



NEW YORK STATE
OFFICE OF ALCOHOLISM AND
SUBSTANCE ABUSE SERVICES
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NEW YORK STATE
DEPARTMENT OF HEALTH
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**NYS OASAS and NYSDOH Health Advisory:
Caffeinated Alcoholic Beverages**

**Please distribute immediately to the Medical Director,
Program Director, Clinical Director and Nursing Director**

This Health Advisory highlights the issue of caffeinated alcoholic beverages, provides guidance and identifies resources available for helping to prevent injuries and deaths associated with alcohol misuse and abuse.

Background:

The use of caffeinated alcoholic beverages is a serious public health concern. Recent media coverage has drawn national attention to reports of emergency room visits by college students in New Jersey, Pennsylvania and Washington and some colleges/universities have banned these beverages from their campuses. Caffeinated alcoholic beverages are premixed drinks that contain a combination of alcohol, caffeine and other stimulants (e.g., guarana, taurine, ginseng, choline). On November 17, 2010, the U.S. Food and Drug Administration (FDA) issued warning letters to four companies advising that the caffeine in their products is unsafe and further action including the seizure of their products is possible. According to the Centers for Disease Control and Prevention (CDC), energy drinks (containing caffeine and other stimulants) are regularly consumed by 34 percent of 18 to 24 year-olds. Mixing caffeine with alcohol is popular among young people. Combining alcohol with caffeine disguises the alcohol's effects and contributes to impaired judgment.

As many as 26 percent of U.S. college students consume caffeine and alcohol together. There are over 25 manufacturers that sell over 40 of these products. Current popular products include Joose® and Four Loko®. The products come in soda-like cans with graphics and messages that would appeal to young people (e.g., flashy colors, extreme sports). Manufacturers may use very small print to disclose alcohol content, which can be upwards of 12 percent (about twice the amount of a beer). The products come in fruit flavors and cost as little as \$2.50 per can.

Drinkers who consume alcohol with energy drinks are about three times more likely to binge drink than those who do not mix alcohol with energy drinks. Binge drinking is responsible for approximately 40,000 deaths annually and is common among young people. Alcohol abuse makes prescription drug abuse more likely. Young adults are particularly vulnerable to the combined abuse of alcohol and prescription drugs. When alcohol and prescription drugs are used at the same time, severe medical problems can result (e.g., alcohol poisoning, losing consciousness, respiratory depression, death).

What You Can Do:

Educate all patients regarding safe practices associated with the use of alcohol. For patients who have experienced adverse events from consuming caffeinated alcoholic beverages:

- Inquire about current and past substance use, including the use of alcohol, illicit and prescription drugs.
- Recognize that alcohol abuse is a risk factor for non-medical use of prescription drugs.
- Counsel patients regarding the dangers of caffeinated alcoholic beverages:
 - The perception to feel intoxicated may be reduced by the caffeine in a caffeinated alcoholic beverage.
 - The drink may impair judgment and reaction time related to the intoxication.
 - This may result in driving while intoxicated, alcohol poisoning and/or experiencing or causing a serious injury (including sexual assault).
- Explain to patients that alcohol and caffeine are both diuretics and may cause dehydration.
- Provide resources to patients, such as the “New York State HOPEline”, NYS OASAS’s confidential hotline staffed by masters-level clinicians that is available 24 hours a day. The hotline provides help for drugs, alcohol and gambling. The hotline phone number is: 1-877-8-HOPENY (or 1-877-846-7369).
- If appropriate, recommend substance abuse treatment options and provide referrals and assistance to obtain treatment through clinics and physicians.
- Provide appropriate referrals for patients who are not willing or ready to abstain from substance use.

Overview of Available Referral Resources, Programs and Services:

OASAS Treatment System Home Page: <http://www.oasas.ny.gov/treatment/index.cfm#>

Treatment Provider Search and Directory: <http://www.oasas.ny.gov/treatment/directory.cfm>

OASAS Addiction Medicine Web Page: <http://www.oasas.ny.gov/AdMed/index.cfm>

Harm Reduction and Drug Use: Syringe access, syringe exchange and opioid overdose prevention: http://www.health.ny.gov/diseases/aids/harm_reduction/index.htm

Substance Abuse and Treatment: Information for Practitioners:
<http://www.health.ny.gov/publications/1063.pdf>

References:

1. Centers for Disease Control and Prevention (CDC). Fact Sheet: “Caffeinated Alcoholic Beverages”. Available at: <http://www.cdc.gov/alcohol/fact-sheets/cab.htm>
2. U.S. Food and Drug Administration (FDA). “Caffeinated Alcoholic Beverages”. Available at: <http://www.fda.gov/Food/FoodIngredientsPackaging/ucm190366.htm>
3. Centers for Disease Control and Prevention (CDC). Morbidity and Mortality Weekly Report (MMWR). “Vital Signs: Binge Drinking Among High School Students and Adults – United States, 2009.” Volume 59, Number 39, October 8, 2010.
4. National Institutes of Health (NIH), National Institute on Drug Abuse (NIDA). “Alcohol Abuse Makes Prescription Drug Abuse More Likely”. Volume 21, Number 5, March 2008. Available at: http://www.nida.nih.gov/NIDA_notes/NNvol21N5/alcohol.html