



SAFER USING

- Use around people you trust and somewhere you feel safe.
- Wait a minimum of 30 minutes after eating.
- Learn about carry naloxone (reverses an overdose). –
- Start with a small amount to reduce overdose risk.

INJECTING

- Use your own, new and sterile injecting equipment (inc. water when mixing).
- Wash your hands thoroughly before and after.
- Learn about safer injecting practices.
- Dispose of syringes & equipment responsibly.



Look for this symbol

SMOKING

- Avoid sharing smoking devices to prevent sharing blood borne viruses such as Hep C.
- Keep your lips moisturised to avoid cracking/bleeding.
- Clean your smoking devices by soaking in boiling water for a few minutes.

SAFER HANDLING

- Carrying drugs & paraphernalia puts you at greater risk of criminal charges (inc. trafficking, even if you don't deal). Know your local laws.

DRUG TESTS

Roadside Police: Roadside saliva tests do not look for heroin, but other substances can be detected that might have been cut into your heroin. It is illegal to drive under the influence of any illicit drugs, including heroin and any driver may be subject to a roadside behavioural impairment test. Wait at least 24 hours before driving. Taking multiple doses over a period of several hours can lengthen this time period.

Workplace: OHS law gives employers rights to test employees for drug use. This should be contained in workplace policy, it should be reasonable, and a risk assessment should be done to determine whether testing of employees is appropriate

Urine: Up to 3 days; Hair: Up to 90 days; Blood: up to 2 days
'Pill Testing'/Drug Checking: Lab-quality testing has been trialled in Australia and is not available as a health service yet but DIY reagent testing is an option. Mandolin, Mecke and Marquis all give a reaction. Fentanyl testing strips are available in Australia and can detect only the presence of fentanyl.

of this can be addressed with drug-testing measures. All forms of testing have their limitations, however we recommend some testing is better than none.

Knowledge is power.

MORE INFO

This resource has been made by people who use drugs for their peers & the wider community. The role of DanceWize is to provide credible & non-judgmental info to promote health & harm reduction. In an unregulated (illegal) market you don't know the purity or dose of any drug and there is always some risk. You can educate yourself and practise harm reduction to reduce risk.

Knowledge is power.

MORE INFO @ WWW.

dancewize.org.au
 dancewizensw.org.au
 higround.org
 prism.org.au
 consciousnest.info
 erowid.org
 tripsit.me (drug combos chart)

dancesafe.org
 tripproject.ca
 kosmicare.org/
 pillreports.net
 bluelight.org

Research your jurisdiction's Department of Health website for drug 'alerts' or 'warnings'.



Heroin

STREET NAMES

Smack, gear, hammer, 'H', dope, junk, skag, harry, black tar, china white, the dragon, homebake, horse, 'chasing the dragon'

CHEMICAL COMPOUND

Diamorphine, diacetylmorphine, or morphine diacetate

Know Your Body & Mind - 'Set
 Know Your Environment - 'Setting
 Know Your Drug - Practise Harm Reduction

DESCRIPTION

Heroin is an analgesic (pain-relieving) depressant that acts on the central nervous system (CNS) slowing down breathing and heart rate.

It is an opiate drug made from morphine, a natural substance taken from the seed pod of the various opium poppy plants grown in Southeast and Southwest Asia, Mexico, and Colombia. Heroin can be a white, beige or brown powder - most common here in Australia - or can come in a black sticky substance known as 'black tar' heroin usually seen in Europe and North America. Heroin enters the brain rapidly and binds to opioid receptors on cells located in many areas, especially those involved in feelings of pain/pleasure and in controlling heart rate, sleeping, and breathing.

DURATION OF EFFECTS

Total duration: 4-5 hours*

Onset: 15 seconds

Peak: 30 minutes – 2 hours

Coming down: 6 – 12 hours

Hangover/after effects: 3 - 5 days *Based on injecting heroin. When smoking, takes longer to feel the effects.

