

Health Disparities in the Medi-Cal Population

Services for Substance Use Disorders



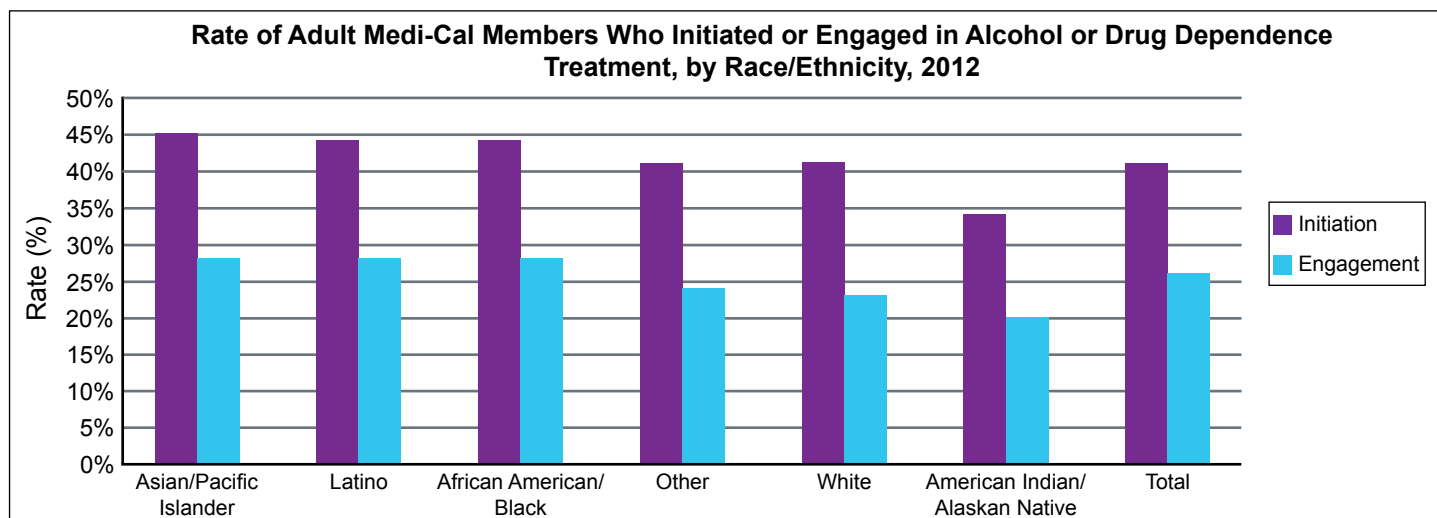
Substance use disorders are prevalent in the United States (U.S.) and a financial burden to the economy. It has been estimated that alcohol abuse costs the U.S. \$223 billion in 2006,¹ and drug abuse costs \$193 billion in 2007.² In 2013, 21.6 million Americans, aged 12 or older, reported substance use in the past year (8.2% of the U.S. population).³ About 17.3 million reported alcohol abuse and 6.9 million reported drug abuse.³ In California, 11.3% of adults reported drug use in the past month and 23.8% reported binge drinking.⁴ In addition to improving quality of life, treatment for substance use disorders can reduce the costs of drug- and alcohol-related crime, theft, and health care.⁵⁻⁶

In 2012, both national and California commercial health plans reported low rates of members initiating (39%⁷ and 29%,⁸ respectively) and engaging (14%⁷ and 10%,⁸ respectively) in alcohol and other drug dependence treatment. Initiation and engagement in alcohol and other drug dependence treatment was also low for Medicaid members (39% and 11%, respectively).⁷



Among Medi-Cal members, Asians/Pacific Islanders had the highest rate of initiation in alcohol or drug abuse treatment and American Indians/Alaskan Natives had the lowest rate (see Figure). American Indians/Alaskan Natives also had the lowest rate of engagement in alcohol or drug abuse treatment.

Figure



Source: Medi-Cal Management Information System/Decision Support System (MIS/DSS), 2012

Note: Members eligible for both Medicare and Medicaid were excluded

[Click to link to more detailed graph by race/ethnicity](#)

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Link to Data Sources and Methods