

Heroin remains Europe's most popular opioid

NEWSLETTER

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New challenges

In Europe, heroin is still responsible for the majority of opioid-related deaths and remains the most commonly consumed illegal opioid. However, the structures and challenges associated with the heroin scene have changed.

For many people, heroin addiction calls to mind the image of dishevelled, emaciated junkies. And these are certainly still to be found. However, the heroin scene has evolved and there are now many heroin addicts who do not fit this stereotype.

The number of young people starting to abuse the drug is in decline. Today, many heroin users belong to the older generation, many of whom lead normal everyday lives while hiding a secret dependency. As a result, medical and social services need to be geared towards users who have age-related health problems in addition to suffering the ill effects of drug abuse. These addicts are also more difficult to detect in screening tests. Increasing numbers of specialised rehabilitation clinics are being established for this target group, offering anonymous heroin addiction treatment for managers, celebrities and VIPs.

And it is precisely this group of users who present everyday risks to public safety – when driving, at work and during their free time. Time and again, drivers who have consumed heroin are found to zig-zag across lanes, be excessively fatigued to the point of apathy, display

erratic behaviour including nervousness and restlessness, and exhibit a general slowing down of thinking processes and physical movement.

Heroin – what exactly is it?

Heroin belongs to the family of drugs known as opioids and is semi-synthetically produced from raw opium. Raw opium is the milky sap of the opium poppy. This sap contains morphine, which is chemically processed into heroin. Opioids differ from opiates in the way they are made. Opiates are harvested from the milky sap of the opium poppy, while opioids are (semi-)synthetically produced. Heroin crosses the blood-brain barrier quickly and takes effect within a matter of minutes. It produces states of euphoria and relaxation and suppresses negative feelings, pain and anxiety. Heroin is one of the most addictive drugs in existence. Its side effects and withdrawal symptoms range from a runny nose to death.

In the body, heroin is rapidly converted into the opiate morphine, which is reliably detected with DrugWipe 5 S and 6 S saliva tests.



Because of these symptoms, using heroin also presents a hazard in the workplace and socially. Increasing numbers of users are suffering broken bones due to falling while under the influence. And the same problems are caused by the severe withdrawal symptoms, which can begin just 6 to 8 hours after last use.

Heroin causes physical harm in the form of permanent damage to the brain and liver, as well as gastrointestinal disorders. Injecting the drug with dirty needles poses a constant risk of developing abscesses and of contracting hepatitis or AIDS. Most deaths are caused by respiratory paralysis as a result of an overdose.

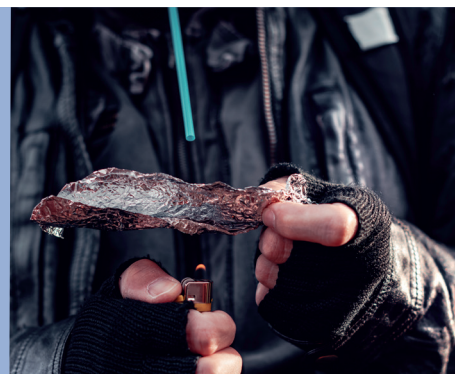
Heroin worldwide

Heroin is the most common illegal opioid in Europe, followed by fentanyl. In the United States, fentanyl overtook heroin in popularity a number of years ago. Heroin is the fifth most popular drug in Africa and is also very much in demand in the South Sea Islands. Meanwhile, the number of heroin users in Asia is relatively small. However, consumption is probably higher in countries where the drug is produced. In Afghanistan, the Taliban is currently clamping down on the cultivation, sale and consumption of heroin and, as a result, it is predicted that production will be displaced to other regions.

Types of heroin consumption

Depending on its place of origin, heroin is sold as a brown (Afghanistan, Southwest Asia) or white (Southeast Asia) powder. Dealers generally “cut” (i.e., dilute) heroin with a wide range of substances – from baking powder to rat poison – in various quantities. The drug is injected or, increasingly, inhaled – in particular using the “chasing the dragon” method (see image). It can also be snorted like cocaine or taken orally. However, this last form of consumption is very rare and usually only occurs in a controlled manner under medical supervision. All other methods produce an almost instant rush. If injected into the veins or snorted, the dose cannot be controlled and the user is at risk of an overdose. If the foil smoking method is used, the user can supposedly control

“Chasing the dragon” (foil smoking) refers to a form of heroin consumption that involves inhaling the vapours produced when the drug is heated on aluminium foil over a flame, often with the assistance of a tube such as a drinking straw.



the dose and there is no shared injecting or inhaling paraphernalia that can spread infections. Users who “chase the dragon” also don’t have any visible injection sites on their skin or easily identifiable damage to the mucous membranes in their noses. According to the EMCDDA, only 30% of heroin users still inject the drug. 51% “smoke” or inhale it – according to many experts, this is as a result of safer-use campaigns.



Reliable heroin detection with the DrugWipe rapid screening test – just ask, we’re always happy to help.

Sources: EMCDDA European Monitoring Centre for Drug and Drug Addiction, Lisbon; Wikipedia <https://de.wikipedia.org/wiki/Heroin>; Bundeszentrale für gesundheitliche Aufklärung (Federal Centre for Health Education), BzgA Cologne, www.drugcom.de; Deutscher Verkehrssicherheitsrat e.V. (German Transport Safety Council), Berlin, <https://drogen.dvr.de>; BADS Bund gegen Alkohol und Drogen im Straßenverkehr e.V. (Alliance Against Alcohol and Drugs on the Roads), Hamburg, www.bads.de; DHS Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues), Hamm, www.dhs.de; Sucht Schweiz (Addiction Switzerland), CH-Lausanne, www.suchtschweiz.ch; Statista GmbH, Hamburg, <https://de.statista.com>.

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