

# Part two: Cocaine use in rural Alaska

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*This article is part two of three on cocaine use in rural Alaska. Part one discussed where cocaine comes from, why people sell cocaine, and the difficulties involved in the law enforcement of cocaine in rural Alaska. Part two covers the historical use of cocaine, the effects of cocaine, and the adverse effects of cocaine both physiologically and psychologically.*

*Part three will discuss the response that each region in Alaska has to cocaine abuse, focusing primarily on the various treatment and educational programs available to rural Alaskans.*

When alcohol started coming regularly into the villages, the few people considered to be drunks were easily identifiable, then marijuana made its debut and identifying the few that dared to smoke it was still easy; now it's cocaine and one begins to wonder how many families will be injured or what will come next: Will it be worse than the others or will this be the last?

Alcohol has been in the lime light in rural Alaska for several years now. There are programs opening up left and right to lure people with alcohol problems, such as alcoholics anonymous and A-anon. Villagers have also been voting dry in hopes of reducing the alcohol related problems in their villages. There have been numerous conferences focusing on alcohol in rural Alaska.

Now, there are narcotics anonymous and even cocaine anonymous programs in Alaska.

Although cocaine is a relatively new drug in Alaska, the history of cocaine goes back many years.

The Indians in South America

chewed the leaves of the coca plant, which is where cocaine comes from, for both enjoyment and also to decrease fatigue or tiredness.

When the Spanish arrived they tried to prohibit the Indians from using the coca plant, but when they saw that the Indians working in the mines worked longer hours and required less food, the Spanish began distributing the coca leaves to the Indians several times a day. In some cases, they even paid the Indians with the coca leaves.

Cocaine was brought into the United States and Europe in the 1500's, but it didn't gain popularity until the mid-1800's. It quickly became a common ingredient in medicines, nasal sprays, syrups, and in a popular drink called Coca-Cola.

In 1906 the Pure Food and Drug Act was passed which required that all medicines containing cocaine had to be printed on the label. And in 1914 the Harrison Narcotic Act was passed prohibiting cocaine from being used outside of the medical field.

Today, cocaine is an illegal narcotic based on the 1971 Controlled Substance Act. And now we read or hear about cocaine busts regularly in Alaska, including rural Alaska.

Cocaine loses its potency when taken by the mouth, so it's used in several ways: by sniffing or "snorting" it into the nose, smoking it, or injecting it into the blood veins.

Snorting cocaine into the nose is the most common form of use. Shortly after snorting, the person feels the effects of the cocaine for about 15-30 minutes and the effects wear off within an hour or two. The person suddenly becomes very talkative, feels

more energetic, self-confident, and a sense of euphoria is experienced.

Some of the adverse effects of cocaine when snorted are nasal irritations or infections, and prolonged use can result in nasal ulcerations, perforations. Breathing through the nose also becomes difficult.

According to an article written by James Griffin, a Registered Pharmacist and currently a Program Director at Northpoint, Inc., a private outpatient substance abuse treatment center, "when the nasal membranes are repeatedly exposed to cocaine, they can start to die because of an insufficient blood supply, similar to a person who has a tight tourniquet on his leg. The continual lack of blood to the surface membrane can cause the underlying tissues to swell with blood, making breathing through the nose very difficult. If the situation persists, parts of the septum of the nose can actually disintegrate, causing holes or a perforated septum."

Griffin continues by saying that the whole process can be aggravated by the use of nasal decongestants and individuals who use cocaine should be discouraged from the use of these preparations.

People also smoke cocaine in a glass pipe treated with ether. The end result is a more purified form of cocaine than when bought off the streets. This is commonly called "free-basing." According to excerpts from Bernard Segal's book *Drugs and Society* to be on the market this coming fall, "smoking freebase produces a shorter and more intense 'high' than sniffing because inhalation of the drug results in more rapid absorption of the drug into the

body than does snorting."

This method of using cocaine can result in persistent coughing and shortly after the high the user experiences a strong feeling of agitation and depression.

"Injection of cocaine, however, produces the most rapid and intense 'high' of all, but this method is least popular because it can result in a state of hyperexcitability that can lead to death. If cocaine is used intravenously it is usually cut with other drugs, states Segal in his book.

The physical effects of cocaine still provide controversial sides, but the facts show that damage can be extensive depending on the purity of the cocaine, method of use and how often it's used.

The most dramatic problems of cocaine use are the psychological consequences, said Griffin. He points out that people start losing interest in things that may have originally been very meaningful for them like hunting and fishing, because their primary drive is to get cocaine rather than do the other things that they originally found to be very pleasurable.

"People are often suffering from work related problems in that if they've been out using cocaine all night, they may not be showing up for work, or when they do show up for work they're so tired that they can't work," added Griffin.

"So kind of as a general sort of statement, people reprioritize their life where cocaine becomes the predominant part of it or the pursuit of cocaine intoxication, and other things become less important," said Griffin.

Griffin's experience in working with people is that after a period of time the euphoria is no longer achievable.

As a result, the users start taking larger and larger amounts hoping to get the euphoria feeling back. Griffin said that when this happens people start becoming real paranoid, anxious, irritable, erratic, irrational to the point of having hallucinations. And they begin to feel that people are out to get them. Some people even start acting schizophrenic or psychotic.

"When you look at alcohol or some of the other drugs that are out there, the problems that come along with them come over a period of time... In cocaine we're seeing people coming into treatment maybe that have been using cocaine for a year or less that are having some real dramatic problems. So it appears that the onset of consequences is much more rapid with cocaine than I've seen with other drugs," said Griffin.

In conclusion, although cocaine is still relatively new in Alaska it appears that cocaine can cause more dramatic problems a lot faster than alcohol does.

**Part 1: Narcotics investigations in Rural Alaska (last issue)**

**Part 2: Studies on the physical and psychological effects of cocaine (this issue)**

**Part 3: Villagers response to cocaine use in Rural Alaska (next issue)**