

The DASIS Report

September 26, 2003

Women in Treatment for Smoked Cocaine: 2000

In the mid-1980s, an easily smokeable cocaine compound known as “crack” was introduced. This form of smoked cocaine is a potent substance of abuse

characterized by ready availability, a non-invasive route of administration, and quickly effective absorption.¹ Data from the Treatment Episode Data Set (TEDS) indicate that in 2000, more than a decade after the introduction of crack cocaine, smoked cocaine was the primary substance of abuse for 14 percent of all adult women admitted to substance abuse treatment.² Smoking was the route of administration for 77 percent of all adult women entering treatment for primary use of cocaine.

TEDS is an annual 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. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once.

In Brief

- In 2000, the average age of adult female smoked cocaine admissions was 35
- Half of the adult female admissions for smoked cocaine in 2000 had been using it for more than 10 years
- While the late 1980s were the peak period for first use of smoked cocaine by adult female admissions, adult females continued to initiate use of smoked cocaine throughout the 1990s

Figure 1. All Adult Female Smoked Cocaine Admissions and First-Time Adult Female Smoked Cocaine Admissions: 1992-2000

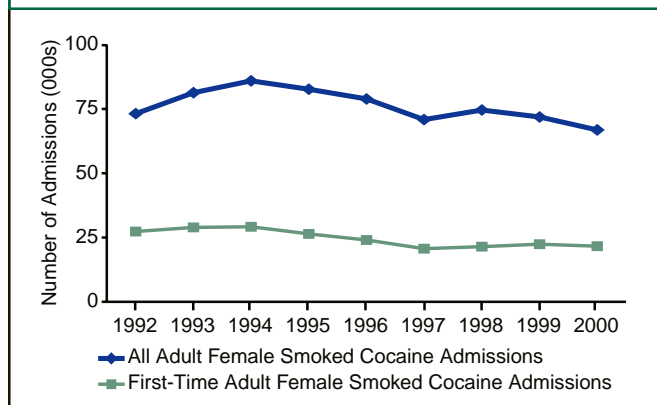
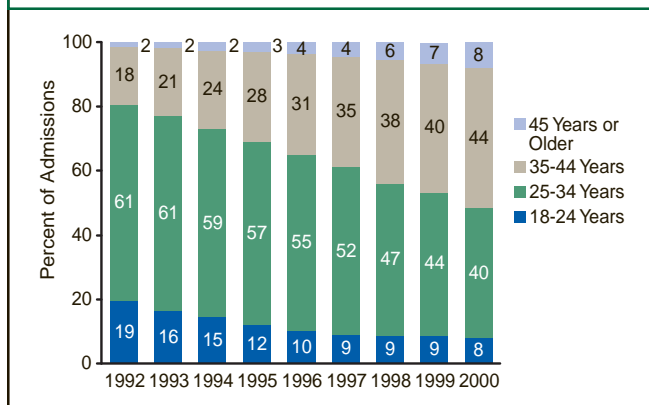


Figure 2. Adult Female Smoked Cocaine Admissions, by Age Group: 1992-2000



Source: 2000 SAMHSA Treatment Episode Data Set (TEDS).

Trends in Smoked Cocaine Admissions

The number of adult women (aged 18 or older) admitted to substance abuse treatment for primary use of smoked cocaine peaked in 1994 (Figure 1). Between 1994 and 2000, both the total number of such admissions and the number of first-time admissions declined.

Demographics

In 2000, the average adult woman entering treatment for primary use of smoked cocaine was 35 years old. The average length of smoked cocaine use was 12 years prior to admission. Adult women entering treatment for smoked cocaine abuse were disproportionately Black (58 percent, compared with 25 percent of all women entering treatment). About one-third (32 percent) of adult women enter-

ing treatment for smoked cocaine abuse were White, and 5 percent were Hispanic.

The proportion of women 35 years or older entering treatment for primary use of smoked cocaine more than doubled over time, from 20 percent in 1992 to 52 percent in 2000 (Figure 2).

Duration of Use and Prior Treatments

The proportion of adult female admissions engaged in long-term smoked cocaine abuse has increased over time (Figure 3). In 1992, 50 percent of adult female smoked cocaine admissions had been abusing smoked cocaine for more than 5 years at the time they entered treatment. By 2000, however, that proportion had increased to 75 percent. Similarly, in 1992, 20 percent of adult female smoked cocaine admissions had been abusing smoked cocaine for

more than 10 years, while by 2000, this figure had increased to 51 percent.

