## US prescription drug overdoses quadruple over last decade

Clement Daly 25 November 2013

A recent report by the Trust for America's Health (TFAH) details the burgeoning epidemic of prescription drug abuse in the United States. While prescription drug abuse has grown broadly throughout the nation over the past decade, it has surged particularly in Appalachia and the Southwest.

Approximately 6.1 million Americans abuse or misuse prescription drugs, with about 50 deaths occurring each day from overdoses. Such overdose deaths have quadrupled since 1999 and now outnumber those from heroin and cocaine combined. Since 2009, drug-poisoning deaths—the majority of which are related to prescription drugs—have supplanted fatal vehicle accidents as the leading cause of injury death in the United States.

Such statistics provide a glimpse into a nation in decline, descending deeper into social crisis. At its root, the prescription drug epidemic is one manifestation of the dramatic rise in social inequality over the past decade and the deteriorating social conditions faced by broad sections of the American population.

On a state-by-state basis, West Virginia led the nation with the highest drug overdose mortality rate of 28.9 per 100,000 people, the majority of which were caused by prescription drug abuse. Since 1999, the state's fatal overdose rate has increased by 605 percent. North Dakota recorded the lowest rate, with 3.4 drug overdose deaths per 100,000.

Unfortunately, the TFAH report approaches the prescription drug epidemic almost entirely within the context of public health policy and law enforcement initiatives. To this end, it grades the states on the basis of their implementation of 10 "evidence-informed policies" to combat prescription drug abuse. These include, among others, prescription drug monitoring programs, laws against doctor shopping, education initiatives, ID requirements for prescriptions, and access to substance abuse treatment.

The report leaves largely untouched the broader social conditions faced by the nation as a whole and the areas most affected in particular. There is no mention of social inequality, economic recession, unemployment, poverty, economic opportunity, or homelessness throughout the report. Divorced from this context, the TFAH report contains some glaring contradictions.

For example, while West Virginia leads the nation in drug overdose deaths, the state scores an eight out of 10 for its implementation of these "promising strategies to help curb prescription drug abuse." Likewise, New Mexico, which has the second-highest overdose rate at 23.8 per 100,000, was one of only two states that received a perfect 10 out of 10.

Demographically, the report notes that while men between the ages of 25 and 54 have the highest numbers of prescription drug overdoses and are around twice as likely to die from an overdose than women, the overdose rate for women in the same age group is increasing faster. Since 1999, overdose deaths for men and women have increased by 265 and 400 percent, respectively.

Young adults and teens, especially those living in rural communities, are particularly at risk for prescription drug abuse, according to TFAH. This is not unexpected given the unprecedented deterioration in social conditions faced by the nation's youth over the past decade, leaving them to be labeled the "new lost generation." (See "The "lost generation" and the failure of capitalism")

A recent study by The Opportunity Nation reported almost 6 million young people in the US—nearly 15 percent of those aged 16 to 24—are neither in school nor working. In states like West Virginia and New Mexico, where the toll of prescription drugs is greatest, youth idle rates are 19.6 and 17.1 percent, respectively.

The report also notes that soldiers and veterans are at high risk for prescription drug abuse, a direct consequence of the immense physical and psychological toll of more than a decade of America's neocolonial wars abroad. "According to the Department of Defense," TFAH reports, "one in eight active duty military personnel are current users of illicit drugs or misusing prescription drugs. This is largely driven by prescription drug abuse, reported by one in nine service members—more than double the rate of the civilian population."

Underpinning the rise in prescription drug abuse has been the dramatic increase in the sales of prescription painkillers per capita, which have quadrupled between 1999 and 2010, according to the Centers for Disease Control and Prevention. The most common of these are prescription opioids, "such as oxycodone (OxyContin, Percocet), hydrocodone (Vicodin), fentanyl, morphine and methadone."

However, TFAH remains silent on the role of the pharmaceutical industry, which has amassed vast fortunes through the abuse of these powerful and addictive narcotics. In 2010 alone, the pharmaceutical industry dispensed the equivalent of 69 tons of pure oxycodone. Immense pressure is brought to bear on medical professionals to prescribe these painkillers in what has become a \$9 billion market. With 131 million prescriptions written by doctors in 2011, hydrocodone was the most prescribed—as well as one of the most abused—drug in the country.

The pharmaceutical industry is aided in this pursuit of profits by the US Food and Drug Administration (FDA), which approves these drugs for distribution. Late last month the FDA gave drug maker Zogenix approval for Zohydro, the first pure hydrocodone drug approved in the US. Meanwhile, emails obtained by the *Washington Post* last month revealed that drug companies paid as much as \$25,000 to attend meetings of a scientific panel established to advise the FDA on the safety and effectiveness of painkillers.

The explosion of the prescription drug epidemic is itself bound up with the FDA's approval of OxyContin in the mid-1990s. Oxycodone, the active ingredient in the drug, was developed nearly a century ago, but was reserved for rare use out of fear of the extreme addiction associated with it. That changed when Connecticut-based Purdue Pharma created OxyContin, an extended-release form of the drug, which the company claimed reduced the risk of addiction and withdrawal.

Armed with the FDA approval, Purdue Pharma aggressively marketed OxyContin to doctors, especially in rural areas, as safe and non-addictive, transforming the company from a \$45 million business in 1996 to a more

than \$3 billion one today. However, the safeguards of the time-release formula are easily negated by simply crushing the pills and snorting them or injecting them.

In 2007, Purdue Pharma pled guilty to "misbranding" the drug, suppressing contrary study results, and misleading medical professionals and the public about the drug's risk of addiction. The company was charged with more than \$600 million in fines. (See "OxyContin manufacturer reaches \$600 million plea deal over false marketing practices")

As the TFAH report notes, budget cuts have left severe treatment gaps and limited care options for those struggling with the addictive and destructive effects of these drugs. "Only one in 10 Americans with substance abuse disorders receives treatment," the report notes. "More than two-thirds of states have fewer than six medical professionals per every 100,000 people authorized to treat patients with buprenorphine—a medication often recommended for painkiller addiction treatment; and many states lack sufficient numbers of licensed and trained substance abuse treatment professionals."

The response of the political establishment to the prescription drug epidemic has been to treat it as a law-and-order issue, stepping up drug enforcement and increasing fines and jail terms for offenders, while claiming "there is no money" for health care, drug treatment facilities and mental health clinics for the working population.

The TFAH falls into the similar trap of viewing the epidemic simply as a public health issue. While treatment for drug abuse must undoubtedly be rooted in the most recent advances in the medical sciences, its prevention must be sought in a dramatic reversal in the deteriorating social conditions of the population.



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