

no. 3

Mental illness, alcohol and other drugs – the story of
Jason – the psychonaut



OUT of YOUR HEAD guides for people who use drugs and have experienced mental illness

Mental illness is a reaction to life

The journey between our birth and death is the story of our life. On this journey we will meet with desperation, delight, love and loneliness. Sometimes our minds respond to the events and the experiences in our lives in ways that can become extremely disturbing for us and those around us. Doctors call this reaction to life ‘mental illness’.

Drugs have an effect on mental illness

We use drink and drugs to give us pleasure, to stop us feeling pain or because we have nothing better to do. If drugs are part of our life they will have an effect on our mental illness. What this effect will be depends on the person, the drug and how the drug is used.

These stories are based on talking to people in psychiatric treatment.

This story is about Jason and the role that alcohol and a range of other drugs play in his life and his illness.



David

Martha

Jason

God

Brain chemistry



Your brain is the most complex object in the known universe – it contains 100 billion special cells called neurons. Neurons communicate with each other by releasing a sort of ‘chemical e-mail’.

There are more than 80 types of these chemicals – called **neurotransmitters** and they have an important (though not yet fully understood) role in mental illness.

Alcohol, along with most illegal drugs, causes the release of a neurotransmitter called **dopamine**, which feels pleasurable. We know that drugs used to treat psychosis and schizophrenia type illnesses work by reducing the amount of dopamine in your brain.

Alcohol also affects your body’s production of **GABA** and **glutamate**. GABA relaxes and sedates you making you feel euphoric at first before glutamate, a stimulant, kicks in to compensate.

Alcohol & other drugs



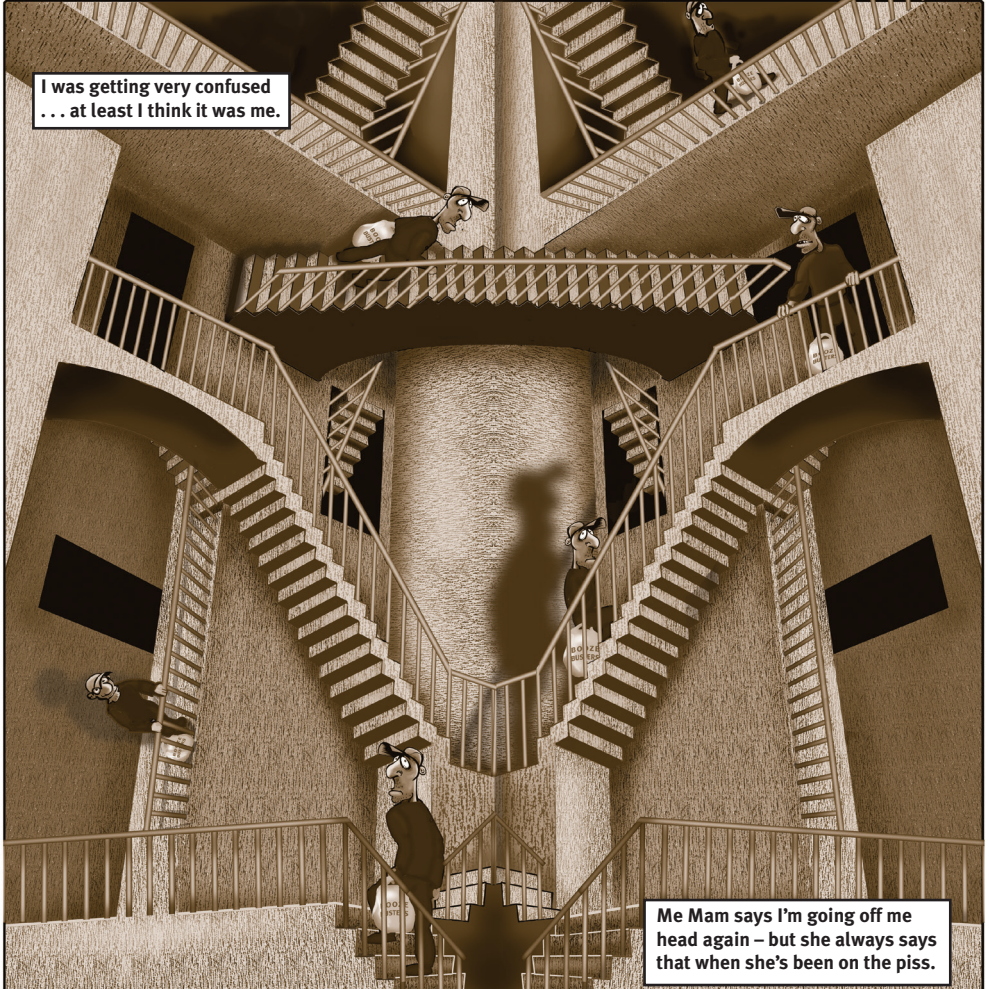
If you are a heavy drinker, stopping suddenly will stop GABA immediately but glutamate will lag behind. This extra glutamate can cause DTs, fits and lasting nerve damage. Glutamate is involved in the way we interpret reality and is also affected by the drug ketamine.

