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**UNDERSTANDING  
ADDICTION *to*  
HEROIN**

# UNDERSTANDING ADDICTION TO HEROIN

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# UNDERSTANDING ADDICTION TO HEROIN

## The Perils of Heroin Addiction

Patrick Quinn looks like a strong young man – comfortable in his skin, easygoing, and at peace. Yet this image is completely at odds with the story of his rapid descent into heroin addiction. “I just started using in high school. I was seventeen – going into my senior year – and I just went and got heroin one day. I went over to Philadelphia, where I bought my pot. I had it for two days, did a little bit of it, and that was it.” He says it plainly, with no sense of melodrama, and yet those words have a weight to them that reveals how much he struggled – and how destructive heroin can be.

## The Myth and the Reality

Call it the human tendency to place things into stereotypes, or call it the effects of pop culture on mass consciousness, but the major assumption about heroin is that it is a drug that only plagues the poor and the downtrodden – that, like crack, it is the purview of the inner city. And of course, heroin’s addictive properties are the stuff of legend; it only takes one try for a person to get absolutely hooked.

These stereotypes do have some basis in reality, but assuming that heroin is only found in slums and areas of urban blight is dangerous, as it ignores the reality of the situation – that heroin use has risen nationwide over the past few decades, and that heroin addiction can be found in all strata of society. Heroin is a very real danger, one that must not be dismissed simply because of the stereotypes shown in film and television, or the sensationalist scaremongering of news media. We must understand what heroin is, what it does to people, and most importantly, how to help those whose lives have been impacted by it.

Heroin – or as it’s known scientifically, diacetylmorphine – was first synthesized from the opium poppy near the end of the 19th century, and became popular when the pharmaceutical company now known as Bayer began selling it. It was marketed as a non-addictive cure for morphine dependency, as well as a cough suppressant. By 1910, however, the truly terrifying nature of heroin’s addictive power came to light, and within twenty years heroin had been reclassified as a controlled substance.<sup>1</sup>

Heroin is available in four “grades” of quality, numbered one through four, and also in a form that is widely known as “black tar.” Grades one and two are essentially unprocessed heroin, and are rarely found in the possession of the average addict. Grade three is a tan-colored, granular powder sometimes called “brown rock” – this is the type of heroin that is most commonly

smoked. Grade four, the purest form of heroin, is a fine white powder, which is easily dissolved and injected. Finally, there is also the substance known as “black tar” heroin, which is created through the incomplete acetylation of morphine. Black tar heroin can appear in its unrefined state as a dark brown, tarry goo, while its refined form is a light-brown powder. Black tar poses additional health risks to users on top of those inherent to any form of heroin.

Since its initial inception as a high-end pharmaceutical drug, heroin was first used recreationally among the upper echelons of society. Then, likely due to the euphoric effects of a heroin high, it became popular among musicians and other artists, first becoming a centerpiece of the American jazz scene in the 1950s and 60s and then becoming popular among rock and punk musicians from the 1960s onward. Heroin has frequently been glamorized in music, especially by artists who would later die from overdoses, such as hard rockers Layne Staley and Sid Vicious, or blues legend Janis Joplin. Heroin overdoses have also claimed the lives of several prominent actors, including famed comedian and Blues Brother John Belushi and Glee star Cory Monteith.

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*...it only takes one try for a person to get absolutely hooked.*

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# The Signs and Symptoms of Heroin Addiction

A major reason why heroin is so psychologically addictive is the euphoric feeling it elicits. The degree of euphoria, as well as the speed with which it hits, is dependent on how the heroin is administered, with methods that result in faster absorption of the drug causing stronger, faster highs and thus being more popular.

