

Treatment Access for Substance Use Disorders

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Overview and Motivation

MOTIVATION

Substance abuse is a *critical public health crisis*, and gaps in timely treatment put millions of Americans at risk. Data-driven insights are essential to guide policies that close these gaps and save lives.

Widespread Impact

Over 1 in 6 Americans aged 12+ reported a substance use disorder in 2022 (CDC)

Access Barriers

Many individuals face long wait times to enter treatment programs, which can delay recovery

Demographic Disparities

Treatment access varies by age, sex, and race/ethnicity, with some groups disproportionately underserved

OBJECTIVES

Opportunities for Insight

Geographic Variation

Identify states and regions where treatment bottlenecks exist, guiding policymakers on where to allocate resources.

Substance-Specific Trends

Reveal which substances are driving treatment demand in different areas, supporting targeted prevention and treatment strategies tailored to local substance use crises.

Demographic Disparities

Highlight underserved populations and inequities in access, enabling interventions that reduce disparities and improve health outcomes for high-risk groups.

System-Level Interactions

Provide insight into barriers to care and patient pathways, informing policies to streamline access and improve engagement for complex populations.

Data Overview and Limitations

DATA SOURCES

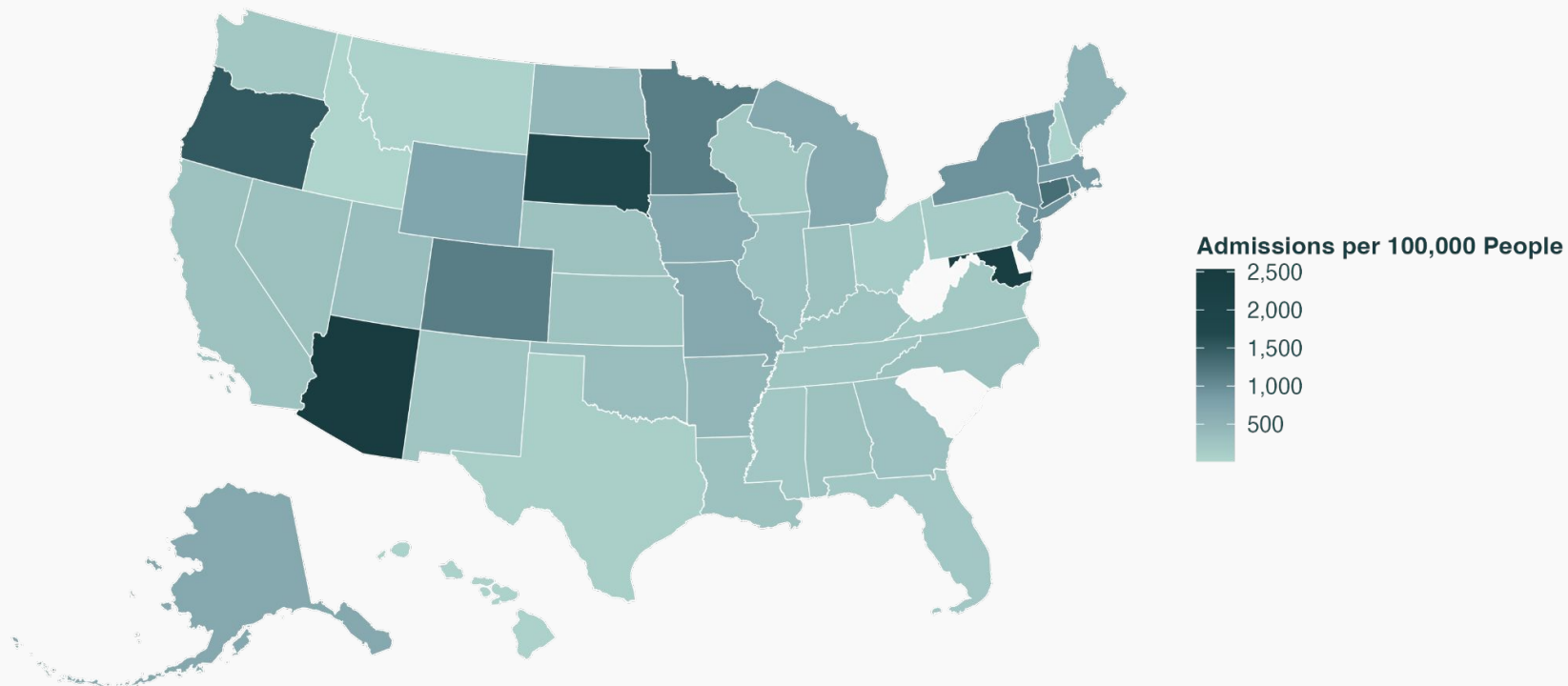
A Multi-Level View of Treatment Access

	DESCRIPTION	OVERVIEW	KEY FEATURES	LIMITATIONS
Treatment Episode Dataset (TEDS)	Individual-level treatment admissions data from SAMHSA	<ul style="list-style-type: none"> • Data from 2006–2023 • 1,625,833 observations in 2023 • 65 variables 	<ul style="list-style-type: none"> • Demographic and geographic information • Substance type and relapse • Wait times • Source of admission 	<ul style="list-style-type: none"> • Only includes admitted patients • Some states may underreport or have incomplete data • Limited outcome information
National Survey of Substance Abuse Treatment Services (N-SUMHSS)	Facility-level treatment capacity and service data from SAMHSA	<ul style="list-style-type: none"> • Used the most recent data available from 2023 • 29,113 observations • 891 variables 	<ul style="list-style-type: none"> • Location of facility and facility type • Services offered • Capacity of facility 	<ul style="list-style-type: none"> • Snapshot in time; may not reflect rapid changes in capacity • Some facilities may underreport

Visualizations

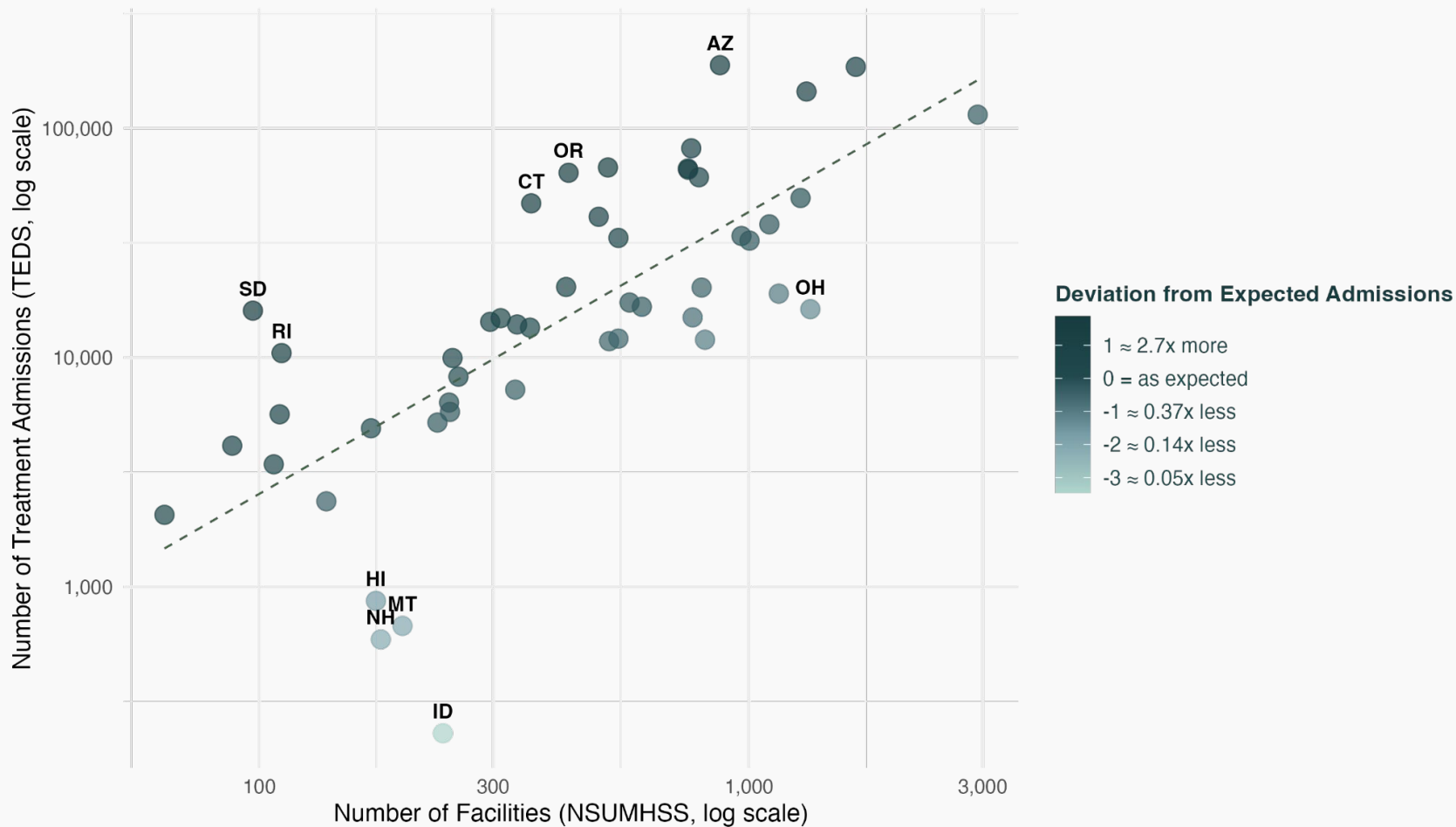
Substance Use Treatment Admission Rates by State

