

CRACK IN LONDON

A CUT IN price over the last eighteen months from £60-80 to £40-60 a gram, improved marketing, and a fashionable image have made cocaine and its derivative crack good sellers on the buoyant south London drug market. This trend is being reflected in the growing number of cocaine users now approaching drug agencies in the area.

In financial year 1988/9, the area's Community Drug Project (CDP) saw 59 cocaine users (11 per cent of our total caseload), a figure which this year is expected to increase. In the first three months of 1988/89, 13 per cent of new people coming to CDP reported cocaine use during the past 30 days. By the final three months the figure was 25 per cent. In terms of numbers the increase was from 11 people in the first quarter to 20 in the fourth. Most of the cocaine users we see are men but a sizeable minority are women.

Using cocaine in the form of crack (also known as 'wash' or 'rocks') is in vogue locally. About a quarter of the cocaine users we saw last year had smoked crack. Usually they had prepared it at home, getting through perhaps as much as ten grams of cocaine over two days, but there are now signs that some dealers are manufacturing and selling ready-made crack.

But crack use in south London is just one element within a general trend towards increased use of cocaine, including snorting the powder, freebasing other forms of cocaine, and injecting the drug with heroin.

Crack use has developed in the context of pre-existing high levels of cocaine use and availability, and a drug using tradition that has for many years preferred smoking (as in 'chasing' heroin) to injecting. Crack 'fits' the south London drug scene in ways that may not be applicable elsewhere.

Local crack users do not see the drug as a significantly different product to cocaine. Transforming cocaine into crack is done to remove some of the impurities and to get a more intense high, rather than in the mistaken belief that a new drug is being created.

Crack intensifies problems

At least three different groups of people are using cocaine and crack locally. Use has become more common among existing polydrug users on the lookout for the week's best buy. Most of the cocaine users we see fall into this group.

The other two groups are more worrying, partly because they are more difficult to contact. First there is evidence of more frequent cocaine use among people with a long history of using the drug recreationally. Second, young people both white and black without a history of drug misuse have started to use cocaine on a regular

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Cocaine users in South London are now being converted to crack. The area's drugs street agency shares their experience of cocaine and crack problems, probably the most extensive in Britain.

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basis. Both see heroin as a drug for 'junkies', are wary of injecting, and regard cocaine in its various forms as part of an expensive designer-orientated lifestyle.

For all these cocaine users crack has important advantages over cocaine powder (see panel).

The problems seen with regular crack use are similar to those with other forms of cocaine but intensified because more of the drug is used in a shorter space of time. In the neighbourhood of CDP these problems have developed in the context of high levels of drug use and of crime.

Users we've seen have run into problems because regular cocaine or crack use is very expensive. Particularly with crack, the effect is so short-lived that people can use several hundred pounds worth a day. Most of our experience has been with polydrug users who commonly use crack at high levels for a few days. The cost of such a binge can only realistically be supported by crime.

Traditionally the crimes committed by heroin users have been non-violent, such as the burglary of vacant premises, shoplifting, and cheque and credit card fraud. The last two of these in particular require a 'straight' front and a coolness of approach. Cocaine makes people 'jumpy' and this can lead to more in the way of quick snatches. Also the cost of the drug means more offences need to be committed. With regular cocaine or crack use there soon comes a time when no feasible amount of petty crime can pay the bills. Many users simply stop at this point but some commit more serious crimes to net large amounts of money at a single stroke. In our experience crack does not create violent criminals out of law-abiding citizens but its use can push people to extend their criminal repertoire.

Cocaine and crack use can, however, lead to paranoia which in turn can result in violence,

particularly in the domestic situation. It is not unusual for the wife or partner of a cocaine user to contact CDP due to their concern over actual or potential violence or over the user's criminal activities.

In contrast, crack users themselves are reluctant to attend. This may be partly because of the paranoia associated with use allied to an unfounded fear of being reported to the police. It is also because no clear treatment path exists such as is available for heroin users.

But there can be serious problems for cocaine user as well as for their contacts. People who stop using report severe depression in the weeks that follow, sometimes leading to thoughts of suicide. One solution is to resume use, and many do just that. Another is to 'self-medicate' with heroin or sedatives which help block out the craving for more cocaine, take the edge off cocaine-induced jumpiness, and help the user get some rest.

Need to reach new groups

Developing help programmes for problem cocaine users poses difficulties for agencies such as CDP. The first is actually reaching users, a particular problem with those *not* using drugs other than cocaine. These people do not necessarily see themselves as having a 'drug' problem. An agency geared primarily to heroin users may not project the right sort of image to attract them and, in any case, may not be seen as offering appropriate help at the time they feel it is needed. Even if they did feel they needed help with a cocaine problem, many of these people would not know how to start.

We also need to establish appropriate forms of treatment. In the USA intensive counselling programmes have been developed to cope with the strong psychological dependence that can develop with cocaine and particularly with crack. Short-term medication may be helpful in alleviating depression when cocaine use ceases. Cocaine is not replacing but adding to existing drug problems and extra resources are needed to mount an effective response.

On a broader front it is important in prevention terms to counter the positive street image of cocaine and crack which, despite all the adverse publicity, are seen as drugs of success. ■

How users see the advantages of crack

Cocaine users seen by CDP give a number of reasons for preferring smoking crack to snorting cocaine hydrochloride.

◆ Snorting cocaine is becoming seen as wasteful and inefficient method of use which results in less 'bang per buck'.

◆ Crack is a new and fashionable product attractive in the same way as other new products like clothes or records. Both by virtue of its method of use (ie, not injecting) and the drug (cocaine rather than, say, heroin), users do not associate crack with problem drug use. They can use it without

being seen as 'junkies'.

◆ Crack users seem aware of the HIV risk from injection and see crack as a way of avoiding this while still getting a 'rush'.

◆ Crack users see traditional methods of preparing freebase cocaine as dangerous because the ether might blow up in their face. In contrast it is easy to convert cocaine into crack at home.

◆ Crack in the form of 'rocks' is easier to handle than cocaine powder and easier to dispose of if users fear being searched by the police.