



COCAINE & CRACK

frequently asked questions



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PART 1:

background

We start with the burning questions on everyone's lips ... What was the name of the first crack-head?

The world's first cocaine smoker probably lived in the ancient city of pyramids at Caral in Peru. Five thousand years ago this gentle society, which had no battlements or weapons and knew no warfare, thrived on commerce, pleasure and cocaine smoking. History doesn't tell us what his or her name was. The first and only 'rock-head' given legal smokable cocaine on the NHS lived in the not so ancient city of Liverpool. Between 1990 and 1997, Halton Drug Clinic prescribed cocaine freebase to one client. He was called Harry.

Did Sherlock Holmes use cocaine?

Sherlock Holmes – who was of course a fictional detective – featured in over 50 short stories by Sir Arthur Conan Doyle between 1887 and 1927. In the early stories, Holmes was shown as having a raging cocaine and morphine habit. Some have even argued that the shadowy villain, Moriarty, was a symbol of Holmes' cocaine-induced paranoid psychosis and may even have represented cocaine addiction.

At the time the novels were written, cocaine was legal and promoted as a wonder drug. Until the early 1900s, coca leaf was even the active ingredient in 'Coca Cola' and many other wines and beverages. One early famous *charlie* user was the psychotherapist Sigmund Freud, that is until his friend Ernst von Fleischl-Marxow, who started taking it on Freud's advice, ended up a physical and mental wreck, seeing bugs beneath his skin (see: cocaine psychosis). Of course Dr Watson never approved of Sherlock's little habit, which by the time of the later stories reflected how cocaine had become demonised in polite society. As its use spread among doctors, chemists and other middle class professionals in the early 1900s – and then among soldiers during the First World War – cocaine, along with heroin and other opiates, became one of the first drugs to be prohibited in Britain in 1920.

Does cocaine grow on trees?

Cocaine is made from the coca plant, which grows naturally in parts of South America. This should not be confused with the cocoa plant, from which we get chocolate. The leaves of the coca plant contain cocaine at around 1% purity, as well as a dozen related chemicals, and various nutrients. Natives of South American countries have chewed coca leaf (or drunk coca leaf tea) for centuries, assisting them to work at high altitudes with increased energy and reduced need for food – and, it is claimed, various health

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benefits. However, the main product now (illegally) exported to Western countries is cocaine hydrochloride – a semi-synthetic white powder made from the coca leaf by a complex chemical process. Cocaine hydrochloride is also known as benzomethylecgonine but is better known as *coke*, *charlie*, *ching*, *bing*, *Bolivian marching powder* and a hundred other nicknames by the time it reaches the nostrils of British users. Cocaine is usually imported into Britain as cocaine hydrochloride powder before some of it is converted into crack (washed up) by local dealers or users.

Cocaine can also be made synthetically (without coca leaf), though this works out too expensive to be feasible.

What's the difference between cocaine hydrochloride and crack?

The process of turning coca leaf into cocaine hydrochloride involves adding hydrochloric acid to the chemical mixture to form a hydrochloride 'base'. Crack cocaine, known as *stone*, *rock* or *white*, is made from cocaine hydrochloride powder by removing this hydrochloride base. This is why it is sometimes called cocaine freebase. The name 'crack' comes from the crackling sound it makes when heated and smoked (caused by residual 'bicarb' – see below).

Originally, cocaine freebase was made from cocaine hydrochloride by a laborious chemistry procedure similar in difficulty to that involved in extracting cocaine hydrochloride from coca leaf. However, by the 1980s, drug users/dealers in the USA were becoming increasingly familiar with a much simpler method of production, which could be carried out in most modern kitchens. This involves mixing sodium bicarbonate (baking soda) or ammonia, with water and reasonably pure cocaine hydrochloride and heating

the solution, preferably in a glass test-tube, in a microwave oven. Though it may require 'airing and drying', the resulting product is rocks of crack cocaine. Differences in the effects of cocaine hydrochloride and crack will be looked at later.

What are the laws controlling cocaine and crack?

In 1971, the Misuse of Drugs Act (MoDA) assigned cocaine-based drug products to Class A, which means no legal distinctions were made between coca leaf, cocaine hydrochloride, and crack. Maximum prison sentences include life for trafficking and seven years for possession. The Act also made it an offence to allow your premises (home or business) to be used for cocaine/drug trafficking offences or to supply equipment/materials that could be used to produce it (eg. precursor chemicals) or items to use it (eg. crack pipes). Road traffic laws also make it an offence to drive while unfit through use of cocaine or other drugs (maximum sentence six months), and to cause death by careless driving while so intoxicated (maximum sentence 10 years).

In 2006, a record 15,500 British people were criminalised (convicted in court or cautioned by police) for cocaine offences – over double the 2002 figure. A further 4,000 were criminalized for crack offences – also double the 2002 figure. About two thirds of cocaine offences involve possession, with most of the rest being import/export, supply or intent to supply. The most common sentences are cautions and fines for possession, and imprisonment and community sentences for trafficking offences. In 2010/11, there were 17,700 seizures of a total of 2.4 tonnes of cocaine, and 5,400 seizures of 50 kilograms of crack in England & Wales.

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PART 2:

consumption

Who uses cocaine and crack?

Prior to the 1990s, cocaine smoking was mainly a habit of the rich and famous, largely because it was expensive, costing from £80 to up to £140 a gram. It was when the knowledge and experience about how to make crack in your kitchen passed over from the USA that crack use became associated with the baseball cap and the 'hoodie'.

