

### Cocaine: It Costs Too Much

There is general agreement that an epidemic of cocaine use is occurring in the United States and perhaps in other countries as well.

The National Institute on Drug Abuse's Drug Abuse Warning Network (DAWN), a survey of hospital emergency rooms and medical examiners, found that people admitted to emergency rooms with cocaine problems more than doubled between 1981 and 1984; a large portion of this increase occurred between 1983 and 1984 when cocaine mentions increased by almost half. Likewise, the number of cocaine related deaths reported by medical examiners increased by almost threefold from 1981 to 1984.

The 1982 National Survey on Drug Abuse and the 1985 National High School Senior Survey, both sponsored by the National Institute on Drug Abuse (NIDA), report that:

- Current use of cocaine (at least once in the past month) has increased from 1.6 million in 1977 to 4.3 million in 1979 and has remained stable at about 4.2 million through 1982.
- There has been an increase in the annual use of cocaine (use at least once during the past year) among those aged 26 and older. Part of this increase is due to the aging of those who first used the drug in the late 1970s, and part is due to a significant number of new users. In contrast, any increases in marijuana use in this age group are entirely the result of the continued use of the drug from adolescence. Cocaine use continues much longer and starts later than marijuana use.
- Based on records of past classes, many more of the young people who were high school seniors in 1985 will use cocaine in the next few years than has been the case in past years. For example, only 10 percent of the class of 1976 had tried cocaine by their senior year, but 40 percent had tried it by the time they reached age 27. This has been confirmed by other researchers.
- Furthermore, while more than three-fourths of the seniors acknowledge the harmful effects of using cocaine regularly, only about one-third see much risk in experimentation.

Most cocaine users are familiar with other drugs of abuse. A majority are men, but the number of

women users is growing. They do not see their occasional drug use interfering with educational and professional goals, and they feel invulnerable to the negative consequences of using cocaine. They seem resistant to traditional prevention messages and they tend to ignore warnings and reports from the Federal Government. They make the common error that if they are warned about a danger and catastrophe doesn't strike at once, then there is something wrong with the warning. But few risk factors are 100 percent certain. There are some three pack-a-day cigarette smokers who die from something other than lung cancer or heart disease. There are those who drink and drive who will die in their beds. It is not easy to convey the notion of risk, particularly to cocaine users who usually have a grace period of a few years before experiencing adverse effects.

How can we halt this epidemic and reduce the number of cocaine-related casualties? A first step is to communicate to the public the severe consequences associated with the use of cocaine. The message to get across is that experimental use of the drug can, and all too often does, result in dependency. Severely dependent cocaine users sacrifice their health, their home, and their careers for the drug.

How can we reach these young adults with a credible message? Dramatic stories of "throwing it all away for cocaine" from former users who are friends of the user is one promising approach to the problem. When former users speak about losing those things that they value most—their jobs and careers, their financial stability, and their families, it does have an effect. It also must be made clear in any prevention effort that cocaine is highly addictive, and that no one, no matter how competent or successful in other areas, no matter how "well-adjusted," can be considered immune from its inherent dangers. These dangers include not just the possibility of becoming addicted. We are now seeing thousands of cocaine-related casualties and deaths all across the country. Neither fame nor fortune nor access to the drug can assure its safety: Cocaine Can Kill!

We must also reach the people who surround the user. We need to help spouses, children, good friends, and colleagues intervene to get the user off cocaine. These people need to know our

medical findings about cocaine, the signs and symptoms of compulsive use, and what kind of treatment is available. Many young adults feel strong social pressures to use cocaine, and they express such strong defiance that it is difficult for those close to the users to intervene. We must encourage those people to intervene and to make a difference—the difference between the user's seeking help or continuing to use the drug until trouble or disaster strikes.

In the effort to prevent cocaine use, the Alcohol, Drug Abuse, and Mental Health Administration has been working with a new and emerging network of businesses and industrial organizations concerned with getting the cocaine prevention message to their employees. Many organizations have undertaken their own intervention programs. The employer is often the one in a position to reach the users before it is too late. We have learned that people involved with cocaine see their job as a major link—and sometimes the last link—to normal behavior. Therefore, the supervisor and coworker may be even more influential than the family in getting a person into treatment.

According to a recent article in *Fortune* magazine (1), on-the-job cocaine use has become a major problem throughout business, industry, and the professions. Experts told *Fortune* that cocaine is the drug that causes the most psychosocial disruption and corporate problems among the nation's 500 largest companies. Any business or industry must consider prevention and awareness programs as an integral part of the effort to control the problem of drugs in the workplace. Cocaine's overpowering reinforcing quality and a

considerable body of misinformation about the drug make prevention a formidable task.

To assist efforts to make the public aware of cocaine's dangers, two new publications have been released by the National Institute on Drug Abuse. One is a booklet for young adults called "Cocaine Addiction: It Costs Too Much." It responds to most of the public's questions about the drug and presents research findings. Another booklet for people interested in prevention is entitled, "Prevention Networks: Cocaine." It includes a broad overview of the nature of the problem and suggestions for prevention strategies.

NIDA will soon launch a major media campaign that will carry many of these themes. The campaign will be directed toward young adults, aged 18 to 35. It will encourage and support young people and other potential users to resist pressures to use the drug. For this campaign to be a success on a national scale, all sectors of society must join with NIDA and bring attention to the dangers of cocaine.

To obtain NIDA's publications on cocaine, or any other drug of abuse, write the National Clearinghouse for Drug Abuse Information, P. O. Box 416, Kensington, MD 20795.

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#### Reference.....

1. Flax, S.: Executive addict. *Fortune* 111: 24-31, June 24, 1985.

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## LETTERS TO THE EDITOR

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### Editorial Was Premature and Misleading

The editorial "The Heimlich Maneuver" in *Public Health Reports* (November-December) by C. Everett Koop, MD, ScD, Surgeon General, citing the conclusions of the July 11-13, 1985, conference to establish first-aid standards for the American Red Cross and the American Heart Association, was premature and misleading.

The conference did not conclude that the previously taught methods of back blows, chest thrusts, and abdominal thrusts are hazardous, even lethal. In fact, the term abdominal thrusts has been used synonymously in the choking literature for the Heimlich Maneuver

since 1976.

The abdominal thrust, subdiaphragmatic thrust, Heimlich Maneuver, or whatever label it is finally called was recommended as the sole treatment for choking to fulfill a need for simplicity and uniformity in teaching, not as a substitute for potential hazards from the previously taught methods.

For the child under 1 year of age, the previous recommendations of back blows administered with the baby held upside down followed by chest thrusts if needed will continue to be recommended as an exception to the Heimlich Maneuver.

Because pronouncements by the Surgeon General carry great persuasion and are widely cited as authorita-