

Drug crisis pushes up mortality rate for Americans in their prime

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A recent analysis of Centers for Disease Control (CDC) records by the *Washington Post* points to a growing mortality rate for 25- to 45-year-olds across nationalities and ethnicities. For the first time, mortality rates are increasing without respect to geographic or racial boundaries, a harsh reflection of the widespread economic decline of America's workers.

According to the *Post*'s analysis, alcohol-related deaths increased among white, black, and Hispanic Americans. Homicide, the leading cause of death for young African-Americans, has risen steadily since 2010. However, among all these factors, the juggernaut of the opioid epidemic appears to be driving most of the increasing mortality rates among 25- to 44-year-olds.

Well in advance of Barack Obama's 2016 pronouncement that "things have never been better" for America, opioid-related deaths were skyrocketing. According to the CDC, the number of opioid overdoses has quadrupled since 1999. The rate of deaths from drug overdoses has steadily increased, jumping from 14.1 percent in the second quarter of 2014 to 15.2 percent in 2015. By the CDC's most recent estimates, there was a 19 percent increase between 2015 and 2016. The agency estimates more than 59,000 people died from drug overdoses in 2016. This is greater than the number of American casualties for the duration of the Vietnam War.

From 2012 to 2013, Jefferson County, Alabama's most populous region, saw heroin overdoses increase by over 200 percent. Heroin-related deaths have since decreased in Jefferson County, but overdoses have increased, with Fentanyl—a synthetic opioid that is estimated to be 50 times more powerful than morphine—now claiming twice the victims that heroin does.

In the neighboring state of Georgia, a spate of overdoses claimed four lives within 48 hours this past week. The drug in question was sold to users as the pain-pill Percocet. The yellow pills they purchased, however, were more likely to have contained Fentanyl. Both Fentanyl and carfentinil—which is used to tranquilize elephants—have played an increasing role in overdoses and deaths, with dealers either cutting other opioids with these more powerful synthetics, or substituting them altogether.

In Ohio, fatal overdoses have quadrupled since 2010. Cuyahoga County coroner Thomas Stilton, whose jurisdiction includes the city of Cleveland, testified to the Senate last month that deaths among African-Americans in his area have doubled within the past year because of Fentanyl. In Dayton, the number of confirmed overdose deaths within the first 33 days of 2017 amounted to more than half the yearly totals from the previous two years.

Individually, all of these areas of crisis confirm the *Washington Post*'s analysis; Americans in the prime of their lives are being cut down by economic distress and despair. These symptoms of social breakdown have marched steadily across the map, from depressed rural outposts in the Southwest and Appalachia to the Rust Belt, metropolitan areas and previously comfortable suburbs. They defy boundaries of race and ethnicity, with death rates beginning to flatten out between black, white and Hispanic workers and youth.

This analysis comes on the heels of a report released by economists Anne Case and Angus Deaton in March that revealed a rise in so-called "deaths of despair" among middle-aged white Americans. The pair's analysis, which they reported to the Brookings Institution, revealed that deaths due to alcoholism, drug overdose and suicide increased by half a percentage

annually between 1999 and 2013, a trend they characterized as “extraordinary and unanticipated.”

Life expectancy rose consistently throughout the second half of the 20th century due largely to the struggle of workers for safer working conditions, retirement pensions and health care. In addition, American capitalism, at its zenith, could afford to provide a high standard of sanitation throughout the country. Public health initiatives for safe drinking water, advanced sewage systems and vaccination programs seemed to put an end to many of the diseases that had claimed so many lives in years past.

The *Post* points to an “inflection point” around the year 2010, as working class Americans reeled from the effects of the Great Recession. Yet even prior to the Great Recession, mortality data for some portions of the 25- to 45-year-old cohort signaled grave distress. The CDC noted that the suicide rate, which had fallen steadily between 1986 and 1999, began rising gradually in 2000. Between 1999 and 2015, an estimated 600,000 people died of suicide in the United States. This is comparable to the 500,000 people who have died in Iraq since the US invasion in 2003.

There are other factors that figure into these astonishing and sobering numbers. As the WSWS has reported, the US maternal mortality rate—which predominantly affects women in the *Washington Post*’s cohort—increased by 27 percent between 2004 and 2014.

The United States leads the industrialized nations in health care inequality, which accounts significantly for this increase in mortality rates. This is borne out by the *Post*’s analysis, although its analysts attribute it to education level: people with a four-year degree die at a lower rate than do their peers with a high school diploma or less.

Other studies, however, point out that the largest disparities are not accounted for by education level, but by income; the wealthy live, on average, 15 years longer than their working class peers. Workers have seen their life expectancy grow shorter and shorter in the face of deindustrialization, attacks on their wages and increased health care costs.

Josh Sharfstein, director of the Bloomberg American Health Initiative at Johns Hopkins, stated that the rising mortality rates reflect “an out-of-control epidemic” and “an absolute call to public health.” However, as

Sharfstein pointed out to the *Post*, there is limited access to effective treatments in many places in the United States.

This situation can only worsen under current conditions. The American Health Care Act, passed by the US House in May, calls for cuts that would gut Medicaid. Donald Trump’s budget proposals take that assault as a mere jumping-off point, calling for \$1.4 trillion in cuts to Medicaid in addition to severe cuts to other social programs.

In the meantime, pharmaceutical companies are allowed, or even encouraged, to raise the price of life-saving medicines. Naloxone, a narcotic antagonist that has saved countless lives, has increased in price, in the midst of the opioid epidemic. Kaleo, the company that markets naloxone injection Evzio, increased the price of its injector by 1,000 percent last year. Even the generic naloxone injection costs are double their level prior to the nationwide rash of overdose deaths.

The fact that Kaleo and other companies can profit from the same realities that have caused American mortality rates to soar gives the lie to the common myth that the stock market is an accurate gauge of Americans’ financial health. It also shows the free market ideology peddled by bourgeois politicians for the insidious fiction that it is.

As American capitalism plunges towards its nadir, workers cannot afford to put their trust in either of the two big business parties. The analysis of the *Washington Post*, as well as that of Case and Deaton, highlights the fact that class, more than race or gender, determines life expectancy and access to health care.



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