

COCAINE

Use

Several indicators point to the increased use of both powdered cocaine and crack in Toronto for selected groups.

Surveys of the general population of Toronto continue to show low, yet slightly increasing rates of cocaine and crack use. According to the 2003 CAMH Monitor, approximately 3% of Toronto adults used cocaine in the past 12 months. This is the first time since 1991 that more than 2% of respondents reported cocaine use.

Among Toronto students, there was also a slight, but statistically non-significant, increase in cocaine use over the past decade, from 1% in 1993 to 4% in 2003. Crack use was reported by approximately 2% of students in 2003. This level is not significantly different than those reported in previous surveys beginning in the mid-1980s.

Use of cocaine and crack is more prevalent among street youth. In the 1999 SHOUT survey, approximately 13% of the street youth interviewed reported some current regular use of powdered cocaine, while 11% reported regular crack use.⁷⁸ According to the more recent study from Youthlink, 60% of street youth use cocaine or crack at least monthly⁷⁷.

Based on recent reports from frontline workers, crack cocaine is the most popular drug on the streets.⁴⁷ In addition, the February, 2003 I-Track study asked more than 700 Canadian injection drug users about their drugs of choice. Cocaine was the most popular drug among Toronto respondents, with 79% indicating use of this drug. In second place was crack cocaine, injected by approximately 63%.

One of the concerns raised by the increasing popularity of crack injection is the associated risk of spreading Hepatitis C and HIV infection, apparently higher than that associated with the injection of heroin or other drugs. The increased risk is generally attributed to the higher frequency of injection among crack users.¹

Crack use has been the subject of many local, national, and international reports. Along with the potential health effects discussed above, the use of crack among young parents is another serious concern, especially with respect to child welfare and domestic violence.^{1,49,55,94,97}

I have a lot of respect for crack because it is the one thing that can destroy everything I am, everything I have, in a shorter time than any other drug I have ever experienced. It total destroyed everything I said I would never do for drugs...[I]t just ruined everything. Everything I thought I wouldn't do, I couldn't do, I did on crack...for crack. Well, that's crack, a real serious drug. Makes me a total paranoid vegetable. I hallucinate. I become psychotic. And I don't know how I am still alive. This human body can take a lot, but, crack has destroyed some parts of my brain that are not going to come back. Luckily I don't have AIDS [or] Hep C. Luckier than a lot of my friends...

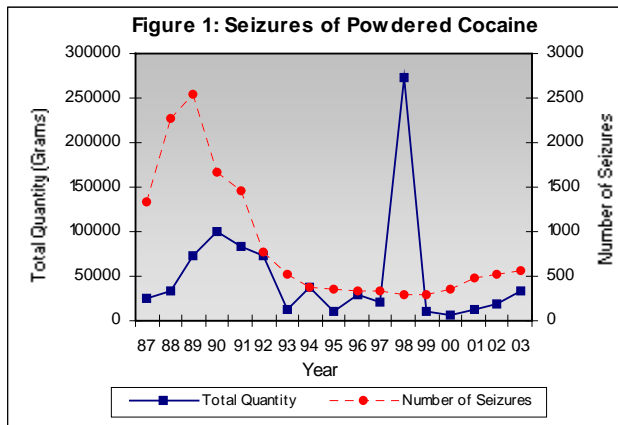
The biggest thing is to minimize disease risks, until such time as they get tired. Most people get tired sooner or later. The hardest part for me and others is, since I now understand my loneliness, that I was so deeply integrated in a drug culture that it was damned near impossible to think of living in a world without it, with people who hadn't experienced it. Where would I fit? I found it to be painfully lonely and an awful long time until I could feel that I was somewhat worthy of just living a normal kind of life. A lot of people get back on drugs just because they're lonely, just like a lot of people go back to jail because they're lonely. The only people you know are people from a negative part of your life, you get negative and you get back there. Every damn time. You need to find a way you can learn to live another style of life.

