

### Follow-up Activities

- In peer discussion groups, have students share strategies for keeping themselves drug-free. Discuss the places where a person can find support if they are experiencing problems.
- Direct students to the following Internet sites:  
www.drugabusestatistics.samhsa.gov  
www.monitoringthefuture.org  
www.DAWNinfo.net  
Have them compare trends in cocaine use for specific age groups over the course of the last two decades and create posters summarizing what they discover.
- Have each student write a persuasive essay or letter geared to a hypothetical younger friend or sibling who is considering drug use. Direct them to explain some the consequences of drug abuse while encouraging the readers to celebrate their individuality. Students can also recommend ways to resist negative influences and suggest healthy alternatives to drugs.
- Ask students to research the effects of cocaine on the unborn, both from a physiological and psychological viewpoint.

### Suggested Internet Resources

Periodically, Internet Resources are updated on our Web site at [www.LibraryVideo.com](http://www.LibraryVideo.com)

- **freevibe.com**  
A teen-oriented site that provides drug information and support.
- **teens.drugabuse.gov**  
An NIDA Web site for teens that delivers science-based facts about how drugs affect the brain and body so that kids will be armed with better information to make healthy decisions.
- **web.sfn.org/baw/pdf/brainfacts.pdf**  
The Society for Neuroscience produces this downloadable booklet on the brain and nervous system which includes information on addiction.
- **www.acde.org**  
ACDE is a substance abuse prevention and education agency which develops programs and materials based on the most current scientific research on drug use and its effect on society.
- **www.ncadd.org**  
The National Council on Alcoholism and Drug Dependence (NCADD) provides education, information, help, and hope in the fight against drug addictions.

### Suggested Print Resources

- Bellenir, Karen, ed. *Drug Information for Teens: Health Tips about the Physical and Mental Effects of Abuse*. Omnigraphics, Inc. Detroit, MI; 2002.
- Hyde, Margaret O. *Drugs 101: An Overview for Teens*. Millbrook Press, Brookfield, CT; 2003.
- Landau, Elaine. *Cocaine (Watts Library: Human Health and Disease)*. Franklin Watts, New York, NY; 2003.
- Lehr Wagner, Heather. *Cocaine (Drugs: The Straight Facts)*. Chelsea House Publishers, Broomall, PA; 2003.

For help with a drug problem, call 1-800-662-HELP or go to:  
[www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov)

#### TEACHER'S GUIDE

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# DRUG Education for Teens™

## COCAINE & CRACK

Grades 7 & up

Successful prevention education must empower teens to develop their own decision-making skills and assume responsibility for making choices that keep them healthy and safe. It is important to convey that most youths do not use drugs. In fact, smoking, drinking and other drug use has fallen among teens in recent years.

Nonetheless, drug related problems continue to devastate families and communities. Prepared with credible information, students develop an understanding of the risks involved in the use of any drug and learn that you don't have to be an addict for drugs to change your life.

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## Before Viewing the Program

Engage the group with the following discussion points before viewing the program. Brainstorm a list of responses and record them on the chalkboard or flipchart. After viewing the video, refer to the list and add or revise if necessary.

- Why do people use drugs?
- What is addiction?
- Do you know of someone who is addicted to drugs? What is his or her life like?
- Is there a type of person more likely to become addicted to drugs?
- What is your image of a drug addict?
- Where can a person find support if they are experiencing problems?

## Background

Cocaine is a highly addictive stimulant and one of the most widely abused illegal drugs in America. Derived from the leaves of the South American coca plant (*Erythroxylon coca*), cocaine was first isolated from the coca leaf in the late 1800s. Long before that, indigenous peoples of Peru and Ecuador chewed coca leaves to stave off hunger and fatigue. The drug found its way to Europe and North America and quickly became popular as an ingredient in patent medicines (throat lozenges, tonics, etc.) and other products (for example, Coca-Cola™, from which it was later removed).

Cocaine was first prescribed as an anesthetic for eye surgery and a powerful painkiller. As time passed, the dangers of cocaine became apparent due to instances of psychotic behavior, convulsions, and death. In the early twentieth century, the use of cocaine and opiates in over-the-counter products was outlawed. Cocaine use without a prescription became illegal and a black market for the highly addictive drug developed.

