)	48.9
	College Grad + (n=644)	50.8
<i>Employment Status</i>	Full-time (n=864)	43.3
	Part-time (n=343)	38.5
	Unemployed (n=382)	38.0
	Retired/Disabled/Other (n=389)	46.4
<i>Income</i>	Under \$25,000 (n=412)	37.6
	\$25,000-\$49,000 (n=452)	44.9
	\$50,000-\$79,000 (n=365)	41.6
	\$80,000-\$99,000 (n=234)	40.9
	\$100,000 + (n=496)	53.0

CHAPTER 10

EFFECTS OF COVID-19

A. INTRODUCTION

In March 2020, the World Health Organization (WHO) declared the COVID-19 virus a global health emergency and pandemic (U.S. Department of Defense, 2024) and, shortly after, the Trump Administration declared the pandemic a U.S. national emergency. Immediately, individual states began to implement shutdowns of schools, restaurants, places of work, and non-essential stores and implemented mask mandates, social distancing, curfews, travel restrictions, mandatory virus testing, and quarantines. By June 2020, there were over two million COVID-19 cases reported in the United States, and by August 2020, COVID-19 became the third leading cause of death (U.S. Department of Defense, 2024). As of April 2024, over one million people have died from COVID-19 in the United States (CDC, 2024).

The COVID-19 pandemic is a major public health crisis that changed the everyday lives of New Jersey residents, many of whom are still dealing with the pandemic's economic, social, physical and psychological consequences. Research conducted during and since the pandemic suggests that the physical, mental health and social welfare stressors created by the pandemic contributed to significant increases in substance use and mental health stressors nationally (Roberts et al., 2021; Panchal et al., 2021). The timing of the current survey, which was conducted between October 2022 - August 2023 (shortly after the May 2023 declaration ending the US state of emergency) provided an important opportunity to assess the impact of the pandemic on the mental health and substance use status of New Jersey residents.

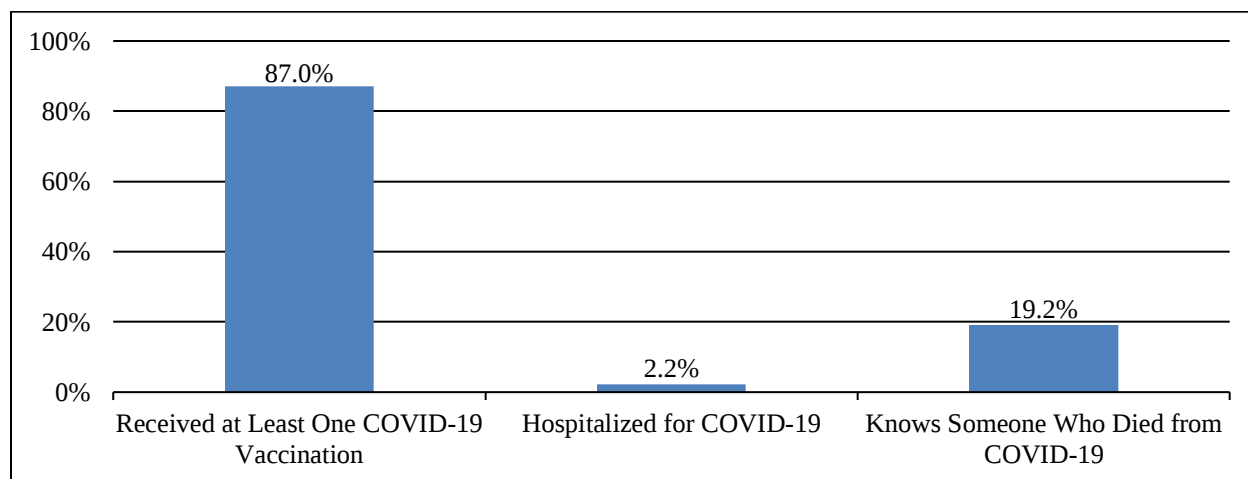
This chapter reports on NJ residents' experiences during the COVID-19 pandemic and attempts to assess the effects of these experiences on residents' mental health and substance use behaviors. Included in this chapter are residents' experiences pertaining to COVID-19 vaccinations, illness histories and hospitalizations, social and economic challenges associated with the pandemic and pandemic-related changes in substance use and mental health. The chapter will examine these factors in the New Jersey population as a whole and in specific demographic subgroups.

B. COVID-19 PANDEMIC-RELATED HEALTH AND WELFARE EXPERIENCES

B1. COVID-19 Vaccinations, Hospitalizations and Mortality (*Figure 10-1*)

- The majority of the population (87%) reported receiving at least one COVID-19 vaccine.
- About 2% reported being hospitalized for COVID-19, and 20% personally knew someone who died from COVID-19.

Figure 10- 1: Prevalence of COVID-19 Related Medical Experiences: All NJ Adults



B2. COVID-19-Related Health and Welfare Stressors

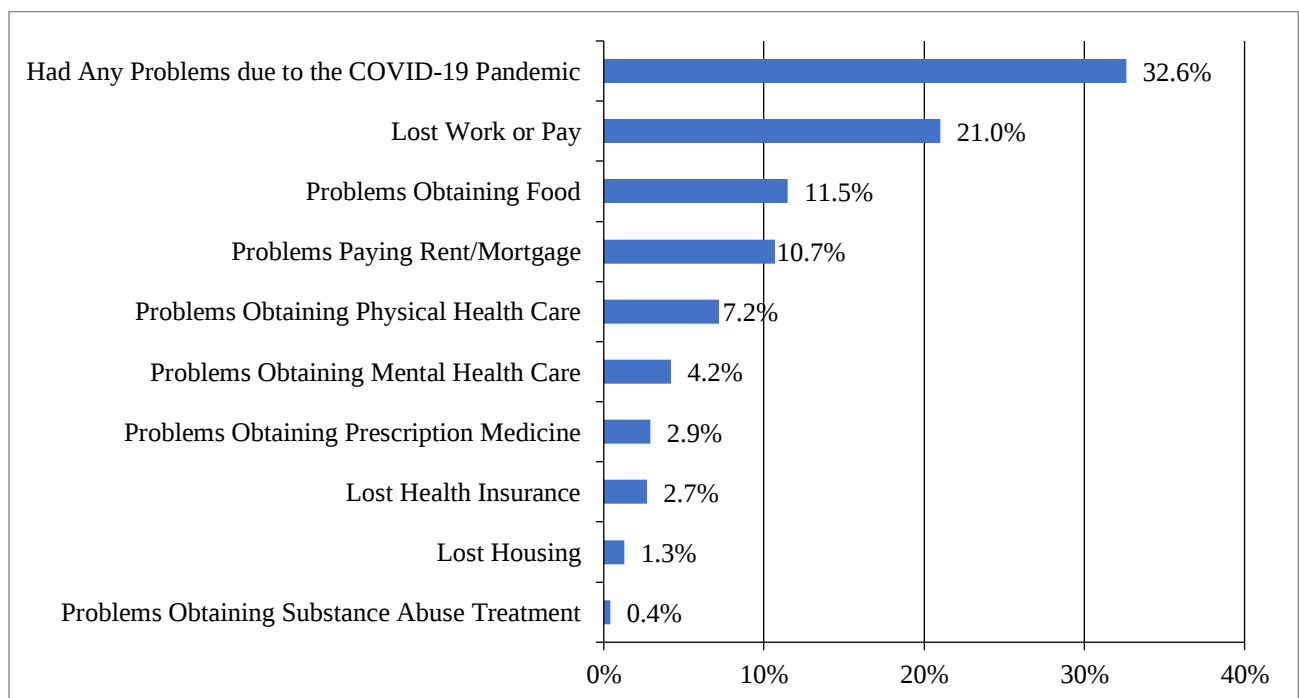
All survey participants were asked about the impact of the COVID-19 pandemic on their financial well-being, material living circumstances and access to medical care. Large-scale shutdowns during the state of emergency, moreover, led to lay-offs and job loss, which had significant repercussions for other material aspects of people's lives. Similarly, access to healthcare was often limited, with shutdowns resulting in closures or reduced hours of medical offices, loss of insurance (often as a consequence of job loss) and pharmacy closures.

Overview of Health and Welfare Stressors: All NJ Adults (Figure 10-2)

- Among all New Jersey residents, 33% reported experiencing at least one pandemic-related stressor.

- Material hardships were the most frequently mentioned stressors, with 21% reporting loss of work or pay, 12%, problems obtaining food and 11% problems paying their rent or mortgages. Only 1%, however, reported having lost their homes because of the pandemic.
- With respect to healthcare access, 7% reported problems obtaining physical healthcare and 4%, problems obtaining mental health treatment. Less than 1% of adults reported problems obtaining substance abuse treatment.
- In terms of other impacts on healthcare, about 3% of residents had problems obtaining prescription medications and 3% lost their health insurance.

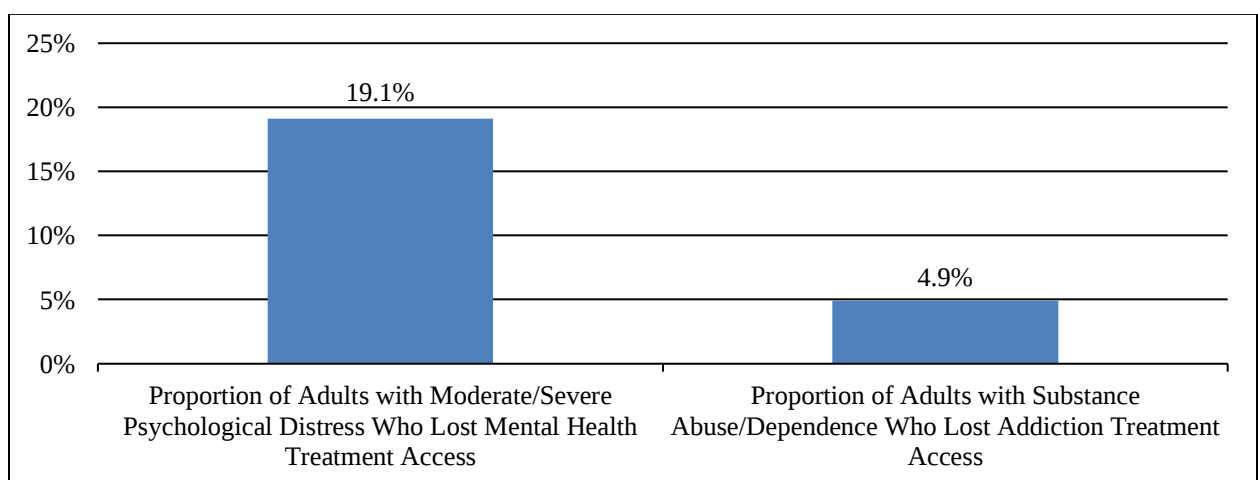
Figure 10- 2: Financial, Housing, Healthcare and Other Stressors Experienced by NJ Adults Due to the COVID-19 Pandemic: All NJ Adults



Inaccessibility of Mental Health Care and Addiction Treatment: Residents in Need of Treatment (Figure 10-3)

- Although overall, lack of access to mental health and addiction treatment was low among NJ residents as a whole during the pandemic (4% and <1%, respectively), barriers to access were more substantial among symptomatic adults with mental health or substance abuse problems.
- Among those with current moderate/severe psychological distress, 19% reported problems accessing mental healthcare during the pandemic.
- Among those screening positive for substance abuse/dependence, 5% had problems accessing addiction treatment during the pandemic.

Figure 10- 3: Loss of Mental Health and Addiction Treatment Access Due to COVID-19: Adults with Mental Health Symptoms or Substance Abuse/Dependence



C. CHARACTERISTICS OF NJ RESIDENTS WHO REPORTED ONE OR MORE PANDEMIC-RELATED STRESSORS

In this section, we report on the characteristics of residents who reported one or more of the COVID-19-related health and welfare stressors described in Figure 10-2 above.

C1. Gender, Race/Ethnicity and Age (*Table 10-1*)

Gender

- Gender minority residents were significantly more likely than males or females to have experienced pandemic-related stressors, with more than half (53%) reporting one or more problems resulting from COVID-19.
- In contrast, pandemic-related problems were experienced by 34% of females and 31% of males.

Table 10- 1: Demographic Characteristics of NJ Adults with Any Covid-19 Related Stressors: All NJ Adults

Demographics		Had COVID-19-Related Stressors (%)
New Jersey Total Population (n=22,200)		32.6
<i>Gender</i>	Male (n=10544)	30.8
	Female (n=11504)	34.1
	Gender Minority (n=147)	52.7
<i>Race/Ethnicity</i>	White (n=12252)	30.2
	African American (n=2874)	35.0
	Hispanic (n=4330)	41.5
	Asian (n=2399)	24.9
<i>Age</i>	18-20 (n=1237)	31.2
	21-25 (n=1107)	42.5
	26-34 (n=3687)	40.4
	35-49 (n=5489)	36.4
	50+ (n=10670)	27.2
<i>Marital Status</i>	Married (n=13478)	30.3
	Never Married (n=5439)	38.4
	Divorced/Sep. (n=2106)	38.3
	Widowed (n=1088)	21.2
<i>Education</i>	< High School (n=1382)	41.8
	High School Grad (n=6048)	32.3
	Some College (n=5475)	37.7
	College Grad + (n=9256)	28.5
<i>Employment Status</i>	Full-time (n=11462)	30.9
	Part-time (n=3259)	41.7
	Unemployed (n=1999)	56.2
	Retired/Disabled (n=4016)	20.1

Race/Ethnicity

- Hispanics were the most likely of all racial/ethnic groups to report experiencing COVID-19-related problems (42%), followed by African Americans (35%) and Whites (30%). Asians were the least likely of all groups to report problems (25%).

Age

- In general, those at the youngest and oldest ends of the age spectrum were less likely than others to report problems stemming from the pandemic.
- Pandemic problems were most frequently reported by adults between the ages of 21 and 25 (43%), followed by adults aged 26 to 34 (40%) and adults aged 35 to 49 (36%).
- Those least likely to report problems were aged 50 or older (27%), followed by young adults aged 18 to 20 (31%).

C2. Marital Status, Education and Employment (*Table 10-1*)

Marital Status

- Residents who were never married and those who were divorced or separated were the most likely of all marital groups to report pandemic-related stressors (38% for each group).
- Residents who were widowed (21%) and married (30%) were the least likely to report pandemic stress.

Education

- By education status, adults with less than a high school education were the most likely to have experienced COVID-19 related stressors (42%), followed by adults with some college (38%) and those with a high school diploma (32%).
- Adults with a college degree or higher were the least likely to report problems (29%).

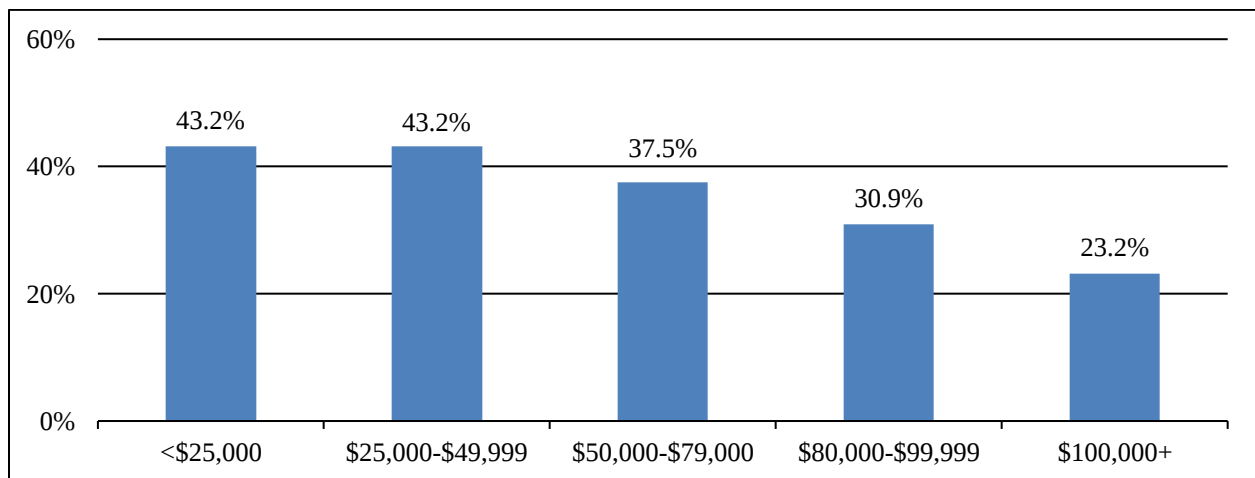
Employment Status

- More than half of all adults who were currently unemployed reported experiencing any COVID-19 related problems (56%), possibly reflecting pandemic-related job loss from which some residents had not yet recovered.
- Part-time employees also reported high rates of pandemic-related problems (42%), possibly also reflecting underemployment stemming from pandemic-related employment disruptions.
- In contrast, residents who were currently retired or disabled (20%) or employed full-time (31%) were the least likely to have experienced pandemic-related problems.

C3. Income (Figures 10-4 and 10-5)

- There was an inverse relationship between household income and COVID-19 related stressors, with problem reporting steadily decreasing as income levels rose.
- Thus, problem-reporting decreased steadily from 43% among those in the lowest income groups (<\$25,000 and \$25,000-\$49,999) to 23% among those earning \$100,000 or more.

