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**Tsunami of despair**

Long before the virus, many Americans were sinking under waves of despair. Without transformative policies, that despair, with the added fuel of the pandemic, may turn into a tsunami. The aftermath could leave communities under rubble for decades to come.

Just in the 21st century, Americans have been threatened by everything from foreign and domestic terrorism to an increasingly aggressive and militarized police. Unable to count on jobs, adequate safety nets, or health care, they have watched the affluent make a killing on Wall Street. They have been spoken down to by politicians and the media, sensing that unless they are rich, the political system will ignore their voices. As research has shown time and time again, they were right.

Accused of being bitterly divided, when Americans agreed on something, like a single national program to provide health care coverage run by the government, their preferences were dismissed by their representatives (including the new president) as radical or impossible. Things that make life worthwhile and bearable, like an affordable education or a dignified retirement, grew increasingly out of reach. The middle class was turning into a relic. The people watched America devolve into what looked like a third-world country, with two separate economies in which experiences, prospects and even life spans diverged.

Life expectancy in America dipped for the first time in decades in 2015. Experts hoped it was a fluke. It wasn’t. It happened again in 2016. And again in 2017. Not since the Spanish flu had such a decline lasted so long. Many suspected economic inequality was a driving factor, noting that while poor and middle-class Americans were dying younger, the richest were not only living it up, but living longer. A recent Danish study shows that from 2001 to 2014, the life expectancies of wealthy Americans grew 140% faster than those in low-income groups – an outlier among nations.

In a 2015 study, Princeton economists Anne Case and Angus Deaton sounded the alarm about midlife white men and women without college degrees dying by suicide, drug overdoses, and alcohol-related ailments at record rates. People in these groups reported feeling sicker, more stressed-out, more prone to chronic pain, and less able to work and cope with daily activities. While their incomes were higher than Hispanics and African-Americans without college degrees, these whites felt a sense of chronic loss.

Case and Deaton termed the trend “deaths of despair” – what happens when you can’t get ahead no matter what you do. In a book released in March 2020, they named America’s greed-driven opioid epidemic, job instability, a predatory health care system, shredded social safety nets, unbalanced labor markets, and globalization policies as factors contributing to the tragedy. The United States stood out among nations for its inequities.

Before the pandemic, sociologist Shannon Monnat of Syracuse University was tracking deaths of despair by drug overdose, especially those linked to the opioid scourge. She concluded that while Big Pharma behaved horribly in pushing drugs it knew to be highly addictive, opioids would not have seized communities in a death-grip without the growing gap between haves and have-nots. Policies had an impact on mortality, blocking access to medical care and failing to promote decent, secure employment. Inequality was killing people.

Her research, focused on whites (the group with the highest drug mortality rates over the last two decades, other than American Indians), showed a pattern of people dropping like flies in both cities and distressed rural communities that relied on disappearing manufacturing and mining jobs, as well as lower-paid, more insecure service industry employment. She found that misery in those places didn’t just happen. It was stoked by politicians who refused to address jobs or health care or safety nets. When the pharma reps came to town, they found a worn-out population ripe for exploitation. Monnat saw that in communities with more economic stability, a strong social safety net, and better quality jobs, fewer people were dying from opioids.

Monnat is now working with a team conducting field research on how the coronavirus pandemic is impacting populations of drug users in New York state. What she is finding has her worried about the growing contagion of despair.

The Centers for Disease Control (CDC) has already reported a rise in overdose deaths in the US during the COVID-19 crisis, with synthetic opioids fingered as the primary culprit. Monnat notes that the reason for the increase is not yet clear. While isolation and loneliness due to the shutdown may certainly play a role, she also considers the decreased ability of people with addiction to access in-person treatment and recovery programs, the challenges of telemedicine, and changes to treatment protocols.

Monnat also noted that, “the supply chain for drugs, just like the supply chain for toilet paper, has been significantly interrupted by COVID-19, causing further chaos.” For example, the United Nations Office on Drug and Crime reports a decline in the international production of heroin and disruptions to its distribution due to factors like reduced air travel and border scrutiny. This has brought to the drug scene more fentanyl, a synthetic opioid pain reliever which is 50 to 100 times stronger than morphine. Drug smugglers like fentanyl because it’s cheap to transport: a small amount packs a powerful punch.

Monnat observes that fentanyl was already a huge problem before the pandemic and responsible for most drug overdose increases over the past three years. Now, the deadly substance is even more prevalent, often mixed in with other drugs as a filler and showing up not just in heroin supplies, but also in cocaine and methamphetamines. Some overdoses may result from people not knowing what they’re getting. “Fentanyl is increasingly showing up in pressed pill format,” says Monnat,” so people think they’re buying an Oxy on the street but it’s actually a fentanyl pill.”

Monnat’s research on drug use currently focuses on upstate, central and western New York. With her team at Syracuse’s Lerner Center for Public Health Promotion, she is asking people about their patterns of use and treatment experiences both before and after the pandemic, along with things like job and family stress and mental and emotional health.

Excerpted: ‘Is America's Current

Capitalist System Equipped To Handle the Potential Tsunami of Despair After COVID?’

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