

Suicide and drug overdose mortality in Australian young males as a socioeconomic malady

When mortality trends in Australian young adult (20–34 year) males are analysed over 1979–2011, some interesting features emerge.

First, a decline in motor vehicle accident mortality by half between 1980 and 1998 did not translate into reduced total mortality — because of simultaneous increases in suicide and drug-related (non-suicide) deaths from overdose or drug dependence (Fig. 1). Only when both suicide and drug-related deaths declined concurrently after 1998 did total mortality decline, by 46% over 1998–2011.

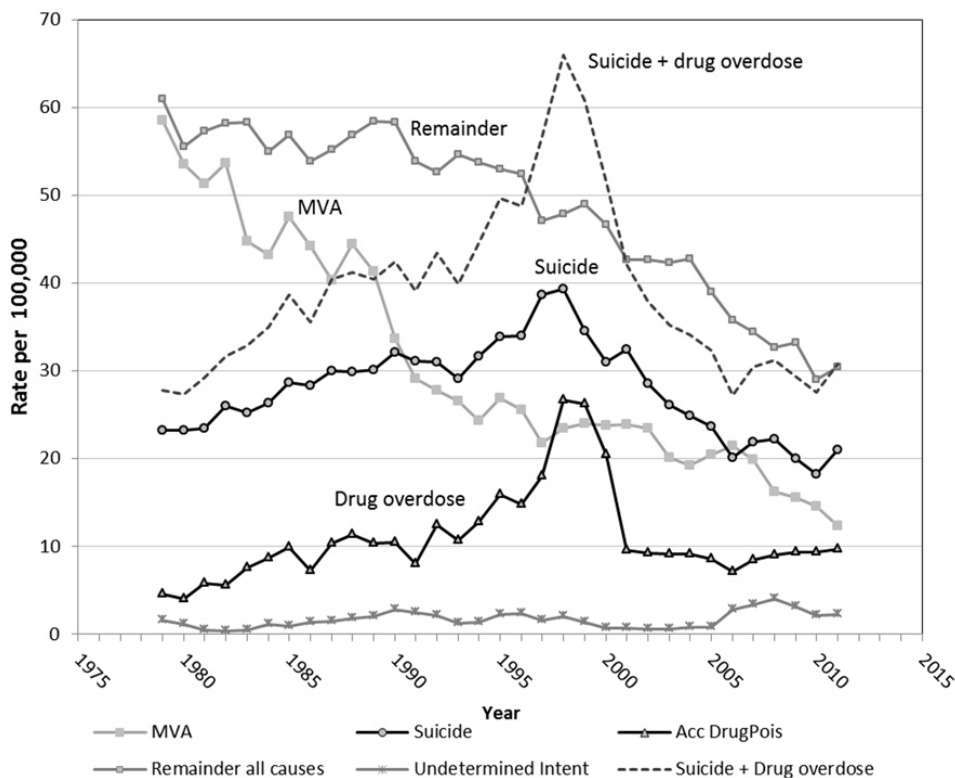


Fig. 1. External cause mortality in 20–34 year males (per 100,000), Australia 1979–2011. Drug overdoses include accidental drug overdoses and death from effects of the drug.

Second, the close temporal and statistically significant coincidence of increases and declines in suicide and drug-related deaths over 1979–2011 (excess deaths estimated as 5,000), suggests a common causal factor. A plausible candidate is labour market liberalisation and de-regulation of the 1990s.

How so? Much suicide and mental health literature suggests that a key component of traditional male ‘identity’ is occupation – ‘you are what you do’. If this core identity is removed or demeaned by unemployment or by degraded, dead-end or unfulfilling work, then a likely consequence can be lowered self-esteem and a loss of purpose and meaning in life. Consequently some may succumb to suicide, or to ‘self-medication’ resulting in accidental overdose.

Conventional wisdom explains the drug overdose mortality trend as primarily market driven, consistent with increased availability of heroin in Australia in the mid to late 1990’s, followed by a supply reduction in 2001. While such market scenarios explain part of the drug overdose trend, no adequate socioeconomic explanation has been proposed for the long-term increase in young male overdose deaths that preceded the mid-1990s (Fig. 1); nor has an explanation been offered for the dramatic decrease in drug overdose deaths occurring in 1999-2000, before the 2001 supply drop.

