

The Opioid Epidemic in America - Killing One Million Workers: The Triumph of Capital

Creating a Domestic 'Shithole'

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Introduction

The link between capitalism and drugs reaches back to the middle of the 19th century, when the British Empire forced their surplus opium crop from their South Asian colonies into the Chinese market creating massive demand from millions of addicts. The Chinese government, which had banned the use and sale of opium, was alarmed at the growing social chaos created by mass addiction and went to war with the Western powers to halt the flood of drugs. Their defeat at the hands of the British and their Chinese drug lord allies opened China to massive exploitation and pillage for the next century. Chinese opium addicts were a tremendous obstacle to organizing national resistance. In essence, the British East India Company and its imperial protectors transformed China into the history's largest 'shithole' - until an earth-shattering revolution broke the chains of addiction and degradation.

In the 21st century, a similar process of deterioration has been occurring internally in the United States. The 'prescription opioid epidemic' is ravaging American families, neighborhoods, communities, cities and states - shredding the entire fabric of US society, especially in rural, mining and former manufacturing 'rust belt' regions. Hundreds of thousands of mostly working class victims have died and millions of addicts, unable to resist the destruction of their futures, have replaced a once powerful labor force.

Official government studies estimate almost 700,000 deaths since 1999, based on the scattered and incomplete coroner reports and death certificates that characterize the state of vital statistics in the US. There is no uniformity in data collection and no interest in developing a uniform national system on which to formulate social policies. Most likely additional hundreds of thousands of drug deaths have gone un-recorded or attributed to 'pre-existing' medical conditions, suicides and accidents - despite clear evidence of over-prescription of narcotics and sedatives in the victims.

The US opioid epidemic accounts in large part for the 'declining numbers of workforce participants among prime age workers' according to Senate testimony by Federal Reserve Chairwoman Janet Yellen, an Obama appointee. An estimated 15% of US construction workers suffer from substance abuse. The escalating costs of 'Suboxone' and other forms of narcotic addiction treatment threaten to bankrupt the health plans of several building unions. Shortages of qualified American skilled building trade workers further allow employers to push for more immigrant labor to fill the gap.

For over 2 decades the escalating numbers of opioid overdose deaths were ignored by both political parties, as well as by writers and academics of the left and right. Doctors and hospital administrators were either actively complicit or in denial. But more important the Federal Drug Administration (FDA) continued to approve manufacture, marketing and prescribing of highly addictive narcotics and sedatives to tens of millions of American patients earning the pharmaceutical industry scores of billions in profits despite the devastation. Between 1999-2014 pharmaceutical manufacturers were earning \$10 billion dollars each year in profits from the sale and distribution of opiates.

In the following section, we will discuss the larger picture, including the powerful socio-economic and political forces that have profited from the addiction and killing of millions of Americans – past and present. This deliberate policy, with strong neo-Malthusian overtones, has decimated a sector of the US working class, rendered ‘surplus’ or redundant by political-economic decisions of the American ruling elite. In its wake, the prescription addiction crisis has turned large swathes of the former manufacturing and mining sectors of the US into what the current President Donald Trump would characterize as domestic ‘shitholes’ and populated by what his rival, Hillary Clinton, callously derided as ‘deplorables’. In terms of rapid loss of life and social stability, this population devastation mirrors the patterns seen in countries subjected to US/EU neo-liberal economic dictates or to US/EU imperial invasions.

The Addiction Power Elite

Today there is a public frenzy among government officials clamoring for hearings and legislation to address the opioid addiction crisis – with the usual solutions of more imprisonment, expensive private addiction treatment centers, volunteer ‘support groups’, self-help courses and educational ‘Just Say No’ campaigns. No policy maker has dared suggest educating the victims about the socio-economic trends and elite decisions that devastated their lives and communities and sent them onto the death spiral of addiction.



Former FDA Administrator David Kessler

Recently a few leftist journalists have attacked the pharmaceutical industry, while others have cited the lack of oversight from the US-Federal Drug Administration, asking for a few

tepid reforms. The former FDA Administrator David Kessler, who served under the Clinton Regime from 1990 to 1997, belatedly condemned his agency's negligence over the mass destruction caused by unregulated prescription of powerful narcotics, which he admitted after 10 years of silence was 'one of the biggest mistakes in the history of modern medicine', (editorial NYT May 6, 2016).

