

Cocaine didn't turn into the problem it is on good looks and high price alone. It's also one of the most addictive chemicals ever discovered.

In fact, researchers report that laboratory rats will even withstand repeated electric shocks if the shocks are followed often enough by big enough doses of cocaine.

That's the **bad** news. Here's the **good** news: We aren't rats.

One difference lies in our ability to make conscious choices about who we are and how we live our lives. On the other hand (or paw, depending), that's an ability you can lose fast, once you choose to use cocaine.

The fact is that cocaine *isn't* a big problem for some people. But for others, it's a walking, talking nightmare of dependency and need and loss of control over thoughts and actions—except those thoughts and actions directed at getting and using more cocaine.

Sound serious? It is. But it's not hopeless. You *can* quit if you want to. And you *can* choose not to let it become a problem in the first place.

Because the bottom line on cocaine is that it can turn on you as easily as it turns you on. And the only way to keep out of danger is to keep out of its way. ■

bottomlines

COCAINE

waking up to a nightmare



This is one in a series of publications on drugs, behavior, and health published by Do It Now Foundation. Please call or write for a list of current titles, or visit our web site at www.doitnow.org.



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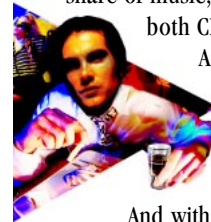
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► a do it now foundation publication by christina dye

Tim was like a lot of people.

He carried a full classload in his senior year in college, paid his own tuition and expenses working part-time at an electronics store near campus, and planned on getting his master's degree after he graduated.

He had his share of friends and *more* than his share of music, including a classic blues collection — both CD's and rare original vinyl releases.



And like a lot of people, Tim used cocaine.

At first, it was pretty casual. He snorted a few lines at parties with friends. It made him feel good — turned-on, revved-up, in control. *Buzzed*.

And with no obvious, *major-league* side effects (other than sniffles and a next-day emotional sag), it *seemed* harmless enough. Too bad it didn't stay that way.

Because before he knew it, music wasn't the only thing Tim was doing to excess. By mid-semester, he was tooting every day, then every few hours.

He *said* it helped him focus when he studied. But that was before he'd missed so many classes that he dropped out for the semester. He *had* to, he told himself, either that or he'd completely *trash* his grade-point average.

He told his parents that he'd gotten behind at school because of his job. When he got fired *there*, he told his friends that his manager was a jerk from Day One.

When his money ran out, he started dealing "on the side," he'd tell both friends and clients, without bothering to explain what he now considered his *main* calling.

He still didn't think cocaine was a *major-league* problem. It made him feel *alive*, like things were happening.

What he couldn't admit was that cocaine was the *only* thing in his life that was happening.

Welcome to the majors, kid.

Tim is just one in a long list of otherwise-cool people whose lives have been turned upside-down by cocaine in recent years.

There are more like him. In fact, right now, there are easily a few hundred thousand

Fine line. The line between casual use of cocaine and addiction is so fine that some never see it at all.

others in this country alone almost *exactly* like him.

cokequake



snowjobs

Crack only compounded the problem, creating a new level of risk and a whole new set of risk-takers.



Just consider some recent numbers:

- An estimated 36.7 million Americans have tried cocaine and 1.8 million are regular users.
- Cocaine landed 482,000 users in hospital emergency rooms during 2008 alone.
- Coke is pricier and less potent than it's been in years. According to the U.S. Drug Enforcement Administration, in 2008 U.S. street cocaine averaged 46 percent purity, with prices above \$180 per gram.

Crack has only compounded the problem, creating a whole new level of risk and a whole new set of risk-takers. That's why we've put together this pamphlet.

Because too many people like Tim have found out the hard way that what they *thought* they knew about cocaine turned out to be only half the story. The other side is like waking up inside a nightmare.

Chemically, cocaine is a dual-acting, two-in-one drug: an anesthetic that numbs whatever body tissue it touches and a stimulant that lights a fire in the brain.

In its powder form, cocaine is usually inhaled, or snorted. At low doses, it blocks appetite and boosts alertness and self-confidence. Effects fade within an hour.

Since its effects last such a short time (and because coke is so pricey), some users try to get maximum

bang for their cocaine buck by injecting it, which causes an intense rush of euphoria—and a longer list of potential problems.

bangs/bucks

Still, for maximum firepower, the biggest gun in cocaine's arsenal—or, at least, the one that gets fired most and does the most damage—is a pipe loaded with crack or freebase.

Both crack and freebase are smokable forms of cocaine, and each delivers the same intense kick as injection, without the trouble and taboo of needles. But the similarities don't end there.

When it's smoked, cocaine enters the bloodstream almost instantly, since it's absorbed via the lungs in vaporized form. That means that crack and freebase squeeze the entire coke high into the smallest possible unit of time.

Drug effects kick in within a couple of heartbeats, but fade fast—within 3-5 minutes. What burns on after the cocaine burns up is a restless desire for more, which increases the risk of repeat use and addiction.

