

Building a Safer Society



Cocaine Research Findings –October 2009

Report prepared by

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It is important to state at the outset that the results of the research do not constitute a comprehensive picture of cocaine use in Jersey and cannot be generalised across the whole of the population. Despite the limited nature of the research, the findings begin to describe cocaine use locally in a way that allows some observations to be made in order to assist those tasked with reducing the harm of cocaine use.

Background

A recent report by the United Nations Drug and Crime Office stated that Britain is the Cocaine capital of Europe. Unsurprisingly therefore, in 2009 Cocaine seizures by the Customs have increased significantly and to date 2.75kgs of Cocaine has been seized compared to 711g in 2008 and 136g in 2007. The purity of the Cocaine seized has been very low, ranging between 1% and 7%.

The average purity of HMRC and Police Cocaine seizures in the UK is 61.7% and 15.5% respectively. The most common cutting agent found in Cocaine seizures in the UK is Benzocodine, Phenacetin and Tetramisole.

The rise in seizures coincided with a rise in reported use among clients presenting to the Alcohol and Drug Service and an article appeared in the JEP on 07th January 09. The Director of Alcohol and Drugs Service – Mike Gafoor – stated in that article that “the use of Cocaine is increasing in Jersey with a rise in cocaine seizures and reported use among clients presenting to the Alcohol and Drug Service. At present, the use of the drug in Jersey is recreational in pubs and clubs at weekends and we do not see the heavily dependent users or the same level of drug related crimes associated with cocaine in the UK. However, we should not become complacent as the more easily available a drug is, the more it is likely to be used with resulting health and social problems.”

Consequently on 19th January, a meeting of the BaSS Community Safety Partnership was called. The JEP article had stated that customs were reporting increases in cocaine seizures and that the ADS was saying that cocaine was more readily available – the headline was “Cut-price cocaine hits the streets” (JEP – Wed, 7th Jan, 2009). ADS felt that there was a need to develop targeted drug information campaigns in pubs and clubs and doctors surgeries, warning young people of the dangers associated with cocaine. The police however had a different opinion about the prevalence of cocaine as the evidence they were collecting was not indicative of an increase. The decision was made that more local information was needed.

As a result BaSS began a process for researching the evidence for the availability, scale and pattern of use of cocaine in Jersey. Part of this process was the distribution of a questionnaire to a limited sample of ADS clients, prison inmates and Brooke attendees.

Research Outline

It was proposed in March 2009 that a survey (Appendix 1) be designed in order to add to the existing knowledge base around cocaine use and highlight any areas which may require further investigation. An experienced officer was recruited in order to develop and implement a research. It was agreed to conduct a structured survey amongst clients of the Alcohol and Drug Service, as these were most likely to have experience of cocaine use. (It was later extended to include prisoners at HMP La Moye and Clients at Brook). The questionnaire was designed with the assistance of the Alcohol and Drug Service to ensure that data around existing known risk factors could be explored (for example, the combination of alcohol and cocaine consumed simultaneously).

The questionnaire was initially intended to be circulated from June 22nd 2009 for a four week period within the Alcohol and Drug Service only. All users presenting during this time were given the opportunity to complete a questionnaire. Two weeks into the data collection it was decided to extend the research to encompass both La Moye Prison and Brook. Questionnaires were circulated to prisoners attending the health wing and to all younger people presenting themselves to one specified counsellor at Brook who works for the Drug and Alcohol Service. Data was collected for a six week period from Drug and Alcohol Services and for four weeks at the prison and Brook.

Research Results

Summary of Findings

- 42 out of 92 questioned use cocaine
- Majority of cocaine use seems to be occasional (27 out of 42)
- Majority of cocaine use not viewed as problematic (38 out of 42 users)
- Majority of users male with males showing different patterns of use e.g. men using more frequently (35 male, 4 female, 3 data missing)
- Majority of users in the 21-40 age group
- Over-representation of users who are unemployed or on sickness benefit in cocaine user group (32)
- Majority of users pay £80 a gram
- 43 reported use by snorting (1 respondent had answered they did not use cocaine but then disclosed that they snorted. This probably refers to their previous use of cocaine), 11 by injecting and 15 users mixed with alcohol
- 10 people take cocaine at home alone, 16 at home with others, 22 at a friend's house, 26 in the pub, 23 in a night club and 1 person uses cocaine at work
- When asked about the good and less good things about taking cocaine 10 users talked about increased confidence, 18 talked about experiencing pleasurable feelings, 10 talked about disliking the come down after use, 11 listed feelings of paranoia, 14 complained about the cost of the drug and 2 talked about feelings of dependency on cocaine.