Values represent the number of admissions per 100,000 residents



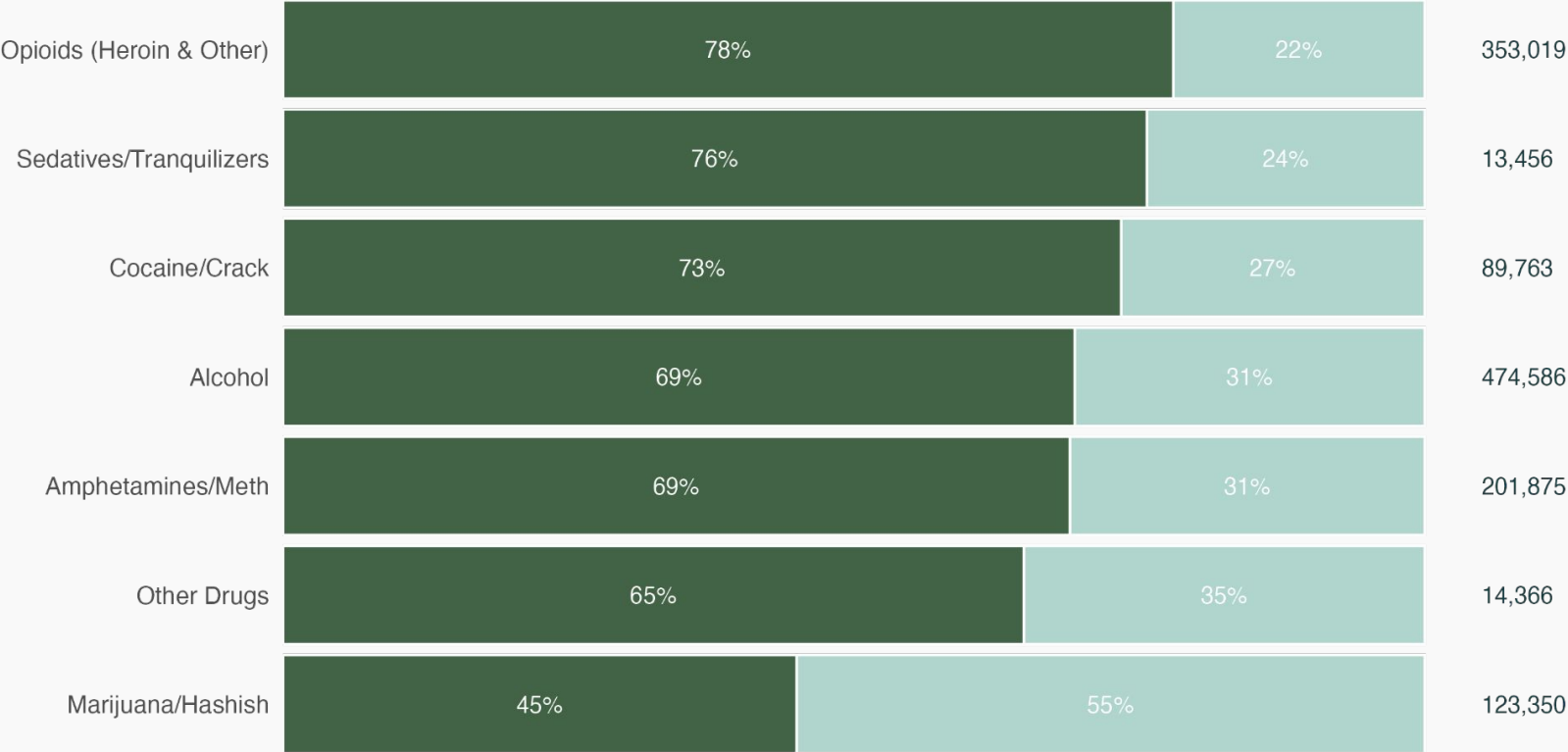
Sources: TEDS 2023 Public Use File; U.S. Census Bureau ACS 2023
Delaware, South Carolina, and West Virginia did not report sufficient data for 2023

