

2004 ACTION KIT

CURBING HEROIN USE: HOW TO MAKE A DIFFERENCE IN YOUR COMMUNITY

Join Together's Action Kits are intended to encourage a broad range of groups and individuals to *take action* on timely issues affecting their communities. We provide useful tools, including statistics and trends that set the scope of a problem, along with practical steps that you can take to address local needs. Our goal is to help you and your colleagues to *do something* to make a difference. We also remind you that taking *leadership* on these issues, using *local data* to assess – and respond – to local problems, and building partnerships with other groups who can help support your efforts are important factors of success. We encourage you to *use* the information presented here to supplement your local strategy to reduce substance use.

This Action Kit, “Curbing Heroin Use,” was created in response to a rise in heroin use in some communities. While the use of most illegal drugs has been leveling off and declining in the past twenty-five years, the number of new heroin users has grown in some cities and towns, especially among young people. Contributing to the increase in use may be the fact that the drug is widely available, relatively cheap – as little as \$5 a bag – and is being sold in stronger potencies. This means that users don't have to inject to get high anymore, but can inhale or smoke it instead. But often, users find that snorting is not enough to maintain their high. Many begin injecting the drug, putting themselves at risk for HIV/AIDS, hepatitis and other health problems caused from needles and injection paraphernalia. Heroin users also put themselves at risk for overdose and death every time they use the drug, since many don't know its strength or true contents.

All of this is cause for concern. As part of your planning strategy, you should determine if there is a heroin problem in your area, how many people are involved, and how best to respond within your community.

Overview of Kit Content

This Kit provides important facts about the **scope of heroin use** in the United States. It also provides a brief explanation of some of the **popular treatment options and a sample of opinions on these various treatments**. If adequate local treatment does not exist in your community, you can use the facts presented to help take a leadership role and make the case for expanding services. In addition, you can use the facts to advocate for better local, state, and national policies. We also share some of the **research** compiled by the **Community Epidemiology Working Group**. Sponsored by National Institute on Drug Abuse, the CEWG has been tracking drug use over the past 25 years and reports on current and emerging trends in drug abuse in 21 U.S. cities. Fifteen of these cities have seen a recent increase in indicators of heroin use, sparking the need for local groups to take action. If your community is not currently being tracked by the CEWG, we have provided some alternative **ways to evaluate your local problems**. Finally, the **resource section** of the kit will help you think more broadly about new partnerships you can build with other groups to work together on this problem.

HEROIN STATISTICS AND TRENDS

***TIP:** Supplement the following information with local data and share it with parents, teachers, law enforcement, business leaders, clergy, media, policymakers and other organizations in your community. By taking a leadership role to educate others about the scope of the problem, you will also have the opportunity to build partnerships with other organizations.*

- The 2001 National Household Survey on Drug Abuse reported that roughly 3.1 million Americans (1.4%) have **tried heroin once or more in their lifetime**. (2001 National Household Survey on Drug Abuse).
- There was significant **growth in heroin use** in the United States during the 1990s. The estimated number of heroin users in one month increased from 68,000 (less than 0.1 percent of the population) in 1993 to 325,000 (0.2 percent of the population) in 1997. Since this time, the number of users has trended downward but still remains higher than the early 1990s. In 2000, there were an estimated 146,000 heroin users in the U.S. (1997 & 2001 National Household Survey on Drug Abuse; The Drug Abuse Warning Network Survey).
- In 1996, an estimated 171,000 people tried heroin for the first time. The estimated number of **new users** and the **rate of initiation for youth** were at the highest levels in 30 years (1997 National Household Survey on Drug Abuse).
- **Heroin use among teenagers and young adults** is a growing concern. From 1990 to 1997 heroin use by twelfth graders increased by more than 100 percent, from 0.9 to 2.1 percent. In 2003, three percent of high school students in the United States reported using heroin at least once in their lifetime (1997 Monitoring the Future Study; ONDCP Fact Sheet, June 2003).
- When asked about **accessibility**, approximately 35 percent of grade 12 students said they could access heroin quite easily (2003 Monitoring the Future Study).
- In the 1990s the **purity of heroin** increased and the prices decreased leading many first time users to try unconventional methods such as smoking, snorting or sniffing heroin, instead of intravenous injection. However, injection of heroin has recently increased among youth as these users gain a tolerance and a strong physical dependence on heroin. (SAMHSA/US Dept. of Health and Human Services; CEWG 2000; Monitoring the Future Overview, 2003)

Heroin has surpassed crack as the drug associated with the most serious consequences: medically, legally, and in overall effects to society (Washington D.C. CEWG, 2002)

“Heroin is easier to get than alcohol. The liquor stores and bars eventually close but the heroin stores are open 24 hours a day.”
Person enrolled in a treatment program.

