

The DASIS Report

May 31, 2007

Adults Aged 65 or Older in Substance Abuse Treatment: 2005

The U.S. population is aging, with important consequences for substance abuse treatment. Estimates indicate that the number of adults aged 65 or older will reach 40 million by 2010 and 55 million by 2020.¹ The number of adults aged 65 or older with problem substance use is projected to reach between 609,000 (projection for those aged 70 or older) and 1.9 million (projection for those aged 60 or older) by 2020.²

Trends in older adult 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 those admitted to substance abuse treatment, primarily at facilities that receive some public funding. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once during a single year.³

This report examines substance abuse treatment admissions of adults aged 65 or older—referred to below as “older” adult admissions. In 2005, this age group comprised approximately 37 million people in the United States⁴—13 percent of the total population—and there were 11,300 admissions aged 65 or older to substance abuse treatment (Table 1). The admission rate for adults aged 65 or older was 30.7 per 100,000, which was considerably lower than the rate of 707.3 admissions per 100,000 for the population younger than 65.

In Brief

- Adults aged 65 to 69 made up the largest part of the substance abuse treatment population aged 65 or older, increasing from 56 percent of older adults in treatment in 1995 to 59 percent in 2005
- In each year from 1995 to 2005, alcohol was the most frequently reported primary substance of abuse for admissions aged 65 or older
- Between 1995 and 2005, primary opiate admissions increased from 6.6 to 10.5 percent of admissions aged 65 or older

Trends in Treatment Admissions, 1995-2005

While the total substance abuse treatment population increased by 10 percent between 1995 and 2005, the number of substance abuse treatment admissions among persons aged 65 or older decreased by 7 percent, from 12,100 to 11,300 admissions (Table 1). Adults aged 65 to 69 made up the largest part of this group, increasing from 56 percent of older adults in treatment in 1995 to 59 percent in 2005 (Figure 1).

In each year from 1995 to 2005, alcohol was the most frequently reported primary substance of abuse⁵ for substance abuse treatment admissions aged 65 or older. However, the proportion of older admissions reporting alcohol as their primary substance declined from 84.7 percent in 1995 to 75.9 percent in 2005 (Table 1). The number of primary alcohol admissions among older men decreased by 18 percent from 8,200 in 1995 to 6,700 in 2005 (Figure 2). The number of primary alcohol admissions among older women was nearly the same in 1995 and 2005, around 1,900 admissions.

By contrast, treatment admissions for abuse of primary substances other than alcohol among older adults increased over the same time period, from 1,000 men and 400 women in 1995 to 1,600 men and 600 women in 2005—despite the decrease in overall substance abuse treatment admissions in this age group.

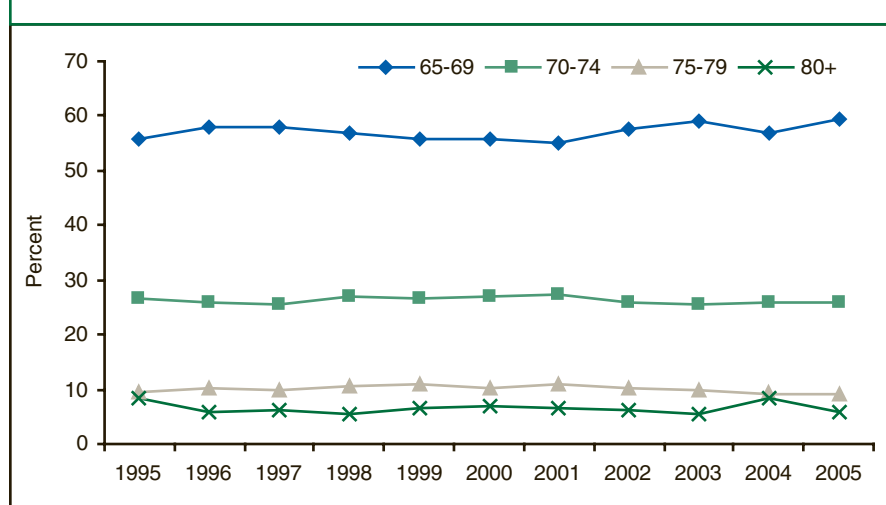
Increases in admissions for abuse of opiates, cocaine, and sedatives contributed to the growth in primary drug abuse treatment admissions among admissions aged 65 or older. Between 1995 and 2005, primary opiate admissions increased from 6.6 to 10.5 percent of admissions aged 65 or older (Table 1). Most of these primary opiate admissions were for heroin, but admissions for non-heroin opiates—including codeine, Dilaudid, morphine, oxycodone, and Demerol—accounted for 1.4 percent of admissions aged 65 or older in 1995 and 2.4 percent in 2005. During the same time period, primary cocaine admissions increased from 2.1 to 4.4 percent of admissions aged 65 or older, and primary sedative admissions (especially barbiturates) increased from 0.5 to 1.3 percent of admissions in this age group.

