

HEROIN

Often appearing as a white or brown powder or a dark, black tar-like substance, heroin is a highly addictive depressant drug that is derived from morphine. Common street names for heroin include smack, junk, black tar, brown sugar, dope, H, and horse. Heroin can be used in several ways including intravenous and intramuscular injection, smoking, or inhaling.

EFFECTS

The short-term effects of heroin use include euphoric rush, depressed respiration, nausea, vomiting, and clouded mental functioning. Long term effects include addiction, collapsed veins, infection of heart lining and valves, liver disease, and increased risk for infectious diseases such as HIV/AIDS and Hepatitis B & C.



INCIDENCE & PREVALENCE

According to SAMHSA's Drug Abuse Warning Network 2006 estimates, Heroin was involved in 189,780 drug abuse related emergency department visits for that year. According to the IPRC 2008 Alcohol, Tobacco, and Other Drug Use By Indiana Children and Adolescent Survey, the monthly prevalence of injection drug use for 10th and 12th graders was at an all-time high. The most common drug that was injected was heroin.



**SCHOOL OF HEALTH, PHYSICAL
EDUCATION, AND RECREATION**

INDIANA UNIVERSITY
Bloomington



**DEPARTMENT OF
APPLIED HEALTH SCIENCE**

INDIANA UNIVERSITY
School of Health, Physical Education, and Recreation
Bloomington

The Indiana Prevention Resource Center is operated by the Department of Applied Health Science, School of Health, Physical Education and Recreation at Indiana University. Funded, in part, by a contract with the Indiana Family and Social Services Administration, Division of Mental Health and Addiction, financially supported through Health and Human Services/Substance Abuse Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant.

HEROIN

Often appearing as a white or brown powder or a dark, black tar-like substance, heroin is a highly addictive depressant drug that is derived from morphine. Common street names for heroin include smack, junk, black tar, brown sugar, dope, H, and horse. Heroin can be used in several ways including intravenous and intramuscular injection, smoking, or inhaling.

EFFECTS

The short-term effects of heroin use include euphoric rush, depressed respiration, nausea, vomiting, and clouded mental functioning. Long term effects include addiction, collapsed veins, infection of heart lining and valves, liver disease, and increased risk for infectious diseases such as HIV/AIDS and Hepatitis B & C.



INCIDENCE & PREVALENCE

According to SAMHSA's Drug Abuse Warning Network 2006 estimates, Heroin was involved in 189,780 drug abuse related emergency department visits for that year. According to the IPRC 2008 Alcohol, Tobacco, and Other Drug Use By Indiana Children and Adolescent Survey, the monthly prevalence of injection drug use for 10th and 12th graders was at an all-time high. The most common drug that was injected was heroin.



**SCHOOL OF HEALTH, PHYSICAL
EDUCATION, AND RECREATION**

INDIANA UNIVERSITY
Bloomington



**DEPARTMENT OF
APPLIED HEALTH SCIENCE**

INDIANA UNIVERSITY
School of Health, Physical Education, and Recreation
Bloomington

The Indiana Prevention Resource Center is operated by the Department of Applied Health Science, School of Health, Physical Education and Recreation at Indiana University. Funded, in part, by a contract with the Indiana Family and Social Services Administration, Division of Mental Health and Addiction, financially supported through Health and Human Services/Substance Abuse Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant.

HEROIN

Often appearing as a white or brown powder or a dark, black tar-like substance, heroin is a highly addictive depressant drug that is derived from morphine. Common street names for heroin include smack, junk, black tar, brown sugar, dope, H, and horse. Heroin can be used in several ways including intravenous and intramuscular injection, smoking, or inhaling.

EFFECTS

The short-term effects of heroin use include euphoric rush, depressed respiration, nausea, vomiting, and clouded mental functioning. Long term effects include addiction, collapsed veins, infection of heart lining and valves, liver disease, and increased risk for infectious diseases such as HIV/AIDS and Hepatitis B & C.



INCIDENCE & PREVALENCE

According to SAMHSA's Drug Abuse Warning Network 2006 estimates, Heroin was involved in 189,780 drug abuse related emergency department visits for that year. According to the IPRC 2008 Alcohol, Tobacco, and Other Drug Use By Indiana Children and Adolescent Survey, the monthly prevalence of injection drug use for 10th and 12th graders was at an all-time high. The most common drug that was injected was heroin.



**SCHOOL OF HEALTH, PHYSICAL
EDUCATION, AND RECREATION**

INDIANA UNIVERSITY
Bloomington



**DEPARTMENT OF
APPLIED HEALTH SCIENCE**

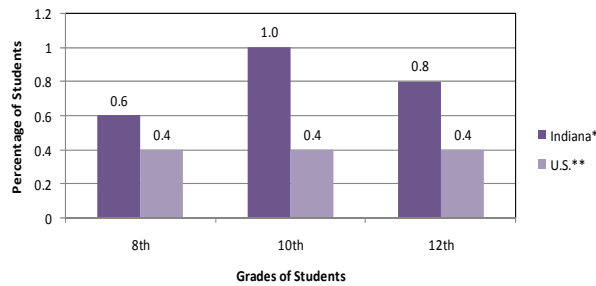
INDIANA UNIVERSITY
School of Health, Physical Education, and Recreation
Bloomington

The Indiana Prevention Resource Center is operated by the Department of Applied Health Science, School of Health, Physical Education and Recreation at Indiana University. Funded, in part, by a contract with the Indiana Family and Social Services Administration, Division of Mental Health and Addiction, financially supported through Health and Human Services/Substance Abuse Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant.

