

Heroin: From Pleasure to Pain

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Introduction

Amanda: “Heroin’s like this amazing thing! You can be upside down in a garbage can and it’s all good. Heroin’s just dangerous stuff because it can really numb everything and really just make you feel like everything’s all right.”

Byron: “The euphoric feeling of heroin is such a bliss feeling. I don’t even know how to put it, you just think that everything is cool. It tricks you so bad that you think that you’ve got everything under control.”

Why is heroin so compelling that some people spend most of their days thinking about, getting, and using this drug and risk jail, disease, or even death, while most others either never use or use and then quit?

Calvin: “Subconsciously you become totally suicidal. Many times for me, personally, subconsciously, I think I was seeking death to escape this abuse and pain.”

There are many things about heroin we need to know because hospital emergency room admissions for heroin overdose doubled in the '90s due to a marked increase in use, caused in part by its lowered cost and increased purity.

Pixie: “It took me walking down the sidewalk and seeing two people turning blue and dying to get me to quit for good, have you ever seen people die?”

A Short History of Heroin

Although drug abuse is currently the number one health problem facing our nation, this problem is not exclusive to our era. For thousands of years ancient cultures were drawn to the power of certain psychoactive plants, particularly the opium poppy, the source of opium and eventually of heroin.

- **More than 5,000 years ago the Sumerians cultivated the opium poppy and referred to it as “the joy plant.”**
- **3,000 years ago Egyptian medical texts listed it as a cure-all, as well as a poison.**
- **Opium tinctures were used medically by many ancient, medieval, and renaissance cultures but the abuse potential was low because it tasted terrible and it was not as strong as later refined versions would be.**

It wasn't until the introduction of the pipe from North America to Europe and then to Asia that the wide-scale abuse of opium occurred; most notably in China where, in the early nineteenth century, the British fought the Opium Wars to force the Chinese to buy opium for silver so they could buy tea for English tables.

Just as significant in the 19th century was the refinement of morphine from opium thus making it 10 times more powerful. This development coupled with the invention of the hypodermic needle, which could put greater concentrations of the drug directly into the blood stream, further popularized morphine.

Just before the start of the twentieth century, heroin was semi-synthesized from the opium poppy and introduced as an over-the-counter patent medicine for headaches, toothaches, tired blood` and even as a cure for morphine addiction and alcoholism.

But by 1914, the public health consequences, especially addiction, were so wide spread that the casual, non-medical use of these drugs was made illegal.

Since 1924, virtually all supplies of heroin in the United States have been from illegal sources, thus supporting the growth of various crime organizations including the Mafia, the Chinese Triads, the Mexican gangs, the Golden Triangle Armies, and most recently the Colombian Cartels.

By the end of the twentieth century, heroin use had begun to increase again to levels not found since the end of the Vietnam War 30 years earlier. The number of heroin addicts in the United States increased to more than 800,000.

Medical Use versus Self-Medication

Though heroin, the strongest extract of the opium poppy, is illegal, the need in medicine for pain management drugs has allowed doctors to prescribe morphine and other natural or synthetic variations of the opium poppy, called opiates. These drugs are still the most effective painkillers known to medicine.

For example, morphine is prescribed for severe pain caused by ills, such as terminal cancer or burn injuries, while other prescription opiates, including Darvon, Percodan, Demerol, or the most widely prescribed, Vicodin or hydrocodone, are used for anything from tooth, back, and surgical pain to cough suppression and diarrhea control.

Opiates are downers or depressants, so when they are prescribed, physicians need to monitor their side effects, most notably functional depression of all the muscles and organs, especially the lungs and heart. Physicians need to balance the desired pain-killing effects of these drugs against the unwanted and sometimes dangerous side effects.

Doctor: "Does the Demerol seem to be working all right or do you think that you need some more?"

Burn Victim: It slows down the pain, but they work in so many different areas."

But users don't take heroin in a medical context, they don't consult with a physician. They self-medicate as often as they feel like it to experience pleasure, mask emotional pain, satisfy their craving, or avoid physically painful withdrawal symptoms.

Tony: "Heroin is my doctor. Any pain that I had, be it physical or mental or whatever, that's what it's there for, for my-depression, whatever. It's just like medicine pretty much. And I don't know, after awhile it became more like life itself. Like I needed it just to exist."

This non-medical use of a drug puts them at risk for serious health consequences not the least of which is addiction.

