

中青新世纪英语阅读文库

社会热点系列
Need to Know Series

海洛因

Heroin

Sean Connolly

 Licensed to China Youth Press by Harcourt Education



中国青年出版社

CHINA YOUTH PRESS

<http://www.21books.com> <http://www.cqchina.com>

社会热点系列
Need to Know Series

海洛因

Heroin

Sean Connolly

江苏工业学院图书馆
藏书章



中国青年出版社

CHINA YOUTH PRESS

<http://www.21books.com> <http://www.cqchina.com>

(京)新登字 083 号

北京市集佳律师事务所谢青律师代表中国青年出版社郑重声明: 本书由版权所有人 Harcourt Global Library 授权中国青年出版社独家出版发行。未经版权所有人和中国青年出版社书面许可, 任何组织机构、个人不得以任何形式擅自复制、改编或传播本书全部或部分内容。凡有侵权行为, 必须承担法律责任。

侵权举报电话: 010-84015588-8001 E-mail: hrm@21books.com

版权登记号: 01-2004-3446

Heroin by Sean Connolly

Harcourt Global Library, part of Harcourt Education Ltd.

© Reed Educational and Professional Publishing Ltd 2000

The moral right of the proprietor has been asserted.

图书在版编目(CIP)数据

海洛因 / (英) 康诺利著. — 北京: 中国青年出版社, 2005

(中青新世纪英语阅读文库·社会热点系列)

ISBN 7-5006-5710-2

I. 海... II. 康... III. 英语 — 语言读物, 二乙酰吗啡 IV. H319.4: R

中国版本图书馆 CIP 数据核字 (2005) 第 000001 号

从 书 名: 中青新世纪英语阅读文库

书 名: 社会热点系列 / 海洛因

编 著: (英) 康诺利

出版发行: 中国青年出版社

地址: 北京市东四十二条 21 号 邮政编码: 100708

电话: (010) 84015588 传真: (010) 64053266

印 刷: 北京朝阳新艺印刷有限公司

开 本: 787 × 1092 1/16 总 印 张: 35

版 次: 2005 年 2 月北京第 1 版

印 次: 2005 年 2 月第 1 次印刷

书 号: ISBN 7-5006-5710-2/H · 114

总 定 价: 98.00 元 (共 10 分册)

Contents

Introduction	4
What is heroin?	6
Is heroin addictive?	10
Overdose and withdrawal	14
A widespread problem	16
A lengthy history	18
The modern era	22
Who takes heroin?	24
Getting hold of heroin	28
Wider effects	30
Price and prevalence	32
The heroin industry	34
The illegal trade	36
Legal matters	40
Life with heroin	42
Treatment and counselling	46
People to talk to	50
Glossary	52

Introduction

Heroin is a drug of extremes. For many people it is the most feared drug, while for others its powerful 'high' offers the most dramatic way of escaping the cares and boredom of everyday life. It is the drug that immediately springs to mind when people talk about dependence and drug-related crime, and it forms the backbone of drug-treatment programmes in Britain and many other countries.

A tempting offer

Just why do people take a drug like heroin, if it has so many associations with illness and death? Although the answer seems complex, it can be reduced to one word – escape. Heroin does not promise to lift the spirits or to find new ways of looking at life. Instead it offers a chance to retreat from life, wrapped in a **cocoon** of artificial comfort while the drug takes effect. Gradually, as people become used to the drug, this sense of comfort fades and is replaced by a feeling of relief that they have found another dose – and it becomes harder still to return to the life that was so boring and difficult in the first place.

This sounds depressing – and it is. Very few people who are deeply involved with heroin find any pleasure in the drug – they are driven by the urge to have more of it simply to feel 'normal'.

A familiar story

Heroin abuse is a serious modern problem, although humans have been sampling the effects of its raw ingredient – the **opium poppy** – for more than 4000 years. The urge to escape reality obviously has deep roots, and has been recorded by writers throughout history. This means of escape was as familiar to the characters in Homer's *Odyssey* as it was in Irvine Welsh's account of modern Edinburgh, *Trainspotting*, 2700 years later. The core drug is pretty much the same but the means of taking it – and the dangers involved – have become more varied.

Heroin, derived from the opium poppy, requires an assortment of equipment for those who take it.