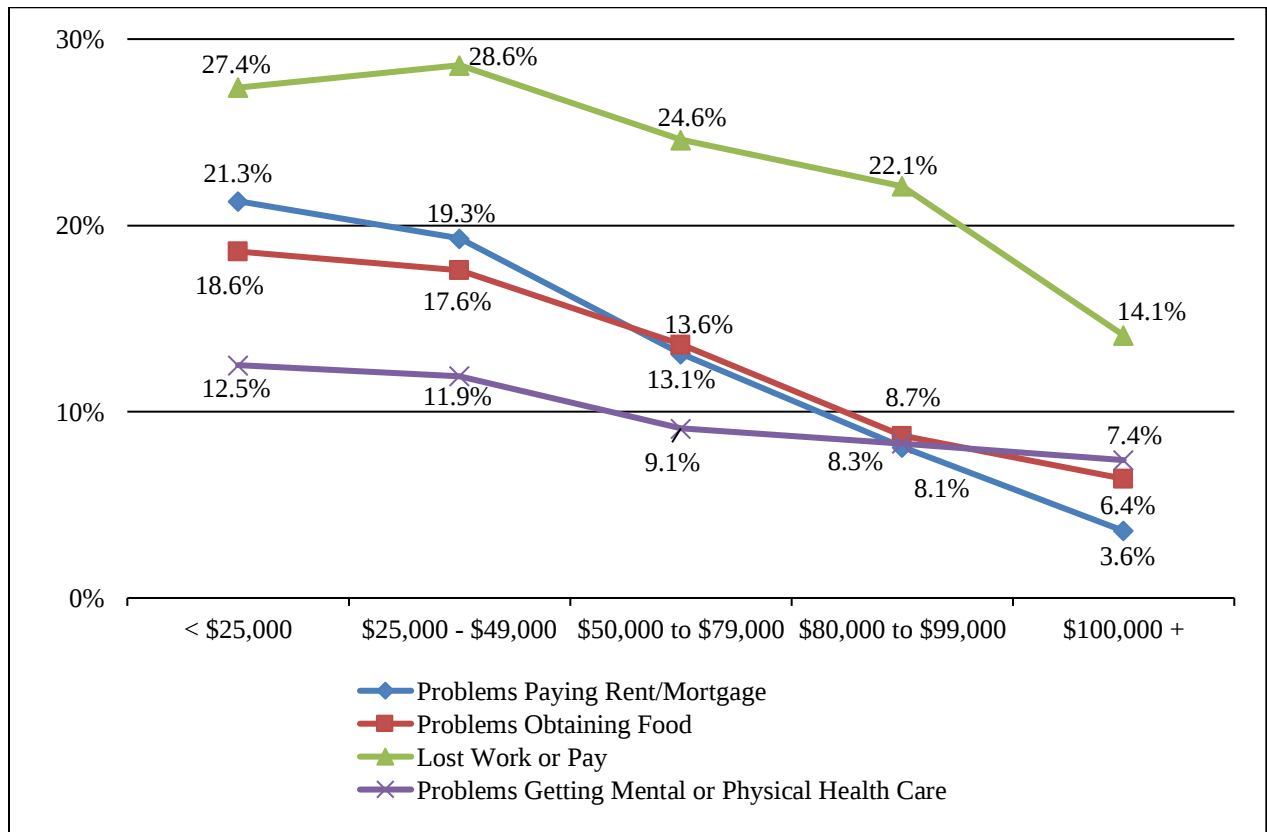
Figure 10- 4: Proportion of NJ Adults with One or More Stressors from COVID-19, by Income: All NJ Adults



Selected COVID-19-Related Problems by Income (Figure 10-5)

- By specific type of problem, the most notable income disparity was observed with respect to housing insecurity, with those in the lowest income bracket being five times more likely to report problems paying the rent or mortgage than those in the highest income bracket (21% vs. 4%).
- Disparities with respect to food insecurity were also substantial, with those in the lowest income bracket being more than three times as likely as the highest wage earners to report problems obtaining food (19% vs. 6%).
- Loss of a job or reductions in pay were about twice as likely to be reported by the lowest, relative to the highest, wage earners (27% vs. 14%).
- While disrupted access to healthcare affected all income levels, the lowest wage earners were nevertheless almost twice as likely to experience medical access problems as those in the highest income group (13% vs. 7%).

Figure 10- 5: Selected Problems Experienced Due to the COVID-19 Pandemic by Income: All NJ Adults



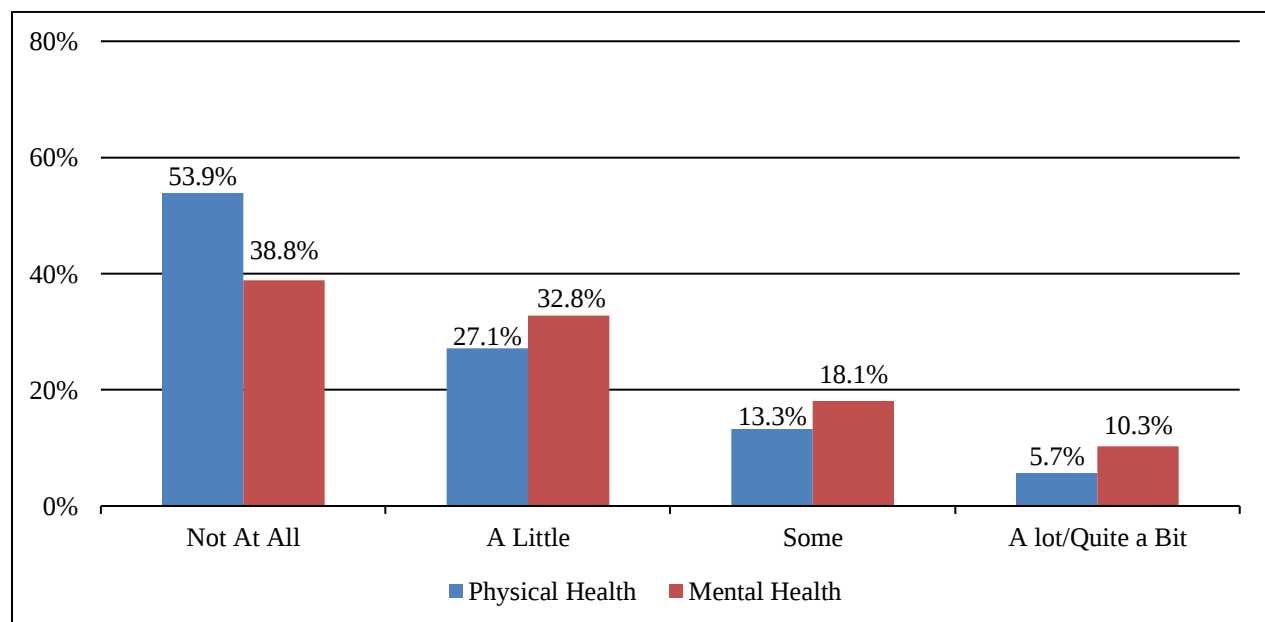
D. MENTAL, PHYSICAL AND BEHAVIORAL HEALTH EFFECTS OF THE COVID-19 PANDEMIC

All residents were asked how much, if at all, the COVID-19 pandemic had negatively affected their mental and physical health.

D1. Mental and Physical Health Effects (*Figure 10-6*)

- Overall, mental health was perceived by residents as being more negatively affected by the pandemic than physical health. Thus, more than half of all residents (54%) reported experiencing no negative physical health effects compared to 39% who reported no negative mental health effects.
- The most serious effects (i.e. those experienced “a lot/quite a bit”) were reported by 6% of residents regarding physical health and 10% regarding mental health.
- The proportion reporting “a little” or “some” negative effects were similarly higher for mental health (33% and 18%, respectively) than for physical health (27% and 13%, respectively).

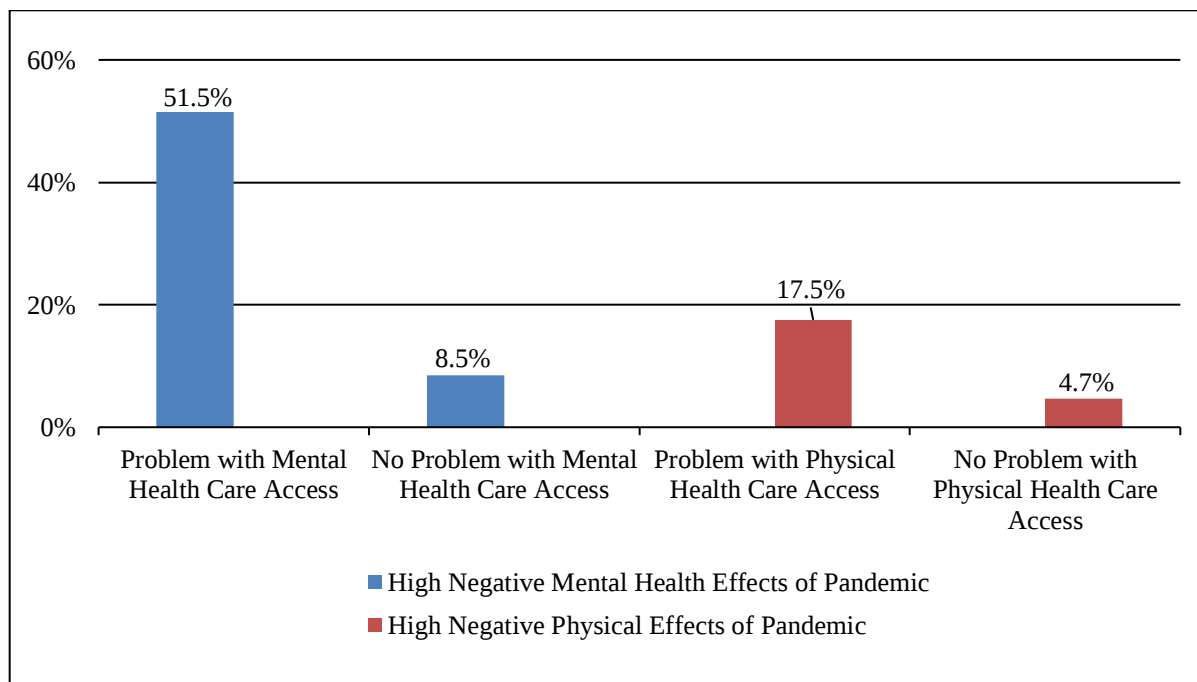
Figure 10- 6: Degree to Which the COVID-19 Pandemic Negatively Affected Physical and/or Mental Health: All NJ Adults



D2. Associations Between Healthcare Access and Mental and Physical Health Effects (Figure 10-7)

- While disruptions in access to healthcare during the pandemic were highly associated with perceived negative pandemic-related health effects (i.e. pandemic negatively affected health “a lot/quite a bit”), residents with mental healthcare access problems reported significantly higher negative mental health effects of the pandemic than their counterparts who had problems accessing physical health care.
- Among those with problems accessing mental health care, 52% reported that the pandemic affected their mental health “a lot/quite a bit.” In contrast, only 18% of those with physical healthcare access problems reported a similarly negative effect of the pandemic on their physical health.
- Compared to those with access problems, a substantially lower proportion of residents with no mental or physical healthcare access problems reported highly negative pandemic-related health effects (9% for mental health and 5% for physical health).

Figure 10- 7: Perceived Degree of Pandemic-Related Negative Health Effects by Ability to Obtain Medical and Mental Health Care During the COVID-19 Pandemic: All NJ Adults

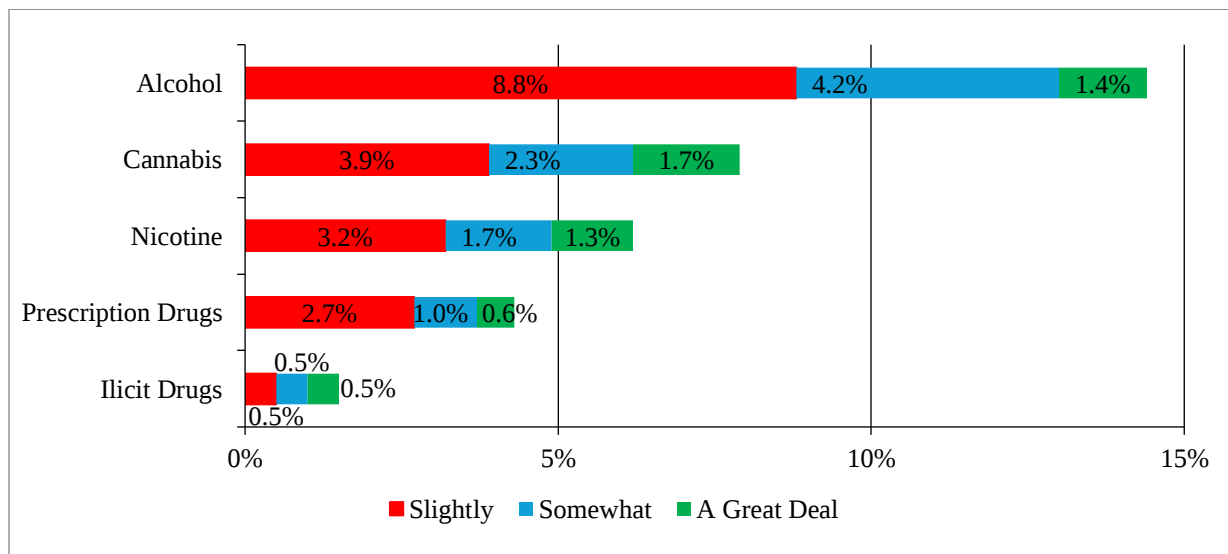


D3. Substance Use (*Figure 10-8*)

Participants were asked if the stress of the COVID-19 pandemic had caused them to increase their use of substances, including alcohol, cannabis, nicotine, illicit drugs (like cocaine, heroin, and methamphetamines, etc.), and misuse of prescription drugs (like pain medication, tranquilizers, etc.)

- Alcohol showed the greatest increase, with 14% of residents reporting some increase in use as a result of the pandemic.
- Pandemic-related increases in cannabis use (8%) and nicotine (6%) were next in prevalence.
- In terms of other drug use, increased misuse of psychotherapeutic drugs was reported by 4%, and use of illicit drugs other than psychotherapeutics, by 2%.

Figure 10- 8: Any Self-Reported Increase in Substance Use Due to Stress from the COVID-19 Pandemic: All NJ Adults

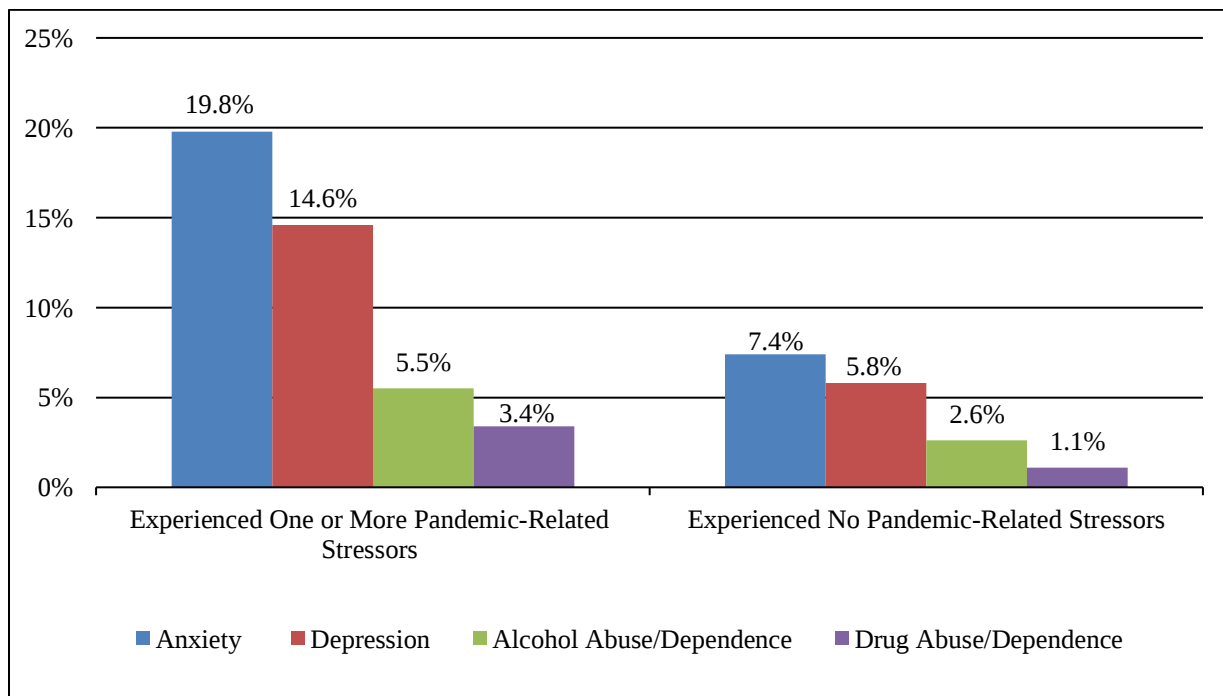


D4. Mental Health and Substance Use Status by Presence of Any COVID-19-Related Stressors

Anxiety, Depression and Substance Abuse/Dependence (Figure 10-9)

- Adults who experienced any COVID-19 related stressors were substantially more likely than those reporting no stressors to screen positive for a current mental health condition or substance use disorder.
- Among adults reporting one or more stressors, 20% screened positive for anxiety and 15%, for depression. In contrast, among those with no stressors, 8% screened positive for anxiety and 6%, for depression.
- Similarly, among adults who experienced pandemic-related stressors, 6% screened positive for alcohol abuse/dependence and 3%, for drug abuse/dependence. Among those reporting no stressors, 3% screened positive for alcohol abuse/dependence and 1%, for drug abuse/dependence.

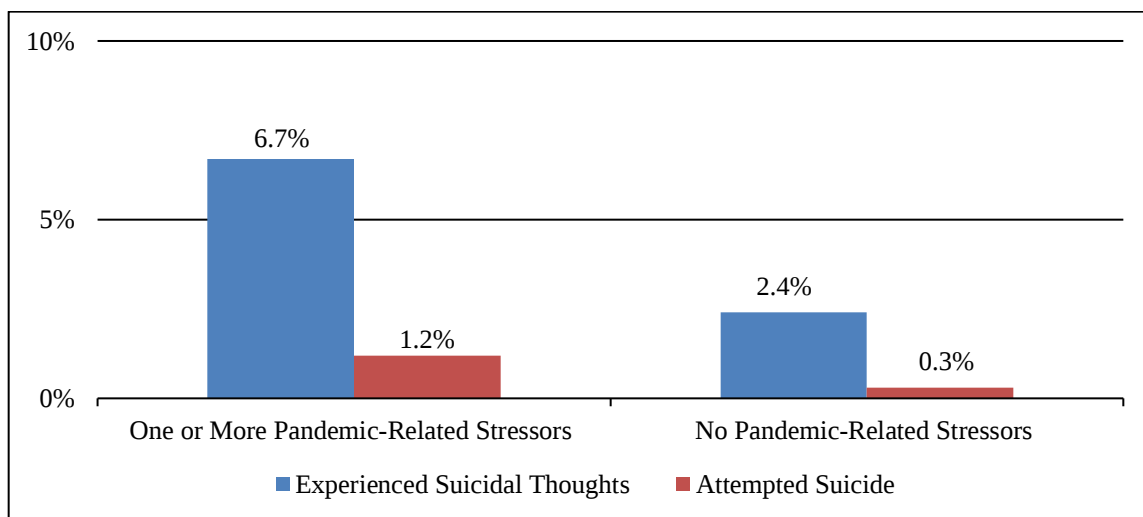
Figure 10- 9: Current Mental Health and Substance Use Status by Presence or Absence of COVID-19-Related Financial, Medical or Other Welfare-Related Stressors: All NJ Adults



Suicidality (Figure 10-10)

- Recent suicide ideation and attempts were also more frequent among residents reporting pandemic-related stressors compared to those reporting no stressors.
- Residents reporting stressors were more than three times as likely as those without stressors to have had suicidal thoughts in the past year (7% vs. 2%, respectively).
- Similarly, 1.2% of residents who faced pandemic-related stressors attempted suicide in the last 12 months, compared to 0.3% of those with no stressors.

