THE INTERSECTION OF OPIOIDS AND SUICIDE
A Prevention Approach

OCTOBER 25, 2018 | 2:00 – 3:30 P.M. EDT
In the chat pod, share with us:

If you could define **prevention** with one word, what would it be?
The Intersection of Opioids and Suicide: A Prevention Approach

National Prevention Week Webinar
October 25, 2018

Disclaimer: The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Substance Abuse Prevention (CSAP), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).
This meeting will be recorded for archiving purposes.
David Lamont Wilson
NPW Coordinator, Public Affairs Specialist
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
<table>
<thead>
<tr>
<th>Month</th>
<th>Webinar Topic</th>
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<tbody>
<tr>
<td>October 25, 2018</td>
<td>The Intersection of Opioids and Suicide: A Prevention Approach</td>
</tr>
<tr>
<td>November 15, 2018</td>
<td>Marketing Impact: How NPW Amplifies Community Prevention Programs, Campaigns, and Initiatives</td>
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<tr>
<td>December 2018</td>
<td>Prevention as a Profession: A Prevention Workforce Development Webinar</td>
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<td>January 2019</td>
<td>Deploying Substance Use Prevention in Military Communities</td>
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<td>February 2019</td>
<td>Teens and Vaping Prevention</td>
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<tr>
<td>March 2019</td>
<td>Opioid Use Prevention and Older Adults</td>
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<tr>
<td>April 2019</td>
<td>Tips for Teens: Engaging Teens in Substance Use Prevention</td>
</tr>
<tr>
<td>May 2019</td>
<td>Communities Talk: Town Hall Meeting to Prevent Underage Drinking Albuquerque, New Mexico (webcast)</td>
</tr>
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</table>
Today’s Presenters

• **Richard T. McKeon, Ph.D., MPH**, Chief, Suicide Prevention Branch, SAMHSA

• **Kristen Quinlan, Ph.D.**, Epidemiologist, SAMHSA’s Suicide Prevention Resource Center (SPRC)

• **Kerri Smith Nickerson, LCSW, MPH**, Director, Grantee and State Initiatives, SPRC

• **Kelley Cunningham**, Director, Suicide Prevention Program, Massachusetts Department of Public Health
• To involve **communities** in raising awareness of behavioral health issues and in implementing prevention strategies, and showcasing effectiveness of evidence-based prevention programs.

• To foster **partnerships and collaboration** with federal agencies and national organizations dedicated to behavioral and public health.

• To promote and disseminate quality **behavioral health resources and publications**.
Available NOW! NPW 2018 Outcomes Report

Visit www.samhsa.gov/prevention-week to view and share
<table>
<thead>
<tr>
<th>Day</th>
<th>Theme</th>
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</thead>
<tbody>
<tr>
<td>Monday, May 13</td>
<td>Prevention of Prescription &amp; Opioid Drug Misuse</td>
</tr>
<tr>
<td>Tuesday, May 14</td>
<td>Prevention of Underage Drinking &amp; Alcohol Misuse</td>
</tr>
<tr>
<td>Wednesday, May 15</td>
<td>Prevention of Illicit Drug Use &amp; Youth Marijuana Use</td>
</tr>
<tr>
<td>Thursday, May 16</td>
<td>Prevention of Youth Tobacco Use</td>
</tr>
<tr>
<td>Friday, May 17</td>
<td>Prevention of Suicide</td>
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</table>
Get more exposure for your NPW activity!

- Submit event details through the NPW website and we’ll help promote it.
- Visit the NPW website’s “Event Submission Form” page: samhsa.gov/prevention-week/community-events/submit-events
- Bookmark the page!
Stay Connected: Sign Up for Prevention Works!

