Is the New Heroin Epidemic Really New? Racializing Heroin

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Abstract: Heroin abuse as an outcome of the prior use of painkillers increased rapidly over the past decade. This "new epidemic" is unique because the new heroin users are primarily young White Americans in rural areas of virtually every state. This commentary argues that the painkiller-to-heroin transition could not be the only cause of heroin use on such a scale and that the new and old heroin epidemics are linked. The social marketing that so successfully drove the old heroin epidemic has innovated and expanded due to the use of cell-phones, text messaging and the "dark web" which requires a Tor browser, and software that allows one to communicate with encrypted sites without detection. Central city gentrification has forced traffickers to take advantage of larger and more lucrative markets. A second outcome is that urban black and Latino communities are no longer needed as heroin stages areas for suburban and exurban illicit drug distribution. Drug dealing can be done directly in predominantly white suburbs and rural areas without the accompanying violence associated with the old epidemic. Denial of the link between the new and old heroin epidemics racially segregates heroin users and more proactive prevention and treatment in the new epidemic than in the old. It also cuts off a half-century of knowledge about the supply-side of heroin drug dealing and the inevitable public policy measures that will have to be implemented to effectively slow and stop both the old and new epidemic.

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Following Vermont Governor Shumlin's lead, state officials in eighteen states have declared that they have heroin epidemics in their rural towns and communities.[1] New Jersey, New Hampshire, West Virginia, Massachusetts, Ohio have all declared the abuse of heroin as their top state priority. Heroin overdose deaths are the principal measure of the extent of these epidemics; the higher the rate, the more serious the epidemic. The CDC released a graphic of all the states comparing heroin overdose deaths in 2002 with those of 2014.[2] States and counties with virtual no overdose deaths in 2002 are now very much on the map; the graphic shows that the epidemic is clearly national in scope with a 286% increase in overdose deaths per 100,000 persons between 2002 and 2014. Based upon an examination of 60 million death certificates issued by the CDC between 1990 and 2014, *New York Times* analysts found that death rates for Non-Hispanic Whites increased for virtually all adult age groups under 65.[3] Comparable death rates for Blacks and Non-White Hispanics continue to drop. The highest death rate nationally after 2009, 23%, was among Whites without a high school education. Drug overdoses from heroin and other drugs are thought to be the leading cause. By 2014, overdose deaths were five times the rate of 1999 for Whites between the ages of 25 and 34 and three times the rate for Whites between the ages of 35 and 44.

What is the cause of these overdoses and rising death rates? Experts, media reports, heroin users, family and friends of heroin users from New England to Oregon provide a very consistent narrative with supporting evidence.[4,5] The consensus is that a new generation of heroin abusers started out using powerful pain relievers such as oxycodone, hydrocodone, codeine or morphine with or without a prescription. Users found that they could get better relief from pain by using heroin, which is less expensive. Tragically, they have found themselves addicted. If they overdose on heroin, their presumed easy and initial access to prescription strength painkillers is inferred as the most significant contributing cause of death.

The painkiller-to-heroin transition hypothesis is now almost a decade old and has been critically assessed. A recent review of the evidence questions the extent to which painkillers account for the new heroin overdoses and epidemic.[6] Indeed, abuse of prescription opioids is a serious problem. Rates of addiction to these drugs can be reversed when "pill-mills" are shut down, when doctors are made aware of the problem and when they monitor the number of prescriptions written. But there is research showing that people who develop an addiction to prescribed or non-prescribed opioid painkillers do not necessarily end up using heroin as a substitute.[6] In contrast, heroin users who did not begin their drug using with painkillers are very likely to use prescribed and non-prescribed painkillers as well. In which case, mounting use of heroin and painkillers may be two separate but overlapping epidemics. The mounting heroin epidemic among Whites may not be due simply to prescription and non-prescription painkillers. There may be additional factors driving the heroin epidemic.

This research note has three objectives. First, it is to show that the new heroin epidemic is really the next stage in the older ongoing epidemic of illicit drugs. Second, effective and cost-efficient preventions are being deployed for the new epidemic that are denied in the old epidemic.

