



National Judicial Opioid Task Force

Addressing the Larger Mental Health Context of Opioid Use and Misuse: Suicide and the Opioid Epidemic

The number of Americans who die each year from suicide and unintentional overdose has increased more than 250% since 2000.^{1,2}

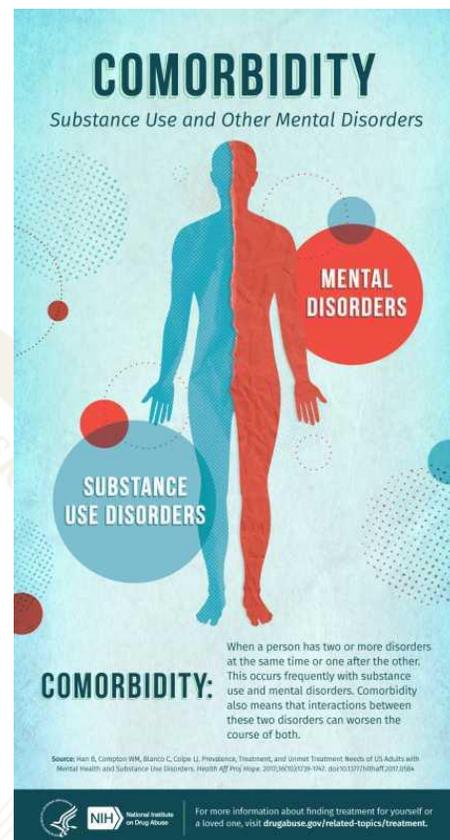
The Suicide and Opioid Epidemics: The Scope of the Problem

The rate of death by suicide in the United States has increased 30% between 2000 and 2016.³ Recent studies have found that suicides involving opioids constituted 4.3% of all suicides in 2014, and opioids were involved in more than 40% of suicide and overdose deaths in 2017.^{4,5} And their role is likely still underreported.

The data and recent studies on suicide and overdose suggest that the suicide epidemic and the opioid epidemic are intermingled, and therefore, to adequately address both epidemics we must develop solutions that are tailored to preventing opioid-overdose deaths due to suicidal intent.⁶

What do the Recent Studies and National Data Tell Us About How Suicide and Opioids are Linked?

A recent study analyzing data from the National Survey of Drug Use and Health reported that people who misused prescription opioids were 40-60% more likely to have thoughts of suicide, even after controlling for other health and psychiatric conditions. People with a prescription opioid use disorder (OUD) were twice as likely to attempt suicide as individuals who did not misuse prescription opioids.⁷ People with substance use disorders (SUDs) also frequently have other mental health disorders, many of which are independently associated with increased suicide risk. Additionally, half of all individuals with a mental illness will have a substance use disorder at some point in their lives.⁸



¹ Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System. <http://www.cdc.gov/injury/wisqars/index.html>.

² The bipartisan National Suicide Hotline Improvement Act of 2018 called on the Federal Communications Commission (FCC) to report on how they could improve the national suicide hotline. <https://docs.fcc.gov/public/attachments/DOC-359095A1.pdf> Among the recommendations was to shorten the number to 9-8-8 from the current 10-digit number. This national hotline is a network of 163 crisis centers and is funded by SAMHSA. In 2018, trained hotline counselors answered over 2.2 million calls and over 100,000 online chats: <https://suicidepreventionlifeline.org/chat/>.

³ National Center for Health Statistics analysis of data from the National Vital Statistics System.

⁴ Amy S.B. Bohnert, Mark A. Ilgen. Understanding Links among Opioid Use, Overdose, and Suicide. *New England Journal of Medicine*, 2019; 380 (1): 71. <https://www.nejm.org/doi/10.1056/NEJMra1802148>

⁵ Braden, J. B., M. J. Edlund, and M. D. Sullivan. 2017. Suicide deaths with opioid poisoning in the United States: 1999–2014. *American Journal of Public Health* 107, no. 3:421–26.

⁶ *Id.* Oquendo, M. A., & Volkow, N. D. Suicide: A silent contributor to opioid-overdose deaths. *New England Journal of Medicine*, 378, 1567-1569 (2018).

⁷ Ashrafioun, Lisham & Bishop, Todd & Conner, Kenneth & Pigeon, Wilfred. Frequency of prescription opioid misuse and suicidal ideation, planning, and attempts. *Journal of Psychiatric Research*. 92 (2017).

