

## 2019 PROFILE: HEROIN AND ILLICIT OPIOIDS IN SOUTHWEST CONNECTICUT

(See also the profile on Prescription Drugs in Southwest CT for more information on opioids)

**Heroin** is a highly addictive opiate (narcotic) drug processed from morphine and extracted from certain poppy plants. It is a semi-synthetic opioid which is synthesized from naturally occurring opiates. Heroin comes in a white or brownish powder or a black sticky substance known as “black tar heroin.” It is often “cut” with other drugs or substances such as sugar or powdered milk. A user is unaware how much actual heroin is being used, creating likelihood of overdose. Street names include Big H, Black Tar, Chiva, Hell Dust, Horse, Negra, Smack, and Thunder. Heroin can be injected, snorted, or smoked. It provides an initial surge of euphoria followed by a twilight state between sleep and wakefulness. Physical symptoms of use include: drowsiness, respiratory depression, constricted pupils, nausea, a warm flushing of the skin, dry mouth, and heavy extremities<sup>15</sup>. Overdose symptoms include slow and shallow breathing, blue lips and fingernails, clammy skin, convulsions, coma, and possible death.

*Fentanyl* is a synthetic opioid, 80 to 100 times stronger than morphine, which was developed for pain management in cancer patients and applied as a skin patch. Due to its potency, fentanyl is often diverted for abuse, sold as high potency heroin or added to heroin to increase its strength. Users can easily overdose and die. Street names include Apace, China Girl, China Town, China White, Dance Fever, Goodfellas, Great Bear, He-Man, Poison, Tango & Cash. Fentanyl gives an intense, short-term high. Effects include slow respiration, low blood pressure, nausea, fainting, seizures, and death.<sup>16</sup> Recently, *carfentanil* is an even stronger opioid that can very easily lead to a fatal overdose.

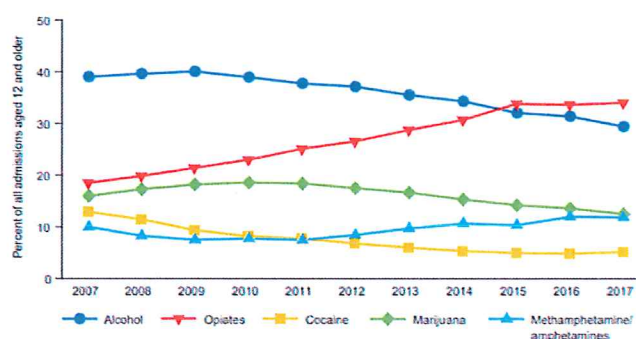
Most users of heroin and illicit opioids begin with an addiction to a prescription opioid given for pain management, then turn to heroin since it is cheaper and easier to access. Best practice for treating opioid use disorder includes both counseling and Medication-Assisted Treatment (MAT) using an opioid antagonist (usually suboxone or methadone). Naloxone (a.k.a. Narcan) is an opioid antagonist drug that can temporarily reverse an overdose, giving time to transport an individual to a hospital for treatment.

### Magnitude:

The National Survey on Drug Use and Health (NSDUH) first reported past-year heroin use in 2014-16, its most recently published survey, showing that less than 1% of individuals ages 12 or older in Southwest CT (SW CT) had used heroin.

Abuse of heroin and other opioids has now increased for over ten years. National data show that admissions for primary heroin use climbed from 14% of substance use admissions in 2007 to 27% in 2017 (see red trend line in adjacent figure). Our calculation based on 2018 DataHaven surveys in SW CT indicates that 0.4% to 1.4% of residents may have an Opioid Use Disorder (OUD).

Nationally, the majority of primary heroin admissions are aged 18-44 (average of 36). Two-thirds are non-Hispanic Whites, 14% are non-Hispanic Blacks, and 13% are Hispanic, according to SAMHSA treatment data.



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.21.18.