Dr. Dope: "The concept that a drug or a substance that we take that may bring us pleasure and decrease pain could eventually cause us to have a lot of suffering and steal from us our ability to stop using them; it's not something that human beings are readily willing to accept and unfortunately most addicts that becomes heroin addicts go into that powerful denial."

Lisa: "When I came out here I weighed 180, now I weight 110. I know I'll never dip below that cause I like doing dope and shit and I got a habit but I think that I know how to maintain, I guess."

Routes of Administration

When heroin is snorted, smoked or injected it gets into the brain more rapidly than morphine or opium since heroin is more fat-soluble and the brain contains large amounts of fat tissue.

Though most prescription opiates are taken by mouth and take 20 to 30 minutes to have an effect, heroin is usually injected, smoked, or snorted so it can enter the bloodstream and find its way to the brain more quickly.

SNORTING

When snorted, the heroin dissolves on the mucus membranes lining the nasal passages. The onset of action is 3-5 minutes.

Leonard: "Shooting drugs is not as bad as snorting drugs. All of it's bad but snorting drugs is worse than shooting drugs. You have a worse craving when you get sick. You know you're in more pain because when you snort drugs, it takes a lot to go through your system. When you shoot drugs you get it right away."

SMOKING

When smoked, the vaporized heroin enters the circulatory system directly through the lungs. The lungs have the surface area of a football field and it is here that blood vessels are oxygenated and carry the drug into the bloodstream. It takes 7 to 10 seconds for the drug to enter the brain.

Bob: "If anybody has the delusion that it's all that much different than shooting heroin, they're in for a big surprise because it's just as easy to get addicted smoking heroin as it is to shooting heroin."

INJECTION

If injected the action starts within 15 to 30 seconds as it passes from the heart, to the lungs back through the heart then onto the brain.

If the drug is injected just under the skin or in a muscle, skin popping or muscling, the effects are delayed for 5-8 minutes.

Although most people inject heroin, there are a growing number of users, especially younger users, who are smoking the drug because they fear infections when a needle is used. There is also less stigma attached to smoking heroin as opposed to injecting.

Woman#3: "I smoke it cause I can't stand needles, I can't stand the sight of needles. They freak me out. I have no tracks on my arms. I never did and never will. I swear if I ever got tracks, I would kill myself because of it because I think that they are nasty."

Heroin and the Brain

But heroin is a foreign substance and should be blocked from entering the brain by the blood-brain barrier, a network of blood vessels that protect the brain. Yet heroin so closely resembles the body's own natural painkillers, endorphins and enkephalins that the blood-brain barrier allows it to pass.

Not only do endorphins and enkephalins, block pain in the corpus striatum in the brain but they also activate the reward-pleasure center (or satiation center) in the limbic system, the emotional center of the brain. So, people who are very anxious or in emotional pain might turn to heroin.

Dr. Dope: "Heroin actively suppresses those stressful, painful feelings and becomes very attractive to a user from that standpoint."

Jasmine: "It just numbs me. It doesn't, I don't know. There's not much thought while you're on it. Not much feeling of anything."

(SPECT scan of the brain)

Although heroin resembles endorphins chemically it has a much more profound and sedating affect on the brain than do the natural endorphins and enkephalins.

Stuart: "I didn't think about my problems, I didn't think about my traumatic experiences as a matter of fact they weren't important anymore. The heroin obliterated my feelings."

This is a SPECT scan of a normal brain. SPECT scans measure blood flow and metabolic activity and show how all parts of the brain are working and available to process information.

This is a SPECT scan of a brain of a person loaded on heroin. What appears to be a melt down or moth eaten sections in the brain are actually sections that are rendered inactive while the person is using. An area especially affected is the cerebral cortex, which is associated with cognition, judgment, and rationality.

Byron: "I didn't have to deal with anything on heroin. I didn't have to process information. My whole life was geared to just one thing, getting that next hit, fix of heroin and you stop processing life. You stop processing thought."

Although heroin can give pleasure and remove pain it causes users to deny what is going on with them emotionally and physically.

Woman #2: "I didn't have to think about things anymore/ that's what heroin has done for me. It's long since stopped doing that but I can't stop doing it."

Dr. Dope: "Heroin has actions in the limbic system and in the medial forebrain bundle, which we associate with its compulsivity. It's has the ability to induce sort of this need for people to continue using it."