Figure 10- 10: Suicide Ideation and Attempts in the Last 12 Months, by COVID-19 Related Stressors: All NJ Adults



CHAPTER 11

COUNTY VARIATIONS IN SUBSTANCE USE, ABUSE/DEPENDENCE, MENTAL HEALTH AND ACCESS TO TREATMENT

A. INTRODUCTION

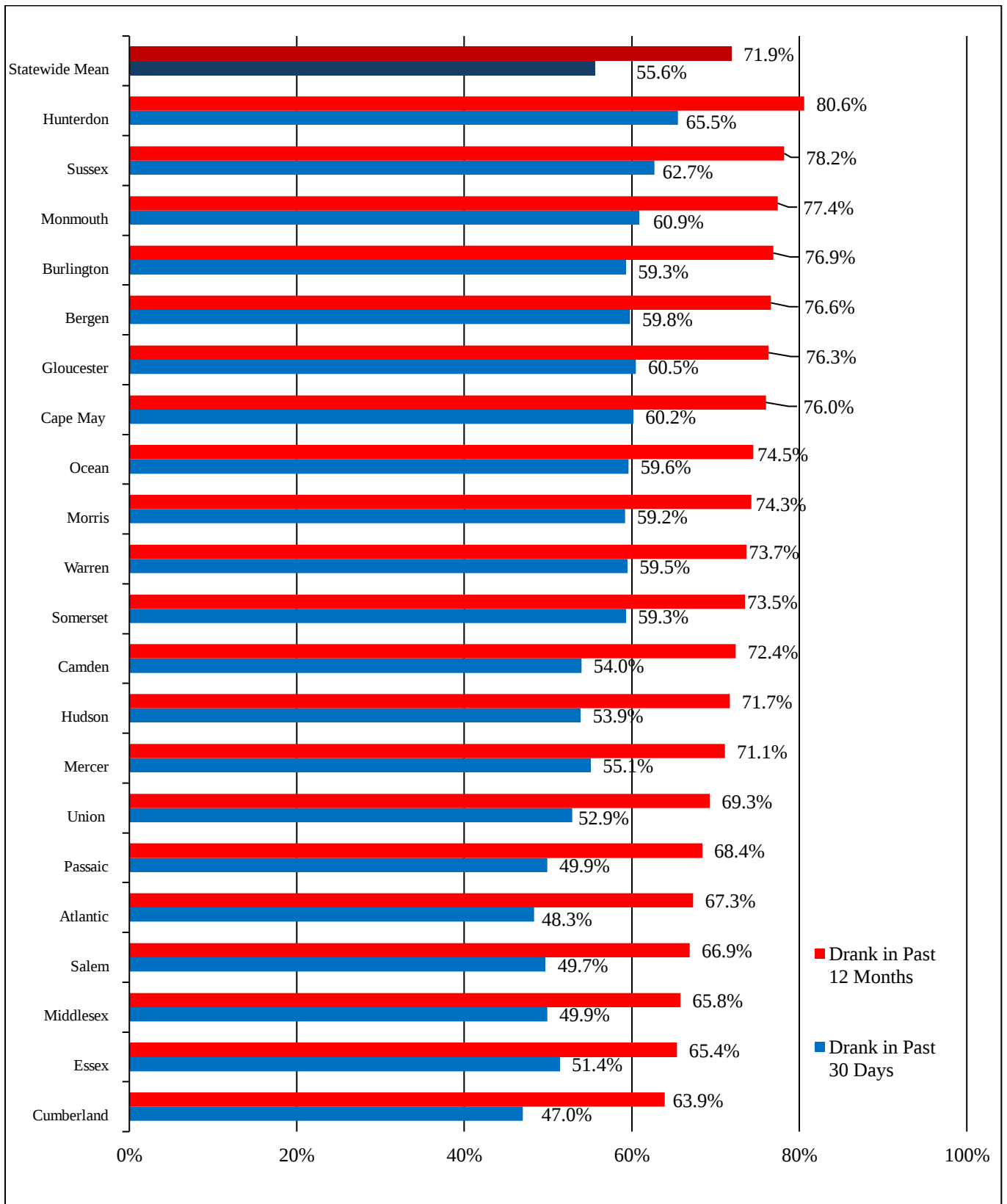
This chapter examines county differences in the prevalence of the use of alcohol, cannabis and illicit drugs. The chapter also examines rates of substance abuse/dependence by county, overall and by type of substance problem (alcohol or drugs). Finally, the chapter presents county-level variations in treatment access and treatment demand, among all residents and among those needing treatment.

Counties vary a great deal in their population size, population mix and their proximity to major urban centers such as Philadelphia and New York. The state also has several counties that serve as tourist destinations because of their beaches, with Atlantic County also having the casino center (Atlantic City) in addition to its shores. With such diversity of the state by county, it is natural to expect corresponding variations in substance use and substance abuse and/or dependence.

B. ALCOHOL USE

- Across New Jersey's 21 counties, alcohol use in the past 12 months ranged from 64% to 81% and use in the last 30 days ranged from 47% to 66% (Figure 11-1).
- Past year and past 30-day alcohol use were the most prevalent in Hunterdon and Sussex counties with 81% and 78%, respectively, reporting drinking in the past year, and 66% and 63%, respectively, drinking in the last 30 days.
- The lowest rates of past year alcohol use were found in Cumberland and Essex Counties (64% and 65%, respectively) and the lowest rates of past-30-day alcohol use were found in Cumberland and Atlantic counties (47% and 48%, respectively).

Figure 11- 1: Past Year and Past 30-Day Alcohol Use by County

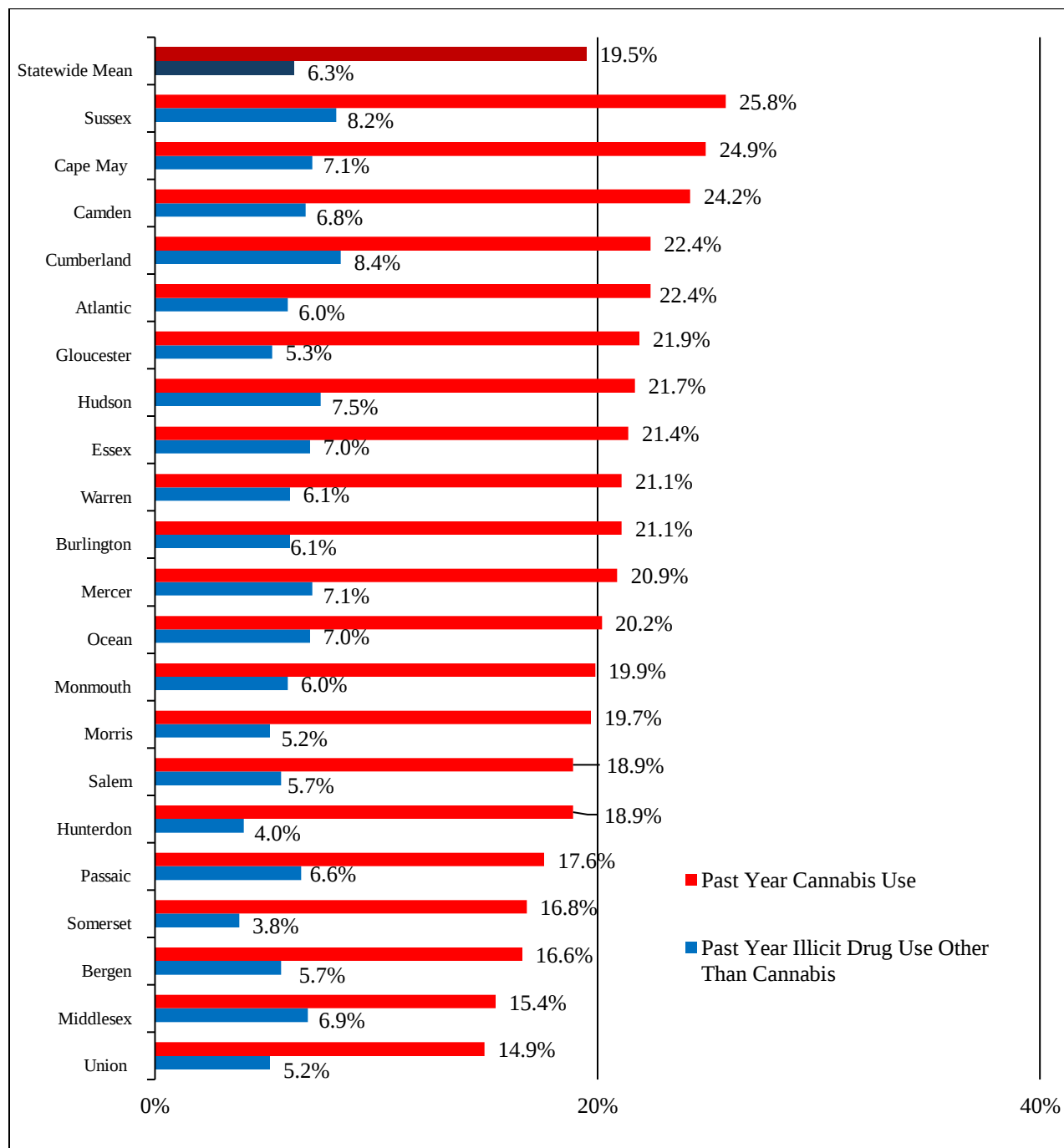


C. DRUG USE: CANNABIS AND ILLICIT DRUGS

C1. Cannabis Use (Figure 11-2)

- Past-year cannabis use ranged from 15% to 26% across all New Jersey counties.

Figure 11- 2: Past Year Cannabis and Illicit Drug Use (excluding Cannabis) by County



- The three counties with the highest rates of past-year cannabis use were Sussex (26%), Cape May (25%) and Camden (24%), while the counties with the lowest rates of past-year use were Union and Middlesex (15% each) and Bergen and Somerset (17% each).

C2. Illicit Drugs (*Figure 11-2*)

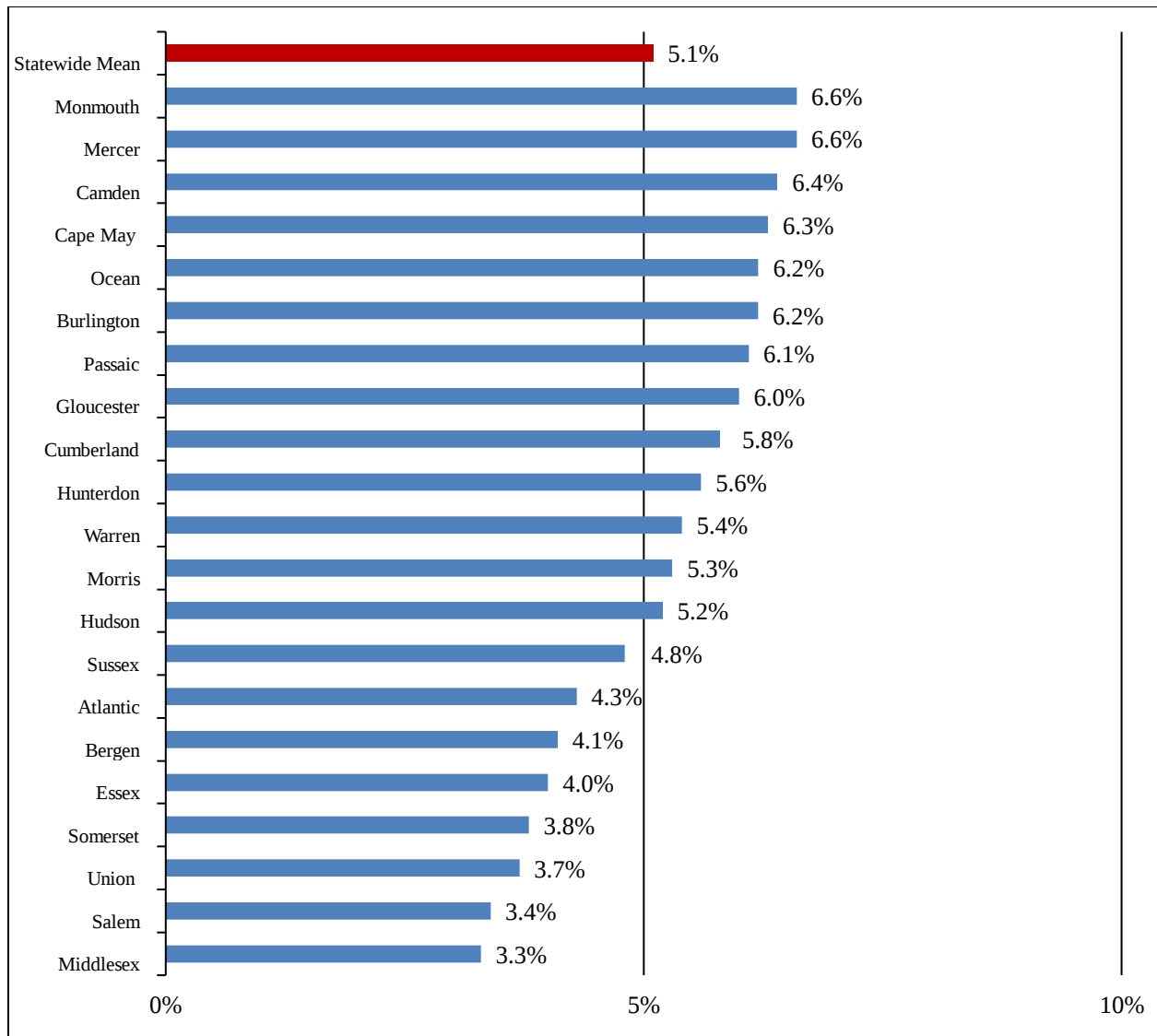
- Past year illicit drug use ranged from 4% to 8% across all New Jersey counties.
- The lowest rates of past-year illicit drug use were found in Somerset and Hunterdon counties (4% each), and the highest, in Sussex, Cumberland and Hudson (approximately 8% each).

D. SUBSTANCE ABUSE AND DEPENDENCE

D1. Overall Rates of Substance Abuse or Dependence (Figure 11-3)

- Overall, rates of abuse or dependence on alcohol and/or drugs ranged from 3.3% to 6.6% across all New Jersey counties, with 5.1% being the statewide mean.
- Monmouth (6.6%) and Mercer (6.6%) counties had the highest rates of residents meeting the criteria for substance abuse or dependence, followed by Camden (6.4%) and Cape May (6.3%) counties.
- The lowest rates of abuse/dependence were found in Middlesex (3.3%), Salem (3.4%), Union (3.7%) and Somerset (3.8%) counties.

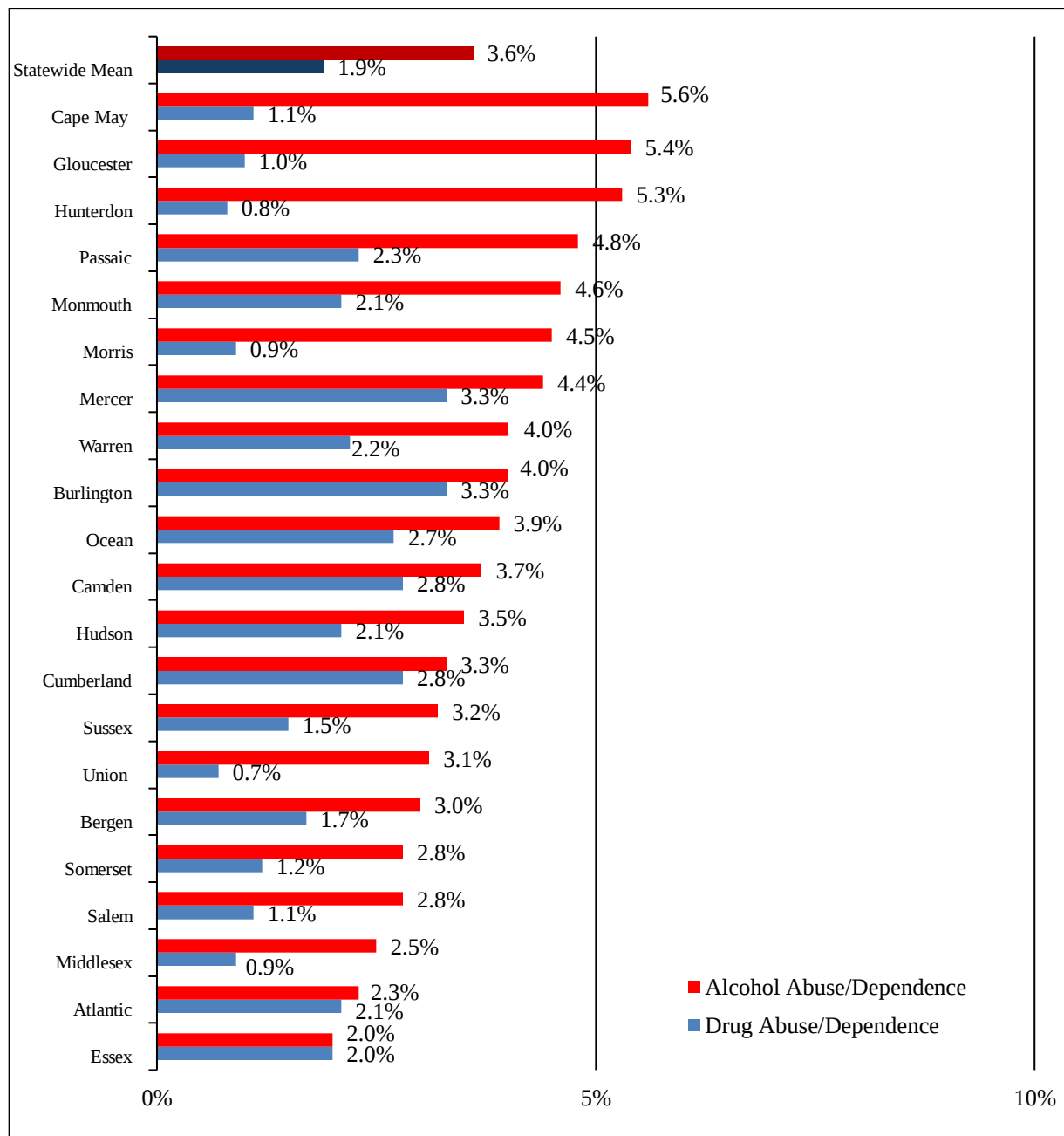
Figure 11- 3: Abuse and Dependence in Past Year by County



D2. Abuse and Dependence by Substance Type (Figure 11-4)

- Rates of alcohol abuse or dependence ranged from 2.0% to 5.6% across New Jersey's 21 counties and rates of drug abuse or dependence, from 0.7% to 3.3%.
- Alcohol accounted for the majority of abuse/dependence problems in all New Jersey counties except for Essex County, which reported an equal rate of alcohol and drug problems (2%, each).

