

Opioid Use and Suicide Risk



From Science to Practice

Using Research to Prevent Suicide

Issue

People with severe or chronic pain are at increased risk for suicide.^{1,2,3} But prescription opioids and their illicit relatives confer their own suicide risk and can be used to attempt suicide; they also pose the risk of unintentional overdose.^{4,5,6,7,8,9,10}

Key Findings

Studies have found that suicides involving opioids constituted 4.3% of all suicides in 2014 and were involved in more than 40% of suicide and overdose deaths in 2017.^{4,5} Even then, they are likely underreported.^{11,12}

With the increased availability of both prescription and illicit opioids, suicides involving them have increased correspondingly in the general population.^{5,13} Researchers found both past-year and weekly or more frequent prescription opioid misuse to be associated with suicidal ideation, suicide planning, and suicide attempts.^{14,15} It also appears that one's risk for suicide increases as the daily dosage of opioids increases.⁷

Risk Factors

People with opioid use disorder (OUD) are 13 times more likely than those who do not have the disorder to die by suicide,¹⁰ and Veterans Health Administration (VHA) patients are seven times more likely than commercially insured patients to be diagnosed with OUD.¹⁶ Although the number of male Veterans with OUD who die by suicide is greater, the suicide rate among female Veterans with OUD is greater.¹⁷

People on a prescription opioid regimen, as well as those with OUD, who have co-occurring psychiatric conditions are at increased risk for suicide. Researchers have found an association between suicide attempts and depression, anxiety disorders, and personality disorders among opioid-dependent individuals.¹⁸

A VHA study showed Veterans were at increased risk of either unintentional overdose or suicide death within the first six months of either starting or stopping prescription opioid therapy.¹⁹ The risk was more pronounced in Veterans with a mental health or substance use diagnosis. The all-cause mortality risk is highest in the first four weeks after treatment begins and ends.²⁰ Increased risk for suicidal ideation and behavior among Veterans continues in the 12 months after discontinuation of long-term prescription opioid treatment.²¹

Implications

People with chronic pain and those with OUD are overrepresented in the Veteran population, and they are at increased risk for suicide. It is important to distinguish between intentional and unintentional opioid overdoses, because they are distinct events with unique causes, correlates, outcomes, and prevention strategies.^{18,19,22}

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Ways You Can Help

- Assess all Veterans who use opioids to determine their suicide risk and assess all Veterans at risk for suicide to determine whether they use opioids. Include safe storage of opioid medications in discussions about means safety. Direct Veterans to VHA's opioid safety information: www.va.gov/painmanagement/opioid_safety/index.asp.
- Familiarize yourself with the contents of the Opioid Safety Initiative Toolkit: www.va.gov/painmanagement/opioid_safety_initiative_osi.asp.
- VA staff can use the STORM (Stratification Tool for Opioid Risk Mitigation) dashboard to make informed decisions about Veterans' care.
- Provide additional support, treatment, and wraparound services during transition periods of starting or stopping prescription opioid therapy for pain, and when starting or stopping medication for OUD.
- Encourage medication-assisted treatment for Veterans who either have been diagnosed with or are at risk for OUD.^{23,24} Treatment with buprenorphine may be especially beneficial in reducing suicide risk among Veterans with depression, including treatment-resistant depression.^{24,25}
- As appropriate, educate Veterans and family members about the risk of opioid overdose and provide naloxone for the prevention of opioid overdose deaths.

There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.

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