

CRACK COCAINE

“From Freebase to Evidence Base”

REGENTS COLLEGE CONFERENCE CENTRE LONDON

**TIER 2 APPROACHES WHEN ENGAGING BLACK &
MINORITY ETHNIC CRACK USERS**

GRANTLEY HAYNES NEBBS, CMS, DMS, B'PHIL(ED) MA

BRAINSTORM

- What key needs do crack users present with as oppose opiates.
 - What types of crime are crack users likely to commit & why?.
 - What factors drive dealers to continue dealing.
 - What key issues do female have that are different to males.
 - What is the current view of the general public.
 - Why might a tier 2 provision for crack users assist the engagement and retention process when accessing drug treatment.
 - Why is the community important in the treatment of BME crack users
 - What factors of treatment changes will facilitate the needs of BME crack users
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“WHAT PREVENTS BME FROM ACCESSING DRUG TREATMENT AND SUPPORT”

- Socialisation & Dominant Culture
 - Language & Lack of Understanding
 - Values, Attitudes and Belief Systems
 - Support & After Care Required
 - Prejudice & Ignorance
 - Lack of Historical & Colonial Perspectives
 - Perceptions and Labelling
 - Education
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“WHAT TENDS TO HAPPEN FROM YEAR 6 WITH BME YOUNG PEOPLE”

BOYS

Adolescence & Historical
Exclusion “Slavery”
Unrealistic Expectations
The Protectors
Race & Class Differences
Peers & Pecking Order
Law Breaking, Live Today
Occupation & Money
Dominant Culture
Social Norms & Threat

GIRLS

Adolescence & Inclusion
Societies Expectations
Helping & Nurturers
Presents Self Differently
Family & Children
Plan & Study
Budgeting & Future
Dominant Norms & Accept
Race & Class Differences

WHY USE DRUGS? WHERE TO SEEK HELP?

