

The DASIS Report

September 13, 2007

Cocaine Route of Administration Trends: 1995-2005

Cocaine, one of the oldest known drugs, is a powerfully addictive stimulant,¹ which has been inhaled, smoked, injected, and ingested

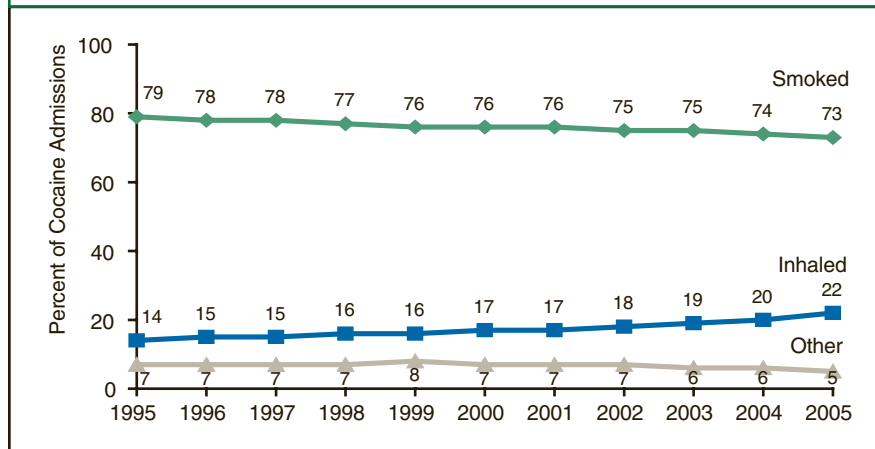
orally. The predominant route of administration (method of use) has changed over time. For much of the 20th century, inhaling (or “snorting”) cocaine in its powder form was the most common route of administration.² However, in the early 1980s, a potent, smokeable form of cocaine known as “crack” was developed.³ Since smoking crack cocaine was less expensive and also provided a more immediate and intense effect than inhaling powder cocaine,⁴ crack rapidly became the most commonly used form of the drug in the United States.⁵

Trends in admissions to substance abuse treatment for cocaine abuse—including admissions by route of administration⁶—can be monitored with the Treatment Episode Data Set (TEDS). TEDS is an annual compilation of data on the demographic characteristics and substance abuse problems of those admitted to substance abuse

In Brief

- The proportion of primary cocaine admissions who smoked the drug declined from 79 percent in 1995 to 73 percent in 2005
- In 1995, 63 percent of primary smoked cocaine admissions were younger than 35; by 2005, only 32 percent of primary smoked cocaine admissions were in this age group
- The proportion of both inhaled and smoked cocaine admissions who were employed full time decreased between 1995 and 2005

Figure 1. Primary Cocaine Admissions, by Route of Administration: 1995-2005



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

treatment, primarily at facilities that receive some public funding.⁷ TEDS records represent admissions rather than individuals, as a person may be admitted to substance abuse treatment more than once during a single year. This report examines admissions to substance abuse treatment in which cocaine was the primary substance of abuse.⁸ Specifically, this report compares trends in admissions to substance abuse treatment for two routes of cocaine administration, smoked and inhaled, between 1995 and 2005.

Cocaine Treatment Admissions

Admissions to substance abuse treatment in which cocaine was the primary substance of abuse decreased from 1995 to 2005. The number of admissions decreased from 278,400 in 1995 (17 percent of all admissions) to 256,500 in 2005 (14 percent of all admissions). Among admissions to substance abuse treatment in which cocaine was the primary substance of abuse, smoking was the most frequent route of administration of

the drug in each year from 1995 to 2005. The proportion of primary cocaine admissions who smoked the drug, however, declined during this period from 79 percent of admissions for primary cocaine abuse in 1995 to 73 percent in 2005 (Figure 1).

Inhalation was consistently the second most frequent route of administration for cocaine from 1995 to 2005. In contrast to smoking, the proportion of primary cocaine admissions who inhaled the drug has increased since 1995, from 14 percent of admissions for primary cocaine abuse in 1995 to 22 percent in 2005.

