Medical complications of cocaine use

There are enormous medical complications associated with cocaine use.

- Cardiovascular effects: Disturbances in heart rhythm and heart attacks.
- Respiratory effects: Chest pain and Respiratory failure.
- Neurological effects: Strokes, seizures and headaches.
- Gastrointestinal effects: Abdominal pain and nausea.

Cocaine use has been linked to many types of heart disease. Cocaine has been found to trigger chaotic heart rhythms, called ventricular fibrillation; accelerate heartbeat and breathing; and increase blood pressure and body temperature. Physical symptoms may include chest pain, nausea, blurred vision, fever, muscle spasms, convulsions and coma.

Different routes of cocaine administration can produce different adverse effects. Regularly snorting cocaine, for example, can lead to: loss of sense of smell, nosebleeds, problems with swallowing, hoarseness, and an overall irritation of the nasal septum. This can lead to a chronically inflamed, runny nose. Ingested cocaine can cause severe bowel gangrene, due to reduced blood flow.

Persons who inject cocaine have puncture marks and “tracks,” most commonly in their forearms. Intravenous cocaine users may also experience an allergic reaction, either to the drug or to some additive in street cocaine, which in some cases can result in death. Because cocaine has a tendency to decrease food intake, many chronic cocaine users lose their appetites and can experience significant weight loss and malnourishment.

Research has revealed a potentially dangerous interaction between cocaine and alcohol. Taken in combination, the two drugs are converted by the body to cocaethylene. Cocaethylene has a longer duration of action in the brain and is more toxic than either drug alone. While more research needs to be done, it is noteworthy that the mixture of cocaine and alcohol is the most common two-drug combination that results in drug-related death.