

The Heroin Epidemic: Then and Now Lessons Learned

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Recurring Heroin Epidemics in the US

- Round one with heroin was from 1898 to 1914
 - Heroin over-the-counter
 - Rural, middle aged and mostly female
- Round two was from 1970 to 1978
 - Both heroin use and sale linked to urban crime
 - Mostly minority young men
- Round three is ongoing today
 - In the context of massive use of prescription opioids
 - Profound improvement in heroin distribution – easier to get, more potent and far cheaper

National Experience facing Round Two

- Summer of 1968: Nixon labels Washington, DC the “Crime Capital of the Nation”
- I joined the DC Department of Corrections seeking an opportunity to help offenders
- August 1969: DC Jail Study – 44% positive for heroin
- September 15, 1969: First methadone treatment program opened
- February 18, 1970: Mayor Walter Washington created the Narcotics Treatment Administration (NTA)
- April 1, 1970: Chief Judge Harold Greene created first universal testing of all offenders through NTA

Obstacles

- Primary question: What to do about heroin addiction?
- Launching massive public health initiative
- Getting funding and approval from FDA and BNDD
- Resistance to methadone – then commonly seen as a conservative strategy to “tranquilize” young black men

Outcome

- In three years, 15,000 heroin addicts were treated in 20 centers in Washington, DC, mostly with methadone
- Heroin overdoses fell from annual rate of 74 to 3
- FBI Index crime fell by 50%

National Changes

- A national effort against drug abuse was launched by President Nixon focusing on treatment – adding new demand reduction efforts to established supply reduction efforts
- July 1, 1971: The first White House Drug Office known as the Special Action Office for Drug Abuse Prevention (SAODAP) was created
- July 1, 1973: I became second head of SAODAP
- September 15, 1973: National Institute on Drug Abuse (NIDA) was created and I served as first Director

Long-Term Changes in Heroin Use

- Demographics of heroin addiction/treatment have changed over the last 50 years
 - From an inner-city, minority criminal problem
 - To a wider geographical distribution, involving primarily white men and women in their 20s and 30s living in suburban and rural areas
- Heroin use in the general population is rare compared to many other drugs
- The number of new heroin users is increasing and overdose deaths are rising dramatically

Rx Opioid-Heroin Use Connection

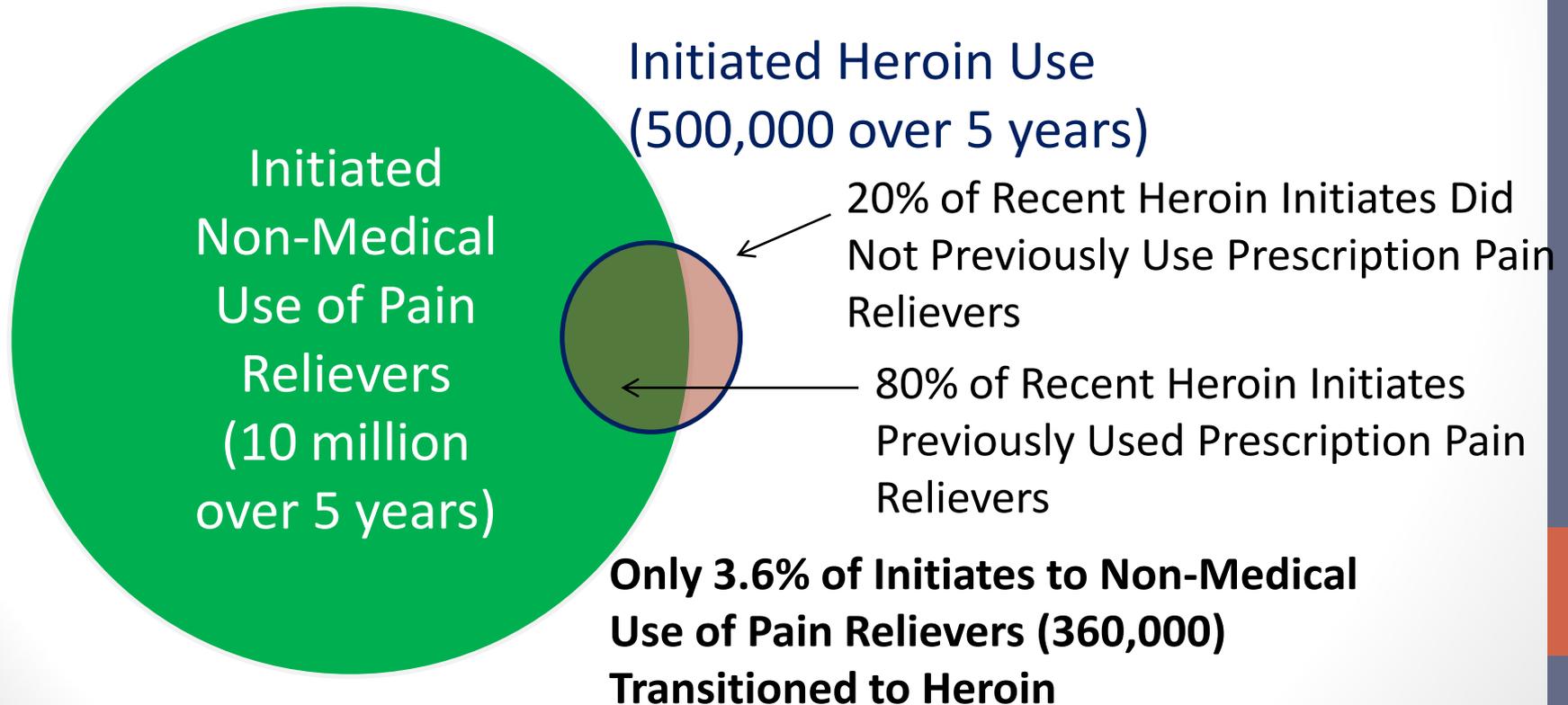
- During the 1960s heroin epidemic users often chose heroin as their first drug
- Now most heroin users previously used prescription opioids nonmedically **before** starting heroin use
- Before today's heroin users first used prescription opioids, most used other drugs of abuse, often starting in adolescence

