

## 1: Addiction and Health | National Institute on Drug Abuse (NIDA)

*"The danger of combining alcohol and some medications is real and sometimes fatal," said Danya Qato, a practicing pharmacist and doctoral candidate in health services research at Brown University.*

Lung disease Mental disorders Beyond the harmful consequences for the person with the addiction, drug use can cause serious health problems for others. Some of the more severe consequences of addiction are:

Negative effects of drug use while pregnant or breastfeeding: Symptoms will differ depending on the substance used, but may include tremors, problems with sleeping and feeding, and even seizures. Ongoing research is exploring if these effects on the brain and behavior extend into the teen years, causing continued developmental problems. Scientists are still learning about long-term effects on a child who is exposed to drugs through breastfeeding.

Negative effects of secondhand smoke: Secondhand tobacco smoke exposes bystanders to at least chemicals that are known to be harmful, particularly to children. At this point, little research on this question has been conducted. However, a study found that some nonsmoking participants exposed for an hour to high-THC marijuana in an unventilated room reported mild effects of the drug, and another study showed positive urine tests in the hours directly following exposure.

Increased spread of infectious diseases: Injection of drugs accounts for 1 in 10 of cases of HIV. Injection drug use is also a major factor in the spread of hepatitis C, 49 and can be the cause of endocarditis and cellulitis. Injection drug use is not the only way that drug use contributes to the spread of infectious diseases. Drugs that are misused can cause intoxication, which hinders judgment and increases the chance of risky sexual behaviors.

Increased risk of motor vehicle accidents: Use of illicit drugs or misuse of prescription drugs can make driving a car unsafe—just like driving after drinking alcohol. Drugged driving puts the driver, passengers, and others who share the road at risk. In , almost 12 million people ages 16 or older reported driving under the influence of illicit drugs, including marijuana. Research studies have shown negative effects of marijuana on drivers, including an increase in lane weaving, poor reaction time, and altered attention to the road. This page was last updated July Contents.

## 2: The Double Demons of Depression and Addiction | Dual Diagnosis

*This pamphlet lists medications that can cause harm when taken with alcohol and describes the effects that can result. The list gives the brand name by which each medicine is commonly known (for example, Benadryl®) and its generic name or active ingredient (in Benadryl®, this is diphenhydramine).*

Thinking About Getting Rehab? Among veterans, there is a compelling link. Nearly 1 in 5 military service members returning from Iraq or Afghanistan reported symptoms of post-traumatic stress disorder PTSD. Recent studies find that almost half of all veterans who are diagnosed with PTSD also have a substance use disorder. Women are more likely than men to seek help from mental health providers for a co-occurring disorder, while men are more likely to seek help through substance abuse treatment providers. Some substance abuse treatment centers have a potentially harmful bias about using any medications, including those needed to treat mental illnesses, such as depression. Many treatment centers do not have staff members who are qualified to prescribe, monitor, or dispense psychiatric medications. Unfortunately, the care necessary to treat these conditions is often lacking within the criminal justice system. It takes a well-equipped, professional treatment facility to properly diagnose and treat dual diagnosis disorders. Those who have both a substance use disorder and another mental health disorder may exhibit symptoms that are more severe and treatment-resistant than those with only one or the other. Anyone who is potentially struggling with both addiction and mental health issues should be thoroughly assessed for the presence of a dual diagnosis and treated accordingly. Some treatment facilities today offer specialized dual diagnosis treatment. The first step is often detox. Detoxification is the set of interventions used to manage substance withdrawal. Depending on the drug that the individual is detoxing from, withdrawal symptoms can be severe. Once you are stable enough for treatment, you may begin your addiction treatment; often this involves moving into a rehab center. You will undergo an intake assessment with a staff member. A physical examination and psychological assessment will be conducted. Treatment for any pertinent medical and mental health issues will be incorporated into your rehabilitation plan. Appropriate management of both mental health issues and addiction will increase the chances of sustained recovery. During rehab, you will likely participate in both group and individual therapy. Several therapeutic approaches may be utilized to treat co-occurring disorders, including: This therapy helps individuals recognize and change negative behaviors and destructive thought patterns. Dialectical behavioral therapy DBT: This type of therapy is unique in that it was created specifically to help individuals reduce their thoughts and behaviors related to self-harm. This includes cutting, drug use, and suicidal thoughts or attempts. Assertive community treatment ACT: This type of therapy helps the individual engage with the community and utilizes an individualized approach. This is a long-term, group treatment approach where the individual lives in a residential community. During this time, staff help them to "re-socialize" and prepare in various ways for their reintegration into their daily lives when they return home. This type of treatment incentivizes individuals with vouchers or other small rewards for engaging in healthy behaviors or reaching certain milestones. Other forms of treatment may include intensive one-on-one therapy with a psychiatrist or therapist who has experience dealing with the challenges associated with both mental health issues and addiction. Medication may be utilized to manage certain psychiatric disorders or to mitigate the withdrawal symptoms associated with detox. You may also attend support group meetings, such as AA or NA, during your time in treatment. Psychiatric medications may also be prescribed by staff physicians. Behavioral modification therapies and experiential therapies can augment a treatment regimen, helping to alter thoughts and behaviors to better manage both disorders. During your stay, you will work with your treatment providers to come up with an aftercare plan, as keeping a focus on your long-term mental and physical health is important to maintaining a positive recovery trajectory. Finding a Program If you are struggling with a dual diagnosis and you are looking for treatment, search through our online directory of programs in your area or in a location throughout the country. Given the high prevalence of dual diagnoses, more and more programs are utilizing an integrated treatment approach by combining mental health treatment and substance abuse treatment. You may want to ask about the way they approach treating mental health and substance abuse at the same time and see

