

JOURNEYS, PART 2: LIVING WITH HEROIN ADDICTION

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Whilst looking at how people live with heroin addiction, it is important to remember that not all people go through all that is described here. For example, not all people who are addicted to heroin commit acquisitive crime to fund their habit. There are a multitude of experiences of heroin users, but from these there are a number of common themes that resonate. Please note, that quotes below that are not referenced are from our Wired In interviewees.

Many heroin users who talk about their lives refer to the comprehensive way that their heroin addiction took over their lives. Their lives become dominated by the need to feed their habit and to secure the means to do so.

‘My whole life, my whole being was centred on drugs and any means to get them you know. My whole life revolved around drugs, drugs, drugs.’

At the peak of their addiction, users are often using large amounts of heroin. At this time, the process of funding, finding, and using the drug becomes a daily routine. Heroin becomes the most important thing to the user, and very little else matters to them at this time.

‘I was fine before, playing football every weekend... But then once I started, once I knew I was addicted, it didn’t cross my mind to do anything. I’d do the same stuff every day, get up in the morning, smoke that all day then come back, smoke all night and sleep. Constant. Everything, every day.’

1. Relationships

Relationships with family and friends are broken. As heroin takes precedence over everything else, the user starts to feel uncomfortable in the presence of old friends who make demands on them and confront them with their old self. Users describe their recognition of losing credibility and the respect of others. Friends may tire of the user—they feel the user has become, in Tam Stewart’s words in her excellent book *Heroin Users*, ‘...distant, cagey, stand-offish, erratic and down-right unreliable.’ [1]

‘My social life took a dive. It just became non-existent. There was no social life ... unless you call sitting in a room with twenty other people waiting for the man a social life.’ Tam Stewart [1]

It is common for users to experience a breakdown in their family relationships due to their drug use and the resultant changes in their behaviour. They may be kicked out of home, or their partner may leave them. Many users, in particular men, lose contact with their children.

‘You don’t have family or friends when you [are using], they are history. You do whatever you can to get the money.’

‘My eldest son went and lived with his dad straight away. They realised what was going on. My other son said, “If you stop Mum, I will stay.” And that was awful, I couldn’t stop for him and he left.’

The relationship a heroin user has with his or her family may experience many ups-and-downs before breaking down completely. They may return periodically to the family home during times of financial or emotional hardship and/or because they want to stop using, sometimes staying for months before leaving again. Some parents describe living with a heroin-using son or daughter who may even be in their 20s as living with a petulant, deceitful child.

The state of a heroin addict can be characterised as one of extreme self-centredness. In many cases, the addict’s world is effectively reduced to two elements—the person, and the drug he or she is using. For some users, all aspects of normal life, including the person’s own children, can pale into insignificance in comparison with their heroin use.

‘Cos you only care about yourself, you think you care about everybody else but number one comes first and that’s yourself and if you’re lucky, if you’ve got anything left, they get it, but you would take it off them to give it to you and anybody that says... I mean at the time I wouldn’t admit that, but now I would...’ Marina Barnard [2]

Many users try to be as good a parent as possible despite the demands of their heroin using lifestyle. However, this lifestyle often does impact on the child. For example, drug use may often take priority over answering the immediate needs of a child, e.g. taking the first hit in the morning before feeding an infant. This selfishness impacts badly on many heroin users, since they know they are acting inappropriately but feel they cannot overcome their need for heroin. This can contribute to the common mood swings and loss of self-esteem that they experience.

‘... my child has been exposed to, has seen things that they should have never seen, and done things they never should have done, because of the person I became as a result of my drug use.’ James McIntosh and Neil McKeganey [3]

In some cases, heroin users lose their children because the authorities remove them due to perceived neglect, or because the user herself feels the child would do better if they were living with another family member.

Users become affiliated into drug-using networks and into the culture of addiction. As the addict becomes more enmeshed in relationships within the culture of addiction, they forge roles and identities within this new

social world. For some addicts, the status and acceptance they achieve in this context may far surpass whatever status they were able to achieve in normal society. These social interactions anchor the addict to the culture and reinforce excessive drug use.

In some cases, the addict is also aware of the true nature of these relationships. They are not genuine or real, and tend to be very fickle. The drug-using acquaintances are not generally considered to be friends—they serve a purpose.