MARGINALISATION

DISPARITY OF TREATMENT

Colonialism - Underclass

Little Foundational View of Economic Prosperity

Little Understanding of How to Achieve

**OTHERS SEEM TO ACHIEVE
THINGS
THEY WANT EASIER**

**LACK OF KEY SKILLS OR KNOWLEDGE
OF HOW TO ACHIEVE THE SAME AS
OTHER COUNTER PARTS**

Aspirations of Sameness & Achievement

Inheritance & Who You Know Vs Qualifications & Hard Work

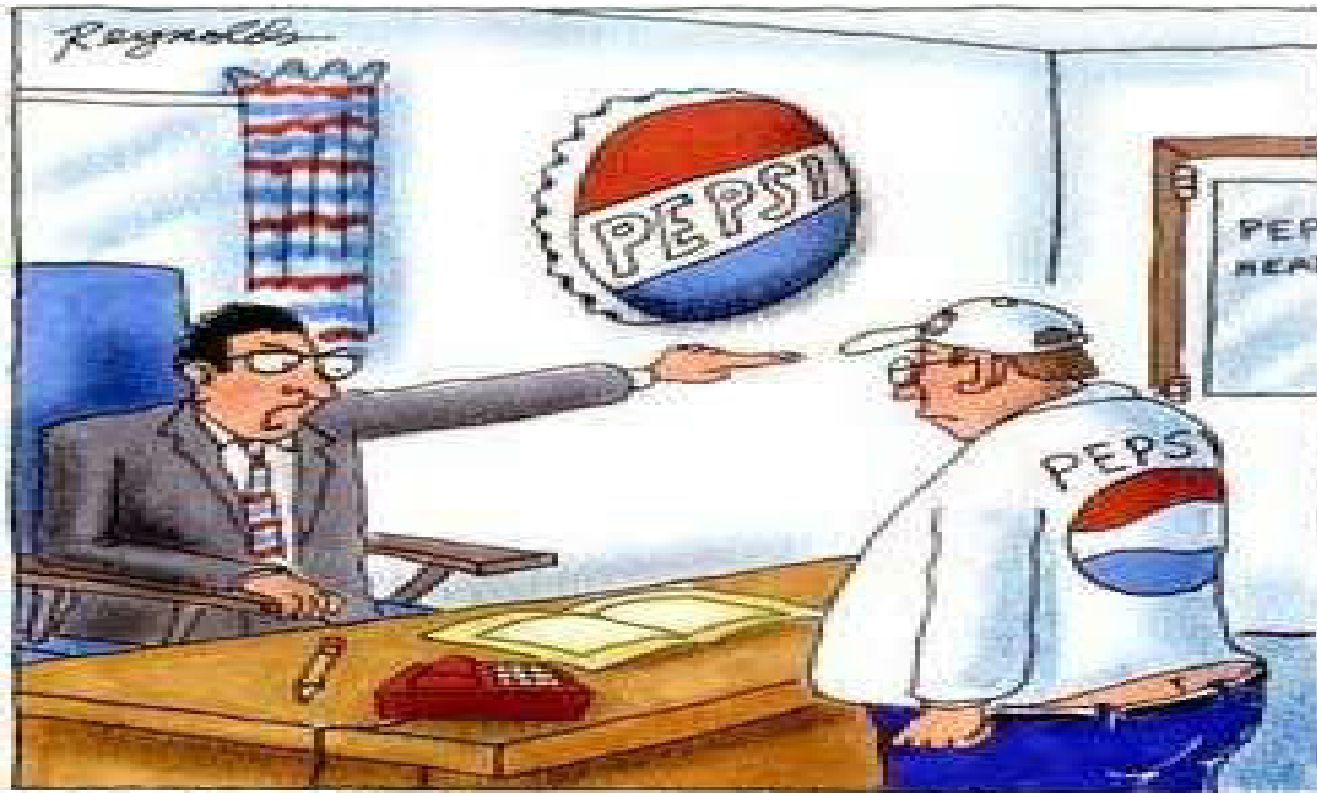
YOUNG PEOPLE TEND TO SEEK THE QUICK FIX

PROFILE OF DRUG USERS

THE CHRONIC USER


- Will use as much as they can
 - Demonstrates a life threatening pattern of use
 - Value systems are entirely focussed on scoring drugs so employment is almost non existent
 - Extreme psychological and physiological signs of use are now present – depression, paranoia, dual diagnosis, and suicidal thoughts may become frequent
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COKE



"You're fired, Jack. The lab results just came back, and you tested positive for Coke."

COCAINE HISTORY



COCAINE
TOOTHACHE DROPS
Instantaneous Cure!
PRICE 15 CENTS.
Prepared by the
LLOYD MANUFACTURING CO.
219 HUDSON AVE., ALBANY, N. Y.
For sale by all Druggists.
(Registered March 1885.) See other side.

The illustration shows a young girl in a red dress and white apron standing next to a boy in a yellow jacket and hat who is kneeling and building a log cabin. They are in a garden with a white picket fence and a house in the background.

COCAINE HISTORY

MARIANI WINE

MARIANI WINE quickly restores
**HEALTH, STRENGTH,
ENERGY & VITALITY.**

MARIANI WINE
**TONIFIES, STRENGTHENS,
STIMULATES & REFRESHES
THE BODY & BRAIN.**

**HASTENS
CONVALESCENCE**
especially after
INFLUENZA.

**His Holiness
THE POPE**

writes that he has fully appreciated the beneficial effects of this Tonic Wine and has forwarded to Mr. Mariani as a token of his gratitude a gold medal bearing his apostolic blessing.



MARIANI WINE

Is delivered free to all parts of the United Kingdom by **WILCOX & CO.,**
25, Abchurch Lane, London, E.C. 4, price 2s. per Single Bottle, 2s. 6d. half-
dozen, 4s. - dozen, and is sold by Chemists and Stores.

