

Druglink

REPORTING ON DRUGS SINCE 1975

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COCAINE DOSSIER

Druglink

To read recent media reports, you could be forgiven for thinking that cocaine had just reached our shores. However, Druglink has been reporting on the growing market for cocaine in the UK for over fifteen years. In this special online-only dossier, we bring together some of our key investigations and feature stories on cocaine, including the first reporting of a two-tier market in the drug and the spread of its use to blue collar workers. Our dossier provides a unique narrative of how cocaine moved from celebrity champagne drug to an integral part of the UK's night time economy.

Harry Shapiro,
DrugScope's Director
of Communications
and Information



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The typical cocaine user

How our blinkered vision of the cocaine user has created the myth of cocaine's irresistibility.

IT IS RELATIVELY easy to research drug users who pop in for treatment, hard to contact those who don't. No surprise, then, that our picture of the typical drug – in this case, cocaine – user is of someone with drug-related problems for which they seek help.

Again not surprisingly, at the start of their drug using careers such people are often found to have used less regularly and with less problems than in the period before they seek help – after all, escalating problems were probably why they decided to call in the professionals. With only these users in view, it's natural to see the early, less problematic, periods of drug use as merely "stages on the road to addiction": "experimental" use inevitably converting to "regular" and then to "addictive" use.¹

Picture based on problem users

Deriving our image of cocaine use and users from contact with problem users can lead professional analysts to claim "addiction to cocaine is rapid and overwhelming, rendering the user powerless over the choice to abstain or moderate ... [It] is identified by the intense preoccupation with acquiring cocaine, compulsive use in spite of adverse consequences, and repeated relapse".²

Widening our vision beyond problem drug use samples is not necessarily all that difficult – we found a cheap and effective way was to piggyback on the tabloid papers (see overleaf). This kind of work is important because its results suggest that interpretations of the addictiveness of cocaine derived from treatment samples are quite simply wrong. Movement to the 'addictive' stage is not inevitable – not even typical. It's

Just 5-10 per cent of cocaine users are 'addicted'

been estimated that 25 million Americans have used cocaine but only 1.2 million (5 per cent) are 'addicts'.³ There is no persuasive evidence from treatment admissions that the other 23.8 million are 'addicto-converting'.

We can only assume that the 95 per cent of cocaine users who do not enter treatment differ from those who do. One study comparing these groups found that cocaine users in treatment used more

heavily; they were also more likely to suffer negative consequences from their use, to be unemployed, have fewer friends, to have been arrested, and to have a criminal record.⁴

All this would matter less if we knew that the 95 per cent who don't come for treatment also don't have any problems, so can safely be left out of the frame.

However, what if they not only have problems, but, more awkward still, problems different from (not just less than) those of users who seek treatment?

A study of cocaine users in Scotland shed some light on whether hidden users also have hidden problems. Between 1989 and 1991, 133 users were interviewed by members of the Scottish Cocaine Research Group (a loose consortium of drug researchers with an interest in service delivery and drug workers with an interest in research).⁵ The vast majority did not have the sort of problems – poverty, homelessness, unemployment, poor education, criminal records – typical of drug users studied in Britain since the early 1980s. This is chiefly because they were not contacted via treatment agencies.

Some 48 per cent had been to college or university and 75 per cent were employed or in full-time study. On average they were in higher status occupations than the Scottish population as a whole, twenty per cent of whom are classed as 'professional' compared to 39 per cent of our cocaine users. Conversely, 59 per cent of the population are 'working' class compared to 25 per cent of our cocaine users.

Professional or not, were they all on the slide down the cocaine slope into addiction? The answer is, only rarely.

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by
**Jason Ditton &
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Samples of cocaine users are usually recruited through treatment agencies. This gives a biased view of use patterns as typically escalating and problematic. Studies of cocaine users in the community as a whole show this is true only for a small minority. A study in Scotland found that the vast majority did not have problems thought typical of drug users. Users could be accurately divided into different types. One cheap and quick way of reaching 'hidden' drug users is using newspapers to distribute questionnaires.

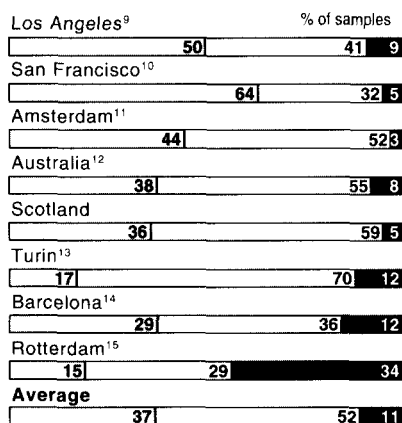


Figure 1: Community studies across three continents show that only a minority of users are caught up in escalating cocaine use

☐ Positive (decreasing) use career
☐ Stable use career
☒ Negative (increasing) use career

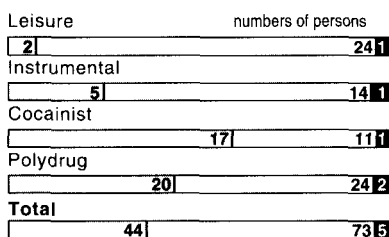


Figure 2: The few 'addicts' (negative use patterns) among 122 Scottish cocaine users were found among all the types of users

► continued from page 11

Just 5 per cent displayed a negative history of increasing use ('addicts'); 59 per cent were stable, neither increasing nor decreasing their use; 36 per cent had a positive use career in that they were currently using less than they had.

So far, so good. But one reviewer of cocaine use studies has commented that the Scottish research "does not reflect the new reality of the growth in compulsive cocaine use [now] occurring in increasing numbers of British cities".⁶

What is the "new reality"? Compulsive use, or controlled use? Results from community studies similar to the Scottish study (see figure 1), but conducted elsewhere in the world, suggests the Scottish results are typical. Only in the Rotterdam study do markedly more than the average 11 per cent of users report a negative, or escalating, use career – and, unusually, that study recruited nearly a quarter of its sample from drug agencies or prisons. Globally it seems that just 5-10 per cent of cocaine users not in

treatment or prison use in a way that could be called 'addictive'.

Global merging of analysis suggests there are types of *user* as well as types of *use*. Data from the three most recent European cocaine studies (Barcelona, Rotterdam and Turin) has been synthesised, generating an intriguing typology of users.⁷ Even more intriguingly, a very similar typology was developed out of a study funded by the UK Department of Health.⁸

Leisure users – shorters, for whom cocaine is peripheral to their lifestyle, and who typically only use with friends);

Instrumental users snort, and perhaps also freebase, but use alone, often at work; often they use cocaine to enhance their performance in jobs where energy and sparkle are at a premium;

Cocainists are people whose lives are centred around cocaine;

Polydrug users, people whose lives are centred around drugs in general; curiously, the one method they won't use is snorting.

Broadly, there seem to be four types of user – *leisure*, *instrumental*, *cocainists*, and *polydrug* users (see panel).

This typology might not be elegant but it does fit the data remarkably well. Using a few key characteristics, we found it easy to allocate 129 of our 133 users into the four types. As a sort of 'blind' test, we then used different variables to try to predict the typology. This procedure successfully allocated 99 per cent of the users to their respective types.

Such extraordinary precision is unnerving, but the way the typology works across different countries suggests cocaine is used similarly in different Western societies.

Finally, are the few cocaine 'addicts' – those whose use is ever increasing – concentrated in one of the four types of users? In the Scottish study we divided the 122 cocaine users who had never had treatment into the four types of user (leisure, instrumental, etc) and then subdivided each of these types into the three types of use career – reducing ('positive'), stable, or increasing ('negative'). The results are shown in figure 2. One other important variable is whether these people were using continuously or from time to time (episodically).

Our leisure users were mostly stable in their levels of use and using episodically; the two with 'positive' careers (reducing use level) had both once taken a lot of cocaine, but had cut down without help.

Our instrumental users were again mostly stable in their level of use. As many were using continuously as episodically. Those who had reduced their use had mostly done so from a relatively modest peak; only two of the five had once consumed large amounts.

Our cocainists, for whom cocaine was central to their lives, were actually mostly ex-cocainists. Seventeen, nearly 60 per cent, had reduced their usage; 11 of these had once used heavily but had recently managed their own reduction. Eight of the 11 who were stable in their level of use took cocaine episodically.

Twenty of our 24 stable polydrug users used episodically. Thirteen of the 20 with positive use careers had once been very heavily involved with cocaine but had reduced considerably by the time we interviewed them.

What of those people who appear to be escalating their use towards the addictive? We found they were very few and almost evenly distributed across the types. More work is needed here if these problem cocaine users who are not presenting for treatment are to be identified. ○

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feature

Annabel Boys, John Marsden, Paul Griffiths

Reading between the lines

Is cocaine becoming the stimulant of choice for urban youth?



Recent concerns about hard drug use among young people have focussed on whether the UK is experiencing a new heroin epidemic with particular concern that the new heroin user is younger than ever.^{1,2} While exploring this contention in a London context, we found that we lacked the evidence to clearly support or refute it. However, what did emerge from our data was unexpected. Both anecdotal and more systematic evidence suggests that among young recreational drug users in London, heroin use is still marginalised. However, where cocaine is concerned, availability seems to be far higher and attitudes towards the drug are very different.

Annabel Boys, John Marsden and Paul Griffiths are all researchers at the National Addiction Centre. They would like to thank the HEA for its funding support of this project

To some extent this finding is not surprising nor in conflict with the conclusions of Parker and colleagues. We all know that patterns of drug use vary dramatically across the country, yet too often this fact is ignored when current trends in drug consumption are discussed. In consequence, policy responses are frequently geared to what is seen as the 'new threat' and applied uniformly across the country regardless of whether or not they are appropriate to local needs.

In data from London, there is still scant evidence that heroin use is increasing among young recreational drug users. We are currently studying the patterns of substance use of a group of 350 recreational drug users aged between 16 and 22. This sample has been recruited via snowballing, using stringent criteria to minimise bias, and a team of 20 peer interviewers have gathered the data

through face-to-face interviews. Preliminary analysis of this data has revealed some surprising and sometimes worrying results.

While the lifetime prevalence of heroin is small, (about one per cent, the UK norm) around half of those interviewed said that they had tried cocaine – roughly the same proportion as had tried ecstasy (48 per cent) or amphetamines (52 per cent). These findings are supported by data from another National Addiction Centre study of 15-6 year old school excludées, a group thought to be at high risk of substance use.⁴ Here, nine per cent had tried cocaine powder and a striking one in three had been present when others had used it. However, even among this marginalised group, the prevalence of heroin use was very similar to the national norm. If these studies prove to indicate an increase in the

popularity of cocaine use by young people in the capital, this could be a cause for concern. At present, of course, we lack the epidemiological systems to allow reliable identification or confirmation of such theories.

The clubber upper

The fear of course is that cocaine powder has always had a high caché among recreational drug users – and its falling price (while purity remains pretty constant) may have opened up the market. While cocaine powder typically retails at £50–65 per gram,⁴ anecdotal accounts suggest that at least within London, cocaine powder is often available in half gram measures for as little as £20. This puts it well within the reach of many people who are looking for a reliable clubber upper.

Our concern is that while much vital educational work has been undertaken in clubs, work in this area has mainly centred on the use of ecstasy and amphetamines with little emphasis on cocaine. When such messages are internalised by young people, there is a real possibility that this can influence the types of stimulants used rather than discouraging use altogether.⁵

Historically, British research has tended to regard the use of cocaine powder as polarised between two groups: marginalised injecting drug users or a fashionable and affluent elite. The possibility of use by young people in their teens and early twenties has largely been overlooked. In conducting our research, our assumption has been that in comparison with ecstasy and amphetamines, young people will view cocaine as inherently more risky and expensive, and that this will constrain their use of it.

Consequently we would expect those who use cocaine to perhaps have larger disposable incomes and to have already experimented with a range of other drugs. Some of the cocaine users in our sample did indeed have previous histories of ecstasy or amphetamine use and had recently switched to cocaine in preference. However, a surprising finding was that for a significant number of other cocaine users, the only additional illicit substance that they had ever tried was cannabis.



For a significant number of cocaine users, the only other illicit substance they had ever tried was cannabis

Using and choosing

In the following excerpts from our data, we describe some possible reasons for this by exploring the views and experiences of several interviewees. To preserve anonymity all names have been changed.

Ali is a 22 year old Bangladeshi male who lives with his family in East London. He has been smoking cannabis since he was 15 years old and currently uses it about three times a week. He has been using cocaine powder intermittently for the last three years and at the moment he estimates that he uses a gram two or three times

a month. He has never used amphetamines, ecstasy or LSD and has little interest in these drugs.

Lucy is a 17 year old living in London with her parents. She has been smoking cannabis and drinking alcohol since she was fourteen and tried cocaine for the first time last year. She has never tried ecstasy, amphetamines or LSD as she regards them as much more dangerous and likely to cause problems than cocaine powder.

The patterns of use described by these two young people were unexpected. They both seem to have been influenced by the belief that using cocaine powder is safer in a number of ways than other types of drug use. These views were common among the sample group, even among those who had a history of using a range of substances.

Jo and Shelly aged 21 and 16, are both from London and live with their parents. Jo is working as a full time secretary. She used to use ecstasy and amphetamines but has recently given these up in preference for cocaine powder which she uses about once a week. She also smokes cannabis. When she takes cocaine she usually snorts it, but will occasionally smoke a joint with some powder in it if her friends offer it to her. However, she has never smoked crack cocaine as she views it as much more dangerous and more akin to heroin.

Shelly's experiences of drug use are not so widespread. She is still at school and has only experienced cannabis and cocaine. She first started using cocaine powder about 6 months ago when some friends she was with offered her some in a pub. She now uses about half a gram every week when she goes out on a Friday or Saturday evening. She and her close friends all snort it, but she knows quite a few boys who smoke cocaine powder in joints too.

Both these young women have made conscious decisions to use cocaine in preference to other stimulants such as ecstasy or amphetamines. In Jo's case she has decided to stop using other stimulant drugs. We asked her why she has stopped taking ecstasy. She replied:

Just cos its dangerous and you see all these things about it . . . With 'charlie' you can control the amount going into your

Not only is cocaine seen as a fashionable accessory to a desirable lifestyle, its effects are viewed as more subtle and easier to control than those associated with ecstasy and speed. These seem to be attractive credentials for any drug in an image conscious age

body and you can control the amount of buzzing you get on it because you put it in gradually, whereas people feel that if you put an 'e' in your system then that's it – you can't stop it, you can't do nothing.

Unlike Jo, Shelly has never tried ecstasy nor does she intend to in the future. Her views mirror those expressed by Jo:

I just think 'e' messes up your mind. I've never took it and I'm not intending to take it cos it gives you a buzz – my friend has took it and she said it gives you a buzz but then it has different effects on other people. But with cocaine it's like different – it's not that it's good for you but it's not bad for you like ecstasy – that might give you a bigger buzz but then it might give you a bad buzz, but with cocaine you know what you're doing.

Both these young women have 'successfully' assimilated the messages that ecstasy use can be damaging. Furthermore, experiential or peer learning has established the belief that the effects from an ecstasy tablet can be unpredictable, long lasting and sometimes unpleasant. In comparison, cocaine is seen as a relatively safe, predictable and reliable substitute.

If this is the case, one might assume that amphetamines would be perceived as a suitable substitute for an increasingly demonised ecstasy. For some, this was the case, however for others, the long lasting effects and negative after-effects associated with speed had deterred use.