Figure 11- 4: Alcohol Abuse/Dependence and Drug Abuse/Dependence in Past Year by County



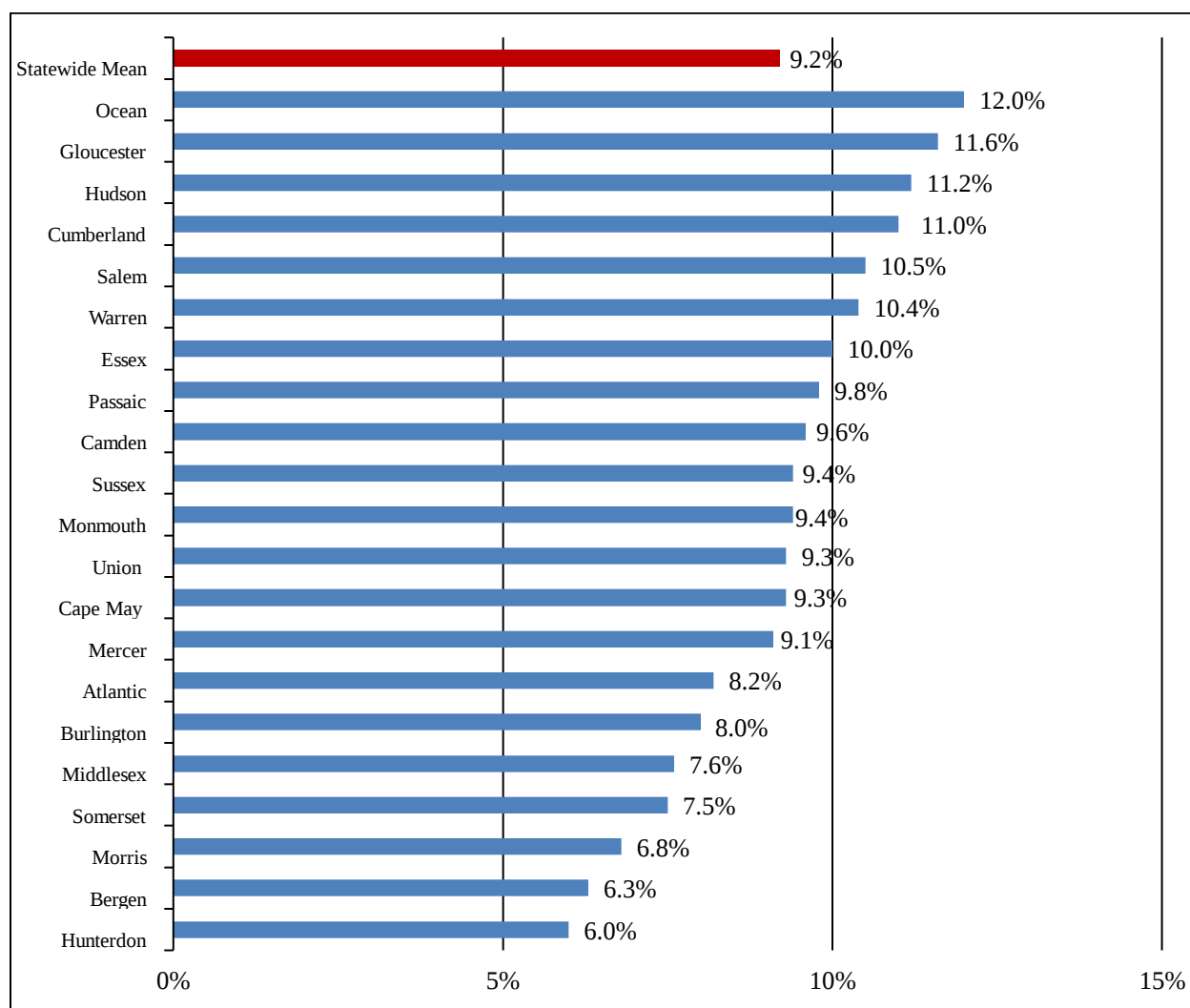
- The highest prevalence of alcohol abuse/dependence was found in Cape May County (5.6%), followed by Gloucester (5.4%) and Hunterdon (5.3%).
- The lowest prevalence of alcohol problems was found in Essex (2.0%) and Atlantic (2.3%) counties.
- The highest prevalence of drug problems was found in Mercer (3.3%) and Burlington (3.3%), and the lowest prevalence, in Union (0.7%) and Hunterdon (0.8%) counties.

E. MENTAL HEALTH

E1. Prevalence of current psychological distress (*Figure 11-5*)

- Of the four counties in which residents reported the highest prevalence of psychological distress, three were in Southern New Jersey. Thus, counties with the highest distress rates were Ocean (12.0%), Gloucester (11.6%) Hudson (11.2%) and Cumberland (11.0%).
- The four counties having the lowest prevalence of distress included Hunterdon (6.0%), Bergen (6.3%), Morris (6.8%) and Somerset (7.5%).

Figure 11- 5: NJ Adults with a Moderate or Severe Psychological PHQ-4 Distress Score by County



F. SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT

F1. Substance Abuse Treatment Demand and Unmet Demand (*Table 11-1*)

- Across all New Jersey counties, treatment demand ranged from 0.7% to 3.2% and unmet demand, from 0.6% to 2.6%.
- The highest demand for treatment was found in Ocean (3.2%), Mercer (3.0%) and Passaic (2.8%) counties. The lowest demand was reported in Somerset (0.7%), Middlesex (0.8%) and Bergen (0.9%) counties.

Table 11- 1: Substance Abuse Treatment Demand and Unmet Demand in the Past Year by County: All NJ Adults Needing Treatment

COUNTY	% DEMAND	% UNMET DEMAND
Atlantic	1.7	0.9
Bergen	0.9	0.8
Burlington	2.5	1.9
Camden	2.4	1.9
Cape May	2.5	1.5
Cumberland	2.4	1.7
Essex	2.2	1.9
Gloucester	1.7	1.2
Hudson	1.0	0.8
Hunterdon	2.3	1.9
Mercer	3.0	2.3
Middlesex	0.8	0.7
Monmouth	2.2	1.4
Morris	1.4	1.2
Ocean	3.2	2.6
Passaic	2.8	2.4
Salem	1.5	1.3
Somerset	0.7	0.6
Sussex	1.9	1.9
Union	1.7	1.6
Warren	2.0	1.5
STATEWIDE MEAN	1.8	1.5

- Ocean county also reported the highest level of unmet demand among all counties (2.6%), followed by Passaic (2.4%), and Mercer (2.3%) counties.
- The lowest unmet demand was reported in Somerset (0.6%), Middlesex (0.7%), Hudson (0.8%), Bergen (0.8%), and Atlantic (0.9%) counties.

F2. Substance Abuse Treatment Access (Table 11-2)

- In the population, the proportion of residents who received substance abuse treatment in the last 12 months ranged from 0.1% to 1.7%, with a statewide mean of 0.7%.

Table 11- 2: Receipt of Formal Addiction Treatment in the Past Year by County: All NJ Adults and Adults Needing Treatment

COUNTY	ALL RESIDENTS	RESIDENTS NEEDING TREATMENT
	% Treated	% Treated
Atlantic	0.9	18.0
Bergen	0.3	6.5
Burlington	1.2	17.3
Camden	0.7	11.3
Cape May	1.6	23.0
Cumberland	1.7	28.1
Essex	0.4	11.1
Gloucester	1.0	14.7
Hudson	0.3	5.1
Hunterdon	1.4	23.0
Mercer	1.3	19.7
Middlesex	0.3	7.9
Monmouth	1.2	16.3
Morris	0.8	14.0
Ocean	1.6	23.1
Passaic	1.0	15.9
Salem	0.8	20.0
Somerset	0.1	2.5
Sussex	0.5	10.9
Union	0.3	7.3
Warren	0.9	13.8
STATEWIDE MEAN	0.7	13.8

- Among all New Jersey residents, the highest treatment rates were found in Cumberland (1.7%), Cape May (1.6%), Ocean (1.6%) and Hunterdon (1.4%) counties. In contrast, the lowest treatment rates were found in Somerset (0.1%) followed by Bergen, Hudson, Middlesex, and Union counties (0.3% each).
- There was substantial variation across counties in the extent to which those in need had received treatment, with treatment rates ranging from 2.5% to 28.1%.
- Among residents needing treatment, the highest treatment rates were reported in Cumberland (28.1%), Ocean (23.1%), Cape May (23.0%), Hunterdon (23.0%) and Salem (20.0%) counties.

- The lowest treatment rates among those in need were found in Somerset (2.5%), Hudson (5.1%), Bergen (6.5%) and Union (7.3%) counties.

F3. Mental Health Treatment Access (*Table 11-3*)

- Counties with the highest treatment rates overall included Burlington (23.0%), Hunterdon (21.8%), Mercer (20.4%) and Ocean (20.0%).
- Counties having the lowest overall treatment rates were Middlesex (10.8%), Bergen (12.4%), Atlantic (14.0%) and Cumberland (15.1%).

Table 11- 3: Receipt of Formal Mental Health Treatment in the Past Year by County: All NJ Adults and Adults Needing Treatment (with a Moderate/Severe Psychological PHQ-4 Distress Score)

COUNTY	ALL RESIDENTS % Treated	RESIDENTS NEEDING TREATMENT % Treated
Atlantic	14.0	33.3
Bergen	12.4	41.8
Burlington	23.0	61.4
Camden	18.1	54.9
Cape May	15.9	49.5
Cumberland	15.1	33.3
Essex	14.8	42.3
Gloucester	18.5	39.2
Hudson	15.5	35.8
Hunterdon	21.8	42.4
Mercer	20.4	52.6
Middlesex	10.8	36.3
Monmouth	18.1	40.4
Morris	16.5	42.9
Ocean	20.0	64.3
Passaic	15.3	43.0
Salem	16.4	40.4
Somerset	17.8	56.0
Sussex	19.5	42.7
Union	10.0	28.3
Warren	18.8	51.4
STATEWIDE MEAN	16.8	44.5

- In terms of treatment for symptomatic adults, the highest treatment rates were found in Ocean (64.3%), Burlington (61.4%), Camden (54.9%) and Mercer (52.6%) counties.

- Counties in which the lowest proportion of symptomatic adults were treated included Atlantic and Cumberland (33.3% each), Hudson (35.8%) and Middlesex (36.3%) counties.

CHAPTER 12

SUBSTANCE USE TRENDS: NEW JERSEY AND THE NATION

A. INTRODUCTION

This chapter compares data from the 2023 New Jersey Drug Use and Health Survey to comparable data from prior statewide surveys conducted in 1998, 2003, 2009, 2016, 2018, 2019 and 2020. It also compares substance use trends in New Jersey to those in the nation, comparing the 2023 New Jersey data to 2022 data from the National Survey on Drug Use and Health (NSDUH) (SAMHSA, 2023), the latest year for which national data were available at the time of this report. National comparisons focus on the use of alcohol and selected drugs. Because national rates of illicit drug use published in the National Survey on Drug Use and Health continue to treat cannabis as an illicit drug, we include cannabis as an illicit drug in this report for national comparison purposes only. Although data collection for the New Jersey 2023 survey includes the final few months of 2022, the bulk of the data were collected in 2023 and as a result, the data are presented as representing survey year 2023.

Several methodological changes to the New Jersey survey limited the presentation of in-state time trend data across survey years. Because previously described methodological changes in the 2016 New Jersey survey affected both drug use reporting and calculations of substance abuse and dependence, presentation of time trends with respect to drug use, abuse and dependence begin in 2016. However, time trend data for nicotine and alcohol use are presented since 1998 because reporting of these substances was presumed to be minimally affected by the changes. However, presentation of time trend data for heavy and binge drinking are presented for the years 2018-2023 due to definitional changes in these behaviors made in 2018. Further, a design change in the New Jersey surveys conducted in 2018-2020 resulted in data on nicotine use being collected in survey year 2018 only. Therefore, 2019 and 2020 are omitted from time trend reporting of nicotine use. Finally, questions about e-cigarette use were added to the survey for the first time in 2016, so trend data reflects 2016, 2018 and 2023 only.

A number of factors also limited the types of comparisons we were able to make between New Jersey and the nation. Changes to the 2022 national survey based the definition of substance abuse/dependence on DSM-V. Because the national changes were not published prior to the start of the 2023 New Jersey survey, however, New Jersey continued to use definitions based on DSM-IV, thus preventing comparisons of New Jersey data with national data for abuse/dependence. Similarly, significant modifications were made in calculations of addiction treatment in the 2022 national survey, greatly expanding the number of respondents of whom questions about treatment were asked as well as the range of treatment choices survey respondents were presented with. These changes were also not available in time to make similar

changes to the New Jersey survey, so comparisons of New Jersey treatment rates to those of the nation are not presented in this report.

Finally, because the sample size of Asians was too small in earlier New Jersey surveys to yield reliable estimates, trends in rates of substance use and abuse are not presented for Asians in all tables and charts below.

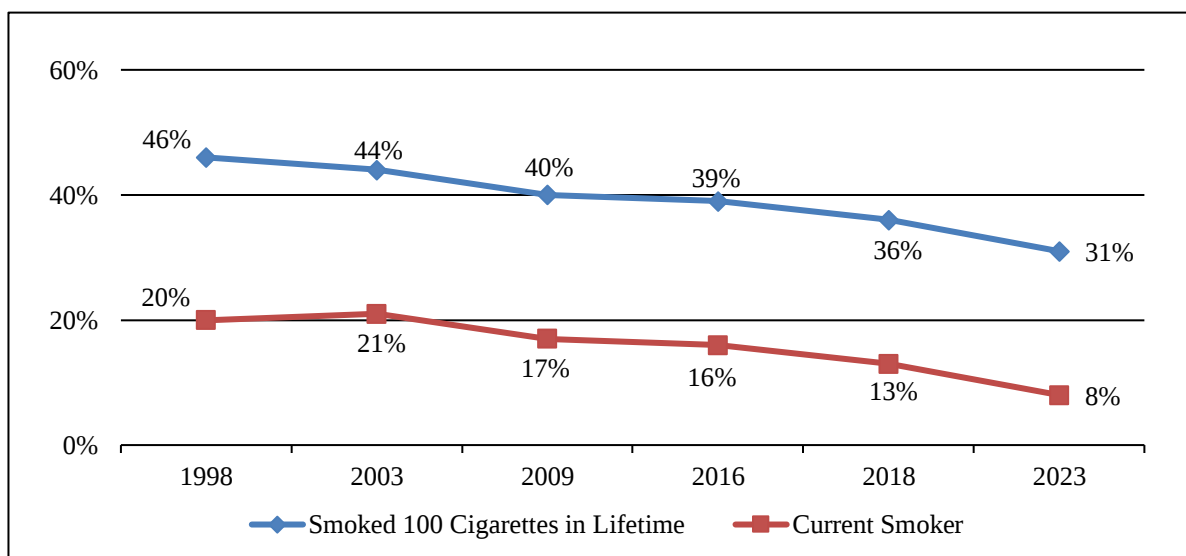
B. NEW JERSEY TRENDS: 1998-2023

B1. Use of Tobacco Products

Prevalence of Lifetime and Current Use (Figure 12-1)

- As shown in Figure 12-1, consistent decreases were seen between 1998 and 2023 in the proportion of residents who ever smoked cigarettes (46% in 1998 to 31% in 2023) and in the proportion of residents who smoked in the last 30 days (20% in 1998 to 8% in 2023).

Figure 12- 1: Cigarette Smoking: New Jersey 1998-2023



Demographic Characteristics of Current Smokers (Table 12-1 and Figure 12-2)

- In males, smoking rates varied between 19% and 21% between 1998 and 2016 but decreased sharply in 2018 to 14% and in 2023, to 9%, representing a 57% decrease since 2018 (Table 12-1). Females, in contrast, experienced a sharp decrease in cigarette use after 2003, dropping from a high of 23% in 2003 to 12% in 2018 and to 7% in 2023, a 47% decrease since 2018.

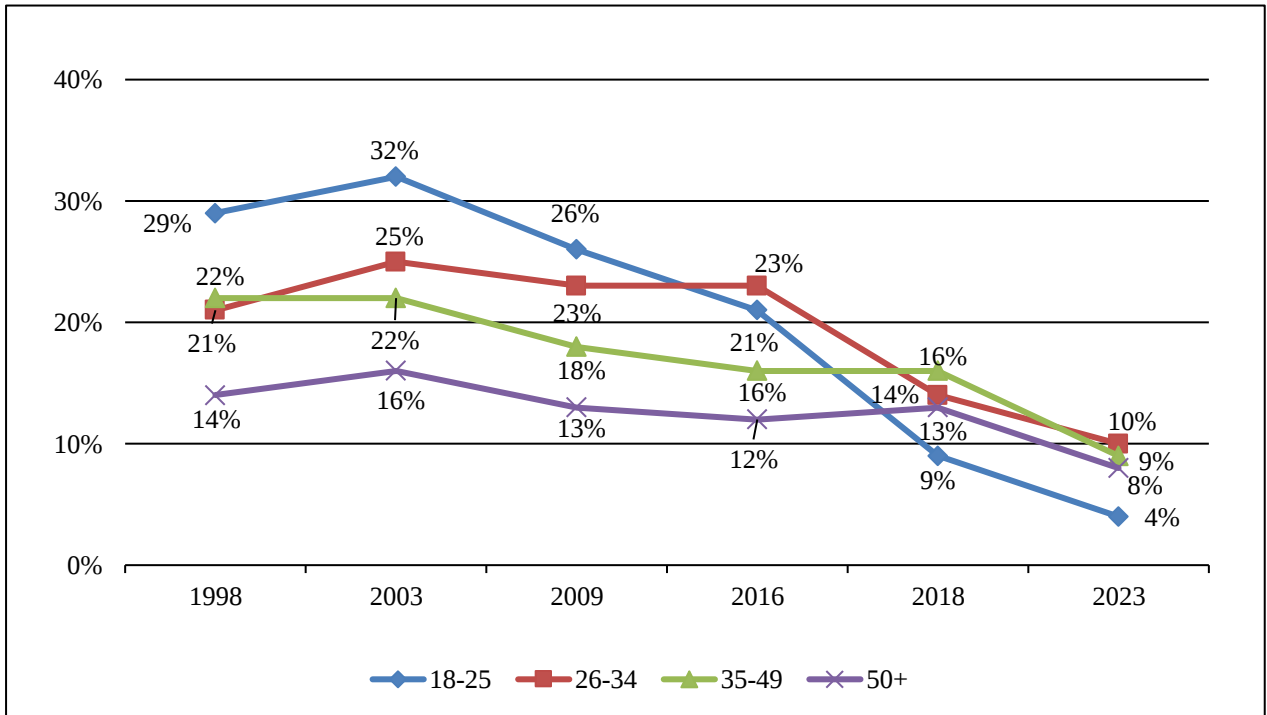
Table 12- 1: Trends in Past 30-Day Smoking, by Gender and Race/Ethnicity: New Jersey 1998-2023

Demographics		Smoked Last 30 Days (%)					
		1998	2003	2009	2016	2018	2023
Gender	Male	21	19	19	21	14	9
	Female	19	23	16	11	12	7
Race/Ethnicity	White	22	21	18	17	14	8
	African American	18	24	20	16	17	11
	Hispanic	17	21	15	14	9	7
	Asian	10	13	6	8	6	5

- Cigarette smoking also decreased in all ethnic groups in the years between 1998 and 2023. Among Whites, smoking rates decreased steadily from a high of 22% in 1998 to 8% in 2023. Rates in Hispanic residents increased somewhat from 17% in 1998 to 21% in 2003, then decreased steadily to 7% in 2023. Among African Americans, smoking increased from 18% in 1998 to 24% in 2003, then declined to 11% in 2023. Similarly, smoking rates among Asian residents increased from 10% in 1998 to 13% in 2003, then fell to 5% in 2023.

