“Deaths of Despair: How Connection is Essential to Recovery”

GEOFF WILSON, LCSW, LCADC
THE OFFICES OF PAUL DALTON
Agenda

- The Lay of the Land
- What are Deaths of Despair and What Influences Them
- How can we More Effectively Address Deaths of Despair
- Connection is the Key!
- Questions Along the Way
Deaths of Despair

- Deaths of despair are defined as deaths to drugs, alcohol, and suicide, and often are associated with socioeconomic factors. Unemployment during the Great Recession (December 2007–June 2009) was associated with an increase in suicide deaths and drug overdose deaths.

- Drug and Alcohol use disorders are often seen as isolative illnesses, that take a heavy emotional toll.

- Mental health illnesses are also very isolative in nature, with continued stigma experienced for those that struggle with both substance use and mental illness.
Snapshot of the US

- Trauma
- Suicide
- Substance Use Disorders/Overdoses
- Covid-19
What Makes Something Traumatic?

- Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being. (SAMHSA)

- Does Covid-19 Apply to This??
The Impact:
Prevalence of Trauma

- Approximately 960,000 incidents of violence against a current or former spouse, boyfriend, or girlfriend per year
- More than 1 in 3 women in the USA have experienced rape, physical violence, and/or stalking by an intimate partner
- More than 1 in 4 men in the United States have experienced rape, physical violence, and/or stalking by an intimate partner
- Nearly 80% of female offenders with a mental illness report having been physically and/or sexually abused
- More than 3 in 4 women and men in treatment for substance use disorders report trauma histories
Prevalence of Trauma

- In the United States, it is estimated that 5 million children are exposed to traumatic events yearly (Ruzek et al., 2007).

- Seventy to ninety percent of people will be exposed to a traumatic event at some time in their lives.

- By age 11, 11% of youth have experienced a traumatic event.
Prevalence of Trauma is Higher in Certain High-Risk Groups

According to the National Child Abuse and Neglect Data System:

More than half of African-American, Hispanic, and Native American teens have witnessed violence in their lifetime.

Other High-Risk Groups:
- Homeless Population
- Lesbian, gay bisexual, and transgendered individuals.
- Youth whose parents have a criminal record or history of mental illness.
- Urban youth who have a high percentage of unmonitored and unstructured time.
- Refugee children and adolescents, particularly with no adult caregiver.
Suicide: The Silent Epidemic

- In 2018, there were 48,344 suicides in the US, up from 42,773 in 2014, according to the CDC’s National center for Health Statistics, (NCHS).

- On average, adjusted to age, the annual US suicide rate increased 24% between 1999 and 2014, from 10.5 to 13.0 suicides per 100,000 people, the highest rate recorded in 28 years.

- There were more than two and a half times as many suicides (48,344) in the US in 2018 as there were homicides (18,830)!
Suicide: The Silent Epidemic

- **Suicide** is the SECOND leading cause of death for ages 10-34. (2018 CDC WISQARS)

- **Suicide** is the SECOND leading cause of death for college-age youth and ages 12-18. (2018 CDC WISQARS)

- More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, COMBINED!!
Suicide: The Silent Epidemic

- Suicide is the leading cause of death among people with substance use disorders (SUDs).
- Comorbidity—or co-occurring mental illness and substance abuse disorders—increases the risk even further.
- Compared to the general population, people treated for alcohol abuse or dependence are at about ten times greater risk for suicide.
- Alcohol is present in about 30 to 40 percent of suicides and suicide attempts.
Substance Use Disorders: The Silent Epidemic

- 20.7 million adults had a Substance Use Disorder.
- 43.7 million adults had a Mental Health Disorder
- 8.4 million had comorbidity: SUD and MH
More than 40 states have reported increases in opioid-related mortality as well as ongoing concerns for those with a mental illness or substance use disorder in counties and other areas within the state. This also includes new reports about the need for evidence-based harm reduction services, including sterile needle and syringe services and naloxone.

