WASHINGTON STATE COD CONFERENCE

ADDICTION, OVERDOSE, SUICIDE … AND THE GRAY AREAS IN BETWEEN

Richard Ries, MD, FASAM, FAPA

Professor of Psychiatry & Director Addictions Division

University of Washington, School of Medicine, Seattle WA

Addiction, Overdose, Suicide … and the Gray Areas in Between

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Disclosure Information

Richard Ries, MD, FASAM, FAPA

- No Commercial Links
- NIH grants on
  - Preventing Addiction Related Suicide
  - Treatment of Severe Alcohol Dep with Inj Naltrexone and Harm Reduction Therapy
  - Treatment of Native American Indian Alcohol Dep with Contingency Management
  - PTSD Treatment in Persons Using no Versus daily Cannabis
- AFSP –
  - CAMS vs Rx as Usual in Month Following Suicide Attempt
- SAMHSA
  - Expanding MAT for Opioids into Primary Care.

Case:

Judy is a 32 yo female who comes to your practice with past Hx of alcohol dep, depression and is currently using IV Heroin for the last 3 years. She wants to get on "Suboxone" and comes to your office stable, having taken suboxone for 2 days from a friend

- You ask why is she seeking treatment now and has she ever been in treatment before?
  - *She reports street use of "Suboxone" which helped, a year ago. But increasing use of Heroin now, more depression and a suicide attempt by OD of high dose heroin/fentanyl a month ago when her boyfriend got sick of her use and left.*

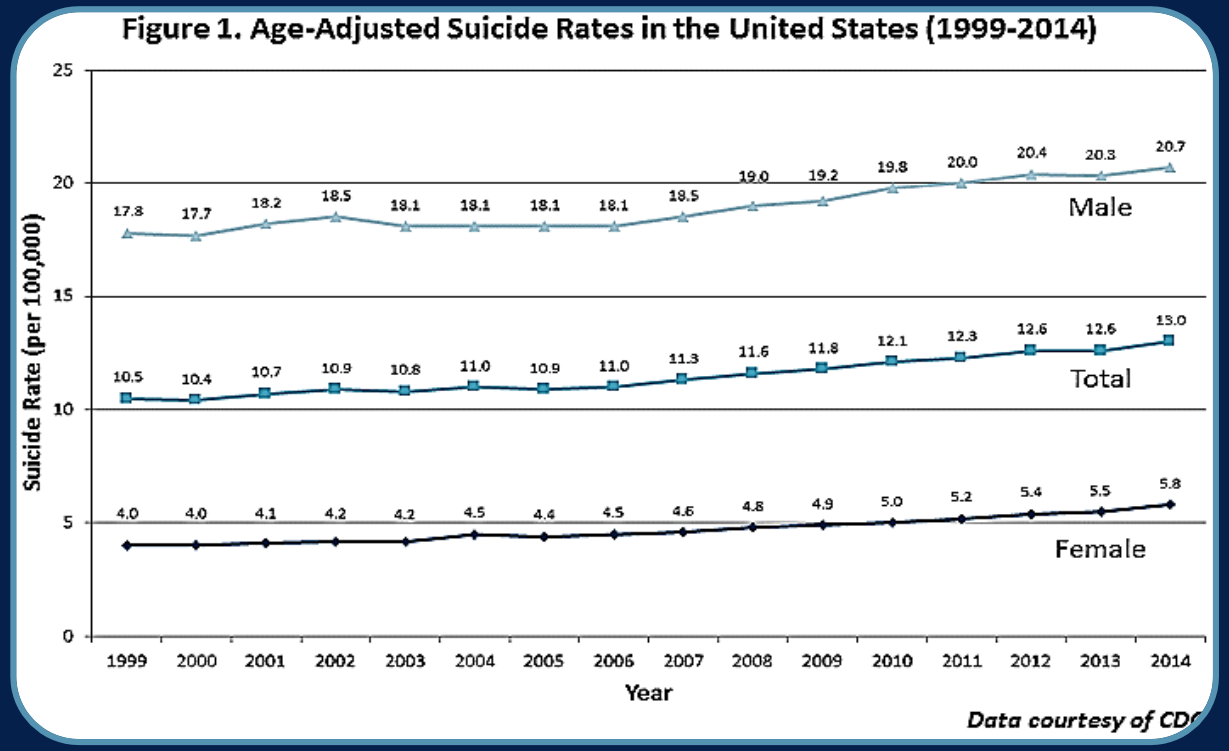
What else do you need to know?

What to do?