- By age (Figure 12-2), rates of current smoking increased in all age groups between 1998 and 2003 but decreased substantially since 2003.

Figure 12- 2: Trends in Past 30-Day Smoking, by Age: New Jersey 1998-2023



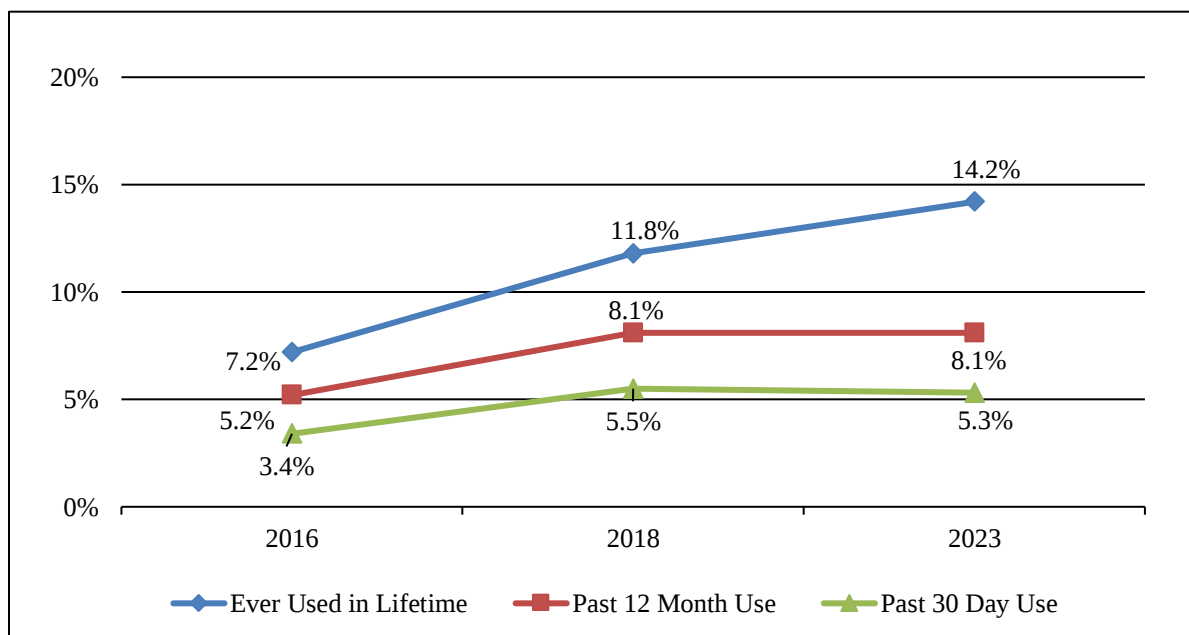
- The most notable decreases occurred among 18–25-year-olds, with smoking rates dropping from a high of 32% in 2003, the highest rate of all age groups, to 4% in 2023, the lowest rate of all groups. Substantial decreases between 2003 and 2023 also occurred among those aged 26 to 34 (25% to 10%), 35–49-year-olds (22% to 9%) and residents aged 50 or older (16% to 8%).

B2. Use of E-Cigarettes with Nicotine

Prevalence of Lifetime, Recent and Current Use (Figure 12-3)

- Coinciding with the decrease in cigarette smoking, lifetime rates of vaping e-cigarettes steadily increased from 2016 through 2023, doubling from a low of 7% in 2016 to 14% in 2023. However, rates of past 12-month and past 30-day use stabilized in 2018. Thus, past 12-month use increased from 5% in 2016 to 8% in both 2018 and 2023, and past 30-day use increased from 3% to 5%-6% in 2018 and 2023.

Figure 12- 3: E-Cigarette Smoking: New Jersey 2016-2023



Demographic Characteristics of Recent E-Cigarette Users (Table 12-2)

- Although males were somewhat more likely to smoke e-cigarettes in the past year than females, both groups increased their use since 2016. In 2016, 7% of males and 4% of females reported recent e-cigarette use, compared to 10% and 6%, respectively, in 2018, and 9% and 7%, respectively in 2023.
- By age, the youngest cohort (18–25-year-olds), were the most likely to have smoked e-cigarettes in the past year across all years, including 14% in 2016, 23% in 2018 and 22% in 2023. Adults in the 26–34-year-old age group were second in prevalence, increasing from 12% in 2016 to 14% in 2019 and 17% in 2023. Although only 3% of adults aged 35-49 had recently used e-cigarettes in 2016, recent vaping tripled in 2018 (9%), before dropping slightly in 2023 (8%). Adults aged 50 or older were the least likely of all adults to have used e-cigarettes in the past year, remaining stable at 2%-3% from 2016 to 2023.

Table 12- 2: Past 12 Month Use of E-Cigarettes: New Jersey 2016-2023

Demographics		Used E-Cigarettes in the Last 12 Months (%)		
		2016	2018	2023
Gender	Male	7.1	10.4	9.4
	Female	3.6	5.9	6.9
Age	18-25	13.8	22.5	21.8
	26-34	12.3	14.1	16.9
	35-49	2.9	9.4	7.6
	50+	2.2	2.6	2.2
Race/Ethnicity	White	6.5	9.2	7.1
	African American	3.0	4.1	8.1
	Hispanic	3.3	7.5	12.0
	Asian	6.9	7.6	6.5

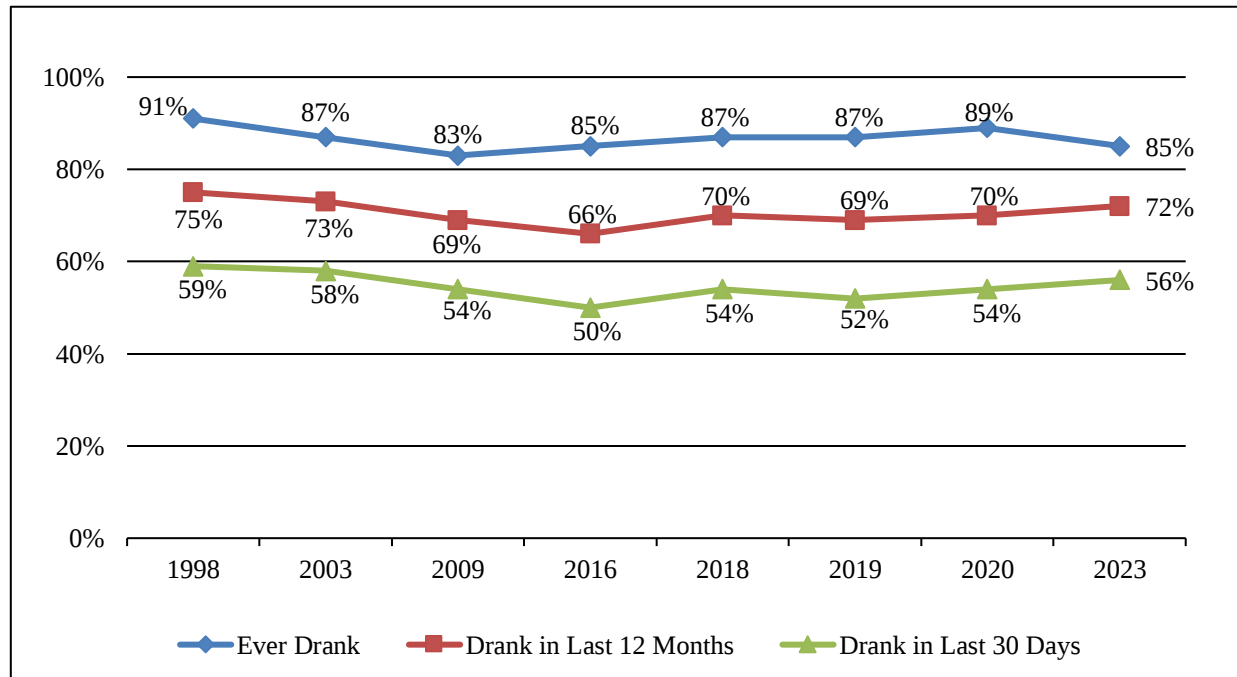
- With respect to race/ethnicity, the most notable trend involved a nearly fourfold increase in vaping by Hispanics, who increased their e-cigarette use from 3% in 2016 to 12% in 2023. At the same time, African Americans doubled their e-cigarette use from 3% in 2016 to 8% in 2023. Rates of use among White residents remained at 7% in 2016 and 2023, after a slight increase to 9% in 2018, while use of e-cigarettes by Asians remained stable across all years at about 7%.

B3. Alcohol Use

Prevalence of Lifetime, Recent and Current Use (Figure 12-4)

- All alcohol use rates declined from their peak in 1998, reaching their lowest points in 2009 (lifetime use) and in 2016 (past year and past 30-day). Since those years, however, all rates have remained relatively stable or somewhat increased.

Figure 12- 4: Alcohol Use - Lifetime, Past Year, Past 30 Days: New Jersey 1998-2023



- Between 1998 and 2009, lifetime alcohol use declined from 91% to 83%, then steadily increased to 89% in 2020. In 2023, however, lifetime use dropped somewhat to 85%.
- Past year alcohol use declined from 75% in 1998 to 66% in 2016 but increased to 70% in 2020 and to 72% in 2023.
- Similarly, alcohol use in the past 30 days declined from 59% in 1998 to 50% in 2016 but increased to 54% 2020 and to 56% in 2023.

Demographic Characteristics of Current Drinkers (Table 12-3)

- Both males and females experienced decreases in current drinking between 1998 and 2016. Although rates of current alcohol use in males have remained somewhat stable since 2016, rates in females began a slow increase. Thus, from 1998 to 2016, current use among males dropped from 66% to 58%, rose slightly to 59% in 2018, dropped to 57% in both 2019 and 2020 then rose slightly to 58% in 2023. Current use among females declined from 52% in 1998 to 43% in 2016 but increased to 52% in 2020 and 54% in 2023.
- By age, 18–25-year-olds saw a substantial decrease in current drinking between 2020 and 2023 that was not experienced by those in other age groups. Thus, despite a sharp rise in current drinking from 37% in 2016 to 50% in 2020, rates of current drinking in this age group dropped by 10 percentage points to 40% in 2023.
- Among 26- to 34-year-olds, rates of current alcohol use fluctuated between 57% and 63% across survey years except in 2019, when rates in this age group temporarily dropped to 53% before rising again to 61% in 2020 and 2023. Among 35–49-year-olds, rates dropped from 64% in 1998 to 51% in 2016 but increased to 62% in 2018. Rates then fell to 59% in 2020 and to 58% in 2023. Current drinking remained relatively stable among those 50 and older, ranging from 50% to 53% across all survey years, except for a temporary rise to 56% in 2003. Although current drinking rates in this age group then fell to 50% in 2019, they increased to 53% in 2020 and to 56% in 2023.

Table 12- 3: Past 30-Day Use of Alcohol: New Jersey 1998-2023

Demographics		Drank in the Last 30 Days (%)							
		1998	2003	2009	2016	2018	2019	2020	2023
Gender	Male	66	65	60	58	59	57	57	58
	Female	52	53	49	43	49	47	52	54
Age	18-25	58	56	49	37	48	44	50	40
	26-34	63	60	57	60	57	53	61	61
	35-49	64	62	59	51	62	60	59	58
	50+	53	56	52	52	51	50	53	56
Race/Ethnicity	White	65	65	62	60	59	59	61	64
	African American	39	43	39	38	39	39	45	44
	Hispanic	49	44	38	34	46	43	45	47
	Asian	40	39	35	29	51	40	49	43

- Current drinking substantially declined between 1998 and 2016 among both Hispanics (49% to 34%), and Asians (40% to 29%); however, both ethnic groups experienced a substantial increase in 2018 and subsequent years, with rates of current drinking

climbing to 45% for Hispanics and 49% for Asians in 2020. In 2023, however, the rate in Asians dropped to 43% but increased slightly in Hispanics to 47%.

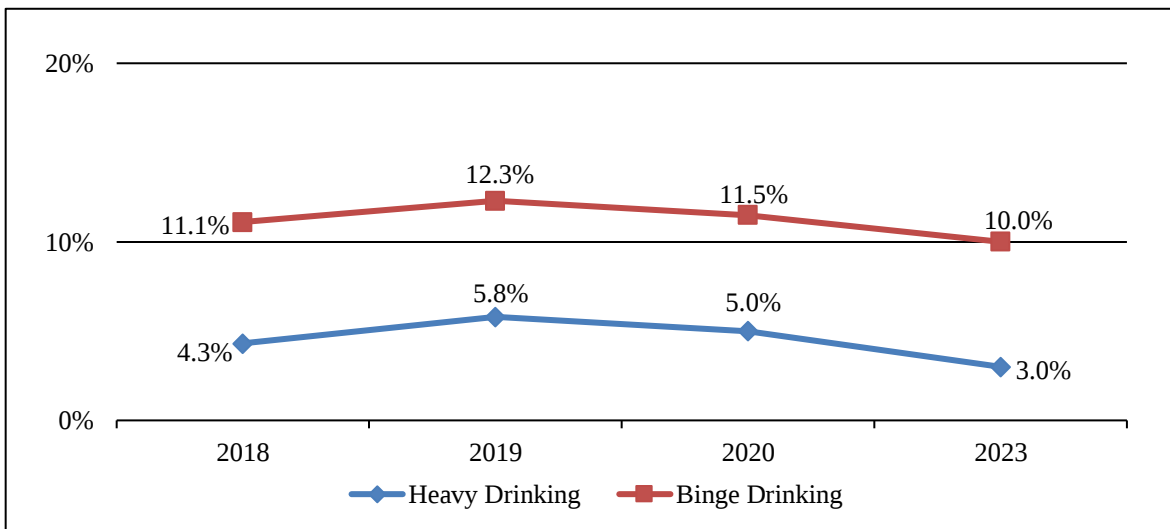
- Whites, in contrast, slightly decreased their rates of current drinking over the survey years, dropping from a high of 65% in 1998 to 61% in 2020. Between 2020 and 2023, however, the rate in Whites rose again to 64%.
- Except for an increase to 43% in 2003, current drinking among African Americans remained stable at 38%-39% across all survey years until 2020. Between 2019 and 2020, however, current drinking among African Americans rose from 39% to 45% and, in 2023, remained elevated at 44%.

Prevalence of Problem Drinking (Figure 12-5)

As noted above, trends in heavy and binge drinking are presented for the years 2018-2023 only due to changes in the definitions of these variables at the time of the 2018 survey.

- Rates of binge drinking remained at between 11% and 12% between 2018 and 2020, then dropped to 10% in 2023. Heavy drinking varied between 4% and 6% between 2018 and 2020, then dropped to 3% in 2023.

Figure 12- 5: Heavy and Binge Drinking in the Past 30 Days: New Jersey 2018-2023



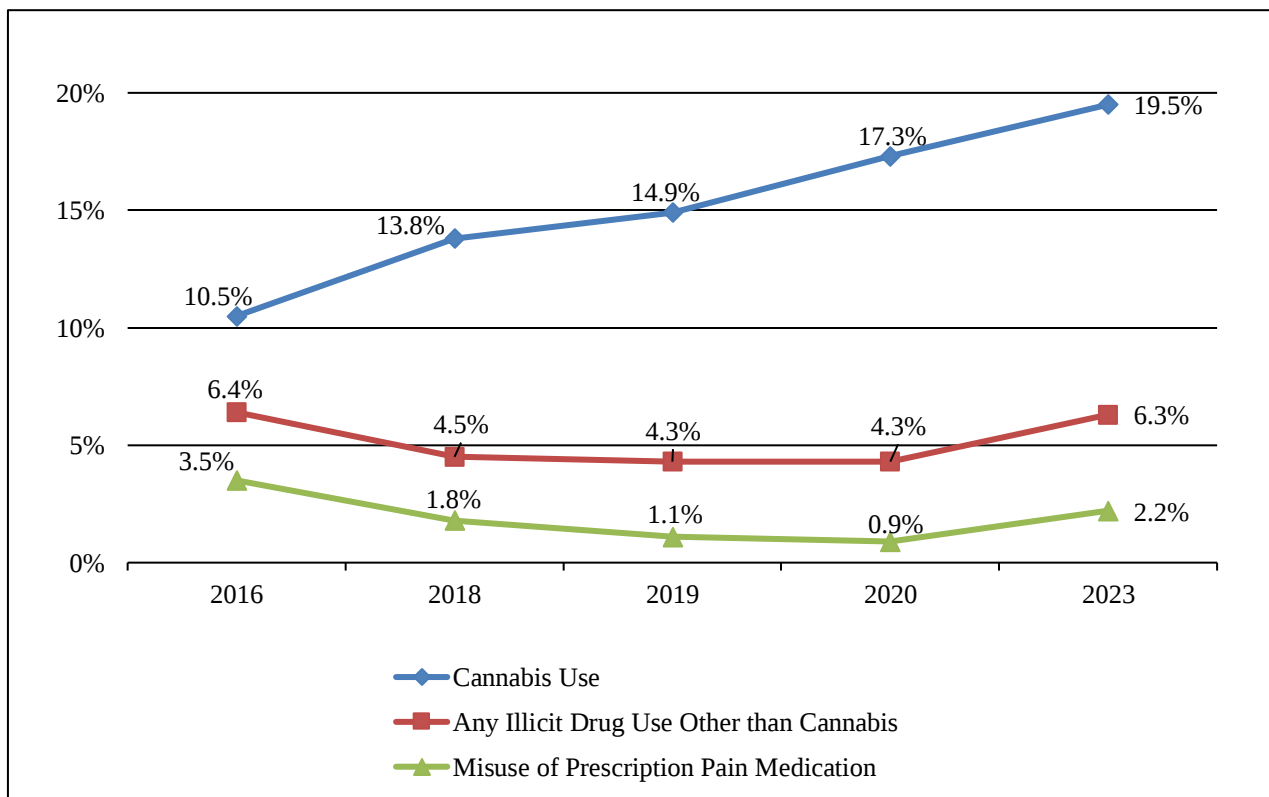
B4. Cannabis and Illicit Drug Use (Excluding Cannabis)

As noted above, due to methodological changes, time trends in cannabis and other drug use, as well as substance abuse and dependence, compare rates of use and abuse/dependence for the survey years 2016 through 2023 only.