The fine, white powder is usually sniffed, or “snorted” by drug users. The high from a typical inhaled dose of cocaine lasts for about 20 minutes. Cocaine powder is sometimes liquefied and injected with a needle, releasing the drug directly into the bloodstream — which is known as “mainlining.” And while the high is more intense, it only lasts some 5 to 10 minutes. Crack cocaine, created in the mid 1980s, is a smokable form of cocaine. The crackling noise the drug makes when smoked is the origin of the name “crack.” Smoking crack allows the drug to enter the bloodstream through the lungs in a matter of seconds and the high lasts for a few minutes. Crack turns a user into an addict almost immediately.

## Effects of Cocaine

Initially, use of cocaine reduces appetite and makes the user feel more alert, energetic, and self-confident — even more powerful. Taken in small amounts, cocaine usually makes the user feel euphoric, energetic, talkative, and mentally alert — especially to the sensations of sight, sound, and touch.

Cocaine inhibits the need for sleep and can provide intense feelings of pleasure. It causes the heart to beat more rapidly and blood vessels to constrict. This results in the demand for a greater supply of blood, but the narrowed blood vessels are unable to deliver the volume of blood demanded, which significantly increases the risk of cardiovascular incidents or strokes. One person can take cocaine, and live to take it another day. Another person can take it for the first time and die.

Cocaine travels through the bloodstream to the brain where it acts on billions of nerve cells. Communication between nerve cells occurs mainly through the release of chemical substances into the space between the nerve cells. This space is known as the “synapse.” Neurotransmitters flood the synapse, acting as chemical messengers carrying information from one neuron to another. When cocaine enters the synapse, it works to flood the synapse with a neurotransmitter called dopamine. This intensifies the stimulation of neurons in the brain’s pleasure circuits, causing a cocaine “high.” But the duration and intensity of the cocaine “high” depends on a number of variables, including its purity, its form and how it’s taken.

Over time, the user needs to take more and more of the drug to try to reach the same “high.” This is drug tolerance. Long-term use begins to alter the brain’s chemistry, to the point that cravings for cocaine become an obsession. Psychological dependence exists when cocaine is so central to a person’s daily life that use of the drug becomes a must. Soon, the user is neglecting food, sleep and daily life, living only for the next dose of the drug. This is addiction.

Using cocaine might make people think they feel pretty good, but that’s all in their heads. When users try to stop, they often experience what is commonly known as “crashing,” which entails the onset of exhaustion and depression. For the addict, it’s like hitting a brick wall. So much damage is done to the brain that when an addict stops using cocaine, it may take two years or more before they can even experience pleasure from the little things in life.

## Focus Questions

1. What is the difference between “crack” and cocaine powder?
2. How does cocaine “trick” the brain?
3. Why are neurotransmitters called chemical messengers?
4. What is “binging”?
5. What is “crashing”?

## Vocabulary

**cocaine** — A dangerous stimulant drug (chemical formula  $C_{17}H_{21}NO_4$ ) found in the leaves of the coca plant.

**detoxification** — A process of allowing the body to rid itself of a drug while managing the symptoms of withdrawal; often the first step in a drug treatment program.

**dopamine** — A neurotransmitter involved in the brain’s interpretation of pleasure.

**neurotransmitter** — A chemical released by a neuron at a synapse to relay information to an adjacent nerve cell.

**nucleus accumbens** — An area deep in the brain that is activated when a person has feelings of pleasure or pain.

**psychological dependence** — A craving or compulsion for repeated use of a drug despite any adverse effects that may occur.

**physical dependence** — The process that occurs when the body has adapted to the presence of a drug and reduces its own production of neurotransmitters. When drug users develop physical dependence, withdrawal symptoms occur if use of the drug is reduced or stopped abruptly.

**relapse** — To slip back into addiction.

**stimulant** — A type of drug that excites the central nervous system. Often called “speed” on the street, stimulants are highly addictive.

**synapse** — The space between neurons in which neurotransmitters are released.

**tolerance** — A process involving the body’s lessening response to a drug, making it necessary for users to take higher doses of the drug to achieve the same effects once reached with lower doses.

## Discussion Topics

- Explain that the term “addict” originated in ancient Roman law, when it referred to a person who was bound into slavery. Why is this term appropriate for people who struggle with drug abuse?
- What are some reasons people take drugs?
- Cocaine abuse among adolescents and young adults has declined since the mid-1990s. Is this surprising? What are some reasons that could account for this?
- Discuss the difference between psychological dependence and physical dependence.