Observations

Given the limitations of the research as previously discussed, the report makes a number of observations rather than recommendations which are generally reliant upon a more solid evidence base.

- The need for more in depth research with a broader range of users is evident. Given the relative expense of cocaine and the profile of the respondents, this research does not include a consideration of patterns of use for those who have a large disposable income. Additional research including the swabbing of licensed premises as part of its methodology (given that 26 people said that they took cocaine in a pub and 23 said they took it in a nightclub) would also give a more detailed picture around the scale of use in Jersey. This would also provide baseline data to measure the effectiveness of any awareness raising campaign. This would also help with collecting demographic data as many pubs and clubs are frequented by relatively distinct groups of patrons. Again this would help with targeting harm reduction messages. An initial trial of swabbing where four premises were tested found evidence of cocaine use in two of the premises.
- It would be advisable that interventions bought 'off the shelf' be used with caution. Any local intervention would need to be mindful of the research findings; in particular, the need for gender and age appropriate messages. More men appear to be using cocaine, or at least coming forward to support services and there were very small numbers of users under the age of 20, with the majority of users being in the 21-40 age groups.

- Any intervention should take note that many users do not view their use of cocaine as problematic and think that it does not impact negatively on their health or ability to work. This may suggest the need to campaign around the more damaging effects of using cocaine. This could include a focus on the many harmful substances that are added to cocaine. Interestingly 35 of the respondents said that cocaine is 'not pure at all' yet there is still a willingness to purchase a substance that could consist of up to 98% unknown compounds.
- It is noteworthy that 32 of the 42 respondents who used cocaine are currently on sickness benefit or unemployed. Given that the majority of users seemed to be purchasing cocaine by the gram and not by the line, and given that the average cost of cocaine per gram is £80, the question is raised about how cocaine use is financed for these users. Financing cocaine on a severely limited budget could be another negative aspect of cocaine use that is not currently being acknowledged or quantified as a societal ill.
- Although there were only several comments about crack cocaine on completed questionnaires, it is important to note that cocaine could be a pre-cursor to an increase in crack cocaine in Jersey similar to trends in the UK.

Overview of Respondents

- 92 completed questionnaires (31 Drugs and Alcohol, 32 HMP La Moye, 29 Brook)
- 54 males 35 females (3 data incomplete)
- Age range 16 years to 60 (49 in 15-25 age group)
- 54 Jersey, 27 England, Wales, Scotland, Ireland, Isle of Man etc, 7 Portugal, Madeira, 1 Polish, 1 USA
- 21 no formal qualifications, 31 O levels, GNVQs, 22 AS and A level, 3 first degree, 2 higher degree
- 27 employed, 22 unemployed, 11 sickness/disability, 19 full time education, 1 retired

