



ASSIST

DRUG INFORMATION CARD

HEROIN & PRESCRIPTION OPIOIDS

Street names

Heroin - smack, H, horse, Harry, junk, shit, skag

Prescription opioids – homebake* Oxy, happy pills, hillbilly heroin, OC. O

*Homebake is a form of heroin made from pharmaceutical drugs and involves extracting diamorphine from opioids such as codeine and morphine.

Commercial brand names of prescription opioids include: OxyNorm, OxyContin, Endone, Proladone, Tasgin and Tramadol.

What are opioids?

Opioids are a class of depressant drugs that stimulate the release of dopamine which leads to sensations of pleasure and pain relief. Opioid drugs slow down messages between the brain and the rest of the body, causing breathing and heart rate to slow down. They include heroin (from the opium poppy), synthetic opioids such as fentanyl, and prescription pain medication such as oxycodone (OxyContin), hydrocodone (Vicodin), codeine, morphine, etc. Many people who use heroin will also use opioid drugs when heroin is unavailable or hard to get.

What does it look like?

Heroin in Australia comes from South-East Asia and is often a white/off-white rock, brown/beige rock or white/off-white powder suitable for injecting. Dealers normally cut heroin with other substances such as sugar or caffeine.

Brown powder/heroin generally comes from Afghanistan and is rarely found here. Brown heroin does not dissolve in water and is not designed to be injected. It is more suitable for smoking or likely heated and the vapours inhaled (often referred to as 'chasing'). Prescription opioid drugs come as capsules or tablets but can also include liquids, suppositories, patches or lozenges.

How is it usually taken?

Both rock or powder heroin are soluble in water and can easily be injected which is the main way it is used in Australia. Heroin can also be snorted, smoked, swallowed and shafted which carries less risk of overdose.

Prescription opioids are usually swallowed but they can also be injected.

Immediate effects

When heroin or opioids are injected or inhaled, the effects are almost immediate. Initially people will experience a pleasurable feeling called 'the rush', which is usually accompanied by warm flushing of the skin, a dry mouth and a heavy feeling in the hands and feet. Other symptoms can include nausea, vomiting and a severe itch. After the initial rush, users become drowsy for several hours, with slowing of the heart and breathing, as well as reduced mental alertness and response to pain.

Long-term effects

The most common long-term effect associated with the use of heroin and illicit use of opioid drugs is fatal and non-fatal overdose resulting from depression of respiration. Other long-term effects include:

- severe constipation
- tooth decay (from lack of saliva)
- irregular menstrual periods
- impotence in males
- loss of appetite and weight

Many of the other damaging effects of heroin and illicit use of opioids is associated with injecting. Regular injecting can lead to collapsed veins, bacterial infections, and abscesses at injection sites. People who inject drugs are also at risk of infections, such as endocarditis (an infection of the lining of the heart), and blood-borne viruses, such as HIV, hepatitis B and hepatitis C through sharing and using non-sterile injecting equipment.

Withdrawal

It is estimated that approximately 1 in 4 people who try heroin become dependent on it and will suffer withdrawal symptoms when they stop using. Withdrawal symptoms usually commence within 12 hours of taking the last dose and consist of the following symptoms:

- runny eyes and nose
- excessive sneezing and yawning
- sweating
- agitation and irritability
- goose bumps
- hot and cold flushes
- loss of appetite



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After about 24 hours very strong cravings develop (which can last for 2-4 days), and may include:

- stomach cramps
- diarrhoea
- nausea and vomiting
- headaches
- poor sleep
- lethargy
- pains in the back, joints and/or legs and arms

Towards the end of the week most physical symptoms associated with an opioid withdrawal will have begun to settle down. However, many people may continue to experience ongoing problems related to sleep, appetite, as well as craving for the drug.

Mixing opioids with other drugs

People who use heroin and opioid drugs illicitly frequently use other depressant drugs such as alcohol and benzodiazepines at the same time. Combining any depressant drug with opioids greatly increases the risk of overdose.

Other things to consider about heroin and illicit use of opioids:

Other things to consider about heroin and illicit use of opioids:

- Heroin use has very high mortality rate, estimated at 15 times that of the general population
- Suicide rates amongst heroin users are estimated to be 14 times that in the general population
- Heroin users suffer high levels of major depression and anxiety disorders, including post-traumatic stress disorder (PTSD)
- If a woman uses opioids when pregnant this can affect fetal development and increase the risk of miscarriage, premature birth, low birth weight and fetal death
- Babies born to woman who have used opioids in pregnancy may have to go through a withdrawal following birth (neonatal abstinence syndrome)

- Neonatal abstinence can be effectively treated without long-term problems – sometimes medication may be necessary to alleviate withdrawal
- Opioids can pass into breast milk and can cause further adverse effects on a breast-fed baby

Harm reduction advice

- Do not mix opioids with other central nervous system (CNS) depressant drugs (i.e. alcohol, benzodiazepines)
- Taste a bit first: there is variable purity & content in heroin
- Be aware of reduced tolerance for opioids – especially after leaving detox, rehab or being released from prison
- Smoke, snort, swallow or shaft opioids rather than inject them
- Injecting is riskier for overdose, vein damage, blood borne virus transmission (i.e. hepatitis B & C, HIV) & bacterial infections
- Never share any equipment, including the mix, water, swabs, filters, tourniquets, needle, syringe, etc.
- Always use new and clean equipment for each hit
- Sterile syringes are available from pharmacies and Needle and Syringe Programs (NSP)
- Avoid using opioids alone
- Do not leave people to 'sleep it off' the effects of opioids
- Be aware that health-related risk factors (age, liver or lung disease, etc.) can increase chance of overdose
- Know the signs of an overdose and how to respond
- Learn how to use naloxone and always carry it with you