



IN SIGHT

Helping you improve the quality of your personal & professional life.

Issue No. 39

AUGUST 2000

HEROIN: MISCONCEPTIONS, ILLUSIONS, AND TRUTH

In recent years, heroin has acquired increased visibility. Many of us associate the drug with time-worn stereotypes of inner-city I.V. drug users: the classic “junkies” we view with revulsion or apathy because their lives are so distant from ours. Directly in opposition to that image is a misplaced glamour given to heroin in certain media circles, as fashion promotes the gaunt, wasted look of models displaying “junkie chic,” and recent films like *High Art* and *Permanent Midnight* depict heroin use as a dark ritual integral to an artistic lifestyle.

The truth lies in the space between. Heroin use, while devastating and deadly, is more popular today. Drug-related deaths from heroin more than doubled between 1998 and 1999.¹ In Multnomah County, 82% of drug-related deaths involve heroin, which is the leading cause of death for males between the ages of 25 to 44.² Large quantities of the drug are now available at a lower price and greater purity. These factors have led to a shift in heroin abuse patterns from injection to sniffing and smoking.³ With these

changes has come a more diverse group of users, including more affluent classes and higher numbers of women and youth. Many start using in the mistaken belief that they can’t become addicted unless they inject the drug.

The legal profession is not immune to this fatal trend (see associated story), and a focus on prevention, intervention, and treatment is needed – not only to decrease the number of people who become addicted through experimentation but to offer effective recovery options to those suffering from the disease of addiction.

For more information on this topic or other issues related to substance abuse and recovery, call OAAP Program Attorneys Michael Sweeney or Meloney Crawford Chadwick at 503-226-1057.

- ¹ *Regional Drug Initiative Report 12/99*
- ² *Drug Death Trends, Multnomah County Medical Examiner's office. 12/99*
- ³ *Community Epidemiology Work Group, NIDA, 06/99*