

Crack epidemic hits the United States

by Ricardo F. Martín and Valerie Rush

The United States is under attack from the deadliest kind of terrorism—"crack." The cocaine derivative is cheap, readily available, and as effective as a lobotomy in turning users into zombies—if it doesn't kill them outright. Specialists say the drug has been known to addict first-time users, and is "spreading like wildfire."

After government narcotics agencies were caught napping, the White House decided to swing into action against this threat. According to an Oct. 2 news report, the administration has proposed the creation of 24 special anti-drug task forces to help law enforcement agencies in the major metropolitan areas defeat what the White House is calling an "epidemic" of frightening proportions. Targeted cities include New York, Los Angeles, San Diego, Houston, Atlanta, Boston, Detroit, Kansas City, Miami, Newark, San Francisco, Seattle, and St. Louis.

When an *EIR* investigator recently consulted a spokesman for the National Institute of Drug Abuse (NIDA), she was told that no statistics were available on the extent of crack abuse in the United States. The NIDA spokesman admitted that crack had become a serious problem, and promised that questions about crack would be included in the agency's next census on drug abuse.

A report issued by the Justice Department's Drug Enforcement Administration (DEA) in late September, declared that crack use was not as widespread as "exaggerated" media coverage would suggest, and that abuse of the drug was concentrated mainly in New York City. The facts, however, speak for themselves.

What is crack?

"Crack" is cocaine, usually cut to a street-level potency of 12-30%, and mixed into a paste with baking soda, ammonia, and water. It is then heated until it crystallizes, and broken into small pellets, which are smoked in a pipe. One gram of cocaine can yield up to 50 "crack rocks." The pellets are sold, two or three at a time, in tiny glass vials. The average cost on the street is \$5-10 per vial.

Crack first began to appear on the West Coast of the United States in 1982, spreading to New York and then other urban centers by the end of 1983. It is now present in at least 26 states. The popularity of the drug is based on its lethal "super-potency"—rapidly replacing marijuana and other so-called recreational drugs. According to police sources, most

of the cocaine now being sold is in the form of crack. In Detroit, 90% of cocaine sold is crack; in Dallas 60%, in San Francisco, more than a third. These same police sources say that crack is responsible for an 18% increase in crime in the first half of 1986 alone.

Because of its explosive, if short-lived, "high," its low price, and the ease of buying or making it, crack is spreading into nearly every level of the population. Dr. Mark Gold, founder of the national cocaine hotline (800-COCAINE), says that crack has become the favorite drug of the U.S. middle class. He adds that trusted servants of society, such as policemen and firemen, are increasingly entering the ranks of crack abusers, as well as "airline pilots, highly trained industrial workers, postmen, engineers, and computer experts."

Dr. Arnold Washton, director of research for the cocaine hotline, insists that "This isn't just a big inner-city problem. It's clear that crack is being used by both adults and adolescents, by blacks and whites, by poor and rich alike. This is not a passing fad."

Its favorite victims, of course, are children. In September, nine-year-old Manuel Saucedo of Hereford, Texas was found unconscious, and later died, from a "severe reaction" to crack. Dion Ramírez, an inner-city 13-year-old from New York City, reports that "the crack vials are in the hallway, all over the staircase, and on the shelf under the fire extinguisher."

Smoked, crack is 10 to 20 times more potent than powdered cocaine snorted through the nose, as it is rapidly absorbed into the bloodstream, usually in less than 10 seconds. According to Dr. Edward Mohns, founder and director of the alcohol treatment program at the Scripps Clinic in La Jolla, California, it is "the most addictive substance we know on this planet. It is the only drug that animals will self-administer until death." Immediate dangers posed by the drug are brain seizure, cardiac arrest, and paranoid psychosis triggered by the intensity of its effect on the brain.

According to Dr. William Freed, neuropharmacologist, crack acts to stimulate the nerve cells in the brain which produce the substance Dopamine, a "neuro-transmitter" that facilitates the electrical activity of the brain. But, says Dr. Freed, "the repeated doses of crack over-stimulate these cells, and exhaust them. They stop functioning. When this happens, the regular supply of Dopamine rapidly collapses." Consequently, so does the brain's electrical activity.

Dr. Robert Millman, director of the drug abuse program at Cornell University's New York Hospital, says outright that "crack kills these chemical substances, these neurotransmitters, which are responsible for energy and for a feeling of well-being." Thus, "when the addict comes down (from a crack "high"), anxiety and depression returns, and a state of being is created in which he is incapable of feeling pleasure over anything." To overcome this depression and exhaustion, the crack addict is driven to consume more and more of the drug.