Center for HEALTH & JUSTICE at TASC

BRIEF OVERVIEW

Heroin Use, Trends, and Treatment

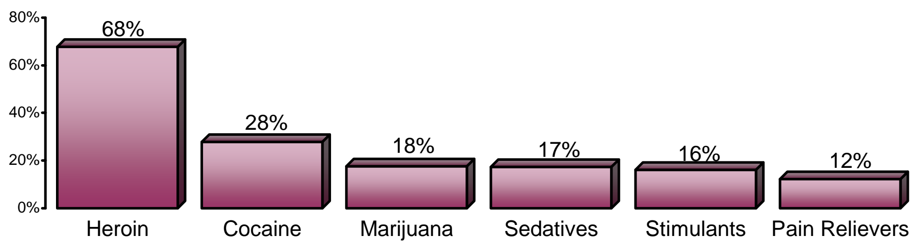
The Drug

- Heroin is an extremely addictive narcotic drug derived from particular types of poppy plants. It is currently categorized as a Schedule I drug under the Controlled Substance Act of 1970, which means it has a high potential for abuse and no current accepted medical uses.[1]
- It can be snorted, smoked, or injected.[2]
- Continued use requires increased amounts of the drug to achieve the same effect, resulting in tolerance and addiction. Once physically dependent, users going without it for any length of time experience symptoms of withdrawal, including intense cravings, agitation, bone pain, muscle pain, sleeplessness, diarrhea, vomiting, cold flashes with goose bumps, and spontaneous leg movements. Symptoms usually peak anywhere between 24 and 72 hours after the last dose and go on for about a week, though they can last for up to a month.[3]
- Long-term use can lead to extremely harmful effects, including collapsed veins, infection of the heart lining and valves, abscesses, cellulitis, liver disease, and pulmonary complications such as tuberculosis and pneumonia.[4]
- The gravest dangers associated with heroin use include the risk of fatal overdose and the risk of contracting infectious diseases transmitted by sharing needles, such as hepatitis and HIV/AIDS.[5]
- Pure heroin is not commonly available to the average user. It is usually combined with one or more of a variety of substances, including sugar, starch, quinine, or strychnine or other poisons. Given that users cannot be certain of the strength or composition of the drug they are using, these additives can be lethally dangerous.[6]

Nationwide Heroin Use and Treatment

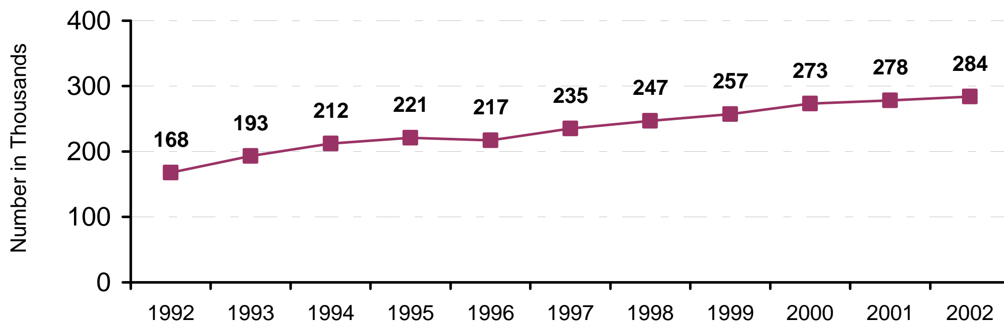
- In 2004, an estimated 166,000 Americans aged 12 or older (.1%) reported that they were current heroin users (engaged in past-month use). This is level with estimates from 2003 and 2002.[7]
- In 2004, an estimated 118,000 people aged 12 or older reported having used heroin for the first time within the past 12 months. The average age of first use among recent initiates was 24.4 years. There were no significant changes in the number of initiates or in the average age of first use from 2002 to 2004.[8]
- In 2004, an estimated 398,000 (.2%) Americans aged 12 or older reported that they had used heroin in the past year. This is slightly up from 2003 (.1%) but on par with 2002 (.2%). Of these past-year users, 67.8% were classified with dependence on or abuse of heroin, which is a far greater portion than for any other drug measure and demonstrates the intensely addictive nature of heroin. (See chart on following page.)[9]

Percent of Users With Dependence on or Abuse of Illicit Drugs Among Past-Year Substance Users: 2004



- In 2004, an estimated 283,000 of the 3.8 million people (7.4%) who received treatment in the past year reported receiving treatment for heroin use during their most recent treatment episode.[10]
- Between 1992 and 2002, the number of heroin-related admissions to publicly funded providers increased from 168,000 to 284,000.[11]

Heroin Admissions to Publicly Funded Providers: 1992–2002



- Between 1992 and 2002, inhalation increased as the route of administration from 20% to 33% of primary heroin treatment admissions to publicly funded facilities, while injection decreased from 77% to 62%.[12]

