Aim:
Among opioid treatment program (OTP) entrants, the proportion primarily using heroin compared to the proportion primarily using prescription opioids (POs) varies greatly by race/ethnicity, presumably due to differential access to heroin distribution networks, and to physician prescribing practices that sometimes differ by patient race/ethnicity. We examined trends in racial/ethnic differences in the rate of endorsing heroin as the primary drug used.

Method:
Newly admitted patients to an OTP, in a nationwide prevalence study, completed a one-page self-administered survey of past month heroin and non-medical PO use. Data were collected from 56,481 patients from January 2007 through September 2015. We compared results from Black and Latino patients combined to those from (non-Hispanic) White patients.

Results:
The rate of Blacks and Latinos endorsing heroin as the primary drug (drug used most frequently prior to enrolling in the OTP) was 89% in 2007-2008, and decreased to a relatively stable 83% during 2009-2015. The rate for Whites was approximately 44% during 2007-2012, and increased to 59% during 2013-2015. The ratio of Blacks/Latino patients to White patients primarily using heroin decreased from 2.0 during 2007-2008 to 1.9 during 2009-2012, and further decreased to 1.4 during 2013-2015.

Conclusion:
Racially/ethnically disparate rates of OTP entrants endorsing heroin as their primary drug appear to be converging over time. Recent increases in heroin as the primary drug among White treatment entrants are not reflected among Black and Latino treatment entrants. To examine potential impacts of programs to deter PO misuse it is important to consider potential simultaneous secular changes in the likelihood of physicians to prescribe opioids for patients in various racial/ethnic groups, as well as potential changes in heroin distribution networks.