

of white males, 17% of black females, and 15% of white females. Gross differentiation of injured and ill patients had no implications for treatment need.

Treatment History

One percent of patients in the ER sample reported being currently in treatment; that is, having received AOD treatment within 30 days of the survey (Table 23). With a 12-month window of observation, the prevalence of patients receiving treatment increased three-fold. It increased nine-fold for lifetime treatment. When treatment was examined in relation to age, a curvilinear pattern emerged for each of the three observation periods. The highest prevalence of patients in treatment, current or past, occurred at ages 35-44. Males were more likely than females to have received treatment over the course of their lifetimes. But sex only minimally differentiated the prevalence of patients currently receiving treatment. Whites exhibited an excess prevalence of lifetime treatment receipt compared to blacks, but there was little difference for the two more proximal time windows. Ill patients did not differ from injured patients in lifetime treatment, but demonstrated an excess prevalence for 12-month and 30-day receipt of treatment.

Of patients who reported receiving treatment for AOD dependence in their lifetimes, one-third had been treated in the past 12 months and 12% during the past 30 days (Table 24 and Figures 22 and 23). Those aged 35-44 years were most likely to be currently in treatment. Sixteen percent of females in the lifetime treatment group reported that they were currently in treatment compared to 9% of their male counterparts. Seventeen percent of corresponding black females reported current treatment compared to 16% of white females, 14% of black males, and only 8% of white males. Illness patients in the lifetime treatment group were twice as likely as corresponding injury patients to have received treatment in the past 12 months or to be currently in treatment.

Treatment Gaps

Table 25 reveals the treatment history of ER patients identified as having a current need for AOD treatment. While one-third of patients reported lifetime treatment, less than 5% were currently in treatment. The current treatment gap was defined as the difference between the percentage of those needing treatment and the percentage currently receiving it. This gap was enormous, irrespective of patient demographics or main reason for ER visit. The smallest gap, 91%, was for patients 65 years and older.

A lifetime treatment gap can be estimated as the difference between the prevalence of patients with a lifetime AOD dependence, measured according to DSM-IV criteria, and prevalence of lifetime AOD treatment (Table 26). Thirty-one percent of the ER patients with lifetime dependence had ever received treatment. Thus, the lifetime treatment gap for the sample was 69%. Looking at age, patients older than 64 years showed the largest lifetime treatment gap and the 35-44 age group, the smallest. Females manifested a larger gap