i did heroin and survived

a memoir of addiction, overdose, and returning

A FICTIONAL COMPOSITE NARRATIVE

Content note

This book depicts opioid addiction, overdose, relapse, grief, and recovery. It is a fictional composite, not a factual autobiography or medical guide. It intentionally omits instructions for obtaining or using drugs. If someone is unresponsive or not breathing normally, contact local emergency services immediately.

For everyone who came back.
For everyone who did not.

PROLOGUE

The Ceiling

The first thing I saw when I came back was a ceiling tile stained the color of weak tea. For several seconds, that square of water damage was the whole universe. Then sound returned: a plastic wrapper tearing, rubber soles against linoleum, someone saying my name as if they were throwing a rope down a well.

My chest hurt. My mouth tasted metallic. A stranger in a navy uniform leaned over me and asked whether I knew where I was. I did not. I knew only that I had been somewhere warm and soundless, and that I had been dragged out of it against my will.

"You stopped breathing," the stranger said.

There are sentences that divide a life into before and after. That was mine.

I wish I could tell you that terror cured me. It did not. By nightfall I was ashamed, furious, sick, and thinking about using again. Addiction can hear a death sentence and translate it into a scheduling problem.

This is not a story about being tougher than heroin. Nobody is. It is not a map of how to use, a dare, or a redemption tale polished until the suffering shines. It is the account of how my world narrowed to one chemical promise, how I nearly disappeared inside it, and how survival began long before I knew how to call it recovery.

CHAPTER 1

Before the Drug Had a Name

Long before heroin entered my life, escape had already become my favorite room. I escaped into television, long walks, other people's houses, jokes told a little too loudly. I learned to read a room before I learned to understand myself. If a face tightened, I softened. If a voice rose, I vanished.

My family was not a tragedy every day. That would have been easier to explain. There were birthdays, burnt toast, songs in the car. There was also silence used as punishment and anger that changed the weather inside the house. I grew up believing love meant staying alert.

At school I was the funny one, then the unreliable one, then the person teachers described as "full of potential." Potential became another word for disappointment waiting to happen. I could imagine a hundred versions of my future and could not inhabit a single afternoon without wanting out.

The first substances I used seemed ordinary compared with the fear around heroin. They offered a temporary edit: less tension, less memory, less me. Each time relief arrived, my brain took notes.

People later asked what pain I was trying to numb. The honest answer is that pain was only part of it. I was trying to numb boredom, tenderness, embarrassment, ambition, and the terrible uncertainty of being alive. I did not want to die. I wanted, for a while, not to have to be anyone.

That distinction mattered to me then. Eventually, the drug stopped caring.

CHAPTER 2

The Small Permission

Nobody wakes up and decides to surrender a life. Surrender comes disguised as a series of small permissions. Just tonight. Only with these people. Never alone. Never before work. Never two days in a row.

The first time, I was frightened enough to mistake caution for control. The room was dim, the people familiar, the atmosphere almost boring. Nothing about it resembled the dramatic warnings I had stored in my head. That ordinariness was dangerous. I expected evil to announce itself. Instead, relief arrived quietly.

For a brief time the internal noise receded. My body, usually a clenched fist, opened. I felt forgiven without having confessed anything. The experience did not make me adventurous or glamorous. It made me absent, and absence felt like mercy.

Afterward, I built an argument. I still had a job. I still answered messages. I still cared about my mother. Therefore, I told myself, the stories about heroin belonged to other people.

Denial was not ignorance. I knew enough to be afraid. Denial was intelligence reassigned to defend the thing hurting me. Every warning became an exception, every consequence an unlucky coincidence, every worried friend a hypocrite.

The small permission grew. Once a boundary moved, the new line looked permanent—until it moved again.

CHAPTER 3

A Life Measured in Absence

Addiction turned time into two categories: before relief and after relief. Meals, shifts, birthdays, rent, sleep—all of it became scenery around the central appointment.

I started disappearing while still showing up. I sat across from people and performed attention. I nodded at stories I could not follow. I learned to keep my sleeves, voice, and excuses arranged. The labor of hiding was enormous, yet I called it freedom.

Money went first in ways I could explain, then in ways I could not. I sold things I claimed not to need. I borrowed against trust. I missed work and invented stomach bugs, transport failures, family emergencies. The lies were rarely brilliant. They survived because people loved me and because I exploited the space love gives.

My world shrank. Music became irritating. Food became optional. Sex, books, sunlight, jokes—everything that once reached me seemed to knock from the other side of thick glass. The drug did not simply add a craving. It evicted other desires.

Shame followed me everywhere, but it did not stop me. Shame said I was already ruined, and if I was ruined, why endure the pain of changing? That was its trick: it dressed surrender as honesty.

Some nights I studied my face in the bathroom mirror, promising the exhausted person there that tomorrow would be different. Morning came, and the promise belonged to someone I no longer remembered being.

CHAPTER 4

The People Who Kept the Lights On

My mother became an investigator against her will. She counted spoons, watched my pupils, listened for truth in the speed of my answers. I resented her for noticing and despised myself when she did not.

