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Heroin Doesn't Have to Be a Killer

JUNE 6, 2015



Drug overdoses claim 44,000 lives in the United States every year. There are options for treating heroin addiction that should be considered. David Ryder/Reuters



Nicholas
Kristof

BALTIMORE

IT'S a subject we find hard to talk about, even though it kills more people in America than [guns](#) or [cars](#) and claims more lives than [murder](#) or [suicide](#).





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I'm talking about drug overdoses, taking close to 44,000 lives a year. These often follow a pipeline from prescription painkillers to heroin — a result, in part, of reckless marketing by pharmaceutical companies and overprescribing by doctors. These days, heroin is out of control, with deaths nearly tripling in three years.

To understand the lure of heroin and how to combat it, I came to Baltimore to talk to some experts: addicts.

“A guy was like, ‘try this, it'll make you feel good,’ ” recalled Ricky Morris, who has struggled for years with heroin. “And it did make me feel good. It makes you feel superhuman. You can have sex all night long.”

Yet, after a while, Morris was waking up sick each day and needed heroin simply to feel better. To finance his habit, Morris says, he sold drugs and robbed people: “I started becoming the people I despised.”

Even when he overdosed and nearly died, he continued. After watching his brother overdose and die, Morris was shaken and vowed he wouldn't take heroin on the day of the funeral out of respect. But the next morning he was so sick that he promptly began searching for a hit.

Now Morris is on methadone, a drug that replaces heroin, and with it he has avoided heroin for four years. But, he adds, it's a constant struggle: “I'm still trying to take it one day at a time.”

Every year I hold a “win-a-trip” contest to take a university student with me on a reporting trip to examine problems in the developing world. This fall I'll be

ME AND EARL
AND THE DYING
GIRL



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Ricky Morris Nicholas Kristof/The New York Times

traveling with this year's winner, Austin Meyer of Stanford University, to India and Nepal, but I thought we should first look at social problems at home. So we're here in Baltimore, talking to addicts.

Baltimore is aggressively trying to reduce heroin deaths through an outreach program overseen by its health commissioner, [Dr. Leana Wen](#). And as it happens, [Dr. Wen was my win-a-trip winner in 2007](#). We traveled to Congo, Burundi and Rwanda.

"Heroin is actually the underlying problem behind so many issues in Baltimore," Dr. Wen told me. "It's why people can't find employment, why people go to jail, why people don't get educated. People lose their whole families because of heroin."

Heroin isn't a new challenge. But it seemed under control, and then, beginning in the mid-1990s, pharmaceutical companies began promoting opioids as pain relievers. This aggressive marketing resulted in huge profits for the companies but was sometimes reckless, deceptive and criminal. For instance, [top executives of Purdue Pharma](#), which made OxyContin, pleaded guilty in 2007 to criminal charges for their role in deceptive marketing that downplayed the risk of abuse.

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By 2012, health care providers [wrote 259 million prescriptions](#) for opioid painkillers — enough for a bottle of pills for every American adult.

Many Americans, often military veterans, get hooked on pills, and then, unable to

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afford prescription painkillers, turn to heroin as a much cheaper alternative. We talk about personal irresponsibility as a factor in drug abuse, and that's real; so is corporate irresponsibility.

What do we do now?

Unfortunately, some education programs to keep people off drugs haven't worked well in careful studies. Treatment, using methadone and suboxone, does help and is worth expanding — although that, in turn, means reducing the stigma of addiction so that more people seek medical help.

Some conservative politicians oppose needle exchanges, fearing that they legitimize drug use. But evidence is strong that needle exchanges reduce the spread of H.I.V. and hepatitis, saving lives.

We can also try harder to save the lives of those who overdose. Pharmaceuticals can also be lifesavers, and a drug called naloxone [revives people](#) almost immediately.

“There's nothing like it in medicine,” says Dr. Wen, who, as an emergency-room physician, has [used it](#) on many patients. “It's a complete antidote that acts immediately.”

Some cities [are giving naloxone to police officers](#) so they can save lives when they come across people who have overdosed, and Baltimore is going a step further to get it into the hands of people at particular risk of overdose. It trains jail inmates in using naloxone, and [Austin and I also accompanied Baltimore health workers as they gave dancers at strip clubs](#) naloxone and taught them how to administer it.

“This is great to know,” said one exotic dancer, clutching her naloxone after the training session. “I'll be sure to send the other girls.”

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