

The Intersection of Opioid Abuse, Overdose, and Suicide: Understanding the Connections

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CAPT

SAMHSA's Center for the Application
of Prevention Technologies



SAMHSA
Substance Abuse and Mental Health
Services Administration

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Objectives

- Describe the relationship between opioid abuse, opioid use disorder, and suicidality
- Define action steps for accessing state-, tribe-, jurisdiction-, and community-level data on suicidal behaviors, opioid abuse, and overdose
- Identify populations at increased risk for overdose and suicide death, and factors that contribute to these risks

Setting the Stage

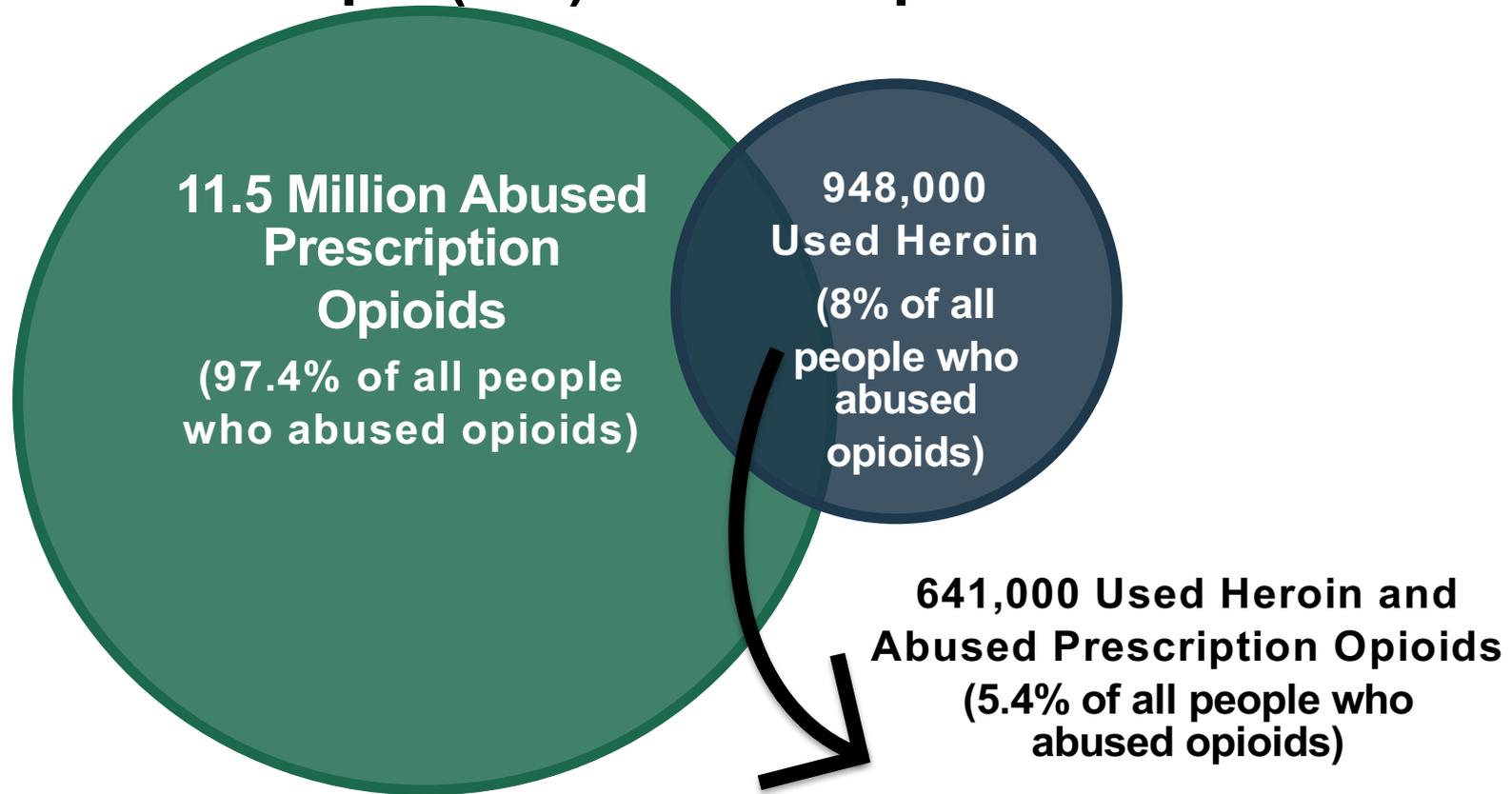
What questions would
YOU like to see
answered today?



National and Local Data on Opioid Abuse, Overdose, and Suicide

Opioid Abuse: Youth and Adults (2016)

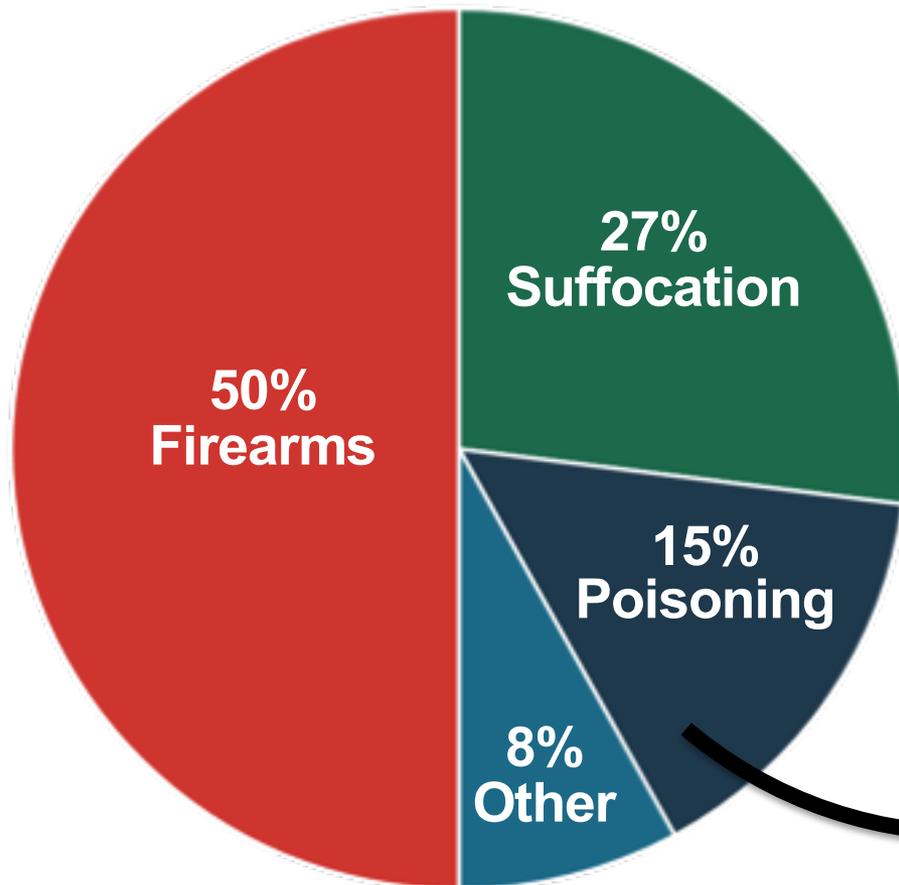
11.8 Million People (≥ 12) Abused Opioids in 2016¹



