



Health Effects of Alcohol and Other Drugs on Your Body

FACT SHEET

Use of illegal substances, misuse of prescription drugs, and heavy use of alcohol pose risks to well-being, as they affect various aspects of one's life—family, work, personal goals, legal issues, personal safety, self-esteem, energy, outlook. Illicit drug use can undermine efforts to adopt and maintain salutary behaviors such as smoking cessation, regular exercise, weight management, and healthy eating.¹ And it can adversely affect work performance, by contributing to an inability to follow through on tasks and by increasing illnesses, absences, accidents, and injuries.

There are risks associated with the chronic use of all psychoactive drugs, including alcohol. Adverse health effects can range from nausea and anxiety to coma and death. A pregnant woman who uses alcohol, cigarettes, or other drugs exposes her fetus to serious risks, including low birth weight, brain damage—even miscarriage.

Substance abuse may involve not only controlled substances and illegal drugs but also alcohol and other substances that pose health risks. Described below are some of the health effects of alcohol and other drugs. Please note that when drugs are used in combination their negative effects on the mind and body are often multiplied beyond the effects of the same drugs taken singly.

Alcohol

Alcohol is the drug most frequently abused on college campuses and in the rest of our society.² Risks to both health and well-being attend heavy alcohol use over time.

Nearly 17 million Americans meet the diagnostic criteria for alcoholism.³ Individuals suffering from the disease of alcoholism, or alcohol dependence syndrome, cannot safely drink alcohol.⁴ Health problems associated with long-term heavy drinking include

- ✓ Alcohol-related liver disease (alcoholic hepatitis; alcoholic cirrhosis). More than 2 million Americans suffer from it.⁵
- ✓ Heart disease. Heavy drinking increases the risk for high blood pressure, heart disease, and stroke.⁶
- ✓ Cancer. Heavy drinking increases the risk for cancer of the esophagus, mouth, throat, and voice box.⁷
- ✓ Pancreatitis. Long-term heavy drinking can lead to inflammation of the pancreas. This condition can be fatal.⁸
- ✓ Birth defects. Alcohol consumption is the leading cause of preventable retardation. Pregnant women cannot safely drink any amount of alcohol owing to the threat of injuring the development of the unborn child and causing fetal alcohol syndrome.⁹

Cannabis

Cannabis, the most widely used illicit drug,¹⁰ produces the psychoactive tetrahydrocannabinol, or THC. The most commonly used form of cannabis is the leaves and flowering tops (buds), which may be either smoked or eaten. It also comes in a more concentrated resinous form called hashish and as a sticky black liquid called hash oil. Common names include marijuana, pot, weed, grass, mary jane, dope, doobie, bud, ganja, hashish, hash, reefer, sinsemilla, herb, Aunt Mary, skunk, boom, kif, gangster, chronic, 420. Health problems, exacerbated over duration and frequency of use, can include the following:

- ✓ Chronic sore throat
- ✓ Emphysema-like symptoms¹¹
- ✓ Accelerated heart rate, increased blood pressure, and reduced oxygen-carrying capacity of blood leading to increased risk of heart failure¹²
- ✓ Lowered immune system response¹³
- ✓ Depression¹⁴
- ✓ Anxiety¹⁵
- ✓ Personality disturbances¹⁶

For more information, go to <http://www.nida.nih.gov/Infofacts/marijuana.html/>.



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Substance Abuse and Mental Health Services Administration
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Club Drugs

The term *club drugs* is used to describe psychoactive drugs that became linked with dance clubs and raves. The class of drugs includes MDMA/ecstasy (methylenedioxymethamphetamine), Rohypnol (flunitrazepam), GHB (gamma hydroxybutyrate), and ketamine (ketamine hydrochloride). Owing to variations in purity, potency, and concentration, no club drug is safe. Research indicates that these drugs can cause serious health problems. They can have even more serious consequences when mixed with alcohol. Club drugs are also occasionally used or administered in connection with sexual assault.¹⁷

For more information, go to <http://www.whitehousedrugpolicy.gov/drugfact/club/index.html/>.

