

# Heroin Addiction



## Heroin Addiction

**Introduction**

Heroin is a highly addictive, illegal drug. It is used by millions of addicts around the world who are unable to overcome the urge to continue taking this drug every day of their lives—knowing that if they stop, they will face the horror of withdrawal.

Heroin (like opium and morphine) is made from the resin of poppy plants. Milky, sap-like opium is first removed from the pod of the poppy flower. This opium is refined to make morphine, then further refined into different forms of heroin.

Most heroin is injected, creating additional risks for the user, who faces the danger of AIDS or other infection on top of the pain of addiction. In its purest form, heroin is a fine white powder. But more often, it is found to be rose gray, brown or black in color. The coloring comes from additives which have been used to dilute it, which can include sugar, caffeine or other substances. Street heroin is sometimes “cut” with strychnine<sup>1</sup> or other poisons. The various additives do not fully dissolve, and when they are injected into the body, can clog the blood vessels that lead to the lungs, kidneys or brain. This itself can lead to infection or destruction of vital organs.

The user buying heroin on the street never knows the actual strength of the drug in that particular packet. Thus, users are constantly at risk of an overdose.

Heroin can be injected, smoked or sniffed. The first time it is used, the drug creates a sensation of being high. A person can feel extroverted, able to communicate easily with others and may experience a sensation of heightened sexual performance—but not for long.

Heroin is highly addictive and withdrawal extremely painful. The drug quickly breaks down the immune system, finally leaving one sickly, extremely thin and bony and, ultimately, dead.

**Overview and Facts**

An estimated 13.5 million people in the world take opioids (opium-like substances), including 9.2 million who use heroin. In 2007, 93% of the world’s opium supply came from Afghanistan. (Opium is the raw material for heroin supply.) Its total export value was about \$4 billion, of which almost three quarters went to traffickers. About a quarter went to Afghan opium farmers.

**Symptoms**

Loved ones or co-workers may notice a number of signs of heroin use, which are visible during and after heroin consumption:

- Shortness of breath
- Dry mouth
- Constricted (small) pupils
- Sudden changes in behavior or actions
- Disorientation
- Cycles of hyper alertness followed by suddenly nodding off
- Droopy appearance, as if extremities are heavy

The above signs are not unique to heroin abuse. More definitive warning signs of heroin abuse include possession of paraphernalia used to prepare, inject or consume heroin:

- Needles or syringes not used for other medical purposes
- Burned silver spoons
- Aluminum foil or gum wrappers with burn marks
- Missing shoelaces (used as a tie off for injection sites)
- Straws with burn marks
- Small plastic bags, with white powdery residue
- Water pipes or other pipe

Behavioral signs of heroin abuse and addiction include:

- Lying or other deceptive behavior
- Avoiding eye contact, or distant field of vision
- Substantial increases in time spent sleeping
- Increase in slurred, garbled or incoherent speech
- Sudden worsening of performance in school or work, including expulsion or loss of jobs
- Decreasing attention to hygiene and physical appearance
- Loss of motivation and apathy toward future goals
- Withdrawal from friends and family, instead spending time with new friends with no natural tie
- Lack of interest in hobbies and favorite activities
- Repeatedly stealing or borrowing money from loved ones, or unexplained absence of valuables
- Hostile behaviors toward loved ones, including blaming them for withdrawal or broken commitments
- Regular comments indicating a decline in self esteem or worsening body image
- Wearing long pants or long sleeves to hide needle marks, even in very warm weather

## Diagnosis

If you recognize the symptoms of addiction in yourself, the easiest way to find out whether you have an addiction is to make an appointment with your family doctor. They may decide to refer you to a specialized addiction clinic or clinician who specializes in addictions for a full assessment and addiction diagnosis if appropriate.

