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HSC Public Health Agency  
Project supported by the PHA


# Understanding the Use of Cocaine and Crack Cocaine



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## Housekeeping


- Breaks
- Microphones
- Internet connections
- Confidentiality
- Questions/comments



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## Housekeeping

- Breaks
- Toilets and exits
- Fire drills
- Mobile phones
- Confidentiality



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## Course Objectives

By the end of today, you will be able to:

- Describe the prevalence of cocaine and "crack" cocaine use in Northern Ireland
- Identify ways these drugs are used and their effects
- Identify risks and harms for the user associated with the use of cocaine and crack cocaine




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**Course Objectives**

By the end of today, you will be able to:

- Explain key harm reduction strategies
- Identify local substance use services




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**1 Introduction**

What is the prevalence of cocaine and "crack" cocaine misuse?

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**QUIZ**



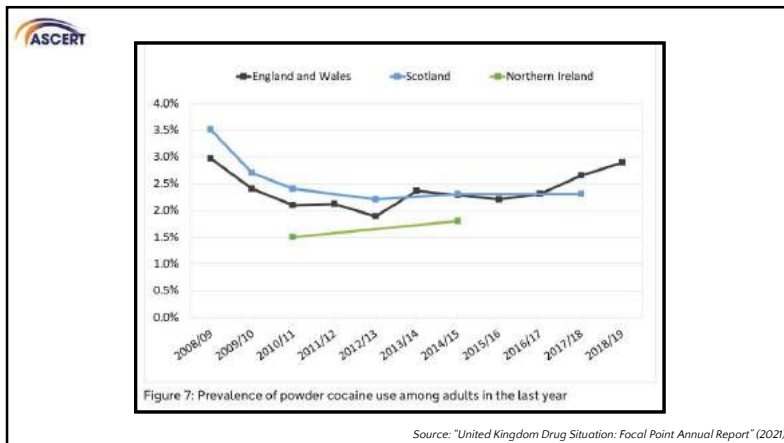
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**Cocaine Use in the General Population**

Powder cocaine is the most commonly used stimulant in the UK, and the 2<sup>nd</sup> most prevalent drug overall.

Northern Ireland	England and Wales	Scotland
○ 2015: 1.8%	○ 2018/2019: 2.9%	○ 2019/2020: 3.0%
○ 2010/2011: 1.5%	○ 2008/2009: 3.0%	○ 2008/2009: 2.3%

Sources: All Ireland Drug Prevalence Survey 2014/2015; Crime Survey for England and Wales 2018/2019; Scottish Crime and Justice Survey 2019/2020.



### Cocaine Use in the General Population

- Data for 2017/2018 from England and Wales suggests that prevalence of cocaine use amongst adults in the UK was the highest of all European countries where figures were available\*
  - Reflected in wastewater analysis data from several European countries (including London and Bristol)
- 4.8% of young adults (aged 15-34) in Ireland said they used cocaine in the last year

Sources: European Drug Report 2024; Wastewater Analysis and Drugs – A European Multi-City Study (EMCDDA, 2022)

Cocaine use is now so prevalent in rural communities that it has become "normalised".

Aidan Ormsby, a drugs and alcohol support manager in Inveristown, said it is now easily accessed in towns and villages across rural Northern Ireland.

"It's not the preserve of the cities or the urban districts any longer," he said.

"We're seeing it in all parts of society and in all parts of rural areas as well."

Mr Ormsby works at the ARC Healthy Living Centre which provides support services to people throughout Fermanagh and parts of Tyrone.

"We know anecdotally from lots of stories, right across the rural geography, right across Fermanagh and Tyrone, that it's available pretty much everywhere," he added.

He also expressed concern about the level of acceptance around the growing use of the Class A drug.

"It's been nearly, to a large extent, normalised in that people nearly have got to the point where young people and people who are using it don't even see it as a drug."

"It's become normalised for a normal night out."

He also thinks many people are not aware of the full extent of its availability and use in rural areas.

"We cover Fermanagh, the most rural part of Northern Ireland, and you know I don't think there's anywhere in Fermanagh or Omagh, or in the surrounding hinterlands of Omagh, that you couldn't get it, and that has become normalised, really," he added.

In the past, cocaine was often regarded as the illegal drug of choice of some middle class people because they could afford it.

But an increase in supply, demand, and falling prices has made it more available and affordable across all socio economic groups in recent years.

### "Cocaine Use in Rural Northern Ireland 'Normalised'"

Source: Kevin Sharkey, BBC News NI (13 October 2023)

### What is your experience with cocaine use in the population you work with?


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## 2 How Is Cocaine Used?