Stimulant drugs boost **noradrenaline**. Ecstasy boosts both noradrenaline and **serotonin** (sometimes called 5HT) which is also boosted by LSD. Use of stimulants drugs like speed, cocaine

or ecstasy can damage your ability to produce serotonin. A type of depression that is long lasting and difficult to treat can result.

Long term use of alcohol damages brain cells which can lead to problems with concentration, memory, judgement and controlling your emotions.

Using a variety of drugs at the same time is (at best) going to have unpredictable results on such a sensitive and complex object as your brain.



I was getting very confused
... at least I think it was me.

Me Mam says I'm going off me
head again – but she always says
that when she's been on the piss.

Dazed and confused

Jason is very confused – he can't find his front door.

Schizophrenia type illness (sometimes called 'psychosis') often starts with confused and muddled thinking and speech. However, Jason has not slept for three days as he's been out with his mates, drinking and using amphetamine sulphate (speed).

As soon as his money arrives Jason and his mates go on a 'benefits bender'. Everybody Jason knows drinks heavily and uses drugs, but only Jason has a serious mental illness. He's not sure why this is and neither are the experts.

Some drugs can trigger a latent (hidden) mental illness, while some drugs may even cause mental illness. Nearly all drugs can make an existing illness worse. People use drugs during periods of mental illness because they say it helps

them or is better than experiencing the symptoms of their illness 'neat'. Added to this, some of the effects from drugs can be almost identical to the symptoms of mental illness – which is one of the reasons they are often confused.

Like his friends, Jason is all muddled up by lack of sleep, the effects of the speed and alcohol and the thought of the deep depression when he eventually comes down and sobers up. Unlike his friends, Jason has been treated for depression and for schizophrenia, and is therefore more vulnerable to the unwanted effects of drink and drugs.

Going on a three day bender may be risky for people like Jason who have experienced mental illness. However, most of us have taken risks with drink or drugs at times, because that's just the way some of us are made. To Jason, his benders are the highlight of his life.

Things you can do:

- O Be aware of the risks.**
If you have a history of mental illness or history of mental illness in your family, you may be more vulnerable to the negative effects of drink and drugs.
- O Learn to recognise the early symptoms of your illness.**
The longer you leave an illness untreated the worse it gets and the harder it is to remedy.
If you are worried, get help or advice from a health worker.

When I found me front door,
I tore me kecks off so I could
have a good scratch.



It were them bastard creepy
crawlies under me skin again.



It's thirsty work is scratching
bugs - I need more drink!

Stimulant drugs and those pesky little bugs

Confused scrambled thoughts, paranoia, delusions, strange beliefs and hallucinations are common symptoms of schizophrenia type illnesses (often called ‘psychoses’). The main symptoms are the same no matter if they are triggered by life events or drugs. When drugs alone are the cause, the symptoms go away quickly.

Stimulant drugs (like amphetamine, cocaine and ecstasy) can not only trigger these symptoms in people with a hidden or existing illness, but they are among a small number of drugs that are thought to cause the illness in anyone who uses them heavily (often called ‘a drug induced psychosis’).

