

THE TRUTH ABOUT

HEROIN

Snack B  
Skag Junk  
Horse

[drugfreeworld.org](http://drugfreeworld.org)





## WHY THIS BOOKLET WAS PRODUCED

There is a lot of talk about drugs in the world—on the streets, at school, on the Internet and TV. Some of it is true, some not.

Much of what you hear about drugs actually comes from those selling them. Reformed drug dealers have confessed they would have said anything to get others to buy drugs.

Don't be fooled. You need facts to avoid becoming hooked on drugs and to help your friends stay off them. That is why we have prepared this booklet—for you.

Your feedback is important to us, so we look forward to hearing from you. You can visit us on the web at **[drugfreeworld.org](http://drugfreeworld.org)** and e-mail us at **[info@drugfreeworld.org](mailto:info@drugfreeworld.org)**.




# HEROIN: WHAT IS IT?

**H**eroin is a highly addictive, illegal drug. It is used by millions of addicts around the world who are unable to overcome the urge to continue taking this drug every day of their lives—knowing that if they stop, they will face the horror of withdrawal.

Heroin (like opium and morphine) is made from the resin of poppy plants. Milky, sap-like opium is first removed from the pod of the poppy flower. This opium is

refined to make morphine, then further refined into different forms of heroin.

Most heroin is injected, creating additional risks for the user, who faces the danger of AIDS or other infection on top of the pain of addiction.



Heroin cut me off  
from the rest of  
the world. My parents  
kicked me out. My  
friends and my brothers  
didn't want to see me  
anymore. **I WAS ALL  
ALONE.**" — Suzanne



# THE ORIGINS OF HEROIN

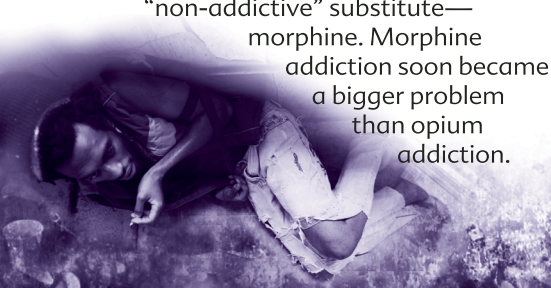
Heroin was first manufactured in 1898 by the Bayer pharmaceutical company of Germany and marketed as a treatment for tuberculosis as well as a remedy for morphine addiction.

## A VICIOUS CIRCLE

During the 1850s, opium addiction was a major problem in the United States. The “solution” was to provide opium addicts with a less potent and supposedly “non-addictive” substitute—morphine. Morphine addiction soon became a bigger problem than opium addiction.

As with opium, the morphine problem was solved by another “non-addictive” substitute—heroin, which proved to be even more addictive than morphine. With the heroin problem came yet another “non-addictive” substitute—the drug now known as methadone. First developed in 1937 by German scientists searching for a surgical painkiller, it was exported to the US and given the trade name “Dolophine” in 1947. Renamed methadone, the drug was soon being widely used as a treatment for heroin addiction. Unfortunately, it proved to be even more addictive than heroin.

By the late 1990s, the mortality rate of heroin addicts was estimated to be as high as 20 times greater than the rest of the population.

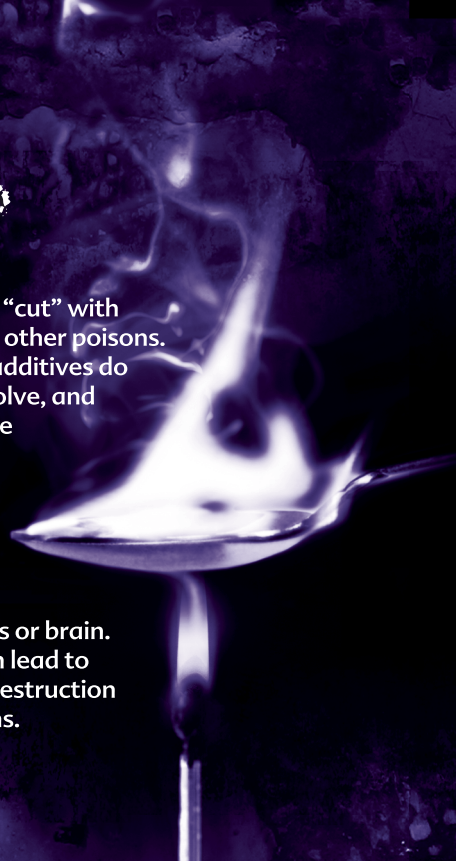


# WHAT DOES HEROIN LOOK LIKE?

In its purest form, heroin is a fine white powder.