Today's "Round Three" – Initiation to Opioid Use

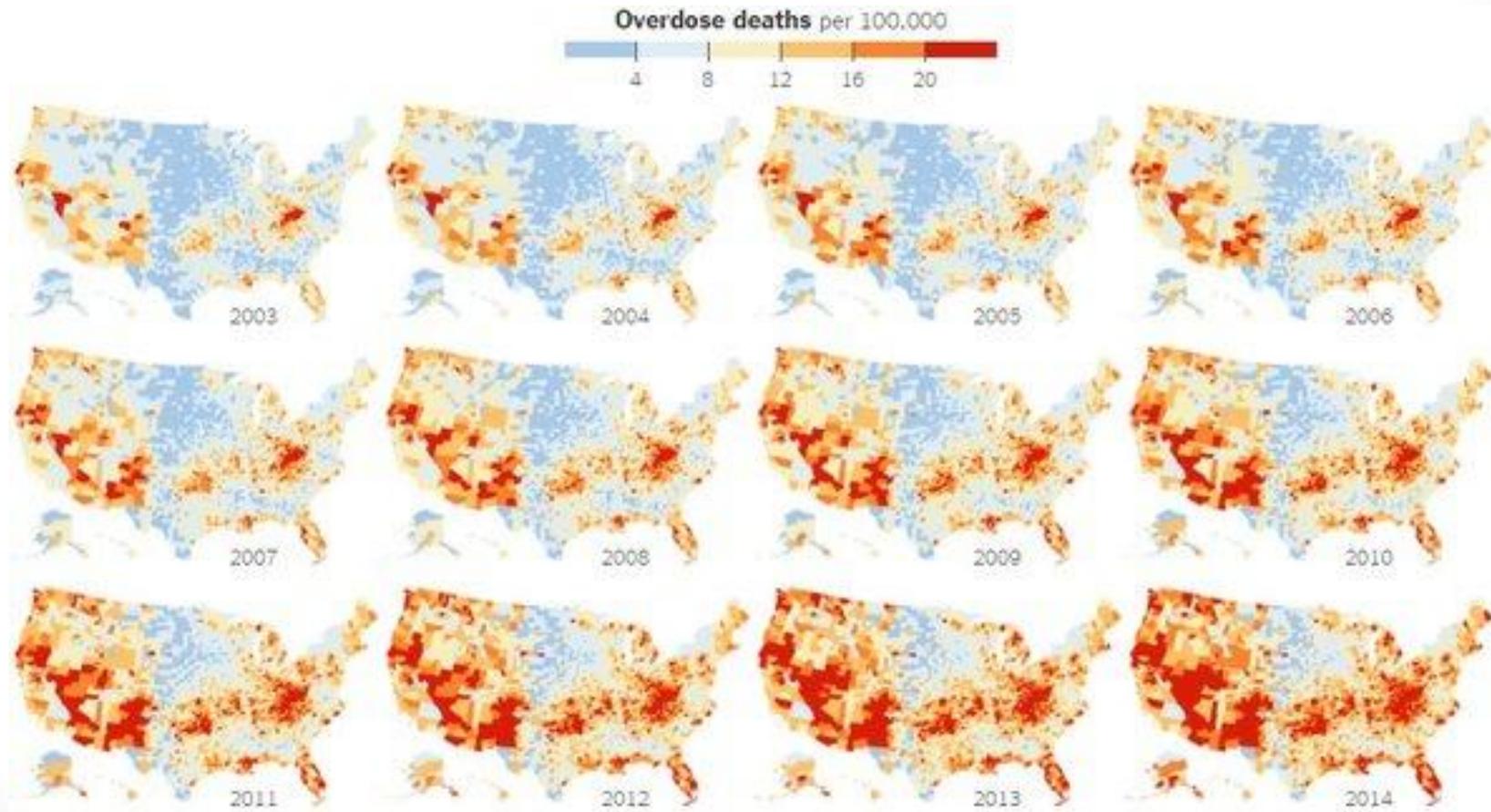
- In 2014, there were 1.4 million initiates to nonmedical use of prescription pain relievers
 - Lower than in recent years
 - Average age of first use 21.2 years
- 212,000 initiates to heroin
 - Significantly higher than in 2006 (90,000 initiates)
 - Average age of first use 28 years

