

# Opioid Addiction, Suicides Caused Decline in Life Expectancy

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

August 30, 2023

## STORY AT-A-GLANCE

- › Life expectancy in the U.S. declined for the first time in two decades in 2015. The trend continued in 2016, and the data for 2017 show the downward trend continuing for the third year in a row, which makes it the longest downward trend since World War I and the 1918 flu pandemic
- › Average life expectancy for the U.S. population in 2017 was 78.6 years, down from 78.7 years in 2016. Life expectancy for men also declined, from 76.2 years in 2016 to 76.1 years in 2017, while life expectancy for women remained stable at 81.1 years
- › The drop in life expectancy is being attributed to a combination of still-increasing drug overdoses – especially from fentanyl – and a 3.7% rise in suicides
- › In 2017, the suicide rate was 14 per 100,000, up from 10.5 in 1999, concentrated in rural America, with middle-aged women committing suicide at a greater rate than men
- › With more than 47,000 Americans committing suicide in 2017, about 2,000 more than the year before, it's the highest suicide death rate in at least 50 years

***Editor's Note: This article is a reprint. It was originally published December 13, 2018.***

Two years ago, U.S. Centers for Disease Control (CDC) data revealed a sudden drop in life expectancy in the U.S. for 2015.<sup>1,2</sup> It was the first decline in 20 years. The trend continued in 2016,<sup>3</sup> and the latest data for 2017<sup>4</sup> show the downward trend continuing

for the third year in a row, which makes it the longest downward trend since World War I and the 1918 flu pandemic.<sup>5</sup>

Overall, the average life expectancy for the total U.S. population in 2017 was 78.6 years, down one-tenth of a percentage point from 2016. Life expectancy for men also declined, from 76.2 years in 2016 to 76.1 years in 2017, while life expectancy for women remained stable at 81.1 years.

In all, life expectancy for Americans has fallen by about four months over the past three years. Robert Anderson, chief of mortality statistics at the CDC, commented on the latest report:

*"The idea that a developed wealthy nation like ours has declining life expectancy just doesn't seem right. If you look at the other wealthy countries of the world, they're not seeing the same thing."*<sup>6</sup>

Christopher Murray, the director of the Institute for Health Metrics and Evaluation at the University of Washington, also commented, saying the data "confirms that there's a profound change in the trajectory of mortality. This should really be getting everyone's attention in a major way."<sup>7</sup>

## **Drug Overdoses Drive Declining Life Expectancy in US**

The initial decline in 2015 was primarily attributed to a rise in several categories of preventable deaths,<sup>8</sup> including **opioid overdoses**, highlighting the failure of the American health care system to properly address the root causes of chronic disease and rein in the burgeoning opioid addiction epidemic.

The decline in 2016 was again driven largely by an increased number of deaths among younger Americans, fueled by opioid and fentanyl overdoses, while the 2017 drop is being attributed to a combination of still-increasing drug overdoses — especially from fentanyl — and a 3.7% rise in suicides.<sup>9,10</sup>

In 2017, the suicide rate was 14 per 100,000, up from 10.5 in 1999, concentrated in rural America, with middle-aged women committing suicide at a greater rate than men. With more than 47,000 Americans committing suicide in 2017, about 2,000 more than the year before, it's the highest suicide death rate in at least 50 years.<sup>11</sup>

The rise in suicide has also demolished the old stereotype that only chronically depressed people take their own lives. In reality, more than half of those who commit suicide have no known mental health problem at the time of death.<sup>12,13</sup>

Relationship problems, substance abuse, physical health problems, work and/or financial stress, legal problems and loss of housing are all contributing factors for suicide.<sup>14</sup> CDC principal deputy director Dr. Anne Schuchat told CBS News:<sup>15</sup>

*"Our data suggests that suicide is more than a mental health issue. We think that a comprehensive approach to suicide is what's needed. If we only look at this as a mental health issue, we won't make the progress that we need."*

## **Fentanyl-Related Deaths Nearly Double**

Overall, about 70,000 more people died in 2017 than the year before,<sup>16</sup> a number which is incidentally nearly identical to the number of people who died from drug overdoses that year, totaling 70,237 in all.<sup>17</sup>

