

Drug Addiction: Lower, Middle and Upper class (Ages 18-23)

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In 2016 there were 1,374 drug overdoses/deaths in New York City. My research topic is about drug use involving young adults across America and how we can prevent addiction and potentially death. My question is which socioeconomic group has the highest rate of drug addiction in young adults(ages 18-23) lower, middle or upper class households? I will be analyzing statistics from drug specific rehabilitation centers across the United States. I will be looking for young adults ages 18-23 who suffer from drug addiction and what economic class they come from. More specifically I will begin to form a conclusion on where said addicts come from based on the location and cost of the rehabilitation center and the county, town or region the addicts came from.

The purpose of this study is to investigate the correlation between drug addiction and drug sales and in what economic range those traits are dominant in. I will be analyzing data from rehab facilities and looking to see where the specific people are from in that area. If I can identify the county or region they are from I can then research the economic class that particularly dominates that county, town or region. I find that this will be useful information to parents and high schools to focus on. I think parents can avoid potential drug habits developing in there kids if they can keep their kids out of certain areas or to avoid funding there children money if they see the damage it can cause. There are negative substances that they can spend it on that may be higher in there specific county. It can help young adults to see where mistakes can be made and how to avoid becoming a social statistic based on their economic background or the area they are being brought up.

If there is higher drug addiction rate in upper to primarily middle class environments due to the general lack of struggle they have to survive, then there must be lower rates in lower class

environments. I expect low income families are less likely to have drug addiction in there communities because they have fought for economic survival while growing up. Upper class households and communities may have more money at their disposal leading to higher rates in addiction development in young adults. Middle class may be the highest of all due to the mixture in culture from upper class social norms like parties and freetime to lower class pressures and crime.

I will be analyzing data bases and collecting data using a qualitative research approach. While gathering this data I will be looking for what drugs in particular the addicts in certain areas where abusing. My main focus will be on opioid abuse, (heroin, oxycodone) to be more specific, downers and substances that slow down the user making them drowsy and somewhat unresponsive. I will be focusing on opioids because they are the lead cause in overdose deaths throughout the world. I will also look at all drugs with addictive properties or at least the most popular amongst addicts. The main drug use is that of illicit drugs, drugs that are illegal to make and sell. These illicit drugs include; cocaine, heroin, amphetamines and hallucinogens. I will also be analyzing anything else that fits the category of drug abuse such as alcohol, marijuana and prescription drugs like xanax, or oxycodone.

To collect this data I will be forced to categorize all of the specific types of drugs into two categories, uppers and downers. I will be looking at general drug addiction throughout the rehabilitation centers that allow public records to be viewed and will be deciphering where the majority of the addicts came from in each area and how possibly how expensive the facility is to form an opinion on the person's economic background.

It is very important that I find these details of where the patients generally come from and I believe the best way for me to find that out is to focus on several rehabilitation centers and how much they charge each patient to form an answer on what general economic background they come from. I also believe that with opioid addiction the amount of overdoses/deaths occur due to the low income he or she is making due to that person's addiction rate. I am more interested in where the addiction starts and what treatment said addict receives based on their family's economic background.

What is addiction? Addiction is a psychological disorder developed by a regulatory intake of something that heightens sensation simultaneously causing negative internal and external side effects. Defined by *Medical News Today*, Addiction is defined as, “. a psychological and physical inability to stop consuming a chemical, drug, activity, or substance, even though it is causing psychological and physical harm.” (Falman, 2018) Addiction is primarily formed from the initial abuse or developing habit of taking a physically or mind altering substance more than prescribed or illegally taking a substance periodically. Addiction does not only apply to mind altering substance. Anyone can form an addiction to activities like gambling or video games. For the sake of my research, drug addiction in particular is what will be discussed.