Few Nonmedical Rx Opioids Users Transition to Heroin

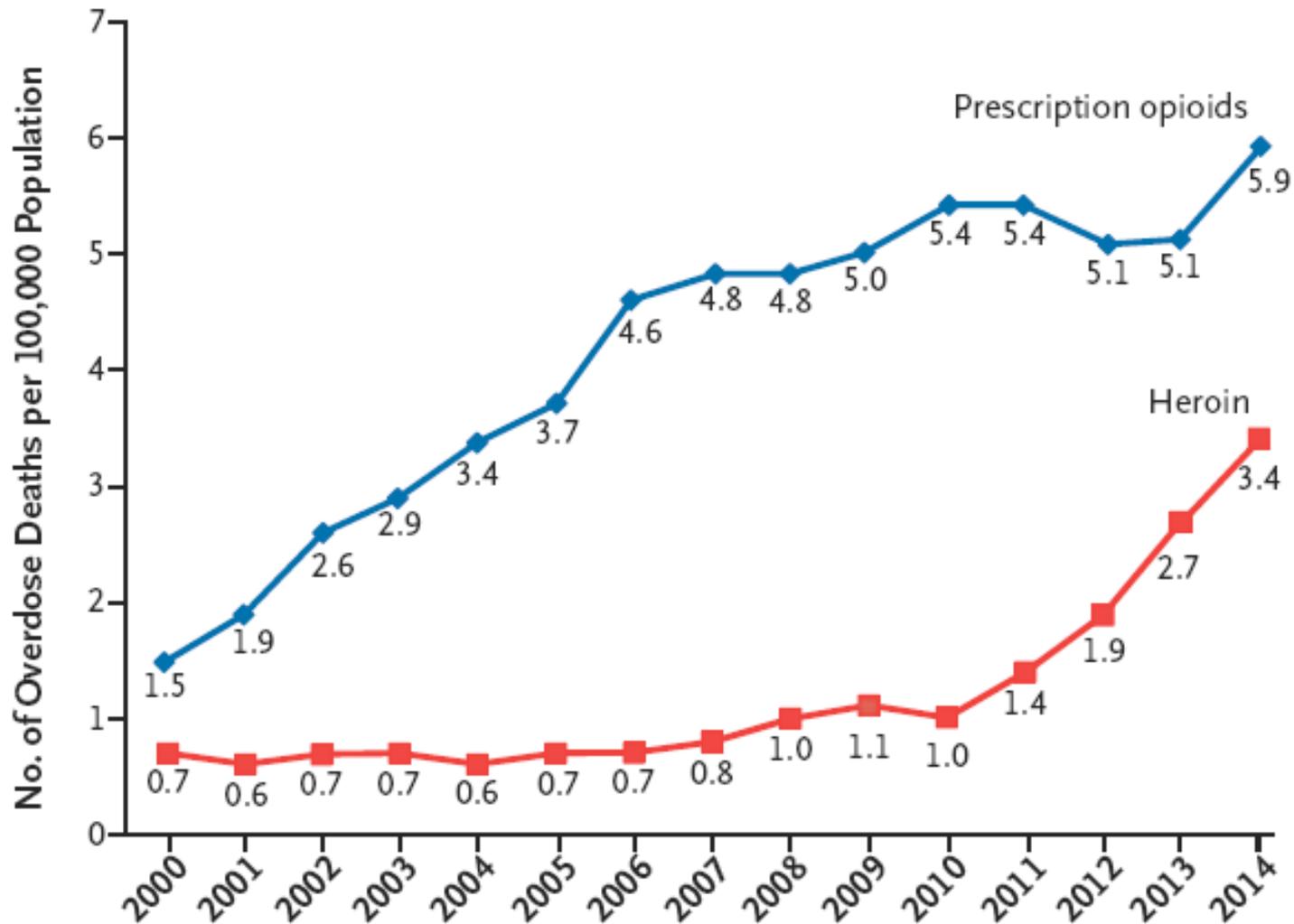
- Nationally, only a small subset of people who started using prescription pain relievers non-medically transitioned to heroin within 5 years



