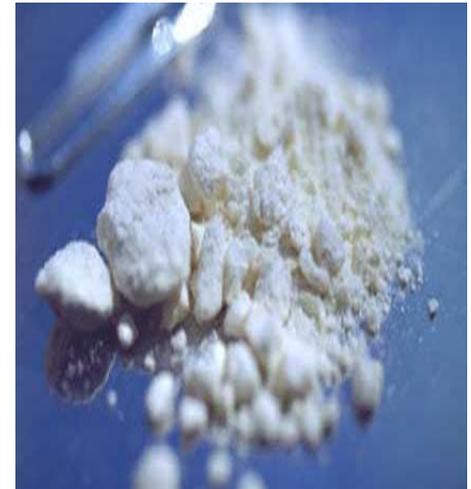


## Cocaine and crack

**Coca paste - basuco, cocaine, C, charlie, coke, dust, Gianlucca, gold dust, Percy, lady, snow, toot, white.crack - base, freebase, gravel, rock, stones, wash.**

### What is cocaine powder?

Cocaine (cocaine hydrochloride) is a white powder derived from the leaves of the coca shrub, a plant that grows in the Andean countries of South America such as Bolivia, Colombia and Peru. Seen for a long time as a glamorous drug for the rich and famous, the price of the drug dropped sharply from the mid 1990's onwards. However, the fall in price was matched by the deterioration in the purity of the drug over the same period. Cocaine is now second only to cannabis as the most popular recreational drug in the UK, yet the substance's glamorous associations appear undiminished. Along with Spain, use of the drug in the UK is the highest in Europe.[i] Coca paste, also known basuco, is a smokeable form of the drug made from the plant's leaves, though its use is rare outside of the producing countries. Cocaine powder can also be turned into a liquid and injected.



### What is crack cocaine?

Crack cocaine is an intense, short acting drug produced through a process that separates the cocaine base from the hydrochloride, resulting in small rocks of cocaine around the size of a peanut. Unlike the powder equivalent, crack cocaine is often associated with inner city areas suffering from acute social deprivation.

### Legal status

Cocaine and crack are controlled as Class A drugs under the Misuse of Drugs Act. It is illegal to be in possession of either crack or cocaine or supply them to other people. Maximum penalties for possession are 7 years imprisonment plus a fine and for supply life imprisonment plus a fine.

### Production and supply

Bolivia, Colombia and Peru currently produce several thousands of tons of cocaine each year and form the first part of an illicit production process that sees the harvested leaf soaked and dissolved before being filtered to create a semi-pure paste. Though this dark paste can be smoked, often in cigarettes or cannabis joints, the substance is then refined to produce a crystalline residue typically containing 90% cocaine hydrochloride. It is then trafficked through other Latin American countries such as Panama, Argentina, and Brazil, before it is shipped to Florida and Europe via the Caribbean and West Africa.[ii]

There are indications, however, that the world's supply of cocaine is declining. The 2010 World Drug Report published by the United Nations Office on Drugs and Crime found that the global area under coca cultivation had shrunk by 28%.<sup>[iii]</sup> However, while much of the decrease occurred in Colombia, cultivation in Bolivia increased by 1% 2009, and 7% in Peru. The years between 2005 and 2009 have seen consecutive increases in both of the countries, and it is estimated that if current trends continue, Peru will have replaced Colombia as the largest grower of illicit coca bush. Over 99% of the world's coca processing laboratories destroyed in 2008 were located in these three countries, though evidence indicates that number in Peru and Bolivia are on the increase.<sup>[iv]</sup>

According to the World Customs Organisation, the principle origin of cocaine shipments to Europe is Venezuela, however, Brazil, Ecuador and Suriname are believed to playing an increasing role. West Africa has also emerged as major smuggling route into Europe, however transportation through the region appeared to peak in 2007. The global cocaine interception rate is believed to exceed 40%, with 123 countries reported having seized a total of around 360 tons between 2005 and 2008. Europe makes up around 29% of the global illicit market for cocaine, with the United States topping the list at 41%.<sup>[v]</sup>

Crack cocaine is often produced within the importing countries, and involves baking the cocaine in water and soda or ammonia to produce crystals freed from the hydrochloride base.

