

To: All Providers
From: PerformCare
Date: July 01, 2024
Subject: Suicide Prevention Memo #18: Opioid Disorder and Suicidal Thinking

For July, PerformCare would like to share information related to suicide and those we treat with Opioid Use Disorders (OUD). As indicated in May, this is an expansion on the information provided previously to address Substance Abuse Disorders (SUD) and suicide risk more fully.

Those in treatment for OUD are at higher risk for having suicidal thoughts and attempting suicide. According to the Philadelphia College of Osteopathic Medicine, in 2023, 37% of those in treatment for OUD reported having suicidal thoughts, while 27% reported an attempt. These statistics are much higher than in the general population where 15.6% had thoughts of suicide and 5% had non-fatal attempts to take their life. Ritzk et al. (2021) reported that those who use opioids were 14 times more likely to die by suicide than members of the general population. They highlighted that OUD is associated with the highest risk amongst all SUDS.

Ritzk et al. (2021) presented models for the increased risk for suicide in those with OUD. They noted that common risk factors are more prevalent for those who have OUD including having limited viable family and social support networks, economic disadvantages such as unemployment and/or homelessness, and having a history significant for trauma. These factors elevate risk for both suicide and the propensity to have an OUD or both. An additional risk factor for those with OUD is the high likelihood of having co-morbid psychiatric conditions. 75% of those with OUD also meet criteria for one or more psychiatric diagnosis. These conditions may be exacerbated by the OUD or caused by a disruption in neurochemistry from the impact of the substances to the brain. The impact of opioids on brain chemistry can lead to an exacerbation of negative affective states which correlate to an increased risk of suicide. More specifically, the authors explain the intricacies of how chronic opioid use leads to tolerance, impacting complex brain structures. These impacts alter one's ability to tolerate psychiatric pain and regulate mood, which mediates both suicide attempts and deaths.

The epidemiology and biopsychosocial risk factors for suicide for those with OUD outlined above, speak to the specificity needed in the treatment of this population. These findings should be considered for treatment of this population in general and for those with OUD who disclose suicidal thinking. There are clear implications for both assessment and risk management for this population. Also apparent is importance of a highly individualized crisis response plan specific to the suicidal thinking and behaviors in those with OUD.

References

<https://www.pcom.edu/campuses/philadelphia-campus/news-and-events/pcom-news/opioid-use-disorder-patients-report-higher-rates-of-suicidality.html>

Rizk MM, Herzog S, Dugad S, Stanley B. Suicide Risk and Addiction: The Impact of Alcohol and Opioid Use Disorders. *Curr Addict Rep*. 2021;8(2):194-207. doi: 10.1007/s40429-021-00361-z. Epub 2021 Mar 14. PMID: 33747710; PMCID: PMC7955902.