While crack and cocaine powder are now used by people from a wide variety of social backgrounds, the association between cocaine and the rich and famous goes back to at least the 1920s. Powdered cocaine use has become synonymous with celebrities from musicians and movie stars to footballers and underwear models.

Crack by contrast is more associated with the working class criminal (chavs/scallies) than celebrities. Research indicates that crack users are the only group of drug users to have rates of unemployment and poverty as high as heroin users, with levels of criminal activity even greater than those of heroin users.

What do cocaine and crack look like?

Cocaine hydrochloride is usually sold in grams or half-grams as a soft lumpy white (or off white) powder, mostly with a crystalline appearance, that is broken down into a fine powder by chopping with a razor blade on a shiny surface (like a mirror) before it is used. A standard retail unit of crack weighing about 0.15 grams is the size of one or two match-heads.

Crack rocks are crystalline, but can vary in appearance from a hard, brittle pure-white chip, to a soapy off-white yellow lump. The former kind is usually a higher purity product, with the latter kind often being the produce of more amateur crack makers – i.e. its appearance is due to adulterants and impurities, including water and bicarb.

Because cocaine hydrochloride powder is sometimes heavily compressed for purposes of smuggling, it can become hard and compacted, and may be sold by chipping off small pieces. These chips of hardened cocaine powder have a similar appearance to crack, which can lead to confusion – which is why most dealers break up compacted cocaine powder into looser powder.

powder cocaine and a rock of crack cocaine



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How pure are street cocaine and crack?

Adulterants in crack are less likely to be added during production. They are more likely to be present in the cocaine powder from which crack is made, and so may get 'passed on'. Such second-hand adulterants typically include bulking agents (sugars like glucose, lactose, mannitol), other stimulants (notably caffeine) and/or inert chemical relatives of cocaine which have an anaesthetic effect only – notably lidocaine and benzocaine. Also, in recent years, cocaine has also increasingly been found to be cut with tetramisole (animal de-wormer) and phenacetin (an old pain-killing medicine withdrawn when found to cause cancer). Crack is also likely to contain 10% to over 50% sodium bicarbonate, left in during the process of 'freebasing' from cocaine hydrochloride powder.

Average purity from 1985 to 2005 ranged between about 40% and 60% for cocaine powder and 80% and 90% for crack – but then fell steadily to a record low of 21% powder and 29% crack in 2009/10. In recent years purity has increased with powder cocaine commonly 30% with an increasing proportion over 50% and some over 70%.

How much does it cost to use cocaine and crack?

There is an old saying, "*Cocaine addiction is God's way of letting you know you're making too much money.*" But like all drugs the cost depends on how much you use and how often. Prices vary greatly depending on which part of the country you are in among other things. Cocaine powder (cocaine hydrochloride) now sells for between £40 and £80 a gram, averaging about £50 (though a 'gram' deal usually weights nearer 0.8g). A typical gram of coke contains enough powder for about five to 15 lines. In some areas, two grades

(strengths) of cocaine are available: lower-priced 'student coke', and higher-priced 'yuppie coke'. A standard retail unit of crack – averaging 0.15g, costs £10 per rock on average (though up to £20 or £25 in some areas). A standard deal of crack might provide between one and three 'hits'.

However, regular use of cocaine or crack leads to rapid tolerance, meaning that larger and larger doses need to be taken to obtain the desired effects. A regular cocaine user typically spends between £25 to £200 a week on about a half to four grams of cocaine. But a crack habit is generally the most expensive drug habit you can get, costing about £200 to £300 a week for the average regular user.

How are cocaine and crack used?

The three usual methods of using cocaine hydrochloride and crack are sniffing, smoking and injecting. As a powder, cocaine hydrochloride can be sniffed or injected, and is sometimes smoked. Crack is a powder in the form of a hard rock or sticky paste, and is usually smoked or injected.

How is cocaine sniffed?

Cocaine powder is chopped up into a finer powder to make more of it pass through the nasal membranes. It is then usually arranged into the shape of lines for sniffing, by 'chopping up' with a credit card, knife blade or razor blade. The chopping surface is ideally a mirror, but many things make do in reality (eg. toilet lids). The sniffing tube or 'tooter' is commonly a rolled-up bank note (90% of British banknotes contain cocaine traces) or a straw – though some dedicated users have their own metallic tooters. The tube should not be shared because of the risks of spreading hepatitis and other germs.

Sniffing drug powders is technically known as insufflation, though snorting is probably the most well-known term, because it involves

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vigorously inhaling through the nostrils so that the line of cocaine powder is 'hoovered up' straight on to the nasal membranes at the far end of the nose. It's also known as 'tooting', 'doing a line', and 'powdering the nose'.

In addition to tooting tubes, other devices for sniffing cocaine include small spoons. Rich cocaine sniffers famously carry solid silver sniffing spoons. Some headshops sell cocaine sniffing kits, which typically contain a chopping surface, chopping blade, and sniffing tube or spoon. Other headshop sniffing aids include a two chambered egg-shaped plastic device. One chamber contains the cocaine, and when it is twisted, the cocaine is powdered through a grinder into the second chamber, which has an exit point through which the cocaine can be sniffed (or is sometimes propelled out by an electronic switch).

Can you smoke cocaine in a joint?

Although it is possible to get high from smoking cocaine hydrochloride powder, it is rarely smoked because most of the drug is destroyed by heating when it is in this form.

However, when cocaine hydrochloride is converted into crack, much more of it will vaporise rather than combust when heated – that is, instead of being burnt, the cocaine is simply changed from solid to gaseous form, and is so inhaled via the lungs. Smoking is the most popular method of using crack.

