

Pain in the Nation: How High Rates of Suicide, Alcohol, and Overdose Deaths Require a Comprehensive Resiliency Strategy

> Congressional Briefing May 19, 2021 1:00 – 2:30 PM Eastern @HealthyAmerica1

Pain in the Nation:

Alcohol, Drug, and Suicide Epidemics SPECIAL FEATURE: COVID-19 AND TRAUMA







MAY 202

ISSUE REPORT



Audio

Audio is through your computer speakers or headphones.



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V Multimedia Viewer

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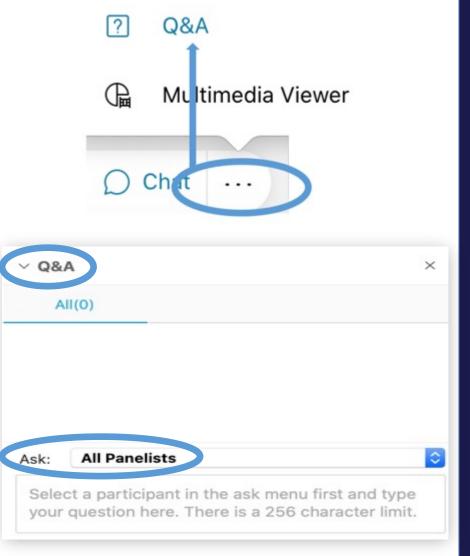
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Q&A Feature

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- 3. Select Ask: All Panelists
- 4. Hit Enter



Moderator



John Auerbach, MBA President and CEO Trust for America's Health

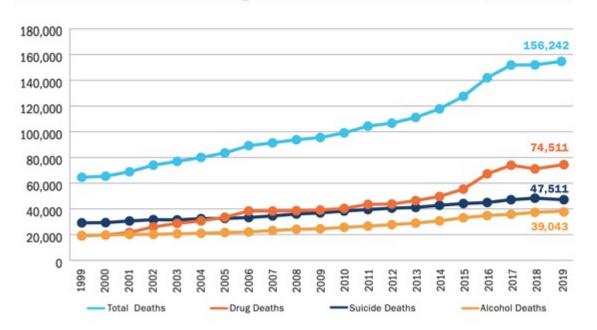
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Pain in the Nation: Alcohol, Drug, and Suicide Epidemics Special Feature: COVID-19 and Trauma

May 2021

- Drug & Alcohol Deaths Increased
- Suicide Deaths Slightly Lower
- Demographic Change for Drug Deaths



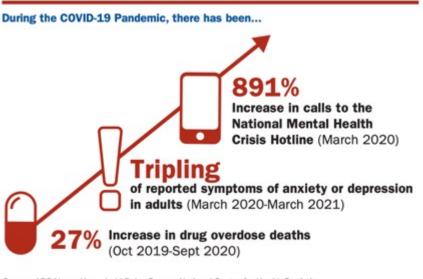
Annual Deaths from Alcohol, Drugs, and Suicide in the United States, 1999–2019

Source: TFAH and WBT analysis of National Center for Health Statistics data

COVID-19 and Trauma

Direct illness, trauma and grief from COVID + indirect stress from financial strain, social isolation, learning loss, disruption of support services and healthcare

- 1. More Americans in crisis
- 2. Deteriorating mental health, particularly among certain populations
- 3. More substance use
- 4. Higher rates of drug overdoses



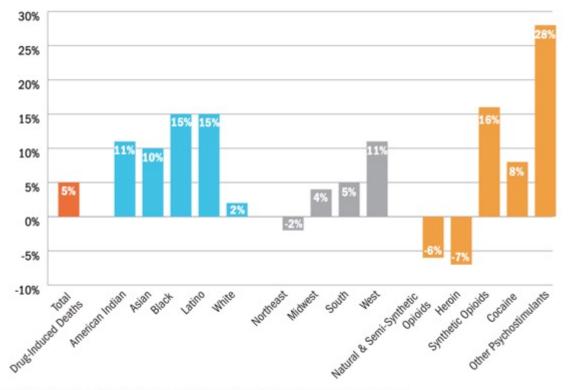
Source: ABC News; Household Pulse Survey, National Center for Health Statistics



2019 Trends and Takeaways

- Continued increase in combined alcohol, and drug deaths
- Decline in Certain Drug Classes
- Divergence in Drug Mortality Trends

Percent Change in Age-Adjusted Rates of Drug-Induced and Drug-Specific Overdose Mortality, 2018-2019



Source: TFAH and WBT analysis of National Center for Health Statistics data

Solutions and Recommendations

Invest in Prevention and Conditions that Promote Health

Address the Worsening Drug Use and Overdose Crisis

Transform Mental Health and Substance Use Prevention and Treatment Systems





Welcome to Our Panelists



Debra Houry, MD, MPH Director, National Center for Injury Prevention and Control Center for Disease Control and Prevention



John A. Rich, MD, MPH Co-Director Center for Nonviolence and Social Justice, Professor Drexel University School of Public Health



