DRUG POLICY ALLIANCE.

FACTS ABOUT COCAINE

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JULY 25, 2025

WE NEED A HEALTH APPROACH TO COCAINE.

1. WHAT IS COCAINE AND WHAT ARE THE EFFECTS OF COCAINE ON THE BODY?

Cocaine is a human-made stimulant drug extracted from the leaves of the coca plant. It is grown in the Andean region of South America[1]. Cocaine can boost mood, energize, reduce appetite, and make someone more awake and alert[2]. Cocaine also raises blood pressure, increases body temperature, and increases heart rate. In high doses, it can also make someone feel anxious or paranoid. Overdosing on cocaine can cause seizures, stroke, or heart attack. Starting at a low dosage and going slow when using cocaine can help avoid overdose.

In 2021, an estimated 4.8 million people[3] used cocaine in the US in the past year, including 996,000 people who used crack cocaine. Crack cocaine is made by processing powder cocaine with ammonia or baking soda.

POWDER COCAINE AND CRACK COCAINE ARE SIMILAR, BUT THE PENALTIES DIFFER

There are no pharmacological differences between powder cocaine and crack cocaine[4]. This means that they are nearly identical and produce similar effects in the body. The way that the drugs are used can affect how quickly their effects are felt. Powder cocaine is usually snorted, which can delay the effects but can make them last longer. Crack cocaine is typically smoked, so its effects are felt faster, and the high lasts a shorter time.

Although these drugs are nearly identical, the punishment for crack possession or sales is far greater than for powder cocaine. Until 2010, there was a 100 to 1 sentencing disparity between powder cocaine and crack cocaine. This meant that 5 grams of crack carried a 5-year mandatory minimum sentence, but it took 500 grams of powder cocaine to trigger the same sentence.

THE SENTENCING DISPARITY HAS HAD A DISPROPORTIONATE IMPACT ON POOR PEOPLE AND PEOPLE OF COLOR.

Statistics show that Black people are more likely to be convicted of crack cocaine offenses compared to white people, even though the majority of people who use crack cocaine are white. Meanwhile, white people are more likely to be convicted of powder cocaine offenses.[5]

The Fair Sentencing Act of 2010 reduced the sentencing disparity to 18 to 1. Research[6] found that this

> **"REDUCED THE DISPARITY BETWEEN CRACK AND POWDER COCAINE SENTENCES, REDUCED THE FEDERAL PRISON POPULATION, AND... RESULTED IN FEWER FEDERAL PROSECUTIONS FOR CRACK COCAINE... WHILE CRACK COCAINE USE CONTINUED TO DECLINE."**

In 2022, the Department of Justice directed prosecutors to charge crack offenses as powder cocaine offenses, and to seek sentences for crack that are consistent with those for powder

cocaine. While the Fair Sentencing Act and the DOJ's guidance are positive steps forward, federal legislation is needed to end the sentencing disparity between crack and powder cocaine once and for all.

COCAINE USE, PREGNANCY, AND OUTCOMES

In the 1980s, politicians and the media warned that crack cocaine use during pregnancy was creating a generation of so-called "crack babies" with lifelong health problems. This was a moral panic with racist undertones, and not based in science. Some research[7] suggests that cocaine exposure can slow fetal growth.

But it is hard to separate cocaine-related health effects from other factors like poverty and lack of prenatal care. It is not clear[8] that cocaine exposure alone leads to lasting developmental or behavioral problems in childhood. This is because social and environmental factors[9] can play a significant role in how a child develops. Children from nurturing and stimulating environments perform better, regardless of cocaine exposure.

2. ARE THERE ANY MEDICAL USES OF COCAINE?

Yes. Cocaine is classified as a Schedule II substance by the Drug Enforcement Agency (DEA). This means that the DEA and HHS (United States Department of Health and Human Services) have determined that cocaine has the potential for addiction but that it also has some accepted medical use.[10] Cocaine can be prescribed for restricted use as a local anesthetic.

3. HOW LONG DOES COCAINE STAY IN THE SYSTEM?

The effects of cocaine can last for up to 30 minutes, depending on how it is consumed. It can have longer effects when it is snorted, but shorter effects when it is smoked.

Someone who recently used cocaine may test positive on a urine drug test for several days after consuming the drug.

