

Cocaine and Crack

- 1. "The major routes of administration of cocaine are sniffing or snorting, injecting, and smoking (including free-base and crack cocaine). Snorting is the process of inhaling cocaine powder through the nose where it is absorbed into the bloodstream through the nasal tissues. Injecting is the act of using a needle to release the drug directly into the bloodstream. Smoking involves inhaling cocaine vapor or smoke into the lungs where absorption into the bloodstream is as rapid as by injection."**

Source: National Institute on Drug Abuse, Infofax: Cocaine No. 13546 (Rockville, MD: US Department of Health and Human Services), from the web at <http://www.nida.nih.gov/Infofax/cocaine.html> last accessed November 16, 2000.

- 2. "'Crack' is the street name given to cocaine that has been processed from cocaine hydrochloride to a free base for smoking. Rather than requiring the more volatile method of processing cocaine using ether, crack cocaine is processed with ammonia or sodium bicarbonate (baking soda) and water and heated to remove the hydrochloride, thus producing a form of cocaine that can be smoked. The term 'crack' refers to the crackling sound heard when the mixture is smoked (heated), presumably from the sodium bicarbonate."**

Source: National Institute on Drug Abuse, Infofax: Cocaine No. 13546 (Rockville, MD: US Department of Health and Human Services), from the web at <http://www.nida.nih.gov/Infofax/cocaine.html> last accessed November 16, 2000.

- 3. "Although most cocaine in the USA is snorted intranasally, smoking crack cocaine has become widely publicized. The imported hydrochloride salt is converted to a more volatile form, usually by adding sodium bicarbonate, water, and heat. The converted material is combusted, and the resultant smoke inhaled. Onset of effect is quicker, and intensity of the 'high' is magnified. Use of crack by the urban poor and the criminal market for crack have become the most feared problems of drug abuse. Despite frequent predictions, crack use has not expanded to the suburbs or the urban middle class. Its continued use still occurs primarily in poor Americans."**

Source: "Cocaine Dependence", The Merck Manual of Diagnosis and Therapy, Section 15. Psychiatric Disorders, Chapter 195. Drug Use and Dependence, Merck & Co. Inc., from the web at <http://www.merck.com/pubs/mmanual/section15/chapter195/195f.htm> last accessed November 30, 2000.

- 4. "There is great risk whether cocaine is ingested by inhalation (snorting), injection, or smoking. It appears that compulsive cocaine use may develop even more rapidly if the substance is smoked rather than snorted. Smoking allows extremely high doses of cocaine to reach the brain very**

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quickly and brings an intense and immediate high. The injecting drug user is at risk for transmitting or acquiring HIV infection/AIDS if needles or other injection equipment are shared."

Source: National Institute on Drug Abuse, Infofax: Cocaine No. 13546 (Rockville, MD: US Department of Health and Human Services), from the web at <http://www.nida.nih.gov/Infofax/cocaine.html> last accessed November 16, 2000.

5. **"Some users of cocaine report feelings of restlessness, irritability, and anxiety. An appreciable tolerance to the high may be developed, and many addicts report that they seek but fail to achieve as much pleasure as they did from their first exposure. Scientific evidence suggests that the powerful neuropsychologic reinforcing property of cocaine is responsible for an individual's continued use, despite harmful physical and social consequences. In rare instances, sudden death can occur on the first use of cocaine or unexpectedly thereafter. However, there is no way to determine who is prone to sudden death."**

Source: National Institute on Drug Abuse, Infofax: Cocaine No. 13546 (Rockville, MD: US Department of Health and Human Services), from the web at <http://www.nida.nih.gov/Infofax/cocaine.html> last accessed November 16, 2000.

6. **"Because cocaine is very short acting, heavy users may inject it IV or smoke it q 10 to 15 min. This repetition produces toxic effects, such as tachycardia, hypertension, mydriasis, muscle twitching, sleeplessness, and extreme nervousness. If hallucinations, paranoid delusions, and aggressive behavior develop, the person may be dangerous. Pupils are maximally dilated, and the drug's sympathomimetic effect increases heart and respiration rates and BP."**

Source: "Cocaine Dependence", The Merck Manual of Diagnosis and Therapy, Section 15. Psychiatric Disorders, Chapter 195. Drug Use and Dependence, Merck & Co. Inc., from the web at <http://www.merck.com/pubs/mmanual/section15/chapter195/195f.htm> last accessed November 30, 2000.

7. **"An overdose of cocaine may produce tremors, convulsions, and delirium. Death may occur due to arrhythmias and cardiovascular failure."**

Source: "Cocaine Dependence", The Merck Manual of Diagnosis and Therapy, Section 15. Psychiatric Disorders, Chapter 195. Drug Use and Dependence, Merck & Co. Inc., from the web at <http://www.merck.com/pubs/mmanual/section15/chapter195/195f.htm> last accessed November 30, 2000.

8. **"When people mix cocaine and alcohol consumption, they are compounding the danger each drug poses and unknowingly forming a complex chemical experiment within their bodies. NIDA-funded researchers have found that the human liver combines cocaine and alcohol and manufactures a third substance, cocaethylene, that intensifies cocaine's euphoric effects, while possibly increasing the risk of sudden**

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death."

Source: National Institute on Drug Abuse, Infofax: Cocaine No. 13546 (Rockville, MD: US Department of Health and Human Services), from the web at <http://www.nida.nih.gov/Infofax/cocaine.html> last accessed November 16, 2000.

