COCAIN AND CRACK: THE ROAD TO NOWHERE

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Facilitator’s Guide Written By…
Victress Hitchcock

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1560 Sherman Avenue
Suite 100
Evanston, IL 60201
1-800-323-9084

24-Hour Fax No. 847-328-6706
Website: http://www.agcunitedlearning.com
E-Mail: info@agcunited.com
# Cocaine and Crack: The Road To Nowhere

## Facilitator’s Guide

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CRACK AND COCAINE: 
THE ROAD TO NOWHERE 
Grades 7-12

INTRODUCTION

Cocaine, and even more so crack, is one of the most addictive illegal drugs on the market. Some experts say that three out of four first-time users of crack become instantly addicted. The drug acts as an intense stimulant to the central nervous system, producing extreme feelings of euphoria, power, energy, and alertness. Wanting to feel that good again, users find themselves “chasing the first high,” which quickly leads them to become trapped in a never-ending addictive cycle of use, high, crash, depression, and craving.

COCAINEx AND CRACK: THE ROAD TO NOWHERE explores this vicious cycle, demonstrating the perils inherent in cocaine use, providing young viewers with accurate, realistic information to make intelligent choices when it comes to the use of this dangerous drug.

This program is intended for use by educators, counselors, mental health professionals and social workers with youth 12-18 years old. Some of the groups where this program would be effective include:
  • school health classes
  • school based programs for at risk youth
  • community groups
  • peer counseling groups
  • twelve-step and other groups dealing with substance abuse and addiction
  • church and temple education groups
  • after-school programs for at risk youth
  • hospitals and treatment facilities
  • juvenile correctional facilities
  • group homes
SUMMARY OF THE VIDEO

COCAINE AND CRACK: THE ROAD TO NOWHERE uses the testimony of drug users and the information of experts in the substance abuse field to demonstrate the dangerous, and sometimes deadly, consequences of cocaine use. The program is divided into twelve sections. A description of each follows:

THE RUSH presents viewers with an accurate picture of the initially pleasurable effects of taking cocaine. Dr. Paula Riggs from the Addiction Research and Treatment Services at the University of Colorado Health Sciences Center describes the function of the brain reward center and what happens to it when cocaine is first ingested. (Blackline Master #2: What Cocaine Does To The Brain, included with this guide, details the processes about which Dr. Riggs speaks.) Roberta Cruz, Certified Alcohol and Drug Counselor at the Youthful Offender System in Denver, Colorado, discusses the effects of stimulants on the body. (Blackline Master #1: What Cocaine Does To The Body details the processes about which Ms. Cruz speaks.)

THE HIGH continues the discussion of the feelings that prompt the user to want to use more cocaine.

CHASING THE FIRST HIGH looks at the nightmarish reality of compulsively seeking that first pleasurable feeling... and never finding it again.

HOOKED ON COCAINE sums up the realities of becoming addicted to cocaine, when the user begins to find him/herself using more, more often.

THE CRAVING shows how the continued use of cocaine has now ruined the body’s ability to produce its own natural chemicals that keep it feeling good, which in turn produces an intense craving for more cocaine to take their place.

THE CRASH describes the horror of coming down, physically and emotionally.

CRACK COCAINE discusses the particularly addictive nature of crack, which is produced when cocaine powder
is mixed with water and baking soda and then formed into rocks which are then smoked. The route of administration of the drug is a key factor in how intense the rush is, how long the high lasts, and, consequently, how quickly a person can become addicted. The effect of crack is more intense because, being smoked, it reaches the brain faster and in greater concentration. Intravenous use also produces a stronger rush than snorting powder. This section also introduces a common condition associated with cocaine and in particular crack, addiction: extreme depression. This intense depression is responsible for the high incidence of suicide among cocaine addicts. In some cases, the depression is brought on by crashing, or withdrawing, from the drug and in other cases, such as that of Hiyet Warren, whose story is told in this section, crack use can aggravate an already existing condition of depression or manic depression. In Hiyet’s story, told by his sister, Leilani, becoming a crack addict worsened his already difficult depression and eventually drove him to suicide.

**LosinG your health** describes some of the physical problems caused by cocaine addiction:

- convulsions
- weight loss
- learning and memory problems
- “crack dancing”
- problems associated with intravenous drug use, such as hepatitis and AIDS
- problems associated with crack use, such as lung damage
- problems associated with snorting such as damage to the nasal passages
- sexual impotence

**LosinG your friends and family** shows how the cocaine addict damages his or her relationships with family and friends by putting his or her drug addiction ahead of everything in his or her life.

**LosinG your freedom** portrays the inevitability of
getting in trouble with the law when you are messing with cocaine and the horrors of being incarcerated. 

**PARANOIA** describes how, with continued use and the accompanying lack of sleep and altered brain functioning, cocaine can produce feelings of extreme paranoia. Users tell of distorted perceptions, fear, suspicions of being followed, confusions about what is real. Users also describe the real dangers associated with dealing and using cocaine. Dana’s story of being “ganged,” beaten and left for dead in an alley after spending a night snorting and smoking cocaine with a group of so-called friends, illustrates the dangers of illegal drug use and selling. Finally, the program participants describe the price cocaine addiction exacts in an addict’s life and their own personal regrets at having gotten stuck on this dead-end road. And they offer advice to others on how to avoid getting trapped as they did.

**FACILITATOR PREPARATION**

It is strongly suggested that you view the video and study the accompanying material before presenting it to your group. The program does contain graphic images of IV drug use and crack use, which may be unsettling to some viewers. Please preview the video carefully and be prepared to offer appropriate warnings before presentation.