Isha Weerasinghe, MSc Senior Policy Analyst Center for Law and Social Policy



Benjamin F. Miller, Psy.D Chief Strategy Officer Well Being Trust



Debra Houry, MD, MPH Director, National Center for Injury Prevention and Control Center for Disease Control and Prevention

cdc.gov/injury

Pain in the Nation Congressional Briefing

Deb Houry, MD, MPH Director National Center for Injury Prevention and Control Centers for Disease Control and Prevention

www.cdc.gov/injury



The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

CDC Injury Center Strategic Priorities



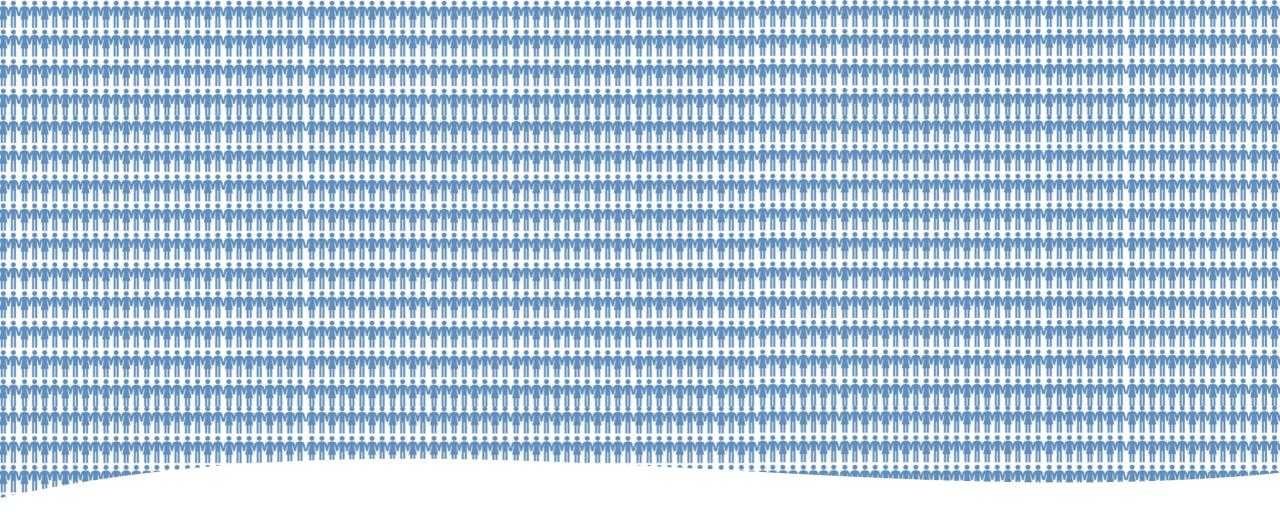
ADVERSE CHILDHOOD EXPERIENCES

DRUG OVERDOSE

SUICIDE

Opioid Overdose

🌾 🚥



More than 87,000 drug overdose deaths* occurred in the United States in the 12 months ending in September 2020.

Overdose Data to Action

\$300 million per year

47 states, D.C., 16 localities, and 2 territories

Excessive Alcohol Use

Excessive alcohol use is associated with more than 95,000 deaths each year.







11%

Reported having seriously considered suicide in the preceding 30 days

13%

Reported having startedor increased substanceuse

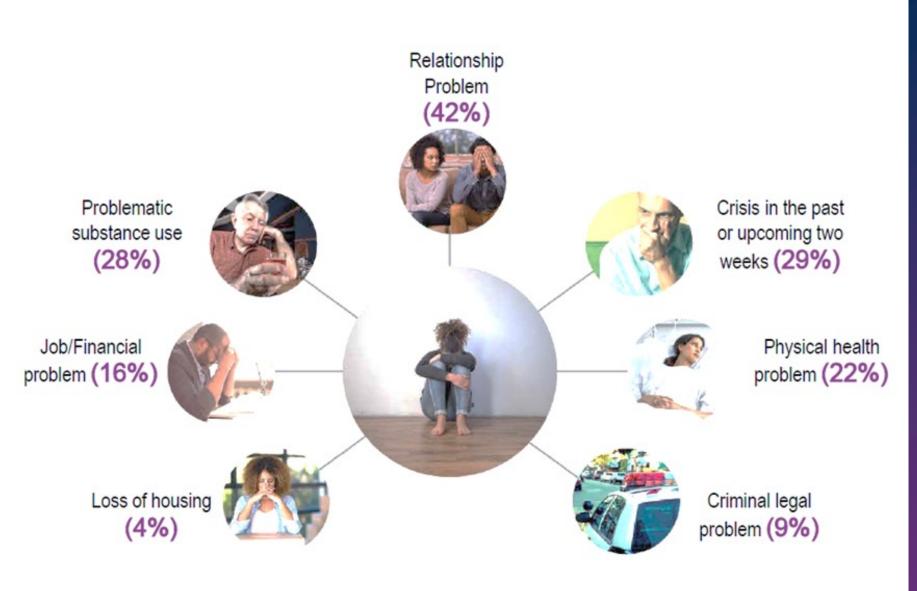
26%

Reported trauma/stressor-related disorder symptoms

31%

Reported symptomsof anxiety disorderor depressivedisorder

40% of US adults reported elevated adverse mental health conditions associated with COVID-19 last summer



Many factors contribute to suicide among those with and without known mental health conditions





Comprehensive Suicide Prevention



\$7 million for five years

85 applicants

9 sites

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Adverse Childhood Experiences



1 in 6 adults experienced four or more types of ACEs.

