

## A Weekly FAX from the Center for Substance Abuse Research

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### *Evidence of an Impending National Heroin Epidemic is Inconclusive*

Over the past several years there has been speculation of a forthcoming heroin epidemic in the United States. Since 1994, qualitative studies of drug use in major cities across the nation have observed an emerging class of new, young heroin users (see CESAR FAX, Volume 5, Issues 2 and 46). However, quantitative data supporting the emergence of a national heroin epidemic is ambiguous. For example:

- The estimated number per year of U.S. household residents (aged 12 and older) using heroin for the first time increased significantly between 1992 and 1995, from 40,000 to 141,000. However, the rate of current (within the past 30 days) heroin use among household residents has remained at or below 0.1% since 1979 (*National Household Survey on Drug Abuse, Substance Abuse and Mental Health Services Administration*).
- Current heroin use among 8th, 10th, and 12th grade students nationwide has increased significantly since 1991. However, current heroin use for all three grades remains at less than 1% each (*Monitoring the Future, National Institute on Drug Abuse*).
- Historically, epidemics of illicit drug use first appear among the arrestee population. Since 1992, recent heroin use among male arrestees aged 15 to 20 has increased in four cities (Houston, New Orleans, Philadelphia, and St. Louis). However, heroin use among adult male arrestees has remained stable or decreased in the majority of U.S. cities participating in the Drug Use Forecasting (DUF) program, and continues to remain low (typically below 10%) relative to cocaine and marijuana use (*Drug Use Forecasting, National Institute of Justice*).
- The estimated national rate (per 100,000 population) of heroin-related emergency department (ED) episodes has been increasing since 1990 (from 15 to 33 in 1995). However, this increase appears to be concentrated in a handful of cities (Baltimore, Boston, Los Angeles, Newark, San Francisco, and Seattle). In addition, the majority of heroin-related episodes in 1995 occurred among persons aged 35 and older (55%) and were most frequently for the treatment of "chronic effects" (26%), suggesting that the rise in heroin-related ED visits may be due, in part, to a cohort of users experiencing chronic effects of long-term heroin use (*Drug Abuse Warning Network, Substance Abuse and Mental Health Services Administration*).

Certainly, the nature of heroin use is changing. The increased purity of heroin available on the streets, coupled with concern about AIDS, has led to a shift from heroin injection to inhalation. And the ability to inhale heroin may be attracting younger, middle class users. However, it would be premature to conclude from existing drug use trends that a national heroin epidemic is imminent.