



Poison HOTLINE

Partnership between Iowa Health System and
University of Iowa Hospitals and Clinics

May 2013



Did you know

Many standard urine drug screens (UDS) are unable to detect semi-synthetic and synthetic opioids. UDS commonly test for natural opioids such as morphine, codeine and heroin. Since synthetic and semi-synthetic opioids such as fentanyl, hydrocodone, hydromorphone, meperidine, methadone, oxycodone, buprenorphine and tramadol do not metabolize to codeine, morphine or 6-acetylmorphine, the UDS may result in a false-negative opioid screen even when these drugs are present.

Contact your lab to determine if synthetic and semi-synthetic opioids are part of your hospital's UDS.

Heroin An Old Drug Making A Comeback

Heroin has never actually left the drug-abuse scene. While its popularity waned in the mid-2000's, there has been an upsurge in heroin use since 2009, particularly in the Midwest. For a while, people who were abusing drugs switched to either cheaper forms of other street opioids or cheaper prescription narcotic pain pills, which can be ordered off the internet or purchased off the street. The cost of these alternatives has increased in the past few years making heroin more "cost effective" and accessible. In some places, heroin has become more readily available than marijuana or alcohol for those below the age of 21. Law enforcement officials have also noted an increase in number of arrests related to heroin, mostly for possession and use of the drug. There is also the alarming increase in the number of heroin overdoses coming into hospital emergency rooms, which also points to the escalation in heroin use.

Heroin, a derivative of morphine, can be injected, smoked or snorted. The salt form is either a white or brown powder, while the base form is a black, sticky, tar-like substance. The powder form is readily absorbed from the nasal mucosa when snorted, and it can be dissolved in water and injected. The base form has to be heated before it can be injected or snorted.

Heroin tends to make users feel a sense of euphoria. After the initial sensation of euphoria wears off, the user often feels quite tired, with alternating periods of alertness and drowsiness. Along with euphoria, heroin can cause dizziness, nausea, and a sense of one's limbs feeling heavy. Heroin, like other opioid pain medications, can depress the user's breathing. With heroin overdoses, breathing can be depressed to the point of death. Naloxone, an opioid antagonist, is very effective at reversing the respiratory depression caused by heroin overdose. However, naloxone can also precipitate heroin withdrawal in chronic users and should be used with caution. If a person develops a dependence on heroin, they usually experience very severe withdrawal symptoms.

For questions regarding exposures to heroin or the management of a heroin overdose, call Iowa Statewide Poison Control Center at 1-800-222-1222.

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POISON
Help
1-800-222-1222

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