

# US health catastrophe: Drug overdose deaths approach 60,000 a year

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Drug overdose deaths in the United States are rising sharply, the National Center for Health Statistics reported Tuesday. For the year-long period ending January 2017, total US drug overdose deaths totaled 64,070, up 21 percent from 52,898 for the previous year. This is equivalent to 175 people dying every day from drug overdoses.

Based on more comprehensive data compiled by the Centers for Disease Control, whose figures lag behind the social reality by about a year, more than 500,000 Americans have died of drug overdoses in the period between 2000 and 2015—roughly equivalent to the population of Sacramento, California.

More Americans have died of drug overdoses in the 21st century than in all the US wars of the 20th and 21st century combined: World War I, World War II, Korea, Vietnam, the Persian Gulf War, Iraq and Afghanistan.

The horrific scale of loss does not stem from an unexpected or unstoppable epidemic, like the medieval Black Death or the Spanish flu pandemic of 1919. It is not a natural but a social plague, the byproduct of the collapse of living standards and the destruction of jobs for tens of millions of working people.

The focal point of the drug overdose epidemic is deindustrialized America: factory towns, centers of coal mining or timber harvesting, areas targeted for devastation by the profit system.

Broad swathes of the United States are barren shells of what once used to be. Factories and mills have closed, towns have withered, schools and hospitals have shuttered. Unemployment and underemployment run rampant, while the vast majority of jobs available to workers come with pay so miserable most have to take on a second or even third job just to survive. A decade after the financial meltdown of 2008, social

inequality has reached intolerable proportions. It is within this context that one must understand the drug epidemic.

In previous decades, overdose deaths mainly afflicted the young and a subculture of the drug-addicted, many of them socially isolated or aging. This is no longer the case. There has been an 8 percent spike in overdose death rates for individuals between the ages of 25 to 44 in every racial and ethnic group in the US during the period of 2010 to 2015. Over the span of a mere five years, a substantial section of the American workforce—individuals in the prime of their lives—has been killed off.

Drug overdoses now account for more deaths than guns or car accidents. The overall death rate in 2015 was significantly higher than during the peak of the AIDS epidemic in 1995, the last time that US life expectancy actually decreased. The driving force is opioid overdoses, which now account for around six in 10 drug deaths. This is in large part due to the influx of cheap and accessible opioid prescription medicines over the past decade, substances produced, distributed and heavily marketed by American pharmaceutical companies, at enormous profit.

The National Center for Health Statistics reported that overdose deaths reached a record 19.9 per 100,000 people in the third quarter of 2016—a sharp spike from the previously recorded 16.7 over the same three-month period a year earlier. The first two quarters of 2016 now show death rates of 18.9 and 19.3, also far larger than previous data suggested.

Even the current report remains contested by some experts, who think real numbers are higher still. In a separate study released Monday, Professor Christopher Ruhm, a public policy and economics professor at University of Virginia, argues that opioid death rates

may be as much as 24 percent greater than the official totals.

The American ruling class has no solution to this health crisis except its usual prescription for every social problem: more police repression. At a press briefing Tuesday, President Trump pledged a law and order rampage. At the very same press conference he issued recklessly bellicose threats against North Korea, Trump pledged to “beat this horrible situation” of overdose deaths by beefing up the police force and escalating the war on drugs.

Trump criticized the Obama administration for being too lenient on prosecuting drug addicts and small-scale peddlers, pledging to crack down harder on the victims of the overdose epidemic. “We’re not going to let it go,” he said. “The best way to prevent drug addiction and overdose is to prevent people from abusing drugs in the first place. If they don’t start, they won’t have a problem.”

Trump’s authoritarian response will not result in the arrest of those truly responsible for the crisis: the CEOs of the major pharmaceutical companies. For years, corporations and investors alike have generated immense profits by flooding the medical market with highly-addictive prescription opioids like oxycontin, oxycodone, hydrocodone and fentanyl.

The press briefing was held to highlight Trump’s refusal to adopt the recommendations of his own special commission, headed by New Jersey Governor Chris Christie, which called for the declaration of a national emergency in the opioid crisis, to speed the flow of resources, in both money and medical manpower, to the worst-hit areas.

Instead, Trump insisted he will end the crisis through the building of a wall between Mexico and the United States, which he claimed would stop the flow of heroin into the country. To make matters worse, his budget proposal for fiscal 2018 aims to reduce funding for addiction treatment, research and prevention efforts.

Department of Health and Human Services (DHHS) Secretary Tom Price echoed Trump’s decision not to declare a national emergency in a statement to reporters yesterday, putting forth the contemptible lie that the epidemic was neither “an infectious disease” nor “a specific threat to public health.” The DHHS declared a state of emergency in Puerto Rico last year following the report of more than 10,000 Zika cases. Another was

declared during the 2009-2010 flu season amid fears of a potential pandemic.

The impact of the opioid crisis is far greater.

Proposed cuts in Medicaid and other federal health programs will only magnify the scope of the drug crisis. A study issued on July 31 by the National Institute on Drug Abuse (NIDA) found that uninsured people were twice as likely as those with health insurance to report prescription opioid misuse and also had higher rates of use disorders. It also revealed a correlation between mental health issues and opioid use. For many at-risk individuals, the threat of jail rather than drug counseling and treatment is essentially a death sentence.



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