

**COMPACT** *Research*

# Cocaine and Crack

by Tamara L. Roleff

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**Drugs**



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# Foreword

“Where is the knowledge we have lost in information?”

—“The Rock,” T.S. Eliot.

As modern civilization continues to evolve, its ability to create, store, distribute, and access information expands exponentially. The explosion of information from all media continues to increase at a phenomenal rate. By 2020 some experts predict the worldwide information base will double every 73 days. While access to diverse sources of information and perspectives is paramount to any democratic society, information alone cannot help people gain knowledge and understanding. Information must be organized and presented clearly and succinctly in order to be understood. The challenge in the digital age becomes not the creation of information, but how best to sort, organize, enhance, and present information.

ReferencePoint Press developed the *Compact Research* series with this challenge of the information age in mind. More than any other subject area today, researching current events can yield vast, diverse, and unqualified information that can be intimidating and overwhelming for even the most advanced and motivated researcher. The *Compact Research* series offers a compact, relevant, intelligent, and conveniently organized collection of information covering a variety of current and controversial topics ranging from illegal immigration to marijuana.

The series focuses on three types of information: objective single-author narratives, opinion-based primary source quotations, and facts

and statistics. The clearly written objective narratives provide context and reliable background information. Primary source quotes are carefully selected and cited, exposing the reader to differing points of view. And facts and statistics sections aid the reader in evaluating perspectives. Presenting these key types of information creates a richer, more balanced learning experience.

For better understanding and convenience, the series enhances information by organizing it into narrower topics and adding design features that make it easy for a reader to identify desired content. For example, in *Compact Research: Illegal Immigration*, a chapter covering the economic impact of illegal immigration has an objective narrative explaining the various ways the economy is impacted, a balanced section of numerous primary source quotes on the topic, followed by facts and full-color illustrations to encourage evaluation of contrasting perspectives.

The ancient Roman philosopher Lucius Annaeus Seneca wrote, “It is quality rather than quantity that matters.” More than just a collection of content, the *Compact Research* series is simply committed to creating, finding, organizing, and presenting the most relevant and appropriate amount of information on a current topic in a user-friendly style that invites, intrigues, and fosters understanding.

# Cocaine and Crack a Glance

## What Are Cocaine and Crack?

Cocaine, a stimulant, is one of the oldest drugs in use. Crack and cocaine are the same drug, just in different forms. Cocaine is a powder derived from the coca leaf that is sniffed or dissolved in water and injected. Crack is a more recent phenomenon, and is a derivative of cocaine.

## How Prevalent Is Cocaine/Crack Consumption?

The United States consumes 90 percent of Columbia's cocaine, or about 50 percent of the world's cocaine produced, about 300 metric tons. The United States has the greatest rate of cocaine consumption among people aged 15–64, 2.8 percent.

## What Is the Scope of Cocaine Abuse in the United States?

In 2005 approximately 5.5 million Americans used cocaine during the past year. Approximately 33.5 million Americans older than age 12 (or 13.8 percent of the population) have tried cocaine at least once during their lifetime. Men abuse the drug more than women.

## What Are the Effects of Cocaine and Crack Use?

The short-term effects of cocaine use include euphoria, extra energy, and mental alertness. However, physiological symptoms include constricted blood vessels, dilated pupils, and increased temperature, heart rate, and blood pressure. Other effects include bizarre, erratic, and/or violent behavior, as well as

tremors, vertigo, muscle twitches, and paranoia. Long-term effects include restlessness, irritability, anxiety, addiction, hallucinations, and mood disturbances. Long-term use can result in cardiac arrest, seizures, and death.

### **How Does Cocaine Use Affect Fetal Development?**

Cocaine can cross the placenta during pregnancy, but critics disagree about whether the mother's cocaine use causes long-term damage to the fetus. Babies whose mothers used crack or cocaine during pregnancy are often born premature or have low birth weights and are smaller than average.

### **Does Cocaine Have a Legal Medical Use?**

Cocaine was used until about 1916 as a tonic, patent medicine, and in beverages as a quick pick-me-up. Cocaine has been and continues to be used by doctors as a local anesthetic for some eye, nose, and throat surgeries. It also constricts blood vessels, which lessens bleeding during these surgeries.

