Drug Interactions Between Prescription Drugs and Street Drugs:

A User-friendly Guide to Self-medicating

by Julia Klems

Acknowledgements

I spent many months envisioning a manual such as this and thinking how useful it could be for many, I spent more months quietly struggling to get into the "flow" of researching highly technical material on a topic that, at the time, were completely outside of my field; and I spent a few more months actually writing, which I did while in significant mental overdrive, so as to rise to the task of finishing the manual's production by the time I was scheduled to unveil it at the 3rd National Harm Reduction Conference in Miami, Florida in October of 2000. I owe a big thank you to all those who assisted me in getting further along the path toward completion of the first edition of this project. Here is an incomplete list, in no particular order, of those who so generously guided and supported my efforts: Dr. Daniel Ciccarone, M.D., Pete Morse (Rest in Power), Phillip Coffin, David Modersbach, Jon Ladar, Paul Dalton, Jolayne Marsh, and Emanuel Sferios, and a responsive physician (whose name I can't remember) who had attended the 1999 Drug Interactions Conference in Bethesda, Maryland, and reported back on the paucity of information of the type I was seeking.

Dedicated to the past, present, and future clients of Needle Exchange Emergency Distribution, to all syringe-access workers everywhere, to the pioneers and torch-holders of the harm reduction movement, and to the many, many brilliant and compassionate comrades we have tragically lost over the course of the years.

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Introduction

This pamphlet is designed to help you make informed decisions about your consumption of certain kinds of prescription drugs (and other legal meds) in combination with the street drugs you use. As we all know, any chemical we consume has a set of effects on our body, some of them desirable, and some of them undesirable. This is true whether that chemical is legal, and classified as "medicine," or if it's illegal, and called a "drug." Really, they're all drugs. And if you're already taking one drug and you start taking another one, it's important to know how the combination is going to effect you. Getting that information is tough. The directions they give you with a new prescription are pretty vague (often useless), and the street drugs don't come with directions.

This pamphlet mostly talks about drugs that people inject, although it does make mention of other "recreational drugs" now and then. As a drug user - especially if you inject - you have special needs and concerns when it comes to other medicines. Ideally, you'd have access to a doctor who's cool enough that you'd feel safe discussing your drug use with him or her, and who has an understanding of the drug(s) that you use. Unfortunately, many of us have doctors who are no help when it comes to asking questions about illegal drugs, or we have no regular doctor at all. You may be pretty much on your own when it comes to finding out how to safely combine your drugs, and how to avoid doing drug combos that will fuck you up.

This pamphlet is a general guide, but you may need more specifics about your drugs and what to do about their interactions. There are other things you can do to get the scoop. Let's say you use **heroin** daily and have just been prescribed the antibiotic rifampin (see Opportunistic Infections and Tuberculosis sections).

1. Ask your friends or other users if they have any experience with taking rifampin while on heroin, and what happened to them when they did it.

2. Read as much as you can about rifampin and what it does (also about heroin and its effects).

3. Go to the library and find the Physician's Desk Reference (try to find a recent version). Look up rifampin (there's an index in the front which lists all the medicine names and page numbers), and see what drugs are listed as "contraindicated" - bad to combine with rifampin. You won't find heroin, but you might find morphine, methadone, or meperidine (demerol). Since these drugs are legal analogs to heroin (they act similarly), you may get a clue as to how the rifampin will affect you when you're on heroin. Then, look up morphine. (Morphine behaves almost identically to heroin in your body.) This may also list contraindications that it's useful to know about.

4. Call a pharmacist and ask them about taking the combination. You could say "morphine" instead of "heroin," and still get useful information. Or you could use the old "a friend of mine is thinking of taking..." trick. Pharmacists know a lot about drug interactions - often more than doctors.

5. Surf the web. There's a lot of good drug information on the web - and you can get it anonymously! You can visit the websites of drug companies and read about their products. You can also do searches to get information from other sources.

When looking up or asking about drug interactions, you can look up **dextroamphetamine** as a predictor for **speed or crank.** That's the active ingredient in Dexedrine and Adderall.

Pharmacodynamics and Pharmacokinetics (Say what?)

Generally, when you take drugs/medicines in combination, there are two ways in which they can interact. First, they can interact pharmacodynamically. This is when two drugs produce similar effects, so one easily enhances the effect of the other. You're probably already familiar with this type of thing: you take speed to get an energizing high, and then you drink some caffeine to enhance the buzz. Pharmacodynamics is why you're at risk for **overdose** when you mix **heroin with alcohol, benzodiazepines like Valium,** or other **downers.** Check out NEED's flyer on Preventing Overdose Death for more details on how to keep yourself **safe** on smack.

Drugs also interact by way of pharmacokinetics. This is a much more slippery concept, and it takes more in-depth studies to find out what pharmacokinetic interactions a particular set of drugs will have. Basically, this kind of interaction means that taking drug A will either make your body hold onto drug B for longer (so you'll get more side effects from drug B, and you won't need as much to get you high or treat your illness), or it will make your body get rid of drug B faster (so you'll need more to get the same effect). Drug B might also be influencing your body's reaction to drug A at the same time.

As I said, these types of studies are more in-depth, and it is common for drugs to be marketed without their pharmacokinetics really being known. Needless to say, they've hardly done interactions studies on illegal drugs at all, because it's so hard to get such studies licensed or funded. Which is why this pamphlet is not as complete as I'd like it to be. That being the case...

Tell Me What You Know

I'd like to get more information on the subject so I can make a more complete version of this pamphlet in the future. If you are a drug user, doctor, pharmacist, clinician, health outreach worker, or just happen to know of some drug interactions you think should be included in this pamphlet, you can contact me via email at simesuena@gmail.com

Anti-AIDS Medications

Protease Inhibitors (PIs)
Saquinavir (Invirase, Fortovase) Ritonavir (Norvir)
Indinavir (Crixivan)
Nelfinavir (Viracept)
Amprenavir (Agenerase)
Lopinavir (Kaletra - contains ritonavir)* tipranavir*

Nucleoside Reverse Transcriptase Inhibitors (NRTIs)
Zidovudine (AZT, Retrovir) Lamivudine (Epivir)
Zidovudine + lamivudine = Combivir Zalcitabine (Hivid)
Didanosine (Videx)
Stavudine (Zerit)
Abacavir (Ziagen)
Emtricitabine (Coviracfl)* abacavir+zidovudine+lamivudine = Trizivir*

Non-nucleoside Reverse Transcriptase Inhibitors (nNRTIs)
nevirapine (Viramune) delavirdine (Rescriptor) efavirenz (Sustiva)
emivirine (Coactinon)* calanolide A* capravirine*
* These drugs are still in the experimental stage

Cellular Inhibitors
hydroxyurea (Droxia)

Other Classes of Anti-HIV Drugs (all experimental)
tenofovir disoproxil fumarate (a Nucleotide Reverse Transcriptase Inhibitor) T-20 (an Entry Inhibitor)
aldesleukin/ Interleukin-2 (Proleukin - an Immune Based therapy)
Salk vaccine (Remune - an Immune-Based therapy)

Introduction

OK, we all know what AIDS is (Acquired Immune Deficiency Syndrome), and we all know that you get it from being infected with HIV (Human Immunodeficiency Virus). We all know how you get it (having unprotected sex, sharing needles or other injection equipment). And we know that it sucks. But of course only some of us know how bad it REALLY sucks - those that are already sick with it. And although there are a lot better medications for AIDS out there than there used to be (even two years ago), the medications themselves can be a problem. They can make you feel like shit ("that's how you know they're working..."), and it can be very burdensome to remember to keep taking them all the time.

