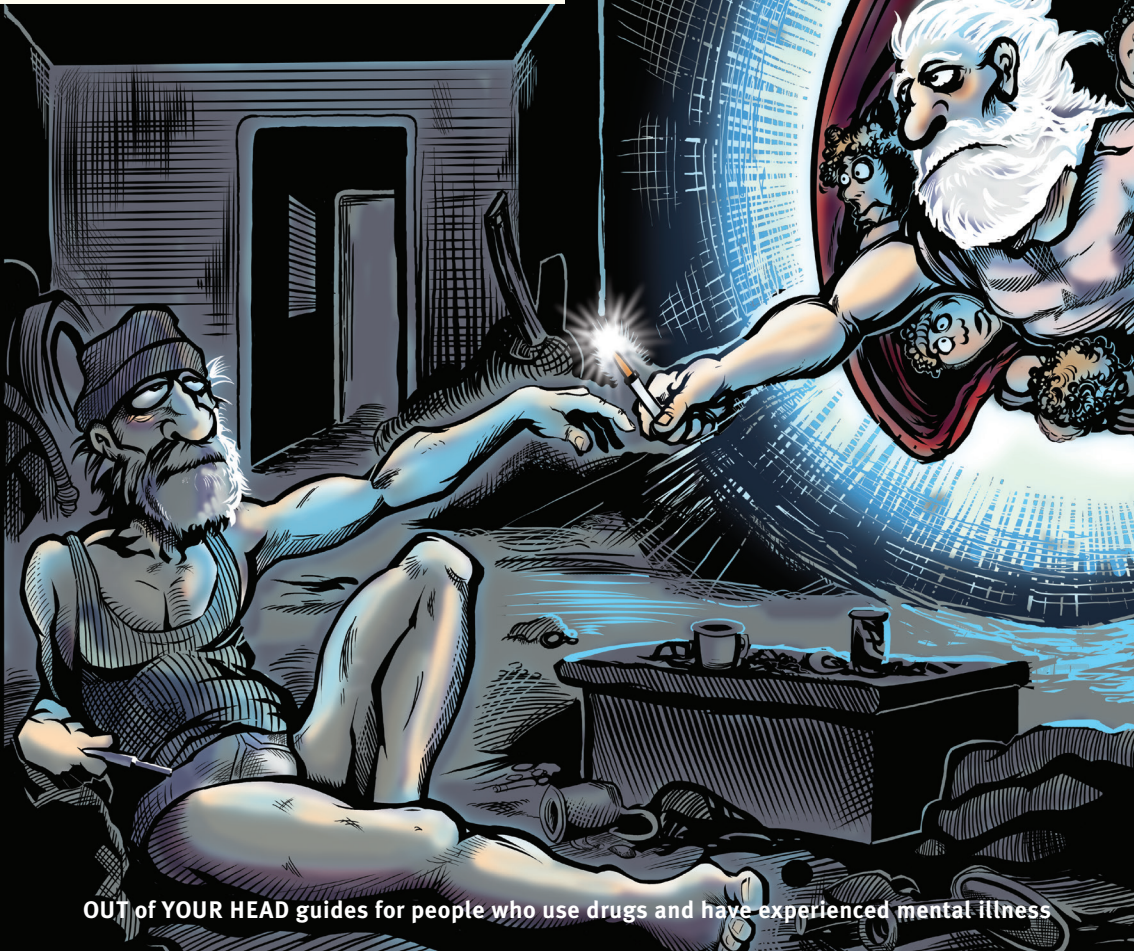


no. 4

Mental illness, Heroin and Crack – the story of

A man called **God** – in heaven and hell



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 a man they call ‘God’ and the role that heroin and crack plays in his life and his illness.



David

Martha

Jason

God

Brain chemistry



The brain works by releasing a sort of ‘*chemical e-mail*’ to communicate between its billions of cells. These chemicals are called **neurotransmitters** and play an important role in mental illness.

