

The TEDS Report

August 12, 2010

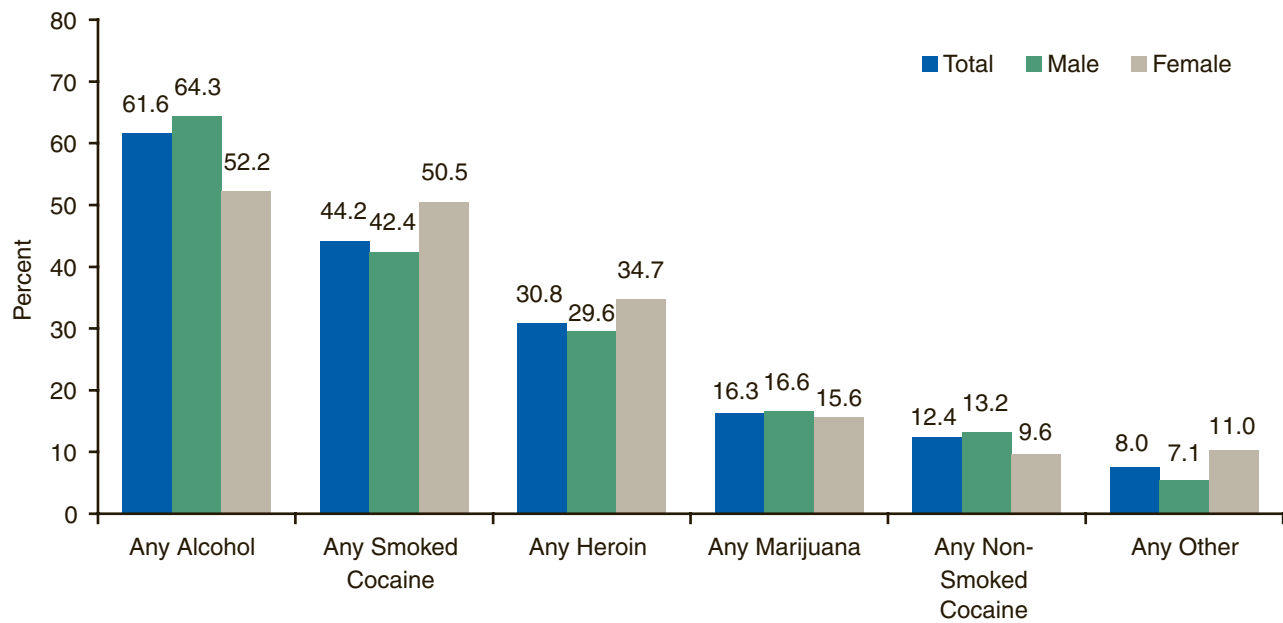
Gender Differences among Older Black Admissions to Treatment

In Brief

- In 2007, there were approximately 58,800 non-Hispanic Black substance abuse treatment admissions aged 50 or older
- Among older Black substance abuse treatment admissions, males were more likely than females to have reported any abuse of alcohol (64.3 vs. 52.2 percent); however, females were more likely than males to have reported any abuse of smoked cocaine (50.5 vs. 42.4 percent) or heroin (34.7 vs. 29.6 percent)
- Nearly three fifths (59.6 percent) of older Black male admissions and close to half (48.3 percent) of older Black female admissions did not have health insurance

Because the U.S. population aged 50 or older continues to increase, and the proportion of racial/ethnic minority groups is also increasing, it is important that public health professionals understand the specific characteristics and substance abuse behaviors of older members of racial/ethnic minority groups. Non-Hispanic Blacks aged 50 or older are of particular interest. Blacks are the second largest racial/ethnic minority group in the United States. Although they comprise approximately 12.2 percent of the total population,¹ this group represented more than one fifth (20.7 percent) of substance abuse treatment admissions with known race/ethnicity in publicly funded treatment programs in 2007.² Older Blacks accounted for 15.7 percent of all Black admissions to treatment in 2007. It is estimated that Blacks aged 50 or older will account for more than one quarter of the total Black population by 2020.³ As the population of older Blacks continues to increase, the admission of older Blacks to substance abuse treatment is also expected to increase.

Figure 1. Black Admissions Aged 50 or Older, by Substance of Abuse* and Gender: 2007



*The substance was reported as either the primary, secondary, or tertiary substance of abuse. Source: SAMHSA Treatment Episode Data Set (TEDS), 2007.

