

# COCAINE

## REDUCE THE HARMS



Cocaine Factsheet

#DoYouUseCocaine

# WHAT IS COCAINE?

Also known as Coke, Charlie, Snow, Powder, Cocaine Hydrochloride

Cocaine is an addictive, stimulant drug which can make people feel more alert, energetic and confident. In addition to the effects there are significant health risks.

The effects wear off quickly, promoting the person using to repeat the dose in a binge type pattern that can increase the risks to health.

## Administration

**Snorting:** Cocaine is most commonly sold as a fine white powder which is snorted. It can be ground down until the powder is fine, divided into lines and snorted by using a straw/tooter.

**Dabbing “gumming”:** Cocaine powder can be consumed by rubbing it onto the gums or by leaving it under the tongue. It is less commonly consumed in drinks or by swallowing orally.

**Injecting:** Cocaine powder can be dissolved in water and injected. Among certain user groups, cocaine is sometimes injected in conjunction with heroin in what is known as a ‘speedball’.

## Cocaine Effects

The effects of cocaine start quickly but are short lived. Cocaine causes the release of the chemical dopamine in brain circuits which results in a euphoric feeling or ‘high’. The cocaine high is sometimes followed by what is known as a ‘crash’ or ‘comedown’ where the person can feel very low.

### Possible short-term effects

- Feeling alert, energetic, exhilarated and confident
- Heart rate can suddenly speed up and blood pressure could increase
- Raised body temperature
- Restlessness

- Hyperactivity
- Dilated pupils
- Dry mouth
- Sweating
- Nausea
- Loss of appetite
- Increased sex drive
- Paranoia and irritability
- A crash/comedown with possible suicidal thoughts

### Possible long term effects

- Constriction of blood vessels which can interrupt blood flow to the respiratory and gastrointestinal systems
- Cardiovascular damage
- Stroke
- Insomnia, exhaustion and inability to relax
- Marked changes in mood and behaviour
- Loss of appetite
- Feeling aggressive/ becoming violent
- Anxiety and feeling depressed with possible suicidal thoughts
- Paranoia and hallucinations
- Damage to nose tissue
- Kidney and liver problems
- Possible loss of sex drive if used long term
- Injecting may cause abscesses
- Weight loss
- Financial issues/drug-related debt
- Dependence

## Overdose

Cocaine can raise the body’s temperature, cause convulsions, a heart attack or heart failure.

It is possible for cocaine users to die from an overdose. With stimulant type drugs, the risk of overdose increases with the amount used.

The risk of overdosing is also increased if cocaine is mixed with other drugs or alcohol.

An overdose on cocaine is more likely if cocaine is injected.

Recognised consequences of cocaine overdose are:

- Restlessness
- Pressured speech
- Change in behaviour
- Sudden rise in body temperature - feeling very warm or having hot skin
- Flushed face
- Muscle cramps
- Stiffness in arms and legs
- Confusion
- Seizure
- Increased motor activity
- Hypertension – high blood pressure
- Tachycardia
- Irregular heart rhythm
- Stroke
- Heart attack
- Unresponsiveness

## Health

Problems relating to acute cocaine intoxication are relatively common. Cocaine can cause a range of acute health-related problems and even sudden death.

Cocaine use is highly risky for anybody with high blood pressure or a heart condition. Even perfectly healthy, young people can have a fit or heart attack after consuming too much cocaine.

## Nasal damage

Over time, snorting cocaine can seriously damage the cartilage in the nose that separates the nostrils. Repeated sniffing of cocaine powder irritates the nose and can cause a breakdown of nasal cartilage.

## Blood-borne viruses

Sharing snorting, injecting and smoking equipment can increase the risk of getting

blood-borne viruses such as hepatitis C and HIV.

People are advised not to use bank notes when snorting and to never share their snorting equipment. Bank notes are more likely to contain germs or traces of blood from other people. It is recommended that people use a sterile straw or a metal tooter.

When a drug is snorted, it comes into contact with the lining of the nasal cavity which could bleed, leading to tiny amounts of blood remaining on the snorting equipment without the person knowing. If the blood is infected and the equipment is shared it could lead to the transmission of blood-borne viruses.