61%

of surveyed adults reported experiencing at least one ACE.

Females, LGBTQ+ individuals, and most racial/ethnic minority groups are at higher risk of experiencing 4+ ACEs.

Adverse childhood experiences have lasting impacts



Injury

- Traumatic Brain Injury
- Fractures
- Burns





Risk Behavior

- Alcohol & Drug Abuse
- Unsafe Sex •
- **Opioid Misuse**

Chronic Disease



Mental Health

- Depression
- Anxiety
- Suicide



Maternal Health

- Unintended Pregnancy
- **Pregnancy Complications** •
- Fetal Death



Infectious Disease

- HIV
- STDs

 Cancer Diabetes

•

Opportunity

- Education •
- Occupation
- Income



Preventing Adverse Childhood Experiences



\$6 million over 3 years

35 applicants 4 sites funded Childhood adversity, opioid overdose and suicide are urgent and related public health challenges that have consequences for all of us.

These challenges are preventable if we adopt a coordinated approach that focuses on addressing today's crises while preventing tomorrow's.



Thank you.



Deb Houry, MD, MPH Director, National Center for Injury Prevention and Control

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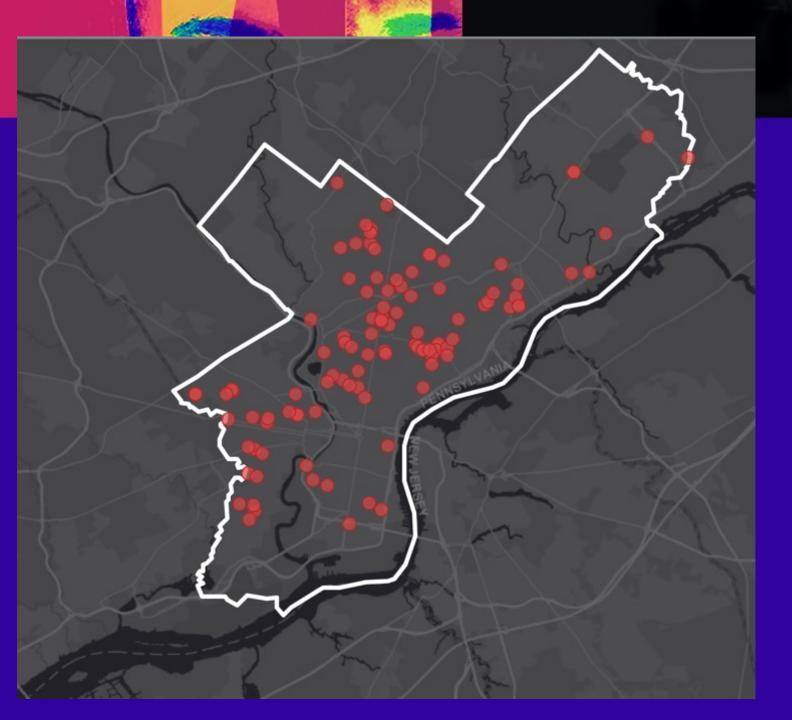
John A. Rich, MD, MPH Co-Director, Center for Nonviolence and Social Justice, Professor Drexel University School of Public Health

