

Huntington, West Virginia sees 26 heroin overdoses in four hours

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At least 26 people in Huntington, West Virginia overdosed on heroin in the span of a few hours August 15, officials reported Tuesday. This was well above the city's average of 20 overdoses per week.

Huntington is a center of the drug crisis nationwide, having the onerous distinction of being the worst-hit city in the state, ranking highest in heroin overdose deaths nationwide last year.

Cabell County Emergency Management Services Director Gordon Merry told the *Huntington Herald-Dispatch* that all 26 victims had been revived by first responders using the opioid blocker naloxone. Local EMTs and police had only recently been equipped with the treatment. Without it the death toll would undoubtedly have been devastating.

Most of the overdoses occurred around the Marcum Terrace neighborhood, a high-poverty area of the city comprised of public housing projects. Five people overdosed in the same house, according to officials. A call to 911 described the scene as “dead people everywhere in this house.”

The emergency calls overwhelmed first responders. “Just to give you an idea,” Merry said, “when the first few [calls] came in, three ambulances were already out dealing with overdoses.” Seven ambulances, fire and police departments were all mobilized to respond.

“We had a half-hour span where we had absolutely no trucks to send in the county,” Cabell County EMS assistant supervisor David McClure told local television station WSAZ.

Merry told the *Herald-Dispatch* that rescuers had to administer multiple doses of naloxone to some victims, because the heroin they used had been laced with a far stronger substance that has not yet been identified.

Last year, Huntington saw 520 heroin overdoses, 35 of them fatal. That rate was 13 times the national

average. Cabell County as a whole saw more than 70 deaths.

As of July, the city has seen 440 overdoses this year. To June, 26 people have died from drugs—a rate that has been described by local media and officials as “steady,” but actually represents a sharp increase on an annualized basis.

Huntington has a population of some 50,000. To give a sense of the scale represented by 26 overdoses, the *Washington Post* posited an outbreak of the same magnitude unfolding in New York City, with a population of 8.4 million, and projected that over 4,400 people would be affected.

Fentanyl, an opioid that is 50 times more powerful than heroin, was found in many previous overdose victims, but officials suspect an even more potent drug—carfentanil, an elephant sedative 100 times stronger than fentanyl—may be involved in the latest spate of overdoses.

Clusters of carfentanil-laced heroin overdoses have occurred elsewhere in the region. In July, Akron, Ohio saw a staggering 230 overdoses, 20 of them fatal. In Philadelphia and New England, heroin cut with a similar substance called W-18 was contributed to a rash of overdoses.

Drug overdoses have risen dramatically in the past few years nationwide, according to data from the Centers for Disease Control, and contribute to rising mortality rates in the United States. Last year, the death rate increased across the board for the first time since 2005, with the working class and poor seeing deterioration in their health and life expectancy.

Overdoses from opioids, along with alcoholism and suicide, are primary drivers of rising death rates for young and middle-aged white workers. Last year the CDC reported that heroin deaths tripled in the span of

four years (2010 to 2013). In the time since, this trend has only worsened. The official statistics reflect the impact of the protracted economic crisis and attacks on social conditions for the majority of Americans.

The availability of cheap heroin is bound up with the protracted US military occupation of Afghanistan, the world's largest opium producer, now in its fifteenth year.

The stagnant economic situation in the US has pushed large numbers of people into destitution and long-term unemployment. Many have turned to drugs. Lack of health care and drug rehabilitation programs, particularly for those addicted to prescription painkillers such as OxyContin, has exacerbated the use of street drugs like heroin.

In Appalachia, the growth of drug addiction is worst where industrial and mining jobs have disappeared. West Virginia has the highest unemployment rate and lowest labor force participation rate in the country. Many jobs in the region are labor-intensive, dangerous, and associated with on-the-job injuries and chronic pain.

Appalachia was deliberately targeted by pharmaceutical manufacturers for prescription painkillers, which were seen by employers, insurers, and physicians alike as the fastest way to treat injured workers. By 2009, West Virginians averaged 19 prescriptions per person, according to a *Charleston Gazette-Mail* analysis.

After a clampdown on OxyContin and other painkillers, those with addictions turned to cheaper street alternatives. According to the CDC, three of every four heroin users were previously taking prescription painkillers. With the rise in intravenous drug use, West Virginia now also has the highest rate of new hepatitis C cases in the country.

Rehabilitation options are limited for addicts, since there are few recovery clinics and most have long waiting lists. Necessary treatment is long-term, and most addicts have inadequate or no health insurance coverage.

At Recovery Point in Huntington, the average stay for patients is six to nine months. The Cabell-Huntington Health Department has initiated a syringe exchange program to help hundreds of heroin addicts stay healthier while they await treatment, and to train people to administer naloxone in the event of an overdose.



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