

TIDE HAS TURNED IN THE WAR ON HEROIN

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We have arrived at a turning point in the heroin epidemic. In New Haven, as in many other cities, overdose and death due to this drug have become a rarity, and the number of persons coming under care for detoxification is showing a sharp decline.

The result of education? Of methadone substitution? What has brought about this remarkable change in the addiction picture after seven years in which there was a distressing annual increase in the number of heroin addicts?

This promising turnabout appears to be the result of last year's heroin shortage, which began in the northeastern part of the United States and gradually spread westward. In Connecticut, the heroin content per bag sold in the streets has dropped steadily since early 1972, while its price doubled. Importantly, the dire prediction that "the higher price of heroin will only increase the crime rate, so that addicts will be able to get the larger sums of money they need for the purchase of the drug," has not materialized.

At the two major treatment programs in New Haven, the decline in the requests for admission has been dramatic—roughly 50 per cent in the last six months—and similar decreases are reported from other areas throughout the country.

Admissions with a diagnosis of drug abuse to all Connecticut State institutions averaged 213 per month in 1971, and 166 per month in the first half of 1972. In the second half of 1972 these were the number of admissions: July, 157; August, 126; September, 91; October, 90; November, 81, and December, 44.

Wherever the heroin shortage is acute, its impact is manifesting itself in two ways: in fewer people to detoxify, and, because of the greater dilution of what is available on the street, dependence among habitués is less severe and detoxification easier. In many addicts, instead of the usual increase in dosage and tolerance, a gradual drug withdrawal took place during the last year.

From a public-health angle, the most effective way to cope with the heroin epidemic is to hold down the supply available on the market, and the results of last year's efforts prove that it can be done. Some of the credit should, no doubt, go to the new Office of Drug Abuse Law Enforcement. Apparently the harassment and prosecution of big-time traders can upset supply systems.

Paradoxically, the enormous number of heroin users in the United States—over half a million—turned into an asset of sorts. A limited supply in a huge market makes for costly and meager doses of heroin in the envelopes, and, with it, for forced withdrawal on a mass scale.

Two other methods of attacking the heroin problem have been drug-education and treatment programs. Regarding the education of adolescents on this subject, there is a growing concern that its usefulness is an illusion. While it might help a few—the youngsters least likely to become drug addicts



with or without education—it induces many of the potential users to experiment. "Seduces" might be a better word for it. In immature youngsters, drug education may have the paradoxical effect of stirring a morbid curiosity. Often enough the urge to daring and defiance under even ordinary circumstances is a part of growing up.

Researchers at the University of Michigan did a study of the relationship between drug education and drug use and found that junior-high-school students who were exposed to a drug-education program sharply increased their experimentation with drugs. Control groups experimented far less. Other surveys in California and Texas have produced similar evidence. There is enough doubt about its effects to declare a moratorium on drug education as part of the school curriculum.

Do we have methadone substitution and other treatment methods to thank for the turnabout? Experiences in New Haven do not support such a theory. The reason our hospitals are admitting fewer heroin addicts is not because they were redirected to methadone centers. Our outpatient facilities are also experiencing a lower patient load.

Methadone programs in more and larger centers can be a curse, as evidenced by the massive leaks of methadone into some communities and the frightening increase in the number of methadone-related deaths nationally. Even if all programs were run faultlessly, there are other strong objections from a public-health viewpoint.

In times of ample heroin supply, the abuse in a community expands to the extent of the drug obtainable. And if for every hundred heroin users entering methadone treatment a hundred new ones will fill their places, nothing is gained from a public health angle even if some individuals benefit. This lesson has been learned in Washington, D. C., in a period when heroin was readily available. . . .

Our current experience provides strong evidence that the only effective way to cope with the heroin epidemic is to disrupt its traffic. The links of the distribution chain have proved to be vulnerable to a vigorous attack. Crime without crime, even a murder, produces a high attrition rate in the narcotics trade. When determined law enforcement is added to these built-in pressures, the final blow it deals can be very telling. Last year's efforts in this direction have paid off at the hospital desk and at the morgue.

The tide has turned. Whether we can keep it that way will depend on our efforts and our ingenuity in keeping the drugs from reaching the streets—and on the amount of public support we will obtain in giving this endeavor the priority it deserves.

