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# Understanding Suburban Heroin Use

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Research Findings from the Reed  
Hruby Heroin Prevention Project at  
the Robert Crown Center for Health  
Education – EXECUTIVE SUMMARY

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# Executive Summary

## Background

Mexican heroin production has increased significantly since 2002 from an estimated 6.8 metric tons to a production level of 50 metric tons in 2011—a more than seven-fold increase in just seven years. This increase in production has made heroin more available in many areas across the country, including Missouri, New York, North Carolina, Illinois, Pennsylvania and South Carolina.

### Patterns of suburban heroin use have been reported nationally and in Illinois:

- Though heroin use levels may be somewhat stable, use is increasing among young people in many suburban and rural areas, according to the US Department of Justice.
- Illinois has seen an increase in young suburban users, evident in public treatment admissions and hospital discharge data. For example:
  - Among 20 to 24 year olds, from 1998 to 2007, hospital discharges for heroin use among Chicagoans declined 67 percent but increased more than 200 percent in the Collar Counties.

### National survey and treatment data indicate increases in youth heroin use:

- According to the National Household Survey on Drug Use and Health, initiations to heroin have increased 80 percent since 2002.
- Among those ages 12 to 17, survey data indicates that nearly 34,000 youths initiate to heroin in a given year.
- Among those ages 12 to 17, survey data indicates that nearly 3,753 youths used heroin on any given day, not necessarily for the first time.
- Treatment admissions among those in their teens and their 20s increased by about 56 to 58 percent from 1996 to 2006.
- The majority of youth aged 12 to 17 entering public treatment for heroin across the nation were white (76 percent), followed by Latinos (16 percent), with only 2 percent of those entering treatment being African American.
- In Illinois, nearly 70 percent of youth under age 18 admitted to public treatment were white.

### Injection drug use is increasing among younger heroin users:

- Over a ten year period, injection drug use has increased among heroin using teens by 94 percent, with about 70 percent of teens reporting injection currently.
- Injection drug use among 20 year olds entering treatment for heroin increased by 110 percent, with more than three quarters reporting injection drug use.

The academic literature has demonstrated some linkage between the usage of opiate pills to the initiation of heroin and survey data demonstrate that:

- In 2008, over 900,000 12 to 17 year olds initiated to prescription pain pills.
- While cannabis initiation trumps prescription pain pill initiation, (59 percent vs. 17.1 percent), the second most common illicit drug initiation was to prescription pain pills.

### Understanding Heroin Use, Addiction and Dependency

Heroin has one of the highest dependency liability profiles of any licit or illicit drug--only nicotine ranks higher. As such, the fear the public may have about the increasing heroin use among young people is understandable. Of those who are offered heroin, about 20 percent will try it, and of those, 25 percent will proceed to dependency.

The academic literature indicates that the life trajectory of heroin dependent persons is poor, with extremely negative outcomes. There is little information available in the literature on this emerging population of suburban heroin users. In order to build a profile of suburban heroin use and users, the researchers decided to use a "life map" approach. This approach allowed the research team to build profiles of suburban heroin users in order to better understand this growing population.

### **Heroin Interview Findings**

Among the interviewees, the researchers found three pathways to heroin:

#### 1. Pill Use to Heroin

Use and dependence on opiate pills prior to using heroin (e.g. using heroin as a replacement for opiate pills when they were difficult to obtain)

- One third of the sample was dependent on opioid pills like Oxycontin or Vicodin before transitioning to heroin.
  - One participant had become addicted after being prescribed Vicodin by his doctor.
- Pill users' perception of heroin use were softened (e.g. they were less scared to try it) once they realized the connection between opioid pills and heroin.

#### 2. Cocaine Use to Heroin

Use of heroin to ease the effects of cocaine binges (e.g. using heroin to "come down" from the cocaine)

- Users who binge on cocaine generally find that they require something to stop the cocaine binge and enable them to fall asleep. Roughly one-third of our sample initiated to heroin in this manner.

#### 3. Poly drug use to Heroin

- Poly drug use to heroin was the most common path to initiation among our sample, with just over one third initiating to heroin in this manner.

### Characteristics of Heroin Initiation

- All of the interviewees first initiated use to heroin by inhalation - “snorting” or “sniffing” heroin. Most of the interviewees thought that heroin used this way was “less addictive” or had no addictive qualities at all.
- The mean age of first use of heroin was 18.4. Three of the interviewees used heroin at age 15.
- All of the interviewees, except one, transitioned from sniffing to injection.
- One third of our sample began to use heroin while they were in high school.
  - Among the higher socio-economic status (SES) participants, heroin use spread throughout the high school peer group and many people became dependent.
- The majority of those interviewed had little or no idea what heroin use dependence consisted of or the withdrawal syndrome associated with it.
- Many became addicted quickly after initiation, but dependency was generally identified by another person (someone who was dependent). Interviewees thought that the withdrawal syndrome was the flu or some other illness.

