Impact of State Substance Abuse Parity Laws on Alcohol-Attributable Suicide

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PRESENTATION FORMAT: 15 minute oral presentation

TOPIC/TARGET AUDIENCE: Public health professionals, health policy makers

ABSTRACT: Background/Purpose: During the past three decades, many states enacted laws requiring health insurance to cover substance abuse (SA) treatment. This study examines whether a state substance abuse parity law with mandating alcohol abuse treatment results in a reduction of state alcohol-attributable suicide rates.

Methods: We analyzed 14-year state-level time-series-cross-section data on 50 states and District of Columbia for 1996-2010. Alcohol-attributable suicide rates were estimated from state alcohol consumption and total suicide rates. We used regression model to examine the difference in alcohol-attributable suicide rates between states with substance abuse parity laws and those without parity laws while controlling for a comprehensive set of observable and unobservable determinants of alcohol-attributable suicide rates.

Results: Alcohol-attributable suicide rates in states having substance abuse parity laws were significant lower than alcohol-attributable suicide rates in states without parity laws by 0.74 per 100,000 populations or by 5.0%. Proportion of black Americans, proportion of the poor, state per-capita income and number of substance abuse treatment beds were negative associated with alcohol-attributable suicide rates.

Conclusion: Substance abuse parity legislation reduces state alcohol-attributable suicide. Additional findings and implications on substance abuse parity under the Affordable Care Act are discussed.

OBJECTIVE(S): To identify the impact of substance abuse parity laws on state alcohol-attributable suicide
To describe methods used for the estimation of alcohol-attributable suicide
To identify strengths and weaknesses of current literature on the impact of parity laws
To identify further research questions on the topic

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