But more often, it is found to be rose gray, brown or black in colour. The colouring comes from additives which have been used to dilute it, which can include sugar, caffeine or other substances. Street heroin

is sometimes “cut” with strychnine or other poisons. The various additives do not fully dissolve, and when they are injected into the body, can clog the blood vessels that lead to the lungs, kidneys or brain. This itself can lead to infection or destruction of vital organs.





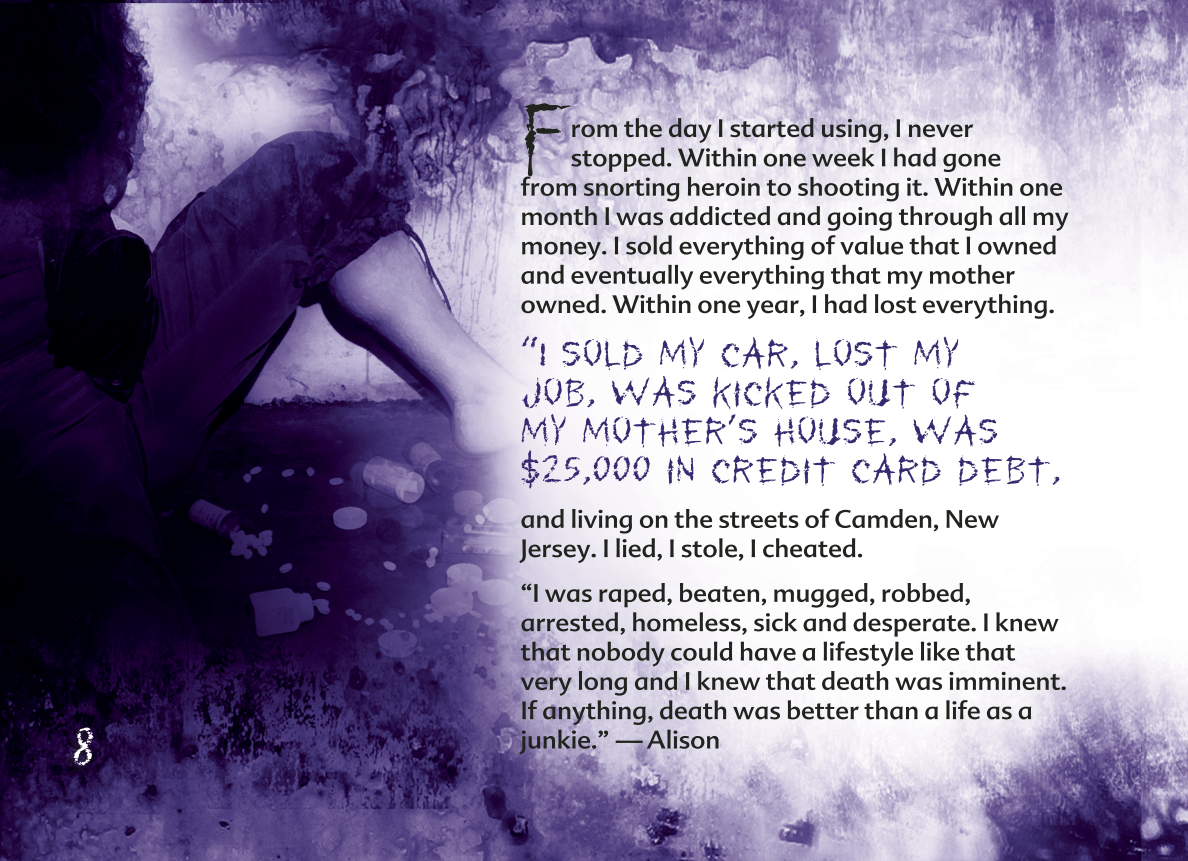
The user buying heroin on the street never knows the actual strength of the drug in that particular packet. Thus, users are constantly at risk of an overdose.

