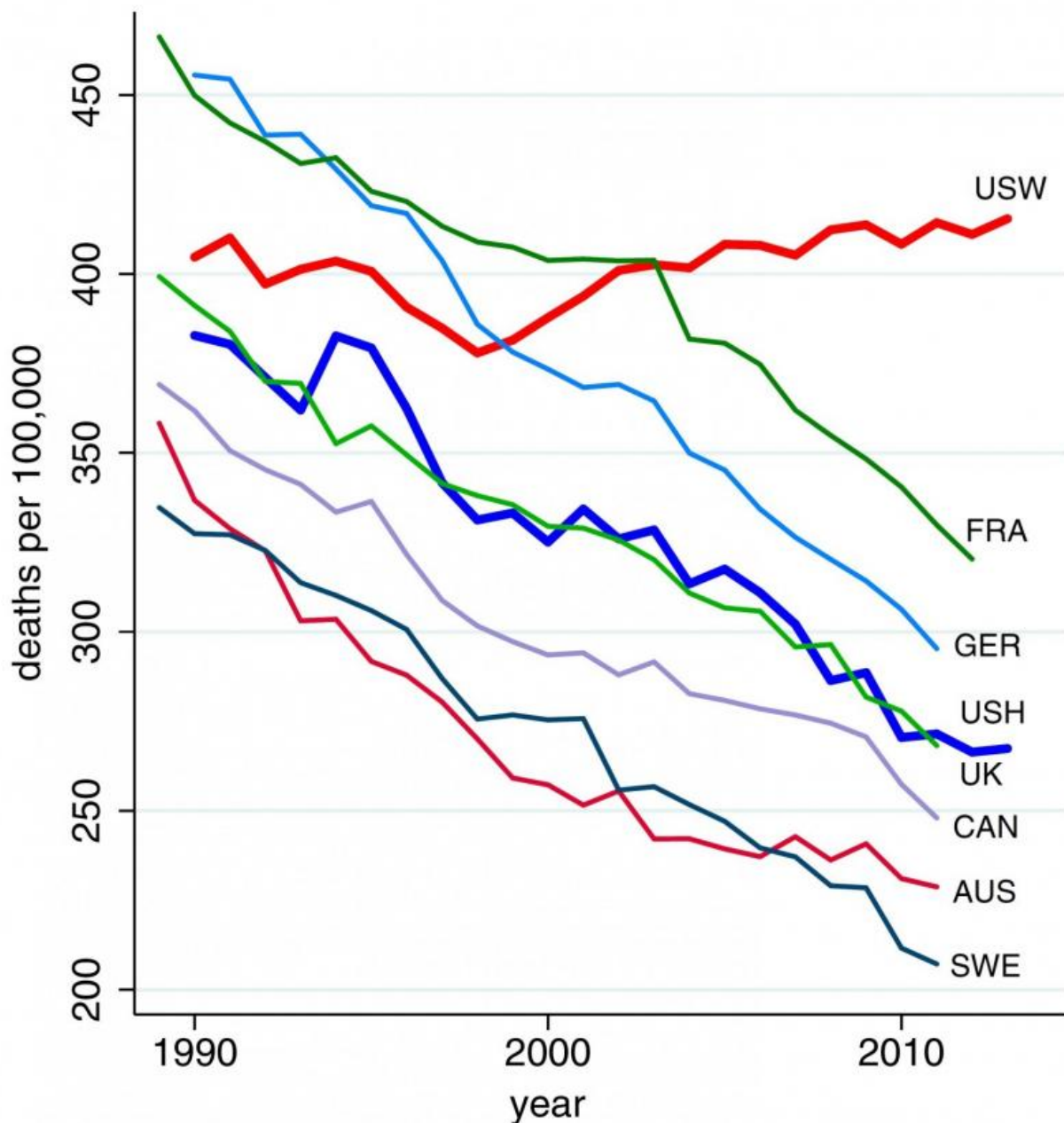


White deaths increase: drugs, alcohol, suicide, but in US only. Why?