Figure 11: Primary Drug Use at Admission, 2007-2017 (US)

Source: SAMHSA Treatment Episode Data Set

<sup>15</sup> <https://www.dea.gov/factsheets/heroin>

<sup>16</sup> <https://www.dea.gov/factsheets/fentanyl>



Within Southwest CT (SW CT), 1882 unique individuals received treatment for opioids (including both illicit and prescription opioids) in 2018, according to data from the Department of Mental Health and Addiction Services. This represents 0.003% of the region's population. 106 residents of the region died in 2018 as a result of an opioid overdose, with fentanyl involved in 79 deaths and heroin involved in 56 deaths. The majority of these deaths involved more than one drug; when used alone, fentanyl accounted for 5 deaths and heroin accounted for 2 deaths. There were also 2 deaths of individuals who had used both heroin and an opioid antagonist.

### **Risk Factors & Subpopulations at Risk:**

- *Risk factors* include: marijuana use; heavy tobacco use; previous overdose; personal or family history of substance misuse; history of depression or anxiety.
- *At risk populations:* Individuals with prescriptions for pain management; seniors prescribed multiple medications; women (due to biological factors and an increased likelihood of being prescribed opioids and being given longer term and higher dose prescriptions).

### **Burden:**

- Heroin is highly addictive. Extreme withdrawal symptoms (e.g. craving for the drug, restlessness, muscle and bone pain, vomiting) make it difficult for users to quit, and cravings lead many users to relapse.
- Heroin use can lead to respiratory arrest and accidental overdose.
- Up to one-third of opioid overdoses are thought to be intentional suicides.
- When heroin is injected, there is a risk of contracting hepatitis, HIV or other blood-borne diseases.
- The impact of addiction on an individual's life and their family is often devastating both emotionally and financially, due to the cost of treatment (often multiple times).

### **Capacity and Service System Strengths:**

*Prevention & Education:* Awareness about the harmful effects and high potential for addiction continues to be important information for parents and youth. Local Prevention Councils (LPCs) have conducted community education on heroin and other opioids for families and prescribers and supports trainings on the use of Narcan to reverse an overdose. The Hub supports these efforts through information, opioid education, and distribution of Narcan kits, in conjunction with LPCs and through an AmeriCorps PreventionCorps grant. Narcan trainings within SW CT are now incorporating information about the state's newly created Naloxone + Overdose Response App ("NORA") app (available at [www.norasaves.com](http://www.norasaves.com)) as well as on the LiveLOUD website also developed by the state.

*Reversals:* As of May 2019, Narcan is available at 58 pharmacies throughout the region. Through state opioid grants, all local communities have sponsored sessions to train people to administer Narcan and a total of 1243 free Narcan kits have been distributed to date. First responders carry Narcan and administer it regularly to reverse overdoses. In 2019, the State Opioid Response grant will provide hospital emergency departments with Narcan to distribute upon discharge to individuals who have overdosed and their families.

*Treatment:* Medication Assisted Treatment (MAT) is available via 12 publicly funded nonprofits, 2 private for profits, and individual providers throughout the region (see map below). Two provider agencies have recently received federal and state grants to do mobile outreach to opioid users from Bridgeport through Stamford, and the Greenwich Department of Human Services is piloting an outreach program by town social workers. There are detoxification facilities in the region, although access is limited and some users have to go to other parts of the state for available



beds. The state Access Line, which provides transportation to detoxes when needed, is reported to be less able to connect people to treatment than in the past.



**Figure 12: MAT in Southwest CT**  
Source: SAMHSA

*Recovery:* Recently, hospitals have begun hiring Recovery Coaches as an effective way to use people with lived experience to respond to overdoses that come into the Emergency Department, connecting people to treatment and recovery support. In SW CT, Stamford Hospital recently hired a Recovery Coach and Norwalk Hospital expects to hire one in Fall 2019. Other recovery supports in the region include the CT Community for Addiction Recovery (for individuals with a substance use disorder) and The CARES Group, Courage to Speak, SMART Recovery Family & Friends for family support.