Man #1: "The last shot is never good enough. You're always looking for a certain shot. You're looking for the same shot you had when you first did the drug, which you'll never get again."

Physical Effects

Though heroin momentarily satisfies craving and creates a temporary sense of well being, the side effects still have to be dealt with. The overall depressant effects slow breathing, lower blood pressure, induce constipation, slow digestion, and suppress coughs.

Some of the other effects of are mild but quite identifiable in the heavier user. Eyelids droop, the head nods, and speech becomes slow and slurred.

One of the most common effects of heroin is stimulation of the nausea center.

Woman #1: I think lately it's been more of a release from pain, not for the pleasure because every time I start up again I puke a lot. And that's not fun, you know what I mean.

Heroin depresses the hormones. A women's period is delayed and a man produces less testosterone, so sexual desire is dulled, sometimes to the point of indifference.

Valquert: I've been on heroin since my 13th birthday, I don't know how it's affected my sex drive.

Jasmine: When I use heroin, there is no menstrual cycle I don't think really. There is, but it's just spotting or whatever.

Guy#1: You can't have an orgasm. You can have sex for hours and it gets really painful. Then you don't want to have sex for awhile. It makes your whole body numb, I guess. It's like you don't want to move around. Don't want to have sex when you are high.

Since heroin has such a profound effect on judgment, an addicted woman who is pregnant will often continue to use.

Pixie: Who would agree to get someone pregnant who was on heroin but that was my mind set; the baby will live, the baby will be OK. I just wanted the next shot. It didn't matter. I wanted heroin and I wanted the baby, it didn't matter that they didn't mix.

When a pregnant woman takes heroin or other opiate, the drug crosses the placental barrier between the fetus and the mother causing a greater risk of miscarriage, placental separation, premature labor, breech birth, still birth, and seizure.

And when the baby is born to an addicted mother the child is also addicted and much smaller than normal. Then the baby has to suffer through heroin withdrawal symptoms for 5 to 8 weeks. And unlike adults, babies in withdrawal can die.

Valquert: I have a son who's going to be 19 months old tomorrow who I can't see I haven't seen him since he was less than a month old. I can't get legal custody, even visitation rights until I have 6 months worth of twice-weekly clean drug tests. The only thing they've tested me for is heroin.

Tolerance and Tissue Dependence

The body regards any drug it takes as a poison. Various organs, especially the liver and kidneys try to get rid of it before it does too much damage

So, when a drug is used over a long period of time, the body has to adapt and change. In fact the body becomes so efficient in tolerating the effects of an opiate that the drug appears to weaken with each succeeding dose so more has to be taken just to achieve the same effect.

Leonard: If you start out shooting a dime, pretty soon you shooting a quarter, and then a half gram. Your tolerance builds up. Your tolerance builds up on heroin.

Tolerance extends to all opiates. So if a user builds a tolerance to heroin he will also have a tolerance for morphine, codeine, Dilaudid or methadone.

Calvin: I was in Lexington, Kentucky on an experimental program for methadone maintenance in the 60's my tolerance was built so high to opiates that when I got off of this program and came back into society what I used to use before this time period would no longer do me any good

A user might be able to tolerate 5 milligrams of heroin when first starting out . After steady use that amount needed will continue to increase often more than 10 times the initial amount. What initially would have been a fatal dose will now only give the same effect he felt at the earlier dose.

Calvin: So when I actually got back into shooting heroin again. I started out with like a gram of heroin a day. and my tolerance was so high it steady increased before you know it I was shooting 4 or 5 grams a day!

After a tolerance has developed the user must continue to use heroin as a means to avoid getting sick because at this stage the cells of the body have adapted to the heroin. This process is called tissue dependence. Users continue to use heroin or other opiates to feel normal and keep from getting sick. The body's dependence on the drug is reinforced by the fear of withdrawal.

Withdrawal

Beth: You don't think about the dope sickness. I would rather die a hundred times over of a horrible, burning, flesh eating death than to be dope sick

Dr. Dope: The physical withdrawal of heroin is extremely dramatic and it's one of the most powerful things you'll see in any drug addiction.

Guy#1: It's like when you're feeling dope sick all you want to do is like cure your sickness. You want to go out and buy more.

