

The DASIS Report

February 25, 2005

Smoked Cocaine vs. Non-Smoked Cocaine Admissions: 2002

In Brief

- In 2002, 73 percent of primary cocaine admissions reported smoking cocaine and 27 percent reported other routes of administration
- Smoked cocaine admissions were more likely to report daily use compared to non-smoked cocaine admissions (42 vs. 29 percent)
- The average age at admission was 37 for smoked cocaine admissions and 34 for non-smoked cocaine admissions

This report presents data from the 2002 Treatment Episode Data Set (TEDS) on admissions where cocaine was the primary substance of abuse reported.¹ It compares smoked cocaine (primarily crack or rock cocaine) admissions with non-smoked cocaine (primarily powdered cocaine) admissions. Non-smoked cocaine is usually inhaled, injected, or taken orally.

In 2002, 13 percent of the 1.9 million admissions to TEDS reported primary cocaine abuse. Of these admissions, 73 percent reported smoking as the usual route of administration and 27 percent reported other routes. Among the non-smoked cocaine admissions, 72 percent reported inhalation as the usual route of administration, 14 percent reported injection, 10 percent reported taking cocaine orally, and the remaining 4 percent reported other routes.

Figure 1. Smoked and Non-Smoked Cocaine Admissions, by Frequency of Use: 2002

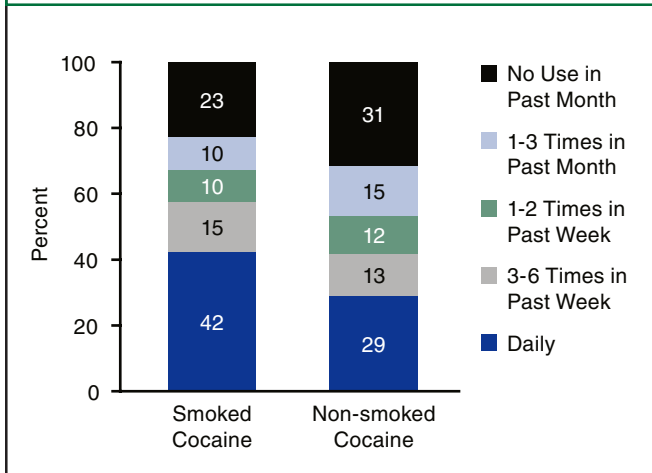
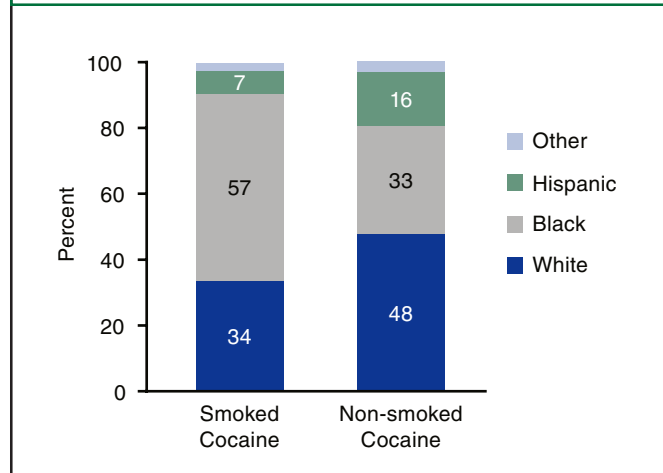


Figure 2. Smoked and Non-Smoked Cocaine Admissions, by Race/Ethnicity: 2002



Source: 2002 SAMHSA Treatment Episode Data Set (TEDS).

Secondary Substances of Abuse

Thirty percent of smoked cocaine admissions and 27 percent of non-smoked cocaine admissions reported no secondary substance of abuse. Of the cocaine admissions that reported a secondary substance, alcohol and marijuana were the most frequently reported.² Alcohol was reported as the secondary substance of abuse by 44 percent of smoked cocaine admissions and 39 percent of non-smoked cocaine admissions. Marijuana was reported by 18 percent of smoked cocaine admissions and 21 percent of non-smoked cocaine admissions.

Frequency of Use

Smoked cocaine admissions were more likely to report daily use prior to admission compared to non-smoked cocaine admissions (42 vs. 29 percent) (Figure 1). Smoked cocaine admissions were less likely than non-smoked cocaine admissions to report no use in the past month (23 vs. 31

percent).³ Both smoked and non-smoked cocaine admissions had similar proportions (25 percent) reporting use of cocaine one to six times in the past week.

Sex

Forty-one percent of smoked cocaine admissions were female compared with 33 percent of non-smoked cocaine admissions.

