

Reducing Drug Related Deaths - Briefing Note 2 The Risks in Mixing Drugs and Alcohol

About this briefing

The aim of this briefing is to:

- highlight the additional risks associated with combining alcohol and drug use.
- enable frontline practitioners and volunteers who assess and support of drug users to address issues associated with combined drug and alcohol use, identifying potential interventions

Page 1 outlines the situation locally and key issues,

Page 2 discusses potential interventions

Pages 3 & 4 outline the nature of drug interactions and interactions between specific drugs.

To further support this work a users leaflet; 'If the drugs don't get you... the alcohol might', has been developed to inform users of the risks.

Blackpool:

Toxicology reports show that **almost 60% of all people who die from Drug Related Deaths in Blackpool are using both drugs and alcohol prior to death**. Nationally this is the case in just 28% of deaths. When alcohol and drugs are used together, it's not clear whether the drug use, or alcohol use, is the decisive factor in the fatal outcome. Effective interventions need to examine alcohol and drug use issues concurrently, informing users of the heightened risks of using both. The users leaflet is a tool to facilitate such interventions.

These resources are a response to the high levels of poly drug use among those who die of Drug Related Deaths in Blackpool.

Key issues for workers

- **Most overdose deaths involve multiple drug use.**
- **Alcohol interacts with all types of drug and significantly increases the risk of overdose.**
- **Users often acknowledge that alcohol alters the effects of the drugs they take; in one study 1/3 or respondents directly attributed their overdoses on opiates to concurrent alcohol use.**
- **Older, longer term users and those with liver conditions may be less able to metabolise opioids, alcohol and other drugs and are thus more vulnerable to poly drug toxicity.**
- **Clients may minimise or underestimate the effects of their drinking by focusing disproportionately on their drug use, and confusing alcohol with drug withdrawal.**
- **Clients drug use should be considered in the context of other issues in their life, including their drinking.**
- **Clients may drink for very different reasons than they take particular drugs, understanding why poly substance users use different substances, can help in supporting clients to appropriate and successful treatment goals and outcomes.**

Addressing the role of poly drug use, including alcohol, in overdose is key to reducing fatalities. As one internationally renowned commentator concluded:

'The role of alcohol in what are termed 'heroin' or 'cocaine' deaths cannot possibly be overstated. An injection of heroin or cocaine that may well be tolerated when sober may kill when drunk'

A National Agenda

In February 2004 the NTA published a briefing paper for drug workers 'Promoting Safer Drinking'. They identified that:

- a third of drug users entering residential and community methadone treatment, were drinking at levels above those recommended as safe.
- historically services for alcohol and illicit drug users have developed separately such that clients drug taking and drinking issues were not adequately treated as co-presenting issues.

This briefing draws on the concerns of the NTA and some of the material presented in their report. However the briefing, and the users resource, have also drawn on a wide range of sources to bring together what information and research findings there are, that relate to alcohol and drug use since, as NTA acknowledge, there is very little exploration of the link in nationally available literature.

Identifying Alcohol Issues

Models of Care for Blackpool guides practitioners to identify a clients drug and alcohol use during **assessment**, from referral to triage to comprehensive assessment, and including risk assessment which, specifically identifies overdose history and whether alcohol was involved.

This provides a series of **formal opportunities** to explore this issue and offer information, brief interventions, further support and treatment for those presenting with drug and alcohol issues. Where appropriate this issue should be addressed in the **care plan**.

Those in contact with service users can also make the most of **informal opportunities** to get information across to substance users to enable them to consider the additional risk of mixing drugs with alcohol.

The NTA outlines 3 modes of Essential Intervention:

1. Information

- The risks associated with alcohol
- The additional dangers of mixing alcohol with particular drugs
- The risks for those who become drug free to become alcohol dependent
- Tolerance to alcohol reduces after periods of abstinence.
- Safe drinking guidelines are based on healthy adults and are too high for young people, opiate and cocaine users and those with liver damage.