National Changes in Drug Overdose Deaths per 100,000 2003-2014

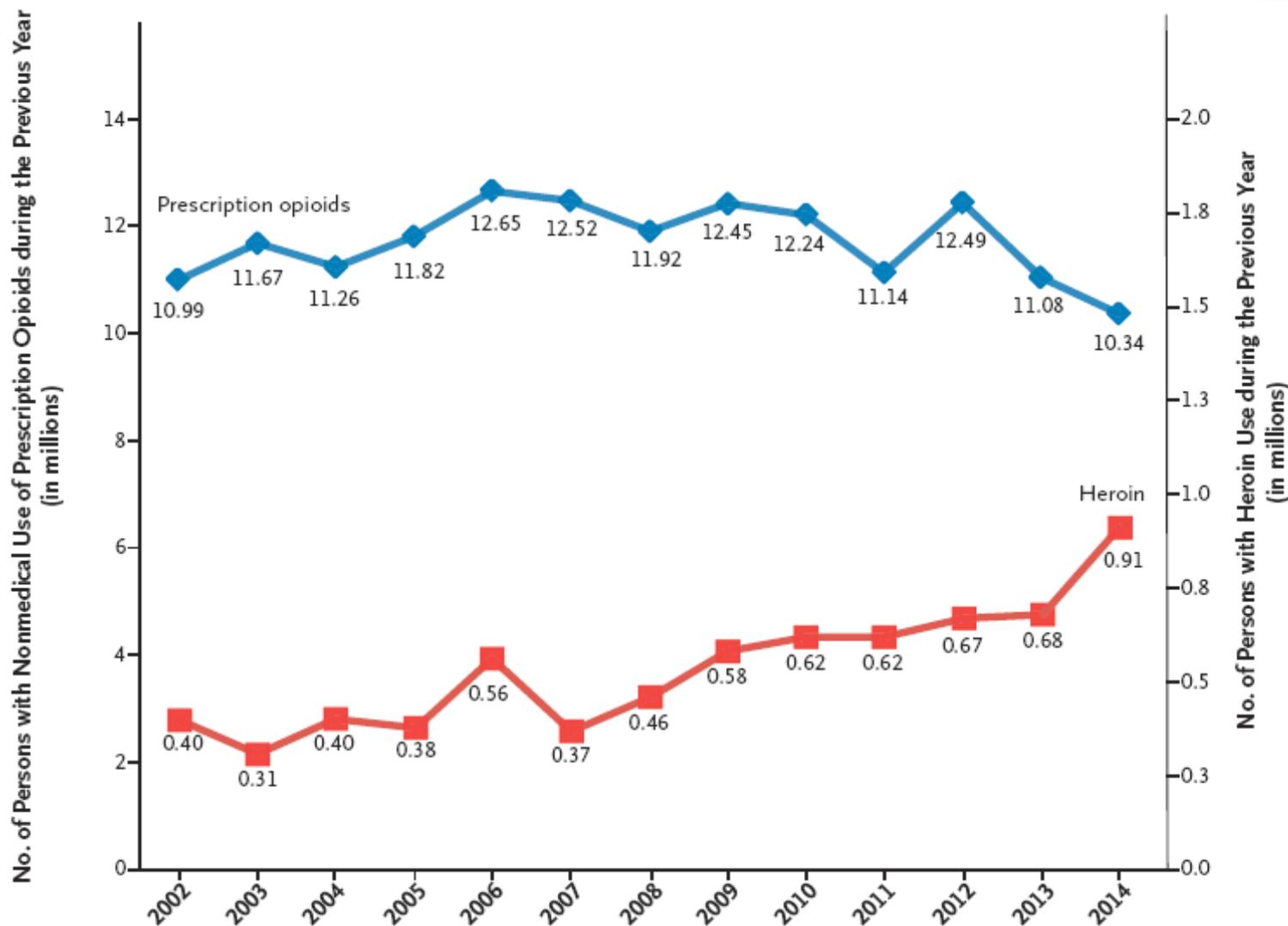


Age-Adjusted Rates of Death Related to Rx Opioids and Heroin Drug Poisoning in the US, 2000-2015



Data from CDC reported in Compton, Jones, & Baldwin, 2016

Nonmedical Use of Prescription Opioids and Heroin During the Previous Year Among Persons 12 or Older, 2002-2014



