

Men at Risk



WHAT'S KILLING WHITE MIDDLE-AGED MEN?

Last summer a Princeton professor unearthed a shocking fact. While most American men are living longer, one group isn't. By Laurence Roy Stains

What if an epidemic had killed nearly 500,000 Americans in the past 15 years—an epidemic that rivaled the total deaths among people with HIV/AIDS in the United States? Wouldn't we see marches on Washington? Social media campaigns? Pending legislation? Feverish pharmaceutical research?

Guess what? Such an epidemic is happening now, but nobody seems to be outraged, mainly because the victims brought their demise upon themselves. Those fatalities came by way of suicide, drug overdoses, alcohol poisoning, and liver disease. And there's little chance of inspiring much public sympathy for that, or of finding a miracle cure. ▶

The epidemic was essentially invisible until Angus Deaton, Ph.D., a Princeton University economist who recently won a Nobel Prize, unearthed it among reams of mortality statistics. He released his findings in December 2015. He found that since 1999, white people in America had been hitting a midlife wall. Something about the years bracketing age 50 was proving insurmountable—much more so than for same-age African Americans and Latinos. Whites were committing suicide in greater numbers, and by 2011 drug overdoses and alcohol poisonings surpassed lung cancer as a leading cause of death. (Alcohol-related deaths recently hit a 35-year high.) It appears that self-destruction has become an increasingly significant cause of death for white men, especially white men at midlife.

What has gone wrong for the middle-aged white male? A look behind the numbers reveals some clear-cut causes. The good news is that an early death sentence doesn't have to be your fate. For men approaching mile marker 50 (or 40 or 30), it's helpful to know where the road you're on leads and how to avoid these potholes.

Simply "Stunning"

Throughout the nation, more people are living to a ripe old age, at which time they get new dental work, buy a condo along a golf course, and star in TV ads for supplemental health insurance. They aren't dying at age 5 or 25 or 40; in fact, their risk

of death around any of those milestones has steadily decreased. (Between 1935 and 2010, the overall risk of early death in the United States fell 60 percent.) This has been the overarching narrative in health care as antibiotics, healthier lifestyles, and better medicine have contributed to longer lives. And economists who spend their days poring over mortality stats assumed that this trend line would continue sloping downward.

Then Deaton came along. As he sliced the data into ever finer categories, he noticed that the happily declining mortality rates among middle-aged Americans were no longer declining. So he and his wife, fellow economist Anne Case, Ph.D., focused on the 45-to-54 age group. They found that among U.S. whites at midlife, mortality rates were *rising*—in contrast to Canada, the U.K., and Australia, as well as among same-age U.S. Latinos and African Americans, whose mortality continued to decline.

Deaton and Case then sorted 45- to 54-year-old white Americans by educational attainment: high school or less (37 percent of the group), some college (31 percent), and BA or better (32 percent). Now it gets ugly. The least educated whites were the hardest hit. In this subcategory, deaths rose by 134 per 100,000, a spike that Dartmouth economist Jon Skinner, Ph.D., called "stunning." That's not a word economists throw around very often. But these are the Americans who have lost the most

Self-destruction is now the leading cause of death for white men ages 45 to 54.

in the past 15 years. As Skinner points out, even as the U.S. economy grew 16 percent from 1999 to 2013, the median income of households headed by a high school graduate fell 19 percent. Behind that one little statistic is a world of private hardship.

Consider, too, that mortality among middle-aged white people had been declining at a rate of 1.8 percent a year throughout the 1980s and 1990s. If that trend line had merely held firm, Deaton and Case estimate, 488,500 fewer people would have died between 1999 and 2013—with 54,000 fewer deaths in 2013 alone.

Unmet Aspirations

But why exactly is mortality rising at midlife? You can overdose on drugs at any age; you aren't necessarily 50 years old when the last factory in town closes and moves its jobs to China. What made the traditional midlife crisis, which used to be almost laughable with its trophy wife and red Miata, into something so lethal?

