

COCAINE: THE BASICS

Cocaine is an extremely powerful and addictive stimulant. Cocaine is part of a broad general category of plant-based alkaloid drugs like caffeine, nicotine, and morphine. Coca leaves (*Erythroxylon coca*) in their raw form, have been chewed and ingested by native South Americans, for thousands of years. Coca leaves grow in Bolivia, Columbia, Java, and Peru. Powder and freebase cocaine and crack, are manufactured to produce a quicker onslaught of effects, making them more addictive. Coca leaves are manufactured into cocaine paste, at this stage contains 40 -80 percent cocaine sulphate, available in South America and in some areas of the U.S. called paste or bazooka. Powder cocaine is further refined to produce cocaine hydrochloride crystal, the primary ingredient in powder cocaine and crack cocaine (crack).

The purified chemical (cocaine hydrochloride) was extricated from the coca plant more than a century ago. The word

'cocaine' pertains to the drug in powder or crystal form, it is the second most trafficked illegal drug in the world.

THE FOLLOWING ARE STREET NAMES FOR COCAINE:

Aunt Nora	Mojo
Bernice	Nose Candy
Binge	Paradise
Blow	Rock
C	Sneeze
Charlie	Sniff
Coke	Snow
Crack	Toot
Dust	White
Flake	

In the early 1900s, purified cocaine was the primary ingredient in many tonics and potions manufactured to treat a plethora of illnesses and ailments, and more. Coca Cola was named in 1885 for two of its 'pharmaceutical ingredients'; extract of coca leaves and Kola nuts. Prior to the breakthrough in the use of synthetic local anaesthetics cocaine was widely used by surgeons as a painkiller. Before the harmful and addictive nature of cocaine became widely apparent, this drug was hailed and promoted as a wonder drug, a cure-all, oftentimes present in alcoholic beverages. Sigmund Freud (May 6, 1856 - September 23, 1939) the Austrian neurologist and world-renowned founder of psychoanalysis was a regular user of cocaine and even touted it as a beneficial drug the sad truth is that Freud's life was nearly ruined by his cocaine addiction. William Halsted, M.D. (September 23, 1852 - September 7, 1922) believed by many to be the father of modern surgery was also addicted to the 'miracle drug' (cocaine).

Freud writing to his future wife, Martha, "If all goes well, I will write an essay on it and I expect it will win its place in therapeutics by the side of morphine and superior to it ... I take very small doses of it regularly against depression and against indigestion and with the most brilliant of success." (By Caleb Hellerman, July 22, 2011; cnn.com: Cocaine: The evolution of the once 'wonder' drug)

Later in life, Freud quit using cocaine, no doubt realizing its adverse effects upon his mind and body. Shockingly, in 1895, while under the influence of cocaine, he and a colleague performed surgery on Emma Eckstein (1865-1924) one of Freud's most Paramount patients, for a brief period of time she was a psychoanalyst. The surgery went bad nearly killing her. This is

an important cocaine-related event in Freud's life that made him realize the truth about this drug.

Fredrick Allen chronicles a segment of the public's attitude towards cocaine that was apparent during the early 1890s when Coca Cola's producers were attempting to perfect their recipe.

"The first stirrings of a national debate had begun over the negative aspects of cocaine, and manufacturers were growing defensive over charges that use of their products might lead to 'cocainism' or the 'cocaine habit'. The full-throated fury against cocaine was still a few years off, and Candler and Robinson were anxious to continue promoting the supposed benefits of the coca leaf, but there was no reason to risk putting more than a tiny bit of coca extract in their syrup. They cut the amount to a mere trace." (By David Mikkelson from the Archive; snopes.com: Cocaine-Cola)

Commonly, drug dealers sell a concoction made up of cocaine hydrochloride and filler ingredients, and pass it off as pure cocaine. The filler ingredients look like cocaine and are much cheaper, including sugar, cornstarch talcum powder, procaine (a chemical used as a local anaesthetic), amphetamines, caffeine, local anaesthetics, inert white powders, and any other substance that can increase the weight of the 'cocaine'.

