



MCFARLAND RADAR (Relevant Alcohol & Drug Awareness Resources) Coalition

AODA Prevention Newsletter

February 2024

Ketamine

Ketamine was originally patented in Belgium in 1963 by an American scientist named Calvin Stevens. Stevens was searching for a new anesthetic to replace PCP, which was not suitable for use in humans because of the severe hallucinogenic effects. It was later approved for use in humans by the U.S. Food and Drug Administration in 1970.



Ketamine is a dissociative anesthetic that has some hallucinogenic effects. It distorts the perception of sight and sound and makes the user feel

disconnected and not in control. Ketamine can induce a state of sedation (feeling calm and relaxed), immobility, relief from pain, and amnesia (no memory of events while under the influence of the drug) and is abused for the dissociative sensations and hallucinogenic effects.

Ketamine is produced commercially in a number of countries, including the United States. In the medical world, the drug is used for induction and maintaining anesthesia. It also has been used as a treatment for depression and pain management. In addition to its legal, medical uses, ketamine has become a drug of misuse. It has also been used as a "date rape" drug. When misused, it is typically insufflated ("snorted" up the nose) in social situations. It is also injected, consumed orally as a liquid (mixed into drinks), or smoked in marijuana or tobacco. It is frequently misused in combination with other substances, such as cocaine,

MDMA or amphetamines. Use with multiple drugs has been fatal.



Most of the ketamine illegally distributed in the United States is diverted or stolen from legitimate sources, particularly veterinary clinics, or smuggled into the United States from Mexico. Distribution of ketamine typically occurs among friends and acquaintances, most often at raves, nightclubs, and at private parties; street sales of ketamine are rare.

Ketamine and The Brain

Ketamine produces hallucinations. It distorts perceptions of sight and sound and makes the user feel disconnected and not in control. A “Special K” trip is touted as better than that of LSD or PCP because its hallucinatory effects are relatively short in duration, lasting approximately 30 to 60 minutes as opposed to several hours.

Slang for experiences related to Ketamine or effects of ketamine include:

- “K-land” (refers to a mellow & colorful experience)
- “K-hole” (refers to the out-of-body, near death experience)
- “Baby food” (users sink in to blissful, infantile inertia)
- “God” (users are convinced that they have met their maker)

Chronic Long-Term use of Ketamine can lead to mood swings, and problems with memory and thought processes. A person may also experience:

- Memory Loss
- Confusion
- Paranoia
- Shortened attention span
- Mood Swings

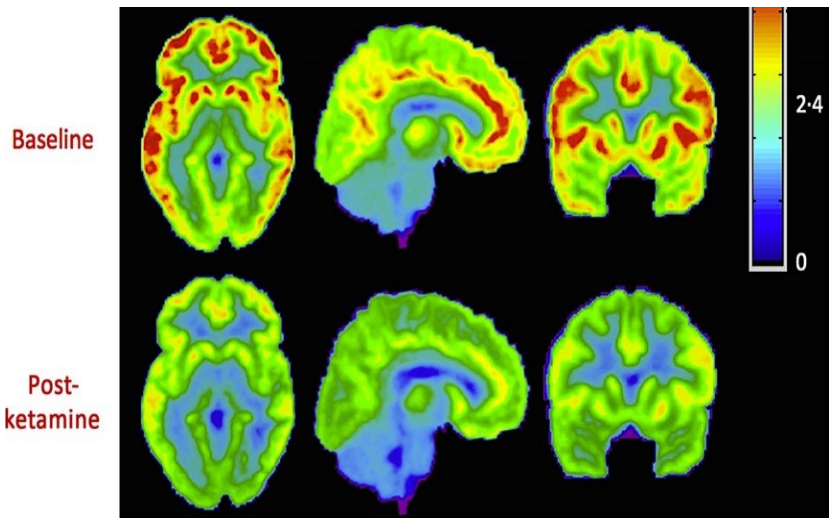
While there is no denying the effects Ketamine can have on the brain, but there is still a lot that scientist don’t know. It is still unclear how it might affect different people both short and long terms.

Ketamine and the Body:

Ketamine’s effects may be felt within minutes of use. The range of effects felt can be somewhat unpredictable, and may vary in severity based on the amount of the drug consumed. Though the acute effects may last for several hours, some people report effects that persisted for several days.