Suicide and Overdose Rates Increasing Each Year

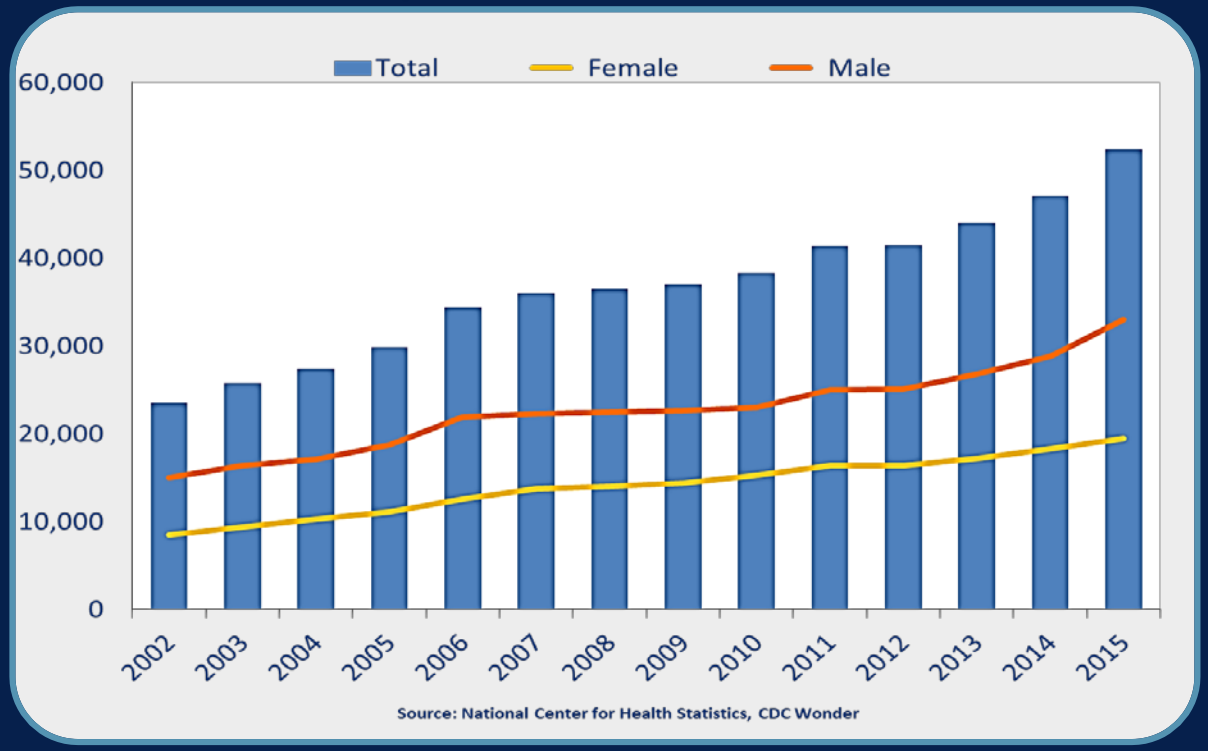
2017 about 50,000 deaths each

Suicide Trends



- More females attempt
- More males die by gun

Opioid OD Trends



- More males lethally OD
- More males die

Opioid Related Death

Opioids have the highest death rate of any psychoactive illicit-substance

The 2010 CDC report, Unintentional Drug Poisoning in the United States, cites heroin and prescription painkillers painkillers as the two leading causes of causes of overdose death in the US

Suicide rate of opioid opioid users 14 times times that of general population

46% to 70% of opioid opioid users experience experience one or more more non-lethal overdoses during their their lifetime

Opiate users who were were recently released released from prison were at higher risk of overdose

