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**IS FOR
HEROIN**



WHAT IS HEROIN?

*junk, smack, dope, brown,
chiva, H, manteca*

Heroin is a drug in the opium family (an opioid). Some opioids, like methadone and demerol, are completely man-made. Others, such as morphine and heroin, are made from opium in a lab. All opioids have similar effects. Heroin is about three times stronger than morphine.

Sometimes what is sold on the streets as heroin is not heroin at all but some other substance that won't get you high (a dummy or beat bag), or a different drug, like fentanyl, which is much stronger than heroin.



Pure heroin is a white powder with a bitter taste and little odor, but street heroin comes in many different forms, depending on how it was made and what's been added to it. Street heroin can be white, tan, brown, gray, or black. It can be a fine, fluffy powder, course like sand, chunky, or a solid mass that is either gummy or rock hard (**Black Tar Heroin**). It can smell like vinegar, vitamins, or medicine—or have no smell at all. No matter what color or form, all heroin is either **heroin salt** or **heroin base**. Heroin salt dissolves easily in water, so it is easy to inject or sniff. Heroin base (like cocaine base) is easy to smoke but needs to be mixed with an acid like vitamin c in order to dissolve. White powder and black tar heroin are usually heroin salt, and brown heroin is usually heroin base.

Despite all of the different appearances heroin can have, what's really important is how you can take it. In this pamphlet, to make things simpler, we use the following terms:

White Powder refers to heroin “salt,” mostly snorted or injected (aka China White, Number 4),

Brown Base refers to heroin “base” (aka Persian, Brown Sugar, Pakistani) that can be smoked but needs to be heated in a solution of water and mild acid to inject and

Tar is the black, sticky, gum-like substance (aka Chiva, Mexican Tar or Black Tar Heroin), mostly smoked or injected.

The heroin you buy on the street, no matter what form, almost always has other stuff in it. Some of these substances are chemicals that come from opium or from the way they make heroin. Others are cuts added to make the dope go farther or change its effect. The cut can change the taste, smell or high, making it harder to know what you have. More cut means lower purity. The cut has three main effects:

- you need to spend more money to get high (or well, if you're strung out)
- it's harder to judge your correct dose
- there's a greater chance that you'll have a bad reaction—whether it's to the cut alone, or the mix.

Some cuts have caused irreversible harm, or death.

HOW DO YOU TAKE IT?

How you take heroin determines how quickly you get high and the health risks involved. The three common intake methods are snorting, smoking or injecting. Each has its own benefits and risks.

(See the chart on page 7 for the relative risks of each intake method.)

Snorting has fewer health risks than injection, but there is some risk of OD and in some people it can bring on serious asthma attacks.



Snorting

All heroin can be snorted, but some types work better than others. You snort heroin by sniffing it up your nose, usually with a straw or rolled up bill. It takes about 10 minutes to feel the effects. White Powder heroin works best: you don't have to chop or grind it up first, and it dissolves well in water, so it is easily absorbed inside your nose. Brown base heroin can be snorted, but isn't as easily absorbed. If it's chunky it may work better if it's finely ground first. Tar heroin can be sniffed only after it's been either ground up or first dissolved in water. When dope is dissolved in water it can be squirted up the nose with a syringe barrel, aka **shebanging** or **waterlining**. (Note: take the needle off first!) This may also be the best way to sniff brown base heroin, though the base first has to be dissolved in water with a little vitamin C, citric acid, or lemon juice. Snorting has fewer health risks than injection, but there is some risk of OD and in some people it can bring on serious asthma attacks. It can also be wasteful, and therefore more expensive than injection, especially if your nose and sinuses are congested.

Smoking (chasing the dragon)

All forms of heroin can be smoked, but brown base heroin works best. Smoking is the quickest way to get a drug into your system. You get a rush, like shooting up, but smoking has fewer health risks: It's very difficult to overdose (you have lots of control over the dose you get), there is less risk of catching or transmitting hepatitis, and little risk of getting other infections. For some people smoking can bring on serious asthma attacks (smoke irritates breathing passages, and heroin slows down the coughing reflex).