In addition to these observations, many of the recreational drug users we spoke to saw amphetamines as much less fashionable than cocaine. For image-conscious young people, this may also be a strong incentive to choose cocaine over and above other more obvious stimulants. Jo sums this up:

Well speed ain't really the same type of buzz as cocaine but it helps you do the same types of things like stay less drunk or whatever, and stay awake for longer . . . With speed you get such a bad come down. It's so depressing . . . and you just look like shit and your skin goes all horrible . . . But the thing is it's not trendy – it's like a poor man's drug.

To a naive observer, the fact that a drug lasts longer might seem to make it more attractive. However, views differ. Our data suggested that speed's long-lasting actions were sometimes seen as negative, as Jo went on to explain:

It makes you stay awake too long and it's frustrating if you take it and you try to go to sleep and you can't. Whereas with cocaine it keeps you awake but by the time you get home you've had so much to drink without even realising it that you're normally tired or you just go to sleep.

It seems that cocaine has certain properties which makes it an attractive choice of stimulant for this group of young people. These reasons include its predictable nature, that dosing is more easily controlled by the user and, in comparison with amphetamines, its effects are less intense and shorter lived.

In addition to having more attractive pharmacological properties, cocaine's reputation as an expensive elitist drug was frequently mentioned as an attraction to the young user. Expensive designer clothes and accessories have become more and more popular with this young age group and it seems that cocaine fits into this overall image. As two other young women told us:

The thing about the majority of people I know who use cocaine, is that they're like seen to be trendy, got money, got all the best designer clothes. Just like pretend to be more richer than what they are. It's just

like a fashion and its trendy. (female, aged 19)

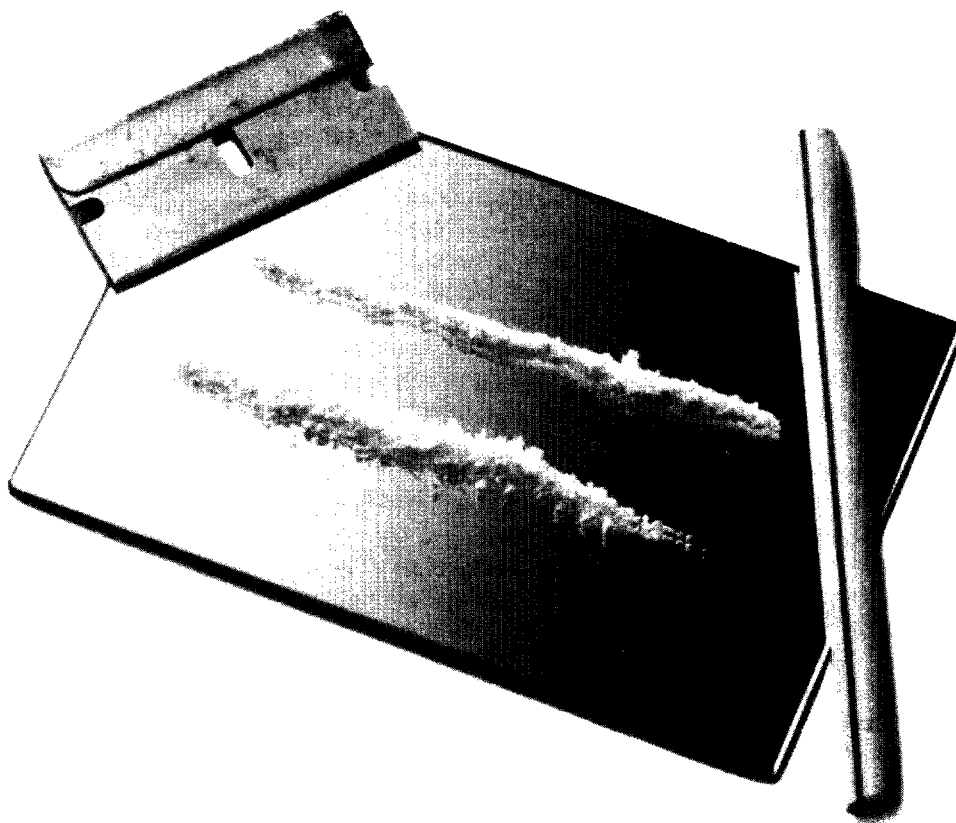
There's a lot of boys who take it to act flash. When they go out they wear all the Versace and Moschino and that just to act flash and they smoke 'charlie' round girls so that they can smell it and look at 'em . . . Charlie is really like fashion now. (female, aged 19)

Crackdown

In general our respondents seemed to regard crack cocaine in a very different light. Although it was not uncommon for people to report smoking cocaine, this tended to refer to putting small quantities of the powder into joints. (It should be noted that this is a highly inefficient method of consuming the drug, as the majority of the active ingredients will break down at high temperatures.) Studies have consistently shown that the prevalence of crack use among young people is far lower than that for powder cocaine. The majority of young people interviewed had very negative attitudes towards crack, regarding it as very similar to heroin in terms of 'dangerousness' and its addictive potential. As one young man commented:

Crack is just not acceptable; everyone knows it's the most addictive type of drug you can start taking and people go to any type of lengths to get it once they're hooked on it. I just wouldn't want to be seen as a crackhead cos crackheads normally do like some pretty disgusting things . . . Heroin's a no-no – it's exactly the same as crack.

Such differentiation between crack cocaine and cocaine powder is encouraging. After all, it suggests that the form of cocaine most associated with negative consequences is unattractive to this group of drug users. However, the concern exists that if use of cocaine powder becomes increasingly acceptable, this may increase the likelihood that some users will progress to using the drug by more harmful routes. In fact, limited evidence within our sample suggested that the distinction between cocaine and crack use may already be becoming more blurred for some. For example, respondents suggested that some young people differentiate between buying crack (which has highly negative connotations) and preparing it themselves from cocaine powder.



What is commonly overlooked in discussions about substance use is that drugs are often selected according to the *function* which the user wishes them to fulfil



Don't panic!

We are not trying to suggest that the UK is on the verge of a nationwide cocaine epidemic. Rather we are making the more modest point that patterns of drug consumption are complex and require close scrutiny if we are to be in a position to respond appropriately to future challenges. If young people in urban areas are using more cocaine, we should be asking ourselves how best to monitor these changes and assess their likely consequences.

Our work suggests that young people make active decisions about the drugs they select to use or not use. Trying to increase our understanding of the rationale which underlies these decision-making processes could make a useful contribution to attempts to design effective harm reduction or preventative interventions.

For instance, the young people in our study assimilated messages from a variety of sources, but the processes involved in the evaluation and interpretation of these messages

seemed complex. Similarly, substance choices did not seem to hinge solely on cost, availability or 'peer pressure', yet all of these factors may have a degree of influence. What is commonly overlooked in discussions about substance use is that drugs are often selected according to the *function* which the user wishes them to fulfil. Drugs with similar pharmacological effects may be swapped to fulfil the same functions. For example, one of our respondents compared their reasons for using alcohol with those for cocaine:

I mean, they both give you confidence and they both like give you that boost so that you fancy going out dancing all night or you fancy going out and meeting new people or going out on the pull. It gives you confidence to go up and approach people and you just think you look ultra sexy on it all the time!

However, as we have suggested, there is increasing evidence that cocaine may be becoming a popular choice for young drug users in the capital, who worry about the quality of and dangers associated with ecstasy, and who regard amphetamines as a poor substitute. Not only is cocaine seen as a fashionable accessory to an affluent and desirable lifestyle, its effects are viewed as more subtle and easier to control. These seem to be attractive credentials for any drug in an image conscious age.

In all our work, we should not be trapped into focusing on one particular drug. Considerable attention has been directed at the dangers of ecstasy and enforcement strategies have arguably influenced both the quality and quantity of ecstasy available in the UK market. But young people appear to use stimulant drugs with clear functional purposes in mind – discouraging ecstasy use may be just as likely to encourage the substitutional use of an alternative stimulant as it is to lead to abstinence all together. Such substitution may have either positive or negative consequences for the health and well being of the young people concerned. If prevention activities are to be effective, we need to understand more about the broad spectrum of substances that young people use and the rules and meanings that shape decisions concerning the use of a particular substance ■

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Coke in the UK

Could it be the real thing?

The latest figures from the British Crime Survey (BCS) reveal a 'significant' increase in all the indicators for cocaine use in the UK. Of those drugs the BCS defines as 'highly addictive', cocaine is the most widely used with six per cent of 16-29 year olds saying they have tried it at some time while for heroin and crack the figure is only one per cent. The authors speculate that the higher rates for cocaine, 'may be because it is less socially stigmatised than other drugs in this group'.

The view that cocaine is coming in from the margins was borne out by research conducted by the National Addiction Centre (NAC) and published in *Druglink* earlier this year.¹ The authors went out in search of the young heroin users highlighted in a previous Home Office Report², but instead found young cocaine users.

Why should this be happening? Clearly price is a factor. Cocaine still has its champagne image, but in the London area a gram of cocaine can be bought for as little as £40. Four people contributing only £10 each (the price of four pints of lager in London) could all experience an evening's worth of cocaine intoxication.

It was in London that the last BCS showed the biggest percentage fall in the use of ecstasy. The NAC research suggests that rather than giving up drugs because of the bad publicity surrounding ecstasy, some young drug users have simply switched to another more powerful stimulant drug.

As the BCS authors say, 'the spread of cocaine across the



Cocaine is coming in from the margins

country remains uneven'. Given the pledge of the government to reduce cocaine use among under 25s, to see every indicator on the increase will make uncomfortable reading.

More bad news for the government comes from the Office of National Statistics (ONS). A report on the drug use of 5000 11-15 year olds in England revealed that one third of 15 year olds had used drugs. Also, seven per cent of all those who had ever used did so in the last month, while over half of those who had ever used drugs had only tried cannabis.

Those aged 14-15 years seem to experience the biggest jump in drug experimentation. ONS figures contrast the one per cent of 11 year old triers with 33 per cent aged 15.

Analysis of John Balding's long-running schools health unit survey shows that, over the years of his survey, experimentation hardly increases to the age of 14,

but then the numbers experimenting jump significantly. This trend has held true since the school surveys started looking at drugs, in the late '80s.

A similar picture emerges with smoking. The ONS survey shows there were very few smokers at the beginning of secondary school, but by the age of 15, around 25 per cent of the ONS survey were regular smokers. Only three in ten had not tried a cigarette. Smoking was also strongly correlated with drug use and drinking. Overall 75 per cent of regular smokers, who also drank at least once a week, had tried drugs.

The message on the impact of health education seems no more encouraging. The survey revealed that more pupils remembered receiving lessons on smoking than any other health topic, but there was 'little evidence that, on the whole, those who remember receiving health education on particular topics are taking the advice given' ■

New drug controlled

The Council of the European Union has recommended that a new synthetic drug, 4-MTA (4-methylthioamphetamine), should be a controlled drug.

This is a result of the work of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Europol across Europe, and the Member States' Reitox Focal Points and National Criminal Intelligence Services (NCIS). The decision of the Council came only six months after first notification of the drug.

The EMCDDA's report on 4-MTA recommended that it be controlled due to the high likelihood of overdose – 4-MTA has a slow onset, which is often misinterpreted by users as a weak dose, so they take more.

The drug has long-lasting effects and there are serious problems when mixed with alcohol, MDMA, amphetamines, ephedrine, and certain foods.

Before the summer the EMCDDA issued a warning on 4-MTA, reacting to unfounded media reports that it was '33 times stronger than normal ecstasy'. The agency was concerned that this coverage would increase demand for 4-MTA and lead users to expect relatively fast and dramatic effects.

EU states have three months to introduce controls and criminal penalties for 4-MTA.

More on the way

The National Criminal Intelligence Service (NCIS) has pointed out the likelihood of further developments in synthetic drugs. New drug variants are developed to circumvent legislation or to enhance specific effects, as in the ecstasy group which has drugs with more hallucinogenic, amphetamine-like, or empathic effects.

NCIS conjecture is that chemical and pharmaceutical factories in the former Soviet Union may be used to produce illicit drugs in large quantities in the future.

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2. Parker, H. et al. New heroin outbreaks among young people in England and Wales. Home Office, 1998.

John Martin Corkery

Snowed under

Is it the real thing?

If the UK suffered the cocaine epidemic which was reported in the 1990s the figures should reveal it

August and September 1999 saw a spate of newspaper articles predicting an imminent cocaine crisis or epidemic in the United Kingdom. Various figures were quoted and grim pictures painted. But was it a crisis? Was it an epidemic? What really happened?

It is worth defining the terms 'crisis' and 'epidemic'. A crisis is a decisive moment or a time of danger or great difficulty. In medical terms an epidemic is a disease that is temporarily prevalent or widespread at a particular time in a community or throughout a large area. More generally it is a situation that suddenly becomes widespread.

Although the term epidemic is fairly straightforward its interpretation is less so – what is meant by 'widespread' or 'suddenly'?

An epidemic has been traditionally identified where figures for a phenomenon have been roughly level for a number of years then suddenly rise sharply. Typically, the epidemic phase of a disease lasts three to five years and the peak is 10 or more times the pre-existing endemic rates.

Ditton and Frischer (forthcoming) suggest that drug epidemics have four phases:

- phase one is one to two years of stable low endemic use;
- phase two, years two to six typified by unstable increasing epidemic use;
- phase three, years six to eight consistent declining epidemic use; and
- phase four, years eight to 12 stable high endemic use.

To find out if cocaine use in the UK has ever reached or is approaching epidemic proportions we have to consider the evidence.

Current law enforcement statistics show trends in cocaine use based on the number of seizures, amounts seized and the number of drug offenders. The results of police interviews of arrestees, and urine-analysis are becoming available.

Purity and price levels indicate the quantities available to suppliers.

Surveys provide information on cocaine use in the general population.

Only limited information is currently available on health statistics. No data is collected on admissions to accident and emergency departments, although some figures are available on deaths.

No specific drug is used for the treatment of cocaine addiction, so there are no prescription figures that could be used as a proxy measure.

The number of individuals in treatment for addiction is the source of statistics most commonly used. Numbers notified to the Home Office Addicts Index and, more recently, to the Drug Misuse Databases provide a good indication of trends over time.¹

Law enforcement statistics

The number of police and customs seizures of cocaine and crack rose by 250 per cent and 320 per cent respectively between 1991 and 1998. The quantities of these drugs seized also rose significantly during the same period (table 1). Although there is variation from year to year, there has been a steady increase in cocaine seized since 1995, reaching a record level in 1998.

The number of people found guilty, cautioned, given a fiscal fine or dealt with by compounding for cocaine and crack offences has grown since 1992. Figures doubled from 1992-94, then again between 1996-98, reaching record levels in 1998 (table 2).

Supply statistics

The mean average purity of cocaine seized by the police has increased since 1996, especially during 1999. The purity of crack is much higher

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Table 1: Seizures of cocaine and crack made by UK police and Customs, 1992-1998

Year	Number of seizures		Quantity seized (kgs)	
	Cocaine	Crack	Cocaine	Crack
1989	2,007	38	498.8	0.0
1990	1,489	316	610.2	0.7
1991	1,401	583	1,075.9	1.9
1992	1,487	878	2,248.2	0.0
1993	1,779	1,155	716.7	3.6
1994	1,672	1,320	2,261.5	11.5
1995	2,210	1,444	672.1	19.2
1996	2,765	1,332	1,219.3	8.3
1997	3,687	1,745	2,350.2	33.5
1998	4,959	2,436	2,960.3	25.1

Derived from Corkery (2000) Table 2.4

than coke, but is now lower than it was in the early 1990s (table 3). The purity of both cocaine and crack seized by customs increased over the last two years, particularly during 1999.

