

# COCAINE FACT SHEET FOR PROVIDERS: OVERVIEW, RISKS, HARM REDUCTION STRATEGIES AND TREATMENT

## OVERVIEW

Cocaine is a drug that is a stimulant. There are two main forms of cocaine: powder cocaine and crack (a form that has been processed to create rock-like crystals). Routes of administration include oral, intranasal, intravenous and inhalation. Depending on the route of administration, the effect can last from minutes to hours. Use patterns exist on a spectrum, ranging from occasional use to repeated use and development of a substance use disorder. Use is associated with both short- and long-term risks, including cardiovascular and cerebrovascular health consequences, fentanyl exposure and substance use disorder, highlighted below.

### RISKS

#### Cardiovascular and Cerebrovascular

Cocaine use causes vasoconstriction and vasospasm of blood vessels, resulting in increased heart rate and blood pressure. This can lead to acute myocardial infarction and stroke, even among those without pre-existing heart disease. Cocaine use can also cause arrhythmias and sudden cardiac death. Chronic cocaine use can lead to premature atherosclerosis and heart failure. Older adults are particularly vulnerable to cardiovascular events associated with cocaine use.

Cocaine can affect other organ systems, causing acute pulmonary toxicity and lung damage (with inhalation), dermatitis, infections and nasal deformities (intranasal).

#### Fentanyl

Fentanyl, an opioid 50 to 100 times more powerful than morphine, may be mixed in illicit drugs, including cocaine – often without the user’s knowledge. The presence of fentanyl in any illicit drug increases the risk of overdose, especially among those with low opioid tolerance or who are opioid naïve. People who use cocaine, even occasionally, need to know that their drugs may be mixed with fentanyl.

### HARM REDUCTION STRATEGIES

The safest strategy is to avoid cocaine use, but if your patient continues to use, you can offer these strategies to help reduce harmful consequences:

- Avoid mixing cocaine with other drugs or alcohol. *[Note: When taken in combination, cocaine and alcohol convert to cocaethylene,*

*a compound that has a longer effect and is more toxic than either drug alone. The mixture of cocaine and alcohol is a common drug combination identified in drug-related overdose deaths.]*

- Avoid using when alone. If you overdose, it’s important to have someone around to help.
- Start with a small amount and go slowly.
- Carry naloxone, a medication that can reverse an overdose if an opioid, like fentanyl, is involved.
- Test cocaine for the presence of fentanyl; some New York City syringe service programs provide fentanyl test strips, which can be used to test cocaine and other drugs for the presence of fentanyl.
- To reduce risks of burns, use rubber safety tips on the end of the pipe when inhaling. To reduce risk of infection, use sterile straws for intranasal use and use sterile syringes for intravenous use.

### TREATMENT

Only psychosocial interventions, including cognitive behavioral therapy and contingency management (a form of positive reward therapy), effectively treat stimulant use disorders. No medications have been shown in randomized trials to be consistently effective.

Individuals seeking support for substance use concerns, treatment referrals, naloxone access, syringe service program locations and other substance use concerns can call NYC Well at 888-NYC-WELL (888-692-9355), text WELL to 65173 or visit [nyc.gov/nycwell](http://nyc.gov/nycwell). Free, confidential support is available 24/7.