When crack is smoked, it travels from the lungs to the heart, and is then pumped straight up into the brain – cutting out the digestive system and heart-lungs-heart-loop that swallowed and sniffed drugs have to travel, and thus creating an injection-like 'rush' as it rapidly enters the brain. As far as the brain is concerned, crack is simply

cocaine arriving suddenly (10 to 20 seconds) in large amounts. Though many drugs taste bad and some are hard to smoke, crack smoke tastes 'sweet' and is not too 'thick', making it fairly easy and pleasant to inhale.

Some users also prefer to 'chase' crack on foil – that is, use the method employed to smoke heroin. Chasing the rock around the foil under a low heat gives off a light vapour, which can be inhaled gradually over several minutes, and produces a slowly growing high over which the user has more control. However, if the crack is heated intensely in a stationary position, the transition from solid to gas is sudden and a thick vapour will be given off which can be inhaled in one lungful, producing a rapid intense high (like the injecting rush). Therefore, users who prefer the latter effect are more likely to turn to smoking crack in a pipe, which remains the most popular method of use.

Smoking crack in a pipe ideally requires a glass vessel, partly because metal tends to get too hot, and wood pipes soak up the crack in its liquid stage (though ceramic or stone pipes provide a second choice). Piping crack involves one of two methods:

(1) a proper glass pipe, with a metal screen fitted into the bowl or stem. Glass crack pipes often have no 'bowl', looking more similar to a glass tube. They are popular among many users because crack residue builds up in the screen, providing additional 'hits' of crack after the main supply is used up (similar to a heroin-smoking tube, which gathers heroin residue); in addition, a proper glass pipe can be heated from underneath, rather than exposing the crack directly to the flame which some users believe provides better delivery.

(2) a makeshift pipe – this can be put together in a few minutes with a handful of household objects – for instance: plastic bottle/ inhalator/ large mug, tinfoil, elastic band (or sticky tape), a pin, and some cigarette ash (to serve as a screen).

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Does it make any difference how long you hold the smoke in for?

Whatever smoking method is used, the crack vapours are usually held in the lungs as long as possible before exhaling (which means that any urgent utterances – eg. ‘fuck me, I think the top of my head just blew off’ – are usually made in a silly squeaky voice). This is pretty pointless, because research into cannabis smoking suggests that it is the depth rather than the duration of inhalation that increases absorption of the drug – i.e. how much smoke you inhale in one go rather than how long you hold it in for – and this is probably true of crack smoking too. Since, the longer the lungs are exposed to the smoke, the greater the damage, the best compromise is probably holding the smoke in for about 10 seconds, rather than until your face goes blue/red.

Can cocaine be injected?

Cocaine hydrochloride and crack can both be injected. Cocaine powder is water soluble, whilst an acid (such as citric) must be added to crack before it is heated in a spoon or cooker to make it soluble. Though smoking crack leads to faster more intense effects, a notable effect of injecting crack or cocaine is that the drug is tasted before it is experienced. That is, cocaine reaches the tongue and taste buds just seconds before it hits the brain, and so the cocaine/crack rush is immediately preceded by a strong taste of cocaine in the mouth. Injecting cocaine is the riskiest method of all (see below).

What drugs are mixed with cocaine and crack?

The main drugs taken together with cocaine hydrochloride and crack are usually depressants or relaxants, particularly heroin and other opiates, but also alcohol, tranquillisers, and cannabis. In addition to having their own desirable effects, these drugs take the 'edge' off the cocaine high i.e. reduce negative effects such as jitteriness, insomnia, etc.

Perhaps the most common illicit combination is piping crack and chasing heroin at the same time – though injecting the two drugs together, known as speedballing (originally heroin and cocaine) has become popular again in the 21st century. Since the expansion of the dance/club scene in the late 1980s, cocaine has also been increasingly taken along with ecstasy and other dance drugs (eg. ketamine), often to boost the effects.

For how long can cocaine be detected by a drug test?

Drug tests cannot distinguish crack from cocaine hydrochloride use, because the metabolites are the same. Crack and cocaine powder can be detected in the urine for up to three days, though various things can speed up excretion (acidifying the urine, drinking lots of water, taking caffeine and other diuretics, exercise, etc.). Several internet companies also now sell ready-made products which help flush out or mask indicators of cocaine or other drugs in body fluids. Smaller doses can be flushed out of the body in 14 hours or less. In addition to the usual defences to positive tests, such as being spiked and taking medicines/foods which falsely indicate cocaine in urine tests, people testing positive for cocaine have also claimed it was due to passive smoking (breathing the exhaled smoke of crack users).

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PART 3:

effects

How does cocaine and crack affect the brain?

The main parts of the brain affected by cocaine are the prefrontal lobe of the cerebral cortex (forebrain), and parts of the midbrain and hindbrain. The brain and nervous system works by transmitting electrical signals between its billions of cells, and these are converted to chemicals (neurotransmitters) to jump the gap between some cells. In addition to raising levels of adrenaline in the peripheral nervous system, producing a feeling of readiness for emergency action (the 'fight or flight' response), cocaine raises levels of three brain neurotransmitters:

- (1) dopamine, which is the brain's main reward (pleasure) chemical, and is affected by most illegal drugs.
- (2) noradrenaline, which governs the brain's energy levels (including alertness and anxiety).
- (3) serotonin, which is involved in mood and perception.

Though a standard dose of cocaine or crack more than doubles the level of dopamine, and a standard dose of heroin nearly doubles it, used together they increase dopamine levels by ten times or more – hence the popularity of speedballing.

