

# The NSDUH Report

August 12, 2005

## Cocaine Use: 2002 and 2003

### In Brief

- In 2002 and 2003, more than 5.9 million (2.5 percent) persons aged 12 years or older used cocaine in the past year
- Cocaine use rates ranged from 1.6 percent in Idaho to 3.9 percent in Colorado
- Males were more than twice as likely as females to have used cocaine in the past year and to have met the criteria for abuse of or dependence on cocaine in the past year

Cocaine, including crack cocaine, was responsible for 12.8 percent of admissions to substance abuse treatment services in 2002.<sup>1</sup> The National Survey on Drug Use and Health (NSDUH) asks persons aged 12 or older to report their use of illicit drugs, including cocaine. NSDUH defines *cocaine use* as use of cocaine in any form, including crack cocaine. NSDUH also asks a separate question about the use of crack cocaine. This report examines past year cocaine and crack cocaine use among persons aged 12 or older, as well as cocaine abuse or dependence. NSDUH defines dependence on or abuse of illicit drugs or alcohol using criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*,<sup>2</sup> including symptoms such as withdrawal, tolerance, use in dangerous situations, trouble with the law, and interference in major obligations at work, school, or home during the past year. All findings presented in this report are annual averages based on combined 2002 and 2003 NSDUH data.<sup>3</sup>

### Cocaine Use

In 2002 and 2003, 5.9 million (2.5 percent) persons aged 12 or older used cocaine in the past year, and more than 2.1 million (0.9 percent) persons used cocaine in the past month. Persons aged 18 to 25 (6.7 percent) had a higher rate of past year cocaine use than

persons aged 26 or older (1.9 percent) and youths aged 12 to 17 (1.9 percent) (Figure 1). Males (3.4 percent) were more than twice as likely as females (1.6 percent) to have used cocaine in the past year. Asians had the lowest rate of past year cocaine use (0.7 percent) compared with other racial/ethnic groups (Figure 2).<sup>4</sup>

### State Estimates of Cocaine Use

Figure 3 presents State-level estimates of the rate of cocaine use in the past year.<sup>5</sup> States with the highest rates fall into the top quintile (fifth) and are shown in red; States with the lowest rates are in the bottom quintile and are shown in dark blue. Cocaine use rates ranged from 1.6 percent in Idaho to 3.9 percent in Colorado.<sup>6</sup>

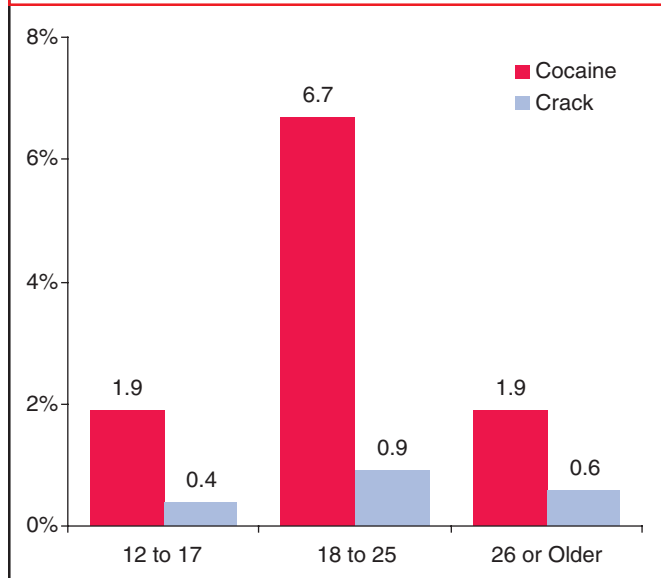
### Crack Cocaine

An estimated 1.5 million (0.6 percent) persons aged 12 or older used crack cocaine in the past year, and 586,000 (0.2 percent) persons used crack cocaine in the past month. Persons aged 18 to 25 (0.9 percent) had the highest rate of past year crack use, followed by persons aged 26 or older (0.6 percent) and youths aged 12 to 17 (0.4 percent) (Figure 1). Males (0.9 percent) were more than twice as likely as females (0.4 percent) to have used crack cocaine in the past year. Asians had the lowest rate of past year crack cocaine use (0.1 percent) compared with other racial/ethnic groups. Blacks (1.6 percent), American Indians or Alaska Natives (1.3 percent), Native Hawaiians or Other Pacific Islanders (1.2 percent), and persons who identified themselves with two or more non-Hispanic races (1.5 percent) had higher rates of past year crack cocaine use than whites (0.5 percent) and Hispanics or Latinos (0.5 percent).