Visit www.samhsa.gov/prevention-week

- Sign up for Prevention Works emails
- Receive emails throughout the year featuring the latest prevention resources, NPW news, and prevention strategies and ideas to strengthen your work in the field

**Stay Connected: Sign Up for Prevention Works!**

Don’t miss this webinar: The Intersection of Opioids and Suicide

The first webinar in SAMHSA’s National Prevention Works 2018 webinar series, “The Intersection of Opioids and Suicide,” will feature a discussion about the relationships and interventions of how growing public health challenges, opioid misuse and suicide, as well as ideal prevention strategies and approaches can be used to address them at the national and local levels. The webinar will take place on Thursday, October 25, from 2:00 pm – 3:00 pm EDT. [Register now](#).

Calling all college students! The Red Ribbon Week Campus Video PSA Contest is back

As part of the Drug Enforcement Administration (DEA) Red Ribbon Week campaign, the DEA and SAMHSA are re-issuing the Campus Video PSA Contest for college and universities to raise awareness of the importance of preventing alcohol abuse and the non-medical use of prescription medications among college students. Digital videos must create a 30- to 60-second public service announcement (PSA) that is a commitment to a healthy, drug-free lifestyle, especially among college students. The deadline for entries is November 5.

Need tips on how to foster a tobacco-free workplace?

If you are an employer or prevention professional looking for tips to help you successfully implement tobacco cessation programs, look no further than SAMHSA’s quick guide, “Implementing Tobacco Cessation Programs in Substance Use Disorder Treatment Settings.”

The three-part webinar series explores the challenges associated with tobacco cessation and the benefits of being tobacco-free for individuals as well as to the workplace.

**Community Spotlight: Vista Community Clinic**

Vista Community Clinic (VCC), in North San Diego, CA, is a regional health provider whose mission is improving the health of residents of San Diego County. They have a comprehensive approach to community health with programs that are family-based, targeting those at high risk for obesity and diabetes. Their programs include: Prevent 4 Life, a 12-week smoking cessation program for children ages 11-17, and the Say No to Tobacco program, a 28-day smoking cessation program for individuals and groups. They also have a School-Based Prevention Program, which is a comprehensive prevention program for students in grades 6-12. The program includes classroom-based lessons, peer-to-peer counseling, and community-based events. Students who participate in the program are provided with a variety of resources and tools to help them quit smoking and maintain a healthy lifestyle.
Richard T. McKeon, Ph.D., MPH
Suicide Prevention Branch Chief
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
National Prevention Week Webinar

• Suicide, Substance Use, and Opioids: Opportunities for Prevention

Richard McKeon, Ph.D., Chief, Suicide Prevention Branch
SAMHSA
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CDC Vital Signs: Suicide rising across the U.S. More than a mental health concern

June 12, 2018

Deborah M. Stone, ScD, MSW, MPH
Behavioral Scientist
PROBLEM

SUICIDE RATES INCREASED IN ALMOST EVERY STATE.

Suicide rates rose across the US from 1999 to 2016.

- Increase 38 - 58%
- Increase 31 - 37%
- Increase 19 - 30%
- Increase 6 - 18%
- Decrease 1%

Nearly 45,000 lives lost to suicide in 2016.

Suicide rates went up more than 30 percent in half of states since 1999.

More than half of people who died by suicide did not have a known mental health condition.
Percentage increases in state suicide rates
Top 10

<table>
<thead>
<tr>
<th>State</th>
<th>Sex</th>
<th>Age-Adjusted Annual Rate per 100,000 Persons (Change from Prior Period)</th>
<th>Modeled AAPC</th>
<th>Current Rate Change (State Rank)</th>
<th>Overall Percent Change (State Rank)</th>
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<td>16.0 (+1.4)</td>
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<td>28.0 (+3.4)</td>
<td>27.1 (+0.9)</td>
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<td>3.7 (-0.8)</td>
<td>5.7 (+2.0)</td>
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<td>14.9 (-1.3)</td>
<td>16.0 (+1.7)</td>
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# Leading causes of death for selected age groups—United States, 2016

