

Data from multiple sources indicates that heroin abuse is on the rise in Tennessee. This increase in heroin use comes as the abuse of other opioids appears to be leveling off.

Figure 1. Heroin Indicators (per 10K): TN 2009-2014

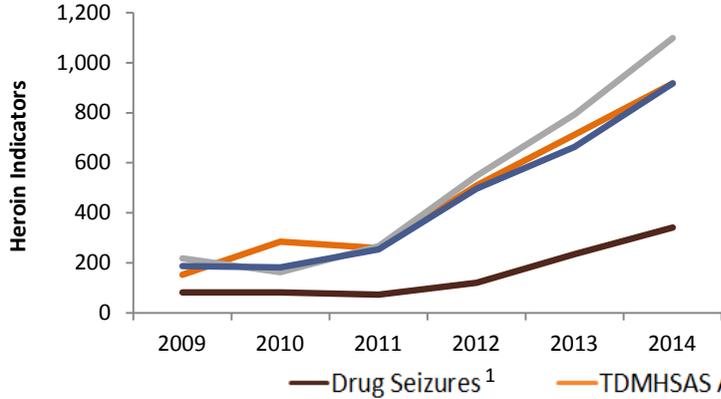
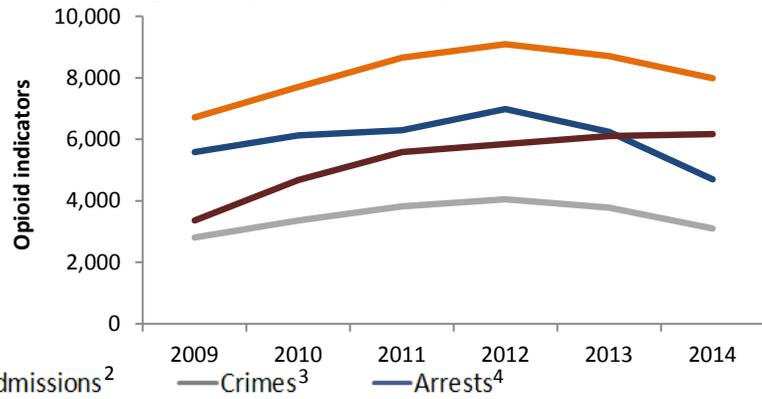


Figure 2. Opioid⁵ Indicators (per 10K): TN 2009-2014



Sources: (1) Tennessee Bureau of Investigation Lab Data 2015; (2) Tennessee Department of Mental Health and Substance Abuse Services WITS 2015; (3,4) Tennessee Bureau of Investigation CJIS Support Center 2015.

Notes: (1) The data represent the number of incidents in which a drug was seized, tested by the TBI lab, and confirmed to be the substance. This data does not reflect the amount of the substance that was seized; (2) TDMHSAS-funded substance abuse treatment admissions only include treatment admissions for Tennessee residents living in poverty. For each admission, up to three substances of abuse are provided by the patient; (3) Crimes as reported to the Tennessee Bureau of Investigation. For opioid-related crimes, information collected in the following categories: oxycodone, hydrocodone, and all other prescription drugs. Reporting on oxycodone plus hydrocodone provides the most focused information on opioids possible given how data is collected; (4) Arrests as reported to TBI. Opioid-related arrests include arrests for morphine, opium, and all narcotic-related arrests with the exception of cocaine and crack-cocaine arrests reported to TBI; (5) opioids exclude heroin

Analysis revealed that drug seizures, admissions, crimes, and arrests tend to occur in similar locations. Further analysis was conducted on crimes.

Heroin-related arrests are happening primarily in the largest cities in Tennessee and also growing the fastest in these cities. It is also starting to rise in the suburbs.

Figure 3. Heroin-related arrests (per 10K): TN 2009-2014

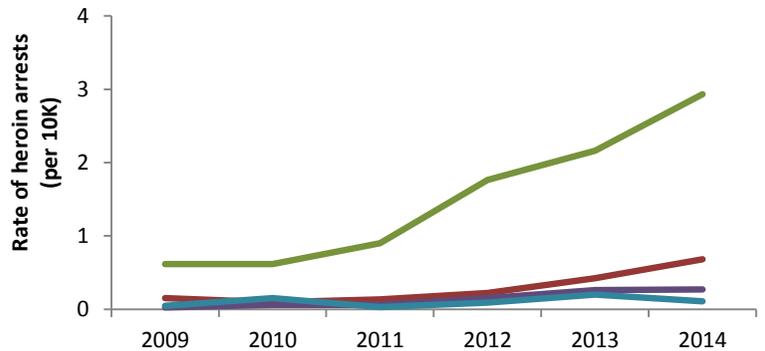
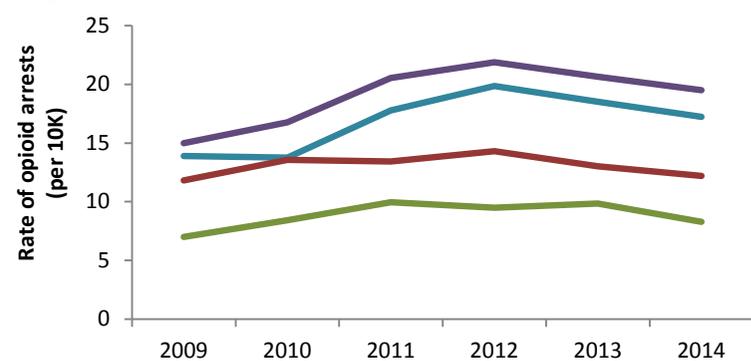


Figure 4. Other opioid⁵-related arrests (per 10K): TN 2009-2014



Other opioid⁵-related arrests are happening primarily in small towns and rural counties. None of these areas are seeing an increase in other opioid⁵-related crimes.

Notes: (1) The four most populated counties were examined apart from their surrounding suburbs. The most densely populated counties are: Shelby, Davidson, Knox, and Hamilton counties; (2) Metropolitan Statistical Areas: urban areas centered on an urban cluster



The map shows which counties are considered metro, suburban, small town, and rural.

- Metro counties (Shelby, Davidson, Knox, Hamilton)¹
- Suburban counties²
- Small town counties³
- Rural counties⁴

(urban area) with 50,000 or more population. Shelby, Davidson, Knox, and Hamilton counties were excluded from this group and examined separately; (3) Micropolitan Statistical Areas: suburban areas centered on an urban cluster (urban area) with a population at least 10,000 but less than 50,000; (4) not a metro or micropolitan area; Each metropolitan or micropolitan area consists of one or more counties and may include adjacent counties that have a high degree of social and economic integration (as measured by commuting to work) with the urban core; (5) opioids exclude heroin.