

Drugs & alcohol

KRKT:TIDE · KRKT's Type 1 Diabetes Education

In an emergency. Someone with type 1 who is confused, very drowsy, can't swallow or is unconscious: call 911.

Education, not medical advice. Every dose, ratio and target belongs with your own diabetes team.

Drugs & alcohol

What alcohol, nicotine, cannabis and other drugs actually do to a body with type 1 — and the handful of things that keep a big night safer.

This section is for anyone living with type 1 diabetes, and for the family, friends and coworkers around them. It covers what actually happens inside your body when alcohol, nicotine, cannabis or other drugs are involved — and the handful of things that keep a big night from turning into a hospital night.

It is not a lecture. Nothing here is permission, and nothing here is judgement. It is information you will actually need, written on the basis that people make their own decisions and deserve to make them with the full picture. This is harm reduction: meeting you where you are.

The pages start with why drugs land differently on a body with type 1, then the two emergencies to know cold — a hypo and DKA. Most of the space goes to the three substances most people really meet: nicotine, cannabis and alcohol. After that come stimulants, MDMA and psychedelics, then a short safety checklist, a page to show your friends, and what to look up before travelling.

This is education, not medical advice. How to adjust your insulin around any of this belongs with your diabetes team — who have heard all of it before, and whose job is to keep you safe, not to judge you.

Sources: NDSS, "Drug use and type 1 diabetes"

Why drugs land differently with type 1

Your body has no automatic backup for blood sugar. Here are the three ways nearly every drug gets in the way — and the three substances you're most likely to meet.

You have probably heard the drug talk before. This page is the part it usually leaves out: why the same night out carries a different risk for someone with type 1 than for the friends beside them. That is not a scare tactic. It is a fact about how your body works, and knowing it is a matter of respect, not fear.

No backup system

Most people have a pancreas quietly fixing their blood sugar in the background, whatever they do to themselves. You don't. Every drug — legal or not — lands on a body with no backup system, and the one person running that system is you, at the exact moment you're least able to.

Nearly every drug gets in the way the same three ways

Whatever the substance, the problems tend to come through the same three doors.

1. You forget your insulin

Time stops meaning anything. You skip a dose, or you can't remember whether you took one and double up. Both are dangerous: one pushes you toward high blood sugar and ketones, the other toward a hypo.

2. Your eating goes sideways

Some drugs make you eat everything in the house. Others switch your appetite off completely. Your blood sugar follows.

3. You can't feel a hypo coming

Shaky, sweaty, confused, heart pounding. That's a hypo. It's also just being high. You lose the ability to tell them apart.

This third one is the one that surprises people. The warning system you have been trained to trust for years — the feeling that tells you to go and eat something — stops being readable. That is why checking your actual number matters so much more when anything else is on board.

The three you'll actually meet

This section covers a lot of substances, but it's worth being honest about the odds. For most people it's these three, roughly in this order, and often all in the same night. So they get the most space.

Nicotine — cigarettes and vapes. The slow one. It works on the same blood vessels diabetes is already affecting, and it makes your insulin do less work per unit.

THC — weed, edibles, carts. The forgetful one. Missed boluses, uncounted munchies, and symptoms you cannot tell apart from a hypo.

Alcohol — beer, coolers, shots. The delayed one. Your liver stops releasing glucose while it clears alcohol, so the hypo can arrive while you're asleep.

Stimulants, MDMA and psychedelics have their own page further on. They are rarer — not less serious. Spending most of the time on the common three is a deliberate choice, not an oversight.

Nothing on these pages is permission, and nothing is judgement. The aim is simply that whatever you decide, you decide it with the full picture — and with a plan.

The two emergencies: a hypo and DKA

A hypo comes on in minutes and needs sugar now. DKA builds over hours and needs a hospital. How to tell them apart and what to do.

When drugs or alcohol are involved, there are two ways things tend to go wrong for someone with type 1: blood sugar that drops too low, or blood sugar and ketones that climb too high. This page explains the difference, what each one looks like, and exactly what to do.

Fast versus slow

The most useful way to hold these two in your head is speed.

Too low — a hypo — is the fast one. It comes on in **minutes**. Stimulants, alcohol, dancing all night and not eating can all bring it on. Left untreated, it can lead to seizures and unconsciousness. A hypo needs sugar, now.

Too high — DKA — is the slow one. Diabetic ketoacidosis builds over **hours**. Insulin gets missed, ketones pile up, and the blood becomes acidic. It does not fix itself, and it can land people in intensive care. DKA needs a hospital.

