

# **1 Cocaine and crack: status and responses**

## **1.1 Summary**

About 3% of the adult population in Germany has experience with cocaine; in younger age groups and in larger cities prevalences are around 5%. Experience with cocaine has been on the rise in the last ten years. However, generally short-term consumption periods of cocaine limit the further increase of current consumption in the population.

In the classic heroin scene, cocaine is meanwhile the second most important substance. Generally, it is consumed together or alternatingly with heroin. Those with very problematic cocaine use have meanwhile started to use also crack, which has however met with no interest outside the drug scene. Germany's crack scene has been limited to the two cities of Frankfurt and Hamburg for years. Cocaine-related deaths and negative sequelae of the substance are relatively seldomly reported in comparison with heroin.

About 7% of the clients who presented to an outpatient or inpatient drug aid facility did so because of a primary cocaine problem. Treatment demand has been on the rise especially in the outpatient area for many years. However, in public drug aid, there are hardly any specialized offers for this group of persons. Strikingly high is the portion of detainees in cocaine users with males accounting for a quarter of them.

## **1.2 Prevalence, patterns and trends of cocaine and crack use**

### **Use of cocaine in the population**

The survey of the national epidemiological study (ESA, details see chapter 2.1) carried out in 2003, found that 3.1% of the adult population between 18 and 59 years had experience with cocaine (Kraus, Augustin & Orth, 2005). Prevalence of cocaine consumption among 18 to 24 year-olds rose considerably in the lifetime category from 0.7% in 1980 to 4.7% in 1990. However, at the same time, the portion of those who continued consumption to the interviewing period was declining for some years (1995: 40.6%, 2003: 28.2%). So it can be said, that while experience with this drug has been slowly spreading in the population, current consumption has not gone up in parallel (Kraus, Semmler & Augustin, 2005).

### **Use of crack in the population**

In the general population crack is hardly present as a drug at all. Even in groups with drug affinity, crack is clearly rejected outside the street scene (Baumgärtner & Gieß, 2005).

### **Cocaine consumption among pupils**

The last survey carried out as part of the drug affinity study (BZgA, 2004a) in the age group 12-17 years, found a lifetime prevalence of below 0.5% for cocaine and among the 12 to 25-year-olds, the figure was at 2%. Methodological details on the study are contained in chapter 2.1.

In 2003, a survey was carried out as part of the ESPAD-study in six Laender (Kraus et al., 2004a). Among the 15-16-year-old pupils 2.8% (boys: 2.7%, girls: 2.8%) stated to have experience with cocaine. Out of these, 1.9% used it 1-5 times, 0.5% 6-19 times and 0.3% even more often. 0.8% of the interviewees used crack in the last 30 days (boys: 0.9%; girls: 0.7%) (Kraus et al., 2004a).

In 2004, lifetime prevalence in the setting of a city (Hamburg) was markedly higher among the 14-18 year-olds amounting to 5%. Prevalence of cocaine consumption in the last 30 days was at 2% (Baumgärtner, 2004). In the most recent data collection carried out in 2005, consumption in the last month was at 1.4% for girls and at 2.4% for boys of this age group (Baumgärtner, 2006).

### Crack use among teenagers

Data on the crack use among school children are available from the ESPAD-study for the year 2003. According to the survey, 2.1% of the pupils in the age between 15 and 16 years (boys: 2.4%; girls: 1.9%) had experience with crack. Out of them, 1.5% used crack 1-5 times, 0.4% 6-19 times and 0.2% more often. 0.7% of the interviewees stated to have used crack in the previous 30 days (boys: 0.8%; girls: 0.5%) (Kraus et al., 2004a).

Table 35 shows the prevalence for crack and cocaine as found by the ESPAD-study 2003 for school children between 15-16 years. Consumption quantities reported by the teenagers require validation. Some of the figures might be overreported.

**Table 1: Prevalence of the consumption of cocaine and crack among 15-16 year-olds in the lifetime, in the last 12 months and the last 30 days**

Substance	Boys %	Girls %	Total %	Period
Crack	2.4	1.9	2.1	Lifetime
Crack	1.7	1.3	1.5	12 months
Crack	0.8	0.5	0.7	30 days
Cocaine	2.8	2.7	2.8	Lifetime
Cocaine	1.8	1.7	1.8	12 months
Cocaine	0.9	0.7	0.8	30 days

Source: ESPAD (Kraus et al., 2004.a)

### Prevalence of cocaine and crack in special groups

Cocaine is used in quite different groups. Initially, the drug was associated with artist and media circles, later also with business and sex industry. When looking at consumption patterns, cocaine is often found in the surroundings of the classical heroin scene but also in less marginalized groups in connection with cannabis and amphetamines. Crack, however, remains a fringe group drug in Germany.

In a study carried out in several European cities on users of cocaine hydrochloride (without substitution, intravenous consumption or opium consumption), Prinzleve et al. (2005) found that crack was either used alone or in combination with hydrochloride in socially marginalized groups or respectively by clients of treatment facilities, but only in a few individual cases by socially integrated clients.

In Germany, crack consumption has been occurring for a few years in the lower segment of the classical heroin scene, but has so far been limited to the cities of Frankfurt and Hamburg. It plays no role in other regions of Germany, like for example in Saarland (Ministerium für Justiz, Gesundheit und Soziales, 2006, personal communication) or in Berlin (Senatsverwaltung für Gesundheit, Soziales und Verbraucherschutz, 2006, personal communication).

In the Land Hesse, crack is concentrated to the city of Frankfurt. Less than 1% of police crime scenes are outside of the city limits. In 2004, the number of offences increased by 38% from the previous year to 2,174 cases, the portion of crack-related offences in the overall crime figure rose from 10.1% to 10.8% in the same period of time. The number of suspects went up by 8%. The portion of females among crack offenders is at 24.9% and more than a third of the delinquents are not of German nationality. Most of them are Turks, Moroccans, Italians and Algerians. They are mainly aged between 25 and 40 years and teenage crack users are rare (Hessisches Sozialministerium, 2006).