The average street price of cocaine has tended to be higher in recent months than in the first half of 1998 and 1996-7; it is much lower than in the late 1980s and early 1990s. The average price of crack has remained unchanged in recent years but is somewhat lower than in the late 1980s and early 1990s.

To understand the effect of purity on price it is important to consider the 'real' cost of drugs, including inflation (table 4). Between the mid-1970s and the end of the 1990s the price of cocaine fell in real terms by between two-thirds and three-quarters.

From the mid-1970s to the end of the 1980s the average UK street price of cocaine remained generally above £200 per gram. Prices in London tended to be lower towards the end of the 1980s. During the 1990s the average price of cocaine fell steadily to less than £100. Anecdotal evidence reports that in certain parts of London cocaine can be less than £40 per gram.

This trend has continued in recent years even when the purity of cocaine has been rising.

The average price of crack, in London and the UK generally, fell during the last decade by more than two-thirds, from about £70 per rock (0.2 gram) to £20 in 1999. Since 1992 the purity of crack seized by police has fallen from 89 to about 80 per cent. This may have contributed, in part, to the fall in price.

Table 2: Number of persons found guilty, cautioned, given a fiscal fine or dealt with by compounding, United Kingdom, 1992-1998

Year	Cocaine	Crack
1991	838	?
1992	913	na
1993	1,671	na
1994	1,804	na
1995	2,073	na
1996	2,467	480
1997	3,369	533*
1998	4,441†	913*

* England and Wales only. † Excludes Northern Ireland and Scotland

Note: Compounding is a financial penalty paid to Customs in place of prosecution. It is not an admission of guilt
Derived from Corkery (2000) Table 3.12

Table 3: Purity (per cent) of cocaine and crack seizures made by UK and London police and Customs, 1989-1999

Year	London police		UK police		Customs	
	Cocaine	Crack	Cocaine	Crack	Cocaine	Crack
1989	59	na	54.25	na	na	na
1990	41	na	41.25	na	65-70	na
1991	49	na	49.25	na	70-75	na
1992	54	89.00	47.00	89.00	na	na
1993	56	86.75	46.50	86.75	81	na
1994	61	86.25	53.25	86.25	74	na
1995	61	84.25	50.50	84.25	85	na
1996	na	80.00	45.50	80.00	na	na
1997	51	84.67	47.40	84.67	71.57	80.67
1998	54	82.00	53.75	82.00	72.80	80.40
1999	68*	80.31	61.90	80.31	71.18	81.44

(*first 6 months)

Sources: Derived from Corkery (2000) Table 2.7, Drugs Intelligence Unit of Forensic Science Service, NCIS, annual reports to the UN, and Hartnoll (1994) Table 17

Table 4: UK and London average street-level prices (£ sterling) of cocaine and crack, 1989-1999 deflated to 1998 prices

Period	Cocaine per gram		Crack per rock (0.2 gram)	
	UK	London	UK	London
1989	256.09	214.69	67.32	76.68
1990	235.30	191.52	68.40	68.40
1991	196.35	173.25	53.13	57.75
1992	193.97	188.73	51.38	52.43
1993	170.51	135.41	49.15	40.12
1994	131.04	131.04	43.80	38.38
1995	134.88	101.16	33.72	50.58
1996	104.95	87.46	31.95	30.42
1997	96.21	121.95	27.10	27.10
1998	84.24	103.86	23.08	23.08
1999	75.00	90.00	20.00	20.00

Note: Prices deflated to 1998 levels using RPI, and taking mid-point of ranges as the average price
Sources: National Criminal Intelligence Service publication *Streetwise*, annual reports to UN, Hartnoll, Davidaud and Power (1987), and Hartnoll (1994) Table 16

Table 5: Self-reported cocaine and crack use (per cent), BCS 1994 – 1998

Drug & age group	Period	Lifetime use	Used in last year	Used in last month
Cocaine				
16-59	1994	2.0	1.0	<0.5
16-59	1996	3.0	1.0	<0.5
16-59	1998	3.0	1.0	<0.5
16-29	1994	3.0	1.0	<0.5
16-29	1996	4.0	1.0	<0.5
16-29	1998	6.0	3.0	1.0
Crack				
16-59	1994	<0.5	<0.5	<0.5
16-59	1996	1.0	<0.5	<0.5
16-59	1998	1.0	<0.5	<0.5
16-29	1994	<0.5	<0.5	<0.5
16-29	1996	1.0	<0.5	<0.5
16-29	1998	1.0	<0.5	<0.5

Sources: Ramsay and Percy (1996); Ramsay and Spiller (1997); Ramsay and Partridge (1999)



The data indicates that the UK may be witnessing the rapid spread of new cocaine use . . . It is possible that we are approaching the climax of the present crisis

Coke and crack use

What lies behind the statistics of law enforcement? Do more people use coke and crack?

The British Crime Survey (BCS) includes self-reported drug use (table 5).² The last three comparable sweeps show that use of cocaine and crack in the general population remained fairly constant between 1994 and 1996. The most recent surveys, 1996 and 1998, show an increase in lifetime cocaine use and use in the last year.

This is particularly so for 16-24 year olds in 1998. The levels are relatively low at 3 per cent, but they represent a three-fold increase over 1996 for use in the previous 12 months, and a 50 per cent increase in lifetime use. Most of the increased use is in London and the South-East according to the BCS results.

The Scottish Crime Survey's results for 1993 and 1996 revealed increases in both cocaine and crack use.³

Lifetime cocaine use rose from 1.5 to 2.6 per cent while use in the previous year rose from 0.4 to 1.0 per cent.

The corresponding increases for crack were from 0.4 to 0.7 per cent and from nil to 0.2 per cent. There was a statistically significant increase in the lifetime use of cocaine for respondents aged under 25, from 3.0 to 6.9 per cent. This is similar to the findings for England and Wales.

There is evidence of localised crack use in the recreational drug scene in

north-west England, between 1995 and 1997.⁴ Cocaine use among secondary school pupils in parts of northern England (West Yorkshire and Northumbria) also appears to be increasing.⁵

Trevor Bennett interviewed arrestees in five English towns during 1996-7.⁶ Ten per cent of arrestees' urine tests were positive for cocaine/crack; in a range from 1 per cent in Sunderland to 27 per cent in London and Manchester. Two per cent of those testing positive for cocaine, and 3 per cent of those testing positive for crack said they were dependent on the drugs.

Treatment for cocaine users

Cocaine and opiate drug users who sought treatment for addiction were notified to the Home Office Addicts Index, until its closure at the end of April 1997. New cocaine addict notifications increased more than six-fold between 1971 and 1990.

In the last full five years of reporting (1991-6) there was a further almost doubling of the number of new cocaine addicts (table 6). The fall off in 1996 was probably due to a reduction in reporting when news of the closure of the Index started to circulate.

More up-to-date information on those people who seek treatment for cocaine addiction comes from Drug Misuse Databases (DMDs).

The Department of Health statistical

bulletin shows an increase in cocaine addicts seeking treatment in Great Britain of about 60 per cent from 1995 to 1998. The proportion of cocaine users rose to almost a sixth of all those seeking treatment (table 7).

A drop in mid-1997 coincides with the closure of the Home Office Addicts Index; the same form was used to notify cases to both the Index and DMDs.

Increases are particularly noticeable from October 1997. In the six months ending 31 March 1999, 20 per cent of all reports from England involved cocaine.

Cocaine-related death

The Office for National Statistics (ONS) publishes its figures some time after the events. Registration causes delays and, more importantly, drug-related deaths are subject to inquests by coroners in England, Wales and

Table 6: New cocaine addicts* notified to the Home Office Addicts Index, UK, 1992-1996

Year	Number
1991	882
1992	1,131
1993	1,375
1994	1,636
1995	1,809
1996	1,714

* alone or in combination with opiates
Source: Corkery (1997)

Table 7: Reports to DMDs of problem cocaine users, Great Britain, October 1995 to March 1999

Period	Cocaine (number)	Cocaine as per cent of all drugs
1 October 1995 to 31 March 1996	3,648	12.64
1 April 1996 to 30 September 1996	3,593	11.86
1 October 1996 to 31 March 1997	3,901	12.28
1 April 1997 to 30 September 1997	3,613	13.25
1 October 1997 to 31 March 1998	4,238	14.24
1 April 1998 to 30 September 1998	5,387	15.45
1 October 1998 to 31 March 1999	5,866	16.86

Sources: Derived from Table C.7 Department of Health bulletins 9/1997; 5/1998; 17/1998; 29/1998; 9/1999; 19/1999, 33/1999

Table 8: Deaths where cocaine was mentioned on the death certificate, UK, 1993-1998

Year	England & Wales	Scotland	Northern Ireland	United Kingdom
1993	12	2	0	14
1994	24	2	0	26
1995	19	3	0	22
1996	18	3	0	21
1997	38	5	0	43
1998	50	4	0?	54

Sources: ONS special analysis (1999); Ghodse *et al* (1999a, 1999b)

Northern Ireland, and investigations by Procurators Fiscal in Scotland.

Recent ONS figures cover 1993-7 (table 8). These show variations in the number of death certificates that recorded cocaine. The figures for 1997 are considerably higher than for previous years.

The ONS hopes to publish detailed 1998 drug-related death figures for England and Wales in *Health Statistics Quarterly* later in 2000.

Information volunteered by about two-thirds of coroners in England and Wales to St George's Hospital Medical School has been analysed by date of death.^{7,8} These indicate at least 50 deaths in 1998 involving cocaine/crack (usually combined with other drugs and/or alcohol). Early indications from coroners are that this trend continues in the first six months of 1999.⁹

The 1998 figures for Scotland indicate four deaths which involve cocaine. This suggests that the increase in 1997 is not a temporary phenomenon.

Rise to epidemic

There are very worrying signs of increased cocaine use. Enforcement and treatment statistics show steady and significant increases from 1991-8.

The price of cocaine and crack has fallen substantially in real terms in recent years. This suggests a rise in availability, despite the large quantities intercepted by enforcement agencies in the UK and further afield.

The BCS shows a doubling of use in just four years among 16-24 year olds. Other surveys point to increased use among young adolescents. Rising numbers of people seek treatment for cocaine addiction. Deaths involving cocaine went up 2.5 times between 1996 and 1998. This elevated death rate matches increased use rates in the years leading up to the period.

The data indicate that the UK may be witnessing the rapid spread of new cocaine use. It is difficult to state whether we have epidemic cocaine use, or which phase of epidemic we might be in. It is possible that we are approaching the climax of the present crisis. Only time will tell whether or not a cocaine epidemic is under way.

Without doubt we are at a crisis point. Vigilance should be our watchword ■

1 & table 7. The Department of Health publishes drug misuse statistics in its Statistical Bulletin series.

2. The Home Office Research Development and Statistics Directorate publishes drugs misuse results from the British Crime Survey in its Home Office Research Study series.

3. Anderson S. & Frischer M. *Drug misuse in Scotland: Findings from the 1993 and 1996 Scottish Crime Surveys*. Crime and Criminal Justice Research Findings No 17. Edinburgh: Scottish Office Central Research Unit, 1997.

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5. Aldridge J. *et al*. *Drug Taking and Drug Use Across Adolescence: a longitudinal study of young people's drug taking in two regions of northern England*. DPAS paper 1. London: Home Office Drugs Prevention Advisory Service, 1999.

6. Bennett T. *Drug Testing Arrestees*. Research Findings No. 70. London: Home Office Research and Statistics Directorate, 1998.

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Table 1, 2 & 3. Corkery J. M. *Drug Seizure and Offender Statistics, United Kingdom, 1998*. Home Office Statistical Bulletin 3/00. London Home Office Research Development and Statistics Directorate, 2000.

Table 3 & 4. Hartnoll R. (ed.) *Multi-city study: Drug misuse trends in thirteen European cities*. Strasbourg: Council of Europe Press, 1994.

Table 4. Hartnoll R *et al*. 'Patterns of drug taking in Britain', p.13-18 in Heller T. *et al* (eds) *Drug Use and Misuse: A Reader*. Chichester, Sussex: John Wiley and Sons, 1987.

Table 6. Corkery J. M. *Statistics of drug addicts notified to the Home Office, United Kingdom, 1996*. Home Office Statistical Bulletin 22/97. London: Home Office Research and Statistics Directorate, 1997.

Table 8. ONS. Special analysis prepared by ONS, 1999.

More detailed references are available on request.

Mules fuel rise in women drug prisoners

THE proportion of women in jail who are inside for drug offences is nearing the 50 per cent mark, the latest Home Office statistics reveal.

Between 2001-2002, the number of adult females jailed for drug offences rose to 1,331 - 44 per cent of the adult female prison population. The high presence of women in jail for drugs is largely down to the fact that 84 per cent of foreign national women are inside for drugs offences.

There was also an increase in the proportion of male prisoners in jail for drugs offences to more than one in six. The number of all prisoners held for unlawful supply has jumped five-fold since 1992, while those inside for intent to supply has tripled. There were 600 people being held in jail for simple possession. Phil Wheatley, the director general of the Prison Service, has admitted that 80 per cent of new prisoners coming into urban jails are problem drug users.

Drug users condemn failing agencies

DRUG agencies in Scotland have been heavily criticised by users for failing to provide adequate treatment.

The report into services in Aberdeen, the first formal study in Scotland on the views of drug users, uncovered deep concerns about a rehabilitation system they believe has done little or nothing to help them kick their habits. It found some users had been driven into crime and prostitution because they had been waiting up to 18 months to get on the city's substance misuse programme.

The lack of information about services and aftercare following treatment programmes was also criticised.

Paul Hannan, chairman of the Aberdeen Drug Alcohol and HIV Forum, admitted the findings of the users' survey was a "damning indictment" of the system.

Coke busts fail to dent price

THE smashing of one of the biggest cocaine smuggling cartels to target Britain has had no impact on the cost of the drug - despite police claims it would send street prices soaring," a *Druglink* investigation can reveal.

Scotland Yard carried out a series of 50 raids on addresses in London and Columbia in September last year following an 18-month operation which netted half a tonne of cocaine. Detective Chief Inspector Martin Molloy, head of the Special Projects Unit which conducted the operation, said the bust was a major blow in the war against drugs and that it would have "a massive impact on the price of cocaine in the UK."

Yet in the four months since the raids, a survey of drug experts, frontline treatment services, dealers and users has found no evidence of any change in the price or quality of cocaine anywhere in the UK. Aiden Gray, head of cocaine charity Coca, said: "The price of cocaine has remained steady since the raids. There has been no knock-on affect."

An unpublished Home Office report seen by *Druglink* on the effect of drug seizures on international drug markets, reveals even large scale law enforcement and crop substitution have little impact on the price of cocaine.

"Traffickers rapidly adapted by finding new sources and new routes," says the report. "Initial price rises became mere blips against a background that has seen a constant global decline in cocaine prices over many years."

Dr Les King, who compiled the report, said September's bust represented "a drop in the ocean". "There is no evidence that major interventions by law enforcement agencies have ever had any measurable impact on drug prices in the UK," said Dr King. It is estimated 40 tonnes of cocaine are smuggled into the UK each year, mainly via Holland and Spain, of which on average four tonnes are seized by police and customs.

"It would therefore seem inadvisable," he said, "for senior police officers to make predictions about increased drug prices when those expectations are unlikely to be realised."



Coca farmers drying the leaves in the sun

COCA farmers are gaining a strong political foothold in two of the world's top cocaine-producing countries following the rise in power of two 'heroes of the people'.