Most people smoke brown or tar heroin by placing it on aluminum foil, heating the foil until the heroin vaporizes, then inhaling in the vapors through a straw or tube (aka **chasing the dragon**). White powder heroin can also be smoked in cigarettes. If you roll your own you can mix the dope in with the tobacco. Another way is to cook up your dope and then squirt the solution onto your cigarettes. You can also use a glass hash oil pipe, if you can find one in a head shop. Smoking—especially chasing—requires skill; if you're not experienced it's the least economical way to take heroin, because a lot goes up in smoke.

Mainlining has more health risks than any other intake method.

Injecting (shooting)

All forms of heroin can be injected, but brown base heroin needs to be dissolved with a weak acid first. There are three ways to inject: directly into your vein (**intravenously**, aka **IVing**, **mainlining** or **shooting up**), into your muscle (**intramuscularly**, aka **muscling**) and under your skin (**subcutaneously**, aka **skin popping**). Injecting heroin presents more health risks than any other intake method. Of the three ways to inject, mainlining is the most dangerous. Despite the risks, users inject; because... **1** it's the most economical way to take heroin since all of the drug gets into your system and **2** mainlining gives you an instant high, along with a rush.

In the last few years there have been serious health problems tied to skin popping and muscling of brown base and black tar heroin.

(See the risks and black tar heroin sections for more information.)

Other means of using

Eating: Heroin CAN be taken orally...it's just not as efficient as some other routes. If you have enough you can mix it with water and drink it. Remember, it will take time to come on...so don't take too much at once.

Stuffing: Squirted heroin solution into the rectum with a syringe barrel provides rapid absorption and a good high. (Note: remember to take the point off first.)



Method used	Risks/Cons	Benefits/Pros	Works best with...
Snorting	Damage/irritation to the nose and sinuses. Moderate risk of OD. Risk of asthma attacks. Might be small risk of hepatitis from shared straws.	Easier way to control your intake. Fewer health risks than injecting.	White powder
Smoking	Irritation to the lungs, long-term effects unknown. Risk of asthma attacks. Might be small risk of hepatitis from shared straws or pipes. Moderately wasteful and expensive.	Fewer health risks than injection. Getting a rush. Most social way to take heroin. Difficult to overdose.	Brown base
Skin Popping, muscling	Moderate risk of overdose. Abscesses. Serious bacterial infections: flesh-eating bacteria, wound botulism or tetanus. HIV or hepatitis from shared equipment. Small risk of nerve damage.	Doesn't wreck your veins. If done properly, less surface scarring (tracks).	White powder
IV injecting (mainlining)	Abscesses and systemic infections (endocarditis, blood poisoning). Overdose/unexplained sudden death. HIV or hepatitis from shared equipment. Complications from missing a vein or hitting an artery or nerve.	Getting a rush. Intensity of high. Most economical.	White powder

RISKS AND PREVENTING THEM

If you use heroin, do it in a way that lets you feel it while minimizing the harm. In this section we list risks and tips on how to reduce them.

No matter how you take heroin, the more you plan in advance, the less chance of cutting corners or making mistakes when it comes time to get off.



No matter how you take your dope, there are three things you can do that will help you a lot: knowing what you're buying, being flexible with your intake methods and taking your time getting off.

Know what you're buying. Establish a relationship with a dealer you can trust. Before you buy your stuff, ask how it is, and if there's anything you need to know about it. Talk to your friends that use: information you get from other users can save you grief, money and sometimes your life.

Flexibility with your intake methods. A willingness to try other intake methods when your favorite method isn't safe or practical is a simple, effective form of harm reduction. Snorting when you can't find a clean rig can save you from exposure to hepatitis or HIV; skin popping or muscling when the light is too dim to find a vein can prevent a blown shot.

Taking your time. Rushing to get off leads to mistakes. The more prepared you are (i.e. equipment clean and ready, a well-lit, safe place to get off, a stash that you can quickly get to) the more time you have to deal with the actual process of getting off, no matter how you choose to take your dope.