**INSTRUCTIONAL NOTES**

As you review the materials presented in this guide, you may find it necessary to make some changes, additions, or deletions to meet the specific needs of your group. We encourage you to do so, so as to maximize the instructional benefits of the program and accompanying guide. It is also suggested that the video presentation take place before the entire group under your supervision. The lesson activities and discussion topics grow out of the context of the video presentation; therefore the presentation should be a com-
mon experience for all group members. Some members of the group may be struggling with substance abuse problems themselves or with a family member’s addiction. It’s important to be sensitive to this situation and to the possibility that these participants may experience difficulties in processing the video. Be prepared to offer further assistance in this case, if it is appropriate. Enlisting the help of a school or program counselor beforehand is a good idea. Also, if possible, become familiar with local resources, hotlines, and treatment options before presentation. A list of national hotlines and resources is included in this guide (Blackline Master #5: National Helplines and Resources).

AUDIENCE OBJECTIVES

After viewing the video and participating in the follow-up discussion and activities, participants will be able to:
1. Describe the physical effects of cocaine use and addiction.
2. Discuss the psychological and social consequences of cocaine use.
3. Explain the societal cost of cocaine addiction.
4. Identify compelling reasons to avoid cocaine use and addiction.
5. Identify ways of avoiding cocaine use and addiction.

BEFORE VIEWING THE VIDEO

Below are some suggested discussion topics and activities to engage in with group before, and then after, viewing the program:
1. What is addiction? Create a list of participants’ definitions and add to it after viewing.
2. Is there a type of person more likely to become addicted to cocaine and/or crack? Before viewing, have the students create a word picture of the stereotypical cocaine addict and crack addict. After viewing discuss whether the images held true.
3. **Blackline Master #4: Pre-Test** is an assessment tool which may be administered prior to viewing the video. It will illustrate participants’ prior knowledge and misperceptions about cocaine.

**VIEWING THE VIDEO**

The video is 32 minutes long. You may stop it after any of the sections for discussion.

**DISCUSSION QUESTIONS**

1. Addiction is sometimes described as a “process of loss.” Discuss that statement as it relates to the stories told in the video. What did each addict lose? What other losses are possible when you are addicted to cocaine?
2. In what criminal activities did the people in the program participate as a result of their cocaine use? What were the consequences?
3. Discuss the health dangers faced by each of the cocaine users. Using the Internet sites listed in this guide or other reference materials, compile a more complete list of health risks associated with cocaine and crack use.
4. Review the different routes of administration of cocaine. Which are more addictive and why?
5. Most of the cocaine addicts in the program only managed to quit using when they were incarcerated. (The exceptions were Hiyet, who committed suicide, and Dana, who was hospitalized in a coma.) Have a discussion about what it would be like to go through withdrawal from cocaine in jail. What physical and emotional experiences would you go through? Why is it so difficult to quit using cocaine?
6. Explore the ways in which cocaine addiction affected each of the user’s relationships with his or her family and friends. Do program participants have first hand experience of people who have become addicted to cocaine and how their
addiction has affected friends and family members? Both John and Charles had families that they lost through their addiction to cocaine. Discuss what it would be like to be the son or daughter of a cocaine or crack addict.

7. Hiyet’s sister, Leilani, describes how his addiction to crack “made it so he couldn’t find pleasure in things that beforehand he had found pleasure in.” Using the information in the program on how cocaine affects the brain, discuss how this could happen. Have participants make a list of things they enjoy. Discuss what it would be like to be able to enjoy these things no longer.

8. Out of 100 cocaine-related deaths, 60 are either suicide or murder. Discuss this statistic in relation to Hiyet’s and Dana’s stories. Do participants know of other stories in their community or nationally that reflect this figure? Why do they think that cocaine addicts are so prone to suicide and violence?

9. In the final section of the video, Christina advises other teenagers that “You’ve got to have your life structured” or there will be more of a temptation to use drugs. Do the participants agree with this statement? If so, why? Discuss how peer pressure relates to drug use.

10. Olivia states that “If I’d only done more normal things in high school, I wouldn’t have so many regrets.” What “normal things” would help a person stay away from drugs? What other qualities can a person develop to help him or her resist drugs?

BLACKLINE MASTERS

1. Blackline Master #1: What Cocaine Does To The Body describes some of the physical effects and dangers of cocaine use and addiction.

2. Blackline Masters #2a-2b: What Cocaine Does To The Brain discusses the action of cocaine on the brain reward circuit and includes a diagram of the areas of the brain affected by cocaine.
3. **Blackline Masters #3a-3b: Glossary** is for student reference.

4. **Blackline Master #4: Pre-Test** can be given to students before viewing the video to gauge their prior knowledge of the subject.

5. **Blackline Master #5: National Helplines and Resources** is for participant and facilitator reference.

6. **Blackline Master #6: Internet Resources** offers on-line resources for participant and facilitator reference.

7. **Blackline Master #7: Extended Learning Activities** enumerates the activities listed in the section below. These activities may be distributed to participants to further their knowledge of the subject.

**EXTENDED LEARNING ACTIVITIES**

These activities, which go beyond the general scope of the lesson and are intended to involve participants outside the classroom, are also listed on **Blackline Master #7** and may be duplicated and distributed prior to assignment.

1. Research and write or present a paper on the route cocaine takes from coca fields to the streets of the United States. Include information on the economics of the drug (who is making the money) and what the dangers are to everyone involved in the production, distribution, and use of the drug.

2. Research, write, and present a paper on the history of cocaine from its use by the Indians of the Andes, to its introduction to Europe and then to the United States, to the first reports in 1986 of the development of crack, to the present situation.

