

The NSDUH Report

September 1, 2011

Illicit Drug Use among Older Adults

In Brief

- An estimated 4.8 million adults aged 50 or older, or 5.2 percent of adults in that age range, had used an illicit drug in the past year
- Marijuana use was more common than nonmedical use of prescription-type drugs among adults aged 50 to 59 (5.9 vs. 3.6 percent), while nonmedical use of prescription-type drugs was as common as use of marijuana among adults aged 60 or older (1.2 vs. 1.1 percent)
- Marijuana use was more common than nonmedical use of prescription-type drugs among males aged 50 or older (4.7 vs. 2.5 percent); rates of marijuana use and nonmedical use of prescription-type drugs were similar among females aged 50 or older (1.9 and 2.1 percent, respectively)

Illicit drug use generally declines as individuals move through young adulthood into middle adulthood and maturity,¹ but research has shown that the baby-boom generation (persons born between 1946 and 1964) has relatively higher drug use rates than previous generations.² It has been predicted that, as the baby boom generation ages, past year marijuana use will almost triple between 1999/2001 and 2020 among persons aged 50 or older.³ Nonmedical use of prescription-type drugs also has been identified as a concern for this population.³

Although use of illicit drugs is problematic for individuals of all ages, it may be of particular concern for older adults because they experience physiological, psychological, and social changes that place them at greater risk of harm from illicit drug use.⁴ The increasing prevalence and effects of illicit drug use among older adults suggest the need both to better understand illicit drug use among this population and to plan for and develop age-appropriate prevention and treatment services.

The National Survey on Drug Use and Health (NSDUH) asks persons aged 12 or older to report their use of illicit drugs in the past year. NSDUH defines illicit drugs to include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically.⁵ This issue of *The NSDUH Report* presents estimates of past year use of illicit drugs among persons aged 50 or older. Findings in the report are annual averages based on combined 2007 to 2009 NSDUH data.

Types of Illicit Drugs Used among Older Adults

An estimated 4.8 million adults aged 50 or older, or 5.2 percent of adults in that age range, had used an illicit drug in the past year. The most common illicit drug among older adults was marijuana (3.2 percent or 3.0 million users), followed by nonmedical use of prescription-type drugs (2.3 percent or 2.1 million users). About 0.8 percent (761,000 users) of older adults reported use of an illicit drug other than marijuana or nonmedical use of prescription-type drugs, including 0.6 percent for cocaine, 0.1 percent for heroin, 0.1 percent for hallucinogens, and 0.1 percent for inhalants.

Figure 1. Past Year Illicit Drug Use among Adults Aged 50 or Older, by Age Group: 2007 to 2009