Suicidal Behaviors: Adults (2016)

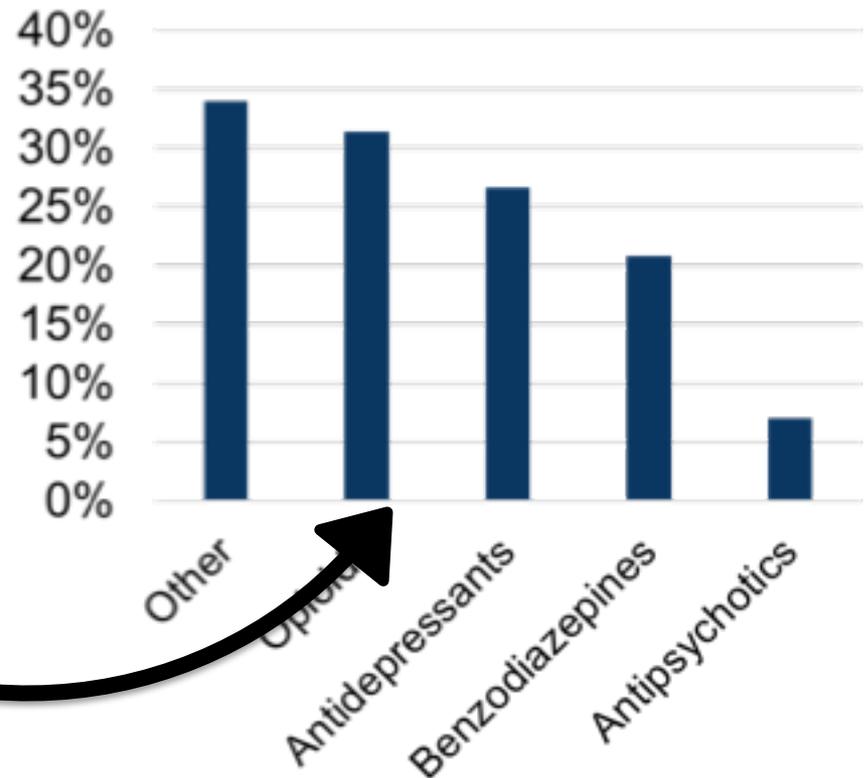


Suicide by Method (2015)

