SCUC
Safer Crack Use Coalition
☎ 416-760-2949 safercrack@yahoo.ca

Fact Sheet: Health Issues Affecting Crack Smokers

Due to the illegal nature and social stigma of crack use, it is difficult to obtain reliable information on the prevalence of crack use in Toronto. What we know is based on responses from needle exchange and harm reduction services, self-disclosure from users and reports written about drug use in Toronto. Workers across Toronto are reporting that many and in some areas the majority of users are using crack. We also know that there are approximately 30,000 injection drug users (IDU's) living in Toronto. The Research Group on Drug Use reported that as of 2000, approximately 70% of all IDU's reported using cocaine, especially in the form of crack. In another study conducted in 1999, 31% of Toronto street youth reported the use of crack over the past year. The 1998 treatment data of the former Addiction Research Foundation show that over 1/3 (34%) of all clients seeking treatment in Toronto identified cocaine as a problem, and up to 90% of those seeking cocaine treatment are using crack. As well, research indicates that users experience a disproportionate rate of infectious diseases such as HIV, HCV, tuberculosis and other serious health problems (Wong, 2001).

What is crack?

Crack is the street name for a crystallized form of cocaine made into small lumps or rocks. Cocaine hydrochloride is processed with ammonia or sodium bicarbonate (baking soda) and water and heated to remove the hydrochloride, thus producing a free base form of cocaine that can be smoked. The term crack refers to the crackling sound heard when the mixture is smoked.

Adverse effects of crack use

After a long bout or binge of using crack, users often experience a crash, which is very unpleasant. Usually a user will be physically and mentally exhausted and will sleep for 12 to 18 hours and wake up very hungry. Some common side effects of crack use include: increased heart rate, blood pressure, blood sugar level, alertness, anxiety, sex drive and dehydration. Some users also report paranoia, feelings of sadness and depression, sweating, muscle twitching and hallucinations. For women who are pregnant, there is an increased chance of stillbirths, miscarriages, labor difficulties and birth defects; this may be due to a lack of prenatal care rather than the effects of the drug itself (Hallam Hurt MD, et al, 1997).

Crack, like other stimulants, lowers a user's immune system. This is especially worrisome for users living with HIV/AIDS. Smoking crack appears to weaken the crack smoker's natural resistance to infection in the lungs. Many users experience respiratory problems, such as shortness of breath, chronic cough, chest pains, asthma, bronchitis and pneumonia. In the

extreme, crack smoking can cause bleeding in the lungs and users may cough up black phlegm or blood. Many users use brillo pad as a screen for their glass stem. Unfortunately metal used for screens (i.e. brillo pads, hash pipe screens, etc.) breaks apart due to the high heat that is used when smoking crack and can be inhaled by the smoker. These bits of metal can cause damage and bleeding.

If a user does not take care of their health and they are using a lot of crack they may experience what's called "doing the chicken". This refers to a type of blackout or seizure. Indications that someone is "doing the chicken" include increased heart rate and blood pressure, and uncontrollable body twitches. A person often does not recognize the people around them and afterwards they may have no memory of events. In rare circumstances, sudden death may occur when an individual's heart stops. When people mix crack and alcohol they create a new compound called Coacaethylene, which intensifies crack's euphoric effects, while possibly increasing the risk of sudden death.

Crack use and addiction

The degree of addictiveness of crack is unclear. It would appear that crack dependency is psychological, in that the user craves the intensity of the pleasurable feelings and that binging is a result of the user chasing the rush and trying to avoid the crash. Many users rely on crack as a form of self-medication in order to cope with social and environmental factors, such as poverty, homelessness, violence, isolation, history of abuse, lack of resources and discrimination.

As well, research suggests that pharmacology also plays a role, in that the user develops a tolerance to the effects of crack and will thus increase the amount smoked in an attempt to recapture the intense high they originally experienced when first using.

Diseases that can be transmitted by smoking crack

There has been a lack of comprehensive research done on the harms of crack smoking. Most of the research has been conducted in the United States and has focused on sexual health issues. Based on a literature review and information from crack users and harm reduction workers, we believe that crack smokers are at an increased risk for STI's, HIV, Hepatitis C, TB and other serious health issues due to high risk behaviors, socio-economic factors and a lack of comprehensive health and social services targeting crack users.

- **Tuberculosis**

In 1987, Health Canada reported that the Canadian tuberculosis (TB) rate had stabilized at 6.9 to 7.4 cases per 100,000. A survey of 253 crack users in Toronto (IDUUT, 2000) finds that 8.3% of respondents reported TB as a health problem. Crack users are increasingly being identified as a group at risk due to high rates of HIV/AIDS infections and environmental conditions (poor ventilation, overcrowding, etc.) in crack houses, shelters, homes, squats, etc. Other factors that increase their risks are poverty, homelessness, malnutrition, lack of access to health and social services, etc.

Due to the illegal nature of crack use, many users find themselves in prison. Rates of TB infections among the prison population are over 7 times higher than the general population (Prisoners with HIV/AIDS Support Action Network [PASAN], 1992).

- **Hepatitis C and HIV/AIDS**

Studies have shown that crack users are at an increased risk of Hepatitis C and HIV/AIDS due to the following situations:

Risky sexual behaviours related to crack use, such as exchanging sex for money/drugs, having sex with injection drug users, using crack before or during sex, having unprotected sex and having multiple partners (many of whom are anonymous, have STD's, HIV/AIDS and /or Hepatitis B). These activities have been extensively documented (Booth, Watters & Chitwood, 1993; Ellerbrock, et al., 1995; Marx, ibid. MMWR, 1991; Wilson, et al., 1998, Word & Bowser, 1997).