9. Research funded by the National Institute on Drug Abuse (NIDA) and the Albert Einstein Medical Center in Philadelphia states: "Although numerous animal experiments and some human data show potent effects of cocaine on the central nervous system, we were unable to detect any difference in Performance, Verbal or Full Scale IQ scores between cocaine-exposed and control children at age 4 years."

Source: Hallam Hurt, MD; Elsa Malmud, PhD; Laura Betancourt; Leonard E. Braitman, PhD; Nancy L. Brodsky, PhD; Joan Giannetta, "Children with In Utero Cocaine Exposure Do Not Differ from Control Subjects on Intelligence Testing," Archives of Pediatrics & Adolescent Medicine, Vol. 151: 1237-1241 (American Medical Association, 1997).

10. Well-controlled studies find minimal or no increased risk of Sudden Infant Death Syndrome (SIDS) among cocaine-exposed infants.

Sources: Bauchner, H., Zuckerman, B., McClain, M., Frank, D., Fried, L.E., & Kayne, H., "Risk of Sudden Infant Death Syndrome among Infants with In Utero Exposure to Cocaine," Journal of Pediatrics, 113: 831-834 (1988). (Note: Early studies reporting increased risk of SIDS did not control for socioeconomic characteristics and other unhealthy behaviors. See, e.g., Chasnoff, I.J., Hunt, C., & Kletter, R., et al., "Increased Risk of SIDS and Respiratory Pattern Abnormalities in Cocaine-Exposed Infants," Pediatric Research, 20: 425A (1986); Riley, J.G., Brodsky, N.L. & Porat, R., "Risk for SIDS in Infants with In Utero Cocaine Exposure: a Prospective Study," Pediatric Research, 23: 454A (1988)).

11. Among the general population there has been no detectable increase in birth defects which may be associated with cocaine use during pregnancy.

Source: Martin, M.L., Khoury, M.J., Cordero, J.F. & Waters, G.D., "Trends in Rates of Multiple Vascular Disruption Defects, Atlanta, 1968-1989: Is There Evidence of a Cocaine Teratogenic Epidemic?" Teratology, 45: 647-653 (1992).

12. The lack of quality prenatal care is associated with undesirable effects often attributed to cocaine exposure: prematurity, low birth weight, and fetal or infant death.

Sources: Klein, L., & Goldenberg, R.L., "Prenatal Care and its Effect on Pre-Term Birth and Low Birth Weight," in Merkatz, I.R. & Thompson, J.E. (eds.), New Perspectives on Prenatal Care (New York, NY: Elsevier, 1990), pp. 511-513; MacGregor, S.N., Keith, L.G., Bachicha, J.A. & Chasnoff, I.J., "Cocaine Abuse during Pregnancy: Correlation between Prenatal Care and Perinatal Outcome," Obstetrics and Gynecology, 74: 882-885 (1989).

13. "The proportion of high school seniors who have used cocaine at least once in their lifetimes has increased from a low of 5.9 percent in 1994 to 9.8 percent in 1999. However, this is lower than its peak of 17.3 percent in 1985. Current (past month) use of cocaine by seniors decreased from a high of 6.7 percent in 1985 to 2.6 percent in 1999. Also in 1999, 7.7 percent of 10th-graders had tried cocaine at least once, up from a low of 3.3

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percent in 1992. The percentage of 8th-graders who had ever tried cocaine has increased from a low of 2.3 percent in 1991 to 4.7 percent in 1999."

Source: National Institute on Drug Abuse, Infofax: Cocaine No. 13546 (Rockville, MD: US Department of Health and Human Services), from the web at <http://www.nida.nih.gov/Infofax/cocaine.html> last accessed November 16, 2000.

14. "Of college students 1 to 4 years beyond high school, in 1995, 3.6 percent had used cocaine within the past year, and 0.7 percent had used cocaine in the past month."

Source: National Institute on Drug Abuse, Infofax: Cocaine No. 13546 (Rockville, MD: US Department of Health and Human Services), from the web at <http://www.nida.nih.gov/Infofax/cocaine.html> last accessed November 16, 2000.

15. "In 1998, about 1.7 million Americans were current (at least once per month) cocaine users. This is about 0.8 percent of the population age 12 and older; about 437,000 of these used crack. The rate of current cocaine use in 1998 was highest among Americans ages 18 to 25 (2.0 percent). The rate of use for this age group was significantly higher in 1998 than in 1997, when it was 1.2 percent."

Source: National Institute on Drug Abuse, Infofax: Cocaine No. 13546 (Rockville, MD: US Department of Health and Human Services), from the web at <http://www.nida.nih.gov/Infofax/cocaine.html> last accessed November 16, 2000.

16. "Discontinuing sustained use of cocaine requires considerable assistance, and the depression that may result requires close supervision and treatment. Many nonspecific therapies, including support and self-help groups and cocaine hot lines, exist. Extremely expensive inpatient therapy is available."

Source: "Cocaine Dependence", The Merck Manual of Diagnosis and Therapy, Section 15. Psychiatric Disorders, Chapter 195. Drug Use and Dependence, Merck & Co. Inc., from the web at <http://www.merck.com/pubs/mmanual/section15/chapter195/195f.htm> last accessed November 30, 2000.

For a more complete perspective, view Drug War Facts sections on Alcohol, Cocaine and Pregnancy ('Crack Babies'), Crack, Drug Use Estimates, and Treatment.