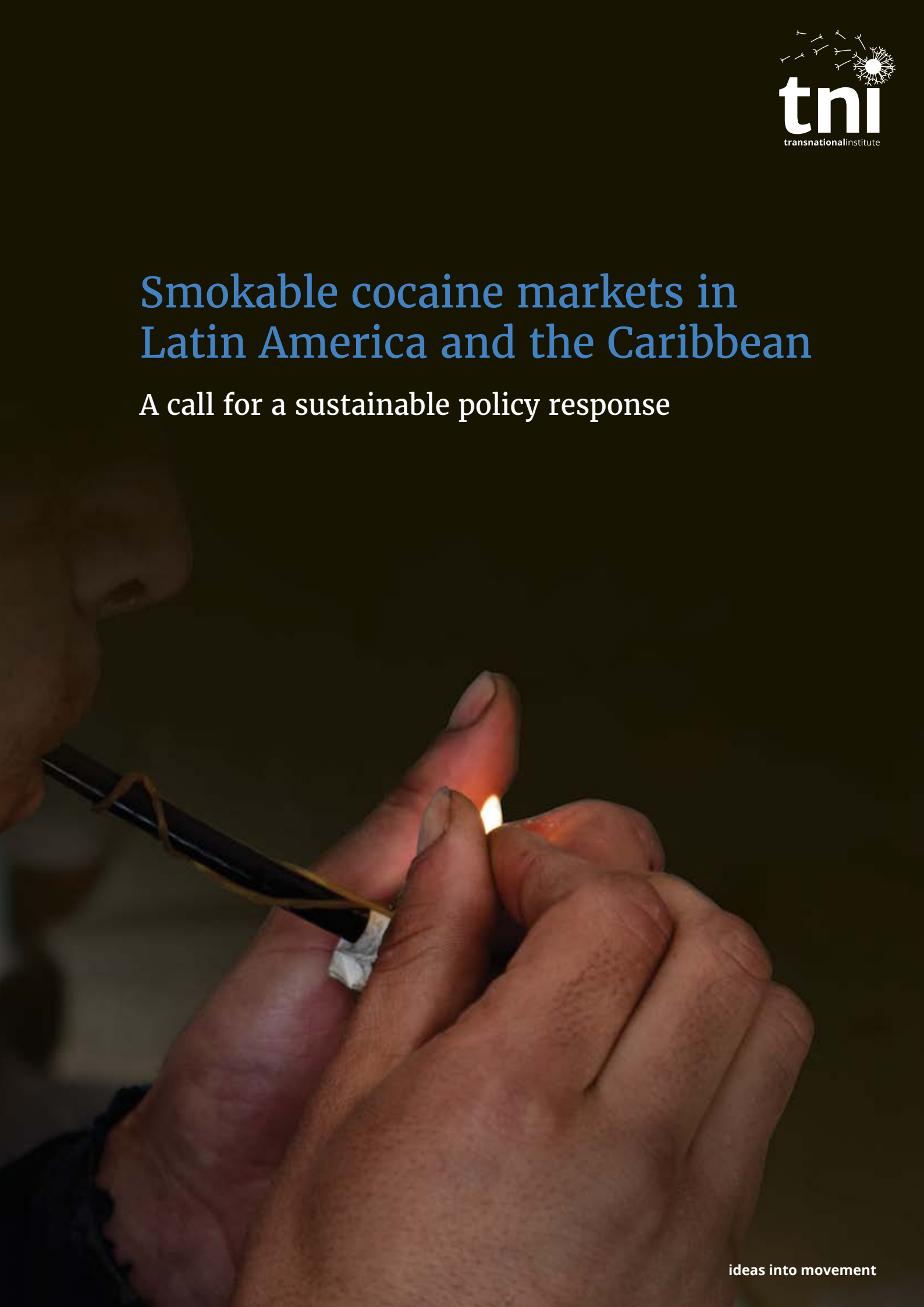
Smokable cocaine markets in Latin America and the Caribbean

A call for a sustainable policy response



ideas into movement

AUTHORS:
Ernesto Cortés and Pien Metaal

EDITOR:
Anthony Henman

DESIGN:
Guido Jelsma - www.guidojelsma.nl

COVER PHOTO:
Man smoking crack pipe Colombia, L. Niño.

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TRANSNATIONAL INSTITUTE (TNI)

De Wittenstraat 25, 1052 AK Amsterdam, The Netherlands
Tel: +31-20-6626608, Fax: +31-20-6757176
E-mail: drugs@tni.org
www.tni.org/drugs

@DrugLawReform
Drugsanddemocracy

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Introduction

Different substances (coca paste, cocaine base, cocaine free base) are referred to as "smokable cocaine", a term which necessarily encompasses not just the drug itself, but also its method of administration. These forms of cocaine are generally perceived to be among the most problematic psychoactive stimulants - both for their users[1], and for society as a whole. They are commonly referred to as "the most harmful drug", and considered not just a threat to public health, but also to public security in the urban centres of many large cities. As a result, its users are frequently subject to hostility and stigmatization.

While in South-East Asia methamphetamines are the most problematic stimulant,[2] these have hardly appeared in the Latin American and Caribbean markets, with the notable exceptions of contemporary Mexico, and the short-lived heyday of "Pervintin", manufactured legally in Paraguay in the 1960s. In Latin America and the Caribbean – the geographical area which this study is focused on – the public outcry and sense of alarm over smokable cocaine use has become distinctly louder over the past decade. In the absence of effective policy responses, there is an obvious need to advance in designing and implementing effective and humane initiatives to address this phenomenon. This fact has motivated the present report and will run through it as a guiding principle.

The smokable cocaine market was established decades ago, and is definitely not a new phenomenon. Rather than disappear, it is undergoing a slow expansion: from constituting a rather localized and isolated habit in the Andean region in the 1970s, its reach has extended in all directions, throughout North and South-America, including the Caribbean and Central American regions. Societies in the Americas have coexisted with smokable cocaines for over four decades, but - surprisingly - there is a dearth of research on the development of the market, or much first-hand evidence of how this substance is actually commercialized and used by millions of people in the region. Levels of use are difficult to estimate because a substantial portion of the people using smokable cocaine are from socially marginalized groups, which are not well captured by household surveys.

With few exceptions, the local and national governments' reaction to this phenomenon - as, indeed, to illicit drugs in general - can only be described as repressive, if not punitive. User communities are amongst the most difficult populations to reach by health authorities, and often lack access to the most basic services. The underlying reasons for this situation have been at the centre of our research. Public representations of the use of smokable cocaine, as reflected in media reports, employ strongly dehumanizing language to refer to this population, while grass root initiatives providing services to users are often met with scepticism and scant official cooperation. In many places there is a clear disparity in both sentencing levels and the number of arrests for powder cocaine and crack cocaine, with the latter being much more heavily penalized. Smokable cocaine use is even looked down upon by most drug users themselves.

The World Drug Report (WDR) of 2017, issued by the United Nations Office on Drugs and Crime (UNODC), alerts that "in parallel to an increase in the global supply of cocaine, there is an ongoing increase in cocaine use at the global level".[3] This is part of a continuing trend, with cocaine markets "extending beyond their usual regions",[4] according to the subsequent 2018 World Drug Report. In 2013 UNODC and DEVIDA (Peru) published a

Colombian Basuco pipe. L. Niño

study - "Cocaine Pasta Base - Four decades of History, Updates and Challenges"[5] - describing the situation in Peru, the country with the longest-documented use of this substance, providing a base of reference on the subject matter.

The WDR 2018 makes some minor mention of smokable cocaine use, in contrast to the lengthy descriptions dedicated to methamphetamine and cannabis. It is noted that the report includes a textbox regarding the spread of the use of cocaine base paste (CBP), which it uses as a synonym for crack.[6] All statistics in recent WDRs refer to the use of cocaine as a single substance; however, there are good reasons to distinguish between the differential effects and exact compositions of the various forms of cocaine, as well as the varied methods of consumption.

A literature study by the Organization of American States (2014) recognizes the expansion of the smoked cocaine phenomenon, particularly in the Southern Cone of Argentina, Uruguay and Brazil. It concludes "the composition of CBP is complex and varies in different regions and may be related to organ injuries due to use. These, taken together with associated social problems, are issues of concern to public health in these countries, and should be subject to further research and interventions to reduce the negative impact of CBP consumption".

In terms of the current global drug policy debate, a conference paper[7] was presented by the German Government to the 61st session of the Commission on Narcotic Drugs regarding the importance of harm reduction for people who use stimulant drugs. This constituted an attempt to identify policies addressing the use of stimulants, since classic harm reduction has been focused on opiate use. A different road map may serve to stake out the differences and similarities between individual substances and their markets. Much of what will be presented in this report underlines the need to adopt stimulant-specific policies on a broad scale.

Our study starts from the premise that the manner in which any psychoactive substance is administrated determines much of its effect, and thus influences the consequences of its use. Such is the case with smokable cocaine; although there is no real difference in the strictly pharmacological effects of powder cocaine and crack cocaine, their route and rate of absorption are markedly dissimilar. In smoking (or injecting) cocaine, users experience a more intense effect in a much shorter time span. This "rush" is rapidly followed by a sharp decline, and a craving for the next dose. This characteristic underlies the impulsiveness of smokable cocaine use, and often leads to a pattern of binge consumption and other problematic consequences.

Methodological approach

This report reflects a study of the information collected by a network of researchers and street-corner workers assembled by TNI, and conducted from 2014 to 2018. Our objective was to understand how local markets for smokable cocaines in Latin America and the Caribbean are actually functioning. In the first phase, researchers in seven different urban locations from Mexico to Argentina were asked to collect data on the current volume and characteristics of the market, with the aim of creating an overall picture of the current situation. In a second phase, further information was solicited in order to define policy responses to stimulant use, focusing particularly on harm reduction measures.