‘Your whole social life changes. You don’t go out. You don’t have meals with them or go to the pub. To call these people friends is a joke. You only see them when you are scoring ... When you are taking it you’re only having a relationship with the drug. Heroin always comes first.’ Tam Stewart [1]

In other cases, the addict may initially feel very close to their drug-using friends, but later realise the true nature of these relationships. At this stage, however, the person feels that they cannot break away from their using, and the culture within which it is embedded.

2. Hustling

William (Bill) L. White points out that hustling can be defined in both broad and narrow terms. [4] In the broadest sense, hustling encompasses a wide range of activities for the addict to use guile and deceit to sustain their addictive lifestyle. The term ‘hustling’ captures the ability of the addict to manipulate every situation and interaction for personal gain. It also encompasses the art of extricating oneself from situations that threaten the addictive lifestyle.

Addicts often view the world as conspiring against them to impose insurmountable obstacles in the way of their drug use. They have to survive (sustain their drug use) in a cruel world, and everything is fair game in helping them achieve their goal. Bill White emphasises that the:

‘... characteristics we often attribute to addicts—dishonesty, manipulateness, incapacity for intimate relationships, exploitation, high risk-taking—may not be enduring qualities of personality, but are an inevitable adaptation to the progression of addiction in such a world.’

‘The addict must be both psychologist and actor, rapidly assessing each threatening interaction and choosing the exact words and emotional tone that can manipulate the situation to advantage and provide escape.’

In their everyday life full of obstacles to prevent drug use, the addict must deal with the worried parent badgering them to stop using, the drug-using ‘friend’ who needs a hit, the dealer to whom money is owed, a

forthcoming meeting with a probation officer, or even a well-meaning but irritating treatment agency worker who is trying to 'help'.

In a narrow sense, 'hustling encompasses those activities used by the addict to produce an income that helps sustain drug use.' Hustling—or street hustling—is in part a reflection of social policy towards psychoactive drugs.

Whilst addiction to the legal drug alcohol may lead to criminal behaviour due to drug-induced impairment, street hustling is rarely required to sustain a supply of this feely available and relatively low-cost drug. On the other hand, street hustling is associated with illegal drugs such as heroin and crack cocaine due to their high price and relative low availability. This can lead to a marriage between the culture of addiction and culture of crime.

3. Crime and prison

For some heroin users, it becomes impossible to sustain their drug use legitimately. As tolerance levels rise, increasing amounts of drugs are required, and therefore more money is needed to fund the habit. At first, legitimate means are employed to obtain this money; savings might be used, or possessions sold.

'At the end of it, I sold a house that I owned and smoked it all away basically. I have got nothing left from twenty years of marriage and buying and selling houses, I've got nothing. I've ended up being homeless and living in the car.'

However, in many cases, criminal activity becomes the most common way of funding heroin use. Shoplifting is especially popular, particularly amongst female users, whilst burglary, street theft (bag snatches), and car/ bike crime are common sources of revenue for male users.

Some users support their habit by dealing in drugs. The most common practice amongst those who deal to support their habit is to buy a reasonable-sized supply of drug, break it down into smaller amounts (e.g. 'bags') to sell on to other users, keeping a proportion of these bags for personal use.

A small proportion of heroin users resort to prostitution to support their habit. In the McIntosh and McKeganey study, all of the women who reported turning to prostitution hated it and only took it up out of desperation. [3] They said it was the last thing they wanted to do, but at the time it was the only way they could find the money to support their habit. Nearly all of them reported needing to be high on drugs in order to face what they had to do.

'I was prostitutin' and basically I didn't like it. I was getting' stoned out of my face to do it, but when I woke up straight in the morning I was like, 'Oh my God what I am doin'?' It made me lose total, whatever respect I had for myself.' James McIntosh and Neil McKeganey [3]

Some heroin users report that they would steal anything from anyone in order to support their habit. Their own families are frequent and ready targets for theft. In addition to money, anything that is portable and sellable becomes a target—items such as DVDs, jewellery and cameras are taken and sold.

Some heroin users report that crime simply becomes a routine part of their day. Shoplifting can become like, '... a full-time job... it was nine in the morning 'til five at night, seven days a week.' James McIntosh and Neil McKeganey [3]

Crimes can frequently be committed under the influence of drugs. This is often deliberate as the user needs the courage (or blocking out of emotion) that drugs such as heroin can produce for them to be able to commit the crime. Of course, the drug can impair the user's judgement, increasing the likelihood that they will be caught.

