Barriers to substance use disorder treatment among adults who think they need treatment

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Abstract

Background: Little recent empirical insight exists about adults in the US who think they need substance use disorder treatment.

Objective: Characterizes adults who think they need treatment and quantify their reported reasons for not receiving it.

Methods: We conduct a cross-sectional descriptive analysis with the 2022-2023 NSDUHs.

Results: Affordability, stigma, inaccessible providers, and preference for self-reliance are barriers to substance use disorder treatment.

Conclusions: Reducing substance use disorder treatment barriers requires addressing affordability, provider access, stigma, and patient preferences.

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Barriers to substance use disorder treatment among adults who think they need treatment

Introduction

SUD treatment can minimize harms, but treatment rates are low.[1] Treatment barriers are documented, especially lack of perceived need.[1] However, few recent studies focus on adults in the US who think they need treatment but are not in treatment or getting enough treatment (hereafter adults who think they need treatment).

This is a critical gap because these adults are likely to initiate or increase treatment if barriers are reduced, and barriers reflect policy-driven choices.

This study characterizes adults who think they need treatment and quantifies their reported reasons for not receiving it, using the National Survey of Drug Use and Health (NSDUH). We examine barriers by health insurance status, a key lever for policy intervention.[2]

Methods

We conduct a cross-sectional analysis with the 2022-2023 NSDUHs. We rely on NSDUH variables to characterize the population, including flagging SUD and mental illness.[3] We report estimates separately by insurance status: private (n=469), government related (Medicaid/CHIP, Medicare, military, and other public) (n=294), and no insurance (n=148).

We rely on SAS 9.4 including for chi-square tests of differences in characteristics by insurance status and logistic regression and t-tests to compare the mean experiencing barriers after adjusting for differences in age and SUD.

The Urban Institutes Institutional Review Board approved our data and methods.

Results

Table 1

Count and percentage distribution of adults who think they need treatment for substance use disorder (SUD) by health insurance status, demographic, and health characteristics, 2022-2023

	Type of Health Insurance								
	Public (n=294)			Private (n=469)			No Insurance (n=148)		
Characteristics	Count (1,000s)	Column % (95% CI)		Count (1,000s)	Column % (95% CI)		*P* Value	Count (1,000s)	Column % (95% CI)		*P* Value
Metropolitan residence area											
Large metro	805	52.8	(42.2, 63.5)	1,385	61.5	(53.2, 69.8)		460	60.0	(44.6, 75.3)	
Small metro	500	32.8	(22.7, 42.9)	692	30.8	(22.9, 38.6)		252	32.9	(17.0, 48.8)	
Nonmetropolitan	218	14.3	(8.0, 20.6)	174	7.7	(3.7, 11.7)	.03	55	7.1	(0, 14.4)	.02
Age group											
Less than 26	235	15.8	(9.9, 21.7)	469	21.0	(15.4, 26.6)		85	11.2	(6.3, 16.1)	
26, 49	780	52.4	(42.8, 62.0)	1,286	57.7	(50.0, 65.4)		577	76.2	(61.9, 90.5)	
50+	473	31.8	(20.9, 42.6)	475	21.3	(12.0, 30.6)	.03	95	12.6	(0, 26.0)	<.001
Race/ethnicity											
Hispanic	306	20.1	(8.5, 31.7)	263	11.7	(7.1, 16.3)		219	28.6	(12.7, 44.5)	