PICTURES OF CRACK



WHAT IS CRACK

- ❑ Cocaine hydrochloride - an odorless, white crystalline powder. It has a bitter, numbing taste. Making cocaine hydrochloride is quite complicated. The *pasta* is first washed in kerosene. It is then chilled. The kerosene is removed. Gas crystals of crude cocaine are left at the bottom of the tank. Typically, the crystals are dissolved in methyl alcohol. They are then re-crystallized and dissolved once more in sulphuric acid. Further washing, oxidation and separation procedures involve potassium permanganate, benzole, and sodium carbonate.
 - ❑ Freebase/crack cocaine. Freebase/crack is derived from cocaine hydrochloride which has been chemically treated with ammonia or baking-powder to free the potent base material from the salt. Free-base was originally produced by a dangerous four-or-five step process in which the hydrochloride salt was heated with water and a volatile liquid such as ether.
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HOW DO PEOPLE USE CRACK

- Base cocaine in the form of 'crack' is safer to produce; but it is no less addictive. Crack/free-base itself is indissoluble in water, so it can't easily be injected or sniffed. Instead, it is usually smoked from pipes; burnt on a piece of tin foil; or mixed with tobacco and perhaps cannabis in a smokable joint. The euphoric rush comes within a few seconds - even faster than from intravenous cocaine hydrochloride. Initially, the user may experience a profound sense of power, mastery, cleverness and uninhibited desire. Orgasm is intensified. Extravagant hypersexuality and rampant promiscuity are common. The exhilaration usually starts to fade within a few minutes. Soon, the crack user desperately craves a hit after hit sequence, followed by a profound depression and sometimes suicidal thoughts.
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HOW DO PEOPLE USE CRACK

- During crack-cocaine binges, addicts may become utterly drug-obsessed. The obsession is so all-consuming that food, money, sleep, loved ones, morality, any sense of responsibility, and even survival-instincts may be eclipsed. Users may smoke crack at fifteen-minute intervals for some 72 hours without pause for sleeping or eating. A “crash” inevitably follows; and a profound melancholy.
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ADRENALIN & DOPAMINE

INITIAL USE

- Release of adrenaline
- Increased heart rate
- Breathing (faster & shorter)
- Increased sweating
- Shaking (particularly hands)
- Pupils dilate
- Heightened state of sexual arousal

INITIAL USE

- Release of dopamine
 - The buzz
 - Orgasmic feeling
 - Feeling of wellbeing
 - High confidence levels
 - Increased self esteem
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ADRENALIN & DOPAMINE