While hundreds of thousands of Americans have been killed by opioids and hundreds more are dying every day (at least 65,000 in 2016), the US Left and the Democratic Party focus on narrow gender identity issues and cartoonish hearings over 'Russiagate' – Moscow's alleged plot to seize control of the US Presidential election. While touting her experience in health care reform, Candidate Hillary Clinton deliberately ignored the opioid addiction crisis during her campaign except to characterize its largely white lower class victims as 'deplorables' – ignorant racists and buffoons – whom she implied deserved their misery and shortened lives.

The 'drug epidemic' in the US is all about the current structure of power and social relations in an increasingly oligarchic state amidst growing class inequalities and immiseration. At its roots, American capitalism in the 21st Century has degraded, impoverished and exploited US workers and employees with increasing intensity over the past two decades. Workers have lost almost all collective influence in the workplace and in politics. Working conditions and safety have deteriorated – while capitalists hire and fire at will. Salaries, pensions, health care and death benefits have been slashed or disappeared.

The deterioration of working conditions is accompanied by a marked decline in social conditions: family, neighborhood and community life has been torn asunder. Anxiety and insecurity are rampant among workers and employees. In real terms, life expectancy in the affected areas has dropped. Youth and worker suicides are skyrocketing. Maternal and child mortality are up. American youth are 70% more likely to die before adulthood than their counterparts in other rich countries. In 2016, death rates for millennials (ages 25-34) rose to 129/100,000, with 35/100,000 deaths due to narcotic overdose. The carnage surpasses the height of the US AIDS epidemic in the 1980's. Rural and small town child protective services are well beyond the breaking point with the neglected and orphaned children of addicts. Neonatal intensive care units are overwhelmed by the number of infants born into life threatening acute opiate withdrawal crises due to their mothers' addiction. Despite this grim picture, taxes for the rich are being slashed and public services decimated.

Meanwhile, the income gap between the working class and the oligarchs has widened and a sharp class-defined health care and educational apartheid has emerged. Children of the upper 20% have exclusive, privileged access to elite universities based on family and ethnic ties. Elite families, who have no need for 'health insurance' have access to the most thorough and advanced medical services in the world. No physician would dream of irresponsibly prescribing narcotics to a family member of an oligarch.

These inequalities are deeply entrenched: Working people in the areas affected by the opioid epidemic receive only cursory and inadequate, if not incompetent, care from physician assistants and over-burdened nurses. They are subjected to long waits in deteriorating emergency rooms and rarely see a physician. Virtually none have regular family physicians. If they are injured or suffer from pain, they are prescribed long courses and large amounts of narcotic pain killers – opioids, instead of the safer, but more expensive physical therapy and non-addictive medications. This has occurred with the approval of the FDA. Even rural high school students with sports injuries would receive narcotics, despite

the well-known increased susceptibility to addiction among youth. Politically powerful 'pain lobbies', funded by the giant pharmaceutical corporation, have pushed this trend for over two decades creating huge profits for the billionaire pharmaceutical executives.

The opioid killing fields of America have their origins and logic in the convergence of several inter-related features of US capitalism. This was due to the relentless pursuit of profits for the corporations and elite, while turning the deindustrialized and agricultural parts of the country into domestic 'Third Worlds'.

First, the capitalist class cut the production costs by limiting access to quality health care for labor to increase their profits. In the US this has led to millions of workers depending on cheap and available prescription narcotics. Employer-provided insurance companies routinely deny more costly non-narcotic treatment for injured workers and insist on prescribing cheap opioids to get the workers back on the job. Cheap opioids were tolerated by union health plans in the beginning to save money, while union bosses looked the other way as thousands of workers became addicts.

Secondly, capitalists freely fire workers who are injured at work and seek treatment, forcing workers to avoid sick leave and to rely even more on opioids, like Oxy-Contin, which 'Big Pharma' falsely marketed as non-addictive.