Heroin can be injected, smoked or sniffed. The first time it is used, the drug creates a sensation of being high. A person can feel extroverted, able to communicate easily with others and may experience a sensation of heightened sexual performance—but not for long.

Heroin is highly addictive and withdrawal extremely painful. The drug quickly breaks down the immune system, finally leaving one sickly, extremely thin and bony, and, ultimately, dead.

## STREET NAMES for HEROIN

- Big H
- H
- Junk
- Skag
- Horse
- Smack
- Thunder
- Hell Dust
- Nose Drops

A photograph of a person lying on their back on a dark, dirty floor. The person is wearing a dark jacket and pants. Their legs are bent at the knees. Scattered around them on the floor are various items, including what appear to be small white pills or capsules, a small clear bottle, and other debris. The background is a rough, light-colored wall. The overall tone is gritty and somber.

From the day I started using, I never stopped. Within one week I had gone from snorting heroin to shooting it. Within one month I was addicted and going through all my money. I sold everything of value that I owned and eventually everything that my mother owned. Within one year, I had lost everything.

"I SOLD MY CAR, LOST MY JOB, WAS KICKED OUT OF MY MOTHER'S HOUSE, WAS \$25,000 IN CREDIT CARD DEBT,

and living on the streets of Camden, New Jersey. I lied, I stole, I cheated.

"I was raped, beaten, mugged, robbed, arrested, homeless, sick and desperate. I knew that nobody could have a lifestyle like that very long and I knew that death was imminent. If anything, death was better than a life as a junkie." — Alison



# INTERNATIONAL STATISTICS

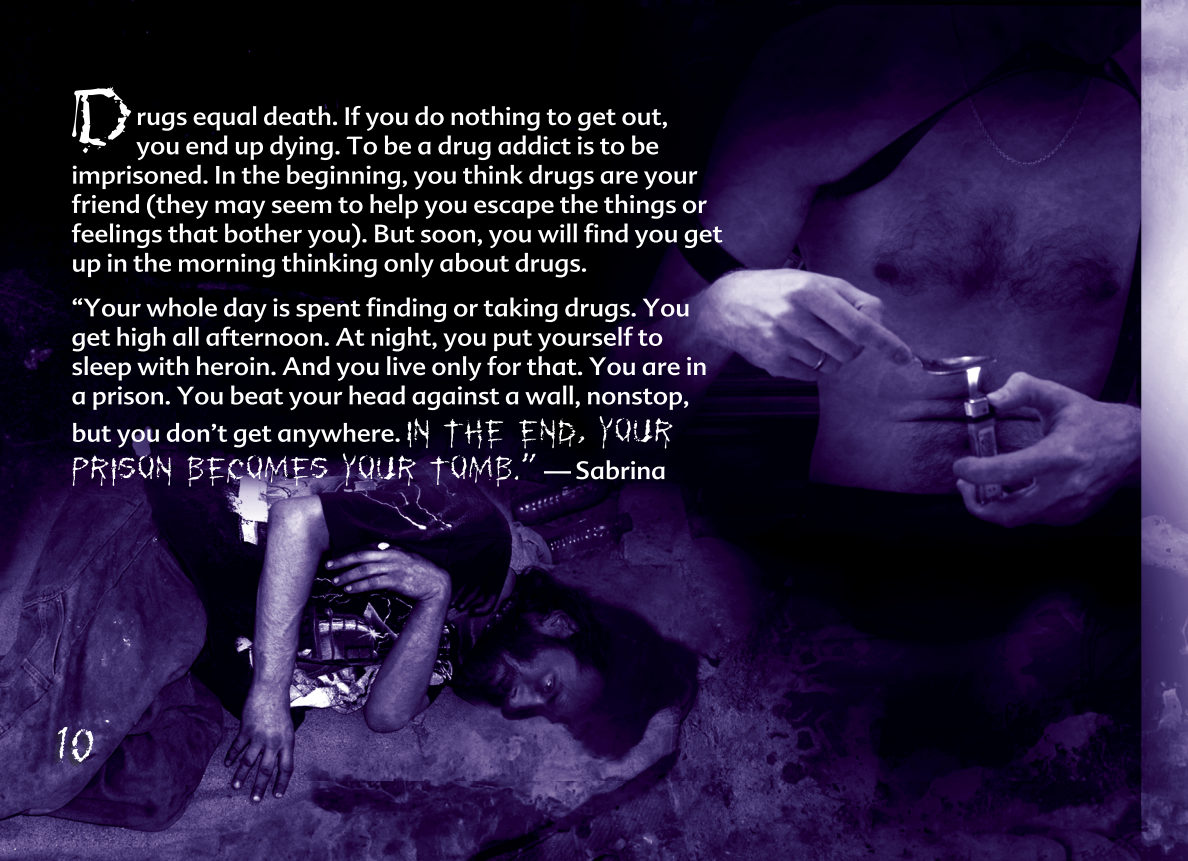
**A**n estimated 13.5 million people in the world take opioids (opium-like substances), including 9.2 million who use heroin.