However, here, Jason’s bizarre behaviour is a result of his mind reacting to the effects of amphetamine on his body. One of the stranger effects of heavy stimulant drug use is known as ‘speed bugs’ (formication or parasitosis). Stimulant drug use causes a rise in body temperature, dehydration, increased blood flow to the skin and

sweating. When the sweat evaporates, it removes the protective oil that coats your skin. The combination of these things creates a sensation on the nerve endings, which feels like bugs under the skin.

Stimulant drugs also result in repetitive behaviour (called stereotypy) – such as dancing to electronic beats on ecstasy or crawling around obsessively looking for bits of crack (known as ‘white eye’). The sensation of bugs under the skin leads to compulsive picking, scratching and even attempts to dig them out with sharp objects. They can become tactile hallucinations, where the physical feeling leads to a belief (delusion) that something is under the skin or in the body. This false belief feels real and frightening.

The reason Jason drinks so much when speeding also has a simple explanation. He likes drinking. Speed dehydrates him making him thirsty and speed keeps him awake, so he’s able to booze for far longer.

Things you can do:

- O Be aware of the risks of using stimulant drugs.**
Stimulant drugs can cause mental illness, can lead to relapse of an existing illness and makes your illness harder to treat. The more you use the greater the risk you run.
- O If you are ‘speeding’ try drinking something other than alcohol.**
Coffee and cola also cause dehydration because they contain caffeine – so try plain water, fruit juices or milky drinks instead.

Me nerves were starting and I was feeling dead sad. It's better being drunk than feeling like that, init?



I drank and drank until I couldn't remember if there was anything I was trying to forget . . .



I drank all I could and then I drank some more.
I drank until I passed out and pissed me pants.

Drowning your sorrows

Alcohol affects your sense of right and wrong as much as it affects your ability to put one foot in front of the other without falling over. This makes accidents, violence and all sorts of trouble much more likely to happen when you've been drinking.

There are risks involved in using alcohol for anybody, but some of those risks are higher for people who have mental health problems. Drinking leads to more relapses, depression and suicidal feelings. Drinking increases paranoid thoughts leading to suspicious fear and sometimes violence. Drinkers are more likely to need psychiatric treatment in hospital, more likely to be taken there against their will and will take longer to recover from their illness.

Like Jason, most of us have tried to drown our sorrows in booze. Alcohol can dampen down your worries and fears or it can magnify and distort them until

your head swirls around and you can't remember what it was you were worried about . . . until you sober up and find your troubles are still there.

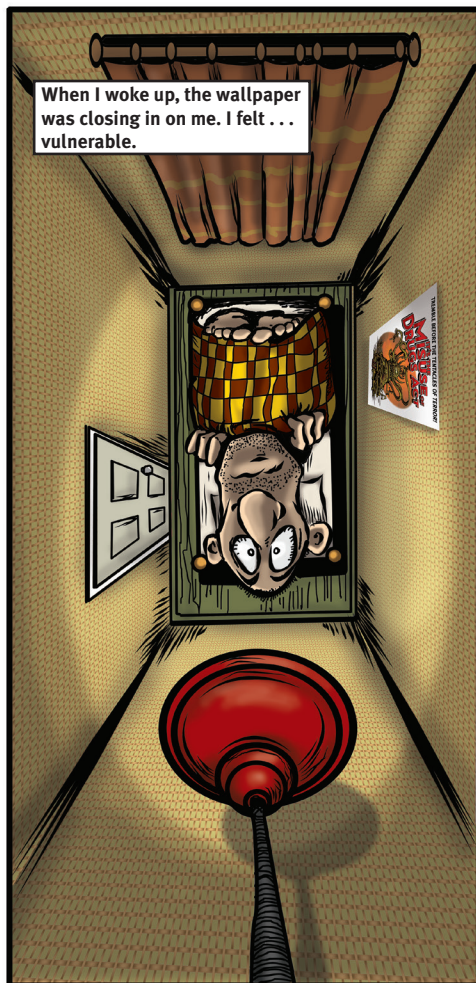
Alcohol can lead to depression, just as suffering from depression can lead to alcoholism (or problem drinking as it is now called). Drowning your sorrows will only put off your problems making it less likely you will deal with them later.

If you are experiencing depression, anxiety, phobias or post traumatic stress disorder, your chances of becoming a problem drinker doubles. If you have bipolar disorder it is five times more likely. About a third of people with schizophrenia become problem drinkers.

