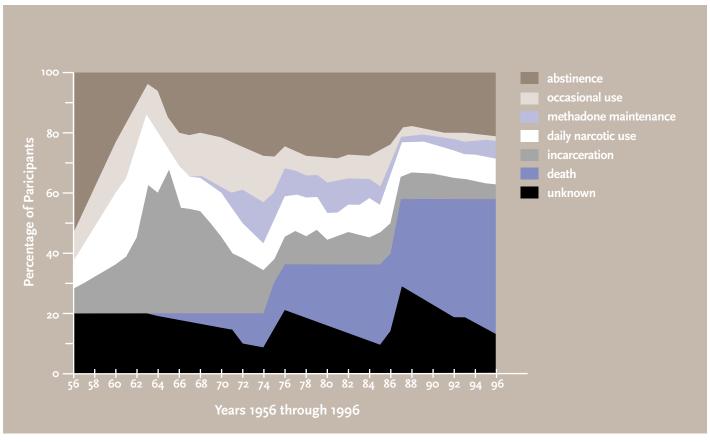
Graphic Evidence

The Consequences of Long-Term Heroin Addiction and the Effects of Treatment



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r. Yih-Ing Hser and colleagues at UCLA followed 581 men with heroin addiction who were admitted to treatment through the California criminal justice system between 1962 and 1964. The researchers attempted to contact each man every 10 years to ask about his drug use, treatment participation, health and social circumstances, and criminal activity during the preceding 10 years. Urine testing was used to the extent possible to confirm current drug status at each interview.

The most dramatic feature of this graph is the number of deaths. Half of the participants died during the 33-year study. Throughout, participants died at rates 50 to 100 times what would have been expected if they had not been addicted.

Also striking are the relationships between abstinence and the other categories. More than 50 percent of the men reported that they had been abstinent in 1956. That portion fell to less than 10 percent in 1964, while the portion of men

under incarceration rose from 30 percent in 1958 to a peak of 65 percent in 1966. The roughly parallel movement of these two bands in the graph suggests that for many men, the interval between becoming involved with heroin and being imprisoned was relatively brief. Subsequently, the portion of men reporting abstinence increased as the portion in prison fell, possibly reflecting the effect of detoxification and treatment in prison and continuing treatment in the community (including methadone maintenance, introduced around 1968) as well as the determination of some men to avoid drugs after the experience of prison.

From the early 1970s forward, the number of men reporting abstinence at any given time remained roughly level but represented an increasing percentage of the survivors. By 1996, over half of the men still alive and accounted for were abstinent, and another 15 percent were receiving methadone maintenance therapy. The clear message is that abstinence and treatment promote survival.