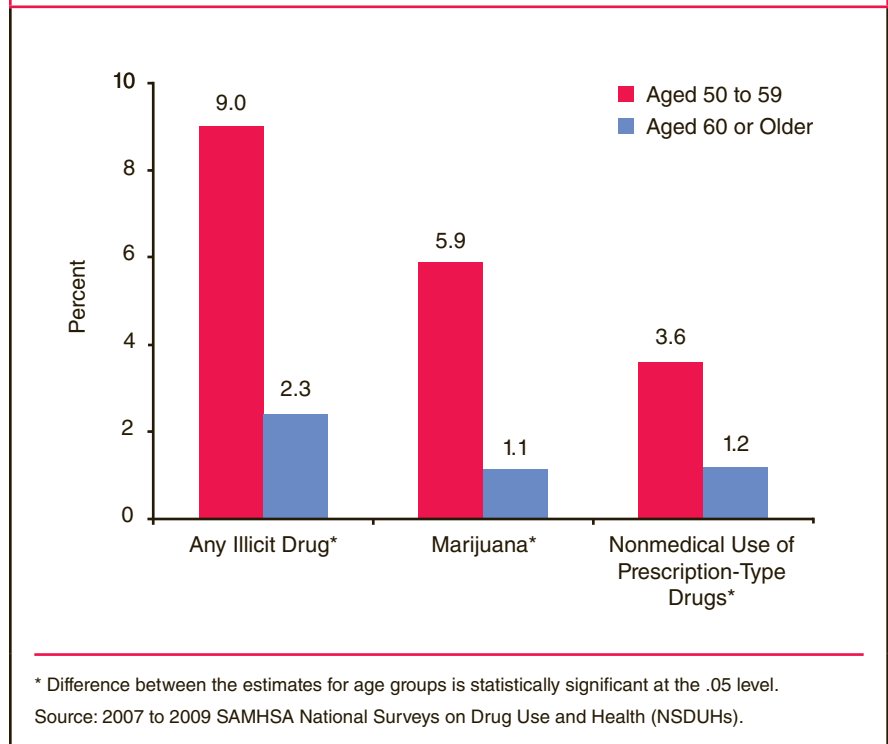
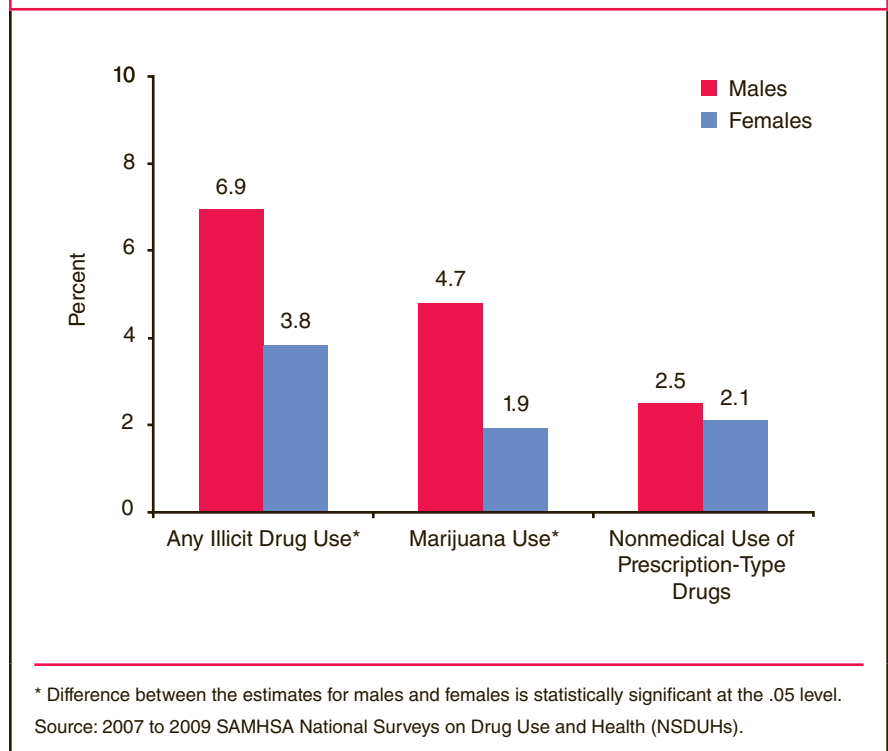


Figure 2. Past Year Illicit Drug Use among Adults Aged 50 or Older, by Gender: 2007 to 2009



Differences by Age Group

Among older adults, the prevalence rates of any illicit drug use, marijuana use, and nonmedical use of prescription-type drugs were higher for adults aged 50 to 59 than for those aged 60 or older (Figure 1). Comparing the types of substances used in the past year, marijuana use was more common than nonmedical use of prescription-type drugs among adults aged 50 to 59 (5.9 vs. 3.6 percent). Among adults aged 60 or older, the rate of nonmedical use of prescription-type drugs was similar to the rate of marijuana use (1.2 and 1.1 percent, respectively).

