

# The DASIS Report

Issue 17

2006

## Older Adult Alcohol Admissions: 2003

### In Brief

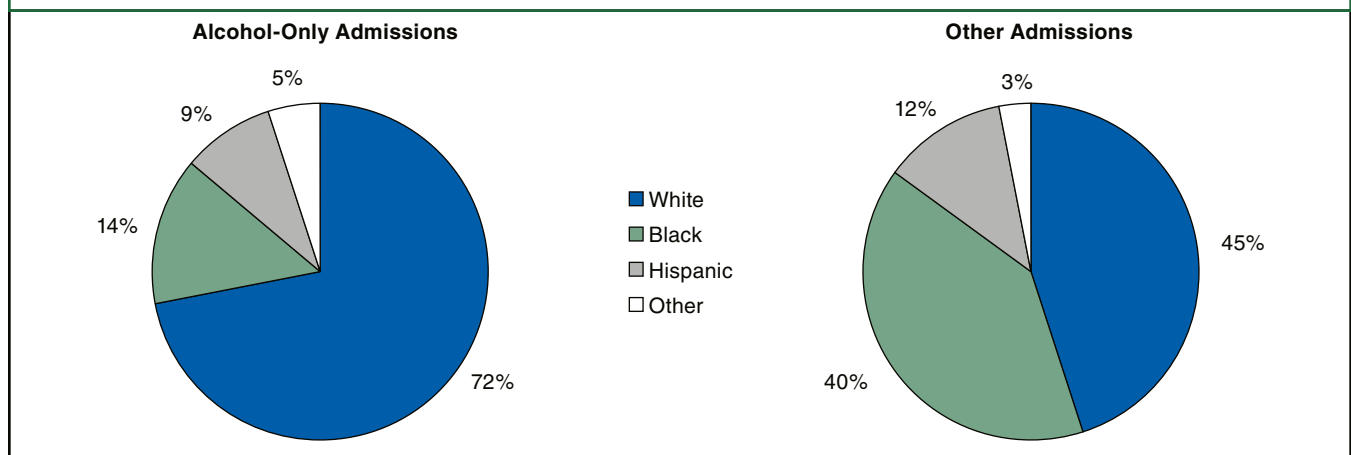
- Among older adult admissions to substance abuse treatment, about half (48 percent) were admitted for abuse of alcohol only
- Older adult alcohol-only admissions were less likely than other older adult admissions to be self/individual referrals (37 vs. 45 percent)
- Among older adult admissions, alcohol-only admissions were more likely than other admissions to have entered treatment for the first time (45 vs. 33 percent)

Estimates indicate that the number of adults aged 50 or older will reach 97 million by 2010,<sup>1</sup> and that the number of adults aged 50 or older with substance abuse problems will increase from 2.5 million in 1999 to 5.0 million in 2020.<sup>2</sup>

Substance abuse among older adults can be examined with data from the Treatment Episode Data Set (TEDS), an annual compilation of data on substance abuse treatment admissions. The information comes primarily from facilities that receive some public funding. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once.

In 2003, there were 164,000 admissions of adults aged 50 or older, accounting for 9 percent of the 1.8 million TEDS admissions. Among older adult admissions to substance abuse treatment, about half (48 percent) were admitted for abuse of alcohol only. The remaining 52 percent of older adult

**Figure 1. Admissions Aged 50 or Older, by Race/Ethnicity and Alcohol-Only Status: 2003**



Source: 2003 SAMHSA Treatment Episode Data Set (TEDS).

admissions include those who reported alcohol as their primary substance and an illicit drug as a secondary substance (15 percent) and those who reported an illicit drug as their primary substance (37 percent).<sup>3</sup> This report examines admissions of adults aged 50 or older in 2003, and compares older adult admissions reporting alcohol as the only substance of abuse with other older adult admissions.

### Substances Other Than Alcohol

Older adult admissions reporting alcohol in combination with a secondary substance reported cocaine (40 percent) most often as the secondary substance, followed by marijuana (29 percent), opiates (16 percent), stimulants (5 percent), and other drugs (10 percent).

Among older adult admissions reporting an illicit drug as the primary substance of abuse, opiates (53 percent) were the most common primary substance of abuse reported, followed by cocaine (25 percent), marijuana (6 percent), stimulants (5 percent), and other drugs (11 percent).

### Demographic Characteristics

Nearly three quarters of older adult alcohol-only admissions were White compared with less than half of other older adult admissions (72 vs. 45 percent) (Figure 1). Correspondingly, older adult admissions for alcohol only were substantially less likely than other older adult admissions to be Black (14 vs. 40 percent). Older adult admissions were predominantly male, but a greater proportion of alcohol-only admissions were male than other older adult admissions (80 vs. 76 percent). The mean age at admission was 56.3 years for older adult alcohol-only admissions and 54.1 years for other older adult admissions.

