

The DASIS Report

November 8, 2007

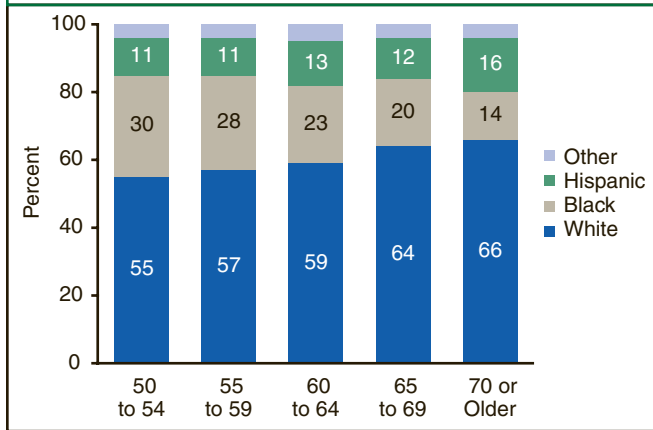
Older Adults in Substance Abuse Treatment: 2005

In Brief

- Admissions aged 50 or older accounted for about 184,400 (10 percent) of the 1.8 million treatment admissions reported to the Treatment Episode Data Set (TEDS) in 2005
- Alcohol was the most frequently reported primary substance of abuse for all admissions aged 50 or older, but the highest proportions of admissions reporting alcohol as the primary substance were among those aged 65 to 69 and 70 or older (76 percent each)
- Admissions aged 50 to 64 had more extensive substance abuse treatment histories than admissions aged 65 or older

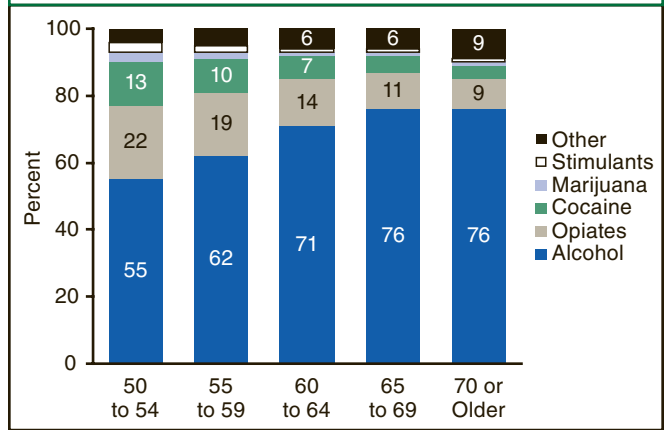
The proportion of the U.S. population aged 50 or older is increasing as the large numbers in the “baby boom” cohort (persons born between 1946 and 1964) reach age 50. This cohort is expected to place increasing demands on the substance abuse treatment system in the next two decades. Estimates suggest that the number of substance dependent and abusing adults aged 50 or older will climb from approximately 1.7 million in 2001 to 4.4 million by 2020.^{1,2} This pattern of growth is echoed in admissions to substance abuse treatment, where adult admissions aged 50 or older increased from 143,900 to 184,400 (from 8 to 10 percent of all admissions) between 2001 and 2005. Consequently, treatment for substance abuse may soon need to adapt to address the needs of this growing population.

Figure 1. Admissions Aged 50 or Older, by Age Group and Race/Ethnicity: 2005



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

Figure 2. Admissions Aged 50 or Older, by Age Group and Primary Substance of Abuse: 2005



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

Characteristics of admissions aged 50 or older to substance abuse treatment can be monitored with the Treatment Episode Data Set (TEDS), an annual compilation of data on the demographic characteristics and substance abuse problems of people admitted to substance abuse treatment, primarily at facilities that receive some public funding.³ TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once during a single year.

Admissions aged 50 or older accounted for about 184,400 (10 percent) of the 1.8 million treatment admissions reported to TEDS in 2005. This group showed distinct differences by age, both in patterns of substance abuse and in demographic characteristics. This report focuses on five different age groups: 50 to 54, 55 to 59, 60 to 64, 65 to 69, and 70 years or older.