What are the physical effects of cocaine and crack?

There are six main groups of physical effects, and these give rise to the characteristic physical signs of cocaine/crack in the face and body:

(1) speeding up of body systems – faster heartbeat, pulse, and breathing – which can show up in fast movements, particularly when walking or talking.

(2) higher body temperature, and higher blood pressure – which can cause flushing or sweating when the weather is warm.

(3) drying up of membranes – mouth, lips, eyes and genitals – which can lead to give-away signs like white flecks in the corner of the mouth, or cracked lips.

(4) changes to appearance of eyes – dilated pupils, widened shiny eyes, and jerky eye movements – clear signs of cocaine (or speed) use to those who know the score.

(5) muscular tension – this manifests itself in various ways, including jaw clenching, lip chewing, fist clenching, jitteriness and being easily startled.

(6) local anaesthesia – numbing of the tissues exposed to crack (mouth, throat and lungs) – and vasoconstriction – narrowing of the blood vessels in the lungs (crack) or nose (cocaine) – which can produce a throaty or nasal sound to the voice.

One of the most obvious signs that someone has been partaking of cocaine powder (other than taking a longer than expected time in the toilet) are the two ‘white rings of betrayal’ often left round the nostrils after snorting cocaine. These are mainly due to the sugars added to illicit cocaine, which do not dissolve so readily as the drug itself. Even when people remember to wipe their nose after sniffing, cocaine/sugar residue can slip down inside the nose, and end up making delayed white circles around their nostrils.

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What are the mental effects of cocaine and crack?

These are based on a speeding up and intensifying of mental states and processes, including:

- (1) increased energy and activity – including faster reactions, though over-use can lead to rocking, twitching and other repetitive actions (called stereotypy or punding).
- (2) sharpened attention span and perceptions (hyper-vigilance) – visual, tactile and auditory – for example, you can see things more sharply at a distance.
- (3) improved concentration and memory, and faster clearer thoughts – though these effects are reversed during the come-down (eg. forgetfulness, drowsiness).
- (4) intensified mood/feelings – typically euphoria, and sometimes increased libido (horniness) – though feelings of anger can be magnified into aggression.
- (5) increased confidence and self-esteem – in some people this turns into a full-blown ego-trip, with conversation based on boasting and ‘fishing for praise’.
- (6) reduced hunger and thirst – though these effects often dwindle or disappear with regular use.
- (7) greater sociability and talkativeness – outbursts of babbling are common, particularly when ego-trippers start talking about themselves, though some users become more quiet and intense – especially when feeling paranoid or edgy (watch them teeth grind!).

“Here I am making silly confessions to you, my sweet darling, really without any reason whatsoever unless it is the cocaine that makes me talk so much.” Sigmund Freud in a letter to his future wife Martha, 1886.

The first three mental effects listed above have been shown to improve performance on laboratory tasks related to driving, but on the road any benefits are likely to be offset by other effects such as over confidence, driving faster, getting distracted and taking more risks – and driving during a cocaine or crack come-down may be as dangerous as driving whilst drunk.

How long do the effects last for?

When cocaine hydrochloride powder is sniffed, the effects take 5 to 10 minutes to come on, and last around 20 to 40 minutes, with a 30 minute tail-off. But when the same amount of crack is smoked or injected the effects come on in seconds rather than minutes, and are far more intense – but last only 5 to 10 minutes when smoked, though over twice as long when injected. This difference is explained by the relationship between the intensity and duration of drug effects – as the effects are intensified, their duration is shortened – a kind of ‘squeezing’ effect.

What does using cocaine feel like?

Many users report having to sniff cocaine several times before they appreciate the effects but one 25 year old London male put it like this:

“Between fifteen and twenty, I did pot, mushies, speed, acid, ecstasy, in that order, and I got the buzz, big style, first time with all of them. Back then, coke was seen more like a major league drug, y’know, like smack, though it’s just another party drug now. But when I started snorting coke, it was, like, maybe a dozen toots and several weeks later before it ever hit me – at first, I just didn’t get it, I was like ‘what the fuck was that shit?’, y’know what I’m saying? I mean, my nose and gums used to go numb, and my mates told me I talked as much shit as they did on it, but I just couldn’t make it

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out for a while. Then one night it fuckin' hit me. My friend, who was getting well into coke, well, he gave me a line of a new batch, and he swore that it was much the same as the last one, but when it hit my brain it was like someone had switched on all the lights in my head and opened all the windows. So we tooted loads more that night till my nose was fuckin' bleeding ... I only do a few lines before going out at weekends now, but it always charges me up the same way – it puts me in the mood for hanging with mates, feeling wicked, giving it loads, y'know what I mean?"

The phrase most commonly used by drug users to describe the effect of cocaine powder is 'more confidence', followed by boosted stamina (increased energy levels) and euphoria (intense happiness). Two other drugs also reported to increase confidence are amphetamines and alcohol, but research shows cocaine is the only drug for which confidence is the hallmark effect. In this respect, cocaine's effects are directly reflected in its public image in trendy social scene; it is regarded as the ultimate cool drug, making you feel cool as well as giving you the confidence to act and look cool – whether posing silently or chattering pretentiously. As much if not more than many other recreational drugs, cocaine gives users the energy to go out and have some guaranteed fun.

The most commonly reported negative effect of cocaine is paranoia, followed by 'after-effects' or 'come-down' effects – including insomnia, depression and fatigue (see: Come-downs). Because cocaine is illegal, most users have an underlying state of anxiety about being 'busted', and so a common cocaine-induced paranoid delusion among heavy users is that other people are watching or following you, often accompanied by the total conviction that they are (must be!) police officers.