If you are currently using IV drugs and have HIV, deciding whether to go on anti-AIDS drugs is a major time of questioning. Aside from what the AIDS drugs will do when mixed with your drugs, which we'll try to discuss here, you've got a lot of other issues to worry about. Since AIDS deteriorates your immune system, you're a lot more likely to get sick, and in a lot more ways. **Speed, dope, coke** and other **drugs** aren't great for your immune system, either - as you've probably noticed from the way doing lots of them wears you down or makes you catch every cold in town. But your immune system is also in charge of fighting off other kinds of infections, like the kind you can easily get from shooting up. Some people that never got an abscess in their life all of a sudden find they get them all the time once HIV has begun to take its toll on their body. This is because whatever crud gets under their skin when the needle goes in is suddenly much harder for their bodies to fight off and get rid of. If you weren't already, now is the time to become extra, extra-careful about how you shoot up, and about cleaning hands, injection sites, and surfaces before and after shooting. Always use new equipment and a brand-new rig for every shot, and protect your shooting partners as well as yourself. Dispose of those points safely!
(Be sure to read the "safer shooting" part of the Hepatitis section.)

Also, you don't want to risk getting exposed to the virus again, even when you know you already have it. That would increase your viral load, and could make you sicker. Always shoot clean!
So the fact that your body is now way more susceptible to getting sick is probably an argument in favor of going on some meds (they're all called "antiretrovirals"). But what about all those pills? There's usually a lot of them, and they have to be taken throughout the day, some on an empty stomach, some with a big meal, etc. Complicated? Yes, definitely. You gotta eat regularly, first of all, and have some kind of regular sleep schedule, which may or may not describe your current lifestyle. And you gotta remember to take EVERY PILL, because missing even one or two could fuck up your treatment, and make you drug resistant. That means you can't get the benefit of that drug therapy EVER AGAIN.

The pills don't make you feel better instantly (if anything, they'll make you feel worse), so your body won't remind you to take them every so often, the way it nags at you to get your fix. You'll need to think about

making strategies for yourself so you remember to take all your meds. You may also want to consider whether your drug use would just interfere too much altogether, and if being sober or switching to smoking pot is the transition you need to make before you try to take on the project of starting HIV meds. This is an option that can be excruciatingly difficult, but is potentially very rewarding. It has worked for others and could work for you if and when you decide you're ready.

Other people have found that drugs like heroin help them cope with the side effects of some of these meds (nausea/ abdominal pain, sleep disturbance, depression, etc.). If you can be reliable about taking all your meds and still use, then maybe that's an option for you. Keep in mind, though, that a lot of meds have side-effects which feel like withdrawal symptoms. Don't overdo it when you're trying to self-medicate. You could overdose!

If it's stimulants you're into, keep in mind that some, especially speed, take a long time to wear off, and staying up all night repeatedly (and not eating) can really wreck the action of your AIDS meds. Can you find a shorter-acting stimulant, such as coffee, dexedrine, or ephedrine pills? If you only do stimulants in the morning, can you get to sleep at night? Fatigue (feeling tired) is a major symptom of the disease itself, as well as a side effect of many of the medications. (Abnormal exhaustion could also be a symptom of another infection, so try to have your doctor check that out.) You may jones harder than ever for speed or other stimulants, or you may find yourself wanting uppers when you didn't used to be into them. Prepare yourself for this possibility, and do whatever you can to encourage yourself to rest and get sleep, instead of giving in to the urge to use.
You could do a little trial with yourself, to see if you'll be able to adhere to a particular medication regimen. "aidsmeds.com" recommends using different colored jellybeans instead of the real pills, and taking them as you would take the meds. They also have some good suggestions about how to remind yourself. Doing a trial will help you figure out if your sleep schedule, eating schedule, and ability to remind yourself to take pills are intact enough to begin treatment while using.

Remember, the transition into taking anti-AIDS drugs is extremely tough, even if you don't have the need to get high as an additional complication. Try to get as much support as possible from the people around you. Talk to other people with HIV, check out support groups for folks on treatment, and get your friends or family members to help you. (Can they remind you to take your meds? Cook for you? Offer a shoulder to cry on?)

Now you've gotta find a therapy that'll work for you. Do whatever you can to get seen by an HIV specialist, and keep in mind that if someone else prescribes you meds of any kind, they may not know how it'll mix with the AIDS meds you're taking. Find out!

Interactions with Street Drugs

(Hey! Read the "safer injection" part of the Hepatitis Treatment section in this pamphlet! I know you're already a shooting genius, but ...)

Protease inhibitors have been known to cause bad drug interactions in a number of people. **Ritonavir (Norvir)** is the riskiest of all the protease inhibitors - it's likely to cause you to overdose. **Avoid taking ritonavir if at all possible.** The NNRTI **delavirdine** is similarly dangerous, so **avoid taking delavirdine** if you're a user. Doing **speed or ecstasy** even once when you're on ritonavir or delavirdine can have a deadly result. This is probably going to be true even if the ritonavir dosage you're on is lower (or adjunctive - used to keep your other meds in your body for longer). So avoid adjunctive ritonavir if you can, and remember that **Kaletra** contains ritonavir.

If you go on other **protease inhibitors,** or the NNRTI **efavirenz,** be really careful about your drug use. The amount of **speed, ecstasy or ketamine (Special K)** you consume will double or triple when you take it, and will take longer to clear your system. That means you should only do **1/3 your usual dose,** and be really controlled about re-amping. Be honest with yourself about whether you can hold back once you've started (particularly if you do a lot speed) - you'll probably have to buy only a little at a time, or get someone who doesn't use to hold onto your extra stash for you. When you do use one of these drugs, take other precautions against overdose: be with (or on the phone with) someone else who can handle an emergency while using, don't mix your speed, X, or K with alcohol or other drugs, and **stay hydrated** - drink plenty of water even when you're not thirsty.

Your **alcohol** tolerance will probably be lowered. Try to drink in moderation when you're on any anti-HIV meds, and avoid drinking if you're going to be doing other drugs (or vice versa). When you're HIV+, alcohol is big trouble for your liver, which you'll need to maintain in reasonable condition to help you fight the disease. If you're taking **didanosine,** you should stay away from alcohol as much as possible, limiting yourself to one drink per day if you can't cut out booze altogether.

Didanosine and alcohol has been known to cause pancreatitis, which can be deadly.

Also, **alcohol** will almost double your blood level of **abacavir.** This means more nasty side effects. If you can keep your alcohol consumption down to two or three drinks, you may be fine with taking abacavir (and you'll save money on booze), but if you're more of a drinker than that, avoid abacavir.

Heroin, marijuana, and cocaine probably won't have a stronger effect when you're on protease inhibitors, but it's hard to be sure, since no one's really studied them very extensively. **Heroin's** effect will probably be decreased, but since the risk of overdose with heroin is so high anyway (and some people drug reactions **opposite** those you'd expect), start with your usual dose and wait to see what happens. Make sure you're especially wary of your dosage if it's a different batch of dope or a new dealer, or if you've had a break from using for 2 days or more. Try to avoid using alone, or at least get someone to check on you after you've done your shot.