According to the national survey of drug use and health, in 2013 young adults ages 18-25 were peaking in illicit drug addiction and abused at 21.5 percent. This is of course just a survey, but that number is staggering considering the amount of people that are providing a market for drug dealers. This leads me to drug dealers. I hypothesis that drug dealers primarily exist in low income areas. Due to the struggle they already face when born into an area of restriction and

little to no chance of getting out of said area, thus turning to an obtainable and illegal way of making money. Drugs are a huge cause to why a family may end up or be born into a low income area thus the addiction rate amongst young adults is lower due to the already low income of money. I believe this is what leads to the actual sales of drugs. If impoverished young teens see a wealthy market of drug abusers than why not sell them to make a profit than use them and loose profit.

“Around 20 percent of people on welfare in America reported using some kind of illicit drug in the year prior to being surveyed. Someone who makes less than \$20,000 annually is about one-third less likely to recover from a cocaine addiction than someone who makes over \$70,000.” (*Foundations recovery network, 2016*) Knowing that someone with more money has a higher chance of developing addiction due to the money that have to spend, I would like to try to find what types of drugs people are abusing in a welther socio-economic class compared to a lower income class. “ Economic status refers to the bracket or class a person or household falls into based on their income production level. In 2012, around 122,459,000 households had income during the year, and 4.5 percent of them brought in more than \$200,000. Those who made between \$39,736 and \$104,087 that year were considered to be of middle class socioeconomic status.” (*Foundations recovery network,2016*) I hypothesis that the upper class will have a higher addiction to substances like cocaine and speed related drugs (uppers) due to the increase in functionality and productivity the drug falsely creates. I also believe this to be true because the drug is extremely expensive in its rawest form and can only be afforded by someone with lots of money at their expense. I believe lower income people will be more so addicted to downers and cheaper substitutes of higher rate drugs due to there more addictive

qualities and their cheaper price. I also believe that drug sales of higher quality substances will be directly sourced from low income areas.

Drug overdoses over the past 5 years have increased substantially. In 2012 there were roughly 40,000 documented drug overdoses in the US alone. In 2017 there are over 72,000 overdoses recorded. That is close to a 50% increase in drug overdose deaths over the course of 5 years. The drug that was primarily responsible for these deaths is Heroin. Not only is Heroin the lead cause of overdoses it is one of the new drugs that is being mixed with another drug known as fentanyl. “Among the more than 72,000 drug overdose deaths estimated in 2017, the sharpest increase occurred among deaths related to fentanyl and fentanyl analogs (synthetic opioids) with nearly 30,000 overdose deaths.”(*National institute on drug abuse, 2015*) Fentanyl is a substance that has been being used to mix in with opioids over the past couple years and is extremely lethal when taken in high amounts. It causes an overdose when an addict builds a tolerance to a substance being mixed with fentanyl. Any dosage could be lethal depending on your body's reaction.

I am hoping that with this research comes answers to why so many drug overdoses happen in the US and where the addicts and dealers are coming from. I want to know who is targeted by drug dealers to sell to and why, what drugs are being sold in certain socioeconomic environments, and how the drugs make their way into all environments. The amount of overdoses over the last 5 years is skyrocketing. If we can see a correlation in how these drugs are getting to different environments we can see how to avoid the possibility of them entering one's home and socioeconomic environment, whether it's lower middle or upper class.

After doing copious amounts of research I unfortunately found that most rehabilitation centers do not allow access to patient information and generally all cost a large sum of money. This has caused some change in my initial hypothesis but not enough. I am beginning to think that rehabilitation centers are a misleading source for understanding the true population of addicts assigned to a certain socio economic background. Most rehabilitation centers cost around 250-750\$ a day. This very large number can easily add up and cost a fortune after just a couple weeks if not one day for a lot of people. This leads me to believe that only the wealthy and upper middle class can even attempt to afford such facilities leaving the lower income families to struggle with their addictions on there own.