What does using crack feel like?

In a general sense, the effects of crack are simply the intensified, shortened effects of cocaine powder. Some drug users regard crack as the best ‘buzz’ they have ever had, describing it as better than sex or shooting up heroin, and most regard it as better than injecting cocaine. For instance, a London crack user said *“It makes me feel all powerful like God or even Superman.”* In addition, many heroin users like smoking crack ‘on top’ of smack – and not just for the buzz. For instance, a Liverpool man commented that *“If I have crack and heroin together my girlfriend can’t tell I’m doing it – one makes your pupils big, the other small ... together they cancel each other out.”* In reality, the effects of mixing crack and smack vary from person to person. By contrast, some drug users dislike the effects for a variety of reasons. An occasional user said *“I found it a bit of a let-down – loads of excited energy blasting through me, but its all over before its started ... it’s like premature ejaculation, but with drugs rather than sex.”*

While many users describe the powerful effects of crack with such adjectives as ‘orgasmic’, ‘totally euphoric’, ‘heavenly’ and ‘ecstatic’, others describe the overwhelming cascade of intense feelings in more negative terms. For example, a North-West man described the effects of crack as like *“...a combined brain seizure and heart attack – like having a stroke without actually having one.”* Many users smoke heroin along with crack in order to take the edge off the more intense effects. Jerry Stahl, in his autobiographical story *Permanent Midnight* (1995), illustrates this point well:

“I’d smoked crack before ... but never consumed the stuff without a soothing stash of smack on hand. After I fired up and sucked in that toxic cloud ... I didn’t just get high. I got terrorized ... I don’t know how I kept breathing ... It was no more than a handful of screeching moments before the ecstasy would turn to paranoia ... In the space of five minutes I’d shot from whacked-out heart-stoppingly ecstatic

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to beyond devastated, so leaden and depressed. I would have collapsed on the spot if I hadn't been too nervous to stop moving".

Similarly, a 28 year old Liverpool man, now a daily crack user, described his first experience like this:

"The first time I smoked stone, I was at a mate's house. It smelt dead sweet, and this feller showed me what to do, and I took one big smoke on the pipe, and held it in. I remember that just as I started to blow it out, the feller was shouting 'don't breathe out yet, hold it in', but my head was already exploding and I needed to breathe. It felt like the top of my skull was blowing off like a volcano, and I felt hot and sick. My hands were sweating, my skin felt tight, and I could hear my heart pounding in my ears – and this guy was still shouting 'hold it in' long after I had blown it out, and by now I felt real aggressive and like smacking him one, but instead I went over to the waste bin right next to this guy and puked in it, and then said 'lets go' to my girl and walked out ... But that didn't put me off, like, I soon got the hang of the stone and how much to use, and loved it – well, I must have, because within a few weeks I was doing it just about every day..."

Does cocaine improve sex, or affect sexual practices?

Cocaine has long been considered an aphrodisiac – but is this a myth or the truth? The main effect of cocaine is to increase confidence and as we all know confidence can make you both proactive and more attractive. Some users rub cocaine on their penis or vagina to prolong sex or intensify orgasm. Although initial cocaine

or crack use may improve sexual desire (make you feel hornier) and experience (make getting jiggy feel sexier), longer-term use of either form of the drug can have adverse effects on sexual performance for many people including reduced libido, and problems with erection (men) or lubrication (women).

Why do crack heads crawl around on all fours?

One of the weirder effects of crack – which demonstrates its much greater habit-forming potential compared with cocaine powder – is called ‘white-eye’ (among other names). It’s a scene repeated throughout the world in different cultural forms, from LA street people walking crouched along the sidewalk looking for dropped phials of crack at the first light of dawn, to British crack-heads carefully scanning their living room carpets with cigarette lighters or desk lamps for specks they may have overlooked on the first search 10 minutes earlier. This strange behaviour, often repeated over and over until depression sets in or more crack is obtained, is the outcome of a combination of three of crack’s effects: the intense desire for more crack (constant craving), perceptual hyper-vigilance (eg. constant looking), and artificially high levels of energy (eg. constant moving). Result: crack-heads, crouched or on all fours, slowly moving around like demented contact lens wearers scouring the ground for a dropped lens!

It is a testimony to the powerful effects of crack that no other drugs – not even cocaine powder – have been so strongly linked to the ‘white-eye’ phenomenon – deluded, persistent searching for imaginary drugs. Though initially amusing to see, repeated exposure makes you feel little but pity and/or revulsion.

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What are the cocaine and crack come-downs like?

With both cocaine powder and crack, as the main effects wear off, the user experiences a come-down – negative effects which are largely the opposites of the main effects – the intensity of which depends upon the size of the habit, the amount consumed and personal factors. Because the effects of sniffing cocaine powder come on relatively slowly and are far less intense than those of crack, the come-down is far less unpleasant. In fact, occasional users of a few lines of cocaine generally report no real come-down at all. Even regular users often report little more than a low mood and irritability for a few hours. By contrast, the come-down from a period of smoking crack – or injecting cocaine – particularly for habitual users, is the mother of all come-downs. It is caused by severe depletion of essential neurotransmitter levels in the brain. Just as the main effects of crack involve rapid and maximum euphoria (and lifting of any depressed feelings), the come-down is distinguished by a sudden deepening depression – sadness, fatigue, lack of concentration, irritability, anxiety etc. – often accompanied by intense craving for crack. Crack-heads are also likely to feel this way when they wake up from several hours sleep. Some users report finding it extremely difficult to muster the mental energy to get out of bed unless they have a hit of crack left over from the night before.