Data from the Treatment Episode Data Set (TEDS) can be used to examine older Black substance abuse treatment admissions in 2007. This report focuses on non-Hispanic Black substance abuse treatment admissions that were aged 50 or older (hereafter referred to as “older Black admissions”) and highlights gender differences within this population. Of the approximately 58,800 older Black admissions in 2007, about 45,500 were male and 13,300 were female.

Substances of Abuse

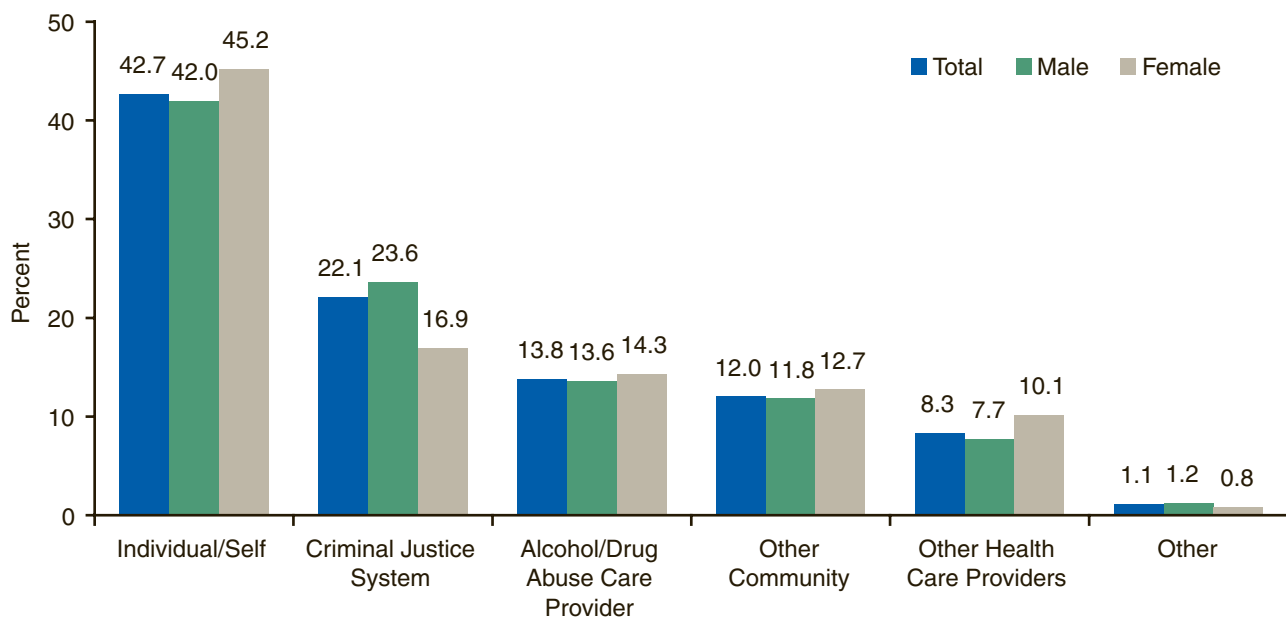
TEDS collects data on the primary substance of abuse at the time of admission to substance abuse treatment and up to two additional substances

of abuse at admission. Among older Black admissions, the most frequently reported primary, secondary, or tertiary substance of abuse (hereafter referred to as “any abuse”) for both males and females was alcohol, but males were more likely than females to have reported any alcohol abuse (64.3 vs. 52.2 percent) (Figure 1). Half (50.5 percent) of older Black female admissions reported any abuse of smoked cocaine compared with 42.4 percent of older Black male admissions. Older Black female admissions were also more likely than their male counterparts to have reported any abuse of heroin (34.7 vs. 29.6 percent).

Drug Combinations

The majority of older Black admissions reported multiple substances of abuse (males—57.1 percent; females—57.3 percent). Of these, the most common substance combination among both males and females was alcohol and smoked cocaine (27.8 vs. 27.0 percent). Older Black female admissions were almost twice as likely as their male counterparts to have reported abuse of both heroin and smoked cocaine (14.0 vs. 7.8 percent). Similar proportions of older Black males and females reported abuse of both alcohol and marijuana (11.3 vs. 9.5 percent), alcohol and heroin (9.5 vs. 8.5 percent), and smoked cocaine and marijuana (8.4 vs. 9.5 percent).

Figure 2. Black Admissions Aged 50 or Older, by Principal Source of Referral and Gender: 2007



Note: Percentages may not sum to 100 percent due to rounding.
 Source: SAMHSA Treatment Episode Data Set (TEDS), 2007.

Principal Source of Referral

Regardless of gender, individual or self-referrals were the most common principal source of referral to treatment among older Black admissions (females—45.2 percent; males—42.0 percent) (Figure 2). The criminal justice system was the second most common source of referral among older Black admissions, though older males were more likely than older females to have been referred to treatment by this source (23.6 vs. 16.9 percent).

