

Perspectives on opioid and heroin use in south central Pennsylvania



Criminal Justice

Trends and initiatives in opioid and heroin abuse: A panel discussion

The contours of the problem: Overdose and death

Drug overdoses are the leading cause of accidental death in the U.S. having surpassed shootings and traffic accidents almost a decade ago (Centers for Disease Control and Prevention [CDC], 2016). From 2014-2015, overdose deaths rose by 11 percent, to 52,404, with roughly 63 percent of those deaths involving an opioid such as heroin, fentanyl, or other prescription opioids like Vicodin or Percoset (often prescribed legally for routine pain management). The significant increases in drug overdose deaths were seen primarily in the northeast, midwest, and mid-south regions of the U.S. (CDC, 2016). Pennsylvania had the sixth highest overdose death rate among all states in 2015, at 26.3 deaths per 100,000 persons (CDC, 2016).

As drug overdose death rates continue to rise sharply (CDC, 2017; Ruhm, 2017), especially in Pennsylvania and the mid-Atlantic region, a panel of local stakeholders working in drug treatment and policing was

convened to discuss the issue in depth, and to identify current initiatives to address the problem.

The panel was comprised of:

- Police officers
- Treatment providers
- Researchers

Initiatives

A key initiative gaining increasing traction in managing opioid overdose in Pennsylvania and the greater region, is the equipping of emergency medical technicians, police, and other first responders with the opioid overdose reversal drug naloxone (trade name: Narcan), which has been on the market since 1971.

In 2014, Pennsylvania passed Act 139, which allows first responders acting at the direction of a health care professional to prescribe Narcan and to administer the drug to persons experiencing an opioid overdose. The law also provides immunity from prosecution for citizens who report overdoses.

Narcan has also been made available in newer, easier-to-use formulations (intranasal). As of November 2017, first responders across Pennsylvania may apply for Narcan kits made available with \$5 million of the

2017-18 Pennsylvania state budget (Madej, 2017). Narcan is also now widely available to citizens over-the-counter.

The police officers on the panel credited equipping police and other first responders with Narcan as a key factor in keeping the opioid overdose death rate in Pennsylvania from climbing even higher than sixth in the nation, and lauded it as a sort of wonder drug.

Misconception #1

Addiction propensity

While productive discussion ensued, key misconceptions emerged that were endorsed by several of the panelists.

One misconception centered on the belief that individuals are equally vulnerable to addiction, which ignores research on differences in individual propensity. Only a small portion of those who become dependent on prescribed opioids become addicted, even fewer turn to illicit opioids like heroin.

This suggests that some individuals are more vulnerable to addiction than others, an important point not addressed by the panelists.

It is well established that persons who experience childhood adversity have a higher risk for addiction as adults (Fishbein & Ridenour, 2014). Rates of addiction are higher among persons whose childhoods are beset with mental and behavioral health problems, poverty, lack of parental involvement and social support, geographic or social isolation, negative peer influences and poor schools, compared with those who use drugs but do not develop addictions. This suggests that drug addiction is a social problem as much as it is a neurobiological one, or due to the chemical properties of specific kinds of dangerous drugs.

In addition to individual variation in propensity to addiction, there are additional concerns related to opioid misuse and death that work to obscure or misrepresent the nature of the problem in all of its complexity, some of which have been previously identified by neuroscientist Carl Hart (2016). These include:

- Opioid-sedative combination deaths;
- Acetaminophen toxicity; and
- Addiction.

One of the key issues is persons using opioids in combination with popular legal recreational drugs like alcohol. This suggests that it is poly-drug use that is driving much of the death.

So, while it is certainly possible to die from an overdose involving a single opioid drug, this accounts for only about a quarter of opioid-related deaths each year.

Misconception #2

Cannabis as a “gateway” to opioid abuse

Another misconception that was endorsed by several panelists in policing and in treatment was the “gateway theory of drug addiction” or the belief that using drugs like cannabis inevitably leads to using other, more dangerous “hard” drugs, like cocaine or heroin. The point raised by the police was that one of the principal drivers of the opioid death crisis is the medicalization, decriminalization, or outright legalization of cannabis in various U.S. states. Pennsylvania legalized cannabis for medical use in 2015, and cannabis possession has been decriminalized in Harrisburg, Philadelphia, and other jurisdictions.

It is important to note that decades worth of studies find that cannabis use does not inevitably lead to more serious drug use, either in the long- or short-term. In fact, the U.S. government's own Institute of Medicine issued a statement in 2008 that there is no scientific evidence supporting the gateway theory of addiction. Its endorsement by those in policing underscores the importance of folklore and myth in drug debates, even among professionals working across treatment and criminal justice.

Current research

This panel informs current field research where interviews with professionals employed in policing, emergency medical response, and drug addictions treatment in Lancaster County, Pennsylvania are being conducted to examine perceptions of Narcan as a mobilized response to the opioid overdose problem.

The study has several specific aims:

- 1) Assess whether Narcan is an effective first step biomedical intervention in treating drug addiction;
- 2) Assess the role Narcan plays in the treatment of opioid misuse after the pre-hospital phase;
- 3) Identify possible breaks in the chain of care; and
- 4) Propose changes to better mitigate against overdose and relapse.

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