

# Tips for HIV clinicians working with Crack Cocaine Users

**Crack cocaine** (a.k.a., rock, glo, coke, snow, flake, blow) use is associated with behaviors that may negatively impact a client's HIV treatment plan. Crack, a powerfully addictive central nervous system stimulant, is cocaine hydrochloride powder that has been processed to form a rock crystal that is then usually smoked. [1] Below are some tips – and evidence supporting them – for HIV clinicians working with current and recovering crack users.

## **Educate patients about the dangers associated with using cocaine and alcohol at the same time**

In general, poly drug use, which is the use of two or more psychoactive substances in combination to achieve a particular effect, is associated with a greater risk than that seen with use of any single drug. When individuals consume alcohol and cocaine at the same time, they compound the dangers that each individual drug poses to them. The human liver combines cocaine and alcohol to produce a third substance known as cocaethylene, which intensifies cocaine's euphoric effects. [2] Cocaethylene is associated with a greater risk of sudden death than cocaine or alcohol alone. [3]

## **Maintain calm and create an accepting environment**

Crack users can experience auditory hallucinations and paranoia. [1] They may cite concerns that reflect perceived threats. A calm voice, reassurance of safety, an environment with low sensory stimulation (e.g., lowered lighting, quiet environment), and a calm and non-aggressive body posture and non-judgmental language can help an active – or abstaining – crack user from reacting negatively to the clinical environment.

## **Familiarize yourself with co-occurring disorders and the specialty providers in your area who treat them**

The mood disturbances, anxiety, and irritability many crack users experience, both when actively using and during withdrawal, can be difficult to distinguish from other major mental illnesses.[4,5] Crack users may have an existing mental health diagnosis, such as bipolar disorder or schizophrenia. A thorough medical history and mental health assessment is often needed to disentangle mental health and substance use issues. Know your local specialty providers who have expertise in treatment co-occurring substance use and mental health disorders so that you can make appropriate referrals.

## **Discuss issues of sex, sexuality, HIV disclosure, and stigma**

Crack use is associated with transmission of HIV and other sexually transmitted illnesses. [6,7] Frank and honest discussions of sex, sex and drug interconnectivity, sober sex, and safer sex practices are imperative, and should occur in a

non-judgmental manner that allows the patient to speak freely to the provider. Reductions in crack use can help to reduce HIV risk behaviors, which can have significant individual and public health benefits. Although disclosure of HIV status to a sex partner has been shown to decrease sexual risk behaviors, [8] the stigma associated with being infected can make informing a sex partner difficult. HIV+ crack users are more likely than non-crack using counterparts to continue to engage in high-risk sexual practices with their partners upon learning of their HIV status. [9] It is necessary to provide adequate support and counseling around disclosure issues and reassure patients of the safeguards in place to maintain their confidentiality and reduce their risk of transmitting HIV to their sexual partners.

## **Address issues of crack use and HIV disease progression**

Research shows that HIV+ crack users are less likely than their non-crack using counterparts to access primary care and HIV medical services. [9,10] Additionally, crack use hastens HIV disease progression and negatively impacts adherence to antiretroviral therapy, increases viral replication, and is associated with more rapid declines in CD4 counts. [11,12] Non-adherence to HIV medications not only leads to more rapid HIV illness progression, but to medication resistance, as well. [13,14,15] Inform patients of the significant personal and public health consequences of missing doses, and help them develop strategies for improving medication-taking practices.

## **Consider gender differences in cocaine-related impairment and cocaine addiction and recovery**

Both men and women could use help to develop strategies to deal with memory and concentration difficulties. Men may have more difficulty than women with visual-spatial, language and executive decision making. [16] Women appear to especially need interventions to assist with cravings particularly in response to interpersonal problems and negative feelings. [17] These gender differences should be taken into account when tailoring a treatment plan to meet your crack-using patient's individual needs.

## **Know your community support resources**

Crack use transcends racial/ethnic and geographic boundaries and impacts a very diverse array of populations. Though referral resources vary from location to location, Narcotics Anonymous, 12-step programs, substance abuse treatment, and relapse prevention groups are often available for specific groups (MSM, women, HIV+, etc.), and may be crack/cocaine specific. While no medications have been approved to treat crack/cocaine dependence, several effective behavioral interventions are available. [1] Familiarize yourself with local treatment programs that have experience in treating crack users.

## Smoking Crack:

- Use a mouthpiece to prevent burns from the crack pipe.
- Avoid using a cracked pipe, as cuts are a way for bacteria and viruses to get into your body.
- Don't share your mouthpiece/pipe.
- Use petroleum jelly to protect lips when smoking.
- A pipe screen is the safest type of screen for your crack pipe.

## Injecting Crack:

- Use new syringes.
- Prepare for injection on a clean surface.
- Heat crack for at least 15 seconds.
- Use ascorbic acid to dissolve crack for injection.

## Having Sex while on Crack:

- Use condoms, dental dams, and a water-based lubricant for vaginal and anal sex.
  - If you cannot use condoms, use water-based lubricant to reduce risk.
- Use condoms and dental dams/plastic wrap for oral sex.

## Practical Strategies for Reducing the Risk of Infectious Disease Transmission among Crack Users

The Midwest AIDS Training and Education Center (MATEC) developed a *Safer Stimulant Use Flyer* to provide HIV clinicians with practical infectious disease risk reduction strategies they can share with crack cocaine and other stimulant users. The information above is excerpted from the full flyer, which is available for download at: [http://www.matec.info/docs/MATEC\\_Safer%20stimulant%20use%20flyer%203-09.pdf](http://www.matec.info/docs/MATEC_Safer%20stimulant%20use%20flyer%203-09.pdf)

**Keep a list of your local referral resources and update it regularly. Write down referral information you can share with your patient!**

### Need more facts about crack cocaine?

<http://www.drugabuse.gov/DrugPages/Cocaine.html>

### Need a local substance abuse treatment referral?

Phone: 1-800-662-HELP (SAMHSA National Helpline)

Website: <http://findtreatment.samhsa.gov>

### Need a local 12-Step meeting?

- Narcotics Anonymous: <http://www.na.org> (click on "Find a Meeting," then "NA Meeting Search" or "Local NA Helplines")
- Cocaine Anonymous: <http://www.ca.org> (click on "Meetings," then "Click here to find your local area of Cocaine Anonymous")

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This fact sheet was prepared and reviewed by: Beth Rutkowski, MPH, and Thomas Freese, PhD – Pacific Southwest Addiction Technology Transfer Center/UCLA Integrated Substance Abuse Programs; Phil Meyer, LCSW, Elissa Bradley, MPH, and Tom Donohoe, MBA – Pacific AIDS Education and Training Center.