Snorting

can cause nasal damage. It can also cause breathing problems for people who have asthma. Long-term use may eat a hole through your septum (the main cartilage in the nose). Also, sharing straws might expose you to blood and infections like hepatitis B and C.

Tips for safer snorting:

- Choose a place where you can chop up the dope and snort it comfortably. You need a steady hand, and you may drop something if you are snorting while you are standing. (You want to avoid snorting your stuff off a floor, or worse, losing it altogether—definitely a health risk if you are dope sick and just spent hours getting your drugs!)
- Snort on a clean surface. This may reduce the chances of getting sinus infections, or even a cold or flu. If you often snort on the run, laminated plastic cards are perfect since they have a hard surface and are easy to clean (try to use one that doesn't have your name on it in case you leave it behind).

Tips for safer snorting, continued:

- Chop up the heroin well before you snort: the finer it is, the more easily it's absorbed.
- If you use one nostril more than the other and notice that it's getting sore, switch nostrils. This may lessen the chance of infection or long-term damage.
- Keep your snorting tubes clean, and try not to share them— hepatitis B/C might be transmitted by contaminated snorting equipment. Avoid using old dollar bills, especially in the winter flu/cold season, or if you have AIDS: they're full of germs. Magazine or heavy writing paper is a good alternative.
- Put a few drops of water in your nose when you're done. It aids absorption of the drug, and relieves irritation of your nasal passages. You can also use saline solution, available in drug stores.

Smoking

may cause problems for people with asthma and other respiratory conditions. There may also be health risks related to smoking off of aluminum, although none of these have been proven yet.

Tips for safer smoking:

- Choose your smoking method according to the type of heroin you have: white powder works best in cigarettes while brown base and tar smoke well on foil.
- If you're chasing use a foil tube instead of a straw or rolled up bill; as you smoke heroin will collect on the inside and you can save this as an emergency stash.
- Use a small flame: high heat destroys the dope, and a smaller flame allows it to cook more slowly and evenly, making it easier to inhale all of the fumes. Also, be careful with throw-away lighters: the metal rim at the top heats up fast and can burn your fingers.
- Don't hold the smoke in your lungs: it won't make you higher and may increase irritation to your lungs.
- If you have asthma make sure you have your inhaler, or other asthma medication, handy. Smoking (and snorting too) can bring on serious asthma attacks.

Injecting

*For more information on injecting, see HRC's
Getting off Right, A Safety Manual for Injecting Drug Users*

Of all the ways to get off, injecting has the most risks. Serious ones include:

Overdose/Sudden death- Whether from overdose or still mysterious reactions, it is not uncommon for people to die suddenly after injecting.

Embolism- blood clot, usually in the lungs, that can kill you or make you seriously ill.

Viral infections- HIV, hepatitis and other blood-borne infections from using contaminated equipment, including syringes, cookers, cottons and injection water.

Fungal infections- from using lemon juice to dissolve your shot. These can cause blindness.

Bacterial infections- Endocarditis, tetanus, flesh-eating bacteria, wound botulism and blood poisoning (Septicemia) are all serious, and often life-threatening, medical conditions.

Cotton fever—probably caused by bacteria, or possibly foreign matter, getting into your bloodstream—is usually more uncomfortable than serious. Symptoms, including chills, uncontrollable shaking, fever or hot flashes, headaches and nausea and vomiting, usually last anywhere between 2 and 4 hours. If you aren't feeling a little better after 4 hours, or symptoms last longer than 8 hours—or get worse—you should go to the nearest emergency room. You may have an embolism or a serious bacterial infection.

Abscesses and other injuries are often caused by bacteria or cuts in street heroin—especially tar! This is a particular risk for skin and muscle-poppers, or when mainliners miss the vein (or if the shot leaks out). If you notice redness and swelling around an injection site and it feels warm or hot, it's best to see a doctor. An untreated abscess can lead to blood poisoning, and injecting through one can bring on endocarditis.