### **What Are the Laws Concerning Cocaine Use?**

Possession of or trafficking in crack results in much harsher sentences than possession of or trafficking in powdered cocaine. Selling 50 grams of crack nets the same 10-year prison sentence as selling 5,000 grams of powder cocaine.

### **The Sentencing Disparity Between Crack and Cocaine?**

Despite nearly equal drug use rates among all racial groups in 2005, 82.3 percent of those convicted under federal crack laws were black, 8 percent were Hispanic, and 8.2 percent were white. Of those convicted for cocaine, 27.9 percent were black, 55.1 percent were Hispanic, and 15.4 percent were white.

### **What Are the Treatment Options for Cocaine and Crack Addiction?**

While no single treatment method is appropriate for all users, many addicts must go through a medical detoxification program in a controlled environment supervised by medical professionals. Counseling and behavioral therapy is a critical part of cocaine treatment plans. Relapses are common, even among those who have been clean for long periods.

# Overview

**“The most addictive substance known to man? After crack appeared, the number of people using it or any other form of cocaine didn’t skyrocket—it fell.”**

—Steve Chapman, “End Draconian Double-Standard on Cocaine Use.”

**“[Crack’s] physical risks are bad enough, but its addictiveness takes crack way over the top, trouble-wise. Some experts call it the most addictive drug, and some users say they were addicted the moment they first put a pipe to their lips.”**

—Jim Parker, “Crack: Cocaine Squared.”

**C**ocaine is the second most commonly used illicit drug (behind marijuana) in the United States. According to the 2005 National Survey on Drug Use and Health, 2.4 million Americans aged 12 and older used cocaine and 700,000 Americans used crack during the month prior to the survey. Cocaine is not legal in any country, but there is extensive debate over whether cocaine—and other illicit drugs—should be legalized.

## What Are Cocaine and Crack?

Cocaine is the most powerful natural stimulant drug known. It is derived from the coca leaf (*Erythroxylon coca*), which is grown in the Andes of South America. To transform coca leaves into cocaine, the leaves are mashed into a paste using sulfuric acid or kerosene, which is then allowed



*Cocaine, seen here in powder form, is the second most commonly used illicit drug (behind marijuana) in the United States.*

to dry into a powder. The result is cocaine hydrochloride, a salt-based form of the drug and highly soluble. Powdered cocaine is either inhaled (snorted) or dissolved in water and injected intravenously.

Cocaine can also be smoked, but the powdered hydrochloride cocaine must be changed into an alkaloid, or base (as opposed to salt) form of cocaine that can be smoked. Alkaloid cocaine is typically made by dissolving the powder in water, then adding a base such as ammonia (for freebase cocaine) or baking soda (for crack cocaine). The base cocaine precipitates in the solution, is filtered and dried, and then mixed with ether and smoked as freebase cocaine. Ether is extremely flammable, however, and many users, including comedian Richard Pryor, have been seriously burned while making or smoking freebase cocaine. Because of the dangers involved with freebase cocaine, many users prefer crack cocaine. The steps for filtering and adding ether are omitted when making crack. The “rocks” that are left are crack cocaine, which are chipped into smaller pieces and smoked in a crack pipe.

Cocaine does have a few legitimate medical applications, such as a local anesthesia for eye, nose, and throat surgeries. As such, it is a Schedule II drug, meaning it has a high risk of abuse.

### Slang Terms for Cocaine

Cocaine has many street names. Powdered cocaine is also known as coke, blow, snow, C, flake, toot, or nose candy. Crack, so called because of the crackling noise it makes when heated in a pipe, is also called rocks. Due to cocaine's

high cost and the extreme pleasurable feelings users experienced, cocaine has also been described as the “champagne of drugs,” “gold dust,” “Cadillac of drugs,” and the “caviar of recreational drugs.”<sup>1</sup>

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**Cocaine is the most powerful natural stimulant drug known.**

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### How Cocaine Is Used

Powdered cocaine can be snorted or injected; crack is smoked. To snort cocaine, a thin line of cocaine is inhaled into the nasal passages with a straw. Some users who inject cocaine heat the water solution prior to injection as it gives them an additional rush as the hot solution moves through their veins. To smoke cocaine, a crack rock is placed into a crack pipe or tube with a small piece of steel wool to act as a filter. The rock is heated with a lighter to vaporize the cocaine and then the fumes are inhaled.