PART 4:

consequences

If I sniff cocaine will I damage my nose?

Cocaine constricts blood vessels, and so those parts of the body involved in ingesting it are likely to be increasingly damaged by long-term regular use. However, the damage regular cocaine use can cause to nasal tissues (when sniffed) or lung tissues (when smoked) is not always noticed by the user until it is fairly advanced. As well as the damage being hidden from view, cocaine's strong local anaesthetic effects mean that the heavy user feels relatively little pain as their nose or lungs become more and more damaged. If cocaine is regularly absorbed through other membranes – such as the gums and genitals – these too can be seriously damaged.

What is crack lung?

Many crack smokers report hacking coughs, wheezy breathing and partial loss of voice along with blood in the phlegm and snot. The source of these symptoms of crack smoking is an emphysema-like disease in the lungs (called crack lung), which can start to develop after just a few years of regular use (compounded by smoke from heroin, tobacco and/or cannabis in many cases), giving users in their mid to late 20s lungs like old coal-miners.

Does cocaine damage other parts of the body?

In addition to the lungs and nose (points of entry), a cocaine habit can damage other vital body organs, notably the brain, liver and heart. Claims about brain damage are not proven (nor unproven), and direct liver damage is fairly rare, though heart problems (eg.

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arrhythmia) are more common among long-term and heavy users. Brain seizures or cardiac failure (heart attacks) can be brought about by one single huge (over)dose, or, even a standard dose in rare cases of susceptible individuals – notably those with medical problems.

When cocaine and alcohol are used together a new substance called ‘cocaethylene’ is produced by the liver, which can increase the likelihood of heart attack or sudden death.

What problems can injecting cocaine cause?

Like injecting any drug, injecting cocaine hydrochloride (powder) or cocaine freebase (crack) can cause various health problems, from damage at the site of injection (abscesses, necrosis, etc.) to disease inside the body (eg. septicaemia, heart infections). Damage to veins and tissue at injection sites is made more likely when injecting cocaine or crack because cocaine is a vasoconstrictor (it narrows blood vessels) and is also a local anaesthetic (so if you’ve done any damage, you can’t feel it much).

Injecting also makes overdose much more likely, and, through sharing ‘works’ another risk is the spread of infectious diseases like HIV and hepatitis.

Does cocaine harm un-born babies?

Though animal research suggests that heavy cocaine use can damage unborn babies, there is little evidence in Britain of serious health damage being caused to human babies exposed to occasional or moderate cocaine use by their mothers, whether unborn or newborn. It goes without saying however, that babies are better off without any drugs in their systems – and are unable to make a choice.

Can you overdose on cocaine?

Yes. In fact, the number of treated cases of cocaine poisoning (overdoses) has almost trebled, rising every year from 188 in 1998/99 to 520 in 2003/04. This mirrored the increase in the number of users, and does not suggest that cocaine is becoming more toxic or that use is becoming more risky. Cocaine overdoses have two phases of symptoms:

(1) initial excitement, followed by muscle weakness, headache, nausea and vomiting.

(2) brain seizures (convulsions, unconsciousness), respiratory depression, and heart failure.

The average lethal dose (LD50) of cocaine for a non-tolerant person is 1.2 grams – 15 times higher than the average effective dose of 80 mg. But individuals have different susceptibilities – fatal overdoses have occurred from doses as low as 30mg, while other users took several grams in a session and survived.

The main causes of cocaine deaths are brain seizures and heart attacks brought about by cocaine overdoses (toxic poisoning). Heatstroke-related deaths sometimes occur in club/party settings, but are more often associated with ecstasy and speed use.

Cocaine-related deaths in Britain climbed steadily from 16 in 1996 to a peak of 271 in 2008, before falling to 177 in 2010. This trend partly reflects trends in the number of cocaine users. In recent years deaths involving cocaine have increased sharply to 247 in 2014 – up from 169 deaths in 2013, although the exact reason for this remains unclear.

How does cocaine effect general health?

There is no evidence that occasional sniffing of cocaine or smoking of crack affects the health of the average person. However, the health of people who regularly inject cocaine or smoke crack is typically poor. These health problems are largely due to: the illegality of the drug (eg. high costs), poly-drug use, and other lifestyle factors – for instance, malnutrition-related skin infections and weight loss.

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There may also be health benefits to the chewing of coca leaf, as claimed by natives of South America. Recent research has also concluded that whereas use of most drugs generally reduces immunity, cocaine actually boosts the human immune system.

Are cocaine and crack addictive?

Drugs which cause physical dependency – you become ill (withdrawal) if you stop taking it – are distinguished from those which cause only psychological dependency (a habit). Whereas all drugs are capable of producing psychological dependence, only depressant drugs clearly cause physical dependence, including opiates, hypnotosedatives and alcohol.

A big debate among drug experts is whether cocaine and crack can lead to physical dependence. They clearly produce craving (a strong desire for the drug) and tolerance (you need more and more to get the desired effect) – but the withdrawal symptoms typically experienced by regular users who stop using do not amount to a serious physical illness syndrome as found with heroin and alcohol. That is, most or all of the symptoms are those found when a psychological drug dependency is ended – notably appetite and sleep disturbances, depressed/erratic mood, lack of concentration, etc., but there is also evidence that some regular users experience a more serious withdrawal syndrome when ceasing use. It is possible that, as with alcohol, a proportion of the population (maybe 10%) have a gene which leads them to become physically addicted to cocaine should they start using it – though this is by no means certain.

