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Cocaine as a depressant, Its Effects and the Remedies to Its Addiction

Drugs that cause an increase in the speed of signals in the nervous system are referred to as stimulants. They cause excitement, alertness and arousal to their users. Addicts of these drugs also face an inhibition in sleep and fatigue. Some common examples of depressants are nicotine, caffeine, cocaine and amphetamines.

The majority of the people know the dangers of cocaine use today. However, the usage of the drug is still prevalent and in big amounts. Cocaine is a commonly used stimulant that has been extracted from the South American cocoa plant whose scientific name is *Erythroxylon coca*. Some of the common and significant plans of action for the drug are stimulating the nervous system and its aesthetic principle. The powder form that is commonly used intravenously or through the nasal system is called cocaine hydroxide (Weiss 169). Abuse of the drug is common among people between twenty-five and forty years old contrary to the belief that teenagers commonly abuse it (Nuckols 7).

This paper will use a student friend who is a recovering cocaine addict as a case study. The effects and treatment directives are taking into account the process the student went through in their recovery journey.

Effects on Victims

The introduction of the drug to the victim's body may be through many ways. Users can ingest the drug through the mouth or can smoke the powder. Other users use syringes and needles to introduce the dissolved powder into their bloodstream. Sniffing the drug or introducing it through other mucous membranes like the urethra, vagina, and the gums are also common ways of taking cocaine.

When in the body large amounts of cocaine are absorbed by organs like the liver, brain, heart and kidneys or even the fat tissue. Blood levels of the drug are varied depending on the method of introduction of the drug to the body. The time may vary from a few minutes to an hour after the use of the drug (Weiss 27). The drug is then quickly broken down into small inactive portions. These portions for a while are largely not active and are ejected from the body. The enzyme pseudocholinesterase handles the bodily disintegration of cocaine. The active by-products handle the various side effects that are witnessed on cocaine addicts. Some of the by-products like benzoylecgonine can also be detected in the urine of users after several days (Weiss 28). The drug activates the neurons producing dopamine in the brain's reward system that results in the urge by the user to want to use more. The result of these urges is the development of addictive tendencies on the victims.

The effects of cocaine use cause an increase in the heartbeat that can cause constriction of blood vessels and thus the development of chronic conditions like blood pressure, strokes, and heart attacks. Such effects are not dependent on the usage frequencies of cocaine. Due to the fast acting nature of the drug, first-time users are also prone to seizures or even heart attacks. Withdrawal symptoms are due to neural changes are feeling depressed, tired, and anxious and

having mood swings. Users experience depression and sadness, as the brain no longer recognizes the normal activities in an individual's life as satisfying. These effects can be long lasting and can last for years after the stoppage of cocaine usage (Weiss 29).

Preventive and curative plans of action

A cocaine addict can try pharmacological or behavioral adjustment approaches. There is still active research on the use of drugs to counter the effects of cocaine use. However, some drugs like disulfiram have shown promising results. Behavioral intervention measures are more commonly used, and the results are satisfactory. Motivational incentives and cognitive-behavioral therapy were a success in the student's recovery process. The student received support from therapeutic communities that are also referred to as residential programs. The student attended community-based recovery groups based in the school. These programs helped improve the behavior, emotional response and cognition of the student.

Works cited

Nuckols, Cardwell C. *Cocaine: From Dependency to Recovery*. Blue Ridge Summit, PA: Tab Books, 1989. Print.

Weiss, Roger D, Steven M. Mirin, and Roxanne L. Bartel. *Cocaine*. Washington, DC: American Psychiatric Press, 1994. Print.