Cocaine - from fueling the majority of Freud’s writings to recent hashtags of “coke eyes” trending on twitter after certain political events in the past year, cocaine has a reputation for this wasteful, upper-class substance for CEO’s and politicians. While that’s certainly who can afford the habit the easiest, the data has really shown that cocaine, like cannabis, has been used pretty equally by everyone consistently since it was produced on a mass scale. We just judge people on their use more depending on their net worth. This isn’t a new problem, because neither are the crushing intertwined oppressive structures of race, class, and sex in the Americas. So let’s start at the beginning shall we?

Cocaine comes from the *coca* plant, which has been used as a stimulant and traditional medicine for centuries across what is now known as South America before any colonizers arrived to make a profit off of it. We still see traditional uses of coca leaves and the chewing of the leaves by working class laborers as a way to manage pain and increase their productivity so they can complete the backbreaking work they’re required to do to make a living. You know, supposedly the same reasons CEO’s use despite never lifting a finger to work a day in their lives. Cocaine and *coca* doesn’t actually have any notable pain relief properties, it’s just a numbing anesthetic, but when your resources are limited you use what you have. It’s not like most of these laborers can just go take a nice long lunch break, sit in some A/C, pop an Advil and drink some coffee in the middle of their shifts. While we may have some stereotype of cocaine as this “high-class” drug for CEO’s and white collar workers, there are plenty of lower class, physical workers who claim to depend on this substance for their “productivity” as well. It’s used as an appetite suppressant, or anti-meal as it is sometimes referred to in psychopharmacology, to limit the amount of breaks laborers need. The eventually devastating health effects are a trade off for working longer and harder when they should be taking breaks, hydrating, and eating.

Of course that’s not to say it’s not still a drug of choice of the upper class. Or middle class. Or anyone really. Cocaine is still pretty popular among adults of all backgrounds, particularly for what could be termed as “party” usage over productivity purposes, though from the trending hashtags coming out of, again, certain political events in recent years, some people are better at hiding their usage than others. But, like all other substances, who uses it, how, and where drastically affect our impressions of cocaine users.

Cocaine was actually a legal drug for decades in the 20th century with widespread usage across race, class, and sex. Writing in those early decades from physicians indicated that there was a good understanding of its addictive potential. There’s also a good chance if your professors have been making you read some older academic theory, written around 1880 to the 1970’s, there’s a very good chance it was written on coke. So don’t feel too bad if some of those really “academic” texts your professors make you read make you want to cry because they were quite literally written by people on drugs. Incidentally, I’ve found that fact to be quite helpful in deciphering some of what they’re trying to say. So maybe try that sometime the next time you have to read Freud or Foucault?

But of course users weren’t just rich white academics railing lines of coke in their studies, particularly when cocaine was more widely available and, quite honestly, the quality more reliable, it was a very common party drug in the 20th century. And yes, it was indeed in the Coca-Cola recipe originally before they realized they could kill their consumers just as easily with regular sugar for a lot cheaper. While not quite as regulated as it’s stimulant cousin Benzedrine, it’s use wasn’t really considered to be taboo until the United States Government decided to make it so. While Harry Anslinger had campaigned against cannabis for his whole career, Ronald Reagan took racist drug policy a step further with the 1986 Anti-Drug Abuse Act setting mandatory minimums in 1986 for possessing specified amounts of substances, particularly cocaine and cannabis, two substances that through anti-drug legislation they had explicitly associated with Black and brown communities.

The Crack cocaine epidemic is now known to be engineered by the Reagan administration to destroy Black communities after many prominent activists had already been taken out by the CIA and FBI through COINTELPRO. People continued to be prosecuted under these laws today, with significant differences in sentencing for white offenders than anyone else.

We could’ve easily had a public health response addressing addiction ready even at this time, but we choose not to invest in drug epidemics because the government liked who they were affecting. So when the opioid crisis hit, not only have we had to build the infrastructure from the ground up, which is still severely lacking, but it provided painful reminders to many on who matters in the war on drugs and who are the targets. This was a reason for the Drug War to start as a kind of White peril to the suburbs and the American “Way of Life” and a way for the government to take advantage of the 13th amendment and start the process of the United States having the largest population of incarcerated people on the planet. Many of which are in for drug charges. While there’s no drug assisted treatment for cocaine addiction like there is for opiates, there’s still options for treatment that can be successful that have been known for decades. It was a conscious decision by the United States government to target and systemically destroy Black and brown communities through drug addiction in not dissimilar methods to the British tactics during the opium wars of targeting working class men with free opium to secure trade in Hong Kong in the 1800’s. The difference was that the British used opium as a product to be sold, whereas crack cocaine provided avenues for state violence, over policing, and mass incarceration to devastate communities that had been active in the civil rights movements of the past decades.