if it resonates with you. The most important thing when looking for treatment is finding a place that feels right to you. Some question you may want to ask include the following: Are there staff members who specialize in treating dual diagnoses? What is your approach to managing dual diagnoses? Can I schedule a visit? Do you have pictures of the facility? Where can I read reviews online? What is your electronics policy? What types of therapies do you use? Do you use medication? How long is the average stay at your center? What insurance do you take? What types of aftercare do you provide? Living with untreated co-occurring conditions can be exceptionally difficult.

*Three drugs have FDA approval for alcohol use disorder, and each works differently. Disulfiram In , this was the first drug that the FDA approved for alcohol use disorder.*

By Kaitlin Bell Barnett May 28, Even as recent headlines about fraternity hazing at Dartmouth, Boston University, Cornell, and other campuses have provoked more debate over college binge drinking, a particularly vulnerable group has slipped under the radar: While these medications have enabled many students to continue their education into college, they also make them more susceptible to the effects of alcohol abuse. Yet because the issue receives little attention and because of the stigma often attached to psychiatric conditions few schools are confronting it head on. More than 90 percent of college counseling center directors report substantial increases in students arriving on campus already taking psychotropic medication. Approximately one-quarter of students receiving counseling services use such drugs. Campuswide, the total is even higher, since many students get their prescriptions from doctors outside the campus health system. Advertisement When I interviewed my peers for my book about growing up on psychiatric medications, I found that they drank routinely and heavily, as I did in college, while taking their prescribed drugs. But the two do not go well together. Certain psychiatric medications are used as party drugs specifically because they have mind-altering effects when mixed with alcohol. Stimulants such as Ritalin or Adderall provide bursts of energy that allow drinkers to keep drinking longer and harder. Anti-anxiety meds such as Xanax lower alcohol tolerance and get you or your unwitting date drunker faster. Get Today in Opinion in your inbox: Sign Up Thank you for signing up! Sign up for more newsletters here Young adults taking medications may be highly vulnerable to abusing alcohol and recreational drugs. Medicated students often drink more than they should in order to ease their social anxiety or to feel less marginalized. To further complicate matters, alcohol can undermine the effectiveness of many drugs, reversing the action of antidepressants, for example, to make heavy drinkers more depressed. Pharmaceutical labels contain fine-print warnings about drinking, and doctors caution patients taking psychiatric medications not to drink. Yet many students disregard the warnings. Furthermore, taking multiple medications at once, as many students do, raises the stakes for miscalculation or neglect. The stigma that surrounds medication and mental illness makes the risks of medication even more insidious. Although alcohol poisoning does sometimes make the news, obituaries and other news reports never disclose a history of prescription medication. As a result, the dangers of mixing meds and alcohol rarely enter the public discussion. Advertisement Enlightened college administrators need to devise alcohol policies that protect rather than punish students. A recent Globe column explored a Dartmouth program that seeks to curb binge drinking in several such innovative ways, including training and paying students to intervene when a peer gets dangerously intoxicated. Similarly vigorous campaigns are necessary to educate all students about the risks of mixing meds and booze. Medicated students must be not only better informed but also protected. Simply asking students on medication not to drink is no more realistic than seeking abstinence among the student body at large. It may be no more possible to eliminate the peer pressure that causes students on meds to drink to excess than to stop the most zealous pledge masters from inflicting forced drinking as part of hazing rituals. Yet responsible students can be taught to monitor their medicated friends during nights of heavy drinking. And if medicated students truly understood the risks they face, they could be induced to confide in friends about the drugs they take, rather than keeping their regimens secret. The Medication Generation Grows Up.

