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# The problem use of cocaine: An overview of the needs expressed and the responses offered

***A qualitative exploratory study conducted among health professionals and cocaine users in 2007-2008 at three sites in France***

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Up until the last few years in France, the treatment of cocaine users was not considered a priority for health professionals dealing with drug users. However, since the mid-1990s the mass distribution and mass consumption of cocaine have gradually developed. In 2005 in France, among the 12-75 year old age group the number of people experimenting with cocaine was estimated at approximately 1.1 million, including 250,000 having consumed cocaine during the year. These figures have almost certainly increased, as the most recent results from the ESCAPAD survey show that experimentation with this drug at the age of 17 more than tripled between 2000 and 2008[1], now totalling 3.3% of this age group.

Against this backdrop, the OFDT was keen to study the problem use of cocaine and its related impact on health. Indeed, the increasing use of cocaine, whether in its hydrochloride form (powder) which is generally sniffed or in its base form (referred to as freebase or crack) which is almost always smoked, poses the threat of emerging social and health problems related to its consumption. The available literature describes numerous potential consequences of cocaine use, and particularly its addiction-related, psychiatric, somatic, perinatal and social impacts.

In addition to psychiatric co-morbidity taking the form of an intensification of existing problems or the triggering of temporary problems, (the serious nature of which may alone result in health or social problems), the effects may also include somatic problems and in particular heart ailments (myocardial infarction) or neurological problems (strokes). What is the current situation in France? What sort of somatic, psychiatric or social problems have been observed in conjunction with the use of this drug? Which user profiles are concerned and what are their consumption patterns? What sort of help are users requesting from the available drug treatment schemes? Which solutions are being offered to them? What sort of difficulties do drug users and others involved in this field encounter with regard to the solutions provided?

All these questions formed the basis for a qualitative exploratory study currently awaiting publication, carried out by the Observatoire Régional de la Santé de Midi-Pyrénées (Regional department of health and social affairs for Midi-Pyrénées) in 2007-2008 and covering three sites: Paris, Toulouse and Martinique.

## Methodology

The qualitative methodology used has not been designed to guarantee representativeness, but rather to explore the diverse nature of practices and opinions in this field.

The survey was conducted among two source groups: professionals involved in the hospital, medical, medical-social or social fields in contact with cocaine users (in its hydrochloride or base form) whether specialised in addictology or otherwise, and cocaine users themselves (consuming the drug in its hydrochloride or base form) having experienced problems which they believe to be related to their use of this drug.

The analysis was carried out based on 144 different sources, most of which included health professionals (including 93 individual interviews and 14 focus groups involving treatment or damage limitation teams). A total of 37 interviews were also carried with drug users.

The types of health professionals consulted were selected based on the profiles identified in the available literature and the preliminary survey of the professionals involved in the field concerned. Those interviewed included doctors, psychologists or social workers participating in addictology liaison teams, CSSTs/CSAPAs or frontline structures but also health professionals working in psychiatry or other disciplines concerned with the somatic or perinatal effects of cocaine use such as emergency, cardiology, neurology or obstetrics departments. The interviews carried out with drug users concerned both socially integrated drug takers in addition to those living in precarious conditions.

The choice of sites was based on several methodological constraints including the diverse nature of the scenarios and circumstances concerning both consumption and problem use, ease of access in the field or the limited number of sites. Indeed, the number of categories of health professionals likely to be consulted considerably limited the number of available data collection

sites. Consequently, the choice of Paris, a major provincial urban area and an overseas département emerged as an acceptable compromise. Following an in-depth examination of the available literature, the data collection phase combined both observations and comments from participants, ethnographical conversations②, comprehensive semi-directive interviews③ in addition to focus groups involving health teams④.

The themed analysis was carried by means of the transcription of the recorded material using a decontextualisation/recontextualisation method involving Nvivo 7 software.

## Requests, identified problems and solutions proposed by professionals

### Requests for treatment

Where addictology treatment is concerned, the level of demand experienced by most of the schemes remains relatively low⑤ and unchanged⑥ with the exception of those schemes which have gone out of their way to highlight a specific treatment programme and have consequently witnessed an increase in demand. Drug users almost always come forward in "crisis" situations, when significant harmful consequences from a health and social viewpoint are already being experienced.

When we look at somatic problems in particular, there is little demand other than in clinical situations, most of which are emergencies. Health professionals receive the occasional request for information or "tranquillisation" after a bout of consumption which has brought on unpleasant symptoms or harmful effects according to the administration method used (i.e. injection), with these problems occurring alongside those caused by other injected drugs such as high-dose buprenorphine. Other problems caused by hot inhalation or nasal inhalation are also described.