- The **amount of pure heroin** contained in a \$100 purchase increased on an average of 3-fold between 1988 and 1998. For example, \$100 would buy 318 mg of heroin in New York in 1995, an increase of 200 percent over the amount that could be purchased in 1988 for the same amount (Report published in the May 1999 issue of the *American Journal of Public Health*).
- In 1980, the **average potency** for street-grade heroin was four percent pure heroin. In 2000, the national average was 36.8 percent pure heroin, with reported levels of as much as 98 percent. These fluctuations in street purity raise the risk of overdose (National Institute on Drug Abuse).
- The **perceived risk of heroin** among high school students has declined since 1997. The last time the perceived risk declined was in the early 1990s, just before the significant jump in heroin use among young users. As a low perceived risk is a leading indicator of increased drug use, this may not be a positive trend (The 2003 Monitoring the Future Study).
- Heroin is one of the four most common substances of drug abuse reported during **emergency room visits**. According to the Drug Abuse Warning Network (DAWN), reported mentions of heroin during emergency department visits increased 35 percent, from 63,158 in 1994 to 93,519 in 2002 (2002 Drug Abuse Warning Network Survey).
- Injection of drugs such as heroin is the **leading factor in the spread of HIV**, hepatitis B and C, and other blood-borne viruses. It can also lead to collapsed veins, infection of the heart lining and valves, abscesses, pneumonia, tuberculosis, and liver and kidney disease (NDIC, 2003).

As heroin is usually cut with other substances such as sugar, starch, or other drugs most users aren't aware of the content or strength of the heroin they are taking. These fluctuations in street purity raise the risk of overdose (ONDCP Fact Sheet 2003).

TYPES OF TREATMENT FOR HEROIN ADDICTION

A variety of effective treatments are available for heroin addiction. Treatment tends to be more effective when heroin use is identified early on. Most treatments address the underlying causes of drug abuse and help heroin addicts become more self-reliant and better able to cope with stress. NIDA's Research Report Series on heroin was used as a resource for the following information on common approaches for treating heroin addiction.

Detoxification

The primary objective of detoxification is to relieve withdrawal symptoms while patients adjust to a drug-free state. Although not in itself a treatment for addiction, detoxification is a useful aid when transitioning into long-term treatment that is either drug-free (residential or outpatient) or uses medications as part of the treatment. The best documented drug-free treatments are the therapeutic community residential programs lasting at least 3 to 6 months.

Buprenorphine

In 2002, buprenorphine (and buprenorphine/naloxone products) was approved by the Food and Drug Administration as an outpatient treatment for addiction to opiates such as heroin. Buprenorphine has weaker opiate effects and is much less likely to cause overdose. Early clinical findings also suggest that buprenorphine is safe and produces few side effects or withdrawal symptoms. As buprenorphine creates a lower level of physical dependence, it is easier for patients to come off the medication. There are currently several thousand doctors in the U.S. who are qualified to treat patients with buprenorphine but barriers still stand in the way for many addicts. Many insurance companies don't cover buprenorphine on their formularies and many patients lack insurance coverage altogether. In addition, physicians in the U.S. are limited to treating only thirty patients with buprenorphine.

"For the first time physicians now have a medication (buprenorphine) they can use in an office-based setting to treat those who are opiate dependent." - John Walters, Director of National Drug Control Policy, October 2002.