### Source of Referral

Older adult alcohol-only admissions were less likely than other older adult admissions to be self/individual referrals (37 vs. 45 percent), and more likely to be referred by the criminal justice system (29 vs. 21 percent) (Figure 2).

### Service Setting

About two in five older adult alcohol-only admissions received treatment in a detoxification service setting<sup>4</sup> compared with about one quarter of other older adult admissions (40 vs. 25 percent). Older adult admissions for alcohol only were less likely than other older adult admissions to receive treatment in ambulatory (48 vs. 59 percent) or rehabilitation/residential settings (12 vs. 16 percent).

### Prior Treatment

Among older adult admissions, alcohol-only admissions were more likely than other admissions to have entered treatment for the first time (45 vs. 33 percent). Accordingly, older adult admissions for alcohol only were less likely than other older adult admissions to have had one to four prior treatment episodes (44 vs. 50 percent) or five or more prior treatment episodes (11 vs. 17 percent).

## Socioeconomic Characteristics

Among older adult admissions, alcohol-only admissions were more likely than other older adult admissions to have some college education (33 vs. 28 percent), less likely to have failed to complete high school (27 vs. 31 percent), and about as likely to have only completed high school (40 vs. 41 percent).

Most older adult admissions were married or had been married. Alcohol-only admissions were more likely to be currently married (26 vs. 21 percent) than other older adult admissions, but about as likely to be widowed (7 vs. 6 percent) or to be separated or divorced (46 vs. 45 percent).<sup>5</sup>

Older adult alcohol-only admissions were more likely than other older adult admissions to be in the labor force (56 vs. 47 percent), and to be working full time (25 vs. 15 percent).<sup>6</sup> Among older adult admissions not in the labor force, alcohol-only admissions were more likely than other older adult admissions to be retired (26 vs. 9 percent).<sup>7</sup>

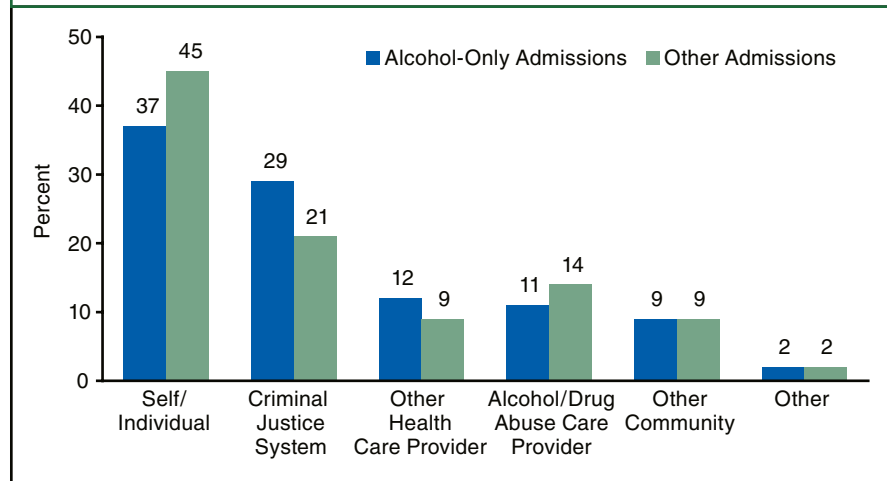
Alcohol-only older adult admissions were also less likely than other older adult admissions to report having some form of health insurance (41 vs. 46 percent), with the largest specific difference reported in the use of Medicaid (8 vs. 18 percent) (Figure 3).<sup>8</sup>

### End Notes

<sup>1</sup> U.S. Census Bureau. (2001). *Statistical abstract of the United States: 2002* (122nd Ed.) Washington, DC: GPO.

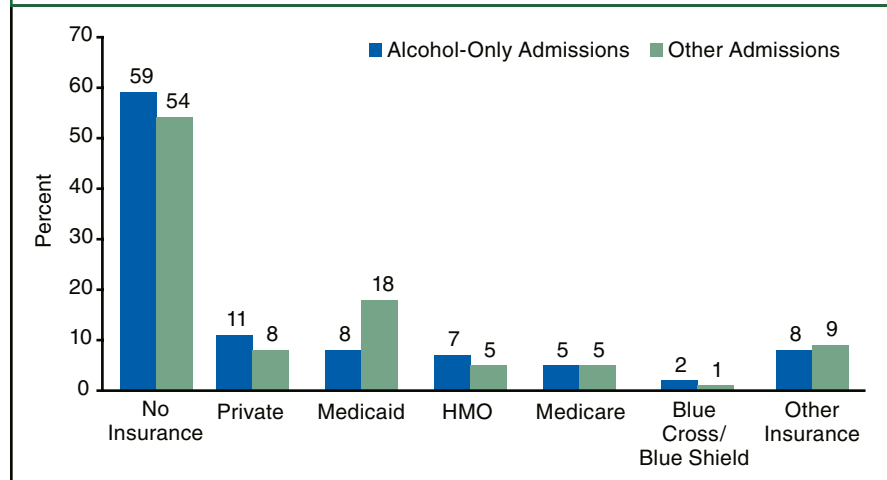
<sup>2</sup> Korper, S. P., & Council, C. L. (Eds.). (2002). *Substance use by older adults: Estimates of future impact on the treatment system* (DHHS Publication No. SMA 03-3763, Analytic Series A-21). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