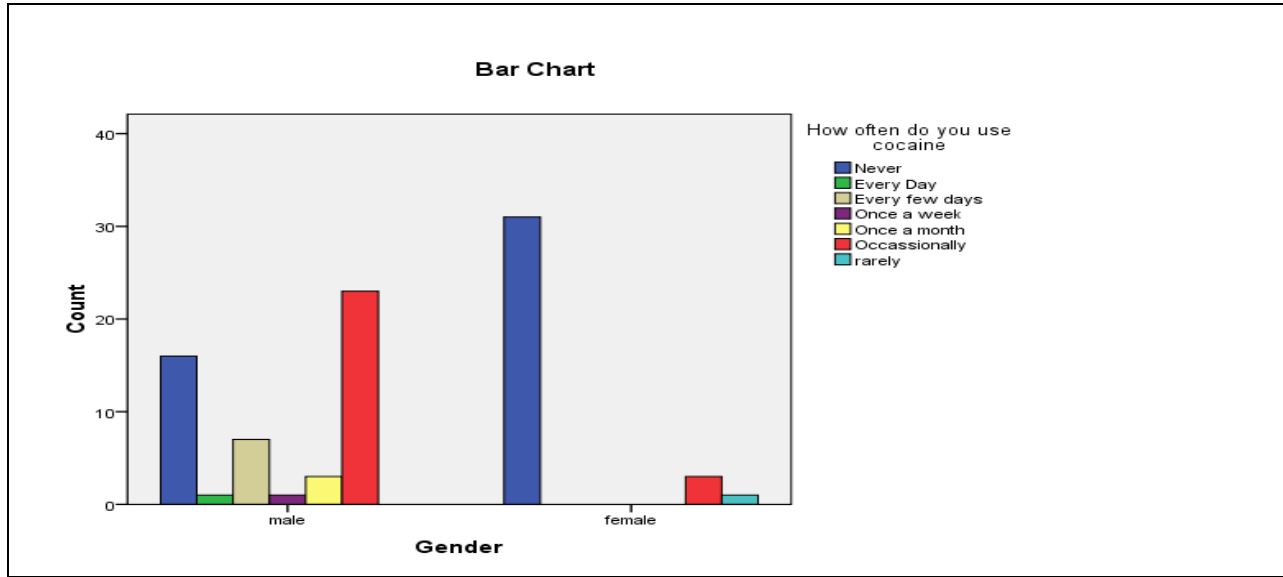
Overall Cocaine Use and Frequency

42 use cocaine, 47 never use, 3 data missing. 1 person used every day, 7 used every few days, 3 used once a week, 3 used once a month, 27 used occasionally and 1 used rarely.

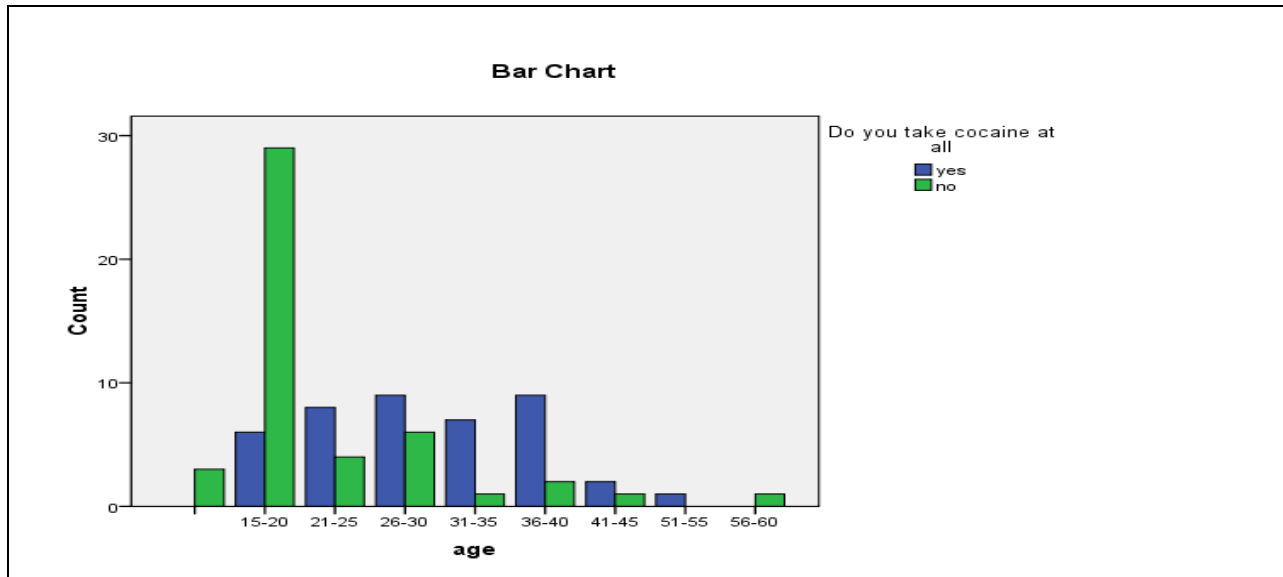
Cocaine Use and Gender

92 questionnaires – data missing on 6 entries					
Do you take cocaine at all	yes	no	missing data	Total	
male		35	16	3	54
female		4	31		35
				3	
Total		39	47	6	92