Tips for safer shooting:

There are three main ways to inject heroin: intravenously (directly into your vein, aka mainlining or IVing), skin popping (under the skin) and intra-muscularly (into a muscle). Not all heroin can be safely injected all three ways.

- It's best to limit muscling and skin popping to dope that easily dissolves in water, on its own. If your dope doesn't completely dissolve in water, or only dissolves after you've added vitamin c, lemon juice or vinegar, then muscling or skin-popping may be more likely to lead to abscesses. Tar is a special case—see page 14.

Tips for safer shooting continued:

- If you are injecting brown base heroin, you will have to add an acid and heat it to make it dissolve in the water. Powdered vitamin C (ascorbic acid—found in health food or drug stores) is probably safest, followed by citric acid (sold in supermarkets). Make vinegar or lemon your last choice: both are hell on your veins and lemon juice can cause fungal infections.
- Even if your heroin dissolves in cold water, heating your shot is a good idea since it may kill some bacteria or viruses. (One study showed that heating for 15 seconds killed HIV inside the cooker.)
- Use a sharp, sterile syringe; clean cooker; clean, fresh water and new cotton each time you inject. This will help to reduce the chance of getting HIV or hepatitis, surface skin infections, abscesses or internal infections like endocarditis.
- Use the smallest size needle you can (the higher the gauge, the smaller the needle). Muscling requires a point that's a little longer (about 1") and a little thicker (22-25 gauge) than needles used for mainlining or skin popping (.5-.75", 27-29 gauge), since you're going further in, through a tougher substance.
- If you must share works, rinse your syringe thoroughly with clean water a few times, to remove any blood. Then rinse twice with bleach followed by clean water. The same goes for cookers. (You can't disinfect a cotton, or water.)
- Keep your shooting and cleaning water separate to avoid contamination of your water supply. **If your water gets contaminated, it will contaminate the rest of your injection materials.**
- Clean your injection site before fixing, to prevent bacterial infections. Use soap and water to wash away dirt and bacteria, then swab with alcohol pads to kill whatever's left on the skin surface.
- Rotating your injection sites will give them time to heal and cut down on both surface and vein scarring. When you hit near a spot that's healing try to hit "downstream" (closer to your heart) from where you last hit. That way your shot will bypass the section that's been injured.

BLACK TAR HEROIN

Tar heroin is most common in the Western US—from Colorado and Texas to the west coast. It's caused a number of serious health problems, from wound **botulism** and **tetanus** to **necrotizing fascitis** (flesh-eating bacteria) and severe abscesses. All of these conditions are injection-related, although there is disagreement on whether the bacteria that cause these diseases live in the dope itself, in used cottons, cookers and syringes, or on dirty skin around injection sites. One point of agreement: skin popping and muscling put you at more risk of wound botulism and tetanus than mainlining.

Prevention tips:

- Smoking and snorting are much safer ways to take tar heroin. Of the two, smoking is easier since you don't need to chop up the tar—or cook and draw it into a syringe. (The best way to sniff tar is by inhaling the dissolved liquid.)
- Skin-popping or muscling puts you at greater risk of botulism and tetanus than mainlining. Unfortunately, mainlining puts you at greater risk of overdose—which is much more common—and losing veins. Be aware of what's happening in your community: botulism and flesh-eating bacteria usually happen in bunches, and overdoses often do, too. Ask yourself, "what's the risk of OD vs. these diseases? Is my tolerance high? Am I using with friends who could revive me (or call 911)? Is my injection equipment sterile?" Heroin users are often faced with difficult choices. Having more information, and being aware of your own situation, makes your survival odds better.
- If you do mainline, be extra careful with your shot. A missed shot has the same results as skin popping. Clean injection equipment is especially important when using tar. Clean your injection site, too. Soap and water are best: soap breaks down the oils on your skin and exposes the dirt underneath, then water washes it away.
- Don't save cottons for days you can't score. Save a tiny bit of dope instead, or the wrappers it comes in. Cottons are a great environment for spores and bacteria to grow in.
- There is a vaccination against tetanus so make sure you're up to date on it. Ask your local needle exchange or department of health where you can get one.