Evo Morales, the anti-American champion of cocaine producers and indigenous peoples in Bolivia, has surfed a wave of popularity in Bolivia since its president Gonzalo Sanchez de Lozada fled to exile. Morales, the son of an impoverished peasant farmer and leader of the Movement Towards Socialism, wants Bolivia's coca farmers, or *cocaleros*, to be allowed to grow and market cocaine without US-funded efforts to stamp out production.

"There is a unanimous defence of coca because the coca leaf is becoming a banner for national unity," said Morales in an interview last year. "Now is the moment to see the defence of coca as the defence of all natural resources." President Lozada fled Bolivia in October last year after an uprising caused by his attempt to sell off much of the country's natural gas to the US.

Meanwhile in Peru, coca farmers, led by their national leader Nancy Obergon, are protesting against attempts by their government and the US to eradicate the crop. Around 15,000 coca farmers embarked on an 18-day march last year from their villages to the capital Lima. "We're not defending trafficking, we're defending our cultural heritage," said Obergon.

A campaign to brand cocaine an unethical product which perpetuates bloodshed and exploitation in Colombia fails to mention that coca is the only viable cash crop for many farmers who have suffered years of neglect at the hands of their government. **By Garry Leech.**

Passing the buck

IN November 2006, Colombian Vice-President Francisco Santos unveiled his country's new 'Cocaine Curse' media campaign, which laid the blame for Colombia's violence squarely on the shoulders of European drug users.

"We need to tell Europeans that the line of coke they snort is tainted in blood," declared Santos, launching the latest initiative in the Colombian government's Washington-backed 'Shared Responsibility' campaign. More specifically, the vice-president targeted coke-snorting celebrities like Kate Moss, agonising that she had as yet failed to apologise to the Colombian people for the deaths that resulted from her cocaine consumption.

But one could argue that the cocaine consumed by Kate Moss and other Europeans is actually providing a livelihood for thousands of peasant farmers who would otherwise be forced to endure even greater poverty due to the neglect of Santos' government.

HISTORIC NEGLECT

While increasing the numbers of Europeans who snort cocaine is not a viable, nor desirable, economic development model for Colombia, there is little doubt that the livelihood of many impoverished Colombian farmers is dependent on the demand for cocaine in rich nations. While some analysts blame the illicit drug trade for Colombia's violence – and others blame the prohibition of drugs – in reality, the country's armed conflict had been raging for well over a

Guilt trip: Below and right two images from the Cocaine Curse campaign

decade before the cocaine industry emerged in the 1970s. The root causes of the conflict lie in Colombia's gross social and economic inequalities, particularly in the countryside, where 85 per cent of the population lives in poverty.

By focusing the blame for the violence in Colombia's rural drug producing regions on European cocaine users,



in many rural regions, coca is the only viable cash crop

Santos is ignoring the Colombian government's historic neglect of these regions. Leftist guerrillas or right-wing paramilitaries, both of whom profit from the drug trade, control many of these areas. The only government presence in these regions consists of military incursions, usually resulting in gross violations of human rights. Rarely are social and economic programs implemented in these remote parts of the country.

The region containing the Macarena National Park in eastern Colombia exemplifies the degree to which the Colombian government has neglected impoverished farmers. Several thousand peasants live in the park – a common practice in Colombia – many of them having fled

government repression in the 1950s and 1960s. During the ensuing decades, the government has made no attempt to provide social programs or build infrastructure that would allow farmers to transport their legal food crops to markets. The only government programs they have ever experienced consist of counter-insurgency operations by soldiers who consider everyone in the region to be guerrillas.



Bad fruit:
bananas damaged
after being sprayed

As Adam Isacson, a Colombia analyst at the Washington DC-based Center for International Policy, told a US congressional committee in June 2004: "The last several years in Colombia are full of stories of supposedly successful military offensives. The pattern is familiar: thousands of troops rush into a guerrilla stronghold, the guerrillas offer minimal resistance and retreat into the jungle. The troops stay a few weeks, or even months, but the Colombian government doesn't commit any resources to bringing the rest of the government into the zone. They can't stay forever – and since they operate with virtual impunity, that's not always bad news for the civilians in the zone. When the military eventually has to go back to its bases, though, we find that no moves have been made to bring in judges, cops, teachers, doctors, road-builders, or any of the other civilian government services that every society and economy needs in order to function."

CASH CROP

Due to the lack of infrastructure and economic alternatives in many rural regions, coca is the only viable cash crop because drug traffickers come and collect it when it is harvested. Farmers in the Macarena supplement their subsistence food crops with the money they earn from coca crops cultivated on farms measuring approximately four hectares in size. While this cash income has alleviated some of the poverty endured by these families, it has not made them wealthy. Most families still live in wooden shacks without running water and only a gasoline generator to provide electricity for a couple of hours every evening.

It is peasants such as those in the Macarena that have been the principal target in Colombia's US-backed war on drugs. In August 2006, the Macarena became the focal point of the war on drugs when, for the first time, President Alvaro Uribe ordered the aerial fumigation of the national park and its surrounding environs. US-supplied spray planes and helicopter gunships sprayed a chemical concoction – the herbicide glyphosate mixed with the surfactant Cosmo Flux 411-F – that has never been approved for use in the United States. After a week of spraying, Colombia's anti-narcotics police claimed to have destroyed all 11,370 acres of coca in the park.

The spraying not only destroyed coca crops, but also food crops including yucca plants and banana, papaya and avocado trees. Essentially, many farmers lost both their subsistence food crops and their cash crops. Eight days after the fumigations, I met with a middle-aged peasant woman named Cecilia, who requested that her last name not be used for security reasons. She walked around her small wooden house pointing to the banana trees and yucca plants that had been killed by the chemicals. She described how the chemicals blanketed not only the coca crops she and her husband cultivate in order to survive, but also their food crops and two young children, both of whom began vomiting shortly after the spraying and suffered from diarrhea for several days.

LIVES RUINED

Cecilia, who has lived her entire life in the Macarena, also claimed that her children had been traumatized by the militaristic nature of the fumigation operation. Helicopter gunships swooped down low over the farm and unleashed a barrage of machine gun fire around the perimeter of her coca fields to clear the way for the spray planes. Eight days later, the earth remained pockmarked with holes created by



bullets from the machine guns while hundreds of shell casings littered the ground, some dangerously close to her house. ❖ 26



Carlos Villalon

❖ **25** Cecilia's plight was not unique; her neighbors and many others in the region had also been terrorized by the fumigations and were struggling to survive following the destruction of their food crops. Due to governmental neglect of the region, it is Colombia's largest leftist guerrilla group, the Revolutionary Armed Forces of Colombia (FARC), that serves as the de-facto government and provides aid to the distraught farmers. Consequently, such counternarcotics operations are only further entrenching peasant support for Colombia's guerrillas in remote regions such as the Macarena.

US AID

For the past six years, 80 per cent of the \$4.7 billion in US aid to Colombia as part of the Plan Colombia counter narcotics program has gone to the country's military and police forces, with only 20 per cent funding social projects, economic development and alternative crop programs. Many analysts are critical of the Bush and Uribe administrations' insistence on a military solution to the drug problem and Colombia's armed conflict, claiming that peace will never be achieved until the underlying social and economic causes are effectively addressed.

For its part, the Bush administration has not only refused to listen to critics, it recently announced a reduction in economic development aid to some of the coca-dependent regions in Colombia that are most in need. Some of the reasons given by the United States Agency for International Development (USAID) for the cuts appear to contradict the agency's mandate. USAID responded to questions about its planned cutbacks in the department of Caquetá in southern Colombia—much of which endures social and economic conditions similar to those that exist in the Macarena—by stating that “it lacks sufficient economic potential and there is very

A woman ladles cocaine base out of a bag in exchange for goods

one could argue that the cocaine consumed by Kate Moss and other Europeans is actually providing a livelihood for thousands of peasant farmers

little private-sector investment” and that “the department registers very high levels of conflict.”

According to Isacson this is the wrong answer. “Poor economic prospects? Low private-sector investment? Guerrilla presence and insecurity? These are all reasons to invest generously in Caquetá's development, not to shun the department completely. Does USAID really mean to say that it will only invest in zones where the economy is already viable and where guerrilla presence is low?”

GRATEFUL

For years, the governments of the United States and Colombia have neglected the 85 per cent of rural Colombians mired in poverty. Militaristic policies that seek to maintain the gross social and economic inequalities in Colombia continue to be a significant contributor to the country's ongoing violence. It was in this context that Colombian Vice-President Santos arrived in London in November last year to unveil the government's latest campaign to blame European cocaine users for his country's violence.

The new campaign claims: “Cocaine not only destroys you, it also destroys a country.” But as long as the Colombian and US governments refuse to effectively address the economic plight faced by Colombia's rural coca growers, these impoverished peasants will likely remain grateful that Kate Moss and others are willing to consume cocaine. That is if they even know who Kate Moss is. •

*Garry Leech is an independent journalist and editor of Colombia Journal (www.colombiajournal.org). He is also author of *Crude Interventions: The United States, Oil and the New World (Dis)Order* (Zed Books, 2006) and *Killing Peace: Colombia's Conflict and the Failure of U.S. Intervention* (Inota, 2002).*

White lines, blue collar

Cocaine is permeating into working class culture, whether it's in the local working men's pub, high street club or building site. Steve Sampson reports on how the drug is breaking traditional barriers to fuel our binge-drinking society

The digital images of Friday night drinkers flick across the CCTV monitor above the bar of a working men's pub in Birmingham. A man in his 20s enters, saunters from the bar to the lounge and back, stopping at tables crowded with labourers, brickies and factory workers still wearing steel toe capped boots and reflective safety jackets.

Within minutes he has delivered some 15 grams of powder cocaine before leaving to reload with merchandise at his home, known as the 'White House'. None of the transactions featured on the CCTV, and before leaving he waves to the landlord who waves back.

The acceptance of powder cocaine among Britain's blue-collar workforce marks one of the greatest shifts in social trends in a decade, according to one drugs worker. Its use has been dubbed the 'hidden mixer' – a substance driving the country's thriving binge drinking culture.

Prices are dropping to record lows at £30 a gram on the streets of Northern cities, with single lines going for as little as £2.50 in night club toilets, according to local drug agencies. Cocaine's mantle as the 'must have' accessory for the rich and famous is long-established and its use among the professional middle classes is widely accepted. In 2005, Metropolitan Police Commissioner Sir Ian Blair announced a crackdown of the dinner party cocaine set saying: "People are having dinner parties where they drink less wine and snort more cocaine," he said. "I'm not interested in what harm it is doing to them personally," he continued, "but the price of that cocaine is misery on the streets of London's estates and blood on the road to Colombia."

But while City traders and the media brat pack have been left waiting for the knock of the door from the Met, drugs workers and researchers have identified a new community of cocaine users evolving at the opposite end of the social spectrum. Just as the Burberry check became *de rigueur* for young chavs sporting council estate chic, cocaine has become

part of the staple of diet of many working men and women at work and at play.

The average cocaine user in the UK is as likely to be a window cleaner, serviceman or builder on an Olympic construction as a City whiz kid, Fleet Street journalist or member of the idle rich.

"It's the very places where the locals had a zero tolerance to drugs, which now turn a blind eye. In pubs and even working men's clubs across the country, it's the locals who are now using," says Carla Ellis of Crewe 2000, set up three years ago to deal specifically with the problem at street level in Edinburgh.

It's the very places where the locals had a zero tolerance to drugs, which now turn a blind eye

"Since we opened we've been swamped. We are seeing an ever-increasing number of tradesmen in their 30s, 40s and 50s with cocaine problems. Cocaine's acceptance among the blue-collar workers is the biggest change in human behaviour in a decade.

"Cocaine has maintained its aspirational image as a party drug, a sign of success. It's as if we're in an age of acceptance, and it's a huge shift in behaviour among ordinary, working people. Users in this community rarely see themselves as having a problem, any more than having a hangover, and they certainly wouldn't approach traditional drug services, so the problem remains hidden."

The changing face of cocaine was evident from the results of an ICM poll carried out in May last year. Among those interviewed in the AB social class – defined as professionals and middle managers – who said they had taken drugs, 26 per





cent said they had used cocaine. But that increased to 46 per cent among members of the C1 social class – defined as office workers and junior managers. There were also marked differences between the regions, with the industrial Midlands topping the cocaine use league, with 41 per cent of drug users saying they had tried it, followed by the South East on 35 per cent.

But its prevalence among blue collar workers on building sites and the factory floor is less well-researched, rarely reaching the national headlines and often kept under wraps by employers reluctant to have their brand name linked with that of a workforce driven on Bolivian marching powder.

But in November last year, Britain's largest privately-owned construction firm, Laing O'Rourke, published the results of its *Human Capital* report, which showed that of 1,511 randomly tested staff some 165 tested positive for cocaine or cannabis. The workers were sacked, with a source at the company conceding it had a serious problem.

Tim Kirkwood, property developer and managing director of TTP Counseling, which offers rehabilitation services

specifically to the construction industry says: "In my opinion construction has the highest use of drugs of any industry I have experienced. The problem is getting worse and it's down to two things: availability and culture. It's seen as cool to take drugs on site. I've noticed dry liners and plasterers are heavily into speed and cocaine, whereas painters tend to be more into cannabis, probably because it's such a boring job."

One building site recruitment specialist said: "It keeps you going and some people use it to kick start the day if they've had a late night out."

Few firms are prepared to be as candid about cocaine use among staff as Laing O'Rourke and some believe that random testing misses many users and merely exposes the tip of the iceberg.

Price, availability and social acceptance have all played a part in repositioning cocaine in the market place, according to former Head of the North East Crime Squad, Paul Johnson, who now investigates drugs in the workplace countrywide.

Johnson describes a timeline from the late 70s when the only cocaine on the street was that knocked off in a chemist



Man chopping out lines on a toilet seat in a Shoreditch bar, London, UK, 2000's

© Pav Modelski - PYMCA

raid, to the present day boom where it can be found in a street, pub or club in nightclub in every town and city in the country.

Johnson says a gradual growth in the availability of cocaine in the early 80s was suddenly swelled as crack became a phenomenon. With the US market at saturation point, global cocaine cartels turned their sights on Europe and specifically the UK. In the 90s and new millennium, as supply swelled, prices spiralled down from £80 a gram to £40 a gram and below. And at the same time, the working man and woman, Johnson says, became a good deal more affluent making the market ripe for development.

"We have an increasing number of industrial and manufacturing firms coming to us for advice about workforce issues around cocaine. The idea that the working classes would shun cocaine is a complete misnomer. It comes down to price, which is falling, and people have become more affluent. It is an attractive drug with a glamorous reputation. It's seen as the drug of successful young professionals, models and footballers, people want to buy into that. The media seems to have double standards; crack and heroin use is demonized while cocaine seems to be an essential part of any celebrity story."

Alan McGauley, senior lecturer at Sheffield University and expert witness, first started researching crack and cocaine use in the mid-80s and is set to launch a survey of cocaine use in Sheffield this summer. He believes the drug is the driver behind modern British binge drinking culture.

"Cocaine is the least gender-specific of the entire drug menu in the UK. Cocaine use is moving towards normalisation as it becomes embedded in our culture and linking in with our binge drinking, 24-hour culture. Cocaine currently occupies a unique place in the drugs field – most users do not see the

drug in the same rank as heroin and crack cocaine, it's seen as occupying a space close to E and cannabis. The vast majority of users will never come into contact with services or the criminal justice system, so it's difficult sector to research."

