This interview can be read to get a sense of what a person goes through that causes them dependency problems with psychoactive drugs and compulsive behaviors. The interview also helps one grasp the forces that propel people into recovery and keep them there.

Not all drug users isolate themselves in their drug use. With heroin, since the struggle to make enough money to get the daily dose and avoid painful withdrawal is so difficult, many people use with a partner for support. Randy and Janine had been together for about 3 years and came into treatment at the Haight Ashbury Clinic together.

Randy and Janine are heroin and prescription opioids users.

Q: What does heroin do for you?
Randy: “Not much anymore. It gets us well.”
Janine: “At first it did something but it was very short lived.”

Q: When did you first use?
Randy: “I remember very specifically actually. An ex-lover of mine had come back into town. It was really painful emotionally and I was living with some junkies at the time and they had offered it to me to help me cope and I just kind of said screw it.”

Q: What happened when you took it?
Randy: “I remember that everything like had a spin to it like when you’re drunk. It was definitely a euphoric feeling. It wasn’t something I really initially liked though. I liked what it did to my mind but I didn’t really like the way it made my body feel.

Q: Do you remember your first use?
Janine: “Vaguely. I had taken things like Vicodin and codeine before. You know like when they were prescribed for me, and I’ve abused them other times, so I liked the feeling. And the first time I did heroin it was like taking a bunch of Vicodin, euphoric, relaxing. I think I’m an opiate person. I really enjoyed it and it was not intense. I didn’t throw up. Just laid around and went to sleep and it was very pleasant.”

Q: When did you first use any kind of opiate?
Janine: “Well actually when I was an infant, I had some birth defects in the hospital and I was addicted to morphine for a couple of years, so I think whenever I’ve been prescribed codeine or anything like that, I had a tendency to overdo it because it made me feel better. I was suffering from depression and it made me just feel physically more comfortable, not necessarily high out of my mind, just more comfortable as did the pills"
occasionally. I would get some extra prescriptions from family members and just take them to feel better, emotionally, physically.”

Q: Is the pain always with you?

Janine: “I’ve always felt I’ve been in constant pain probably because I’m overweight and depressed. Depression causes physical pain. But it [the heroin] pretty much took care of that. I could walk longer distances, I could be comfortable in my body.”

Q: Was there more pain after withdrawal?

Janine: “No. It really wasn’t that big of a problem until I actually did heroin. I wasn’t addicted to pills at any time. It was just bingeing.”

Q: What is the difference between heroin and opioid pill painkillers?

Janine: “The heroin is a lot more intense. It has a lot of stigma with it too, the whole culture thing. It’s an illegal drug as opposed to taking a little more cough syrup than usual. You’re going out on the street and you’re cooking up something that looks like, you know, crap, and you’re like drawing it up into a syringe—all the ritual and the culture with it.”

Q: How did you use the heroin?

Randy: “I started by shooting it because I’d been shooting speed for a couple of years already and so it was like I wasn’t going to bother wasting it on a piece of foil [and smoking it]. I was just going to go straight for the vein.”

Janine: “I tried smoking it a couple of times. I used to do it nasally, like liquid. When that started to no longer be cost effective because of the amounts I needed to stay well, I started shooting.”

Q: How do you protect yourself from infection when shooting?

Randy: “Alcohol wipes, not sharing needles, needle exchange programs. Actually I’ve been kind of bad about that with her but I don’t share needles with other people. I always make sure to wipe off the area after with alcohol.”

Q: How about abscesses?

Randy: “Well, abscesses have been a big problem. Those are extremely painful. I don’t know why but some people are just more sensitive to getting abscesses; I’m one of those people. They can be life-threatening if you let them go to a point. I’ve also lost all my veins. I’ve hit nerves, I’ve hit arteries. If you should shoot into an artery, it’s extremely painful. Having to wear like long-sleeved shirts to work is the most inconvenient and problematic thing about shooting up.”
Q: What does withdrawal feel like?

Janine: “It’s horrible. It’s probably the worst feeling I can imagine other than like a wound or something. It’s really bad.”

