

FAST FACTS ABOUT STIMULANT DRUGS

COCAINE

What it is: Central nervous system stimulant. Cocaine HCL (hydrochloride), a Schedule II drug. (High abuse potential although there are some medical uses for the drug – in this case, as an anesthetic with powerful vasoconstriction effects.)

AKA: Coke, blow, toot, snow, flake, girl, lady, nose candy, big C, la dama blanca.

Method of Administration: Chewed coca leaves. Historically used by native people. Absorbed through the stomach in 15-30 minutes, refined cocaine is 200% more powerful by weight than coca leaves. Sniffed or snorted into mucous membranes of nose (powder or vapor – absorbed into the system in 2-5 minutes); smoked (paste or freebase lumps – absorbed in 7-10 seconds); topical application (through mucous membranes of mouth, vagina, rectum); or injected into bloodstream (water solution – absorbed in 15-30 minutes).

What it Does: Affects the catecholamine (or “get up and go”) neurotransmitters in the brain: norepinephrine, epinephrine, and dopamine. Cocaine forces the release of these neurotransmitters and then blocks their reabsorption, so more are available for intense stimulation. However, they are also more vulnerable to metabolism and eventual depletion. (Similar to putting 200 volts into a 115 volt bulb – it will burn brightly for a while, but the strain on the filament will burn out the bulb.) Cocaine’s effects include increased confidence and energy and a euphoric rush. Negative side effects: sexual dysfunction, damage to the cardiovascular system including heart attacks, and damage to unborn fetus. Severe depression (or “crash”) occurs once the drug is metabolized. This depression can last for hours, days, or weeks. Tolerance develops rapidly, causing extreme psychological dependence. Use occurs in a binge pattern. Overdose of cocaine can oc-

cur from as little as 1/50th of a gram. Overdose reactions include cardiac arrest, respiratory depression, and seizures.

Cocaine is frequently used with other drugs, most notably, alcohol. Cocaine and alcohol create a metabolite, cocaethylene, which has stronger and longer lasting effects than cocaine by itself, including greater agitation and violence.

SMOKEABLE COCAINE (FREEBASE COCAINE AND “CRACK”)

What it is: Central nervous system stimulant. Cocaine HCL (hydrochloride), a Schedule II drug (but with extra legal penalties). “Crack” cocaine, which is combined with baking soda or ammonia, has more impurities than freebase prepared with ether.

AKA: Crack, base, rock, basay, boulya, pasta, paste, hubba, basuco, pestillos, primo.

Method of Administration: Smoking freebase cocaine is the fastest route to the brain: 7-10 seconds. “Crack” is sold in smaller and more affordable units than cocaine, but because of its rapid metabolism and quicker addiction, a habit quickly accelerates.

Use with other drugs: includes freebase with marijuana; freebase with smokeable tar heroin; and crack with alcohol.

What it does: Smoking cocaine causes the drug to reach the brain very rapidly. In addition to those mentioned in the section on cocaine, side effects include burns to face and hands (from lighting and holding short glass pipe), coughing, anorexia, respiratory damage, cocaine psychosis, and paranoia.

AMPHETAMINES

What it is: Central nervous system stimulant. Amphetamines are synthetic stimulants with similar effects to cocaine (less intense) but much longer lasting and cheaper to use.

AKA: Uppers, speed, meth, crank, crystal, ice, shabu, glass.

Method of Administration: Taken orally, injected, or smoked. Whatever the method, amphetamines last 4-6 hours compared to 40-90 minutes for cocaine.

What it does: Affects the catecholamine (or “get up and go”) neurotransmitters in the brain: norepinephrine, epinephrine, and dopamine. Like cocaine, amphetamines stimulate the release of catecholamines, and they block their re-uptake, but amphetamines *also* block their metabolism. This explains the drug’s long-lasting effects, as more of the excess catecholamines exist for a longer time in the neural synapses. Long-term use of amphetamines cause a permanent change in the body’s ability to naturally produce these neurotransmitters, altering brain chemistry to increase craving.

Extended use of amphetamines can cause paranoia, heart and blood vessel problems, twitches, increased body temperature, dehydration and malnutrition.

Adapted from Uppers, Downers, All Arounders – Physical and Mental Effects of Psychoactive Drugs by Darryl S. Inaba, Pharm D. and William E. Cohen, 4th Ed. 2000, CNS Publications, Ashland, OR.