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The Impact of Crack Cocaine on Black America

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Abstract

Cocaine is a stimulant drug that can be snorted or injected and is considered one of the most highly addictive drugs (Curtis, 2003). Furthermore, crack cocaine is the street name for cocaine which has been processed to make a rock crystal that when heated creates vapor that can be smoked. The term "crack" derives from the crackling sound during the process of transforming cocaine to crack cocaine (National Institute on Drug Abuse [NIDA], 2010). This article describes signs and symptoms of crack cocaine and suggested treatment plans that include detoxification, therapy, and aftercare.

Statement of the Problem

Crack became popular in the 1980's due to its psychopharmacological properties and it has been called the "most addictive drug on earth" (Curtis, 2003, p. 39). Crack cocaine's introduction into major cities in the United States was gradual, first it appeared in large cities like Miami and Los Angeles in the early 1980's and appeared later in cities like Chicago (Curtis, 2003). The availability of street drugs prompted Congress to take action regarding drugs in America, leading to the passing of the Federal Anti-Drug Abuse Act of 1986 which was passed at the peak of the crack cocaine movement. Crack allowed for consumers to utilize a cocaine based substance at substantially lower prices than powdered cocaine substance (Blumstein & Jonsson, 2003). Smoking crack cocaine was a movement that swept across the United States and has had a great impact on American society (Curtis, 2003).

Review of Literature

Drug trafficking, the availability of crack, and the Federal Ant-Drug Abuse Act led to mandatory minimum prison sentencing of dealers which has been a controversial issue. Originally the sentencing for crack versus cocaine was 100:1, meaning the amount of crack versus the amount of powder cocaine needed to establish a mandatory minimum prison sentence (Blumstein & Jonsson, 2003). For example, possession of three grams of crack would mandate the same prison sentence as 300 grams of power cocaine. Sentences for crack are 44% harsher than sentences for powder cocaine (Gill, 2008). Researchers indicated that the mandatory minimum prison sentencing was racially motivated and specifically targeted Blacks (Blumstein & Jonsson, 2003; Gill, 2008; Hartley & Miller, 2010).

Black males, between the ages of 26 to 34, reported using crack cocaine more than any other racial and gender combination (Peters, Williams, Ross, Atkinson, & Yacoubain, 2007) and according to Hartley and Miller (2010), 85% of offenders arrested for crack cocaine were Black. Blacks made up a vast majority in most crack cases thus receiving the mandatory minimum prison sentencing more than any other ethnicity. According to Gill (2008), mandatory sentencing did not reduce the amount of drug trafficking into the United States. Instead it turned state level offenses into federal crimes, created strain on families by imprisoning violators for long periods of time, and impacted minorities "resulting in vastly different sentences for equally blameworthy offenders" (Gill, 2008, p. 55). Some states, such as North Dakota, Louisiana, Texas, and Connecticut have repealed or adapted their mandatory minimum sentencing and implemented drug court programs or drug treatment programs for offenders who received the mandatory minimums years ago (Gill, 2008).

Crack impacts the Black community in many ways. Crack is linked to increased sexual risk taking behaviors (Maranda, Han, & Rainone, 2004; Peters, et al., 2007), increased incarcerations of parents and breadwinners (Gill, 2008), and increased firearm related homicide rates (Chauhan et al., 2011). Not only has crack cocaine impacted the Black community in the areas of increased sexual risk taking and violence, but it also contributes to poor intimate relationships and relationships conflict between Blacks (Golub, Dunlap, & Benoit, 2010). According to Golub et al. (2010), the marijuana subculture is more popular among young drug users instead of crack cocaine. However, this change in societal trends and the substance abuse subculture does not negate or reverse the fact that crack cocaine had a great impact on the Black community in many ways.