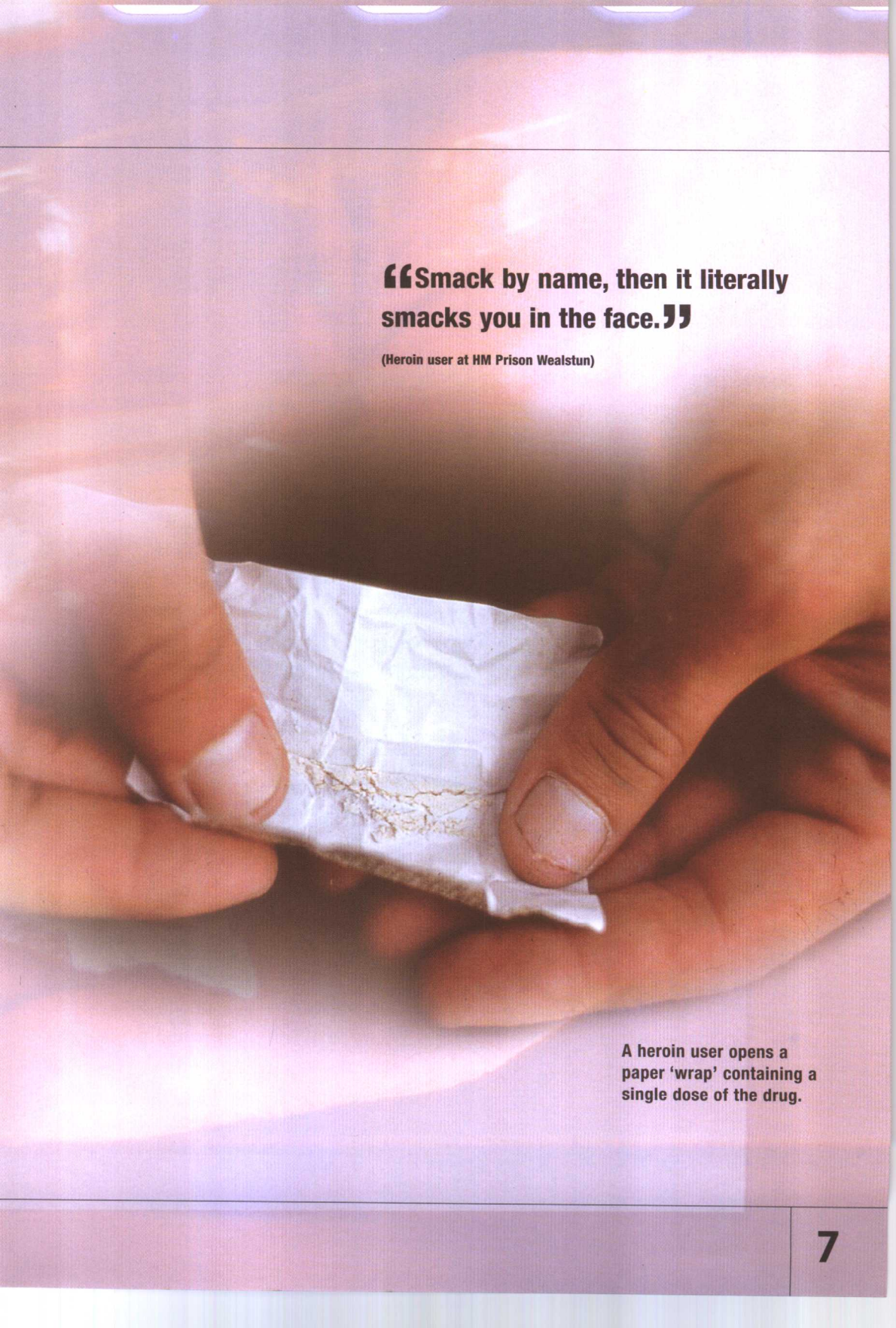
What is heroin?

Heroin is one of a group of drugs known as **opiates**, which means that they are derived from the opium poppy. Opium is the dried 'milk' of this poppy and it contains two very effective painkillers – **codeine** and **morphine**. Heroin is simply morphine that has had an extra chemical group added to it, in order to make it more **soluble** in fat. This addition enables heroin to enter the brain faster. Interestingly, once heroin enters the brain it is converted back into morphine.