Disturbingly, while overdose deaths relating to prescription opioids seem to have leveled off, deaths from fentanyl (a synthetic opioid that is far stronger) are increasingly sharply. According to Joshua M. Sharfstein, vice dean for public health practice and community engagement at the Johns Hopkins Bloomberg School of Public Health, "The opioid market has been completely taken over by fentanyl."<sup>18</sup>

The most recent data suggests fentanyl-related deaths rose from 19,413 in 2016 to nearly 28,466 in 2017<sup>19</sup> — a 47% increase. Fentanyl-related deaths also more than doubled between 2015 and 2016.

As reported by The Atlantic,<sup>20</sup> "Three reports released by the [CDC] ... paint a bleak picture of a country in which people are growing sick, using drugs and dying young — many of them by their own hand." And, as noted in The Washington Post:<sup>21</sup>

*"Sharfstein said the most lamentable aspect of the crises is that policymakers know which approaches make a difference, such as medically assisted treatment for drug abusers and increased availability of mental health services in states where they are lacking.*

*'So the frustration that many of us feel is that there are things that could save many lives,' he said, 'and we are failing to make those services available.'*

## **Top 10 Leading Causes of Death in 2017**

In order, the 10 leading causes of death in the U.S. in 2017 were:<sup>22</sup>

1. Heart disease
2. Cancer
3. Unintentional injuries (which includes drug overdoses)
4. Chronic lower respiratory diseases
5. Stroke
6. Alzheimer's disease
7. Diabetes
8. Influenza and pneumonia
9. Kidney disease
10. Suicide

Of course, this ranking is biased and fails to integrate a more comprehensive analysis that includes medical errors. If you include medical errors in the calculation, you find that **conventional medicine is the third leading cause of death.**

I actually coined the term that doctors are the third leading cause of death in an article I published in 2000 after reading the print JAMA article by Dr. Barbara Starfield,<sup>23</sup> and did the calculations based on her data. The term ended up being copied by many other sites. Ironically, Starfield, a medical doctor with a Ph.D. from Stanford, died from a medical mistake. She suffered a stroke from taking Plavix.<sup>24</sup>

## **What's Driving the Rises in Drug Overdoses and Suicides?**

Reigning in drug overdoses and suicide rates will likely require more than improved availability of treatment. We also need to understand the underlying causes. As suggested by Dr. William Dietz, disease prevention expert at George Washington University, I agree there appears to be a sense of hopelessness beneath these self-destructive trends. CBS News reports:<sup>25</sup>

*"Financial struggles, a widening income gap and divisive politics are all casting a pall over many Americans, [Dietz] suggested. 'I really do believe that people are increasingly hopeless, and that that leads to drug use, it leads potentially to suicide,' he said."*

I would suggest social disconnection may also be part of the problem. While social media keeps us connected to many, it actually tends to alienate us from those closest to us, as trying to have a conversation with someone sitting with their nose glued to a screen hardly encourages intimacy. Social media also tends to be a source of stress.

Yet another important, yet frequently overlooked contributor to depression and other neuropsychiatric disorders is the electromagnetic field exposure from all of these wireless devices. In 2016, Martin Pall, Ph.D., wrote a magnificent and comprehensive review on this that is available for free online.<sup>26</sup> In it, he reviews how regular exposure to low intensity microwaves, like those from your cellphone and Wi-Fi, impact your nervous system.

## **Social Media Use Linked to Stress and Feeling Disconnected**

According to the American Psychological Association's (APA) 2017 Stress in America survey,<sup>27</sup> only 7% of American adults used social media in 2005. By 2015 that had grown to 65%. Among 18- to 29-year-olds, usage grew from 12 to 90% in that same timeframe.

A constant checker is someone who checks their email, text messages and social media accounts "constantly" throughout the day; 43% of Americans fit this bill, according to the APA, but they may be sacrificing their health as a result.

While non-checkers reported a stress level of 4.4 on a scale of 1 to 10 (with 10 being "a great deal of stress"), constant checkers' average stress level was 5.3. This climbed to 6 among those who constantly checked their work email even during their days off.