This leads me to the question; Why doesn't the US legalize recreational drug use and educate the dangers early on? This would solve the large drug trafficking issue, incarcerate less people, and allow the drugs to speak for themselves. In fact a very large sum of states in the US have began to legalize cannabis or marijuana for either medical or recreational use. Recreational use is allowed in Washington, Oregon, California, Nevada, Massachusetts, Vermont, Alaska, Colorado, Michigan and Main. Other states have seen its medical use and legalized it strictly for prescribed patients. These states include: Utah, New Mexico, Montana, Arizona, North Dakota, Minnesota, Illinois, Missouri, Arkansas, Oklahoma, Hawaii, Louisiana, Florida, Ohio, West Virginia, Pennsylvania, Maryland, New Jersey, New York, Delaware, Connecticut, Rhode Island and New Hampshire. An article was recently posted on lift magazine (a cannabis industry news source in Canada) regarding the after effects of legalization in Washington state. "Earlier this year a think tank working for Washington's state legislature produced a report showing overall decreases in youth cannabis usage rates. The report was based on survey data from the state's

Department of Health, which polled for usage among students in grades six, eight, ten, and twelve. The results of the survey showed decreased usage by students in all four grade levels. For example, students in the tenth grade responded at a 17 percent usage rate in 2016, compared to rates of 18 percent in 2006, and 20 percent in 2010.” (Johnston, 2017) I find this extremely helpful considering the decline is not gastronomic but declining nonetheless over just 2 years. I can't help but wonder how much the use of this drug would decline over 10-20 years.

In many states that have legalized the medical use of Marijuana have noticed extremely positive results in its medicinal purposes and substitutes for man made pain relievers/opioids and other pharmaceutical substitutes. A recent CNN News article discusses the pros and cons of cannabis use amongst patients in states that permit it. The article is called “Getting off opioids with medical marijuana: Patients turn to pot over pills” written by Nadia Kounang. The article discusses the pros and cons of both painkillers and cannabis use. “Dustin Sulak believes that medical marijuana could be part of a solution. "There's no pill, there's no spray, no drop, no puff [that] can completely solve this problem," Sulak told Gupta. "But cannabis, when it's used in the right way, can take a big bite out of it."(Kounang, 2018) Sulak is a Doctor for osteopathic medicine. When taken properly, cannabis has a rather large amount of medical benefits, such as reduction in anxiety, helping with psychological dietary issues, all the way to relieving pain. The article continues saying, “Production of natural opioids is triggered when the body experiences pain. But opioid medications can act as a signal to the body to stop producing endorphins; it instead becomes more and more reliant on the drugs. When the person takes more opioids, that increases the risk for overdose.”(Kounang, 2018) Anyone who is suffering from uncontrolled pain or psychosis is generally prescribed an opioid or other pharmaceutical. These drugs are

generally what's adding to the opioid crisis this nation is currently facing. In a separate article from the National Institute of drug abuse I found exactly the statistic I was looking for. "A study of young, urban injection drug users interviewed in 2008 and 2009 found that 86 percent had used opioid pain relievers non medically prior to using heroin."(NIDA, 2018) Why are we prescribing patients with drugs that we already know are prone to creating an addiction to much harder and dangerous street drugs? I am not saying everyone should use marijuana for pain relief, but what we are prescribing is having a negative effect and we should be looking for more natural/less addicting medicines. A lot of people are forming addictions to painkillers and opioids when their prescription suddenly runs out. They have formed an addiction to said medication inside the hospital and treatment and are now experiencing withdrawal. To avoid the pain of withdrawal they turn to illegal street drugs, thus adding to the problem our nation is currently facing.

In the 1990's Portugal had one of the biggest heroin and drug problems in the world. They took an extremely unique and risky step to change this. They were the first country to legalize all drug use. In a *Time* magazine article written by Naina Bajekal she interviews an addict in the highest addiction ridden area of Portugal. "In 2001, Portugal took a radical step. It became the first country in the world to decriminalize the consumption of all drugs." Bajekal continues, exclaiming "Seventeen years on, the U.S. is suffering its worst addiction epidemic in American history. In 2016 alone, an estimated 64,000 Americans died from opioid overdoses—more than the combined death tolls for Americans in the Vietnam, Afghanistan, and Iraq Wars. In Portugal, meanwhile, the drug-induced death rate has plummeted to five times lower than the E.U. average and stands at one-fiftieth of the United States'. Its rate of HIV

