

17. Drug-related issues

(2020 version)

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Drugs and finance

Prices of drugs vary a lot between regions and local areas. They also change fast depending on the current supply and demand situation. One factor in the different pricing of illegal drugs is the way they are produced; drugs made from plants mainly growing in countries far away from the UK (i.e. heroin and cocaine), are generally more expensive due to production and transport costs. Drugs which are mass-produced in laboratories (i.e. ecstasy and other amphetamines) are often less costly.

At the moment, the prices of many drugs are on the decrease because of easier supply or new ways to produce them. This, of course, leads to easier access and wider use among any group of society. But although many drugs get cheaper, a lot of drug users still struggle to afford the habit and they will need to use their imagination to find resources to fund the addiction. This can lead to different kinds of crime.

Before anyone else is aware of the drug habit/problem, the user's family and nearest friends are likely to suffer financial difficulties. The drug user might quickly use up all available money, even if it causes problems for those around him or her, as the drug habit leads to a change in priorities.

Some users manage to keep their job as they develop a dependency to legal or illegal drugs, while others struggle and may have to leave their employment. This causes even more strains on the family finances, as a whole income is lost. Those who can stay in employment may have to take days off regularly to recover.

The fines following a crime such as possession or supply of a Class A, B or C drug can also cause big financial difficulties. In worse cases still, the crime will lead to imprisonment and further struggles to keep finances in order.



Drugs and cultures

As drugs include alcohol and cigarettes as well as illegal and other socially unacceptable substances, it is clear that drug use happens nearly everywhere. However, different people living in different areas may have different drug use patterns.

The use of cigarettes, alcohol and illegal drugs is mainly on the decrease, among young people and adults alike. However, the use of powder cocaine among adults has increased from 0.6% in 1996 to 2.9% in 2018/19 (Crime Survey for England and Wales, 2019/20). Illegal drug use is only an occasional activity for most people. Most use is experimental or on a relatively controlled, recreational basis.

Most people who use drugs – be it legal or illegal substances – do not come to serious harm. Recent trends indicate that soon the majority of parents of school-aged children in many areas will have tried illegal drugs when they were young! Use of drugs (other than medicines) tends to become significant by the age of 14 for many young people. Numbers using, and quantities consumed, increase throughout the remaining teenage years. Most young people reduce or completely stop using illegal drugs and moderate their alcohol use by their mid to late 20s when they 'settle down' and take on adult responsibilities. A small number of people continue to use illegal drugs, and particularly cannabis, into their 30s. Many of these people are parents.

The use of illegal drugs is generally not accepted in the UK society. There are a few exceptions, for example regarding cannabis. Cannabis is by far the most commonly used illegal drug. In many areas by the age of 16 a majority of young people may have tried cannabis at least once. This figure stood at somewhere between 20-25 % possible regular users between 1996 and 2006. This figure has dropped to 7.8% of adults (aged 16-59) using cannabis regularly. Use of other illegal drugs is not as prevalent or frequent. (Crime Survey for England and Wales, 2019/20)

After cannabis, the most commonly used illegal drugs are cocaine and ecstasy, although it varies between age groups and patterns of use.

The second most commonly used drug by young people aged between 16 and 24 is now nitrous oxide, pushing cocaine into third place.

Drugs in deprived areas

The relationships between deprivation and illegal drug use have been highlighted in several research studies. The Advisory Council for the Misuse of Drugs report 'Drug Misuse and the Environment' (1998) stressed the following points:

- Deprivation is associated with the problematic use of particular drugs such as heroin and crack cocaine. Although problematic use of these drugs is not exclusively related to deprivation it is much more common among poor people.
- Rather than deprivation being related to whether people have ever tried drugs or not, it is more likely to relate to a lower age of first use, progression to dependence, injecting drug use, risky use, health and social complications from use and to criminal involvement.
- Deprivation is linked most strongly with the extremes of problematic use and least with casual, recreational or intermittent use of drugs.
- Deprivation often means a user is less likely to get care and treatment. The chances of overcoming drug problems are reduced among people who are disadvantaged. They have fewer positive alternatives and less access to meaningful employment, housing etc.
- Deprived areas often suffer from greater and more visible public nuisance from drug taking and supplying.
- Deprived areas might, at community level, find it more difficult to deal with drug problems.
- Poor areas with high unemployment levels can provide an environment where deprived people living in over-crowded and sub-standard accommodation are more likely to share injecting equipment and more likely to get hepatitis, HIV and tuberculosis.

In other words, while there is no correlation between whether people have ever tried illegal drugs (with the possible exceptions of heroin and crack cocaine) and deprivation, there is a clear link between problematic drug use and deprivation. This does not mean all problematic drug users come from deprived areas or backgrounds. It does mean that a disproportionate number do. Drug dealing becomes an established way of earning money.

Source: Drugwise, 2020

Drugs and pregnancy

Heavy drug use can damage the health of a pregnant woman, cause complications during pregnancy and possibly damage the foetus. Drugs can affect an unborn baby through the mother's bloodstream. It is relatively rare that this actually causes malformations. Heavy use of certain drugs during pregnancy, particularly alcohol, tobacco, heroin and other opiates and tranquillisers, can lead to premature birth, low birth weight and increased risk of losing the baby around the time of birth.

