

Last Words ◀

Given the attention that crack's received over the past few years and the well-publicized dangers associated with it, you'd think that crack would be taking a powder about now.

You might think that—and it might even make serious sense—but you'd be wrong.

Because a lot of people don't listen—or don't care. There lives are so caked over with poverty and boredom and despair—and the simple longing for pleasure that fills us all—that crack sells itself to them. And for others, who've already found their lives caught up in crack, solutions just don't seem that easy any more.

Still, there *are* solutions. If you've been using crack, you *can* get your life back on track. And while coming back from crack may turn out to be the hardest work you'll ever take on, you *can* make it if you try.

If you've never tried crack, keep it that way.

Because here's the real rap on crack: It's a trap that's easier to avoid than to break out of. ■

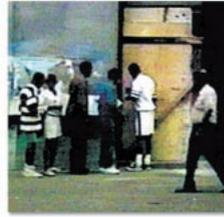
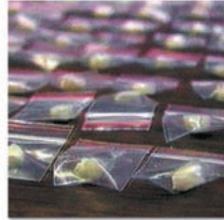


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CRACK

cocaine squared



Crack Attack ◀

It's almost hard to remember a time *before* crack. It's such a high-profile part of urban life today that it's easy to forget that it's still a fairly new problem. And in a world where the word "problem" gets tossed around pretty carelessly, crack (or "rock" cocaine, as it's sometimes called) has lived up to its billing as the baddest drug problem on America's meanest streets.

But that hasn't kept it off Main Street, either. Today, crack's everywhere—in cities and suburbs, parks and playgrounds, hawked from street corners and slipped under doorways in fortress-like "rock houses."

In the process, it's earned a reputation as a cheap, instant high—and as one of the most addictive drugs ever.



Sound defects. Crack's name probably originated in the sound rock cocaine makes as it burns.

But that's *still* only part of the story.

It's also caused a surge in drug violence, as crack gangs have carved out their turf, and a sharp rise in AIDS and other sexually-transmitted diseases, since sex is often the medium of exchange for crack addicts who have nothing left to spend.

And crack has also left its mark in the faces and minds and dubious prospects of tens of thousands of babies born to addicted mothers.

Given the extent of the crack problem, and its effects on us all, a closer look at the drug is needed.

Because way too many people have found out the hard way that crack is *everything* it's cracked up to be. And more.

Crack Facts ◀

So where does crack come from? Good question, because it starts out (as a lot of problems do) innocently enough, and only gets truly *weird* as people (and money) get involved.

Cocaine itself begins as a shrub (*erythroxylum coca*) that grows in the mountains of Bolivia, Colombia, and Peru.



All about the Benjamins. Crack's addictiveness has meant huge profits to both the foreign cartels and inner-city gangs which control U.S. distribution.

Some crack users say they were addicted from the moment they first put a pipe to their lips.



Indians there chew its leaves for a mild emotional lift. It's not a problem for them; they've coexisted with coca for centuries.

Only after processing in South America labs does a concentrated form of the drug emerge, known as *cocaine hydrochloride*. It delivers a serious kick—one that's felt all over the world.

Crack ups the ante, further still. It results from an additional processing step that converts cocaine HCL into a smokeable, freebase alkaloid. The resulting paste is baked, then broken into chips or "rocks," and sold on the street for as little as \$3-5.

Crack originated as a low-cost substitute for another form of smokeable cocaine, called *freebase*. The main difference? Crack isn't as pure, since the crack cooking process doesn't filter out all the cuts found in street cocaine. In fact, it even adds a few impurities of its own.

Still, quality (of both powder cocaine and crack) is up. According to the U.S. Drug Enforcement Administration, crack has been weighing in at 75-90 percent potency in recent years—up from 34 percent in 1987.

But purity alone doesn't explain all of crack's punch. A main difference involves the way it's absorbed: Crack is smoked and enters the body as a vapor, while most ordinary cocaine is sniffed—or injected, for maximum thrust.

That's made the drug easy to take—and a lot less threatening to most people than using a needle.

The result? More than 8 million Americans have tried crack, according to a 2009 national survey, and about 492,000 use it regularly.

Actions/Reactions ◀

Like plain old “vanilla” powder cocaine, crack is a powerful stimulant. But since it’s absorbed so quickly and hits so hard (reaching the brain in seconds and causing an intense “rush” that lasts 3-5 minutes), it creates all sorts of special risks for users.

As it pumps up the volume throughout the central nervous system, crack also speeds up other body systems, triggering a sharp rise in heart rate, blood pressure, and body temperature. Short-term effects include feelings of alertness and excitement, along with increased confidence and decreased appetite. That’s the upside.

The downside is that the intense crack high is quickly replaced by an equally intense low, involving anxiety, depression, and a restless craving for *more*.

