

Heroin

What is heroin?

Heroin is the common name for diacetylmorphine or diamorphine. It belongs to a group of drugs known as opiates, so-called because they are natural products of the opium poppy (opiates also include opium, morphine and codeine). Heroin and other opiates form part of a larger family of drugs called 'opioids', the most well-known being methadone and oxycodone.

Heroin and other opiates are depressant drugs that slow down the activity of the central nervous system and messages going between the brain and the body. For example, breathing and heart rate get slower and can even stop.

Internationally, there are several types of heroin which differ in appearance, acidity (this affects how it can be used) and texture according to how they're processed. In Australia, heroin can be a fine powder, granules or rocks, and is normally white or off-white in colour although it is sometimes brown. It is normally injected, but can also be snorted, smoked (e.g. in a joint or 'snow cone' with cannabis — many powder drugs are used this way), or heated and the vapours inhaled (called 'chasing the dragon').

Heroin is normally sold in 'caps' (a small amount, usually enough for one injection) or grams. It is usually 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 for the user to know the purity of what is being taken. These other substances can in themselves be harmful.

Heroin is also known by a variety of other street names, including hammer, H, smack, junk and gear.



How many people use heroin?

Heroin use is very low in Australia. According to the 2013 [National Drug Strategy Household Survey](#), one in every one thousand (0.1%) Australians (aged 14 or over) had used it in the past 12 months.

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 3–5 hours.

Effects of taking heroin can include all the following:

- **Small ('pinned') pupils**
- **Drowsiness**, becoming slow, sluggish, 'out of it'
- **Feelings of warmth, relaxation and contentment**, followed by a few hours of feeling very sedated
- **Euphoria** or a 'high'
- Feelings of **detachment**
- **Nausea and vomiting**
- **Dependence** (addiction), including withdrawals if use is stopped
- **Coma**
- **Overdose** (including death)

What are the risks?

Heroin is considered to be the most harmful of all illegal drugs.

There are many problems that can result from heroin use, especially if it's used heavily or regularly. Some effects result directly from the drug itself, while others are part of the 'heroin use' lifestyle. These problems include:

Physical health risks:

- Risk of **blood-borne viral infections** such as Hepatitis C or (sometimes) HIV if injected. Just over half (53%) of people who inject drugs have hepatitis C
- **Lung infections and infections of the heart valves** (if injected). These can be very serious and sometimes fatal
- **Overdose** (including death)

Long-term risks include:

- **Dependence** (addiction) – including extremely unpleasant withdrawals if the person stops using (see later for more information)
- **Dental issues** – opioid use can lead to the user experiencing a dry mouth, which means that there's less saliva to help prevent tooth decay. That said, a range of other factors are also important. For example, people who use heroin also often have poor eating habits and dental hygiene
- **Irregular periods and infertility in women**
- **Loss of sex drive, erectile dysfunction and infertility in men**
- Users are more at risk of **dying from suicide or trauma** (e.g. accidents, assaults)

Psychological health and social risks:

- **Family and relationship issues**, losing friends, losing jobs, poor performance at school or study and homelessness are often experienced by regular users. For some people, these are reasons that led them to use, but for many users these can remain a problem or get worse once they start using
- If the user becomes dependent on (addicted to) the drug then the risk of getting into **trouble with the law** for dealing or other illegal activity to support a habit increases
- Heroin is probably the most stigmatised of all drugs, which can increase users' **isolation from friends, family and the community**

Heroin is commonly injected by users, and injecting comes with many of its own risks.

These include:

- Increased chance of experiencing vein and skin infections, endocarditis (an infection that affects the heart, it can be fatal) as well as blood-borne viral infections like hepatitis B, hepatitis C and HIV
- Higher chance of overdose; overdose is more likely to occur using heroin than any other drug

As with any illegal drug, one of the major risks is that users can't always be sure what they're using — what they are told is heroin may in fact be something quite different and, either way, it is usually cut (mixed) with other substances.

Heroin and overdose

Heroin is a central nervous system depressant, meaning that it slows down the brain functions and, in particular, 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 antidepressant (tricyclics) and/or stimulant drugs (e.g. cocaine or methamphetamine) also increases the risk of overdosing.

Signs of overdose include:



- Extreme drowsiness or the person may even be impossible to wake
- Small ('pinned') pupils
- Slowed breathing and heart rate
- Heavy snoring

Sometimes the 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 degrees (hypothermia)

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

However, people who survive an overdose can still experience serious health problems, including pulmonary oedema (fluid on the lungs), broncho-pneumonia, ongoing nerve problems from crush injuries (caused by lying still for a long period of time), kidney failure and permanent brain damage.

Treatment for heroin dependence

One of the more common treatments for heroin dependence is opioid substitution treatment.

The evidence demonstrating the effectiveness of opioid substitution treatment for heroin dependence is well established.

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

More information on MATOD is available at: <https://ndarc.med.unsw.edu.au/resource/medication-assisted-treatment-opioid-dependence-your-questions-answered>.

Other treatment options include residential rehabilitation, a drug-free treatment modality, requiring residence in the treatment agency subsequent to having undertaken detoxification. Programs may be of short (approximately 1 month) or longer (at least 3-6 months). Counselling and withdrawal-management are other forms of treatment that are available.