### Interviewees had minimal drug knowledge:

- The majority of heroin interviewees had little or no education regarding heroin use and dependency.
- Many indicated that if they had known about heroin’s (and other opioids’) addictive and dependency profile, they would not have become addicted.

### Characteristics of the Sample

- More than 75 percent of the interviewees self-reported mental health disorders or exhibited symptoms of mental health disorders.
- The high levels of mental health disorders—via self-report or observed symptoms—indicate that one reason for using or continuing to use heroin was to ease these symptoms; thus self-medication was common in most interviewees.
- More than two-thirds of the sample exhibited sensation seeking behavior.

### Negative Experiences Related to Heroin Use

#### Health

Mortality rates for heroin dependent persons are extremely high. Over 50 percent of heroin dependent persons will be dead before the age of 50, with the mean age of death being 30. Overdose is a common danger that both novice and dependent users with extensive use backgrounds may face:

- About one-third of the sample experienced multiple overdoses.
- Two interviewees had friends who died from heroin overdoses.

Heroin use causes major health problems, including heart disease, blood borne pathogens from injecting (HIV/HCV/HBV) and dental problems. Heroin dependent individuals have high rates of co-occurring disorders (COD), which makes them more prone to die from suicide than the general population:

- One third of the sample suffered significant scarring from injection, amputation or limb damage as a result of injection drug use.
- About half the sample had missing teeth, caused by the lack of saliva in the heroin dependent person.
- At least three of the interviewees had been hospitalized for a serious event related to drug use including endocarditis, abscesses at the injection site, cellulitis and other infections.
- Three of the participants attempted suicide on more than one occasion.

#### Education, Employment and Housing

- More than a third lost jobs due to heroin dependency.
- More than half left educational programs due to heroin dependency (this includes high school and college).
- Nearly half the sample experienced a period of homelessness.

#### Crime Victimization

- More than half of the female interviewees had been subject to a crime. Three were victims of violent sexual assault (all while living in precarious housing/homelessness situations).
- At least one male was subject to a hold-up at gunpoint by other users.
- Many of the interviewees indicated that they had been victims of other forms of crime, such as having money stolen during drug transactions, generally with other users.

#### Criminal Activity

As the heroin user becomes more dependent and loses employment, the normal trajectory indicates that the heroin dependent individual will commit crimes to support their habit. Generally these crimes are acquisitive crimes, which are crimes to obtain money. Violent crime is not common among heroin dependent users:

- About 75 percent of the sample committed some form of theft—including theft from parents, shoplifting, and burglaries.
- Those who engaged in drug selling after their addiction did so to provide money for heroin. About half of our male interviewees engaged in drug selling.
- Another way in which heroin dependent individuals in our sample paid for heroin was by giving other users rides to the city to purchase heroin.
- More than half of the female interviewees engaged in sex work (prostitution) after they had become dependent on heroin.
- More than 70 percent of our sample reported an arrest after becoming dependent on heroin.

- About half of the sample had at least one felony conviction.
- Nearly one-third of our sample experienced incarceration. More men than women (3:1) experienced incarceration after being dependent on heroin.

### Challenges Overcoming Addiction/Dependency

Once heroin dependency is established, the life trajectory of heroin users tends to be one of treatment followed by relapse. This pattern generally continues throughout the individual's life:

- The majority of our sample (80 percent) had been in some form of treatment more than one time.
- More than half of the sample had used heroin in the three months preceding the interview.
- About a third of the sample indicated that while they had not used recently, they would if they had the opportunity.

### **Youth Experiences with Drug Education: Focus Group Findings**

In order to understand gaps and deficiencies and to generate ideas regarding heroin prevention/educational programming, the next phase of the research was to conduct focus groups with young people. Four focus groups were held during the summer of 2011. One focus group consisted of participants from the interviews, (e.g. former heroin users), the other three consisted of individuals aged 18 to 24 who had used an illicit substance while in high school.

Focus Group Respondents indicated that drug education experiences overall were mixed and mostly negative:

- Many participants reported experiences with the D.A.R.E. program in elementary school. While a few thought the program was interesting or liked the giveaways, most felt the program was boring or forgettable.
- Some of the participants had health classes with presentations about drugs and drug use. These participants said that the information presented in health was better than in the D.A.R.E. program, but that it was not very comprehensive. They described it as being limited to short, 2-week sessions or bullet point presentations. Health class was perceived to be more focused on pregnancy and STI prevention.
- All of the participants responded that their drug education was not comprehensive, regardless of the format or program.

