WHY HEROIN ON PRESCRIPTION DOESN'T WORK

People who are addicted to heroin, a powerful opiate, often find their lives spiraling out of control as they need more and more of a costly drug which can only be sourced from criminals. Because of the phenomenon called 'tolerance' to heroin, a person needs more and more of the substance to be able to get the same 'high' as when they started. It then becomes a costly addiction.

These high costs force them into criminal activity – stealing, prostitution, drug dealing – to fund their 'habit'. And if there is no money to buy heroin, a drug user will swiftly begin to suffer withdrawal. If you want to know what that is like, just watch this short Ted Talk. Even though the person in this Ted Talk was not a heroin user, but rather a person using doctor-prescribed opiates, he still went through what any heroin user suffers when withdrawal symptoms start kicking in. And those withdrawal symptoms start showing themselves within 6-12 hours of their last opiate dose.

There are some who have argued that the best way to treat a heroin user's addiction is to have the government give them free or subsidised heroin. This is a similar approach to that taken by methadone maintenance programs except that methadone is synthetically made and much cheaper than the organic drug heroin. Also, each dose of methadone lasts longer than a dose of heroin, nor does it require injections (it is swallowed) as is most common with heroin, avoiding the constant damage to veins.

The proposed benefits of heroin on prescription are that users would no longer have to resort to criminal acts to fund their addiction and that they would continue with the program, as is not always the case with methadone, because they were being given their drug of choice. Claims were made that there are certain heroin users who are 'refractory' to any treatment option, who simply refuse to even try a methadone program or get off their drugs, and it was these users that heroin on prescription would help. It was also claimed that users could be assured of pure heroin rather than the heroin sold to them by criminals which may have harmful substances 'cut' with the heroin (however in our Australian experience there have been next to no deaths [see page 24 of this study] from other substances cut with heroin). Yet another false claim was that heroin on prescription would stop overdose deaths because it was claimed that many of these deaths happen because users, when buying from criminals, are having to inject in haste without being sure how pure the heroin is and how much of a dose they are really getting (in reality that is very little evidence that this ever happens [see page 23 of the this study).

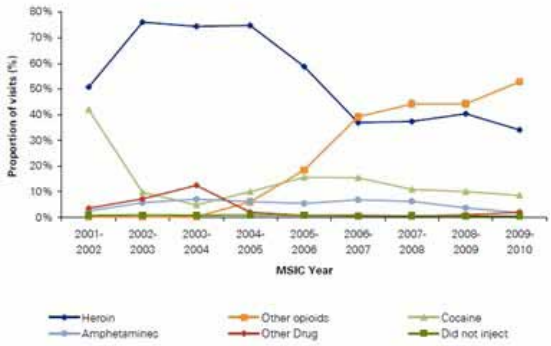
In 2009, a UK heroin trial was set up in which £15,000 per year was spent on supplying heroin and counselling/employment support to each heroin 'patient'. The results of that trial were that the researchers claimed they had successfully reduced their patients' crime, which had previously cost the community £15,600 per year in stolen goods or other like crimes, down to an average of just £2,600 of crime per year. Obviously, despite being given free heroin and all kinds of counselling and employment-seeking support, these heroin users were still committing crimes to find MORE heroin or other drugs which they could use with their heroin to enhance its effects. Nevertheless, the researchers made much of the

£13,000 lesser burden of crime for the £15,000 spent on each user, ignoring the fact that the taxpayer was still having to fund £2,000 per year for each user once the 'savings' were deducted.

In an article by a local London based journalist, criticism of the heroin trial was recorded. Gyngell wrote, "Steve Spiegel, a former 'hard core' addict now long term director of the Providence Project - the hugely successful abstinence based, low cost rehabilitation centre for those the system has failed, emailed me: "Next they'll be prescribing alcohol to alcoholics and crack to crack addicts! Who are these so-called experts? I'm not sure where they get their facts from regarding heroin users being the hardest to treat. This is certainly not our experience."