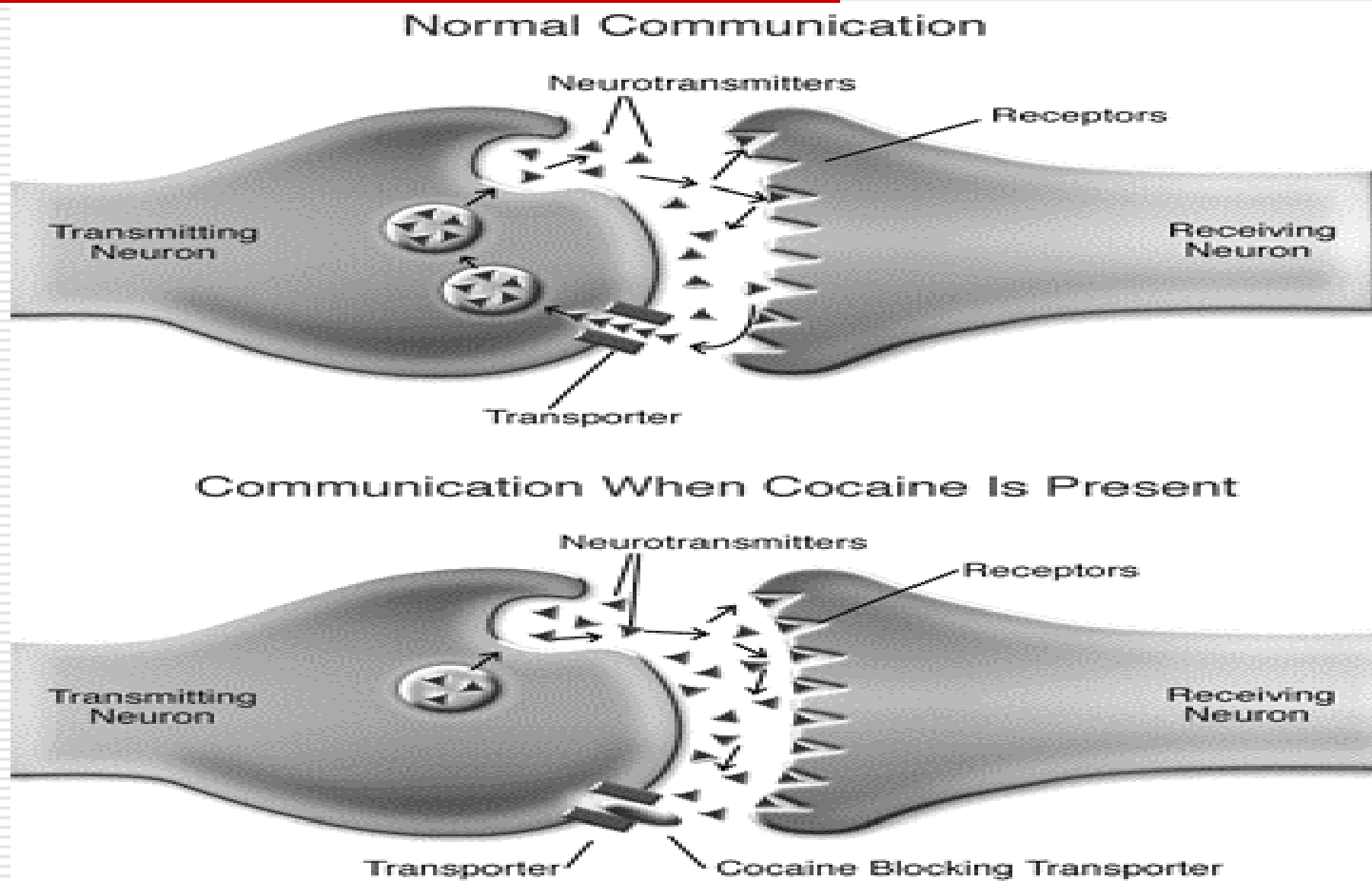
PROLONGED

- High adrenaline levels in body
- Decreased need to sleep
- Decreased need to eat
- Need to use toilet before smoking
- Very sensitive skin
- Weight loss
- Increased senses
- Lessened state of sexual arousal

PROLONGED

- Severe lack of dopamine
 - The crash (come down)
 - Headaches (irritability)
 - Lack of interest in life
 - Mood swings
 - Severe depression
 - Thought distortion
 - Suicidal thoughts
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SEROTONIN & DOPAMINE