So yes, we could’ve had infrastructure to deal with addiction on a mass scale decades ago, but the United States government saw drugs and addiction as a tool of violence rather than the disease that it is. This is still evident in the continued presence of the war on drugs despite many states legalizing marijuana and some decriminalizing psychedelic mushrooms, only one state has moved towards ending the war on drugs by decriminalizing the possession of all drugs on an individual level.

Obviously you can still get in trouble for mass distribution and production schemes, but this goes a long way in preventing many of the excessive arrests and charges that ruin lives. Instead, we had propaganda about crack babies, which I am happy to tell all of you isn’t a thing. While newborns can experience withdrawals, when first born, and it’s not extremely healthy for the baby, the idea that smoking cocaine throughout pregnancy will have devastatingly irreversible effects on the fetus is simply not supported by the research. In fact in the original studies of “crack babies,” when they followed up with the kids 20 years later many of them weren’t just all fine and healthy, they were young adults putting themselves through school with little to no substance issues. While it’s not *great* to be doing recreational drugs when pregnant, it’s actually most important to ensure the parent and fetus do not experience withdrawal symptoms because that stress *can* harm the developing fetus and potentially result in a miscarriage. I know that may sound counterintuitive at first, but addiction medicine is a complicated field and all of the Just Say No propaganda got nearly everything wrong about, well, everything. If you’d had proper drug education in grade school, I probably wouldn’t even need to do this podcast. Thanks Nancy!

Nowadays cocaine and its association with cartels is impossible to ignore, with numerous TV series dedicated to creating even more drama than real life. The previous president used them as an excuse for the useless border wall and the horrific immigration policies put in place, and families continue to be destroyed by simple possession charges when they can’t afford to get the expensive legal counsel to get out of it. While addiction is very much a risk, further criminalizing the users and making producers go to greater risks to have product to sell has not been an effective way at preventing anyone from getting addicted. It actually just makes it a lot harder to get help, especially for people who can’t afford the best, fanciest treatment facilities in the first place.

Cocaine alone usually can’t kill you, at least not at the same rate as opiates can. But one of the other effects of the War on Drugs is that a reliable supply of pure *coca* is difficult to obtain for many producers. With a high demand and short supply of the base product, many are turning to other substances as fillers to mimic the effects as best they can. From what testing has shown, producers or distributors have been cutting their supply with a mixture of Lidocaine, an anesthetic that can stimulate the heart, and Levamisole, an agricultural parasite treatment mostly used for deworming cattle. While these can produce similar numbing and stimulation effects, the high is nothing like cocaine and can be extremely dangerous for human consumption, especially if you’re mixing it with alcohol or opiates as cocaine is often consumed in combination with. When you’re not exactly sure what is in your supply, that risk is drastically increased because you have no idea what you may be ingesting.

This also isn’t including the still dire issue of fentanyl related supply, an even more deadly combination as so little fentanyl is needed to cause an overdose. Luckily Naloxone can still be used even if you have other substances in your system, but it only reverses an opiate overdose. Many fentanyl overdoses we have found over the past few years have been in combination with other substances, and many users didn’t know it was in their supply in the first place.

And when I’m saying being sure of what’s in your supply, I’m saying that if you haven’t gotten a reliable test showing you that your drugs are what you believe they are without anything you don’t expect, you have no idea of knowing exactly what you’re taking.

Cocaine itself is not as deadly as other drugs, but it is often used in combination with other substances that can increase the risk of fatal effects. Cocaine and alcohol mix in the liver to produce a drug called cocaethylene that can cause heart attacks and stroke, and in the form of a “speedball” in combination with heroin the risk for overdose is very much increased from the opiates, and can also stop your heart entirely. While cocaine overdoses as the sole substance are rare, the effects of cocaine on the body can quickly cause devastating effects and heart issues that can kill you, particularly if you have heart defects or issues before use. Mixing with other amphetamines can also increase your risk of heart complications while using, and increases the risk of experiencing gastrointestinal issues.

Cocaine consumption in general has the long term effect risk of developing heart issues, paranoia, movement disorders such as Parkinson’s, and potential malnourishment from the appetite decrease. Snorting, smoking, injecting, and oral ingestion all carry their own long term usage risks, with the related systems experiencing damage in specific ways. Snorting cocaine can not only give you frequent nosebleeds and difficulty swallowing, but can slowly erode the soft tissue in your nostrils with heavy usage and can cause permanent damage to the nose. Smoking can cause asthma, respiratory distress, and higher risk of pneumonia, and injection can cause collapsed veins and increased risk of blood-borne infections like HIV and Hepatitis. This is on top of the short-term effects of insomnia, restlessness, irritability, hypersensitivity to stimuli, extreme sense of happiness and energy, nausea, tremors, and heartbeat irregularities.

As always, I just want y’all to be aware of exactly what you’re putting in your bodies and the risks associated with it. If you are struggling with your usage, GVSU’s Alcohol and Other Drugs Services has resources to help. I’ve been Alex Baker once again asking you to be safe, be smart, and be responsible.