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Heroin Use on the Rise

Heroin is an illegal, highly addictive opioid. It doesn't occur naturally but is synthesized from morphine. Heroin was originally used as a medicine, but in 1970 it was classified as a Schedule 1 drug. So today, its use is strictly illicit. The number of people using heroin is rising. It was 161,000 in 2007 and 289,000 in 2013.¹

Prescription drug abuse may be "gateway" to heroin use

The increase in heroin use may be related to the rise in use and abuse of opioid pain medicines. Nearly half of young people who use heroin said they had abused opioids before starting to use heroin.² Some switch to heroin because it's cheaper and easier to get.² This is in stark contrast to the 1960s when more than 80% of heroin users started with heroin.³

Another reason for the increase in heroin use may be the availability of highly pure heroin. Any form of heroin can be injected. Highly pure heroin, however, allows users to more easily snort or smoke the drug and still achieve a sustained 'high'. Smoking or snorting the drug may be more appealing to users than injecting it.

Why is increasing heroin use of such concern?

It's of concern because of the devastating effects on the user. Heroin use can lead to sores at the site of injection. This can lead, in turn, to blood poisoning. Users who inject the drug are also at risk for getting serious infections such as viral hepatitis, HIV, botulism, and tetanus. Use can negatively affect the liver, kidney, and lungs. About 23% of users become addicted.⁴ Addiction increases all the risks, including the risk of overdose and death.

Women who are pregnant while using may spontaneously abort. Those who carry the fetus to term have a much higher rate of low birth-weight babies. Since heroin crosses the placental barrier, babies are born addicted. They suffer withdrawal symptoms shortly after birth. Buprenorphine treatment of the mother during pregnancy reduces these symptoms.

Deaths from heroin overdose are on the rise

Heroin users usually don't know the actual strength or content of the drug they're taking. This puts them at risk for overdose and/or death. The heroin death rate has increased along with the rise in heroin use. Deaths from heroin overdose doubled from 2010 to 2012, according to a recent study.³ These data show that death rates increased significantly for:



Rise in use and misuse of opioid pain medicines

The use of prescription opioid pain medicines is on the rise. So is their misuse. Both increased 4-fold from 1999 to 2010.⁵ But deaths in women increased 1.5 times more than those in men.⁶ Overdose of prescription opioids in women is an under-recognized problem. Compared to men, women:

- Are more likely to have chronic pain
- Are likely to be given higher doses of opioid painkillers
- Are likely to use them for longer periods
- May become dependent on them faster
- Are more likely to get them from more than one doctor

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- Men and women
- All age groups
- All regions of the country
- All racial/ethnic groups except Native Americans

Monitoring your patients' drug use

We know that heroin use is increasing. We also know that it can start with abusing prescription opioids. So it's important for doctors to monitor their patients' pain medication. It's especially important for patients at risk of drug misuse.

Doctors can be proactive by periodically ordering urine drug tests. These tests can help to:

- Monitor the patient's adherence to the treatment plan
- Supplement patient self-reporting with documented lab results
- Detect other nonprescribed drugs

Testing may reveal unexpected issues that need to be addressed. Dealing with these may lead to a better outcome for the patient.

How the laboratory can help

Quest Diagnostics offers tests for recent heroin use. These include tests for 6-acetylmorphine (6-AM) and morphine. Morphine has commonly been used as a marker of heroin use, because it is a metabolite of heroin. However, morphine is not a specific marker of heroin use. Presence of morphine in urine can be due to codeine, morphine, poppy seeds, and other compounds. In contrast, 6-AM is a specific marker of heroin.

When testing for suspected heroin use, it may be helpful to test for both metabolites. Some heroin users test positive for morphine, but not 6-AM.⁷ This is because 6-AM is relatively quickly metabolized to morphine. Other heroin users unexpectedly test positive for 6-AM but not morphine.⁷

References

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