

The DAWN Report

October 12, 2010

Emergency Department Visits Involving Illicit Drug Use by Older Adults: 2008

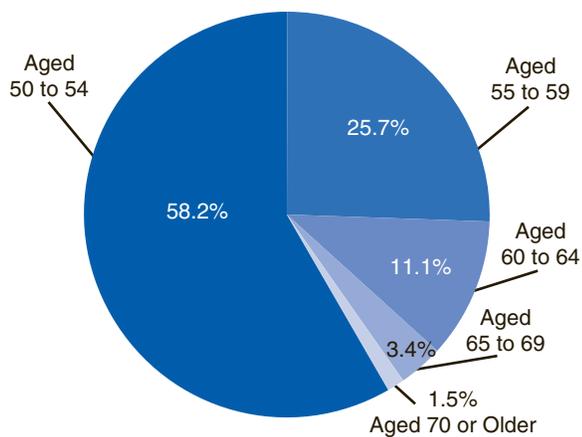
In Brief

- In 2008, an estimated 118,495 emergency department (ED) visits involved illicit drug use by older adults (persons aged 50 or older)
- Cocaine was the most commonly reported illicit drug (63.0 percent), followed by heroin (26.5 percent), marijuana (18.5 percent), and illicit stimulants (5.3 percent)
- Cocaine was the most common illicit drug involved among visits by older non-Hispanic black adults (79.0 percent), whereas heroin was the most common among visits by older Hispanic adults (61.2 percent)
- Although less than half of ED visits involving illicit drug use (48.1 percent) resulted in evidence of follow-up care, more than one third of ED visits involving illicit drug use by older adults (35.7 percent) resulted in hospitalization

Although illicit drug use more commonly is associated with young and middle-aged adults, rates of illicit drug use among adults aged 50 to 59 increased from 2.7 percent in 2002 to 4.6 percent in 2008.¹ These trends coincide with the aging of the “baby boom” generation and could result in an increased demand for substance abuse treatment among older adults. By the year 2020, researchers predict that the number of adults aged 50 or older with a substance use disorder will double.² Although pharmaceutical misuse and abuse is included in these data sources, use of illicit drugs such as marijuana is also an important issue among older adults. As adults age and have increased health problems, they may be more vulnerable to the effects of illicit drugs and may suffer more medical complications as a result. This, in turn, may lead to an increased need for emergency services.

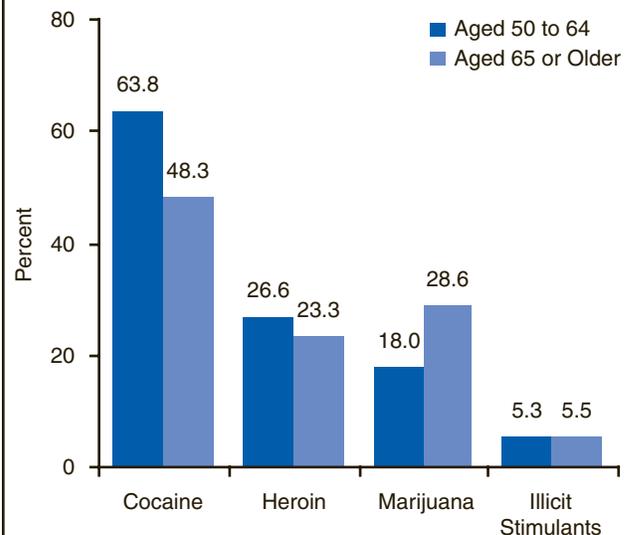
The Drug Abuse Warning Network (DAWN) is a public health surveillance system that monitors drug-related emergency department (ED) visits in the United States.³ To be a DAWN case, an ED visit must have involved a drug, either as the direct cause of the visit or as a contributing factor. Data are collected on

Figure 1. Emergency Department (ED) Visits Involving Illicit Drugs by Adults Aged 50 or Older, by Age: 2008



Source: 2008 (08/2009 update) SAMHSA Drug Abuse Warning Network (DAWN).

Figure 2. Emergency Department (ED) Visits Involving Selected Illicit Drugs by Adults Aged 50 or Older, by Age Group: 2008



Source: 2008 (08/2009 update) SAMHSA Drug Abuse Warning Network (DAWN).

numerous illicit drugs, including cocaine, marijuana, heroin, and illicit stimulants (e.g., amphetamines and methamphetamines). This issue of *The DAWN Report* focuses on ED visits involving illicit drug use by persons aged 50 or older (hereafter referred to as “older adults”).

