

Fact Sheet

Tobacco Use, Substance Use, and Substance Use Disorder (SUD)

Introduction

Substance use disorder (SUD) and substance dependency is a national health crisis. In 2020, 40.3 million Americans ages 12+, who encompass roughly 14.5% of the US population, were identified as having a SUD.¹ SUD is a condition in which individuals have an uncontrolled use of substances (like tobacco, alcohol, or illicit drugs) that hinders their ability to engage in functions of daily living.² NC Medicaid is committed to providing the best health care to beneficiaries that are impacted by substance use and SUD.

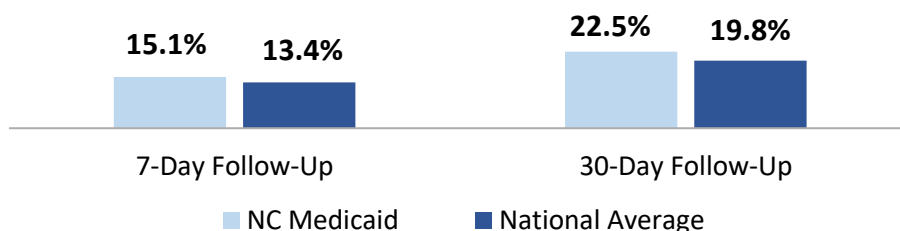
In this fact sheet, multiple dimensions of how people are experiencing SUD and engaging with SUD treatment are discussed. If you would like to learn more about how to read and interpret this fact sheet, [please click here](#).

CARE FOR MEMBERS WITH SUD

Follow-up care for individuals with SUD is associated with a decrease in substance use, and future emergency department visits and hospital admissions due to SUD.^{3,4,5} As seen in Figure 1, NC Medicaid enrollees, ages 13+, who visited the emergency department for substance use received follow-up at both the 7- and 30-day follow-up points at higher rates compared to the national average.

While NC outperforms the national average, both the NC Medicaid and national average rates indicate a need for better follow-up care for those with SUD.

Figure 1: 2021 Follow-Up After Emergency Department Visit for Substance Use (Ages 13+)



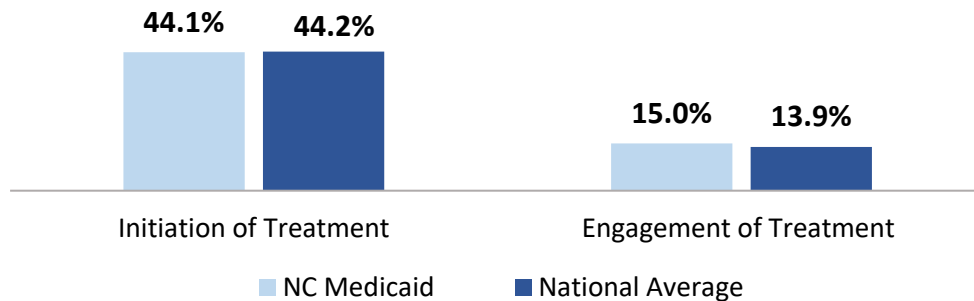
Treatment for SUD should be individualized but may include detoxification, cognitive and behavioral therapies, and medication-assisted therapies.⁶ These treatments can be delivered in both outpatient

and inpatient settings. Early and continued treatment is important because these conditions can negatively impact one's quality of life, emotional and social well-being, and can even be life-threatening.⁶

As seen in Figure 2, 44.1% of NC Medicaid enrollees ages 13+, who had a new episode of substance misuse or dependence, initiated treatment within 14 days of receiving their diagnosis. However, only 15.0% of NC Medicaid enrollees ages 13+ who had initiated treatment, received two or more additional services within the 34 days following their initial treatment appointment (engagement of treatment).

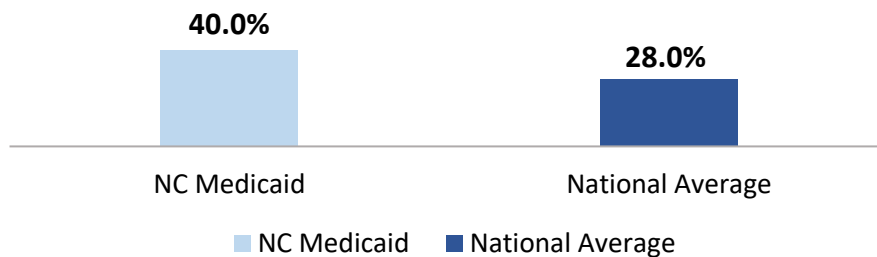
While NC Medicaid's rates are comparable to national averages, this lack of continuity of care following treatment initiation identifies both a state and national need for more support for those living with SUDs who are pursuing treatment.

Figure 2: 2021 Initiation and Engagement of Substance Use Disorder Treatment



Regarding medication-assisted treatment, or pharmacotherapy, NC Medicaid enrollees, ages 16+, receive and fill prescriptions for an opioid dependence and/or addiction for at least 180 days at a much higher rate than the national average.