Be careful with **cocaine or crack;** not only is a big coke run likely to impair your ability to take all your AIDS meds at the right times (plan ahead, find a way to remind yourself.), but coke and crack also fuck up your immune system pretty hard. Coke makes the HIV virus replicate up to **20 times** faster than it normally would. Yikes! If you speedball, ditch the coke, and just do the straight dope.

They don't seem to know whether GHB interacts with AIDS meds or not. However, GHB has a very narrow "therapeutic width," which means that the dose difference between partying and falling into a coma is pretty small (compared to other drugs). Since a lot of anti-AIDS meds interfere with drug clearance, be more cautious than ever with the G. Take a teaspoon, and wait at least a half hour before deciding whether to take more. And **don't mix other drugs with your G** - especially alcohol, ecstasy, heroin, downers, or speed!

Crixivan increases your blood levels of **phenobarbitol** (the active ingredient in Luminal, Donnatal, Barbita, Solfoton, Arco-Lase Plus, and other **barbiturates).** The same may be true for other protease inhibitors. Reduce your intake of the phenobarbitol. The same goes for **pentobarbital** (Nembutal, for example).

Other **sedatives (downers)** are also risky with protease inhibitors. Avoid:
triazolam (Halcion), diazepam (Valium), zolpidem (Ambien), alprazolam (Xanax), and midazolam (Versed).
Take only a very reduced amount of these if you have to use them. Other benzodiazepines may be safer with PIs:
lorazepam (Ativan),
oxazepam (Serax), and
temazepam (Restoril), for example.

Remember that all these **downers are a bad mix with heroin,** however. Loads of people have **OD'ed and died** from mixing downers and smack.

Amyl nitrate (poppers, rush) and other ***Inhalants (huffing* glue, paint,** etc.) are hell for your liver, and can easily lead to disease progression. If you can get that rush from some other substance instead, do it. Mixing **poppers and Viagra** is an absolute no-no if you're on anti-AIDS medication. **Death** is likely. (Viagra is a bad idea, anyway, if you're doing AIDS treatment. If you find it necessary, do the lowest possible dose: 25 mg.)

Methadone

There've been more studies done on AIDS drugs' interactions with methadone than with illegal drugs, for obvious reasons. It seems that folks on methadone maintenance are better able to fight off the deadliness of AIDS than active heroin users. Whether this is because methadone increases likelihood of adherence (taking all medications regularly), or because methadone itself is less harmful to the immune system than dope, isn't clear. But sometimes there are weird drug interactions with methadone, so the most important thing to remember is **Don't get frustrated!** You may have to have your methadone dose adjusted when you go on HIV meds, so get your HIV doctor to advocate for you at the methadone clinic, if necessary.

Nevirapine and efavirenz decrease your **methadone** level, so you'll need an increase in methadone dose. **Abacavir** might also decrease your methadone level a bit. **Ritonavir** doubles your blood methadone level, so you'll only need to take half as much methadone. But if ritonavir is taken in **combination with saquinavir** (at a lower dose), it seems to be fine with methadone.

Nelfinavir and delavirdine could also increase your methadone level. Notice if you're feeling overly dopey - reduce your dosage accordingly, or just enjoy it.

Methadone can also influence your AIDS meds. For example, it doubles your blood levels of **zidovudine (AZT).** This will probably make you feel like you're going into withdrawal, but you're not. It's just that **too much AZT feels like withdrawal,** so have your HIV doc lower your AZT dose. You probably won't need to increase your methadone dosage,

because the AZT shouldn't affect your methadone level. Remember that **Combivir** contains AZT, so the same thing applies. Being on methadone could also lower the **didanosine and stavudine** in your body, if you're on either of those. Again, have them adjust the dose of the AIDS med, not the methadone.

Interestingly, the studies that have been done on methadone can actually sometimes be more useful for predicting drug interactions with speed or ecstasy than for predicting interactions with heroin. Even though methadone and heroin are both opiates, the metabolism (the body's clearance) of methadone is more like that of amphetamines. The effect of AIDS meds on heroin is sometimes opposite the effect upon methadone (but not always).

For more information on drug interactions with HIV meds, contact the PWA Health Group at (212) 255-0520.

Treatments for Opportunistic infections

(These are types of infections that people with AIDS are way more susceptible to getting)

Rifampin is used to treat MAC *(Mycobacterium avium intracellular,* which is a life-threatening infection that people commonly get during later-stages of AIDS. (It is also used to treat tuberculosis - see the Tuberculosis section of this pamphlet). Rifampin is well-known to "eat" **methadone.** If you're receiving methadone, you'll probably need to get your dose raised.

Less is known about how **rifampin** interacts with street drugs. It may decrease **amphetamine (speed/ ecstasy)** levels in your body, the way it lowers your methadone level. There's nothing official on that, though, so proceed with caution and don't take more **speed or X** than usual until you've given it time to take peak effect. Rifampin probably won't reduce the effect of any **heroin or coke** you take. Given the uncertainty, though, see if you can find an alternative to rifampin if you're a user. **Rifabutin** (Mycobutin), **zithromycin** (Zithromax), or **clarithromycin** (Biaxin) might be good alternatives for you. Your rifabutin dose may have to be lower than normal if you're on antiretroviral meds. If you take clarithromycin, don't exceed a twice-a-day 500-mg dose!

Since rifampin interacts with so many AIDS drugs, it'd be advisable to take one of the alternatives instead, anyway. Your prescriber won't even blink when you ask for a substitute drug for rifampin.

Several **anti-fungals** also have the tendency to interact - both with your drugs of choice and your anti-viral meds. If the medication name ends with "-azole," check to see if you can expect drug interactions. **Fluconazole** (Diflucan) is one such med. (Interactions are predicted only if you're taking it internally - probably not if you're applying a lotion or cream.) If you're on **methadone,** fluconazole will probably increase your methadone concentration by about 30%. If you're feeling more doped-out than you want, take a little less methadone than your usual dose and save the rest for a rainy day. Other drugs will probably be affected by fluconazole, too. Particularly with **speed, coke, or ecstasy,** your risk of overdosing may be increased. Do a smaller amount of your drug, and observe your body's reaction.

Itraconazole and Ketaconazole (Nizoral), which are also anti-fungals, may behave similarly to fluconazole.

Co Infection: HIV & Hepatitis

Not pleasant! See the "Coinfection" part of the following section on Hepatitis...

Drugs Used for Treating Hepatitis

Current Treatments (Antivirals)
lamivudine (Epivir)
famcyclovir (Famvir)
Interferon (brandnames include: Intron A, Roferon A, Infergen, Wellferon, Alferon-N) ribavirin (Robetol) Interferon+ ribavirin = Rebetron other drugs they're still tinkering with

Hep Basics

Hepatitis means "liver disease." Viral hepatitis is the kind that is contagious - you get it from other people (from their blood or bodily fluids). You can also get non-viral hepatitis from heavy drinking or over-taxing your liver with drugs or even environmental toxins like lead paint in your house. Both viral and non-viral hepatitis could result in serious health problems: liver cancer and liver failure (yuk!). Since your liver is in charge of getting rid of toxins from your body, having a messed-up liver makes it harder for your body to handle the drugs you do.