- In 2007, 93% of the world's opium supply came from Afghanistan. (Opium is the raw material for heroin supply.) Its total export value was about \$4 billion, of which almost three quarters went to traffickers. About a quarter went to Afghan opium farmers.
- The 2007 National Survey on Drug Use and Health reported 153,000 current heroin users in the US in 2007. Other estimates give figures as high as 900,000.
- Opiates, mainly heroin, were involved in four of every five drug-related deaths in Europe, according to a 2008 report from the

European Monitoring Centre on Drugs and Drug Addiction.

- Opiates, mainly heroin, account for 18% of the admissions for drug and alcohol treatment in the US.
- In Victoria, there was a significant increase in heroin fatal overdoses in 2008, double the previous year.



A dark, purple-toned photograph. In the foreground, a person lies on their back on a rough, textured surface, possibly concrete. They are wearing a dark t-shirt and light-colored pants. Their head is tilted back, and their eyes are open. In the background, another person stands over them, their torso and arms visible. This second person is wearing a dark tank top and a thin chain necklace. They are holding a small, clear plastic container in their left hand and a spoon in their right hand, appearing to be in the process of injecting. The overall mood is somber and graphic.

**D**rugs equal death. If you do nothing to get out, you end up dying. To be a drug addict is to be imprisoned. In the beginning, you think drugs are your friend (they may seem to help you escape the things or feelings that bother you). But soon, you will find you get up in the morning thinking only about drugs.

“Your whole day is spent finding or taking drugs. You get high all afternoon. At night, you put yourself to sleep with heroin. And you live only for that. You are in a prison. You beat your head against a wall, nonstop, but you don’t get anywhere. **IN THE END, YOUR PRISON BECOMES YOUR TOMB.**” — Sabrina



**IMMEDIATE HARM:** The initial effects of heroin include a surge of sensation—a “rush.” This is often accompanied by a warm feeling of the skin and a dry mouth. Sometimes, the initial reaction can include vomiting or severe itching.

After these initial effects fade, the user becomes drowsy for several hours. The basic body functions such as breathing and heartbeat slow down.

Within hours after the drug effects have decreased, the addict’s body begins to crave more. If he does not get another fix, he will begin to experience withdrawal. Withdrawal includes the extreme physical and mental symptoms which are experienced if the body is not

supplied again with the next dose of heroin. Withdrawal symptoms include restlessness, aches and pains in the bones, diarrhoea, vomiting and severe discomfort.

The intense high a user seeks lasts only a few minutes. With continued use, he needs increasing amounts of the drug just to feel “normal.”

### SHORT-TERM EFFECTS

- “Rush”
- Slowed breathing
- Clouded mental functioning
- Nausea and vomiting
- Sedation; drowsiness
- Hypothermia  
(body temperature lower than normal)
- Coma or death (due to overdose)

# LONG-TERM EFFECTS

The effects on the body from continued use of this drug are very destructive. Frequent injections can cause collapsed veins and can lead to infections of the blood vessels and heart valves. Tuberculosis\* can result from the general poor condition of the body.