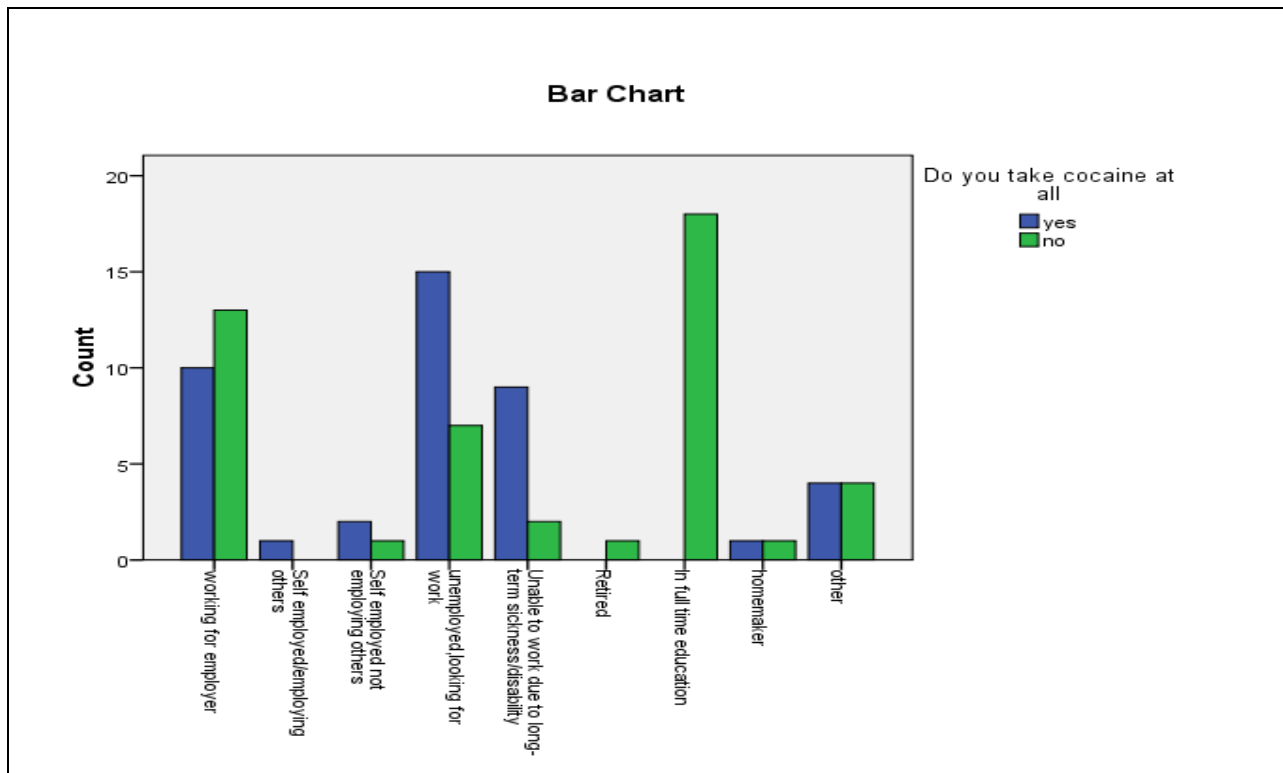
Gender and Frequency of Use



Cocaine Use and Age



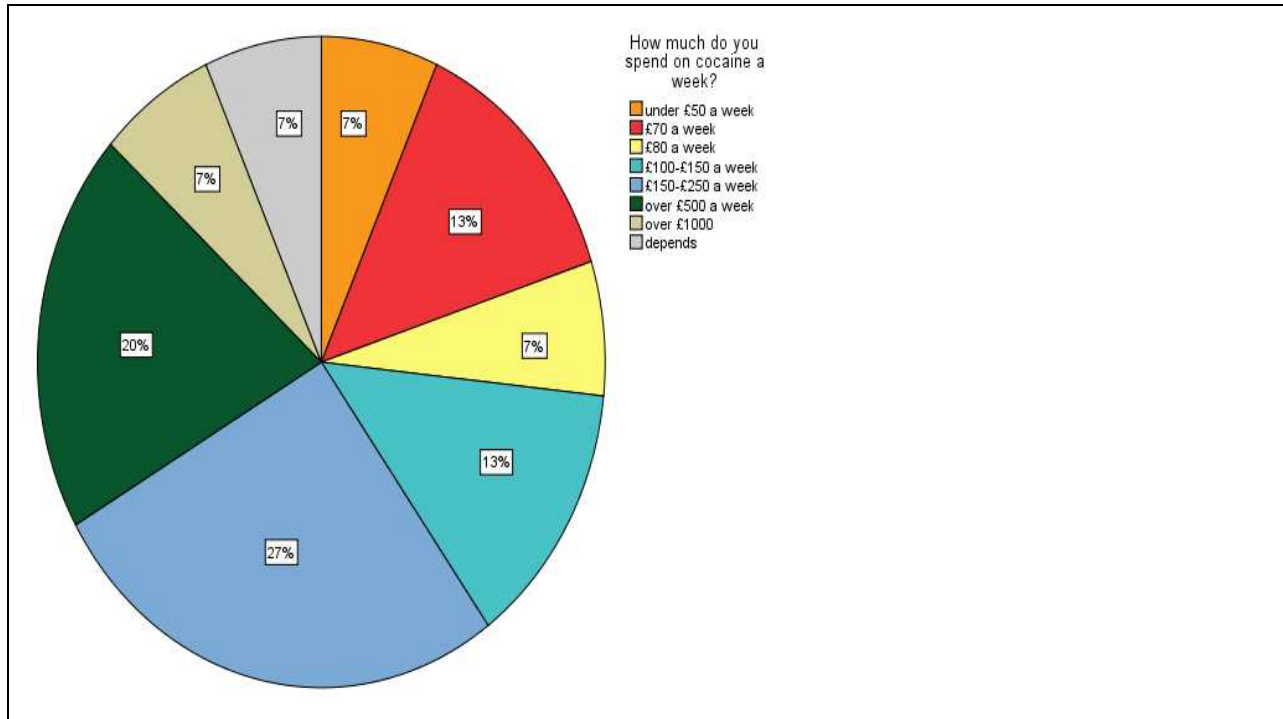
Cocaine Use and Employment



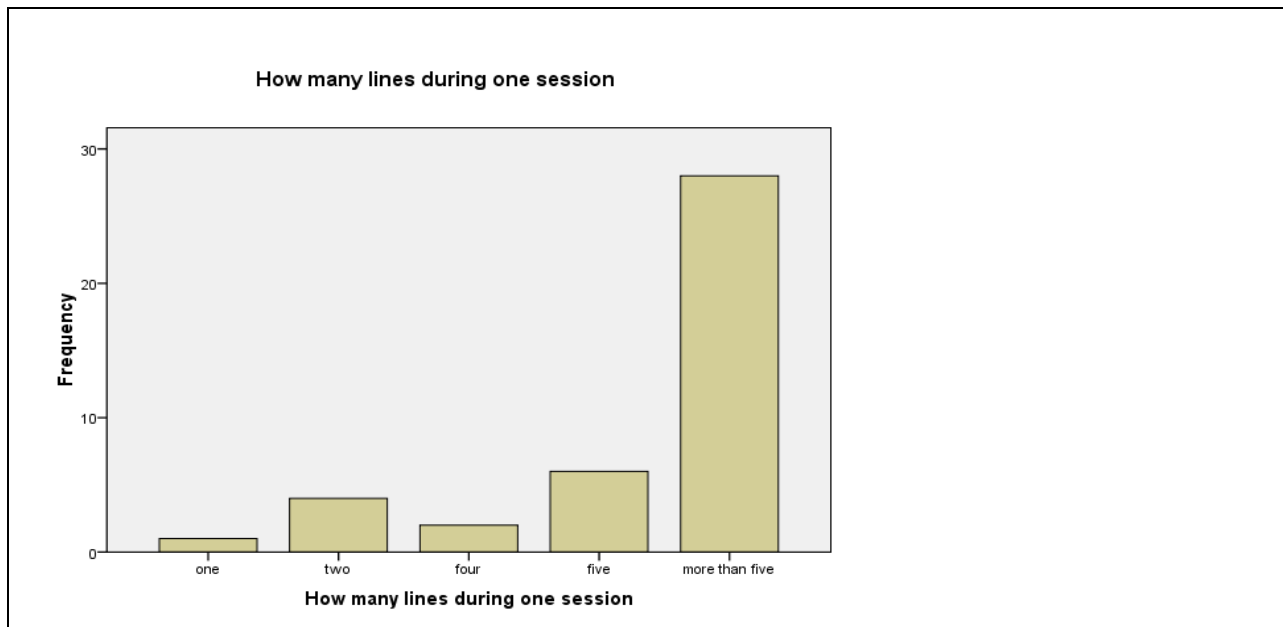
Cost of a Gram of Cocaine

		Frequency	Percent
Valid	£60 a gram	3	3.3
	£70 a gram	8	8.7
	£80 a gram	23	25.0
	£90 a gram	1	1.1
	£100 a gram	3	3.3
	Over £100 a gram	2	2.2
	£60 - £80 a gram	3	3.3
	£30 a gram	3	3.3
	Total	46	50.0
	Missing	System	46
Total		92	100.0