4. WHAT HAPPENS IF YOU MIX COCAINE WITH OTHER DRUGS?

COCAINE AND OPIOIDS

Taking cocaine with other drugs can increase the risk of an overdose or other harmful effects, especially if the other drugs are opioids. Opioid drugs include heroin, oxycodone, and fentanyl.

> **SOMETIMES PEOPLE INJECT COCAINE AND HEROIN TOGETHER IN WHAT IS CALLED A "SPEEDBALL." TAKING THESE DRUGS TOGETHER CAN BE RISKY BECAUSE COCAINE CAN INCREASE HEART RATE WHILE HEROIN CAN SLOW BREATHING IN HIGH DOSES.**

Since heroin is often adulterated with fentanyl, people may accidentally overdose if they have a low opioid tolerance.

In rare cases, cocaine has been adulterated with fentanyl, a highly potent opioid. In those cases, it would be possible for someone to accidentally overdose if they did not plan to use an opioid or if they have a low opioid tolerance.

COCAINE, ALCOHOL, AND STIMULANTS

Sometimes people drink alcohol or take other depressant drugs while taking cocaine. Depressant drugs also include benzodiazepines (like Valium® and Xanax®), sedatives, and tranquilizers. The stimulating effects of cocaine may lead the person to think they are more alert or sober than they are, so it can be easy to drink too much or take a higher dose of a depressant. In high doses, depressants such as Klonopin, alcohol, or Xanax can lead to drowsiness, loss of consciousness, and overdose.

Taking cocaine with other stimulants, like MDMA or methamphetamine, can increase the stimulating effects of these drugs. It can lead to a stimulant overdose, also commonly known as overamping.

This term can be used to describe several effects, including high blood pressure, increased heart rate, high body temperature, seizures, stroke, or heart attack. This can be damaging to the heart, brain, and other organs. It can be fatal.

5. CAN YOU OVERDOSE ON COCAINE?

Yes, you can overdose on cocaine by consuming too much.

Remember: not all overdoses are fatal, but even non-fatal overdoses can have lasting health effects

Cocaine has been involved in roughly 25% of all overdose deaths in the United States since 2020[11] and a growing portion of them also involve fentanyl due to poly substance use.[12]

Remember: not all overdoses are fatal, but even non-fatal overdoses can have lasting health effects. The risk of cocaine overdose increases with the amount of cocaine consumed and if it is consumed quickly. Overdose risk increases if cocaine is consumed along with other drugs. Overdose risk can also be higher for people who have other health problems, such as high blood pressure. A cocaine overdose is also commonly known as overamping. This term can be used to describe several effects, including high blood pressure, increased heart rate, high body temperature, seizures, stroke, or heart attack.

Unfortunately, there is no overdose reversal medication for cocaine. It's important to "go slow," dilute, or take a little bit at a time to reduce the risk of an overdose by accidentally taking too much. It is also advised that people do not take cocaine in combination with other stimulants, opioids, or depressants, including alcohol. You should call 911 for medical assistance if someone is in crisis.

6. CAN YOU BECOME ADDICTED TO COCAINE AFTER USING IT THE FIRST TIME?

No, you cannot become addicted to cocaine or any drug after using it only one time. Most people who use cocaine do not develop an addiction, and most people who recently used cocaine did not have an addiction. In 2021, it was estimated that 1.4 million people[13] (roughly 30% of people who used cocaine in the past year) met the criteria for a cocaine use disorder.

THERE'S NO OVERDOSE REVERSAL MEDICATION FOR COCAINE.

PHYSIOLOGICAL DEPENDENCE IS DIFFERENT FROM SUBSTANCE USE DISORDER.

People can develop a physiological dependence upon cocaine if they use it repeatedly for several days or weeks in a row. Physiological dependence means that someone has developed an increased tolerance for a drug. They need to use more to get a desired effect. It also means they may experience physical withdrawal symptoms if they suddenly stop using a drug.

ADDICTION AND SUBSTANCE USE DISORDER

A person only meets the criteria for a substance use disorder if, over the course of several months, they continue to use a drug repeatedly despite experiencing numerous harms and negative consequences.

7. WHAT ARE TREATMENT OPTIONS FOR COCAINE USE DISORDER?

People with cocaine use disorder have several treatment options if they want help. Substance use disorder treatment involves professionally delivered psychosocial treatment to reduce problematic drug use and improve health and quality of life. These services are provided in a variety of settings.