Fifteen years ago the thought of a local pub being a haven to cocaine dealers or punters having a quick sniff in the toilets was unthinkable. Today it is an ever-present reality for pubs countrywide. "Illegal drugs such as cocaine are everywhere. Any type of on-trade premises, from high street bars to country pubs, can have an issue with drugs," says Melanie Taylor who trains licensees in drugs awareness on behalf of the British Institute of Innkeepers.

Doormen, toilet attendants and CCTV are all in the armoury used by licensees to keep drug use at bay in pubs and clubs, while developers are now seeking to design out the problem, says Melanie. "One new pub I visited in Liverpool recently has been designed specifically to deter drug use. It has full CCTV without blindspots, there is no part of the pub which the staff can't see."

Landlords have for several years been spraying the backs of toilets with WD40 or Vaseline, using mirrors to reflect remote parts of a venue and employing door and toilet attendants in a bid to deter pub snorters.

But while much is being done to deter the use of drugs in pubs and clubs across the country, the positive perception of the drug has remained intact.

"You have to remember, my clients like to party as much as a celebrity would," says one dealer in Birmingham. "They are not crack heads, or drug addicts, they are just working people who like a bit of a sniff."

■ **Steve Sampson** is a freelance journalist

Druglink

REPORTING ON DRUGS SINCE 1975

- Cannabis potency
- Subutex
- Student dealers
- Brighton
- Drugs and poverty

Cocaine commerce

Britain's two-tier market





Bash street kids

The cocaine and ecstasy markets are splitting in two, with young people and students being the major consumers in an expanding industry in cheaper, lower quality products.

Max Daly takes a look at the results of this year's UK-wide drug trend survey

Supermarket-style choices of 'basic' and 'luxury' cocaine are increasingly being sold as the market for the drug continues to grow, according to *Druglink Street Drug Trends 2007*.

Feedback from the survey, carried out among 80 drug services, drug action teams and police forces in 20 towns and cities across the UK found cocaine is being sold on a two tier level in many areas, as street dealers and drug gangs react to a rapidly expanding customer base among teenagers.

The practice further cements the notion that although illegal, Britain's drug market acts like any other. As the market for cocaine expands, so does the choice of product.

More affluent and 'seasoned' customers, as well as those

who take the drug outside the pub circuit are fuelling the demand for higher quality cocaine, usually sold at £50 a gram.

Cheaper, more heavily cut ('bashed') versions of the drug – usually £30 – are available in virtually every area surveyed. The rapidly expanding market in cut-price cocaine is popular among young people, people taking it in pubs, new users and people on low incomes.

In Birmingham, individual dealers are offering their customers a choice of two grades of cocaine – 'commercialised' at £30 a gram and 'Peruvian' at £50 a gram. In Nottingham, the high-end wrap is known as 'rocket fuel'.

"We are seeing the age of first use and of problem use

dropping," says Lewis Smith of Manchester drugs charity Access 2. "The proliferation of cocaine is going mental. It's expediential." Smith says 10 years ago in Manchester most young people started using cocaine when they were around 22. "Now we are seeing many young people start using at 15 and getting into problems with the drug at 18.

He said two different products were being sold to cater for two different markets. "Sometimes it's the same dealer offering two products. What people are getting is more choice."

This has been accompanied by a drop in the actual weight of a 'one gram' wrap – most commonly weighing in at 0.8 and 0.9 of a gram – and a significant fall in the purity of cocaine. The average purity of cocaine seized at street level by police between April and June this year, according to the Forensic Science Service, is now 34 per cent, compared to 54 per cent 10 years ago. The degree to which cocaine is cut with other substances such as the pain relievers benzocaine and phenacetin (see box) after its arrival in the UK is evident from the fact that the average purity of the drug seized by Customs and Excise – 67 per cent – is virtually double that seized by police.

The selling of crack and heroin as one package has become so endemic that in east Birmingham dealers refuse to sell the drug separately

Merseyside Police said in Liverpool the most significant trend over the last year has been the proliferation of low purity cocaine. "We think cocaine is taking some of the market away from ecstasy. There is a lot of low quality cocaine and this appears to be due to many users cutting the cocaine and selling it on again and again."

The two-tier system is also increasingly coming to the fore in the ecstasy market according to the survey, carried out in July and August this year. In some towns and cities, the bottom has fallen out of the ecstasy pill market, with the average street price of a pill in the UK – most commonly sold in batches of 3 to 5 pills for £10 – being £2.40. In Glasgow, where six low quality pills are sold for £10, according to one drug worker "ecstasy appears to be disappearing fast from the market".

Powder and crystal MDMA, as a more expensive option for the more seasoned clubber at an average of £38 a gram, half what it was 10 years ago, are gaining ground on the pill version of the drug, now the preserve of teenagers because of its low MDMA content.

In Birmingham, where crystal and powder MDMA now takes up 35 per cent of the ecstasy market compared to five per cent 10 years ago, drug workers revealed that most 'pills' contain zero MDMA, and are instead made from amphetamine base. As a result, children as young as 15 are taking the hallucinogenic drug ketamine to give them a more ecstasy-like experience. In response to the trend, young people's drug services in the city are increasing the output of harm reduction messages to teenagers around ketamine.

Young people are buying cocaine to mix with other drugs. Across the country, poly-drug use amongst young people – particularly the mixing of alcohol, cannabis, ecstasy and cocaine (see feature p24) – continues to become increasingly identified by police and drug services. In Blackpool, drug services are reporting that clubbers are taking a cocktail of

drugs made up of ecstasy pills, MDMA, speed and ketamine, as well as a drink dubbed 'liquid cocaine' – champagne, vodka and Red Bull.

Prices across the board have remained relatively stable, as they have since Druglink's street prices and trends surveys began in 2004. Price blips are usually down to individual gangs of dealers saturating an area with cheap drugs to gain a foothold before they hike the prices up again. Previous trends picked up by the investigation over the last three years – increased use of ketamine, combined dealing and use of heroin and crack such as speed-balling, steroid use and the rarity of crystal meth all remain significant in 2007.

The selling of crack and heroin as one package has become so endemic that in east Birmingham dealers refuse to sell the drug separately. In Nottingham, when heroin-only use became stagnant, dealers gave customers free crack. Now, according to David Manley, a consultant at Nottinghamshire Healthcare Trust, 95 per cent of Nottingham's crack users also use heroin.

More commonly used drugs such as alcohol and cannabis have also been causing concern around the UK. Problem alcohol use among drug users was flagged up by several drug services as a growing issue in the last year. Services in York, Middlesbrough, Cardiff and Birmingham said young people resorted to heavy alcohol use as a substitute if illegal drugs were not readily available or if they had stabilised their drug use. Birmingham HIAH, a young people's alcohol and drug service, has identified a "large increase in the amount of young people stating cheap alcohol as a primary or secondary problem drug, mainly as a cheaper alternative to cannabis and ecstasy if they can't be found." In Glasgow and Manchester, the mixing of alcohol with either diazepam, prescription opiates or cocaine has become "a major problem".

The Iceni Project, a drug treatment service in Ipswich, said it had seen a "steep increase" in people coming in with and parents seeking advice about cannabis-related issues. Between January and March, more than half of all the project's new referrals had problems with cannabis use.

AVERAGE STREET DRUG PRICES: UK 2007	
Herbal cannabis (standard quality) per ounce:	£87
Herbal cannabis (good quality) per ounce:	£134
Resin cannabis per ounce:	£55
Heroin per gram:	£43
Heroin £10 bag: 0.15 gram	£43
Cocaine per gram:	£43
Crack cocaine £10 rock: 0.15 gram	£2.40
Ecstasy pill:	£38
Crystal/powder MDMA per gram:	£9.80
Amphetamine per gram:	£25
Ketamine per gram:	



COCAINE 'FLAVOURED' POWDER

It's an urban myth that cocaine is cut with talcum powder or rat poison. Most of the substances it is cut with look similar and have a similar effect, but are cheaper for drug gangs to buy than cocaine.

Cocaine being sold on Britain's streets today is considerably less pure than it was 10 years ago at around 30 per cent. According to the Forensic Science Service, the highest quality batch UK police seized between January and March was 90 per cent pure, while the lowest was one per cent.

Reversing along the supply chain, to seizures at ports and airports by Customs officers, the average purity of cocaine seized is 67 per cent, a purity which, unlike police seizures, has remained fairly regular in the last four years. This means that gangs in Britain are increasing their profit margin by adulterating cocaine with other substances.

The most common adulterants in cocaine seized by police are benzocaine, (a pain reliever usually found in mouth ointment), phenacetin (used as an analgesic until scientists suggested it may cause cancer), lignocaine (a local anaesthetic used in dentistry) and caffeine.

Other substances added to cocaine include diltiazem (a drug used to treat hypertension), boric acid (used as an antiseptic, an insecticide and in nuclear fission), procaine (used to reduce the pain from injections), hydroxyzine (used to treat anxiety disorders), tetramisole (a substance used to expel or destroy tapeworms in domestic animals) and the sugars mannitol and lactose.

COKE STATS: COMING UP

- While most drug use has remained stable, the proportion of adults who said they had used it in the last year, according to the government's British Crime Survey has risen from 1.2 per cent in 1998 to 2.4 per cent in 2005/2006. It is estimated that around 2.2 million Brits have taken cocaine powder in their lifetime.
- Since the early 1990s there has been more cocaine seized than heroin by weight, the number of cocaine seizures went up by a factor of four while the price has fallen by around a half.
- Although cocaine is growing in popularity, only a small, but growing, proportion of young people are taking the drug. Two per cent of secondary school children said they had taken the drug in the last year. This figure was just under six per cent for 16-24 year olds. Calls to Frank about cocaine now account for 17 per cent of their phone inquiries, compared to 10 per cent three years ago.
- According to the European Monitoring Centre for Drugs and Drug Addiction, the average price in Europe for cocaine fell by 22 per cent between 1999-2004, taking into account inflation. Global cocaine production is estimated by the UN drugs office to have increased in 2004 to 687 tons, while Europe seizures are up by 36 per cent.
- The total number of fatalities where cocaine/crack cocaine was mentioned in UK death certificates rose from five in 1990 to 171 in 2002, but dropped to 142 in 2003, before increasing to a new peak of 185 in 2004.
- In 2003, some 7,230 individuals were cautioned by the police or dealt with by the courts for drug offences involving cocaine. This was an eight-fold increase on the 1990 figure of 860. The number of occasions on which cocaine was seized within the UK by law enforcement agencies rose five-fold (from 1,636 to 7,744) between 1990 and 2003.
- The price of cocaine in the UK has fallen rapidly over the past decade. In 1990, the average price per gram of powder was £87, but by 2004 this figure had reduced to £53. If the effects of inflation are taken into account, the fall in real terms has been even greater.
- Rates of problematic cocaine use amongst those presenting for treatment for drug dependence showed an almost four-fold increase between 1993 and 2001, from 2,331 to 8,327 episodes.

Cutting coke:

THE DRUG TRAFFICKING EXPERT: ALLEN MORGAN

A lot of dealers out there are selling two commodities. A product which is 'bashed' or heavily cut for £550 an ounce and a decent product for £700 an ounce. It's a very general cocaine market because it's so popular. A lot of people are using it who never have done before because they can afford to. Then you have a more select market, such as journalists, who dabble in it but don't like the rubbish some people are selling now.

It's the same quantity of cocaine coming into this country with an expanding market, so dealers are making it go further. First it will be adulterated and then when it can't get cut any more it's sold under weight. A gram is never a gram, it's usually 0.8g. The profit has dropped out of cocaine in the sense that if you are providing a good product at its full weight you won't make any profit.

Cocaine now seems to have reached the mass market and it is apparent that in order to meet this increased demand dealers increasingly have to bash the cocaine with adulterants such as phenacetin, lignocaine and caffeine in order to maintain profit margins and to ensure that there is enough to go round.

This fall in the quality of cocaine has led to an inevitable reduction in prices at all levels of supply and now it is not unusual to encounter users who are buying cocaine at prices as low as £30 for a single gram and not just in the major cities, users from small towns are reporting buying cocaine at ridiculously low prices. But it is apparent that there can be considerable disparity in the purity of seizures and whilst it is not unusual to encounter a typical purity in the region of 30 per cent, seizures are increasingly in the region of 20 per cent. Compare this to 2001 when purity levels at street level were typically in excess of 50 per cent.

Recently I have encountered seizures at multi-kilogram level as low as eight per cent, whilst at the other end of the spectrum I have encountered seizures of a couple of grams with purity levels in excess of 50 per cent. Increasingly it is apparent that there is a potential divide between cocaine destined for the 'masses' and the more traditional 'connoisseurs', who are willing to pay a higher price for a higher quality product.

Official valuations based upon figures produced by the Serious Organised Crime Agency (SOCA) for a kilogram of cocaine can range from £15,000 to £30,000, but in real terms poor quality cocaine can often be purchased at this level for as little as £12,000 per kilogram. Whilst there are a number of factors that can affect drug valuations, it is apparent that in respect of cocaine, this disparity in prices can be explained by the considerable disparity in levels of purity.

This growing divide in the domestic cocaine market appears to be increasingly confirmed not just by official sources but also those closely involved in the distribution of the drug. In a conversation with Andy, a convicted cocaine supplier, he reported that, prior to his conviction he was supplying ounces of cocaine at a variety of prices depending on the customers' needs and quality of the drugs. All business was conducted via mobile telephones with Andy prepared to deliver the drugs virtually round the clock. He confirmed that even when supplying at this level he routinely bashed the drugs that he was supplying.

His prices were typically based on a price of £500 per ounce for standard bashed cocaine and £850 per ounce for a better quality product which, he at least, had not adulterated. "I always had two sorts of coke available. If I was selling to muppets who just want coke at the cheapest price, then I would sell them the £500 gear. But then I had other customers who weren't bothered about the price but wanted decent gear and so I had another batch, the expensive stuff, which I sold for £850 on the ounce, but the quality was loads better. The people who were buying that weren't buying it to bash and sell but mostly wanted decent gear to use themselves and were willing to pay top price for it."

It is clear that cocaine, the one time society 'champagne' drug now transcends all social boundaries and there are dealers out there who are exploiting this two-tier market and catering for both sides of the divide.

■ **Allen Morgan MSc is a specialist on drug trafficking networks and cannabis cultivation and provides expert evidence to the courts in drug trafficking cases.**

THE COKE DEALER: ADRIAN, 40, NORTH LONDON

"The question isn't, is the coke pure, it's a matter of how heavily it's been cut. At my level where I buy an ounce as and when required, my suppliers wash and repress it to about 80-60 per cent purity – which is as pure as most people would want it. The price is pretty standard at about £1,000, but the purity is the unknown quantity. In many cases it comes down to a matter of trust.

"Youngsters on the street are buying and selling deals at 0.6 of gram washed to a purity of about 20 per cent, it's rubbish. The best you can hope for is 0.8 at around 40-50 per cent, if you want to buy small amounts at source quality you either have to know someone very well or pay a premium."

Dealers have always washed and repressed imported cocaine, but purity being the key selling point, techniques to breathe new life into coke cut to shreds are now being employed further down the distribution networks.

Compressors or mini re-pressers, advertised and once used for compressing cannabis pollen, and available in high street and market head shops for £10, are being used to repack low quality product to look as if it is straight off the boat.

"It's a gimmick I guess," says Adrian. "Buying your coke in solid form is the thing of the moment. Personally I'd rather buy it in powder form, it's easier for me."

