



Collective Action Issue Brief #5–Updated June 2014

HEROIN IN NEW HAMPSHIRE: A DANGEROUS RESURGENCE



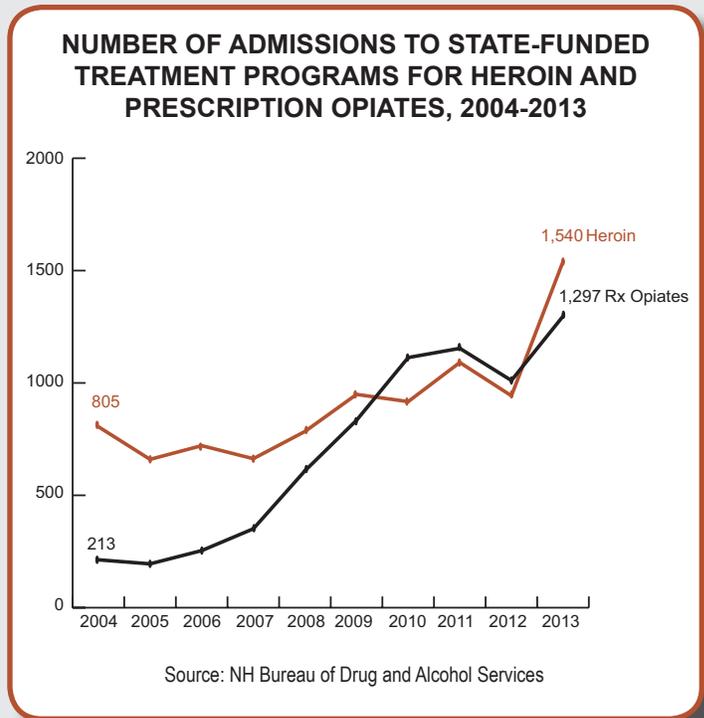
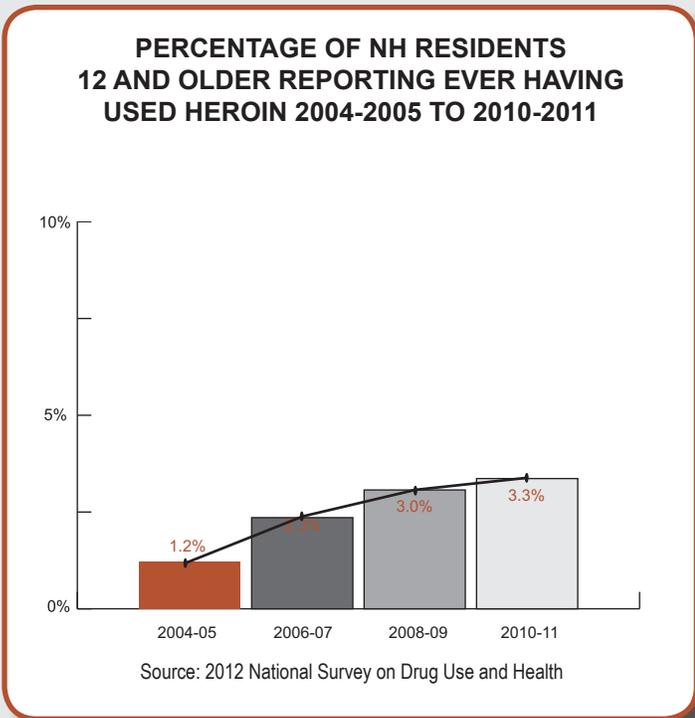
WHAT WE KNOW

Heroin is one of the most dangerous and addictive drugs on the illicit drug market. Even though the dangers are well known, it is on the rise in many communities in New Hampshire and across the country. Contrary to public perception that heroin must be injected, it can also be snorted or smoked, making it more likely that people who oppose using needles will try it. Heroin use is also linked to the increase in the use of prescription pain medications (please see Issue Brief #2: Prescription Pain Medication Misuse). With increased availability of prescription opiates through valid prescriptions or illicit access, many people are becoming addicted. Some of them substitute or supplement their medications with heroin, an opiate that is less expensive and contributes to the progression of their addiction. Heroin, being illegal, is not regulated, so people who use it cannot be certain of the quality, dosage or added harmful ingredients, leading to increased risk of overdose and death.

