The New Drug Epidemic—Heroin and Other Opioids

The use of opioids began to skyrocket in the 1990s in the wake of claims by pharmaceutical companies and medical experts that opioids could be used to treat conditions like back pain and arthritis without fear of addicting patients. But as their misuse and abuse became rampant, public health officials, doctors, regulators and pain-treatment advocates remained deadlocked for years over how to address the public health crisis, arguing over whether tighter prescribing rules would penalize patients who needed the medications.

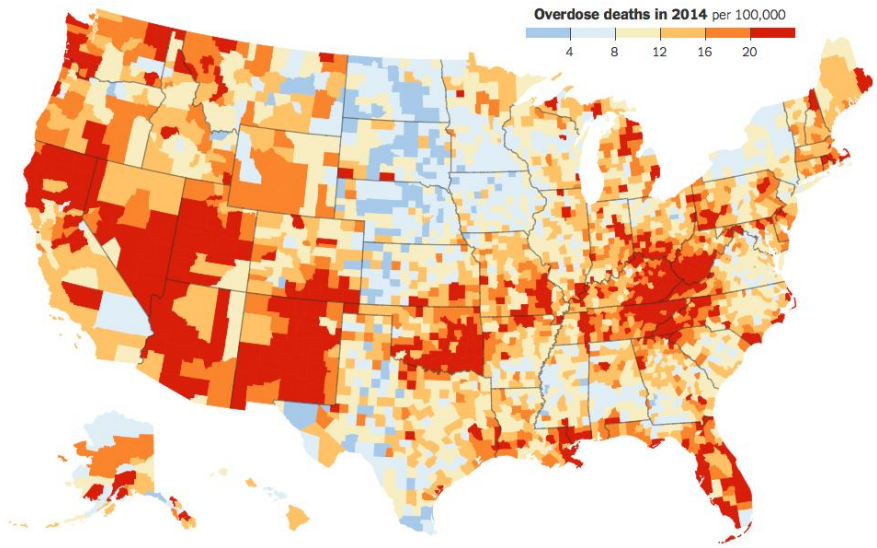
Recently, the balance seems to have tipped to tighter rules for prescribing opioid painkillers. On March 15 the CDC issued new federal guidelines arguing that prescription painkillers should not be a first choice for treating common ailments like back pain and arthritis. The new recommendations—which doctors do not have to follow—represent an effort to reverse nearly two decades of rising painkiller use, which public health officials blame for a more than four-fold increase in overdose deaths tied to the drugs. In 2014, U.S. doctors wrote nearly 200 million prescriptions for opioid painkillers, while deaths linked to the drugs climbed to roughly 19,000 — the highest number on record.

For short-term pain, the CDC recommends limiting opioids to three days of treatment, when possible. The guidelines do not apply to doctors specializing in treating severe pain due to cancer and other debilitating diseases. An early sign of the guideline's impact surfaced in the Senate. Senators overwhelmingly passed a bill designed to combat opioid abuse, including a provision requiring the Veterans Administration to adopt the CDC recommendations.

Nationally, 125 people a day die from drug overdoses, 78 of them from heroin and painkillers, and many more are revived, brought back from the brink of death. With heroin cheap and widely available on city streets throughout the country, users are making their buys and shooting up as soon as they can, often in public places. Police officers are routinely finding drug users—unconscious or dead—in cars, in the bathrooms of fast-food restaurants, on mass transit and in parks, hospitals and libraries.

After shooting up in public places, people often leave behind dirty needles, posing a health hazard. In response, some groups have called for supervised injection facilities, like those in Canada and Europe, where people can inject under medical supervision. The goal is to keep them from overdosing and to curb infectious diseases. Such facilities are illegal in this country, although the mayor of Ithaca, N.Y., recently suggested opening one.

OxyContin and heroin have withdrawal symptoms with intense physical effects. The horrific withdrawal, combined with OxyContin's high cost, can also drive users to heroin. OxyContin, synthetic heroin, has a street value of $40 for an 80 mg pill. Heroin, on the other hand, costs about $10 a hit. But while heroin causes fewer deaths in the U.S. than OxyContin (maybe because more people use OxyContin), its shifting purity makes users sensitive to overdoses, and the tendency for addicts to use it intravenously presents a wealth of new issues, like hepatitis C and HIV.



The visibility of drug users may be partly attributed to the nature of the epidemic, which has grown largely out of dependence on legal opioid painkillers and has spread to white, urban, suburban and rural areas.