Data from CBHSQ reported in Compton, Jones, & Baldwin, 2016

Why the Dramatic Rise in Heroin Use and Overdose Deaths NOW?

- Rise in prescription opioid use
- Dramatic improvements in the heroin supply
- Low cost and high potency of heroin
- Implications for drug policy and the role of the criminal justice system

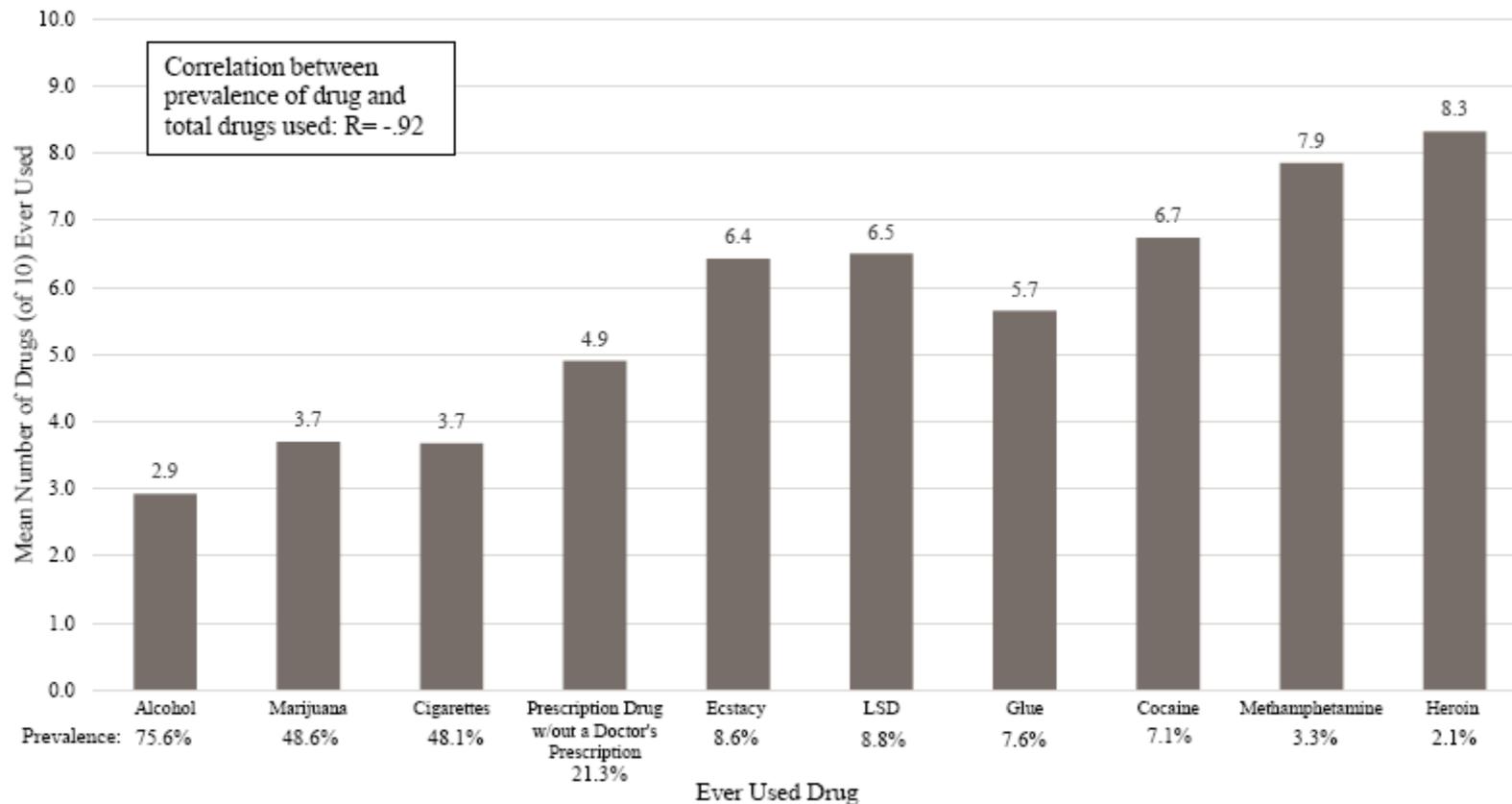
1. Refocus Prevention Efforts to Help Youth Grow Up Drug-Free