The U.S. Drug Enforcement Administration classifies drugs and other substances into five categories according to the drug’s medical use and potential for abuse and dependency. Heroin is a Schedule I drug, a category which includes drugs with no currently accepted medical use and a high potential for abuse and for severe psychological and/or physical dependence.

In spite of these dangers, heroin use has been increasing in NH. As the graph below depicts, according to the National Survey on Drug Use and Health (NSDUH), the rate of NH residents who report having used heroin at least once in their lifetime has increased since 2004-2005, from 1.2% in 2004-2005 to 3.3% in 2010-2011. The 2012 NSDUH reports that the average age of first use of heroin nationally is 23.

Evidence of heroin’s re-emergence, and probable correlation with prescription drug abuse, is also apparent in a rise in the number of individuals seeking treatment for prescription opiate and heroin use disorders. In the last ten years, the number of people admitted to state funded treatment programs rose by 90% for heroin use and by 500% for prescription opiate abuse. The sharpest increase has been between 2012 and 2013.





WHY IT MATTERS

From overdose deaths to large scale sale networks being uncovered, heroin is raising warning flags within the state's medical and law enforcement communities. As an example, in 2012, Manchester police were involved in a drug raid that was one of the largest on record for the state, with over 300 grams of heroin recovered with an approximate street value of \$30,000 (*Union Leader*, 8/30/13). According to the New Hampshire State Police Forensic Laboratory, of traffic stops and arrests leading to a blood or urine test in 2012, 13%, or 704 arrests, involved heroin. Local law enforcement have also reported increases in property crimes, burglaries, robberies, and assaults associated with drug seeking.

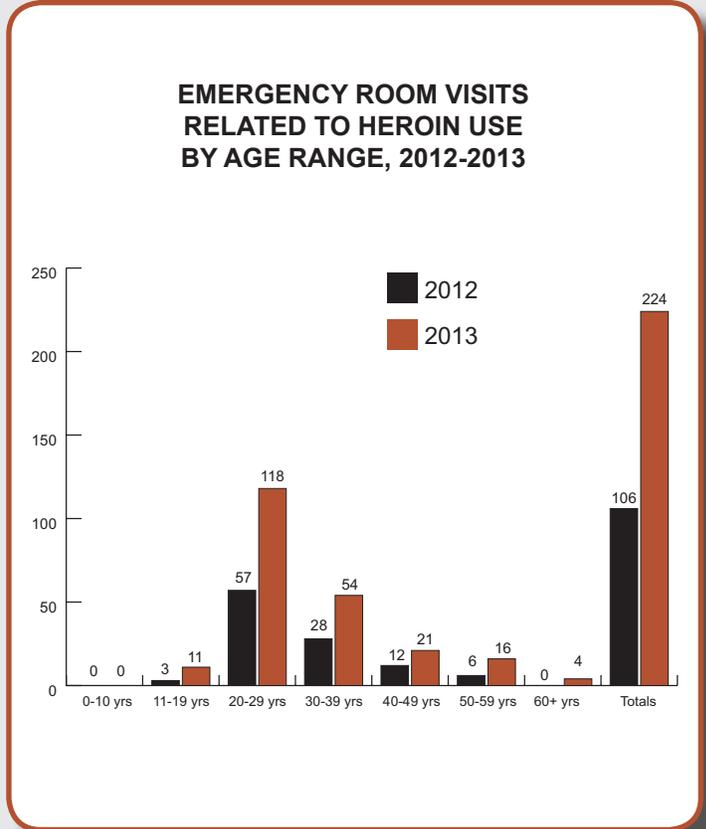
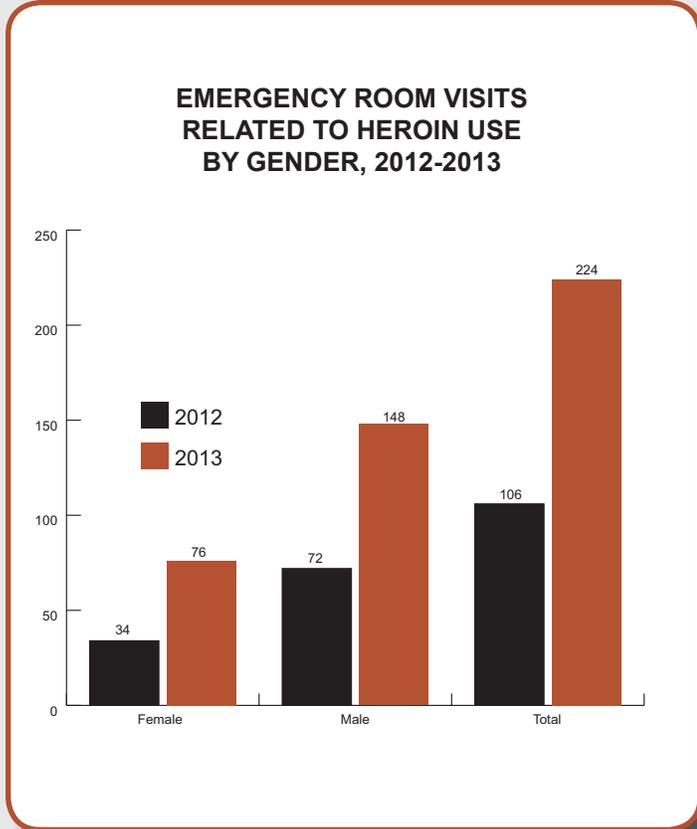