2. Motivational Interventions

- Identification of risk
- An opportunity to talk about and decide if they want to change drinking habits
- Set goals in relation to drinking

May include:
Opportunistic Brief Interventions
Motivational Interviewing
Cognitive Behavioural Therapy

3. Assessment / Treatment

- Assessment re: physical dependence
- Referral for detox. if appropriate
- Support through process of treatment and change

Opportunistic Brief Interventions (OBIs)

What is an OBI? - An enquiry into someone's drinking (such as during assessment or review), providing information based on consumption and risk level, and advice on how to reduce risks.

These take place outside specialist alcohol agencies and are directed at people who have not sought help for their alcohol use.

They may only take a few minutes and research shows that delivering such brief interventions opportunistically is significantly more effective than doing nothing!

Brief Treatment

Brief Treatment using methods such as **cognitive behavioural therapy** and **motivational interviewing** have been shown to achieve marked improvements in clients' drinking after just a few sessions.

Drug Interactions

When a person takes drugs there are 2 main types of effects:

1. Pharmacokinetics: How your system deals with the drug e.g. absorption, distribution, metabolism and elimination.
2. Pharmacodynamics: How the drug acts on body systems, and the individual as a whole.

These 2 types of effects influence each other. They also vary depending on the general health of the individual, taking multiple substances, liver conditions which affect the ability to metabolise drugs and heart conditions. Research also suggests that gender and genetic factors may also affect the ability to metabolise certain substances.

In overdose there are 3 main body systems which can be affected with potentially fatal results:

1. The Heart - can fail as a result of over stimulation or from sedation when taking depressants.
2. The Liver - is key in altering the structure of drugs so that the effects wear off, if it is unable to do so, liver failure, poisoning and other organ failure may occur.
3. The Respiratory System - the lungs may slow down and go into failure if an excess of depressants are consumed. Moreover, the lungs can be damaged by long term problematic use of inhaled or smoked substances.

Alcohol itself is a depressant which can slow the respiratory system and stop breathing.

Mixing alcohol with other depressant drugs may potentiate the affect of these drugs. This means it multiplies their effects in an unpredictable way.

Alcohol and ...

... Depressants

Opiates e.g. methadone, heroin, buprenorphine (Subutex) :Opiates combined with alcohol can lead to fatal overdoses on quantities that are regarded as in the non-fatal range.

Opiates (Depressants)	+	Alcohol (Depressant)	=	Multiplied depressant and sedative effects & Overdose from respiratory failure.
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GHB, Liquid E, Liquid X & GBL :GBL is a legal solvent which turns into GHB in the body and is effectively stronger than GHB.

Users suggest 'GBL is a lot rougher than GHB'. The dosage curve of GBL is very steep; just a little extra, especially with alcohol, significantly increases the effect and the risks of overdose.

GHB / GBL (Depressant)	+	Alcohol (Depressant)	=	Slowed breathing and heart rate Users have called it: 'coma in a bottle'
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Ketamine: As with opiates, taken with other depressant drugs like alcohol, opiates, or GHB, can dangerously suppress breathing and heart function.

... Stimulants

Cocaine/Crack: Using alcohol and cocaine together results in the formation of coca-ethylene in the body. This has similar effects to cocaine, but lasts longer in the bloodstream and has significantly greater toxic effects on the cardiovascular system and the liver.

Cocaine / Crack	+	Alcohol (Depressant)	=	Risk of heart attack, arrhythmia, brain haemorrhage, acute liver failure, suffocation and fits.
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Those with heart problems or high blood pressure may be at greater risk.

Amphetamines: Increase the heart rate, breathing, pulse rate, blood temperature and pressure and can lead to coma, convulsions and death.