Trends in Recent Use (Figure 12-6)

- Since 2016, past year cannabis use and illicit drug use (excluding cannabis) show distinct trajectories, with cannabis use increasing consistently each survey year and illicit drug use declining through 2020, before increasing again in 2023.
- Thus, between 2016 and 2023, past year cannabis use increased from 11% to 20%. In contrast, past-year illicit drug use other than cannabis decreased from 6% to 4% in 2020, then rose again to 6% in 2023.
- Despite a marked decrease in past-year misuse of opioid pain medication, which fell from 3.5% in 2016 to 0.9% in 2020, opioid pain medication misuse more than tripled to 2% in 2023.

Figure 12- 6: Use of Cannabis, Opioid Pain Medication and Any Illicit Drug (excluding Cannabis) in the Past 12 Months: New Jersey 2016-2023



Gender and Race/Ethnicity of Recent Cannabis Users (Table 12-4)

- Although females use cannabis at a lower rate overall than males, females experienced a sharper increase in use than males between 2016 and 2023. Thus, among males, cannabis use rose during these years from 15% to 22%. Among females, rates almost tripled, rising from 6% to 17%.
- Although increases in cannabis use occurred among all racial/ethnic groups between 2016 and 2020, Hispanics saw a slight decrease in 2023, while rates of cannabis use among African Americans and Whites continued to rise. Hispanics experienced a fivefold rise between 2016 and 2020, from 4% to 21%, but in 2023 rates of use in Hispanics decreased to 19%. In contrast, among Whites, past year cannabis use rose from 13% in 2016 to 21% in 2023 and among African Americans, from 10% to 21% during these same years.

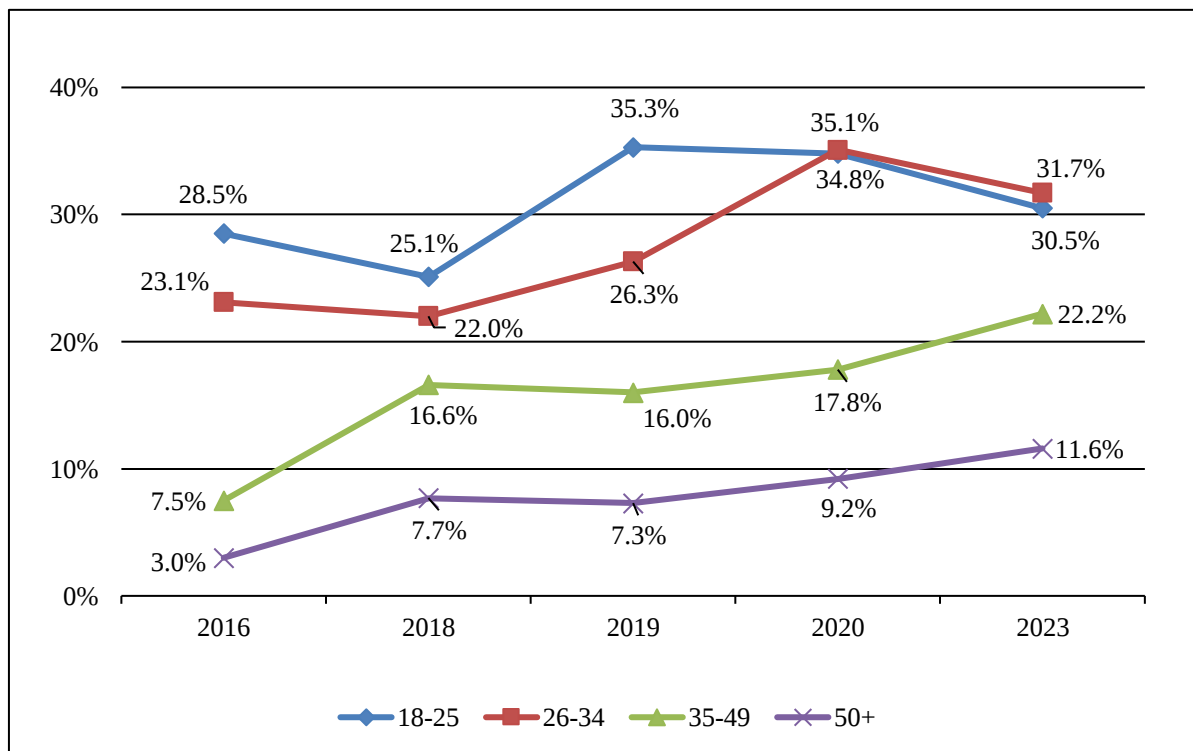
Table 12- 4: Past 12 Month Use of Cannabis in New Jersey: 2016-2023

Demographics		Used Cannabis in Past 12 Months (%)				
		2016	2018	2019	2020	2023
Gender	Male	15.0	15.7	16.7	20.7	22.0
	Female	6.2	12.1	13.5	14.2	17.1
Race/Ethnicity	White	12.5	14.7	16.1	16.0	21.1
	African American	9.6	13.3	15.6	13.9	21.1
	Hispanic	3.9	10.6	15.0	20.5	18.9

Age of Recent Cannabis Users (Figure 12-7)

- By age, the most significant increases in cannabis use since 2016 occurred in older residents, aged 35-49 and 50+. Among those aged 50+, rates of cannabis use quadrupled between 2016 and 2023, rising from 3% to 12%. Similarly, rates almost tripled in 35-49-year-olds, rising from 8% to 22%.
- In contrast, after initial increases in cannabis use from 2018 through 2020 in those aged 18-25 and 26-34, rates of use dropped in both groups between 2020 and 2023, falling from 35% to 32% in 26-34-year-olds, and from 35% to 31% in 18-25-year-olds.

Figure 12- 7: Past 12 Month Use of Cannabis in New Jersey, by Age: 2016-2023

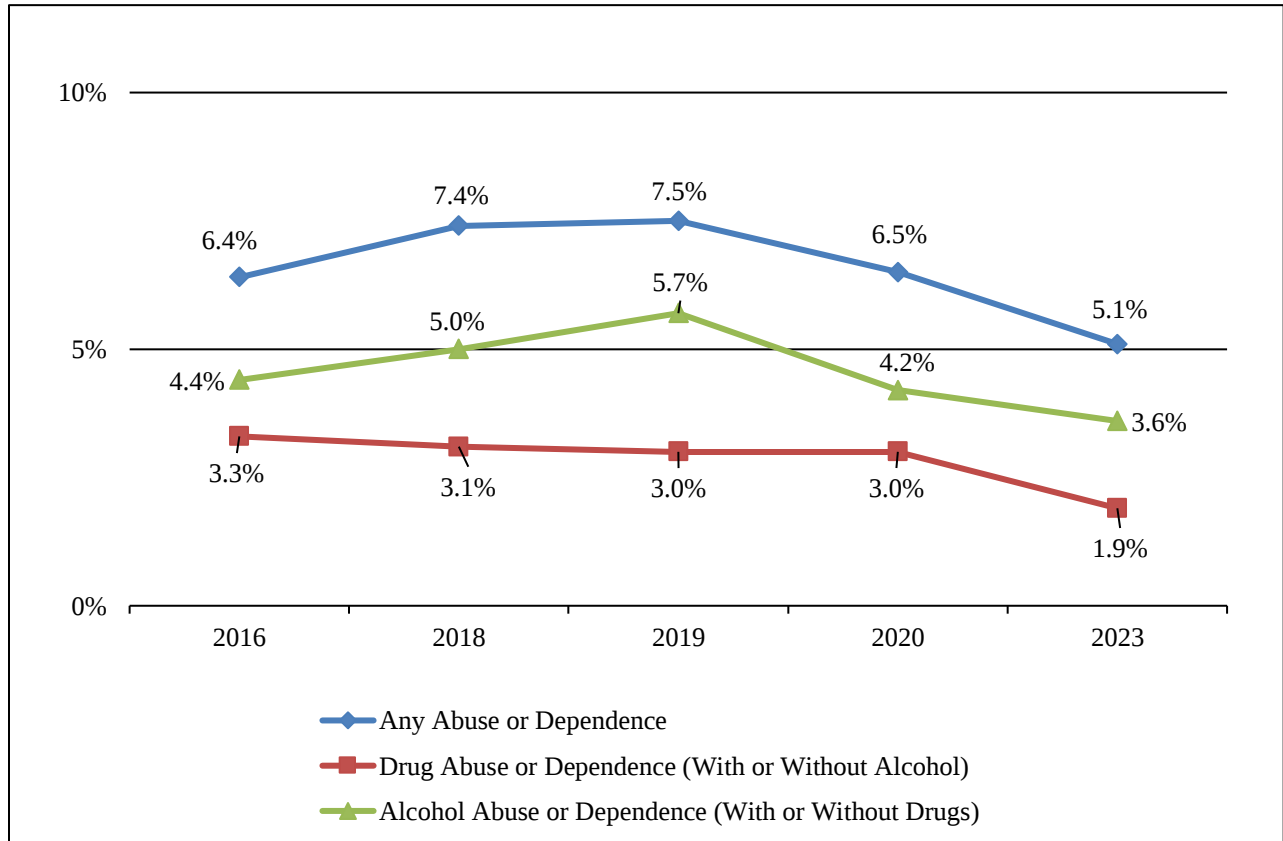


B5. Substance Abuse and Dependence: Trends Overall and by Substance Type

Trends in Prevalence of Abuse/Dependence (Figure 12-8)

- Despite a 1% increase in rates of substance abuse/dependence from 2016 to 2019 (from 6.4% to 7.5%), the rate of abuse/dependence fell to 6.5% in 2020 and further dropped to 5.1% in 2023.

Figure 12- 8: Trends in Substance Abuse and Dependence: New Jersey 2016-2023



- Rates of abuse/dependence on drugs remained consistent across the survey years 2016-2020, ranging from 3.0% to 3.3% before dropping to 1.9% in 2023.
- Rates of abuse/dependence on alcohol increased from 4.4% in 2016 to 5.7% in 2019 before decreasing to 4.2% in 2020 and 3.6% in 2023.

Trends in Abuse/Dependence by Demographic Characteristics (Table 12-5)

Below are trends in estimates of abuse/dependence on alcohol and/or drugs from 2016-2023 by demographic characteristics. It should be kept in mind, however, that because the 2016 survey was smaller than the current or previous surveys, statewide estimates of abuse/dependence are not as reliable as those produced by surveys with a larger sample size. While the statewide margin of error for the 2016 survey is ± 3.0 percentage points, the margin of error for the 2018 survey is ± 2.3 , for 2019, ± 2.7 and 2020, ± 3.5 . The margin of error for the 2023 NJSDUH state sample as a whole is ± 1.0 percentage points, meaning that in 95 out of every 100 samples drawn, estimated proportions will be no more than 1.0 percentage point away from their true values in the population. These margins of error, moreover, increase as estimates are calculated for smaller subpopulations. Therefore, caution should be taken when interpreting changes in the prevalence of abuse/dependence for specific subpopulations, since the magnitude of the change often falls well within the margins of error for each survey.

- The rate of abuse/dependence in males remained approximately the same from 2016 to 2020 at around 10% before decreasing to 6.2% in 2023. The rate among females, however, doubled from 2.7% in 2016 to 5.4% in 2019 before decreasing to 3.6% in 2020 and increasing slightly to 3.9% in 2023.

Table 12- 5: Proportion of New Jersey Population Screening Positive for Substance Abuse or Dependence: New Jersey 2016-2023

Demographics		Proportion with Positive Screen 2016 (n=1052) (%)	Proportion with Positive Screen 2018 (n=3100) (%)	Proportion with Positive Screen 2019 (n=2423) (%)	Proportion with Positive Screen 2020 (n=1622) (%)	Proportion with Positive Screen 2023 (n=22200) (%)
<i>New Jersey Total Population</i>		6.4	7.4	7.5	6.5	5.1
<i>Gender</i>	Male	10.5	9.7	9.6	10.0	6.2
	Female	2.7	5.1	5.4	3.6	3.9
<i>Age</i>	18-25	9.7	12.2	17.2	10.1	7.6
	26-34	17.7	12.7	12.1	9.4	8.8
	35-49	5.0	8.3	4.9	5.5	5.7
	50+	3.2	4.4	5.4	5.5	3.0
<i>Race/Ethnicity</i>	White	7.9	7.9	7.3	5.7	5.5
	African American	3.0	7.3	7.9	9.5	5.4
	Hispanic	4.4	6.4	10.4	5.1	5.3

- Substantial reductions in substance abuse/dependence occurred in the two youngest age groups, those aged 18-25 and 26-34, while abuse/dependence rates in those aged 35-49

and 50+ remained stable or showed recent smaller decreases. Although rates of abuse/dependence among 18–25-year-olds doubled from 9.7% to 17.2% between 2016 and 2019, rates in this age group subsequently fell by 10 percentage points to 7.6% in 2023. Similarly, those aged 26-34, saw a large reduction in abuse dependence across all survey years, with rates decreasing by half, from 17.7% in 2016 to 9.4% in 2020 and 8.8% in 2023.

- Among those aged 35-49, rates of abuse dependence fluctuated somewhat across survey years, with the 2023 rate (5.7%) being comparable to that found in 2020 (5.5%) and slightly higher than the rate found in 2016 (5.0%). Rates of abuse/dependence in adults aged 50 and above, however, steadily increased across survey years, from 3.2% in 2016 to 5.5% in 2020 before dropping to 3.3% in 2023.
- Rates of abuse/dependence remained similar among White residents between 2016 and 2019 (between 7.3%-7.9%) before dropping to 5.7% in 2020 and 5.5% in 2023.
- Among African American residents, rates of abuse/dependence increased steadily between 2016 to 2020, tripling from 3.0% to 9.5%. In 2023, however, rates dropped substantially to 5.4%. Hispanic residents also showed an increase from 2016 to 2019 (4.4% to 10.4%) before dropping to 5.1% in 2020 and remaining lower at 5.3% in 2023.

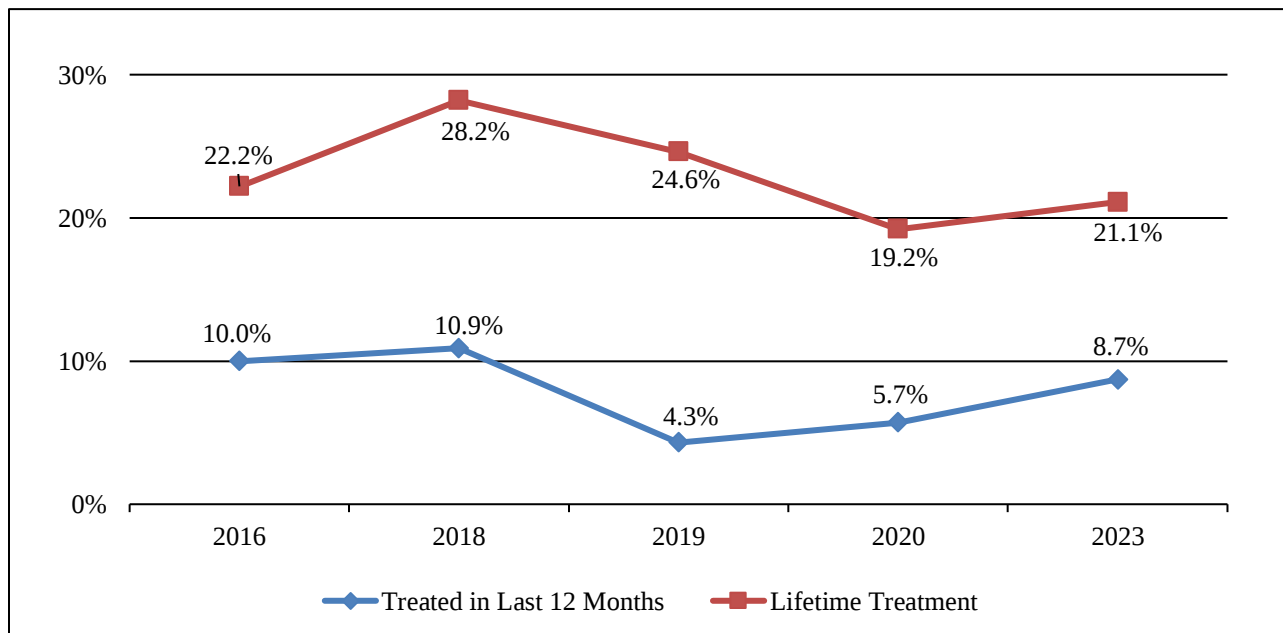
B6. Substance Abuse Treatment (*Figure 12-9*)

Lifetime and Past-Year Access to Treatment

This section examines trends in lifetime and past 12-month access to treatment since 2016 among New Jersey residents with symptoms of substance abuse or dependence. As previously noted, varying sample sizes across survey years result in different margins of error, which should be considered when interpreting these findings.

- Both lifetime and past-12-month addiction treatment rates declined in the years since 2016 but rebounded in 2020 and 2023.
- The percent treated in the last 12 months decreased from 10% and 11% in 2016 and 2018, respectively, to 4.3% in 2019. However, treatment rates increased to 5.7% in 2020 and to 8.7% in 2023.
- Although lifetime treatment rates rose from 22% to 28% between 2016 and 2018, they fell to 25% in 2019 and 19% in 2020. In 2023, however, lifetime treatment rates increased to 21%.

Figure 12- 9: Receipt of Formal Substance Abuse Treatment in Lifetime and Last 12 Months: Adults with Symptoms of Abuse or Dependence: New Jersey 2016-2023



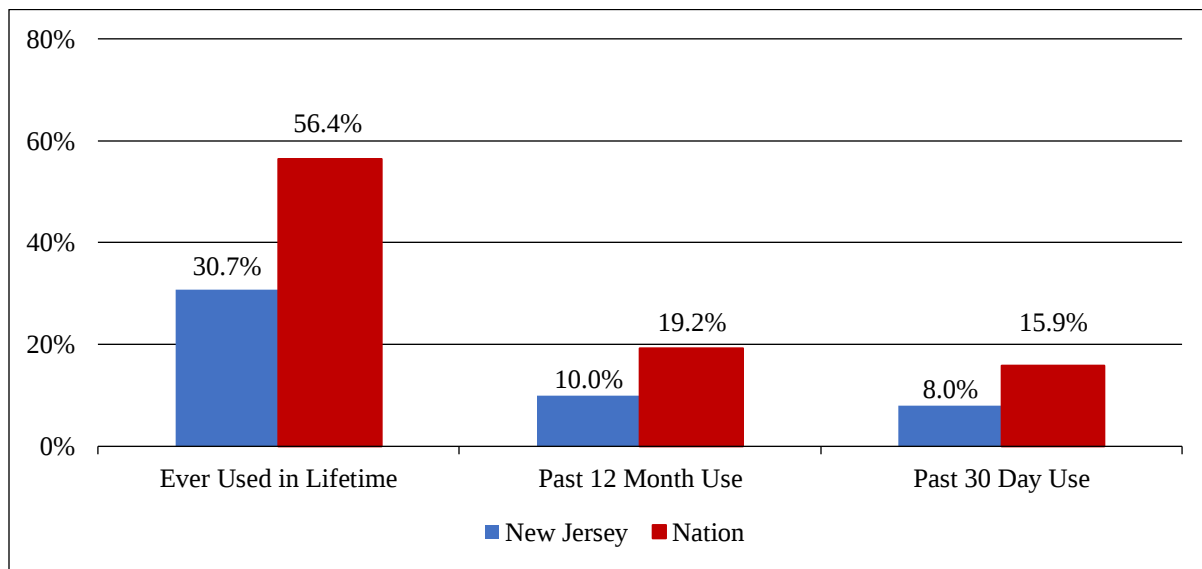
C. NEW JERSEY AND THE NATION

This section compares New Jersey to national estimates of alcohol and drug use obtained from the 2022 National Survey on Drug Use and Health. The estimates presented include comparisons for alcohol use, illicit drug use (including cannabis), and substance abuse and dependence. All comparisons are made for adults aged 18 and older.

