

# More than a pipe dream

As crack comes in from the margins, its reputation as a demon drug grows. Even some staunch harm reductionists believe the grip of this drug is so pernicious that the only strategy is abstinence. **Mat Southwell** disagrees



**C**RACK cocaine has played havoc among treatment populations, has destabilised commercial sex scenes, and there is a growing relationship between crack cocaine and youth offending. Looking out on this panorama, it is unsurprising that many have become very pessimistic about the potential for drug users to master this new drug, to the point where some have even questioned whether harm reduction should have a place in our response.

The difficulty for those planning or designing responses to crack cocaine is that most have a restricted view of the scene. Hidden from the public gaze, crack is now used in a chill-out setting by some groups of clubbers. Similarly, those sniffing cocaine in the toilets of trendy drinking establishments may switch to 'rocking up' when they get home. In these cases, the selection of form is largely informed by setting and convenience.

Apart from being piped, the base form of cocaine can also be chased on silver foil or sprinkled into joints to make a more efficient form of 'charlie spliffs'. The crack use of these groups seems to have much more in common with our image of cocaine sniffers as those who are largely in control of their drug use.

The significance of these and other hidden populations of crack cocaine users is that their drug taking is usually bound into social ritual, is often guided by clear rules that separate play time from work time, and these users have strong life structures. They often bring control strategies from powder cocaine or other stimulant use.

## BUM RUSH

Piping crack cocaine allows smokers to experience a huge rush, which is usually the preserve of injecting drug users. All the negative health and social consequences of cocaine are triggered or exacerbated by high dose using.<sup>1</sup> This gives us another insight into why injectors and pipers are so often the groups who get into problems with cocaine and crack. Teaching

users about the impact of dose and promoting technologies for crack use that are linked with lower dose using are all important interventions.

But the demonisation of the drug and its users has fostered a belief that crack cannot be managed. We know that general efficacy (the general view that something can be achieved) informs self-efficacy (an individual's belief in their own ability).<sup>2</sup> In motivational terms, undermining a users' self-belief is compounded by a constant undermining of their self-esteem. Crack users live with a constant barrage of negative images in the media and even within service advertising materials and health education resources. Cultural norms take time to form and the stereotyping of users can only inhibit this vital process of collective learning.<sup>3</sup> Securing protective rules and rituals is also being undermined by heavy-handed enforcement strategies that inevitably result from, and contribute to, scapegoating.

## BREAKING THE CYCLE

Nevertheless, informal international collaboration has evolved to share and debate models of harm reduction. A key approach has been to monitor the evolution of spontaneous safer practices among drug users.

In east London, I worked with Dawn Kennedy from East London Respect to track the emergence of harm reduction practices,<sup>4</sup> while Mainline in Amsterdam sought out self-control strategies.<sup>5</sup> Once these peer approaches had been assessed, they were disseminated back to users through social marketing interventions. HIT's leaflet *Crack cocaine: reduce the risks* draws on the above work and offers drug users practical guidance on how to manage their crack use.

Mainline's slogan, 'Base has no brakes, apply the breaks' emphasises the importance of promoting positive role models of crack cocaine users in order to build their collective esteem and general efficacy, so that they can exercise control over their use.

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# — reducing crack's harm

## ON YER BIKE

Community magazines and peer support interventions have both been employed and this has been reinforced by publicising progressive work in the mainstream media. Motivational or self-control interventions have also been delivered through low threshold agencies to achieve similar goals at the individual or group level.

There is also a need to develop strategies to offset dealer market manipulation. Developing a code of conduct with dealers has been possible in Amsterdam given the existence of a 'hard drug dealers union'.

In east London, crack users involved in Respect Users Union developed a peer support initiative called the Crack Squad. As part of their work they developed a charter called 'To protect and serve up',<sup>6</sup> which has been disseminated through peer networks. The intention is to promote consumer power and encourage improved standards among local dealers.<sup>7</sup>

## CRACKED LIPS

Drug users have also been looking at ways of using crack, leading to a new type of street pipe made from a car aerial and a miniature bottle of brandy.<sup>8</sup> This creative peer response reflected users' concerns about lung damage associated with using cigarette ash as a suspending agent for the crack. The brandy bottle pipe both avoided the use of ash and replaced pipes made from plastic bottles and tin cans – so avoiding inhaling contaminants during piping sessions.

At a more formal level, the Illicit Drug Users Union of Toronto (IDUUT – pronounced 'I do it') has been distributing safer piping kits, which include a glass pipe, lip care products and pipe cleaning equipment. Cracked lips are a problem for many users mostly linked to dehydration. The promotion of personal pipes, lip care products, and advice of remaining hydrated are key strategies for avoiding the transmission of blood borne viruses and TB.

## INJECTING CRACK

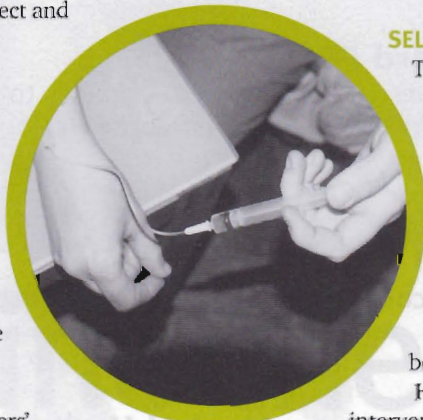
The rise of injecting cocaine also reinforces the need for harm reduction practice to evolve with the illicit drug scene. It is vital to offer people adequate supplies of injecting equipment. The application of a restrictive one-for-one needle exchange policy was seen as a key factor in an outbreak of HIV in Vancouver following the arrival of cocaine in an area.<sup>9</sup>

In addition, cocaine's properties as a local anaesthetic mean that after the first fix of an injecting session, the user has to inject by sight. Inevitably this can lead to significant primary health care problems.

Dave Wooten, previously a Clinical Nurse Specialist at the Healthy Options Team, piloted the use of butterfly needles. By siting a paediatric needle

at the beginning of a session and then taping this temporarily in place, the user avoids the need to repeatedly insert a needle thus reducing risk. This approach has much to recommend it, particularly when the needles are issued as part of a formal scheme that involves user training and regular check ups.

The dominance of crack over powdered cocaine on street scenes ensures continued vein damage even with all the above interventions. The need to convert base cocaine into a salt form requires crack to be 'cooked up' with citric acid or vitamin C, which in themselves harden veins. The frequency of injections per day may well explain the increased risks now being reported by some agencies.



## SELLING THE HIT

This highlights the value of 'drug transitions work' in which injectors are encouraged to switch to non-injecting methods of taking the drug.<sup>10</sup> Here the efficiency of piping and its enhanced hit becomes a selling point. However, its association with increased compulsiveness cannot be ignored.

Harm reduction and self-control interventions are inextricably linked.

Quietly sidelining the less comfortable elements of our strategy would inevitably undermine its effectiveness. Harm reduction often causes us to confront uncomfortable realities. However, it is the potential to reduce the continued and escalating harm associated with crack cocaine that should guide our future policy, practice and research priorities. ■

## references

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- 8 The miniature brandy bottle has an indented base, which can be simply broken to leave a small diameter hole within which the pipe can be inserted.
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