RESEARCH LETTER

Trends in Deaths of Despair by Race and Ethnicity From 1999 to 2022

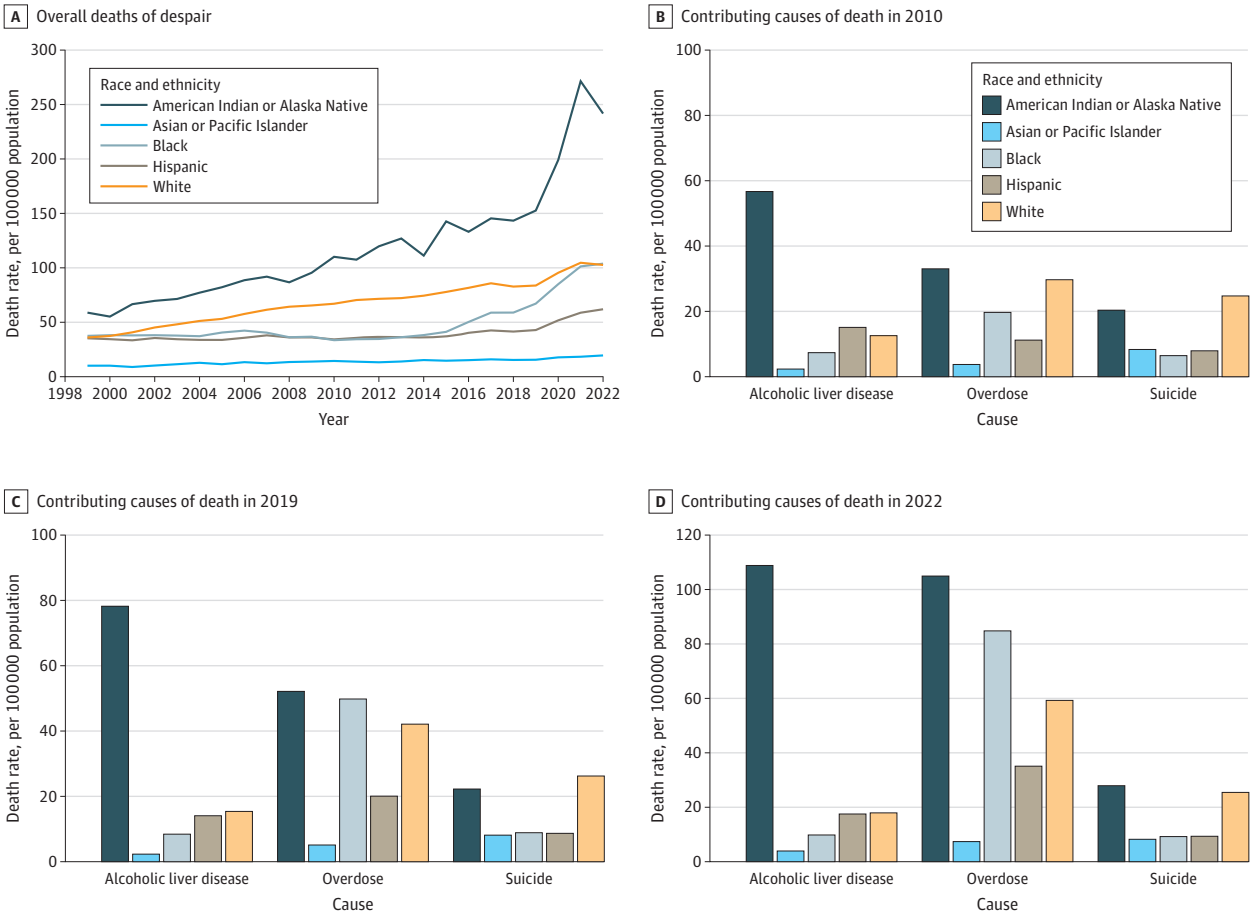
The deaths of despair theory is influential in understanding the declining health status among people in the US.[1,2] The seminal analysis[1] on the topic highlighted that midlife deaths from suicide, drug overdose, and alcoholic liver disease were driving a unique decrease in life expectancy among White individuals. Deaths from these causes have been collectively referred to as deaths of despair and have been argued to be associated with declining social and economic conditions and a perceived loss of status, especially among White US individuals without a college degree.[3] We assessed trends by race and ethnicity in deaths of despair, especially in the years following the seminal analysis,[4] during which increases in racial and ethnic inequalities were reported for numerous causes of death.