Most of the requests received by public or private psychiatry departments can be described as emergencies occurring after intensive and compulsive bouts of consumption. The requests generally concern depression or bipolar disorders and occasionally schizophrenia (this is generally encountered among crack users living in more precarious conditions) providing an opportunity for the clinical practitioners to identify the cocaine/crack usage driving these problems.

For their part, obstetricians have found it much more difficult to adapt to cocaine use among their patients as the illnesses suffered are both numerous and severe for both the mother and her child and because, unlike heroin, there are no available substitution treatments. A number of requests prior to pregnancy by female drug takers considering kicking the habit in order to protect the health of their future baby have also been reported. We have also encountered requests for social assistance from female crack users living in extremely precarious conditions and who have seen their pregnancy through to full term.

### Problems identified by health professionals

From their various perspectives, all the professionals concerned have reported encountering problems related to health threatening, addictive and drug-dependant behaviour[1].

Psychiatric problems account for a large percentage of the problems mentioned. Among the somatic problems, cardiovascular ailments and strokes, traumatology and problems related to drug administration methods are all mentioned. The professionals concerned mentioned these problems to a greater or lesser degree according to whether or not they were specialists in the addictology sector[2], emergency physicians, GPs, psychiatrists or cardiologists. Consequently, professionals operating in the psychiatric field may record both problems brought on by intensive or regular drug use (mood changes, anxiety, depressive syndromes and hallucinations) in addition to a worsening of existing medical problems predating the use of the drug (i.e. bipolar disorder or schizophrenia).

From a somatic viewpoint, a series of problems related to cocaine consumption have been directly reported by both the health professionals and the drug users interviewed, chiefly concerning heart problems (high blood pressure, angina or myocardial infarction) or neurological complications (strokes or convulsive bouts). Locoregional problems related to the administration method including for example infections or the perforation of the nasal wall, abscesses and damage to veins resulting from injection, or even lesions and burns around the mouth among crack smokers (or of the oesophagus due to the accidental absorption of ammonia when preparing free base) have also been frequently reported. Accidental injuries or those related to violence have also been noted, particularly concerning crack smokers living in precarious conditions, in addition to skin problems on the hands and feet.

The compulsive and intensive consumption of cocaine can also result in destructive consequences in the individual's family, social and professional life. Theft, dealing, fraud, prostitution, debt and the frittering away of assets are all "solutions" which some drug users turn to in order to finance their addiction, solutions which can have serious implications from a marital, family, social and professional viewpoint. Finally, in addition to the harm caused to the health of both the mother and child during pregnancy, health professionals have also highlighted compulsive drug use by mothers as a cause of mother-child estrangement which can adversely affect the child's future development.

### Proposed solutions

Those health professionals who are "not specialised" in the addictology field do not have any specific tools available in terms of treatment following cocaine consumption. Infarctions, strokes or temporary psychiatric problems are treated using methods which do not distinguish between their etiological factors. The issues of screening and of the need to manage underlying addictive problems nevertheless arise, but are dealt with in very different ways according to the disciplines concerned, the situations in which treatment is sought and provided or the profile of drug users themselves. Consequently, addictive drug use is often not identified during encounters between health professionals and drug takers when incidents involving health-threatening drug consumption occur.

The "specialized actors", depending on their professional identity, use various strategies to confront addiction problems. In the absence of a consensus on treatment, most of actors respond in a non specific way to the problems created by cocaine use. Only a small group of actors has responded with more specific therapeutic approaches to deal with the clinic consequences of addiction to cocaine. Some practitioners go as far as experimenting, mostly in an empirical mode, pharmacological treatments aimed at addictology problems.

Thus, a number of practitioners recommend the prescription of psychostimulants such as Ritalin®, (methylphenidate), or Modiodal® (modafinil) to cocaine addicts, with the aim of treating pre-existing problems such as hyperactivity among adults for example. Somewhat easier to deploy, Mucomyst® (acetylcysteine) which has been the subject of a number of studies during recent years, is today being used in several hospitals.

Epitomax (topiramate) is frequently mentioned as being used to reduce craving or to support a total cessation of drug consumption. After having experimented with it, a number of psychiatrists prefer atypical antipsychotics such as Abilify® (aripiprazole), Solian® (amisulpride), Zyprexa® (olanzapine) or Risperdal® (risperidone). However, a question mark hangs over the use of antipsychotic drugs in the treatment of cocaine addicts. In France, just as elsewhere, there is no consensus concerning the use of specific drugs for the treatment of cocaine consumers[3].