## 4: The Connection Between Mental Illness and Substance Abuse | Dual Diagnosis

*“Mental health, and drug and alcohol services should work together to give you the support you need. If you have any problems getting help, you could make a complaint.”*

Heath Ledger, Michael Jackson and Anna Nicole Smith are all thought to have died in part from prescription drug overdoses, which can involve painkillers, sedatives and stimulants, often in combination with alcohol. But the problem extends far beyond Hollywood. In some 27, Americans died from unintentional prescription drug overdoses—making prescription drugs a more common cause of accidental death in many states than car crashes are. Approximately 3 to 5 percent of people who take pain medication eventually end up addicted, according to Nora Volkow, director of the National Institute on Drug Abuse, an arm of the U. National Institutes of Health. And “individuals who have a past history of a substance-use disorder—from smoking, drinking or other drugs—are at greater risk,” she says. Addiction to other classes of prescription drugs such as sedatives, stimulants and sleep medications is thought to be less common—but it occurs, and even users who do not become compulsively addicted can, over time, become physically dependent and experience intense withdrawal symptoms when their prescriptions run out. They might also develop drug tolerance, the need to take higher doses over time to feel the same effects. Other people start taking prescription drugs just to get high, perhaps in part because they have the false notion that prescription drugs are safer to experiment with than are illicit drugs. It is unclear how Houston developed her substance problems, but like many other addicts, she eventually began mixing drugs along with alcohol. Many prescription drug users who are not addicted or dependent consume alcohol concurrently as well, despite medical advice against it. According to a study published by researchers at Brown University and the University of Rhode Island, 60 percent of people who regularly take prescription drugs known to interact with alcohol also drink, and 5 percent have at least three drinks in a row when they do. Prescription drugs and alcohol can be a dangerous combination, Volkow says. Painkillers and booze are perhaps the worst to mix, because both slow breathing by different mechanisms and inhibit the coughing reflex, creating “a double-whammy effect,” she says, that can stop breathing altogether. A study published in the Canadian Journal of Public Health reported that automobile drivers were much more likely to weave and speed if they were under the influence of drugs like Xanax in addition to alcohol than if they had consumed alcohol alone. And according to a study published in the American Journal of Therapeutics, people who visited an emergency room after taking too much of the sleeping drug Ambien were more than twice as likely to end up in an intensive care unit if they had also consumed alcohol, compared with Ambien-takers who had not had anything to drink. One has to do with the similar processes by which the body expels them. Alcohol circulating in the body eventually ends up in the liver, where it is metabolized by enzymes called alcohol dehydrogenase and cytochrome P. The latter is also responsible for breaking down Xanax. The alcohol and drugs therefore compete for the enzyme, and this slows their rate of clearance from the body, causing them to remain in the blood longer, and at higher concentrations that make overdoses and accidents more likely. In addition, alcohol and Xanax both inhibit the central nervous system, lowering heart and breathing rates, and their effects can be synergistic—meaning that their combined effects can be greater than the sum of their individual effects would suggest. And because both substances impair memory, Rohypnol, the “date rape” drug, is a potent member of the same drug class as Xanax, the combination can cause users to forget their actions while under the influence. It can thereby lead them to reach for another pill, for instance, further increasing the risk for an overdose. Feeding the problem Once people get hooked on prescription drugs, it is fairly easy for them to stay addicted. Painkillers, in particular, are much more easily obtained than they used to be. In The Joint Commission, a nonprofit organization that oversees the accreditation of more than 19, health care organizations in the U. The Internet adds another layer of complexity to the problem. An estimated 85 percent of Web sites offering prescription drugs do not require a legitimate prescription; those that do sometimes accept faxed scripts, which can be forged or used multiple times. In Congress banned sites from distributing drugs to people without prescriptions from doctors who had physically examined them as patients. Since then the U. Food and Drug Administration has written warning

letters to more than violating online pharmacies. But these efforts have had limited success in part because Web sites go offline and then reappear online under a new domain name or with a new IP address, making it hard for the agency to track them. Indeed, the average person waits 10 years from the start of an addiction to the time when he or she actually seeks help, he says. Many lives could be saved if people thought of addiction as the chronic illness that it is—a deadly disease similar to, say, a cancer.