Thirdly, capitalists profit immensely from the premature deaths by overdose and related preventable causes among older workers because this lowers pension costs and health insurance payments. Wall Street has brazenly celebrated the billions of dollars of pension and health care liabilities saved by the shortened life expectancy among US workers. The drop in life expectancy and rise in premature death in the US resembles the pattern seen in Russia during the first decades after the dissolution of the Soviet Union and the rampant pillage by the US-backed mafia oligarchs under Boris Yeltsin.

Fourthly, capitalists are free to hire young replacement workers (eighteen to thirty years old) as temporary labor at lower wages and without any benefits. They are subject to the insecurities of contingent employment, as part of the 'gig economy' (outsourcing to 'self-employed' workers and employees). These overstressed workers, with no future, turn to opioids to overcome physical pain and emotional stress – until they drop out as slaves to addiction. This is the main reason for the declining numbers of young workers available in the US – despite relatively high employment levels.

Fifthly, and to add a morbid insult to injury, the opioid death epidemic has been a bonanza for the tissue and organ transplant industry, where 'materials' harvested from young overdose victims, including bones, skin, cornea, tendons, heart valves, teeth and blood vessels are worth tens of thousands of dollars per corpse. Organs harvested from brain-dead overdose victims are valued in the hundreds of thousands of dollars. And harvest companies and tissue brokers hover around hospital emergency rooms like carrion birds waiting for news of new victims – often contacting next of kin before the authorities. This bizarre profiting from the completely preventable domestic deaths of US capitalism recalls Jonathan Swift's satiric 'Modest Proposal' for British entrepreneurs to harvest the skin of the Irish Potato Famine victims to make commercial items, like ladies' purses!

In sum, the structure and relations of contemporary US capitalism is the general cause and beneficiary of the opioid epidemic. The inevitable result is a rapid destruction of

communities marginalized by capitalist decisions. This has benefited capital by culling the surplus, and potentially restive, population in a manner reminiscent of the British Empire during the famines in India in the previous two centuries. Social Darwinism and Neo-Malthusian rationales proliferate among the oligarchs, politicians, medical professionals and even seep into the language used by the public ('survival of the fittest') providing the ideological justification for the carnage.

Specific Operative Power Elites Driving the Epidemic

Multi-billion dollar pharmaceutical corporations manufacture and market narcotics and highly addictive sedatives. Their agents manipulate the medical community and lobby among the politicians for a 'pain-free' America.



The producer of the leading commercial 'gateway' into addiction, Oxy-Contin, is Purdue Pharmaceuticals. The company was founded and run entirely by the Sackler family under the leadership of the recently deceased Raymond Sackler and his brothers. They started by manufacturing laxatives and ear wax, then introducing the highly addictive tranquilizer, Valium, to finally producing and pushing the most profitable prescription drug in history, Oxy-Contin in the 1990's, during President Bill Clinton's 'health care reform' administration.

The Sacklers set up an aggressive large-scale sales force to convince physicians that their product was not addictive. They paid physician-researchers to publish fraudulent data on the safety of Oxy-Contin. These experts-for-hire in the burgeoning pain industry received huge fees to peddle Sackler's products. They peddled the notion of American patients enjoying a completely 'pain free' existence – touting the value of the highly subjective 'pain scale' as the fifth vital sign in the assessment of all patients. The 'pain scale' never caught on in other wealthy countries, where objective assessment remained the primary basis for diagnosis and therapy. Interestingly, the 'pain scale' has been less frequently used with African American and Hispanic patients, due largely to an inherent racism in US medicine that views minorities as potential addicts and unreliable with prescribed narcotics. As a result, African American and Hispanic patients were largely spared the prescription narcotic addiction epidemic – where over 95% of overdose deaths were white, mostly working class. It was also evident that African American patients presenting to emergency rooms in severe pain receive far less care than their white compatriots – even when their pain is a symptom of a serious life-threatening medical or surgical emergency.

The Sackler family's net worth rose to over \$14 billion dollars, according the Forbes billionaires listing, while Purdue Pharmaceuticals reaped over \$35 billion dollars in profit from Oxy-Contin.

