

Buffalo, New York: Opioid overdosing reaches epidemic proportions

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The opioid crisis in the city of Buffalo, New York, has reached epidemic proportions, with 10 overdoses in a single day last month. From the afternoon of July 16 to the afternoon of July 17, nine people overdosed in Buffalo, the state's second largest city. One woman overdosed twice within three hours, and one man died.

While all of the overdoses in question occurred in the city of Buffalo itself, suburban drug users were also affected—one each from Hamburg and Elma, two towns near Buffalo. Suburban users often purchase and use drugs in the city.

First responders blamed the overdose spike on one or more “hot batches” of opioids, a class of drugs that includes heroin, morphine and fentanyl. Police Commissioner Daniel Derenda said, “It appears to be a deadly batch coming from the same source.” These particularly potent batches of drugs force users’ respiratory systems to shut down, potentially leading to a fatal overdose.

On July 15, Buffalo police seized 2,100 bags of fentanyl, an opioid up to 50 times as strong as pure heroin. It appears that many of the overdoses were due to heroin spiked with fentanyl to increase potency, a fact that some users were unaware of. Alternatively, fentanyl was sold as heroin, unbeknownst to drug users.

In an article published just a day before the July 16-17 epidemic, the *Buffalo News* reported: “Erie County is on pace to record twice as many opiate deaths as in 2014, when there were 119 fatalities, according to county health officials.” Buffalo is the largest city in Erie County.

Cheektowaga, a town of 88,000 near Buffalo, saw seven fatal overdoses this year as of June 30. In all of 2014, there were five fatal overdoses in Cheektowaga.

The high number of overdoses and fatalities is due in part to the scarcity of services for drug addicts after an

overdose. After being discharged from the hospital, there is little to no follow-up by health professionals, let alone easy access to detoxification and rehabilitation programs.

However, the tragic spate of overdoses has deeper social roots and is part of a disturbing pattern across the United States.

As the *World Socialist Web Site* recently reported, the overdose death rate for heroin nearly tripled between 2010 and 2013. This high death rate is despite the increased use of the anti-overdose drug naloxone (also known by its brand name Narcan) by first responders. The Centers for Disease Control and Prevention (CDC) has now classified heroin use an epidemic in the United States.

Addiction to heroin often begins as or coincides with an addiction to prescription painkillers, commonly obtained after surgery. Across the United States, there is a high incidence of prescription drug abuse, particularly in economically depressed states such as West Virginia.

Buffalo is in many ways a microcosm of the so-called Rust Belt region of deindustrialized cities in the northeastern part of the country, stretching from Illinois to New York State. In this former center of industry—which once provided hundreds of thousands of good-paying jobs—poverty and low wage service sector jobs are now the order of the day.

Buffalo’s manufacturing sector, which accorded it the status of the country’s second largest rail center and the eighth largest manufacturing center, has steadily eroded since World War II, with the steel industry almost entirely gone.

This has resulted in over half of Buffalo’s children living in poverty and an official unemployment rate of 8.2 percent. As the *World Socialist Web Site* has noted

in a report and interviews with workers in Buffalo, these statistics only scratch the surface of the social and economic crisis in the city. For example, Buffalo workers regularly experience incidences of police brutality.

It is hardly a surprise that these conditions result in drug abuse. The official response to this crisis is to view it primarily as a policing issue, with perhaps a secondary health component.

On the contrary, it is clear that the opioid epidemic in Buffalo and across the country can only be countered by dealing with its social roots—vast economic inequality—in addition to providing high-quality health care to those afflicted.



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