

# The TEDS Report

June 17, 2010

## Changing Substance Abuse Patterns among Older Admissions: 1992 and 2008

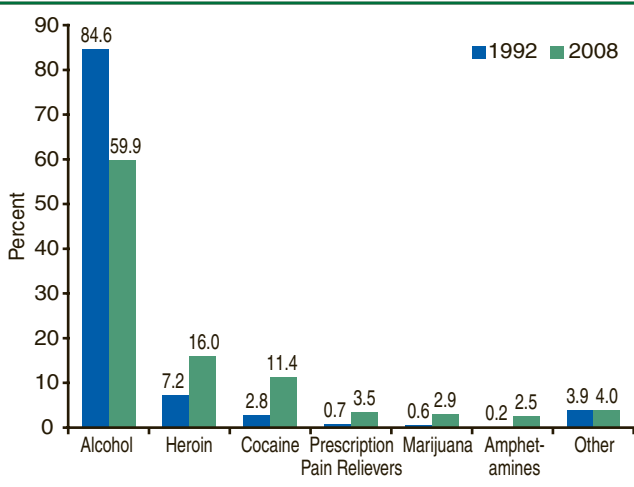
### In Brief

- Older substance abuse treatment admissions (aged 50 or older) increased from 6.6 percent of all admissions 12 years of age or older in 1992 to 12.2 percent in 2008
- Between 1992 and 2008, the proportion of older admissions that reported primary alcohol abuse decreased from 84.6 to 59.9 percent, while the proportion that reported primary heroin abuse more than doubled (from 7.2 to 16.0 percent)
- The proportion of older admissions that reported multiple substances of abuse nearly tripled, increasing from 13.7 percent in 1992 to 39.7 percent in 2008
- In 2008, older admissions who initiated use of their primary substance of abuse within the past 5 years were more likely than those in 1992 to have reported prescription pain relievers as their primary substance (25.8 vs. 5.4 percent)

Health care providers often overlook substance abuse and misuse among older adults. Diagnosis may be difficult because symptoms of substance abuse in older individuals sometimes mimic symptoms of other medical and behavioral disorders common among this population, such as diabetes, dementia, and depression.<sup>1</sup> Based on National Survey on Drug Use and Health (NSDUH) data from 2006 to 2008, an estimated 4.7 percent of adults aged 50 or older used illicit drugs in the past year<sup>2</sup>; in 2008, an estimated 2.9 percent of this age group were either dependent on or abused alcohol.<sup>3</sup> Because the U.S. population is aging, and because the number of older adults with substance abuse problems is expected to grow, it is important for public health officials and policy makers to closely monitor the treatment needs of this population.

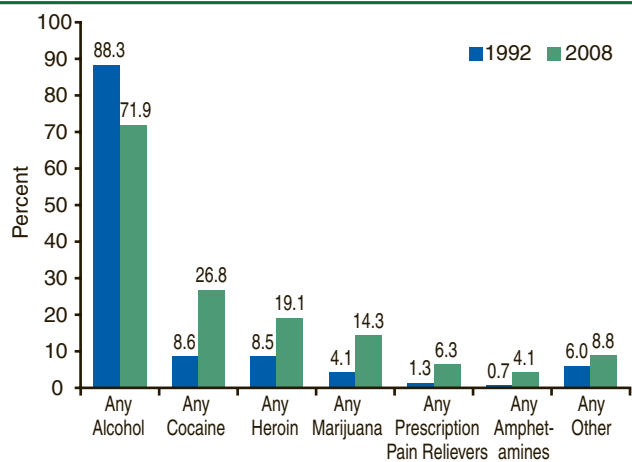
Data from the Treatment Episode Data Set (TEDS) can be used to examine substance abuse treatment admissions aged 50 or older (hereafter referred to as “older admissions”). This report focuses on the changing substance abuse patterns among older admissions between 1992 and 2008. Older admissions increased from 6.6 percent of all admissions 12 years of age or older in 1992 to 12.2 percent in 2008.

**Figure 1. Substance Abuse Treatment Admissions Aged 50 or Older, by Primary Substance of Abuse: 1992 and 2008**



Note: Percentages may not sum to 100 percent due to rounding.  
Source: SAMHSA Treatment Episode Data Set (TEDS), 1992 and 2008.

