



“From Vicodin to Heroin?”

In 2001 we treated many teens and young adults with prescription drug abuse. At the time, Ritalin was popular, Aderrall was even more popular, but it was really pain killers that dominated the prescription drugs being abused. At the time numerous clients reported using and buying hydrocodone, A.K.A. Vicodin. In subsequent years the number of kids reporting having abused pain killers of some sort slowly increased. By 2003 the national media started to mention Oxycontin abuse, but we were not yet seeing it in our program. By



2005 we saw clients abusing painkillers, cough syrups, and what seemed to be any OTC or prescription medication they could get their hands on for intoxication. In 2006, Oxycontin

started to show up and now 25% of our clients (teens and young adults) are regularly abusing it. 75% of the young adults we are treating are abusing it.

My Speculative Fear:

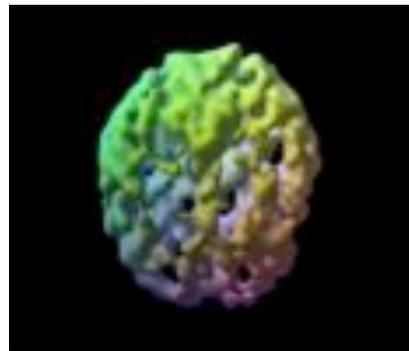
My fear is that teen and young adult drug culture is on the verge of a heroin epidemic in our area. During the past 3 years when we have directly asked the oxycontin abusers, "would you use heroin if you could get your hands on it?" 90% of the clients say, "yes, because it is cheaper." Their rationale is that oxycontin costs them \$40 per 80mg pill. Oxycontin abusers typically use 1 -3 pills a day on average and some statistical outliers are using 6 pills a day. This can add up to a cost of \$100.00+ a day quickly. These users also rarely take oxycontin as a pill. They typically snort it, smoke it or inject it. So their route of ingestion is no different than heroin and the cost of heroin is significantly cheaper.

Clients have mentioned that a gram of heroin can cost anywhere from \$50 - \$80 and that could last them two to possibly three days providing the same effect as taking 40mgs of oxycontin 3 times a day. You can see the motivation to go from "Oxy" to heroin.

During the past 6 months we have admitted two teens to our program for heroin abuse. Maybe this is a small blip in the radar that won't play out as much, but if heroin were more available on our streets for these young opiate abusers, it would seem based on their responses to the already mentioned question and history of use that there could be a heroin problem for these young people.

According to the National Institute on Drug Abuse (2009) -What are the immediate (short-term) effects of heroin use?

Soon after injection (or inhalation), heroin crosses the blood-brain barrier. In the brain, heroin is converted to morphine and binds rapidly to opioid receptors. Abusers



typically report feeling a surge of pleasurable sensation - a "rush." The intensity of the rush is a function of how much drug is taken and how rapidly the drug enters the brain and binds to the natural opioid receptors. Heroin is particularly addictive because it

enters the brain so rapidly. With heroin, the rush is usually accompanied by a warm flushing of the skin, dry mouth, and a heavy feeling in the extremities, which may be accompanied by nausea, vomiting, and severe itching.

Opiates Act on Many Places in the Brain and Nervous System

After the initial effects, abusers usually will be drowsy for several hours. Mental function is clouded by heroin's effect on the central nervous system. Cardiac function slows. Breathing is also severely slowed, sometimes to the point of death. Heroin overdose is a particular risk on the street, where the amount and purity of the drug cannot be accurately known.

(continued) **What are the long-term effects of heroin use?**

One of the most detrimental long-term effects of heroin use is addiction itself. Addiction is a chronic, relapsing disease, characterized by compulsive drug seeking and use, and by neurochemical and molecular changes in the brain. Heroin also produces profound degrees of tolerance and physical dependence, which are also powerful motivating factors for compulsive use and abuse. As with abusers of any addictive drug, heroin abusers gradually spend more and more time and energy obtaining and using the drug. Once they are addicted, the heroin abusers' primary purpose in life becomes seeking and using drugs. The drugs literally change their brains and their behavior.

Physical dependence develops with higher doses of the drug. With physical dependence, the body adapts to the presence of the drug and withdrawal symptoms occur if use is reduced abruptly. Withdrawal may occur within a few hours after the last time the drug is taken. Symptoms of withdrawal include restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps ("cold turkey"), and leg movements. Major withdrawal symptoms peak between 24 and 48 hours after the last dose of heroin and subside after about a week. However, some people have shown persistent withdrawal signs for many months. Heroin withdrawal is never fatal to otherwise healthy adults, but it can cause death to the fetus of a pregnant addict.

At some point during continuous heroin use, a person can become addicted to the drug. Sometimes

addicted individuals will endure many of the withdrawal symptoms to reduce their tolerance for the drug so that they can again experience the rush.

Physical dependence and the emergence of withdrawal symptoms were once believed to be the key features of heroin addiction. We now know this may not be the case entirely, since craving and relapse can occur weeks and months after withdrawal symptoms are long gone. We also know that patients with chronic pain who need opiates to function (sometimes over extended periods) have few if any problems leaving opiates after their pain is resolved by other means. This may be because the patient in pain is simply seeking relief of pain and not the rush sought by the addict.

Short Term Effects:

- "Rush"
- Depressed respiration
- Clouded mental functioning
- Nausea and vomiting
- Suppression of pain
- Spontaneous abortion

Long Term Effects:

- Addiction
- Infectious diseases, for example, HIV/AIDS and hepatitis B and C
- Collapsed veins
- Bacterial infections
- Abscesses
- Infection of heart lining and valves
- Arthritis and other



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