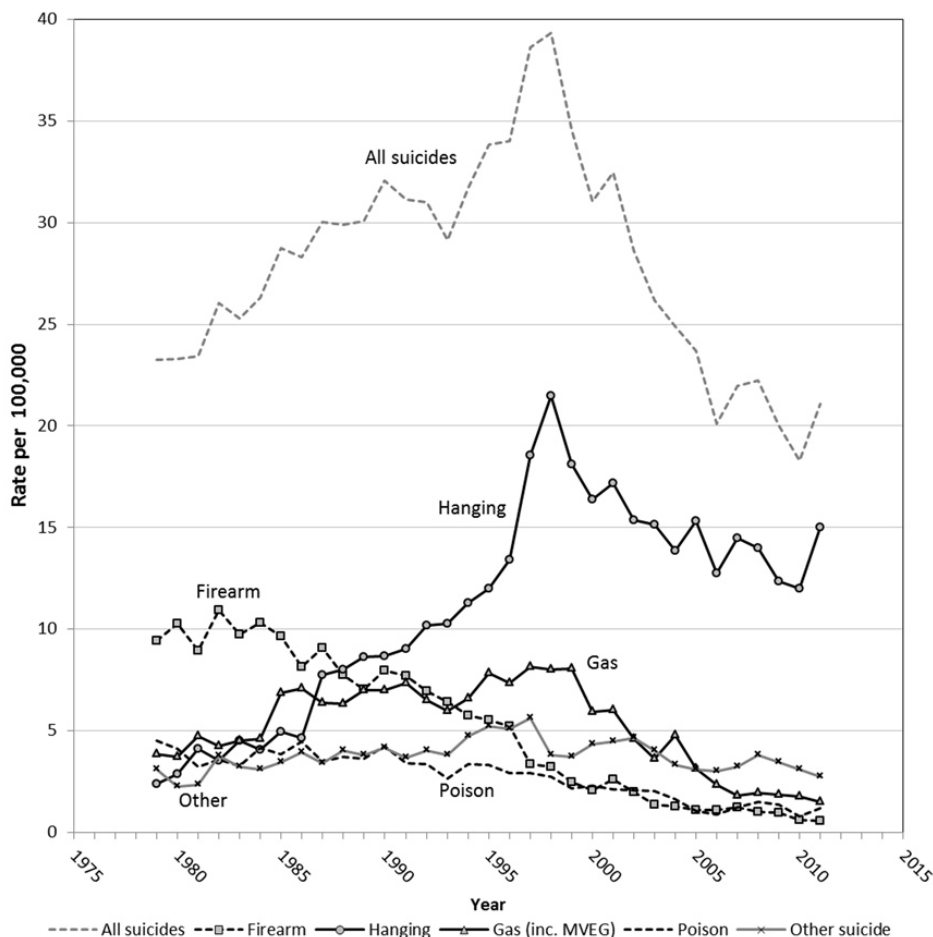


Fig. 2. Suicide mortality in 20–34 year males (per 100,000), Australia 1979–2011.

Conventional hypotheses explaining the Australian young male suicide decline centre on restrictions in means, particularly firearms. Yet major firearm restrictions introduced in 1996-97 had a relatively small effect on an already declining trend in firearm suicide (Fig. 2). More than offsetting the downward firearm suicide trend was the rise in hanging suicide. Subsequent declines in hanging after 1998 contributed 35% to the decline in total young male suicide. It is thus difficult to argue that reduced suicide rates from hanging is due to reduced availability of means. And as in drug overdose trends, few explanations are proffered for longterm rises in suicide rates.

Some socioeconomic context: from the late 1980s labour market changes were implemented when free market and free trade policies, coupled with weakened social protection, were adopted in many countries, relegating the poorest to unemployment, under-employment or lower quality employment, with consequent higher levels of income inequality and job insecurity.

We hypothesise the following scenario to explain the concurrent rises and falls in suicide and accidental drug overdose mortality in young males: young male workers, when their situation in the workforce was least secure due to youth and inexperience — and first experiencing unemployment and under-employment from the effects of economic recession and labour market deregulation in the 1980s and 1990s — overwhelmingly were forced to accept deleterious *changes* to their work situations that rendered them even more insecure through individual and short-term contracts, casualisation and reduction of other working conditions. Higher rates of suicide and accidental drug overdose would be plausible outcomes from consequent lowered life prospects and demeaned self-identity. In contrast, young workers first entering the workforce after 2000 following the labour market deregulation encountered these changed employment circumstances as the given norm with already lower expectations. Suicide and drug overdose mortality declined in 20–34 year males as a result of this influx of a younger cohort of workers, a pattern consistent with generational theory.

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