This isn't a bad comedown. It's DKA.

After a night out, feeling terrible can seem normal. But some of what looks like a rough comedown is actually DKA, and the difference matters.

Signs of DKA — act on them

- Stomach pain
- Throwing up, and it won't stop
- Breath smells sweet or like nail polish
- Breathing fast and deep
- Very thirsty, peeing constantly
- Drowsy, hard to keep awake

Check your ketones. Tell someone. Get to a hospital or call 911.

It's worth saying out loud: nobody has ever been in trouble for arriving at an emergency department with ketones. It is the delay that does the damage. If you're unsure whether you're sick from the drug or from DKA, check and go.

Fixing a hypo: the 15 rule

In a real hypo, you won't be reading a web page. The sequence has to already be in your head — and in the heads of the people you're with — so it's worth rehearsing.

The 15 rule

1. Stop what you're doing and sit down.
2. Have 6–7 jellybeans, a small juice, or half a can of regular (not diet) pop.
3. Wait 15 minutes. Check again.
4. Still low? Do it again.
5. Then have slow carbs — a sandwich, a banana, crackers.

Two things that don't work: diet drinks do nothing for a hypo, and chocolate is too slow — the fat holds the sugar back.

Why these two matter more with drugs on board

Both emergencies are part of everyday life with type 1. What changes with drugs or alcohol is that the usual warning signs get blurred — a hypo can feel like being high or drunk, and DKA can feel like a hangover or a comedown. That's why the answer on every page of this section is the same: check your actual numbers, including ketones when you're vomiting, and make sure someone with you knows what to do.

The page [What your friends should know](#) covers how the people around you can spot a hypo and when they should call 911.

Sources: NDSS, "Drug use and type 1 diabetes"

Nicotine: cigarettes and vapes

Why smoking and vaping weigh more heavily with type 1, why nicotine is so hard to put down, and why quitting helps at every age.

Nicotine is the slow one. It rarely causes an emergency on the night, so it's easy to file away as a problem for much later. This page explains why it matters more with type 1, why it changes your numbers

this month and not just in forty years, and why it's so hard to stop — whether you haven't started, or you've smoked for decades and assume it's too late.

Cigarettes and your blood vessels

Diabetes slowly affects small blood vessels. Smoking does exactly the same thing. Put them together and you're not simply doubling the risk — you're bringing that damage forward, potentially by decades.

The places this shows up are the same ones diabetes already puts under strain:

- **Eyes.** A higher risk of retina damage — the leading cause of blindness in young adults.
- **Kidneys.** A faster decline toward dialysis or a transplant.
- **Nerves and feet.** A higher risk of numbness, wounds that are slow to heal, and amputation.
- **Heart.** A higher risk of heart attack and stroke, far earlier than they should happen.

The part that changes your numbers now

It's natural to discount something that might happen in forty years. So here is the part that matters this month: **nicotine also makes your body resist insulin, so the same dose does less work.** That shows up in your readings now, not decades from now.

Why nicotine is so hard to put down

It grabs early and holds on

In young people, around **5 mg of nicotine a day** — about a quarter of one vape pod — is enough to establish dependence. That happens on a brain that is still wiring attention and self-control, a process that runs into the mid-twenties.

That's why most adults who smoke today started before they were twenty, and have been trying to stop ever since. The dependence outlasts the age you picked it up at. Thirty years in, it is not weak willpower keeping you there.

Quitting works at every age

Blood vessel function starts improving within weeks of stopping. Insulin sensitivity improves too — the same dose starts doing more work again.

The damage is cumulative, so it is always the remaining years you are protecting. Stopping at fifty still changes what your sixties look like.

Several attempts is normal

Almost nobody quits on the first attempt. Several goes is the normal pattern, not a personal failure. Each try counts.

And about vapes

Vaping feels like the harmless version. But the nicotine is the same drug — often at a **higher** dose than a cigarette — and it does the same things to your blood vessels and your insulin sensitivity.

It's worth being honest about what we don't know. What's missing from vapes isn't the risk. It's the forty years of evidence that would let anyone tell you exactly how large that risk is. The nicotine effects themselves are well established; the long-term picture for vaping specifically is still unknown.

The earlier you stop, the more your body repairs.

Free help to quit

Both of these lines are free, and they cover vaping as well as cigarettes:

- **Ligne J'ARRÊTE** (Québec): 1-866-527-7383
- **Canada-wide quit services**: 1-866-366-3667

Your diabetes team can help too, including with how quitting might change your insulin needs.