Q: Would you describe it in detail.

Janine: “They say flu-like symptoms but it’s a lot worse. It’s your muscles are like wrenching, your entire digestive tract is going crazy—stomach cramps. Not just stomach cramps; diarrhea and everything that can go wrong with your intestinal tract happens. Your legs, you kick constantly, that’s why I think they call it “kicking.” Your legs will jerk and kick uncontrollably. You have insomnia, you vomit, sweats, and what else, oh yeah, the craziness, delirium.”

Q: What other mental effects occur during withdrawal?

Randy: “Well time slows down to like an excruciatingly slow rate. We get nightmarish images going through our head and you get like voices in your head, like you’re having conversations that have to do with the drug or whatever, just disturbing images. You start obsessing on things. It’s really disturbing.”

Q: How long does detoxing take?

Randy: “I have about 6 days clean right now so I don’t really get that anymore. That was say for the first 2, 2½ days. When you come out of that, you don’t really remember much about what happened.”

Janine: “It’s a thing where when you’re doing dope and you start to get the slightest of dope sick, you remember the worst time you were dope sick and you don’t want to go there or anything. You get through it and you can’t really remember how bad it was. I think it’s tricking you to say, ‘It’s not that bad,’ ‘til you get back. It’s a big head trip, big head trip.”

Q: How much time do you have clean this go around?

Janine: “I have 5 days and I never thought I could get past 2. I’m doing okay. We’ve had some medication here at the Clinic, not methadone or anything, just some very basic stuff for stomach cramps and such. I’m not quite 100% I think ’cause I’m still having minor obsessive thoughts. I’m still thinking about drugs and stuff but that’s expected. I’m a lot better than I ever thought I could be. It’s like a whole balancing act for a while. Like you weigh the pros and cons and you say is it worth it, being like messed up, like out of it. I was able to work better and more efficiently and more effectively while I was on drugs. Unfortunately if I didn’t have money and when I was detoxing, I was incapable of doing anything. And then it gets to be an issue of you just need drugs to get well, to even make you able to leave the house, so you can get out of bed. Considering the amount of money
it would take to get high anymore, it’s just very unbalanced. The negative effects are much worse—like infection, and you don’t know if you have hepatitis, and you don’t where the hell the stuff’s coming from, are you going to have flesh-eating disease or you’re going to get ripped off.”

Q: How about the cost?

Randy: “It’s really cheap when you’re starting out.”

Janine: “Really cheap.”

Randy: “A $15 bag would last us, the two of us, like 2 or 3 days when we were first starting out and like later on at this point we’re spending $100, $120 a day just to stay well.”

Janine: “It takes 4 to 6 bags to each of us to stay well, not even like really get high. So it gets crazy, like out of hand and the cost just goes up and up.”

Randy: “We’ve only been doing it for like 4 years and in that time, there was a brief period when the price went up when the supply was scarce but for the most part it’s been the same price.”

Janine: “But they still make a lot more money on their clients who are addicts because your tolerance is going to go up and you’re going to find a way to come to them every day. You know $40 for a while, $60 for a while, $80, and just getting more and more. They don’t need to raise the price really.”

Q: What kind of heroin do you buy?

Janine: “Black tar.”

Q: How do you prepare it?

Randy: “Well, generally I do the preparing of it, the cooking of it, and basically I just put it in the cooker and squirt water on it and cook it up and sometimes it’s harder to break down than others but for the most part that’s about all that’s involved.”

Janine: “You stir it around with a plunger and make it into a liquid from a like caramelly kind of texture usually. It varies from caramelly texture to like powder, almost like rock. And then you draw it up through a filter.”

Q: How did you prevent problems with dilution or adulteration?

Randy: “Well I generally only bought from like one or two people and I found out that when I did go to other people, it was like adulterated, it was much more diluted, and it was a lot more cut, so I’d go back to the same people and only buy from them.”
Q: What about nausea?

Janine: “If you do a lot, more than you’re normally used to, you will get nauseous. You might throw up about 6 to 8 hours later, you know. But nausea is like, people always relate that to a sign somebody’s on heroin, maybe heroin withdrawal, or they’re just starting out. It’s not really a symptom of long-term heroin use.”