PHYSICAL EFFECTS

There are less pleasant effects like itchiness, nausea, constipation, withdrawal and dependence. Not everyone who uses heroin experiences all of these effects. Different people experience heroin differently. Your body's response depends a lot on how much you take, how pure it is, whether you've taken it before and your all-around physical condition.

When you use heroin regularly, you develop a tolerance—you have to use more heroin to get the same effects. The greater the amount and frequency of your use, the faster you become tolerant.



Effects Of Heroin Use

"Nodding"
Itchiness
Being high (feeling warm, euphoric, content)
Able to tolerate pain
Nausea, throwing up
Physical dependence
Pinned eyes (Pinpoint pupils)
Constipation

Slowed breathing
Disruption of sleep
Reduced sex drive
Inability to achieve orgasm
Being strung out
Withdrawal
For women:
Irregular period or no period

Nausea and constipation

Nausea, vomiting and constipation are unpleasant parts of the dope experience. Some users never stop feeling these effects; for others these effects gradually disappear as they get accustomed to dope.

Nausea

Some people puke once and the feeling passes; others continue to puke until the high wears off.

Tips to help prevent nausea:

- If you don't want to puke (or are someplace where doing so would be really awkward), taking a few deep breaths can make you feel better. Concentrating on your breathing will also stop you from thinking about your nausea. Sucking on ginger or sipping ginger ale, seltzer water, peppermint or chamomile tea (or anything else that calms your tummy down) is also helpful.
- Often puking once will do the trick: the nausea will pass and you can go on enjoying your high.
- Being prepared will at least save you from embarrassment. Stay near a bathroom, trashcan or gutter until the feeling passes. If you can't do this, keep a plastic bag on hand: it beats puking all over a subway car—or on a stranger's shoes.

Constipation

Heroin slows down your body's functions. Constipation is one of the most annoying effects of a heroin habit.

Tips to help prevent constipation:

- Poop before you shoot! Because irregularity is a fact of life for heroin users, it's especially important to listen to your body. If you feel the urge to go, and you're near a toilet, do it.
- Get some fiber in your diet. Eating fresh fruit and veggies is the best way to do this. If that isn't enough, a daily fiber supplement does the job for most people. Psyllium fiber, found in herb or health food stores, is healthier than laxatives—and cheaper, too!
- Drink plenty of water and/or juices. Water is important for healthy bowel functions. (Alcohol and caffeine are dehydrating so don't count them as part of your fluids.) Get some exercise. Lying around doing nothing makes your system more sluggish.



Dependence

When you use heroin regularly, you develop a **tolerance**—you have to use more heroin to get the same effects. The greater the amount and frequency of your use, the faster you become tolerant. Becoming tolerant to heroin also means you become tolerant to other opiates. You can avoid building up tolerance by using only 1-2 times a week or using for a few days, then taking a few days off.

The more you use heroin, the more your body depends on it to function. When you use regularly, your body needs a regular supply on a regular basis in order to avoid withdrawal. This means you are physically dependent on heroin. Some people who develop a physical dependency also begin to feel a psychological need for dope. When this happens a person is said to be dependent, addicted, or having a **habit**. A small habit is sometimes called a **chippy**. People with a big habit refer to it as being **strung out**.

Managing your use

By managing your use you may be able to avoid getting a habit, or, if you already have one, at least keep it from getting out of control.

If you're chipping (using occasionally):

- Avoid using more than two days in a row. If you've ever had a habit, even using occasionally may be risky. Not many people who've been strung out can manage to go back to just chipping.
- Another good idea: after using for a few days, take at least an equal number of days off. The more days you take off the better. This will lessen the likelihood of your developing a tolerance or getting a habit.
- If you feel you're on the brink of needing drugs in order to function, consider talking to someone before you get really strung out. It's much easier to stop using—and even manage your use—when you're not physically dependent.