The faster the drug gets into the user's bloodstream, the sooner the user feels the effects and the more intense the high is. Smoking and injecting cocaine produce the most immediate highs—usually within 3 to 5 seconds of administering the drug. Users who snort cocaine must normally wait three to five minutes for the cocaine to reach the bloodstream. However, the faster and more intense the high, the shorter the high lasts. The high from smoking or injecting cocaine lasts approximately 5 to 10 minutes, while the high from snorting lasts for about 15 to 30 minutes.

### How Cocaine Works

Dopamine is a chemical that transmits signals between nerve cells in the brain. During a rewarding experience, large amounts of dopamine are released, which makes the person feel good. In a normal brain, the dopamine binds with dopamine receptors, a special chemical that regulates the feelings of happiness. Cocaine disrupts the normal workings of the brain by blocking the dopamine receptors, causing a buildup of

dopamine in the nerve cells, which in turn causes the feelings of euphoria associated with cocaine use.

However, the euphoria associated with cocaine is short-lived and is quickly followed by a crash. Following the high, the user will experience feelings of depression, irritability, anxiety, and fatigue. Many users will then take another dose of cocaine in an attempt to get back the high they had been enjoying just moments before. But the brain's ability to experience pleasure is limited. As more cocaine is ingested, the highs are never as high as they once were, leading the user to take a stronger and stronger dose of the drug in a futile attempt to reach the level of that first high.

## Historical Use

Native South Americans have been chewing the leaves of the coca plant or making a tea out of them for ceremonial and religious rituals for hundreds—if not thousands—of years. “Coca is an Andean tradition while cocaine is a Western habit,”<sup>2</sup> said former Bolivian president Paz Zamora in a 1992 speech before the World Health Organization. Cocaine became a Western habit at the end of the nineteenth and beginning of the twentieth centuries. In 1884 the young psychiatrist Sigmund Freud tried cocaine, proclaimed it “a magical drug,”<sup>3</sup> and urged his fiancée, friends, patients, and coworkers to try it. One colleague who tried the drug was Karl Koller, an intern in ophthalmology. He discovered one of the few legitimate uses for cocaine: as an anesthetic for eye surgery. As news spread about cocaine's euphoric properties, makers of patent remedies began including cocaine in their concoctions. Everything from cough syrups to wine—and a new soda drink called Coca-Cola—included a dose of cocaine, which was said to cure fatigue, depression, sleeplessness, morphine addiction, and even cancer.

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### Health Effects

Cocaine was a very popular drug in the nineteenth century and it remains so today. One of the reasons why it became so popular was because it was believed that the drug was not addictive. Cocaine addicts do not show any of the

typical physical symptoms of withdrawal, such as nausea and vomiting, abdominal pain, drenching sweats, nervousness and shaking, and seizures. Today, however, cocaine is known to be a very addictive drug. It is so addictive that “Mothers have given up their babies to get it,”<sup>4</sup> according to Alan I. Leshner, director of the National Institute on Drug Abuse (NIDA). Experiments have shown that lab mice addicted to cocaine will press a bar repeatedly to get a hit of cocaine, forsaking food, water, sleep, and sex, until they die.

**Cocaine usage peaked during the 1980s and was the drug of choice among the affluent and powerful elite.**

Some of the short-term physical effects of using cocaine are increased energy, decreased appetite, mental alertness, increased heart rate and blood pressure, constricted blood vessels, and a fever. Long-term effects of cocaine use include drug tolerance resulting in more frequent and larger doses, addiction, irritability, restlessness, paranoia, and occasionally, hallucinations. Cocaine addiction can result in cardiac problems such as heart attacks and chaotic heart rhythms, chest pain and respiratory failure, strokes, seizures, headaches, and abdominal pain and nausea. Studies have also found that cocaine users are more likely to become infected with hepatitis C, have an increased risk of developing Parkinson’s disease later in life, have a heart aneurysm, and dangerously high blood pressure.

