

The NSDUH Report

February 23, 2007

Health Insurance and Substance Use Treatment Need

Although health insurance is one of the primary methods of payment for substance use treatment, rates of persons without health insurance coverage have generally been increasing since 2000.^{1,2} Many people who need treatment for

substance use do not receive it, and lack of health care coverage is one of the most common reasons given for not receiving treatment.³

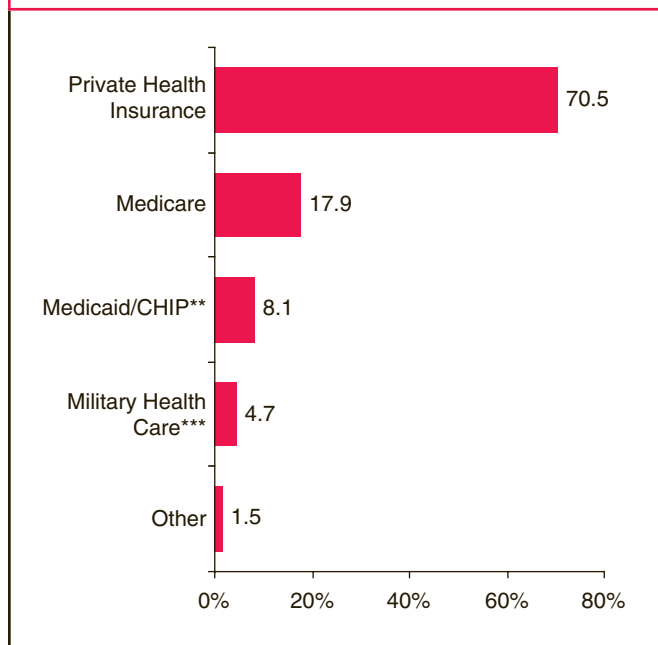
The National Survey on Drug Use and Health (NSDUH) asks questions related to health insurance and coverage for substance use treatment (i.e., alcohol or any illicit drugs). Respondents (or other family members who were better able to provide correct information about insurance coverage⁴) were asked about various types of health insurance coverage (i.e., private health insurance, Medicare, Medicaid/CHIP, military health care, or other insurance).⁵ Individuals with private health insurance were asked whether that insurance covered substance use treatment. Additionally, persons who were currently receiving treatment for substance use or who received treatment in the past year were asked to indicate if any part of their current or most recent treatment was paid for by different types of health insurance coverage.

Respondents who had used alcohol or illicit drugs were asked questions about substance abuse or dependence symptoms they

In Brief

- In 2004 and 2005, an annual average of 85.4 percent of persons aged 18 or older had some type of health insurance coverage in the past year, and 70.5 percent had private health insurance
- Adults aged 18 or older needing substance use treatment in the past year were less likely than adults not in need of treatment to have some type of health insurance coverage in the past year (74.4 percent vs. 86.6 percent)
- Of the persons aged 18 or older who needed and felt the need for treatment, but did not receive specialty treatment, 31.2 percent indicated they did not receive treatment because they did not have health insurance coverage and could not afford to pay for the cost of treatment

Figure 1. Types of Health Insurance Coverage* in the Past Year among Persons Aged 18 or Older: 2004-2005



Source: SAMHSA, 2004 and 2005 NSDUHs.

might have experienced in the past year. Those who met the criteria for either substance abuse or dependence⁶, or who had received treatment at a specialty facility⁷ for substance abuse or dependence in the past year, were determined to be in need of treatment. Separately, respondents also were asked if there was a time during that period when they felt they needed treatment or counseling but did not receive it. Persons who felt the need for treatment in the past year but did not receive it were asked about their reasons for not receiving treatment, including reasons related to health insurance coverage.

This report examines health insurance coverage and the need for and receipt of substance use treatment among persons aged 18 or older in the civilian, noninstitutionalized U.S. population. All findings presented in this report are annual averages based on combined 2004 and 2005 NSDUH data.