Demographics

In 2005, the majority of admissions aged 50 or older were in the

age groups of 50 to 54 and 55 to 59. More than half (58 percent) of admissions aged 50 or older were between 50 and 54 years of age and one quarter (25 percent) were between 55 and 59 years of age (Table 1). The remaining admissions aged 60 or older accounted for only 17 percent of all admissions aged 50 or older.

Admissions aged 50 or older showed two distinct patterns in racial/ethnic composition by age group. Specifically, the proportions of White admissions aged 50 or older increased gradually with age, whereas the proportion of Black admissions decreased with age (Figure 1).

Primary Substance of Abuse

Alcohol was the most frequently reported primary substance of abuse⁴ for all admissions aged 50 or older, but the highest proportions of admissions reporting alcohol as the primary substance were among those aged 65 to 69 and 70 or older (76 percent each) (Figure 2). Opiates, the second most commonly reported primary

substance of abuse, were reported most frequently by admissions aged 50 to 54 and 55 to 59 (22 and 19 percent, respectively). These two age groups also had the highest proportions of admissions for cocaine, marijuana, and stimulants.

Prior Treatment

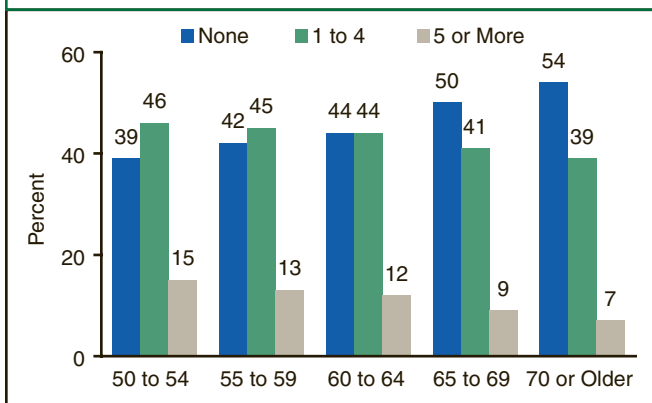
Admissions aged 50 to 64 had more extensive substance abuse treatment histories than admissions aged 65 or older. Specifically, the proportions of admissions reporting five or more prior treatment episodes ranged from 15 to 12 percent for the three groups aged 50 to 64 (50 to 54, 55 to 59, and 60 to 64) but ranged from 9

Table 1. Admissions Aged 50 or Older, by Age Group: 2005

Age at Admission	Number	Percent
Total Aged 50 or Older	184,352	100
50 to 54	108,453	58
55 to 59	46,645	25
60 to 64	17,910	10
65 to 69	6,722	4
70 or Older	4,622	3

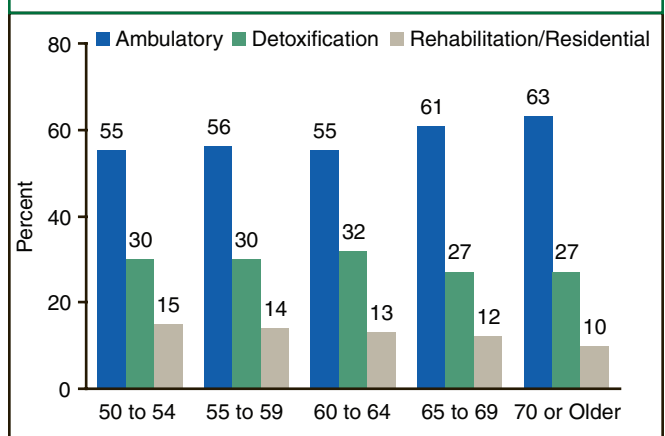
Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

Figure 3. Admissions Aged 50 or Older, by Age Group and Number of Prior Treatment Episodes: 2005



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

Figure 4. Admissions Aged 50 or Older, by Age Group and Service Setting: 2005



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

to 7 percent for the groups aged 65 or older (65 to 69 and 70 or older) (Figure 3). Additionally, the proportions of admissions reporting no prior treatment ranged from 39 to 44 percent for the three younger age groups but ranged from 50 to 54 percent for the two older age groups.