Drugs deaths have skyrocketed in New Hampshire. In 2014, 326 people died from an overdose of an opioid, a class of drugs that includes heroin and fentanyl, a painkiller 100 times as powerful as morphine. Deaths from heroin overdoses have more than tripled since 2010 and

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are double the rate of deaths from cocaine. “No group is immune to it — it is happening in our inner cities, rural and affluent communities,” said Timothy R. Rourke, the chairman of the New Hampshire Governor’s Commission on Alcohol and Drug Abuse.

Mr. Rourke said that high death rates in New Hampshire were symptomatic of a larger problem: The state is second to last, ahead of only Texas, in access to treatment programs. New Hampshire spends $8 per capita on treatment for substance abuse. Connecticut, for example, spends twice that amount.

Appalachia has been stricken with overdose deaths for more than a decade, mainly because of prescription drug addiction among its workers. West Virginia and nearby states have many blue-collar workers, and “in that group, there’s just a lot of injuries,” said Dr. Carl R. Sullivan III, the director of addiction services at the West Virginia University School of Medicine. “In the mid-1990s, there was a social movement that said it was unacceptable for patients to have chronic pain, and the pharmaceutical industry pushed the notion that opioids were safe,” he said.

A few years ago, as laws were passed to address the misuse of prescription painkillers, addicts began turning to heroin instead, he said. Because of a lack of workers needed to treat addicts, overdose deaths have continued to afflict states like West Virginia, which has the highest overdose death rate in the nation. “Chances of getting treatment in West Virginia is ridiculously small,” Dr. Sullivan said. “We’ve had this uptick in overdose deaths despite enormous public interest in this whole issue.”

The new wave of opioid addition appears unrelated to other drugs. Recent studies show that medical marijuana may actually reduce opioid addiction by providing a less addictive alternative to pain management. Three states (California, Oregon, and Washington) had medical cannabis laws effective prior to 1999. Ten states (Alaska, Colorado, Hawaii, Maine, Michigan, Montana, Nevada, New Mexico, Rhode Island, and Vermont) enacted medical cannabis laws between 1999 and 2010. States with medical cannabis laws had a 24.8% lower mean annual opioid overdose mortality rate compared to states without medical cannabis laws.

After an uncertain and at times rancorous debate, the U.S. Senate on March 3 passed a major piece of legislation by a nearly unanimous vote. The sweeping bill, targeted at the opioid epidemic, aims to bend drug policy away from punishment and toward a public health approach. The bill is expected to face a harder battle in the House, but if it reaches the White House, the president is expected to sign it.

While the opioid problem is often framed as a result of a lack of available treatment, many people who die did in fact go through treatment. Importantly, this new bill shifts the emphasis of the treatment industry away from what's known as "abstinence" and toward medication-assisted treatment. The latter strategy is proven to be a more effective means of helping those with a substance abuse problem.

A growing number of states, alarmed by the rising death toll from prescription painkillers and frustrated by a lack of federal action, are moving to limit how these drugs are prescribed. Some doctors and dentists give patients as many as 60 or 90 painkillers such as oxycodone or hydrocodone, giving rise to potential misuse of the drugs or opening a door to addiction. Massachusetts’s lawmakers passed a bill that would sharply restrict the number of pain pills a doctor can prescribe after surgery or an injury to a seven-day supply. Officials in Vermont and Maine are considering similar actions, and governors across the country are set to meet this summer to develop a broad approach that could reduce the use of painkillers like OxyContin, Percocet and Vicodin.

The states’ push points to a looming change affecting how doctors use narcotic painkillers, or opioids—the most widely prescribed class of medications in the United States. The move comes against the backdrop of a public health crisis involving heroin-related overdoses. The governor of Vermont, Peter Shumlin, said in an interview that states were taking action because drug industry lobbyists had the ability to block federal initiatives. “The states are going to lead on this one because Big Pharma has too much power,” said Mr. Shumlin, a Democrat.

Even some physician groups that have long opposed legislative interference in how doctors practice have softened their stance. For example, the Massachusetts Medical Society supported the seven-day cap adopted by state lawmakers. “Usually we are opposed to carving anything in stone that has to do with medical practice,” said Dr. Dennis Dimitri, president of the Massachusetts Medical Society. “But we are willing to go forward with this limitation because we recognize this is a unique public health crisis.”

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