infection has dropped from 104.2 new cases per million in 2000 to 4.2 cases per million in 2015. Drug use has declined overall among the 15- to 24-year-old population, those most at risk of initiating drug use.” (Bajekal, 2018) Its very hard to ignore the statistical evidence of legalization decreasing the amount of drug abuse. Although the United states is a much larger country I think it is all the more reason to legalize illicit drugs. One person interviewed in the article claimed, “It made much more sense for us to treat drug addicts as patients who needed help, not as criminals. Police could concentrate on traffickers and dealers, freeing up resources for the government to invest in treatment and harm reduction practices.” (Bajekal, 2018) Portugal's plan was to go after the drug criminals who distribute the substances by putting them out of business and focusing on treatment options for users. Although the United states is on a much larger scale in population that Portugal, this method could be widely accepted by the United states. We have one of the largest drug trafficking rates and in comparison largest addiction rate in the world. If we stop treating the users as the criminals and funded treatment centers it could free up police force for going after the real problem, the dealers and traffickers. Bajekal continues with a staggering statistic, “A 2015 study found that since Portugal approved the new national strategy in 1999 that led to decriminalization, the per capita social cost of drug misuse decreased by 18%. And according to a report by the Drug Policy Alliance, a New York-based nonprofit with the goal of ending America’s “War on Drugs,” the percentage of people in prison in Portugal for drug law violations has decreased dramatically, from 44% in 1999 to 24% in 2013.”(Bajekal, 2018) Portugal has not legalized illicit drug use but rather, decriminalized it. This means that it requires more than using to become arrested for being in possession of said substance. It creates a larger scale of legal trouble, angled more towards somebody who is profiting from illegal sales of the

drug on the street rather than a certified “vendor”. The decriminalization is what many states in the United States are doing with Marijuana. The drug arrest for this substance were becoming too high so they created a larger margin for what qualifies for legal action/punishment. “Under the 2001 law, drug dealers still go to prison. But anyone caught with less than a 10-day supply of any drug—including marijuana and heroin—is typically sent to a local commission, consisting of a doctor, lawyer and social worker, where they learn about treatment and available medical services. And in Portugal, no distinction is made between “hard” or “soft” drugs, or whether consumption happens in private or public.” (Bajekal, 2018) As Bajekal exclaims the “10 day supply” law is in effect in Portugal today and that is what decided legal punishment to be enforced and generally what helps to distinguish someone who is illegally dealing the substance due the amount (more than 10 day supply) they are carrying.

I am asking the question; “If certain socioeconomic groups have higher rates of addiction than others?” and it's beginning to look like the rehabilitation process in the US is a large reason as to why addicts of all different economic backgrounds cannot get the health services they need to go into recovery. They either cannot afford treatment or do not qualify for treatment in there insurance. Perhaps it's not the socioeconomic group more prone to drug abuse, but rather who gets to receive treatment for their addiction based on income/occupation/insurance. “by eliminating the threat of criminal penalties—and along with it, a great deal of stigma—it has become easier for people to seek treatment. Between 1998 and 2011, the number of people in drug treatment increased by over 60%; nearly three-quarters of them received opioid-substitution therapy.” (Bajekal, 2018) If more money was placed into health care and treatment we could start to cure and slow down the climbing rate of addiction and usage of illicit and illegal drugs.

The fact that most users cannot afford or are not financially supported enough to receive treatment, they are either put in jail/prison (where drugs are arguable more available than on the streets) or end up overdosing.