Age at Admission and Duration of Use

The age at admission to substance abuse treatment for primary use of smoked cocaine increased between 1995 and 2005. In 1995, 63 percent of these admissions were younger than 35; by 2005, only 32 percent of these admissions were in this age group (Figure 2). Admissions in the older age groups increased correspondingly:

the proportion of admissions for primary use of smoked cocaine aged 35 to 49 increased from 35 percent in 1995 to 59 percent in 2005; the proportion of admissions for primary use of smoked cocaine aged 50 or older increased from 2 percent in 1995 to 9 percent in 2005.

In general, trends in the age at admission to substance abuse treatment for primary use of inhaled cocaine were similar to those for smoked cocaine admissions. One exception, however, was that the proportion of admissions for primary use of inhaled cocaine aged 18 to 25 years old increased from 1995 to 2005 (19 to 23 percent).

In addition to the general shifts in the proportion of admissions from younger to older age groups, there were also increases in the percentage of admissions who reported using cocaine for more than 10 years. The proportion of smoked cocaine admissions using the drug for more than 10 years increased from 32 percent in 1995 to 63 percent in 2005; the proportion of inhaled cocaine admissions using the drug for more than 10 years increased from 41 percent in 1995 to 49 percent in 2005.

Race/Ethnicity

Among both smoked and inhaled cocaine admissions, there was an increase in the proportion of admissions who were White and a decrease in the proportion who were Black between 1995 and 2005 (Figure 3). However, there was little or no change in the proportion of admissions who were Hispanic for either smoked or inhaled cocaine admissions.

In both 1995 and 2005, the proportion of admissions for primary use of smoked cocaine who were Black was substantially higher than the proportion of admissions who were White. A converse relationship was found for admissions for primary use of inhaled cocaine.

Employment

Among admissions to substance abuse treatment for primary use of smoked cocaine, the proportion of admissions who were employed full time⁹ decreased between 1995 and 2005 (16 vs. 12 percent); this decrease was matched by a corresponding increase in the proportion of admissions “not in the labor force” from 41 percent to 45 percent (Figure 4). The proportion of admissions who were employed part time and who were unemployed remained stable.

Trends in employment status were somewhat different, however, between smoked and inhaled cocaine admissions. Similar to smoked cocaine admissions, the proportion of inhaled cocaine admissions who were employed full time decreased between 1995 and 2005 (31 vs. 25 percent); however, for inhaled cocaine admissions, this decrease was matched by a corresponding increase in the proportion of admissions who were unemployed (26 vs. 32 percent).