In addition to crime and safety concerns related to the use of the drug, heroin's greatest toll is the number of deaths attributable to the drug. According to the New Hampshire Medical Examiner's Office, the number of heroin-related deaths rose substantially between 2010 and 2013. In that time period, the number of deaths increased from 13 to 70, a more than fivefold increase. This rise in heroin-related deaths is most prevalent among 20-29 year olds and the rate of increase was similar for both males and females.



Heroin use poses significant risk for contracting HIV and Hepatitis, leading to other health problems. This exposure to other health threats affects not only the user but others who may interact with the user.

New Hampshire hospitals are also reporting a significant increase in the number of babies being born with symptoms of opiate withdrawal related to maternal drug use.



These data were made available by the NH DHHS Bureau of Infectious Disease Control and Surveillance Section. They represent the number of emergency room patients who were assigned an ICD9 code related to heroin (965.01, E850.0, and E935.0) and may represent an underestimate of the true absolute incidence rate of cases within the hospitals reporting these data. The 2012 data were provided by 14 of NH's 26 hospitals. The 2013 data were provided by 16 of NH's 26 hospitals. The increase in the number of hospitals reporting only accounts for 5% of the change in the number of heroin-related ER visits reported between 2012 and 2013.



WHAT WE CAN DO



PREVENTION IS THE BEST INVESTMENT

- Everyone can become engaged in prevention initiatives in their communities by contacting their Regional Public Health Network Substance Misuse Prevention Coordinators. (<http://www.dhhs.nh.gov/dcbcs/bdas/prevention.htm>)
- Health care clinics can educate patients, especially young adults, about the risks and harm associated with heroin use, including the rapid progression of addiction & associated infectious diseases.
- Ob/Gyn and other medical clinics can educate women about the risks to babies from maternal drug use.
- Schools and colleges can include heroin in prevention education programs and messaging to students and parents.
- Businesses, community organizations, and government agencies can provide education and prevention messaging to employees and constituents.



EARLY INTERVENTION IS CRITICAL

- Health care clinics, mental health practices, school and college health and counseling centers can screen for those who may be using drugs and encourage them to access addiction treatment and services to address associated health risks.
- Medical professionals treating pregnant women can identify those who are using opiates and refer them for medication-assisted treatment.
- Schools, businesses, community organizations, and government agencies can provide support and referral to treatment for employees.
- Law enforcement and other safety personnel can encourage persons who are using drugs to get help and refer them to appropriate resources.



