

8. Cocaine/Crack

(2021 version)

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Cocaine

Introduction

Cocaine is prepared from the leaf of the coca plant (*Erythroxylon coca*), which can be found in the mountainous regions of South America, such as Columbia, Bolivia, Peru and Brazil, and also in Taiwan, Java, India and parts of Africa.



Coca was used in Inca times, especially during religious ceremonies, and for centuries the leaves have been chewed by South American Indians to relieve hunger and exhaustion when working in the Andes. As well as the mild physical stimulation this produces, a dose of two ounces of leaves can deliver all the vitamins needed, aid breathing during physical exertion and tone the muscles of the gastro-intestinal tract.

The active ingredient of the coca plant was first isolated in Europe in the 1860s and, like many other newly discovered drugs, became part of many potent medicines, including a local anaesthetic in dentistry. Its effectiveness as a local anaesthetic derives from its ability to block the initiation and conduction of impulses along sensory nerves.

Other commercial products followed such as chewing gum, cigarettes and countless patent medicines. The cocaine content in Coca Cola was removed only in 1903.

Cocaine was a common drug of misuse during the latter part of the 19th century. Among its advocates were writers like Alexandre Dumas, Jules Verne, Emile Zola, Sir Arthur Conan Doyle and his fictional hero Sherlock Holmes. But at the start of the new century, doctors began to warn users of possible dependence and of the problems they had discovered were associated with its use. After concerns over the use of cocaine by soldiers during WWI and the British press claiming that it was a plot by the Germans to destroy the British Empire, emergency laws were introduced in 1916 to ban possession and limit its use in medicine.

How it is taken

There are four types of cocaine: the leaf, 'pasta', cocaine hydrochloride and crack cocaine. Crack is covered in more detail in the next section.

The leaf is chewed mostly by Andean Indians, or rather a wad of leaves is placed between the gum and cheek and gently sucked. This method is not used in the UK.

The form of cocaine used in the UK is Cocaine hydrochloride, a white crystalline powder, which is the result of a long chemical process whereby cocaine sulphate 'pasta' is refined. The pasta itself is used in Peru and surrounding countries. It is a brown, often damp, substance, which has many impurities and is mixed with tobacco or cannabis and smoked.



Cocaine is most commonly snorted. Users chop the powder with a razor blade to make it as fine as possible and using a straw, or similar shaped implement (often rolled-up bank notes). It is sniffed into the nostrils. The cocaine is then absorbed into the blood stream via the nasal mucous membranes. It can also be smoked by placing a small amount inside, or on the end of, a cigarette, but this is a very inefficient way of taking the drug as the effects are significantly reduced compared to when it is snorted.

Cocaine can also be injected into veins or just under the skin. The effects do not last as long as when it is snorted. It can also be combined with heroin and injected, which is known as a 'speedball'.

Some of the street names for cocaine are:

C	Snow
Candy	Star dust
Charlie	Toot
Coke	

Adulterants

Local anaesthetics with similar anaesthetic effects as cocaine can be used to give an impression of higher quality cocaine. It can cause adverse cardiovascular reactions even at small doses. Larger doses can be life-threatening as it increases the toxicity of cocaine.

Two other adulterants are Phenacetin and Levamisole. Phenacetin is an analgesic with pain relieving properties. It is banned in many countries due to links with kidney failure. Levamisole is a medication to expel parasitic worms. The reason for this to be added to cocaine is unknown, but it may give a more intense high. It is highly toxic and can cause fever and a lowered white blood cell count.

Health

Cocaine is a powerful stimulant affecting the central nervous system, and is also a local anaesthetic. The rush caused by cocaine happens very quickly, but only lasts for between 20 and 30 minutes. The positive and negative short-term effects include:

- a short 'high' of intense well-being, exhilaration, confidence and euphoria
- this is often followed by feelings of agitation, anxiety, fear and sometimes hallucinations if the user feels threatened
- increased energy
- increased heart rate and blood pressure
- dehydration
- respiratory trouble
- loss of appetite
- sweating
- dilated pupils
- impotence
- digestive disorders
- risk of HIV from injections
- paranoid delusions leading to violent behaviour

Long-term effects can include:

