

# [Heroin addiction essay sample](https://assignbuster.com/heroin-addiction-essay-sample/)

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Linda is on her way to the local pawnshop to get a loan on her son’s video game console so she can get her daily fix of heroin. Linda cannot not function because she is not feeling well; Linda is vomiting, nose running, has stomach cramps, and muscle aches. Once Linda gets the cash she needs, she is off to buy a couple of bags of heroin. Heroin, abusing the drug will change how a person’s brain and body functions.

Heroin is an extremely addictive opiate; it is produced from morphine. Opium is a substance that is extracted from the seedpod of the opium poppy plant. The color of heroin can vary depending on the purity of it. The purer the heroin, the whiter it will be. The reason the color varies it is due to the impurities in the heroin National Drug Institute (2013). According to U. S. Department of Justice (2006) in the eastern part of the United States, heroin is sold in the powder from.

According to “ Heroin Fast Facts” in the western part of the United States, heroin is sold in solid form and is black in color known as black tar (para 2). On the streets heroin is referred to as smack, black horse, boy, and blow because of the feeling of euphoria that is associated with the use of the drug. Heroin is injected, smoked, snorted, or eaten according to the U. S. Department of Justice (2006). Depending on how an individual uses the drug, one will feel the effects more rapidly. In 2011, 4. 2 million Americans aged 12 or older (1. 6 percent) had used heroin at least once in their lives according to the National Institute on Drug Abuse (2013).

When an individual injects heroin, he or she will feel the effects within seconds of the injecting the substance because it is immediately introduce in the individuals bloodstream. When a person ingest heroin in other ways such as snorting or smoking the drug, it takes a few minutes for the individual to feel the effects of the drug. No matter how the drug is used it is still dangerous to use because there is no way of knowing how pure the drug is, especially in the street form because people use different kinds of chemicals to cut the drug. Heroin is derived from morphine and there are medical uses for it, for pain relief National Drug Institute (2013).

In morphine form doctors prescribe it to patients in dosage which is safe because it is monitored by a physician. Heroin affects the central nervous system especially the brain. When an individual first uses heroin the rush of euphoria is produced by a flood of powerful opiates sent to the brain, and this becomes the new bar for feeling good. This initial use sets the individual up for addiction because the feeling of euphoria it produces. Overtime with continued use of heroin, the brain starts to require the extra opiates to tell the body it feels normal. When the brain does not have that extra boost of opiates, it sends the body into panic mode. This panic mode leads the individual to addiction because the brain is craving more of the extra opiates. When an individual uses heroin for years it changes how the brain works.

A person who does not use heroin has a certain level of dopamine that is produced on a regular basis so one can feel normal. When an individual uses heroin everyday he or she trains their brain not to produce dopamine which is naturally produced to feel normal. The individual’s brain is not producing dopamine any longer because the heroin is supplying the brain with the opiates and dopamine which is released when an individual use heroin. . Although heroin changes the way an individual brains function with long-term use, it also affects the individual’s body as well. There are short-term and long-term affects with the use of heroin. The short- term affects are the “ high feeling” of euphoria which were off after a period of time, depending on the amount ingested. The long-term effects are withdrawal symptoms that include an extreme craving for the drug, muscle pain, vomiting, and restlessness.

These symptoms occur when an individual who has been using the drug for a while tries to stop. When an individual tries to stop the use of heroin, their withdrawal symptoms peaks within 48 to 72 hours without the drug according to the National Institute on Drug Abuse (2013) with continued use of heroin, an individual develops a tolerance which requires him or her to use more of the drug. The more of the drug the individual uses, the more severe their withdrawal symptoms will be. A person trying to stop heroin use are in physical pain, this is why most do not stop useless they become a patient in a treatment facility. While in the facility, the individual will probably be prescribed phenobarbital or methadone to help cope with the withdrawal symptoms. Methadone, is a synthetic opiate that blocks the effects of heroin and eliminates withdrawal symptoms, Methadone has a proven record of success for people addicted to heroin according to the National Institute on Drug Abuse (2005).

