

# HEROIN

This booklet provides information for people who use heroin. The National Drug and Alcohol Research Centre (NDARC) has conducted many interviews with heroin users, many of whom have requested more information on heroin.

## WHAT IS HEROIN?

Heroin is an opiate, first manufactured in 1874. Opiates are drugs manufactured from the opium poppy, and include opium, morphine and codeine. Heroin may come in powder form, or in small rocks. Heroin is a strong pain killer, which suppresses coughing and causes sleepiness and constipation. Like all opiate drugs, heroin suppresses the volume and rate of breathing, which is what kills people in an overdose. It is illegal to possess, use, manufacture or sell heroin in Australia.

## HOW DOES HEROIN WORK?

Heroin mimics the naturally occurring chemicals in the brain and body which are produced in response to pain and which modify the effects of the pain-killing, pleasure-producing neurotransmitters called 'endorphins'.

When heroin enters the bloodstream it releases a flood of endorphins which results in an initial rush of euphoria. This is followed by a relaxed warm feeling and the disappearance of fear and worry.

## HOW IS HEROIN USED?

Heroin may be used by injection, smoking or inhaling the fumes (“chasing”), snorting or swallowing. In Australia, heroin is mostly injected. However, the smoking of heroin has become common in recent years, usually by heating heroin on aluminium foil and inhaling the vapours through a straw. Recent Australian research has shown that people have died from using heroin by smoking, snorting and swallowing heroin. There is no safe way to use heroin. Each route of administration carries risks. Research has also shown that most people who smoke heroin end up injecting it if they continue to use.

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## WHAT IS HEROIN USED FOR?

As heroin is illegal, it is not currently used in medicine. Other opiate drugs, such as morphine, are used in medicine for the relief of pain, the suppression of coughing and to control diarrhoea.

## WHY DO PEOPLE USE HEROIN?

The main reason people use heroin is for its euphoric effect. When it is used regularly many people become dependent on the drug and find it extremely difficult to stop using it. They may need to use heroin to stop going into withdrawal.

Many people use heroin to deal with psychological distress. Psychological problems are common among heroin users, particularly depression and anxiety. Heroin is used as a way of blocking out bad feelings.

## WHAT IS IN 'STREET HEROIN'?

The main additives found in heroin in Australia are sugar, caffeine and paracetamol. It is rare for other substances to be found in street heroin. There is no evidence that the impurities in heroin cause death.

Pure heroin does not produce the extensive organ damage that drugs such as alcohol do. However,

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the margin for error in the amount that is safe to use is far smaller with heroin. It usually takes a substantial amount of alcohol to kill someone. It does not take a large amount of heroin to cause death from overdose.

# WHAT ARE THE HARMS ASSOCIATED WITH HEROIN USE?

The major **harm** associated with heroin use is **overdose**, which is the single **biggest killer of heroin users**.

The major harm associated with heroin use is overdose, which is the single biggest killer of heroin users. Research shows that two thirds of regular heroin users have had an overdose, and 85% have seen someone else overdose. Most overdoses occur when the person has used other drugs as well as

heroin, most commonly alcohol, benzodiazepines (e.g. Valium, Rohypnol) and tricyclic antidepressants (e.g. Tryptanol). The risk of an overdose is not restricted to young, inexperienced users. Most people who die from an overdose are experienced users, around 30 years old.

Regular use of heroin is likely to result in dependence on the drug. This means that the person loses control over their use of the drug, and is likely to experience flu-like withdrawal symptoms if they stop using heroin (e.g. aches and pains, sweating, diarrhoea and muscle spasms). Our best guess is that a third of people who have ever use heroin will become dependent on it, with

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people who use regularly at greater risk. It is not just injecting that can lead to dependence. Regular smokers of heroin can develop dependence on the drug, and this is one of the reasons so many move on to injecting. Many people who inject heroin believe that it is more economical. However, because tolerance increases rapidly they soon use heroin more often, and spend more money than when they smoked.

Heroin injectors are exposed to injection-related problems. These include the risk of HIV, hepatitis B and hepatitis C from the sharing of injecting equipment. Injecting also causes damage to the veins, even if clean needles are used.

Finally, heroin is expensive. This means that many users with low or average incomes commit crime to support their use. The amount of crime heroin users commit has been shown to go up and down, depending on how much heroin they are using. About a half of regular heroin users have a prison record.

