Crack addiction is a very serious and sometimes life threatening dilemma. Not only is it difficult for the addict, it is extremely hard on those around them who care about them. For the addict, admitting they have an addiction problem can be difficult. However painful this may be, it must be acknowledged as the first gradient to overcoming the problem. The next hurdle is being willing to seek & accept help from an addiction professional. It can be hard for an addict to confront the fact that they can not do it alone. Once this fact is accepted, it is time to seek the appropriate professional treatment. Drug rehab programs based on the social education modality are highly successful. This means that individuals who are recovering from Crack addiction are not made wrong for their past indiscretions, but are taught how to avoid future ones. They are provided with knowledge on how to change their lives and how to live comfortably without Crack. Receiving treatment for addiction should be done in a safe & stable environment that is conducive to addiction recovery. Research studies show that residential treatment programs of at least 3 months in duration have the best success rates. 3 months may seem like a long time, but one day in the life of an individual addicted to Crack can feel like an eternity. Addiction is a self imposed hellish slavery. The chains can be broken people do it everyday. You can be free!

Drug rehabilitation is a multi-phase, multi-faceted, long term process. Detoxification is only the first step on the road of addiction treatment. Physical detoxification alone is not sufficient to change the patterns of a drug addict. Recovery from addiction involves an extended process which usually requires the help of drug addiction professionals. To make a successful recovery, the addict needs new tools in order to deal with situations and problems which arise. Factors such as encountering someone from their days of using, returning to the same environment and places, or even small things such as smells and objects trigger memories which can create psychological stress. This can hinder the addict’s goal of complete recovery, thus not allowing the addict to permanently regain control of his or her life.

Almost all addicts tell themselves in the beginning that they can conquer their addiction on their own without the help of outside resources. Unfortunately, this is not usually the case. When an addict makes an attempt at detoxification and to discontinue drug use without the aid of professional help, statistically the results do not last long. Research into the effects of long-term addiction has shown that substantial changes in the way the brain functions are present long after the addict has stopped using drugs. Realizing that a drug addict who wishes to recover from their addiction needs more than just strong will power is the key to a successful recovery. Battling not only cravings for their drug of choice, re-stimulation of their past and changes in the way their brain functions, it is no wonder that quitting drugs without professional help is an uphill battle.

Q.) What is crack cocaine?
A.) The chemical cocaine hydrochloride is commonly known as crack. Some users chemically process cocaine in order to remove the hydrochloride. This process is called “freebasing” and makes the drug more potent. “Crack” is a solid form of freebased cocaine. It is called “crack” because it snaps and cracks when heated and smoked.

Since crack is an already prepared form of freebased cocaine, the user does not have to buy the equipment or be exposed to the explosive chemicals associated with freebasing. Crack is most often packaged in vials or plastic bags and sold in small quantities, usually 300-500mg or enough for two to three inhalations.

In the 1970s cocaine was expensive and considered a “status” drug. The introduction of inexpensive crack increased the accessibility of this substance, and crack has become the drug of choice for many drug users,
especially inner-city disadvantaged youth. Crack’s convenience, ease of concealment, wide availability, and low cost has increased its use. The fact that it is smoked rather than snorted or injected (ingestion methods associated with the stigma of being a “junkie”) has contributed to its popularity.

Q.) What is the difference between crack and cocaine?

A.) Crack is made from cocaine in a process called freebasing, in which cocaine powder is cooked with ammonia or sodium bicarbonate (baking soda) to create rocks, chips, or chunks that can be smoked. The term crack refers to the crackling sound that is heard when the mixture is smoked. Crack is usually smoked in a pipe. Because it’s smoked, crack cocaine effects are felt more quickly and they are more intense than those of powder cocaine. However, the effects of smoked crack are shorter lived than the effects of snorted powder cocaine.

Q.) How is crack used?

A.) The same way that freebase is used, namely, by placing the substance in a glass pipe (or hash pipe) with a fine mesh screen under it, then heating it and inhaling the vapors. The vapors of the freebase are absorbed through the lungs into the bloodstream and transported to the brain within 10-15 seconds. One inhalation will produce a degree of intoxication usually lasting 10-15 minutes.

Q.) What are the physical effects of crack cocaine addiction?

A.) Below is a list of physical effects of crack addiction:

Changes in blood pressure, heart rates, and breathing rates
Nausea
Vomiting
Anxiety
Convulsions
Insomnia
Loss of appetite leading to malnutrition and weight loss
Cold sweats
Swelling and bleeding of mucous membranes
Restlessness and anxiety
Damage to nasal cavities
Damage to lungs
Possible heart attacks, strokes, or convulsions

Crack is particularly dangerous for several reasons:
Crack is inhaled and rapidly absorbed through the lungs, into the blood, and carried swiftly to the brain. The chances of overdosing and poisoning leading to coma, convulsions, and death are greatly increased. Crack’s rapid rush—5 to 7 minutes of intense pleasure—quickly subsides, leading to depression that needs to be relieved by more crack. This cycle enhances the chances of addiction and dependency. Because of the brief high, users are constantly thinking about and devising ways to get more crack. Psychologically, the drug reduces concentration, ambition, and drive, and increases confusion and irritability, wreaking havoc on users’ professional and personal lives. Habitual use may lead to cocaine psychosis, causing paranoia, hallucinations, and a condition known as formication, in which insects or snakes are perceived to be crawling under the skin. The paranoia and depression can instigate violent and suicidal behavior. The side effects of adulterants increase cocaine’s risks. The drug is often cut with one or more of any number of other substances, such as the cheaper drugs procaine, lidocaine, and benzocaine, and substances that pose no serious risks, such as sugars (mannitol and sucrose), or starches. However, when quinine or amphetamines are added, the potential for serious side effects increases dramatically.

