Introduction

In a Selected issue on ‘Cocaine and crack cocaine: a growing public health issue’, published alongside its 2007 Annual report, the EMCDDA shows that, in some European countries, there has been a marked increase in recent years in the use of cocaine, in treatment demands for cocaine problems and in seizures of the drug. The potential for cocaine use to have a major impact on public health is examined and special attention given to the health consequences of cocaine use, which are often not well recognised in existing reporting systems. Also examined are the challenges to providing effective treatment for cocaine and crack cocaine dependence.

Prevalence, patterns and trends in cocaine and crack cocaine use

- In recent years, there has been considerable concern regarding rises in cocaine use in recreational settings (e.g. discos and clubs) and among young people in general in some European countries. In addition, the concurrent use of cocaine and heroin is more common among problem opioid users, while use of crack cocaine is a problem in some marginalised groups.

- Cocaine is the second most commonly used illicit drug in Europe, after cannabis. Among young people (15–34 years), an estimated 7.5 million have used cocaine at least once in their life, 3.5 million in the last year and 1.5 million in the past month. Inter-country variation is high. Targeted studies in dance music settings have observed lifetime prevalence of cocaine use of up to 60%.

- Cocaine powder is generally used by socially integrated recreational users, while crack cocaine remains very rare, being mainly consumed by more marginalised groups (e.g. homeless, sex workers). In many cases, cocaine users are polydrug users, often consuming cocaine with alcohol and tobacco, with other illicit drugs such as other stimulants and cannabis, or with heroin.

- Young Europeans (15–34 years) have lower lifetime experience with cocaine than Americans or Canadians. However, regarding last year use among young people, prevalence is now similar in Spain (5.2%) and the UK (4.9%) to the USA (4.8%), although the EU average is clearly lower (2.4%; see Selected issue 3, Figure 2).

- Overall prevalence rates for cocaine use are generally very low among school students and considerably lower than for cannabis in this group. School surveys conducted in 28 European countries revealed that an average of less than 2% of 15–16 year-olds had tried cocaine, compared with an average of 23% who had tried cannabis.

Problems related to cocaine and crack cocaine use

- After opioids and cannabis, cocaine is the drug most commonly reported as the reason for entering treatment in Europe. Cocaine accounted for about 13% of all treatment demands across the EU in 2005 (48 000 reported cases). 85% of cocaine treatment
requests related to cocaine powder and 15% to crack cocaine. Most cocaine treatment
demands are seen in only a few countries (e.g. Spain, the Netherlands).

- Opioid clients in treatment may become destabilised as a result of concurrent cocaine
  use. Affected individuals are users of heroin and cocaine (simultaneously or in sequence)
or former heroin users currently in substitution treatment.

- The most common adverse health effects of cocaine use are cardiovascular disorders
  (e.g. ischaemia), cerebrovascular disorders (e.g. strokes) and neurological impairments
  (e.g. seizures). Risk of cocaine toxicity seems to be influenced by concomitant use of
  other substances (e.g. alcohol, heroin).

- Although information is limited, over 400 deaths were recorded as cocaine-related in
  2005. Deaths from purely pharmacological overdose seem relatively infrequent, except in
cases of massive exposure. At present, cocaine deaths are more difficult to identify than
opioid deaths. And it is possible that deaths occurring shortly after, and induced by,
cocaine use, but which are not strictly poisonings (e.g. due to strokes) are not identified
as cocaine-induced, and therefore are under-reported.

Responses and interventions

- Cocaine users constitute a varied population: socially integrated/recreational users who
  consume cocaine with alcohol and other drugs; cocaine users primarily with opioid
problems; and a limited group of highly marginalised crack cocaine users. This calls for
flexible services that can attract and respond to the specific needs of different users.
Adequate staff training was identified as a necessity in many countries.

- Cocaine treatment mainly takes place in traditional outpatient settings tailored to opioid
  users. As socially integrated cocaine users might be reluctant to initiate treatment
alongside opioid clients, some countries are raising the appeal of existing treatment
services for a broader group of cocaine (powder) users, for example through non-
conventional reception times (see pilot project in Ireland).

- No effective medication exists to help cocaine users maintain abstinence or reduce use,
  which may account for the high relapse rates in cocaine treatment. Cocaine users in
  treatment are generally prescribed medications, such as anti-depressants or
  benzodiazepines, to reduce symptoms of abstinence (e.g. anxiety). Experimental
therapeutic drugs to reduce withdrawal symptoms and cravings have shown potential in
clinical trials (e.g. Baclofen, Tiagabine, Topiramate). Immunotherapy for cocaine
dependence through a cocaine vaccine (TA-CD) is also under investigation.

- A recent EMCDDA literature review of the treatment of cocaine dependence found
cognitive behavioural interventions to be an effective way of reducing and preventing
future cocaine use. Based on social learning principles, these can help patients develop
skills to cope with high-risk situations in which they may take drugs.

- Strategies and action plans targeting specific substances are rare in the EU, where
  comprehensive approaches, often covering both licit and illicit substances are common.
  Substance-specific strategies are often developed when particular problems arise.

(1) See also news release No 8/2007 at http://www.emcdda.europa.eu/?nnodeID=875 (prevalence,
seizures).

Further reading
http://www.emcdda.europa.eu/?nnodeid=18945
‘Cocaine use in Europe: implications for service delivery’, Drugs in focus, No 17, EMCDDA, October