Sources: NDSS, "Drug use and type 1 diabetes"

Cannabis: weed, edibles and carts

Cannabis doesn't attack blood sugar directly — it takes away your memory, your appetite and your sense of time. What to watch for, and why daily use matters.

Cannabis is the one people assume is fine — and after alcohol and nicotine, it's the one most people actually encounter. This page skips the moral argument and sticks to mechanism: what cannabis does to managing type 1, how to tell greenning out from something serious, and what makes the difference between lower and higher risk.

It takes away three things diabetes needs from you

The problem isn't that cannabis attacks your blood sugar directly. It's that it takes away the three things diabetes needs from you.

Memory

You genuinely cannot remember whether you bolused. So you skip it, or you take it twice. One sends you toward ketones, the other toward a hypo.

The munchies

Half a loaf of bread and most of a box of cereal, uncounted and with no bolus. Your blood sugar goes up and stays up for hours.

Time

"I'll check in a minute" becomes four hours. Nothing feels urgent, which is precisely the problem.

Greening out, or something serious?

Too much weed — especially an edible — can leave you pale, sweaty, dizzy and throwing up.

So can a hypo.

So can DKA.

You cannot tell them apart by how you feel. Nobody can, however experienced they are.

So check. Every time.

Finger prick or sensor for your blood sugar. If you're high and vomiting, check ketones too.

Thirty seconds of effort rules out the thing that's actually dangerous.

Edibles take 1–3 hours to hit and last far longer. The dose you took an hour ago is still on its way — so the classic mistake is taking more because nothing seemed to happen. Waiting it out is the safer move.

Legal doesn't mean mild

According to Canada's Lower-Risk Cannabis Use Guidelines, **10–30% of people who use cannabis develop a cannabis use disorder**. Starting young, using daily, and using high-THC products each push you toward the top of that range.

Potency is the variable that matters

Higher THC is strongly linked to more problems — with mental health, dependence and injuries. Concentrates, carts and shatter are in a different league from the flower most people picture.

Daily use is the red line

Daily or near-daily use is the single strongest predictor of long-term harm. Occasional use — a weekend, not a routine — is a genuinely different level of risk. That distinction is the practical takeaway here: it gives you a realistic line to hold, rather than an all-or-nothing message.

And for your diabetes specifically

Every day of munchies and missed doses shows up in your A1C. It's the months of running high, not any single session, that raise the risk of damage to eyes, kidneys and nerves.

That's also the encouraging part: the pattern over months matters far more than one night. Keeping your insulin going and your checks happening on the days you do use makes a real difference.

Sources: NDSS, "Drug use and type 1 diabetes" · Canada's Lower-Risk Cannabis Use Guidelines (canada.ca)

Alcohol: the one that gets people at 3 a.m.

Why the hypo from drinking arrives hours later, in bed, and the five things to do if you drink with type 1.

Alcohol is, statistically, the substance most people with type 1 will meet first — so it deserves the same weight as anything illegal. This page explains why the risk from drinking shows up hours after the last drink, why it's so easy to miss, and what to do if you drink.

Your liver can only do one job at a time

Your liver has two jobs here: clearing alcohol out, and releasing glucose when you're running low. It will not do the second one while it's busy with the first.

So the hypo doesn't usually arrive while you're drinking. It arrives hours later — in bed, asleep.

Drunk and hypo look the same

Being drunk and being hypo look identical from the outside: slurring, stumbling, confusion, drowsiness. That's the whole danger. The people around you may put you to bed to "sleep it off" when what you actually need is sugar. And with alcohol on board, you may not notice the signs yourself either.

Sugary mixers: up, then hard down

Sugary mixers spike your blood sugar first, then the alcohol drags it down later. A high reading at midnight doesn't mean you're safe for the night.

If you drink

- **Eat carbs while you drink** — not instead of dinner.
- **Never skip your long-acting insulin.** Skipping it to "avoid a low" swaps one risk for another, and pushes you toward ketones.
- **Eat something before bed.**
- **Set an alarm and actually check overnight.** The time you most need to check is the time you're least likely to wake up for it on your own.
- **Tell whoever you're staying with** that you have type 1, and what a hypo looks like.

How much to adjust your insulin around drinking is a conversation to have with your diabetes team. They have heard it all before, and their job is to keep you safe around whatever you're actually doing.

Alcohol with other things

Alcohol often isn't alone. Two drugs together, or any drug with alcohol, interact in ways nobody can predict for you — see [Staying safer](#) for why mixing multiplies rather than adds, and the seven things to do if you're going to anyway.

