

DEFINING THE ADDICTION TREATMENT GAP

Right now more than 23 million Americans suffer from alcohol and drug addiction and need treatment; sadly, only one in 10 of them (2.4 million) gets the treatment they need.ⁱⁱ

This gap impacts everyone.

By gender, alcohol and/or drug addiction affects: 12.5 percent of males (age 12 or older); and 5.7 percent of females (age 12 or older).ⁱⁱⁱ

By age, alcohol and/or drug addiction affects: 7.7 percent of youths aged 12 to 17; 20.7 percent adults aged 18 to 25; and 7.2 percent of adults aged 26 or older.^{iv}

By level of education, alcohol and/or drug addiction affects: 7.5 percent of those who graduated from a college or university; 10.3 percent of those with some college; 9.3 percent of those who graduated from high school; and 9.8 percent of those who did not graduate from high school.^v

By employment status, alcohol and/or drug addiction affects: 20.0 percent of unemployed adults aged 18 or older; 10.1 percent of full-time employed adults; and 10.6 percent of part-time employed adults.^{vi}

While many people are in denial about their need for treatment, others acknowledge their problem and still cannot get treatment for a variety of reasons. Many would-be patients are put on waiting lists and must wait days, weeks or even months for treatment.^{vii} Even though addiction is an acknowledged, treatable disease, cost continues to be the number one factor keeping those who want help from the treatment they need.

Among those who say they need treatment but cannot get it:

- 35.9 percent fail to get treatment because they do not have adequate health coverage.^{viii}

We also know that accessibility to treatment programs is a problem^{ix}:

- 10.5 percent have no transportation/inconvenient.
- 8.1 percent could not find a program.
- 6.9 percent did not know where to go for treatment.

And the stigma associated with treatment continues to keep people away^x:

- 8.9 percent were concerned it might cause neighbors/community to have a negative opinion of them and 7 percent worried treatment might have a negative effect on their job.

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ⁱ The National Quality Forum, with support from the Robert Wood Johnson Foundation, issued a report called “National Voluntary Consensus Standards for the Treatment of Substance Use Conditions: Evidence-Based Treatment Practices” to address the need for performance measures for the treatment of substance use conditions. The project identified evidence-based practices for patients with substance use conditions by focusing on the practices for which the evidence is strongest and most accepted— and that are most likely to have significant impact on improving care.

ⁱⁱ 2007 National Survey on Drug Use and Health: National Findings, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies (OAS), <http://www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#Ch7>, See: Highlights

ⁱⁱⁱ 2007 National Survey on Drug Use and Health, See section 7.1. Substance Dependence or Abuse

^{iv} 2007 National Survey on Drug Use and Health, See section 7.1. Substance Dependence or Abuse

^v 2007 National Survey on Drug Use and Health, See section 7.1. Substance Dependence or Abuse

^{vi} 2007 National Survey on Drug Use and Health, See section 7.1. Substance Dependence or Abuse

^{vii} Johnson, Timothy P. et al, “WAITING FOR TREATMENT: A SURVEY OF STATE-FUNDED TREATMENT FACILITIES IN ILLINOIS,” Survey Research Laboratory, April 2008.

http://www.iadda.org/docs/waiting_for_treatment_2008.pdf

^{viii} 2007 National Survey on Drug Use and Health, See: Figure 7.7 Past Year Perceived Need for and Effort Made to Receive Specialty Treatment

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