When drug users themselves are asked, there seems to be a huge difference between the habit-forming potentials of cocaine powder and crack. Compared with other drug dependencies, the crack habit is probably one of the hardest habits to break. It leads

to rapid and potentially huge tolerance, produces a major intense craving, and results in particularly unpleasant withdrawal symptoms – notably a deep, disabling depression – along with fatigue and sleep disturbances. As most crack users would confirm, it is not the craving which is the main driving force behind continued crack use, but the need to avoid the unpleasant withdrawals.

Does cocaine or crack cause psychosis?

Yes, but rarely. English hospitals dealt with 443 cases of cocaine-related mental disorders in 2010/11, mostly acute intoxication and harmful use, with just 57 cases of cocaine psychosis (covering cocaine powder and crack). Psychosis induced by cocaine or crack use can take two main forms: delusions, and disorganised mental functioning.

Delusions are of two main types, paranoid delusions and delusions of grandeur. Paranoid delusions often take the form that someone is watching (eg. police, criminals, aliens) or following the user for hostile reasons. Delusions of grandeur are a false belief that you have skills or status beyond your experience (eg. being very popular, being a successful businessman), or that you are someone special (e.g. a secret agent, Jesus).

Disorganised mental processes are apparent from vague or confusing speech and behaviour, poor memory for recent events, clumsiness, and lack of planning and direction – a general disregard for the demands of other people and reality.

As well as delusions and amnesia, hallucinations are another common feature of cocaine psychosis. Though they can take various forms, visual and tactile hallucinations are common, particularly formication – the feeling and/or misperception that insects or worms are crawling around under or on the skin (called ‘parasitosis’ by experts, and ‘coke bugs’ by users). In the worst cases of cocaine psychosis, users attempt to gouge out the coke bugs from their flesh with knives etc. – as depicted in the 2006 movie ‘Bug’

COCAINE & CRACK

Does cocaine cause other mental disorders and behaviour problems?

Apart from psychosis in rare cases, cocaine and crack use can also lead to anxiety states and panic attacks, particularly in users with 'neurotic' personality types (i.e. worriers and nervous people), when large amounts are used, or if used in unsuitable settings. Cessation after periods of heavy or prolonged use is also frequently followed by periods of mild to severe depression. In addition, heavy use can lead to minor delusions of grandeur, without an accompanying persecution complex. In short, 'coke-heads' are renowned for being egotistical (self-obsessed).

Do cocaine or crack make people violent?

The mass media have made many claims about cocaine – particularly crack – making people very aggressive or violent, including assault, rape and murder. There are four reasons why users might become more violent:

(1) involvement in acquisitive crime (burglary, theft, robbery) to fund the habit can escalate into violence sometimes (eg. to escape arrest, to prevent a rip-off).

(2) the involvement of criminal gangs in the crack trade inevitably brings violence (eg. turf wars), and crack is one of the most lucrative markets, making competition even stronger.

(3) cocaine psychosis may in rare cases lead to violent behaviour due to 'unsound mind' (eg. paranoid delusions that aliens are trying to abduct them).

(4) crack use – or withdrawals – can trigger violence or sexual assault in people predisposed to sexual or other aggressive behaviour (eg. psychopaths, personality disordered).

Apart from these fairly exceptional cases, there is little evidence that the effects of cocaine or crack lead directly to aggressive behaviour – particularly when compared with the violence and disorder associated with alcohol use.

What social problems do cocaine and crack use bring about?

There are three main ones: criminalisation and imprisonment of users; stress to families, friends and neighbours; and social exclusion of users (dropping off the edge of society). Compared with cocaine users, far higher numbers of crack users are in prison for acquisitive crimes committed to fund their habits (including burglary, shoplifting, robbery, autotheft, etc.). More than any other drug, regular crack use quickly drains people of money, which leads them into borrowing money, selling their possessions, stealing things, etc. Along with their unpleasant mood swings and unreliable behaviour, this causes great stress to family members and friends. Crack users can become socially isolated as a result, even ending up homeless.

What are the risks of experiencing various problems from using crack/cocaine?

The brief answer to this question is: medium to low. Roughly:

About 1 in 12,000 cocaine users are treated for cocaine psychosis;

About 1 in 800 cocaine users are treated for cocaine overdose/poisoning;

About 1 in 60 cocaine users are in treatment (attending a helping service) in for cocaine powder-related problems – compared with about 1 in 3 crack users;

About 1 in 4,000 cocaine users die from causes involving cocaine (though about two-thirds are poly-drug deaths, and many involved alcohol);

About 1 in 50 cocaine/crack users are convicted or cautioned for cocaine offences.

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What help is available to people with cocaine and crack problems?

Current treatment for crack and cocaine dependence in Britain does not involve substitute prescribing, though there has been discussion of prescribing amphetamines (or even coca leaf) to wean people off crack – though there are no signs of it actually happening. Crack users attending drug clinics are likely to be offered individual counselling, group therapy, primary healthcare, and alternative therapies (eg. acupuncture, aromatherapy). Many clinics also prescribe anti-depressants (notably Prozac-type drugs) to crack users suffering from depression and mood disorders and tranquillisers and sleeping tablets are sometimes prescribed to users suffering from anxiety or insomnia. A small number of clients with the most serious social and mental problems will be offered residential rehabilitation (6 to 12 months), though rehab places are fairly hard to come by in the UK compared with many other countries.

PART 5:

reducing risks and harm

Is crack worth doing?