Jason has found he needs more and more alcohol to cope with his anxiety and shyness. His heavy drinking is starting to become a habit.

Things you can do:

- O Be aware of the risks of using alcohol.**
Heavy drinking can lead to depression and relapse. If you have experienced mental illness, you run an increased risk of becoming dependant on drink.
- O If your drinking is becoming a problem, ask for help and advice.**
Ask the person who gave you this leaflet about the help available for drinking problems.



Hangovers, withdrawals and comedowns

The speed wore off and the drink knocked him out, so Jason has finally got some sleep. If you start to rely on alcohol to help you sleep it can interfere with your deep sleep (REM sleep), which means you'll become tired and irritable. In people vulnerable to depression or hallucinations (like hearing voices) this can lead to relapse. Alcohol is also a 'diuretic' so it disturbs your sleep because you keep waking up to pee.

When you wake up after drinking and speeding there is often a confusing and disorienting period before the headaches, sweating and shakes of the hangover from the alcohol kicks in.

Jason is still confused but, what with the hangover and the comedown, he's starting to feel anxious and paranoid again. Paranoia is common in drug users, as quite apart from the effects of the drugs there is the very reasonable fear

that they might get caught. On the other hand, believing spaceships are trying to probe your mind is a fairly sure sign Jason is becoming ill again.

The 'high' of stimulant use is followed by feelings of depression and tiredness during the comedown which can last for days. Stimulant drugs can trigger manic episodes in people with bipolar disorder, whilst the comedown can result in very severe depression in people with bipolar disorder, schizophrenia or depression alone. Regular use of stimulants can also cause a form of depression that can last for a long time and is very difficult to treat.

The comedown with stimulant drugs can be harsh, so it is tempting to use other drugs like alcohol, cannabis or benzos to help ease the crash. Jason has chosen to use ketamine – which is not perhaps the wisest of choices . . .

Things you can do:

- O There is no cure for a hangover but –**
Drinking a glass of water before you go to sleep will help as it stops you feeling so dehydrated.
- O If you think you are dependant on alcohol – stopping suddenly can be dangerous.**
Ask the person who gave you this leaflet about where to get help or advice.



Hallucinations and psychedelic drugs

In the past, drugs that cause hallucinations were called ‘psychotomimetics’ because they mimic a psychosis. They are now usually called ‘hallucinogenic’ or ‘psychedelic’ drugs.

The effects of a ‘psychedelic’ depends on the drugs type and strength, the mood, personality and previous experience of the user, where you are and who you are with when you take it. Experienced users often learn to control their ‘trips’ and avoid ‘bad trips’. If you use psychedelics it is a good idea to have a friend there to calm and reassure you if things become frightening.

Hallucinations can involve distortions in all the senses, sight, sound, touch, taste and smell. Hallucinations caused purely by drugs in people without a mental illness are usually recognised as not being real and are therefore not as frightening. On the other hand, hallucinations caused by mental illness are more often ‘true’ hallucinations – in that you believe what

you are experiencing is totally real. Added to this a hallucination occurring unexpectedly can be far more frightening than one you expect because you’ve taken a drug. LSD or mushroom trips for people without a serious mental illness last for up to 8 to 12 hours – whereas hallucinations that are a result of a mental illness can last for days, even weeks, months or years.

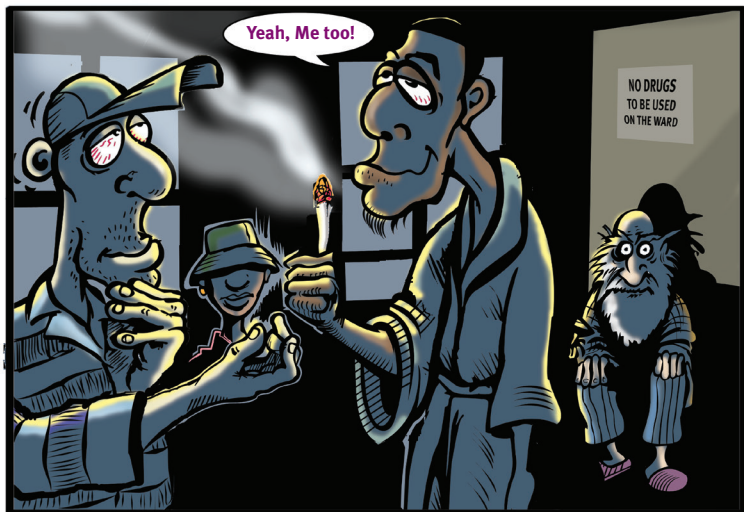
In lower doses, ketamine feels like being extremely drunk. At higher doses ketamine is a very powerful hallucinogenic drug. The effects last for less than an hour if snorted, but can go on for much longer if taken as a pill. Like stimulant drugs, regular use of ketamine can also cause all of the symptoms of a psychosis and is one of the drugs that is thought to actually cause a mental illness that would not have otherwise occurred.