When a person's heroin habit is interrupted, the body tries to rebalance itself by releasing or inhibiting neurotransmitters that were affected by the drug. The sudden release of excess stored neurotransmitters can result in physical chaos. Constipation becomes diarrhea, dry skin becomes excess sweating, and muscle relaxation becomes cramping.

Valquert: All your muscles are spazzing out, throwing up.

Jasmine: Fever, puking, diarrhea.

Leonard: It's like somebody is tearing your guts out.

Beth: There's 12 other people taking control of your body and your mind and the only thing you can do to shut them the hell up is to stick that needle in your arm and push.

Dr. Dope: It takes the brain cells a long time to compensate to get back to a steady state so although the physical withdrawal symptoms from heroin may be over in just 7 days, a person is junk sick. They look terrible for 7 days. Their brain stability or balance might take several months to years before that person can then function and react to life with their normal endorphins.

Woman #2: It always feels so much better when you're not sick. I wish I wasn't sick anytime. It's kind of like a requirement, once you're a junkie you've got to be sick. You've got to be sick most of the time.

Once people cross the line into addictive use of heroin, they no longer have a choice about **whether to use the drug or not and it forces them into many dangerous and compromising circumstances that are potentially fatal including overdose.**

Overdose

Tony: "I just remember finding a vein and then waking up with a plastic tube in my nose, everything went from black to light. And they were like, we just saved your life. And I was well, maybe I didn't want you to, you know. You just wasted \$20. But after a while I thought about it and I was like shit, I could have died. I've had 2 friends die in the past 3 weeks from heroin overdoses."

One of the reasons an overdose occurs is that street drugs can vary radically in strength. Street heroin varies from zero to 99% pure. So if a user is expecting 3% heroin and gets 30% the results can be fatal.

Guy#1: There's times when people don't cut it and you don't expect it, you expect it to be cut so you do more than you think and you end up OD-ing.

Since heroin is created in illegal labs without controls, samples can also vary radically in purity. Recently there has been an influx of very pure white heroin on the East Coast that comes from the Colombian drug cartels. On the West Coast, a less refined Mexican tar heroin dominates the market. Mexican Tar heroin generally has more impurities than Colombian or Chinese white heroin but is almost as strong.

Woman: I came from the Midwest where it was China White and that to me is a whole lot cleaner than tar. I'd never seen an abscess or anything like that. People out here have abscesses all the time and just the stuff I see when you break it down there's all this crap in it, it's like yuck. I can't believe sometimes that I put that shit in my veins. You do it anyway.

Dirty and Shared Needles

Darryl Inaba, Pharm.D.: “For some reason, its a drug addiction that lends itself to using the needle. very quickly. People graduate from snorting it or smoking it and get into the needle very quickly

Valquert: “You know I stab myself with a needle full of heroin at least four times a day and it feels good.”

Once a person takes up the needle they start with the veins in their arms, wrists, and hands first but in time they are forced to use their legs, neck , and groin.

Calvin: “I ran out of veins. I had no where to inject in my body; nowhere, from my toes to my head.”

Because an addict needs a certain amount of the drug every day they will withstand almost anything to avoid quitting including abscesses. An abscess is an infection that forms at the injection site, which can swell and turn into an open wound.

Beth: “It’s swollen up the size of a golf ball with pus heads on it.”

There are many potentially painful or even fatal diseases that come from needle use.

Woman: “I remember one guy just right in front of me shooting up and there was an air bubble in the syringe and he died automatically from it. Like his vein just totally blew up and that’s what made me quit.”

Embolisms are not only caused by air bubbles but also by adulterants that don’t dissolve when cooked and injected. Even pieces of cotton get sucked into the syringe causing a painful circulatory infection known as cotton fever.

Jasmine: I just felt really sick afterwards and like I had cold sweats and like my body was like I had sharp pains all over.

There are also a variety of microbial and viral infections that can be injected. The most common ones are

- **hepatitis, a liver disease,**
- **endocarditis, an infection of the heart,**
- **and septicimia, a blood infection.**

Other life-threatening, blood-born pathogens including malaria, tetanus, syphilis, tuberculosis, and most dangerous of all, AIDS.

Dan: I didn't share needles but we shared the same spoon and I didn't know that you could catch HIV that way.

One third of all new AIDS cases resulted from needle use and since drug users have already compromised their health and compromise the immune system they tend to get seriously ill faster.