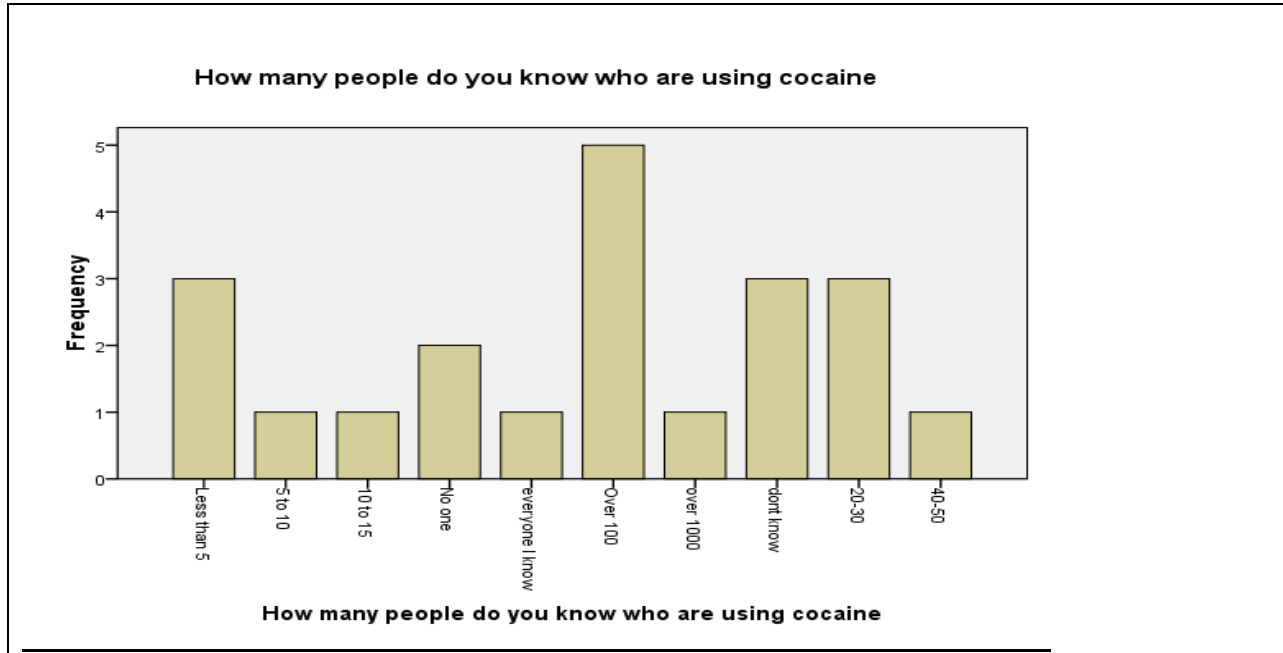
Weekly Cocaine Spend



How Many Lines Taken During Each Session



How Many People Do You Know Who Are Using Cocaine?



Appendix 1 – Cocaine Questionnaire

Cocaine in Jersey

Thank you for filling in this questionnaire. Building a Safer Society (BaSS) which is a Community Safety Strategy is looking at the amount of cocaine use in Jersey after reports that its availability has increased greatly recently. Building a Safer Society is trying to build up a picture of how people are using cocaine locally. All of your answers will be treated confidentially.

1.1 Are you? (Please tick one box only)

01 Male

02 Female

1.2 In what year were you born? _____

1.3 Where were you born? (Please tick one box only)

01 Jersey

02 England, Wales, Scotland, Northern or Southern Ireland, other Channel Islands, Isle of Man.

03 Portugal/Madeira

04 Other European country (please specify country) _____

05 Elsewhere (please specify country) _____

1.4 What is your highest educational qualification either already gained or still working towards? (Please exclude any professional qualifications) (Please tick one box only)

01 No formal qualifications

05 A-Level, GNVQ (Advanced)

02 GNVQ (Foundation)

06 First Degree

03 'O' levels/CSE/GCSE/GNVQ (Intermediate)

07 Higher Degree e.g. (Masters/PhD)

04 AS-Level

08 Other (please specify) _____

Employment

1.5 Are you currently? (Please tick the one box which is most appropriate to you)

01 Working for an employer

06 Retired

02 Self-employed, employing others

07 In full-time education

03 Self-employed, not employing others

08 A homemaker

04 Unemployed, looking for work

09 Other (please specify) _____

05 Unable to work due to long-term sickness/disability

1.6 Which industry do you work in? (Please tick the one box which is most appropriate to you)

- | | |
|--|---|
| <input type="radio"/> 01 Agriculture and fishing | <input type="radio"/> 06 Private Education or Health |
| <input type="radio"/> 02 Finance (including legal work) | <input type="radio"/> 07 Hotels, restaurants and bars |
| <input type="radio"/> 03 Construction and tradesmen | <input type="radio"/> 08 Electricity, gas and water |
| <input type="radio"/> 04 Wholesale & retail | <input type="radio"/> 09 Public sector |
| <input type="radio"/> 05 Transport and communications (including Jersey Airport, Harbours, Post & Telecom) | <input type="radio"/> 10 Other, (please specify)
_____ |

