

Opiate and Heroin Epidemic

The Problem

The recent epidemic of overdoses and deaths from opiates and heroin has caused Deval Patrick, the governor of Massachusetts, to declare a formal state of emergency. Boston and surrounding communities, particularly the South Shore, have experienced a surge in the use of opiates and heroin. Drug paraphernalia has been found in public restrooms of some communities. Addicts may describe a history of having a physician prescribe a narcotic like Vicodin or Percocet for an acute injury. Their pain continues after the prescription is used and people then seek alternatives like heroin, which is often cheaper and more potent than other drugs. Fentanyl, a powerful analgesic, may be added and enhance the lethality of heroin. Stereotypes of addicts suggest that they are down-and-out characters, but heroin and opiates may be used by successful, educated and seemingly well-adjusted people. The epidemic is “equal opportunity,” affecting people of any age, gender, social class, and ethnicity.

Relevance to BU

Boston University Charles River Campus and its Medical Center employ more than 12,000 people. Along with their families, some people in our community may be affected by drug use. Adolescents are especially vulnerable to substance use disorders because of their brain development, lack of judgment and impulsivity. According to the National Survey on Drug Use and Health (2010), 13% of high school seniors have used a prescription opioid recreationally, suggesting that drugs are reaching younger, more fragile people with reduced inhibitions.

The city's only public methadone clinic is in the South End, close to the Boston Medical Center. It is scheduled to close and it is unclear where these people will be treated in the future. Meanwhile, addiction treatment is expensive and hard to find. Many addicts lack health insurance. Beds formerly filled by alcoholics are now used by heroin or opiate addicts.

What Can Be Done?

Police and drug enforcement policies are attempting to limit the supply of illegal drugs with detection and strong punishments but have had only limited success to date. The Department of Public Health is requiring all prescribers of narcotics to use a prescription monitoring program for all patients to reduce abuse of opiates.

For families with an addicted loved one, the search for treatment may yield public detox beds. In the private sector, beds and treatment programs are reimbursable by many insurances, but may provide only brief inpatient treatment and erratic outpatient follow up. More families are turning to a little

used Massachusetts regulation, Section 35

<http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/addictions/drugs-and-alcohol/section-35-faq.html#about>. This allows families to facilitate an involuntary commitment for a family member who may be out of control with addiction. Self-help groups such as New England Regional Narcotics Anonymous (<http://www.nerna.org/>) provide information and support to addicts and their families.

Help is available to Boston University employees and family members who might be troubled by substance use disorders. The University offers health insurance coverage for addiction treatment and confidential advice and referrals through the Faculty and Staff Assistance Office (www.bu.edu/fsao). Boston Medical Center also offers an addiction service (617-414-4388 (<http://www.ed.bmc.org/assert>) Project ASSERT).

BU Police Department has taken a lead in acquiring and training officers to use Narcan, a safe and effective opioid antagonist that can reverse an overdose and save a life, if given quickly. Thomas Robbins, the Chief of BU Police Department states: “Narcan provides our officers with a tool that may help prevent a tragedy within our community. BUPD is proud to be one of the first departments in Massachusetts to receive this important, potentially live saving training.