At this stage, it is important to remember that, contrary to popular opinion, many heroin users never resort to crime of any kind to finance their habits. In fact, the large number of acquisitive crimes attributed to heroin users are carried out by a minority of users. Moreover, it must be emphasised that evidence suggests that criminality in many heroin addicts precedes the onset of their addiction.

Involvement in criminal activity frequently leads to involvement with the criminal justice system, and sometimes imprisonment. Some addicts consider this philosophically as being an occupational hazard.

'I think it's always been in the back of my mind that the last place I want to end up in is prison but if it happens it happens, there's nothin' you can do about it. You've just got to get your head down and get on with it I suppose.' James McIntosh and Neil McKeganey [3]

Some heroin users actually welcome the 'opportunity' to be sent to prison. Their life has become so chaotic and their emotional and/or physical health so badly affected, they welcome a period of respite they believe is offered by going to prison. This does not necessarily mean that they will 'escape' heroin, since drug use is still relatively common in prisons in the Western world. For some people, the first time they use heroin is when they are in prison.

Heroin users do not necessarily escape the culture of addiction by spending time in prison. In fact, Bill White emphasises that that prison does not disrupt the addict's affiliation with the culture of addiction; if anything, it strengthens that affiliation. [4] He describes prison as the PhD of the drug culture.

Even when drugs are not available, the addict lives in an environment that carries values and rituals from the culture of addiction. Many interactions reinforce the person's identity as an addict, and expand their knowledge and skills to proceed with their addictive career. They may be just as likely, or even more likely, to relapse after a period of prison.

Leaving prison is potentially a dangerous time in the life of a heroin addict as they will have a greatly reduced tolerance to the drug if they have not been using (see below). Using heroin again is of the highest priority for some heroin users who leave prison. Other people leave with the best of intentions to maintain their abstinence, but once boredom sets in and the influence of their using friends impacts, they use the drug again.

Some of the interviewees in our research became locked into a vicious cycle of crime to fund their habit. After a prison sentence (and a period clean), they were released from prison and became re-introduced to drugs, returned to crime and then prison. They frequently felt stuck in this cycle and did not know how to get out of it.

‘Before I knew it, I was back inside. Then I’d come out, get back on gear, then before I knew it, I’d be back inside... [this happened] about six or seven times.’

4. Changes in personality and lifestyle

The lives of heroin users often become characterised by secrets and lies. This is commonly due to shame and embarrassment, as they have become something that they had looked down on previously and are living a life of which other people disapprove.

‘I was leading a double life. When I saw my family, they didn’t know about it, I’d make out I was totally normal, I was happy... I had to be two different people, one for family and friends and one for the other people.’

Many users report how their behaviour and personality changed during their drug-using days. They often felt that they acted very out of character. They describe how, in the world of drug-using, everyone thinks primarily about themselves, and more specifically, about feeding their addiction. Many are lacking in morals and conscience and have no consideration for anyone else. They live a life full of deceit and manipulation.

‘I was doing things I wouldn’t dream of doing when I’m normal. Stealing, staying in squats, being in places I wouldn’t dream of.’

‘You’ve got no boundaries, which is wrong. And you lose all of your emotions, you know. You don’t feel guilty, it’s just, ‘Me, me, me, I want that, I need that’, and you don’t think of others, what it does to others.’

In general, the lifestyles of heroin users are very unsettled. Many experience homelessness through relationship breakdown or through losing their homes due to going to prison or inability to maintain rental payments. Many heroin users also report losing respect for their own appearance, personal hygiene, or well-being. They become the stereotypical street junkie.

As people become immersed in the drug-using lifestyle, their life before drugs gradually becomes a distant memory. They become stuck in a vicious circle, whereby the drug is affecting their lives, yet they need it to function normally and even to 'survive'.

'The other users were doing the exact same thing. It would be the same routine for us all. If we had money, it would be to go and score off your dealer. If we didn't have money, it would be straight into, you know, the nearest shop to steal something to sell to have enough money for that first hit... After a long time, it just becomes habit and it becomes a lifestyle and you forget the lifestyle of a non-user...

I knew I should try and get off it, but I thought I had already gone too far, I had pushed it too far. I'd gone beyond the boundaries of being normal and becoming like everyone else. And I never thought I would be able to do it and fit in with normal people like you see going to work in the mornings. I thought I had gone past the point of being able to pull myself out of the gutter. I just carried on using drugs.'

