

The NSDUH Report

April 9, 2009

Alcohol Treatment: Need, Utilization, and Barriers

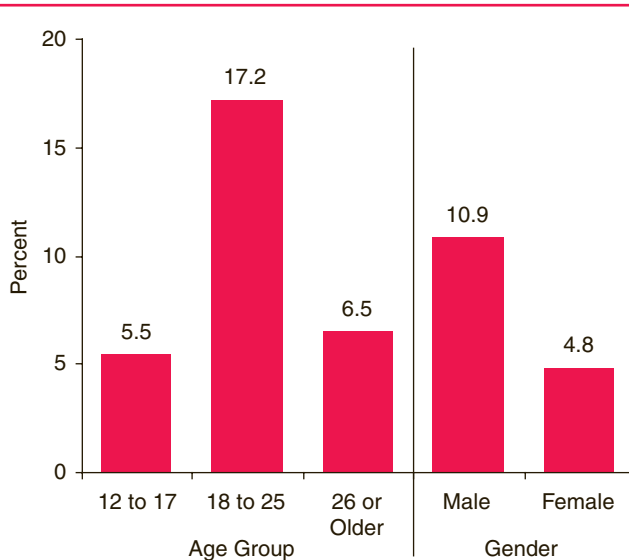
In Brief

- In 2007, 7.8 percent of persons aged 12 or older (an estimated 19.3 million persons) needed treatment for an alcohol problem in the past year
- Of those who needed alcohol treatment in the past year 8.1 percent received treatment at a specialty substance use treatment facility, 4.5 percent did not receive treatment but felt they needed it, and 87.4 percent did not receive treatment and did not perceive a need for it
- Only one quarter (27.9 percent) of those who did not receive alcohol treatment but felt they needed it made an effort to get treatment in the past year
- Averages for 2004 to 2007 show that the most common reasons given for not receiving alcohol treatment among those who felt the need for it were not being ready to stop using alcohol (42.0 percent) and cost or insurance barriers (34.5 percent)

Alcohol abuse affects the physical, mental, and fiscal health of millions of people every year. A number of programs can effectively treat alcohol dependence or abuse; however, many people who need treatment may not use these services or even recognize the need for them. Increasing the public's awareness of the signs of alcohol problems, expanding screening for alcohol problems in primary care and in emergency departments, and ensuring that individuals are matched to appropriate intervention and/or treatment services may help to save or improve the lives of alcohol abusers, their families, and other citizens in our communities.

The National Survey on Drug Use and Health (NSDUH) gathers information that can help to provide a better understanding of alcohol treatment needs, service utilization, and barriers. NSDUH classifies persons as needing treatment for an alcohol problem if they met the criteria for alcohol dependence or abuse or if they received specialty alcohol use treatment in the past year.^{1,2} Respondents were asked if there was any time in the past year when they felt they needed treatment for their alcohol use but did not receive it. Persons who felt the need for

Figure 1. Needed Treatment for an Alcohol Problem in the Past Year among Persons Aged 12 or Older, by Demographic Characteristics: 2007



Source: 2007 SAMHSA National Survey on Drug Use and Health (NSDUH).

treatment but did not receive it were asked about their reasons for not receiving treatment. This issue of *The NSDUH Report* presents 2007 estimates of alcohol treatment need, receipt of treatment, and perceived need for treatment, as well as 2004 to 2007 combined estimates on the reasons for not receiving alcohol treatment among persons aged 12 or older.

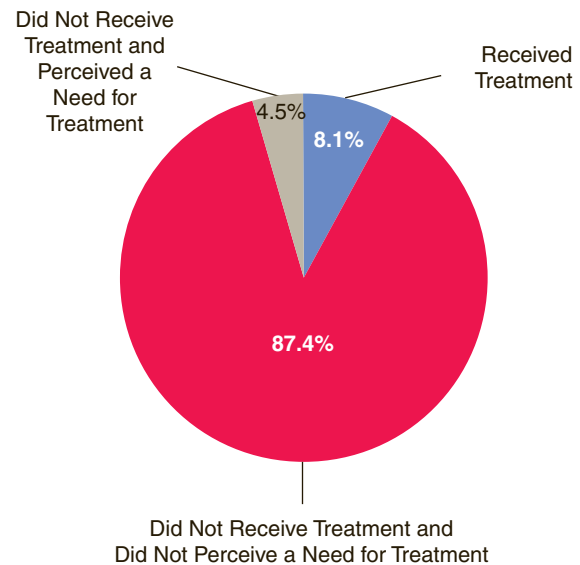
Need for Alcohol Treatment

In 2007, 7.8 percent of persons aged 12 or older (an estimated 19.3 million persons) needed treatment for an alcohol problem in the past year. The rate of treatment need for an alcohol problem was twice as high for males as for females (10.9 vs. 4.8 percent), and the rate of treatment need for young adults aged 18 to 25 was 2 to 3 times higher than that of other age groups (17.2 percent for persons aged 18 to 25 vs. 5.5 percent for those aged 12 to 17 and 6.5 percent for those aged 26 or older) (Figure 1).