Cocaine dealers also like to use ingredients with psychoactive and numbing effects thereby fooling the buyer-users. On rare occasions cocaine may contain dangerous or lethal poison, widely known as a 'death hit', and understandably so. Other less common ingredients that have been found in cocaine include quinine, thiamine (Vitamin B1), sodium carbonate (washing soda), Magnesium silicate (asbestos), Magnesium sulphate (Epsom salts), salicylamide (non-prescription pain reliever). Additives used to cut cocaine can include boric acid, laundry detergent, and laxatives. The buyer and user must be aware that many filler ingredients have their own side effects and clinical contraindications

Cocaine is commonly sniffed causing the drug to be absorbed into the bloodstream through the nasal flesh, and can also be ingested or rubbed against the gums. Some users opt to inject cocaine into their bloodstream. Unfortunately, this method of cocaine use considerably increases the risk of overdose. Inhalation of cocaine in smoke or vapour form can also generate a quick high, at a lower risk of overdose than injection. Freebase cocaine is purer than the salt-based type of cocaine, as the bulk of additives are removed during the manufacturing process. Freebase cocaine is not water-soluble (Does not dissolve in water) and is especially addictive when smoked

because the drug can reach the brain faster than by snorting or injections.

As in any case, of illicit drug purchases, buyer beware! The potency of the used drug fluctuates; the ratio of fillers to the real thing may drastically change in one sale thereby significantly increasing the risk of accidental overdose. The chewing of untreated coca leaves create a sense of increased energy and well-being, curbed appetite, and does not appear to lead to powerful withdrawal or addiction symptoms.

Whatever the case, this is a very dangerous enterprise. No wonder cocaine is been proven to be one of the most dangerous drugs. It is common for the physical and mental addictions to occur soon after beginning to use cocaine, and the fight for sobriety is a very difficult daily struggle. Cocaine manufacture, sale, and use are a worldwide phenomenon, and it does not discriminate against any of its users, it is a danger to all. Cocaine is an extremely powerful naturally occurring stimulant that contains benzoylmethylecgonine.

"My friend was on drugs for four years, three of which were on hard drugs such as cocaine, LSD, morphine and many antidepressants and painkillers. Actually, anything he could get his hands on. He complained all the time of terrible pains in his body and he just got worse and worse {until} he finally went to see a doctor, who told him that there was nothing that could be done for him and that due to the deterioration of his body he would not live much longer. Within days—he was dead," signed Dwayne. (drugfreeworld.org: The Truth about Cocaine: International Statistics)

THE FOLLOWING ARE POSSIBLE SHORT-TERM EFFECTS OF COCAINE USE:

- An incredible high of short duration promptly followed by a nosedive (virtually guaranteed)
- Abnormal increase in dopamine levels in brain circuits responsible for directing pleasure and movement. Ordinarily, the brain discharges dopamine in these circuits in response to possible rewards. The discharges are reclaimed back into the particular cell that released it, discontinuing the signal between nerve cells. Cocaine does not allow dopamine to recycle, resulting in excessive amounts to accumulate between nerve cells. This deluge of dopamine eventually obstructs normal brain communication creating cocaine's high.
- Cocaine Intoxication: Refers to the almost instant and hazardous effects of cocaine on the mind and body
- Severe loss of appetite

- Increased Sexual Arousal
- Increase in talking
- Being Self-Absorbed
- Increased heart rate
- Rise in blood pressure
- Rise in body temperature
- Stroke
- Increased risky behaviour
- Respiratory failure
- Contracted blood vessels
- Dilated pupils
- Irritability
- Euphoric happiness
- Pronounced increase in energy
- Mental alertness
- Muscle twitches
- Muscle pain and spasms
- Disrupted sleep patterns
- Nausea
- Tremors
- Increased startle response
- Oversensitivity to sight, sound, and touch
- Paranoia
- Headaches
- A powerful unfounded distrust of others
- Outlandish, odd behaviour, occasionally violent
- Tactile and auditory hallucinations
- Irreparable damage to mind and body
- Coma (rare)
- Death (rare)

Cocaine is mostly metabolized in the liver less than 1 percent of the parent drug (the original drug) is eliminated in the urine. The main metabolite is benzoylecgonine and is noticeable in the urine for up to 8 days subsequent to cocaine use.