How do people use cocaine/crack, and how might it affect someone?

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### Most Common Forms of Cocaine




- Powder cocaine
  - HCl salt
    - Most common; soluble in water
- Crack cocaine (water insoluble)
  - Freebase cocaine treated with baking soda (instead of ammonia) – safer production process

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### Routes of Administration for Cocaine

- People using cocaine/crack primarily administer these drugs:
  - Orally (swallowing or rubbing on gums)
  - Intranasal (snorting – inhaled through the nostrils and absorbed into the bloodstream through nasal tissues)
  - Intravenously (dissolving into water and injecting it directly into the bloodstream; heightened intensity)
  - Inhalation – (inhaling vapour/smoke into lungs via smoking; absorption into bloodstream is almost as fast as injection)



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### Dosages and Duration of Effects

#### Dosages

- Light: .01-.03 g (10-30 mg)
- Common: .03-.06 g (30-60 mg)
- Strong: .06-.09 g (60-90 mg)
- Heavy: .09+ g (90+ mg)

#### Duration

- Onset: 1 – 10 minutes
- Come up: 5 – 15 mins
- Peak: 15 – 30 mins
- Comedown: 10 – 30 mins



Source: PsychonautWiki

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## 3 Effects, Risks, and Harms Associated With Cocaine Use

What are the effects, risks, and harms associated with cocaine/crack use?

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How Does Cocaine **Affect** Our Brains?

"How Drugs Work: Cocaine" - BBC Three: <https://www.bbc.co.uk/programmes/p00dbt6c>

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It didn't hit me instantaneously- it took what seemed a few minutes and all of a sudden I was the **happiest person in the world!** It was a feeling of **euphoria** similar to the one I've had on MDMA. I felt **confident** and talkative. Conversations were happening a mile a minute and the subject of conversation switched frequently.

The more lines I did, the **better** I felt! I would do 2 at a time every 30 minutes or so. About 20 minutes after doing a line, I'd feel the **strong urge** to do more.

“

Jennifer D. "Almost Too Much Fun: An Experience with Cocaine & Cannabis (exp50566)". Erowid.org, Apr 27, 2008. [erowid.org/exp/50566](https://www.erowid.org/exp/50566)

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I bent over, took a line and came back up to almost immediately be greeted by awful **vertigo** [...] I asked my bf to help me to the bed. At this point, I lost consciousness. I don't even remember getting to the bed. My bf said once I got to the bed, I started flailing my arms and neck all around violently and started **foaming at the mouth** [...] This went on until I let out a big sigh, went wide eyed just staring at the ceiling, locked my jaw and started **turning blue**.

[...] I seized for a good 10-15 minutes [...] Cut to today, it's been over 2 months since my OD, and I'm still struggling. I've got severe **amnesia** from the past 2 years and bad short-term memory loss.


“

Reddit.com user

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**Possible Short-Term Side Effects of Cocaine Use**


- Almost immediate and can last a few minutes – an hour
  - Feelings of euphoria, alertness, restlessness, and/or energy
  - Decreased need for food or sleep
  - More talkative
  - Dilated pupils



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**Possible Short-Term Side Effects of Cocaine Use**

- Almost immediate and can last a few minutes – an hour
  - Increased heart rate, blood pressure, and body temperature
  - Anxiety, panic, paranoia, tremors, and potentially erratic to violent behaviours
  - Abdominal pain and nausea



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**Possible Short-Term Side Effects of Cocaine Use**




- Estimated 74% of people using cocaine use it simultaneously with alcohol
- Cocaethylene – psychoactive metabolite produced when someone consumes cocaine and alcohol together
  - Compared to cocaine alone
    - Provides a more intense and long-lasting high
    - Estimated to be 10x more cardiotoxic
    - Carries an 18-25x increased risk of sudden death

Source: van Amsterdam, Cresnigt, & van den Brink (2024)

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**Possible Long-Term Side Effects of Cocaine Use**




- Cardiovascular damage (blood clots, heart attacks, stroke, angina, increased blood pressure, arrhythmia)
  - Cocaine is responsible for 21% of drug-related A&E visits in EU
- Sinus and/or oral damage (septal perforations or holes, collapse of nose structure, breathing problems, palatal perforations)
- Respiratory problems (black sputum, cough, wheezing, pain)
- Coma

Source: van Amsterdam, Cresnigt, & van den Brink (2024)

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**Possible Long-Term Side Effects of Cocaine Use**



