

Cocaine is a nervous system stimulant that is derived from the coca plant (native to South America) or prepared synthetically. In the past it was sometimes used medicinally as a local anesthetic, but today it is used illegally as a stimulant. Cocaine is found in several forms: as a powdery substance, crack (in rock-like form) or freebase. It is commonly snorted, inhaled as smoke, or dissolved and injected intravenously.

Cocaine is highly addictive and carries a risk of overdose and death. There are no medications specifically approved to treat cocaine withdrawal, so treatment focuses on monitoring symptoms and providing a safe environment to limit harm to self and others.

Magnitude:

Nationally, cocaine use has stayed stable, varying between 1.7% and 2.4% of teens and adults over more than 10 years, according to the National Survey of Drug Use and Health (NSDUH), as shown in the figure below. While cocaine usage appears to be trending upward since 2008-2010, it is still lower than the 10-year high (2004-2006) and remains below 2.5%.

Use in Connecticut has generally been about 0.1% higher than national rates, with increases and decreases typically occurring in CT and in Southwest CT (SW CT) before the rest of the country. Within the SW CT region, the prevalence of past-year cocaine use, according to NSDUH, is 2.13% for teens and adults (over age 12). This rate is somewhat higher than the U.S. rate of 1.8% but less than the state rate of 2.39%.

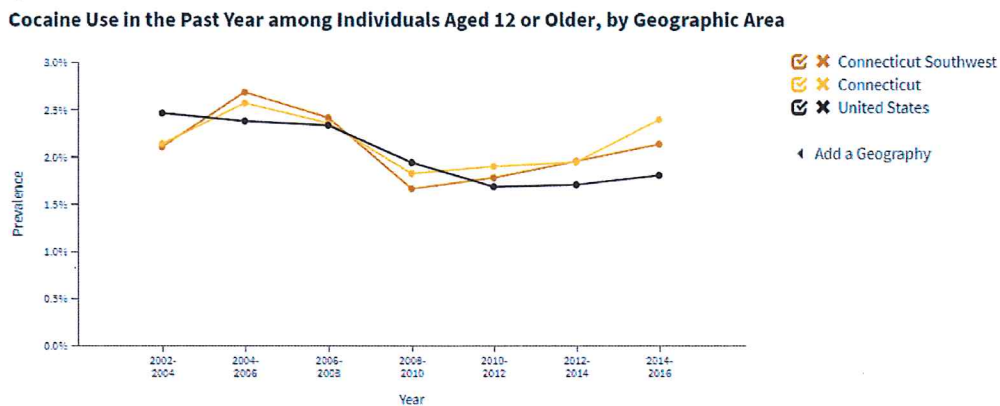


Figure 13: Cocaine Use in the US, CT and SW CT

Source: NSDUH

Among teens specifically, the 2017 state Youth Risky Behavior Survey (YRBS) found that 3.8% of high school students in Connecticut reported using some form of cocaine in their lifetime. Males were twice as likely (5.1%) to have used cocaine as females (2.5%). By race, 4.2% of Whites, 3.8% of Blacks, 2.1% of Hispanics and multi-racial students, and 1.7% of Asian students reported ever using cocaine.

Within SW CT, local youth surveys do not ask specific questions about cocaine. Among adults in the region, anecdotal reports from social services providers indicate an increase in cocaine usage in the past year.



Risk Factors and Subpopulations at Risk:

- *Risk factors for cocaine use* include: Prior use of other illicit substances, such as cannabis (marijuana) and heroin; academic failure
- *At-risk populations* include: young adults ages 18-25, who are twice as likely to use cocaine compared with other adults; males, compared with females

Burden:

Cocaine is associated with a variety of health effects, from malnutrition to heart damage to stroke. Long-term neurological effects can include seizures, cognitive impairment, and movement disorders such as Parkinson's. People who inject cocaine are at risk for HIV/AIDS, Hepatitis B virus and Hepatitis C infection through sharing of needles and drug preparation equipment. The CT Department of Health reports that those who inject drugs represent 31% of the new estimated HIV infections. People who snort cocaine can damage their nose and throat, and those who smoke it can experience lung damage and worsen asthma.

Cocaine can also lead to accidental death. Within SW CT, 123 individuals (an average of 41 per year) died from a cocaine overdose between 2016 and 2018, according to the Office of the Chief Medical Examiner (OCME). In 94% of these cases, other drugs were also involved, but in 8 cases, the death was due to use of cocaine alone.

Social consequences of cocaine use include property loss, crime, unemployment, disruptions in family environments, and homelessness.

Capacity and Service System Strengths:

In the Southwest region of Connecticut, there are over 30 public and nonprofit addiction treatment facilities, private substance use treatment facilities (Mountainside, Clearpoint, Newport Academy), and specialty hospital programs such as the Addiction Recovery Program at Greenwich Hospital and Silver Hill Hospital, which specializes in behavioral health treatment. Treatment options include inpatient, outpatient, and Intensive Outpatient (IOP) programs. Most provider agencies provide support to clients with co-occurring mental health and substance use disorders. Specialized treatment supports include the Families in Recovery Program (Norwalk), separate IOPs for women and men, and programs in Spanish particularly at CASA in Bridgeport. Child and Family Guidance of Greater Bridgeport runs a teen substance use program in Bridgeport and Norwalk.

Education about cocaine is provided in school health classes as part of information about illicit drugs, often taught by the School Resource Officers. Presentations on illicit drugs and emerging drug trends are available through The Hub and other partners.