The underlying reason for undertaking this effort is based on the fact that policy responses in Latin America and the Caribbean tend to be exclusively repressive, being directed at the most visible user communities - those living on the streets, where crack or cocaine base paste users predominate. We aim to draw attention to alternative approaches; grass root initiatives to attend this population with harm reduction interventions, and recommend that such practices achieve recognition when shown to be effective, being translated into public policy.

The other main motivation for this endeavour is that current harm reduction policies are almost exclusively directed toward the use of (injectable) opiates. TNI and its partners are convinced that there should be similar policies applied to the users of stimulants[8]. Unfortunately, many local harm reduction initiatives in Latin America have been closed down in the past few years, despite of their proved effectiveness. Unable to sustain themselves after local subsidies were cut, their expertise should be properly valued, and their worth reconsidered.

Our findings are derived from research in a number of centres: Mexico City, San José (Costa Rica), Lima (Peru), São Paulo and Rio de Janeiro (Brazil), Buenos Aires (Argentina) and the Caribbean islands of St Lucia, Aruba, Bonaire and Curacao. We also had contributions from Bogotá (Colombia), Kingston (Jamaica) and Montevideo (Uruguay). In order to assemble all the information gathered, to discuss it and fill in the missing details, two workshops were held with a group of researchers and/or outreach workers with longstanding experience with smokable cocaines. The first meeting was held in 2016 on the margins of the VI Latin American Drug Policy Conference in Santo Domingo, Dominican Republic, and the second in 2017 at the Reform Drug Policy Conference in Atlanta, USA. Nearly 25 experts participated in these meetings from Argentina, Brazil, Colombia, Costa Rica, Surinam, Dominican Republic, Jamaica, Mexico, Uruguay, Puerto Rico and Saint Lucia.

An extensive literature review of research papers and reports was also part of the methodology. It included documents from different countries and agencies, both at national and international level. Publications were selected for their contribution to the knowledge of the characteristics of smokable cocaines, their markets and the people who use them. Reference to the source of publication, to objectivity in the presentation of the information, and to whether direct field work was carried out with the substance, its users and sellers, was also taken into account. The vast majority of the information published came from Brazil and Uruguay, and to a lesser extent from Colombia, Argentina, Chile, Peru and Mexico; it proved hard to find research or evidence- based information on this topic in Central America and the Caribbean.

Being an exploratory investigation of a polemic subject, a largely qualitative method was preferred to gather and analyse information. Inductive data analysis was carried out, by generating general categories to classify, visualize and understand all the information. These general categories are focused on the description and characteristics of the substance itself, its market and the user populations.

The Substance(s)

There exists considerable confusion about the different forms of the various materials referred to as smokable cocaine. From the outset it is fundamental to realize that one aspect involves the practices of users in administering a substance, and quite another attains to what substance is actually consumed. We will try to unravel this confusion and explain the different varieties that we know to have appeared on the local markets. However, there are still a number of questions that this study cannot answer, for one because substance testing by public health institutions is a far from common practice.

Overall what is smoked can be divided into two similar substances, with more or less identical effects: semi-refined cocaine "base" (normally a sulphate), and free-base cocaine or "crack", produced by reconverting cocaine hydrochloride in a process known in Colombian Spanish as *patraseo,* or "sending back".

The first concerns the intermediate products of the extraction process from the coca leaves to the final product (cocaine hydrochloride); these are known as cocaine paste or cocaine base and are consumed in various shapes and forms. We will refer to these varied substances in this report as cocaine base paste or CBP. These forms of smokable cocaine are most common in areas were coca is grown and processed into intermediate products -e.g. in Colombia, Ecuador, Peru and Bolivia - but have also migrated over the borders to countries in the southern cone of South America (Brazil, Argentina, Uruguay and Chile). Also referred to as *paco* or *basuco* in South America, these names refer to substances that appear in different stages of the extraction process. *Pasta base* is a collective name given to several different forms of smokable cocaine, including various intermediate products of the cocaine preparation process that precede the isolation of cocaine hydrochloride. Already in the early 1990s a number of different products were derived from the intermediate product (See Text Box on page 8)

The second smokable version is produced through a reconversion or cooking of the final product (cocaine hydrochloride) into a base-cocaine. The cooking procedure and

Smokable cocaine in Cochabamba (Bolivia) in the early 1990s

The process of elaboration of cocaine hydrochloride produces several smokable cocaine side-products that differ essentially in the amount of cocaine sulphate they contain and the variable amounts of chemical residues left over from the process.

Coca paste is the first product resulting from the process of refining cocaine hydrochloride. The coca leaves are left to soak in gasoline, kerosene or fuel-oil. Sulphuric acid and a strong alkali are then added to precipitate the substance. The paste thus obtained contains cocaine sulphate in concentrations that range from 30 to 60%; it includes, in addition, residues of the chemicals used in its elaboration.

The coca paste that has the lowest concentration of cocaine sulphate is called *sulfato* and that containing the largest concentration, *base*. The *sulfato* has a penetrating smell and an ochre or off-whitish colour. It is used in cigarettes rolled with tobacco or marijuana, known locally as *pitillo* or *chuto*. It is also smoked in a pipe. The coca paste known as *base* has a white colour and its smell is less intense. It is usually smoked in a pipe, or *toco*, with less tobacco or marijuana. Some users make their pipes with tin-foil paper, and smoke it on its own.

Pasta lavada or "washed base" is obtained by adding hydrochloric acid, and a solvent such as ether or acetone, to the crude coca paste. Together with potassium permanganate, this produces a further precipitation of the alkaloids and most impurities remain excluded, on the surface of the solution. Washed base is white "like snow" and it is estimated that it has the highest content of cocaine sulphate (nearly 90%). It is preferably smoked pure.

Another form of coca paste, known as *chicleada*, on account of its likeness to chewing gum (*chicle* in Spanish), is obtained from the oil that is left over after heating up sulphate and base. This oil is mixed with water while still hot and then allowed to cool and solidify. It has high concentrations of cocaine sulphate.

Sulphate and base are widely commercialised by dealers and both are referred to as coca paste indistinctly. The "washed base" and *chicleada* are refined products and are mainly used by the people involved in the industry. This is because they have access to large amounts of coca paste, and the necessary chemical substances, and also because the very elaboration of these products is part of the quality controls phase in the making of cocaine hydrochloride. The *chicleada* is also obtained from the residues left over from coca paste seized and burned by the law enforcement agencies.

The interviewees also mention another product called *base retrocedida*. This is obtained by heating a solution of ammonia or sodium bicarbonate, and adding cocaine hydrochloride. The product obtained is, in fact, crack and it is smoked in water pipes (free basing) or purpose-built mouth-pieces that allow it to be smoked without tobacco. Users also smoke *base retrocedida* (crack) with tobacco rolling them together to make cigarettes called *pitillos* or *chutos*. They may also smoke it in a pipe made from tin-foil paper called *toco*.

The section above is based on the study *The Natural History of Cocaine Abuse: A case study endeavour*, produced by the Programme on Substance Abuse of the World Health Organisation in September 1995; at the time the largest global study on cocaine use ever undertaken. The conclusions strongly conflicted with accepted drug control paradigms so that almost as soon as the Briefing Kit based on the study started to circulate in the UN corridors, US officials used their full weight to prevent the release of the study. A decision in the World Health Assembly then formally banned the publication of the study. The US representative threatened that "if WHO activities relating to drugs failed to reinforce proven drug control approaches, funds for the relevant programmes should be curtailed". This led to the decision to discontinue publication. Years of work and hundreds of pages of valuable facts and insights about coca and cocaine by more than 40 researchers were, in effect, "burned".

the chemicals used in the process define the two outcome products: one is referred to as freebase cocaine[9], the other one is called crack. These versions are more common in regions where only the final product (cocaine hydrochloride) is available, such as the Caribbean and North America, but – as the example of Cochabamba in the early 1990s shows – they are also available in the original cocaine producing areas. Freebase cocaine preparation requires more steps and more volatile chemicals, but does purify to the highest grade of base cocaine, eliminating most of the cutting agents. It seems, however, to have become a rather esoteric and outdated form of preparation. The most commonly applied and less risky practice is to cook powder cocaine with ammonia or sodium bicarbonate, in order to bring it back to a less pure form of base cocaine, called crack. The resulting substance is chemically similar to coca paste, but without many of the adulterants found in paste. As we will see later, the same names are sometimes used in different places to refer to both products, adding to the confusion.