The most potent, and therefore the most infamous, method of using heroin is injecting it directly into the bloodstream. Known most commonly as “shooting up,” injecting heroin can result in a nearly instantaneous high. Unfortunately, shooting up also carries with it some of the most dangerous risks of heroin use, as many addicts tend to be less than rigorous about sterilizing needles and syringes, and thus users face the risk of contracting some kind of blood-borne pathogen, like HIV or hepatitis. Intravenous heroin users frequently start injecting the drug into the more readily accessible veins in the arm, but as the repeated stress on the veins causes them to collapse and decay, users will be forced to resort to less convenient or more dangerous injection sites, such as femoral veins or between their toes.

The next most popular use of heroin, known widely as “chasing the dragon,” is smoking it – although technically the process involves vaporizing the drug and

inhaling the fumes, not burning it and inhaling actual smoke. Heroin can be smoked from glass pipes, like many other recreational drugs, or it can be smoked off a sheet of aluminum foil.

Some heroin users prefer the method of insufflation – that is, snorting heroin that has been crushed into a fine powder. Snorting heroin is popular because it allows for a compromise between how rapidly the drug takes effect while also requiring less preparation or paraphernalia than smoking or injection. Heavy users soon begin to develop a tolerance to this method, however, and will likely turn to injection in order to attain the level of intoxication they desire.

Finally, heroin can also be ingested orally or applied as a suppository. Neither of these are particularly popular methods, as there is no “rush” of euphoria like there is with injection or smoking, but they are theoretically less overt and require no needles or smoking paraphernalia.

## **The Physiological Effects of Heroin Use**

Of course, there is a reason behind heroin’s growing popularity and infamous reputation, something attractive enough to drive people to pick up that first needle, even in the face of a thousand reasons not to. “I cannot accurately convey to you the efficiency of heroin in neutralizing pain,” said UK comedian Russell Brand earlier this year when discussing his own tumultuous

history with the drug. “It transforms a tight, white fist into a gentle, brown wave ... there is nothing but the bilious kiss of the greedy bliss.”<sup>2</sup> The utter euphoria that comes from a heroin high is reportedly unparalleled – but it comes at a steep price.

Other than the euphoric high, heroin’s other short-term effects can be debilitating. Even the smallest dose results in slowed breathing, with larger amounts quickly leading to potentially fatal respiratory depression. The user will experience severe disorientation and dizziness, as well as muscular weakness and hot flashes. Their speech will be obviously slowed and slurred to any outside observer, although the user may not notice. Finally, a heroin high tends to cause a pronounced form of somnolence – drowsiness – that is colloquially known as being “on the nod.” If enough of the drug is ingested, this torpor can last for days. Patrick recalls, “My addiction had gotten so bad I couldn’t stop and I blacked out for about four days. I didn’t know anything that happened.”

Heroin rapidly causes both physiological and psychological addiction, and even casual users soon begin to show symptoms of withdrawal. As with all opiates, withdrawal from heroin can be dangerous both physically and mentally, and the utter agony of it usually means that addicts can rarely overcome their addiction without outside help. “I would either be high and able to function or I would be extremely sick from withdrawing from the drugs,” Patrick says. “Everything came second to heroin. It was the only thing that gave me any kind

of confidence. It was all false, but that was all I knew.”  
It was only with the help of his mother – assisted by Behavioral Health of the Palm Beaches specialist Randy Grimes – that Patrick was able to find the strength to enroll in a detox program and overcome his addiction.

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*“Everything came second to heroin.  
It was the only thing that gave  
me any kind of confidence.”*

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# CHECKLIST:

## Possible Signs of Heroin Addiction

- Slow, slurred, or incoherent speech
- Disorientation and clumsiness
- Decreased attention to hygiene and appearance
- Scabs, abscesses, or visible vein damage at major injection points (arms, neck)
- Possession of paraphernalia like needles or syringes, burned spoons, scorched aluminum foil
- Avoiding eye contact
- Extremely constricted pupils
- Marked increase in time spent sleeping
- Loss of momentum in life
- Repeatedly stealing money or valuable items from loved ones
- Wearing long sleeves or long pants, even in extremely warm weather (to hide track marks)
- Extreme weight loss

# The Risks of Heroin Use

It is important to note that in and of themselves, and when used in a medically approved manner, opioids as a whole are not directly harmful to human health - that's why they are still so commonly prescribed by medical professionals. The three basic dangers of heroin lie in its severely addictive properties, in the dubious nature of its composition, and the inherently unhygienic ways it is commonly used.

