Hey Alice,

What do you know about heroin? Is it really as addictive as they say? My friend keeps buggin' me to try it, but I'm not sure I want to move from weed to smack. Any guidance would be groovy.

Answer

Dear Reader,

Kudos for seeking some guidance to inform your decision as addiction is a real concern when it comes to using heroin. Addiction has both a physiological (primarily involving the central nervous system) and a psychological component. If you use weaker (diluted or dissolved) heroin for a few weeks, you could develop a mild dependence; use something unadulterated (pure heroin that doesn't contain synthetic opioids such as [fentanyl][2]) for a little while and you may find you've got a pretty tough habit to kick.

Heroin belongs to the family of opioids, related to opium, morphine, codeine [3], methadone, and oxycodone [4], commonly known as "downers" or sedatives. It's potent and fast-acting, and it's reported effects include feelings of warmth, euphoria, contentment, pain relief, dulled emotion, and a dream-like state. With these warm, fuzzy feelings, you may imagine how hard it may be to go back to reality, which may be less than dreamy. Not so fast though — heroin's undesirable short-term effects may also include nausea, vomiting, blocked pain messages, loss of appetite, constipation, slowed heart rate, shallow breathing, and going unconscious. Pleasure seeking and pain reduction may become a consuming way of life for many heroin users. Such an addiction isn't cheap to overcome and may be extremely difficult to break.

Though these issues are associated with heroin use in general, there are some additional risks associated with the method of use as well. Heroin users may take "smack" (a common street name for heroin) by smoking (often with weed, or marijuana), snorting, or injecting. Regardless of the method, heroin users can also face the risk of lung diseases, miscarriage, low blood pressure, and coma, but intravenous injection adds on a number of risks. Needles deliver substances directly into the bloodstream, and increases the risk of heart infections, skin abscesses, vein damage or collapse, blood clots, an easier chance of overdose, and other deadly results. If users share needles, it further introduces other risks of HIV, hepatitis C, and
many other bloodborne pathogens’ transmission.

Overdosing is a huge risk with heroin. As it’s an unregulated substance, its purity and contents are highly inconsistent, even within one batch. Heroin is also usually cut with other substances that are frequently stronger than heroin, so overdose is a significant risk, even for experienced users. Most overdoses happen with use of other depressants, such as alcohol, or after a break of a couple days from heroin use.

Putting the chemical aspects aside, what are your motivations to use substances? Is it peer pressure, boredom, or curiosity? May you find other outlets that carry less risk? Is substance use to escape a stressful reality? If so, would substance use solve any real issues? If you choose to use, what would that mean for you? You may find that reflecting on these questions helps you figure out why you do or don’t want to use and what the results of that decision may be.

You’re ultimately in charge of your body and your health, and making a measured decision requires consideration of the available facts. For more information about heroin, check out the drug facts [5] from the National Institute on Drug Abuse (NIDA). You may even decide to share this information and discuss your reflections with your friends. Hopefully this guidance was groovy enough for you!

Alice!

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