



Be careful what you do, because your actions become your habits. Be careful what you make a habit, because your habits become your character, and your character becomes your destiny.

– Tony Hoffman

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Drug Use & Heart Disease

The following information is provided by the American Stroke Association.

Most illegal drugs can have adverse cardiovascular effects, ranging from abnormal heart rate to heart attacks. Injecting illegal drugs also can lead to cardiovascular problems, such as collapsed veins and bacterial infections of the blood vessels and heart valves.

Many drugs, such as cocaine, heroin, and various forms of amphetamine, affect the central nervous system and can alter a user's consciousness. In addition to addiction, the side effects and risks associated with use of these drugs include:

- changes in body temperature, heart rate, and blood pressure
- headaches, abdominal pain, and nausea
- impaired judgment and greater risk of some sexually transmitted infections
- the possibility of added substances (such as talc, poisons, herbicides, or other particles) which may cause a toxic reaction
- heart attacks, seizures, and respiratory arrest

Cocaine—the "perfect heart-attack drug"

The powdered form of cocaine is either inhaled through the nose (snorted) and absorbed through nasal tissue or dissolved in water and injected into the bloodstream. Crack is a form of cocaine that has been processed to make a rock crystal that can be smoked.

Recreational cocaine users may have higher blood pressure, stiffer arteries, and thicker heart muscle walls than non-users—all of which can cause a heart attack. An Australian study presented at the American Heart Association's Scientific Sessions in 2012 was the first to document these cardiovascular abnormalities in seemingly healthy regular cocaine users long after the immediate effects of cocaine had worn off. Researchers—who called cocaine "the perfect heart attack drug"—showed how users had higher rates of multiple factors associated

with higher risks of heart attack and stroke:

- 30 percent to 35 percent increase in aortic stiffening;
- 8 mm Hg higher systolic blood pressure; and
- 18 percent greater thickness of the heart's left ventricle wall.

A United Nations World Drug Report estimated the prevalence of cocaine use in the United States to be 1.6 percent of the population aged 12 and older, and it has remained stable in the previous few years.

Cocaine is the illegal drug most often associated with visits to U.S. hospital emergency departments. Cocaine use has also been associated with chest pain and myocardial infarction.

Cocaine, amphetamine, and ecstasy can all have adverse effects on the cardiovascular system.

- Amphetamines, a class of drugs which includes methamphetamines, can be habit-forming and prone to abuse. Some amphetamine drugs are prescribed to treat Parkinson's, obesity, narcolepsy, and attention deficit disorder with hyperactivity (ADHD). They stimulate the central nervous system (nerves and brain). This increases heart rate and blood pressure and decreases appetite, among other effects. (Do not stop taking any prescribed medications without discussing with your healthcare provider.)
- Ecstasy, or MDMA, is illegal. It is known as a synthetic "club drug" with stimulant and hallucinogenic effects.

American Addiction Centers states: The ingestion of harmful substances, particularly drugs and alcohol, may be associated with deterioration in the health of the heart and/or blood vessels. This is known as cardiovascular disease and may have considerable impacts on overall health and longevity.

The National Library of Medicine (NIH) reports that substance use is common among those with heart failure (HF) and is associated with worse clinical outcomes. Alcohol, tobacco, cannabis, and cocaine are commonly abused substances that can contribute to the development and worsening of HF.

The following suicide prevention information, while provided by the Georgia Department of Behavioral Health and Developmental Disabilities, will also be helpful to those in states other than Georgia. All online resources listed are available to users nationwide.

For many of us, the holidays feel like the dramatic conclusion to a year filled with change, adversity, opportunity, and experiences both painful and pleasant, and relationships both gained and lost. In the climax of those last couple months of the year, we come together with those that we love, feel the great absence of those who are no longer with us, and we mend relationships that have become strained in the previous months. We congregate, we celebrate, and we commiserate with those who have less than us. We give to others, but we also overindulge.

In the wake of all this, we feel that dreaded holiday remorse. As a new year begins, our thoughts turn to how this year is going to be different. How we will be more present, more responsible, more frugal, more mindful, more health conscious, etc. How we will be less stressed, less indulgent, less impulsive, etc. We make promises to ourselves that this year will be different. That we won't make the same mistakes. That we will make ourselves anew and start living our best life.

In the early days of that bright and shiny new year, we give it everything we've got. Then life happens and our knees buckle under the weight of our own expectations, and we fall short. And when we fall short, we feel guilt. When we feel guilt, we lose hope. And when we lose hope, we reach back to those old vises and coping mechanisms we have relied on in previous years, and the whole cycle starts over again. In fact, research done by the University of Scranton found that around 80% of people fail to uphold these new standards for themselves within the first few weeks of January, and only about 8% of people succeed in their resolution. So why even try to change?

Bettering ourselves and living a healthier life is something that most of us want. Feeling depressed about how we're doing in this regard is something many of us feel as well. But change isn't impossible. Where most of us fail is that we don't set realistic expectations for ourselves, and we try to do a total makeover all at once. We swing for the fences, but

with so many things flying at us all at once, we fail to hit even one.

A more achievable approach is to focus on a single goal first. This goal should be both realistic and clearly defined. It may also be something necessary to reach some of those other goals as well. Here are a few steps to help you succeed:

- **Be Realistic:** Come up with a plan that works with your schedule and your budget that you can start right away. If it isn't something you can start that week, it's probably not the right goal.
- **Be Flexible:** Think of things that could get in the way of you achieving this goal and come up with some contingency plans. Know that sometimes things will come up in life and have a plan to not let you get totally derailed when they do.
- **Be Accountable:** Come up with some tools to help you stay accountable. Get others involved so that they know how they can help you be successful in your goal.
- **Be Gracious:** You may not always hit the milestones you set out to. Make sure you give yourself some grace so that you don't give up on your goal entirely. It's okay to tweak the plan a bit so that it is achievable, and then work up to a more rigorous effort. Forgive yourself if you slip and try again.
- **Believe:** You've got to believe that you can obtain your goal and be your own cheerleader. Celebrate even the smallest successes in a healthy way. It is hope that will help you stick with your plan and obtain your goal.

If you experience any thoughts about suicide, call the Suicide Prevention Lifeline at **1-800-273-8255**.

To learn more about suicide prevention, visit the DBHDD website at:
<https://dbhdd.georgia.gov/suicide-prevention>.

Or contact the Suicide Prevention Director, Rachael Holloman, at:
rachael.holloman@dbhdd.ga.gov.

National Suicide Prevention Lifeline:
1-800-273-TALK (8255).