Running Head uses up to the first 50 characters of the title (includes spaces and punctuation) a good rule of thumb is use the 1st 3-5 words of the title, not to exceed 50 characters.

Red Line Shows 1 inch margins (do not include red line)

Cocaine: Biophysical Effects and Therapeutic Interventions

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Abstract

Cocaine is a stimulant. It is widely used in the United States and around the world. It is a substance that has an immediate feeling of euphoria, energy and sense of well-being for its users. With cocaine, withdrawal symptoms leave the user with a sense of depression and emptiness which causes them to want to fill the void with another dose of cocaine to reclaim their sense of euphoria. This paper will look at the history of cocaine, the biophysical effects it has on the brain and body and finally therapeutic interventions used to treat patients with cocaine substance use disorder.

A one paragraph Abstract DOES NOT have an indentation to start the paragraph!

Cocaine's Biophysical Effects and Therapeutic Interventions

Cocaine has had at least two epidemics in the United States in the 20th Century. Despite well documented dangers to the public by physicians, people continue to use and abuse this drug. It was even felt as recent No need to label the 1st paragraph "Introduction" this is understood but *DO* head the paper with the full title again psychiatrist stated one could use cocaine a few times a week without any grave consequences. Many people bought into this myth and thus the rise of people becoming addicted to cocaine rose (Barlow & Durand, 2012). <last names only separated by "&" then comma & year

published>

History of Cocaine

Scientist believe that cocaine was created out of a self-preservation method of protection from preying animals and insects by a plant species known as Erthroxylon coca (Breiter, 1999). This plant began to produce a toxin in its leaves to accomplish this self-preservation. The toxin produced is what we now call cocaine. Archeologists have uncovered relics from South America which suggest that Cocaine was used as early as the sixth century, but more than likely started even earlier (Doweiko, 2012).

More than 5000 years ago, the early colonizers discovered if they chewed on the leaves of the coca plant, they felt less hunger, thirst and fatigue. This allowed them to work more hours of the day despite the thin mountain air (Doweiko, 2012). Breiter (1999) made this clearer when he wrote:

Cocaine became a significant part of the natives of South America's daily lives. Since many of these settlers lived at these high altitudes, it was a great benefit they received from chewing the cocaine leaves to increase their alertness and endurance. This is still practiced in the present day. (pg 45) Block Quote - Quote > 40 words - ALL Quotes include Page #s Things started to change when the Spaniard's defeated the Incas in the sixteenth century. At first the Spaniards wanted to stop the Inca people from using the coca leaves until they recognized that the Indians would work harder if they were allowed to continue ingesting their daily portion of cocaine. **<** citation for greater than 6 authors **>**

Albert Neiman a German scientist in 1855 is responsible for isolating a compound from the coca plant that was later known as cocaine (Kuhn et al., 2008). This achievement permitted scientist of that time to acquire large sums of pure cocaine for research experiments. One such experiment introduces high concentrations of cocaine directly into the bloodstream through a hypodermic needle, which had just been invented. This was the beginning of the use of cocaine that has changed the world (Doweiko, 2012). Scientist at that time quickly discovered that they could administer cocaine orally as well as hypodermically. They found this had the same euphoric effect as the intravenous method.

There were many elixirs and drinks that were invented from extractions from the coca plant. Pope Leo XII was known to have endorsed one such elixir (Martensen, 1996). One must understand that at this time period substances such as morphine and cocaine were not restricted by any government agency or consumer protection laws and were readily obtainable to purchase without a written prescription (Doweiko, 2012).

Angelo Mariani an Corsican chemist popularized cocaine in 1869, when he invented Vin Mariani. Angelo made a wine that he had steeped coca leaves in and marketed it to the public for its medicinal uses. Soon everyone in Europe had to have this new drink. Now that the Vin Mariani drink was popular the American pharmaceutical business took notice. A pharmaceutical company called Parke-Davis developed a cocaine-containing tonic. This success started many followers others to imitate with similar tonics. One such person was Georgia apothecary John

COCAINE: BIOPHYSICAL EFFECTS

Pemberton's Coca-Cola. Pemberton's tonic contained 60 milligrams of cocaine per eight ounce serving. Of course now the cocaine has been eliminated from the formula. This drink is now known worldwide and is one of the most popular sodas of all time (Doweiko, 2012).

