

# Fact sheets 2025

#### What is heroin?

Heroin (diacetylmorphine) is part of the opioid class of drugs and is the most common illicit form of the drug. While opioids are naturally or synthetically derived from the opium poppy plant, heroin is synthetic. Other opioids include morphine, codeine, methadone, oxycodone and fentanyl, some of which are prescribed drugs.

Heroin is a central nervous system depressant. Like other opioids, it attaches to receptors in the brain, sending signals to block pain and slow breathing. Heroin may be snorted, swallowed or smoked, but is most commonly melted from a powder or rock form and injected.

Heroin is normally sold in 'caps' (a small amount, usually enough for one injection) or grams, and packaged in 'foils' (aluminium foil packaging) or small, coloured balloons. It can be sold cut (mixed) with a range of substances that make it hard to know the purity of what is being taken.

#### What are the effects?

Heroin produces a 'rush' within seconds of injecting or smoking it, or up to about five minutes if it's snorted. The effects of heroin can last for approximately three to five hours.

Short-term effects include:

- Pain relief (analgesia)
- Cough suppressant
- Euphoria
- Dry mouth
- · Nausea and vomiting
- Drowsiness
- Respiratory depression resulting in fatal and non-fatal overdose, especially when used in conjunction with other sedative substances including benzodiazepines and alcohol.

Long-term effects include:

- · Severe constipation
- Tooth decay (from lack of saliva)
- · Irregular menstrual periods in females
- · Loss of appetite and weight
- Memory impairment from lack of oxygen in overdoses
- Mental health issues including depression
- Physical dependence and associated withdrawal, which manifest as flu-like symptoms.

# Heroin

hammer, H, smack, junk, gear, horse, skag, black tar, china white.



#### What are the risks?

Heroin is considered one of the most harmful of all illicit drugs. There are many problems that can result from heroin use, especially if it's used heavily or regularly.

Heroin is commonly injected, which comes with a range of additional harms associated with the unsanitary sharing of injecting equipment, such as the transmission of blood borne viruses like hepatitis C and HIV.

# **Toxicity and overdose**

According to the Australian Institute of Health and Welfare (AIHW), the risk of heroin overdose is high, especially when used in conjunction with other drugs. Of the 1,819 drug-induced deaths in Australia in 2022 (excludes alcohol and tobacco), 487 involved heroin.

Heroin is a central nervous system depressant, meaning that it slows down the brain functions and the control of breathing (which can slow down or even stop). Accidental overdoses are common.

Overdoses can happen if too much heroin is used or if the person also has other drugs in their system (e.g., alcohol, benzodiazepines such as Valium, or other opioids such as morphine and oxycodone). Combining heroin with some kinds of antidepressants and/or stimulant drugs (e.g., cocaine or methamphetamine) also increases the risk of overdose.

Signs of overdose include:

- Extreme drowsiness
- · Small ('pinned') pupils
- · Slowed breathing and heart rate
- · Heavy snoring.

Sometimes a person will also experience:

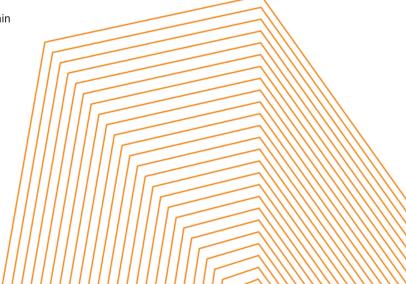
- Blue or purple coloured skin (cyanosis), usually starting on lips and fingers
- Low blood pressure
- A drop in body temperature to below 35° Celsius (hypothermia).

If caught in time, the effects of overdose can be reversed by administering a drug called naloxone.

# Mixing heroin with other drugs

Taking heroin with other drugs – including over-the-counter or prescription medications – can be unpredictable and dangerous, severely reducing the rate of breathing and may cause enormous strain on the heart and kidneys, and increase the risk of overdose.





## **Dependence and withdrawal**

Opioids, and heroin in particular, have the highest dependence liability of all illicit drugs. There is no sex difference with women as likely to become heroin dependent as men. Injecting opioids is associated with the highest risk of dependence.

Opioid withdrawal syndrome has both physical and psychological symptoms. It is generally characterised as a flu-like illness. Symptoms commence between eight and 12 hours after the cessation of heroin use and typically peak on the third day post-cessation; the syndrome usually resolves after a week.

Signs and symptoms of opioid withdrawal syndrome include:

- · Sweating, watery eyes and/or runny nose
- · Increased urinary frequency
- Diarrhoea, nausea, vomiting, abdominal cramps
- Muscle spasm resulting in headaches, backaches and leg cramps
- Goosebumps
- · Dilated pupils
- · Elevated blood pressure, increased heart rate
- · Anxiety, irritability, dysphoria
- · Sleep disturbances
- · Craving for opioids.