One of the psychopharmacological aspects of crack cocaine is that it affects the sex drive and libido (Risser, Timpson, McCurdy, Ross, & Williams, 2006). Mandara et al. (2004) developed two interpretations of crack cocaine and the impact is has on both male and female sex drives. One interpretation is that males who utilize crack cocaine "tend to have multiple sex partners because of the drug's libido-enhancing effects, recreational sex is less of a concern for the female user, whose sexual behavior is driven more by the drugs addictive properties" (Mandara et al., 2004, p. 321). According to Mandara et al. (2004), female users who engage in prostitution sell their bodies in order to gain resources to purchase more drugs. Approximately 80% (n = 154) of female crack cocaine users in a study conducted by Risser et al. (2006) reported either currently engaging in prostitution or engaging in prostitution in their past. According to Risser et al., prostitution and trading sex for money has been linked to

homelessness, sexually transmitted diseases, high levels of psychological distress, and more frequent drug use.

The second interpretation is that both males and females are impacted by crack cocaine in a sexual nature which enhances their libidos. Both sexes engage in prostitution in order to meet their sexual needs as well as their need to obtain capital in order to purchase crack cocaine. It is not unusual for them to trade sex for the drug (Mandara et al., 2004). It is also important to note that condom use was infrequent among persons who used crack cocaine in a study conducted by Pallonen, Williams, Timpson, Bowen, and Ross (2008), and those participants had no intentions on becoming regular condom users. Failure to utilize condoms, when engaging in high risk sexual behaviors, contributes to high rates of sexually transmitted diseases and the spread of human immunodeficiency virus (Ross, Timpson, Williams, & Bowen, 2007).

There is little data that identifies a difference in the psychopharmacologic effects regarding violence between when a person utilizes crack versus cocaine (Blumstine & Jonsson, 2003; Vaughn, Fu, Perron, Bohnert, & Howard, 2010). Chauhan et al. (2011) conducted a study in which they compared homicide rates of Blacks, Hispanics, and Whites in the 1990s. They found that homicides increased among Blacks during the years crack cocaine was popular. They associated the decrease in Black homicide with the decline of crack cocaine and crack cocaine consumption. It is important to note that all violence associated with crack cocaine is not linked to the psychopharmacological effects of the substance; rather, much is linked to the crack cocaine distribution in neighborhoods stricken with poverty and economic disadvantages along with distribution competition (Vaughn et al., 2010).

Symptoms of Crack Cocaine

The terms used, abuse, and addiction denote degrees of severity in the individual's relationship to crack cocaine. Both signs and symptoms of crack cocaine use may be exhibited individually or in conjunction with other signs and symptoms; however, recent use within an hour will cause the pupils to be enlarged and glassy ("Welcome to Crack Cocaine Support," 2012). Other possible signs include: aggressiveness, anger, burns on mouth and hands, deception, depression, dramatic mood swings, drastic weight loss, hyperactivity and sleeplessness followed by exhaustion, drug use in dangerous situations, erratic appetite, extreme self-confidence, extremely talkative or chatty, failure to meet obligations, financial issues, inability to hold a job, intense arguing, irritability, legal issues, no food in the house, not paying bills, paranoid behavior, reduction or cessation of recreational, school, social, or work activities, restlessness, sexual dysfunction, sexual fantasy with inability to perform, suicidal thinking, and sweating (Dryden-Edwards, 2012; "Crack Cocaine Addiction Treatment," 2012.; "Welcome to Crack Cocaine Support," 2012). While some of these are immediate signs of recent or ongoing crack cocaine use, many are related to long term abuse and addiction ("Welcome to Crack Cocaine Support," 2012).

Symptoms of crack cocaine use can be differentiated between the results of short- and long-term abuse. The "extreme high" experienced by crack cocaine users is also followed by an "intense depression" and can be accompanied by a "crawling sensation" on the skin, convulsions, paranoia, and hysteria ("Crack Cocaine Addiction Treatment: Dealing with a Deadly Killer," 1999, para. 3). Other short-term symptoms include constricted blood vessels,

increased body temperature, increased heart rate, anxiety, lung trauma, and bleeding in the lungs ("Crack Cocaine Addiction Treatment," 2012).