People can access sterile injecting equipment and safer injecting advice from their local needle exchange. People that inject stimulant type drugs may need to inject more often and will therefore need to ensure that they access enough supplies from their needle exchange.

## Cocaine and pregnancy

Cocaine use during pregnancy is associated with maternal migraines and seizures, premature membrane rupture, and separation of the placental lining from the uterus prior to delivery. Pregnancy is accompanied by normal cardiovascular changes, and cocaine use exacerbates these—sometimes leading to serious problems with high blood pressure (hypertensive crises), spontaneous miscarriage, preterm labour, and difficult delivery. Cocaine use can reduce the supply of oxygen to the baby through the placenta which can mean smaller babies at birth, possible abnormalities or still birth.

Cocaine-using pregnant women must receive appropriate medical and psychological care. Mothers-to-be are advised not to use cocaine during pregnancy. It is important for cocaine-using pregnant women to get medical advice from a GP or their maternity team to discuss reduction or cessation. Suddenly stopping could cause possible side effects.

## Mental health

Cocaine can create a number of physical and mental health problems for some people.

Cocaine can cause marked changes in mood and behaviour. Using cocaine frequently can make some people feel depressed and withdrawn. It can lead to problems with anxiety, paranoia and panic attacks.

The short-term effects of cocaine can cause some people to experience a short-lived psychosis that may include auditory hallucinations. Some people may experience suspiciousness or severe paranoia, which could last for hours, days or weeks following use. During this time people can become irrational and aggressive.

Following use, a person's mood could decline quickly. Some people find the period after use difficult. This period is commonly known as a 'withdrawal', 'come down' or 'crash'. During this time some people can experience anxiety, paranoia, hostility and depression to such an extent that they experience suicidal thoughts and behaviours. Cocaine users also risk exacerbating any underlying psychiatric problems following use.

## Adulterants and cocaine

Cocaine powder is often diluted ('cut') with other substances. Some common bulking agents include talcum powder, sugar (lactose), or a local anaesthetic (lignocaine). In Europe in recent years, there has been an increase in the use of local anaesthetics especially benzocaine and lidocaine which can produce a 'numbing' effect similar to cocaine, but without the cocaine 'high'.

In Ireland there have been non-fatal intoxications and deaths from drugs containing Fentanyl. Fentanyl has appeared in illicit drugs (heroin and cocaine) with people being unaware of the contents.

## Cocaine and alcohol

When cocaine and alcohol are used together they combine in the body to produce cocaethylene which increases the risk of damaging organs such as the liver and heart.

Cocaethylene is more toxic than cocaine and alcohol alone and produces a greater increase in heart rates and blood pressure.

Cocaethylene prolongs the effects of cocaine and takes longer to leave the system than cocaine alone. When using both alcohol and cocaine in combination, people risk continuing to drink without realising how intoxicated they are.

Cocaethylene increases the risk of epilepsy, suicide, violence, accidents and sudden death. The latest drug-related death data shows that cocaine was recorded in 12 alcohol deaths in Ireland in 2015.

## Cocaine and driving

It is recommended not to drive after taking drugs. It is an offence to drive with specified levels of certain drugs in your system. Garda do not need to prove impairment and have the power to conduct roadside drug testing. The presence of cocaine, above a specified limit can lead to arrest for drug-driving.

If your oral fluid tests positive for cocaine you will be arrested and brought to the station where a blood specimen will be collected and sent to the Medical Bureau for Road Safety (MBRS) for analysis.

In relation to cocaine the limits (units in whole blood) set out in Irish law are:

- cocaine: 10ng/ml
- benzoylecgonine (Cocaine): 50ng/ml

(Benzoylecgonine (BZE) is the main metabolite of cocaine and what is tested for when analysing for cocaine).

The penalty for drug driving is the same as for drink driving – a maximum of €5,000 fine and up to 6 months imprisonment on summary conviction.

The length of time a substance can be detected in the system varies and can depend on the dose, purity and personal factors.