‘Don’t give up’ After years of decline, Lexington’s overdose deaths are rising fast” Lexington Herald Leader, August 31, 2020

The number of overdose deaths so far this year has surpassed the 128 drug-related fatalities in 2019.
Overdoses Back on the Rise in the US!

- Nationally, overdose deaths are also on the rise, data shows.
- The number of drug overdoses increased 13 percent in the first months of 2020 over the previous year, according to a New York Times analysis. If that trend continues, the country could see the steepest spike in overdose deaths since 2016.
- City and local health officials have been watching the number of overdoses since the first coronavirus case was reported in March. Even in May, Fayette County coroner’s office data showed overdoses up 42 percent for the first several months of 2020 compared to 2019.
Overdoses Back on the Rise in Kentucky!

- In Kentucky, the number of suspected opioid overdose responses by emergency medical services (EMS) has sharply increased since Gov. Andy Beshear declared a state of emergency regarding COVID-19 in early March.

- According to the Kentucky Injury Prevention and Research Center, the number of total EMS opioid overdose encounters increased dramatically from just about 25 encounters on Feb. 12 to nearly 40 on March 19 and more than 70 on May 2 this year.
Overdoses Back on the Rise in Kentucky!

- According to KRDHD Public Health Director Scott Lockard, some parts of the state saw an increase in the supply of counterfeit pharmaceutical pills — pills manufactured to look like Xanax or Lortab that are also mixed with Fentanyl. These counterfeit pills provide a higher dose of an opioid than the buyer is used to, which typically results in an overdose.

- Bearden said those counterfeit pills, along with other drugs, may be causing more people to overdose and die.

- “There’s a lot of bad dope out there right now, and people are getting their hands on anything that they can because there’s a scarcity,” Bearden said. “There’s an underlying fear with the COVID-19 of not being around people. They’ll get their hands on anything they can, get back home, be isolated, use and I believe a lot of people are overdosing and dying from that.”
Opioids and Suicide: Three Possible Links

1. High doses of Opiates offer increased access to a lethal means

2. Opioids have disinhibiting effects, increasing the likelihood of acting on suicidal impulses.

3. People who take higher opioid doses share other characteristics that explain the link to suicide (SAMHSA)

Take Home: Adults who have an Opioid Use Disorder are 13x more likely to die by suicide than the general population. (Ilgen et al., 2016; Ashrafioun et al., 2017; Wilcox, Conner & Caine, 200
Alcohol Use Amplifies Suicide Risk

- Between 40-60% of those who die by suicide are intoxicated at the time of death.
- 18-66% who die by suicide have some alcohol in their blood at the time of death.
- Middle- or older-aged alcoholics at greater risk than younger alcoholics.
- Alcohol use disorders are a significant risk factor for “medically serious” suicide attempts.

Conner; SAMHSA, 2010
Alcohol Use and Suicide

- More likely to be severely impaired because of comorbid psychiatric problems and other substance use disorders.
- More severely impaired due to alcohol-dependence characteristics.
- Have stronger family history of suicide attempts (first degree relatives).

“Alcohol dependence is a type of chronic suicide”
The Impact of Covid-19
(As of Last Week!)

- 6,644,255 cases in the United States
- 197,597 deaths in the United States
- 3,918,867 recovered in the United States
- 22,866,198 cases worldwide
- 797,166 deaths worldwide
- 15,521,145 recovered worldwide
- Economy has contracted, unemployment, eviction fear, healthcare, education, food and supply chains impacted, isolation, disruption to routine, fear, anxiety, depression, addiction and overdoses back up............

- World War II: 405,399
But What About Deaths of Despair???

More Americans could lose their lives to deaths of despair, deaths due to drug, alcohol, and suicide, if we do not do something immediately.

Deaths of despair have been on the rise for the last decade, and in the context of COVID-19, deaths of despair should be seen as the epidemic within the pandemic.
What Causes Deaths of Despair??