Health Insurance Coverage

In 2004 and 2005, an annual average of 85.4 percent of persons aged 18 or older had some type of health insurance coverage in the past year. Over two thirds (70.5 percent) of adults aged 18 or older were covered by private health insurance; smaller percentages indicated having other types of coverage (Figure 1).

Table 1. Any Health Insurance Coverage in the Past Year among Adults Aged 18 or Older, by Demographic Characteristics: 2004-2005

Demographic Characteristic	Any Health Insurance Coverage	
	Percent	SE ⁺⁺
Age Group		
18-25	72.6	0.34
26-34	77.3	0.52
35-54	86.1	0.32
55-64	90.9	0.56
65 or Older	99.2	0.18
Race/Ethnicity		
White	89.2	0.18
Black or African American	82.3	0.59
American Indian or Alaska Native	85.9	1.95
Native Hawaiian or Other Pacific Islander	86.2	2.69
Asian	87.2	1.00
Hispanic	66.6	0.83
Family Income		
Less Than \$20,000	72.2	0.55
\$20,000-\$49,999	81.4	0.35
\$50,000-\$74,999	91.9	0.33
\$75,000 or Higher	96.0	0.18
Current Employment		
Full Time	85.5	0.26
Part Time	83.2	0.49
Unemployed	57.3	1.27
Other ⁺	89.8	0.32

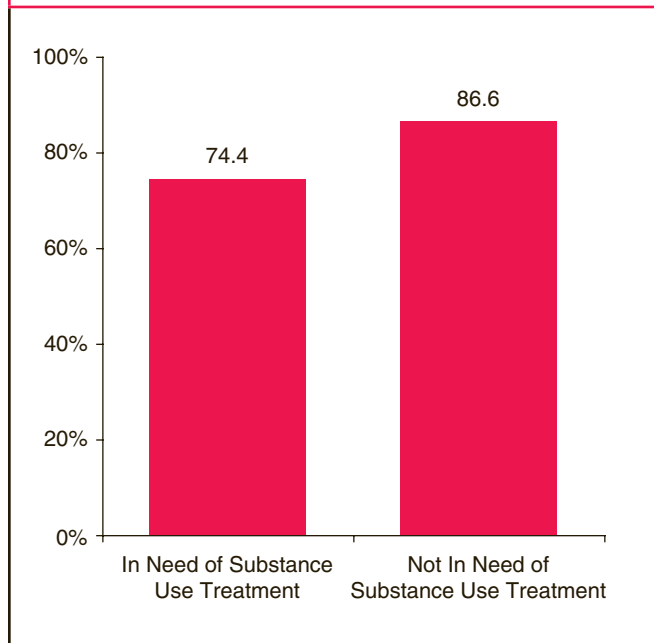
Source: SAMHSA, 2004 and 2005 NSDUHs.

Females were more likely than males to have had health insurance coverage in the past year (87.2 vs. 83.5 percent). The percentage of persons with health insurance coverage increased steadily with age and family income (Table 1). A lower percentage of Hispanics had health insurance than persons in other racial or ethnic groups, and persons who were unemployed were less likely than those in other employment categories to have coverage.

Health Insurance Coverage and Need for Treatment

In 2004 and 2005, an annual average of 21.1 million persons aged 18 or older were classified as needing

Figure 2. Percentage of Persons Aged 18 or Older with Any Health Insurance Coverage, by Need for Substance Use Treatment:^{*} 2004-2005**



Source: SAMHSA, 2004 and 2005 NSDUHs.

treatment for a substance use problem in the past year. Individuals needing substance use treatment in the past year were less likely than adults not in need of treatment to have some type of health insurance coverage in the past year (74.4 vs. 86.6 percent; Figure 2).

Receipt of Treatment and Health Insurance Coverage

Of the 21.1 million persons aged 18 or older who were classified as needing substance use treatment in the past year, an estimated 2.1 million received substance use treatment at a specialty facility in the past year. Among those persons classified as needing and receiving alcohol or illicit drug use treatment in the past year and whose last treatment was at a specialty facility, approximately half (51.2 percent) indicated that some type of health insurance (i.e., private insurance, Medicare, Medicaid, military health care, or other insurance) paid for the services.

