

# Heroin epidemic in the US reaches historic proportions

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New data released by the Centers for Disease Control and Prevention (CDC) for 2015 expose a milestone in the ongoing US heroin epidemic, with opioid deaths rising by 5,000 since 2014, surpassing 30,000 for the first time in recent history. The data include deaths caused by all drugs in the opioid family, including prescription painkillers such as oxycodone and hydrocodone, synthetic opioids, primarily fentanyl, and illicit drugs such as heroin.

The increase in deaths is predominantly in the latter two categories, with heroin deaths rising by more than 2,000 cases, and fentanyl, a painkiller which can be up to 50 times stronger than heroin, which saw a 75 percent increase since 2014. This marks the first time since the 1990s that heroin deaths surpassed deaths from more traditional opioid painkillers such as oxycodone. It also marks the first year in recent history in which more people died from heroin-related causes than from gun homicides. To put this in perspective, gun homicides outnumbered heroin deaths by more than 5 to 1 as recently as 2007.

As shocking as these numbers are, the opioid epidemic is likely much more severe than this year's report reveals. Users who under previous circumstances would have died from overdosing, are now often being saved by a drug called naloxone (brand name Narcan), which reverses the effects of opioids within minutes, sending the user into almost instant withdrawal.

The staggering number of overdose deaths across the US over the past decade has prompted many states to issue blanket prescriptions making naloxone widely available to the public, saving thousands of lives, but also diluting the data on the severity of the epidemic.

In 2014, emergency responders in Maine alone saved 829 lives with naloxone. However, one report by the CDC suggests that naloxone is given by other drug

users, rather than emergency responders, in as many as 83 percent of cases. This means that most overdose cases are not ever reported.

The problem of substance abuse in the United States is a symptom of a diseased society in which all the ills of capitalism coalesce to create a virtual breeding ground for addiction. Only in a society rocked by extreme poverty, unemployment and poor education, that lacks art and culture and preaches individualism, could such a murderous epidemic flourish to the scope we see today.

However, the more recent opioid problem in the United States has been exacerbated by dual components of the capitalist system. In addition to being the product of the deplorable conditions created by capitalism, opioid addiction in particular has been largely stoked by the criminal activities of the profit-crazed pharmaceutical companies, primarily Purdue Pharma.

Purdue Pharma released the painkiller OxyContin, a semisynthetic opioid, onto the market in 1995, marketing it as "revolutionizing" pain medication due to its long-lasting relief, an unprecedented full 12 hours. This claim was quickly proven to be a gross over-exaggeration by multiple clinical studies, and overwhelming doctor and patient complaints. In fact, there is substantial evidence suggesting that Purdue executives were actually well aware of this information before the drug hit the market.

However, without this added feature there would have been no incentive to use OxyContin as opposed to any other, less expensive painkiller. The cravings for the immense profit promised by OxyContin outweighed any moral sense of responsibility to the condition of humanity, and the company decided to carry through with its plans. The company would go on to net over \$30 billion in sales over the next two decades.

According to the National Institute on Drug Abuse, in the early 1990s prescriptions for painkillers at US pharmacies increased by 2 million to 3 million each year. Then, from 1995 to 1996, the number of prescriptions jumped by 8 million.

The ways in which Purdue pushed the use of OxyContin is stunning and could easily be the topic of an entire book. Vox reports that “between 1996 and 2002, Purdue Pharma funded more than 20,000 pain-related educational programs through direct sponsorship or financial grants and launched a multifaceted campaign to encourage long-term use of [opioid painkillers] for chronic non-cancer pain.”

One such “educational program” pursued by Purdue Pharma was a video promotion called “I Got My Life Back,” which documented the experiences of six people who suffered from chronic pain and were treated with OxyContin. The company distributed 15,000 copies of the video to be used in physician waiting rooms. A year after the video was released, the overall number of opioid painkiller prescriptions filled jumped by 11 million. Promotional materials were just one part of an aggressive marketing strategy, which also included monetary incentives for doctors who prescribed the drug.

In 2007 three of the company’s executives were charged with misbranding the drug and massively downplaying the possibility of addiction. All three pleaded guilty due to the massive amount of evidence against them and the company settled with the US government for \$635 million, a mere fraction of what was made off the drug.

According to the American Society of Addiction Medicine (ASAM), 80 percent of new heroin users started out misusing prescription painkillers. Ninety-four percent of respondents in a 2014 survey of people in treatment for opioid addiction said they chose to use heroin because prescription opioids were “far more expensive and harder to obtain.”

The transition from prescription painkillers to heroin is likely due to a combination of the obvious addictive quality of opioids, but also the attempted solutions to the problem by the government. The last decade has ushered in a slew of new laws regarding prescription opioids in an attempt to restrict access to the drug.

However, these measures came much too late. With an entire generation already deep in the throes of

addiction, making the drug harder for users to obtain meant that many would be compelled to turn to heroin as a more easily attainable, but ultimately more dangerous, substitute.



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