Pure heroin is a white powder – its street nickname is 'white lady' – but by the time people buy it on the street it is light brown, leading to another of its nicknames – 'brown'. Between production and eventual purchase the **purity** decreases from 100 per cent to somewhere between 20 and 60 per cent. It is often mixed or 'cut' with **paracetamol**, sugar or other **tranquillizers**, so that the dealer can make the original supply of heroin go further – and get more money in the process. Use of heroin can lead to real trouble on many different fronts. It is possible to die of a heroin **overdose**, particularly if the drug is very pure.

Mixing heroin with other drugs, including alcohol, can lead to dangerous medical side-effects. **Injecting** heroin also runs the risk of HIV infection or **hepatitis** because heroin users often share needles and thus pass on infection. Heroin is also powerfully addictive, both physically and mentally, and it can be extremely hard to break the cycle of dependence. The cost of getting supplies of heroin can cause serious money problems, and many users turn to crime to get money for the drug.





**“Smack by name, then it literally
smacks you in the face.”**

(Heroin user at HM Prison Wealstun)

**A heroin user opens a
paper ‘wrap’ containing a
single dose of the drug.**

What is heroin?

Into the cocoon

Once it has been taken heroin is quickly absorbed into the bloodstream and soon reaches the brain. First-time users report different effects from the drug. Some people feel little or no effect from their first 'hit' of heroin. Others find the experience immediately unpleasant and feel **nauseous**. Most people, though, get a warm feeling which starts in the belly and then spreads across all of the body, seeming to wrap them in a glow of well being. This warm, dreamy feeling is very comforting – responsibilities seem to drift away as the user 'returns to the womb'. Other users describe it as being wrapped in a cocoon.

Many of the nicknames for heroin are accurate indicators of the drug's appearance or its effects. Apart from visually descriptive terms such as 'white lady' and 'brown', heroin is also known as 'smack'. The term is appropriate, because when heroin is smoked or injected the effects hit hard and suddenly.

How people take heroin

Heroin, like most opiates, is easily absorbed into the body through many different routes, largely because it dissolves in fatty substances and can cross into the body's cells. One route that is not very effective is through the stomach, so very few people swallow heroin. However, it can be sniffed (or 'snorted'), smoked or injected. When sniffed, heroin is absorbed into the bloodstream through the nose. If it is smoked, heroin enters the bloodstream very quickly through the lining of the lungs. One method of smoking heroin is called 'chasing the dragon'. This process involves heating the heroin powder and inhaling the fumes through a small tube. This is the method that introduces many users to regular use of the drug.

Regular users often inject heroin directly into the bloodstream through a vein. As with smoking heroin, the effects are almost immediate except that they are stronger since none of the drug is 'lost' before entering the bloodstream. Before injecting it, a heroin user must dissolve the drug in a liquid.



Is heroin addictive?

Even people who are, in general, unfamiliar with drugs know that heroin is addictive. But just what does this mean? And what about the stories that people can get 'hooked' on the drug after just one session?

Defining the problem

Several medical texts define addiction as 'the repetitive, compulsive use of a substance that occurs despite negative consequences to the user'. Drug workers prefer to use the word dependence rather than addiction.

There are two types of dependence – psychological and physical. Certain chemicals in the brain, which are nicknamed the 'pleasure circuits', are activated by drugs that produce psychological dependency. Heroin is one of those drugs.

Tracing the 'pleasure circuit'

Heroin produces psychological dependence because the brain feels enjoyment during the rush of a heroin high, and the 'pleasure circuits' associate this enjoyment with the heroin. This process works in other, non drug-related ways as well.

For example, someone might enjoy the taste of a freshly-baked cake so much that the smell of another cake prepares the brain to re-create the experience. Scientists are only now beginning to understand what happens chemically in this process: heroin and certain other drugs (including alcohol) release a 'messenger' called **dopamine** which rushes the pleasure message through this part of the brain. In experiments conducted with rats, the test animals performed tasks in order to receive drugs that had triggered dopamine; when the dopamine circuits were destroyed the rats would not perform tasks to receive the same drugs.

Reinforcing this psychological dependence is the fact that a regular heroin user will almost always be associated with others who are dependent on the drug. It is hard to break out of a social pattern that sees the same faces taking the same drug, day in and day out.

A heroin injector mixes the drugs with water in a teaspoon, heats it until it dissolves, and then draws it into the syringe.



Is heroin addictive?

