

# The NSDUH Report

December 29, 2009

## Illicit Drug Use among Older Adults

High rates of lifetime drug use among the baby boom generation (persons born between 1946 and 1964), combined with the large size of that cohort, suggest that the number of older adults using drugs will increase in the next two decades. It has been predicted that by the year 2020, the number of persons needing treatment for a substance use disorder will double among persons

aged 50 or older as the baby boom generation moves into older adulthood.<sup>1</sup> These changes have already begun, as indicated by recent increases in current illicit drug use among persons aged 50 to 59.<sup>2</sup> Illicit drug use is associated with numerous health and social problems, and age-related physiological, psychological, and social changes make older adults more vulnerable to the detrimental effects of illicit drug use.<sup>3</sup> In addition, many older adults use prescription and over-the-counter medications that could interact adversely with illicit drugs and may themselves have the potential for abuse.<sup>4</sup> Because of the magnitude of these changes and their potential impact, it is increasingly important to understand and plan for the health care needs—including the substance use prevention and treatment needs—of this population.

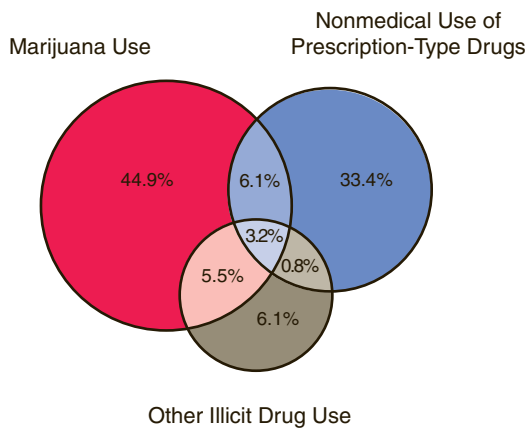
The National Survey on Drug Use and Health (NSDUH) asks persons aged 12 or older to report on their use of illicit drugs. NSDUH defines illicit drugs as marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically. Nonmedical use is defined as the use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives that were not prescribed for the respondent by a physician or used only for the experience or feeling they caused.<sup>5</sup>

This issue of *The NSDUH Report* examines the prevalence of any illicit drug use, marijuana use, and nonmedical use of prescription-type psychotherapeutic drugs among older adults (i.e., persons aged 50 or older). All findings are annual averages based on combined 2006 to 2008 NSDUH data.

### In Brief

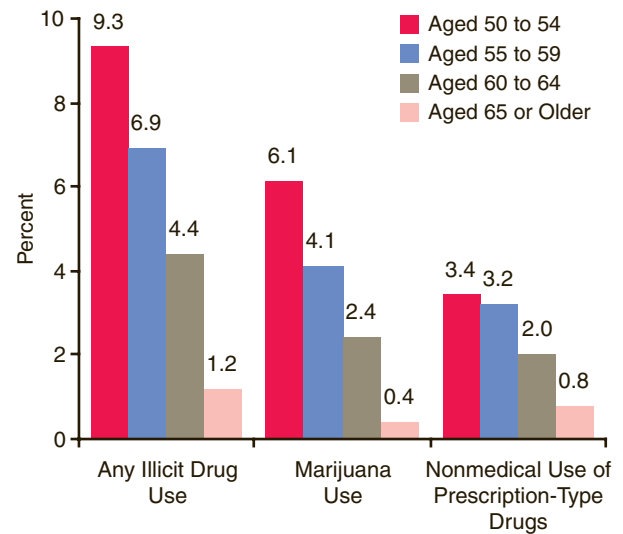
- An estimated 4.3 million adults aged 50 or older, or 4.7 percent of adults in that age range, had used an illicit drug in the past year, based on data from 2006 to 2008
- Marijuana use was more common than nonmedical use of prescription-type drugs for adults aged 50 to 54 and those aged 55 to 59 (6.1 vs. 3.4 percent and 4.1 vs. 3.2 percent, respectively), but among those aged 65 or older, nonmedical use of prescription-type drugs was more common than marijuana use (0.8 vs. 0.4 percent)
- Marijuana use was more common than nonmedical use of prescription-type drugs among males aged 50 or older (4.2 vs. 2.3 percent, respectively), but among females, the rates of marijuana use and nonmedical use of prescription-type drugs were similar (1.7 and 1.9 percent)

**Figure 1. Type of Illicit Drugs Used in the Past Year among Adults Aged 50 or Older Who Used Illicit Drugs in the Past Year: 2006 to 2008**