C1. Tobacco Use (*Figure 12-10, Table 12-6*)

- New Jersey rates of cigarette use remained well below national rates with respect to lifetime (31% vs. 56%), past 12-month (10% vs. 19%) and past 30-day (8% vs. 16%) smoking.

Figure 12- 10: Use of Cigarettes in Lifetime, Last 12 Months and Last 30 Days among Residents 18 and Older: New Jersey (2023) and the Nation (2022)



Demographic Characteristics of Smokers: New Jersey and the Nation (Table 12-6)

- Smoking prevalence in New Jersey was lower than the nation among both males (9% vs. 18%) and females (7% vs. 14%).
- By age, smoking prevalence was substantially lower among New Jersey residents aged 18-25 (4%), and those age 26 or older (9%) compared to their national counterparts (11% and 17%, respectively).

Table 12- 6: Past 30-Day Use of Cigarettes among Residents Aged 18 and Older by Demographic Characteristics: New Jersey (2023) and the Nation (2022)

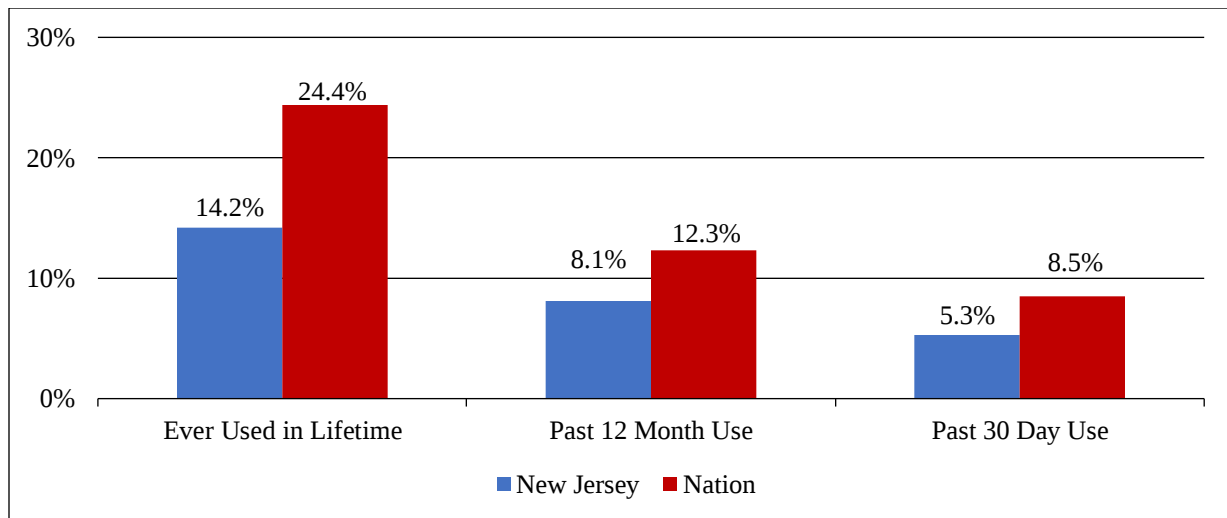
Demographics		New Jersey	Nation
TOTAL		8.0%	15.9%
<i>Gender</i>	Male	9.4	18.2
	Female	6.6	13.7
<i>Age</i>	18-25	3.7	10.7
	26+	8.6	16.7
<i>Race/Ethnicity</i>	White	8.2	17.0
	African American	11.0	17.6
	Hispanic	7.4	12.5
	Asian	5.0	5.8
<i>Education</i>	Less than H.S.	14.0	27.8
	H.S. Grad.	12.3	22.4
	Some College	8.3	16.6
	College Grad +	4.1	6.5
<i>Employment</i>	Employed Full-Time	7.5	15.3
	Employed Part-time	6.4	13.9
	Unemployed	14.1	27.7

- New Jersey smoking rates were also lower than national rates among Whites (8% vs. 17%), African Americans (11% vs. 18%), Hispanics (7% vs. 13%), and Asians (5% vs. 6%).
- Regarding education, smoking rates were lower in New Jersey compared to the nation among those with less than a high school education (14% vs. 28%), high school graduates (12% vs. 22%), residents with some college education (8% vs. 17%), and those with a college degree or higher (4% vs. 7%).
- New Jersey also had lower smoking rates than the nation in all employment groups, including those working full-time (8% vs. 15%), part-time (6% vs. 14%) and among the unemployed (14% vs. 28%).

C2. E-Cigarette Use (*Figure 12-11*)

- Similar to trends in cigarette smoking, the prevalence of e-cigarette use for nicotine vaping was substantially lower in New Jersey than in the nation as a whole.
- Lifetime prevalence of e-cigarette use for vaping nicotine was 14% in New Jersey compared to 24% nationally. Similarly, past 12-month nicotine vaping rates in New Jersey were lower for past 12-month use (8% vs. 12%) and use in the last 30 days (5% vs. 9%).

Figure 12- 11: Use of E-Cigarettes in Lifetime, Last 12 Months and Last 30 Days among Residents 18 and Older: New Jersey (2023) and the Nation (2022)



Demographic Characteristics of Adults Who Currently Use E-Cigarettes: New Jersey and the Nation (Table 12-7)

- Past 30-day rates of vaping in New Jersey were lower than in the nation among both males (6% vs. 10%) and females (4% vs. 7%).

Table 12- 7: Past 30-Day Use of E-Cigarettes among Residents Aged 18 and Older by Demographic Characteristics: New Jersey (2023) and the Nation (2022)

Demographics		New Jersey	Nation
TOTAL		5.3%	8.5%
<i>Gender</i>	Male	6.2	9.7
	Female	4.4	7.3
<i>Age</i>	18-25	14.0	24.0
	26+	4.1	6.0
<i>Race/Ethnicity</i>	White	4.8	8.9
	African American	5.3	6.1
	Hispanic	7.3	8.6
	Asian	4.3	5.7
<i>Education</i>	Less than H.S.	8.2	8.2
	H.S. Grad.	6.5	10.7
	Some College	6.9	11.1
	College Grad +	3.1	4.3
<i>Employment</i>	Employed Full-Time	5.8	10.2
	Employed Part-time	5.6	10.6
	Unemployed	10.3	15.3

- New Jersey vaping rates were also lower than national rates in younger and older adults, with young adults aged 18-25 showing the greatest disparity (14% vs. 24%). Similarly, rates of vaping in New Jersey adults aged 26 and older were lower than rates found in their national counterparts (4% vs. 6%).
- Rates of nicotine vaping were also lower than the nation in each racial/ethnic group, including Whites (5% vs. 9%), African Americans (5% vs. 6%), Hispanics (7% vs. 9%) and Asians (4% vs. 6%).
- By education, vaping rates among those with less than a high school education were equivalent to those in the nation (8%). However, rates of nicotine vaping were lower in New Jersey among the remaining educational groups, including high school graduates (7% vs. 11%), those with some college (7% vs. 11%) and college graduates (3% vs. 4%).

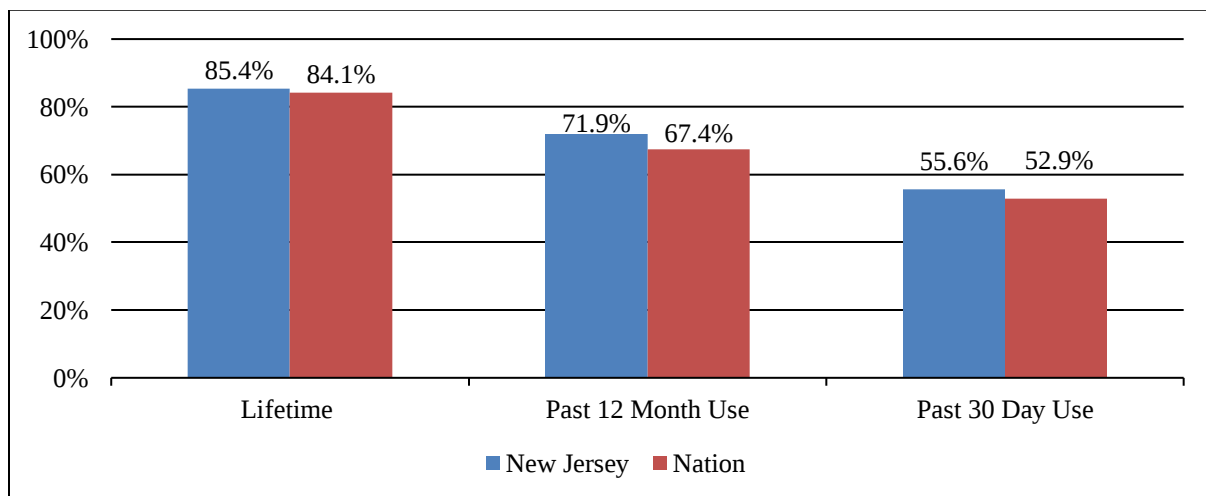
- New Jersey also had lower vaping rates than the nation in all employment groups, including those employed full time (6% vs. 10%), part-time (6% vs. 11%) and the unemployed (10% vs. 15%).

C3. Alcohol Use

Prevalence of Use (Figure 12-12)

- New Jersey residents reported drinking rates comparable to, or exceeding, their national counterparts for lifetime use (85% and 84%, respectively), past 12 months use (72% vs. 67%) and use in the past 30 days (56% vs. 53%).

Figure 12- 12: Use of Alcohol in Lifetime, Last 12 Months and Last 30 Days: New Jersey (2023) and the Nation (2022)



Demographic Characteristics of Alcohol Users (Table 12-8)

- By gender, the rate of past 30-day alcohol use by New Jersey males slightly exceeded the past-30-day use rate by males nationally (58% vs. 56%, respectively). New Jersey females also drank alcohol in the last 30 days at a higher rate than females nationally (54% vs. 50%).
- Young New Jersey residents aged 18-25, were much less likely to drink in the past 30 days (40%) than those in the same age group nationally (50%). Among those aged 26 and above, however, rates of past 30-day drinking in New Jersey exceeded national rates (58% vs. 53%, respectively).
- Whites in New Jersey were more likely than Whites in the nation to drink in the past 30 days (64% vs. 57% for both groups); however past 30-day drinking was slightly lower in New Jersey among African Americans (44% vs. 46%), and Hispanics (47% vs. 49%). Asians in New Jersey were more likely to drink in the past 30 days than their national counterparts (43% vs. 40%).
- By education, New Jersey residents had comparable or higher rates of past 30-day alcohol use than their national counterparts, including those with less than a high school education (32% vs. 33%), high school graduates (46% vs. 42%), those with some college (57% vs. 54%) and college graduates (65% vs. 66%).

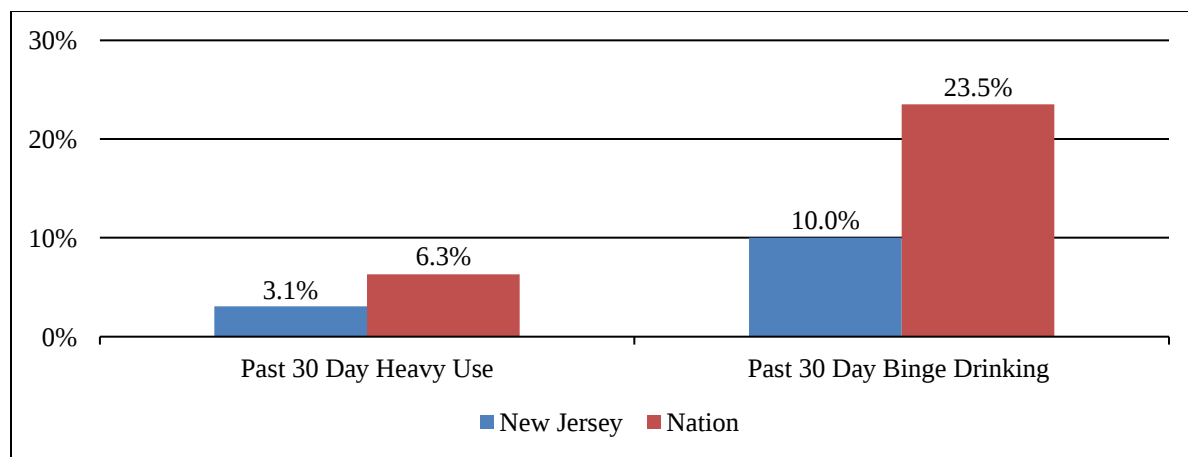
Table 12- 8: Past 30-Day Use of Alcohol by Demographic Characteristics: New Jersey (2023) and the Nation (2022)

Demographics		New Jersey	Nation
TOTAL		55.6%	52.9%
<i>Gender</i>	Male	58.0	56.2
	Female	53.5	49.8
<i>Age</i>	18-25	40.3	50.2
	26+	57.7	53.4
<i>Race/Ethnicity</i>	White	64.3	57.0
	African American	43.8	45.9
	Hispanic	47.0	49.2
	Asian	42.8	40.3
<i>Education</i>	Less than H.S.	32.3	32.6
	H.S. Grad.	45.7	42.4
	Some College	56.5	54.2
	College Grad +	65.2	66.2

Binge Drinking and Heavy Alcohol Use: Prevalence Overall (Figure 12-13)

- New Jersey residents were less likely to report heavy drinking than their national counterparts, with 3% of New Jersey residents and 6% of adults nationally reporting heavy drinking in the past 30 days.
- New Jersey residents were substantially less likely to report binge drinking than their national counterparts, with 10% of New Jersey residents and 24% of adults nationally reporting binge drinking in the last 30 days.

Figure 12- 13: Binge and Heavy Drinking in the Past 30 Days: New Jersey (2023) and the Nation (2022)



Heavy Alcohol Use and Binge Drinking: Prevalence by Age (Table 12-9)

- New Jersey residents aged 18-25 had rates of heavy drinking that were substantially lower than rates in their national counterparts (2% and 8%, respectively) and were substantially less likely than their national counterparts to have binge drank in the last month (11% vs. 30%).
- Among those aged 26 and older, New Jersey also had lower rates of heavy drinking (3% vs. 6%) and substantially lower rates of binge drinking (10% vs. 23%) than their national counterparts.

Table 12- 9: Binge and Heavy Drinking in the Past 30 Days by Age: New Jersey (2023) and the Nation (2022)

	18-25		26+	
	New Jersey %	Nation %	New Jersey %	Nation %
Heavy Drinking	2.0	7.6	3.3	6.0
Binge Drinking	10.8	29.5	9.9	22.6

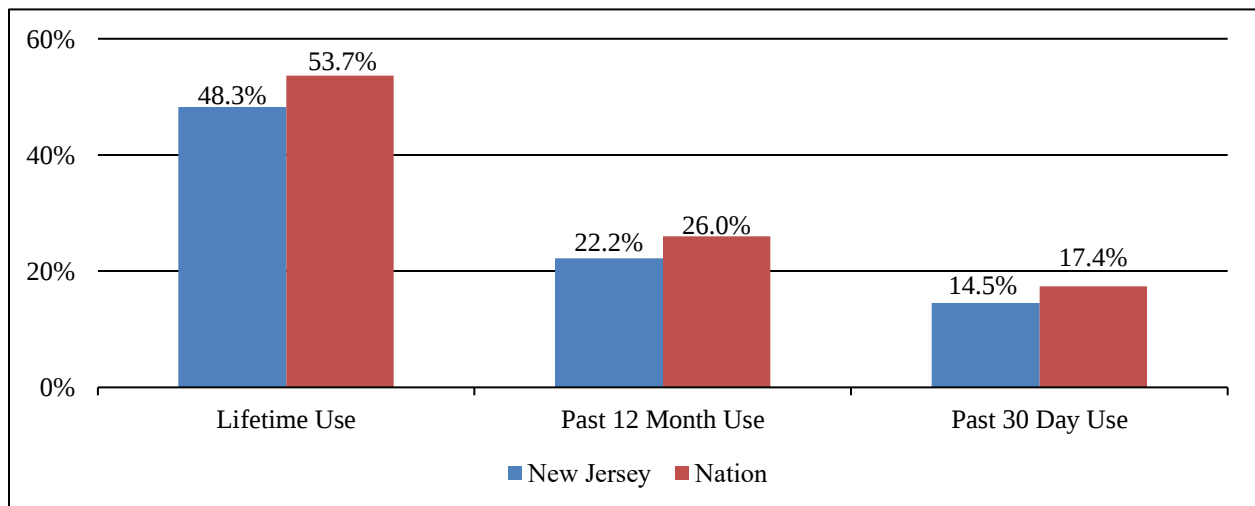
C4. Illicit Drug Use

For all national comparisons regarding illicit drug use, we include cannabis as an illicit drug, which is consistent with definitions used in the NSDUH.

Prevalence of Illicit Drug Use (Figure 12-14)

- New Jersey residents reported lower rates of illicit drug use in their lifetimes than Americans nationwide (48% vs. 54%), as well as lower rates of past year (22% vs. 26%) and past 30-day use (15% vs. 17%).

Figure 12- 14: Use of Illicit Drugs in Lifetime, Last 12 Months and Last 30 Days: New Jersey (2023) and the Nation (2022)



Demographic Characteristics of Illicit Drug Users (Table 12-10)

- Both males and females in New Jersey were less likely to have used illicit drugs in the past 12 months than their national counterparts (24% vs. 29% for males, and 20% vs. 23% for females).
- Both younger and older New Jersey residents were less likely than their national counterparts to have used illicit drugs in the past year, especially those in the youngest age group. Thus, 32% vs. 41% of those 18-25, and 21% vs. 24% of those 26 and older reported past-year drug use.
- Past year illicit drug use was also lower among all New Jersey racial/ethnic groups than their national counterparts, including Whites (23% vs. 27%), African Americans (24% vs. 28%), Hispanics (23% vs. 25%), and Asians (12% vs. 14%).
- New Jersey residents also had lower rates of drug use than the nation as a whole at all educational levels, except among those with less than a high school education, where New Jersey slightly exceeded the national rate (24% vs. 22%, respectively). New Jersey residents reported lower rates of past-year use at all other educational levels, however, including high school graduates (21% vs. 25%), those with some college education (24% vs. 31%), and college graduates (21% vs. 24%).

