



Differences in substance use treatment receipt, perceived treatment need, and barriers to receiving treatment among US adults with and without disabilities, 2022–2023

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Abstract

Background

People with disabilities (PWD) are at higher risk of experiencing substance use (SU) disorders than those without a disability. While treatment for SU reduces mortality and morbidity, currently there are no national-level studies comparing US adults with and without disabilities in terms of SU treatment receipt, perceived need, and barriers.

Objective

To examine differences between US adults with and without disabilities in terms of SU treatment receipt, perceived need for treatment, and barriers to receiving treatment.

Methods

This cross-sectional study examined National Survey on Drug Use and Health (NSDUH) 2022–2023 data ($n=89,167$ adults) on self-reported disability and past-year substance use disorder (SUD), SU

treatment, unmet treatment need, and treatment barriers. Analyses included weighted prevalence estimates, chi-squared tests (corrected for the survey design), and binomial logistic regression.

Results

An estimated 10.0% of adults with a disability, versus 3.9% without a disability, reported receiving past-year SU treatment. For adults with a past-year SUD who did not receive treatment, reporting a disability was associated with 70% higher odds (Adjusted Odds Ratio [AOR] 1.70; 95% Confidence Interval [CI], 1.27–2.28) of “unmet need” for SU treatment (after adjusting for demographics). Among adults who reported an “unmet need” for SU treatment, barriers related to cost and stigma were reported more frequently in those with, compared to those without, a disability.

Conclusions

Findings highlight elevated SU treatment need and barriers for PWD. Understanding the intersection of disability with the cascade of care, from screening to diagnosis and treatment of SU, is critical in improving health outcomes.

Introduction

People with disabilities (PWD) are at higher risk of experiencing substance use disorders (SUD) than those without a disability.^{1, 2, 3} In the US alone, more than 40 million adults live with a disability; this population has elevated prevalence of any drug use, as well as prescription drug misuse, daily nicotine use, and other drug use.⁴ In addition, PWD are at elevated risk for alcohol “abuse”⁵ and binge drinking.⁶ Furthermore, intravenous drug use among PWD is much higher when compared with adults without disabilities.⁷

While pharmacological and behavioral treatment exists for SUD,⁸ which can significantly reduce mortality, morbidity, and substance use-related harms,⁹ numerous barriers to entering and remaining in treatment have been documented. In the general population, common barriers include individual factors, such as lack of information about how to access treatment or the belief that treatment for SUD is not effective, but also structural factors, such as cost, inadequate reimbursement rates, lack of treatment facilities or transportation, racism, stigma, and other forms of discrimination.^{10,11}

Treatment access, perceived need for treatment, and barriers to receiving SUD treatment among PWD have only recently begun to be explored. The available literature suggests that PWD, despite high SUD risk, experience lower access to SUD treatment than people without disabilities. For example, a case-control study using Medicaid data from Washington State¹² shows important health disparities, with PWD 40% less likely to receive any medication for opioid use disorder (MOUD) and, if enrolled in treatment, 13% less likely to continue treatment (after six months) than people without a disability. Although there is limited research on factors underlying such disparities

in SUD treatment access, research conducted among PWD who misuse opioids or with an opioid use disorder in Massachusetts suggests that barriers such as stigma and lack of accommodations, coupled with the effects of gender, race, and homelessness, combine to negatively affect PWD's ability to access MOUD.¹³

Relative to the overall population of PWD, individuals experiencing certain specific types of disabilities may also face compounded barriers to SUD treatment. Relying on data from the National Health and Nutrition Examination Survey (2013–2018), Hinson-Enslin et al. suggest that despite increased odds of lifetime drug use, those experiencing vision loss alone, hearing loss alone, or both vision and hearing loss were no more likely to receive treatment than those without disabilities.¹⁴ Regardless of disability type, lack of support from the social environment, such as caregivers, family members, or other sources, has been found to be a barrier to SUD treatment.¹⁵

Existing and perceived barriers may result in an unmet need for substance use treatment in PWD who sought treatment or thought they should receive treatment but did not receive it. Even though empirical studies on this topic are scarce, for US adults with co-occurring mental health and substance use disorders, low perceived need and barriers to care are associated with low treatment coverage.¹⁶ Qualitative research adds that disability status intersects with racial identity to shape experiences of stigmatization in SUD treatment.¹³

Currently, there are no national-level studies examining the differences between US adults with and without disabilities in terms of substance use disorder treatment receipt, perceived need for treatment, and barriers to receiving treatment. We therefore employed the most-recent data from the National Survey on Drug Use and Health (NSDUH)¹⁷ to fill this gap in the literature. Identifying patterns of SUD treatment access, perceived unmet need, and barriers within a population of PWD and those without any disability can contribute to the design of a more effective and inclusive treatment policy. Such policies should address the entire cascade of care¹⁸ -from screening to diagnosis and treatment-for this marginalized, at risk population.

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Section snippets

Data source

Data were drawn from the 2022–2023 NSDUH, a nationally representative annual survey on substance use and mental health in the US civilian, noninstitutionalized population ages 12 and

older.¹⁷ The present study used NSDUH data from 2022 to 2023 only (the most recent data available), as changes to the substance use treatment questions in 2022 prevented combining data from previous years. The study was limited to adults (ages 18 and older) and focused on several different subpopulations defined by ...

Need for and receipt of SU treatment in adults with and without disabilities

[Fig. 1 here].

As depicted in Fig. 1 (and detailed in Supplemental Table S1), a higher percentage of adults *without* a disability (81.5%; 95% CI, 81.0–82.1), compared to those *with* a disability (67.9%; 95% CI, 66.1–69.7), reported no SUD, no treatment receipt, and no perceived need for treatment. Approximately 3.9% (95% CI, 3.7–4.1) of adults *without* a disability reported receiving substance use treatment in the prior year, compared to 10.0% (95% CI, 9.0–11.1) of adults *with* any ...

Discussion

Findings from this study (based on nationally representative US data) indicate that, relative to adults without a disability, a higher proportion of adults with a disability reported receiving SU treatment, experiencing an unmet need for SU treatment, or having an SUD but not receiving or seeking any treatment. These findings highlight elevated SUD treatment need in PWD. Four out of five adults *without* a disability reported that they did not have an SUD, did not receive treatment, or did not ...

Conclusion

Findings based on nationally representative US data show that a higher proportion of adults *with*, compared to *without*, a disability either receive SU treatment, report an unmet need for SU treatment, or report having an SUD but not receiving or seeking treatment. Intersectionality, type of substance use, and type of disability may all impact likelihood of receiving treatment or reporting an unmet need. These barriers to treatment access do not operate in isolation but interact and compound one ...

CRedit authorship contribution statement

Roberto Abadie: Writing – original draft, Conceptualization. **Manuel Cano:** Writing – review & editing, Validation, Methodology, Formal analysis, Conceptualization. ...

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“None” ...