

Opioids and The Narcotic-fueled Genocide of American Workers

By [Prof. James Petras](#)

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During his recent visit to New Hampshire on 3/20/18, President Trump declared once again that the US is facing a 'drug epidemic'. This time he advocated the death penalty for criminal drug dealers as the solution to a national crisis that has killed over 1 million Americans since the 1990's (when the blockbuster prescription opiate Oxycontin was first released on the market).

Trump promised that the Justice Department would develop the most severe penalties for criminal drug traffickers, by which he meant foreigners. He argued that his proposed "Wall" (between the Mexican- US border) would cut the flow of drugs responsible for the ongoing addiction of millions of US citizens - as though the prescription opiate addiction epidemic resulted from a foreign invasion, and not corporate decisions from Big Pharma.

President Trump's claim that 116 'drug deaths' occur every day (42,000 a year) is a major underestimate. In 2017, alone over 64,000 drug overdose deaths were reported in official statistics (with many unreported cases signed off as natural or undetermined, especially in counties too poor to afford autopsies and expensive forensic toxicology). Another 4 million Americans, at least, are currently addicted to opioids and at risk for overdose.

In comparative terms, more American workers have been killed or devastated by narcotics (mostly via prescription) in 2017 alone, than in the entire decade of the Vietnam War with its 58,000 dead and 500,000 wounded. In 2017, 40,000 Americans died in motor vehicle accidents and another 39,000 by gun violence - and these statistics are not broken down to include vehicular accidents due to drug intoxication or gun violence over drugs. Prescription or illegal opiates, alone or mixed with other sedative drugs, like Valium, or alcohol, are the most prominent and preventable cause of premature death in the United States today.

This pattern is unique to the United States, where the irresponsible medical prescription of highly addicting narcotics has been the primary portal of entry into the degrading life of addiction for millions. Despite President Trump's claims, the addiction crisis is not a product of urban Afro-American street dealers or Mexican narco-traffickers: This uniquely American crisis has been created and fueled by billionaire-owned US pharmaceutical corporations, which produced, distributed and wildly profited from legal narcotics.

They were aided by the irresponsible prescription practice of tens of thousands of doctors and other 'providers' who introduced millions of vulnerable patients to the world of narcotic dependency - including youngsters with sports injuries and workers with job-related pain.

These are physicians and medical providers who rarely stopped to examine their own responsibility, even when their otherwise healthy patients overdosed or were destroyed by addiction. It is especially outrageous that doctors and 'Big Pharma' worked hand in hand for over 20 years to create this epidemic, enjoying wild profits and almost total legal immunity. Few have dared to openly question their irresponsibility and greed. In the poorest and most vulnerable areas of this country, the most irresponsible and unaccountable incompetence has replaced real medical care and created a health care apartheid.

The Federal Drug Enforcement Agency (FDA) and the Drug Enforcement Agency (DEA) have protected the corporate drug traffickers and ensured the manicured and cultured narco-bosses the highest rates of return on their products. These polished pushers have their names engraved on the walls of museums and opera houses around the country.

The majority of Presidential, Federal, State and municipal candidates from both major parties have received millions of dollars in electoral campaign funds from these huge legal narcotic manufacturers and distributors, as well as from physicians and other representative of the 'pain-treatment industry'. Over the past decades, politicians have openly or secretly opposed or weakened legislation designed to address this crisis.

Why not just ask President Trump to direct his Justice Department to impose the death penalty on the board of directors of the big corporate narcotic manufacturers or distributors or on the CEOs of major 'pain clinics' or on the owners of local rural 'health centers' that drove the villagers of West Virginia into their life-destroying downward spirals?

When will the DEA finally storm the medical centers to arrest the over-prescribing 'providers' of narcotics and benzodiazepine tranquilizers (a very common deadly combination)?