Meanwhile scores of thousands of prescription addicts died each year and millions sunk into addiction, ill health and degradation, dragging their communities with them.

Following Sackler's example, other pharma billionaires joined in. Opioid pain medication was so cheap to produce and had created its own ever-expanding demand as teenagers raided grandmother's medicine cabinet in search of narcotics and poor workers lined up at 'pill mills'. Oxy-Contin and its siblings produced the highest profit margin in pharmaceutical history – far exceeding the so-called block-buster drugs.



The totally preventable and predictable devastation eventually led to Purdue Pharmaceuticals being fined \$634.5 million dollars in 2007 for fraudulently covering up the addiction and overdose potential of Oxy-Contin. The political influence of the Sackler family protected their members from any accusation of misconduct or criminal conspiracy. Their influence in elite political and judicial circles was unparalleled.

Oxy-Contin and other addictive drugs are still being mass produced, massively prescribed and are contributing to the death of over 65,000 workers each year. In response to the recent crack-down on prescriptions of narcotics, millions of addicts have transitioned to cheap street heroin and the dangerously potent illegal fentanyl to feed their craving. Physicians provided the gateway to a life of street addiction, violence and eventually death – while authorities throughout the United States deliberately looked away.

The second operative power elite are the medical professionals who prescribed the drugs in an irresponsible and callous manner to millions of American over the past 2-3 decades. They too have been largely spared by the political and judicial system and even remain the ‘pillars’ of local communities ravaged by drug addiction.

For two thousand years, a guiding moral and professional principle in medicine had been to ‘first do no harm’ in the course of treating a patient. There has been a huge difference in the way working class and elite patients are treated in the US . Thousands of physicians and other medical professionals ignored the obvious addiction and deaths among their lower and middle class patients and succumbed to bribes and greed to promote opioids. Millions of patients and their family members have been betrayed by this grotesque failure to address the addiction crisis. The economic changes in medicine pressured many doctors in corporate medicine to rush patients in and out of their offices with only cursory examinations and prescriptions for multiple narcotics and sedatives. Physicians allowed the for-profit goals of their corporate employers to dictate how they served their patients – thereby betraying the sacred trust. Many physicians relied on poorly supervised and over-worked physician assistants and nurse practitioners to diagnose and treat patients – already addicted to narcotics. It is easier and cheaper to write a prescription than to thoroughly examine and properly treat a low income patient. All accepted the corporate and capitalist ideology that the addicts were the regrettable victims of their own inherent moral or genetic degeneracy.

The chain of causation went from systemic capitalist profiteering to billionaire pharmaceutical corporations to hospital enterprises to doctors and their poorly supervised staff.

The principal political accomplice of death by addiction is the federal government and

elected representatives who accepted scores of millions of dollars in 'donations' from the pharmaceutical lobby.

The President and Congress, Democrats and Republicans ignored the epidemic because they were bought off by their campaign donor-owners at 'Big Pharma', the term used to describe the powerful pharmaceutical industry and its lobby. Over the past twenty years, the political elite received many millions of dollars in campaign funds from Big Pharma lobbies – including politicians from states ravaged by prescription narcotics.

The Federal Drug Enforcement Agency (DEA) allowed the overuse and distribution of narcotics and then ignored the terrible consequences for over 20 years. One cannot imagine US veterinarians and their regulators noting the drug deaths of 3,000 family pets without quickly identifying and correcting the situation, while the FDA, DEA and US elite 'ignored' the deaths of hundreds of thousands of poor and working class Americans.

Finally, after two decades, local politicians and state attorneys general saw a new potential source of revenue with lawsuits against the offending drug companies and major distributors. Some senators have sponsored hearings but no decisive action has been taken over the carnage among the poor civilian population. In 2010, the Pentagon and Senate Armed Services committee held hearings on the huge increase in prescription drug abuse overdose deaths among US military personnel and have taken some effective measures to address the issue. At that time, US senators in the hearings warned jokingly about the perils of upsetting 'Big Pharma'. Clearly, unlike the generals who need healthy soldiers, US capitalist and politicians have had no interest in protecting working class citizens – given the overall profits their addiction and deaths bring to the elite.