Table 1. Admissions Aged 65 or Older, by Primary Substance at Admission: 1995-2005

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Admissions Aged 65 or Older (thousands)	12.1	11.7	11.4	11.6	11.7	12.2	11.5	11.6	11.5	11.7	11.3
Primary Substance	Percent										
Alcohol	84.7	84.8	83.6	83.1	80.5	80.4	78.7	77.8	78.5	74.4	75.9
Opiates	6.6	6.5	7.3	7.5	7.9	8.2	9.2	9.2	9.3	8.8	10.5
Cocaine	2.1	2.0	1.9	2.3	2.6	2.9	2.6	2.9	3.2	3.9	4.4
Sedatives	0.5	0.5	0.7	0.3	0.2	0.3	0.4	0.4	0.4	0.8	1.3
Marijuana	0.9	0.9	1.0	0.9	1.2	1.2	1.0	1.2	1.4	1.3	1.0
Stimulants	0.3	0.3	0.3	0.2	0.5	0.5	0.4	0.8	0.6	0.6	0.8
Tranquilizers	0.7	0.8	0.7	0.7	0.7	0.8	1.2	0.9	0.8	0.6	0.6
Other	4.2	4.2	4.5	5.0	6.4	5.7	6.5	6.8	5.8	9.6	5.5

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

Figure 1. Admissions Aged 65 or Older, by Age Group: 1995-2005



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

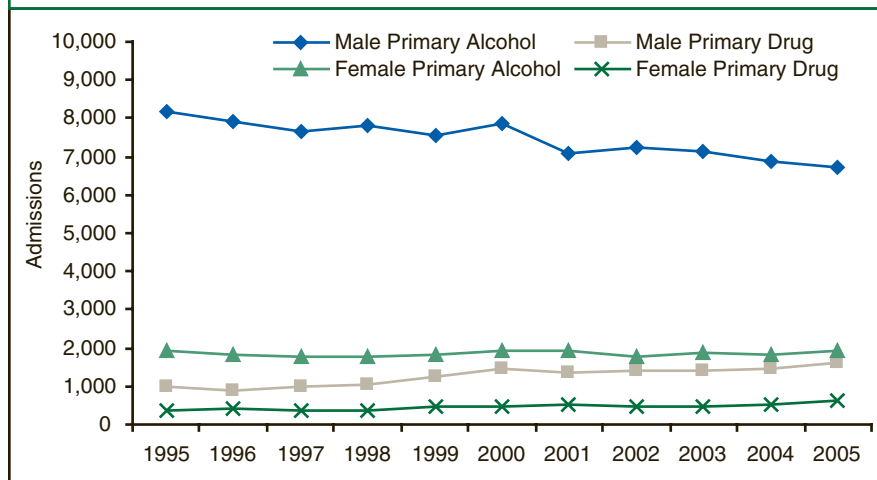
Demographics

In 2005, 76 percent of substance abuse treatment admissions aged 65 or older were male. Sixty-four percent of substance abuse treatment admissions aged 65 or older were White, 18 percent were Black, 14 percent were Hispanic, and 4 percent were other race/ethnicities. Most admissions aged 65 or older were between 65 and 69 years of age (59 percent), while 26 percent were between 70 and 74 years of age, 9 percent were between 75 and 79 years of age, and 6 percent were 80 years of age or older.