When will the SWAT teams seize the vacation homes of the CEOs of major US hospitals where the convenient and fake ideology of promising a 'pain-free' experience ('make it Zero on the Pain Scale') led to the generalized promotion of highly addicting narcotics for minor injuries, arthritic pain, or chronic back discomfort due to work or obesity? Responsible alternatives existed and were used in the rest of the world - largely untouched by this prescription-fueled crisis.

No doubt what President Trump has in mind is something else: the expulsion of Latin American workers under the pretext of going after the drug dealers and the even more massive incarceration of petty street dealers in the African American community.

Trump will then turn to further monitoring and arresting small-scale American marijuana farmers, who earn a basic income from growing a product that many believe is safe, non-addicting, and significantly reduces demand for dangerous narcotics.

As ugly as this all seems, the complicity of the political, economic and the medical elite in exponentially spreading deadly narcotics among the poor, working class and downwardly mobile middle class, points to a deeper and more sinister policy goal: the systematic elimination of millions of American workers made redundant in the new economy. This is a 'gentler genocide', where millions of workers die prematurely seeking an escape from pain as they have been replaced by a new technology and a new ideology: Robots, artificial intelligence and digitalization have rendered them disposable, while the out-sourcing of work to low paid overseas laborers and immigrants have guaranteed unimaginable profits

for the elite decision makers.

This highly profitable process, benefiting the political, pharmaceutical, financial, police and judicial elites, conveniently blames the victims, a significant proportion of whom come from the poor and working class in this country, including white rural and small town addicts, especially youth, stuck at minimum wage jobs with no prospects of a decent future – injured construction workers, 15% of whom abuse prescription narcotics for work-related injuries, as well as the marginalized petty drug dealers from the urban slums and desperate Latino immigrants forced to accommodate the cartels. These people have little rights and are easily monitored, incarcerated, expelled and just written-off in one-line obituaries.

The narcotic-fueled genocide had grown out of a calculated corporate strategy meant to cull and subdue a huge population of potentially restive marginalized workers and their families, blaming the overdosing victims for their own ‘irresponsible’ choices, their reliance on prescription opiates, their lack of access to competent medical care, and their untimely deaths as though this were all a collective suicide as the great nation marches forward.

The higher the death toll among marginalized Americans, the greater the reliance on political distractions and racist deceptions. President Trump loudly blames street-level retail distributors, while ignoring the links between tax-exempt mega-billionaires who have profited from the shortened life-expectancies of addicted workers (scores of billions of dollars already saved in future pension and health care expenses) and the millions fired for addiction and denied jobless benefits and treatment. Trump has yet to even mention the actions of the legal pharma-medical industry that set this in motion.

Meanwhile, the Democratic Party leaders denounce the worker-victims of addiction and their communities as ‘irresponsible and racist’, for having believed the populist rhetoric of candidate Trump. Trump’s most intense rural areas of support coincided with areas of the worst opioid addiction and suicide rates. Trump’s rival, Hillary Clinton wrote off scores of millions of vulnerable Americans as ‘deplorables’ and never once addressed the addiction crisis that grew exponentially during her husband’s administration.

Since the implementation of NAFTA during the 1990’s, scores of millions of American workers have been relegated to unstable, low paid jobs, deprived of health benefits and subject to grueling work, prone to physical and mental injuries. Workplace injuries set the stage for the prescription narcotic crisis. Even worse, today workers are constantly distracted by electronic gadgets at the workplace, with their orders from above arriving digitally. These highly profitable gadgets have created enormous distractions and contributed to workplace death and injuries. The plaything of choice for the masses, the I-phone, has added to the addiction crisis, by increasing the rate of injury. This mind-numbing distraction, produced abroad at incredible profit, has played an unexplored role in the increase in premature death in the US.

