Treatment Episode Data Set

The TEDS Report

August 20, 2009

Substance Abuse Treatment Admissions for Smoked Substances: 1992 to 2007

In Brief

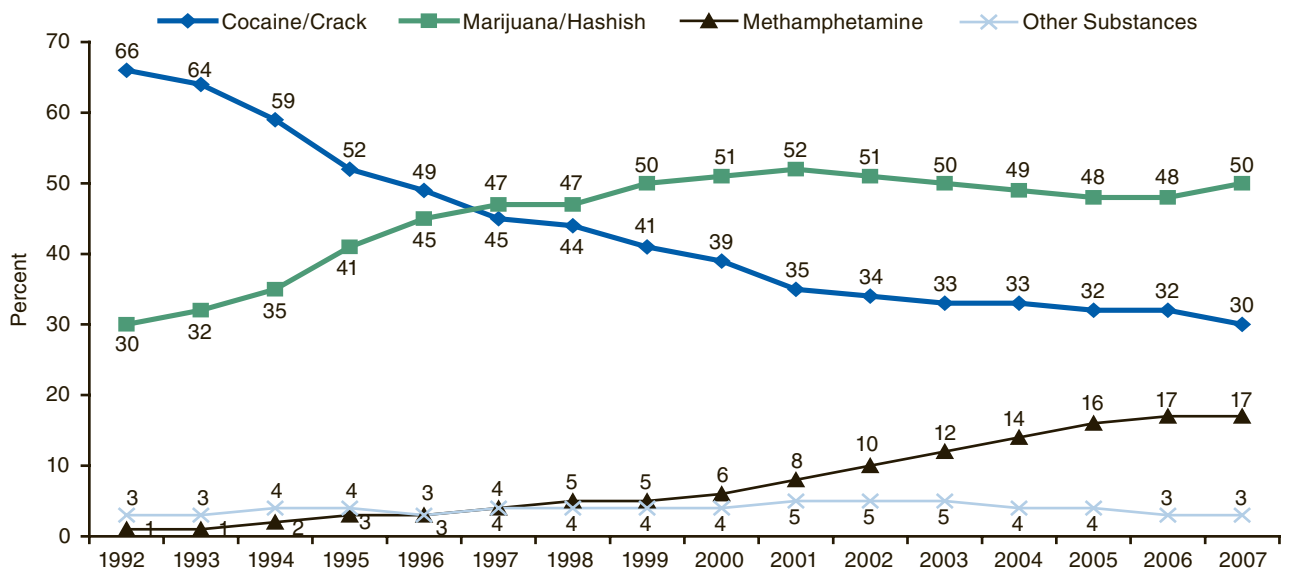
- In 1992, 66 percent of substance abuse treatment admissions for smoked substances were attributed to cocaine/crack use; by 2007, half (50 percent) were for smoked marijuana
- Over three quarters (76 percent) of female admissions for smoked substances in 1992 reported smoking cocaine/crack compared to 37 percent in 2007
- In 1992 more than half of admissions for smoked cocaine/crack were between 25 and 34 years of age; by 2007, 41 percent were between the ages of 35 and 44

Individuals using illicit drugs can often choose among several routes of administration, depending on the drug being used. Cocaine, for example, can be inhaled directly ("snorted"), smoked, or injected, and the effects and the duration of the high vary by the method of use selected. Each method, however, has an attendant set of potential health consequences, ranging from lung or heart damage to the risk of HIV and/or Hepatitis C infections.[1] It is important for treatment providers to understand the shifting patterns of use of smoked substances and to be cognizant of the possible health consequences in order to provide appropriate interventions.

The frequency of use of smoked substances among admissions to substance abuse treatment can be examined using the Treatment Episode Data Set (TEDS). Using TEDS, this report

The TEDS Report is published periodically by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (**SAMHSA**).

Figure 1. Trends in Smoked Substance Admissions: 1992-2007



Source: 1992 to 2007 SAMHSA Treatment Episode Data Set (TEDS).

examines changes in the drug use and demographic characteristics of substance abuse treatment admissions for smoked substances between 1992 and 2007.