Heroin is a pain killer (it reduces both physical and emotional pain). It does this by boosting the level of neurotransmitters called *endorphins* – the body’s natural pain killers. Endorphines

are released naturally when you exercise, they act on pain and probably also modulate mood. The release of endorphins can make you feel euphoric.

The stimulant effect of **cocaine** (*crack* is just smokable cocaine) is caused by the release of a neurotransmitter called *noradrenaline*. Like most other illegal drugs heroin and cocaine both cause the release of a neurotransmitter called *dopamine*.

Heroin and Crack/Cocaine



Dopamine is the brain's main reward or pleasure chemical. The release of dopamine is one reason why drugs feel pleasurable.

Heroin almost doubles the level of dopamine in your brain, while smoking or injecting crack increase it to four times normal levels. Injecting both drugs at the same time (known as a **'speedball'**) increases the levels of dopamine to ten times normal levels.

Repeating this intense feeling of pleasure is what drives speedballers to continue using, until avoiding the comedown, habit and addiction take over as the main reasons for use.

Although we don't know everything about the relationship of dopamine to mental illness, we do know drugs used to treat *schizophrenia* type illnesses seem to work by reducing the levels of dopamine in the brain.

I lived in the ancient
of days, but I was
cast out into the
wilderness.



They spit at me and piss on me while
I sleep. But beneath this shell, I still
feel, I'm still a human being and I
know the Lord is with me.

Heaven and hell

On the streets they call him ‘*God*’ – maybe because he is old and has a white beard, maybe because he talks to the angels. He had a home and a family once upon a time, but drifted into homelessness and heroin use after coming out of prison.

On some days he doesn’t beg, steal or borrow enough to stop him ‘*rattling*’ (going into withdrawal), on others he earns enough to ‘treat’ himself to a little piece of brown and white heaven: a ‘*speedball*’ injection of **heroin** and **crack cocaine**.

Heroin is a pain killer, it wraps him in a cloak of comfort, which the cold and the painful reality of his life can’t penetrate. Using crack and heroin together allows each drug to reduce the unpleasant side-effects of the other – heroin takes the stimulant ‘*edginess*’ off crack, and

crack takes the sedative ‘*fuzzy blanket*’ off heroin. Heroin also helps him deal with the sudden ‘*comedown*’ from crack. However, the main reason why *God* injects speedballs is for the intense surge of pleasure injecting the two drugs gives him.

Injecting speedballs involves the most risky combination of drugs around at the moment. Compared with other injectors, *speedballers* are more likely to be: homeless, have a string of prison sentences behind them, be at greater risk of overdose and involved in riskier injection practices. About a third are thought to have existing mental health problems.

The heroin and crack make *God*’s existence at the edge of our society tolerable, but the drugs and the lifestyle which go with it, keep him trapped there.

Things you can do:

- **If you’re in a hole – stop digging!**
Never give up hope – other people have been there, survived and got back on their feet.
- **Use the services that are available – needle exchanges, homeless services and mental health outreach workers are all there to help you.**



We never talk about our pasts
or how we feel. We never talk
about anything other than
scoring gear.

I never let anybody use my
equipment and never use
anybody else's.

Homelessness and Injecting

The average speedball habit costs up to four times as much as a heroin only habit. That's four times the begging, crime and/or sex work, and four times the chances of arrest and imprisonment. This partly explains why many speedballers remain homeless, which means that many have few options other than to inject in unhygienic and insecure locations such as derelict houses and 'shooting galleries'. If you use a shooting gallery make sure you don't mix up your injecting equipment with anybody else's.

Speedballers (and crack/cocaine injectors) inject more times a day than do heroin only injectors and are at increased risk of catching *HIV: Hepatitis C* and other blood borne viruses – which (worryingly) are on the increase. Don't share anything: *needles, syringes, cookers/spoons, water, filters, citric . . . ANYTHING!* Work out how many times a day you are injecting and make sure you

get enough equipment from your needle exchange to last between visits.