Ricky: At first I thought it was the drugs so I gradually stopped using drugs. I did. But when I finally stopped completely and I was still losing weight I thought, okay, I gotta get to the doctor now and I went to the doctor and the doctor told me, he said, "Mr. Hall, I don't know how long you been walking around like this," he said, "but you got HIV."

Other Problems

One problem that comes with heroin use is combining it with other drugs – that's polydrug use.

Guy#1: I've mixed speed, heroin, coke, PCP, and LSD altogether at once: did that. Ended up in the hospital.

The danger is greater because the body, particularly the liver, is busy eliminating one drug while allowing the other to enter the blood stream and subsequently the brain, full strength.

Another problem is that a heroin habit can be very expensive, dealing drugs can become a necessity.

Jasmine: You buy it cheap. You sell it for more, you know. Buy it in quantity, sell it in little pieces or whatever.

Heredity, Environment, and Psychoactive Drugs

Beth: I'm a drug addict, plain and simple. I'm a drug addict. I'm a dope fiend.

No one sets out to be a heroin addict. What happens is that a combination of factors, causes a person to cross the line into addiction. Those factors are

- genetic susceptibility,
- a stressful environment,
- and finally exposure to psychoactive drugs which can not only increase susceptibility but cause further biochemical changes in the brain.

Darryl Inaba: There is a strong movement toward an acceptance that part of this condition is a genetic factor that genetics are involved. An some people are born because of their brain cells, because of their brain chemistry almost prime to react to heroin in a totally different way than other people and almost immediately go off into addiction.

Man#1: I was pretty much born addicted to heroin, speed and coke. My parents were junkies.

Tony: My grandpa was a pharmacist and he you know basically killed himself with alcohol and pills-opiates,

Jasmine: Genetically my mom's a heroin addict, was before I was born - is now.

Heredity alone won't make a person a drug or heroin addict. Even with a high hereditary susceptibility, only a fraction of those people will become addicts. A stressful environment, particularly while young, will increase susceptibility.

Stuart: In 1978 a series of very traumatic things happened. Just murder and rape was in my- happened in my family and I started using heroin to escape my feelings.

Beth: I was sodomized when I was four years old by my dad's friend. To this day I am scared of the dark

Pixie: The first time I did heroin I was 4, my dad put it in my arm/2:17:00 I remember walking in the bathroom seeing my dad put it in my mothers arm, I remember seeing the plunger draw back and the next thing I remember was I was in an ambulance.

John: "So that's the reason I started is cause all my friends started it. So it's like if I see my friends doing it, I want to be in the same state they are or I don't feel like I'm a part of them. So I just kept on doing it and then I just kinda did it on my own after awhile."

Man #1: It's like there's not very many streets you can walk in this city where you won't hear drugs being yelled out. You won't see parts of rigs laying on the street. You won't see drunks somewhere or someone (unintelligible) out or someone tweaking out. Or someone all tore up. Even if a person has a high susceptibility, if they never use a heroin or other psychoactive drug, they will never develop an addiction. It is prolonged use or high dose use of psychoactive drugs in a highly susceptible individual that will lead a person to addiction."

Woman #1: "Not very many people I know can chip. Chipping is just doing a little, you know, not being hooked. If you can manage to chip, you know, not get yourself a habit then you're better off than most. But most people are hooked."

Darryl Inaba, Pharm.D.: "That's the tragedy because it's at that point, unfortunately, that the biochemical changes that have gone on in your brain now have gotten you to an addictive standpoint to this drug and a person has very very low ability in and of themselves to just stop taking it."

The Road to Recovery

Woman #1: "No one thinks about being a junkie ten years from now."

Darryl Inaba, Pharm.D.: "If you ask people what they want to do about their heroin addiction, they want to stop. They want to quit. They don't want to keep doing this forever. It's not fun anymore. It's not euphoric anymore. They have terrible life consequences. But you put heroin in front of them or they're without heroin for a day or half a day and automatically, without even thinking, their brain is creating behaviors that make them go seek it out and continue using."

Valquert: "I've had 8 friends die - 6 of heroin overdoses you know. Everything that I see that should make me stop using makes me use more and more and more. It's like it never ends. "

Stuart: "You're reckless and irresponsible when you're using heroin. And I guess what you're saying is when heroin addicts have some type of death wish or they're killing themselves slowly. Yeah, I didn't care about life."