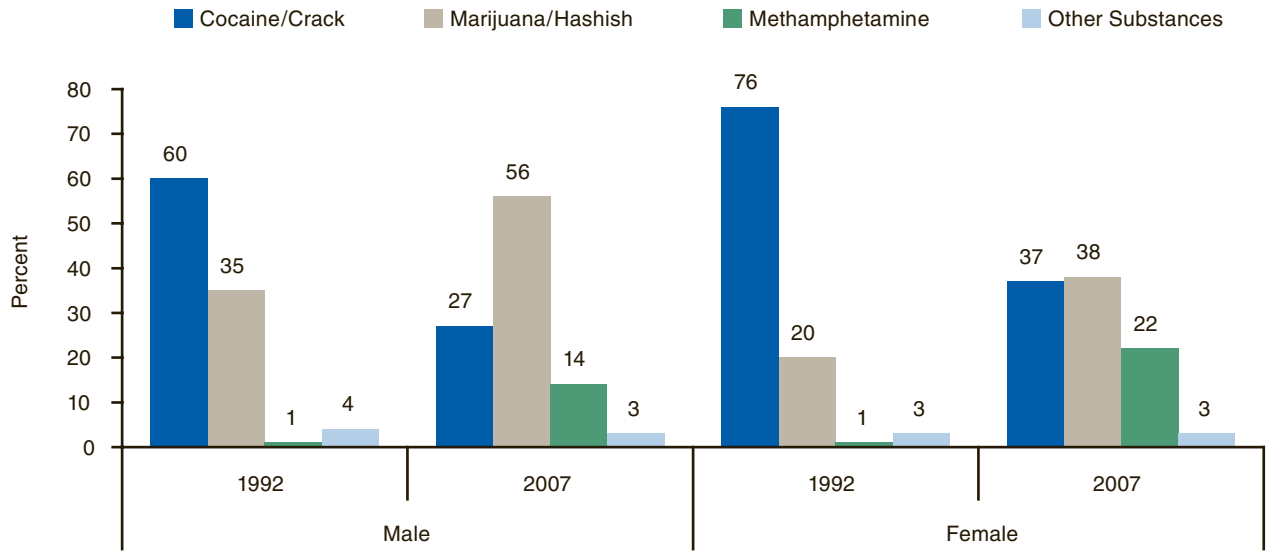
Primary Substance Smoked

In 1992, 20 percent of admissions reported that they smoked their primary substance of abuse, increasing to 32 percent in 2007. Among these admissions, cocaine/crack was the most commonly smoked substance in 1992 while marijuana was the most commonly smoked substance in 2007 (Figure 1). Cocaine/crack decreased from two thirds of smoked admissions in 1992 to less than one third in 2007 (66 vs. 30 percent). Among admissions for smoked substances, marijuana increased from less than one third in 1992 to one half in 2007 (30 vs. 50 percent). Between 1992 and 2007, methamphetamine increased from about 1 percent of admissions who smoked their primary drug to 17 percent of such admissions.

Gender

Among male admissions for smoked substances, admissions for cocaine/crack declined from 60 percent in 1992 to 27 percent in 2007 (Figure 2). There was a similar decline during this time—from 76 to 37 percent—among female admissions for smoked substances who reported cocaine/crack. However, from 1992 to 2007, the percentage of admissions for smoked substances who smoked marijuana or methamphetamine increased among both males (marijuana—35 to 56 percent; methamphetamine—1 to 14 percent) and females (marijuana—20 to 38 percent; methamphetamine—1 to 22 percent).

Figure 2. Percentage of Smoked Substance Admissions, by Gender: 1992 and 2007



Source: 1992 and 2007 SAMHSA Treatment Episode Data Set (TEDS).

