

Heroin Project Focus Groups Summary of Findings

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A Partnership of

**Southwest Coalition
for Substance Abuse Issues**

Will County Juvenile Justice Council

Chestnut Health Systems

Heroin Focus Groups

Summary of Findings

Purpose

Heroin is having a rapidly increasing and devastating impact on the youth and families in Will County. The primary purpose of conducting this series of focus groups is to use the information to generate recommendations and develop a comprehensive plan to address this issue. It is also hoped that conducting focus groups from a cross section of community sectors will provide a clearer picture of the scope of the current problem and point toward solutions that archival data alone cannot provide.

Methodology

A total of seven focus groups were conducted between February and April 2011. The focus groups represented the following sectors: substance abuse treatment providers; deans of high schools; probation officers; first responders; parents; recovering adults; and high school youth. It should be noted that the parent focus group consisted of parents who currently had a child struggling with heroin addiction or had lost a child as a result of heroin addiction. From the above described focus groups, there were a total of 76 participants.

The same trained facilitator conducted all of the focus groups for the sake of consistency. From a group of three trained observers, at least two observers were present to collect data from the discussions at all but one focus group. This allowed for accuracy and consistency in data collection. Prior to the beginning of each focus group, participants were asked to complete a ballot which consisted of three questions that would later be a part of the discussion. The purpose was to get the perspective of participants prior to being influenced by the thoughts and ideas of others. The ballots also contributed to a specificity and clarity of thoughts and ideas that may not have been captured from the discussion alone. Lastly, the ballots permitted the preservation of information from shy or less vocal participants. The purpose of the project was explained to each focus group and it was stated that this was a joint project of the Southwest Coalition on Substance Abuse Issues, the Will Count Juvenile Justice Commission, and Chestnut Health Systems. Also, participants were told that everything would be kept confidential and that information would not be tied to any individual and only be reported in the aggregate. All groups were asked the same set of questions contained in the facilitator's guide.

The data was analyzed by the same facilitator and observers that were present at the focus groups in order to ensure integrity and accuracy of the data. The data was analyzed for trends and frequency of mentions across all focus groups. During analysis of the data, however, it became evident that some independent

ideas and solutions that were particularly cogent and innovative were worthy to bring forth in the summary of findings. Also, when the ballot questions and discussion questions were the same, the data was summarized together in order to obtain the clearest picture of the results.

Summary of Results

Age of First Use, Patterns of Use, Typical Progression

When asked about the age of first use of any substance, there was overwhelming consensus across all groups that middle school was the age when this occurs. When asked to identify the patterns of youth substance use or the typical progression of substance usage, the result was thematic with some variations. The gateway concept held true for the most part in that cigarettes or alcohol were the substances that most youth tried first. The substances that followed the use of alcohol or cigarettes varied greatly and were influenced most by what their peers happened to be using. In fact, a significant theme was that the primary factor in the specifics of progression was determined by social influence. Substances would be skipped and the sequence of substances was determined by what the peer group was using rather than preference for a particular substance. There was significant discussion, that in some instances, alcohol and cigarettes would be bypassed and the substance of first use would be marijuana or pills (prescription drugs). The emergence of the use of prescription drugs obtained either from the home medicine cabinet or through the over prescribing of drugs was cited as a growing trend. In terms of heroin, however, it was clearly a consensus that heroin was never the first substance a youth used. Heroin, however, has severely collapsed the time frame of the addiction progression. Due to the highly addictive nature of heroin and its introduction into the usage pattern at younger ages, what took years for the progression in previous generations, can now only take a matter of months or, in some cases, even weeks.

Heroin and Youth Substance Use / The Problem Now

When asked how heroin fits into the pattern of youth substance use, the data revealed a number of concerning themes. Although as mentioned previously, heroin is never the first substance used by youth, a number of contributing factors have come together in a “perfect storm” of sorts to cause the devastating impact of heroin today. These six contributing factors are...

- Heroin is cheap
- Heroin is easy to get
- Initially, heroin is easy to use
- Heroin is a better, or the best high
- The heroin stigma is gone in youth
- The heroin stigma still exists among parents, schools, and the community

