SUBSTANCE USE DISORDERS
Identifying How to Reach, Encourage and Support Those Open to Treatment
Earlier this year, the U.S. Department of Health and Human Services’ (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) released a report that said 46.3 million people ages 12 and up—that’s 16.5% of the population in the United States—met criteria for having a substance use disorder (SUD) in the past year. That included “29.5 million people who were classified as having an alcohol use disorder and 24 million people who were classified as having a drug use disorder.”

The study also found that in 2021, 94% of people aged 12 or older with a substance use disorder did not receive any treatment—nearly all of which was because they didn’t think they needed it.

Drug overdose deaths reached nearly 108,000 in 2021, the highest number ever recorded in a 12-month period and a staggering 52% increase over the period two years prior (in 2019). Fueling this rise in overdose-related deaths is the emergence and prevalence of synthetic opioids like fentanyl. Illegally manufactured fentanyl has become increasingly common, contaminating illicit powdered drugs and being used to create counterfeit prescription pills. Fentanyl alone was involved in approximately 66% of overdose deaths during this time period.

Given this growing crisis, it is critical to take action to understand the experiences of individuals who are at risk of or living with a substance use disorder, in order to facilitate engagement with evidence-based treatment and improve their health and wellness.

To address this crisis, the Ad Council is exploring a new campaign to help individuals who are at risk of developing or are currently impacted by substance use disorders (SUDs) navigate resources and start their recovery journey. Thus, the Ad Council Research Institute (ACRI) conducted a mixed-methods research study to hone in on the audiences most impacted by or at risk for substance use disorders, identify those open to seeking treatment, understand barriers and motivators to seeking treatment, and inform message development to help individuals explore resources and recovery.

In the study, respondents were classified into categories based on their relationship with substances (current SUD, past SUD, at risk of a SUD) and their outlook toward treatment (open, not open).

Based on their treatment status, respondents were asked questions to identify:

- Barriers to treatment
- Motivators to treatment
- Trusted influences and information sources
- Treatment and resources they would consider
01. PROFILES OF SUDS:

In analyzing the responses to the questions outlined above, we identified profiles of those with a current SUD or at risk of developing one.

- 35 to 54-year-olds make up the majority of respondents currently with and at risk for developing a SUD, making them a critical audience to target.

- More male than female respondents report having a SUD or displaying factors that determined them to be at risk for one, though many females are still at risk.

- People currently experiencing or at risk of developing a SUD can be found across all regions and levels of urbanicity in the U.S.

- Notably, those currently with a SUD are more likely to have tried multiple substances compared to respondents who are at risk, suggesting polysubstance use can grow as a SUD progresses.

- Beyond demographics, respondents in this study had an overarching factor in common: trauma. We found in the qualitative phase that more so than any other background factor, experiencing some kind of trauma (whether in childhood or as an adult, a single event or a lifetime of traumatic experiences) was the most prevalent factor respondents pointed to as a reason they started using and why they continue to use.

02. BARRIERS AND MOTIVATORS:

Overall, concerns about affordability, shame and fear are key barriers to treatment.

- When asked what is delaying their decision to seek treatment for substance use, the top response for respondents open to treatment (with either a current SUD or at risk of developing one) was affordability: They don’t think they can afford treatment or that their insurance would cover it (38% current SUD, 34% at risk).

- The next-most chosen reasons differed some among current SUD respondents and those at risk, though similar themes were dominant - such as not wanting to be a burden to their friends/family (36% current, 23% at risk) and feeling they can cut back or handle things themselves (34% current, 29% at risk).

- Ensuring the ability to be present and healthy for their children was the top motivator for respondents open to treatment, both those with a current SUD (67%) and those at risk of one (59%). Next was an internal motivator: to feel
03. TRUSTED MESSENGERS + RESOURCES:

Across nearly all audiences, a close family member or friend topped the list of people who might motivate a person to seek treatment.

- People who have been through treatment are also powerful messengers, both in motivating people to seek treatment and in providing information they need.
- People with experience are particularly influential and trusted by non-white respondents.
- Online search plays a strong role in how people seek information, particularly among Hispanic and American Indian/Alaska Native respondents. And across segments, medical professionals (physicians/therapists) are seen as both influential on the decision to seek treatment and trusted sources of information on treatment options.

04. TREATMENT + RECOVERY:

Mental health treatment and therapy play a crucial role in recovery across all audiences.

- Respondents who are open to treatment from both groups (current SUD and at risk) are most likely to consider mental health therapy/treatment (51% current SUD, 44% at risk) or a support group (45% each) if they decided to seek treatment.
- Other treatment options followed closely behind, particularly for respondents with a current SUD:

<table>
<thead>
<tr>
<th>Treatment Option</th>
<th>Current SUD (%)</th>
<th>At-Risk (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health therapy / treatment</td>
<td>51%</td>
<td>44%</td>
</tr>
<tr>
<td>A support group</td>
<td>45%</td>
<td>45%</td>
</tr>
<tr>
<td>Detoxification/stabilization</td>
<td>43%</td>
<td>35%</td>
</tr>
<tr>
<td>Medication-assisted treatment</td>
<td>41%</td>
<td>31%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>40%</td>
<td>33%</td>
</tr>
<tr>
<td>A 12-step program</td>
<td>39%</td>
<td>38%</td>
</tr>
</tbody>
</table>

- current SUD  -  at-risk
05. MESSAGING:

Those currently with a SUD are more receptive to all of the messages than those who are at risk, perhaps because their use has progressed to a point where they perceive their use as problematic.

- The ‘You’re Not Alone’ message frame is relevant and likable to both those at risk and currently with a SUD.
- ‘You’re Not Alone’ is particularly influential in encouraging people to seek more information. ‘Overcoming Self-Stigma’ and ‘Healing from Trauma’ are more influential in convincing people to seek treatment.
- Race/ethnicity has little impact on message frame performance.