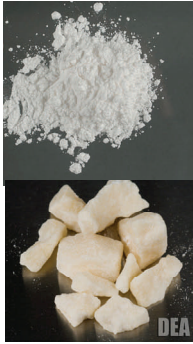


# COCAINE

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 19<sup>th</sup> 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 for cocaine include 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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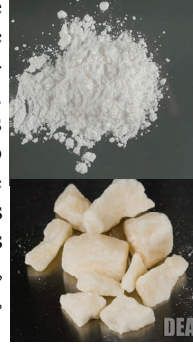
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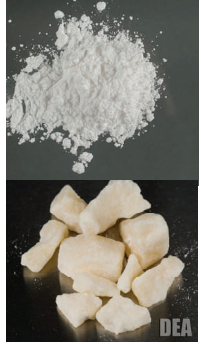
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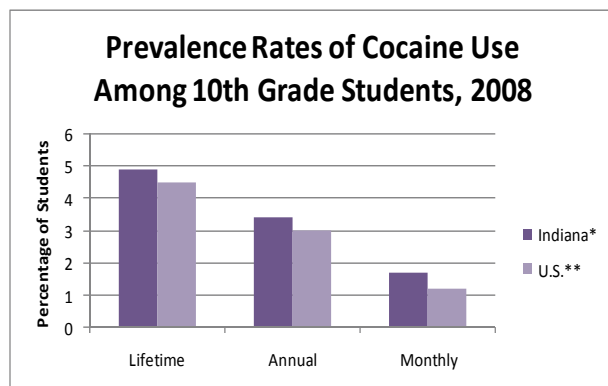
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## INCIDENCE & PREVALENCE

According to SAMHSA's Drug Abuse Warning Network (DAWN) 2006 estimates, cocaine was involved in 548,608 emergency department visits for that year, the highest among any of the illicit drugs. Nearly one-third of all drug abuse/misuse emergency visits involved cocaine. Among Hoosiers, the highest rate of past-year cocaine use was in the 18-to-25 year old age group. Among Indiana youth, cocaine use was higher among 10<sup>th</sup> grade students in the state when compared to the national findings. According to the IPRC 2008 Alcohol, Tobacco, & Other Drug Use by Indiana Children and Adolescent Survey, rates of lifetime, annual, and monthly use were higher among tenth graders in Indiana than overall in the U.S.



Source: IPRC 2008 ATOD Use By Children & Adolescent Survey\*  
Monitoring the Future Study, Univ. of Michigan 2008\*\*

## LAW & CRIMINAL JUSTICE

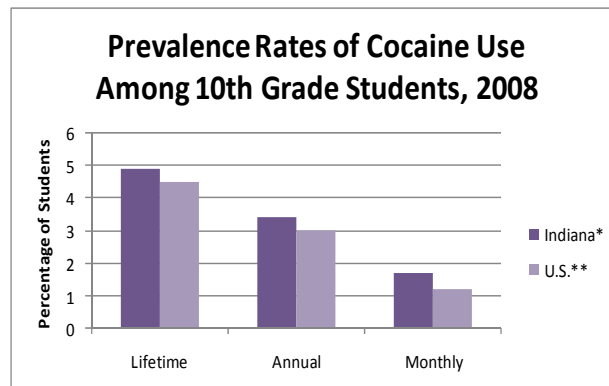
Cocaine is classified as a Schedule II controlled substance by the U.S. Drug Enforcement Administration. In 2007, nearly 200 pounds of cocaine were seized by law enforcement in Indiana. In the year prior, over 5,600 arrests were made statewide for possession and over 3,200 arrests for the sale/manufacture of cocaine.

### Indiana Prevention Resource Center

501 N. Morton St. Suite 110  
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Fax: 812-855-4940  
drugprc@indiana.edu  
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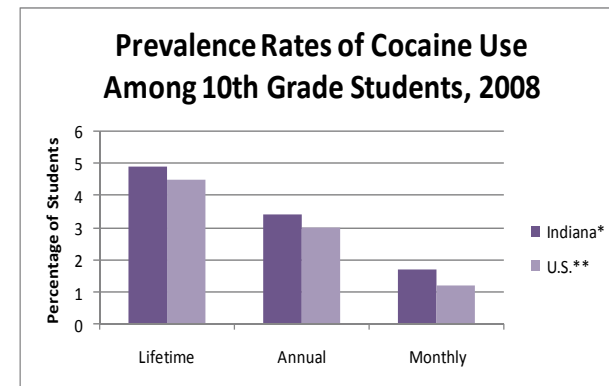
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