#### **Death**

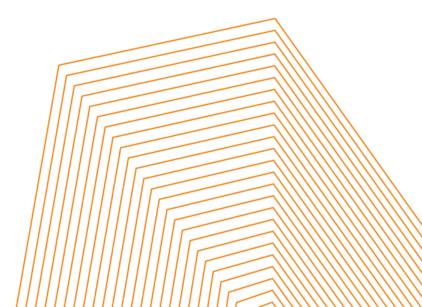
Opioids make the largest contribution to illicit drug-related death and carry the highest mortality risk. Mortality is highest among injecting opioid users, reflecting the higher risks for overdose, blood-borne viruses, vascular damage and suicide. The most common cause of premature death is acute drug toxicity – otherwise known as overdosing.

Opioids, including both licit and illicit substances, have been the leading class of drug present in drug-induced deaths in Australia for the last 20 years.

## Mental health

People who use heroin suffer high levels of major depression and anxiety disorders, including post-traumatic stress disorder. Suicide rates among people who use heroin are extremely high and estimated at 14 times that in the general population. They also have high rates of borderline personality disorder and antisocial personality disorder.







### **Treatment**

One of the more common treatments for heroin dependence is opioid substitution treatment (OST). The evidence demonstrating the effectiveness of OST for heroin dependence is well established.

OST is also called medication-assisted treatment of opioid dependence. The most common medicines used in Australia are methadone, buprenorphine and naltrexone.

Other treatment options include residential rehabilitation, which is a drug-free treatment requiring residence in the treatment agency subsequent to having undertaken detoxification. Programs may be short (approximately one month) or longer (at least three to six months). Counselling and withdrawal-management are also available.

## Heroin trends in Australia

According to the AIHW's National Drug Strategy Household Survey (NDSHS), heroin use is low among the general population. Around 0.1% of the population, or 30,000 people, had used heroin in the past 12 months in the 2022-2023 NDSHS.

# Emergency info

If you, or someone around you, is experiencing undesired or distressing psychological or physical symptoms from the intake of alcohol or other drugs please seek immediate medical attention.

If you need urgent help from ambulance services call Triple Zero (000). If a person has been mixing drugs with alcohol or other drugs, tell the paramedic exactly what has been taken.

## **Services**

For free and confidential advice about alcohol and other drugs, call the National Alcohol and Other Drug hotline on 1800 250 015.

The hotline will automatically direct you to the Alcohol and Drug Information Service in your state or territory.

#### More resources

The Illicit Drug Reporting System (IDRS) is an Australian monitoring system run by the National Drug and Alcohol Research Centre (NDARC) at UNSW Sydney that identifies emerging trends of local and national concern in illicit drug markets. Visit unsw.to/IDRS

<u>The Ecstasy and Related Drugs Reporting System</u> (EDRS) is an Australian monitoring system run by NDARC that identifies emerging trends of local and national interest in ecstasy and related drug use, markets and harms. Visit unsw.to/EDRS

The Pocket Guide to Drugs and Health is a publication authored by experts from NDARC that provides information for health professionals on the impact of drug use. Visit silverbackpublishing.org/products/the-pocket-guide-to-drugs-and-health

<u>The Australian Institute of Health and Welfare</u> collects information on alcohol and tobacco consumption, and illicit drug use among the general population in Australia. Visit aihw.gov.au

<u>The Australian Bureau of Statistics</u> is Australia's national statistical agency, providing official statistics on a range of economic, social, population and environmental matters of importance to Australia. Visit abs.gov.au

#### **Sources**

Alcohol and Drug Foundation (2024). Heroin. Retrieved from: adf.org.au/drug-facts/heroin/

Australian Institute of Health and Welfare (2024). Lowprevalence illicit drugs in the NDSHS. AIHW, Australian Government. Retrieved from: <u>aihw.gov.au/reports/illicit-use-of-drugs/low-prevalence-illicit-drugs-ndshs</u>

Australian Institute of Health and Welfare (2024). Alcohol, tobacco & other drugs in Australia. AIHW, Australian Government. Retrieved from:

 $\frac{aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-}{australia/contents/drug-types/illicit-opioids-including-}{heroin}$ 

Darke, S., Lappin, J., & Farrell, M. (2024). The Clinician's Guide to Illicit Drugs and Health (Revised Edition). London: Silverback Publishing.

Chrzanowska, A., Man, N., Sutherland, R., et al (2024). Trends in overdose and other drug-induced deaths in Australia, 2003-2022. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. Retrieved from: <a href="unsw.edu.au/research/ndarc/resources/trends-drug-induced-deaths-australia-2003-2022">unsw.edu.au/research/ndarc/resources/trends-drug-induced-deaths-australia-2003-2022</a>

Swift, W., Nielsen, S., Kaye, S., et al (2017). A Quick Guide to Drugs & Alcohol. Third Edition. Drug Info, State Library of New South Wales.