drexel.edu/cnvj

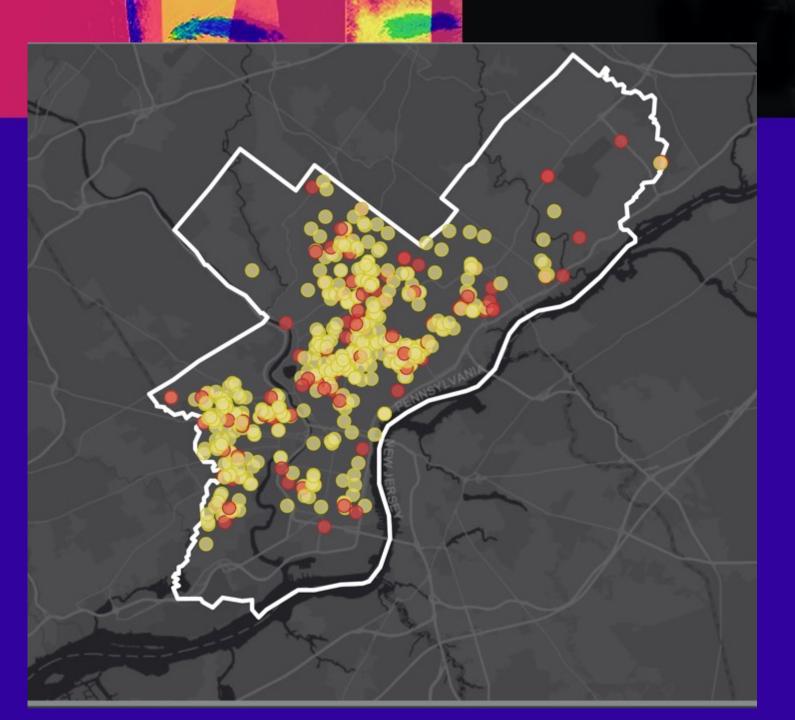


IMPACT OF RACIAL TRAUMA AND SUBSTANCE ABUSE IN COMMUNITIES OF COLOR

PAIN IN THE NATION CONGRESSIONAL BRIEFING

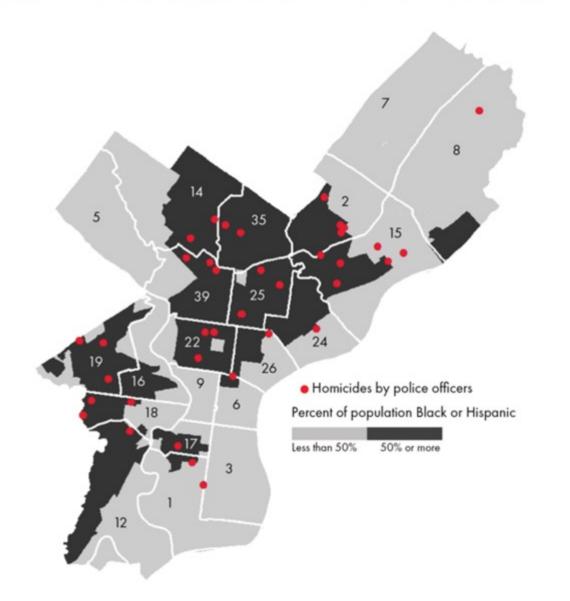


Fatal Shootings in Philadelphia 2021



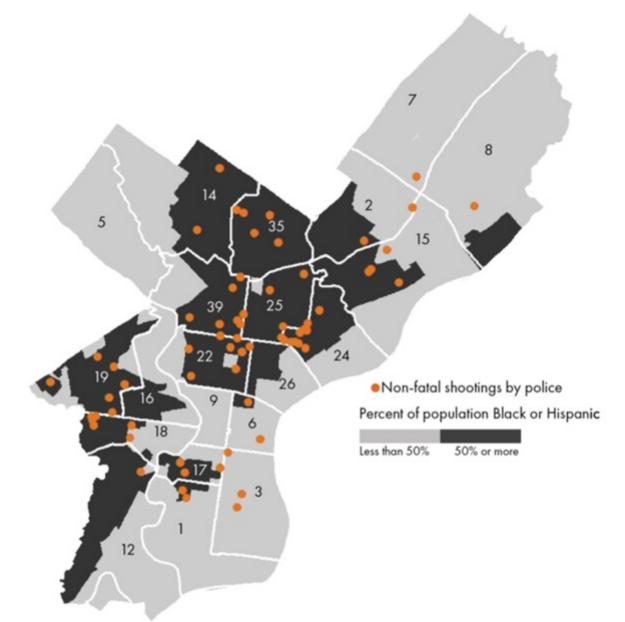
Total Shootings in Philadelphia 2021

HOMICIDES* BY POLICE FROM 2013-2020 AND BLACK AND HISPANIC POPULATION IN PHILADELPHIA BY POLICE DISTRICT⁴



Police Homicides in Philadelphia 2013 - 2020

NON-FATAL SHOOTINGS BY POLICE FROM 2015-2020 AND BLACK AND HISPANIC POPULATION IN PHILADELPHIA BY POLICE DISTRICT⁵

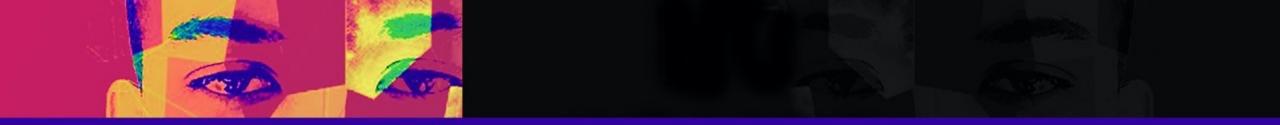


Police NonFatal Shootings in Philadelphia 2015 - 2020

What is Racial Trauma?



"Racial trauma can result from major experiences of racism such as workplace discrimination or hate crimes, or it can be the result of an accumulation of many small occurrences, such as everyday discrimination and microaggressions." American Psychological Association





Rich JA, Grey CM. Pathways to recurrent trauma among young Black men: traumatic stress, substance use, and the "code of the street". Am J Public Health. 2005;95(5):816-824.

to be best in a point of view. **PTSD** is an a posttraumati stress disord physical dar

