

The DASIS Report

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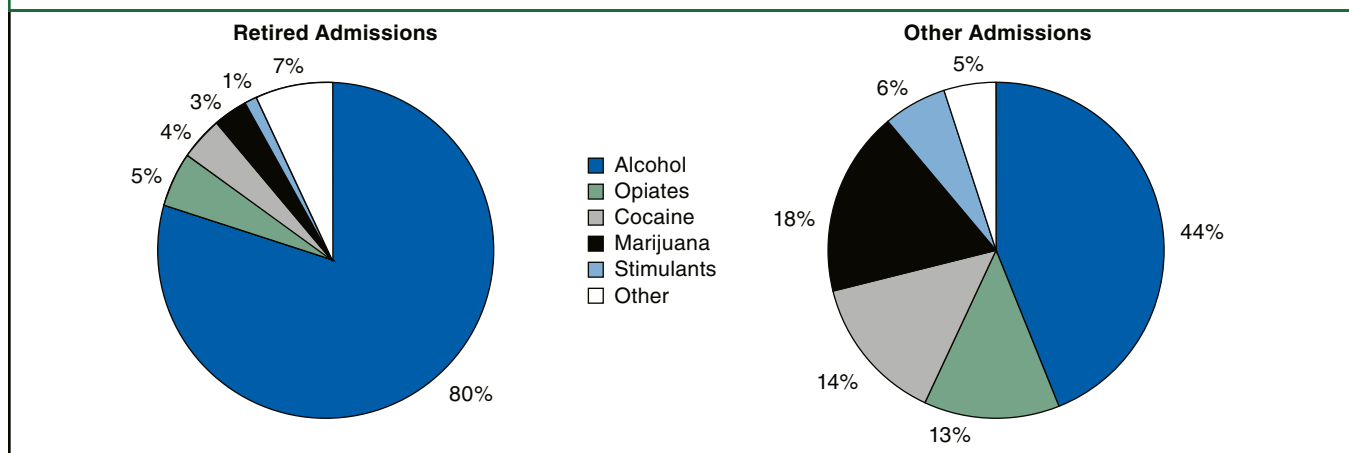
Retired Admissions: 2003

In Brief

- About four in five admissions among retired persons (80 percent) reported alcohol as the primary substance of abuse—a substantially higher proportion than other admissions (44 percent)—in the 29 States reporting retirement status
- Only 17 percent of retired admissions reported a secondary substance of abuse compared to 52 percent of other admissions
- Retired admissions were more likely to have some form of health insurance than other admissions (60 vs. 42 percent)

Substance abuse treatment admissions among retired persons can be examined with data from the Treatment Episode Data Set (TEDS), which collects data on the approximately 1.8 million annual admissions to substance abuse treatment facilities, primarily those that receive some public funding. TEDS includes a Minimum Data Set collected by all States and a Supplemental Data Set collected by some States. “Detailed Not in Labor Force,” a Supplemental Data Set item, includes the categories of retired, student, homemaker, disabled, inmate of an institution, and not looking for work. This information was reported for at least 75 percent of all respondents in 29 States in 2003,¹ allowing this report to compare the 4,400 admissions with the status of “retired” to the remainder of the 675,000 admissions with known employment status—employed, unemployed, or one of the other “not in labor force” groups described above—in these States.

Figure 1. Primary Substance of Abuse, by Retirement Status: 2003



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

Primary Substance of Abuse

About four in five admissions among retired persons (80 percent) reported alcohol as the primary substance of abuse²—a substantially higher proportion than other admissions (44 percent)—in the 29 States reporting retirement status (Figure 1). Retired admissions were correspondingly less likely to report illicit drugs including opiates (5 vs. 13 percent), cocaine (4 vs. 14 percent), marijuana (3 vs. 18 percent), or stimulants (1 vs. 6 percent) as their primary substance.

Secondary Substance of Abuse

Only 17 percent of retired admissions reported a secondary substance of abuse³ compared to 52 percent of other admissions. Those retired admissions reporting a secondary substance of abuse reported opiates (11 vs. 6 percent) and “other substances”⁴ (including over-the-counter medications, barbiturates, or

tranquilizers) as that secondary substance more often than did other admissions reporting a secondary substance of abuse (18 vs. 6 percent).