### Restricting the Use of Cocaine

At the turn of the twentieth century, a public outcry about cocaine addiction led to changes in attitudes about cocaine use. The Harrison Narcotics Act was passed in 1914, ostensibly to regulate and tax doctors and pharmacists who prescribed and provided narcotic drugs (including cocaine). In actuality, though, it made providing drugs to addicts a crime, and many doctors were prosecuted and ruined professionally for prescribing drugs to their addicted patients. According to the editors

of the *New York Medical Journal*, the results of the Harrison Narcotics Act were not a surprise. “As was expected . . . the immediate effects of the Harrison antinarcotic law were seen in the flocking of drug habitués to hospitals and sanatoriums. Sporadic crimes of violence were reported too, due usually to desperate efforts by addicts to obtain drugs, but occasionally to a delirious state induced by sudden withdrawal.”<sup>5</sup>

Three years after the passage of the Harrison Narcotics Act, a committee appointed by the secretary of the treasury found that drug smuggling across U.S. borders with Canada and Mexico was a serious problem. The commission’s recommendations to slow the increase in illegal drug use were strict enforcement of drug laws and the passage of more state laws similar to the Harrison Act.

## The Rise of Cocaine and Crack

Cocaine usage peaked during the 1980s and was the drug of choice among the affluent and powerful elite. Few people outside of celebrities, sports stars, and the wealthy could afford to indulge in cocaine; thus, cocaine addiction was not a serious problem in the United States simply because so few people could afford to buy the drug to get high.

However, crack put cocaine into the reach of addicts in even the lowest economic levels. While crack is a less pure form of cocaine (due to the addition of baking soda during the “cooking” process), smoking it provides a much more intense high than snorting powdered cocaine. Now a gram of powdered cocaine that formerly cost \$100 or more per dose could be transformed into as many as 30 rocks of crack for as little as \$5 to \$10 each. Suddenly, anyone and everyone could afford crack cocaine. “What crack did was to lower dramatically the cost of the ‘cocaine high,’” write John P. Morgan and Lynn Zimmer in *Crack in America: Demon Drugs and Social Justice*. “Simply because smoking delivers a drug more efficiently to the brain than does snorting, an amount of cocaine too small to produce an effect in powder form becomes an effective dose when converted to crack.”<sup>6</sup>

“Crack put cocaine into the reach of addicts in even the lowest economic levels.”

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### Crack Fuels the Increase in Crime

Crack use eventually peaked in 1989. Early reports about crack cocaine claimed it was much more addictive, and therefore, much more dangerous than powdered cocaine. The claims of easy addiction were fueled by stories of crack addicts going on binges in crack houses. One reporter describes what crack addicts will go through to get high: “Addicts spend thousands of dollars on binges, smoking the contents of vial after vial in crack or ‘base’ houses—modern-day opium dens—for days at a time without food or sleep. They will do anything to repeat the high, including robbing their families and friends, selling their possessions and bodies.”<sup>7</sup>

The dangers of crack extended to the community at large, as well. With the increasing popularity of crack came a skyrocketing gun-violence rate, especially among young black men of the nation’s inner cities, who served as the cities’ small-time crack dealers. The homicide rate among black teens 13 to 17 years old jumped nearly 500 percent as crack dealers fought to defend their turfs during crack’s heyday.

### “Crack Babies”

A 1985 article in the *New England Journal of Medicine* suggested that crack could have a devastating effect on babies born to crack-addicted women. While the author suggested that more research be done on the

issue, other newspapers and magazines picked up the story and soon there was a “crack baby” epidemic in the country. One social worker told *CBS News* that an 18-month-old baby she was caring for, who had been exposed to crack while still in the womb, would “barely be able to dress herself” because she would have “an IQ of perhaps 50.”<sup>8</sup> Similar stories followed, filled with predictions of a “biological underclass” who were doomed to “a life of certain suffering, of probable deviance, of permanent inferiority.”<sup>9</sup>

However, the fears of permanent damage in babies born to crack-addicted women appear to be unfounded. Studies have found that pov-

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**The fears of permanent damage in babies born to crack-addicted women appear to be unfounded.**

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erty, malnutrition, cigarette smoking, and alcohol use during pregnancy have more of an effect on the health of a fetus than crack.

## Extent of Use in the United States

Although cocaine consumption is rapidly increasing in Europe, nearly two-thirds of cocaine users live in North and South America. North America claims almost half of the world's cocaine users, of which more than 40 percent live in the United States.