- It’s important to note that the underlying causes that drive “deaths of despair” for all in America are multifaceted. They include social and individual-level factors such as isolation and loneliness; systemic issues such as a fractured health care system and lack of culturally and linguistically competent care; and finally community conditions such as systemic racism and structural inequalities in education, income, transportation and housing.

- These are further undergirded by a consistent lack of economic opportunity, stigma, and a combination of opportunity-limiting cultural and environmental factors in communities.

- 37.5 deaths per 100,000 in Mississippi vs 99.0 deaths per 100,000 in New Mexico! Kentucky- 69.0 deaths per 100,000
The Impact of Covid-19

- Hourly workers as well as salaried professionals have been laid off and furloughed indefinitely. Isolation, whether called social isolation or physical distancing is leading to loss of social connection and cohesion. No groups over 10, no cinema (a mainstay of the Great Depression), no sports, no clubs or social organizations, no church services.

- Virtual community may not be enough to hold off the impact of isolation and loneliness.

- And finally, uncertainty. The stress of uncertainty has a serious impact on the emergence and worsening of mental illness (Wu et al, 2020; Grupe and Nitschke. 2013).
"The isolation is causing people to lose boundaries on their behaviors," Miller explained.

For example, with social norms on the back burner, some people are doing things they wouldn't normally -- like drinking in the middle of the day. If that becomes a habit during social isolation, it may be hard to break and could lead to alcohol abuse and possibly later health problems.
Meet Mady Ohlman
Mady was 22 yrs old when she set up a bunch of needles of heroin to shoot up repeatedly to end her life. She weighed 90 lbs, was shooting heroin to avoid feeling violently ill, and “doing all these things you don’t want to do that are horrible- selling my body, stealing form my mom, and sleeping in my car,”……Ohlman says, “How could I not be suicidal.”
“You realize getting clean would be a lot of work, Ohlman says, her voice rising. “And you realize dying would be a lot less painful. You also feel like you’ll be doing everyone else a favor if you die.”

(How Many Opioid Overdoses are Suicides: NPR, March 15, 2018)
Goal:

A range of efforts at containing the COVID-19 pandemic must be rigorously applied to minimize deaths from infection. Policies that maintain infection control while addressing the mental health and addiction needs of the people will balance the impact of COVID-19 across all sectors.
Solutions!

- Harvard physician Peter Greenspoon wrote an article that describes how both COVID-19 and our public response increases risk of relapse and overdose for people in treatment for opioid use disorder.

- He identifies four factors that contribute to increased risk:
  - 1. Disruption in Treatment and Support
  - 2. Isolation-Related Stress
  - 3. Overwhelmed Healthcare System
Social Determinants of Health

- Neighborhood and Built Environment
- Health and Health Care
- Economic Stability
- Education
- Social and Community Context

SDOH
Solutions: The Opposite of Addiction is Connection

The pandemic has created the greatest forced isolation in our modern history. We are physically distant but must socially connect (Bergman et al, 2020).

Connect Online: See friends and family by Zoom or phone. Feeling understood and sharing feelings of pain can help alleviate your personal struggle. And I must admit, I have been calling more friends and family than ever, and it just feels good to talk to someone over the phone.
Connection and Recovery

- Connection encourages social, physical, mental, and emotional contact and healing. When others empathize with us, validate our pain or positive experiences or find ways to soothe us when needed, we are able to develop a connection with them.

- **Earned Security**: Individuals who were not graced with this in childhood can learn to securely attach: Through Therapy, support groups, other healthy and healing relationships.
Solutions: Employment

- Central to many of the problems in our communities will be the need to find employment. The literature is clear that unemployment is a risk factor for suicide and drug overdose as well as a decrease in overall health status. To this end, policy solutions must focus on providing meaningful work to those who are unemployed.