- nose and throat damage from sniffing
- damage to teeth and gums
- anorexia
- risk of infection, HIV and even gangrene from sight of injections if there is poor hygiene
- risk of addiction if it is used in conjunction with heroin in a speedball
- tiredness and depression
- excessive use can trigger paranoia

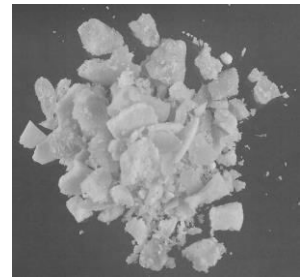
There is little available evidence on the long-term mental effects of cocaine use. However, users of cocaine may behave in a restless manner and can be fidgety. They often have lots of ideas and talk without listening, confident in their own opinions.

Cocaine and pregnancy

Using cocaine during pregnancy can bring an increased risk of premature birth, low birth weight of the baby, stillborn or spontaneous abortion.

Dependence

There is no evidence to suggest that cocaine causes physical dependence, but there is strong psychological dependence. A heavy user who has decided to stop taking it will experience long-term fatigue, depression, anxiety and agitation, and these feelings can last for months and giving up can be very difficult.



Tolerance

Some tolerance to cocaine will build up in the user's body, requiring them to take more in order to reach the same high.

The Law

Cocaine is a Class A, Schedule 2 drug.

Crack

Introduction

Commonly known as Crack Cocaine, this is an insoluble form of cocaine in which the salt, cocaine hydrochloride, is converted back to the base, cocaine. This process creates crystals, which are about the size of a raisin. Both crack and cocaine are chemically identical but they differ in the way they are processed. Crack is not necessarily more potent than cocaine hydrochloride as its potency depends on the purity of the cocaine used for processing. The name 'crack' is derived from the 'crackling' sound made when smoked.

How it is taken

Smoking crack is the quickest way to get the drug into the brain. This is done by smoking it in 'pipes', made from soft drink cans, it can be burnt on a piece of foil, or it can be mixed with tobacco or cannabis in a cigarette. Due to most of the drug being destroyed by the high temperatures generated in a cigarette, most smoking is done by water pipe.

Some of its street names are:

• Base	• Freebase	• Crystals
• Wash	• Rock	• Flake

Health

Smoking crack results in an intense and almost immediate euphoric experience. The effects wear off in as little as 12 minutes and they are followed by feelings of depression and anxiety.

Long-term use can also lead to black phlegm, chronic cough or even the development of bronchitis.

Dependence

Many experts are convinced that crack consumption may result in a form of physical dependence with strong withdrawal symptoms similar to those of heroin and it is sometimes alleged that new users become instantly dependent on crack. Though this might be true for a number of people, instant dependence is probably an exception.

Crack also brings about such extreme levels of euphoria and distress that it makes people seek for further satisfaction. A complete psychological dependence is quite common.

Sometimes crack is laced with heroin ('Moonrock') to prolong the effect of the drug which may lead to a problematic dual addiction.

The Law

Like cocaine, crack is a Class A, Schedule 2 drug.

Cocaine Statistics

Last updated December 2020

Use of cocaine

Among adults (16-59), cocaine continues to be the second most used illegal drug in the UK, with an estimated 976,000 users each year (nearly four times the number of heroin users but with much less frequent average usage).

Among young people, cocaine has become the third most used illegal drug, with nitrous oxide now the second most used by those aged 16-24.

In the age group of 16-59, 2.6% reported using cocaine in the last year to the survey. 10 years ago, the figure was fairly similar at 2.1%.

As for young people, in the last year, 5.3% of those aged 16-24 said they had used cocaine. 10 years previously 4.4% said they had used it in the last year.

Cocaine was the cause of 708 deaths in England and Wales in 2018. A decade ago, there were 202 deaths where cocaine was cited as the cause.

(ONS Drug Misuse in England and Wales, 2019/20; British Crime Survey, 2010/11; Review of Drugs, 2020)

Use of crack

0.1% of 16-24 year-olds reported that they have used crack in the last year. In 2010/11, it is estimated that 0.3% of people in this age group used crack in the last year.

In the wider age group of 16-59-year-olds, 0.1% said they had used crack cocaine in the last year, which is similar to 10 years ago when 0.2% said they had used it.

(ONS Drug Misuse in England and Wales, 2019/20; British Crime Survey 2010/11)