An American study examined the prevalence of risky sexual behaviors and HIV and STI infection rates among a large sample of street-recruited crack smoking sex workers (Jones DL, et al 1998). From 1991 to 1992, 419 people were recruited from urban areas, interviewed and serologically tested. They found that many female and male sex workers reported sex with injectors (30% to 41%) or HIV-infected persons (8% to 19%), past STI's (73% to 93%), and inconsistent condom use (> 50% for all types of sex). Sex workers who worked in crack houses or vacant lots, were paid with crack, or injected drugs had the riskiest sex practices. Most sex workers initiated sex work before they first smoked crack. More than 25% were infected with HIV (27.9%), syphilis (37.5%), or herpes simplex virus type 2 (66.8%). They concluded that interventions to prevent HIV/STI transmission among crack-smoking sex workers are urgently needed.

Crack users are twice as likely to be infected with HIV and other STDs than non-users (Fastfax, 1996; DeHovitz, et al., 1994.). It is believed that crack users are at high risks of HIV infection due to the co-infection of ulcerative STIS such as chancroid, syphilis and herpes (during the rise in popularity of crack [late eighties] cases of syphilis essentially doubled in many American cities). In Philadelphia, the numbers of reported cases of syphilis increased by 550 % during 1985 to 1989 (CDC, 1991).

HIV risks are extremely high for users who engage in crack specific prostitution. Inciardi (1993) reports that in observations made at eight American crack houses, from 1989 through 1992, 50% of the men and 89% of the women had had 100 or more sex partners during a 30-day period. They participated in sex for crack or money. The sexual activities were anonymous, extremely frequent, varied, uninhibited, with multiple partners, and condoms were not used. A study of crack cocaine users recruited from the streets in three urban neighborhoods found that 68% of women who were regular crack smokers had exchanged sex for drugs or money. Of those, 30% had not used a condom in the past 30 days (Edlin BR, Irwin KL, Faruques, et al.).

Studies done in New York City looking at HIV rates among female sex trade workers found that 21.3% of those who smoked crack and had no history of IDU tested HIV positive compared with 13.2 % of those who did not smoke crack. Of women who performed oral sex (without condoms) 23.9% of those who smoked crack tested HIV positive compared with 16.7% who did not smoke crack (Wallace, et al, 1992; Wallace & Weiner, 1995)

One study of a crack house in Texas showed that among 435 crack users 12% were HIV infected and 41% were HCV infected (researchers noted that the level of injection drug use alone could not explain the high HCV rate in this population). They came to the conclusion that the sharing of crack pipes may have played a role (Ross, et al, 1997).

The prevalence of Hepatitis C among crack users who do not inject drugs is unknown. A survey conducted by the Harm Reduction Task Force (1997) of 93 crack users in Toronto revealed that 41% of the respondents reported HCV infections and 91% shared pipes.

Many users suffer from burns, sores and cuts on their lips due to the use of unsafe pipes. It is believed that people who smoke crack with extremely hot pipes or broken glass pipes sustain cuts, burns and ulceration on their lips and inside their mouths, thus creating an entry point for HIV, Hepatitis C and other diseases. One American study that interviewed 153 crack smokers showed that 80% reported burns on their lips, 11% reported cuts, 66% shared pipes and 62% gave oral sex. Faruque et al. (1996) studied 1202 (60%) young crack smokers and 919 (40%)

non-smokers from inner city neighborhoods in New York, Miami and San Francisco. They found that crack smokers were twice as likely to report having oral sores over the past 30 days and oral sores were associated with HIV infection among those who reported receptive oral sex. The study provides evidence that these oral sores may facilitate HIV transmission.

Many crack smokers also inject crack by either using vinegar, lemon juice or vitamin C powder and water to concert it back into a liquid form. Users may also inject the residue from their pipes. Thus crack smokers who inject are facing all the same health risks that other IDU's face, such as sharing of drug paraphernalia (e.g. syringes). Some users inject cocaine to curb crack withdrawal (Hser, ibid.;Hudgins, et al., 1995). IDU's who inject crack or cocaine may be injecting 10 to 60 times through out the day. Studies have shown that IDU's are at an increase risk of HIV transmission if they inject four or more times a day.

Due to the illegal nature of crack use many users have been incarcerated and/or are at risk of future incarceration. Unfortunately, incarcerated users are at a greater risk of acquiring HIV/AIDS and/or HCV due to the high-risk behaviors that occur in prison settings and the lack of harm reduction and risk reduction materials (i.e. syringes, safer crack use kits, condoms, etc.). In fact, the HIV infection rate is more than 10 times higher than the general population and the HCV infection rate is 30-40 times higher (PASAN, 1992).

The Safer Crack Use Coalition of Toronto (SCUC)

SCUC, formed in January 2001, is a non-profit alliance of local organizations, substance users, activists, and frontline/outreach workers. SCUC was formed in reaction to the need for a unified response to the growing public health crisis amongst crack users. SCUC is dedicated to the implementation of comprehensive health and social services for the cocaine/crack-using population in Toronto. SCUC and its members have formed strong partnerships and collaborations with community-based organizations, substance users, activists and front-line workers across Toronto.

Getting involved in SCUC

Any individuals or groups wishing to support SCUC can sign our Letter of Support. Copies can be found in the SCUC information package. As well, SCUC meets the 2nd Wednesday of every month, from 10 am to 12 pm, at Street Health, 338 Dundas St. East (east of Sherbourne, north side).