

## 30% More People Died by Overdose in 2020

Analysis by [Dr. Joseph Mercola](#)

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### STORY AT-A-GLANCE

- From October 2019 to October 2020, there were 91,862 estimated overdose deaths in the U.S., which represents a 30% increase in 12 months
- Opioids, including oxycodone, hydrocodone and morphine, accounted for the majority of deaths — 68,399 — followed by synthetic opioids, such as fentanyl and tramadol
- Central Florida reported a 70% rise in drug overdose deaths during the height of the lockdown compared to a year prior
- Psychological distress, economic hardship, social isolation and closure of treatment clinics created the perfect storm for worsening the opioid crisis

From October 2019 to October 2020, there were 91,862 estimated overdose deaths in the U.S., which represents a 30% increase in 12 months.<sup>1</sup> Certain states had an even higher year-over-year increase, including Kentucky, with overdose deaths increasing 53.1%, and West Virginia, with a 48.4% increase.

Opioids, including oxycodone, hydrocodone and morphine, accounted for the majority of deaths — 68,399 — followed by synthetic opioids, such as fentanyl and tramadol.<sup>2</sup>

Epidemiologist Chelsea Shover of the UCLA David Geffen School of Medicine, speaking with BuzzFeed News, said, “Things were on a bad trajectory before, and now it has gotten even worse ... I can’t think of a way the pandemic made things better. The simple

fact that people are more isolated, and more likely alone when they overdose, means they can't get help.”<sup>3</sup>

A study by Shover and colleagues reported that overdose deaths from synthetic opioids increased 10-fold in the U.S. from 2013 to 2018.<sup>4</sup> Their research found fentanyl deaths increased 63% from 2019 to 2020, with a “fentanyl breakthrough” in western states driving the increases, which they fear will “dramatically worsen the nation’s already severe opioid epidemic in the long-term.”<sup>5</sup>

While U.S. overdose deaths were already on the rise prior to the COVID-19 pandemic, Shover’s study is among those that confirm the pandemic increased the deaths further as a result of the social and economic disruptions.<sup>6</sup>

## **Every US State Had a Spike in Overdose Deaths During Pandemic**

An issue brief released by the American Medical Association June 1, 2021,<sup>7</sup> confirmed, “The nation’s COVID pandemic made the nation’s drug overdose epidemic worse.” They cited a spike or increase in [overdose deaths](#) or other problems reported by every U.S. state during the pandemic.

Central Florida is one example, reporting a 70% rise in drug overdose deaths during the height of the lockdown compared to a year prior.<sup>8</sup> Andrae Bailey, founder and CEO of Orlando-based Project Opioid, told the Orlando Sentinel:<sup>9</sup>

*“This is an epidemic inside a pandemic. COVID-19 has caused an unprecedented mental health collapse in Central Florida, in Florida as a whole and across the country. People are emotionally, mentally and spiritually broken, and they are taking drugs that kill them at numbers we’ve never seen before.”*

During the 11-week stay-at-home order in Chicago, which stretched from March 21, 2020, to May 30, 2020, opioid overdose fatalities nearly doubled, rising from 23 deaths per week to 44.<sup>10</sup> When the [lockdown was lifted](#), the number of weekly deaths quickly declined and then began to creep up again near the end of the 29-week period, settling at 32.7 deaths per week.

Similar increases have been reported across the U.S. In Philadelphia, 2020 marked the highest number of drug overdose deaths since 2017,<sup>11</sup> while drug-related deaths in Honolulu hit a five-year high in 2020.<sup>12</sup>

## **A Perfect Storm for Worsening the Crisis**

Psychological distress associated with economic recessions and unemployment is a significant factor in increasing drug use among adults.<sup>13</sup> This, coupled with social isolation and disruptions to treatment, created the perfect storm for worsening the **opioid crisis**.

Closure of substance use treatment clinics during lockdown kept some people from accessing lifesaving care.<sup>14</sup> Disruptions of care during stay-at-home mandates are a major concern for people with opioid use disorder, who depend on regular face-to-face health care. Access to medications for addiction treatment was also restricted.

A report by the Well Being Trust and the Robert Graham Center for Policy Studies in Family Medicine and Primary Care estimated that up to 75,000 people may die during the COVID-19 pandemic from drug or alcohol misuse and suicide. These “deaths of despair” were exacerbated by:<sup>15</sup>

- Unprecedented economic failure paired with massive unemployment
- Mandated social isolation for months and possible residual isolation for years
- Uncertainty caused by the sudden emergence of a novel, previously unknown microbe

John Kelly, a professor of psychiatry in addiction medicine at Harvard Medical School, further told STAT that people with substance use disorder are hypersensitive to stress while being less able to experience rewards at normal levels — a particularly challenging combination during the pandemic.<sup>16</sup>

Some people who lost their supply of drugs due to the pandemic may have seen their tolerance fall rapidly, which could lead to overdose if they attempt to consume the

same amount after a pause.

## Social Isolation Was a Killer

The loss of social support and [isolation](#), however, was likely a major driving force in the sharp rise in deaths. If a person overdoses while alone, there's no one to call for help or to administer naloxone, an overdose-reversing drug.

There are even reports of stigma and discrimination, according to Dr. Peter Grinspoon, who recovered from opioid addiction and teaches medicine at Harvard Medical School.<sup>17</sup> He said in April 2020, "There are reports surfacing of police departments across the country that are refusing to offer naloxone to patients who have overdosed, on the pretext that it is too dangerous because the 'addict' might wake up coughing and sneezing coronavirus droplets."