Arthritis is another long-term result of heroin addiction.

Heroin withdrawal is a terrifying experience that begins to torture the body within hours of the last fix.

The addict lifestyle—where heroin users often share their needles—leads to AIDS and other contagious infections. It is estimated that of the 35,000 new hepatitis C2 (liver disease) infections each year in the United States, over 70% are from drug users who use needles.

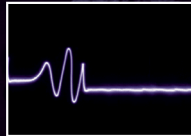
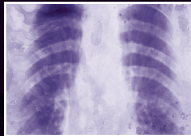
“People believe that heroin is super, but you lose everything: job, parents, friends, confidence, your home. Lying and stealing become a habit. You no longer respect anyone or anything.” — Pete

\* tuberculosis: an infectious disease affecting the lungs and other organs.

## LONG-TERM EFFECTS

- Bad teeth
- Inflammation of the gums
- Constipation
- Cold sweats
- Itching
- Weakening of the immune system
- Coma
- Respiratory (breathing) illnesses
- Muscular weakness, partial paralysis
- Reduced sexual capacity and long-term impotence in men
- Menstrual disturbance in women
- Inability to achieve orgasm (women and men)
- Loss of memory and intellectual performance
- Introversion
- Depression
- Pustules on the face
- Loss of appetite
- Insomnia

Abscesses from use of needles pockmark the body of a 16-year-old addict



HEROIN ABUSE brings about physical and mental destruction.



# "I'LL JUST TRY IT ONCE."

WARNING: EVEN A SINGLE DOSE OF HEROIN CAN START  
A PERSON ON THE ROAD TO ADDICTION.

**M**any people experiment with heroin thinking, "I'll try it once or twice. I can always stop." But those who start down that road find it nearly impossible to turn back. Consider the words of Sam, a 15-year-old addict: "When you first shoot up, you will most likely puke and feel repelled, but soon you'll try it again. It will cling to you like an obsessed lover. The rush of the hit and the way you'll want more, as if you were being deprived of air—that's how it will trap you."

The threat of addiction is not the worst consequence of experimenting with heroin. Jim was 21 years old and usually spent his evenings drinking beer with friends. He had already experimented with heroin so when friends offered him a line to sniff, he accepted. Fifteen minutes after inhaling, he passed out, then dropped into a deep coma which lasted more than two months. Today, he is confined to a wheelchair, unable to write, barely able to read. Whatever dreams and aspirations he once had are gone.



# THE HEROIN "LOOK"

Once heroin frightened people. More recently, some people have tried to make heroin use "fashionable."

In the past decade, the "heroin addict look"—blank expression, waxy complexion, dark circles under the eyes, sunken cheeks, excessive thinness, greasy hair—was promoted in popular magazines and fashion circles as "chic."

Just as rock stars helped popularise LSD during the

1960s, so have some fashion designers, photographers and advertising people of today influenced an entire generation of youth, by portraying heroin use in magazines and music videos as fashionable and even desirable.

It is grimly ironic that Davide Sorrenti (right)—the fashion photographer whose work was synonymous with "heroin chic"—reportedly died at the age of 20 from heroin overdose.



# A VERY SLIPPERY SLOPE

**S**ome children smoke cigarettes and drink alcohol when still very young. By the time they graduate from high school, nearly 40% of all teens will have tried marijuana. Some later move on to more addictive substances.

We cannot assume that all children who smoke marijuana today will become heroin addicts tomorrow. But the danger does exist. And long-term studies of high school students show that few young people use other drugs without first having tried marijuana. Once a person can no longer get the initial “rush” he seeks, he begins to increase drug consumption or to look for something stronger.

## LET'S FACE REALITY

Children increasingly are coming into contact with illegal drugs.

There are an estimated 74,000 dependent heroin users in Australia, or 6.9 per thousand adults aged 15-54.

Three quarters of dependent heroin users live in NSW (48%) and Victoria (27%).

According to the UN Office on Drugs and Crime, in 2008 an estimated 16 million people worldwide used opiates—opium, morphine, heroin and synthetic opiates.