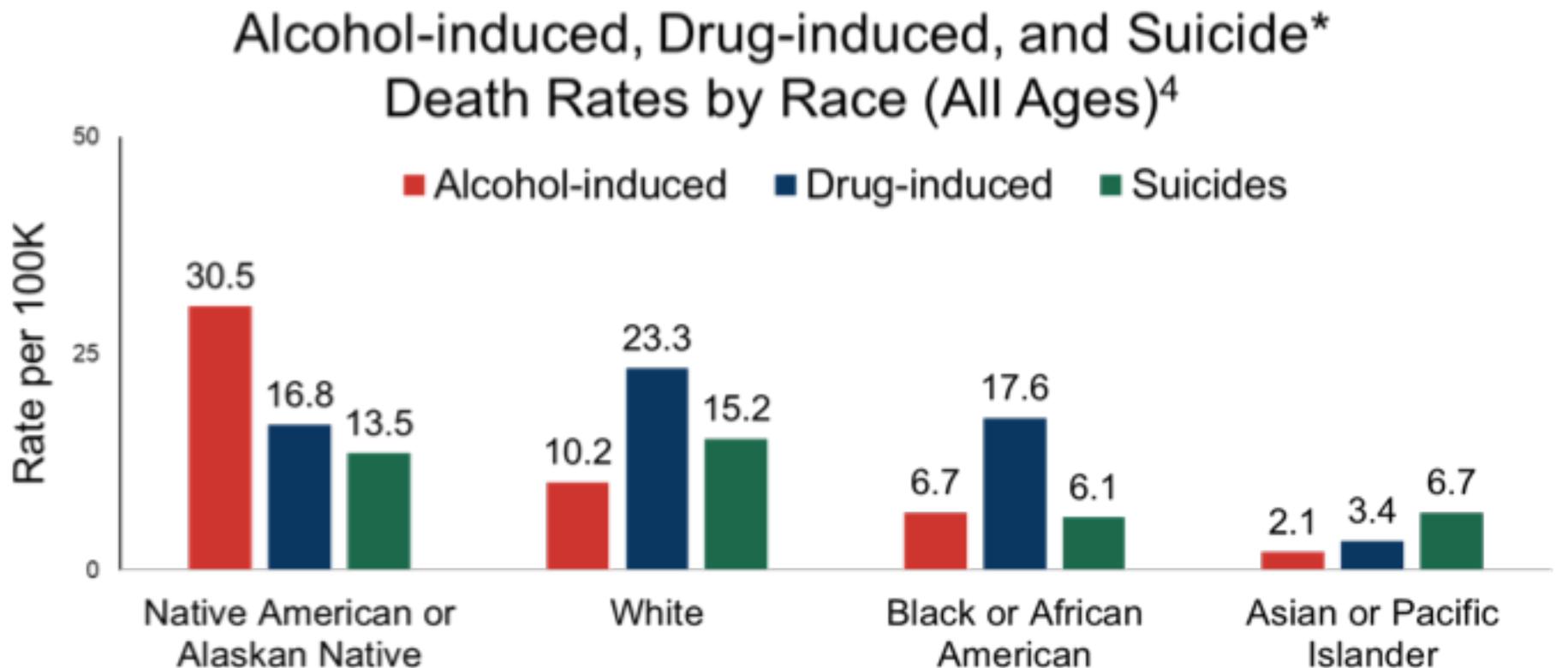


Means of Suicide, United States³

Poisoning Suicides by Substance – 27 States (2015)³

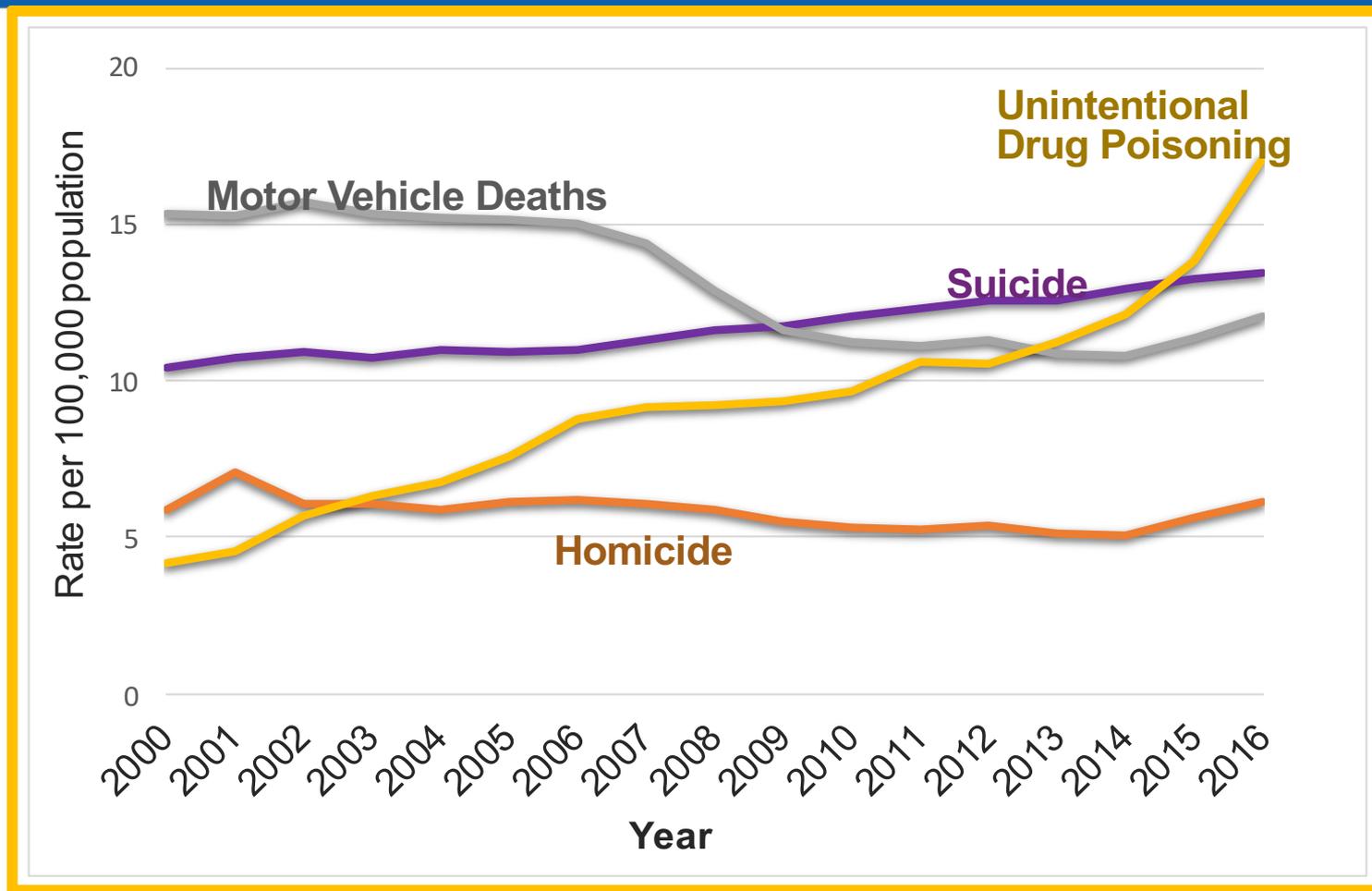


Drug, Alcohol and Suicide Death Rates: Race (2016)



*Suicide category includes substance-related suicides

Selected Injury-Related, Age-adjusted Death Rates (2000-2016)⁵



Data Sources for Opioid Abuse, Overdose and Suicide

Data Source	Indicators			
	Opioid Abuse	Suicide	Suicide Attempt	Suicide/Opioids
Web-based Injury Statistics Query and Reporting System Fatal AND Non-fatal Injury	X (fatal)	X (fatal)	X (non-fatal)	
National Violent Death Reporting System		X		X
National Survey on Drug Use and Health	X		X	X (ideation only)
Youth Risk Behavior Surveillance System	X		X	X
BioSense Platform/ESSENSE	X	X	X	X



Handout #1 *Data Sources for Opioid Abuse, Overdose, and Suicide*

So What? Implications for Practice

- Identify community-level data sources to assess cause(s) of death
- Collect data on both method of suicide AND presence of opioids in suicidal attempts and deaths
- Compare local data to national and state data
- Identify potential partners who can contribute qualitative data
- Understand what populations are at increased risk for suicide and opioid abuse in your community



Example From the Field: Rhode Island

Key Features: Tests all suicide deaths (98% in 2017) for the presence of opioids, participates in a 20-state partnership to reduce opioid trafficking

Benefits of Collaboration:

- Better informed prevention efforts due to comprehensive data
- Reductions in opioid supply