Conclusion: What is to be Done?

The prescription narcotic and subsequent illegal narcotic addiction epidemic has become a million-person killing field – sowing havoc in the poor and marginalized, de-industrialized working class communities of the US. However the victims and their executioners, all have a name and location within the capitalist system. The logic and the consequences are clear.

Most victims are working class, poor and lower middle class, and overwhelmingly white: the low paid, young and old, the insecure and under employed, and especially those without adequate or competent health care.

Over 5 million are afflicted by prescription drug abuse or at least started on the road to addiction via prescription narcotics. This is a truly American Holocaust leaving multi-million family survivors. Scores of thousands of children are living with elderly relatives or swept up into foster homes and the over-burdened child welfare system.

The executioners and their accomplices have become rich, elite college-educated patrons of the most sophisticated arts and sciences. They receive the best health care services in the world; rely on docile but highly educated servants, nannies and cooks – many of whom are immigrant. Most of all, they enjoy immunity from public censor and prosecution. They are the politically well connected, perfectly dressed, manicured, be-knighted dealers of death and despair.

The addiction crisis is a part of the class war waged by the upper class against the middle and lower classes of this country. The real, if not stated, consequence of their trade has

been to cull the population rendered superfluous by elite economic and political decisions and to destroy the capacity of millions of their victims, family members, neighbors and friends to understand, organize, unify and fight back against the onslaught for their own class interests. Here is where we find a basis to approach a solution.

There are historical precedents for the successful elimination of drug lords, both elite and criminal and for bringing addicts back to productive social life.

We begin with the case of China : After a century of British-imposed opium addiction, the Chinese revolution of 1949 took charge in arresting, prosecuting and executing the war-lord opium “entrepreneurs”. Millions of addicts were rehabilitated and returned to their communities, joining the workforce to build a new society.

Likewise, the 1959 Cuban revolution smashed the drug dens and brothels run by brutal Cuban gangster oligarchs and death squad-leaders, together with American mafia bosses, like Meyer Lansky. These thugs and parasites were forced to flee to Miami, Palermo and Tel Aviv.

The first step in an effective class-conscious drug war in the US would require the organization of mass movements, dedicated anti-drug lawyers, physicians, medical personnel and community organizers, as well as brave well-integrated educators and community leaders. A truly involved national Center for Disease Control, not a mouthpiece for the corporate elite, would be re-organized to collect quality national data on the scope and nature of the problem and provide further bases for reversing the trends of decreased life expectancy, increase child and maternal mortality and epidemic preventable-premature deaths among workers.

The second step would involve taking control of the prescription of narcotics limited to the narrow indications recognized in other industrialized countries (intractable cancer pain or short term post-operative pain management) and developing a national data base to track the prescription practice of physicians, nurse practitioners, physician assistants and others. Those unwilling to reform their practice would face arrest and severe prosecution. Health care would be patient centered, not profit oriented and the dictum ‘Primum non nocere’ would replace callous Social-Darwinism and greed in medical practice.

The manufacturers and distributors, as well as the lobbyists and merchants of deadly opioids, would be forced to pay for the devastation and face prosecution.

The process of restoring viability to drug-ravaged domestic ‘shit-holes’ created by the US capitalist elite finally would require attacking and transforming the economic roots of the addiction crisis. It would require replacing a system that sows pain and suffering among the workers with one where the workers and their communities finally take control of their lives. Professionals and intellectuals, rather than viewing the victims from the point of view of the elite decision-makers, will have to fully integrate their interests with those of the masses.

Successful local struggles can build the political power base that transforms ‘studies’ and ‘critiques’ to direct action and electoral changes.

Outlawing this revolting source of profit and scourge of thousands of communities can weaken the power of the billionaire drug dealers and their political allies.

Millions of lives are at stake, they have their survival to win. Understanding the root of this

class centered affliction and mobilizing to reverse this trend can have major consequences benefiting the widely dispersed imperial and capital induced shit-holes of the world!

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