My oldest friend, Lena, stopped lending me money but kept buying me lunch. I called this judgment. It was love with a boundary, a language I had not yet learned. She would sit opposite me while I shook and lied and say, “I’m here, but I won’t help this kill you.”

Other people left. Some had to. I used their departures as proof that everyone abandoned me, ignoring how many times I had abandoned them first. Addiction made me the center of every story and absent from every relationship.

There were also people using alongside me, people I loved in the desperate way shipwrecked strangers love one another. We shared food, rumors, couches, and danger. We promised to look after each other while none of us could reliably look after ourselves.

I will not turn them into villains. Many were funny, perceptive, generous people living inside an illness and a brutal set of circumstances. Some recovered. Some vanished. Some died.

Survival carries names. I still hear theirs.

CHAPTER 5

The Day My Body Quit

T overdose did not feel dramatic from inside. There was no montage of childhood memories, no final insight. There was a blank space I cannot describe because I was not present for it.

What I know comes from other people. I became unresponsive. My breathing slowed and stopped. Someone recognized what was happening, called for emergency help, and used naloxone. Paramedics arrived. Oxygen, questions, bright light. A chain of actions held me to the world while I contributed nothing.

When I woke, I was angry. The reversal left me disoriented and ill, but the anger was older than that moment. I was furious at being seen so completely. All my arguments about control lay exposed beside me.

A clinician asked whether I wanted to speak with the addiction team. I said no. Then yes. Then no again. She did not argue. She left information near my shoes and said, “You do not have to earn care.”

That sentence reached me where warnings had not. I had assumed help was a prize for people who could prove they were serious. She offered it while I was frightened, evasive, and uncertain.

I went home alive. Alive was not the same as safe. But it was a condition from which something else could begin.

CHAPTER 6

Not a Miracle

My first serious attempt at recovery was not cinematic. There was paperwork. Waiting rooms. A paper cup of water. A doctor who asked direct questions in a voice that did not flinch.

Treatment gave me a structure strong enough to stand inside while my own judgment returned. Medication helped quiet the constant emergency in my body. Counselling gave language to patterns I had called personality. Peer support introduced me to people who could hear the ugliest parts of my story without turning me into them.

None of it was magic. I was impatient with the slowness. I wanted one noble decision to cancel years of damage. Instead, I was asked to return tomorrow, take the next dose as prescribed, answer one message, eat something, tell the truth once.

Early recovery was humiliating in small ways. I did not know how to fill an evening. I cried over minor inconveniences. I mistook every uncomfortable feeling for an emergency. My nervous system had forgotten that distress rises and falls.

The people helping me did not demand inspiration. They asked for participation. Show up. Be honest about what happened. Make the environment safer. Let other people carry hope when mine is unavailable.

Recovery began as borrowed belief.

CHAPTER 7

Relapse and the Dangerous Story

I relapsed after a stretch of progress long enough to make me proud and not long enough to make me wise. The reasons were ordinary: isolation, grief, overconfidence, and a sequence of choices I described as unrelated until they met at the same door.

The most dangerous part was the story I told afterward: I had failed, therefore treatment had failed, therefore there was no point returning. Shame wanted one event to become an identity.

A counsellor interrupted that logic. “What happened before it happened?” she asked. We traced the path backward: missed appointments, unanswered calls, poor sleep, a secret I was protecting, the belief that asking for more help meant I was weak.

We changed the plan. More contact. Fewer unstructured evenings. Medication reviewed by clinicians. Naloxone kept nearby and people around me shown how to respond to an overdose. Distance from the people and places linked with using. None of these steps guaranteed safety, but each reduced the room available for disaster.

Relapse was serious. With reduced tolerance and an unpredictable drug supply, returning to use could be fatal. Nobody minimized that. They also refused to use danger as an excuse for punishment.

I came back. That became one of the most important skills I learned: not never falling, but returning quickly enough to remain alive.

CHAPTER 8

Learning to Live at Human Speed

Without heroin, time was enormous. A day contained too many hours, and every hour had edges. I had spent years seeking an instant change in state; ordinary life offered results on a slower schedule.

I learned rituals that would once have sounded insultingly simple. Wake. Shower. Eat. Walk. Attend the appointment. Put clean sheets on the bed. Go to sleep before the argument inside my head grows persuasive.

Pleasure returned quietly. Coffee tasted like coffee. Rain smelled familiar. Music stopped being noise and became a place again. I laughed once without forcing it and felt startled, as if somebody else had used my mouth.

Not everything repaired. Some relationships remained closed. Debt did not vanish because I was sorry. My health required attention. Trust returned in teaspoons.

I began apologizing without asking to be comforted. I named what I had done, listened to the effect, and accepted that forgiveness was not mine to schedule. Where direct contact would cause harm, I worked with professionals on other ways to take responsibility.

A stable life looked boring from the outside. From where I stood, boring was magnificent. Boring meant no one was checking whether I was breathing.

CHAPTER 9

Grief Has No Shortcut

Recovery did not return the dead. It made their absence clearer.

I attended funerals where everyone avoided saying the substance aloud. We spoke about a "sudden passing," as if language could protect the family from judgment. I understood the impulse. I also understood what silence cost.