There are several types of viral hepatitis. Hepatitis A, B, and C are the kinds that we most have to worry about, and hepatitis C is super-prevalent in the injection drug-user community. Hepatitis B and C are spread mainly by blood contact. (They can also be transmitted -through sexual contact, especially Hep B.) Hepatitis B and C are way easier to catch than AIDS. You can get it from somebody's used cooker or water, or **even from sharing snorting straws** if you snort coke, speed, or anything else. That's why it's so important that you **don't share ANY injection equipment - needles, cookers, cottons, alcohol pads, or water.** Even **tourniquets** (for tying off) can be a transmission risk, because you can catch hepatitis from bits of blood that are so tiny that they're invisible. Hepatitis B and C virus can live for months, even if the blood dries out. If you know for sure that there's never been anything but a sterile needle stuck into a cooker or water bottle, then it's probably OK to use for cooking up. But if there's any doubt, **use new equipment!** If you snort, **use your own straw or bill.** Use your own **razors, toothbrushes, and nail clippers,** too - the blood you can't see on these items could infect you.

There are vaccinations which immunize you against hepatitis A and B, but **there is no vaccination for hep C.** Prevention is key! If you already have hep C, but haven't been exposed to A or B, get vaccinated for A and B now! Having more than one kind of hepatitis is a major drag. You can now get **free testing and vaccinations** at the **Berkeley Free Clinic,** so ask the folks at NEED site about it next time you're there.
If you think you've been exposed to hep B or hep C, **get tested!** The sooner you find out if you've been exposed, the better your chances are of **responding to treatment.** It's really **better not to wait** until your liver gets significantly fucked up, because the damage is often irreversible. It could happen without your even knowing it, because you might have **no symptoms** at all. You can find out your status on all three hepatitis types when you get your **free, anonymous test** at the Berkeley Free Clinic.

Safer injection

Once again, **there's no vaccination for hep C!** Most people who get it develop chronic illness - they never get over it. Protect yourself, and **use your own new equipment.** Don't risk sharing when it comes to cookers, water, cottons, alcohol pads, ties, etc. (You already know not to share needles.) Even if you already have hepatitis C, don't slack off on the **safer injection** - it's more important than ever. You could get **re-infected** with a different genotype of hepatitis C, and double your likelihood of getting really sick. Play it safe.

If you're shooting with someone else, it's especially important to **wash your hands and injection site** with soap before and after injecting. Encourage your shooting partner(s) to wash as well. Try to keep the surfaces you use to cook up your drugs as clean as possible. Put used supplies directly into a designated container so they don't infect your surface area. Bleach diluted with water can be used to clean up places where used supplies have touched. Alternatively, you could unfold a clean newspaper, and cook up and fix on that.

Note: **Bleach has not been proven to kill hepatitis C.** But if you have no other choice except to share something, make sure you soak it in bleach (or keep the bleach in it) for at least **2 minutes.**

Injecting someone besides yourself increases the risk of transmission (for both of you). It's OK to give a shot to your friend, or to get someone else to hit you when you can't find your veins, but make sure you think through all the possible ways that blood might get from somebody's finger or used supplies onto an injection wound that's still open (at least 2 minutes after all bleeding has stopped). If you're the one injecting your friend, inject them first. Wash your hands between getting them off and doing yourself. If you can, wear latex or vinyl **gloves** while you're fixing them. If you don't have gloves, make sure they press their puncture wound after you've shot them, so you don't have to. That way,

you won't get their blood on your thumb. If it helps you remember, give them a kleenex (or cotton ball) before you inject them, so they'll be ready with it when you pull the needle out. And make sure it's a clean kleenex!

If you're the one getting injected, you're at risk for transmission. Make sure the person injecting you **injects you first.** If it's too late for that, insist that they **wash their hands** first and only touch **your clean equipment** with their freshly washed hands. Be aware of what's going on at all times - don't look away while you're getting your shot.

Treatment

Hepatitis A:

Currently, there's no treatment for hep A. If you get hep A, though, you'll probably be sick for a few weeks and then get over it and never get it again. It doesn't cause long-term problems the way Hep B and Hep C can. And it definitely won't kill you. (However, it could be really complicated or even life-threatening if you're co-infected with another disease, like AIDS or another hepatitis. Seek medical help if you are sick with hep A.)

Hepatitis B and C: Hep B is currently treated with the antiviral drugs Interferon, lamivudine (Epivir), and famcyclovir. (Famvir) - alone or in combination. Hep C is treated with Interferon as well, either by itself or in combination with ribavirin. This Hep C combination therapy is called Rebetron. These treatments are somewhat like the ones used for treating AIDS (see Anti-AIDS meds section). They're anti-viral medications, and they're new to the world of medicine (compared to antibiotics, which have been around for longer). They don't guarantee that you'll get better, and taking the medication can really suck because of all the side-effects.

There are also other treatments that are still being tested out. Entecavir and Adefovir Dipivoxil are being investigated for treatment of hep B, and they're checking out the effectiveness of drugs like VX-497, Pegasys, and Maxamine for treating hep C. For more information on new treatments, check out www.hivandhepatitis.com on the web.

It's a pretty big decision whether to go on treatment, because of the nasty side effects, and because you don't want to be half-assed about it. Anti-virals won't work unless you take them religiously -missing doses can cause the virus to become resistant to the medication, and then you're in trouble. It can be really tough to take your meds consistently when you're living the user life-style, so think about whether or not now is the best time to take on the responsibility of a rigorous anti-viral therapy. (There's more discussion about how to evaluate your readiness for treatment in the Anti-AIDS meds section.)

Another factor in your decision to undergo treatment might be the fact that **Interferon** is taken by **injection.** You're already a pro at self-administering, of course. Maybe you don't usually muscle your shots, but you know how to rotate your injection sites and flick all that air out of the syringe. But if you're in **recovery** or are trying to make a plan to **quit using,** you might have to think about how the experience of using needles 3 times a week will affect your urge to use.

Deciding not to do treatment is certainly an option for you as well. Unless you're really sick (and it's good to get certain tests done to help you evaluate this), you should probably wait to go on treatment. They're likely to come out with better treatments in years to come, and hopefully these will be more effective and have fewer side effects. In the mean time, there are a lot of things you can do to take care of yourself and combat the progression of illness. Changing your **diet,** trying out some **herbal remedies,** and getting **plenty of rest** may be your best ticket to battling hepatitis.

Remember, when you go in to get those **tests** (to measure your liver enzymes and see how sick you are), any **drugs,** including Tylenol or aspirin, can fuck up your **results.** Since you're counting on the accuracy of those tests to help you make decisions about treatment, pretend you're going in for a job-related drug test (which you'd never submit to otherwise), and stay clean-as-a-whistle for a couple of days before the tests.

Interactions With Street Drugs

(Most of this is relevant to you even if you decide not to go on treatment.)