At relatively low doses, these effects may include:

- Disorientation, confusion, or loss of motor coordination.
- Dizziness, nausea, or vomiting.
- Increased blood pressure, heart rate, breathing, or body temperature.
- Changes in sensory perceptions, including visual or auditory hallucinations.
- Feeling detached from yourself, your surroundings, or your environment.



Cocaine

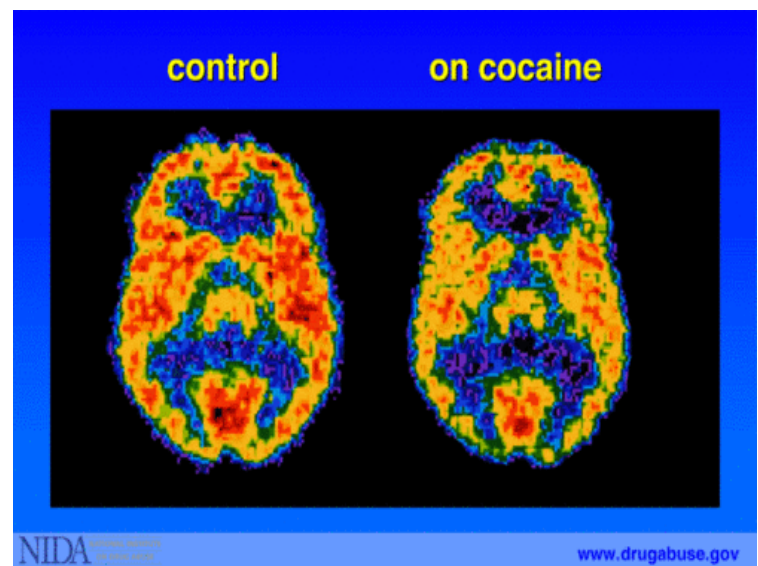
Cocaine is an intense, euphoria-producing stimulant drug with strong addictive potential. The drug is derived from the coca leaves grown in Columbia, Peru, and Bolivia. Columbia produces about 90% of the cocaine powder that reaches the United States. The cocaine manufacturing takes place in remote jungle labs where the raw product undergoes a series of chemical transformation.

Cocaine is usually distributed as a white, crystalline powder. Cocaine dealers often dilute (or “cut”) it with non-psychoactive substances such as cornstarch, talcum powder, flour, or baking soda to increase their profits. They may also adulterate cocaine with other drugs like procaine (a chemically related local anesthetic) or amphetamine (another psychoactive stimulant).

People misuse two chemical forms of cocaine: the water-soluble hydrochloride salt and the water-insoluble cocaine base (or freebase). Users inject or snort the hydrochloride salt, which is a powder. The base form of cocaine is created by processing the drug with ammonia or sodium bicarbonate (baking soda) and water, then heating it to remove the hydrochloride to produce a smokable substance.

Cocaine and The Brain

Cocaine is a strong central nervous system stimulant that increases levels of the neurotransmitter dopamine. Normally, dopamine is released by neurons in these circuits in response to potential rewards (like the smell of good food) and then recycled back into the cell that released it, thus shutting off the signal between neurons. Cocaine prevents the dopamine from being recycled, causing excessive amounts of build up in the synapse, or bond between neurons. As a result the dopamine signals increase and ultimately disrupts normal brain communication. Repeated cocaine use can cause long-term changes in the brain’s reward system as well as other brain system, which may lead to addiction.



Cocaine and The Body

Reactions to cocaine use are different for each person. Common physical side effects include: Sweating, Changes to heart rhythm, Rapid breathing, Feeling very hot or very cold, Nausea, Dizziness, Muscle weakness

While high on cocaine, some individuals feel energetic, alert and talkative while others feel anxious and on-edge. The high comes on almost immediately and lasts 15 to 30 minutes. When the high fades, a "crash" typically follows. During this time, a person might feel depressed or suicidal, anxious, paranoid or psychotic, and crave more of the drug.