Cocaine was removed from Coca Cola and other tonics containing the substance as a result of a scare tactic campaign. There were reports spread that African American males became uncontrollable and very powerful and were raping white women as a result of their cocaine use. This information caused widespread panic and fear in the white communities and made the public ask for a ban on cocaine and opium in any products. The Pure Food and Drug Act of 1906 mandated all manufactures to list the components in all tonics and finally in 1914 severe restrictions were put in place for the sales and distribution of cocaine and opium by the Harrison Narcotic Act.

Biophysical Effects

Cocaine is listed as a stimulant and has comparable effects on the brain like amphetamines. Stimulants are termed appropriately because they produce a sense of alertness, feelings of well-being, talkativeness and energy that users find enjoyable. Other signs that the user's experience are things such as dilation of the bronchioles, increased blood pressure, increased heart rate, loss of appetite and insomnia. Since cocaine can cause a more rapid and irregular heartbeat, users with any pre-existing heart arrhythmia could have fatal consequences (Barlow & Durand, 2012).

The high or euphoric sensation appears to come mainly from the result of cocaine on the dopamine system. Cocaine moves into the bloodstream by way of the lungs when it is inhaled. The circulatory system then carries the cocaine all through the body. Within seconds it enters the brain. Once in the brain the cocaine molecules prevent the reuptake of dopamine (Barlow &

Durand, 2012).

The drug effects of cocaine are rapid and do not last very long. If an individual snorts cocaine the effects start in just three to five minutes. The drug effects will peak in ten to twenty minutes and the whole episode will last almost an hour. If someone smokes or uses cocaine intravenously, the user feels the effects immediately. The half-life of cocaine that is snorted or injected is about thirty to ninety minutes (Leamon et al., 2008).

Research has shown that cocaine forces its molecules to bind to the dopamine carrier. This action blocks the normal route that the dopamine neurons would typically reenter the transmitter cell. This causes the transmitters to accumulate in the synaptic space causing two actions; 1) Creates users euphoria, 2) Establishes strong drug-centered memories (Brust, 2004). Normally this reinforcement is used for behaviors like sexual urges, eating and drinking. These are built in humans to give us positive memories of these behaviors so we will want to repeat them, and thus ensures survival of mankind. Now with cocaine use, this reward system is escalated beyond reinforcers produced by natural means.

The main effects on the neurons whose primary neurotransmitter use dopamine are the ones that cocaine has the greatest reinforcing effect on. Out of the brains' five levels of dopamine receptors, D1 subtype reinforces cocaine effects. In one study the researchers gave a blocking compound of dopamine D1 to cocaine abusers. The results showed that the subjects did not feel any main euphoria upon given a dose of cocaine. This reinforced the hypothesis that the reward receptors are directly linked to the site of the dopamine D1 area in the brain (Romach et al., 1999).

It is felt by researchers that because cocaine stimulates the dopamine D1 site, it has a direct effect on activation of the kappa and opioid mu receptors. Research has also shown that

long term use of cocaine can determine changes in compounds such as FosB8 being activated. Both of these findings give mental health professionals an understanding of the science behind the intense cravings for cocaine when a client is trying to abstain from the substance (Kuhn et al.; 2008).

Therapeutic Interventions

What interventions are appropriate for clients desiring to stop their cocaine dependency? Some illicit drug use can lead to crimes such as burglary, prostitution, shoplifting, fraud and selling drugs. This means some of the population needing therapeutic intervention may be incarcerated in prison or jail. One such study, reviewed which treatment methods were most effective and which treatment methods were least effective for substance misuse in these settings. The findings of this study showed that in this population of incarcerated individuals, scare tactics such as boot camps, were ineffective in changing inmates' habits and behaviors with their cocaine dependency (McMurran, 2007). The study also showed that therapeutic communities similar to Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings were found to be effective. The goal of these community based therapies was to modify dysfunctional actions through holding each member of the community accountable for his or her actions. Cognitive behavioral therapy (CBT) had effective completion rates as well. This study showed that purely behavioral programs were not as effective without the cognitive element combined. This therapy combined group sessions with individual sessions. (McMurran, 2007). Another evidence based study found that patients who received supportive-expressive (SE) based psychotherapy and group therapy produced large amounts of improvements in stopping cocaine use. This study showed that SE was superior to individual drug counseling in those patients with family and social issues (Crits-Christoph, et al., 2008).

