

Commentary

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A Four-Point Plan to Turn Back the Deadly Heroin Epidemic

There is a widespread narrative that excessive prescribing practices by physicians of prescription opioids and their nonmedical use are driving heroin use and overdose deaths nationally. The proposals so far put forward by the federal government and by the states are insufficient to meaningfully reduce the growing and deadly heroin epidemic. There are two missing perspectives in the current round of heroin proposals.

First, heroin addiction exists virtually only in the context of the active and prolonged abuse of other drugs including prominently alcohol, marijuana and many purely illegal drugs. The recent initiatives dealing with opiate addiction are focused on the use of four medicines: methadone, buprenorphine, naloxone and naltrexone. All are specific to opiates, including heroin and prescribed opiates. None has any effect on the abuse of other drugs. Worse yet, almost all of the current substance abuse treatment programs, including those that do not use medicines, are brief in duration while opioid use disorders are potentially lethal lifelong health threats. Preventing and treating heroin addiction must focus not only on heroin but instead it must target the nonmedical use of all drugs. Moreover, the focus must be on the users' lifetimes and not merely for a few weeks or months.

Second, a promising target for turning back the heroin epidemic is on the supply side which is typically ignored in most proposals. New supply reduction efforts must recognize that heroin supply is a global problem, not an American problem alone. Any attempt to turn back the supply of heroin must involve the full efforts of the international community. This must include vigorous efforts to use modern technology to destroy illegal poppy fields using satellite surveillance, aircraft and herbicides. Crop eradication, while useful, is controversial and it is not a silver bullet because drug crops can be so widely grown. More effective strategies are needed to interdict heroin entering the United States including at its borders and extending to potential heroin users. The heroin distribution system is now more effective and sophisticated than ever before. Heroin sales in the United States must be met with the full force of the law including significant prison sentences for traffickers from the street level to the highest levels of organized crime.

The ambitious, new four-point plan:

- 1) Refocus prevention efforts to help youth grow up drug-free meaning no use of alcohol, tobacco, marijuana and other drugs by youth under age 21. Most drug use begins in adolescence with the use of alcohol, tobacco and marijuana. The earlier the initiation to drug use and the more chronic the use, the more malignant the prognosis, including the risk of heroin addiction and overdose death. Almost all heroin users used other drugs of abuse before they used heroin. Almost all heroin users, including those who used prescription opiates before using heroin, began drug use in their teen years.
- 2) Refocus treatment for heroin addiction and other drug abuse on the goal of five-year recovery. Today's "evidence" for the efficacy of substance abuse treatment is a 20% or more reduction in the use of the target drug, in this case heroin and other opiates, while in treatment. This goal is insufficient because most opiate-abusing patients in treatment continue to use alcohol, marijuana and other drugs, including opiates, and because most treatment episodes are short, usually measured in weeks or a few months even in medication-assisted treatment.
- 3) Harness the health care system routinely to identify nonmedical drug use among all patients. When nonmedical drug use is identified, health care professionals should monitor and manage it as a serious chronic condition for the lifetime of the patient. Health care has the potential of significantly supporting both prevention and treatment but this potential can only be achieved if testing for nonmedical drug use is routine, like other laboratory tests, and only if nonmedical drug use itself is identified as unhealthy.
- 4) Strongly and visibly support the large and rapidly growing recovery community. Help the public understand what recovery is and how honorable and challenging it is. For people addicted to drugs, including alcohol, recovery means no use of alcohol, marijuana or other drugs. For many people, recovery depends upon active participation in the 12-step programs of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). The millions of people now in recovery can give powerful and highly personal evidence of what their lives were like when they were using drugs including heroin, what happened to get them to stop using drugs and what their lives are like now that they are in drug-free and in recovery. This uniquely credible and widely available evidence will inspire improved efforts on both the prevention and the treatment of substance abuse including heroin addiction.

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