In addition to the use of Methadone and phenobarbital for the treatment of heroin addiction, there is another drug, Buprenorphine. Buprenorphine is more effective when compare against Methadone for heroin addiction according to the National Institute on Drug Abuse (2005). Also Buprenorphine causes a weaker opiate effect and is less likely to cause an overdose National Institute on Drug Abuse (2005). Most individuals who uses heroin are trying to dull the pain of some form of abuse according to the National Institute on Drug Abuse (2013). This abuse could be physical, sexual, verbal, stress, or trauma. Many individuals suffering from abuse try to find ways to cope with their pain. Some turn to self-medicating which leads them to use illicit drugs to dull their pain National Institute on Drug Abuse (2008).

A person in a treatment center also receives counseling while being a patient because he or she is more than likely suffering from some underlying issue which started the dependency on the drug. While an individual is treated for the physical symptoms from heroin withdrawal he or she will more than like receive some behavior therapy as well while in a treatment facility. According to the “ National Institute on Drug Abuse “ contingency management therapy uses a voucher-based system, where patients earn “ points” for having a negative drug test, the patient can than exchange (para 7) the points for items that encourage healthy living. Cognitive-behavioral interventions are designed to help change the patient’s expectations and behaviors related to drug use, and to increase skills in coping with various life stressors National Institute on Drug Abuse (2005).

With continued use of heroin, one will alter their brain and body functions because they will become dependent on the drug. In addition to becoming a heroin addict, one can lose themselves, finding their self willing to do anything to get the drug. Heroin changes a person’s chemical balance; it tricks the brain into think the brain does not have to produce dopamine to feel normal. Heroin is dangerous, it is a strong drug, and each dose can consist of a different purity or strength.

Even if a person ingests the same amount, it may be stronger than his or her usual dose and he or she can overdose according to the National Institute on Drug Abuse (2013). Linda, the young lady at the beginning of the paper is a victim of sexual and physical abuse, it happened when she was 9 years old. Linda begin using the drug to numb her pain, instead she made matters worse for herself. Linda eventually got herself in a treatment program and has been clean for 15 years. Addiction is a disease of the brain and like any disease there is treatment. One only has to want the help.

References

Kreek, M. J., Levran, O., Reed, B., Schlussman, S. D., Thou, Y., & Butelman, E. R.
(2012). Opiate addiction and cocaine addiction: Underlying molecular
neurobiology and genetics. Journal of Clinical Investigation, 122(10), 3387-93.
Retrieved from http://search. proquest. com/docview/1111803485? accountid= 458

Oviedo-Joekes, Eugenia; Marchand, Kirsten; Guh, Daphne; Marsh, David C; Brissette, Suzanne; Krausz, Michael; Anis, Aslam; Schechter, Martin T; Addictive behaviors, ISSN 0306-4603, 01/2011, Volume 36, Issue 1-2, pp. 55 – 60 Retrieved from http://search. proquest. com/docview/1111803485? accountid= 458

Reimer, Jens; Verthein, Uwe; Karow, Anne; Schäfer, Ingo; Naber, Dieter; Haasen, Christian com/doi/10. 1111/j. 1360-0443. 2011. 03463. x/abstract; (2011). Physical and mental health in severe opioid-dependent patients within a randomized controlled maintenance treatment trial. Retrieved from http://onlinelibrary. wiley. com. ezproxy. apollolibrary.

NIH Fact Sheet. (2013). Retrieved from http://report. nih. gov/NIHfactsheets/ViewFactSheet. aspx? csid= 123

Addiction Science: From molecules to managed care . (2008). Retrieved from http://www. drugabuse. gov/publications/addiction-science/why-do-people-abuse-d
rugs/why-would-anyone-abuse-drugs

Heroin: Abuse and Addiction . (2005). Retrieved from http://www. drugabuse. gov/publications/research-reports/heroin-abuse-addiction/what-are-treatments-heroin-addiction

Heroin Fast Facts. (2005). Retrieved from http://www. justice. gov/archive/ndic/pubs3/3843/

Drug Facts: Heroin. (2013). Retrieved from http://www. drugabuse. gov/publications/drugfacts/heroin