- Brain damage and other neurological issues
  - Mini-strokes
  - Seizures
  - Cerebral atrophy (brain shrinking)
  - Inflammation and high fever
  - Changes to mood (irritability, anxiety, depression)
  - Tremors and muscle weakness
  - Changes to ability to make decisions, solve problems, understand information, learn, and memorise


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**Gastrointestinal disease**

Overdose

Respiratory illness

Cardiovascular disease



Mood disorders

HIV infection

Hepatitis B infection

Hepatitis C infection


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**High blood pressure**

Slow reaction time

Memory loss

Seizures



Altered sleep patterns

Polydrug use

Stroke

Weight loss

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**Other Risks: Adulterants**

**Cutting agents**

- Procaine/novocaine
- Phenacetin ("magic")
  - Levamisole
  - Caffeine
  - Benzocaine
  - Lidocaine


**Other Drugs Found in UK WEDINOS Samples of Cocaine**

- MDMA
- Ketamine
- Bromazolam
- Amphetamine




**4** **Harm Reduction Strategies**

How can we work with people using cocaine/crack in order to reduce the harm they might experience?




**Harm reduction** can be defined as a range of strategies and interventions designed to **reduce the harm** caused by drug use.


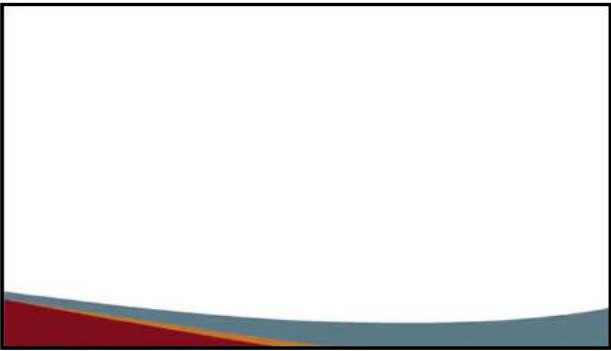
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**Harm Reduction**



- Not primarily concerned with achieving abstinence – goal is achieving reduction in risk
- Any reduction in risk is highlighted and reinforced
- Risk can be reduced while, at the same time, pleasurable and/or desired effects can be attained
- Similarly, unpleasant and/or undesirable effects can be avoided





The **Rationale** Behind Harm Reduction

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**Harm Reduction for People Using Cocaine**

- Best tip – stop cocaine use completely
  - Even the purest cocaine carries the risk of overdose, triggering mental illness, dangerous cardiac and neurological consequences, and unpleasant withdrawal symptoms
- If someone chooses to use cocaine, a few harm reduction strategies can reduce risk
  - Harm reduction will better your chances of coming through cocaine use unscathed – it won't make it safe to keep using



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**Harm Reduction for People Using Cocaine: Avoid Bingeing**


- Bingeing = taking the drug multiple times in one session
  - Half-life of cocaine = 2-4 hours (short for a stimulant)
    - Greatest risk of overdose comes from topping off your dose during this time period
  - Reduces severity of crash
- Best chance at a painless recovery and reduced risk of addiction → let the drug wear off, rest, and don't use again the next day



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**Harm Reduction for People Using Cocaine: Plan Ahead for the Crash**


- Cocaine is well-known for the crash that happens after coming down from a high
  - Unpleasant state marked by physical and mental exhaustion (and, often, a low mood)
- Crash is part of the drug's rebound effect and the worst of it only lasts 45 mins – 1 hour
  - Using more cocaine, alcohol, or other drugs to avoid withdrawal will only increase the intensity of the symptoms when they catch up to you




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**Harm Reduction for People Using Cocaine: Plan Ahead for the Crash**


- Better approach:
  - Get some sleep
  - Plan a day of rest ahead of time if you know you're likely to binge
  - Drink plenty of water/juice and eat some food (even if you don't feel like it)




 **Harm Reduction for People Using Cocaine: Take Care of Your Nose**


- Repeatedly snorting cocaine can cause damage to the delicate tissues inside of your nose
  - Can potentially eat a hole in your septum after awhile
- Harm reduction strategies for reducing nasal damage
  - Inserting the straw deeper into the nasal passage so cocaine doesn't get stuck in nose hairs
  - Alternating nostrils
  - Ensuring cocaine is chopped into fine powder
  - Use saline nasal spray after snorting
  - Dissolving cocaine in distilled water → spray
  - Taking a break from cocaine to allow the body to recover from tissue damage

 **Harm Reduction for People Using Cocaine: Be Smart About Supplies**





- Sharing anything that you use cocaine with can lead to infection
  - Snorting straws can pick up small particles that may carry infectious diseases
  - A pipe with a broken piece may cut you unexpectedly
  - Sharing pipes and straws puts you at risk of oral herpes and other diseases