Source: 2006 to 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

**Figure 2. Past Year Illicit Drug Use among Adults Aged 50 or Older, by Age Group: 2006 to 2008**



Source: 2006 to 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

### Prevalence of Substance Use among Older Adults

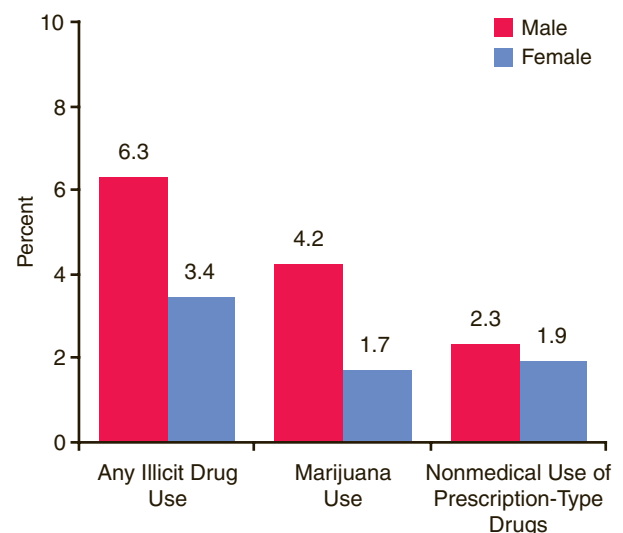
An estimated 4.3 million adults aged 50 or older, or 4.7 percent of adults in that age range, had used an illicit drug in the past year. The illicit drugs most commonly used by older adults were marijuana (2.8 percent) and prescription-type drugs used nonmedically (2.1 percent). These percentages translate to 2.5 million past year marijuana users and 1.9 million past year nonmedical users of prescription-type drugs. Only 0.7 percent (664,000) of older adults reported use of illicit drugs other than marijuana or psychotherapeutics, including 0.5 percent for cocaine, 0.1 percent for hallucinogens, and 0.1 percent for heroin.

Among adults aged 50 or older who used an illicit drug in the past year, 44.9 percent used marijuana only, and 33.4 percent used only prescription-type drugs nonmedically (Figure 1).

### Differences by Age Group

Among older adults, the rates of any illicit drug use, marijuana use, and nonmedical use of prescription-type drugs in the past year were highest for those aged 50 to 54 and declined dramatically with increasing age (Figure 2). Marijuana use was more common than nonmedical use of prescription-type drugs for adults aged 50 to 54 and those aged 55 to 59 (6.1 vs. 3.4 percent and 4.1 vs. 3.2 percent, respectively). However, among adults aged 65 or older,

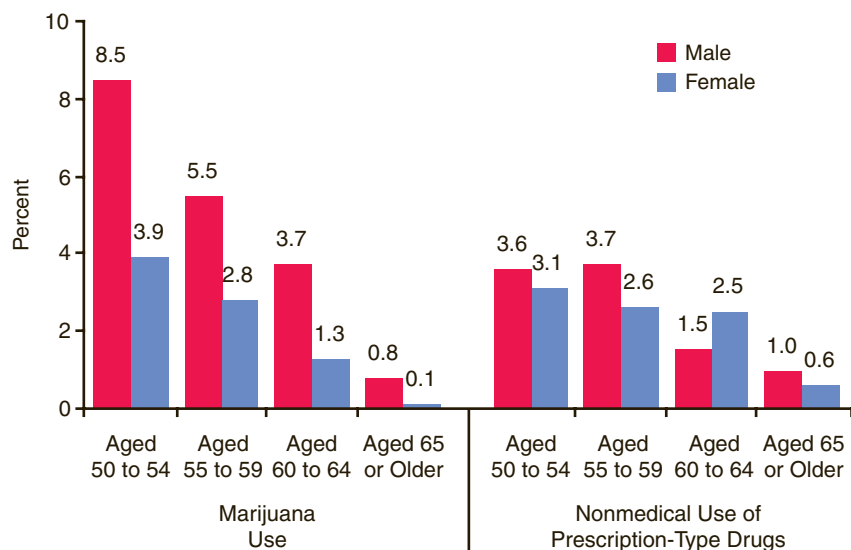
**Figure 3. Past Year Illicit Drug Use among Adults Aged 50 or Older, by Gender: 2006 to 2008**



Source: 2006 to 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

nonmedical use of prescription-type drugs was more common than marijuana use (0.8 vs. 0.4 percent).