Babies born to mothers who are dependent on the drugs mentioned above (other than tobacco) may experience withdrawal symptoms but usually this can be treated medically.

Moderate drug use during pregnancy does not often result in these problems. Whilst it is usually safe for a pregnant woman to stop using drugs during pregnancy this is not always the case for heroin, other opiate drugs or tranquillisers. Suddenly stopping use of these drugs during pregnancy can be dangerous to the foetus and medical opinion is that sometimes it is safer for the mother to continue using till the baby is born.

Drug use and pregnancy is a very emotive issue. The most publicised example has been of 'crack babies' in America. Panic stories have sometimes exaggerated the damage done to babies whilst ignoring the fact that most of the mothers were living in very poor and deprived circumstances, factors which themselves are implicated in having a difficult pregnancy and complications in childbirth and for newly born babies. However, cocaine use is reported to increase risks, for example of miscarriage and still birth, low weight babies and premature delivery. Adverse effects have been largely reported in heavy crack/cocaine users rather than recreational or occasional users. Mothers-to-be are advised not to use cocaine or crack in pregnancy if at all possible.

The danger of being judgmental about drug-using pregnant women is that they will be reluctant to seek out the medical help they and their babies need.

Source: Drugwise, 2020

Adulterants

Adulterants are substances which are added to drugs. This can be done for different reasons, such as to increase the volume before selling it on to increase profit, or to facilitate use. Other adulterants are a result of manufacturing or using the drug and can cause side effects.

Sugar

Different sugars can be used to dilute and add bulk to heroin and cocaine. It is easy to use as it is legally and readily available.

Lead

Lead is a soft metal which may be a by-product of the use of lead pots in illegal heroin manufacture. It can also be used in methamphetamine manufacture and result in lead residue in the drug. Lead poisoning can include symptoms such as anaemia, dizziness, coma, kidney damage and damage to the central nervous system.

Caffeine

This is a cheap, legal and readily available substance, which can be used with heroin to make it vaporise at lower temperatures when smoked and slightly increase efficiency. It can also be used with stimulants as it can create similar effects, although usually milder. In small doses, caffeine has few serious health repercussions, but it can lead to considerable harms such as anxiety, sleep and mood disturbances in larger doses.

Procaine

This is a local anaesthetic, which can be used to facilitate smoking heroin. It may also relieve the pain of intravenous injection due to its anaesthetic properties. As its properties are similar to those of cocaine, these drugs can also be used together. There is a risk of toxicity with high doses of this drug; e.g. nausea, vomiting, tremors and convulsions.

Paracetamol

This is legal, easily available and relatively cheap. Its analgesic effects and bitter taste may help disguise poor quality heroin and has a similar melting point to heroin. At high doses this can lead to a risk of liver toxicity.

Fentanyls

The fentanyls are a group of synthetic opioids; some have legitimate uses while others are illicit drugs. Fentanyl is about 100 times more potent than morphine and is a licensed medicine used to treat severe and terminal pain. Carfentanyl is 4,000 – 10,000 times more potent than morphine and principally used as an animal tranquilliser. (Medicines.necsu.nhs.uk, 2017) Fentanyls can be synthesised from readily-available, non-prescription items and can produce an intense high when combined with heroin.

Drug Interactions

When a person takes a drug not only does the drug affect them, but they affect the drug! The 'pharmacodynamics' (how it affects the body), is related to changes in its concentration in the body over time ('pharmacokinetics'). This concentration can be heavily influenced by the individual themselves, not least through the presence of other substances in their bloodstream.

Such 'drug interactions' can either increase or decrease a drug's expected effects. In some cases they are planned - many treatment regimes rely on such interactions, while problematic drug users may actively seek out interactions to 'boost' a drug's desired effects or reduce its adverse (unpleasant) effects. But in many other cases, such interactions are not planned, and any adverse consequences can range from the reversible and trivial to the permanent and life threatening.

Drug interactions may be predictable, occurring every time the particular drugs are combined, or they may be erratic, happening only in isolated cases. Knowledge about interactions is vital in the treatment field, especially if someone is taking medication (anti-epileptics, anti-asthmatics, drugs for heart disease, oral contraceptives, anti-HIV drugs) on top of illegal or legal drugs. Not all interactions are clinically relevant (particularly if doses are low and unlikely to be repeated), but there are a number of common interactions between illicit and licit substances;

Amphetamine (+ alcohol)

Substances that acidify the urine (such as cranberry juice) or alkalinise it (bicarbonate and other over-the-counter indigestion remedies) may have an effect on amphetamine pharmacokinetics. This is because the elimination of amphetamine from the body is increased when urine is acidic and decreased when alkaline. This procedure has been used to reduce the likelihood of amphetamine detection by urine analysis. Effects associated with concurrent use of amphetamines and alcohol include increased perceived total intoxication and increased adverse cardiovascular effects.