## **Potency**

On the trafficking journey cocaine is repeatedly cut with other agents such as glucose powder or Benzocaine, arriving in the UK at around 66% purity before being sold on the street at around 26.5% purity,<sup>[vi]</sup> however samples as low as 13% have been recorded in Scotland.<sup>[vii]</sup> Lidocaine, caffeine and Phenacetin are the adulterants most frequently found in cocaine. While most are largely benign substances with few dangerous side effects, Phenacetin, an analgesic, has been banned in many countries due to its carcinogenic and kidney-damaging properties.<sup>[viii]</sup>

## **Prevalence**

Cocaine prevalence has steadily climbed in the 1990's and 2000's and though recent indications suggest that the trend has stabilised, use in the UK, along with Spain, remains the highest in Europe. In 1996 0.6% of 16 to 59 year olds had tried the drug in the last year. This peaked at 3% in 2008/09 though fell to 2.5%, or around 800,000 people, in 2009/10.<sup>[ix]</sup> Like on the continent, cocaine is the UK's second most used illicit substance after cannabis and like with cannabis, there is a considerable diversity among its users. This includes occasional recreational use as well as dependent and marginalised users.<sup>[x]</sup>

In 2009/10, cocaine powder was estimated to have been used by around 800,000 individuals aged 16-59 and 300,000 aged 16-24. The proportion of 16-24 year olds decreased slightly from 12.2% in 2009 to 11.6%.<sup>[xi]</sup> The Home Office has estimated that there are around 181,000 crack cocaine users in England.

## **Illicit use**

Cocaine powder is often cut up into short lines and then sniffed up the nose through a rolled up banknote or straw. A typical weekend user might use one-quarter a gram or so over the weekend while more regular users could consume up to one or two grams a day. Because the effects can wear off quite quickly, heavy users can get through several grams in a relatively short period of time.

Crack cocaine is smoked through a pipe which might be as rudimentary as an empty drinks can. Regular users might consume one to two grams a day, however, because the effects wear off relatively quickly, some heavy users might use up to several grams in a single session. Some users might also combine crack with heroin, a practice known as speedballing, which combines the stimulating and depressant effects of the two drugs.

## Price

There is some evidence that a two-tier cocaine market, first seen in bigger cities, has emerged, with a gram of 'quality' and 'economy' product sold at £50 and £30 respectively. The average UK price is £42 per gram. Crack is commonly sold by the rock, with £10 buying 0.2g.[xii]

## Effects and risks

Cocaine and crack are strong but short acting stimulant drugs. They tend to make users feel more alert and energetic. Many users say they feel very confident and physically strong and believe they have great mental capacities. Common physical effects include dry mouth, sweating, loss of appetite and increased heart and pulse rate. At higher dose levels users may feel very anxious and panicky. The effects from snorting cocaine can start quickly but only last for up to 30 minutes without repeating the dose. The effects come on even quicker when smoking crack but are not as long lasting.

Large doses or quickly repeating doses over a period of hours can lead to extreme anxiety, paranoia and even hallucinations. These effects usually disappear as the drug is eliminated from the body. The after-effects of cocaine and crack use may include fatigue and depression as people come down from the high. Excessive doses can cause death from respiratory or heart failure but this is rare.

There is some debate as to whether tolerance or withdrawal symptoms occur with regular use of cocaine or crack. While it is true cocaine and crack are not physically addictive like heroin, it is misleading to define and therefore measure the existence of physical addiction using withdrawal symptoms associated with heroin. Each drug has its own unique physical effects, which in the case of cocaine and crack are very powerful.

A chronic user of cocaine or crack will become tolerant to the drug and will become used to the drug keeping them awake and functional. Once the user stops, which can prove very difficult for a regular or chronic user, they will very quickly start to feel tired, panicky, exhausted and unable to sleep, often causing extreme emotional and physical distress. This can manifest itself in symptoms such as insomnia, anorexia and sweating, which for some can prove unbearable. Many chronic users are well aware of these symptoms and, in an attempt to avoid them as well as ensuing fatigue, are reluctant to stop using the drug.

As far as crack is concerned, claims have been made that, unlike cocaine, it is instantly addictive making occasional or intermittent use impossible. Certainly, crack appears to induce an intense craving in some users which can rapidly develop into a 'binge' pattern of drug use. However, studies of people who have ever used crack show that nowhere near all go on to daily, dependent use and that when this happens it usually takes a few months. To become a dependent user of powder cocaine hydrochloride would usually take longer.