## 5: Easy to Read Drug Facts

*Self-Medication. By far the most common issue connecting mental illness and substance abuse is the intention of patients to medicate the mental health symptoms that they find disruptive or uncomfortable by using alcohol and drugs.*

Antacids Dextromethorphan cough suppressant If you drink more than a quart of grapefruit juice a day, it can increase the levels of certain statins, but not all statins, in your body and raise the chance of side effects. Leafy Green Vegetables Fact Although nutritionists recommend including leafy green vegetables in a healthy diet, you should be aware that they can interact with some prescription drugs. Leafy green vegetables are high in vitamin K and can lower the ability of blood thinners to prevent clots. Some blood thinners like warfarin work by blocking clotting factors that are dependent on vitamin K. Foods high in vitamin K include broccoli, cabbage, collard greens, spinach, kale, turnip greens, and brussel sprouts. Leafy vegetables also are high in potassium, as are bananas, oranges and salt substitutes. Taking ACE inhibitor and certain diuretics can increase the amount of potassium in your body. Too much potassium can harm you, leading to irregular heartbeat and rapid heartbeats, also known as palpitations. These include vitamins, minerals, herbal and other substances that are purchased over the counter at drug stores, grocery stores and health nutrition stores. But research on herb-drug interactions has not been rigorous, and information is mostly inferred from sources such as animal studies and other indirect means. Still, experts have compiled information about some common supplements and their effect on different prescription medications. Here are a few examples: Calcium Calcium supplements may reduce the effectiveness of some drugs, including antibiotics, such as quinolones and tetracyclines, calcium channel blockers, osteoporosis drugs and thyroid drugs. It may increase the risk of kidney damage by increasing calcium blood levels when taken with antihypertensives including thiazide diuretics and it may increase the effects of digoxin. Fish Oil Taking fish oil may reduce the effectiveness of some cancer drugs and may increase the effects of blood pressure medications and blood thinners. Garlic Garlic is sometimes taken in the belief that it can treat high cholesterol, heart disease and high blood pressure. The high doses of garlic contained in supplements can act as a blood thinner. This can be dangerous when taking blood-thinning medications and increase the risk of excessive bleeding. Ginkgo Biloba Fact Combining the supplement ginkgo biloba with some prescription drugs may increase the risk of internal bleeding or stroke. This herbal supplement can also thin the blood. Taking it with other substances that have that effect, such as aspirin, vitamin E and warfarin, may increase the risk for internal bleeding or stroke. Ginkgo and ginseng can also have dangerous interactions with certain psychiatric medications, including those given for anxiety. If you are taking digoxin, avoid combining it with senna and St. How to Avoid Drug Interactions When you get a new prescription, you should ask your doctor or pharmacist some questions: Can I take it with other drugs and supplements? Should I avoid certain food or drinks? What signs of possible interactions should I be aware of? How does the drug work in my body? Where can I get more information about this drug or my condition? Drug Labels You should also make sure your doctor and pharmacist know about vitamins and supplements you take, and read the information provided by the pharmacy with your prescription. Carefully read the drug interaction precaution information. Fact One way to avoid dangerous drug interactions is to fill your prescriptions at the same pharmacy. Medication List It is extremely important to keep a complete list of all your medications and bring that list to every medical appointment to help your doctor check for possible drug interactions. In addition to the name of the medication, you should include the size of the dose and how often you take the drug. You should also ask your doctor and your pharmacist whether there is a chance of drug interactions. Online Tools The U. Avoiding Interactions Your doctor or pharmacist can take steps to address possible drug interactions. These steps may include: Avoiding certain drug combinations because they are too risky. Adjusting the dose of the object drug. Spacing the times between taking drugs that interact with each other. For example, certain object drugs may need to be taken at least two hours before or four hours after the precipitant drug, allowing the object drug to be absorbed by the body before the precipitant drug is introduced. Monitoring for side effects through laboratory tests or close observation, adjusting dosages as necessary. Please seek the advice of a medical professional before making health care decisions.

