Morbid and Mortal Effects of Heroin Addiction

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Heroin is a widely used narcotic in Pakistan. In a nationwide survey conducted by the Pakistan Narcotics Control Board, of 1.3 million addicts, 100,000 were taking heroin. (as reported in national press). Introduced to the Pakistani market in the eighties, it has gradually become the commonest drug of abuse. It is generally used as a powder in cigarettes or mixed with water and injected parenterally. Its actions have adverse effects on all major systems of the body. Majorities of fatalities occurring in heroin addicts are due to acute reactions or overdoses, characterized by profound respiratory depression, arrhythmias, cardiac arrest and severe pulmonary edema. An overwhelming majority of addicts experience overdose at least once and this may be due to a number of factors. Firstly the drug user has no way of predicting the strength of the material he uses. A narcotic distributor in panic and fear from the federal authorities may dump virtually pure heroin into the market. Secondly an addict who has been incarcerated, hospitalised or kept drug free may consume the same amount of heroin he had used previously, disregarding his loss of tolerance for the drug. Thirdly he may imitate his drug tolerant colleagues and use large amounts of heroin. Pulmonary involvements include ‘Narcotic Lung’ a hypersensitive Pulmonary edema sometimes haemorrhagic, resembling adult respiratory distress syndrome. There may be bronchopneumonia, focal atelectasis, emphysema, pulmonary vascular changes leading to pulmonary blood flow obstruction and cor pulmonale. Chronic persistent hepatitis attributed to hepatitis B viraemia is acquired from sharing of needles. There is striking enlargement of the portahepatic and peripancreatic lymph nodes. This is probably an immunologic reaction to products of degradation and metabolism of heroin in the liver. Parenteral users may suffer from acute infective endocarditis which differ from that encountered in the general population in that patients are younger, pre-existent heart disease is uncommon, valves of the right side involved (esp. tricuspid) and the common organisms are Staphylococcus aureus and candida albicans. Disseminated necrotizing arteritis resembling polyarteritis nodosa may occur either due to a hypersensitivity reaction or hepatitis B viraemia. Involvement of the kidneys comprising of mild to severe forms of glomerulonephropathy are invariably present leading to nephrotic syndrome and renal failure. Cerebral neurons may undergo fatty change, edema and necrosis. Neuro muscular involvement may occur consisting of peripheral neuropathy, spinal cord transverse myelopathy, acute to chronic myopathy. Cutaneous lesions common in parenteral users of the drug include scarring at the injection site, thrombosed veins, hyperpigmentation, skin abscesses, cellulitis, ulceration, urticaria and swelling of the limbs. Tetanus may develop due to deep seated subcutaneous injections. Malnutrition and debility are frequently present and majority of patients are immunologically incompetent. Addicted mothers demonstrate an increased incidence of toxemia and premature labour. In addition withdrawal symptoms may be fatal. Fulminating reactions suggesting anaphylaxis have been reported in some parenteral users. Alterations in sexual behaviour including menstrual irregularities, impotence, decreased fertility and sexual appetite may occur probably due to the sedative or euphoric properties of heroin. It is evident that heroin addicts are highly prone to disease and death. At a time when there is an
increasing frequency of drug addicts in our society and growing public concern about drug abuse and addiction, it is necessary for the physician to be aware of these problems and be prepared to diagnose and treat them.

References

Heroin addiction is the inability to stop using heroin despite suffering a range of negative consequences from using the drug. This compulsion to use heroin leads to chaos in life, financial and social problems, physical and psychological dangers, and a world of other consequences. Faster acting than morphine and highly addictive, heroin can result in physical dependence after a single use for some people. As the drug begins to wear off, the user immediately feels a range of uncomfortable withdrawal symptoms that typically lead to subsequent use.

What are the Risks of Heroin Addiction? Effects of Using Meth and Heroin Together.

Because many of these symptoms are the opposite of those for meth use, they seem to cancel each other out in many ways, leaving the individual to experience what feels like a particularly intense high. The combination is deceptively comfortable, cancelling out some of the sensations that feel most uncomfortable when using either drug while amplifying the euphoria that both drugs induce, making for a very intense high.

The issue comes in when the fact that meth cancels out and outlasts heroin's dangerous physical effects results in the individual taking heroin during pregnancy has been reported to be associated with adverse maternal and perinatal effects. In a study of a large obstetric service in Dallas, pregnancy outcome and health status of infants born to 24 heroin addicts were compared to those in a group of 100 unexposed women and their infants. Women who used heroin during pregnancy tended to use other substances (tobacco, alcohol, cocaine) more often than did controls.