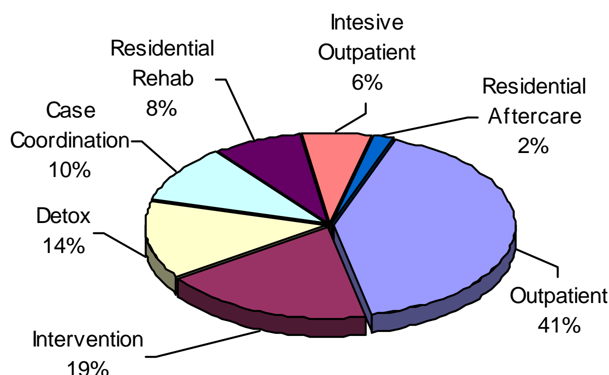
Heroin Use and Treatment in Illinois

- Among the total number of publicly funded substance abuse treatment services provided in FY 2005, heroin/karachi was the second leading "primary drug of choice" with 45,344 treatment episodes, trailing behind only alcohol with 48,171 treatment episodes. Cocaine was third with 34,872 treatment episodes, followed by marijuana/ hashish with 34,562 treatment episodes, and methamphetamines with 5,252 treatment episodes.[13]
  - 31,450 were African-American admissions.
  - 9,525 were White admissions.

- 3,464 were Hispanic admissions.
- 895 were "other" admissions.

- In FY 2005, 53% of DASA-funded heroin-related treatment services were provided to males (24,023 treatment episodes), and 47% to females (21,311 treatment episodes).[14]
- In FY 2005, more heroin-related *outpatient* services were provided by DASA than any other type of heroin-related service (41%).[15]

FY 2005 DASA Heroin-related Treatment Services by Modality (N=45,334)



Heroin Use and Treatment in Chicago

- Chicago's heroin problem appears to be growing fastest in the suburban counties of DuPage, Lake, Kane, McHenry, and Will, and there is evidence of a shift in user demographics.[16]
    - The heroin-using population in Chicago is aging while the number of younger users is increasing in the suburbs.
    - In the Collar Counties between 1995 and 2002, opiate-related hospitalizations among teens have increased more than 450%, and in suburban Cook County that figure is greater than 200%; in comparison, during the same timeframe, the number of opiate-related hospitalizations among teens decreased by 20%.
- In 2002, Chicago ranked first in the nation in the number of heroin/morphine emergency department visits (220 per 100,000 citizens).This rate has increased by 167% between 1995 and 2002, while the national rate rose only 22% over the same time period, from 30 to 36 per 100,000 residents.[17]
- The prevalence of heroin-related deaths in Chicago rose 68% between 1996 and 2002, from 224 to 376 per 100,000 residents.[18]
- In Chicago, the Arrestee Drug Abuse Monitoring Program (ADAM) reported that the city ranked first in the nation for percentage of adult arrestees testing positive for opiates in 2000, when 27% of male arrestees and 40% of female arrestees tested positive for opiates. By 2003, those figures had dropped to 24.9% for males and 22% for females.[19]
- 84% of DASA-funded heroin-related treatment services were provided to residents living in Cook County.[20]

- In early 2006, a wave of heroin overdose deaths in several large Midwestern cities including Chicago was found to be due to the combination of heroin and fentanyl. Fentanyl is a Schedule II prescription narcotic analgesic that is roughly 50–80 times more potent than morphine. It is primarily used to manage both pain during surgery and for persons with chronic moderate to severe pain who already are physically tolerant to opiates, but in this case was mixed with street heroin, possibly to make it more appealing (i.e. stronger) in a competitive sales market.[21]

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[3] Ibid; ONDCP, 2003.

[4] ONDCP, 2003.

[5] NIDA, 2005a.

[6] NIDA. (2005b). Heroin Abuse and Addiction. National Institute on Drug Abuse Research Report Series. http://www.nida.nih.gov/PDF/RRHeroin.pdf.

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[8] Ibid.

[9] Ibid.

[10] SAMHSA. (2005).

[11] SAMHSA. (2004a). Heroin—Changes In How It Is Used: 1992-2002. The DASIS Report. 17 December 2004. Office of Applied Studies. U.S. Department of Health & Human Services. Rockville, Maryland. Retrieved June 16, 2005, from http://www.oas.samhsa.gov/2k4/HeroinTrends/HeroinTrends.htm.

[12] Ibid.

[13] *Publicly funded treatment services are funded by Illinois Department of Public Health's Division of Alcoholism and Substance Abuse (DASA).* Illinois Division of Alcoholism and Substance Abuse. (2006). Fiscal Year 2005 Data Book. Retrieved June 21, 2006, from http://www.dhs.state.il.us/oasa/DATABOOK_FY05FW.pdf.

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