The addictive properties of heroin are not to be underestimated. Withdrawal from heroin can be absolutely crippling, with symptoms similar to an extremely severe case of the flu that leave the addict weakened and vulnerable to additional infections.

While pure heroin has no chemically toxic attributes, street heroin is rarely pure; dealers and distributors will frequently “cut” the powder with other substances. Some, like dextrose and lactose, are used to make the heroin easier to inject and will have no additional effect on the user – but sometimes heroin will be cut with whatever is on hand. There have been reports of batches of heroin cut with quinine, with lead, and even with strychnine<sup>3</sup> – all of which, especially the latter, can have extremely negative effects when ingested.

Some of the worst effects of heroin abuse, however, are caused by the most common method of use – injection. Whether it is injected directly into the vein or just

into fatty muscle tissue (a technique known as “skin-popping,” and frequently used as the last resort of junkies whose veins can no longer handle the stress of injection), injecting heroin has extreme physiological consequences. Intravenous injection causes damage to the veins at the injection site, causing them to collapse, while subcutaneous injections frequently cause serious systemic abscesses. Heroin users rarely take precautions against contamination when sharing needles, which means that transmission of blood-borne pathogens like HIV and hepatitis is frightfully common.<sup>4</sup> Other infections can also be transmitted through unsterilized needles, and these can travel through the bloodstream and damage the liver or even infect the heart lining and valves. The adulterants found in black tar heroin are especially damaging to soft tissues; injecting black tar doesn’t just collapse veins, but also causes a condition called venous sclerosis, where the veins at the injection site thicken or harden. Although this reportedly has the effect of lessening HIV and hepatitis C transmission rates among black tar users,<sup>5</sup> it can also lead to heart attacks. Black tar users are also more likely to suffer from severe infections, such as botulism or even necrotizing fasciitis (more infamously known as “flesh-eating bacteria”), at their injection sites.<sup>6,7</sup>

# The Social Effects of Heroin

## Heroin's Latest Rise in Popularity

Recently, heroin has had an upswing in popularity among American youths, especially in conjunction with alcohol – an overdose of which is what reportedly led to the death of Cory Monteith.<sup>8</sup> In many major cities, youth populations are turning to heroin as a cost-effective alternative to prescription painkillers<sup>9</sup> – most of which are, like heroin, chemically derived from the opium poppy. While most teenagers are unlikely to begin an addiction by shooting up heroin on a whim, far too many of them get inadvertently addicted to pills like Vicodin or OxyContin, and when their prescriptions for the pills dry up or their wallets start to feel the strain from the going rate for black market pills (sometimes as much as \$100 for a single pill),<sup>10</sup> heroin suddenly seems like an attractive alternative.

# Heroin Recovery at Behavioral Health of the Palm Beaches

“Blacking out did drive me into treatment,” says Patrick. “It was about twenty days. I got out, and nothing changed. I didn’t want to stop.” His experience, unfortunately, is an all-too-common one. Many detox and recovery programs simply do not have the resources to effectively provide recovering heroin addicts with the support they need in order to fully overcome their addiction.

## Drug-Assisted Therapy

One of the most common methods of treatment for severe heroin addicts is the use of methadone – a synthetic opioid – to mitigate the symptoms of opioid withdrawal, or even block the actual effects of using heroin. Frequently distributed by clinics attached to hospitals as part of outpatient care programs, methadone is given in highly regulated oral dosages, and treatment regimens can extend over several months or even years as the patient is slowly weaned off of the drug. Other medications, such as Suboxone, are also used, but are reported to sometimes have even more severe withdrawal symptoms than heroin itself.

