TREATMENT BARRIERS AND BENEFITS

Barriers to Treatment

Substance abuse treatment is unaffordable for the disproportionate number of people needing treatment who have low incomes or lack insurance coverage. In 1999, clients in 64 percent of substance abuse treatment admissions nationwide had no health insurance coverage for alcohol and drug abuse treatment and relied on public support. Medicaid provided treatment for an additional 14 percent of clients [66]. A 2003 federal survey of Missouri treatment programs found that 80.8 percent of the clients were treated in private non-profit programs that utilize state and federal funds, while only 16.5 percent received services in private for-profit facilities [70]. By applying this percentage to the state's treatment needs estimates cited earlier, it is expected that 373,171 Missouri adults and 23,737 adolescents would need to access treatment programs administered by the Division of Alcohol and Drug Abuse. In fiscal year 2004, these programs provided treatment to 31,287 adults and 4,946 adolescents [26, 27], only 8.4 percent of the adults and 20.8 percent of the adolescents needing state-supported services. This data suggests that approximately 341,884 adults and 18,791 adolescents—for a total of 360,675 Missouri residents—might have an unmet need for publicly supported treatment. These findings are substantiated by data from the National Survey on Drug Use and Health cited earlier [69]. That study estimated that 7.63 percent of Missouri residents age 12 and older needed but did not receive alcohol treatment in 2003, an unmet need of 356,629. Also, 2.78 percent of this age group or 129,938 had an unmet need for illicit drug treatment. There is some overlap between these two groups because some individuals needed both alcohol and illicit drug treatment.

Treatment Outcomes

Treatment for substance abuse has a good success rate. In 2002, Missouri completed the Treatment Outcomes Performance Pilot Studies Enhancement (TOPPS-II), a federally-funded study of clients receiving treatment in programs administered by the Division of Alcohol and Drug Abuse [48]. Follow-up studies were conducted on samples of clients six months and twelve months after entering treatment. The data identified several positive treatment outcomes. One-half of the clients were alcohol-free and drug-free at both follow-up sessions and more than two-thirds of the clients were abstinent one year after entering treatment. Clients showed improvement in the areas of earned income, physical and mental health, family and social relations, and legal status.

Aside from these and other quality-of-life benefits of substance abuse treatment, virtually all economic studies have shown that treatment is a good financial investment [64, 65]. Treatment reduces some of the direct cost burden identified on pages 10-11 associated with health care, law enforcement, criminal justice, corrections, public safety, property damage, and insurance. It also reduces productivity losses due to illness, crime, and injuries—and lost future earnings resulting from premature deaths. The RTI needs assessment study identified on page 14 estimated that 491,223 Missouri residents need treatment in public or private programs. The societal cost estimates for alcohol and other drug abuse in the United States, described on page 10, are $345.3 billion [60, 77]. Missouri's cost burden based on population portion is $6.9 billion—over $14,000 for each untreated substance abuser. Yet Missouri's average expenditure to provide substance abuse treatment was only $1,330 per client in fiscal year 2004 [27]. Based on the percentage of clients in the TOPPS-II study who achieved complete abstinence, it is expected that investment in substance abuse treatment in Missouri yields an economic benefit/cost ratio of at least seven-to-one.