Prevalence of Suicide Risk Factors

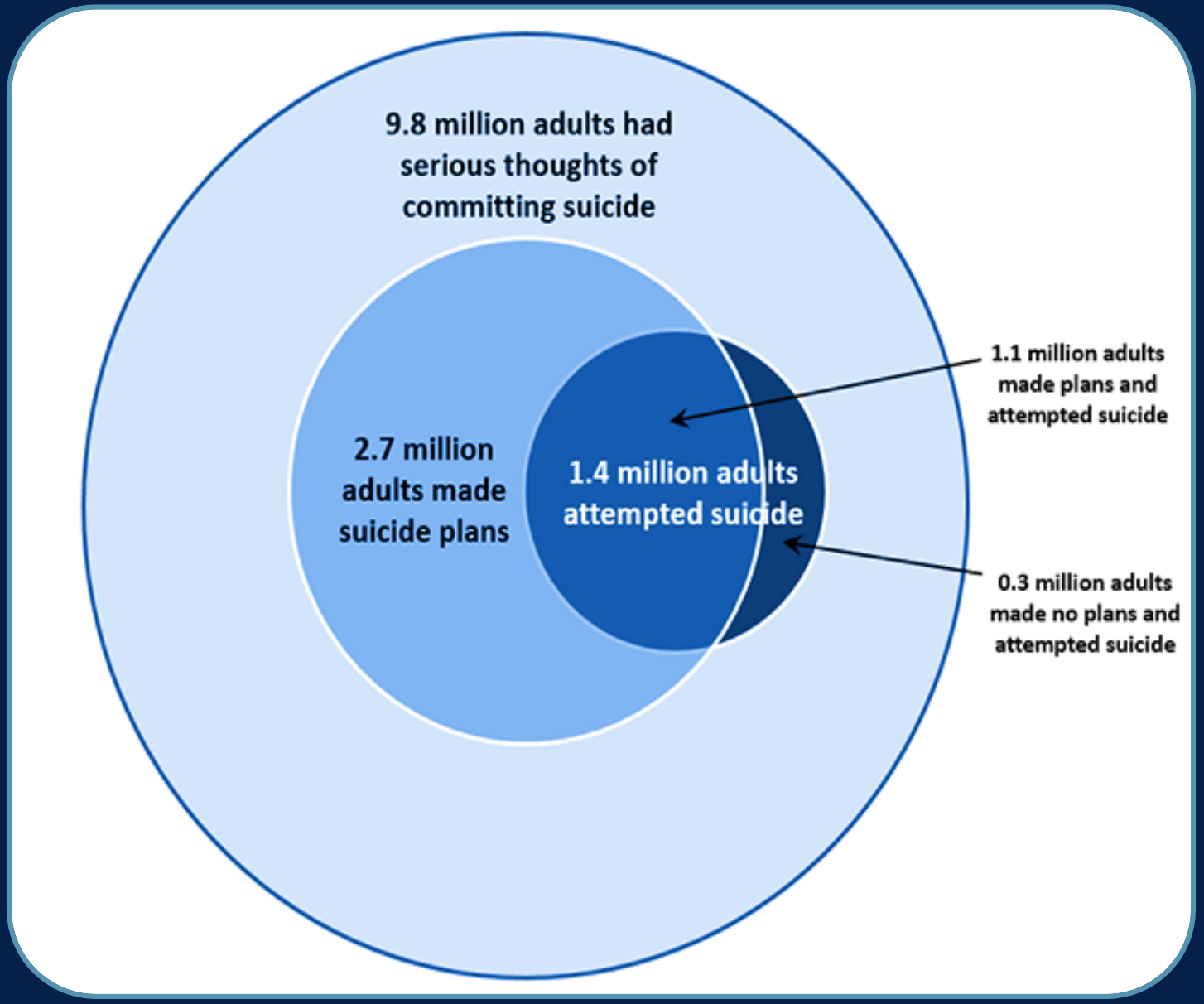
in Opiate Use Disorder Adults

While the risk factors for suicide in opiate users are similar to that of the general population, the prevalence of these risk factors is especially high in opiate abusing adults.

- Increased rates of personality disorders (ASPD, estimates of 50% or greater)
- Increased rates of depression (between 25% and 33%)
- Increased rates of social isolation and homelessness
- Increased rates of poly-substance abuse and history of overdose

Past Year Suicidal Thoughts & Behaviors Among U.S. Adults (2015)

There Were About 50,000 Suicides and About the Same Number of Opioid OD's in the Last Year



Determining Intent

Why Differentiate Intent?

Treatment

- Suicide intervention?
- Substance use intervention?
- Co-occurring disorder intervention?
- OD prevention?
- OD reversal?

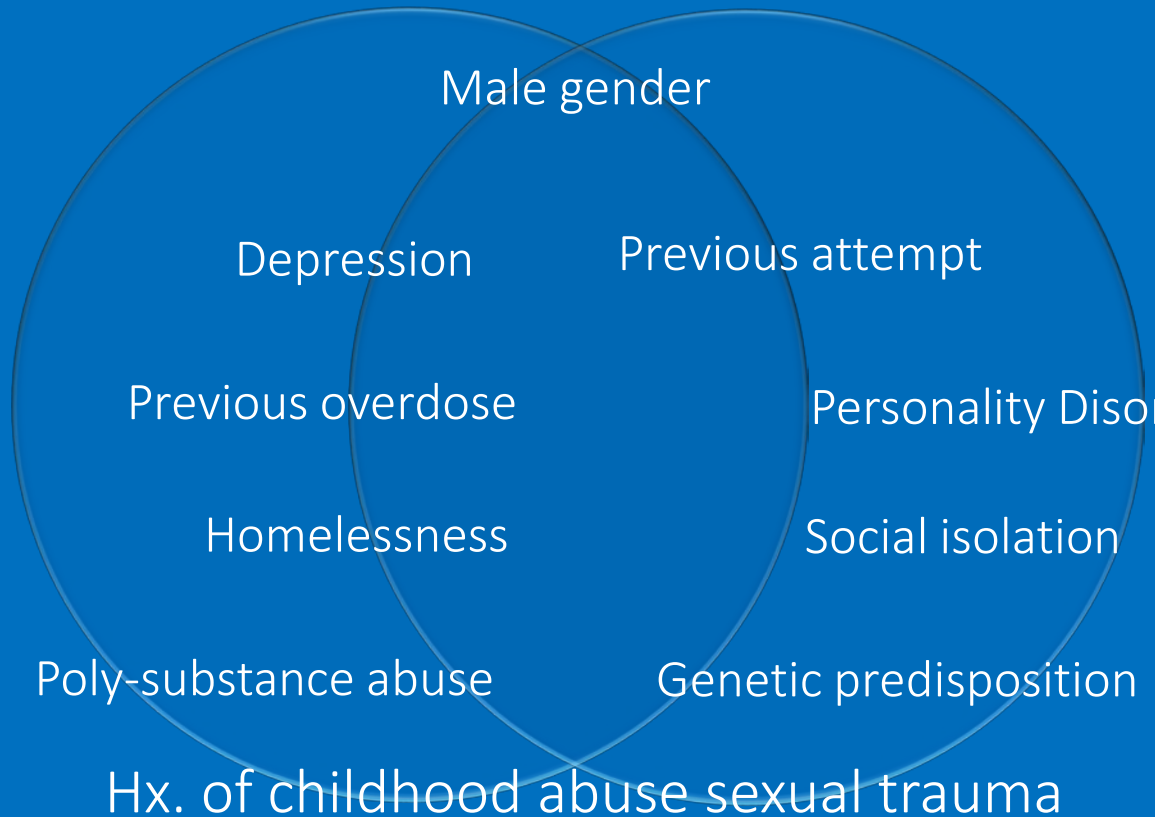
Research

- How to define Intent?
- What if they have both?