Treatment Demand vs. Facility Supply by State



Readmission Patterns by Drug Type

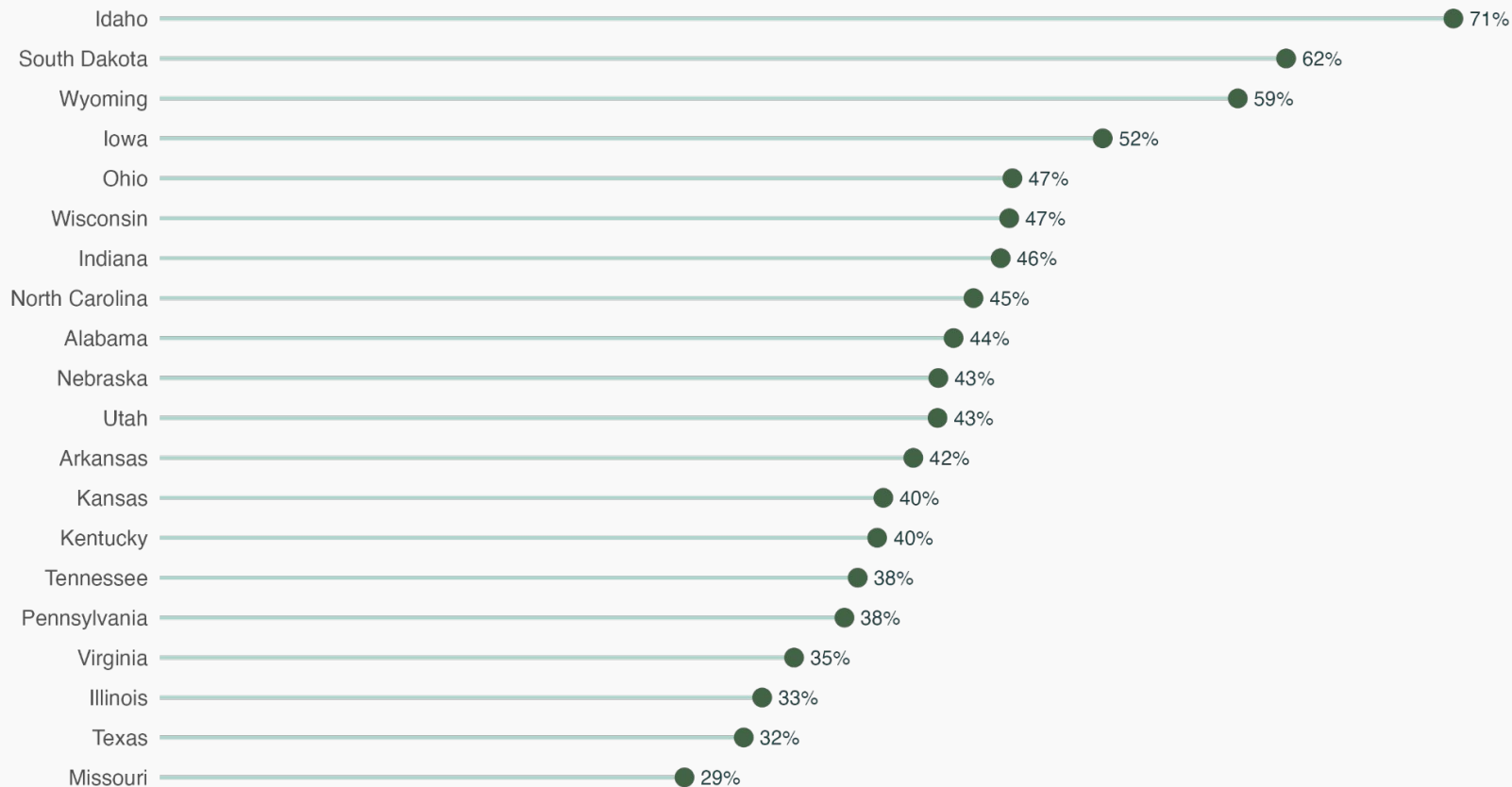
Dark bars represent readmissions; light bars represent first-time admissions; total admission counts on the right