**Figure 2. Substance Abuse Treatment Admissions Aged 50 or Older, by Any Substance Abuse: 1992 and 2008\***



\*Any substance abuse refers to primary, secondary, or tertiary abuse of a substance.  
Source: SAMHSA Treatment Episode Data Set (TEDS), 1992 and 2008.

## Substances of Abuse

Admissions may report up to three substances of abuse at admission. Their primary substance of abuse is the main substance reported, and the secondary/tertiary substances are other substances also reported. Alcohol was the predominant primary substance of abuse among older admissions in both 1992 and 2008, but the proportion of older admissions reporting primary alcohol abuse decreased from 84.6 percent in 1992 to 59.9 percent in 2008 (Figure 1). By contrast, the proportion of older admissions that reported primary heroin abuse more than doubled (from 7.2 to 16.0 percent), and the proportion that reported primary cocaine abuse quadrupled (from 2.8 to 11.4 percent).

Similar patterns were observed when examining primary, secondary, or tertiary abuse (hereafter referred to as “any abuse”) of specific substances. The proportion of older adults that reported any alcohol abuse

decreased between 1992 and 2008, from 88.3 to 71.9 percent (Figure 2). Any cocaine abuse more than tripled (from 8.6 to 26.8 percent), as did any marijuana abuse (from 4.1 to 14.3 percent). Any heroin abuse more than doubled between 1992 and 2008, from 8.5 to 19.1 percent.

## Substance Combinations

The proportion of older substance abuse treatment admissions that reported multiple substances of abuse nearly tripled between 1992 and 2008, increasing from 13.7 to 39.7 percent (Figure 3). The proportion of older adult admissions that reported any alcohol abuse in combination with any cocaine abuse more than tripled, from 5.3 percent in 1992 to 16.2 percent in 2008. The proportion that reported any abuse of both alcohol and marijuana also increased (from 3.5 to 10.0 percent), as did the proportion that reported any abuse of both alcohol and heroin (from 2.5 to 5.7 percent).

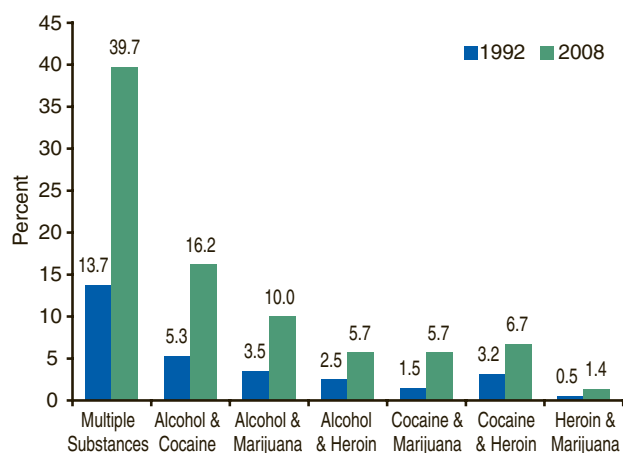
Substance combinations not involving alcohol also increased between 1992 and 2008. In particular, the proportion of older admissions that reported any abuse of both cocaine and marijuana more than tripled, from 1.5 to 5.7 percent, while the proportion that reported any abuse of both cocaine and heroin more than doubled (from 3.2 to 6.7 percent).

## Recent Initiators

Older admissions to substance abuse treatment varied in their age of first use of their primary substance of abuse. While more than three quarters of older admissions in 1992 and 2008 initiated use of their primary substance by the age of 25—83.4 percent in 1992 and 78.7 percent in 2008—others began relatively recently.