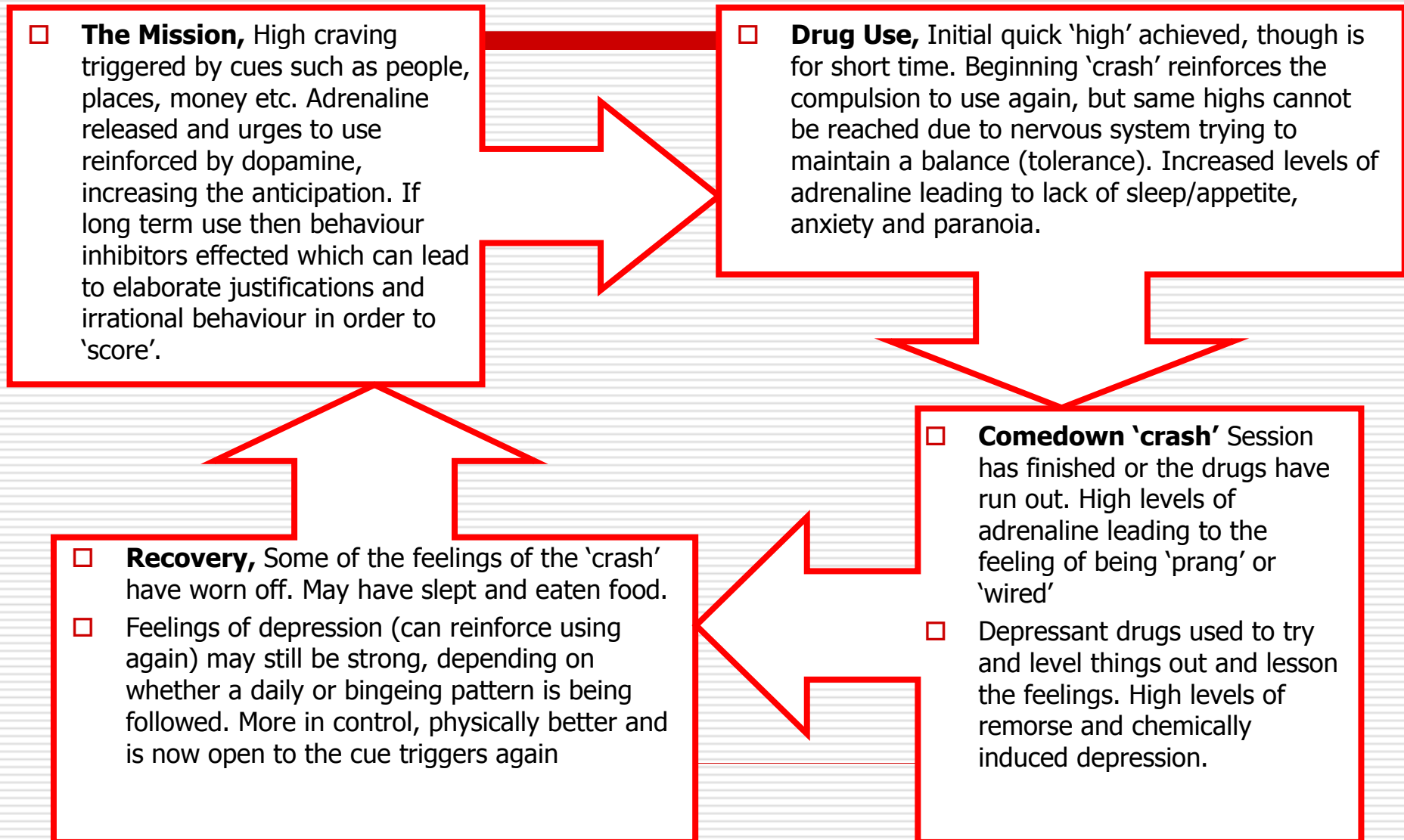


MOTIVATIONAL INTERVIEWING AS EVIDENCE BASE BRIEF INTERVENTION FOR BME CRACK USERS

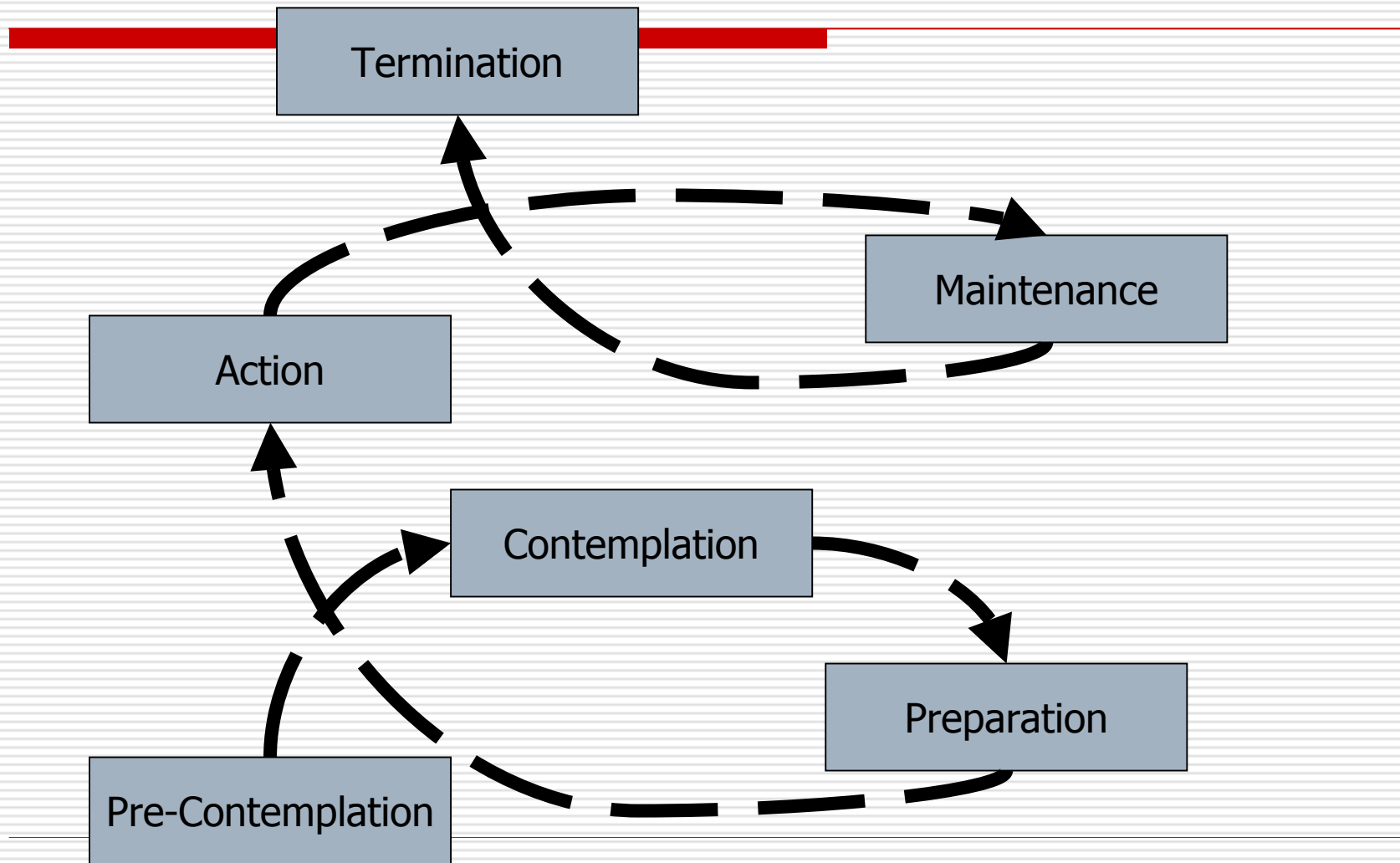
“ A directive client-centred counselling style that is designed to assist clients in exploring and resolving ambivalence to increase motivation for change”