Non, Hispanic Black	237	15.6	(8.5, 22.7)	120	5.3 (1.7, 8.9)		112	14.7	(4.0, 25.3)	
Non, Hispanic White	823	54.0	(42.9, 65.2)	1,637	72.7(65.0, 80.4)		402	52.4	(37.6, 67.2)	
Other Non, Hispanic	157	10.3	(5.3, 15.4)	231	10.3 (4.2, 16.4)	<.001	33	4.3 (0.8, 7.9)		.01
Sex[a]										
Female	851	55.9	(48.1, 63.7)	1,044	46.4 (38.9, 53.9)		221	28.8	(12.9, 44.7)	
Male	672	44.1	(36.3, 51.9)	1,206	53.6 (46.1, 61.1)	.06	546	71.2	(55.3, 87.1)	<.001
Empoloyment status										
Employed	741	48.6	(38.3, 59.0)	1,887	83.8 (78.0, 89.6)		405	52.8	(39.3, 66.3)	
Not employed	782	51.4	(41.0, 61.7)	364	16.2 (10.4, 22.0)	<.001	362	47.2	(33.7, 60.7)	.04
Self, perception of health										
Fair/poor	1,017	66.7	(56.0, 77.5)	1,304	57.9 (50.0, 65.9)		517	67.4	(53.6, 81.2)	
Good/excellent	507	33.3	(22.5, 44.0)	947	42.1 (34.1, 50.0)	.07	250	32.6	(18.8, 46.4)	.88
Alcohol use disorder										
Moderate/ severe	659	43.3	(35.6, 50.9)	1,385	61.5 (53.1, 70.0)		497	64.8	(53.1, 76.6)	
Mild	274	18.0	(9.3, 26.7)	346	15.4 (9.4, 21.3)		68	8.9 (0, 18.2)		
None	590	38.7	(30.6, 46.9)	520	23.1 (16.3, 29.9)	<.001	201	26.3	(14.2, 38.3)	<.001
Cannabis use disorder										
Moderate/ severe	436	28.7	(21.3, 36.0)	603	26.8 (18.7, 34.8)		130	16.9	(8.9, 24.9)	
Mild	213	14.0	(7.0, 21.0)	181	8.0 (4.1, 12)		151	19.7	(9.1, 30.2)	
None	874	57.4	(49.0, 65.7)	1,467	65.2 (57.2, 73.2)	.06	486	63.4	(49.3, 77.5)	<.001
Other use disorder										
Moderate/ severe	408	26.8	(18.0, 35.6)	185	8.2 (3.2, 13.3)		225	29.3	(12.7, 46.0)	
Mild	129	8.5	(3.0, 14.0)	107	4.7 (2.3, 7.2)		38	5.0 (3.2, 6.8)		
None	986	64.7.	(55.7, 73.7)	1,959	87.0 (81.6, 92.4)	<.001	504	65.7	(48.2, 83.2)	.26
Mental illness										
Moderate/ severe	743	48.7	(39.1, 58.4)	925	41.1 (32.5, 49.7)		380	49.6	(37.0, 62.2)	
Mild	304	19.9	(12.8, 27.0)	576	25.6 (18.6, 32.6)		132	17.2	(8.6, 25.7)	
None	477	31.3	(22.7, 39.9)	749	33.3 (24.4, 42.2)	.25	255	33.2	(20.7, 45.7)	.76
Total Count	1,523			2,251			767			

Source: Author analysis of National Survey on Drug Use and Health, 2022 to 2023.

Notes: Estimates account for the complex sampling design of the NSDUH. Counts are weighted and shown in 1,000s. Adult defined as age 18 and older. Other non, Hispanic sample adults not shown separately because of the small sample size are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and those who reported more than one race. Public insurance defined as reporting government related coverage (Medicaid/CHIP, Medicare, military, and other public). We use NSDUH variables for substance use disorder which are based on self, reported substance use and consequences and DSM, 5 criteria. We use NSDUH variables for mental illness which are predicted from self, reports of psychological distress and functional impairment with a model developed in the Mental Health Surveillance Study. We use chi, square tests of independence to evaluate assess whether the distribution of characteristics differed across insurance status. We interpret *P* values <.01 as indicating that those with public insurance have a different distribution than those with private or no insurance.
[a]In 2023, respondents were asked about their sex assigned at birth and in 2022 respondents were asked if they were male or female.

The more than 4.5 million adults who think they need SUD treatment have substantial health needs despite two-thirds or more being under age 50 (table1). About six in ten report fair or poor health, and up to half have moderate or severe mental illness. Alcohol use disorder is especially prevalent among those with private (61.5%) or no insurance (64.8%).

Affordability is a barrier for about half of adults with public (50.8%) or private insurance (47.2%) and is even more common among those with no insurance (81.2%) (table 2). Lack of insurance is a barrier for 71.4% of the uninsured. Provider-related barriers affect most adults with public (71.4%) or no insurance (72.9%), compared with private insurance (55.7%). Stigma affects about six in ten

able 2

djusted percentage reporting barriers to substance use disorder (SUD) treatment b
ype of barrier among adults who think they need SUD treatment, 2022-2023

	Type of Health Insurance							
	Public (n=294)		Private (n=469)			No Insurance (n=148)		
arrier	**Row %**	**95% CI**	**Row %**	**95% CI**	***P* Value**	**Row %**	**95% CI**	***P* Value**
ffordability	50.8	(45.2, 56.3)	47.2	(42.7, 51.7)	.32	81.2	(73.5, 87.0)	<.01
Thought cost too much	40.7	(35.4, 46.3)	42.5	(38.1, 47.0)	.62	64	(55.7, 71.6)	<.01
No health insurance overage	28.3	(23.6, 33.6)	20.6	(17.2, 24.5)	.01	71.4	(63.4, 78.3)	<.01
Health insurance didn't over enough	26	(21.5, 31.2)	24.3	(20.6, 28.3)	.59	34.6	(27.3, 42.7)	.04
nding a provider	71.4	(66.0, 76.3)	55.7	(51.2, 60.2)	<.001	72.9	(64.7, 79.7)	.73
Didn't know where to get eatment	37.2	(31.9, 42.8)	28.2	(24.3, 32.4)	<.001	44.2	(36.3, 52.3)	.12

