

The DASIS Report

July 13, 2001

Women in Treatment for Smoked Cocaine

In Brief

- The age of women entering treatment for smoked cocaine abuse has increased; by 1998, nearly half were 35 or older
- The proportion of women with long-term use of smoked cocaine has grown
- Women continue to be introduced to smoked cocaine

Cocaine abuse began to increase in the late 1970s.¹ While some people smoked cocaine, the process (known as *free-basing*) was fairly complicated and involved dangerous volatile chemicals. In the mid-1980s, *crack* or *rock* cocaine, a smokeable cocaine compound, was introduced. Crack is an inexpensive, highly addictive form of cocaine that has proved especially attractive to women. Its popularity has been attributed to its rapid onset and potency, its low price and ready availability, and its non-invasive route of administration. Crack smoking has been associated with increased risk of heterosexual HIV transmission, probably because of the exchange of sex for crack or money.² Traditional treatment methods, designed primarily for male heroin and alcohol abusers, were less successful in treating women for crack addiction.³

A decade after its introduction, crack cocaine is still a major drug. Admissions to publicly-funded substance abuse treatment, as reported to the Treatment Episode Data Set (TEDS), indicate that, while the population of women seeking treatment for smoked cocaine is growing older, women continue to be introduced to the drug.

Figure 1. Female Treatment Admissions for Smoked Cocaine: 1992-1998

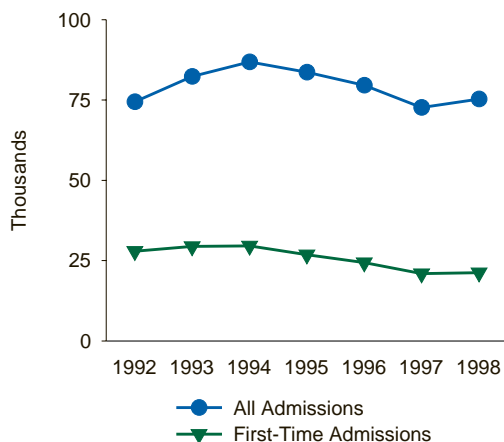
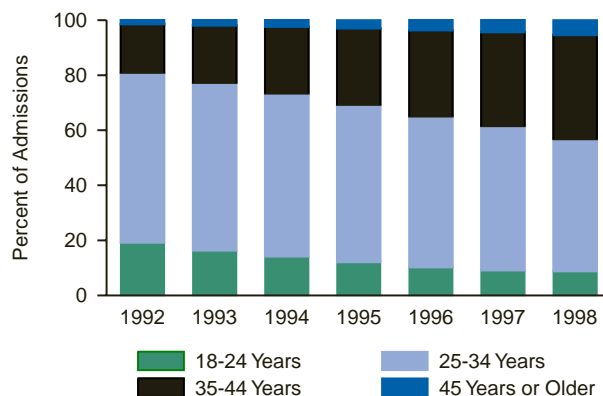


Figure 2. Female Treatment Admissions for Smoked Cocaine, by Age: 1992-1998



Source: 1998 SAMHSA Treatment Episode Data Set (TEDS).

Trends in Crack Cocaine Admissions

The number of admissions for adult women (aged 18 or older) to substance abuse treatment for smoked cocaine use peaked in 1994 (Figure 1). Since then, both the number of such admissions and the number of women entering substance abuse treatment for the first time have declined slightly. The majority of women (69 percent) have had at least one other treatment episode.

Demographics

In 1998, the average adult woman entering treatment for crack cocaine was 34 years old and had first used crack when she was 24. Adult women entering treatment for crack cocaine abuse were disproportionately black, 61 percent compared to 26 percent of all women entering treatment.

About one-third were white, and five percent were Hispanic.

The proportion of women 35 years and older entering treatment has increased significantly over time—from 19 percent in 1992 to 43 percent in 1998 (Figure 2).

Duration of Use

The proportion of women with long-term use of smoked cocaine has increased as the crack epidemic has extended over time (Figure 3). In 1992, half (50 percent) of adult women had been smoking cocaine for more than five years. By 1998, however, 42 percent had been using for 11 years or more.

Secondary Drugs

Seventy percent of adult women entering treatment for smoked cocaine in 1998 reported other

drug problems (Figure 4). Alcohol and marijuana were the most widely used, with 21 percent of women reporting problems with both. An additional 29 percent reported abuse of alcohol and no other drugs; 9 percent reported abuse of marijuana and no other drugs; and 11 percent reported problems with other drugs or drug combinations.

