

# Suicide, Overdose, and Adverse Childhood Experiences During the COVID-19 Pandemic: A Primer for Local Health Departments



## Introduction

Suicide, overdose, and adverse childhood experiences (ACEs) are three of the most urgent public health challenges in the United States (US). Dubbed the “converging crises” by the American Public Health Association<sup>1</sup>, these issues are often inextricably intertwined due to shared root causes, risk, and protective factors, with health implications that affect multiple generations. This issue brief examines the potential impact of the COVID-19 pandemic on suicide, overdose, and ACEs and provides recommendations for cross-cutting prevention strategies at the local level.

## Critical Crossroads

Research on ACEs has shown that childhood adversity may negatively affect brain development and function, which may have lasting consequences for an individual’s future mental, physical, and emotional health and wellbeing.<sup>2</sup> Notably, some of the strongest associations between ACEs and adult health outcomes are for violence perpetration and victimization, substance misuse, and suicide.<sup>2</sup> Research shows that exposure to a higher number of ACEs is associated with earlier age of opioid use initiation, recent injection drug use, and having experienced an overdose.<sup>3</sup> Furthermore, the odds of attempting suicide are 30 times greater for adults with four or more ACEs compared with those without ACEs.<sup>2</sup> Taken together, these negative health outcomes can have lasting impacts on individuals, families, and communities.

## Suicide, Overdose, and ACEs: A Closer Look

### Suicide

Suicide is now the 11th leading cause of death in the US and has claimed the lives of over 47,500 Americans in 2019.<sup>4</sup> While rates have steadily increased by 33% from 1999 to 2019, there was a 5.6%\* decline in suicide deaths between 2019 and 2020.<sup>4</sup>

### Drug Overdose

The overdose epidemic is a long-standing public health crisis in the US. A steady increase of drug overdose deaths began in 2019 and continued into 2020, with over 80,000 drug overdose deaths occurring in the 12-months ending in May 2020.<sup>5</sup>

### Adverse Childhood Experiences

ACEs are potentially traumatic events that occur in childhood (0-17 years) such as neglect, experiencing or witnessing violence, and having a family member attempt or die by suicide.<sup>6</sup> Also included are aspects of the child’s environment that can undermine their sense of safety, stability, and bonding, such as growing up in a home with substance use problems, mental health problems, and instability due to parental separation or incarceration of household members.<sup>7</sup> According to a recent study by the Centers for Disease Control and Prevention (CDC), 61% of US adults reported experiencing at least one type of ACE and 16% reported experiencing four or more types of ACEs.<sup>7</sup>

\*provisional data

Suicide, overdose, and ACEs are preventable. While these issues are complex and do not have one cause, they are connected and share some of the same root causes. There are several factors that may increase (i.e. risk factors) or decrease (i.e. protective factors) the risk for experiencing these issues. Prevention requires understanding and addressing the overlapping factors that put people at risk for or protect them from experiencing these issues. For example, common risk factors include health and social inequities such as poverty, unemployment, and low educational attainment<sup>8</sup>, whereas common protective factors include supportive relationships, financial stability, and parental monitoring.<sup>9,10,11</sup> These commonalities reinforce the need for strategies that reduce risk factors and enhance protective factors to prevent and mitigate harm. Further investing in intersectional approaches to research, programming, and policy may help prevent suicide, overdose, and ACEs, as well as reduce their impact across generations.

## Potential Impact of the COVID-19 Pandemic on Suicide, Overdose, and ACEs

Social isolation, widespread economic crisis, and the devastating loss of over 500,000<sup>12</sup> American lives due to the COVID-19 pandemic have created the potential for new and worsening behavioral health outcomes nationwide.<sup>13</sup>

A study conducted by CDC found increased levels of substance use, suicidal ideation, and adverse mental health conditions during the early months of the COVID-19 pandemic (April-June 2020), compared with the same period in 2019.<sup>14</sup> Approximately 13% of respondents reported initiating or increasing substance use to cope with stress related to the pandemic. Further, over 10% of respondents reported seriously considering suicide in the past 30 days, compared with approximately 4% in 2018. The study also found that increased substance use and suicidal ideation disproportionately affected specific populations, including young adults (aged 18-24), Hispanic or Latino persons, Black or African American persons, essential workers, and persons with pre-existing mental health conditions.<sup>14</sup>

