

Are diseases of despair on the rise?

Current issues: Diseases of despair

The stall in mortality improvements since the middle of the decade has wide-reaching implications for insurers. There have been several articles trying to pin the cause on a single driver, but in all likelihood, there are a number of aspects contributing to the slowdown. However, the more we can understand about the contributing factors, the better we will be at predicting whether this is, as the Institute and Faculty of Actuaries stated recently, “a new trend rather than a blip”¹.

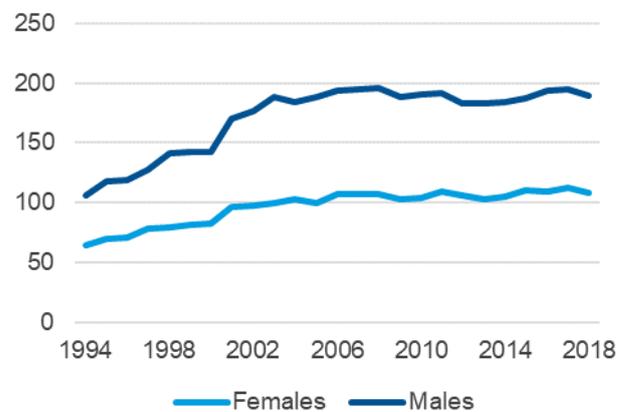
A paper by US professors Anne Case and Angus Deaton² blamed the lack of mortality improvement in white males over a sustained period on so-called ‘diseases of despair’. These are factors such as drug addiction, alcoholism, and mental health issues leading to suicide. While the premise of the paper (i.e. that white working class males in the US had not seen improving mortality in the 25 years from 1990) has been criticised, the idea that the rise and fall of certain diseases may correlate with a negative outlook across the population, is interesting. This is particularly true when we consider that austerity is often mentioned when discussing the fall in UK improvements.

So what evidence is there for an increase in diseases of despair in the UK?

The picture is mixed; however, if we look at drug-related deaths and deaths as a result of liver failure, there certainly appears to be evidence of increases in the last 25 years. Based on ONS statistics³, the rate of incidence per 100,000 of population for diseases of the liver has increased, but the increase appears to centre around the turn of the century.

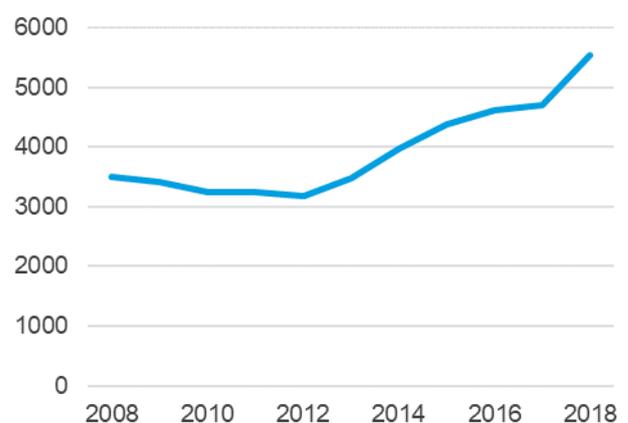
There is no clear indication of a recent increase; thus, there is not yet evidence that austerity has led to an increase in incidence or that alcohol-related deaths contribute to the recent slowdown of mortality improvements.

Graph 1: Incidence per 100,000 for diseases of the liver



Nonetheless, one thing worth bearing in mind is the significant lag one would expect between alcohol abuse and death in many cases; perhaps it is not possible to rule out the impact of austerity just yet. For drug-related deaths, the rise is more recent⁴.

Graph 1: UK drug deaths



¹ See Pike, H.

² See Case, A., & Deaton, A.

³ See Office for National Statistics, nomis.

⁴ See Office for National Statistics. (2019)

There appears to have been a sharp upturn since 2012, and possibly the start of a worrying trend. What is more, an increase of around 2,000 deaths a year is significant, accounting for around a third of a percent of total deaths in the UK. This could be a contributing factor to the reducing improvements.

The recent trends in suicide are more encouraging, with a steady decline over the last thirty years up to 2017⁵. However, data published recently shows that there was an increase year-on-year of around 12% in 2018⁶, taking the number of suicides to levels not seen since 2002. This is clearly very concerning, and throws into question the extent to which the stigma around mental health really is being broken down.

Overall, we cannot conclude that there is an overarching crisis related to diseases of despair in the UK on a national level. The evidence is not clear-cut and the number of deaths involved mean that in most cases, changes are not material when looking at overall mortality trends.

ONS data⁴ suggests differences at both a regional and socio-economic level, which would be worthy of investigation, and help to narrow down the applicability of the statistics to an insured population. Nationally, there are certainly some worrying results, particularly around drug-related deaths and the recent increase in suicides.

From an insurance point of view, this suggests that, in addition to a moral obligation, there does appear to be a business case for the industry to improve the mental health of its customers.

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⁵ See Office for National Statistics, nomis.

⁶ See Office for National Statistics. (2018)