Those struggling with addiction were also likely to find social isolation particularly daunting, as drug use accelerates in privacy. Speaking with STAT, Dr. Carla Marienfeld, a psychiatrist at UC San Diego Health, said:<sup>18</sup>

*"People can't be around friends, go outside to gyms and restaurants, all of those everyday activities that might mitigate anxiety and depression. Addiction thrives in secrecy and in the pandemic, you have more people alone and not accountable to friends and family."*

## Mental Health Took a Serious Hit

Even among a survey of 2,000 U.S. adults without a history of drug use, 88% reported at least one symptom that's indicative of mental health trauma in 2020, including:<sup>19</sup>

- Little interest or pleasure in doing things (52%)
- Having trouble falling or staying asleep (52%)
- Feeling down, depressed or hopeless (51%)

Among U.S. young adults aged 18 to 30 years, high levels of depression, anxiety and PTSD symptoms were also reported from April 13 to May 19, 2020,<sup>20</sup> which is about one month after a state of emergency was declared in the U.S. due to COVID-19 and when heavy restrictions were in place in most areas. Another team of researchers looking into the psychosocial impact of COVID-19 similarly reported:<sup>21</sup>

*“Disease itself multiplied by forced quarantine to combat COVID-19 applied by nationwide lockdowns can produce acute panic, anxiety, obsessive behaviors, hoarding, paranoia, and depression, and post-traumatic stress disorder (PTSD) in the long run.”*

The full **mental health** fallout from the COVID-19 pandemic won't be clear for years, but by September 2020 researchers had revealed that the prevalence of depression symptoms increased by more than threefold — from 8.5% before COVID-19 to 27.8% during the pandemic.<sup>22</sup> All of these circumstances — mental health trauma, anxiety, panic, depression and PTSD — have the potential to increase drug use and overdose.

## **Worsening Pain Could Further Opioid Addiction**

Another avenue of harm during the pandemic is worsening chronic pain. One woman told The Washington Post that her chronic pain, which stems from injuries she sustained inside the Pentagon during 9/11, became unmanageable during the pandemic, when her treatment strategies, which included physical therapy, acupuncture, electrostimulation and non-opioid medications, were disrupted.<sup>23</sup>

It's well known that social isolation worsens chronic pain,<sup>24</sup> which could lead people to seek out more powerful treatment options. As Linda Porter, director of the Office of Pain Policy at the National Institute of Neurological Disorders and Stroke, told the Post:<sup>25</sup>

*“Chronic pain can be incredibly burdensome. It seems to have become a bigger problem during covid than before covid. Isolation makes your pain worse. People couldn't get where they needed to go for care. Also, the pain cycle often includes depression and anxiety and all of this taken together has really, really affected peoples' lives.”*

Using opioids for as few as five days increases the risk of long-term use,<sup>26</sup> and many people who started out taking the drugs for back pain or other chronic pain end up addicted.

An estimated 21% to 29% of people prescribed opioids for chronic pain misuses<sup>27</sup> them and 8% to 12% develop an opioid use disorder. Many also transition to using heroin; an estimated 80% of heroin users misused prescription opioids first.

## Publicis Accused of Illegal Opioid Advertisements

Publicis, a partner of the World Economic Forum, which is leading the call for a Great Reset, is accused of placing illegal advertisements for OxyContin in the electronic medical records of patients and creating training materials for Purdue Pharma — the maker of OxyContin — sales reps on how to combat doctor's objections to the drugs.<sup>28,29</sup>

Publicis also developed strategies to counter opioid guidelines issued by the U.S. Centers for Disease Control and Prevention, and created “patient vignettes” to “humanize” the OxyContin brand and counter negative press about addiction risks.

At the beginning of May 2021, the Massachusetts attorney general filed a [lawsuit against Publicis](#),<sup>30</sup> which also claims the company was responsible for creating and sending thousands of deceptive emails to doctors, encouraging them to not only increase patients' dosages but also to prescribe the drug to patients who were already on less dangerous pain meds.<sup>31</sup>

Publicis appears to be playing an important role in the global censorship of information relating to COVID-19, and Publicis Health admitted its involvement in this agenda in an April 2021 tweet, in which they announced its partnership with NewsGuard, “to fight the ‘infodemic’ of misinformation about COVID-19 and its vaccines.”<sup>32</sup>

NewsGuard previously [classified Mercola.com as fake news](#) because we reported the SARS-CoV-2 virus as potentially having been leaked from the [biosafety level 4 \(BSL4\) laboratory](#) in Wuhan City, China, the epicenter of the COVID-19 outbreak. Now Publicis is

being sued for its role in creating Purdue's deceptive marketing for OxyContin, which is described as the "crime of the century."

## Help for Opioid Addiction

If you or a loved one is struggling with opioid addiction, the Substance Abuse Mental Health Service Administration<sup>33</sup> can be contacted 24 hours a day at 1-800-622-HELP. I also urge you to listen to my interview with Dr. Sarah Zielsdorf, in which she explains how [low-dose naltrexone \(LDN\), used in microdoses](#), can help combat opioid addiction and aid in recovery.

Using microdoses of 0.001 milligrams (1 microgram), long-term users of opioids who have developed a tolerance to the drug are able to, over time, lower their opioid dose and avoid withdrawal symptoms as the LDN makes the opioid more effective.

For opioid dependence, the typical starting dose is 1 microgram twice a day, which will allow them to lower their opioid dose by about 60%. When the opioid is taken for pain, the LDN must be taken four to six hours apart from the opioid in order to not displace the opioid's effects.

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