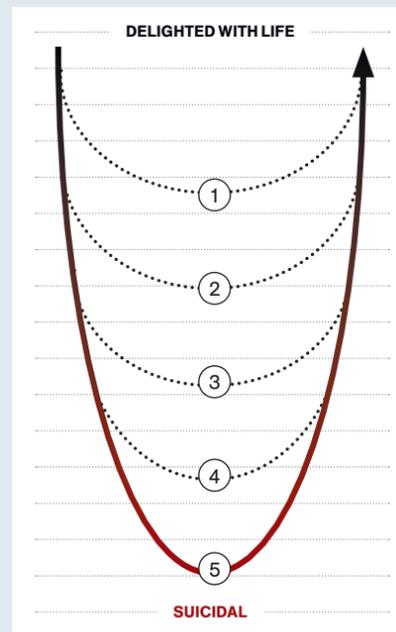


Hack Your Happiness

Life satisfaction is lowest at age 52. Here's how to deal.

Well-being over the course of a lifetime typically follows a U-shaped curve, but that trajectory isn't pre-ordained. Thomas Joiner, Ph.D., a professor of psychology at Florida State University, says men can minimize the trough of midlife dissatisfaction and all its destructive effects. See if your curve is shallow or deep by gauging your warning signs; then take Joiner's advice for lifting yourself up.

—MARKHAM HEID



WARNING SIGN

You're Not Sleeping

- YOUR U-TURN** Getting just 15 minutes of morning sunlight lifts mood and calibrates your body clock so you sleep better later. Commit to walking the dog or having coffee on the deck.

WARNING SIGN

You've Withdrawn Socially

- YOUR U-TURN** "Men get lonelier during their 40s," says Joiner, the author of *Lonely at the Top: The High Cost of Men's Success*. With their career and family concerns, they tend to deprioritize time with friends. Meet up with pals twice a week—it's conducive to optimal health, research suggests.

WARNING SIGN

You're Escaping Reality More Often with Alcohol or Drugs

- YOUR U-TURN** Depression can be the root of substance abuse. One way to help overcome a slump is to get out and exercise. A University of Toronto study review from 2013 found that

any consistent physical activity, including daily walking, can lower your risk of getting the blues.

WARNING SIGN

You're Feeling Bitter About Unrealized Aspirations

- YOUR U-TURN** Instead of beating yourself up about not making partner, let go of dead dreams and create new ones. "The process is similar to grieving," says Joiner. "Accept it for what it is. Learn from it. Then focus your energy on a new path."

WARNING SIGN

You've Talked About Suicide

- YOUR U-TURN** It's one thing to think about suicide but another to express the thought out loud. Three out of four men who kill themselves talked to someone about it first, Joiner says. If this sounds like you, call the National Suicide Prevention Lifeline at (800) 273-8255 or see your doctor. Then pick an outdoor activity you've long wanted to try and do it. It'll help.

Back in the 1990s, European labor economists began measuring worker happiness. By the 2000s, David Blanchflower, Ph.D., of Dartmouth University, and Andrew Oswald, D.Phil., of the U.K.'s University of Warwick, assembled data from the surveys of more than 500,000 Americans and Europeans and wrote a widely cited paper, "Is Well-Being U-Shaped over the Life Cycle?" (Their answer: definitely yes.) Plotted on a graph, all their data points form a U-shaped curve, with life satisfaction reaching its lowest point as people enter midlife. (See "Hack Your Happiness" in this article.) "This happens almost everywhere in the world," Blanchflower says. The trough hits at slightly different ages in different countries, but among American men, life satisfaction is generally at its lowest point around age 52.

Even though some people are sunnier than others, everyone goes through this dip. "It doesn't matter whether you're single or married or what your schooling, income, status, or location is," says Blanchflower. That said, some people are a whole lot unhappier than others, and that's when those variables come into play. "The unhappiest men are divorced, unemployed, and middle-aged, with low income and low job skills," he notes. "Deaton and Case identify the people who fit our data precisely."

Another economist, Hannes Schwandt, Ph.D., of the University of Zurich, believes that dissatisfaction at midlife boils down to two words: unmet aspirations. As it turns out, by midlife you're weighed down not just by all the terrible things that blindsided you between 20 and 50 but also by your early dreams that never quite came true. "Young people think their life satisfaction will increase with age," he says. "They get it completely wrong. But over time you realize that things are not as rosy as you expected." So at midlife you're doubly troubled: "You're disappointed about the past, but you're also pessimistic about the future."

A World of Hurt—Literally

Combine the natural U shape of life's happiness curve with an economic recession that eroded savings and threw millions out of work, and you should begin to see a pattern developing. Those middle-aged white guys were suddenly in a world of hurt, and we're not just speaking metaphorically.