Rollnick and Miller 1995

CRACK COCAINE CRAVING CYCLE



THE CYCLE OF CHANGE



USING CRACK EDUCATION AS A MEANS OF INDUCING CLIENT AMBIVALENCE

- Consciousness, I didn't know crack did that?
 - Social Liberation the, Ah, that's why I feel depressed
 - Emotional arousal, If
 - Self re-evaluation, I felt hopeless about ???
 - Commitment I'm going to try stopping again
 - Countering, when I'm craving, I will use relapse techniques.
 - Environment and social control, Everyone needs boundaries
 - Rewards, Get kids back, money in my pocket, self esteem
 - Helping relationships, Family, out of crime, social network
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TRAPS TO AVOID IN THE OPENING SESSION

- Premature focus
 - Confrontation-denial
 - Labelling
 - Blaming
 - Question-answer
 - The 'expert' trap
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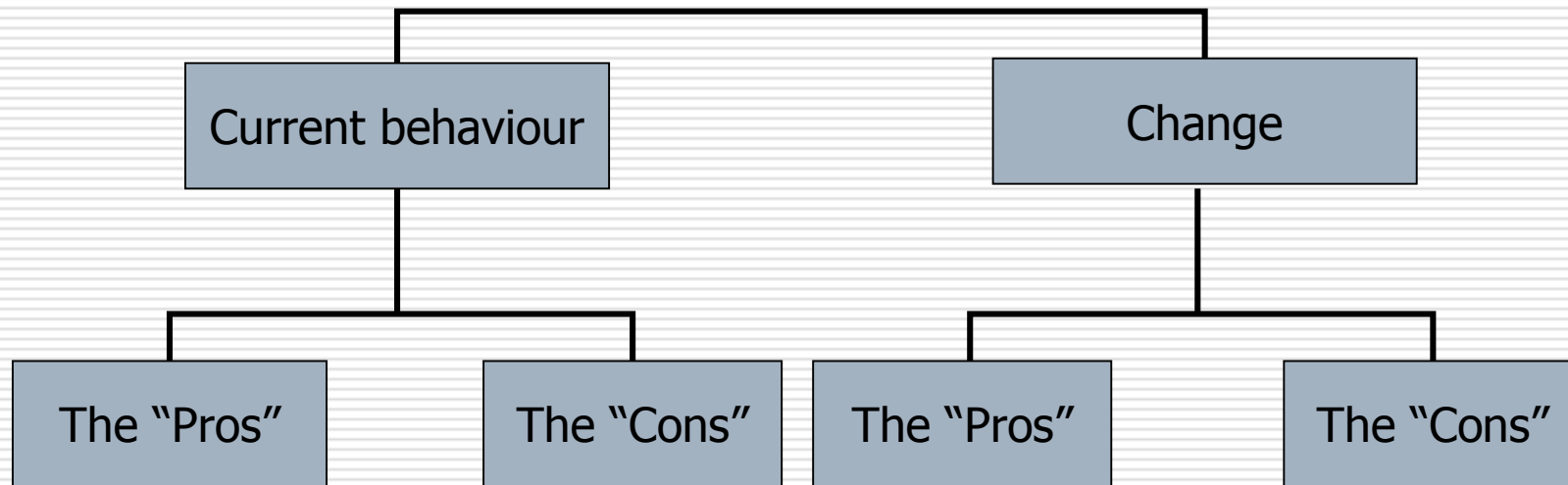
DANGEROUS ASSUMPTIONS