While this distinction between an intermediate and reconverted substance makes any sample easier to identify - once tested for purity levels, and related geographically to the ambit of local markets - it nevertheless should be noted that the smokable cocaine market has shifted in the past decades, and become much more diverse. No longer is the intermediate product exclusively found in the coca producing areas, nor is the reconversion process limited to geographically distant centres of powder cocaine consumption. Seizures of coca paste in Europe are still rare but have been occurring for some years now, particularly in Spain. And countries where coca is converted into cocaine such as Colombia also see users cooking hydrochloride back to cocaine base, albeit on a limited scale. (See schedule on page 10)

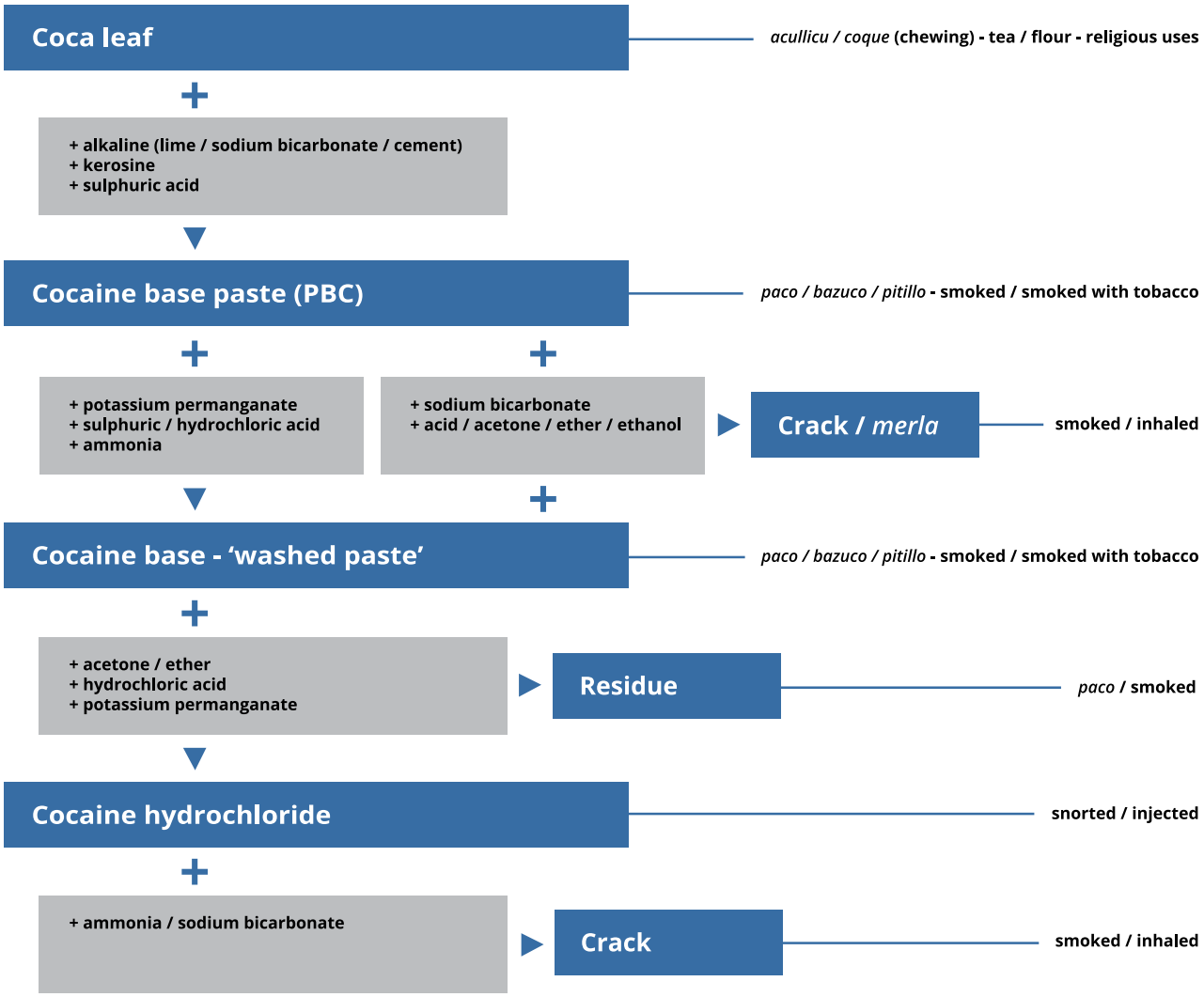
Smokable cocaine is therefore defined as those substances derived from the coca leaf, which after chemical processing, acquire physical and chemical characteristics that allow low melting points, and can be volatilized by sublimation or boiling, using heat. This means a group of different substances and sub products that are part of the cocaine production process, and which appear both during and after manufacture of the refined alkaloid.

The ways the substances are produced, sold and used are culturally and politically shaped, through their prohibition and the

stigma attached to their use. This context makes it difficult to research their market and their clientele. It very hard to know for sure which kind of substance, or what stage of the cocaine production process, we are talking about when we use the concept of smokable cocaine. All we do know that at the moment is that you can find various forms of smokable cocaine throughout the Americas and Europe. In general, proximity to coca growing areas and cocaine labs makes it more likely to encounter the intermediate product coca paste or base (CBP), while one is less likely to find crack cocaine in the same areas. However, adding to the confusion, there are places where CBP is referred to as "crack", particularly in Brazil. As more accounts of CBP smoking appear on the record, often at distances remote from the cultivating and production areas, precise details of street nomenclature may be interchangeable, or fade to insignificance.

The first mentions of the use of smokable cocaine are from Peru, from where it allegedly spread to Bolivia and Ecuador at the beginning of the 1970<<s, followed by Colombia, Chile and Argentina. It is said that in Colombia cocaine producers and the social elite initially took to smoking *basuco*,[10] a custom that diminished as a powder cocaine market was established in and outside the producing countries. It was during the 1980s that the phenomenon of cocaine

Crack / *paco* production process



Around a gram of crack sold in Mexico City. E. Zafra.

smoking appeared with more vigour in other countries of Latin America and the Caribbean. Statistical data confirm this, as many national drug observatories started reporting its use during this time. During the last two decades of the 20th century, countries in the Caribbean and Brazil reported the presence of cocaine base paste in their domestic markets, often to be substituted by crack in the first two decades of the 21st century, as cocaine hydrochloride became more readily available as a source. As we already mentioned, only in Brazil, has CPB remained a factor, being supplied from Peru and Bolivia, and still often erroneously referred to as "crack".

In Argentina and Uruguay the upsurge in the use of *paco* began at the turn of the millennium, and increased exponentially during the economic crises 2002 and 2003, becoming a highly visible health and security issue.[11] Users often describe *paco* as a waste product in the manufacture of cocaine, but it is still unclear - given the absence of thorough chemical analysis - whether in fact it differs significantly from any other cocaine paste. Lacking coca cultivation of their own, Argentina and Uruguay are supplied largely by Bolivia and Peru, which also export CBP to final stage cocaine hydrochloride processing facilities, particularly in the northern provinces of Salta and Jujuy. Formal seizures are consistently low, however, and the CBP/*paco* connection remains opaque.

The name given to the substance changes from country to country, *pasta* in Peru, *pitillo* in Bolivia and *basuco* in Colombia (supposed to be an acronym for *basura sucia de cocaína* or "Dirty Cocaine Trash"),[12] whereas in the southern cone (Chile, Argentina and Uruguay) *pasta base* or *paco* is used. In other countries like Mexico, Central America and the Caribbean - where crack is the only smokable cocaine available - it also called "rock" or "stone" (*piedra* in Spanish and *pedra* in Portuguese). In Brazil it is usually called crack, but in Northern and Western parts of the country *merla* and *oxy* are used, which may denote somewhat different varieties of smokable cocaine.[13] (See schedule on page 10)

The substance can be found in many different colours and textures, depending on their point of origin in the cocaine production process and the compounds used to make

Around a gram of crack sold in Mexico City. E. Zafra.

them, and even within the general categories of crack and CBP there are often significant differences. In Peru for example, CPB has a variable quality and consistency going from a gummy grey substance of uneven consistency (*pasta base*), and at the other end an almost-white dull powder (*pasta lavada*), only distinguishable from cocaine hydrochloride by its lack of a clear crystalline molecular structure and its poor solubility in water. To the naked eye, crack cocaine is usually whiter (and occasionally yellower), as well as being brighter and more crystalline than coca paste. It has a more solid structure, is sometimes almost translucent, and is generally easy to break into small pieces.

Quality is expressed in the most diverse ways, which do not necessarily reflect its chemical composition or cocaine content. In Argentina, for example, users claim that *paco* is the worst quality and that *pasta de coca* is the best, and this has a direct relation to their price. In Costa Rica, quality is identified by users

Percentage of the three main adulterants on smokable cocaines analysed in five different Latin American countries.

Country	Sample size	Adulterant 1	Adulterant 2	Adulterant3
Argentina (2014-2015)	4590	Caffeine 44,8%	Lidocaine 40,9%	Phenacetin 36,9%
Brazil (2011-2014)	642	Phenacetin 94,5%	Aminopyrine 19,1%	Caffeine 6,8%
Chile (2009-2014)	25 175	Phenacetin 29,5%	Caffeine 3,1%	Lidocaine 1,9%
Paraguay (2009-2014)	3175	Phenacetin 43,7%	Paracetamol 26,9%	Lidocaine 22,9%
Uruguay (2014-2015)	306	Phenacetin 84,3%	Caffeine 71,5%	Aminopyrine 29,9%

Source: CICAD 2016

on the basis of colour and consistency, and principally by visible alterations of the product when heated; if it melts completely and becomes a clear oil, it is considered of good quality, whereas any solid white remnants indicate that it was prepared with too much sodium bicarbonate.[14] Many users of smoked cocaine mention that the leftovers stuck to the pipe after many tokes are generally valued as the best quality - in Brazil this residue is called *boja*, in Colombia *terapia* or *cochornia*.

There are not many studies of the chemical composition of smokable cocaines in Latin America. A report from CICAD (2016) presents information from Argentina, Brazil, Chile, Paraguay and Uruguay, clarifying that the methods for the sample recollection and analysis differ from country to country, as do the relevant percentages of cocaine and adulterants present in each substance. Nearly 60% of the samples analysed had adulterants, and in Argentina and Uruguay this figure exceeded 80%.These consisted mainly of caffeine (which also enhances the effects), phenacetin and lidocaine; the following chart gives their relative incidence, with the percentages for each country.

Samples in Uruguay showed that the substances contained cocaine in a variable percentage of 40 to 85%, as well as other chemicals associated with the preparation process such as kerosene, sulphuric acid, and benzoic acid.[15] A study conducted in Colombia with 21 *basuco* samples found that the presence of cocaine base oscillated between 1 and 58%, with an average of 38.8%, while the main identified adulterants were caffeine, phenacetin and levamisole.[16] All the evidence from Latin America on the physical and chemical characteristics of smokable cocaines demonstrates a great variability in appearance, composition, purity, and forms of adulteration. This renders any intervention based on pharmacological substitution extremely problematic, even though there are some interesting treatment experiences using cannabis in Brazil[17], Uruguay and Jamaica[18], and coca leaf in Bolivia[19], Peru and Colombia.

