

Example of research paper on the new heroin epidemic

[Health & Medicine](#), [Drug Abuse](#)



The New Heroin Epidemic

According to Gilderman (2012) the United States experienced their largest heroin epidemic from 1967 to 1971; the second largest epidemic lasted from 1976 to 1981 (para. 9). So generally when people hear about a heroin epidemic they immediately think back to the 60s and 70s. There seems to be no recognition that there could be an ongoing epidemic of heroin use right now in the United States. Not only that, the epidemic is global including large areas of sub-Saharan African countries as well as in other locations around the world.

The question considered in this essay is: Does a new heroin epidemic exist? I argue that there is a new heroin epidemic with users engaging in high risk activities that could lead to another HIV epidemic.

Where is the epidemic and who are the heroin users?

Gil Kerlikowske is the head of the Office of National Drug Policy. It is his job to research the drug policy problems of the nation, write policy and report to President Obama.

He explained to Gilderman (2012) that the drug policy community learned from the methamphetamine problem that numbers can be misleading. The national use of methamphetamines was low at a time when small towns in place like Iowa were being devastated because of its use. He says a similar pattern has happened with heroin. (para. 43-44) Kerlikowske does not commit to the existence of a heroin epidemic yet but he acknowledges the danger of one. (Gilderman, 2012, para. 45)

In West Kensington, Philadelphia, Pennsylvania heroin is sold openly on the street. In fact “ It contains one of the largest street markets for heroin in the United States” (Gilderman, 2012, para. 2). Heroin sells in units called ‘ bundles.’ Each bundle is 14 bags. One bundle can usually be purchased for \$120. (Gilderman, posted comment, 17 Feb. 2012)

In Philadelphia most of the buyers are white. The heroin available is 50 to 70 percent pure; which is considered very high quality. The amount available is also very high; so high that heroin is easily available in the small towns surrounding Philadelphia. Philadelphia’s intelligence program for the Drug Enforcement Agency (DEA) reports that other drugs that used to be the main problem, such as methamphetamine, PCP and crack cocaine, are not selling well now. Laura Hendrick, DEA group supervisor for the Philly intelligence program explained the new influx of heroin, “ It is by far the biggest drug threat. The user population is huge. The availability is high, and the purity is high.” (Gilderman, 2012, para. 4-6)

In Madison and Dane County, Wisconsin the heroin epidemic has reached the point where the Madison Police Department reports almost daily heroin associated arrests; mainly for selling, buying or due to an overdose. People break the law to satisfy their addiction, people pass out while driving, and death from overdose is becoming more common. A high sales area is the East Washington Avenue corridor, a busy highway. (Pollack, 2012, web update)

In New York City the largest population of heroin abuse is the immigrants from the Former Soviet Union (FSU). In a study conducted by Guarino (et al., 2012), very thorough interviews were given to ten FSU immigrants who are heroin users. Most of the participants had started using the drug as teenagers; about one third started in their mid-twenties. Two of the participants started using heroin before they came to the United States (US). (4)

The descriptions of the participants fit the overall demographics of FSU immigrants. Most are highly educated and those who don't have advanced degrees have had at least some college. They have a close relationship with their families. Guarino (et al., 2012) reports that 90 percent spoke both Russian and English. The outliers in this demographic type were two participants who were homeless. (4-5)

The reason for the drug abuse by FSU youth in NYC was attributed to the extreme difficulties in transferring to the American culture and the difficulties finding good jobs. Work can only be found at restaurants and nightclubs (stripper joints) where heroin is easily available. Women were more likely to use heroin if they were involved with boy friends who used it. (Guarino et al., 2012, 10-11)

In Africa drug prevention treatment programs are not well developed yet; instead arrest and punishment, a stay in prison, are the only programs reacting to the drug abuse problem. The global average of adult heroin use is similar to the number being used by African adults. In 2006 that number in

percentage was 0.2% African adult users. That does not sound like much but here is an example to put that number in context. (Reid, 2012, 2)

Heroin use in 1997 in Ghana exceeded the use of marijuana and cut through all demographic groups in the society. The heroin use was great enough to impact Ghana's domestic economy. (Reid, 2012, 2)

What caused the change to heroin?

In Africa the heroin is available because of the large amounts available along the usual trade routes which have been open since the 1990s for opiates and cocaine. There are two trade routes, one each, running along the east and west coastlines of Africa. (Reid, 2012, 2)

In the United States the transition to heroin developed when heroin became cheaper than pain pills. People addicted in the past to prescription pain pills, such as Oxycontin, have started using heroin (a) because it is easy to find and (b) it is cheaper than the pills.

The double risk

Heroin addiction is terrible on a person's health. But there is even more risk to the drug users health. Injection of the heroin is the most common method used because it gets the drug into the bloodstream fast. The risk for contracting HIV is very high due to the sharing of needles.