For both crack and cocaine, dependency is not inevitable. Whether people become dependent, and if so how quickly it happens, will vary depending on the individual user's mental state and circumstances. The fact that cocaine and crack are expensive means that people who become dependent may spend vast amounts of money. Those who are not wealthy may find themselves involved in crime or prostitution to fund a habit.

With everyday use restlessness, nausea, hyperactivity, insomnia and weight loss may develop. Some regular users become very 'wired' and paranoid. Lack of sleep and weight loss may lead to exhaustion and being very run down.

Updated 2011

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Other Sources of information		
<p>Local organisations that offer Assessment &amp; Treatment options for people with addictions:</p> <p><b>SMART-</b> Substance Misuse Assessment &amp; Referral Team Poole - 01202 735777</p> <p><b>BAT –</b> Bournemouth Assessment Team 01202 294888</p> <p><b>YADAS –</b> Tel 01202 741414 <a href="http://www.edasuk.org/which-area-do-you-live-in/poole/poole-yadas/">www.edasuk.org/which-area-do-you-live-in/poole/poole-yadas/</a></p> <p><b>ShADOWS –</b> Tel 01258 488486 <a href="http://www.edasuk.org/which-area-do-you-live-in/dorset/shadows/">www.edasuk.org/which-area-do-you-live-in/dorset/shadows/</a></p> <p><b>ADDACTION –</b> Tel; 01202 558855 <a href="http://www.addaction.org.uk">www.addaction.org.uk</a></p> <p><b>SPS -</b> Specialist Prevention Service Tel: 01305 228200 <a href="http://www.dorsetforyou.com/specialistprevention">www.dorsetforyou.com/specialistprevention</a></p>	<p>Local organisations who offer treatment, advice, information &amp; support for people with addictions:</p> <p><b>PACT</b> (Poole Addictions Community Team) <a href="tel:01202633875">Tel:01202 633875</a></p> <p><b>Steven James Project</b> Tel: 01202 740044 - <a href="http://www.sjcounselling.co.uk">www.sjcounselling.co.uk</a></p> <p><b>Tom Smith Counselling</b> Tel: 07738 380146 email:<a href="mailto:tom@tiscounselling.co.uk">tom@tiscounselling.co.uk</a></p> <p><b>EDP –</b>Tel: 01392 666710- email <a href="mailto:info@edp.org.uk">info@edp.org.uk</a></p> <p><b>CADAS -</b> Community Alcohol and Drug Advisory Service Tel:01305 265635 <a href="http://www.dorset.nhs.uk/localservices/alcohol-and-drugs.htm">www.dorset.nhs.uk/localservices/alcohol-and-drugs.htm</a></p> <p><b>CRI –</b>Tel:01202 203101 - <a href="http://www.cri.org.uk/bit_bournemouth">www.cri.org.uk/bit_bournemouth</a></p> <p><b>SHARP –</b> Tel:08451234130 <a href="http://www.actiononaddiction.org.uk/treatment/sharp_bournemouth/">www.actiononaddiction.org.uk/treatment/sharp_bournemouth/</a></p> <p><b>YADAS –</b> Tel 01202 741414 <a href="http://www.edasuk.org/which-area-do-you-live-in/poole/poole-yadas/">www.edasuk.org/which-area-do-you-live-in/poole/poole-yadas/</a></p> <p><b>ShADOWS –</b> Tel 01258 488486 <a href="http://www.edasuk.org/which-area-do-you-live-in/dorset/shadows/">www.edasuk.org/which-area-do-you-live-in/dorset/shadows/</a></p> <p><b>ADDACTION –</b> Tel; 01202 558855 <a href="http://www.addaction.org.uk">www.addaction.org.uk</a></p> <p><b>SPS -</b> Tel: 01305 228200 <a href="http://www.dorsetforyou.com/specialistprevention">www.dorsetforyou.com/specialistprevention</a></p>	<p>National organisations that offer treatment, advice, information &amp; support for people with addictions:</p> <p><b>Alcohol Concern</b> Tel: 020 7264 0510 <a href="http://www.alcoholconcern.org.uk">www.alcoholconcern.org.uk</a></p> <p><b>FRANK-0800 77 66 00</b> <a href="http://www.talktofrank.com">www.talktofrank.com</a></p> <p><b>NTA –</b> Tel:020 79721999 <a href="http://www.nta.nhs.uk/">www.nta.nhs.uk/</a></p>

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