The Users

Research has shown that users of smoked cocaine can be found in all social classes, but undoubtedly people of lower socio-economic status are the most visible population. These are the users who consume in public places and hence are the most vulnerable to legal prosecution, whereas individuals of higher social strata tend to consume in private. This explains in part the climate of social alarm created by the overt public consumption of smokable cocaine, which tends to be concentrated in the highly visible urban areas where users assemble. Male drug use is overall more visible than female drug use; female use tends to be more stigmatized, and thus tends to focus more on a private space.

The main profile reported in several studies of people who smoke cocaine are adult men living in vulnerable conditions, most of whom have minimal formal education or job qualifications. One of the biggest surveys showed that nearly 370,000 people used crack in Brazil's capital cities.[20] They were mainly young male adults with an average age of 30, living in contexts of social vulnerability, with little or no education, without formal employment, and predominantly of African descent.

In the case of Rio de Janeiro, one of our collaborators remarked during a workshop: "there is a specificity related to drug trafficking organisations. Crack used to be prohibited by some criminal groups in Rio de Janeiro. But there was a big boom recently, and the concern was the use of drugs among

Man smoking crack pipe Colombia. L. Niño.

people living on the street. Previously, there was an agreement between different armed groups that only one armed group would sell crack (Red Command/ *Comando Vermelho*). The traditional market division – a lot of cocaine in Rio de Janeiro, a lot of crack in São Paulo – has disappeared. Crack use in Rio is on the rise, and armed groups have control over the territory in the favelas. As this use was associated from the beginning with homeless people, there is a huge stigma, making it difficult to improve access to services, models of care, etc. There are people who say they use cocaine but stress they are not a *pedreiro* (crack user). Despite the 'pacification policies' (community policing) that were applied to reduce territorial disputes between different criminal groups, and thereby control the related violence in Rio, there are still many disputes and tensions within the favela population. Inside the favelas, drug trafficking often obeys a principle of reciprocity with the inhabitants, where services are rendered to the community."

Our researcher from Argentina mentioned: "Those who use smokable cocaines are the most vulnerable socially. We had a strong crisis in the 2000s, but now consumption is quite low. Generally, they are people with low educational level: 60% have no secondary education, no home. In general, people begin to consume at 17-20 years of age. Vulnerability and lack of education generally predate consumption."

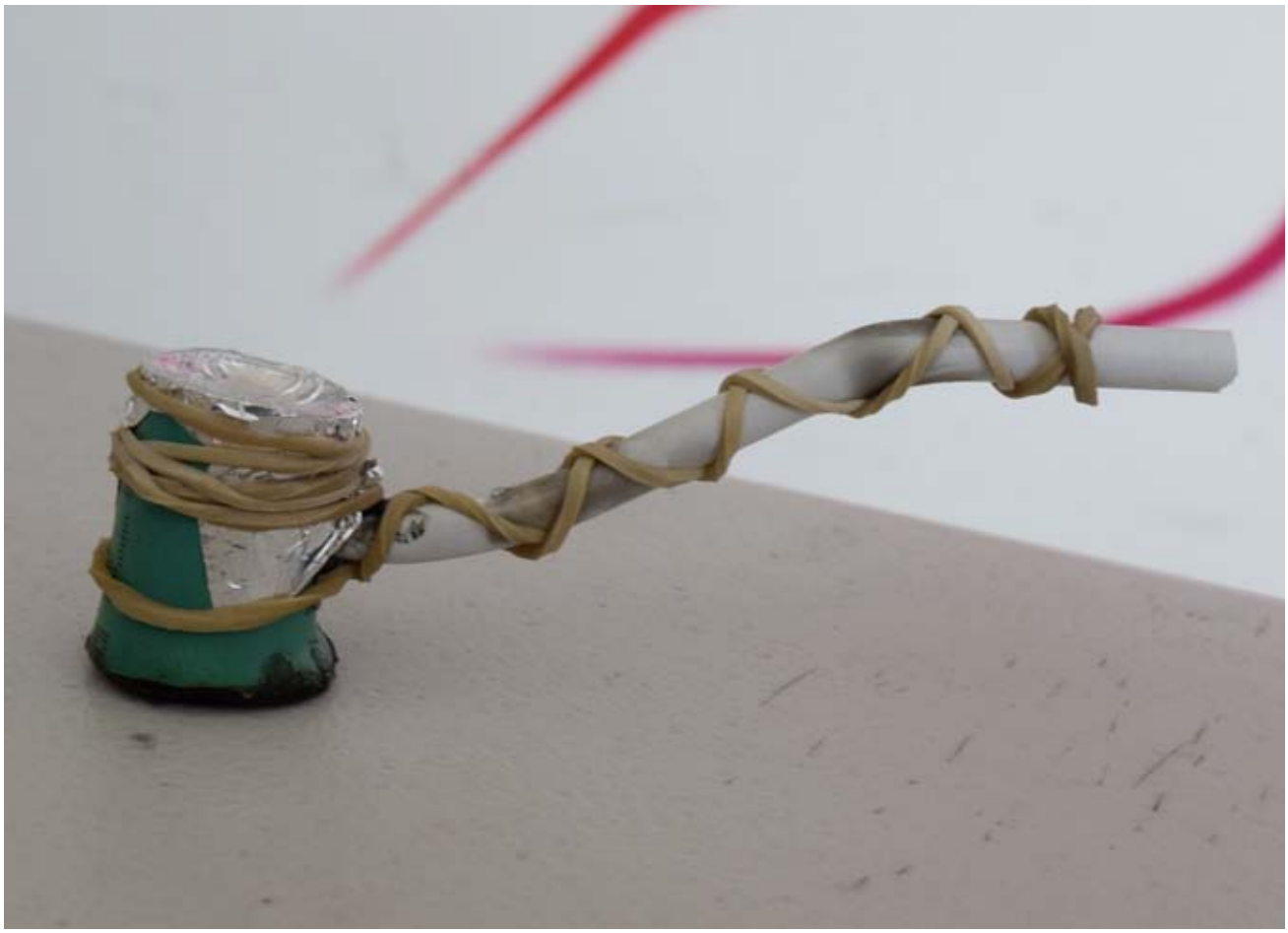
From Puerto Rico our researcher told us: "It is difficult to characterize crack users because there is no research. The stigma in Puerto Rico in terms of crack use (smoking) is much stronger than regarding cocaine injection. The injectors themselves also show a negative

opinion of crack users. There are injectors that also smoke, they are versatile. Many who smoke do not say it to avoid stigma. The number of crack users is not increasing, but there is reason to believe that consumption is decreasing. The quality of cocaine is quite stable, but that of smokable cocaine is falling. In terms of age, there is a more adult population (30-40) that uses it. There are young people too (in their 20s), but less. Regarding gender, we have seen an affinity of women to smoke crack, which would need more research. As for social class, crack is associated with low social class. The snorted version is of the upper class. There is no very large use scene in a specific place. There are buying/selling spaces for 30-40 people, but it is not exclusive. San Juan is a metropolitan area, but in smaller areas there are only 5-10-15 people with activity, no more"

In Costa Rica there is hardly any intravenous use, there are no huge open drug use spaces, and there is not much research. People start smoking cocaine with tobacco or cannabis called *bascuo*, and it is usually mixed with alcohol among street users. The issue of stigma is mentioned repeatedly. Generally, those who use are young adult men from low income populations. Much crack use amongst women is related to sex work, at the request of clients that ask them to use as part of the deal.

In Uruguay, a study conducted by the National Drug Board[21] with 318 cases of problematic pasta base users confirms ambient conditions of high social vulnerability, minimum educational achievement, zero or low job qualification, and precarious or non-existent housing. Almost a third of the sample lived on the street at the moment of the interview.

In Argentina the situation has been exacerbated by the disappearance of social assistance and health care. *Paco* users are not just from economically disadvantaged sectors;



One of the most common basuco pipes in Bogotá city. L. Niño.

their living conditions have deteriorated dramatically with the privatization of the public health system. The general profile of *paco* users is similar to that of Uruguay. Yearly national surveys on drug use have been conducted for seven years, showing an historical increase in consumption for all substances, including alcohol. Substance use is also slowly increasing amongst women, and is increasingly associated with the more vulnerable social sectors. There are open scenes of smokable cocaine use in Buenos Aires; these do not involve large crowds, even though the visibility of drug use among vulnerable populations has been increasing. A new mental health law introduced in 2010, based on a psychiatric abstinence-based approach, and has not improved the situation. Quite on the contrary, since it lacks a plan of intersectional coordination, and has not addressed the acute problems surrounding hospitalization and therapeutic communities.

Crack pipe from Colombia made with a local coin. L. Niño.

All local market studies have shown that there is a strong correlation between the socio- economic background of visible 'public' users and their social vulnerability. Causes and consequences are not always easy to disentangle. A clear example of how (sudden) poverty can lead people into problematic drug use was provided by the case of Argentina and Uruguay during the economic crisis of 2001.[22] At the individual level, too, smokable cocaine use often begins when someone has experienced a disruptive, traumatic or violent event, or become homeless or displaced, lost employment, or been released from prison. The majority of the users' community lived under dire circumstances before starting to use, and turned to problematic patterns of consumption as a means of self-medicating or coping with harsh social realities. The lack of social services and government health care for those citizens experiencing various forms of hardship often explains why people end up being problematic users. The exceptional stigma, to which they are subject, even amongst other drug users, leads to extreme marginalization and ultimate criminalization in all our studied cases.

The following was said at one of our workshops by a street worker from São Paulo: "Crack use is increasing visibly in São Paulo among people living on the street. There are many people who came to the city, and experience a big change in their life; they lose their family, their work, their home and they are anonymous. People who live on the street are not on the street because they smoke crack, but get acquainted with crack once there. Many of our samples in São Paulo (80% and more) had already been imprisoned prior to crack use; there is an important social element here about the impact of prison on their crack use."