Gilderman (2012) has explained that heroin overdose deaths and increases in HIV and hepatitis C are the largest public health risks of heroin addiction. The sharing of needles between drug users causes the spread of HIV and

hepatitis C. Heroin can be smoked or snorted but the fastest way to get high is injection so eventually addicts move to that method. (7-8)

Injection drug use (IDU) is the common way to get high among FSU immigrants from the beginning of their drug use experience. The FSU study concluded that the reasons for IDU (and sharing needles) by the immigrants had a complex basis in social and historical cultural traditions. (Guarino et al., 2012, 3).

Needle sharing in Africa is due to low availability of needles and lack of education on the dangers of sharing. Although the risks of unsafe sex and contracting HIV is well understood, the same risk with shared needle use is not well known. Reid (2012) explains an example of the risk in East Africa where large gauge needles are the type available (5). The large gauge size damages small veins and the injections are soon being done into larger veins; because they are reused the tips of needles become blunted. The combination of large gauge needles and blunted tips could very likely pose a greater HIV risk. (Reid, 2012, 5)

Conclusion

In Stout's research (2012) the overall picture of the drug trade demonstrates the immensity of the problem. He explains the history of heroin use in the US as well as the dynamics of the heroin business and addiction patterns in the US and Mexico. I agree with his conclusion that nothing is accomplished by turning the problem into a national pride issue and using the military to stop

drug addiction. Until treatment is more easily available than the drugs, the problem of drug addiction will not be solved.

This literature review has indicated the global proportions of the current heroin epidemic. It also points out the added risk of another HIV epidemic due to IDU and the sharing of needles. The thesis that a new heroin epidemic has arrived, bringing with it added health risks was found to be correct. Unfortunately.

National governments must consistently and seriously use prevention campaigns and treatment opportunities to end the drug addiction problem and the spread of HIV.

Gilderman, G. (2012, February). Philly's next heroin epidemic. Philadelphia Magazine.

Retrieved from http://www.phillymag.com/articles/philly_s_next_heroin_epidemic/

Gilderman reports on the transition of addiction from pills such as Oxycontin to heroin. Heroin and the new heroin epidemic is the main subject of his article. His main thesis question is "What happens when pills become expensive and heroin is cheap? The main area, where he focuses his report, is West Kensington, Philadelphia, Pennsylvania and small towns around Philadelphia. The heroin available in Philadelphia is considered to be of high quality because it is 50 to 70 percent pure. The supply is large and that is why surrounding areas of Philadelphia are becoming part of the sales area. People who in the past were taking Oxycontin have changed to heroin

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because it is so easily available and because heroin is so much less expensive. The Office of National Drug Control Policy has learned that an emphasis on prevention programs is the best strategy. Preventing a heroin epidemic through treatment is difficult because the epidemic starts at the front end of the addiction when users feeling good about using the drug.

Gilderman has planned his report very well. The main strength is his use of interviews of people throughout the whole process of addiction from addict to enforcement agencies. He used the following sources: (a) two Drug Enforcement Agency agents, (b) addicts that transition from pills to heroin, (c) a recovering addict, (d) a Narcotics Anonymous group meeting, (e) a regional medical director of NHS Human Services, (f) the mother of an addict, (g) the director of the Office of National Drug Control Policy, and (h) the Philadelphia police department, Narcotics Bureau. He does not force any information on the reader; he offers good sources and good research to enable to reader to understand the problem's dynamics.

Pollack, B. (2012 January 18). Update: Heroin epidemic: A new initiative to stop the growing problem. NBC15. http://www.nbc15.com/home/headlines/Heroin_Epidemic_A_New_Initiative_To_Stop_The_Growing_Problem_132128223.html

Here Pollack reports in real time the strategy of the Madison, Wisconsin action plan against the heroin epidemic. His three quoted sources are Madison, Wisconsin's Mayor Paul Soglin, Dane County Executive Joe Parisi, and the Executive Director of Safe Communities. The purpose of the article is

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to report the reasons for the joint initiative, the steps that have been initiated at the time they are announced, and what to expect in the future. He reported that the first step of the strategy was to stop street heroin sales. He reports on the recognition that pills, such as OxyContin, are gateway drugs to heroin and the number of poisoning deaths due to drug overdose.

The author's methodology is the greatest strength of the paper; as soon as information is released from any of the participating entities he makes a report. The first report anticipates the announcement of a joint initiative to reduce heroin abuse and reviews the earlier reports on the dimensions of the addiction. The second report points out that the Madison Police Department's website is regularly updated with the arrests for selling, using and overdosing heroin. The strategy goals for the six focus areas in the overall plan which includes long term planning are delineated. Budget information is given. The efforts that the organization Safe Communities will be making parallel to the City-County joint initiative are listed. A Prevention Summit of workshops that will be held is reported. It lists the participants and the topics. This is a well done chronological presentation of important facts and background information.

