NO PREP

Crack Cocaine

Fast High, Harsh Consequences

Includes: Student reading, case study, differentiated questions, teacher key

Name: Period: Date:

Crack Cocaine: Fast High, Harsh Consequences

What Crack Is and How It Differs from Powdered Cocaine

Crack cocaine is a highly concentrated form of powdered cocaine that has been processed with baking soda or ammonia. It typically appears as small, rock-like crystals, which produce a quick, intense high when smoked. This process makes crack cheaper to produce and sell, often resulting in it being more accessible to communities with fewer resources. While both crack and powdered cocaine come from the same drug, cocaine, crack's faster absorption into the bloodstream amplifies its risks. For teens, the affordability and intense high can be dangerously enticing, overshadowing the severe ramifications that often follow even short-term use.

Fast, Intense High and Short Duration

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Fast, Intense High and Short Duration

One of the reasons crack cocaine is notoriously addictive is the rapid onset of its effects. Smokers feel the high within seconds, experiencing euphoria, heightened energy, and a sense of invincibility. However, this intense rush typically lasts only a few minutes, followed by a dramatic "crash" marked by anxiety, fatigue, and strong cravings for more. This cycle pushes users to seek the next high quickly, leading to frequent and repeated use—an alarming pattern for developing teen brains. Because adolescents already struggle with impulse control, crack's swift reward mechanism can severely disrupt their judgment and risk assessment.

Severe Addiction and Health Risks

Crack cocaine takes a heavy toll on both the body and mind. Regular use can lead to lung damage from inhaling chemical residues, and the drug's stimulant properties elevate blood pressure and heart rate, increasing the risk of stroke or heart attack. Addiction sets in rapidly, as the brain adapts to the flood of dopamine. Over time,

users experience depression, anxiety, and in severe cases, paranoia or hallucinations. Teens might show these signs at school, such as abrupt mood swings or erratic behavior. Families often struggle to cope with the fallout, ranging from academic decline to theft or aggression.

Psychological Issues: Aggression, Hallucinations

As crack's effects wear off, the body and mind recoil sharply. Irritability, restlessness, and aggression can emerge, driven in part by the brain's sudden deficit of dopamine. Prolonged use may trigger cocaine-induced psychosis, presenting as hallucinations or delusional thinking. These psychological disturbances can spiral into violent confrontations or self-destructive behavior, jeopardizing not only the user's health but also the safety of those around them. Teens are at particular risk because they often lack the coping strategies and life experience to handle these intense emotional fluctuations.

Community and Social Impact

Crack's influence isn't limited to individuals; entire communities have felt the adverse effects. In many urban areas, crack epidemics contributed to spikes in crime, homelessness, and strained public resources. At a personal level, a teen's crack use can erode trust within families and sever social ties. Stigma follows those associated with the drug, sometimes hindering their chances of finding employment or accessing higher education. Breaking this cycle requires comprehensive strategies—encompassing prevention, treatment, and community support. For young people, this underscores the critical importance of education and accessible resources that can steer them away from dangerous substances like crack.

Key Information: Crack vs. Powdered Cocaine Table

Factor	Crack Cocaine	Powdered Cocaine
Form	Rock-like crystals	Powder
Method of Use	Typically smoked	Snorted or injected
Intensity & Duration	Very quick, intense high, short	Quick high, but slightly longer
Cost	Often cheaper	Generally more expensive

Case Study Excerpt

Marcus grew up hearing stories about the crack epidemic of the 1980s from his older relatives, but he never imagined it could affect him personally. At 17, he was already trying different substances at parties. One night, an acquaintance offered him a small rock, telling him it would give him the best rush of his life. Intrigued, Marcus smoked it, and indeed, the high was immediate and powerful. But it wore off in mere minutes, leaving him jittery and desperate for more. Over the next few weeks, Marcus's dabbling turned into a near-daily habit. He drained his savings to buy crack, often skipping meals to afford another rock. His grades plummeted, and he stopped attending basketball practice, claiming he was "too tired." At home, he became moody and confrontational. His parents suspected something was off but didn't realize the severity until they found a glass pipe in his room. A concerned teacher alerted the school counselor, who reached out to Marcus and urged him to enter a treatment program. Marcus was initially resistant but ultimately agreed after a close friend distanced himself, citing Marcus's erratic behavior. Early in treatment, withdrawal symptoms—restlessness, extreme cravings, and depression—were overwhelming. However, counseling sessions helped him recognize the root causes of his drug use, including stress at home and a desire for social acceptance. With gradual support, he managed to reduce cravings and began repairing relationships with family and friends.

1. How did Marcus first encounter crack, and what immediate changes did it bring about?

2. What role did external support (school counselor, treatment program) play in Marcus's recovery?

Multiple Choice

1. Crack differs from powdered cocaine primarily in:

    a) Its milder effects and longer high

    b) Its chemical composition being completely unrelated to the coca plant

    c) It contains vitamins that reduce health risks

    d) Its form (rock-like crystals) and rapid onset of effects when smoked

2. One reason crack can quickly lead to addiction is:

    a) Teens usually dislike the euphoric feeling it produces in the brain

    b) It promotes a healthy social environment

    c) The intense but short high prompts repeated use in a short time

    d) It has no noticeable effects on the body

3. Crack's psychological risks often include:

    a) Long-term relief from anxiety

    b) Increased aggression, paranoia, and potential hallucinations

    c) Guaranteed calmness after every use and complete emotional stability

    d) Improved memory and cognition

Matching

Write the letter of the correct definition on the line next to each term.

Term	Definition
1. ___ "Crash"	A) State following heavy use in which the brain's pleasure chemicals are low
2. ___ Dopamine Deficit	B) User experiences extreme tiredness/depression after the drug wears off
3. ___ Hallucinations	C) Negative label or judgment affecting those who use certain drugs
4. ___ Psychosis	D) Condition where a user sees/hears things that aren't real
5. ___ Stigma	E) A severe mental disorder with loss of contact with reality

Fill-in-the-Blank

1. _____ typically appears as small rocks or crystals that are smoked.

2. The rapid onset of crack's high often leads to a severe _____ or sudden emotional low.

3. Teens using crack may experience heightened _____, sometimes resulting in conflict or violence.

Short Answer

Answer each question in 2-4 complete sentences.

1. Why might a teen be tempted to try crack even when aware of its dangers?

_____

_____

_____

2. How does crack's short duration of effect intensify the risk of repeated use?

3. What actions can schools or communities take to address teen crack use effectively?