While awaiting further recommendations, for the time being other practitioners are using more "traditional" drugs which tend to target symptoms when treating the consequences of abuse through the consumption of benzodiazepine compounds, opioids or neuroleptic sedatives.

Various treatment methods, which are scarcely used here in France in the addictology field such as cognitive-behavioural therapy (CBT) and to a lesser extent acupuncture, are also encountered, albeit on a marginal basis. In the absence of substitution treatments, psychoeducational solutions play a major role in on-going treatment programmes.

### Difficulties encountered when working with cocaine users

Over the last decade, a number of measures have been launched in order to manage the way in which drug addicts are welcomed and

1. The definitions of the terms are those of Philippe-Jean Parquet (1998), Aviel Goodman (1990), Albert Ogien (1995) and Robert castel (1998) respectively.

2. These included the CSSTs (Specialised treatment centres for drug users), CCAAs (Alcohol outpatient treatment centres), CSAPAs (Addictology treatment, support and prevention centres), the hospital addictology service, ECIMUD and CAARUD, with this group covering the sociohistorical differences influencing the images and practices analysed in the study.

3. Recommendations from the Haute Autorité de Santé concerning this particular point are expected for late 2009.

processed in hospitals, in order to encourage access to treatment. However, there still remains a problem with drug users living in precarious circumstances and consuming cocaine, many of whom are polydrug users, due both to the behavioural problems of the users themselves and the manner in which they are handled by health professionals (i.e. inappropriate settings and preconceptions). The treatment of patients suffering from multiple addictive, somatic, psychiatric and social problems makes it very difficult to support and assist them, and health professionals do not find it easy to provide help and guidance for this particular population group. Paradoxically, those drug users with an important job (accounting for a certain proportion of problem drug users) also have difficulty finding enough free time to receive treatment.

Finally, compulsive behaviour results in constant changes to the users' order of priorities, with the result being that it is difficult to persuade them to see a course of treatment through to the end.

## "Common knowledge" and the opinions of healthcare professionals

### The dual image of cocaine users

Generally, health professionals tend to see cocaine users as falling into two major social categories, these being the comfortably off and those living in precarious conditions, represented by the crack addict or polydrug user. These two extremes and the emergence of two distinct groups, (on the one hand the polydrug addict and on the other the cocaine addict) tend to overshadow the large proportion of socially well integrated users who nevertheless experience problems due to their cocaine use.

Well known from the history of heroin, the image of the drug user (today represented by the polydrug user) is an archetype well rooted within society. We are currently witnessing the emergence of the stereotypical cocaine addict, who is now becoming a completely separate category in his own right, transcending all variations in the profiles of cocaine users. This individual, (as mythical as the "drug user" character) combines several characteristics and factors mentioned by health professionals in a patchy and fragmented manner including money and power. He also symbolises certain environments including the world of show business, politics, journalism and intellectual activities in general, not forgetting the business world. Cocaine use occurs in widely varying environments and situations, whether these are professional, sporting, festive or sexual, wherever performance and excitement are demanded.

As a figure midway between the North American "cracker" and the Parisian "crackeur", the "crackés" of Martinique conjure up images and opinions among health professionals similar to those prevailing for drug users in mainland France. If violence and prostitution were once the key trademarks of heroin users, these attributes are today associated with the crackeurs. In both Martinique and mainland France, due to the fear they inspire, drug addicted patients continue to be highly stigmatised within the hospital sector, which has a major impact upon the relationship between the care providers and care recipients. It appears that the modern day crack user has assumed the former stereotype of yesterday's heroin addicts.

This logic dictates that there is a major difference between the "cocaine users" and the polydrug users, with one group originating from the "nice parts of town" and the "trendy districts" while the others inhabit the "swamp" and the "northern Paris squats". The two groups also differ when we examine the products they use and the way in which they use them, with one group preferring "powder" and the other opting for "rock", with the coke sniffer being distinct from the crack injector or smoker. For the first group, coke means fun and partying. For the second group it simply means addiction. These images and popular misconceptions largely obscure the "reality" of cocaine consumption.

### The largely unknown nature of the cocaine phenomenology

The portrayal of cocaine as a "party drug" which is "not particularly dangerous" also prevails among a certain number of health staff, including specialists. The dramatization of the most problematic consumption methods (crack and injection) has tended to downplay the dangers of administering the drug via the nasal passage. For a significant number of staff and professionals we met, the "person + problem + cocaine" concept is immediately associated with the polydrug user, which is tending to reduce the extent to which cocaine is viewed as a problem drug.

