

## COCAINE

<b>History</b>	<p>Andean Indians have been chewing on coca leaves for five thousand years or more. In the 1980s USA physicians were studying cocaine as a possible antidote to morphine and alcohol addiction. Used as a local anaesthetic. Coca-Cola contained cocaine and caffeine – it was originally sold as a temperance drink because it didn't have a drop of alcohol in it... However it had a double helping of stimulants! In 1903 the manufactures were forced (public pressure) to abandon the use of the cocaine-laced syrup. They left the caffeine in and employed flavouring from the 'de-cocainised' coca leaves.</p> <p>UK: 1950s cocaine started showing up again – Soho jazz clubs and used almost exclusively with heroin taken through a hypodermic needle in a 'speedball' combination. 1970s cocaine was viewed as glamorous and appealed to the successful and the rich.</p>
<b>Street name</b>	Coke, snow, charlie, Peruvian/Columbian marching powder/ nose-candy, nose-powder
<b>Type</b>	Stimulant
<b>Drug Effect</b>	<p>Cocaine is a powerful stimulant; it offers an intense impression of power and control, combined with heightened energy and awareness. Users can feel euphoric, sexually aroused, confident and egotistical. It is, in some respects, similar to speed but offers a more euphoric and less 'harsh' experience. Effects also include increased heart-rate and blood pressure and pupil dilation. Users are apt to become restless and talkative.</p> <p>When cocaine is injected, snorted, or rubbed onto the gums it causes numbing of the site. Cocaine also alleviates the need for sleep, and acts as a powerful appetite suppressant. Duration of effects depends largely on what is being used and how it is used. Cocaine which is snorted takes longer to act than cocaine injected but the effects last longer. The local anaesthetic effects of cocaine last 15-30 minutes.</p>
<b>Dependency</b>	Yes, mainly psychological. Cocaine is not thought to be physically addictive. However the intensely pleasurable high and the less pleasurable comedown can lead to regular and increasingly problematic use. The very rapid high and comedown from crack increases the likelihood of dependency.
<b>Description</b>	Cocaine HCl: white crystalline powder. High quality cocaine HCl will be in the form of larger crystalline flakes which will give the cocaine a more 'fluffy appearance.' Lower quality cocaine will be in much finer powder form.

	<p>Cocaine powder has a sharp, acidic taste and will rapidly numb the tip of the tongue if dabbed against it.</p>
<p><b>Street use</b></p>	<p>Sniffed and or injected. Cocaine HCl is water soluble and can be absorbed across a mucous membrane (e.g. nose, gums). It is often snorted or rubbed into gums. Typically, when snorted, the powdered drug is placed on a flat surface; the crystals are made as fine as possible by chopping them with a credit card. The resulting powder is then snorted, often through a tube of rolled-up paper in to the nostril. It dissolves, enters the capillaries and then passes in to the circulatory system.</p> <p>Cocaine HCl can also be injected. It does not lend itself to smoking as the heat of a cigarette or pipe will cause the cocaine to breakdown, rather than vapourising. Hence this is an inefficient method of use.</p> <p>A gramme of cocaine costs between £40 and £80, though cocaine is sold at higher and lower prices.</p>
<p><b>Withdrawal</b></p>	<p>No physical withdrawal symptoms but it has been suggested that there may be feelings of sleeplessness, hunger and depression.</p>
<p><b>Long term use</b></p>	<p>With short-term use cocaine users can experience anxiety, paranoia and disrupted sleep, paranoia psychosis; prolonged sleeplessness and mental confusion. The suppression of appetite can lead to weight loss and users will experience exhaustion and fatigue.</p> <p>Snorting of cocaine can lead to perforation of the septum and rubbing cocaine into the gums can cause gum disease and cavities.</p> <p>Cocaine used in conjunction with alcohol forms a compound called cocaethylene; this compound increases the strain on the liver and regular use of cocaine with alcohol increases the risk of liver damage. Cocaine used in combination with other drugs that elevate blood pressure increases the risk of serious health problems. Some users end up using other drugs such as benzodiazepines to offset the come-down caused by excessive cocaine use.</p> <p>An increasingly large population is using cocaine alongside heroin, sometimes smoked but increasingly injecting both drugs together (snowballing). This brings with it the risks of dependency associated with heroin use alongside the risks and costs of a cocaine habit.</p> <ul style="list-style-type: none"> <li>▪ If sniffed – damage to nasal membrane and septum.</li> <li>▪ If injected – circulatory problems, infection risk.</li> <li>▪ If inhaled – respiratory problems, lung damage.</li> </ul>

**Overdose**

High doses can result in increased body temperature, extreme agitation, convulsions and respiratory arrest. Risk increases if cocaine is mixed with other drugs such as heroin, or other depressant drugs such as barbiturates and alcohol.

**Legal Status**

Cocaine is a Class A, Schedule 2 drug; some derivatives of cocaine are still used as local anaesthetics. A prescription only medicine. Class A, Schedule 2.