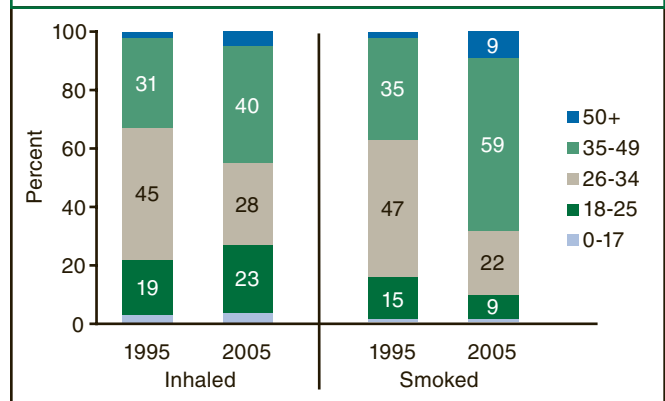
End Notes

- ¹ National Institute on Drug Abuse (2005, February 5). *Research Report Series - Cocaine Abuse and Addiction*. Retrieved July 26, 2007, from <http://www.nida.nih.gov/ResearchReports/Cocaine/cocaine2.html>
- ² Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2006). *Results from the 2005 National Survey on Drug Use and Health: National findings* (NSDUH Series H-30, DHHS Publication No. SMA 06-4194). Rockville, MD, tables G.3, G.28.
- ³ Alcohol, Drug Abuse, and Mental Health Administration. (1977). *Cocaine: 1977* (DHEW Publication No. ADM 77-471). Washington, DC: U.S. Government Printing Office.
- ⁴ National Institute on Drug Abuse, op. cit.
- ⁵ Hamid, A. (1992). The developmental cycle of a drug epidemic: The cocaine smoking epidemic of 1981-1991. *Journal of Psychoactive Drugs*, 24(4), 337-48.
- ⁶ The *route of administration* is the method by which the substance of abuse is taken. The categories are oral, smoking, inhalation, injection (IV or intramuscular), and other.
- ⁷ In 2005, TEDS collected data on 1.8 million admissions to substance abuse treatment facilities. Four States and jurisdictions (AK, DC, NM, and WY) did not submit data for 2005.
- ⁸ The *primary substance of abuse* is the main substance reported at the time of admission.
- ⁹ Analysis of *employment status* includes admissions aged 16 or older.

Suggested Citation

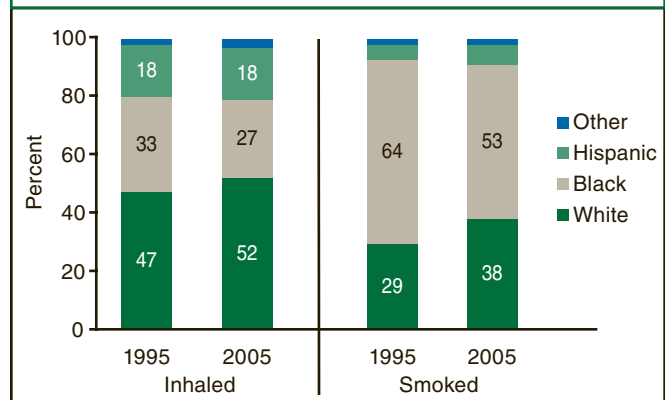
Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (September 13, 2007). *The DASIS Report: Cocaine Route of Administration Trends: 1995-2005*. Rockville, MD.

Figure 2. Primary Cocaine Admissions, by Age at Admission and Route of Administration: 1995 and 2005



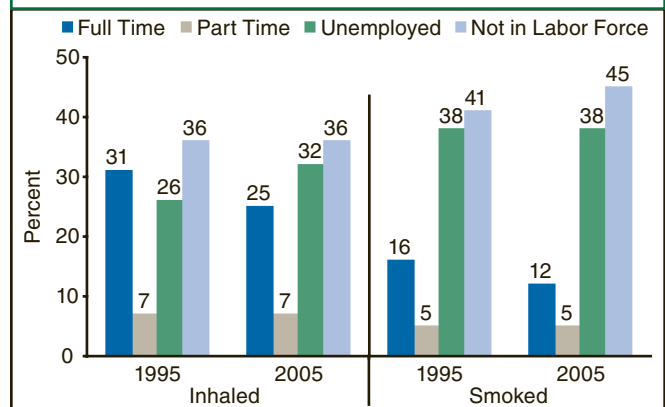
Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

Figure 3. Primary Cocaine Admissions, by Race/Ethnicity and Route of Administration: 1995 and 2005



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

Figure 4. Primary Cocaine Admissions (Aged 16 or Older), by Employment Status and Route of Administration: 1995 and 2005



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

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Research Findings from SAMHSA's 2005 Drug and Alcohol Services Information System (DASIS)

Cocaine Route of Administration Trends: 1995-2005

- The proportion of primary cocaine admissions who smoked the drug declined from 79 percent in 1995 to 73 percent in 2005
- In 1995, 63 percent of primary smoked cocaine admissions were younger than 35; by 2005, only 32 percent of primary smoked cocaine admissions were in this age group
- The proportion of both inhaled and smoked cocaine admissions who were employed full time decreased between 1995 and 2005

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 1.8 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 February 1, 2006.

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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