Shared Risk Factors

Between Opiate Abusers and Adults Who Commit Suicide

Risk factors for suicide in opiate users parallel risk factor or suicide in the general population.



Darke and Ross, 2002

Accidental Overdose, Planned Heavy Use or Planned Lethality?

Fully accidental

Just blot out worries

Who cares if I wake

Lethal plan

Discerning Suicide in Drug Intoxication Deaths:

Paucity and Primacy of Suicide Notes and Psychiatric History

A suicide note, prior suicide attempt, or affective disorder was documented in less than one-third of suicides and one-quarter of undetermined deaths.

The prevalence gaps were larger among drug intoxication cases than gunshot/hanging cases. [OR]= 41.14

Without psychological/psychiatric evidence contributing to manner of death classification**, suicide by drug intoxication in the US is likely profoundly under-reported**

Opioid Overdoses: Determining Intent

Comparative Toxicology of Intentional and Unintentional Overdose

Results of 977 autopsies between 1998 and 2008 conducted at Department of Forensic Medicine in Sydney, Australia.

Median **concentrations of blood morphine levels were were higher in intentional overdose deaths than in in accidental deaths,** this difference is particularly apparent at higher dosages.

Other characteristics of these high dosage suicide victims victims include: 1) Presence of Methadone, 2) Presence of Presence of anti-depressants, & 3) Lack of alcohol

