

# A QUICK GUIDE TO **Drugs & Alcohol**

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**THIRD EDITION**

by the National Drug and Alcohol Research Centre (NDARC)

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Health



NEW SOUTH WALES

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# COCAINE

*coke, crack, snow, nose candy, white dust*

Cocaine is obtained from the leaves of the coca plant, but it can also be chemically synthesised. It is a stimulant drug (see definition on page 3), as well as a potent local anaesthetic.

Coca leaves have been used for thousands of years in South America for religious, mystical, social and medicinal purposes.

The active chemical was isolated in 1855, and purified and named cocaine in 1860. By the end of the 1800s, cocaine was used in a number of medicines, as well as being an ingredient in the soft drink Coca-Cola. The drug was banned from use in medicines and beverages in the United States in 1914.

In its pure form, cocaine is a white crystalline powder called **cocaine hydrochloride**. Cocaine hydrochloride cannot be smoked effectively because it is destroyed at high temperatures. If the hydrochloride is removed through a chemical process the drug is converted into **freebase**, which can be smoked.

**Crack** is a particularly pure form of freebase cocaine. It often comes in the form of small lumps known as 'rocks'. Crack cocaine is rarely seen in Australia.



Cocaine sold on the street is often cut or diluted with other substances, such as glucose or lactose.

## **Cocaine and the law**

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It is illegal to use, possess, supply or manufacture cocaine in New South Wales.

## **How cocaine is used**

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Cocaine may be snorted, swallowed, smoked or injected.

## **Effects**

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### **Short-term effects**

Short-term effects include:

- a sense of euphoria and wellbeing
- increased blood pressure, heart rate and body temperature
- increased alertness and energy
- sexual arousal
- loss of appetite.

The effects depend on the amount taken, its purity and how it is taken. The effects are generally short-lived (less than 30 minutes).

### **Long-term effects**

Long-term effects include:

- sleep disorders
- sexual problems such as impotence
- nose bleeds, sinusitis and damage to the nasal wall from snorting
- heart attack
- stroke
- paranoia, depression and anxiety
- cocaine-induced psychosis.

## **Cocaine and the heart**

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The most serious physical consequence of cocaine use are cardiac and cerebrovascular disease ('stroke').<sup>10</sup> Cocaine is strongly implicated in causing heart attacks by a combination of increasing oxygen demand, constriction of the coronary arteries, and enlargement of the heart. The drug also causes 'atherosclerosis' (clogging of the arteries). Chest pain and palpitations are among the most common complaints among cocaine users presenting with

acute cocaine toxicity. Cocaine-induced strokes are also well recognised, and users are at a far higher risk of stroke than non-users.<sup>11</sup>

It does not matter how cocaine is used, it is toxic to the heart and causes damage to it and the coronary arteries, as well as increasing the risk of stroke. Hot weather increases the risk of death, as there are already heavier demands upon the cardiovascular system.

Importantly, toxic reactions can occur irrespective of dose, frequency of use, or route of administration, and have been reported with small amounts of cocaine and on the first occasion of use.<sup>12</sup>

## **Cocaine and psychosis**

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One major harm associated with regular cocaine use is the development of a cocaine-induced paranoid psychosis. This has been recognised as a major concern since the late 19th century. A psychosis involves a loss of contact with reality. The person may have paranoid beliefs that they are being persecuted, or that people are trying to kill them, and may also experience hallucinations. The psychosis may be associated with aggression and suicidal behaviours. A state of extreme agitation ('agitated delirium syndrome'), may also be seen in cocaine users. This may involve such a degree of agitation that it results in heart attack and death.<sup>13</sup>

## **Cocaine and driving**

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It is dangerous, as well as illegal, to drive while under the influence of cocaine. Cocaine can make a person feel over-confident when driving, leading to risk-taking behaviour and poor judgement.

## **Cocaine and pregnancy**

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Cocaine use during pregnancy can affect fetal development by increasing the heart rate of both the mother and the unborn baby, reducing the supply of blood and oxygen to the baby. There is also an increased risk of bleeding, miscarriage, premature labour and stillbirth.

It is likely that, if a mother continues to use cocaine while breastfeeding, the drug will be present in her milk, which may have adverse effects on the baby.

## **Using cocaine with other drugs**

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Cocaine and alcohol used in the same session combine in the liver to form cocaethylene, which has been shown to produce more adverse effects on the heart and circulation (cardiovascular toxicity) than either cocaine or alcohol alone.<sup>14</sup> The use of cocaine in conjunction with other drugs that affect the

cardiovascular system, such as methamphetamine or ecstasy, increases the risk of heart attack and stroke, due to the combined stimulant effects of these drugs.

## **Dependence**

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Dependence can develop after a relatively short period of use (see definition on page 4). Just how long it takes may depend on the way the drug is used—smoking or injecting may lead to dependence in a matter of weeks or months, while dependence associated with snorting may take longer to develop.

## **Withdrawal**

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Withdrawal from cocaine produces symptoms such as a strong craving for the drug, fatigue, anxiety, irritability, agitation and depression.

## **Overdose**

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Several toxic reactions can follow the use of cocaine. Cocaine toxicity is often called cocaine overdose, but it can occur with relatively small doses, especially in combination with other drugs or when there are pre-existing medical conditions.

Symptoms of cocaine toxicity may include:

- nausea and vomiting
- chest pain
- heart palpitations
- tremors
- increased body temperature and heart rate
- seizures



- extreme paranoia, anxiety, panic and agitation
- hallucinations and delirium.

## Treatment

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Psychosocial approaches are the first step in treatment for people with stimulant use disorders, including cocaine dependence. Evidence-based interventions include cognitive behaviour therapy, motivational interviewing and relapse prevention (see pages 7-8).

Cognitive behavioural therapy (CBT) is an effective approach for preventing relapse. This approach helps patients develop critical skills that support long-term abstinence – including the ability to recognise the situations in which they are most likely to use cocaine, avoid these situations and cope more effectively with a range of problems associated with drug use.

Therapeutic communities (TCs) can be an effective treatment for people who use drugs, including cocaine. TCs are drug-free residences where people in recovery from substance use disorders help each other to understand and change their behaviours. Programs may vary anywhere from a one-month to a 12-month stay and can include onsite vocational rehabilitation and other supportive services that focus on successful reintegration of the individual into society. TCs can also provide support in other important areas – improving legal, employment and mental health incomes.

Unlike the opioids, there is no proven pharmacotherapy for cocaine dependence. Many behavioural treatments for cocaine addiction have proven to be effective in both residential and outpatient settings. Behavioural therapies are often the only available and effective treatment for many drug problems, including stimulant addictions.