Methadone programs

Methadone is a synthetic opiate that blocks the effects of heroin and eliminates withdrawal symptoms. Methadone maintenance programs were the first harm reduction strategy used in the U.S. and have a proven record of success for people addicted to heroin. Methadone has been used effectively as a heroin substitute to safely treat opioid addiction since the 1960s. Properly prescribed, methadone is not intoxicating or sedating, and its effects do not interfere with ordinary activities such as driving a car. The medication is taken orally once a day and can suppress narcotic withdrawal for 24 to 36 hours – four to six times as long as heroin. Patients remains physically dependent on the opioid, however the highs and lows are blocked. Most important, the craving from heroin use is reduced, therefore eliminating a major cause of relapse. Normal street doses of heroin are ineffective at producing euphoria in patients taking methadone, thus making the use of heroin more easily extinguishable.

Methadone has shown to be medically safe even when used continuously for 10 years or more. Combined with behavioral therapies or counseling and other supportive services, methadone enables patients to stop using heroin (and other opiates) and return to more stable and productive lives.

LAAM and other medications

Levo-Alpha-Acetyl-Methadol (LAAM), is a synthetic opiate similar to methadone that was approved by the FDA as a treatment for heroin addiction in 1993. LAAM can block the effects of heroin for up to 72 hours with minimal side effects when taken orally. Its long duration of action permits dosing just three times per week, thereby eliminating the need for daily dosing and take-home doses for weekends. LAAM is increasingly becoming available in clinics that already dispense methadone.

Naloxone and Naltrexone are medications that also block the effects of morphine, heroin, and other opiates. As antagonists, they are especially useful as antidotes. Naltrexone has long-lasting effects that can range from 1 to 3 days, depending on the dose. Naltrexone blocks the pleasurable effects of heroin and is useful in treating some highly motivated individuals. Naltrexone has also been found to be successful in preventing relapse by former opiate addicts released from prison on probation.

Behavioral therapies

Although behavioral and pharmacologic treatments can be extremely useful when employed alone, science has taught us that integrating both types of treatments is the most effective approach. There are many effective behavioral treatments available for heroin addiction. These can include residential and outpatient approaches. An important task is to match the best treatment approach with the particular needs of the patient. Moreover, several new behavioral therapies, such as contingency management therapy and cognitive-behavioral interventions, show particular promise as treatments for heroin addiction. Contingency management therapy uses a voucher-based system, where patients earn "points" based on negative drug tests, which they can exchange for items that encourage healthy living. Cognitive-behavioral interventions are designed to help modify the patient's thinking, expectancies, and behaviors and to increase skills in coping with various life stressors. Both behavioral and pharmacological treatments can help to restore a degree of normalcy to brain function and behavior.

For more information about the scientific aspects of heroin use and treatment methodologies, see NIDA's report on heroin on their website at <http://www.nida.nih.gov/>

TREATMENT IN THE COMMUNITY

It is important to note that most communities require an array of treatment methods to meet the needs of addicts, especially since most addicts abuse more than one drug, in addition to alcohol, at a time.

It is also necessary to mention that there are diverse opinions about the various treatment methods that exist. For instance, there are often differing viewpoints among treatment providers about the “best” modes of treatment. These disputes are sometimes rooted in philosophical differences about treatment. Some people believe that methadone and other pharmaceuticals just substitute one drug for another. Sometimes conflicts emerge as the result of competitive resources or funds from public and managed care programs. In other cases, there may be controversy about placing rehabilitation programs in residential parts of town.

TIP: *When trying to expand treatment in your community take the time to get to the roots of these and other problems. This will increase your chance of being successful in ensuring help is available for all of those who need it.*

HARM REDUCTION & NEEDLE EXCHANGE PROGRAMS

According to the World Health Organization, harm reduction is “...preventing or reducing negative health consequences associated with certain behaviors.” In the case of drug injecting, “...the aim (of a harm reduction program) is to prevent the transmission of HIV and other infections that occur through sharing of non-sterile injection equipment and drug preparations.”

Using needles to inject drugs is one of the most effective methods of HIV/AIDS transmission. As a result, intravenous drug use is now the major cause of new AIDS cases in the United States. Heroin addicts who inject the drug often share needles and preparation kits. When they do, they run the risk of spreading HIV/AIDS. Similarly, some heroin addicts sell or trade sex to get money or heroin, and thus contract or spread HIV/AIDS. In response to this problem, more than 100 needle exchange programs (NEPs) have been opened in communities throughout the United States providing sterile needles and kits to addicts. Research has shown that these programs are effective in helping to slow the spread of AIDS and in providing treatment to addicts through referrals to drug treatment facilities, education, and prevention programs.