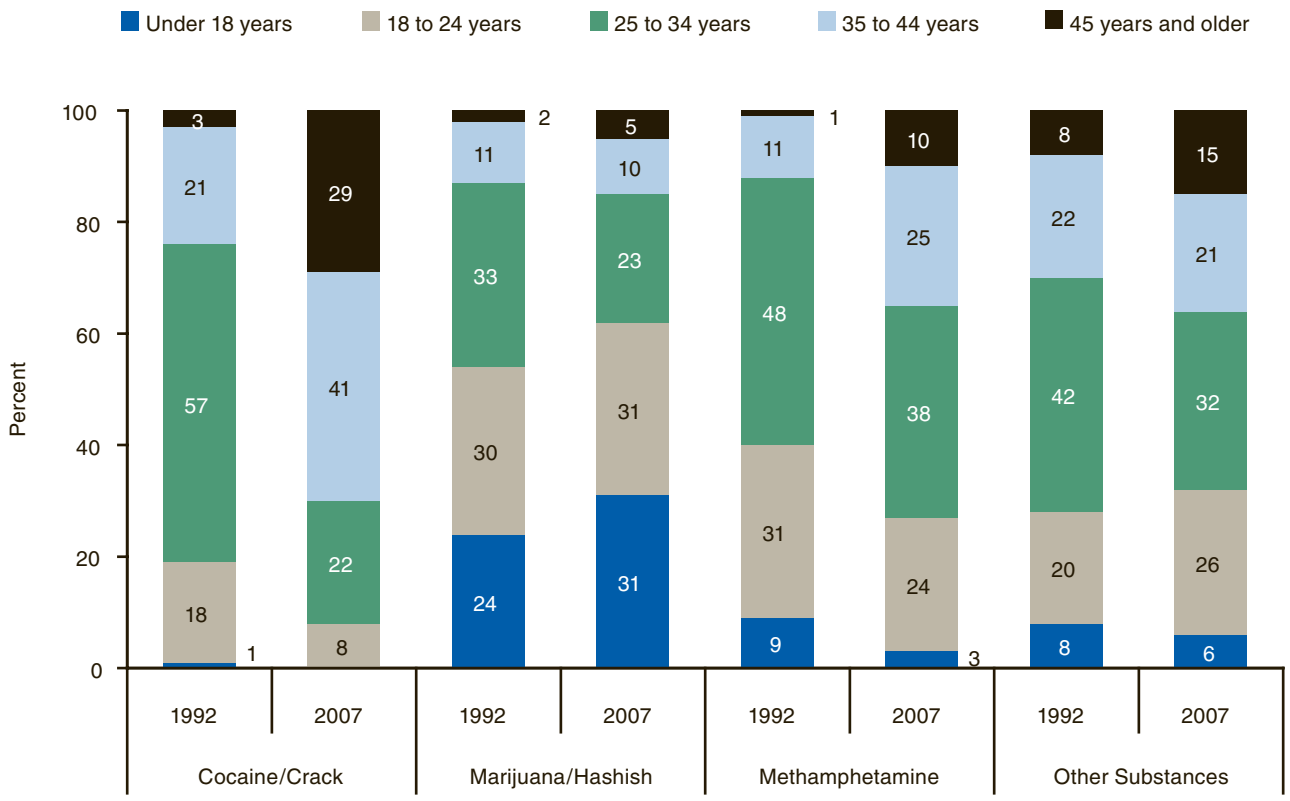
Age at Admission

The average age of admissions for smoked marijuana remained relatively stable across time (25 years in 1992 compared to 24 years in 2007). Similarly, the distribution of smoked marijuana admissions by age group remained relatively stable. Age group distribution among smoked cocaine/crack admissions, however, changed substantially in the years between 1992 and 2007 (Figure 3). In 1992, 57 percent of smoked cocaine/crack admissions were between the ages of 25 and 34; by 2007, 41 percent were between the ages of 35 and 44. Substantial decreases were observed in the percentage of smoked methamphetamine admissions in the three youngest age cohorts and substantial increases were observed in the two oldest age cohorts.

Racial/Ethnic Groups

The percentage of admissions for smoked substances in 1992 and 2007 differed by racial/ethnic group. Primary abuse of smoked cocaine/crack by non-Hispanic White admissions decreased from 42 percent in 1992 to 25 percent in 2007 (Table 1). Non-Hispanic Black admissions for smoked cocaine/crack also decreased during this time, from 87 to 49 percent. Non-Hispanic Black admissions for smoked marijuana increased substantially from 1992 (11 percent) to 2007 (47 percent). The percentage of admissions for smoked methamphetamine increased substantially from 1992 to 2007 among non-Hispanic Whites, Hispanics, Asians/Pacific Islanders, American Indians/Alaska Natives, and other racial/ethnic groups. Admissions for smoked substances in 2007 were more likely to be for marijuana than for cocaine/crack among non-Hispanic Whites (52 vs. 25 percent), Hispanics (52 vs. 16 percent),

Figure 3. Percentage of Smoked Substance Admissions, by Age Group: 1992 and 2007



Source: 1992 and 2007 SAMHSA Treatment Episode Data Set (TEDS).

Asians/Pacific Islanders (40 vs. 10 percent), American Indians/Alaska Natives (56 vs. 16 percent), and other racial/ethnic groups (48 vs. 17 percent).

Discussion

There is a common perception that smoking drugs is "safer" than other methods of drug use in that it limits the user's exposure to certain types of infections, such as HIV and Hepatitis C, which are more commonly associated with injection drug use. Nevertheless, the addictive effects of a smoked drug are similar to those of an injected drug, and both carry the risk of abuse and dependence. Similarly, there is a misconception that smoking a drug such as marijuana is less harmful than smoking tobacco, but research has shown that smoking marijuana not only can lead to addiction but the effects on the user's lungs and respiratory system are similar to those seen in tobacco smokers. Behavioral interventions have been shown to be effective for decreasing cocaine and marijuana use and preventing relapse. The findings in this short report highlight the continued importance of prevention and treatment efforts aimed at smoked substances.

Table 1. Percentage of Smoked Substance Admissions, by Racial/Ethnic Group: 1992 and 2007

Smoked Substance and Year	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian/Pacific Islander, non-Hispanic	American Indian/Alaska Native, non-Hispanic	Other
Cocaine/Crack						
1992	42	87	50	31	33	53
2007	25	49	16	10	16	17
Marijuana/Hashish						
1992	52	11	40	33	62	34
2007	52	47	52	40	56	48
Methamphetamine						
1992	1	<1	1	11	1	3
2007	20	2	29	46	25	31
Other Substances						
1992	5	2	9	25	4	10
2007	3	2	3	4	3	4

Source: 1992 and 2007 SAMHSA Treatment Episode Data Set (TEDS).

End Note

[1] National Institute on Drug Abuse. (2009). *NIDA InfoFacts: Cocaine.* Retrieved July 29, 2009, from http://www.nida.nih.gov/pdf/infofacts/Cocaine09.pdf

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The Treatment Episode Data Set (TEDS) is a compilation of data on the demographic characteristics and substance abuse problems of those 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. In 2007, TEDS received approximately 1.8 million treatment admission records from 45 States, the District of Columbia, and Puerto Rico.

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 Definition*s. 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 October 6, 2008.

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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