

WHAT ARE MORPHINE & HEROIN?

Morphine and Heroin are part of the Opioid class of drugs. Morphine is a naturally occurring opiate derived from the resin of the Opium Poppy. Heroin is a chemically processed derivative of Morphine and is classified as semi-synthetic.

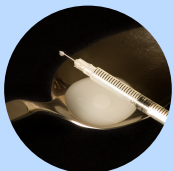
Opioids are depressants; this does not imply they make a user depressed, but rather they act on the central nervous system by slowing its activity and consequently slowing messages between the brain and the rest of the body. Opioids also impact receptors in the brain by blocking pain and inducing euphoric feelings.

HOW MORPHINE & HEROIN ARE USED AND HOW TO IDENTIFY THEM?



Morphine can be taken orally as a tablet or liquid or injected. In some cases, morphine can be smoked.

Commonly found as pills of various shapes and sizes, Morphine may also present as a powder contained in plastic sachets or balloons, and as a clear liquid in small medical bottles.



Heroin is usually injected, smoked, ingested orally, snorted, or "chased" (heating and inhaling the fumes).

Heroin usually comes in powder form which can be different colours based upon the level of refinement. It is generally packaged in small plastic sachets, balloons, or household aluminium foil

COMMON STREET NAMES

MORPHINE: God's Drug, M, Ms Emma, Monkey, Morpho, White Stuff

HEROIN: Black Tar, Black Pearl, Black Stuff, Black Eagle, Boy, Brown Crystal, Brown Rhine, Brown Sugar, Brown Tape, China White, Dope, Dragon, H, He, Horse, Junk, Mexican Brown, Mexican Mud, Mexican Horse, Mud, Number 3, Number 4, Number 8, Sack, Scat, Skag, Skunk, Smack, Snow, Snowball, Tar, White Nurse, White Lady, White Horse, White Girl, White Boy, White Stuff

ABOUT APAC DIAGNOSTIC

APAC Diagnostic sponsors the NO DRUGS AT WORK campaign and also offers fully customisable drug testing solutions for your workplace. Please contact our team on +61 2 9986 2252 or via email and we will be pleased to help you in working to create a safe and drug free workplace.

AVAILABILITY

Benzodiazepines are most commonly prescribed to patients by physicians or other licensed medical practitioners for legitimate health concerns. An unfortunate side effect of this is that some of these prescriptions make their way onto the illicit drug market.

Benzodiazepines may also be illegally produced either domestically (Grey Market variants) or overseas. Imported versions of the drug can be liquid or powdered benzodiazepines that have been, cut, and then reformed in a pill press. Grey market variants have very similar effects on the body after ingestion, however they regularly have quite different chemical compositions to the brand or generic formulations

In 2020, the main approach for arranging the purchase of any illicit or non-prescribed drugs by participants of the Drugs Reporting System (EDRS) in the previous 12 months was via social networking applications (such as Facebook, WhatsApp, Snapchat, Grindr, Tinder) (75%), followed by face-to-face (67%).

QUICK FACTS ABOUT USAGE

- Heroin and Morphine are part of the Opioid family of drugs. Opioid drugs include opium, morphine and codeine. There are other human-made opioid drugs, such as oxycodone, fentanyl and methadone. These drugs can all be used legally, when prescribed for medical reasons, but heroin is not legal in Australia.
- Over the period 2007-2017, there was a 25% increase in hospitalisations due to Opioid poisoning. Of these hospitalisations, the principal drug in use was more likely to be a pharmaceutical-type Opioid, rather than Heroin
- Opioid use was responsible for 1.0% of the total burden of disease and injuries in Australia in 2015 and 37% of the total burden due to illicit drug use
- For the last two decades, Opioids have been the predominant drug present in drug related deaths in Australia. Opioid-induced death was more likely to occur in regional areas, whereas heroin-induced death was more likely to occur in metropolitan locations.

BUSINESS RISKS

Whilst under the influence of Cocaine, many of the symptoms associated with the drugs consumption are likely to cause hazardous behaviours in the user. These actions may not only affect the user personally, but also; the safety of co-workers, a greater risk of damage to plant and equipment, and in the event of an accident, ongoing commercial impacts such as increased insurance premiums, costs associated with injury management, and the potential for costly legal action.

SYMPTOMS OF A USER "COMING DOWN"

Users may exhibit the following behaviours for up to 24 hours whilst coming down from a drug induced high:

- Runny nose and weeping eyes
- Frequent sneezing
- Tiredness and yawning
- Hot and cold flushes accompanied by bouts of profuse sweating and/or goose bumps.
- Agitation and irritability
- Loss of appetite

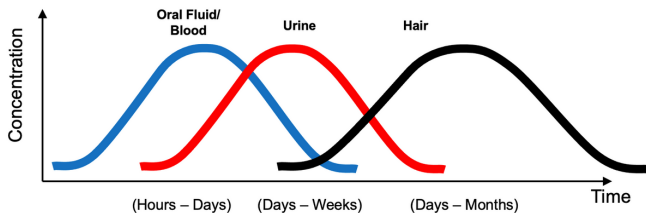
SIGNS OF USE

- Extreme feelings of comfort and relaxedness.
- An inability to feel pain, or reduced response to such stimuli.
- Nausea and vomiting
- Dilated pupils
- A slow heartbeat and breathing, and low blood pressure
- Dry mouth and teeth grinding
- Reduced alertness
- Loss of appetite and constipation

DETECTION WINDOW

A Drug Detection Window is the period of time after a drugs ingestion by a user during which a drug or its metabolites remain present in the user's system and can be detected through various drug testing protocols. For Morphine and Heroin, the periods of time are:

- Urine: 1 to 3 days
- Saliva: 1 day
- Hair: Up to 3 months
- Sweat: 1 to 4 days
- Blood: 2 days



SIGNS OF OVERDOSE

- Blurred or double vision, or temporary loss of sight
- Feelings of sadness, confusion, or hopelessness
- Sleepiness, dizziness, and an inability to move co-ordinately
- A low body temperature indicated by blueing of the lips and fingernails
- Difficulty breathing escalating to the cessation of breathing altogether
- Abnormally high heart rate
- Difficulty speaking or slurring of speech
- Nausea
- Trembling or shaking

WHAT TO DO IN THE EVENT OF AN OVERDOSE

- If someone looks like they are in trouble and there is a suspicion that they may have been using drugs, it's very important that they get medical help quickly. A quick response can save their life.
- Call an ambulance by dialling triple zero (000). Ambulance officers are not required to involve the police unless they feel in danger.
- Stay with the person until the ambulance arrives. Find out if anyone at the scene knows CPR in case the person stops breathing.
- Ensure the person has enough air by keeping crowds back and opening windows or taking them outside. Loosen tight clothing.
- If the person is unconscious or wants to lie down, put them in the recovery position. This involves gently rolling them onto their side and slightly tilting their head back. This stops them choking if they vomit and allows them to breath easily.
- Provide ambulance officers with as much information as you can, such as how much of the drug was used, how long ago and any pre-existing medical conditions. If they have taken a drug that came in a packet, give the packet to the ambulance officers.
- If you can't get a response from someone, don't assume they're asleep. Not all overdoses happen quickly and sometimes it can take hours for someone to die. Doing something early could save a life.
- Update your Incident and/or Injury Register with all required details(12)

DEVELOPING A WORKPLACE ALCOHOL AND DRUG POLICY

Alcohol and drugs—including medicines prescribed by a doctor or available from a pharmacy—can affect a person's ability to work safely. For help developing a policy for your workplace, please visit: www.apacsecutiry.com.au/workplacepolicy.