About 10 years ago an article was written in the New York times called “Drug rehabilitation, or revolving door?” written by Benedict Carey. The article discusses the problems with rehabilitation centers and how they can be unintentionally putting drug addicts into society with poor ideas on how to cope with addiction. The article also discusses the cost of rehab and the potential hurdles people need to jump over in order to receive the treatment they need. “Every year, state and federal governments spend more than \$15 billion, and insurers at least \$5 billion more, on substance-abuse treatment services for some four million people. That amount may soon increase sharply: last year, Congress passed the mental health parity law, which for the first time includes addiction treatment under a federal law requiring that insurers cover mental and physical ailments at equal levels.” (Carey, 2017) after doing more research I found that the “mental health priority law” was not effective over the course of the last 10 years. A Huffington post article was published recently called “Making mental health a national priority” by Sal Rosselli. The article begins with “A 2008 federal law required most insurance policies to cover mental and physical health equally, but study after study shows we have a long way to go to achieve mental health parity.” the article continues by stating that President Obama signed a new bill called the “21st Century cures act” which they say is quit flawed. “The bill reauthorizes — and in some cases boosts — funding for mental health research and treatment with hundreds of millions of dollars going to initiatives that would include helping train more caregivers,

expanding efforts to diagnose mental illness in students and keeping nonviolent mentally ill offenders out of jail.

It would also establish stakeholder boards to better analyze and coordinate federal mental health programs and authorize the president to appoint a new assistant secretary for mental health and substance abuse to administer those programs.” (Rosselli, 2018) With good intentions this new bill sounds like a step in the right direction. Although still dodging the option of legalization in the US, it seems as though we re trying to fund rehabilitation centers as to give them more resources to help slow the national epidemic of drug addiction. Although it is a good step I keep coming back to insurance creating the largest hurdle for those in need of treatment. “Perhaps most importantly, the bill would put the onus on Washington to verify that insurers are abiding by mental health parity laws. That has proven to be a challenge. A report published last month by the National Alliance on Mental Illness found that respondents were nearly twice as likely to have difficulty finding a therapist willing to take their insurance than other types of medical specialists.” (Rosselli, 2018) Different insurance has created so many specifications in one what can receive with there plan that some plans for people in lower income areas are really not offered much depending on the amount they can afford. Although this is a simple concept it seems to be people in lower income areas are more prone to health issues than people who can afford to keep up with proper physical and mental health.

This brings me back to the rehabilitation centers either not being effective or not providing treatment due to a families insurance. Carey from the *New York Times* continues “Many clinics across the county have waiting lists, and researchers estimate that some 20 million Americans who could benefit from treatment do not get it. Yet very few rehabilitation programs

have the evidence to show that they are effective. The resort-and-spa private clinics generally do not allow outside researchers to verify their published success rates. The publicly supported programs spend their scarce resources on patient care, not costly studies.”(Carey, 2017) Wait lists and poor insurance are holding families and individuals back from receiving immediate or proper treatment. If said addict decides to drop the needle and help themselves they cant very easily check into a rehabilitation center due to the social and financial constraints. The article continues exclaiming a quote from a chief at a rehab treatment research institute. “What we have in this country is a washing-machine model of addiction treatment,” said A. Thomas McClellan, chief executive of the nonprofit Treatment Research Institute, based in Philadelphia. “You go to Shady Acres for 30 days, or to some clinic for 60 visits or 60 doses, whatever it is. And then you’re discharged and everyone’s crying and hugging and feeling proud — and you’re supposed to be cured.” He added: “It doesn’t really matter if you’re a movie star going to some resort by the sea or a homeless person. The system doesn’t work well for what for many people is a chronic, recurring problem.” Not only is the system somewhat failing to actually cure people of their addiction but it doesn't seem to matter your socioeconomic background, more so the system of treatment and the amount of time and care insurance covers. Not only are the rehabs hard to get into but once one is enrolled in a program there are more roadblocks and limitations that come with it. “ In studies looking at hundreds of programs nationwide, researchers have found a similar gap between what programs may want to do and what they’re able to do. “For instance, most programs don’t have an M.D. on staff,” said Aaron Johnson, a sociologist at the University of Georgia who has led many of the studies. “Without that, of course, you can’t prescribe any medications.” (Carey, 2017) Although this is not all cases, it is alarming that a lot of