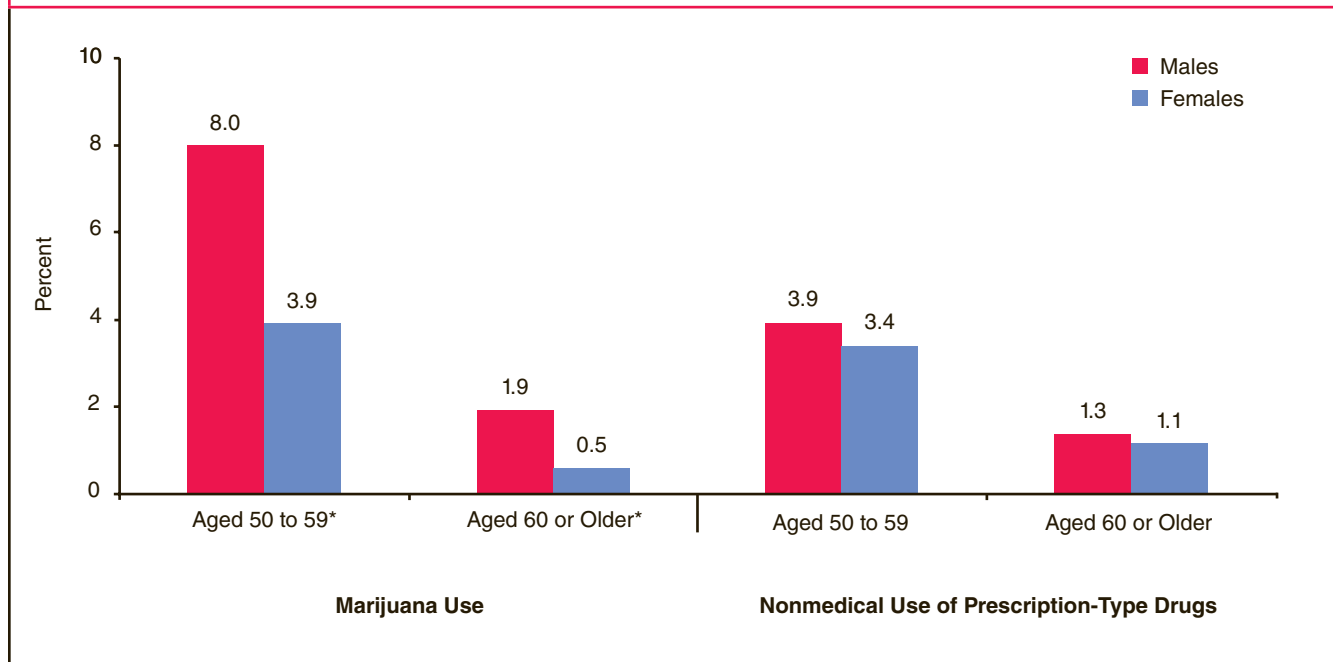
Differences by Gender

Among adults aged 50 or older, the prevalence rates of any illicit drug use and marijuana use in the past year were higher among males than females (Figure 2). These patterns

were generally consistent across age groups. For example, 8.0 percent of males aged 50 to 59 used marijuana compared with 3.9 percent of same-aged females (Figure 3). Males and females, however, had similar rates of nonmedical use of prescription-type drugs overall and within both age groups.

Comparing the types of substances used in the past year, marijuana use was more common than nonmedical use of prescription-type drugs among all males aged 50 or older (4.7 vs. 2.5 percent) and among males aged 50 to 59 (8.0 vs. 3.9 percent). Among all females aged 50 or older, the rates of marijuana use and nonmedical use of prescription-type drugs were similar (1.9 and 2.1 percent, respectively), but the rate of marijuana use was lower than the rate of nonmedical use of prescription-type drugs among females aged 60 or older (0.5 vs. 1.1 percent).