Another example comes from a study carried out in a neighbourhood of Bogotá known

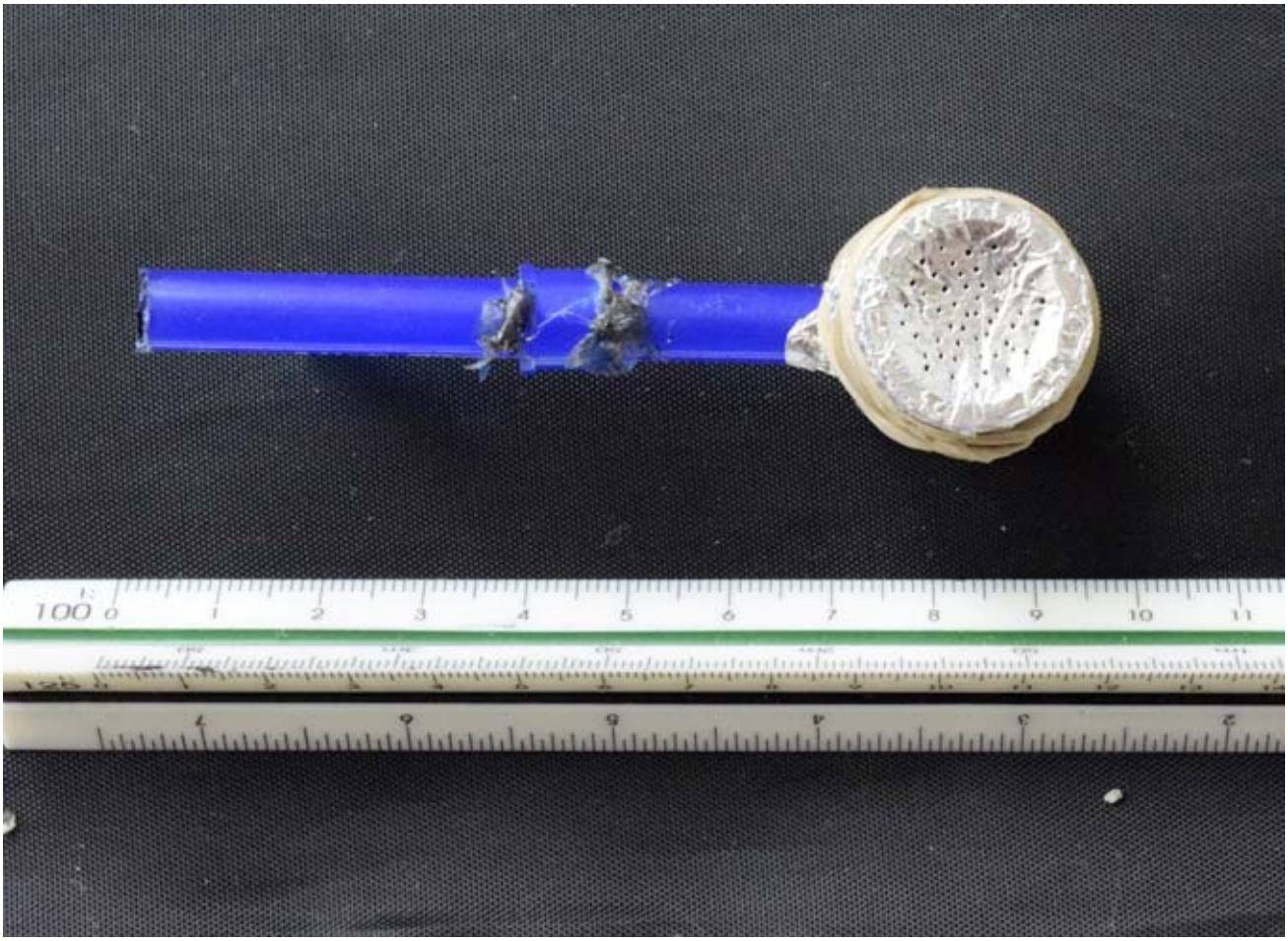
as *El Bronx*; this found that the majority of problematic users of *basuco* were homeless people who came from difficult situations (often displaced by the internal conflict in Colombia) and conflictive families, or were left without families. Some find casual work to fund their drug use and sleep in that area, since it is a place where they are not regularly harassed.[23] Between 30-40% of people who use crack are not from the city, but migrants from elsewhere. The share of the population living on the street that uses smokable cocaine lies between 80 and 90%. Those who use injectable heroin also tend to use *basuco*, even if there are relatively few heroin users. Lately the so-called *speed ball criollo* has become popular amongst street inhabitants, combining *basuco* with heroin.[24]

Impact on health

Some of the main physical health problems identified in people who smoke cocaine are cardiovascular (hypertension, ischaemic or haemorrhagic vascular accident), pulmonary (sinusitis, bronchitis, lung injury, barotrauma, dyspnoea, bronchospasm) and dermatological problems.[25] Studies conducted in Brazil show that crack smokers have a significant prevalence of HIV,[26] and many suffered from depression and suicidal ideation.[27] Another study undertaken in Jamaica with women who smoked crack showed that after several months of continuous use they presented weight loss, dry hair, skin problems, and little interest in their hygiene and personal care.[28]
When considering all these health problems, one has to take into account that smokable cocaine is a stimulant drug, which increase people's heart rate, reduce their appetite, and make them more active. In consequence, heavy users tend to lose weight, and have poor sleeping and eating habits, a pattern which greatly affects their physical and mental well-being. In fact, most of the negative consequences related to the use of crack, *basuco* or coca paste are associated with their method of administration, and the social context in which this occurs, rather than the short-term pharmacological effect of the drug itself. The desire to repeat an ephemeral high leads to a pattern of "binge" smoking which greatly accentuates the physical and mental harms of what otherwise - in a single dose - would be a very transitory event.

For example, when using pipes to smoke, people can burn their lips and hands, and also inhale heavy metals like lead, mercury, and copper - or even melted plastic fumes if the pipes are made from pens or inhalers. Also, the high temperature of the inhaled smoke is damaging to the lungs, and cooling the smoke is one important harm reduction strategy. For obvious reasons, it is important to have access to water in places where use is concentrated, both to avoid inflammation and rupture of the users' lips, and to counter dehydration. It is also recommended to use silicone pipe holders to prevent lip burns, since these may lead to the transmission of HIV and other infections.

The paraphernalia used to smoke cocaine are very diverse, and can be found in many everyday products or objects. Because of its consistency and flammability, crack cocaine smoke can be inhaled directly when heated and melted, in a process of sublimation which ideally avoids actual combustion. Homemade pipes can be made from glass or metal tubes, with a small amount of wire at the end (usually steel wool or sponge) as a filter to prevent the "rock" from sliding inside the tube to the mouth. In Mexico crack is often smoked in warped aluminum soft drink cans, glass droppers, or a metal tube from a TV or car antenna, or even from an umbrella. To use steel wool as a screen is not a safe option,



Two selfmade pipes from Colombia, L. Niño

because it can break down when heated and pieces of metal could come loose when the crack vapors are inhaled. These may end up on the lips or sucked into the throat and lungs.

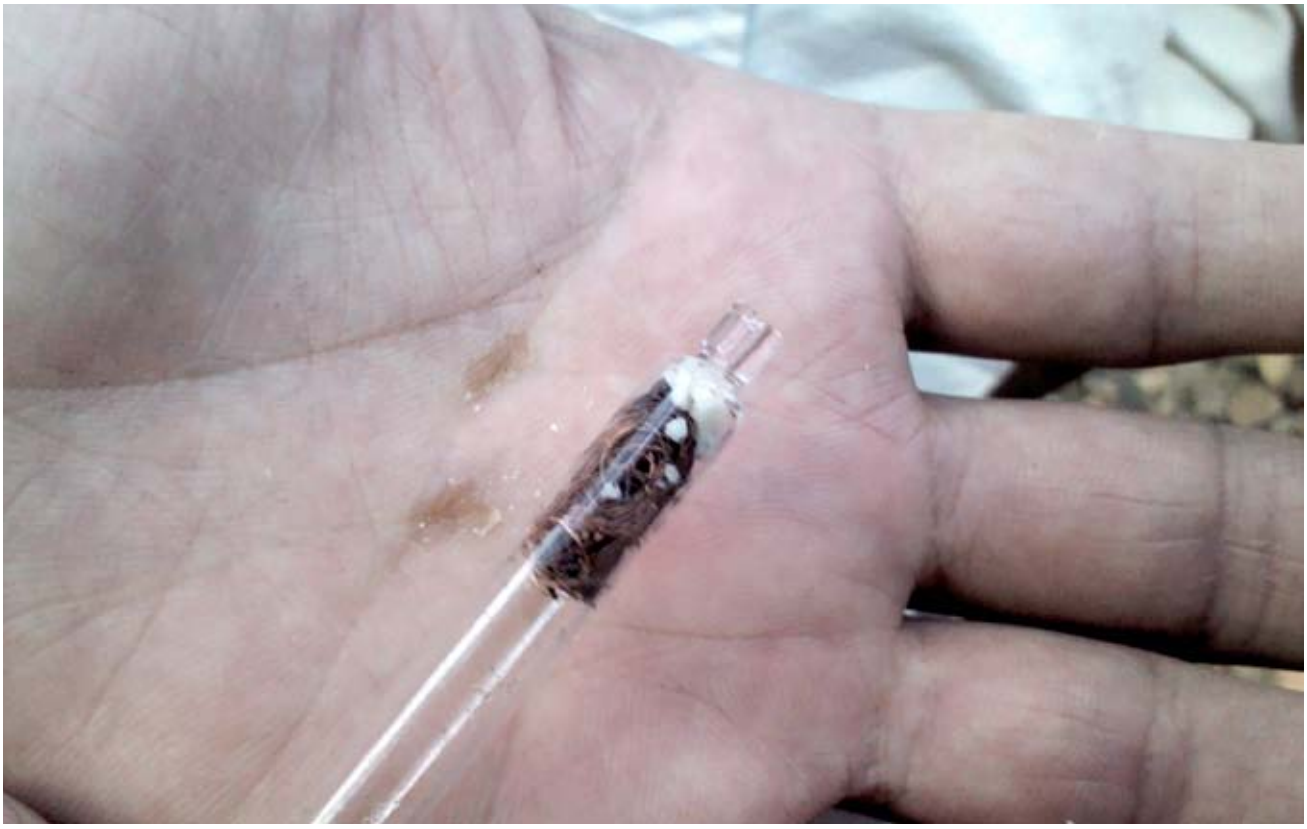
In the bigger user scenes in São Paulo, Brazil, people have learned how to use pipes and avoid sharing, even receiving instructions and supplies of new pipes weekly. In many cities, there are people with experience in designing and creating smoking devices, so it is common that users have a variety of artefacts with which to smoke. In Argentina it was reported that some long-term users have their own personal pipe, with which they always smoke, and which they call their "tool". On the other hand in Peru - the putative country of origin for *pasta* smoking - a half-century tradition is still maintained, involving the laborious emptying out of a filter cigarette, without breaking the paper wrapper. The filter is substituted by broken match sticks, and the tobacco mixed with *pasta* and replaced inside the cigarette. This time-consuming process is credited by users with reducing craving and slowing down the binge process - an unusual example of consumer-led harm reduction.