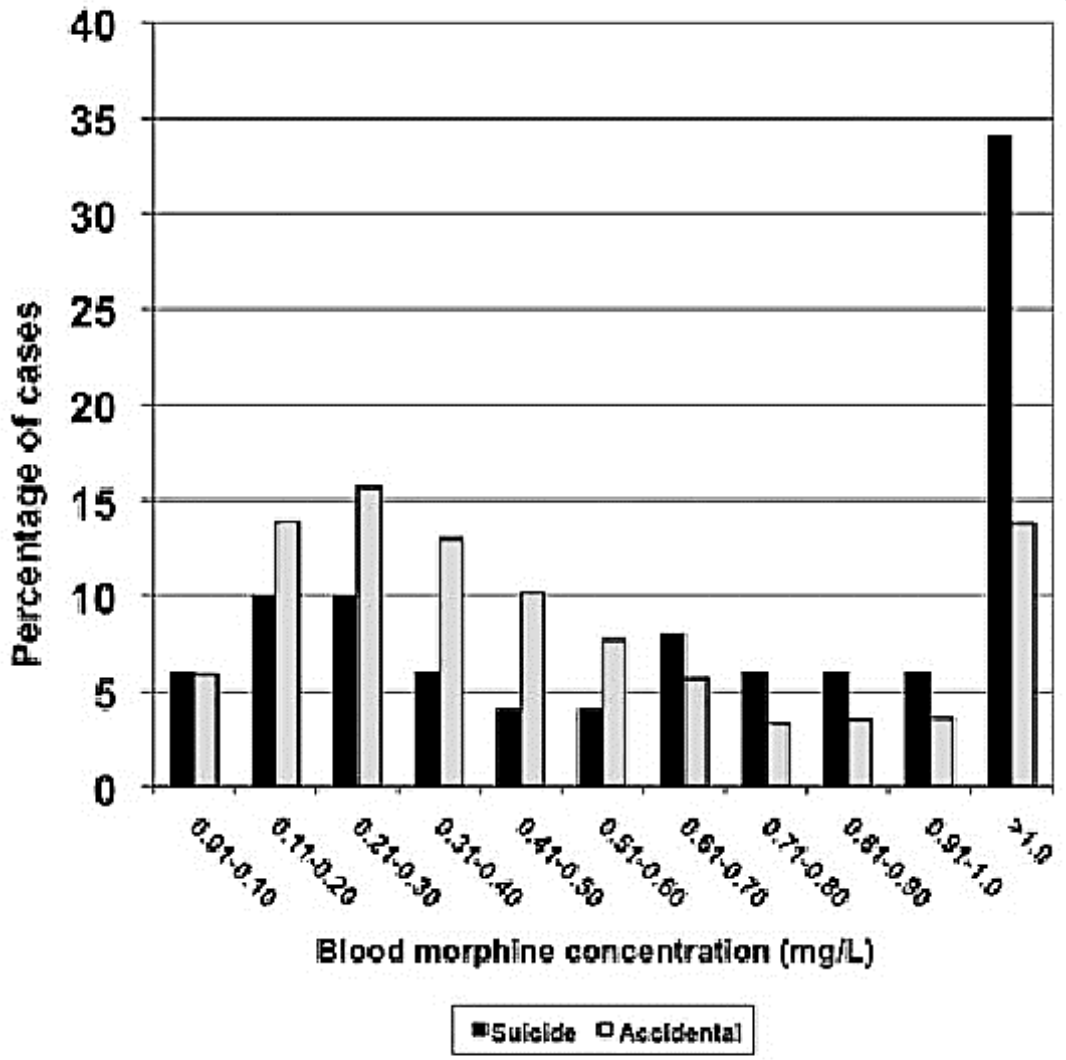
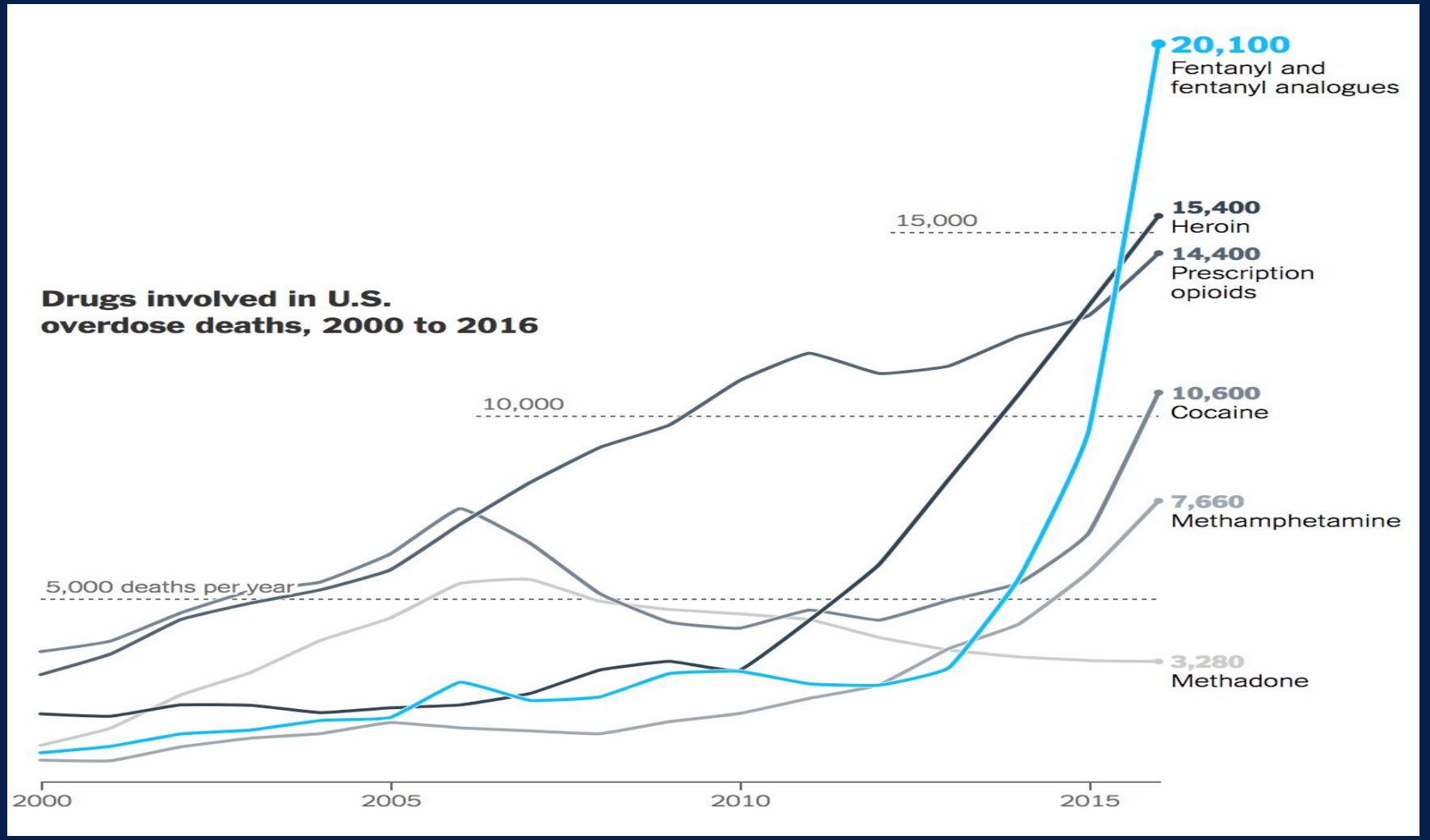


FIG. 1—*Blood morphine concentrations of intentional and accidental fatal heroin overdose.*

Fentanyl: Dancing with the Devil

2004-2015



Mortality Risk During and After Opioid Substitution Treatment: Systematic Review and Meta-Analysis of Cohort Studies

There were 19 eligible cohorts, following 122,885 people treated with methadone over 1.3-13.9 years and 15,831 people treated with buprenorphine over 1.1-4.5 years