<table>
<thead>
<tr>
<th>Rank</th>
<th>10-14 years</th>
<th>15-19 years</th>
<th>20-29 years</th>
<th>30-39 years</th>
<th>40-49 years</th>
<th>50-59 years</th>
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<tbody>
<tr>
<td>1</td>
<td>Unintentional Injuries</td>
<td>Unintentional Injuries</td>
<td>Unintentional Injuries</td>
<td>Unintentional Injuries</td>
<td>Unintentional Injuries</td>
<td>Malignant Neoplasms</td>
</tr>
<tr>
<td>2</td>
<td><strong>Suicide</strong></td>
<td><strong>Suicide</strong></td>
<td><strong>Suicide</strong></td>
<td><strong>Suicide</strong></td>
<td>Malignant Neoplasms</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>3</td>
<td>Malignant Neoplasms</td>
<td>Homicide</td>
<td>Homicide</td>
<td>Malignant Neoplasms</td>
<td>Heart Disease</td>
<td>Unintentional Injuries</td>
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<tr>
<td>4</td>
<td>Homicide</td>
<td>Malignant Neoplasms</td>
<td>Malignant Neoplasms</td>
<td>Heart Disease</td>
<td><strong>Suicide</strong></td>
<td>Liver Disease</td>
</tr>
<tr>
<td>5</td>
<td>Congenital Malformations</td>
<td>Heart Disease</td>
<td>Heart Disease</td>
<td>Homicide</td>
<td>Liver Disease</td>
<td>Chronic Lower Respiratory Ds</td>
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<tr>
<td>6</td>
<td>Heart Disease</td>
<td>Congenital Malformations</td>
<td>Diabetes Mellitus</td>
<td>Liver Disease</td>
<td>Diabetes Mellitus</td>
<td>Diabetes Mellitus</td>
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<tr>
<td>7</td>
<td>Chronic Lower Respiratory Ds</td>
<td>Chronic Lower Respiratory Ds</td>
<td>Congenital Malformations</td>
<td>Diabetes Mellitus</td>
<td>Cerebro-Vascular</td>
<td><strong>Suicide</strong></td>
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<td>8</td>
<td>Cerebro-Vascular</td>
<td>Cerebro-Vascular</td>
<td>Complicated pregnancy</td>
<td>Cerebro-Vascular</td>
<td>Homicide</td>
<td>Cerebro-Vascular</td>
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</table>

Source: CDC vital statistics
Self-inflicted injury among all persons by age and sex–United States, 2015

Source: CDC WISQARS NEISS
Suicidal Thoughts, Plans, and Attempts in the Past Year among Adults Aged 18 or Older: Numbers in Millions, 2017

- 10.6 Million Adults Had Serious Thoughts of Committing Suicide
- 3.2 Million Made Suicide Plans
- 1.2 Million Made Plans and Attempted Suicide
- 1.4 Million Attempted Suicide
- 0.2 Million Made No Plans and Attempted Suicide
Suicidal Thoughts in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2017

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<td>18 or Older</td>
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<td>3.8</td>
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<td>3.9</td>
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<tr>
<td>18 to 25</td>
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<td>6.7</td>
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<td>7.2</td>
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<td>2.6</td>
<td>2.4</td>
<td>2.5</td>
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</tbody>
</table>

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.
Suicide Plans in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2017

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

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<td>1.1*</td>
<td>1.1*</td>
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<td>26 to 49</td>
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<td>50 or Older</td>
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</table>
Suicide Attempts in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2017

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<td>18 to 25</td>
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<td>0.2</td>
<td>0.3</td>
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</tr>
</tbody>
</table>

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.
Identifying Areas of High Need and/or Opportunity

44,965 annual suicide decedents

- **Age 50+**
  - 20,532
- **Youth Under 18**
  - 2,023
- **Firearm Deaths**
  - 22,938
- **Vehicle emissions Poisoning**
  - ~791
- **Inmates**
  - 621
- **Accessed healthcare within 30 days of death**
  - ~20,000
- **Veterans**
  - ~7,300
- **Youth Under 18**
  - 2,023

1.3 million annual suicide attempts

- **Age 18-25**
  - 580,000
- **Outpatient MH Treatment**
  - 410,000
- **Veterans**
  - ?
- **College: Full Time**
  - 90,000
- **Part time**
  - 52,000
- **Age 50+**
  - 210,000
- **Military**
  - ?