The corporate narcotic elites, like the ultra-cultured Sackler clan owners of Perdue Pharmaceuticals, and their allies in the finance sector, support the diverse ideological distractions fashioned by their politician pawns: Eager to please her donor-owners, Hillary Clinton and the Democrats blame the working class for their backwardness and genetic propensity to addiction and degradation. Meanwhile, President Trump and the Republicans blame ‘outside’ suppliers and distributors including Mexican narco-cartels, illegal immigrant traffickers, black urban street dealers and now point to overseas Chinese fentanyl labs – as though the entire crisis came from the outside. Trump’s approach flies in the face of the

unquestionable source of most narcotic addiction in the US: Irresponsible prescribing of highly addicting legal narcotics.

No other industrialized country is experiencing this scale of addiction and pre-mature death. No other industrialized country relies on a private, for-profit, unregulated system of delivering medical care to its citizens. Only the US.

Both elite political parties avoid the basic issue of the long-term, large-scale structural imperatives underlying the transformation of the US work places. They refuse to address the marginalization of tens of millions of American workers and their families, made disposable by corporate economic and political decisions.

The US corporate elite are completely incapable of developing, let alone favoring, any policy that addresses the needs of millions of surplus office and factory workers and their family members replaced by new technology and 'global' economic policies. The American financial and political elite is not about to support an economic, political and cultural 'GI' bill to save the scores of millions shoved to the wayside in their rush to obscene wealth and power.

The unstated, but clearly implemented, 'final solution' is a Social Darwinian policy of active and passive neglect, the unleashing of profitable prescription narcotics into the population of vulnerable disposable workers, offering them a convenient, painless way out – the opioid solution to the over-population problem of redundant rural and small town 'Helots'. The political elite's willing complicity with Big Pharma, the medical profession, the financial oligarchs and the prison-industrial complex has transformed the country in many ways. Shortened lives and depopulation of rural and small town communities translates into lower demand for public services, such as schools, health care, pensions and housing. This is guaranteeing a greater concentration of national wealth in the hands of a tiny elite. The financial press has openly celebrated the projected decrease in pension liabilities as a result of the drop in worker life expectancy.

The ongoing mass genocide by opioids may have started to arouse popular discontent among working people who do not want to continue dying young and miserable! Social services and child protective services for the millions of orphaned or abandoned children of this crisis have been demanding real policies. Unfortunately, the usual platitudes and failed policies prevail. Drug education and 'opioid addiction treatment' programs (currently among the largest expense in some union health plans) are pointless Band-Aids when confronted by the larger policy decisions fuelling this crisis. Nevertheless, thousands of health care professionals are beginning to resist corporate pressure to prescribe cheap opioids – and fight for more expensive, but less dangerous, alternative for addressing their patients' pain. Even if all medical providers stopped over-prescribing narcotics today, there are still millions of addicts already created by past practice, who seek the most deadly street drugs, like fentanyl, to feed their addiction.

Politicians now publicly denounce 'Big Pharma', while privately winking at the lobbyists and accepting millions from their 'donor-owners'.

Public critics in the corporate media are quick to condemn the workers' susceptibility to narcotic addiction but not the underlying causative imperatives of global capitalism.

Mainstream academics celebrate corporate technological advances with occasional neo-

Malthusian warnings about the dangers of millions of redundant workers, while ignoring the profit-driven role of narcotics in reducing the social threat of excess workers!

Finally the role of an elite and respected profession must be re-evaluated in a historic context: In the 1930's German doctors helped develop an ideology of 'racial hygiene' and a technology to demonize and eliminate millions of human beings deemed redundant and inferior, through overwork in slave camps, starvation and active genocide – serving the ambitions of Nazi expansionism and deriving significant profit for select individuals and corporations. US physicians and the broader medical community have less consciously assisted in the ongoing 'culling of the herd' of American laborers and rural residents rendered superfluous and undesirable by the decisions of a global oligarchy increasingly unwilling to share public wealth with its masses. There are similarities.

Once prosperous, industrial cities and towns, as well as rural villages, in the US have seen marked declines in populations and a premature death crisis among those who remain.

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