- Service can be a powerful antidote to isolation and despair, and COVID-19 offers new and unique opportunities to employ a new workforce – whether that be through contact tracing – helping local public health department track the virus – or through community health services where a new corps of community members are employed to provide help to those in the most need.
Solutions: Integrated Health

- We must immediately engage all COVID-19 response and recovery efforts in mental health screening and treatment. It is not just the job of mental health clinicians, or even primary care, to find and treat all those suffering from the mental health impacts of unemployment, social isolation, and the fear of uncertainty.

- As we create teams to test, track and trace COVID-19 infections, we must also test, track, trace, and treat patients suffering from mental health and substance use disorders.
Care, especially primary and mental health care, has historically been fragmented. Individuals have had to work harder to get the care they need, and often that care is not delivered in a timely or evidence-based fashion.

If COVID-19 has highlighted anything about our current delivery system, it’s that asking people to come to a clinic or a hospital is not always the best approach. Policies that support creative opportunities for care delivered at home, virtually or in-person will provide comfort and safety.

The idea of a home visit or a house call is not new, and for professions like primary care, it can be a major benefit for countless. The artificial walls we have created around who can be seen where, by whom, and for what, have not been proven to work effectively for mental health. It’s time to consider policies that bring care to people as one avenue for mitigating despair and providing help to those who need it most.
“The vast majority of people I know in recovery often talk about this profound sense of re-establishing – and sometimes for the first time – a connection to a much larger community” - Michael Botticelli, Director of Grayken Center for Addiction, Boston Medical Center

“Meetings; 12 steps; sponsorship and networking; being involved with people doing what I’m doing”, says Mady Olhman, ticking through a list of her priorities

Connection!
Self-care for parents in a pandemic: Finding the time when you don't have it

"Failing to take care of ourselves actually compromises and hinders our effective caretaking of others," said Robin Smith, a Maryland-based marriage and family therapist. "Our nervous systems encounter more wear and tear. We get stressed out more easily," he added. This in turn raises cortisol, leading to poorer sleep that then restricts mental and physical performance the next day, not to mention impacts your mood.
Care Through Text!

- **IN A CRISIS?**
- **Text HOME to 741741 to connect with a Crisis Counselor**
- Free 24/7 support at your fingertips US and Canada: text 741741 UK: text 85258 | Ireland: text 50808
- **Text Us Or, message us on Facebook.**
References

- Substance Abuse and Mental Health Services (SAMHSA): http://www.samhsa.gov
- Centers for Disease Control and Prevention (CDC) Preventing Suicide: Program Activities Guide: http://www.cdc.gov/ncipc/dvp/Preventing_Suicide.pdf
- (Wu et al., 2020; Grupe and Nitschke. 2013).
- (Ilgen et al., 2016; Ashrafioun et al., 2017; Wilcox, Conner & Caine, 2000)
- National Institute on Alcohol Abuse and Alcoholism: http://www.niaaa.nih.gov
- Suicide Prevention Resource Center (SPRC): http://www.sprc.org
- Suicide Prevention Lifeline: http://www.suicidepreventionlifeline.org
- (Gould et al., 2005).
- (Kapur, Cooper, King-Hele, Webb, Lawlor, Rodway, et al., 2006)

Overdose: The Intersection of COVID-19 and the Opioid Epidemic: Christopher Johnston, MD, ABPM-ADM

- (Pokorny, 1983).
- (Martunnen et al., 1993).
- (Shneidman, 1985)
- Conner; SAMHSA, 2010
- Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2017
- (2013 CDC WISQARS)
- (How Many Opioid Overdoses are Suicides: NPR, March 15, 2018)
Questions, comments, concerns!

- Thank You!!
- Geoff Wilson, LCSW, LCADC
- The Offices of Paul Dalton/Lexington Counseling & Psychiatry
- 501 Darby Creek Rd., Suite 11
- Lexington, KY 40509
- Geoffwilson914@gmail.com
- 859.229.5722