Service Utilization

Of the 19.3 million persons who needed alcohol treatment in the past year, 8.1 percent (1.6 million) received treatment at a specialty facility in the past year (Figure 2). Among persons who needed treatment for alcohol use, adults aged 26 or older were more likely than adolescents and young adults to have received treatment at a specialty facility (9.7 vs. 5.9 and 5.1 percent,

Figure 2. Receipt* of and Perceived Need for Alcohol Treatment in the Past Year among Persons Aged 12 or Older Who Needed Treatment: 2007



Source: 2007 SAMHSA National Survey on Drug Use and Health (NSDUH).

respectively) (Figure 3). There was little difference by gender.

Nearly nine tenths (87.4 percent) of individuals who needed treatment neither received it nor perceived the need for it (Figure 2). Only 4.5 percent perceived a need for treatment but did not receive it (i.e., had a perceived unmet need). About one quarter (27.9 percent) of the 859,000 persons who had a perceived unmet need for alcohol treatment made an effort to get it in the past year.

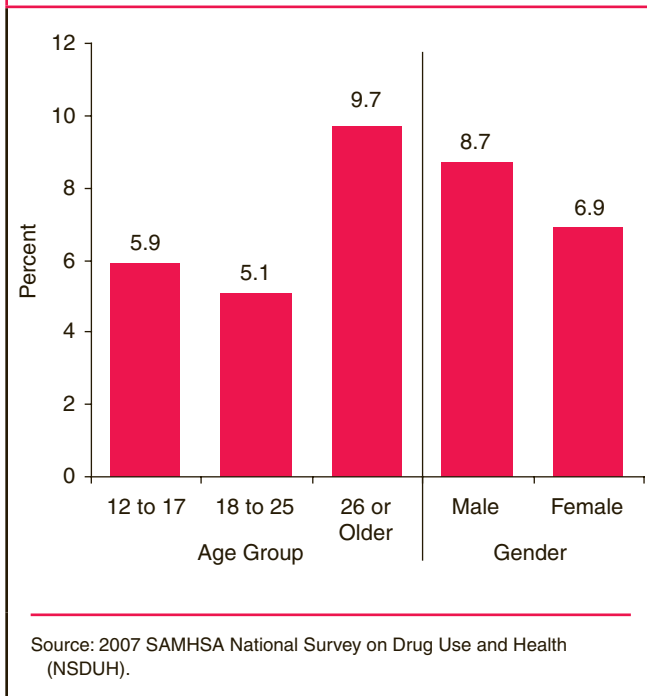
Barriers to Receiving Alcohol Treatment

Individuals who needed but did not receive alcohol treatment at a specialty facility and who felt a need for alcohol treatment were asked to indicate the reasons for not receiving it. Averages for 2004 to 2007 show that the most common reasons given for not receiving treatment were not being ready to stop using alcohol (42.0 percent) and cost or insurance barriers (34.5 percent) (Figure 4).³ Other reasons included social stigma associated with receiving treatment (18.8 percent), access issues (11.7 percent), not feeling the need for treatment or thinking they could handle the problem without treatment (11.6 percent), and not knowing where to go for treatment (11.1 percent).

Discussion

A large number of Americans are in need of alcohol treatment but do not receive it; most of those who do not receive treatment also do not perceive a need for it. Even among those with

Figure 3. Received Treatment for an Alcohol Problem in a Specialty Facility in the Past Year among Persons Aged 12 or Older in Need of Treatment, by Demographic Characteristics: 2007



a perceived unmet need for alcohol treatment, only about one quarter made an effort to get treatment. Among those with a perceived unmet alcohol treatment need, the most common reason given for not getting alcohol treatment was not being ready to stop drinking. These findings highlight the need to increase the public’s awareness of the signs of alcohol dependence or abuse, the need for increased alcohol screening in multiple health care settings, and wider dissemination of information on treatment availability and cost.

