

Cocaine, treatment and public health: A case study in Merseyside & Cheshire

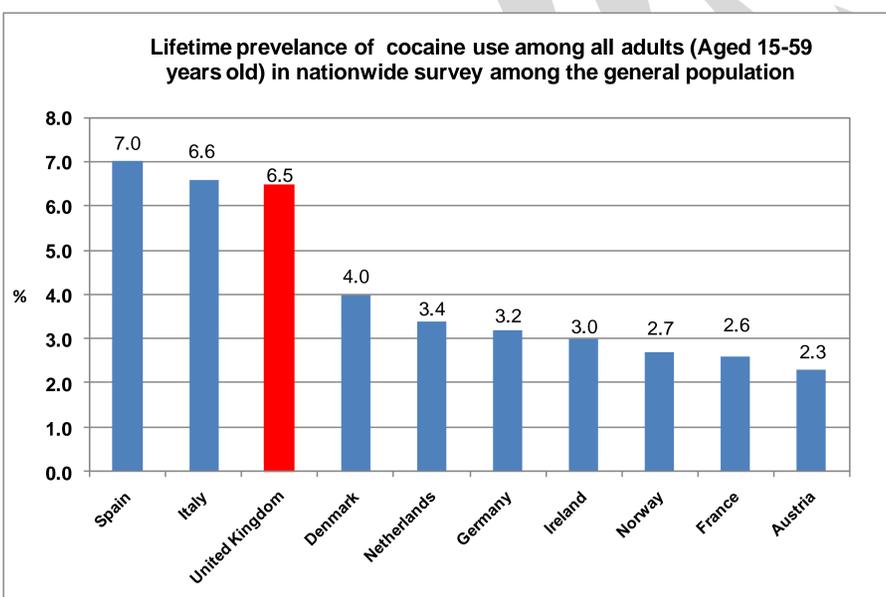
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Background

Originating from the coca plant in South America, the prevalence of cocaine use has increased in recent times and it has become a global commodity. It is the second most trafficked illicit drug in the world, after cannabis, with world seizures in 2006 amounting to 706 tonnes (EMCDDA, 2008).

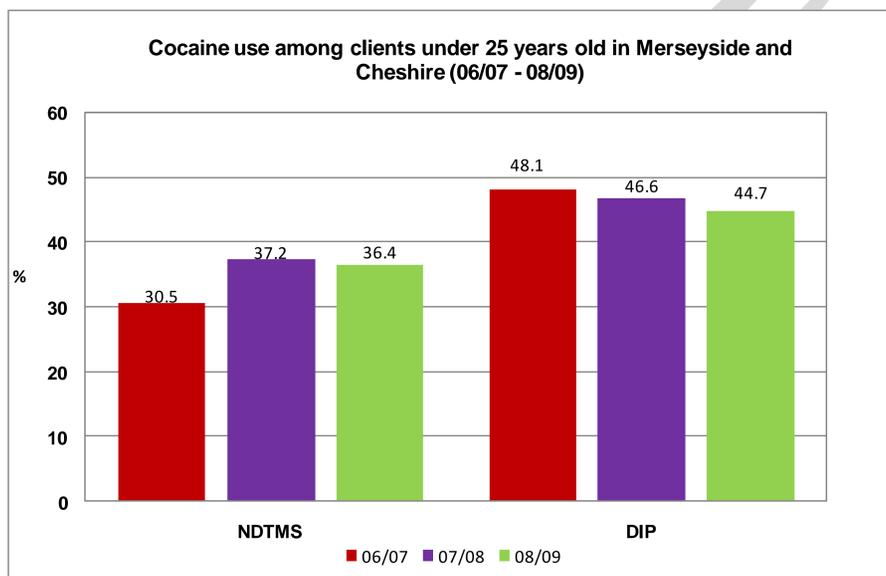
General population surveys show an increase in cocaine use in many European countries, especially among young people, though this may now be slowing in countries with the highest rates of use. Indicators of cocaine availability in Europe, including seizures of the drug and amounts seized have also increased dramatically in recent years, with the demand for treatment for cocaine use increasing substantially in recent years in some European countries.

There is evidence to suggest that the proportions of adults (15-64 year olds) in the UK using the drug are within the top 5% in Europe (EMCDDA, 2007) and the 2008/9 British Crime Survey found that 3.0% of adults had used cocaine in the past year compared to 2.3% in 2007/8 (Hoare, 2009).