3. Research and write or present a paper on the rise of crack and its devastation to a community. If appropriate, you may use your community, or you may select another community in your state. Include statistics on emergency room admissions, deaths, and crimes related to the drug. Discuss the particular problem of newborns born to crack ad-
dicted mothers.
4. Write a story about a young cocaine or crack addict describing his/her reasons for first using, the progression of his/her addiction, and if, and how, s/he finally stops, either by quitting, jail, or death.
5. Create a poster of the brain showing the activity of cocaine. Include a list of ten facts related to cocaine and the brain. Try to discover unusual or surprising information for your list.
6. Prepare a list of local resources, referral procedures, and hotlines and make it available to your group or facility.
7. Research and make a presentation on the portrayal of cocaine in popular culture (movies, books, music, etc.) Select one movie, book, or musical act and do a report on it.
8. Invite a speaker from your community (from a local drug and alcohol or twelve-step program) to speak to your group about cocaine.
9. Research the link between cocaine and crime, using the National Resource Lines that relate to drugs and crime on Blackline Master #6: Internet Resources. Create a poster of statistics and make a presentation to the class of your findings.
10. Dana, Olivia, and Sam were all homeless because of their cocaine addiction. Research the relationship between drug abuse and runaway and homeless youth. There may be a shelter for homeless and runaway youth in your community that you could contact for information. You could also contact the National Runaway Switchboard at 1-800-621-4000 for information.
BIBLIOGRAPHY

National Institute on Drug Abuse:
http://www.nida.nih.gov
COCAINE AND CRACK: THE ROAD TO NOWHERE
SCRIPT OF NARRATION

Leilani: He left here, finished his suicide note, and then he walked from here over to the Foothills Highway and Pearl. And I guess some people saw him running around kind of checking out the best spot. Before he did it, he just kind of ran around the hillside a little bit looking where cars were going the fastest, kind of like finding the right place to die, I guess.

Narrator: Leilani still dreams her brother will someday walk back in the door again.

John: I can remember being in areas I had no business being in, you know, around gang members, you know, with guns, you know, these guys drinking. I got a pocketful of money. They could rob me. Just didn’t care. You know, just did not care. Either give me the drug or kill me.

Narrator: John had a wife and two kids, a successful business, and a house, and ended up in the penitentiary. Christina was a good student who became a prostitute at the age of 15.

Christina: I just tried to put on a front, just to be stronger, to be like, not afraid, you know, of the things that are going to happen.

Sam: I want to be able to be somebody you know, ‘cause, I mean, I’m getting older and I see the future that if I continue this way I’m going to end up worse, like, probably starting killing people for that or do something crazy, you know.

Narrator: Sam is living in a shelter and hasn’t called home in months.

Olivia: I would steal from you, I would steal from your neighbor. I would steal, was stealing from my mom. Anyone who would trust me enough to give me a little, I always took a lot.

Narrator: Olivia left her family in a small southern town and wound up homeless in Los Angeles.
Narrator: Charles has nothing but three felonies to show for the last 20 years of his life.

Charles: I’m 42 years old and have nothing to show for my life. I have nothing to look back on. I have no future.

Narrator: Dana, a promising artist and actor was found beaten into a coma and left for dead in this alley.

Dana: Apparently it all happened here, the whole, the car incident and the beating. They just dragged me out here and left me out here.

Narrator: How did all these people’s lives get so sidetracked? How did they all end up on this dead end road?

Narrator: All these stories you’ve just heard have one thing in common: cocaine.

Narrator: Cocaine is a stimulant, a drug that speeds up the central nervous system. It is also a local anesthetic. It numbs without putting to sleep.

Narrator: Cocaine comes in the form of a white powder which is made from the leaves of the cocoa plant. This powder is then snorted or injected or it is mixed with water and baking soda to form rocks which are then smoked. This cocaine that is smoked is called crack cocaine.

Narrator: Cocaine, and even more so crack, is highly addictive. Anyone who does enough over a long enough time will become addicted. And that’s what the individuals in this program discovered.

Narrator: For them, cocaine became their life. It took them off the path they were on and sent them careening into a nightmare world of addiction.

Narrator: But the journey didn’t start out that way.

Olivia: As soon as I did it - the very first time sniffing cocaine, I knew that I was in love.
Sam: It felt good

Christina: Yeah, I liked it a lot. I just liked the rush it gave me.

Charles: It would stimulate the whole body from the head down to your toes. You know just like you are just in another world, you’re in a zone that you don’t understand. That rush was so intense, the body, it just feels good.

Dana: I remember hearing my ears ring, I got so high, that last hit before we split, thinking that I could feel my heart beat. It was almost beating out of my chest. I could feel it in my face. Like my blood flow pushed really hard and I could feel it.

Olivia: I couldn’t hear or see or speak, I could only hear bells. And it was amazing. And that would be what I would want to achieve every time.

Narrator: Now you have an idea of how this journey begins. Cocaine, whether it’s smoked, injected, or snorted, gives you a rush and it feels so good you want to do it again and again. And the whole time you don’t realize what it’s doing to you, to your body and brain, until it’s too late.

Roberta Cruz: The heart starts to beat rapidly. Your blood pressure goes up. The eyes start to dilate. These are all done artificially through the drug. Normally it wouldn’t happen to a person unless they were using a stimulant of some kind or experiencing an activity that would induce that kind of reaction. Say for instance my son goes out and wins a football game. He’s excited, and that exhilaration and that euphoria is going on in his brain. Well, what you’re doing is you’re using the drug to get that same experience.

Dr. Paula Riggs: Cocaine is a very potent stimulant which has an addictive quality, and what happens when we take cocaine is that it gives you a really big blast of dopamine, which is a chemical produced by the brain normally. But when we take cocaine, you have a very powerful blast of dopamine released in the brain reward system. And the brain experiences that as a rush or as a high and, in addition, then
cocaine also blocks the dopamine from being taken back up to calm that back down again. You get a big dopamine blast which stays around longer than normal and what that means is that that give us the high or rush from dopamine and our brains like that.