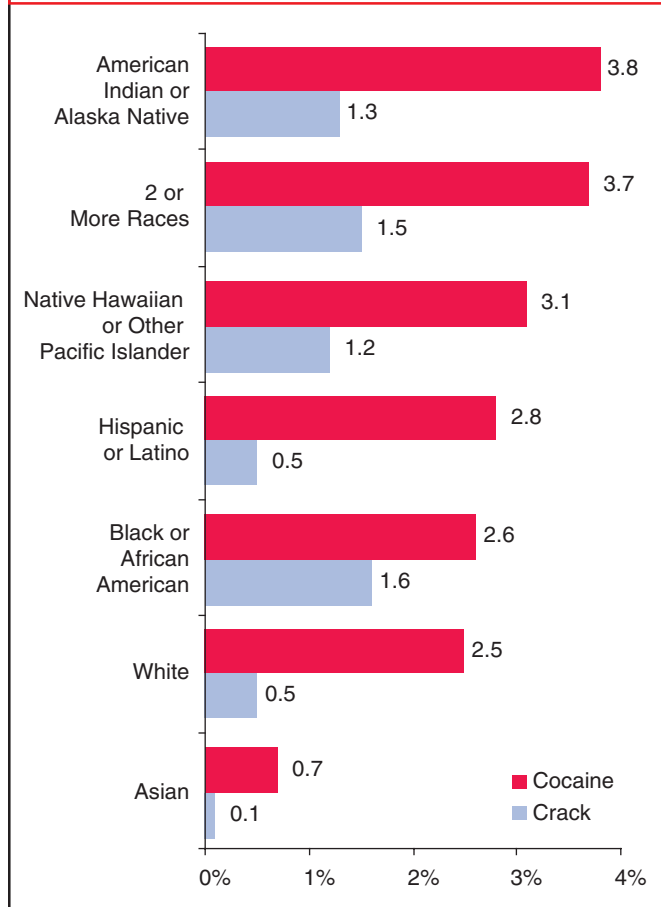
### Cocaine Abuse or Dependence

In 2002 and 2003, more than 1.5 million (0.6 percent) persons aged 12 or older met the criteria for abuse of or dependence on cocaine in the past year. Persons aged 18 to 25 (1.2 percent) had the highest rate of past year cocaine abuse or dependence, followed by persons aged 26 or older (0.6 percent) and youths aged 12 to 17 (0.4 percent). Males (0.9 percent) were more than twice as likely as females (0.4 percent) to have met the criteria for cocaine abuse or dependence. Blacks (1.1 percent) and Hispanics (0.9 percent) had

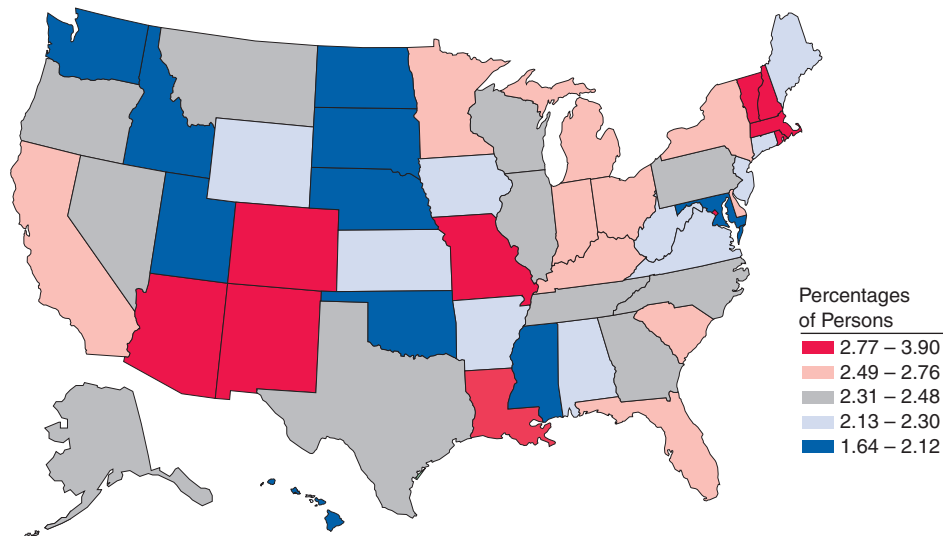
**Figure 1. Percentages of Past Year Cocaine\* and Crack Use among Persons Aged 12 or Older, by Age Group: 2002 and 2003**