And because being drunk and being hypo look the same, the people you're out with are part of your safety plan. Share [What your friends should know](#) with them.

Sources: NDSS, "Drug use and type 1 diabetes"

Stimulants, MDMA and psychedelics

Less common, still serious: how speed, cocaine, MDMA, acid, mushrooms and ketamine affect someone with type 1, and what keeps it safer.

These drugs are less common than alcohol, nicotine and cannabis — but rarer doesn't mean less serious. This page covers what stimulants, MDMA and psychedelics do to someone managing type 1, where the danger point usually is, and the practical steps that lower the risk.

Speed, ice, MDMA, cocaine

Stimulants turn your engine up. You burn through carbohydrate like you're running a race you never agreed to — and your appetite is switched off, so nothing goes back in.

- **Carbs burning.** The same effect as a long workout you didn't eat for.
- **Appetite gone.** Food is the last thing you want for six or eight hours.
- **Warnings masked.** Racing heart, sweating, shaking — that's a hypo, and it's also just the drug.
- **Heart strain.** Blood pressure goes up. Cocaine is hardest on a heart that diabetes is already taxing.

The classic outcome is a serious hypo, hours in, at a party, while you feel incredible. The timing is the key point: the danger isn't usually at the peak. It's three or four hours in, when the carbs have gone. That's when to check, and when to eat even if you don't want to.

MDMA has its own problem: water

MDMA heats you up, keeps you moving, and stops your body clearing water properly. There are two ways to get this wrong, and they point in opposite directions.

Too little water. Dehydration pushes your blood sugar up and concentrates ketones. It's a direct road to DKA — and high blood sugar dehydrates you further.

Too much water. Downing bottle after bottle can dilute the salt in your blood to dangerous levels. This can be fatal on its own, without a single extra pill.

Roughly right

About half a litre an hour if you're dancing, less if you're sitting. Sip it. Get out of the heat. Take breaks.

The water advice is a rate, not a target. Steady sipping — not catching up in one go.

MDMA can also cause irregular heart rhythms, which is a real concern if your diabetes has been hard to manage.

Acid, mushrooms, ketamine

These change what you see, hear and believe is real — for six to twelve hours with LSD. You are not going to count carbs, read a number off a sensor, or make a sensible dosing decision in that state.

Ketamine is its own thing. Confusion and memory blanks mean missed insulin, and at a higher dose you stop responding altogether — which looks exactly like a severe hypo to everyone around you. For friends, the rule is simple: if in doubt, treat it as a hypo and call for help.

The real risk here

It isn't what the drug does to your blood sugar. It's that for the next eight hours, nobody is managing your diabetes — including you.

Which means somebody sober has to be, and they need to know that before it starts.

The page [What your friends should know](#) is written for exactly that person.

Sources: NDSS, "Drug use and type 1 diabetes"

Staying safer: seven things to do anyway

Why mixing drugs multiplies the risk, and a seven-point harm-reduction checklist for anyone with type 1 who is going to use anyway.

This page is harm reduction, not permission. The alternative to saying any of this isn't that nobody uses — it's people using with none of these protections in place. If you're going to anyway, here is what lowers the risk the most.

Mixing doesn't add up. It multiplies.

Two drugs together, or any drug with alcohol, interact in ways nobody can predict for you. Now you've got two substances pulling your blood sugar in opposite directions, on top of the one condition that needs you paying attention.

If there's one change on this page that does the most good, it's this one: don't mix.

If you're going to anyway, do these seven things

1. Never skip your insulin

Not once, not "just tonight". Skipping insulin is the road to DKA — and DKA doesn't fix itself.

2. Never use alone

If you have to, the National Overdose Response Service (NORS) will stay on the line with you: **1-888-688-6677**. It isn't the police.

3. One sober person knows

Someone there who is sober knows you have type 1, and knows where your hypo food is.

4. Wear your medical ID

Paramedics look for it first. If you can't speak for yourself, it speaks for you.

5. Fast sugar in your pocket

Not in a bag across the room. In your pocket, where you can reach it when you need it.

6. Phone alarms to check your blood sugar

You will not remember on your own. Set the alarms before you start.

7. Eat carbs before, during and after — and know what you took

Knowing what you took helps you, the people with you, and anyone treating you if something goes wrong.

Make the plan before the night

Most of these seven have to be set up in advance: the alarms, the sugar in your pocket, the sober person who has been told. Five minutes beforehand is worth more than good intentions later.