The 2005 National Survey on Drug Use and Health found that 33.7 million Americans aged 12 and older had tried cocaine at least once, while 5.5 million had used cocaine in the past year and 2.4 million had tried cocaine within the past month. The United Nations Office on Drugs and Crime found that the number of cocaine and crack users in the United States declined slightly between 2003 and 2004, from 2.5 percent of the population to 2.4 percent for cocaine; and from 0.6 percent to 0.5 percent for crack. However, a better measurement of cocaine usage is the Monitoring the Future surveys, which track drug usage among 8th, 10th, and 12th graders. These surveys show that cocaine use declined from its peak in 1985 to its lowest point ever in 1992, then slowly started to rise again. In 1999, however, cocaine use among high school students started to fall again, and by 2005 usage had fallen by more than 20 percent. Overall, the percentage of high school students who used cocaine in 2005 is about 3.4 percent, about 60 percent lower than it was 20 years earlier during its peak.

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**Nearly two-thirds of cocaine users live in North and South America.**

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## Sentencing Disparity

Public concern over the explosion in crack—and stories about its ability to instantly addict users after just one use—led Congress to pass the Anti-Drug Abuse Act of 1986. The law included the country's first mandatory minimum sentences; because crack was believed to be more dangerous than powder cocaine, crack possession was punished much more harshly than cocaine possession. Users convicted of possessing 5 grams of crack, which would provide no more than 50 doses, would receive a mandatory 5-year prison sentence. Defendants convicted of possessing powdered cocaine would have to have 500 grams of cocaine—100 times the minimum quantity for crack,

and which breaks down to between 2,500 and 5,000 doses—in order to receive the same five-year sentence. Despite repeated attempts by opponents of the mandatory minimum sentences to change the 100-1 disparity rate between crack and cocaine, they have been unsuccessful.

### Treatment

The U.S. government spends billions of dollars trying to prevent cocaine use and treating those people who do abuse the drug. According to NIDA, “cocaine is the most commonly cited drug of abuse”<sup>10</sup> among treatment providers in most areas of the country. In addition, most people seeking treatment for cocaine addiction primarily smoke crack and often abuse more than one drug, which makes successful treatment more difficult.

Currently no drugs are available to mitigate the effects of cocaine addiction, as methadone is used for heroin. Therapists have determined that behavioral therapy—both in- and out-patient counseling—is “the only available, effective treatment approaches”<sup>11</sup> for treating cocaine addiction. But treating cocaine addiction is extremely difficult; users often suffer multiple relapses before kicking the habit for good. A relapse can

be triggered by a sight, sound, smell, location, or being among people the addict associates with the drug.

### The International War Against Cocaine

The war against cocaine is fought on many fronts and at many levels. The federal government works to decrease both the supply of cocaine overseas and the demand for cocaine at home. It provides financial aid, arms, training, and advisers to the South American

governments of Colombia, Bolivia, and Peru to help eradicate the coca plant. Eradication efforts include aerial spraying of herbicides that kill the plants, as well as troops on the ground who find plots of coca bushes hidden in the jungles and pull them out by hand.

The U.S. government also provides the forces who intercept cocaine shipments as they are smuggled into the country. The Coast Guard, Border

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**The federal government works to decrease both the supply of cocaine overseas and the demand for cocaine at home.**

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*In March 2007 the U.S. DEA intercepted 19.4 metric tons of cocaine off the coast of Panama. The seized shipment was one of the biggest maritime busts anywhere on record.*

Patrol, National Guard, and Drug Enforcement Administration all work to interdict cocaine shipments. Despite five consecutive years of record-setting increases in cocaine interdiction, the United States is not experiencing a shortage of cocaine or a reduction in demand. In fact, the National Drug Intelligence Center, a federal agency that provides annual reports on drug trafficking and abuse, estimates that the 2005 cocaine production is up sharply due to the discovery of new coca fields in areas not previously known for growing the coca bushes.

## **Domestic Drug Policies**

In the United States, the drug war is fought by attempting to educate youth about the dangers of cocaine and to reduce demand for cocaine. But, as the NDIC reports in its 2007 *National Drug Threat Assessment*, demand for cocaine is stable, neither increasing nor decreasing since 2002.

While the federal government remains firm in its policy that all illicit drug use is a punishable crime, many cities and some states are beginning to relax their drug policies. Many drug offenders are being sent to drug courts,

which allow users to complete a treatment program instead of being sent to prison, to help them overcome their addiction. Some maintain that the best way to regulate drug use is to legalize illicit drugs. Gary E. Johnson, the former governor of New Mexico, argues that legalizing drugs would “educate, regulate, tax, and control the estimated \$400 billion a year drug industry.”<sup>12</sup> Legalizing illicit drugs, Johnson asserts, would give the government much more control over drug usage and would end up leading to decreased drug use.

