Opioid Overdose Death and Suicide Link Data Sources

US CDC Drug Overdose Death Data- Data and charts of increases and rates US and by state

https://www.cdc.gov/drugoverdose/data/statedeaths.html

Opioids—prescription and illicit—are the main driver of drug overdose deaths. Opioids were involved in 42,249 deaths in 2016, and opioid overdose deaths were five times higher in 2016 than 1999.

In 2016, the five states with the highest rates of death due to drug overdose were West Virginia (52.0 per 100,000), Ohio (39.1 per 100,000), New Hampshire (39.0 per 100,000), Pennsylvania (37.9 per 100,000) and (Kentucky (33.5 per 100,000).

Significant increases in drug overdose death rates from 2015 to 2016 were seen in the Northeast, Midwest and South Census Regions. States with statistically significant increases in drug overdose death rates included Connecticut, Delaware, Florida, Illinois, Indiana, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Vermont, Virginia, West Virginia, and Wisconsin.

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Attorney General Janet Mills Releases 2017 Maine State Drug Death Statistic

https://www.maine.gov/ag/news/article.shtml?id=788298

www.maine.gov/ag/news/index.shtml. For full report
http://www.maine.gov/tools/whatsnew/attach.php?id=788298&an=1

The State of Maine saw 418 drug-induced deaths in 2017, according to figures released today by Attorney General Janet Mills. Drug overdose deaths increased by 11% in 2017 over the previous year. The data was collected and analyzed by Marcella H. Sorg, PhD, of the Margaret Chase Smith Policy Center, under a contract with the Office of the Attorney General. 49 people or 12 % were ruled as suicides

While the increase is not as significant as the nearly 40% increase in deaths in 2016 over the previous year, the number of deaths in 2017 was driven by a sharp increase of 27% in deaths due to illegal fentanyl and fentanyl analogs, while heroin deaths decreased. In addition, 2017 saw an increase in both cocaine and methamphetamine deaths and a decrease in deaths caused by benzodiazepines.

Omissions On Death Certificates Lead To Undercounting Of Opioid

Overdoses http://mainepublic.org/post/omissions-death-certificates-lead-undercounting-opioid-overdoses#stream/0

2016 Patterns of Drug-induced Mortality in Maine, 2015 Update

https://digitalcommons.library.umaine.edu/cgi/viewcontent.cgi?article=1734&context=mpr

<u>IEXPANDED MAINE DRUG DEATH REPORT FOR 2016 Overview</u> <u>www.mainehealthindex.org/sites/default/files/Drug%20Death%202016%20Final%20Rpt%20Ap</u> <u>ril%2011%202017.pdf</u>

376 deaths; 38 confirmed as suicdes (10%)

The relationship between suicide and heroin overdose among methadone maintenance patients in Sydney, Australia

Shane Darke

Joanne Ross

Abstract

Aims. To examine the relationship between attempted suicide and non-fatal heroin overdose among methadone maintenance patients. Design. Cross-sectional survey. Setting. Sydney, Australia. Participants. Two hundred and twenty-three methadone maintenance patients. Findings. Forty per cent of participants reported a history of at least one suicide attempt. Females were significantly more likely than males to have attempted suicide (50% vs. 31%), and to have done so on more than one occasion (28% vs. 15%). There was a large difference between males and females in the onset of attempted suicide. Females reported an initial attempt, on average, 6 years earlier than males (18.3 vs. 24.7 years), and were significantly more likely than males to have attempted suicide prior to the onset of heroin use (69% vs. 11%). While heroin overdose was common among the sample (66%), the most common methods employed for suicide attempts were overdose of a non-opioid drug (21%) and slitting of wrists

(20%). A deliberate heroin overdose as a means of attempted suicide was reported by 10% of participants. Heroin overdoses appeared overwhelmingly to be accidental. Ninety-two per cent of those who had overdosed reported that their most recent overdose was accidental. Conclusions. Attempted suicide presents a major clinical problem to staff at drug treatment programmes, but one distinct from heroin overdose. While both overdose and suicide present increasing clinical problems, they are separate problems, and require different responses.

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Balancing on the edge of death: suicide attempts and life-threatening overdoses among drug addicts

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Abstract

Aims. Assessment of prevalence of non- fatal overdoses and suicide attempts and predictors of and co- variation between such behaviours among drug addicts. Design. Cross- sectional survey. Setting. Inpatient and outpatient treatment units in Norway. Participants. National sample of 2051 drug addicts admitted to treatment in Norway in 1992- 93. Measurements. Self- reports of suicide attempts and of life- threatening overdoses from structured interviews with therapists. Findings. Almost half (45.5%) the clients reported having experienced one or more life-threatening overdoses. A third (32.7%) reported one or more suicide attempts. Suicide attempts were more often reported among those who had overdosed (odds ratio (OR) = 6.3), and the number of life- threatening overdoses and number of suicide attempts were positively and moderately associated (Pearson's r = 0.39). Drug addicts who had exhibited both life-threatening behaviours were characterized by polydrug use, poor social functioning and HIV risk- taking behaviour. Suicide attempters were also characterized by psychiatric problems.

Conclusions. The substantial co-variation between suicide attempts and drug overdose suggests some common underlying causal factors. These seem to be related to heavy drug use and poor social integration.

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