rehabilitation centers are not equipped to prescribe patients with very necessary drugs to help kick an addiction. Sometimes the drugs that a person is placed on can truly help them cope with the withdrawal effects or sever cravings such as alcohol. “When practiced faithfully, evidence-based therapies give users their best chance to break a habit. Among the therapies are prescription drugs like naltrexone, for alcohol dependence, and buprenorphine, for addiction to narcotics, which studies find can help people kick their habits.” (Carey, 2017) If nobody is around to prescribe such medications it could be very hard for someone to leave a rehabilitation center and not turn back to their old ways of abuse.

More and more sources are pointing to rehabilitation centers, not as the cause of drug addiction (quite obviously) in different socioeconomic classes, but rather as a virtually unattainable obstacle for addicts of all economic backgrounds. This has caused me wonder if the correctional facilities i.e. jails/prisons have produced better results in kicking an inmates drug addiction, whether it be drug education inside captivity or the environment of a police run facility. I do know however drugs make there way into prison walls. That being said the repercussions for getting caught will mean more prison/jail time and probably followed by harsh punishment. There is also a matter of cost or trade for said drugs due to the absence of legal tender. The risk reward is fairly evident that drug abuse is not as common inside prisons as outside. This begs the question; Does the legal system naturally get rid of a majority of prisoners who entered on drug abusing crimes? Do the prisoners receive drug addiction treatment inside? Are correctional facilities doing something right that regular rehabilitation centers are not taking into account?

After reading a study done by the *National institute of medicine and health* more specifically PHD's Redonna K. Chandler, Bennett W. Fletcher and Nora D Volkow, I found quite supporting evidence to my previous questions. The article is called "Treating Drug Abuse and Addiction in the Criminal Justice System: Improving Public Health and Safety". The article discusses the treatment inmates are offered who suffer from drug addiction. "Drug education—not drug treatment—is the most common service provided to prisoners with drug abuse or addiction problems.^{4,42} More than one-quarter of state inmates and 1 in 5 federal inmates meeting abuse/dependence criteria participate in self-help groups such as Alcoholics Anonymous while in prison.⁴ However, though treatment during and after incarceration has been shown to significantly reduce drug use and drug-related crime, less than 20% of inmates with drug abuse or dependence receive formal treatment" (NIMH, 2015) Although prisoners are less likely to relapse after prison it seems as though treatment in correctional facilities is limited to none. This is most likely due to the cost of rehabilitation for said incarcerated persons. After reading more I found a reoccurring medicine used to treat people with addiction undergoing care. A substance called methadone is used in rehabilitation centers all across America given there is an MD on staff to administer it. The article continues exclaiming, "Economic analyses highlight the cost-effectiveness of treating drug-involved offenders.³⁵ On average, incarceration in the United States costs approximately \$22 000 per month,³⁶ and there is little evidence that this strategy reduces drug use or drug-related re-incarceration rates for nonviolent drug offenders. By contrast, the average cost of methadone is \$4000 per month,³⁷ and treatment with methadone has demonstrated effectiveness in reducing drug use and criminal activity following release."(NIMH, 2015) Knowing the effectiveness of this substance is quite hard to ignore. After

my previous findings that some rehabilitation centers do not have an MD on site to administer this medicine or is not covered by one's insurance, it is hard to not wonder why it is not being used more to help users kick their addiction. “The cost of integrating volunteer-led self-help organizations such as Alcoholics Anonymous and Narcotics Anonymous into criminal justice settings is nominal and could provide support to the recovery efforts of addicted persons in the criminal justice system. One dollar spent on drug courts is estimated to save approximately \$4 in avoided costs of incarceration and health care,³⁸ and prison-based treatment saves between \$2 to \$6. These economic benefits in part reflect reductions in criminal behavior.^{40,41}”(NIMH, 2015) Not only is it more effective, it is drastically cheaper inside a correctional facility and outside in public rehabilitation centers.

