
What are the symptoms of withdrawal?

Physical withdrawal symptoms peak with 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, panic, and depression. Users going through withdrawal also exhibit elevated blood pressure, pulse, respiration, and temperature.

How long does heroin stay in the user's 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 heroin.

Does treatment for heroin addiction work?

Heroin addiction is a chronic, relapsing "brain disease" characterized by compulsive drug seeking and use as a result of chemical changes in the brain. Long-term use of opioids like heroin can alter the brain's chemistry to the point that the individual may have very long term and possibly permanent craving for heroin. In cases like these, synthetic, long-acting narcotics such as methadone, which is an endorphin replacement medication, will be needed for long-term treatment. Methadone is given to addicts to simultaneously block the "rush" and eliminate withdrawal symptoms.

For more information about
Heroin contact the
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Promotion and Education
(479) 575-4077
Monday - Friday, 8am - 5pm

Mission Statement

The Pat Walker Health Center, University Health Services provides professional and comprehensive medical care, mental health care, health education, and health promotion for a diverse community of students, faculty, and staff. We, the University Health Services Staff of the Pat Walker Health Center, have a commitment to physical, mental, spiritual, social, and emotional health, the highest standards of quality, and appreciation of the value of each individual. Through these endeavors we support the educational mission of the University of Arkansas and the growth of each individual.

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Heroin

Just the Facts



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What is heroin?

Heroin (diacetylmorphine) is the most abused, most rapidly acting of the opiates or narcotics. 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 classified as a Schedule 1 substance with distribution, and use. 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.

Who uses heroin?

Heroin users come from all walks of life and all ethnicities, including the young and old. Some users even mistakenly believe that heroin is not addictive if they snort or smoke heroin, or if they use heroin on the weekends. Rising purity along with inexpensive and plentiful supplies of heroin have made the drug attractive to a new group of users. Cocaine/crack addicts are another segment of users that use heroin to moderate the negative effects of crack/cocaine use.

What does heroin look like?

Pure heroin consists of a white powder with a bitter taste, but pure heroin is not commonly found on the street. Because of the presence of additives and impurities, most heroin consists of a white to dark brown powder. 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. Slang terms for heroin include dope, big H, dr. feelgood, smack, horse, anti-freeze, dirt, beast, doa, mud, brown sugar, chiva, china white, Mexican brown, junk, black tar, beast, chase the dragon, monkey water, la Buena, harry, and cotics.

How is heroin used?

Heroin is most often injected intravenously, also called “mainlining” for a quick and potent high, but here is a rising segment of young users who sniff, snort, and smoke heroin to avoid the dangers of using needles. The drug is often used in combination with other illicit drugs, especially cocaine/crack, benzodiazepines (Valium), and alcohol. Some users snort alternative lines of heroin and cocaine, known as “crisscrossing,” or inject the two drugs as a “speedball.” There are also reports of users sniffing liquefied heroin by using a nasal spray bottle.

What are heroin’s short-term effects?

Depending on the route of administration, users may begin to feel a “rush” 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, clouded mental function or stupor, decreased respiration and heart beat, and feelings of well being that may last four to six hours.

What are heroin’s long-term effects?

The long-term effects of heroin are severe addiction and withdrawal, collapsed and scarred veins, bacterial infections, infection of heart lining and valves, abscesses or boils, arthritis or other rheumatologic problems, liver and kidney diseases, increased risk of pneumonia and tuberculosis, and other infectious diseases. Injecting drug users are at particular risk of infection with HIV, the virus that causes AIDS, and hepatitis, a liver disease. Both diseases are spread by sharing needles, using unsterilized drug paraphernalia, and participating in risky sexual behavior.

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 in new and chronic users. Combinations of heroin and other central nervous system 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 an overdose victim is promptly given medical care, emergency medical physicians can administer Narcan (naloxene) to reverse heroin’s depressant effects and/or give mechanical assistance to breathe and maintain heartbeat.

Is heroin addictive?

Yes. The onset of addiction is rapid and severe no matter which method is used to consume heroin. Even “recreational users” who limit their use to weekends are not immune from the threat of addiction. Heroin addicts will “crave” more of the drug and experience withdrawal symptoms if they do not get their regular “fix” or dose. Heroin abusers may lose interest in daily activities and report loss of energy and boredom. They may have a hard time limiting their use, may build a tolerance to the drug requiring larger amounts of the drug to get the same effect, and may develop problems with their jobs and personal relationships. Like other drug addictions, heroin can become the most important aspect of their lives. Heroin addicts often have habits that cost \$100-\$200 a day, which can cause addicts to quickly turn to lives of shoplifting, burglary, theft, drug dealing, and prostitution to support their habits.

