

DRUG WAR FACTS

Cocaine and Crack

1. "Most cocaine users are episodic recreational users who voluntarily curtail their use. However, cocaine use and the development of addictive behavior in some users has increased in North America, although recent declines are recorded. Availability of highly biologically active forms, such as crack cocaine, has worsened the problem of cocaine dependence."

Source: "Cocaine," The Merck Manual, Section 15. Psychiatric Disorders, Chapter 198. Drug Use and Dependence, Merck & Co. Inc., from the web at <http://www.merck.com/mmpe/sec15/ch198/ch198f.html> last accessed June 11, 2007.

2. "Although most cocaine in the US is snorted, smoking crack cocaine has become widely publicized. The hydrochloride salt is converted to a more volatile form, usually by adding NaHCO₃, 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."

Source: "Cocaine," The Merck Manual, Section 15. Psychiatric Disorders, Chapter 198. Drug Use and Dependence, Merck & Co. Inc., from the web at <http://www.merck.com/mmpe/sec15/ch198/ch198f.html> last accessed June 11, 2007.

3. "Tolerance to cocaine occurs, and withdrawal from heavy use is characterized by somnolence, increased appetite, and depression. The tendency to continue taking the drug is strong after a period of withdrawal."

Source: "Cocaine," The Merck Manual, Section 15. Psychiatric Disorders, Chapter 198. Drug Use and Dependence, Merck & Co. Inc., from the web at <http://www.merck.com/mmpe/sec15/ch198/ch198f.html> last accessed June 11, 2007.

4. "Effects differ with different modes of use. When injected or smoked, cocaine produces hyperstimulation, alertness, euphoria, and feelings of competence and power. The excitation and high are similar to those produced by injecting amphetamine. These feelings are less intense and disruptive in users who snort cocaine powder.

"An overdose may produce tremors, seizures, and delirium. Death may result from MI, arrhythmias, and heart failure. Patients with extreme clinical toxicity may, on a genetic basis, have decreased (atypical) serum cholinesterase, an enzyme needed for clearance of cocaine. The concurrent use of cocaine and alcohol produces a condensation product, cocaethylene, which has stimulant properties and may contribute to toxicity."

Source: "Cocaine," The Merck Manual, Section 15. Psychiatric Disorders, Chapter 198. Drug Use and Dependence, Merck & Co. Inc., from the web at <http://www.merck.com/mmpe/sec15/ch198/ch198f.html> last accessed June 11, 2007.

5. "Some users of cocaine report feelings of restlessness, irritability, and anxiety. A tolerance to the 'high' may develop -- many addicts report that they seek but fail to achieve as much pleasure as they did from their first exposure. Some users will increase their doses to intensify and prolong the euphoric effects. While tolerance to the high can occur, users can also become more sensitive to cocaine's anesthetic and convulsant effects without increasing the dose taken. This increased sensitivity may explain some deaths occurring after apparently low doses of cocaine."

Source: National Institute on Drug Abuse, InfoFacts: Crack and Cocaine (Rockville, MD: US

Department of Health and Human Services), from the web at <http://www.nida.nih.gov/infofacts/cocaine.html> last accessed January 9, 2006.

6. "Because cocaine is a very short-acting drug, heavy users may inject it or smoke it q 10 to 15 min. This repetition produces toxic effects, such as tachycardia, hypertension, mydriasis, muscle twitching, sleeplessness, and extreme nervousness. Hallucinations, paranoid delusions, and aggressive behavior may develop, which can make the person dangerous. Pupils are maximally dilated, and the drug's sympathomimetic effect increases heart and respiration rates and BP.
"Severe toxic effects occur in the compulsive heavy user. Rarely, repeated snorting causes nasal septal perforation due to local ischemia. Repeatedly smoking volatile crack cocaine in high doses can have serious toxic cardiovascular and behavioral consequences."

Source: "Cocaine," The Merck Manual, Section 15. Psychiatric Disorders, Chapter 198. Drug Use and Dependence, Merck & Co. Inc., from the web at <http://www.merck.com/mmpe/sec15/ch198/ch198f.html> last accessed June 11, 2007.

7. "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 potentially increasing the risk of sudden death."

Source: National Institute on Drug Abuse, InfoFacts: Crack and Cocaine (Rockville, MD: US Department of Health and Human Services), from the web at <http://www.nida.nih.gov/infofacts/cocaine.html> last accessed January 9, 2006.

8. "In 2003, 34.9 million Americans age 12 and over reported lifetime use of cocaine, and 7.9 million reported using crack. About 5.9 million reported annual use of cocaine, and 1.4 million reported using crack. About 2.3 million reported 30-day use of cocaine, and 604,000 reported using crack.
"The percentage of youth ages 12 to 17 reporting lifetime use of cocaine was 2.6 percent in 2003. Among young adults ages 18 to 25, the rate was 15 percent, showing no significant difference from the previous year. However, there was a statistically significant decrease in the rate of lifetime crack use among females in the 12 to 17 age bracket."

Source: National Institute on Drug Abuse, InfoFacts: Crack and Cocaine (Rockville, MD: US Department of Health and Human Services), from the web at <http://www.nida.nih.gov/infofacts/cocaine.html> last accessed January 9, 2006.

9. "Stopping sustained use 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 hotlines, exist. Extremely expensive inpatient therapy is available."

Source: "Cocaine," The Merck Manual, Section 15. Psychiatric Disorders, Chapter 198. Drug Use and Dependence, Merck & Co. Inc., from the web at <http://www.merck.com/mmpe/sec15/ch198/ch198f.html> last accessed June 11, 2007.

10. 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, Malmud, Elsa, PhD, Betancourt, Laura, Braitman, Leonard E., PhD, Brodsky, Nancy L., PhD, and Giannetta, Joan, "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).

11. 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)).

12. 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).

13. 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).

For a more complete perspective, view Drug War Facts sections on Alcohol, Substance Use and Pregnancy, Drug Use Estimates, and Treatment.

Common Sense for Drug Policy Presents The Facts: Cocaine

Home	Common Sense for Drug Policy	Research Links and Materials for Journalists and Policy Makers	Media Awareness Project News Archive	Public Education and Advertising Campaign
Drug War Distortions	Effective National Drug Control Strategy	Put a Drug War Facts banner on YOUR site	Links to Drug and Criminal Policy Organizations	Real-Time Drug War Clock

Copyright © 2000-2005, [Common Sense for Drug Policy](#)

Updated: Monday, 11-Jun-2007 07:27:00 PDT ~ Accessed: 125129 times