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## IS IT MORE ECONOMICAL TO INJECT HEROIN?

Many users find that that injecting heroin gives a rush and provides a 'bigger bang for the buck' than smoking or snorting the drug. However, injecting heroin results in higher levels of dependence on the drug. Injectors use more often, and quickly develop a tolerance (when you need more of the drug to get the same effect) to heroin. Many injectors have to use more of the drug and use it more often. While injecting may give a bigger short-term effect, it costs substantially more financially and healthwise in the long-term.

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## WHAT DOES "OVERDOSE" MEAN?

Too much **heroin** causes blood **pressure** to drop to **such low** levels that **oxygen** **does not get** to **vital organs**.

An overdose occurs as a result of the drug's effect on the central nervous system. Too much heroin causes blood pressure to drop to such low levels that oxygen does not get to vital organs. As a result, the body shuts down, breathing slows and stops.

# WHAT DO I DO IF SOMEBODY OVERDOSES ON HEROIN?

If a person has overdosed do the following:

- Call Emergency 000 for an ambulance
- Check that the person's airway is clear. If not remove anything from the person's mouth and extend the neck to open the airway
- Check breathing. If the person is not breathing be prepared to immediately start mouth to mouth resuscitation
- Check circulation by feeling for a pulse in the person's neck. If there is no pulse then immediately commence heart massage
- If airway, breathing and circulation are OK, put the person in the recovery position
- Loosen any tight clothing that might restrict breathing
- Keep the person comfortably warm with blankets or a coat
- Do not give the person fluids
- Explain to the ambulance crew what has happened and what you have done
- Do not leave the person alone until professional help arrives



recovery position

Learning **basic first aid**, or even **better**, completing a **recognised first aid course**, could save a **life**.

## HOW MANY OVERDOSES ARE THERE IN AUSTRALIA?

In 1998 there were 737 opiate (e.g. heroin, methadone and codeine) overdose deaths recorded in Australia, a 23% increase from 1997. The number of overdose deaths has been steadily increasing, with 347 deaths recorded in 1988. The overwhelming majority of these overdose fatalities are due to heroin. Most deaths (about 85%) occur among males, and the average age at death is in the early thirties.

## WHY HAVE HEROIN OVERDOSE DEATHS INCREASED?

We are not sure why the number of overdose deaths has increased so greatly, and there appears to be no one cause. Firstly, there are more heroin users than before, but the increase in overdoses is probably greater than the increase in heroin users. Secondly, the use of other drugs with heroin, particularly alcohol and benzodiazepines, is known to increase the risk of an overdose. Polydrug use may have increased among heroin users. Finally, the purity of heroin has increased. However, while purity plays a role in overdose, it is not the only factor involved.

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## WHAT CAN BE DONE TO REDUCE HEROIN OVERDOSE DEATHS?

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It is rare for a person to die of a heroin overdose while they are in drug treatment. It is older users who are not in treatment who are at greatest risk. A recent study indicates that many of these older users are using less heroin than previously, so their tolerance is reduced. Enrolment in treatment would dramatically reduce the risk of overdose. Secondly, the use of other drugs with heroin, most importantly alcohol and benzodiazepines, greatly increase the risk of overdose. Reducing the use of other drugs with heroin would reduce a person's risk of overdose. Finally, responses at overdoses are poor. Improving these responses, such as calling an ambulance immediately, would reduce the number of deaths that occur.

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## HOW CAN I GET OFF HEROIN?

There are a variety of treatment choices for people who wish to give up heroin use. Some of these treatments involve giving the person a substitute drug that is like heroin. The most common form of treatment in Australia is methadone maintenance, where the person is dosed daily on methadone, a synthetic form of heroin.

Not all treatments use drugs. Rehabilitation services such as We Help Ourselves and Odyssey House run 3-6 month programmes, that require the person to live as a part of a community of recovering drug users.

Detoxification services offer short-term in-patient or at home detoxification from the drug.

Detoxification itself, however, is not a treatment. Most people who undergo detoxification, with no other form of treatment, start using heroin again very quickly.

Finally, naltrexone maintenance is now being practiced in Australia. Naltrexone is a drug that counteracts the effects of heroin. It is important to continue to take the drug every day. Many people stop using naltrexone and overdose after taking heroin again. You should also not attempt to use a large amount of heroin to "get over the naltrexone", as the risk of overdose is high.

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