Byron: "It really took my soul. I really feel it took my soul. As a human being, man, it is important to have a soul and I think I was just a hollow shell man. It took my family, it took my kids. It took my self-esteem, which is probably the most important facet of all because without that everything else was just temporary anyway."

Beth: "it's numbing you It's numbing you; It's a silent death. That's what it is. It sucks day by day, it suck your soul bit by bit."

Darryl Inaba, Pharm.D.: "The real key here is for people to accept that heroin has total control over them. that they will never be able, no matter how strong their ego is and how arrogant they are, if they are a heroin addict, those people who understand that they will never be able to control their use of this drug."

Stuart: "I really had to learn the hard way that heroin was something that was going to kill me, And that it was a lot stronger and had a lot more power over me than I had over myself."

When heroin users takes the first step toward sobriety, they need to get the drug out of their systems to give their bodies a chance to return to a semblance of normal, to give judgment and reasoning centers in the brain a chance to think clearly.

Calvin: "My thinking gradually started to change. I wanted to be somebody."

Darryl Inaba, Pharm.D.: "Then they have to go through the brain stabilization phase. The brain stability phase may be several months to years at least 8-10 months were looking at in terms of treatment records for people. They get continual treatment for 8-10 months then those people are going to be much more successful than people who drop out of treatment before that."

Calvin: "There's no way I could have done this on my own. Please try and understand what I am saying. there's no way I could have done this on my own. No way, I'd been using too long. We're talking 40 years of addiction with me. That I never, ever entertained the thought of being drug free until this time."

Darryl Inaba, Pharm.D.: "Some people become hopeless and say, well this is unbeatable. Once a junkie, always a junkie. You can't stop it, it's unbeatable. Well, that's not true. We have people in long-term recovery from heroin the same as we have people in long term recovery from alcohol, cocaine or any other drug."

Byron: "As a dope fiend, you think well I can do all this myself. You know. And you really have to debrief yourself off that. You have to have a spiritual awakening. A remaking of the mind and all that."

Stuart: "I've been introduced to 12 step recovery and so just keeping my ears open at meeting, I've learned to kind of just-not sidestep my real issues now but to look directly at what's causing me my biggest problems and starting to eliminate those. And just learning that it is a disease."

Amanda: "There'll always be some challenge. Something's always going to go down, you know. It's not like you get clean and , oh, I'm happy you know. You get clean at first and it's like-how depressing, it's completely boring. Like what the hell is this you know. You're not swinging. You don't have any excitement, the adrenaline's not going."

Stuart: "I'm powerless over the drug heroin has helped me to realize that, you know, staying stopped for me is a better way of living. than trying to keep using and stay in what I call , the muck."

Once a person who has been using heroin cleans up they must be very careful about exposing themselves to other drugs because this dramatically lowers their resistance to using heroin.

There are additional stressors that may cause a person to relapse like ex-using partners, the old neighborhood, a smell, or even having money can trigger a craving to use. This environmentally triggered craving stimulates neuro-circuitry that brings about euphoric recall, an overpowering desire to use and sensations of withdrawal. This places the recovering person at a high risk for a relapse but if they take steps like calling their sponsor and resist craving then the craving is actually reduced.

Darryl Inaba, Pharm.D.: "Participating in treatment, the first step is to surrender to that, I guess it's to realize that you are an addict. It's not because you're bad weak, or amoral. It's because what has happened to your body and what has happened to your brain that starts the process. And then participating consistently, being very active in your recovery process and maintaining a clean and sober life-style."

Byron: "This is the hardest thing I've ever done in my whole life. To honestly and openly look at myself and my defects of character and actually put the effort in. See, the dope makes you lazy. You don't put no work in yourself, now I'm having to work with myself. And that's the most important thing in recovery for me is to be honest."

Calvin: "I found in sobriety that I love people. I found in sobriety that I have real feelings. I found in sobriety that I have real emotions. I found in sobriety that there's a world of people out there in society that's willing, that's been there all along, to assist me. I just never knew it."

Amanda: "I like having my mind and my power of decision, being right here. and being able to get up and go do whatever I want whenever I want. That's what I like about it that's how I celebrate it everyday. I'm not bogged down by it. I'm not so high I can't get up and go anywhere. I don't have to worry about where I am going to get it from, or look over my shoulder for a cop."

Calvin: "Everything that I am, everything that I have in me is invested in what I'm doing today. Everything."

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