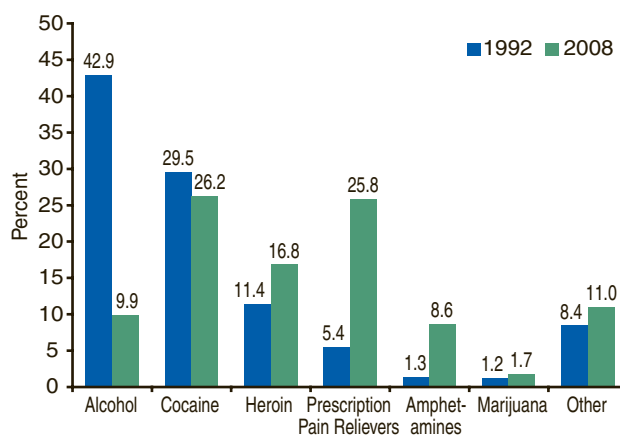
The proportions of older admissions that reported using their primary substance of abuse for 5 years or less before treatment admission (hereafter referred to as “recent initiators”) were similar

**Figure 3. Substance Abuse Treatment Admissions Aged 50 or Older, by Selected Combinations of Substances of Abuse: 1992 and 2008**



Source: SAMHSA Treatment Episode Data Set (TEDS), 1992 and 2008.

**Figure 4. Substance Abuse Treatment Admissions Aged 50 or Older Initiating Primary Substance Use in the Past 5 Years, by Primary Substance of Abuse: 1992 and 2008**



Note: Percentages may not sum to 100 percent due to rounding.

Source: SAMHSA Treatment Episode Data Set (TEDS), 1992 and 2008.

in 1992 and 2008 (3.2 and 3.8 percent, respectively). However, recent initiators showed different patterns of substance abuse than older admissions with longer histories of abuse, and these differences changed over time. Primary alcohol abuse was reported by 42.9 percent of recent initiators in 1992 compared with only 9.9 percent in 2008 (Figure 4). Recent initiators in 2008 were more likely than those in 1992 to have reported amphetamines (mostly methamphetamine) (8.6 vs. 1.3 percent) or prescription pain relievers<sup>4</sup> (25.8 vs. 5.4 percent) as their primary substance of abuse.

## Discussion

Although older admissions most commonly reported alcohol as the primary substance of abuse in both 1992 and 2008, a smaller proportion reported it in 2008 while a higher proportion reported cocaine, heroin, or other drugs of abuse. A higher proportion also reported multiple

substances of abuse. Abuse of multiple substances is a concern because of the potential for adverse health consequences, including death. Older adults in treatment may require services for both the potential health consequences of substance abuse and the chronic illnesses that often appear as a person ages.

In addition, older admissions in 2008 who had recently begun abuse of their primary substance were more likely to have reported primary abuse of prescription pain relievers and less likely to have reported primary alcohol abuse than older admissions in 1992. Raising awareness among older adults of the potential for abuse of prescription pain relievers may help to prevent such admissions in the future. Policymakers also need to be aware that older adults are a growing proportion of substance abusers and are increasingly abusing substances other than alcohol. In addition, physicians should learn to recognize the signs of substance abuse in their older

patients and should be prepared to refer them to treatment when necessary.

## End Notes

<sup>1</sup> Center for Substance Abuse Treatment. (1998). *Substance abuse among older adults* (Treatment Improvement Protocol [TIP] Series 26, DHHS Publication No. SMA 98-3179). Rockville, MD: Substance Abuse and Mental Health Services Administration.

<sup>2</sup> Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (December 29, 2009). *The NSDUH report: Illicit drug use among older adults*. Rockville, MD.

<sup>3</sup> Obtained via data calculations performed for NSDUH 2008 variables DEPNDALC (dependent on alcohol in the past year) and ABUSEALC (abused alcohol in the past year) on February 25, 2010, at <http://dx.doi.org/10.3886/ICPSR26701>

<sup>4</sup> Prescription pain relievers include codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphine-like effects.

## Suggested Citation

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## Research Findings from SAMHSA's Treatment Episode Data Set (TEDS) for 1992 and 2008

### Changing Substance Abuse Patterns among Older Admissions: 1992 and 2008

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- The proportion of older admissions that reported multiple substances of abuse nearly tripled, increasing from 13.7 percent in 1992 to 39.7 percent in 2008
- In 2008, older admissions who initiated use of their primary substance of abuse within the past 5 years were more likely than those in 1992 to have reported prescription pain relievers as their primary substance (25.8 vs. 5.4 percent)

The Treatment Episode Data Set (TEDS) is a compilation of data on the demographic characteristics and substance abuse problems of those aged 12 or older 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 1.9 million treatment admission records from 48 States, the District of Columbia, and Puerto Rico for 2008.

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 August 31, 2009.**

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>



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