- Goal of no use of alcohol, tobacco, marijuana and other drugs by youth under age 21
- Most drug use begins in adolescence
- Almost all heroin users used other drugs of abuse before they used heroin

Individuals Who Use the Less Prevalent Drugs are Most Likely to Use Many Drugs

12th Grade High School Students who Used Less Prevalent Drugs are most Likely To Use Many Drugs, National YRBS, 2013

(N= 3,116*)



NOTES:

Source: Adapted by CESAR from data provided by the Centers for Disease Control and Prevention (CDC), 2013 Youth Risk Behavior Survey. Available at www.cdc.gov/yrbbs. Accessed on November 19th, 2015.

* N's differ across drugs due to missing responses.

2. Refocus Treatment on Five-Year Recovery

- Five-year recovery includes sustained abstinence from all drugs of abuse
- Apply to heroin addiction and other substance use disorders
- Long-term care is a necessity given the current mismatch between short-term treatment and life-long threat of addiction

3. Harness the Health Care System to Identify Nonmedical Drug Use Among Patients

- Health care professionals should monitor and manage nonmedical drug use as a serious chronic condition for the lifetime of the patient
- Potential for health care system to support prevention and treatment

4. Support the Recovery Community

- Recovery should be celebrated
- Help the public understand recovery – what it is and how honorable and challenging it is

A Focus on Public Health

- The public health goal of heroin policy is to reduce heroin use and the consequences of heroin use including crime, illness and death – especially overdose deaths
- Law enforcement is crucial in a public health strategy to stop the heroin epidemic
 1. To reduce heroin supply
 2. To support prevention
 3. To get heroin users into treatment
 4. To extend treatment to recovery

False Drug Policy Choice

- The idea that the choice in drug policy today is either law enforcement OR treatment is a dangerous, false choice
- The future is how to use both law enforcement AND treatment to accomplish public health goals neither can achieve alone

The Alternative

- The seduction is “harm reduction” – policies that perpetuate and prolong addiction in the name of reducing the harm while heroin and other drug use continues
- That is what families often do – it is called “enabling”
- There is a strong movement now to get law enforcement to adopt enabling

Final Thoughts

- My conclusions from more than four decades on the demand side of drug policy:
 1. Law enforcement is the friend, not the enemy, of addicts
 2. The nation cannot treat its way out of this epidemic any more than it can incarcerate its way out of the epidemic

Thank You!

Institute for Behavior and Health, Inc.

- IBH is a 501(c)3 non-profit organization that develops strategies to reduce drug use
- For more information and resources, visit the IBH websites:

www.IBHinc.org

www.StopDruggedDriving.org

www.PreventTeenDrugUse.org

www.PreventionNotPunishment.org

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