Cocaine

Drug Classification: Stimulant
Drug Schedule: I
Addiction Potential: High

Modes of Administration
Oral (chewing leaves and dissolved in mouth)
Intranasal (snorted into the nose)
Intravenous (injected)
Inhalation (smoked in pipes, bowls or joints)
Transdermal (rubbed into the gums)

Onset of Drug Effect(s)
Oral cocaine use provides a slower, longer high which lessens the cardiovascular effects but increases the chance of poisoning due to difficulties determining dose.

Snorted cocaine is felt within a minute with a high for 30 minutes or less. Because of the short duration for the high, repetitive use is common. Smoking powdered cocaine can be inefficient - it tends to burn - so most frequently smoked is a processed cocaine form called crack. Smoked cocaine is felt immediately and lasts less than 15 minutes, again prompting repeated use.

Injected cocaine produces effects within seconds.

Drug Action(s)
When released, the neurotransmitter dopamine stimulates pleasure areas of the brain. A transporter protein recycles dopamine back to its originating neurons. Cocaine binds with this protein allowing dopamine to build up. The acute effects on the mind and body from cocaine use include:

- Dilated pupils
- Constricted blood vessels, increased heart rate and blood pressure with possible death by heart attack or stroke if sensitive
- Increased body temperature and sweating
- Increased energy, mood, and sense of euphoria
- Decreased appetite and need for sleep
- In large doses psychosis including paranoia, hallucinations, erratic or violent behavior may occur

The following effects have been reported after continued use of cocaine:

- Strokes, seizures, convulsions, coma
- Respiratory failure
- Muscle spasms
- Gastrointestinal complications

A Word about Crack
Crack, the freebased form of cocaine, produces an immediate rush within 5-10 seconds of ingestion but only lasts for a total of 5-15 minutes. This cycle of quick "rush" and "crash" creates a cycle of craving.