Service Setting

While most admissions aged 50 or older received care in an ambulatory setting,⁵ the proportions varied by age group. About 55 percent of admissions in each of the younger age groups (50 to 54, 55 to 59, and 60 to 64) received care in an ambulatory setting compared with 61 to 63 percent of admissions in the older age groups (65 to 69 and 70 or older) (Figure 4). On the other hand, admissions aged 50 to 64 were slightly more likely than those aged 65 or older to receive treatment in a detoxification setting or a rehabilitation/residential setting. Specifically, the proportion of admissions in a detoxification setting ranged from 30 to 32 percent in the groups aged 50 to 64 compared with 27 percent in the groups aged 65 or

older. Furthermore, the proportion of admissions in a rehabilitation/residential setting ranged from 13 to 15 percent in the groups aged 50 to 64 compared with 10 to 12 percent in the groups aged 65 or older.

Veteran Status

The proportion of older adult admissions in substance abuse treatment who were veterans^{6,7,8} increased with age from 13 percent among those aged 50 to 54 years to 31 percent among those 70 years or older. In the other three age groups (55 to 59, 60 to 64, and 65 to 69), the proportions of admissions who were veterans were 20, 21, and 26 percent, respectively.

End Notes

¹ Gfroerer, J. C., Penne, M. A., Pemberton, M. R., & Folsom, R. E., Jr. (2003). Substance abuse treatment need among older adults in 2020: The impact of the aging baby-boom cohort. *Drug and Alcohol Dependence*, 69(2), 127-135.

² Office of Applied Studies. (2002). *Substance use by older adults: Estimates of future impact on the treatment system* (DHHS Publication No. SMA 03-3763, OAS Analytic Series #A-21). Rockville, MD: Substance Abuse and Mental Health Services Administration.

³ In 2005, TEDS collected data on 1.8 million admissions to substance abuse treatment facilities. Four States and jurisdictions (AK, DC, NM, and WY) did not submit data for 2005.

⁴ The *primary substance of abuse* is the main substance reported at the time of admission.

⁵ *Service settings* are of three types: ambulatory, rehabilitation/residential, and detoxification. Ambulatory settings include intensive outpatient, nonintensive outpatient, and ambulatory detoxification. Rehabilitation/residential 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 freestanding residential.

⁶ *Veteran status* is a Supplemental Data Set item. The 32 States and jurisdictions in which it was reported for at least 75 percent of all admissions in 2005—AR, CO, CT, DE, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, NC, ND, NE, NJ, NV, OH, OK, PA, PR, SC, SD, TN, and TX—accounted for 53 percent of all substance abuse treatment admissions in 2005.

⁷ The following war eras occurred during the 20th century when sectors of this older adult population were eligible for military service: World War II (1941–1945), the Korean War (1950–1953), and the Vietnam War (1961–1975). The draft expired in 1973, the year in which persons aged 50 in 2005 turned 18. For reference, in 2005, admissions aged 50 to 54 were born between 1955 and 1951, those aged 55 to 59 between 1950 and 1946, those aged 60 to 64 between 1945 and 1941, those aged 65 to 69 between 1940 and 1936, and those aged 70 years or older were born in 1935 or earlier.

⁸ The percentage of veterans in the U.S. population by age grouping in 2005 was: 10 percent among 50- to 54-year-olds, 20 percent among 55- to 59-year-olds, 21 percent among 60- to 64-year-olds, and 27 percent among those 65 years or older. Calculated using U.S. Census Bureau data from two sources: *Statistical Abstract 2007*, Table 508: Veterans living by age and period of service: 2005, retrieved September 24, 2007, from http://www.census.gov/compendia/statab/national_security_veterans_affairs/veterans/, and from American Community Survey 2005, Table S0101: Age and sex, retrieved September 24, 2007, from http://factfinder.census.gov/servlet/STTable?_bm=y&-qr_name=ACS_2005_EST_G00_S0101&-geo_id=01000US

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Research Findings from SAMHSA's 2005 Drug and Alcohol Services Information System (DASIS)

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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 October 3, 2006.

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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