Treatment Characteristics

In 2005, 44 percent of substance abuse treatment admissions aged 65 or older were referred to treatment by themselves or another individual, and 26 percent were referred through the criminal justice system.⁶ Fifty-two percent of admissions aged 65 or older reported no prior substance abuse treatment episodes, 40 percent reported one to four prior treatment episodes, and 8 percent reported five or more prior treatment episodes.

Figure 2. Admissions Aged 65 or Older, by Gender and Primary Substance: 1995-2005



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

Table 2. States with Largest Numbers and Highest Rates of Admissions Aged 65 or Older, by Rank: 2005

State	Number	State	Rate per 100,000 Aged 65 or Older
New York	3,140	Colorado	166
California	908	New York	125
Colorado	773	South Dakota	111
Arizona	395	Oregon	78
Minnesota	393	Connecticut	75
Oregon	365	Maine	72
Connecticut	356	Minnesota	63
Pennsylvania	325	Vermont	61
Illinois	310	Arizona	52
Maryland	305	Montana	51
Massachusetts	283	Maryland	47
Washington	270	Nebraska	42
New Jersey	244	Washington	37
Georgia	223	Iowa	36
Ohio	210	Kentucky	35

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

Socioeconomic Characteristics

Seventy-nine percent of substance abuse treatment admissions aged 65 or older in 2005 were not in the labor force (i.e., not employed and not looking for work), 10 percent were unemployed, 7 percent were employed full time, and 4 percent were employed part time.⁷ Among those adults aged 65 or older not in the labor force, 72 percent were retired and 17 percent were disabled.⁸ Twenty-six percent of older admissions

reported as their source of payment that they expected to pay for treatment themselves.⁹

Admissions by State

In 2005, the most populous States tended to have the largest numbers of older adults entering substance abuse treatment, but not necessarily the highest admission rates per 100,000 population (Table 2). Admission rates among adults aged 65 or older tended to be highest in northern and north-eastern States.

End Notes

- U.S. Census Bureau. (2005). *Statistical abstract of the United States: 2006* (125th Ed.) Washington, DC: GPO.
- Gfroerer, J. C., Penne, M. A., Pemberton, M. R., & Folsom, Jr., R. E. (2002). The aging baby boom cohort and future prevalence of substance abuse. In S. P. Korper & C. L. Council (Eds.), *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. (The term "problem substance use" is used by these authors.)
- 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.
- For the purpose of calculating rates, 2005 national and State populations of persons aged 65 or older were tabulated using National Center for Health Statistics data from *Estimates of the July 1, 2000–July 1, 2005, United States resident population from the Vintage 2005 postcensal series by year, county, age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau*. Available on the Internet at: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>
- The *primary substance of abuse* is the main substance reported at the time of admission.
- The remaining referral sources include alcohol/drug abuse care providers, other health care providers, schools, employers/employee assistance programs, and other community referrals.
- 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. *Unemployed*, by contrast, includes admissions currently seeking work. Analysis of these and other *employment status* categories is restricted to admissions aged 16 or older.
- Detailed "not in the labor force"* is a Supplemental Data Set item. The 28 States and jurisdictions in which it was reported for at least 75 percent of all applicable admissions in 2005—AL, CO, DE, HI, IA, KS, KY, LA, MD, ME, MN, MO, NC, ND, NH, NJ, NV, OH, OR, PA, PR, SC, TN, TX, UT, VA, WA, WV—accounted for 38 percent of all substance abuse treatment admissions in 2005. The remaining detailed categories include homemaker, student, inmate of institution, and other.
- Expected/actual primary source of payment* is a Supplemental Data Set item. The 27 States and jurisdictions in which it was reported for at least 75 percent of all admissions in 2005—AL, AR, CO, DE, GA, HI, IA, ID, KS, KY, LA, MO, MS, ND, NH, NJ, NV, OH, PA, PR, RI, SC, SD, TX, UT, VT, and WV—accounted for 35 percent of all substance abuse treatment admissions in 2005. The remaining sources of payment include Medicare, government payments other than Medicare, Blue Cross/Blue Shield, Medicaid, worker's compensation, other health insurance companies, no charge, and other.

Suggested Citation

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

Adults Aged 65 or Older in Substance Abuse Treatment: 2005

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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 February 1, 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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