The physical side

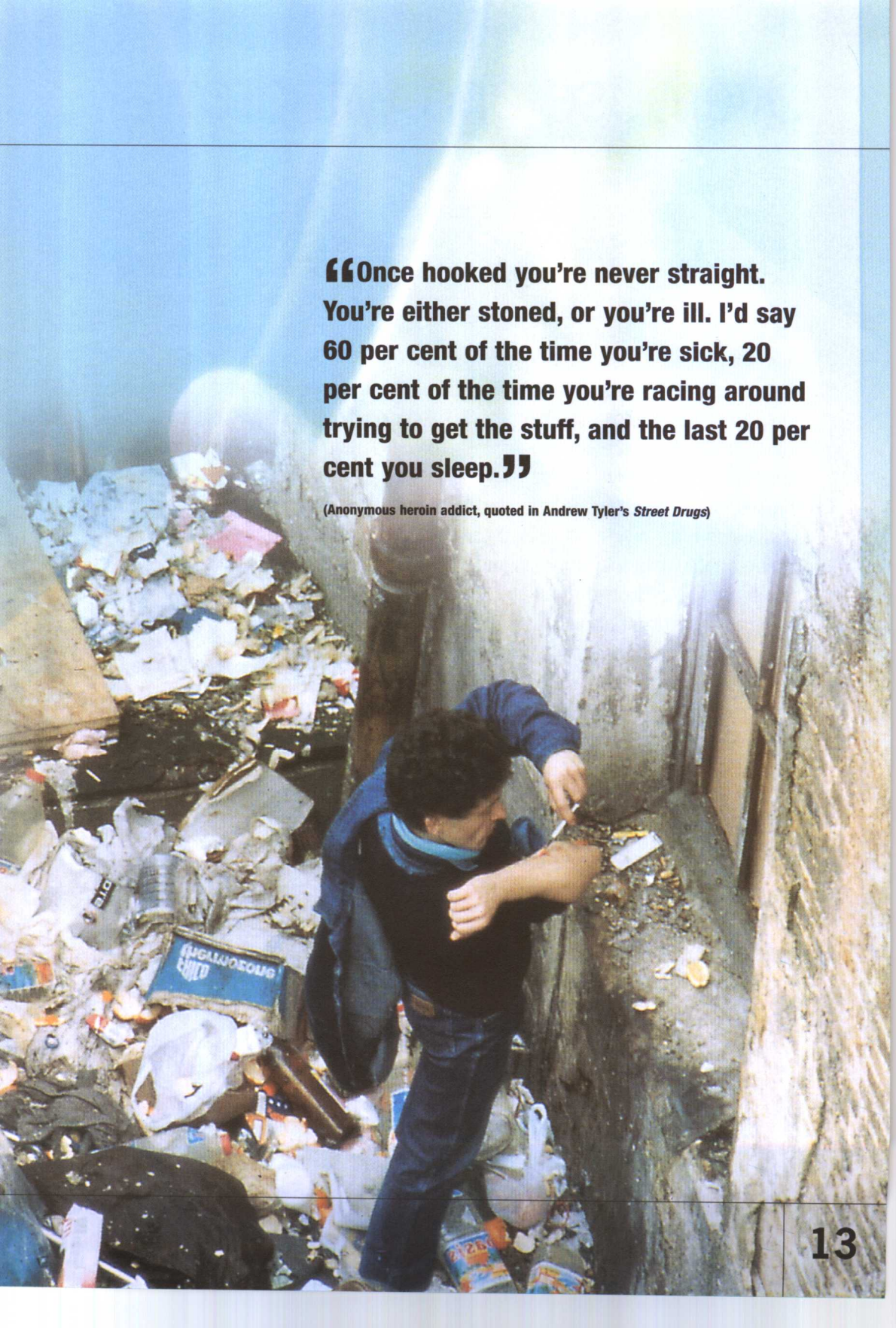
Tied in with physical dependence is the idea of tolerance, or the way that the body becomes accustomed to a drug and begins to need more of it to produce the original effect. Heroin takes this process a step further. After several weeks of regular use, which usually means increasing amounts, the pleasure of the first heroin highs is replaced by relief at getting hold of the drug.