Adrian would class himself among a school of dealers who essentially see it as a hobby, a sideline, and quite separate to the commercial distributors. "The quality of coke you get from your dealer really depends on how much they want you as a customer or who you know. The market is hierarchical, like a food chain. Someone buying cheap street wraps over time will look to buy in slightly larger amounts so get a discount or want better quality coke. If the dealer feels it's in his favour, you'll move up the food chain. If he thinks you're an idiot, he'll just change the appearance of what he's selling you."

Interview by Steve Sampson

■ DRUG DEATHS DAY

The first International Remembrance Day in memory of those who have died from drug use or as a result of misguided drug policies will take place on July 21. Organised by Black Poppy magazine and other sections of the drug using community, the event will take place in Kennington Park, south London.

■ COCA SURPRISE

Cultivation of coca in Columbia, Bolivia and Peru is at the highest level since 2001, according to the United Nations Office on Drugs and Crime's (UNODC). The total area of land under coca cultivation in the three countries is now more than 180,000 hectares, despite a massive US-backed eradication drive. The biggest increase – 27 per cent – was in Columbia.

■ FESTIVAL GRABS

Theft from tents overtook drug offences for the first time at Glastonbury, according to police. The festival ended with an estimated 170 drug offences, similar to last year, compared to 263 tent theft incidents. Avon and Somerset Police said most of the drug offences were arrests inside the grounds for possession of drugs – mainly cannabis, MDMA and amphetamines.

■ SCAM SCANS

More than £80m is to be spent on scanning technology and better security to stop "substantial amounts" of drugs getting into prisons, following a review by former chief constable David Blakey. The review also found corrupt prison officers were being paid by prisoners for phones or drugs. See news focus p5.

Cocaine better known than cannabis, according to kids



Child's eye view: adults use drugs to be cool

Cocaine is the best-known illegal drug among children and adults get high to 'look cool', an extensive survey of nine to 11-year-olds has revealed.

Carried out among nearly 1,500 children, the survey found more than 70 per cent of children named cocaine when asked what drugs they knew the name of – compared to 64 per cent naming cannabis. Over half of the children, surveyed in England and Northern Ireland earlier this year by

charity Life Education, could name four or more illegal drugs.

Asked why adults choose to take drugs, the vast majority of children came up with 'positive' reasons. Nearly 40 per cent thought the main reason adults took drugs was to 'look cool'. This was followed by 'friends do it' and 'to get high/happy'. Only five per cent thought adults took drugs because they were addicted.

When asked how people act when they use drugs, most children quoted negative effects. One in three thought people 'acted silly/stupid'.

More than a quarter thought ecstasy was a legal drug and one in five thought heroin was legal.

"These results show that there is a vast amount of work to be done in teaching the next generation about the realities of drugs," said Life Education's national director Stephen Burgess. "It is no use pretending that children under 11 don't know about drugs. These results show that they do. In order for them to approach the potentially challenging period of adolescence knowing the full facts rather than responding to hearsay and peer pressure we need to reach children early – at primary school. That is the only hope we have of stemming the ongoing issues so many adults face with drugs."

WHAT DRUGS DO YOU KNOW THE NAME OF?

Cocaine	71%
Cannabis/dope/weed	64%
Heroin	58%
Ecstasy	35%
Nicotine	22%
Tobacco	21%
Medicines	20%
Alcohol	20%
Crack/Ice/Crystal Meth	15%
Caffeine	11%
Mushrooms	8%
Calpol	8%
Aspirin	8%
Steroids	5%
Speed	5%
Glue	4%
LSD	3%
Solvents	2%

WHY DO SOME PEOPLE CHOOSE TO TAKE DRUGS?

They want to look cool	38%
Friends do it	12%
To get high/happy	11%
To make a problem go away/to forget problems	9%
To help them feel better/	
To help if they are sick	8%
To relax them	8%
They are addicted	5%
Because they are stupid	4%
If they are depressed	4%
They like them	2%
Want to kill themselves/	
They might not want to live	2%
To try them	1%
Boredom	1%

Crossing the line

The number of people admitted to A&E after taking cocaine is rising. Sam Hart reports on how hospitals are dealing with cocaine overdoses.

On a warm summer evening last year, Carl Robertson was enjoying an after work drink with friends at his local pub in the south coast town of Hastings.

"There was no special occasion, but one thing lead to another and we started to do some lines of coke," he recalls. "Nothing unusual there – it was very much part of my social life at that time."

But the relaxing evening began to unravel as Robertson, a successful businessman in his late 40s, started to experience worrying symptoms.

"I must have done about four or five lines. I couldn't breathe properly. I was winding myself up thinking 'I've taken too much' and then trying to calm myself down again. I left the pub and kept walking, saying over and over to myself, 'You're OK, you're OK, calm down, calm down.' But I just couldn't catch my breath. I also started to get pins and needles in my fingers."

Robertson, who had been using cocaine for about ten years, began to walk towards his local hospital but had only made it a few hundred metres when his legs began to shake. "I tried to use my phone but my left arm had gone completely numb. The next thing I found myself on the pavement and a stranger was leaning over me saying 'Are you OK?' I said, 'no – I think I'm having a heart attack.'"

An ambulance rushed Robertson to A&E. "I told them I had taken coke and they put me in an oxygen tent," he says. "I was scared stuff – I thought I'd had a heart attack and was going to die. But gradually I started to calm down and breathe normally. I discharged myself a couple of hours later."

Experiences like Robertson's are becoming increasingly common. Earlier this year, Druglink exclusively revealed that the number of hospital admissions for cocaine-induced health emergencies has risen more than four-fold in eight years. Research from the United States suggest that up to 25 per cent of heart attacks in people between the ages of 18 and 45 are connected to the use of cocaine. A study carried out among young men attending A&E at a London hospital found one in three admitted for suspected heart attacks were cocaine users.

"We are seeing an increasing number of people arriving at A&E with cocaine poisoning," says Dr Simon Thomas, Clinical Toxicologist at Newcastle University. People with cocaine poisoning can display a wide range of symptoms including muscle cramps, rapid heartbeat, difficulty breathing, vomiting and convulsions. And, according to Dr Thomas, patients generally arrive at A&E in an anxious and agitated state.

You can feel your heart beating incredibly fast and you keep thinking 'this is it – I'm going to die'

Although hospital staff can carry out a test to check for cocaine in the body, this is usually deemed unnecessary as most patients admit that they have taken the drug.

The psychological effects of the drug, such as anxiety and paranoia, can make the physical symptoms appear worse, according to Robertson who has been hospitalised for cocaine use three times. "You can feel your heart beating incredibly fast and you keep thinking 'this is it – I'm going to die'. The paranoia got so bad on one occasion that I thought about committing myself to mental hospital after I'd been discharged from A&E."

But fears of heart attacks and other serious illness are not just paranoid fantasy. The majority of patients arriving at A&E will need no more than monitoring for a few hours. Although there is no recognised antidote to cocaine, patients may be administered with sedatives to reduce their heart rate and blood pressure. For some, the consequences can be much more dangerous. "Cocaine poisoning can lead to life-threatening toxic effects," explains Dr Thomas.

Cocaine releases a chemical that restricts arteries which can cause a feeling of numbness or tingling. Tightening of coronary arteries can lead to heart attacks. The drug can also cause tachyarrhythmias – an irregular heart beat – which can also cause cardiac arrest. In fact, the risk of heart attack is

increased by 23 times in the hour after cocaine use.

The drug also triggers a surge in blood pressure which, coupled with the constriction of blood vessels can cut off blood flow to parts of the brain causing seizures and blackouts and possibly strokes.

Mixing the drug with alcohol can increase the damage as cocaethylene, a chemical produced in the liver when cocaine and alcohol are used together, has a more harmful effect on the cardiovascular system than cocaine on its own.

The high price of cocaine has traditionally placed it in a glamorous niche – the preserve of the moneyed and the privileged classes. But last year *Druglink* highlighted the emergence of a two tier economy within the cocaine market, seeing dealers selling cheaper, heavily cut cocaine for £30 a gram alongside a purer version sold to more affluent customers for around £50 per gram. The use of the drug has more than doubled in the last ten years, with 1.2 per cent of adults in 1998 saying they had used cocaine in the previous year and 2.6 per cent saying the same last year.

In busy A&E departments, staff can do little more than monitor and treat the medical condition, as patients often disappear as quickly as they arrive, so there is no place for long-term counselling or medical intervention.

"Nobody told me off or anything," says Robertson, "I don't think anyone referred to the fact that I'd taken drugs. They just took care of me."

"We don't lecture," says Dr Thomas. "We can simply offer patients information about the risks they are facing."

But surveys in Ireland have shown that many users are blissfully unaware of some of the more dangerous side-effects of cocaine. And Dr Thomas and others like him believe more needs to be done to alert people to the dangers of the drug.

In Ireland, the death of 24-year-old model Katy French from brain damage following alleged cocaine use, coincided with 'The Party's Over' – a public health campaign which is attempting to destroy cocaine's image as a clean and safe drug.

And in May this year, British drugs minister Vernon Coaker announced a new £1 million campaign aimed at 15-18 year olds 'to deglamorise the drug's celebrity image by revealing its ugly consequences'.

But Robertson, who is now in recovery, believes that public health campaigns can do little to reach people like him.

"I think going to hospital might have put me off coke for a day or two, but I was an addict and when you are an addict you lie to yourself. Your brain tells you it will be different next time. You think, 'I'll only do a line this time,' but you never do just a line. Until you stop lying to yourself, no amount of public health warnings will make a difference."



Police target 'bash' industry

EXCLUSIVE

Max Daly

Police are battling to contain a thriving and lucrative drugs market - in the chemicals used to cut cocaine and heroin.

The market in cutting agents, known on the street as 'bash' or 'smash', has become so established some criminals have ditched selling illegal drugs to deal solely in the chemicals, which are legal to buy and sell. Powders such as the anaesthetic benzocaine, the most common substance used to cut powder cocaine, are vital to dealers if they want to make a worthwhile profit.

Swizzo, who describes himself as a 'fixer' between cocaine and adulterant dealers, told *Druglink*: "Dealing in smash is more attractive than dealing in illegal drugs because it's more profitable and it's not a Class A drug. I know people who make a living out of selling this stuff."

Benzocaine, used in over-the-counter ointments, dentistry and as a fish tranquilliser, is typically being bought from source in countries such as China over the internet for £3,000 a metric ton. The importer then sells the chemical on in 25kg sealed kegs for between £2,000 and £8,000. It is sold to dealers for £200 an ounce, a quarter of the price of an ounce of cocaine.

Most middle level dealers cut their cocaine 50-50 with adulterants - boosting the return gained from buying a £1,000 ounce of cocaine and selling it in 28 £50 grams from £400 to £1,800.

Gangs dealing in the chemicals are being targeted by the Serious Organised Crime Agency (SOCA), which has set up an operation to disrupt the trade. Detectives, who believe the operation has made a sizeable dent in the trade, are arresting gangs after linking shipments of bulking agents to stashes of Class A drugs.

Police are in the process of persuading the Home Office and Crown Prosecution Service (CPS) to make it easier for dealers in the bash trade to be prosecuted. Police want ministers to introduce a licensing scheme that would force individuals importing large quantities of potential cutting agents to prove they are for legitimate use.

At present people caught with large quantities of cutting agents are being



charged with conspiracy to supply drugs, although the courts have to be convinced that the chemicals would have been used to mix with drugs. However, cutting agents are being treated as actual cocaine in the police's evaluation of how much a haul would be worth on the streets.

But, as enforcement agencies clamp down on the trade in cutting agents, which also include anaesthetics lignocaine and phenacetin, caffeine and tetramisole - a substance given to pets to expel tape worms, there are fears that dealers will turn to less benign substances such as talcum powder and white domestic detergents to 'water down' cocaine.

Inspector Bill Stupples, of Merseyside Police drugs squad, which has made several seizures of benzocaine and lignocaine alongside cocaine in the last year, said: "There is a highly profitable and growing market in supplying 'bash'. We all know what these chemicals are coming into the country for, but they are completely legal and so it is tricky to prosecute.

"We just have to try and convince a court that when someone is caught with a 25kg drum of benzocaine, it is extremely likely that it will be used to cut with cocaine, rather than to stun goldfish while cleaning a garden pond, as some defendants would suggest."

30% - average purity for cocaine seized by police between April and June:

63% - average purity of cocaine recovered by customs officers between April and June

main cocaine adulterants found in police seizures: benzocaine (detected in 43% of seizures), lignocaine (20%) and phenacetin (19%). Caffeine was found in 97% of heroin seizures by Customs.

DRUGS QUOTE

"I am inquisitive by nature, which has helped me in my job, but in this case it seems to have been my downfall."

PC Jonathan Wynne tells Chester Crown Court how his "natural curiosity" led him to "taste" the contents of a cocaine wrap he found on the floor of a nightclub's toilets.

"It's a fun name. As soon as people look at the can, they smile."

The inventor of 'Cocaine' - a high caffeine energy drink marketed as "the legal alternative" defends his branding.

"The container had been concealed in an intimate body cavity"

A customs officer explaining the whereabouts of a Kinder Surprise egg used by a woman to smuggle in cannabis into Birmingham airport.

"Viva coca! Death to the yankees!"

Bolivian President Evo Morales takes a diplomatic stance on addressing US skepticism of his policies on the industrialization of non-narcotic coca products.

"You'll find doses that purportedly mimic the effects of LSD, crack, heroin and other hard drugs."

USA Today's Kim Komando warns America's parents of "sinister websites" peddling "audio files designed to induce drug-like effects".

Building bridges: the distinctive Stockport landmark, the red viaducts, were built to carry the first long-distance railway over the River Mersey in the 1830s. It is the largest brick-built structure in Europe.



LOST IN TRANSITION

Little do they know it, but young people in the Manchester satellite town of Stockport are at the forefront of what could be a major shift in the drug using habits of under-25s. **Gibby Zobel** reports on how a local drug service is leading the way in treatment.

On Stockport's many back streets and cobbled lanes you'll find pubs aplenty – many unchanged for decades. In the background looms the towering brick building of Robinson's Brewery; the smell of ale wafts through the town.

The brewery was founded in 1838, the same year a Stockport MP, Richard Cobden, formed the Anti-Corn Law League in protest against what amounted to a tax on bread, the staple of the working classes. His statue now stands in Stockport precinct, the shabby shopping heart of this Manchester satellite.

Among the old style pubs you'll also find a growing number of a new breed of watering holes that appeal to a younger clientele, such as the Bamboozier.

"Wednesday night is all you can drink for a tenner. Go past on a Thursday morning and there's vomit everywhere," says Chris, a shop assistant. "I've fought my way out of there at least three times. You go in with the wrong t-shirt ... it's carnage."

A few minutes walk from the brewery, past the Nirvana Head Shop, complete with two enormous silhouettes of rastas smoking a joint in the window, is an unassuming building that's home to Mosaic – the town's drug and alcohol service for young people.

Mosaic stands virtually alone among young people's services in the UK – because it helps clients up to age of 25, past the usual cut-off age of 18.

"We identified that 18 to 25 year olds had different needs to adults. The services on offer for adults, which focus on heroin and crack, are not ideal for younger clients – because their main problems are binge drinking, cannabis and powder cocaine," explains Janet

Sewart, Stockport's DAT strategic manager.

Of the 530 18-25 year olds referred to Mosaic between 2007-2008, 193 sought treatment for cannabis, 175 for alcohol and 115 for cocaine. Just 27 were for heroin.

The north-west suffers the highest rates of alcohol-related deaths, illness and incapacity in England. Alcohol-related mortality rates in Stockport are 55.9 per 100,000, compared to a national average of 47.2 among males.