Alcohol is your worst enemy If you have hepatitis. Period. If you drink regularly and do other drugs as well, get your alcohol use in control first - reduce your drinking, quit altogether, go to meetings, substitute another drug that is less liver-toxic, whatever works. Do it. Not only is alcohol super-toxic for your liver, but its metabolites (the chemicals that your body converts it into) are also liver toxic! Worse yet, if you take Interferon (and pretty much all the treatments for hep B and C involve Interferon), you absolutely can't drink any alcohol, or it will render the Interferon inactive. So deal with your relationship with alcohol BEFORE going on therapy. (We know it's easier said than done.)

Smoking is also bad. (OK, so you know that already.) But did you know that smoking is just about as toxic to your liver as alcohol is?

Interactions between nicotine and antivirals are unknown. Any strategies you can come up with for cutting down on smoking are highly encouraged.

There isn't a lot of evidence out there that street drugs interact negatively with hep meds. Maybe that's just cuz they don't know yet. It's probably more important to pay attention to which drugs are more toxic to your liver, and figure out how you can **lessen your liver damage.** Probably **any drug you do,** though not great for your liver, **will be better for your liver than alcohol.**

In general, it's important to be cautious with your dosage of your street drug once you've started treatment, and to be super-aware of any changes in your reactions to the drugs. This means that during your first weeks (or months, if you're an occasional user) of treatment, **start off with a lowered dose** of dope, crank, or whatever. Wait to see how it effects you, and do more only if you're sure it's OK. Be observant of any weird reactions that happen.

Note: Even though this pamphlet attempts to help you make good choices if you decide to go on hepatitis treatment and continue to use, it's pretty tough finding a place that'll provide you with hep treatment if you're an active user. Whether you have to piss clean, or provide documentation from a psych professional or a methadone clinic, this can be an additional difficulty that you'll come up against. Best of luck...

It seems that of the injectable drugs, **heroin** is the least damaging to your liver, especially if used to maintain, or for sporadic pain relief, as opposed to perpetual heavy nodding. **Speed** is more taxing for your liver, as is ecstasy. With **ecstasy,** though, you're less likely to get a serious habit going the way you are with speed - and more frequent use is a real risk factor here.

Methadone is also heavily processed by the liver, but it appears not to hurt your liver too much. If you're on methadone, you can certainly go on hepatitis treatment, and there've been a lot of people doing the treatment that haven't experienced methadone withdrawal from doing it. Make sure your hepatitis doc knows you're on methadone, so that he or she can watch your Interferon levels. You should **do your own monitoring** about how your maintenance is working out, and make sure you **get your methadone dose adjusted if necessary** so you're comfortable.

In making a plan around street-drug use in combination with hep treatment, it's helpful to look at the kind of side effects that usually accompany the Interferon and combination therapies. Depression, aches and pains, nausea and insomnia are some of the biggies. Hmm, with friends like these, who needs enemies? Sounds like what it feels like to kick dope, doesn't it? Well, I've heard at least one doctor comment that **heroin** could be a big help in dealing with the side effects of therapy. But, I've also heard that opiates are a no-no with **Interferon.** I'm not sure why, but I think it's because opiates like heroin affect the Interferon levels in your blood.

If that's the case, one approach could be to make your intake of **heroin** really consistent and regular (and not excessive, obviously), and to have your doctor (or whoever) **test your blood levels of Interferon** periodically. It could be a simple matter of adjustment of your Interferon dose.

This "moderation in dope-shooting" thing doesn't work for everybody, though. Some people have a hard time getting anything done when they're **strung out,** and that would include **remembering to take meds and taking care of yourself** in general. If that's you, consider your other options: at-home detox, methadone detox, methadone maintenance, using methadone to reduce your need for heroin, rapid detox with Naltrexone, buprenorphine (a methadone alternative), or even NA meetings. Remember that you have a right to a methadone dosage that is comfortable for you!

Speed, coke, and ecstasy are mostly a problem because of the up-all-night factor (and forgetting to eat and drink enough water). This kind of drug-induced exhaustion is hell on your compromised liverl **Do what you can to avoid sleep deprivation!** Also be aware that some people have psychotic episodes when taking **Interferon,** and doing speed or coke could increase your chances of flipping out and aggravating your friends. That's a clear argument for **lowering doses** and using less often.

Even **caffeine** could be a problem as far as sleep deprivation goes. If you notice you're prone to insomnia anyway, try not to drink caffeinated beverages too late in the day. **Coffee** is harder on your liver than **tea or cola,** so make the substitution whenever you can manage to. Some people find that caffeine makes them dizzy when they're on hep C treatment.

Psychedelic **mushrooms** are rumored to be bad for your liver. **Acid** might be a better option, since it's not as liver toxic. If you're taking **Interferon,** go easy on your acid dose, because you're at higher risk for a bad trip.

Over-the-counter medications can be trouble as well: **Acetaminophen** (that's **Tylenol** to you, pal) **is especially bad for your liver.** Some doctors will prescribe it in small amounts to folks with hepatitis, but if you want to minimize your liver-damage, you should avoid taking the stuff often or in large doses. Lots of drug-store meds - **cold medicines,** fever reducers, cough suppressants, etc. - contain Tylenol, so

read the ingredients. If you're a pill popper, a lot of those fun downer pills contain **acetaminophen** as well: **Vicodin, Percocet, Darvocet,** and other pills ending with"-cet" are going to add Tylenol to your list of ingested liver hazards. They're opiate-based as well, so if you're on **Interferon,** be aware of the potential problems (see above).

Unfortunately, **aspirin and ibuprofen (Advil, Motrin)** can also cause problems when you're on the hepatitis meds. Which really sucks, because that about knocks out all your pain relief options. Maybe it's an opportunity to get your doctor to prescribe you something special. **Imitrex** might be helpful, but you can't mix it with other pain relievers. Hopefully you can get something decent like **codeine.** You could also ask for some **Ambiens, Valiums,** or other **benzodiazepines** and sleep off the discomfort.

Now don't go chopping up those pills and shoving them up your nose or into your arm. **Particulates** (little particles of stuff, like pill powder) **are another major hassle for your liver.** Your instinct is right on, though. **Snorting and IV injection are actually better for your liver than swallowing pills,** as are absorption patches or other kinds of injecting. By avoiding swallowing a drug, you save your liver from having to work on the first step of processing it - sending it from your digestive system into your bloodstream. But you gotta get stuff that was intended to be taken that way. Bug your doctor for a scrip for something in non-pill form, or else just swallow the damn thing.

One More Thing...

... about chronic hepatitis (as if you didn't have enough to worry about already) - **Chemicals that you touch or breathe in can worsen the sorry state of your liver.** Pumping gas, paint fumes, chemically hair-dye, hair products with alcohol in them, nail polish remover, touching bleach, breathing lots of dust, doing construction in old asbestos/ lead-filled buildings, hanging out by the nuclear testing site... All very bad.

Co-Infection With HIV

Aaaaaaargh!!!! Life **sucks especially bad** when you've got the double-whammy of the **AIDS** virus and some form of **hepatitis** running around in your body. Doctors tend to want to get you on a stable therapy for treating the AIDS virus before they even address treating your hepatitis B or C. It makes sense to make the HIV treatment a priority, since it's much more likely to kill you than hepatitis is. AIDS meds (see Anti-AIDS meds section) can have lots of bad drug interactions, and they're still studying the interactions with the hepatitis therapies. **Interferon** seems to be OK with a lot of the **AIDS drugs,** but they're not sure about **ribavirin.**

The major bummer is that AIDS meds themselves can cause major damage to your liver. This fact (along with all the side effects, disease symptoms, addiction hassles, etc.) can really make you want to give up. **Don't give up!** You still have options for improving your health. Give the treatment a whirl, or, if you decide to wait it out until medical science has something better to offer you, devote yourself to taking better care of yourself.

