Cocaine Addiction
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Introduction
Cocaine, also called coke, nose candy, snow, blow or toot, is a substance that comes from the coca plant. When mixed and heated with ether (cooked), a highly flammable substance (freebase), its gas is released in its pure form, which can be inhaled. Crack cocaine, also called rock cocaine, refers to cocaine when it is in solid form. It is a powerful and addictive drug, classified by the federal government as a high abuse, high dependency risk stimulant. Signs and symptoms of cocaine abuse vary based on the method of ingestion. The powdered form of cocaine can be inhaled through the nose (snorted) or dissolved in water and then injected directly into a vein. It can also be injected just under the skin (known as "skin popping"), which increases the duration of the high and can also lead to infection or other medical complications. Cocaine stimulates key pleasure centers within the brain and causes extremely heightened euphoria. A tolerance to cocaine develops quickly—the addict soon fails to achieve the same high experienced earlier from the same amount of cocaine. Physically it stimulates key receptors (nerve endings that sense changes in the body) within the brain that, in turn, create a euphoria to which users quickly develop a tolerance. Only higher dosages and more frequent use can bring about the same effect. Today, cocaine is a worldwide, multibillion-dollar enterprise. Users encompass all ages, occupations and economic levels, even schoolchildren as young as eight years old. Cocaine use can lead to death from respiratory (breathing) failure, stroke, cerebral hemorrhage (bleeding in the brain) or heart attack. Children of cocaine-addicted mothers come into the world as addicts themselves. Many suffer birth defects and many other problems. Despite its dangers, cocaine use continues to increase—likely because users find it so difficult to escape from the first steps taken down the long dark road that leads to addiction.

Symptoms
An individual must exhibit a destructive pattern of abusing the substance that leads to significant problems as manifested by at least three of the following signs or symptoms in the same one-year period:

• Tolerance, which is either markedly decreased effect of cocaine or a need to significantly increase the amount used in order to achieve the same high or other desired effects
• Withdrawal, which is either physical or psychological signs or symptoms consistent with withdrawal from cocaine, or taking it or a substance that is chemically related in order to avoid developing symptoms of withdrawal
• Larger amounts of cocaine are taken or for longer than intended.
• The individual experiences persistent desire to take the drug or has unsuccessful attempts to decrease or control its use.
• Significant amounts of time are spent either getting, using, or recovering from the effects of cocaine.
• The individual significantly reduces or stops participating in important social, recreational, work, or school activities as a result of using cocaine.
Causes and Risk Factors

Like the majority of other mental health problems, cocaine addiction has no single cause. However, there are a number of biological, psychological, and social risk factors that can increase a person’s likelihood of developing a chemical abuse or chemical dependency disorder. The frequency that addiction to a substance occurs within some families seems to be higher than can be explained by the addictive environment of the family. Mental-disorder symptoms that are caused by cocaine abuse or addiction include mood disorders like depression, anxiety, or bipolar disorder, as well as personality disorders like antisocial personality disorder. Social risk factors for addiction include male gender, ages 18 to 44 years old, unmarried marital status, and lower socioeconomic status.

Diagnosis

There is no single test that indicates that someone is abusing or addicted to cocaine with complete certainty. Therefore, health care professionals diagnose these disorders by thoroughly gathering medical, family, and mental health information. The professional will also either perform a physical examination or request that the individual’s primary care doctor do so. The medical examination usually includes lab tests to assess the person’s general health and to explore whether or not the individual has a medical condition that includes mental health symptoms.

In asking questions about mental health symptoms, mental health professionals are often trying to find out if the person suffers from depressive and/or manic symptoms, as well as whether the individual suffers from anxiety, hallucinations, delusions or some behavioral disorders. Health care professionals may provide the people they evaluate with a quiz or self-test to screen for substance abuse or dependence. Since some of the symptoms of cocaine misuse and dependence can also occur in other mental illnesses, the mental health screening helps determine if the individual suffers from bipolar disorder, an anxiety disorder, schizophrenia, schizoaffective disorder or other psychotic disorders, or a personality or behavior disorder like narcissistic personality disorder or attention deficit hyperactivity disorder (ADHD), respectively. Any disorder that is associated with sudden changes in behavior, mood, or thinking, like bipolar disorder, a psychotic disorder, borderline personality disorder, or dissociative identity disorder (DID), may be particularly challenging to distinguish from some symptoms of cocaine abuse or dependence. In order to assess the person’s current emotional state, health care professionals perform a mental status exam as well.

In addition to providing treatment that is appropriate to the diagnosis and to the person in need of it, determining the presence of mental illnesses that may co-occur (comorbid/dual diagnosis) with cocaine abuse or dependence is important in promoting the best possible outcome. Dual diagnosis of cocaine-abusing or addicted individuals indicates the need for treatment that addresses both issues in an integrated fashion by professionals with training and experience with helping this specific population.
Treatment

The primary goals for the treatment of addiction symptoms are abstinence, relapse prevention, and rehabilitation. When the addicted person first abstains from using drugs, he or she may need help avoiding or lessening the effects of withdrawal. That process is called detoxification or detox. That part of treatment is usually performed in a hospital, where medications are used to decrease withdrawal symptoms. The detox process from cocaine is the most difficult aspect of coping with the physical symptoms of addiction and tends to last days. Medications that are sometimes used to help cocaine addicts abstain from drugs use include propranolol which decreases some of the physical symptoms associated with cocaine withdrawal, as well as vigabatrin, a medication that treats seizures.

Much more challenging and time consuming than recovering from the physical aspects of cocaine addiction is recovering from the psychological aspect. People who may have less severe psychological symptoms of cocaine dependency may be able to be maintained in an outpatient treatment program. Those who have a more severe addiction, have relapsed after engaging in outpatient programs, or also suffer from a severe mental illness might need the higher level of structure, guidance, and monitoring provided in an inpatient drug treatment center, often referred to as "rehab." After inpatient treatment, many cocaine addicts may need to reside in a sober-living community, that is, a group-home setting where counselors provide continued sobriety support and structure on a daily basis. Another important aspect of treating cocaine addiction is helping family members and friends of the addict refrain from supporting addictive behaviors.

Sources

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