**Data Sources:**

A. CDC WISQARS 2016
B. CDC WONDER 2014
C. Bureau of Justice Statistics 2014
D. DoDSER CY 2016 Q1-4 Reports
E. Department of Veterans Affairs 2016
F. Luoma et al, 2002; Ahmedani et al 2014
G. Ahmedani, 2018. Personal communication
H. CDC WISQARS 2016
I. CDC WISQARS 2016
Substance Use and Suicide

- Data from 17 states NVDRS
- 22% of suicides involve alcohol intoxication, (30-40% of suicide attempts)
- Opiates, including heroin and prescription painkillers present in 20% of U.S. suicide deaths.
- Marijuana-10%, cocaine-4%, amphetamines-3%
• Substance abuse is second only to mood disorders in its association with suicide
• Comorbidity increases the risk even further
• Suicide mortality can be impacted by changes in alcohol control policy
• Drinking age increase associated with decreased mortality-estimate 600 lives saved annually
Common Risk Factors for Premature Death

- HOMICIDE
- MVAs & Accidental Poisoning
- Suicide
- Legal System Involvements
- Emergency Room Visits
- Prevention & Intervention Opportunities
  - Indicated & Clinical

Accumulating Risk

Mental Health & Chemical Dependency Treatment Contacts
- Emerging Behavioral Problems & Mental Health Disturbances
- School Difficulties
  - Selective & Indicated

Alcohol and Substance Misuse
- Disruptive Family Factors
- Disadvantaged Economic & Social Factors
  - Universal & Selective
THE IMPACT OF GLS SUICIDE PREVENTION PROGRAM ON YOUTH SUICIDAL BEHAVIOR

Lucas Godoy Garraza (ICF International); Christine Walrath (ICF International); David Goldston (Duke CSSPI); Hailey Reid (ICF International), Richard McKeon (SAMHSA)
Results: Difference in Suicide Mortality

Solid lines represent the estimated outcome trajectory following GLS training implementation. Dashed lines represent the estimated outcome trajectory during the same period had GLS not been implemented. 90% and 50% confidence intervals around the trajectory are represented by dark gray and light gray, respectively.
A System-Wide Approach Saved Lives: Henry Ford Health System

Launch: Perfect Depression Care

Suicide Deaths/100k HMO Members

1999 2001 2003 2005 2007 2009 2011

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THE TOOLS OF ZERO SUICIDE FILL THE GAPS

- Screening
- Assessment
- Risk Formulation

- Collaborative Safety Plan

- Treat Suicidal Thoughts and Behavior

- Continuity of Care

Avoid Serious Injury or Death

Adapted from James Reason’s “Swiss Cheese” Model Of Accidents
Risk following completion of PHQ9 (sample size = 1.2 million)
Suicide Screening in Emergency Department Settings

Universal screening doubles the rate of suicide risk detection

Suicide Prevention in Emergency Department Settings

By combining universal screening, safety planning, and post-discharge telephone check-ins, suicide attempts decrease by 30% over 12 months

Miller et al., JAMA Psychiatry, 2017
Resource: Safety Planning Intervention

Access at: www.zerosuicide.com
Assessing and Managing Suicide Risk

http://www.sprc.org/training-events/amsr
TIP 50: Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment

- High prevalence of suicidal thoughts and attempts among persons with SA problems who are in treatment.