**Cocaine use harms not only the addict but the cocaine user’s family, fosters violence, and increases the chances of acquiring blood-borne diseases.**

There are many drug policy experts who do not agree with legalization policies, however. They argue that such policies would

just make it easier for addicts to abuse drugs and gives the appearance that the government sanctions drug use. John P. Walters, director of the Office of National Drug Control Policy, argues that drug “legalization, by removing penalties and reducing price, would increase drug demand. Make something easier and cheaper to obtain, and you increase the number of people who will try it.” Walters dismisses the claim that allowing the government to produce and distribute drugs will reduce the dangers associated with illegal drugs. Prescription drugs such as OxyContin are regulated by the government, he contends, but nevertheless, prescription drug abuse is a serious problem. “The point is clear,” Walters asserts. “The laws are not the problem.”<sup>13</sup>

### What All Agree On

Whatever their stand on drug legalization, critics and supporters of the war on drugs agree that cocaine use harms not only the addict but the cocaine user’s family, fosters violence, and increases the chances of acquiring blood-borne diseases such as HIV/AIDS and hepatitis C. While cocaine use is seen as a threat around the world, attempts to eliminate it have caused much controversy.

# Is Cocaine and Crack Addiction a Serious Problem?

**“We still cling to 20-year-old ideas that crack is somehow uniquely harmful: It is instantly addictive; it makes you especially violent; it causes women to abandon their babies; the babies of crack users will be basket cases. None of these are true.”**

—Eric E. Sterling, “Take Another Crack at That Cocaine Law.”

**“It isn’t solely that crack cocaine is in and of itself highly addictive that makes it such a devastating drug in our society; it’s more that it acts as a turbo-charger on people who have addictive personalities.”**

—Will Self, “Lines, Damn Lines, and Statistics.”

Cocaine users have been extolling the drug’s exhilarating effects since the late 1800s when Sigmund Freud wrote *Über Coca (On Coca)*, his “song of praise” for the drug.<sup>14</sup> A few years later he realized how dangerous the drug was when a good friend became addicted, and Freud soon joined the rest of society in condemning the drug.

## A Dangerous Drug

As Freud and his contemporaries eventually discovered, along with countless other users, researchers, and therapists since then, cocaine is a dangerous drug. The drug may not be physically addicting, but it is psychologically addicting. It gives the users intense feelings of euphoria

and pleasure, unlike anything they have ever experienced before. A New Zealand–based drug information Web site explains the high this way:

You'll feel a sudden burst of euphoria and self-confidence, be mentally alert, energized and buzzing. If you've been drinking a bit, you'll instantly wake up as if you were sober (but in a good way). You will be Mr. or Mrs. Sociable. . . . You'll probably feel like Superman on Viagra. Basically, coke temporarily turns you into a king-sized-sex-god (in your own mind, anyway).<sup>15</sup>

But unfortunately for cocaine users, the euphoric rush is short-lived. As users come down off the cocaine high, they experience a “crash,” characterized by feelings of depression, fatigue, irritability, and dysphoria (the opposite of euphoria). So users crave the cocaine high again to feel the surge of pleasurable feelings they had been enjoying just a few minutes earlier. The realities of cocaine use are, however, that the user will never again feel the same intense euphoria they felt during their first high on cocaine. And furthermore, repeatedly using cocaine means that each high is a little bit lower than the previous high, and each crash is a little bit lower, until finally, one

expert says, “Users not only report that they no longer feel high after cocaine use, but they report that cocaine use makes them feel paranoid and frightened. Despite the bad feelings, the compulsion to use cocaine not only persists but grows stronger over time with repeated use of the drug.”<sup>16</sup>

**“The realities of cocaine use are, however, that the user will never again feel the same intense euphoria they felt during their first high on cocaine.”**

### Chasing the High

Robert Risinger, a researcher with the Medical College of Wisconsin discusses the phenomenon known as “chasing the high”: “People often talk about ‘chasing the high.’ They abuse the drug several times in an episode, feel increasingly high with the first few hits, and experience a

rapid dropoff in the duration of pleasure with repeated use—which may explain consuming larger amounts and more frequently over a session.”<sup>17</sup>