Race/Ethnicity

Among smoked cocaine admissions, 57 percent were Black, 34 percent were White, and 7 percent were Hispanic (Figure 2). Among non-smoked cocaine admissions, nearly half (48 percent) were White, 33 percent were Black, and 16 percent were Hispanic.

Age

Smoked cocaine admissions were generally older than non-smoked cocaine admissions. Sixty-three percent of smoked cocaine

admissions were aged 35 or older compared with 51 percent of non-smoked cocaine admissions (Figure 3). The average age at admission for smoked cocaine admissions was 37 years, whereas the average age at admission for non-smoked cocaine admissions was 34 years. The average age of first use was slightly older for smoked cocaine admissions (24 years) than non-smoked cocaine admissions (21 years).

Employment

Smoked cocaine admissions were less likely to be employed (either part or full time) than non-smoked cocaine admissions (18 vs. 30 percent).⁴

Source of Referral

Smoked cocaine admissions were more likely to be self- or individually referred to treatment (41 percent) compared with non-smoked cocaine admissions (34 percent) (Figure 4). Smoked cocaine admissions were less likely than non-smoked cocaine

Figure 3. Smoked and Non-Smoked Cocaine Admissions, by Age at Admission: 2002

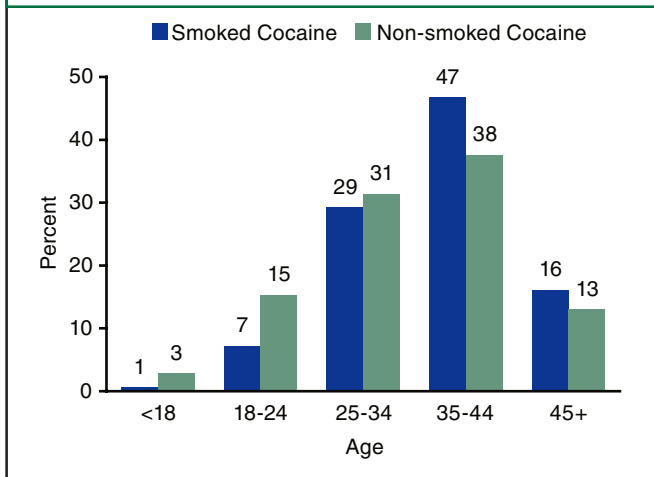
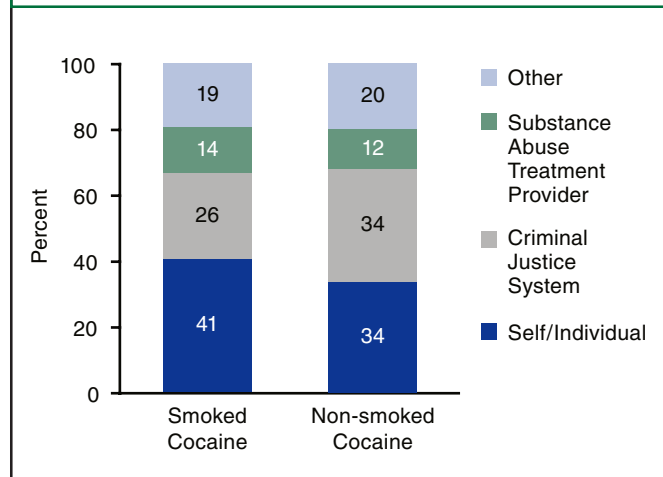


Figure 4. Smoked and Non-Smoked Cocaine Admissions, by Source of Referral: 2002



admissions to be referred by the criminal justice system (26 vs. 34 percent).

Service Setting

Smoked cocaine admissions were less likely than non-smoked cocaine admissions to be in an ambulatory service setting (50 vs. 60 percent), and they were slightly more likely to be in residential/rehabilitative (29 vs. 26 percent) or detoxification (21 vs. 14 percent) settings.⁵

End Notes

- ¹ The *primary substance of abuse* is the main substance reported at the time of admission.
- ² *Secondary substances* are other substances of abuse also reported at the time of admission.
- ³ Forty-six percent of smoked cocaine admissions who reported no use in the past month and 55 percent of non-smoked cocaine admissions who reported no use in the past month were referred by the criminal justice system.
- ⁴ *Unemployed* includes those seeking work as well as those considered to be not in the labor force (i.e., retired, student, etc.). Analysis of *employment status* included admissions aged 19 to 64.
- ⁵ *Service settings* are of three types: ambulatory, residential/rehabilitative, and detoxification. Ambulatory settings include intensive outpatient, non-intensive outpatient, and ambulatory detoxification. Residential/rehabilitative settings include hospital (other than detoxification), short-term (30 days or fewer), and long-term (more than 30 days). Detoxification includes 24-hour hospital inpatient and 24-hour free-standing residential.

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 1.9 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 March 1, 2004.

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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