50 year old female, former crack user⁹⁷

Enforcement Data

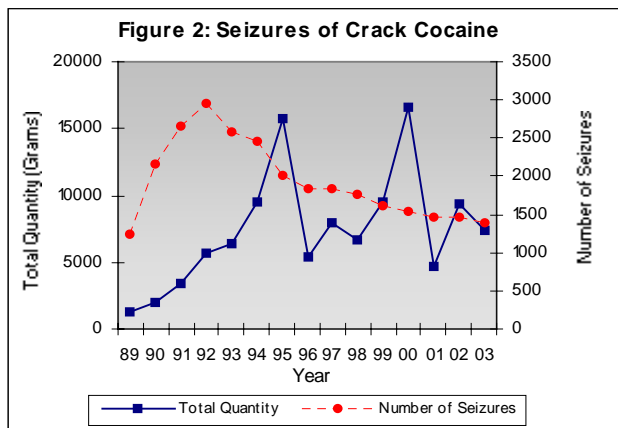
Since the late 1980s, there has been a downward trend in the *number* of cocaine seizures. *The quantity* of cocaine seized has also varied over the past decade, with 1998 showing a considerable peak in quantity seized (from 20 kg in 1997 to 273 kg in 1998). This dramatic increase was likely due to a small number of very large seizures during that year. The amount of cocaine seized declined in 1999 and again in 2000, to about 7 kg. However, since

then, the quantity of cocaine seized has been increasing, up to 33 kg in 2003.

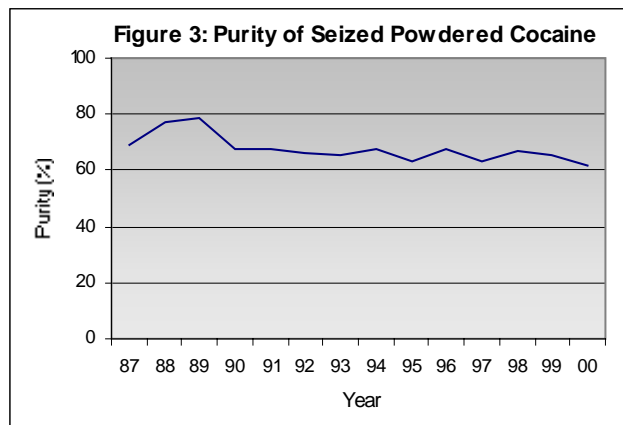


The number of crack seizures has been falling since peaking in 1992, and now resembles the level found when data were first collected in 1989. Although the total quantity of crack seized in 2003 (7 kg) is much less than the quantity seized in 2000 (16.5 kg), it is similar to the amounts seized in past years.

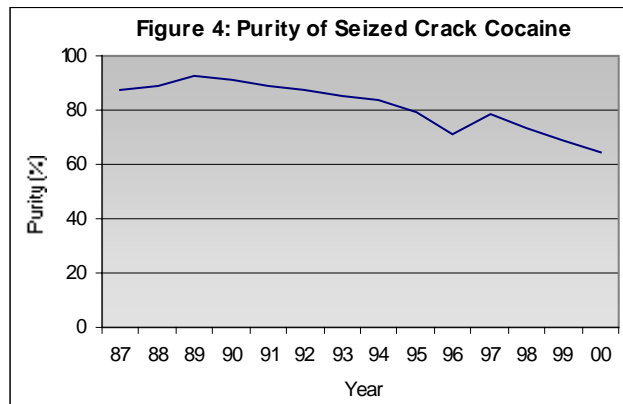
Powdered cocaine accounted for about 12% of all drug seizures in 2003, whereas crack continued to account for a significant proportion of drug enforcement activity (30% in 2003). Crack is second only to marijuana as the primary drug seized in Toronto in 2003.



The average purity of cocaine and crack peaked in the late 1980s. Over the past decade, the purity of cocaine has remained relatively stable at 62%-67%. The purity of crack has shown a steady decline over the past decade, with the exception of 1997 when the average was 79%.



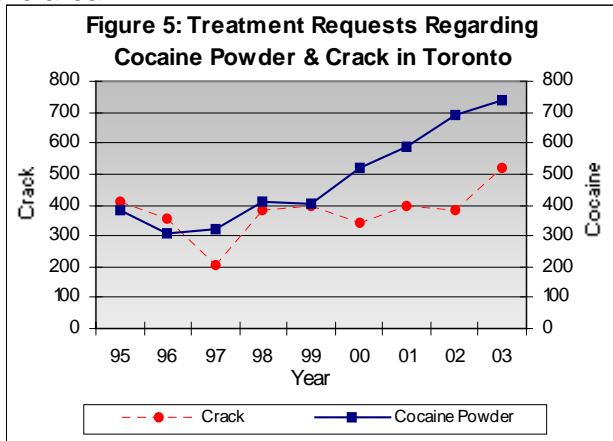
The 2000 estimate for crack purity is the lowest level on record, at 65%. As noted in earlier reports, there is substantial variation in the range of purity levels for both drugs. For example, between January and December of 2000, the purity of cocaine ranged from 1.5% to 97%, while the purity of crack ranged between 19% and 95%.