The participants indicated that there were a number of problems with drug education:

- Participants overwhelmingly believed that they were being told partial truths about drugs or were given incomplete information in their drug education programs.

- Participants felt that drug education was not realistic nor was it relevant to their needs and experiences. Some believed it focused too heavily on alcohol and marijuana and not on the other substances.
- Participants believed that they were placed at a disadvantage when the assumption was that they were learning all that they needed to know through their drug education program.
- Exaggerated stories and warnings as a component of the drug education program were perceived as insulting and discrediting by some participants.

Participant drug knowledge was low, particularly in regard to heroin:

- All participants knew of heroin, but none could describe the addictive nature of the substance, the physical dependency or the withdrawal. Few could explain what the drug would do to your body when taken.
- Participants mentioned the following concerns in relation to their heroin drug knowledge:
  - Heroin-specific information was lacking from school programs.
  - Participants indicated that school programs “half explained” heroin effects, if at all.
  - Heroin and other drugs were “lumped together,” which prevented heroin from standing out as a particularly problematic drug when compared to something like marijuana.
- Participants reported relatively high disapproval of heroin use but comparatively low disapproval of using opiate pills. Participants were not necessarily clear about the linkage between opiate pills and heroin.
- Participants had general knowledge about drugs like marijuana, but there were some answers that highlighted knowledge gaps. When asked which substances caused physical dependency, some participants included cocaine, crack and methamphetamine in their responses.
- The difference between dependency and addiction were not clearly understood terms. Several participants believed that marijuana was a very addictive drug, though other participants clarified that they saw it as more of a mental addiction and not a physical addiction.
- Participants often brought up urban myths or legends about drug use and believed them to be true.

Focus group participants reported drug use, as well as drug use among peers and family:

- All of the participants had used marijuana and others alluded to the use of other substances.
- Only two of the participants in the non-heroin involved groups had used heroin, but one participant mentioned problematic opiate pill use. A few other participants mentioned occasional opiate pill use.
- All participants in the heroin-involved group had poly drug use histories.
- Several of the participants knew people that had used heroin during their time in high school. All these participants responded that they were turned off by the impact of the drug on their friend, citing the ways in which the drug was problematic (led to lying, overdose, etc.).

- Many of the participants believed that their own experiences of drug use, as well as the drug use experiences of friends and family, were the best sources of education about drugs and drug use.
- Many participants felt that the bad experiences of friends and loved ones helped them to decide not to do something, just as good experiences might encourage them to try something.
- According to the participants, some parents were very vocal in their disapproval of drug use and other parents never talked about the issue with their children.

## **Findings from Parent Survey**

The data that emerged from the focus groups indicated that nearly all of the participants felt their parents did not know how to communicate with them effectively. This finding was echoed in the life-map interviews. In addition to the research conducted with young people, a survey of suburban parents was conducted in order to gauge their feelings and their preparedness for conversations regarding substance use with their children.

### Knowledge Deficits

- Parents felt that they did not know which drugs their children would encounter or what the biophysical consequences would be of those drugs.
- Some also expressed concern about knowledge gaps due to their own lack of experience with personal use.

### Concerns about Age-appropriateness

- Parents were concerned about knowing at what age to start having the conversation about drugs, and about knowing what types of information to present and in how much detail to children of varying ages.

### Uncomfortable Situations

- Parents felt awkward talking about drugs and being honest about their own feelings about drugs (both positive and negative.)
- Some parents expressed discomfort with how to handle their own use history and how to tell their children not to do things they themselves had done, while others were unsure how to address problematic substance use in family or friends.

### Threats to Parental Authority

- Parents were unsure how to get their children to see them as a knowledgeable, reputable source of drug information when their children displayed the typical adolescent “know-it-all” attitude. They wanted their children to understand that they as parents wanted to be open and approachable, rather than preachy, lecturing, or commanding.
- They feared that their children would disregard their warnings as hypocritical or uninformed depending on their parents’ drug use history or lack thereof. They wanted to be seen as a more authentic agent than their children’s peer groups.

### Children's Comprehension

- Parents were worried that they would overwhelm their children with too much information or that the materials and information would be too advanced for their children.
- They expressed uncertainty regarding how to ask for feedback or input from their children following a conversation about drugs.

### Concerns about Content of Conversations

- Parents wanted to create a balance between educating their children and making them aware that drugs are a serious threat.
- They were unsure about the types of scenarios to present to their children about how they might encounter drugs, such as at parties or in school.

### No Challenges Indicated

- Some of the parents indicated that they did not perceive any challenges in talking to their children about drugs. Reasons cited included open communication or "quality conversations," high levels of parental involvement in their children's lives, and children still being very young in age.

### Where to Get Accurate Information

- About half of parents did not know where to get accurate information about drugs.