Overview

In 2008, an estimated 118,495 emergency department (ED) visits involved illicit drug use by older adults. Cocaine was the most common illicit drug reported (63.0 percent), followed by heroin (26.5 percent), marijuana (18.5 percent), and illicit stimulants (5.3 percent). Nearly one third (31.1 percent) of visits that involved illicit drugs also involved alcohol.

Gender, Age, and Race/Ethnicity

The majority of ED visits involving illicit drug use by older adults (71.2 percent) were made by males. More than half were made by adults aged 50 to 54 (58.2 percent) (Figure 1). Visits by adults aged 55 to 59 accounted for 25.7 percent of such visits, whereas 11.1 percent were made by adults aged 60 to 64. More than half of visits were made by non-Hispanic blacks (58.2 percent), nearly one third were made by non-Hispanic whites (31.3 percent), and nearly one tenth were made by Hispanics (9.8 percent).

ED visits made by adults aged 50 to 64 were more likely to involve cocaine than visits made by those aged 65 or older (63.8 vs. 48.3 percent) (Figure 2). Involvement of marijuana, heroin, and illicit stimulants did not differ by age group.

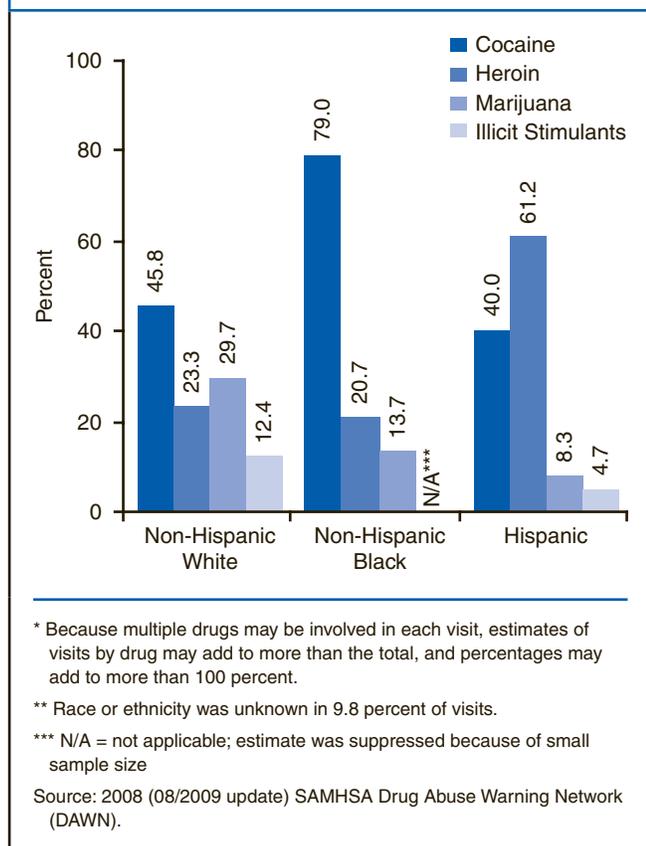
Cocaine was the most common illicit drug involved in ED visits made by non-Hispanic black adults (79.0 percent), whereas visits made by Hispanic adults most commonly involved heroin (61.2 percent) (Figure 3). Although ED visits made by non-Hispanic white adults were more likely to involve marijuana (29.7 percent) than visits made by older adults of other races, cocaine was the most common drug involved in visits made by this group (45.8 percent).

Discharge from the ED

Follow-up care is defined as admission to an inpatient unit in the hospital, transfer to another health care facility, or referral to a detoxification program or substance abuse treatment. Less than half of ED visits involving illicit drug use by older adults (48.1 percent) resulted in evidence of follow-up care. This varied by drug, with follow-up care resulting from 54.3 percent of visits involving cocaine, 48.1 percent involving illicit stimulants, 43.6 percent involving heroin, and 39.3 percent involving marijuana (Figure 4).