The use of technology is in itself a source of stress for some Americans, especially when it's not working properly, and especially for constant checkers (23% compared to 14% of non-constant checkers). Meanwhile, constant checkers faced increased stress from social media, compared to non-checkers, namely due to political and cultural discussions.

Constant checkers were also more likely to report feeling disconnected from family due to technology, including when they're together, while 35% of this group also admitted social media made in-person meetings with family and friends less likely.

All of this makes identifying suicide risk all the more difficult, especially since about half of all suicides occur more or less without warning, triggered by an "acutely" stressful episode, such as the loss of a relationship or job, or sudden, deep feelings of alienation.

## **Know the 12 Warning Signs of Suicide, and How to Help**

While some are better at keeping their depression and any thoughts of suicide well hidden, even from the ones they love, it's important for everyone to recognize the warning signs, and what they can do to help. According to the CDC, the 12 warning signs that someone may be contemplating or getting close to suicide are:<sup>28</sup>

Feeling like a burden

Being isolated

---

Increased anxiety	Feeling trapped or in unbearable pain
Increased substance use	Looking for a way to access lethal means
Increased anger or rage	Extreme mood swings
Expressing hopelessness	Sleeping too little or too much
Talking or posting about wanting to die	Making plans for suicide

---

If you notice one or more of these signs, take the following five steps to help.

1. Ask how they are feeling and if they are considering ending their life, or if they have a plan to do so
2. Don't let them be alone and do your best to keep them safe
3. Make yourself available to them
4. Reach out to them daily and help them connect to others
5. Follow up

**If you live in the U.S. and are having thoughts of suicide, call the National Suicide Prevention Lifeline at 1-800-273-8255 or text 741-741 for the Crisis Text Line.<sup>29</sup> If you are in danger of acting on suicidal thoughts, call 911 for immediate assistance.**

For more information about how to prevent suicide, see [bethe1to.com](https://www.bethe1to.com). You can also find more information on key dietary considerations and helpful nutritional supplements in "[Suicide Is on the Rise – Know the Warning Signs, and How to Help.](#)"

## **What Can You Do to Overcome Opioid Addiction?**

If you're struggling with opioid addiction, please seek professional help immediately. At the same time, a major step toward health when dealing with chronic disease of any

kind, including opioid addiction, is to make dramatic changes to your diet and lifestyle.

Below are four areas to address as a primary strategy:

- Eliminate or radically reduce your consumption of grains and sugars
- Increase your intake of animal-based omega-3 fats
- Optimize your production of vitamin D
- Radically reduce your intake of processed foods

Beyond that, if you suffer from chronic pain of any kind, know there are many natural, safe and effective alternatives to over-the-counter and prescription painkillers, including the following:

**Medical cannabis** — Medical marijuana has a long history as a natural analgesic and is now legal in 33 states. You can learn more about the laws in your state on [medicalmarijuana.procon.org](http://medicalmarijuana.procon.org).<sup>30</sup>

---

**Kratom** — **Kratom** (*Mitragyna speciosa*) is a plant remedy that has become a popular opioid substitute.<sup>31</sup> (In August 2016, the DEA issued a notice saying it was planning to ban kratom, listing it as Schedule 1 controlled substance. However, following massive outrage from kratom users who say opioids are their only alternative, the agency reversed its decision.<sup>32</sup>

Be aware, however, that STAT News uncovered documents<sup>33</sup> in November 2018 showing that the FDA, HHS and National Institute on Drug Abuse formally asked the DEA in October 2017<sup>34</sup> to classify kratom as a Schedule 1 drug, so this is still a developing issue.)

Kratom is safer than an opioid for someone in serious and chronic pain. However, it's important to recognize that it is a psychoactive substance and should be used with great care. There's very little research showing how to use it safely and effectively, and it may have a very different effect from one person to the next. The other issue to address is that there are a number of different strains available with different effects.



Also, while it may be useful for weaning people off opioids, kratom is in itself addictive. So, while it appears to be a far safer alternative to opioids, it's still a powerful and potentially addictive substance. So please, do your own research before trying it.