Speedballers and crack injectors are more likely to have *damaged veins, abscesses, deep vein thrombosis, gangrene, ulcers, cellulitis, blood poisoning* etc. These can be caused by using too much *citric acid* powder; not washing your hands; reusing your own used syringes; poor injection technique; 'dirty' drugs; multiple attempts to inject into the same site and excessive '*flushing*' (drawing back of blood into syringe).

While heroin reduces the brain's experience of pain, crack has a local anaesthetic (numbing) effect at the injection site, and so speedballers are less likely than heroin injectors to feel and respond to pain from damaged veins, sores, abscesses, etc.

Things you can do:

- Never share or reuse anything used for injecting.**
- Get any problems checked out as they won't get better on their own.**
If you notice any swelling, discoloured skin, pus or bad smell or your skin feels hot and/or tender around the injection site – get it checked out straight away. Ask your doctor or local needle exchange.

The angels comfort me,
they are my friends.



What's so fucking good
about reality anyway?

Heroin, cocaine and depression

Depression is far more than feeling ‘*a bit shit today*’ – it feels like a never ending sense of despair, an emptiness, where life has lost all meaning and purpose.

Depression does not arise from heroin use alone. Some people are depressed before they start using, others find they become depressed by the life that heroin has led them into. The effects of heroin are intense pleasure (at least to start with) and an extreme sense of well-being that feels like you’re wrapped in cotton wool. It is understandable why these effects are attractive to people who are depressed. *Opiates* like **heroin** and **methadone** block your physical, mental and emotional responses, therefore masking the symptoms of depression.

Heroin and the heroin lifestyle can also lead to mood swings which ‘mimic’ *bipolar disorders* (manic depression). However, heroin is generally not that

popular with people who have bipolar disorder as it reduces the high that untreated bipolar sufferers like. For those people in treatment it also makes the illness harder to overcome and stops mood stabilising drugs (like *lithium*) from working properly and increases the risk of suicide.

If you are depressed it seems to make sense to take a drug that makes you feel intensely happy and confident like crack/cocaine. Yet, when the crack/cocaine wears off, the depression will come back and can be more severe. This is why using heroin and cocaine are such a popular mix, as the heroin takes the edge off the crack comedown.

As well as depression on the comedown, long term cocaine use ‘burns out’ certain parts of the brain (*serotonin receptors*), which can lead to a persistently low mood or depressed state, which does not respond well to treatment with medication.