Ecstasy:

Ecstasy	+	Alcohol (Depressant)	=	Increase heart rate and blood pressure. Risk of heart failure, brain haemorrhage or coma.
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Ecstasy can stimulate toxic acute hepatitis in individuals with a history of viral hepatitis and alcohol abuse. Personal factors can affect the level of toxicity of ecstasy type drugs which is why overdose readily takes place in relatively low doses or small quantities.

Nationally there has been an upward trend in stimulant related deaths as a proportion of all drug related deaths, Blackpool has mirrored this trend.

Again poly drug use and using multiple drugs to mediate highs and lows are a contributing factor.

... Prescription drugs

Prescription drugs can be dangerous when mixed with other drugs and alcohol. **Everything below can be an overdose risk when taken with alcohol and even more so if mixed with other drugs as well.** This list is not exhaustive.

Anti-depressants e.g. Dothiepin (Dosulepin), Amitriptyline.

Benzodiazepines e.g. Temazepam, Diazepam (Valium), Rohypnol. especially if taken with opiates.

Zopiclone—whilst not a tranquilliser—used for insomnia and anxiety—the sedative effect is increased with alcohol or with anti-depressants.

SSRIs (Selective Serotonin Re-uptake inhibitors) e.g. Citalopram (Cipramil), Fluoxetine (Prozac), Paroxetine (Seroxat)

Barbiturates—A medical dose can easily become lethal if taken with alcohol.

Anxiety and depression are high among drug users and evidence suggests that locally, users obtain prescription drugs to self medicate for such conditions. Many of these drugs state that alcohol and a history of addiction are clear contraindications, with alcohol linked to overdose.

Alcohol and Hep C

Alcohol is a major cause of accelerated liver damage in people with Hep C. and serious liver damage; cirrhosis, is almost inevitable if someone with Hep C drinks heavily for a prolonged period.

'Safe' Drinking Limits

These limits are for healthy adults and it is not clear what a safe limit would be for someone regularly using cocaine, heroin or methadone, for someone whose general health is poor, or for young people.

The Department of Health recommends a daily level of not more than 4 units of alcohol for men and not more than 3 units for women.

Alcohol consumption of more than 21 units a week for men, and 14 units for women is associated with greater risk of harm. 1 unit = 1/2 pint of regular strength beer or larger

- 1 x 125ml glass of wine, or 1 x 25ml single shot of spirits
- 1 x 330ml can of 5% strength lager = 1.7 units
- 1x 440ml super strength 9% lager = 3.9 units
- 1 x 275ml bottle of alcopop (5.5%) = 1.5 units

The safe drinking limit for people with hepatitis is zero.

Resources

'If the drugs don't get you... the alcohol might: Information about combining drugs and alcohol' a leaflet for services users available from the contact below.

www.drugscope.org.uk for further information on drugs and drug interactions

www.alcoholconcern.org.uk for a series of briefings regarding aspects of alcohol use and treatment interventions, including OBIs.

Drinkline—a free confidential national telephone helpline can be contacted on: 0800 9178282

References

Darke, S (2003) 'Poly Drug Use and Overdose: Overthrowing old myths', in *Addiction*, 98:711.

Ghods, H. et al. (2002) 'Annual Review 2001 and np-SAD Surveillance report No 9', European centre for Addiction

Gossop, M. et al. (1996) Frequency of non-fatal heroin overdose: survey of heroin users recruited in non-clinical settings, in *British Medical Journal*, 313:7054.

Hall, W (1999) 'Reducing the toll of opioid overdose deaths in Australia', In *Drug and Alcohol Review*, 8:213-220.

National Treatment Agency (2004) 'Promoting Safer Drinking' available from www.nta.nhs.org.



BLACKPOOL COMMUNITY
SAFETY PARTNERSHIP

For further information, please contact:

Teresa Young, Drug Related Death Researcher, Blackpool PCT,
Blackpool Stadium, Seaside's Way, Blackpool, FY1 6JX.

Tel: 01253 651245

Email: teresa.young@blackpoolpct.nhs.uk

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