

# The NSDUH Report

November 7, 2003

## Reasons for Not Receiving Substance Abuse Treatment

### In Brief

- In 2002, about 6 million persons with illicit drug dependence or abuse did not receive specialty treatment for their illicit drug problem. Among these untreated illicit drug abusers, only 6 percent perceived an unmet need for treatment
- In 2002, an estimated 17 million persons with alcohol dependence or abuse did not receive specialty treatment for their alcohol problem. Among these untreated alcohol abusers, only 4.5 percent perceived an unmet need for treatment
- Among those who perceived an unmet need for treatment, the most common reasons reported for not receiving treatment were not being ready to stop using the substance and the cost of treatment

Studies show that many individuals who have substance use problems do not receive treatment for those problems.<sup>1,2</sup> The National Survey on Drug Use and Health (NSDUH) asks persons aged 12 or older to report on their symptoms of dependence on or abuse of alcohol or illicit drugs. “Any illicit drug” includes marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically. NSDUH defines dependence or abuse using criteria in the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (DSM–IV), which includes such symptoms as withdrawal, tolerance, use in dangerous situations, trouble with the law, and interference in major obligations at work, school or home during the past year (Table 1).<sup>3</sup>

Respondents were also asked whether they had received treatment for a substance use problem. In these analyses, an individual was defined as receiving treatment only if he or she reported receiving specialty treatment for alcohol or illicit drugs in the past year.<sup>4</sup> Specialty treatment is delivered at alcohol or drug rehabilitation facilities (inpatient or outpatient), hospitals (inpatient only), and mental health centers. It excludes treatment at an emergency room, private doctor’s office, self-help group, prison or jail, or hospital as an outpatient. Persons are classified

**Table 1. DSM-IV Diagnosis of Substance Abuse or Dependence**

A person is defined with abuse of a substance if he or she is not dependent on that substance and reports one or more of the following symptoms in the past year.

1. Recurrent use resulting in failure to fulfill major role obligations at work, school, or home
2. Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile)
3. Recurrent substance-related legal problems
4. Continued use despite having persistent or recurrent social or interpersonal problems

A person is defined as being dependent on a substance if he or she reports three or more of the following symptoms in the past year.

1. Tolerance—discovering less effect with same amount (needing more to become intoxicated)
2. Withdrawal (characteristic withdrawal associated with type of drug)
3. Using more or for longer periods than intended
4. Desire to or unsuccessful efforts to cut down or control substance use
5. Considerable time spent in obtaining or using the substance or recovering from its effects
6. Important social, work, or recreational activities given up or reduced because of use
7. Continued use despite knowledge of problems caused by or aggravated by use

**Table 2. Percentage of Persons Aged 12 or Older Who Needed Treatment for an Illicit Drug Problem or an Alcohol Problem\* in the Past Year, by Demographic Characteristics: 2002**

	Percent Needed Treatment for Illicit Drug Problem	Percent Needed Treatment for Alcohol Problem
<b>Total</b>	3.3	7.9
<b>Gender</b>		
Male	4.3	11.2
Female	2.4	4.9
<b>Age Group</b>		
12 to 17	5.7	6.0
18 to 25	8.6	18.0
26 or older	2.0	6.4
<b>Race/Ethnicity**</b>		
American Indian or Alaska Native	4.8	12.6
Black	4.7	7.4
White	3.0	8.0
Asian	1.2	3.6
Hispanic	4.0	8.6
Native Hawaiian or Other Pacific Islander	3.5	7.1

as needing treatment for a substance problem if they were dependent on or abused a substance or received specialty substance treatment in the past 12 months.<sup>5</sup>

Respondents who had not received specialty treatment were asked whether there was any time during the past 12 months when they felt they needed treatment or counseling for their alcohol or drug use but did not receive it. Those who answered that they felt they needed treatment (“perceived unmet treatment need”) were then asked to identify the reasons they did not receive treatment.<sup>6</sup>

In this report, estimates of treatment need, treatment, perceived unmet treatment need and reasons for not receiving treatment are presented separately for illicit drugs and for alcohol. Because many people have problems with both alcohol and illicit drugs, there is considerable overlap in these estimates.<sup>7</sup> For simplicity, the analyses in this report do not separate this population with multiple substance problems.

