

Suicide and the opioid epidemic

You have been inquiring around for questions related to suicide and opioid addiction for this special issue of the paper relating to suicide and I have a question for you. When First Responders deal with an opioid overdose either revived overdose or death, how is it determined if it is recorded as an unintentional overdose or an intentional (attempted suicide) one?

Regards,
Kevin

Dear Kevin:

Difficult question to answer but lets consider it.

First we should talk a bit about how the opioid epidemic and suicide are connected. Both are diseases of despair. Many people who suffer severe depression and feel hopeless turn to drugs to numb their pain. Depression and Substance Use Disorder are the top 2 risk factors for suicidal tendencies. People touched by the opioid epidemic, those who use and those who love those who use, don't often talk about their feelings or reach out for help. (Having had addiction in my family I can speak here from personal experience.) Some of these conditions of despair are driven by secrecy and shame because of the stigma involved both with mental illness and substance use disorders. Negative social situations related to housing, employment, and family connections sometimes become overwhelming for those not having tools to deal with these life problems.

Those who use and misuse drugs, (more often with opioids than others), often evolve into deep despair through a series of events. For instance, they begin to use the drugs to numb their pain. They become physically dependent on the drugs needing more and more and begin to totally focus on filling these needs. Often they commit crimes, small and large, to get these drugs. They end up in jail or at least in the bad favor of those around them. They begin to feel the judgement of others and then often begin to judge themselves. As they feel worse and worse about themselves, they fall into depression and often become suicidal.

This feeling of hopelessness and despair is most prevalent in rural areas in America. The proportion of deaths by opioid overdose that are suicides is considerable. Nationwide about 30% of opioid overdoses are considered suicide.

After decades, life expectancy in America has begun to decrease in the past 3 years and this has been attributed to the opioid epidemic and suicide. Life expectancy gives us an overview of the nation's health. This data tells us that we are losing too many Americans too early and to preventable causes.

So, back to your question. How do we know if someone overdoses whether it is an intentional act or accidental? Also, how do we know if this is someone who is a regular substance abuser or if this was an attempted suicide with pills, not abusing before but specifically for suicide? After all, people have been attempting suicide by taking high doses of medications for decades, way before the opioid epidemic was even thought about. In my experience asking these questions of some of the local experts to see if I can pinpoint how this is done I learned that we are not very good at getting these statistics yet. If the person dies and there is no note I'm told it is very difficult to know if it was intentional and it is most often considered an accidental overdose. Another scenario is this. Recently a very potent drug called fentanyl has been brought to the forefront of the opioid epidemic. It is being "laced" with other drugs

(combined in the process often) and people are buying these drugs despite knowing how lethal they might be just to get the bigger "high". So, if they know what they are taking and know they might die, they are not necessarily wanting to die, but willing to take the chance, so considered unintentional. Sometimes they buy drugs not knowing it is laced with this drug and overdose and die, considered an accidental overdose.

Both depression and substance use disorder, as I said before, are considered diseases of despair and hopelessness. We need to get better at getting rid of the stigma and judgment and learn how to help and support the people who suffer with both. Then it might be possible to identify and intervene, and get to the underlying causes, to turn this problem around in our community.

It is very difficult to know the answers. We in the office of Surry County Opioid Response don't have the answers, but we will keep looking for them. All I can suggest, and very strongly, is always hold your loved ones close and tell them you love them as often as you can.

Sincerely,
Denise Krochta