1.11 What is the type of accommodation? (Please tick one box only)

- | | |
|---|--|
| <input type="radio"/> 01 Owner occupied | <input type="radio"/> 05 Private rent (qualified) |
| <input type="radio"/> 02 Sheltered | <input type="radio"/> 06 Private rent (non-qualified) |
| <input type="radio"/> 03 States/Parish rent | <input type="radio"/> 07 Staff/service |
| <input type="radio"/> 04 Housing trust rent | <input type="radio"/> 08 Lodger paying rent in private household |
| | <input type="radio"/> 09 Registered lodging house |

1.12 How often do you use cocaine? (Please tick one box only)

- | | |
|---|---------------------------------------|
| <input type="radio"/> 01 Never | <input type="radio"/> 05 Once a month |
| <input type="radio"/> 02 Every day | <input type="radio"/> 06 Occasionally |
| <input type="radio"/> 03 Every few days | |
| <input type="radio"/> 04 Once a week | |

1.13 How many people do you know who are using cocaine in Jersey? _____

1.14 How much do you pay for cocaine in Jersey?

£ _____ a line £ _____ a gram

How much do you spend on cocaine a week?

£ _____

1.15 Where do you generally take cocaine?

01 At home (mostly alone)

06 At work

02 At home (mostly with other people)

03 At a friend's house

04 In a pub

05 In a night club

1.16 How do you generally use cocaine?

01 Snorting

02 Injecting

03 with alcohol

04 Mixing with other drugs Please list other drugs: _____

1.17 If you snort, do you share straw or notes with others?

01 Never

02 Sometimes

03 Most of the time

1.18 How many lines would you have during one session?

01 One

05 Five

02 Two

05 More than Five

03 Three

04 Four

1.19 What are the good things about your cocaine use?

.....
.....

What are the less good things?

.....
.....

1.20 Can you describe how cocaine use affects your health or your ability to go to work?

.....
.....
.....
.....

1.21 How would you describe your cocaine use?

⁰¹ Not a problem

⁰² Becoming more of a problem

⁰³ A real problem and I want to stop

1.22 How pure would you say the cocaine is in Jersey?

⁰¹ Really pure

⁰² Fairly pure

⁰³ Not pure at all

Any other comments you would like to make?

.....
.....
.....

Thank you for taking part – if you need any more information about this please contact Gill Hutchinson on 01534 447928

Appendix 2

Cocaine Research

Free text Comments

What are the good things about cocaine?

Da1 – try it you might like it

Da2 – Social drugs, increase confidence

Da3-selfconfidence, inflated ego

Da4-like orgasm in the brain

Da5- High, euphoric, energy, adrenalin, confidence, cannot ejaculate, used in sex games

Da7-The buzz you get

Da8-Initial rush/confidence (artificial)

Da11-nothing until its mixed

Da12-Good feeling, nice high until you overdo it and can become wired makes you chatty and sociable

Da13-Chatty, confident, nice high

Da15-makes you feel better

Da16-makes you feel good

Da17- Feeling good

Da19-You are the bees knees

Da21-Ability to stay awake longer, good vibe amongst using group – don't feel insecure; boosts the heroin hit – confidence

Da23-more energy, sociable activity, more alert, increased libido

Da24-The buzz and the euphoric feeling

Da26-None, sends you crazy

Da27-nothing anymore

Da29-getting high

Da30-makes you feel good

Da33-feeling of euphoria

Lem36-Makes me happy, can handle my alcohol consumption more.

Lem38-getting wired

Lem39-It makes you forget about things that are bothering you

Lem42-lots of fun

Lem44-I can control it

Lem46-pain relief, stay awake, dancing

Lem47- because it makes me high and feel good and want to party

Lem50-nice buzz I feel on top of the world, can take on anyone.

Lem51-feeling good

Lem52-nothing, just used cos it was for free

Lem55- feel good

Lem56-feel good, great sex

Lem57-the high

Lem58-when I am out I am very confident about myself

Lem59-getting high

Lem60-when you drunk and back to home, feel alert and safer

Lem61-Feel like socialising more and a better night out able to dance and enjoy the evening

Lem61-the flash

Lem63-it gives you wings

B65-nothing

B69-never done it

What are the less good things?

Da1 – coming down (cost a fortune) in Alcatraz (Jersey)

Da2 – nothing do not use enough

Da3-paranoia, price, crash 2-3 days later

Da4-psychological dependency worse then heroin. Nose bleeds

Da5 – Cannot ejaculate, nose bleeds, crash a few days later

Da7-addictive

Da8- crash next and midweek

Da11-price, quality, size

Da12- comedown paranoia, expensive, lack of sleep and appetite

Da13-Tense, paranoia, restlessness – if crack dreadful anxiety – treat with benzo and SSRI

Da15-your heart

Da16- you can be aggressive

Da17-Come down

Da19-the cost

Da21-paranoia, comedown, price. Its not really my drug as I don't like feeling out of control and hyperactive. I prefer downers

Da23-feeling depressed the following morning, expense.