Community reinforcement approaches help the patient examine all the different factors that influence their drug use. Once these areas are identified, the patient can identify what aspects that may need to change in order to be drug free. This community approach also helps the patients with other social areas of concern like employment, school, and housing. The goal is to reduce the stress in their lives. Another area of this approach is to help the patient find other new activities to replace the time they used to do drugs (Barlow & Durand, 2012). As mentioned above, CBT has been used to treat various mental disorders including substance abuse disorders. It has been found to be extremely effective and well designed in treating substance dependence. CBT examines many areas that have contributed to a person's addiction. Some examples are patient's behaviors and thoughts. What are the triggers that can initiate a desire to use the drug? Another aspect of CBT looks at the problem of relapse. Therapy includes helping people eliminate any uncertainty about stopping their drug use. This is done by investigating their opinions about the positive sides of the drug, and challenging the negative concerns of its use. High risk conditions are identified and tactics are established to deal with any situation that may cause a problem. This therapy also addresses how to handle cravings that have come from being abstinence. (Barlow & Durand, 2012).

Another study revealed the effectiveness of using pharmacological agents to decrease the use of cocaine in patients. This research looked at two main areas: 1) to abstain or substantially cut down, 2) to minimize cocaine related harm, by trading illegal cocaine for a legal stimulant given orally (Nuijten et al., 2011). On the first strategy, two medications that have shown indications for use in cocaine dependent populations in regards to reduction or abstinence use are; modafinil and topiramate. Topiramate was shown to be very effective in promoting abstinence and retaining abstinence in cocaine users, and the cravings associated with cocaine

were also decreased (Nuijten et al., 2011). The second strategy used harm reduction by using monoamine releaser dexamphetamine as a replacement therapy for cocaine use. The reasoning for using a substitution drug in treating cocaine dependence is to replace a harmful drug with a less harmful and more regulated drug. This is useful because the less harmful drugs dose is regulated, and the side effects and method of administration is known. Positive results were reported with this method of harm reduction with reduced cravings, cocaine use, and severity of dependence (Nuijten et al., 2011).

Conclusion

Many people continue to experiment with cocaine every day. As with other drugs, knowing the dangers and addictive qualities of a drug may not be the deciding factor whether or not someone tries it for the first time. Understanding the way a drug interacts with the brain and the effects that a client feels when using cocaine, helps the mental health professional understand why someone would like that feeling and want to reproduce it on a consistent basis. It is good to know that there are effective treatment approaches for those with cocaine substance disorders. The main thing to remember for any mental health professional treating patients with substance use disorders is to have empathy, genuineness, and unconditional positive regard. Without those components the road to success may not be achieved.

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<when the reference has 7 authors or less, spell out each author's name>

TWO ARTICLES BY SAME AUTHOR IN THE SAME YEAR:

(Arbitrarily add an "a" and "b" to the year of publication

Jones, K B. (2000a). A Catholic response to cocaine addiction. Journal of Catholic

Ethics, 8. doi: 10.1137/0736-9735.25.3.483

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BOOKS (EXAMPLES)