If you're physically dependent:

- Moderate your dose. A day or two of using less can lower your tolerance, allowing you to decrease the amount needed to get high—or well.
- If you've been on a run for a while, take a break for a few days. Get hold of some methadone and do something that breaks your routine and makes you feel good: see a movie, go to a park or library, etc. Acupuncture may also be effective when cutting down.

WITHDRAWAL

If you use heroin regularly and then stop or don't have enough in your body, you go into withdrawal. This happens because your body depends on the heroin to function.

Despite feeling like you're going to die, withdrawal almost never kills anyone and is rarely harmful to a healthy person.



While it is different for everyone, heroin withdrawal tends to start about 8 hours after last use, lasts between 3 days and a week and is most severe on the 2nd and 3rd days. Symptoms can include diarrhea, nausea, stomach cramps, body aches, sweating, clammy skin, hot and cold flashes, runny nose, inability to sleep, irritability, depression and a serious lack of energy.

Despite feeling like you're going to die, withdrawal almost never kills anyone and is rarely harmful to a healthy person. It can be harmful, however, to people with HIV/AIDS. It can also be harmful to the fetus if a woman is pregnant. *Anyone with a serious health problem should talk to a health care specialist before starting a detox.*

Just because you've completed a detox doesn't mean you can start using again without any consequences: your immediate physical dependence may be over but most people continue to feel symptoms such as craving and depression, and sometimes they even experience sudden bouts of physical withdrawal symptoms days or weeks later. Users have known for years that once you've been physically dependent, heroin use is never the same. (Scientists are demonstrating this in studies of brain chemistry.) The longer you use the worse it gets: you get dependent faster when you relapse, and withdrawal gets harder.

Detox

If you want to stop using, you can do it on your own (DIY), do it with help (DIWH) from friends or family or do it with professional assistance. You can detox all at once, or you can gradually cut down on the amount of heroin you use, either by using smaller amounts, using less frequently, or doing a combination of the two. You can go **cold turkey**, or use other drugs—whether prescription or street, opiod or not—to mask or reduce symptoms. (Some outpatient detoxes prescribe methadone, clonidine, or Darvon to help you. Or you can get pills, methadone, or other street drugs on your own.)

You may not even want to stop using permanently, choosing instead to detox so you can better manage your use. You'll still have options similar to those listed above, although you may have to rely on yourself or help from friends or family, since professional treatment programs are almost always 100% abstinence-oriented and likely to frown upon any plan that includes a return to using.

Detox, continued

Detox is tough on your body and mind. Doing it on your own means you will have to motivate yourself to eat, bathe, get out of bed, and do anything ELSE. A DIWH detox is a compromise between professional detox and DIY. You usually do it at home or at a friend's house. The advantage is you have someone to take care of you, to make sure that you eat, drink enough fluids, etc. *It's especially good if someone you like is taking care of you:* we all need to be taken care of in this kind of a way, especially at a time like this when we're super vulnerable. Both DIY or DIWH detoxes allow you the freedom of designing your own program: you choose the pace, whether you want medication and if you want to quit all drugs.

Professional drug treatment varies greatly in quality and services offered. The major advantage to a professional detox is the health care and medication they provide. The downsides are 1) someone else is making important decisions about your treatment—and your life, and 2) drug treatment programs are almost always abstinence-oriented, with most insisting on acceptance of the 12 step philosophy. This approach isn't right for everyone, yet providers don't recognize this fact and rarely offer alternatives to their patients.