In Rio de Janeiro, crack is commonly smoked using a plastic cup with a perforated aluminium foil top, similar to the plastic bottle which in Mexico is called "Yakult" because of the product brand. In Colombia the most common pipe to smoke *basuco* is designed from a piece of PVC tube, an old coin and the empty body of a plastic pencil, with aluminium foil from the lid of a yogurt bottle or part of a metal sponge. To smoke it, the CBP is covered with ashes and heated by placing a lighter flame over the mixture; this is to prevent the CBP from burning or sticking to the pipe due to heat.

Most of the people that smoke cocaine tend to be users of other drugs, mainly alcohol and tobacco, and to a lesser extent cannabis, powdered cocaine, benzodiazepines and inhalants, among other substances that are available in each location. Mexico is the only country of our study that has a well-established market of methamphetamines; "crystal" has been around for 20 years on its northern border with the US, and co-exists with crack. About three years ago crystal also appeared in Mexico City and other cities, and its use appears to be increasing.

When mixed with cannabis and smoked in a rolling paper, CBP acquires a very different profile. In Colombia this mixture is called *maduro con queso* (plantain with cheese), in Peru a mixto, in Jamaica "seasoned", in Saint Lucia "black joint", similar to the "Blaka Jonko" in Surinam, in Costa Rica "basuco", "mesclado" in Brazil[29] and around Salvador in the Northeast of Brazil *pitilho*.[30] In fact this is a less harmful way to smoke crack, because it is not using a pipe to release overheated vapours, and because of the more calming pharmacological effect of cannabis. While crack is perceived as a 'demon' drug due to its strong and often frightening physical and mental effects, which make users lose control and security, the combination with cannabis is viewed as a 'protective drug' as it lessens these negative symptoms, while allowing the user to obtain the desired psychoactive benefits.[31] In fact, researches in Brazil, Colombia, Jamaica and Canada[32] have shown that smoking cannabis can help to reduce anxiety, compulsion, irritability and in general, excitability, associated with the experience during and after smoking cocaine, and also the craving during abstinence periods.[33]

As said before, people with fewer economic resources are more visible when smoking cocaine, but they can also look for hidden or private spaces, to overcome social and institutional stigma and disguise problematic use. With the exception of Brazil, it is rare



Glass pipe made from a dropper, with steel wool or another metal screen to hold the crack while heated. E. Zafra.

to see a big "smoking scene" (*cena de uso* in Portuguese) that is not actively repressed by the police. In many countries there are private places where smokable cocaine can be bought and used at the same time, known as *fumaderos* (smoking places) or *huecos* (holes) in Peru, while many hotels also allow their rooms to be used for smoking.

Many users prefer private places where they can smoke without being disturbed and stigmatized, and this also helps them to reduce possible undesired effects such as paranoia. In fact not everyone who smokes cocaine is a homeless person or steals to buy it, nor is it true that its use is uncontrollable and that people would do anything to smoke, at any cost to themselves. Even though the most visible users are out in public, this is because many have difficulties in finding stable housing.

There are only a few countries or cities in Latin America that have developed harm reduction interventions at public users' scenes, as most health and social services for people who smoke cocaine tend to be poorly funded. In countries that have services available, there are a number of barriers to access, such as the cost of treatment, the absence of social insurance, identity or residence documentation, and the precondition of abstinence before enrolment. Users themselves are restricted by their economic conditions, unstable housing, and frequent mobility - or simply because they don't even know they have access to such services.

Although crack cocaine often triggers craving and repeated binge episodes, close observation shows that there are also users who have controlled their crack use, and consume it in a responsible rational way that doesn't affect other people. Research in São Paulo indicates a degree of self-control among users; this is not the fruit of traditional rehabilitation methods, but rather of strategies of self-regulation. Some of these involve mixing or replacing crack with cannabis or tobacco, avoiding social contexts where crack is used, changing behaviour and

avoiding substances that might induce the consumption of cocaine or crack.[34]

In fact, though there is undoubtedly health risks associated with cocaine smoking, the marginalization and criminalization of users produces even more negative consequences - particularly in their submission to police violence and other forms of discrimination from government institutions. Most authorities think users are drug dealers and criminals; they are therefore constantly detained by police, filling prisons all over Latin America and the Caribbean, for the sole crime of smoking cocaine.

The Market

Smokable cocaine has been well established in the Latin American and Caribbean drug market for at least 30 years. As noted in the previous section, in the coca producing countries (Bolivia, Peru and Colombia) this market appeared much earlier, and was – at least in the early stages in Colombia and Bolivia – more associated with the elite sector and cocaine entrepreneurs, who saw it as a stylish way to use their product. This perspective changed with time, as smoked cocaine became a drug for poor people who couldn't afford the hydrochloride, its reputation enhanced as a cheaper and quicker high.

The quantities and prices at which smokable cocaine is sold are almost infinite, as this substance can be bought on the street from a minimum dosage of 0,1 gram, to as much as desired. Each local market has its own particularities, and prices can change drastically depending on the supply, the quality and the amount bought. In Peru for example, $ 3 USD will normally buy a *liga*,

An aluminum can is often used in México. Cigarette ashes are used to reduce fire contact to the can and the substance. E. Zafra.

a rubber band containing ten individually wrapped doses or *ketes,* each weighing between 100 and 300 milligrams. Local *pasta* comes in many varieties: *roja* with a reddish appearance and powerful effects that produce hyperactivity, *palo de rosa* (rosewood) appreciated by certain users because it doesn't generate paranoia, *chiclosa* (like chewing gum) that is usually mixed with marijuana, *blanca* because it makes a white smoke, and *amarilla* because of its yellow colour. There is also a form of impure coca paste known as *bambeada* (adulterated) or *reducida* (reduced), as well as the higher grade *pasta lavada* (washed pasta).

In São Paulo the substance sold on the street 15 to 25 years ago was classic coca paste (PBC), but the market has since diversified and is now shifting to crack cocaine. In Brasilia, and in northern and north-eastern Brazil, there is a variant of crack known as *merla* which has been very popular for some decades. This is composed of cocaine base paste, refined with *barrilha* or sodium carbonate and sulphuric acid to dissolve the paste.[35] Yet another variety known as *oxi* appeared circa 2005 in the Northwest and the city of São Paulo; its precise composition is still unknown, but it is supposed to be very strong.

Smokable cocaine is supposed to be a "cheap drug" in Latin America, its use mainly concentrated among poor people on account of its low price. In view of the fact that our research reflects a specific moment in the smokable cocaine market in the region, and does not pretend to give an exhaustive description of a complex and ever changing situation, one can nevertheless assert that the price of a minimum dose (less than 0,3g) in the region hovers around $1 USD or less, even thought it could be little bit higher in certain Caribbean Islands.

Police intervention in Cracolandia, Sao Paolo, Brazil. Joca Duarte.

Varieties in prices of smokable cocaines in several Latin American and Caribbean countries

Country	Price ($USD)	Weight (approx. grams)
Argentina	0,05- 0,25	One portion
	4-5	One hit
	3.5	1
ABC Islands	8.50	1
Brazil	0,3	One hit
	0,7	One hit
	3	1
Colombia	0,5	0,1 - 0,3
	1	0,5
Costa Rica	1 – 2	0,2 - 0,5
	4 – 5	1
Jamaica	0.50 - 0.60	0.1-0.3
Guyana (British)	0.50	One hit
Martinique	7	One hit
México	1	0,1
	5	0,25
	20	1
Peru	0,35 - 0,5	0,3 - 0,7
	2 – 20	2,5 - 5
Puerto Rico	3 - 7	One hit
Saint Lucia	2	One hit
Uruguay	1 – 2	0,25 - 0,50
		1,25 - 2,5
	85 – 100	10

Chart was self-elaborated based on data provided by researchers.

Even though there are some similarities in the size of the smaller, individual doses (0, 3 grams, or less), there are rarely any limits on the amount that can be bought. Prices vary enormously but the substance holds its value as a medium of exchange, being used to buy alcohol, clothes, sex, or any other product or service. When sold in small doses it might be presented in a plastic bag, a cup, or a glass tube, but it can also be found wrapped in paper or aluminium foil, or even without any packaging at all, laid on a plate or a table for the costumer to pick and choose.