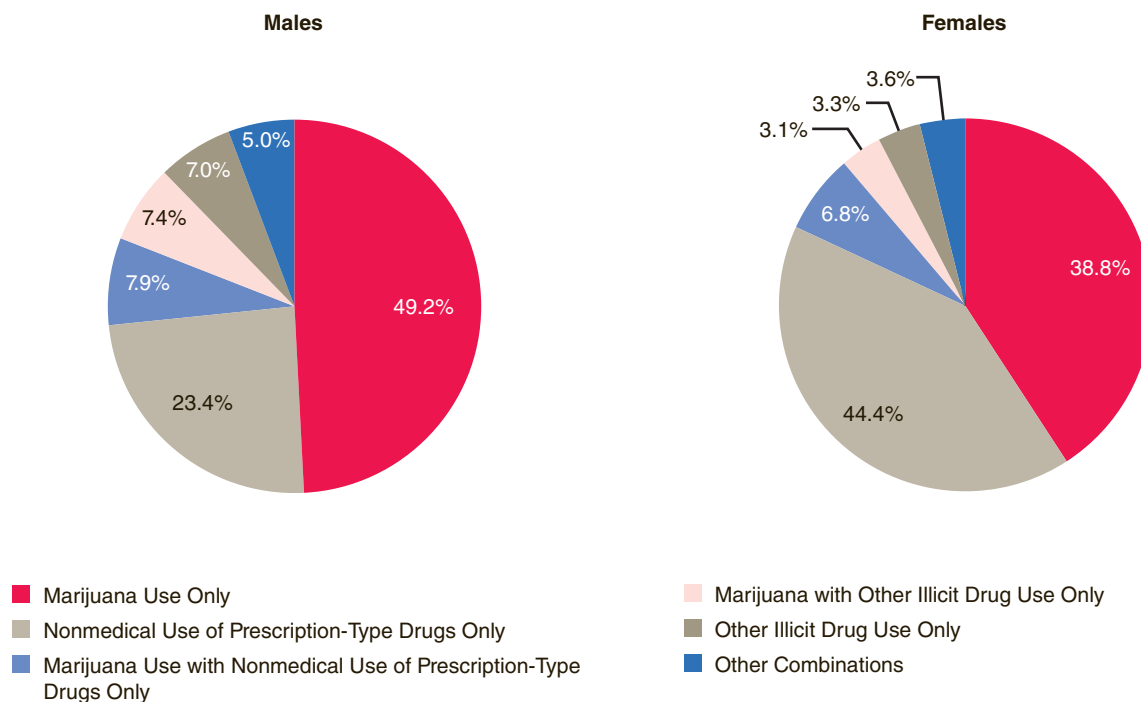
Figure 3. Past Year Illicit Drug Use among Adults Aged 50 or Older, by Age Group and Gender: 2007 to 2009



* Difference between the estimates for males and females is statistically significant at the .05 level.

Source: 2007 to 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Figure 4. Type of Illicit Drug Combinations Used in the Past Year among Adults Aged 50 or Older Who Used Illicit Drugs in the Past Year, by Gender: 2007 to 2009



Source: 2007 to 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Types of Drugs Used among Drug Users

Among adults aged 50 or older who used illicit drugs in the past year, 45.2 percent used only marijuana, 31.5 percent used only prescription-type drugs nonmedically, and 5.6 percent used only other illicit drugs (including cocaine, heroin, hallucinogens, or inhalants) with the remainder using other combinations of illicit drugs. Although some prescription-type drug users initiated their nonmedical use of these drugs late in life, most used for the first time more than 10 years ago. Nearly all of the marijuana users initiated marijuana use more than 10 years ago.

Differences were seen between males and females (Figure 4). For example, the percentage using marijuana only was higher among males than females (49.2 vs. 38.8 percent), while

the percentage reporting nonmedical use of prescription-type drugs only was higher among females than males (44.4 vs. 23.4 percent).

Discussion

Despite the perception that illicit drug use is a behavioral health issue only for adolescents and young adults, it is also a serious and growing health concern for older adults. Research shows that illicit drug use is more common among the baby-boom generation than previous cohorts, leading researchers to estimate that the number of older adults with a substance use disorder will double by 2020.⁶ This report shows that nearly 4.8 million adults aged 50 or older used an illicit drug in the past year and that patterns of use vary by gender and age group. Together, these data highlight the importance of prevention and treatment efforts targeting older adults.