**Figure 4. Past Year Illicit Drug Use among Adults Aged 50 or Older, by Age Group and Gender: 2006 to 2008**



Source: 2006 to 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

## Differences by Gender

Among adults aged 50 or older, the rates of any illicit drug use and marijuana use in the past year were higher among males than females, while males and females had similar rates of nonmedical use of prescription-type drugs (Figure 3). These findings were consistent across most age groups. For example, 8.5 percent of males aged 50 to 54 used marijuana in the past year compared with 3.9 percent of same-aged females (Figure 4).

Comparing the types of substances used in the past year, marijuana use was more common than nonmedical use of prescription-type drugs among males (4.2 vs. 2.3 percent, respectively), but among females, the rates of marijuana use and nonmedical use of prescription-type drugs were similar (1.7 and 1.9 percent) (Figure 3). These findings generally held within the age groups, except that females aged 65 or older were more likely to report nonmedical prescription drug use than marijuana use, and males aged 65 or older were equally likely to report marijuana use and nonmedical use of prescription drugs (Figure 4).

## Discussion

Some of the differences found in past year substance use between the older age groups, particularly those 65 or older, and the younger age groups (i.e., those aged 50 to 54 and those aged 55 to 59) may reflect cohort differences, with the 65 or older age group consisting exclusively of pre-baby-boomers (persons born before 1946), the 60 to 64 age group mixed between the oldest baby boomers and pre-baby-boomers, and the younger age groups consisting exclusively of baby boomers. As the baby boomers and subsequent cohorts continue to age, it is likely that the rate of drug use will increase for older age groups.<sup>2</sup>

Substance abuse is seldom associated with individuals who are nearing or at retirement age. Nevertheless, the NSDUH data show that there are currently 4 million affected individuals and help us predict the growth of this problem throughout the next decade. Reducing and treating drug use problems among the growing elderly population will require an integrated system of care that combines medical and behavioral

health services to fully address the spectrum of problems that patients bring to the primary care setting. Health care providers—particularly those who specialize in treating this population—need to ensure that routine screening for these problems is part of their regular interactions with their patients. Similarly, substance abuse treatment and prevention program managers may wish to consider how they can effectively reach out to and engage older adults with appropriate information and therapeutic modalities.

## End Notes

- Han, B., Gfroerer, J. C., Collier, J. D., & Penne, M.A. (2009). Substance use disorder among older adults in the United States in 2000. *Addiction*, 104, 88-96.
- Han, B., Gfroerer, J., & Collier, J. (2009, August). *An examination of trends in illicit drug use among adults aged 50 to 59 in the United States: An OAS Data Review*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies. [Available as a PDF at <http://www.oas.samhsa.gov/>; see [http://www.oas.samhsa.gov/2k9/OlderAdults/OAS\\_data\\_review\\_OlderAdults.pdf](http://www.oas.samhsa.gov/2k9/OlderAdults/OAS_data_review_OlderAdults.pdf)]
- Patterson, T. L., & Jeste, D. V. (1999). The potential impact of the baby-boom generation on substance abuse among elderly persons. *Psychiatric Services*, 50, 1184-1188.
- Simoni-Wastila, L., & Yang, H. K. (2006). Psychoactive drug abuse in older adults. *American Journal of Geriatric Pharmacotherapy*, 4, 380-394.
- Nonmedical use of any prescription-type drugs does not include over-the-counter drugs. Nonmedical use of stimulants includes methamphetamine use. The prescription drug use estimates in this analysis are based on the NSDUH instrument's core modules and do not take account of methamphetamine use reported only in noncore items; including data from the noncore methamphetamine items would result in prescription drug use estimates approximately 0.3 percent higher than those shown here among persons aged 50 or older. Overall estimates of illicit drug use would not be significantly affected. For further information, see Section B.4.6 of the following report: Office of Applied Studies. (2008). *Results from the 2007 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 08-4343, NSDUH Series H-34). Rockville, MD: Substance Abuse and Mental Health Services Administration.

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Findings from the SAMHSA 2006 to 2008 National Surveys on Drug Use and Health (NSDUHs)

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The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The 2006 to 2008 data used in this report are based on information obtained from 19,921 adults aged 50 or older. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

*The NSDUH Report* is prepared by the Office of Applied Studies (OAS), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on the most recent NSDUH is available in the following publication:

Office of Applied Studies. (2009). *Results from the 2008 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 09-4434, NSDUH Series H-36). Rockville, MD: Substance Abuse and Mental Health Services Administration. Also available online: <http://oas.samhsa.gov>.



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