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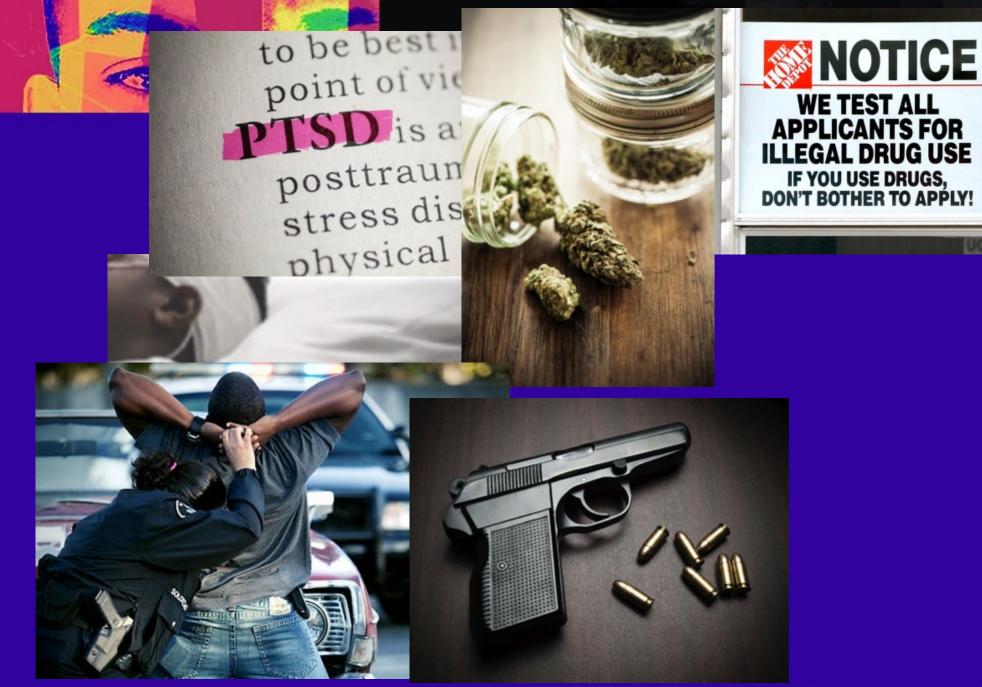


WE TEST ALL **APPLICANTS FOR ILLEGAL DRUG USE** IF YOU USE DRUGS, DON'T BOTHER TO APPLY!

to be best i point of vie **PTSD** is a posttraun stress dis physical







Rich JA, Grey CM. Pathways to recurrent trauma among young Black men: traumatic stress, substance use, and the "code of the street". Am J Public Health. 2005;95(5):816-824.





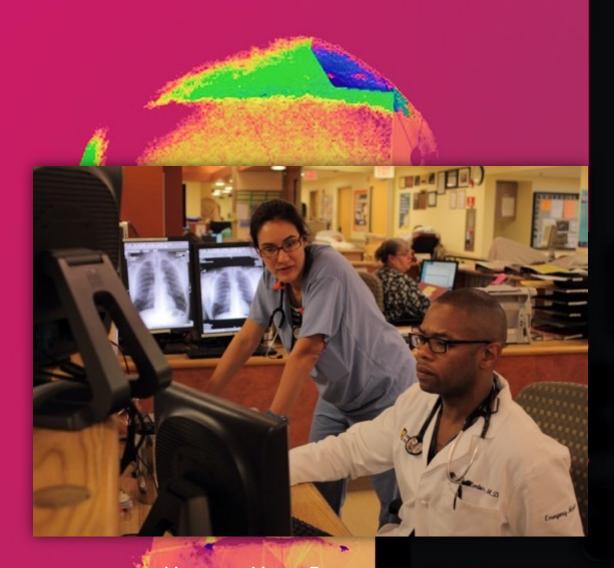


SOLUTIONS

- INTEGRATING PHYSICAL AND TRAUMA-INFORMED, CULTURALLY RESPONSIVE BEHAVIORAL HEALTH
- Addressing Racial Trauma
- Using a Health Equity Lens
- Addressing Stigma



INTEGRATION OF PHYSICAL AND BEHAVIORAL HEALTH



HOSPITAL-BASED VIOLENCE INTERVENTION PROGRAMS

HEALING HURT PEOPLE

CENTER FOR NON-VIOLENCE AND SOCIAL JUSTICE DREXEL UNIVERSITY COLLEGE OF MEDICINE/SCHOOL OF PUBLIC HEALTH

Community Health Workers







ADDRESSING RACIAL TRAUMA



Healing the Hidden Wounds of Racial Trauma

Kenneth V. Hardy

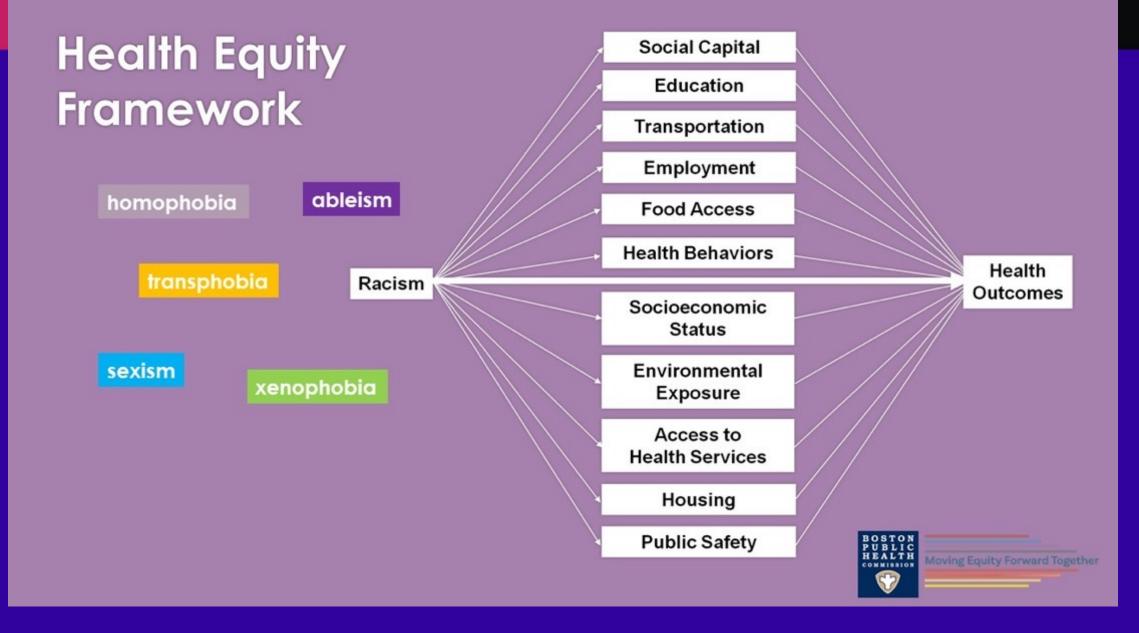
A disproportionate number of children and youth of color fail in school and become trapped in the pipelines of treatment, social service, and justice systems. This article examines racial trauma and highlights strategies for healing and transformation. All service systems for youth encounter young people of color who can be challenging to treat, reach, and teach. Our difficulty in meeting their needs is not just because of greater "pathology" or "resistance" as some assert. Rather, we fail to appreciate the ways in which race is entangled with their suffering.