An estimated 42,285 ED visits involving illicit drug use by older adults (35.7 percent) resulted in hospitalization. Of

Figure 3. Emergency Department (ED) Visits Involving Selected Illicit Drugs* by Adults Aged 50 or Older, by Race/Ethnicity: 2008**



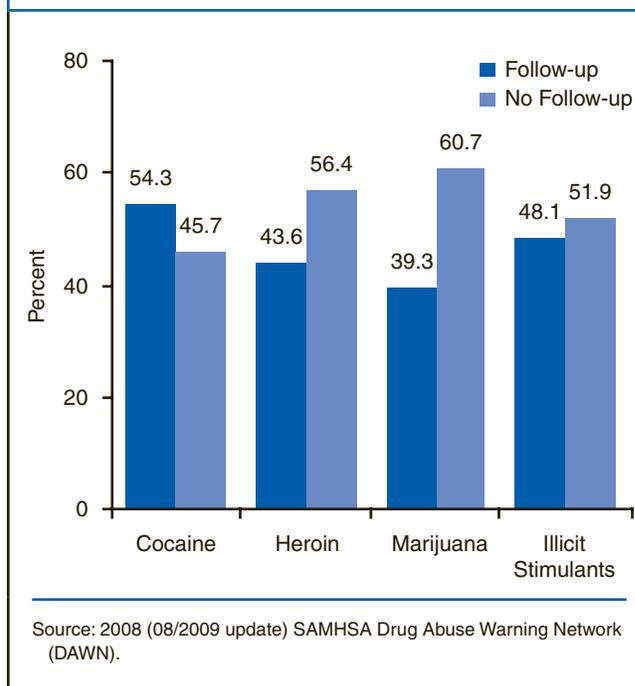
these, 25,333 (59.9 percent) were admitted into an “other” inpatient unit, 6,484 (15.3 percent) were admitted to a psychiatric unit, 5,746 (13.6 percent) required intensive or critical care, and 4,356 (10.3 percent) were admitted to a chemical dependency or detoxification unit.

Discussion

Illicit drug use among older adults has become an increasing concern as the baby boom generation ages. As Americans continue to live longer, researchers and health professionals are attempting to understand the effects of illicit drugs on older individuals. The impaired cognitive and motor functions resulting from the use of illicit drugs may exacerbate age-related physiologic changes. Falls, other accidents, and prescription medication interactions are of special concern.

Less than half of ED visits involving illicit drug use by older adults resulted in follow-up care; therefore, continued efforts to provide referrals in the ED may help older adults to receive appropriate treatment for substance abuse problems. ED visits involving heroin use in this population

Figure 4. Follow-up Disposition of Emergency Department (ED) Visits Involving Selected Illicit Drugs by Adults Aged 50 or Older: 2008



had an especially low rate of follow-up care and may represent missed opportunities for intervention.

Substance abuse treatment in older adults may need to be tailored to the specific needs of this population. Because adults aged 50 to 54 make up more than half of the older adult population seeking emergency care related to illicit drug use, targeted interventions for this age group may be especially useful. Also, culturally appropriate interventions and treatment may be important because of the high percentages of ED visits made by non-Hispanic black patients that involved cocaine and visits made by Hispanic patients that involved heroin.

End Notes

- 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.
- Han, B., Gfroerer, J. C., Colliver, J. D., & Penne, M. A. (2009). Substance use disorder among older adults in the United States in 2002. *Addiction, 104*(1), 88-96.
- To learn more about DAWN and other studies, please go to <http://oas.samhsa.gov/>.

Suggested Citation

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Findings from SAMHSA's 2008 (08/2009 update) Drug Abuse Warning Network (DAWN)

Emergency Department Visits Involving Illicit Drug Use by Older Adults: 2008

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The Drug Abuse Warning Network (DAWN) is a public health surveillance system that monitors drug-related morbidity and mortality. DAWN uses a probability sample of hospitals to produce estimates of drug-related emergency department (ED) visits for the United States and selected metropolitan areas annually. DAWN also produces annual profiles of drug-related deaths reviewed by medical examiners or coroners in selected metropolitan areas and States.

Any ED visit related to recent drug use is included in DAWN. All types of drugs—licit and illicit—are covered. Alcohol is included for adults when it occurs with another drug. Alcohol always is reported for minors even if no other drug is present. DAWN's method of classifying drugs was derived from the Multum *Lexicon*, Copyright 2008, Multum Information Services, Inc. The Multum Licensing Agreement can be found in DAWN annual publications and at <http://www.multum.com/license.htm>.

DAWN is one of three major surveys conducted by the Substance Abuse and Mental Health Services Administration's Office of Applied Studies (SAMHSA/OAS). For more information on other OAS surveys, go to <http://oas.samhsa.gov>. SAMHSA has contracts with Westat (Rockville, MD) and RTI International (Research Triangle Park, NC) to operate the DAWN system and produce publications.

For publications and additional information about DAWN, go to <http://DAWNinfo.samhsa.gov/>.



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