For months I carried survivor guilt like a private verdict. Why did I wake up when others did not? I searched for a moral explanation and found none. Survival was not proof of virtue. Death was not proof of failure.

A peer worker told me that guilt could become a memorial or a trap. A memorial asks us to remember the whole person and protect the living. A trap asks us to suffer forever in exchange for having survived.

I started saying names. I remembered bad jokes, borrowed jackets, fierce kindness, missed chances, ordinary mornings. I allowed anger beside love. Grief became less like a courtroom and more like weather—still powerful, no longer evidence that I deserved to disappear.

The dead do not need me to join them to prove they mattered.

CHAPTER 10

The Body Keeps Returning

For years I treated my body as transport for a craving. Recovery required a different relationship. Medical appointments felt exposing, but avoiding them did not erase risk. I needed honest care, screening, sleep, food, movement, and time.

My body had survived more than I understood. It was not a machine restored by a single repair. Energy arrived unevenly. Anxiety sometimes appeared as chest pain, nausea, or a certainty that something terrible was imminent. I learned to ask for professional help rather than diagnose myself through fear.

I also learned the difference between pain and catastrophe. Discomfort could be real without being permanent. An urge could be intense without being an instruction. A thought could enter my mind without becoming my next action.

Breathing exercises annoyed me until they helped. Walking seemed trivial until it carried me through evenings I might not otherwise have survived. Sleep hygiene sounded like a phrase invented by people with easy lives; then regular sleep made honesty possible.

The body keeps records, but it also keeps returning. Mine returned through appetite, fatigue, tears, desire, and the ability to sit still. I stopped asking it to forgive me and started acting like it was worth protecting.

CHAPTER 11

Telling the Truth Without Becoming a Warning Label

When people learn about my history, they sometimes want one of two characters: the monster or the miracle. The monster proves addiction happens to bad people. The miracle proves one dramatic decision solves it. Neither leaves much room for a human being.

I am responsible for harm I caused. I am also more than the worst thing I did while ill. Holding both truths is harder than choosing one, and more honest.

Stigma thrives on distance. It turns a treatable health condition into a moral spectacle and makes people hide until the danger is impossible to conceal. Compassion does not mean pretending consequences do not exist. It means believing consequences and care can occupy the same room.

I share my story selectively now. Privacy is not shame. Disclosure is not a debt I owe for receiving help. When I do speak, I try to describe recovery as a system rather than a personality test: evidence-based treatment, practical support, safe housing, connection, boundaries, and repeated chances to re-enter care.

I survived because people responded to an emergency, because treatment was available, because others set limits, because I returned after relapse, and because luck—unfair, undeserved luck—left me time.

That is less satisfying than a hero story. It is also more useful.

CHAPTER 12

What Surviving Means

For a long time I thought survival was the moment breath returned. Now I think survival is a practice.

It is telling the truth before the lie becomes architecture. It is keeping appointments when I feel well enough to believe I do not need them. It is noticing isolation, exhaustion, grief, and pain before they gather into a crisis. It is accepting that support is maintenance, not evidence of failure.

Survival is also larger than me. It means carrying naloxone where appropriate, supporting evidence-based care, using language that leaves the door open, and refusing to treat a person as disposable because their illness is visible.

I do not call myself cured. I call myself here.

Here includes regret. It includes mornings when I am grateful and mornings when gratitude feels like work. It includes people who trust me again and people who never will. It includes a future I no longer demand to see all at once.

If you are reading this from inside the narrow world I knew, I will not offer a slogan. I will tell you what someone once told me: you do not have to earn care. Tell somebody what is happening. Seek qualified medical help. If there is immediate danger or someone is unresponsive or not breathing normally, contact emergency services now.

The ceiling tile I saw when I woke still visits me. But it is no longer the whole universe. Above me now there is weather, night, branches, aircraft, stars. There is more sky than I knew.

EPILOGUE

Morning

This morning I made toast and burned it. I opened a window. A truck reversed somewhere down the street, beeping with bureaucratic patience. Nothing extraordinary happened.

Once, I needed every moment to rescue me from the one before it. Now a morning can simply be a morning. I can be restless without running, sad without vanishing, happy without demanding that happiness stay.

On the shelf is a photograph of people I miss. Beside it is a small reminder card from treatment, softened at the corners. I keep both. Grief and help. Loss and instruction. The life that happened and the life still happening.

I did heroin. I survived. The second sentence does not erase the first.

It gives me a responsibility to keep writing what comes next.

A note on getting help

Opioid dependence is a health condition, and effective treatment exists. A qualified clinician or local alcohol and other drug service can discuss evidence-based options, including medications for opioid dependence, counselling, peer support, and overdose prevention.

If you are worried about your own use, consider telling someone you trust and contacting a healthcare professional. Do not stop or change prescribed treatment without medical advice.

If someone is unresponsive, breathing abnormally, or may have overdosed, contact local emergency services immediately. Follow the dispatcher's instructions and use naloxone if it is available and you are trained or directed to do so.

You do not have to earn care.