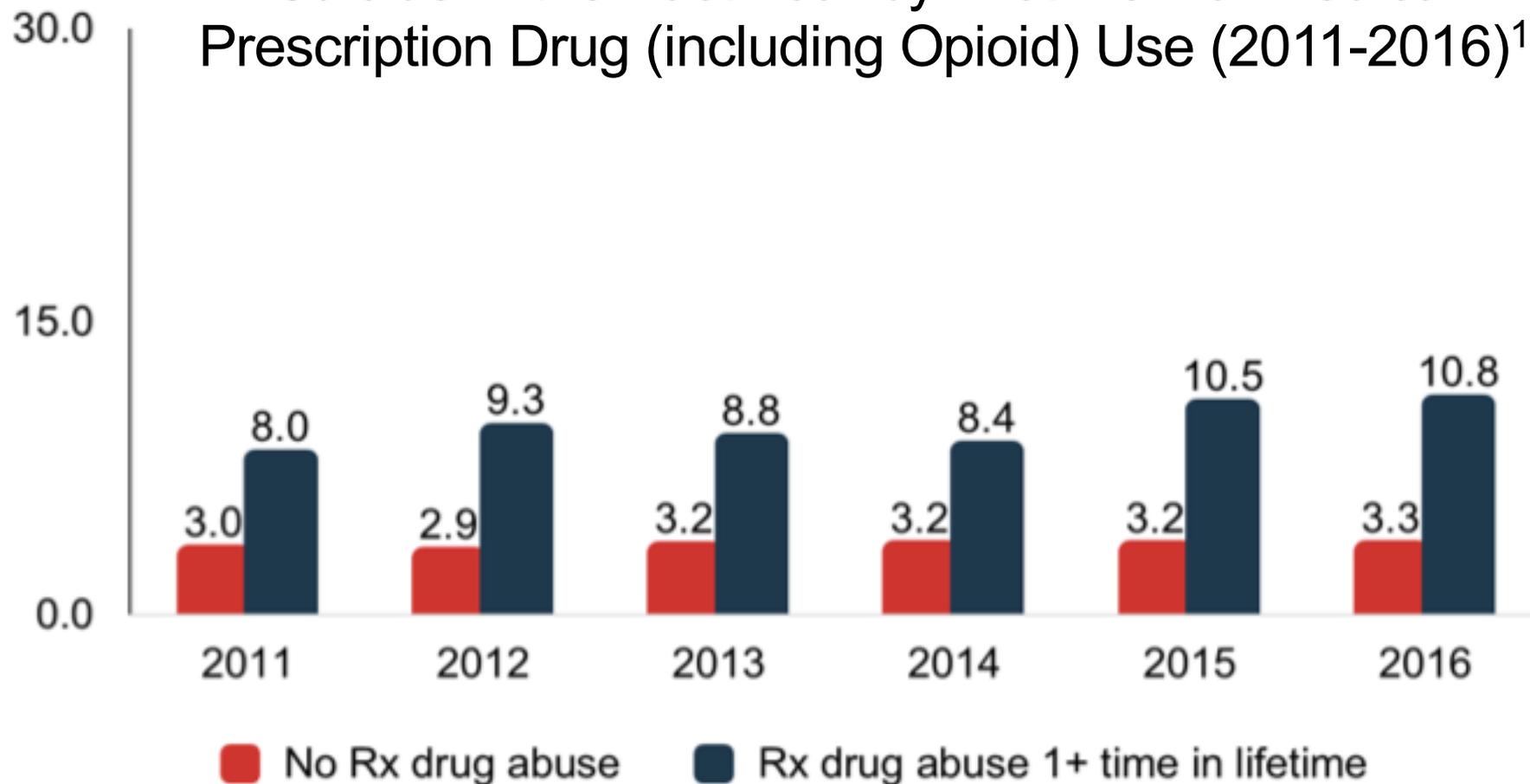
www.preventoverdoseri.org



Opioids and Suicide: A Complex Relationship

Rx Drug Abuse and Suicidal Behaviors: Adults

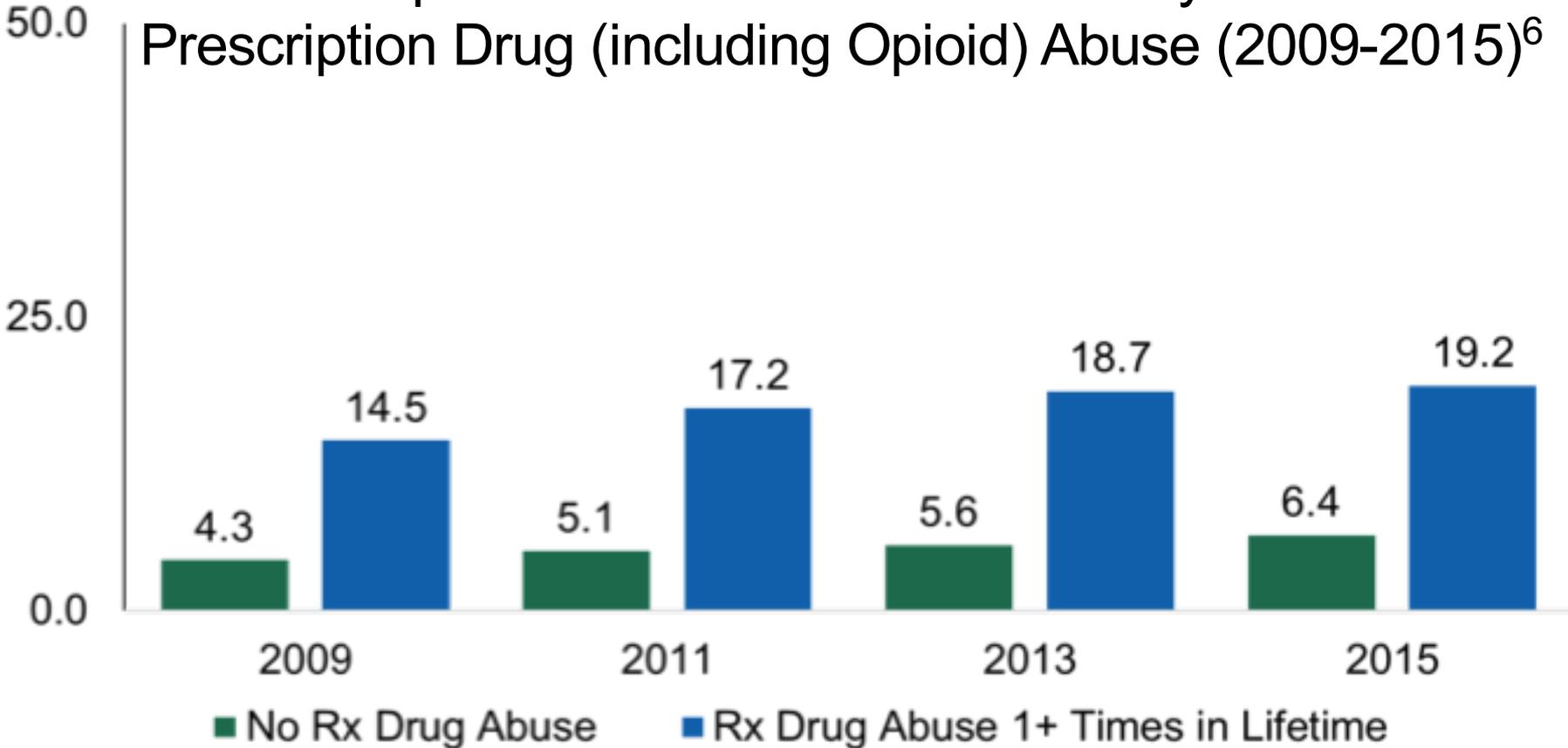
% Adults (18+) Who Report Having Serious Thoughts of Suicide in the Past Year by Lifetime Nonmedical Prescription Drug (including Opioid) Use (2011-2016)¹



¹NSDUH, 2017

Rx Drug Abuse and Suicidal Behaviors: Youth

% Students (in Grades 9-12) Who Report Having Attempted Suicide in the Past Year by Lifetime Prescription Drug (including Opioid) Abuse (2009-2015)⁶



⁶Centers for Disease Control and Prevention, Youth Risk Behavior Survey Data, 2009-2015

