

New CDC estimates: A record 72,000 US drug overdose deaths in 2017

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Drug overdose deaths in the US topped 72,000 in 2017, according to new provisional estimates released by the Centers for Disease Control and Prevention (CDC). This staggering figure translates into about 200 drug overdose deaths every day, or about one every eight minutes.

The new CDC estimates are 6,000 deaths more than 2016 estimates, a rise of 9.5 percent. This has been primarily driven by a continued rise of deaths involving synthetic opioids, a category of drugs that includes fentanyl. Nearly 30,000 deaths involved these drugs in 2017, an increase of more than 9,000 (nearly 50 percent) over the previous year, according to preliminary data.

This catastrophic toll of opioid deaths casts a grim light on the state of America in the 21st century. At its root lies a society characterized by vast social inequality, corporate greed and government indifference. While the opioid crisis spares no segment of society, the most profoundly affected are workers and the poor, along with the communities where they live.

Deaths involving the stimulant cocaine also rose significantly, placing them on par with heroin and the category of natural opiates including painkillers such as oxycodone and hydrocodone. The CDC estimates suggest that deaths involving the latter two drugs appear to have flattened out.

The highest mortality rates in 2017 were distributed similarly to previous years, with parts of Appalachia and New England showing the largest figures. West Virginia again saw the highest death rates, with 58.7 overdose deaths per 100,000 residents, followed by the District of Columbia (50.4), Pennsylvania (44.2), Ohio (44.0) and Maryland (37.9). Nebraska had the lowest rate, 8.2 deaths per 100,000, one-seventh the West Virginia rate.

Two states with relatively high rates of overdose deaths, Vermont and Massachusetts, saw some decreases. The CDC credits this decrease to a leveling off of synthetic opioid availability and a modest increase in these states of

funding for programs to fight addiction and provide treatment and rehabilitation.

Driving the increase in overdose deaths is fentanyl, a synthetic opioid that is roughly 50 times more potent than heroin. It is marketed under more than a dozen brand names in the US. Nebraska became the first state to use fentanyl in a state-sanctioned killing, using it Tuesday to execute Carey Dean Moore.

Fentanyl is also made illegally relatively easily and mixed with black market supplies of heroin, cocaine, methamphetamines and anti-anxiety medicines known as benzodiazepines. Individuals who have become addicted to prescription opioids often turn to illegally manufactured fentanyl, or related drugs that can be far more potent and dangerous, when prescription opioids are not available. Users cannot know the potency of such drugs or drug mixtures and are more likely to overdose.

The CDC reports that the Drug Enforcement Administration's (DEA) National Forensic Laboratory Information System (NFLIS), which identifies drugs from submissions tested for analysis, estimated that submissions testing positive have included two extremely potent drugs related to fentanyl, carfentanil and 3-methylfentanyl, which are 100 and 4 times more potent than fentanyl, respectively.

Purdue Pharma has drawn widespread criticism for its aggressive marketing and sale of the opioid OxyContin, which has a high potential for abuse, particularly for those with a history of addiction. The company also produces pain medications such as hydromorphone, oxycodone, fentanyl, codeine and hydrocodone.

Regions with high levels of unemployment and poverty have been the target of drug distributors, shipping vast quantities of opioid painkillers to these areas. For example, McKesson Corporation shipped 151 million doses of oxycodone and hydrocodone between 2007 and 2012 to West Virginia, the state with the highest rate of

overdose mortality.

Workers, both employed and unemployed, have found themselves in the grip of the opioid crisis. In an interview with Vox.com, Beth Macy, author of the new book *Dopesick: Dealers, Doctors, and the Drug Company that Addicted America*, describes the high levels of addiction in Machias, Maine, an early center of the opioid crisis. People in this logging and fishing community were already on painkillers from injuries due to these jobs and then became addicted to opioids—both prescription and illegal—and continue to overdose at high rates.

A study by the Massachusetts Department of Public Health examined 4,302 opioid deaths from 2011 to 2015 among workers in all occupations in the state. It found that construction workers were six times more likely to die from opioid overdoses than the average worker, and that one in three construction-worker deaths were the result of overdoses.

There are fewer workers in farming, fishing and forestry in Massachusetts, but the report found these jobs also had an opioid mortality rate five times the average. The study found a link between higher rates of opioid abuse in occupations where back injuries are more common and paid sick leave is less so. In other words, workers become addicted to drugs—and face potential overdose—when they are forced to choose between working through pain or suffering a loss of wages.

Conservative estimates place the number of Americans with opioid abuse disorder at 2.6 million, but the real total is undoubtedly higher. To the 72,000 who succumbed to drug overdose in 2017 must be added those directly impacted by the crisis—family members, friends, coworkers, medical responders, social workers, treatment center workers, and many others.

Drug overdoses are part of a greater social crisis that is claiming the lives of increasing numbers. In December 2017, the CDC released reports revealing that life expectancy of the American working class is declining due to an increase in both drug overdoses and suicides. “Deaths of despair”—overdoses, suicides, alcohol-related deaths—are causing a dramatic increase in the mortality rate among those under the age of 44.

The decline in life expectancy, a fundamental measure of social progress, is an indication of both American capitalism’s decline and the sharp intensification of social inequality. While the richest five percent of the population owns 67 percent of the wealth, the poorest 60 percent owns just 1 percent.

Of the 72,000 Americans who died in drug overdoses in

2017, workers and the poor were the most affected. By contrast, the wealthiest Americans have access to the best medical care and technology available, and as a result live on average 20 years longer than the poorest members of US society.

The rise in drug overdoses is the product of a bipartisan assault of the social gains of the working class. Over the past 40 years, both the Democrats and Republicans have engaged in a conscious strategy to claw back the gains won by the working class in the first half of the 20th century. The response of both the Obama and Trump administrations to this crisis has amounted to a combination of indifference and disdain for the lives lost.

The Obama administration slashed the number of DEA cases brought against drug distributors by 69.5 percent between 2011 and 2014. The Trump administration last year declared the opioid epidemic a “public health emergency,” but then allocated no new funding to the states to address it. Yet hundreds of billions are budgeted to fund the myriad wars prosecuted by the US military and for the persecution of immigrants by Immigration and Customs Enforcement.

A health emergency on the scale of the drug epidemic requires an emergency, socialist response. Billions of dollars must be allocated to fund rehabilitation centers, utilizing the latest scientific treatments methods. The wealth of the drug manufacturers must be expropriated and their facilities placed under the control of the working class, as part of a socialized health care system that provides free health care for all.



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