

Wisconsin Heroin Brief 2007-2014

How many people use heroin?

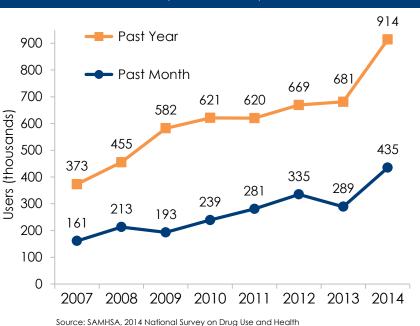
According to the 2014 National Survey on Drug Use and Health, an estimated 435,000 people in the United States—0.14% of the population aged 12 years and older—inject, smoke, or snort heroin regularly ("in the past month"). Based on this proportion, an estimated 6,600 regular heroin users live in Wisconsin. Nationwide, past year heroin use increased 34% from 2013 to 2014, while past month use increased 50% over the same period. Accordingly, the number of regular users in the US more than doubled between 2008 and 2014. Among people between 12 and 49 years old, the average age of first use was 28 (US).

What are the effects of heroin?

Like other opioids, heroin induces euphoria and minimizes the perception of pain. Further side effects of heroin use typically include drowsiness, nausea, itchy skin, disorientation, slow and shallow breathing, and dry mouth. Moreover, when people inject heroin, they are at risk of acquiring and transmitting serious, long-term viral infections, such as hepatitis C and HIV. The risk of death from using heroin is substantially higher than that of prescription opioid abuse.

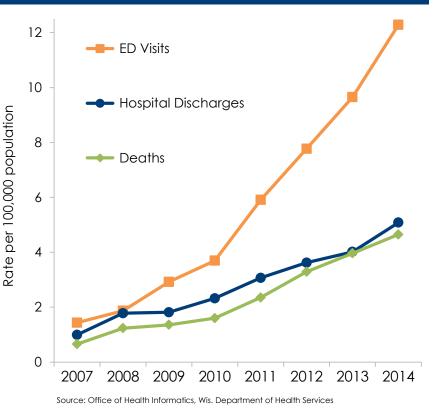
Are heroin deaths rising?

From 2001 to 2007, heroin death counts in Wisconsin were consistent, averaging 27 per year. From 2008 to 2014, however, annual heroin deaths nearly quadrupled, from 70 to 267. In 2014, heroin deaths surpassed the peak mortality of the HIV epidemic (259 deaths in 1993). Almost all Wisconsin heroin deaths are classified as unintentional.



Heroin use, United States, 2007-2014

Rates of heroin-related emergency department visits, hospital discharges, and deaths, Wisconsin, 2007-2014



This document was produced by the Injury and Violence Prevention Program in conjunction with the Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services. P-01238 (03/2016)

What other drugs are involved in these deaths?

Heroin deaths are often associated with multiple drug use ("polypharmacy"). Of the 267 Wisconsin heroin deaths in 2014, 173 (65%) involved one or more drugs other than heroin (see list to the right). The most common contributors to heroin overdose, benzodiazepines, constitute a class of anti-anxiety medications that includes diazepam (Valium) and alprazolam (Xanax). Other and synthetic opioids include medications like fentanyl, hydrocodone (Vicodin), and oxycodone (OxyContin).

Who is dying from heroin overdose?

Three-quarters (75%) of Wisconsin residents who died from heroin overdose in 2014 were male, while 80% were white, and two-thirds (67%) had no more than a high school diploma. The median age was 34 years old, and the vast majority (87%) were unmarried. The most common overdose locations were homes (88%), hotels (6%), and vehicles (2%). Despite accounting for just over a quarter of the state's population, Milwaukee and Dane counties were home to nearly half (48%) of all decedents.

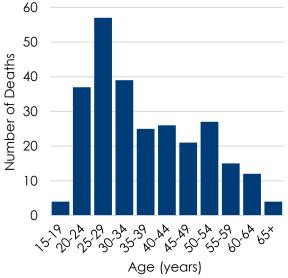
Why are heroin deaths increasing?

From 2013 to 2014, heroin overdose deaths increased 18% across the state. Although robust research in this area is limited, the causes of this surge may include:

- Rising use and misuse of opioid pain relievers
- Falling price and improved distribution of heroin
- Shifts in the demographics of heroin users
- Rising availability of pure heroin, which reduces the need for injection

| Contributing causes of heroin deaths | # |
|--------------------------------------|----|
| Benzodiazepines | 62 |
| Other and synthetic opioids | 51 |
| Cocaine | 40 |
| Antidepressants | 21 |
| Psychostimulants | 13 |
| Methadone | 2 |

Heroin-related deaths, Wisconsin, 2014



Source: Office of Health Informatics, Wis. Department of Health Services

Median age 34 years old 67% completed high school or less 75% male 80% white 87% unmarried 88% died at home

What can be done to reduce heroin deaths?

Enhance tracking of drug poisoning by providing more timely and detailed information on the nature of drug-related death, disease, and disability in the general population.

Improve population health by expanding access to medicationassisted treatment (MAT), which combines naltrexone, methadone, or buprenorphine with counseling and behavioral therapies. Increase awareness and availability of naloxone among first responders, opioid users, caregivers, bystanders, and persons on release from prison or jail. Naloxone is a prescription medication that reverses overdose.

Support action at the community level by developing data-driven drug overdose prevention coalitions and by promoting safe prescribing practices via provider education.

Get the facts: dhs.wisconsin.gov/opioids