Supplemental content

Methods | This cross-sectional study leveraged records from the Centers for Disease Control and Prevention WONDER database to calculate midlife (age, 45-54 years) mortality from deaths of despair in the US from January 1999 to December 2022 (eMethods and eTable in Supplement 1). Race and ethnicity were used as defined in the underlying data. We followed the STROBE reporting guideline. This study was deemed exempt from review and informed consent by the University of California, Los Angeles, institutional review board because it used publicly available, deidentified aggregate records. Analysis was performed using R, version 4.3.1.

Results | In 2013, the final year of data included in the seminal analysis on deaths of despair,[1] the total midlife mortality

Figure. Deaths of Despair by Race and Ethnicity, 1999-2022



Data representing American Indian or Alaska Native, Asian or Pacific Islander, Black, and White groups refer to non-Hispanic individuals in each group.
A, Total deaths of despair among individuals aged 45 to 54 years. D, Data from 2022 are provisional, and small changes may occur in subsequently released values.

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rate from these causes among White individuals was 72.15 per 100 000 population, 1.99 times the rate of 36.24 per 100 000 among Black individuals (**Figure**). After 2015, there was a sharp increase in deaths of despair among Black individuals. By 2022, the death rate nearly tripled among Black individuals, rising to 103.81 per 100 000 compared with 102.63 per 100 000 among White individuals.

The midlife mortality rate from deaths of despair among American Indian or Alaska Native individuals was significantly higher than that among White individuals from 1999 to 2022. In 2022, the midlife death rate from these causes among American Indian or Alaska Native individuals was 241.70 per 100 000, 2.36 times the rate among White individuals.

The rising burden of deaths of despair among racial and ethnic minoritized communities reflects higher rates of drug overdose mortality among American Indian or Alaska Native (104.95 per 100 000) and Black (84.80 per 100 000) individuals in 2022 compared with White individuals (59.26 per 100 000). The rate of midlife deaths from alcoholic liver disease among American Indian or Alaska Native individuals (108.83 per 100 000) was 6.07 times the rate among White individuals (17.92 per 100 000) in 2022. Rates of midlife suicide deaths remained elevated among American Indian or Alaska Native (27.92 per 100 000) and White (25.45 per 100 000) individuals in 2022 compared with 9.21 per 100 000 among Black individuals.

Discussion | Midlife mortality from deaths of despair has risen sharply since the concept was defined, with particularly large increases for American Indian or Alaska Native and Black individuals. As of 2022, rates among Black individuals were higher than rates among White individuals, and rates among American Indian or Alaska Native individuals remained higher than rates in the other groups. Study limitations include possible misclassification of race and ethnicity, which could underestimate observed inequalities, and ecological design that precludes measuring causality of underlying factors.

Rising inequalities in deaths of despair among American Indian or Alaska Native and Black individuals were largely attributable to disproportionate early mortality from drug- and alcohol-related causes, which increased leading up to and during the COVID-19 pandemic. The increases have, in part, been associated with differential access to safety resources in the context of an increasingly toxic illicit drug supply, increased rates of polysubstance use, worsening economic precarity, and stark disparities in access to mental health and substance use treatment programs.[5,6] Interventions to address these challenges must be culturally appropriate and targeted to reduce inequalities.

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Acquisition, analysis, or interpretation of data: Friedman.
Drafting of the manuscript: Friedman.
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Geographic Penetration of Private Equity Ownership in Outpatient and Residential Behavioral Health

Private equity (PE) interest in behavioral health is thought to be due to favorable legislation around mental health parity, fragmentation of care delivery, high demand for services, and changing coverage policies.[1] However, little empirical evidence has shown the scale and scope of PE acquisitions in behavioral health across the US.

Supplemental content

Methods | In this cross-sectional study, we identified behavioral health practices acquired by PE between January 1, 2012, and July 31, 2023, using proprietary data from Pitchbook Inc and Levin Associates Healthcare M&A. Both financial databases track mergers and acquisitions and have been used in other studies to examine PE acquisitions across

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