

Racial-Ethnic Differences in Lack of Treatment Among Care-Seeking People With Substance Use Disorders

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Substance misuse is a substantial public health concern in the United States, yet most affected individuals, particularly those belonging to certain racial-ethnic groups, face barriers to receiving treatment (1). In this study, we investigated the reasons for the lack of receipt of substance use disorder treatment among individuals of different racial-ethnic groups who perceived a need for treatment. Our findings highlight potential disparities in perceived access to and value of treatment and identify critical areas for intervention and policy development that can address barriers to care.

We used data from the 2022 National Survey on Drug Use and Health (2), a nationally representative survey

of the noninstitutionalized population (respondents were ages ≥12 years). In the past year from the time of survey administration, 6.4% (N=3,807; weighted N=7,162,802) of respondents received treatment. During the same period, 92.7% (N=54,751; weighted N=262,411,269) of respondents did not receive treatment because they did not seek or perceive the need for treatment, and 0.9% (N=511; weighted N=2,433,371) of respondents did not receive treatment even though they sought or perceived the need for treatment. We focused our study on the 511 respondents who experienced unmet treatment needs in the past year, assessing their responses to 18 survey items that

TABLE 1. Reasons for not receiving substance use disorder treatment reported by individuals (N=511) who perceived a need for it, by race and ethnicity^a

Reason	Total (weighted %)	Non-Hispanic White (weighted %)	Non-Hispanic Black (weighted %)	Hispanic (weighted %) ^b	Other (weighted %) ^c
You thought you should have been able to handle your alcohol or drug use on your own.	77.8	79.2 ^d	91.1 ^d	70.6	68.4
You were not ready to start treatment.	57.8	60.6 ^d	66.2 ^d	56.3	29.3
You did not know how or where to get treatment.	50.5	38.5	58.2 ^d	76.6 ^d	44.0
You thought it would cost too much.	50.1	51.1 ^d	49.9	49.6	44.7
You were not ready to stop or cut back using alcohol or drugs.	48.6	53.8 ^d	34.5	52.4 ^d	24.5
You were worried about what people would think or say if you got treatment.	44.8	54.9 ^d	26.3	40.3	17.3
You did not have health insurance coverage for alcohol or drug use treatment.	43.5	42.7	47.9 ^d	49.0 ^d	25.2
You didn't have enough time for treatment.	43.4	40.7	49.8 ^d	48.6 ^d	36.0
You thought that if people knew you were in treatment bad things would happen, like losing your job, home, or children.	39.9	37.7	44.0 ^d	49.5 ^d	20.6
Your health insurance would not pay enough of the costs for treatment.	37.8	33.8	49.0 ^d	43.8 ^d	25.2
You could not find a treatment program or health care professional you wanted to go to.	37.0	28.1	41.6 ^d	53.8 ^d	41.0 ^d
You were worried that your information would not be kept private.	36.3	39.6 ^d	29.9	34.5	29.0
You didn't think treatment would help you.	28.8	26.7	34.3 ^d	25.6	43.5 ^d
You thought you would be forced to stay in rehab or treatment against your will.	26.7	23.5	38.5 ^d	29.3 ^d	22.2
You had problems with things like transportation, child care, or getting appointments at times that worked for you.	24.8	21.8	34.3 ^d	28.4 ^d	19.9
You thought no one would care if you got better.	19.9	19.6	7.3	30.5 ^d	10.5

continued

TABLE 1, *continued*

Reason	Total (weighted %)	Non-Hispanic White (weighted %)	Non-Hispanic Black (weighted %)	Hispanic (weighted %) ^b	Other (weighted %) ^c
You thought your family, friends, or religious group wouldn't like it if you got treatment.	19.0	19.6 ^d	15.0	21.0 ^d	14.8
There were no openings in the treatment program or with the health care professional you wanted to go to.	13.5	12.4	16.5 ^d	16.3 ^d	7.4

^a Data were from the 2022 National Survey on Drug Use and Health (NSDUH). Respondents received the following instructions: "There may be many reasons you did not get treatments during the past 12 months. For each statement, please mark whether or not it was one of the reasons why you did not get professional counseling, medication, or other treatment for your alcohol or drug use." Respondents self-classified their racial identification and ethnic origin, in accordance with federal standards for reporting race and ethnicity data developed by the U.S. Census Bureau. To identify respondents of Hispanic origin, the survey asked, "Are you of Hispanic, Latino, or Spanish origin or descent?" To identify respondents' race, the survey asked, "Which of these groups describes you?" Response options for race were American Indian or Alaska Native (North American, Central American, or South American Indian), Asian (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian), Black or African American, Native Hawaiian or other Pacific Islander (e.g., Guamanian, Chamorro, or Samoan), and White. Respondents could choose more than one of these groups. For a full description about how the NSDUH collects information on race and ethnicity, please see Appendix A in the 2022 NSDUH methodological summary report (2).

^b People reporting Hispanic origin may be of any race (i.e., this is not a racial category).

^c This category included non-Hispanic Native American and Alaska Native, non-Hispanic Native Hawaiian and other Pacific Islander, non-Hispanic Asian, and non-Hispanic multiracial individuals.

^d This value represents a higher-than-average percentage (i.e., higher than the value noted in the Total column).

identified reasons for not receiving treatment while considering respondents' race and ethnicity.


The results are summarized in Table 1. The two most commonly reported reasons for not receiving treatment were, "You thought you should have been able to handle your alcohol or drug use on your own" and "You were not ready to start treatment." Substantial differences exist across racial-ethnic groups in some of the reported reasons for not receiving treatment (e.g., 76.6% of Hispanic respondents reported not knowing how or where to get treatment, compared with 38.5% of non-Hispanic White respondents), suggesting that differential experiences and barriers to treatment exist among racial-ethnic groups. Compared with other groups, a higher rate of Black respondents chose, "You thought you should have been able to handle your alcohol or drug use on your own" and "You were not ready to start treatment." In addition, the reasons "You could not find a treatment program or health care professional you wanted to go to" and "You did not know how or where to get treatment" were reported at a considerably higher rate by Hispanic respondents than by respondents from other groups.


These results point to the potential benefits of destigmatizing substance use disorder treatment and communicating the efficacy of treatment. Further, these actions may be particularly valuable for individuals who identify as Black. Our results support the need for inclusive, culturally appropriate approaches to treatment as well as educational efforts tailored to the unique perceptions held by members of affected racial-ethnic groups.

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Dr. Lee was supported by National Institute on Alcohol Abuse and Alcoholism grant T32 007477. Dr. Ilgen was partially supported by U.S. Department of Veterans Affairs grant VA RCS 19-333.

The views in this column represent those of the authors and not necessarily those of the University of Michigan, the VA, or the U.S. government.

The authors report no financial relationships with commercial interests.

Received March 30, 2024; revision received June 13, 2024; accepted July 22, 2024; published online December 6, 2024.

Psychiatric Services 2025; 76:93–94; doi: 10.1176/appi.ps.20240159

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