Q) When are the effects felt from smoking crack?

A) Facilitated by the large surface area of the lungs’ air sacs, cocaine administered by inhalation is absorbed almost immediately into the bloodstream, taking only 19 seconds to reach the brain. However, only 30 to 60 percent of the available dose is absorbed due to incomplete inhalation of the cocaine-laden fumes and variations in the heating temperature.

Crack smokers achieve maximum physiological effects approximately two minutes after inhalation. Maximum psychotropic effects are attained approximately one minute after inhalation. Similar to intravenous
administration, the physiological and psychotropic effects of inhaled cocaine are sustained for approximately 30 minutes after peak effects are attained.

During the early use of crack the effects include:

- Magnification of pleasure, euphoria
- Alertness and in some cases - hyper-alertness
- Increased and sometimes a (grandiose) sense of well being
- Decreased anxiety
- Lower social inhibitions: more sociable and talkative
- Heightened energy, self-esteem, sexuality and emotions aroused by interpersonal experiences
- Appetite loss; weight loss

After compulsive use the effects of crack are:

- Extreme euphoria - “mental orgasm”
- Uninhibited
- Impaired judgment
- Grandiosity
- Impulsively
- Hyper sexuality
- Hyper vigilance
- Compulsivity
- Extreme psychomotor activation/agitation
- Anxiety; irritability; argumentative
- Transient panic
- Paranoia
- Terror of impending death
- Poor reality testing; delusions
- Extreme weight loss

Q) How does crack work?

A) Crack works on the automatic nervous system. The automatic nervous system controls the sympathetic system which speeds everything up such as the heart and breathing. The autonomic nervous system also controls the para-sympathetic system which does the exact opposite (slows things down). This is why when people smoke the crack they get hyper. Crack works by one of the brains neuro transmitters releasing all the dopamine at once (dopamine is a chemical in the brain which releases feelings of pleasure. When we laugh a slight amount of dopamine is released and this makes you feel good). After this dopamine has been released, Crack can, in some cases, block the re-uptake of the dopamine. If this happens the person will now find it a mission to get any sort of pleasure.

Q) What complications are associated with smoking crack during pregnancy?

A) Crack and Pregnancy:
- increased incidence of still births
- increased incidence of miscarriages
- premature (often fatal) labor and delivery
- in males, the cocaine in crack may attach to the sperm causing damage to the cells of the fetus.
- babies exposed to cocaine experience painful and life threatening withdrawal, are irritable, have poor ability to regulate their own body temperature and blood sugar and are at increased risk of having seizures.
- Effects of Crack on the Fetus:
  - seizures or strokes
  - cerebral palsy
  - mental retardation
  - vision and hearing impairments
  - urinary tract abnormalities
  - autism and learning disabilities

Q) How widespread is cocaine and crack addiction?

In 1997, there were approximately 1.5 million regular users of crack cocaine or powdered cocaine.
- 1-tenth of the population - over 22 million people have tried cocaine or crack cocaine.
- Each day 5,000 more people will experiment with cocaine or crack cocaine.
- Cocaine is a $35 billion illicit industry now exceeding Columbia’s #1 export, coffee.
- 1 in 10 workers say they know someone who uses cocaine or crack cocaine on the job.

Q) What are the legal consequences of crack cocaine?
A) Crack cocaine is the only drug for which the first offense of simple possession can trigger a federal mandatory minimum sentence. Possession of 5 grams of crack will trigger a 5 year mandatory minimum sentence. “Simple possession of any quantity of any other substance by a first-time offender-including powder cocaine-is a misdemeanor offense punishable by a maximum of one year in prison.” (21 U.S.C. 844.)


In federal court today, low-level crack dealers and first-time offenders sentenced for trafficking of crack cocaine receive an average sentence of 10 years and six months. This is:

--only 18% less than the average prison sentence received by those who committed murder or manslaughter (153 months);
--59% longer than the average prison sentence received by rapists (79 months);
--38% longer than the average prison sentence received by those guilty of weapons offenses (91 months).


The Sentencing Commission also notes a problem regarding “prosecutorial and investigative sentencing manipulation. For example, because powder cocaine is easily converted into crack cocaine and because the penalties for crack cocaine offenses are significantly higher than for similar quantity powder cocaine offenses, law enforcement and prosecutorial decisions to wait until powder has been converted into crack can have a dramatic impact on a defendant’s final sentence.”