Things you can do:

- O** Psychedelic drugs are likely to lead to relapse or worsen your illness.
- O** If you do use psychedelic drugs, find out all you can about the drug before you use it and don’t use alone.



I told me Mam about the Brucie's, but she called the doctor and they sent me here.



Drugs, medication & the crafty spliff

Jason was admitted to hospital because the symptoms of his schizophrenia got worse (called a relapse). A likely reason for this is that Jason had stopped taking his antipsychotic medication. Most drugs, even cigarettes, can stop antipsychotic medication from working properly. However even if you are drinking and using drugs, it is still far less likely you will relapse if you keep taking your medication.

Jason's illness may have come back on its own, but his drinking and drug use may have also played a big role. Drink and drugs may have caused his illness to worsen or it may have been that he was using drink and drugs to cope with the symptoms of his illness. It might have been a bit of both – who knows? Discussing it will help you find out.

Drinking and taking drugs with his friends is the part of Jason's life that he

values and enjoys more than anything else. Becoming ill is the part of his life he hates more than anything else. The two parts of his life clash badly with each other. Finding other things to do with his time and getting a group of friends who are not users is easier said than done.

Jason, David, Martha and God have all been known to have a crafty spliff when they are in hospital. They smoke because they enjoy it and because they are bored. Some of the doctors and nurses are sympathetic and understand why they do this, but they will still try and stop them.

They try and stop them not only because using drugs could make their illness last longer and be harder to treat, but because they have no choice. It is illegal for staff to allow you to use drugs or drink in hospital, psychiatric units, hostels or anywhere else they work and they could face being sacked if they allow this to happen.

Things you can do:

- O Keep taking the medication.**
Many people dislike the side effects of medication, but these can be controlled.
- O Ask your mental health worker about help with making changes in your life.**

Street drugs and your medication

Reported adverse reactions that can take place.

	Antipsychotics	Antidepressants	Anxiolytics & Hypnotics	Mood Stabilisers
Cannabis	Added drowsiness. Some antipsychotic less effective (higher doses may be needed).	Increased heart rate (palpitations) with tricyclics. Possible delirium. Serotonin antidepressant recommended.	Added drowsiness. Paradoxical agitation. Nervous edginess.	Added drowsiness. Possible rise in blood lithium levels (toxic).
Alcohol	Added drowsiness & lethargy. Increased heart beat/hypotension (low blood pressure). Respiratory depression. DANGEROUS.	Added drowsiness, seizures and hypotension with Tricyclics. Serotonin antidepressants recommended.	Added drowsiness. Hypotension (low blood pressure), fainting. Respiratory arrest. DANGEROUS.	Rise in blood Lithium levels. Dehydration/ over hydration. Disrupt blood Lithium levels. DANGEROUS. Carbamazepine & alcohol bad for the liver.
Stimulants Cocaine/ Amphetamine/ Ecstasy etc.	Antipsychotic less effective. Stimulant less effective (may lead to a higher dose of both).	Disturbed heart rhythm (Arrhythmias). Serotonin antidepressants may cause stimulation/ agitation.	Anxiolytic/hypnotic less effective. Over sedation when used with cocaine.	Heart problems (Arrhythmias). Dehydration leading to toxicity. Diminished 'high' could lead to poor meds compliance. Carbamazepine and cocaine toxic mix.
Heroin/ Methadone & other opiates	Increased sedation. Hypotension (low blood pressure). Respiratory depression (lower, stopped breathing).	Added drowsiness. Respiratory depression (laboured or stopped breathing). May increase blood opiate levels.	Added drowsiness. Risk of respiratory depression. Blood opiate may rise – danger of O/D DANGEROUS	Carbamazepine less effective and reduced blood opiate levels. O/D risk if sudden cessation of Carbamazepine. Sodium valproate possible alternative.
Tobacco	Some antipsychotic less effective eg. clozapine & olanzapine, so higher doses may be needed. Dose adjustment maybe necessary on smoking cessation to avoid side effects /over sedation.	Antidepressant side-effects may worsen, some less effective. Higher doses may be needed e.g. fluvoxamine / duloxetine. Side effects may worsen when stopping smoking.	None /little known/ reported.	None /little known/ reported.