Treatment Characteristics

Among older Black admissions, similar proportions of males and females received short-

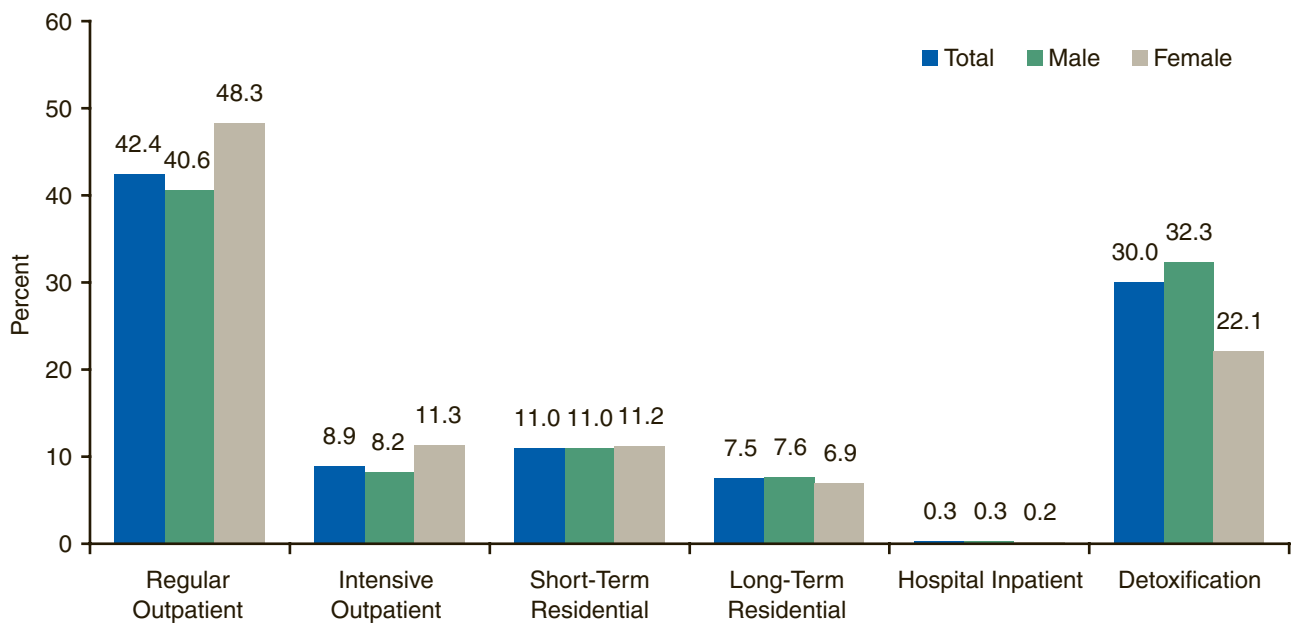
term (11.0 vs. 11.2 percent) or long-term (7.6 vs. 6.9 percent) rehabilitation/residential treatment or intensive outpatient treatment (8.2 vs. 11.3 percent) (Figure 3). However, there were variations by gender in the receipt of regular outpatient treatment and detoxification. Male admissions were less likely than female admissions to have received regular outpatient treatment (40.6 vs. 48.3 percent) but more likely to have received detoxification (32.3 vs. 22.1 percent).

There was little difference by gender in the number of prior treatment admissions among older Black admissions. Approximately two thirds of males (65.8 percent) and females (66.7 percent) had been in treatment at least once before.

Socioeconomic Characteristics

The educational level and employment status of older Black male and female admissions were similar. More than one third of all older Black admissions had not completed high school or obtained a GED (males—33.9 percent; females—35.9 percent); about one quarter had some college (24.3 and 24.5 percent). More than half of older Black males (53.9 percent) and females (55.3 percent) were not in the labor force, and about one third were unemployed (males—31.8 percent; females—33.8 percent). A small percentage of both males (14.4 percent) and females (10.9 percent) were employed.

Figure 3. Black Admissions Aged 50 or Older, by Type of Service and Gender: 2007



Note: Percentages may not sum to 100 percent due to rounding.
 Source: SAMHSA Treatment Episode Data Set (TEDS), 2007.

More than two fifths of older Black admissions were never married (males—43.7 percent; females—44.5 percent), and more than one third were separated or divorced (males—34.7 percent; females—34.1 percent).⁴ Males were more likely than females to be currently married (17.1 vs. 10.8 percent). However, females were more than twice as likely as males to be widowed (10.6 vs. 4.4 percent).