## Heroin and Co-Occurring

# Mental Disorders

One of the most important things to understand about addiction patients is that they frequently have some kind of co-occurring mental disorder or some external stimulus that may have contributed to the addiction, and that only treating the physiological dependence will likely only result in a relapse. It is therefore crucial that any recovery center have a treatment methodology that addresses any underlying causes or contributors to addiction, such as depression or a history of abuse. Even Patrick, whose addiction began simply from a poor decision, went right back to using heroin after his first stint in a treatment program, and it wasn't until he entered the program at Behavioral Health of the Palm Beaches that he was able to address the internal struggle that contributed to his addiction.

# Detoxification and Heroin Withdrawal

The initial part of any addiction treatment is the detoxification process, where the patient must overcome their physiological dependency on heroin. Although the pain and stress of detox can be somewhat relieved through medication, such as in methadone maintenance therapy, and while the BHOPB staff is fully trained to make the process as comfortable as possible, going through detox still requires a patient to undergo withdrawal. This is absolutely necessary, as behavioral

recovery cannot begin while the body still craves heroin, and so the patient must allow their body to return to a state of homeostasis – that is, a natural, drug-free state of physiological equilibrium. Some of the most common symptoms of heroin withdrawal are:

- Tremors, cramps, and chills
- Muscle and bone pain
- Excessive sweating and itching
- Tachycardia (rapid heartbeat)
- Restless legs syndrome
- Flu-like symptoms
- Yawning
- Sneezing
- Nausea and vomiting
- Diarrhea
- Anxiety and panic attacks
- Paranoia
- Insomnia
- Dizziness
- Depression

Attempting heroin detox without medical supervision

is inherently dangerous and potentially fatal, as the severity of these symptoms can all too quickly force an addict to begin using again – and a relapsing heroin addict, all too often, will overestimate their tolerance to the drug and inadvertently overdose. With the help of trained professionals and a safe environment like that at Behavioral Health of the Palm Beaches, however, heroin detox is a manageable process, and once it is complete the patient is ready to begin the next phase of their recovery.

## **Residential Rehab**

One of the major advantages of a residential rehab program is that the patient is removed from whatever environmental effects that may have influenced their addiction, and by no longer being exposed to that environment, they can more easily undergo the process of recovery. For most patients, this kind of program lasts for thirty days, and they stay in a supervised facility and attend therapy sessions and workshops to address the root causes of their addiction. Residential programs like those at Behavioral Health of the Palm Beaches provide both medical supervision and emotional support to patients at this vulnerable stage in their recovery.

# Long-Term Residential Recovery

For patients in need of greater support, Behavioral Health of the Palm Beaches offers a long-term residential rehab program that can last from two to twelve months. This program is focused on giving patients a new perspective on life, which can be extremely helpful for people who have spent many years grappling with addiction, as the effects of long-term heroin use on both a person's brain chemistry and personality are extensive.

## Intervention

Sometimes there are people like Patrick, who seem perfectly content to stew in their addiction, no matter the consequences for themselves or their families. As Patrick said, looking back on his mental state while in the depth of his addiction, "I was okay with the fact that I would die like that." In those situations, the best approach is to confront them directly – but this is no easy task. Behavioral Health of the Palm Beaches understands that and, like in Patrick's case, will assist in setting up and implementing a professional intervention; confronting a victim of addiction and getting them to seek treatment is a great logistical burden and emotional hurdle, but the help of trained professionals can make all the difference.

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*...looking back on his mental state while in the depth of his addiction, “I was okay with the fact that I would die like that.”*

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## **Alumni Programs**

After a patient has finished treatment at Behavioral Health, their recovery is by no means finished. Maintaining sobriety can be a difficult task after returning to the pressures of everyday life, and that is why Behavioral Health offers a fully-supported community for alumni of their programs, as well as for the friends and loved ones of those alumni. Through the Behavioral Health Alumni website, former patients can maintain an open dialogue about their progress and their successes, chat with other fellow alums, and organize in-person events. It can be impossible to maintain recovery alone, but with the help of the Behavioral Health alumni community, there will always be someone to talk to who is personally invested in your success.