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	EXAMPLES
One author	Schlosser, E. (2002). Fast food nation. New York, NY: Perennial.
Two to Seven Authors (include all authors)	Folse, K. S., Solomon, E. V., & Smith-Palinkas, B. (2004). <i>Top 20:</i> great grammar for great writing. Boston, MA: Houghton Mifflin.
More than Seven Authors (include first six authors followed by and the final author's name)	Engberg, M., Dugan, J. P., Haworth, J., Williams, T., Kelly, B., Johnson, W., Stewart, S. (2009). <i>Navigating the</i> <i>complexity of higher education preparation program</i> <i>administration</i> . San Francisco, CA: Jossey-Bass.
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Editor	Kikumura-Yano, A. (Ed.). (2002). <i>Encyclopedia of Japanese descendants in the Americas: An illustrated history of the Nikkei</i> . Walnut Creek, CA: Alta Mira.
Multi–volume set	Ciment, J. (Ed.). (2006). <i>Social issues in America: An encyclopedia</i> . (Vols. 1–8). Armonk, NY: Sharpe Reference.
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MAGAZINE, NEWSPAPER & JOURNAL ARTICLES (EXAMPLES)

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BASIC JOURNAL/MAGZINE	Author, A. A., & Author, B. B. (Publication year). Title of article. <i>Title of</i>
FORMAT	<i>Publication, volume number</i> (issue), page-page.
BASIC NEWSPAPER FORMAT	Author, A. A., (Publication month day, year). Title of article. <i>Title of</i>
	Publication, page-page.
	EXAMPLES
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electronically - website or	the book <i>The self-knower: A hero under control</i> , by R. A.
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	Plous, S. (2011). <i>The social psychology network</i> . Retrieved from http://www.socialpsychology.org/
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	Linson, A., Penn, S., & Pohlad, W. (Producers), & Penn, S. (Director). (2008). <i>Into the wild</i> [Motion picture]. United States: Paramount Pictures.
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OTHER FORMATS

OTHER FORMATS (continued)

Blog	Author, A. A. (Date published online). Title of blog entry. [Web log].
	Retrieved from http://www.websitename.com
	Penney C (2011) We like it wild [Web leg] Betrieved from
	Bonney, G. (2011). We like it wild. [Web log]. Retrieved from
	http://www.designspongeonline.com
Online video	Author, A. A. (Date produced). Online video title [Video file]. Retrieved
	from http://www.websitename.com
	UCBerkeleyEvents. (2010). 2010 Commencement convocation [Video
	file]. Retrieved from http://www.youtube.com/
	watch?v=nDLtEcBqSv8

IN-TEXT CITATIONS

Basic format for using	Schlosser (2002) believes that "the twenty-first [century] will no doubt
quotations, summarizing,	be marked by a struggle to curtail excessive corporate power" (p.104).
and paraphrasing	
	Since 1987 the British government has been concerned about the
	possibilities of a tainted meat supply (Schlosser, 2002, p.84).
Two authors	According to Sothern and Gordon (2003), "Environmental factors may
	contribute as much as 80% to the causes of childhood obesity" (p. 104).
	Obese children often engage in limited physical activity (Sothern &
	Gordon, 2003, p. 104).
Unknown author (use an	Children struggling to control their weight must also struggle with the
abbreviated form of the	pressures of television advertising that encourages the consumption of
title to replace the author)	junk food while also celebrating thin celebrities ("Television," 2002).
Two works by same author	Research by Durgin (2003b) has yielded new findings about the role of
(designate "a", "b", etc. in	counseling in treating childhood obesity.
References list to	
differentiate sources)	
Electronic source, unknown	Attempts to establish a definitive link between television programming
date (use "n.d." when no	and children's eating habits have been problematic (Magnus, n.d.).
date is given)	
Work cited in another	Former surgeon general Dr. David Satcher described "a nation of young
source	people seriously at risk of starting out obese and dooming themselves
	to the difficult task of overcoming a tough illness" (as cited in Critser,
	2003, p. 4).

<u> REFERENCES PAGE – EXAMPLE</u>

A references page must be in ALPHABETICAL order by the first word of the citation. Ignore **A**, **An**, or **The** if it's the first word of the citation and alphabetize by the second word.

The list of references appears at the end of your paper. Start your References page on a new page at the end of your paper. Center the title, References. Double-space all your entries. All entries should begin flush with the left-hand margin; subsequent lines indent $\frac{1}{2}$ " (or five spaces).

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