- This person ought to change
 - This person wants to change
 - This person is primarily motivated by health considerations
 - If they do not agree to change the intervention has failed
 - People are either motivated or not
 - Now is the right time to consider change
 - A tough approach is always best
 - I'm the expert. He or she must follow my advice
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OPENING STRATEGIES

- Ask open questions
 - Listen reflectively
 - Summarise
 - Affirm
 - Elicit self-motivating statements
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EXPLORING THE PROS AND CONS



POSITIVE COMMUNICATION SKILLS FOR WORKERS

- Be brief**
 - Be positive**
 - Be specific & clear**
 - Label your feelings**
 - Offer an understanding statement**
 - Accept partial responsibility**
 - Offer to help**
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BELIEFS THAT PREDISPOSE CHANGE

- My current Crack using behaviour is 'bad' for me
(importance)
 - I would be better off if I changed and stopped using Crack
(importance)
 - If I try to change will I be successful or will relapse
(confidence)
-

SCALING QUESTIONS

- On a scale of 1-10 how important is it to you to change?
 - On a scale of 1-10 how confident do you feel that you could change if you chose to ?
 - Why so high?
 - What would it take to move you one step higher?
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ROADBLOCKS

- Ordering, directing, commanding
 - Warning or threatening
 - Giving advice, suggestions, solutions
 - Persuading with logic, arguing
 - Moralising, preaching
 - Disagreeing, judging, criticising
 - Agreeing, approving, praising
 - Shaming, ridiculing, labelling
 - Interpreting, analysis
 - Reassuring, sympathising, consoling
 - Questioning, probing
 - Withdrawing, distracting, humouring
-

FOUR CATEGORIES OF RESISTANCE

- Arguing
 - Interrupting
 - Denying
 - Ignoring
-

IN 2s EXERCISE WORKING WITH RESISTANCE!

Practice: Recognising, clients using resistance and working with it.

People change when they are uncomfortable, not when they are comfortable. This exercise aims to, elicit resistance! by:

1. Exploring change with client,
2. Identifying what client is resisting,
3. What might you as the counsellor be doing to cause or perpetuate it.

What is it? When clients feel irritable, judged, subjected to presumptions and assumptions, shot-down, criticised and feel a loss of control.

How to recognise it? Anxious, confused, blocking behaviour.

What to do? Change body language, effective use of silence, roll with resistance, stay with clients feelings and reiterate clients learning points.

You have 5mins. **Tip: Remember** to make use of silence.

TRAPS TO AVOID IN MOVING TO ACTION

- Assuming motivational issues are now a thing of the past
 - Jumping to a simple solution
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READY! HELP PLAN ACTION

- ❑ There are many courses of action
 - ❑ "I can tell you what's worked for other people"
 - ❑ "You will be the best judge of what works for your. Let's go through the options"
-

NOT READY!

- Respect this decision
 - Ask “What would need to be different for you to consider change?”
 - Explain your own concerns and responsibilities
 - Leave the door open for future discussions
 - Provide an opportunity for client to come back without losing face
-

QUESTION TIME

Please focus questions specifically in relation to this workshop presentation

THANK YOU