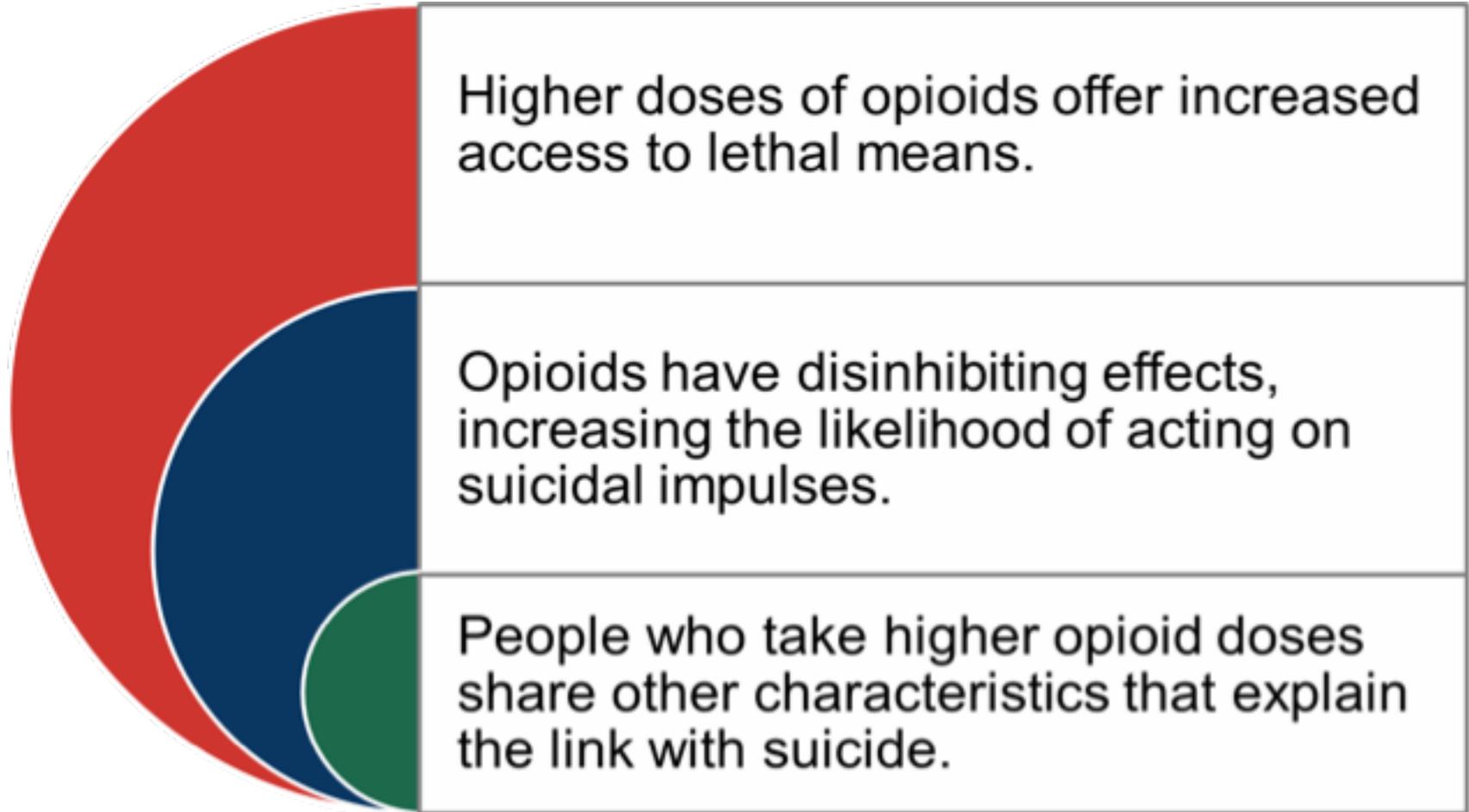
From the Research

- Adults who receive *high doses* of opioids are at increased risk for suicide⁷
- Adults who *abuse opioids weekly or more* are more likely to engage in suicide planning and attempts⁸
- Adults who *have an opioid use disorder* are 13x more likely to die by suicide than the general population⁹

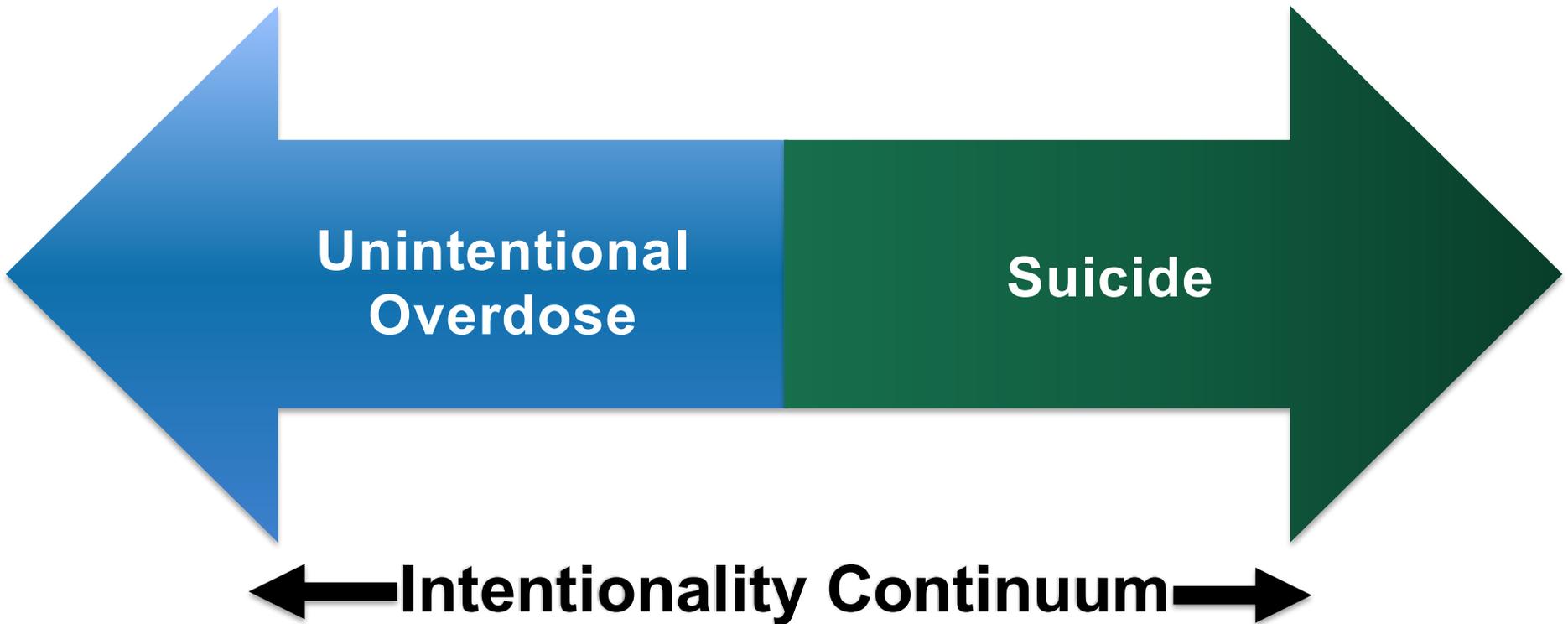


⁷Ilgen et al., 2016; ⁸Ashrafioun et al., 2017; ⁹Wilcox, Conner & Caine, 2004

Opioids and Suicide: Three Possible Links



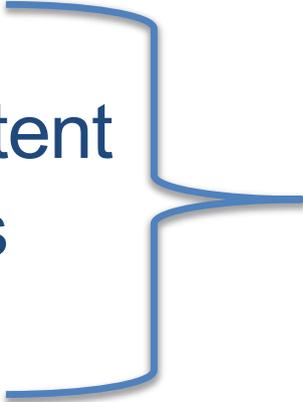
Limitations to Overdose and Suicide Death Data



