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Brief Communication

Heroin Addict Relat Clin Probl 2009; 11(3): 35-38

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## Alcoholics With a History of Heroin Consumption: Clinical Features and Chronology of Substance Abuse

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### Summary

In our clinical experience, when alcohol is used as a surrogate for heroin, social adjustment improves, although the metabolic destiny does not change, and the medical outcome is worsened to some extent by alcoholism itself. Alcohol abusers with a history of heroin use engage in alcohol use in a more intensive way. Alcohol consumption is higher right from the start, and reaches higher maximum levels, whereas heroin use dwindles, in some cases to extinction. The results of our studies support the hypothesis that alcohol replaces opiate craving in former heroin consumers who break away from heroin, and often become alcohol abusers or at least increase their use of alcohol.

*Key Words:* Heroin Addiction; Alcoholism

### 1. Not only one kind of alcoholic

Studies on the psychopathology of alcoholic patients began in 1940 (3); the early studies aimed to identify homogeneous groups, if any, sharing psychopathological and behavioural features (e.g. 4; 2; 5).

The search for subgroups of alcoholics was not only focused on the identification of groups of patients who were homogeneous in their psychopathology: many studies have attempted to consider other variables along with psychopathological profiles, so targeting what Babor et al. (1) defined as "multidimensional alcoholism". This kind of research aimed to evaluate whether alcoholics can be considered a heterogeneous group not only because of their psychopathological traits, but also on the basis of family, behavioural and other psychosocial variables and by exploring the possibility of splitting series of alcoholics into clusters sharing similar characteristics.

In Babor's (1) research a Cluster Analysis was performed by taking into account personality, sociodemographic, and epidemiological variables. Groups were characterized as follows:

Type A: later onset, fewer childhood risk factors, less severe dependence, fewer alcohol-related physical and social consequences, less treatment for alcohol-related

problems, fewer psychopathological dysfunctions, and less distress in the areas of work and family.

Type B: more risk factors linked to the family environment, earlier onset, higher severity of dependence, polydrug abuse, more chronic treatment histories, more severe psychopathological dysfunctions, more stressful life events.

More recently, the idea that alcoholics may be split into different clusters has received additional support from biochemical research: many trials have failed to validate the pharmacological treatment of alcoholism provided for a cluster of alcoholics selected only on the basis of their alcohol dependence. It has, for example, been argued that there may be different subgroups of alcoholics who demonstrate different sensibilities in their response to pharmacological treatments, as shown by the outcomes of treatments for alcoholics based on naltrexone (NTX), a drug that blocks opioid receptors.

Moreover our group has identified, in a series of patients attending the alcohol unit of La Sapienza University of Rome, a number of homogeneous subgroups selected according to the criteria made available by the literature (6).

As shown above, especially in a type B according to Babor's classification, polydrug abuse proves to be

common, and in the present paper we report the preliminary data given by a study that has focused on the relationship between alcohol and heroin abuse/addiction in our patients.

## 2. Alcoholics with a history of heroin consumption in our clinical experience

We reviewed 507 consecutive records of subjects who had been referred for the treatment of problematic alcohol use at the outpatient treatment centre for alcohol-related pathologies, in "La Sapienza" University, Rome, during the 2004-2007 period. Subjects systematically underwent psychiatric evaluation employing DSM-IV TR criteria for alcohol-abuse and dependence, in a condition of current sobriety and in the absence of withdrawal symptoms.

A history of heroin use (HU) was found in 80 subjects (15.8%). Heroin use status and history were examined in greater detail: 65 former regular heroin consumers had been heroin-free for at least the previous two years, while 14 had been using heroin infrequently (up to once a month). Regular heroin use had started at  $21.47 \pm 7.8$  years old on average, and had lasted for  $9.69 \pm 5.8$  years. Patients with a history of heroin use (HU) were slightly younger ( $41.51 \pm 7.2$  vs.  $44.65 \pm 10.9$ ;  $p = .002$ ), and more likely to be currently unemployed (37.5% vs. 20.1%;  $p = .001$ ). Age of first alcohol consumption and age when regular drinking began were similar, but both initial and maximum peak consumption levels were higher ( $11.44 \pm 9.4$  vs.  $8.82 \pm 7.6$ ;  $p = 0.035$  and  $25.62 \pm 11.6$  vs.  $21.65 \pm 12.2$ ;  $p = 0.016$ , respectively). Dual diagnosis rates were similar between groups. Global social functioning was slightly lower among HU ( $60.00 \pm 11.9$  vs.  $64.38 \pm 9.9$ ;  $p = 0.013$ ).

In a chronological order, regular heroin use followed the first episode of alcohol consumption after an average interval of 7 years ( $t = 4.595$ ,  $df = 46$ ,  $p < .001$ ), but was contemporary with the onset of regular alcohol use ( $t = .953$ ,  $df = 46$ ,  $p = .346$ ). The extinction of heroin use came far later (8 years on average) than the onset of regular alcohol use ( $t = 3.873$ ,  $df = 25$ ,  $p = .001$ ). Although the first contact with alcohol always preceded the first contact with heroin, two sequences of lifetime polyabuse were possible: 31 subjects (38.3%) became alcohol abusers first, and subsequently heroin abusers; 49 (61.7%) started abusing alcohol during or after their heroin abuse period. A difference could be found between subgroups in terms of age of first contact with alcohol: the age at which former heroin abusers had started abusing alcohol ( $27.31 \pm 7.3$ ) was greater than that of former alcohol abusers ( $23.92 \pm 9.6$ ;  $p = .001$ ) and of those who were alcohol abusers only ( $16.94 \pm 2.3$ ,  $p = .008$ ).

Our data support the idea that a history of exposure to opiates and subsequent opiate use disorder is a frequent background in subjects who apply for alcohol abuse treatment; moreover, a history of opiate use is related to higher levels of initial and peak alcohol consumption.

They are also younger and more of them are unemployed: taken together, these characteristics form a profile that corresponds exactly to that of type B alcoholics in Babor's classification.

In reviewing lifetime chronologies of substance abuse, a predictable shift from regular opiate abuse to regular and heavy alcohol abuse is supported by the data.

Alcohol consumption does, in fact, turn out to be higher from the beginning; it reaches higher maximum levels while heroin use dwindles, in some cases to extinction.

Thus it is quite likely that alcohol can function as a replacement for opiate craving in former heroin consumers who have broken away from heroin, in some cases becoming alcohol abusers and in others increasing their alcohol use habits.

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## Role of funding source

No funds for this study.

## Contributors

Mauro Ceccanti: study design, data interpretation. Mario Vitali: data elaboration.

## Conflict of Interest

The authors have no relevant conflict of interest to

report in relation to the present study.

*Received July 15, 2008 - Accepted November 23, 2008*