HEALTH EQUITY LENS







Addressing Stigma

#OurWordsHeal





www.WeCanHealFromTrauma.org





Isha Weerasinghe, MSc Senior Policy Analyst Center for Law and Social Policy

clasp.org



Isha Weerasinghe, MSc Senior Policy Analyst

REFRAMING AND REIMAGINING

Pushing for bold policy solutions

May 2021

About CLASP

- CLASP is a national, nonpartisan, anti-poverty nonprofit advancing policy solutions for people living in low-income households.
- CLASP works to develop and implement federal, state, and local policies that reduce poverty, remove barriers in the lives of people with low incomes, creating pathways to economic security. That includes directly addressing the barriers people face because of race, ethnicity, and immigration status.

Evolution of CLASP's Core Principles in Mental and Behavioral Health





Core Principles to Reframe Mental and Behavioral Health Policy January 2021

Historic and modern day policies nooted in discrimination and oppression have created and widerned harmful inequities impacting many communities of color. Effectively and equitably addressing mental health requires internening at systemic and policy levels to dismarife the structures that produce negative outcomes like generational poverty, intergenerational and cultural trauma, racism, sesism, and ableism. Changing social, economic, and physical environments alongside key mental and behavioral health supports through immediate relief and longer-term fixes impact individual and community mental health and welfbeing.

An individual's mental health is impacted by and informs nearly every aspect of their life, identity, and community. CLASP looks at how one's social, economic, and physical environment impact individual and community views of mental health and withlesing. To improve mental health outcomes, we must think about an individual and family's economic security, family support, and their community's built environment. CLASP recognizes the influence of intergenerational and cultural trauma on communities and believes that all mental and behavioral health practices should be trauma-informed and healingcontened.

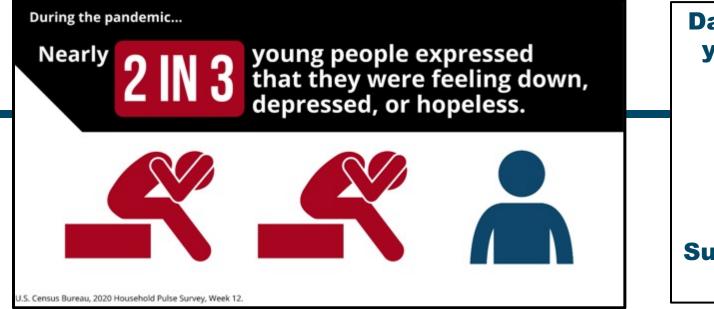
Policymakers must significantly reform and reimagine systems that support the wellbeing of people with low incomes. This includes, but is not exclusive to:

- Universal health coverage, as noted in our health care principles;
- Recognizing and creating policy to alleviate the stress imposed by living without consistent
 access to basic needs, such as food and housing, coupled with the oppressive requirements of
 programs (i.e. work requirements in Medicial, lingthy paperwork) that are supposed to help

