

What is heroin?

Heroin is a depressant drug that slows down the body and the brain. It is one of a group of drugs called opioids, which are manufactured from the opium poppy. Some other opioid drugs including morphine, codeine, pethidine and methadone are medically prescribed for the management of pain, but heroin is not medically used. Heroin quality can vary because dealers mix the powder with other substances to make the drug go further. There has been a recent worldwide increase in synthetic (man-made) opioids (fentanyl and nitazines) and concerns that these can potentially be mixed with heroin to increase the potency and increase the risk of overdose. Heroin can be injected but may also be smoked or snorted.

Effects

During use

The effects felt during use can be both desired and undesired. For most people who use heroin, the desired effect is a feeling of well-being. People with chronic pain may experience temporary pain relief. Effects vary depending on factors such as the person's size and health, the amount taken and the consumption of any other drugs.

Harmful effects

- > drowsiness
- > nausea and vomiting
- > shallow breathing
- > slow heart rate
- > itching
- > constipation
- > suppression of coughing
- > pupils becoming smaller
- > slurred speech
- > risk of fatal and non-fatal overdose
- > risk of bacterial infections and blood-borne virus transmission such as hepatitis B, hepatitis C and HIV from injecting and re-using or sharing injecting equipment.

Overdose - prevention and response

People are at increased risk of overdose if they have reduced or stopped using for a period of time, for example leaving prison or inpatient treatment, are using alone, are mixing heroin with other drugs or there are variations in drug purity.

Because heroin depresses the part of the brain that controls breathing, if too much is taken, a person can become unconscious and can stop breathing. Very slow and shallow breathing, or not breathing at all, not waking up (or not reacting to loud noises), blue lips and nails, gurgling, snoring or choking sounds or slow, faint or no pulse, are all warning signs of an overdose.

If someone has stopped breathing or has any of the above signs, administer emergency first-aid immediately, including **phoning 000** for medical attention. Police will not attend unless the ambulance officers call for help or a death occurs.

If available, administer naloxone. Naloxone is available in the form of a nasal spray that is simple and quick to use and is available at most pharmacies for free. For more information on naloxone visit www.sahealth.sa.gov.au/naloxone or go to the SA Health website www.sahealth.sa.gov.au > Clinical resources > Clinical resources A-Z > 'N' for Naloxone – preventing and responding to adverse effects of opioids

Effects of long-term use

People who use heroin on a regular basis can experience:

- > severe constipation
- > tooth decay
- > altered sexual function (irregular menstrual periods in women, impotence in men)
- > reduced sex drive
- > loss of appetite and weight.

Regular users also experience a range of social, legal, financial and emotional problems.

Duration of effects during use

Effects are felt in less than a minute if injected and in 20 to 30 minutes if smoked. The effects of a single dose last for three to five hours.



Dependence

Using heroin daily or almost every day, over a period of time, leads to physical and psychological changes in the body.

The body adapts or 'gets used to' having heroin on a regular basis. This is the basis of tolerance. People who are tolerant need more of the drug to achieve the same effects, but increasing the dose also increases the risks.

The key feature of dependence is a loss of control over use. People who are dependent spend a lot of time thinking about drugs, obtaining and using drugs, and recovering from the effects. It's difficult to reduce or stop drug use, even when they are aware of the related problems.

Medication-assisted treatment for opioid dependence (MATOD) is prescribed by doctors to some clients with illicit opioid and other drug problems. It improves health and well-being and assists people to adjust to the responsibilities and realities of everyday life. There are multiple different treatment options available to suit patient preference and lifestyle. For more information on MATOD visit www.sahealth.sa.gov.au and go to Health Services > Drug and alcohol services > Medication assisted treatment for opioid dependence.

Acute Withdrawal

Acute withdrawal can occur when opioid use is stopped or severely reduced.

The symptoms begin about eight to 12 hours after last using heroin and persist for about five days. On the second and third days, the symptoms are usually at their worst.

Withdrawal symptoms include:

- > craving heroin
- > restlessness or irritability
- > crying and feeling depressed
- > poor or restless sleep
- > headaches, joint and muscle pain, muscle cramping
- > nausea and vomiting, diarrhoea, abdominal cramps
- > runny nose and eyes
- > yawning
- > goosebumps
- > dilated pupils
- > fast heart rate.

Many people continue to experience latent withdrawals for a long time after the acute withdrawal symptoms have settled. Latent withdrawals can include low energy, low mood, anxiety and a craving to recommence heroin use.

Reducing the risk

It is always safer not to use drugs, but there are ways to reduce the risk.

- > It is safer not to inject because the risk of infection and blood borne virus transmission such as hepatitis C, hepatitis Band HIV.
- > If injecting, always use clean injecting equipment and dispose of all equipment safely. There are Clean Needle Programs throughout South Australia where sterile injecting equipment, health information and referrals can be accessed for free.
- > Visit www.sahealth.sa.gov.au/dassa for more information.
- > Using smaller amounts less often reduces the risk of developing dependence. Avoid regular use.
- > Avoid mixing with other drugs, particularly other depressants such as alcohol, other opioids and benzodiazepines.
- > Know overdose prevention and response strategies, including how to access and administer [naloxone](#) and have naloxone available when using.
- > Don't use alone.

Heroin and the law

It is illegal to make, keep, use, sell or give away heroin.

Under the section 47 of the *Road Traffic Act 1961*, it is an offence to drive or attempt to drive a motor vehicle under the influence of a drug. Drugs in your system make driving extremely dangerous because they impair coordination, reduce reaction time, and affect your vision and ability to judge distance and speed.

For more information about heroin and the law, visit the SA Health website www.sahealth.sa.gov.au > Health topics > Legal matters > [Illicit drug laws](#).

Further information

Risks of using drugs - visit www.sahealth.sa.gov.au > Healthy Living > Is your health at risk? > Scroll to > [The risks of using drugs](#).

Naloxone - visit www.sahealth.sa.gov.au > Clinical Resources A-Z > 'N' for [Naloxone – preventing and responding to adverse effects of opioids](#).

Phone the **Alcohol and Drug Information Service (ADIS)** on 1300 13 1340 between 8.30am and 10pm for confidential telephone counselling, information and referral.

www.knowyouroptions.sa.gov.au provides information on available drug and alcohol support services by location.

For more information

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Phone: 1300 13 1340
Confidential telephone counselling and information available between 8.30am and 10pm every day.
www.sahealth.sa.gov.au/dassa

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