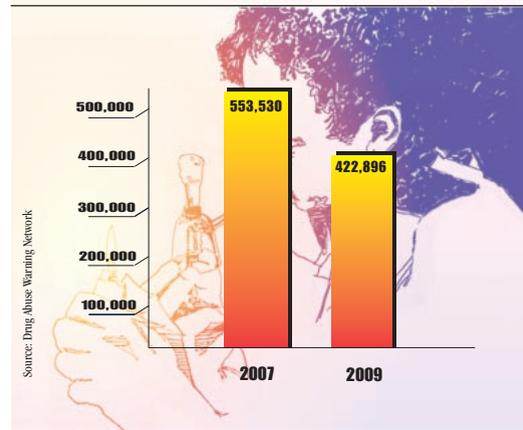
For many users, the simplest—or at least the fastest—form of self-treatment for a crack crash is another dose of the drug.

And that’s when the trouble *really* starts.

Effects/Risks ◀

Just like powder cocaine, crack can lead to serious physical complications—and then some.

▶ CRACK’S TRACKS



Smoke alarms. Cocaine-related E.R. admissions have fallen in recent years, largely due to increased awareness of the risks linked to crack.

Because even though cocaine had a reputation for many years as a relatively harmless high, the fact is that the drug burns out the body and brain and can pose serious health risks to users.

Smoking only compounds the risk, since crack carries all the dangers of regular cocaine, along with a few of its own. And right at the top of the list is the risk of overdose.

And overdose is easy with crack, since it’s absorbed so quickly at such high levels.

This risk is even greater since all forms of cocaine have been linked to heart failure in users—even in otherwise-healthy people with no history of heart disease.



McAddiction. Crack revolutionized coke marketing, combining high-intensity effects with low-cost unit dosing.

And without immediate treatment, overdose can bring on convulsions, coma, and death.

Smoking crack can also cause respiratory problems and decreased lung function.

Heavy users report often congestion and coughing and pain in the lungs and throat after use.

Other side effects include fatigue and malnutrition and possible liver damage. The drug also depletes levels of *dopamine*, a brain chemical involved in mood, attention, and motivation.

Effects can be complicated by the simultaneous use of other drugs. Crack is sometimes used in combination with marijuana, heroin (in a post-modern adaptation of the heroin-cocaine “speedball”) and PCP (AKA “space base”).

Crack Compulsion ◀

Its physical risks are bad enough, but its addictiveness takes crack way over the top, trouble-wise. Some experts call it *the* most addictive drug, and some users say they were addicted the moment they first put a pipe to their lips.

Why? Mostly because the drug hooks up so perfectly with the body’s built-in systems of pleasure and arousal.

And while researchers haven’t fully sorted out all of the ways it does *that*, we do know that crack lights up the brain’s pleasure centers like an exploding scoreboard on the Fourth of July. But the fireworks fade—fast.



Crack lights up the brain’s pleasure centers like an exploding scoreboard on the Fourth of July. But the fireworks fade fast.



And when they do, the only apparent way to keep the good times rolling is to use more (and more) crack.

To make matters worse, once a crack habit is established, it *doesn’t* want to go away. In fact, most hooked users keep on using until they run out of money or run out of drug—or run out of life.

With constant use, though, crack is a lot more nasty than nice, even to regular users. Extreme mood swings are common among crackheads, as is irritability, insomnia, and weight loss.

Chronic use can trigger a full-blown psychosis that matches up pretty well with paranoid schizophrenia, right down to the delusions of grandeur or persecution.

And while any of these symptoms should clue someone into the fact that their crack habit is out of control, it’s not always enough to make the person want to stop.

And because crack gains such a powerful hold over a user’s life (and central nervous system), those who *do* stop run a serious risk of relapse.

That’s why experts often recommend short-term hospitalization and long-term follow-up for crack-dependent people, and many use antidepressant drugs both to ease the depression associated with withdrawal and reestablish normal brain chemistry.

Either way, a crack habit isn’t an easy habit to break. But it *can* be broken (see box below).

▶ Un-Cracking Up: It’s Your Move

Getting off crack involves more than simply not using it. That’s where stopping starts, but it usually *stays* stopped only when users deal with the personal issues that led to the abuse in the first place.

People who’ve been there describe three main stages in the process:

▶ **Wanting to Stop.** Motivation is the key to quitting crack. No one can do it for you. You have to recognize that you have a problem (usually by noticing other problems—financial, personal, or family) and *really* make up your mind to stop before treatment or self-help will be more than just spinning your wheels between binges.

▶ **Stopping.** The next big step is putting some serious distance between yourself and the drug. This could involve getting into treatment or working a 12-step program. It *definitely* requires throwing out cocaine paraphernalia and staying away from coke-using friends.

▶ **Staying Stopped.** For most users, some form of support is essential. Narcotics Anonymous and Cocaine Anonymous groups are free, friendly, and found just about everywhere. Check the white pages in the phone book to find a meeting near you.

Once you’ve really made up your mind to quit, any number of programs—from residential treatment to outpatient counseling—can help. Check your yellow pages for a program that might work for you, or call 1-800-662-HELP for referral to a program in your area.

And do it now. The first step is a hard one—but it’s better than stepping back into crack. ■

