

Withdrawal

Withdrawal occurs when a dependent person stops using heroin or severely cuts down the amount used. Restlessness increases, followed by yawning, a runny nose, a craving for the drug, stomach cramps, diarrhoea, nausea, aching muscles, trembling, sweating and body spasms. These symptoms can be quite prolonged, but usually peak in 2 or 3 days.

Sudden withdrawal from heroin very rarely causes death unless the person has other medical complications or is withdrawing from another drug at the same time.

Withdrawal from heroin can be less dangerous than withdrawal from alcohol or minor tranquillisers.

Detox and treatment

Methadone maintenance treatment as well as treatment with other newer pharmacotherapies are useful in the treatment of opiate dependence.

See **FACT SHEETS** No. 11 and 13 for more information.

Phone ADIS for details of services providing detox and support programs.

See **FACT SHEET** No.1 **Contacts**. Your local health service will also be able to advise of local services.

It may take several attempts before the person is successful. Each attempt should be looked upon as a learning process, and that it is possible to try and start again.

Trying to work out what triggers the desire to use in the first place and developing coping ideas and strategies can help. Learning new ways to cope with insomnia with the support of a drug counsellor, psychologist or supportive rehab centre can be extremely helpful during treatment and afterwards.

Detox can be accomplished rapidly with the use of naltrexone or over 5 to 7 days or by giving up using (going 'cold turkey') and the symptoms can be relieved with medication, either as an in-patient or through home detox. As the person is at risk of reverting to heroin use, many people choose one of the pharmacotherapy treatments which include naltrexone, or maintenance with methadone or buprenorphine.



Heroin



Common Names

Heroin belongs to the opioid drug group, and like opium, morphine and codeine comes from the Opium Poppy.

Pethidine and methadone are synthetically produced opioids. Street or slang names include smack, hammer, harry, dope, rocks, piss, shit and gear.

History of the drug

Heroin comes from the opium poppy and has been used for centuries for its pain relieving properties.

Forms of the drug

Heroin can be injected, snorted or smoked by heating and inhaling the fumes (chasing the dragon). It usually comes in powder form and in different colours.

Before being sold on the street, heroin is 'cut' or mixed with a cheap substance such as glucose, lactose or sucrose. It is rare (in Australia) for heroin to be cut with harmful contaminants.

Drug effects

The effects of heroin depend on the amount taken, the person's experience with the drug, their expectations, the mood they are in and the way in which the drug is taken. Effects also depend on the quality and purity of the drug. Heroin and other opioids are classified as Central Nervous System Depressants. They act on the brain and nervous system by dulling perceptions of pain and fear, slowing breathing and reducing body temperature.

Heroin mimics the naturally occurring chemicals in the body which are produced in response to pain and which modify the effects of the pain-killing, pleasure producing neurotransmitters called 'endorphins'. On entering the bloodstream, heroin releases a flood of endorphins.

Physical effects include:

- A relaxed 'cocooned' warm feeling and the disappearance of fear and worry follow an initial rush of euphoria
- Skin becoming cold and breathing slower and more shallow
- Eyes glazing, and the user commonly appearing to be falling asleep where they sit or stand, 'on the nod'

At higher doses, the pupils of the eyes narrow to pin-points, This escape from reality to a warm fuzzy world is perhaps the primary factor in continued heroin use and dependence, and the fear of returning to reality is a common barrier to cessation or reduction of use.

Adverse effects include nausea and vomiting, as well as constipation and itching. Constipation can continue for days and weeks, and can lead to hospitalisation and serious illness.

Risks and harms

Long-term heroin use may result in damage to:

- The veins
- Heart and lungs

Women may experience irregular menstruation and possibly infertility, while men may experience impotence. Sexual activity commonly becomes non-existent for regular heroin users, as the sexual drives fade along with pain, fear and anxiety.

Because heroin is injected, users are at risk of contracting infectious diseases such as Hepatitis C or HIV through shared needles. See **FACT SHEET** No.9 for more information.

Street heroin is usually mixed with other substances such as glucose, which makes it difficult to know the strength of the drug. This can be a factor in accidental overdose.

Heroin can be dangerous when combined with other drugs, especially depressants like alcohol or minor tranquillisers like Valium. These combinations can lead to coma or even death.

The use of heroin during pregnancy causes risks to maternal and foetal health and may result in an underweight baby with retarded development. Methadone maintenance is strongly advised during pregnancy.

Dependency

Regular use of heroin is highly likely to produce dependence. Tolerance to heroin increases rapidly, and the user quickly finds themselves chasing the experience of their first 'hit' with higher doses, while using to 'get straight' or remove the unpleasant withdrawal effects.

Danger signs

Too much heroin, morphine, methadone or opium causes the body to progress past contented drowsiness to a state of coma. Overdose occurs as a result of the drug's effect on the central nervous system.. The blood pressure drops so low that oxygen does not get to vital organs, the body shuts down, and breathing slows and stops.

Changes in the purity of heroin alone is rarely the cause of overdose. The majority of overdoses occur when drugs are mixed. The majority of overdoses are accidental. The first overdose usually occurs after the person has been using for 2 years or more.

The majority of fatalities with overdoses occur when the person is alone.

Call an ambulance immediately if:

- You are unable to wake someone. A common myth is that a person is 'sleeping it off' THIS IS NOT TRUE. If they don't respond to shaking and calling their name - they are in danger
- You hear gurgling or choking sounds as they are breathing
- They have cold clammy skin or are sweating profusely
- Their eyes are open, but they're like 'doll's eyes' - staring or vacant
- They have passed out or become unable to speak or move. If they are still breathing and have a pulse, lie them on their side while waiting for the ambulance
- No pulse and is not breathing commence CPR (Cardio-Pulmonary Resuscitation) immediately and wait for the ambulance
- A pulse but NO BREATHING, commence mouth-to-mouth resuscitation ONLY

Overdose is not a crime and paramedics are not required to notify police unless a death has occurred or they are being threatened.

Paramedics or medical staff treat an overdose by administering 'Narcan', which immediately reverses the effect of the heroin. It's a common myth that Narcan 'cleans' the system of heroin or methadone. The effects of Narcan are only temporary and once it wears off it is possible to go back into overdose.

Using again straight after, or some time after, could lead to another overdose.

Similarly, if the user has taken other drugs when the Narcan is administered, these drugs will still affect them. Narcan only works for opioids.