THE FOLLOWING ARE POSSIBLE LONG-TERM EFFECTS OF COCAINE USE:

- Irreparable damage to blood vessels in the heart and brain
- High blood pressure
- Cardiac arrest

- Malnourishment
- Motor disorders
- Liver, kidney, and lung damage
- Rashes and reddening of the skin from scratching
- Snorting leads to destruction of tissue in nose, loss of smell, nosebleeds, recurrent runny nose
- Loss of touch with reality including tactile and auditory hallucinations
- A host of mental disorders
- Consuming by mouth: Serious bowel decay resulting from reduced blood flow
- Significant tooth decay
- Burnt lips and fingers from using cocaine pipes
- Sexual difficulties, reproductive harm and infertility (males or females)
- Needle injection: Increased risk for contracting HIV, Hepatitis C, and other blood-borne diseases
- Seriously impaired judgement leading to a plethora of dangerous and criminal activities
- Addiction and tolerance; many cocaine users freely admit that their addiction began after just one use. In general, tolerance refers to a user's reduced physiological and psychological responses following its repeated use, resulting in the need for an increased dose and often-times an increased number of doses per day
- Stroke
- Death

"Don't touch cocaine. I spent two years in jail because of this drug {and} when I got out life was so hard I started taking the drug again. I know 10 girls who became prostitutes because of coke. {It is} much more extreme and degrading than we believe. At the time we don't realize to what degree it destroys us," signed Dwayne. (drugfreeworld.org: The Truth about Cocaine: International Statistics)

It is important to understand that although cocaine use has been proven to be hazardous to a person's health, reactions are idiosyncratic (every person does not react to the drug in the exact manner); cocaine use is unpredictable, each use, even for the same person may bring about slightly or major difference in reaction. A potentially fatal problem relates to the potency of the drug.

THE FOLLOWING ARE POSSIBLE IMPORTANT FACTORS THAT CAN AFFECT THE PHYSICAL AND MENTAL REACTIONS TO COCAINE USE:

- Duration of use
- Frequency of use
- The rapidity of use
- Method of use (snorting, smoking, injecting)
- The overall health, weight, and gender of the user
- The use of other illicit or prescription drugs
- Additional drug addictions
- The form of cocaine
- The social context and the environment

THE FOLLOWING ARE POSSIBLE LONG-TERM EFFECTS OF COCAINE USE ON THE BRAIN:

- Cocaine blocks the reuptake of neurotransmitters including dopamine, nor-epinephrine, and serotonin. A frequent long-term user's brain will depend on this drug to provide and continue the unnaturally intense level of pleasure and euphoria
- Accelerated brain aging: Partly due to marked loss in gray matter in essential parts of the brain, and to functional shortfalls in different brain regions
- Blood vessel damage: Constriction of blood vessels may lead to an increased likelihood of a stroke
- Cognitive shortfalls: Dopamine levels decrease and activity in the prefrontal cortex diminishes. Optimum cognition is heavily dependent on the prefrontal cortex for processing complex details, attention, and logic
- Neurological dependence: The brain becomes tolerant of the drug; the usual dose no longer has the effect that it used to
- Abnormal dopamine levels: Dopamine deficiency leading to attention related problems, impulsive and unpredictable behaviour, mood swings, confusion, decreased level of clarity, cognitive impairment, and emotional problems
- Prefrontal cortex (PFC) impairment: This is likely the most harmful aspect of cocaine use. The PFC is located in the front of the brain behind the forehead. It is responsible for high-level processes such as abstract thinking, logic, decision making thought analysis, solving complex equations, regulating behaviour, choosing between right and wrong, and anticipating the outcomes of actions or events

- Neurotransmitter-associated problems, and stroke (a lack of blood flow to the brain), which may result in irreversible mental and motor-related impairment

Long-term cocaine addicts' brains are adversely altered. This affects their ability to perceive or understand loss - such as losing large sums of money, being sent to jail or prison, a breakup in a relationship, loss of friends and so forth.

According to a recent study published in The Journal of Neuroscience. The brain activity of 75 persons including 50 cocaine users and 25 healthy controls were recorded. An electroencephalogram (EEG) was used to detect electric activity in the brain while test subjects were involved in a gambling game. Also studied were the different results among the cocaine users.

Twenty-five of the test subjects had used cocaine within 72 hours of the study, while the other 25 had withheld cocaine use for at least 72 hours. The cocaine addicts with the more recent use had greater electrical activity associated with the brain's reward circuit during an unpredicted compared to a predicted win, a pattern that was akin to the 25 healthy control subjects.

The researchers believe that these findings are in par with the hypothesis that in addiction the drug is used to regularizing a particular brain function, in this case Reward Prediction Error (RPE).

