

Free research paper on drug and alcohol problems; heroin: where is the epidemic

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Following the death of Phillip Seymour Hoffman in February of 2014, media outlets in America and elsewhere filled with news of it. Alongside this news were claims that there was an uptick of heroin usage in the United States. Virtually all media centers seemed to point to the possibility of an uptrend in the use of heroin in contrast to that of its relatives in the opioid group. The media claimed that there were new warnings from health officials in the US of an impending confirmation on a heroin epidemic. According to some of the health officials interviewed, the heroin epidemic seemed to have been simmering long before Hoffman died. This heroin epidemic was then perceived to have reached its boiling state, touching on new demographics in new places that included suburbia. The news pointed to the unpredictability of national data surveys since they claimed they were released at slow speeds that were frustrating enough to fail to give a good picture of the upsurge. Indeed, as one of the media outlets carried in their news, reports from states such as Washington, Maryland and New York suggested the possibility of a peak achievement in the number of heroin deaths over the next several years. This was to be observed – according to the reports – in the subsequent national data releases.

Further, the reports claimed that with local trends indicating an uptick, the national data would also reflect of the same within a matter of time. This was because of the feeding effects that local data has on the national data. At the local level, officials noticed worrisome indicators that included deaths, arrests and others such as overdoses. Indications also pointed out to development of a new epidemic system. This epidemic system showed that heroin use had now spread to areas had no prior reports of heroin usage; the

rural and suburban sectors. The media reports also captured selective data on some states including Washington and Maryland that made most of the people - including politicians - link the data to heroin upsurge.

One Maryland report showed that there was an increase in the number of deaths as a result of heroin between 2011 and 2012. This was after four years of perceived decline. The report also captured the seemingly decrease in the number of overdoses due to prescription opioids (by 15 percent within the same time). Another report in Washington also seemed to have the same meaning by virtue of the number of suspects who tested positive for heroin. It gave indications of a jump from 842 in 2007 to 2, 251 in 2012 which corresponded to a 167 percent increase. These reports seemed to confirm the belief of an uptrend in the abuse of heroin, although data from national surveys had not shown up yet. Of serious concern are the claims that heroin was by then more available in most states than in previous years when a decline had been observed. From yet another report, the US heroin overdose deaths had risen by 45 percent between the period beginning 2006 to 2010. There was also another report that claimed the rise of heroin that had been seized at the US-Mexico border by fourfold from around 2008 to 2012. The officials alluded this rise to the increase of production of heroin in Mexico, making it more available at cheaper costs than ever before. They also claimed that there was increased smuggling of the dangerous drug into the US and that users who had been addicted to prescription opiates opted for the cheaper heroin, leading to the rise in its abuse.

Looking at the Monitoring the Future (MTF) survey as well as the National Survey on Drug Use and Health, there is quite a clear picture on the abuse of

heroin since the surveys provide empirical data supported by evidences. It would therefore be wise to reflect on this data before making any concrete judgment. From the MTF survey on adolescents, there is clear information on how heroin use has been since the start of the survey. For instance, annual incidences of heroin use among the 12th graders fell significantly – by half – between the period beginning 1975 to 1979. This was a fall from 1. 0 to 0. 5 percent. The prevalence rate then held steadily at 0. 5 percent till 1994. In the late 1990s, the use of heroin rose further to reach peaks of 1. 6 percent (in 1996 amongst 8th graders), 1. 4 percent (in 1997 amongst 10th graders), and 1. 5 percent (in 2000 amongst 12th graders). This trend in use suggested a cohort effect (or variations in heroin use over time). However, since those peak levels in the late 1990s, heroin use has been showing decline in its trend. This is supported by the annual prevalence rate in all three grades from 2005 through 2010. The prevalence rate oscillated between 0. 7 and 0. 9 percent during this period. Further, statistics point to more decline in heroin use from 2011 to 2013 in all the three grades. The use declined from 0. 7 to 0. 6 percent which was quite a significant decline. However, this leveled subsequently in 2013. A point of interest in the trend in heroin use is the amazing facts that both national surveys show. Most of the decline observed in heroin use resulted from that population that used heroin without a needle. This population was largely responsible – in the early 1990s – for the increase in heroin use. In 2012, significant decline in the use of heroin without a needle was observed, especially in the 8th and 12th graders. However, there was no change in 2013, just as in the overall trends in use. In 2013, all grades had annual prevalence rates of 0. 3 or 0. 4

percent in 2012 and 2013.

The use of heroin with a needle has also declined, at least less over some time. There is however a contrast in the use of heroin with a needle amongst 12th graders. This is according to 2010 data which shows that there was quite a noteworthy increase to 0.7 percent where it was steady until 2011 when it dropped slightly to 0.6 percent. In 2013, all the three grades stood at 0.4 or 0.5 percent (with a needle). In the adult category (18 years or older), there were approximately 277,000 current heroin users in 2013. According to a survey by the National Survey on Drug Use and Health carried out in 2012, there were approximately 335,000 regular heroin users, up from 239,000 in 2010. This was in the age group 12 and older. However, in the same line, this number came down to 289,000 in 2013, pointing that there had been a short-lived increase in the number of regular heroin users which later corrected by the decline observed.

In summary, all age groups – except the young adults – had an annualized prevalence rate (in 2013) of heroin use that was way below the peaks observed before. Young adults have, contrastingly, been at the peak rates of heroin use from 2008 to 2013 (0.5 to 0.6 percent). This may be explained in part by suggesting a cohort effect at work up the age spectrum. Therefore, as much as some reports from the media may hold some evidence – based on the national data – they seemed to generalize the state of affairs at some US states as if they were national. This generalization may be seen as somewhat distorted since it lacked data to support it. On the other hand, though there might have been an increase in the usage of heroin in young adults from 2008 to 2013, it did not mean that all other age groups had the

same phenomenon. In any case, every set of data always seems to have cohort effects that are important in explaining the variations seen up the age spectrum. Since major surveys point to the absence of a real upsurge in heroin use, it can therefore be said that the media reports were a bit ignorant in the whole context of the surveys. The claims seem to have been quite selective as they concentrated in some of states where it was already known that heroin use was high. They failed to address the whole spectrum of heroin use.

Works Cited

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