### Who Will Make the Diagnosis?

Many different health care professionals are trained to conduct addiction assessments, including addictions counselors, physicians, psychologists, nurses, social workers and other therapists. They are often called “clinicians” when they are carrying out assessments or therapy. Occasionally, there is more than one person involved in making the addiction diagnosis. For example, you may be interviewed once by a counselor and again by a physician. Do not let this put you off – you will have two experts’ opinions instead of one! All health care professionals are trained to treat people with addictions with courtesy, respect, and a non-judgmental attitude. You can trust them to keep the information you give them confidential.

### How Will They Decide If I Am Addicted?

The clinician will make the addiction diagnosis using a combination of objective criteria and clinical judgment.

Objective criteria are usually based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), which lists the symptoms of addiction for substance and gambling addictions. As some addictions, such as sex addiction and computer addiction, are not included in this version of the DSM, the clinician should use the most recent diagnostic criteria published in scientific journals.

Diagnostic information can be gathered in several different ways, including:  
Standardized assessment tools and other questionnaires that the clinic staff will give you to fill out.

Face to face “open-ended” interviewing, which is like a conversation, with the clinician making notes. This is best for history-taking so you can explain the circumstances in your own words.  
Face to face “structured” interviewing, in which the clinician will ask standard questions and write down your answers. It’s a bit like completing a questionnaire, but you can discuss questions as you go along.

The questions and focus of the discussion will involve some or all of the following:

The history of your addiction, including when and how you started the addictive behavior, how it has progressed, and factors which have contributed to its development.

Your current pattern of addictive behavior – what your addictive behaviors are, how much and how often you engage in them.

Your current symptoms of addiction.

The effects of your addiction on the other areas of your life, including your family, social life, work life and financial situation.

Your readiness to change.

You may also be asked for a urine sample to assess the levels of drugs in your system.

Blood samples are not routinely taken, but if you have signs or symptoms of serious physical illness, a clinician may request a blood sample, for example, to assess your liver function.

Not all addiction clinics are set up to take urine or blood samples.

A good diagnostic assessment will also gather information on your general mental and physical health to assess whether you are suffering from another condition such as depression, anxiety disorder or personality disorder. You might be referred to medical physician if there are specific physical concerns, or to a psychiatric physician if there is an indication of another significant mental health issue. Inpatient or outpatient detoxification may also be advisable at this stage.

Co-existing conditions can and should be treated at the same time as the addictive behavior.

## Treatment

A variety of effective treatments are available for heroin addiction. Treatment tends to be more effective when heroin abuse is identified early.

The treatments that follow vary depending on the individual, but methadone, a synthetic opiate that blocks the effects of heroin and eliminates withdrawal symptoms, has a proven record of success for people addicted to heroin. Other pharmaceutical approaches, such as buprenorphine, and many behavioral therapies also are used for treating heroin addiction.

Buprenorphine is a recent addition to the array of medications now available for treating addiction to heroin and other opiates. This medication is different from methadone in that it offers less risk of addiction and can be prescribed in the privacy of a doctor's office.

Buprenorphine/naloxone (Suboxone) is a combination drug product formulated to minimize abuse.

Detoxification programs aim to achieve safe and humane withdrawal from opiates by minimizing the severity of withdrawal symptoms and other medical complications. The primary objective of detoxification is to relieve withdrawal symptoms while patients adjust to a drug-free state. Not in itself a treatment for addiction, detoxification is a useful step only when it leads into long-term treatment that is either drug-free (residential or outpatient) or uses medications as part of the treatment. The best-documented drug-free treatments are the therapeutic community residential programs lasting 3 to 6 months.

Opiate withdrawal is rarely fatal. It is characterized by acute withdrawal symptoms which peak 48 to 72 hours after the last opiate dose and disappear within 7 to 10 days, to be followed by a longer term abstinence syndrome of general malaise and opioid craving.

### Sources and Links

<http://www.drugabuse.gov/publications/research-reports/heroin-abuse-addiction/what-are-treatments-heroin-addiction>

<http://www.timberlineknolls.com/drug-addiction/heroin/signs-effects>

<http://www.drugfreeworld.org/drugfacts/heroin/international-statistics.html>