This includes specialized treatment facilities like outpatient, inpatient, or residential centers. It can also include medical settings, such as hospitals and clinics. We at DPA believe that people should be able to choose the options that work best for them.

AN EVIDENCE-BASED APPROACH THAT HELPS TREAT COCAINE USE DISORDERS IS CALLED CONTINGENCY MANAGEMENT. IT INVOLVES PROVIDING INCENTIVES, LIKE MONEY OR PRIZES, FOR POSITIVE TREATMENT OUTCOMES.

Decades of research from around the world show that it is a successful approach with diverse populations.[14] Clients often reduce drug use, stay in treatment for longer, and have better health outcomes.

There are currently no FDA-approved medications to treat cocaine use disorder.

8. WHAT ARE HARM REDUCTION STRATEGIES FOR COCAINE USE?

There are several important harm reduction strategies that can help people who use cocaine use more safely.

USE STERILE AND NEW EQUIPMENT

Cocaine can be injected, smoked, or snorted. When possible, people who use cocaine should use sterile and new equipment every time. Supplies may include syringes, cookers, pipes, and straws. People should also avoid sharing equipment with others. Reusing or sharing equipment can place users at risk of skin and soft tissue infections and spread diseases like HIV and Hepatitis C.

NEVER USE ALONE AND CHECK YOUR DRUGS.

People should avoid using cocaine alone since there is a risk it may have an adverse effect. People also should use fentanyl test strips or other drug checking technologies to test their cocaine for adulterants. Fentanyl test strips are often available at harm reduction programs and can tell someone whether or not fentanyl is present. However, they cannot tell someone how much fentanyl is present. It is also important to make sure that someone has naloxone (the opioid reversal medication) on hand in case of an overdose.

GO SLOW.

People should "go slow," dilute their drugs, or take a little bit at a time to reduce the risk of an overdose by accidentally taking too much. It is also advised that people do not take cocaine in combination with other stimulants, opioids, or depressants, including alcohol. This can increase the risk of an overdose.

9. WHAT ARE DRUG POLICIES TO HELP PEOPLE WHO USE COCAINE TO BE SAFER?

There are many drug policies we can pass at the local, state, and federal level to help people who use cocaine to be safer.

- **Invest in addiction services.** A full range of addiction services—including counseling, long-term treatment, and recovery housing—should be available to individuals. Personalized support reduces overdose risk and improves recovery chances.
- **Expand contingency management services.** Contingency management is a highly effective treatment that involves providing incentive for behavioral outcomes aligned with treatment goals. It is the most effective treatment for stimulant use disorders, but it is rarely available due to various structural barriers.
- **Expand research into stimulant addiction medications.** Unlike for opioid use disorders, there are no approved medications for treating stimulant use disorders. More research and resources are needed to develop potential medications and other treatment approaches for stimulant use disorders.

- **Address demand (root causes of cocaine use).** Cocaine offers euphoria and alertness — many people use it to cope with physical or emotional pain. Ensuring people have access to housing, community, mental health services, and jobs can help address why people are using.
- **Increase access to sterile supplies that reduce disease transmission.** Access to sterile needles, syringes, and smoking kits reduces the transmission of infectious diseases. These supplies should be widely available to people who use drugs, and their use and possession should not be criminalized.
- **Expand research and services for polysubstance use.** Many people with substance use disorders use multiple drugs. Research and addiction services must account for polysubstance use to improve services and outcomes.
- **Authorize overdose prevention centers (OPCs) on the state and local level.** These centers provide connections to care and can respond to an active overdose at its earliest sign, preventing overdose deaths, saving lives, and promoting recovery in the process.
- **Prioritize a health approach to drugs, end criminal penalties.** Shift drug policy from criminal penalties to public health, focusing on treatment, housing, jobs, healthcare, overdose prevention, and crisis response teams to provide effective support and resources.
- **Ensure people have access to their basic needs, like housing.** Offer retroactive record clearing and the removal of civil penalties for drug convictions so people have more access to jobs, housing, and benefits.
- **Improve drug checking and data collection.** This will help us better understand the current drug supply, create warnings, and offer better solutions.

Drug Policy Alliance (DPA) recommends a comprehensive, health-based response to the overdose crisis to keep people safe and healthy. There is growing public acceptance of the fact that drug use is a health issue, not a criminal one.

Unfortunately, some elected officials and members of law enforcement continue to call for draconian criminal policies to drive up support for policies that hurt people instead of helping them.

END NOTES

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