



Alcohol Abuse and Opioid Addiction

More than 50 Americans die every day from overdosing on opioid-based painkillers. One in five of these overdose deaths involves alcohol use.

Alcohol and painkillers can be extremely deadly when mixed, and this type of overdose death has been on the rise due to an increase in opioid drug addictions in the U.S. in the past few decades.

Alcohol abuse alone causes numerous problems for alcoholics, but can also increase the negative effects of drugs like narcotic painkillers and other prescription medication in unpredictable and dangerous ways. The side effects of these drug interactions can be serious and life-threatening.

In addition to alcohol-related health problems, alcohol use can result in accidents that cause pain, leading the user to seek and possibly abuse opioid painkillers like hydrocodone, oxycodone, and morphine. These powerful painkillers may help some people suffering from chronic pain, but when they are abused or taken in combination with other drugs or alcohol, they can endanger the patient's health.

The use of alcohol can also make certain conditions like post-surgical complications much worse, leading to an abuse of painkillers to deal with the discomfort. If a patient receives a prescription for opioid painkillers, it is important to not drink while taking the medication.

Mixing alcohol and opioid-based painkillers can lead to dangerous side-effects, such as:

- Respiratory arrest
- Loss of consciousness
- Dizziness and loss of coordination
- Cardiovascular instability
- Spikes or serious drops in blood pressure

- Irregular heartrate and rhythm
- Dehydration
- Nausea and severe vomiting
- Coma

Along with these grim and life-threatening complications, problematic alcohol use can cause an individual to not follow through on treatments for physical illness, thereby increasing the risk of suffering even more pain. Add to this the analgesic properties of alcohol, which can result in users developing an increased tolerance to the effects of prescription medicine—causing them to use more and more—and it becomes evident how alcohol abuse can lead to drug addiction. These are a few of the many reasons why doctors always ask patients about their alcohol consumption before issuing a prescription.

The Most Dangerous Combination

The most life-threatening side effect of mixing alcohol and narcotic painkillers is depressed breathing. Both alcohol and opioid medications slow down breathing rate. Without enough oxygen, the brain shuts down internal organs, causing the person to suffer brain damage and death due to lack of oxygen.

Alcohol also increases the sedating effect of narcotic drugs, leading to increased drowsiness and eventual loss of consciousness. A person under the influence of both alcohol and opioids would be extremely dangerous behind the wheel of any vehicle. Of course, people should not drive while under the influence of any substance, but attempting to drive while drinking and taking painkillers is an almost guaranteed disaster.

Overdose Death Prevention

If someone overdoses on an opioid-based drug, emergency service and medical personnel will likely use a drug called Naloxone in an attempt to save his or her life. Naloxone binds to receptors in the brain and can temporarily stop an overdose. But Naloxone can

only halt the effects of the overdose for long enough to get the person to a hospital. Never assume that Naloxone is enough to stop the effects of an overdose permanently. And be aware that Naloxone cannot reverse the effects of alcohol poisoning.

If an individual has been abusing alcohol *and* taking opioids and then overdoses, it is all the more important to get that person to a hospital immediately. Even if Naloxone stops the overdose effects, the person could be suffering from alcohol poisoning and will need special treatment—such as receiving activated charcoal, having the stomach pumped, and getting emergency supportive care.

People who combine opioid drugs and alcohol are putting themselves at very high risk of an extremely difficult to treat overdose, which often results in death. There are those in the mental health field who believe that many of these overdose deaths are actually suicides.

The following information is provided by the Georgia Department of Behavioral Health & Developmental Disabilities.

Support After a Suicide Loss

Suicide peaks during late winter and early spring. Families, friends, clients, and coworkers who have lost a loved one to suicide often have a difficult time with grief in the workplace. Survivors of suicide loss can benefit from support from friends, family, and coworkers. The National Action Alliance has developed guidelines and resources for survivors of suicide loss and their supporters in *Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines*: <https://theactionalliance.org/sites/default/files/inline-files/NationalGuidelines.pdf>. The guidelines suggest the following ways to be supportive.

Be present for the person bereaved by suicide. Share the common experience of grieving a death. Listen compassionately to remembrances and stories. Remember the life of the person as well as the death.

Encourage self-care such as daily walking, connecting with others, healthy eating, and sleep patterns. Share in self-care routines such as walking together.

Share useful information. What to expect in grief and trauma responses after suicide, coping skills, where to find resources, and how to help children are examples of information useful to survivors.

Encourage peer support and mutual self-help. Survivors of suicide loss have organized healing groups (Survivors of Suicide), and events are both online and in person.

Where to Find Survivors of Suicide Support Groups

Suicide Prevention Action Network of Georgia (SPAN-GA): www.span-ga.org

The Link Counseling Center and National Resource Center for Suicide Prevention and Aftercare: www.thelink.org

American Foundation for Suicide Prevention (AFSP): www.afsp.org

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

Or contact Suicide Prevention Director, Walker Tisdale, at: walker.tisdale@dbhdd.ga.gov.

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