

Crossing the line

The number of people admitted to A&E after taking cocaine is rising. Sam Hart reports on how hospitals are dealing with cocaine overdoses.

On a warm summer evening last year, Carl Robertson was enjoying an after work drink with friends at his local pub in the south coast town of Hastings.

"There was no special occasion, but one thing lead to another and we started to do some lines of coke," he recalls. "Nothing unusual there – it was very much part of my social life at that time."

But the relaxing evening began to unravel as Robertson, a successful businessman in his late 40s, started to experience worrying symptoms.

"I must have done about four or five lines. I couldn't breathe properly. I was winding myself up thinking 'I've taken too much' and then trying to calm myself down again. I left the pub and kept walking, saying over and over to myself, 'You're OK, you're OK, calm down, calm down.' But I just couldn't catch my breath. I also started to get pins and needles in my fingers."

Robertson, who had been using cocaine for about ten years, began to walk towards his local hospital but had only made it a few hundred metres when his legs began to shake. "I tried to use my phone but my left arm had gone completely numb. The next thing I found myself on the pavement and a stranger was leaning over me saying 'Are you OK?' I said, 'no – I think I'm having a heart attack.'"

An ambulance rushed Robertson to A&E. "I told them I had taken coke and they put me in an oxygen tent," he says. "I was scared stuff – I thought I'd had a heart attack and was going to die. But gradually I started to calm down and breathe normally. I discharged myself a couple of hours later."

Experiences like Robertson's are becoming increasingly common. Earlier this year, *Druglink* exclusively revealed that the number of hospital admissions for cocaine-induced health emergencies has risen more than four-fold in eight years. Research from the United States suggest that up to 25 per cent of heart attacks in people between the ages of 18 and 45 are connected to the use of cocaine. A study carried out among young men attending A&E at a London hospital found one in three admitted for suspected heart attacks were cocaine users.

"We are seeing an increasing number of people arriving at A&E with cocaine poisoning," says Dr Simon Thomas, Clinical Toxicologist at Newcastle University. People with cocaine poisoning can display a wide range of symptoms including muscle cramps, rapid heartbeat, difficulty breathing, vomiting and convulsions. And, according to Dr Thomas, patients generally arrive at A&E in an anxious and agitated state.

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Although hospital staff can carry out a test to check for cocaine in the body, this is usually deemed unnecessary as most patients admit that they have taken the drug.

The psychological effects of the drug, such as anxiety and paranoia, can make the physical symptoms appear worse, according to Robertson who has been hospitalised for cocaine use three times. "You can feel your heart beating incredibly fast and you keep thinking 'this is it – I'm going to die'. The paranoia got so bad on one occasion that I thought about committing myself to mental hospital after I'd been discharged from A&E."

But fears of heart attacks and other serious illness are not just paranoid fantasy. The majority of patients arriving at A&E will need no more than monitoring for a few hours. Although there is no recognised antidote to cocaine, patients may be administered with sedatives to reduce their heart rate and blood pressure. For some, the consequences can be much more dangerous. "Cocaine poisoning can lead to life-threatening toxic effects," explains Dr Thomas.

Cocaine releases a chemical that restricts arteries which can cause a feeling of numbness or tingling. Tightening of coronary arteries can lead to heart attacks. The drug can also cause tachyarrhythmias – an irregular heart beat – which can also cause cardiac arrest. In fact, the risk of heart attack is

increased by 23 times in the hour after cocaine use.

The drug also triggers a surge in blood pressure which, coupled with the constriction of blood vessels can cut off blood flow to parts of the brain causing seizures and blackouts and possibly strokes.

Mixing the drug with alcohol can increase the damage as cocaethylene, a chemical produced in the liver when cocaine and alcohol are used together, has a more harmful effect on the cardiovascular system than cocaine on its own.

The high price of cocaine has traditionally placed it in a glamorous niche – the preserve of the moneyed and the privileged classes. But last year *Druglink* highlighted the emergence of a two tier economy within the cocaine market, seeing dealers selling cheaper, heavily cut cocaine for £30 a gram alongside a purer version sold to more affluent customers for around £50 per gram. The use of the drug has more than doubled in the last ten years, with 1.2 per cent of adults in 1998 saying they had used cocaine in the previous year and 2.6 per cent saying the same last year.

In busy A&E departments, staff can do little more than monitor and treat the medical condition, as patients often disappear as quickly as they arrive, so there is no place for long-term counselling or medical intervention.

"Nobody told me off or anything," says Robertson, "I don't think anyone referred to the fact that I'd taken drugs. They just took care of me."

"We don't lecture," says Dr Thomas. "We can simply offer patients information about the risks they are facing."

But surveys in Ireland have shown that many users are blissfully unaware of some of the more dangerous side-effects of cocaine. And Dr Thomas and others like him believe more needs to be done to alert people to the dangers of the drug.

In Ireland, the death of 24-year-old model Katy French from brain damage following alleged cocaine use, coincided with 'The Party's Over' – a public health campaign which is attempting to destroy cocaine's image as a clean and safe drug.

And in May this year, British drugs minister Vernon Coaker announced a new £1 million campaign aimed at 15-18 year olds 'to deglamourise the drug's celebrity image by revealing its ugly consequences'.

But Robertson, who is now in recovery, believes that public health campaigns can do little to reach people like him.

"I think going to hospital might have put me off coke for a day or two, but I was an addict and when you are an addict you lie to yourself. Your brain tells you it will be different next time. You think, 'I'll only do a line this time,' but you never do just a line. Until you stop lying to yourself, no amount of public health warnings will make a difference."