Determining Intent in a Drug-related Death

Manner of Death (MOD) classification include:

- Homicide
- Natural causes (disease)
- Suicide
- Accident (unintentional)
- Deaths of undetermined intent
- Deaths of unknown causes



Where we really struggle to classify drug-related deaths

Challenges in Classifying Poisoning Deaths^{10,11,12}

- Scarce resources and inadequate training opportunities
- Punitive policies
- Bias produced by knowledge of existing trends
- Stigma and cultural opinions
- Complexities around determining intent



¹⁰Donaldson et al., 2006; ¹¹Rockett et al., 2010a; ¹²Timmermans, 2005

Undercounting of Suicides

- Specific groups may be disproportionately affected by the undercounting of suicides. Suicide undercounting may be more common among:¹³
 - Decedents who are Black or Hispanic
 - Younger decedents (ages 15-34)
 - Decedents with lower levels of education (high school diploma or less)
 - Decedents without a history of psychiatric co-morbidity
 - Cases where a suicide note was not present

¹³ Rockett et al., 2010b

Data Collection: Considerations for Tribes

- Cultural considerations (e.g., power of words and language)
- Concerns about data sharing (e.g., stigmatization, release of personal identifiers)
- Not all data sources are available



So What? Implications for Practice

Once you've identified who is being affected in your community...

- Consider relevant local conditions that may influence these problems
- Engage key stakeholders to understand classification practices
- Identify others in your region who are addressing this issue



Example From the Field: Kentucky

Key Features: Standardization of crime scene investigation and fatality review process for suicides and opioid overdoses, interventions in emergency rooms to screen patients for suicide *and* overdose risk

Benefits of Collaboration:

- Improved accuracy in suicide and opioid overdose data
- Increased reach by addressing suicide and overdose risk concurrently





Opioid Abuse and Suicide: What We Know About Risk

Opioid Abuse: Factors that Increase Risk

- Physical health problems¹⁴⁻²⁰
 - Chronic pain
 - Headaches
- Behavioral health problems^{15,17-19,21-24}
 - Depression
 - Anxiety
- Past incarceration²⁵
- Social isolation^{20,23, 26-27}
- Trauma/Adverse childhood experiences²⁸
- Parents with favorable attitudes towards substance use²³

¹⁴Sullivan et al., 2010; ¹⁵Edlund et al., 2007; ¹⁶Martel et al., 2013; ¹⁷Koyyalagunta et al., 2013; ¹⁸Boscarino et al., 2010; ¹⁹Park & Lavin, 2010; ²⁰Rosenblum et al., 2007; ²¹Mackesy-Amiti et al., 2015; ²²Mobray & Quinn, 2015; ²³Ford & Rigg, 2015; ²⁴Cepeda et al., 2013; ²⁵Wu & Howard, 2007; ²⁶Tani et al., 2001; ²⁷Stein et al., 2007; ²⁸Austin & Shanahan, 2018

Suicide: Factors that Increase Risk

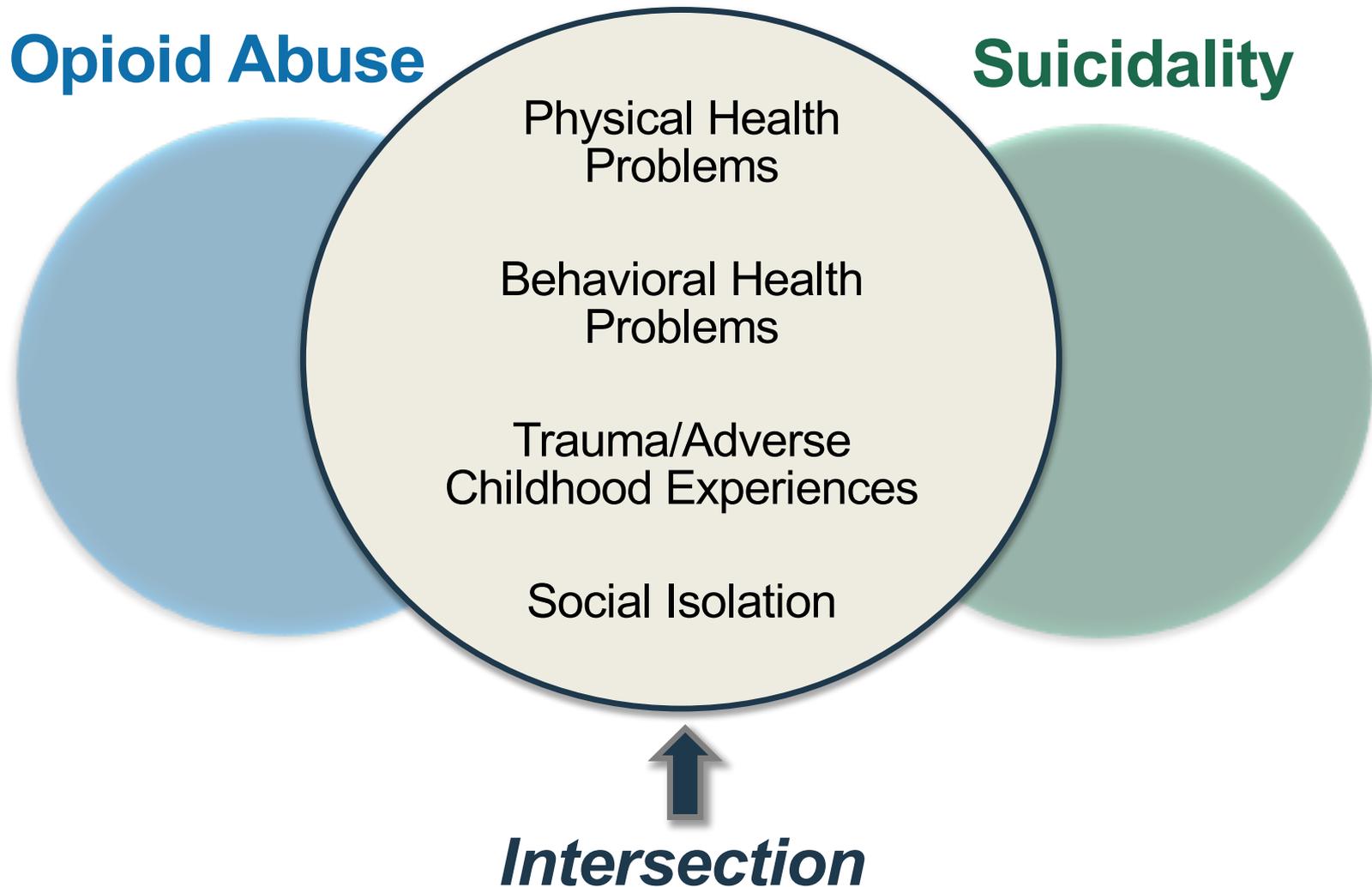
- Physical health problems²⁹
- Behavioral health problems²⁹
- History of non-suicidal self injury²⁹
- Social isolation³⁰⁻³¹
- Trauma
 - Adverse childhood experiences²⁹
 - Historical trauma²⁹
- Access to lethal means³²



