Teen heroin use: An unfortunate reality

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When Cory Monteith died in July of an accidental overdose of heroin and alcohol, people were shocked because the 31-year-old actor, well known for his portrayal of a high school athlete on the TV show, “Glee,” didn’t fit the stereotype of a heroin user. The fact is that 3 in 100 U.S. high school students have used heroin. This alarming statistic comes from the Centers for Disease Control’s most recent survey of 15,425 students in grades 9-12 from 42 states. Keep in mind that the students surveyed were in school — teenagers who are truant may be at higher risk.

Derived from a plant, but lethal as a gun. Synthesized from the opium poppy for the first time in 1874, heroin is one of a group of very strong pain-killing drugs called narcotic analgesics or opioids. Heroin turned out to be so addictive that it has been illegal in the United States since 1924. Today, heroin is smuggled into the United States from Southeast Asia, Southwest Asia, Latin America and Mexico. Heroin use often starts with abuse of a prescription painkiller that a teen finds in the medicine cabinet at home. Nearly half of young people who use heroin reported abusing prescription opioids like ‘Oxycontin’ or ‘Vicodin’ first. On average, the painkiller abuse started two years before heroin use. Users turn to heroin when it’s easier to get than prescription pills: 25 percent of high school seniors report they could easily obtain heroin. Today’s heroin is more lethal than ever because it’s: Purer: In 1980, heroin was only 4 percent pure; heroin today is 40 percent pure. Stronger: Young people might think twice about “shooting up” to get high. Heroin today is so strong that users can get high merely by snorting or smoking it. And over the past decade, fewer teens have thought that heroin use was risky. More addictive: Purer and stronger heroin means more addictive heroin. One in four people who use heroin become addicted. Heroin use comes at a high cost. The average heroin addict spends $150 to $200 per day on drugs. But the greatest cost cannot be measured in dollars; heroin overdose resulted in over 164,000 emergency room visits across the United States in 2006. The high and low sides of heroin... Heroin reaches the brain 7 or 8 seconds and binds to opioid receptors, giving the user a surge of euphoria known as the “rush”. Next the user goes “on the nod,” meaning alternately awake and drowsy. With repeated abuse, heroin changes the brain. Users develop “tolerance,” which means that more and more heroin is needed to achieve the same high. Other complications include heart infections, liver and kidney disease, or infections like pneumonia, HIV and hepatitis C. Opioid receptors are also involved in breathing, which is why one dose of heroin can be lethal. A heroin addict must have heroin every 8 to 12 hours to avoid the dreaded withdrawal symptoms. Withdrawal symptoms include restlessness, muscle and bone pain, insomnia and diarrhea. Sudden withdrawal by heavily dependent users can be fatal. What can you do if you are worried about your teen? Maybe you have already noticed changes in relationships, health or school that make you suspicious of a drug problem. Please know that there is hope and that there is treatment. Treatment needs to be very
involved because so many aspects of an individual's life are disrupted. Effective programs include therapy and medication. Medications such as buprenorphine or methadone work by weaning someone off heroin. The best treatment is always prevention. Teens whose parents talk with them regularly about the dangers of drugs are 42 percent less likely to use drugs than those whose parents do not. But only one in four teens reports having these conversations.

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