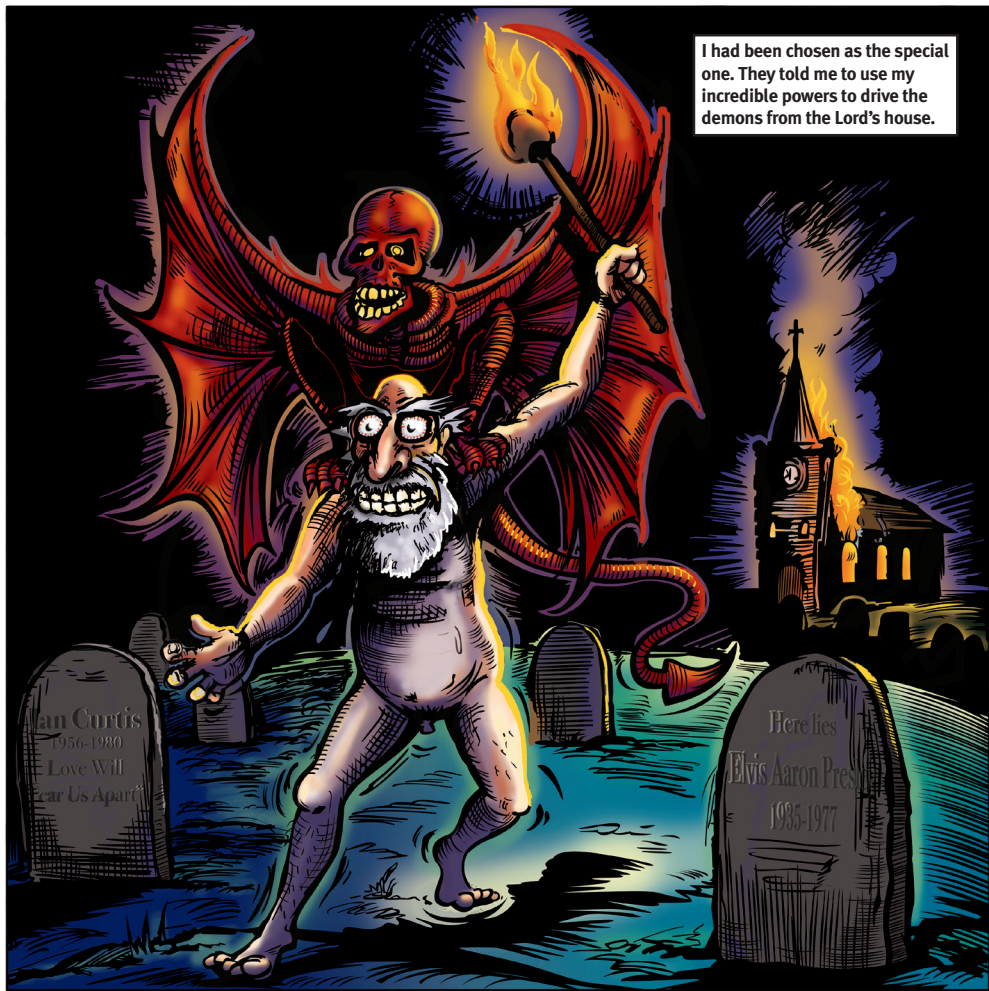
Things you can do:

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Be honest with your mental health worker about what drugs you are using.

Early intervention for mental health problems gets much better results. Without the right diagnosis you might not get treatment early enough to prevent long-term mental illness developing.

I had been chosen as the special one. They told me to use my incredible powers to drive the demons from the Lord's house.



Heroin, cocaine and schizophrenia

The main symptoms of schizophrenia are *hallucinations* (especially hearing voices that other people do not hear), *delusions* (having unusual, strange and often distressing ideas and beliefs), *paranoia* and disrupted thinking (thoughts and words seem bizarre or upsetting).

Stimulant drugs like **speed, ecstasy, cocaine and crack** can also cause all of these symptoms. Doctors call this *drug-induced psychosis*. The symptoms usually fade if you stop using, although it may need a few weeks of treatment (often in a psychiatric ward) to bring it under control. Once a person has had one drug-induced psychosis, they are more likely to have further episodes, in some cases, even if they do not use stimulants again.

Stimulant drugs can actually trigger schizophrenia in people predisposed to the illness. Using stimulants usually makes existing schizophrenia worse and prevents medication from working properly.

Heroin on the other hand often has the opposite effect. Drugs like heroin were once prescribed by doctors to try to control the symptoms of schizophrenia. This worked, but the treatment wore off very quickly and the patients unsurprisingly became addicted to the drugs.

Schizophrenia is not uncommon in heroin users. Heroin is sometimes used as a kind of ‘self-medication’ as some people find it reduces the distress caused by hallucinations and dampens down other symptoms of schizophrenia. This can make heroin users less likely to get help and use prescribed medicines (*antipsychotics*). These are much better than heroin in controlling schizophrenia, but take longer to work and have side-effects. Although the side-effects can be controlled or minimised to a tolerable level, it still means that because it is either not spotted or users prefer to ‘self medicate’, schizophrenia in heroin users often goes untreated.

Things you can do:

- **Be aware that if left untreated schizophrenia is much harder to manage.**
- **If you are experiencing schizophrenia-like symptoms, seek help as soon as possible.**
The earlier treatment starts the easier it is to deal with.

I was seized by the servants
of the Prince of Hell ...



... and thrown into the pit
that is bottomless. I thought
all hope was gone.