Barriers to Addiction Treatment

It is estimated that in 2022, over 48.7 million Americans aged 12 or older had a substance use disorder (SUD) and of the 48.7 million only 2.9 million sought treatment for their addiction. The barriers to finding addiction treatment may vary by personal situation, but the most common barriers include:

- **Financial/Cost:** While insurance can help cover the cost of substance misuse treatment, many people who seek treatment are uninsured due to:
 - The high cost of insurance.
 - The loss of a job.
 - Losing Medicaid.
 - Lack of insurance through an employer.
 - Change in family status.
 - Believing that they don't need coverage.
- **Geographic Location:** A large portion of the rehab programs in the United States are concentrated in states with high populations. Due to the lack of treatment centers in rural areas, patients may have a hard time getting to and from facilities—particularly if they're in outpatient care and need to make multiple trips to a treatment center each week. Public transportation is not as readily available in these areas, and patients may live a long way away from a program. Many can simply not afford the cost. These people may also have children who they can't leave at home for long periods of time.
- **Stigma:** The historical classification of substance use as a crime has led to stigma surrounding substance misuse. Stigma is a barrier to recovery and affects whether individuals with SUD seek treatment and social support services. Fear of legal penalties for drug use may impact whether individuals are willing to openly discuss their SUD and seek treatment.
- **Co-Occurring Disorder Treatment Availability:** Dual diagnosis is a lack of programs that can provide adequate treatment. Only 18% of substance abuse programs and 9% of mental health programs are equipped to properly treat co-occurring disorders. Many people in prisons or jails have a dual diagnosis, where there is particularly limited access to services for these conditions



What Can Be Done to Close the Gap?

Public health Institutions are beginning to recognize the crisis of addiction in America and have made suggestions for how to close the gap for treatment: Increase access to effective treatment in the form of residential drug rehabs, Reduce the stigma and criminalization surrounding addiction, Raise awareness among healthcare professionals, addicts, and families in the value of treatment, Train healthcare professionals in identifying addiction and referring addicts into treatment and Achieve insurance parity so that health insurance provides coverage for residential drug rehab.

W	B	O	W	Q	W	E	R	T	Y	U	I	O	P	L	K	J	H	G	F	D	S	A	Z	X	C	V	B	N	A
F	D	S	A	Z	X	C	U	P	C	A	K	E	X	C	C	V	B	H	I	B	E	R	N	A	T	E	B	N	Q
G	H	J	K	L	P	O	I	U	Y	T	R	E	W	K	I	S	S	W	Q	A	Z	X	C	V	B	N	M	N	U
G	R	O	M	A	N	C	E	G	F	D	S	A	Q	W	E	B	R	T	Y	S	N	O	W	Y	U	I	O	P	A
W	E	R	A	M	E	R	I	C	A	N	R	T	Y	U	I	O	L	O	P	C	O	L	D	J	H	G	F	S	S
B	V	C	X	A	S	D	W	E	A	T	H	E	R	D	F	G	H	I	U	Y	T	R	D	V	C	F	R	E	A
G	H	R	T	Y	W	H	G	F	E	L	I	N	C	O	L	N	E	R	Z	T	Y	F	R	E	E	Z	I	N	G
U	Y	T	R	O	E	A	S	D	F	G	H	J	K	L	P	O	I	U	Y	Z	G	F	D	W	E	D	R	U	Y
X	C	V	R	V	B	F	E	B	R	U	A	R	Y	B	N	M	C	V	B	N	A	D	F	G	H	J	K	P	O
W	E	R	R	Y	U	I	O	P	L	K	J	H	G	F	D	S	Z	X	C	N	B	R	B	V	D	E	R	T	Y
D	A	R	T	Y	U	T	Y	C	A	N	D	Y	W	A	S	H	I	N	G	T	O	N	D	Y	U	I	T	O	P
V	C	S	W	E	E	T	H	E	A	R	T	Q	W	E	R	E	D	Q	W	A	S	D	F	G	H	S	H	J	K
B	N	M	Y	B	T	R	I	C	I	C	L	E	R	E	W	R	E	Y	R	O	S	E	Y	U	I	I	O	P	L
D	F	F	G	H	A	J	K	P	O	I	U	Y	T	R	A	R	E	W	Q	A	S	D	F	T	F	G	H	J	K
L	O	V	E	W	E	N	R	T	Y	U	I	O	P	C	P	L	K	G	F	D	F	G	R	H	J	K	L	P	O
T	R	A	S	D	F	G	Q	J	K	S	N	U	G	G	L	E	M	N	B	V	C	A	X	D	E	R	T	Y	U
R	F	R	O	S	T	Y	U	U	I	O	P	L	E	A	F	L	E	T	P	L	K	J	H	G	C	U	P	I	D
O	I	U	Y	T	R	E	W	Q	E	P	L	K	L	M	N	B	V	C	Z	X	C	E	E	W	A	S	D	F	G
Z	X	S	M	O	O	C	H	X	C	T	V	B	N	M	O	I	F	L	O	W	E	R	S	I	U	Y	T	R	E
Y	T	R	E	Z	X	C	V	B	N	M	S	U	P	E	R	B	O	W	L	L	K	J	H	G	F	D	A	Q	W
W	B	O	U	Q	U	E	T	W	E	R	V	A	L	E	N	T	I	N	E	R	T	Y	L	E	T	T	E	R	Y
F	G	H	J	K	L	S	X	C	V	B	A	S	O	I	P	R	E	S	I	D	E	N	T	S	D	A	Y	I	U
S	H	U	G	F	G	H	C	H	O	C	O	L	A	T	E	H	K	L	P	M	N	C	V	B	C	X	Z	A	S
J	K	L	P	O	I	U	Y	T	R	E	W	Q	A	S	W	E	R	T	Y	I	O	J	U	K	J	H	G	F	D
Z	X	C	V	B	F	O	O	T	B	A	L	L	N	M	K	P	I	E	K	L	P	O	I	D	U	Y	T	R	E
L	K	J	T	H	O	U	G	H	T	F	U	L	J	H	G	F	D	W	I	N	T	E	R	D	D	S	A	Q	W
Z	A	N	G	E	L	Z	X	C	V	G	R	O	U	N	D	H	O	G	V	B	N	M	P	O	I	L	U	Y	T
B	V	S	H	A	D	O	W	V	C	J	H	F	G	D	S	M	I	T	T	E	N	D	S	A	Q	W	E	E	R
N	M	L	K	J	H	G	F	D	S	A	Q	W	E	R	B	L	A	C	K	H	I	S	T	O	R	Y	R	T	Y
U	G	I	F	T	U	H	Y	T	R	E	W	Q	A	S	D	F	G	H	J	K	L	M	N	B	V	C	O	I	U