Health Insurance and Source of Income

Nearly three fifths (59.6 percent) of older Black male admissions and close to half (48.3 percent) of older Black female admissions did not have health insurance (Figure 4).⁵ Male admissions

were less likely than female admissions to have Medicaid coverage (20.7 vs. 34.5 percent). A small proportion of older Black admissions had private health insurance (males—8.4 percent; females—7.3 percent) or Medicare (males—5.0 percent; females—4.9 percent).

There were also distinct differences in source of income among older Black admissions by gender. More than one third (35.3 percent) of male admissions and more than one quarter (30.3 percent) of female admissions reported no source of income.⁶ Female admissions were more likely than male admissions to report receiving public assistance (16.0 vs. 11.0 percent) or disability (15.2 vs. 10.5 percent).

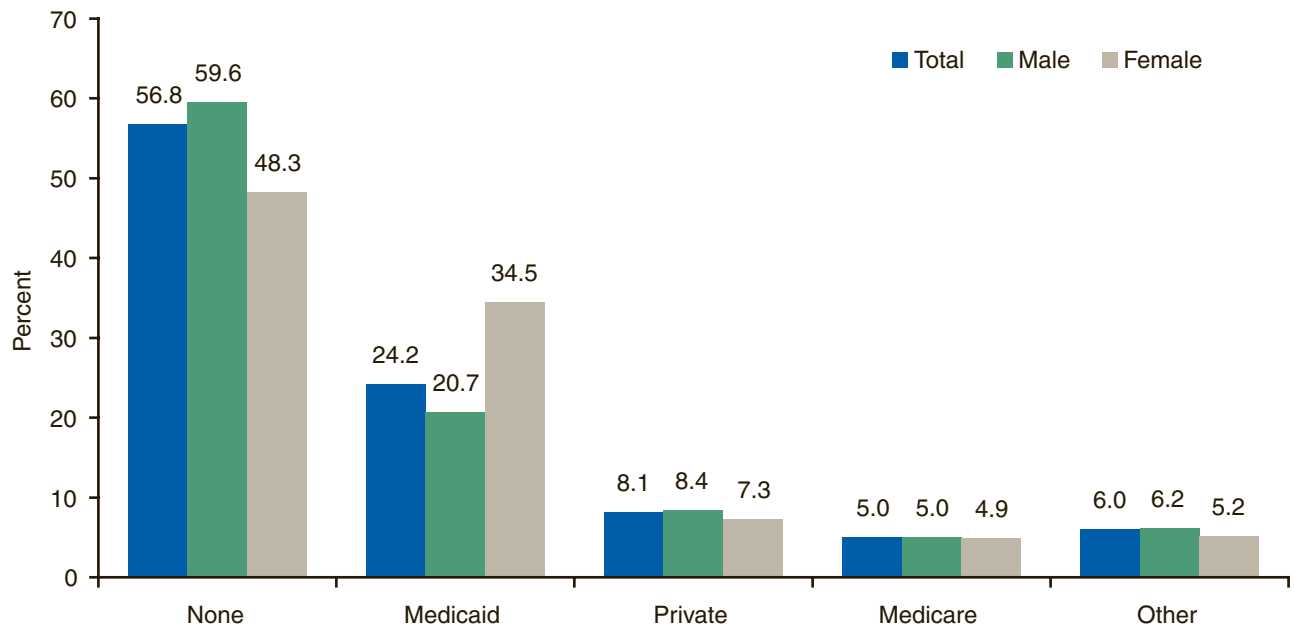
Co-occurring Disorders

Gender differences were found in the prevalence of co-occurring mental health and substance use disorders. Among older Black admissions, females were more likely than males to report a co-occurring psychiatric disorder (27.6 vs. 18.0 percent).⁷

Discussion

The high prevalence of smoked cocaine and heroin abuse among older Black admissions is of great concern, especially among females who were more likely to report use of both of these. First, there are serious health consequences associated with cocaine and heroin abuse—especially when used together. Further, there are potentially

Figure 4. Black Admissions Aged 50 or Older, by Health Insurance and Gender: 2007



Note: Percentages may not sum to 100 percent due to rounding.
 Source: SAMHSA Treatment Episode Data Set (TEDS), 2007.

serious interactions between these illicit substances and with prescription drugs and over-the-counter medications. Finally, substance use problems among older people may be mistaken for a variety of age-related conditions or go undiagnosed. As a result, primary health care and other service providers may want to provide routine screening for substance use problems, counseling, and referrals to treatment when necessary. Treatment providers and program planners may also wish to review their therapeutic approaches to ensure that they meet the complex needs of older Black admissions in culturally-appropriate and gender- and age-specific ways.