### **1.3 Problems related to cocaine and crack use**

#### **Outpatient therapy demand**

Cocaine is the main drug in about 7% of the clients of outpatient facilities. The portion is about the same among first admissions. In inpatient therapy, cocaine cases account for 6.6% of all the clients treated. While the portion of males treated for cocaine-related problems was at 7.6%, females with the main drug cocaine accounted for only 3.2%. Extrapolated to the total number of 934 outpatient facilities in Germany (Simon, 2005), 4,500 persons presented to treatment because of a primary cocaine-related disorder in the year 2005, which is about five times more than in the year 1994 (cf. 4.3.1). A third of the cocaine clients additionally have an alcohol diagnosis (dependence or harmful use), 22% a heroin diagnosis and 48% a cannabis diagnosis. Cocaine-related disorders account for 29% of the secondary diagnoses among heroin clients.

At the beginning of therapy, clients are on average 31 years old. Men account for 84%; almost half of them are single. Striking is the fact that many clients with this main diagnosis are detainees. 25% of the males with a primary cocaine disorder and 5% of the females are still serving a prison sentence at the beginning of therapy. Whether this is due to a high prevalence of cocaine-related disorders in prisons or whether this group of clients is favoured by special selection mechanisms, is unknown (Strobl et al., 2006a).

## **Inpatient therapy demand**

In 2005, primary cocaine-related disorders were found in 6.6% of the new admissions to inpatient facilities. Here also, additional addiction diagnoses are common. They are mainly related to alcohol (61%), heroin (31%), cannabis (65%), amphetamine (24%) and ecstasy (27%) (Strobl et al., 2006b). Personality and behavioural disorders (F6x) rank first among co-morbid disorders accounting for 9.3%.

In comparison with alcohol (290,864 cases) and opioids (25.889 cases), cocaine patients account only for a small portion of the hospital treatments with 1,096 cases per year (Statistisches Bundesamt, 2006d).

## **Drug-related deaths**

While cocaine is relatively common to find as a by-substance in opioid-related deaths, purely cocaine-related deaths are extremely rare. According to the police death register, 2% of the drug-related deaths in 2006 were caused solely by an overdose of cocaine and 6% by cocaine in combination with other drugs (cf. 6.2.1, Bundeskriminalamt, 2006). The General Death Register recorded 0.4% deaths caused by cocaine in 2003. Opiates by comparison accounted for 6.0% of the deaths (cf. 6.2.1).

## **Other negative consequences of cocaine consumption**

There is a series of known negative somatic and psychological effects on the user and in pregnant females on the foetus respectively. Apart from data on co-morbidity provided by inpatient treatment facilities for the National Statistical Report on Addiction Therapy, there are no representative data or new studies available in Germany. Kraus et al. (2004b) did an overview on the epidemiological situation as well as on risks and therapy approaches.

## **1.4 Response and interventions to cocaine and crack use**

### **Treatment measures**

Cocaine clients have the normal therapy offer of outpatient and inpatient facilities as described in this report (cf. chapter 5) at their avail. Special offers for cocaine problems are rare. Haasen et al. (2002) concluded that due to the complexity of cocaine dependence, specific therapeutic solutions are required and suitable methods need to be found.

It is to be assumed that a non-negligible number of therapies is carried out by office-based psychiatrists and psychotherapists which are not entered into the general statistics.

### **Harm reduction measures**

The "safer use" recommendations valid for heroin users also apply to cocaine consumers insofar as they move in the respective circles. However, special programs for cocaine users tend to be rare. In view of the fact that only a small percentage of cocaine users is treated in outpatient or inpatient facilities, it is to be assumed that a non-negligible number of cocaine-

only users is treated privately by office-based doctors and psychotherapists. However, there are no statistics available on this.

### **Response of criminal prosecution organs to cocaine consumption**

As all other illicit substances, cocaine is prosecuted under criminal law. Crack has been put under special observation in order to avoid an expansion of the market and the drug scene beyond the city limits of Frankfurt and Hamburg if possible.

## **1.5 Cocaine-related crime and cocaine and crack markets**

### **Crime**

Cocaine is part of the drug problem in Germany. Due to the close association of parts of the cocaine user scene with the classical heroin scene, cocaine accounts for a large part of the criminal activities in this area. Its connection with the sex industry also gives it a special status.

With 14,728 cases in the year 2006, cocaine was almost as often involved in consumption-related offences as opiates with 22,592 cases.

### **Cocaine and crack markets**

As part of the surveys carried out in Germany, questions were also asked about the perceived availability of cocaine and crack ("how easy is it for you to get ... in 24 hours?"). 15% of the school children said that cocaine was rather easy to procure. For cannabis, figures are considerably higher with 44%.

In the year 2005, more than a ton of cocaine was seized. This corresponds to an increase of 11.3% from the previous year. However, the number of seizures went up only slightly. The comparably small quantity of seized crack shows that this substance is exclusively made from cocaine on the spot (Hessisches Sozialministerium, 2006). The increase in terms of quantity from 2004 to 2005 should therefore not be over-interpreted (table 36).

**Table 2: Seizures of cocaine and crack in 2004 and 2005**

Substance	2004		2005		2005 vs. 2004	
	Kg	Cases	Kg	Cases		
Cocaine	969.0	4,088	1.078.9	4,109	+11.3%	+0.5%
Crack/ Freebase	2.5	1,970	5.6	1,659	+124.0%	-15.8%

Source: Bundeskriminalamt (2006)