AMERICAN	BOUQUET	FEBRUARY	ICICLE	ROSE	VALENTINE
ANGEL	BOW	FLOWERS	KISS	SHADOW	VICTORY
ARROW	CANDY	FOOTBALL	LEAFLET	SMITTEN	WASHINGTON
ARTIST	CARD	FREEZING	LETTER	SMOOCH	WEATHER
ASTRONAUT	CHOCOLATE	FROST	LINCOLN	SNOW	WINTER
AQUA	COLD	GIFT	LOVE	SNUGGLE	
BANQUET	CUDDLE	GROUNDHOG	PIE	SUPERBOWL	
BLACK HISTORY	CUPCAKE	HIBERNATE	PRESIDENTS DAY	SWEETHEART	
BLIZZARD	CUPID	HUG	ROMANCE	THOUGHTFUL	

McFarland is a small community south of Madison in Dane County. In January of 2017, a group of concerned citizens came together to discuss substance abuse problems in the McFarland area. The McFarland RADAR is a result of these meetings

We are comprised of local representatives from schools, businesses, churches, village administration as well as parents, and youth—all working together to promote healthy lifestyles

For more information go to: <https://www.radarmc.com/>



For time, day and place of meetings, please contact Cathy Kalina at CathyK@fsmad.org

The McFarland RADAR (RADAR stands for Relevant Alcohol & Drug Awareness Resources) Coalition works to develop, implement and support environmental strategies to reduce substance abuse.

We believe by working together, we can nurture social and environmental changes to make the McFarland area a safer and healthier place, brightening the future of our children, youth and families.

McFarland RADAR Mission Statement

“The mission of McFarland’s RADAR Coalition is to promote healthy lifestyles in the McFarland area through alcohol and drug abuse prevention and education efforts.”

HOW CAN YOU HELP?

We are asking you to give the gift of time. Make a difference in the lives of our youth and our community by

1. Working with us in providing support for planning, project management and awareness campaigns
2. Helping with coalition events, conferences, workshops, and fairs held throughout the year.
3. Being a voice for change in our community, it is time to come together and be that force for change in the McFarland area.