The foregoing are excerpts from an article by Dr. Neumann, "Progress in the Other War: the Heroin De-escalation," reprinted by permission from the "Medical Tribune" of June 6. Copyright 1973, Medical Tribune, Inc.

Drop in Heroin Use Cited

By Stuart Auerbach

Washington Post Staff Writer

The new chief of President Nixon's war on drugs, Dr. Robert L. DuPont, declared yesterday that the nation's heroin epidemic "is now approaching the point of a turnabout."

While stopping just short of saying that the nine-year epidemic has ended, DuPont cited three indications that the number of heroin users in the nation has been cut in half since the epidemic's peak in 1971. In a few years — he refused to specify how many — he said the number of addicts should be reduced to a pre-epidemic level.

DuPont, who was appointed director of the White House's special action office for drug abuse prevention a month ago, estimated there are now between 200,000 and 300,000 daily heroin users in the country compared to 500,000 to 600,000 daily users in 1971.

"Only a year ago," said DuPont, former director of Washington's Narcotics Treatment Administration, "the increase in heroin addicts was our chief problem and concern."

"Today, signs are that the rate of increase in the number of newly addicted individuals is on the down side. This indicator signals a likely reduction in the total addict population in the foreseeable future."

To bolster his optimistic prediction—the first from an administration official on the nation's drug problems—DuPont cited decreases in heroin overdose deaths, decreases in hepatitis cases and data showing that the number of people who started using heroin for the first time in the last year decreased sharply.

"There are relatively few new users coming in," he said. In the District of Columbia, for example, 2,500 persons were found to have first used heroin in 1969. Last year, there were only 90 first time users.

He said that deaths from overdoses of both heroin and methadone (a synthetic opiate used in narcotic treatment programs) decreased almost 50 per cent during the first three months of this year compared to the same time in 1972. Overdose deaths traditionally have been used to measure the number of addicts in an area.

In New York City, he said, overdose deaths decreased from 267 to 167; in Chicago from 48 to 15; in Washington from 27 to 9, and in San Francisco from 11 to 9.

He said the figures showed that the epidemic was slowing down fastest on the East Coast and in the Middle West, and slowest on the West Coast.

The number of cases of hepatitis—often caused by the dirty needles used by addicts—decreased by one-fourth in the first three months of this year compared to the same period in 1972. By contrast, there was only an 8 per cent decrease between 1971 and 1972.

DuPont credited the sharp decrease in heroin use to three factors: the spread throughout the country of treatment centers; a law enforcement effort to reduce the amount of drugs available on the streets; and the realization among many young people that heroin is a dangerous, addictive drug.

Despite his optimistic forecast, DuPont said, "We still have a long way to go in the treatment of heroin addicts." He said the government will be treating chronic heroin addicts for many years to come.

To get these hard-core addicts, DuPont said, "We will no longer wait passively for individual dependents on heroin to come to treatment centers. Rather, we will actively reach out to penetrate the addiction underground and urge heroin abusers to become patients in our varied types of care."

DuPont, who ran a large methadone maintenance program in Washington credited with cutting the crime rate and ending the drug epidemic here, said addicts who are weaned from heroin through the use of methadone do not become addicted to the new drug.

In fact, he said, only 2,200 out of the 15,000 addicts started in the Washington program are still taking methadone.



ROBERT L. DUPONT:
"turnabout"

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1. OLC 7 D 35 HDQS			<p>The first attached article by Dr. Neumann attributes the decline in narcotics addiction to the shortage of heroin in the northeast portion of the United States during the past year (note underlined portions). According to Dr. Neumann, this shortage results from increasingly effective domestic and international enforcement action. This view is supported in the second attached article from today's <u>Washington Post</u>, which reports that Dr. Robert L. DuPont has also concluded that within a few years the number of heroin addicts will be substantially reduced.</p> <p>If this is so, we can take some satisfaction in the knowledge that the CIA has contributed significantly to the curtailment of the flow of illicit narcotics into the United States. Assuming that the government-wide (including CIA) momentum continues over the next few years, we can look forward to a time when this Agency can begin to plan for a reduction in the resources committed to the narcotics program.</p>
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