



## The Suicide and Opioid Link: Translating Knowledge into Action

May 10, 2019

News Type: Director's Corner

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The [intersection between suicide and the opioid epidemic](#) [1] was front and center at this year's American Association of Suicidology (AAS [2]) [annual conference](#) [3], as our field explored the theme of "Converging Fields, Expanding Perspectives." Presentations ranged from data mapping of suicide and opioid overdose hotspots to better understanding the language and context of the substance abuse prevention and treatment fields. The connections are clear. Numerous shared risk and protective factors exist, a significant number of opioid overdose deaths coded as unintentional are likely suicides, and losses from both causes are having a significant impact on communities across the country. Drawing from those insights, innovations in the field, and SPRC's suicide prevention resources, there are some concrete ways we can move from knowledge about how these two issues interrelate—to action.

We need to tackle shared risk and protective factors. For several years, there have been conversations at the national level about "upstream" suicide prevention—that is, efforts that aim to prevent suicide risk. Innovation in this area has been happening in states and communities, where limited resources must be used strategically to address related health issues, including substance use and suicide. For example, a number of states and communities are implementing the [Good Behavior Game](#) [4], a behavior regulation curriculum for elementary school students that has shown reductions in both substance abuse and suicide attempts later in life. Others have been exploring [American Indian Life Skills](#) [5] and [Sources of Strength](#) [6], programs that aim to build resilience and life skills in youth. In states like [Colorado](#) [7] and [Yup'ik communities in Alaska](#) [8], prevention leaders are working to find ways to implement similar strategies that can reduce both suicide and opioid overdose rates.

We need to access and use new data sources to better target our efforts. The recent expansion of [near real-time surveillance](#) [9] of self-harm and opioid overdoses from emergency departments can provide next-day data to track spikes in both health outcomes. The AAS conference featured geo-mapping of opioid and suicide hotspots in counties across the country, which could help pinpoint geographic areas where our prevention efforts need to be combined. States like [Minnesota](#) [10] are digging deeper into their data to assess ethnic and racial disparities, not only in disproportionate overdose death rates, but also in the quality of death scene investigations to determine suicidal intent. This kind of data can allow us to better understand local intersections between the two issues, and to respond to communities and populations affected by both overdose and suicide with prevention and postvention



initiatives.

We in the suicide prevention field need to start reaching out to our substance abuse prevention and treatment partners. SPRC's [Substance Abuse and Suicide Prevention Collaboration Continuum](#) [11] demonstrates that this doesn't have to mean full integration of programs. Partnerships come in all shapes and sizes—don't be afraid to start small. Can you join your community anti-drug coalition or substance abuse prevention task force? Can you and your partners share a table at a local health fair? Who do you know in your local substance abuse treatment center who could help you better understand their agency's priorities, constraints, and resources? SPRC's Virtual Learning Labs also offer guidance to help [states](#) [12] and [campuses](#) [13] form strategic partnerships and address common challenges to collaboration.

As we build partnerships, let's remember that the best collaborations are ones in which each entity gains something and "all boats rise." While substance abuse prevention and treatment partners may have more significant resources in responding to the opioid epidemic, suicide prevention has a lot to offer as well. For example, we could leverage our current work with [emergency departments](#) [14], [primary care](#) [15], and other [key settings](#) [16] to benefit substance abuse prevention partners who need to connect with those at risk for overdose. Suicide prevention has [tools](#) [17] to help substance abuse treatment professionals work with clients at risk for suicide, including a new [AMSR](#) [18] curriculum for those providers that will be released later this year.

The suicide and opioid epidemics contribute to widespread suffering and a collective reduction in life expectancy in our country. We know the two are linked—now it's time to translate what we know into action. Get to know your state and local substance abuse prevention and treatment landscape. Find out which organizations are currently funded and what's included in your state or community strategic plan. Consider which contacts can help you understand substance abuse priorities, so you can build on risk and protective factors that intersect with suicide. Use data to identify where suicide and substance abuse prevention efforts can be combined. And brainstorm some first steps you can take to start connecting substance abuse efforts with your suicide prevention work. Even small steps can make a big difference in our collective efforts to help kids, families, and communities survive and thrive.

## Links within this resource

- [1] <http://www.sprc.org/about-suicide/suicide-opioids>
- [2] <https://www.suicidology.org>
- [3] <https://www.suicidology.org/Annual-Conference/52nd-Annual-Conference>
- [4] <http://www.sprc.org/resources-programs/good-behavior-game-gbg>
- [5] <http://www.sprc.org/resources-programs/american-indian-life-skills-developmentzuni-life-skills-development>
- [6] <http://www.sprc.org/resources-programs/sources-strength>
- [7] <https://safealaskans.org/wp-content/uploads/2018/07/2016-Colorado-Violence-and-Injury-Prevention-Mental-Health-Promotion-Strategic-Plan-2016-2020.pdf>
- [8] <http://suicideprevention-icrc-s.org/event/promoting-connectedness-american-indian-and-alaska-native-communities-through-culture>
- [9] <https://www.cdc.gov/nssp/index.html>
- [10] <https://www.health.state.mn.us/communities/alcohol/data/suicideopioidalcohol.html>
- [11] <http://www.sprc.org/collaboration-continuum>
- [12] <http://www.sprc.org/state-partnerships-module>
- [13] <http://www.sprc.org/collaboration>
- [14] <http://www.sprc.org/settings/emergency-departments>
- [15] <http://www.sprc.org/settings/primary-care>
- [16] <http://www.sprc.org/settings>
- [17] <http://www.sprc.org/resources-programs/tip-50-addressing-suicidal-thoughts-and-behaviors-substance-abuse-treatment>



[18] <http://www.sprc.org/resources-programs/assessing-and-managing-suicide-risk-core-competencies-mental-health-professionals>

Printed on 04/14/2021 from <https://sprc.org/news/opioid-suicide-link-translating-knowledge-action>