Who else needs to know

Several of these steps depend on other people. The page [What your friends should know](#) is written for them — show it to the people who are usually there.

And your diabetes team belongs in this too. They have heard all of it before, at every age. Their job isn't to judge you — it's to keep your numbers safe around whatever you're actually doing.

Sources: NDSS, "Drug use and type 1 diabetes"

What your friends should know

For friends, partners and roommates of someone with type 1: how to spot a hypo, how to fix it, and when to call 911.

This page is for the people around someone with type 1 — a partner, a roommate, a sibling, whoever is usually there. When drugs or alcohol are involved, a low blood sugar (a hypo) can look a lot like being

drunk or high, and the person having it may not be able to help themselves. You don't need medical training. You need to know three things: how to spot it, how to fix it, and when to call 911.

If you have type 1: show this page to two people who are usually with you. A plan nobody else knows about is not a plan.

Spot it

Watch for:

- Confused or slurring
- Shaking, sweating, pale
- Suddenly angry or acting oddly
- Drowsy, hard to wake

Any of these can also just be the drink or the drug. You can't tell the difference by looking — and neither can they. If you're not sure, treat it as a hypo and call for help.

Fix it

If they can swallow

Give sugar straight away — juice, jellybeans, or regular (not diet) pop.

Wait, then give them real food. Sugar first, questions later.

Diet drinks do nothing for a hypo, and chocolate is too slow. If they have a sensor or meter, a reading helps, but don't hold back the sugar while you figure it out.

Call 911

Call 911 if they

- can't swallow
- pass out
- have a seizure
- can't stop vomiting

Say the words "**they have type 1 diabetes.**" Roll them onto their side. Nothing in the mouth.

Ambulances aren't police. Nobody gets charged for calling one.

Vomiting that won't stop can be a sign of DKA — a serious high-blood-sugar emergency that builds over hours — rather than just a bad night. It needs a hospital. Ketamine is another one to know about: at higher doses a person can stop responding altogether, which looks exactly like a severe hypo. In either case, the answer is the same — if in doubt, call for help.

Before the night, not during it

The most useful things you can do happen in advance:

- Know that your friend has type 1, and where they keep their fast sugar.
- If you're the sober one, know that's your job tonight.
- Know whether they wear a medical ID. Paramedics look for it first.

For the person with type 1, the full [staying-safer checklist](#) and [the two emergencies](#) go into more detail.

Sources: NDSS, "Drug use and type 1 diabetes"

Travelling: what to look up before you land

Emergency numbers, diabetes associations and help lines to find before a trip abroad with type 1 — plus what to pack and insure.

Spring break, festivals, a work trip, a summer away — the plan that works at home stops working the moment you can't remember the number for an ambulance. Five minutes on the plane fixes that. This page lists what to look up before you land, and what to sort out before you leave.

Emergency numbers

Save the real number for where you're going

- **911** — North America
- **112** — across Europe
- **999** — United Kingdom
- **000** — Australia
- **111** — New Zealand
- **119** — Japan

112 is built into GSM phones and redirects to the local service in many countries — but not all. Save the real one.

Three sites worth bookmarking

idf.org

The International Diabetes Federation lists 250+ national diabetes associations. Find the one where you're going. They know how to get insulin in a country you don't live in.

findahelpline.com

Free, verified crisis, mental health and substance use lines in 175+ countries. Pick a country, get a number that actually answers.

tripsit.me

Volunteer-run drug factsheets and a combination chart showing which mixes are dangerous. It works anywhere, with no account and no judgement. Given how unpredictably drugs interact — especially with alcohol — checking before mixing is worth it wherever you are.

Before you leave

- **Insulin in your carry-on**, not in checked luggage.
- **Double the supplies** you think you need.
- **A letter from your doctor.**
- **Travel insurance that actually covers type 1.**

The insurance point is worth pausing on. A lot of policies exclude pre-existing conditions unless you declare type 1 when you buy. Read the fine print, declare it, and keep the policy details somewhere you can reach them on your phone.

The rest of the plan still applies

Everything in Staying safer travels with you: never skip your insulin, fast sugar in your pocket, one sober person who knows. In a new place, with a new crowd, that last one matters even more — show them What your friends should know, and make sure they know the local emergency number too.

Sources: NDSS, "Drug use and type 1 diabetes" · International Diabetes Federation (idf.org)

KRKT's Type 1 Diabetes Education (KRKT:T1DE), from the KRKT Library.

Education, not medical advice. Every dose, ratio and target belongs with your own diabetes team.