---

**Low-Dose Naltrexone (LDN)** – Naltrexone is an opiate antagonist, originally developed in the early 1960s for the treatment of opioid addiction. When taken at very low doses (LDN, available only by prescription), it triggers endorphin production, which can boost your immune function and ease pain.

---

**Curcumin** – A primary therapeutic compound identified in the spice turmeric, curcumin has been shown in more than 50 clinical studies to have potent anti-inflammatory activity. Curcumin is hard to absorb, so best results are achieved with preparations designed to improve absorption. It is very safe and you can take two to three every hour if you need to.

---

**Astaxanthin** – One of the most effective oil-soluble antioxidants known, astaxanthin has very potent anti-inflammatory properties. Higher doses are typically required for pain relief, and you may need 8 milligrams or more per day to achieve results.

---

**Boswellia** – Also known as boswellin or "Indian frankincense," this herb contains powerful anti-inflammatory properties, which have been prized for thousands of years. This is one of my personal favorites, as it worked well for many of my former rheumatoid arthritis patients.

---

**Bromelain** – This protein-digesting enzyme, found in pineapples, is a natural anti-inflammatory. It can be taken in supplement form, but eating fresh pineapple may also be helpful. Keep in mind most of the bromelain is found within the core of the pineapple, so consider eating some of the pulpy core when you consume the fruit.

---

**Cayenne cream** – Also called capsaicin cream, this spice comes from dried hot peppers. It alleviates pain by depleting your body's supply of substance P, a chemical component of nerve cells that transmit pain signals to your brain.

---

---

**Cetyl myristoleate (CMO)** – This oil, found in dairy butter and fish, acts as a joint lubricant and anti-inflammatory. I have used a topical preparation of CMO to relieve ganglion cysts and a mild case of carpal tunnel syndrome.

---

**Evening primrose, black currant and borage oils** – These oils contain the fatty acid gamma-linolenic acid, which is useful for treating arthritic pain.

---

**Ginger** – This herb is anti-inflammatory and offers pain relief and stomach-settling properties. **Fresh ginger** works well steeped in boiling water as a tea, or incorporated into fresh vegetable juice.

---

## Sources and References

---

- <sup>1, 8</sup> [STAT News December 8, 2016](#)
- <sup>2</sup> [CDC.gov, Mortality in the US, 2015](#)
- <sup>3</sup> [CDC.gov, Mortality in the US, 2016](#)
- <sup>4, 22</sup> [CDC.gov, Mortality in the US, 2017](#)
- <sup>5, 18, 19, 21</sup> [Washington Post November 29, 2018](#)
- <sup>6, 17</sup> [New York Times November 29, 2018](#)
- <sup>7, 20</sup> [The Atlantic November 29, 2018](#)
- <sup>9</sup> [NCHS Data Brief No. 330, November 2018](#)
- <sup>10</sup> [USA Today November 29, 2018](#)
- <sup>11, 13, 15</sup> [CBS News June 7, 2018](#)
- <sup>12, 14, 28</sup> [CDC.gov, Suicide Rising Across the US](#)
- <sup>16, 25</sup> [CBS News November 29, 2018](#)
- <sup>23</sup> [JAMA. 2000;284\(4\):483–485](#)
- <sup>24</sup> [Archives of Internal Medicine, Chronicle of an Unforetold Death, August 13-27, 2012](#)
- <sup>26</sup> [Journal of Chemical Neuroanatomy September 2016; 75, Part B: 43-51](#)
- <sup>27</sup> [APA, Stress in America 2017: Technology and Social Media](#)
- <sup>29</sup> [Crisistextonline.org](#)
- <sup>30</sup> [medicalmarijuana.procon.org, Laws, Fees, and Possession Limits](#)
- <sup>31</sup> [Current Topics in Medicinal Chemistry 2011;11\(9\):1165-75](#)
- <sup>32</sup> [Washington Post October 12, 2016](#)
- <sup>33</sup> [STAT, HHS Recommended That the DEA Make Kratom a Schedule I Drug, Like LSD or Heroin, November 9, 2018](#)
- <sup>34</sup> [HHS, Letter to DEA Acting Administrator Robert W. Patterson, October 17, 2017](#)