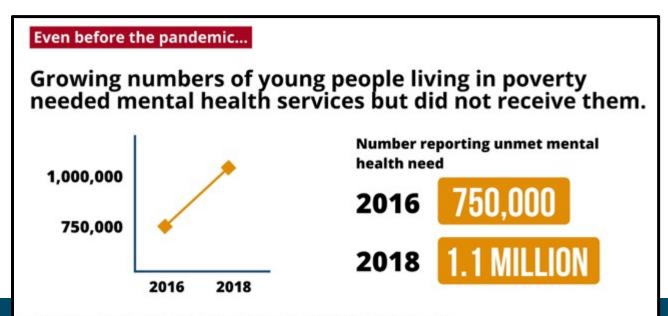
CLASP | clasp.org







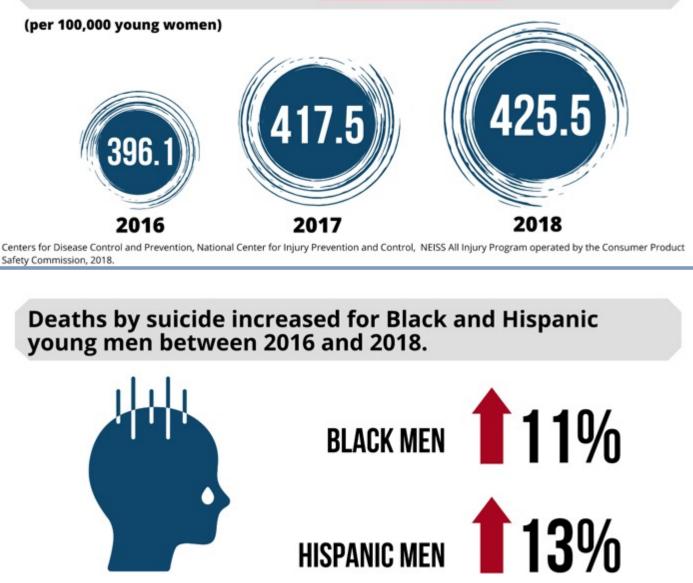
Data Portrait for young adults in healing and wellbeing, economic justice, safe communities (using Pulse Survey + NSDUH data)



CLASP | clasp.org

U.S. Department of Health and Human Services, SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2018.

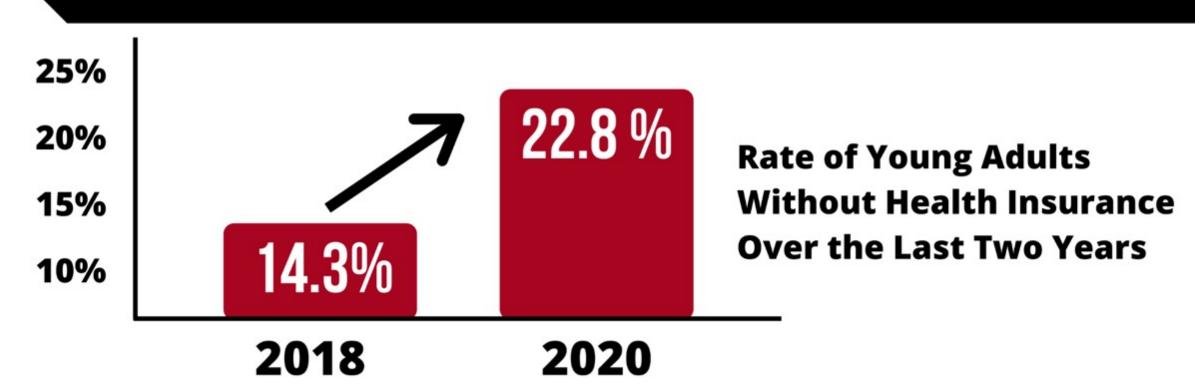
Between 2016 and 2018, young women's rates of nonfatal self-harm increased more than 7%.





Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, NEISS All Injury Program operated by the Consumer Product Safety Commission, 2018.

During the pandemic...



Uninsured rates for young adults increased

Community Population Survey, Annual Social and Economic Supplement, 2019. U.S. Census Bureau, 2020 Household Pulse Survey, Week 12.

CLASP | clasp.org

What is A New Deal for Youth?

#WhyWeCantWait: A New Deal for Youth is a call to leaders in the public and private sectors to support youth-led policy solutions that address glaring economic and social injustices facing young people today. It is a partnership of a cohort of 38 young adult Changemakers and the Center for Law and Social Policy (CLASP).



A NEW DEAL FOR YOUTH

Changemakers chose the following issue areas to work on:

- Healing and Wellbeing
- Economic Justice and Opportunity
- Justice and Safe Communities
- Environmental Justice
- Democracy and Civic Engagement
- Immigration Justice

A NEW DEAL FOR YOUTH

LUIS HERNANDEZ The Gathering for Justice, NYC, NY

URVISION.OURDEMANDS, #WhyWeCantWait

May 26, 2021, 4 - 6 pm EST

Join A New Deal for Youth Changemakers as we unveil our public campaign and share the New Deal for Youth Policy Platform and Demands:

- Meet the New Deal for Youth Changemakers
- Hear our issues and our demands
- Learn about how you join the movement

CLASP | clasp.org

Videos from two ND4Y Changemakers





Contact information: iweerasinghe@clasp.org





Benjamin F. Miller, Psy.D Chief Strategy Officer Well Being Trust

wellbeingtrust.org



Deaths of despair: Healing through integrated community solutions

Benjamin F. Miller, PsyD|@miller7 ben@wellbeingtrust.org In the face of a global crisis, we are at a critical pivot point for mental health in our country and policy makers must rise to the challenge.

While progress has been made, work remains to be done.





