

# Perceived Need for Treatment Among Adults With Severe Substance Use Disorder

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## INTRODUCTION

- Lack of perceived need for substance use treatment (SU Tx) and difficulties with SU problem recognition are critical barriers to receiving Tx<sup>1,2</sup>. However, characteristics associated with SU problem recognition are not well understood<sup>1,3</sup>.
- This study characterizes the untreated adult population with severe substance use disorder (SUD) who do not perceive that they need SU Tx.**

## METHODS

- Data source:** Nationally representative data from the 2022-2023 National Surveys on Drug Use and Health were subset to adults 18 or older with severe SUD (unweighted N=5.4K). Estimates are annual averages.
- Analyses:** Patterns in receipt of and perceived need for SU Tx were examined. Among adults who did not perceive a need for SU Tx, attitudes and behaviors were examined by demographics.

### Definitions

#### Severe SUD

- Adult met 6 or more DSM-5 criteria in the past year based on self-reported symptoms.

#### Perceived need for SU Tx

- Respondent sought or thought they should get SU Tx in the past year.

#### SU Tx

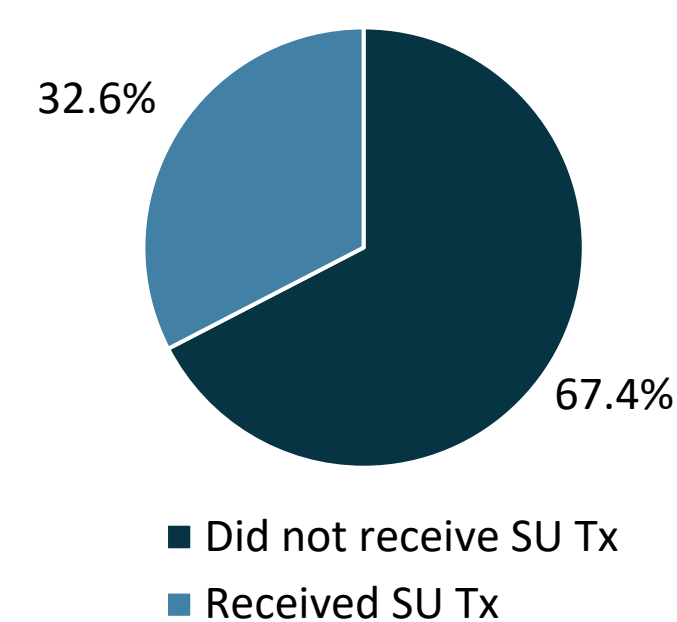
- SU services received in the past year in an inpatient location; in an outpatient location; in a prison, jail, or juvenile detention center; via telehealth; or
- Received medication(s) for alcohol or opioid use.

#### Support services

- MH- or SU- related participation in a support group, emergency department visits, receipt of detox/withdrawal services, or working with a peer support specialist or recovery coach.

## RESULTS

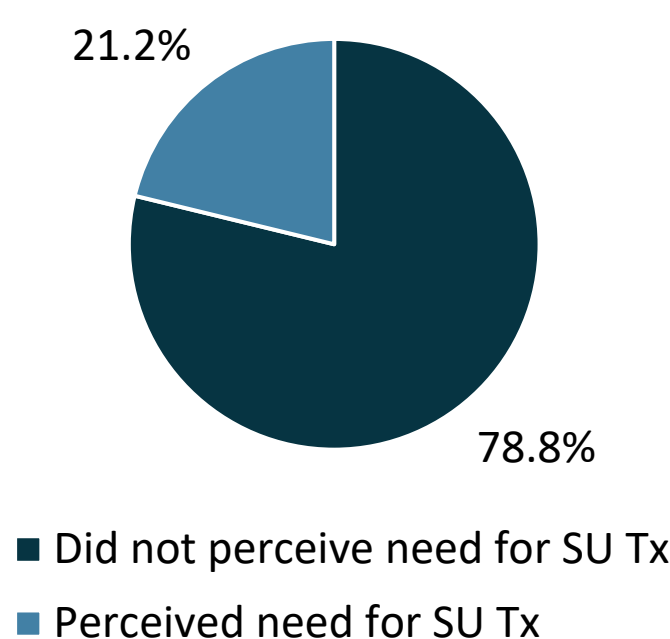
### Receipt of SU Tx: Among adults with severe SUD



Receipt of SU Tx was lower among:

- Black adults (22.9%)
- Younger adults (18-25: 23.7%, 26-34: 29.0%, 35+: 38.9%)
- High-income adults (Income 2x Federal Poverty Level [FPL]: 28.8%)
- Uninsured adults (25.1%)