O/D = Overdose

Anticholinergics

Possible anticholinergic psychosis.

None/little known/ reported.

Agitation.
Over stimulation.

None/little known/ reported.

Agitation.
Over stimulation possible.

Examples of drugs used to treat psychiatric illness

Antipsychotics

Drugs used to treat psychosis and schizophrenia type illness.

Antipsychotics (Typicals)

Chlorpromazine
Trifluoperazine
Haloperidol
Sulpiride
Flupentixol
Zuclopenthixol
Pipotiazine
Fluphenazine

Antipsychotics (Atypicals)

Risperidone
Olanzapine
Quetiapine
Clozapine
Zotepine
Amisulpride
Aripiprazole

Monoamine oxidase inhibitors e.g phenelzine, tranylcypromine are rarely used due to dangerous interactions. The combination of these and opiates/ stimulants is very bad.

Antidepressants

Drugs used to treat depression.

Serotonin/ Newer Antidepressants

Citalopram
Fluvoxamine
Fluoxetine
Paroxetine
Venlafaxine
Sertraline
Reboxetine
Duloxetine
Mirtazapine
Agomelatine

Tricyclic/ Older Antidepressants

Amitriptyline
Clomipramine
Dosulepin
Lofepamine
Trazodone
Mianserin
Imipramine
Nortriptyline
Trimipramine

Anxiolytics & Hypnotics

Drugs used to treat anxiety and sleep problems.

Anxiolytics & Hypnotics

Diazepam
Lorazepam
Temazepam
Pregabalin
Clonazepam
Buspirone
Chloral Hydrate
Zopiclone
Zolpidem
Propranolol (Beta-blocker)

Anticholinergics

Drugs used to treat anti-psychotic side-effects.

Anticholinergics

Procyclidine
Orphenadrine
Benztatropine
Trihexyphenidyl

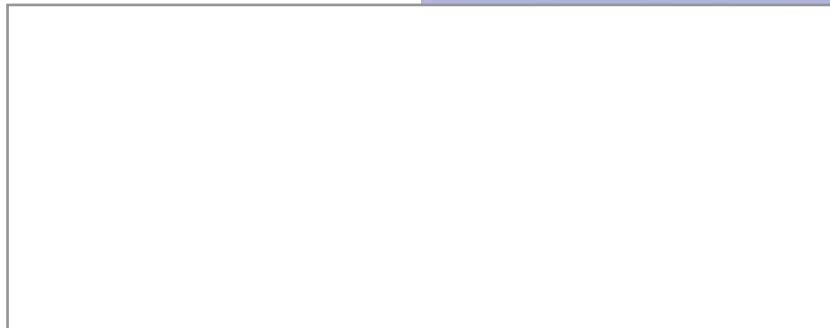
Mood Stabilisers

Drugs used to treat bipolar disorder, depression and other mood disorders.

Mood Stabilisers

Lithium
*Carbamazepine
*Sodium Valproate
Semisodium Valproate
*Lamotrigine
*Also used in epilepsy.

These guides are based upon the experiences of people in psychiatric treatment.



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[>] aims
To provide up to date information and advice on drugs and mental illness.

[>] audience
People who use drugs and have experienced mental illness and the staff who work with them.

[v] content
Some swearing and graphic images of drug use.

[£] funding
Self-financed.



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NHS National Technology Awards 2007 – Runner up
Nursing Times, Chief Nursing Officer's Award 2007 – Finalist