

facts

Withdrawal

The withdrawal is known as “cocaine dysphoria” or ‘comedown’ or ‘crash’. Symptoms include:

- Irritability
- Extremes of hunger
- Deep depression and suicidal feelings
- Nausea and vomiting
- Fatigue, weakness and muscle pain

Detox and treatment

Phone ADIS for details of services providing cocaine detox and support programs see **FACT SHEET No.1 Contacts**. Your local health service will also be able to advise of local services. Home detox from cocaine is possible with the assistance of medical supervision and a support worker. See **FACT SHEET No.15 Supporting someone through detox**.

Cocaine withdrawal symptoms can be difficult to manage as reactions can be unpredictable and sudden. You will need to keep a close watch for depression and suicidal thoughts, which could lead to a suicide attempt. If you are worried for any reason call an ambulance immediately Dial 000.

If the user has a history of mental illness, heart disease, fits, high blood pressure or angina, detox would be better in a clinical setting.

After detox, psychological dependency is common, and is regarded as the most severe of any illicit drug. Ongoing treatment and counselling will probably be needed to help with this.



facts



Cocaine

Common Names

flake, stardust, and crack.

Cocaine is a drug derived from the leaves of the coca plant.

Slang or street names include: coke, blow, snow, charlie,

History of the drug

Cocaine is a naturally occurring alkaloid found in the leaves of the Coca bush. The leaves have been chewed by South American natives for hundreds of years in religious ceremonies and for their stimulant properties. After Columbus, it found its way to Europe and was used medicinally and as an anaesthetic for the eye until about 1950. It was part of the original formula for Coca Cola and in numerous patent medicines until it was banned from use in 1914.

Forms of the drug

Cocaine comes in the form of a white powder (cocaine hydrochloride) which can be snorted, injected, ingested, or converted to a free-base form and smoked. Smoking free-base cocaine, known as crack, results in a quicker experience of pleasant effects. Crack is more concentrated than soluble cocaine. Most street cocaine is heavily 'cut' with various additives. Pure cocaine is rarely found on the street.

Drug effects

Cocaine is a central nervous system stimulant. Cocaine acts on the brain's pleasure and reward system and floods the brain with the naturally occurring neurotransmitter dopamine. Dopamine is normally associated with pleasurable feelings such as having sex or satisfying hunger or thirst. The brain quickly associates the memory of taking cocaine with the stimulation of its pleasure centres, and even recreational users can find themselves smelling cocaine for no reason, or experiencing a rush if they see a rolled-up bank note. Heavy cocaine users commonly report the desire to keep using continuously.

Short-term effects can occur rapidly after a single dose of cocaine. They can last anywhere from a few minutes to a few hours.

Physical effects include:

- **Immediate feelings of well-being and euphoria**
- **Increased alertness and energy**
- **Reduced appetite**
- **Increase in heart rate and body temperature**
- **Enlarged pupils of the eyes**

Short-term cocaine use can also bring on aggressive behaviour and an inability to judge risks. The effects of cocaine tend to wear off quickly so people often take a number of small doses in quick succession. At higher doses cocaine can produce headaches, dizziness, restlessness and violent behaviour. Other effects may include:

- Loss of concentration
- A lack of motivation
- Heart pain and even heart attack

Cocaine can also cause the user to take risks when driving, having sex or using other drugs.

Risks and harms

If cocaine is snorted, nosebleeds are common, and damage to blood vessels may lead to holes in the supporting tissue of the nose.

Physical effects include:

- **Cardiac problems and angina, thought to be a possible result of long-term cocaine use**
- **Breathing difficulties and lung damage can also occur**
- **Skin sores especially in heavy users. The delusion of ‘crawling insects under the skin’ creates the urge to scratch, and pimples, sores and spots can easily become infected**

Injecting users also face the risk of contracting infectious diseases such as Hepatitis C and HIV (AIDS) - See **FACT SHEET** No.9 for more information. This is risky because users often feel the need to inject continuously to maintain the effects.

Long-term use of cocaine can produce behavioural problems and psychosis.

Psychological effects include:

- Development of repetitive behaviour eg: facial tics
- Cocaine psychosis, which is usually of short duration, but is extremely unpleasant. Common symptoms include hyperactivity, delusions (often of insects crawling under the skin), increased aggression and visual hallucinations such as bright lights or floating spots (snow blindness)
- Longer lasting or a permanent type of psychosis may also occur. It is thought that a permanent loss of dopamine can occur as a result of long-term cocaine use. This may contribute to long-term depression, mood swings, and other disorders similar to those found in people with Parkinsons disease, even after cessation of use

When cocaine and alcohol are taken, the two drugs combine to produce cocaethylene in the bloodstream. This chemical often creates the urge for people to want a “line” of cocaine after a few drinks. This substance creates more damage to the brain than taking alcohol or cocaine individually.

Dependency

Cocaine is known to be extremely psychologically addictive. Laboratory animals trained to press a lever to deliver an injection of cocaine will do so up to 300 times to receive a single dose. If given an unlimited supply they will continue to dose themselves until they die of exhaustion or a heart seizure. The pleasurable brain effects and feelings of increased confidence in oneself and one's abilities are thought to contribute greatly to the addictive nature of cocaine.

Danger signs

Call an ambulance **immediately** if a person has:

- Heart palpitations, shortness of breathe, wheezing, fitting, severe headache, blurred vision or collapses into unconsciousness after taking cocaine
- Passed out or becomes unable to speak or move. If they are still breathing and have a pulse - lie them on their side while waiting for the ambulance
- No pulse and is not breathing commence CPR (Cardio-Pulmonary Resuscitation) and wait for the ambulance
- A pulse but NO BREATHING commence mouth-to-mouth resuscitation ONLY

Risk of overdose is severely increased when combined with other drugs or alcohol. Death arising from cocaine use is rare but possible as some people have a severe reaction to even small doses of cocaine.