Some heroin users indicate that they use the drug to 'numb' their emotions and remove the reality of their situation (i.e. the problems the drug caused). Thus, heroin can bring the person to such a stage of degradation, and such a state of despair, that they then use the drug "therapeutically" to help them forget these problems.

'It was comfort...it took away the remembering where I'm at and my situation... using heroin was just this game that kept me from the reality I was at, so I just kept on using and kept forgetting. The longer I used, the more I forgot.'

5. Impact on health

It may be a surprise to some readers, but long-term heroin use per se often does **not** produce serious long-term physical effects. There are people who have been on large doses of prescription heroin or opiates for protracted periods of time who experience no adverse physical effects (other than long-term constipation), and lead stable and enjoyable lives. [5]

However, long-term use of street heroin and involvement in the heroin-using lifestyle can lead to a deterioration in physical and psychological health. Injecting heroin increases the likelihood of contracting blood borne viruses, such as hepatitis C or HIV, unless the person uses sterile needles, syringes, and other injecting equipment.

As the drug is obtained on the street, there is no guarantee that the purchased product is free of dangerous substances that may have been added a cutting agent, adulterant or be an impurity arising in the processing of heroin.

In injectors, abscesses can occur, and veins can be badly damaged. Some heroin users report having very few or no veins left at all. Most of them are gone. 'You just keep looking around until you find one.' Thromboses are also a risk.

There is also a risk of overdosing with heroin. Research has revealed that 50-70% of injecting drug users have experienced a non-fatal overdose at some time in their lives. Death from heroin overdose, which often occurs two to three hours after taking the drug, is due to respiratory arrest.

It is commonly believed that many overdose deaths occur among young, relatively inexperienced heroin users. However, in an extensive study, Matthew Warner-Smith and colleagues found that most victims of fatal overdose are aged in their late 20s and early 30s. They generally have a long history of heroin dependence. More recent research has revealed that the average age at death from overdose is in the late 30s, and fewer than 5% of cases are teenagers. [7]

One of the key factors underlying heroin overdose is the concomitant use of depressant drugs, such as alcohol and benzodiazepines, e.g. Valium. A second factor relates to people who start using again after leaving prison or a rehab treatment centre. They may overdose after injecting a similar dose to that which they had previously used, forgetting or not knowing that their tolerance to the drug has disappeared.

Whilst a person may survive a heroin overdose, they may suffer unrecognised physical complications arising from the overdose such as pulmonary dysfunction. This can result in an increased vulnerability to fatal respiratory depression, which can be brought on by a later dose of heroin.

Smoking heroin can also cause problems, the most common being respiratory problems. The person's physical health may also be negatively affected by a number of interacting factors, including self-neglect, poor nutrition, a decreased resistance to infection, and poor housing. These factors can arise from the person's life being dominated by securing supplies of the drug, and by the fact that the person becomes more and more isolated from family, friends, and society in general.

Not surprisingly, all these factors can impact on the person to worsen their psychological health and lower their self-esteem. Many heroin users experience emotional problems. Periods of low self-esteem, depression, anxiety, and mood swings are frequently reported. Users will regularly have negative opinions of themselves and what they have become.

One way to deal with these intense feelings of self-disgust is to take the drug—and forget all their troubles. Some users contemplate or even attempt suicide.

The use of other drugs, such as benzodiazepines and alcohol, in addition to heroin can further contribute to deteriorations in emotional and mental health.

6. The myth of drug addiction as an escapist lifestyle

A popular notion of addiction had portrayed the addict as a person who lives a passive and withdrawn life, escaping the realities and responsibilities of life through taking drugs. In fact, the reality for a heroin addict is very different.

For some heroin addicts, everyday life can be reduced to simply responding to the body's needs—finding the funds to pay for heroin to be used that day (which might involve acquiring and then selling items), purchasing, and then taking the drug. This can become a full-time job, a career that is demanding and stress provoking.

'The addict's body is a living clock that imposes deadlines for accomplishing drug-sustaining activities. No weekends off. No holidays. The clock never stops ticking. The fact that the businessperson works for money and the addict for drugs does not diminish the rigors of the latter's lifestyle.' William L. White [4]

Addiction is not an escape from, but rather a confrontation with reality. A reality that is fraught with risks and challenges. It is not a passive process, but an active process. An active process that involves hustling to get one's drug supply, avoiding being busted by the police, and avoiding, or dealing with, being ripped-off by a dealer or another user. All of this can occur when the person's social circumstances are deteriorating—and they have become stigmatised and prejudiced against by society—as well as their physical and mental health.