Furthermore, the differences and similarities between cocaine, crack and freebase have not yet been fully taken on-board by a number of professionals. Their usage methods and their role as a source of problems are not always sufficiently well identified. Generally speaking, the cocaine phenomenon, which is based around craving, has not been fully appreciated by numerous professionals whose opinions are excessively influenced by their knowledge of opioids and centred on the notion of physical dependency. The absence of "physical" dependency makes the problems of dependency with cocaine less clear-cut, and consequently harder to identify. Approaching the matter from an opioid-centric standpoint results in interpretation errors and misunderstandings. This "common knowledge" (which is inappropriate where cocaine is concerned) has influenced medical practices and certainly does not encourage a closer relationship with users and a successful partnership between care providers and care recipients.

### Differing goals

In the field of addictology in general and for cocaine problems in particular, the general goals of treatment programmes may vary. For a number of professionals, controlling the user's drug consumption is an acceptable goal while others consider abstinence to be the only viable therapeutic objective. In all cases, the idea of proposing solutions which match the needs expressed by the patient at various stages in his treatment is a goal shared by a number of the clinical practitioners interviewed.

Some of these professionals consider that the aim should be to "isolate the consumer from his environment" during times of crisis in order to improve the situation from a somatic, psychiatric and social viewpoint and also to enable the patient to "take stock". On the other hand, others feel that these "clean break" stays within the health system serve no purpose as "a relapse is inevitable" the moment the stay ends. As they see it, it is important to avoid the development of a negative attitude concerning both the addict's self-image and his willingness to seek treatment, brought on by a failure to stay the course. Amid these disagreements, it is the most general theoretical models which have influenced addictology treatment and which are heard most clearly.

## Problems, sources of help and the image of drug users

### Problems encountered from the viewpoint of drug users seeking treatment.

Apart from in Martinique, prescriptions for opioid substitution treatment are often issued in response to requests for treatment from large numbers of problem cocaine users. For the polydrug users turning to addiction treatment programmes for help, the problem of cocaine can be masked through the prescription of opioids. This is not the case for a number of well integrated users, or those from comfortably off backgrounds, who tend to contact schemes which have highlighted their specific programmes aimed at dealing with cocaine-related problems.

The main problems highlighted by users concern bouts of intensive and compulsive consumption with all the mental and social problems they entail. Despite being "depressed", paranoid", "anxious", "in debt" and "tired", it is above all an exhausted drug user who emerges from bouts of consumption of varying scales. Where mental and social factors are concerned, it is the compulsive aspect which causes many of the problems of which the users complain most frequently.

### Attitudes, opposition to treatment and self-preservation

A failure to recognise the problems resulting from cocaine abuse and addiction is one of the leading factors preventing users from joining one of the specialised treatment programmes.

A crisis situation in the user's life is not necessarily enough to persuade the individual of the need to tackle an addiction problem, even when he or she suffers the accompanying health and social consequences. The person concerned must be able to relate these harmful consequences to a cause in the form of drug addiction or drug abuse. The "opioid model" often reduces these notions to their physical dimension. In such a scenario, mental dependency is not always identified as an addiction. However, the users constantly stress this mental aspect generally associated with cocaine, in comparison

with opioids. Although the craving is completely identical for all users, it is not connected to the physiological aspects encountered in opioid dependency cases. Even somatic problems will not necessarily result in requests for anti-addiction treatments, including in cases in which the seriousness of the situation has resulted in emergency care being issued.

Users come up with strategies to deal with the compulsive nature of their consumption and its resulting consequences. When the mental, economic and physical warning signs begin flashing, they "ease off" a little, enabling them to avoid extreme crisis situations. Heart and lung symptoms or migraine headaches are often viewed as "normal" consequences of cocaine use. Users are often unaware of the somatic risks related to overdoses. This lack of knowledge frequently means that they will not contact a doctor, thereby increasing their risk of cardiovascular problems or strokes.

For the most comfortably off users, the cost of their drug consumption is not an immediate problem, and neither is access to anti-drug programmes when treatment becomes a dire necessity. For the other uses, deliberate delinquency and lifestyle changes precede and follow the user's exposure to the drug and the "coming down" phases, requiring a considerable commitment from family and friends, when it becomes necessary to "manage" the person for a set period of time.