## Dependence

Cocaine has potential to cause addiction. This is due to the long term changes that repeated use of cocaine can cause to the brain's reward system and other brain systems. The reward circuit eventually adapts to excess dopamine

brought on by the drug. Therefore, people take more frequent doses to achieve the same high but also to prevent the onset of unpleasant withdrawal symptoms such as depression, fatigue, increased appetite, insomnia and slowed thinking.

## Drug-related debt

Due to the cost of cocaine, its short term effects, repetitive use and dependency, people can sometimes develop drug-related debts with suppliers. This could lead to drug related intimidation or violence.

## Cocaine prevalence and trends

Cocaine is the most commonly used illicit stimulant drug in Europe. Its use is more prevalent in southern and western countries in the European Union.

It is estimated that 17.5 million European adults (aged 15–64), have experimented with cocaine at some time in their lives. Among these are about 2.3 million young adults aged between 15–34 who have used cocaine in the last year. 2.5% of young adults report the use of cocaine in the past year in Ireland, Spain, the Netherlands and the United Kingdom.

The latest Irish prevalence data from 2014/2015 shows that:

- Lifetime cocaine use has increased when compared to 2010/11 figures.
- The percentage of respondents aged 15–64 years who reported using cocaine (including crack) at some point in their lives increased from 7% to 8%.
- The proportion of young adults (15–34) who reported using cocaine in their lifetime also increased from 9% in 2010/11 to 11% in 2014/15.
- Similar to the previous studies, more men reported using cocaine in their lifetimes compared to women (11% vs. 5%).

## Cocaine-related deaths in Ireland

The 2015 drug-related death index shows a 110% increase in cocaine-related deaths since 2010, from 21 to 44 in 2015.

Irish data shows an increase in cocaine-related deaths during Ireland's economic boom years and a decrease following the recessionary period. Following a decline in cocaine-related deaths from 2008–2012, figures began to rise again in 2013 with 32 deaths recorded.

An increase in drug-related deaths might indicate an increase in cocaine prevalence among the general population/specific cohorts, changes in the economy or fluctuations in the illicit drug market.

Almost all deaths (93%) where cocaine was implicated involved other drugs in 2015.

Non-poisoning deaths are deaths among people with a history of drug dependency or non-dependent abuse of drugs whether or not the use of the drug had a direct impact on the cause of death. The number of non-poisoning deaths decreased by 2%, from 355 in 2014 to 347 in 2015.

The main causes of non-poisoning deaths recorded were hanging (trauma) 83/24% and cardiac events (medical) 55/16%. Cannabis and cocaine were the most common drugs used by those who died as a result of hanging in 2015.

## The National Drug Treatment Reporting System (NDTRS)

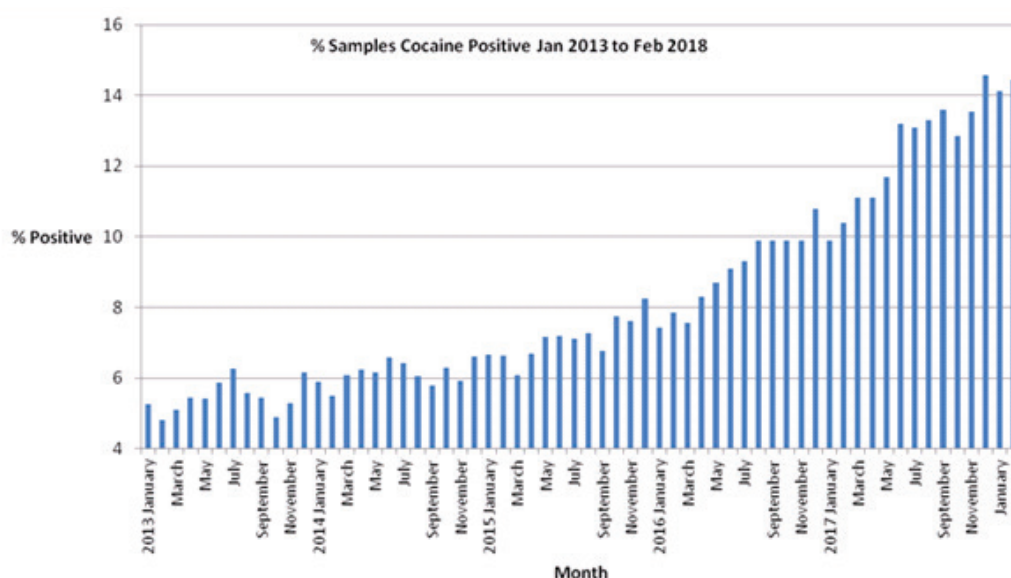
Cocaine remains the third most common drug reported among people presenting to treatment in Ireland. In 2015, 10.4% of cases reported problem cocaine use, the highest proportion since 2010.