Olivia: It was just like a burst of energy, like I was indestructible

Charles: I was like invincible. You know, I couldn’t be touched. I knew everything.

Christina: It just made me feel on top of the world. Like I could just defeat anybody or something.

Roberta Cruz: Well, a person that uses cocaine, they experience the euphoria. There’s some new energy, exhilaration, and they also become very alert, in the first stages. It changes later on down the road.

Charles: After that first hit, you’re just constantly chasing, trying to get that same feeling, which you’ll never get anymore until you come down.

Christina: I guess it was like that. Like, I took one hit and then I, I don’t know, just got real, real high and it felt good and then I was just like, well, I want another one and I did another one, and another one, and I ended up getting high for like three days straight.

John: And the next thing I know, you know, I had like about two hundred dollars, and I spent the whole two hundred dollars within hours. So it’s a serious drug, it’s very serious, it’s very addictive. When you first get on it, you know, you just want more, you just have that craving within you to reach that same high that you did on the first hit.

Charles: Basically that’s what it does. You get that first hit and it’s like it teases you to want more.

Christina: Just ‘cause you know you’re going to get that rush again. Like it’s not the same rush that you’re looking for.
Dana: Nah, I never got it. I got high. Sometimes I got really high but it wasn’t what I was shooting for.

Roberta Cruz: And really that’s what cocaine addiction is all about, is that these people are futilely chasing after that original high, so in order to find it, they find themselves using greater amounts, and maybe more frequent.

Charles: Some days I’d smoke a quarter ounce a day. Some days I’d smoke more - ounces. You know, it’s so easy to find yourself just going through it so fast, it’s so... The high only lasts for maybe five, ten minutes, and then it’s something there that’s “Got to have it, got to have it, got to have another crack hit.”

Dr. Paula Riggs: At this point, cocaine then has taken over your brain reward system. It says: “We don’t like not having enough dopamine in the brain,” and the brain cells say, “We really liked all that dopamine you used to give us with the cocaine.” So it sets up a very powerful situation where the drug itself takes over and then sets up a situation in your brain which drives you to go seek more drug and so that is physiologic and neurobiological addiction.

Narrator: Once it gets to this point, where cocaine has changed the way your brain functions, what happens if you stop using it? If the money runs out? Or you get thrown in jail? Or you just want to try and quit?

Dana: If you don’t have anything to come off of, it makes it really hard. They call it crashing. And that’s really hard. I mean it’s a really emotional thing. You start to really dwell on all your inequities, I guess. You start to think about how (bleep) up you are, how horrible you treat your girlfriend, and how your bills are late.

Charles: There was times when I would come down off of it that I would say, “I’ve got to quit this because I’m not taking care of anything and this stuff is killing me.” I would say these things and then it got to the point whereas I didn’t care. I became on a self-destruction course.
Dana: But if you do it for a long time, you’re up for a lot of the days and you’re coming down and you’re really short-tempered and nothing satisfies you. You could be in Utopia and it wouldn’t satisfy you.

Charles: You’d have the shakes and you’d be jittery and you couldn’t function unless you had some more because your body was kind of like craving it.

Olivia: It would make me crave so horribly that I would just cry and I would like just wring my hands out of frustration. You know I would just like... You, know, it was horrible.

Roberta Cruz: What happens with cocaine is it creates irresistible urges and cravings. And not only that, a person that uses cocaine, just like any other drug, how ever high you get, you’ll also, like we talk about the euphoria? There’s also a disphoria that is associated with it, so you have the high and then you’ll have what we call the “crash.”

Dana: It’s a crash you can’t get away from. You’re always a cokehead, you’re always coming down, you’re always broke, you’re always the downs, the downtrodden side of everything.

Roberta Cruz: Everything becomes reciprocal - the euphoria, the energy, the sexual arousal, the alertness - all of those reciprocate. Instead, we have depression, we have irritability, we have anxiety.

Dr. Paula Riggs: Because at that point, you’ve sort of, you know, trashed your own brain’s ability to produce the chemicals that our brains produce that make us feel good during the day. And so if your brain can no longer produce dopamine and other things that we need to sort of have a stable mood, there will be even greater temptation to use substances that will help normalize your mood.

Charles: I just constantly smoked crack, seven days a week, 24 hours a day. I didn’t care anymore. I started, well, I felt like I wanted to kill myself. And it seemed like the more crack I smoked the more I wanted.

Olivia: It was awful, because I always, always felt like using. It’s the worst thing to go through.
Narrator: This journey started out as fun, as a way to escape your problems, then you find yourself chasing that first high, now you’re hooked. It’s like being in a car that’s going faster and faster.

Narrator: And there’s no brakes. When you come down your craving gets so intense you can’t stand it, so you have to keep doing it.

Narrator: You’ve developed a tolerance to the cocaine so you have to take more, more often and even then you can’t seem to get high.

Narrator: If you started out snorting cocaine, now you need more of a rush, so you might try shooting it or smoking crack, both of which deliver a stronger faster rush, a shorter high, and a much greater crash.

Narrator: Leilani remembers how much worse her brother Hyatt’s addiction got when he went from snorting cocaine to smoking crack.

Leilani: He really sold his soul to crack. He really, it was a really different thing. He couldn’t stop crack. He couldn’t stop doing crack.

Olivia: The thing with crack is that, for the most part, you don’t even have to be necessarily addicted to everything like I was to be addicted to crack, because crack in itself is so, so addicting.

Sam: The first week I was doing it, they gave it to me for free. Then I had to buy it. So when they see me hooked they didn’t want to give it to me no more free.

Charles: You don’t realize it while you’re doing it, but after you come off that stuff, man, and you’re sitting in your house and you’re broke. You got kids you gotta feed. They’re running around with messy diapers on. They haven’t ate in a couple of days. Then you sit there and you say, “Wow, what happened to my money?”