- TIP 50 helps
  - SA counselors work with adult clients who may be suicidal
  - Clinical supervisors and administrators

- Free at: [http://store.samhsa.gov/product/SMA09-4381](http://store.samhsa.gov/product/SMA09-4381)

- Training video: SAMHSA YouTube channel

Suicide Assessment Five-Step Evaluation Triage

RESOURCES

- Download this card and additional resources at www.sprc.org or at www.suicideprevention.org
- SAFE-T drew upon the American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors www.psych.org/prctg/prctg/prctg/treatg/pg/SuicidalBehavior_05-15-06.pdf

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National Suicide Prevention Lifeline 1.800.273.TALK (8255)

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SAFE-T

Suicide Assessment Five-step Evaluation and Triage

1. IDENTIFY RISK FACTORS
   Note those that can be modified to reduce risk.

2. IDENTIFY PROTECTIVE FACTORS
   Note those that can be enhanced.

3. CONDUCT SUICIDE INQUIRY
   Suicidal thoughts, plans, behavior and intent.

4. DETERMINE RISK LEVEL/INTERVENTION
   Determine risk, choose appropriate intervention to address and reduce risk.

5. DOCUMENT
   Assessment of risk, rationale, intervention and follow-up.

National Suicide Prevention Lifeline 1.800.273.TALK (8255)
Suicide Prevention App for Health Care Providers

Suicide Safe Helps Providers:

➢ Integrate suicide prevention strategies into practice and address suicide risk
➢ Learn how to use the SAFE-T approach
➢ Explore interactive sample case studies
➢ Quickly access and share information and resources
➢ Browse conversation starters
➢ Locate treatment options

Learn more at bit.ly/suicide_safe.

Free for Apple® and Android™ mobile devices
Improving Post Discharge Safety

• The Emergency Department Safety Assessment and Follow-up Evaluation (ED-SAFE) demonstrated reduction in suicidal behavior for suicidal people discharged from EDs doing telephonic follow up.

• White Mountain Apache/Johns Hopkins University Center for American Indian Health
  - Almost 40% reduction in suicides from 2006-2012
  - Centerpiece is tribally mandated reporting and follow up
Safe-Vet-Safety planning in the Emergency Room for suicidal veterans combined with telephonic follow up led to:

- 50% reduction in suicidal behavior compared to tau
- Twice as many veterans connecting to outpatient behavioral health care
- SAMHSA evaluation studies show that 90% of suicidal callers report that follow up phone calls helped them stay safe and not kill themselves
What is the Crisis Now model?

Call Center Hub

Mobile Crisis

Crisis Facilities

“Air Traffic Control” Crisis Call Center Hub Connects and Ensures Timely Access and Data
Ubiquitous and inexpensive technology is changing nearly every other industry.
It’s time for a national *mental health* Emergency Medical Services (EMS) system.
Suicide and Opioids: Critical Issues

- Many opioid overdose deaths labeled as accidental may be suicides. Estimates differ.
- For some deaths may not be possible to determine intent.
- Non-fatal overdoses, whether intentional or not, may require similar responses (i.e. medical care for the overdose, assessment for suicide risk and substance abuse, and rapid follow up).
- How should suicide screening be best integrated into substance abuse screening?
- How can suicide care be best integrated into substance abuse treatment?
- How can we assist communities heavily impacted by both suicide and opioids?
- What is the impact of chronic and acute pain, opioids, and suicide?
- How can we alter the developmental trajectories that lead to both types of tragic outcomes?
- Are there common factors driving up these deaths of despair?
Thank you.

SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

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www.samhsa.gov  www.sprc.org
Understanding the Connection: Suicide and Opioid Misuse

Kristen Quinlan, PhD
Epidemiologist, Suicide Prevention Resource Center
Director of Outreach, Injury Control Research Center for Suicide Prevention
The Suicide Prevention Resource Center at EDC is supported by a grant from the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), under Grant No. 5U79SM062297.

