



Fact Sheet:



Facts and Figures On Youth Heroin Use

Highlights

- Heroin is an addictive narcotic derived from the opium poppy.
- South and Southwest Asia (Afghanistan, Pakistan, and India) produce about 90% of the world's heroin. Southeast Asia (Burma, Thailand, Laos) and Mexico produce the remainder.
- The long-range health consequences of chronic heroin use include addiction, collapsed veins, infection of the heart lining and valves, abscesses, cellulitis, liver disease, HIV, Hepatitis B and C, and necrotising fasciitis, (flesh-eating bacteria).

History

- Opium probably originated in Spain and Northwest Africa, where it has been found in caves dated 5500 B.C.
- The opium poppy, referred to as *joy plant*, was cultivated in Sumer (modern Iraq) as early as 3400 B.C., and subsequently in Egypt. It was introduced to India and Persia in about 330 B.C. by Alexander the Great.
- While opium was widely cultivated in Europe, it disappeared in the 14th century under pressure from the *Holy Inquisition*. Tincture of opium, called laudanum, was reintroduced in the 16th century for medicinal and recreational use.

- Opium smoking in China dates to the late 17th century, when Dutch traders introduced opium, tobacco, and pipes. During 1773-1793 the British East India Company secured a monopoly on Indian cultivation of opium and fought the Opium Wars (1839-1843 and 1846) to force the sale of cheap opium in China.
- Morphine was first isolated from opium in 1803. The hypodermic syringe was perfected shortly thereafter, and morphine injections became a common medical treatment for a variety of complaints, including opium addiction.
- In 1874, heroin was produced as a non-addictive alternative to morphine. In 1875, San Francisco instituted the first known anti-narcotics law in the U.S., an ordinance against opium dens.
- The Bayer Company began marketing heroin in 1898 as an oral cough suppressant. By 1910, heroin had supplanted opium and cocaine as the most commonly abused drug in the U.S.A. and was outlawed in 1924.

National Trends

- The National Study on Drug Use and Health reports that heroin use in the past month for 12-17 year olds increased from 0.0% in 2002 to 0.1% in 2005. In the 18-25 age group, use increased from 0.1% to 0.2%.

- The average age of first use for those in heroin treatment in the United States declined from 27.4 years in 1988 to 17.6 years in 1997, and increased to 22.2 in 2005.
- The national Treatment Episode Data Set reports that injection is the primary route of administration for users less than 29 years of age, while smoking or inhaling is more common among those over 30.
- Monitoring the Future, a national youth survey, found that in 2005, 1.5% of 8th, 10th, and 12th graders

had used heroin at some time in their lives.

California Data

- The 2005-2006 California Student Survey reports that 2.3% of 9th graders and 1.9% of 11th graders had used heroin at some time in their lives.

The **Drug Abuse Warning Network**, (DAWN) is a national surveillance system that monitors trends in drug-related emergency department visits and deaths in 21 cities nationwide, including Los Angeles, San Diego, and San Francisco in California.

National Data

- DAWN reported that 396 adolescents (12-17 years) were reported in heroin-related emergency room visits in 1995. By 2002, 813 adolescents were reported in heroin-related emergency room visits
- The largest increase in heroin-related emergency room visits occurred in 18 and 19 year olds, a more than 200 percent increase between 1995 and 2002. The number of heroin-related emergency room visits from the 18-25 year old age group almost doubled, while the 35 and older age group increased 38 percent during those years.

- Heroin-attributable emergency room visits in San Francisco County in the 12-17 age group increased from 323 in 1997 to 415 in 2002. In the same time period, there was an increase in the 18-19 age group from 667 to 679, and a decrease in the 20-25 age group from 763 to 563.
- Los Angeles County emergency room visits by heroin users 12-17 years of age decreased from 183 in 1997 to 221 in 2002, increased from 369 to 466 in the 18-19 age group, and increased from 297 to 346 in the 20-25 age group.
- In San Diego County, total heroin-involved emergency room visits in the 12-17 age group were 353 in 1997, then declined to 248 in 2002. In the same period, visits for 18-19 year olds increased from 448 to 495, and for the 20-25 age group from 300 to 329.

California Data

- California trends do not follow national trends. While there have been small increases in some age groups and areas, emergency room admissions attributable to heroin are slowly decreasing overall.

Heroin admissions to treatment are stable or decreasing in the 12-25 age groups. This chart shows heroin treatment admissions for individuals ages 25 and under in California between 2000 and 2005.