Demographic Characteristics

Compared to other admissions in the 29 States reporting retirement status, admissions among retired persons were more often male (79 vs. 68 percent), White (75 vs. 64 percent), or veterans⁵ (33 vs. 6 percent). Retired admissions were less likely to be Black (15 vs. 23 percent), and about as likely to be in other racial/ethnic groups as other admissions (Figure 2).

The mean age of retired admissions was 59.7, compared to 32.9 for other admissions. Among retired admissions, only 10 percent were 44 years of age or younger, while 15 percent were between 45 and 54 years of age, 37 percent were between 55 and 64 years of age, and the remaining 38 percent were 65 years of age or older.

Source of Referral

Admissions among retired persons were more likely than other admissions to be referred by general health care providers (16 vs. 7 percent), and less likely to be referred by the criminal justice system (34 vs. 38 percent) or community referral sources (10 vs. 14 percent) (Figure 3).

Service Setting

Retired admissions and other admissions were equally likely to receive treatment in ambulatory service settings (62 vs. 64 percent) and in rehabilitation/residential settings (16 vs. 18 percent).⁶ However, admissions among retired persons were somewhat more likely than other admissions to receive treatment in detoxification service settings (22 vs. 18 percent).

Socioeconomic Characteristics

A college education was more likely among retired admissions than among other admissions

(36 vs. 22 percent); retired admissions were correspondingly less likely to have only completed high school (37 vs. 45 percent) or to have not completed high school (27 vs. 33 percent). In contrast with other admissions, admissions among retired persons were more likely to live independently (87 vs. 66 percent).⁷ Retired admissions were also more likely to have some form of health insurance than other admissions (60 vs. 42 percent), especially private health insurance (16 vs. 8 percent) and Medicare (12 vs. 1 percent) (Figure 4).⁸

End Notes

¹ Detailed “not in labor force” status, a Supplemental Data Set item, was reported for at least 75 percent of all admissions in 29 States 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.

² The *primary substance of abuse* is the main substance reported at the time of admission.

³ *Secondary substances* are other substances of abuse also reported at the time of admission.

⁴ Other substances include phenylcyclidine, hallucinogens, benzodiazepines and other tranquilizers, barbiturates, other sedatives or hypnotics, inhalants, and over-the-counter medications.

⁵ *Veteran status*, a Supplemental Data Set item, was reported for at least 75 percent of all admissions in 2003 by 21 of the 29 States reporting detailed “not in labor force”: AK, CO, DC, DE, HI, IA, KS, KY, LA, ME, MN, MO, NC, ND, NV, OH, PA, PR, SC, TN, and WY.

⁶ *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.

⁷ *Living arrangement*, a Supplemental Data Set item, was reported for at least 75 percent of all admissions in 2003 by 25 of the 29 States reporting detailed “not in labor force”: AK, CO, DC, DE, HI, IA, KS, KY, LA, MD, ME, MN, MO, NC, ND, NH, NM, NV, OH, PA, PR, SC, TN, TX, UT, and WA.

⁸ *Health insurance*, a Supplemental Data Set item, was reported for at least 75 percent of all admissions in 2003 by 17 of the 29 States reporting detailed “not in labor force”: AK, CO, DC, DE, HI, KS, KY, MD, MO, ND, NH, NV, PA, PR, SC, TX, and UT.