If you asked a group of long-term drug users to name one drug it was best to avoid altogether, you can be sure that most of them would nominate crack. This is because crack is the drug-lover's ultimate nightmare. Unlike cannabis, which after years of regular use typically produces no major dependence or damage and still gets its users stoned, regular crack use can produce major damage and dependence within a few years, while having little effect other than warding off looming depression (which often returns within half an hour of the last hit anyway), or getting you a heroin, alcohol or tranx habit to cope with the crack jitters. If however, you are not persuaded by warnings from 'the horse's mouth', and are planning to use crack – or cocaine powder – or are already using, then the following advice is designed to reduce the risks to a minimum.

What are the rules of safer cocaine and crack use?

(1) When making crack from cocaine powder, use the microwave and baking powder method rather than more complex methods involving ammonia, lab equipment etc. (Richard Pryor, the American comedian, gave himself third-degree burns during a freebasing accident).

(2) If you are planning to try cocaine or crack, get as much good information about it as you can (eg. internet, library, leaflets, regular users – not newspapers). Make sure that it is a drug whose effects you would like to experience.

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(3) When buying cocaine or crack, try to use a known dealer, and try to ascertain the quality by (a) asking the dealer or friends who have tried it for their opinion, or (b) taking a smaller than average dose first (you can always take more but you cannot take less).

(4) Smoking crack is safer than injecting – though sniffing cocaine powder is safer still; if you sniff cocaine, always chop up the powder as finely as possible first, and do not share snorting tubes (eg. bank-notes) with other sniffers.

(5) When smoking crack, chasing on a foil is the safest, followed by reefers – because you can control your intake more than with pipes; if you do smoke crack in pipes, glass pipes are better than other types, and proper glass pipes are safer than most makeshift pipes (again because of better control over intake) – but avoid sharing pipes with others (particularly if you/they have cracked lips) if you want to avoid hepatitis and other infections (eg. pneumonia) – but if you do share pipes, make sure that you clean the mouthpiece of the pipe every time it's used.

(6) If you inject cocaine or crack, then it's best to visit your local needle exchange/drug agency to seek advice on injecting technique, and to regularly obtain clean needles and safely dispose of used ones; the best general advice is to be as hygienic as possible, and, of course, never share 'works'.

(7) Avoid mixing other drugs with cocaine or crack – particularly alcohol and other stimulants; and if you sometimes use depressant drugs – like heroin, tranx, sleeping pills or alcohol – to smooth the 'come down', don't let it become a regular thing, or you will end up with two (or more) serious drug habits.

(8) Many crack users (and some cocaine users) will tell you that they could not have imagined how anything could get such a hold on them until they got hooked – describing it as a 'monkey on your

back', 'stone around your neck', or like 'demonic possession'. If you want to use crack or cocaine but want to avoid this fate, then (a) use occasionally, and avoid using two days on the run; and (b) use moderate amounts – for instance, one or two lines/pipes a session – and don't go on all-day/week binges.

(9) Don't encourage others to use, and avoid offering people their first deal/dose, and, if you are a dealer or occasional user, stash your drugs carefully so that children (and not just police officers) cannot come across them, eg. on a high shelf (dry, dark, cool and air-tight are the best storage conditions).

(10) You should avoid using cocaine or crack if you have heart or respiratory problems, a family/personal history of mental illness, or you are pregnant or breastfeeding.

(11) Monitor your health: (a) check your nasal mucus (snot) and phlegm, looking out for blood – if your nose is missing, its too late; (b) check your pulse every so often (should be 70 to 90 when resting and not high on cocaine/crack); and (c) monitor your eating (2 to 3 meals a day?), drinking (2 to 3 litres water a day?), and sleeping habits (6 to 8 hours a night?).

(12) Deal intelligently with adverse reactions to using cocaine or crack – in yourself as well as others – for instance, make sure that you are familiar with the following things:

- If they hyperventilate, ask them to breathe slowly in and out of a paper bag.
- If their temperature rises, advise them to remove clothing, sip water, and cool down.
- If they collapse and go unconscious, put them in the recovery position, (illustrated on page 33).
- If they stop or nearly stop breathing, give artificial respiration if you can;
- If they get agitated and panic, calm them down by talking to them about everyday things.

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- If they have seizures or collapse and remain unconscious, get them to a hospital a.s.a.p. – chlorpromazine (Largactil), a major tranquilliser used to sedate schizophrenics, is a very effective antidote to cocaine overdose, while seizures can be reduced by diazepam (Valium), a minor benzodiazepine tranquilliser used to reduce anxiety. Medicating someone who has OD'd on cocaine/crack is best left to doctors.
- If they act paranoid or mentally disordered, try to get them to understand their delusion – but if they remain crazy, and are a danger to themselves or others, try to persuade them to go see a GP, hospital doctor or other professional.
- If they crawl around on the floor looking for crack, slap them hard on the arse while shouting 'white eye', and tell them not to be so bloody stupid.

(13) Avoid side-effects of using cocaine/crack by specific responses such as, chewing gum to stop teeth grinding, wearing shades to protect dilated pupils from sunlight, and taking vitamin supplements and nutrients to counter malnutrition.

RECOVERY POSITION



1. Put the right hand by the head (as if they were waving)

2. Put the left arm across the chest, so that the back of the hand rests against the cheek

3. Hold the hand in place and lift up the left knee

4. Turn them on their side by pushing down on the knee



frequently asked questions

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[>] aims
To provide information on the nature and effects of cocaine and crack cocaine in a question and answer format.

[>] audience
Adults and young people engaged in recreational drug use. Use with under 16s with support.

[∨] content
Some swearing.

[£] funding
Self-financed.

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