

Fact Sheet

Heroin

AKA: Diamorphine Hydrochloride, Diacetylmorphine Hydrochloride, *Brown, Skag, Smack, Junk, Gear, Shit, Dope, H, Horse*

Related products include OPIUM, and a range of pharmaceutical products including Morphine, Codeine, Dihydrocodeine, Buprenorphine. Related synthetic compounds include methadone. See DRUG-FACTS sheets on METHADONE and other OPIATES for further information about related compounds.

SOURCE: Heroin is manufactured from the sap of the Opium Poppy, *Papaver Somniferum*. Raw opium is extracted from the poppies. This contains a mixture of opiate alkaloids, including morphine, thebaine, codeine, noscapine and papaverine.

If this raw product were to be used for pharmaceutical purposes, the crude opium resin would be refined to isolate the individual alkaloids, which form the basis of numerous medicines.

For illicit production, the raw opium is treated with lime and other compounds to leave partially-refined morphine; this is reacted with acetic anhydride to produce a base form of diamorphine. This crude base form of the drug is what is primarily exported to the UK, and makes up the bulk of the UK market. It typically doesn't undergo further refinement, or acidification before export.

Other forms of illicit heroin, especially more refined white heroin does still appear on the UK market but infrequently.

Raw opium is also occasionally offered for sale in the UK; most of this is imported though a small amount is also grown in the UK.

Pharmaceutical Diamorphine Hydrochloride is still prescribed in the UK, and a small number of people who are opiate dependent are prescribed the drug on the NHS (or by private prescription). Historically, some of the prescribed Heroin in the UK leaked on to the streets but this is seldom the case now.

APPEARANCE: Heroin is usually sold as a powder; colour ranges from white, off-white, yellowish, to reddish brown, the most prevalent type now on the market. A few years ago, there was a wider availability of brands such as CHINA WHITE, but Afghan-sourced brown heroin is the mainstay of the UK market. Crude opiate extracts such as Black Tar Heroin don't occur in the UK.

COSTS: Heroin is usually sold in small quantities, typically £10 bags. By weight, Heroin costs between £40 and £60 a gramme.

QUALITY: Street heroin is invariably heavily adulterated, but the extent of this varies wildly from area to area and dealer to dealer. Cutting of heroin ranges from 40% to 70%, though far lower (and higher) purities are reported.

Common adulterants include caffeine, lactose, and benzodiazepines. Reports in the media of other, dangerous adulterants are widespread and but rarely substantiated. However, compounds including builders plaster, brick dust, talc. In 1993, Paracetamol

was the most widely-reported adulterant according to research by the University of Greenwich.

Periodically, very pure heroin is sold on the street, potentially causing fatalities as people overdose on exceptionally strong gear.

METHODS OF USE: Heroin is usually smoked or injected; due to its poor solubility, brown heroin is a poor option for sniffing. Few people swallow the drug due to its inefficient delivery. A small number of people take the drug rectally, as a harm reduction measure.

Smoking is often called "*chasing the dragon*," or more recently *booting*. A small line of heroin is placed on a piece of silver foil, and heated from below. The heroin runs into a liquid, and gives off a curl of smoke, which is inhaled through a rolled tube of paper or foil.

For injection, heroin is acidified, using citric or ascorbic acid, heated with water, and then filtered prior to injecting.

EFFECTS: Heroin is a powerful painkiller, and the absence of pain that it offers is combined with euphoric qualities. The combined effects are a sense of well being, feeling warm and content, drowsy and untroubled.

The sense of calm, pleasure, profound well-being and the absence of worry, anxiety or pain makes heroin a very effective escapist drug.

At higher doses, the user may become heavily sedated, be sleepy, unable to talk, and appear to fall asleep for a few minutes at a time. This is referred to as "gauching" or "nodding."

Users often experience nausea or vomiting on the first occasions that they use heroin, or when returning to use after a period of abstinence.

HEALTH IMPLICATIONS: The health problems attached to heroin use are numerous and complex. Some are related to the drug itself, some related to the drug's legal status, and others due to lifestyle attached to regular heroin use.

Heroin is physically addictive. Regular use of heroin leads to an increase of tolerance to the drug. Initially, this means that one needs to take increasingly large amounts to achieve the same sense of euphoria and well being. Subsequently, it means that users find they need to use increasingly large quantities to prevent going into withdrawal, or just to feel "normal." This alone means that spending on heroin inevitably escalates with regular use.

The flip side of this is that, when heroin use is discontinued (for example after a spell in prison), tolerance drops. A user whose tolerance has dropped and who attempts to use the amount they were using when their tolerance was higher, stands a good chance of overdosing.

Overdosing on heroin is quite a frequent occurrence; amongst other effects, heroin can depress breathing, and in overdose, breathing can cease altogether ("having a bluey.") The risk of overdose is exacerbated by the variable quality of street heroin, and hospital

admissions for overdose are common. Death through overdose remains a significant cause of mortality amongst heroin users.

While pure heroin is not especially toxic to human organs, contaminants in street heroin way well cause more damage, especially when they are injected.

Injecting brings with it the risks of vein damage and collapse, local infections, abscesses, circulatory problems, ulcers, thrombosis, infections in heart valves, and systemic infections. It also exposes users who share injecting equipment to blood-borne viruses including Hepatitis B and C, and HIV.

Needle exchanges in the UK offer sterile equipment to reduce the incidence of sharing and infection caused by injecting.

Heroin causes severe constipation amongst regular users. In addition, it acts to suppress the cough-reflex, leaving users at risk of chest and bronchial problems.

Further problems relate to heroin-lifestyle, and the need, especially with large habit, to raise in excess of £150 a day to pay for drugs. This can lead to poor diet, poor accommodation, and a host of resultant illnesses.

After a period of regular use, there is an unpleasant period of withdrawal (often called "cold turkey,") as the drug is cleared from the body and the body adjusts to functioning without the presence of heroin. While unpleasant, sometimes lasting for a fortnight or more, withdrawal is not a life-threatening process. Far more difficult is to resist the psychological temptation to use during this period, in the knowledge that it would instantly alleviate the symptoms of withdrawal. While the drug is actually cleared from the system relatively quickly, reverse-adapting can be a slow process, with users experiencing low mood, disrupted sleep and anxiety for weeks, and possibly months after cessation of use.

A range of treatments are available to assist the physical and psychological aspects of heroin dependency; this can include prescribing substitute drugs such as methadone or buprenorphine, from which the user can then gradually be reduced. Counselling, residential treatment and self-help groups are also available to assist people stopping.

LEGAL STATUS: Diamorphine is a Class A, Schedule 2 drug. It can legally be produced, supplied and possessed under Home Office Licence. Pharmaceutically pure diamorphine hydrochloride is used for pain relief in medical settings, but is illegal to possess without authority. It is lawfully prescribed to dependent heroin users, by Doctors who hold a Home Office licence to prescribe the drug to addicts.

OTHER INFORMATION: Heroin remains one of the most problematic illicit substances in the UK. Despite law enforcement efforts, it is widely available and remains cheap and plentiful. Production in Afghanistan remains high, and so there is little prospect of a shortage in the UK at present.

While heroin was once concentrated in inner-cities it's use and availability has spread and so it now affects all towns and cities in the UK and has impacted on rural areas too.