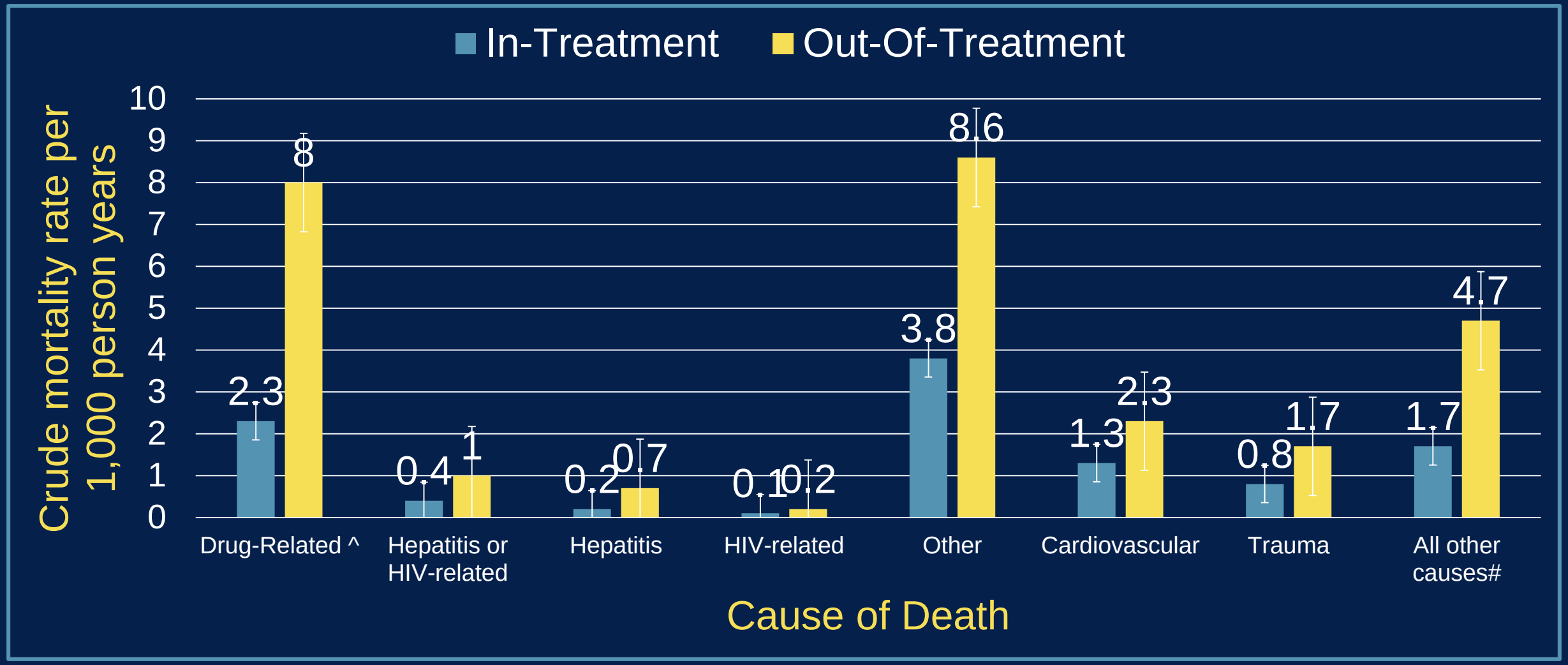
(per 1000 person years)

Methadone all-cause mortality rates	11.3 in treatment	36.1 out of methadone treatment
Buprenorphine all-cause mortality rates	4.3 in treatment	9.5 out of buprenorphine treatment

Retention in methadone and buprenorphine treatment is associated with substantial reductions in the risk for all cause and overdose mortality