Along with increased substance use, overdose deaths also increased during the early months of the pandemic.<sup>5</sup> Over 80,000 drug overdose deaths occurred in the US between June 2019 and May 2020 - the highest number ever recorded in a 12-month period.<sup>5</sup> Use of synthetic opioids were identified as the primary driver behind this spike, with 37 out of 38 states with available synthetic opioid overdose data reporting increases in synthetic opioid-related deaths during the same period.<sup>5</sup> Stress, limited access to treatment services, and the disruption to daily life caused by the pandemic may exacerbate risk factors associated with substance use and other behavioral health-related conditions, including suicidal ideation and attempts.





Although provisional data show that suicide deaths declined by 5.6% between 2019 and 2020,<sup>14</sup> there is still some concern about how the current pandemic may be influencing suicidal ideation among populations at risk. Recent state and local level data from across the country are demonstrating the increased need for crisis services and supports. For example, texts to a crisis hotline in Maryland increased by 842% in March 2020 compared with March 2019.<sup>15</sup> Similarly, calls to a suicide prevention hotline in Kentucky went up by more than 20% during the early months of the pandemic.<sup>16</sup> Furthermore, a study of routine suicide risk screenings in a pediatric emergency department found higher rates of suicide attempts in February, March, April, and July 2020, compared with the same months in 2019.<sup>17</sup>

There is also emerging evidence that several types of ACEs have been increasing during the pandemic. The National Institutes of Health described the pandemic as a “worst case scenario” for those experiencing family violence, including domestic violence and child abuse.<sup>18</sup> Domestic violence has been chronicled as the “pandemic within the pandemic,” with police departments reporting increasing cases among cities nationwide, such as 18% in San Antonio, Texas; 22% in Portland, Oregon; and 10% in New York City, New York.<sup>19</sup> Despite this, many

child welfare organizations are reporting a significant decrease in reports of child abuse and neglect.<sup>19</sup> Experts suggest this decrease may be due to fewer opportunities for detection as opposed to a true reduction in the incidence of child abuse or neglect.<sup>19</sup> Most reports of child maltreatment are initiated by educational personnel and victim-serving professionals such as social workers, case managers, and child protection workers, who now have less access to their communities to detect and report abuse.<sup>20</sup>

While there is currently limited research on how the pandemic is impacting children living in abusive or neglectful environments, risk factors that increase the likelihood of experiencing ACEs such as poverty, housing insecurity, and parental distress may be amplified during the current pandemic. According to Household Pulse Survey data collected between March 17 and March 29, 2021, one in seven adults with children reported that their household sometimes or often does not have enough to eat.<sup>21</sup> Furthermore, 25% of renters living with children reported difficulty with paying rent, compared with 13% of renters without children.<sup>21</sup> Altogether, more than four in ten children in renter households are facing food and housing hardships during the pandemic.<sup>21</sup>

The potential economic impacts of the COVID-19 pandemic are widespread but are more prevalent among Black or African American persons, Hispanic or Latino persons, Native Americans, and immigrant populations.<sup>21</sup> Black or African American and Hispanic or Latino households were more than twice as likely than White households to experience food insufficiency during the pandemic.<sup>21</sup> Similarly, renters of color living with children were more likely to report difficulties with paying rent.<sup>21</sup> These disproportionate rates reflect longstanding inequities that directly contribute to ACEs, especially among children of color.

Communities often look to local health departments (LHDs) and community-based organizations to meet the complex challenges of suicide, overdose, and ACEs prevention, and the potential impact of this current pandemic may increase the need to expand their capacity in these areas.



# Recommendations for Preventing Suicide, Overdose, and ACEs at the Local Level

LHDs serve on the frontlines of the COVID-19 pandemic and address both the immediate and long-term behavioral health needs of their communities. The following recommendations include high-level strategies for addressing suicide, overdose, and ACEs, and provide corresponding activities that can be implemented or strengthened at the local level.