### Difficulties with the health professionals approached

Difficulties in discussing the problems related to cocaine usage are a result of numerous factors concerning both users' attitudes and the preconceptions held by health professionals. Firstly, as many users do not view it as a real drug addiction, cocaine use does not require a consultation with a doctor, all the more so since the user believes that the doctor concerned only has opioid substitution treatments in his anti-drug arsenal. For polydrug users benefiting from a prescription for a substitution treatment, it is widely believed that openly declaring a cocaine habit may result in the prescription being cancelled. Furthermore, a number of GPs do not consider themselves in a position to issue the necessary treatment and immediately refer the user to a specialist. For their part, a number of specialists do not possess sufficient knowledge of the health problems brought on by cocaine to enter into a genuine dialogue with the user, who in turn feels that no one else understands what he is experiencing with his cocaine problem. Finally, the belief that no therapeutic solution exists does not encourage users to come forward and talk about their problem.

## Conclusion and outlook for the future

This qualitative exploratory study, the first of its kind in France, clearly shows the harm caused by the problem use of cocaine at a time when its circulation is rising. It demonstrates that users encountering health or social problems related to this drug are not inclined to seek assistance from the treatment programmes. This observation applies to problems of abuse and dependency and for the resulting somatic and mental problems. Apart from critical emergencies or extreme psychiatric situations (in which the user's friends or family request assistance and treatment for him), being addicted to cocaine or experiencing vascular or neurological problems related to cocaine use is not currently seen as grounds for a specialised consultation as frequently as is the case for opioids.

These results should make it possible to change a number of attitudes and impressions concerning cocaine use and its resulting consequences, which are far from being as "everyday" as some people may imagine. However, qualitative data cannot teach us about the frequency of the impacts described here. It will be necessary to accompany this by quantitative-type studies in future.

This work records the various meetings between care staff and users and the conditions which made this possible, but at the same time also examines the underlying attitudes which typically prevent such meetings from taking place. Despite this, users often come along to request assistance and the health professionals seek to offer a response, with some not being afraid to experiment with new solutions. Thanks to the experience of these healthcare professionals, gained in widely varying local real-life situations at a time when institutional solutions are experiencing great change, this study demonstrates the manner in which cocaine use is changing the popular perception of drug addicts while also giving specialised treatment systems an opportunity to carry through the changes initiated several years ago.

For health professionals, improvements in their knowledge of the specific uses of cocaine and raising the profile of the programmes offering possible solutions are two factors which may improve access to treatment. Changes in attitudes are needed among users too, and particularly a change in the misconception that there is no such thing as a cocaine addict or that there is no treatment for dependency even when it is recognised. This is an important point as the user develops a range of strategies for dealing with somatic difficulties or extreme psychiatric problems in addition to the consequences of his addiction, with these strategies having no place for drug treatment schemes. These attitudes can fuse together in what Maria Caiata Zufferey[7] described as self-preservation strategies, based among other things on regulating and planning drug taking sessions or temporarily leaving the area in which the drugs are consumed.

However, the creation of permanent "isolation" zones in which users can quickly "cut themselves off" from exposure to the product when they find themselves being carried away by rampant consumption, or the introduction of pharmacological treatments making it possible to attenuate the compulsive aspect of cocaine use may offer solutions to the main problems. As not all users possess the economic, social and family support which make this kind of "self-preservation" possible, it can certainly be argued that it is the responsibility of the health and social programmes to take over.


**Bibliography**

[1] Legleye S., Spilka S., Le Nézet O., Laffiteau C., « Les drogues à 17 ans Résultats de l'enquête ESCAPAD 2008 », *Tendances* n° 66, OFDT, juin 2009.

[2] Olivier De Sardan J.-P., « La politique du terrain. Sur la production des données en anthropologie », *Enquête*, 1, p. 71-109, 1995.

[3] Kaufmann J.-C., *L'entretien compréhensif*, Paris, Nathan, 1996.

[4] Bello P.-Y., *et al.*, *Phénomènes émergents liés aux drogues en 2002*, OFDT, juin 2003.

[5] Palle C., Vaissade L., « Premiers résultats nationaux de l'enquête RECAP », *Tendances*, 2007, n° 54, 6 p.

[6] Palle C., Lemieux C., Prisse N., *Les centres spécialisés de soins aux toxicomanes en 2005*, 2007, Saint-Denis, OFDT/DGS, à paraître.

[7] Caiata M., « Le consommateur intégré : entre adaptation à la réalité et production de la réalité », in Faugeron C., Kokoreff M., *Société avec drogues. Enjeux et limites*, Erès, 2002, p. 63-77.



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