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WOMEN'S HEALTH

Women and crack addiction

Mary E. Guinan, MD, PhD



A smokable form of cocaine has recently been introduced to the United States. First documented in New York in 1985, the use of

rock cocaine or crack has spread rapidly throughout the country since then. Until crack appeared, noninjectable cocaine use was largely a problem in the middle and upper classes because of its high price. Crack has changed that; five and ten dollar packages are readily available. Crack produces a short-lived high and may enhance sexual desire and performance. The rapidity of the spread of crack in inner cities is extraordinary but the movement into rural areas has been no less astonishing. In many cities and small towns crack has gone from a nonproblem to the most significant drug problem within two years.

Crack has several distinguishing effects: it is rapidly addicting, produces a short-lived euphoria, and enhances sexual desire; paranoia that may result in violence is a major side effect. The short-lived high necessitates multiple doses per day. When smoked, crack is rapidly absorbed and reaches the brain in seconds, producing an intense euphoria "compressed into three to five minutes of intoxication, followed by an equally acute dysphoria and intense cravings that may promote a rapidly escalating pattern of compulsive use."¹ Crack is very addicting. Stories are told of addiction after only one exposure, and although the phenomenon is too new for reliable data to have been accumulated, it is generally accepted by workers in the field that crack addiction often occurs after relatively few experiences.

Crack use is especially noted

among the poor and disadvantaged, and in inner cities crack houses are often found in areas with large minority populations. Right now one of the most potent lures to crack for teenagers is the promise of a fantastic sexual experience. Among drug users, a generally accepted myth is that having sex while high on crack produces the ultimate orgasm. Therefore, there is a great demand to experience crack and sex together.

How have women been affected?

black men. The increase in syphilis has been linked to an increase in crack use and prostitution among women.³

What is this telling us? That in the age of AIDS the use of crack has made it likely that more and more inner-city women will be infected not only with syphilis but also with the AIDS virus. Crack is destroying a generation of inner-city young women. Syphilis has been found to be a cofactor in facilitating the trans-

In the age of AIDS, the use of crack has made it likely that more and more inner-city women will be infected not only with syphilis but also with the AIDS virus. Crack is destroying a generation of inner-city young women.

Rarely does one see a woman drug pusher. Women addicted to crack have very few resources and may prostitute themselves for small quantities of the drug. Women are, again, the disempowered. Drug dealers eager to bring in new clients may promise a woman along with the drug. Women crack addicts are sometimes kept at crack houses and given the drug in exchange for sex with the dealers or clients. The women become virtual slaves to both the drug and the dealers.

During 1987 and 1988 an alarming increase in syphilis in the United States was linked to the use of illicit drugs, especially crack. Between 1986 and 1987, a 25% increase in syphilis cases was recorded. The greatest increases were noted in urban areas.² In all racial and ethnic groups increases were greater for women than for men. Case rates per 100,000 increased 22% for white, 24% for Hispanic, and 43% for black women compared to a decreased rate in white men and an increase of only 7% for Hispanic men and 36% for

mission of the AIDS virus during heterosexual intercourse, but what is that to a hopelessly addicted woman? It is absurd to think that we can educate crack addicts on the benefits of safe sex. Can you imagine the likelihood of a woman in a crack house advocating the use of condoms? The primary problems are crack addiction and the disempowerment of women. Attention to this problem is essential before we mount even the simplest sexually transmitted diseases and AIDS prevention programs. Before the crack epidemic and the AIDS epidemic merge in the women of our inner cities the crack epidemic must be controlled.

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