COCAINE

Other common names Coke, crack, nose candy, snow
Drug category Central nervous system stimulant and local anaesthetic (p.36)

Habit-forming potential
Taken regularly, cocaine is habit-forming. Users may become psychologically dependent on its physical and psychological effects, and may step up their intake to maintain or increase these effects or to prevent the feelings of severe fatigue and depression that may occur after the drug is stopped. The risk of dependence is especially pronounced with the form of cocaine known as freebase or crackt (see below).

How taken
Smoked, sniffed through a tube (snorted), or injected.

Legitimate uses
Cocaine was formerly widely used as a local anaesthetic. It is still sometimes given for topical anaesthesia in the eye, mouth, and throat prior to minor surgery or other procedures. However, because of its side effects and potential for abuse, cocaine has now been replaced in most cases by safer local anaesthetic drugs. Cocaine is classified under Class A and Schedule II of the Misuse of Drugs legislation.

Short-term effects
Cocaine is a central nervous system stimulant. In moderate doses it overcomes fatigue and produces feelings of wellbeing. Appetite is reduced. Physical effects include an increase in heart rate and blood pressure, dilation of the pupils, tremor, and increased sweating. Large doses can lead to agitation, anxiety, paranoia, and hallucinations. Paranoia may cause violent behaviour. Very large doses cause seizures, heart failure, and rapid death. In some people, seizures and heart attack may occur after only moderate doses.

Long-term effects and risks
Heavy, regular use of cocaine can cause restlessness, anxiety, hyperexcitability, nausea, insomnia, and weight loss. Continued use may cause increasing paranoia and psychosis. Repeated sniffing also damages the membranes lining the nose and may eventually lead to the destruction of the septum (the structure separating the nostrils). Regular cocaine use leads to increased atheroma (fatty deposits in the arteries) and consequent risk of heart attacks.

Signs of abuse
The cocaine user may appear unusually energetic and exuberant under the influence of the drug and show little interest in food. Heavy, regular use may lead to disturbed eating and sleeping patterns. Agitation, mood swings, aggressive behaviour, and suspiciousness of other people may also be signs of a heavy user.

Interactions
Cocaine can increase blood pressure, thus opposing the effect of antihypertensive drugs. Taken with monoamine oxidase inhibitors (MAOIs), it can cause a dangerous rise in blood pressure. It also increases the risk of adverse effects on the heart when taken with certain general anaesthetics.

CRACK

This potent form of cocaine occurs in the form of crystals that are smoked by vaporizing with a flame and inhaling the fumes; they may also be dissolved and injected. Highly addictive, crack appears to have more intense effects than other forms of cocaine, and it is associated with an increased risk of abnormal heart rhythms, high blood pressure, heart attacks, stroke, and death. Other consequences of crack abuse include coughing of black phlegm, wheezing, irreversible lung damage, hoarseness, and parched lips, tongue, and throat from inhaling the hot fumes. Mental deterioration, personality changes, social withdrawal, paranoia or violent behaviour, and suicide attempts may occur.

ECSTASY (MDMA)

Other common names E, XTC, methylenedioxymeth-amfetamine. Other slang names vary from place to place
Drug category Central nervous system stimulant

Habit-forming potential
As with other amphetamines, regular use leads to tolerance, so that higher doses are required to achieve the same effect. Users may become psychologically dependent on the effects of the drug and the lifestyle that surrounds its use.

How taken
By mouth in tablet or capsule form.

Legitimate uses
MDMA was originally developed in 1912 as a drug to stop bleeding but it was never used for this purpose. Today, although there have been claims that the drug may have a place in psychotherapy, it currently has no legitimate medical use. The drug is classified under Class A and Schedule I in the Misuse of Drugs legislation.

Short-term effects
Ecstasy is most commonly used as a dance drug at raves or parties to increase the emotional effects of dancing to fast music and to enable users to dance for many hours. Adverse effects are more commonly due to recreational doses rather than to an overdose. Ecstasy stimulates the central nervous system, leading to increased wakefulness and energy and suppression of thirst, tiredness, and sleep. It can produce tight clenching of the jaw muscles (sometimes leading to involuntary tooth grinding) and stiffness in other muscles. Various complications may occur, in particular, heatstroke due to prolonged dancing without replacing fluids lost by sweating. Heatstroke can lead to muscle breakdown, kidney failure, problems with the blood clotting mechanism, seizures, and death. In some cases there may be low sodium levels and brain swelling due to excessive intake of fluid in the absence of sufficient exertion to sweat it off. These patients may experience vomiting, headaches, and drowsiness. Liver damage and stroke have also occurred.

Long-term effects and risks
There is increasing evidence that ecstasy can impair both short- and long-term memory. In addition, some cases of psychiatric illness have been reported, such as schizophrenia and depression. Sleep disturbance and a craving for chocolate has also been reported. There may be an increased likelihood of developing depression even years after stopping the drug.

Signs of abuse
Ecstasy causes dilated pupils. Behaviour may be excitable or agitated. The ecstasy user may experience weight loss, tooth damage as a result of jaw-clenching, and anxiety.

Interactions
Ecstasy interacts with a variety of drugs. If it is taken with monoamine oxidase inhibitors (MAOIs), ecstasy may lead to a dangerous rise in blood pressure. It also increases the risk of abnormal heart rhythms with digitalis drugs, levodopa, and certain anaesthetics given by inhalation. Ecstasy tends to counteract the sedative effects of drugs that depress the central nervous system, and its effect on the mind is reduced by these drugs. SSRI antidepressants (such as fluoxetine) appear to block the psychoactive effects of ecstasy, which often prompts users to take higher doses of ecstasy to overcome this blocking effect.