⁸ Nora Volkow. Suicide Deaths Are a Major Component of the Opioid Crisis that Must Be Addressed. National Institute on Drug Abuse (Sept. 19, 2019).

Pain is another important factor that helps explain the complex relationships between opioids, suicide, unintentional overdose, and mental illnesses. Individuals suffering from chronic pain conditions may be at increased risk of suicide simply because of their pain.⁹

What Can Courts Do?

There are actions that courts can take now to help address the risk of suicide among those who use and misuse opioids, including identification and referral, increased judicial branch education and awareness, and data collection.

1. Identification, referral, and evaluation. Court involvement provides a rare opportunity to coordinate screening and suicide prevention efforts for those at risk of suicide, including those struggling with substance use disorder. Court diversion and intake centers, probation departments, and/or juvenile and family courts can often represent the first opportunity for contact with a mental health professional for many individuals. Further attention in considering implementation of suicide screening and assessments within these court settings is warranted.¹⁰

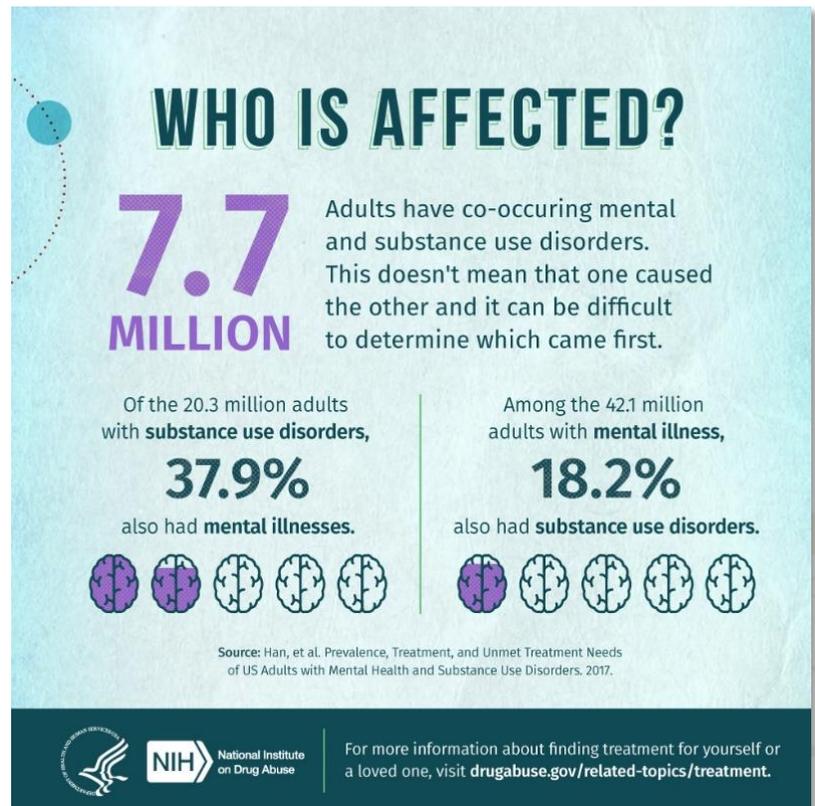
- Courts should ensure that a valid and reliable suicide risk screening instrument is used at critical points of contact with vulnerable populations, including those with SUD.
- Courts should also ensure that substance abuse treatment providers are addressing suicide risks in their programs. This isn't always the case.
- Attorneys can help identify risk among their clients.

2. Judicial Branch Education

- Judges, court staff, and court partners (including attorneys) should be educated and trained as to the risk factors, protective factors, and warning signs associated with suicidal behaviors, especially among vulnerable populations including those with SUD and OUD.
- Trainings should include: (1) Facts about suicide (in general population, justice-involved adults and juveniles, and those with SUD and OUD); (2) Risk and protective factors for suicide; (3) How to respond to warning signs of suicide, particularly at key decision points in the justice system (e.g., detention and disposition).

3. Data collection

- Courts should explore collecting data and reporting on all incidents involving suicide attempts and suicides by those who are under court jurisdiction, from petition to disposition.



⁹ Id.

¹⁰ Kemp, Kathleen et al. "Suicidal ideation and attempts among court-involved, non-incarcerated youth." *Journal of Forensic Psychology Practice*, Vol. 16,3 (2016): 169-181.