Figure 2. Race/Ethnicity, by Retirement Status: 2003

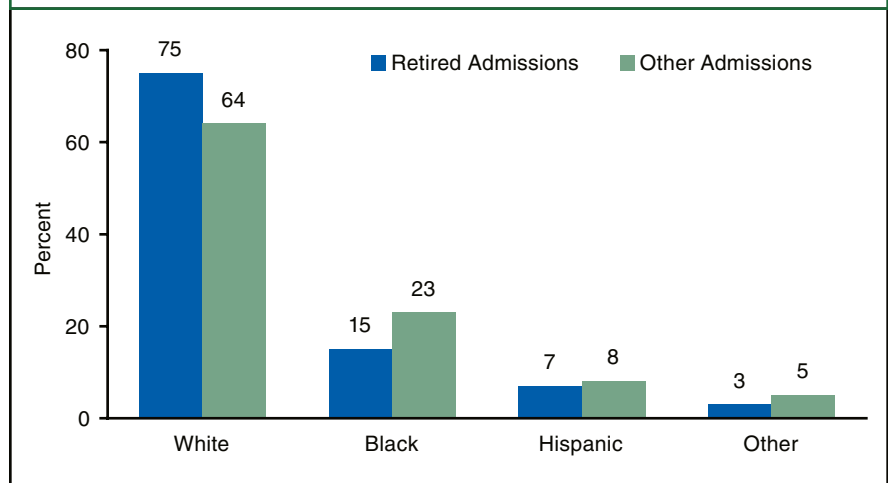


Figure 3. Source of Referral, by Retirement Status: 2003

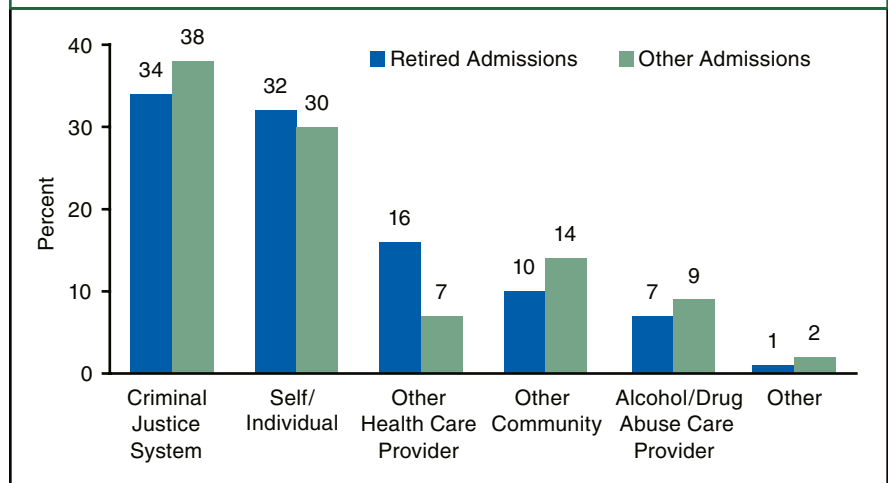
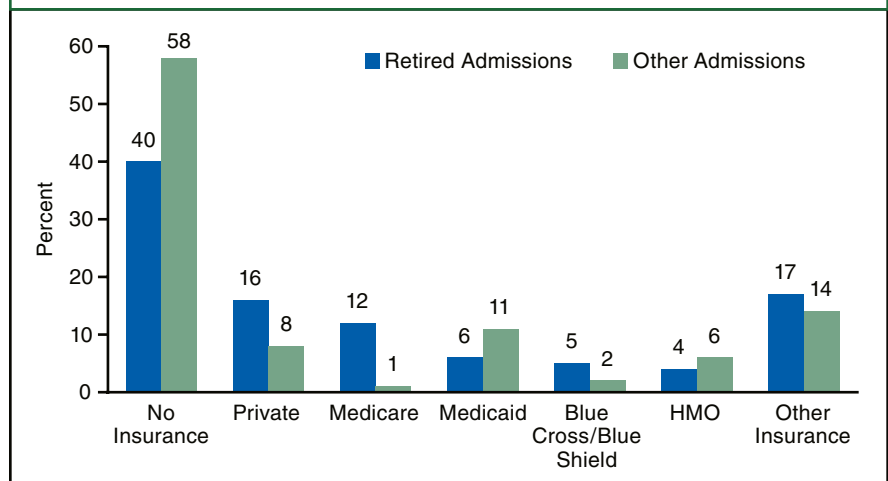


Figure 4. Health Insurance, by Retirement Status: 2003



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

Retired Admissions: 2003

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- Only 17 percent of retired admissions reported a secondary substance of abuse compared to 52 percent of other admissions
- Retired admissions were more likely to have some form of health insurance than other admissions (60 vs. 42 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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Substance Abuse and Mental Health Services Administration
Office of Applied Studies
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