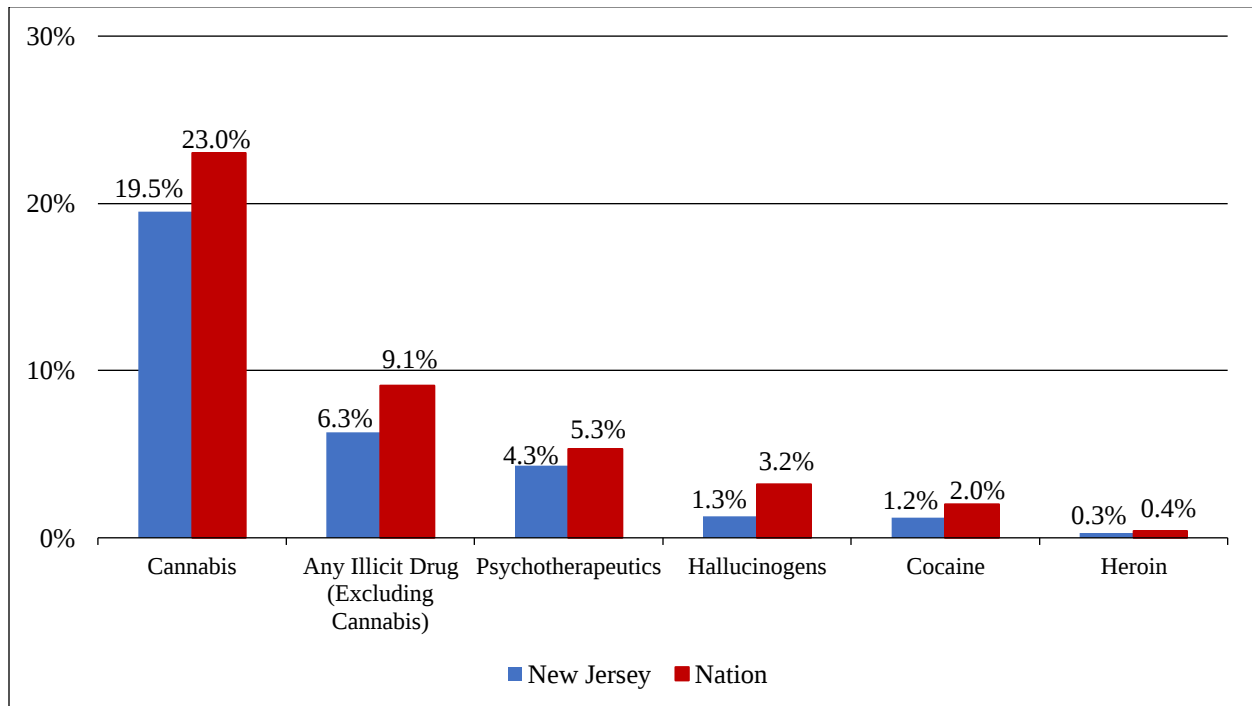
Table 12- 10: Past 12 Month Use of Illicit Drugs among Residents Aged 18 and Older by Demographic Characteristics: New Jersey (2023) and the Nation (2022)

Demographics		New Jersey	Nation
<i>TOTAL</i>		22.2%	26.0%
<i>Gender</i>	Male	24.4	28.8
	Female	20.0	23.3
<i>Age</i>	18-25	32.2	40.9
	26+	20.9	23.7
<i>Race/Ethnicity</i>	White	23.3	26.7
	African American	24.0	28.0
	Hispanic	23.2	24.7
	Asian	12.0	14.1
<i>Education</i>	Less than H.S.	23.5	22.0
	H.S. Grad.	21.4	25.2
	Some College	24.4	30.7
	College Grad +	21.4	23.5

Types of Illicit Drugs Used (Figure 12-15)

- New Jersey had slightly lower or equivalent rates of use for each type of drug in the past year compared to the nation, including cannabis (20% vs. 23%), any illicit drug excluding cannabis (6% vs. 9%), psychotherapeutics (4% vs. 5%), hallucinogens (1% vs. 3%), and cocaine (1% vs. 2%). Heroin was used by less than 0.5% of residents in both New Jersey and the nation.

Figure 12- 15: Use of Specific Illicit Drugs in the Past 12 Months: New Jersey (2023) and the Nation (2022)



Age of Illicit Drug Users (Table 12-11)

- By age, patterns of illicit drug use in New Jersey are consistent with national trends, with rates of use of most types of illicit drugs being higher among those aged 18 to 25 than among those 26 and older. Psychotherapeutic use in New Jersey, however, was used at a similar rate by those aged 18-25 (4.4%) and 26+ (4.3%).
- Overall, rates of use for each drug type in New Jersey residents were lower than national rates in both age groups. This trend was most notable among 18–25-year-olds for cannabis (30% vs. 38%) and cocaine (1.1% vs. 3.7%).
- Heroin was used by less than 1% of individuals in New Jersey and the nation in both age groups.

Table 12- 11: Illicit Drugs Used in Past 12 Months by Age: New Jersey (2023) and the Nation (2022)

	18-25		26+	
	New Jersey %	Nation %	New Jersey %	Nation %
Cannabis	30.4	38.2	18.1	20.6
Cocaine (includes use of crack)	1.1	3.7	1.2	1.8
Heroin	0.1	0.2	0.3	0.4
Hallucinogens	3.6	7.7	1.0	2.5
Psychotherapeutics	4.4	7.3	4.3	5.0

CHAPTER 13

CONCLUDING REMARKS

The 2023 New Jersey Household Survey of Drug Use and Health (NJSDUH) contained findings that have important implications for public policy, including notable trends in substance abuse and mental health, specific sub-populations at special risk and disparities in access to treatment. These are discussed in greater detail below.

A. TRENDS IN SUBSTANCE USE AND MENTAL HEALTH

Opioids

Although the national opioid epidemic remains a significant public health emergency, opioid and other drug overdose deaths have been declining in recent years, both nationally and in New Jersey. In New Jersey, drug related deaths fell from 2,892 in 2022 to 2,564 in 2023 (Office of the Chief State Medical Examiner, 2024). Authorities attribute some of this decline to substantial reductions in opioid prescribing, facilitated in part by New Jersey's strict regulation and monitoring of opioids and other drug prescribing (NJ Department of Health, 2023). In 2017, New Jersey passed one of the strictest sets of regulations pertaining to opioid-prescribing in the nation, limiting initial opioid prescriptions to a 5-day supply and permitting renewals up to only 25 days for patients still in pain (Office of the Attorney General, 2017). These regulations promoted a significant decrease in opioid prescriptions, with opioid prescription rates falling from 59.8 per 100 residents in 2015 to 28.6 in 2023. This drop in prescribing was reflected in NJSDUH survey results, which showed substantial declines in opioid pain medication misuse starting in 2017 and continuing through 2020. However, despite a continued downturn in opioid prescribing, between 2020 and 2023, the rate of opioid medication misuse more than doubled during these years, rising from 0.9% to 2.2%. While it is too soon to know if this represents a temporary uptick or a longer-term trend, the findings suggest a need to explore the factors underlying increases in opioid medication misuse and to identify the populations most affected.

Cannabis

As of 2023, the use of cannabis for medical purposes had been legalized in 38 states and, for recreational purposes, in 24 (NCSL, 2024). In New Jersey, cannabis was legalized for medical use in 2010 and for recreational use in 2021. Recreational sales in New Jersey subsequently began in April 2022, allowing legal access to cannabis to all New Jersey residents aged 21 or older. According to the New Jersey Cannabis Regulatory Commission (NJCRC), as of February 14, 2024, the state had 102 licensed dispensaries dedicated to the sale of medical and recreational cannabis products in New Jersey (State of New Jersey, 2024).

Although cannabis use has been steadily rising in New Jersey since at least 2016, the start of recreational sales in 2022 prompted even greater concern among public health authorities of a

more significant rise in its use by state residents. This concern coincided with public health concerns that increased use could lead to such unintended consequences as diversion to those who are underage, increases in impaired driving and promotion of more dangerous illicit drug use (Thurstone, 2011; Pearlson et al., 2021). While methodological changes to the survey described earlier in this report prevented our ability to track changes in cannabis use before 2016, trends in use between 2016 and 2020 showed a 55% increase, with past-year use steadily rising from 11% of adults in 2016 to 17% in 2020. The approximately 2 percentage point increase in use between 2020 and 2023 (before and after the start of legal recreational sales), however, was no larger than prior increases and did not reflect a significant expansion as a result of legalization. Further, public health concerns also centered around the potential ramifications of legalization for cannabis use in young people, yet NJSDUH data suggest that any increase in use since 2020 was largely driven by New Jersey residents in the older, rather than younger, age groups. In contrast, those in the younger age groups (18-25) actually decreased their use of cannabis since legalization. Continued tracking of trends in use within different demographic populations, however, is clearly needed to understand the effects of legalization on cannabis use and abuse statewide.

Tobacco Cigarettes and E-Cigarettes

The downward trend in tobacco cigarette smoking since 1998 continued through 2023, with current cigarette smoking dropping to a low of 8%. The most notable decrease in smoking rates occurred among the youngest residents aged 18-25, who saw smoking rates fall from a high of 32% in 2003 to 4% in 2023.

While the reduction in cigarette use, especially among young adults, is encouraging, trends in the use of e-cigarettes have not been equally positive. In recent years, the nation has witnessed an alarming rise in the use of e-cigarettes among youth and young adults, with e-cigarette use growing by 900% among high school students between 2011 and 2015 (US Department of Health and Human Services, 2016). Most e-cigarettes contain nicotine, which can cause addiction and harm the developing brain, which is more vulnerable to nicotine exposure than older adult brains (US Department of Health and Human Services, 2016).

In New Jersey, lifetime use of e-cigarettes continued to climb from 12% of New Jersey adults in 2018 to 14% in 2023, although recent use of e-cigarettes stabilized between those years at 8% in both 2018 and 2023. Recent use among younger adults was considerably higher, however, with 23% of 18–25-year-olds vaping e-cigarettes in 2018 and 22% vaping in 2023. Moreover, on a measure of time to first nicotine use after awakening, which identifies a high potential for smoking severity/addiction among individuals who use nicotine within the first 5 minutes (Vogul et al., 2020), NJSDUH data suggest that e-cigarette users were substantially more likely than tobacco cigarette smokers to report nicotine use within 5 minutes of waking up (25% vs. 16%).

The widespread use of nicotine-containing e-cigarettes by young adults coupled with the corresponding decline in their use of regular cigarettes seems to suggest that young adults are substituting e-cigarettes for regular cigarettes and not, in fact, reducing nicotine consumption. The potentially high addictive effect of e-cigarettes is further cause for alarm. While New Jersey currently bans e-cigarette sales to anyone under age 21, and has placed restrictions on flavored e-cigarettes, continuing to monitor usage among youth and young adults should remain a public health priority.

Mental Health and Co-Occurring Substance Abuse Disorders

Results of survey items measuring mental health status suggest that a sizeable portion of New Jersey residents suffer from mental health symptoms. Over 23% reported having been previously diagnosed with a mental health disorder and, currently, 11% of residents screened positive for anxiety, 9% for depression and 9% for moderate to severe psychological distress. Further, almost 4% of residents had thoughts of ending their lives in the past year.

This survey corroborated findings of numerous other studies which have demonstrated important links between mental health problems and substance use (Kessler et al., 1996). In the present study, residents reporting mental health symptoms were more than twice as likely as those with no current symptoms to be current smokers and heavy alcohol users, three times as likely to be daily cannabis users and five times as likely to misuse prescription medication. Not surprisingly, residents with mental health symptoms were also more likely to meet diagnostic criteria for substance abuse or dependence, with 19% of those experiencing psychological distress screening positive for abuse/dependence compared to only 4% of those with no mental health symptoms. While there continues to be disagreement regarding the precise mechanisms underlying the frequent association of mental health and substance abuse disorders, most observers agree that self-medication of symptoms is an important contributing factor (Harris and Edlund, 2005).

New Jersey has been proactive in promoting integrated treatment for those with co-occurring mental health and substance abuse problems, and the state is highly ranked nationally in terms of access to mental health treatment (Mental Health America, 2016). As this report demonstrates, however, access to treatment nevertheless remains limited. Access to mental health treatment in New Jersey in 2023 was significantly more accessible than access to addiction treatment. The large proportion of adults with co-occurring mental health and addiction disorders suggests a need to further expand integrated treatment to better manage the dual problems of mental health and substance abuse. Additionally, ongoing statewide monitoring of mental health trends will help identify populations and regions at risk and insure the optimal availability and accessibility of mental health services for all in need.

Substance Abuse and Mental Health Disorders in Young Adults

Previous surveys have found young adults under age 26 to be at substantially higher risk of mental health and substance abuse problems than other New Jersey populations. In 2023, adults in this age group continued to remain at significantly higher risk of mental health problems than older adults but, with the exception of nicotine use, showed dramatic reductions in their use of substances. Compared to older adults, adults aged 18-25 were more likely to screen positive for psychological distress and to report suicidal ideation. In terms of substance use, however, young adults aged 18-25 had the lowest rate of current alcohol use of all age groups and, between 2020 and 2023, showed a 20% drop in current alcohol use. At the same time, rates of current drinking in the older age groups either remained the same or increased. Young adults aged 18-25 also showed dramatic reductions in cigarette smoking over the years, dropping from a high of 32% in 2003, when they exceeded all other age groups in terms of smoking prevalence, to a low of 4% in 2023, the lowest rate of all age groups. However, this reduction in tobacco cigarette smoking was counterbalanced by a rise in the use of e-cigarettes, which rose from 14% in 2016 to 22% in 2023.

With respect to drug use, 18–25-year-olds had equivalent or lower rates of use of heroin, cocaine and psychotherapeutics as older adults but used hallucinogens and cannabis at higher rates. Between 2020 and 2023, however, their use of cannabis dropped substantially, while cannabis use in those aged 35 and older increased during this same period. Similarly, while young adults aged 18-25 had the highest rate of substance abuse/dependence of all age groups in 2019, by 2023, their rate of abuse/dependence had dropped by 56%.

Despite large reductions in the use of many substances, however, young adults aged 18-25 still face many challenges. In 2023, they placed second among all age groups in their rate of abuse/dependence. Symptomatic young adults were also substantially less likely than their older counterparts to have gained access to addiction treatment. Higher rates of mental health problems in this age group, increasing use of e-cigarettes, persistently high rates of substance abuse and dependence and correspondingly low access to addiction treatment suggests a continuing need to increase access to mental health and addiction treatment for young adults, and to focus smoking cessation efforts on use of e-cigarettes.

Gender Minority

The 2023 NJSDUH was the first to collect a large enough sample of individuals who define themselves as gender minority to make generalizations about the mental health and substance use behaviors of this group of New Jersey adults. Our findings suggest that gender minority individuals face multiple mental and behavioral health challenges. In terms of mental health characteristics, gender minority adults were more than twice as likely as adults identifying as male or female to have a prior mental health diagnosis, more than four times as likely to experience moderate or severe psychological distress and more than four times as likely to report suicidal ideation. Further, gender minority adults used illicit drugs and cannabis at more than twice the rate of males and females, particularly hallucinogens, which were reported by 71% of gender minority adults compared to 13%-25% of females and males, respectively. Not surprisingly, gender minority residents were three times as likely as females and more than twice as likely as males to meet criteria for substance abuse or dependence. Although gender minority adults accessed mental health treatment at somewhat higher rates than males or females, among those who met criteria for substance abuse or dependence, none reported receiving addiction treatment in the past 12 months. While this group of adults are accessing some of the mental health treatment they need, there is a clear gap in terms of their addiction treatment needs. The present findings thus argue for greater outreach efforts to these New Jersey adults as well as to assist them in accessing and remaining in addiction treatment.

COVID-19

One-third (33%) of NJ residents reported experiencing one or more significant life stressors as a result of the COVID-19 pandemic, including 21% who lost work or pay, 12% who had problems obtaining food and 11% who had problems paying their rent/mortgage. Moreover, these stressors were not equally distributed across the population but experienced more by those in the lower income groups, African Americans and Hispanics, and those identifying as gender minority. The current survey also suggested that many adults who faced major life stressors during the pandemic were still dealing with the mental and behavioral health effects, being more likely than those who experienced no major stressors to screen positive for current anxiety, depression, suicidality, alcohol abuse/dependence and drug abuse/dependence. A number of changes were made to mental and behavioral health treatment systems during the pandemic to promote greater access, including broader-based telehealth services, expansion of treatment opportunities for opioid use disorders and the implementation of the 988-crisis line. Retaining these interventions on a permanent basis is important to improved treatment access for those still suffering from the aftereffects of the pandemic as well as to all New Jersey residents in need of greater access to mental health and addiction treatment.

B. TREATMENT ACCESS

Most individuals screening positive for substance abuse/dependence and/or mental health symptoms did not receive formal treatment in the last 12 months. Overall, however, mental health treatment was substantially more accessible to those with mental health symptoms than addiction treatment was to those with substance abuse problems. Thus, 44% of those with mental health symptoms had been treated in the past year, compared to only 9% of those with symptoms of substance abuse or dependence.

Moreover, lack of access to addiction treatment by those in need varied by demographic characteristics, geographic location and type of disorder. As noted above, among those with symptoms of abuse or dependence, young adults aged 18-25 and those identifying as gender minority had substantially lower access to addiction treatment than their counterparts. Access to addiction treatment also varied widely by county, with Ocean County being notable for its high rate of access for both mental health and addiction treatment (64% and 23%, respectively), and Hudson County, for its relatively lower access rates (36% and 5%, respectively). Similarly, residents with alcohol problems were substantially less likely to have received formal addiction treatment than those with drug problems. Lower treatment access among those with alcohol-only problems has been noted in all previous New Jersey Household Surveys to date and may reflect, in part, lower perceptions of need among those who abuse or are dependent on alcohol but do not have a drug problem. In the present survey, the demand for treatment among those with alcohol only problems were 19%, markedly lower than the demand in those with drug problems only (35%) and those with both drug and alcohol problems (50%).

Despite ongoing addiction treatment access problems for those in need, however, rates of addiction treatment have increased in New Jersey overall for those experiencing symptoms. Since reaching a low point of 4% in 2019, treatment rates for those with symptoms increased to 6% in 2020 and to 9% in 2023.

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