It seems as though my questions about correctional facilities and the drug addiction treatment process inside were answered. It is effective for prisoners to receive this treatment on the inside and the correctional facilities, depending on your sentence time, will sober you up from said substance generally keeping you sober long enough to not want to go back to one's old ways of abuse and for fear of returning. I do not think that becoming incarcerated is the answer to one's drug problem. I do believe that the process of incarceration is a harsh and effective way of getting the drugs out of someone's system for an extended period of time and potentially forever. That being said, rehabilitation centers should be putting more money into the actual treatment process and hiring professionals than into the facility structure and amenities. Many facilities all over the US are somewhat glamorous and desired even if you are not an addict! Places like “Dunes East Hampton” rehabilitation center in NY. Costs round to 65,000\$ up front and include massages, gourmet dining, and free use of cell phones and computers. I do not think

this in anyway will help kick an addiction but encourage the drug use only to be placed back to a cushy facility.

I will claim that I have some personal relation with this particular topic. The largest inspiration for my research on this topic is my younger brother. He himself is a drug addict. He started out with low grade drugs like marijuana, and over time began to party with more people who ended up getting him involved in a substance like adderall, xanax and oxycodone. Prescription xanax, in my opinion, are what started his and many other uninformed youths addictions. The prescription drug abuse is where most addiction starts and can come from all different socioeconomic backgrounds. Soon the xanax stopped working its effects as his tolerance became higher. He then began to sell oxycodone for a much wealthier person than him, driving my hypothesis. The person he sold for eventually got arrested and my brother no longer had to pay him for the amount he already had. This led to him abusing the substance. After oxycodone became too expensive a habit to keep up with and withdrawal harshly kicked in, he became desperate and turned to the cheaper alternative, heroin. Oxycodone and Heroin are both in the opioid family and share similar effects or feelings after being consumed. Once a person gets hooked on painkillers, he or she is tied into an enormously expensive habit. At anywhere from \$60 to \$100 per pill, a painkiller addiction is enough to run someone into the ground financial, especially considering that an addict will normally require multiple doses per day. Heroin is by no means cheap, but it is significantly less expensive than painkillers. A single dose of heroin usually costs around \$10, depending on the city, state, or country in which it is purchased. Pain killers are also harder to find on the street making heroin much more accessible. This was not the case for my brother. He had very easy access to painkillers through the

wealthier side of his acquaintances. Over the last two years or so he has been in and out of rehabilitation facilities, from narcotics anonymous meetings, to hospitals and treatment centers, never seeming to come out with a clear head. One rehabilitation center was in the mountains with games and recreational facilities. The people living in this halfway house were under lighter supervision and seemed to be having fun. It broke my heart hearing their stories but what hurt even more was my brother's insider information on the facilities he has been in, including this one. He said in conversation that most of the people in there were using it as a place to stay until they find their next drug fix, or just sobering up to feel the drug effects again when their time is up. After conversing with him several times he has claimed that rehab can be more depressing than being out. He has said that it is also a place to meet other addicts that have connections with drug dealers on the outside, creating a much more tempting reason to leave. My brother has told me on several occasions that he knew/knows kids that wished they could go to a rehab facility to kick their addiction but could never afford it. I never paid attention to that. I used to think that was not true and that their parents' insurance would cover it. I was wrong and ignorant to assume such a thing. Luckily my father has decent insurance through the state and could "afford" to send him to different facilities in hopes one would change him for the better. This never ended up being the case. After he spent 30 days in the facility he had revisited for a second time he and my parents felt he was on the road of good once again and helped him find an apartment. No more than 48 hours of moving into the apartment he had gotten into some trouble with an old friend that ended in a shootout in the parking lot of his new residence. The shooting was over two things, drugs and money. By the grace of god my brother was not in the line of fire. This did not change the legal action he was soon to face. Sentenced to a year in Salt Lake County jail and 3

years probation he has been off the streets and behind bars. He has been released this week. Forcefully sober for a year inside the correctional facility walls. He has had plenty of time to think about his life under strict supervision. So far the correctional facility/jail has seemed to do the best job at making him reconsider his past life, giving him no option to relapse inside. He also has been faced with the life of a jail bird and never wants to go back.