## 6: Antidepressants and alcohol: What's the concern? - Mayo Clinic

*Do drug problems cause mental illness or does mental illness cause drug problems? It can be hard to tell which problem came first - the drugs or the mental illness. Having a mental illness can make a person more likely to abuse drugs, to make their symptoms feel better in the short-term.*

Anger, Aggression and Addiction By: For decades the self-help programs have warned those in recovery from addiction to avoid becoming hungry, angry, lonely, and tired. These emotions are also a confounding factor in situations where another psychiatric disorder coexists with addictive disorder. For example, anger and aggressive acting out are symptoms of bipolar illness, paranoid schizophrenia, post traumatic stress disorder, attention deficit disorder, and personality disorders such as antisocial borderline and paranoid character disturbances. Toxicity from stimulant drugs such as cocaine and methamphetamine lead to paranoia, hyperarousal and often to violence, with violence being the number one cause of death for those addicted to stimulant drugs. Anger and rage can be viewed from another perspective. They are emotions that helped the individual cope with early life chaos and abuse. In this regard, anger can be perceived as a learned coping strategy secondary to early life experience. Complicating the search for understanding is the fact that DSM has no means to describe or classify anger and aggression. This seems inconsistent as the manual places such emphasis on the other two core emotions -- anxiety and affective conditions. Anger, aggression and even violence are mentioned as symptoms of psychiatric disorders but do not have a systematic classification system. This article will focus on two different but overlapping sets of classes. The first section will focus on anger as a symptom of certain psychiatric disorders. In this case the focus will be the addictive disorders. The second set of glasses views anger and rage as learned coping and survival skills. In this context, anger and rage are described as purposeful and are utilized in an attempt to establish control in situations where the individual is fearful of being out of control.

Alcohol, Drugs and Aggression Over time alcohol and drugs have been linked to anger and aggression. Alcohol, stimulants cocaine and methamphetamine, anabolic steroids, marijuana and other drugs have either been used to ameliorate uncomfortable emotional states or have been implicated in the precipitation of anger and aggression. Not only do many of the mood altering substances impair perception but also there is proof that alcohol and drugs -- through their ability to alter neurotransmitter levels alter mood state. During the later stages of dependence, alcohol can cause a decrease in the neurotransmitter serotonin. Most significant from a psychological or psychiatric perspective is the relationship between serotonin and depression, sleep regulation, aggression and suicide. Rats with low serotonin levels will attack and kill other rodents. This would indicate that the relationship between aggression and alcoholism is more than just a perceptual inhibition.

Stimulant Drugs The leading causes of death for cocaine and methamphetamine addicts are violence, suicide and accident. All are violent and also may have strong connections to toxic alterations of the neurotransmitters norepinephrine and dopamine. During toxic episodes stimulant drugs can create an elevation of both norepinephrine and dopamine. Increased norepinephrine levels create a state of hyperarousal. Combine this with continued elevations of dopamine and there is a potential for a paranoid state. As dopamine starts to elevate in the brain, the user experiences context appropriate paranoia. A good example of this is the sense that every sound outside of your apartment is a narcotics agent causing the individual to constantly look thru the peephole in the door. As dopamine levels continue to elevate with continued use of a stimulant drug a presentation develops that looks like delusional paranoid disorder. Persecutory, jealous and other delusions can exist. A man in a treatment program once described a paranoid delusion that occurred in the early morning hours after a night of heavy free base usage. He believed that there were unmarked police cars parked up and down his street. In order to check and see if they were there, he would walk out of his house every fifteen minutes to look inside his mailbox while scanning the street for unmarked police cars. He felt that this was the only inconspicuous way he could check for signs of trouble. These phrases seem to indicate a desired experience secondary to inhalation. Clinicians should look for these emotional expressions in the patient and if they do not disappear quickly remember the abstinence syndrome can manifest as anxiety and irritability lasting for up to three days after cessation and these symptoms can

come back in an exaggerated fashion in weeks they should be treated as an underlying problem and a relapse issue. For example, an injectable can be added on top of oral ingestion. As the dose levels increase, rage and aggression may be a symptom of the drug experience. Anger As a Learned Coping Survival Skill Many alcoholics and addicts enter treatment with backgrounds of neglect and abuse. As a way of trying to cope with an unmanageable situation as children, they made conscious decisions never to let anyone get close or hurt them again. Generally this decision is made between the ages of 8 and 14 years of age. A woman when asked in group when she decided to never let anyone hurt her again, responded by stating she remembers her parents physically fighting and decided at age 11 that she would not put up with this. She decided to run away from home every time there was fighting. A man related a story about his father beating him with a belt when he was drunk. He made a decision at age 12 to never let this happen to him again. Whenever his father came after him with the belt he would attack him. These modus operandi are repeated during their lives. Coping decisions