Leilani: I mean a couple of my friends came up and said, “Whoa, what is going on with your brother?” You know, like I think it changes your entire everything. How you present yourself, you know. You stop caring.
Christina  After you’ve done it for awhile, you just do things that, when you’re sober, you wouldn’t imagine doing, like prostituting, or lying to people that you really love, you know.

John:  I would tell the wife, “Well I’m going to go play some pool, you know, with a couple of friends,” but instead I’d go right to the dope man and I would buy crack and then I would lie about it, you know: “I lost my money. I got jumped on - they took my money.” So the drug, as far as crack cocaine, is a very serious drug, a very, you know, addictive drug. I lost my wife behind that, you know behind the drug.

Leilani: It led to his downfall. It really did. It made it so that he couldn’t find pleasures in other things that beforehand he had found pleasures in. I think he knew he was going to kill himself, like he had made the decision, like alright, I’m going to do this in the next couple weeks and he just wrote a note, put it on his bed, took off, and did it. And my mom found the note. It said that we should just look at him as a worthless crack fiend and it will be easier to let him go that way. And then he walked from here over to the Foothills Highway and Pear. He was in the middle of the highway, like you know, the median in the middle of the highway, and went to the edge of it and stopped and he looked over at the driver of the car, you know, like after making eye contact with this guy, ran in front of him, and died instantly. A lot of people, you know, they’re depressed and they turn to cocaine, you know, like “Hey, I’ll just get high” and no, it doesn’t help. It made everything that he was feeling a lot worse. It made his depression a lot darker and a lot heavier and a lot deeper and made, it suppressed his happy side a lot. It really suppressed ... he wasn’t happy when he was on coke. You know, he could be happy, sober sometimes. So it really speeded up the process. I mean like it really contributed a whole lot to him being dead.

Charles:  It’s sad, it’s really sad. And you can get caught up in that addiction so easy, just from that first hit. That’s all it takes is one hit.

Narrator: While smoking crack may be the quickest route to addiction, once you get hooked on any form of cocaine, the experience is the same.
Narrator: The craving for the drug is driving you to use more and more just to get through the day. And your life’s falling apart. You try to pretend you’re okay, but you’re sacrificing everything:

Narrator: Your health, your friends and family, your self respect, even your freedom, and you still can’t stop using.

Olivia: I would smoke crack until I would convulse and shake uncontrollably. And then, as soon as I would stop, I would smoke more.

Sam: I used to like go to motel or garage smoking all day without eating then you see my body going down cause I used to lift weights and for two months I lost like probably fifty pounds or something.

Christina: It’s hard for me to learn things, like to pick up on things like other than what it is for other people, people that haven’t done drugs.

Charles: I forget things now, you know. You can tell me something now and I would forget it ten minutes later.

Sam: Back in the days, like if somebody give me a phone number, I used to know it right away. Now it’s like, “Say it again?” or later I forgot the number and there’s no way I could remember it.

Dr. Paula Riggs: The other thing that cocaine does in the brain is it not only affects dopamine as one of the neurotransmitters, but it affects another neurotransmitter called norepinephrine. And norepinephrine, as it increases, causes a lot of damage to brain cells and you don’t get any more of those. They don’t divide again. So you are doing damage to brain cells and depleting brain cells when you use cocaine. Depending on what area of the brain that happens in more, you can get all kinds of problems happening: memory loss, concentration problems. If it happens in other regions of the brain, like the basal ganglia, for instance, you can get movement disorders or tics or there’s a phenomenon known as “crack dancing,” which is a jerky movement.

Olivia: I continually jitter, I continually move, I continually, like, have to be fidgeting and I guess what I was told was that I have fooled my nerves into this because I have stimulated them so much.
Dr. Paula Riggs: There are associated health problems, for instance, if you’re using IV, there’s a risk then, of course, of HIV, chronic hepatitis, all kinds of issues with sort of the needle use. Damage to your lungs when you’re smoking cocaine.

Roberta Cruz: Within the nose, the hair starts to disappear, then the skin starts to be affected, the sense to smell starts to go away.

Dr. Paula Riggs: And the sexual side of things, you know there’s impotence can be a long term or even a short term issue with cocaine addiction.

Christina: There’s times when I wouldn’t even go home or call home for like three or four months and finally when I’d call home my mom would be crying.

Sam: I lost my family, that’s one of the things. They didn’t trust me no more. They didn’t give me no money, not even for school, you know. They had to watch out for me when I used to get in like I was a stranger. That used to hurt a lot, you know.

Dana: The woman I was with at the time, she said she didn’t think we should see each other any more and I’m sure it’s part of the neglect I had in my life. I neglected everything. I had bills, they were drug bills that I hadn’t paid and that I was going to be getting into it with a whole bunch of people over that. And those stacked up. Just the way I had neglected my life and I neglected her.

John: And I didn’t care for no one. I was selfish. All I worried about was me.

Christina: And people used to tell me, like, “Don’t you even care? You have a family that cares for you.” And, I don’t know. “They love you and stuff,” and, I just, I would think about it but it would just get out of my head when I would get high.

Charles: I was breaking the law, didn’t care about the law, had no respect for the law because I thought I was slick, never get caught, you
know, but I got caught. Eventually you will get caught and you’re going to have to pay.

John: Oh, it was horrible, it was a nightmare, it was just like living in hell. I was locked down 23 hours a day. The only time I came out was to go out for an hour and that was for “rec.” Everything else we done in the cell. We looked at TV in the cell. We showered in the cell and we ate in the cell.

Charles: But then I went back to the same thing that got me there the first time. And I got busted again, in February. The same thing, same way, you know, doing the same thing.