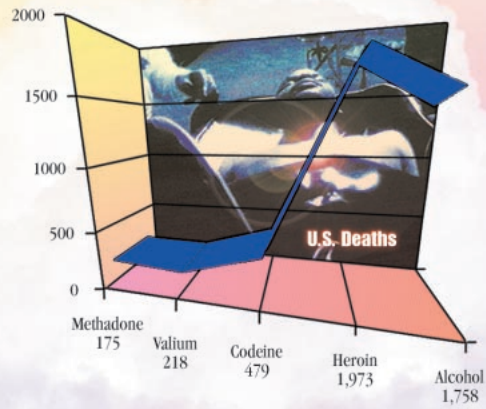
When the crack-freebase phenomenon exploded nationwide in the '80s, it did more than blow the cocaine problem out of proportion. It also blew giant holes in the old notion that cocaine is a risk-free "recreational" drug.

And the reason it did is because it isn't.



Deadly Duos

Source: Drug Abuse Warning Network



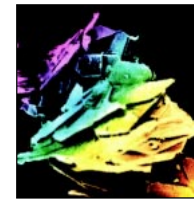
Things go deader with coke. Not only does cocaine cause more overdose deaths than any other single drug, it also figures into several of the most common fatal drug combinations.

What cocaine *is* instead is a dose of white-hot adrenaline aimed at all body systems. And when it hits, it leaves a mark.

Physical signs of use include increased heart rate, blood pressure, and body temperature.

In purely biological terms, the result might seem more like pressure than pleasure, with the same racing heartbeat and nervous sweats that can come before a job interview or a chance meeting with a traffic cop.

But when coke is doing the driving, jangled nerves and an erratic heartbeat aren't just a case of "nerves."



Small world. A cocaine crystal magnified 600 times.

They're part of a complex biological reaction to cocaine, and they're only the tip of an iceberg of effects that the drug can set in motion.

Below the surface, the iceberg is often huge, and can trigger problems that really *are* titanic.

Here are three of the major ones:

- ▶ **Heart attack.** Cocaine can disrupt normal heart beat, even causing heart attack and sudden death in otherwise healthy users.
- ▶ **Stroke.** Surges in blood pressure can burst blood vessels in the brain. Coma or death can result.
- ▶ **Overdose.** A cocaine overdose can be dangerous *and* deadly, since it's easy to lose track of dosage—and hard to resist doing too much.

In addition, smoke from crack or freebase irritates lung tissues, and can cause coughing and chronic pain in the lungs and throat.

If cocaine's short-term risks seem bad enough, heavy or long-term use only compounds the dangers.

Insomnia, weight loss, and malnutrition are common among heavy users—and take a heavy toll on health.

Even though most serious risks are tied to long-term, heavy use, fatal reactions have been linked to even small amounts of the drug.

That's one reason the new line on cocaine is that a little can go a long way—further, in fact, than thousands of coke casualties ever meant to go.

Cocaine is like a lightning bolt in the brain—except everything it strikes wants to stay struck.



Most hard-core cocaine users don't want to stop. Ever. That's not news. What *is* news is why.

In the brain, cocaine acts directly on the electrochemical circuits that regulate arousal and pleasure, by increasing the supply and firing action of key neurotransmitters, especially dopamine and acetylcholine, which figure into both processes.

In a way, cocaine is like a lightning bolt in the brain—except everything it strikes wants to stay struck. That's because the psychological payoff it provides is so powerful that users are drawn to it again and again.

From there, it's only a small step to binges that last for days and end only when supplies run out—or someone's body quits.

Researchers think that heavy use may also alter neural pathways in the brain. These effects seem to be reversible, but resuming even limited use can trigger a renewal of coke-related compulsivity.

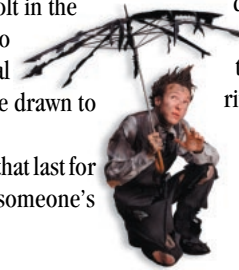
For a variety of reasons (including cost), most users *don't* become dependent. Still, even occasional users may show some of the signs of dependency, including anxiety, irritability, and depression.

On the other hand, lots of others *do* become seriously dependent.

Symptoms of full-blown dependence can range all the way from *gotta-have-it* cravings to compulsive and ritualistic behavior, hallucinations, and paranoia.

But regardless of the form dependency takes, cocaine usually ends up taking more than it gives—unless you consider problems a gift.

It spreads *lots* of those around.



How To Get Off Cocaine

The line that separates low- and high-risk cocaine use can be fuzzy. Use that may seem manageable one week can zoom out of control the next, and a take-it-or-leave-it indulgence can suddenly become a ticket to personal disaster. Still, it *is* possible to stop—no matter how long you've been using or how impossible it seems. Recognizing early signs of a problem can reduce your risk—or start you on the road to recovery. Factors to consider:

- ▶ **Do you smoke or inject cocaine?**
- ▶ **Do you use cocaine in the morning or at regular intervals to get through the day?**
- ▶ **Do you spend a lot of time thinking about or talking about cocaine?**
- ▶ **Are you spending more on cocaine than you can afford?**
- ▶ **Do you have problems at work or with your family or friends related to coke use?**



Domino principle. Chain reactions work both ways: Positive choices can make life fall your way—if you make the first move.

If you answered yes to two or more questions, you already have a problem.

That's the bad news. The good news is that there's still time to do something about it.

Cocaine Anonymous chapters are usually listed in the white pages of the phone book.

Or you can call the National Institute on Drug Abuse's free hotline (1-800-662-HELP) for referral to a treatment program in your area.

But do it now. And keep on doing it until it gets done—and stays that way. ■