TRENDS IN HEROIN USE

Over the past decade, heroin use among adolescents and teenagers has either decreased or remained relatively stable. However, more young people are experimenting with heroin through sniffing and smoking the drug as opposed to injecting it. According to the National Drug Intelligence Center (2009), heroin use and abuse could increase in the next few years as more prescription narcotic abusers switch to heroin. Prescription drug abusers of opiate drugs, such as OxyContin, Percocet, and Vicodin eventually begin abusing heroin because it produces a more intense rush (high) and it is typically cheaper and easier to obtain.

**Monthly Prevalence Use of Heroin, 2008
Indiana vs. National Figures**



Source: IPRC 2008 ATOD Use By Children & Adolescent Survey*
Monitoring the Future Study, Univ. of Michigan 2008**

LAW & CRIMINAL JUSTICE

The U.S. Drug Enforcement Administration has classified heroin as a Schedule I controlled substance. This means that heroin has a high potential for abuse and currently has no accepted medical uses. In 2007, about 3.5 pounds of heroin were seized in the state of Indiana, which is significantly less than the amount seized in nearby states.

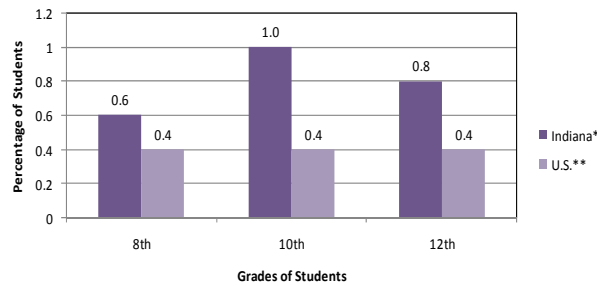
Indiana Prevention Resource Center

501 N. Morton St. Suite 110
Bloomington, IN 47404
Indiana Toll Free: 800-346-3077
Telephone: 812-855-1237
Fax: 812-855-4940
drugprc@indiana.edu
<http://www.drugs.indiana.edu>

TRENDS IN HEROIN USE

Over the past decade, heroin use among adolescents and teenagers has either decreased or remained relatively stable. However, more young people are experimenting with heroin through sniffing and smoking the drug as opposed to injecting it. According to the National Drug Intelligence Center (2009), heroin use and abuse could increase in the next few years as more prescription narcotic abusers switch to heroin. Prescription drug abusers of opiate drugs, such as OxyContin, Percocet, and Vicodin eventually begin abusing heroin because it produces a more intense rush (high) and it is typically cheaper and easier to obtain.

**Monthly Prevalence Use of Heroin, 2008
Indiana vs. National Figures**



Source: IPRC 2008 ATOD Use By Children & Adolescent Survey*
Monitoring the Future Study, Univ. of Michigan 2008**

LAW & CRIMINAL JUSTICE

The U.S. Drug Enforcement Administration has classified heroin as a Schedule I controlled substance. This means that heroin has a high potential for abuse and currently has no accepted medical uses. In 2007, about 3.5 pounds of heroin were seized in the state of Indiana, which is significantly less than the amount seized in nearby states.

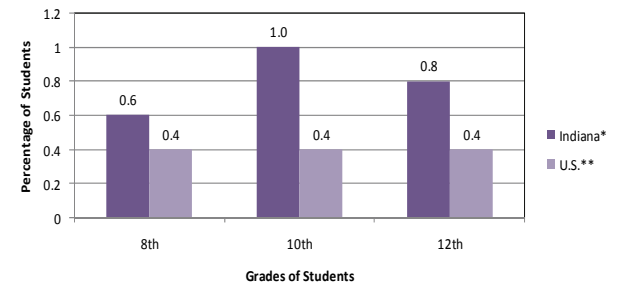
Indiana Prevention Resource Center

501 N. Morton St. Suite 110
Bloomington, IN 47404
Indiana Toll Free: 800-346-3077
Telephone: 812-855-1237
Fax: 812-855-4940
drugprc@indiana.edu
<http://www.drugs.indiana.edu>

TRENDS IN HEROIN USE

Over the past decade, heroin use among adolescents and teenagers has either decreased or remained relatively stable. However, more young people are experimenting with heroin through sniffing and smoking the drug as opposed to injecting it. According to the National Drug Intelligence Center (2009), heroin use and abuse could increase in the next few years as more prescription narcotic abusers switch to heroin. Prescription drug abusers of opiate drugs, such as OxyContin, Percocet, and Vicodin eventually begin abusing heroin because it produces a more intense rush (high) and it is typically cheaper and easier to obtain.

**Monthly Prevalence Use of Heroin, 2008
Indiana vs. National Figures**



Source: IPRC 2008 ATOD Use By Children & Adolescent Survey*
Monitoring the Future Study, Univ. of Michigan 2008**

LAW & CRIMINAL JUSTICE

The U.S. Drug Enforcement Administration has classified heroin as a Schedule I controlled substance. This means that heroin has a high potential for abuse and currently has no accepted medical uses. In 2007, about 3.5 pounds of heroin were seized in the state of Indiana, which is significantly less than the amount seized in nearby states

Indiana Prevention Resource Center

501 N. Morton St. Suite 110
Bloomington, IN 47404
Indiana Toll Free: 800-346-3077
Telephone: 812-855-1237
Fax: 812-855-4940
drugprc@indiana.edu
<http://www.drugs.indiana.edu>