Finally, if the two epidemics are not linked, both will continue and an outcome will be a new phase in racially discriminatory public health.

TWO LINKED EPIDEMICS

Supple-side epidemic

When drug addiction is viewed from a clinical perspective, the focus is on the individual drug users. The problem with epidemics of illicit drugs is that they are outcomes of social behavior, and have a micro-economy. These factors propagate illicit drug epidemics as outcomes of human agency, not viruses. There are studies of the economic and organizational supply-side pre-conditions of the heroin epidemics.[7,8] If heroin becomes readily available in one's environment and strong enough incentives are provided to use it, people with and without psychological predispositions to use drugs will end up as users. When enough people use any illicit drug and its use becomes the norm in a community, even more individuals without individual pre-dispositions will initiate use.[9] Conversely, if the amount of heroin or its attractiveness can be reduced sufficiently, the numbers of potential users and addictions will declines.[10]

The new heroin epidemic among White Americans may be a perfect opportunity to study an emerging supply-driven drug epidemic. The central question that needs answering is not which drug or drugs pre-conditioned heroin use. What we need to know is how did heartland communities transition from no heroin in 2000 to readily available heroin by 2014? What really got a new generation of heroin users started? What did drug dealers do to propagate the heroin epidemic? What incentives were provided to new users to initiate heroin use and to continue using the drug? The answers to these questions will uncover the inner workings of the new epidemic that go beyond the painkiller-to-heroin transition. The answers to these questions will also link the new heroin epidemic with the old.

The old and new heroin epidemics

A similar illustration to the increases in rural heroin overdosing between 2002 and 2014 could have been produced in 1974 showing increases in urban heroin overdoses after 1962. Instead of a sympathetic response from state and local governments, initial urban heroin users were universally demonized. Then, the alleged cause of the new drug use was mental disorders among black teens.[11] As the number of users increased along with crimes committing to support their drug habits, the cause shifted permanently to criminality. The response to criminality was President Nixon's "war on drugs." This was the beginning of a fifty-year long attempt to arrest and jail the nation's way out of illicit drug use. It took the HIV/AIDS epidemic in the 1990s for a muted public health response to gain ground. Fortunately, simply jailing rural white heroin users is not the central narrative to date in the new epidemic as it was in the old.[12] However, there are emerging sentencing disparities between rural and urban municipalities that suggest more poorer, southern and conservative local governments are not sympathetic to new white heroin users.[13]

Reports on the new rural epidemic point out that rates of drug use and of overdoses among blacks and Latinos are in decline, a trend that is the opposite of the new epidemic.[2] The contrast between urban and rural epidemics should be a point of curiosity. Urban drug use and abuse have not disappeared. A recent and comprehensive review of urban drug use related to HIV describes the dispersal of public drug trafficking from central city communities. The new sites are in nearby working-class suburban communities.[5,14] For example, in focus groups with Northern California urban drug dealers, participants reported a major change in their business pointing to the new epidemic.

> "Streets are too dangerous (for drug sales). All my business is now done on the internet and in the suburbs at malls and hotels …" That's where the big drug buyers, Johns (men who buy sex) and money are.[15]

Since the 1990s, it is well known on the streets that experienced drug dealers have shifted their sales from person-to-person exchanges of drugs-for-money or sex to sales by pagers, cell-phones and now via the internet. Use of mobile devices has quietly revolutionized drug dealing. Exchanging drugs for money and/or sex can now happen via home delivery, mail and at random public locations. Money can be sent by Fedex or dropped off at one location, paid by credit card via PayPal and the drugs can be picked up in another location.[16] Prostitutes solicited online can come to a John's address or meet at a hotel. This reduces the risk of police surveillance and arrests and of violence from customers and other dealers alike. Only younger, less experienced and less resourceful dealers are left to do person-to-person exchanges on well-known streets that are now heavily monitored by police and surveillance camera systems.[17] These remaining street-level dealers are almost guaranteed eventual arrest.

No need for drug supermarkets

The transition in dealing has had another major impact. Since 1960, low-income black and Latino communities have been major distribution sites for metropolitan-wide