Narrator: So now the consequences are piling up, health problems, relationship problems, money problems. You’ve lost your job. You can’t keep up in school. You’re busted. But those are just the physical consequences of cocaine addiction. There’s also your state of mind.

Christina: I got to the point where I started seeing things that weren’t there, like I’d hear things. I’ll be in the motel room by myself or something and I’ll be getting high and I’ll go lock the doors and think people are there, think I’m losing things and I’m not. I think about it sometimes, like when I was in jail, I’d think about it and I’d be like “Dang, I was losing my mind.”

Charles: It came to the point where I got so paranoid that it was hard for me to even go out on the streets without getting high because I thought I was always being followed, you know, I thought I was always being watched, I thought that people were always out to rob me, to get me.

Narrator: When you’re this far down the road of cocaine addiction, your nervous system is on overload. You’re going for days without sleeping. Your brain is no longer producing the chemicals which keeps your moods on an even keel.

Narrator: All of which adds up to extreme paranoia, hearing voices, seeing things that aren’t there, not knowing what is real and what’s not.
Narrator: But remember, if you’re using or dealing illegal drugs, there may be real reasons to be paranoid.

Charles: You’re not safe. I don’t care what anyone says, you’re not safe selling or doing drugs. You’re not safe ‘cause you’ve got to worry about people coming to rob you. These guys ran a stop sign and they hit my car and as I jumped out of the car, they just started shooting at me and I caught the first bullet in the eye.

Christina: I just thought that one of these days I was going to run into a weirdo and he’s just going to kill me or something. My mom told me things like, “One day I’m just going to hear the news and they’re going to say that they found a young girl out there dead in the trash can over some crack deal.”

Narrator: For Dana, this nightmare almost became a reality when he was found beaten into a coma in an alley after a night of partying with a group of so-called friends.

Dana: They tell me that I had lots of cocaine in me. The way they worded it to my mother was that they said I had it in me up to my ears. And that was all here. It started out as powder, using powder. I remember that. And then I remember people talking about smoking it and someone coming on their way with some to smoke. So then that’s when I fazed out. I woke up in the hospital. They’d ganged me and used a tire irons and hit me in the head several places and put holes in my head, not with a tire iron, with a b-bar from construction sites, the anchoring bars in the cinder block. And I’ve heard they’d hooked me up with jumper cables and hooked jumper cables up to a car and started it to shock me. They were trying to kill me. I remember waking up in the hospital thinking “Oh, man, something really bad must have happened to me to be a patient in a hospital, an in-patient, in a hospital, a patient.” I remember saying to myself, too, part of me didn’t really want to know. And I was just grateful that I was alive, I guess.

Narrator: Dana was alive but he suffered from traumatic brain injury which left him with both physical and mental problems.
Dana: I don’t feel like an artist anymore, honestly, either. I feel like a struggler, and that’s all I do, is struggle. I struggle to get this and to get that done and to make sure I had this while I was doing that, not drugs, but just struggling to make sure I’m inside on cold nights and that I have a warm bed to sleep in. If I could go back now to before any of this, any of all of this crap happened, before I was a drug dealer, I would see the importance of myself. To see myself smile, you know, to see myself stretch and enjoy the moment for what it’s worth really, other than smile and stand proudly because everybody’s looking at me and I’ve got all this money and all these women and all this. And actually I didn’t have anything. I did, I had a lot, but none of those things amount to anything that I have now. The things that I did have, that outer image, you know, when I was the man everybody wanted to be. All of those things that I had don’t amount to nothing now. Instead I’m sitting in an alley, telling about how I almost died from getting high on cocaine with some people who I thought were my friends.

Charles: That’s how demanding it is. It takes, it takes, it takes, and it just keeps taking. It never stops taking if you’re in it. I don’t care if you’re selling, smoking, using, it’s constantly going to take some kind of way. It’s going to take from your family. It’s going to take from you. It’s going to take out of your pocket. It just takes, it constantly takes and takes and takes. It might take a while for it to take from you but eventually you’re going to find yourself on the losing end. And you will have to pay a price. And the price is very expensive. You could have your freedom taken from you. You could have your life taken from you. I’ve seen guys OD, kill themselves, you know, not realizing that they could do that with one, just one, crack pipe. One crack hit could just end your life like that.

Christina: I just think that people don’t really realize, you know, what they’re getting themselves into until they’re finally there. I don’t really know what I can say, you know, to change anybody’s mind but I just hope that like no one else has to experience things like that, ‘cause it’s very bad. I mean, you don’t feel good with yourself when you’re doing things like that.

Narrator: Sure there’s people who can experiment with drugs and not
get hooked, but with cocaine, it’s just too big a risk.

Narrator: You just heard from Dana and Charles, Olivia, Sam, John and Christina. They found out the hard way that they couldn’t just try it and leave it alone. They wish they had never taken that chance.

Narrator: So take their advice and don’t get sidetracked in your life. Don’t get stuck on this road to nowhere, chasing that cocaine high.

Charles: ‘Cause I have nothing to turn back on and I’ve never finished anything I’ve started. I started good schooling, I never finished it. So now I’m 42 years old. What can I do? I got three felonies. What can I do? Who’s going to hire a three time loser felony? I mean, there’s lot of things you got to look at when you’re out there, man. If you’re young, stay in school, get an education.

Olivia: Because here I am after being homeless, after being living on the streets, and being in jail and doing crazy things I never would have done before, I swear, if I would have just had more fun in high school, you know, and just done more normal things, then I wouldn’t have so many regrets and I wouldn’t have to struggle so hard today.

Christina: I think you just need to have your life structured. Like, you need to have a lot of structure in your life cause when you don’t have nothing to do you’re just bored you know. You’re like, “Damn, I’m going to go out and get high.”

