

Drug overdoses in US drive sharp rise in mortality rates among white young adults

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Drug overdoses are driving a dramatic rise in death rates among young white adults in the US. A *New York Times* analysis of death certificates finds that rising mortality rates among young white adults, ages 25-34, have risen to levels not seen since the end of the AIDS epidemic more than two decades ago. This is the first generation since the mid-1960s to experience higher death rates than the generation before it.

The data collected and analyzed by the *Times* paints a picture of a segment of society wracked by substance abuse, suicide and alienation—propelled forward by poverty, lack of education and other social problems. A government hell bent on slashing social programs, combined with a pharmaceutical industry profiting off of addiction are contributing to this social catastrophe for millions of young Americans.

The *Times*’ analysis shows that the rise in mortality among white adults extends beyond that documented in a study published last November, which showed a sharp increase in the mortality rate for white, middle-aged, working class Americans ages 45-54. Similar to the new analysis, that study attributed the increase in the mortality rate to deaths from suicide, drug abuse and alcoholism.

The *Times* analyzed nearly 60 million death certificates from 1990 to 2014 collected by the Centers for Disease Control and Prevention (CDC). Death rates for non-Hispanic whites were found to either rise or flatten for all adults under age 65. This trend was particularly pronounced in women. The increased mortality comes despite medical advances that have slowed deaths from heart disease and other medical conditions.

While overdose deaths for young adult blacks have increased slightly from 1999 to 2014, overall death rates for blacks and most Hispanics continued to fall. The *Times* analysis attributes this mainly to the decline in deaths from AIDS, particularly among blacks. The once wide gap between death rates for blacks and whites has

shrunk by two-thirds.

While the pseudo-left promoters of identity politics—and groups such as Black Lives Matter—routinely denounce whites, and particularly white males, as “privileged,” these figures demonstrate the deadly effect of growing social inequality in the US along class, not racial, lines.

Whites ages 25-34 without a high school education saw a staggering 23 percent increase in mortality from 1999 to 2014, compared with only a 4 percent rise for those with a bachelor’s degree or higher. Death from overdose from both illegal and prescription drugs in 2014 for young whites was five times its 1999 level. The overdose death rate for 35- to 44-year-old whites tripled during this same period.

The population of whites ages 25-34 grew by about 5 percent from 2004 to 2014, to about 25 million. Over this same decade, however, deaths from all causes in this age group rose by about 25 percent. Deaths from overdose in this group more than doubled over this decade, rising from 2,888 in 2004 to 7,558 in 2014. Deaths from accidental poisoning, mostly drug overdoses, for young non-Hispanic whites rose from six per 100,000 in 2004 to 30 in 2014.

Young men and women are the victims of a drug abuse epidemic that claimed more than 48,000 lives across the US in 2014, according to a recent CDC report. Since 2000, the rate of deaths from drug overdoses has increased 137 percent, including a 200 percent increase in the rate of overdose deaths involving opioids, including both prescription opioid pain relievers and heroin. Nearly half a million people have died from drug overdoses since 2000.

Heroin use more than doubled among all young adults ages 18–25 in the past decade, according to the CDC. The ready availability of the illegal drug, combined with its affordability compared to oxycodone and hydrocodone, has led to a surge in its use. Unbeknownst to the user,

heroin is often combined with fentanyl, a synthetic opioid mainly used for medical sedation that is 50 times stronger than heroin, which can kill instantaneously.

Overdose deaths from other opioids—pain relievers such as oxycodone and hydrocodone, marketed as OxyContin, Percocet, Vicodin, etc.—almost doubled between 2013 and 2014. Individuals given prescriptions for pain often become dependent upon the drugs and may subsequently overdose, or turn to heroin with similar deadly results.

The question is why Americans, and young people in particular, are dying in record numbers, particularly from drug overdoses. The suicide rate for young whites also rose from 15 per 100,000 in 1999 to 19.5 in 2014. What is prompting young people to turn to drugs and alcohol, resulting in accidental overdoses, or to purposely take their own lives?

The answers are both readily apparent and complex. Addiction, suicide and drug abuse are all expressions of social and personal crisis. It is telling that young people without a high school education have seen the most dramatic increase in mortality. As education level is a general indicator of income, it is clear that people with the lowest incomes are being hit the hardest.

Working class men and women in their 20s and 30s, who 50 years ago would have had a chance at employment in a decent-paying job, now face conditions where long-term unemployment is pervasive and wages are stagnant and plunging. They have lived their entire lives under the ruling-class offensive—aided and abetted by the trade unions—that has relentlessly driven down wages and dismantled social services.

The ruling class and its political representatives have no solution to the overdose epidemic because they are responsible for the economic and social reality that is devastating communities across the country. While there is much handwringing in these circles over the lives lost to drug abuse, it is approached as simply a personal mental health issue.

The opioid epidemic has taken a prominent place in the current presidential campaign. Republican Jeb Bush is airing a new ad referring to his daughter's battle with addiction. Shamelessly capitalizing on his family's personal struggle, he offers hollow promises about stopping the flow of drugs and improvements in treatment and recovery programs.

At the Democratic debate on Sunday, Hillary Clinton and Bernie Sanders were asked a question about the “war on drugs.” Clinton said that America's response to heroin and drug addiction should emphasize treatment and

recovery, and that her policy would center on treating addiction to drugs as a health issue, rather than a crime.

Sanders supported Clinton's plan, saying, “I agree with everything the secretary said,” without mentioning she fully backed her husband Bill Clinton's law-and-order policies in the 1990s that helped fill the prisons with such victims of drug abuse. Sanders said pharmaceutical companies should be responsible for their products and be held accountable for the consequences of drug overdoses.

Statements from both candidates are so much hot air. While posturing as an advocate for “middle class” Americans and seniors to rein in drug prices by negotiating with the giant pharmaceuticals, the supposedly “socialist” candidate who helped draft Obama's misnamed Affordable Care Act does not in any serious sense challenge the for-profit health care system in America.

Clinton has received more campaign cash from drug companies than any candidate in either party, accepting nearly \$165,000 in the first six months of the campaign from these sources. Big Pharma can be secure in the thought that their profits will not be challenged, whichever candidate—Democrat or Republican—wins the White House.

Another unspoken reality of the opioid epidemic is the massive profit being made off the misery of drug addiction and resulting deaths. Raymond and Beverly Sackler, owners of Stamford, Connecticut-based, Purdue Pharma, are newcomers to the Forbes list of America's 20 wealthiest families, with a personal wealth of \$14 billion. Purdue has generated estimated sales of more than \$35 billion from OxyContin since 1995, when it launched its supposedly addiction-proof version of the painkiller oxycodone.

Insys Therapeutics, based in Scottsdale, Arizona, derives almost all its revenue from the highly addictive opiate fentanyl, delivered as an oral spray, which it markets under the brand name Subsys Fentanyl. In the first six months of 2015, Subsys accounted for \$147.2 million in total company revenue. Insys is currently subject to investigations over aggressive marketing and other practices in five states.



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