## National Drug Treatment Centre (DTC) drug testing – monitoring trends among the addiction population

The number of positive samples for cocaine were high among the DTC clients during the years 2004-2009 but decreased between 2008-2012.

Since 2012, there has been a year-on-year increase in the number of DTC samples that test positive for cocaine. In June 2017, 13.2% of all samples tested positive for cocaine (all patients, including abstinence programmes).

Positive samples from the Dublin opioid substitution treatment clinics in June 2017 averaged 17.6% with one clinic as high as 34%.



# REDUCE THE HARMS

**It is always safest not to take unknown or illicit drugs at all, if you do decide to use cocaine remember...**

## Think about your health

Avoid using if you are feeling low, experience mental health problems, high blood pressure, a heart condition or become pregnant.

## When buying know your source, think about the contents and don't assume drugs are the same each time you use them

You can never be fully sure of the contents of illicit drugs. A number of different types of drugs can come in white powder form. White powder could be stimulant, sedative or dissociative type drugs. There is a risk of substances or adulterants appearing in drugs. Remember, drugs from the same batch can sometimes vary in strength and purity.

## Avoid using alone, use with trusted friends and in a safe environment

Plan in advance, when, where and who you intend to use with. There is no way of knowing how you will react to cocaine, you could react differently in an unfamiliar environment.

## Using cocaine at a festival/clubbing on cocaine

Know the location of the medical tent or where you would go in case of an emergency. Remember, it could be difficult to get help in secluded areas if you or a friend become unwell. Take breaks from dancing, eat well before use and remember to stay hydrated.

## Grind cocaine before snorting

This will remove any lumps or crystals. Ensure the powder is as fine as possible before snorting.

## Don't use bank notes and avoid snorting off unclean surfaces

Use clean paraphernalia such as a metal tooter, straw or unused card. Don't share your tooter

as this increases the risk of spreading blood-borne viruses such as hepatitis C and HIV.

Snorting off unclean surfaces such as toilet seats or phones can spread diseases.

## Start with a small test dose and leave at least two hours in between use

Small doses can still be dangerous depending on the contents and how you react to the drug.

## Use one drug at a time and don't mix substances

This includes using cocaine with alcohol and prescription medication. Mixing substances can be unpredictable and increases the risks. Cocaine and alcohol combine to produce cocaethylene which increases the risk of a heart attack or damage to the heart.

## Always carry a condom

Cocaine can increase libido.

## Be aware of your use

Take breaks in between use to give yourself some time to recover. Consider talking to a professional if you are finding it difficult to stop using cocaine.

## Avoid using if you are or became pregnant

Talk to your GP or maternity care team if you need support with cocaine use.

## A comedown is a common experience

Talk to a professional about how you are feeling. If you or someone you know is at risk of suicide, you should contact a local doctor, the Accident and Emergency Department of your nearest hospital or call 112.

Know the signs of cocaine overdose. Seek medical help if needed and be honest with emergency services about what you think was taken.

If you are concerned about a substance that you or a friend have taken:

- Don't take any more
- Don't take other drugs

- Put the person in the recovery position (if you know how)
- Call 112
- Stay with the person and don't leave the person alone

### **Concerned about your cocaine use?**

Take the DUDIT Online Self-Assessment tool to identify the impact of your use.

Search for a local support service through the Drugs.ie National Directory of Drug and Alcohol Services [drugs.ie/services](https://drugs.ie/services)

For information and support on drugs and alcohol visit [Drugs.ie](https://drugs.ie)

The HSE Drugs & Alcohol Helpline can be reached on 1800 459 459  
Monday – Friday 9:30 – 5:30