### Illicit Drug Treatment Need

In 2002, about 7.7 million persons aged 12 or older were classified as needing treatment for an illicit drug problem. Of these, 1.4 million (about 18 percent) received specialty treatment in the past year. The rate of treatment need for an illicit drug problem was approximately twice as high for males as for females. The rate was highest among young adults aged 18 to 25. Among racial/ethnic groups,

American Indians or Alaska Natives and blacks had the highest rate of treatment need. Among the approximately 6 million persons with untreated illicit drug dependence or abuse, only 6 percent (362,000) reported perceived unmet treatment need.

### Alcohol Treatment Need

In 2002, almost 18.6 million persons aged 12 or older were classified as needing treatment for an alcohol problem. Of these, 1.5 million (about 8 percent) received specialty treatment in the past year. The rate of treatment need for alcohol problems was approximately twice as high for males as for females, and the rate of treatment need for young adults aged 18 to 25 was approximately three times higher than in other age groups. Among racial/ethnic groups, American Indians or Alaska Natives had the highest rate of treatment need. Among the 17 million persons with untreated alcohol dependence or abuse, only 4.5 percent (761,000) reported perceived unmet treatment need.

### Reasons for Not Receiving Specialty Treatment

Among the 362,000 persons who perceived an unmet treatment need for an illicit drug use problem in the past year, the most common reasons given for not receiving

treatment were not being ready to stop using illicit drugs (39 percent) and thinking the cost of treatment would be too high (37 percent) (Figure 1). Twenty-six percent reported that the stigma associated with receiving treatment was a reason for not receiving treatment, and 20 percent reported that they did not know where to get treatment.

Among the 761,000 persons who perceived an unmet need for alcohol treatment in the past year, nearly half (49 percent) reported that they were not ready to stop using alcohol. Approximately 40 percent reported that the cost of treatment contributed to their not receiving treatment. Twenty-four percent reported concerns regarding stigma associated with seeking treatment, and 12 percent reported they did not know where to receive treatment.