One may wonder why users don't buy their heroin in quantity, so they don't have to go out and buy drug regularly. There are several reasons for the regular purchasing of the drug. The more heroin a user purchases, the more he may be likely to take. Buying large quantities can lead to a massive binge, which can lead to a greater tolerance and the need for even larger amounts of drug.

Being in possession of a large supply of heroin is also likely to attract other users who want to share it, which results in the supply disappearing even more rapidly. Of course, being in possession of a large supply is a major problem if the person is caught by the police. Probably the most common reason why users do not purchase large supplies of heroin is that they generally struggle to get funds together to score even small amounts of the drug.

7. Accessing community treatment services

There are a variety of reasons why a heroin user accesses community treatment services. They may seek out treatment services because they want to stop using heroin, but believe they cannot do it themselves. They look to other people to help them overcome their substance use problem. They may have been pressurised by family and friends, or by the threat of incarceration, to attend treatment.

Some people are totally committed towards giving up heroin when they access a treatment service. Others attend to get a family member or friends off their back; they think that if they make a show of attending treatment then the external pressures will diminish or disappear, and they will be able to continue using secretly.

If a person has been 'forced' into treatment by the criminal justice system, they can again make a show of accessing treatment without taking it seriously.

Many heroin users are ambivalent about giving up during long periods of their using career. They have conflicting feelings and emotions related to desperately wanting to give up using at some periods of time, whilst wishing to continue using at other times.

Ambivalence is a characteristic feature of addiction. Some people decide they want to give up using and attend a treatment service, only to be told that there is a long waiting list to access treatment. By the time their appointment comes around, they have decided they do not want to give up using.

Other heroin users want to continue using heroin, but feel they cannot deal with all the hassles that are associated with the heroin-using lifestyle and the wear and tear it produces. They wish that things were like the 'old times' when using heroin was all fun and life was carefree.

Some people access treatment because they are seeking relief from the discomfort or pressures of a drug-using lifestyle. They look to others to help them with specific problems (e.g. abscess from injecting) and general problems associated with the tough day-to-day existence of being a heroin user.

Treatment agency workers can support users through periods of crisis, e.g. helping them deal with homelessness, problems receiving benefits, or health problems. Often their role will involve facilitating access to other practitioners who can provide more direct help.

In countries such as the UK, the major focus of many treatment services over the past few decades has been to reduce the harm that people who are using drugs cause to themselves and others. Heroin users (and other people who inject illicit drugs) in many countries are encouraged to access for free, clean needles, syringes, and other essential gear. The rationale behind this approach is to reduce the likelihood of transmission of blood borne viruses such as hepatitis amongst drug users and throughout society in general.

Some treatment agencies provide people who are picking up clean needles and syringes with access to drugs workers, who may on a one-to-one basis provide general 'buddy' support to help the person deal with everyday concerns. In some cases, the drugs worker may take the opportunity to engage users in other services, further educate the user about harm minimisation, and try to enhance motivation for behavioural change, possibly with the intent of the person becoming abstinent from all substances.

The most commonly used treatment for heroin users in the UK and many other countries is prescription of the heroin-substitutes methadone or subutex. Methadone is an orally administered, long-acting opiate which alleviates heroin withdrawal symptoms. However, by virtue of this form of administration and its pharmacological properties, methadone does not bind rapidly to opiate receptors in the brain and provide the characteristic ‘rush’ associated with intravenously administered heroin.

It is hoped that by entering a methadone programme, heroin users will reduce their criminal activity (if they are committing crimes to support their habit) and the chaos in their lives because they do not experience drug withdrawal. It is assumed that some people will stay on maintenance methadone for a long period of time—possibly for all their lives—whilst others may titrate their dose down and eventually stop using opiates altogether.

It should be noted that methadone is a dependence-producing drug and many users state that it is more difficult to withdraw from than heroin, which one would expect to be the case given the pharmacological properties of both drugs.

Whilst methadone may help some people move away from the heroin-using lifestyle, this is not the case for many other heroin users. The assumption that methadone will stop people using heroin is largely based on the physical effects of the drug—we stop withdrawal, and the person will not want the drug.