However, the best proof that heroin on prescription wastes public money is statistics from Australia where, since 2006 and an ongoing heroin drought, most heroin users have switched from using illegal heroin to the illegal use of prescription opiates. From the graph below taken from p 108 of an evaluation of the Sydney Medically Supervised Injecting Centre in 2010 you can see how 'Other opioids', which are prescription opiates represented by the yellow line, took over from heroin (the blue line) as the most-used kind of opiate by 2006-7.

Figure 8-1: Type of drug injected[115]



These opiates, such as Oxycontin or Endone, are prescribed medicines bought from any Australian pharmacy for people suffering chronic pain. So previous heroin users just simply make up some kind of illness that a doctor cannot really ever verify, and then ask a doctor for a prescription opiate to alleviate their 'pain'. After that these users 'doctor shop' by going to many doctors with the same unverifiable complaint, getting multiple prescriptions of government-subsidised opiates. Others who have not been able to get a prescription buy opiates off those who can.

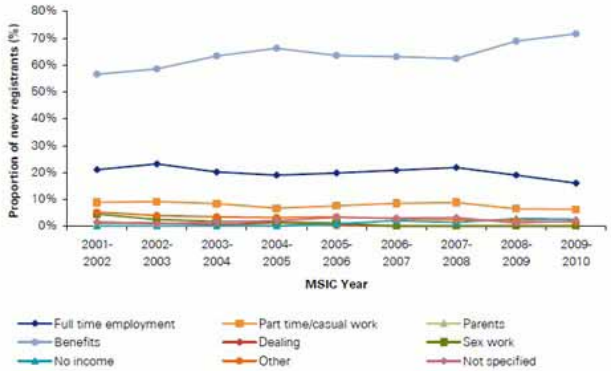
So rather than using impure, contaminated heroin (which as we have seen has caused few if any deaths in Australia) heroin users can live on prescription opiates while still committing crimes to buy heroin from criminals which they still believe is worth doing. This means that they are living on prescribed opiates as much as any 'heroin on prescription' trial, with all the supposed health benefits that a prescription trial offers except the counselling and employment support. However, as can be seen from the Table below of opiate deaths in Victoria, prescription (pharmaceutical) opiates are involved in roughly 80% of all opiate deaths in Victoria, showing that prescription opiates have not stopped people from dying from deadly opiates i.e. opiates are just as deadly whether they are on prescription or bought from criminals.

Table 2: Annual frequency and proportion of overdose deaths by contributing drug types, Victoria 2009-2016

Drug types	2009	2010	2011	2012	2013	2014	2015	2016
Overall frequency	**379**	**342**	**362**	**367**	**380**	**387**	**453**	**477**
Pharmaceutical	295	266	275	306	313	316	358	372
Illegal	147	149	153	133	166	164	227	257
Alcohol	94	85	88	80	94	94	106	118
Overall proportion	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Pharmaceutical	77.8	77.8	76.0	83.4	82.4	81.7	79.0	78.0
Illegal	38.8	43.6	42.3	36.2	43.7	42.4	50.1	53.9
Alcohol	24.8	24.9	24.3	21.8	24.7	24.3	23.4	24.7

Added to all of these deaths is that the switch by most heroin users to prescription opiates has not given them the stability that was promised by prescription-heroin advocates to go and get off government unemployment benefits by finding a job. As can be seen from the same evaluation of the Sydney injecting room we have already cited (see p 64 instead) the number of opiate users in this centre, as per the grey line in the graph below, increased as the use of prescription opiates increased. In 2002, when all of the opiate users coming to the Sydney injecting room were using heroin, less than 60% were on government unemployment benefits, but by 2009 when prescription opiates were more popular than heroin, 72% were on benefits. Prescription opiates certainly do not lead to more stability and more jobs for users.

Figure 5-7: Main source of income of new registrants



It is clear from all of the statistics we have looked at that prescription opiates do not save lives, nor do they give opiate users the stability to obtain and hold good employment. This is a fail for prescription opiates.