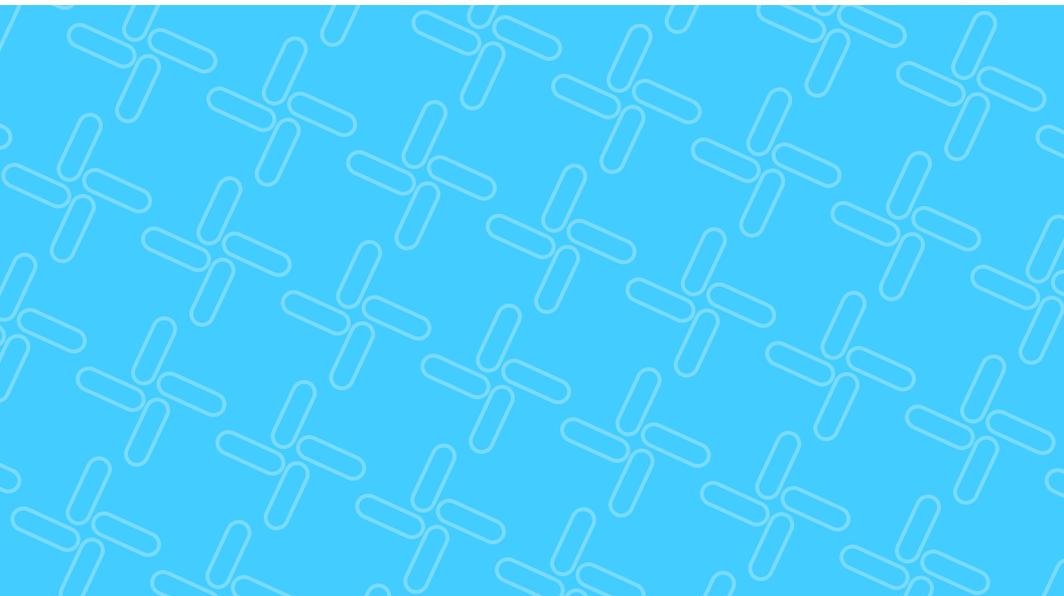
## **Heroin Detox at Behavioral Health of the Palm Beaches**

“I’ve been to detoxes before, and here they just treat you with the utmost respect. They truly care

about you; any concern you have, they try to fix it. I couldn't ask for a better experience when I'm feeling at my weakest, at my most vulnerable. Detox was so wonderful to me. I couldn't ask for anything better." Smiling as he says this, Patrick is obviously overjoyed to finally be in control of his own life again. Thanks to the staff at Behavioral Health of the Palm Beaches, Patrick has not only overcome his addiction to heroin, but he has become a mentor to other young men who are struggling with their own demons. The road to recovery is a long and difficult one, but with the right help, anyone can reach peace and good health.

There is hope. We can help.

- <sup>1</sup> <http://opioids.com/heroin/heroinhistory.html>
- <sup>2</sup> <http://www.russellbrand.tv/2013/03/give-it-up/>
- <sup>3</sup> <http://www.drugsandalcohol.ie/13973/>
- <sup>4</sup> <http://www.americanethnography.com/article.php?id=92#>
- <sup>5</sup> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1343535/>
- <sup>6</sup> <http://cid.oxfordjournals.org/content/38/9/e87.long>
- <sup>7</sup> <http://jama.jamanetwork.com/article.aspx?articleid=187346>
- <sup>8</sup> <http://www.bbc.co.uk/news/world-us-canada-23338486>
- <sup>9</sup> [http://www.northjersey.com/allendale/The\\_grim\\_life\\_of\\_North\\_Jerseys\\_suburban\\_heroin\\_addicts.html](http://www.northjersey.com/allendale/The_grim_life_of_North_Jerseys_suburban_heroin_addicts.html)
- <sup>10</sup> <http://www.usatoday.com/story/news/nation/2013/04/15/heroin-crackdown-oxycodone-hydrocodone/1963123/>



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