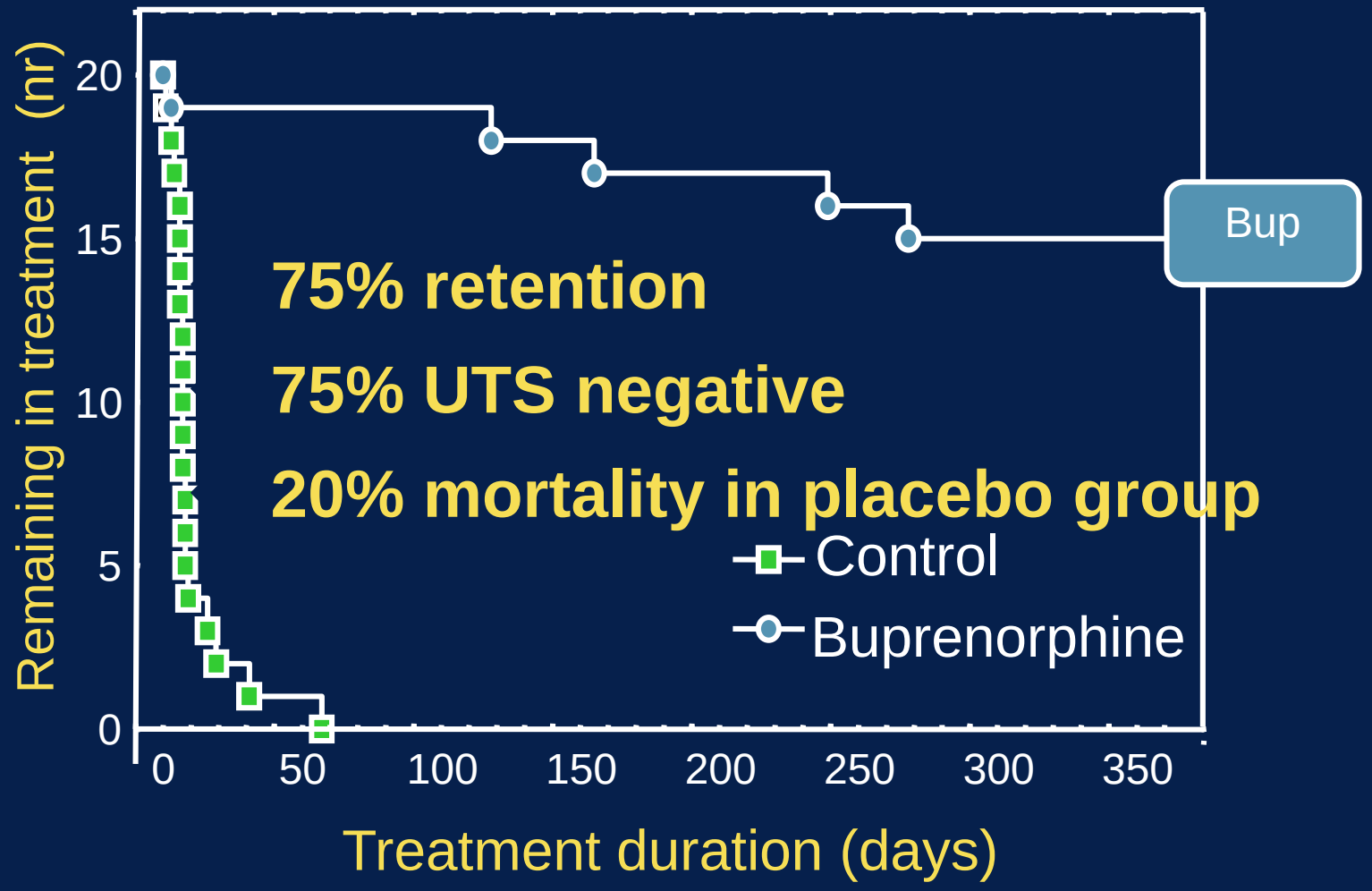
Crude Mortality Rates by Cause of Death

According to In-Treatment and Out-of-Treatment Periods (California 2006-2010)



Treatment Retention and Mortality

Bup vs Placebo in Heroin Addiction



Evidence Based Opioid OD Prevention

Methadone	· opiate replacement therapies reduce opiate overdose risk by 60-75%
Buprenorphine/Nx	· decrease by 50%
Naloxone	· ER administered Naloxone, peer administered Naloxone (I.M., I.V., S.Q., intra-nasil).
? Medically supervised injection facilities	· report low to no fatal overdose deaths.
? Educational programs	· presented at needle exchange programs
? Protocols	· limiting police intervention during overdose emergencies
? Safety cards	· for suicidal risk issues

Opioid OVERDOSE Protection:

Naloxone

- Sprayed into the nose or injected
- Reverses opioid overdose
- Available for free at many pharmacies/needle exchanges
- Carry some for you or others
- “Good Samaritan regulations”
- No one will be prosecuted for calling in an OD

What About Giving OD Education, Prevention, and Naloxone Spray to ER OD Patients?

Impacts of an opioid overdose prevention intervention delivered subsequent to acute care.

Compared overdose education combined with a brief behavioral intervention and take-home naloxone to usual care (N=241).

During the follow-up period

- 24% had at least one overdose event
- 85% had one or more ED visits
- 55% had at least one hospitalization
- with no significant differences between intervention and comparison groups.

Can Prescription Opioid Medication Initiation of Opioid Problems be Decreased?

Purpose

- To examine whether prescription of opioids within 6 weeks of low back injury is associated with work disability at 1 year.
- Nearly 14% (254 of 1843) of the sample were receiving work disability

Conclusion

- Prescription of opioids for more than 7 days for workers with acute back injuries is a risk factor for long-term disability.
- Further research is needed to elucidate this association.

Opioid Dose and Risk of Suicide

Abstract

Data were from Veterans Affairs health care system treatment records and the National Death Index. Records analyzed were those of Veterans Affairs patients with chronic pain receiving opioids in fiscal years 2004 to 2005 (N = 123,946). The main outcome measured was suicide death, by any mechanism, and intentional overdose death during 2004 to 2009.

Controlling for demographic and clinical characteristics, higher prescribed opioid doses were associated with elevated suicide risk. Compared with those receiving ≤20 milligrams/day (mg/d),

1. **20 - 50 mg/d, = 1.48**
2. **50 - <100 mg/d, = 1.69**
3. **for 100+ mg/d = 2.15.**

Is this opioid caused? Pt characteristics caused– i.e. higher dose for those doing less well?