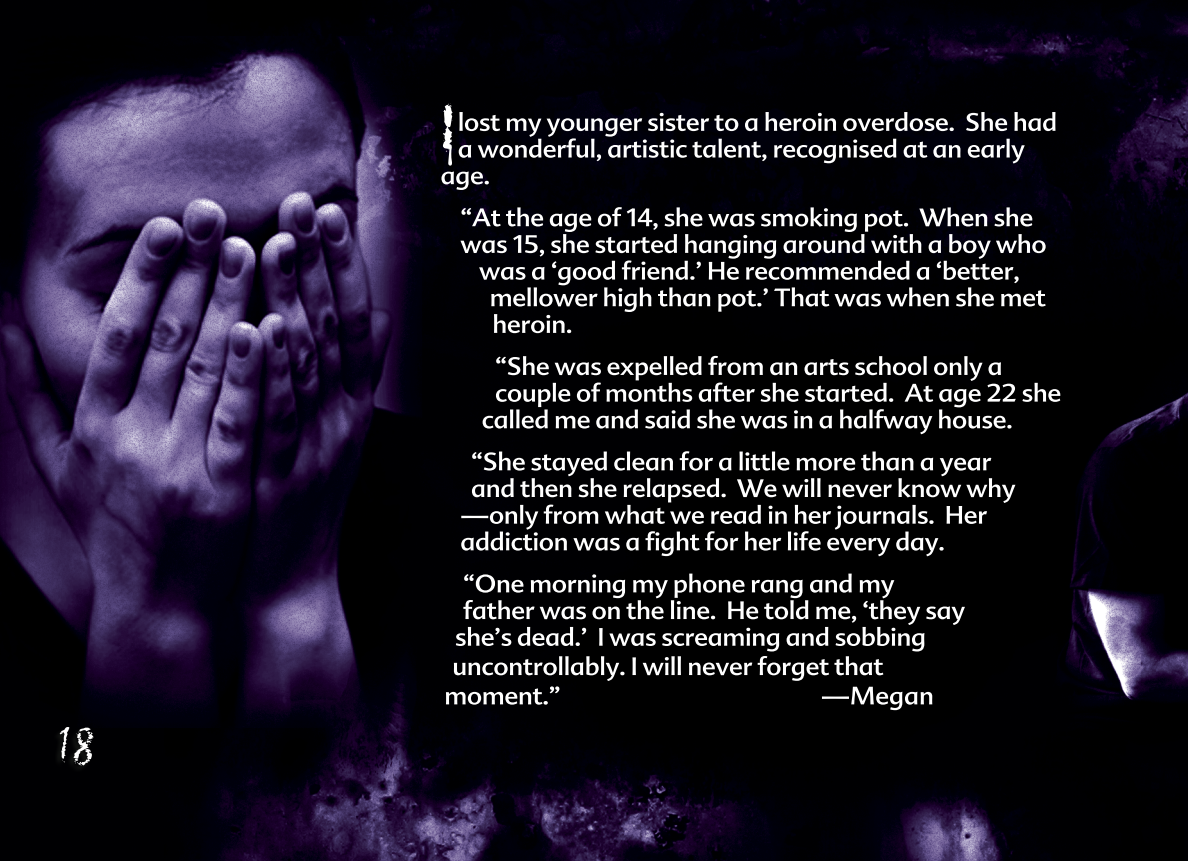
# THE NEW FACE OF HEROIN

The image of a listless young heroin addict collapsed in a filthy, dark alley is obsolete. Today, the young addict could be 12 years old, play video games and enjoy the music of his generation. He could appear smart, stylish and bear none of the common traces of heroin use, such as needle marks on his arm.

Because it is available in various forms that are easier to consume and more affordable, heroin today is more tempting than ever.

Between 1995 and 2002, the number of teenagers in America, aged 12 to 17, who used heroin at some point in their lives increased by 300%.

A young person who might think twice about putting a needle in his arm may more readily smoke or sniff the same drug. But this is falsely reassuring and may give one the idea that there is less risk. The truth is that heroin in all its forms is dangerous and addictive.

