PUBLIC HEALTH APPROACHES TO THE COCAINE PROBLEM: LESSONS FROM THE BAHAMAS

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We are witnessing the unprecedented spread of a relatively new form of cocaine called freebase or "crack" cocaine, which is smoked or inhaled rather than being snorted or injected, as is the powdered cocaine hydrochloride. For most North Americans, the first awareness of the new form of cocaine came with Richard Pryor's burning himself in 1980, allegedly while making freebase cocaine from powder using ether. General awareness of the availability of "crack" became news on the east and west coasts of the U.S. during 1985, although many drug users in North America had been making their own freebase cocaine from powder for as long as a decade. Most Americans only began to appreciate the danger of cocaine in 1986, due to intense media coverage and the sudden deaths of two young athletes from the use of cocaine in June, 1986. The cocaine hotline started by Gold and Washton (1-800-COCAINE) has been receiving a rapidly increasing proportion of calls about the freebase form of cocaine. (1)

The industrialized nations have long experienced the use of illegal and addicting drugs. (2-5) The choice of drugs, and the amount of their use, has changed over time according to the availability, cost, legality, and styles of drug use. Concern about drug use, especially about heroin and hallucinogens such as LSD, increased in the 1960's. In the 1970's, new drugs, including speed, PCP (Angel Dust), and MDMA (Ecstasy), became popular, and marijuana became the most popular illicit drug used by North American young people (except for ethanol and nicotine in states where these were illegal for teenagers). Cocaine has been a part of the Western drug scene for more than a century, although until recently its high cost restricted its use primarily to persons with considerable financial resources. Part of the reason cocaine gradually has grown in popularity in industrial nations may be the (incorrect) perception that it is not as dangerous as heroin.

Today, everyone associated with the field of drug abuse problems in the Americas acknowledges that cocaine use is increasing at a very rapid rate and is becoming a serious problem. It is probable that cocaine use now is increasing at a more rapid rate than that for any other illicit drug in history. However, Musto has reminded us that the U.S. experienced heavy cocaine use in all forms from approximately 1885, a century ago, to the 1920's i.e., during a period of approximately 40 years. (6) This era, during most of which time cocaine was legal and was heavily marketed, was brought to a close by a growing popular acceptance of the danger of cocaine and by its being made illegal. We are now seeing a rapid spread of the use of illegal
cocaine, with potential consequences for the western hemisphere as serious
as those of AIDS.

Why has there been this sudden increase in cocaine use and how should we
think about the problem in order to control it? We will illustrate the
nature of the problem by describing an epidemiologic case study from the
Bahamas and then suggest possible fruitful areas for intervention by consid­
ering three public health models.

A NATIONWIDE EPIDEMIC OF FREEBASE COCAINE USE: THE BAHAMAS

The Bahamas are ideally located to be a transshipment area for illicit
drugs from South America en route to North America and Europe. Among the 700
islands comprising the Bahamas, the majority of which are uninhabited, there
are numerous areas for the easy transfer of drugs from boats and planes
coming from South America (especially from Colombia) to other boats and
planes as well as to individuals bound for the east and south coasts of the
U.S. or for Canada or Europe.

It is inevitable that a nation involved in drug transshipment, however
unwillingly, will have abundant access to those drugs. In the 1980's, pro­
ducers and traffickers alike found that cocaine was much more profitable
and far safer to produce and ship than was marijuana. It commanded a much
higher price per ounce and was easier to ship as a powder than, for example,
marijuana leaves. If law enforcement agents were approaching, cocaine was
also much easier to dispose of (e.g., into the ocean or down a toilet). As
a result, the production and shipment of cocaine increased, and there was a
sharp increase in supply with a consequent drop in price in the Bahamas in
late 1982 and early 1983. Addicts affirmed that in this relatively short
space of time, the street price of cocaine per gramme in Nassau dropped to
about one-fifth of its previous price!

The drop in street price of cocaine presented a problem to the Bahamian
drug pushers because initially there was not a corresponding increase in the
demand for powder cocaine for snorting to match the increase in supply. The
result was that selling cocaine became less profitable. Although a few co­
caine users knew how to make the freebase from the powder and had been using
freebase cocaine, most cocaine users in the Bahamas either did not know how
or did not care to make the freebase form. The pushers, however, were quite
aware that freebase cocaine was far more addictive than the snorted powder,
and their sales would increase if users switched to using freebase cocaine.
The pushers then made a marketing decision to sell only the freebase form of
cocaine on the streets. To accomplish this, beginning in early 1983, the
pushers produced their own "rocks" of freebase cocaine by home kitchen chem­
istry and generally sold only the freebase form of the drug in Nassau and
other areas of the Bahamas. (7) They were, in effect, using some of the
principles of the fast food chains in the U.S. by selling the drug in an
attractive form so that it could be purchased and used quickly, easily, and
at minimum cost. (8)

The freebase form of cocaine is highly addictive, and with heavy use,
symptoms, signs, and behaviour changes develop in the users within weeks or
months rather than after months or years of use by snorting users. Not only
was the freebase form far more addictive than the hydrochloride powder, but
also there is an as yet unproven possibility that the cocaine was more pure
than previously. The combination of exclusive and easy availability, low
cost, high addictive potential, rapid complications, and, possibly, greater
purity, led to the rather sudden appearance of large numbers of cocaine
abusers in the few psychiatric facilities in the Bahamas.

The following data are reported from the Community Psychiatry Clinic