**Figure 2. Percentages of Past Year Cocaine\* and Crack Use among Persons Aged 12 or Older, by Race/Ethnicity: 2002 and 2003**



**Figure 3. Percentages of Persons Aged 12 or Older Reporting Past Year Cocaine Use, by State: 2002-2003**



higher rates of cocaine abuse or dependence than whites (0.5 percent), and the rate for Asians (0.1 percent) was lower than that for blacks, Hispanics, whites, American Indians or Alaskan Natives (1.2 percent), and non-Hispanic persons who identified themselves with two or more races (0.9 percent).

**End Notes**

1. Office of Applied Studies. (2004). *Treatment Episode Data Set (TEDS) highlights - 2002. National admissions to substance abuse treatment services* (DHHS Publication No. SMA 04-3946, Drug and Alcohol Services Information System Series S-22). Retrieved June 28, 2005, from <http://www.oas.samhsa.gov/dasis.htm#teds2>

2. American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed.). Washington, DC: Author.
3. National estimates for persons aged 12 or older who used cocaine in their lifetime and during the past year were similar for 2002 and 2003. The 2002 and 2003 NSDUH data were combined to increase the sample size.
4. Race/ethnicity categories are determined by combining the responses from separate race and ethnicity questions. For this report, respondents identifying themselves as Hispanic were assigned to the Hispanic group regardless of their racial identification. Respondents identifying themselves as non-Hispanic were grouped according to their racial identification. Thus, "white" refers to those identifying themselves as non-Hispanic and white.
5. State estimates presented in this report are based on data collected in 2002 and 2003 and were developed using a small area estimation (SAE) procedure in which State-level NSDUH data were combined with local-area county and census block group/tract-level data from the States. For a more complete description, see

the following publication: Wright, D., & Sathe, N. (2005). *State estimates of substance use from the 2002-2003 National Surveys on Drug Use and Health* (DHHS Publication No. SMA 05-3989, NSDUH Series H-26). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. [Available at <http://www.oas.samhsa.gov/states.htm>]

6. Associated with each State estimate is a 95 percent prediction interval (PI). These intervals indicate the precision of the estimate. The 95 percent PI for Colorado is from 3.04 to 4.99 percent; the 95 percent PI for Idaho is from 1.22 to 2.21 percent.

**Figure Notes**

\* NSDUH defines *cocaine use* as use of cocaine in any form, including crack cocaine. NSDUH also asks a separate question about the use of crack cocaine.

Source: SAMHSA, 2002 and 2003 NSDUH.

The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). Prior to 2002, this survey was called the National Household Survey on Drug Abuse (NHSDA). The 2002 data are based on information obtained from 68,126 persons aged 12 or older, and the 2003 data are based on information obtained from 67,784 persons aged 12 or older. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The NSDUH Report is prepared by the Office of Applied Studies (OAS), SAMHSA, 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 the following publication and statistics:

Office of Applied Studies. (2004). *Results from the 2003 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 04-3964, NSDUH Series H-25). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online: <http://www.oas.samhsa.gov>

Because of improvements and modifications to the 2002 NSDUH, estimates from the 2002 and 2003 surveys should not be compared with estimates from the 2001 or earlier versions of the survey to examine changes over time.

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