Pain is one of the top reasons people go to see a doctor. Deaton's research also uncovered the fact that a third of whites in the 45-to-54 age bracket suffer from chronic joint pain, and 25 percent report that their physical or mental health limits their activities.

"Depression, anxiety, and social isolation cause a great deal of emotional pain," says Paul Christo, M.D., of Johns Hopkins University, "and emotional pain worsens any type of physical pain. Neuroimaging studies show that when we anticipate pain, imagine pain, or empathize with someone else's pain, we activate the same brain regions that are involved with processing a physically painful event, like burning a finger."

And pain that doesn't let up can have dire results. Martin Cheatle, Ph.D., director of the pain and chemical dependency research program at the University of Pennsylvania, conducted a study of 466 people who enrolled in his pain clinic. He found that 28 percent had been thinking about suicide.

Having a chronic pain condition is linked with a nearly twofold increase in the likelihood of attempting suicide. That's just one of the many cheerless statistics about this increasingly prevalent cause of death. Rutgers sociologist Julie Phillips, Ph.D., has documented this "notable increase" in midlife suicides since 1999. "It has been more pronounced among the less educated," she says. Overall, the male suicide rate is nearly four times that of women, and the rate among unmarried men is even higher.

Starting to get the picture? Now comes the clincher.

From Opioids to Heroin

"Think about it," says Sam Quinones, a former *Los Angeles Times* reporter. "What new thing in the late 1990s affected only white people, and white people everywhere? One thing: opioids. The massive prescribing of opioids."



Where to Get Help for Chronic Pain

Hint: Not your primary-care doc.

The Institute of Medicine identifies chronic pain as a "winnable battle" in public health.

So why are we losing it so decisively? "Unfortunately, the majority of patients with chronic pain, and there are at least 50 million of them, get their pain treatment from primary-care providers," says Martin Cheatle, Ph.D., of the University of Pennsylvania. "Veterinarians get more training in pain than physicians do."

Instead, ask your family doctor for a referral to one of the country's 2,000-plus board-certified pain specialists, or seek one out yourself at abpm.org. These physicians are trained in managing chronic pain, and the standard of care has evolved far beyond prescribing a single painkiller. There is now a wide range of drugs for treating various types of chronic pain, plus new thinking about exercise, nutrition, sleep therapy, and relaxation techniques such as yoga and meditation.

"Pain changes the brain," says Cheatle. "We need to reboot the brain." —L.R.S.

Quinones spent much of 2013 and 2014 traveling the country as he researched his book *Dreamland: The True Tale of America's Opiate Epidemic*. He talked to the parents of young men and women who'd died from heroin overdoses, and to addicts, former addicts, police detectives, and doctors. "In that whole time, I met only one guy who was non-white," he recalls. "It's an entirely white problem."

His book provides a bit of history that starts with the Harrison Narcotics Tax Act of 1914, which placed strict regulations on the use of opium, opioids (such as morphine and heroin), and any derivative. Because opioids are so addictive, for decades they were used primarily to treat severe, chronic pain in cancer patients. But around 1980, attitudes in the medical community began to ease, and the World Health Organization published recommendations that raised awareness about the importance of pain treatment. In 1984, a little pharmaceutical company, Purdue Frederick, released MS Contin, an extended-release morphine pill. It was developed for use in cancer and post-op patients. The timed-release feature, it was presumed, would make the drug less addictive.

By the late 1990s, the new medical thinking was that long-term treatment of chronic-pain patients with opioids could be done safely. Meanwhile, in 1996 Purdue Frederick released OxyContin under a subsidiary, Purdue Pharma. Doctors were telling patients it was "virtually nonaddicting." By the year 2000 it was a billion-dollar drug. Addicts quickly learned to crush the pills and snort, inject, or swallow them, consuming 12 hours' worth of oxycodone (the drug's generic name) at once. In rural areas like Appalachia, greedy doctors set up "pill mills" and indiscriminately handed out prescriptions. Grandmothers were being arrested for selling their stash for extra cash. The drug got a nickname: hillbilly heroin. Oxycodone prescriptions for the treatment of non-cancer-related pain rose almost tenfold between 1997 and 2010, as America gobbled up 80 percent of the world's supply by 2012.

And by 2009, deaths from drug overdoses surpassed car crash fatalities for the very first time in the United States.