Arrest and compulsory detention

Under mental health laws, the police have the right to detain you if you are in a public place, and they think you have a mental disorder and are in need of immediate care and control. They will take you to 'a place of safety' (usually a hospital).

If you are arrested and the police think you have committed crimes to pay for your drug habit, you can be drug tested and assessed for treatment (refusing a test is an offence). The courts can then make an order for you to undergo treatment with the threat of jail if you don't comply.

Although you haven't got much of a choice about going through this process (called the *Drug Intervention Programme* or DIP), there is no reason why the treatment shouldn't be as good as any other treatment on offer. If you are arrested you have the same rights as anybody else (right to silence, right to see a solicitor for free etc).

If the police think (or you tell them) that you have a mental health problem, you should not be questioned without an 'appropriate adult' (usually a social worker) present. This makes sure you are treated fairly. You should also be seen by a mental health worker. It is usually a good idea to tell the police about your mental illness. A doctor will decide if you are fit to be detained in custody or need to be admitted to hospital. If you go to a hospital you may or may not be charged with an offence at a later date.

If you need to be detained in hospital for assessment and/or treatment of a mental illness you have a right of appeal. This will be explained to you when you arrive. There is also a patient advocate service available in hospital to act on your behalf – ask your doctor or primary nurse about this service.

Things you can do:

- O If you start suffering from withdrawals in the cells – ask to see a doctor.**
They might prescribe something to help (but don't expect much).
- O If you go through the DIP, get a treatment plan from an experienced health worker.**
A treatment plan is a written statement of the type of treatment you agree to undergo.
- O Tell the police about your mental illness.**

All I wanted was to speak to the angels
and have my drugs – not their drugs.



Nine months later

I want what other people want
– a home, love, respect and ...
a name.



... my name is Geoff.

Medication and withdrawal

In the past, people who had both a serious mental illness and drug problems tended to get a very poor deal. Drug treatment services and psychiatric services pushed them from pillar to post with each side claiming the other should be responsible for the person's care. Things are slowly improving with some areas being far better than others, but at least there is a recognition that this is a problem, and attempts are being made to sort it out.

You will be offered medication to treat your mental illness, but it's vital that you tell medical staff about your alcohol and/or drug use. You will be advised to stop using street drugs while you are in treatment, both because they are likely to make your illness worse, and because they may stop the medications prescribed to control your illness from working properly. Some medications can be dangerous if taken with street drugs (see pages 22–23).

A regular user of heroin and crack/cocaine who suddenly stops taking drugs will experience a double withdrawal syndrome (*rattle or jangle*) – a heroin-related ‘cold turkey’ combined with a crack comedown. Many users are also on methadone, tranquillisers or other drugs – so stopping use of all drugs at the same time without medical help would produce the ‘mother of all rattles’.

Reducing heroin use or withdrawal needs special care if you are taking medication. A number of medications reduce the body's resistance to *seizures* (fits), especially the older *antipsychotics* (**Typicals**). Some anxiety drugs and antidepressants can cause *agitation*, *panic attacks* and lower your *blood pressure*. Withdrawal can also mimic the symptoms of mental illness, so it is a good idea to obtain specialist help from a drug worker and/or doctor or mental health worker to help you through this safely.

Things you can do:

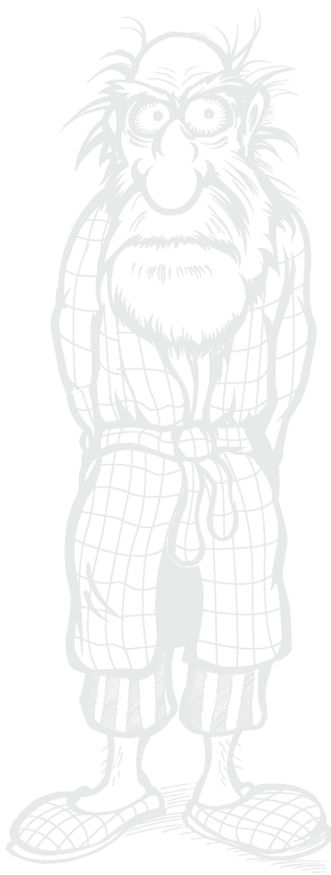
- **To get the best treatment, make sure your doctor or mental health/drugs worker knows what drugs you are taking.**
- **Withdrawals from street drugs when on medication can be tricky**
Withdrawal can mimic the symptoms of mental illness, so it is best to get specialist help.