However, this is a very simplistic argument and ignores the fact that there are a variety of different aspects of the drug-using experience that contribute to addiction. As I have emphasised, the using lifestyle itself can be the major appeal for some users. It is important to note that many people on methadone programmes use heroin on top of their methadone, increasing the risk of an overdose.

Finally, we need to point out that some addicts ‘do treatment’ like they ‘do time’ in prison. The person may view treatment as just another hustle or role to perform in order to sustain their addictive career.

In fact, many addicts enter treatment not because they wish to give up using, but because some externally induced crisis threatens their continued drug relationship. This generally shapes what happens in their treatment episode, with the person trying to get what they need out of treatment without threatening their continued use of drug. Treatment for this type of person can become part of the culture of addiction.

8. Values, relationships, and a change in identity

Maintained use of heroin (and other drugs) can lead to a change in the person’s identity, not just because of their interactions with the drug, but also because they become more and more enmeshed in the drug-using culture.

Identity can be defined as the set of behavioural or personal characteristics by which an individual is recognised. One important aspect of our identity is the values (e.g. honesty, kindness) we uphold. Another

important aspect is the nature of relationships we have with other people and objects. In fact, how others define our identity is in large part based on the relationships we have and the way that we behave within these relationships.

When a person begins a relationship with a psychoactive drug, he or she brings to that relationship a set of pre-existing life experiences that have helped shape their values and beliefs. These values and beliefs may not change in the early stages of a person's using career and when a person is using in a non-problematic manner, but they can be transformed as the severity of their addiction progresses and more untoward consequences occur. Some of these values are assimilated from the culture of addiction in which they live. They shape the person's interactions both within and outside this culture.

Addiction has been described as a disease of values, and addicts regularly violate, through their addictive behaviour, values they still claim to hold. Some heroin users describe themselves as having two personalities, each with different sets of values. The person become someone different when they use, a person who commits acts that the other personality would never condone.

Bill White describes the essence of some of these values: The drug comes first; Everyone's on the make; Don't trust anyone; Don't feel your emotions (feel the drug); Avoid responsibility by projecting blame; Cunning over conscience; Every interaction is a potential hustle; and Cultivate excitement through risk. [4]

As I have described, addiction changes the nature of the relationships in a heroin user's life. Prior to their addiction, a person may have a wide range of positive relationships involving family, friends, and other people with whom they interact with in one capacity or other.

As addiction progresses, these positive relationships change in nature and reduce in number. They are replaced by new relationships, which are often negative in nature. Eventually, the only relationships that remain are that with the drug and the people who can facilitate the person's continued relationship with the drug, e.g. dealer, drug-using friends. The person's behaviours within these relationships are more limited.

The change in these values, behaviours and relationships ultimately lead to a change in the person's identity. This can have a number of influences on the person, but here I briefly consider just two.

One positive effect this change in identity can have is that the person eventually realises that they have become someone they do not want to be. They decide that they have to change, i.e. stop using heroin and/or other drugs.

On the negative side, this change in identity has led the person to be viewed in a very negative light by those people around them and by wider society, i.e. the person becomes stigmatised and prejudiced against. This makes it more difficult for a person to recover from their addiction.

Despite all I have described here, many people go on to recover from heroin addiction.

Endnotes:

[1] Tam Stewart, *Heroin Users*, Pandora Press, 1987.

[2] Marina Barnard, *Drug Addiction and Families*, Jessica Kingsley Publishers, 2007.

[3] James McIntosh and Neil McKeganey, *Beating the Dragon: The Recovery from Dependent Drug Use*,

[4] William L White, *Pathways from the Culture of Addiction to the Culture of Recovery*, Hazelden, 1990.

[5] Tom Carnwath and Ian Smith, *Heroin Century*, Routledge, 2002.

[6] Matthew Warner-Smith, Michael Lynskey, Shane Darke and Wayne Hall, *Heroin Overdose: Prevalence, Correlates, Consequences and Interventions*, Monograph No. 46, National Drug and Alcohol Research Centre, University of New South Wales, Australia, 2000.

<https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/Mono.46.PDF>

[7] Shane Darke and Michael Farrell, *Three persistent myths about heroin use and overdose deaths*, The Conversation. <https://theconversation.com/three-persistent-myths-about-heroin-use-and-overdose-deaths-22895>

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