

COCAINE

Cocaine is a powerfully addictive stimulant that affects the central nervous system. The source of the drug lies in the coca leaves of the Erythroxylon coca bush, which grows primarily in South America. It was a very powerful stimulant used in eye, nose, and throat surgeries as an anesthetic in late 19th century as well as in tonics and elixirs. Cocaine comes in two forms—powdered and rock crystal. The powdered form is the hydrochloride salt form, which can be snorted or dissolved in water for purpose of injection. The rock form, known more commonly as crack, has not been neutralized by an acid to make the hydrochloride salt. Cocaine in rock form is heated and the vapors produced are smoked.



Street Names

Blow, Coke, Horn, Nose Candy, Crack, Snowball, Tornado, and Base.

EFFECTS

Short term effects of cocaine use include constricted blood vessels, dilated pupils, and increased temperature, heart rate, and blood pressure. Large amounts of cocaine can produce an intense high, and bizarre, erratic, or even violent behavior. Long term effects of cocaine use include powerful addiction, development of tolerance (mainly because of increased dosage to achieve effects of the first high), irritability and mood disturbances, restlessness, paranoia, and auditory hallucinations. Cocaine can also lead to numerous medical complications, including cardiovascular effects such as heart attacks, respiratory failure, chest pain, stroke, and possibly seizures.



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DEPARTMENT OF
APPLIED HEALTH SCIENCE

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School of Health, Physical Education, and Recreation
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The Indiana Prevention Resource Center is operated by the Department of Applied Health Science, School of Health, Physical Education and Recreation at Indiana University. Funded, in part, by a contract with the Indiana Family and Social Services Administration, Division of Mental Health and Addiction, financially supported through Health and Human Services/Substance Abuse Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant.

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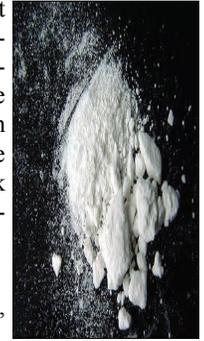
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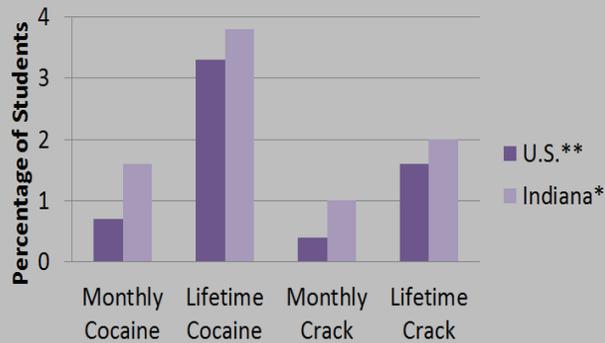
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INCIDENCE & PREVALENCE

According to SAMHSA's Drug Abuse Warning Network (DAWN) 2009 estimates, cocaine was involved in 422,896 emergency department visits, the highest among any of the illicit drugs. Among Indiana youth, cocaine use was higher among 10th grade students in the state when compared to the national findings. According to the IPRC 2011 Alcohol, Tobacco, & Other Drug Use by Indiana Children and Adolescents Survey, rates of lifetime and monthly use were higher among tenth graders in Indiana than overall in the U.S.

Prevalence Rates of Cocaine Use Among 10th Grade Students, Indiana vs. National Figures 2011



Source: IPRC 2011 ATOD Use by Children & Adolescents Survey*
Monitoring the Future Study, Univ. of Michigan 2011**

LAW & CRIMINAL JUSTICE

Cocaine is classified as a Schedule II controlled substance by the U.S. Drug Enforcement Administration (DEA). According to the DEA, cocaine is one of the primary drug threats within all states. It is smuggled in commercial cargo vessels, private pleasure craft, cargo and passenger planes, and automobiles.

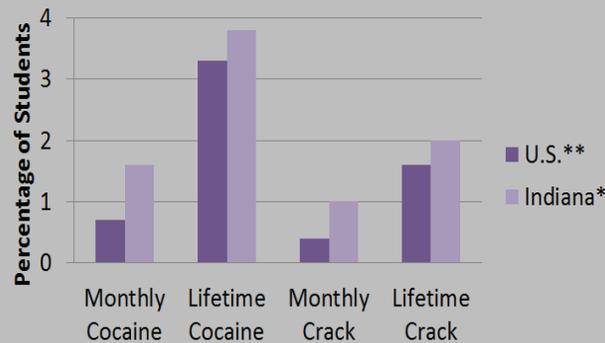
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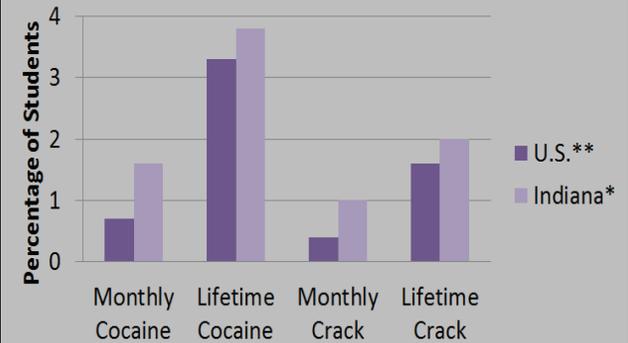
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