

The hard facts about DRUGS

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SCOTTISH EXECUTIVE

Cocaine and Crack Cocaine:

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Introduction

Cocaine and crack cocaine are becoming increasingly prevalent in Scotland, although current levels of use fall well short of the "epidemic" quoted in some media stories. However, we know that cocaine, and particularly crack cocaine, can seriously affect the health of users, the well-being of their families and the quality of life in communities.

This leaflet provides factual and non-judgemental information on both of these drugs, so that people of all ages can be better informed of the risks they can pose to physical and mental health.

The leaflet carries the "Know the Score" logo, which is used on several other materials designed to encourage the public to find out the facts about drugs in Scotland.

Cocaine and Crack Cocaine

What are cocaine and crack cocaine?

Cocaine and crack-cocaine are both based on extracts from the coca plant. There are two basic types of cocaine.

Cocaine hydrochloride is a white or creamy/yellowish powder, soluble in water, which is taken by "snorting" through the nose, rubbed on gums or mixed for injecting. "Street" names for cocaine include coke, charlie, snow and base.

The other type of cocaine is cocaine alkaloid, which is not soluble, but has a low melting point. This is generally taken by inhalation of the smoke given off through a process called "free-basing", where the user treats cocaine hydrochloride powder with an alkali such as sodium bicarbonate to "free" the cocaine alkaloid base from salts. The name "crack" comes from the sound which the "rocks" of cocaine make as they are heated to be smoked. Crack cocaine comes in the form of small white or creamy/yellowish rocks, and is usually smoked in some form of pipe. Crack can also be flaked and smoked in a cannabis/tobacco joint or injected. Alternatively, cocaine hydrochloride can be mixed ("washed") with ammonia and the resulting substance dried to produce "freebase" cocaine.

Why do people take cocaine and crack?

Cocaine is a powerful stimulant to the nervous system. Users get high very quickly - with feelings of strength, alertness, happiness and loss of inhibitions. Crack cocaine generates the same feelings, but in a more intense way.

Cocaine and crack cocaine users do not conform to a single social group. Research evidence suggests that there are people who:-

- experiment very occasionally with these drugs.
- use stimulants such as cocaine and crack on a regular (eg weekly) basis.
- have taken these drugs for some considerable time, and who are now developing problems.
- already use opiates, such as heroin, and who also use stimulants such as cocaine and crack.

Cocaine and Crack Cocaine

What are the risks from cocaine and crack to my physical health?

Cocaine use can be linked to virtually every type of heart disease, including spasms which may lead to heart attacks. Blood pressure is also affected and this can result in fatal strokes. Long-term cocaine abuse may lead to lung disorders, and eventually to cardiac failure. Chronic cocaine and crack use can lead to the premature ageing of the cardio-vascular system, and this is of particular relevance to Scotland, where the prevalence of cardio-vascular problems is already high.

"Snorting" cocaine can result in severe damage to the nasal passages. Injecting can cause skin infections, abscesses, blood clots, kidney damage and infections to the heart lining and valves. Sharing of injecting equipment raises the risks of contracting a range of infectious diseases including septicaemia, hepatitis B and C, HIV and subsequently AIDS.

Smoking crack can result in "crack lung" - the symptoms of which are severe chest pains, breathing problems and high temperature - which can result in respiratory failure and death. The hot vapour inhaled during smoking may cause burns to the lining of the mouth and throat, which the user may be initially unaware of, due to the anaesthetic actions of the drug.

Many cocaine and crack users will also take other drugs, including heroin. In some parts of Scotland, users are engaging in the highly dangerous practice of injecting a mixture of heroin and cocaine (known as snowballing or speedballing). Alcohol is often involved too. When alcohol is mixed with cocaine, a third substance (cocaethylene) is formed. This substance lasts longer in the body, is more toxic, and causes more harm, especially to the cardio-vascular system.

Chronic cocaine users experience loss of appetite, resulting in significant weight loss, and poor nourishment, which leaves the individual more susceptible to infection. Chronic cocaine use may also alter hormonal balances in the body, leading to breast growth in males, together with impotence. Research suggests that cocaine can lead to serious difficulties with menstrual functions, and infertility. Maternal use during pregnancy can cause premature delivery, low birth weight, post-natal withdrawal symptoms, and behavioural disorders in later life.