Despite their success, harm reduction programs like needle exchanges, which focus on reducing harmful consequences of heroin use as a step toward treatment, are often controversial. Proponents point to their success, while opponents argue that these approaches ignore the illegal acts of drug sale and possession and enable addicts to continue their dangerous behavior.

In the midst of the ongoing debate, the Centers for Disease Control has conducted research that supports the effectiveness of needle exchanges. In addition, numerous international studies have determined that NEPs are effective in reducing HIV transmission among substance users. Nevertheless, the President and Congress have supported bans on the use of federal funds to pay for the operation of these programs.

THE COMMUNITY EPIDEMIOLOGY WORKING GROUP

The Community Epidemiology Working Group, is a NIDA-sponsored network of epidemiologists and researchers that assess current drug trends and patterns in 21 metropolitan areas across the United States and report its findings. The data it uses comes from city and state-specific data gathered from a variety of health and other drug abuse indicator sources, including public health agencies, medical and treatment facilities, criminal justice and correctional offices, law enforcement agencies, surveys and other local sources unique to specific communities. In the most recent reporting period (2001 - 2002), heroin indicators were relatively stable but continued at high levels in Boston, Chicago, Detroit, Newark, Philadelphia, and San Francisco. Heroin continued to be readily available in almost all CEWG areas in the first half of 2003 and prices remained generally stable.

The highest rates of heroin emergency department mentions per 100,000 population in the first half of 2002 were in Chicago (112), Newark (103), San Francisco (88) and Baltimore (87). Primary heroin treatment admissions continued to account for large proportions of all admissions (excluding alcohol) in eight areas in 2002: Newark (86.1%), Boston (72.6%), Baltimore (61.8%), Washington, DC (46.9%), Detroit (42.7%), New York (41.1%), San Francisco (40.4%), and Los Angeles (38.4%). Increases in heroin-related deaths were reported in 6 CEWG areas.

For more information about the CEWG or to find out the local contact person for each city, visit <http://www.nida.nih.gov/about/organization/CEWG/Contact.html>

WHAT YOU CAN DO

If your community is not one of the 21 followed by the CEWG, you can form your own community epidemiology working group to gather data and assess local heroin, other drug, and alcohol trends. There are two user-friendly guides available to help you get started. *How Do We Know We Are Making a Difference: A Community Substance Abuse Indicators Handbook* is a community-based guide of local indicators to follow over time. Call (617) 437-1500 to order a free copy, or send an email to publications@jointogether.org. NIDA also has a publication to help communities assess local problems: *Assessing Drug Abuse Within and Across Communities*. To request a free copy, call 1-800-729-6686. The information contained in these books can help you better understand local problems and develop comprehensive solutions in conjunction with other groups.

CEWG Cities:

Atlanta, GA
Baltimore, MD
Boston, MA
Chicago, IL
Denver, CO
Detroit, MI
Honolulu, HI
Los Angeles, CA
Miami, FL
Minneapolis/St. Paul, MN
Newark, NJ
New Orleans, LA
New York, NY
Philadelphia, PA
Phoenix, AZ
San Diego, CA
San Francisco, CA
Seattle, WA
St. Louis, MO
Texas (statewide)
Washington, DC

Types of Data You Can Find in Your Community:

- ***Drug and alcohol-related deaths*** reported by the medical examiner, coroner offices or state public health agencies.
- ***Emergency room visits*** related to drug and alcohol abuse. (Check the results of the Drug Abuse Warning Network survey data if your community is included. Otherwise, check with local hospitals yourself. Be sure to look at changes over time.)
- ***Admissions to local treatment programs***, types of programs that exist and number of people on waiting lists to get into treatment. Are there any primary substances of abuse for which people in your area seek help? Have there been any notable changes in admission trends over the past few years? How does the treatment capacity meet the demand that exists locally? Is there a long waiting list? Have there been increases or decreases in the number of HIV/AIDS cases reported, and if so, what is the relationship to drug abuse?
- ***Local criminal justice data***. What trends are your local police and judges seeing in drug and alcohol-related arrests and court cases? Have there been any changes in the purity of drug seized? Are distribution patterns of certain drugs changing? In addition to local law enforcement, you also check with the National Institute of Justice Arrestee Drug Abuse Monitoring System (formerly the Drug Use Forecasting Program) to find out the results of arrestee urinalysis tests and with the DEA.

