

# Women & Cocaine

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### The problem

Cocaine abuse began to increase in the late 1970's. While some people smoked cocaine, the process known as free-basing was fairly complicated and involved dangerous volatile chemicals. In the mid-1980's, *crack* or *rock* cocaine, a smokeable cocaine compound, was introduced.

Crack is an inexpensive, highly addictive form of cocaine that has proved to be 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. Traditional treatment methods, designed primarily for male heroin and alcohol abusers, were less successful in treating women for crack addiction.

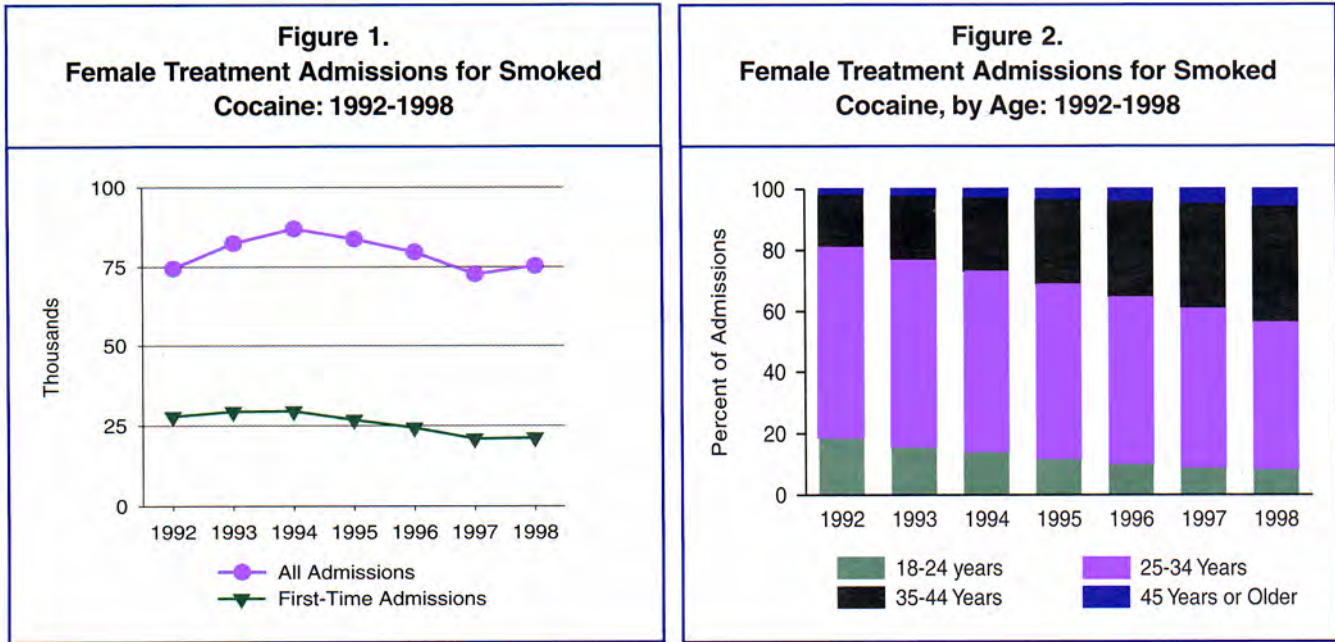
A decade after its introduction, crack cocaine is still a major drug. Admissions to publicly-funded substance abuse treatment, as reported to the National Institute on Drug Abuse, indicate that while the population of women seeking treatment for smoked cocaine is growing older, young women continue to be introduced to the drug.

### 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 has declined slightly. The majority of women, 69 percent, have had at least one other treatment episode.

