Heroin Use and Risk of Infectious Disease

By Lauren Gilmore

Researchers who have studied the patterns of noninjecting heroin users have discovered that they are at high risk for becoming intravenous users in the future. Many heroin addicts who prefer snorting and smoking methods believe that they can avoid serious risks that accompany injection use. Researchers at the National Development and Research Institutes (NDRI) focused on the transition rates of noninjection users to injection users as well as other consequences of abusing heroin.

Dr. Neaigus and colleagues of the NDRI recruited 560 noninjecting heroin users to participate in the study. The participants consisted of heroin users who had no history of injecting drugs, as well as former injection users who had not injected drugs in at least six months. Data was obtained from follow-up interviews conducted with 331 participants. Among these participants, 15 percent had transitioned from snorting/smoking methods to injection use. A comparison of data on subjects who were former intravenous users and subjects with no history of intravenous use yielded no significant difference.

Past studies have revealed higher transition rates from noninjection to injection use, especially among former injectors. Dr. Neagius believes that certain factors may slow down the transition rate. During the 1990’s the purity of heroin increased, which causes a more intense “high,” similar to the euphoria one would achieve with injection. Therefore, researchers believe that a lot of users were satisfied with the snorting and smoking methods and didn’t feel the need to resort to intravenous use. A second factor is
the AIDS epidemic. People are more cautious and aware of the possible risk associated with contracting the disease by means of intravenous use.

Some studies have focused on the factors that do increase transition rates. Earlier research findings suggest that noninjecting users who associate, have sexual relations, and/or use drugs with intravenous users are at a higher risk for transitioning. In addition to association, exposure to intravenous use may also influence a noninjecting user. Another factor is the extent of the addiction. A study conducted by NIDR’s Dr. Friedman completed follow-up interviews with 755 noninjecting users. The data revealed that 30 percent of the subjects admitted to transition, reporting that it was a better high. Similar studies have shown that, even with the availability of highly pure heroin, the more chronic users transition to intravenous use because it is a more effective method.

Infectious diseases are a huge concern among users. There are many risks that accompany drug abuse, despite method of use. Dr. Neaigus found that 23 percent of noninjecting users who transitioned to intravenous use developed hepatitis C (HCV). HCV can lead to liver infection as well as fatal liver diseases such as cancer and cirrhosis. Around 9.5 percent developed hepatitis B (HBV) which can also lead to liver infections and diseases. Sexual transmission of HBV was more common among the noninjecting users with no history of intravenous use who had transitioned during the study. No cases of HIV transmission were reported. However, the high rates of HBV and HCV transmission, suggest that the sexual behaviors and injection patterns put these groups at high risk.
Dr. Neaigus concludes that intravenous users who transition to alternative methods such as snorting and smoking greatly reduce their chances of infectious disease transmission. The opposite is true for noninjecting users who transition to intravenous use; they greatly increase their chances of infectious disease transmission, as well as developing serious health problems.

For further information regarding this article please contact the Maternal Substance Abuse and Child Development Project, Emory University School of Medicine, Department of Psychiatry and Behavioral Sciences, Emory West Campus, 1256 Briarcliff Road N.E., Suite 323-West, Atlanta GA, 30306. You can email us at msacd@listserv.cc.emory.edu, visit our website at http://www.emory.edu/MSACD, or phone us at 404-712-9800.

The Maternal Substance Abuse and Child Development Project is funded in part by the Georgia Department of Human Resources Division of Mental Health, Developmental Disabilities and Addictive Diseases.

References:
Adapted from NIDA Notes, Volume 14(2), U.S. Department of Health and Human Services, National Institute of Health