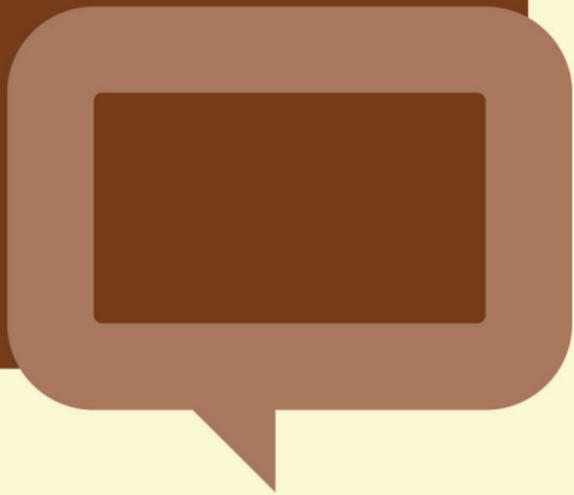


frequently asked questions



Heroin

So, just what is this stuff?

Heroin. Chemical name, diamorphine hydrochloride – a product of the opium poppy.

Common slang names include: brown, smack, H, skag.
In America, they often call it dope or D.

What are the effects?

Heroin is a very strong painkiller.

It takes away physical pain and emotional pain.

The experience of taking it varies from person to person, and partly depends upon how often someone has used the drug.

The first time usually makes people feel very sleepy, and sometimes a sensation of being in a dreamlike state. Physically, heroin also releases histamines making people feel itchy, and most people throw up. A lot.

Some people really like it right from the first dose, but some hate it, and a lot are in the middle, and often not that impressed. People who have used other drugs tend to wonder what the big deal is the first time they try it. If you stick with it though, it can really grow on you, to the point that it's hard not to want more. Every few hours.

Regular users are mostly taking it to avoid withdrawals, although they are usually seeking the intense sense of well-being, a feeling of detachment from the world and its worries that it can give. A common description is that, at its best, it's like being **wrapped in cotton wool.**

How does it work?

Heroin acts on receptors in the brain that are stimulated by endorphins the body's natural 'feel good' hormones, it matches them perfectly, and hits all of them at once, and hard. It can feel very nice. It also acts on the nerves, damping right down the passage of pain signals.

It also acts on other nerves, it slows breathing, and amongst other things, it slows digestion down (this is what makes people feel sick when they first take it), it also makes your mouth and eyes dry.

What does it cost?

You can always buy heroin for £10 – it's how much you get that changes. At first a single £10 bag can last all night.

Once you're tolerant, it can have hardly any effect at all.

Heroin in the UK costs around £70 a gram, there's no limit to tolerance – a lot of people need a gram a day. The cost mounts up.

Tolerance and withdrawals

The body is able to sense that these effects are happening, and if you take heroin every day for more than a couple of weeks, the automatic 'bio-feedback mechanisms' in the body will realise that the signals it needs to push out to make stuff like digestion happen need to be much stronger, and so it will 'up its game' to function as normally as possible even with the effects of the powerful drug.

If the drug is taken away suddenly these same bio-feedback mechanisms take a couple of weeks to start to return things to normal, and in the mean time the body will be on overdrive producing the legendary withdrawal symptoms.

Withdrawals are basically the opposites of the effect of the drug, so people in opiate withdrawals experience:

- Leg spasm and twitching (probably the origin of 'kicking the habit')
- High levels of anxiety
- Vomiting
- Diarrhoea
- Deep pain in the bones, and everywhere
- Shakes and shivers
- Feeling cold, and sweating

Is that what addiction is?

Well, yes in part. That's the physical side of it.

But there's also the psychological side – the feeling that you want to take the drug, the reminders that make you think of it, want it, that can make you feel like you're not in control of your actions.

Dependence on a drug has these two parts. It's not all physical – we know this because treatments that sedate people so heavily that they don't feel the withdrawals at all have really high relapse rates (they also have high post detox overdose death rates, so in many ways they are more dangerous than being heroin dependent).

Often people feel like it's all physical, but once you've been dependent it can be hard to stop using, and stay stopped, and there's no doubt that most of that difficulty is in the mind.

Does everyone who uses heroin get addicted?

No, in fact most people who have taken heroin didn't get addicted to it.

But it does have a very high 'dependence potential' and the risks of dependence are greater if you:

- like the effects;
- have emotional or mental health problems;
- don't have a strong family and social support network;
- have a history of difficulty controlling your drinking or other drug use;
- are in a friendship group with other people who are opiate dependent; and/or it
- is easy for you to buy heroin.

Things that reduce the risk of dependence – known as protective factors – are being emotionally balanced, having strong stable relationships, a job, and of course not liking the effect of the drug helps avoid dependence. Although not liking it at first doesn't mean you'll never get addicted – if you keep taking it, it is likely to grow on you.