The views, opinions, and content expressed in this product do not necessarily reflect the views, opinions, or policies of CMHS, SAMHSA, or HHS.
Objectives

- Highlight the connection between opioid abuse and suicide using epidemiological data.
- Review the research explicitly studying this connection.
- Identify the challenges facing the field in understanding the connection.
- Review research on shared risk and protective factors as a space for intervention.
Prescription 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

![Bar chart showing percentage of adults reporting serious thoughts of suicide by lifetime nonmedical prescription drug use, with data points for each year from 2011 to 2016. The chart is divided into two categories: No Rx drug abuse and Rx drug abuse 1+ time in lifetime.](chart.png)
Prescription Drug Abuse and Suicidal Behaviors: Youth

% Students (in Grades 9-12) Who Report Having Serious Thoughts of Suicide in the Past Year by Lifetime Prescription Drug (including Opioid) Abuse (2009-2015)$^2$

<table>
<thead>
<tr>
<th>Year</th>
<th>No Rx Drug Abuse</th>
<th>Rx Drug Abuse 1+ Times in Lifetime</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>4.3</td>
<td>14.5</td>
</tr>
<tr>
<td>2011</td>
<td>5.1</td>
<td>17.2</td>
</tr>
<tr>
<td>2013</td>
<td>5.6</td>
<td>18.7</td>
</tr>
<tr>
<td>2015</td>
<td>6.4</td>
<td>19.2</td>
</tr>
</tbody>
</table>
From the Research…

• Adults who receive high doses of opioids are at increased risk for suicide\(^3\)

• Adults who *abuse opioids weekly or more* are more likely to engage in suicide planning and attempts\(^4\)

• Adults who *have an opioid use disorder* are 13 times more likely to die by suicide than the general population\(^5\)
Opioids and Suicide: Three Possible Links

- Higher doses of opioids offer increased access to lethal means.

- Opioids have disinhibiting effects, increasing the likelihood of acting on suicidal impulses.

- People who take higher opioid doses share other characteristics that explain the link with suicide.
Limitations to Overdose and Suicide Death Data

When classifying a death as a suicide, a coroner or ME has to determine two things:

1. Did the person know that the dose was likely to be lethal?
2. What was the person’s intent?

This intent question is one of the most challenging aspects of our opioid/suicide death data.
Implications for Practice

We are likely underestimating the number of opioid-related deaths that are actually suicides. And this matters because:

– This underestimation is not random–some groups are affected more than others.
– We use data for planning where we direct prevention efforts.
– We use data for evaluating the outcomes of our prevention efforts.
Shared risk and protective factors for opioid abuse/overdose and suicide

Opioid Abuse/Overdose

- Physical Health Problems\(^{6,7}\)
- Behavioral Health Problems\(^{7,8}\)
- Trauma/Adverse Childhood Experiences\(^{7,9}\)
- Social Isolation\(^{8,10}\)

Suicidality

Intersection
Thank you!

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References


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Director of Grantee and State Initiatives
SAMHSA’s Suicide Prevention Resource Center (SPRC)
Education Development Center, Inc.
The Suicide Prevention Resource Center at EDC is supported by a grant from the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), under Grant No. 5U79SM062297.

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Understanding the Scope of the Problem

- 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
Using Data to Determine Next Steps

Once you’ve identified who is being affected in your community…

- Identify shared risk and protective factors
- Consider relevant local conditions that may influence these problems
- Identify others in your region who are addressing this issue
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
Tapping into Existing Resources
Resources

Suicide Prevention Resource Center: www.sprc.org

- Archived webinars on link between opioids and suicide:
  - https://go.edc.org/opioidwebinar1
  - https://go.edc.org/opioidwebinar2

National Action Alliance for Suicide Prevention: www.actionallianceforsuicideprevention.org

Zero Suicide Toolkit: http://zerosuicide.sprc.org/

- Archived webinar on substance use and Zero Suicide: https://go.edc.org/ZSwebinar

Substance Abuse and Mental Health Services Administration: https://www.samhsa.gov

- In Brief: Substance Use and Suicide: https://store.samhsa.gov/product/In-Brief-Substance-Use-and-Suicide-/SMA16-4935

CDC Vital Signs Reports

- Suicide: https://www.cdc.gov/vitalsigns/suicide/index.html

- Opioid Overdoses in EDs: https://www.cdc.gov/vitalsigns/opioid-overdoses/index.html
Thank you!

