

# Opioid Crisis Shows How Economic Inequality Kills

By Lynn Parramore

FEB 20, 2019 | CULTURE | HEALTH | INEQUALITY & DISTRIBUTION | UNITED STATES



## Pharmaceutical pushers like Purdue “couldn’t have done their dirty work” without America’s increasingly unbalanced economy

America’s growing rate of economic inequality is more than a numerical ratio that worries economists or a trendy political talking point. The phenomenon has been linked to human tragedies ranging from higher murder rates to growing gaps in life expectancy.

Add death by opioids to the list.

In recent years, social scientists have been debating why more people have been dying from drug overdoses. Does the increased availability of highly addictive opioids fully explain the rise? Not entirely, it turns out.

Sociologist Shannon Monnat is author of a new study with the Institute for New Economic Thinking that examines county-level drug deaths in the U.S. Her research reveals that while overprescribing doctors, pharmaceutical pushers

and illegal dealers are highly significant, a big part of what makes a community susceptible to the opioid scourge is recent patterns of economic distress — the kind inflicted by decades of bad policy.

A recent flurry of headlines about the billionaire Sackler family, whose members own Purdue Pharma, the company that created the powerful opioid painkiller OxyContin, highlights the ugliness of drug sales representatives promoting dangerously high doses to boost profits. “Supply is certainly important,” says Monnat, “but Big Pharma couldn’t do its dirty work without America’s increasing economic inequality.”

Monnat’s research examines U.S. drug fatalities from 2000-02 and 2014-16, two-thirds of which were caused by heroin, fentanyl, and prescription opiates. She concentrates on non-Hispanic whites because other than American Indians, that group has suffered the highest drug mortality rates of anybody over the last two decades.

Several of her findings complicate the common media narratives. Despite the characterization of opioids as “hillbilly heroin,” most deaths and the biggest increase in fatalities among whites since 2000 were actually in urban counties. Rural areas saw fewer deaths overall, but the rates varied widely from one region to another. Some rural counties have the highest opioid mortality rates in the country, while others enjoy the lowest.

Why would opioids be raging through some predominately rural states, like Maine and Kentucky, but not others, like Idaho and Iowa?

Among non-urban counties, drug mortality rates appear to spike in two types of places: economically beaten-down communities centered on mining and distressed areas where people increasingly depend on service jobs. In these corners of America, economic anxiety matters more in terms of how many will die from opioid overdoses than supply factors, which tend to drive death rates more around big cities.

Monnat explains how despair builds in areas like Appalachia, where residents have seen mining jobs disappear and there are fewer ways for people without a college degree to make a living. In regions where manufacturing jobs were once abundant, like Pennsylvania, people have to rely on badly paid service jobs that offer few benefits.

Communities facing these challenges begin to implode. The best and brightest young people tend to leave to find jobs elsewhere. Families break apart. The tax base shrinks and social services disappear. Economic policies that support disinvestment in the public sphere, along with those that disfavor workers and allow corporations — like greedy pharmaceutical companies — to run roughshod over communities make everything worse. Distress spreads across generations.

On the other hand, rural areas where people are more reliant on farming or where there are a wider variety of jobs tend to have a lower rate of death from opioids. The quality of labor markets matters, it turns out. Monnat also thinks that that greater social cohesion in these communities may help people stay more resilient when economic strains develop. Having a more robust social safety net helps, too. Elsewhere, she has shown that places where religion and sports are more of a focus also tend to have lower rates of drug fatalities. Maybe going to church or rooting for the local team gives people meaning and a sense of identity, which helps them cope better when other sources of these human needs disappear.

The opioid crisis is really a “tale of two rural Americas,” says Monnat. In places where economic inequality has thrown more lives into chaos, a greater number of lives will be snuffed out by this deadly strain of drugs. (Methamphetamines, she notes, cause slower deaths, so we may not have the full story of their impact on drug fatalities yet).

Her findings suggest that no matter how well intentioned the efforts to limit supply or provide treatment to the addicted, places where the economy isn’t working for most people may continue to see high opioid fatalities.

Research like hers underscores the reality that policymakers in both political parties are going to have to move beyond the neoliberal framework popularized in the Reagan era that promotes corporate deregulation, shrunken social safety nets, and trade and labor policies that hurt ordinary workers. Such policies were meant to spark growth, but instead they have only made a thin slice of people wealthy and socked America with inequality that has disproportionately hit certain regions of the country.

Pro-worker policies, investments in public services like health and education, fairer tax systems, and re-establishing sensible rules for how companies do business are all part of a much-needed prescription for a healthier society.