Some people do only use heroin on special occasions, say once or twice a year, and never become dependent but others find their circumstances change, and once or twice a year becomes once a month, becomes once a week, a long weekend, a week and then, withdrawals and the need to score to feel okay.

So is there any way of knowing which group I'll fall into?

It is possible: you know yourself and your position, but even if you think you have a low risk of becoming dependent remember it is impossible to predict what's going to happen in the future, and if you're taking a drug like heroin to cope it can all go wrong very quickly.

Some people increase how often they take it well aware of the potential risks, but go ahead anyway believing that they can avoid them. If you find your use getting more frequent, especially if you start using two or more days in a row, it's a sign of where things are heading.

OK, so it's easy to get addicted. But it's easy to quit as well, isn't it? I've heard doctors on telly saying withdrawal is no worse than flu or a cold.

I will bet you anything you like that none of those doctors have ever been opiate dependent themselves!

It's not really like a cold at all, the withdrawals can be compared to flu – but flu is a serious illness. It's the full high temperature, feeling cold, shivering, pain in your bones illness we're talking about here: it's horrible.

And worse, while the physical symptoms are indeed very like flu, on top of that when withdrawing from heroin, you feel like you are awake throughout the whole period, hypersensitive to every nuance of your suffering.

The suffering is both physical with the deep pain, vomiting, and diarrhoea, and also mental – the anxiety, self loathing, fatigue... While all the time, you know how you can fix it, with a simple call, or answering a text from your dealer.

How long do withdrawals last?

The serious physical withdrawals usually peak at about day 4 or 5, and then gradually reduce over the next 10 days. But difficulty sleeping can last a month or more. The fact that heroin is no longer moderating emotions can take a long time to get over – the emotional roller coaster of being opiate free can last a year or more.

Looking back, many former dependent opiate users say getting through the withdrawal was the easiest part, the hard part is readjusting to life without the drug, which can take years. Years that can be shadowed by depression, and craving for the drug. Heroin can ‘remap’ your brain chemistry, associating pleasure with the drug, and people often find it difficult to experience pleasure for a long time after they have given up.

But I’ve known people who used for a couple of months, and then just quit – cold turkey – with no major problems.

Yes, but can you be sure it’ll be the same for you? Do you know they’ve quit for good? The pattern you describe is quite typical for people who have been taking heroin long-term – early in their careers: it does not mean that they have stopped for ever. Because it’s pretty easy the first time, people get lulled into a false sense of security that makes them believe it is always going to be that easy. **It isn’t.**

Once dependent, doctors call heroin use ‘a chronic and relapsing condition’. Chronic, because it usually lasts a long time (the average duration of a heroin dependence is around 14 years!) Relapsing, because people try to stop, and then keep doing it.

Rather than getting instantly addicted like in the movies, it usually starts slowly with gradually lengthening periods of use, and ends slowly with gradually increasing periods of not using.

For many, those years consist of a merry-go-round of arrest, imprisonment, release, detox and relapse, over and over again until they eventually switch to alcohol, other drugs, die, or stop.

What do you mean, die? I've heard heroin was a relatively safe drug?

As a medical treatment, heroin is very safe, in sub-lethal doses heroin is 'safe': the drug itself doesn't damage any of your major organs.

Smoking it will cause some lung damage, but apart from that it is, in and of itself, a relatively safe drug.

Injecting it massively increases the risk: amongst people who inject heroin there is a very high death rate, both from overdose and infections like hepatitis C and HIV.

Drinking alcohol and using heroin increases the overdose risk.

However, injecting heroin users are taking unknown quantities of the drug, often using non-sterile equipment and both of these are high risk activities. Medical problems associated with heroin addiction include: HIV/AIDS, hepatitis B and C, abscesses, endocarditis and septicaemia. All of these are serious, life-threatening conditions.

Well, that's all very well and good, but how am I supposed to remember all this stuff you've told me?

You don't have to remember everything.

Just bear in mind these key issues:

- Heroin can be a risky drug to get into, with serious consequences.
- The only way to be sure of avoiding dependence is not to use it in the first place.
- If you have been messing about with it, you'd be well advised to stop as soon as possible. The longer you leave it, the harder it becomes. If you find you can't stop on your own, you can get help.
- Don't inject: it puts you at risk of other serious health problems, and avoid using it in combination with other drugs, which increases the risk of overdose.
- If you forget, I'll see you down at the methadone clinic in a year or two.
- Err, that's it...

[>] aims
To provide information on the nature and effects of heroin in a question and answer format.
This publication is designed to make people think before embarking on 'casual' or experimental heroin use by highlighting the nature and risks of addiction.

[>] audience
Adults and young people engaged in recreational drug use. Use with under 16s with support.

[∨] content
Some swearing.

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