OPIATES

Also known as: smack, junk, black tar, horse, lady, white girl, goods, brown sugar, skag, H, hard stuff...

Opiates, often called narcotics, are those drugs which are derived from opium, opium derivations or opium synthetics. Opium is collected from the sap of unripe seed pods from the Papaver Somniferum poppy. The poppies are cultivated primarily in Mexico, Turkey, China, India, Afghanistan, Pakistan, Cambodia, Vietnam and Lebanon. The Golden Triangle region in Southeast Asia has historically been the major source of opium for the United States.

There are several different drugs in the opiate family. These include: opium, heroin, morphine, codeine, Dilaudid, and Demerol.

**OPIUM:** Virtually no restrictions on trafficking or use of opium were in effect prior to the 1900's. Basically, the only medicinal application of opium is in certain types of antidiarrheal preparations. In its raw form, opium can either be ingested or smoked.

**HEROIN:** This opiate produces euphoria, drowsiness, respiratory depression, constricted pupils and nausea. It is the drug most often associated with the transmission of HIV/AIDS because users often inject heroin. It is illegal to grow, process, sell or use heroin and is classified as a Schedule 1 drug. Heroin accounts for 90% of opiate abuse in the United States.

**MORPHINE:** This opiate is very effective in the use of pain management. Morphine is generally odorless, ranging in color from clear to dark brown. Morphine is usually found in white crystalline, tablet or liquid form. Therefore, it can be administered orally or by injection.

**CODEINE:** Produced from morphine, codeine produces less sedation and respiratory depression than morphine. Codeine is in widespread use as a pain reliever. It is also used in liquid form as a cough suppressant.

**DILAUDID:** The second oldest semi-synthetic narcotic, dilaudid is found in both tablet and liquid form. Due to its potency, dilaudid is sought after by illicit drug users and can command as much as $50 per tablet. Normal dosage effects last anywhere from 2 to 12 hours.

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Heroin Use on the Rise

Once a primarily lower-class drug, heroin is now gaining popularity with affluent, well-educated users. Many clinics are finding that more executives, lawyers and well-off people are entering therapy and drug programs.

Not only are the profiles of heroin users changing, the numbers are also increasing. A decade ago, there was an estimated 550,000 heroin addicts in the United States; now the figure is closer to 700,000.

So why the new interest in heroin? Experts point to three possible factors: the U.S. heroin supply is increasing, its price is dropping, and purity is increasing. Upgraded purity means that heroin no longer needs to be injected but can now be smoked or sniffed. Now users do not have the fear of visible needle marks and the threat of AIDS; this is especially attractive to upper and middle class users.

Knowing the symptoms of heroin addiction is helpful when a user denies having a problem. Things to look for are: extreme mood swings, poor concentration, money problems, lack of sexual desire, depression, and secretive behavior.

Heroin Symptoms

- Constricted pupils
- Droopy eyelids
- "On the nod" appearance
- Dry mouth
- Low raspy speech
- Fresh injection wounds
- Depressed reflexes
- Poor coordination

Heroin Effects

- Short-lived state of euphoria
- Respiratory depression
- Reduced vision
- Drowsiness followed by sleep
- Decreased physical activity
- Relief of pain
- Constipation
- Physical and psychological addiction
- Change in sleeping habits
- Possible death
Physiological Effects of Opiates

Opiates are a group of drugs which are used medically to relieve pain, but also have a high potential for abuse. Medically, opiates can ease pain, suppress coughing and relieve diarrhea. Higher doses relax the user and can create drowsiness.

Opiates can be taken orally or intravenously. When injected, opiates give the user an immediate “rush.” Other initial effects include restlessness, nausea, and vomiting. The user may go “on the nod,” going back and forth from feeling alert to drowsy.

With very large doses, the user cannot be awakened, pupils become smaller and the skin becomes cold, moist and bluish in color. Breathing slows down and death may occur.

Most opiates leave the bloodstream rapidly and concentrate in the kidneys, liver, lungs and spleen.

Methadone Treatment

One popular form of treatment for heroin addiction is methadone, a substitute for heroin. Methadone, a synthetic or manufactured drug, does not produce the same “high” as illegal drugs such as heroin, but does significantly reduce withdrawal and the craving to use other opiates.

Methadone is often a successful treatment for opiate dependency because it breaks the cycle of dependence. When patients are receiving methadone in treatment, they are less inclined to seek and buy illegal drugs.

In addition to methadone maintenance, traditionally patients also receive counseling, vocational training and education.

Opiates and Women

It is estimated that nearly half of those women dependent on opiates suffer anemia, heart disease, diabetes, pneumonia or hepatitis during pregnancy and childbirth.

Opiate-dependent women have more spontaneous abortions, breech deliveries, Cesarean sections, premature births and still births. Infants born to opiate-dependent mothers often experience withdrawal symptoms for several weeks or months, and many of these children die.

Opiate Withdrawal

Withdrawal symptoms usually begin 4 to 6 hours after an opiate-dependent person’s last dose. The symptoms include: uneasiness, diarrhea, abdominal cramps, chills, sweating, nausea and runny nose. The intensity of these symptoms depends on how much was taken, how often and for how long.

The negative withdrawal symptoms for most opiates are strongest approximately 24 to 72 hours after the last dose and they begin to subside within 7 to 10 days. Sometimes symptoms such as sleeplessness and drug craving can last months.

An opiate-dependent person can ease the effects of withdrawal by taking any other opiate, a phenomenon known as cross-tolerance. Excessive doses produce unconsciousness, stupor, coma and possibly death.
Bits of Information: Heroin

The Federal Government’s Drug Abuse Warning Network says the number of heroin-related emergency room visits grew from 63,200 in 1993 to 76,000 in 1995.

The National Household Survey on Drug Abuse shows the number of people who report using heroin in the past month climbed from 41,000 in 1990 to 196,000 in 1995. (It is important to remember that home surveys understate usage because they ask people to report their own illegal acts and also exclude street users.)

Between 3,000 and 4,000 users die of heroin overdoses annually—many using heroin in lethal combination with alcohol or other drugs.

Some deaths also occur because most street heroin has been “cut” (mixed with other dangerous ingredients).

One national survey in 1995 indicated that 2.3 percent of eighth graders said they had tried heroin. (Eighth graders always show higher rates than high-schoolers because heroin users tend to drop out of high school.)

Editor’s note: Although heroin/opiates currently are not a large problem in the Manhattan area, their increase in usage nationally warrants our need to inform the KSU community about their possible abuse. It is wise to be aware of heroin/opiates because they are highly addictive and have significant negative side effects.

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University Counseling Services
Lafene Health Center - 2nd Floor
(Sherry Benton) Phone: 532-6927

Alcohol & Other Drug Education Service
Director: Bill Ark
214 Lafene Health Center
Phone: 532-6927

Alcoholics Anonymous
Open Noon Meeting (Mon.-Fri.)
Ecumenical Campus Ministry
1021 Denison
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