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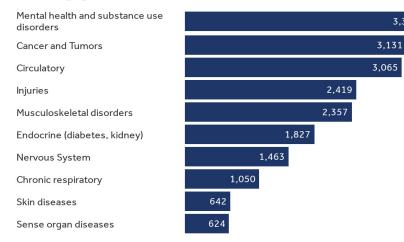
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Mental health and substance use disorders are the leading causes of disease burden in the US

Age standardized disability adjusted life years (DALYs) rate per 100,000 population, both sexes, 2015



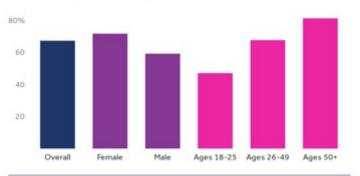
Source: Kaiser Family Foundation analysis of data from Institute for Health Metrics and Evaluation. Global Burden of Disease Study 2015 (GBD 2015) Data Downloads

Peterson-KFF Health System Tracker

3,355

A third of persons with 'major' depression receive no mental health care

Percent of adults with major depression who received mental health treatment, by gender and age, 2015



Source: Kaiser Family Foundation analysis of data from SAMHSA 2015 NSDUH (Accessed on July 27, 2017)

Health System Tracker





A STRATEGY TO SAVE LIVES



Solutions

#1) Prioritize prevention

- Reduce traumatic experiences and promote resilience in children, families and communities
- Bolster crisis intervention programs and supports
- Expand substance abuse prevention, mental health, and resiliency programs in schools

#2) Reassess our assumptions about our structures

- Where care is delivered and who delivers it
- Integration
- Flexible financing
- Measure what matters

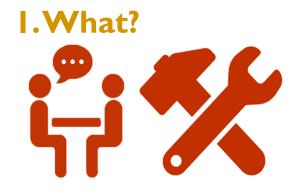
#3) Address health inequities

- Tailor prevention/intervention programs for communities of color
- Address the community conditions and their role in health and well-being





Reassess our assumptions about our structures

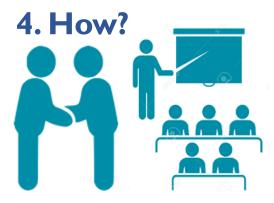


3.Who?



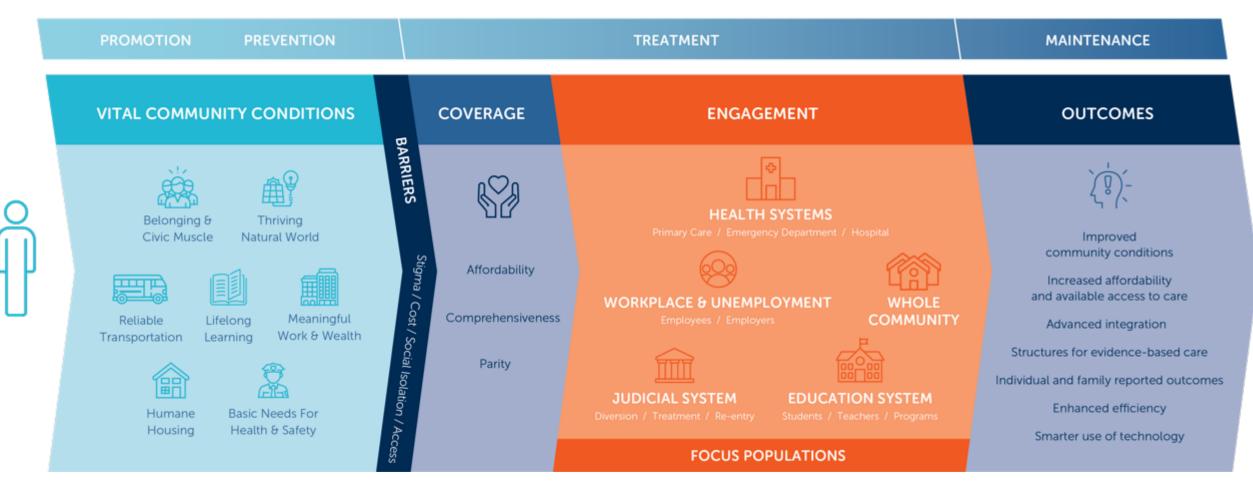
2.Where?







Address health inequities by adopting a framework for excellence in mental health and well-being



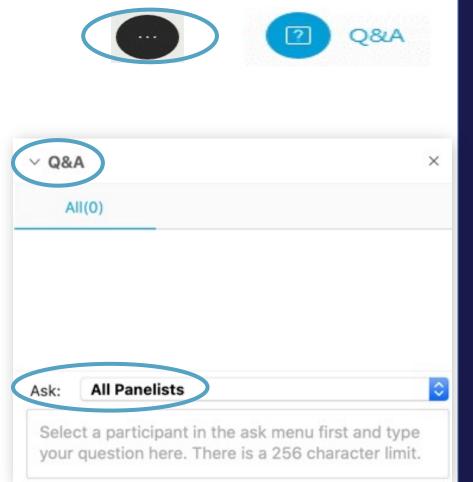






Submit Questions for Our Panelists

- 1. At the bottom of your screen, click to open the Q&A panel
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- 3. Select Ask: All Panelists
- 4. Hit Enter





Thank You to Our Moderator and Panelists



Debra Houry, MD, MPH Director, National Center for Injury Prevention and Control Center for Disease Control and Prevention



John A. Rich, MD, MPH Co-Director Center for Nonviolence and Social Justice, Professor Drexel University School of Public Health



Isha Weerasinghe, MSc Senior Policy Analyst Center for Law and Social Policy



Benjamin F. Miller, Psy.D Chief Strategy Officer Well Being Trust



John Auerbach, MBA President and CEO Trust for America's Health

Moderator



Thank you!



The recording and slides will be available at www.tfah.org