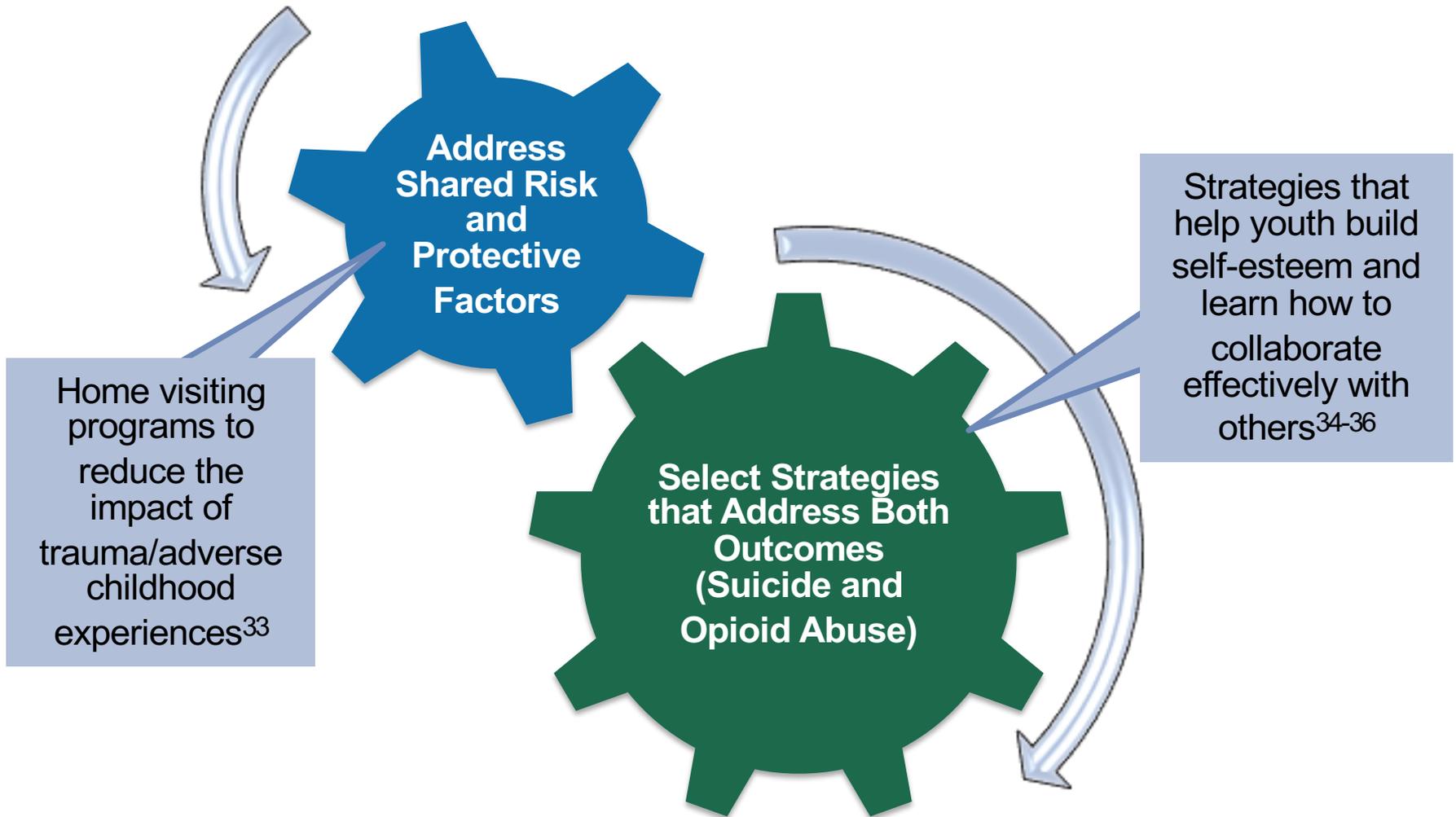
Handout #2 Preventing Opioid Abuse, Overdose, and Suicide: Select Resources

²⁹ National Strategy for Suicide Prevention, 2012; ³⁰Fontanella et al., 2015; ³¹Hall-Lande et al., 2007; ³²Brent, 2001

Shared Factors for Opioid Abuse and Suicidality



Preventing Opioid Abuse *and* Suicide



³³ Filene et al., 2013; ³⁴ Kellam et al., 2014; ³⁵ Wilcox et al., 2008; ³⁶ Eggert, et al., 2002

A Coordinated Approach

Benefits to a coordinated approach to suicide and opioid abuse/overdose prevention:

- Focuses on those at highest risk
- Avoids duplication of effort
- Provides good value for prevention dollars



Handout #3 Collaborating to Address Substance Abuse and Suicide: Select Resources from the CAPT and SPRC

So What? Implications for Practice

- Develop systems to ensure data about suicide means and populations can be captured effectively
- Engage new partners to identify and implement innovative strategies to address both problems
- Consider pulling together a special task force to address the intersection of suicide and opioid abuse
- Familiarize yourself with stigma facing populations abusing opioids and those at a higher risk for suicide

Example From the Field: Connecticut

Key Features: Implements strategies to reduce access to lethal means, addresses stigma around naloxone use, shares information on the detrimental impact of misclassification

Benefits of Collaboration:

- Increased coordination
- Access to data
- Connections to survivors reduced stigma and informed practice



Summary

- Suicide and opioid abuse/overdose rates have grown over the past decade
- The relationship between these health problems is complex, and much is still unknown because data is limited
- Collaboration is key, including efforts to address shared risk factors



Questions?