Responding to an Opioid OD

Therefore– the best Treatments are:

Prevention of Iatrogenic opioid addiction

Opioid Medication-Assisted Treatment

- Methadone
- Buprenorphine
- Long acting Inj. Naltrexone (probable)

Naloxone nasal spray-post Hoc for either Accidental or suicidal OD

Better suicide and OD history and screening, intervention and Prevention in opioid pain and/or addiction treatment patients

Risks and Lethality of Suicide and Overdose Deaths overlap (common factors underlined)

- Risk of attempt
  - **Previous attempt**
  - Family History of Suicide
  - **Psychiatric disorder**
  - Alcohol/Drug disorder
  - **Alcohol/Drug Intoxication**
  - **Opioid Use Disorder**
  - Loss
  - **Hopelessness/end of rope**

- Risk of Lethality
  - **Male 4/1 over females**
  - Guns 70%
    - Access
  - Older >70
  - **Opioid Use Disorder**

  - **Alone/Loss of support**
  - Alcohol + other drugs
  - Serious illness
    - Medical
    - Psychiatric

WHAT ABOUT HYPOTHETICAL COMMON SUICIDE /OD SCREENING ?

Ever been seriously suicidal? 0 1 2+

Ever nearly OD'd 0 1 2+

Last time was _____

Ever made a suicide attempt? 0 1 2+

Ever nearly died from OD ? 0 1 2+

Last time was _____

- Currently having suicidal thoughts? Yes No
- *Currently at risk for OD? – fentanyl ?* Yes No

If yes:

- Do you have a suicide plan? Yes No
- *Currently Use OD to blot out Probs ?* Yes No

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Safety Card for Yourself or Others

Warning signs signal increased suicide risk and can be direct or indirect.

Direct Warning Signs

- Suicidal communication such as writing or talking about suicide
- Seeking access to suicide methods such as buying a gun
- Stocking up lethal drugs
- Making preparations for death - such as giving away prized possessions
- If observed, these signs require immediate action!

Indirect Warning Signs

- Relapse or increase in drug/alcohol use
- Increased isolation/withdrawal from others
- Hopelessness
- Talking about being a burden to others
- Increased anxiety, agitation
- Unable to sleep or sleeping all the time
- Dramatic changes in mood/extreme mood swings
- Feeling trapped – like there's no way out
- No reason for living; no sense of purpose in life
- Rage, anger, seeking revenge
- Acting reckless or engaging in risky activities (seemingly without thinking)

Safety Card for Yourself or Others

Step 1:

Take warning signs seriously

- If you are worried about the person's immediate safety
- Don't leave the person alone
- Call 911 or go to a local hospital or emergency room

National Suicide Prevention Lifeline 1-800-273-8255
Washington Poison Center 1-800-222-1222

Step 2:

Tell someone who can help

- Addiction or mental health counselor
- Doctor, social worker, nurse
- A trusted friend, family member, or sponsor
- Write down names/phone numbers of people you can call

Step 3:

Secure the environment

- Lockup firearms/give them to someone else for safekeeping
- Secure/monitor medications or pills that may be used to overdose
- Get rid of drugs and alcohol
- Naloxone Spray

Case:

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- You ask why is she seeking treatment now and has she ever been in treatment before?
  - *She reports street use of "Suboxone" which helped, a year ago. But increasing use of Heroin now, more depression and a suicide attempt by OD of high dose heroin/fentanyl a month ago when her boyfriend got sick of her use and left.*

What else do you need to know?

What to do?

Your next question is…..?

- A. **How high did you get when you OD'd**
- **B. Don't your feel guilty about trying to kill yourself?**
- **C. Are you feeling suicidal or at risk for OD right now?**
- **D. Would you like to try one of the new antidepressants?**
- **E. How about you try another doctor who takes risky patients like you?**

You ask if she is suicidal or at risk for OD right now and she says:

"no I am not suicidal right now but it has been a problem in the past more than once. I have heard that medicine "suboxone" can help depression too"

- Your response is……?

- A. Actually I only use one of the other brands of the product, all which contain buprenorphine
- B. Wow that sound tough, and yes Buprenorphine- the active medicine in "suboxone" often helps both mood and use--- tell me about other times you have been suicidal, made attempts or have had accidental or on purpose OD's.
- C. What is your work history?
- D. Ever been tested for HIV or Hep C?
- E. Have you ever been on antidepressants?

She reports 3 past suicide attempts , a month, 6 month and 2 years ago– all by what she thought would be lethal IV OD's.

She has also had 3 completely accidental OD's, probably related to fentanyl, and a couple OD's when she just didn't care, wanted to sleep and block out thinking, but wasn't actually suicidal.

Has been revived with naloxone 2 times.

You ask her again about current suicide or OD risk. She says she is hopeful for treatment and denies suicidal or OD thoughts or plans

-----But right now she says she is starting to get some withdrawal symptoms and she feels like using.....

- Now what do you do?
- A. Tell her motivated patients can do a good history right through withdrawal and this will be a test of her motivation
- B. Tell her you need to do HIV and Hep C tests before you can prescribe
- C. Tell her you would need a chest xray and BP before doing anything
- D. Prescribe 3 days of BupNx 12 mg a day stat, and tell her to come back for a more thorough work up tomorrow or the next day
- E. Give her clonidine and tell her to come back later for

Thank you !!