Tips for withdrawal:

- Plan, plan and plan some more. The more you plan, the more you can control the things that influence your use. Think about when, how and where you're going to do it. If you're on the street, planning ahead improves the chances of getting into a detox and especially a rehab. (Rehabs are good if you want to follow up the actual detox with more time away from the "scene.") Planning also gives you time to take a few days off work, find a place for your kids to go for a few days and try to get some help from friends or family.
- Some people want to do drug-free detoxes; others just want to get rid of the withdrawal symptoms and will take all of the chemical help they can get. If you don't have any self-control around drugs, you should think about using alternatives like acupuncture, herbs and clonidine (a drug that lowers your blood pressure and tends to relieve some of the withdrawal symptoms). Others may find prescription drugs to be helpful, although you can also get strung out on pills like Valium, Xanax or Percodan. If you do want medication, you might be better off finding professional treatment that offers it.
- Don't rush your detox. Just because someone tells you that you need to get off heroin tomorrow doesn't mean you should do it that fast. Maybe they once needed to get off dope ASAP, or they may want you off of it ASAP. Are you ready to make the change? Go at your own speed—you know your own body and feelings. If you rush your detox, have a horrible experience and then start using again, it may take years before you get up the nerve to try it again.
- Different detox methods aren't necessarily exclusive of each other. You can do a home detox and then go into rehab. You can stay at a friend's house while you do an outpatient methadone detox.
- If you're doing a DIY or DIWH detox, staying with someone who doesn't use will make it easier for you to keep away from dope. If you must stay someplace where others are using, ask them to respect your situation and use out of sight.
- If you're getting really sick of life as a heroin addict but can't—or don't want to—go without opioids, you might want to try methadone maintenance. Another drug that's becoming increasingly available is buprenorphine. At proper doses these drugs prevent withdrawal and remove your cravings for heroin. This way you can continue to legally—and safely—receive whatever benefits (i.e. feeling normal, not getting depressed) you get from daily opioid dose, at an affordable cost.
- If just want to manage or reduce your heroin use, methadone maintenance can also help you to do that. (Just don't tell your methadone provider you're doing this, as they almost always insist on complete abstinence.)

OVERDOSE

Overdose is a serious health risk for heroin users. Heroin slows down your heart rate and breathing; someone who overdoses on it may eventually stop breathing altogether.

Mixing heroin with other drugs (Valium, alcohol, cocaine etc.) significantly increases your risk of overdosing.



(For more information, see HRC's Overdose brochure)

Overdose is a serious health risk for heroin users. Heroin slows down your heart rate and breathing; someone who overdoses on it may eventually stop breathing altogether. They may have no pulse, vomit, turn blue and have cold skin.

Mixing heroin with other drugs (Valium, alcohol, cocaine etc.) significantly increases your risk of overdosing. Alcohol has a really strong reaction with heroin; the more alcohol you have in your system, the less heroin you need to overdose.

Tips to help prevent overdosing:

- Avoid mixing heroin with other drugs, especially benzos (Xanax, Klonopin, Ativan, Valium), other downs (Seconal, Elavil, Placidyl) or alcohol.
- Do a tester shot. Do this especially when the drug is from a new source or if you haven't used for a while. Many people OD after coming out of jail or detox because their tolerance has fallen.
- Talk with your using partners: make a plan for dealing with ODs. The more you've thought out in advance, the less likely you'll panic or freeze up in the event of an actual overdose.
- Use with a friend so that if something happens, your friend can help you.
- Ask your local needle exchange if they do OD prevention trainings. Ask them if they talk about **naloxone** (aka Narcan™, the stuff paramedics and hospitals use to revive heroin ODs). To find out more about naloxone (and for other OD questions) call 1 866 STOP ODs.
- Learn rescue (mouth to mouth) breathing. It is the most important thing you can do to help someone survive an overdose.

Overdoses are very serious but do not have to be fatal. If it looks like someone is overdosing, call 911 immediately!



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*For updates, additional information and links to other harm reduction resources,
please check our website, <http://www.harmreduction.org>.*

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The Straight Dope Education Series

One of the results of the United States' "zero tolerance" approach to drug policy is a serious lack of accurate information about drugs and drug use. This lack of information makes it extremely difficult for people to make rational and informed decisions about using drugs. "Just say no" is an inadequate message to give anyone about drugs, but is especially dangerous for those individuals already using. Drug users and those thinking about using drugs need unbiased, non-judgmental, reliable information about the desired effects and risks of the drug(s) they are using or contemplating using. This publication is designed to meet those needs.

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