In 2004 and 2005, an annual average of 19.0 million persons aged 18 or older were classified as needing but not receiving substance use treatment at a specialty facility in the past year. Of these, approximately 1.2 million felt the need for treatment. Of the persons aged 18 or older who needed and felt the need for treatment, but did not receive specialty treatment,

31.2 percent indicated they did not receive treatment because they did not have health insurance coverage and could not afford to pay for the cost of treatment. Having health insurance that did not cover treatment services or did not cover the full cost of the treatment services was given as a reason for not receiving treatment by 5.5 percent of those who did not get specialty treatment despite needing treatment and perceiving a need for it.

End Notes

- ¹ Office of Applied Studies (2003). *Alcohol and Drug Services Study (ADSS): The national substance abuse treatment system: Facilities, clients, services, and staffing*. Rockville, MD: Substance Abuse and Mental Health Services Administration. [Available as a PDF at <http://www.oas.samhsa.gov/adss.htm>]
- ² DeNavas-Walt, C., Proctor, B., & Hill Lee, C. (2006). *Income, poverty, and health insurance coverage in the United States: 2005* (U.S. Census Bureau, Current Population Reports, P60-231). Washington, DC: U.S. Government Printing Office.
- ³ Office of Applied Studies. (2006). *Results from the 2005 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 06-4194, NSDUH Series H-30). Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ⁴ For those respondents aged 18 or older who were unable to respond to the insurance questions, NSDUH accepted proxy responses from a household member identified as being better able to give the correct information.
- ⁵ CHIP is the Children's Health Insurance Program; individuals aged 19 or younger are eligible for this plan. Military health care is defined as TRICARE, CHAMPUS, CHAMPVA, the VA, or other military health care. Other health insurance is defined as having other health insurance coverage not including private health insurance, Medicaid/CHIP, Medicare, or military health care.
- ⁶ NSDUH defines *substance dependence or abuse* using criteria specified in the American Psychiatric Association's 1994 Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (4th ed.), including symptoms such 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.
- ⁷ A *specialty facility* refers to treatment received at a hospital (inpatient), rehabilitation facility (inpatient or outpatient), or mental health center to reduce or stop substance use or to treat medical problems associated with substance use.

Figure and Table Notes

- * Respondents could indicate having more than one type of health insurance; therefore, percentages may not total to 100 percent.
- ** CHIP is the Children's Health Insurance Program. Individuals aged 19 or younger are eligible for this plan.
- ***Military health care is defined as TRICARE, CHAMPUS, CHAMPVA, the VA, or other military health care.
- + The "other" employment category includes retired persons, disabled persons, homemakers, students, or other persons not in the labor force.
- **SE = Standard Error
- ***Respondents were classified as needing treatment for a substance use problem if they (1) were dependent on or abused illicit drugs or alcohol or (2) received treatment for a substance use problem at a specialty facility (see End Note 7). NSDUH defines *substance dependence or abuse* using criteria specified in the American Psychiatric Association's 1994 *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (4th ed.), including symptoms such 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.

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Research findings from the SAMHSA 2004 and 2005 National Surveys on Drug Use and Health (NSDUHs)

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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 2004 and 2005 data used in this report are based on information obtained from 91,233 persons aged 18 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 International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on NSDUH used in compiling data for this issue is available in the following publications:

Office of Applied Studies. (2006). *Results from the 2005 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 06-4194, NSDUH Series H-30). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Office of Applied Studies. (2005). *Results from the 2004 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 05-4062, NSDUH Series H-28). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online: <http://www.oas.samhsa.gov>.

Because of improvements and modifications to the 2002 NSDUH, estimates from the 2002, 2003, 2004, and 2005 surveys should not be compared with estimates from the 2001 or earlier versions of the survey to examine changes over time.



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