Retail sales are usually located in marginal areas or communities, being given heavily stigmatized names like *olla* (cooking pot) in Colombia or Peroe, *boca* (mouth) in Brazil and Uruguay, or *bunker* in Costa Rica. In many cities in Brazil there are streets or parks in

which authorities tacitly tolerate the use and sale of cocaine products, where people gather in their hundreds to smoke crack - such places have come to be denominated *Cracolandia* (Crackland). Such "tolerance areas" are not exempt from police or military interventions, as seen in 2016 at *El Bronx* in the centre of Bogotá[36], and in 2017 at the main *Cracolandia* in São Paulo.[37]

In both cities, raids against users' communities kicked off when the organs of local government had just shifted from a left-wing to a right-wing political party. Both cities previously accommodated well-functioning harm reduction programs and services for the most vulnerable population. Though cracking down on criminal organizations was the government's main justification for these raids, such moves clearly expressed disapproval and intended closure of any social or health programs related to the previous administration.

The often fluctuating market for smokable cocaine depends greatly on the political and economic context in which it occurs. In Argentina, for example, users from middle and high income groups are provided with the drug through delivery services, which is definitely more expensive than buying it on the spot in a *villa* or shantytown, but also much more secure. In Rio de Janeiro crack sales were allegedly monopolized initially by the *Comando Vermelho* (Red Command) a criminal organization that controls several *favela* communities. As a result of marketing strategies and the restriction of supplies by this group, in Rio de Janeiro it used to be much easier to find powder cocaine than crack - in marked contrast to São Paulo, where the presence of organized crime was not so preponderant. The alliances between the different criminal organisations controlling the market shift continuously and historical differences rarely remain static. Crack is now firmly established in Rio with several *cracolandias* in the greater metropolitan area.

In Mexico City the crack market is said to be controlled by three important criminal organizations or "drug cartels", though it is hard to know how many different groups are in fact involved. The general consensus at the time of our study was that the Sinaloa cartel provided the majority of powdered cocaine, which went out to small-scale crack kitchens which supplied the product to the different neighbourhoods. While organized crime may often be involved in crack production and sale, most of the retail market is actually managed by small entrepreneurs, many operating at a family level.

Crack-dealing organizations are of different sizes and degrees of sophistication, depending on the country and community concerned. Some may be "vertically integrated" - part of the whole production, transport and retail process - others only small groups who buy a certain amount of the product, cut and "cook" it, and then distribute to the consumer market. Many of the retail sellers are young men that might, or might not, smoke cocaine themselves, or long-term users that participate in the market in order to get paid in kind. These participate in the lowest echelons of the market as street dealers, thereby increasing the risk of being subject to arrest and violence.

In many countries in Latin America, there are women and mothers who are involved in the sale of small amounts of coca paste or crack to support their families directly from their homes. In fact, most of the women incarcerated in the region are sentenced for drug offences, many have more than one child and most live in rather vulnerable conditions. For these women, the sale of drugs is in reality a survival activity, a way to sustain

their family economically, so imprisonment usually brings considerable negative consequences upon themselves, their kin and their communities.[38]

In all cases, relations with the police are very complicated and in constant flux. The most common policing practice is to raid and make arrests at the points of retail sales, whether on the street or in safe houses. Pervasive corruption and control by the police of the areas where sales are concentrated are frequently reported, and in many cases there are tacit agreements between criminal organizations and the police to only sell at certain times, or in certain places. Not infrequently, middle and high level suppliers receive a previous warning so they can "disappear" before the authorities arrive. This provides one reason for the fact that most of the people in prison for drug offenses are small-scale, nonviolent retail dealers.

Harm reduction experiences

Within the smokable cocaine working group, much of the discussion involved understanding the reality of Latin America and its high levels of inequality, corruption and violence. In this context, people who smoke cocaine have remained largely invisible to health institutions and harm reduction programs. One of the main reasons for this is the fact that very few people inject drugs in the region, with the exceptions of Colombia and Mexico, where the phenomenon does occur at relatively low frequency. This explains why people who use drugs have been historically excluded from key empowerment processes, and from international funding and cooperation agreements aimed at preventing and treating HIV and other STIs.

Accordingly, it is considered vital that low threshold services should be one of the first measures or approaches taken to reach people

Crack kit used by Doctors of the World. Ernesto Cortés.

who smoke cocaine, in particular those who live in situations of social exclusion, and would never approach the health services. One of the essential elements is proximity and contact with the population, which can be acheived by using arts and music to create open and attractive physical spaces for dialogue, creativity and collective action. These services should include a wide and diverse multiplicity of actions in a single space or time, employing an itinerant team or mobile units that allow outreach to distant populations, or those that are difficult to approach.[39]

The goal must be to reduce the barriers to accessing public services; this increases the complexity of the intervention, since it involves multiple healthcare and social networks, including housing programs, labour offers and education opportunities. Comprehensive services can only be successful if provided with a degree of sensitivity to gender and race, and if able to overcome generational, territorial and intercultural differences. Each person should have an individual process in which he or she can choose from different options adapted to their own context and needs. The underlying causes of the problematic use of smokable cocaines go far beyond the effect of the substance itself, a fact neglected by present-day treatment options, which tend to focus solely on drug use *per se*, and only offer compulsory abstinence based treatment, or even forced internment.

A key component for the success of such harm reduction programs is the commitment of local governments, joining in partnership with different institutions, civil society organizations and business sponsors. Programmes like the CAMAD (Mobile Center for Drug use Attention) in Bogota and *De Braços Abertos* (With Open Arms) in São Paulo provided good examples on how to run such a complex and flexible task with limited resources. *De Braços Abertos* was evaluated by an external academic partner; the results show that 95% of the people in the program felt positive changes in their lives, 67% reduced their crack use, and 53% regained contact with their family.

In an ideal low-threshold service, special kits for smoking cocaine would promote use in a less risky manner, and incorporate paraphernalia adapted to the needs of users. These kits should include delivery of unbiased, user-friendly information, as well as glass pipes, rubber mouth pieces, metal screens, condoms, lip balm, lighters or matches - or, indeed, any other product that is deemed necessary for particular populations and specific contexts. Such interventions could prevent the spread of Hepatitis C and other STIs, reduce the risk of inhaling heavy metals or toxic fumes, and avoid lesions to the lips. The guiding objective must be to approach users with tools for their own self-preservation, and thus ensure greater confidence and adherence to wider health-care processes.[40]

In Colombia, a prototype harm reduction *basuco* pipe was designed, following the model of the pipes that users make on the street.[41] All its pieces are removable, including an interchangeable mouthpiece to reduce damage to the mouth and teeth. The fact that the materials used for making street pipes are frequently toxic, adds to the already strong toxicity of the cocaine base and its adulterants. The use of improved paraphernalia reduces the harm of smoking significantly, and serves an important role in bringing users closer to other social and health services.

There are experiences in Brazil, Colombia, Jamaica and Canada, where people who use smokable cocaine were recommended to try cannabis - both with the substance, or as a substitute. Research has shown that

Harm Reduction crack kit. Ernesto Cortés.

smoking cannabis can help to reduce anxiety, compulsion, irritability and excitability, all of which are associated with the experience of smoking cocaine. Cannabis can also be useful in dealing with the craving for cocaine during abstinence periods. There is of course a difference between the use of cannabis in formal treatment, and the recourse to a combination of cannabis and crack as a self-directed measure of harm reduction. The results of observational studies in the cited countries have shown a number of very positive outcomes, including the reduction or elimination of smokable cocaine use, as well as better patterns of nutrition, personal care, and attention to dependents. Even so, some of the subjects of these studies point out that not all users necessarily like the effect of cannabis, since it is not such an effective stimulant, in which case an ATS such as methylphenidate, or some amphetamine, could also be recommended for a trial.

In this context, the use of stimulants also raises the possibility of experimenting with coca leaf and coca extracts of varying potency - short of the pure alkaloid - an approach which has had some success in the psychiatric hospital in La Paz. Indeed, why not consider the medicinal use of cocaine itself, once allowed in the old "British System" which survived in Liverpool until the 1990s, as part of a substitution process similar to that involving methadone or pharmaceutical quality heroin. Other psychoactive substances that have been used as part of treatment processes are ayahuasca, sanpedro and ibogaine; not exactly as a substitution strategy, but as part of the management of the withdrawal syndrome in a psychological treatment process. The evidence in these cases is still reduced and anecdotal, but very promising in the long term.

Conclusions and Discussion

There is no doubt that, in the case of smokable cocaine, users experience a series of grave social harms. One study among *paco* users in Montevideo found that young consumers consider such harms the most significant aspect of their habit, involving the loss of family ties, a break with their non-using peer group, and unwelcome contact with the criminal justice system.[42] Actual physical harm is normally associated with periods of compulsive consumption, and this can be reversed when drug use is reduced. A study undertaken in Colombia identified the same social harms as existing prior to *basuco* use, reflecting the likelihood that a degree of social vulnerability acts as a trigger for the problematic use of this substance. In fact, some of the homeless people who smoke *basuco* affirmed that they started to use it as a way of facing the difficulties of living on the streets, and that they had never consumed the drug before being faced with that unfortunate situation. The need for alertness in a dangerous environment, and the possibility of palliating the effects of hunger, were among the reasons for adopting the habit.

This reality underlies the fact that in the Latin American region smokable cocaines are usually associated with petty crime, and with public spaces that attract people already rendered vulnerable by extreme poverty, homelessness, family abandonment and the sex trade. Smokable cocaine users are frequently confronted with different types of violence: structural violence (there is little institutional capacity to solve their real needs or to enter into a meaningful dialogue), symbolic violence (the prevailing climate of stigma and marginalization), and various forms of intimate violence (both physical and mental). The vociferous social alarm surrounding current patterns of smokable cocaine use underlines the need to find effective and humane policy responses.