Like younger age groups, effective treatment for older adults begins with accurate screening, assessment, and diagnosis. However, addressing the needs of older adults presents different challenges than younger age groups and requires different strategies. For example, screening and assessment tools designed for younger adults may use criteria not relevant to older adults (e.g., the negative impact of substance use on work or school), which calls for the development and use of age-specific tools to properly recognize and diagnose substance abuse problems among older adults.⁷ Importantly, age-appropriate screening can help clinicians intervene early and may improve medical care because many health conditions are associated with illicit drug use.⁸ In addition, while conducting screenings, clinicians should ask older adults about the specific types of drugs used and the duration of use because these factors tend to affect decisions about appropriate treatment. For example, use of marijuana may be a decades-long experience for some older adults, indicating a different intervention than one that is appropriate for those with an abuse history of a few years.

Finally, treatment of older adults must be adjusted to account for the life stage of the individual and the aging process and should be expanded to settings that are convenient and comfortable, such as retirement communities and senior centers.⁹ Also, treatment planning and approaches that include adult children and friends of substance-abusing older adults may be critical to treatment initiation, engagement, and recovery.⁷

End Notes

- ¹ Office of Applied Studies. (2010). Table 1.11B: Illicit drug use in lifetime, past year, and past month, by detailed age category: Percentages, 2008 and 2009. In *Results from the 2009 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. [Available at <http://oas.samhsa.gov/NSDUH/2k9NSDUH/tabs/Sect1peTabs1to46.htm#Tab1.11B>]
- ² Wu, L.-T., & Blazer, D. G. (2010). Illicit and nonmedical drug use among older adults: A review. *Journal of Aging and Health, 23*, 481-504.
- ³ Colliver, J. D., Compton, W. M., Gfroerer, J. C., & Condon, T. (2006). Projecting drug use among aging baby boomers in 2020. *Annals of Epidemiology, 16*, 257-265.
- ⁴ Patterson, T. L., & Jeste, D. V. (1999). The potential impact of the baby-boom generation on substance abuse among elderly persons. *Psychiatric Services, 50*, 1184-1188.
- ⁵ Nonmedical use of prescription-type drugs includes the nonmedical use of pain relievers, tranquilizers, stimulants, or sedatives and does not include over-the-counter drugs. This category also includes data from methamphetamine items added in 2005 and 2006.
- ⁶ Han, B., Gfroerer, J. C., Colliver, J. D., & Penne, M. A. (2009). Substance use disorder among older adults in the United States in 2002. *Addiction, 104*, 88-96.
- ⁷ Briggs, W. P., Magnus, V. A., Lassiter, P., Patterson, A., & Smith, L. (2011). Substance use, misuse, and abuse among older adults: Implications for clinical mental health counselors. *Journal of Mental Health Counseling, 33*, 112-127.
- ⁸ Han, B., Gfroerer, J. C., & Colliver, J. D. (2010). Associations between duration of illicit drug use and health conditions: Results from the 2005-2007 National Surveys on Drug Use and Health. *Annals of Epidemiology, 20*, 289-297.
- ⁹ Schonfeld, L., King-Kallimanis, B. L., Duchene, D. M., Etheridge, R. L., Herrera, J. R., Barry, K. L., & Lynn, N. (2010). Screening and brief intervention for substance misuse among older adults: The Florida BRITE project. *American Journal of Public Health, 100*, 108-114.

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Findings from SAMHSA's 2007 to 2009 National Surveys on Drug Use and Health (NSDUHs)

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The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The combined 2007 to 2009 data used in this report are based on information obtained from 19,725 persons aged 50 or older. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The NSDUH Report is prepared by the Center for Behavioral Health Statistics and Quality (CBHSQ, formerly the Office of Applied Studies), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on the most recent NSDUH is available in the following two-volume publication:

Office of Applied Studies. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of national findings* (HHS Publication No. SMA 10-4586Findings, NSDUH Series H-38A). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Office of Applied Studies. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume II. Technical appendices and selected prevalence tables* (HHS Publication No. SMA 10-4586Appendices, NSDUH Series H-38B). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online: <http://oas.samhsa.gov>.



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