Continuing Initiation

Women have continued to be introduced to smoked cocaine through the 1990s (Figure 5). Among women entering treatment in 1992, the introduction of the readily available crack cocaine is evident in the large numbers of women who began to use smoked cocaine after 1985. Women entering treatment in 1998 show the same peak in first use of smoked cocaine, indicating long-term use

Figure 3. Female Treatment Admissions for Smoked Cocaine, by Duration of Use: 1992-1998

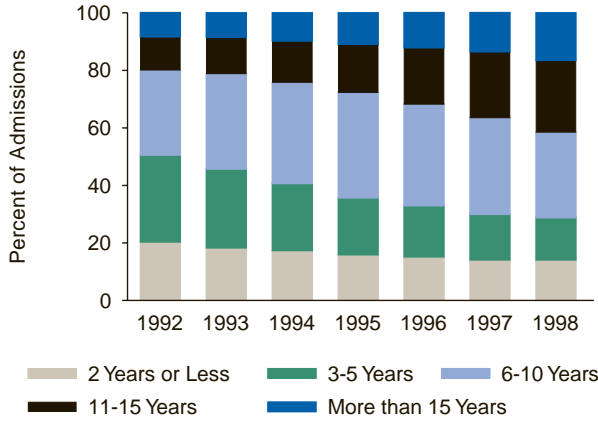
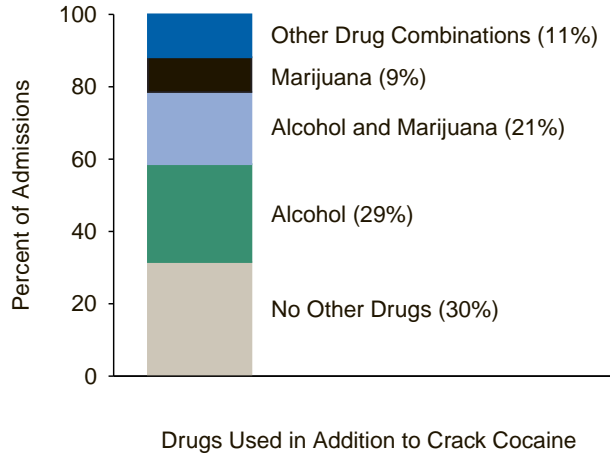


Figure 4. Other Drugs Used by Female Treatment Admissions for Smoked Cocaine: 1998



of the drug. However, the data show that, after the peak period of initiation, women have continued to initiate use of smoked cocaine, and to enter treatment for it, in relatively large numbers.

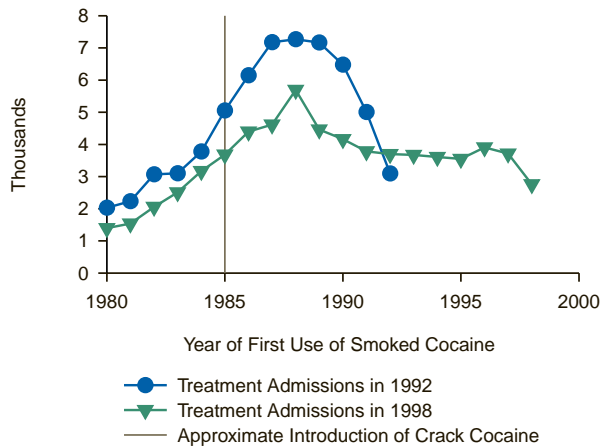
End Notes

¹National Institute on Drug Abuse. (1982). *Annual data 1981. Data from the Client Oriented Data Acquisition Process (CODAP)*. Statistical Series E, Number 25 (DHHS Publication No. ADM 82-1223). Washington, DC: USGPO.

²Chiasson, M.A., Stoneburner, R.L., et al. (1991). Heterosexual transmission of HIV-1 associated with the use of smokable freebase cocaine (crack), *AIDS*, 5, 1121-6.

³General Accounting Office. (1991). *The crack cocaine epidemic: Health consequences and treatment* (Publication No. HRD-91-55FS). Washington, DC: USGPO.

Figure 5. Female Treatment Admissions for Smoked Cocaine, by Year of First Use: 1992 and 1998



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), a national-level dataset comprising State administrative data from treatment facilities receiving public funds. The TEDS system includes records for some 1.6 million substance abuse treatment admissions annually. 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 16, 2001.

Access the latest TEDS reports at:
www.DrugAbuseStatistics.SAMHSA.gov

Access the latest TEDS public use files at:
www.icpsr.umich.edu/SAMHDA/teds.html