Stimulants

Cocaine, amphetamines, and other stimulants can cause agitation, loss of appetite, irregular heartbeat, chronic sleeplessness, and hallucinations. Cocaine and crack cocaine are extremely dangerous and psychologically and physically addictive. An overdose can result in seizures and death.¹⁸

Depressants

Barbiturates, benzodiazepines (such as Valium), Quaaludes, and other depressants cause disorientation, slurred speech, and other behaviors associated with drunkenness. The effects of an overdose of depressants range from shallow breathing, clammy skin, dilated pupils, and weak and rapid pulse to coma and death.

Hallucinogens

Hallucinogens such as LSD, MDA, PCP (angel dust), mescaline, salvia, and peyote can cause powerful distortions in perception and thinking. Intense and often unpredictable emotional reactions can trigger panic attacks or psychotic reaction. An overdose of hallucinogens can cause heart failure, lung failure, coma, and death.¹⁹

Narcotics

Heroin, codeine, morphine, methadone, and opium are narcotics. A high likelihood exists of developing a physical and psychological dependence on these drugs. Health effects include anxiety, mood swings, nausea, confusion, constipation, and respiratory depression.²⁰ Overdose may lead to convulsions, coma, and death. The risk of being infected with HIV, the virus that causes AIDS, or other diseases increases significantly if one injects drugs and shares needles.²¹

References: **1.** Royer F. Cook. 2006. *Prevention Connection*. Available at <http://www.prevconn.com/>. **2.** U.S. Department of Health and Human Services (DHHS), SAMHSA, Office of Applied Studies (OAS). 2007. *Results From the 2006 National Survey on Drug Use and Health: National Findings*. Rockville, Maryland, 36. **3.** National Institute on Alcohol Abuse and Alcoholism. 2002. *Alcohol: What You Don't Know Can Harm You*. NIH Publication No. 99-4323. Available at <http://www.niaaa.nih.gov/NR/rdonlyres/117174C3-7821-4C09-90DB-BEE634DA686C/0/HarmAl.pdf/>. **4.** Ibid **5.** Ibid **6.** Ibid **7.** Ibid **8.** Ibid **9.** U.S. DHHS. 2001. *Healthy People 2010: Understanding and Improving Health*. Available at <http://www.healthypeople.gov/document/pdf/uih/2010uih.pdf/>. **10.** U.S. DHHS, SAMHSA, OAS. 2007. *Results From the 2006 National Survey on Drug Use and Health: National Findings*. Rockville, Maryland, 16. **11.** Donald P. Tashkin. 1990. "Pulmonary Complications of Smoked Substance Abuse". *Western Journal of Medicine* 152(5):525-30. **12.** Murray A. Mittleman, Rebecca A. Lewis, Malcolm Maclure, and others. 2001. "Triggering Myocardial Infarction by Marijuana." *Circulation* 103(23):2805-09. **13.** Irma B. Adams and Billy R. Martin. 1996. "Cannabis: Pharmacology and Toxicology in Animals and Humans." *Addiction* 91(11):1585-1614. **14.** Judith S. Brook, Zohn Rosen, and David W. Brook. 2001. "The Effect of Early Marijuana Use on Later Anxiety and Depressive Symptoms." *New York State Psychologist* January:35-39. **15.** Judith S. Brook, Zohn Rosen, and David W. Brook. 2001. "The Effect of Early Marijuana Use on Later Anxiety and Depressive Symptoms." *New York State Psychologist* January:35-39. **16.** Judith S. Brook, Patricia Cohen, and David W. Brook. 1998. "Longitudinal Study of Co-Occurring Psychiatric Disorders and Substance Use." *Journal of the American Academy of Child & Adolescent Psychiatry* 37(3):322-30. **17.** <http://www.whitehousedrugpolicy.gov/drugfact/club/index.html/>. **18.** Ibid. **19.** Ibid. **20.** Ibid. **21.** Ibid.