Relevant Resources from the CAPT

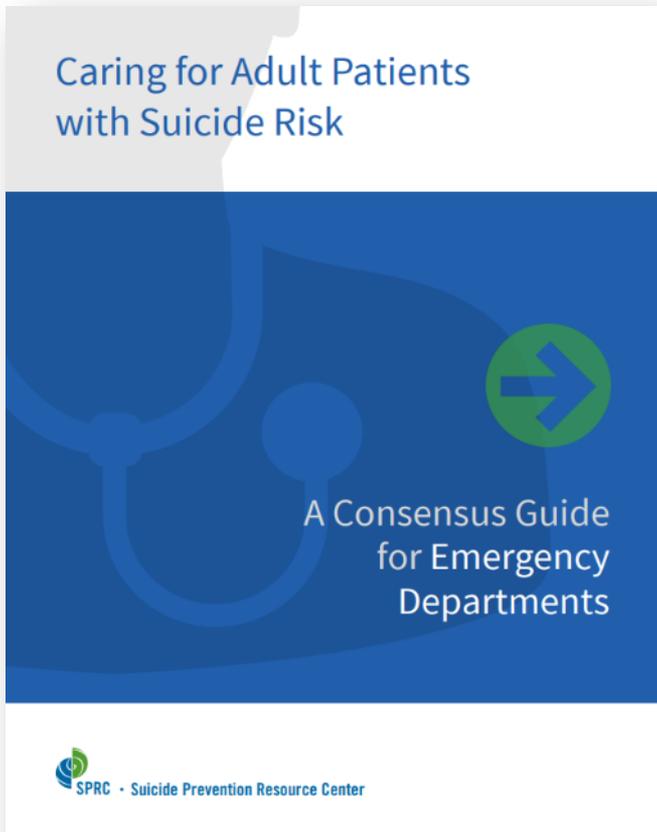


Examples include:

- *Addressing Opioid Overdose: Understanding Risk Factors and Prevention Strategies*
- *Ohio Partners Work Together to Reduce the Flow of Prescribed Opiates*
- *Preventing Prescription Drug Misuse: Programs and Strategies*

Available at: <https://www.samhsa.gov/capt/>

Relevant Resources from SPRC

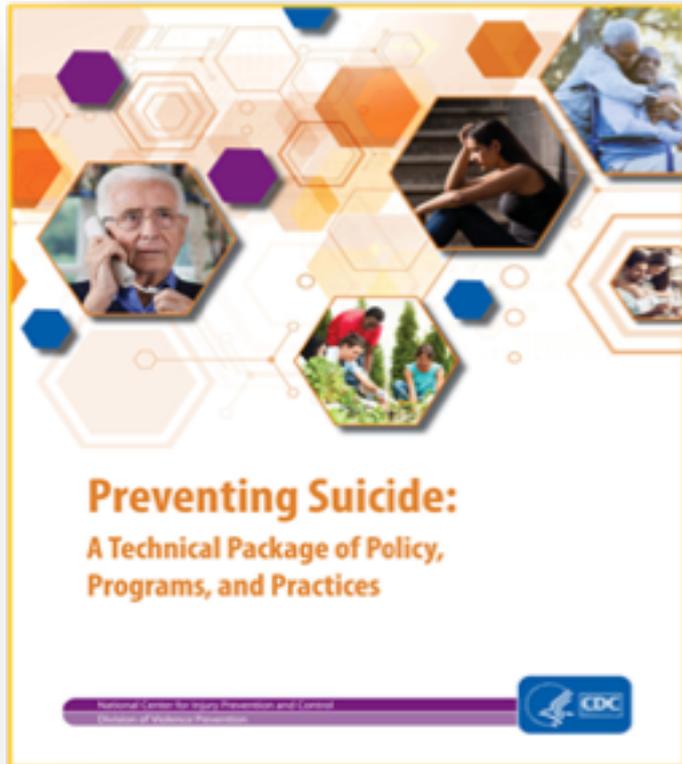


Examples include:

- *Effective Suicide Prevention*
- *Suicide Prevention in American Indian/Alaska Native Settings*
- *Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments*

Available at: <http://www.sprc.org/>

Other Relevant Resources

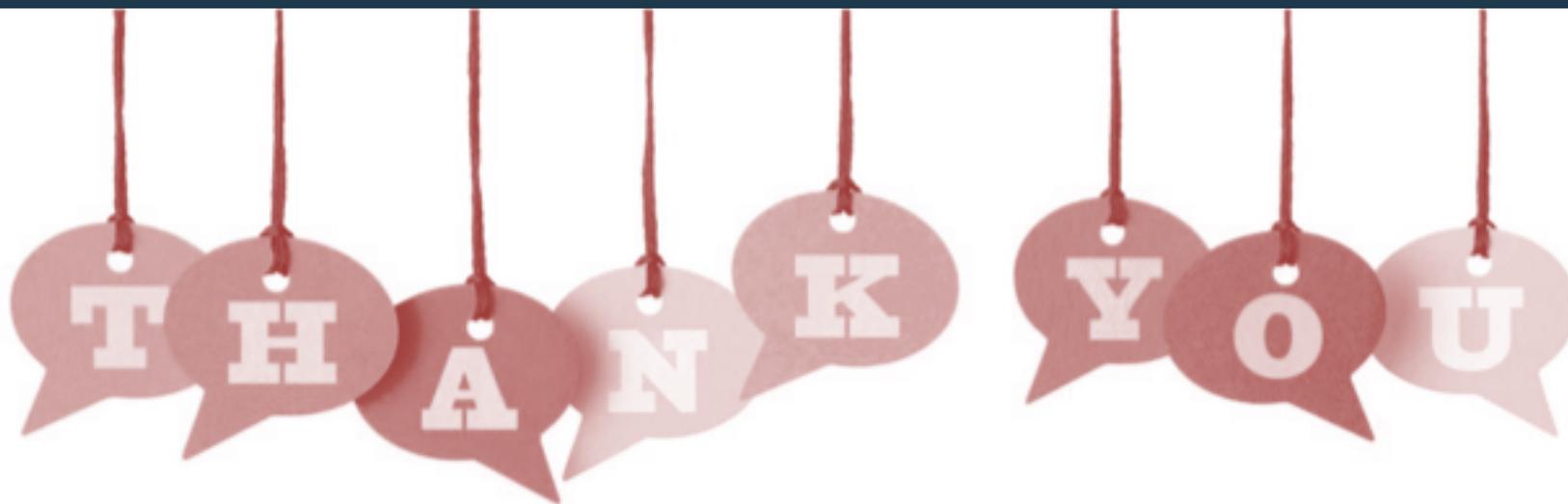


- *National Strategy for Suicide Prevention: Goals and Objectives for Action, 2012.* Available at: <https://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/index.html>
- *Preventing Suicide: A Technical Package of Policies, Programs, and Practices.* Available at: <https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>

Post Webinar Follow-up

Within two weeks, all webinar participants will receive an email with a link to the following materials:

- PowerPoint slides (with complete list of references)
- Webinar recording
- Three handouts:
 - *Data Sources for Opioid Abuse, Overdose, and Suicide*
 - *Preventing Opioid Abuse, Overdose, and Suicide: Select Resources*
 - *Collaborating to Address Substance Abuse and Suicide: Select Resources from the CAPT and SPRC*
- Certificate of participation



If you have questions or comments on this webinar, please don't hesitate to contact:

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Evaluation

Please click on the link below to provide feedback on this event:

<https://www.surveymonkey.com/r/feedback-51881>

Your feedback is very important to us!



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