I tell this story because, as sad as it is, jail was the only place that I saw at least, to set him on a much more straight and narrow path. For others it is a recurring lifestyle of being on the streets for a time and back in jail for a longer time. What drove my hypothesis was the fact that the initial drug use in my brothers case and many others seemed to come from upper class youths selling prescription medication. I don't hold anything against the upper class, but this pattern seemed far to familiar and somewhat unfair considering those kids who could afford to sell and abuse the substance could immediately get the help they needed, due to what I know see as a better health insurance plan. I also found that the middle class is a perfect target for selling addictive substance due to the median range of money one can round up for there next fix, compared to a low income person the option of getting high may just be out of the question considering there struggle to make it every day let alone purchasing another way to get high.

What I found in my research did not so much support my thesis in the sense that, anyone from any socio economic background can develop a drug addiction. There is no raw data to support my thesis due to the Doctor-patient confidentiality law. What I did find was how the addiction process can be potentially be cured, get worse or stay the same statistically based on socioeconomic background. It's not necessarily the wealth applied to the person that is getting

them involved in drugs, it's the wealth supporting the person that decides if they can get help with their addiction. There are many things that the United States can be attempting to do in order to solve/control the epidemic our nation is currently facing. As previously discussed there is a very risky but potentially and extremely effective option of legalization followed by using/treatment centers. This option has proven to be effective in countries like Portugal whose drug problem, per capita, was overwhelming and extreme. They have reduced street crime and drug use substantially over the last decade and it's a statistic the United States should not ignore in a time where the exact problem is facing our nation today. Not only was this method effective in Portugal but here in the states with one drug in particular becoming legal for use, marijuana. States like Washington, Oregon, California and many more have all seen reduction in drug abuse amongst youths and reduced crime in previously crime ridden areas. Not only have they seen reduction in crime and drug abuse but have noticed the overall medical benefits of using the drug when prescribed a proper dose. Marijuana in comparison to other pain relievers is a much less addictive, harmful and expensive substance than man made pharmaceuticals. Almost all man made pharmaceutical pain relievers are in fact one of the biggest contributing factors in youths developing a hard drug addiction.

Rehabilitation centers are what I found to be the biggest set back in the recovery process for drug addicts. The rehabilitation process is extremely expensive in the United States. Not for no reason but I found that the cost and insurance tolerance is a very difficult obstacle for people with no money to overcome. The way the rehabilitation centers are formed around insurance holders is limited. People with little to no insurance are paying top dollar for these centers and only receiving around 30 days of service for persons in the family suffering from addiction. Even

those with very good insurance are still only partially covered. If you do have insurance that covers most of your expenses for treatment you are still, depending on your area, going to be put on a waiting list for entry into a program. These hurdles are very attractive to addicts and most don't even want to try either because of their addiction or the financial hassle and wait of finally being taken into proper treatment. If the facilities were less focused on appearance and luxury the cost could go down and create an environment strictly focused on sobriety rather than amenities.

There are many things our government could do to help the epidemic of drug addiction and overdose deaths currently sweeping the nation from major cities, to small towns. It is not about arresting addicts and putting them behind bars. It should be focused on helping current addicts and placing the illegal dealers and traffickers behind bars. Being labeled a drug addict comes with a negative connotation of being a criminal, when in fact a large majority of addicts were at one point very good members of society who became addicted to painkillers and opioids due to an injury or psychological trauma. A large majority of these people just need the basics in affordable treatment centers. No fancy spas or nice food, just a place that will keep them sober and educate ways of living in society without turning to a substance. An addict is going to behave as such and will abuse a substance at their individual choice in time will no matter the treatment they receive. It's up to the individual, regardless of economic background, to find their own reasons to live, prosper and fight what keeps them from turning to a substance they created an addictive and permanent disease too.

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