Long-term use of crack cocaine can produce damage to the circulatory system and lead to heart attacks, strokes, and failures in judgment and social exchange ("Crack Cocaine Addiction Treatment: Dealing with a Deadly Killer," 1999). Additionally, other symptoms related to long-term abuse include gastronomical complications, malnutrition, and paranoid psychosis ("Crack Cocaine Addiction Treatment," 2012).

Babies, born of crack cocaine abusers, exhibit particular symptoms related to the drug including an unusually small head ("Crack Cocaine Addiction Treatment," 2012). In addition, these babies can have low birth weight and other growth deformities, as well as being born addicted to crack cocaine ("Crack Cocaine Addiction Treatment," 2012; "Welcome to Crack Cocaine Support," 2012). Babies born addicted must go through withdrawal, which is typified by sleeplessness and muscle spasms ("Crack Cocaine Addiction Treatment," 2012).

Treatment for Cocaine Addiction

The consensus is that a three-phase treatment plan including detoxification, therapy, and aftercare is the most effective method of breaking crack cocaine use, abuse, or addiction ("Crack Cocaine Addiction Treatment," 2012; "Crack Cocaine Addiction Treatment: Dealing with a Deadly Killer," 1999; "The Drug and Alcohol Rehab Needs of African-Americans," 2012). One study finds that a six-month, pretreatment intervention can assist African American addicts in overcoming cultural stigmas against seeking treatment (Wechsberg, Zule, Riehman, Luseno, & Lam, 2007).

Detoxification, or detox, is the process of the body's physical adjustment to the withdrawal from drugs or alcohol ("The Drug and Alcohol Rehab Needs of African-Americans," 2012). The process of detox is unpleasant, often dangerous, and often humiliating ("Crack Cocaine Addiction Treatment: Dealing with a Deadly Killer," 1999.). Therapy can include a number of methods such as behavior modification. Most, if not all, have components of group and individual counseling ("Crack Cocaine Addiction Treatment: Dealing with a Deadly Killer," 1999; "Crack Cocaine Addiction Treatment," 2012; "The Drug and Alcohol Rehab Needs of African-Americans," 2012). Aftercare is comprised of some type of support group which assist the individual in returning to an ongoing life without crack cocaine use ("The Drug and Alcohol Rehab Needs of African-Americans," 2012). Few addictions can be self-managed without ongoing commitment and a stable support group ("Crack Cocaine Addiction Treatment: Dealing with a Deadly Killer," 1999).

A study exploring the effects of pretreatment intervention with African American crack cocaine users showed that those individuals in pretreatment intervention were more likely to initiate contact for treatment compared to the control group (Wechsberg, et al., 2007). The intervention began with recruitment through outreach programs and peer- and self-referral. Those recruited were tested and counseled at various intervals in order to provide personalized feedback to them concerning their drug use, their associated problems, treatment process information, and skills to enhance personal responsibility. Wechsberg et al. (2007) used a four-stage approach focusing on patient awareness of a drug problem, patient understanding of how to resolve the problem, open attitudes on the part of the patient toward behavioral changes, and

positive progress. While the pretreatment group showed significantly higher rates of initiation for treatment than the control group, both groups reported reduced drug use during the study period (Wechsberg et al., 2007).

Summary

Since Black males are more likely to use crack cocaine than any other race, research suggest that excessive mandatory prison sentencing for possession of crack cocaine targeted the African American community (Blumstein & Johnson, 2003; Gill, 2008; Hartley & Miller, 2010). Other adverse effects of crack cocaine in the African American community include increased sexual risk taking behavior and violence. Individuals who use crack cocaine will be at a higher risk for sexually transmitted diseases and mental health problems (Risser et al., 2006). Additionally, research has shown that homicide rates increased among Blacks at the peak of crack cocaine use (Chauhan et al., 2011). Furthermore, crack cocaine has adverse effects on health and may lead to heart attacks, strokes, or gastronomical complications (All about Counseling, 1999). In summary, crack cocaine has negatively impacted the African American community since its introduction in the 1980's. Fortunately, treatment plans are available to treat crack cocaine addiction. A treatment plan that includes a combination of detox, therapy, and aftercare is one of the most effective methods to help individuals overcome this powerful and highly addictive drug.

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