Treatment (cont.)

- RPT targets reason for relapse and provides coping strategies to maintain change (Schmitz et al., 2001).
- Helps identify high-risk users and finding balance in individual's lifestyle (Schmitz et al., 2001).
- Other treatment options include rehabilitation centers, 12-step programs, withdrawal management and harm reduction.

Contact Us

Please contact us for further information.
Centre for Student Development and Counselling
416-979-5195
www.ryerson.ca/counselling

Authors: Carly Basian, Carolyn Bond, Debby Chou, Stefanie Falotico, Amanda Giordano, Rachel Laird, Lauren Dobreny, Courtney Rains, Brittany Thomas, Florence Keov, Helen Tieu, & Sam Jolley
Series Editors: Kelly McShane, Amy Brown-Bowers, Amelia Usher
Consultants: Reena Tandon, Diana Brecher
Did you know?

• Cocaine comes from the erythroxylon coca bush, found in South America.
• Cocaine in the second most commonly used drug
• The soft drink Coca-Cola originally contained an estimated 9 milligrams of cocaine per serving (this was removed in 1903).
• Men tend to feel the effects of cocaine faster than women do!
• Alcohol and cocaine is one of the most deadliest combinations.
• Effects of cocaine last on average 5 to 30 minutes.

What is Cocaine?

• A stimulant that affects the central nervous system
• Usually smoked, snorted, or injected
• Usually a white powder.
• Can be processed into a solid rock form known as “crack”.
• Intoxicating effects within 1-20 minutes.

What are Amphetamines?

• A stimulant that affects the central nervous system.
• Usually taken orally but can be smoked, snorted, or injected
• Pure amphetamines appear as a white powder, are bitter tasting and odorless.
• Illegal amphetamines can be a pink or grey powder, or in a crystallized form.
• Methamphetamine has the appearance of a rock or a chunk of glass.

Effects of Cocaine

• Euphoric, energetic high.
• Raises body temperature, heart rate, and blood pressure.

Effects of Amphetamines

• Alertness, restlessness, excitement and energy.
• Negative effects include nervousness, hostility, and aggressiveness.
• Can be prescribed for weight control (short term) and for youth such as in the form of Ritalin for attention deficit disorder.
• Athletes using amphetamines for enhancing sport performance.
• Students have also been known to use amphetamines to enhance school performance.

Chronic Use of Cocaine and Amphetamines:

• Increased risk of contracting Hepatitis C or HIV with improper use of needles.
• Various forms of psychosis, including hallucinations and paranoia.
• Tooth decay (if smoked).
• Shallow breathing, fever, restlessness, anxiety and confusion.
• Impact on motor systems in the spinal cord and the brain.
• Nausea, vomiting, and abdominal pains.
• Tremors, palpitations, dilated pupils, sweating, and flushing.
• If taken while pregnant, there are serious issues for the fetus,

What are “Cocaine bugs”?

Using cocaine can induce panic attacks or paranoid psychosis with coexisting hallucinations. An example is a frightening hallucination where you feel like bugs are crawling all over your skin.

Prevalence

A 2010 Canadian Survey found a decrease in the prevalence of cocaine use to 1.2%, compared to 1.9% in 2004 (Health Canada, 2010)
The Canadian Alcohol and Drug Use Monitoring Survey (CADUMS) found that prevalence rates in 2008 for cocaine use was 1.6% and amphetamines to be 1.1% (Royal Canadian Mounted Police, 2008)
The Royal Canadian Mounted Police (2008) found that youth had the greatest prevalence for both cocaine and amphetamine use compared to adults
The American National Institute on Drug Abuse states that 10 - 15% of cocaine users will eventually become chronic cocaine abusers

Treatment

• Drug treatment (DT): DT for cocaine includes Prozac, dopamine agonists (such as amantadine) and lithium. DT for amphetamine includes amineptin, desipramine, and dexamfetamine.
• Methadone Maintenance Treatment (MMT) programs are recommended, as they work as a legal substitute for narcotics.
• Mental Health: Many users have other mental health problems including depression, bipolar disorder, post traumatic stress, and panic attacks. These disorders can increase risk of relapse; treating the mental health problem(s) lowers the risk of relapse.
• Cognitive-Behavioural Therapy (CBT): CBT emphasizes the importance of thoughts and behaviour in the addiction problem and helps the client alter beliefs, expectations, and behaviours to help improve functioning and overcome the addiction.
• Relapse Prevention Therapy (RPT) is a type CBT focused on:
• Addicts suffers from relapse

Continued on back flap...