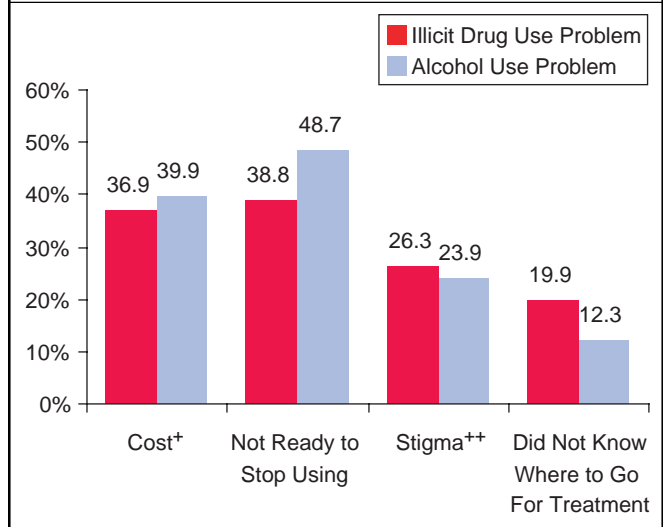
**End Notes**

1. Office of Applied Studies. (2003). *Results from the 2002 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 03-3836, NHSDA Series H-22). Rockville, MD: Substance Abuse and Mental Health Services Administration.
2. Office of Applied Studies. (2002). *National and State Estimates of the Drug Abuse Treatment Gap: 2000 National Household Survey on Drug Abuse* (NHSDA Series H-14, DHHS Publication No. SMA 02-3640). Rockville, MD: Substance Abuse and Mental Health Services Administration.
3. American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed.). Washington, DC: Author.
4. An individual who was dependent on or had abused illicit drugs was counted as receiving treatment only if they received specialty treatment in the past year for illicit drugs. An individual who was dependent on or had abused alcohol was counted as receiving treatment only if they received specialty treatment in the past year for alcohol. Individuals who reported receiving specialty substance abuse treatment but were missing information on whether the treatment was specifically for alcohol or illicit drugs were not counted in estimates of specialty illicit drug treatment or in estimates of specialty alcohol treatment.
5. An estimated 632,000 persons who were not classified with dependence or abuse of illicit drugs received specialty treatment for an illicit drug problem in the past year, and an estimated 538,000 persons who were not classified with dependence or abuse of alcohol received specialty treatment for an alcohol problem in the past year.
6. Response options were (1) you had no health care coverage, and you couldn't afford the cost; (2) you did have health care coverage, but it didn't cover treatment for [alcohol or drugs], or didn't cover the full cost; (3) you had no transportation to a program, or the programs were too far away, or the hours were not convenient; (4) you didn't find a program that offered the type of treatment or counseling you wanted; (5) you were not ready to stop using [alcohol or drugs]; (6) there were no openings in the programs; (7) you did not know where to go to get treatment; (8) you were concerned that getting treatment or counseling might cause your neighbors or community to have a negative opinion of you; (9) you were concerned that getting treatment or counseling might have a negative effect on your job; and (10) some other reason or reasons. Respondents who had other reasons were asked to indicate the specific reason(s) they did not receive treatment. The responses then were grouped into broader categories. Response options #3, #4, and #6 above were not included in the analyses for this report.
7. An estimated 3 million persons were classified with dependence on or abuse of both illicit drugs and alcohol.

**Figure and Table Notes**

\* Respondents were classified as needing treatment for an illicit drug or alcohol problem if they met at least one of three criteria during the past year: (1) dependent on any illicit drug or alcohol; (2) abuse of any illicit drug or alcohol; or (3) received treatment for an illicit drug or alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers). Illicit drugs include marijuana/hashish, cocaine (including crack), inhalants,

**Figure 1. Percentages of Persons Aged 12 or Older Who Reported Different Reasons for Not Receiving Treatment\*\*\* for Illicit Drug Use or Alcohol Use among Those Who Perceived an Unmet Treatment Need: 2002**



hallucinogens, heroin, or prescription-type psychotherapeutic (nonmedical use).

\*\* Individuals reporting two or more races were not included in this analysis.

\*\*\* Respondents could indicate multiple reasons; thus, these response categories are not mutually exclusive.

<sup>+</sup> Reasons were (1) had no health care coverage, and you couldn't afford the cost; and (2) did have health care coverage, but it didn't cover treatment for [alcohol or illicit drug use], or didn't cover the full cost.

<sup>\*\*</sup> Reasons were (1) might cause neighbors or community to have negative opinion (includes responses of "did not want others to find out you needed treatment" that were "other reasons" specified by respondents), (2) might have negative effect on job; and (3) ashamed/embarrassed/afraid to go to treatment or were afraid they would get in trouble with the police or social services (these were responses specified as an "other reasons" by respondents).

Table 1 Source: American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

Table 2 and Figure 1 Source: SAMHSA 2002 NSDUH

The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). Prior to 2002, this survey was called the National Household Survey on Drug Abuse (NHSDA). The 2002 data are based on information obtained from 68,126 persons aged 12 or older. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

*The NSDUH Report* is prepared by the Office of Applied Studies (OAS), SAMHSA, and by RTI in Research Triangle Park, North Carolina.

Information and data for this issue are based on the following publication and statistics:

Office of Applied Studies. (2003). *Results from the 2002 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 03-3836, NHSDA Series H-22). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available on-line: <http://www.DrugAbuseStatistics.samhsa.gov>.



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 Substance Abuse & Mental Health Services Administration  
 Office of Applied Studies  
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