**Figure 2. Admissions Aged 50 or Older, by Referral Source and Alcohol-Only Status: 2003**



Source: 2003 SAMHSA Treatment Episode Data Set (TEDS).

**Figure 3. Admissions Aged 50 or Older, by Health Insurance and Alcohol-Only Status: 2003**



Source: 2003 SAMHSA Treatment Episode Data Set (TEDS).

<sup>3</sup> The *primary substance of abuse* is the main substance reported at the time of admission. *Secondary substances* are other substances of abuse also reported at the time of admission.

<sup>4</sup> *Service settings* are of three types: ambulatory, residential/rehabilitative, and detoxification. Ambulatory settings include intensive outpatient, non-intensive outpatient, and ambulatory detoxification. Residential/rehabilitative settings include hospital (other than detoxification), short-term (30 days or fewer), and long-term (more than 30 days). Detoxification includes 24-hour hospital inpatient and 24-hour free-standing residential.

<sup>5</sup> *Marital status*, a Supplemental Data Set item, was reported for at least 75 percent of all admissions in 44 States and jurisdictions in 2003. These 44 States accounted for 67 percent of all substance abuse treatment admissions in 2003. In 2003, these States were: AK, AL, AR, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, WA, and WY.

<sup>6</sup> Analysis of *employment status* includes admissions up to 64 years of age. *Not in the labor force* includes those not looking for work during the past 30 days, students, homemakers, disabled or retired persons, or inmates of an institution.

<sup>7</sup> *Detailed "not in labor force" status*, a Supplemental Data Set item, was reported for at least 75 percent of all admissions in 29 States and jurisdictions in 2003. These 29 States accounted for 39 percent of all substance abuse treatment admissions in 2003. In 2003, these States were: AK, AL, CO, DC, DE, HI, IA, KS, KY, LA, MD, ME, MN, MO, NC, ND, NH, NM, NV, OH, PA, PR, SC, TN, TX, UT, VA, WA, and WY.

<sup>8</sup> *Health insurance*, a Supplemental Data Set item, was reported for at least 75 percent of all admissions in 31 States in 2003. These 31 States accounted for 47 percent of all substance abuse treatment admissions in 2003. In 2003, these States were: AK, AR, AZ, CO, DC, DE, FL, GA, HI, ID, IL, IN, KS, KY, MA, MD, MO, MS, MT, ND, NE, NH, NJ, NV, OK, OR, PA, PR, SC, TX, and UT.

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Research Findings from SAMHSA's 2003 Drug and Alcohol Services Information System (DASIS)

## Older Adult Alcohol Admissions: 2003

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- Among older adult admissions, alcohol-only admissions were more likely than other admissions to have entered treatment for the first time (45 vs. 33 percent)

The Drug and Alcohol Services Information System (DASIS) is an integrated data system maintained by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). One component of DASIS is the Treatment Episode Data Set (TEDS). TEDS is a compilation of data on the demographic characteristics and substance abuse problems of those admitted for substance abuse treatment. The information comes primarily from facilities that receive some public funding. Information on treatment admissions is routinely collected by State administrative systems and then submitted to SAMHSA in a standard format. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once. State admission data are reported to TEDS by the Single State Agencies (SSAs) for substance abuse treatment. There are significant differences among State data collection systems. Sources of State variation include completeness of reporting, facilities reporting TEDS data, clients included, and treatment resources available. See the annual TEDS reports for details. Approximately 1.8 million records are included in TEDS each year.

*The DASIS Report* is prepared by the Office of Applied Studies, SAMHSA; Synectics for Management Decisions, Inc., Arlington, Virginia; and by RTI International in Research Triangle Park, North Carolina (RTI International is a trade name of Research Triangle Institute).

**Information and data for this issue are based on data reported to TEDS through April 11, 2005.**

Access the latest TEDS reports at:  
<http://www.oas.samhsa.gov/dasis.htm>

Access the latest TEDS public use files at:  
<http://www.oas.samhsa.gov/SAMHDA.htm>

Other substance abuse reports are available at:  
<http://www.oas.samhsa.gov>



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