Either way, you've got twice the motivation to **cut down** on drugs, twice the justification for demanding support from **friends and family,** and twice the number of **support groups** to choose from. Do all the **reading** you can on both illnesses. (Some public libraries let you have free Internet access ...) Hunt down **health care and support services** like a bloodhound. Eat ridiculously **healthy food,** and use anything as an excuse to **sleep.** Wash your hands all the time! (Your immune system is very fragile, and germs are very, very evil.) Find some immune-supportive **herbal remedies.** Cry when you need to. Make sure you **inject extra-safe!!!** After all, it could always be worse. Giving up on yourself and not fighting for your health is a sure way for things to get worse.

Tuberculosis (TB)

Current Treatments (all are antibiotics)
Isoniazid
Rifampin
Pyrazinamide
Ethambutol Streptomycin Para-aminosalicylic Acid Ethionamide
Cycloserine Capreomycin Kanamycin Thiacetazone

TB Basics

If you've gotten TB, it's probably because you were in an enclosed space with someone who had active TB, breathing their air. Your friends aren't at risk for getting it from you through casual contact like drinking from the same bottle, hanging out, or even having sex with you. T13 is a bacterial infection, which means it responds to certain antibiotics, listed above. If you're sick with TB, do your best to get the treatment you need and take all your meds, cuz TI3 is dangerous and miserable if you don't get treatment. These medicines, like other antibiotics, need to be taken regularly and to completion (you gotta take every dose til it's all gone), or they won't work and your infection will become resistant. Do a check-in with yourself about whether or not you're up to the task of taking the meds BEFORE you start them (see Anti-AIDS drugs section for more about adherence).

Most of these meds have icky side effects - some cause nausea or upset stomach, vision problems (Ethambutol), hearing loss (Kanamycin), skin rashes (Thiacetazone), or liver injury. Not everyone gets these side effects, and not all the meds cause them, but you want to have pretty regular contact with your prescriber so he or she can run tests for changes in liver enzymes, hearing, vision, and other functions.

Interactions With Street Drugs

Rifampin is a commonly used treatment for TB. But it's also a med to watch out for if you do **IV drugs or methadone.** It interacts with a ton of drugs: methadone, oral contraceptives (the pill), coumadin, anticonvulsants, etc. If you're on methadone, you'll need a significantly higher dose of the methadone because rifampin clears it out of your system fast. It probably doesn't do the same thing with **heroin,** though, so do a normal-sized shot and observe your body's reaction. If you're on the pill, it will fuck with your estrogen levels, so use condoms, or see if you can switch to a progesterone-only pill. It's unclear what rifampin does when mixed with **speed, coke, or other drugs.** But if you want to be on the safe side, go with a different TB treatment regimen that's not so notorious for its drug interactions.

Cycloserine can have the same negative side effects as a speed or coke binge, and none of the fun effects. It can make you pace madly, and get you paranoid or even psychotic. If you do lots of **speed, coke, ecstasy,** or other **uppers,** your more likely to have these nasty side effects than your average Joe, so don't take cycloserine. (This could be true even if you have a history of using uppers, but don't do them any more.)

There are a few TB medications that you can only take by injecting them: **Streptomycin, Capreomycin, and Kanamycin.** Taking them involves a **muscle injection.** This may work great for you if you're already used to giving yourself shots (and want a legal scrip for big, fat muscling rigs). On the other hand, if you're trying to stay off drugs or are making a plan to quit sometime soon, the **needle use might trigger a relapse** for you. If that's the case, consider a different medication.

Before you choose a medication, **get yourself screened for hepatitis A, B, and C** (see the Hepatitis section). A lot of TB medications affect your liver, and can even induce nonviral hepatitis, and you don't want to be fucking with your liver if you already have an active viral hepatitis attacking it. **Isonlazid, rifampin, pyrazinamide, and ethionamide** are the primary culprits for liver problems. **Thiacetazone and para-aminosalicylic** acid may also be liver-toxic. If you're a **drinker,** you're at even greater risk. Consider a medication other than these ones. Definitely get vaccinated for Hep A and B, even if you're not going to take any of these meds. You'll at least save your liver from that worry. Remember: there's no vaccine for Hep C, so prevention is your best friend. Don't share needles, cookers, cottons, or water!

If the medication doesn't wreak havoc on your liver, it might upset your kidneys instead. **Ethambutol, streptomycin, and capreomycin** are all associated with renal toxicity (they fuck up your kidneys). See if you can get a kidney function screening done before you go on these meds, and again while you're on them. This is especially true if you're older, have a long and established career as an IV drug user, or frequently use lots of different drugs. If you notice that you feel sick when taking any TB meds, a kidney test is one you should request.

Also find out your **HIV status.** You don't want to go on **thiacetazone** if you've got HIV, and you probably don't want to go on **rifampin,** either, if you're on anti-viral treatment (see the Anti-AIDS meds section). Keep in

mind that your window period is 4-6 months before an HIV test will show the presence of the virus. And keep up your **safe injection and protected sex** practices, regardless!

Other Random Meds

warfarin (Coumadin)*
phenytoin (Dilantin)
carbamazepine (Tegretol)
cimetidine (Tagamet)
cisapride
tryptophan

These are a few medications that you see warnings for over and over again when you read the labels: "Don't take this if you're taking..." They're ones to be especially careful with if you're using any kind of drug - even cold medicine, for some of them!

***Coumadin** is an anticoagulant - it stops your blood from clotting. Sometimes people who shoot drugs get blood clots in their veins where they inject. If this happens in the big legs in your veins, you could be in serious danger, because the clot can travel to your heart or lungs, and kill you. Coumadin is a good way to treat this (some people can avoid getting hospitalized if they go on Coumadin). But it's pretty risky to mix Cournadin with anything - be it speed, dope, whatever. You might have to detox for this one.

Anti-Depressants

Selective Serotonin Reuptake Inhibitors
Prozac (fluoxitine)
Paxil (paroxetine)
Zoloft (sertrahne)
Celexa (citalopram hydrobromide)
Luvox (fluvoxamine)

Tricyclic Antidepressants
Adapin (doxepin)
Anafranil (clomipramine)
Asendin (amoxapine)
Elavil (amitriptyline)
Endep (amitriptyline)
Norpramin (desipramine)
Pamelor (nortryptyline)
Pertofrane (desipramine)
Sinequan (doxepin)
Sunriontil (trimipramine)
Tofranil (impramine)
Vivactil (protriptyline)

Tetracyclic Antidepressants
Remeron (mirtazapine)
Ludiomil (maprotiline)

Monoamine Oxidase Inhibitors (MAOs or MAOIs)
Pamate (tranylcypromine)
Nardil (phenelzine)

Novel Antidepressants

Aminoketone Class
Wellbutrin (bupropion)

Phenylpiperazine Class Antidepressants
Serzone (nefazodone)

Anti-anxiety Medicine
BuSpar (buspirone)

Serotonin/ Norepinephrine
Effexor (venlafaxine)

Triazolopyridine class
Trialodine/ Desyrel (trazodone)

Introduction to Anti-Depressants

Anti depressants are still psychiatrists' cool new toy, and if you've had any counseling from one in the last ten years about your drug use, you've probably been offered one or more of these babies. Probably tried a few, too.