Treatment Data

Among Toronto clients, the numbers and associated percentages of requests for treatment regarding cocaine have risen steadily over the past eight years. Looking at the most recent twelve months for which data are available, October 2002 – September, 2003, 521 requests for treatment of crack use were received by the Drug and Alcohol Registry of Treatment. This corresponded to nearly 14% of all treatment requests received. Even more requests were registered for powdered cocaine during this same period; seven hundred forty requests pertained to the powdered form of the drug, 19% of all those received.

The requests for treatment of crack and cocaine-related problems are growing in other parts of the province as well. The 2,538 requests for problems with powdered cocaine represented 18% of those outside of Toronto. Similarly 1,085 requests for treatment of crack-related problems represented 8% of the total treatment inquiries in the area.



D rug-Related Deaths

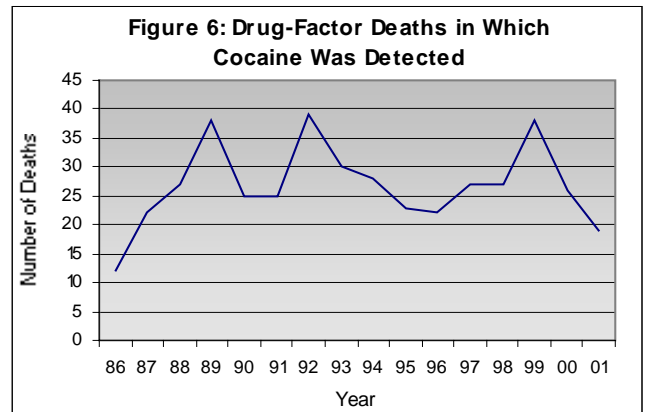
After a spike in cocaine-related deaths in 1999, with 38 recorded, the number of cocaine-related deaths fell to 26 in 2000 and again to 19 in 2001.

The lethality analysis indicates that cocaine is frequently used in combination with other drugs. Cocaine was lethal alone in 14 (37%) of the deaths in 1999, 1 (4%) of the deaths in 2000, and in 6 (32%) of those in 2001. Cocaine combined with other drugs was the cause of death in 7 (18%) of these cases in 1999, 16 (62%) in 2000 and 4 (21%) in 2001. The often lethal combination of cocaine and alcohol was the cause of death in 15 (56%) of the 27 combination cases over these three years. In the remaining 35 fatalities, cocaine was present, but not found to be a direct cause of death. These results are consistent with the findings of previous years. Twenty-nine, or approximately 35% of the cocaine-related deaths during these three years also involved heroin.

The age range of the decedents covered nearly forty years; the youngest was a teenager while the eldest was 54 years of age. The median age for each of the three years was consistent, at 39 years in 1999, 38 years in 2000 and 40 years in 2001. The percentage of male decedents in each

of the three years was also consistent, at 79%, 81% and 79% respectively.

In terms of death type, the majority of the cocaine-related deaths in Toronto in 1999-2001 were ruled as accidental; the annual statistics were 22 (58%) in 1999, 14 (54%) in 2000 and 12 (63%) in 2001. The corresponding figures for cocaine-related suicides during these years were 1 (3%), 7 (27%), and 7 (37%) respectively. In 15 (40%) of the cases in 1999 and 5 (20%) in 2000, the distinction between accidental death and suicide could not be made.



The following is taken from www.xenova.co.uk. This is the website for Xenova:

Xenova, [a U.K. pharmaceutical company], is developing a therapeutic vaccine, TA-CD, for the treatment of cocaine dependence, for which there is no currently available effective treatment... Most cocaine addicts are treated by a specialist physician or psychiatrist in drug rehabilitation centres. However, due to a high relapse rate reported with current treatment, there is a clear need for an effective treatment to be used alongside a behavioural therapy programme. Current treatment programmes for cocaine addiction consist primarily of counseling services and medication to treat the symptoms of depression and anxiety associated with cocaine withdrawal. Currently, there is no medication that addresses the strong cravings for cocaine that an addicted individual experiences. These cravings can last for long periods of time following abstinence and frequently lead to relapse. For those cocaine users in the US who seek treatment, the overall retention rates in treatment programmes are low; relapse rates are typically greater than 50%. Currently, no pharmacotherapies have been shown to be clinically effective and there is an urgent need for novel therapeutic approaches."