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Kelley Cunningham
Suicide Prevention Program Director
Massachusetts Department of Public Health
Massachusetts Prevention Strategies:
The Intersection Between Opioids and Suicide

Kelley Cunningham
MA Department of Public Health
Division of Violence & Injury Prevention
Suicide Prevention Unit
MA Data – Suicides

Suicides Occurring in Massachusetts, 2005-2015

Source: MA Violent Death Reporting System, MA Department of Public Health
MA Data – Opioid Deaths

Opioid-Related Deaths, All Intents
Massachusetts Residents: 2006 - 2017

Source: MA Violent Death Reporting System, MA Department of Public Health
Figure 7A. Circumstances Associated with Suicide, MA 2015 (N=631)\textsuperscript{7}

- Current Mental Health Problem: 55%
- History of Treatment for Mental Health Problem: 43%
- Current Treatment for Mental Health and/or Substance Abuse Problem: 39%
- Alcohol and/or Other Substance Problem: 27%
- Intimate Partner Problem: 20%
- History of Suicide Attempts: 17%
- Job/Financial Problem: 13%
- Physical Health Problem: 18%
- Disclosed Suicide Intent: 11%

Source: MA Violent Death Reporting System, MA Department of Public Health
Prevention Strategies

- Screening
- Life Skills
- Systems Changes
- Trainings
Prevention Strategies – Screening

- **SBIRT**
  - **Schools:** The STEP Act (Massachusetts legislation, March 2016)
  - **Hospitals:** Universal screening for suicidality and SBIRT
Prevention Strategies – Life Skills
Prevention Strategies – Systems Changes

- Substance Treatment Centers becoming more co-occurring treatment focused
- Crisis Intervention Teams – Mental Health Clinician
- Zero Suicide
Zero Suicide

Garrett Lee Smith Grant

- 2 Partner hospitals
- Universal Screening – including SBIRT

National Strategies for Suicide Prevention

- Focus on a community approach (Cape Cod and the Islands)
- Learning Collaborative includes an addiction treatment facility
Training for substance use counselors on suicide prevention

Crossover Trainings

Annual Conference Workshop: Opioid and Suicide

Opioid Public Health Crisis Grant – CDC
What have we learned?
Resources

- **MDPH Suicide Prevention Program** – mass.gov/dph/suicideprevention

- **MDPH Opioid Quarterly Reports:**
  https://www.mass.gov/lists/current-opioid-statistics

- **MDPH Bureau of Substance Addiction Services (BSAS)** – mass.gov/dph/bsas

- **Massachusetts Coalition for Suicide Prevention (MCSP)** – masspreventssuicide.org

- **Zero Suicide** – zerosuicide.org
Contact

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SAMHSA Resources

OPIOID MISUSE PREVENTION

• SAMHSA’s Center for the Application of Prevention Technology (CAPT)—Resources to Prevent the Non-Medical Use of Prescription Drugs, Opioid Misuse, and Opioid Overdose: https://www.samhsa.gov/capt/sites/default/files/resources/capt-resources-support-opioid-misuse-overdose-prevention.pdf

• Opioid Overdose Prevention Toolkit: https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-742

• Facing Addiction in America: The Surgeon General’s Spotlight on Opioids: https://addiction.surgeongeneral.gov/

SUICIDE PREVENTION

• In Brief: Substance Use and Suicide: A Nexus Requiring A Public Health Approach: https://store.samhsa.gov/shin/content//SMA16-4935/SMA16-4935.pdf

• SAMHSA’s Suicide Prevention Resource Center: http://www.sprc.org/

• National Suicide Prevention Lifeline: https://suicidepreventionlifeline.org/
Related Media Awareness Campaigns

- Crisis Next Door (White House): https://www.crisisnextdoor.gov/

- RxAwareness (CDC): https://www.cdc.gov/rxawareness/

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