Da24-Paranoid, bad nose, mood swings

Da26-lethargic, mentally unstable

Da27-waste of money

Da30- feels bad the next day on a comedown

Da33-bad tempers, mood swings, depression

Lem36-The affects it has on my relationship the day after affects of feeling tired and useless. Affects my appetite too.

Lem38-money, cost

Lem39- It costs financially. It costs relationships and sometimes your freedom

Lem42-not much

Lem44-a bad comedown

Lem46-sore nose, nose bleeds, bad come down, in Jersey cocaine is cut with subutex and other substances.

Lem47-cost

Lem48-waste of money

Lem50-come down

Lem51-paranoia and cost

Lem55-feelbad(come down)

Lem56-the comedown

Lem57-anxiety

Lem58-when you run out

Lem60-gums and teeth, the whole body

Lem61-the money I spend on it

Lem62-anxiety

Lem63-the comedown

B65-the comedown

B69-stupid unnecessary

Can you describe how cocaine affects our health or your ability to go to work?

Da1-Don't take any drugs at all

Da3- stop work

Da4-stops work

Da5 – stops work – Monday club

Da12- Bad for your heart as all stimulants are and sleep deprivation makes I hard to get up when you fall asleep.
Sharing equipment can give you diseases (HIV & hepatitis)

Da13-burns nose, poor appetite, able to work

Da14- confidence

Da19-it doesn't

Da21-Cant work on comedown or next day. Heart problems feel shaky and paranoid and cant concentrate

Da23-health, not really, sore nose sometimes. Affects concentration at work.

D24-Not sure how to answer that.

Da30-hard to work when on a comedown

Da33-Mentally depressed, lack of sleep, restlessness, mood swings, aggression

Lem36-Makes me lazy the day after I would not take it in work being a roofer I work at heights.

Lem39-it affects you mentally

Lem44-makes you work better because it gives you energy

Lem46-After comedown, feelings of depression and wanting to get more

Lem51-cant sleep so tired in mornings and loss of concentration

Lem55-not much sleep

Lem56- can affect your heart and make you feel lethargic

Lem58-paranoid and cannot speak to people when not on cocaine. Weight loss

Lem61-I don't think it affects me, it probably does but I cannot see it.

Lem62-don't think it has

B69-slows your reactions, personality change

How pure would you say cocaine is in Jersey?

Da3-trampled on by how many purity relates to employment = punters pay £120

Da5- depends on how many have stamped on it

Da13- use increasing in Jersey

Any other comments you would like to make

Da1-make poverty history – cheaper drugs now

Da2-specialist counsellor. Used crack for 3/12 in all. Took two and a half years to stop dreaming of it.

Da3-crack will come, lots of cocaine last 6/12

Da4-stress needs treating, tranquilisers – Portugal

Da5- treatment should include tranquilizers (Benzos) and antidepressants (SSRI)

Da8-No treatment options offered

Da11-It could become a problem if it was more available and better quality. Then there will be a crack problem

Da13-advertise now about dangers – esp in night clubs on toilet doors

Da19-Coke aint a problem its when crack starts arriving that's when you'll know

Da21-I only ever really use cocaine in the form of crack when I'm in the UK I enjoy crack but its never really around in Jersey that much. I don't have much interest cocaine as I am heroin addict and that's enough

Da25-would need a book for my comments

Da33-cocaine is not a problem but it can lead others to crack that's when it can cause serious problems

Da35-don't use cocaine personally but it seems to be as being seen as an acceptable drug

Lem36- At this moment in time I do not have an urge for cocaine being in here so helped a lot. I look back now and I realise how the drug has hurt me and others around me.

Lem40-drugs are for mugs.

Lem42-rich mans drug, like gold.

Lem43-nothing – know drugs are for mugs.

Lem44-Cocaine is fun if you use it for social reasons

Lem46-Cocaine is overpriced maybe making it less attractive. Also very poor quality compared to what I used in the UK.

Lem49- don't use often enough to effect work but the health side is self explanatory

Lem50-Never had decent coke over here its cut with all sorts. Waste of money

Lem51- had a problem with cocaine in the 90's it's not a problem any longer

Lem52-it think it's a waste of money

Lem54-idont take it, it's silly.

Lem55-it's not always around to do it

Lem58-it is a waste of money in Jersey due to poor quality

Lem61-it's so bad that I have to spend a lot of money on it.