Poisoning with ammonia from protracted use of poorly manufactured "freebase" is a potentially serious health risk, as are the problems associated with acetone (used to reclaim cocaine from crack pipes), which may cause serious damage to kidneys, liver and nerves.

What are the risks to my mental health if I take these drugs?

Psychiatric problems are common with the use of cocaine, particularly chronic use, high doses or bingeing. The symptoms are particularly associated with the use of crack cocaine. Anxiety and panic attacks are common, and severe depressive symptoms can often occur, especially following a period of heavy use. The "come-down" from cocaine and crack use, can be so severe that people are more prone to suicidal thoughts or acts.

Chronic use, or heavy binges can lead to the development of psychotic disorders, including paranoid delusions of persecution, hallucinations, anxiety with panic attacks, hyperactivity and agitation. Confusion and aggressive behaviour may also develop, and some people may be prone to violent behaviour requiring restraint and detention. Cocaine use can lead to impairments to the functioning of the brain and to strokes.

Is it true that you can get "hooked" on crack cocaine after taking it only once?

There is no doubt that both cocaine and crack cocaine are highly addictive drugs. Some researchers believe that cocaine and crack can create dependence which is largely psychological (ie. dependence on the positive feelings from these drugs), compared to the physical addiction symptoms which can often accompany opiate (eg. heroin) misuse. For a variety of personal, social and psychological reasons, some people appear to be more vulnerable to developing drug dependence than others.

Cocaine and Crack Cocaine

Since the effects of cocaine and crack are short-lived and intense, there is often a drive to take the drugs repeatedly to avoid the withdrawal symptoms, particularly the severe depression which can follow "binges". Binges tend to take the form of repeated dosing with cocaine or crack, often in escalating amounts over a period of hours or days, terminating with a severe "crash", with exhaustion and depression. To avoid these symptoms, the user may be tempted to "top up" the frequency and amounts of drugs taken.

Does crack cocaine drive users to commit violent crime?

A good deal of the violent behaviour associated with crack cocaine has been attributed to "turf wars" among gangs who deal in this drug. Chronic use of crack cocaine can exacerbate violent behaviour among those who have such tendencies already, and it can create aggressive and violent behaviour in some users.

Are cocaine and crack safer than ecstasy?

There is anecdotal evidence that some dealers have tried to persuade their clients that cocaine and crack are safer and "purer" than ecstasy. This is not the case. All three drugs are classed among the most dangerous (included under Class A of the Misuse of Drugs Act 1971), and there is no question that any are safe.

What treatments are available for cocaine and crack cocaine misuse?

Crack and cocaine users may require emergency treatment at Accident and Emergency Services due to heart attacks, strokes, collapsed lungs, confusion and paranoia, severe chest pains, breathlessness and increased blood pressure.

There is no strong evidence to support any single treatment for cocaine or crack cocaine users. The focus of research and clinical practice has been on medication

to relieve the symptoms of withdrawal, rather than medications which provide a substitute. Psychological and psychosocial interventions are widely used, including cognitive behavioural therapy. However, as with medical treatments, the research evidence on the effectiveness of such interventions is limited, although promising.

Complementary therapies, such as auricular acupuncture, are also offered to cocaine and crack users.

Where can I go if I want help and advice about these drugs?

You can contact the free and confidential "Know the Score" Information Line on 0800 587 5879, to speak to a trained operator, or you can log on to the "Know the Score" website www.knowthescore.info which gives access to the sites of Scotland's leading drugs agencies. Both sources can provide information about local services. In addition, you can approach your General Practitioner, who can refer you to a specialist drugs service.

What are the penalties if I am caught in possession of cocaine or crack, or if I sell it to others?

The penalties for possessing and supplying Class A drugs reflect their risks to physical and mental health, and to society in general. Cocaine and crack cocaine are both Class A drugs, and possession could lead to a 7-year term of imprisonment and a heavy fine. Supplying Class A drugs could lead to life imprisonment and a heavy fine.