These learned coping strategies can present in many and varied ways. Four strategies that can be observed are as follows: Withdrawal When situations arise where an individual feels out of control or powerless, they can turn away. This strategy was evident in the above story of the lady who decided as a child to run away from crisis. Others may withdraw using a reactive depression to avoid confrontation. Avoidance Still others will turn to alcohol and drugs to avoid reality. Patients with narcissistic and antisocial disorders will utilize a narcissistic maneuver to keep a clinician from getting too close to their core. This patient may walk out of a session when the heat gets turned up too high or they do not get what they feel they deserve. Attack self Clinicians can recall patients that harm themselves when a real or perceived sense of abandonment exists. Termination of therapy can cause certain patients for example borderline character disordered patients to experience increased anxiety and resulting impulsive behavior such as cutting, burning, sexual acting out or use of food, alcohol and drugs. Attack others In order to cope with a stressful situation, patients may put others down to enhance their self-image. These put downs can take the form of verbal defamation all the way to sadistic behavior. Treatment Considerations Any time that a patient is being treated for two or more disorders that are in any way related to each other for example alcoholism and bipolar illness with anger as an attendant feature, the treatment team must help the patient integrate all of the concepts into a related whole. If the staff fails to accomplish this, then it is left to the patient to do the integration. Where there is a psychiatric disorder such as depression, a treatment approach can be developed depending on the severity of the presentation. In moderate to severe depression a medication is typically utilized. Psychotherapy is an appropriate adjunct. In situations where there is addiction, the initial step is to discontinue alcohol and drug use and manage any medical or psychiatric problems that coexist. To date there are three empirically proven psychotherapeutic approaches helpful in managing anger and aggressive behavior. These approaches are cognitive, behavioral, and relaxation therapies often used in combination. The difficulty arises when the anger and aggression or any of the above stated coping strategies is part of some developmental theme such as abandonment, authority, or sexuality. In these instances a form of therapy that is insight oriented may help to address the early life issues. These early issues such as neglect and abuse seem to be right brain oriented and need a therapeutic approach that creates enough excitation to be effective. The resolution of aggression, like addiction, cannot be solved in 10 easy steps as some books might suggest. The relationship between anger, aggression and addiction is complex and multidetermined. The therapeutic answer requires a combination of considerations. Treatment planning needs to encompass the issues of environment use of medication, and proper choice of psychotherapeutic approach.

### 7: Publications | National Institute on Alcohol Abuse and Alcoholism | Harmful Interactions

*Many medications can cause problems when taken with alcohol – including anti-anxiety medications, sleep medications and prescription pain medications. Side effects may worsen if you drink alcohol and take one of these drugs along with an antidepressant.*

Answer From Daniel K. It may worsen your symptoms, and it can be dangerous. If you mix antidepressants and alcohol: You may feel more depressed or anxious. Drinking can counteract the benefits of your antidepressant medication, making your symptoms more difficult to treat. Alcohol may seem to improve your mood in the short term, but its overall effect increases symptoms of depression and anxiety. Side effects may be worse if you also take another medication. Many medications can cause problems when taken with alcohol – including anti-anxiety medications, sleep medications and prescription pain medications. Side effects may worsen if you drink alcohol and take one of these drugs along with an antidepressant. You may be at risk of a dangerous reaction if you take MAOIs. When combined with certain types of alcoholic beverages and foods, antidepressants called monoamine oxidase inhibitors MAOIs can cause a dangerous spike in blood pressure. Your thinking and alertness may be impaired. The combination of antidepressants and alcohol will affect your judgment, coordination, motor skills and reaction time more than alcohol alone. Some combinations may make you sleepy. This can impair your ability to drive or do other tasks that require focus and attention. You may become sedated or feel drowsy. A few antidepressants cause sedation and drowsiness, and so does alcohol. When taken together, the combined effect can be intensified. Most antidepressants require taking a consistent, daily dose to maintain a constant level in your system and work as intended. Stopping and starting your medications can make your depression worse. If you have depression: You may be at risk of alcohol abuse. People with depression are at increased risk of substance abuse and addiction. If you have trouble controlling your alcohol use, you may need treatment for alcohol dependence before your depression improves. You may have trouble sleeping. Some people who are depressed have trouble sleeping. Using alcohol to help you sleep may let you fall asleep quickly, but you tend to wake up more in the middle of the night. Joining a support group or a step program such as Alcoholics Anonymous may help. Also, tell your doctor about any other health conditions you might have and any other medications you take, including over-the-counter medications or supplements. Keeping your doctor informed is important because: Some liquid medications, such as cough syrups, can contain alcohol As you age, your body processes medication differently and levels of medication in your body may need to be adjusted Adding a new medication may change the level of another medication in your body and how it reacts to alcohol With.

