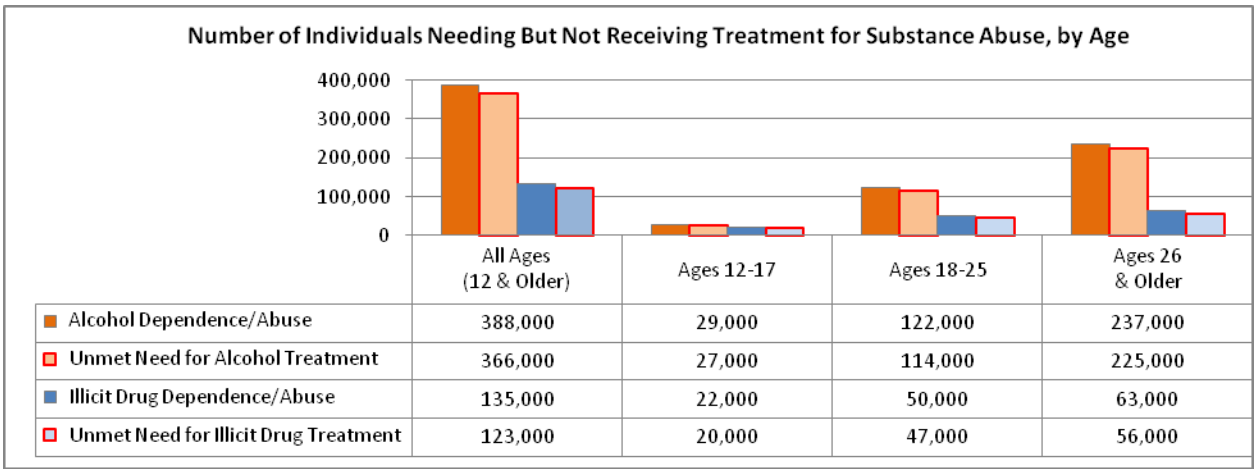
CHALLENGES

In recent surveys, the vast majority of Missouri residents who indicated a need for alcohol or drug abuse treatment have not received help. Based on the 2006 and 2007 NSDUH, an estimated 388,000 have an unmet need for treatment for alcohol dependence or abuse and 135,000 for illicit drug dependence or abuse. These numbers overlap because some individuals – 59,000 – have an unmet need for both alcohol and illicit drug treatment. The estimates are derived from responses to survey items that measure diagnostic criteria.



	All Ages (12 & Older)	Ages 12-17	Ages 18-25	Ages 26 & Older
Alcohol Dependence/Abuse	388,000	29,000	122,000	237,000
Unmet Need for Alcohol Treatment	366,000	27,000	114,000	225,000
Illicit Drug Dependence/Abuse	135,000	22,000	50,000	63,000
Unmet Need for Illicit Drug Treatment	123,000	20,000	47,000	56,000

The NSDUH indicates that nationwide only a small portion of individuals with an untreated substance abuse problem acknowledge that they need treatment. More public awareness and education are needed to recognize and de-stigmatize substance abuse, intervene when someone has a problem, and seek appropriate help. Among those who seek treatment, lack of insurance coverage and unavailability of services are cited as major barriers. The Division of Alcohol and Drug Abuse cannot meet current treatment demand. The Division's treatment programs are providing services at their funded capacities. Placing substance abusers on waiting lists discourages many of them from seeking services, and the delays can result in a progression of their alcohol and drug dependencies and related problems. Among the estimated 464,000 Missouri residents who have substance dependence or abuse, only 8.4% of them were admitted to ADA treatment programs and 7.7% to SATOP intervention programs in FY 2008.

Declines in Missouri state revenues are forcing reductions in the number of individuals who can be treated for substance abuse. Missouri general revenue provides a substantial portion of the funding for the Primary Recovery detoxification and treatment programs that account for approximately one-half of the state's treatment admissions. Reductions in state funding have capped the number of individuals who can be served in these programs. Furthermore, the reductions jeopardize Medicaid-funded treatment services and the federal matching funds that support those services.

Proposed health care reform has uncertain impacts on the current national system of publicly funded substance abuse treatment and prevention. Most published reports and summaries of the proposed insurance marketplace and other health care plans do not discuss substance abuse treatment coverage.

Under a proposed opt-out provision, some states might chose not to participate in the public plan. Also unknown is whether the roles of the federal Center for Substance Abuse Treatment (CSAT) and the Center for Substance Abuse Prevention (CSAP) will change, and whether CSAT and CSAP block grant funding to the states for state-administered treatment and prevention services will be affected under the new system.

Rising unemployment might further exacerbate alcohol and drug use and substance related problems. The drug-free workplace provides one of the best environmental controls on alcohol and drug use. The loss of that environment could lead to more opportunities for affected individuals to use alcohol and drugs. Stress, anxiety, depression, and other situational mental health conditions are potential job loss consequences that are known to be closely associated with substance abuse.