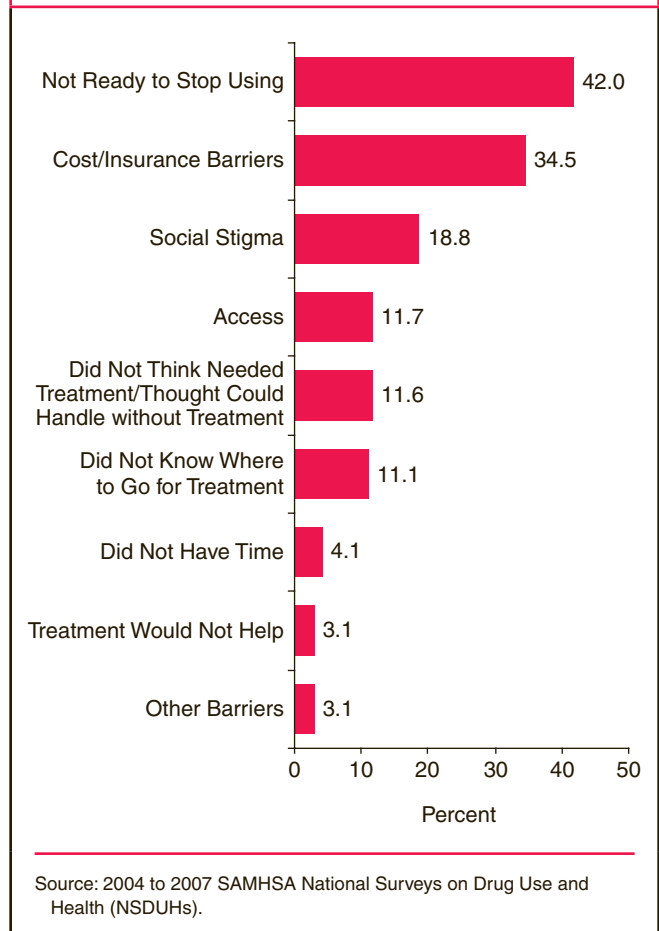
End Notes

- NSDUH defines dependence on or abuse of alcohol using criteria specified in the *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. For details, see the following resource: American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Specialty substance use treatment is defined as treatment received at drug or alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient services only), and mental health centers. Specialty substance use treatment excludes treatment in an emergency room, private doctor’s office, self-help group, prison or jail, or hospital as an outpatient.
- For this section, data from the 2004 to 2007 NSDUHs were combined to gain a sufficient sample size in order to produce estimates that met the standard NSDUH precision criteria.

Figure Notes

* Refers to receipt of treatment in a specialty facility (see End Note 2).

Figure 4. Reasons for Not Receiving Alcohol Treatment in the Past Year among Persons Aged 12 or Older Who Needed Treatment and Who Perceived a Need for It: 2004 to 2007**



** Respondents could indicate multiple reasons; thus, these response categories are not mutually exclusive. “Cost/insurance barriers” include “no health coverage and could not afford cost,” “had health coverage but it did not cover treatment or did not cover cost,” and other-specify responses of “could not afford cost; health coverage not indicated.” “Social stigma” include “might cause neighbors/community to have negative opinion,” “might have negative effect on job,” “did not want others to find out,” and other-specify responses of “ashamed/embarrassed/afraid” and “afraid would have trouble with police/social services.” “Did not think needed treatment/thought could handle the problem without treatment” include “did not feel need for treatment,” “could handle the problem without treatment,” and other-specify responses of “could do it with support of family/friends/others” and “could do it through religion/spirituality.” “Other barriers” include “no transportation/inconvenient,” “no program having type of treatment,” “no openings in a program,” and other-specify responses of “no program had counselors/doctors with whom you were comfortable,” “services desired were unavailable or you were currently ineligible,” and “attempted to get treatment but encountered delays.”

Suggested Citation

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Research findings from the SAMHSA 2004 to 2007 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). The 2007 data used in this report are based on information obtained from 67,870 persons aged 12 or older, and the 2004 to 2007 combined data are based on information obtained from 271,740 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 International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on the most recent NSDUH is available in the following publication:

Office of Applied Studies. (2008). *Results from the 2007 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 08-4343, NSDUH Series H-34). Rockville, MD: Substance Abuse and Mental Health Services Administration. Also available online: <http://oas.samhsa.gov>.



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