

Escalating heroin epidemic in Huntington, West Virginia

By Naomi Spencer
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The city of Huntington has the distinction of overdose capital of West Virginia, which is the state with the worst overdose rate in the US.

Since January first, at least 520 Huntington residents have overdosed, and 34 have died. Two-thirds of the deaths are attributed to heroin. The rate is 13 times the national average.

Over the past two weeks, Huntington has seen a surge in overdoses involving heroin spiked with the drug fentanyl. According to the Mayor's Office of Drug Control Policy, samples with fentanyl tested 50 times more powerful than heroin. Heroin users who injected the laced drugs were sent into comas and stopped breathing. In two days' time, the city saw at least eight overdoses.

As the *World Socialist Web Site* has reported, heroin addiction is rising across the country. In July, the federal Centers for Disease Control and Prevention (CDC) reported that nationwide, heroin deaths tripled in the span of four years (2010 to 2013). Heroin availability across the country is tied to the now 14-year-old occupation of Afghanistan, the world's largest producer of opium.

The epidemic is a reflection of the long-term stagnation of the economy, the lack of job and education prospects for the most vulnerable sections of the poor, the lack of health care and especially drug rehabilitation programs, and the impact of criminalization of addiction to painkillers such as OxyContin, which ravaged swaths of Appalachia a decade ago.

Statewide, heroin use has spiraled. Last year, over 600 people died of drug overdoses in West Virginia, more than the number of car accident victims. According to a study by the Robert Wood Johnson Foundation, the rate of drug poisoning deaths in the

state exceeds 33.5 per 100,000.

The causes of the heroin outbreak are complex, but fundamentally the source of drug addiction is economic. One can almost see the growth of drug addiction as if it were a contour map tracing the impact craters of coal mine and steel plant closures throughout the region. West Virginia has the highest rate of unemployment and lowest labor force participation rate in the country, and mass layoffs continue to buffet the region's coal, tourism, construction, rail, and other industries. (See: "Layoffs mount in West Virginia")

The dominant industries in Central Appalachia—coal mining, timber, construction and other manual labor sectors—are associated with high rates of on-the-job injuries and chronic pain. Not surprisingly, West Virginia and Eastern Kentucky were aggressively marketed by pharmaceutical companies, in tandem with employers, insurers, and clinics, for painkillers. The privatization of workers compensation programs in the coalfields pushed injured workers into prescription drugs as the cheapest and fastest way to get them back to work.

West Virginia now consumes more prescription painkillers per capita than any other state. According to a 2009 *Charleston Gazette* analysis, West Virginians averaged 19 prescriptions per person.

With the clampdown on prescription drug abuse over the past decade, heroin has filled the gap as a far cheaper and easier to access street alternative. The CDC reports that three out of every four heroin users were previously taking prescription painkillers.

New users often do not know the potency of the heroin they are buying, however, raising the risk of overdose. Compounding the dangers are reactionary drug sentencing laws that deter users from contacting emergency response services when friends overdose.

West Virginia is one of a few states without a so-called “Good Samaritan policy,” wherein other users may report overdoses without being prosecuted for possession. In fact, users caught up in the tragedy of a friend’s overdose may be prosecuted for murder if they were responsible for supplying the lethal dose.

In May, Charleston resident Steven Coleman was arrested and charged with first-degree murder for giving his father a dose of heroin, which was then given to Melody Ann Oxley. Oxley died of an overdose. The case, held up by law enforcement as an example of zero tolerance for drug dealers, will likely only further chill relations between emergency responders and those witnessing overdoses. “If you are involved in the death of a victim who overdoses on something you provide, we will arrest and prosecute you,” Charleston Police Department Lieutenant Steve Cooper told ABC affiliate WOWKTV Channel 13 news.

Huntington’s location on the confluence of the Ohio, Big Sandy, and Guyandotte Rivers makes it a hub of industry and rail and river transport in the region. While the city of 50,000 has lost population over the past several decades, the greater metro area includes over 360,000 people, making it the largest metropolitan area of Central Appalachia. Like all industrial towns across America, the city suffers from blight, deindustrialization, and poverty. The historically distressed economy of the Appalachian coalfields is likewise readily apparent in the indices of social wellbeing, from life expectancy to education, health to infant mortality.

Paralleling the drug epidemic has been an outbreak of hepatitis C. In May, the CDC reported that hepatitis C infections had more than tripled across rural areas of Kentucky, Tennessee, Virginia, and West Virginia between 2006 and 2012. The report highlighted high rates in rural areas and small towns, suggesting that injection drug use was a principal cause of the spread of disease. Kentucky now has the highest rate of acute hepatitis C of any state in the US, at 4.1 cases per 100,000—six times the national average.

Health care resources are scarce in the coalfields region and it is likely that the actual number of infected residents may be much higher. “In the areas that I travel, there is one infectious disease specialist who treats all who are diagnosed with hepatitis C in the

region,” said Laureen Smith, Ph.D., R.N., director of the Appalachian Translational Research Network in a June 12 interview with *Healthline.com*.

Smith, who serves eastern Kentucky counties, found that lack of screening programs, moral opposition from local governments to clean needle exchanges and treatment programs, and the deep poverty of the population were compounding the problems and leaving the population at risk of worsening hepatitis C rates or an outbreak of HIV/AIDS.

Treatment of hepatitis C is extraordinarily expensive. Harvoni, the leading drug used in treatment, costs more than \$1,300 per pill.

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