The contributing factors that heroin is cheap and easy to get go hand in hand. As the availability has increased, the price has decreased. This allows for many drug dealers that have been selling marijuana, for example, to now have heroin as part of their inventory. The fact that heroin can be snorted is the primary reason, at least initially, that heroin is seen as easy to use. As heroin has become cheaper, more available, and seen as easy to use, correspondingly, usage has increased among young people. As the ease of use (snorting instead of using needles) has become the norm, an increasing number of peer groups have begun to use. The result is that the heroin stigma has disappeared among youth. It's not just "junkies" or the lowest of low that use heroin, but young people just like themselves. Add to this dangerous mix of contributing factors the fact that heroin is not only a better high, but a high so great that it defies description, and this destructive "perfect storm" comes together. Although the sixth contributing factor entered the discussion under another question, it is vitally important to bring it to light in this section of the report. This is the fact that the heroin stigma still exists for parents, schools, and the community. For these, it remains that heroin is the horrible, awful, shameful drug that only "junkies" or the lowest of low would use. This feeds the denial that their son/daughter, student, or the youth in their town would never use this horrific drug. The shame of this stigma is a powerful contributor to the suppression of information by parents, schools, and others in the community. Accurate information about the nature and extent of drug overdoses and deaths are found only in the coroner's report, not in the news, school information, or obituaries. Thus, the true extent of the burgeoning impact heroin is having on the youth and families in Will County is unknown to most people.

Heroin Use Trends

The focus groups confirmed the findings of the Roosevelt University study of heroin trends in the Chicago suburbs. In particular, there has been a dramatic increase in heroin abuse by white males between the ages and 18 to 25. Also, there has been a dramatic increase in heroin overdoses and deaths in the last three to five years. The focus groups, however, were able to shed new light on the heroin problem in Will County. The first concern is that heroin is beginning to be used by those under 18. Also, more females are beginning to use heroin. Although heroin use can occur within any economic status, the trend in Will County is leaning toward middle and upper class families.

Why Youth Begin Using

There were two primary reasons cited for why youth begin using substances in the first place. The theme with the highest number of mentions centered on family issues. These included a variety of specific causes including:

- Lack of quality relationships between parents and youth

- Family management problems
- Lack of discipline
- Lack of awareness by parents of drug related issues
- Family conflict
- Family genetic predisposition for substance abuse
- Family drug usage

The second most highly discussed reason for youth to begin using substances was social influence or peer pressure. These reasons were characterized by the following:

- Desire to fit in
- Peer access to drugs
- Peer drug usage
- Pro alcohol and other drug messages in media and culture
- Perceptions of peer usage
- Joining other peers striving for independence or rebellion

The third most cited reason for youth to start using substances was mental health issues. The specifics were widely varied but included:

- Depression
- Anxiety
- Psychological trauma
- Inability to cope with major life events such as death of a loved one, mobility, economic stressors, or failure to excel
- Self medication for undiagnosed mental health issues

The Impact of Heroin

The impact heroin is having on the individuals and families, is in some ways difficult to quantify. Statistics tell us that there are increases in heroin related overdoses and deaths. Some crime and theft increases can be attributed to those addicted to heroin needing money to support their habit. The focus groups have cited that the legal consequences alone of being caught with heroin can have a life long negative impact because of the felony designation. The clearest path to understanding the impact of heroin on individuals and families is through the voices of the parent focus group. Here follows quotes from our discussion on the impact of heroin on families...

"It devastates the family." "It breaks the soul of the family." "You never sleep. You wonder when you're going to get the call." "Other siblings think it is not their problem, but it is." "They sell everything not bolted down because they need \$200 a day." "They always think they're going to beat the system." "Suicides

happen.” “You wonder when you’re going to find him laying there with a needle in his arm.” “You’re always asking, who is with him?” “I have called a drug dealer to find out where my son was.” “The kids hear, ‘We have a special going on today.’” “The heroin stigma is gone.” “They sell their blood for \$5.” “Friends, a cell phone, and a car will kill the kid.” “You toss strangers out of your house.” “There is the paranoia of the drug user, and the paranoia of the parent - afraid to leave, afraid to come home.” “You go to bed scared.” “You lock the door when you’re sleeping.” “You frisk your own kid, strip them down.” “If you lose a child, you lose friends. You are a reminder of their worst nightmare.” “When my son died 30 months ago, nobody was dying from it. Since then, I’ve been to twelve wakes.” “You don’t know what to do to save their life.” “Eventually you pray that they get arrested.” “There is no relief from the stress.” “You stay up all night praying.” “Hope is taken from you, because every relapse you are punished for hoping.”