John: Sometimes, even in, you know, the environment that we’re in, the friends that we’re around, because, you know, it’s just like a dog, if he’s around another dog that got fleas, eventually he’s going to get fleas.

Dana: The one thing I would say too, to those who haven’t done it or that are going to do it or that are somewhere where its a likely chance: It’s not something you focus your attention on, definitely not. You know, this isn’t what it’s cracked up to be.
WHAT COCAINE DOES TO THE BODY

Cocaine is a stimulant drug, which means that it speeds up activity in the brain and the spinal cord.

This causes the heart to beat faster and the metabolism to increase. The heart may beat irregularly and breathing becomes faster and shallower, as though you were afraid. This can lead to respiratory failure. Increased pulse rate and blood pressure can lead to heart failure. The blood vessels narrow, which reduces the flow of blood and oxygen to the heart, resulting in "starving" the heart muscle.

Even young athletes who are in excellent physical condition have succumbed to cocaine's ability to cause heart failure. At this point, scientists have no way to detect who may be more at risk for this to happen.

Cocaine is also a local anaesthetic, which means that it numbs whatever area it touches. When it is snorted, this anaesthetic effect causes the blood vessels in the nose to constrict. When the effect wears off, the user experiences a clogged, runny nose and swollen mucus membranes.
WHAT COCAINE DOES TO THE BRAIN

Cocaine, like many other drugs of abuse, acts on the brain’s reward, or pleasure, circuit. Pleasure, which scientists call “reward,” is a powerful biological force for our survival. If you do something pleasurable, the brain is wired in such a way that you tend to want to do it again. Activities that sustain life, such as eating, nurturing, and sexual activity, activate a circuit of specialized nerve cells, which use a chemical neurotransmitter called dopamine to relay messages about pleasure through nerve fibers to nerve cells. Prolonged drug use changes how the brain functions, and, in particular, it alters the way in which the pleasure circuit operates. Specifically, cocaine prevents the reabsorption of dopamine after its release from nerve cells. Normally, neurons that are part of the pleasure circuit release dopamine, which then crosses the synapse to stimulate another neuron in the pleasure circuit. Once this has been accomplished, the dopamine is picked up by a transporter molecule and carried back into the original neuron. When a person takes cocaine, it stimulates the release of dopamine, and, at the same time, because the drug binds to the dopamine transporter, it prevents the reabsorption of the dopamine. This causes a buildup of dopamine in the synapse, which results in a powerful feeling of pleasure. The excess dopamine then causes the neurons to decrease the number of dopamine receptors they make, so that when cocaine is no longer taken and dopamine levels return to normal, the smaller number of dopamine receptors that are available for the dopamine to bind to is insufficient to fully activate the nerve cells. This results in an intense drug "craving,” which makes the cocaine addict feel the need to take more cocaine to get the dopamine levels back up.

Cocaine also binds to other neurotransmitters, such as serotonin and norepinephrine. It has also been found to affect the prefrontal cortex and amygdala, which are involved in aspects of memory and learning. All these changes in brain functioning are a major part of the addiction to the drug itself, as well as to the long-term damage it causes.
WHAT COCAINE DOES TO THE BRAIN

This drawing of a brain cut in half demonstrates the brain areas and pathways involved in the pleasure circuit.

When cocaine enters the brain, it blocks the dopamine transporter from pumping dopamine back into the transmitting neuron, flooding the synapse with dopamine. This intensifies and prolongs the stimulation of receiving neurons in the brain's pleasure circuits, causing a cocaine "high."
GLOSSARY

Addiction - a physical and emotional need for something (a substance or behavior) and its compulsive use regardless of negative consequences to health, relationships, school or work, finances and, in some cases, legal status.
AIDS - Acquired Immune Deficiency Syndrome. A highly contagious and usually fatal disease of the immune system spread through contact with bodily fluids through sharing needles or having unprotected sex.
Brain reward circuit - the pathway in the brain that drugs follow. Ordinarily it functions in providing humans a reason, or a reward such as pleasure, for carrying out activities such as eating, sex and nurturing. When a person becomes addicted to cocaine, the brain reward circuit is altered by the drug, so a person no longer feels pleasure in ordinary activities.
Chasing the first high - the continued and compulsive use of cocaine or crack in order to duplicate the feelings of pleasure produced by the first use, which is never achieved again.
Coca plant - a plant grown in the high mountains of South America. Originally, the Kogi Indians in the Andes chewed the roasted coca leaves for endurance. Cocaine is derived from the coca leaves.
Cocaine - a stimulant drug that speeds up the central nervous system. Derived from the coca plant, it is synthesized into a white powder, which can be snorted, mixed with water and injected, or made into crack and smoked.
Crack - a form of cocaine produced by mixing cocaine powder and baking soda and then drying it into rocks, which are then smoked. Crack is considered the most addictive form of cocaine, as it reaches the brain faster and in greater concentration, so the rush it gives is stronger. The high only lasts a few minutes and the crash is so intense, the user craves more almost immediately.
Crack dancing - a condition characterized by involuntary jerky movements or tics which can happen to crack addicts when they have reached the point where they have damaged brain cells in the region of the basal ganglia.
Crash - the sensation of irritability and depression a user experiences when they are withdrawing from cocaine, which is due to the drug's burnout of the body chemicals that balance their moods.
Craving - an intense feeling of need for the drug which occurs when the body has used up the cocaine and it is not producing the natural chemicals, such as dopamine, which contribute to our ability to feel good.
Dopamine - a chemical neurotransmitter which relays messages about pleasure in the brain reward circuit.
Hit - a dose of the drug.
**GLOSSARY**

**Intravenous** - method of administering drugs (legal or illegal) which uses a needle to inject the drug into a vein.

**Kicking** - going through withdrawal after stopping taking of the drug.

**Neurotransmitter** - the chemical messengers by which neurons, or cells that carry information between the brain and other parts of the body, send and receive information. Most drugs change the way the brain works by affecting the function of neurotransmitters. Cocaine, in particular, interferes with the mechanism that transports the neurotransmitter dopamine back into the neurons that released it.