Actually, I'm a fan of using anti- depressants. They've helped me and a lot of people I know to survive hard times and rebuild (and maintain) a positive perspective on things. They're not magic pills; they don't fix your life automatically, they don't get you high, and you usually have a lot of side effects along with the benefits, especially at first. But they're a practical and legal way of addressing a lot of the same problems that folks who use street drugs are trying to medicate against.

Depression, both "minor" and clinically "major," is a big reality for a lot of people, and drug use is some people's way of dealing with it. But doing **drugs (like heroin, speed, alcohol, coke, or ecstasy)** are probably just going to make your depression worse - especially in the long run. There are other "disorders" that anti-depressants also get prescribed for. Things like obsessive-compulsive disorder, eating disorders, social anxiety disorder, insomnia, panic disorder, post-traumatic stress disorder, bi-polar disorder (manic depression)... the list goes on. Gee, something for everybody, and a nice, wordy psychiatric term for everything. And guess what, a lot of folks with big drug habits get diagnosed for one or more of these "disorders" at some point along the way.

What does that mean? Well, maybe nothing useful, but if a medical professional announces to you that you have a congenital cognitive-emotional dysfunction, don't get an tripped out about the label they put on you. Instead, try to see it as an opportunity to access some meds that might help you feel more at home in your body.

A lot of people get anti- depressants prescribed to them when they enter some kind of recovery program. This kind of comprehensive treatment is certainly nicer than just getting a bed to writhe in for a few nights. But transitioning out of heavy drug use is incredibly tough, and it's hard not to be frustrated by the insufficiency of antidepressants in curbing your agony and cravings. They might help you with the detoxing process, but they might just cause additional side-effects you don't need at the moment.

OK, so you relapsed. Everybody does it. Don't be too hard on yourself. If your first *introduction to* anti-depressants was miserable because you were kicking drugs, you still might have better luck with some of these meds later on.

The medical establishment hasn't really decided how long it's "appropriate" to be taking this stuff. Like, are we talking months? Years? My whole life? I mean, c'mon, give me a ballpark figure here. (Psychiatrists sort of hedge when you ask them this.) Generally, though, at least with the types of anti-depressants we'll be talking about here, they advise you to stay on it for at least six months, and will probably encourage you to stay on it for years if you want (your *insurance company* will probably have a different attitude...). You always have a choice, though. It's not like the other "anti" drugs (anti-virals, or Antibiotics), where you have to keep taking them til they say it's OK to stop or you'll give the disease the upper hand. If you decide to stop taking your anti-depressant(s), it's better to take a half-dose for a week or two instead of going cold-turkey all of a sudden. (This varies from medication to medication - check with your prescriber).

Patience and optimism are very helpful when you start a new anti-depressant. Their beneficial effects take a while to really kick in, their side effects might bum you out, and they're not going to make you forget your problems. (If the side effects are too intolerable, get your prescription switched - lots of people try out several meds before they get the one that works for them.) But making other improvements in your quality of life is part of the challenge here. Try to find other things that will help you deal with the hard shit. Therapy is great - it can be the biggest favor you ever do for yourself. It's expensive, but some places offer reduced rates or even free counseling. Ask around.

Other things that might help are: finding fulfilling things to do with your free time, reducing the stress in your life as much as you can, doing some yoga or tai-chi, getting acupuncture (there is some great low-cost treatment especially for users at several locations in the Bay Area), finding ways to address the problems in your relationships with others, finding people that you can really talk to, adopting a low-maintenance animal friend, or finding healthy things you can do to reward yourself for dealing with your life.

That said, you'll still want to know what kind of shit you can shoot up while you're on your new meds.

Interactions With Street Drugs

Rule Number 1: **Don't even fuck with MAOI's** (monoamine oxidase inhibitors). They cause bad drug *interactions up* the wazoo, and they interact with almost everything. Any psychiatrist who has a clue about your drug use won't prescribe them to you anyway, but it never hurts to check to make sure you're not getting one of these uncompromising chemicals. They take forever to leave your body, too, so if you've been on them, wait at least 2 weeks before you start on a different anti-depressant med, or delve into your stash.

If you've got Parkinson's disease or some kind of unique ailment, your doctor might insist that there are no other options for you, pharmacologically speaking. That might be the time to say, "But doc, what about the 3 grams a day of speed I shoot?" Then at least he or she will be realistic with you.

Tricyclic anti- depressants also come with a laundry list of don'ts and mustn'ts. Tricyclics are a risky mix with **speed** or other **amphetamines** (and remember that X is amphetamine- like). Tricyclics also increase your risk of **overdosing on heroin.** They're *known to* cause **bad acid trips,** and it's generally pretty complicated to be using while on tricyclics, so it's probably better to stay away from them.

Tetracyclics have similar drug-interaction risks attached, but we'll try to explore the possibilities of going on **Remeron** below.

So, effectively, that leaves **SSRI's** and the other **"novel" anti-depressants.** The good news is that the interactions between these remaining anti-depressants and other drugs you might be using aren't all that drastic, for the most part. Keep in mind, though, that we'll only be

mentioning the red-flags that they actually know about; there's a lot about these meds that still needs to be studied.

Paxil, Prozac, Zoloft, Luvox, and Celexa are all **SSRI's,** which means they help regulate the **serotonin** (a chemical that enhances your feeling of well-being) available in your body. **Ecstasy** also works on the serotonin in your body, but much in a more intensive way; instead of gradually boosting your overall serotonin level (as SSRI's do), X floods your body with all its available serotonin at once, leaving you with none for the next day or two (which accounts for post-E depression). This is why you should **avoid taking ecstasy while on an SSRI.** Either the X won't get you off at all (a waste of money), or it will override the serotonin control you had going with your anti-depressant med, fucking up your response to that med for at least a week or two.

Some people are into taking **Prozac** while they're X-ing so they won't have such a harsh come-down. (This wouldn't apply if you're already taking Prozac or some other SSRI regularly.) This ecstasy/Prozac combo might be helpful with the come-down symptoms. But there's no proof that the Prozac will prevent any long-term damage from ecstasy. It seems that with the Prozac, ecstasy will go instead to work on your body's dopamine system (dopamine is another neurotransmitter, like serotonin, that makes you feel good). Which is essentially what **speed and coke** do to you (activate your dopamine). So if you like ecstasy because it's "safer" than speed or coke, it make more sense to be moderate with your ecstasy dose than to try to take the Prozac ticket out of the after-effects.

The first several months of any SSRI are the gnarliest in terms of side-effects. SSRI's are notorious, for example, for interfering with your sex life. They tend to make it **difficult to orgasm,** and they usually take your **sex-drive** down a few notches. This can be a major drawback for you. Although these difficulties can resolve almost completely after you're on the med for awhile (3-6 months), you might not want to wait that long. It may be a big enough issue that you'll prefer to switch meds. Since **dope, speed, coke,** etc. all tend to mess with your sex-drive and/or orgasmic ability in ways that you're probably already familiar with, it may be complicated trying to figure out what's causing what. But it's important to be aware of all the things you're taking and how they're affecting your impulses.