Solutions

Prevention/Education

Prevention/education was cited twice as often as any other solution as a key strategy in having an impact on the heroin problem. There was an overwhelming consensus across all groups that prevention/education efforts needed to be a priority in any comprehensive plan. The general theme was that there needs to be much more prevention programming that starts before the beginning of middle school. The prevention efforts need to be wide ranging and effective, and there needs to be increased funding. The number of specific suggestions for solutions was so numerous, that they needed to be divided into subcategories that included general education, prevention programs, parenting focused efforts, and community education/involvement. Suggestions for solutions in each category included:

General Education

- Accurate, age appropriate information on drug effects
- Legal consequences of drug use
- Signs and symptoms of abuse

Prevention Programs

- School based programming
- Mentoring
- Coping skills
- Healthy alternatives
- Media messages on the negative impact of drugs
- Positive peer influence programs
- How to get connected with others
- Communication skills

Parent Focused Efforts

- Parenting skills education
- Parent involvement with their children
- Family communication
- Parent child relationships
- Awareness education on signs and symptoms
- Awareness education on the extent of the heroin problem
- Awareness education on legal consequences

Community Education/Involvement

- Awareness education on the scope of the problem
- Community-wide involvement in prevention efforts
- Promotion and involvement in church activities
- Open communication and discussion on the extent of the problem

Substance Abuse Treatment

The second most mentioned solution concerned substance abuse treatment. The consensus across all groups was there needs to be more treatment programs available, and they need to be more effective. There was strong sentiment that recent cuts have contributed to an increase in the problem. A number of specific suggestions for solutions were mentioned and included:

- More detox, outpatient, and inpatient programs
- Additional services
- More 12 step programs
- More faith-based treatment programs
- More effective ways to treat heroin addiction
- Separate, focused treatment programs for heroin addiction

Laws/Legislation

The third most mentioned category of solutions was laws/legislation. The consensus was that more could be done to effectively deal with the heroin problem by enacting new laws or legislation. One theme was that there needed to be stiffer penalties earlier in the addiction process. These stiffer penalties for the user were characterized as mandating treatment much earlier and not waiting until heroin is the primary drug of choice. Much stiffer penalties were recommended for drug dealers, but not necessarily the petty dealer that is a really a user trying to defray the cost of his/her own supply. The control of needle sales was suggested. Currently, young people can buy needles cheaply and without restriction. It was felt this contributes to the injection of heroin and feeds into the decreased stigma of heroin use and specifically the use of needles. It was cited by multiple focus groups that there needs to be legislation that mandates schools and communities to report to the media heroin overdoses

and deaths. It was felt that this information tends to be suppressed which contributes to a lack of community awareness of the extent of the heroin problem. A number of times it was mentioned that laws need to be changed in order to more easily allow drug testing of all students in schools. An innovative suggestion was that all drug overdose deaths be investigated as homicides. This would allow investigations to continue to the source of the drug and penalties for those individuals would be to the level of a homicide. One other innovative solution related to laws/legislation had to do with mandated reporting. Currently, teachers are mandated to report incidents of child abuse. The suggestion was that teachers should be mandated to report occurrences of student substance use.

Law Enforcement

The next most cited category of solutions was law enforcement. In general, a number of groups cited that there needs to be more focus and resources directed toward the problem of substance abuse in communities. One suggestion mentioned by some of the focus groups was that police need to be better at policing the drug dealers. It appears that there are areas or houses where drug dealing occurs. There should be more law enforcement resources and efforts to crack down on these known locations where drug dealing takes place. Another solution was for more community involvement with local police. Efforts to work together to deal with the heroin problem would increase the effectiveness of law enforcement.

Recovery/Support

The next most mentioned category of solutions was in the area of recovery/support. Overall, the sentiment was that there needs to be more support groups in schools and throughout the community. There also needs to be more community resources geared towards those in need of recovery/support. More 12 step and faith-based recovery/support programs need to be widely available and promoted.

Early Intervention

Although early intervention was mentioned the least as a solution category, when it was discussed, it was viewed as critically important to a comprehensive plan to address the heroin problem. The early intervention suggestions were primarily focused on efforts by schools to identify students using substances as early as possible. To a lesser extent, education on signs and symptoms for parents would be helpful in the early identification of youth substance abuse. A number of focus groups expressed that schools need to put more emphasis on the early identification of substance abuse by students. The youth focus group summarized this perspective by characterizing the schools as having their priorities all wrong. It was stated that less emphasis needs to be placed on cell

phone usage and dietary concerns, and much more of a priority placed on identifying and dealing with students coming to school high. As part of an early intervention strategy, the suggestion was not to focus on expulsion or punishment, but instead, on efforts to get the student help in terms of treatment or recovery/support programs.

Conclusion

The purpose of this project was to listen to the voices of people from a variety of sectors from the communities in Will County in order to develop a comprehensive plan to address the devastating impact heroin is having on individuals and families. It is hoped that this report not only helps to clarify the scope of the problem, but points to ways that everyone can begin to work together in a strategic way so that we can say... "Parents, don't lose hope".