

Prescription Opioid Abuse and the Heroin Epidemic in the USA

Martin M Zdanowicz*

School of Nursing and Health Studies, University of Miami, Florida, USA

The United States is currently in the midst of an unprecedented heroin epidemic. Data from the Centers for Disease Control (CDC) shows a 63% increase in heroin use between 2002 and 2013 [1,2]. While heroin use among 18-25 year old males remained the highest, an increase in heroin use occurred across most demographic groups. Of great concern is the finding that heroin use increased markedly in groups that have typically exhibited low rates of heroin abuse. Rates of heroin use amongst women increased 100% during this period while use in non-Hispanic whites overall increased 114%. Traditionally, heroin use is highest in urban households with annual incomes below \$20,000. However, CDC data shows that heroin use increased 60% in household with annual incomes above \$50,000, indicating that the current heroin epidemic has grown to include more affluent, suburban populations. As a result of the surge in heroin use, heroin-related deaths have nearly doubled from 2011-2013 and the death rate from heroin overdose increased 286% since 2002. Heroin-related visits to the emergency department likewise increased 169% between 2004 and 2011 [3]. A recent story in the Washington Post focused on a quiet suburban county in Pennsylvania where eight heroin overdoses occurred within a period of seventy minutes and a total of 25 overdoses occurred in 48 hours. Victims varied greatly in age and included teenagers, mothers with their children present, and a 50 year old man [4].

One key factor that appears to be fueling the current heroin epidemic is the widespread abuse of prescription opioids and other controlled substances. As states began to crack down on the illicit distribution of prescription opioids, addicts began to turn to heroin in large numbers as a cheaper and readily available opioid. According to the CDC, in 2012 health care providers wrote 259 million prescriptions for opioid pain medicines, which is essentially one prescription for each adult in the U.S. Each day 44 people in the U.S. die from a prescription opioid overdose [5]. Overall deaths from overdose of prescription pain medications between 1999 and 2010 increased 400% for men and 200% for women [6]. In response, many states launched initiatives such as Prescription Drug Monitoring Programs (PDMP) that track information about the prescribing of controlled substances [7]. Such programs can identify health care providers who overprescribe controlled substances as well as patients who are 'doctor shopping' for controlled substance prescriptions. Law enforcement officials in a number of states also target 'pill mills' where unscrupulous physicians were essentially selling prescriptions for controlled substances for cash. On the whole, these efforts have been very successful and the availability of prescription opioid and other controlled substances such as benzodiazepines for abuse has been significantly curtailed. Unfortunately, at the same time efforts to curtail the illicit use of controlled substances were taking effect; the U.S. was flooded with a large supply of cheap and highly potent heroin. As an alternative, individuals addicted to prescription opioid and other controlled substances now began abusing heroin. The recent Washington Post article cited a detective from Washington County, PA who mentions that prescription opioids were selling on the streets for \$20 per dose while a bag of highly potent heroin was selling for \$8 [4]. According to the CDC, 45% of heroin users also abused prescription opioids, making prescription opioid abuse or dependence the single strongest risk factor for heroin abuse [2]. The demographic of prescription opioid abusers is now mirrored by the current generation of new heroin addicts who are more likely to be young, white, more affluent, and living in the suburbs.

The current public health crisis of continuing prescription opioid abuse coupled with a growing heroin epidemic places a huge burden on the healthcare, law enforcement, and emergency response infrastructure of many communities. The very fabric of the community itself suffers emotionally and economically as friends, family, and co-workers fall victim to addiction. Fears of a resurgence of HIV and hepatitis from contaminated needles also re-emerge as drug abusers switch to heroin.

Strategies to combat the current heroin epidemic must be multipronged and should start with programs targeting prescription drug abuse since these agents are clearly gateway drugs to heroin. All states should utilize PDMP's since data has shown these programs can reduce the overall number of opioid prescriptions as well as doctor shopping by potential opioid abusers [8]. Primary prevention of opioid abuse also involves educating healthcare providers about appropriate prescribing of opioids to their patients (including checks of the PDMP), as well as increasing their awareness of the warning signs of opioid abuse in these patients. Once patients are addicted to opioids, the addiction is often long-term, costly to treat, and very difficult to reverse. Despite the presence of safe and effective drug regimens for the treatment of opioid addiction, many addicts do not seek or receive treatment. Aside from treating addicts for their opioid addiction, strategies such as the enhanced availability of naloxone and clean syringes may be of immediate value in terms of reducing mortality and the spread of infectious disease in this population.

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*Corresponding author: Martin M Zdanowicz, Professor of Clinical, Associate Dean for Health Studies, School of Nursing and Health Studies, University of Miami, 5030 Brunson Drive, Coral Gables, Florida 33124, USA, Tel.: 305-284-4680; E-mail: mzdanowicz@miami.edu

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