Prior Episodes 0 prior 1+ prior

Top 20 States by Criminal Justice Referrals to Treatment

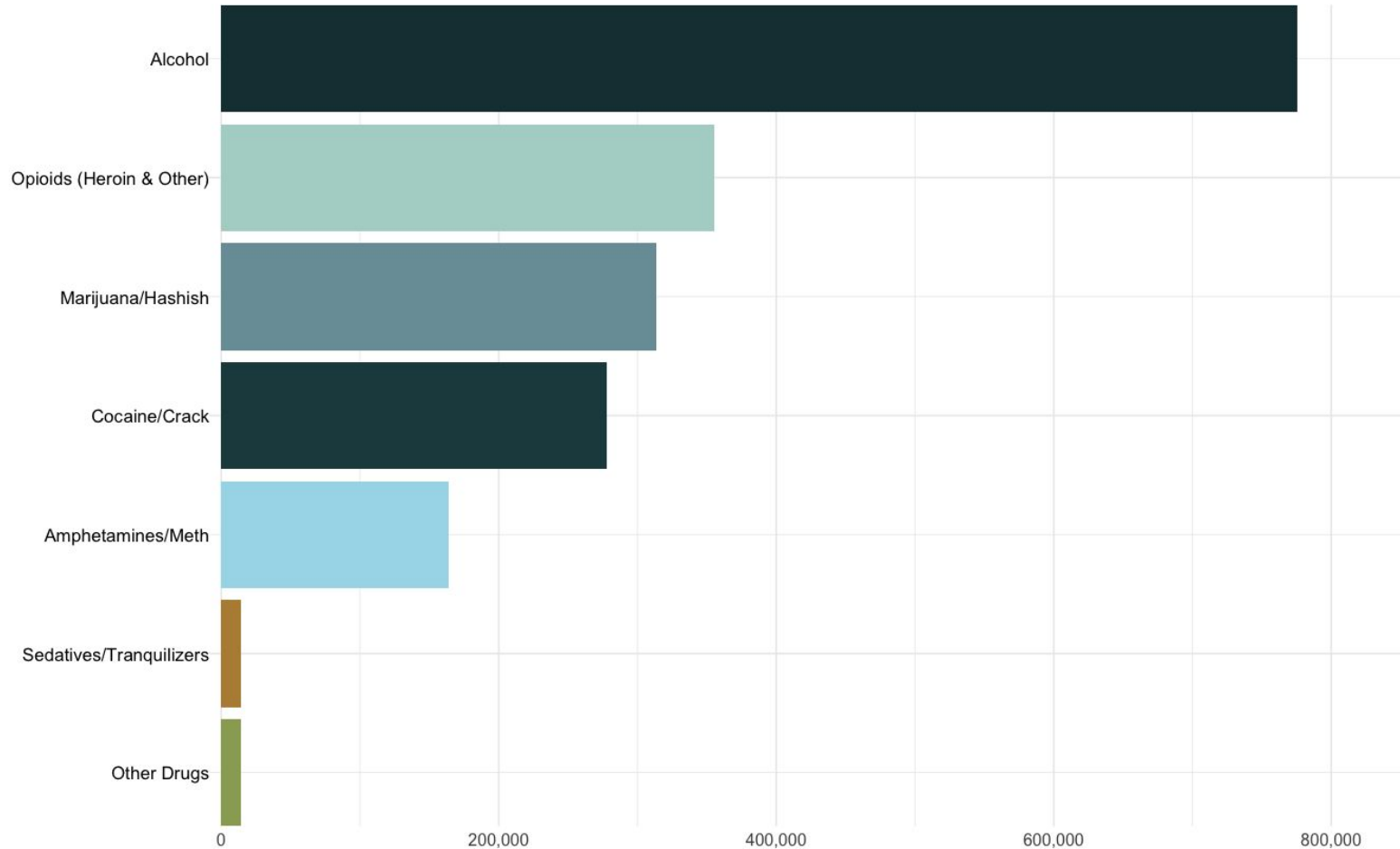
Percent of treatment admissions referred by courts/criminal justice



Admissions with missing or unknown referral status were excluded (~20% of all admissions).

Animation: Treatment Admissions by Drug over Time

Substance Abuse Treatment Admissions in 2006



Interactive Demos

Admissions Data Explorer

Facility Explorer

Conclusion and Next Steps

Key Takeaways

Uneven Access

Treatment admission rates vary widely across states. Low per-capita admissions often reflect access barriers, limited capacity, or weak referral systems rather than lower need.

Supply-Demand Mismatch

Comparing admissions with facility counts reveals states where treatment providers may be overstretched and others where capacity may be underutilized.

High Recidivism

Repeat admissions highlight the need to invest not only in capacity, but in treatment effectiveness, continuity of care, and relapse prevention.

Justice System Role

High shares of criminal justice referrals underscore the importance of coordination between courts and providers when planning new facilities or programs.

Targeted Planning

The interactive app enables policymakers to examine state-level data, supporting data-driven decisions about *where* to locate facilities and *what* types of services they should provide.

Smart treatment policy depends on matching capacity to **local need**—not national averages.

Next Steps

FACILITY DATA

Further analysis from facility-level data is needed to clarify whether states face true shortages or misalignment in service mix.

01

OUTCOMES

TEDS captures who enters treatment, but not who completes it or achieves long-term recovery. Integrating discharge outcomes, follow-ups, or mortality data would allow evaluation of treatment effectiveness.

02

LOCAL DEMAND

State averages hide regional and community-level variation. Incorporating county-level data, overdose rates, socioeconomic data, and healthcare access measures could better explain why demand spikes in certain areas.

03

SYSTEM PATHWAYS

The criminal justice referrals analysis shows that treatment access is shaped not only by health systems, but by broader public systems. Differences in court involvement, insurance coverage, and Medicaid expansion interact to determine how individuals enter care. Linking admissions data to state policy environments would clarify which combinations of policies most effectively connect people to treatment.

04

Thank you