Cocaine is a powerful and addictive nervous system stimulant that comes in several forms including powder, crack, or freebase. In the United States, cocaine is a Schedule II drug, meaning that it has a high potential for abuse and dependence, but there is some acceptable medical use.\(^1\)

Cocaine binds to dopamine transporters, leading to an accumulation of dopamine, causing a euphoric feeling. Cocaine is primarily used intranasally, intravenously, orally, or by inhalation,\(^2\) and is often used with other licit and illicit substances. Cocaine may be intentionally combined with fentanyl and/or heroin and injected (“speedball”). Alternately, an individual may purchase cocaine that has fentanyl and/or heroin added without their knowledge, with increased risk of overdose, especially among non-opioid tolerant individuals. Some individuals use cocaine concurrently with alcohol, resulting in the production of cocaethylene, which tends to have a longer duration of action and more intense feelings than cocaine alone.\(^3\) The formation of cocaethylene is of particular concern because it may potentiate the cardiotoxic effects of cocaine or alcohol.\(^3\)

After increasing through 2015, recent data shows use of cocaine declining in Connecticut. The 2017-2018 National Survey on Drug Use and Health (NSDUH) estimated about 2.0% of Connecticut residents over the age of 12 reported past year cocaine use. This is slightly lower than the U.S. overall rate (2.1%).\(^4\) Despite this promising trend in use, Department of Drug Enforcement Administration (DEA) data for Connecticut indicates an increase in drug seizures involving cocaine in recent years.\(^5\)

Though declining in the past few years, cocaine use in Connecticut has been particularly high among young adults (Figure 1). Among 18 to 25 year-olds, 6.2% reported past year use of cocaine, compared to 1.6% of those ages 26 and older, and 0.4% of those ages 12-17. Fewer youth and young adults report perception of great risk from using cocaine once a month (57.6% and 57.5%, respectively) than those over the ages of 26 (71.4%).\(^3\)

**Figure 1.** Percent Reporting Past Year Cocaine Use by Age Group: Connecticut, 2009-2018

According data from the 2019 Connecticut School Health Survey (CT YRBSS), 2.6% of high school students reported using some form of cocaine in their lifetime.\(^6\) This is consistent with a decreasing trend since 2007, when the prevalence was 8.3%.\(^6\) In 2019, males reported higher rates (3.6%) than females (2.5%). The prevalence of lifetime cocaine use was highest among 12th graders (2.9%). Black students reported higher rates (4.8%) than Hispanic (2.7%) or White (2.1%) students, though the difference was not statistically significant.\(^6\)

### At-Risk Populations

- Young adults ages 18 to 25 have a higher rate of current use than any other age group\(^7\)

---

1. United States Drug Enforcement Administration (DEA)
2. NIDA
4. NSDUH (2017-2018)
6. Connecticut School Health Survey, 2019 (CT YRBSS)
Males are more likely to use cocaine than females.
Those with current or previous misuse of other illicit substances, such as marijuana and heroin/fentanyl.
Individuals with mental health challenges.

Among youth, risk factors include:
- Family history of substance use
- Lack of parental supervision
- Substance-using peers
- Lack of school connectedness and low academic achievement
- Childhood trauma

**Consequences**

Short-term consequences of cocaine use include:
- Increased heart rate and blood pressure
- Restlessness, irritability, and anxiety
- Tremors and vertigo
- Hypersensitivity to sight, sound and touch
- Large amounts can result in bizarre, unpredictable and violent behavior.

Long-term consequences of cocaine use include:
- Tolerance, requiring higher and more frequent doses
- Sensitization, where less cocaine is needed to produce anxiety, convulsions, or other toxic effects (increasing risk of overdose)
- Loss of appetite leading to malnourishment
- Increased risk of stroke and inflammation of the heart muscle

- Movement disorders such as Parkinson’s disease
- Impairment of cognitive function
- Cocaine users are also at risk for contracting bloodborne diseases such as HIV and hepatitis C via needle sharing and other risky behavior.
- Users are at risk of accidental overdose, especially in the presence of alcohol or other drugs.
- In 2019, cocaine was the primary drug in 7.7% of all Connecticut substance use treatment admissions. This represents 5,904 admissions.
- Overdose deaths involving cocaine increased about 34% in Connecticut, from 345 in 2018 to 463 in 2019.
- More than 7 in 10 (72%) of overdose deaths involving cocaine in 2019 occurred in urban core or urban periphery communities.
- Cocaine-involved deaths have been linked to fentanyl-contaminated cocaine in Connecticut. In 2019, almost 9 in 10 (85%) cocaine-involved deaths in Connecticut (n=463) also involved fentanyl.

For more data and information on cocaine use in Connecticut, visit the Connecticut SEOW Prevention Data Portal.

http://preventionportal.ctdata.org/

---

7 CDC (2019) High-Risk Substance Use Among Youth
8 Connecticut Department of Mental Health and Addiction Services, (2019)
9 CT Office of the Chief Medical Examiner, 2019