End Notes

- ¹ The 2008 estimated total population of the United States is composed of the following: 65.6 percent non-Hispanic White, 15.4 percent Hispanic, 12.2 percent non-Hispanic Black, 4.5 percent Asian or Pacific Islander, 0.8 percent American Indian or Alaska Native, and 1.5 percent two or more races of non-Hispanic ethnicity. See: U.S. Census Bureau, Population Division. (n.d.) *Table 3. Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States: April 1, 2000 to July 1, 2008* (NC-EST2008-03). Released May 14, 2009.
- ² *Treatment Episode Data Set (TEDS)* [Data file]. Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. Data received through October 6, 2008.
- ³ U.S. Census Bureau, Population Division, (n.d.). *Table 15. Projections of the Black Alone Population by Age and Sex for the United States: 2010 to 2050* (NP2008-T15). Released August 14, 2008.
- ⁴ *Marital status* is a Supplemental Data Set item. The 39 States and jurisdictions for which it was reported for at least 75 percent of all admissions in 2007—AR, CO, DC, DE, FL, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, WA, WY—accounted for 63 percent of all substance abuse treatment admissions in 2007.

⁵ *Health insurance status* is a Supplemental Data Set item. The 30 States and jurisdictions for which it was reported for at least 75 percent of all admissions in 2007—AR, AZ, CO, DE, HI, ID, IL, IN, KS, KY, LA, MA, MD, ME, MT, ND, NE, NH, NJ, NM, NV, OK, OR, PA, PR, SC, SD, TX, UT, WY—accounted for 45 percent of all substance abuse treatment admissions in 2007.

⁶ *Source of income support* is a Supplemental Data Set item. The 30 States and jurisdictions for which it was reported for at least 75 percent of all admissions in 2007—AR, CO, DE, FL, HI, IA, ID, IL, KS, KY, LA, ME, MN, MO, ND, NE, NH, NV, NY, OH, OR, PA, PR, RI, SC, SD, TN, TX, UT, WY—accounted for 60 percent of all substance abuse treatment admissions in 2007.

⁷ *Psychiatric problem in addition to alcohol or drug problem* is a Supplemental Data Set item. The 29 States and jurisdictions for which it was reported for at least 75 percent of all admissions in 2007—AR, CA, CO, DE, FL, IA, ID, IL, KS, KY, LA, MA, MD, ME, MI, MO, NC, ND, NE, NM, OH, OK, PR, RI, SC, SD, TN, UT, WY—accounted for 54 percent of all substance abuse treatment admissions in 2007.

Suggested Citation

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (August 12, 2010). *TEDS Report: Gender Differences among Older Black Admissions to Treatment*. Rockville, MD.

For change of address, corrections, or to be removed from this list please e-mail: shortreports@samhsa.hhs.gov.

Presorted
First Class
U.S. Postage
PAID
Capitol Heights, MD
Permit #4416

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Office of Applied Studies
1 Choke Cherry Road, Room 7-1044
Rockville, MD 20857
Official Business
Penalty for Private Use \$300



Findings from SAMHSA's Treatment Episode Data Set (TEDS) for 2007

Gender Differences among Older Black Admissions to Treatment

- In 2007, there were approximately 58,800 non-Hispanic Black substance abuse treatment admissions aged 50 or older
- Among older Black substance abuse treatment admissions, males were more likely than females to have reported any abuse of alcohol (64.3 vs. 52.2 percent); however, females were more likely than males to have reported any abuse of smoked cocaine (50.5 vs. 42.4 percent) or heroin (34.7 vs. 29.6 percent)
- Nearly three fifths (59.6 percent) of older Black male admissions and close to half (48.3 percent) of older Black female admissions did not have health insurance

The Treatment Episode Data Set (TEDS) is a compilation of data on the demographic characteristics and substance abuse problems of those admitted for substance abuse treatment. TEDS is one component of the Drug and Alcohol Services Information System (DASIS), an integrated data system maintained by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). TEDS 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. TEDS received approximately 1.8 million treatment admission records from 45 States, the District of Columbia, and Puerto Rico for 2007.

Definitions for demographic, substance use, and other measures mentioned in this report are available in the following publication: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (December 11, 2008). *The TEDS Report: TEDS Report Definitions*. Rockville, MD.

The TEDS 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 the trade name of Research Triangle Institute). **Information and data for this issue are based on data reported to TEDS through October 6, 2008.**

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

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

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



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Office of Applied Studies
www.samhsa.gov