Guarino, H., Moore, S. K., Marsch, L. A., & Florio, S. (2012). The social production of substance abuse and HIV/HCV risk: An exploratory study of opioid-using immigrants from the former Soviet Union living in New York City. *Substance Abuse Treatment, Prevention, and Policy*. 7(2), 14pp. Retrieved from <http://www.substanceabusepolicy.com/content/7/12>

The purpose of this article is to describe the reasons immigrants of the Former Soviet Union (FSU) are drawn into heroin addiction, and an overview of the problem, especially the sharing of needles which leads to high risk of HIV/HCV infection. It was found that immigrating to a new place and the difficulty of acculturation are pressures that lead to first using heroin especially for young men. The problem is expected to continue in the FSU New York City (NYC) communities, not only the heroin use but also the needle sharing. The author discusses the background reasons for FSU immigration and for substance abuse in the NYC communities. The high risk of youth in the FSU immigrant communities is due to a group of historical, social-cultural, and behavioral reasons which leads to heroin addiction and the spread of HIV/HCV.

Detailed interviews of ten FSU immigrants were the foundation of the methodology. All had begun taking opiates when young. Therapists from six drug treatment clinics were interviewed but the treatment data is published in a second paper. Sources of recruitment included (a) a NYC methadone maintenance clinic, (b) a Russian language outpatient substance abuse service, (c) a youth HIV outreach program, and (d) advertising in Russian-language newspapers/publications. The data was analyzed qualitatively using overlapping strategies to ensure reliable results. They used a 'constructivist grounded theory approach' for data analysis. The participants were 50 percent male, 50 percent female.

Reid, S. R. (2009) Injection drug use, unsafe medical injections, and HIV in

Africa: A systematic review. *Harm Reduction Journal*. 6(24), 11 pp. doi: 10.1186/1477-7517-6-24

The increased rate of injection drug use (IDU), prediction of rates of future IDU, strategies for youth protection, and need for public awareness are discussed in terms of a warning. The main point being that the high risk to young people from IDU is growing and suggestions for reduction measures are given. In Africa high risk sex and high risk injection IDU of heroin and drug stimulates are the reasons for an epidemic wave of HIV in sub-Saharan Africa. Few drug education or drug treatment centers exist. Imprisonment, not treatment, is the most commonly used method for controlling the problem. The highest risk group is young people.

The methodology is well-planned and thorough coverage of appropriate information is shared. The article gives background, current problem and possible methods to improve the situation. The details in the article demonstrate the epidemic proportions of heroin use and the consequence, due to needle sharing, of HIV spread. The methodology is a review of the literature in order to quantify increase in needle sharing from IDU. Data was summarized and reported from Kenya, Mauritius, Nigeria, South Africa, and Tanzania. Data is reported in table form and includes (a) rate of sharing needles during drug use, (b) IDU prevalence in 2008, (c) reduction resources, and (d) unsafe injection frequency and sterilization coverage. The attitude towards treatment clinics and harm reduction programs is discussed as well as other challenges to education and public awareness projects. Even though the article covers a large region of Africa, the presentation of the information

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is easily understood. The article is well-written. The data is presented in easily understood tabulated form.

Stout, R. J. (2012). Do the United States and Mexico really want the drug war to succeed? Monthly Review. January 63(8), Retrieved from <http://www.monthlyreview.org>

The author of this paper lives in Oaxaca, Mexico and has written extensively on social issues that are shared by the United States and Mexico. He points out that there is a misunderstanding about the groups that are involved in the lucrative drug business. Stout reports that they really aren't gangs, but that they are run like corporations. A reason the drugs have successfully flowed into the United States (US) is that regular, middle class professionals have been used to carry false bottomed suitcases and act as if they are on normal business trips; or piñatas filled with drugs were imported into the US. He makes the point that legalization would not be a useful solution. His main point is that Mexico and the US must work cooperatively to end the problem and firstly the two countries need to carefully study the facts so that a realistic solution can be found. For Mexico and the US to take nationalistic stances will prevent any joint solution from being found.

The article is written from a socio-historical point of view consisting of an explanation of the background of the problem and how it led to the current problem of drug addiction and violence. The information was added in a step-by step way so that the author's reasoning can be understood by the reader. Important subjects to build the author's argument are introduced one

at a time such as how the drugs are moved and how the organizations are organized like corporations for example as in how money is moved. The important personalities in the drug trade and the Mexican government are discussed. The information and the author's argument are easy to understand. The presentation is logical and interesting.