"This is the first time a study has targeted the prediction of both gains and losses in drug addiction, showing that deficits in prediction error signalling in cocaine addicted individuals are modulated by recent cocaine use. The reductions in prediction of loss across all cocaine-addicted individuals included in this study are also of great interest. They could become important markers that can be used to predict susceptibility for addiction or relapse or to develop targeted interventions to improve outcome in this devastating, chronically relapsing disorder," said principal investigator Dr. Rita Goldstein. (By Mark Prigg for DAILYMAIL.COM, February 4, 2015; dailymail.co.uk: Cocaine changes addict's brains so they cannot recognise loss - even if their partner leaves them or they are sent to jail)

A recent study from the John Hopkins University shows that cocaine use is even more detrimental than had previously been thought. Normal, controlled autophagy is a natural process that entails cleaning up cell debris and helps cells survive. However, cocaine use triggers a process called 'overactive autophagy' in which cells digest their own insides. The researchers also noticed this phenomenon in the brains of the offspring of mice whose mothers were given cocaine during

pregnancy. Thankfully, all is not bad: "We performed 'autopsies' find out how cells die from high doses of cocaine ... That information gave us immediate insight into how we might use a known compound (CGP3466B could prevent out-of-control autophagy) to interfere with that process and prevent the damage," said Solomon Snyder, professor of neuroscience at the John Hopkins University School of Medicine. (By Caroline Gregoire, Senior Writer, The Huffington Post; January 21, 2016; huffingtonpost.com: Cocaine Causes Your Brain to Literally Eat Itself, Study Finds)

Cocaine use during pregnancy is very hazardous to the women and her foetus. More shocking is that most women who use cocaine are of childbearing age. It estimated that about one in twenty women use one or more addictive substances; in effect, there are hundreds of thousands of cocaine-use related pregnancies every year. Keep in mind that many women refuse to report their cocaine use problem during pregnancy others are in serious denial or are unaware of any wrongdoing. The logic used by the mother to deny the problem is no consolation to the unborn child.

Social stigma and dishonour, loss of custody of children, loss of employment, and trouble with the law are other major reasons for keeping the cocaine use a secret.

THE FOLLOWING ARE POSSIBLE EFFECTS OF COCAINE USE DURING PREGNANCY:

- Cocaine enters the woman's bloodstream to the placenta where it will reach the unborn child. Cocaine also builds up in the fluid around the unborn child and is absorbed in the unborn child's skin. In effect, the unborn child will regularly swallow the cocaine-stained fluid. Once in the bloodstream, the cocaine will reach its organs
- Increased risk of stillbirth (when a baby dies in uteri at 20 weeks of pregnancy or later)
- Premature membrane ruptures or Rupture of membrane (PROM; Occurs when the membrane sac carrying the unborn child and the amniotic fluid breaks open before a woman goes into labour). In serious cases death to the mother and unborn child may occur
- Splitting away of the placental lining from the uterus before delivery
- Premature birth
- Low birth weight
- Spontaneous miscarriage
- Excessively demanding labour and delivery

- Premature labour or preterm labour (the woman's body readies itself for birth too early in the pregnancy, 3 weeks or more before the due date).
- Maternal migraines (severely painful headaches that are commonly followed by other symptoms)
- Dangerous high blood pressure related problems for the mother

THE FOLLOWING ARE POSSIBLE EFFECTS OF COCAINE USE ON INFANTS:

- Premature delivery
- Intrauterine growth restriction (IUGR; Low birth weight, increases the chance of death)
- Behavioural problems
- Learning problems
- Seizures
- Death
- Stroke
- Feeding problems
- Sleep related problems.
- Malformation of the urinary tract
- Increased probability of birth defects
- Reduction in some aspects of cognitive performance
- Neonatal abstinence syndrome (NAS; Is a term used to describe a number of problems an infant experiences when withdrawing from exposure to narcotics, some of which are unnatural jumpiness, irritability, startle and cry at the softest touch. Note that cocaine is legally a narcotic drug by law. However, is not a medical narcotic, a medical narcotic relieves pain by altering the way the brain perceives pain
- Special monitoring and care may be needed for the newborn. A woman who has used cocaine or other narcotics during pregnancy must inform her physician and other members of the medical team. A mother that is an abuser of drugs is less likely to seek medical care.

Even if an infant is delivered without complications, danger may still be looming. The simple fact of an infant or child living in a cocaine-use environment is extremely dangerous and potentially fatal. The adult cocaine users commonly have other illicit drug problems and they may not have the emotional capacity to care for the infant or may not care, and yet in some cases the infant is severely abused.

