

HEALTHY BODY // HEALTHY MIND

Your Bi-Monthly Feature

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FRAN FARRER-BRADLEY
Special Marketing

Cocaine Breaks Down The Body

By DR. KIRK D. WILLIAMS
This is the first in a two-part series on the adverse health consequences of cocaine abuse. This publication has been adapted from an article by Dr. William H. Hughes, M.D., of the Department of Medicine, Mount Sinai School of Medicine in New York. The article first appeared in The Journal of the National Medical Association, Jan., 1989.

For centuries, the large Indian population of Peru has chewed coca leaves. However, it was not until 1855 that cocaine was isolated from coca leaves.

Cocaine creates a strong physical addiction and is being recognized as one of the most dangerous illicit drugs in common use today. Believing cocaine was harmless and non-addictive, millions of people have tried it and cocaine abuse has proliferated.

Data from the National Institute on Drug Abuse suggest that the intensity of cocaine abuse among blacks causes adverse health consequences disproportionate to their representation in the general population. Among blacks and whites, the highest prevalence rates of cocaine use are among young adults (ages 18-29) living in the Northeast and Western United States.

The young, adult black cocaine user is likely to use the drug occasionally and be a frequent user of alcohol or marijuana. Cocaine use among black women is increasing and is often connected with issues of sexuality and relationships with men.

The reinforcing properties of cocaine coupled with effective delivery systems and a relatively short duration of action may lead to a pattern of compulsive use. This can cause disruptions in family life and job performance as well as physical and mental deterioration. These patterns may lead to use of cocaine



by more dangerous doses, which can increase the risk of unknown effects due to, for example, the cardiovascular actions of cocaine; i.e., its effect on the heart.

Cardiac Consequences of Cocaine

Acute Myocardial Infarction occurs more frequently with cocaine use because of a transient formation of spasm or a blood clot within the blood vessels that supplies oxygen to the heart muscles, at a time when there is an increased demand for oxygen.

Cardiac Arrhythmias or irregular heart beats can occur as a result of either a direct effect of the drug or more likely by increasing naturally occurring chemicals in the body which act

specifically on the heart muscle and causing a constriction of blood vessels. These cardiac arrhythmias may be life threatening.

Central Nervous System Complications of Cocaine Cerebrovascular Accidents (strokes) An increase in the heart rate and blood pressure occur within minutes of taking cocaine intravenously. Therefore, the mechanism of stroke is probably related to the adrenergic stimulation of blood vessels and a sudden surge in blood pressure. This sudden increase in blood pressure in a person with a normal blood pressure may precipitate spontaneous bleeding.

Seizures - convulsions were among the earliest known adverse effects of cocaine and can

be induced after a single dose of the drug. An elevated temperature or fever may occur after cocaine use and lead to seizures, possibly cardiac arrhythmias, and even death.

Obstetrical Complications - Cocaine exerts a deleterious influence on the outcome of pregnancy. High blood pressure and vasoconstriction could be responsible for abruptio placentae, given the documented association between high blood pressure and this condition.

Women who use cocaine during pregnancy have a rate of spontaneous abortion even higher than that of women using heroin during pregnancy. Current data suggest that infants exposed to cocaine are at risk for higher rates of congenital malformations, death after birth and an impairment in the behavioral development of the brain.

Miscellaneous Complications

Sexual Dysfunction - A common myth is that cocaine is an aphrodisiac and enhances sexual performance. At low doses, cocaine can delay ejaculation and orgasm as well as cause elevated mood and heightened sensory awareness. These effects together can often produce an improved sexual experience. Chronic male users, particularly those using high doses, may have difficulty maintaining an erection and ejaculating. Many males have frequent periods of complete sexual disinterest and some women have difficulty in achieving orgasm.

Effects on the Nose - Loss of sense of smell, atrophy of the nasal membranes and the formation of a hole in the nasal septum can occur with the nasal use of cocaine.

The next and final issue of cocaine will explore the psychological effects of cocaine and the reasons for its powerful addiction. Your comments are welcomed.

KIRK D. WILLIAMS M.D.

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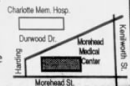
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Crack Babies Left In Community's Hands



Child
Watch

With
Marion Wright
Edelman

I do not think that any words can describe the sight of a hospital nursery filled with "boarder babies" who have been abandoned by their crack-addicted mothers. I do not know of any photographer who truly captures the heartbreaking images from an intensive care unit where newborn infants struggle to recover from the effects of drugs their mothers used during pregnancy.

It really may be that in order to understand the extent of our problem, you have to see these babies yourself. Once you do, I am sure that you will understand why these children desperately need our care and love.

No community is immune from the unique impact of crack cocaine. Although the media has traditionally focused attention on the crisis of inner city neighborhoods, testimony delivered before the Senate Governmental Affairs Committee on July 12 revealed that cocaine-tormented infants are appearing

everywhere. The community hospital in Winchester, Washington reported that three to four of the 25 to 30 babies born there each week have cocaine in their urine at birth. A hospital in Milwaukee, Wisconsin delivers an average of one "cocaine baby" a day.

Another Milwaukee hospital reported an average of 15 babies a month born with cocaine in their system, but noted that in a particular one-week period, 35 percent of the babies delivered tested positive for cocaine.

Hospitals throughout the country are reporting a surge in the number of infants born to women who have used drugs during pregnancy; for example, only two "cocaine babies" were born in Cincinnati during 1985, but more than 120 have been born so far this year.

Fifteen of 18 hospitals surveyed by the Select Committee on Children, Youth and Families reported three to four times more drug-exposed births in 1989 than in 1985. Experts suggest that even these figures probably understate the epidemic proportions of the problem, because some infants seem normal at birth and suffer symptoms of drug withdrawal only after leaving the hospital.

Children born to crack addicts are frequently abandoned by their mothers who sometimes leave the hospital before even naming their babies.

Other babies are visited by their addicted parent, but not on a regular basis. As a result, the nurses, doctors, and hospital employees have to try to provide the infants with love and attention, not just medical care.

Health care workers often spend their own money to buy clothing and toys for the babies, who may stay in the hospital for a year while waiting to be adopted or placed in foster care.

Some churches, sorteries, and social service organizations have responded to this crisis by volunteering to spend time with babies in the hospital, or providing the equipment needed to care for these abandoned babies. Individuals have also come forward to volunteer and to donate toys and baby clothes.

However, babies need almost constant care and attention, so much more help is needed. Please call your local hospital and offer your assistance. Helping these babies must be considered part of our family business.

Marion Wright Edelman is president of the Children's Defense Fund, a national voice for children.



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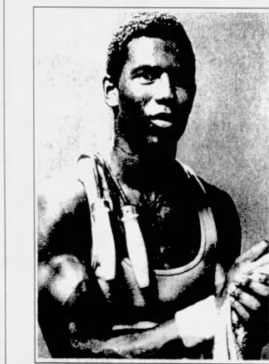
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