## 8: Mental Illness & Medication vs. Spiritual Struggles & Biblical Counseling

*She is also raising her 3-year-old great-grandson because her granddaughter, who also has bipolar disorder, abuses drugs. Murphy's great-grandson, too, was recently diagnosed with bipolar disorder.*

The danger is real. Mixing alcohol with certain medications can cause nausea and vomiting, headaches, drowsiness, fainting, or loss of coordination. It also can put you at risk for internal bleeding, heart problems, and difficulties in breathing. In addition to these dangers, alcohol can make a medication less effective or even useless, or it may make the medication harmful or toxic to your body. Even some herbal remedies can have harmful effects when combined with alcohol. This pamphlet lists medications that can cause harm when taken with alcohol and describes the effects that can result. The list presented here does not include all the medicines that may interact harmfully with alcohol. Most important, the list does not include all the ingredients in every medication. Medications typically are safe and effective when used appropriately. Your pharmacist or other health care provider can help you determine which medications interact harmfully with alcohol. Did You Know? Mixing alcohol and medicines can be harmful. Alcohol, like some medicines, can make you sleepy, drowsy, or lightheaded. Drinking alcohol while taking medicines can intensify these effects. You may have trouble concentrating or performing mechanical skills. Small amounts of alcohol can make it dangerous to drive, and when you mix alcohol with certain medicines you put yourself at even greater risk. Combining alcohol with some medicines can lead to falls and serious injuries, especially among older people. Medicines may have many ingredients. Some medications—including many popular painkillers and cough, cold, and allergy remedies—contain more than one ingredient that can react with alcohol. Read the label on the medication bottle to find out exactly what ingredients a medicine contains. Ask your pharmacist if you have any questions about how alcohol might interact with a drug you are taking. Some medicines contain alcohol. Certain medicines contain up to 10 percent alcohol. Cough syrup and laxatives may have some of the highest alcohol concentrations. Alcohol affects women differently. Women, in general, have a higher risk for problems than men. As a result, women are more susceptible to alcohol-related damage to organs such as the liver. Older people face greater risk. Older people are at particularly high risk for harmful alcohol—medication interactions. Older people also are more likely to take a medication that interacts with alcohol—in fact, they often need to take more than one of these medications. Timing is important. Alcohol and medicines can interact harmfully even if they are not taken at the same time. Mixing alcohol and medicines puts you at risk for dangerous reactions. To learn more about a medicine and whether it will interact with alcohol, talk to your pharmacist or other health care provider.

## 9: Mental Health and Drug Abuse - [www.enganchecubano.com](http://www.enganchecubano.com)

*Mental illness is common among people who struggle with substance abuse and addiction. 1 In , million adults had a co-occurring mental illness and substance use disorder in the past year.*