Caffeine + alcohol

Mixing alcohol and caffeinated energy drinks has become increasingly popular with young people and it is even possible to buy the two premixed. 'Alcospeed' as these drinks are sometimes known, has been targeted at the younger age group in a similar way to alcopops. There is no evidence that caffeine will help 'sober up'. Rather, users have more energy and do not feel as drunk which often means that they do not realise how drunk they are. This in turn can lead to the user attempting to drive or do other things which are dangerous to do when drunk.

Ecstasy + alcohol

Concurrent use of ecstasy and alcohol can lead to reduced subjective sedation usually associated with alcohol, but not alcohol-induced impairments. It can also lead to reduced blood alcohol levels.

LSD + antidepressants

The onset or worsening of LSD 'flashbacks' has been reported among adolescents when they receive antidepressant therapy using a selective serotonin reuptake inhibitor antidepressant or SSRIs (paroxetine - Seroxat[®]). Chronic use of tricyclic antidepressant drugs has been reported to enhance the subjective physical, hallucinatory and psychological responses to LSD.

Cannabis + alcohol

An important interaction is that between alcohol and cannabis - the two most frequently used drugs, besides tobacco. In a study of 14 men and women, the drug combination 'was found to produce a greater level of impairment than either drug alone', it has particularly been found to cause a reduction in driving performance. However, little evidence was found that moderate doses of alcohol and cannabis consumed either alone or in combination, produced behavioural or subjective impairment the following day.

Cocaine + alcohol

The interaction between cocaine and ethanol (alcohol) is almost unique. These drugs combine to form a new compound, cocaethylene. This compound arises only when the two drugs are used together. Although cocaethylene is eliminated from the body more slowly than either ethanol or cocaine, its importance remains unclear. The combination can lead to a more intense feeling of intoxication and a reduction in the sedating effects of alcohol. The combination can increase adverse cardiovascular effects and patients with alcohol dependence may be particularly vulnerable to the combined toxic effects of alcohol and cocaine.

Volatile Substance Abuse

Sudden cardiac deaths associated with VSA are thought to result from the action of adrenaline produced in the body acting on a heart sensitised by the presence of high concentrations of the volatile compound. It could therefore be dangerous to administer adrenaline as part of the emergency resuscitation procedure as the same interaction might occur.

Workers occupationally exposed to trichloroethylene - a degreasing agent used in many industries and previously used in correcting fluids - who then drink alcohol can experience transient facial reddening, an uncomfortable condition similar to 'hot flushes' and known as Degreaser's Flush.

Opioid analgesics (morphine, pethidine & methadone)

Many - if not most - drug interactions stem from a drug's effects on the liver enzymes, which are largely responsible for the elimination of drugs from the body. These interactions can either slow down or speed up that elimination and can be most noticeable among the opioid drugs.

An example of the former is the, sometimes fatal, interaction between pethidine and monoamine oxidase inhibitor antidepressants (MAOIs), an interaction that can cause an extreme increase in body temperature and seizures. An example of an interaction that speeds up a drug's elimination from the body is the withdrawal symptoms reported in patients maintained on methadone when they are given phenytoin or rifampicin.

Another possible reason for interactions involving opioids could be that morphine and pethidine in particular reduce 'gastro-intestinal motility' (the process by which food is moved through the gut). This in turn could decrease the rate of absorption of other drugs taken by mouth. On the other hand, metoclopramide, a drug given to prevent nausea, has been reported to increase gastro-intestinal motility and therefore speed up the onset and sedative effects of orally administered morphine.

Antibiotics are often used with opioids in patients undergoing medical or surgical procedures. The best documented metabolic interactions are with erythromycin and rifampicin. Erythromycin increases and rifampicin decreases the effects of opioids. Some of the drugs used to treat epilepsy, particularly carbamazepine, phenytoin and barbiturates, can speed up the metabolism of opioids in the liver.

The tricyclic antidepressants, clomipramine and amitriptyline, significantly increase the plasma availability of morphine when given to cancer patients taking oral morphine solution. There are isolated reports of interactions between the histamine H₂ antagonist cimetidine used to treat ulcers and opioids. The effects include breathing difficulties, confusion and muscle twitching.

One of the most dramatic examples of a drug interaction is that used in the 'rapid opiate detoxification' regime, when a small dose of naloxone (0.5 mg) is injected into opioid dependent people. This is likely to precipitate a withdrawal syndrome very similar to that seen after the abrupt withdrawal of opioids, except that the syndrome appears within minutes and subsides in about two hours.

Mixing depressant drugs like alcohol and heroin or alcohol and tranquillisers is the most common kind of drug interaction within the non-medical use of drugs. It is also one of the most dangerous because the effect of one will potentiate the effect of the other - in other words, the user is doubling up on the drug effects. Alcohol is probably the most dangerous mixer. Heroin overdose deaths often involve alcohol, and a medical dose of barbiturates can easily become lethal if taken with alcohol.

Other combinations

Anabolic steroids or ketamine in combination with cocaine may exacerbate the adverse cardiovascular effects of cocaine. Nitrites in combination with sildenafil (Viagra®) can cause abnormally low blood pressure.

Source: Drugwise and Department of Health