Q: How about problems with constipation?

Randy: “I’d go to the bathroom maybe about once a week but it didn’t bother me because I was on painkillers, so it wasn’t really an issue. The symptom I got the most was not being able to urinate and that was highly irritating for a very long time. I’d have to do all sorts of things to try and make myself go to the bathroom. It got really painful if I didn’t. Eventually that went away too. Eventually it all came to just be normal.”

Janine: “But the thing, the coughing thing, you know how they prescribe cough syrup when you’re sick? Like we haven’t had colds really in the whole time. It’s a very effective cold medicine you know.”

Q: What about sex?

Randy: “Sex drive is definitely gone downhill quite a bit. We’re still intimate but the whole sex thing like, I’ve maybe ejaculated three times over the past year, if that tells anything.”

Q: Has it affected your sex drive or period?

Janine: “When I have withdrawal, if I withdraw really bad, I almost immediately get my period and it’ll be really heavy.”

Q: Do you actually have a period?

Janine: “Yeah. The whole time. The only problem would be with withdrawal.”

Q: Have you been checked for hepatitis?

Janine: “I had a TB test at the methadone clinic. I don’t know about my HIV status or my hep status. We’ve been in a monogamous relationship for like ever and we’ve only shared with each other but I know that stuff can be in people’s mouths and I can get hep. I haven’t had an HIV panel. I’m waiting to get one.”

Randy: “I tested clean for hep last year but that was the last time I’d been tested and I don’t know my HIV status.”

Q: What brought you into treatment?
Randy: “I knew that within about 3 days I would have been on the street and would have to get enough money to get dope and live in like a campsite on a hill by the side of the freeways and I didn’t want that to happen.”

Janine: “I had just lost my job which was our income and we were going to be out on the street. We know people out on the street, we know how hard it is. It’s just been so long and we’re so fed up and so tired, we just had to do something.”

Q: Have you tried other drugs?

Randy: “Before I was using heroin I was a heavy heavy speed user and I started using heroin to come down from speed and then the heroin gradually took over and I stopped using speed entirely. Then about 4 months ago, I started using crack on top of the heroin. It was a great combination because like crack will take up all of your money real quick and I had to like do a lot more people harm to get my money like I did before. The only reason I was using it was because the heroin wasn’t giving me a rush anymore and the crack was right there and the same people were selling it, and I could smoke crack and get a little bit of a rush.”

Janine: “I have pretty much the same history. I did some speed and then I got really heavy into it for about 2 years, really heavy, and then we started doing heroin, takes the edge off of speed withdrawal.”

Q: Did alcohol play a part in your drug use?

Randy: “It definitely took a part in my drug use with crack. To come down off of crack, I would have to have a beer, every time. If I had a rock, I had to have a beer.”

Janine: “Alcohol definitely helped if we had to go sick overnight, couldn’t get any dope, heroin, ‘til morning. It helps to relieve some of the symptoms.”

Q: What effect has heredity and environment had in your use of drugs?

Janine: “My grandfather was an alcoholic and he abused amphetamines. He was a truck driver. My mother, she’s, currently she’s been on painkillers for about 15 years. Before that she was into diet pills, you know, ‘dexies.’ She’s alcoholic. My father smoked marijuana for about 25 years and was on speed for about 15 years until recently. My sister went through speed for about 5 years and marijuana for 5 years, so it’s all around me although it wasn’t around me in my face, environmentally. It’s just I knew about it. Mom would say, ‘Careful what you drink ’cause alcohol runs in your family.’ It’s about as far as she got with that and they all kept their own little secrets.”

Q: Did you feel you were destined to be an addict?
Janine: “I never did drugs when I was a teenager. I didn’t want to because I saw what it
did to my dad and my mom. My dad would be on pot but, you know, I was also an
overeater, yada, yada, low self-esteem. I knew I was set up for that kind of stuff, an
addictive personality.”