He spoke eloquently about his daughter Terry, who had both alcoholism and depression. He gave a detailed account of all that he, his wife and many others did to help Terry recover, only to be shocked and saddened late one December evening when a police officer and minister came to his home to tell the McGoverns that Terry was dead. She had gotten drunk, passed out in the cold and froze to death. In a book he wrote to tell this story, simply titled Terry , Senator McGovern provides a heart wrenching description of the life and tragic death of his beloved daughter. They were demons that warred ceaselessly against the other aspects of her being—a warm and sunny disposition. The book also shows how alcoholism combined with depression often worsens the course of recovery. Addiction and depression are common comorbid conditions. The Epidemiologic Catchment Area study conducted by the National Institute on Health reported that almost one-third of individuals with depression had a co-existing substance use disorder at some point in their lives Regier et al, The National Comorbidity Study found that men with alcohol dependence had rates of depression three times higher than the general population; alcohol dependent women had four times the rates of depression Kessler et al, In one of our recent studies of new clients seeking treatment at 6 different substance abuse clinics, clients had a mean Beck Depression Inventory of Although these clients were new admissions to substance abuse clinics, Women often develop the mood disorder first while men frequently develop the addiction first. For many, these disorders become linked over time with symptoms of each worsening the other. These conditions are often chronic and must be managed over the long run. Children of alcoholics or opiate addicts are at increased risk for substance abuse, conduct problems, anxiety disorders and mood disorders. Professional treatment and involvement in recovery can make a significant positive impact on clients and their families in managing the disorders and improving the quality of life. There are many effective treatments for depression including interpersonal psychotherapy, cognitive behavioral therapy and supportive counseling; anti-depressant medications; and electroconvulsive therapy ECT. There are also many effective treatments for addiction including behavioral therapies and counseling, and sometimes, the use of medications. Recovery aims to help the client manage the disorders over the long-term by making changes in self and lifestyle and may occur in any of the major domains of functioning listed in Table 1 below Daley, Following are important points to keep in mind regarding professional treatment and recovery: Anyone with a clinical depression should be assessed for a substance use disorder. Conversely, anyone with a substance use disorder should be assessed for a depressive disorder. Establishing abstinence for several weeks or longer is often needed to accurately diagnosis depression. A client and family must accept that at best, partial recovery will occur if both disorders are not adequately addressed. A client cannot expect to get the full benefits of treatment for the depression if he or she continues to drink alcohol or use other drugs. Nor can the substance use disorder be effectively treated if significant mood symptoms persist. Since dual diagnosis clients show worst treatment adherence rates compared to those with only one type of disorder, this issue should be considered when developing a treatment plan. Depressions of low to moderate severity often respond to therapy alone while more severe cases require medications in addition to therapy. Many effective therapies for depression and addiction are described in clinical manuals; clinicians should become aware of these evidence-based treatments and integrate clinical strategies in their work with clients eg. NIAAA has manuals on twelve-step facilitation therapy, motivational enhance therapy, and cognitive-behavioral coping skills training. NIDA has manuals on individual drug counseling, group drug counseling, cognitive-behavioral therapy, contingency management, relapse prevention and cue extinction. The challenge for clinicians is to provide integrated treatment that addresses both the addiction and the depression. Some clients require the addition of a second antidepressant or a mood stabilizer to effectively treat depressive symptoms. Maintenance pharmacotherapy is needed for clients with recurrent major depression Kupfer et al, The risk of recurrence decreases substantially for clients who remain on medications even after significant periods of remission for depression. There are

several other uses for medications as well, but these are usually used in combination with counseling. They allow the addict to function without needing heroin or other opiates. Naltrexone ReVia reduces cravings and helps reduce the severity of alcohol relapses. Disulfiram Antabuse is an aversive drug that makes the person who drinks alcohol when taking it very sick. Bupropion Zyban reduces craving for nicotine, and nicotine gum Nicorette , patch NicoDerm , or nasal spray Nicotrol all help the person wean off nicotine over time. ECT is mainly used with severe forms of depression, uncontrollable mania and some forms of schizophrenia. It can help with suicidality as well. ECT involves a brief application of an electrical stimulus to the brain, which causes a generalized seizure. Despite the bad press ECT has received, it is safe, effective and can be life-saving. Clients can benefit from learning to identify and manage warnings signs of suicide such as: There is no single path to recovery so it helps for clients to have options from which to choose. Hence, major depression is recurrent for at least half of those who experience it Thase, Similarly, addiction is a chronic condition for many and relapses are common. Reducing relapse risk should be a major emphasis of professional treatment as well as recovery. Addiction and depression are common co-occurring disorders associated with numerous adverse effects on the client and family. When possible, treatment should be integrated and address both the mood and addictive disorders. Clients should be encouraged to get involved in an ongoing recovery process, particularly since these disorders are chronic and long-term for many. Often, a combination of therapy and medications is needed. Self-help programs are an excellent source of ongoing support. Areas of Focus in Recovery from Addiction and Depression.

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