The 2008 Stockport Young Persons Lifestyles Survey, commissioned by the local Primary Care Trust and the local authority confirms significant increases in the amounts of alcohol consumed by those who drink regularly and further increases in powder cocaine uptake amongst young 'recreational' drug users.

In addition, the Stockport Young Peoples Substance Misuse Needs Assessment, commissioned by the local DAT, found a quarter of 19-25 year old males in Stockport are drinking above safe limits. "It is within this population that problems with drinking are most likely to be gestating," said the report.

The most commonly tried substances among the same group are cannabis (64 per cent), powder cocaine (33 per cent) and ecstasy (32 per cent).

The figure for the number of young people who have tried cocaine is double the official national measure rate – and one of the highest rates ever recorded in a regional self-report survey. Users say coke can be bought for as little as £20 for low-grade powder or £35 for higher grade 'flake'.

"We started 18 months ago and as far as we know we are the first people to

set up a young people service that deals with people up to the age of 25. At first we had a mixed reception. We had some resistance because there had to be a bit of a cultural shift. It was a bit of risk I suppose in a way. It was innovative, it was different," says Sewart.

The Stockport scene represents possibly the clearest example yet of the arrival of what Howard Parker, Emeritus Professor at Manchester University, has dubbed the 'ACCE' profile – polydrug use of alcohol, cannabis, cocaine and ecstasy among young people.

Parker outlined the changing landscape in a speech at last year's National Drug Treatment Conference.

"Ever since 1997, drug treatment has been focused on crack and heroin, and on reducing crime," Parker told *Druglink*. "But in those first wave heroin cities such as Manchester and Liverpool, where heroin arrived in the early 1980s, today's young people's services are hardly seeing any young heroin users. The heroin users are an ageing population and younger presenters are 'ACCE'rs needing a very different form of treatment."

Parker says young people are drinking twice as many units per week as they were in the 90s. "In England we are seeing alcohol as the primary substance now in terms of presentations to our under-18s services. Cannabis is by far the largest illicit drug of that group. It's all skunk with high THC content – it's the best seller. Cocaine use is filtering down through the age groups to the teens. You can even get cannabis-flavoured absinthe – the drinks industry understands the 'ACCE' profile."

Parker, with 25 years of experience in the field, claims that support falls away when young people reach the age of 18.

"My real issue is that we need transitional services," he says. "Stockport has been particularly proactive in developing Mosaic. This is an unusually large and diverse service which is 'ahead of the game'. The transitional arrangements which have created a treatment service embracing

alcohol and drug problems up to 25 years of age is an ideal fit for Stockport's problem profile," he says.

Tellingly, the NTA's needs assessment good practice guide for young people asks services to ask themselves: 'Are those referred on to adult services being appropriately retained? Are there appropriate services to refer on to for 18+ substance misusers? Are the needs of 18-21 year olds being appropriately met?'

"Typically, adult community drug and alcohol teams haven't got the expertise to treat ACCERs, even if the young ones would go to these services – which they won't," says Parker.

Tom Aldridge, young people's lead for the NTA told *Druglink* that NTA guidance "is clear that services should be based on individual need first and foremost.

"There are a number of services defined as young people's that work with people over 18, and in many cases a transition from young people's services to adults' is not appropriate to meet the specific needs at that stage.

"Transition for young people is vitally important to get right. The NTA will be publishing a report on young people's interventions in the New Year to inform practice in this area," he says.

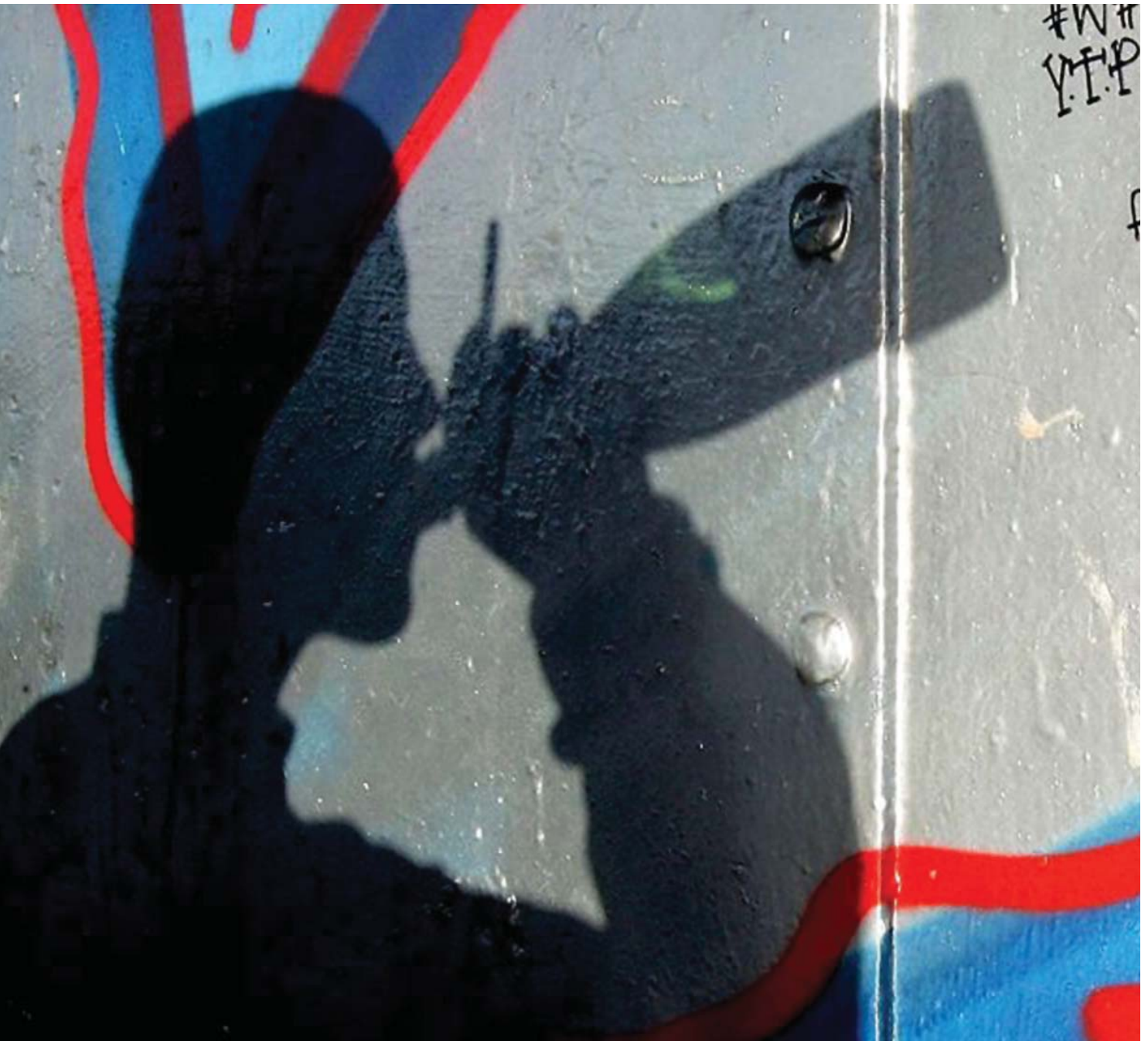
Mosaic conducts drug prevention outreach work in Stockport's 14 schools, has a weekly GP visit and gets regular referrals of 18-25 year olds who test positive for drugs from the police.

Joanne Harris is the treatment and criminal justice team manager for Mosaic and says the fact they do not stop at 18 means offenders referred to the service have a bigger window in which to get help.

"They might not be motivated at that time, but we are finding they are coming back. Seeing us must have made an impact, because after a while they are thinking 'actually yeah, my cocaine and alcohol use has got a bit out of hand' and that's all we want really. A lot of people out there don't know what treatment is – they think it is for opiate



SERVICES ON OFFER FOR ADULTS, WHICH FOCUS ON HEROIN AND CRACK, ARE NOT IDEAL FOR YOUNGER CLIENTS – BECAUSE THEIR MAIN PROBLEMS ARE BINGE DRINKING, CANNABIS AND POWDER COCAINE



use – so we have to get that information out," she says.

Caseloads are kept low at Mosaic, so they can provide a more holistic service, says Harris. "We don't get into that culture of only being able to see a client for five minutes. We know everyone by name. There's always someone available, even though we are not a crisis service."

Harris says many of Mosaic's young clients have no self-esteem, are often unemployed and living at home with

their parents. "They get into trouble with cocaine and drinking because they feel they can control it. It starts with a few pints and a few lines at the weekend and then becomes a regular thing. But then they need more and more to have the same effect," she says.

Fergus, 21, is typical. He referred himself after running up debts of £3,000 to feed a four grams of cocaine a day habit. Sacked from his job, and with dealers turning up at the door of the family home, his parents had to pay

them off. After eight weeks of support at Mosaic he had kicked the habit and agreed to regular drug tests to prove to his parents he was clean.

The term recreational drug use, says Sewart, is a red herring. "A lot of people do not think they have a problem, it is culturally the norm, but we know they are on the brink. It's interesting, because years ago everyone said you don't need to worry about recreational drug users. But things have changed," she says.

VOL 24 | ISSUE 2 | MARCH/APRIL 2009

DrugScope

Druglink

REPORTING ON DRUGS SINCE 1975

- mephedrone
- cocaine treatment
- Marx and ecstasy

Powder keg? *Cocaine, alcohol and violence*



STIMULANT
SPECIAL



The hidden mixer

Mixing alcohol and cocaine is probably one of the most common drug combinations in modern culture. But is the mix a recipe for violence? **Max Daly** investigates

There is little doubt that excessive alcohol plays a major part in violent behaviour within Britain's night-time drinking scene. You only have to take a stroll down your local high street at chucking out time on Friday night to get a taster of some alcohol-fuelled aggression.

Whether you live in the inner city, affluent suburbia or a country village, a drink-cum-punch-up is an age-old custom on these shores. In Roman Britain, our savage, melee-ridden 'ale house' culture was the talk of the Empire. Alcohol's ability to fuel violent behaviour by altering people's mood is borne out by the latest statistics: a significant proportion of violent offences – 37 per cent of those against the person and 13 per cent of sexual assaults – are associated with alcohol consumption.

Our drinking culture appears to court aggressive behaviour: nearly half of 15 to 29 year old assault victims presenting at A&E on weekend nights had been assaulted inside a pub or nightclub. Almost three-quarters of visits to hospital A&E departments between midnight and 5am are alcohol-related.

In November last year a damning Home Affairs Select Committee report revealed that alcohol-related violence, particularly during weekend evenings, is placing a "heavy burden" on police resources. Under pressure to find ways of stemming continuing high levels of drink-induced violence, police chiefs said their task had been made harder by the government's decision in 2005 to allow extended drinking hours as well as the tit-for-tat cheap drinks promotions offered by pubs, bars and clubs competing for high street trade.

But what of the hidden mixer in this equation? As powder cocaine's reach has extended in less than a generation from a moneyed clique of users to become a socially acceptable part of a night out for a much wider section of the population, so speculation has mounted over the effects of its combination with alcohol.

Is the alcohol-cocaine combination breeding a mob of irritable thugs?

The growth of powder cocaine's popularity is well documented and coincides with a fall in price and an

increase in availability – according to the 2008 British Crime Survey, more than three times as many 16 to 24-year-olds – 634,000 – said they had taken cocaine in the previous 12 months, than they did in 1998. In 1996 there were four deaths from combined cocaine and alcohol poisoning. By 2006 this had risen to 50.

In the 1990s the less alcohol-friendly drug ecstasy was sweeping the nation's clubs and raves – a phenomenon that scared the brewing industry into a complete overhaul of the 'drinking experience'. Now cocaine is snorted everywhere from the Dog and Duck to the swankiest city centre cocktails bar.

The marriage of cocaine and alcohol has been further cemented because the cheap, 30 per cent pure powder bought by the majority of cocaine users today makes a far more palatable partner to eight pints of Stella than the higher purity cocaine which dominated the market in 1990s.

In October last year, after a spate of stabbings in Bolton, Greater Manchester Police's Chief Constable Peter Fahy, told

local reporters: "I am concerned that we seem to be producing a lot of angry young men at the moment. We need to understand why that is and why some of these young men are quite prepared to use extremes of violence over nothing. I think alcohol plays a part, but we are also concerned about the mixture of alcohol and cocaine."

In a bid to reveal the hand being played by cocaine in violent incidents during what is known as the 'night-time economy', Greater Manchester Police has decided to utilise its legal right to drug test offenders they suspect have committed crimes because of drugs.

Under the Home Office's Drug Interventions Programme (DIP), police are only able to routinely drug test offenders who commit so-called 'trigger offences' – crimes linked to heroin and crack cocaine addiction such as shoplifting or burglary in order to channel them towards treatment. But police also have the power, with the permission of an Inspector, to drug test an offender for any offence, if they believe it was carried out because of drugs.

From unpublished figures gathered by Greater Manchester, as well as the Merseyside Police Force, and seen by *Druglink*, police station drug tests show between a quarter and a third of people arrested for violence snorted powder cocaine before fighting.

In Greater Manchester, over the seven months up to March 2008, around 1,000 people arrested for violent assaults were tested for Class A substances using the Inspector's Authority rule. Most were arrested during the evening near drinking venues. As with Merseyside, custody sergeants and inspectors were actively encouraged to carry out tests if they thought violent or aggressive behaviour may have been triggered by cocaine use.

Half tested positive for illegal drugs. Of those, cocaine was by far the most common drug and was found in 86 per cent of arrestees, compared to 38 per cent for heroin. Tests cannot distinguish between crack and powder cocaine, but analysts generally presume that people who test positive for cocaine and opiates are using crack, while those who test positive for cocaine-only have taken powder. While this presumption is not fool proof, high levels of crack and heroin use in the UK make it a fairly reliable indicator. Analysis showed cocaine-only offenders accounted for 62.5 per cent of those who tested positive for drugs.

"Although we need more detailed research, the raw data points to a definite and substantial link between

the use of cocaine and violent offending," Chief Inspector David Boon, strategic lead for DIP at Greater Manchester Police told *Druglink*. "It seems a significant proportion of people are consuming beer, cocaine and then committing acts of violence."

POLICE STATION DRUG TESTS SHOW BETWEEN A QUARTER AND A THIRD OF PEOPLE ARRESTED FOR VIOLENCE SNORTED POWDER COCAINE BEFORE FIGHTING

CI Boon says the decision to start testing violent drinkers for cocaine was made as part of an attempt to get under the skin of drink-related street violence in Manchester. "We suspected the mixing of cocaine and alcohol may have something to do with it because of anecdotal evidence from officers and discussions with drugs workers." He said strategic assessments carried out by police pointed to a link between violence and drug use, particularly cocaine.

A programme of non-trigger offence testing carried out in the Liverpool area between April and August 2008 came up with similar findings. At a custody suite in the city centre, of those tested – mainly men aged under 30 arrested for violent and public order offences – half came up positive for drugs. Of these, 60 per cent were positive for cocaine-only. At a custody suite in the Wirral, 37 per cent were positive, nearly three quarters for cocaine-only. The strategy, carried out in conjunction with the development of stimulant-specific treatment programmes in the area, has now been rolled out across the force.

Superintendent Ngaire Waine, the strategic lead for DIP at Merseyside Police, says although the statistics show cocaine is linked with alcohol and violence, in her opinion it is the legal drug that is the main driver of aggression. "You couldn't say cocaine is a key factor in violent behaviour, but it is certainly a factor, so we will continue to push for the use of Inspector's Authority tests to keep an eye on it.