TREATMENT WORKS

- Everyone can share information about resources to treat substance use disorders for those who need them.
- Emergency responders, safety personnel and others can be trained to utilize recommended medications to prevent death in cases of overdose.
- Policymakers, lawmakers, and other leaders can work toward developing a continuum of treatment services across health care systems, including medically-supported withdrawal stabilization.
- Policymakers can assure that healthcare benefits cover substance use disorder treatment, including medication-assisted treatment.
- Policymakers and leaders in primary care and addiction treatment can integrate substance use disorder treatment with primary healthcare.
- Medical professionals can consider becoming certified to prescribe medications that support substance use disorder treatment.
- Treatment professionals and medical professionals can develop relationships to provide medication, counseling and support services in a collaborative fashion.



RECOVERY IS POSSIBLE

- People in recovery can share stories of hope and recovery from opiate addiction.
- Citizens can partner with prevention specialists and people in recovery to provide a broad array of safe drug-free social activities.
- Communities can provide greater access to services that support recovery, e.g. vocational training, financial management, parenting supports.
- People in recovery can increase the availability of diverse mutual support groups.

Increasing health care's role in substance abuse prevention, early intervention, treatment and long-term recovery support will have a significant impact on reducing stigma and increasing access to care for those struggling with addiction.



WHERE TO FIND OUT MORE

“During initial evaluations, most of our prospective Drug Court clients in Grafton County cite their use of opiates, including heroin, as the most addictive drug and most associated with their criminal justice involvement.”

Jennifer Stone
Grafton County Drug Court

- General information on alcohol and other drug use www.drugfreenh.org
- Heroin Facts www.dhhs.nh.gov/dphs/documents/heroin.pdf
- More Heroin Facts: www.drugabuse.gov/publications/drugfacts/heroin
- Reasons to Avoid Heroin: www.abovetheinfluence.com/facts/drugsheroi
- Drugs, Brains and Behavior: The Biology of Addiction www.drugabuse.gov/publications/science-addiction
- Substance abuse policy and advocacy resources and training www.new-futures.org/
- Technical Assistance for organizations, schools and businesses interested in prevention and early intervention best practices: www.nhcenterforexcellence.org
- NH substance abuse information and educational materials www.drugfreenh.org
- NH Bureau of Drug and Alcohol Services www.dhhs.state.nh.us/dcbcs/bdas/

“It is clear from forensics data and recent spikes in overdoses and deaths that we are in the midst of an epidemic of heroin use, and law enforcement alone simply cannot solve this complex issue.”

Colonel Robert Quinn
NH State Police

“Recovery is Possible

It is important to remember that there are treatments for addiction and the treatments work. Counseling and other psychosocial treatments can be augmented by the use of medications such as methadone, buprenorphine, naltrexone, all FDA-approved medications for the treatment of opioid use disorders. In addition, peer support groups like Narcotics Anonymous and Smart Recovery can prove invaluable to people recovering from addictions.”

Dr. Benjamin Nordstrom, Director of Addiction Services,
Dartmouth Hitchcock Medical Center

The Governor’s Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment, which includes broad stakeholder representation from the public and private sectors for healthcare, including children’s health, education, and criminal justice, has developed and is implementing its strategic plan “Collective Action Collective Impact”. This plan calls for a comprehensive approach to address the misuse of alcohol and drugs in New Hampshire, which recommends among other things that consistent resources be made available at the state and community level that support alcohol and other drug prevention, early intervention, treatment and recovery.

This issue is one in a series of issue briefs produced and disseminated by the New Hampshire Bureau of Drug and Alcohol Services, New Hampshire Center for Excellence and the New Hampshire Charitable Foundation. Issue briefs share information from the state plan, Collective Action - Collective Impact: NH’s Strategy for Reducing the Misuse of Alcohol and Other Drugs and Promoting Recovery. The plan is available at www.dhhs.state.nh.us/dcbcs/bdas/documents/collectiveaction.PDF