Aims & Method

The data used for this analysis was taken from forms for Merseyside and Cheshire clients on the National Drug Treatment Monitoring System (NDTMS) and also from forms completed for the Drug Interventions Programme (DIP) over a three year period between 2005/06 and 2008/09. The reported drug use of clients in both sets of data was monitored and collated over this period, and where possible contrasts and comparisons were drawn.



NDTMS Data

There was an increase in reported cocaine use among clients presenting to NDTMS between 06/07 (16.0%) and 07/08 (17.9%). However, a slight decrease in use was reported between 07/08 and 08/09, where 17.6% of those presenting used cocaine.

A similar trend was evident when looking at clients under the age of 25 presenting to NDTMS over the same time period. There was a proportional increase in cocaine use between 06/07 (30.5%) and 07/08 (37.2%) among this age group but a slight drop was seen when comparing 07/08 to 08/09 (36.4%).

By way of contrast, there was a steady increase seen over the three years in those NDTMS clients aged between 25 and 29 who stated that they used cocaine. A quarter of clients (25.0%) in this age group reported its use in 06/07, this rose to 30.3% in 07/08 and again to 32.3% in 08/09.

DIP Data

There was also a proportional increase in reported cocaine use among clients presenting to DIP between 06/07 (35.0%) and 07/08 (45.8%). In contrast to NDTMS data, this increase was again evident between 07/08 and 08/09, where over half (50.4%) of those presenting to DIP teams across Merseyside used cocaine.

However a slightly differing trend was evident when looking at clients under the age of 25 presenting to DIP over the same time period. There was a slight proportional decrease in cocaine use between 06/07 (48.1%) and 07/08 (46.6%) among this age group and this pattern was replicated in 08/09 where 44.7% of those under the age of 25 that were assessed by DIP used cocaine.

By way of contrast, there was a proportional increase seen between 06/07 (19.5%) and 07/08 (22.4%) in DIP clients aged between 25 and 29 who stated that they used cocaine and while there was a slight proportional decrease in 08/09 (21.8%), it should be noted that actual numbers using cocaine in this age group increased between 07/08 and 08/09. It should also be noted that there was a proportional increase between 06/07 (3.1%) and 08/09 (5.3%) among clients presenting to DIP that were aged 45 and over.

Summary

Research from Merseyside and Cheshire in the North West of England has found an increase in the stated use of cocaine amongst those coming into contact with both DIP and structured drug treatment over recent years, although this increase appears to have stabilised in the most recent reporting year.

Whilst cocaine use is often associated with younger people, the proportion of clients under the age of 25, both in treatment and in the DIP process has fallen in recent years. In contrast, there have been increases in the proportions of older clients, particularly those aged between 25 and 39 who state cocaine use and have presented either to DIP or structured treatment.

Furthermore it is the case that relatively few individuals who test positive for cocaine (and not opiates) within custody suites have been in contact with treatment, with a large proportion of those individuals also stating drinking alcohol at potentially harmful levels. Cocaethylene, a cocaine metabolite, is produced when cocaine mixes with alcohol in the body and this chemical can have harmful physical effects. Furthermore, using cocaine with alcohol can increase blood levels of cocaine by as much as 30% and this behaviour can have serious public health issues.

Using last year prevalence amongst young adults as an indicator of trends in levels of recent use, cocaine use has increased considerably in several European countries and with it the demand for cocaine treatment appears to be continuing. Between 2002 and 2006, the proportion of new clients demanding treatment grew from 13% to 25%. This is something which treatment providers in Merseyside and Cheshire need to be aware of as the same patterns of cocaine use are being demonstrated here.

Conclusions & Recommendations

The results of this research have important public health and treatment implications:

- Cocaine use appears to be stabilising in this area.
- It is not just younger individuals that are taking cocaine. While information campaigns like FRANK have focussed mainly on younger adults, there is a clear need for harm reduction messages around cocaine to be tailored to older adults also.
- The evidence suggests that people are using alcohol concomitantly with cocaine and this practice could have significant public health issues due to increased toxicity from simultaneous use of these substances. It is important that teams educate clients around the dangers associated with combined alcohol and cocaine use.
- Few clients testing positive for cocaine are actually in treatment. Socially integrated powder cocaine users need to be better informed about cocaine related risks. They may however be reluctant to initiate or continue treatment and feel there is a stigma attached to users attending such services. Therefore it is important that any misconceptions they may have about services being similar to that for more problematic drug users can be allayed when contact is made.

References

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