Randy: “I personally felt destined have some sort of use. I grew up watching my mom
smoke crack, do a lot of cocaine, drink constantly and it was just like a part of life and it
just seemed natural to me. I was like, “Of course I’m going to use. It was pretty much in
my face 24-7.”

Q: What feelings or thoughts did you have on the matter?

Randy: “I knew that cocaine was a problem but when I saw my mom and her friends
smoking pot, I didn’t know there was anything wrong with it at all. I didn’t know there
was anything wrong with them partying constantly and it just seemed completely normal.
It’s just what people do.”

Janine: “My mom and my dad would take me and my sister over to all these, like when I
look back now, all these drug dealers’ houses, you know, and they’d sit around for hours
doing drugs, smoking ‘weed,’ talking, drinking. Like he said, I thought that was the
social life. That’s what you do for fun four or five times a week. And I would be stuck in
the other room with their little kids who were holy terrors ’cause they’re all dysfunctional
too. I didn’t know it was wrong either.”

Q: Did you use drugs for weight control?

Janine: “No. As a matter of fact I lost maybe 10 pounds on speed, 20 pounds on speed.
On heroin, I’ve lost over 75. It doesn’t make sense but it does ’cause you don’t eat much
and you work like crazy. I worked my ass off on heroin. Because I’m pretty overweight
and losing weight I felt better and could move around more. I didn’t have any pain in my
joints or legs.”

Q: The talk of heroin is that it slows you down.

Randy: “The part where you’re getting high lasts for maybe a couple of months tops and
then I don’t remember exactly but it seems it was like all of a sudden like a maintenance
kind of thing and I personally couldn’t work on it. I haven’t had a job in years but yeah,
one day you just stop, you don’t nod anymore and you don’t get slow. And like, okay,
‘What am I going to do now? I guess I’ll try and find some more money for some more
dope to try and get high,’ and you get more and you don’t get high.”

Janine: “And if you do a lot, the only thing that happens is that you might get a little bit
tired. The amount you have to do to feel anything near a high is really close to going out,
really close to dying. So you stick with maintaining, being not sick, that’s all.”

Q: Have either of you overdosed?
Randy: “I’ve seen her go out like twice and I had to revive her once and that was the most terrifying moment of my entire life, like seeing her on the bed, pretty much dead and having to shake her and beat her and pick her up, and drop her until she like came to ’cause I didn’t know CPR. And she didn’t remember anything of it. When she woke up she said, ‘Why the hell are you screaming?’ She had no idea.”

Janine: “I didn’t remember at all.”

Randy: “And I’ve gone out a couple of times too.”

Q: What do you remember of that?

Randy: “Being woken up like hours later or minutes later—it seems like hours but it’s actually minutes later and like you don’t think there’s a problem at all but obviously there is.”

Janine: “People are all standing around you, jerking on you and stuff, and you’re like, ‘What? I’m just relaxing.’ I had my big scary OD in a Nordstrom bathroom where I fixed. We were not really living anywhere, and it was a public bathroom, and we had some new stuff from a new source and stronger than usual, and I did some, and I was putting my stuff away, and the next thing I know there’s Randy standing over me going ‘Hello, you were dead.’ And I’m like, I was so embarrassed. They hit me with Narcan. I had my sleeves all ripped up from tearing them open. I don’t know what they did to me. My chest was all bruised because I think I fell and hit the toilet. I fell with all these needles and I was taken to the emergency room where he washed me and gave me more Narcan, which sends you into instant withdrawal, lovely. And they let me go.”

Q: Did the OD slow you down at all?

Janine: “It scared me and it made me think, ‘This is crazy, I could have died if somebody weren’t in the bathroom and didn’t see me. In a few minutes I could have been dead.’ But at the same time, I wasn’t in the position to just go, ‘I’m just going to kick now.’ I mean I had a job to go to. I had people around me who didn’t know I was on drugs. I couldn’t just all of a sudden be throwing up and writhing on the ground in front of them. Right then it wasn’t an option for me. You know I wish I could have. I wish they would have had some inpatient place I could just walk into. But I continued and I was trying to get my life in order before I started going to recovery, which is not the way it happens apparently.”