Making changes

Heavy end use of drugs like heroin and cocaine effectively ‘reprogrammes’ the brain so that the need for drugs comes first. Basic needs like food, shelter and things that we once got pleasure from, like making love or watching the sun set, get neglected. However we still have choices – we don’t lose the ability to think, reflect and make changes of our own free will. This is what makes us human. Every year, thousands of people do precisely this; they take a step back, look at their lives and say *‘this isn’t working – I need to change it’*.

When people identify a problem with their drug use and want to make changes, they rapidly begin to notice the obstacles to making change happen. Some of these obstacles are inside ourselves. A good counsellor or joining a self-help group like AA or NA can help you to get over the unproductive thought patterns that act as obstacles to change. However, there can also be more concrete obstacles, like not having adequate housing, having no drug free friends, or having too much time with nothing to do.

Both mental health services and drug services can help you overcome all these obstacles.



Staying alive

If you are not yet at a point in your life when you can or want to make changes – take care to stay alive until you are. Overdoses and blood borne diseases are what kill injecting drug users.

Things you can do:

- **Don't share any injection equipment:**
always get clean equipment from your needle exchange.
- **Go easy after a break:**
if you have come out of hospital, prison or have been drug free you will have lost your tolerance to heroin and other drugs. The amount that once got you sorted could now kill you. Use a smaller amount or smoke it rather than inject it.
- **Taste the hit:**
inject a little of the drug and 'taste' the effect before you inject the rest.
- **Don't inject alone:**
inject with friends who can help if things go wrong.
- **Make a pact:**
talk with friends about what you will do if somebody overdoses.
- **Look after people who have overdosed:**
treat them the way you would want them to treat you. Learn how to deal with an overdose (next pages).



Dealing with an overdose

Overdoses on heroin often involve '*respiratory arrest*' (not breathing), while overdoses on crack/cocaine are more likely to lead to heart attacks or fits. You may need to do different things to help someone who has overdosed (while waiting for the ambulance). What you should do depends on their appearance and behaviour.



If they are overheating: cool them down by removing outer clothing, and fanning them. Don't give them anything to eat or drink.
Call an ambulance.

If they are having a 'fit'- prevent them from hurting themselves, but make sure the head is tipped back so there airway is clear. Do not try to put your fingers in their mouth or try to force it open.
Call an ambulance.



If they have severe chest pains, sit them up.
Call an ambulance.

Stay with them and take their pulse (with the three middle fingers at wrist) to check their heart hasn't stopped.

If you think their heart has stopped use life saving methods, if you know them.



If they are unconscious and can't be woken (by giving them a poke in the chest and calling their name) or their face or lips turn blue or they have trouble breathing.
Call an ambulance.

If their breathing has stopped, use life saving procedure if you know how to do it.
Call an ambulance.

The Recovery position

Always put a collapsed, unconscious person in the recovery position. This is designed to stop them choking on their vomit (a common cause of death). In most areas the police are no longer automatically called to overdoses. Always tell the paramedics (if you know) what they have taken.



1. Put the right hand by the head (as if they were waving)

2. Put the left arm across the chest, so that the back of the hand rests against the cheek

3. Hold the hand in place and lift up the left knee

4. Turn them on their side by pushing down on the knee

Death from overdose is preventable – doctors and paramedics can administer an antidote to a heroin overdose called naloxone. They also have life-saving treatments for cocaine/crack-related overdoses, so never hesitate to call an ambulance when a friend or associate overdoses on either or both drugs.

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 e.g. 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
Doxepin
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
Benztropine
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.

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