Almost two-thirds (64 percent) of adult women admitted to treatment for smoked cocaine in 2000 had been in treatment previously. The proportion of adult female smoked cocaine admissions with five or more prior treatments grew from 6 percent in 1992 to 11 percent in 2000.

Secondary Substances

The majority (81 percent) of adult women entering treatment for primary smoked cocaine in 2000 reported abuse of other substances as well. Almost half reported abuse of alcohol in addition to smoked cocaine, and 29 percent reported marijuana abuse. Abuse of smoked cocaine, alcohol, and marijuana was reported by one in 5 adult women admitted to

Figure 3. Adult Female Smoked Cocaine Admissions, by Duration of Use: 1992-2000

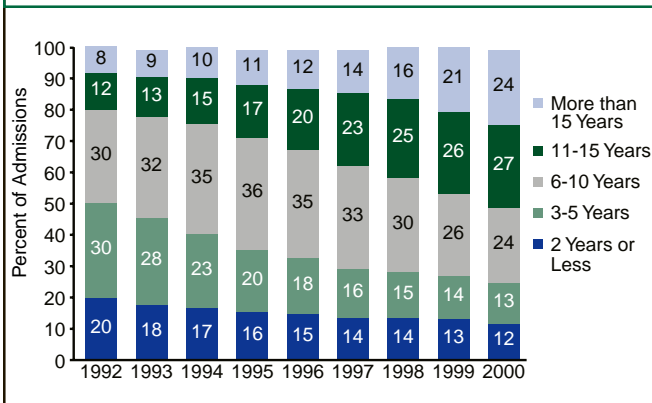
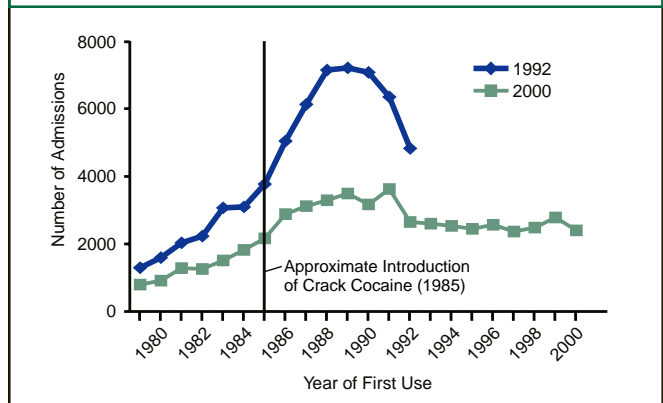


Figure 4. Adult Female Smoked Cocaine Admissions, by Year of First Use as Reported in 1992 and 2000: 1978-2000



treatment for primary smoked cocaine. Some 24 percent reported problems with other secondary substances or substance combinations.

treatment for smoked cocaine in 1992, the numbers beginning smoked cocaine use after 1985 rose rapidly (Figure 4). Data for women admitted to treatment for smoked cocaine in 2000

indicate that, despite the decline since 1994 in the total number of women admitted to treatment for smoked cocaine, new users continued to be initiated through the 1990s.

Initiation

TEDS data permit calculation of the year of initiation (i.e., the year smoked cocaine was first used) for women entering treatment for smoked cocaine. “Crack” cocaine was introduced in the mid-1980s; among adult women who entered

End Notes

¹ “Crack” is the street name given to cocaine that has been processed to form a non-volatile form of cocaine that can be smoked. Smoking allows extremely high doses of cocaine to reach the brain very quickly and brings an intense and immediate high. See National Institute on Drug Abuse, *InfoFacts - Crack and Cocaine*. Retrieved August 28, 2003, from <http://www.nida.nih.gov/Infofax/cocaine.html>

² TEDS does not distinguish among users of different types of smoked cocaine. This short report is an update to Substance Abuse and Mental Health Services Administration (2001, July 13). *The DASIS Report. Women in Treatment for Smoked Cocaine*. Rockville, MD: Author.

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. Approximately 1.6 million records are included in TEDS each year. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once.

The DASIS Report is prepared by the Office of Applied Studies, SAMHSA; Synectics for Management Decisions, Inc., Arlington, Virginia; and RTI, Research Triangle Park, North Carolina.

Information and data for this issue are based on data reported to TEDS through April 1, 2002.

Access the latest TEDS reports at: <http://www.samhsa.gov/oas/dasis.htm>
 Access the latest TEDS public use files at: <http://www.samhsa.gov/oas/SAMHDA.htm>
 Other substance abuse reports are available at: <http://www.DrugAbuseStatistics.samhsa.gov>



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