A person is shown from the chest up, with their face obscured by their hands. They are wearing a dark, possibly black, garment. The background is dark and textured, with some light reflecting off surfaces, creating a somber and intimate atmosphere.

I lost my younger sister to a heroin overdose. She had a wonderful, artistic talent, recognised at an early age.


“At the age of 14, she was smoking pot. When she was 15, she started hanging around with a boy who was a ‘good friend.’ He recommended a ‘better, mellower high than pot.’ That was when she met heroin.

“She was expelled from an arts school only a couple of months after she started. At age 22 she called me and said she was in a halfway house.

“She stayed clean for a little more than a year and then she relapsed. We will never know why—only from what we read in her journals. Her addiction was a fight for her life every day.

“One morning my phone rang and my father was on the line. He told me, ‘they say she’s dead.’ I was screaming and sobbing uncontrollably. I will never forget that moment.”  
—Megan

# WHAT DEALERS WILL TELL YOU



**W**hen teens were surveyed to find out why they started using drugs in the first place, 55% replied that it was due to pressure from their friends. They wanted to be cool and popular. Dealers know this.

They will approach you as a friend and offer to “help you out” with “something to bring you up.” The drug will “help you fit in” or “make you cool.”

Drug dealers, motivated by the profits they make, will say anything to get you to buy their drugs. They will tell you that “heroin is a warm blanket” or “heroin will be your best high.”

They don’t care if the drugs ruin your life as long as they are getting paid. All they care about is money. Former dealers have admitted they saw their buyers as “pawns in a chess game.”

Get the facts about drugs. Make your own decisions.



# The Truth About Drugs

Drugs are essentially poisons. The amount taken determines the effect.

A small amount acts as a stimulant (speeds you up). A greater amount acts as a sedative (slows you down). An even larger amount poisons and can kill.

This is true of any drug. Only the amount needed to achieve the effect differs.

But many drugs have another liability: they directly affect the mind. They can distort the user's perception of what is happening around him or her. As a result, the person's actions may be odd, irrational, inappropriate and even destructive.

Drugs block off all sensations, the desirable ones with the unwanted. So, while providing short-term help in the relief of pain, they also wipe out ability and alertness and muddy one's thinking.

Medicines are drugs that are intended to speed up or slow down or change something about the way your body is working, to try to make it work better. Sometimes they are necessary. But they are still drugs: they act as stimulants or sedatives, and too much can kill you. So if you do not use medicines as they are supposed to be used, they can be as dangerous as illegal drugs.

**The real answer is to get  
the facts and not to take  
drugs in the first place.**



## WHY DO PEOPLE TAKE DRUGS?

People take drugs because they want to change something in their lives.

Here are some of the reasons young people have given for taking drugs:

- To fit in
- To escape or relax
- To relieve boredom
- To seem grown up
- To rebel
- To experiment

They think drugs are a solution. But eventually, the drugs become the problem.

Difficult as it may be to face one's problems, the consequences of drug use are always worse than the problem one is trying to solve with them. The real answer is to get the facts and not to take drugs in the first place.





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Millions of copies of booklets such as this have been distributed to people around the world in 22 languages. As new drugs appear on the streets and more information about their effects becomes known, existing booklets are updated and new ones created.

In Australia the campaign is coordinated by Drug-Free Ambassadors Australia, a recognised charity with the Department of Family and Community Services’ Harm Prevention Register.

The booklets are published by the Foundation for a Drug-Free World, a nonprofit public benefit organisation headquartered in Los Angeles, California.

The Foundation provides educational materials, advice and coordination for its international drug prevention network. It works with youth, parents, educators, volunteer organisations and government agencies—anyone with an interest in helping people lead lives free from drug abuse.

# FACTS YOU NEED TO KNOW

This booklet is one in a series of publications that cover the facts about marijuana, alcohol, Ecstasy, cocaine, crack cocaine, crystal meth and methamphetamine, inhalants, heroin, LSD and prescription drug abuse. Armed with this information, the reader can make the decision to live a drug-free life.

**For more information or to obtain more copies of this or other booklets in this series, contact:**



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