November 9 2015, by Tabitha M. Powledge



Death rate for U.S. non-Hispanic whites (USW, solid red line), U.S. Hispanics and six comparison countries, aged 45-54. Credit: Proceedings of the National Academy of Sciences.

There's a big puzzle growing out of that startling new research showing that the death rate among white Americans age 45-54, especially the less-educated, has been rising since 1999. This even though the death rate among all our other age and ethnic groups has been falling.

The causes of the excess deaths in nearly half a million [white women](#) and men—comparable in number to total US deaths from AIDS—are mostly drugs, alcohol, and suicide. The group is also experiencing more [mental health problems](#), poorer health and physical fitness, and more pain than the other groups. The headline on Olga Khazan's post at The Atlantic puts it this way: "[Middle-Aged White Americans Are Dying of Despair](#)."

The big puzzle is this: Why does it seem to be happening only in the US?

The paper's authors, Princeton economists Anne Case and Angus Deaton, proposed a couple of possibilities. First, drugs: easy availability in the US of prescription opioids like Oxycontin, plus relatively easy access to heroin, beginning in the 1990s.

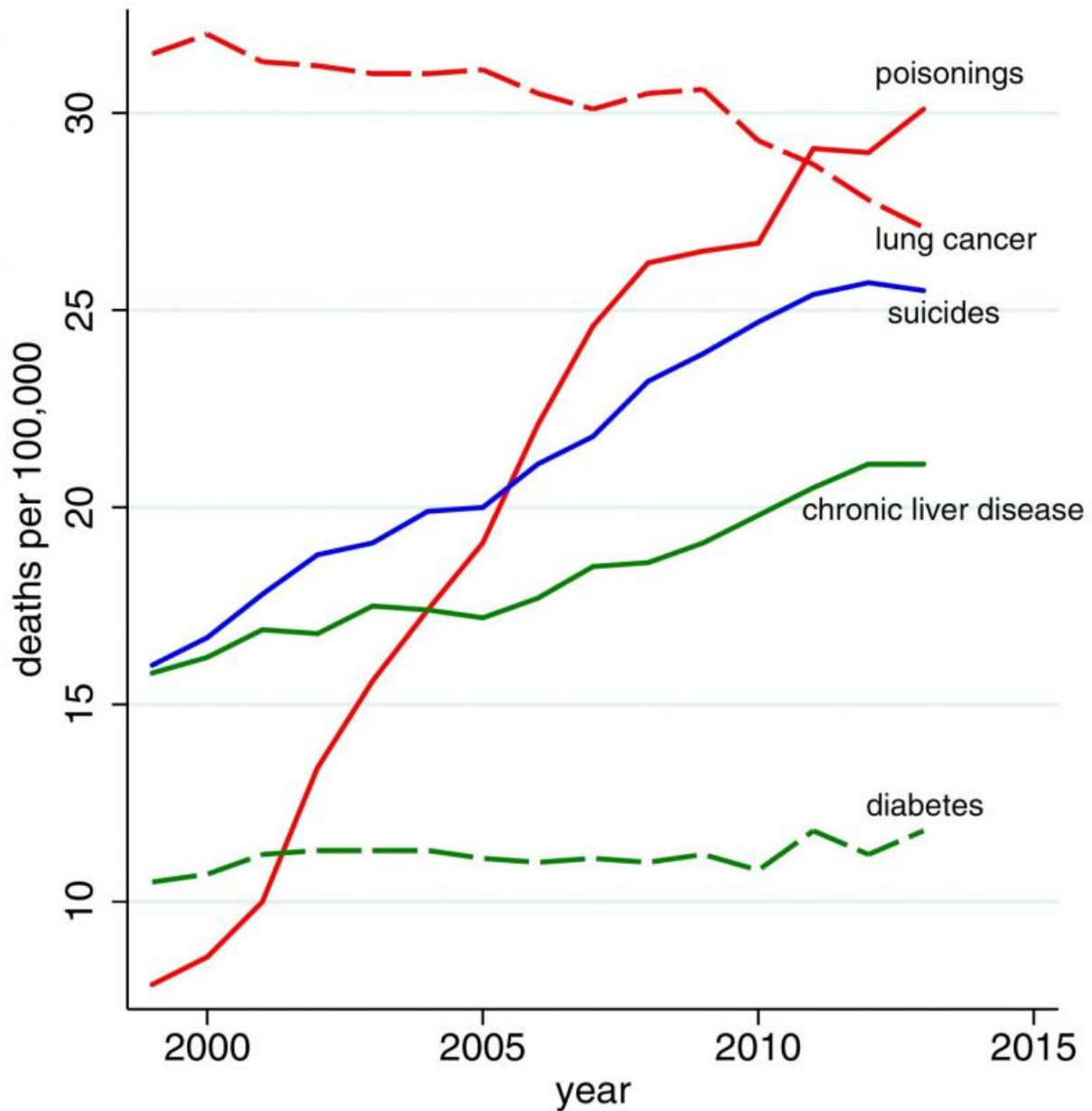
Second: slow economic growth and rising economic inequality. But that's the case in all advanced countries, which have not experienced the specific death rate increases seen in the US. At American Prospect, Paul Starr suggests that that the [much stronger social safety net in Europe](#) could have helped soften the impact of unemployment, austerity, and

