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
Audio

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Closed Captioning

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Q&A Feature

1. At the bottom of your screen, click to open the Q&A panel

2. Type your question in the Q&A box

3. Select Ask: All Panelists

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Moderator

John Auerbach, MBA
President and CEO
Trust for America’s Health
tfah.org
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**

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

- Total Deaths: 156,242
- Drug Deaths: 74,511
- Suicide Deaths: 47,511
- Alcohol Deaths: 39,043

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

During the COVID-19 Pandemic, there has been...

891% Increase in calls to the National Mental Health Crisis Hotline (March 2020)

Tripling of reported symptoms of anxiety or depression in adults (March 2020-March 2021)

27% Increase in drug overdose deaths (Oct 2019-Sept 2020)

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

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 Houri, 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.

* Predicted value
Overdose Data to Action

$300 million per year

47 states, D.C., 16 localities, and 2 territories
Excessive alcohol use is associated with more than 95,000 deaths each year.
Suicide
40% of US adults reported elevated adverse mental health conditions associated with COVID-19 last summer.

- 11% Reported having seriously considered suicide in the preceding 30 days.
- 13% Reported having started or increased substance use.
- 26% Reported trauma/stressor-related disorder symptoms.
- 31% Reported symptoms of anxiety disorder or depressive disorder.

SOURCE: Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020 | MMWR (cdc.gov)
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
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

- **Mental Health**
  - Depression
  - Anxiety
  - Suicide

- **Maternal Health**
  - Unintended Pregnancy
  - Pregnancy Complications
  - Fetal Death

- **Infectious Disease**
  - HIV
  - STDs

- **Risk Behavior**
  - Alcohol & Drug Abuse
  - Unsafe Sex
  - Opioid Misuse

- **Chronic Disease**
  - 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.

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John A. Rich, MD, MPH
Co-Director, Center for Nonviolence and Social Justice, Professor
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IMPACT OF RACIAL TRAUMA AND SUBSTANCE ABUSE IN COMMUNITIES OF COLOR

PAIN IN THE NATION CONGRESSIONAL BRIEFING
Total Shootings in Philadelphia 2021
HOMICIDES* BY POLICE FROM 2013-2020 AND BLACK AND HISPANIC POPULATION IN PHILADELPHIA BY POLICE DISTRICT

Police Homicides in Philadelphia 2013 - 2020
Police Non-Fatal 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
• 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
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
Health Equity Framework

- Social Capital
- Education
- Transportation
- Employment
- Food Access
- Health Behaviors
- Socioeconomic Status
- Environmental Exposure
- Access to Health Services
- Housing
- Public Safety

Racism

Equality

homophobia
ableism
transphobia
sexism
xenophobia

Health Outcomes
ADDRESSING STIGMA
OurWordsHeal

#HEALING BECAUSE my life matters.

We live with the threat of death EVERYDAY, not just in a Pandemic. BLACK LIVES MATTER.
Isha Weerasinghe, MSc
Senior Policy Analyst
Center for Law and Social Policy
clasp.org
REFRAMING AND REIMAGINING

Pushing for bold policy solutions

May 2021
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
Redefining mental health

Building a robust and diverse workforce

Expanding access to care

CLASP’s Core Principles in Mental and Behavioral Health

Strengthening quality infrastructure

Addressing social needs

Enhancing culturally responsive services
During the pandemic...

Nearly **2 IN 3** young people expressed that they were feeling down, depressed, or hopeless.

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

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**Even before the pandemic...**

Growing numbers of young people living in poverty needed mental health services but did not receive them.

- **2016**: 750,000
- **2018**: 1.1 MILLION

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U.S. Census Bureau, 2020 Household Pulse Survey, Week 12.

Between 2016 and 2018, young women’s rates of non-fatal self-harm increased more than 7%.

(per 100,000 young women)

2016: 396.1
2017: 417.5
2018: 425.5


Deaths by suicide increased for Black and Hispanic young men between 2016 and 2018.

Black Men: 11%
Hispanic Men: 13%

During the pandemic...

Uninsured rates for young adults increased

Rate of Young Adults Without Health Insurance Over the Last Two Years

2018: 14.3%
2020: 22.8%

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).
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

OUR VISION. OUR DEMANDS.

#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

Register at: newdealforyouth.org  @newdeal4youth  @newdealforyouth  newdealforyouth
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.
Science, Technology
Mental health and substance use disorders are the leading causes of disease burden in the US

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

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

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Rate (DALYs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health and substance use disorders</td>
<td>3,355</td>
</tr>
<tr>
<td>Cancer and Tumors</td>
<td>3,131</td>
</tr>
<tr>
<td>Circulatory</td>
<td>3,065</td>
</tr>
<tr>
<td>Injuries</td>
<td>2,419</td>
</tr>
<tr>
<td>Musculoskeletal disorders</td>
<td>2,357</td>
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<tr>
<td>Endocrine (diabetes, kidney)</td>
<td>1,827</td>
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<tr>
<td>Nervous System</td>
<td>1,465</td>
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<tr>
<td>Chronic respiratory</td>
<td>1,050</td>
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<tr>
<td>Skin diseases</td>
<td>642</td>
</tr>
<tr>
<td>Sense organ diseases</td>
<td>624</td>
</tr>
</tbody>
</table>

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

1. What?
2. Where?
3. Who?
4. How?

Address health inequities by adopting a framework for excellence in mental health and well-being.
Submit Questions for Our Panelists

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Thank You to Our Moderator and Panelists

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Moderator
Thank you!

@HealthyAmerica1

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