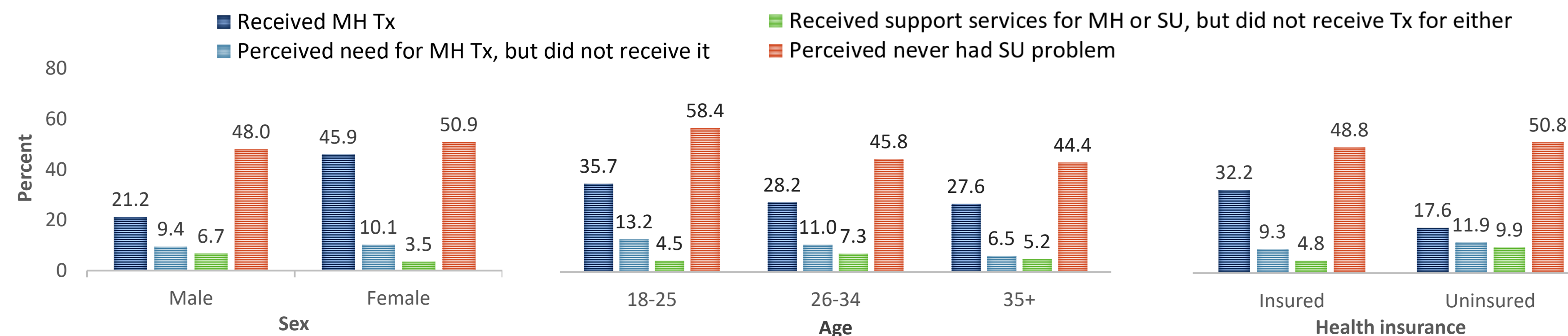
### Perceived need for SU Tx: Among adults with severe SUD who did not receive SU Tx



5.4 million adults (78.8%) with severe SUD who did not receive SU Tx **did not think they need it**. This percent was *higher* among:

- Males (81.7%)
- Young adults (18-25: 85.8%)

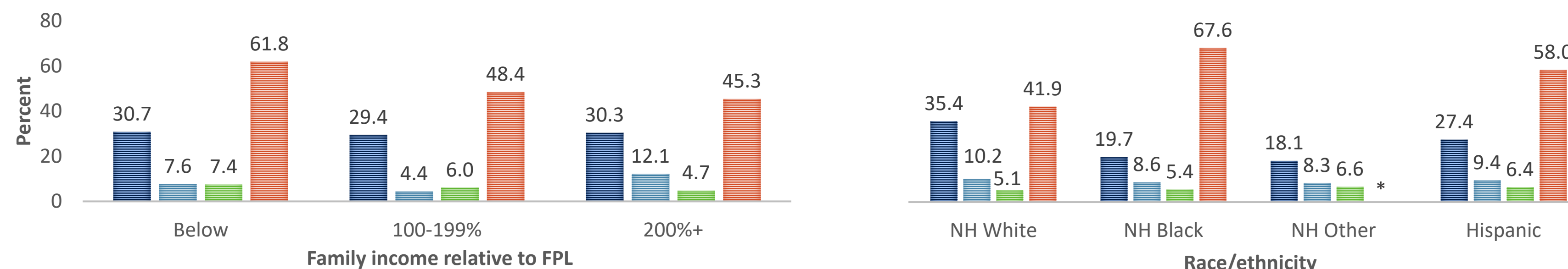
### Help-seeking attitudes and behaviors: Among adults with severe SUD who did not perceive that they needed SU Tx



Females were more likely than males to receive MH Tx.

Young adults were more likely to receive MH Tx or to perceive that they needed it, but less likely to think they ever had an SU problem.

Uninsured adults were less likely to receive MH Tx and more likely to receive support services.



High-income adults were more likely to perceive that they needed MH Tx but not receive it. Low-income adults were more likely to think they never had an SU problem.

Non-Hispanic (NH) White adults were more likely to receive MH Tx, while NH Black and Hispanic adults were more likely to think they never had an SU problem.

\*Low precision; estimate not presented.

## CONCLUSIONS

### SU problem recognition

- Difficulties with SU problem recognition present a major barrier to SU recovery among adults with severe SUD.
- Racial and socioeconomic differences in SU problem recognition may point to links between racial prejudice and SU stigma<sup>3</sup>, and the need for some groups to maintain greater functionality<sup>1</sup>.

### MH Tx among adults who did not think they needed SU Tx

- Among adults with severe SUD who did not perceive they needed SU treatment, receipt of MH treatment was higher among those who were female, White, aged 18-25, or insured.
- These groups are more likely to be exposed to possible intervention points in MH treatment.

### Implications

- Findings highlight a need for interventions to target and understand external factors influencing stigma and attitudes toward SU treatment.
- SU interventions should consider ways to better reach individuals with low SU problem recognition such as avoiding Binary Disease Model language<sup>4</sup>.

## REFERENCES

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