

# Letters to the Editor

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## The Injection of Crack Cocaine among Chicago Drug Users

Crack cocaine is understood to be a noninjectable drug. However, we are observing increasing numbers of crack users in Chicago, Ill, who inject the drug. Injection is accomplished by dissolving crack in vinegar or lemon juice and does not require the application of heat. We observed the process to take 6 to 8 minutes. Water is added before the solution is injected.

Two forces appear to motivate crack injection: changes in illicit drug markets and the desire for greater psychoactive effects. Crack became widely available in Chicago between 1991 and 1992.<sup>1</sup> By 1994, no illicit drug sold on the street was easier to acquire than crack and even the most inexperienced buyers can now find it 24 hours a day, 7 days a week.<sup>2</sup> Ethnographic observations and data indicate that heroin (for injection and intranasal use) and crack cocaine dominate Chicago's illicit drug markets.

Concurrently, cocaine HCl has become more difficult to obtain and is not sold as cheaply as crack. Seventy-three percent of a sample of crack injectors ( $n = 15$ ) reported having experienced difficulty in locating and procuring cocaine HCl, and 87% reported that it was easier to buy "rocks" (slang for crack) than powdered cocaine.<sup>3</sup> A 1995 investigation of illicit drugs found that crack is generally less expensive per pure milligram than powdered cocaine. Comparing eight samples of powdered cocaine and three samples of crack, we found that the first crack sample was less expensive than all of the powder samples; the second crack sample was less expensive than six of the powder samples, and the third crack sample was less expensive than four of the powder samples (Current Community Outreach Intervention Project research on drug prices and purity, March–September 1995). One response to these changes has been the injection of crack by those who once injected powdered cocaine.

In addition, some injectors believe that the conversion of cocaine HCl into crack yields a purer cocaine that produces a more intense "rush." These injectors prefer to inject crack even when cocaine HCl is available.

Crack injection is most often reported by African Americans on the city's south side and west side. In other areas, injectors appear unaware of this practice. When queried about crack injection, they most often reply that it is impossible. Although we are not certain why crack injection has so far been restricted to certain areas, we note that these neighborhoods have the longest experience with crack. Further, injectors in these areas are more likely to have used another drug, "karachi" (a variety of heroin made for intranasal use, which requires the application of an acid such as that found in lemon

juice or vinegar before it can be injected). Crack injectors sometimes compare the process of preparing crack for injection with that of preparing karachi.

These ethnographic data suggest that researchers and public health planners should recognize the possibility that crack is being injected. Though injection of crack appears to be limited to those who previously injected cocaine HCl, we worry that as awareness of the ability to inject crack increases, current crack smokers who have never injected or who quit injecting will see crack injection as a practice worthy of experimentation. If so, the use of crack may pose an even greater risk for human immunodeficiency virus infection than currently estimated. □

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