Ideas for Action

1. Gather the facts about heroin use in your community.
2. Create a structure for reporting this information regularly.
3. Educate policy makers, educators, the media, and the general public.
4. Develop a plan for creating a strategy and/or programs to meet local needs. Remember that there can be multiple goals including prevention, drug abstinence, and harm reduction.
5. Track changes over time to monitor your success and make changes in your strategy as needed.

RESOURCES

There are numerous resources that can provide information about heroin use. Below is a sampling. Contact them to learn more about this problem.

American Association for the Treatment of Opioid Dependence (AATOD)

<http://www.aatod.org>

AATOD's goals are to support the legitimacy of methadone maintenance as a valuable treatment for opioid dependence, to increase the availability of comprehensive treatment services, to organize the treatment community throughout the United States, and to uphold the standards of quality and comprehensive treatment.

American Society of Addiction Medicine

<http://www.asam.org/>

A national medical specialty society dedicated to educating physicians and improving the treatment of individuals suffering from alcoholism and other addictions.

The Lindesmith Center

400 West 59th Street
New York, NY 10019
(212) 548-0695

<http://www.lindesmith.org/>

The Lindesmith Center is a drug policy research center that provides information on issues related to drug use and treatment options. It operates based on the principals of harm reduction. Its website features a searchable database of thousands of documents focusing on drug policy from economic, criminal justice, and public health perspectives.

National Alliance of Methadone Advocates (NAMA)

435 Second Avenue
New York, NY, 10010
(212) 595-NAMA (6262)

<http://www.methadone.org>

NAMA is an advocacy organization made up of methadone patients, professionals, families, community people and policy makers. It works to educate the public about the effectiveness of methadone treatment and to help make this form of treatment available for all who need it. NAMA's website contains a very comprehensive explanation of how methadone maintenance originated and how it works. Also online you can find the latest news and policy developments around this controversial treatment.

National Clearinghouse for Alcohol and Drug Information (NCADI)

P.O. Box 2345
Rockville, MD 20847-2345
1-800-729-6686

<http://www.health.org>

The National Clearinghouse for Alcohol and Drug Information (NCADI) provides timely research findings and statistics about heroin and other drug abuse. On NCADI's website, you can find the latest DAWN data, Monitoring the Future Study and the National Household Survey, as well as other research studies measuring drug use and identifying important patterns and trends.

National Institute of Drug Abuse (NIDA)

6001 Executive Boulevard

Bethesda, MD 20892

1-888-644-6432

<http://www.nida.nih.gov>

The National Institute of Drug Abuse support scientific research on how to prevent and treat drug abuse. All of the findings are translated into easily-understood terms to make them accessible to the general public. You can find an online research report on heroin abuse and addiction. This in depth document examines the effects of using the drug, and also explains in detail the various treatment options that exist. In addition, there is a helpful NIDA Infobox online about heroin that gives a brief overview of the health hazards involved with heroin use and looks at the scope of the problem today.

The North American Syringe Exchange Network

<http://www.nasen.org>

This organization is dedicated to the creation, expansion and continued existence of syringe exchange programs as a proven method of stopping the transmission of blood borne pathogens, especially HIV, in the injecting drug using community. Its website contains information about HIV/AIDS and about policy developments related to needle exchange programs. Also online you can find links to needle exchange programs located throughout the United States, as well as in other countries.

The Phoenix House Foundation

<http://www.phoenixhouse.org>

Phoenix House is the nation's leading non-profit drug abuse service organization, providing treatment for more than 3,000 adults and adolescents. A pioneer in the development of modern drug abuse treatment, Phoenix House was among the first to adopt self-help methods that make the individual the focus of treatment and address the underlying causes of drug abuse. Phoenix House has treated more than 70,000 people since its creation in 1967.