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FOR IMMEDIATE RELEASE

Facts About Heroin: A National Epidemic and a Local Problem

The Community Committee of the SAFE Glen Cove Coalition serves as a think tank to examine community needs assessment data, implement alcohol and substance abuse awareness campaigns, educate the public regarding ongoing and emerging alcohol and substance abuse trends and pursue viable funding streams to address gaps in community services.

According to a Community Survey of 1408 Glen Cove residents conducted by the Coalition in 2016, 12.3% indicated heroin was a concern, compared to 2014 data where heroin was not a known problem in the community.

According to the National Institute on Drug Abuse (NIDA), Heroin is an opioid drug made from morphine, a natural substance taken from the seed pod of the various opium poppy plants grown in Southeast and Southwest Asia, Mexico, and Colombia. Heroin can be a white or brown powder, or a black sticky substance known as black tar heroin. Other common names for heroin include *big H*, *horse*, *hell dust*, and *smack*.

- Heroin is an opioid drug made from morphine, a natural substance taken from the seed pod of various opium poppy plants.
- Heroin can be a white or brown powder, or a black sticky substance known as black tar heroin.
- People inject, sniff, snort, or smoke heroin. Some people mix heroin with crack cocaine, called *speedballing*.
- Heroin enters the brain rapidly and binds to opioid receptors on cells located in many areas, especially those involved in feelings of pain and pleasure and in controlling heart rate, sleeping, and breathing.
- People who use heroin report feeling a "rush" (or euphoria). Other common effects include dry mouth, heavy feelings in the arms and legs, and clouded mental functioning.
- Heroin is highly addictive. People who regularly use heroin often develop a tolerance, which means that they need higher and/or more frequent doses of the drug to get the desired effects.

- Long-term effects may include collapsed veins, infection of the heart lining and valves, abscesses, and lung complications. Studies have shown some loss of the brain's white matter associated with heroin use, which may affect decision-making, behavior control, and responses to stressful situations.
- Research suggests that misuse of prescription opioid pain medicine is a risk factor for starting heroin use.
- A person can overdose on heroin. Naloxone is a medicine that can treat a heroin overdose when given right away, though more than one dose may be needed.
- Heroin can lead to addiction, a form of substance use disorder. Withdrawal symptoms include severe muscle and bone pain, sleep problems, diarrhea and vomiting, and severe heroin cravings.
- A range of treatments including medicines and behavioral therapies are effective in helping people stop heroin use. However, treatment plans should be individualized to meet the needs of the patient.
- Medicines include buprenorphine and methadone. They work by binding to the same opioid receptors in the brain as heroin, but more weakly, reducing cravings and withdrawal symptoms. Another treatment is naltrexone, which blocks opioid receptors and prevents opioid drugs from having an effect.
- Behavioral therapies for heroin addiction include methods called cognitive-behavioral therapy and contingency management. Cognitive-behavioral therapy helps modify the patient's drug-use expectations and behaviors, and helps effectively manage triggers and stress. Contingency management provides motivational incentives, such as vouchers or small cash rewards for positive behaviors such as staying drug-free. These behavioral treatment approaches are especially effective when used along with medicines.
- Those who are addicted to heroin and stop using the drug abruptly may have severe withdrawal. Withdrawal symptoms—which can begin as early as a few hours after the drug was last taken—include: restlessness, severe muscle and bone pain, sleep problems, diarrhea and vomiting, cold flashes with goose bumps ("cold turkey"), uncontrollable leg movements ("kicking the habit"), severe heroin cravings

It is a widely held belief that the heroin epidemic began with the abuse of prescribed narcotics. These drugs, in many cases, were overprescribed and their uses became addicted. Also, family members and others with access to these drugs stole them for their personal use or to sell to others. Society eventually recognized this abuse and responded with legislation that greatly reduced the supply resulting in skyrocketing prices in the black market. When costs start to become prohibitive and availability is reduced, a substitute is looked for. Enter heroin, an inexpensive and in some areas a readily available alternative.

There are 142 deaths per day due to heroin overdoses in the United States. In 2016 there were almost 500 deaths in Nassau and Suffolk county from overdoses. In the first 6 months of this year Glen Cove EMS responded to 18 calls for overdoses victims.

The rising number of opioid overdose deaths has led to an increase in public health efforts to make naloxone (Narcan) available to at-risk persons and their families, as well as first responders

and others in the community. Some states have passed laws that allow pharmacists to dispense naloxone without a prescription from a person's personal doctor.

In 2016, County Legislator Delia DeRiggi Whitton, SAFE and the Glen Cove EMS hosted a Narcan Training conducted by the Nassau County board of health, instructing on how to administer this life saving tool to two hundred citizens who attended this event. Narcan kits were provided to all who attended.

For more information about heroin please visit the National Institute on Drug Abuse (NIDA) www.drugabuse.gov, the Substance Abuse and Mental Health Services Administration(SAMHSA) at www.samhsa.gov or the New York State Office of Alcoholism and Substance Abuse Services (OASAS) at www.oasas.ny.gov,

For more information about SAFE and its other initiatives please contact the office at: 516-676-2008 or visit the website at <http://www.safeglencove.org> or our Facebook page at <http://www.facebook.com/safeglencovecoalition>.

Submitted by Tony Jiminez

SAFE Board Member