

Are Adolescents At-Risk?

Yes. Teens and young adults may not be aware of the dangers of using heroin, especially the threat of addiction and overdose. Aggressive marketing from drug dealers has made heroin readily available and more pure in attempt to “hook” new customers. These rising purity levels are especially dangerous because they can cause overdose and rapid onset of addiction.



Does heroin affect pregnancy?

YES. Pregnant users risk miscarriages, premature births, and stillbirths. Infants who do survive are born addicted to heroin and exhibit severe withdrawal symptoms. And, heroin use can disrupt a woman's menstrual cycle so much that she may not even be able to recognize a pregnancy.

What are the symptoms of withdrawal?

Physical withdrawal peak within 24 to 48 hours and subside within a week, although some addicts have experienced withdrawal symptoms for several months. Withdrawal symptoms can include appetite loss, insomnia, severe muscle and bone pain, sweats, chills, panic, tremors, nausea, vomiting, diarrhea, cramping, and depression. Users going through withdrawal also exhibit elevated blood pressure, pulse respiration, and temperature.



Does treatment work?

YES. Heroin addiction is chronic, relapsing “brain disease” characterized by intense craving for heroin as a result of long-term chemical changes in the brain. The administration of long-acting, synthetic narcotics, like methadone, can be used to block the “rush” and eliminate debilitating withdrawal symptoms during recovery. Through a combination of behavioral and drug therapies, abusers can recover.

What can parents and communities do?

Before reaching adolescence, children need to receive the support, guidance, and opportunity to develop healthy bonds with parents, schools, and communities. Parents can help by becoming informed and talking to their teenagers about drug use. TCADA researchers have found that participation in extracurricular activities, the expression of parental disapproval of using drugs, and parental attendance at school events are associated with less drug experimentation. Communities can help by decreasing the availability of drugs, promoting drug-free homes and environments, and by supporting drug use prevention programs.

Who should I contact if someone close to me has a problem with Heroin?

Contact the Texas Commission on Alcohol and Drug Abuse's toll-free hotline at 800.832.9623 or your local Council on Alcohol and Drug Abuse for referral assistance. You may also contact your family physician, hospital, or yellow pages for other intervention and treatment options.



Narcotics Tip Line

[972-941-STOP]

City of Plano Police Department
909 14th Street Plano Texas 75074

www.planopolice.org



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Heroin

[Just the Facts]



Research shows that the earlier people start using drugs, the more likely they are to go on to experiment with other dangerous drugs.

Heroin users come from all walks of life, backgrounds, and all ethnicities, including the young and old. In recent years, the glamorization of the “strung-out look” in the entertainment and fashion industries has made heroin seem the “in” drug for youth and adults to try.

Common Names:

Big H, Dr. Feelgood, Smack, Horse, Anti-Freeze, Dirt, Beast, DOA, Mud, Brown Sugar, Chiva, China White, Mexican Brown, Junk, Black Tar, Chase the Dragon, Monkey Water, La Buena, Harry, Cotics.



Is heroin really addictive and what does that mean?

YES. Addiction is rapid and severe, and not even “recreational users” who limit their use to weekends are immune from the threat of addiction. Users who have become addicted will “crave” more of the drug and experience withdrawal symptoms if they do not



get their regular “fix” or dose. Users who snort or smoke heroin often switch to injection once they become “hooked”. Heroin abusers may have a hard time limiting their use, may build tolerance to the drug requiring larger amounts of the drug to get the same affect, and may develop problems with

their jobs and personal relationships. Heroin addicts often have habits to support that costs \$100-\$200 a day, which can cause addicts to quickly turn to lives of shoplifting, theft, drug dealing, and prostitution.

What is heroin?

It’s the most abused, most rapidly acting of the opiates or narcotics. Abused for the heroin “rush,” the drug has profound effects on the brain by activating the pleasure centers, interfering with the brain’s ability to feel pain, and depressing the central nervous system. A derivative of the opium poppy, heroin was first synthesized as an alternative to morphine in 1874, but was banned in 1924 because of its highly addictive nature. Heroin is currently classified as a Schedule 1 substance with significant penalties for possession, distribution, and use.

What does heroin look like?

White to dark brown colored powder because of the presence of additives and impurities, in most forms of heroin. Heroin is often combined or “cut” with sugar, starch, powdered milk, quinine, and, less often, with strychnine, to reduce purity and create more heroin to sell. In Texas, the most common forms are Black Tar and Mexican brown heroin. Because of slightly different manufacturing processes, Black Tar heroin ranges from a sticky, brown tar-like substance to something resembling black coal. Mexican Brown is often a combination of Black Tar heroin that has been “cut” with another substance.



How is heroin used?

It’s injected intravenously or “mainlined” for a quick and potent high, but there are a rising segment of young users who snort and smoke heroin to avoid using needles. Heroin that is smoked is known as “chasing the dragon.” the drug is often used in combination with another illicit drugs, especially cocaine/crack, benzodiazepines (valium), and alcohol. Some users alternate sorting lines of heroin and cocaine, known as “crisscrossing.” or inject the two drugs as a “speedball.” Some users sniff liquefied heroin intranasal with a nasal spray bottle, a practice shown as “shabanging.”



What are the short-term effects?

Depending on the route of administration, users may begin to feel a “rush” within seven to eight seconds if injected intravenously and within 10-15 minutes if snorted or smoked. The “rush” begins as a warm flushing of the skin, dry mouth, watery eyes and a runny nose, constricted pupils, and a heavy feeling in the extremities accompanied by nausea, vomiting, and severe itching. The euphoric feelings are followed by drowsiness, mental stupor, decreased respiration and heartbeat, and feelings of well-being that may last to six hours.

What are the long-term effects?

Severe addiction and withdrawal collapsed and scarred veins, bacterial infections, infections of the heart lining and valves, abscesses or boils, arthritis or joint problems, liver and kidney diseases, pneumonia and tuberculosis, and other infectious diseases.

How long does heroin stay in the body?

After a single injection, heroin can be detected in the blood for as long as 48 to 72 hours. Detection times vary depending on the amount used, method of administration, and duration of use. Needle users can also be detected by the “track marks” or scarring on the veins that remain from injecting.

How much heroin is too much?

Rising levels of drug purity in combination with by-products and impurities inadvertently created in the manufacturing process can lead to adverse reactions and overdoses. Combinations of heroin and other depressants like alcohol can intensify the effects by slowing the heart and breathing so much that they stop. Overdose victims may be unconscious with pinpoint pupils, depressed breathing and clammy skin. They may go into a coma or even die if emergency medical care is not given.

Heroin