- 1. Assess and improve current capacity to address suicide, overdose, and ACEs.** LHDs should work closely with state and federal partners to strengthen capacity in identified areas of need and improve infrastructure related to suicide, overdose, and ACEs prevention programs.
  - Invest in adequate staffing, training, and resources to establish essential programmatic activities across all three areas.
  - Examine and improve data collection and surveillance to inform and evaluate suicide, overdose, and ACEs prevention efforts.
  - Review and build upon current strategic plans to encourage intersectional approaches to suicide, overdose, and ACEs program efforts and activities.
- 2. Engage champions to promote prevention efforts and serve as agents for change.**<sup>22</sup> LHDs can augment their capacity and reach by forming effective community partnerships, including persons with lived experience with suicide, overdose and ACEs, key decision-makers, and partners across sectors.
  - Train health professionals, first responders, and social service providers to conduct mental health screenings and provide appropriate referrals to care.
  - Provide access to suicide prevention gatekeeper trainings and behavioral health education, like [Mental Health First Aid](#), to help community members identify, understand, and respond to signs of suicide, mental illness and substance misuse.
- 3. Utilize a comprehensive public health approach to preventing suicide, overdose, and ACEs.**<sup>22</sup> LHDs can implement cross-cutting prevention strategies to address, identify, and mitigate shared risk factors and promote shared protective factors.
  - Invest in community-based programs that connect youth to caring adults like teachers, coaches, and community volunteers. Connecting youth to caring adults is an important prevention strategy that can help buffer against parental absence or negative influences in the home and/or at school and in the community that may contribute to the development of ACEs.<sup>23</sup>
  - Increase awareness and training of [trauma-informed care](#) across sectors and organizations to reduce the impact and long-term effects of trauma. For example, the San Francisco Department of Public Health's [Trauma-Informed Systems Initiative](#) helps organizations nurture and sustain trauma-informed practices.<sup>24</sup>
  - Focus on early identification of behavioral health conditions and ensure equitable access to treatment services and programs.
  - Invest and build on community strengths to foster safe, stable, and nurturing environments.
  - Expand social safety nets to ensure that social needs are met by facilitating linkages to care between health and social service sectors. For example, the California Department of Health Care Services implemented the [Whole Person Care Pilots](#) in counties and cities across the state, that improve patient health and wellbeing through the patient-centered coordination of health, behavioral health, and social services.<sup>25</sup>

#### 4. Increase access to existing mental health and substance use treatment services.<sup>26</sup>

- Develop, disseminate, and publicize behavioral health resource lists for community members seeking treatment services and support. For example, the Manchester Health Department developed the [Community Compass](#), a digital compendium of local resources for urgent help, treatment, and recovery for individuals struggling with substance use.
- Facilitate immediate access to care by phone or text through the creation of local lifeline numbers or a crisis text line.

#### 5. Invest in evidence-based programs.

- Prioritize the implementation of evidence-based programs to prevent suicide, overdose, and ACEs. Effective tools and evidence-based strategies can be found in the following CDC technical packages and publications:
  - i. [Evidence-Based Strategies for Preventing Opioid Overdose](#)
  - ii. [Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#)
  - ii. [Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence](#)



## Looking to strengthen agency capacity in suicide, overdose, and ACEs prevention?

NACCHO, in partnership with the Association for State and Territorial Health Officials (ASTHO), with support from CDC, has developed a new tool: the [Suicide, Overdose, and Adverse Childhood Experiences Capacity Assessment Tool](#). Known as SPACECAT, this tool will assess the capacity of LHDs to prevent suicide, overdose, and ACEs via a single tool that addresses shared risk and protective factors. The assessment tool can benefit health agencies by identifying areas that need strengthening and providing insight for strategic planning, program improvement, technical assistance requests, and potential funding opportunities.

While this tool was developed to recognize the urgent need to address the COVID-19 pandemic's exacerbation of these issues, its ability to provide a comprehensive assessment of state- and local-level capacity will strengthen health departments beyond the pandemic.

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The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

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