economic torpor there.

Expectation frustration

Or maybe the cause is a frustration of rising expectations, Dartmouth economist Jon Skinner told Rob Stein at Shots. For decades less-educated whites had been doing pretty well economically. Then all of a sudden they weren't, and the future looked no better.

For African-Americans and Hispanics, the [job market](#) and economy has not been so friendly as it has been for whites all along. So they have expected less and are less disappointed. (The death rate among blacks remains considerably higher than for whites, but the black death rate is trending down along with deaths in the other groups.)



Mortality by cause among white non-Hispanics ages 45-54. Credit: Proceedings of the National Academy of Sciences.

The data may also help explain our present-day peculiar politics, Starr thinks. That includes the exceptional popularity of presidential

candidates Ben Carson and Donald Trump, both favored most by less-educated whites. "We are not talking merely about "status anxiety" due to rising immigrant populations and changing racial and gender relations. Nor are we talking only about stagnation in wages as if the problem were merely one of take-home pay. The phenomenon Case and Deaton have identified suggests a dire collapse of hope, and that same collapse may be propelling support for more radical political change."

Business-friendly posters differed in their embrace of possible causes. At Fox News [the emphasis was on drug use related to the easy availability of opiates](#). That's a conclusion that stresses moral conduct, bad behavior, and personal responsibility. Fortune, however, blamed not only the worsening economy but also [structural changes in the job market](#) that made things worse for the less-educated.

Side note: A failure of peer review?

The paper that has grabbed so much attention has a noteworthy history: [it was rejected by what are arguably the world's two top journals](#): the *Journal of the American Medical Association* and the *New England Journal of Medicine*. JAMA in particular lost no time. "We got it back almost instantaneously. It was almost like the e-mail had bounced. We got it back within hours," Deaton told Joel Achenbach and Lenny Bernstein at To Your Health.

NEJM turned it down ostensibly because Case and Deaton didn't explain the reasons for the death trend. Achenbach and Bernstein say Deaton "compared the response to calling the fire department to report that your house is on fire: "And they say, 'Well, what caused the fire?' and you say, 'I don't know,' and they say, 'Well, we can't send the fire brigade until you tell us what caused the fire.' "

I can't help wondering what the reception would have been had Deaton

won his Nobel Prize in Economic Sciences before the paper was submitted for review at JAMA and NEJM instead of just last spring.

But Incidental Economist Aaron Carroll says there's actually a fierce Twitter debate about whether the paper's reception is or is not a failure of peer review. [The "Methods" section, he says, is "pretty thin."](#)

He also sniffs that the Incidental Economists have been pointing out for years "that life expectancy had been dropping for women who lived in certain (poorer) counties, for white women with less education, and for white men and women with less education. (Note we didn't DO the research; we just wrote about it.)"

Carroll wants to know whether the paper is really a blockbuster finding—or whether the current reception is just hype from media who ignored previous similar work but are now overimpressed by a Nobel Prize. He asks, "Is this an indictment of the media? Of peer review? Of our continued acceptance of irreproducible research?"

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