"Problematic alcohol consumption is more of an issue, and so is someone's personality. But if someone has a violence problem, taking cocaine is not going to help that."

The local data reflects an emerging national picture. In a written answer to

Parliament in April last year, Home Office minister Vernon Coaker revealed a fifth of offenders tested for Class A drugs after committing public order offences had been using powder cocaine.

In January, on Greater Manchester's patch, teenager Leon Ramsden was jailed for life after stabbing a man to death at a Bolton bar following a three day alcohol and cocaine binge and 36 hours without sleep. Along with other forces, Greater Manchester is appealing to the Home Office to push for new laws adding violent crimes to the list of 'trigger' offences. "Mixing alcohol and cocaine can lead to confusion, accidents, aggression and situations that can soon get out of control," says Tony Horrocks, manager of Manchester Stimulant Service's 'Cocaine Nights' project, where people who test positive for cocaine are sent to learn about the dangers of the drug. He sees around 15 arrestees a week over two sessions. Most are male, aged 18-25, who have committed violent offences at the weekend.

He says most people associate 'drugs offences' with crimes, such as burglary or shoplifting, committed in order to get the money to buy drugs. His clients have committed offences because of the effect of drugs. "Alcohol has a disinhibiting effect and cocaine provides adrenaline," says Horrocks. "So when they are faced with aggressive situations, it's usually a case of fight or flight – and the ones who get arrested for violence after mixing cocaine and alcohol usually end up being the fighting types."

Most regular pub, bar and club goers, especially when they take a trip to the toilets, will have first hand evidence of the popularity of cocaine with drinkers. The presence of toilet bouncers, powder residue on cisterns and permanently locked, crammed cubicles make cocaine a noticeable part of life in the Ladies and Gents of drinking venues.

From a behavioural perspective, the fact that cocaine keeps many users awake undoubtedly will enable them to drink longer and more heavily, which in turn may increase the amount of cocaine consumed. There are numerous studies that cement the link between heavy drinking and cocaine use.

A 2006 analysis of 102 alcohol and cocaine users carried out by the UK National Addiction Centre revealed strong links between powder cocaine and long, heavy drinking sessions. Nearly half of regular powder cocaine users said their last heavy drinking episode had lasted more than 12 hours and admitted going on long, sleepless binges on cocaine. More than a third of people in both groups reported their

ALCOHOL, COCAINE AND THE TERRACES

An unpublished study into drugs and football violence in Nottinghamshire has found a close relationship between combined alcohol and cocaine use, violent disorder and football hooligans.

The research, which involved a series of in-depth interviews with individuals known to be associated with football-related hooliganism, was sparked because of what the report authors described as the "normalisation" of cocaine use, especially when used with alcohol, and its links with violent behaviour.

Set to be published in the summer, by Nottingham City Primary Care Trust, the report aims to assist drug workers to raise awareness among 'hard to reach' people who have problems with cocaine and alcohol.

"The lifestyles of many of the people involved in football-related

hooliganism cover the issues we wish to explore," says the report. "Cocaine use is becoming very normalised within this group."

The report, carried out by drug charity Chillout Sound Support, said football disorder is again on the rise after a lull in the 1990s. It said this could be linked to a change in hooligans' drug of choice from ecstasy to cocaine. "Since ecstasy has been replaced by cocaine the culture has changed back again," says the report. "Relevant health information and messages need to reach the people involved in a way that's credible to them. Otherwise the serious health issues already identified will only get worse."

Case study 1: "If you're about to fight, or if you know there might be a fight and you have to put on a show, my

drug choice is definitely white powder. Having a pint and snorting a few lines – it's the best way to get hyped up. Most lads I know do coke. It does the job and it's as part of the scene as Stone Island!

"The top lads are making a fair bit of cash selling it. They organise the coaches to the match then walk down selling it to everyone. You use the drop down trays on the seat in front to chop out your line, then sniff it up. More people use it than not. You were bouncing off the coach when you got there, up for anything. The buzz was fucking great.

"A lot of us are banned from the home games now. We meet at a city centre pub when the game's on and listen to it on the radio and telly. There's a lot of sniffing off the tables going on. No one bothers, who's going to say anything – everyone's doing it these days. The big games are the best. Meet early doors, coke and beer, sets you up for the day. Not too much beer though, takes the edge off!"

Nick, follower of a Championship club

Case study 2: "A big part of being a football lad is showing you're better than your rivals. You go to their place and you want to put on a show, you wear top clobber, expensive gear, look and feel good. You also want a good firm with you that won't be intimidated or bottle it, a show of strength. You're challenging them to come and do something about it. Coke buys in to that whole thing, it gets you up for it, gets you buzzing, gives you an arrogance. Your adrenalin is up and pumping anyway, the coke keeps that feeling going."

Paul, follower of a League Two club



longest recent episode of cocaine use lasted for more than 24 hours. The study concluded: "Cocaine powder users tended to use cocaine and alcohol concurrently and to take increased doses of both cocaine and alcohol when these were used together."

According to the 2005 British Crime Survey, young people who visited the pub more than three times a week were twice as likely to have taken cocaine in the last month than those who went to the pub less frequently. Government figures show that in 2007-8 there were nearly 8,000 people in treatment primarily for cocaine misuse who also

had a drink problem, although figures are not collected for people in treatment for alcohol who also have a cocaine problem. In the most comprehensive review to date of research carried out into the mental and physical effects of alcohol-cocaine combination, experts from the Toxicology Laboratory at the Leiden University Medical Center in The Netherlands concluded: "The combination is popular among drugs users, perhaps because of more intense feelings of high beyond that perceived by either drug alone, less intense feelings of alcohol-induced inebriation and tempering of discomfort when

coming down from a cocaine high."

The study, *Effects of concurrent use of alcohol and cocaine* (2002), also found that cocaine reduces the dulling effects that alcohol has on thought processes, but that the combination drives up the heart rate. Users experience less of a combined high if cocaine is taken before alcohol, while alcohol use can increase cocaine use and vice versa.

Aside from the behavioural effects, the combination can have specific physiological impacts. When cocaine and alcohol are broken down in the body, a separate drug called cocaethylene is formed. It produces a

cocaine-like high, but is more liver toxic and exerts more strain on the heart than either alcohol or cocaine in isolation. A 2003 study, *The pharmacology of cocaethylene in humans following cocaine and ethanol administration*, conducted by scientists at the University of California's Drug Dependence Research Center, found: "The combined use of alcohol and cocaine can produce a sense of increased and prolonged 'euphoria' compared with the use of either substance on its own."

Cocaethylene is well-documented. But the capacity of cocaine, and its mixture with alcohol, to cause violent behaviour, is less researched. Despite numerous claims by a variety of 'experts', research has so far failed to prove a direct link between the chemical properties of cocaine and violence.

The Leiden University study said most research involved "too little human data and a lack of control groups for studies". It concluded, however, that the available research "suggests a major role for alcohol alone", but that the alcohol-cocaine combination "can potentiate the tendency towards violent thoughts and threats, which may lead to an increase of violent behaviours".

Studies have shown, however, that the range of emotions that medium to high doses of cocaine can lead to in individuals – such as over-confidence, depression, anxiety, paranoia and irritability – can lead to the increased likelihood of violent encounters. As with alcohol, users of cocaine may also be extra prone to violent situations because of the context in which the drug is taken, such as late night drinking clubs, dealing houses or football matches.

Disproportionate lethality in psychiatric patients with concurrent alcohol and cocaine abuse, published in the US in 1996, found that people using the alcohol-cocaine combination were three times as likely as those who took alcohol only, and five times as likely as those who took cocaine only, to have homicidal ideas or plans. A second US study of 41 depressed alcoholics published two years later found cocaine use made them twice as likely to attempt suicide.

Substance abuse psychiatrist at the University of Michigan, Dr Stephen Chermack, told *Druglink*: "I think there is some emerging evidence that use of cocaine in addition to alcohol may further increase violence risk. It seems to me that there is a link, although we cannot be certain why there is a link." A 2002 study carried out by Dr Chermack of 250 people in drug treatment concluded: "General alcohol and cocaine use patterns, as well as



Old school mix:
In the 19th century – 25 years before Coca-Cola – a fluid extract of the coca leaf was mixed with red wine to create Vin Mariani, a 'tonic' popular all over Europe and America

THE ONLY TIME I OR ANY MEMBERS OF MY TEAM WERE ATTACKED OR ABUSED OVER A SEVEN YEAR PERIOD WAS WHEN THE CLIENT WAS UNDER THE INFLUENCE OF ALCOHOL

alcohol and cocaine use on the day of the violent incident, were associated with violence severity."

The most recent look at the subject, *Predicting violence among cocaine, cannabis, and alcohol treatment clients*, was carried out by researchers at the Centre for Addictions Research in Canada and published last year. The study looked at 1,000 people in addiction treatment for problems including cocaine, cannabis, alcohol, gambling and smoking. It concluded: "Frequency of cocaine and alcohol use, disrespect for the law, aggressive personality, age and sex were significantly related to violence. The findings point to multi-causal explanations, however, both alcohol and cocaine use appear to play a significant role in explaining violence."

Drug worker Tim Bottomley, who has worked with stimulant users in north west England for 15 years, says he thinks violence is, in the main, caused by "the situation" over any drug taken. But he added: "Common sense would say that the effects of cocaine such as paranoia, greater risk taking decisions and less thought regarding the consequences of your actions, together with the disinhibition related to alcohol – and the capacity to drink vast quantities when on cocaine – might lead to higher levels of violence."

In Bottomley's experience, people with serious cocaine addictions are unlikely to be hanging around pubs all the time. "By the time most users arrive at the point when they approach

services, they are more likely to be using alone at home than out with others drinking – so it's not a sample from which we can learn a great deal." He adds that most people with heavy cocaine problems might avoid violence because it could affect their ability to take more of the drug.

Bottomley says he has seen evidence of a link between the combined use of cocaine and alcohol to risky, predatory, or violent sexual behaviour. "The increased libido that cocaine gives some people, added to the misinterpretation of non-verbal cues, disrespect for relationship boundaries and impaired decision-making can lead to a 'here and now' sex situations, whether consensual or not."

Although cocaine is not singled out in available domestic violence statistics, violence does appear to be more frequent and more severe when the abuser misuses drugs or alcohol. Findings from a review of the British Crime Survey revealed that 44 per cent of domestic violence offenders were under the influence of alcohol and 12 per cent affected by drugs when they committed acts of physical violence. Substance misuse is one of the factors identified as increasing the risk of deaths caused by domestic violence.

Tony D'Agostino, the former head of cocaine charity Coca who now trains drug workers in how to deal with stimulant use, said: "I managed a service with people with a range of drug problems and I can honestly say that nearly all the powder cocaine clients were drinking alcohol. Most of my powder cocaine clients were offered their first line in a pub or party under the influence of alcohol. Anger was a part of a lot of people's lives and coke could make it worse. But the only time I or any members of my team were attacked or abused over a seven year period was when the client was under the influence of alcohol. Even with some of the heavy end coke snorters, when you got beneath the problem, alcohol was really the issue. Some cocaine users came off cocaine, but couldn't even begin to cut down the alcohol intake."

There are common sense links between the mixing of cocaine and alcohol, and the increased chances of violence. It is likely, however that cocaine plays second fiddle to alcohol as the more dominant components of an aggressive encounter. But, as Superintendent Waine points out, the potential of both to cause violence is muscled effortlessly into the background by the key mover and shaker in this equation: personality.

Dealers rely on cutting agents as cocaine purity hits all time low

EXCLUSIVE

Max Daly

The purity of powder cocaine has dropped to its lowest level since records began 25 years ago, *Druglink* can reveal.

Analysis by the Forensic Science Service (FSS) of 2,252 police seizures of cocaine between October and December last year found the average purity was 26.4 per cent.

In 2005 the average purity was 45 per cent, while in 1984 it was 63 per cent.

The latest figures show one in five of cocaine samples tested were of very low quality – with purity levels of less than nine per cent.

Experts say the slump in purity is down to UK gangs maximising profits and feeding high demand by cutting good quality imported cocaine with a new breed of cocaine-mimicking substances such as benzocaine. Despite the drop in quality of cocaine sold on the streets, the purity of cocaine arriving into the UK – seized by customs before arriving in the hands of UK drug gangs – has remained fairly steady over the last few years at around 60-65 per cent.

But it is also thought that the increased use of white, powder-form anaesthetic cutting agents such as benzocaine over more traditional, sugar-based adulterants, has enabled gangs to effectively mask low cocaine content in their product. Gangs have taken advantage of their ability to cut cocaine to the bone by selling the drug in new markets to customers who are less discerning. In 2007 a *Druglink* investigation found dealers were targeting 'lower end' consumers such as students and drinkers with cheap, low purity powder, as well as selling a more expensive, better quality product to more discerning customers.

A police source told *Druglink*: "Falling cocaine purity has strong links with the types of chemicals now used as cutting agents, more so than issues around supply or demand. Compared to other adulterants, substances such as benzocaine have the appearance and the mouth-numbing effect of cocaine so dealers can get away with selling a lower product."

The popularity among dealers of new cutting agents, which also include tetramisole, phenacetin and lignocaine, is likely to have caused a significant fall in the purity of crack cocaine. The latest FSS figures, from December last year, show the average purity of crack seized by police has dropped to 41 per cent – compared to 70 per cent in 1984. Until the mid 2000s, cocaine was commonly cut with mannitol and sorbitol – sugar alcohols which dissolve when cocaine powder is 'cooked up' to form purer rocks of crack. But adulterants such as benzocaine, the most common substance used to dilute cocaine in the UK, are carried over during the process, producing crack which remains 'cut'.

Bill Hughes, Director General of the Serious Organised Crime Agency (SOCA) told *Druglink* that the purity of cocaine sold on UK streets has been driven down by a combination of factors including the use of new cutting agents such as benzocaine, a doubling in wholesale prices and a series of high volume seizures of UK-destined cocaine.

SOCA has for the last 12 months been targeting individuals and gangs at the centre of the trade in cutting agents. Detectives, who believe SOCA's operation has made a sizeable dent in the trade, are arresting gangs after linking shipments of cutting agents to stash-houses of cocaine.

An estimated 35 to 45 tons of cocaine enters the UK each year. Once cocaine is



smuggled into the UK, typically in 1kg blocks, importers are cutting it as soon as it arrives in the country. Large powder presses are used to 're-block' the cocaine to make it look 'fresh off the boat' before it is sold on. Increasing amounts of police seizures are finding re-blocked cocaine with brandmarks, such as sports firm Puma, to mimic importation grade cocaine. As the cocaine falls through the supply chain, it is cut and cut again.

The market in cutting agents, also known on the streets as 'bash' or 'smash', has become so established some criminals have ditched selling illegal drugs to deal solely in the chemicals. Cutting agents such as benzocaine are vital to high and middle level dealers if they want to make a worthwhile profit. Most middle level dealers cut their cocaine 50-50 with cutting agents, increasing their profits by up to five times.

Used in over the counter ointments, dentistry and as a fish tranquilliser, benzocaine is typically being bought from source countries such as China over the internet for around £3,000 a metric ton. It is sold to dealers in 25kg sealed kegs for between £2,000 and £8,000.

Forensic expert Dr Les King, a member of the government's advisory panel on drugs, told *Druglink*: "There is evidence to show that demand is going up in this country and more people are using cocaine than ever before. It is a reflection of this greater demand that is causing dealers to cut the drug more."

"But I haven't seen any evidence to show that purity is down because enforcement agencies along the supply chain have intercepted more cocaine, or that supply has been seriously reduced."