In 2013, a six-month old baby known as Mary died after a prolonged stay in Alder Hey Children's Hospital in Liverpool, England. Traces of cocaine, along with a small amount of painkillers and anti-depressant drugs was found in her stomach, despite the fact that her drug using parents had been reported to social services five times between 2008 and 2012. Part of the problem appeared to be a lack of good communication between the protective agencies. Social services had been concerned about alcohol abuse, domestic violence and child neglect in the home.

Worse yet, a school had raised concerns about the other children in the family. There were four children in all, Mary was the youngest, at the time their mother was 30 years-old and their father was 33. Mary was 12 weeks early, at Alder Hey Children's Hospital in January 2013.

Mary was in the hospital for 3 months. Following her release from the hospital and into her parents' care, several community nurse follow-up visits were scheduled. The nurse was unable to see the parents despite visiting them 3 times in one week. The fourth visit went through but subsequent ones did not. One day before Mary's death, a health worker, visited the family's home but was prevented from entering it.

Following the death and discovery by police, it was apparent that Mary's father and mother were unfit parents, to say the least. The police found beer cans, drugs, and a syringe. Mary's mother told police that she used cocaine and cannabis in the home.

The coroner ruled that because there was a lack of evidence the cause of Mary's death was 'unascertained', the traces of drugs could have come from the environment or from resuscitation attempts; did not directly lead to Mary's death.

According to Liverpool Safeguarding Children Board Chairman, Howard Cooper, "Predicting the likelihood of such an outcome for a vulnerable baby is difficult to achieve with any meaningful degree of accuracy. It cannot be inferred that child Mary's death was preventable, but there are lessons to be learned for all the agencies involved with this family about multi-agency working." (By Jennifer Newton for MAILONLINE, April 6, 2015; dailymail.co.uk: Six-month-old baby died with cocaine in her stomach despite parents being reported to social services five times)

In 2012, 24 year-old Oscar Sanchez-Rivera and 27 year-old Viameri Santana-Berrios, were accused of injecting cocaine and heroin into the hands and feet of a 9-month old 17 lb. baby boy they were babysitting. Doctors discovered eight needle marks on the baby's hands and feet, along with undigested cocaine and heroin in his body. Paramedic Dale Schroeder said that the baby

was cool to the touch, pale, and unresponsive, and that he was unable to revive him.

A medical examiner told a court reporter that Milton Rojas, the baby, had so many illicit drugs in his body he was like a drug mule (A person who transports illegal drugs by swallowing them or conceals them in a body cavity). The facts of the case were revealed in a preliminary hearing in Philadelphia, Pennsylvania; the presiding judge ordered that Sanchez-Rivera stand trial for murder, Santana-Berrios will go on trial for third-degree murder, bail is \$150,000.

On June 27, 2016, Krystin Sorich Lisaius, 26, and her husband, Som Lisaius, 42 were each arraigned on three criminal felony charges in Tucson, Arizona resulting from her 4-month old baby allegedly ingesting cocaine through breast milk. The couple are Arizona television personalities, Krystin had previously been a reporter for KGUN-TV, and Som had been an experienced crime reporter at KOLD in Tucson, Arizona.

Krystin had allegedly snorted cocaine 12 hours before breastfeeding her 4-month old daughter. The couple had their wedding featured in a local newscast became distressed when their daughter became 'wobbly' and 'limp' shortly after Krystin breastfed her on May 15, 2016. In addition, the baby's eyes were 'rolling into the back of her head'.

The couple promptly took their baby to Oro Valley Hospital. The doctors therein wanted to test the baby's blood, they received a refusal; the couple then left the facility. Later, they agreed to go to another hospital. Upon arrival, they refused another request for a blood test for their baby, and Krystin continued to breastfeed her baby at the hospital, during this ordeal, the baby nearly died.

According to a report one of the detectives had written, "It should be noted that at no time, according to the report, did either parent tell the hospital staff about the mother's cocaine use the night before. And Krystin continued to breastfeed while at the hospital." (By Kathleen Harper, June 28, 2016; hollywoodlife.com: Mom, 26, charged with Breastfeeding Baby, 4 Months, after Snorting Cocaine)

Initially, Krystin denied using cocaine and claimed to be oblivious of how her daughter was exposed to the drug. Later, she admitted to having smoked cocaine on May 14 while with friends at their Oro Valley residence. Police raided the residence discovering nearly 1.6 grams of cocaine and a scale in the house.