Figure 3: 2021 Pharmacotherapy for Opioid Use Disorder (Ages 16+)



In addition to substance use disorders, tobacco use is a health behavior that puts NC Medicaid members at a significant risk for adverse health outcomes. Nationwide, the Medicaid population smokes at two times the rate of those enrolled in private health insurance.⁷ To combat these high



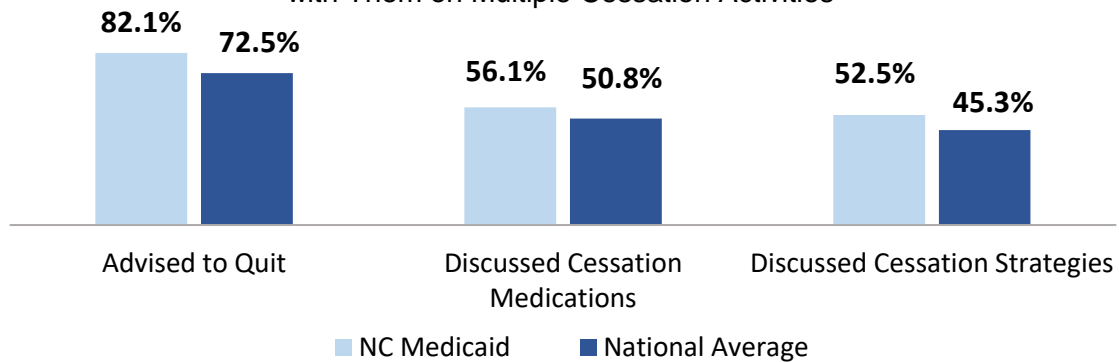
rates, NC Medicaid covers the cost of a variety of smoking cessation services and encourages providers to discuss smoking cessation with their patients.⁷

As seen in Figure 4, Providers engaged with adult NC Medicaid tobacco users to discuss cessation at higher rates than the national average.

Respondents reported discussing cessation medications and strategies with their provider at lower rates when compared to the rate at which they were advised to quit. However, these rates for NC still follow the national trends

*Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey

Figure 4: 2022 Adult (Ages 18+) CAHPS* Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Engaged with Them on Multiple Cessation Activities



TOBACCO USE AMONG MEMBERS BY RACE AND ETHNICITY

There have been many reports of race and ethnicity impacting the care that individuals seek out or engage in for SUDs.⁸ There are also differences in provider engagement by race and ethnicity, as Black respondents reported that their doctor discussed cessation medications and strategies with them significantly more often than White respondents (Figure 5). Further, Hispanic respondents reported that their doctor discussed cessation medications and strategies with them significantly less often than non-Hispanic respondents (Figure 6).

Figure 5: Significant Differences by Race of 2022 Adult (Ages 18+) CAHPS Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Engaged with Them on the Following Cessation Activities

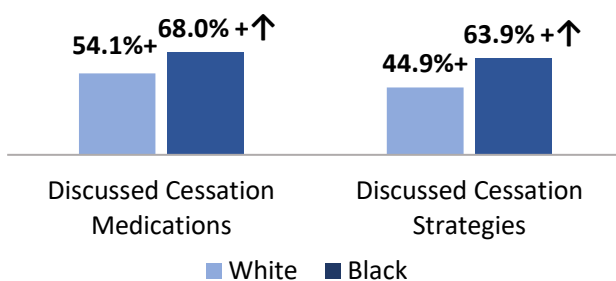
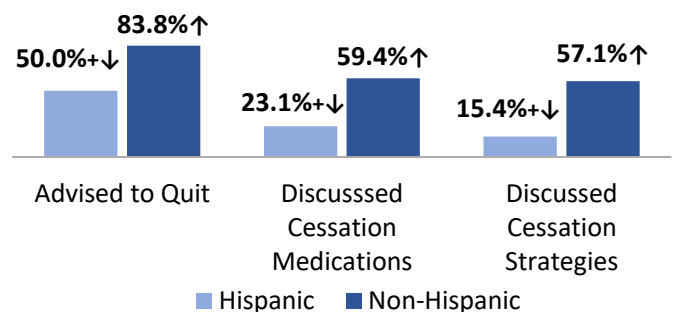


Figure 6: Significant Differences by Ethnicity of 2022 Adult (Ages 18+) CAHPS Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Engaged with Them on the Following Cessation Activities



+ Indicates fewer than 100 respondents. Caution should be exercised when interpreting these results.

↑ Indicates the demographic was significantly higher than White respondents for the race chart on the left and indicates that the demographic was significantly higher than the ethnicity demographic average for the ethnicity chart on the right.

↓ Is only present in the ethnicity graph on the right, and indicates the demographic is significantly lower than the ethnicity demographic average.

NC MEDICAID'S WORK ON IMPROVING SUBSTANCE DEPENDENCY CARE

Beginning on January 1, 2019, NC Medicaid enacted major changes to prevent and treat SUD among beneficiaries. This transformation was based on an opportunity created by the Centers for Medicare & Medicaid Services (CMS) to allow states to apply for an 1115 waiver, in part, to increase opportunities for SUD care.

Some of the key components of the 1115 SUD waiver include:

- Allowing Medicaid to pay for beneficiaries to receive SUD services in institutions for mental disease (IMDs). IMDs are hospitals, nursing facilities, or other institution of more than 16 beds that are primarily engaged in providing treatment for people with behavioral health issues.
- Covering additional SUD services to align with the American Society of Addiction Medicine's (ASAM) Levels of Care.
- Strengthening care coordination and care management for individuals with SUDs.
- Improving NC's prescription drug monitoring program which makes information on prescription medications more easily accessible for prescribers and dispensers.

ADDITIONAL INFORMATION

The **quality measures** displayed in this fact sheets include:

- Follow-Up After Emergency Department Visit for Substance Use (FUA)
- Initiation and Engagement of Substance Use Disorder Treatment (IET)
- Pharmacotherapy for Opioid Use Disorder (POD)

These quality measures were created by the [National Committee for Quality Assurance](#).

For more technical information on these measures, please [click here](#).

The **survey measures** displayed in this fact sheets include:

- Percentage of Adult Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Advised Them to Quit Tobacco Usage
- Percentage of Adult Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications with Them
- Percentage of Adult Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies with Them



These measures were stratified by the NC Medicaid Program and the National Average, as well as by race (White and Black) and ethnicity (Hispanic and Non-Hispanic) demographic groups.

Further, these measures are all derived from the 2022 NC Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey. For more technical information on these measures, please [click here](#).

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