 **Harm Reduction for People Using Cocaine: Be Smart About Supplies**



- If you smoke cocaine
  - Be cautious about burning yourself
  - Avoid using makeshift pipes or foil from bottles, cans, or other sources as you may be inhaling harmful chemicals
    - Can damage your lungs more than the cocaine

 **Harm Reduction for People Using Cocaine: Be Smart About Supplies**



- If you've never injected cocaine, it's best not to start
  - Risks of abscesses from using the same injection site and missing a vein are too great
  - Avoid skin popping (subcutaneous injection) – cocaine isn't well-absorbed this way, so it's not worth it
  - Not wise to inject any drug with needles that you are not 100% certain are sterile or that have been used by someone else

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Yes, the rush is **amazing**. A shot of coke is definitely the **best high** of any drug I've ever done, and I've done them all. But it's so not worth it.

[...]

It never hits as good as it used to after awhile. Especially since your veins are very fragile and cocaine is f--king horrible for them. You'll get to a point where you spend **hours** poking and digging and wasting shots missing veins, only hitting maybe one in ten shots if you're lucky, and just feeling **miserable** every time. But you keep going because you tell yourself you'll stop as soon as you get "one good hit". But that hit **never comes**.

“

Reddit.com user

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It was **too much**. Way, way too much. My legs crumpled beneath me and I fell out on his kitchen floor, my legs jerking convulsively against the linoleum. My vision was just...gone. Total blackness. Heart rate through the roof. I thought I was **dying**. [...] I guess the worst of it lasted about 10 minutes. It was **frightening** and uncomfortable as hell. After about 20 mins, I was able to sit up. After 30 or so minutes, I could shakily stand, and I figured that if I was going to die, I'd have already done it.

That was it for me. No more intravenous cocaine in my veins. It's just too easy to miscalculate a dose, and to me **no high is worth death**.

“

sunspot baby. "Jerking Convulsively Against the Linoleum: An Experience with Cocaine (exp25208)". Erowid.org. Jun 24, 2007. erowid.org/exp/25208

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**Harm Reduction for People Using Cocaine: Know the Overdose Signs**

- Cocaine can be cut with all sorts of harmful additives, including poisons or other stimulants
  - Best to start slow anytime you buy a new supply to test out its effects
- Speedballing (using an opioid and cocaine at the same time) can lead to overdose
  - Your body may respond unpredictably to this combination – best to avoid it
  - Also goes for combining cocaine with alcohol or any other drugs
- An overdose of cocaine can lead to heart attack or stroke

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**Signs of Cocaine Overdose**

The infographic illustrates various signs of cocaine overdose. It features a central image of a white powder packet and a syringe. Surrounding these are several icons representing different symptoms: a person having a seizure, a person with chest pain, a person having difficulty breathing, a person vomiting, a person with foaming at the mouth, a person who is unconscious, and a person with a blue or extremely pale face. The word 'weil' is visible in the bottom left corner of the infographic.

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**Harm Reduction for People Using Cocaine:  
Get Help for Mental Health Issues**

- Using cocaine to deal with emotional problems like depression or social anxiety (i.e. self-medicating) tends to make these problems worse over time
  - Might seem to help while you're high, but this is temporary
  - Problems will still be there when you come down
  - Better to talk to a GP about other things that can help (e.g. medications, therapy)
- Cocaine can also induce or trigger psychosis (problems perceiving things realistically) - treatable



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**Harm Reduction for People Using Cocaine: Take Care of Yourself**




- Cocaine is a stimulant → disrupted sleeping and eating patterns
- Important to
  - Eat regular, healthy meals
  - Get enough sleep
  - Have good hygiene habits
- It's possible to stay healthy while using cocaine occasionally, but frequent use can impact your physical health → difficulty with work and relationships

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**Treatment**

- Needs to be tailored to the individual and medically directed
  - Tapering the drug dosage to manage withdrawal
  - Evidence-based talking therapies (e.g. CBT)
  - Support to improve self-management of symptoms (e.g. Pain Toolkit)



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**5 Signposting**  
**Who is available to help?**

 **NIDACTS**

Northern Ireland Drug and Alcohol Coordination Teams

drugsandalcoholni.info





 **Family Support NI**

familysupportni.gov.uk

A directory of various support services (e.g. mental health, finances) and registered childcare services in NI



  **Thanks!**

**Any questions?**

ASCERT  
0800 2545 123  
[info@ascert.biz](mailto:info@ascert.biz)  
[www.ascert.biz](http://www.ascert.biz)