Cocaine withdrawal occurs when a regular user cuts down or quits using the drug; this can also happen if a person uses more than one illicit drug. In other words, even if cocaine is a complementary drug that is used to intensify the effects of the

other drugs, or in some cases, to offset the symptoms of a hangover, withdrawal may still occur. The drug user is in no position to be his or her own illicit drug use doctor. Having trace amounts of cocaine still left in the bloodstream oftentimes is not enough to prevent withdrawal.

Cocaine withdrawal commonly occurs after a binge. Following the euphoric state, a Kamikaze-like crash ensues then the cocaine user's craving for the drug intensifies. Physical symptoms like regurgitating, shaking, diarrhoea, stomach pain, nausea, and vomiting do not accompany cocaine withdrawal; however, many regular users of cocaine use other illicit drugs, which may bring about physical withdrawal symptoms. Withdrawal symptoms can last for months on end. Cocaine withdrawal is the first stage of recovery from the addiction.

IN 1986, GAWN AND KLEBER CONDUCTED A STUDY ABOUT COCAINE WITHDRAWAL USING DATA FROM 30 COCAINE-DEPENDENT OUTPATIENTS THREE PHASES WERE IDENTIFIED BY THE INVESTIGATORS:

- Phase One: The 'crash', the symptoms develop rapidly following an abrupt discontinuance of heavy cocaine use. The symptoms include intense dysphoria (an emotional state entailing intense uneasiness or dissatisfaction), irritability and anxiety, increased desire for sleep, increased appetite, exhaustion, a temporary weakening of the craving.
- Phase Two: The 'withdrawal' results in a marked intensification of the craving to use cocaine, concentration problems, irritability, and some lethargy.
- Phase Three: 'Extinction' entails periodic cravings to use in the context of external cues.

THE FOLLOWING ARE POSSIBLE SYMPTOMS OF COCAINE WITHDRAWAL:

- Powerful cravings
- Mood changes
- Anxiety
- Agitation and uneasy behaviour
- Impaired motor function
- Depression
- Paranoia
- Burnout and tiredness

- Discomfort
- Abuse of medication
- Cognitive impairment
- Drastic reduction or complete inability to feel pleasure
- Increased appetite
- Sleep-related problems, vivid and unpleasant dreams
- A slowing down of normal activity level
- Suicide ideation: Thoughts about how to kill oneself, it may occur because the reduction in pleasure hormones

Cocaine overdose is extremely dangerous. It commonly occurs because users continue to use the drug even though the introductory effects are still present, literally stacking the adverse effects on top of each other. The short-lived cocaine high and its subsequent nosedive crash are major culprits of this problem. In effect, the user is seeking to re-establish the lost euphoric state.

THE FOLLOWING ARE POSSIBLE SIGNS OF COCAINE OVERDOSE:

- Unusually high levels of energy
- Irritability, anxiety, and jumpiness
- Insomnia
- Pronounced mood changes
- Aggressiveness
- Paranoia
- Extreme anxiety or confusion
- Panic Attacks
- Psychosis (hallucinations, delusions)
- Talking too much
- Irregular heart rate and/or heart attack.
- Dangerously high blood pressure
- Increase in body temperature
- Chest pain
- Dizziness and light-headedness
- Headaches, seizures or coma
- Twitches or tremors
- Damage to one or more vital organs
- Serious damage to eyes
- Death

In case you witness a suspected cocaine overdose, it is imperative that you call 911 or the emergency number in your

area. Prompt medical care is the best way to ensure that the user survives the ordeal and receives necessary medical aid before it is too late. Do not attempt to give home remedies or lay the user down and assume that he or she will sleep it off or that the cocaine and any other drugs (if applicable) will leave somehow safely wear off.

It is important to understand that the seriousness of the matter may not always be apparent from just looking at the user; what is going on inside the body may be catastrophic. If the user is having a seizure ensure that there are no objects nearby, as the entire body may shake violently resulting in dangerous impact. Do not hold down a person that is having a seizure, this may cause serious bone damage from the convulsions.

A cold compress should be gently put on the user to help ensure body temperature stays down, and under no circumstance must the user be left alone anything can happen spontaneously.

Upon arrival to the hospital, the user will be monitored closely (heart, temperature, hypoglycaemia (low blood sugar), other medical issues, psychiatric and mental health issues. The user must survive the trip to the hospital, and some cases are so horribly serious the user may still die even under the care of the best emergency medical team. What is more following survival may witness a risk of long-term or permanent physical or psychological damage.