Couldn't find preferred rovider	14.3	(10.7, 18.8)	9.8	(7.4, 12.9)	.07	18.4	(12.8, 25.7)	.22
No opening with preferred rovider	32.5	(27.5, 38.0)	15.9	(12.9, 19.5)	<.001	31.8	(24.8, 39.8)	.86
Problem with ansportation, childcare, ppointment time	52.1	(46.3, 57.8)	41.3	(36.9, 45.9)	<.001	55.5	(47.2, 63.6)	.47
tigma	64.5	(59.0, 69.7)	63.1	(58.6, 67.4)	.69	59.6	(51.0, 67.6)	.28
Worried information would ot be kept private	42	(36.5, 47.6)	36.4	(32.2, 40.9)	.12	37.8	(30.0, 46.2)	.36
Worried what people ould think or say	45.9	(40.3, 51.5)	53.4	(48.9, 57.9)	.04	43	(35.0, 51.4)	.53
Thought would lose job, ome, or child	37.1	(31.8, 42.9)	33.2	(29.0, 37.6)	.28	44.4	(36.3, 52.8)	.11
Family, friends, or eligious group wouldn't like	19.9	(15.8, 24.8)	20.5	(17.0, 24.5)	.84	20.2	(14.3, 27.8)	.94
otivation	83.3	(78.5, 87.2)	84.4	(80.8, 87.4)	.69	78.9	(71.1, 85.0)	.24
Not ready to start eatment	62.2	(56.6, 67.5)	70	(65.6, 74.0)	.03	65.2	(56.9, 72.8)	.50
Not ready to stop/cut ubstance use	55.1	(49.3, 60.8)	63.4	(58.8, 67.8)	.03	50.3	(42.1, 58.4)	.30
No one would care if I got etter	27.2	(22.2, 32.9)	17.5	(14.2, 21.4)	<.001	22.6	(15.9, 30.9)	.27
Didn't think treatment ould help	32.8	(27.6, 38.5)	27.2	(23.2, 31.5)	.11	32.2	(24.9, 40.4)	.89
ot enough time	41.3	(35.9, 46.9)	44.7	(40.3, 49.2)	.004	40.6	(32.8, 48.8)	.31
reference to handle on own	79.2	(73.9, 83.7)	87.8	(84.1, 90.7)	< .00 1	75.2	(67.1, 81.9)	.94
Though should be able to andle on own	73.8	(68.2, 78.6)	86.6	(82.8, 89.6)	<.001	74.1	(65.7, 81.1)	.16
Afraid to be forced against ill	27.3	(22.3, 32.8)	18.7	(15.3, 22.6)	.35	33.3	(25.9, 41.6)	.88

ource: Author analysis of National Survey on Drug Use and Health, 2022 to 2023.

otes: Estimates account for the complex survey design of the NSDUH. Adult defined as age 18 nd older. Public insurance defined as reporting government related coverage (Medicaid/CHIP edicare, military, and other public). We use t-tests of independence to evaluate whether mean ffered by insurance status. We interpret *P* values <.01 as indicating that those with publi surance have a different mean than those with private or no insurance.

adults who think they need treatment, including concerns about privacy, judgment, or job/child custody loss, with similar levels across insurance status. About eight in ten experience motivation-related barriers, including roughly 30% who didn't think treatment would help and more than half who said they weren't ready to start treatment or reduce substance use. Roughly 40% said they didn't

have enough time for treatment. Preference for self-reliance was common across all groups, but more pronounced among privately insured adults (87.8%) compared with those with public (73.8%) or no insurance (74.1%). Fear of coercion was reported by about 27.3% of publicly insured and 33.3% of uninsured adults—higher than the 18.7% among the privately insured.

Discussion

Findings suggest that 1) insurance reduces, but does not eliminate, affordability barriers, with costs still affecting nearly half of adults with insurance; 2) public insurance is associated with greater difficulty finding providers, likely reflecting low reimbursement rates or administrative hurdles; 3) motivational and stigma-related barriers are widespread, including not feeling ready, fear of judgment, and concerns about privacy or job/child custody loss; 4) preference for self-reliance is high across all groups and many doubt that current treatment options would help them.

The strong desire for individual autonomy—alongside affordability, provider access, and stigma barriers—suggests that innovations in apps, billing models, and clinical approaches that incorporate shared decision-making to support autonomy and self-directed treatment may be especially promising.[4,5]

Reducing SUD treatment barriers requires addressing affordability, provider access, stigma, and patient preferences. Many adults also seek autonomy and doubt current options. Expanding flexible, effective, and innovative treatment models may better engage those who think they need help but remain untreated.

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