People who couldn't obtain a Medicaid card to pay for Oxy were switching to heroin because the stuff coming up from Mexico was getting cheaper and better. A hit of heroin was costing about the same as a six-pack of beer. And that's how OxyContin, widely prescribed, became America's bridge to heroin addiction.

"These are enormously enslaving drugs," says Quinones. "Your whole life falls apart. You lose your family and your job. You're thrown out of your house and you're couch surfing." As your body's tolerance increases, you jack up your doses, you take it with "benzos" like Xanax—and hello, you could end up another Philip Seymour Hoffman.

So why wasn't this addiction scourge hitting the African American and Latino communities?

Tom Schenitz/Tfunk Archive



One possible explanation is that those populations have a tougher time obtaining opioid prescriptions. Another is that heroin hit their communities first, back in the 1970s. As a reporter working in East Los Angeles, Quinones noted a "cultural revulsion" against heroin, as people remembered that gang member in the family who turned into a junkie. "That's such a scuzzy drug," people told me," says Quinones. "Nobody wants to be a *tecato*, which is a Mexican word for junkie."

Seeing the Problem Firsthand

On a recent Friday, Elvis Rosado got into his 2002 Jeep at Prevention Point Philadelphia, where he's education coordinator for what started out as a syringe exchange program, and drove four hours to rural Tioga County at the top of the state. It's Norman Rockwell America: hardworking, hard-scrabble, and 97 percent white.

Rosado was carrying 20 blue bags labeled "Overdose Prevention Rescue Kit," and prescriptions for 120 more naloxone kits. Naloxone is a drug that blocks the action of heroin on the brain's receptor cells. "They have a serious heroin overdose problem in Tioga County," he says, "and no resources to combat it."

That evening he spoke to an audience of about 100 police, EMTs, nurses, and parents in a classroom at a local college; a hundred more were on a waiting list. He handed out the kits and prescriptions. A quick survey of the audience found that a third had witnessed at least one overdose death.

Lisa Appleby, 29, a former nurse working as a recovery specialist at a local counseling center, had invited Rosado to speak. "He came because people are dying," she says. "It's ripping apart our communities, and it's getting worse." Appleby knows, because she's a recovering heroin addict. She was prescribed OxyContin after the birth of her first child. ("Why? Good question.") When her doctor stopped prescribing it for her, she bought Oxy on the street (if you can say that in Tioga County) and then switched to heroin, which was cheaper. She started injecting and in a few months lost her job, home, marriage, and kids and landed in jail.

Having naloxone on hand can mean the difference between life and death. Rosado taught the audience how to recognize an OD and how to administer the antidote. "It saves addicts' lives until they're ready to save their own," Appleby says.

One such addict is Dave (not his real name). When I spoke with him, Dave said he'd taken his last dose of heroin. "I'm going to start a home detox tomorrow," he said. "It's time. I'm pretty stoked, actually." He explained that he had stocked up on nutritious food, filled his Netflix queue with comedies, and was as ready as anyone can be

for a week of diarrhea, sleeplessness, and withdrawal pain so bad "it feels like someone is peeling the skin off your body."

Dave admits to doing all kinds of drugs back in the '70s and '80s, but he didn't take opioids until he was in his 40s. "I was addicted to OxyContin for a year and a half," he says. "I got it prescribed by a Mexican doctor, and it came via UPS to my house in Purdue Pharma bottles with Spanish labels." He quit but went back to it for a year as he approached 50. That time it drained his meager savings. Shortly afterward, his girlfriend of nine years left.

For the past several years Dave has been hooked on heroin, except for the year when he bought suboxone on the street. Suboxone is a methadone-like drug that attaches to the same receptors in the brain as opioids but without the high. He got along on that for \$10 a week until he couldn't get it anymore. So four months ago he went back to his \$50-a-day heroin habit.

He's 56 years old. Either he is oddly upbeat or he talks a very good game.

"I have a lot to live for," he says. "I feel like I've gone through so much shit that I don't deserve it anymore. I could get really pessimistic right now and say, 'I'm an archetypal white male without a lot of skills on paper. I'm fucked.' But I don't feel that way. I feel like, if you disregard all that and forge ahead, then you're going to do something. You're going to win."

Was he this optimistic five or 10 years ago? "No, no, no. No."

Okay, Dave. Maybe you're on the right side of the curve. Maybe you really will stop chasing the dragon. We wish you the best of luck.

You'll need it. ■

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