20 year-old Wayne Joshua Mitchel lost consciousness an hour after eating an ounce of cocaine in the back of a police vehicle. Deangelo Rashard Mitchell, Wayne's 23 year-old brother was seen on police video camera convincing his brother to eat the evidence (cocaine). Wayne's brother has been charged with involuntary manslaughter. The brothers were pulled over while driving in North Charleston, South Carolina; one of their headlights was not working.

"You {going to} eat it, you gonna chew it. You {do not have any} strike{s} ... I can get you out... I {cannot} afford another strike. One of us gotta do it. You the only one that {do not} have no strikes ... You my {little} brother... I {am going to} get life... You gonna unwrap it? Want me to hand you it?" said Deangelo to his brother Wayne. (By Paul Thompson for MAILONLINE, December 20, 2011; dailymail.co.uk: Man dies after eating cocaine from his brother's butt to help hide evidence while the pair was in the back of police car)

Soon thereafter, Mitchell had difficulty breathing and holding his head up. Deangelo told police that his brother swallowed cocaine but failed to mention where it came from. Wayne was rushed to the hospital but could not be saved.

"It is sickening. I got upset when I saw the thing I am pretty shocked about it. For me, an older brother is supposed to love his little brother, have his back and take good care of him. That is not what was happening in this car," said John Zumwalt, North Charleston Police chief. (ibid)

Cocaine is commonly used with other illicit drugs such as heroin, marijuana, ecstasy, ketamine, methamphetamine, LSD; non-illicit drugs such as tobacco and nicotine are also used. Multiple drugs abuse tends to occur in party or group settings.

THE FOLLOWING ARE REASONS FOR COMBINING OTHER DRUGS WITH COCAINE:

- Intensify the cocaine high
- To lessen feelings of drunkenness or hangover
- To ease the nosedive symptoms while coming down from cocaine
- The availability and use of multiple illicit drugs at the particular party or group setting
- Marked reduction in mental capacity from cocaine's effects
Dangerous behaviours may not be truly understood or feared

THE FOLLOWING ARE POSSIBLE SERIOUS COMPLICATIONS RESULTING FROM MIXING ALCOHOL WITH COCAINE:

- Coca ethylene: A compound that intensifies the effects in the body and increases the stress on the heart
- Anger and annoyance
- Chest pain
- Heart palpitations
- Disorientation
- Malnourishment
- Nausea and vomiting
- Risky and dangerous behaviours (unprotected sex, needle sharing, driving under the influence, and so forth)
- Accidents
- Violence
- Stroke
- Seizures
- Coma
- Death

THE FOLLOWING ARE POSSIBLE COMPLICATIONS FROM MIXING HEROIN WITH COCAINE (SPEEDBALL):

- The two drugs intensify each other
- Cocaine speeds up the heartbeat. Heroin slows down the heartbeat and lasts longer than cocaine. The heart loses rhythm possibly leading to heart failure
- Reduce the difficult and annoying withdrawal symptoms from cocaine
- Renal disease (kidney disease)
- Bradypnea (respiratory depression): Decreased rate of breathing
- Breakdown of muscle tissue
- Nose bleeds
- Track lines
- Abscesses
- Relentless itching
- Anxiety
- Anger and annoyance
- Difficulty swallowing
- Risky and dangerous behaviours (Unprotected sex, needle sharing, driving under the influence, and so forth)
- Light-headedness
- Sluggishness
- Stroke, coma, death

Detoxification from drugs involves 'medical detox', medications required for the user during detoxification. Detoxification is the length of time whereby medical treatment, ordinarily including counselling, during which a user is helped to safely and successfully overcome physical and psychological dependence on alcohol or drugs.

The detox process is designed to treat the existing physical effects found in the illicit drugs and alcohol. However, cocaine treatment works differently in that it is more of a mental addiction. The craving for cocaine use continues long after the drug has left the blood. Although results may vary, it is common for acute withdrawal from cocaine to last from several days to 3 weeks cocaine will be present in the body for 72 hours. Chronic users may have traces of cocaine in their body for up to 3 months.

THE FOLLOWING ARE METHODS OF COCAINE DETOX:

- DETOX AT HOME: Although some users may be able to detox at home most experts will not recommend this method. Furthermore, the temptation to re-use cocaine is ever-present; who will be there to stop the user? Many users live and socialize with other drug

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