A lot of anti-depressant meds say on the insert not to drink **alcohol** while you're taking them. This is the kind of advice we all read, and then ignore - to varying extents. The truth is, you'll probably be able to handle some alcohol (see the Exceptions, below), but **your alcohol tolerance will probably be lowered.** This is especially true during your initial period on the med: what you used to drink comfortably might cause you to puke or black out all of a sudden. So try not to slam your drinks, and lean towards beer and wine rather than hard alcohol. (This side effect of reduced tolerance might wear off eventually, as your body adjusts to the anti-depressant.)

Exceptions

For a lot of people, **Zoloft is a particularly bad mix with alcohol.** We're talking black-outs and other embarrassing stuff. **Remeron** also makes you prone to bad alcohol reactions. If you're a drinker, get on some med besides Zoloft or Remeron - your alcohol tolerance will still be reduced, but the interactions probably won't be as drastic. (**Antabuse** will also trigger the same bad interactions as alcohol with these anti-depressants.)

Since your sensitivity to alcohol is increased during those first 3-6 months while the anti-depressant is stabilizing in your system, it's safe to assume that **other drugs will affect you more heavily,** as well, during those months. Caution is the best tactic. Whatever the drug, **lower your dose.** You can always do more later. Carry extra rigs around, so that if you're splitting with someone, you can load your share of it into two or three smaller shots, instead of feeling pressured to do your share all at once.

Of the SSRI's, **Paxil and Celexa** are likely to be less complicated than Zoloft or Prozac, if you're using. (Note: **Zoloft** is bad news if you're into drinking, but it actually might work out fine with other drugs.) **Prozac** isn't that different from the others, but it stays in your system longer, and that can make other drugs build up in your body. So keep in touch with your body's signals, and **don't overdo it, especially if it's heroin** that you're doing (Prozac can affect your breathing, and that could lead to a heroin overdose).

Some **benzodiazepines** (sleeping pills) can be stronger with anti-depressants, so stretch out your stash. Be careful with **Xanax,** especially if you're on **Prozac, Serzone, or Remeron.** Remeron can make you sort of zoney and dopey itself, so try not to mix it with any downer pills (there is a list of benzo's in the Anti-AIDS meds section). That also applies to **heroin:** do a **smaller shot** of dope if you're starting Remeron. **Trazadone** also influences **heroin,** possibly making it more potent. Again, play it safe: do a smaller shot.

Remember: heroin and benzodiazepines (downers) are a bad mix. They're an even worse mix if you're on antidepressants. Please don't die on us.

If you're into **speed or coke,** the same general rule applies: **Proceed with caution.** Reduce your doses until you know what you can expect. **Efexor** might interact badly with **speed** or other **amphetamines.** I'm not sure if that includes **ecstasy** or not, so be wary. **Wellbutrin,** which can actually be a good med for you if you're attracted to amphetamines. occasionally causes seizures. Because of this, you should pace yourself if you're doing **speed or coke.** If possible, make sure someone else is around who can help if you start having a seizure.

People don't seem to experience huge changes in their **methadone** levels with most of the anti-depressants discussed here. **Luvox,** though, can cause either a big increase in your methadone, or can make you go into withdrawal, so make sure you'll have some flexibility with your methadone dosage before you start up with Luvox. (Cases of methadone withdrawal with Luvox are rare, though.)

There are some psychiatrists out there who will interview you about which drugs you like to take, and will use that information to try to prescribe you something that goes along with how you are already inclined to self-medicate. Unfortunately, most shrinks aren't that enlightened when it comes to dealing with active drug users. If you know anybody or hear of anyone who gets their psych meds prescribed by a good harm reductionist psychiatrist, try to get an appointment with them! It will save you having to do the guesswork, and will afford you the respect you deserve.

Regardless of who is prescribing your anti-depressants, make sure they know if you are taking any anti-HIV medications. If possible, they should work together with your HIV specialist in getting you the right set of meds. Also, if you know that you have some form of hepatitis, tell your prescriber! A lot of anti-depressants will need to be lowered in dose if your liver is compromised. If you don't know your hepatitis status, you might want to ask to get tested.

Plenty of people who are on anti-depressants use illegal drugs, and so there is plenty of reason to believe you can do both at the same time and not get in too much trouble, interaction-wise. What is challenging, though, if you're using, is not letting the drugs you take get totally in the way of your anti-depressants working for you. Antidepressants have a moderate way of regulating the level of neurotransmitters (like serotonin or dopamine) in your body, so you don't get too low on these chemicals and feel crappy. If you're constantly putting drugs into your system which affect those neurotransmitters more powerfully (and pretty much all street drugs do - that's why they make you feel good), then they'll override the "regulating" that the anti-depressants are trying to do. It's really hard to know if the anti-depressants are working if you've got so much else going on. And it's hard to judge that if you've used heavily and consistently since you started the meds - it'll probably take the anti-depressants much longer to kick in, if this is the case. It might be good to try to take breaks from using for as long as possible so you can give the meds a shot at helping you feel better.

It's good to keep in mind, too, that they're not magic pills, and that you can't expect miraculous results. Antidepressants tend to work the best in combination with other treatment - whether you explore therapy, acupuncture, a new living situation, eating a little healthier, taking more walks or getting other exercise, allowing yourself to rest, getting (or trading) massage, taking hot baths, or whatever is available to you so you can make a healthy change in your life, try to see that as part of your active role in healing your depression. It takes time, but if you can do something that's healthy for yourself every day, no matter how small, you can check in with yourself in a couple of weeks or a month, and maybe find you're in a better space. Is it the meds? Or is it the stuff you're doing to treat yourself right?

About the Author

Julia Klems grew up in Berkeley, California. She began volunteering in the community her junior year in high school, first at local all-ages punk club 924 Gilman Street, and later with East Bay Food Not Bombs. A few years later, she spent a summer hopping freight trains and hitchhiking to tour FNB cook-houses, radical info-shops, and "political" squats in communities Across the US. In fall of 1994, she moved to Portland, Oregon, to attend Reed College. She majored in History and Spanish Literature, and completed a portion of her coursework in Guatemala and in Mexico. She credits her senior thesis project as having equipped her with her first real set of research skills.

After graduating, she took a second solo US trip around the US that included a visit to New Orleans, where she joined some Bay Area friends in attending the Drug Policy Foundation's 1997 national conference. It was there that she was introduced to the term "harm reduction," and met the impressive drug user-empowerment pioneer Sheila O'Shea (AKA Dana). She met Britta Nelson, volunteer coordinator of Berkeley-based Needle Exchange Emergency Distribution (NEED).

Settling in Oakland, she began volunteering with NEED, and intermittently with the San Francisco Needle Exchange (SFNE). A number of conversations among clients transpired regarding inadvertent pharmaceutical cocktail misadventures, and she became interested in addressing some of the unique challenges drug users face when prescribed medications whose effects when mixed with illegal drugs are unknown. Sensing this gap in health information resources prompted her to produce a manual on the kind of drug-drug interactions that put people who inject drugs at particular risk.