In reality, there is a pressing need to engage in more field research on smokable cocaine, in all its aspects - the substance itself, its users and its market - with the guiding principle of using the information to broaden access to health and social services from a harm reduction perspective. One of the main problems is the general lack of detailed knowledge regarding the social characteristics of users - their drug use patterns, their habits, routines, rituals, and transactions - and our ignorance of the "native" strategies of harm reduction that they already practice. Research must also be oriented to measure the results of those actions already carried out, establishing realistic goals which take into account the differences in context, and aiming for a degree of economic and political sustainability.

No intervention is likely to be successful without the active participation of smokable cocaine users; they are the target population, who live through stigma and discrimination on a daily basis, and have the right to demand respect, justice and citizenship. A key advocacy strategy would be to bind government institutions and service providers to include drug user participation throughout the elaboration and implementation of all the relevant public policies. Organizing meetings, dialogues and projects with drug users is a positive way to initiate their involvement. This goes hand in hand with community mobilization and advocacy through educational, cultural and artistic interventions. Such initiatives are designed to recover the public space and configure a local identity.[43]

Policy Recommendations

This report reflects the urgent need for a coherent policy approach to the varied phenomena of smokable cocaine in the region where our research was conducted. This involved stepping back from a purely public security approach - guided by official disinformation and a prevailing climate of social alarm - and considering the objective characteristics and underlying dynamic of the existing markets.

Having been a constant reality for decades, the smokable cocaine market is not about to disappear; rather, it keeps on expanding slowly, particularly in large urban areas and amongst the most socially marginalized populations - those who are not well represented in household surveys.

Research on the use and commercialisation of smokable cocaine by millions of people is marginal and underdeveloped, and usually does not take into account the experience of grass root initiatives. These often have managed to reduce the harms associated with its use, and yielded insights that may provide fundamental inputs for future public policies.

The different forms of violence confronted by users of smokable cocaine need to be recognized and attended by public services. All policy interventions at the street level should aim to destigmatize and find concrete practical solutions to the immediate problems faced by users' communities - initiatives inspired by the broad concept of "bed, bread and bath".

Moreover, in the design of a broader policy framework, users themselves need to be consulted and involved, enabling a form of implementation that can be checked and evaluated by its effects on the community itself.

The experiences obtained in the past decade in a number of cities mentioned in this report make a strong case for developing public policy models that combine all the above features, and need to be given the appreciation and resources they deserve. A region-wide systematic evaluation of these experiences could contribute to more humane and effective polices regarding the different forms of smokable cocaine.

Good Practices: examples from Brazil

Braços Abertos Program: Created by the decree of the City of São Paulo Nº 332/2013 and coordinated by the Municipal Health Department of the Municipality of São Paulo, the Braços Abertos Program was an innovative initiative in the Brazilian scenario. Based on a broad articulation effort involving 15 municipal secretariats, it operated with crack users in the city area of São Paulo known as "Cracolândia", starting with the initiative to offer work, and income and housing, not health actions in the strict sense of the term; a combination of harm reduction and housing first principles. The program was precarious and almost ceased to exist in 2017, after the change of municipal management.

Centro de Convivência É de Lei has been working since 1998, in the city of São Paulo, Brazil. This nongovernmental organization develops activities that involve people who use substances and are in a street situation. Fieldwork is carried out on the crack use scenes, distribution of mouth pieces and lip balm for a safer crack use, cultural activities, collecting input and strategies for advocacy and communication to get political guarantees for the protection of the rights of people who use drugs.

Attitude Program: Created by State Decree 39.201 / 2011 and filed at the State Department of Social Development and Human Rights of the State of Pernambuco, the Attitude Program is managed by a technical entity that gathers 14 state departments. Its priority focus is the protection of people threatened with death by drug-related issues. It is materialized in three devices: Attitude in the Streets, that guarantees constant presence in the territories marked by the violence associated with the drugs; Attitude Reception Support in the form of daily or short-term care centres; Attitude Intensive Reception, which are centres where users can stay for up to six months; Social Rental, which transfers resources for the payment of rent and minimum equipment for housing

Corra Pro Abraço Program: Created in 2013, the Corra Pro Abraço Program is subordinated to the State Secretariat of Justice, Human Rights and Social Development of the Government of the State of Bahia, managed by the NGO Comunidade Cidadania e Vida. It has 5 nuclei distributed in 3 cities, and carries out actions in regions marked by the use of drugs in public scene, besides counting on the Nucleus of Prison in Flagrante, that accompanies custody hearings.

Redes Project: Created in 2014 by the National Secretariat for Policy on Drugs (SENAD), the project aimed to promote the approximation of local health, prevention, safety, protection and social inclusion policies. It was materialized

through the transfer of resources to local projects, which should necessarily guarantee access to housing, work, income and varied public policies. To foster the process, he remained a permanent mobilizer in the territory, and a network supervisor who met with local workers once a month, both paid by SENAD. The Redes Project was terminated in 2017, due to the change of management in SENAD.

The National Secretariat for Drug Policy of the Ministry of Justice launched in 2014 a public notice to finance Social Inclusion Projects (PIS) with the objective of promoting, together with states and municipalities, the development of cross-sectoral initiatives that seek the insertion and social people in a condition of social vulnerability and who present demands / needs related to the consumption of crack, alcohol and other drugs through the offer, through a perspective of voluntary adhesion of a package of rights of housing, work, income, professional qualification, education , sport / culture, promoting, in this way, autonomy, protagonism and improvement of the concrete conditions of life of the users. A total of 16 agreements were signed between Senad and Brazilian municipalities for the implementation of PIS.

In the northern region of the country, in the state of Tocantins, in the city of Palmas there is a municipal project called "Palmas que te acolhe"; a hotel that offers housing to people in street situations and who use substances.

In the south of the country, in the state of Rio Grande do Sul, in the city of Porto Alegre there is a municipal school that serves only street people for twenty years, the school offers a place to take a shower, craft workshops where people can work and earn some income.

In the south-eastern part of the country, in the city of Rio de Janeiro has the actions developed by the civil society organization called Redes da Maré that also has a very interesting space of coexistence.

These programs made it possible for people to create identification with the dwelling, it did not have to be luxurious, it generated an expectation of the future, having a fixed point the person could move physically, but also in relation to their future.

The Attitude e Corra pro Abraço Programs continue to develop their activities and are linked to the State Government, which allows greater capillarity in the municipalities, including the State Councils of Pernambuco and Bahia that have supported these programmes.

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International smokable cocaines working group

Alejandro Corda - Argentina

Brun González - México

Carlos Zamudio - México

Demaluí Amighetti – Costa Rica

Ernesto Cortes - Costa Rica

Eduardo Zafra - Mexico

Evelyn Day - Saint Lucia

Felipe Cuervo - Colombia

Gerardo Jones - Puerto Rico

Henrique Gomes - Brazil

Hernán Delgado - Uruguay

Ingrid Farias - Brazil

Jerome Mangelinckx - Perú

John Waters - República Dominicana

Anthony Henman- United Kingdom/ Brazil

Jorge Hernández - México

Julian Molina - Colombia

Julián Quintero - Colombia

Lidiane Malaquini - Brazil

Marcus Day - Saint Lucia

Maria Angelica Comis - Brazil

Maria Pia Pawlowicz - Argentina

Martin Jelsma - Netherlands

Matilde Outeda- Uruguay

Milene Pocorni- Suriname

Pablo Cymerman - Argentina

Pien Metaal – The Netherlands

Rafael Torruella - Puerto Rico

Roanna Ronchi - Brazil

Rodrigo Costa - Brazil

Thiago Calil - Brazil

Tom Blickman – The Netherlands

Vicki Hanson -Jamaica

Endnotes

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10. See: https://elpais.com/diario/1986/04/29/sociedad/515109610_850215.html

11. Observatorio Uruguayo de Drogas (2014)

12. Some say the name also refers to the anti-tank rocket launcher weapon Bazooka, as a reference to the force of the substance.

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36. One of the first things done by the in 2017 elected Bogota Mayor Enrique Pe–alosa was to close the "Healthy Territories Program" that included several harm reduction interventions near the Bronx like shelters, drop in centers and mobile services. A research done in Bogotá one year after the raid shows its negative impacts on homeless people and drug users that lived there, and denounces systematic violence from police. (CPat y Parces ONG 2017) https://cerosetenta.uniandes.edu.co/destapando-la-olla-la-otra-cara-del-operativo-del-bronx/

37. In Sao Paulo happened something similar to Bogotá. In this case the new city governor João Doria even personally participated in the raid in Cracolandia. His main objective was to close down "De Bra os Abertos" (With Open Arms) program, a comprehensive program that was running for the last 6 years and included 13 different government institutions that included. Even though it was evaluated as a successful harm reduction approach towards people who smoke crack and live in most vulnerable conditions. At the moment, Cracolandia still exists and living conditions of drug users got worst (PBPD 2016) http://pbpd.org.br/pesquisa-de-bracos-abertos/

38. In Argentina, Brazil, Costa Rica, and Peru, well over 60% of each country's female prison population is incarcerated for drug-related crimes, and is an increasing trend in the whole region (WOLA, IDPC, Dejusticia 2015) https://womenanddrugs.wola.org/. The percentage of imprisoned women globally overall lies around 7% (World Prison Brief 2017)

39. (Guia RIOD, Intercambios libro naranja and Foro E de Lei)

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43. Tirando Esquina, Redes Da Mare

Different substances (coca paste, cocaine base, cocaine free base) are referred to as “smokable cocaine”, a term which necessarily encompasses not just the drug itself, but also its method of administration. These forms of cocaine are generally perceived to be among the most problematic psychoactive stimulants - both for their users, and for society as a whole. They are commonly referred to as “the most harmful drug”, and considered not just a threat to public health, but also to public security in the urban centres of many large cities. As a result, its users are frequently subject to hostility and stigmatization.

This publication is the product of a joint effort of a group research exploring investigation of a polemic subject, in a number of countries where the use is part of a heated public debate. The study pretends to outline the functioning of the market of smokable cocaine, as well as the existing policy responses and its effects from the perspective of users and public health.

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