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 A Department of Human Services funded project

Heroin

Australian Greek Welfare Society



What is 'Heroin'?

Heroin is an illegal substance derived from the 'opiate' family, which includes opium, codeine, methadone and morphine.

Consumption takes place via inhalation or injection, leading to sedation, euphoria, and reduced anxiety by altering nerve cell functioning in the brain. These effects can last anywhere up to six hours.

Heroin is highly addictive, and regular use is likely to lead to both physical and mental dependence*. Once a user has developed a physical dependence and tolerance (requiring more to get the same effect), the initial pleasure fades. As time progresses, the user must continue to increase their consumption just to feel what the non-drug using community would consider 'normal'. At this stage, finding and using this drug can become the main focus in life for that user.

Common effects

As with all drugs, many surrounding factors determine their effects, including the environment in which the drug is taken, as well as the individual's physical and mental state. In general though, heroin produces intense feelings of pleasure and pain relief. Slower breathing, a dry mouth, drowsiness, and possibly nausea follow.

With high-level use, the ability to concentrate becomes impaired and breathing becomes even slower. If too much is taken or other drugs are used in conjunction, an overdose may result where body temperature drops and the heartbeat becomes irregular. This can lead to death, or other physical problems.

If a regular user suddenly stops using the drug, or even reduces their intake, they will experience a variety of physical withdrawal symptoms including cravings, restlessness, diarrhoea,

vomiting, irritability, insomnia, chronic depression, stomach and leg cramps.

Associated dangers

Heroin is most commonly injected, and this practice can lead to medical problems such as skin, heart and lung infections. Furthermore users who share needles are at extreme risk of contracting diseases such as hepatitis and HIV.

Since most street level drugs are 'cut' with other substances which may include sugar, talcum powder, washing detergent (some poisonous) to increase quantity, injecting can lead to clogging or collapsing veins, tetanus, abscesses and damage to the heart, lungs, liver and brain. This 'cutting' also creates the problem of uncertainty as to the strength of the heroin – which in turn may lead to overdoses, particularly if other drugs such as alcohol or sleeping pills are also used.

It should be noted that use of heroin whilst pregnant can severely harm the unborn child, causing underdevelopment, premature labour, stillbirths, and in some cases children can be born addicted. These children are also at greater risk of sudden infant death syndrome**.

Treatment options

Many different methods of treatment exist for drug users, including safer drug substitutes for those not quite ready to give up (e.g. Methadone, Naltrexone), as well as abstinence programs (counselling and support groups). It should be noted that all forms of treatment are most effective when heroin use is identified early on.

For more information on these and other options you should contact your local doctor, or call the Australian Greek Welfare Society on (03) 9388 9998 and speak to Evan Sycamniias.

In case of emergency

An overdose begins when the drug user stops reacting to the outside world. In as short a time as ten minutes, that individual may die if medical treatment is not administered. For this reason it is essential to call 000 and ask for paramedics, who can reverse an overdose by administering the drug Narcan. With further hospital assistance, recovery from serious overdoses usually occurs between 24 to 48 hours.

Once medical assistance has been called for, it is essential that you do not leave the victim alone. If the victim is semi conscious, begin by talking to and raising them to their feet. Walk them along as much as possible, and provide them with plenty of fresh air. You need to keep them occupied to avoid them slipping into unconsciousness.

If the victim lapses into unconsciousness check to see if they are still breathing – this can be done by either placing your ear near their mouth and listening for breathing sounds, or by watching their chest for movement.

If the victim is breathing, place them on their side in the 'recovery position', with one of their legs bent at the knee whilst keeping the other outstretched. Their head should also be placed to rest on the victim's arm.

If the victim is not breathing, you should begin by checking to see and clear anything that may be blocking their airway (i.e. tongue or vomit). If their airway is clear but they are not breathing, roll the victim onto their back, tilt their head to open their airway and then place your mouth over theirs, giving 5 initial breaths in 10 seconds (mouth-to-mouth resuscitation). Continue providing them with one breath every 4 seconds.

* Australian Drug Foundation

** National Institute on Drug Abuse (U.S.)