By this stage, the heroin user is truly hooked and there is little or no pleasure in taking the drug – only the blocking out of pain that develops when the body begins crying out for another dose. With tolerance and the need for increased amounts of heroin, the user tends to progress through different methods of taking the drug. Snorting or smoking heroin, which provides a high for someone new to the drug, is less effective at getting heroin into the bloodstream than injecting, so the dependent user usually moves on to needles and syringes.

Other side-effects

Regular use of heroin introduces a range of other health side-effects. Strictly speaking these are not the result of dependence, but a dependent user will normally have most of these symptoms. The greatest risk is contracting hepatitis or HIV. Both of these conditions are passed on in the exchange of bodily fluids and there is a serious risk of contracting them if people injecting heroin share needles or syringes.

The heroin 'lifestyle' leaves little room for eating and sleeping properly, so users are often run down and open to other infections. Heroin also acts on the digestive system, leading to **constipation** and some stomach **ailments**. It also affects the **respiratory** system, leaving users prone to **pneumonia** and **bronchitis**.



“Once hooked you’re never straight. You’re either stoned, or you’re ill. I’d say 60 per cent of the time you’re sick, 20 per cent of the time you’re racing around trying to get the stuff, and the last 20 per cent you sleep.”

(Anonymous heroin addict, quoted in Andrew Tyler’s *Street Drugs*)

Overdose and withdrawal

To overdose means to take more of a drug (such as heroin) than the body is tolerant to. In the case of heroin, this unexpectedly large amount can be taken if a new supply of the drug has a greater purity than the user's normal supply has. The overdose can happen within minutes but more commonly takes from one to twelve hours. Breathing becomes slow and irregular and the skin turns blue as the blood pressure drops, then the user falls into a **coma**. Death, if it occurs from an overdose, is the result of respiratory failure or **complications** with the heart. A person need not be dependent on heroin to overdose – it is the unexpectedly large dose that does the damage.

Cold turkey

The other main aspect of heroin dependence is well known – **withdrawal**, also known as 'cold turkey'. If someone stops taking heroin after prolonged regular use they feel

dramatically ill. This reaches a peak about three days after the last heroin was taken. Symptoms are similar to those of a particularly bad case of flu – fever, aching limbs, sweating, restlessness, **cramps** and **insomnia**. The skin becomes terribly itchy and develops bumps resembling goose bumps (hence the term 'cold turkey'). In addition, the user feels anxious and isolated and often has unsettling waking dreams.

The symptoms **recede** after about a week or ten days but the feeling of weakness and loss of well being can last for several months. By finally 'riding it out' through these last stages of withdrawal the user overcomes most of the effects of physical dependence. However, many users return to the drug even after going through the experience. Therefore, scientists now believe that the psychological dependence is a more powerful factor in keeping heroin users hooked on the drug.



A widespread problem

Heroin abuse is a growing problem, and the 1990s saw one of the biggest increases in its use. Some statistics indicate the scale of the increase. In 1991 there were 4883 heroin **addicts** reported to the UK Home Office. The 1994 figure was more than twice that number – 10,067. Unofficial '**word of mouth**' estimates by drug workers confirmed this overall rise in the use of heroin in that short period, and suggest that it has continued since then.

Increased supplies

A pair of alarming statistics provide one – of many – reasons for this rise in the use of heroin. In 1991 British police and customs officials seized 490 kilograms of heroin. The amount seized had risen to 1390 kilograms by 1995, almost **trebling** in four years. Heroin seizures are rising sharply with 1997 seeing nearly double the previous numbers of seizures at 12,474 (weighing 2235 kilograms). Britain is not alone – the United States and Australia have also seen a rise in the amount of heroin being smuggled in across the borders.

These increased amounts of heroin were almost certainly linked to the rise in the number of addicts. Quite simply, having more heroin in the country meant that the drug spread further afield, but also that the price went down. The **influx** of the drug has had other effects as well, which made the heroin problem more difficult to deal with. **Hitherto** seen as primarily a drug of the inner city – where unemployment and poor social facilities drive some people to use the drug – heroin use has now been cropping up all over Britain. Rural areas have reported a sharp increase in heroin use throughout the 1990s. At the same time, a greater number of young people have become exposed to the drug.

Similar trends have been reported in the United States, Canada, Australia and many other countries, where the increase in supply – coupled with greater purity and lower prices – have sparked an increase in heroin use. The drug is no longer confined to the more rundown districts of New York, Toronto or Sydney, which means that the problem of heroin use can no longer be '**pigeon-holed**'.