## Demographics

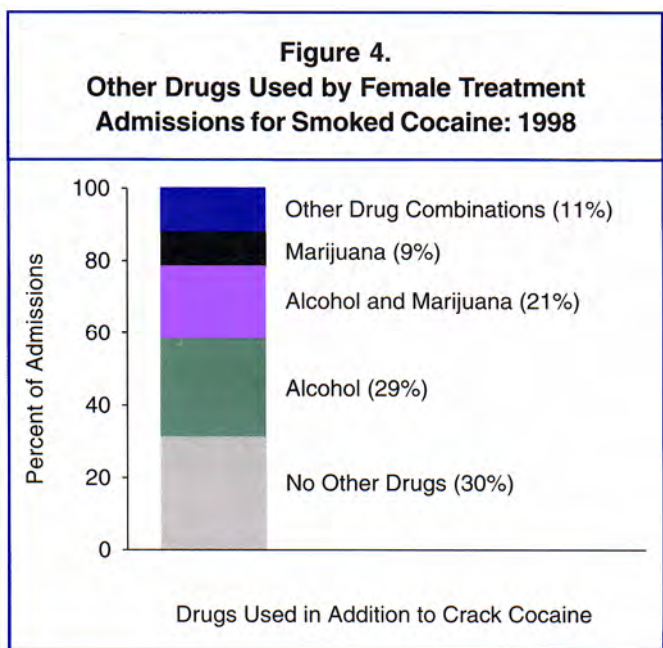
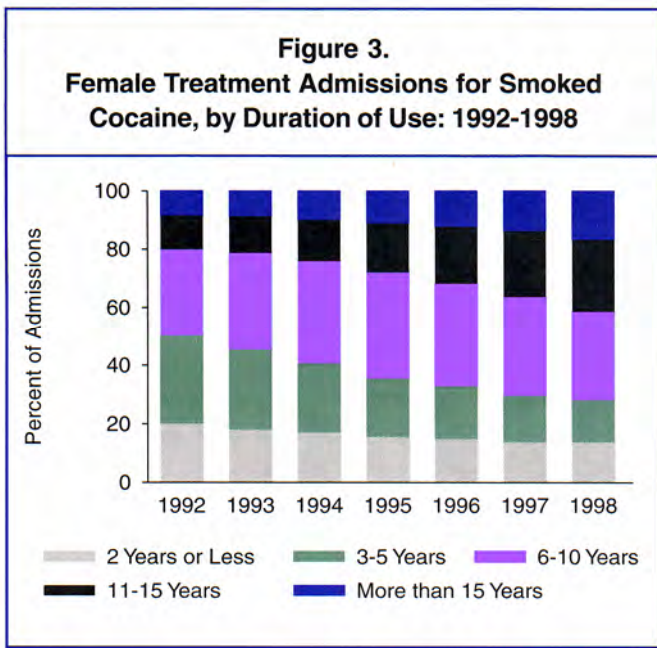
In 1998, the average adult woman entering treatment for crack cocaine was 34 years old and had first used crack when she was 24. Adult women entering treatment for crack cocaine abuse were disproportionately black, 61 percent compared to 26 percent of all women entering treatment. Of the 26 percent, about one-third were white, and five percent were Hispanic. The proportions 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).



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, 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.

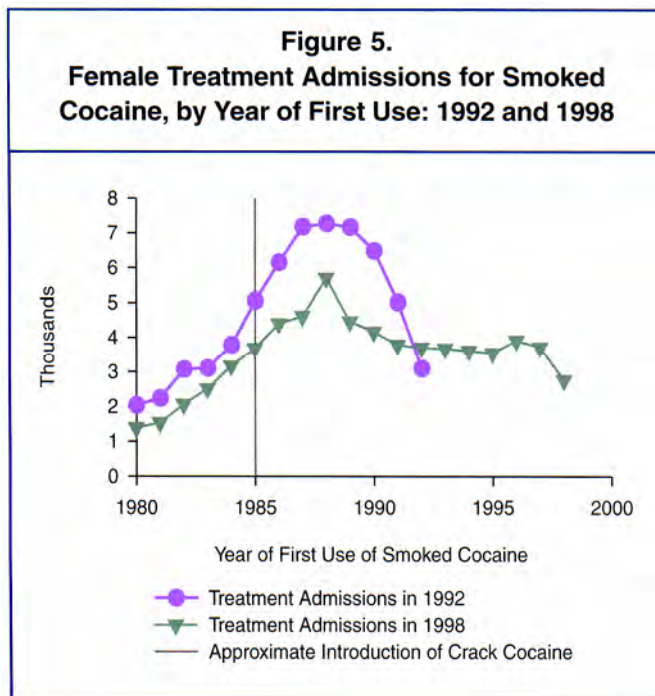
## Secondary drugs

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 1990's (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 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.



## Key findings

- ❑ 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.

## The path to healing

**R**eaping the benefits of treatment begins by recognizing the signs of cocaine addiction. This step is best facilitated by having a comprehensive evaluation by a qualified healthcare professional. Although cocaine addiction can be diagnosed by primary care physicians, most often the physician will refer the patient to a psychiatrist, psychologist, clinical social worker, or other professionals specializing in addictions. Treatment is a partnership between the patient and the health care provider. It is important that informed consumers understand their treatment options and discuss all concerns with a treatment provider as they arise.

Cocaine addiction represents a challenge to treatment professionals. Cocaine addicts are more prone to relapse and are often the most difficult clients to treat effectively because of their many problems. These patients require a comprehensive treatment approach that recognizes their special needs and provides integrated care for their multiple disorders.

Rimrock Foundation is a total care facility for treating the whole person. We directly address the physical and psychological elements of dependency disorders, as well as the defeating beliefs that accompany addiction. Thirty years of experience has provided us with an expertise to treat patients who are suffering from addictions and those complicated by a psychiatric disorder.

For further information on Rimrock Foundation's treatment of cocaine addiction, call Jen Porter, Admissions Supervisor, at 1-800-227-3953 or 1-406-248-3175, or visit our website at [www.rimrock.org](http://www.rimrock.org). For more educational information on cocaine, contact the Rimrock Foundation Library at the above numbers.

Disclaimer: This Fact Sheet is designed for educational purposes only. The information contained herein is not intended to substitute for informed medical advice or training. This information should not be used to diagnose or treat a health problem without consulting a qualified healthcare provider.