**Norepinephrine** - a neurotransmitter which is also affected by cocaine and other drug use. Excessive norepinephrine can result in damage to brain cells in different areas of the brain.

**Overdose** - when too much drug is absorbed too quickly, it can result in a seizure, which can be fatal. An overdose can happen within a few minutes of use or it can happen later, even an hour after use.

**Paranoia** - a psychological condition in which a person feels he or she is at risk, or is being followed or threatened. In extreme cases, a person may hear voices or see things or people that aren’t there.

**Relapse** - to fall back into drug use and addiction after recovery or seeming recovery.

**Rush** - the initial sensation of euphoria and power produced by the ingestion of cocaine, due to the release of a blast of the neurotransmitter dopamine in the brain reward system.

**Shooting up** - injecting cocaine into a vein with a needle.

**Strung out** - a description of a person in an advanced state of drug addiction.

**Tolerance** - the body’s ability to handle larger and larger amounts of the drug due to regular use. Once tolerance sets in, a person needs increasing amounts of the drug with increased frequency in order to achieve the same effect.

**Withdrawal** - the feelings of depression, anxiety, and nervousness that accompany an addict’s stopping use of cocaine.
1. What type of drug is cocaine? How is crack related to cocaine?

2. What does cocaine do to a person’s brain? Emotions?

3. How do most people support their cocaine habits?

4. Is cocaine addictive? If so, what does that mean? If not, why not?
NATIONAL HELPLINES AND RESOURCES

Cocaine Anonymous
(800) 482-0983

Narcotics Anonymous
(888) 470-7670

National Institute on Drug Abuse
(301) 443-6245
http://www.nida.nih.gov

American Council for Drug Education
164 West 74th Street
New York, New York 10023
(800) 488-DRUG
http://www.ACDE.org

National Clearinghouse for Alcohol and Drug Information
(800) 729-6686 (English and Spanish)
(800) 487-4889 (TDD)
http://www.health.org

Federal Drug, Alcohol, and Crime Clearinghouse Network
(800) 788-2800

Drug Information and Strategy Clearinghouse
(800) 578-3472

National Drug and Alcohol Treatment Referral Hotline
(800) 662-HELP
(800) 66-AYUDA (Spanish)

Drugs and Crime Data Center and Clearinghouse
(800) 666-3332

National Runaway Switchboard
(800) 354-8824

The American Lung Association
(800) LUNG-USA
INTERNET RESOURCES

National Institute on Drug Abuse
http://www.nida.nih.gov
This site contains information on drugs of abuse, NIDA publications and communications, agency events, and links to other drug-related Internet sites. Check out Preventing Drug Use Among Children and Adolescents: A Research-Based Guide, an extremely informative and helpful document at http://www.nida.nih.gov/Prevention/Prevopen.html

National Families in Action Online
http://www.emory.edu
This site includes the latest scientific information about the effects of drugs of abuse on the brain and body and allows visitors to ask neuroscience experts questions about drugs.

National Clearinghouse for Alcohol and Drug Information
http://www.health.org
This site contains information on publications, other Internet sites, and a page that allows visitors to ask experts questions about drugs, called "Quick Docs" and Alcohol & Drug Facts at http://www.health.org/pubs/qdocs/index.html

MedWeb
http://www.gen.emory.edu/medweb
This site includes extensive lists of Internet resources and links to Internet sites devoted to neuroscience and drugs of abuse.

Neuroscience for Kids
http://weber.u.washington.edu/~chudler/neuroscience.html
This site answers commonly asked questions about the brain and the effects of drugs on the brain.

Drug Free Resource Net
The Partnership for a Drug-Free America
http://www.drugfreeamerica.org/index.html
EXTENDED LEARNING ACTIVITIES

1. Research and write or present a paper on the route cocaine takes from coca fields to the streets of the United States. Include information on the economics of the drug (who is making the money) and what the dangers are to everyone involved in the production, distribution, and use of the drug.

2. Research, write, and present a paper on the history of cocaine from its use by the Indians of the Andes, to its introduction to Europe and then to the United States, to the first reports in 1986 of the development of crack, to the present situation.

3. Research and write or present a paper on the rise of crack and its devastation to a community. If appropriate, you may use your community, or you may select another community in your state. Include statistics on emergency room admissions, deaths, and crimes related to the drug. Discuss the particular problem of newborns born to crack addicted mothers.

4. Write a story about a young cocaine or crack addict describing his/her reasons for first using, the progression of his/her addiction, and if, and how, s/he finally stops, either by quitting, jail, or death.

5. Create a poster of the brain showing the activity of cocaine. Include a list of ten facts related to cocaine and the brain. Try to discover unusual or surprising information for your list.

6. Prepare a list of local resources, referral procedures, and hotlines and make it available to your group or facility.

7. Research and make a presentation on the portrayal of cocaine in popular culture (movies, books, music, etc.) Select one movie, book, or musical act and do a report on it.

8. Invite a speaker from your community (from a local drug and alcohol or twelve-step program) to speak to your group about cocaine.

9. Research the link between cocaine and crime, using the National Resource Lines that relate to drugs and crime on Blackline Master #6: Internet Resources. Create a poster of statistics and make a presentation to the class of your findings.

10. Dana, Olivia, and Sam were all homeless because of their cocaine addiction. Research the relationship between drug abuse and runaway and homeless youth. There may be a shelter for homeless and runaway youth in your community that you could contact for information. You could also contact the National Runaway Switchboard at 1-800-621-4000 for information.