

**The challenge of crack addiction**  
**Press release of the French National Academy of Medicine <sup>1</sup>**  
**November 7, 2022**

Crack is the cheap form of cocaine, inhaled after heat vaporization. It comes suddenly and intensely to the brain; in doing so, it quickly induces a psychostimulant effect, but also various disorders, then an addiction. It is mainly consumed by specific, very socially disengaged users. The dangerousness of crack for the crack users themselves (somatic, neurophysiological and cognitive disorders; risk of contamination by the hepatitis viruses when sharing the crack pipe; risk of overdose), and for those around them (nuisances and crimes in the public space) requires a rapid and specific support.

The simple moving of crack addicts from one city district to another by the authorities, following the understandable protests of local residents fed up by the nuisance suffered, does not constitute an appropriate response, commensurate with the seriousness of this addiction which requires a personalized medical intervention for a global therapeutic approach (1,2).

A care method, known as the “four pillars”, implemented in Switzerland for more than 20 years, reduces the negative consequences of drug consumption, both for consumers and for society.

The global care, which it implies, was initiated by the epidemic linked to heroin consumption, but it is applicable to other drug addictions. These four pillars are: 1- prevention, which must include an educational component dedicated to health promotion, and another one dedicated to early detection; 2- therapy, which is accompanied by an advice adapted to each type of addiction and to the psychological and social profile of each individual, in order to improve his or her quality of life and physical and mental health; 3- the reduction of risks for the concerned persons, which allows them to maintain a stable state of health, and to preserve their socio-family integration and their social insertion using personalized aids 4- repression, in the event of non-compliance with the regulations, because manufacturing, selling and consuming illicit drugs are acts sanctioned by law and subject to sentences.

Such a comprehensive global care, whose effectiveness has been proven, should be implemented for crack users.

**In the face of crack addiction, the National Academy of Medicine recommends:**

- to set up a preventive health system for the people most at risk today (minors in precarious social situations; migrants);
- to implement mobile devices allowing to reach crack users in an open space in order to bring them to a care structure, with specialists in psychiatry and addictology;
- not to rely on lower-risk consumption rooms which, for crackers, constitute an unsuitable system, but to resort, for them, to hospital care, initially under constraint in some cases;
- to offer, in post-hospitalization, a sanitary and educational care with a specialized accommodation allowing a support adapted to the situation of the concerned person;

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<sup>1</sup>Press release from the Academy's Rapid Communication Platform validated by the members of the Board of Directors on November 6, 2022.

– to maintain the prohibition of its consumption on our territory, by providing the police and justice with means necessary to the effective application of this prohibition.

#### References

- 1- L. Vaivre-Douret, Dumont E. Etat des lieux sur la toxicomanie au crack et plan d'action. Report submitted to the President of the Ile-de-France Region, January 18, 2022, 94 pp.
- 2- Goulian A, Jauffret-Roustide M, Dambélé S, Singh R, Fullilove RE 3rd. A cultural and political difference: comparing the racial and social framing of population crack cocaine use between the United States and France. *Harm Reduct J.* 2022, 19:44.