HALF LIFE:

Even though the apparent effects of the drug wear off after 1-3 hours the drug is still active in your system for up to 5 hours (med check) after you have taken it. Remember this if using other substances or redosing.

LONG TERM EFFECTS





- Abscesses (from poor injecting practice)
- Infected heart valves
- Pneumonia
- collapsed veins
- blood borne viruses ie. Hep B and C
- decreased liver function
- cirrhosis (scarring of the liver) as a result of chronic Hepatitis (Hep)
- Dependence both physical and psychological. Withdrawal Symptoms can begin within hours of your last use and include: sneezing, excessive yawning, coughing, sweating, chills, restless legs, irritability, moodiness, insomnia, severe muscle & bone pain, diarrhea, increased urination, dehydration, anxiety, nausea, vomiting, cramps, involuntary spasms, sensitive genitals (women).

EFFECTS

'Set' (your mind & body) + 'Setting' (environment) + Drug

 LESS COMMON  RARE


PHYSICAL

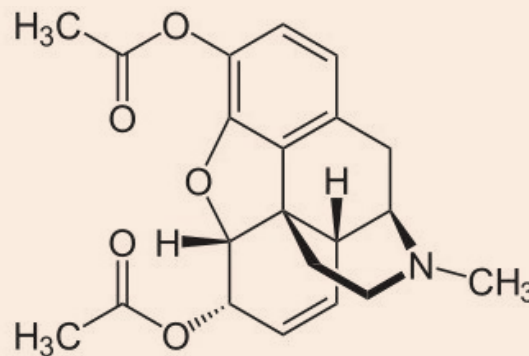
- Itchiness
- Sedation
- Drowsiness
- Lethargy
- Nausea/vomiting
- Breathing slows down
- Dry mouth
- Constipation
- Increased sweating
- Analgesia (numbness)
- Decreased heart rate
- Decreased appetite
- Pupil constriction
- Increased energy
-  Irregular menstruation
-  Increased appetite
-  Hypoxia (not enough oxygen)
-  Seizure

EMOTIONAL

- Euphoria
- Moodiness
- Depression
- Emotional numbness

PSYCHOLOGICAL

- Decreased sexual desire
-  Paradoxical reaction (energetic movements, noises)



DRUG COMBINATIONS

Polydrug use has many possible outcomes. What could be fun for one person could be dangerous for another. We recommend you proceed with caution.

DANGEROUS

Ketamine - vomiting & risk of unconsciousness

MXE - can increase effects of heroin

DXM - CNS depressant causing breathing difficulty, heart issues, possible opioid tolerance reduction

Cocaine - stimulant increases respiration rate allowing higher tolerance of opioids. If stimulant wears off before opiate, chance of opioid overdose.

Alcohol - increases sedation and can lead to unconsciousness, hypoxia (oxygen deficiency) and aspiration (breathing in vomit)

GHB/GBL - increases sedation and can lead to unconsciousness and aspiration

Tramadol - CNS depressant, increases risk of seizures in people taking other opioids Benzodiazepines - increases sedation and can lead to unconsciousness, hypoxia and aspiration

Lyrica and other anticonvulsants - Can reduce breathing and heart rate leading to hypoxia.

Some Antihistamines eg Phenergan or Unisom - Can reduce breathing and heart rate leading to hypoxia.

CAUTION

PCP - can reduce opioid tolerance, increasing the risk of overdose

N2O - increases effects, risk of unconsciousness, memory blackouts are likely

Meth/Amphetamines - stimulant increases respiration rate allowing higher tolerance of opiates. If stimulant wears off before opiate, chance of opiate overdose.

MAOIs - has been associated with rare reports of severe and fatal adverse reactions.

It is not recommended to use heroin if you have or are at risk of:

Asthma

COPD

Breathing issues

Heart issues

Circulatory issues

Major depression/anxiety